Ascension St. Vincent Evansville Hospital

2024 COMMUNITY HEALTH NEEDS ASSESSMENT
Vanderburgh County, Indiana
(June 2025)

Ascension St. Vincent

Deaconess

Vanderburgh County Health Department
Prevent. Promote. Protect. Partner.

United Way Southwestern Indiana

Welborn Baptist Foundation

Executive Summary-Vanderburgh County

2024 Community Health Needs Assessment (CHNA)

Overview

The **2024 Vanderburgh County Community Health Needs Assessment (CHNA)** was conducted collaboratively with Ascension St. Vincent Evansville, Deaconess Health System, United Way of Southwestern Indiana, the Vanderburgh County Health Department, the Welborn Baptist Foundation, and various other community stakeholders. The 2024 CHNA provides insights into the health needs of communities within the partner organizations' service area and provides guidance to the development of health-promoting programs and services. This report provides a comprehensive overview of the methods used to conduct the CHNA, summaries of data that were considered, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive the hospitals' activities in subsequent years.

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

Local Health Priorities Identified

Behavioral Health	Aging Populations	Healthy Families	Access to Care	Outreach and Advocacy

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

Purpose

The 2024 CHNA provides insights into the health needs of the community and guides health programming and services.

Approach

The 2024 CHNA triangulated data from **three areas**:

- Secondary Data Review (e.g., U.S. Census, County Health Rankings)
- Stakeholder Survey
- Stakeholder Focus Groups

132 stakeholders responded to the survey

16 focus groups were held with **78** participants

18 individuals representing **5** organizations participated in the prioritization session

Key Partners

Ascension St. Vincent

Deaconess Health System

United Way of Southwestern IN

Vanderburgh County Health Dept.

Welborn Baptist Foundation

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Introduction

Community Health Needs Assessment (CHNA) Overview

This report provides a comprehensive overview of the 2024 CHNA conducted collaboratively by Ascension St. Vincent, Deaconess Health System, United Way of Southwestern Indiana, the Vanderburgh County Health Department, and the Welborn Baptist Foundation. This represents the fifth community health needs assessment completed as a collaborative effort. The report provides an overview of the methods used to conduct the CHNA, summaries of existing health indicator data, primary data that were collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive hospitals' activities in the subsequent years.

IRS 501(r)(3) and Form 990 Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3) and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic and hardcopy versions of these reports can be accessed as follows:

- **Ascension St. Vincent:** Electronic versions of these reports can be accessed at *https://healthcare.ascension.org/CHNA*, and paper versions can be requested at Ascension St. Vincent Evansville's Information Desk in the main lobby.

- **Deaconess Health System:** Electronic versions of these reports can be accessed at *https://www.deaconess.com/About-Us/Community-Health-Needs-Assessment*, and paper versions can be requested at Deaconess Midtown Hospital's Information Desk in the main lobby.

Hospital Board Approval

To ensure Ascension St. Vincent Evansville's and Deaconess Health System's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the Ascension St. Vincent Evansville Board of Directors for approval and adoption on June 27, 2025, and to the Deaconess Health System Board of Director for approval and adoption on June 26, 2025.

Although an authorized body of each hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the boards are aware of the findings from the CHNA, endorse the priority health issues identified, and support the strategies developed to respond to those needs. An overview of each partnering hospital system follows.

Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension's own group purchasing organization. Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

> ***Mission:*** *Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.*

For more information about Ascension, visit https://www.ascension.org/.

Ascension St. Vincent Evansville, a Ministry of the Catholic Church, is a non-profit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsorships. For many years, the hospital has been providing medical care for residents of Vanderburgh County, Indiana, and neighboring areas.

In 1872, Sister Marie Voelker, DC and three other Daughters of Charity arrived in Evansville to start a healthcare facility located on the banks of the Ohio River in a former marine hospital which was used during the Civil War. In 1894, the second location was at the corner of First Avenue and Columbia Street. In 1956, the former St. Mary's Medical Center relocated to Washington Street where it resides today. In 2017, the hospital changed its official name to St. Vincent Evansville (ASV) for recognition purposes throughout the state of Indiana. ASV hospital is a 508-bed acute care facility and offers the following services: bariatric services, cancer, cardiovascular services, diabetes care, maternity services, medical imaging, mental & behavioral health, orthopedics, pediatrics, rehabilitation services, respiratory care, senior services, surgery, wellness medicine, women's health, and wound treatment. St. Vincent Evansville's primary service area is Vanderburgh County which is in Southern Indiana.

For more information about Ascension St. Vincent Evansville, visit https://healthcare.ascension.org/st-vincent.

Deaconess Health System is the premier provider of health care services to 26 counties in three states (IN, IL, and KY). The system consists of nine hospitals located in Southern Indiana: Deaconess Midtown Hospital, Deaconess Gateway Hospital, The Women's Hospital, The Heart Hospital, The Orthopedic and Neuroscience Hospital, Deaconess Cross Pointe, Deaconess Gibson Hospital, Encompass Health Deaconess Rehabilitation Hospital, and the Linda E. White Hospice House. Two hospitals in Kentucky also became part of Deaconess Health System in 2020: Deaconess Henderson Hospital and Deaconess Union County Hospital.

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

Deaconess Midtown Hospital is the anchor and largest hospital in the Deaconess Health System. Located in Evansville, Indiana, the campus remains in the same city block as the original Protestant Deaconess Hospital built in 1899. Vanderburgh County is also home to multiple Deaconess physician and specialty clinics, as well as home care, palliative care, and hospice services.

For more information about Deaconess Health System, visit https://www.deaconess.com.

Previous CHNA Effort (2021 CHNA)

In 2021, Ascension St. Vincent, Deaconess Health System, United Way of Southwestern Indiana, the Vanderburgh County Health Department, and the Welborn Baptist Foundation partnered to plan for and administer a Community Health Needs Assessment (CHNA). The assessment helped to identify recurring causes of poor health and focus resources to support and drive positive changes in the identified behaviors.

While Ascension St. Vincent and Deaconess Health System partnered in completion of the 2021 CHNA, each hospital system developed their own CHNA report. Ascension St. Vincent contracted with Verité Healthcare Consulting to complete data reviews and develop the 2021 report for Ascension St. Vincent, while Deaconess Health System contracted with Diehl Consulting Group to complete data reviews, conduct stakeholder surveys and focus groups, and assemble the 2021 report. While the approach to completing each CHNA varied somewhat, common methods across the CHNA reports included the following:

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

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

Stakeholder focus groups were conducted virtually with 75 participants across 14 groups representing medical/healthcare organizations and organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups expanded on information collected through the surveys by providing additional insight into the highest ranked priority needs identified through the surveys.

Written Comments on Previous CHNA and Implementation Strategies

Ascension St. Evansville's and Deaconess Health System's previous CHNA and implementation strategies were made available to the public and open for public comment as follows:

- **Ascension St. Vincent:** Via the website: *https://healthcare.ascension.org/chna.* No comments were received from the public on the previous CHNA or implementation strategy.

- **Deaconess Health System:** Via the website: *https://www.deaconess.com/About-Us/Community-Health-Needs-Assessment*. No comments were received from the public on the previous CHNA or implementation strategy.

2021 Priorities, Plan & Evaluation of Impact

The partner organizations held a meeting of key stakeholders and local organizational leadership to review data from all CHNA activities and identify priorities. The following priorities were identified through the 2021 process.

- COVID-19 Response
- Behavioral Health
- Access to Care
- Maternal Child Health
- Exercise, Weight, and Nutrition

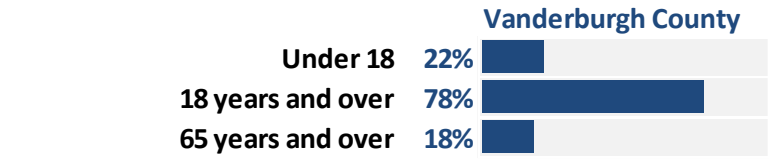
From the five endorsed issues identified for prioritization, each hospital selected primary points of focus for the CHNA period (2022-2025) and developed an implementation plan. Evaluation of the impact of actions taken to respond to the (prioritized) health needs that were addressed in the hospital facility's prior CHNA implementation strategy are provided in Appendix F for Ascension St. Vincent and Appendix G for Deaconess Health System.

About the 2024 CHNA Service Area (Community Served)

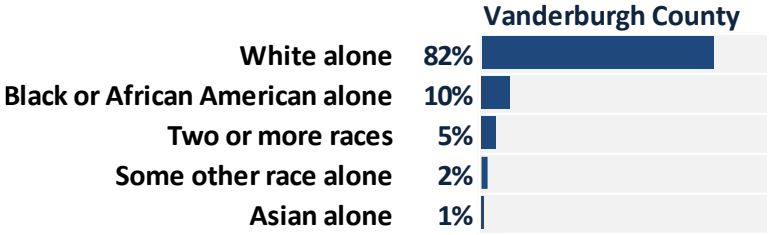
For the purposes of the CHNA, all zip codes in Vanderburgh County and all people living in the county at the time the CHNA was conducted are included in the service area. Although Ascension St. Vincent Evansville and Deaconess Health System serve Vanderburgh County and surrounding areas, the "community served" was defined as such because (a) most of the service area is in the county; (b) most of the assessment partners define their service area at the county level; and (c) most community health data are available at the county level.

179,908
residents

AGE

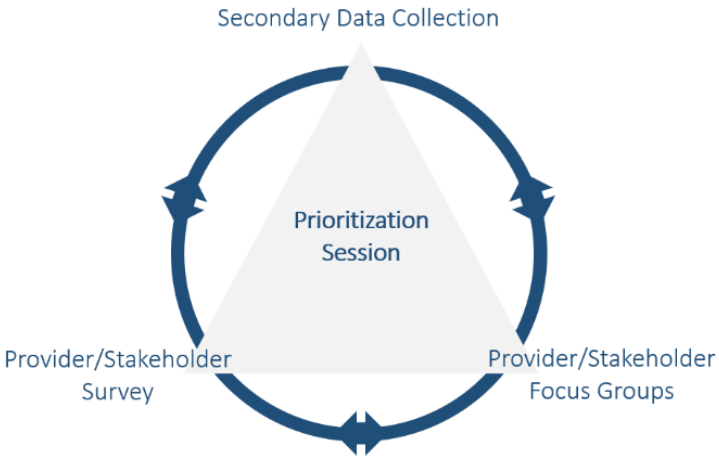


RACE



Summary of 2024 CHNA Methodology

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



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

Secondary data sources were reviewed to better understand the health needs and social, economic, and demographic characteristics of those living in the service area. Sources included (a) the 2025 version of County Health Rankings & Roadmaps, (b) the Indiana State Department of Health, (c) the U.S. Census, (d) the Welborn Baptist Foundation 2025 Greater Evansville Health Survey, and (e) other local data sources provided by community partners.

Stakeholder surveys were administered to gather insights into the health issues impacting the community. Participants were provided a list of sixteen (16) health issues, as well as an opportunity to write in other issues not included on the list. Participants selected five (5) issues they considered to be highest priority needs in the county. Respondents then ranked the five (5) issues based on priority. For each issue identified, respondents were then asked to provide feedback on the perceived trend of the issue since 2021, an optional narrative response specific to any progress made since 2021, and the adequacy of resources devoted to addressing the issue. Respondents were also asked to select up to three (3) of the greatest barriers in addressing this health issue in this county based on a list of eighteen (18) social determinants of health. Respondents could also insert barriers not listed. In total, 132 participants provided survey feedback.

Stakeholder focus groups were conducted virtually with 78 participants across 16 groups representing medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development (Appendix B). Focus groups expanded on information collected through the surveys by providing additional insight into the highest ranked priority needs identified.

Considerations

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

1. Data collection methods used for the 2024 CHNA were informed by the CHNA planning committee. Organizations represented on the committee included Ascension St. Vincent Evansville, Deaconess Health System, United Way of Southwestern Indiana, the Vanderburgh County Health Department, and the Welborn Baptist Foundation.

2. Data from the 2025 Greater Evansville Health Survey commissioned by the Welborn Baptist Foundation were used to inform priorities. Data collection for this project was completed in April 2025. While data from this survey were included in the secondary data section, the final report for this data source is expected to be released toward the end of 2025.

3. Secondary data presented during the prioritization session and contained within the secondary data review section reflect the most recent information available prior to the prioritization process (May 2025). Data sources were based on those used in prior CHNA assessments and supplemented with local data provided or recommended by stakeholders. Data may reflect lagging indicators due to the nature of available data sources. For example, the 2025 County Health Rankings reflect years-old data for some indicators. While these data sources are consistent with prior CHNA efforts and allow for consistent trends to be examined, consideration should be given to the time periods represented in the data when interpreting findings.

4. While survey and focus group data were collected for each separate health issue when possible, it is understood that relationships exist between many of the issues (e.g., co-occurring issues, common barriers). The prioritization process took these relationships into consideration.

Prioritization Process & Resulting Priority Health Issues

Overview of the Prioritization Process

A prioritization process was conducted to consider CHNA data and identify the most urgent health issues to guide future priority areas. Representatives of several community organizations in the service area, including hospital staff, participated in an in-person meeting to review data collected for the CHNA. Specifically, 18 individuals attended the session representing five organizations: Ascension St. Vincent, Deaconess Health System, Vanderburgh County Health Department, United Way of Southwestern Indiana, and Welborn Baptist Foundation. Diehl Consulting Group (DCG) facilitated the session in partnership with representatives from Ascension St. Vincent and Deaconess Health System. A list of participants is provided in Appendix C. Notes from the session, a copy of the slides used during the data presentation, and summaries used as reference are included in Appendix D.

The process consisted of the following steps:

(1) The purpose for conducting the CHNA and priorities identified in response to the 2021 CHNA were first reviewed.

(2) A review of data was presented by representatives of DCG. The presentation included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, and an orientation to survey and focus group data collected through the process. Participants were provided with preliminary report information in advance which included secondary data, stakeholder survey results, and focus group thematic analysis. DCG also provided hard copies of this information, which was used as reference during the discussion.

(3) The following questions were introduced to the group to guide the prioritization process:

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

(4) Participants were invited to identify health issues based on the information from the current CHNA assessment, as well as their current professional experiences.

(5) DCG documented participant recommendations in a shared Word document while facilitating discussion of health issues. Following discussion, DCG organized ideas in the Word document around key priority issue categories. Throughout this process, participants provided feedback on wording and placement of ideas within categories. Prior to completing the session, DCG summarized the overall health issues identified to ensure consensus. The final document was shared with the CHNA planning team for final review and approval.

Resulting Priority Health Issues

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

Behavioral Health	Aging Populations	Healthy Families	Access to Care	Outreach and Advocacy

Priority health issues are summarized below along with key considerations specific to the issue identified as part of the prioritization session. Selected findings from the CHNA secondary data review, surveys, and focus groups are also provided to facilitate understanding of the issue.

Priority Issue: Behavioral Health (including mental health, suicide, substance use/misuse)

Behavioral health includes issues specific to mental health and substance/drug/alcohol use or misuse. Considerations specific to the prioritization of behavioral health included: (a) Prevalence and co-occurring nature of mental health and substance use/misuse within the county; (b) Existing barriers to accessing behavioral health care include (but are not limited to) cost, lack of specific providers, waitlist and appointment times, and/or lack awareness of the issues and/or available resources; (c) Behavioral health is a multi-faceted health issue. There is a correlation between social determinants of health such as insecure housing, poverty, exposure to trauma, etc. and subsequent behavioral health concerns; and (d) There are positive steps being taken regarding behavioral health. Efforts should be made to capitalize on things that are already having an impact, leveraging existing partnerships/initiatives and scaling up efforts.

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

- **Providers:** Vanderburgh County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region, including Gibson, Posey, and Warrick.[1] While 2025 County Health Rankings show the county as exceeding mental health to resident provider ratios compared to the state, these data may not fully account for populations served, insurance types accepted, or magnitude of need for services.
- **Mental Health/Suicide:** Residents reported 6.1 poor mental health days in the past month (2022). The suicide rate is higher than the state (2018-2022). The Vanderburgh County Coroner's office reported 53 suicides in 2024, compared to 39 in 2020. During both time periods, there was a higher number of suicides among individuals who were White and/or male. Relationships and depression were among the top problems experienced. *(Tables 1.8, 1.13, & 1.23)*
- **Depression/Anxiety:** 26% of residents reported being told they have (or still have) a depressive disorder by a doctor, nurse, or other health professional in the past 12 months, while 35% reported being told they have (or still have) any type of anxiety (Greater Evansville Health Survey, 2025; Region=30%). Reported anxiety was higher for both the county and region from 2021 to 2025. *(Table 1.24)*

[1] https://data.hrsa.gov/tools/shortage-area/hpsa-find (Retrieved: April 2025)

- **Drug Overdoses:** In 2024, 53 overdoses were reported by the Vanderburgh County Coroner's Office, which was a decline from 67 reported in 2021. Meth represented the most common drug associated with death in 2024. *(Table 1.22)*
- **Alcohol Use/Misuse:** Based on responses to the Greater Evansville Health Survey (2025), 28% of adults reported binge/excessive drinking. *(Tables 1.24)*

Selected Findings from Stakeholder Surveys and Focus Groups

- Mental health and substance/drug use or misuse were the highest ranked health issues in the county based on respondents who included the issues as a top-five priority need. Mental health was ranked highest. Among respondents including mental health as a top-five priority need, 86% perceived mental health as getting worse since 2021, and 78% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or misuse was ranked second. Among respondents including substance/drug use or misuse as a top-five priority need, 77% perceived substance/drug use or misuse as getting worse since 2021, and 76% reported inadequate resources are being devoted to addressing substance/drug use or misuse.
- Selected barriers across behavioral health issues included lack of providers or specific services to address needs, provider waitlist or appointment times, poverty/inability to afford basic needs, lack of awareness of the health issue, and lack of social connections.

Priority Issue: Aging Populations

Aging populations include the needs of adults 65 and older in the community. Considerations specific to the prioritization of aging populations included: (a) Aging adults (65 and older) is a growing population in the county with expectations for even more growth; (b) Due to limited access to affordable care, aging adults are forced to choose between medication/healthcare and other basic needs such as food or utilities. Many also rely on home-based caregivers (self, family) who are underqualified to provide the needed care; (c) Many older adults are also caring for children; and (d) Isolation is a growing concern among aging adults. Many support groups and other opportunities for in-person interaction were discontinued through COVID-19 and have not restarted.

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

- **Population:** 17.8% of residents in Vanderburgh County are 65 years and over (State=16.4%; 2019-2023 ACS 5-Year Estimates *(Table 1.5).* This represents a 1.4 percentage point increase from 2015-2019 ACS 5-Year Estimates.

Selected Findings from Stakeholder Surveys and Focus Groups

- Aging and older adult needs was the fourth highest ranked health issue in the county based on respondents who included the issue as a top-five priority need. Among respondents including aging and older adult needs as a top-five priority need, 62% perceived aging and older needs as getting worse since 2021, and 75% reported inadequate resources are being devoted to addressing the issue.
- Selected barriers across aging and older adult needs included poverty/inability to afford to meet basic needs, lack of reliable/affordable transportation, housing insecurity, and lack of social connections.

Priority Issue: Healthy Families (Including maternal-child health, child abuse and neglect, food and housing security)

Healthy families include maternal child health, child abuse and neglect, and food/housing insecurity. Considerations specific to the prioritization of healthy families included: (a) Infant mortality, especially among Black infants, continues to be high within the county and highlights the importance of prevention and early intervention efforts; (b) Foster care rate is higher than the state rate; long term, these children may experience trauma and their own mental health concerns; (c) Participants described disparities related to this priority based on factors such as race, ethnicity, cultural norms, and income; (d) Access to affordable, quality childcare was noted as a key factor impacting this health issue; and (e) Awareness and education around these issues was an identified need for both families and providers serving families.

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

- **Child Services:** 674 children were removed from households (2024) representing a rate of 17.2 per 1,000 children (State=5.9); 1,241 children needed services (CHINS) in 2024, representing a rate of 31.7 per 1,000 active cases (State=11.9); and 922 children experienced foster care at some point, representing a rate of 23.5 per 1,000 children (State=11.5). *(Table 1.11)*
- **Food Insecurity:** 15.0% of residents did not have a reliable source of food (State=14.0%), which represents 26,740 people (2022). The average adjusted meal cost in 2022 was $3.82 compared to $2.90 in 2019. Based on responses to the Greater Evansville Health Survey (2025), 24% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.19, 1.20, and 1.24)*
- **Maternal Child Health:**
    - **Infant Mortality:** The infant mortality rate for the county is 7.5 deaths among children less than one year of age per 1,000 live births (State=6.7); the Black infant mortality rate (18) within the county is higher than the rate for White infants (5.8) (2019-2023). *(Table 1.15)*
    - **Low Birthweight:** 9.7% of live births were to children with low birthweight (State=8.6%); 14.2% of live births among Non-Hispanic Black mothers were to children with low birthweight (2023). *(Table 1.15)*
    - **Medicaid Coverage (at delivery):** 40.3% of mothers received Medicaid coverage at delivery (State=40.9%); 65.7% among Non-Hispanic Black mothers and 63.5% among Hispanic mothers (2023). *(Table 1.15)*
    - **Teen Births (Age < 20):** The Vanderburgh County teen birth rate per 1,000 was 17.1 (State=15.9); 29.5 among Non-Hispanic Black mothers (2023). *(Table 1.15)*
    - **Breastfeeding (at hospital discharge):** 78.7% of mothers breastfed at hospital discharge (State=84.1%); 70.9% among Non-Hispanic Black mothers (2023). *(Table 1.15)*
    - **Birth:** 12.5% of mothers had preterm births (state=11.0%); among Non-Hispanic Black mothers, the preterm birthrate was 16.0% (2023). *(Table 1.15)*
    - **Early (First Trimester) Prenatal Care:** 80.3% of mothers received prenatal care during the first trimester (State=73.4%); 70.9% among Non-Hispanic Black mothers and 65.3% among Hispanic mothers (2023). *(Table 1.15)*

Selected Findings from Stakeholder Surveys and Focus Groups

- Child neglect and abuse was the fifth highest ranked health issue in the county based on respondents who included the issue as a top-five priority need; 81% perceived child abuse and neglect to be getting worse in this county since 2021, and 84% reported inadequate resources devoted to child neglect and abuse in this county. Selected barriers to addressing this issue included poverty/inability to afford to meet basic needs, lack of childcare, lack of providers or specific services to address needs, lack of social connections, housing insecurity, and lack of awareness or understanding the health issue.
- Nutrition and obesity was the sixth highest ranked health issue in the county based on respondents who included the issue as a top-five priority need; 58% perceived nutrition and obesity to be getting worse in this county since 2021, and 54% reported inadequate resources devoted to nutrition and obesity in this county. Selected barriers to addressing this issue included difficulty in accessing affordable, nutritious foods, poverty/inability to afford to meet basic needs, lack of awareness or understanding of the health issue, and lack of reliable/affordable transportation.
- Infant mortality was the seventh highest ranked health issue in the county based on respondents who included the issue as a top-five priority need; 42% perceived infant mortality to be getting worse in this county since 2021, and 62% reported inadequate resources devoted to infant mortality in this county. Selected barriers to addressing this issue included poverty/inability to afford to meet basic needs, lack of reliable/affordable transportation, lack of providers or specific services to address needs, lack of social connections, and lack of awareness or understanding of the health issue.

Priority Issue: Access to Care

Access to care involves connecting residents to healthcare within the service area. Considerations specific to the prioritization of access included: (a) Affordability of care is limited by poverty and insufficient insurance coverage; (b) Availability of care is limited by insufficient care options that are culturally responsive and available in different languages; difficulty attracting providers to the field and/or geographic area and retaining providers who are overwhelmed and dealing with burnout; and (c) Other key barriers include insurance reimbursement challenges (for both providers and service recipients) and a lack of awareness around available resources in the community.

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

- **Insurance Status (under age 65):** Overall, 7.3% of residents are uninsured, which represents 10.4% of adults and 4.6% of children (State=7.6% overall; 10.1% adults; 6.1% children). There are higher rates of public insurance in Vanderburgh County (20.1% Medicare; 22.3% Medicaid/Means-Tested Public Coverage) compared to the state (18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*
- **Routine Healthcare:** 86% of respondents to the Greater Evansville Health Survey (2025) had a routine checkup in the last year. *(Table 1.24)*

- **Health Conditions:** Heart disease is the leading cause of death in the county followed by cancer (2023). Based on responses to the Greater Evansville Health Survey (2025), over a quarter of residents reported the following health conditions: some type of arthritis, high blood pressure, cholesterol, and/or obesity. *(Tables 1.21 and 1.24)*
- **Access to Mental Health Care:** 64% of residents reported that their family receives the mental health care they need. Of those identifying barriers to mental health care, 26% reported delaying or not receiving care because of cost, 22% reported health insurance not covering care, 17% reported not being able to get an appointment soon enough, and 15% reported not having health insurance (Greater Evansville Health Survey, 2025). *(Table 1.26)*
- **Access to Physical Health Care:** 84% of residents reported that their family receives the physical health care they need. Of those identifying barriers to physical health care, 24% reported delaying or not receiving care because of cost, 21% reported health insurance not covering care, 24% reported not being able to get an appointment soon enough, and 14% reported not having health insurance (Greater Evansville Health Survey, 2025). *(Table 1.26)*

Selected Findings from Stakeholder Surveys and Focus Groups

- Nearly a third of all identified barriers for all health issues were associated with health care access and quality (e.g., not having health/dental insurance or being underinsured, lack of reliable/affordable transportation, lack of providers or specific services to address needs, provider waitlist or appointment times).
- In addition, several subpopulations were identified as having unique issues accessing care (e.g., aging/older adults, individuals receiving Medicaid, individuals experiencing homelessness, individuals with language barriers, racial/ethnic groups, young adults, children and youth, individuals with disabilities).

Priority Issue: Outreach and Advocacy

Outreach and advocacy involves strengthening awareness and understanding of health priorities among residents. Considerations specific to the prioritization of access included: (a) Outreach and advocacy are a response to external factors such as federal, state, and local funding cuts to needed programs and services and the current political climate (i.e., policies impacting care for specific groups such as immigrant populations, LGBT populations, unhoused populations); (b) Prioritizing outreach and advocacy is also expected to address misperceptions in the community (e.g., promoting the value of prenatal and other preventative care, correcting the misperception that certain health issues are limited to specific groups); and (c) As part of the outreach and advocacy discussion, participants also prioritized combining efforts with other regions across the state.

Selected Findings from Stakeholder Surveys and Focus Groups

- 13% of all identified barriers across health issues were associated with lack of awareness or understanding of the health issue.
- Lack of awareness was identified as a top five barrier for the following health issues: mental health, suicide, substance/drug use or misuse, alcohol use or misuse, tobacco use or vaping, chronic diseases, aging or older adult needs, child neglect and abuse, nutrition and obesity, infant mortality, disability needs, infectious diseases, dental care, reproductive health and family planning, and injuries and accidents. Selected stakeholder comments from focus groups are provided below as examples.

Need for an understanding in the community that kids can be addicted to substances, it is not just experimentation. There is a clear line from what you are doing as a young person to what you might do as an adult. Focus Group Participant (Concerning Substance Use/Misuse)

"Are they aware of the resources or are they unaware of realizing they need help and where they get it from?" Focus Group Participant (Concerning Mental Health)

"We see families that really don't know what a healthy option is, or what can be a healthy alternative and still be cost effective." Focus Group Participant (Concerning Nutrition/Obesity)

Next Steps

The above priority health issues will be further narrowed to specific needs that will be addressed by each hospital. The resulting needs and plans will be included in subsequent implementation plans. A rationale will be included in each report for any needs not addressed within the proposed plans.

Secondary Data Review

Overview

Secondary data represent existing information available through local, state, and national data sources. Collectively, these data offer insight into the health and social issues of the service area. These data were used throughout the Community Health Needs Assessment (CHNA) process to (a) inform the development of issues that would be further explored in the 2025 CHNA Provider/Stakeholder Survey; (b) guide specific analyses of data from the 2025 CHNA Community Survey and focus groups; (c) provide insights to stakeholders and hospital staff during CHNA related meetings and discussions; and (d) as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (held in May 2025). The following indicator categories were used to organize findings:

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

Data presented in this section were primarily sourced from (a) the 2025 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) the Indiana State Department of Health, (c) the U.S. Census American Community Survey (5-year estimates, 2019-2023), (d) the Welborn Baptist Foundation 2025 Greater Evansville Health Survey, (e) Center for Disease Control and Prevention (CDC), and (f) other local data sources provided by community partners. Specific data sources are presented under each table.

Comparisons, Trends, and Considerations

This section presents data for Vanderburgh County and, as available, the state of Indiana, the nation, and region. While comparisons are valuable for identifying areas in a particular county where improvements can be made, such comparisons should always be made within the context of the vast differences that exist across the counties in the state and country. Where applicable, secondary data reported in the 2025 County Health Rankings report were compared to those in the 2021 County Health Rankings report to analyze trends during the previous prioritization cycle. The margin of error for each 2021 data point was compared to the margin of error for the 2025 data point (if no error margin reported, data points were compared directly) to determine the trend. Trends were identified where there was no overlap between error margins.

Population Characteristics

Demographic characteristics provide important insights for the development and delivery of health-related services and programs. Of the 179,908 residents of Vanderburgh County, 51.2% are female. Further, 82.1% are White alone, 9.7% are Black or African American alone, and 4.8% are two or more races. Of any race, 3.6% are of Hispanic or Latino ethnicity. Among all Vanderburgh County residents, 4.3% speak a language other than English at home.

Overall Population

Table 1.1. Population by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County
Total population	332,387,540	6,811,752	179,908

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

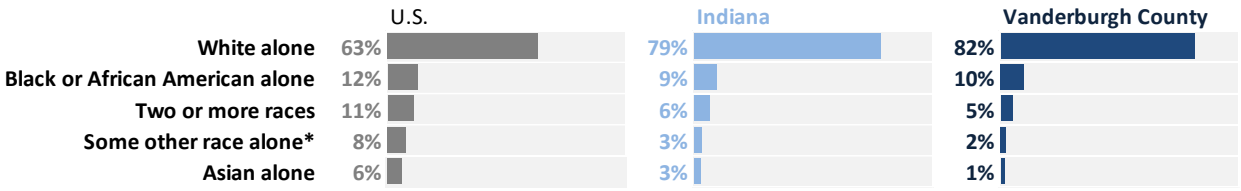
Race

Table 1.2. Race by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
White alone	210,875,446	**63.4%**	5,347,678	**78.5%**	147,680	**82.1%**
Black or African American alone	41,070,890	**12.4%**	630,680	**9.3%**	17,425	**9.7%**
American Indian and Alaska Native alone	2,924,996	**0.9%**	17,208	**0.3%**	400	**0.2%**
Asian alone	19,352,659	**5.8%**	172,936	**2.5%**	2,432	**1.4%**
Native Hawaiian/Other Pacific Islander alone	629,292	**0.2%**	2,345	**0.0%**	456	**0.3%**
Some other race alone	21,940,536	**6.6%**	213,942	**3.1%**	2,927	**1.6%**
Two or more races	35,593,721	**10.7%**	426,963	**6.3%**	8,588	**4.8%**

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

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



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

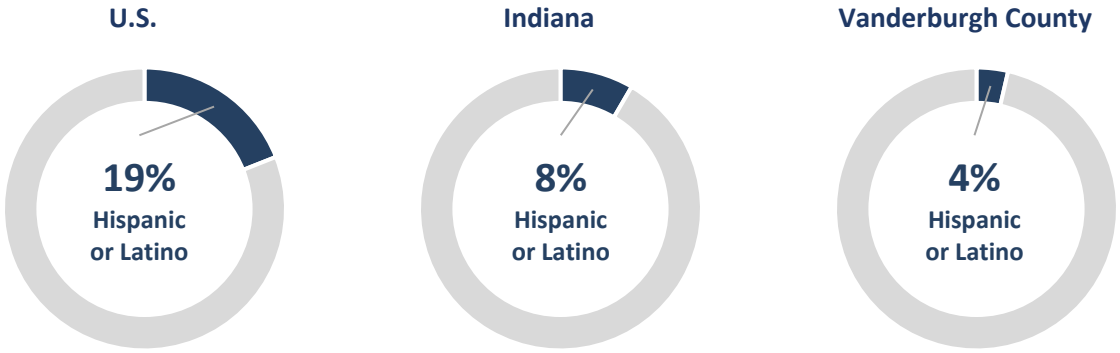
Ethnicity

Table 1.3. Ethnicity by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
Hispanic or Latino (of any race)	63,131,589	**19.0%**	569,410	**8.4%**	6,480	**3.6%**
Not Hispanic or Latino	269,255,951	**81.0%**	6,242,342	**91.6%**	173,428	**96.4%**

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

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



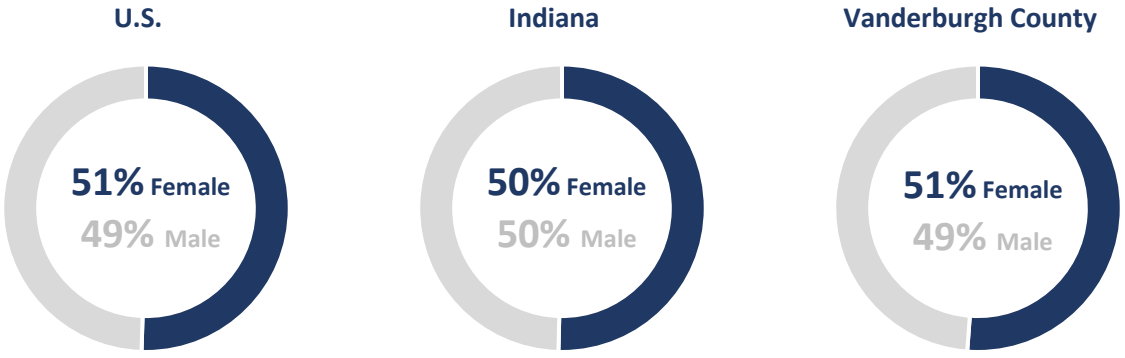
Sex

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

	United States		Indiana		Vanderburgh County	
Female	167,842,453	**50.5%**	3,434,741	**50.4%**	92,059	**51.2%**
Male	164,545,087	**49.5%**	3,377,011	**49.6%**	87,849	**48.8%**

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

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



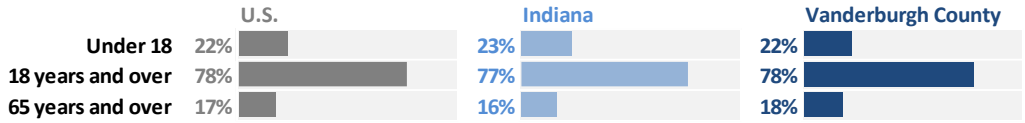
Age

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

	United States		Indiana		Vanderburgh County	
Median age (years)	38.7 years		38.0 years		38.9 years	
Under 18 years	73,645,238	**22.2%**	1,596,071	**23.4%**	39,159	**21.8%**
18 years and over	258,742,302	**77.8%**	5,215,681	**76.6%**	140,749	**78.2%**
65 years and over	55,970,047	**16.8%**	1,116,303	**16.4%**	32,021	**17.8%**

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: DPO5).

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



Language

Table 1.6. Language Spoken at Home by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
English	244,601,776	**78.0%**	5,770,092	**90.2%**	162,139	**95.7%**
Spanish	42,064,953	**13.4%**	335,205	**5.2%**	3,773	**2.2%**
Other Indo-European languages	11,892,212	**3.8%**	159,284	**2.5%**	1,266	**0.7%**
Asian and Pacific Island languages	11,082,543	**3.5%**	96,541	**1.5%**	1,692	**1.0%**
Other languages	3,806,157	**1.2%**	38,807	**0.6%**	555	**0.3%**

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S1601).

Figure 1.5. Language Spoken at Home by United States, Indiana, and Vanderburgh County

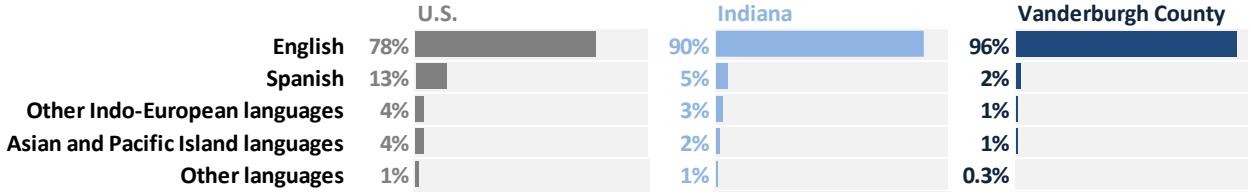
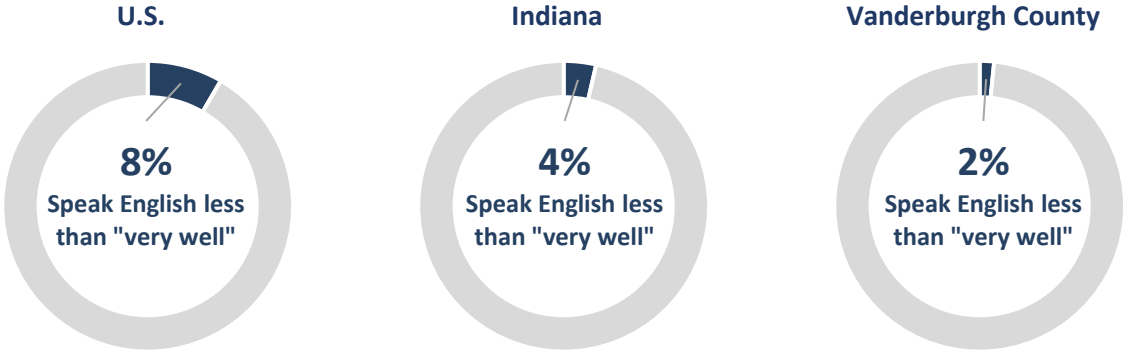


Table 1.7. English Proficiency by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
Speak English less than "very well"	26,299,012	**8.4%**	232,174	**3.6%**	2,708	**1.6%**

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S1601).

Figure 1.6. Speaks English less than “very well” by United States, Indiana, and Vanderburgh County



Social, Community, and Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being and offer a foundation for considering the way a hospital's programs are connected to a wider social services network. County high school completion rates exceed the state percentage, and the percentage of residents with some college is comparable to the state percentage. Compared to the state, the county has a lower median household income, a higher childcare cost burden, higher rates of suicide and injury deaths, a lower percentage of homeownership, a higher percentage of residents with severe housing problems, and a higher percentage of children in single-parent households. A worsening trend was observed for homicide rate, injury death rate, and social associations. Improvements were observed for income inequality and median household income. Tables 1.8 through 1.11 provide a summary of social, community, and economic factors in Vanderburgh County.

Table 1.8. Social and Economic Characteristics by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
EDUCATIONAL ATTAINMENT						
High School Completion[a]	89%	90%	**91%**	*91-92%*	*None*	Better
Some College[a]	68%	63%	**66%**	*62-69%*	*None*	Within Mar.
INCOME						
% Children in Poverty[b]	16%	15%	**17%**	*13-22%*	*None*	Within Mar.
Income Inequality (ratio of household income at the 80th to that at the 20th percentile)[a]	4.9	4.3	**4.1**	*3.9-4.3*	*Improve*	Within Mar.
Median Household Income[b]	$77,700	$69,500	**$60,900**	*$56,900 - $65,000*	*Improve*	Worse
CHILD CARE						
Child Care Centers (per 1,000 under 5 years old)[c]	7	4	**8**	*NA*	*NA*	Better
Child Care Cost Burden (cost of childcare for a household with two children as a percent of median income)[d]	28%	31%	**38%**	*NA*	*NA*	Worse
MORTALITY INDICATORS						
Homicide Rate (per 100,000)[e]	*7*	8	**9**	*7-10*	*Worse*	Within Mar.
Suicide Rate (per 100,000)[f]	*14*	16	**20**	*17-23*	*None*	Worse
Injury Death Rate (per 100,000)[f]	84	93	**104**	*98-111*	*Worse*	Worse
HOUSING						
% Homeowner[a]	65%	70%	**64%**	*63-66%*	*None*	Worse
% Severe Housing Problems[g]	17%	12%	**14%**	*13-16%*	*None*	Worse
ADDITIONAL SOCIAL and ECONOMIC CHARACTERISTICS						
Access to Parks[h]	51%	37%	**51%**	*NA*	*NA*	Better
Social Associations (per 10,000; local social/community support)[i]	9.1	11.8	**14.4**	*NA*	*Worse*	Better
% Children in Single-Parent Households[j]	25%	24%	**31%**	*27-35%*	*None*	Worse

Source: [a]County Health Rankings, 2025 (U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates); [b]County Health Rankings, 2025 (Small Area Income and Poverty Estimates, 2023; U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates); [c]County Health Rankings, 2025 (Homeland Infrastructure Foundation-Level Data, 2010-2022); [d]County Health Rankings, 2025 (The Living Wage Institute, 2024; Small Area Income and Poverty Estimates, 2023); [e]County Health Rankings, 2025 (National Center for Health Statistics-Mortality Files, 2016-2022); [f]County Health Rankings, 2025 (National Center for Health Statistics-Mortality Files, 2018-2022); [g]County Health Rankings, 2025 (Comprehensive Housing Affordability Strategy (CHAS) data, 2017-2021); [h]County Health Rankings, 2025 (ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020); [i]County Health Rankings, 2025 (County Business Patterns, 2022); [j]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: B09005).

Table 1.9. Employment Characteristics by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County
EMPLOYMENT			
Labor Force Participation Rate (ages 16+)[a]	63.5%	64.0%	63.4%
Unemployment Rate[b]	3.6%	3.3%	3.2%

Source: [a]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2301); [b] Bureau of Labor Statistics: Local Area Unemployment Statistics (LAUS), 2023 Annual Averages.

As shown in Table 1.10, the overall number of homeless individuals in the region has returned to and increased from numbers reported prior to the COVID-19 pandemic which affected 2021 data due to restriction in shelters. It is possible that the pandemic also impacted the Point in Time (PIT) count in 2022. While a slight uptick in the number of homeless individuals was observed from 2023 to 2024, there was a decrease in chronically homeless individuals in 2024 (1 year of consecutive homelessness or 3 episodes of homelessness in a 4-year period).

Table 1.10. Homeless and Chronically Homeless: Region 12 – includes the counties of Knox, Daviess, Gibson, Pike, Dubois, Posey, Vanderburgh, Warrick, Spencer, and Perry

Point in Time Count[ab]	Region 12	
	Total Individuals	Chronically Homeless
2024[b]	514	62
2023[b]	509	80
2022[b]	352	71
2021[a]	359*	61*
2020[a]	488	31
2019[a]	477	35

*Note: An annual Point in Time (PIT) count is mandated by the U.S. Department of Housing and Urban Development (HUD) for metropolitan areas receiving HUD funding to address homelessness. As part of the count, utilization reports for each shelter on the day of the count are conducted. In addition, those individuals identified as "unsheltered" are located by the outreach team and recorded. Since the majority of individuals counted reside in shelters, COVID-19 impacted the 2021 count (e.g., shelters reduced their max capacity during COVID-19 to afford more social distancing, so the shelters had fewer people in them reflecting lower numbers). Therefore, the lower 2021 count represents the fact that shelters were holding fewer people, so fewer people were available to be counted (personal communication with Chris Metz, ECHO Housing, September 22, 2021). Sources: [a]City of Evansville/Vanderburgh County, Report provided by the Commission on Homelessness for Evansville and Vanderburgh County and the regional Homeless Service Council.; [b]Commission on Homelessness for Evansville and Vanderburgh County and the regional Homeless Service Council (2024). *Point-In-Time (PIT): Our Annual Homeless Count.*

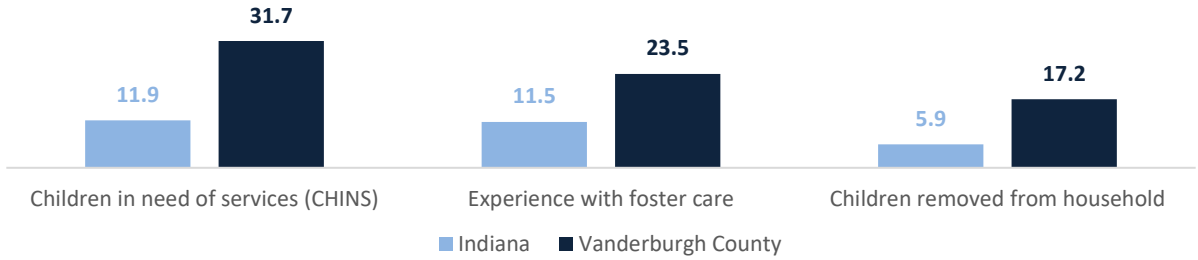
Table 1.11 and Figure 1.7 detail family and community indicators and demonstrate that Vanderburgh County has rates of children in need of services and children removed from household of nearly three times those of the state. Further, twice as many children in Vanderburgh County experience foster care compared to the state.

Table 1.11. Family and Community Indicators by Indiana and Vanderburgh County

	Indiana		Vanderburgh County	
	Total Count	Rate per 1,000*	Total Count	Rate per 1,000*
Children in Need of Services (CHINS) - Active Cases	18,994	11.9	1,241	31.7
Experience with Foster Care (Children in care at some point)	18,371	11.5	922	23.5
Children removed from household	9,351	5.9	674	17.2

Source: Indiana Department of Childhood Services (2024) via Indiana Youth Institute KIDS Count Data Book (2025). Retrieved: https://iyi.org/resources/indiana-kids-count-data-book/. *Note: Rates per 1,000 were calculated using total population under 18 gathered from the 2019-2023 ACS 5-Year Estimate (Table ID: DP05).

Figure 1.7. Family and Community Indicators by Indiana and Vanderburgh County (Rate per 1,000)



Social vulnerability refers to the demographic and socioeconomic factors that contribute to communities being more adversely affected by public health emergencies and other external hazards and stressors that cause disease and injury. The **social vulnerability index (SVI)** ranks counties and census tracts on sixteen social factors from the U.S. Census 5-year American Community Survey and groups them into four measurement themes: socioeconomic, household characteristics, racial and ethnic minority status, and housing and transportation. Scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). A *high level* of social vulnerability indicates that a community is *less* equipped to prepare for, respond to, and recover from public health emergencies or other natural disasters because of a large portion of their population experiencing characteristics associated with social vulnerability.

Vanderburgh County has a high level of overall social vulnerability. The county has a higher percentage of racial and ethnic minorities compared to other Indiana counties and therefore the racial and ethnic minority status score yields a high level of vulnerability. Table 1.12 reports the overall SVI score and measurement theme scores with the corresponding levels of vulnerability.

Table 1.12. Vanderburgh County Social Vulnerability Index Theme Scores

	Statewide Geographic Comparison Score	Level of Vulnerability*
Overall SVI Score	0.7692	High
Socioeconomic Status	0.7143	Medium to High
Household Characteristics	0.5495	Medium to High
Racial & Ethnic Minority Status	0.8462	High
Housing Type & Transportation	0.7363	Medium to High

Source: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry (ATSDR) (2022). *Social Vulnerability Index Interactive Map*. *Note: Vulnerability levels: low (0-0.25); low to medium (0.25-0.5); medium to high (0.5-0.75); high (0.75-1).

Quality of Life Indicators

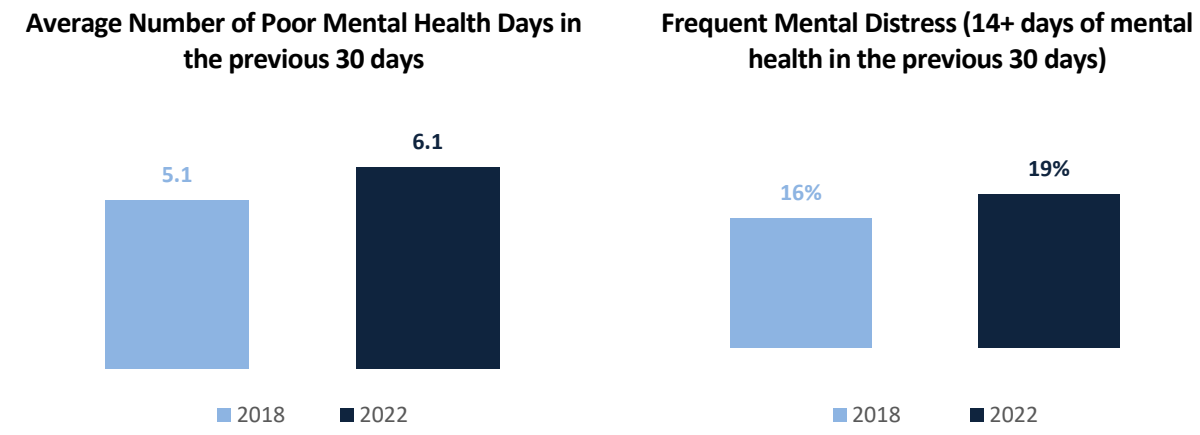
Self-reported rankings of overall health status, and the number of days in a given month individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support, and share well-documented associations with care outcomes. Vanderburgh County has similar levels as the state on self-reported measures of poor/fair health and frequency of poor mental and physical health days. Results are summarized in Table 1.13. Trend data for mental health indicators are presented in Figure 1.8. A worsening trend is present in the average number of poor mental health days and frequent mental distress. However, these trends are within the margin of error for these data points.

Table 1.13. Quality of Life Indicators by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
Poor or Fair Health	17%	19%	**18%**	*16-20%*	*None*	Within Mar.
Average Number of Poor Physical Health Days (in previous 30 days)	3.9	4.2	**4.4**	*3.6-5.2*	*None*	Within Mar.
Frequent Physical Distress (14 or more days of poor physical health in the previous 30 days)	12%	13%	**13%**	*11-14%*	*None*	Within Mar.
Average Number of Poor Mental Health Days (in previous 30 days)	5.1	5.5	**6.1**	*5.1-7.0*	*None*	Within Mar.
Frequent Mental Distress (14 or more days of poor mental health in the previous 30 days)	16%	18%	**19%**	*17-20%*	*None*	Within Mar.

Source: County Health Rankings, 2025 (Behavior Risk Factor Surveillance System, BRFSS, 2022).

Figure 1.8. Mental Health Indicators for Vanderburgh County – Trend Data



Source: County Health Rankings, 2025 (Behavior Risk Factor Surveillance System, BRFSS, 2022 & 2018).

Health & Birth Outcome Indicators

Common health indicators that provide insight into the general health state of a community include premature mortality, child mortality, chronic disease (e.g., diabetes), and infectious disease (e.g., HIV). On these indicators, Vanderburgh County largely mirrors the averages for the state of Indiana with the exception of higher premature mortality rates. When compared to data reported in 2022, premature mortality rates and HIV prevalence have increased in the county. Table 1.14 provides an overview of these leading health indicators for Vanderburgh County.

Table 1.14. Health Outcome Indicators by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
Premature Age-Adj. Mortality (per 100,000)[a]	410	470	530	*510-540*	*Worse*	Worse
Child Mortality (per 100,000)[b]	50	60	80	*60-90*	*None*	Within Mar.
Diabetes Prevalence[c]	10%	11%	11%	*9-12%*	*None*	Within Mar.
HIV Prevalence (per 100,000)[d]	387	223	223	--	*Worse*	Same

Source: [a]County Health Rankings, 2025 (National Center for Health Statistics Mortality Files, 2020-2022); [b]County Health Rankings, 2025 (National Center for Health Statistics Mortality Files, 2019-2022); [c]County Health Rankings, 2025 (Behavior Risk Factor Surveillance System, BRFSS, 2022); [d]County Health Rankings, 2025 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022).

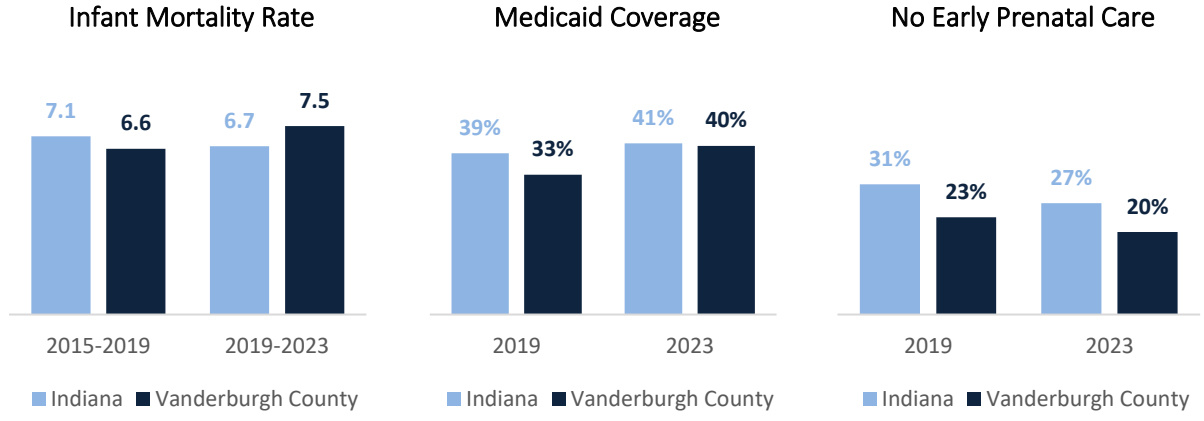
Infant mortality is a top indicator of health status. Vanderburgh County's infant mortality rate is higher than the state. Birth outcomes are related to infant mortality and are important measures in understanding maternal child health. On these indicators, Vanderburgh County is higher than the state in low birthweight, Medicaid coverage at delivery, teen birth rate, preterm births, and not breastfeeding at discharge. A lower percentage of mothers in Vanderburgh County did not receive early prenatal care compared to the state. Table 1.15 reports infant mortality rate, sudden and unexpected infant death rate, and birth outcomes for Indiana and Vanderburgh County with race and ethnicity breakdowns. Figure 1.9 compares the state to the county over time. In the previous community health needs assessment reporting cycle, the county had a lower infant mortality rate; however, recent data show a higher rate of infant mortality for the county compared to the state. An increase was observed for the percentage of mothers on Medicaid at delivery for the county, but the rate remained lower than that of the state.

Table 1.15. Infant Mortality, SUID Rates, and Birth Outcome Indicators by Indiana and Vanderburgh County

	Indiana					Vanderburgh County				
	Total	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other Races & Ethnicities	Total	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other Races & Ethnicities
Infant Mortality (per 1000)[a]	6.7	13.0	5.5	7.1	6.7	7.5	18.0	5.8	--	8.3*
SUID (per 100k)[a]	121.6	306.4	93.9	90.9	100.6	160.0*	534.0*	101.0*	--	--
Low Birthweight (<2500g)[b]	8.6%	14.4%	7.4%	8.4%	10.3%	9.7%	14.2%	7.8%	10.2%*	15.7%
Medicaid Coverage (at delivery)[b]	40.9%	67.1%	30.0%	67.6%	49.0%	40.3%	65.7%	30.1%	63.5%	59.1%
Teen Births (Age < 20) rate per 1,000[b]	15.9	24.1	12.4	26.4	16.2	17.1	29.5	12.8	22.5*	33.2*
Preterm (<37 weeks gestation)[b]	11.0%	14.8%	10.5%	10.1%	11.5%	12.5%	16.0%	11.5%	12.6%	14.3%
No Early (First Trimester) Prenatal Care[b]	26.6%	41.7%	20.6%	40.9%	30.2%	19.7%	30.6%	13.0%	34.7%	39.1%
Not Breastfeeding at discharge[b]	15.9%	20.2%	15.6%	13.7%	15.2%	21.3%	29.1%	20.2%	15.6%	23.5%

Source: [a]Indiana Birth Outcomes & Infant Mortality Dashboard, 2019-2023, Indiana Department of Health: Maternal and Child Health Epidemiology; [b]Indiana Birth Outcomes & Infant Mortality Dashboard, 2023, Indiana Department of Health: Maternal and Child Health Epidemiology. Both retrieved from: https://www.in.gov/health/mch/data/birth-outcomes-and-infant-mortality-dashboard/. *Note: Certain rates were unstable due to the limited amount of available data and should be interpreted with caution.

Figure 1.9. Infant Mortality and Birth Outcomes Indicators by Indiana and Vanderburgh County—Trend Data



Clinical Characteristics

Clinical characteristics data help assess and consider issues closely aligned with the nation's objectives of improving access to care and adhering to preventative screenings and chronic disease monitoring. When overall resident-to-healthcare provider ratios are considered (without considering populations served, insurance types accepted, or magnitude of need for services), Vanderburgh County has better healthcare ratios compared to the state based on the availability of primary care, mental health, dental, and other primary care providers. Vanderburgh County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region, including Gibson, Posey, and Warrick. Further, the availability of primary care physicians and dentists in Vanderburgh County is worse compared to prior years, while ratios have improved for mental health providers and other primary care providers. Further, mammography screening and preventable hospital stays are higher than state rates. Tables 1.16 and 1.17 provide a summary of clinical characteristics of Vanderburgh County.

Table 1.16. Clinical Characteristics by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
PROVIDERS						
Primary Care Physicians[a]	1,290:1	1,520:1	1,290:1	--	*Worse*	Better
Dentists[b]	1,370:1	1,680:1	1,360:1	--	*Worse*	Better
Mental Health Providers^[c]	380:1	470:1	300:1	--	*Better*	Better
Other Primary Care Providers[c]	710:1	730:1	440:1	--	*Better*	Better
PREVENTION						
Preventable Hospital Stays (per 100,000)[d]	2,666	3,078	3,355	--	*Better*	Worse
Mammography Screening in Past Year (ages 65-74 enrolled in Medicare Part B)[d]	44%	47%	54%	--	*Better*	Better

Source: [a]County Health Rankings, 2025 (Area Health Resource File/American Medical Association, 2021); [b]County Health Rankings, 2025 (Area Health Resource File/National Provider Identification file, 2022); [c]County Health Rankings, 2025 (CMS, National Provider Identification, 2024); [d]County Health Rankings, 2025 (The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2022). ^Note: Ratio includes active and possibly providers not currently practicing or taking on new patients.

Table 1.17. High Need Geographic Professional Shortage Areas

	Gibson County	Posey County	Vanderburgh County	Warrick County
Mental Health	*Designated 9/8/2021*	*Designated 9/8/2021*	*Designated 9/8/2021*	*Designated 9/8/2021*

Source: [a]Health Resources and Services Administration (HPSA Find, Designated September 8, 2021).

Insurance status data reported in Table 1.18 provides an overview of coverage status among Vanderburgh County residents compared to the state and nation. Vanderburgh County's uninsured rate is comparable to that of the state, but fewer children are uninsured compared to the state. A higher percentage of Vanderburgh County residents use a form of public insurance compared to the state and United States. Specifically, the county has higher rates of Medicare and Medicaid usage.

Table 1.18. Insurance Status and Providers by United States, Indiana, and Vanderburgh County*

	United States	Indiana	Vanderburgh County
INSURANCE STATUS[a]			
Uninsured	8.6%	7.6%	**7.3%**
Uninsured Children (under 19)	5.4%	6.1%	**4.6%**
Uninsured Adults (Ages 19-64)	12.0%	10.1%	**10.4%**
Public/Private Provider[b]			
Private Insurance[b]	67.3%	69.0%	**65.9%**
Public Insurance[c]	36.3%	35.4%	**39.7%**
Private Insurance Provider[b]			
Employer Based Health Insurance	55.1%	58.3%	**55.2%**
Direct Purchase Health Insurance	13.6%	12.6%	**12.5%**
Tricare/Military Health Insurance	2.7%	1.6%	**1.8%**
Public Insurance Provider[c]			
Medicare	18.1%	18.0%	**20.1%**
Medicaid/Means-Tested Public Coverage	20.7%	19.6%	**22.3%**
VA Health Care Coverage	2.2%	2.1%	**2.7%**

Source: [a]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2701); [b]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2703); [c]U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates (Table ID: S2704). *Note: Percentages are based on civilian noninstitutionalized population.

Behavioral Factors

A range of leading health behavior indicators that share important associations with leading causes of morbidity and mortality in the county were assessed. Table 1.19 provides an overview of the leading health behaviors that not only offer insights into the social/behavioral determinants of leading health challenges in Vanderburgh County but also provide opportunities for the ongoing development and implementation of health and social service programs. Of concern, worsening trends for Vanderburgh County were observed for the following factors: food environment index, access to exercise opportunities, limited access to healthy foods, drug overdose deaths, and sexually transmitted infections.

Table 1.19. Behavioral Factors by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
SMOKING						
Adult Smoking[a]	13%	17%	17%	*15-19%*	*Better*	Within Mar.
NUTRITION/PHYSICAL ACTIVITY						
Adult Obesity[a]	34%	38%	39%	*34-45%*	*None*	Within Mar.
Food Environment Index[b]	7.4	6.5	7	--	*Worse*	Better
Physical Inactivity[a]	23%	27%	28%	*24-31%*	*None*	Within Mar.
Access to Exercise Opportunities[c]	84%	76%	86%	--	*Worse*	Better
Limited Access to Healthy Foods[d]	6%	9%	12%	--	*Worse*	Worse
SUBSTANCE USE						
Excessive Drinking[a]	19%	17%	19%	*16-22%*	*None*	Within Mar.
Alcohol-Impaired Driving Deaths[e]	26%	18%	11%	*6-17%*	*None*	Better
Drug Overdose Deaths (per 100,000)[f]	31	38	39	*34-44*	*Worse*	Within Mar.
SEXUAL BEHAVIOR						
Sexually Transmitted Infections (per 100,000)[g]	495	495.2	747.2	--	Worse	Worse
SLEEP						
Insufficient Sleep[a]	37%	39%	41%	*36-46%*	*None*	Within Mar.

Source: [a]County Health Rankings, 2025 (The Behavioral Risk Factor Surveillance System (BRFSS), 2022); [b]County Health Rankings, 2025 (USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022); [c]County Health Rankings, 2025 (ArcGIS Business Analyst, YMCA, & US Census Tiger/Line Shapefiles, 2024, 2022 & 2020); [d]County Health Rankings, 2025 (USDA Food Environment Atlas,2019); [e]County Health Rankings, 2025 (Fatality Analysis Reporting System,2018-2022); [f]County Health Rankings, 2025 (National Center for Health Statistics – Mortality Files, 2020-2022); [g]County Health Rankings, 2025 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022).

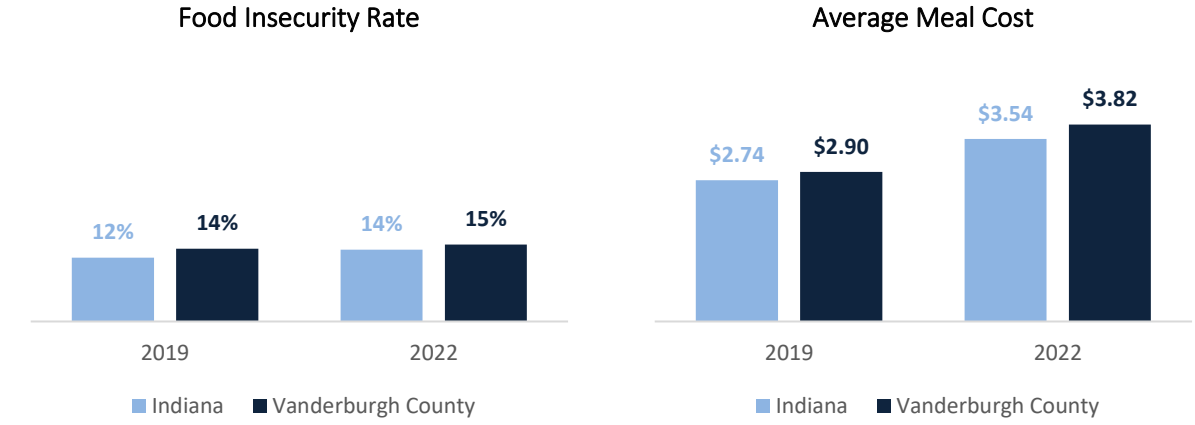
Table 1.20 reports food insecurity and average meal cost for the United States, Indiana, and Vanderburgh County. The county has a higher food insecurity rate compared to the nation and state. The average meal cost is higher than the state but lower than the national average. Figure 1.10 compares the current county and state data to data reported in the previous reporting cycle. Both the state and county saw an upward trend in food insecurity and average meal cost with the county staying slightly higher compared to the state for both data points.

Table 1.20. Food Insecurity by United States, Indiana, and Vanderburgh County as Reported by Feeding America

	United States	Indiana	Vanderburgh County
# of food insecure people	44,151,000	950,220	**26,740**
Food insecure rate	13.5%	13.9%	**14.9%**
Average meal cost	$3.99	$3.54	**$3.82**

Source: Feeding America: Map the Meal Gap, 2022. Available: https://map.feedingamerica.org/county/2022/overall.
*Note: The average weekly dollar amount food secure individuals report spending on food divided by twenty-one (assumes three meals a day per seven days). Adjusted to reflect local food prices and relevant taxes.

Figure 1.10. Food Insecurity by Indiana and Vanderburgh County-Trend Data



Mortality Indicators

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as an indicator of the issues most likely to require significant attention from hospitals and other health and social service organizations. The causes listed in the table below are grouped by broader underlying cause categories. Only underlying causes with greater than 20 deaths are reported to protect anonymity and provide a reliable rate per 100,000.

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

There were 2,115 deaths in Vanderburgh County representing a 1,176.2 rate per 100,000 residents (State=1,019.2). Diseases of the circulatory system, including ischemic heart disease, are the leading cause of death in the county followed by cancer. Table 1.21 provides a summary of these various mortality indicators for the county and state.

Table 1.21. Mortality Indicators by Indiana, and Vanderburgh County

Mortality Cause	Indiana		Vanderburgh County	
	Deaths	Rate per 100,000	Deaths	Rate per 100,000
All Causes	69,942	1,019.2	2,115	1,176.2
Malignant neoplasms (Cancer)	**13,907**	**202.7**	**400**	**222.5**
Malignant neoplasms of digestive organs (pancreas, colon, stomach, etc.)	3,728	54.3	122	67.8
Malignant neoplasms of respiratory and intrathoracic organs	3,714	54.1	95	52.8
Malignant neoplasms of breasts	920	13.4	28	15.6
Malignant neoplasms of urinary tract	746	10.9	25	13.9
Malignant neoplasms of ill-defined, secondary, and unspecified sites	736	10.7	27	15
Malignant neoplasms of lymphoid, hematopoietic, and related tissue	1,228	17.9	30	16.7
Endocrine, nutritional, and metabolic diseases	**4,063**	**59.22**	**127**	**70.6**
Diabetes Mellitus	2,278	33.2	74	41.2
Metabolic disorders	916	13.3	26	14.5
Mental and Behavioral Disorders	**3,143**	**45.8**	**136**	**75.6**
Organic, including symptomatic, mental disorders	2,710	39.5	120	66.7
Diseases of the Nervous System	**5,707**	**83.2**	**171**	**95.1**
Extrapyramidal and movement disorders	931	13.6	21	11.7
Alzheimer disease and other degenerative diseases of the nervous system	3,740	54.5	117	65.1
Diseases of the Circulatory System	**20,083**	**292.7**	**599**	**333.1**
Hypertensive diseases	2,745	40	61	33.9
Ischemic heart disease	7,428	108.2	235	130.7
Pulmonary heart disease	461	6.7	22	12.2
Other forms of heart disease (cardiomyopathy, heart failure, cardiac arrest, etc.)	5,186	75.6	156	86.8
Cerebrovascular diseases	3,462	50.5	98	54.5

Mortality Cause	Indiana		Vanderburgh County	
	Deaths	Rate per 100,000	Deaths	Rate per 100,000
All Causes	69,942	1,019.2	2,115	1,176.2
Diseases of arteries, arterioles, and capillaries	602	8.8	22	12.2
Diseases of the Respiratory System	**7,013**	**102.2**	**205**	**114**
Influenza and pneumonia	840	12.2	29	16.1
Chronic lower respiratory diseases	4,402	64.1	114	63.4
Other diseases of the respiratory system	585	8.5	28	15.6
Diseases of the Digestive System	**2,875**	**41.9**	**102**	**56.7**
Other diseases of intestines	586	8.5	23	12.8
Diseases of liver	1,411	20.6	44	24.5
Diseases of genitourinary system	**1,949**	**28.4**	**47**	**26.1**
External Causes of Morbidity and Mortality	**6,571**	**95.8**	**180**	**100.1**
Transportation accidents	1,023	14.9	24	13.3
Other external causes of accidental injury	3,482	50.7	94	52.3
Intentional self-harm	1,187	17.3	44	24.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html.

Tables 1.22 and 1.23 detail overdose and suicide death for Vanderburgh County. Data from 2020 were retained from the previous reporting cycle to compare with 2024 data. In 2024, there was a lower number of overdose deaths, specifically involving fentanyl. There was a higher occurrence of suicides in 2024 with twice as many residents aged 20-29 dying by suicide.

Table 1.22. Overdose Reports from Vanderburgh County Coroner's Office

	2020	2024
Total	67	53
Gender		
Male	43	31
Female	24	22
Race/Ethnicity		
White	58	44
African American	9	9
Age		
0-10	---	1
11-19	---	1
20-29	16	4
30-39	25	13
40-49	11	20
50-59	6	7
60-69	9	6
70-79	---	1
Death Drug Type		
Alcohol	2	---
Cocaine	2	1
Fentanyl	27	5
Fentanyl/Cocaine	---	2
Heroin/Fentanyl	3	---
H or F/Meth	8	11

	2020	2024
Huffing	---	1
Methadone	2	1
Mix/Multi	5	7
Meth	9	17
Opiate	1	2
Other	8	4

Source: Vanderburgh County Coroner (2020; received July 21, 2021 & 2024; received April 4, 2025).

Table 1.23. Suicide Reports from Vanderburgh County Coroner's Office

	2020	2024
Total	39	53
Gender		
Male	27	37
Female	12	16
Race/Ethnicity		
White	39	48
Black	---	3
Latino	---	1
Other	---	1
Age		
11-19	1	2
20-29	5	10
30-39	7	7
40-49	8	11
50-59	7	11
60-69	9	10
70-79	2	2
Problem List		
Relationships	19	21
Money	6	7
Legal	4	6
Health	6	16
Alcohol abuse	7	12
Drug abuse	7	7
Change at work	7	8
Depression	24	24
Death of a loved one	4	4
Traumatic experience	4	5
Mental illness	1	3
Unknown	4	2

Source: Vanderburgh County Coroner (2020; received July 21, 2021 & 2024; received April 4, 2025).

Other Community Health Indicators

Approximately every five years, the Welborn Baptist Foundation conducts a survey of resident health perceptions and behaviors within their service area. The 2025 survey was conducted in the Greater Evansville region including Gibson, Posey, Vanderburgh, Warrick, and Henderson counties. Survey results offer important insights into various health indicators within the county and region.

Table 1.24. Selected Health Indicators from the 2025 Greater Evansville Health Survey-Adult Health Items

	2021 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) *Margin of Error=+/-2%*	2021 Vanderburgh County *Margin of Error=+/-3%*	2025 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) *Margin of Error=+/-2%*	2025 Vanderburgh County *Margin of Error=+/-4%*	2021 to 2025 Region	2021 to 2025 Vanderburgh County
ADULT PHYSICAL HEALTH						
% of adults with a routine checkup in the last year	80%	**80%**	85%	**86%**	***Better***	***Within***
% with some type of arthritis	25%	**25%**	25%	**24%**	***Within***	***Within***
% with high blood pressure	32%	**29%**	32%	**31%**	***Within***	***Within***
% with high blood cholesterol	23%	**20%**	26%	**27%**	***Within***	***Within***
% with diabetes	10%	**8%**	10%	**8%**	***Within***	***Within***
% with heart disease	5%	**6%**	6%	**6%**	***Within***	***Within***
% with asthma	8%	**9%**	10%	**11%**	***Within***	***Within***
% with COPD	6%	**6%**	5%	**5%**	***Within***	***Within***
% obese	35%	**35%**	33%	**31%**	***Within***	***Within***
ALCOHOL USE						
% binge drinking/drinking in excess	29%	**31%**	26%	**28%**	***Within***	***Within***
NUTRITION/FOOD ACCESS						
Number of times consumed fruit	5	**5**	5	**5**	***NA***	***NA***
Number of times consumed vegetables	10	**10**	9	**10**	***NA***	***NA***
% unable to purchase fresh fruits and vegetables	23%	**26%**	21%	**24%**	***Within***	***Within***
SMOKING						
% reporting currently smoking cigarettes	12%	**13%**	9%	**10%**	***Within***	***Within***
% reporting currently using electronic cigarettes (e.g., vaping)	---	**---**	9%	**10%**	***NA***	***NA***
ADULT MENTAL HEALTH						
% with depressive disorder in the past 12 months	20%	**19%**	23%	**26%**	***Within***	***Within***
% with an anxiety disorder in the past 12 months	22%	**24%**	30%	**35%**	***Worse***	***Worse***
HOUSING, NEIGHBORHOODS, & HEALTH						
% of residents reporting sidewalks or walking paths nearby	53%	**61%**	57%	**64%**	***Within***	***Within***
% reporting litter near their home	25%	**28%**	21%	**27%**	***Within***	***Within***
% reporting blight near their home	24%	**26%**	15%	**16%**	***Better***	***Better***
% reporting vandalism near their home	11%	**13%**	6%	**8%**	***Better***	***Within***

*Note: Better/worse reflects percentages outside of the Margin of Error range, while within denotes percentages falling within the Margin of Error range. Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2025. *Preliminary Results*.

Table 1.25. Selected Health Indicators from the 2025 Greater Evansville Health Survey-Child Items

	2021 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) *Margin of Error=+/-4%*	2025 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) *Margin of Error=+/-5%*	2021 to 2025 Region
CHILDREN'S HEALTH			
% of children told to by a health professional to eat more fruits/vegetables	22%	29%	***Within***
% of children told to by a health professional to get more physical activity	11%	17%	***Within***
% of children told to by a health professional to get more sleep	9%	8%	***Within***
% of children told to by a health professional to reduce stress	7%	6%	***Within***
% reporting child has asthma	11%	12%	***Within***
CHILD MENTAL HEALTH			
% reporting a diagnosis of ADD/ADHD	18%	20%	***Within***
% reporting a diagnosis of anxiety	15%	20%	***Within***
% reporting a diagnosis of depression	7%	7%	***Within***
% reporting a diagnosis of behavior/conduct disorder	6%	6%	***Within***
% reporting a diagnosis of autism	3%	5%	***Within***
CHILD WEIGHT			
% of adults reporting that a doctor has told them their child is overweight	6%	9%	***Within***

*Note: Better/worse reflects percentages outside of the Margin of Error range, while within denotes percentages falling within the Margin of Error range. Note: Child health data are only reported for the region. Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2025. *Preliminary Results.*

Table 1.26. Selected Health Indicators from the 2025 Greater Evansville Health Survey-Access to Care Items

	2025 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) *Margin of Error=+/-2%*	2025 Vanderburgh County *Margin of Error=+/-4%*	2025 Vanderburgh County to 2025 Region
ACCESS TO PHYSICAL HEALTH CARE			
% reporting family receives physical health care they need	85%	**84%**	***Within***
% delaying or not receiving care due to cost	21%	**24%**	***Within***
% delaying or not receiving care due no health insurance	13%	**14%**	***Within***
% delaying or not receiving care due to health insurance not covering	20%	**21%**	***Within***
% delaying or not receiving care due to work hours	10%	**10%**	***Within***
% delaying or not receiving care due to inability to get appointment soon enough	24%	**24%**	***Within***
% delaying or not receiving care due to no provider or care options	9%	**7%**	***Within***
% delaying or not receiving care due to transportation	6%	**6%**	***Within***
ACCESS TO MENTAL HEALTH CARE			
% reporting family receives mental health care they need	67%	**64%**	***Within***
% delaying or not receiving care due to cost	25%	**26%**	***Within***
% delaying or not receiving care due no health insurance	12%	**15%**	***Within***
% delaying or not receiving care due to health insurance not covering	22%	**22%**	***Within***
% delaying or not receiving care due to work hours	13%	**11%**	***Within***
% delaying or not receiving care due to inability to get appointment soon enough	16%	**17%**	***Within***
% delaying or not receiving care due to no provider or care options	13%	**13%**	***Within***
% delaying or not receiving care due to transportation	6%	**7%**	***Within***

*Note: Better/worse reflects percentages outside of the Margin of Error range, while within denotes percentages falling within the Margin of Error range. Note: Items related to access were added to the 2025 survey. Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2025. *Preliminary Results.*

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Stakeholder Survey Results

Overview

The Community Health Needs Assessment (CHNA) steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 132 participants provided survey feedback. Most respondents worked in the medical/healthcare field (38.6%), while others worked in nonprofit organizations (27.3%), education/youth development (10.6%), public service (9.8%), community development organizations (3.8%), or business/economic development organizations (3.0%). More than two-thirds of respondents identified as management or organizational leadership (72%), while others represented nurses or nursing support (6.8%), administrative (4.5%), professional/technical (3.8%), or physicians or advanced provider (1%) positions. A total of 12.1% identified themselves as providing a different role (e.g., minister, navigator, social worker). The survey was conducted from November through December 2024. The survey itself included **three sequential steps**:

1. Survey respondents were presented with a list of sixteen (16) health issues, as well as an opportunity to write in other issues not included on the list. Participants were then instructed to **select the five (5) issues they consider to be highest priority needs** in Vanderburgh County.

2. Respondents then **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.

3. Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on the following areas:
   - The **perceived trend** of the issue since 2021 (*Survey item: Since 2021, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot);*
   - An optional narrative response specific to any progress made since 2021 in addressing the health issue;
   - The perceived **adequacy of resources** devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree);* and
   - Perceived **barriers** in addressing the health issue based on a list of 18 social determinants of health conditions (SDOH) (*Survey item: **Social determinants of health** (SDOH) are conditions where people are born, live, learn, work, play, worship, and age that impact their health, well-being, and quality of life. Please select **up to three (3)** conditions you consider to be the greatest barriers in addressing this health issue in this county. If you do not see a specific barrier below, please insert it under other*).

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

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

Mental health and substance/drug use or misuse were the highest ranked health issues in the county based on respondents who included the issues as a top-five priority need. Mental health was ranked highest. Among respondents including mental health as a top-five priority need, 86% perceived mental health as getting worse since 2021, and 78% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or misuse was ranked second. Among respondents including substance/drug use or misuse as a top-five priority need, 77% perceived substance/drug use or misuse as getting worse since 2021, and 76% reported inadequate resources are being devoted to addressing substance/drug use or misuse. Figure 2.1 summarizes results for each health issue by rankings, perceived worsening trend, and perceived inadequacy of resources. Tables 2.1 through 2.3 provide additional details for each health issue.

Figure 2.1. Combined Survey Data for Health Issues in Vanderburgh County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	447	85.6%	78.4%
2	Substance/drug use or misuse	279	77.2%	75.9%
3	Chronic diseases	187	70.0%	59.0%
4	Aging and older adult needs	154	62.2%	74.5%
5	Child neglect and abuse	118	81.1%	83.8%
6	Nutrition and obesity	106	57.9%	53.8%
7	Infant mortality	91	42.3%	61.5%
8	Violent crime	81	85.7%	75.0%
9	Alcohol use or misuse	73	68.2%	59.1%
10	Suicide	68	73.7%	55.6%
11	Infectious diseases	52	86.7%	60.0%
12	Disability needs	51	45.0%	61.1%
13	Dental care	47	78.6%	85.7%
14	Tobacco use or vaping	37	57.1%	71.4%
15	Reproductive health and family planning	25	88.9%	88.9%
16	Injuries and accidents	8	50.0%	50.0%

Ranking Health Issues

Table 2.1. Ranking of Health Issues in Vanderburgh County

*Mental health and substance/drug use or misuse were included by **more than three-fourths** of survey respondents as top-five priority needs. With 447 ranking points (60% more than the second highest health issue), mental health was the **#1 ranked** health issue.*

Health Issue	Percentage Identifying the Health Issue as a Top-Five Priority Need (N=132)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Mental health	88.6%	447	**1**
Substance/drug use or misuse	75.0%	279	**2**
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	51.5%	187	**3**
Aging and older adult needs	39.4%	154	**4**
Child neglect and abuse	32.6%	118	**5**
Nutrition and obesity	36.4%	106	**6**
Infant mortality	22.0%	91	**7**
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	22.0%	81	**8**
Alcohol use or misuse	20.5%	73	**9**
Suicide	18.9%	68	**10**
Infectious diseases like HIV, STDs, and hepatitis	12.9%	52	**11**
Disability needs	16.7%	51	**12**
Dental care	12.1%	47	**13**
Tobacco use or vaping	14.4%	37	**14**
Reproductive health and family planning	8.3%	25	**15**
Injuries and accidents	3.0%	8	**16**

Perceived Trends of Health Issues (Since 2021)

Table 2.2. Perceived Trends of Health Issues (Since 2021) in Vanderburgh County

__86%__ of survey respondents who included mental health as a top-five priority need and __77%__ of those who included substance/drug use or misuse perceived the health issues as __getting worse__ in this county since 2021.

Health Issue	Ranking *(Table 2.1)*	A lot worse	A little worse	About the same	A little better	A lot better	A little or a lot worse	N
Mental health	**1**	61.9%	23.7%	7.2%	7.2%	-	**85.6%**	97
Substance/drug use or misuse	**2**	30.4%	46.8%	20.3%	2.5%	-	**77.2%**	79
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	**3**	26.7%	43.3%	28.3%	1.7%	-	**70.0%**	60
Aging and older adult needs	**4**	28.9%	33.3%	35.6%	2.2%	-	**62.2%**	45
Child neglect and abuse	**5**	24.3%	56.8%	18.9%	-	-	**81.1%**	37
Nutrition and obesity	**6**	13.2%	44.7%	36.8%	5.3%	-	**57.9%**	38
Infant mortality	**7**	15.4%	26.9%	30.8%	26.9%	-	**42.3%**	26
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	**8**	38.1%	47.6%	9.5%	4.8%	-	**85.7%**	21
Alcohol use or misuse	**9**	27.3%	40.9%	31.8%	-	-	**68.2%**	22
Suicide	**10**	21.1%	52.6%	21.1%	5.3%	-	**73.7%**	19
Infectious diseases like HIV, STDs, and hepatitis	**11**	66.7%	20.0%	-	13.3%	-	**86.7%**	15
Disability needs	**12**	10.0%	35.0%	50.0%	5.0%	-	**45.0%**	20
Dental care	**13**	57.1%	21.4%	21.4%	-	-	**78.6%**	14
Tobacco use or vaping	**14**	35.7%	21.4%	28.6%	14.3%	-	**57.1%**	14
Reproductive health and family planning	**15**	55.6%	33.3%	11.1%	-	-	**88.9%**	9
Injuries and accidents	**16**	-	50.0%	50.0%	-	-	**50.0%**	4

Perceived Progress Related to Health Issues (Since 2021)

Participants selecting a specific health issue as a priority were also asked to identify what (if any) progress had been made toward the health issue since 2021. Listed below are the main areas of progress identified by participants. Only health issues where five or more comments were provided are included. Survey quotes are included for additional context.

Mental Health: 27 comments (3 main ideas)

- **Increased efforts and organizations in the community addressing the issue** *(e.g., Community is looking to find solutions.)*
- **Improved recognition, awareness, and understanding of the issue** *(e.g., Mental health awareness has gotten better.)*
- **New and existing resources in the community** *(e.g., The Southwestern Behavioral Health Center - Mobile Crisis Response, Hotline, and Stabilization Unit is the most impressive improvement in our area.)*

Substance/Drug Use or Misuse: 16 comments (6 main ideas)

- **Decrease in overdose fatalities due to availability of naloxone** *(e.g., Harm reduction and naloxone access has decreased overdose fatalities by 33% in Vanderburgh County and linked more people to resources and treatment than before.)*
- **Increased efforts and resources in the community to address the issue** *(e.g., Southwestern Behavioral has been proactive in creating programs for 'immediate' help for people facing substance issues/mental health disorders. Their new crisis center is open 24 hours and they provide transportation which is awesome!)*
- **Funding/investments directed toward the issue** *(e.g., There has been funding made available to organizations that support drug treatment and prevention.)*
- **Substance use screenings conducted in healthcare settings** *(e.g., Substance use screenings are being utilized more in the healthcare fields.)*
- **Improved access to providers and care/services** *(e.g., Access to short term, crisis treatment is improved.)*
- **Improved recognition, awareness, and understanding of the issue** *(e.g., It has the attention of the community and law enforcement is doing all they can.)*

Chronic Diseases: 11 comments (4 main ideas)

- **Improved recognition, awareness, and understanding of the issue** *(e.g., I think there is increased community awareness about healthy eating and exercise.)*
- **Increased opportunities for physical activity in the community** *(e.g., We have more options for outdoor recreation with walking and bike trails.)*
- **Increased efforts and resources in the community to address the issue** *(e.g., I think after COVID certain programs to support communities with chronic diseases resumed from pre-COVID levels.)*
- **General positive comments related to progress** *(e.g., Aging in place and the Governor's Public Health Directive. State support in establishing MIH and Community Paramedic Programs.)*

Aging and Older Adult Needs: 11 comments (4 main ideas)

- **Increased efforts and resources in the community to address the issue** *(e.g., Increase in home health care and non-facility-based services.)*
- **Improved access to providers and care/services** *(e.g., I think agencies like SWIRCA have made it easier to seek out services/programs for aging adults who are facing dementia/Alzheimer's.)*
- **Increased ability for adults to age in place** *(e.g., I think changes in the Medicaid and Medicare funding has increased options for elderly people who want to stay in their homes.)*
- **Increased housing options in the community** *(e.g., We have added more facilities for elderly housing and care including independent living and assisted living locations.)*

Nutrition and Obesity: 11 comments (3 main ideas)

- **Increased access to healthy foods in the community** *(e.g., More healthy food access through expanded services like Nourish and others.)*
- **Increased efforts and resources in the community to address the issue** *(e.g., Commission on Food Security team created.)*
- **General positive comments related to progress** *(e.g., Improving food deserts.)*

Infant Mortality: 13 comments (3 main ideas)

- **Increased efforts and resources in the community to address the issue** *(e.g., Community Action Team by VCHD. Expansion of the Pre-3 program. RMHC Care Mobile.)*
- **Improved recognition, awareness, and understanding of the issue** *(e.g., Awareness has increased.)*
- **General positive comments related to progress** *(e.g., Black infant mortality rates have gone down since 2021.)*

Violent Crime: 5 comments (3 main ideas)

- **Increased efforts and resources in the community to address the issue** *(e.g., Increased crime prevention resources.)*
- **Improved recognition, awareness, and understanding of the issue** *(e.g., Increased awareness of signs of domestic/interpersonal violence, VAWA, coordinated entry.)*
- **General positive comments related to progress** *(e.g., Violent gun crime is down.)*

Fewer than 5 comments provided:

- Child Neglect and Abuse
- Alcohol Use or Misuse
- Suicide
- Infectious Diseases
- Disability Needs
- Dental Care
- Tobacco Use or Vaping
- Reproductive Health and Family Planning
- Injuries and Accidents

Perceived Adequacy of Resources to Addressing Health Issues

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

78%** of survey respondents who included mental health as a top-five priority need and **76%** of those who included substance/drug use or misuse reported **inadequate resources are being devoted to addressing the health issues.

There are adequate resources devoted to addressing this health issue in this county.	Ranking *(Table 2.1)*	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Disagree or strongly disagree	N
Mental health	**1**	38.1%	40.2%	13.4%	8.2%	-	**78.4%**	97
Substance/drug use or misuse	**2**	24.1%	51.9%	15.2%	8.9%	-	**75.9%**	79
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	**3**	9.8%	49.2%	31.1%	9.8%	-	**59.0%**	61
Aging and older adult needs	**4**	17.0%	57.4%	14.9%	8.5%	2.1%	**74.5%**	47
Child neglect and abuse	**5**	24.3%	59.5%	8.1%	8.1%	-	**83.8%**	37
Nutrition and obesity	**6**	10.3%	43.6%	33.3%	12.8%	-	**53.8%**	39
Infant mortality	**7**	7.7%	53.8%	15.4%	23.1%	-	**61.5%**	26
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	**8**	10.0%	65.0%	15.0%	10.0%	-	**75.0%**	20
Alcohol use or misuse	**9**	13.6%	45.5%	31.8%	9.1%	-	**59.1%**	22
Suicide	**10**	11.1%	44.4%	22.2%	22.2%	-	**55.6%**	18
Infectious diseases like HIV, STDs, and hepatitis	**11**	20.0%	40.0%	20.0%	20.0%	-	**60.0%**	15
Disability needs	**12**	22.2%	38.9%	33.3%	5.6%	-	**61.1%**	18
Dental care	**13**	64.3%	21.4%	7.1%	7.1%	-	**85.7%**	14
Tobacco use or vaping	**14**	14.3%	57.1%	21.4%	7.1%	-	**71.4%**	14
Reproductive health and family planning	**15**	44.4%	44.4%	-	11.1%	-	**88.9%**	9
Injuries and accidents	**16**	25.0%	25.0%	25.0%	-	25.0%	**50.0%**	4

Identified Barriers

For each of the five (5) selected issues, respondents were presented with a list of social determinants of health and invited to select up to three that acted as the greatest **barriers** to addressing the issue in the county. Respondents also had the option to write in up to three barriers. As shown in Figure 2.2 and Table 2.4, the top barrier across all health issues was poverty/inability to meet basic needs (e.g., food, housing, medical care/medication, heating).

Figure 2.2. Identified Barriers to Addressing Identified Health Issue

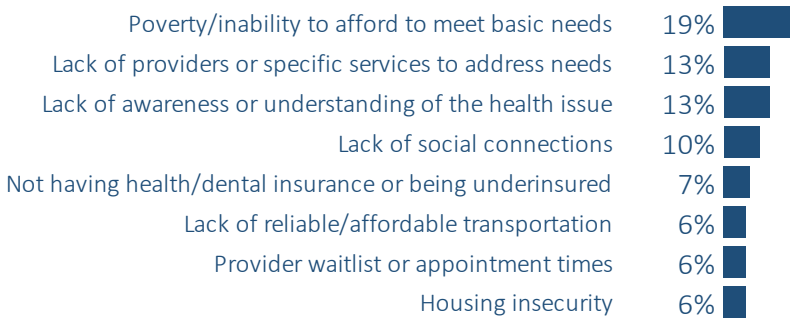


Table 2.4. Social Determinants of Health: Barrier Categories (N=1,512)

Economic Stability		
ES1	Unemployment/underemployment	**3%**
ES2	Poverty/inability to meet basic needs (e.g., food, housing, medical care/medication, heating)	**19%**
Education		
E1	Lack of access to quality early childhood education	**2%**
E2	Not completing high school or GED	**1%**
E3	Lack of education/job training after high school (e.g., college, apprenticeships)	**2%**
Healthcare Access & Quality		
H1	Not having health/dental insurance or being underinsured	**7%**
H2	Lack of reliable/affordable transportation	**6%**
H3	Lack of providers or specific services to address needs	**13%**
H4	Provider waitlist or appointment times	**6%**
Neighborhood & Built Environment		
N1	Difficulty in accessing affordable, nutritious foods	**4%**
N2	Environmental conditions (e.g., pollution, water quality)	**1%**
N3	Housing insecurity (e.g., affordability, availability, safety)	**6%**
Social & Community Context		
S1	Lack of social connections (e.g., family, friends, neighbors, co-workers)	**10%**
S2	Lack of childcare	**2%**
S3	Lack of awareness or understanding of the health issue	**13%**
S4	Discrimination (age, disability, gender, identity, race)	**2%**
S5	Lack of linguistic and/or culturally competent services	**2%**
Other Categories (Based on responses provided by participants)		
O1	Presence of mental health/substance use	**1%**
O2	Policy decisions/social pressures	**---**
O3	Lack of specific resources	**---**
O4	Lack of service quality	**---**
O5	General	**---**

Barriers were also organized in a manner to identify the most common barriers related to each health issue. For example, mental health was identified as the highest ranked priority need. When barriers specific to mental health were examined, about a third of responses (35%) related to healthcare access and quality specific to *a lack of providers or specific services to address needs* (20%) and *provider waitlist and appointment times* (15%). Table 2.5 displays the frequency of all barrier categories for all health issues.

Table 2.5. Identified Barriers to Addressing Identified Health Issue

Health Issues	Economic Stability		Education			Healthcare Access & Quality				Neighborhood & Environment			Social & Community Context					Other					Total
	ES1	ES2	E1	E2	E3	H1	H2	H3	H4	N1	N2	N3	S1	S2	S3	S4	S5	O1	O2	O3	O4	O5	
Mental health	1%	15%	1%	---	1%	9%	5%	20%	15%	1%	---	5%	11%	---	13%	1%	2%	---	---	---	---	---	**279**
Substance / drug use or misuse	3%	18%	1%	2%	2%	5%	1%	16%	5%	---	---	5%	18%	---	15%	4%	1%	---	1%	---	---	---	**219**
Chronic diseases	1%	20%	1%	---	2%	13%	10%	8%	7%	9%	1%	5%	2%	---	16%	1%	2%	1%	---	---	---	1%	**179**
Aging & older adult needs	2%	21%	1%	---	2%	7%	14%	7%	4%	5%	3%	9%	8%	1%	7%	3%	3%	---	1%	---	---	1%	**135**
Child neglect & abuse	5%	26%	5%	1%	1%	2%	---	10%	2%	1%	---	8%	10%	15%	8%	2%	1%	2%	---	2%	1%	---	**109**
Nutrition & obesity	3%	26%	1%	---	---	3%	7%	2%	1%	31%	1%	2%	3%	---	18%	1%	---	---	---	1%	---	1%	**106**
Infant mortality	3%	19%	3%	---	4%	4%	12%	12%	3%	5%	---	6%	8%	4%	8%	5%	4%	1%	---	---	---	---	**77**
Alcohol use or misuse	5%	26%	3%	2%	2%	5%	2%	11%	2%	2%	2%	11%	12%	3%	15%	---	---	---	---	---	---	---	**65**
Violent crime	9%	28%	2%	2%	10%	---	2%	3%	---	---	---	14%	14%	---	3%	3%	---	5%	---	2%	---	3%	**58**
Suicide	5%	11%	---	---	5%	4%	---	18%	9%	---	---	5%	27%	---	16%	---	---	---	---	---	---	---	**56**
Disability needs	9%	16%	4%	---	7%	5%	11%	9%	4%	4%	2%	4%	7%	---	9%	9%	---	---	---	---	---	---	**55**
Infectious diseases	---	7%	2%	2%	4%	13%	11%	18%	2%	---	---	2%	7%	---	18%	2%	9%	2%	---	---	---	---	**45**
Dental care	---	13%	---	---	---	28%	8%	23%	15%	---	---	---	---	---	8%	---	5%	---	---	---	---	---	**39**
Tobacco use or vaping	---	7%	4%	---	4%	4%	---	15%	---	---	4%	---	7%	---	52%	---	---	---	4%	---	---	---	**27**
Reprod. health & family planning	---	15%	---	---	---	19%	4%	19%	---	---	---	---	---	4%	8%	12%	8%	---	8%	---	4%	---	**26**
Injuries & accidents	---	13%	---	---	---	---	---	13%	13%	---	---	25%	13%	---	13%	---	---	13%	---	---	---	---	**8**

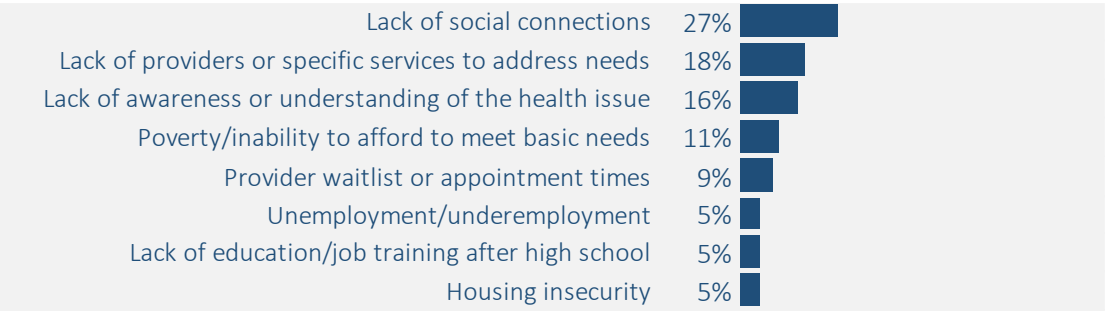
Figure 2.3 displays the frequency of each barrier category for all health issues. Results are organized by related health issues (e.g., mental health and suicide) to guide interpretation.

Figure 2.3. Identified Barriers to Addressing Identified Health Issue

Mental health/Suicide

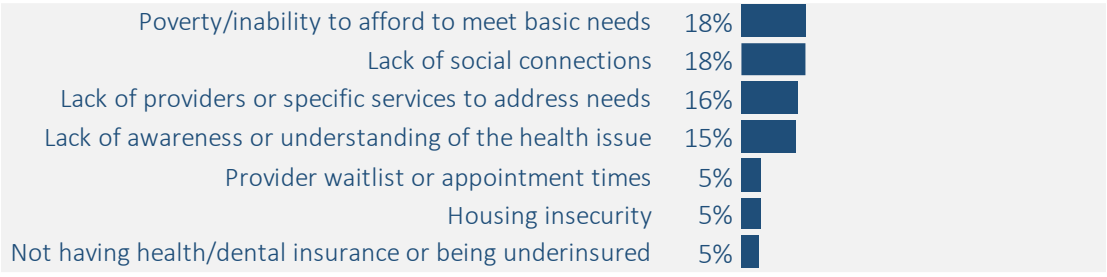
Mental health: 279 Barriers Identified

Suicide: 56 Barriers Described

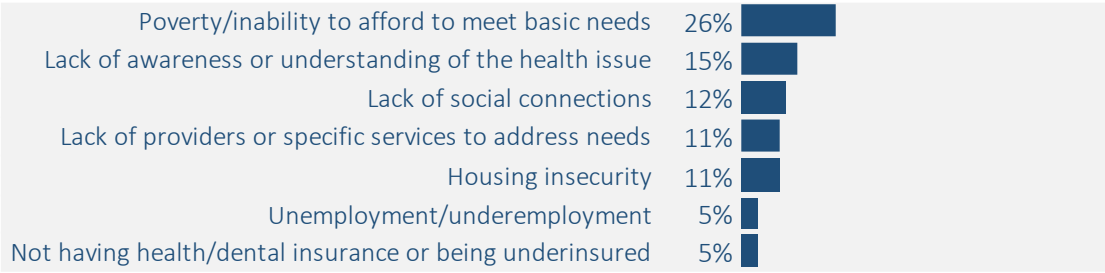


Substance/drug use or misuse/Alcohol use or misuse/Tobacco use or vaping

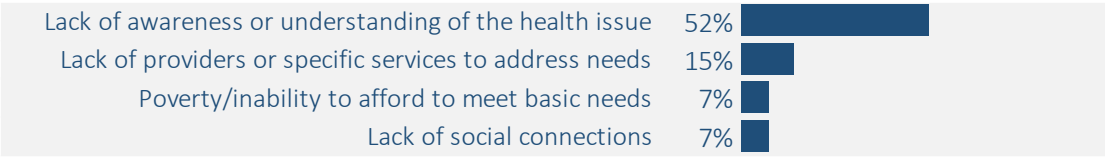
Substance/drug use or misuse: 219 Barriers Described



Alcohol use or misuse: 65 Barriers Described

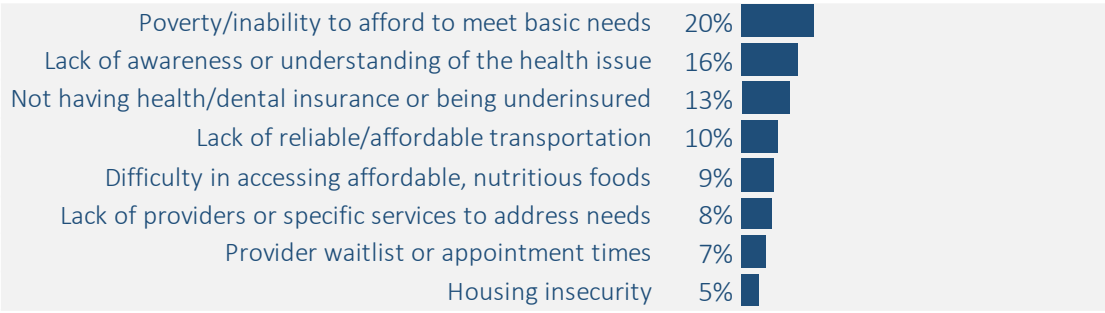


Tobacco use or vaping: 27 Barriers Described



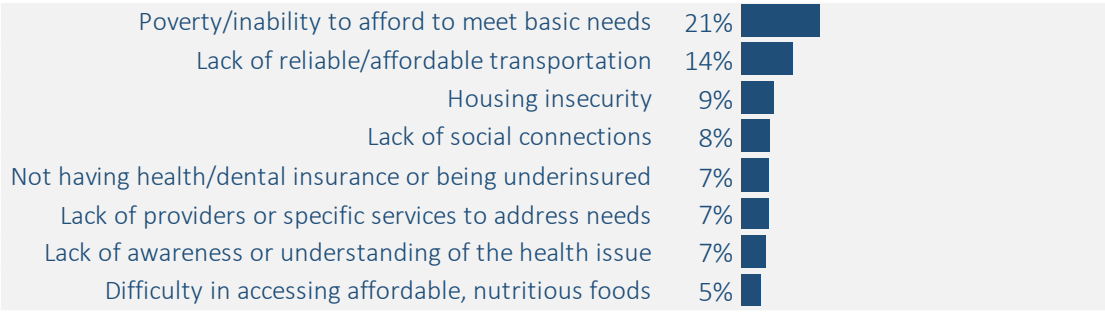
Chronic diseases

Chronic diseases: 179 Barriers Described



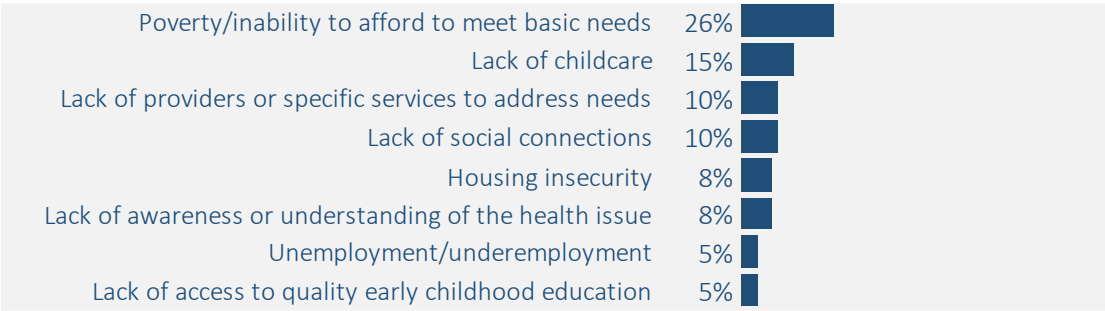
Aging and older adult needs

Aging and older adult needs: 135 Barriers Described



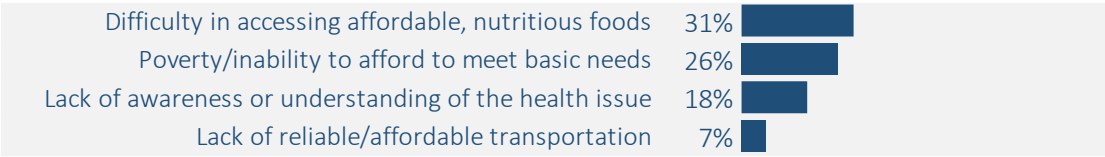
Child neglect and abuse

Child neglect and abuse: 109 Barriers Described



Nutrition and obesity

Nutrition and obesity: 106 Barriers Described

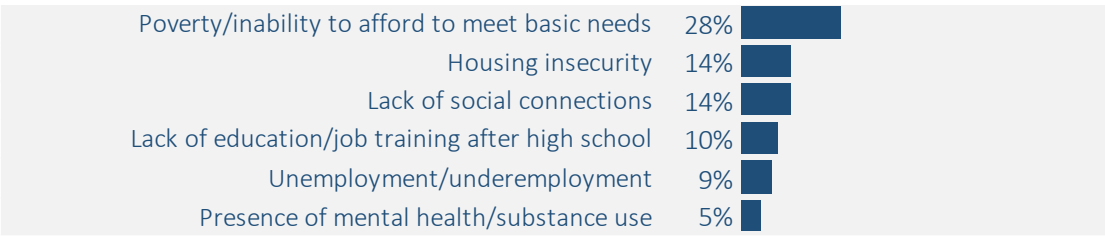


Infant mortality

Infant mortality: 77 Barriers Described

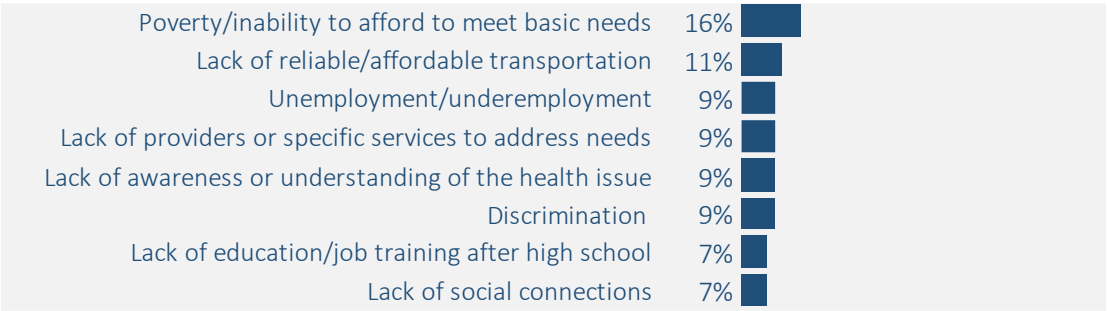
Violent crime

Violent crime: 58 Barriers Described



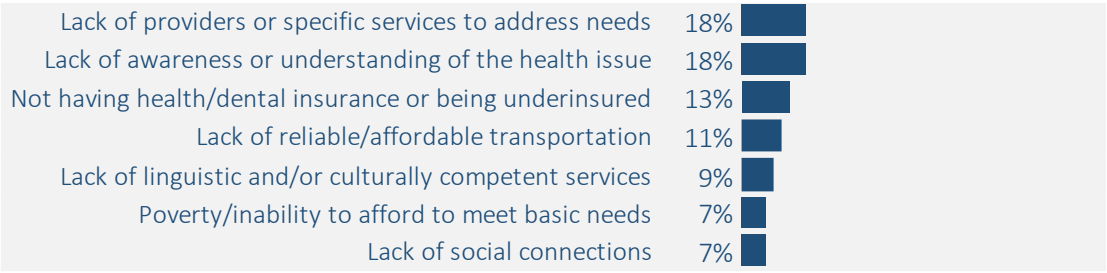
Disability needs

Disability needs: 55 Barriers Described



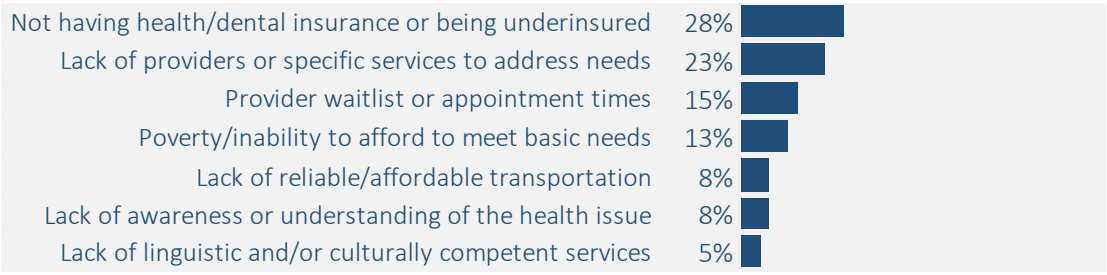
Infectious diseases

Infectious diseases: 45 Barriers Described



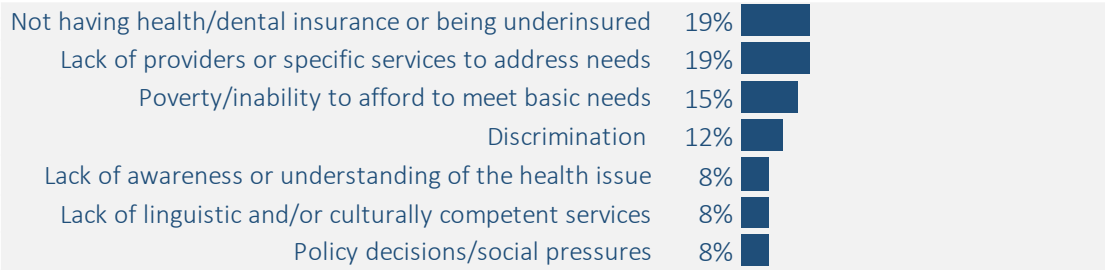
Dental care

Dental care: 39 Barriers Described



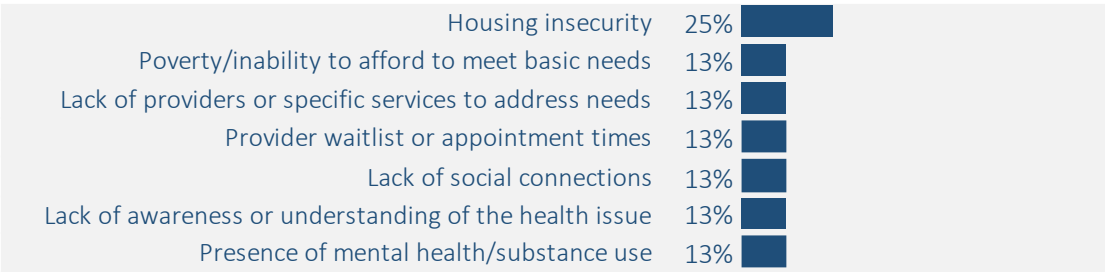
Reproductive health and family planning

Reproductive health and family planning: 26 Barriers Described



Injuries and accidents

Injuries and accidents: 8 Barriers Described



Stakeholder Focus Group Highlights

Overview

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

In total, **16 focus groups** were conducted in Vanderburgh County from November 19 through 21, 2024. The **78 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group (DCG) with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis. Analysis of the focus group feedback included the following sequential steps:

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

Considerations

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

Mental Health

22

unique barrier themes described related to **mental health**

Subpopulation Feedback

Children/Youth

- Increase in prevalence of mental health issues
- Service limitations for those with disabilities or acute mental health issues
- Long wait times for services (e.g., testing for autism spectrum, treatment for behavior disorders)
- Lack of local treatment facilities
- Unique challenges for youth who have been victims of abuse

Young Adults

- Number of college students needing accommodations is increasing
- Challenges with self-advocacy, coping skills, finances for college students

Access to care/services: Providers

Overall, there is a lack of providers for both children and adults.

Access to care/services: Waitlists

First appointment is 2026 for a therapist and some testing is about a year wait.

Access to care/services: General

It really goes back to the inaccessibility of resources. Even if you identify the problem, it just continues on.

Insurance

Insurance determines how long someone can receive care for mental health.

Facilities/treatment options

There are limited external resources in the acute setting.

Housing

Even with all the work I know is going on in this area, even with the commission on homelessness efforts, it seems to be not resolving for very many people.

Co-occurring issues

We are seeing it's all interrelated, untreated mental illness, ongoing substance use disorders, and homelessness and how they all seem to be very closely linked.

System navigation and understanding

The navigation of the mental health system can be overwhelming.

Comorbid diagnoses

[In the geriatric community] there are a lot of comorbidities. You are not only handling mental health but also end of life care.

Cost reimbursement for providers

Appropriately compensating the individuals providing the services is missing from these conversations.

Transportation

Construction in downtown area, Ubers cancel due to construction, can't transport to Deaconess Gateway because it's two different bus systems and it's a hassle.

Mental Health (continued)

Subpopulation Feedback (continued)

Parents
- Need better understanding of their children's mental health needs
- Undiagnosed autism in parents

Immigrant/Migrant Populations
- Unique challenges related to culture and language
- Fewer resources for Marshallese population compared to other groups

Mental Health Providers
- Experiencing burnout due to feelings of isolation

Pregnant Women
- Limited providers who serve obstetrical patients with mental health needs

Mothers/Infants
- Potential poor outcomes for infants of untreated mothers
- Limited treatment providers for mothers

Other Populations
- Additional challenges for individuals experiencing poverty, homelessness, and individuals who are uninsured/underinsured

Prevalence of the issue

"One in 5 kids from 3-17 has a mental, emotional, developmental, or behavioral disorder."

Awareness/understanding/acknowledgement of the issue

"Are they aware of the resources or are they unaware of realizing they need help and where they get it from?"

Language barriers

Language barriers and finding providers that speak their language is an issue and making people feel understood and heard.

Provider recruitment and retainment

"Seven out of 10 providers stay in geographic area where they receive their training/residency. We need mental health training happening in Evansville to retain providers."

Cost of care/services

"When we have done everything we can with our social workers, it's hard for families to find affordable care and support."

Cultural needs

There are cultural differences when it comes to mental health, so it is important to understand how they view mental health to help them.

Education/training

One of the barriers we face in the mental health community and an indirect impact to clients is the cost and location of training in some of the specialty programs. Sometimes those training programs are so costly.

Poverty

Our low-income community is sorely underserved, which is an issue because they are more likely to experiences ACEs and trauma. If we are not investing in the appropriate care for these low-income people, we are just ensuring that poverty becomes more entrenched in our community.

Programs/resources/support

Collaboration is key among organizations to be able to serve youth. It is important to know what resources are available for children with special healthcare needs and which organizations are best to refer them to help meet their needs.

Travel out of the community

We're sending people to Indianapolis or even further sometimes [for care].

Trust in providers/organizations

"I don't think there's any one clear cut solution but … building trust with people would help get them to their appointments."

Substance/Drug Use or Misuse

15

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

Subpopulation Feedback

Children/Youth

- Perceived increase in use
- Cultural acceptance
- Accessibility of substances
- Youth who have experienced trauma are more likely to use
- Need prevention and long-term care options
- Witnessing parents' use

Pregnant Women

- Use during pregnancy affects health of mother and baby
- Fear of having baby taken from them

Providers

- Safety of staff is an issue
- Lack of reimbursement for prenatal drug screen

Awareness/understanding/acknowledgement of the issue

Need for an understanding in the community that kids can be addicted to substances, it is not just experimentation. There is a clear line from what you are doing as a young person to what you might do as an adult.

Coping mechanism

Issue with people becoming dependent on substances and using them just to be able to talk about their issues and get the help they need.

Education/training

"Even when you look at a psychiatrist's training, many people weren't trained to manage substance abuse."

Co-occurring issues

"It goes very hand in hand with mental health needs."

Facilities/treatment options

College students are a high-risk population for substance use and the college has issues assisting these students because there is not much they can do for them. They are often lumped into the adult programs and that is often not the right space for the emerging adult population.

Housing

"We have a really hard time finding homes for families where there is a [drug related] felony."

Accessibility of substances

Access to drugs and or alcohol and now we can use cannabis. Potency of cannabis is high grade and can be consumed in several forms.

Cost reimbursement for providers

"There's a lot of additional requirements for the reimbursement when it comes to substance use."

Prevalence

Vaping is being seen in a lot in high schools, particularly using THC cartridges. It has been a huge challenge for schools to figure something out.

Social acceptance

Marijuana is prevalent everywhere. It's very mainstream and has been normalized.

Stigma

"The stigma associated with people that have substance abuse disorders. There's a lot of shame associated with this that leads to people not accessing services or not accessing services in a way that is forthcoming."

Substance/Drug Use or Misuse (continued)

Subpopulation Feedback (continued)

Other Populations

- Additional challenges described for homeless populations, individuals with limited insurance coverage, and college students

Case management/continuity of care

There is difficulty in continuing care after dealing with acute problems. "There seems to be a very big issue after you deal with the immediate acute problem."

Generational cycles

"This continues to be a problem because it has been a problem for generations. It is a generational problem. Kids learn this from seeing [substance abuse]. If you grow up in a household where you see your parents using or drinking excessively you are more likely to do that as an adult... This is still going to be a problem in 20 years."

Resistance/non-compliance

I think we have the resources we just have to get people to want to connect to them.

Programs/resources/support

Many people have lost their support system when they get to this point of need.

Chronic Diseases

16

unique barrier themes described related to **chronic diseases**

Subpopulation Feedback

Children/Youth
- Long-term impacts of athletic injuries
- Need for prevention

Young Adults
- Some college students do not have time or funds to see a provider
- Lengthy time to get a diagnosis for college students

Pregnant Women of Color
- Feeling unheard by providers

Individuals with Physical Disabilities
- Difficulty getting to appointments, accessing healthy foods

Individuals experiencing homelessness
- Consume foods that are available and/or convenient
- Shorter life span

Access to healthy foods: Location

Low to moderate income populations are in food deserts. Options for fresh produce are not readily or easily available.

Access to healthy foods: Cost

A barrier is money … You don't have money to buy fruit and vegetables. And you have individuals that fall in the cracks.

Access to healthy foods: General

Providing quality access to nutritious food is a challenge.

Access to care/services: Providers

"Endocrinology is underserved in this community, we have good endocrinologists in this community, but the need due to chronic medical conditions outpaces the number of endocrinologists we have here."

Access to care/services: Time

Another barrier is specific to immigrant population. Time off work for appointments from employers and some are more supportive than others. They don't receive time off and if they need time off they're at risk of losing their jobs.

Co-occurring issues

Chronic diseases are largely tied back to mental health issues. "People with mental health issues don't want to go to the doctor, they don't want to go and sit in a lobby with a bunch of people. They need a lot of assistance to access services and follow-up with services because of their mental illness."

Healthy lifestyle options/choices

"Sedentary lifestyles in Evansville are some of the worst in the nation, our nutrition is some of the worst in the nation."

Poverty

"They're limited on those resources and aren't getting ongoing or regular medical care either because of resources, whether it's lack of insurance or lack of financial resources, transportation, it kind of gets pushed aside."

Case management/continuity of care

"There's a lot of issue with trying to combat chronic illness by going to specialists only."

Chronic Diseases (continued)

Subpopulation Feedback (continued)

Immigrant Populations

- May not have time off work to see a provider
- Lack of resources, transportation
- Language barriers; may not be able to read
- Uncomfortable going into a medical facility
- Challenge to schedule follow up care

Individuals Experiencing Poverty

- Live in food deserts, fresh produce unavailable and/or unaffordable
- Chronic issues exacerbated

Older Adults

- Fixed income and rising costs
- Lower access to healthy foods and meal locations due to transportation and mobility issues
- Stigma related to asking for help

Cultural needs

"Undocumented families do not feel comfortable going into a medical facility." There is a language barrier. Youth may be bilingual but the older family members are not which makes it hard to communicate. There is also a lack of trust among this population. If they do not have an established level of trust then they are not going to use the resources available to them.

Programs/resources/support

General loneliness, and COVID increased online communication. Students won't talk and socialize much now. People are missing participation in activities. Having peers to help encourage healthy habits.

Language barriers

Communication effectively is difficult with the Haitian Creole population. It is difficult to translate directly to help that population understand the importance of healthcare, same goes for the Marshallese but it is even more difficult as there are a lot of words that don't translate like "healthcare."

Awareness/understanding/acknowledgement of the issue

If we could have more resources to help people understand changing behaviors makes them that much more healthy.

Facilities/treatment options

We need an exchange program that would reduce the spread of disease.

Insurance

Some have $10,000 deductibles and it becomes unsurmountable.

Aging and Older Adult Needs

14

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

Subpopulation Feedback

Adults
- Burden of caring for aging parents

Grandparents
- Cost and burden of caring for grandchildren

Individuals with Medicaid
- Waitlists due to low number of available beds, low level of reimbursement for providers
- Difficult to navigate the healthcare system
- Required paperwork and timeline for submission

Individuals with Physical Disabilities
- ADA accessibility in housing and the community

Fixed income and costs

"A lot of those individuals thought they had enough resources to provide their care and housing as they went into retirement, but as costs have arisen with inflation, they can't meet their needs."

Isolation

Isolation is an issue. Difficult to make meaningful relationships that are nurturing in any way.

Co-occurring issues

"They have burnout, they are living on shoestring budgets, they need picked up because of lack of transportation."

Safe housing

Aging adults are struggling to find safe and affordable housing, and caring for those without is much harder.

Transportation

Transportation is a barrier. Aging in place folks still need to get out to their appointments but have a hard time getting there, especially if they do not drive. METS Micro is awesome, but it is not very accessible to seniors.

Access to care/services: Providers

There are no inpatient mental health providers for the aging population in Vanderburgh County.

Insurance

Hard to navigate in home assistance. It can be very helpful, but Medicaid does not cover most of the in home assistance.

Prescriptions/medical supplies

Finding low-cost medicines and having to pay for those medicines, they can't buy food or pay rent.

Responsibilities for grandchildren

We get a lot of individuals raising their grandkids. Receiving social security is not enough to raise their grandkids and take care of themselves. Unique challenges grandparents face: seen an increase in last few years of this happening more frequently.

Aging and Older Adult Needs (continued)

Subpopulation Feedback (continued)

Women

- Medicare limits on gynecological services for women of non-childbearing age

Children/Youth

- Grief related to seeing older relatives struggle with health challenges
- Need prevention efforts beginning in youth

Role of caregiver

Some of it is caregivers at home and understanding what's going on. Medicine is not simple.

Accessibility and mobility

ADA accessibility is important as well. Not only for people living in a place but for people who may want to visit.

Aging in place

Difficulty aging in place, many have limited family to live with.

Poverty

"The under 30% area median income population group pays as much as 31% of their income on utilities."

Child Neglect and Abuse

11

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

Subpopulation Feedback

Immigrant/Migrant Families

- Lack of support systems leads to added stress

College Students

- Experiencing long-term trauma from abuse/neglect

Children/Youth

- Increase of teenagers as perpetrators of digital exploitation of other teenagers or children
- Teenage boys often experience suicidal ideation as a result of digital exploitation
- Emancipated youth experience additional challenges

Children with Developmental Disabilities

- Victims who are unable to verbally report abuse/neglect

Co-occurring issues

"It's often a result of other issues such as mental health and substance abuse."

Parenting skills education

Across all income levels, a lot of people become parents and don't know what they're getting into. Children get neglected because parents didn't understand what being a parent is about.

Childcare

Access to childcare, affordability of childcare. Better care environments do help.

Foster care availability

"There is a shortage of centers for kids that are removed from their families for short-term stays or even long-term stays."

Prevalence of the issue

Children with developmental disabilities are showing a higher incidence of reports.

Awareness/understanding/acknowledgement of the issue

It is hard to move the needle when parents do not see the issue with their techniques and that is coupled with issues like substance abuse and mental health issues.

DCS resources

DCS get used in situations because families don't have resources for good counseling. Uses up time where they could help where they are most needed.

Generational cycles

Many parents are using generation things like, 'that's how I was raised and I'm ok' and thinking their norm is the norm when that is not the case.

ACEs/trauma

Seeing a lot of college students suffering long-term from traumatic experiences as a youth, specifically child abuse and neglect, and not having an outlet other than counseling or therapy to talk about it.

Education/training

Educating students about what is wrong. EVSC sees an uptick in DCS reports after they educate students on the topic.

Stress

Families have a ton of pressure to be able to do and provide all these different things when it is very challenging for them.

Nutrition and Obesity

9

unique barrier themes described related to **nutrition and obesity**

Subpopulation Feedback

Children/Youth

- Teenagers create lasting habits of eating fast food
- Some insurances will not cover a nutritionist for children
- Athletes create eating habits and continue them after physical activity has declined

Young Adults

- Rise in food insecurity among college students
- Eat unhealthy foods because it is what they grew up eating

Access to healthy foods: Cost

It is expensive to eat healthy. "Folks know they need to eat better, but they can't because of money."

Access to healthy foods: Location

In low-income areas there are convenience stores everywhere and what people have access to, so it is a lot of processed foods.

Access to healthy foods: Time

Enough time for shopping and cooking continues to be a top barrier across the country. We spend the least amount of time cooking and preparing food.

Access to healthy foods: Preparation

"If I have a can of beans and a bag of beans, they are going to pick the can of beans all day long because they do not know what to do with the bag of beans. If we don't teach them how to fish they are not going to know how to use the resources and things they have. It comes down to how they were raised. Even if they had access to healthy foods they wouldn't know what to do with it."

Healthy lifestyle options/choices

There is a lack of healthy eating and active living that leads to a lack of sleep which leads to stress.

Accessibility/convenience of unhealthy foods

Less healthy foods are easily accessible, habit forming, and cheap.

Awareness/use of available resources

There are resources like Urban Seeds and multiplying SNAP dollars at the farmer's market to get fresh food, but there is a lack of awareness and understanding of how to use these programs. An issue of communication of available resources to those who need it.

Awareness/understanding/acknowledgement of the issue

Some families have never been exposed to healthy eating or meal planning.

Education/training

"We see families that really don't know what a healthy option is, or what can be a healthy alternative and still be cost effective."

Infant Mortality

6

unique barrier themes described related to **infant mortality**

Subpopulation Feedback

Immigrant/Migrant Populations

- Challenges related to birth spacing and access to care

Racial/Ethnic Minorities

- Structural racism is intertwined with the issue; women do not feel heard by their providers

Individuals Experiencing Poverty

- Issue is intersected with low income

Individuals with Medicaid

- Fewer providers and difficulty accessing quality care

Cultural needs

It is very difficult to get the immigrant population the needed care and take twice or three times as long to get things done. Seeing many immigrant mothers deliver their children with no prenatal care.

Prenatal care and support

Prenatal supports are also important. Moms will put off getting care until later in pregnancy.

Access to care/services: Providers

Children/mothers needing more access to providers. As OBs get older, they move away from obstetrics.

Insurance

"The number of OB providers who accept Medicare has shrunk." Those who do accept it get maxed out quickly.

Education/training

Education is a barrier especially among the younger population. There are efforts to educate them, but they do not want people in their home.

Premature birth

Seeing a higher number of premature and low weight babies, which can lead to early death.

Violent Crime

5

unique barrier themes described related to **violent crime**

Subpopulation Feedback

Children/Youth

- Easy access to guns
- Need education about decision making and self-regulation
- Need for prevention/early intervention, mentors
- Influence of social media

Young Adults

- Colleges working with students on emotional intelligence

Programs/resources/support

"It is important to provide resources or supports that show children that there is another way to live life rather than the same route of their parents/guardians."

Social media

Social media has led to kids being picked on even more. If someone posts something everyone sees it and makes fun of you. Even if the post gets taken down, someone can repost a different version of it. "[Social media] creates a never-ending cycle of being constantly picked on and constantly being the target to a much wider audience." This leads to more intense responses.

Accessibility of guns

Ease of access to firearms or weapons. It is easy for students to get ahold of a gun. Many know someone who can get them access to a gun or have a gun in the home.

Gun violence

"We have kids in our program that routinely talk about gunshots, and hearing gunshots in their neighborhood."

Social acceptance

"Anger has been normalized. It is on TV, it is everywhere, it is acceptable to be a bully."

Suicide

5

unique barrier themes described related to **suicide**

Subpopulation Feedback

Children/Youth

- Need for more providers and facilities for treatment
- Higher incidence of ideation for victims of digital exploitation
- Need for prevention education, screening

Education/training

Need specific training to help serve specific populations like youth more effectively.

Facilities/treatment options

Children have Deaconess Crosspointe available, but children have to meet certain criteria (go to ER first). It can be difficult for some families because it is costly to have to check in to the emergency room and go through all the hoops to get the needed care.

Co-occurring issues

"Hopelessness can come in from dealing with addiction issues, dealing with mental health issues, dealing with the violence around you, dealing with instability, dealing with all of the things."

Stigma

Biggest fear is talking about suicide and put suggestions in people's minds and find we're not talking about it all meaning it doesn't exist. Talk about what it means, what you're going through. Biggest barrier is making it okay to talk about suicide.

Awareness/understanding/acknowledgement of the issue

"People don't know what to do with people who come to them telling them they are having depressive/ideation thoughts."

Alcohol Use or Misuse

3

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

Subpopulation Feedback

Children/Youth
- Provided alcohol by parents

Young Adults
- Use is prevalent among college students

Social acceptance

It is an issue but is not necessarily acknowledged the same way as other substances in addiction. It is more socially acceptable and probably not viewed as seriously as it should be.

Awareness/understanding/acknowledgement of the issue

Need for better understanding and education of health consequences of drinking.

Accessibility/use of alcohol

"It is easier to find a liquor store than it is to find a fresh produce market."

Infectious Diseases

2

unique barrier themes described related to **infectious diseases**

Subpopulation Feedback

Immigrant/Migrant Populations
- Cultural barriers to education and prevention

Cultural needs

Cultural barrier is present. "We may not be bridging to them effectively or do not understand their culture enough to make the education and make it stick. Maybe the way we are presenting it is not effective."

Prevalence of the issue

There has been a huge increase in STDs, specifically syphilis.

Appendices

Appendix A: 2024 CHNA Methodology

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

Secondary Data Review

Secondary data represent existing information available through local, state, and national data sources. Collectively, these data offer insight into the health and social issues of the service area. These data were used throughout the Community Health Needs Assessment (CHNA) process (a) to inform the development of issues that would be further explored in the 2024 CHNA Provider/Stakeholder Survey; (b) to guide specific analyses of data from the 2024 CHNA Community Survey and focus groups; (c) to provide insights to stakeholders and hospital staff during CHNA related meetings and discussions; and (d) as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (May 2025). The following indicator categories were used to organize findings:

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

Data presented in this section were primarily sourced from (a) the 2025 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) the Indiana State Department of Health, (c) the U.S. Census American Community Survey (5-year estimates, 2019-2023), (d) the Welborn Baptist Foundation 2025 Greater Evansville Health Survey, (e) Center for Disease Control and Prevention (CDC), and (f) other local data sources provided by community partners. Specific data sources are presented under each table.

Provider/Stakeholder Surveys

The Community Health Needs Assessment (CHNA) steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 132 participants provided survey feedback. Most respondents worked in the medical/healthcare field (38.6%), while others worked in nonprofit organizations (27.3%), education/youth development (10.6%), public service (9.8%), community development organizations (3.8%), or business/economic development organizations (3.0%). More than two-thirds of respondents identified as management or organizational leadership (72%), while others represented nurses or nursing support (6.8%), administrative (4.5%), professional/technical (3.8%), or physicians or advanced provider (1%) positions. A total of 12.1% identified themselves as providing a different role (e.g., minister, navigator, social worker). The survey was conducted from November through December 2024. The survey itself included **three sequential steps**:

1. Survey respondents were presented with a list of sixteen (16) health issues, as well as an opportunity to write in other issues not included on the list. Participants were then instructed to **select the five (5) issues they consider to be highest priority needs** in Vanderburgh County.

2. Respondents then **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.

3. Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on the following areas:
    - The **perceived trend** of the issue since 2021 (*Survey item: Since 2021, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot);*
    - An optional narrative response specific to any progress made since 2021 in addressing the health issue;
    - The perceived **adequacy of resources** devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree);* and
    - Perceived **barriers** in addressing the health issue based on a list of 18 social determinants of health conditions (SDOH) (*Survey item:* **Social determinants of health** (SDOH) are conditions where people are born, live, learn, work, play, worship, and age that impact their health, well-being, and quality of life. Please select **up to three (3)** conditions you consider to be the greatest barriers in addressing this health issue in this county. If you do not see a specific barrier below, please insert it under other).

2024 Community Health Needs Assessment (CHNA) Stakeholder Survey

Note: Survey was administered electronically

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

About Your Organization

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

1. Which of the following **best** describes your organization?
    - ○ Medical/Healthcare
    - ○ Business/Economic Development
    - ○ Public Service
    - ○ Community Development
    - ○ Education/Youth Development
    - ○ Nonprofit
    - ○ Other: _____

2. OPTIONAL: What is the name of your organization? *This response will not be shared in connection with individual survey responses.*
   _____

3. Which of the following **best** describes your role in your organization?
    - ○ Management/Organizational Leadership
    - ○ Professional/Technical
    - ○ Physician/Advanced Provider
    - ○ Nursing or Nursing Support
    - ○ Service/Trade
    - ○ Administrative/Technical
    - ○ Other: _____

Overall Health Issues

A primary goal of the Community Health Needs Assessment (CHNA) is to identify and prioritize health-related issues. Sixteen health issues are listed below. Please select the five (5) issues you consider to be the highest priorities (ranked first through fifth) in this county. You will be asked additional questions specific to each health issue you select. If you do not see a specific health issue below, please insert it under other.

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

	Highest Priority	Second Highest Priority	Third Highest Priority	Fourth Highest Priority	Fifth Highest Priority
1. Aging and older adult needs	○	○	○	○	○
2. Alcohol use or misuse	○	○	○	○	○
3. Child neglect and abuse	○	○	○	○	○
4. Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	○	○	○	○	○
5. Dental care	○	○	○	○	○
6. Disability needs	○	○	○	○	○
7. Infant mortality	○	○	○	○	○
8. Infectious diseases like HIV, STDs, hepatitis, and TB	○	○	○	○	○
9. Injuries and accidents	○	○	○	○	○
10. Mental health	○	○	○	○	○
11. Nutrition and obesity	○	○	○	○	○
12. Reproductive health and family planning	○	○	○	○	○
13. Substance/drug use or misuse	○	○	○	○	○
14. Suicide	○	○	○	○	○
15. Tobacco use or vaping	○	○	○	○	○
16. Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	○	○	○	○	○
17. Other (please be specific): _____	○	○	○	○	○

[Selected Health Issue]

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

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

1. **Since 2021**, this health issue has:
    - ○ Gotten a lot worse
    - ○ Gotten a little worse
    - ○ Stayed about the same
    - ○ Improved a little
    - ○ Improved a lot

2. **What, if any, progress** has the community made **since 2021** in addressing this health issue?

    _____

3. There are **adequate resources devoted** to addressing this health issue in this county.
    - ○ Strongly disagree
    - ○ Disagree
    - ○ Neither agree nor disagree
    - ○ Agree
    - ○ Strongly agree

4. **Social determinants of health** (SDOH) are conditions where people are born, live, learn, work, play, worship, and age that impact their health, well-being, and quality of life. Please select **up to three (3)** conditions you consider to be the greatest barriers in addressing this health issue in this county. If you do not see a specific barrier below, please insert it under other.

Economic Stability	
• Unemployment/underemployment	0
• Poverty/inability to afford to meet basic needs (e.g., food, housing, medical care/medication, heating)	0
Education	
• Access to quality early childhood education	0
• Not completing high school or GED	0
• Lack of education/job training after high school (e.g., college, apprenticeships)	0

Healthcare Access & Quality	
• Not having health/dental insurance or being underinsured	0
• Lack of reliable/affordable transportation	0
• Lack of providers or specific services to address needs	0
• Provider waitlist or appointment times	0
Neighborhood and Built Environment	
• Difficulty in accessing affordable, nutritious foods	0
• Environmental conditions (e.g., pollution, water quality)	0
• Housing insecurity (e.g., affordability, availability, safety)	0
Social & Community Context	
• Lack of social connections (e.g., family, friends, neighbors, co-workers)	0
• Lack of childcare	0
• Lack of awareness or understanding of the health issue	0
• Discrimination (age, disability, gender, identity, race)	0
• Lack of linguistic and/or culturally competent services	0
Other	
Other (please be specific):	0
Other (please be specific):	0
Other (please be specific):	0

5. **OPTIONAL:** If you would like to clarify any of the above responses specific to this health issue, please provide it below.

_____

_____

_____

_____

Thank you!

Focus Groups

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

Specific questions included:

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

In total, **16 focus groups** were conducted in Vanderburgh County from November 19 through 21, 2024. The **78 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis.

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

(1) Feedback was combined across focus groups for initial review.

(2) Each comment specific to identified health issues was reviewed and divided into unique ideas or concepts.

(3) Overall categories were developed based on the full range of ideas presented.

(4) Each individual idea or concept was coded according to one of the established categories.

(5) Barrier themes were identified from any categories comprised of three or more similar ideas. In some cases, participants indicated if an issue represented a specific subpopulation (e.g., youth, individuals with disabilities, race/ethnicity). Feedback related to any subpopulations was presented in the highlight summary even if a single participant provided insight related to the subpopulation in question.

Appendix B: Focus Group Participants

Vanderburgh County: Focus Group Participants
November 19-21, 2024

Name	Organization
1. Carrie Blackham	ARC of Evansville
2. Nicole Kowalski	Ascencion St. Vincent
3. Heidi Dunniway	Ascension St. Vincent
4. Jackie Divine Lannan	Ascension St. Vincent
5. Lauren Seaton	Ascension St. Vincent
6. Lisa Myer	Ascension St. Vincent
7. Maria Del Rio Hoover	Ascension St. Vincent
8. Mark Healy	Ascension St. Vincent
9. Patrick Rauscher	Ascension St. Vincent
10. Shelby Collins	Ascension St. Vincent
11. Stephanie Hirons	Ascension St. Vincent
12. Ryan Scott	Big Brothers Big Sisters
13. Arlinda Payne	Black Nurses of Evansville
14. Dave Schutte	Boys and Girls Club
15. Brian Baker	Buffalo Trace Scouts
16. Chris Abbot	Building Blocks
17. Denise Seibert Townsend	Catholic Charities
18. Sharon Taylor	Christian Life Center
19. Christine Prior	City of Evansville
20. Jessica Welcher	Community One
21. Russell Ewing	Deaconess Health System
22. Jackie Stinson-Smith	Deaconess Health System
23. Lisa Maish	Deaconess Health System
24. Lori Grimm	Deaconess Health System
25. Melanie Powell	Deaconess Health System
26. Kolbi Jackson	Department of Metropolitan Development
27. Lori Madison	Dream Center
28. Kim Barrett	Easterseals
29. Alan Swartz	ECHO Community Healthcare
30. Erik Tilkemeier	ECHO Housing
31. Merrick Korach	ECHO Housing
32. Katie Grunow	Evansville Christian Life Center
33. Susie Masterson	Evansville Christian School
34. Allison Lewis	Evansville Housing Authority
35. Becca Scott	Evansville Public Library
36. Lavender Timmons	Evansville Recovery Alliance
37. Lloyd Winnecke	Evansville Regional Economic Partnership
38. Nancy Miller	Evansville Rescue Mission/Susan H. Snyder Center for Women & Children

Name	Organization
39. Jeff Wedding	Evansville State Hospital
40. Kim McWilliams	Evansville Vanderburgh School Corporation
41. Ryan Wood	Forefront Therapy
42. Billy Thompson	Habitat for Humanity
43. Jane McClure	Habitat for Humanity
44. Kristine Cordts	Holly's House
45. Elisabet Sena-Martin	Immigrant Advisory Center
46. Emily Morrison	Lampion Center
47. Ashley Beaty	Matthew 25
48. RaShawnda Bonds	Minority Health Coalition
49. Matt Merkel	Old National Bank
50. Gracia Kiely	Parenting Time Center
51. Gary Allen Glass	Pigeon Township
52. Lacy Wilson	Purdue Extension
53. Aaron Schmitt	Reitz Memorial High School
54. Katy Adams	Southwestern Behavioral Health
55. Jason Emmerson	St. Vincent Early Learning Center/Foundation for Better Health
56. Elissa Jones	Stone Center
57. Julianne Giust	Stone Center
58. Monica Spencer	SWIRCA
59. Amy Mangold	United Way of Southwestern Indiana
60. Margaret Stuckey	United Way of Southwestern Indiana
61. Debbie Brenton	University of Evansville
62. Derek McKillop	University of Evansville
63. Liz Hulsey	University of Evansville
64. Gina Schaar	University of Southern Indiana
65. Jane Friona	University of Southern Indiana
66. Kerseclia Terry-Patterson	University of Southern Indiana
67. Pamela Hopson	University of Southern Indiana
68. Maria Marton	Urban Seeds
69. Charissa Schuetz	Vanderburgh County Health Department
70. Joe Gries	Vanderburgh County Health Department
71. Lynn Herr	Vanderburgh County Health Department
72. Rick Wilson	Vanderburgh County Housing Authority
73. Jill Marcrum	Vanderburgh County Superior Court
74. Andrea Hays	Welborn Baptist Foundation
75. Patrick Jackson	Welborn Baptist Foundation
76. Christen Mitchell	YMCA
77. Kent Leslie	Youth First
78. Laura Ferguson	Youth Resources

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

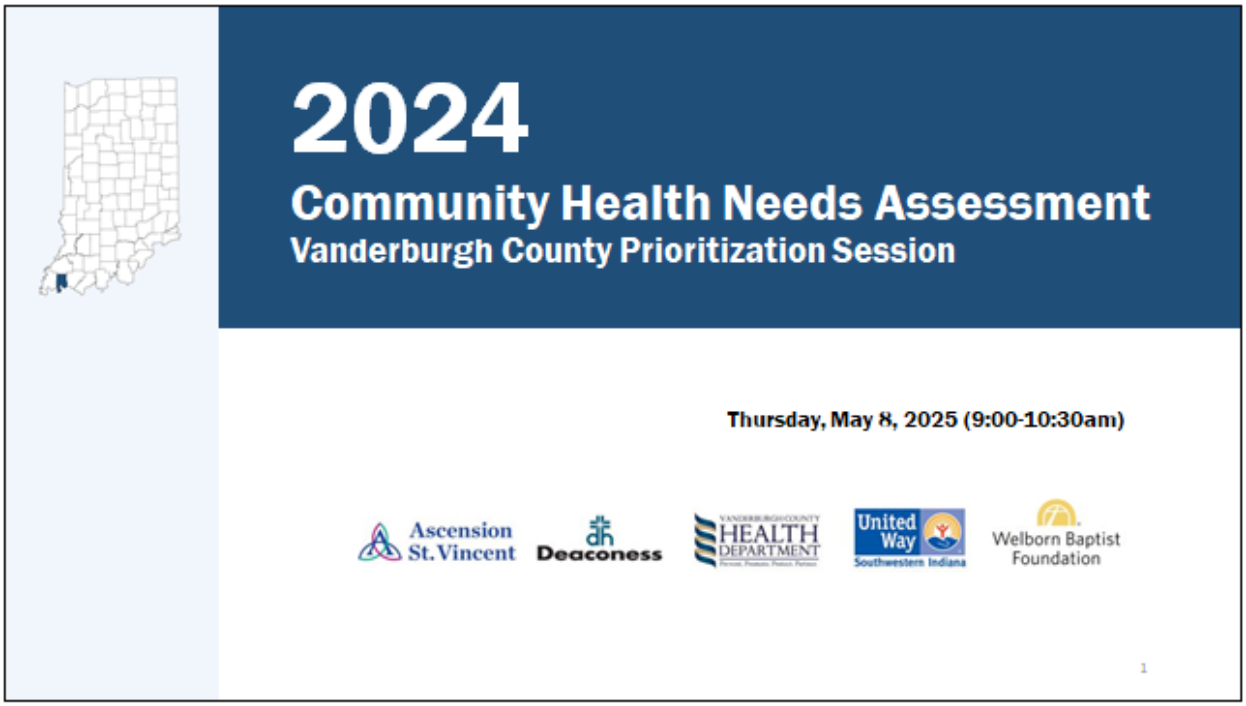
Appendix C: Prioritization Participants

Vanderburgh County: Prioritization Session
May 8, 2025

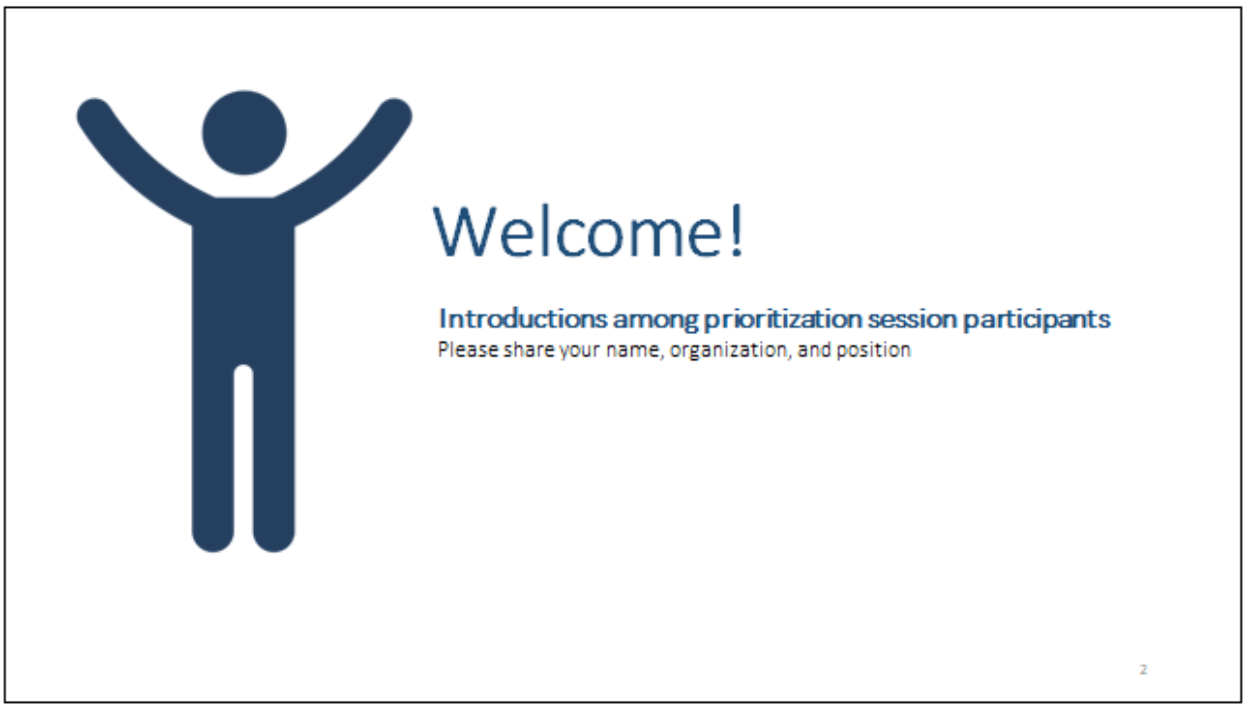
Participant	Organization
1. Jackie Lannon	Ascension St. Vincent
2. Afia Griffith	Ascension St. Vincent
3. Dr. Heidi Dunniway	Ascension St. Vincent
4. Stephanie Hirons	Ascension St. Vincent
5. Lauren Seaton	Ascension St. Vincent
6. Shelby Collins	Ascension St. Vincent
7. Ashley Tenbarge	Ascension St. Vincent
8. Jeff Walker	Deaconess Health System
9. Pam Hight	Deaconess Health System
10. Taylor Fauerbach	Deaconess Health System
11. Lori Grimm	Deaconess Health System
12. Russell Ewing	Deaconess Health System
13. Katie Shahine	Deaconess Health System
14. Amy Mangold	United Way of Southwestern Indiana
15. Mikelle Herron	Vanderburgh County Health Department
16. Lynn Herr	Vanderburgh County Health Department
17. Charissa Schuetz	Vanderburgh County Health Department
18. Andrea Hays	Welborn Baptist Foundation

Appendix D: Prioritization Information

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


2024
Community Health Needs Assessment
Vanderburgh County Prioritization Session
Thursday, May 8, 2025 (9:00-10:30am)
Ascension St. Vincent
Deaconess
Vanderburgh County Health Department
United Way Southwestern Indiana
Welborn Baptist Foundation
1

1


Welcome!
Introductions among prioritization session participants
Please share your name, organization, and position
2

2

CHNA Purpose

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

1. Identify and prioritize community health needs
   - → Collect, analyze, and use data in the development of strategies to address needs
   - → Contribute to improvements in the community's health
2. Justify and maintain nonprofit status
   - → The 2010 Affordable Care Act (ACA) requires that all hospitals that are or seek to be recognized as 501(c)3 conduct a community health needs assessment (CHNA).
   - → A hospital must complete a CHNA at least every three years with input from the broader community, including public health experts.
   - → This requirement applies for tax years beginning after March 23, 2012.

3

3

CHNA Timeline & Identified Needs

July 1, 2013 – June 30, 2016	July 1, 2016 – June 30, 2019	July 1, 2019 – June 30, 2022	July 1, 2022 – June 30, 2025	July 1, 2025 – June 30, 2028
First CHNA Period	**Second CHNA Period**	**Third CHNA Period**	**Fourth CHNA Period**	**Fifth CHNA Period**
▪ Tobacco Use ▪ Obesity ▪ Substance Abuse ▪ Mental Health	▪ Exercise, Nutrition, and Weight ▪ Maternal, Fetal, Infant, and Children's Health ▪ Behavioral Health (includes substance abuse)	▪ Behavioral Health (including substance abuse, tobacco use, and mental health) ▪ Exercise, Weight, and Nutrition ▪ Maternal Child Health	▪ Behavioral Health (including mental health, substance/drug/ alcohol use or abuse, tobacco use or vaping) ▪ Access to Care ▪ Maternal Child Health ▪ Exercise, Weight, and Nutrition ▪ COVID-19 Response	▪ In process (This is the focus of today.)

4

4

2024 Community Health Needs Assessment

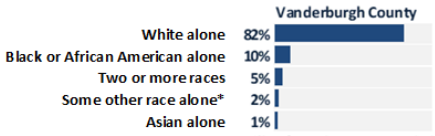
1. High-level review of community (secondary) data
2. Primary data collection methods and triangulation
3. Considerations and limitations
4. Prioritizing health issues

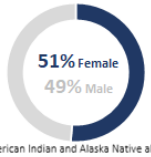
5

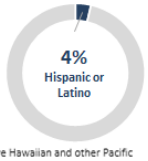
5

Vanderburgh County at a Glance

→ 179,908 total residents







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

→ High school completion rates are better than the state, and residents with some college is comparable (2019-23)

→ Compared to the state, Vanderburgh County has:

- ↘ **lower** median household income (2023)
- ↗ **higher** percentage of children in single-parent families (2019-23)
- ↗ **higher** rates of injury deaths (2019-2023)
- ↘ **lower** percentage of homeownership (2019-23)

6

6

Vanderburgh County
Selected Health Indicators

→ **18% of residents report poor or fair health** (comparable to the state), averaging **4.4 poor physical health days** in the past month (comparable to the state) (2022).

→ **2,115 deaths** representing a rate of 1,176.2 per 100,000 residents (State=1,019.2). **Heart disease**, is the leading cause of death, followed by **cancer** (2023).

→ **Premature mortality** rates exceed state rates and show a worsening trend based on County Health Rankings (2025 [2020-2022]).

7

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Vanderburgh County
Selected Health Indicators (continued)

→ **Infant mortality** is higher than state rates (2019-2023), and **more prevalent** among Black infants than White.

→ **Birth Outcomes** compared to the state (2023):
- **Higher** rates of **low birthweight**, **preterm births**, and **not breastfeeding**
- **Better** rates for **prenatal care** during the first trimester.

8

8

Vanderburgh County
Healthcare Access

→ 7.3% of residents are uninsured (slightly lower than the state); (2019-2023).

→ Resident to healthcare provider ratios are better than statewide ratios for primary care physicians (2021; worsening trend), mental health providers (2024; better trend), dentists (2022; worsening trend), and other primary care providers (2022; better trend).

**These ratios may not fully account for populations served, insurance types accepted, or magnitude of need for services.*

→ Vanderburgh County is a Health Resources Service Administration (HRSA) designated High Need Geographic Health Professional Shortage Area (HPSA) for mental health.

→ 86% of respondents to the Greater Evansville Health Survey (2025) had a routine checkup in the last year.

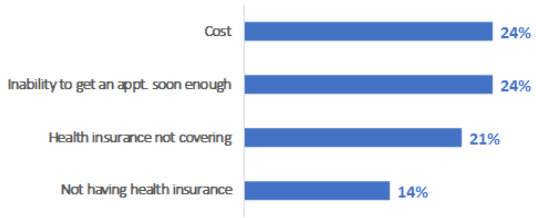
9

9

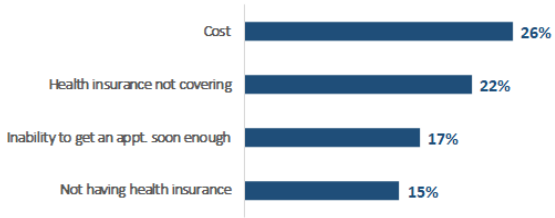
Vanderburgh County
Healthcare Access (continued)

→ 84% of respondents to the Greater Evansville Health Survey (2025) reported receiving the physical health care their family needs, and 64% reported receiving the mental health care.

% delaying or not receiving physical health care because of…



% delaying or not receiving mental health care because of…



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Vanderburgh County
Selected Healthy Living Indicators

→ **14.9%** of residents did not have a reliable source of food (compared to 13.5% statewide). This represents 26,740 people experiencing **food insecurity** (2022).
→ **24%** reported being **unable to purchase fruits and vegetables** (Greater Evansville Health Survey, 2025).

→ **39% of adults** met the criteria for **obesity** (compared to 34% statewide; 2022).
→ **28%** of residents report being **physically inactive** (compared to 27% statewide; 2022).

→ **9%** of adults (in the region) reported that a health professional/doctor has told them their child is overweight, **29%** that their child needs to eat more fruits and vegetables, and **17%** that their child needs to get more physical activity (Greater Evansville Health Survey, 2025).

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Vanderburgh County
Selected Mental and Behavioral Health Indicators

→ Residents report **6.1 poor mental health days** in the past month (comparable to the state; 2022).

→ Based on the Greater Evansville Health Survey (2025):

- **26%** of Vanderburgh County residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they have (or still have) a **depressive disorder** and **35%** any type of **anxiety**. Rates of anxiety were higher than the region.
- Regionally, **20%** of adults reported that their child was diagnosed with **ADHD** and 20% reported a **diagnosis of anxiety**.

→ The **suicide rate** is **higher** than the state (2018-2022); **53 suicides** reported by the Vanderburgh Coroner's Office in 2024, compared to **39** in 2020.
**During both time periods, there was a higher number of suicides among individuals who were White and/or male. Relationships and depression were among the top problems experienced.*

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Vanderburgh County

Selected Social and Criminal Indicators

→ **Children removed from their household rate** is higher than the state. A total of **922 children were in foster care** at some point (2024), exceeding state rates.

→ **53 overdoses** were reported in 2024, compared to **67** in 2020. The drug overdose rate was **39 per 100,000 residents** (2020-22); worsening trend per County Health Rankings.
*Meth represented the most common drug associated with death.

→ **514** individuals identified as **homeless** in 2024; **62** reported as **chronically homeless**, which is a decline from prior years but still higher than 2019 and 2022 (31 and 32 individuals, respectively).

→ **Homicide rate** of 9 per 100,000 (2016-2022); worsening trend per County Health Rankings (2025).

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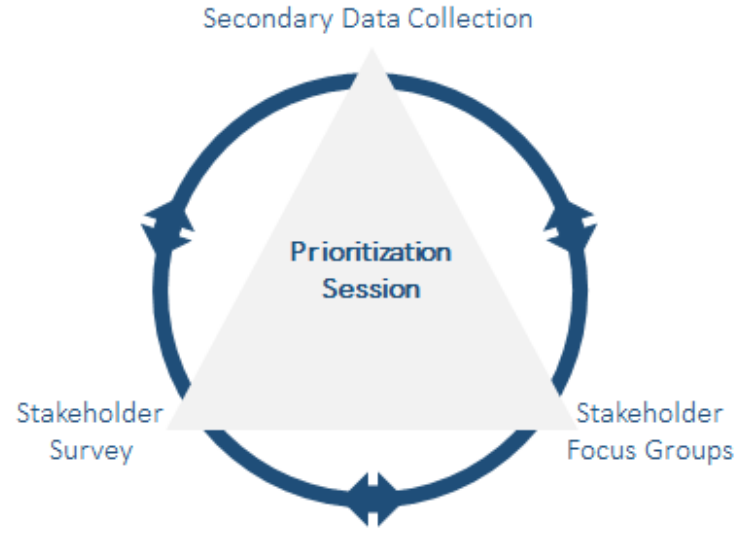
Triangulating Data to Inform Priorities



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Stakeholder Survey

Members of the CHNA planning team identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents.

→ **132 total respondents** primarily representing medical/healthcare (38%) and nonprofits (27%)

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

1. From a list of sixteen (16) health issues and social determinants of health, participants **selected the five (5) issues they consider to be highest priority needs** in Vanderburgh County.
2. Respondents **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority).
3. For each of the five (5) selected issues, respondents provided feedback on a) the **perceived trend** of the issue since 2021, b) the perceived **adequacy of resources** devoted to addressing the issue in this county, and c) any perceived **barriers** to addressing the issue in this county.

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Stakeholder Survey

Selected Results

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	447	85.6%	78.4%
2	Substance/drug use or abuse	279	77.2%	75.9%
3	Chronic diseases	187	70.0%	59.0%
4	Aging and older adult needs	154	62.2%	74.5%
5	Child neglect and abuse	118	81.1%	83.8%
6	Nutrition and obesity	106	57.9%	53.8%
7	Infant mortality	91	42.3%	61.5%
8	Violent crime	81	85.7%	75.0%
9	Alcohol use or abuse	73	68.2%	59.1%
10	Suicide	68	73.7%	55.6%
11	Infectious diseases	52	85.7%	60.0%
12	Disability needs	51	45.0%	61.1%
13	Dental care	47	78.6%	85.7%
14	Tobacco use or vaping	37	57.1%	71.4%
15	Reproductive health and family planning	25	88.9%	88.9%
16	Injuries and accidents	8	50.0%	50.0%

16

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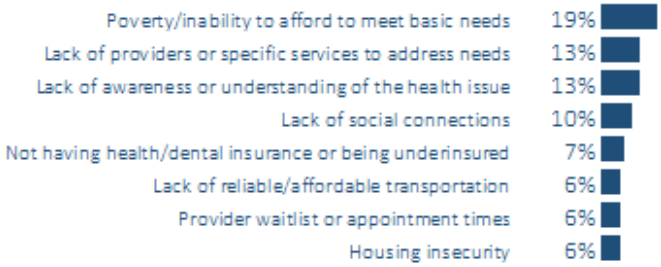
Stakeholder Survey

Cross Health Issue Barriers

→ Of the **1,552 barrier categories** endorsed **across all health issues**, the following Social Determinants of Health were the **most common barriers** identified.



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Stakeholder Focus Groups

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

→ **16 total focus groups** held November 19 through 21, 2024

→ **78 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development

→ For each of the highest ranked priority needs identified through the surveys, focus group participants discussed:

1. Specific barriers related to the health issue
2. Any population or subpopulation characteristics that should be considered
3. Available resources related to the health issue

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Stakeholder Focus Groups (Example Results)

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Considerations and Limitations

→ **The secondary data presented today (and, ultimately, in the full CHNA report) cannot encompass *all* available data sources.**
If a particular data source seems lacking, please feel free to identify it.

→ **In some cases, the most "current" data may be lagging.**
For example, the 2025 County Health Rankings reflect years-old data for some indicators.

→ **"Individual" health issues are interrelated in many cases.**
While data were collected for each health issue, it is understood that relationships exist between many of the issues (e.g., co-occurring issues, common barriers). Ultimately, prioritization should take these relationships into consideration.

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Prioritization Process (Guiding Questions)

1. Based on the data reviewed and your own contextual knowledge, what health issues, sub-issues, or combinations of issues would you elevate as the highest priorities?

2. Which issues can we reasonably impact over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?

3. Which issues are most relevant to Vanderburgh County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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Thank You!

→ Questions about the 2024 Community Health Needs Assessment? Please contact:

Dan Diehl: Diehl Consulting Group
dan@diehlgrp.com

Doug Berry: Diehl Consulting Group
doug@diehlgrp.com

Jackie Lannon: Ascension St. Vincent
jnlannan@ascension.org

Pam Hight: Deaconess Health System
pamela.hight@deaconess.com

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2024 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
Vanderburgh County Prioritization Session Documentation
May 8, 2025, 9:00-10:30am

An in-person meeting was held to guide the prioritization of health issues for Vanderburgh County. The process included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, an orientation to survey and focus group data collected through the process, and a facilitated discussion of priorities. To guide the process, the following documents were provided to participants in advance and hardcopies provided during the meeting and used as reference.

- **Secondary Data Summary:** Included various secondary data sources (e.g., Census, County Health Rankings) used to better understand current trends and the magnitude of needs.
- **Focus Group Highlights:** Included themes identified from focus group participants, as well as area of focus specific to subpopulations (e.g., youth, young adults, mothers/infants).
- **Stakeholder Survey Results:** Included detailed results from the stakeholder survey depicting priority rankings, perceived trends, and perceived adequacy of resources, as well as identified barriers across and within health needs.

Priorities

Included below are the **five priorities** that emerged from the 2025 prioritization session for Vanderburgh County. Listed below each priority are selected considerations offered by prioritization participants during the facilitated discussion.

BEHAVIORAL HEALTH (Including mental health, suicide, substance use/misuse)
Behavioral health includes issues specific to mental health and substance/drug/alcohol use or misuse. Considerations specific to the prioritization of behavioral health included:

- Prevalence and co-occurring nature of mental health and substance use/misuse within the county.
- Existing barriers to accessing behavioral health care include (but are not limited to) cost, lack of specific providers, waitlist and appointment times, and/or lack awareness of the issues and/or available resources.
- Behavioral health is a multi-faceted health issue. There is a correlation between social determinants of health such as insecure housing, poverty, exposure to trauma, etc. and subsequent behavioral health concerns.
- There are positive steps being taken regarding behavioral health. Efforts should be made to capitalize on things that are already having an impact, leveraging existing partnerships/initiatives and scaling up efforts.

AGING POPULATIONS

Aging populations include the needs of adults 65 and older in the community. Considerations specific to the prioritization of aging populations included:

- Aging adults (65 and older) is a growing population in the county with expectations for even more growth.
- Due to limited access to affordable care, aging adults are forced to choose between medication/healthcare and other basic needs such as food or utilities. Many also rely on home-based caregivers (self, family) who are underqualified to provide the needed care.
- Many older adults are also caring for children.
- Isolation is a growing concern among aging adults. Many support groups and other opportunities for in-person interaction were discontinued through COVID-19 and have not restarted.

HEALTHY FAMILIES (Including maternal health, child abuse and neglect, food and housing security)

Healthy families include maternal child health, child abuse and neglect, and food/housing insecurity. Considerations specific to the prioritization of healthy families included:

- Infant mortality, especially among Black infants, continues to be high within the county and highlights the importance of prevention and early intervention efforts.
- Foster care rate is higher than the state rate; long term, these children may experience trauma and their own mental health concerns.
- Participants described disparities related to this priority based on factors such as race, ethnicity, cultural norms, and income.
- Access to affordable, quality childcare was noted as a key factor impacting this health issue.
- Awareness and education around these issues was an identified need for both families and providers serving families.

ACCESS TO CARE

Access to care involves connecting residents to healthcare within the service area. Considerations specific to the prioritization of access included:

- Affordability of care is limited by poverty and insufficient insurance coverage.
- Availability of care is limited by insufficient care options that are culturally responsive and available in different languages; difficulty attracting providers to the field and/or geographic area and retaining providers who are overwhelmed and dealing with burnout.
- Other key barriers include insurance reimbursement challenges (for both providers and service recipients) and a lack of awareness around available resources in the community.

OUTREACH AND ADVOCACY

Outreach and advocacy involves strengthening awareness and understanding of health priorities among residents. Considerations specific to the prioritization of access included:

- Outreach and advocacy are a response to external factors such as federal, state, and local funding cuts to needed programs and services and the current political climate (i.e., policies impacting care for specific groups such as immigrant populations, LGBT populations, unhoused populations).
- Prioritizing outreach and advocacy is also expected to address misperceptions in the community (e.g., promoting the value of prenatal and other preventative care, correcting the misperception that certain health issues are limited to specific groups).
- As part of the outreach and advocacy discussion, participants also prioritized combining efforts with other regions across the state.

Secondary Data Synthesis

This section synthesizes selected data from the secondary data section by common health issues. Source tables from the secondary data section are referenced for relevant information.

#1 Mental Health
#10 Suicide

SECONDARY DATA

- ✓ **Poor Mental Health:** 6.1 (*Margin of Error [MOE]:* 5.1-7.0) average number of poor mental health days in the last 30 days (State=5.5). *(Table 1.13)*
- ✓ **Frequent Mental Distress:** 19% (*MOE:* 17-20%) residents reporting 14 or more days of poor mental health (State=18%). *(Table 1.13)*
- ✓ **Mental Health Providers:** 300:1 ratio of residents to providers (State=470:1). Ratio includes both active and possibly providers not currently practicing or taking on new patients. While Vanderburgh County has better mental healthcare ratios compared to the state, the county is designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region, including Gibson, Posey, and Warrick. *(Table 1.16)*
- ✓ **Reported Depression and Anxiety:** 26% of residents reported being told they have (or still have) a depressive disorder by a doctor, nurse, or other health professional in the past 12 months, while 35% reported being told they have (or still have) any type of anxiety (Greater Evansville Health Survey, 2025; Region=30%). Reported anxiety was higher for both the county and region from 2021 to 2025. *(Table 1.24)*
- ✓ **Suicide Rate:** 20 (MOE: 17-23) per 100,000 suicide rate among residents (State=16); worse than the state. Further, 53 suicides were reported in 2024, compared to 39 in 2020. During both time periods, there was a higher number of suicides among individuals who were White and/or male. Relationships and depression were among the top problems experienced. *(Tables 1.8 and 1.23)*
- ✓ **Insurance Status (under age 65):** Overall, 7.3% of residents are uninsured, which represents 10.4% of adults and 4.6% of children (State=7.6% overall; 10.1% adults; 6.1% children). Higher rates of public insurance in Vanderburgh County (20.1% Medicare; 22.3% Medicaid/Means-Tested Public Coverage) compared to the state (18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*
- ✓ **Child Mental Health:** 8% of children were told by a health professional to get more sleep, and 6% were told to reduce stress. Additionally, 20% reported receiving a diagnosis of ADD/ADHD, and 20% reported receiving a diagnosis of anxiety (Greater Evansville Health Survey, 2025). *(Table 1.25)*
- ✓ **Access to Mental Health Care:** 64% of residents reported that their family receives the mental health care they need. Of those identifying barriers to mental health care, 26% reported delaying or not receiving care because of cost, 22% health insurance not covering care, 17% not being able to get an appointment soon enough, and 15% not having health insurance (Greater Evansville Health Survey, 2025). *(Table 1.26)*

#2 Substance/Drug Use or Misuse
#9 Alcohol Use or Misuse
#14 Tobacco Use or Vaping

SECONDARY DATA

- ✓ **Coroner Reported Overdoses:** In 2024, 53 overdoses were reported by the Vanderburgh Coroner's Office, which was a decline from 67 reported in 2020. Meth represented the most common drug associated with death in 2024. *(Table 1.22)*
- ✓ **Drug Overdose Death Rate:** The drug overdose rate in the county is 39 (*MOE:* 34-44) per 100,000 residents (State=38); worsening trend as reported by the County health Rankings (2025). *(Table 1.19)*
- ✓ **Excessive Drinking:** 19% (*MOE:* 16-22%) of residents report binge/excessive drinking (State=17%). Further, 28% reported binge/excessive drinking based on the Greater Evansville Health Survey (2025), though differences in data sources and data collection timing should be considered. *(Tables 1.19 and 1.24)*
- ✓ **Alcohol Impaired Driving Deaths:** 11% (*MOE:* 6-17%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2018-2022) (State=18%). *(Table 1.19)*
- ✓ **Adult Smoking:** 17% (*MOE:* 15-19%) of residents reported smoking (currently and at least 100 cigarettes in their lifetime) (State=17%). *(Table 1.19)* Improving trend as reported by the County Health Rankings, 2025. Based on responses to the Greater Evansville Health Survey (2025), 10% reported smoking and 10% reported using electronic cigarettes, though differences in data sources and data collection timing should be considered. *(Table 1.24)*
- ✓ **Insurance Status (under age 65):** Overall, 7.3% of residents are uninsured, which represents 10.4% of adults and 4.6% of children (State=7.6% overall; 10.1% adults; 6.1% children). Higher rates of public insurance in Vanderburgh County (20.1% Medicare; 22.3% Medicaid/Means-Tested Public Coverage) compared to the state (18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*

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

#11 Infectious Diseases (e.g., HIV, STDs, and hepatitis)

SECONDARY DATA

- ✓ **Mortality:** There were 2,115 deaths in Vanderburgh County representing an age adjusted rate of 1,176.2 per 100,000 residents (State=1,019.2). Diseases of the circulatory system, including ischemic heart disease, is the leading cause of death in the county (County=333.1; State=292.7) followed by cancer (County=222.5; State=202.7). *(Table 1.21)*
- ✓ **Poor or Fair Health:** 18% *(MOE:* 16-20%) of residents report their health as poor or fair (State=19%). On average, residents report 4.4 physically unhealthy days in the last 30 days. *(Table 1.13)*
- ✓ **Primary Care Physicians/Other Primary Care Providers:** 1,290:1 ratio of residents to primary care physicians (State=1,520:1); worsening trend compared to prior years per County Health Rankings (2025). Further, 440:1 ratio of residents to other primary care providers (State=730:1); improving trend compared to prior years per County Health Rankings (2025). *(Table 1.16)*
- ✓ **Insurance Status (under age 65):** Overall, 7.3% of residents are uninsured, which represents 10.4% of adults and 4.6% of children (State=7.6% overall; 10.1% adults; 6.1% children). Higher rates of public insurance in Vanderburgh County (20.1% Medicare; 22.3% Medicaid/Means-Tested Public Coverage) compared to the state (18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*
- ✓ **Preventable Hospital Stays:** There were 3,355 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State=3,078); improving trend compared to prior years per County Health Rankings (2025). *(Table 1.16)*
- ✓ **Mammography Screening:** 54% of women (ages 65-74) enrolled in Medicare Part B received a mammogram in the past year (State=47%); improving trend compared to prior years per County Health Rankings (2025). *(Table 1.16)*
- ✓ **Routine Checkup:** Based on responses to the Greater Evansville Health Survey (2025), 86% of residents reported having a routine checkup in the last year (Region=85%). *(Table 1.24)*
- ✓ **Reported Health Issues:** Based on responses to the Greater Evansville Health Survey (2025), over a quarter of residents reported the following health conditions: some type of arthritis, high blood pressure, high blood cholesterol, and/or obesity. *(Table 1.24)*
- ✓ **Child Health:** Based on responses to the Greater Evansville Health Survey (2025), 12% of parents reported that their child has asthma. *(Table 1.25)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 747.2 to per 100,000 (State=495.2); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.19)*
- ✓ **Access to Physical Health Care:** 84% of residents reported that their family receives the physical health care they need. Of those identifying barriers to physical health care, 24% reported delaying or not receiving care because of cost, 21% health insurance not covering care, 24% not being able to get an appointment soon enough, and 14% not having health insurance (Greater Evansville Health Survey, 2025). *(Table 1.26)*

#6 Nutrition and Obesity

SECONDARY DATA

- ✓ **Food Insecurity:** 14.9% of residents did not have a reliable source of food (State=13.9%). This represents 26,740 people. Average adjusted meal cost in 2022 was $3.82 compared to $2.90 in 2019. *(Table 1.20)*
- ✓ **Access to Health Foods:** 12% of low-income residents have limited access to healthy foods (State=9%); worsening trend compared to prior years per County health Rankings (2025). Based on responses to the Greater Evansville Health Survey (2025), 24% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.19 and 1.24)*
- ✓ **Vegetable/Fruit Consumption:** Residents reported eating fruits 5 times and vegetables 10 times in a week (Greater Evansville Health Survey, 2025). *(Table 1.24)*
- ✓ **Adult Obesity:** 39% (*MOE:* 34-45%) of adults in the county meet criteria for obesity (State=38%). *(Table 1.19)*
- ✓ **Child Overweight:** Based on responses to the Greater Evansville Health Survey (2025), 9% of adults reported that a doctor has told them their child is overweight. *(Table 1.25)*
- ✓ **Physical Inactivity:** 28% (*MOE:* 24-31%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=27%). *(Table 1.19)*
- ✓ **Access to Exercise Opportunities:** 86% of residents reported having access to exercise opportunities. (State=76%); worsening trend compared to prior years per County health Rankings (2025). *(Table 1.19)*
- ✓ **Child Health:** Based on responses to the Greater Evansville Health Survey (2025), 29% of children were told by a health professional to eat more fruits/vegetables, and 17% were told to get more physical activity. *(Table 1.25)*

#4 Aging and Older Adult Needs

SECONDARY DATA

Age: 17.8% of residents in Vanderburgh County are 65 years and over (State=16.4%; 2019-2023 ACS 5-Year Estimates *(Table 1.5).* This represents a 1.4 percentage point increase from 2015-2019 ACS 5-Year Estimates.

#5 Child Neglect and Abuse

SECONDARY DATA

- ✓ **Children Removed from Households:** 674 children were removed from households (2024) representing a rate of 17.2 per 1,000 children (State=5.9) *(Table 1.11).*
- ✓ **CHINS:** 1,241 children needed services (CHINS) in 2024, representing a rate of 31.7 per 1,000 active cases (State=11.9). *(Table 1.11)*
- ✓ **Foster Care:** 922 children experienced foster care at some point, representing a rate of 23.5 per 1,000 children (State=11.5). *(Table 1.11)*
- ✓ **Children in Single-Parent Households:** 31% (*MOE:* 27-35%) of children live in single-parent households (State=24%); higher than the state based on the County Health Rankings (2025). *(Table 1.8)*

#7 Infant Mortality
#15 Reproductive Health and Family Planning

SECONDARY DATA

- ✓ **Infant Mortality:** The infant mortality rate for the county is 7.5 deaths among children less than one year of age per 1,000 live births (State=6.7); the Black infant mortality rate (18) within the county is higher than the rate for White infants (5.8) (2019-2023). *(Table 1.15)*
- ✓ **Low Birthweight:** 9.7% of live births were to children with low birthweight (State=8.6%); 14.2% of live births among Non-Hispanic Black mothers were to children with low birthweight. *(Table 1.15)*
- ✓ **Medicaid Coverage (at delivery):** 40.3% of children received Medicaid coverage at delivery (State=40.9%); 65.7% among Non-Hispanic Black mothers and 63.5% among Hispanic mothers. *(Table 1.15)*
- ✓ **Teen Births (Age < 20):** The Vanderburgh County teen birth rate per 1,000 was 17.1 (State=15.9); 29.5 among Non-Hispanic Black mothers (2023). *(Table 1.15)*
- ✓ **Breastfeeding (at hospital discharge):** 78.7% of mothers breastfed at hospital discharge (State=84.1%); 70.9% among Non-Hispanic Black mothers. *(Table 1.15)*
- ✓ **Preterm (<37 weeks gestation):** 12.5% of children were preterm (state=11.0%); among Non-Hispanic Black mothers, the preterm birthrate was 16.0%. *(Table 1.15)*
- ✓ **Early (First Trimester) Prenatal Care:** 80.3% of mothers received prenatal care during the first trimester (State=73.4%); 70.9% among Non-Hispanic Black mothers and 65.3% among Hispanic mothers. *(Table 1.15)*

#8 Violent Crime (e.g., sexual assault, domestic violence, gun violence, or rape)
#16 Injuries and Accidents

SECONDARY DATA

- ✓ **Homicides:** Homicide rate is 9 (*MOE: 7-10*) per 100,000 residents (State=8); worsening trend based on 2025 County Health Rankings. *(Table 1.8)*
- ✓ **Accidents (Unintentional injuries):** 13.3 per 100,000 age-adjusted deaths in the county are a result of transportation accidents (State=14.9), and 52.3 per 100,000 age-adjusted deaths in the county are a result of other external causes of accidental injury (State=50.7). *(Table 1.21)*

#13 Dental Care

SECONDARY DATA

- ✓ **Dentists:** 1,360:1 ratio of residents to providers (State=1,680:1); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.16)*
- ✓ **Insurance Status (under age 65):** Overall, 7.3% of residents are uninsured, which represents 10.4% of adults and 4.6% of children (State=7.6% overall; 10.1% adults; 6.1% children). Higher rates of public insurance in Vanderburgh County (20.1% Medicare; 22.3% Medicaid/Means-Tested Public Coverage) compared to the state (18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. Vincent Evansville and Deaconess Health Systems have cataloged resources available in Vanderburgh County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other nonprofit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed are not intended to be exhaustive.

Organization Name	Phone	Website
Hospitals		
• **Ascension St. Vincent Evansville**	(812) 485-4000	https://healthcare.ascension.org/st-vincent
• **Deaconess Hospital, Inc.**	(812) 450-5000	https://www.deaconess.com/Deaconess-Midtown-Hospital
• **Evansville Psychiatric Children's Center**	(812) 477-6436	https://www.in.gov/fssa/dmha/state-psychiatric-hospitals/evansville-psychiatric-childrens-center/
• **Evansville State Hospital**	(812) 469-6800	https://www.in.gov/fssa/dmha/state-psychiatric-hospitals/evansville-state- hospital/
• **Select Specialty Hospital – Evansville**	(812) 421-2330	https://www.selectspecialtyhospitals.com/locations-and-tours/in/evansville/evansville/?utm_source=gmb&utm_medium=organic
Information and Referral		
• **Indiana 211**	211 or (866) 211-9966	https://in211.communityos.org
• **Neighborhood Resource**		https://neighborhoodresource.findhelp.com
Federally Qualified Health Centers (FQHCs)		
• **ECHO Community Health Care, Inc. Main Campus**	812-421-7489	www.echochc.org
• **ECHO Community Health Care, Inc.**	812-421-7489	www.echochc.org
Administrative Office		
• **ECHO Division Street Family Clinic**	812-436-4501	www.echochc.org
• **ECHO John Street Woodson Homeless Health Clinic**	812-436-0224	www.echochc.org
• **ECHO Pediatric and Prenatal Clinic**	812-436-4501	www.echochc.org

Appendix F: Evaluation of Impact from Previous CHNA Implementation Strategy (Ascension St. Vincent)

Ascension St. Vincent Evansville

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to respond to the prioritized needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Ascension St. Vincent Evansville's 2021 CHNA Implementation Strategy responded to the following priority health needs: access to care; mental health; and maternal, infant, and child health through the lens of poverty. Additionally, a community engagement initiative was incorporated throughout all strategies.

Highlights from Ascension St. Vincent Evansville's 2021 CHNA Implementation Strategy include:

- The Community Health Workers exceeded their goal by increasing the number of completed Enrollment Pathways from 514 in FY23 to 556 in FY24, for an 8% increase in individuals they assisted with obtaining health insurance.
- During the first two years, the hospital offered 23 in-person Question-Persuade-Refer sessions, which is an evidence-based suicide prevention program, and thereby trained 305 individuals. Sessions were offered at the local university, church, public library, community clinics, and large employers, such as Bally's Evansville Casino and Hotel.
- The number of patients who received prenatal care within the first trimester increased from 90.5% of patients during FY23 to 94.3% of patients during FY24.

Evaluation of Impact: Previous CHNA Implementation Strategy

Ascension St. Vincent Evansville's previous CHNA implementation strategy responded to the following priority health needs: access to care; mental health; and maternal, infant and child health through the lens of poverty. The table below describes the actions taken during fiscal years 2023-2025 (July 1, 2022-June 30, 2025) CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication, the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	**Access to Care**
SMART GOAL	1. By June 30, 2025, Ascension St. Vincent Evansville will increase the number of patients established with a medical home by 2.0% each year, amongst individuals who complete a Medical Home Pathway, from baseline established in FY2023.
ACTIONS	**STATUS OF RESULTS**
Community Health Workers (CHWs) assess and address barriers to establishing a medical home, refer patients to a medical home, educate, assist with scheduling, confirm attendance at appointment, and follow up for ongoing concerns to complete the Medical Home Pathway.	**FY23 - Year 1: Baseline Set** ● The CHWs assisted 132 individuals with connecting to a medical home through the completion of a Medical Home Pathway. **FY24 - Year 2: Did Not Meet** ● The CHWs assisted 76 individuals with connecting to a medical home through the completion of a Medical Home Pathway (FY24 goal=135). Challenges included staffing shortages and lack of providers. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Access to Care
SMART GOAL	2. By June 30, 2025, Ascension St. Vincent Evansville and Care Continuity will increase the number of self-pay/charity Emergency Department patients connected with a provider by 5.0%, from baseline established in FY2023.
ACTIONS	**STATUS OF RESULTS**
ED Concierge team members receive a referral from an Emergency Department provider. Care Continuity ED Concierge team members engage patients, assist with scheduling doctor appointments, arrange transportation and follow up with appointment reminders and confirmation.	**FY23 - Year 1: Baseline Set** ● The ED Concierges assisted 123 ED self-pay/charity patients with connecting to a provider. **FY24 - Year 2: Increased, On Track** ● The ED Concierges assisted 209 ED self-pay/charity patients with connecting to a provider (2-year goal from baseline=129). **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Access to Care
SMART GOAL	3. By June 30, 2025, Ascension St. Vincent Evansville will increase the number of people enrolled in a health insurance plan by 5.0% each year, amongst individuals who complete an enrollment pathway, from baseline established in FY2023.
ACTIONS	**STATUS OF RESULTS**
Community Health Workers verify appropriate application is completed, review referrals for social determinants of health (SDOH), assess and address barriers, monitor patient progress, and provide ongoing management to complete the Enrollment Pathway.	**FY23 - Year 1: Baseline Set** ● The CHWs assisted 514 individuals with obtaining health insurance through completion of an Enrollment Pathway. **FY24 - Year 2: Met Goal** ● The CHWs assisted 556 individuals with obtaining health insurance through completion of an Enrollment Pathway (FY24 goal=540). **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Mental Health
SMART GOAL	By June 30, 2025, Ascension St. Vincent Evansville, in collaboration with the Stress Center, will provide at least one session of QPR (Question, Persuade, Refer) Training for community members.
ACTIONS	**STATUS OF RESULTS**
Identify a hospital lead, identify partners, and develop a resource list. Plan promotion activities. Promote and offer the event. Obtain applicable outputs and/or outcomes.	**FY23 & FY24 - Year 1 & 2** ● During these two years, the hospital offered 23 in-person QPR sessions and trained 305 individuals. ● Sessions were offered at the local university, church, public library, community clinics, and large employers, such as Bally's Evansville Casino and Hotel. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Maternal, Infant & Child Health
SMART GOAL	1. By June 30, 2025, Ascension St. Vincent Evansville will increase the number of women who receive **prenatal care within the first trimester** (12 weeks and six days of conception) by 5.0%, amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices, from baseline established in FY2023.
ACTIONS	**STATUS OF RESULTS**
Assigned associates confirm all pregnant women have a documented, prenatal care visit via virtual or in-person during the first trimester. Assigned associates follow-up on missed visits and schedule appointments via virtual or in-person during the first trimester.	**FY23 - Year 1: Baseline** ● 90.5% of patients received prenatal care within the first trimester. **FY24 - Year 2: Increased, On Track** ● 94.3% of patients received prenatal care within the first trimester (FY25 goal=95%). **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Maternal, Infant & Child Health
SMART GOAL	2. By June 30, 2025, Ascension St. Vincent Evansville will implement a pilot program to standardize perinatal mood and anxiety disorder (PMAD) screening and referrals, amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices.
ACTIONS	**STATUS OF RESULTS**
Assemble planning committee, develop strategic plan, and implement standardized screening and referral process. Provide regularly scheduled training for providers/associates providing care to women and babies on PMADs and adequate postpartum care. Collaborate with community programs and partners in closing the gap in care and support for high risk populations (Healthy Families, WIC, NFP, etc.) and to promote services to the community.	**FY23 - Year 1: Planning Year** ● The following planning steps were completed: regional leads were identified, individual roles and expectations were determined, and a planning committee was formed and merged with an existing internal workgroup that has been responding to this issue. **FY24 - Year 2: Behind Schedule, Progress Made** ● A market-wide assessment was completed to assess needs to standardize PMAD screening and referral (S&R) practices. ● The assessment included current practices, technology capabilities and needs across the market, and existing metrics to monitor progress. ● An expert advisory group was assembled and consulted regarding various S&R topics. ● Preparations were underway to implement a market-wide standardization process (e.g. adding Edinburgh to CPN, determining training needs, etc.); however, the initiative was placed on hold to ensure market standardization aligns with system standardization. Once confirmed, plans will resume. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Maternal, Infant & Child Health
SMART GOAL	3. By June 30, 2025, Ascension St. Vincent Evansville will increase the number of women who receive **postpartum care within 56 days** of delivery by 5.0% amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices, from baseline established in FY2023.
ACTIONS TAKEN	**STATUS OF RESULTS**
Assigned associates confirm all new moms have a documented, postpartum care visit via virtual or in-person within 56 days of delivery. Assigned associates follow up on missed visits and schedule appointments via virtual or in-person within 56 days of delivery. Collaborate with community programs and partners in closing the gap in care and support for high risk populations (Healthy Families, WIC, NFP, etc.) and to promote services to the community.	**FY23 - Year 1: Baseline Set** ● During this time, 87.3% of patients received postpartum care within 56 days of delivery. **FY24 - Year 2: On track for 2-year goal** ● 86.7% of patients received postpartum care within 56 days of delivery (FY25 goal=91.7%) **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Maternal, Infant & Child Health
SMART GOAL	4. By June 30, 2025, Ascension St. Vincent Evansville will increase the number of **babies born weighing more than 5 lbs. 8 oz**. by 5.0%, each year, amongst the individuals who complete a Pregnancy Pathway, from baseline established in FY2023.
ACTIONS TAKEN	**STATUS OF RESULTS**
Engage patients and teach about healthy pregnancy. Refer to a provider for prenatal care. Review referral for social determinants needs, contact patients for assessment and follow up. Identify and address barriers to prenatal care, confirm prenatal appointment adherence. Confirm full term (>37 weeks), normal birth weight (>=5 lbs, 8 oz). Provide follow up and ongoing management as needed.	**FY23 - Year 1: Baseline** ● The CHWs assisted 41 individuals to complete a Pregnancy Pathway and deliver babies born weighing more than 5 lbs. 8oz. **FY24 - Year 2: Did not meet goal** ● The CHWs assisted 26 individuals to complete a pregnancy pathway and deliver babies born weighing more than 5 lbs. 8oz (FY24 goal=43). **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Community Engagement
SMART GOAL	By June 30, 2025, Ascension St. Vincent Evansville will strengthen community engagement to expand the reach of evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion.
ACTIONS TAKEN	**STATUS OF RESULTS**
Identify a lead, assemble a workstream and identify or develop an assessment tool. Assess, identify opportunities, and make recommendations for strengthening community engagement: Develop strategy for community engagement.	**FY23 - Year 1: Planning Year** ● A market-wide workstream was developed with regional leads, individual roles and expectations were determined and an existing assessment tool (survey) was identified. **FY24 - Year 2: On Track** ● The associate community engagement survey was adapted to the Indiana market and was emailed to all associates on numerous occasions throughout August of 2023, with 13% of associates responding. ● The results were analyzed and presented to the market-wide workstream and regional leaders. ● During April of 2024, the hospital hosted a brainstorming session to review their survey results and identify opportunities for FY25. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

Appendix G: Evaluation of Impact from Previous CHNA Implementation Strategy (Deaconess Health System)

Deaconess Health System

Deaconess Results of Previous CHNA Priority Strategies (2022, 2023 and 2024)

Vanderburgh County:

From the five endorsed issues identified for prioritization, the group selected **behavioral health, maternal child health, and exercise, weight & nutrition** as our primary points of focus for the next CHNA period. The broad categories of behavioral health, maternal child health, and exercise, weight & nutrition were subsequently narrowed down to the following, more specific, strategies.

Priority Behavioral Health
Identify existing committees and groups and relaunch/revitalize efforts to spearhead initiatives that impact behavioral health.

Actions:
FY 22 –

- Staff from Deaconess Cross Pointe educated over 6,762 people in the surrounding community about behavioral health, related resources, and suicide prevention.
- Education videos on the following topics were created and distributed.
  - Tips for children who are being bullied or are bullying
  - Warning signs of domestic violence and where to get help
  - Coping with the Winter Blues
  - Good Grief Patrol and helping children cope with grief

FY 23 –

- Staff from Deaconess Cross Pointe educated over 5,545 people in the surrounding community about behavioral health, related resources, and suicide prevention.
- Sponsored “Ready to Respond” Mental Health awareness program
- Deaconess opened Behavioral Health Urgent Care to allow more patients access to mental health care seven days a week from 9am – 6pm.

- Education programs and videos on the following topics
  Mental Health and Grief during the holidays
  Women's Mental Health Video
  Maternal Mental Health Video
  PTSD Video – Awareness
  Promote 988 and World Suicide Awareness Day

FY 24 – The results from the last year of CHNA cycle will be included and attached to the 2024 IRS 990/Schedule H.

Priority Maternal Child Health
1. Work with the Community Action Team (CAT) as it implements recommendations in our community as identified by the Fetal Infant Mortality Review Team data and findings.
2. Identify and support programs that address the social determinants of health on maternal and child outcomes.

Actions:
FY 22
- 51 Education and community outreach programs conducted attended by 3848 patients and community members.
  October 2023 – Perinatal conference for providers – 150 providers attended.
  Building Health baby classes attended in person by 661 and online by 76.

FY 23
- 47 Education and community outreach programs conducted attended by 3066 patients and community members.
  October 2024 – Perinatal conference for providers – 160 providers attended.
  Building Health baby classes attended in person by 1112 and online by 77.

FY 24
- Building Health baby classes attended in person by 1003 and online by 149.

The full results from the last year of CHNA cycle will be included and attached to the 2024 IRS 990/Schedule H.

Priority Exercise, Weight & Nutrition
1. Use programs and projects such as a mobile market, farmer's/pop-up markets, and community gardens to increase the availability of fresh produce and other healthy food options in "healthy food priority areas."
2. Support and expand community active living programs, such as Story Trails, Complete Streets, Warrick Trails, and additional Upgrade in School activities.
3. Map out programs and services to provide education on availability of healthy food assistance, diabetes programs, active living programs, etc.
4. Through Family Practice Residency Clinic, patients accessed the high-quality health care they need in convenient locations and at a price they can afford. In FY 22 and 23, our residents treated more than 17,000 patients a year. By providing this access to care patients are able to monitor chronic conditions and address health concerns before they

before bigger issues. Treating obesity, diabetes, high blood pressure and heart disease all address this priority.

Actions:
FY 22 and FY 24

- Participated and helped to fund farmer's markets in Evansville passed out healthy recipes and health information.
- Created "Wise Choice" program to educate the community on Health Food options at the Fall Festival. Each vendor recipe was evaluated by Deaconess dietician for nutritional value. Education information was provided multiple times during the week-long festival.
- Donated $150,000 to local Tri-State Food Bank
- Provided food bank, farmer's market and food pantry information and locations to all patients who used care counselor services or needed assistance through Deaconess ER.

FY 24 – The results from the last year of CHNA cycle will be included and attached to the 2024 IRS 990/Schedule H.