2024

COMMUNITY HEALTH NEEDS ASSESSMENT

Union Health
Healthier, together.

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Overview

This chapter starts with an Executive Summary which provides an overview of the report. It highlights the main points and key findings of Union Health's 2024 Community Health Needs Assessment (CHNA), providing a summary of the research and findings shared in this document.

This report is a comprehensive analysis of the health challenges and opportunities present in Union's service area. It contains a lot of information and can be overwhelming to read and process. The Executive Summary offers an accessible place to begin to understand the true nature of the health challenges and opportunities in the local area.

After the Executive Summary is the Introduction which contains information about the purpose of the CHNA report, a description of Union Health System and the hospitals owned by Union, a definition of the community served, a summary of community feedback received from the previous CHNA report, and an overview of the remainder of this report.

Executive Summary

Introduction & Community Served

Purpose of CHNA
The U.S. Patient Protection and Affordable Care Act of 2010 (aka the Affordable Care Act or ACA), requires all nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. The assessment provides an opportunity for hospitals to evaluate the health needs of the communities they serve. It also requires hospitals to outline a plan for addressing the needs identified through the assessment.

The CHNA is meant to be a form of community benefit and is designed to help hospitals improve the health of communities by understanding and responding to the needs of the those served. Done well, a CHNA can serve as a catalyst for community change; and that's the intent of this report.

About Union Health
Union Health is an award-winning, integrated health system and the largest employer in Wabash Valley Area where Union's hospitals are located. Union Health is an independent nonprofit health system comprised of Union Hospital (Terre Haute), Union Hospital Clinton, and Union Medical Group. Union Health offers a full spectrum of health services to anyone in need in West Central Indiana and East Central Illinois.

Union's two hospitals serve over 250,000 people in both urban and rural areas in the following counties:

- Clay, Greene, Parke, Sullivan, Vermillion and Vigo counties in Indiana;
- And Clark, Crawford and Edgar counties in Illinois.

Executive Summary

Union Hospital in Terre Haute is a Level III trauma center licensed for 341 beds (operating 257 acute care beds). It provides medical-surgical, obstetric, pediatric, coronary care, post-coronary care, intensive care services, and has the largest emergency department in the area. It's a referral center for many services and also houses pharmacy and family medicine residencies.

Union Hospital Clinton primarily serves Parke and Vermillion counties in Indiana and is fully contained within the broader Union Hospital Terre Haute service area. It's a critical access hospital that provides emergency services along with a full range of inpatient and outpatient care.

Description of Community Served
Overall, the population served by Union Health is older, has lower income than average, lower levels of advanced education, and is primarily White, non – Hispanic/Latino. Every county in the service area has a lower per capita income and lower median household income than state and US averages. Vermillion and Vigo counties, where Union's hospitals are located, have troubling education and economic indicators in every primary measure shown in the table below, including lower median household income, higher overall poverty rate, higher childhood poverty rate, lower high school graduation rate, lower % of adults earning a bachelor's degree or higher, and lower employment than state and national averages.

Population Demographics in Union Health's Primary Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Total Population	331,449,281	12,812,508	6,785,528	26,466	30,803	16,156	20,817	15,439	106,153	15,455	18,679	16,866
Median Age	39.2	39.5	38.3	41.2	43.1	42.5	41.3	42.5	35.9	42.0	42.4	46.4
Median Household Income	$78,538	$80,306	$70,051	$67,676	$59,753	$66,776	$54,985	$59,363	$47,659	$70,625	$67,614	$56,909
Overall Poverty Rate	11.1%	11.6%	12.5%	12.7%	12.7%	14.4%	12.7%	14.0%	18.5%	9.5%	11.6%	11.8%
Child Poverty Rate	16.0%	14.7%	15.4%	17.0%	17.7%	20.5%	17.2%	18.3%	20.5%	10.5%	11.5%	18.6%
High School Graduation Rate	87.4%	87.6%	88.8%	88.8%	95.0%	90.2%	87.2%	84.5%	77.0%	88.9%	85.7%	88.9%
Bachelor's Degree or Higher	35.0%	38.3%	28.8%	17.0%	14.6%	14.2%	14.3%	17.2%	27.0%	24.3%	20.6%	20.1%
Employment Rate	63.0%	62.1%	63.9%	58.7%	55.2%	49.2%	51.3%	54.4%	52.9%	57.2%	52.6%	54.0%
Veteran	6.1%	4.7%	6.2%	5.8%	9.3%	8.8%	8.5%	7.4%	7.1%	7.9%	7.8%	5.9%
White	75.3%	58.8%	83.7%	96.7%	97.4%	96.0%	92.7%	95.6%	87.7%	97.0%	92.5%	97.1%
Hispanic or Latino	19.5%	19.0%	8.8%	2.1%	2.2%	1.7%	2.0%	1.7%	3.3%	1.8%	2.8%	1.7%

Executive Summary

Key Indicators

A thorough review of primary and secondary data was conducted to identify top health issues in Union's service area. The measures identified below show trends in strengths/areas that have improved, and challenges/areas with worsening outcomes in relation to the health of the community.

LOW RATE OF
UNINSURED

HIGH RATE FOR
ROUTINE CHECKUPS

Strengths / Improved Outcomes

The percentage of individuals who are uninsured (without health insurance) is better than average in most of Union's service area, and the percentage of adults receiving routine health checkups is better than average in all of the primary counties served. These are positive steps to build upon in efforts to improve the health of the community.

Challenges / Worsening Outcomes

While there are some strengths in the community's health measures, there also many challenges. People living in Union's service area have a shorter lifespan than average; it has decreased over the past five years and is worse than state and national averages in eight of the nine counties. There are higher rates of premature mortality, and higher numbers of poor physical and mental health days indicating an overall poor and declining state of health. There's a shortage of primary care physicians and dentists in the area served. And there's a notably poverty rate, especially in Vigo County which has nearly half of the area's population.

DECREASING
LIFE EXPECTANCY

OF POOR PHYSICAL
& MENTAL HEALTH DAYS

SHORTAGE OF
PROVIDERS

HIGH POVERTY RATES

Executive Summary

Needs Assessment Methodology

A variety of tools and tactics were used to collect and analyze information for this report. Primary data was gathered through a community survey, focus groups, and interviews with community partners. Secondary data was collected from a wide variety of reputable and reliable sources.

Surveys - Employees from Union Health with experience in survey design and distribution, data collection and analysis, public health, and community engagement designed a health needs survey to distribute in the community. The survey was anonymous and available in English and Spanish. It was distributed largely in-person to adults at community events and gatherings throughout Union's service area during the latter half of 2024. Over 1,500 individuals, reflective of the community served, completed the survey.

Focus Groups - Focus groups were used to gather qualitative data and reach underserved populations. Focus group meetings ranged in size from 5 – 18 participants and were held in community settings convenient for each group. Meetings were not recorded and participants were not asked to identify themselves. 13 total focus group sessions were completed reaching 130 individuals from diverse backgrounds across Union's service area.

Secondary Data - Secondary data was collected from a wide variety of sources to provide background information, inform research efforts, and validate data received from primary sources. Key inclusion criteria used to evaluate secondary sources included a determination of whether each source was reputable, sustainable, and transparent. A full list of sources used is available in the "References" chapter at the end of this report.

Key Informants - Key informants were interviewed to gather additional information about the health of the community. Leaders from local health departments provided input into the top health issues impacting their respective communities. Staff from community organizations in Union's service area also provided feedback based on their areas of expertise.

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Survey Findings

The survey designed and distributed for Union Health's 2024 community health needs assessment was completed by 1,546 individuals. It was anonymous and consisted of three main questions along with demographic questions to ensure respondents reflected the community served. Results for the three primary questions are found below.

Question #1: How would you rate the overall health of your community?

Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
3.88%	16.62%	47.28%	28.33%	3.88%

Nearly half of respondents selected the midpoint option, "Somewhat Healthy." The midpoint is often viewed as a neutral response and many people select it when it's available on surveys, so it's important to look beyond it in order to get a better understanding of the results. An equal number of respondents selected answers at the ends of the scale; that left two responses to compare. A significantly higher number of respondents rated the overall health of their community as "Unhealthy" (28.33%) versus those who rated it as "Healthy" (16.62%).

The same question was asked of the senior leadership team at Union Health and they unanimously said the overall health of the community is "Unhealthy." This is supported by secondary data as well.

Question #2: What do you think are the three most important health problems in your community?

18 response options were available on the survey and listed in alphabetical order. The options were primarily selected for inclusion in the survey based on the health concerns identified in previous CHNA reports at Union. Additional response options were added based on population trends and data from secondary sources.

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Nearly 70% of the 1,546 survey respondents ranked "Alcohol / Drug Addiction" as a top three health problem in the community. Almost half ranked mental health as a top issue and one-third ranked obesity in the top three. Full results showed the following priorities for survey respondents:

- Alcohol / Drug Abuse (67.08%)
- Mental Health (48.64%)
- Obesity (32.08%)
- Tobacco Use / Vaping (22.96%)
- Diabetes (22.06%)
- Cancer (17.53%)
- Child Abuse / Neglect (16.69%)
- Heart Disease & Stroke (16.56%)
- Aging Issues (14.10%)

- Domestic Violence (10.67%)
- Suicide (7.44%)
- Dental Health (6.66%)
- Teen Pregnancy (2.46%)
- Firearm - Related Injuries (2.39%)
- Lung Disease (1.88%)
- STDs / STIs (1.88%)
- Other (1.49%)
- Infant Death (1.23%)

Question #3: How would you rate the following issues for your household?

Eight different issues corresponding to key social determinants of health were listed in a table below the question and respondents were asked to check one response for each issue. Response options included: "Serious Problem," "Moderate Problem," "Not a Problem," or "Doesn't Apply." Results were calculated and ranked by adding "Serious" and "Moderate" responses for each issue area. The top issue reported was "Income/Wages" with ~50% of respondents saying it's a problem for their household.

Survey results were calculated in two ways: Overall and Adjusted. Overall = Serious + Moderate responses divided by total respondents. Adjusted = "Doesn't Apply" responses removed from total respondents for each issue.

OVERALL

- Income / Wages (47.09%)
- Access to Health Services (25.94%)
- Social Isolation (24.71%)
- Food Access (20.57%)
- Housing (20.44%)
- Childcare Services (19.53%)
- Discrimination (18.44%)
- Transportation (17.07%)

ADJUSTED

- Income / Wages (51.08%)
- Childcare Services (31.13%)
- Access to Health Services (28.50%)
- Social Isolation (27.94%)
- Housing (22.75%)
- Food Access (22.50%)
- Discrimination (21.41%)
- Transportation (19.03%)

Executive Summary

Focus Group Findings

Focus groups were used to gather qualitative data and to reach underserved populations in more personal settings throughout Union's service area. While the community health needs survey was open to everyone in the service area, focus groups were used to prioritize the voices of the underserved, marginalized and minority populations in the Wabash Valley.

13 focus groups were held throughout the community during the latter half of 2024. Groups ranged in size from 5 – 18 participants with 130 total individuals reached from diverse backgrounds ranging in age from 16 – 80+ years old. Participants were assured they would remain anonymous; this helped encourage more open and honest dialogue. Meetings were not recorded but notes were taken by members of the CHNA work group.

Priority populations reached included the following:

Focus Group Priority Populations		
Adult Learners	College Students	Disabled Residents
Foreign-Born Individuals	Homeless Residents	Individuals without a College Degree
Individuals with Serious & Persistent Mental Illness	Individuals with Substance Use Disorder	Justice-Involved Residents
LGBTQ+ Individuals	Low-Income Individuals	Low Resource Communities
Racial / Ethnic Minorities	Rural Residents	Senior Citizens
Single Parents	Veterans	Young Adults

A trained primary facilitator led all focus group conversations, ensuring consistency in the approach. Each group was asked the same question to begin the conversation: "What kind of community do you want to live in?"

After the groups discussed that for some time, they were asked to prioritize the top 2-3 ideas for what kind of community they want to live in. 12 of the 13 groups had the exact same answer. They want to live in a safe community and a healthy community. The 13th group, comprised of homeless residents, said they want to live in a supportive community.

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The facilitator guided focus groups through a more detailed conversation about each of the topic areas: safety and health. For each area, the groups discussed what concerns they had, how the issues affect them, what's preventing us from making progress, what needs to happen to create change, who they trust to take action on the issues, and what progress looks like. Key concerns are listed below with full details available in the report.

A Safe Community

Key concerns about safety cited by focus group members included:

- Domestic Violence
- Drugs / Substance Abuse
- Easy Access to Illegal Substances by Minors
- Environmental Safety
- Excessive # of Tobacco Outlets and Liquor Stores
- Gun Violence / Access to Guns
- Homelessness
- Lack of Handicapped Access in the Community
- Lack of Opportunities for Teens / Young Adults
- Lack of Progress
- Mental Health
- Online Safety
- Perceived Treatment by Law Enforcement
- Poverty
- Property Crime / Petty Crime
- Traffic Safety
- Unsafe Areas
- Women's Safety

A Healthy Community

Key concerns about health cited by focus group members included:

- Access to Care
- Addiction & Drug Abuse
- Ambulance Use & Accessibility
- Community Reputation
- Cost of Care & Lack of Price Transparency
- Few Options for Care
- Health Information & Education
- Homelessness
- Increase in Chronic Diseases
- Insurance Coverage
- Lack of Cultural Competency
- Lack of Progress
- Mental Health
- Not Enough Healthcare Providers
- Not Being Heard
- Process / Care / Communication
- Quality of Care
- Social Determinants of Health
- Stigma
- Transportation
- Wait Times

Executive Summary

Top Health Issues

The top three health issues identified by community members in the 2024 survey included alcohol / drug abuse, mental health and obesity. Secondary data supports the prioritization of these issues as they play an outsized role in the poor health of residents in the Wabash Valley area.

To help prioritize the remaining health issues listed on the community survey, we considered five key questions:

1. How did community members rate each health issue?
2. Does secondary data support the prioritization of the issue?
3. Does Union have the resources needed to address the issue?
4. Are there additional resources available in the community to help address the issue?
5. What is the overall impact to the community of addressing or not addressing the issue?

Assessing each health issue through these questions led to the prioritization of the following for Union's service area:

1. Alcohol /Drug Abuse
2. Mental Health
3. Obesity
4. Tobacco Use / Vaping
5. Diabetes
6. Cancer
7. Child Abuse / Neglect
8. Heart Disease & Stroke
9. Aging Issues
10. Lung Disease

Community Input

Secondary Data

Ability to Address

Additional Resources

Overall Impact

The first nine issues are in the same order of priority that the community ranked them in survey results. The only change made is moving lung disease into the top ten. Lung disease and respiratory illness is a serious issue affecting many people and it's a strong fit for our inclusion criteria in the prioritization process.

The other health issues not listed in the top ten are also important and Union will continue to monitor and address them to the best of our ability.

Executive Summary

Assets

As part of the CHNA process, nonprofit hospitals are asked to describe the resources available to address the significant health needs in their community. Union has historically identified a variety of external resources available in the community. In this report we continue to highlight many of those assets, but we also look inward at the wealth of assets Union can offer in support of improving the health and wellness of the community served.

Key COMMUNITY ASSETS available include the following:

Chambers of Commerce, churches / faith community, community foundation, county health departments, early education / Pre-K programs, employers, extension offices, farmers markets, fitness centers, grocers / food pantries, higher education institutions, K-12 schools, libraries, local governments, local media, museums, nonprofit & social service organizations, other hospitals & health providers, parks & recreations areas, and service clubs.

Key assets available through UNION HEALTH include the following:

- 3,000+ employees
- Birthing Center
- Cafeterias
- Clinical Care Space & Staff
- Convenient & Emergency Care
- Events
- Fitness Center
- Health Educators & Programs
- Health Equipment & Supplies
- Hospital Foundation
- Laboratories
- Leverage, Platform & Reach
- Marketing
- Meeting Spaces
- Money & Mandate
- Nutritionists
- Occupational Health
- Peer Navigators
- Pharmacies
- Pop-up Clinics
- Power (Implicit & Explicit)
- Primary Care Services & Providers
- Psychiatric Care & Providers
- Relationships
- Researchers
- Residency Programs
- Rural Clinics
- Screening & Testing
- Simulation Center
- Social Workers & CHW's
- Specialty Care & Providers
- Vehicles

As the largest employer in the region and the largest nonprofit health system between St. Louis, MO and Indianapolis, IN, Union is uniquely positioned to assume a leadership role in improving health outcomes.

Executive Summary

<u>Evaluating Change</u>

One of the requirements for completing a CHNA is evaluation. Nonprofit hospitals are asked to evaluate the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA report. Union Health identified the following eight "Priority Health Needs" in the 2021 CHNA report: Obesity & Lack of Exercise, Heart Disease & Stroke, Diabetes, Cancer, Tobacco/Vape, Behavioral Health, Infant Mortality, and Substance Abuse.

Each priority health need had a variety of interventions listed with it. These interventions included activities, programs and ideas meant to improve health outcomes for the related health needs. Each 2021 priority health need is summarized below with an evaluation of trends in the overall health outcomes. A more detailed evaluation is found in the full report.

OBESITY (YOUTH & ADULT) & LACK OF EXERCISE »»
There have not been positive changes related to obesity rates in Union Health's service area since the previous CHNA report. Obesity rates have continued to rise and are higher than state and national averages. Vigo and Vermillion counties, where Union's hospitals are located, have higher obesity rates than Indiana overall and those rates have gotten worse since 2019. Trend lines show an expected increase in obesity rates for both counties in the future if nothing changes.

HEART DISEASE & STROKE (MEN & WOMEN) »»
There are mixed results in changes related to heart disease & stroke rates in Union Health's service area over time, but the overall trend is still poor.

Steady improvement was seen in heart disease death rates in the US from 2010 – 2019, but that changed in ~2019 with rates getting worse nationwide. Heart disease death rates are worse than state and national averages in Union's service area and have been continually getting worse in Vigo County for over a decade. Vigo and Vermillion counties have had some of the worst heart disease death rates in the state for many years.

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DIABETES ⟫

More information is needed to determine whether or not there have been changes related to diabetes rates in Union's service area since the previous report. The overall prevalence rate for adult diabetes has increased in the service area for many years, but the numbers vary by county. Given the fact that diabetes rates are historically higher in Indiana than the national average and trending up across most of Union's service area, it's reasonable to think the overall rate of diabetes has not improved since the last report, but more recent data is needed to make that determination.

CANCER ⟫

There are mixed results related to cancer rates in Union's service area since the previous CHNA report. Cancer deaths have trended down nationally for many years, but incidence rates have increased for six of the top ten cancers and at concerning rates among women, adolescents and children. Cancer incidence rates vary across Union's service area by type of cancer with increases in prostate cancer and decreases in breast cancer. A bigger picture view shows the incidence rate for "All Cancer" is higher than average in most of Union's service area, and almost every county has a statistically significant higher mortality rate for "All Cancer" than state average. More recent data is needed to determine further trends.

TOBACCO/VAPE ⟫

There have not been significant positive changes related to tobacco/vape rates in Union's service area since the previous CHNA report. Tobacco use has remained persistently high over many years in the service area despite state and national trends showing considerable declines. The use of vapes and smokeless tobacco products is increasing as well, especially among younger generations. Tobacco/Vape rates are higher than state and national averages in all of Union's service area.

Executive Summary

BEHAVIORAL HEALTH »»

There have not been positive changes related to behavioral health in Union's service area since the previous CHNA report. The percentage of adults reporting frequent mental distress has been increasing across the nation for over a decade and is significantly higher in Union's service area where the percentage of adults with frequent mental distress nearly doubled from 2014 – 2022.

SUBSTANCE ABUSE »»

There are mixed results in changes related to substance abuse in Union's service area since the previous CHNA report, but the overall trend is poor. Substance abuse deaths have increased significantly across the nation in the last decade with the rate in Indiana outpacing the national average (this has recently started to slow). The substance abuse death rate in the service area is lower than the state average for Indiana, but rates of drug use and non-fatal ED visits show substance abuse is still a major problem.

INFANT MORTALITY »»

There have been significant positive changes related to infant mortality rates in Union's service area since the previous CHNA report. For many years infant mortality in Indiana has been among the highest in the nation, and the rate has been even higher in Union's service area. But more recent data shows that for the first time since 2019, Indiana saw a decrease in infant mortality. There was a notable drop in Union's service area as well, and while the rate is still higher than the US average, there are signs of progress.

The impact of actions taken to address the priority health needs identified in Union's 2021 CHNA include mixed results. The effects of the Covid-19 pandemic undoubtedly played a role in the lack of progress for many of the areas. But the positive progress seen in infant mortality is a bright spot deserving of further consideration.

Executive Summary

Implementation Efforts & Framework for Change

Union Health is addressing the significant health needs of the community in a variety of ways through primary care services, specialty care, screenings, referrals and health education. Additional resources provided through Union include a pain management clinic, free Narcan vending machine, bereavement support, weight loss clinic, onsite fitness center, nutrition classes, diabetes clinic, support groups, parent education, family support, and more.
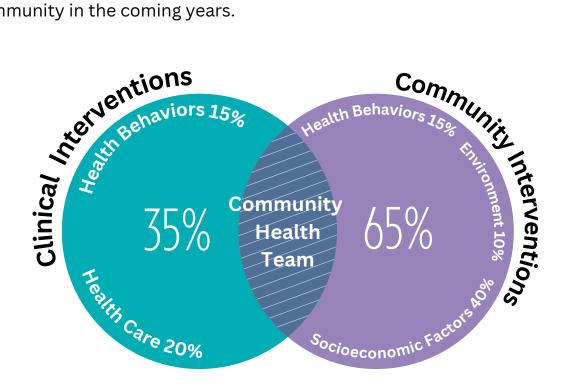
As the largest provider of health services in the area, Union provides levels and types of care that are critical to improving health in the region. Many resources are required to provide this level of care including staffing, facilities, and ongoing training and investment. Union works with many partners including other hospitals and health systems, FQHC's and community clinics, higher education institutions, school districts, elected officials (local, state and federal), social service organizations, and others to help address the health needs of the community. The anticipated impact of all this work is improved health and wellness for the community served.

Most hospitals and health systems, including Union, have historically focused on clinical care as a means to improving health. While clinical care and access to that care are vitally important, this view of health is only a small part of what actually comprises a person's overall health and wellness. Clinical care and services only make up 20% of a person's overall health and wellness. The remainder is social determinants of health (SDOH) (40%), health behaviors (30%), and environment (10%), which means the greatest opportunity for Union to make progress in improving the health of the community is by moving upstream and identifying strategies that address the root causes of poor health.

For that reason, a new framework has been proposed to serve as a guide for Union's CHNA implementation work in the coming years. Clinical interventions are needed and will continue, but the larger opportunity lies in addressing SDOH and engaging in community work and solutions.

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<u>Framework for Change</u>

The proposed new framework is meant to serve as a starting point for guiding Union's work in addressing the serious health needs of the community in the coming years.

This is only a framework. Details of what it looks like in terms of activities, interventions, partnerships and measurements still needs to be resolved. Implementation strategies should use the PSE model of change, addressing policy, systems, and environment. Having a dedicated "Community Health Team" with the resources and support needed to work through the process will be critical for building relationships and long-term success.

Conclusion

This report describes the process and findings of a truly comprehensive community health needs assessment for Union Health and the residents of the Wabash Valley Area. The findings and proposed new framework for change will guide the community health improvement efforts of Union's hospitals in the coming years as we work to make measurable change in improving health and wellness for the community served.

Introduction

Purpose of CHNA
The U.S. Patient Protection and Affordable Care Act of 2010 (aka the Affordable Care Act or ACA), requires all nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years.

The assessment provides an opportunity for hospitals to evaluate the health needs of the communities they serve. It also requires hospitals to outline a plan for addressing the needs identified through the assessment.

The CHNA is meant to be a form of community benefit and is designed to help hospitals improve the health of communities by understanding and responding to the needs of those served. Even before it was required for hospitals, the CHNA was considered a "best practice within the field of public health" prompting "those working to improve community health to consider local conditions – both community needs and assets – which lead to more targeted, effective community-change work" [1].

Done well, a CHNA can serve as a catalyst for community change; and that's the intent of this report.

About Union Health System
Union Health is an award-winning, integrated health system and the largest employer in the Wabash Valley Area where Union's hospitals are located. It's an independent nonprofit health system comprised of Union Hospital (Terre Haute), Union Hospital Clinton, and Union Medical Group.

The health system offers a full spectrum of health services to anyone in need in West Central Indiana and East Central Illinois through its hospitals, clinics and related programs.

Description of Union Hospitals & Community Served

About Union Hospital, Inc.
Union Hospital, Inc. is comprised of Union Hospital in Terre Haute, Indiana, and Union Hospital Clinton, in Clinton, Indiana.
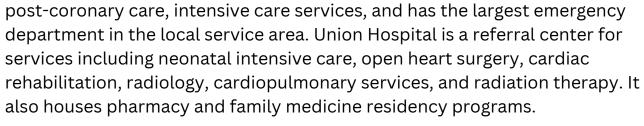
Introduction

Union Hospital serves over 250,000 people in both urban and rural areas in the following counties:

- Clay, Greene, Parke, Sullivan, Vermillion and Vigo counties in Indiana;
- And Clark, Crawford and Edgar counties in Illinois.

A detailed description of the populations residing in the service area can be found in chapter two of this report.

Union Hospital in Terre Haute is a Level III trauma center licensed for 341 beds (and staffs and operates 257 acute care beds). It provides medical-surgical, obstetric, pediatric, coronary care, post-coronary care, intensive care services, and has the largest emergency department in the local service area. Union Hospital is a referral center for services including neonatal intensive care, open heart surgery, cardiac rehabilitation, radiology, cardiopulmonary services, and radiation therapy. It also houses pharmacy and family medicine residency programs.

Union Hospital Clinton primarily serves Parke and Vermillion counties in Indiana and is fully contained within the broader Union Hospital service area. It's a critical access hospital located 15 miles north of Union Hospital Terre Haute. Union Hospital Clinton provides emergency services along with a full range of inpatient and outpatient care.

In 2017 Union Hospital Clinton became "Chest Pain Accredited" through the American Heart Association. And in 2023 it was ranked as the fourth fastest hospital in the nation for transferring patients to another facility for acute coronary intervention.

Union Hospital Clinton is designated as a "Stroke Ready Center" by the Healthcare Facilities Accreditation Program. It's one of only seven hospitals in Indiana to receive this distinction.

Introduction

Union's hospitals have a long history of providing care to individuals and families in the Wabash Valley Area over the last 125+ years and they continue to serve anyone in need.

By the numbers:

Hospital Admissions	Emergency Room Visits	Outpatient Visits
15,250+	60,375+	875,000+

Community Feedback from Previous CHNA Report
Union shared the 2021 CHNA report with the public and maintains a link to it online, accessible through Union Health's website. No feedback has been received from the public regarding that report.

Remainder of Report
The remainder of this report includes the following:

- Description of community demographics and population served;
- Accounting of the process and methods used to obtain, analyze and synthesize primary and secondary data for this assessment;
- Description of the process and criteria used to identify and prioritize the community health needs;
- Explanation of the significant health needs and how they're impacting the community;
- Identification of assets that may be available to help address the health needs in the community;
- Evaluation of progress in addressing previously identified significant health needs of the community;
- Description of current efforts to address significant health needs and a framework for change to better address complex needs going forward.

2

Community Served

This chapter provides a detailed demographic breakdown of each of the nine counties located in Union Health's primary service area in Indiana and Illinois. A description of each county is provided and includes population numbers, geographic traits and/or notable features, schools, the largest employers, and information about any hospitals located in the county.

The tables following the narrative description include a more detailed look at demographic data. This includes information about the population's age, income, housing, education, employment, etc. and compares county level data to state and federal averages. The racial/ethnic demographics of the population are included at the end of each county's section.

Overall, the population served by Union Health is older, has lower income than average, lower levels of advanced education, and is primarily White. Every county in the service area has a lower per capita income and lower median household income than state and US averages.

Clay County, IN

Clay County is a largely rural county in West Central Indiana with a population of 26,466 residents [2]. The city of Brazil is the county seat and has a population of 8,176. There are 14 community parks in the county supported and maintained by volunteers and local companies [3].

The county has two public high schools and seven elementary schools [4]. The largest employers include Great Dane Trailers, Process Development & Fabrication, Inc, Ascension St. Vincent Clay, Morris Manufacturing & Sales, Walmart, Kroger, and the public school system [5]. Clay County is home to one 25-bed, critical access hospital, Ascension St. Vincent Clay, a private nonprofit hospital that offers primary, specialty and emergency care [6, 7].

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
11,655	41.2 US: 39.2 IN: 38.3	$36,588 US: $43,289 IN: $37,178	77.5% US: 65.0% IN: 70.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
90.4% US: 87.7% IN: 89.3%	22.9% US: 21.7% IN: 23.1%	$67,676 US: $78,538 IN: $70,051	$128,900 US: $303,400 IN: $201,600
Average Family Size	Age 65+	Uninsured	Median Gross Rent
2.92 US: 3.09 IN: 3.04	19.6% US: 17.7% IN: 17.2%	5.7% US: 7.9% IN: 7.6%	$837 US: $1,348 IN: $1,020

Sources: US Census Data [8], US Census Data Quick Facts [9], Indiana University Prevention Insights [10]

Clay County, IN

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
5.8%	12.7%	88.8%	58.7%
US: 6.1% IN: 6.2%	US: 11.1% IN: 12.5%	US: 87.4% IN: 88.8%	US: 63.0% IN: 63.9%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
0.7%	17.0%	14.1%	29.1
US: 13.9% IN: 5.9%	US: 16.0% IN: 15.4%	US: 8.8% IN: 9.2%	US: 26.6 IN: 24.0
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
1.0%	53.1%	17.0%	13.2%
US: 22.0% IN: 9.8%	IN: 49.4%	US: 35.0% IN: 28.8%	US: 13.4% IN: 13.8%

Race / Ethnicity

White = 96.7% (US: 75.3% & IN: 83.7%)   *BIPOC = 3.3% (US: 24.7% & IN: 16.3%)*

Asian: 0.3% (US: 6.4% & IN: 2.9%)

Black or African American: 1% (US: 13.7% & IN: 9.4%)

Hispanic or Latino: 2.1% (US: 19.5% & IN: 8.8%)

Two or More Races: 1.5% (US: 12.5% & IN: 10.2%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Greene County, IN

Greene County is a rural county in West Central Indiana with a population of 30,803 residents [11]. The town of Bloomfield is the county seat and has a population of 2,405. Shakamak State Park sits in the northwest corner of the county, spanning parts of Clay and Sullivan counties as well [12].

Greene County has five separate school districts with four high schools [13]. The largest employers include Walmart, Greene County General Hospital, Glenburn Senior Living and the public school system [14]. Greene County is home to a 25-bed, critical access hospital which is owned by the local government [15]. The hospital offers primary and specialty care services along with 24/7 emergency care [16].

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
14,329	43.1 US: 39.2 IN: 38.3	$32,807 US: $43,289 IN: $37,178	75.3% US: 65.0% IN: 70.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
89.0% US: 87.7% IN: 89.3%	21.6% US: 21.7% IN: 23.1%	$59,753 US: $78,538 IN: $70,051	$129,900 US: $303,400 IN: $201,600
Average Family Size	Age 65+	Uninsured	Median Gross Rent
2.97 US: 3.09 IN: 3.04	19.9% US: 17.7% IN: 17.2%	8.1% US: 7.9% IN: 7.6%	$788 US: $1,348 IN: $1,020

Sources: US Census Data [8], US Census Data Quick Facts [9], Indiana University Prevention Insights [10]

Greene County, IN

Veteran 9.3% US: 6.1% IN: 6.2%	Overall Poverty Rate 12.7% US: 11.1% IN: 12.5%	High School Graduation Rate 95.0% US: 87.4% IN: 88.8%	Employment Rate 55.2% US: 63.0% IN: 63.9%
Foreign Born 0.7% US: 13.9% IN: 5.9%	Child Poverty 17.7% US: 16.0% IN: 15.4%	Associate's Degree 12.7% US: 8.8% IN: 9.2%	Travel Time to Work (in minutes) 28.4 US: 26.6 IN: 24.0
Non-English Spoken @ Home 1.9% US: 22.0% IN: 9.8%	Reduced / Free Lunch 50.5% IN: 49.4%	Bachelor's Degree or Higher 14.6% US: 35.0% IN: 28.8%	Disabled 14.2% US: 13.4% IN: 13.8%

Race / Ethnicity

White = 97.4% (US: 75.3% & IN: 83.7%)   *BIPOC = 2.6% (US: 24.7% & IN: 16.3%)*

Asian: 0.5% (US: 6.4% & IN: 2.9%)

Black or African American: 0.4% (US: 13.7% & IN: 9.4%)

Hispanic or Latino: 2.2% (US: 19.5% & IN: 8.8%)

Two or More Races: 1.3% (US: 12.5% & IN: 10.2%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Parke County, IN

Parke County is a rural county in West Central Indiana with a population of 16,156 residents [17]. The town of Rockville is the county seat and has a population of 2,607. Parke County is known for its 31 covered bridges and its proximity to the Wabash River which runs along the western border [18]. The county has three public high schools [19].

Parke County is home to a large Amish population with 1,351 Amish residents making up 8% of the county's total population [20]. The largest employers include Taghleef Industries, Formflex, Rockville Correctional Facility, Scott Pet Inc, Futurex, Superior Hardwoods and the public school system [21]. There is no hospital in Parke County.

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
7,536	42.5 US: 39.2 IN: 38.3	$31,264 US: $43,289 IN: $37,178	81.6% US: 65.0% IN: 70.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
80% US: 87.7% IN: 89.3%	22.2% US: 21.7% IN: 23.1%	$66,776 US: $78,538 IN: $70,051	$139,300 US: $303,400 IN: $201,600
Average Family Size	Age 65+	Uninsured	Median Gross Rent
3.03 US: 3.09 IN: 3.04	20.2% US: 17.7% IN: 17.2%	15.7% US: 7.9% IN: 7.6%	$731 US: $1,348 IN: $1,020

Sources: US Census Data [8], US Census Data Quick Facts [9], Indiana University Prevention Insights [10]

Parke County, IN

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
8.8%	**14.4%**	**90.2%**	**49.2%**
US: 6.1% IN: 6.2%	US: 11.1% IN: 12.5%	US: 87.4% IN: 88.8%	US: 63.0% IN: 63.9%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
0.6%	**20.5%**	**11.1%**	**30.4**
US: 13.9% IN: 5.9%	US: 16.0% IN: 15.4%	US: 8.8% IN: 9.2%	US: 26.6 IN: 24.0
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
7.8%	**58.2%**	**14.2%**	**9.9%**
US: 22.0% IN: 9.8%	IN: 49.4%	US: 35.0% IN: 28.8%	US: 13.4% IN: 13.8%

Race / Ethnicity

White = 96.0% (US: 75.3% & IN: 83.7%)   BIPOC = 4.0% (US: 24.7% & IN: 16.3%)

Asian: 0.2% (US: 6.4% & IN: 2.9%)

Black or African American: 2.1% (US: 13.7% & IN: 9.4%)

Hispanic or Latino: 1.7% (US: 19.5% & IN: 8.8%)

Two or More Races: 1.1% (US: 12.5% & IN: 10.2%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Sullivan County, IN

Sullivan County is a rural county in West Central Indiana with a population of 20,817 residents [22]. The town of Sullivan is the county seat and has a population of 4,249. The Wabash River lies on the western edge of the county and makes up the state border between Indiana and Illinois. The county is served by two school corporations with two high schools and one public charter school [23]. The largest employers include Raybestos Powertrain LLC, Hoosier Energy Rural Electric Cooperative, Sullivan County Community Hospital, Walmart, the public school system, Peabody Energy Corp, McDonald's and Baesler's Market [24]. Sullivan County is home to a 25-bed, critical access hospital, which is owned by the local government and offers primary, specialty and emergency care services [25].

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
8,788	41.3 US: 39.2 IN: 38.3	$29,424 US: $43,289 IN: $37,178	75.6% US: 65.0% IN: 70.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
87.5% US: 87.7% IN: 89.3%	19.2% US: 21.7% IN: 23.1%	$54,985 US: $78,538 IN: $70,051	$122,200 US: $303,400 IN: $201,600
Average Family Size	Age 65+	Uninsured	Median Gross Rent
2.91 US: 3.09 IN: 3.04	18.5% US: 17.7% IN: 17.2%	6.8% US: 7.9% IN: 7.6%	$813 US: $1,348 IN: $1,020

Sources: US Census Data [8], US Census Data Quick Facts [9], Indiana University Prevention Insights [10]

Sullivan County, IN

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
8.5%	**12.7%**	**87.2%**	**51.3%**
US: 6.1% IN: 6.2%	US: 11.1% IN: 12.5%	US: 87.4% IN: 88.8%	US: 63.0% IN: 63.9%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
1.1%	**17.2%**	**14.0%**	**24.9**
US: 13.9% IN: 5.9%	US: 16.0% IN: 15.4%	US: 8.8% IN: 9.2%	US: 26.6 IN: 24.0
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
1.6%	**57.2%**	**14.3%**	**12.7%**
US: 22.0% IN: 9.8%	IN: 49.4%	US: 35.0% IN: 28.8%	US: 13.4% IN: 13.8%

Race / Ethnicity

White = 92.7% (US: 75.3% & IN: 83.7%)   BIPOC = 7.3% (US: 24.7% & IN: 16.3%)

Asian: 0.3% (US: 6.4% & IN: 2.9%)

Black or African American: 5.1% (US: 13.7% & IN: 9.4%)

Hispanic or Latino: 2.0% (US: 19.5% & IN: 8.8%)

Two or More Races: 1.5% (US: 12.5% & IN: 10.2%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Vermillion County, IN

Vermillion County is a rural county in West Central Indiana with a population of 15,439 residents [26]. Newport is the county seat and has a population of 515. Vermillion County is on the western border of Indiana and lies between the Wabash River and the Indiana/Illinois state line. The county is less than ten miles at its widest point but extends over 37 miles from north to south [27]. The county is served by two school corporations with two high schools [28]. The largest employers include Elanco, the public school system, Union Hospital Clinton, Walmart, International Paper, Scott Pet Products, several nursing homes and Clinton IGA [29]. The county is home to a 25-bed, critical access hospital, Union Hospital Clinton, a private nonprofit hospital that offers primary, specialty and emergency care [30].

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
7,297	42.5 US: 39.2 IN: 38.3	$30,418 US: $43,289 IN: $37,178	74.2% US: 65.0% IN: 70.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
89.1% US: 87.7% IN: 89.3%	22.1% US: 21.7% IN: 23.1%	$59,363 US: $78,538 IN: $70,051	$109,500 US: $303,400 IN: $201,600
Average Family Size	Age 65+	Uninsured	Median Gross Rent
2.80 US: 3.09 IN: 3.04	20.0% US: 17.7% IN: 17.2%	4.0% US: 7.9% IN: 7.6%	$785 US: $1,348 IN: $1,020

Sources: US Census Data [8], US Census Data Quick Facts [9], Indiana University Prevention Insights [10]

Vermillion County, IN

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
7.4%	**14.0%**	**84.5%**	**54.4%**
US: 6.1% IN: 6.2%	US: 11.1% IN: 12.5%	US: 87.4% IN: 88.8%	US: 63.0% IN: 63.9%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
0.5%	**18.3%**	**13.4%**	**28.0**
US: 13.9% IN: 5.9%	US: 16.0% IN: 15.4%	US: 8.8% IN: 9.2%	US: 26.6 IN: 24.0
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
1.5%	**57.7%**	**17.2%**	**19.4%**
US: 22.0% IN: 9.8%	IN: 49.4%	US: 35.0% IN: 28.8%	US: 13.4% IN: 13.8%

Race / Ethnicity

White = 95.6% (US: 75.3% & IN: 83.7%)   BIPOC = 4.4% (US: 24.7% & IN: 16.3%)

Asian: 0.3% (US: 6.4% & IN: 2.9%)

Black or African American: 0.8% (US: 13.7% & IN: 9.4%)

Hispanic or Latino: 1.7% (US: 19.5% & IN: 8.8%)

Two or More Races: 1.6% (US: 12.5% & IN: 10.2%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Vigo County, IN

Vigo County is a largely urban county in West Central Indiana with a population of 106,153 residents [31]. The city of Terre Haute is the county seat and has a population of 58,389. Vigo County is home to four colleges and is a regional resource for commerce and care [32]. The largest employers include Union Health, the school corporation, Indiana State University, Regional Hospital, county government, US Federal Correctional Complex, City of Terre Haute, Amcor Flexibles, Hamilton Center, ADVICS, Rose-Hulman Institute of Technology, First Financial Bank and GE Aviation [33, 34]. There are multiple hospitals in Vigo County including Union Hospital (318-bed, private nonprofit, acute care), Regional Hospital (278-bed, private for-profit, acute care), Harsha Behavioral Center (36-bed, private for-profit, psychiatric care), and Hamilton Center (private nonprofit, mental health with 16-bed inpatient unit) [35].

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
46,932	35.9 US: 39.2 IN: 38.3	$30,829 US: $43,289 IN: $37,178	63.2% US: 65.0% IN: 70.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
89.2% US: 87.7% IN: 89.3%	20.1% US: 21.7% IN: 23.1%	$47,659 US: $78,538 IN: $70,051	$140,400 US: $303,400 IN: $201,600
Average Family Size	Age 65+	Uninsured	Median Gross Rent
3.22 US: 3.09 IN: 3.04	17.8% US: 17.7% IN: 17.2%	7.7% US: 7.9% IN: 7.6%	$927 US: $1,348 IN: $1,020

Sources: US Census Data [8], US Census Data Quick Facts [9], Indiana University Prevention Insights [10]

Vigo County, IN

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
7.1%	**18.5%**	**77.0%**	**52.9%**
US: 6.1% IN: 6.2%	US: 11.1% IN: 12.5%	US: 87.4% IN: 88.8%	US: 63.0% IN: 63.9%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
2.9%	**20.5%**	**8.4%**	**19.8**
US: 13.9% IN: 5.9%	US: 16.0% IN: 15.4%	US: 8.8% IN: 9.2%	US: 26.6 IN: 24.0
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
4.7%	**60.1%**	**27.0%**	**12.7%**
US: 22.0% IN: 9.8%	IN: 49.4%	US: 35.0% IN: 28.8%	US: 13.4% IN: 13.8%

Race / Ethnicity

White = 87.7% (US: 75.3% & IN: 83.7%)   *BIPOC = 12.3% (US: 24.7% & IN: 16.3%)*

Asian: 2.1% (US: 6.4% & IN: 2.9%)

Black or African American: 7.0% (US: 13.7% & IN: 9.4%)

Hispanic or Latino: 3.3% (US: 19.5% & IN: 8.8%)

Two or More Races: 2.8% (US: 12.5% & IN: 10.2%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Clark County, IL

Clark County is a rural county in East Central Illinois with a population of 15,455 residents [36]. Marshall is the county seat and has a population of 3,947. Clark County is on the eastern border of Illinois/Indiana with the Wabash River serving as the eastern border and state line. Lincoln Trail State Park is located in the county and marks the route President Lincoln's family traveled from Indiana to Illinois in 1831 [37]. The town of Casey in Clark County is home to several Guinness World Record constructions – super-sized outdoor sculptures of items including a wind chime, rocking chair, pitchfork and more [38]. The largest employers include ZF manufacturing, Walmart, the public school system, Kirchner Building Center and Marshall Rehab & Nursing [39]. There is no hospital in the county.

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
7,327	42.0 US: 39.2 IL: 39.5	$35,425 US: $43,289 IL: $45,104	81.7% US: 65.0% IL: 67.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
88.7% US: 87.7% IL: 92.7%	22.3% US: 21.7% IL: 21.5%	$70,625 US: $78,538 IL: $80,306	$123,100 US: $303,400 IL: $250,500
Average Family Size	Age 65+	Uninsured	Median Gross Rent
2.71 US: 3.09 IL: 3.09	19.7% US: 17.7% IL: 17.6%	4.9% US: 7.9% IL: 6.2%	$828 US: $1,348 IL: $1,238

Sources: US Census Data [8], US Census Data Quick Facts [9], IL Report Card [40], IL State Board Education [41]

Clark County, IL

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
7.9%	9.5%	88.9%	57.2%
US: 6.1% IL: 4.7%	US: 11.1% IL: 11.6%	US: 87.4% IL: 87.6%	US: 63.0% IL: 62.1%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
1.1%	10.5%	14.4%	25.7
US: 13.9% IL: 15.0%	US: 16.0% IL: 14.7%	US: 8.8% IL: 8.1%	US: 26.6 IL: 28.1
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
2.2%	53.6%	24.3%	13.5%
US: 22.0% IL: 24.3%	IL: 62.7%	US: 35.0% IL: 38.3%	US: 13.4% IL: 12.5%

Race / Ethnicity

White = 97.0% (US: 75.3% & IL: 58.8%)   *BIPOC = 3.0% (US: 24.7% & IL: 41.2%)*

Asian: 0.4% (US: 6.4% & IL: 6.3%)

Black or African American: 1.1% (US: 13.7% & IL: 14.6%)

Hispanic or Latino: 1.8% (US: 19.5% & IL: 19.0%)

Two or More Races: 1.2% (US: 12.5% & IL: 2.3%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Crawford County, IL

Crawford County is a rural county in East Central Illinois with a population of 18,679 residents [42]. The town of Robinson is the county seat and has a population of 7,713. Crawford County is on the eastern border of Illinois/Indiana with the border partially defined by the Wabash River. Robinson is home of the Heath Candy Bar and houses the Heath Museum [43]. There are four high schools in the county and a public community college [44]. The largest employers include Dana Sealing Manufacturing, Hershey Candy Company, Marathon Petroleum Company, Crawford Memorial Hospital and Lincoln Trail College [45]. Crawford County is home to a 25-bed, critical access hospital, Crawford Memorial Hospital, a private nonprofit operated by the Crawford Memorial Hospital District and managed by Ovation Healthcare, a for-profit company owned by private equity firm Grant Avenue Capital [46].

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
8,471	42.4 US: 39.2 IL: 39.5	$34,276 US: $43,289 IL: $45,104	80.4% US: 65.0% IL: 67.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
88.2% US: 87.7% IL: 92.7%	20.2% US: 21.7% IL: 21.5%	$67,614 US: $78,538 IL: $80,306	$113,700 US: $303,400 IL: $250,500
Average Family Size	Age 65+	Uninsured	Median Gross Rent
2.85 US: 3.09 IL: 3.09	19.5% US: 17.7% IL: 17.6%	5.2% US: 7.9% IL: 6.2%	$761 US: $1,348 IL: $1,238

Sources: US Census Data [8], US Census Data Quick Facts [9], IL Report Card [40], IL State Board Education [41]

Crawford County, IL

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
7.8%	**11.6%**	**85.7%**	**52.6%**
US: 6.1% IL: 4.7%	US: 11.1% IL: 11.6%	US: 87.4% IL: 87.6%	US: 63.0% IL: 62.1%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
1.3%	**11.5%**	**16.8%**	**16.3**
US: 13.9% IL: 15.0%	US: 16.0% IL: 14.7%	US: 8.8% IL: 8.1%	US: 26.6 IL: 28.1
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
3.1%	**49.5%**	**20.6%**	**15.7%**
US: 22.0% IL: 24.3%	IL: 62.7%	US: 35.0% IL: 38.3%	US: 13.4% IL: 12.5%

Race / Ethnicity

White = 92.5% (US: 75.3% & IL: 58.8%)   *BIPOC = 7.5% (US: 24.7% & IL: 41.2%)*

Asian: 0.6% (US: 6.4% & IL: 6.3%)

Black or African American: 5.0% (US: 13.7% & IL: 14.6%)

Hispanic or Latino: 2.8% (US: 19.5% & IL: 19.0%)

Two or More Races: 1.4% (US: 12.5% & IL: 2.3%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

Edgar County, IL

Edgar County is a rural county in East Central Illinois with a population of 16,866 residents [47]. The town of Paris is the county seat and has a population of 8,291. Edgar County is on the eastern border of Illinois/Indiana. The largest recreational area, Twin Lakes Park & Reservoir, is north of Paris and draws people to the area for outdoor activities [48]. The county has five public high schools [49]. The largest employers include North American Lighting, Illinois Department of Transportation, Simonton Windows, GSI Group, Cargill, Paris Metal Products, Pretium Packing LLC and Horizon Health [50]. Edgar County is home to a 25-bed, critical access hospital, Paris Community Hospital, a private nonprofit hospital that offers primary and specialty care along with 24/7 emergency care services [51].

Housing Units	Median Age	Per Capita Income	Home Ownership Rate
8,236	46.4 US: 39.2 IL: 39.5	$33,566 US: $43,289 IL: $45,104	72.7% US: 65.0% IL: 67.4%
% Occupied	Under 18	Median Income (Household)	Median Home Value
88.0% US: 87.7% IL: 92.7%	19.7% US: 21.7% IL: 21.5%	$56,909 US: $78,538 IL: $80,306	$95,700 US: $303,400 IL: $250,500
Average Family Size	Age 65+	Uninsured	Median Gross Rent
2.65 US: 3.09 IL: 3.09	24.0% US: 17.7% IL: 17.6%	4.6% US: 7.9% IL: 6.2%	$757 US: $1,348 IL: $1,238

Sources: US Census Data [8], US Census Data Quick Facts [9], IL Report Card [40], IL State Board Education [41]

Edgar County, IL

Veteran	Overall Poverty Rate	High School Graduation Rate	Employment Rate
5.9%	11.8%	88.9%	54.0%
US: 6.1% IL: 4.7%	US: 11.1% IL: 11.6%	US: 87.4% IL: 87.6%	US: 63.0% IL: 62.1%
Foreign Born	Child Poverty	Associate's Degree	Travel Time to Work (in minutes)
0.8%	18.6%	9.0%	17.8
US: 13.9% IL: 15.0%	US: 16.0% IL: 14.7%	US: 8.8% IL: 8.1%	US: 26.6 IL: 28.1
Non-English Spoken @ Home	Reduced / Free Lunch	Bachelor's Degree or Higher	Disabled
2.0%	68.5%	20.1%	18.4%
US: 22.0% IL: 24.3%	IL: 62.7%	US: 35.0% IL: 38.3%	US: 13.4% IL: 12.5%

Race / Ethnicity

White = 97.1% (US: 75.3% & IL: 58.8%)   BIPOC = 2.9% (US: 24.7% & IL: 41.2%)

Asian: 0.4% (US: 6.4% & IL: 6.3%)

Black or African American: 0.9% (US: 13.7% & IL: 14.6%)

Hispanic or Latino: 1.7% (US: 19.5% & IL: 19.0%)

Two or More Races: 1.1% (US: 12.5% & IL: 2.3%)

American Indian, Native Hawaiian & OPI, Some Other Race: <1% each in county

3

Needs Assessment

This chapter describes the process that was taken to determine the top health needs of the community served by Union Health. The chapter starts with a dashboard that summarizes some of the strengths and challenges for the community. It also provides a more detailed snapshot of key health measures including outcomes, access, and economic issues.

A detailed description of the data collection methodology is provided. This includes information about the community health survey created and distributed as part of the assessment process, along with information about focus groups, key informants, and secondary data sources.

Findings from the community health survey and focus groups are included in this section along with a list of partner organizations who provided additional information.

Dashboard

A thorough review of primary and secondary data was conducted to identify top health issues in Union's service area. Results from the community health survey and focus groups are found later in this section. Information and data from government health agencies and other organizations are found throughout the report. The measures identified below show trends in strengths/areas that have improved and challenges/areas with worsening outcomes in relation to the health of the community.

Strengths / Improved Outcomes

LOW RATE OF
UNINSURED

HIGH RATE FOR
ROUTINE CHECKUPS

The percentage of individuals who are uninsured (without health insurance) is better than average in most of Union's service area and the percentage of adults receiving routine health checkups is better than average in all of the primary counties served. These are positive steps to build upon in efforts to improve the health of the community.

Challenges / Worsening Outcomes

While there are some strengths in the community's health measures, there are also many challenges. People living in Union's service area have a shorter lifespan than average; it has decreased over the past five years and is worse than state and national averages in eight of the nine counties. There are higher rates of premature mortality, and higher numbers of poor physical and mental health days indicating an overall poor and declining state of health. There's a shortage of primary care physicians and dentists in the area served. And there's a notably high poverty rate, especially in Vigo County which has nearly half of the area's population.

DECREASING
LIFE EXPECTANCY

OF POOR PHYSICAL
& MENTAL HEALTH DAYS

SHORTAGE OF
PROVIDERS

HIGH POVERTY RATES

Dashboard

The table below provides an overview of the health of the community served by Union Health. Key measures are identified in three areas including health outcomes, clinical care & access, and social & economic factors. Red shading = worse than national average, yellow = same as national average, and green = better than national average for each measure.

Key Health Outcomes & Factors for Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
HEALTH OUTCOMES												
Life Expectancy (years)	77.1	77.5	75.1	74.9	74.1	77.9	75.2	74.3	73.7	74.9	76.7	74.0
Premature Age-Adjusted Mortality (Per 100k) *	410	390	470	460	510	400	500	520	570	490	400	530
Poor Physical Health Days (per 30 days)	3.9	3.8	4.2	4.5	4.8	4.9	4.7	4.7	4.7	4.2	4.3	4.6
Poor Mental Health Days (per 30 days)	5.1	4.5	5.5	6	6.0	6.5	5.9	6.1	6.1	5.5	5.4	5.7
CLINICAL CARE & ACCESS												
Primary Care Physicians	1,330:1	1,260:1	1,520:1	2,030:1	3,420:1	3,280:1	2,970:1	1,700:1	1,200:1	3,060:1	2,070:1	4,130:1
Dentists	1,360:1	1,190:1	1,680:1	4,400:1	2,210:1	5,460:1	4,130:1	2,210:1	1,740:1	5,080:1	2,320:1	3,290:1
Routine Checkup, 18+	76.1%	-	-	77.1%	78.2	79.4	77.0	78.2	76.5%	77.1	78.8	77.9
Uninsured	10%	8%	8%	7%	8%	12%	7%	7%	9%	6%	6%	6%
SOCIAL & ECONOMIC FACTORS												
Poverty	11%	12%	12%	13%	12%	15%	16%	13%	20%	12%	14%	14%
Children in Poverty	16%	15%	15%	16%	15%	19%	19%	16%	21%	16%	17%	18%

Data Sources: County Health Rankings [52], CDC: PLACES Data [53], Federal Reserve Economic Data [54]

These measures were selected because they provide a good understanding of some of the fundamental elements of health systems and environments. They show whether individuals have health insurance, if they're accessing care, and if there are enough healthcare providers to meet the needs of the community. The measures provide insight into one of the biggest root causes of poor health: poverty. And they show the ultimate outcome of poor health: premature mortality and a shorter than average life expectancy. These measures are pieces of a larger puzzle that needs to be solved in order to improve health and wellness in the community.

* Premature Mortality = # deaths among residents under age 75 per 100,000 population

Methodology

SURVEYS

A variety of tools and tactics were used to collect and analyze information for this report. Primary data was gathered through a community survey, focus groups, and interviews with community partners. Secondary data was collected from a wide variety of reputable and reliable sources including state and federal offices, County Health Rankings, US Census Bureau, etc.

A core work group of employees from Union Health with experience in survey design and distribution, data collection and analysis, public health, and community engagement designed a health needs survey to distribute in the community. The survey was anonymous and consisted of three main questions about overall community health, top health issues, and social determinants of health. Demographic questions were also asked to ensure respondents reflected the community served (see Appendix 1 for survey).

1,546 SURVEYS COMPLETED

Survey language was simplified to use common terminology and tested in a readability checker app using the Flesch-Kincaid formula to measure how easy or hard the text was to read and understand. The survey was available in English and Spanish. It was distributed largely in-person to adults at community events and gatherings throughout Union's service area during the latter half of 2024. Select community partners serving underserved populations helped distribute the survey in person and through a custom online link. Surveys were also distributed at Union's five rural health clinics.

Responses received from paper surveys were collected in secure envelopes and manually entered into Survey Monkey's online survey collection tool. These results were then automatically combined with the online survey responses. Based on the overall population of Union's service area, 1,063 survey respondents were needed for results to be statistically significant at the 95% confidence level with a 3% margin of error. We surpassed that number with 1,546 individuals completing the survey.

Methodology

FOCUS GROUPS & SECONDARY DATA

Focus groups were utilized to gather qualitative data and reach underserved populations in more personal settings. Many underserved and marginalized groups live in the community and are disproportionately impacted by ill health. Focus groups provided a way to engage these populations and provide a platform for their voices.

Several members of the CHNA work group completed facilitator training through the Harwood Institute before leading focus groups. One primary facilitator led all conversations to ensure consistency in the approach; other work group members helped take notes at meetings.

Focus group meetings ranged in size from 5 – 18 participants and were held in community settings convenient for each group. Meals and small gift bags were provided to value the time and expertise of participants. A modified list of questions from the Harwood Institute was used to guide each group in conversations.

Meetings were not recorded and participants were not asked to identify themselves. 13 total focus group sessions were completed reaching 130 individuals from diverse backgrounds across Union's service area.

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Secondary Sources Cited

Secondary data was collected from a wide variety of sources to provide background information, inform research efforts, and validate the data received from primary sources. Key inclusion criteria used to evaluate secondary data sources included a determination of whether each source was reputable, sustainable, and transparent.

A full list of sources used is cited throughout this report and available in the "References" chapter at the end.

Survey Findings

DEMOGRAPHICS

The community health survey distributed throughout Union's service area included demographic questions modeled after the US Census Survey and related to zip code, age, race/ethnicity, biological sex, employment status, total household income, and highest level of education completed. Overall, respondents strongly reflected the community served. Full details can be found in Appendices 2 and 3 at the end of this report.

Age

- [ ] Under 18 years: 2.20%
- [ ] 18-24 years: 11.84%
- [ ] 25-34 years: 19.02%
- [ ] 35-44 years: 19.28%
- [ ] 45-54 years: 15.07%
- [ ] 55-64 years: 14.49%
- [ ] 65+ years: 18.11%

Income

- [ ] Less than $15k = 10.28%
- [ ] $15k - $24,999 = 8.54%
- [ ] $25k - $34,999 = 9.25%
- [ ] $35k - $49,999 = 13.00%
- [ ] $50k - $74,999 = 16.49%
- [ ] $75k - $99,999 = 13.13%
- [ ] $100k+ = 15.72%

Employment

- [ ] Employed Full-time: 55.11%
- [ ] Employed Part-time: 14.94%
- [ ] Retired: 15.65%
- [ ] Student: 10.67%
- [ ] Unemployed: 4.72%
- [ ] Homemaker: 3.04%

Education

- [ ] Some High School: 7.89%
- [ ] High School Grad/GED: 25.87%
- [ ] Associate's/Vocational: 6.02%
- [ ] Some College: 29.56%
- [ ] Bachelor's: 17.27%
- [ ] Grad Degree: 13.39%

Survey Findings

QUESTION #1

Question #1 on the community health survey distributed throughout Union Health's primary service area read as follows: "How would you rate the overall health of your community?" Response options were based on a modified Likert Scale and included "Very Healthy," "Healthy," "Somewhat Healthy," "Unhealthy," and "Very Unhealthy."

How would you rate the overall health of your community?

17	47	28
Healthy	Somewhat Healthy	Unhealthy

Full results to survey question #1 can be found in Appendix 4. Of the 1,546 survey respondents, nearly half (47.28%) chose the midpoint option, "Somewhat Healthy." The midpoint is often viewed as a neutral or "safe" response and many people select that option when it's available on surveys; so it's important to look beyond that in order to get a better understanding of what the results mean [55].

An equal number of respondents (3.88%) selected answers at the ends of the scale, "Very Healthy" or "Very Unhealthy." That left two remaining response options to compare.

A significantly higher number of respondents rated the overall health of their community as "Unhealthy" (28.33%) versus those who rated it as "Healthy" (16.62%).

The same question was asked of the senior leadership team at Union Health and they unanimously said the overall health of the community is "Unhealthy." This is supported by secondary data as well.

Survey Findings

QUESTION #2

Question #2 on the community health survey read as follows:

What do you think are the three most important health problems in your community?

Alcohol / Drug Addiction

67%

Mental Health

49%

Obesity

32%

18 response options was available on the survey and listed in alphabetical order. The options were primarily selected for inclusion in the survey based on the health concerns identified in previous CHNA reports. Additional response options such as "Aging Issues" and "Dental Health" were added based on population trends and data from secondary sources.

Nearly 70% of the 1,546 survey respondents ranked "Alcohol / Drug Addiction" as a top three health problem in the community. Almost half ranked mental health as a top issue and 1/3 ranked obesity in the top three. Full results can be found in Appendix 5.

Survey respondents ranked health issues in the following order based on what they thought were the top issues for the community:

- Alcohol / Drug Abuse (67.08%)
- Mental Health (48.64%)
- Obesity (32.08%)
- Tobacco Use / Vaping (22.96%)
- Diabetes (22.06%)
- Cancer (17.53%)
- Child Abuse / Neglect (16.69%)
- Heart Disease & Stroke (16.56%)
- Aging Issues (14.10%)
- Domestic Violence (10.67%)
- Suicide (7.44%)
- Dental Health (6.66%)
- Teen Pregnancy (2.46%)
- Firearm - Related Injuries (2.39%)
- Lung Disease (1.88%)
- STDs / STIs (1.88%)
- Other (1.49%)
- Infant Death (1.23%)

Survey Findings

QUESTION #3

Question #3 on the community health survey read as follows:

How would you rate the following issues for your household?

#1 Issue: Income/Wages

Eight different issues corresponding to key social determinants of health were listed in a table below the question and respondents were asked to check one response for each issue. Response options included: "Serious Problem," "Moderate Problem," "Not a Problem," or "Doesn't Apply."

Results were ranked by adding "Serious" and "Moderate" responses for each issue area. The top issue reported was "Income/Wages" with ~50% of respondents saying it's a problem for their household (Appendix 6).

Survey results were calculated in two ways: Overall and Adjusted. Overall = Serious + Moderate responses divided by total respondents. Adjusted = "Doesn't Apply" responses removed from total respondents for each issue area. The Adjusted calculation moved "Childcare Services" from #6 on the list up to #2, showing that while childcare services might not be an issue for everyone, it's a significant issue for those caring for young children.

OVERALL

- Income / Wages (47.09%)
- Access to Health Services (25.94%)
- Social Isolation (24.71%)
- Food Access (20.57%)
- Housing (20.44%)
- Childcare Services (19.53%)
- Discrimination (18.44%)
- Transportation (17.07%)

ADJUSTED

- Income / Wages (51.08%)
- Childcare Services (31.13%)
- Access to Health Services (28.50%)
- Social Isolation (27.94%)
- Housing (22.75%)
- Food Access (22.50%)
- Discrimination (21.41%)
- Transportation (19.03%)

Focus Group Findings

As stated in the methodology explanation earlier in this chapter, focus groups were utilized to gather qualitative data and to reach underserved populations in more personal settings throughout Union's service area. While the community health needs survey was open to everyone in the service area, focus groups were used to prioritize the voices of the underserved, marginalized and minority populations in the Wabash Valley.

13 focus groups were held throughout the community during the latter half of 2024. Groups ranged in size from 5 – 18 participants with 130 total individuals reached from diverse backgrounds ranging in age from 16 – 80+ years old. Participants were assured they would remain anonymous; this helped encourage more open and honest dialogue. Meetings were not recorded but notes were taken by members of the CHNA work group.

Priority populations reached included the following:

Focus Group Priority Populations		
Adult Learners	College Students	Disabled Residents
Foreign-Born Individuals	Homeless Residents	Individuals without a College Degree
Individuals with Serious & Persistent Mental Illness	Individuals with Substance Use Disorder	Justice-Involved Residents
LGBTQ+ Individuals	Low-Income Individuals	Low Resource Communities
Racial / Ethnic Minorities	Rural Residents	Senior Citizens
Single Parents	Veterans	Young Adults

A specially trained, primary facilitator led all focus group conversations, ensuring consistency in the approach. Each group was asked the same question to begin the conversation: "What kind of community do you want to live in?"

After the groups spent time discussing that, they were asked to prioritize the top 2-3 ideas for what kind of community they want to live in. 12 of the 13 groups had the exact same answer. They want to live in a safe community and a healthy community. The 13th group, comprised of homeless residents, said they want to live in a supportive community.

Focus Group Findings

The facilitator guided the focus groups through a more detailed conversation about each of the topic areas: safe communities and healthy communities. For each area, the groups discussed what concerns they had, how the issues affect them, what's preventing us from making progress, what needs to happen to create change, who they trust to take action on the issues, and what progress looks like. A summary of the cumulative findings is found in the following pages. More details are in Appendix 7.

A Safe Community

Key Concerns About Safety Cited by Focus Group Members	
Domestic Violence	Drugs / Substance Abuse
Easy Access to Illegal Substances by Minors	Environmental Safety
Excessive # of Tobacco Outlets & Liquor Stores	Gun Violence / Access to Guns
Homelessness	Lack of Handicapped Access in Community
Lack of Opportunities for Teens / Young Adults	Lack of Progress
Mental Health	Online Safety
Perceived Treatment by Law Enforcement	Poverty
Property Crime / Petty Crime	Traffic Safety
Unsafe Areas	Women's Safety

How Safety is Impacting Community Members

Focus group members were asked how safety was impacting their own lives. These were some of the experiences they shared, in their own words:

Domestic Violence
- "It's normal to see domestic issues, neighbors yelling in the road in the middle of the night."

Easy Access to Illegal Substances by Minors
- "There's a lot of teens drinking and driving."
- "It's too easy for kids and teens to get ahold of vapes, tobacco and alcohol."

Focus Group Findings

Drugs / Substance Abuse

- "There's a serious meth problem here."
- "I see needles and drug paraphernalia on the ground."
- "I see a lot of people going to jail, but they really just need help."
- "Someone died near my house last week from drug OD."
- "It's easier and more profitable to break the law and sell drugs than to work a job that's not paying anything."
- "I can smell it [drugs] on backpacks and clothes of children in kindergarten and elementary schools."

Environmental Safety

- "Housing and the lack thereof is an issue, especially for the low-income. Is what's available habitable? Is it safe to live there? Is there mold?"
- "This isn't a healthy environment. There's lead in the soil and lead poisoning can lead to criminal activity due to changes in the brain."

Gun Violence / Access to Guns

- "My best friend got shot on Tuesday."
- "It's not a big issue here, but when it does happen it's all over the news so people think it's a problem."
- "I had to bike around a crime scene on my way to campus after someone was shot."

Homelessness

- "People are quick to stereotype."

Lack of Opportunities for Teens / Young Adults

- "Teens have nothing to do so they get in trouble."

Lack of Progress

- "Blighted neighborhoods aren't taken care of."
- "Safety feels like a stagnant issue."
- "If I wasn't so old I'd move, there's nothing to offer here."
- "The city isn't responding to requests for safety issues around homes on city property."

Focus Group Findings

Mental Health

- "I don't think it's drugs... I think it's mental health. And how you were raised."

Online Safety

- "There's a lot of fraud and scams targeting seniors."
- "I'm worried about online bullying and the impact on youth."

Perceived Treatment by Law Enforcement

- "I don't feel safe around police, not even in an emergency."
- "Police don't always listen and I wasn't sure if they ever followed-up because I never heard back from them."
- "We're not treated fairly. I was in my car one night in front of my home taking five minutes to myself and a cop knocked on the window. He wanted the window down and wanted to know why I was there."
- "I'm afraid to call the police because I have a mental illness and I don't think they know what that means."
- "Being pulled over by police is terrifying. I'm [LGBTQ+] and scared of being harassed because of that."

Poverty

- "Crimes here are economically motivated."

Property Crime / Petty Crime

- "I've had things stolen off my front porch and out of my car."
- "You don't leave anything out in your property if you want to keep it."

Traffic Safety

- "It's not safe to ride bike here."
- "There aren't sidewalks in a lot of areas."
- "Downtown Terre Haute area and 41 can be dangerous to walk because it's a high traffic area and there aren't pedestrian bridges or safe ways to cross the roads."

Focus Group Findings

Unsafe Areas

- "The 'Avenues' aren't safe."
- "Someone broke into my home multiple times."
- "I can only afford the lower income areas. I can't move into a safer area because I can't afford it. It's not safe for me or my daughter."
- "All the bad things have been normalized. I feel bad having my kids live in the neighborhood but I don't know how to reverse that."
- "When you feel safe, you get out and socialize. When you don't feel safe, you want to stay home and isolate yourself."

Women's Safety

- "Men yell and cat call and it makes me feel unsafe."
- "I've been followed by men on campus, and off campus in other parts of town."
- "Buses end at 5pm; it's stressful because I don't want to get stuck somewhere at night."

What's Preventing Progress on Safety

Focus groups were asked what's preventing progress on the issue of safety in the community. Their responses included: absent parents, apathy, criminalization of poverty, culture, inability to communicate, lack of positive role models & mentors, loss of the nuclear family, money & priorities, not being heard, "not my problem," resistance to change, and "slum lords."

- "Poverty is a crime here."
- "The nuclear family is shot."
- "Parents are not around and the kids don't have mentors or people to talk to, to make better decisions."
- "There's a common feeling that it's futile to try and make changes."
- "You have to have better options. My parents were addicts. I didn't have an option or know where to turn to be something other than a generational addict."
- "We have money for a new police station but not for the things that prevent crime like schools and parks."

Focus Group Findings

How to Create Change on the Issue of Safety

Focus groups were asked what needs to happen to create change on the issue of safety in the community. Their responses included: advocacy, affordable housing, better jobs, building trust, culture change, education & awareness, enforcing existing laws, gun regulation, law enforcement staffing, money & resources, and support for the homeless.

- "We're willing to work but aren't making it."
- "If we had more jobs that pay a living wage things might be better."
- "Regular police patrols in high crime areas can help, but we'd like to know them. We see cops but don't know them and we're afraid of them because we don't know them."
- "Give us money and resources. We know what our neighborhoods need better than someone coming in trying to save us."
- "We used to have a neighborhood watch program. I'd like to see that happen again."

Who Do You Trust to Make Change on the Issue of Safety

Focus groups were asked who they trusted to make change on the issue of safety in the community. Most groups struggled to identify anyone they trust to make change on this issue. Some of the groups trusted other members of the focus group (peers). Most groups trusted family or friends. Police / Law Enforcement officials were contentious and there was a wide split in opinions - some people trust the police, but many said they did not.

Responses for who community members trusted to make change on safety included: each other (peers), family & friends, first responders, longstanding community members, "myself," new/next generation, no one, police, and some organizations / nonprofit staff.

- "I don't really know who to trust."
- "I trust other veterans, but it doesn't translate in real life."
- "Turnover is needed in elected officials. We need better representation. Mayor Sakbun could be a good start."

Focus Group Findings

What Progress Looks Like on the Issue of Safety

At the end of each focus group participants were asked to share what progress would look like on the issue of safety. This is what they shared:

Progress on Safety in the Community Looks Like:	
Help for those with addiction	Trauma informed focus on services & service providers
Help with re-entry: better healthcare & mental health services in jail, job opportunities for those who've served their time	Community events / forums to meet your neighbors and talk about concerns
More shelters and housing for the homeless	More affordable housing
Assistance for making homes safer (ex. lights, fences, locks)	Revitalization, taking care of abandoned buildings
Traffic calming measures	Safer crosswalk areas
Protected space for bikes & pedestrians	Police stopping and getting to know residents
Living Wage Jobs	Neighborhood Watch Programs
A decrease in crime	People out enjoying the community

Focus Group Findings

After talking about safety, focus groups were guided through a conversation about health. Their key concerns about health are listed in the table below.

A Healthy Community

Key Concerns About Health Cited by Focus Group Members		
Access to Care	Addiction & Drug Abuse	Ambulance Use & Accessibility
Community Reputation	Cost of Care & Lack of Price Transparency	Few Options for Care
Health Information & Education	Homelessness	Increase in Chronic Diseases
Insurance Coverage	Lack of Cultural Competency	Lack of Progress
Mental Health	Not Enough Healthcare Providers	Not Being Heard
Processes / Care / Communication	Quality of Care	Social Determinants of Health (SDOH)
Stigma	Transportation	Wait Times

How Health is Impacting Community Members

Focus group members were asked how health was impacting their own lives. These were some of the experiences they shared, in their own words:

Access to Care

- "I can't get evening or weekend appointments so I'd have to take time off work or skip school if I want to get care."
- "Specialty providers don't call back because we don't have insurance, which means they don't think we can pay."

Addiction & Drug Abuse

- "The casino is brining other addiction problems and feeds the negative situations."
- "Kids are getting too much screen time. The surges of dopamine are setting them up for addiction."

Focus Group Findings

Ambulance Use & Accessibility

- "Ambulance response time is way too long on the southside of Terre Haute, even at the nursing home where I work. We have professional staff, so if we're calling, we need you now."

Community Reputation

- "The first instinct is to refer out to Indy."
- "A lot of people believe that 'you have to go to Indianapolis for that.'"

Cost of Care & Lack of Price Transparency

- "I'm only getting care when it's serious. I can't afford to go otherwise."
- "I have to decide if I can afford to keep taking my medicine, it's expensive and there's no generic."
- "I'm not getting the vision and dental that I need because I can't afford it, and it's not covered by Medicare."

Health Information & Education

- "There are a lot of health-related scams targeting seniors and nobody available locally to help. I have to call the insurance company and sit on hold to see what's real."
- "International students don't understand how insurance works in the US and we don't have anyone here to help us understand or guide us through the system. I ended up with a bill for thousands of dollars because I went to the hospital when I could have gone to a different clinic for the same thing and paid a lot less."

Homelessness

- "I'm worried about the safety and health of the individuals who are homeless. What are we doing to help them?"

Increase in Chronic Diseases

- "Obesity is out of control."
- "I know diabetics who haven't taken care of themselves, don't have help and now are losing limbs."

Focus Group Findings

Insurance Coverage

- "A lot of dentists aren't accepting HIP insurance. So I have insurance but no one will take it."
- "I know people who don't have insurance. I also know people who have insurance but can't afford to use it."

Lack of Cultural Competency

- "Generally, Terre Haute doesn't feel supportive."
- "A lot of VA staff aren't veterans and don't understand veterans. We have things drilled into our brain from basic training and VA staff don't process the same way."
- "There's a lack of experience with trans patients that creates embarrassment and unnecessary barriers."
- "There's almost no language help offered in Terre Haute, no translated health materials."
- "The doctors and nurses and social workers don't live in the same reality I live in. Biases are real."

Lack of Progress

- "Everyone is sick and no one is getting better."

Mental Health

- "I don't even know where to go for real mental health help other than Indy."
- "When I went to go get therapy, I felt like it was useless and they didn't really care what I was going through. It was a waste of time and energy."

Not Enough Healthcare Providers

- "It seems like a lot of people are going to Paris." [Horizon Health in IL]

Not Being Heard

- "I don't feel like the doctors listen or care about me as an individual."
- "People don't believe me because I have a mental illness. They don't take me seriously and they don't listen."

Focus Group Findings

Processes / Care / Communication

- "I was legally put on a hold in the hospital and wasn't allowed to see my family. I wasn't in a position to advocate for myself and the hospital didn't provide anyone to advocate for me."
- "My elderly father has dementia and was discharged from the hospital at night and left to walk home alone."
- "It's hard to be healthy here, the physical and mental health are fractured."

Quality of Care

- "You have to go to Indy to get good care."
- "I'm worried about the quality of care at nursing homes and lack of regulation."

Social Determinants of Health

- "This is not a healthy community. We don't acknowledge underlying issues and don't know how to fix them."
- "Doctors are always pushing medicines before recommending lifestyle changes."

Stigma

- "Mental health stigma is a big problem here."
- "There's so much stigma around harm reduction that we're not helping people we could."

Transportation

- "I don't have a car, there's no Uber, and it's hard to get a ride from family and friends when they work during the day."

Wait Times

- "I had to wait six months for an appointment."
- "It's a long wait to get an appointment, not just specialty care either, it's a problem for everything."
- "I waited three hours at the clinic for my appointment that only lasted ten minutes."

Focus Group Findings

What's Preventing Progress on Health

Focus groups were asked what's preventing progress on the issue of health in the community. Their responses included: access, "brain drain," culture, disconnected leadership, greed, judgement, lack of knowledge / power, lobbyists, money, no desire to change, not listening, and staffing issues.

- "Those who can leave, do."
- "We're stuck in generational cycles."
- "We don't have a culture of health."
- "It seems like the people in control don't care about us."
- "They're paying lots of consultants and people from the outside instead of putting the money into us [community members and patients]."
- "There aren't enough advocates or people to stand up for us."
- "Individuals aren't taking advantage of the services that are available."
- "People get comfortable and stuck in their own ways."
- "We don't have real resources or options here. We aren't being heard."
- "Mental health, drug addiction – if it doesn't make money, they don't care."

How to Create Change on the Issue of Health

Focus groups were asked what needs to happen to create change on the issue of health in the community. Their responses included: direct money to things that matter, increase the # of providers, institutional change, invest in the community, cultural competency training, need advocates, pay living wages, provide comprehensive addiction services, provide health education, speak to lawmakers, and understand the impact of trauma.

- "Institutional change is needed. This isn't working."
- "Invest in the community and engage us in the process. You don't always know best, trust us to make changes too."
- "A lot of these problems would go away if we were paid good wages and could afford to live a healthy life."
- "Can there be some legislation to fix some of the issues?"
- "There needs to be more training on empathy, especially for those with mental health issues."

Focus Group Findings

Who Do You Trust to Make Change on the Issue of Health:

Focus groups were asked who they trust to make change on the issue of health in the community. There was some hesitancy to expressly trust anyone, but the groups ended up offering a fairly long list.

The most notable absences from the list were local health facilities. None of the focus groups said they'd trust hospitals, clinics, or other health facilities to make change related to the health of the community. Nurses and social workers were trusted by several groups, as were peer navigators or people with lived experience (especially for addiction and mental health).

The groups were divided in opinion on whether or not they trusted doctors and healthcare providers to make meaningful change. A few expressed trust in their own doctor/provider, but not in the profession overall. And several said there are many good doctors, but they're "working in a bad system."

Two names came up as trusted sources for numerous groups: Mayor Brandon Sakbun of Terre Haute, IN, and the facilitator who was leading the focus groups. Focus group members were encouraged by some of the new initiatives undertaken by Mayor Sakbun and they thought he might be able to create change. A few projects they cited included investment in public parks and work on sidewalks. Many of the young adults were also encouraged to see someone from a younger generation in a leadership role.

Focus group members listed the meeting facilitator as someone they'd trust because they appreciated the way the meeting was done and that someone "cared enough" to seek out their opinion, show up, listen and "be kind."

Additional groups that focus group participants said they'd trust to make change on health included: churches, college advisors, community members who want change, extension offices, family/friends/guardians, health department, library, local nonprofits, local school staff, recreation center / fitness staff and special advocates. There was high praise for the local (Terre Haute) libraries with one participant saying, "They have a crazy amount of things to help people."

Focus Group Findings

What Progress Looks Like on the Issue of Health

At the end of each focus group participants were asked to share what progress would look like on the issue of health. This is what they shared:

Progress on Health in the Community Looks Like:	
Free health screenings & preventive care	Trauma-informed understanding & focus
Comprehensive harm reduction programs	A place to get information, resources and education on health & wellness
Listening to patients & the community	Better continuity of care
Increased cultural competency	More diverse healthcare workforce
Improved processes at Union (ex. phone, billing, scheduling, etc.)	Engaging all voices, including youth and underserved populations
Community development that's not another fast food restaurant	Promoting healthy choices and less junk (ex. ads on gas station signs/screens)
More mental health support & decreased drug use	Sharing health metrics & outcomes - show if there's progress
More empathy & compassion	Improving ambulance services
Bridging the gap between healthcare & patients/community	Reducing health-related stigma (ex. mental health, addiction, HIV)
Quit "firing" patients for missed appointments	Providing transparency on healthcare costs

Key Informants

Key informants were interviewed to gather additional information about the health of the community. Leaders from local health departments provided input into the top health issues impacting their respective communities. Staff from community organizations in Union's service area also provided feedback based on their areas of expertise. 50 individuals were contacted and asked to answer the following questions:

1. *What do you think are the top impacts of [issue area] on the community?*
2. *Has this changed over time?*
   a. If so, are things getting better or worse?
   b. What is causing things to get better or worse?
3. *What's preventing us from making more progress on this issue?*
4. *What needs to happen to create positive change?*

Of the 50 individuals contacted, 20 from the following organizations responded and provided answers either electronically or via phone.

☑ Clark County Health Dep't

☑ Vigo County Health Dep't

☑ Thrive West Central

☑ All Babies Initiative

☑ Union Health Cardiology

☑ Chances & Services for Youth

☑ Union Health Diabetes Clinic

☑ Hamilton Center

☑ Union Health Respiratory Services

☑ IN Dep't of Child Services

☑ VNA & Hospice Wabash Valley

☑ Infinity House

☑ Valley Child Development Center

☑ Purdue Extension Vigo County

☑ Valley Professionals Health Center

☑ Terre Haute Housing Authority

☑ Wabash Valley Health Center

A full list of the organizations contacted is available in Appendix 8.

4

Top Health Issues

This chapter explains the process and rationale used to prioritize the health needs of the community. It provides a detailed explanation of each of the top ten priority health issues. Local health outcomes and related data are shared for each priority health issue, along with background information that's useful in creating a common understanding of the challenges facing the community served. Each priority health issue is clearly defined along with risk factors, complications, protective factors/treatment, and other information specific to Union Health's service area.

Key informants and community partners were contacted and asked to provide additional information for the health issue area(s) relevant to their expertise and work. Quotes and information from several of those informants can be found throughout this chapter.

A supplemental report will also be shared providing more detailed information on each of the key social factors impacting these health issues.

Prioritization & Findings

The top three health issues identified by community members in the 2024 Community Health Needs Assessment survey included alcohol / drug abuse, mental health and obesity. Secondary data supports the prioritization of these issues as they play an outsized role in the poor health and lack of overall wellness of residents in the Wabash Valley area.

To help prioritize the remaining health issues listed on the community survey, we considered five key questions:

1. How did community members rate each health issue?
2. Does secondary data support the prioritization of the issue?
3. Does Union have the resources needed to address the issue?
4. Are there additional resources available in the community to help address the issue?
5. What is the overall impact to the community of addressing or not addressing the issue?

Assessing each health issue through the lens of these questions led to the prioritization of the following for Union's service area:

1. Alcohol /Drug Abuse
2. Mental Health
3. Obesity
4. Tobacco Use / Vaping
5. Diabetes
6. Cancer
7. Child Abuse / Neglect
8. Heart Disease & Stroke
9. Aging Issues
10. Lung Disease

Community Input

Secondary Data

Ability to Address

Additional Resources

Overall Impact

The first nine issues are in the same order of priority that the community ranked them in survey results. The only change made is moving lung disease into the top ten. Lung disease and respiratory illness is a serious issue affecting many people and it's a strong fit for the inclusion criteria in the prioritization process.

The other health issues not listed in the top ten are also important and Union will work with partners to continue to monitor and address them.

Alcohol / Drug Addiction

Alcohol/Drug Addiction was the highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 67.1% of respondents ranked alcohol/drug addiction as a top three health issue for the community.

> **Substance Abuse has always been an issue, but we're seeing a marked increase over the last few years. The damage done will be generational. You don't have to be in healthcare to see this, merely leave your house.**
>
> **~Eddie McFarland, Administrator, Clark County Health Dep't**

Alcohol and drug addiction, also known as Substance Use Disorder (SUD), is a problematic pattern of substance use that affects a person's health and quality of life [56].

Nearly 50 million Americans battled SUD in the past year and only 15% received treatment [57, 58]. Alcohol use disorder is the most common type of SUD impacting 10.2% of Americans. Other common types include cocaine, cannabis, tobacco, methamphetamine, and opioid use disorders [56].

SUD is a mental health condition that changes how your brain functions over time. This makes it hard to stop taking a substance, even when you want to [59].

SUD is a complex disease, not a moral failing [60].

It exists on a spectrum and can be mild, moderate or severe (addiction). SUD has such a significant impact on the brain that "quitting usually takes more than good intentions or a strong will," according to the National Institutes of Health [59].

50 Million Americans are Living with Addiction

Alcohol / Drug Addiction

Risk factors for SUD include having an underlying mental health condition, a biological relative with SUD, a history of adverse childhood experiences, genetic susceptibility, economic status, quality of life, and easy access to substances [56]. Genetic predisposition accounts for about half of a person's risk for addiction [59].

SUD complications are extensive and can include cancer, depression, Hepatitis B, Hepatitis C, HIV, memory loss, illegal and at-risk behaviors, interpersonal relationship difficulties, and even death [56].

SUD is a lifelong chronic disease, but it's treatable and recovery is possible [59]. The first step is management of withdrawal symptoms once an individual stops taking the substance. After detox, best practice treatment includes therapy and medication [56]. Addiction is different for every person and according to the National Association of Addiction Treatment Providers, "factors like co-occurring mental illnesses, trauma, and the severity of substance use mean that each patient requires a tailored treatment plan" [61]. Different tools work for different people. Therapy can address behaviors, thinking, and emotions, and medications can help modify brain chemistry and relieve cravings and withdrawal symptoms [56].

_____ ✂ _____

While several alcohol-related measures including excessive drinking and alcohol-impaired driving deaths are better than state and U.S. averages in most of Union's service area, the same is not true for other types of drugs.

Alcohol-Related Health Measures in Union Health's Service Area											
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Excessive Drinking	18%	18%	18%	17%	16%	15%	16%	16%	16%	17%	16%	17%
Alcohol-Impaired Driving Deaths	26%	28%	18%	7%	22%	15%	19%	0%	16%	18%	0%	29%

Data Source: County Health Rankings [52]

Alcohol / Drug Addiction

Vigo County is one of seven counties in the state designated as a High Intensity Drug Trafficking Area (HIDTA). The county received this official federal designation in 2022 [62].

To qualify for the HIDTA designation, an area must be a significant center for illegal drug production, manufacturing, importation or distribution; and drug-related activities in the area must have a significant harmful impact in the county and nearby areas [63].

Image Source: IN HIDTA

The 2023 HIDTA Threat Assessment Report funded by the Office of National Drug Control Policy showed that methamphetamine was the most common substance identified at time of death for individuals who died from drug overdoses in Vigo County; fentanyl was the most common substance in all six other HIDTA counties in the state [62].

The influence of SUD in the Wabash Valley Area is clearly visible in the chart below. The problems are long-standing and wide-ranging and can be seen in everything from business zoning and healthcare services to the very homes and families of those served throughout the region.

SUD-Related Health & Social Measures in Wabash Valley Area							
	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo
Child Removal due to Parent SUD (rate/1k)	0.5	1.6	0.6	0.7	1.2	0.6	1.2
Alcohol Outlet Density (rate/10k)	22.5	24.2	19.1	28.2	25.0	34.2	26.8
Opioid Prescription Dispensation (rate/1k)	555.0	589.6	769.5	523.3	660.7	667.4	552.3
Substance Use Treatment with Meth	42.9%	70.9%	67.6%	68.2%	N/A	47.4%	70.7%
Substance Use Treatment with Marijuana	48.6%	56.4%	47.1%	59.1%	66.7%	73.7%	56.7%
Substance Use Treatment with Alcohol	42.5%	41.8%	44.1%	45.5%	55.6%	31.6%	47.1%
Non-Fatal ED Visits w/Opioids (rate/100k)	43.3	126.4	125.7	107.1	23.0	74.0	19.4

Data Source: Indiana University Prevention Insights [10]

Alcohol / Drug Addiction

Data from Indiana University's Prevention Insights shows the six Indiana counties in Union's primary service area all have a higher than average rate of child removal due to a parent with SUD. In half of the counties the rate of removal due to SUD is 2-3 times the state average. There's also a higher than average rate of alcohol outlet density in most counties, opioid prescription dispensation, and non-fatal ED visits with opioids. Every county in the area with sufficient sample size reports a higher % of admissions for SUD treatment for meth use than the state average [10].

According to the 2023 Indiana HIDTA Threat Assessment Survey Report, methamphetamine is the biggest drug threat in Southern Indiana [62].

Indiana is a top state for the number of meth labs dismantled and was ranked #2 in the nation for labs processed in 2022. The number of labs seized has dropped recently as more meth is coming from Mexican "superlabs" under cartel control. This has led to increased availability of meth, lower prices, and an increase in the number of drug deaths involving methamphetamines [62].

The Indiana Department of Health maintains a statewide "Drug Overdose Dashboard" with county-level information on overdose injuries, opioid prescriptions, and prevention efforts in the state [64]. Indiana counties in Union's service area participate in the following prevention efforts:

Drug Overdose Prevention & Harm Reduction Programs in Union Health's Service Area								
	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo
Overdose Response Project	12 of 92 counties						
Overdose Fatality Review Team	39 of 92 counties						
Local Health Dep't Naloxone County	54 of 92 counties	X	X			X	X
First Responder Naloxone County	40 of 92 counties			X	X		
Non-Syringe Harm Reduction Program	17 of 92 counties						X
Syringe Exhchange	8 of 92 counties						
IN CAREs ECHO	14 of 92 counties						

Data Source: IDOH Drug Overdose Dashboard [64]

Mental Health

Mental Health was the second highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 48.6% of respondents ranked mental health as one of the top three health issues for their community.

> **To create more positive change we need "more awareness of what is out there to assist people, more genuine conversations [...], and ensuring those that reach out for service do not feel judged or blamed for doing so.**
>
> **~Emily Owens, Deputy Chief of Hamilton Center**

Mental health is part of behavioral health and it includes an individual's psychological, emotional, and social well-being. It's a key component to overall health and is closely linked to physical health [65].

According to the CDC, "mental health conditions are among the most common health conditions in the United States" [65]. Nearly 1 in 4 adults live with a mental health condition, and 1 in 20 live with a serious mental health condition such as schizophrenia or bipolar disorder. Children are also impacted with 1 in 7 having a diagnosed mental or behavioral health condition [65].

The World Health Organization (WHO) calls mental health "a basic human right" that underpins our abilities to "make decisions, build relationships and shape the world we live in." They also state that it's "crucial to personal, community and socio-economic development" [66]. This makes the current "mental health crisis" referenced by many health professionals all the more concerning [67].

Many people have mental health concerns at some time in their life but when recurring signs or symptoms cause harm or make it difficult to function, then it's considered a mental illness [68].

1 in 4 American Adults Live With a Mental Health Condition

Mental Health

Mental illness can take many different forms, but its growing impact is almost impossible to ignore. "Young people are contending with anxiety, jails have become de facto mental health centers, and deaths are rising from drug overdoses…" said Dr. Thomas Insel, psychiatrist, neuroscientist, and former Director of the National Institute of Mental Health [67].

A Kaiser Family Foundation/CNN poll from 2022 showed that 90% of Americans think there's a mental health crisis in the U.S. – and they're right [69]. The percentage of high school students who reported experiencing persistent feelings of sadness or hopelessness increased from 28% in 2011 to 42% in 2021; the number of overdose deaths in the U.S. increased more than fivefold from 2002 – 2022; and 2022 had the highest number of deaths by suicide ever recorded in U.S. history [67, 70].

Secondary data shows a poor state of mental health for all counties in Union's service area. Vigo and Vermillion counties, where Union's hospitals are located, fair worse than the U.S. in every measure shown including poor mental health days, frequent mental health distress, depression, PTSD, trauma, psychosis, suicide and number of mental health providers.

Mental Health - Related Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Poor Mental Health Days (# reported in past month)	4.8	4.2	5.2	5.5	5.5	5.8	5.5	5.5	5.5	4.8	4.9	5.1
Mental Health Providers (ratio population : providers)	320:1	320:1	500:1	2,200:1	1,410:1	1,260:1	2,300:1	770:1	530:1	3,810:1	420:1	550:1
Suicide (# per 100k population)	14	11	16	17	16	14	17	24	18	19	14	21
Frequent Mental Distress (% adults w/14 or more poor mental health days/month)	15%	14%	17%	18%	18%	20%	18%	18%	18%	16%	17%	17%
Depression (per 100k population)	39.2	37.6	50.2	32.25	36.17	24.91	32.19	46.1	47.44	39.12	24.27	42.95
PTSD (per 100k population)	17.2	15.5	24.3	16.9	28.7	26.2	24.1	22.3	28.2	14.3	12.1	20.2
Trauma (per 100k population)	71.9	66.0	96.6	63.9	87.4	69.5	75.4	87.9	109.5	62.6	61.8	89.7
Psychosis (per 100k population)	22.1	19.7	29.8	29.27	27.30	26.22	19.11	33.5	34.46	15.65	28.68	34.1

Data Source: County Health Rankings & Roadmaps [52], Mental Health America [71]

Mental Health

Mental health exists on a continuum and it can shift and change for each individual throughout life based on many factors. Some of the risk factors for developing mental health problems include social, economic and environmental circumstances such as poverty, violence, discrimination, lack of access to housing, healthcare and education, lack of access to employment, adverse childhood experiences and trauma, social isolation, chronic medical conditions, genetics, and use of alcohol or drugs [65, 66].

Risks can manifest at all stages and ages of life, but those occurring during critical developmental periods such as early childhood are "particularly detrimental" according to the WHO [66]. This is especially important considering that "50% of all lifetime mental illness begins by age 14" [72].

Mental illness is a leading cause of disability and can cause serious physical, emotional and behavioral problems. Complications can include heart disease and other physical conditions, a weakened immune system, social isolation, relationship difficulties, substance abuse, legal and financial problems, poverty, homelessness, self-harm and harm to others [68].

It's possible to experience well-being while living with a mental illness [65]. Protective factors can help increase the likelihood of experiencing positive mental health. These include things such as access to quality employment, housing and education, strong social connections, safe neighborhoods, positive coping skills, and access to quality health services [65].

There are many safe and effective treatment options that can help manage symptoms including therapy, community-based mental health services, psychosocial rehabilitation, peer support services, medication, brain stimulation therapies, supported living services, school-based services, and services offered in non-traditional settings such as jails/prisons [66, 73].

Research shows that working collectively at all levels to reduce risk factors while promoting protective factors are effective ways to improve overall mental health, and hospitals and health systems have an important role to play in this because "the need for action on mental health is indisputable and urgent" [66].

Obesity

Obesity was the third highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. 32.1% of respondents ranked it as a top three health issue for their community.

> **Obesity is at a crisis point throughout the USA. [...] Existing policies have failed to address overweight and obesity. Without major reform, the forecasted trends will be devastating at the individual and population level, and the associated disease burden and economic costs will continue to escalate.**
>
> **~Marie Ng, Xiaochen Dai, et al., The Lancet, 12/07/24 [74]**

According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), "a person whose weight is higher than what is considered to be a normal weight for a given height is described as being overweight or having obesity" [75].

Body mass index (BMI) is often used to measure obesity in adults, with a BMI of 30 or higher signifying obesity.

Data from the CDC shows that over 100 million American adults are obese, and more than 22 million are severely obese (BMI of 40+). The prevalence of obesity has increased from 30.5% to over 40% since 1999-2000. Severe obesity nearly doubled during that same time [76].

Obesity is a complex and costly chronic disease. It affects some groups more than others, including non-Hispanic Black adults and individuals with less formal education [77]. Obesity prevalence increases as income decreases. 11.5% of children in families with incomes at 350+% of the federal poverty level (FPL) are obese compared to 25.8% of children living below 130% FPL [78].
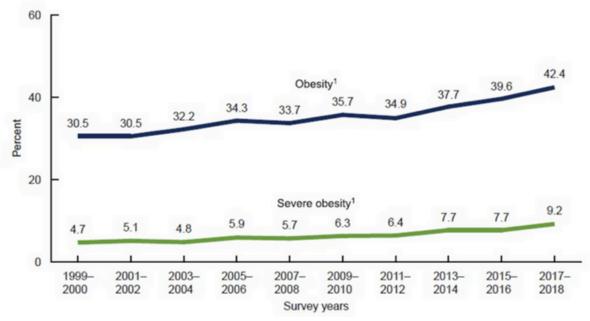
Over 70% of US Adults are Overweight or Obese

Obesity

Risk factors for obesity include health behaviors such as the types and amounts of food and drinks consumed, level of physical activity, and amount of time spent on sedentary behaviors such as watching TV, texting on phones, and using computers, stress, sleep habits, health conditions and medications, genetics, and the physical environment people live in [76].

While personal health behaviors do play a role in obesity, they're not the sole factor. As Dr. Ruth Petersen, Director of the CDC's Division of Nutrition, Physical Activity, and Obesity states, "there's a common misconception that obesity is a result of lack of willpower and individual failings to eat well and exercise" [79]. With severe obesity rates doubling over the last twenty years [75] and over 70% of US adults now being overweight or obese [74], it's clear this issue is much deeper than just individual willpower.

Data Source: NIH: NIDDK [75]

A 2024 study published in The Lancet highlighted the role "commercial determinants" play in the current obesity epidemic [74]. These include the roles that transnational food and beverage manufacturers play in "manipulating the food environment," the role of marketing and pricing in manipulating consumer behaviors, and the policy influence exerted by "lobbying forces." The food and pharmaceutical industries reap "substantial" profits from obesity. Nearly every facet of American life has been touched by these influences over the past three decades.

Obesity

Overweight and obesity increases the risk for many health problems including type 2 diabetes, heart disease, stroke, joint problems, liver disease, gallstones, some cancers, and sleep and breathing problems. The stigma and bias associated with overweight and obesity can also cause social and mental health challenges such as anxiety, depression and poor body image [79].

According to USA Facts, obesity rates grew in every state between 2011 and 2021, with Indiana having the 12th highest rate in the nation [80]. Data from County Health Rankings shows obesity rates are higher than both state and national averages in all nine counties in Union's primary service area.

Obesity - Related Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Adult Obesity	34%	34%	37%	41%	37%	42%	38%	41%	39%	35%	36%	36%
Food Environment Index (0 = worst to 10 = best)	7.7	8.4	6.8	8	7.6	7.6	7.7	7.8	5.8	8.1	8.6	7.3
Physical Inactivity	23%	26%	25%	27%	28%	31%	30%	29%	30%	26%	28%	28%
Access to Exercise Opportunities	84%	91%	77%	53%	45%	47%	33%	54%	79%	61%	58%	57%

Data Source: County Health Rankings [52]

Prior to 2013, no U.S. state had an adult obesity prevalence at or above 35%; now 23 states do including Indiana and Illinois [79]. If current patterns continue, more than 250 million Americans will be overweight or obese by 2050. This will include 45.1% of children (5-14 years), 57.3% of adolescents (15-24 years), and over 80% of adults (ages 25+) [74].

The increase in overweight and obesity among children and adolescents is particularly concerning since it rarely resolves and is a key indicator of adult obesity and related health complications. A comprehensive approach is needed to curb the rising tide of overweight and obesity, with recommendations for a stronger emphasis on prevention, especially for children and adolescents.

Tobacco Use & Vaping

Tobacco Use & Vaping was the fourth highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 23.0% of respondents ranked tobacco use & vaping as a top health issue for their community.

> **Tobacco companies spend $1 million a minute on marketing and 75% of that is point-of-sale or retail advertising. ... [It used to be] images like Joe Cool and the Marlboro man were designed to attract youth to start using; today it's flavors, colors, Bluetooth and wifi enabled vapes.**

~Shannon Giles, Tobacco Prevention & Cessation Coordinator, Chances and Services for Youth

Tobacco products come in a variety of forms including cigarettes, cigars, hookahs, pipe tobacco, nicotine gels and dissolvables. Newer products include Electronic Nicotine Delivery Systems (ENDS) and pouches. ENDS are battery-powered tobacco products that deliver nicotine in the form of an aerosol. They're commonly referred to as vapes, vaporizers, vape pens, e-cigarettes, and e-pipes [81]. Nicotine pouches entered the U.S. market in 2016 and are marketed as smokeless products. They're small microfiber pouches that contain nicotine, flavorings, and other ingredients. They're placed between the lip and gum and don't require spitting [82].

Smoking is a major public health concern. According to the CDC over 16 million Americans live with a smoking-related disease, and smoking and secondhand smoke exposure cause over 480,000 deaths in the U.S. each year. This is approximately one in five deaths [82].

1 in 5 Deaths in the US is Related to Smoking

Despite the growing popularity of vapes and smokeless tobacco, there are "no safe tobacco products" [83]. E-cigarettes typically contain nicotine. They can also be used to deliver cannabis and other drugs.

Tobacco Use & Vaping

According to the CDC, there are more than 7,000 chemicals in commercial tobacco smoke including many that are toxic and that can cause cancer [84]. Some of those chemicals and toxins include the following:

Chemicals and toxins in commercial tobacco smoke

- **Toluene** Used in paint thinners
- **Benzene** Found in gasoline
- **Cadmium** Used in making batteries
- **Ammonia** Used in household cleaner
- **Butane** Used in lighter fluid
- **Hydrogen Cyanide** Used in chemical weapons

Source: Info & Graphics from the CDC [85]

While the number of people smoking traditional cigarettes continues to decline, the number using e-cigarettes and pouches is growing. Sales of e-cigarettes from brick-and-mortar retailers in the U.S. increased 34.7% from 2020 – 2024. And sales of nicotine pouches increased from 126 million pouches in 2019 to 808 million pouches in 2022 [82].

E-cigarettes are especially popular among young people who are drawn to the bright colors of the devices and the sweet flavors like fruit, candy, menthol and mint. E-cigarettes come is different shapes and can look like USB flash drives, smartphones, pens, highlighters and toys. Some even have features similar to smartphones with display screens that can include games and reward systems for vaping such as rankings and points.

Multiple factors influence tobacco use including social factors, product features and flavors, and targeted marketing. Nearly all tobacco use begins during adolescence [86] which increases the risk for future addiction to other drugs [82]. Dr. Aaron Weiner, an addiction therapist and board-certified psychologist based in the North Shore of Chicago describes the design and flavors of vapes as an "exquisite prison" meant to trap youth into starting and continuing the use of tobacco products. He also explains that the potency of vapes has gone up with some single, disposable vapes having the same potency as 100 packs of cigarettes [87].

Tobacco Use & Vaping

Smoking rates and related measures in Union's service area are higher than state and national averages as seen below.

Tobacco - Related Health Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Adult Smoking	15%	13%	18%	20%	22%	24%	23%	22%	22%	17%	19%	19%
Tobacco Outlet Density (rate per 10k)	-	-	11.4	14.0	13.3	12.9	16.8	19.4	13.1	-	-	-
Lung Cancer Mortality (rate per 100k)	32.5	34.4	42.1	45.5	58.8	44.8	49.2	59.5	45.4	45.7	45.2	37.8
Smoking During Pregnancy	3.7%	3.6%	6.6%	14.6%	11.5%	8.2%	9.2%	13.8%	10.3%	-	-	-

Data Sources: County Health Rankings [52], IU Prevention Insights [10], Nat'l Cancer Institute [88], IDOH [89]

Smoking harms nearly every organ of the body according to the CDC and causes many diseases including cancer, heart disease and stroke, lung disease such as chronic obstructive pulmonary disease (COPD), type 2 diabetes, and has harmful reproductive health effects. It's the "leading preventable cause of disease, death, and disability in the United States" [90]. Secondhand smoke is harmful as well and poses an especially high risk to children whose brains and bodies are still developing.

In 2022 over 2/3 of adults who smoked said they wanted to quit; half made an attempt to quit but less than 10% actually did [91]. Counseling and medication can help people quit smoking. State Medicaid programs can also help by providing "barrier-free coverage" of all cessation treatments" [92]. Significant barriers to quitting are present in Union's service area with Indiana being one of only five states requiring counseling for cessation medication for all Medicaid enrollees, and requiring stepped care therapy and limits on quit attempts for some enrollees [92].

Prevention strategies include price increases, youth media campaigns, reducing the number of retailers, prohibiting flavored tobacco sales, and having comprehensive smoke-free policies that include vapes [86, 87].

Diabetes

Diabetes was the fifth highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 22.1% of respondents ranked diabetes as a top health issue for their community.

> **With the ever-increasing prevalence of diabetes it's challenging to get people to the level of care they may need. Our Diabetes Clinic often has at least a 6-month wait for a new patient to be seen.**
>
> **~Jenna Tessman, MSN, RN**
> **Union Health, Supervisor of Diabetes Education**

According to the CDC, diabetes is a chronic condition that affects how the body turns food into energy. The body breaks food into sugar (glucose) and releases it into the bloodstream. This causes blood sugar to go up and signals the body to release insulin. Insulin acts like a key to let the blood sugar into the body's cells for use as energy [93]. Glucose is an important source of energy for cells and according to the Mayo Clinic, "it's also the brain's main source of fuel" [94].

When a person has diabetes, the body doesn't make enough insulin, or it can't use it as well as it should which leads to too much blood sugar staying in the bloodstream. This can cause serious health problems.

An estimated 38 million U.S. adults have diabetes (1 in 10) and 20% don't know it. Diagnoses have more than doubled in the last twenty years and diabetes is the 8th leading cause of death [93]. Prediabetes is also a serious concern.

98 Million American Adults are Prediabetic; and 80% Don't Know It

Prediabetes is when blood sugar levels are higher than normal, but not high enough to be type 2 diabetes. Nearly 98 million American adults are living with prediabetes (1 in 3) [95], and 80% don't know it.

Diabetes

There are three main types of diabetes: type 1, type 2, and gestational:

- Type 1: Usually diagnosed in children and young adults; likely caused by an autoimmune reaction (when the body attacks itself by mistake); stops the body from making insulin; need to take insulin every day to survive.

- Type 2: Usually diagnosed in adults; develops over many years; body doesn't use insulin well and can't keep blood sugar at normal levels.

- Gestational: Develops in pregnant women who've never had diabetes; usually goes away after baby is born.

Data from the CDC shows that 90-95% of all diagnosed cases of diabetes are type 2, which can be prevented or delayed with lifestyle changes [93].

90-95% OF DIABETES CASES CAN BE PREVENTED OR DELAYED

Risk factors vary by diabetes type and include family history and age for type 1; and prediabetes, overweight, age 45+, physically inactive, and history of gestational diabetes for type 2 [96].

Stephanie Arnold, a Nurse Practitioner at Union Health's Diabetes & Metabolism Clinic, said "Diabetes is worsening in many communities due to a combination of factors, including limited access to affordable healthcare, rising rates of obesity, and inadequate availability of nutritious food options. Sedentary lifestyles, driven by modern conveniences and a lack of safe spaces for physical activity further contribute to the issue."

She also said that "socioeconomic disparities, low health literacy, and cultural barriers often hinder effective prevention and management efforts."

Diabetes

Data from Union's service area shows diabetes prevalence rates are higher than state and national averages in over half of the counties served.

Limited access to healthy foods is a significant problem in Vigo county where nearly half of the service area population resides. And adult obesity and physical inactivity rates are higher than state and national averages in all of the primary counties served.

Diabetes - Related Health Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Diabetes Prevalence (Among Adults)	10%	10%	11%	10%	11%	12%	12%	11%	12%	9%	10%	9%
Limited Access to Healthy Foods	6%	5%	9%	6%	6%	6%	5%	2%	20%	10%	2%	14%
Adult Obesity	34%	34%	37%	41%	37%	42%	38%	41%	39%	35%	36%	36%
Physical Inactivity	23%	26%	25%	27%	28%	31%	30%	29%	30%	26%	28%	28%

Data Source: County Health Rankings [52]

People with diabetes have a higher risk of serious health complications. According to the Mayo Clinic this can include kidney disease, heart disease and stroke, blindness, loss of toes, feet, or legs, skin and mouth conditions, hearing impairment, Alzheimer's disease and depression. Women with a history of gestational diabetes are at increased risk to develop type 2 diabetes, and their baby is more likely to have obesity as a child/teen and develop type 2 diabetes later in life [93].

Diabetes is the #1 cause of kidney failure, lower-limb amputations and adult blindness. And medical costs for people with diabetes are more than 2x the costs of those without diabetes [93].

There's no known way to prevent type 1 diabetes, but treatment is available. Prediabetes and type 2 can be prevented with lifestyle changes such as losing weight, eating healthy food, and being physically active [93].

Cancer

Cancer was the sixth highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 17.5% of respondents ranked cancer as a top three health issue for the community.

> **I think many of us grew up in the era of the war on cancer, and when there' a war, maybe one day you will wake up and there's a peace treaty and the war is over. That's not the right expectation here. ... What's more likely to happen...is that we'll see the war won one battle, one cancer, one group of patients at a time [97].**
>
> **~Dr. George Demetri, Sarcoma Center Director, Dana-Farber Cancer Institute**
> **Professor of Medicine, Harvard Medical School**

Cancer is a disease characterized by the uncontrolled growth and spread of abnormal cells in the body. According to the National Cancer Institute, there are more than 100 types of cancers, and it's actually not a single disease, but rather a group of related diseases [98]. Cancer can start almost anywhere in the human body and types of cancers are usually named for the organs or tissues where the cancers form (ex. lung cancer).

Cancer is not a contagious disease that can easily spread from one person to another. It's caused by harmful changes to DNA. These changes can happen for a variety of reasons including errors that occur as cells divide, damage to DNA caused by harmful substances, and mutations in genes inherited from parents.

40% of Americans Will be Diagnosed with Cancer at Some Point

Only 5-10% of cancers are caused by inherited harmful mutations; the remaining 90-95% are caused by things that happen during a person's lifetime as a result of aging, exposure to environmental factors, and health behaviors such as smoking [98].

Cancer

Many things in our genes, lifestyle and environment may increase the risk of getting cancer. Risk factors include age, alcohol, chronic inflammation, food/diet, obesity, immunosuppression, infections, diabetes, hormones, radiation, tobacco use, family history, and environmental exposures [98]. Nearly all of these risk factors are present in Union's service area at rates higher than state and national averages as seen in the table below.

Cancer - Related Risk Factors in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Diabetes Prevalence	10%	10%	11%	10%	11%	12%	12%	11%	12%	9%	10%	9%
Adult Smoking	15%	13%	18%	20%	22%	24%	23%	22%	22%	17%	19%	19%
Adult Obesity	34%	34%	37%	41%	37%	42%	38%	41%	39%	35%	36%	36%
Physical Inactivity	23%	26%	25%	27%	28%	31%	30%	29%	30%	26%	28%	28%
Excessive Drinking	18%	18%	18%	17%	16%	15%	16%	16%	16%	17%	17%	16%
Food Insecurity	10%	10%	11%	11%	12%	12%	12%	13%	14%	8%	9%	10%
Air Pollution - Particulate Matter	7.4	8.8	8.8	8.9	7.7	8.9	8.1	9.1	10.2	9.0	9.0	8.9

Data Source: County Health Rankings [52]

Tobacco use is the most preventable cause of cancer in the US and causes ~30% of all cancer deaths [99]. And CDC data shows that being overweight or having obesity are associated with a higher risk of getting 13 types of cancer, which make up 40% of all cancers in the US each year [100].

There are some notable trends in cancer incidence (new cases) and mortality (death) rates over the past several decades. Progress has been made in reducing mortality for some types of cancer due to "improvements in screening, early detection, and management" [101]. The overall rate dropped 34% from 1991 – 2022 [102]. While there's been progress in lowering cancer death rates, the number of new cases is increasing overall and for many common cancers, including six of the top ten [103].

The number of new cancer cases projected in the United States in 2024 was over two million for the first time ever, a nearly 70% increase since 2001 [101], and cancer patients are getting younger [103]. Research shows the presence of a birth cohort effect in cancer cases – each successive group of people born at a later time (ex. by decade) have a higher risk of developing cancer later in life - i.e., the risk is increasing with each generation [104].

Cancer

Cancer diagnoses are shifting from older to younger adults, and from men to women [102]. Historically more men than women were diagnosed with cancer, but women younger than 50 now have an 82% higher cancer incidence rate than men of the same age. That's up from 51% in 2002 [102].

Researchers have been "raising red flags" about the growing incidence of cancer in people younger than 50 [102]. Colorectal cancer cases in younger adults have nearly doubled since the 1990's [103]. Breast cancer rates have been rising by 1.4% a year for women under 50, cervical cancer is increasing in women ages 30-44, and the rate of cancer treatments in patients ages 18-49 increased from 2020 – 2023, with the greatest increase (11.7%) seen in patients 18-29 years old [102]. Overall cancer rates are higher than average in Union's service area and screening rates are lower as well.

Cancer - Related Health Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Cancer (non-skin) or Melanoma (among adults)	8.2	-	-	9.3	9.7	9.8	8.8	9.8	*8.0	9.7	9.4	10.4
Mammography Use Among Women (aged 50-74)	76.5	-	-	76.3	74.5	72.5	72.7	73.3	74.8	71.9	71.2	71.5
Colorectal Cancer Screening Among Adults (aged 45-75)	66.3	-	-	66.2	68.0	62.9	65.0	64.6	64.1	64.9	63.8	62.2
*crude #'s reported in table, but age-adjusted # for Vigo County = 7.2 vs U.S. age adjusted # = 6.9												

Data Source: CDC [105]

There's no single test to diagnose cancer. Different tests include physical exams, lab tests, imaging, biopsy and family history. Screening tests can help find cancer at an early stage when it may be easier to treat or cure. And treatment varies depending on the cancer type and how advanced it is [98].

Protective factors include not smoking or quitting smoking, being physically active, maintaining a healthy weight, and not consuming alcohol. Nearly half of newly diagnosed cancers in the US could be potentially avoided by changing these behaviors [99]. Given the disparities in outcomes and care, it's also "crucial to address social determinants of health" in order to ensure "equal outcomes of the disease in all communities" [101].

Child Abuse / Neglect

Child Abuse / Neglect was the seventh highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 16.7% of respondents ranked child abuse / neglect as a top three health issue for the community.

> "
>
> **The easy answer is to blame parents and already burdened child protection workers. But easy answers don't solve complex problems. And with millions of children injured and thousands killed, this problem is large indeed, and it deserves a large response.**
>
> **~Michael Petit, President of Every Child Matters, Former Deputy Director at the Child Welfare League of America**

Child abuse and neglect are serious public health problems. It's estimated that 1 in 4 children will experience child abuse or neglect in their lifetime and 1 in 7 have experienced it in the past year [106]. Child abuse and neglect – also known as maltreatment – is associated with many negative outcomes including physical injuries, chronic disease issues in adult years, psychological problems, and in extreme cases, even death [107].

According to the CDC, child abuse and neglect "includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g. a religious leader, a coach, or a teacher) that results in harm, the potential for harm, or threat of harm to a child." There are four common types of abuse and neglect including physical abuse, sexual abuse, emotional abuse, and neglect (failure to meet a child's basic physical and emotional needs such as food, clothing, housing, access to medical care, and validation) [108]. The most common form of abuse is neglect (74%), followed by physical abuse (17%) and sexual abuse (11%) [109].

1 in 4 Children Expereince Child Abuse or Neglect in Their Lifetime

Child Abuse / Neglect

The majority of abuse and neglect goes unreported – this is especially true for emotional abuse and neglect "which may never come to clinical attention but ha[s] devastating consequences on health" [106]. The problem of child abuse and neglect is far more prevalent in the US than in the rest of the industrialized world. For example, "the child maltreatment death rate in the US is triple Canada's and 11 times that of Italy" [110]. The problem is far more prevalent in Union's service area than in the nation overall, as seen in the table below.

Child Abuse / Neglect - Related Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
"Screened-In Reports": rate per 1,000 children (cases meeting requirement for assessment)	28.9	64.7	121.6	174.6	179.5	157.2	191.0	209.5	256.8	143.7	93.6	170.4
Victimization Rate per 1,000 children (substantiated reports)	8.4	14.4	15.4	20.2	25.5	19.8	29.7	33.0	48.8	48.9	25.2	45.2
Foster Care Entries: rate/1,000 (children entering foster care)	2.9	2.8	5.4	6.4	8.8	N/A	9.5	10.1	12.5	N/A	N/A	N/A
N/A: Not reported or not included due to low count (to protect identity of children/families)												

Data Source: Children's Bureau [111]

All US states have child abuse and neglect reporting laws that require certain professionals to report suspected maltreatment to a child protective services agency (CPS). After an allegation of maltreatment is received by CPS, it's either screened-in for a response from CPS or it's screened-out and referred to other agencies. All screened-in referrals are called reports and are handled by CPS [112]. After receiving referrals CPS conducts an assessment or investigation to determine whether children have been maltreated, are at risk of maltreatment, and if additional services are needed.

West Virginia, Indiana and Alaska have the highest screened-in rates in the US. Vigo County had the highest screen-in rate for child abuse and neglect in Indiana in 2020; Vermillion County was also in the top five for the state. Moreover, Vigo County had the second highest screen-in rate for child abuse and neglect out of all counties in the continental United States in 2020, behind only Jeff Davis County, TX [113].

Child Abuse / Neglect

Children are placed in foster care when CPS and a court determine that it's not safe for them to stay in their home. According to Child Trends, a nonprofit research center based in the US, this decision should not be taken lightly because "separation from parents and disruptions from usual routines and familiar surroundings are traumatic for children" [107].

With this in mind, it's worth referring back to the table on the previous page to see that the foster care entry rate in Union Health's service area is 2-4x the national rate, with the highest rate in Vigo County. The reasons for children entering foster care in Indiana are telling as well with parental substance use 50% higher than the US average, inadequate housing almost double, and parental incarceration 300% higher than the national average.

Reason for Children Entering Foster Care			
	U.S.	Illinois	Indiana
Neglect	64%	93%	91%
Parental Substance Abuse	40%	11%	60%
Parental Incarceration	6%	<1%	18%
Inadequate Housing	9%	<1%	17%

Data Source: Child Trends [107]

The youngest children are the most vulnerable to maltreatment with infants (younger than one) representing 44% of child abuse and neglect fatalities [112]. Most child victims are abused by a parent or legal guardian. In 2022 76% of child abuse cases were committed by a parent or guardian [109].

Key risk factors for perpetration include caregivers with drug or alcohol issues, mental health issues, not understanding children's needs or development, were abused or neglected as children, are young or single parents or parents with many children, have a low education or income, high levels of parenting stress or economic stress, use spanking and other forms of corporal punishment for discipline, caregivers in the home who are not a biological parent, unstable housing, food insecurity, households with domestic violence, and families that have household members in jail or prison [108]. Poverty is also a significant risk factor for child neglect.

Child Abuse / Neglect

Poverty and neglect are highly correlated and often impact families at the same time because poverty produces hardships. These hardships create toxic stress which can "impede children's cognitive development and parent's capacity to meet the needs of their children" [114]. Higher rates of poverty are associated with more reports of abuse, even when those reports don't lead to more confirmed cases of child mistreatment. This raises questions about "whether over-surveillance of poor families contributes to disproportionate child welfare system involvement" [114].

"Child abuse hurts minds, bodies, and futures" [109]. In addition to immediate physical injuries it creates trauma that alters children's biological systems including their brain development [115]. Left untreated this trauma can lead to mental health problems like depression, anxiety and PTSD; behavioral changes like substance use disorders, risky sexual behaviors, and increased risk for violence; and physical health problems like obesity, lung disease, diabetes, heart disease and cancer [109].

Maltreated children often "suffer impairments in their language abilities, cognitive skills, social emotional understanding and learning" [116]. They're more likely to have delayed brain development, lower educational attainment, and limited employment opportunities later in life [108]. The cumulative effect is often a significant reduction in life expectancy [106].

Child abuse and neglect is a preventable act and everyone has a role to play in preventing it. Some policies are particularly effective at reducing risk factors. These include child care subsidies, affordable housing, high-quality preschool, engaging after school programs, steady employment, family-friendly work policies, home visiting, and enhanced primary care [114]. Evidence-based treatment and support for child victims can include trauma-specific psychotherapy, art therapy, medications, and an integrated treatment approach that addresses the mental, physical and social needs of the child [116].

To prevent child abuse and neglect, key sectors of society including health care, public health, government, education, and social services need to come together to focus on comprehensive strategies and approaches [108].

Heart Disease & Stroke

Heart Disease & Stroke was the eighth highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 16.6% of respondents ranked heart disease & stroke as a top three health issue for the community.

> **With a shift towards trying to be more preventative about treatment, I think that patient outcomes can be improved. … If we can help manage external influences [SDOH] that are affecting the patient, we can give them the opportunity to take a more active role in their healthcare.**
>
> **~Caleb Ingle, BSN, RN, CCRN, CHFN,
> RN Ambulatory Supervisor, UMG Cardiology**

Cardiovascular disease (CVD) is a general term referring to diseases that involve the heart and blood vessels; this includes heart disease and stroke [117]. Coronary heart disease (CHD), sometimes referred to as coronary artery disease (CAD), is the most common type of heart disease in the U.S. [118]. It "occurs when a substance called plaque builds up that narrows the arteries in the heart." And "a heart attack occurs when an artery becomes completely blocked, resulting in a lack of blood flow to the heart" [117]. Heart disease is the leading cause of death in the U.S and according to the American Heart Association, it has been for over 100 years (since 1921) [119].

After CHD, stroke is the second most common cause of cardiovascular disease death. A stroke is often called a "brain attack" (versus a heart attack), and it happens when "something blocks blood supply to part of the brain or when a blood vessel in the brain bursts. In either case, parts of the brain become damaged or die" [120]. Stroke is the 5th leading cause of death in the U.S. overall [119] and is a leading cause of serious long-term disability [120].

Every 33 Seconds One Person Dies From Cardiovascular Disease

Heart Disease & Stroke

Risk factors for heart disease include high blood pressure, high cholesterol, smoking, diabetes, obesity, unhealthy diet, physical inactivity, and excessive alcohol use [118]. Risk factors for stroke are largely the same and also include sickle cell disease, family history, genetics and having a previous stroke [120]. Women are more likely than men to have a stroke and are more likely to die from it. And according to the CDC, "pregnancy and use of birth control pills pose special risks for women" in relation to stroke [120].

Many of the risk factors for heart disease and stroke are prominent in Union's service area including higher than average rates of smoking, diabetes, overweight and obesity, unhealthy diet and physical inactivity. The results are evident in the table below.

Heart Disease / Stroke - Related Health Measures in Union's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Total Cardiovascular Disease (Death Rate, 2019+)	432.3	435.8	472.8	545.6	501.0	428.4	541.1	688.1	597.3	554.8	524.3	516.6
All Heart Disease (Death Rate, 2019+)	325.7	325.2	357.0	445.0	392.0	386.4	445.1	471.3	467.4	423.6	401.1	392.0
All Stroke (Death Rate, 2019+)	75.7	81.0	81.1	76.5	71.0	73.2	71.6	106.1	91.5	80.6	75.9	67.4
Preventable / Avoidable Death (Death Rate, 2019+)	310.3	288.2	321.0	397.5	356.6	343.9	377.1	492.0	451.3	377.6	330.3	298.5

Data Source: CDC [121]

Vigo and Vermillion counties, home to Union's hospitals, have some of the worst cardiovascular disease death rates in Indiana. From 2019+ Vermillion had the worst outcome in the state for total cardiovascular disease death rate, all heart disease death rate, all stroke death rate, and preventable /avoidable death [121]. Vigo County had the second worst rate in the state for heart disease death and preventable / avoidable death, and fourth worst for total cardiovascular disease death. Sullivan and Clay counties were also in the top ten worst for heart disease death rate and avoidable death [121].

There are several recent trends in heart disease and stroke that are worth noting. The first is a national increase in cardiovascular mortality rates.

Heart Disease & Stroke

The death rates from cardiovascular diseases, including heart disease and stroke, "have declined steadily in the United States for decades, which is often recognized as one of the top public health achievements of the 20th century" according to researchers [122]. But following this decades-long trend in declining death rates, "the emergence of the [COVID-19] pandemic in early 2020 led to a notable increase in cardiovascular mortality" [123]. Rates for heart disease mortality and stroke mortality increased as well, resulting in "nearly a decade of lost progress in reducing CVD mortality rates in the United States" [122]. This trend is seen in the table below.

National Increase in Cardiovascular Disease Death Rates Since 2019				
	2010 - 2019 Decrease	2020	2021	2022
Cardiovascular Disease AAMR	456.6 -----> 416.0	434.7	451.8	454.5
Heart Disease AAMR	347.3 -----> 313.1	325.9	336.6	338.1
Stroke AAMR	76.0 -----> 71.7	75.3	79.8	81.0

Age-Adjusted Mortality Rates (AAMR) (per 100k) Over Time

Data Source: American Journal of Preventive Medicine [122]
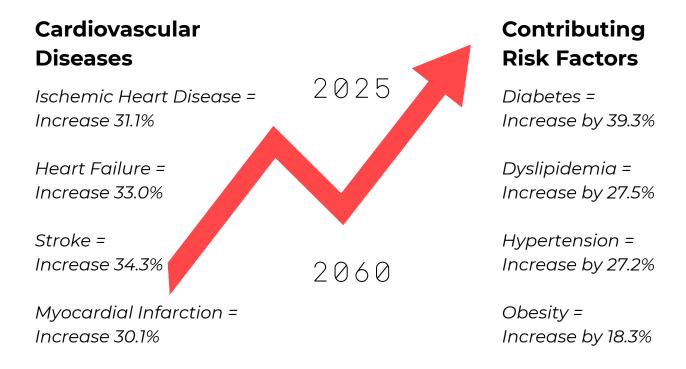
The trends for declining mortality rates from 2010 – 2019 and the increasing rates that followed in 2020 - 2022 were statistically significant. Nearly ¼ million excess cardiovascular deaths occurred during 2020 – 2022. This was 9% more deaths than expected [122], and some groups were impacted more than others with men and younger populations showing "higher increases in cardiovascular age-adjusted mortality rates" [123].

Researchers publishing in the American Journal of Preventive Medicine said that the "increases in CVD mortality rates among adults during the initial years of the COVID-19 pandemic endured into 2022, despite stabilization of the public health emergency." They said the results from their study "are concerning as they document persistence of worsening CVD mortality trends through the end of the COVID-19 public health emergency, when COVID-19 vaccines were widely available and the burden of COVID-19 hospitalizations and deaths were declining" [122].

Another trend worth noting is the increase in hypertension (HTN), or high blood pressure, and HTN mortality rates among young adults (18-24 years old) and middle-aged adults (25-44 years old).

Heart Disease & Stroke

High blood pressure is a leading risk factor for heart disease and stroke [119]. Research shows that HTN-related mortality in the U.S. increased from 2.8 deaths per 100,000 population in 1999, to 5.0 in 2001, and then to 9.4 in 2019 "before sharply rising to 13.9 in 2021" [124]. The increased mortality rates were evident in both men and women, "though younger men consistently exhibited higher rates" [124]. This has emerged as a significant public health concern as "HTN is now recognized as one of the leading global causes of morbidity and mortality, with rates surpassing 20% among older teenagers and young adults in recent years" [124].

More people died from heart disease and stroke in 2021 than from all forms of cancer and chronic lower respiratory diseases combined [125]. Those numbers are expected to get worse from 2025 - 2060 with the aging U.S. population and increases in contributing risk factors for cardiovascular diseases, as seen below [126].

Cardiovascular Diseases

Ischemic Heart Disease = Increase 31.1%

Heart Failure = Increase 33.0%

Stroke = Increase 34.3%

Myocardial Infarction = Increase 30.1%

2025

2060

Contributing Risk Factors

Diabetes = Increase by 39.3%

Dyslipidemia = Increase by 27.5%

Hypertension = Increase by 27.2%

Obesity = Increase by 18.3%

Without coordinated, thoughtful change that addresses clinical care along with policies, systems, environments, and other social determinants of health, the prevalence of cardiovascular diseases and related risk factors "... will continue to rise, with worrisome trends" [126].

Aging Issues

Aging Issues was the ninth highest ranked health issue by community members responding to the 2024 Community Health Needs Assessment survey. Out of 1,546 completed surveys, 14.1% of respondents ranked aging issues as a top three health issue for the community.

> **One of the big myths is that aging is only loss and decline, but ... the picture is more complex. There are areas where decline occurs ... but on the other hand, there are also areas where there are quite some gains where people become, for example, happier ... more agreeable and conscientious over time [127].**

~ Manfred Diehl, PhD, Lifespan Developmental Psychologist, University Distinguished Professor, Colorado State University

Before exploring the many conditions that make up "aging issues," it's important to understand who this issue effects. Aging issues in the context of this report are the health and health-related issues that most commonly impact senior citizens, individuals ages 65+ years old.

The United States is "a rapidly aging society" [128]. According to the Population Reference Bureau, "the U.S. population is older today than it has ever been" [129]. Since 1980, the median age increased almost nine years from 30.0 years old to 38.9 years old [129]. But it's even higher in Union Health's service area, where the median age is now over 41 years old in every county except one (Vigo County, IN).

The growth of the senior population is "unprecedented in U.S. history" and is largely driven by the baby boom generation (born between 1946 - 1964) [129]. The number of seniors is expected to increase over 40% from 58 million in 2022 to 82 million in 2050. This will make senior citizens ~ ¼ of the US population [129]. This has been described as both a "silver tsunami" and a "demographic crossroads."

# of Seniors in the US will increase over 40% by 2050

Aging Issues

"For the first time in human history, there are now more people in the world over the age of 64 than under the age of five" [130]. What does this mean for the health care system? And for communities? It depends on who you ask.

The average 65-year-old was expected to live almost another 20 years in 2022 [131]. Much of mainstream media and literature frames this as a problem that "…poses enormous challenges for the health care system and the social structure of the U.S" [128].

One of the common reasons why it's viewed as a problem is because of the prevalence of chronic disease in older adults; "…nearly 95% of adults 60 and older have at least one chronic condition, while nearly 80% have two or more" [132]. This leads to higher utilization of healthcare services and often more complex and expensive care as well.

But some leading researchers studying aging and health, including Dr. Becca Levy, Professor of Public Health and Psychology at Yale, have taken a vastly different view saying "the fact that so many people are getting to experience old age, and doing so in better health, is one of society's greatest achievements. It's also an extraordinary opportunity to rethink what it means to grow old" [130].

Some health changes are considered a natural part of aging [133], and with an older than average population in Union's primary service area, such conditions are common. But the higher than average rates of preventable hospital stays in the area points to additional issues with health and healthcare as seen in the table below.
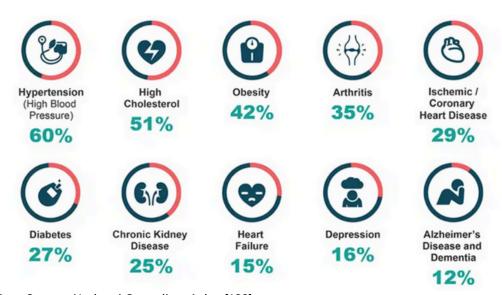
Median Age & Preventable Hospital Stays in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Median Age of Population	39.2	39.5	38.3	41.2	43.1	42.5	41.3	42.5	35.9	42.0	42.4	46.4
Preventable Hospital Stays (per 100,000 Medicare)	2,681	3,327	3,135	3,520	3,743	4,444	3,793	5,120	4,603	4,469	3,169	6,216

Data Sources: US Census Data [8], County Health Rankings [52]

Aging Issues

As the cells in our bodies age they change. These changes can result in the cells and the organs they make up looking and acting in different ways. Older cells don't function as well and in some organs cells die and aren't replaced. Cells that don't function as well can also lead to disorders. And "disorders, not aging, usually account for most loss of function" [134].

Some of the first signs of aging often involve the musculoskeletal system. The eyes and ears begin to change in mid-life, and "most internal functions also decline with aging" [134]. According to the National Council on Aging, the ten most common chronic conditions for seniors include the following:

10 Common Chronic Conditions for Adults 65+

Hypertension (High Blood Pressure) 60%

High Cholesterol 51%

Obesity 42%

Arthritis 35%

Ischemic / Coronary Heart Disease 29%

Diabetes 27%

Chronic Kidney Disease 25%

Heart Failure 15%

Depression 16%

Alzheimer's Disease and Dementia 12%

Data Source: National Council on Aging [132]

Health issues associated with aging often impact the cardiovascular system (stiffening of blood vessels and arteries), bones, joints and muscles (shrinking and more brittle bones, weaker and less flexible muscles), digestive system (changes in large intestine and diet leading to more constipation), bladder and urinary tract (less elastic bladder and weaker pelvic floor muscles leading to urinary incontinence), memory and thinking skills (forgetting familiar names or words), and eyes and ears (light sensitivity, clouded vision, difficulty hearing high frequencies) [133].

Aging Issues

Additional issues considered part of aging include decreased sensitivity to taste and smell, skin becoming thinner, drier less elastic and more wrinkled, a decreased number of nerve endings resulting in less sensitivity to pain, temperature, and pressure (making injuries more likely), and a less robust immune system which is at least partially why cancer has historically been more common in older adults and infections such as pneumonia are more common and result in death more often in seniors [134].

Many of the age-related issues are present at higher than average rates in Union's service area, as are related disabilities.

Rates for Aging-Related Issues & Impact in Adults (age-adjusted)												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Arthritis (2022)	23.3	-	-	26.4	27.6	27.3	26.7	27.7	28.9	25.2	26.2	26.6
High Blood Pressure (2021)	29.6	-	-	32.4	33.1	34.4	35.9	32.4	32.1	29.8	32.0	30.8
High Cholesterol (2021)	30.4	-	-	30.4	30.8	30.6	31.2	31.8	32.8	28.6	28.7	29.1
Cognitive Disability (2022)	13.7	-	-	16.4	16.7	16.1	15.8	17.5	15.7	12.8	15.1	14.4
Independent Living Disability (2022)	7.7	-	-	8.2	8.9	8.9	8.6	9.3	8.6	7.1	8.3	8.7
Mobility Disability (2022)	12.0	-	-	12.8	13.9	13.6	13.9	13.7	13.7	10.9	12.1	12.9
Self-Care Disability (2022)	3.5	-	-	3.4	3.9	3.8	3.9	3.8	3.9	3.0	3.5	3.7

Data Source: CDC PLACES [135]

It's worth noting, that while memory and thinking skills often change with aging, dementia is NOT a normal part of aging.

Dementia, "a term used to describe a group of symptoms affecting memory, thinking and social abilities," is caused by "damage to or loss of nerve cells and their connections in the brain" [136]. Age is the biggest risk factor for dementia with the risk increasing substantially after age 65, but there are many other risks including family history, diet and exercise, excessive drinking, smoking, obesity, high blood pressure, high cholesterol, depression, air pollution, head trauma, sleep disturbances, vitamin deficiencies, and use of some medications such as sleep aids that contain diphenhydramine (ex. Benadryl) [136].

Aging Issues

As the population of older Americans continues to grow, a caregiving gap continues to widen as well. This is especially true for seniors with lower incomes and for those with dementia. The demand for elder care and home assistance is expected to increase significantly with the aging population and the rapidly increasing numbers of Americans living with Alzheimer's disease and other dementias (which could more than double by 2050) [129].

While factors such as age, family genetics, and gender might make it "nearly impossible for older adults to avoid becoming a chronic disease statistic" [132], there are some

Healthcare Providers & Estimated Caregiver Gap	Illinois	Indiana
# of Geriatricians	303	87
Increase Needed to Meet 2050 Demand	27.7%	147.1%
# of Home Health & Personal Care Aides	108,190	44,830
Increase Needed to Meet 2032 Demand	14.8%	21.9%

Data Source: Alzheimer's Association [137, 138]

protective factors. Many of the protective factors listed for other conditions are relevant for aging issues as well: healthy diet, exercise, getting sufficient sleep, etc. But there's another preventive factor that plays an even bigger role and is rarely spoken of: the self-perception of aging.

Research shows age stereotypes internalized by individuals contribute to "the formation of their self-perceptions of aging, which, in turn, can have a physiological outcome" [139]. In other words, we are what we believe. Those with more positive ideas of aging live 7.5 years longer than those with negative self-perceptions. This is even greater than the effect of low blood pressure and cholesterol which can each add 4 years to life span [139].

Researchers have shown that older people with more positive perceptions of aging "performed better physically and cognitively than those with negative perceptions;" they're more likely to recover from severe disability, remember better, walk faster and live longer [130]. Age beliefs "don't just live in our heads," they "become scripts we end up acting out" [130]. And in a society where ageing is something to be feared, and our "cultural diets" [130] are steeped is open ageism with "denigrating views and actions directed at elderly targets,"[139] we're taking years from the lives of seniors.

Lung Disease

Lung Disease is the final priority health issue in Union Health's top ten list for this report. While it wasn't ranked as a top health issue by community members responding to the 2024 Community Health Needs Assessment survey, service data and secondary data show that it's a key health issue for the community and one that Union needs to prioritize.

> **Many of our patients can't afford the medications to manage their COPD and associated lung disease, and they become more reclusive and sedentary because of the burden on their pulmonary system. This leads to exacerbation of other co-morbid conditions, specifically congestive heart failure.**

~Jimmy McKanna, MBA, RRT, Director of Respiratory Therapy, Union Health

Lung disease is a major health concern in the U.S. The terms "lung disease" and "respiratory disease" are used interchangeably to describe "the many different conditions that affect the respiratory, or breathing, system [140]. Respiratory conditions that are persistent and long-lasting are called chronic. They often require long-term medical management and care, and they "can significantly impact an individual's quality of life" [141].

According to the American Lung Association there are more than 35 million people in the U.S. living with a chronic lung disease like asthma or chronic obstructive pulmonary disease (COPD) [142]. That's approximately 1 in 10 people [143]. Some of the most common types of lung disease in addition to asthma and COPD include lung cancer, pulmonary fibrosis, chronic bronchitis (a type of COPD), and emphysema (another type of COPD) [143].

35 Million Americans Live With Lung Disease

There are three main categories of lung disease: airway, lung tissue, and lung circulation. Each has different affects on the lungs [140]. They can make it hard for air to flow in and out of the lungs, damage tissues and blood vessels, and cause scarring and inflammation [143].

Lung Disease

Lung disease can be caused by many factors including genetics, allergies, environment, lifestyle choices, occupational hazards, respiratory infections, and autoimmune diseases [141, 143]. Smoking is the main cause of many respiratory diseases [141]. Aside from individuals who smoke, those with an increased risk of lung disease include people who are exposed to air pollution or environmental toxins, chemicals, radon gas, or dust, and those with many lung infections during childhood [143].

Poverty is also a proven risk factor for lung disease. According to the EPA, 9.3% of children living in poverty have asthma, compared to only 6.2% of children living in families with incomes higher than the poverty level. This difference is statistically significant [144]. And information from the Indiana Department of Health shows that the prevalence of asthma among adults in Indiana with an annual household income of less than $25,000 is nearly two times higher than those with household incomes of $50,000+ [145].

With high poverty rates, smoking rates, air pollution levels, jobs in high risk occupations (ex. construction, mining, agriculture, manufacturing), and an older stock of housing and public buildings, Union's service area is a perfect storm for the development of chronic lung disease.

Lung Disease - Related Health Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Adult COPD Rate	6.4%	6.3%	8.4%	7.7%	8.5%	9.7%	9.3%	8.7%	8.6%	6.4%	7.1%	7.3%
Adult Smoking Rate	15%	13%	18%	20%	22%	24%	23%	22%	22%	20%	19%	19%
Air Pollution Rate (particulate matter)	7.4	8.8	8.8	8.9	7.7	8.9	8.1	9.1	10.2	9.0	9.0	8.9
Poverty Rate	11%	12%	12%	13%	12%	15%	16%	13%	20%	12%	14%	14%

Data Source: County Health Rankings [52]

The impact of external risk factors cannot be overstated. Tobacco, outdoor air pollution, household air pollution, and occupational exposures to lung toxins are "responsible for a substantial percentage of the disease burden" in chronic lung disease; but all of those factors can be changed [146].

Lung Disease

Complications of lung disease vary but can include permanent lung scarring, long-term breathing problems, heart failure, blood clots, bleeding in the lungs, liver damage, respiratory failure, and even death [140, 147]. There can be social consequences as well. Lung disease can make it harder to breathe which in turn can make it harder to engage in social activities and work. This can "greatly impair a child's ability to function and [is] an important cause of missed school days and limitation of activities" [144].

Protective factors that can reduce the likelihood of developing lung disease include not smoking, improving air quality, having appropriate work place protections, minimizing time outside during low air quality days, eating a healthy diet and getting regular exercise [143, 148]. While there's no cure for chronic lung diseases, they can be managed to improve quality of life [141]. Common treatments include medications, lifestyle changes, and medical treatments [143]. An interesting observation can be made by comparing rates of clinical interventions vs. community or social-based interventions.

Asthma Interventions - Clinical		
Has a doctor or other health professional EVER	Adults who Responded 'Yes'	Child with a 'Yes' Response
Taught you how to recognize early signs or symptoms of an asthma episode?	71.83%	78.06%
Taught you what to do during an asthma episode or attack?	78.65%	75.80%
Taught you how to use a peak flow meter to adjust your daily medications?	47.58%	41.81%
Given you an Asthma Action Plan?	34.45%	57.27%
Asthma Interventions - Home / Environmental (SDOH)		
Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?	33.15%	11.99%
Do you use a mattress cover that is made especially for controlling dust mites?	38.92%	43.94%
Do you use a pillow cover that is made especially for controlling dust mites?	30.64%	32.89%
Is an air purifier regularly used inside your home?	31.06%	25.03%
Is a dehumidifier regularly used to reduce moisture inside your home?	28.92%	39.60%

Data Source: Indiana Department of Health [145]

Data from the Indiana Department of Health shows health professionals are far more likely to advise and educate on clinical interventions for adults and children living with lung disease (in this case, asthma) than they are to advise on home/environmental interventions. Home and environmental factors are a significant root causes of lung diseases, and all interventions have to be considered to make meaningful and lasting improvement.

5

Evaluation & Implementation

This chapter describes what happens next. It starts with a list of assets that are available to help address the top health issues identified through the community health needs assessment. Community-based assets and those available through Union Health are both listed because a wide variety of resources are needed to address the profound health disparities and needs in the community.

After that is an evaluation of any change or progress on significant health issues since the previous CHNA report. And following that is an implementation plan. The implementation plan starts with an overview of existing implementation efforts highlighting some of the services, initiatives and programs that have been implemented to help address significant health needs in Union's service area. A new implementation framework is also provided showing a pathway forward as Union Health works to better meet the needs of the community.

Assets

As part of the community health needs assessment process, nonprofit hospitals are asked to describe the resources available to address the significant health needs identified. In the past Union Health has identified a variety of resources available in the community. These have largely been external in nature. In this report we continue to highlight the many assets available in the community , but also look inward and reflect upon the wealth of assets that Union can offer in support of improving the health and wellness of the community served.

Key COMMUNITY ASSETS available include the following:

- Chambers of Commerce
- Churches / Faith Community
- Community Foundation
- County Health Departments
- Early Education / Pre-K Programs
- Employers
- Extension Offices
- Farmers Markets
- Fitness Centers
- Grocers / Food Pantries

- Higher Education Institutions
- K - 12 Schools
- Libraries
- Local Governments
- Local Media
- Museums
- Nonprofit & Social Service Org's
- Other Hospitals/Health Providers
- Park & Recreation Areas
- Service Clubs

Some highlights from the list include:
1) Five colleges including Indiana State University, Ivy Tech, Lincoln Trail College, Rose-Hulman Institute of Technology, and St. Mary-of-the-Woods;

2) Dedicated state, county and city park and recreation areas including Griffin Bike Park, numerous state parks and lakes with hiking trails and outdoor amenities, protected fish & wildlife areas, and more;

3) Extension offices including Purdue & the University of Illinois Extension;

4) And numerous other health providers including five critical access hospitals, multiple inpatient behavioral health facilities, addiction treatment centers, FQHC's, Title X Health Centers, and private medical, dental, vision, and mental health practices.

Assets

Key assets available through Union Health include the following:

- 3,000+ employees
- Birthing Center
- Cafeterias
- Clinical Care Space
- Clinical Care Staff
- Convenient Care
- Emergency Care
- Events
- Fitness Center
- Health Educators
- Health Equipment & Supplies
- Hospital Foundation
- Laboratories
- Leverage
- Marketing
- Meeting Rooms & Spaces
- Money & Mandate
- Nutritionists
- Occupational Health
- Peer Navigators
- Pharmacies
- Platform & Reach
- Pop-up Clinics
- Power (Implicit & Explicit)
- Primary Care & Providers
- Programs
- Psychiatric Care & Providers
- Relationships
- Researchers
- Residency Programs
- Rural Clinics
- Screening & Testing
- Simulation Center
- Social Workers & CHW's
- Specialty Care & Providers
- Vehicles

Hospitals and healthcare systems are "a fundamental part of the healthcare ecosystem" and there's a growing recognition that the role they "can play in their communities" goes well "beyond being providers of healthcare services." They can "be a leader in efforts to provide access to high-value care, advance health equity and improve community health" [149].

As the largest employer in the Wabash Valley Area and the largest nonprofit health system between St. Louis, MO and Indianapolis, IN, Union Health is uniquely positioned to assume a leadership role in improving the health of the community. The need is well documented in this report and evident in the health outcomes shared herein. But there are many resources available in the community and at Union, and with coordination, vision, collaboration, and leadership, the assets identified in this report can "be harnessed to meet community needs and to strengthen the community as a whole" [150].

Evaluating Change

An important part of any plan is evaluation. Evaluation is a process used to assess the effectiveness, success or quality of various projects, programs, systems or policies. It helps answer the question, "Is it working?"

One of the requirements for completing a CHNA is just that. Non-profit hospitals are asked to evaluate the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA report.

Union Health identified the following eight "Priority Health Needs" in the 2021 CHNA report:

- Obesity (Youth & Adult) & Lack of Exercise
- Diabetes
- Cancer
- Infant Mortality

- Heart Disease & Stroke (Men & Women)
- Tobacco / Vape
- Behavioral Health
- Substance Abuse

Each priority health need had a variety of interventions listed with it. These interventions included activities, programs and ideas meant to improve health outcomes in the community served. The interventions were labeled as either "Successful Interventions to Continue" or "New or Expanded Interventions."

The interventions shared in the 2021 CHNA report did not have specific measurements or benchmarks tied to them which makes it difficult to measure change related to these activities. For that reason this evaluation of impact and effectiveness is necessarily limited in scope.

Each 2021 priority health need is discussed in the following pages and includes an evaluation of whether there's been progress in the health outcome overall, along with the status of the interventions listed by Union Health in the previous report. Changes in health outcomes cannot be positively or negatively correlated to the individual interventions at this time due to limited data and a lack of defined benchmarks.
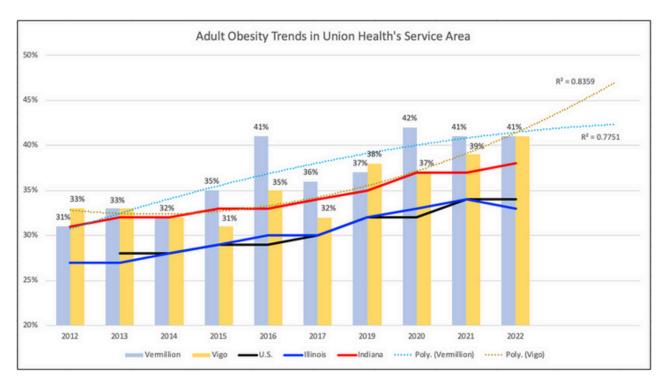
Evaluating Change

OBESITY (YOUTH & ADULT) & LACK OF EXERCISE

There have not been positive changes related to obesity rates in Union Health's service area since the previous CHNA report. Obesity rates have continued to rise and are higher than state and national averages (see data in Appendix 9).

Vigo and Vermillion counties, where Union's hospitals are located, have higher obesity rates than Indiana overall and those rates have gotten worse since 2019 as seen in the chart below. Trend lines show an expected increase in obesity rates for both counties in the future if nothing changes.

Data Source: Data from County Health Rankings [52] / Graph & analysis by report author
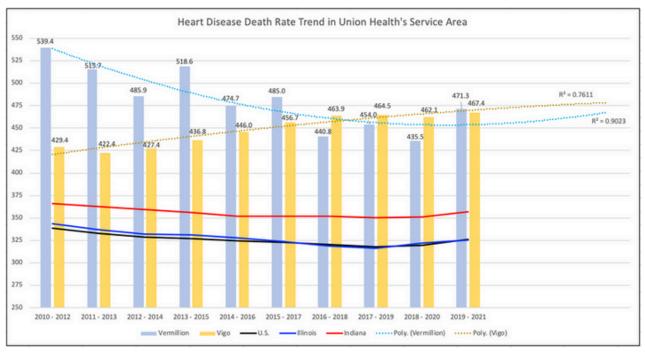
Union-led interventions from the previous CHNA report that were confirmed to be started or completed include breastfeeding support/education, supporting community gardens (at Union), and initiating messaging to increase the number of physically active minutes per person.

The rest of the interventions shared in the 2021 report were either not started or completed (ex. sponsoring community youth sports), were difficult to confirm, or were not offered in the service area.

Evaluating Change

HEART DISEASE & STROKE (MEN & WOMEN)

There are mixed results in changes related to heart disease & stroke in Union Health's service area over time, but the overall trend is still poor. Steady improvement was seen in heart disease death rates in the US from 2010 – 2019, but that changed in ~2019 with rates getting worse nationwide. Heart disease death rates are worse than state and national averages in Union's service area and have been continually getting worse in Vigo County for over a decade as seen in the chart below. Vigo and Vermillion counties have had some of the worst heart disease death rates in the state for many years (see Appendix 9).
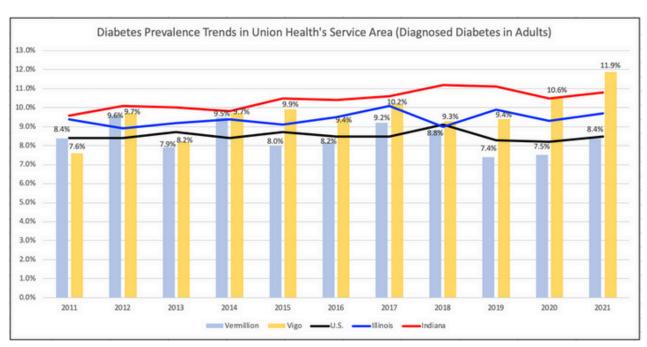
Data Source: Data from CDC, Atlas of Heart Disease & Stroke [121] / Graph & analysis by report author

Union-led interventions that were confirmed to be started or completed included heart screenings at health fairs, low cost heart scans at Union Hospital Clinton, promoting stroke education, increasing heart health education at health fairs, expanding heart scan promotions, and recording/promoting physician interviews regarding stroke.

The rest of the interventions shared in the 2021 report were either not started or completed (ex. supporting expanded Farmer's Market initiatives), were difficult to confirm, or were not offered in the service area.

Evaluating Change

DIABETES

More information is needed to determine whether or not there have been changes related to diabetes rates in Union's service area since the previous report. The overall prevalence rate for adult diabetes has increased in the service area for many years (see Appendix 9), but the numbers vary by county. There has been a steady rise in diabetes prevalence in adults in Vigo County, as seen in the chart below. Additional factors that need to be considered include the large number of individuals with undiagnosed diabetes (~23% of all adult diabetes cases in the US [151]), along with the growing numbers of adults with pre-diabetes and children/youth developing type 2 diabetes. Given the fact that diabetes rates are historically higher in Indiana than the national average and trending up across most of Union's service area, it's reasonable to think the overall rate of diabetes has not improved since the last report, but more recent data is needed to make that determination.
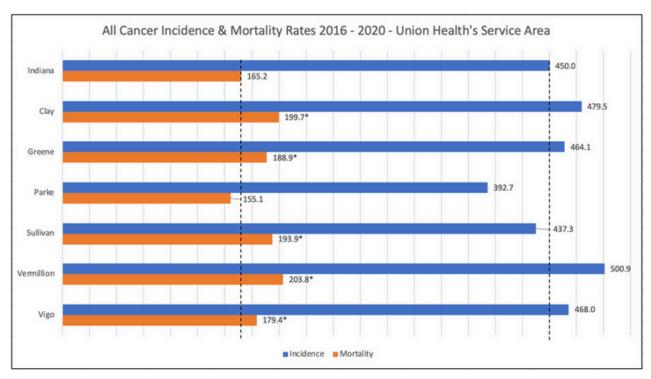

Data Source: Data from CDC, US Diabetes Surveillance System [151] / Graph and analysis by report author

Union-led interventions that were confirmed to be started or completed since the last report included supporting community gardens (at Union Health) and reactivating diabetes peer support classes. The rest of the interventions shared in the 2021 report were either not started or completed, were difficult to confirm, or were not offered in the service area.

Evaluating Change

CANCER

There are mixed results in changes related to cancer rates in Union's service area since the previous CHNA report. Cancer deaths have trended down nationally for many years, but incidence rates have increased for six of the top ten cancers and at concerning rates among women, adolescents and children [102]. Cancer incidence rates vary across Union's service area by type of cancer with increases in prostate cancer and decreases in breast cancer (Appendix 9). A wider view shows the incidence rate for "All Cancer" is higher than average in most of Union's service area, and almost every county has a statistically significant (*) higher mortality rate for "All Cancer" than state average, as seen in the chart below. More recent data is needed to determine further trends.

All Cancer Incidence & Mortality Rates 2016 - 2020 - Union Health's Service Area

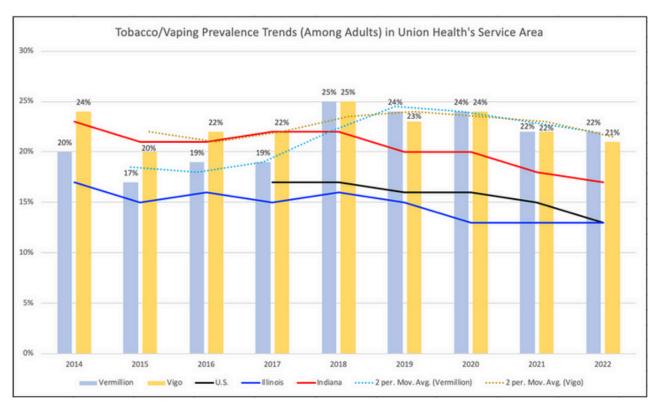| County	Incidence	Mortality
Indiana	450.0	165.2
Clay	479.5	199.7*
Greene	464.1	188.9*
Parke	392.7	155.1
Sullivan	437.3	193.9*
Vermillion	500.9	203.8*
Vigo	468.0	179.4*

Data Source: Data from Indiana Department of Health [152, 153] / Graph and analysis by report author

Union-led interventions that were confirmed to be started or completed included lung screenings, supporting cancer sponsorships, promoting and expanding access to 3D mamography, and implementing genetic counselors to work with patients to determine cancer risks. The rest of the interventions shared in the 2021 report were either not started or completed, were difficult to confirm, or were not offered in the service area.

Evaluating Change

TOBACCO / VAPE

There have not been significant positive changes related to tobacco/vape rates in Union Health's service area since the previous CHNA report. Tobacco use has remained persistently high over many years in the service area despite state and national trends showing considerable declines. The use of vapes and smokeless tobacco products is increasing as well, especially among younger generations. Tobacco/Vape rates are higher than state and national averages in all of Union's service area (see Appendix 9).
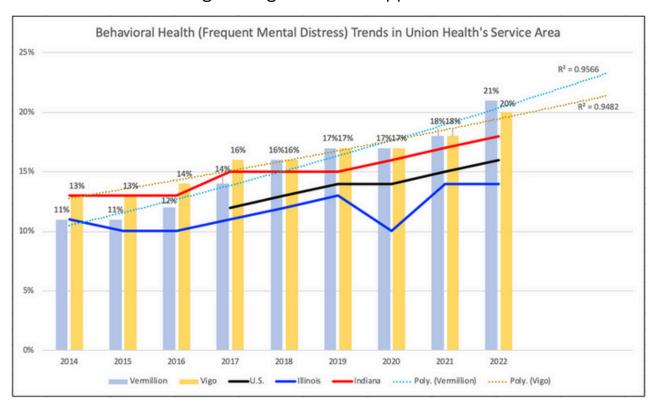
Tobacco/Vaping Prevalence Trends (Among Adults) in Union Health's Service Area

Data Source: Data from County Health Rankings [52] / Graph and analysis by report author

Union-led interventions that were confirmed to be started or completed included education/promotion of Quit Line (IN & IL) and promoting anti-smoking messaging for pregnant mothers.

The rest of the tobacco / vaping interventions shared in the 2021 report were either not started or completed, were difficult to confirm, or were not offered in the service area.

Evaluating Change

BEHAVIORAL HEALTH

There have not been positive changes related to behavioral health in Union Health's service area since the previous CHNA report. The percentage of adults reporting frequent mental distress has been increasing across the nation for over a decade and is significantly higher in Union's service area where the percentage of adults with frequent mental distress nearly doubled from 2014 – 2022. It's also worth noting the difference between reported rates in Illinois vs. Indiana. Illinois has a much lower percentage of adults with frequent mental distress than Indiana; it's even lower than the nation overall. The same is true for their tobacco/vaping rates. This merits further consideration of the potential roles that policies, systems and environments are playing in the health outcomes of neighboring states (see Appendix 9).
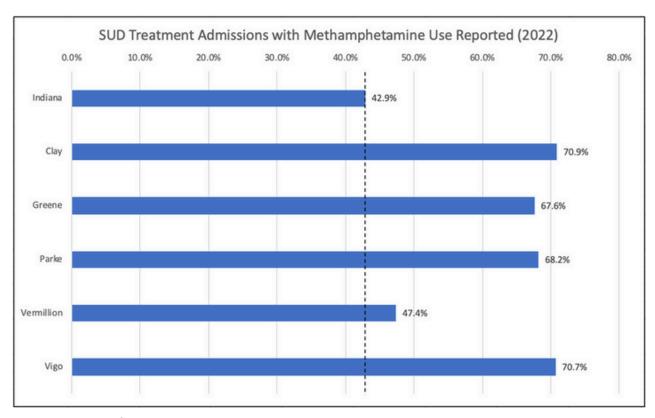

Data Source: Data from County Health Rankings [52] / Graph and analysis by report author

Union-led interventions that were confirmed to be started or completed included patient assessments and medication evaluation. The rest of the interventions shared in the 2021 report were either not started or completed were difficult to confirm, or were not offered in the service area.

Evaluating Change

SUBSTANCE ABUSE

There are mixed results in the changes related to substance abuse in Union Health's service area since the previous CHNA report, but the overall trend is poor. Substance abuse deaths have increased significantly across the nation in the last decade with the rate in Indiana outpacing the national average (this has recently started to slow with the availability of naloxone and shifts in illegal drug supply). The substance abuse death rate in the service area is lower than the state average for Indiana, but rates of drug use and non-fatal ED visits show substance abuse is still a major problem (see Appendix 9).

SUD Treatment Admissions with Methamphetamine Use Reported (2022)

Location	Percentage
Indiana	42.9%
Clay	70.9%
Greene	67.6%
Parke	68.2%
Vermillion	47.4%
Vigo	70.7%

Data Source: Data from Indiana University Prevention Insights [10] / Graph and analysis by report author

No "Successful Interventions to Continue" were listed for the issue of Substance Abuse in the 2021 CHNA report.

The interventions listed as "New or Expanded" in the previous report were either not started or completed, were difficult to confirm, or were not offered in the service area.

Evaluating Change

INFANT MORTALITY

There have been positive changes related to infant mortality rates in Union Health's service area since the previous CHNA report. For many years infant mortality in Indiana has remained among the highest in the nation, and the rate has been even higher in Union's service area. But more recent data shows that for the first time since 2019, Indiana saw a decrease in infant mortality [154].

There was a notable drop in the infant mortality rate in Union's service area as well, with the Central SW region of Indiana going from 7.8 infant deaths per 1,000 live births in 2017 – 2021, to 6.9 deaths in 2018 - 2022. Vigo County, the most populous county in Union's service area, went from an 8.3 rate to 6.7 during the same time frame, marking a significant decrease in infant mortality for the service area (see Appendix 9). While the rate is still higher than the US average, there are encouraging signs of progress.

Union-led interventions that were confirmed to be started or completed included safe sleep education, prenatal navigation, breastfeeding support/education, participation in child safety seat installations, hosting community baby shower events, recruiting a maternal/fetal medicine provider to improve high-risk pregnancy measures, implementing a peer obstetrics recovery coach to help patients with substance abuse disorders, and promoting neonatal navigators to the community.

The impact of actions taken to address the priority health needs identified in Union's 2021 CHNA include mixed results in efforts and outcomes. There was a lack of significant progress in outcomes related to many of the health issues. The social, emotional, and physical effects of the Covid-19 pandemic and related restrictions undoubtedly played a role in the lack of progress for many of the areas. But the positive progress seen in infant mortality provides an interesting juxtaposition deserving of further consideration, especially given the increased efforts to address social determinants of health related to this issue.

Implementation Efforts

Union Health is addressing the significant health needs of the community in a variety of ways as seen in the table below. As the largest provider of health services between St. Louis, MO and Indianapolis, IN, Union provides levels and types of care that are critical to improving health in the region.

	Primary Care	Specialty Care	Other Care	Screenings	Referrals	Health Education	Other Resources
Alcohol / Drug Abuse	X	X	X	X	X	X	• Pain Clinic • Narcan Machine
Mental Health	X	X	X	X	X	X	• Integrated Care • Bereavement Support
Obesity	X	X	X	X	X	X	• Weight Loss Clinic • Onsite Fitness Center • Personal Trainers • Nutrition Classes
Tobacco Use/ Vaping	X	X	X	X	X	X	• QuitLine • Counseling
Diabetes	X	X	X	X	X	X	• Diabetes Clinic • Nutrition Classes • Wound Healing Center
Cancer	X	X	X	X	X	X	• Support Group • Resource Center • Genetic Counseling • Specialty Pharmacy
Child Abuse / Neglect	X	X	X	X	X	X	• Case Managers • All Babies Initiative • Parent Education • Family Support
Heart Disease & Stroke	X	X	X	X	X	X	• Genetic Counseling • Occupational Therapy • Physical Therapy • Rehabilitation
Aging Issues	X	X	X	X	X	X	• Senior Expo • Falls Prevention • Occupational Therapy • Physical Therapy • Arthritis Care
Lung Disease	X	X	X	X	X	X	• Better Breathers Group • Pulmonary Rehab • Asthma Self-Management Program

Many resources are required to provide this level of care including staffing, facilities, and ongoing training and investment. Union works with numerous partners including other hospitals and health systems, community clinics, colleges, school districts, elected officials, social service organizations, and others to address the health needs of the community.
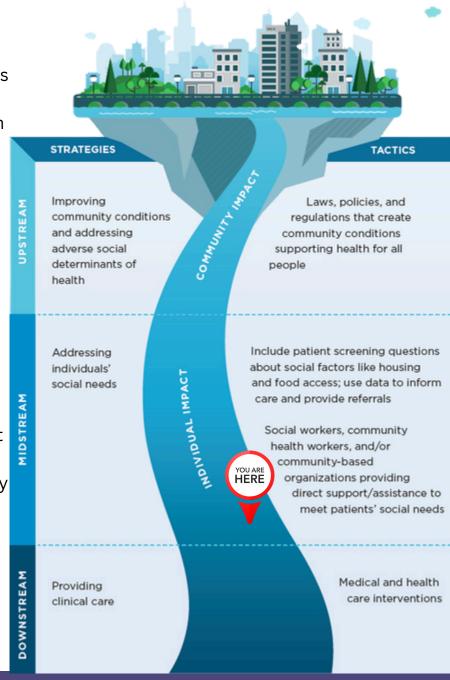
Implementation Efforts

Most hospitals and health systems, including Union Health, have historically focused on clinical care as a means to improving health. While clinical care and access to that care are vitally important, this view of health is only a small part of what actually comprises a person's overall health and wellness. Clinical care and services only make up 20% of a person's overall health and wellness. The remainder is social determinants of health (40%), health behaviors (30%), and environment (10%) [155], which means the greatest opportunity for making progress on improving the health of communities is by moving "upstream."

Despite this fact, "the vast majority of USA hospitals' community benefit spending is focused on providing care to individual patients rather than dedicated to improving the community health outcomes" [156].

While Union has started some work in this area, there's a lot of room for learning and engagement. An upstream approach that addresses the root causes of poor health is needed to make progress.

A shift in expectations of what hospitals and health systems can and should do is underway and it can serve as a catalyst to truly improve the health of communities for leaders who are committed to "emphasizing health, not just health care" [157].
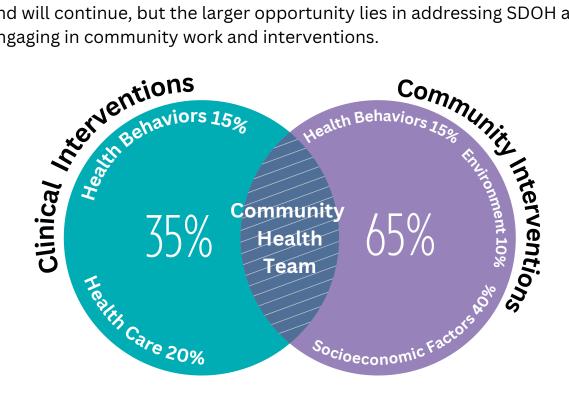
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STRATEGIES | TACTICS

COMMUNITY IMPACT

UPSTREAM — Improving community conditions and addressing adverse social determinants of health — Laws, policies, and regulations that create community conditions supporting health for all people

INDIVIDUAL IMPACT

MIDSTREAM — Addressing individuals' social needs — Include patient screening questions about social factors like housing and food access; use data to inform care and provide referrals

Social workers, community health workers, and/or community-based organizations providing direct support/assistance to meet patients' social needs

YOU ARE HERE

DOWNSTREAM — Providing clinical care — Medical and health care interventions

Framework for Change

Union Health is uniquely situated to improve the health of the community. As the largest provider of health services in the region and the largest employer in the community, Union touches many lives. But "business as usual" isn't working, so it's time for change. "Hospitals have an opportunity to work strategically and intentionally, both *in* and *with* communities, to advance health…" and "even modest community-centered investments by hospitals can improve patients' well-being" [157].

The framework below is proposed to serve as a guide for Union's CHNA implementation work in the coming years. Clinical interventions are needed and will continue, but the larger opportunity lies in addressing SDOH and engaging in community work and interventions.

This is only a framework. Details of what it looks like in terms of activities, interventions, partnerships and measurements still needs to be resolved. Implementation strategies should use the PSE model of change, addressing policy, systems, and environment. Having a dedicated "Community Health Team" with the resources and support needed to work through the process will be critical for building relationships and long-term success. And ultimately, "partnering with community stakeholders to identify and understand problems, co-create and implement solutions, and define and measure success [will] help … earn trust, a precious asset in healthcare" [157].

6

References

This chapter includes appendices, works cited and acknowledgements.

The appendices provide more information about the respondents and results from the 2024 community health needs assessment survey and focus groups. A detailed demographic breakdown of survey respondents is included, showing that the individuals surveyed are highly reflective of the community served. Focus group findings show the top overall community priorities identified by each focus group and include many direct statements from the individuals who participated in those groups as well.

Secondary sources referenced and cited throughout the report are listed in the works cited section of this chapter. Acknowledgments are also included to thank all who contributed to the planning, assessment, informing, research and creation of this report.

Appendix 1

Union Health 2024 Community Health Needs Assessment (CHNA) Survey

Survey Questions (survey side one):

Please answer the questions on both sides of this survey. Your responses are anonymous and will help us create a plan to improve health in the community.

1. **How would you rate the overall health of your community?**

☐ Very Healthy   ☐ Unhealthy

☐ Healthy   ☐ Very Unhealthy

☐ Somewhat Healthy

2. **What do you think are the three most important health problems in your community?**

☐ Aging Issues (ex. Arthritis)   ☐ Infant Death

☐ Alcohol / Drug Addiction   ☐ Lung Disease

☐ Cancer   ☐ Mental Health

☐ Child Abuse / Neglect   ☐ Obesity

☐ Dental Health   ☐ STDs / STIs

☐ Diabetes   ☐ Suicide

☐ Domestic Violence   ☐ Teen Pregnancy

☐ Firearm-Related Injuries   ☐ Tobacco Use / Vaping

☐ Heart Disease & Stroke   ☐ Other:

3. **How would you rate the following issues for YOUR HOUSEHOLD?**

	Serious Problem	Moderate Problem	Not a Problem	Doesn't Apply
Income / Wages				
Housing				
Transportation				
Food Access				
Social Isolation				
Discrimination				
Childcare Services				
Access to Health Services				

Demographic Questions (survey side two):

Your answers here will allow us to see how different people feel about local health issues.

1. **What is the zip code where you live?:**

2. **How old are you?**

☐ Under 18 years   ☐ 45-54 years

☐ 18-24 years   ☐ 55-64 years

☐ 25-34 years   ☐ 65+ years

☐ 35-44 years

3. **Which racial / ethnic groups do you most identify with?**

☐ American Indian or Alaskan Native   ☐ Native Hawaiian or Other Pacific Islander

☐ Asian   ☐ White

☐ Black or African American   ☐ Two or More Races

☐ Hispanic or Latino   ☐ Other Race Not Listed

4. **What is your biological sex?**

☐ Female

☐ Male

☐ Prefer no to answer

5. **What is your current work situation? (check all that apply):**

☐ Employed Full-time   ☐ Disabled

☐ Employed Part-time   ☐ Homemaker

☐ Retired   ☐ Student

☐ Unemployed   ☐ Veteran or Active Duty

6. **What was your total household income last year?**

☐ Less than $15,000   ☐ $50,000 - $74,999

☐ $15,000 - $24,999   ☐ $75,000 - $99,999

☐ $25,000 - $34,999   ☐ $100,000 or more

☐ $35,000 - $49,999   ☐ Prefer not to answer

7. **How many people did this income support?:**

8. **What is the highest level of school that you have finished?**

☐ Some High School   ☐ Some College

☐ High School Diploma / GED   ☐ Bachelor's Degree

☐ Vocational Training   ☐ Graduate Degree

Appendix 2

1,546 surveys were completed by community members as part of Union Health's 2024 Community Health Needs Assessment. The demographic characteristics of survey respondents are listed in the table below in the column named "2024 CHNA Survey." Three additional columns are included for comparison purposes including a 2019 survey distributed by the Terre Haute Chamber of Commerce and demographics from the two counties where Union Health has hospitals (Vigo & Vermillion).

Demographics of Survey Respondents vs. County Demographics				
	2024 CHNA Survey	2019 Chamber Survey	Vigo County	Vermillion County
Age				
Under 18 years	2.20% (34)	0% (0)	20.1%	22.1%
18-24 years	11.84% (183)	4.06% (34)	15.5%	7.6%
25-34 years	19.02% (294)	39.55% (331)	13.0%	11.6%
35-44 years	19.28% (298)		11.7%	11.7%
45-54 years	15.07% (233)	46.59% (390)	11.1%	13.0%
55-64 years	14.49% (224)		11.7%	14.0%
65+ years	18.11% (280)	9.80% (82)	16.9%	20.0%
Race / Ethnicity				
American Indian or Alaskan Native	2.59% (40)	-	0.4%	0.4%
Asian	1.03% (16)	-	2.1%	0.3%
Black or African American	8.28% (128)	-	7.0%	0.8%
Hispanic or Latino	4.66% (72)	-	3.3%	1.7%
Native Hawaiian or Other Pacific Islander	0.06% (1)	-	0.1%	0.1%
White	83.89% (1,297)	-	87.7%	95.6%
Two or More Races	5.24% (81)	-	2.8%	1.6%
Other Race Not Listed	0.78% (12)	-	-	-
Biological Sex				
Female	64.10% (991)	70.19% (591)	49.6%	49.80%
Male	34.86% (539)	27.43% (231)	50.4%	50.2
Prefer Not to Answer	1.03% (16)	2.02% (17)	-	-

	2024 CHNA Survey	2019 Chamber Survey	Vigo County	Vermillion County
Demographics of Survey Respondents vs. County Demographics Continued				
Employment Status				
Employed Full-time	55.11% (852)	76.37% (653)	-	-
Employed Part-time	14.94% (231)	7.25% (62)	-	-
Retired	15.65% (242)	7.60% (65)	-	-
Unemployed	4.72% (73)	0.35% (3)	-	-
Disabled	5.82% (90)	-	12.7%	19.4%
Homemaker	3.04% (47)	1.29% (11)	-	-
Student	10.67% (165)	1.52% (13)	-	-
Veteran or Active Duty	1.29% (20)	-	7.1%	7.4%
Total Household Income				
Less than $15,000	10.28% (159)	2.89% (24)	16.9%	9.2%
$15,000 - $24,999	8.54% (132)	19.5% (162)	9.7%	7.1%
$25,000 - $34,999	9.25% (143)	19.5% (162)	9.4%	11.1%
$35,000 - $49,999	13.00% (201)	19.5% (162)	15.6%	14.3%
$50,000 - $74,999	16.49% (255)	21.66% (180)	15.8%	17.0%
$75,000 - $99,999	13.13% (203)	21.90% (182)	12.5%	14.9%
$100,000 or more	15.72% (243)	34.05% (283)	20.0%	26.3%
Prefer Not to Answer	13.58% (210)	-	-	-
Highest Level of School Completed				
Some High School	7.89% (122)	-	-	-
High School Diploma / GED	25.87% (400)	5.88% (50)	35.1%	43.2%
Vocational Training / Associate's Degree	6.02% (93)	6.82% (58)	8.4%	13.4%
Some College	29.56% (457)	11.41% (97)	19.5%	18.8%
Bachelor's Degree	17.27% (267)	32.82% (279)	16.5%	12.6%
Graduate Degree	13.39% (207)	41.77% (355)	10.5%	4.6%

"2024 CHNA Survey" = 1,546 responses, primarily distributed in person, some online (as part of Union's 2024 Community Health Needs Assessment)

"2019 Chamber Survey" = 1,010 responses, distributed online (as part of the "See You In Terre Haute 2025 Community Plan")

"Vigo County" and "Vermillion County" = actual demographic characteristics for residents of Vigo County, IN and Vermillion County, IN (per U.S. Census data)
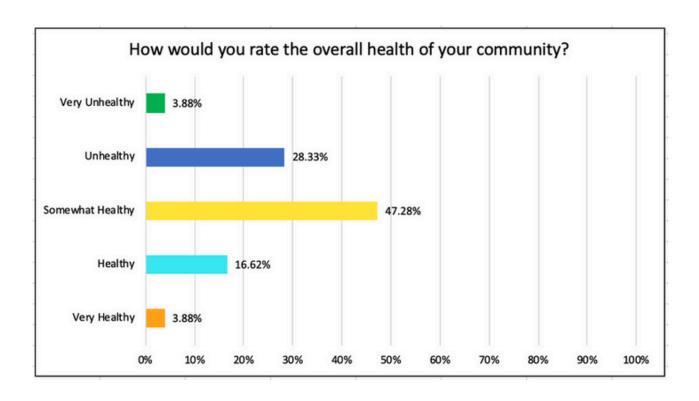
Appendix 3

Zipcode Data from Union Health's 2024 CHNA Survey

The table below lists the zip codes of individuals who completed the 2024 Community Health Needs Assessment survey. Respondents came from 123 different zip codes. Zip codes were tracked to the county of residence and are listed below in three categories. 97% of respondents were either from counties in Union's primary service area or from a surrounding county. Many of those listed as "Other Areas" included college students who reside in Union's primary service area throughout part of the year.

2024 CHNA Survey - Respondent Zip Code		
Union's Primary Service Area	**Count**	**%**
Clay County, IN (478 - 34, 37, 40, 41, 45, 46, 53, 57, 68, 81)	184	11.9%
Greene County, IN (474 - 24, 38, 41, 71)	27	1.7%
Parke County, IN (478 - 32, 59, 60, 62, 72, 74)	77	5.0%
Sullivan County, IN (478 - 38, 48, 49, 50, 55, 61, 79, 82)	58	3.8%
Vermillion County, IN (47928, 478 - 42, 47, 54, 75, 84)	86	5.6%
Vigo County, IN (47085, 478 - 01, 02, 03, 04, 05, 07, 08, 09, 14, 51, 58, 66, 71, 76, 78, 80, 85, 89)	916	59.2%
Clark County, IL (624 - 20, 23, 41, 42, 74, 77)	88	5.7%
Crawford County, IL (624 - 33, 49, 51, 54, 78)	9	0.6%
Edgar County, IL (61944)	10	0.6%
Subtotal	1455	94.1%
Surrounding Counties	**Count**	**%**
Cumberland, IL (624 - 28, 35, 68)	7	0.5%
Fountain, IN (47932, 47952)	2	0.1%
Knox, IN (475 - 35, 61, 78, 91)	10	0.6%
Lawrence, IL (62466)	2	0.1%
Montgomery, IN (47989)	2	0.1%
Owen, IN (47427, 47433)	8	0.5%
Putnam, IN (461 - 20, 28, 35, 71)	11	0.7%
Richland, IL (62499)	2	0.1%
Vermillion, IL (61846)	1	0.1%
Subtotal	45	2.9%
Other Areas	**Count**	**%**
Other Counties, IN	38	2.5%
Other Counties, IL	3	0.2%
Other States	5	0.3%
Subtotal	46	3.0%

Appendix 4

Union Health 2024 CHNA Survey: Question #1 Results

How would you rate the overall health of your community?

Responses to CHNA Survey Question #1		
	Response %	# Responses
Very Healthy	3.88%	60
Healthy	16.62%	257
Somewhat Healthy	47.28%	731
Unhealthy	28.33%	438
Very Unhealthy	3.88%	60

Total # of survey respondents = 1,546

Appendix 5

Union Health 2024 CHNA Survey: Question #2 Results

What do you think are the three most important health problems in your community?

Top 10

- Alcohol / Drug Addiction (67.08%)
- Mental Health (48.64%)
- Obesity (32.08%)
- Tobacco Use / Vaping (22.96%)
- Diabetes (22.06%)
- Cancer (17.53%)
- Child Abuse / Neglect (16.69%)
- Heart Disease & Stroke (16.56%)
- Aging Issues (14.10%)
- Domestic Violence (10.67%)

Other

- Suicide (7.44%)
- Dental Health (6.66%)
- Teen Pregnancy (2.46%)
- Firearm-Related Injuries (2.39%)
- Lung Disease (1.88%)
- STDs / STIs (1.88%)
- Other (1.49%)
- Infant Death (1.23%)

Responses to CHNA Survey Question #2								
Selection	%	#	Selection	%	#	Selection	%	#
Alcohol / Drug Addiction	67.08%	1,037	Cancer	17.53%	271	Suicide	7.44%	115
Mental Health	48.64%	752	Child Abuse / Neglect	16.69%	258	Dental Health	6.66%	103
Obesity	32.08%	496	Heart Disease & Stroke	16.56%	256	Teen Pregnancy	2.46%	38
Tobacco Use / Vaping	22.96%	355	Aging Issues	14.10%	218	Firearm-Related Injuries	2.39%	37
Diabetes	22.06%	341	Domestic Violence	10.67%	165	Lung Disease	1.88%	29
"Other" responses included: homelessness, lack of adequate health care providers, LGBTQ health needs, terrible health services, food choices, poverty, neurological, inequality, disabilities, special needs kids						STDs / STIs	1.88%	29
						Other	1.49%	23
						Infant Death	1.23%	19

Appendix 6

Union Health 2024 CHNA Survey: Question #3 Results

% of Survey Respondents Selecting
"Serious Problem" or "Moderate Problem" to the Question:

<u>How would you rate the following issues for your household?</u>

OVERALL

- Income / Wages (47.09%)
- Access to Health Services (25.94%)
- Social Isolation (24.71%)
- Food Access (20.57%)
- Housing (20.44%)
- Childcare Services (19.53%)
- Discrimination (18.44%)
- Transportation (17.07%)

ADJUSTED

- Income / Wages (51.08%)
- Childcare Services (31.13%)
- Access to Health Services (28.50%)
- Social Isolation (27.94%)
- Housing (22.75%)
- Food Access (22.50%)
- Discrimination (21.41%)
- Transportation (19.03%)

Responses to CHNA Question #3				
	Serious Problem	**Moderate Problem**	**Not A Problem**	**Doesn't Apply**
Income / Wages	12.10% (187)	34.99% (541)	45.08% (697)	7.83% (121)
Housing	8.28% (128)	12.16% (188)	69.40% (1,073)	10.16% (157)
Transportation	4.46% (69)	12.61% (195)	72.64% (1,123)	10.28% (159)
Food Access	3.75% (58)	16.82% (260)	70.83% (1,095)	8.60% (133)
Social Isolation	5.56% (86)	19.15% (296)	63.71% (985)	11.58% (179)
Discrimination	4.79% (74)	13.65% (211)	67.66% (1,046)	13.91% (215)
Childcare Services	6.08% (94)	13.45% (208)	43.21% (668)	37.26% (576)
Access to Health Services	5.37% (83)	20.57% (318)	65.07% (1,006)	8.99% (139)

Adjusted = "Doesn't Apply" responses removed from overall total for each category

Appendix 7

13 focus groups were held throughout Union Health's service area during the latter half of 2024. Groups ranged in size from 5 – 18 participants with 130 total individuals reached from diverse backgrounds reflective of the community served. Participants were assured they'd be able to remain anonymous. Meetings were not recorded but notes were taken by members of the CHNA work group from The Lugar Center for Rural Health (a division of Union Health).

Focus group participants identified safety and health as the top qualities they want in a community, and a trained facilitator then guided the groups through conversations about those issues. For each topic the groups discussed what concerns they had, how the issues affect them, what's preventing the community from making progress, what needs to happen to create change, who they trust to take action on the issues, and what progress looks like. Quotes from focus groups participants are listed below.

Residents Want to Live in a SAFE Community

How Safety is Impacting Community Members

Domestic Violence
- "It's normal to see domestic issues, neighbors yelling in the road in the middle of the night."

Drugs / Substance Abuse
- "There's a serious meth problem here."
- "I see needles and drug paraphernalia on the ground."
- "I see a lot of people going to jail, but they really just need help."
- "Someone died near my house last week from drug OD."
- "It's easier and more profitable to break the law and sell drugs than to work a job that's not paying anything."
- "It's everywhere and hard to miss" [drugs]
- "I can smell it [drugs] on backpacks and clothes of children in kindergarten and elementary schools."

Easy Access to Illegal Substances by Minors
- "It's too easy for kids and teens to get ahold of vapes, tobacco and alcohol."
- "There's a lot of teens drinking and driving."

Environmental Safety
- "Housing and the lack thereof is an issue, especially for the low-income. Is what's available habitable? Is it safe to live there? Is there mold?"
- "This isn't a healthy environment. There's lead in the soil and lead poisoning can lead to criminal activity due to changes in the brain."

Gun Violence / Access to Guns
- "It's easy for criminals to get a gun."
- "My best friend got shot on Tuesday."
- "In Terre Haute all you hear is murders and shootings increasing."
- "It's not a big issue here, but when it does happen it's all over the news so people think it's a problem."
- "I hear gunshots in my neighborhood pretty often"
- "I had to bike around a crime scene on my way to campus after someone was shot."
- "I've never committed battery and didn't harm a single person and have lost the right to protect myself." [referencing court-ordered gun removal]

Homelessness
- "There's more homeless people now."
- "People are quick to stereotype."

Lack of Opportunities for Teens / Young Adults
- "Teens have nothing to do so they get in trouble."
- "Our school system in Vigo County is not the greatest. We need more options."

Lack of Progress
- "If I wasn't so old I'd move, there's nothing to offer here."
- "The city isn't responding to requests for safety issues around homes on city property."
- "Blighted neighborhoods are not taken care of."
- "Safety feels like a stagnant issue."
- "It feels like crime is getting worse. And it all comes down from above – our leaders."

Mental Health
- "I don't think it's drugs… I think it's mental health. And how you were raised."

Online Safety
- "There's a lot of fraud and scams targeting seniors."
- "I'm worried about online bullying and the impact on youth."

Perceived Treatment by Law Enforcement
- "Police are 'laying hands' on people even when they don't need to."
- "We're not treated fairly. I was in my car one night in front of my home taking five minutes to myself and a cop knocked on the window. He wanted the window down and wanted to know why I was there."
- "Police don't always listen and I wasn't sure if they ever followed-up because I never heard back from them."
- "I'm afraid to call the police because I have a mental illness and I don't think they know what that means."
- "Being pulled over by police is terrifying. I'm [LGBTQ+] and scared of being harassed because of that."
- "I don't feel safe around police, not even in an emergency."
- "In the Vigo County jail we had to pass shampoo on paper under the door because people didn't have any."

Poverty
- "Crimes here are economically motivated."
- "We have a large, impoverished population."

Property Crime / Petty Crime
- "I've had things stolen off my front porch and out of my car."
- "I always leave my porch lights on"
- "My dad has had change stolen out of his car."
- "You don't leave anything out in your property if you want to keep it."
- "Packages get stolen from my house."

Traffic Safety
- "It's not safe to ride bike here."
- "There aren't sidewalks in a lot of areas."
- "Downtown Terre Haute area and 41 can be dangerous to walk because it's a high traffic area and there aren't pedestrian bridges or safe ways to cross the roads."

Unsafe Areas
- "I don't feel comfortable going out at night."
- "I feel safe in some parts of town, but not in others."
- "The 'Avenues' aren't safe."
- "I'm old and can't defend myself."
- "Someone broke into my home multiple times."
- "I can only afford the lower income areas. I can't move into a safer area because I can't afford it. It's not safe for me or my daughter."
- "All the bad things have been normalized. I feel bad having my kids live in the neighborhood but I don't know how to reverse that."
- "The streets, off campus, don't feel safe at night. I have a feeling of needing to be aware of surroundings even in daylight."
- "When you feel safe, you get out and socialize. When you don't feel safe, you want to stay home and isolate yourself."

Women's Safety
- "Men yell and cat call and it makes me feel unsafe."
- "I've been followed by men on campus and off campus in other parts of town."
- "Buses end at 5pm; it's stressful because I don't want to get stuck somewhere at night."
- "I'm getting security cameras because a random person walked into my building and gave me a package from my porch."

What's Preventing Progress on the Issue of Safety

Absent Parents
- "Parents are not around and the kids don't have mentors or people to talk to, to make better decisions."
- "Grandma is raising the kids."

Apathy
- "You need public buy-in to make change and we don't have it."
- "Why am I wasting my time, money and thoughts when nothing ever changes."
- "Who has time to do the big things that need to be done?"
- "There's a common feeling that it's futile to try and make changes."

Criminalization of Poverty
- "Poverty is a crime here."

Culture
- "People in the community are glorifying guns and drugs online."

Inability to Communicate
- "We've lost the ability to communicate with one another."

Lack of Positive Role Models and Mentors
- "You have to have better options. My parents were addicts. I didn't have an option or know where to turn to be something other than a generational addict."

Loss of the Nuclear Family
- "The nuclear family is shot."

Money & Priorities
- "We have money for a new police station but not for the things that prevent crime like schools and parks."

Not Being Heard
- "We're not being heard."

"Not My Problem"
- "People don't think about it because it doesn't directly affect them."

Resistance to Change
- "People are resistant to change, even if it's good."

"Slum Lords"
- "Slum lords are taking advantage of renters."

How to Create Change on the Issue of Safety

Advocacy
- "Speak for people who can't speak for themselves"

Affordable Housing
- "We need more affordable housing."

Better Jobs
- "If we had more jobs that pay a living wage things might be better."
- "We're willing to work but aren't making it."

Building Trust
- "There's potential for the new mayor to earn trust but I'm waiting to see what he does and what he sticks his neck out for." [reference to Terre Haute Mayor Brandon Sakbun]

Culture Change
- "We need a culture of personal accountability and for parents to hold their kids accountable."

Education & Awareness
- "I think public education would help. If people who are respected tell men cat calling isn't okay, maybe they'll listen."

Enforcing Existing Laws
- "The curfew that's established for different ages needs to be enforced."

Gun Regulation
- "Gun regulation would help, at least enforce the laws we have."

Law Enforcement Staffing
- "We need law enforcement in rural areas and small towns – a paid position would create a dedicated resource to help."
- "Regular police patrols in high crime areas can help, but we'd like to know them. We see cops but don't know them and we're afraid of them because we don't know them."

Money & Resources
- "Give us money and resources. We know what our neighborhoods need better than someone coming in trying to save us."
- "We used to have a neighborhood watch program. I'd like to see that happen again."

Support for the Homeless
- "Stop punishing people for being homeless."

Who Do You Trust to Make Change on the Issue of Safety

Each Other (Focus Group Members / Peers)
- "I trust other veterans, but it doesn't translate in real life."

Myself
- "Safety begins with us."

New / Next Generation
- "Turnover is needed in elected officials. We need better representation. Mayor Sakbun could be a good start."

No one
- "I don't really know who to trust."

Residents Want to Live in a HEALTHY Community

How Health is Impacting Community Members

Access to Care
-"I can't get evening or weekend appointments so I'd have to take time off work or skip school if I want to get care."
-"Those who can pay get in to see care faster than those who can't pay."
-"Specialty providers don't call back because we don't have insurance, which means they don't think we can pay."
-"We don't have enough handicapped access at the hospital."

Addiction & Drug Abuse
-"The casino is brining other addiction problems and feeds the negative situations."
-"Kids are getting too much screen time. The surges of dopamine are setting them up for addiction."
-"I working in a nursing home and see people with addiction who are now disabled in their mid-50's coming in."

Ambulance Use & Accessibility
-"Ambulances are being used as primary care or for non-emergency rides."
-"Ambulance response time is way too long on the southside of Terre Haute, even at the nursing home where I work. We have professional staff, so if we're calling, we need you now."

Community Reputation
-"The first instinct is to refer out to Indy."
- "A lot of people believe that 'you have to go to Indianapolis for that.'"

Cost of Care & Lack of Price Transparency
- "The cost of everything in healthcare is too high, insurance, prescriptions, the doctor, clinic…"
- "I have to decide if I can afford to keep taking my medicine, it's expensive and there's no generic."
- "I'm only getting care when it's serious. I can't afford to go otherwise."
- "I'm not getting the vision and dental that I need because I can't afford it, and it's not covered by Medicare."
- "I've had bad interactions with urgent care and was not informed of more affordable options."
- "People will continue to get sick and not seek care because they can't afford it."

Health Information & Education
- "I'd like more health education and information – where to find resources, knowing what information is accurate, having information that's easy to understand."
- "Insurance and not understanding how it works is a problem, especially for international students. ISU doesn't make information on community health resources available, they only give information on the ISU Health Center, even when it's not the cheapest or best option."
- "There are a lot of health-related scams targeting seniors and nobody available locally to help. I have to call the insurance company and sit on hold to see what's real."
- "International students don't understand how insurance works in the US and we don't have anyone here to help us understand or guide us through the system. I ended up with a bill for thousands of dollars because I went to the hospital when I could have gone to a different clinic for the same thing and paid a lot less."

Homelessness
- "I'm worried about the safety and health of the individuals who are homeless. What are we doing to help them?"
- "I was in the ER and didn't want to be there. Police brought me in because I'm homeless. Security threw clothes in the bathroom and told me to change and when I said no they beat the s*** out of me."

Increase in Chronic Diseases
- "Obesity is out of control."
- "I know diabetics who haven't taken care of themselves, don't have help and now are losing limbs."

Insurance Coverage
- "A lot of dentists aren't accepting HIP insurance. So I have insurance but no one will take it."
- "Many dental insurances don't cover cleaning."
- "I know people who don't have insurance. I also know people who have insurance but can't afford to use it."

Lack of Cultural Competency
- "Generally, Terre Haute doesn't feel supportive."
- "A lot of VA staff aren't veterans and don't understand veterans. We have things drilled into our brain from basic training and VA staff don't process the same way."
- "There's a lack of experience with trans patients that creates embarrassment and unnecessary barriers."
- "There's almost no language help offered in Terre Haute, no translated health materials."
- "The doctors and nurses and social workers don't live in the same reality I live in. Biases are real."
- "Failure to realize bias is a problem."

Lack of Progress
- "This is a dying city. The town is owned by ISU, Union and … [a wealthy family] but nothing gets better."
- "Everyone is sick and no one is getting better."
- "It's normal to go to school or work sick."

Mental Health
- "We need a mental health hospital. Too many people don't have proper care."
- "We need more access to mental health services, especially on college campuses."
- "We need something for mental health other than Hamilton Center."
- "I don't even know where to go for real mental health help other than Indy."
- "When I have a problem doctors don't believe me because of my mental illness."
- "When I went to go get therapy, I felt like it was useless and they didn't really care what I was going through. It was a waste of time and energy."
- "I can't trust therapists. I was honest in therapy and they ended up having me locked up."

Not Enough Healthcare Providers
- "It seems like a lot of people are going to Paris" [Horizon Health in IL]
- "There aren't enough specialty doctors in Terre Haute."
- "Everywhere is highly understaffed and it's hard for providers to focus on patients when they're stretched thin."

Not Being Heard
- "Nobody listens."
- "I need someone to listen. You can't use your bias to diagnose people."
- "People don't believe me because I have a mental illness. They don't take me seriously and they don't listen."
- "I don't feel like the doctors listen or care about me as an individual."

Processes / Care / Communication
- "As a former nurse, the bedside manner at Union is awful."
- "You get thrown in jail and have no help while you're in jail. Jail doctors are not making good decisions with healthcare decisions. Pills don't solve everything."
- "I was legally put on a hold in the hospital and wasn't allowed to see my family. I wasn't in a position to advocate for myself and the hospital didn't provide anyone to advocate for me."
- "My elderly father has dementia and was discharged from the hospital at night and left to walk home alone."
- "It's hard to be healthy here, the physical and mental health are fractured."
- "The last doctor I had didn't take the time to explain what they prescribed, why, or what affects it might have on my body."

Quality of Care
- "You have to go to Indy to get good care."
- "I'm worried about the quality of care at nursing homes and lack of regulation."
- "I was misdiagnosed as bi-polar but actually have ADHD, which led to me self-medicating."

Social Determinants of Health
- "This is not a healthy community. We don't acknowledge underlying issues and don't know how to fix them."
- "Doctors are always pushing medicines before recommending lifestyle changes."
- "Eating healthy is expensive so instead I eat crap."

Stigma
- "There's so much stigma around harm reduction that we're not helping people we could."
- "Mental health stigma is a big problem here."

Transportation
- "I don't have a car, there's no Uber, and it's hard to get a ride from family and friends when they work during the day."

Wait Times
- "I waited three hours at the clinic for my appointment that only lasted ten minutes."
- "It's a long wait to get an appointment, not just specialty care either, it's a problem for everything."
- "I had to wait six months for an appointment."

What's Preventing Progress on Health

"Brain Drain"
- "Those who can leave, do."

Culture
- "We're stuck in generational cycles."
- "We don't have a culture of health."

Disconnected Leadership
- "Leaders in ivory tower don't see it and won't find a solution."
- "It seems like the people in control don't care about us."
- "They're paying lots of consultants and people from the outside instead of putting the money into us [community members and patients]."
- "Attitudes of people who hold power are a barrier."

Greed
- "Elected officials are not keeping their promises to follow through."

Lack of Knowledge / Power
- "We [patients] don't always know our rights."
- "There aren't enough advocates or people to stand up for us."
- "Individuals aren't taking advantage of the services that are available."

Money
- "It's always about money."
- "Mental health, drug addiction – if it doesn't make money, they don't care."
- "Medication is very expensive to make money and there's money in illness. Sick and fat makes money."

No Desire to Change
- "It's hard to make change when the current way is working for the big companies."
- "People get comfortable and stuck in their own ways."

Not Listening
- "We don't have real resources or options here. We aren't being heard."
- "It feels like it's a waste of time to say anything because nothing comes of it."

How to Create Change on the Issue of Health

Increase # of Providers
- "There aren't enough doctors because they don't want to raise a family here."

Institutional Change
- "Institutional change is needed. This isn't working."

Invest in the Community
- "Invest in the community and engage us in the process. You don't always know best, trust us to make changes too."

Need Cultural Competency Training
- "There needs to be more training on empathy, especially for those with mental health issues."

Pay Living Wages
- "A lot of these problems would go away if we were paid good wages and could afford to live a healthy life."

Provide Comprehensive Addiction Services
- "Take care of the meth problems."

Provide Health Education
- "There isn't any free health education in the community. We need more education, especially on food and diet."

Speak to Lawmakers
- "Can there be some legislation to fix some of the issues?"

Understand Impact of Trauma
- "More people need to understand what our childhood was like and listen to us when we talk. We know what we're talking about."

Who Do You Trust to Make Change on the Issue of Heal

Family, Friends, Guardian
- "Have someone with you at all times"

Library
- "They have a crazy amount of things to help people."

What Progress Looks Like on the Issue of Health

A Place to Get Information & Resources
- "Find a way to clearly communicate the resources that are available."
- "Provide health information that people can understand."

Bridging the Gap Between Healthcare & Patients/Community
- "Have a health educator on college campuses like a community health worker to help navigate the local health system and connect students to resources."

Improving Processes
- "Please fix Union's billing and phone systems."
- "Quit firing patients for missed appointments. Where else are we supposed to go when you own everything?"

Listening to Patients & the Community
- "Let people with mental health issues talk about their experiences."
- "Make sure people are heard."

Increased Cultural Competency
- "Host and support more events that are inclusive."
- "We need qualified, competent and CULTURALLY COMPETENT people working in healthcare."
- "Remove 'dead names' from Union's portal for trans patients or at least make sure patients' preferred names are being used, especially when it's legally changed."
- "I'd like to see providers with knowledge of hormone replacement therapy and it would be nice if the service was available locally. I currently have to go to Indy for care."
- "Educate healthcare staff and leaders on LGBTQ+ health. Training has been offered by the Pride Center but not many providers signed up."

More Empathy & Compassion
- "There needs to be more empathy and compassion for people using Medicaid and benefits like SNAP. They make you feel like trash for using them."

Preventive Care
- "Figure out the preventive screening issue – if tests are clear then it's considered preventive and it's covered, but if they find something with the tests then it's no longer considered preventive and the patients get charged."
- "Plasma donation centers don't provide information, referrals, or follow-up for anyone with high blood pressure or other issues – this could be an easy way to reach a lot of low-income people."

Reducing Health-Related Stigma
- "Supporting Positive Link would be progress."

Trauma-Informed Understanding & Focus
- "Have a trauma-informed focus."

Appendix 8

Key Informants for Union Health's 2024 CHNA Report

Organization	Issue Area
Clark County Health Department **	Public Health
Vigo County Health Department **	Public Health
Parke County Health Department	Public Health
Vermillion County Health Department	Public Health
Anabranch Recovery	Alcohol / Drug Addiction
Vigo County Veterans Treatment Court	Alcohol / Drug Addiction
Hamilton Center **	Mental Health
Chances and Services for Youth	Mental Health
Mental Health America	Mental Health
Union Health – Behavioral Health Department	Mental Health
Purdue Extension Vigo County **	Obesity, Food Access
Union Health – Primary Care	Obesity
Private Dietician / Instructor	Obesity
Chances and Services for Youth **	Tobacco Use / Vaping
Union Health – Respiratory Services **	Tobacco Use / Vaping
Union Health – Diabetes Clinic **	Diabetes
Union Health – Hux Center	Cancer
PINK of Terre Haute	Cancer
Wabash Valley Breast Cancer Survivors Group	Cancer
Indiana Department of Child Services – Region 8 **	Child Abuse / Neglect
Union Health – All Babies Initiative **	Child Abuse / Neglect
Firefly Children and Family Alliance	Child Abuse / Neglect
Union Health – Cardiology **	Heart Disease & Stroke
Providence Medical Group	Heart Disease & Stroke
Terre Haute CPR	Heart Disease & Stroke
Thrive West Central – Aging Team **	Aging Issues
YMCA of the Wabash Valley	Aging Issues
Wabash Activity Center	Aging Issues
Union Health – Respiratory Services **	Lung Disease
Council on Domestic Abuse	Domestic Violence
Family Support Services of West Central IN	Domestic Violence
Catholic Charities Terre Haute	Domestic Violence
Valley Child Development Center **	Childcare Services
YMCA of the Wabash Valley	Childcare Services
Valley Professionals Community Health Center **	Access to Health Services
Wabash Valley Health Center **	Access to Health Services
Hamilton Center – Infinity House **	Social Isolation
VNA & Hospice of the Wabash Valley **	Social Isolation
Terre Haute Housing Authority **	Housing
Reach Services – Pathways	Housing
Terre Haute Human Relations Office	Discrimination
Pride Center of Terre Haute	Discrimination
Thrive West Central – Transportation	Transportation
Terre Haute Transit Utility	Transportation

*** Organization responded to information inquiry and provided answers to questions*

Appendix 9

Implementation Evaluation Data

The following data was used to evaluate changes in health outcomes for the issues identified as "Priority Health Needs" in Union's 2021 CHNA report.

Obesity (Youth & Adult) & Lack of Exercise

Adult Obesity Rates - Trends Over Time in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
2025 (data from 2022)	34%	33%	38%	42%	41%	38%	38%	41%	41%	35%	37%	37%
2024 (data from 2021)	34%	34%	37%	41%	37%	42%	38%	41%	39%	35%	36%	36%
2023 (data from 2020)	32%	33%	37%	39%	38%	41%	42%	42%	37%	34%	37%	36%
2022 (data from 2019)	32%	32%	35%	36%	36%	38%	35%	37%	38%	36%	37%	36%
2021 (data from 2017)	30%	30%	34%	34%	40%	35%	37%	36%	34%	31%	28%	31%
2020 (data from 2016)	29%	30%	33%	36%	38%	30%	31%	41%	35%	37%	28%	31%
2019 (data from 2015)	29%	29%	33%	36%	34%	34%	33%	35%	31%	33%	29%	31%
2018 (data from 2014)	28%	28%	32%	35%	33%	34%	33%	32%	32%	33%	30%	28%
2017 (data from 2013)	28%	27%	32%	33%	33%	34%	33%	33%	33%	33%	31%	30%
2016 (data from 2012)	-	27%	31%	33%	32%	32%	33%	31%	33%	33%	34%	33%

- Data Source: 2016 - 2021 query years from US Diabetes Surveillance System via County Health Rankings
- Data Source: 2022 - 2025 query years from BRFSS via County Health Rankings

Heart Disease & Stroke (Men & Women)

Heart Disease Death Rate - Trends Over Time in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
2019 - 2021	325.7	325.2	357.0	445.0	392.0	386.4	445.1	471.3	467.4	423.6	401.1	392.0
2018 - 2020	319.5	321.6	350.6	441.7	370.3	361.2	432.9	435.5	462.1	405.1	395.0	405.7
2017 - 2019	317.4	316.1	350.1	443.0	371.3	339.0	422.1	454.0	464.5	410.9	378.1	382.3
2016 - 2018	320.0	318.6	351.5	470.3	382.1	389.4	414.7	440.8	463.9	381.0	367.1	379.0
2015 - 2017	323.0	323.4	352.1	470.4	389.1	394.0	403.8	485.0	456.7	407.8	391.0	376.6
2014 - 2016	324.3	327.6	351.9	454.5	370.6	414.7	424.5	474.7	446.0	405.9	412.2	453.7
2013 - 2015	327.0	331.0	355.6	436.4	392.8	397.6	434.8	518.6	436.8	429.0	412.3	454.0
2012 - 2014	328.3	331.6	359.5	417.0	392.6	416.4	421.4	485.9	427.4	413.8	379.3	475.8
2011 - 2013	332.7	336.8	362.3	416.8	411.7	413.4	419.2	515.7	422.4	403.6	361.6	444.1
2010 - 2012	338.6	343.7	365.7	425.0	383.8	425.6	457.6	539.4	429.4	403.6	369.7	467.2

Red = worst in state / Orange = second worst in state

Data Source: CDC, Interactive Atlas of Heart Disease and Stroke

Diabetes

Diabetes Prevalence - Trends Over Time in Union Health's Service Area (Diagnosed Diabetes Among Adults)	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
2021	8.5%	9.7%	10.8%	8.9%	9.0%	8.9%	9.4%	8.4%	11.9%	7.0%	7.4%	7.2%
2020	8.2%	9.3%	10.5%	9.7%	8.9%	8.8%	8.4%	7.5%	10.6%	6.6%	7.5%	7.2%
2019	8.3%	9.9%	11.1%	10.6%	9.4%	8.5%	8.6%	7.4%	9.4%	7.5%	7.6%	7.8%
2018	9.1%	9.0%	11.2%	11.7%	11.1%	7.8%	9.3%	8.8%	9.3%	7.9%	7.3%	7.1%
2017	8.5%	10.1%	10.6%	10.6%	8.6%	7.1%	8.9%	9.2%	10.2%	6.8%	7.5%	7.0%
2016	8.5%	9.5%	10.4%	9.6%	8.0%	7.7%	9.6%	8.2%	9.4%	7.3%	7.6%	7.0%
2015	8.7%	9.1%	10.5%	7.8%	8.3%	7.8%	9.5%	8.0%	9.9%	6.5%	6.7%	6.4%
2014	8.4%	9.4%	9.8%	8.1%	8.5%	8.9%	8.6%	9.5%	9.7%	7.2%	7.2%	6.7%
2013	8.7%	9.2%	10.0%	8.0%	10.2%	8.0%	8.7%	7.9%	8.2%	6.9%	6.9%	7.1%
2012	8.4%	8.9%	10.1%	8.5%	9.9%	9.8%	10.6%	9.6%	9.7%	7.6%	7.8%	7.7%
2011	8.4%	9.4%	9.6%	8.2%	8.5%	8.5%	7.7%	8.4%	7.6%	6.2%	6.5%	6.3%

Data Source: CDC, US Diabetes Surveillance System

Cancer

Cancer Incidence - Trends Over Time in Union Health's Service Area	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo
All Cancers Incidence Rate							
2016 - 2020	450.0	479.5	464.1	392.7	437.3	500.9	468.0
2013 - 2017	463.4	494.4	454.8	406.7	461.7	482.8	482.6
2011 - 2015	469.8	510.7	431.7	420.4	483.2	489.0	498.8
Prostate Cancer Incidence Rate							
2016 - 2020	95.4	91.4	96.0	83.5	82.0	82.0	106.6
2013 - 2017	87.3	78.6	70.2	59.8	57.1	81.0	79.3
2011 - 2015	92.9	96.9	63.3	65.3	63.7	109.5	89.5
Breast Cancer Incidence Rate (female)							
2016 - 2020	131.0	116.7	118.6	96.9	99.5	125.2	119.2
2013 - 2017	130.8	130.5	136.4	107.8	111.3	104.4	134.5
2011 - 2015	121.8	123.0	107.5	109.0	105.7	85.5	130.6
Lung Cancer Incidence Rate							
2016 - 2020	68.2	81.9	83.0	63.3	68.2	82.8	73.4
2013 - 2017	72.3	89.5	77.9	74.9	89.3	96.0	82.4
2011 - 2015	72.8	92.3	79.0	69.1	94.3	95.9	79.7
Colorectal Cancer Incidence Rate							
2016 - 2020	40.2	46.3	43.1	26.0	54.6	44.1	45.1
2013 - 2017	42.6	45.8	44.5	35.0	57.0	41.6	48.1
2011 - 2015	42.9	45.6	37.5	44.8	53.6	53.2	43.7

Data Source: Indiana Department of Health

Cancer (Continued)

Cancer Incidence & Projections - Trends Over Time in Union's Service Area (IL)	Illinois	Clark	Crawford	Edgar
All Cancers Incidence & Projections				
2017 - 2021 All Cancers Incidence Rate	459.2	440.9	449.5	446.1
2017 - 2021 All Cancers Count	354,923	465	595	564
2018 - 2022 All Cancers Count (projection)	360,225	465	600	570
2019 - 2023 All Cancers Count (projection)	365,885	465	600	570
2020 - 2024 All Cancers Count (projection)	371,950	470	605	575
2021 - 2025 All Cancers Count (projection)	378,660	470	610	580
Prostate Cancer Incidence & Projections				
2017 - 2021 Prostate Cancer Incidence Rate	117.6	66.0	103.4	76.3
2017 - 2021 Prostate Cancer Count	45,517	39	66	53
2018 - 2022 Prostate Cancer Count (projection)	46,495	40	65	55
2019 - 2023 Prostate Cancer Count (projection)	47,550	40	65	55
2020 - 2024 Prostate Cancer Count (projection)	48,685	40	70	55
2021 - 2025 Prostate Cancer Count (projection)	49,930	40	70	55
Breast Cancer Incidence & Projections				
2017 - 2021 Breast Cancer Incidence Rate	133.6	102.3	119.0	110.9
2017 - 2021 Breast Cancer Count	52,707	51	74	64
2018 - 2022 Breast Cancer Count (projection)	53,800	50	75	65
2019 - 2023 Breast Cancer Count (projection)	54,460	50	75	65
2020 - 2024 Breast Cancer Count (projection)	55,195	50	75	65
2021 - 2025 Breast Cancer Count (projection)	56,030	50	75	65
Lung Cancer Incidence & Projections				
2017 - 2021 Lung Cancer Incidence Rate	58.3	70.2	69.9	68.3
2017 - 2021 Lung Cancer Count	46,491	82	95	94
2018 - 2022 Lung Cancer Count (projection)	47,260	80	95	95
2019 - 2023 Lung Cancer Count (projection)	48,040	85	95	95
2020 - 2024 Lung Cancer Count (projection)	48,840	85	95	95
2021 - 2025 Lung Cancer Count (projection)	49,695	85	95	95
Colorectal Cancer Incidence & Projections				
2017 - 2021 Colorectal Cancer Incidence Rate	38.8	48.5	43.7	43.1
2017 - 2021 Colorectal Cancer Count	29,639	48	54	55
2018 - 2022 Colorctal Cancer Count (projection)	30,065	50	55	55
2019 - 2023 Colorectal Cancer Count (projection)	30,525	50	55	55
2020 - 2024 Colorectal Cancer Count (projection)	31,015	50	55	55
2021 - 2025 Colorectal Cancer Count (projection)	31,565	50	55	55

Data Source: Illinois Department of Public Health

Tobacco / Vape

Toacco/Vaping Prevalence - Trends Over Time in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
2025 (data from 2022)	13%	13%	17%	21%	23%	21%	21%	22%	21%	15%	18%	18%
2024 (data from 2021)	15%	13%	18%	20%	22%	24%	23%	22%	22%	17%	19%	19%
2023 (data from 2020)	16%	13%	20%	22%	23%	25%	25%	24%	24%	19%	20%	20%
2022 (data from 2019)	16%	15%	20%	23%	23%	24%	25%	24%	23%	20%	20%	20%
2021 (data from 2018)	17%	16%	22%	24%	25%	26%	26%	25%	25%	22%	22%	22%
2020 (data from 2017)	17%	15%	22%	20%	21%	22%	21%	19%	22%	16%	16%	15%
2019 (data from 2016)	-	16%	21%	20%	22%	22%	21%	19%	22%	17%	16%	17%
2018 (data from 2016)	-	16%	21%	20%	22%	22%	21%	19%	22%	17%	16%	17%
2017 (data from 2015)	-	15%	21%	18%	18%	20%	20%	17%	20%	16%	15%	16%
2016 (data from 2014)	-	17%	23%	20%	20%	22%	22%	20%	24%	15%	16%	17%

Data Source: County Health Rankings

Behavioral Health

Mental Health - Related Measures in Union Health's Service Area												
	U.S.	Illinois	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Clark	Crawford	Edgar
Poor Mental Health Days (# reported in past month)	4.8	4.2	5.2	5.5	5.5	5.8	5.5	5.5	5.5	4.8	4.9	5.1
Mental Health Providers (ratio population : providers)	320:1	320:1	500:1	2,200:1	1,410:1	1,260:1	2,300:1	770:1	530:1	3,810:1	420:1	550:1
Suicide (# per 100k population)	14	11	16	17	16	14	17	24	18	19	14	21
Frequent Mental Distress (% adults w/14 or more poor mental health days/month)	15%	14%	17%	18%	18%	20%	18%	18%	18%	16%	17%	17%
Depression (per 100k population)	39.2	37.6	50.2	32.25	36.17	24.91	32.19	46.1	47.4	39.12	24.3	43
PTSD (per 100k population)	17.2	15.5	24.3	16.9	28.7	26.2	24.1	22.3	28.2	14.3	12.1	20.2
Trauma (per 100k population)	71.9	66.0	96.6	63.9	87.4	69.5	75.4	87.9	110	62.6	61.8	89.7
Psychosis (per 100k population)	22.1	19.7	29.8	29.27	27.30	26.22	19.11	33.5	34.5	15.65	28.7	34.1

- Data Source: County Health Rankings
- Data Source: Mental Health America

Note - According to Mental Health America's "2024 State of Mental Health in America Report," Indiana has the:

- 3rd highest depression rate in the nation (behind only Alaska & Utah)
- 5th highest PTSD rate in the nation
- 6th highest Psychosis rate in the nation
- 7th highest Trauma rate in the nation

Behavioral Health (Continued)

State Rankings for Mental Health Measures	Illinois	Indiana
Prevalence of Mental Illness	14	31
Access to Care	25	18
Adults w/Serious Thoughts of Suicide	27	39
Youth (ages 6 - 17) Flourishing	2	40
Adults w/SUD Who Needed but Didn't Receive Treatemnt	51	7
Youth w/Untreated Major Depression	4	42
Mental Health Workforce Availability	26	44

Data Source: Mental Health America

Substance Abuse

SUD-Related Health & Social Measures in Wabash Valley Area	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo
Child Removal due to Parent SUD (rate/1k)	0.5	1.6	0.6	0.7	1.2	0.6	1.2
Alcohol Outlet Density (rate/10k)	22.5	24.2	19.1	28.2	25.0	34.2	26.8
Opioid Prescription Dispensation (rate/1k)	555.0	589.6	769.5	523.3	660.7	667.4	552.3
Substance Use Treatment with Meth	42.9%	70.9%	67.6%	68.2%	N/A	47.4%	70.7%
Substance Use Treatment with Marijuana	48.6%	56.4%	47.1%	59.1%	66.7%	73.7%	56.7%
Substance Use Treatment with Alcohol	42.5%	41.8%	44.1%	45.5%	55.6%	31.6%	47.1%
Non-Fatal ED Visits w/Opioids (rate/100k)	43.3	126.4	125.7	107.1	23.0	74.0	19.4

Data Source: Indiana University Prevention Insights

Drug Overdose Deaths in Union Health's Service Area	Indiana	Clay	Greene	Parke	Sullivan	Vermillion	Vigo
2023 Rate	33.8	34.9	27.3	7.4	18.9	41.3	26.7
2022 Rate	40.8	12.9	20.6	20.8	14.3	18.4	33.1
2021 Rate	43.1	14.6	39.4	28.4	12.6	22.3	31.7
2020 Rate	36.6	-	17.7	13.6	17.6	20.3	17.6
2019 Rate	26.6	14.8	8.0	6.2	13.7	33.3	20.3
2018 Rate	25.6	18.0	16.9	8.5	3.2	-	17.3
2017 Rate	28.7	17.6	31.1	12.4	9.3	45.8	17.0
2016 Rate	23.8	19.4	2.9	6.3	18.3	15.1	24.8
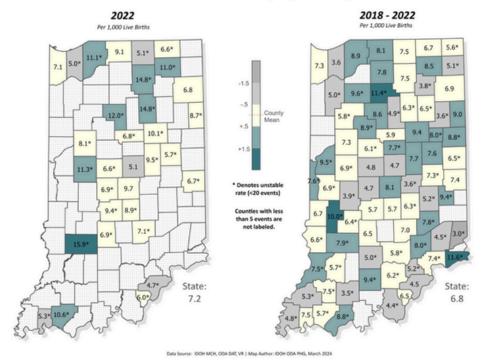
Data Source: County Health Rankings

Infant Mortality

Infant Mortality by County

2021
Per 1,000 Live Births
State: 6.7

2017 - 2021
Per 1,000 Live Births
State: 6.8

* Denotes unstable rate (<20 events)

Counties with less than 5 events are not labeled.

Data Source: IDOH MCH, ODA DAT, VR | Map Author: IDOH ODA PHG, March 2023

Infant Mortality by County

2022
Per 1,000 Live Births
State: 7.2

2018 - 2022
Per 1,000 Live Births
State: 6.8

* Denotes unstable rate (<20 events)

Counties with less than 5 events are not labeled.

Data Source: IDOH MCH, ODA DAT, VR | Map Author: IDOH ODA PHG, March 2024

Data Source: Indiana Department of Health

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