Ascension St. Vincent Warrick Hospital

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

Ascension St. Vincent

Deaconess

Warrick County Health Department

United Way Southwestern Indiana

Welborn Baptist Foundation

Executive Summary-Warrick County

2024 Community Health Needs Assessment (CHNA)

Overview

The **2024 Warrick County Community Health Needs Assessment (CHNA)** was conducted collaboratively with Ascension St. Vincent, Deaconess Health System, the Warrick County Health Department, United Way of Southwestern Indiana, 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 provider/stakeholder survey was conducted. Lastly, community members and stakeholders representing organizations providing services on the front lines of public health in their communities participated in a series of virtual focus groups. A prioritization session was held to discuss findings and identify areas of focus for subsequent years. This resulted in four identified priorities.

Local Health Priorities Identified

Behavioral Health (including mental health and substance use/misuse)

Aging Populations

Access to Care (with emphasis on limited transportation options)

Outreach and Advocacy (including family awareness and support around healthy living)

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

55 providers/stakeholders responded to the survey

6 focus groups were held with **30** participants

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

Key Partners

Ascension St. Vincent
Deaconess Health System
Warrick County Health Dept.
United Way of Southwestern IN
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 Warrick 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 was collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive 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 Warrick:** Electronic versions of these reports can be accessed at *https://healthcare.ascension.org/CHNA*, and paper versions can be requested at Ascension St. Vincent Warrick'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 Gateway Hospital's Information Desk in the main lobby.

Hospital Board Approval

To ensure Ascension St. Vincent Warrick'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 Warrick 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.

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 Warrick, 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 Warrick County, Indiana, and neighboring areas. In 1975, the Warrick County Hospital was built in Boonville, Indiana. Just three years later, the hospital was purchased and became St. Mary's Warrick Hospital. In 2017, the name was changed to the statewide brand of St. Vincent Warrick Hospital. Ascension St. Vincent Warrick hospital is a 25-bed critical access facility and offers the following services: cardiopulmonary rehabilitation, continuing care program, day treatment & infusion services, medical imaging services, multispecialty clinic, rehabilitation department, respiratory care, serenity unit, surgery services, and wellness program. St. Vincent Warrick's primary service area is Warrick County which is in Southern Indiana.

For more information about Ascension St. Vincent Warrick, visit
https://healthcare.ascension.org/locations/indiana/inasc/boonville-ascension-st-vincent-warrick

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

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

Deaconess Gateway Hospital opened in January 2006 to address the growing need for medical care in the rapidly developing area between Evansville and Newburgh, Indiana. Over time, Deaconess Gateway Hospital expanded into the Deaconess Gateway Campus and is now home to physicians' offices, urgent care clinics, three specialty hospitals, and a variety of related medical services including infusion, surgery, lab, and imaging. The 200-bed acute care hospital is home to pediatric services (affiliated with Riley Hospital for Children) and da Vinci robotic surgery. These facilities make accessing care easy and convenient for people living in and around Warrick County.

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

Previous CHNA Effort (2021 CHNA)

In 2021, Ascension St. Vincent Warrick, Deaconess Health System, United Way of Southwestern Indiana, the Warrick 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 Warrick and Deaconess Health System partnered in completion of the 2021 CHNA, each hospital system developed their own CHNA report. Ascension St. Vincent Warrick contracted with Verité Healthcare Consulting to complete data reviews and develop the 2021 report for Ascension St. Vincent Warrick, 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 25 participants across 5 groups representing medical/healthcare organizations and organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups expanded on information collected through the surveys by providing additional insight on the highest ranked priority needs identified through the surveys.

Written Comments on Previous CHNA and Implementation Strategies

Ascension St. Vincent Warrick'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 Warrick:** 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
- Mental/Behavioral Health
- Access to Care
- Obesity and Healthy Food Access

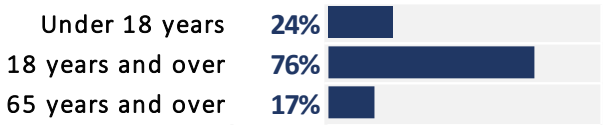
From the four endorsed issues identified for prioritization, each hospital selected primary points of focus for the CHNA period (2022-2025) and developed an implementation plan. Evaluation of the impact of actions taken to respond to the (prioritized) health needs that were addressed in the hospital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

About the 2024 CHNA Service Area (Community Served)

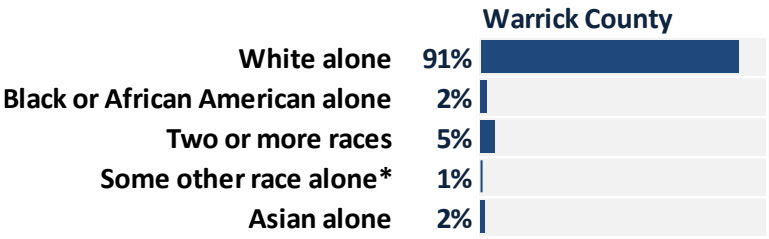
For the purposes of the CHNA, all zip codes in Warrick County and all people living in the county at the time the CHNA was conducted are included in the service. Although Ascension St. Vincent Warrick and Deaconess Health System serve Warrick County and surrounding areas, the "community served" was defined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

64,650
residents

AGE

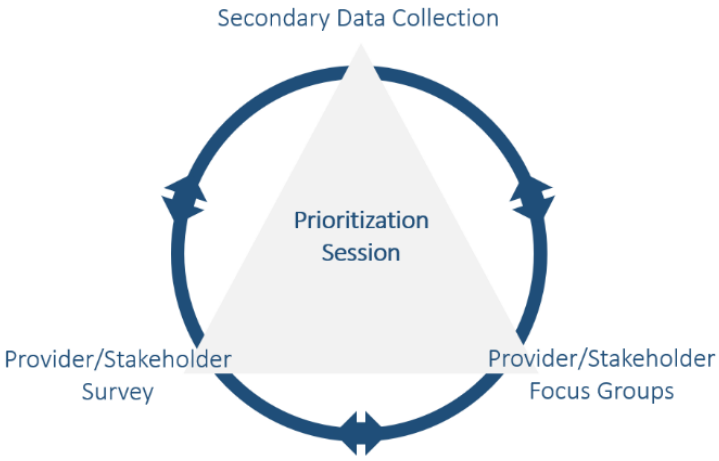


RACE



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, 55 participants provided survey feedback.

Stakeholder focus groups were conducted virtually with 30 participants across 6 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 through the surveys.

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 Warrick, 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.

Proritization 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, 19 individuals attended the session representing five organizations: Ascension St. Vincent Warrick, 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 Warrick 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 Warrick County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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

(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, a 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 needs. This resulted in four priorities. These priorities provide an issue-oriented roadmap for the development of local programs, services, and initiatives that seek to improve the health of the local community.

Behavioral Health (including mental health and substance use/misuse)	Aging Populations	Access to Care (with emphasis on limited transportation options)	Outreach and Advocacy (including family awareness and support around healthy living)

Priority 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 and 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 of mental health and substance use/misuse is recognized within the county among children, youth, and adults. Issues have increased since COVID-19; (b) Social media is noted as a contributing factor to prevalence, especially among teens; (c) Barriers to accessing care include (but are not limited to) transportation, cost, lack of providers in the area, waitlist and appointment times, and lack of awareness or understanding of the health issue and resources; (d) Participants emphasized behavioral health needs among youth, noting that many services (and mental health referrals) are provided in the school setting but are limited outside of schools. For example, there is no pediatric substance use treatment available in the county; and (e) Across age groups, perceived increases in acceptance, availability and ease of use (e.g., vaping), and potency of substances (e.g., marijuana) were cited as contributing factors to this health issue.

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

- **Providers:** Warrick County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region including Gibson, Posey, and Vanderburgh.[1] The ratio of residents to providers is also higher than the state. This ratio includes both active providers and possibly providers not currently practicing or taking on new patients. Also, these data may not fully account for populations served, insurance types accepted, or magnitude of need for services. *(Table 1.16 and 1.17)*
- **Depression/Anxiety:** 14% 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 22% reported being told they have (or still have) any type of anxiety (Greater Evansville Health Survey, 2025). *(Table 1.22)*
- **Suicide:** The county suicide rate is 14 (*MOE:* 11-19) per 100,000 suicide rate among residents (State=16) (2018-2022). *(Table 1.8)*
- **Drug Overdose Death Rate:** The drug overdose death rate in the county is 23 (*MOE:* 17-31) per 100,000 residents (State=38); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.19)*

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

- **Alcohol Use/Abuse:** Based on responses to the Greater Evansville Health Survey (2025), 22% reported binge/excessive drinking. *(Table 1.22)*

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 81% 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, 93% perceived substance/drug use or misuse as getting worse since 2021, and 69% 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, lack of awareness of the health issue, poverty/inability to affordable basic needs, not having insurance or being uninsured, 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) Participants recognized aging adults as a growing population in the county and the largest consumer group in terms of healthcare. They are also the group most impacted by chronic diseases; (b) Warrick County has limited nursing homes and other assisted living availability. Older adults aging in place may have limited access to healthy food, transportation, and income needed to receive services. Homebound individuals also suffer from isolation; and (c) While innovations in telehealth and similar service delivery options were noted, older adults may be less likely to engage with these options.

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

- **Aging Population:** 18.5% of residents in Warrick County are 65 years and over (State=16.4%; 2019-2023 ACS 5-Year Estimates). This represents a 1.5 percentage point increase from 2015-2019 ACS 5-Year Estimates. *(Table 1.5)*

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, 57% perceived aging and older needs as getting worse since 2021, and 48% reported inadequate resources are being devoted to addressing the issue.
- Selected barriers across aging and older adult needs included poverty/inability to afford basic needs, lack of reliable/affordable transportation, lack of awareness or understanding of the health issue, lack of social connections, and lack of providers or specific services to address needs.

Priority Issue: Access to Care (with emphasis on limited transportation options)

Access to care involves connecting residents to healthcare within the service area. The lack of transportation is a key barrier to accessing care. Considerations specific to the prioritization of access included: (a) Given the geographic disparity in available healthcare, food options, and other services, participants emphasized transportation as a prominent focus area. Residents may use emergency/ambulance services to connect to care in urgent situations, but transportation barriers (especially in rural areas) limit preventative/follow-up care; (b) Related to the transportation barrier is the reality that grocery stores, healthcare providers, and other services are not widely available outside of Newburgh and, to a lesser extent, Boonville; and (c) Outside of transportation, other factors related to access to care include waitlists for available services and difficulty attracting/retaining providers to rural areas.

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

- **Insurance Status (under age 65):** Overall, 3.1% of residents are uninsured, which represents 4.8% of adults and 1.3% of children (State=7.6% overall; 10.1% adults; 6.1% children). There were lower overall rates of public insurance in Warrick County (30.6% overall; 19.4% Medicare; 12.1% Medicaid/Means-Tested Public Coverage) compared to the state (35.4% overall; 18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*
- **Routine Healthcare:** 87% of respondents to the Greater Evansville Health Survey (2025) had a routine checkup in the last year. *(Table 1.22)*
- **Health Conditions:** Heart disease was the leading cause of death in the county, followed by cancer (2023). Based on responses to the Greater Evansville Health Survey (2025), 22% or more residents reported the following health conditions: arthritis, high blood cholesterol, high blood pressure, and/or obesity. *(Tables 1.21 and 1.22)*
- **Access to Mental Health Care:** 77% of residents reported that their family receives the mental health care they need. Of those identifying barriers to mental health care, 16% reported delaying or not receiving care because of cost, 23% health insurance not covering care, 16% not being able to get an appointment soon enough, and 15% due to no provider or care options (Greater Evansville Health Survey, 2025). *(Table 1.24)*
- **Access to Physical Health Care:** 90% of residents reported that their family receives the physical health care they need. Of those identifying barriers to physical health care, 18% reported delaying or not receiving care because of cost, 20% health insurance not covering care, 26% not being able to get an appointment soon enough, and 13% due to work hours (Greater Evansville Health Survey, 2025). *(Table 1.24)*
- **Nutrition/Food Access:** 7% 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), 18% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.19 and 1.22)*

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).

- Several subpopulations were identified as having unique issues accessing care (e.g., aging/older adults, rural populations, individuals with disabilities, individuals experiencing poverty, individuals with Medicaid, young adults, children and youth). Transportation was identified as a barrier by focus group participants specific to accessing appointments (e.g., aging and older adults, patients being treated for cancer).

"We do have transportation issues with some of our patients living in rural areas getting to appointments in Evansville." Focus Group Participant (Chronic Diseases)

"Transportation to and from the hospital, to appointments, especially in rural areas is limiting." Focus Group Participant (Aging and Older Adults)

- Chronic diseases was the third highest ranked health issue in the county based on respondents who included the issue as a top-five priority need; 55% perceived it to be getting worse since 2021, and 70% of survey respondents (selecting this issue as a top-five priority) reported inadequate resources devoted to addressing this issue.

Priority Issue: Outreach and Advocacy (including family awareness and support around healthy living)

Outreach and advocacy involves strengthening awareness and understanding of health priorities and associated resources among residents, as well as awareness and support for families around healthy living. Considerations specific to the prioritization of outreach and advocacy included: (a) Participants prioritized outreach and advocacy in response to external factors such as federal, state, and local funding cuts to needed programs and services; (b) Many stakeholders are unaware of the importance of care and the program cuts that inhibit care from being provided; and (c) Prioritizing outreach and advocacy is also expected to increase awareness around programs and services that are available in the county. Within outreach and advocacy, considerations specific to family awareness and support around healthy living were identified, which included: (a) Parents and families need to be made aware of and connected with community supports (e.g., affordable and quality childcare, Pre-3, Head Start, Healthy Families); (b) Additional supports around mental health, nutrition, substance use prevention, and preventative care (including prenatal care) may be needed as more of the population is aware of the importance of these issues and pursuing resources; and (c) Awareness and education around these issues was an identified need for both families and providers serving families.

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

- **Child Health Nutrition/Physical Activity:** 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 1.23)*
- **Food Insecurity:** 10.8% of residents did not have a reliable source of food (State=13.9%). This represents 6,930 people. *(Table 1.20)*
- **Child Services:** 67 children were removed from households (2024) representing a rate of 4.5 per 1,000 children (State=5.9); 161 children needed services (CHINS) in 2024, representing a rate of 10.7 per 1,000 active cases (State=11.9); and 116 children experienced foster care at some point, representing a rate of 7.7 per 1,000 children (State=11.5). *(Table 1.11)*
- **Maternal Child Health:**
    - **Infant Mortality:** The infant mortality rate for the county is 6.3 deaths among children less than one year of age per 1,000 live births (State=6.7) (2019-2023). *(Table 1.15)*
    - **Birth/Prenatal Care:** 13.7% of children were preterm (state=11.0%) (2023); 92.3% of mothers received prenatal care during the first trimester (State=73.4%) (2023). *(Table 1.15)*

Selected Findings from Stakeholder Surveys and Focus Groups

- 17% 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, suicide, substance / drug use or misuse, alcohol use or misuse, tobacco use or vaping, aging or older adult needs, chronic diseases, child neglect and abuse, nutrition and obesity, violent crime, disability needs, reproductive health and family planning, and injuries and accidents. A selected stakeholder comment from focus groups is provided below as an example.

How do you get people to understand the value of caring for their chronic issues and their health? Focus Group Participant (Chronic Diseases)

- Nutrition and obesity was the fifth highest ranked health issue in the county based on respondents who included the issue as a top-five priority need; 43% perceived this issue to be getting worse in this county since 2021, and 62% reported inadequate resources devoted to nutrition and obesity in this county.
- Child neglect and abuse was the sixth highest ranked health issue in the county based on respondents who included the issue as a top-five priority need; 75% perceived it to be getting worse since 2021, and 75% reported inadequate resources devoted to child neglect and abuse in this county.
- Tobacco use and vaping was the seventh highest ranked health issue in the county based on respondents who included the issue as a top-five priority need; 87% perceived this issue to be getting worse in this county since 2021, and 53% reported inadequate resources devoted to tobacco use and vaping in this county.
- While infant mortality was the eleventh highest ranked health issue in the county based on respondents who included the issue as a top-five priority need, 75% reported inadequate resources devoted to addressing the issue.

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 2024 CHNA Provider/Stakeholder Survey; (b) guide specific analyses of data from the 2024 CHNA Community Survey and focus groups; (c) provide data summaries and other insights to stakeholders and hospital staff during CHNA related meetings and discussions; and (d) as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (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 Warrick 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 64,650 residents of Warrick County, 50.9% are female. Further, 90.9% are White alone, 2.1% are Black or African American alone, and 4.6% are two or more races. Of any race, 2.3% are of Hispanic or Latino ethnicity. Among all Warrick County residents, 3.0% speak a language other than English at home.

Overall Population

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

	United States	Indiana	Warrick County
Total population	332,387,540	6,811,752	64,650

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

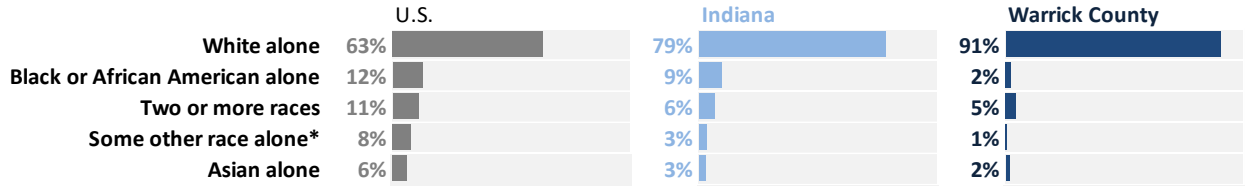
Race

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

	United States		Indiana		Warrick County	
White alone	210,875,446	**63.4%**	5,347,678	**78.5%**	58,751	**90.9%**
Black or African American alone	41,070,890	**12.4%**	630,680	**9.3%**	1,334	**2.1%**
American Indian and Alaska Native alone	2,924,996	**0.9%**	17,208	**0.3%**	96	**0.1%**
Asian alone	19,352,659	**5.8%**	172,936	**2.5%**	1,073	**1.7%**
Native Hawaiian/Other Pacific Islander alone	629,292	**0.2%**	2,345	**0.0%**	0	**0.0%**
Some other race alone	21,940,536	**6.6%**	213,942	**3.1%**	442	**0.7%**
Two or more races	35,593,721	**10.7%**	426,963	**6.3%**	2,954	**4.6%**

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 Warrick County



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

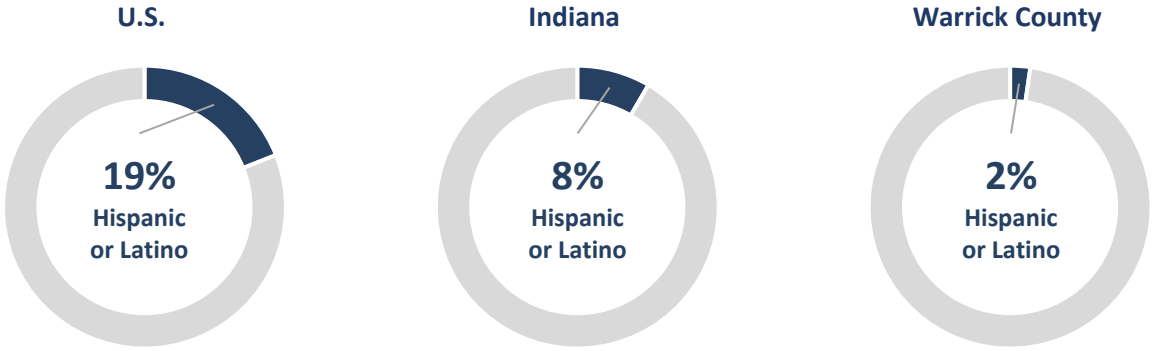
Ethnicity

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

	United States		Indiana		Warrick County	
Hispanic or Latino (of any race)	63,131,589	**19.0%**	569,410	**8.4%**	1,504	**2.3%**
Not Hispanic or Latino	269,255,951	**81.0%**	6,242,342	**91.6%**	63,146	**97.7%**

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 Warrick County



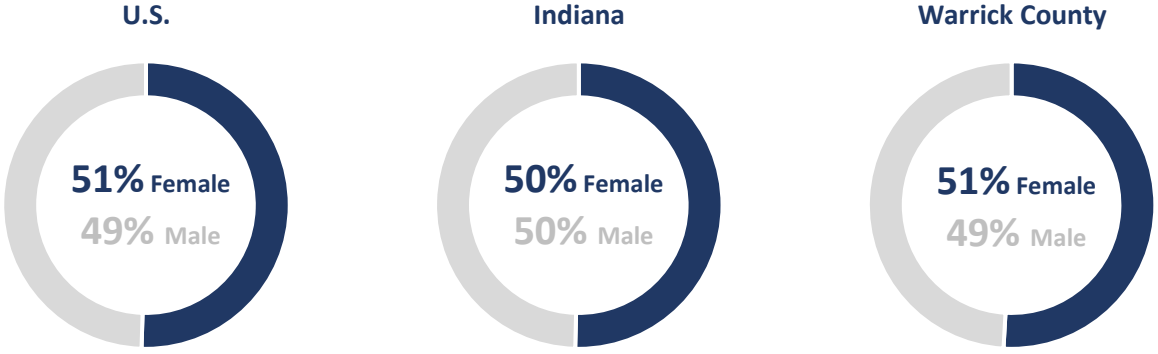
Sex

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

	United States		Indiana		Warrick County	
Female	167,842,453	**50.5%**	3,434,741	**50.4%**	32,886	**50.9%**
Male	164,545,087	**49.5%**	3,377,011	**49.6%**	31,764	**49.1%**

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 Warrick County



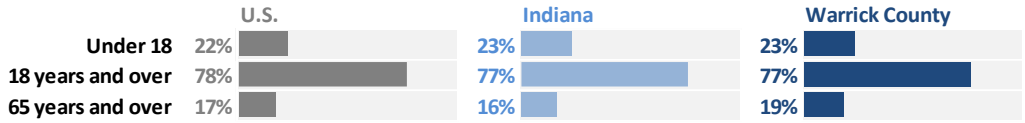
Age

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

	United States		Indiana		Warrick County	
Median age (years)	**38.7 years**		38.0 years		**41.3 years**	
Under 18 years	73,645,238	**22.2%**	1,596,071	**23.4%**	15,039	**23.3%**
18 years and over	258,742,302	**77.8%**	5,215,681	**76.6%**	49,611	**76.7%**
65 years and over	55,970,047	**16.8%**	1,116,303	**16.4%**	11,960	**18.5%**

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 Warrick County



Language

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

	United States		Indiana		Warrick County	
English	244,601,776	**78.0%**	5,770,092	**90.2%**	59,275	**97.0%**
Spanish	42,064,953	**13.4%**	335,205	**5.2%**	654	**1.1%**
Other Indo-European languages	11,892,212	**3.8%**	159,284	**2.5%**	565	**0.9%**
Asian and Pacific Island languages	11,082,543	**3.5%**	96,541	**1.5%**	554	**0.9%**
Other languages	3,806,157	**1.2%**	38,807	**0.6%**	63	**0.1%**

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 Warrick County

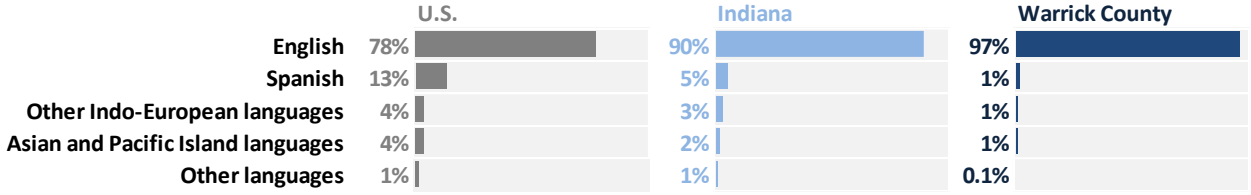
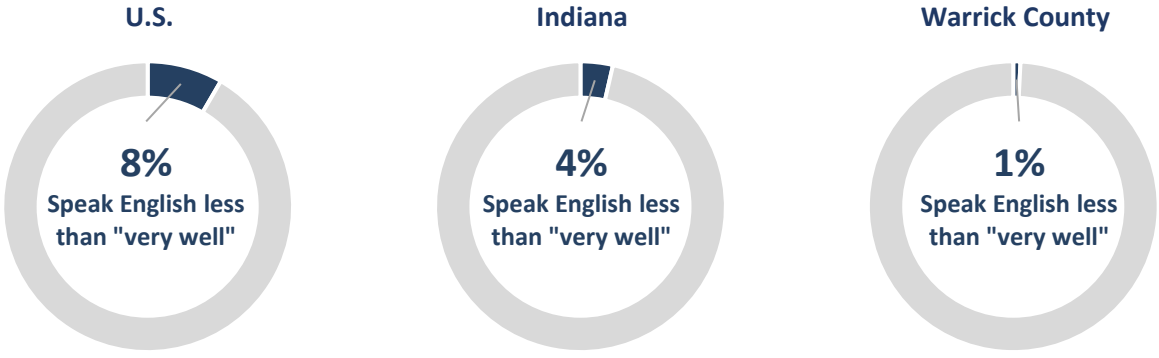


Table 1.7. English Proficiency by United States, Indiana, and Warrick County

	United States		Indiana		Warrick 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 Warrick County



Social, Community, & Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the way a hospital's programs are connected to a wider social services network. Warrick County was better than the state on measures related to educational attainment, income, and housing. The county also had a lower childcare cost burden rate, homicide rate, injury death rate, and percentage of children in single-parent households. County high school graduation rates and the percentage of residents with some college both exceed the state percentages. Compared to the previous reporting cycle, the county saw improvements in high school completion and worsening trends in injury death and social association rates. Tables 1.8 to 1.10 provide a summary of social, community, and economic factors in Warrick County.

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

	United States	Indiana	Warrick County	Error Margin	Trend*	County-State Comparison*
EDUCATIONAL ATTAINMENT						
High School Completion[a]	89%	90%	95%	*95-96%*	*Improve*	Better
Some College[a]	68%	63%	75%	*69-81%*	*None*	Better
INCOME						
% Children in Poverty[b]	16%	15%	9%	*6-12%*	*None*	Better
Income Inequality (ratio of household income at the 80th to that at the 20th percentile)[a]	4.9	4.3	3.7	*3.3-4.2*	*None*	Better
Median Household Income[b]	$77,700	$69,500	$87,300	*$77,800-$96,700*	*None*	Better
CHILD CARE						
Child Care Centers (per 1,000 under 5 years old)[c]	7	4	4	*NA*	*NA*	Same
Child Care Cost Burden (cost of childcare for a household with two children as a percent of median income)[d]	28%	31%	28%	*NA*	*NA*	Better
MORTALITY INDICATORS						
Homicide Rate (per 100,000)[e]	*7*	8	3	*2-5*	*None*	Better
Suicide Rate (per 100,000)[f]	*14*	16	14	*11-19*	*None*	Within Mar.
Injury Death Rate (per 100,000)[f]	*84*	93	76	*66-85*	*Worse*	Better
HOUSING						
% Homeowner[a]	65%	70%	83%	*81-84%*	*None*	Better
% Severe Housing Problems[g]	17%	12%	8%	*6-9%*	*None*	Better
ADDITIONAL SOCIAL and ECONOMIC CHARACTERISITCS						
Access to Parks[h]	51%	37%	17%	*NA*	*NA*	Worse
Social Associations (per 10,000; local social/community support)[i]	9.1	11.8	9.5	*NA*	*Worse*	Worse
% Children in Single-Parent Households[j]	25%	24%	17%	*12-22%*	*None*	Better

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 Warrick County

	Top US Performers	Indiana	Warrick County
EMPLOYMENT			
Labor Force Participation Rate (ages 16+)[a]	**63.5%**	**64.0%**	**64.8%**
Unemployment Rate[b]	3.6%	3.3%	2.9%

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 restrictions 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

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

Point in Time Count[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 details family and community indicators. Compared to the state, Warrick County has a lower rate of children in need of services, children with experience in foster care, and children removed from the home.

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

	Indiana		Warrick 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	161	10.7
Experience with Foster Care (Children in care at some point)	18,371	11.5	116	7.7
Children removed from household	9,351	5.9	67	4.5

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).

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 as a result of a large portion of their population experiencing characteristics associated with social vulnerability.

Warrick County has a low level overall social vulnerability. Medium to high levels of vulnerability were noted based on the county's proportion of the population that identifies as a racial or ethnic minority. Table 1.12 reports the overall SVI score and measurement theme scores with the corresponding level of vulnerability.

Table 1.12. Warrick County Social Vulnerability Index Theme Scores

	Statewide Geographic Comparison Score	Level of Vulnerability*
Overall SVI Score	0.0440	Low
Socioeconomic Status	0.0110	Low
Household Characteristics	0.2967	Low to Medium
Racial & Ethnic Minority Status	0.5604	Medium to High
Housing Type & Transportation	0.0659	Low

Source: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry (ATSDR) (2022). *Social Vulnerability Index Interactive Map*. *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

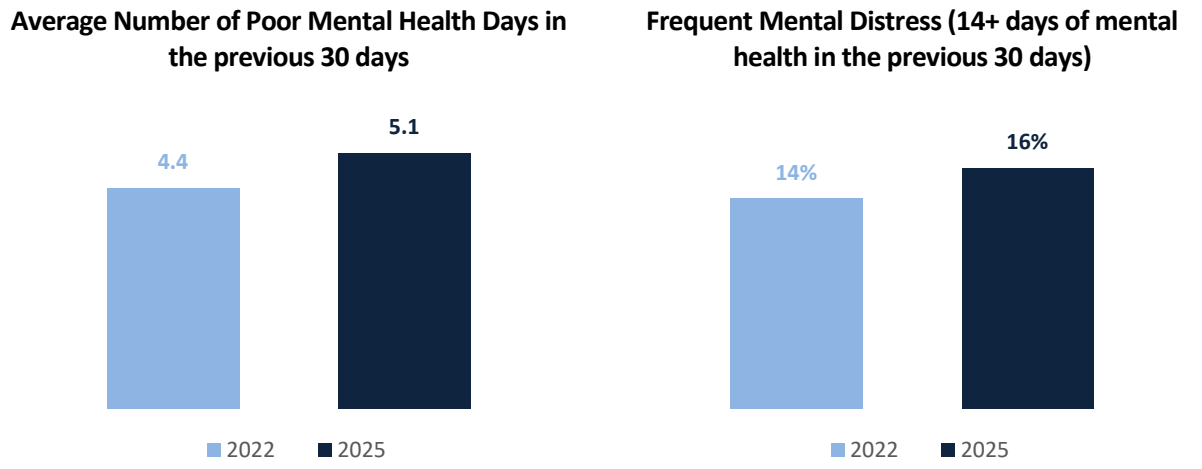
Self-reported rankings of overall health status, and the number of days in a given month individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support and share well documented associations with care outcomes. Warrick County has a better rate of residents with poor or fair health and a lower rate of those experiencing frequent physical distress compared to the state. Similar levels are reported for the average number of poor physical and mental health days along with frequent mental distress. Results are summarized in Table 1.13. Figure 1.7 shows trends of mental health measures compared to data reported in the previous CHNA reporting cycle. A worsening trend is observed; 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 Warrick County

	United States	Indiana	Warrick County	Error Margin	Trend*	County-State Comparison*
Poor or Fair Health	17%	19%	**14%**	*12-15%*	*None*	Better
Average Number of Poor Physical Health Days (in previous 30 days)	3.9 days	4.2 days	**3.7 days**	*2.9-4.5*	*None*	Within Mar.
Frequent Physical Distress (14 or more days of poor physical health in the previous 30 days)	12%	13%	**10%**	*9-12%*	*None*	Better
Average Number of Poor Mental Health Days (in previous 30 days)	5.1 days	5.5 days	**5.1 days**	*4.1-6.0*	*None*	Within Mar.
Frequent Mental Distress (14 or more days of poor mental health in the previous 30 days)	16%	18%	**16%**	*15-18%*	*None*	Within Mar.

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

Figure 1.7. Mental Health Indicators for Warrick 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, Warrick County has a lower premature mortality rate and HIV prevalence compared to the state. Table 1.14 provides an overview of these leading health indicators for Warrick County.

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

	United States	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
Premature Age-Adj. Mortality (per 100,000)[a]	410	470	370	*350-400*	*None*	Better
Child Mortality (per 100,000)[b]	50	60	60	*40-80*	*None*	Same
Diabetes Prevalence[c]	10%	11%	9%	*8-11%*	*None*	Within Mar.
HIV Prevalence (per 100,000)[d]	387	223	76	--	*Improve*	Better

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).

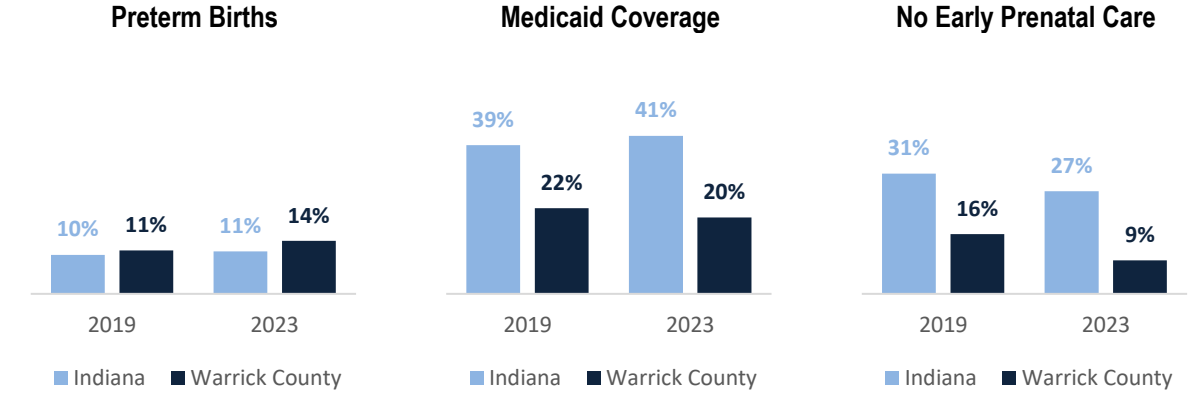
Infant mortality is a top indicator of health status. Warrick County's infant mortality rate is lower than the state. Birth outcomes are related to infant mortality and are important measures in understanding maternal child health. On these indicators, Warrick County has a lower rate across all birth outcomes except for preterm births and not breastfeeding at discharge compared to the state. Table 1.15 reports infant mortality rate and birth outcomes for Indiana and Warrick County. Figure 1.8 compares the state to the county over time. Compared to the previous community health needs assessment reporting cycle, decreases in the percentage of mothers on Medicaid coverage at delivery and the percentage receiving no early prenatal care were observed for Warrick County.

Table 1.15. Infant Mortality and Birth Outcomes Indicators by Indiana and Warrick County

	Indiana	Warrick County
Infant Mortality (per 1000)[a]	6.7	6.3
Low Birthweight (<2500g)[b]	8.6%	8.4%
Medicaid Coverage (at delivery)[b]	40.9%	19.8%
Teen Births (Age < 20) rate per 1,000[b]	15.9	10.2
Preterm (<37 weeks gestation)[b]	11.0%	13.7%
No Early (First Trimester) Prenatal Care[b]	26.6%	8.7%
Not Breastfeeding at discharge[b]	15.9%	16.1%

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/.

Figure 1.8. Infant Mortality and Birth Outcomes Indicators by Indiana and Warrick 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), Warrick County has better healthcare ratios compared to the state based on the availability of primary care providers. Access to dentists and mental health providers is more limited in the county compared to the state. Warrick County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region, including Gibson, Posey, and Vanderburgh. The availability of primary care physicians and dentists in Warrick 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 Warrick County.

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

	United States	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
PROVIDERS						
Primary Care Physicians[a]	1,330:1	1,520:1	650:1	--	*Worse*	Better
Dentists[b]	1,360:1	1,680:1	2,510:1	--	*Worse*	Worse
*Mental Health Providers[c]	300:1	470:1	1,080:1	--	*Improve*	Worse
Other Primary Care Providers[c]	710:1	730:1	460:1	--	*Improve*	Better
PREVENTION						
Preventable Hospital Stays (per 100,000)[d]	2,666	3,078	3,146	--	*Improve*	Worse
Mammography Screening in Past Year (ages 65-74 enrolled in Medicare Part B)[d]	44%	47%	55%	--	*Improve*	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 Warrick County residents compared to the state and nation. Warrick County's uninsured rate is lower compared to the state at all ages. A higher percentage of Warrick County residents use a form of private insurance compared to the state and United States. Specifically, the county has higher rates of employer-based health insurance usage.

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

	United States	Indiana	Warrick County
INSURANCE STATUS[a]			
Uninsured	8.6%	7.6%	**3.1%**
Uninsured Children (under 19)	5.4%	6.1%	**1.3%**
Uninsured Adults (Ages 19-64)	12.0%	10.1%	**4.8%**
Public/Private Provider[b]			
Private Insurance[b]	67.3%	69.0%	**79.5%**
Public Insurance[c]	36.3%	35.4%	**30.6%**
Private Insurance Provider[b]			
Employer Based Health Insurance	55.1%	58.3%	**67.1%**
Direct Purchase Health Insurance	13.6%	12.6%	**13.9%**
Tricare/Military Health Insurance	2.7%	1.6%	**2.4%**
Public Insurance Provider[c]			
Medicare	18.1%	18.0%	**19.4%**
Medicaid/Means-Tested Public Coverage	20.7%	19.6%	**12.1%**
VA Health Care Coverage	2.2%	2.1%	**2.1%**

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 Warrick County but also provide opportunities for the ongoing development and implementation of health and social service programs. Of concern, worsening trends for Warrick County were observed for the following factors: access to exercise opportunities, limited access to healthy foods, and drug overdose deaths. Compared to the state, the county is better or similar on each factor.

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

	United States	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
SMOKING						
Adult Smoking[a]	13%	17%	14%	*13-16%*	*Improve*	Better
NUTRITION/PHYSICAL ACTIVITY						
Adult Obesity[a]	34%	38%	40%	*33-47%*	*None*	Within Mar.
Food Environment Index[b]	7.4	6.5	8.4	--	*None*	Better
Physical Inactivity[a]	23%	27%	21%	*18-25%*	*None*	Better
Access to Exercise Opportunities[c]	84%	76%	78%	--	*Worse*	Better
Limited Access to Healthy Foods[d]	6%	9%	7%	--	*Worse*	Better
ALCOHOL USE						
Excessive Drinking[a]	19%	17%	19%	*15-23%*	*None*	Within Mar.
Alcohol-Impaired Driving Deaths[e]	26%	18%	17%	*8-27%*	*None*	Within Mar.
Drug Overdose Deaths (per 100,000)[f]	31	38	23	*17-31*	*Worse*	Better
SEXUAL BEHAVIOR						
Sexually Transmitted Infections (per 100,000)[g]	495	495.2	270	--	*Improve*	Better
SLEEP						
Insufficient Sleep[a]	37%	39%	36%	*30-43%*	*NA*	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).

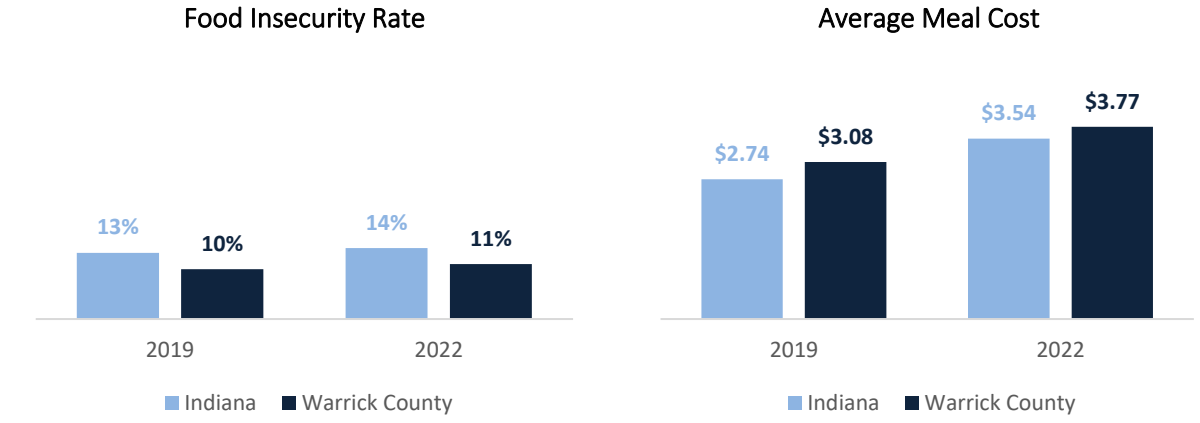
Table 1.20 reports food insecurity and average meal cost for the United States, Indiana, and Warrick County. The county has a lower food insecurity rate compared to the nation and state. The average meal cost is higher than the state but lower than the national average. Figure 1.9 compares the current 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 lower than the state for food insecurity and higher for average meal cost compared to the state.

Table 1.20. Food Insecurity by State and County as Reported by Feeding America

	United States	Indiana	Warrick County
# of food insecure people	44,151,000	950,220	**6,930**
Food insecure rate	13.5%	13.9%	**10.8%**
Average meal cost	$3.99	$3.54	**$3.77**

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 1.9. Food Insecurity by Indiana and Warrick 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 672 deaths in Warrick County representing a 1,020.2 rate per 100,000 residents (State=1,019.2). Heart disease is 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 Warrick County

Mortality Cause	Indiana		Warrick County	
	Deaths	Rate per 100,00	Deaths	Rate per 100,00
All Causes	69,942	1,019.2	672	1,020.2
Malignant Neoplasms	**13,907**	**202.7**	**143**	**217.1**
Malignant neoplasms of digestive organs (pancreas, colon, stomach, etc.)	3,728	54.3	42	63.8
Malignant neoplasms of respiratory and intrathoracic organs	3,714	54.1	31	47.1
Endocrine, nutritional, and metabolic diseases	**4,063**	**59.2**	**45**	**68.3**
Diabetes Mellitus	2,278	33.2	28	42.5
Mental and Behavioral Disorders	**3,143**	**45.8**	**42**	**63.8**
Organic, including symptomatic, mental disorders	2,710	39.5	41	62.2
Diseases of the Nervous System	**5,707**	**83.2**	**60**	**91.1**
Alzheimer disease and other degenerative diseases of the nervous system	3,740	54.5	39	59.2
Diseases of the Circulatory System	**20,083**	**292.7**	**185**	**280.9**
Hypertensive diseases	2,745	40	20	30.4
Ischemic heart disease	7,428	108.2	56	85
Other forms of heart disease (cardiomyopathy, heart failure, cardiac arrest, etc.)	5,186	75.6	58	88.1
Cerebrovascular diseases	3,462	50.5	33	50.1
Diseases of the Respiratory System	**7,013**	**102.2**	**67**	**101.7**
Chronic lower respiratory diseases	4,402	64.1	39	59.2
Diseases of the Digestive System	**2,875**	**41.9**	**20**	**30.4**
External Causes of Morbidity and Mortality	**6,571**	**95.8**	**49**	**74.4**
Other external causes of accidental injury	3,482	50.7	27	41

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.

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 1.22. 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 Warrick County *Margin of Error=+/-4%*	2025 Region (Gibson, Posey, Vanderburgh, Warrick, Henderson) *Margin of Error=+/-2%*	2025 Warrick County *Margin of Error=+/-5%*	2021 to 2025 Region*	2021 to 2025 Warrick County*
ADULT PHYSICAL HEALTH						
% of adults with a routine checkup in the last year	80%	**81%**	85%	**87%**	***Better***	***Within***
% with some type of arthritis	25%	**24%**	25%	**22%**	***Within***	***Within***
% with high blood pressure	32%	**30%**	32%	**28%**	***Within***	***Within***
% with high blood cholesterol	23%	**26%**	26%	**23%**	***Within***	***Within***
% with diabetes	10%	**9%**	10%	**11%**	***Within***	***Within***
% with heart disease	5%	**3%**	6%	**4%**	***Within***	***Within***
% with asthma	8%	**9%**	10%	**9%**	***Within***	***Within***
% with COPD	6%	**5%**	5%	**4%**	***Within***	***Within***
% obese	35%	**31%**	33%	**33%**	***Within***	***Within***
ALCOHOL USE						
% binge drinking/drinking in excess	29%	**24%**	26%	**22%**	***Within***	***Within***
NUTRITION/FOOD ACCESS						
Number of times consumed fruit	5	**6**	5	**5**	***NA***	***NA***
Number of times consumed vegetables	10	**10**	9	**8**	***NA***	***NA***
% unable to purchase fresh fruits and vegetables	23%	**14%**	21%	**18%**	***Within***	***Within***
SMOKING						
% reporting currently smoking cigarettes	12%	**8%**	9%	**5%**	***Within***	***Within***
% reporting currently using electronic cigarettes (e.g., vaping)	---	**---**	9%	**4%**	***NA***	***NA***
ADULT MENTAL HEALTH						
% with depressive disorder in the past 12 months	20%	**19%**	23%	**14%**	***Within***	***Within***
% with an anxiety disorder in the past 12 months	22%	**19%**	30%	**22%**	***Worse***	***Within***
HOUSING, NEIGHBORHOODS, & HEALTH						
% of residents reporting sidewalks or walking paths nearby	53%	**54%**	57%	**56%**	***Within***	***Within***
% reporting litter near their home	25%	**19%**	21%	**8%**	***Within***	***Better***
% reporting blight near their home	24%	**15%**	15%	**7%**	***Better***	***Within***
% reporting vandalism near their home	11%	**5%**	6%	**2%**	***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 1.23. 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 1.24. 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 Warrick County *Margin of Error=+/-5%*	Warrick County to 2025 Region*
ACCESS TO PHYSICAL HEALTH CARE			
% reporting family receives physical health care they need	85%	**90%**	***Within***
% delaying or not receiving care due to cost	21%	**18%**	***Within***
% delaying or not receiving care due no health insurance	13%	**8%**	***Within***
% delaying or not receiving care due to health insurance not covering	20%	**20%**	***Within***
% delaying or not receiving care due to work hours	10%	**13%**	***Within***
% delaying or not receiving care due to inability to get appointment soon enough	24%	**26%**	***Within***
% delaying or not receiving care due to no provider or care options	9%	**10%**	***Within***
% delaying or not receiving care due to transportation	6%	**3%**	***Within***
ACCESS TO MENTAL HEALTH CARE			
% reporting family receives mental health care they need	67%	**77%**	***Better***
% delaying or not receiving care due to cost	25%	**16%**	***Better***
% delaying or not receiving care due no health insurance	12%	**8%**	***Within***
% delaying or not receiving care due to health insurance not covering	22%	**23%**	***Within***
% delaying or not receiving care due to work hours	13%	**13%**	***Within***
% delaying or not receiving care due to inability to get appointment soon enough	16%	**16%**	***Within***
% delaying or not receiving care due to no provider or care options	13%	**15%**	***Within***
% delaying or not receiving care due to transportation	6%	**3%**	***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 Warrick County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 55 participants provided survey feedback. Most respondents worked in the medical/healthcare field (41.8%) or nonprofit organizations (23.6%), though public service (14.5%), education/youth development (12.7%), and business/economic/community development (3.6%) organizations were also represented. Two-thirds of respondents identified as management or organizational leaders (60.0%), while others represented professional/technical (5.5%), administrative (5.5%), or physicians/advanced provider (1.2%) positions. An additional 16.4% identified as nurses or nursing support, while others (10.9%) were not identified in any categories. 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 Warrick County.

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

3. Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on 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 81% 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, 93% perceived substance/drug use or misuse as getting worse since 2021, and 69% 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 Warrick County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	181	86.1%	80.6%
2	Substance/drug use or misuse	133	93.3%	69.0%
3	Chronic diseases	80	55.0%	70.0%
4	Aging and older adult needs	72	56.5%	47.8%
5	Nutrition and obesity	70	42.9%	61.9%
6	Child neglect and abuse	59	75.0%	75.0%
7	Tobacco use or vaping	34	86.7%	53.3%
8	Suicide	29	100%	42.9%
9	Dental care	24	80.0%	77.8%
10	Alcohol use or misuse	21	85.7%	28.6%
11	Infant mortality	15	25.0%	75.0%
12	Disability needs	13	100%	66.7%
13(T)	Infectious diseases	11	100%	33.3%
13(T)	Violent crime	11	100%	75.0%
15	Reproductive health and family planning	8	-	-
16	Injuries and accidents	7	50.0%	50.0%

Ranking Health Issues

Table 2.1. Ranking of Health Issues in Warrick County

*Mental health and substance/drug use or misuse were included by **the majority** of survey respondents as top-five priority needs. With 181 ranking points (36% 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=55)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Mental health	83.6%	181	**1**
Substance/drug use or misuse	70.9%	133	**2**
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	43.6%	80	**3**
Aging and older adult needs	49.1%	72	**4**
Nutrition and obesity	52.7%	70	**5**
Child neglect and abuse	36.4%	59	**6**
Tobacco use or vaping	30.9%	34	**7**
Suicide	21.8%	29	**8**
Dental care	18.2%	24	**9**
Alcohol use or misuse	16.4%	21	**10**
Infant mortality	9.1%	15	**11**
Disability needs	10.9%	13	**12**
Infectious diseases like HIV, STDs, and hepatitis	5.5%	11	**13(T)**
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	9.1%	11	**13(T)**
Reproductive health and family planning	7.3%	8	**15**
Injuries and accidents	7.3%	7	**16**

Perceived Trends of Health Issues (Since 2021)

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

__86%__ of survey respondents who included mental health as a top-five priority need and __93%__ 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**	47.2%	38.9%	11.1%	2.8%	-	**86.1%**	36
Substance/drug use or misuse	**2**	50.0%	43.3%	6.7%	-	-	**93.3%**	30
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	**3**	20.0%	35.0%	40.0%	5.0%	-	**55.0%**	20
Aging and older adult needs	**4**	13.0%	43.5%	43.5%	-	-	**56.5%**	23
Nutrition and obesity	**5**	33.3%	9.5%	52.4%	4.8%	-	**42.9%**	21
Child neglect and abuse	**6**	31.3%	43.8%	25.0%	-	-	**75.0%**	16
Tobacco use or vaping	**7**	33.3%	53.3%	13.3%	-	-	**86.7%**	15
Suicide	**8**	25.0%	75.0%	-	-	-	**100.0%**	8
Dental care	**9**	30.0%	50.0%	20.0%	-	-	**80.0%**	10
Alcohol use or misuse	**10**	42.9%	42.9%	14.3%	-	-	**85.7%**	7
Infant mortality	**11**	-	25.0%	75.0%	-	-	**25.0%**	4
Disability needs	**12**	-	100.0%	-	-	-	**100.0%**	3
Infectious diseases like HIV, STDs, and hepatitis	**13(T)**	-	100.0%	-	-	-	**100.0%**	3
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	**13(T)**	75.0%	25.0%	-	-	-	**100.0%**	4
Reproductive health and family planning	**15**	-	-	66.7%	33.3%	-	-	3
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 health issues since 2021. Listed below are the main areas of progress identified by participants. Only health issues where three or more comments were provided are included. Survey quotes are included for additional context.

Mental Health: 5 comments (2 main ideas)

- **Increased efforts and resources in the community to address the issue** *(e.g., There are some things that the schools have done and there are resources from the local health care providers.)*
- **Improved access to providers and care/services** *(e.g., I think there are more providers now and telehealth is an option.)*

Substance Use or Misuse: 4 comments (2 main ideas)

- **Availability of naloxone in the community** *(e.g., There is Narcan at Ascension Warrick, which is an evidence-based harm reduction strategy.)*
- **Increased efforts and resources in the community to address the issue** *(e.g., More community members are stepping up to find ways to stop drug abuse.)*

Chronic Diseases: 3 comments (2 main ideas)

- **Increased efforts and resources in the community to address the issue** *(e.g., The health systems are working to address patient needs, if they have means.)*
- **General positive comment about progress** *(e.g., Education. Resources.)*

Tobacco Use or Vaping: 5 comments (2 main ideas)

- **Improved recognition, awareness, and understanding of the issue** *(e.g., More aware of negative health issues related to this.)*
- **Increased efforts and resources in the community to address the issue** *(e.g., Indiana quit has info/referral available.)*

Aging and Older Adult Needs: 4 comments (2 main ideas)

- **Increased efforts and resources in the community to address the issue** *(e.g., We have a relatively new senior center and fairly good transportation for those who can't drive.)*
- **Improved access to providers and care/services** *(e.g., More access to nursing homes.)*

Nutrition and Obesity: 4 comments (2 main ideas)

- **Improved recognition, awareness, and understanding of the issue** *(e.g., There is increased awareness of health diet and activity.)*
- **General positive comment about progress** *(e.g., More nutritious choices.)*

Child Neglect and Abuse: 4 comments (2 main ideas)

- **Increased efforts and resources in the community to address the issue** *(e.g., Schools, churches, and communities are working together. CASA has been a positive to help Warrick County children.)*
- **General positive comment about progress** *(e.g., Awareness.)*

Fewer than 3 comments provided:

- Suicide
- Dental Care
- Alcohol Use or Misuse
- Infant Mortality
- Disability Needs
- Infectious Diseases
- Violent Crime
- 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 Warrick County

81%** of survey respondents who included mental health as a top-five priority need and **69%** 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**	44.4%	36.1%	8.3%	11.1%	-	**80.6%**	36
Substance/drug use or misuse	**2**	20.7%	48.3%	24.1%	6.9%	-	**69.0%**	29
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	**3**	5.0%	65.0%	20.0%	10.0%	-	**70.0%**	20
Aging and older adult needs	**4**	8.7%	39.1%	43.5%	8.7%	-	**47.8%**	23
Nutrition and obesity	**5**	14.3%	47.6%	19.0%	19.0%	-	**61.9%**	21
Child neglect and abuse	**6**	12.5%	62.5%	18.8%	6.3%	-	**75.0%**	16
Tobacco use or vaping	**7**	13.3%	40.0%	40.0%	6.7%	-	**53.3%**	15
Suicide	**8**	28.6%	14.3%	28.6%	28.6%	-	**42.9%**	7
Dental care	**9**	22.2%	55.6%	11.1%	11.1%	-	**77.8%**	9
Alcohol use or misuse	**10**	14.3%	14.3%	57.1%	14.3%	-	**28.6%**	7
Infant mortality	**11**	25.0%	50.0%	-	25.0%	-	**75.0%**	4
Disability needs	**12**	33.3%	33.3%	33.3%	-	-	**66.7%**	3
Infectious diseases like HIV, STDs, and hepatitis	**13(T)**	-	33.3%	-	66.7%	-	**33.3%**	3
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	**13(T)**	25.0%	50.0%	25.0%	-	-	**75.0%**	4
Reproductive health and family planning	**15**	-	-	66.7%	33.3%	-	-	3
Injuries and accidents	**16**	-	50.0%	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 barriers across all health issues was poverty/inability to meet basic needs (food, housing, medical care/medication, heating) and lack of awareness or understanding of the health issue.

Figure 2.2. Identified Barriers to Addressing Identified Health Issue

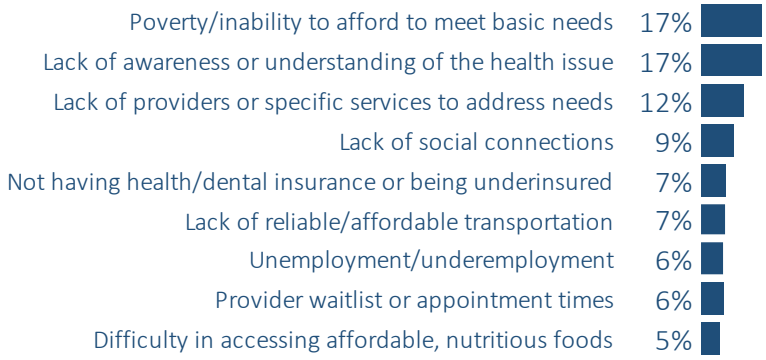


Table 2.4. Social Determinants of Health: Barrier Categories (N=590)

Economic Stability		
ES1	Unemployment/underemployment	**6%**
ES2	Poverty/inability to meet basic needs (e.g., food, housing, medical care/medication, heating)	**17%**
Education		
E1	Lack of access to quality early childhood education	**2%**
E2	Not completing high school or GED	**2%**
E3	Lack of education/job training after high school (e.g., college, apprenticeships)	**3%**
Healthcare Access & Quality		
H1	Not having health/dental insurance or being underinsured	**7%**
H2	Lack of reliable/affordable transportation	**7%**
H3	Lack of providers or specific services to address needs	**12%**
H4	Provider waitlist or appointment times	**6%**
Neighborhood & Built Environment		
N1	Difficulty in accessing affordable, nutritious foods	**5%**
N2	Environmental conditions (e.g., pollution, water quality)	**1%**
N3	Housing insecurity (e.g., affordability, availability, safety)	**3%**
Social & Community Context		
S1	Lack of social connections (e.g., family, friends, neighbors, co-workers)	**9%**
S2	Lack of childcare	**1%**
S3	Lack of awareness or understanding of the health issue	**17%**
S4	Discrimination (age, disability, gender, identity, race)	**1%**
S5	Lack of linguistic and/or culturally competent services	**1%**
Other Categories (Based on responses provided by participants)		
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, 41% of responses were related to healthcare access and quality specific to *a lack of providers or specific services to address needs* (24%) and *provider waitlist and appointment times* (17%). Table 2.5 displays the frequency of all barrier categories for all health issues.

Table 2.5. Identified Barriers to Addressing Identified Health Issue

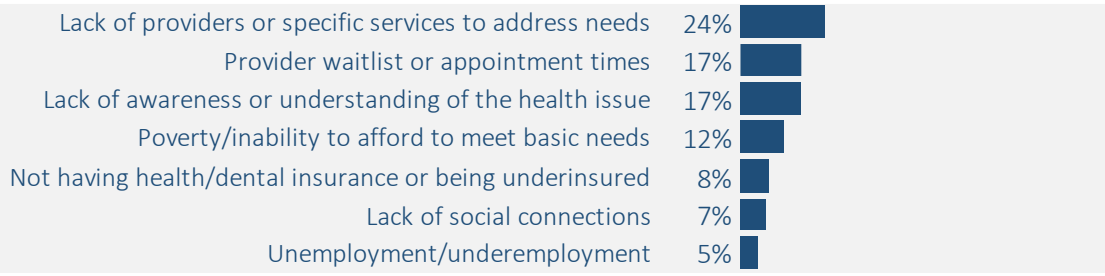
Health Issues	Economic Stability		Education			Healthcare Access & Quality				Neighborhood & Environment			Social & Community Context					Other	Total
	ES1	ES2	E1	E2	E3	H1	H2	H3	H4	N1	N2	N3	S1	S2	S3	S4	S5	O1	
Mental health	5%	12%	1%	1%	4%	8%	3%	24%	17%	---	---	1%	7%	1%	17%	---	1%	---	**102**
Substance / drug use or misuse	10%	19%	1%	5%	7%	2%	6%	11%	2%	1%	---	4%	13%	---	17%	1%	---	1%	**84**
Aging & older adult needs	2%	22%	---	3%	2%	5%	15%	9%	5%	3%	3%	5%	11%	2%	12%	2%	2%	---	**65**
Chronic diseases	5%	17%	2%	---	2%	14%	7%	10%	7%	8%	2%	2%	3%	---	20%	---	2%	---	**59**
Nutrition & obesity	4%	19%	2%	---	---	---	11%	4%	---	32%	---	---	7%	---	23%	---	---	---	**57**
Child neglect & abuse	9%	24%	4%	---	7%	2%	4%	13%	2%	2%	---	4%	11%	7%	9%	---	---	2%	**46**
Tobacco use or vaping	8%	11%	8%	3%	3%	3%	---	8%	3%	---	---	---	16%	---	34%	5%	---	---	**38**
Dental care	7%	7%	---	---	---	27%	13%	20%	17%	---	---	---	---	---	7%	---	3%	---	**30**
Alcohol use or misuse	5%	19%	---	10%	---	14%	10%	14%	---	---	---	10%	5%	---	14%	---	---	---	**21**
Suicide	10%	19%	---	---	---	5%	---	14%	10%	---	---	---	19%	---	19%	5%	---	---	**21**
Infant mortality	---	27%	---	---	---	27%	9%	9%	---	---	---	9%	9%	---	9%	---	---	---	**11**
Injuries & accidents	9%	---	---	---	9%	18%	---	18%	9%	---	9%	---	---	---	27%	---	---	---	**11**
Violent crime	---	20%	---	---	---	---	---	10%	---	---	---	30%	20%	---	20%	---	---	---	**10**
Disability needs	11%	---	---	---	---	---	33%	---	11%	---	---	11%	11%	---	22%	---	---	---	**9**
Infectious diseases	13%	25%	13%	---	---	13%	13%	---	---	---	---	---	---	---	13%	---	13%	---	**8**
Reprod. health & family planning	---	---	13%	13%	---	25%	13%	---	---	---	---	---	---	---	25%	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.

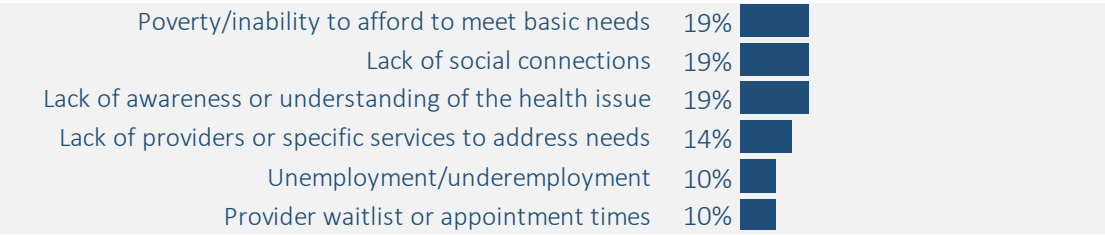
Figure 2.3. Identified Barriers to Addressing Identified Health Issue

Mental health/Suicide

Mental health: 102 Barriers Described

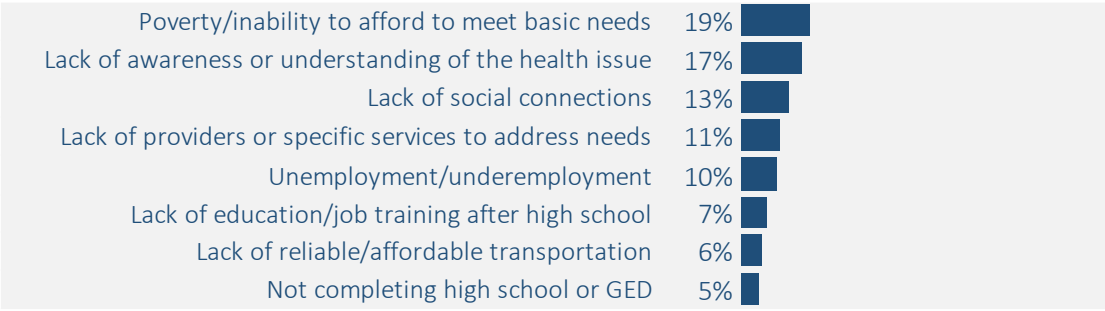


Suicide: 21 Barriers Described

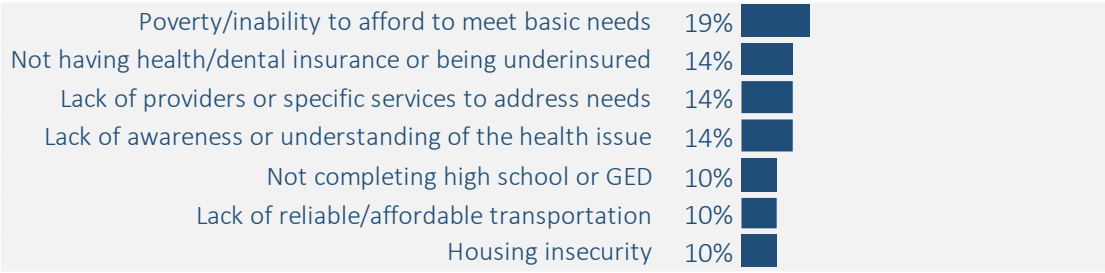


Substance/drug use or misuse/Alcohol use or misuse/Tobacco use or vaping

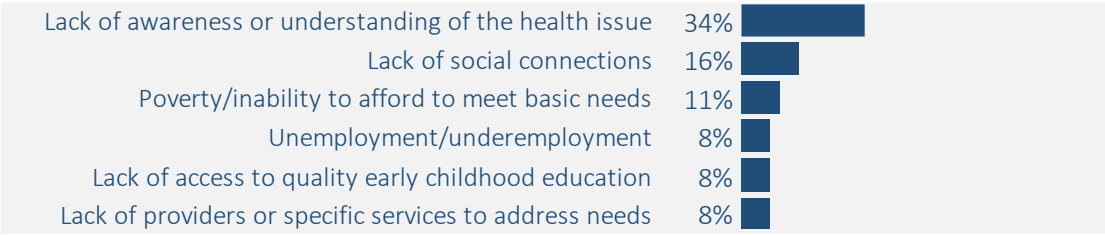
Substance/drug use or misuse: 84 Barriers Described



Alcohol use or misuse: 21 Barriers Described

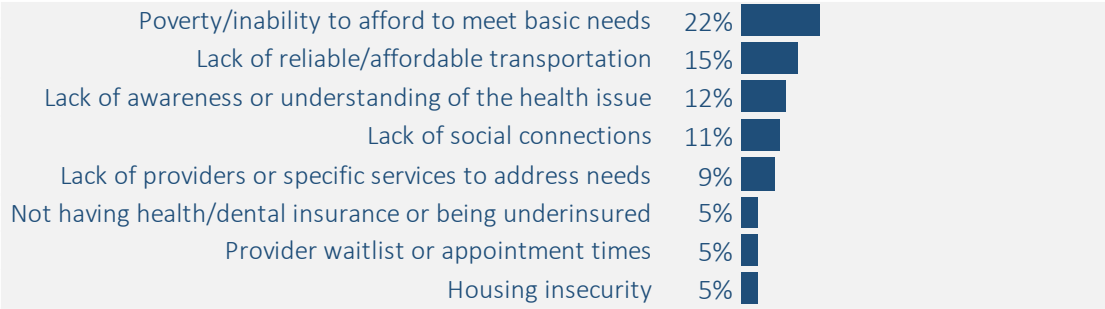


Tobacco use or vaping: 38 Barriers Described



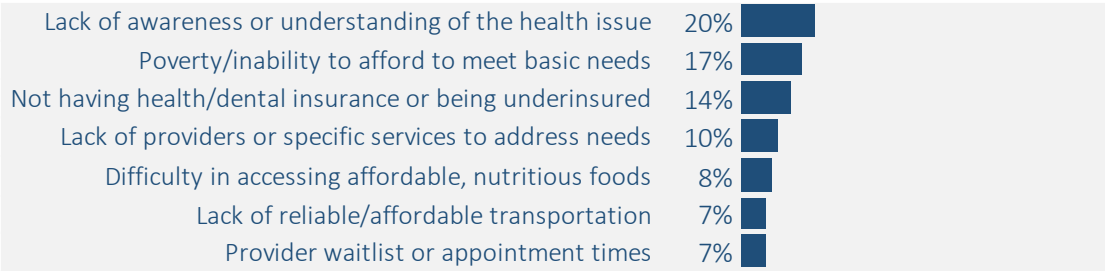
Aging and older adult needs

Aging and older adult needs: 65 Barriers Described



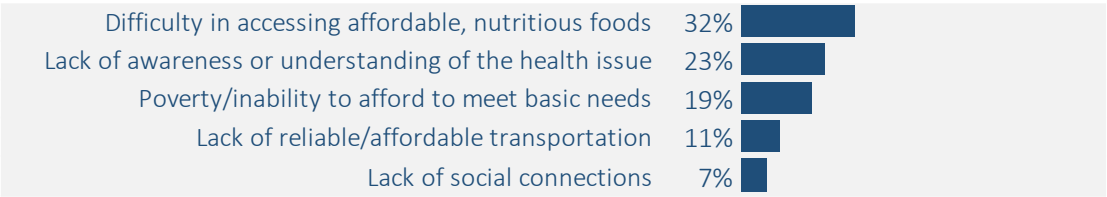
Chronic diseases

Chronic diseases: 59 Barriers Described



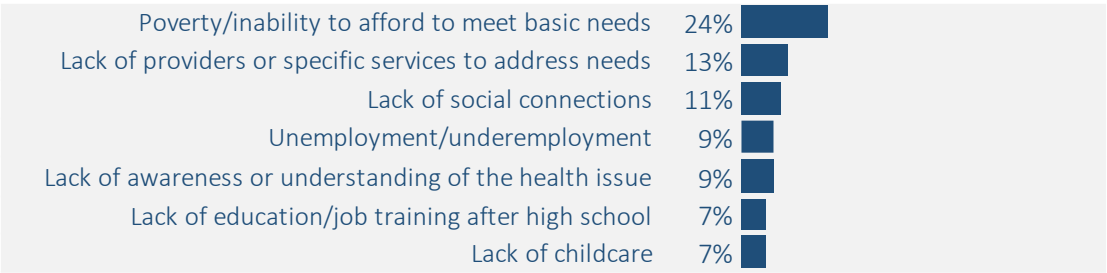
Nutrition/obesity

Nutrition/obesity: 57 Barriers Described



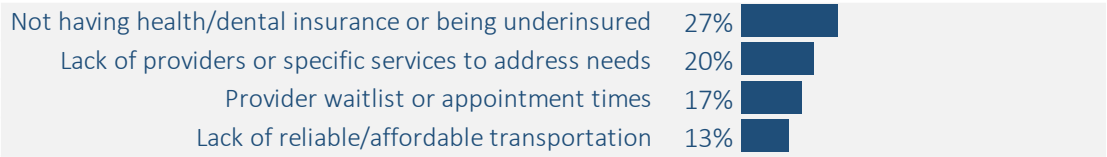
Child neglect and abuse

Child neglect and abuse: 46 Barriers Described



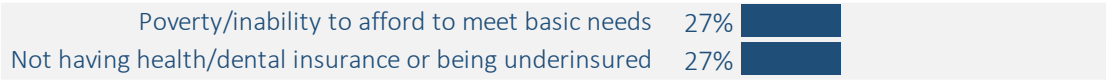
Dental care

Dental care: 30 Barriers Described



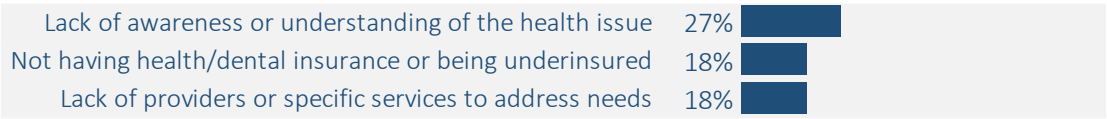
Infant mortality

Infant mortality: 11 Barriers Described



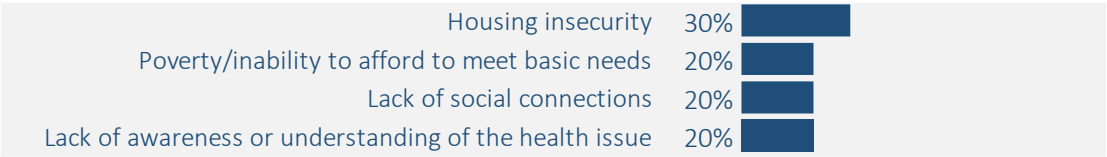
Injuries and accidents

Injuries and accidents: 11 Barriers Described



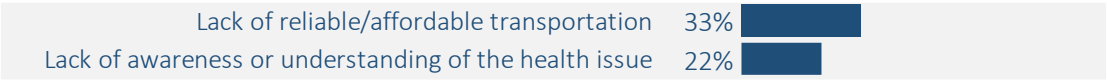
Violent crime

Violent Crime: 10 Barriers Described



Disability needs

Disability needs: 9 Barriers Described

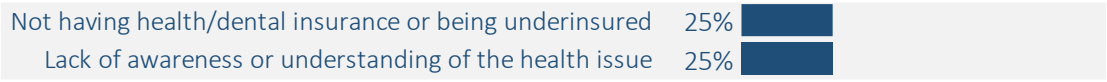


Infectious diseases

Infectious diseases: 8 Barriers Described

Reproductive health and family planning

Reproductive health and family planning: 8 Barriers Described



Stakeholder Focus Group Highlights

Overview

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

In total, **6 focus groups** were conducted in Warrick County on December 5, 2024. The **30 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis. Analysis of the focus group feedback included the following sequential steps:

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

Considerations

Highlighted feedback from focus groups is presented on the following pages. For each health issue presented, the total number of unique barrier themes are provided, along with a 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

10

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

Subpopulation Feedback

Children/Youth

- Limited access to care (e.g. few providers, wait times, turnover)
- Must travel outside of the county for care

Adults

- Unique challenges accessing care for individuals with specific comorbidities (e.g., cancer, neurocognitive disorders)
- May experience homelessness
- Military members experience impacts on their mental health following service

Older Adults

- Challenges with transportation

Access to care/services: Providers

DCS has seen a significant increase in severe teen mental health issues. There are several teens who need more than just the services provided at Crosspointe. Getting teens into providers is a challenge.

Access to care/services: Waitlists

The immediate need isn't able to be met, because there is a long wait time. So people finally get to the point of taking the big step to ask for help and then they are discouraged because they are on the waiting list.

Access to care/services: General

Accessibility issues are a problem. Vanderburgh County has wonderful services, but Warrick County doesn't have as many services.

Facilities/treatment options

Finding the level of facility to take more of the aggressive patients who end up in their emergency department repeatedly.

Co-occuring issues

"There is a vicious cycle that DCS sees with parents and families regarding mental health and substance use."

Stigma

They affect everyone and they can be acute or chronic and there is still negative stigma on a mental health diagnosis.

Anxiety/stress

The challenge in our office is we've been busy for a very long time and people can run in high gear for a certain amount of time but not for 5-6 years at a time. I think some can handle it better than others.

Cost reimbursement for providers

"One of the root causes is that insurance companies do not reimburse very well for the services that are needed."

Prevalence of the issue

I think that mental health is universal across all communities and peoples. This isn't an area issue but it's a national issue.

Referral process

Strengthen referral process. It works better when we work with clients individually. If we're in their home, we have better success. It takes a lot of trust.

Substance/Drug Use or Misuse

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

Subpopulation Feedback

Children/Youth

- Accessibility of substances
- Social acceptance and increased prevalence of use
- Impact on dental health
- Need for prevention education

Accessibility of substances

"The access is just crazy: how much of it out there and available and socially acceptable."

Co-occurring issues

Need to address mental health issues related to substance use. It's rare to only have someone with substance use. Need to address co-morbidities.

Prevalence of the issue

"There is a huge increase in THC vapes in schools."

Chronic Diseases

6

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

Subpopulation Feedback

Children/Youth
- Increase in acute health issues

Older Adults
- Waitlists for appointments
- Transportation to appointments

Individuals Experiencing Poverty
- Prioritization of other needs before paying for prescriptions

Other Populations
- Unique challenges for patients with cancer (e.g., transportation, childcare)

Transportation

"We do have transportation issues with some of our patients living in rural areas getting to appointments in Evansville."

Healthy lifestyle options/choices

Diet and sedentary lifestyle contribute to chronic diseases.

Prescriptions/medical supplies

"A lot of patients are coming in [to the hospital] because they are not being accurately treated at home because they cannot afford their medications."

Awareness/understanding/acknowledgement of the issue

How do you get people to understand the value of caring for their chronic issues and their health?

Co-occurring issues

[We see patients] leaving kids in the car in the parking lot when they receive their cancer treatment because there is nowhere else to take their kid.

Prevention/early intervention

We don't do preventative medicine well. People have an issue that brings them to the emergency department for their chronic issues they haven't treated all along.

Aging and Older Adult Needs

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

Subpopulation Feedback

Individuals with Cancer
- Experience challenges caring for a spouse, getting transportation to appointments

Facilities/treatment options

When we have issues with oncology issues, we're typically waiting for them to be discharged to facilities or finding proper placement.

Transportation

"Transportation to and from the hospital, to appointments, especially in rural areas is limiting."

Accessibility and mobility

You hear about walkability concerns and especially since [the town has] older infrastructure, they are not where they need to be with walkability for the older folks. And they're about 30 years away from getting everything fixed.

Nutrition and Obesity

1 unique barrier theme described related to **nutrition and obesity**

Subpopulation Feedback

Older Adults
- Fixed income leads to limited budget for food
- Live in food deserts

Individuals with Cancer
- Influx of younger patients that could be related to lifestyle and diet

Rural Populations
- Transportation to purchase healthy foods, food deserts

Healthy lifestyle options/choices

Access to places to be able to do some physical fitness and get some nutritional foods.

Child Neglect and Abuse

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

Subpopulation Feedback

Individuals with Cancer
- Challenges with childcare for appointments

Availability of childcare

Childcare is a huge barrier and stress. If you're trying to work to afford insurance and provide for your family, you need to have affordable childcare, not just childcare. And the waitlists are long. And so then parents might leave kids home when they don't want to.

Domestic violence

DCS has had 559 reports to date for 2024 for child neglect and abuse. The bulk of them had some level of domestic violence. "I was surprised at how prevalent domestic violence is in Warrick County. It is one of our big issues here."

Tobacco Use or Vaping

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

Subpopulation Feedback

Children/Youth
- Become addicted to vaping with few options for support in quitting
- Misconception that vaping is healthier than smoking
- Difficult for prevention programming to gain access to schools

Individuals with Cancer
- Relationship between lung cancer and smoking

Prevalence of the issue

The first offense for vaping in schools is not even a suspension. We would be suspending 3-5 kids per week.

Accessibility of substances

"There are five smoke shops in Boonville. There are two right next door to each other."

Addiction

There is not much that can be done for cessation when they are addicted at such a young age. Boonville High School has a tobacco cessation program but have no success stories to date.

Dental Care

2 unique barrier themes described related to **dental care**

Subpopulation Feedback

Children/Youth
- Negative, costly impact of substance use on dental health

Individuals with Medicaid
- Difficult to find providers who accept Medicaid

Insurance

Dental insurance is not really good, it's low in terms of being affordable and what it covers.

Co-occurring issues

And then with meth use and substance abuse/use … younger individuals have lost their teeth because of substance use, trying to get an implant is very expensive. And a lot of these folks have bad bone structures so dentures won't work and they cannot afford the dental implants, so then that affects their views of themselves and their mental health.

Appendices

Appendix A: 2024 CHNA Methodology

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

Secondary Data Review

Secondary data represent existing information available through local, state, and national data sources. Collectively, these data offer insight into the health and social issues of the service area. These data were used throughout the Community Health Needs Assessment (CHNA) process (a) to inform the development of issues that would be further explored in the 2024 CHNA 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.

Stakeholder Surveys

The Community Health Needs Assessment (CHNA) steering committee identified organizations serving Warrick County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 55 participants provided survey feedback. Most respondents worked in the medical/healthcare field (41.8%) or nonprofit organizations (23.6%), though public service (14.5%), education/youth development (12.7%), and business/economic/community development (3.6%) organizations were also represented. Two-thirds of respondents identified as management or organizational leaders (60.0%), while others represented professional/technical (5.5%), administrative (5.5%), or physicians/advanced provider (1.2%) positions. An additional 16.4% identified as nurses or nursing support, while others (10.9%) were not identified in any categories. 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 Warrick County.

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

3. Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on 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 (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 Warrick County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in virtual focus groups around the primary issues impacting health and social determinants of health among residents. In some cases, focus group participants had participated in the earlier survey process, though this was not a requirement for participation. Focus groups expanded on information collected through the surveys. Namely, for each of the highest ranked priority needs identified through the surveys, focus group participants provided additional information around barriers to addressing each need, differences in the way different subpopulations experience the need, and any other considerations. Focus group participants were also invited to discuss any health needs not identified by survey respondents.

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, **6 focus groups** were conducted in Warrick County on December 5, 2024. The **30 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis.

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

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

Appendix B: Focus Group Participants

Warrick County: Focus Group Participants
Dec. 5, 2024

Name	Organization
1. Pam Hight	Ascension St. Vincent
2. Jim Maloney	Ascension St. Vincent
3. Marty Mattingly	Ascension St. Vincent
4. Stevie McKeethen	Ascension St. Vincent
5. Lisa Myer	Ascension St. Vincent
6. Jackie Divine Lannan	Ascension St. Vincent
7. Stephanie Hirons	Ascension St. Vincent
8. Lisa Hirsch	Chancellor Center for Oncology
9. Sidney Hardgrave	Community Foundation Alliance
10. Sarah Brewer	Deaconess Health System
11. Jill Buttry	Deaconess Health System
12. Angela Stroud	Deaconess Health System
13. Elizabeth Flatt	Evansville Catholic Diocese
14. Samantha Freeman	Indiana Department of Child Services
15. Charlie Wyatt	Mayor of Boonville
16. James Morley	Morley Architects, Engineers, and Surveyors
17. Chris Cooke	Newburgh Town Manager
18. Dylan Houck	Prime Foods
19. Richard Lasher	Prime Foods
20. Jo Gilreath	Purdue Extension
21. Joyce Fleck	Tri-Cap
22. Doug Gresham	Warrick County School Corporation
23. Julie Kemp	Warrick County School Corporation
24. Walter Lambert	Warrick County School Corporation
25. Alison Cole	Warrick County WIC
26. Tony Oneal	Warrick EMS
27. Drew Gerth	Warrick Pathways
28. Becky Guthrie	WATS Transportation
29. Laura Keys	Youth First
30. Kent Leslie	Youth First

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

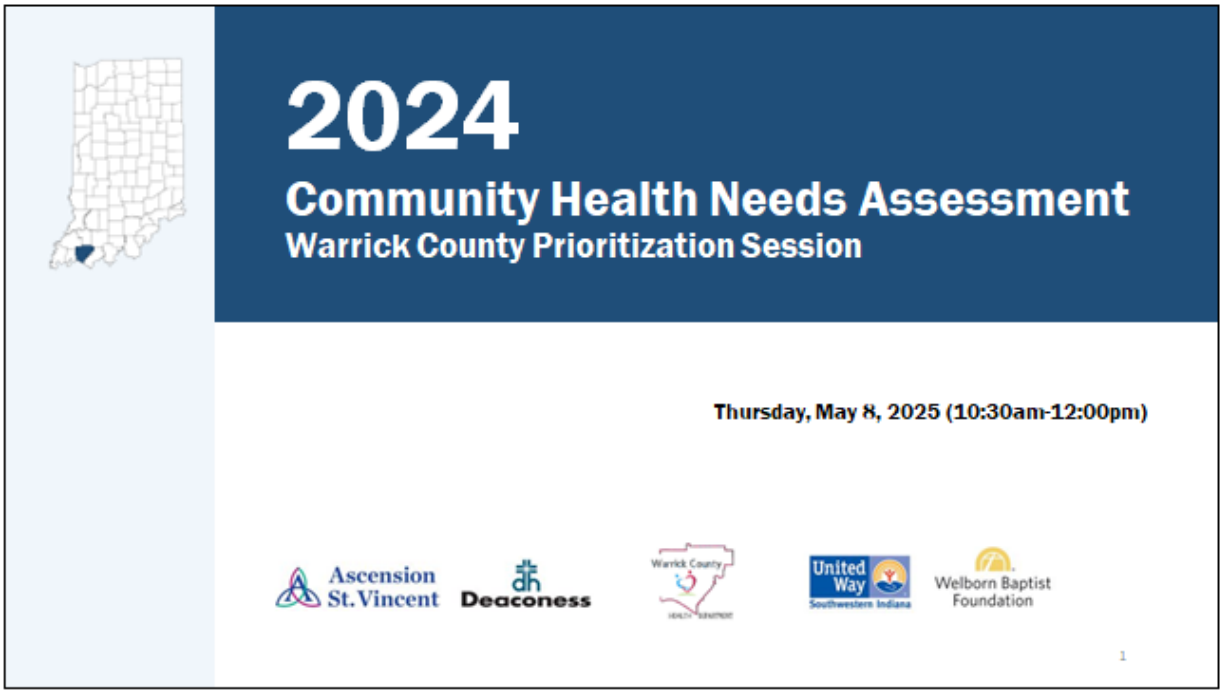
Appendix C: Prioritization Participants

Warrick County: Prioritization Session
May 8, 2025

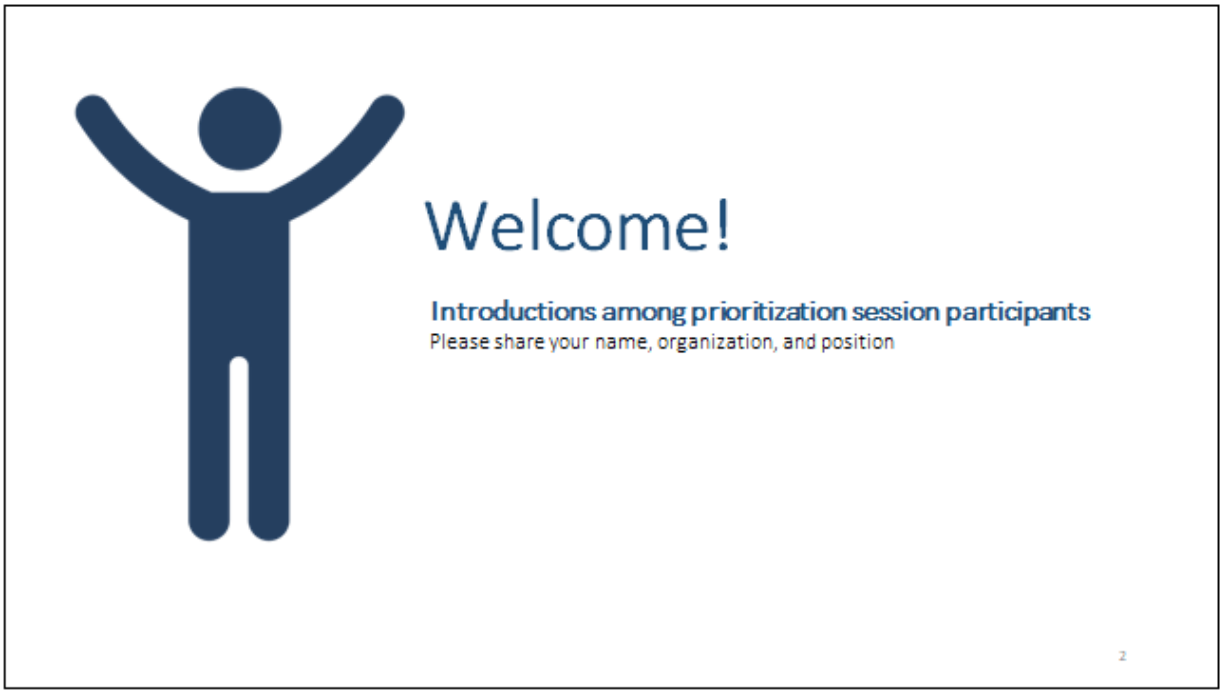
Participant	Organization
1. Ashley Tenbarge	Ascension St. Vincent
2. Jackie Lannon	Ascension St. Vincent
3. Afia Griffith	Ascension St. Vincent
4. Marty Mattingly	Ascension St. Vincent
5. Dr. Heidi Dunniway	Ascension St. Vincent
6. Lauren Seaton	Ascension St. Vincent
7. Jeff Walker	Deaconess Health System
8. Pam Hight	Deaconess Health System
9. Clint Sheffer	Deaconess Health System
10. Taylor Fauerbach	Deaconess Health System
11. Lori Grimm	Deaconess Health System
12. Russell Ewing	Deaconess Health System
13. Melissa Dungehy	Southwestern Behavioral Healthcare
14. Mikelle Herron	Vanderburgh County Health Department
15. Lynn Herr	Vanderburgh County Health Department
16. Charissa Schuetz	Vanderburgh County Health Department
17. Juli Shade	Gibson/Warrick County Health Department
18. Dr. Kailyn Kahre	Warrick County Health Department
19. Andrea Hays	Welborn Baptist Foundation

Appendix D: Prioritization Information

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


2024
Community Health Needs Assessment
Warrick County Prioritization Session
Thursday, May 8, 2025 (10:30am-12:00pm)
Ascension St. Vincent
Deaconess
Warrick County
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 and Identified Needs

July 1, 2016 – June 30, 2019	July 1, 2019 – June 30, 2022	July 1, 2022 – June 30, 2025	July 1, 2025 – June 30, 2028
Priority Needs	**Priority Needs**	**Priority Needs**	**Priority Needs**
→ Behavioral Health (including substance abuse, tobacco use, and mental health)	→ Substance Abuse and Alcohol Abuse	→ COVID-19 Response	→ **Topic of today's prioritization session**
→ Exercise, Weight, and Nutrition	→ Mental Health	→ Mental/Behavioral Health	
→ Cancer (specifically breast and prostate)	→ Chronic Health Conditions	→ Access to Care	
	→ Access to Care	→ Obesity and Healthy Food Access	

4

4

2024 Community Health Needs Assessment

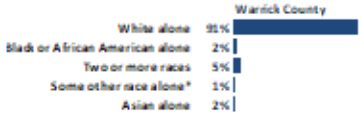
1. High-level review of community (secondary) data
2. Primary data collection methods and triangulation
3. Considerations and limitations
4. Prioritizing health issues

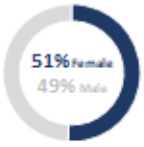
5

5

Warrick County at a Glance

→ 64,650 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 and residents with some college are higher than the state (2019-23)

→ Compared to the state, Warrick County has:

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

6

6

Warrick County
Selected Health Indicators

→ **14% of residents report poor or fair health** (better than the state), averaging **3.7 poor physical health days** in the past month (comparable to the state) (2022).

→ **672 deaths** representing a rate of 1,020.2 per 100,000 residents (State=1,019.2). **Heart disease** is the leading cause of death, followed by **cancer** (2023).

→ **Premature mortality** rates are better than state rates (2025 [2020-2022]).

7

7

Warrick County
Selected Health Indicators (continued)

→ **Infant mortality** is slightly lower than state rates (2019-2023).

→ **Birth Outcomes** compared to the state (2023):
- **Higher** rates of **preterm births**.
- **Better** rates of **prenatal care** during the first trimester.

8

8

Warrick County
Healthcare Access

→ 3.1% of residents are uninsured (lower than the state; 2019-2023).

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

→ Resident to healthcare provider ratios are worse than statewide ratios for dentists (2022; worsening trend) and mental health providers (2024; improving trend).

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

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

→ 87% of respondents to the Greater Evansville Health Survey (2025) had a routine checkup in the last year.

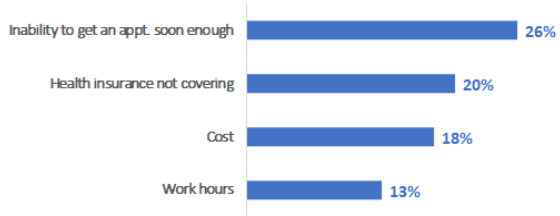
9

9

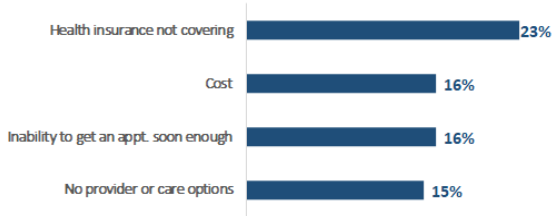
Warrick County
Healthcare Access (continued)

→ 90% of respondents to the Greater Evansville Health Survey (2025) reported receiving the physical health care their family needs, and 77% 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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Warrick County
Selected Healthy Living Indicators

→ **13.9%** of residents did not have a reliable source of food (compared to 13.5% statewide). This represents 6,930 people experiencing **food insecurity** (2022).

→ **18%** reported being **unable to purchase fruits and vegetables** (Greater Evansville Health Survey, 2025).

→ **40% of adults** met the criteria for **obesity** (comparable to the state; 2022).

→ **21%** of residents report being **physically inactive** (better than 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).

11

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Warrick County
Selected Mental and Behavioral Health Indicators

→ Residents report **5.1 poor mental health days** in the past month (comparable to the state; 2022).

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

- **14%** of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they have (or still have) a **depressive disorder** and **22%** any type of **anxiety**.
- Regionally, **20%** of adults reported that their child was diagnosed with **ADHD** and **20%** reported a **diagnosis of anxiety**.

→ The **suicide rate** of 14 per 100,00 residents is comparable to the state (2018-2022).

12

12

Warrick County
Selected Social Indicators

→ **Children removed from their household rate** is lower than the state. A total of **116 children were in foster care** at some point (2024), lower than state rates.

→ **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).

→ **Drug overdose rate** was **23 per 100,000 residents** (2020-22); better than the state but a worsening trend per County Health Rankings.

13

13

Warrick County
Identified Issues Associated with Access

→ **County spans 391 square miles**

→ **Limited resources** in **parts of the county** mentioned as a barrier to accessing healthcare services and healthy foods

→ **Transportation** mentioned as a barrier to accessing **healthcare services**

14

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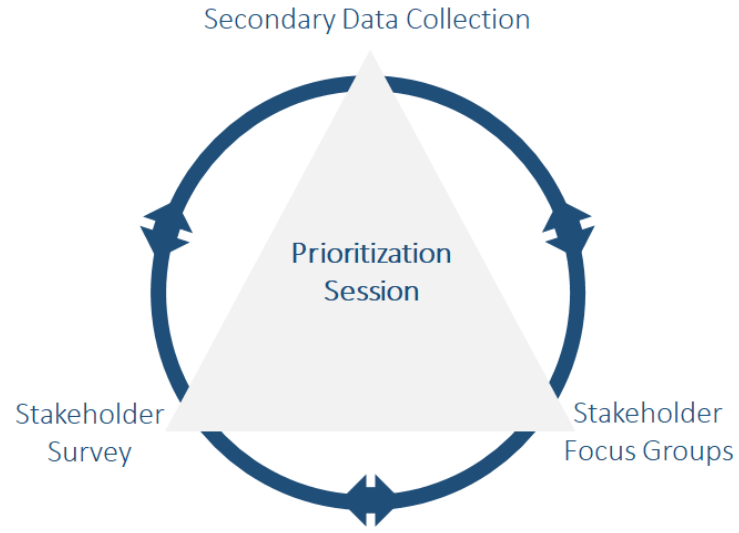
Triangulating Data to Inform Priorities



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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.

→ **55 total respondents** primarily representing medical/healthcare (42%) and nonprofits (24%)
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 Warrick 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.

16

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Stakeholder Survey

Selected Results

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	181	86.1%	80.6%
2	Substance/drug use or abuse	133	93.3%	69.0%
3	Chronic diseases	80	55.0%	70.0%
4	Aging and older adult needs	72	56.5%	47.8%
5	Nutrition and obesity	70	42.9%	61.9%
6	Child neglect and abuse	59	75.0%	75.0%
7	Tobacco use or vaping	34	86.7%	53.3%
8	Suicide	29	100%	42.9%
9	Dental care	24	80.0%	77.8%
10	Alcohol use or abuse	21	85.7%	28.6%
11	Infant mortality	15	25.0%	75.0%
12	Disability needs	13	100%	66.7%
13(T)	Infectious diseases	11	100%	33.3%
13(T)	Violent crime	11	100%	75.0%
15	Reproductive health and family planning	8	-	-
16	Injuries and accidents	7	50.0%	50.0%

17

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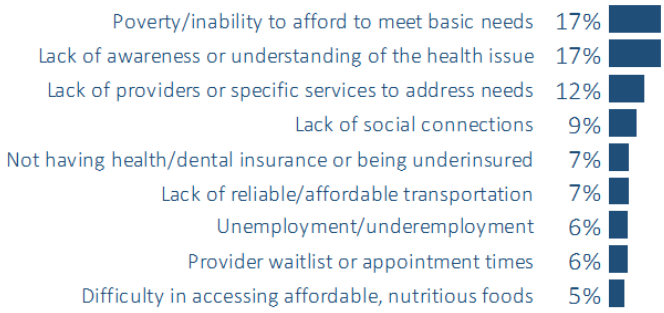
Stakeholder Survey

Cross Health Issue Barriers

→ Of the **590 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.

- → **6 total focus groups** held on December 5, 2024
- → **30 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

19

19

Stakeholder Focus Groups (Example Results)

Mental Health

10

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

Subpopulation Feedback

Children/Youth
- Limited access to care (e.g. few providers, wait times, turnover)
- Must travel outside of the county for care

Adults
- Unique challenges accessing care for individuals with specific comorbidities (e.g., cancer, neurocognitive disorders)
- May experience homelessness
- Military members experience impacts on their mental health following service

Older Adults
- Challenges with transportation

Access to care/services: Providers
DCS has seen a significant increase in severe teen mental health issues. There are several teens who need more than just the services provided at Crosspoint. Getting teens into providers is a challenge.

Access to care/services: Wait lists
The immediate need isn't able to be met, because there is a long wait time. So people finally get to the point of taking the big step to ask for help and then they are discouraged because they are on the waiting list.

Access to care/services: General
Accessibility issues are a problem. Vanderburgh County has wonderful services, but Warrick County doesn't have as many services.

Facilities/treatment options
Finding the level of facility to take more of the aggressive patients who end up in their emergency department repeatedly.

Co-occuring issues
"There is a vicious cycle that DCS sees with parents and families regarding mental health and substance use."

Stigma
They affect everyone and they can be acute or chronic and there is still negative stigma on a mental health diagnosis.

Anxiety/stress
The challenge in our office is we've been busy for a very long time and people can run in high gear for a certain amount of time but not for 5-6 years at a time. I think some can handle it better than others.

Cost reimbursement for providers
"One of the root causes is that insurance companies do not reimburse very well for the services that are needed."

Prevalence of the issue
I think that mental health is universal across all communities and peoples. This isn't an area issue but it's a national issue.

Referral process
Strengthen referral process. It works better when we work with clients individually. If we're in their home, we have better success. It takes a lot of trust.

Chronic Diseases

6

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

Subpopulation Feedback

Children/Youth
- Increase in acute health issues

Older Adults
- Wait lists for appointments
- Transportation to appointments

Individuals Experiencing Poverty
- Prioritization of other needs before paying for prescriptions

Other Populations
- Unique challenges for patients with cancer (e.g., transportation, childcare)

Transportation
"We do have transportation issues with some of our patients living in rural areas getting to appointments in Evansville."

Healthy lifestyle options/choices
Diet and sedentary lifestyle contribute to chronic diseases.

Prescriptions/medical supplies
"A lot of patients are coming in [to the hospital] because they are not being accurately treated at home because they cannot afford their medications."

Awareness/understanding/acknowledgement of the issue
How do you get people to understand the value of caring for their chronic issues and their health?

Co-occurring issues
[We see patients] leaving kids in the car in the parking lot when they receive their cancer treatment because there is nowhere else to take their kid.

Prevention/early intervention
We don't do preventative medicine well. People have an issue that brings them to the emergency department for their chronic issues they haven't treated all along.

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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 Warrick 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:
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2024 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
Warrick County Prioritization Session Documentation
May 8, 2025, 10:30am-12:00pm

An in-person meeting was held to guide the prioritization of health issues for Warrick County. The process included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, an orientation to survey and focus group data collected through the process, and a facilitated discussion of priorities. To guide the process, 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 **four priorities** that emerged from the 2025 prioritization session for Warrick County. Listed below each priority are selected considerations offered by prioritization participants during the facilitated discussion.

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

- Prevalence of mental health and substance use/misuse is recognized within the county among children, youth, and adults. Issues have increased since COVID-19.
- Social media is noted as a contributing factor to prevalence, especially among teens.
- Barriers to accessing care include (but are not limited to) transportation, cost, lack of providers in the area, waitlist and appointment times, and lack of awareness or understanding of the health issue and resources.
- Participants emphasized behavioral health needs among youth, noting that many services (and mental health referrals) are provided in the school setting but are limited outside of schools. For example, there is no pediatric substance use treatment available in the county.
- Across age groups, perceived increases in acceptance, availability and ease of use (e.g., vaping), and potency of substances (e.g., marijuana) were cited as contributing factors to this health 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:

- Participants recognized aging adults as a growing population in the county and is the largest consumer group in terms of healthcare. They are also the group most impacted by chronic diseases.
- Warrick County has limited nursing homes and other assisted living availability. Older adults aging in place may have limited access to healthy food, transportation, and income needed to receive services. Homebound individuals also suffer from isolation.
- While innovations in telehealth and similar service delivery options were noted, older adults may be less likely to engage with these options.

ACCESS TO CARE (with emphasis on limited transportation options)

Access to care involves connecting residents to healthcare within the service area. The lack of transportation is a key barrier to accessing care. Considerations specific to the prioritization of access included:

- Given the geographic disparity in available healthcare, food options, and other services, participants emphasized transportation as a prominent focus area. Residents may use emergency/ambulance services to connect to care in urgent situations, but transportation barriers (especially in rural areas) limit preventative/follow-up care.
- Related to the transportation barrier is the reality that grocery stores, healthcare providers, and other services are not widely available outside of Newburgh and, to a lesser extent, Boonville.
- Outside of transportation, other factors related to access to care include waitlists for available services and difficulty attracting/retaining providers to rural areas.

OUTREACH AND ADVOCACY (including family awareness and support around health living)

Outreach and advocacy involves strengthening awareness and understanding of health priorities and associated resources among residents, as well as awareness and support for families around healthy living. Considerations specific to the prioritization of outreach and advocacy included:

- Participants prioritized outreach and advocacy in response to external factors such as federal, state, and local funding cuts to needed programs and services.
- Many stakeholders are unaware of the importance of care and the program cuts that inhibit care from being provided.
- Prioritizing outreach and advocacy is also expected to increase awareness around programs and services that are available in the county.
- Family awareness and support around healthy living:
    - Parents and families need to be made aware of and connected with community supports (e.g., affordable and quality childcare, Pre-3, Head Start, Healthy Families).
    - Additional supports around mental health, nutrition, substance use prevention, and preventative care (including prenatal care) may be needed as more of the population is aware of the importance of these issues and pursuing resources.
    - Awareness and education around these issues was an identified need for both families and providers serving families.

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
#8 Suicide

SECONDARY DATA

- ✓ **Poor Mental Health:** 5.1 (*Margin of Error [MOE]:* 4.1-6.0) average number of poor mental health days in the last 30 days (State=5.5). *(Table 1.13)*
- ✓ **Frequent Mental Distress:** 16% (*MOE: 15-18%)* of residents reporting 14 or more days of poor mental health (State=18%). *(Table 1.13)*
- ✓ **Mental Health Providers:** 1,080:1 ratio of residents to providers (State=470:1); improving trend compared to prior years per County Health Rankings (2025). Ratio includes both active providers and possibly providers not currently practicing or taking on new patients. The county is also designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region, including Gibson, Posey, and Vanderburgh. *(Table 1.16)*
- ✓ **Reported Depression and Anxiety:** 14% 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 22% reported being told they have (or still have) any type of anxiety (Greater Evansville Health Survey, 2025). *(Table 1.22)*
- ✓ **Insurance Status (under age 65):** Overall, 3.1% of residents are uninsured, which represents 4.8% of adults and 1.3% of children (State=7.6% overall; 10.1% adults; 6.1% children). Lower overall rates of public insurance in Warrick County (30.6% overall; 19.4% Medicare; 12.1% Medicaid/Means-Tested Public Coverage) compared to the state (35.4% overall; 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 1.23)*
- ✓ **Suicide Rate:** 14 (*MOE:* 11-19) per 100,000 suicide rate among residents (State=16). *(Table 1.8)*
- ✓ **Access to Mental Health Care:** 77% of residents reported that their family receives the mental health care they need. Of those identifying barriers to mental health care, 16% reported delaying or not receiving care because of cost, 23% health insurance not covering care, 16% not being able to get an appointment soon enough, and 15% due to no provider or care options (Greater Evansville Health Survey, 2025). *(Table 1.24)*

#2 Substance/Drug use or Misuse
#7 Tobacco Use or Vaping
#10 Alcohol Use or Misuse

SECONDARY DATA

- ✓ **Drug Overdose Death Rate:** The drug overdose death rate in the county is 23 (*MOE:* 17-31) per 100,000 residents (State=38); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.19)*
- ✓ **Insurance Status (under age 65):** Overall, 3.1% of residents are uninsured, which represents 4.8% of adults and 1.3% of children (State=7.6% overall; 10.1% adults; 6.1% children). Lower overall rates of public insurance in Warrick County (30.6% overall; 19.4% Medicare; 12.1% Medicaid/Means-Tested Public Coverage) compared to the state (35.4% overall; 18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*
- ✓ **Excessive Drinking:** 19% (*MOE:* 15-23%) of residents report binge/excessive drinking (State=17%). Based on responses to the Greater Evansville Health Survey (2025), 22% reported binge/excessive drinking, though differences in data sources and data collection timing should be considered. *(Tables 1.19 and 1.22)*
- ✓ **Alcohol Impaired Driving Deaths:** 17% (*MOE:* 8-27%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2018-2022) (State=18%). *(Table 1.19)*
- ✓ **Adult Smoking:** 14% (*MOE:* 13-16%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=17%). *(Table 1.19)* Based on responses to the Greater Evansville Health Survey (2025), 5% reported smoking cigarettes and 4% electronic cigarettes, though differences in data sources and data collection timing should be considered. *(Table 1.22)*

#3 Chronic Diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)
#13(T) Infectious Diseases (e.g., HIV, STDs, and hepatitis)

SECONDARY DATA

- ✓ **Mortality:** There were 672 deaths in Warrick County representing a 1,020.2 age adjusted rate per 100,000 residents (State=1,019.2). Heart disease was the leading cause of death in the county (County=280.9; State=292.7), followed by cancer (County=217.1; State=202.7). *(Table 1.21)*
- ✓ **Poor or Fair Health:** 14% (*MOE:* 12-15%) of residents report their health as poor or fair (State=19%). On average, residents report 3.7 physically unhealthy days in the last 30 days. *(Table 1.13)*
- ✓ **Primary Care Physicians:** 650:1 ratio of residents to primary care physicians (State=1,520:1); worsening trend compared to prior years per County Health Rankings (2025). *(Table 1.16)*

- ✓ **Other Primary Care Providers:** 460:1 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, 3.1% of residents are uninsured, which represents 4.8% of adults and 1.3% of children (State=7.6% overall; 10.1% adults; 6.1% children). Lower overall rates of public insurance in Warrick County (30.6% overall; 19.4% Medicare; 12.1% Medicaid/Means-Tested Public Coverage) compared to the state (35.4% overall; 18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*
- ✓ **Preventable Hospital Stays:** There were 3,146 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State=3,078); similar to prior years per County Health Rankings (2021). *(Table 1.16)*
- ✓ **Mammography Screening:** 55% 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), 87% of residents reported having a routine checkup in the last year (Region=85%). *(Table 1.22)*
- ✓ **Reported Health Issues:** Based on responses to the Greater Evansville Health Survey (2025), 22% or more residents reported the following health conditions: arthritis, high blood cholesterol, high blood pressure, and/or obesity. *(Table 1.22)*
- ✓ **Child Health:** Based on responses to the Greater Evansville Health Survey (2025), 12% of parents reported that their child has asthma. *(Table 1.23)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 270 per 100,000 (State=495.2); improving trend compared to prior years per County Health Rankings (2025). *(Table 1.19)*
- ✓ **Access to Physical Health Care:** 90% of residents reported that their family receives the physical health care they need. Of those identifying barriers to physical health care, 18% reported delaying or not receiving care because of cost, 20% health insurance not covering care, 26% not being able to get an appointment soon enough, and 13% due to work hours (Greater Evansville Health Survey, 2025). *(Table 1.24)*

#5 Nutrition and Obesity

SECONDARY DATA

- ✓ **Adult Obesity:** 40% (*MOE:* 33-47%) of adults in the county meet criteria for obesity (State=38%). *(Table 1.19)*
- ✓ **Child Overweight:** Based on responses to the most recent Greater Evansville Health Survey (2025), 9% of adults reported that a doctor has told them their child is overweight. *(Table 1.23)*
- ✓ **Physical Inactivity:** 21% (*MOE:* 18-25%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=27%). *(Table 1.19)*
- ✓ **Access to Exercise Opportunities:** 78% 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 1.23)*
- ✓ **Food Insecurity:** 10.8% of residents did not have a reliable source of food (State=13.9%). This represents 6,930 people. *(Table 1.20)*
- ✓ **Access to Health Foods:** 7% 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), 18% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.19 and 1.22)*
- ✓ **Vegetable/Fruit Consumption:** Residents reported eating fruits 5 times and vegetables 8 times in a week. *(Table 1.22)*

#4 Aging and Older Adult Needs

SECONDARY DATA

- ✓ **Age:** 18.5% of residents in Warrick County are 65 years and over (State=16.4%; 2019-2023 ACS 5-Year Estimates *(Table 1.5*). This represents a 1.5 percentage point increase from 2015-2019 ACS 5-Year Estimates. *(Table 1.5)*

#6 Child Neglect and Abuse

SECONDARY DATA

- ✓ **Children Removed from Households:** 67 children were removed from households (2024) representing a rate of 4.5 per 1,000 children (State=5.9). *(Table 1.11)*
- ✓ **CHINS:** 161 children needed services (CHINS) in 2024, representing a rate of 10.7 per 1,000 active cases (State=11.9). *(Table 1.11)*
- ✓ **Foster Care:** 116 children experienced foster care at some point, representing a rate of 7.7 per 1,000 children (State=11.5). *(Table 1.11)*
- ✓ **Children in Single-Parent Households:** 17% (*MOE:* 12-22%) of children live in single-parent households (State=24%); lower than the state based on the County Health 2025 County Health Rankings. *(Table 1.8)*

#9 Dental Care

SECONDARY DATA

- ✓ **Dentists:** 2,510:1 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, 3.1% of residents are uninsured, which represents 4.8% of adults and 1.3% of children (State=7.6% overall; 10.1% adults; 6.1% children). Lower overall rates of public insurance in Warrick County (30.6% overall; 19.4% Medicare; 12.1% Medicaid/Means-Tested Public Coverage) compared to the state (35.4% overall; 18.0% Medicare; 19.6% Medicaid/Means-Tested Public Coverage). *(Table 1.18)*

#11 Infant Mortality
#15 Reproductive Health and Family Planning

SECONDARY DATA

- ✓ **Infant Mortality:** The infant mortality rate for the county is 6.3 deaths among children less than one year of age per 1,000 live births (State=6.7). *(Table 1.15)*
- ✓ **Low Birthweight:** 8.4% of live births were to children with low birthweight (State=8.6%). *(Table 1.15)*
- ✓ **Medicaid Coverage (at delivery):** 19.8% of children received Medicaid coverage at delivery (State=40.9%). *(Table 1.15)*
- ✓ **Teen Births (Age < 20):** The teen birth rate in Warrick County was 10.2 per 1,000 (State=15.9). *(Table 1.15)*
- ✓ **Breastfeeding (at hospital discharge):** 83.9% of mothers breastfed at hospital discharge (State=84.1%). *(Table 1.15)*
- ✓ **Preterm (<37 weeks gestation):** 13.7% of children were preterm (state=11.0%). *(Table 1.15)*
- ✓ **Early (First Trimester) Prenatal Care:** 92.3% of mothers received prenatal care during the first trimester (State=73.4%). *(Table 1.15)*

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

SECONDARY DATA

- ✓ **Violent Crime/Homicide:** Homicide rate is 3 (*MOE: 2-5*) per 100,000 residents (State=8); lower than the state rate. *(Table 1.8)*
- ✓ **Accidents (Unintentional injuries):** 41 per 100,000 age-adjusted deaths in the county are a result of accidents (State=50.7). *(Table 1.21)*

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. Vincent Warrick and Deaconess Health Systems have cataloged resources available in Warrick 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 non-profit 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 Warrick**	(812) 897-4800	https://healthcare.ascension.org/locations/indiana/inasc/boonville-ascension-st-vincent-warrick
• **Brentwood Springs**	(812) 858-7200	https://brentwoodsprings.com/
• **Encompass Health Deaconess Rehabilitation Hospital**	(812) 476-9983	https://encompasshealth.com/locations/deaconessrehab
• **The Women's Hospital**	(812) 842-4200	https://www.deaconess.com/The-Womens-Hospital
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)		
• **None**		

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

Ascension St. Vincent Warrick

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 Warrick'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 Warrick's 2021 CHNA Implementation Strategy include:

- The Community Health Workers exceeded their goal by increasing the number of completed Medical Home Pathways from 3 in FY23 to 7 in FY24, despite a shortage of providers, for a 133% increase of individuals they assisted with securing a primary care provider.

- The Community Health Workers exceeded their goal by increasing the number of completed Enrollment Pathways from 29 in FY23 to 83 in FY24, for a 186% increase in individuals they assisted with obtaining health insurance.

- The hospital offered an in-person QPR session for the community, with approximately 15 individuals in attendance, who represented healthcare, public health, workforce development, education, senior living, and veterans.

- The Community Health Workers exceeded their goal by increasing the number of individuals that completed a Pregnancy Pathway from 5 in FY23 to 9 in FY24, for an 80% increase in individuals they assisted with delivering a baby weighing more than 5 pounds, 8 ounces.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the 2021 CHNA implementation strategy can be found below.

Evaluation of Impact: Previous CHNA Implementation Strategy

Ascension St. Vincent Warrick'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	By June 30, 2025, Ascension St. Vincent Warrick 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 3 individuals to connect to a medical home through the completion of a Medical Home Pathway. **FY24 - Year 2: Met Goal** ● The CHWs assisted 7 individuals to connect to a medical home through the completion of a Medical Home Pathway (FY24 goal=3). **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	By June 30, 2025, Ascension St. Vincent Warrick 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 29 individuals with obtaining health insurance through completion of an Enrollment Pathway. **FY24 - Year 2: Met Goal** ● The CHWs assisted 83 individuals with obtaining health insurance through completion of an Enrollment Pathway (FY24 goal=30). **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 Warrick, 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 - Year 1: Planning Year** ● The hospital completed the following planning steps: identified a lead, determined individual roles and expectations, and updated resource lists from the previous I.S. cycle to reflect possible collaborating organizations **FY24 - Year 2: Met Goal** ● The hospital hosted an in-person QPR session for the community, with approximately 15 individuals in attendance, who represented healthcare, public health, workforce development, education, senior living, and veterans. **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	By June 30, 2025, Ascension St. Vincent Warrick 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 5 individuals with completion of a Pregnancy Pathway, which confirms the delivery of a baby born weighing more than 5 lbs. 8oz. **FY24 - Year 2: Met Goal** ● The CHWs assisted 9 individuals completed a pregnancy pathway, which confirms the delivery of a baby born weighing more than 5 lbs. 8oz (FY24 goal=5). **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 Warrick 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)

Warrick County:

From the four endorsed issues identified for prioritization, the group selected **behavioral health, access to care, and obesity & healthy food** access as our primary points of focus for the next CHNA period. The broad categories of behavioral health, access to care, 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 Access to Care
1. Work with community partners to conduct a transportation study for the Greater Evansville region, with specific focus on Vanderburgh and Warrick counties, for medically related appointments and activities.
2. Focus on the unique needs of residents of rural Warrick County by identifying opportunities to bring services and programs to them.

Actions:

FY 22

- Deaconess helped to fund a mobile van for Warrick Residents through Warrick County Council on Aging
- Worked with community partners to provide rides for patients – average 30 patients per month.
- Provide gas cards and ride vouchers for other patients.
- Continue to work with Welborn Foundation and Project 2025 to find ways to address transportation issues based on transportation study.

FY 23

- Worked with community partners to provide rides for patients – average 50 patients per month.
- Provide gas cards and ride vouchers for other patients.
- Continue to work with Welborn Foundation and Project 2025 to find ways to address transportation issues based on transportation study and new VIA Transportation service.

FY 24 – The 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

Actions:
FY 22 and **FY 23**

- Participated and helped to fund farmer's markets, supplied healthy recipes and health information.
- Donated $150,000 each year 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.
- Financially supported Warrick Parks Foundation

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