St. Mary’s Warrick Hospital, Inc.

FY2016 Community Health Needs Assessment for Warrick County -
Update from original FY2013 Report

Collaborative Assessment by: St. Mary’s Medical Center,
Deaconess Health System, ECHO Community Healthcare,
United Way of Southwestern Indiana and Welborn Baptist
Foundation, Inc.
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INFORMATION
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An electronic version of this Community Health Needs Assessment is publically available at www.stmarys.org/CHNA.
OVERVIEW
INTRODUCTION

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

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

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

CHNA ONGOING WORK

St. Mary’s has used the Community Health Needs Assessment process as an opportunity to gather local experts in each of the focus areas (identified from the FY2013 CHNA root cause analysis) together ongoing throughout the year to review and discuss these issues as a community. The ability to communicate resources quickly to members in the community is a benefit of this project. Through the CHNA work in the four focus areas, 158 members are now sharing information, including needs and resources, with one another.

FY2013 ROOT CAUSE ANALYSIS

A cross-walk of root causes to clinical issues (shown in the table below) indicates that all of the clinical issues that have emerged as priority needs would benefit from strategies focused on three root causes:
1. Tobacco Use
2. Obesity
3. Substance Abuse

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Note: Mental Health is an indicator for Vanderburgh County, but not Warrick County

These three areas received a more in-depth assessment, resulting in the development of an implementation strategy. Between August, 2012 and December, 2012, the five assessment sponsors gathered appropriate agencies, providers, and community leaders together to review each root cause assessment and discuss possible implementation strategies having highest impact potential. A brief summary of potential strategies follows, each having possible application as a policy/system/environmental (PSE) strategy. (See the Root Cause Report beginning on pg.10 and Implementation Strategy pg. 31 for the FY2016 update)

INTEGRATED SCORECARD

In addition to root cause analysis and the implementation strategy, there is an integrated scorecard that has been development to track ongoing metrics and strategy. The scorecard tracks the three root causes and metrics build to support the collaborative to engage and drive change in the community to reduce tobacco use, obesity and substance abuse. (See the Integrated Scorecard Section on pg. 36)

IMPLEMENTATION

The primary strategy is to continue and extend the collaborative developed through the Community Health Needs Assessment. The strategy is to truly collaborate with lead agencies and organizations for the next three years to implement strategies and tactics to support the four root causes of our identified areas of need. The primary stake holder for each of the 3 roots causes are:

- Tobacco: Smoke-free Communities | 800-Quit-Now
- Obesity: Welborn Baptist Foundation
FY2016 SUCCESS

- 80 Implementation Tactics - 80 successful / 0 pending / 0 not completed
  - Successful - Examples include:
    - Promotion of QuitNowIndiana.com to patients as well as DrugFree.org and exceeding the goal of 100 clicks to each site from the stmarys.org website
    - Child Abuse – Vanderburgh and Warrick both had a total number of substantiated Physical and Sexual Abuse cases below the FY16 goal. For Vanderburgh, the percentage of substantiated cases for all three types of abuse (Neglect, Physical and Sexual) are below or meeting the goal for FY16. For Warrick, the percentage of substantiated cases for Physical and Sexual abuse are below or meeting the goal for FY16.
    - Healthy Lives Fitness Center – Memberships made FREE to all St. Mary’s Health associates and those connected to the health system through Medexcel, Touchpoint, AIS, TriMedx, Mission Point and MACL
    - Joslin Diabetes Program – St. Mary’s Joslin Diabetes program is now offered FREE of charge to the community as of March 1, 2016 and has seen an increase in individual visits as well as number of referring physicians.
- While tactics have been launched, many of the problems identified developed over several years and will require time to hit the desired outcomes and scorecard metrics for our community such as reduction in obesity.

STRATEGY SESSIONS

After the final report for the collaborative Community Health Assessment (CHNA) the team decided to continue the stakeholder group meetings. The following three groups meet ongoing throughout the year with the identified agencies and all stakeholders of the CHNA to develop better partnerships toward building a healthier community. A list of the FY2016 group attendees are listed in the section Strategy Sessions Participants.

- Tobacco
- Substance Abuse
- Obesity

ADDITIONAL STRATEGY ENGAGEMENT AND OPPORTUNITY

In addition to the original collaborative strategy plan, there have been key opportunities to engage in additional initiatives that demonstrate efforts above and beyond the initial strategy. These initiatives are listed in the section titled Additional FY2014 - FY2016 Strategy Initiatives and pertain to the four identified focus areas. Other Additional St. Mary’s Community Health Initiatives that do not necessarily
pertain to the four focus areas, but still reflect St. Mary’s engagement with community needs are listed in the Reports section as well.
ROOT CAUSES REPORT
**Tobacco Report**
Reducing tobacco usage in the community is primarily driven by the continued efforts of Smoke-free Communities through consumer education and advocacy. The additional community work being done was shifted over to Smoke Free Communities. Smoke Free Communities is already doing all of the related work primarily around this initiative and creating another work group would have been redundant and duplicated efforts. St. Mary’s will continue to support their efforts and the combined efforts through the Healthy Communities Partnerships of Southwest Indiana which was funded by a Community Transformation Grant (CTG). As of January 2015, the CTG Grant funding will not be continued.

**CARE Partners**
St Mary’s continues with a comprehensive smoking cessation program. The program became available to independent physicians in the community in 2015 through CARE Partners, our CI-PHO. We will be able to capture the tobacco use for this larger population of the community and the goal is to reduce tobacco use in our measured population by 5%.

**QUIT NOW**
The Indiana Tobacco Quitline is a free phone and text-based counseling service that helps Indiana smokers quit at 1-800-QUIT-NOW (800-784-8669). Services are available 7 days-a-week in more than 170 languages. A trained quit coach will work to provide tailored solutions. Services include:
- One on one coaching for Tobacco Users who have decided to quit
- Resources for Healthcare Providers who want to improve patient outcomes
- Best Practices for Employers who want to implement smoke-free policies
- Support for Family and Friends who want to help loved ones stop smoking
- Tools for Tobacco Control partners to complement their current programs

As part of the cessation program, St. Mary’s has designated all of their physicians as physician providers of the Indiana QUIT NOW line. They have forms to sign up patients through fax and printed PDFs are available in our electronic health record (EHR). After the implementation of a new EHR in February 2014, physicians gained the ability to send direct referrals to Indiana Quit Now line through the EHR. In addition, collateral material and education resources were integrated into the system so that the same resources would be available across the health system. St. Mary’s has also used the provider services for primary care, cardiology, and pulmonary, respiratory therapy. Through our St. Mary’s at Work, quit now resources are offered to associates and employers are also offered services.

For consumers, the QUIT NOW link has been listed on the St. Mary’s web site home page, on digital TV screens throughout the hospital and on area billboards. St. Mary’s is heavily focused on this campaign during November for Lung Cancer Awareness, but has had ongoing messages through social media such as Facebook and Twitter.
**Asthma Care Team**  
St. Mary’s Asthma Care Team consists of about 30 persons, both internal and from the community, who are working to reduce and improve Pediatric Asthma in the community. When patients present to St. Mary’s ED, Urgent Care or are hospitalized, a referral is triggered for follow-up with the family who is provided supports through supplies, an environmental survey or education (such as education with parents about not smoking in the home, referrals for parents to the health department for smoking cessation programs etc.) There is also coordination of appointments and communication with physicians and schools to create a greater safety net around the patient and family. Current data from the program shows a statistically significant decrease in the number of pediatric asthma patients.

**Vanderburgh County Health Department**  
The Vanderburgh County Health Department collaborates and works with the community to reduce tobacco usage. St. Mary’s promotes courses for tobacco cessation from the Health Department in publications such as the Live Well Evansville Magazine etc.

**Lung Cancer Screenings**  
Deaconess and St. Mary’s have a formalized low dose CT (LDCT) Lung Cancer Screening program. St. Mary’s provides outreach through pulmonologists to not only local, but regional referral hospitals. Education and marketing to St. Mary’s primary care physicians was provided on how to identify and screen appropriate patients with a low dose CT. The screening, performed with low-dose CT, can help detect lung cancer at its earliest, most treatable stages, reducing lung cancer deaths by as much as 20%. As with all low-dose CT lung cancer screenings, results are reviewed locally by either St. Mary’s or Deaconess’ Multidisciplinary Lung Nodule Review Board.

For consumers, St. Mary’s established through the customer relationship management (CRM), a program for patients identified as heavy smokers.

Heavy smokers are:
- Anyone between the ages of 55 and 74 and has been a heavy smoker
- Current or former smoker who quit less than 15 years ago
- Smoke a pack a day for 30 years or 2 packs a day for 15 years, etc.
- Or have symptoms that may include chronic cough, chest pain, voice hoarseness, shortness of breath, coughing up blood. Not all individuals may show any of these symptoms.

These individuals will receive a letter from their primary care physician encouraging a LDCT Lung Cancer Screening. They also received a follow up direct mail explaining all of the dangers of Lung Cancer as well as the high relativity of significantly better chances of outcomes with early detection.

**St. Mary’s Health Staff**  
All St. Mary’s locations are smoke-free, but in addition yearly health screens are done for employees. A part of this screening are questions around risk and tobacco usage. St. Mary’s has implemented that
individuals with a score above a particular threshold due to high risk health behaviors (i.e. higher BMI, tobacco usage) pay a higher health insurance premium penalty.

During the month of November (2014), St. Mary’s with Smoke Free Communities ran an internal campaign for smoking cessation. Associates, who could quit smoking for 30 days and had a negative cheek swab at the end of the thirty days, were able to enter to win a Keurig Coffee system. Twelve associates participated in the contest.

St. Mary’s Warrick Hospital
St. Mary’s assisted in applying for a Community Transformation Grant (CTG) to provide community sponsored education resources and outreach for Warrick County. Partners were Smoke-Free Communities and the lead agency, University of Evansville. Unfortunately, due to state budget cuts, Warrick County was not awarded the grant funds.

Concerns
• Policy
  o In February of 2014, The Indiana State Supreme Court overturned the Smoke-free ordinance in Evansville. In a 3-2 decision, the court deemed that the ordinance violates the Indiana Constitution’s Equal Privileges and Immunities Clause. The court ruling will make it allowable again to smoke in fraternal clubs and some bars or taverns that do not allow people under 21. The change of the ordinance does raise concern if the success over the last few years in reducing tobacco usage could foresee an upturn.
  o The increased use of e-cigarettes brings additional concern as there is lack of regulation, policy and data. When the original plan was developed, e-cigarettes were not yet a major player in the market and therefore were not addressed.
• Funding
  o The Community Transformation Grant funding from the past 2 years has expired without renewal for support of smoking cessation. On July 1, 2011 the Indiana Tobacco Prevention and Cessation became part of the State Health Department. Tobacco reduction and protection from secondhand smoke exposure will now be further integrated into many existing State health promotion programs, such as cancer prevention, oral health, asthma care, maternal/prenatal health, cardiovascular health, minority, women’s, and children’s health. The TPC Commission looks forward to continuing to serve Hoosiers in the fight against tobacco use and secondhand smoke exposure. The funding for Vanderburgh and Warrick Counties were significantly reduced for 3 local advocates and educators to one full time equivalent.
**Obesity**
A community group was formed as a result of the CHNA identifying Obesity as a root cause and has been organized to look at the needs and resources in our community. There are 24 organizations who agreed to participate. Reducing obesity in the community is primarily driven by the continued efforts of the Welborn Baptist Foundation through efforts like their programs targeted through consumer education and advocacy. St. Mary’s will continue to support their efforts and the combined efforts through the Healthy Communities Partnerships of Southwest Indiana which is funded by a Community Transformation Grant (CTG).

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

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

The blueprint provides a framework to begin addressing healthy lifestyles by offering six priority areas, an objective for each, strategies, and potential actions. Although there are other issues that could be addressed, this serves as a starting point for years of work to come. The move·ment priority area statements include:

- **Built Environment** - Safe neighborhoods, complete streets, good urban design, and open space support physical activity as part of everyday life for all ages.
  - Evansville’s (Vanderburgh County) North Main Complete Street Project - The proposed multimillion dollar overhaul of Evansville’s North Main Street plan is to help encourage more physical activity specifically bicycling. This project helps
provide direct connection from downtown to Garvin Park with a safe biking environment. The $13 million plan is a makeover of the street from the Lloyd Expressway to Garvin Park. From Division to Maryland streets, the bike path will be segregated from the road by a cement curb which will remove on-street parking on the east side of North Main Street from Franklin to Maryland streets.


- Jacobsville Park – St. Mary’s helped sponsor the large scale renovation of Jacobsville Park located in an at risk, high poverty community. The park opened in June of 2015. A local high school student made the Jacobsville Park transformation his Eagle Scout project, effectively making this the largest Eagle Scout project in the history of the city of Evansville. This park provides the community a built environment to encourage play and movement to help reduce childhood obesity. The park organizers asked the community what it wanted, and one of the features was a bike rack. Bikes are constantly stolen from children in this area, so this was included in the park. St. Mary’s also gave out bike helmets at the park opening ceremony to encourage bike riding and bike safety. Bike locks were also provided by a local bike organization. Kids helped build the park by helping shovel dirt and mulch.

http://www.tristatehomepage.com/story/d/story/aspiring-eagle-scout-turns-forgotten-park-into-com/35406/Ar4pliDzSkWXx7b0ljW6mA
• **Food Access** - Healthy, fresh, and locally grown food is available, affordable and accessed throughout the community.

• **Child Care and School-Age Settings** - Child care and school-age organizations promote healthy foods and beverages as well as physical activities and incorporate them throughout the day (including before and after school).

• **Worksite** - Workplaces and employers offer and promote opportunities for improving health status with an emphasis on healthy eating and physical activity.

• **Organizations, Institutions and Individuals with Influence** - Organizations, institutions, and individuals with influence will model and promote healthy eating and physical activity.

• **Faith-Based Community** - The faith-based community will promote the message of healthy living by proclaiming the body as a spiritual gift from God to be used in His service.

**Upgrade**

Upgrade is an initiative of the Welborn Baptist Foundation to encourage movement, exercise, drinking water and better nutritional choices. The awareness campaign focused on identifying areas where individuals can make small tweaks to their daily routine or lifestyle to promote better health. The campaign used the slogan “Upgrade. You, only Better.” Types of “Upgrades” promoted included drinking more water, taking the stairs, moving for ten minutes, going for a walk, switching to skim milk, parking farther from building entrances etc. Upgrade signage was installed throughout various community locations. While the campaign has ceased, the signage installed still remains. St. Mary’s implemented a healthy lunch option though Upgrade that is less expensive and available at both St. Mary’s Medical Center and St. Mary’s Warrick hospitals to incentivize the choice of healthier food to associates and visitors. Calorie counts and nutrition information is also posted at St. Mary’s Medical Center.

**Healthier U**

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

**Fruits and Vegetables Evansville (FAVE)**

As a new pilot program in 2014, St. Mary’s and Deaconess along with Welborn Baptist Foundation and the University of Southern Indiana partnered to bring fresh fruits and vegetables into certain areas within the community for better access to fresh produce. The pilot ended in April of 2014 and is currently defunct. This program was a successful project that is seeking sustainability.
**FAVE Total Production/Sales**

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

FAVE sales inventories provided information on patterns of consumption by mobile market patrons.

Fruits were more popular than vegetables (See Graph 1.5)

- A greater variety of vegetables were offered for purchase (compared to fruits)
- Bananas were (by far) the item purchased most frequently
- Spinach (1# bag) was the most popular leafy-green
- Idaho potatoes were the most frequently purchased vegetable
- Romaine Lettuce was the least-popular item

**Graph 1.5: FAVE sales Inventory across the 8-week pilot program.**
FAVE sales tracking records provided information on the weekly itemization of sales and productivity.

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

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

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

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

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

EVSC Physical Education Grant
St. Mary’s has partnered with EVSC through a Carol M White Physical Education (PEP) federal grant for several years which provides educational resources for teachers and children to experience fruits and vegetables as well as offers other programs such as outpatient dietitian services and Organ Wise Guys, etc.
Annual Diabetes Camp
The St. Mary’s outreach dietitian provides education and expertise to youth with diabetes at the annual diabetes camp.

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

Wise Choice
Deaconess Hospital and the West Side Nut Club collaborated to provide a ‘Wise Choice’ Fall Festival munchie map starting in 2013. This street festival in Evansville (Vanderburgh County) has been said to be the second largest street festival next to Mardi Gras and draws over 200,000 individuals each year. The festival is known for their deep fried and other unhealthy options from 126 food vendors. The Wise Choice map features food items from 21 booths that are low calorie, low fat, and low sodium. Healthy Fall Festival food options were analyzed by a team of certified Deaconess Dietitians.

St. Mary’s Farmers Markets
• Vanderburgh - St. Mary’s successfully offered a Farmers Market on the St. Mary’s Campus every Thursday through July and August in 2013, 2014 and 2015. The Farmers market is scheduled to continue in 2016.
• Warrick – St. Mary’s Warrick Hospital hosted a farmers market on their campus in 2013 and 2014, but in 2015 merged with the local farmers market hosted by the Purdue Extension in order to provide a more collaborative, visible and accessible presence. In 2014, St, Mary’s sponsored yard signs for the farmer’s market.
  https://extension.purdue.edu/Warrick/Pages/article.aspx?intItemID=10020

Deaconess Farmers Markets
• Warrick – Deaconess Gateway and The Women’s Hospital successfully offered a farmers market from July through mid-October on Tuesdays in 2013 and 2014 and will continue the farmers market again through the summer in 2015.
• Vanderburgh – On Wednesdays, during the months of July through mid-October, Deaconess Hospital and Deaconess Clinic – Downtown, also hosted a Farmers market in 2013, 2014 and 2015 and will continue to offer the farmers market again in summer 2016.

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

Live Well Evansville/Your Health
St. Mary’s developed a blog and magazine in 2014 called Live Well Evansville that was leveraged and used throughout the community to promote healthy lifestyles. The magazine was redone in the fall of 2015 and became Your Health magazine. The blog still functions as the Live Well Evansville blog.

- **Blog** – The blog – [www.livewellevansville.com](http://www.livewellevansville.com) is written primarily by two of St. Mary’s employed dieticians and supplemented by evergreen content as well as community contributors such as 4C of Southern Indiana and others. They discuss healthy food choices and the blog is intended to grow to include wellness topics for the Body, Mind and Spirit.

- **Magazine** - The Magazine is supplemental to the blog, and offers a calendar of events for programs such as prenatal classes, support groups and senior programs as well as offers a variety of articles on health and wellness topics such as nutrition and heart health.

Menus
St. Mary’s reviews the menu and policies for St. Vincent Daycare as well as various other organizations when asked.

**St. Mary’s Joslin Diabetes Program**
As of March 1, 2016, St. Mary’s Joslin Diabetes education program began being offered free of charge to the community. The program has seen an increase in the number of individual visits and lives impacted as well as the number of referring providers.

**St. Mary’s Wellness Center**
St. Mary’s Wellness Center is a place to find peace, balance and connection by focusing on the renewal of the whole person, with Body, Mind, Spirit classes, services and programs that include: Yoga, Tai Chi, Drumming & Guided Imagery, Integrative Health Coaching, Reflexology and Healing Touch, Specialized Women’s Health Physical Therapy Services, Men’s and Women’s Cancer Support Groups. St. Mary’s Wellness Center is located at Epworth Crossing in Warrick County, but serves both Vanderburgh and Warrick County residents.

**St. Mary’s Healthy Lives Fitness Center**
St. Mary’s offers an 8,000 sq. ft. gym/fitness facility free of charge to all St. Mary’s Health associates and those connected to the health system through Medxcel, Touchpoint, AIS, TriMedx, Mission Point and MACL. The facility is located on the main hospital campus in Vanderburgh County. The fitness center amenities include a free weight area, Cybex strength equipment, Kettle Bells, stability balls, BOSU, bands, and tubes as well as cardiovascular equipment including treadmills, Airdyne bikes, recumbent bikes, elliptical trainers, Steppers, Nu-step, stairmaster, and Total Body Arc Trainer. The Healthy Lives Fitness Center also offers free group exercise classes and access to exercise videos.
**Deaconess Fitness Center**

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

**Healthy Vending Machine**

In response to associate feedback, St. Mary’s purchased a refrigerated healthy vending machine to begin a pilot program that offers nutritious snack options such as Kind and Cliff bars, raisins, almonds, tangerines, organic oatmeal, cheese sticks, applesauce, fruit chews, apple chips and assorted healthier chip options. This machine is located in the basement of St. Mary’s Medical Center. Associates craving a tasty, yet nutritious snack are encouraged to stop by. If this vending machine does well, St. Mary’s may be able to offer similar machines in other locations.

**Energize Evansville**

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

**Youth Weight Status**

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

*Denotes Statistically Significant Change Source: Indiana University, Center on Education and Lifelong Learning, Indiana Institute on Disability and Community

[www.iidc.indiana.edu](http://www.iidc.indiana.edu) : [www.heroesinitiative.org](http://www.heroesinitiative.org)

This data comes directly from the HEROES, (Healthy, Energetic, Ready, Outstanding, Enthusiastic Schools) initiative which is a prevention program based on the coordinated school health model and is funded by the Welborn Baptist Foundation. Weight and height were measured for this matched sample of close to 5,000 students from a combination of elementary schools, middle schools, high schools, and parochial schools throughout the Tri-State. Students were compared to themselves after 18 months of participating in the HEROES program. The data suggest that, after participating in the HEROES program, more students were in a normal weight range, fewer students were overweight and there was no
increase in obese status, which suggests positive outcomes considering that state and national data continue to show increases in obesity rates. [http://www.tristatecwi.org/healthyweight](http://www.tristatecwi.org/healthyweight)

**Baby Friendly & Breast Feeding Support Group**
St. Mary’s Hospital for Women & Children was designated as a Baby-Friendly Hospital by Baby-Friendly USA, Inc in 2014. The Baby-Friendly Hospital Initiative was launched in 1991 as a global program by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). It is well documented that breastfeeding offers unmatched benefits for baby, mom and the entire family and can prevent childhood obesity. St. Mary’s supports mothers through highly-skilled lactation consultants who offer inpatient/outpatient consultations and regular breastfeeding classes and support groups.

**Evansville Area Trails Coalition: Streets Alive**
St. Mary’s has been an active partner in the annual Streets Alive festival since its inception four years ago, providing bicycle helmets for kids to promote exercise and movement to reduce childhood obesity. Each year a team of St. Mary’s staff is at Streets Alive with bike helmets, fitting them on the kids and talking with kids and parents about the importance of wearing helmets to prevent injury. The St Mary's booth is always set up next to the Evansville Bicycle Club's bike "rodeo" where kids are taught safe riding skills. St. Mary’s continues to support and sponsor the Street Alive family fun day and the Evansville Area Trails Coalition.

**Concern**
- Programs
  - Due to budget constraints, St. Mary’s has removed its non-surgical weight loss program, HMR. This was a medically supervised program that was offered to those that wanted a less invasive option or that were not a candidate for surgery. The community still has a host of options for medically supervised non-surgical weight loss, including a chiropractic physician office in Newburgh, IN as well as through Deaconess Weight Loss Solutions.
Substance Abuse & Mental Health

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

Reducing substance abuse usage and assisting those with mental health is at times a close partnership. Many people seen in the community with substance abuse problems are those with mental health problems as well. St. Mary’s is primarily driven by the continued efforts in collaboration of Deaconess Cross Pointe, Southwestern Mental Health and Lampion Center. Due to improved information sharing through the strategy sessions, communication and coordination of mental health services has improved. Mental Health America, through this information sharing process, has been identified as an available advocate and has an established Evansville location as well.

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

Child Abuse Task Force (Vanderburgh & Warrick)
The St. Mary’s Health Child Abuse Task Force Team was established in 2011 to serve children with suspected or known child abuse. The focus of the program is to compassionately care for children who are otherwise not provided with optimum care in a safe environment. Community partnerships are vital to the success of this program. Physicians in all parts of the St. Mary’s Health System collaborate with nurses, social workers, case managers, physical and occupational therapists, and chaplains to provide a multidisciplinary team approach. Partnering organizations outside of the health system (child protection services, law enforcement, counseling and support services) have joined together to form a community task force. The team conducts monthly reviews of cases which allow for direct communication between the medical and non-medical community. The monthly reviews have eliminated communication barriers that previously existed allowing interaction and discussions to take place so that all parties can work together to better serve and advocate for children with suspected or known child maltreatment. Awareness of the St. Mary’s Health Child Abuse Task Force Team has spread within our health system and the community. The initiative has grown to more than 60 participants and represents a multidisciplinary team from the health system and partner agencies including Deaconess, Vanderburgh County Health Department, ECHO Community Health Center (FQHC) the Prosecutors Office, Department of Child Services, and Sherriff’s office, etc. Efforts of the task force have also included increased
awareness to identify, report and prosecute child abusers.

**Kempf Bi-Polar Support Group**
The Kempf Bipolar Wellness Center and Mental Health America join efforts to facilitate the Bipolar Support Group meetings. Meetings are held from 7:00 to 8:30 p.m. the first and third Wednesday of each month in the Kempf Bipolar Wellness Center, located on the third floor of St. Mary's Rehabilitation Institute. The meetings are free and no pre-registration is required. The support group gives individuals the opportunity to reach out to others and benefit from the experience of those who have "been there " and help motivate individuals to follow treatment plans. The support group also provides a forum for mutual acceptance, understanding and self-discovery.

**Indiana System of Care Coalition**
The coalition for Vanderburgh and Warrick that consists of Southwestern Behavioral Health (Southwestern Indiana Mental Health Center), Evansville State Hospital, Deaconess, St. Mary’s, Evansville Psychiatric Children’s Center, focuses on care of persons and families of persons with a mental illness diagnosis. Support services are provided to the patient and family. St. Mary’s currently has two associates who sit on this committee to represent youth and family support services from St. Mary’s.

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

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

http://www.in.gov/fssa/dmha/2754.htm
**Respite Care**
Deaconess’s Homeless Medical Respite program began November 14, 2014. Deaconess has helped establish and fund the respite program at the United Caring Shelter in downtown Evansville. The one-year pilot program will provide a safe place for homeless men to rest and recover following an inpatient stay at Deaconess Hospital or Deaconess Gateway Hospital. The 6-bed respite is physically located on the second floor of the United Caring Shelter, Ingle Street between 5th and 6th, in a separate part of the Emergency Night Shelter. United Caring Services will provide meals, bathroom facilities, and a safe and sanitary environment for these men up to six weeks. Community agencies such as ECHO Health, Aurora, etc. will provide wrap-around services that address homelessness, just as they do for the other guests at the shelter. The Homeless Medical Respite Program grew out of the collaborative analysis of homelessness in Evansville called "Destination Home" and was identified as a need in the published 2013 Community Health Needs Assessment. That analysis identified the need for a "discharge plan to prevent release from a publicly funded institution resulting in immediate homelessness."


**CARE Partners**
CARE Partners will provide, at no cost, in home intervention by experienced registered nurses for patients with chronic disease that have been identified to have mental health and behavioral issues complicating their chronic disease care. With individualized intervention, we will address the codependent variables keeping each person from achieving their best state of health. The goal outcome is reduced hospital readmissions.

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

[http://www.in.gov/bitterpill/2360.html](http://www.in.gov/bitterpill/2360.html)

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

The [2013 IPLA INSPECT Knowledge and Use Survey](http://jamespmurphymd.com/2013/10/07/an-open-letter-to-the-medical-licensing-board-of-indiana/) indicates that in the last 12 months in Indiana 35.7% of prescribers have changed their prescribing practices related to controlled substances and of those prescribers 56.6% of prescribers changed their prescribing practices due to INSPECT providing greater access to patient prescription drug history.

**Legislation**

The most current draft of Indiana’s [Emergency Pain Regulations](http://www.in.gov/legislative/iac/20141105-IR-844140289FRA.xml.pdf) mandates a measured approach when providing pain care, i.e. Where medically appropriate, the physician shall utilize non-opioid options instead of prescribing opioids. The legislation clearly states the following is appropriate practice guidelines:

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

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

**Drug Task Force**

There has been a concerted effort to reduce mass production of meth. The Evansville-Vanderburgh County Drug Task Force is an investigative unit formed through a partnership between the Evansville Police Department, Vanderburgh County Sheriff’s Office, and Vanderburgh County Prosecutor’s Office. The task force is staffed by one sergeant and seven officers and investigates drug offenses that occur within Vanderburgh County, Indiana. Deaconess, St. Mary’s and ECHO are all are supportive in this work and have discussed with the Evansville Drug Task Force, mayor’s office, sheriffs from two counties and others how to place stop gap measures in a cycle of mental health, crime, incarceration, and release back into the community rather than treatment. Additional work has been done through the creation of Evansville Mayor’s No Meth Task Force.
Bitter Pill Statewide Awareness Campaign for Prescription Drug Abuse
http://www.in.gov/bitterpill/2360.html
Shortly after the completion of the collaborative’s Community Health Needs Assessment in 2013, the State launched the Bitter Pill Campaign, which is a statewide public awareness campaign aimed at prescription drug abuse. Statistics show that abuse and misuse among all age groups is a serious problem in Indiana. In 2011, 718 Hoosiers died from accidental drug overdoses, compared to 654 deaths the year before, according to the Indiana State Department of Health. More people abuse prescription drugs in the U.S. than cocaine, heroin, hallucinogens and inhalants combined, according to the National Institute on Drug Abuse. http://thestatehousefile.com/bitter-pill-website-provides-info-about-prescription-drug-abuse/12850/

Mental Health First Aid
Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis. Mental Health First Aid teaches you:

- Signs of addictions and mental illnesses
- 5-step action plan to assess a situation and help
- Impact of mental and substance use disorders
- Local resources and where to turn for help

On May 1, 2015 the collaborative applied for a Youth Mental Health First Aid federal grant) to expand the existing program to provide more instructors and to train more people in Mental Health First Aid like youth ministers, faith based volunteers, united way programs and nonprofit organizations, school teachers, and to allow for more recognition for awareness and assessment. This training also helps them identify the most appropriate resources: emergency room, counseling, primary care, etc. for an individual. The assessment also helps those trained in Mental Health First Aid understand and assess the
situations. Then, the individual may determine if the situation needs to be escalated, and if so then appropriate intervention is provided at the right time. This grant was awarded for a 3 year period. Trainings and increased referrals began taking place in 2016.

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

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

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

Youth First
The Family Foundation program is a 4 week course offered at St. Mary’s Women’s & Children’s Hospital as well as other alternating locations for 1 hour each session. This free and fun-filled program is designed to help expecting couples establish positive parenting skills and adjust to the physical, social and emotional challenges of parenthood. This program is proven to help couples maintain strong family bonds, reduce stress and raise healthy, well-adjusted children. The first half of the program is facilitated prenatally in the third trimester, and the second half of the program is facilitated after the baby is born to sharpen and extend skills as they are put into practice.

WIC Prenatal Substance Abuse Prevention
Warrick County’s WIC program is located at St. Mary’s Warrick Hospital in Boonville, IN. As part of the new client assessment for WIC, recipients are screened and identified through questions about smoking usage. WIC mainly focuses on smoking cessation as part of prenatal substance abuse prevention. Educational materials and referrals are provided on a local level for smoking cessation programs as well as to the Indiana Quit Line. WIC educates on the effects of smoking and substance abuse during
pregnancy and also educates on the effects of second hand smoke to infants and children living in the home and during pregnancy.

**Concern**

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

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

Health Camps for Children: These camps provide children the opportunity to learn about their illness in a fun, safe and supportive atmosphere. These Camps include Camp NottaGonnaWheeze (Asthma Camp) and Camp INdependence (Diabetes Camp). St. Mary’s associates participate directly with the children in addition to financial support.

Back To School Blitz: St. Mary’s is a founding partner of Evansville’s annual Back to School Blitz, an event that provides free physicals and immunizations for children who are uninsured or underinsured. Each year, volunteers from St. Mary’s, ECHO, USI, EVSC and the Vanderburgh County Health Dept. coordinate and implement this one day event.

Involvement with local School Based Health Clinics: St. Mary’s has worked with EVSC, USI, ECHO and Southwestern Behavioral for years to research and implement school based health clinics that operate on school campus yet serve the local communities. St. Mary’s has provided support through providing Electronic Health Record, physician oversight, steering committee involvement, insurance application assistance and other.

Community Health Access Advocates: St. Mary’s employs five Health Access Advocates whose purpose is to assist those in need in the community with resources, primarily insurance, but also including food, shelter, clothing, prescription, etc. assistance. This program has proven to provide millions of dollars of net reimbursement back into the St. Mary’s system through the insurance application work.

Mobile Dental Clinic: St. Mary’s provides preventive and restorative dentistry to youth up to the age of 19 in six counties in Southern Indiana. This is a partnership with seven school systems and many other social service agencies locally and regionally. Insurance, including Medicaid and commercial insurance, is the primary reimbursement resource.

Community Health Education/Prevention: St. Mary’s provides health education services in the community such as: Trauma prevention, bicycle helmet safety, ATV safety, Concussion prevention, Asthma education, Nutrition education, Dental education, Balance Screenings, CPR/1st Aid training, etc. This work has saved local organizations funding by not having to pay premium dollars for this information and has saved local lives.

Work with Ascension Health and St. Vincent Health: St. Mary’s has worked with the Ascension Health Advocacy team as well as St. Vincent Health community programs for over 6 years and continues to work toward the future of our state and national healthcare ministry.
IMPLEMENTATION STRATEGY
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<tr>
<th>CATEGORY</th>
<th>TOBACCO USE</th>
<th>TACTIC(S)</th>
<th>SPONSORS</th>
<th>St. Mary’s POINT PERSON(S)</th>
<th>COMPLETION DATE</th>
<th>SUCCESS MEASURES/COMMENTS</th>
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| Indiana Quit Line | Promote/market the Quit Line to patients and clientele | Utilize existing marketing materials/resources to support current smokers in their efforts to quit | St. Mary’s Med Ctr. St. Mary’s Warrick Deaconess United Way 211 Line ECHO CHIC | John Greaney, Marketing (HR), Amy Susott (Physician Office), Kathy Hall (Warrick) | 06/30/14 | COMMUNITY MEASURE: Increase number of local residents/physicians utilizing the Indiana Quit Line by 10%, compared to historic baseline from Smokefree Communities. Decrease the percentage of smokers by 0.5 percentage points by FY2016. 
ST. MARY’S (EVANSVILLE AND WARRICK) MEASURE: Attract 100 clicks on www.quitnowindiana.com originating from St. Mary’s website (www.stmarys.org) in Year #1. |
| Work with Smokefree Communities to maximize use of materials | | | | | 06/30/14 | |
| Market via websites, internal/external publications, Parish Nurses, direct mail to smokers, contacts with Asthma parents and WIC parents, 211 Line | | | | | 01/01/14 | NOTE: All appropriate patient education materials will include the Indiana Quit Line materials (IN.GOV/Quitline: 1-800-Quit-Now) |
| Engage primary care physicians and other clinicians to promote the use of the Quit Line | | | | | 06/30/14 | |
| Pursue a Smokefree Communities TPC grant (Tobacco Prevention and Cessation) specifically for Warrick County | Engage grant writer(s) at University of Evansville and utilize Smokefree Communities to administer the grant, if awarded. | St. Mary’s Med Ctr. St. Mary’s Warrick Deaconess Gateway | Holly Smith (Strategic Planning) | 01/01/14 | Completed grant, but did not receive funding. 
NOTE: If potential warrants, grant would be submitted in Year #1, and Smokefree Communities program would be implemented in Warrick County Year #2. |
| Implement tobacco component of Community Transformation Grant (CTG) for obesity | Work with Smokefree Communities to implement tactics in Warrick County | Welborn Baptist Fdn St. Mary’s Warrick ECHO CHIC | Eric Girtien (Community Health) | 06/30/14 | NOTE: Grant was not awarded therefore no coalition, but continued collaborative efforts with Smokefree Communities exist. |
| ST. MARY’S (EVANSVILLE AND WARRICK) MEASURE | Re-introduce the Upgrade program on the SMMC campus in 2013 | St. Mary’s Med Ctr. Welborn Baptist Fdn Deaconess Hospital ECHO CHIC | Mike Whitmore (VP Ancillary Services) | 06/30/14 | COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014. 
ST. MARY’S EVANSVILLE MEASURE: Increase the number of healthy choice sales by 15%, compared to baseline sales. Reduce the morbidity obese incidence among St. Mary’s associate population by 5%. |
| Work with local vendors to recommend additional vending changes to be introduced in 2014 | St. Mary’s Med Ctr. Deaconess Hospital | John Greaney, Mike Whitmore | 06/30/15 | |
| Replicate the SMMC Upgrade program on the SMW campus. Distribute existing CTG/WBF materials. | St. Mary’s Warrick Welborn Baptist Fdn | Mike Whitmore, Kathy Hall | 06/30/15 | COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014. 
ST. MARY’S WARRICK MEASURE: Number of healthy choice sales first year will establish baseline sales. |
| Support obese and morbidly obese employees by making appropriate incentives and interventions available to the workforce | Certified Health Coaches are available to assist obese and morbidly obese associates with a game plan for safely lowering their BMI. Potential for premium discounts if the associate effectively lowers their risk factors. | St. Mary’s Med Ctr. St. Mary’s Warrick | John Greaney, Healthy Lives | 06/30/14 | |
| Expand HEROES coordinated school health initiatives in Vanderburgh County. Work to gain entry into the Warrick School System. | Meet with key persons in Warrick/Vanderburgh School Systems to solicit participation in CTG initiatives | Welborn Baptist Fdn St. Mary’s Warrick | Kathy Hall, Eric Girtien, Rhonda Meade | 06/30/15 | COMMUNITY MEASURE: # schools participating in CTG activities will increase compared to FY2013. |
| Work with child care centers to improve physical activity and nutrition | Educate, provide resources to centers to meet healthy/active living guidelines | Welborn Baptist Fdn United Way CDC St. Mary’s Med Ctr. | Andrea Hay, move.ment/WBF, Rhonda Meade, HEROES/WBF, John Greaney | 06/30/14 | COMMUNITY MEASURE: # child care centers implementing improved nutrition and physical activity aligned with best practice guidelines will increase compared to FY2013. 
ST. MARY’S MEASURE: Become certified as a baby friendly hospital. |
<p>| Work with businesses, health care centers and corporations to implement healthy, active living environments | Baby-friendly breastfeeding sites, workplace wellness programs, healthy vending, healthy menu options, etc. | Welborn Baptist Fdn St. Mary’s Med Ctr. | Andrea Hay, move.ment/WBF, Healthy Lives | 06/30/14 | COMMUNITY MEASURE: # worksites participating in WBF healthy initiative programs will increase compared to FY2013. |</p>
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<th>STRATEGY</th>
<th>TACTIC(S)</th>
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<tbody>
<tr>
<td>Address food access issues by creating new and unique opportunities for residents to obtain nutritionally balanced food options</td>
<td>Initiate/sustain Sponsors’ Markets during the summer months to promote healthy choices and affordable fruits and vegetables</td>
<td>St. Mary’s Warren St. Mary’s Medical Center</td>
<td>Carol Godsey Vickie Detroy</td>
<td>06/30/14</td>
<td>ST. MARY’S MEASURE: 3 Markets will be held on the Warren campus. Weekly Markets will be held on the Evansville campus during the warmer months.</td>
</tr>
<tr>
<td>Healthcare organizations and providers promote healthy eating and active living in their in their clinical practices.</td>
<td>Engage primary care providers and other physicians in the development and utilization of social marketing campaign materials.</td>
<td>St. Mary’s Warren St. Mary’s Med. Ctr.</td>
<td>Suzette Hershman</td>
<td>06/30/14</td>
<td>ST. MARY’S BASE MEASURE: Physician recommendations are submitted to Wellborn Foundation. In turn, social media recommendations/practices are shared with physicians.</td>
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**CATEGORY: SUBSTANCE ABUSE**

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<tr>
<td>Explore the opportunity to collaborate on the issue of prescription drugs</td>
<td>Work with the Evansville Drug Task Force to minimize the abuse of prescription drugs.</td>
<td>St. Mary’s Med. Ctr. St. Mary’s Warren ECHO CHC</td>
<td>CrossPointe Lead</td>
<td>06/30/14</td>
<td>INTENT: Tighten procedures that reduce pain medications prescribed through the emergency room, physician offices. MEASUREMENT: Develop a plan for Year #2 implementation.</td>
</tr>
<tr>
<td>Promote/market the <a href="http://www.DrugFree.org">www.DrugFree.org</a> website to patients and clientele</td>
<td>Utilize existing marketing materials/resources to support current users in their efforts to quit.</td>
<td>St. Mary’s Med. Ctr. St. Mary’s Warren Deaconess United Way ECHO CHC</td>
<td>John Greaney (Marketing)</td>
<td>01/01/14</td>
<td>COMMUNITY MEASURE: Set a baseline measure through NRC to track the percentage of residents who have used an illegal drug in the past 30 days. St. Mary’s (Evansville and Warrick) MEASUREMENT: In Year #1, attract 100 clicks on <a href="http://www.drugfree.org">www.drugfree.org</a> originating from St. Mary’s website (<a href="http://www.stmarys.org">www.stmarys.org</a>).</td>
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**CATEGORY: MENTAL HEALTH**

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<tr>
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<tbody>
<tr>
<td>Expand the Trauma-related task force to include a prevention component</td>
<td>Invite Lampion to the Child Abuse Task Force as an additional prevention tool in the area of Child Abuse</td>
<td>St. Mary’s Med. Ctr. St. Mary’s Warren Deaconess Hospital ECHO CHC</td>
<td>Janet Raisor</td>
<td>09/30/13</td>
<td>COMMUNITY MEASURE: Reduce by one percentage point the number of substantiated cases of child abuse by FY2016.</td>
</tr>
<tr>
<td>Assist local agencies in creating a full continuum for the treatment of pediatric mental health</td>
<td>Become an active member of the System of Care Coalition for the purpose of coordinating service across the community. Potentially build a community level care conferencing model.</td>
<td>St. Mary’s Med. Ctr. Deaconess Hospital Wellborn Foundation ECHO CHC</td>
<td>Eric Girten</td>
<td>09/01/13</td>
<td>COMMUNITY MEASURE: By FY2016, reduce by two tenths of a day (0.2) the number of poor mental health days experienced in the previous 30 days. NOTE: The System of Care is developing a wrap-around network of services that will keep kids from falling through the cracks. Over time, services need to be expanded into Warrick and Gibson Counties. Define each sponsor’s role on the Coalition.</td>
</tr>
<tr>
<td>Explore ways to discharge patients who have nowhere to go.</td>
<td>Research the Christ Hospital (Cincinnati) Center for Respite Care as one model to consider.</td>
<td>St. Mary’s Med. Ctr. Deaconess Hospital ECHO CHC</td>
<td>John Greaney, Jareed Florence</td>
<td>03/30/14</td>
<td>NOTE: Year #1 – determine if there is a model that is applicable to the local market. Subsequent Years – improved post-discharge outcomes by extending recovery time plus a decline in readmissions among this population.</td>
</tr>
<tr>
<td>CATEGORY: OBESEITY</td>
<td>STRATEGY</td>
<td>TACTIC(S)</td>
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<td>St. Mary’s POINT PERSON(S)</td>
<td>COMPLETION DATE</td>
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<tr>
<td>Healthy Produce Initiative</td>
<td>Produce is purchased, washed and transported to 3 locations in the community</td>
<td>Welborn, St. Mary’s, Deaconess, USI</td>
<td>St. Mary’s/SWIRCA</td>
<td>Cory Wilson and Phil Dunlap</td>
<td>06/30/14</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>Proper portioning, ensuring consistency each day as well as in timely manner, add some sort of side salad to the option</td>
<td>St. Mary’s/SWIRCA</td>
<td>Andrew Grenier/Julie Morrow</td>
<td></td>
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</tr>
<tr>
<td>Jacobsville Park</td>
<td>Support Jacobsville Park renovation to encourage exercise and movement in this at risk, high poverty community to reduce childhood obesity.</td>
<td>St. Mary’s Health</td>
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<tr>
<td>Free Diabetes Education</td>
<td>Make the St. Mary’s Joslin Diabetes education program FREE of charge to the community and St. Mary’s Health associates</td>
<td>St. Mary’s Health</td>
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</tr>
<tr>
<td>Free Healthy Lives Fitness Center Membership</td>
<td>Make membership FREE to all St. Mary’s Health associates and those connected to the health system through MedXcel, Touchpoint, AIS, TrinMedx, Mission Point and MACL</td>
<td>St. Mary’s Health</td>
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</tr>
</tbody>
</table>

**CATEGORY: SUBSTANCE ABUSE**

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

### Scorecard Metrics (Community Level)

#### Warrick County

**FY2016 Goal**

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<tbody>
<tr>
<td><strong>Overall Health</strong></td>
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<tr>
<td>FAIR/Poor Physical Health</td>
<td>10% +/- 4.0</td>
<td>12%</td>
<td>16%</td>
<td>10%</td>
<td>9-17%</td>
<td>20%</td>
<td>16%</td>
<td>10%</td>
<td>17-23%</td>
<td>14%</td>
<td>16%</td>
<td>10%</td>
<td>10-19%</td>
<td>14%</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor Physical Health Days</td>
<td>2.6 +/- 0.7</td>
<td>3.3</td>
<td>3.6</td>
<td>2.6</td>
<td>2.4-3.8</td>
<td>4.6</td>
<td>3.6</td>
<td>2.6</td>
<td>3.9-5.2</td>
<td>3.3</td>
<td>3.6</td>
<td>2.5</td>
<td>2.5-4.0</td>
<td>3.3</td>
<td>3.6</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
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<tr>
<td>Adult Smokers</td>
<td>16.8% +/- 5.0</td>
<td>18%</td>
<td>24%</td>
<td>14%</td>
<td>14-24%</td>
<td>26%</td>
<td>24%</td>
<td>13%</td>
<td>23-30%</td>
<td>14%</td>
<td>23%</td>
<td>14%</td>
<td>10-19%</td>
<td>14%</td>
<td>23%</td>
<td>14%</td>
</tr>
</tbody>
</table>

**Data Source Key**

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

## Category: OVERALL HEALTH

### FAIR/Poor Physical Health

- 2012: 10% +/- 4.0
- 2013: 20% +/- 4.0
- 2014: 14% +/- 4.0
- 2015: 14% +/- 4.0

### Poor Physical Health Days

- 2012: 2.6
- 2013: 4.6
- 2014: 4.3
- 2015: 4.3

### Tobacco Use

- **Adult Smokers**
  - 2012: 16.8% +/- 5.0
  - 2013: 26% +/- 5.0
  - 2014: 29% +/- 5.0
  - 2015: 29% +/- 5.0

### Increase Indiana Quit Line Usage (total number of registered calls and web usage)

- 2012: 54
- 2013: 50
- 2014: 45
- 2015: 45

### TobaccoFree.org Clicks promoted by stmarys.org

- 2014: 100
- 2015: 102
- 2016: 110

## Category: OBESITY

### Adult Obesity

- 2012: 29.2% +/- 5.0
- 2013: 29% +/- 5.0
- 2014: 32% +/- 5.0
- 2015: 30% +/- 5.0

### Childhood Obesity (Ages 2-17)

- 2011: 11%
- 2012: 12%
- 2013: 12%
- 2014: 12%

## Category: SUBSTANCE ABUSE

### Controlled Substance Prescriptions entered into INSPECT per person (Gauge Scale is based on 3-1 scale with 1 being the best and 3 the worst)

- 2012: 1.72
- 2013: 2.11
- 2014: 2.31
- 2015: 2.11

### Prescription Pain Killer Abuse

- 2012: 1.70
- 2013: 1.70
- 2014: 1.70
- 2015: 1.70

### DrugFree.org Clicks promoted by stmarys.org

- 2014: 100
- 2015: 102
- 2016: 110

## Category: MENTAL HEALTH

### Poor Mental Health Days

- 2012: 3.4 +/- 1.05
- 2013: 4.3
- 2014: 4.3
- 2015: 4.3

### Child Abuse Cases (Physical + Sexual)

- 2011: 97
- 2012: 100
- 2013: 100
- 2014: 100

#### - Neglect

- 2011: 15.0%
- 2012: 16.0%
- 2013: 17.2%
- 2014: 18.0%

#### - Physical

- 2011: 21.7%
- 2012: 22.7%
- 2013: 19.1%
- 2014: 18.7%

#### - Sexual

- 2011: 28.1%
- 2012: 29.1%
- 2013: 26.3%
- 2014: 19.1%

**Note:** "National Benchmark" represents the 90th percentile, meaning that only 10% are better than the benchmark.
GOAL STATEMENTS FOR FY2014-FY2016

**CATEGORY: OVERALL HEALTH**
Decrease by one percentage point the percentage of households reporting fair or poor health.

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

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

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

(St. Mary’s) Attract 100 clicks on www.quitnowindiana.com originating from St. Mary’s website (www.stmarys.org). 2014 totals reflect data from May 20, 2014 - December 31, 2014 as tracking was not put in place until May 20th.

(St. Mary’s) Recruit 3 to 4 primary care physicians to test a Disease Registry that can capture patient information on smokers (Year #1). Year #2: Reduce the percentage of smokers within the same patient base.

**CATEGORY: OBESITY**
Decrease by one percentage point the percentage of adults originating from Vanderburgh who are obese.

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

(St. Mary’s) Recruit 3 to 4 primary care physicians to test a Disease Registry that can capture patient information on obesity (Year #1). Year #2: Reduce the percentage of obese patients within the same patient base.

**CATEGORY: MENTAL HEALTH**
Decrease by one tenth (0.1) the number of controlled substance prescriptions filled and entered into INSPECT

(St. Mary’s) Attract 100 clicks on www.drugfree.org originating from St. Mary’s website (www.stmarys.org). 2014 total reflect data from May 20, 2014 - December 31, 2014 as tracking was not put in place until May 20th.

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

Decrease by one percentage point the number of substantiated child abuse cases originating from Vanderburgh (combined physical and sexual abuse). For the FY15 update, concern was noted for using the % as the trended metric instead of the actual number.
STRATEGY
SESSION
PARTICIPANTS
# CHNA Tobacco Strategy Session Participants 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
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</thead>
<tbody>
<tr>
<td>Diana Butler</td>
<td>EVSC</td>
</tr>
<tr>
<td>Jackie Richards</td>
<td>St. Mary's Medical Center</td>
</tr>
<tr>
<td>Julie Phillips</td>
<td>Smoke Free Communities</td>
</tr>
<tr>
<td>Casey Williams</td>
<td>Smoke Free Communities</td>
</tr>
<tr>
<td>Parri Black</td>
<td>Youth First</td>
</tr>
<tr>
<td>Davi Stein-Kiley</td>
<td>Youth First</td>
</tr>
<tr>
<td>Anna Hargis</td>
<td>Big Brothers/Big Sisters</td>
</tr>
<tr>
<td>Sharon Burns</td>
<td>Catholic Charities Bureau</td>
</tr>
<tr>
<td>Gloria Horton</td>
<td>Visiting Nurse Association</td>
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<tr>
<td>Jared Florence</td>
<td>Deaconess</td>
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<tr>
<td>Sandee Strader-McMillen</td>
<td>ECHO Community Health Center (Main Campus)</td>
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<tr>
<td>Eric Girten</td>
<td>St. Mary's Community Health</td>
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<tr>
<td>John Greaney</td>
<td>St. Mary's Medical Center</td>
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<tr>
<td>Janet Raisor</td>
<td>St. Mary's Medical Center</td>
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<tr>
<td>Carol Braden-Clark</td>
<td>United Way</td>
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<tr>
<td>Gary Heck</td>
<td>Vanderburgh County Health Dept.</td>
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<tr>
<td>Rhonda Meade</td>
<td>Welborn Baptist Foundation</td>
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<tr>
<td>Andrea Hays</td>
<td>Welborn Baptist Foundation</td>
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<tr>
<td>Dan Diehl</td>
<td>Diehl Consult</td>
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<tr>
<td>Name</td>
<td>Agency</td>
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<tr>
<td>Parri Black</td>
<td>Youth First</td>
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<tr>
<td>Davi Stein-Kiley</td>
<td>Youth First</td>
</tr>
<tr>
<td>Bruce Ahlemeier</td>
<td>St. Mary's ED Social Worker</td>
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<tr>
<td>Robin Richards</td>
<td>Director: St. Mary's</td>
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<tr>
<td>Brett Kruse</td>
<td>Warrick Sheriff Department</td>
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<tr>
<td>Lt. Tim Everley</td>
<td>Evansville-Vand. Drug Task Force</td>
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<tr>
<td>Angie Richards-Cooley</td>
<td>ARK Crisis Nursery</td>
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<tr>
<td>Anna Hargis</td>
<td>Big Brothers/Big Sisters</td>
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<td>Suzanne Draper</td>
<td>CASA</td>
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<td>Sharon Burns</td>
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<tr>
<td>Carol Collier-Smith</td>
<td>ECHO Community Health Center (Main Campus)</td>
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<tr>
<td>Lynn Kyle</td>
<td>Lampion Center</td>
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<tr>
<td>Emily Rieford</td>
<td>Mental Health of America</td>
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<tr>
<td>Gloria Horton</td>
<td>Visiting Nurse Association</td>
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<tr>
<td>Phillip Cook</td>
<td>Brentwood Meadows</td>
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<td>Jared Florence</td>
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<td>Sandee Strader-McMullen</td>
<td>ECHO Community Health Center (Main Campus)</td>
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<td>Cathy Fulcher</td>
<td>Evansville State Hospital</td>
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<tr>
<td>Janie Chappell</td>
<td>CrossPointe</td>
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<td>Eric Girten</td>
<td>St. Mary's Community Health</td>
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<td>St. Mary's Medical Center</td>
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<tr>
<td>Lottie Cook</td>
<td>Children's Psych Hospital and</td>
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<tr>
<td>Carol Braden-Clark</td>
<td>United Way</td>
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<tr>
<td>Matt Young</td>
<td>Warrick County Sheriff Dept.</td>
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<td>Southwest Mental Health</td>
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<td>Luzeda Hayes</td>
<td>Homeless Prevention Coalition</td>
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<tr>
<td>Erika Taylor</td>
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<td>Ron Ryan</td>
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APPENDIX
2016 County Health Rankings

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

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

DIGGING DEEPER INTO HEALTH DATA
Although we know that a range of factors are important for good health, every state has communities that lack both opportunities to shape good health and strong policies to promote health for everyone. Some counties lag far behind others in how well and how long people live – which we refer to as a “health gap.” Find out what's driving health differences across your state and what can be done to close those gaps. Visit countyhealthrankings.org/reports.

To further explore health gaps and other data sources in your community, check out the feature to find more data for your state and dig deeper on differences in health factors by geography or by population subgroups. Visit countyhealthrankings.org/using-the-rankings-data.
MOVING FROM DATA TO ACTION

Roadmaps to Health help communities bring people together to look at the many factors that influence health and opportunities to reduce health gaps, select strategies that can improve health for all, and make changes that will have a lasting impact. The Roadmaps focus on helping communities move from awareness about their county’s ranking to actions designed to improve everyone’s health. The Roadmaps to Health Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community’s health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- What Works for Health – a searchable database of evidence-informed policies and programs that can improve health
- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at countyhealthrankings.org

HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide, the National Association of Counties, Local Initiatives Support Corporation (LISC), or Neighborworks— their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members’ communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.
HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Indiana’s health outcomes, based on an equal weighting of length and quality of life. Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

<table>
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<tr>
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HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Indiana’s summary ranks for health factors, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org

<table>
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<td>Premature death</td>
<td>Years of potential life lost before age 75 per 100,000 population</td>
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<td>7,600</td>
<td>3,800</td>
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<td>Poor or fair health</td>
<td>% of adults reporting fair or poor health</td>
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<td>19%</td>
<td>11%</td>
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<td>Poor physical health days</td>
<td>Average # of physically unhealthy days reported in past 30 days</td>
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<td>4.1</td>
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<td>Average # of mentally unhealthy days reported in past 30 days</td>
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<td>4.3</td>
<td>3.1</td>
<td>4.5</td>
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<td>Low birthweight</td>
<td>% of live births with low birthweight (&lt; 2500 grams)</td>
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<td>8%</td>
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<td>% of adults who are current smokers</td>
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<td>% of adults aged 20 and over reporting no leisure-time physical activity</td>
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<td>28%</td>
<td>19%</td>
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<td>Access to exercise opportunities</td>
<td>% of population with adequate access to locations for physical activity</td>
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<td>75%</td>
<td>13%</td>
<td>92%</td>
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<td>Excessive drinking</td>
<td>% of adults reporting binge or heavy drinking</td>
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<td>16%</td>
<td>13%</td>
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<td>Alcohol-impaired driving deaths</td>
<td>% of driving deaths with alcohol involvement</td>
<td>31%</td>
<td>25%</td>
<td>0%</td>
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<td>Uninsured</td>
<td>% of population under age 65 without health insurance</td>
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<td>16%</td>
<td>10%</td>
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<td>Primary care physicians</td>
<td>Ratio of population to primary care physicians</td>
<td>1,990:1</td>
<td>1,490:1</td>
<td>14,090:1</td>
<td>500:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>Ratio of population to dentists</td>
<td>2,590:1</td>
<td>1,930:1</td>
<td>12,620:1</td>
<td>1,250:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>Ratio of population to mental health providers</td>
<td>1,060:1</td>
<td>710:1</td>
<td>14,160:1</td>
<td>210:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td># of hospital stays for ambulatory-care sensitive conditions per 1,000</td>
<td>60</td>
<td>63</td>
<td>27</td>
<td>104</td>
<td></td>
<td></td>
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<tr>
<td>Medicare enrollees</td>
<td>Medicaid enrollees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Diabetic monitoring</td>
<td>% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring</td>
<td>85%</td>
<td>84%</td>
<td>30%</td>
<td>91%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>% of female Medicare enrollees ages 67-69 that receive mammography screening</td>
<td>61%</td>
<td>62%</td>
<td>42%</td>
<td>71%</td>
<td></td>
<td></td>
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<tr>
<td><strong>SOCIAL AND ECONOMIC FACTORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>% of ninth-grade cohort that graduates in four years</td>
<td>86%</td>
<td>87%</td>
<td>76%</td>
<td>98%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>% of adults ages 25-44 with some post-secondary education</td>
<td>56%</td>
<td>61%</td>
<td>28%</td>
<td>86%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>% of population aged 16 and older unemployed but seeking work</td>
<td>6.0%</td>
<td>6.0%</td>
<td>4.1%</td>
<td>8.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>% of children under age 18 in poverty</td>
<td>23%</td>
<td>21%</td>
<td>6%</td>
<td>35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income inequality</td>
<td>Ratio of household income at the 80th percentile to income at the</td>
<td>4.4</td>
<td>4.4</td>
<td>3.3</td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20th percentile</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>% of children that live in a household headed by a single parent</td>
<td>32%</td>
<td>34%</td>
<td>12%</td>
<td>47%</td>
<td></td>
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<tr>
<td>Social associations</td>
<td># of membership associations per 10,000 population</td>
<td>13.0</td>
<td>12.6</td>
<td>7.4</td>
<td>23.2</td>
<td></td>
<td></td>
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<tr>
<td>Violent crime</td>
<td># of reported violent crime offenses per 100,000 population</td>
<td>199</td>
<td>334</td>
<td>14</td>
<td>1,124</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury deaths</td>
<td># of deaths due to injury per 100,000 population</td>
<td>74</td>
<td>63</td>
<td>32</td>
<td>124</td>
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<tr>
<td><strong>PHYSICAL ENVIRONMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution – particulate matter</td>
<td>Average daily density of fine particulate matter in micrograms per</td>
<td>11.9</td>
<td>13.5</td>
<td>13.0</td>
<td>14.2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>cubic meter (PM2.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Drinking water violations</td>
<td>Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.</td>
<td>NA</td>
<td>NA</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Severe housing problems</td>
<td>% of households with overcrowding, high housing costs, or lack of</td>
<td>14%</td>
<td>14%</td>
<td>7%</td>
<td>24%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>kitchen or plumbing facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Driving alone to work</td>
<td>% of workforce that drives alone to work</td>
<td>80%</td>
<td>83%</td>
<td>52%</td>
<td>90%</td>
<td></td>
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<tr>
<td>Long commute – driving alone</td>
<td>Among workers who commute in their car alone, % commuting &gt; 30 minutes</td>
<td>29%</td>
<td>30%</td>
<td>13%</td>
<td>56%</td>
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### 2016 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Years of Data</th>
</tr>
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<tbody>
<tr>
<td><strong>HEALTH OUTCOMES</strong></td>
<td></td>
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<tr>
<td>Length of Life</td>
<td>Premature death</td>
<td>National Center for Health Statistics – Mortality files</td>
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<tr>
<td>Quality of Life</td>
<td>Poor or fair health</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Poor physical health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Poor mental health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Low birthweight</td>
<td>National Center for Health Statistics – Natafinity files</td>
</tr>
<tr>
<td><strong>HEALTH FACTORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH BEHAVIORS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Tobacco Use</td>
<td>Adult smoking</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>Diet and Exercise</td>
<td>Adult obesity</td>
<td>CDC Diabetes Interactive Atlas</td>
</tr>
<tr>
<td></td>
<td>Food environment index</td>
<td>USDA Food Environment Atlas, Map the Meal Gap</td>
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<tr>
<td></td>
<td>Physical inactivity</td>
<td>CDC Diabetes Interactive Atlas</td>
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<tr>
<td>Alcohol and Drug Use</td>
<td>Excessive drinking</td>
<td>Behavioral Risk Factor Surveillance System</td>
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<td>Alcohol-impaired driving deaths</td>
<td>Fatality Analysis Reporting System</td>
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<tr>
<td>Sexual Activity</td>
<td>Sexually transmitted infections</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
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<td></td>
<td>Teen births</td>
<td>National Center for Health Statistics - Natafinity files</td>
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<td><strong>CLINICAL CARE</strong></td>
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<tr>
<td>Access to Care</td>
<td>Uninsured</td>
<td>Small Area Health Insurance Estimates</td>
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<td></td>
<td>Primary care physicians</td>
<td>Area Health Resource File/American Medical Association</td>
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<td></td>
<td>Dentists</td>
<td>Area Health Resource File/National Provider Identification file</td>
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<td></td>
<td>Mental health providers</td>
<td>CMS, National Provider Identification file</td>
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<tr>
<td>Quality of Care</td>
<td>Preventable hospital stays</td>
<td>Dartmouth Atlas of Health Care</td>
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<tr>
<td></td>
<td>Diabetic monitoring</td>
<td>Dartmouth Atlas of Health Care</td>
</tr>
<tr>
<td></td>
<td>Mammography screening</td>
<td>Dartmouth Atlas of Health Care</td>
</tr>
<tr>
<td><strong>SOCIAL AND ECONOMIC FACTORS</strong></td>
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<tr>
<td>Education</td>
<td>High school graduation</td>
<td>EDFacts</td>
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<td></td>
<td>Some college</td>
<td>American Community Survey</td>
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<tr>
<td>Income</td>
<td>Children in poverty</td>
<td>Small Area Income and Poverty Estimates</td>
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<tr>
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<td>Income inequality</td>
<td>American Community Survey</td>
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<tr>
<td>Family and Social Support</td>
<td>Children in single-parent households</td>
<td>American Community Survey</td>
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<td></td>
<td>Social associations</td>
<td>County Business Patterns</td>
</tr>
<tr>
<td>Community Safety</td>
<td>Violent crime</td>
<td>Uniform Crime Reporting – FBI</td>
</tr>
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<td>Injury deaths</td>
<td>CDC WONDER mortality data</td>
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<tr>
<td><strong>PHYSICAL ENVIRONMENT</strong></td>
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<td></td>
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<tr>
<td>Air and Water Quality</td>
<td>Air pollution - particulate matter</td>
<td>CDC WONDER environmental data</td>
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<td></td>
<td>Drinking water violations</td>
<td>Safe Drinking Water Information System</td>
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<tr>
<td>Housing and Transit</td>
<td>Severe housing problems</td>
<td>Comprehensive Housing Affordability Strategy (CHAS) data</td>
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<tr>
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<td>Driving alone to work</td>
<td>American Community Survey</td>
</tr>
<tr>
<td></td>
<td>Long commute – driving alone</td>
<td>American Community Survey</td>
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1. Not available for AK and HI.
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Amy Slonim, PhD
Kathryn Wehr, MPH

countyhealthrankings.org
Transformation Implementation Plan (CTIP) Objectives
**Healthy Communities Partnership of Southwest Indiana**

**Strategic Direction 1: Tobacco-Free Living**

**Housing**

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

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

**Quitline**

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

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

**Second Hand Smoke**

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

**AMO**
- By September 2014, increase the percent of coalitions in the SWIN HCP area from 43% to 100% (or from 3 to 7 counties in the SWIN HCP area).
Strategic Direction 1: Tobacco-Free Living (cont’d)

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

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

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

AMO
• By September 2014, increase the number of youth involved in tobacco control community activities by 50% (102 students) per project year.
HEALTHY COMMUNITIES PARTNERSHIP
OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating

4C of Southern Indiana

PPO

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

AMO

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

SPARK

PPO

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

AMO

- By September 2014, from an unknown baseline to 75 physical education/classroom teachers (Elementary/Middle/High Schools) in the seven county area will incorporate the Sports, Play and Active Recreation for Kids (SPARK) program within the physical education curriculum.
Strategic Direction 2: Active Living and Healthy Eating (cont’d)

**Take 10**

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

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

**Wellness Practices in Schools**

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

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

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

Farm to School

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

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

Corporate Champions Reach

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

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

Corporate Champions Fit Friendly

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

AMO
- By September 2014, using criteria from the American Heart Association’s Fit-Friendly Worksite program; increase the percentage of Corporate Champion organizations recognized as Fit-Friendly Worksites from 0 to 25 (25% of Corporate Champions organizations).
Strategic Direction 2: Active Living and Healthy Eating (cont’d)

Fresh Produce Initiative

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

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

Baby Friendly

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

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

Food System

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

AMO
• By June 2013, establish a formal Regional Food System Council including representation from all seven counties to guide regional food systems efforts from a baseline of 0 (100%) with a potential reach of 375,693 people.
Strategic Direction 3: Increased Use of High-Impact Quality Clinical Preventative Services

**YMCA Diabetes Prevention**

PPO

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

AMO

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

**Million Hearts**

PPO

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

AMO

- By September 2014, integrate the Million Hearts™ initiative across settings to increase awareness of cardiovascular disease prevention, from [baseline unknown] to 25% of the population in the seven county area, or 93,923 persons.
Strategic Direction 3: Increased Use of High-Impact Quality Clinical Preventative Services (cont’d)

Visiting Nurse Association

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

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

USI & SWIRCA

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

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

Strategic Direction 5: Safe and Healthy Physical Environment

Evansville Area Trails Coalition

PPO

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

AMO

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

Parks

PPO

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

AMO

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

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

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

Infrastructure

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

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

PAGE 4

CHOOSING CHANGE: WEIGHT-LOSS SURGERY TRANSFORMS A LIFE

SPRING’S FOR SUPPER WITH THIS SEASONAL SALAD
4 TRY THIS
Boost your heart health with these 5 simple steps.

14 BABY-FRIENDLY
St. Mary’s offers you and your baby the best beginning.

12 How one woman took charge of her weight — and revolutionized her life.

3 SCHOOL'S OUT!
3 tips to help your kids have a fun — and healthy — break.

6 DECONSTRUCTING DENSITY
Find out what dense breasts mean for your health — and how our SonoCine technology can help.

7 GET BACK TO CLASS
Whether you’re welcoming a new baby or just want to learn some new dance moves, our events calendar has the course you’re looking for!

11 DOES YOUR CHILD NEED A CHECKUP?
St. Mary’s pediatricians are welcoming new patients at offices throughout Evansville.

SEE FOR YOURSELF
Get an inside look at the high-quality care offered at St. Mary’s Health. Watch patient testimonials, sneak a peek at our events and more! Go online to stmarys.org.
SCHOOL BREAKS

Keep Your Kids off the Couch

By Corey Filbert, Registered Dietician, St. Mary’s Health

KIDS LOVE SPRING AND SUMMER VACATIONS. They’re a chance to sleep in, forget about classes and homework, and finally enjoy some free time during the week. And while they’ve earned the break, it doesn’t mean they have to spend it lounging on the couch. Vacations should be relaxing but not lethargic. A break from school is also a great time to bond as a family. So here are three things you can do to make the most of an upcoming break:

Have a plan. Think of some ideas for your family and get a discussion started. My boys and family like to do things outside — camping, day hiking, even visiting a nearby park for the day — but you could also choose indoor activities such as indoor rock climbing, going to a jumping indoor play place or a children’s museum, or window-shopping at the mall.

Support their interests. After you’ve come up with some ideas, have a family meeting to find out your kids’ ideas. They are more likely to take to physical activity if the activity interests them, so plan events they will enjoy. Shoot baskets, walk the woods, or get out for some pitch and catch. Your kids may want to get some practice or conditioning in for upcoming sports.

Coordinate. What do you do if you have to work during all or part of their break? Coordinate your children’s activities, and you’ll make sure they’re staying busy. See if another parent, a friend or an older sibling can take your children to their activities, and perhaps you can return the favor at a later date.

Spring and summer breaks should be a time of relaxation, not dormancy. Come into the break determined to keep your kids moving, and they’ll be active until that school bell sounds once again.

SUN SAFETY

TIPS TO BEAT THE BURN

USE SUNSCREEN

Choose a broad-spectrum, water-resistant sunscreen with a sun protection factor (SPF) of 30 or more. Apply it generously. Reapply at least every two hours and after swimming or sweating.

COVER UP

Cover as much of your skin as possible. Choose a hat that shades your face, ears and neck — and wear sunglasses that block 99% to 100% of UV rays.

SEEK SHADE

Take extra care near reflective surfaces like water, sand and snow. They increase the likelihood of sunburn.

Sources: American Academy of Dermatology; American Cancer Society

Choose a broad-spectrum, water-resistant sunscreen with a sun protection factor (SPF) of 30 or more. Apply it generously. Reapply at least every two hours and after swimming or sweating.

Cover as much of your skin as possible. Choose a hat that shades your face, ears and neck — and wear sunglasses that block 99% to 100% of UV rays.

Take extra care near reflective surfaces like water, sand and snow. They increase the likelihood of sunburn.

Sources: American Academy of Dermatology; American Cancer Society
IT WORKS FOR YOU night and day, 24/7, year after year. Yet how often do you think about giving that heart of yours some TLC?

For something that, on average, beats 100,000 times a day to help keep you alive, it’s worth having a plan in mind.

By making wise choices and keeping your doctor in the loop, you can help protect yourself against the No. 1 health threat to women and men: heart disease.

So open your heart to these five ideas:

1. **Drop by your doctor’s office.** When was your last blood pressure check? Are you due for a cholesterol screening? These tests can help your doctor measure your risk of heart disease, which rises with conditions such as high blood pressure, high cholesterol or diabetes. So schedule a checkup, and make it a routine.

2. **Feed your heart well.** A heart-healthy diet includes eating plenty of fruits, veggies and whole grains and cutting back on artery-clogging cholesterol and fat. To help limit unhealthy fat, put away the frying pan and give low-fat or fat-free milk and lean meats a
Heart

Heart attacks can be sudden and intense. But they usually start slowly with mild pain or discomfort.

**Heart Attack Symptoms**

- **Fatigue**
  Unusual or unexplained fatigue is a more common heart attack symptom in women than men.

- **Nausea or Vomiting**
  Women are twice as likely as men to experience unexplained nausea, vomiting or indigestion during a heart attack.

- **Sharp Pains**
  Back, neck and jaw pain are more common heart attack symptoms for women than for men. Pain or discomfort in one or both arms, a shoulder, or in the stomach (above the belly button) are equally common heart attack symptoms in both men and women.

- **Chest Discomfort**
  Chest discomfort is the most common heart attack symptom in men and women. It may feel like pressure, squeezing, fullness or pain. It usually lasts more than a few minutes. It may go away and then come back.

- **Shortness of Breath**
  Shortness of breath can come on suddenly and can happen while you’re resting. It can start before chest pain or at the same time, or it may be your only symptom of a heart attack.

- **Sweating**
  Heart attacks can cause cold sweats or sweating that is unexplained or excessive.

- **Light-headedness or Dizziness**
  A heart attack probably won’t make you pass out right away, but you might suddenly feel dizzy or light-headed.

Sources: American Heart Association; U.S. Department of Health and Human Services

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At St. Mary’s, our patients are at the heart of everything we do. You can read more about our award-winning heart care services at stmarys.org/heart. Hear from our patients directly and learn about their everyday victories at stmarys.org/heartstories.

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3 **Step it up.** A sedentary lifestyle boosts your risk for heart disease and some of the health problems that contribute to it. Avoiding the computer or TV after work may help you find the time for heart-healthy workouts, such as 10-minute sessions of brisk walking or cycling. Aim to work these short bouts into your daily schedule so that you get at least 2½ hours of exercise a week. Also try to do some strength training on two days of the week.

4 **Watch your weight.** Oversized portions and high-calorie foods are some of the culprits that contribute to excess weight and raise your risk of heart disease. But even if you have some pounds to shed, take heart: Tipping the bathroom scale even a little in the weight-loss direction helps improve heart health.

5 **Commit to quit.** Yes, giving up smoking is hard – but you can do it. If you stop now, you’ll cut your risk of heart disease dramatically in just one year. To get helpful advice on quitting, visit quitnowindiana.com.

Sources: American Heart Association, National Heart, Lung, and Blood Institute
DENSE BREASTS

Are They a Concern?

IT’S IMPORTANT to understand what dense breast tissue is and what it isn’t. Breast density isn’t related to the size or firmness of your breasts. Instead, it reflects the proportion of different types of tissue in your breasts — something only a mammogram can reveal.

Dense breasts have a lot of milk-producing and connective tissue and not much fatty tissue. Conversely, breasts that aren’t dense are made up either almost entirely of fatty tissue or of a sizeable amount of it.

And while doctors don’t know why, dense breasts also raise your risk of breast cancer — although your overall risk may not be very high. That’s because many different things increase breast cancer risk, from a first pregnancy after age 30 to a family history of the disease. Your overall risk reflects all your risk factors considered together.

Dense breast tissue looks white on mammograms, as do tumors. As a result, dense breast tissue sometimes hides tumors. In contrast, fatty tissue looks almost black on mammograms, making white-colored tumors easier to detect.

Mammograms are still a must — even if your breasts are dense. Most cancers show up on mammograms, the American Cancer Society reports. Still, the results of your mammogram may be less accurate or less clear than the results of a woman with fattier breasts.

St. Mary’s Breast Center offers SonoCine technology, an automated breast ultrasound system that can detect cancer early in women with dense breasts. The SonoCine finds cancers that traditional mammography may not detect, especially in women with dense breasts. St. Mary’s is the only facility in Evansville to offer this technology.

SonoCine uses sophisticated robotic technology to perform and record an ultrasound scan, creating a motion picture effect. Since the human mind is programmed to see and analyze moving objects, it is easier to distinguish cancer from normal tissue.

Because the SonoCine finds cancers earlier — while they are still small — treatment is easier, and lives are saved.

Additional source: American College of Radiology

For more information on the SonoCine and the comprehensive breast health services provided by St. Mary’s Breast Center, call 812.641.1973.
FITNESS AND WELLNESS

Couples Social Dancing
Level I: Cha Cha
Presented by David and Donna Koring, instructors since 2003.
Learn Latin-style dance with distinct repetitive footwork. Music is energetic with a steady, upbeat tempo. Learn basic footwork with some turns. No prior experience necessary.

REGISTER Registration required by May 26. Call 812.485.5725 to register.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

COST $65 per couple for five-week class

TIMES Fridays, June 10, 17, 24 and July 1 and 8, from 6:30 to 7:30 p.m.

Couples Social Dancing
Level I: East Coast Swing
Presented by David and Donna Koring, instructors since 2003.
Learn the basic footwork for one of the most popular swing dances. Instruction will include basic turns and patterns. A fun social dance. No prior experience necessary.

REGISTER Registration required by May 26. Call 812.485.5725 to register.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

COST $65 per couple for five-week class

TIMES Fridays, June 10, 17, 24 and July 1 and 8, from 6:30 to 7:30 p.m.

Couples Social Dancing
Level I: Nightclub Two-Step
Presented by David and Donna Koring, instructors since 2003.
Enjoy “slow dancing” with style. Dance to slow to moderate tempo music. Great dance for couples of all ages. Class is for those with no prior experience and can also be enjoyed as a refresher class.

REGISTER Registration required by May 26. Call 812.485.5725 to register.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

COST $65 per couple for five-week class

TIMES Tuesdays, June 7, 14, 21, 28 and July 5, from 7 to 8 p.m.

Lifestyle for Living
For Adults 50 and Over
Increase your range of motion, strength and endurance. Utilizing 5- to 7-inch balls, bands and weights, this class also includes relaxation and stretching techniques that are low-impact and done while sitting or standing near a chair. Participants can join anytime. The instructor will adjust the activities to take different fitness levels into account. A physician’s clearance is requested upon registration.

REGISTER Registration required by calling 812.485.4110.

LOCATION St. Mary’s Healthy Lives Fitness Center

COST $49 per individual or $83 per couple (expires after four months)

TIMES Mondays and Wednesdays from 11 a.m. to noon. No class Monday, May 30.

Pilates Combo
Build your core muscles with a combination of basic Pilates mat and Pilates barre movements. Strengthen and lengthen the abdominal, lower back, hip and buttock regions of your body. Gain stability and fluidity in your everyday movements.

REGISTER No registration required. Call 812.485.5725 to confirm class times before your first visit.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

35-MINUTE CLASSES
COST $5 per class

TIMES Thursdays from 11 to 11:35 a.m.

45-MINUTE CLASSES
COST $8 per class

TIMES Thursdays from 4:30 to 5:15 p.m.

Strength/Sculpt Yoga
Slim, trim and firm up your physique. The class is welcoming to all levels and has a yoga foundation. This is an opportunity to do yoga moves with small weights, elastic bands and other props for a different workout style. Everyone is encouraged to do only what they can.

REGISTER No registration required. Call 812.485.5725 to confirm class times before your first visit.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

35-MINUTE CLASSES
COST $5 per class

TIMES Fridays from 8:45 to 9:20 a.m.

45-MINUTE CLASSES
COST $8 per class

TIMES Mondays from 8 to 8:45 a.m. No class Monday, May 30.

Release/Rejuvenate With Drumming
Relax and rejuvenate by creating rhythm/sound with others on hand and lap drums. Group drumming circles have been shown to strengthen the immune system, decrease job stress and help with fatigue, anxiety and depression. Truly fun, energizing and relaxing.

REGISTER No registration required. Call 812.485.5725 to confirm class times before your first visit.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

COST $5 per class

TIMES Fridays from 12:15 to 12:50 p.m.

To see all of St. Mary’s class offerings, visit stmarysevents.org.
Tai Chi/Qigong
Presented by Mike Goebel, tai chi instructor since 1995. Tai chi/Qigong is often called meditation in motion. Typically done standing, the practice can also be enjoyed seated. It is medically proven to have multiple health benefits, including alleviating symptoms of stress, arthritis, fibromyalgia, Parkinson's disease and multiple sclerosis. It also aids in fall prevention, heart health and restful sleep.

REGISTER No registration required. Call 812.485.5725 to confirm class times before your first visit.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

30-MINUTE CLASSES

COST $5 per class

TIMES Mondays from 3:30 to 4:05 p.m. and Wednesdays from 11:30 a.m. to 12:05 p.m. and 3 to 3:35 p.m.

60-MINUTE CLASSES

COST $10 per class

TIMES Tuesdays from 4 to 5 p.m. and Wednesdays from 1:30 to 2:30 p.m.

Yoga
This class is approachable and satisfying for all levels, beginners to experienced. The word yoga means to unite, to connect. This class provides a way to improve strength, balance and flexibility.

REGISTER No registration required. Call 812.485.5725 to confirm class times before your first visit.

FOR SENIORS
Welcome to Medicare
Presented by Gina Downs, Director of St. Mary’s Senior Connection. If you or a family member is new to the federal Medicare program, it can be confusing and frustrating at first glance. This session will help you better understand the many different parts of Medicare and what your options are when you enroll in Medicare. This program is informational only; no specific plans or companies will be discussed.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Gift Conference Room, located in the lobby of St. Mary’s Hospital for Women & Children

COST $10 per couple

TIMES Tuesday, April 12, May 3 or 17, or June 7, from 6 to 8 p.m. or Saturday, April 23 or June 4, from 1 to 3 p.m.

Zumba
Presented by Courtney Purvis Halbig, Certified Zumba Instructor. Zumba has been called “exercise in disguise.” It’s a Latin-infused dance fitness class with a festive atmosphere. Enjoy a fun, energetic class with cardio, muscle conditioning, balance and flexibility components.

REGISTER No registration required. Call 812.485.5725 to confirm class times before your first visit.

LOCATION St. Mary’s Wellness Center at Epworth Crossing

COST $8 per class (package discount prices available)

TIMES Mondays from 10 to 11 a.m. and Wednesdays from 5:30 to 6:30 p.m.

Prenatal Classes
Breastfeeding: Getting Off to a Great Start!
This two-hour class is taught by lactation consultants and gives in-depth information for pregnant women on how to get breastfeeding started positively.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Gift Conference Room, located in the lobby of St. Mary’s Hospital for Women & Children

COST $10 per couple

TIMES Tuesday, April 12, May 3 or 17, or June 7, from 6 to 8 p.m. or Saturday, April 23 or June 4, from 1 to 3 p.m.

Change Up Your Get-Fit Vocabulary

FUN. CONVENIENT. REWARDING. These may not be the first words that leap to mind when you think of exercise. But they could be.

There’s no reason exercise has to be a drag to be good for you. Here are some ideas — from the American Council on Exercise, the American Heart Association and others — to change the way you think and feel about your workouts:

Fun. Experiment a little — try several types of exercise to see what appeals to you. Biking, tennis, swimming, gardening and hiking are among your many options. Or try an exercise class — you might enjoy the energy and motivation that it can generate.

You can also bring some fun to an activity. Load your portable music device with some favorite tunes; then head out for a walk. Or put your treadmill or stationary bike in front of the TV, and watch while you work out.

Convenient. Make exercise a regular part of your daily schedule. Once it’s on the calendar, you’re much more likely to stick with it.

Consider scheduling exercise time with a friend. It’s a great way to socialize, and you’re more likely to keep your workout appointment if someone is counting on you.

Rewarding. Keep track of your activity — how long you exercise, how many miles you walk or the number of laps you swim — and reward yourself when you reach your goals.

Be sure to set reasonable goals, and don’t let lapses get you down. Just get back at it as soon as you can.
Financial Preparedness for New and Expectant Parents
Welcoming a new baby into your family can raise many questions about finances. Being prepared for the expenses of the first few months with your baby, costs for daycare, saving for college and the overall costs of raising a child can leave parents feeling stressed. St. Mary’s Hospital for Women & Children and the University of Evansville are teaming up to help new and expectant parents learn more about being financially prepared for a new baby. Whether you’re a first-time parent or are welcoming another baby to your family, this class is for you.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Gift Conference Room, located in the lobby of St. Mary’s Hospital for Women & Children

COST Free

TIMES Thursday, April 7, from 6:30 to 8 p.m.

Infant and Child CPR
This is the American Heart Association’s CPR for Family and Friends course. There are no skills or written tests required for course completion.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Meeting Room 4, located on the lower level of St. Mary’s Medical Center

COST $25 per person

TIMES Thursday, April 28, May 19 or June 16, from 6:30 to 9 p.m.

Mother and Infant Care
This class covers the basics of caring for a new baby and new mom too! Topics covered include bathing, diapering, feeding baby and self-care for mom. This class is free if you are delivering at St. Mary’s Hospital for Women & Children.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Meeting Room 4, located on the lower level of St. Mary’s Medical Center

COST $15 per couple if not delivering at St. Mary’s

TIMES Thursday, April 14; Tuesday, April 26; or Thursday, May 12 or June 9, from 6 to 8 p.m.

Prepared Childbirth: Four-Week Series
This class covers the basics on how to prepare for the big day! Topics covered include breathing and relaxation, the role of the labor partner, stages and phases of labor, variations from normal labor, cesarean sections, medications, and anesthesia.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Meeting Room 4, located on the lower level of St. Mary’s Medical Center

COST $40 per couple

TIMES Mondays, May 2, 9, 16 and 23, from 6:30 to 8:30 p.m.

Prepared Childbirth: Weekend Class
This class covers the basics on how to prepare for the big day! Topics covered include breathing and relaxation, the role of the labor partner, stages and phases of labor, variations from normal labor, cesarean sections, medications, and anesthesia.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Meeting Rooms 4 and 5, located on the lower level of St. Mary’s Medical Center

COST $60 per couple

TIMES Saturday, April 16, May 14 or June 11, from 9 a.m. to 4 p.m.

Sibling Class
A new baby is going to take a lot of mom and dad’s time and attention. This class will help to offer reassurance to big brothers and sisters about the newest addition to their family. This class is recommended for children ages 3 to 8. Children must be accompanied by an adult. Please have your child bring a baby doll or stuffed animal to class to practice holding.

REGISTER Registration required at stmarysevents.org or by calling 812.485.6016.

LOCATION Meeting Room 4, located on the lower level of St. Mary’s Medical Center

COST $8 per child

TIMES Tuesday, April 5, or Thursday, June 23, from 6 to 7:30 p.m.

Youth First Family Foundation Class for Expectant Parents
This four-week program is designed to help couples establish positive parenting skills and adjust to the physical, social and emotional challenges of parenthood. The course is intended for those expecting their first baby. The first half of the program is facilitated in the third trimester of pregnancy, and the second half of the program is facilitated after the baby is born to sharpen and extend skills as they are put into practice.

REGISTER Registration required by calling 812.485.6016 or 812.421.8336.

LOCATION Kempf Bipolar Wellness Center (third floor of St. Mary’s Rehabilitation Institute)

COST Free

TIMES First and third Wednesdays of the month from 7 to 8:30 p.m.

Bipolar Support Group
If you or a loved one is living with bipolar disorder, you are invited to attend the support group for a chance to find hope and gain support. For more information, please call 812.485.4934.

REGISTER No registration required.

LOCATION Kempf Bipolar Wellness Center (third floor of St. Mary’s Rehabilitation Institute)

COST Free

TIMES First and third Wednesdays of the month from 7 to 8:30 p.m.

Breastfeeding Support Group: Just for You
Hosted by St. Mary’s Hospital for Women & Children lactation consultants, this group offers breastfeeding mothers and families a place to find advice and support. Light snacks are provided, and you are encouraged to bring your little one (or ones) along. Lactation consultants are present to answer questions and give advice as needed.
REGISTER No registration required.
LOCATION Gift Conference Room, located in the lobby of St. Mary’s Hospital for Women & Children
COST Free
TIMES Every Thursday from 1 to 3 p.m.

Mending Hearts Pregnancy Loss Support Group
Meetings are facilitated by professionals in bereavement support. Mending Hearts: Pregnancy Loss Program provides a place to share your thoughts and feelings with others in an atmosphere of acceptance and understanding. You are invited to bring a friend or relative with you. Grandparents can also benefit from the program. For more information, please call 812.485.4204.

REGISTER No registration required.
LOCATION Gift Conference Room, located in the lobby of St. Mary’s Hospital for Women & Children
COST Free
TIMES First Tuesday of each month from 6:30 to 7:30 p.m.

Men’s Cancer Support Group
Led by cancer survivor and volunteer Richard Condi. This group welcomes and encourages men of all ages to join — those who are currently experiencing cancer treatment and survivors. All forms of cancer journeys are shared and supported amongst the participants. For questions, contact Richard at 812.598.1720 or R.Condi@twc.com.

REGISTER No registration required.
LOCATION St. Mary’s Cardiac Conference Room (second floor of St. Mary’s Center for Advanced Medicine)
COST Free
TIMES Second and fourth Monday of each month from 5:30 to 6:30 p.m.

Pulmonary Rehab Support Group
This group offers educational and social opportunities for adults with diagnosed lung disease. Family members and anyone else interested in lung disease are welcome to attend.

For more information, contact St. Mary’s Cardiopulmonary Rehab Department at 812.485.5230. Activities include social gatherings, harmonica playing, guest speakers, presentations and refreshments.

REGISTER No registration required.
LOCATION St. Mary’s Cardiac Conference Room (second floor of St. Mary’s Center for Advanced Medicine)
COST Free
TIMES Fourth Wednesday of each month from 10 to 11 a.m.

Women’s Cancer Support Group
Led by cancer survivor and volunteer Linda Bertke. This support group has been meeting for over 10 years. The group welcomes and encourages women of all ages — those who are currently experiencing cancer treatment and survivors. All forms of cancer journeys are shared and supported amongst the participants. Please call 812.485.5725 if interested.

REGISTER No registration required.
LOCATION St. Mary’s Epworth Crossing Community Conference Room
COST Free
TIMES Second and fourth Tuesday of each month from 5:30 to 6:30 p.m.

To see all of St. Mary’s support group offerings, visit stmarysevents.org.

ST. MARY’S HEALTH
Are you looking for a doctor for your child? St. Mary’s Medical Group Pediatrics has several physicians welcoming new patients at offices conveniently located throughout Evansville. Our doctors know that treating our youngest patients means more than just medicine. They understand the importance of listening and demonstrate compassion, professionalism and excellence in personalized patient care.

**EASTSIDE**

Dr. Antoinette Caldwell  
3900 Washington Avenue  
Suite 100A  
(On St. Mary’s Medical Center Campus)  
Evansville, IN 47714

Dr. William Selby  
Hebron Pediatrics  
7220 E. Virginia Street  
Evansville, IN 47715

**WESTSIDE**

Dr. Jill Smith  
5320 Weston Road  
Evansville, IN 47712

**NORTHSIDE**

Dr. Grace Esan  
2522 Waterbridge Way  
Evansville, IN 47710

For more information, visit us online at stmarys.org/pediatricians.
KAREN SUE CONAWAY never lacked for creative ideas. And she always wanted to help people — that was her mission in life. But her body weight got in the way until she made one big decision — to have bariatric surgery to lose the weight.

For Conaway, obesity followed her from childhood into her college years, where she transformed her body into the muscular profile of a weight lifter and competed in power lifting.

A few years later, after her first child was born, Conaway realized her body composition had turned from muscle to fat — and she felt different.

“I had always been an active person, had my two sons, and was foster parent to over 40 children,” Conaway says. She also started Evansville’s popular Franklin Street Bazaar, the farmers market on the historic west side.

“But when I was 35, I felt myself slowing down,” Conaway says. “I was starting to have physical problems.” A series of foot surgeries slowed her even more.

The root of the problem
She was diagnosed with polycystic ovary syndrome, a painful condition linked with insulin resistance and diabetes. It’s a genetic disorder passed from her paternal grandmother.

Her own story was very close to her grandmother’s, who was also very athletic in her younger years but became obese in her adult life — and coped with diabetes, a stroke and open-heart surgery — because of polycystic ovary syndrome. “I could see my life in front of me,” Conaway says. However, there was one big difference. While there’s no cure for polycystic ovary syndrome, there are numerous treatments to lose weight — which offsets the diabetes-related risks to her health.
Bariatric surgery is well-researched and known to be effective for significant weight loss — plus reversing diabetes risks. Conaway was moving closer, in her heart and mind, toward taking this decisive action to lose the weight and to trim down her 200-plus-pound figure.

The tipping point

For Conaway, a seemingly ordinary trip to the local Wal-Mart was a turning point. Still nursing her foot in a cast, she chose to ride in the store’s electric cart for the first time. In that vulnerable position, she came face-to-face with a high school friend — and saw her friend’s astonished reaction.

“I saw myself in her eyes, and that was my deciding moment,” says Conaway. “In a very short time, I was at St. Mary’s attending orientation in their weight-loss program.”

Conaway’s surgery was in April 2010, but it took nearly a year to prepare. She immersed herself in St. Mary’s weight-loss program, losing 20 pounds prior to having gastric bypass surgery.

“The staff provides excellent nutritional education and support,” she says. “They do a great job letting us know what to expect before surgery and the protocols we needed to follow. They also had a step-by-step guide on what to drink and consume during the days, weeks and months following surgery.”

After her surgery, Conaway closely adhered to the eating, exercise and vitamin supplement program. “Today, I’m able to be much more physically active,” she says. “Six times a week, I’m either walking or doing hot yoga at the YMCA.”

Interested in Learning More About Weight-Loss Surgery?

Join St. Mary’s Weight Management Center for a free orientation session.

Held the second and fourth Tuesday of each month
5:30 to 6:30 p.m.
Register by calling 812.641.1978

Building momentum

After bariatric surgery, Conaway’s life really started changing.

With her newfound energy and confidence, she decided to adopt two boys. “I absolutely know that as a single woman, I would not have made the decision to adopt if I had not regained my health,” she explains.

Her new dedication to healthy eating — plus her desire to help disabled people — led Conaway to launch a company called iPICKHERE.com. The company is a “food hub” that connects customers with area farmers markets and food — providing online ordering, she explains.

All these initiatives are a direct result of her weight loss, Conaway says. “It simply would not have been possible when I was obese, without taking that first step and having bariatric surgery.”

To prospective bariatric patients, Conaway advises, “Don’t look at the weight loss as a destination, but as a continued journey. You will have setbacks, but you need to keep moving forward…because you never know where the path might lead.”

“When I was 35, I felt myself slowing down. I was starting to have physical problems.”

—Karen Sue Conaway
We’re a Baby-Friendly Hospital!

**ST. MARY’S HOSPITAL FOR WOMEN & CHILDREN** belongs to an elite group: the select few U.S. healthcare facilities officially designated as baby-friendly hospitals. This means we meet the highest standards for maternity care and infant feeding, according to the Baby-Friendly Hospital Initiative.

To earn this status, hospital staff members at all levels received comprehensive training, followed by on-site evaluation by the accrediting agency, Baby-Friendly Hospital–USA. The goal of the agency’s qualifying process: to make sure we’re providing evidence-based, gold-standard care for newborns and their moms.

In attaining Baby-Friendly Hospital status, we’ve proven our commitment to these three crucial elements of optimal care:

- **Promoting skin-to-skin contact.** Cuddling skin-to-skin helps parents and newborns bond. It also helps regulate baby’s body temperature, heart rate and blood sugar and lays the foundation for a nurturing parent-child relationship.
- **Encouraging breastfeeding.** Human breast milk provides the best mix of nutrients and antibodies for babies to thrive. Breastfeeding helps mothers recover from childbirth, promotes the development of a baby’s brain and nervous system, and fosters closeness between mother and child.

Of course, we offer support for mothers and families no matter how they choose to feed their baby. Those who choose not to breastfeed or who are unable, are provided education about safe preparation of formula and baby-led feedings.

- **Enabling rooming-in.** Rooming-in is the practice of babies staying with their mothers as many hours of the day and night as possible. Mothers and infants who practice rooming-in have more time for skin-to-skin contact. Moms can breastfeed their newborns on demand, which also encourages closeness and teaches babies that their needs will be met.

Our baby-friendly hospital status is an outward sign of what’s always happening inside our hospital: constant striving to take the best possible care of you and your family.

We welcome all expectant moms and dads to tour our birthing center before baby’s due date. For information, get connected with our personal birth consultant at 812.485.6016.
St. Mary’s OB/GYN physicians are caring, compassionate and committed to providing the quality care you deserve.

stmarys.org/OBGYN
Spring Tuna Salad

Makes 2 servings.

**Ingredients**
- 1 (6-ounce) can water-packed albacore tuna
- ¾ cup finely chopped Honeycrisp, Gala or Fuji apple
- ½ cup finely chopped green bell pepper
- ½ cup finely chopped scallions, green and white parts
- 2 tablespoons fresh lemon juice
- Salt and ground black pepper to taste
- 1 tablespoon canola oil
- ½ cup chopped fresh dill
- 2 teaspoons grated lemon zest
- 4 butter or Boston lettuce leaves
- 4 slices European (English) cucumber
- 2 lightly packed cups watercress sprigs

**Directions**
- In mixing bowl, finely flake tuna with fork. Mix in apple, green pepper and scallions. Add lemon juice, salt and pepper to taste, and toss to combine. Mix in canola oil. The salad may be covered and refrigerated for up to 4 hours.
- When ready to serve, mix in the dill and lemon zest. Line 2 salad plates each with 2 lettuce leaves and add 2 cucumber slices. Mound ½ of the tuna salad on each plate. Surround with the watercress sprigs, and serve.

**Nutrition information**

Serving size: ½ recipe. Amount per serving: 220 calories, 10g total fat (1g saturated fat), 12g carbohydrates, 22g protein, 3g dietary fiber, 55mg sodium.

Source: American Institute for Cancer Research

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Walk Off The Weight

It’s possible to lose some excess weight just by consuming fewer calories. But to keep that weight off, you also need to burn more calories through physical activity.

One of the safest ways to get more exercise is also one of the easiest: walking. Start with a brisk 10-minute walk every day. Build up until you’re hoofing it for at least 150 minutes a week, for at least 10 minutes at a time.

Give walking a try when:
- The elevator is there — but so are the stairs
- The parking space farthest from your entrance is empty
- You’re between flights at the airport
- A craving for something sweet strikes
- You have a 10-minute break at work
- Your kids are restless — and so is the dog

Sources: Centers for Disease Control and Prevention; U.S. Department of Health and Human Services