



Community Health Needs Assessment & Implementation Framework 2021

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Executive Summary

Union Hospital, Inc. (Union Hospital Terre Haute and Union Hospital Clinton) is pleased to present the 2021 Community Health Needs Assessment and Implementation Framework for our hospitals.

Service Area

The Union Hospital Terre Haute service area includes Clay County, Greene County, Parke County, Sullivan County, Vermillion County and Vigo County in Indiana - as well as Clark County, Crawford County and Edgar County in Illinois. The Union Hospital Clinton service area of Parke County and Vermillion County Indiana are fully contained within the broader service area of Union Hospital Terre Haute. As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in the community.

Demographics

Indiana Counties

County	Population	% < 18	% 65+	% African American	% American Indian/Alaskan Native	% Asian	% Native Hawaiian/Other Pacific Islander	% Hispanic	% Non-Hispanic White	% Not Proficient in English	% Female	% Rural
Clay	26,225	22.9%	18.2%	0.7%	0.3%	0.4%	0.1%	1.5%	95.9%	0.0%	50.4%	60.9%
Greene	31,922	21.6%	19.8%	0.3%	0.4%	0.4%	0.0%	1.6%	96.4%	0.0%	50.0%	74.8%
Parke	16,937	21.6%	20.0%	2.6%	0.5%	0.2%	0.0%	1.8%	94.2%	1.0%	52.9%	75.0%
Sullivan	20,669	19.9%	18.5%	4.8%	0.3%	0.3%	0.0%	1.8%	91.6%	0.0%	45.5%	79.0%
Vermillion	15,498	22.0%	20.3%	0.5%	0.3%	0.3%	0.0%	1.3%	96.3%	0.0%	50.1%	60.4%
Vigo	107,038	20.4%	16.7%	7.3%	0.4%	2.1%	0.0%	2.8%	85.2%	0.0%	49.5%	23.8%

Illinois Counties

County	Population	% < 18	% 65+	% African American	% American Indian/Alaskan Native	% Asian	% Native Hawaiian/Other Pacific Islander	% Hispanic	% Non-Hispanic White	% Not Proficient in English	% Female	% Rural
Clark	15,441	22.3%	20.2%	0.5%	0.2%	0.4%	0.0%	1.5%	96.5%	0.0%	50.5%	59.5%
Crawford	18,667	19.8%	19.4%	5.1%	0.4%	0.7%	0.0%	2.3%	90.5%	1.0%	47.5%	60.2%
Edgar	17,161	20.2%	22.5%	0.6%	0.2%	0.4%	0.0%	1.3%	96.6%	0.0%	51%	51.8%

Identifying Community Health Needs: Methodology

Secondary Data

The secondary data used in this assessment was obtained from numerous sources, including:

- Robert Wood Johnson Foundation (County Health Rankings)
- STATS Indiana
- US Census American Community Survey
- Indiana 211
- Illinois Department of Health and Human Services
- University of Illinois Extension
- Purdue Extension

Primary Data

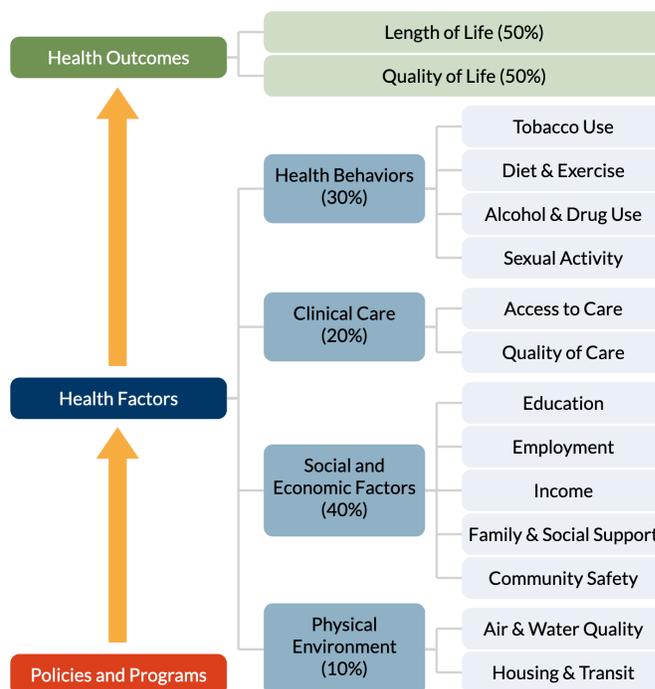
The assessment was further informed by interviews and surveys with community members who have a fundamental understanding of our service area’s health needs and represent the broad interests of the community including low-income, elderly and minority communities. These key informants provided additional insight into the secondary data, valuable input on the county’s health challenges and the sub-populations most in needed. Further insight was garnered through survey collection and short-form interviewing of primary care physicians and providers of Union Health System.

Model

The Robert Wood Johnson County Health Rankings model leveraged as a framework for classifying health factors into one of four categories driving health outcomes:

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

Learn more about the Robert Wood Johnson County Health Rankings at www.countyhealthrankings.org



County Health Rankings model © 2014 UWPHI

Significant Community Health Needs Identified

Primary and secondary data were evaluated to identify the significant health needs within the service area. These needs span the following topic areas and are often inter-related:

Access to Health Care / Primary Care	Behavioral Health
Drug and Alcohol Dependency	Obesity (Youth & Adult)
Cancer	Exercise (Lack Of)
Diabetes	STDs
Economy	Breast Cancer
Food Insecurity	Tobacco / Vape
Heart Disease	Transportation (Lack of)
Birth Outcomes / Infant Mortality	Women’s Health

Prioritization Process

Given the data available and insights provided by subject-matter experts, the broader set of data of significant community health needs were prioritized. A core set of prioritization questions were considered as were Health Factors highlighted as opportunities by the Robert Wood Johnson County Health Rankings online tool across the defined community of Union Hospital and Union Hospital Clinton.

The following nine health areas were prioritized for the total defined community of Union Hospital, Inc.:

- Obesity (Youth & Adult) & Lack of Exercise
- Heart Disease & Stroke (Men & Women)
- Diabetes
- Cancer
- Tobacco/Vape
- Behavioral Health
- Infant Mortality
- Substance Abuse

The defined community for Union Hospital Clinton (Parke and Vermillion County) is disproportionately impacted by access to health care and heart disease versus the total Union Hospital, Inc. defined community, which impacts prioritization and interventions

Conclusion

This report describes the process and a finding of a comprehensive health needs assessment for the residents of the defined service area(s). The prioritization of the identified significant health needs will guide the community health improvement efforts of Union Hospital and Union Hospital Clinton. From this process Union Hospital, Inc. outlines how it plans to address prioritized health needs in the Implementation Strategy.

Introduction

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires non-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. To meet requirements, hospitals must analyze and identify the health needs of their communities and develop and adopt an implementation strategy to meet the identified needs.

As non-profit, tax-exempt hospitals, Union Hospital and Union Hospital Clinton are pleased to present the 2019-2021 Community Health Needs Implementation Plan, which provides an overview of the significant community health needs identified in our service area. The goal of this report is to offer a meaningful understanding of the health needs in the community as well as to help guide the hospital in their community benefit planning efforts and development of an implementation strategy to address prioritized needs.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing such significant community needs.

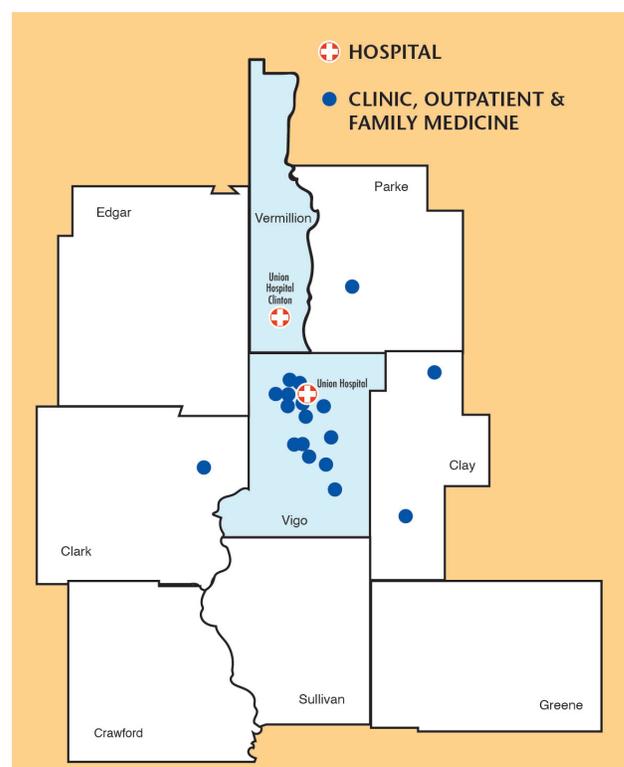
About Union Hospital, Inc.

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

Union Hospital serves 268,000 people in both urban and rural areas:

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

Union Hospital Clinton serves Parke and Vermillion counties in Indiana and thus is fully contained within the broader Union Hospital service area.



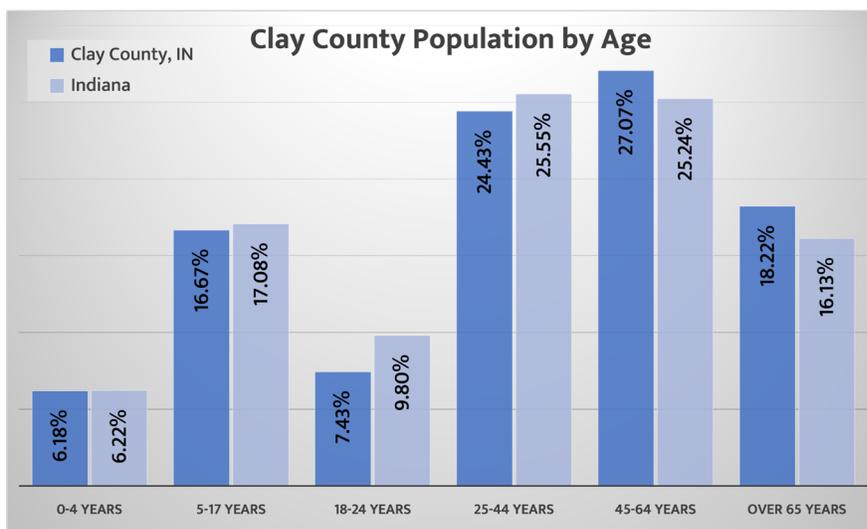
Demographics: Clay County

Population

An estimated 26,225 people lived in Clay County in 2019 (26,562 in 2014), and the population density is much lower (73.36 people per square mile) than the state of Indiana (187.9 people per square mile) (181 people per mi² in 2014).

Age

Overall, Clay County residents are directly in proportion with the average ages of the Indiana residents. Clay County does see slightly more residents over the age of 65 than the Indiana average.

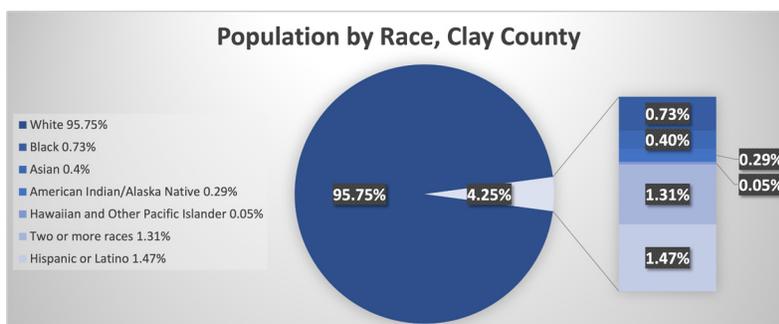


Origin & Race Ethnicity

A significantly lower percentage of Clay County residents are foreign born (0.834%) compared to the state. Zero percent (1.1% in 2014) of Clay County residents speak a language other than English at home, versus 8.9% statewide.

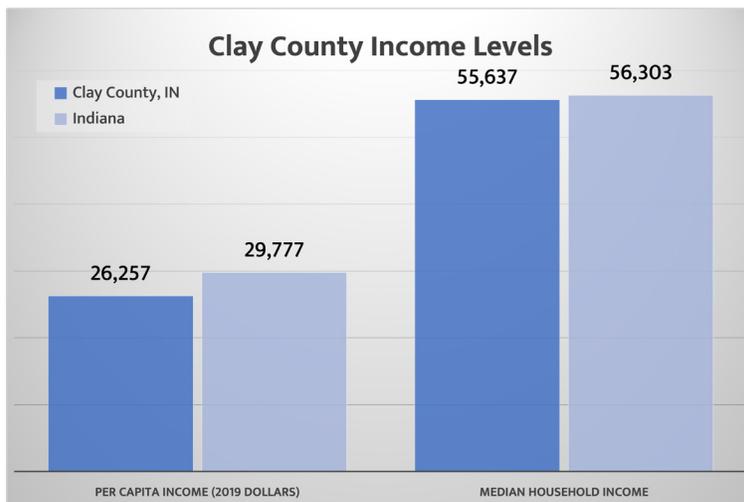
	Clay County	Indiana
Hispanic or Latino	0.373%	7.06%
Foreign-born	0.834%	5.11%
Speak non-English language at home	0%	8.9%

Among people reporting a single race, Clay County has a smaller proportion of residents who are non-White (4.25%) (3.5% in 2014) compared to Indiana (15.2%) (19.7% in 2014) The majority of non-White residents in Clay County are Black or African American.



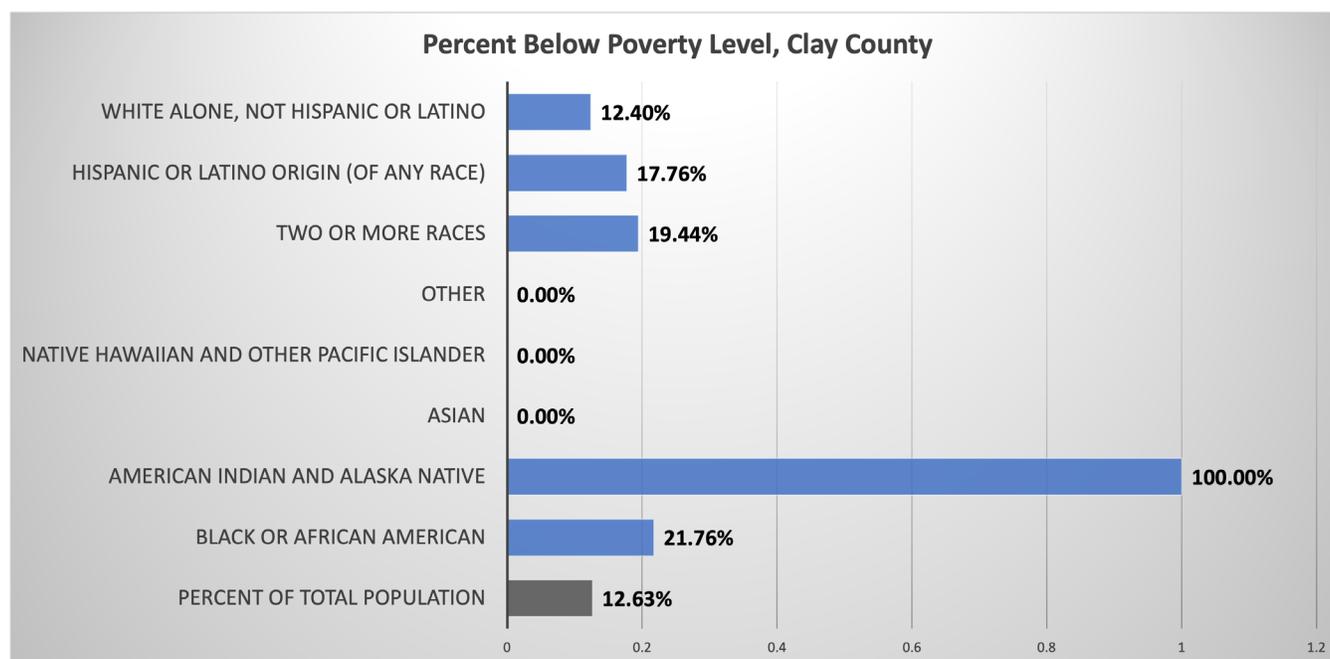
Income

Both per capita income and median household income are lower in Clay County compared to the state.



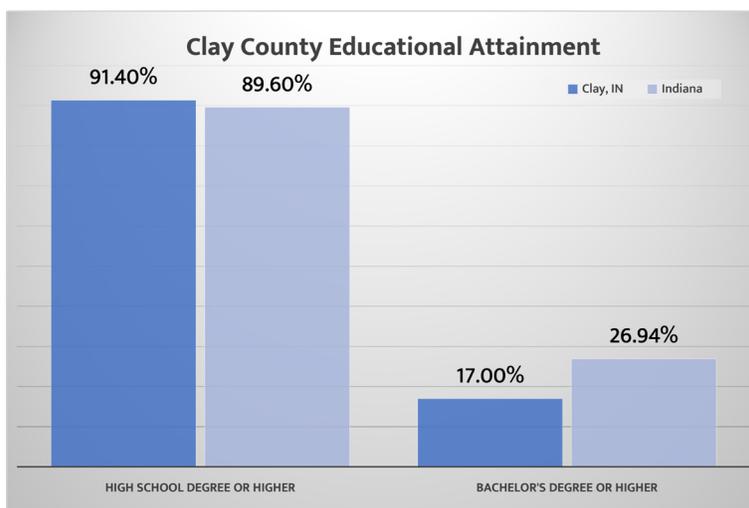
Poverty

The percentage of Clay County residents who live below the federal poverty level (12.63%) (15.8% in 2014) is less than the Indiana state average (13.4%) (15.5% in 2014).



Education

County-wide, the percent of residents 25 or older with a high school degree or higher (91.4%) (86.8% in 2014) is higher than the state average (89.60%) (86.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 17% (14.2% in 2014) of Clay County residents 25 and older have a Bachelor's degree or higher compared to 26.94% (30.7% in 2014) state-wide.



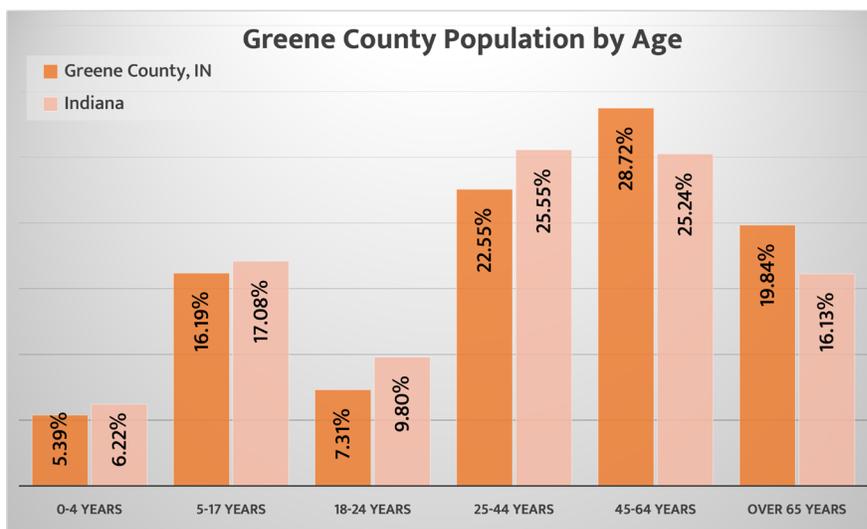
Demographics: Greene County

Population

An estimated 31,922 people lived in Greene County in 2019 (32,726 in 2014), and the population density is much lower (58.84 people per square mile) (61.1 people per mi² in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi² in 2014).

Age

Overall, Greene County residents are slightly below the Indiana average in each category. However, Greene County does see more residents over the age of 45 than the Indiana average.

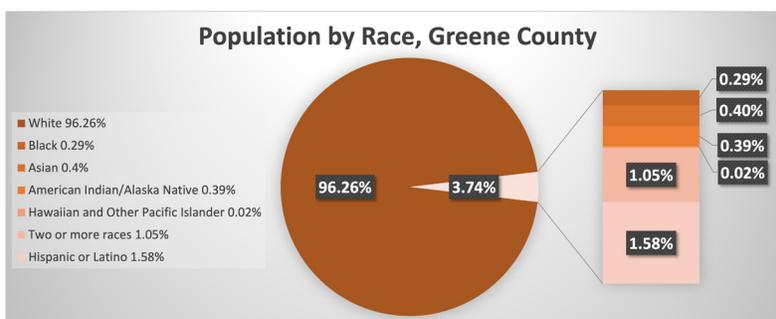


Origin & Race Ethnicity

A significantly lower percentage of Greene County residents are foreign born (0.786%) (0.6% in 2014) compared to the state. Zero percent (1.3% in 2014) of Greene County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

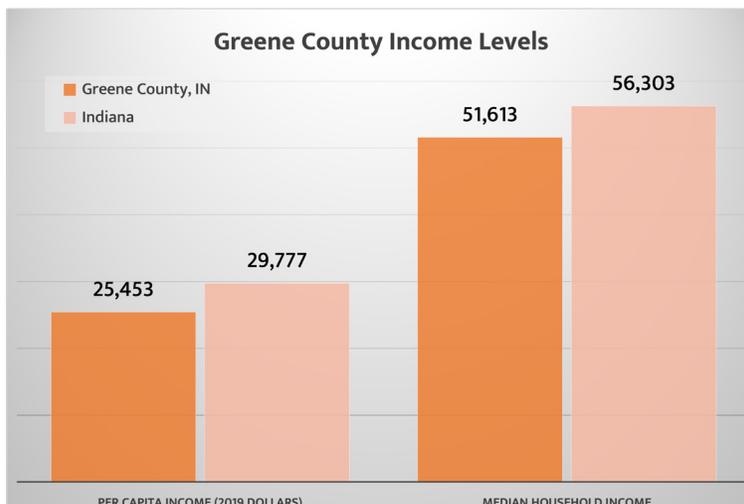
Among people reporting a single race, Greene County has a smaller proportion of residents who are non-White (3.74%) (3.2% in 2014) compared to Indiana (15.2%) (19.7% in 2014) The majority of non-White residents in Greene County are Black or African American.

	Greene County	Indiana
Hispanic or Latino	1.38%	7.06%
Foreign-born	0.786%	5.11%
Speak non-English language at home	0%	8.9%



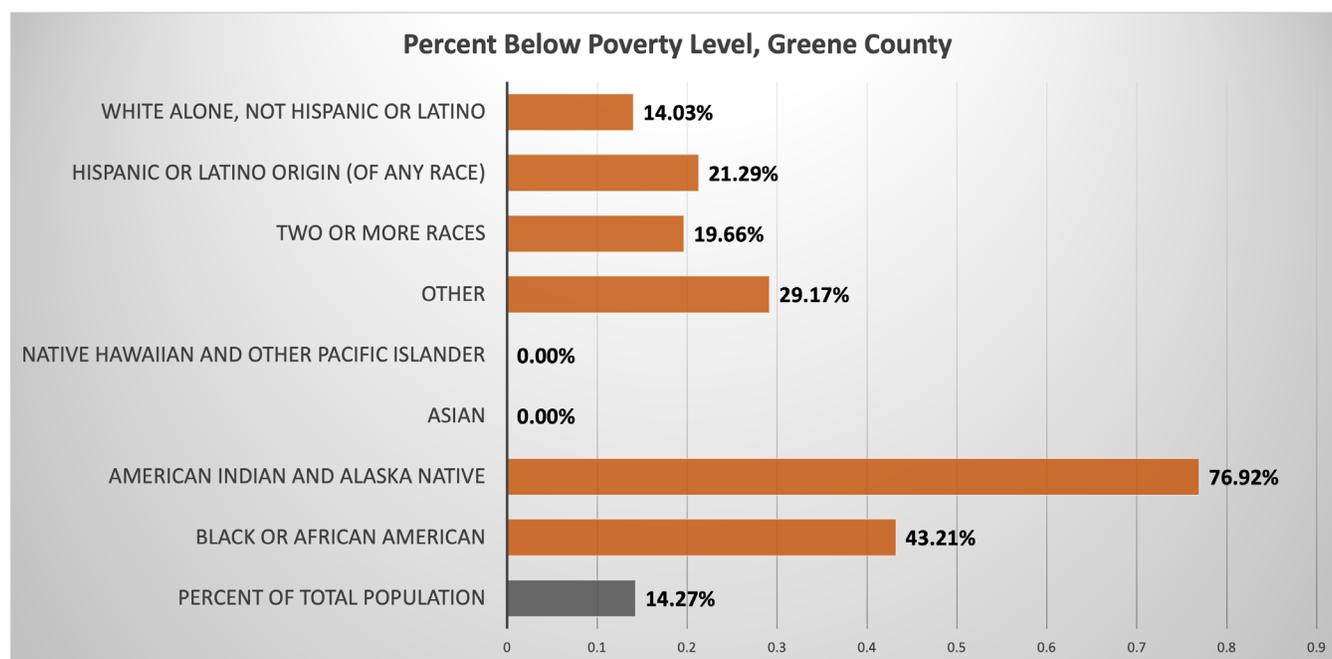
Income

Both per capita income and median household income are lower in Greene County compared to the state.



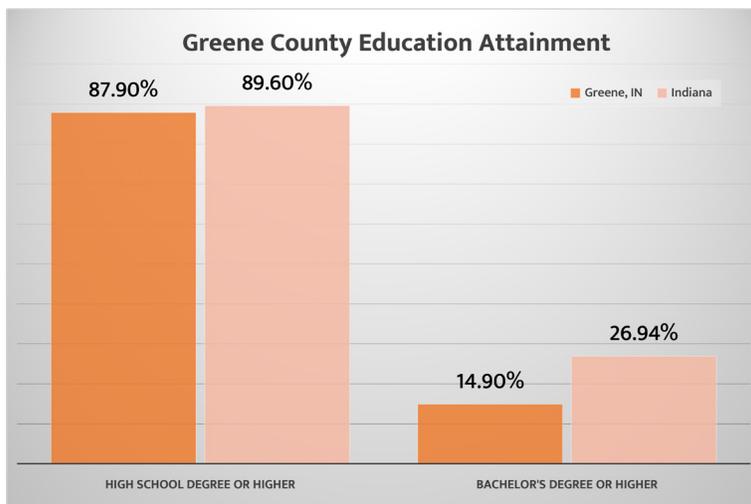
Poverty

The percentage of Greene County residents who live below the federal poverty level (14.27%) (14.0% in 2014) is more than the Indiana state average (13.4%) (15.5% in 2014)



Education

County-wide, the percent of residents 25 or older with a high school degree or higher (87.9%) (84.5% in 2014) is slightly lower than the state average (89.6%) (87.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 14.9% (13.2% in 2014) of Greene County residents 25 and older have a Bachelor’s degree or higher compared to 26.94% (23.6% in 2014) state-wide.



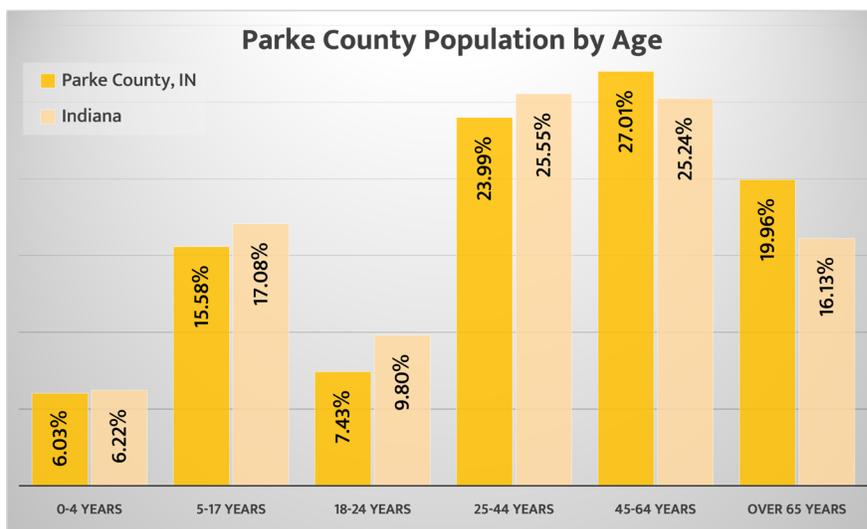
Demographics: Parke County

Population

An estimated 16,937 (17,233 in 2014) people lived in Parke County in 2019, and the population density is much lower (38.09 people per square mile) (39 people per mi²) than the state of Indiana (187.9 people per square mile) (181 people per mi² in 2014).

Age

Overall, Parke County residents are slightly below the Indiana average in each category. However, Parke County does see more residents over the age of 45 than the Indiana average.

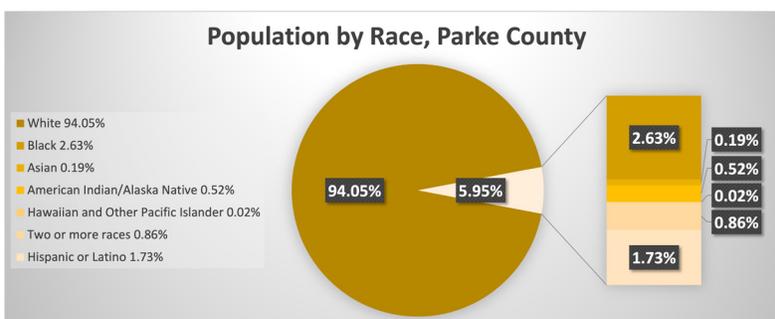


Origin & Race Ethnicity

A significantly lower percentage of Parke County residents are foreign born (1.34%) (1.1% in 2014) compared to the state. Zero percent (3.9% in 2014) of Parke County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

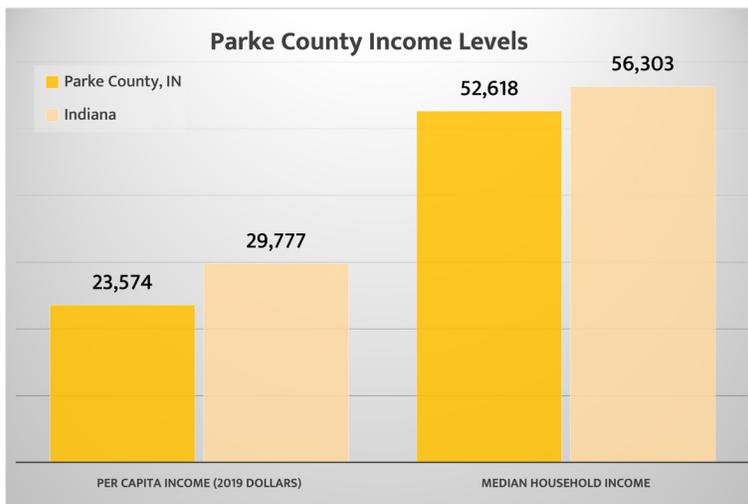
Among people reporting a single race, Parke County has a smaller proportion of residents who are non-White (5.95%) (5.3% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Parke County are Black or African American.

	Parke County	Indiana
Hispanic or Latino	1.54%	7.06%
Foreign-born	1.34%	5.11%
Speak non-English language at home	0%	8.9%



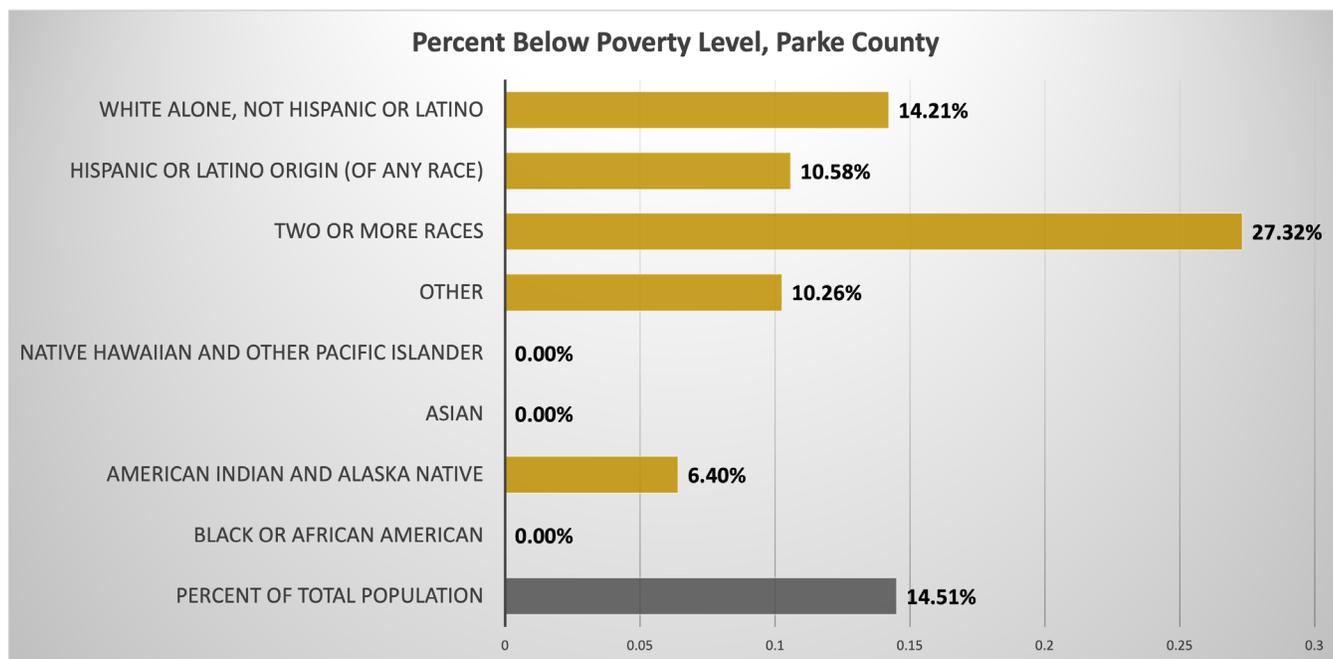
Income

Both per capita income and median household income are lower in Parke County compared to the state.



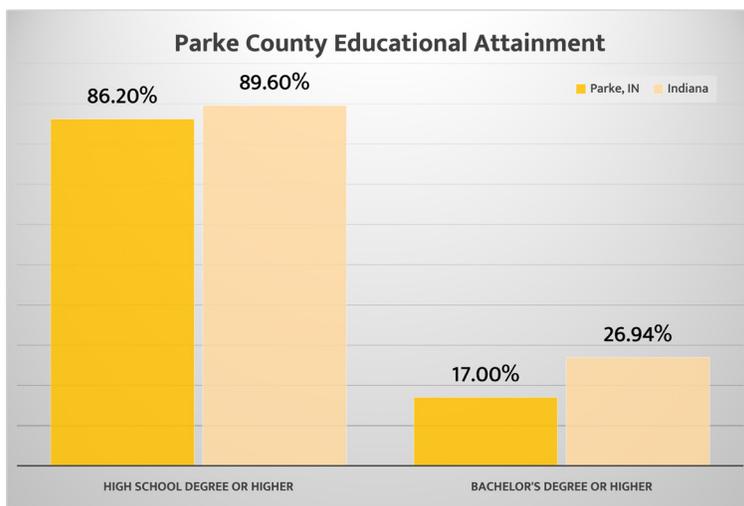
Poverty

The percentage of Parke County residents who live below the federal poverty level (14.51%) (13.3% in 2014) is more than the Indiana state average (13.4%) (15.5% in 2014).



Education

County-wide, the percent of residents 25 or older with a high school degree or higher (86.2%) (84.7% in 2014) is lower than the state average (89.60%) (87.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 17% (14.3% in 2014) of Parke County residents 25 and older have a Bachelor's degree or higher compared to 26.94% (23.6% in 2014) state-wide.



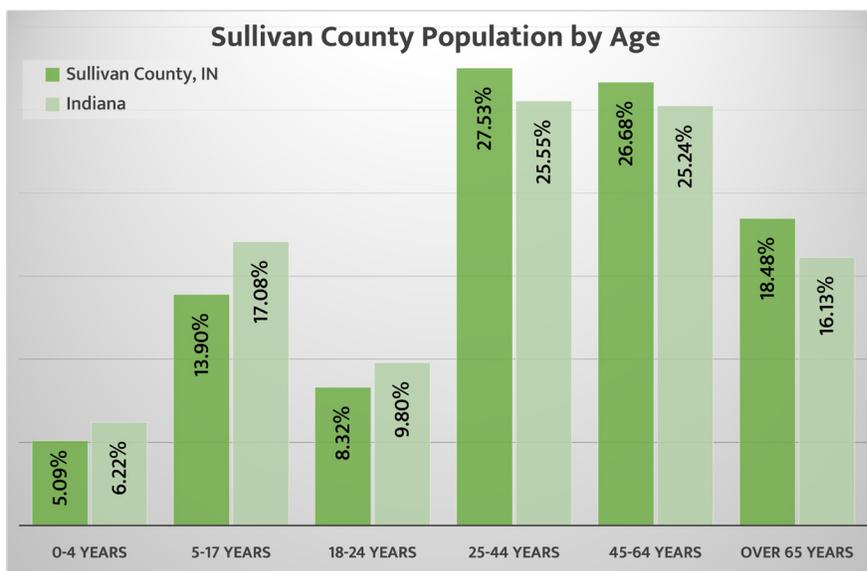
Demographics: Sullivan County

Population

An estimated 20,669 people lived in Sullivan County in 2019 (21,050 in 2014), and the population density is much lower (46.23 people per square mile) (48.0 people per mi² in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi² in 2014).

Age

Overall, Sullivan County residents aged 0-24 years are slightly below the Indiana average. Sullivan County contains more residents over the age of 25 than the Indiana average.

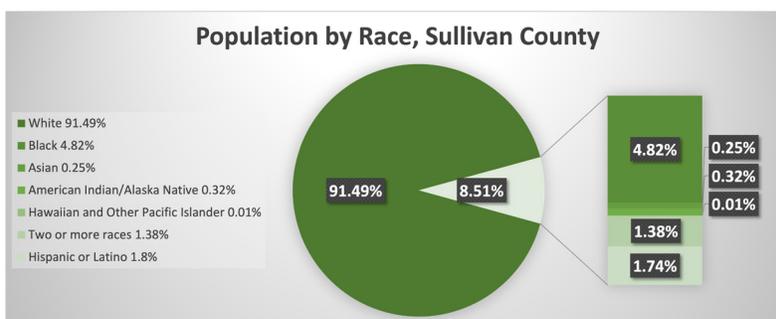


Origin & Race Ethnicity

A significantly lower percentage of Sullivan County residents are foreign born (0.794%) (1.0% in 2014) compared to the state. Zero percent (1.9% in 2014) of Sullivan County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

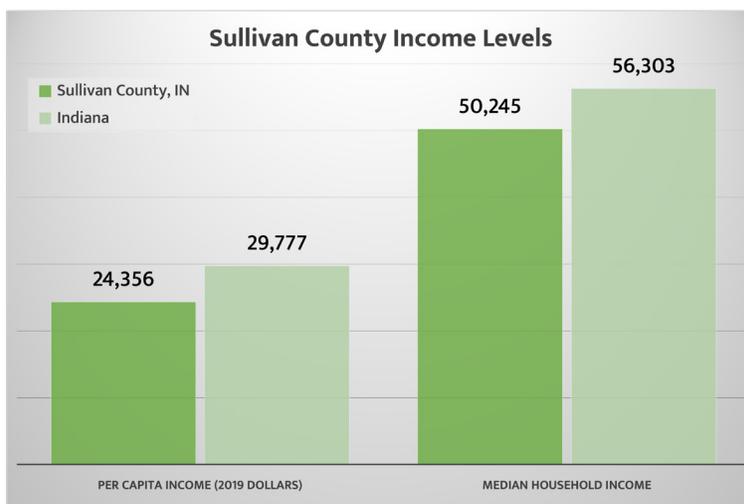
Among people reporting a single race, Sullivan County has a smaller proportion of residents who are non-White (8.51%) (8.0% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Sullivan County are Black or African American.

	Sullivan County	Indiana
Hispanic or Latino	1.72%	7.06%
Foreign-born	0.794%	5.11%
Speak non-English language at home	0%	8.9%



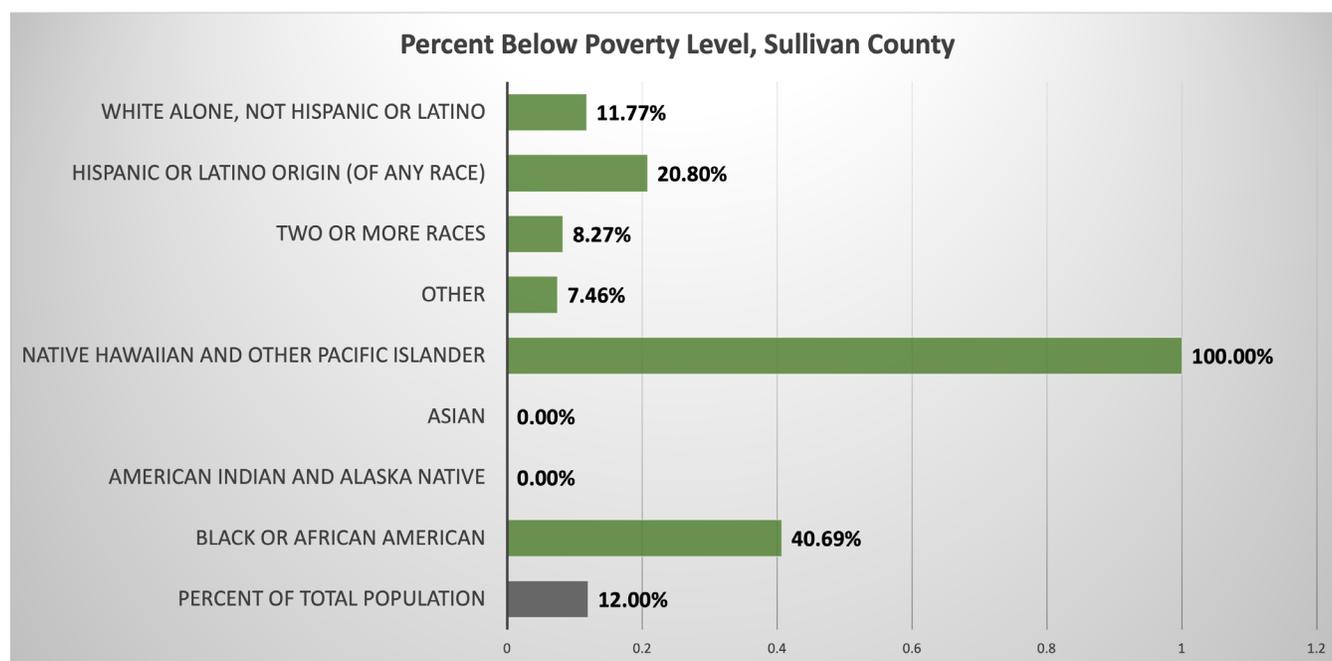
Income

Both per capita income and median household income are lower in Sullivan County compared to the state.



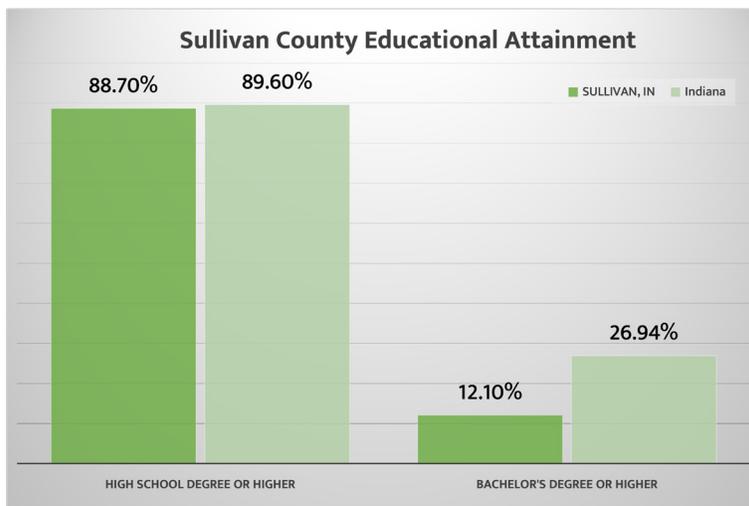
Poverty

The percentage of Sullivan County residents who live below the federal poverty level (12%) (17.9% in 2014) is less than the Indiana state average (13.4%) (15.5% in 2014).



Education

County-wide, the percent of residents 25 or older with a high school degree or higher (88.7%) (85.6% in 2014) is slightly lower than the state average (89.6%) (87.6% in 2014). Higher educational attainment is much lower county-wide compared to the state. Only 12.1% (13.0% in 2014) of Sullivan County residents 25 and older have a Bachelor’s degree or higher compared to 26.94% (23.6% in 2014) state-wide.



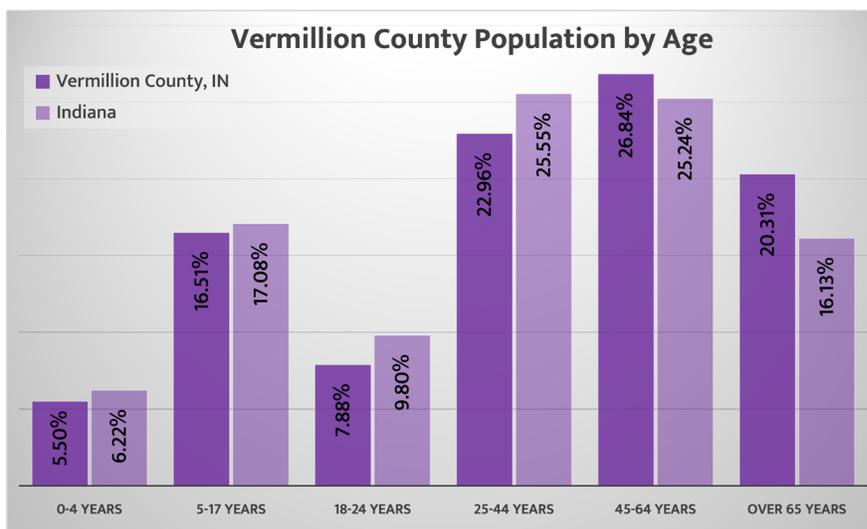
Demographics: Vermillion County

Population

An estimated 15,498 people lived in Vermillion County in 2019 (15,693 in 2014), and the population density is much lower (60.33 people per square mile) (63.1 people per mi² in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi²) (181 people per mi² in 2014).

Age

Overall, Vermillion County residents are slightly below the Indiana average in each category. However, Parke County does see more residents over the age of 45 than the Indiana average.

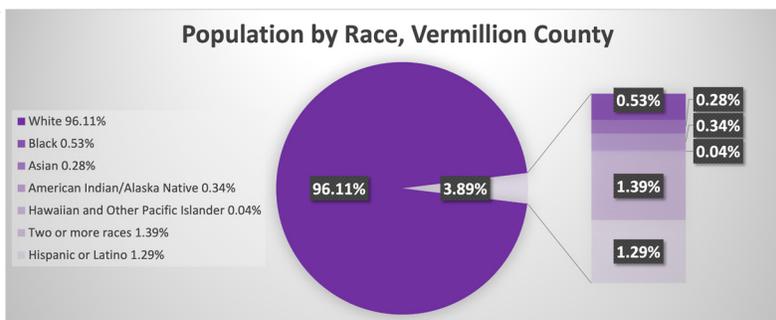


Origin & Race Ethnicity

A significantly lower percentage of Vermillion County residents are foreign born (0.945%) (0.5% in 2014) compared to the state. Zero percent (2.8% in 2014) of Vermillion County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

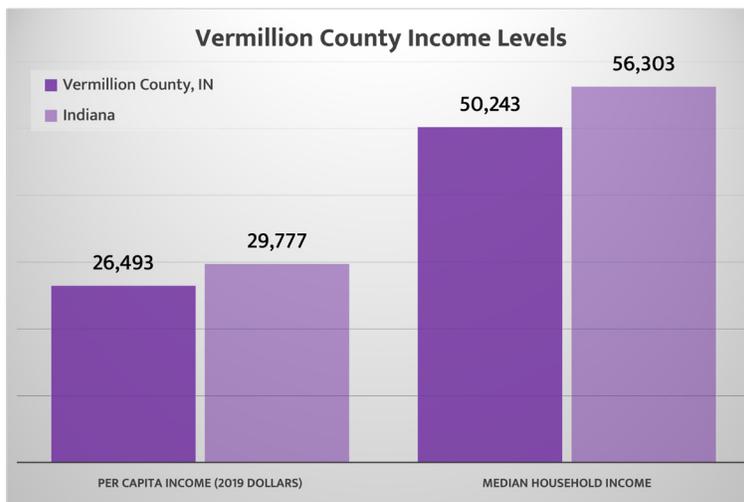
	Vermillion County	Indiana
Hispanic or Latino	0.366%	7.06%
Foreign-born	0.945%	5.11%
Speak non-English language at home	0%	8.9%

Among people reporting a single race, Vermillion County has a smaller proportion of residents who are non-White (3.89%) (2.8% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Vermillion County are Black or African American.



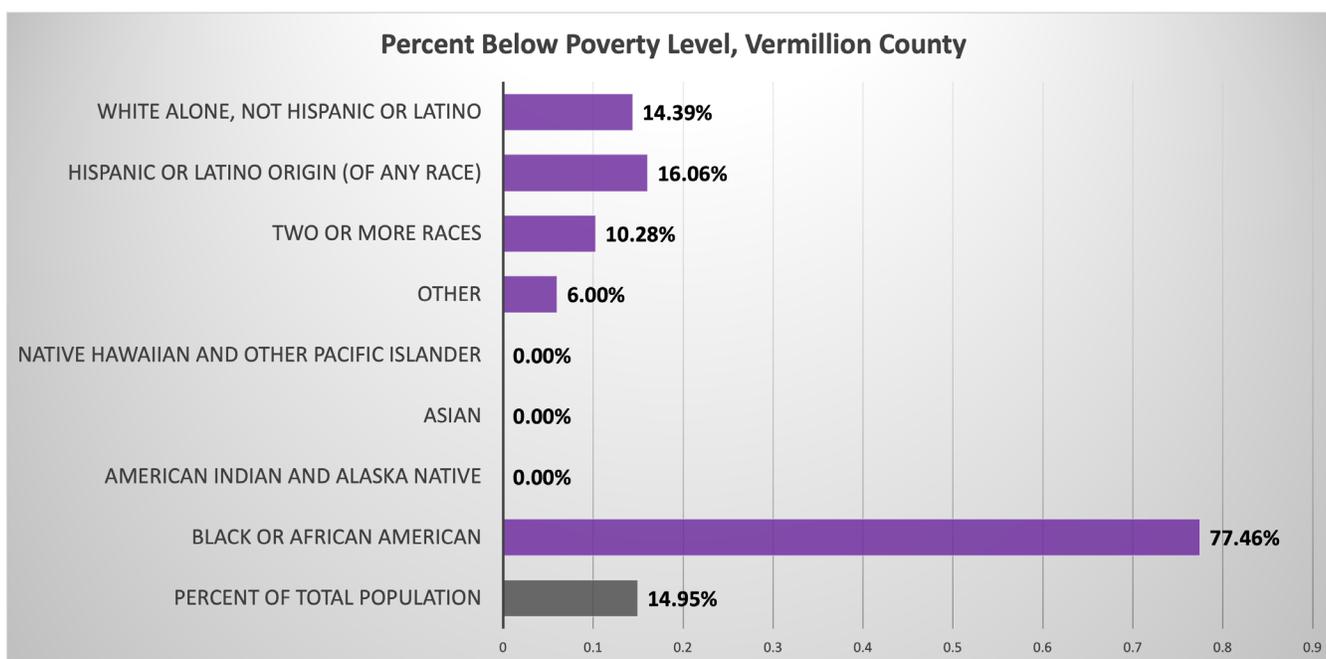
Income

Both per capita income and median household income are lower in Vermillion County compared to the state.



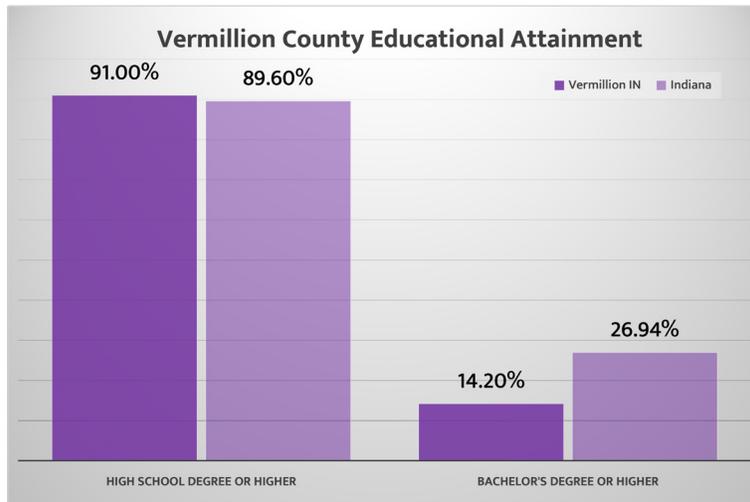
Poverty

The percentage of Vermillion County residents who live below the federal poverty level (14.95%) (15.8% in 2014) is more than the Indiana state average (13.4%) (15.5% in 2014).



Education

County-wide, the percent of residents 25 or older with a high school degree or higher (91%) (88.7% in 2014) is slightly higher than the state average (89.60%) (87.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 14.2% (13.2% in 2014) of Vermillion County residents 25 and older have a Bachelor’s degree or higher compared to 26.94% (23.6% in 2014) state-wide.



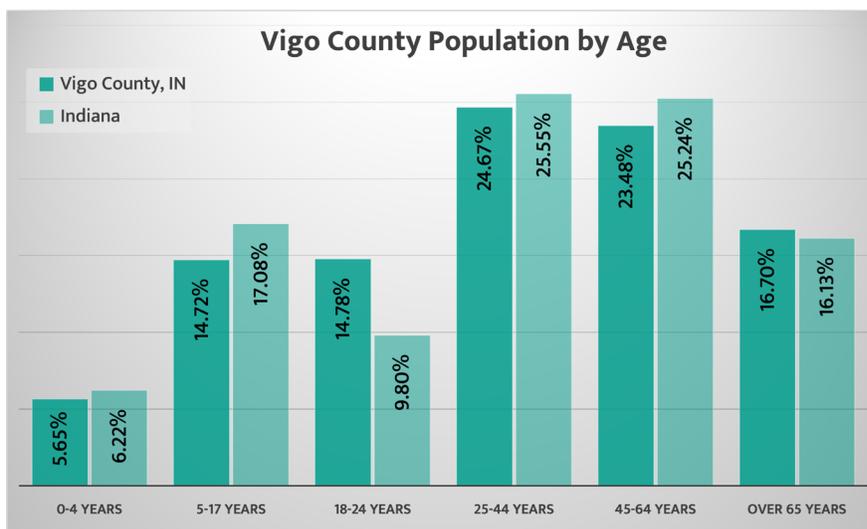
Demographics: Vigo County

Population

An estimated 107,038 people lived in Vigo County in 2019 (108,175 in 2014), and the population density is much higher (265.41 people per square mile) (267.4 people per mi² in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi²) (181 people per mi² in 2014).

Age

Overall, Vigo County residents are slightly below the Indiana average in each category. The proportion of residents aged 65 and over is equivalent to the state average.

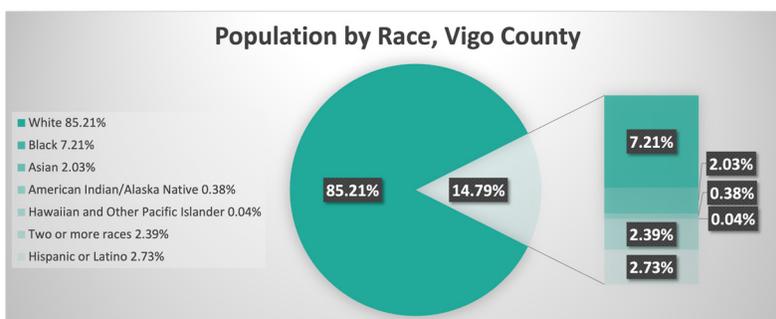


Origin & Race Ethnicity

A lower percentage of Vigo County residents are foreign born (3.3%) (3.4% in 2014) compared to the state. 2.62% (5.4% in 2014) of Vigo County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

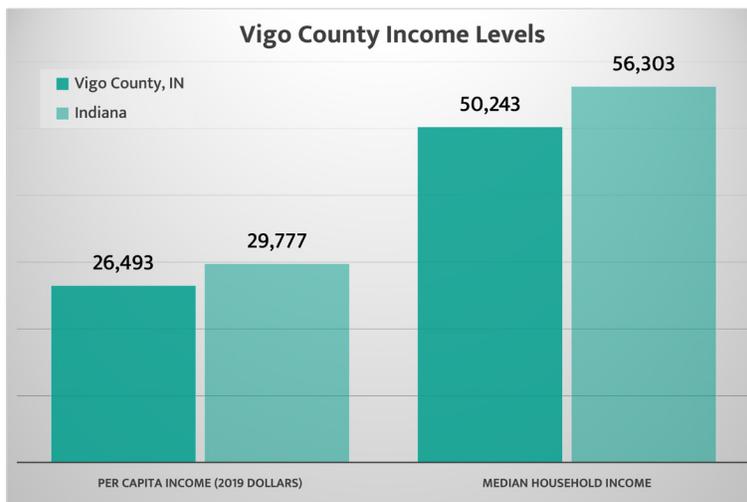
	Vigo County	Indiana
Hispanic or Latino	2.62%	7.06%
Foreign-born	3.3%	5.11%
Speak non-English language at home	0%	8.9%

Among people reporting a single race, Vigo County has a smaller proportion of residents who are non-White (14.79%) (14.1% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Vigo County are Black or African American.



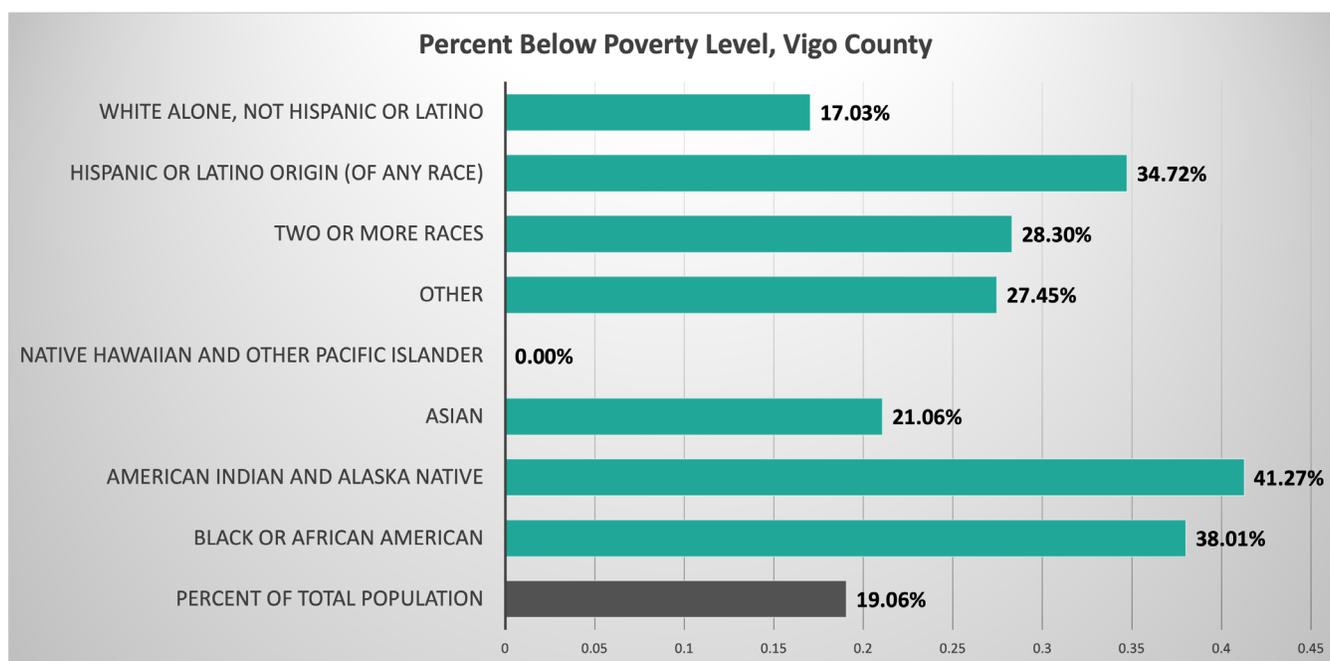
Income

Both per capita income and median household income are lower in Vigo County compared to the state.



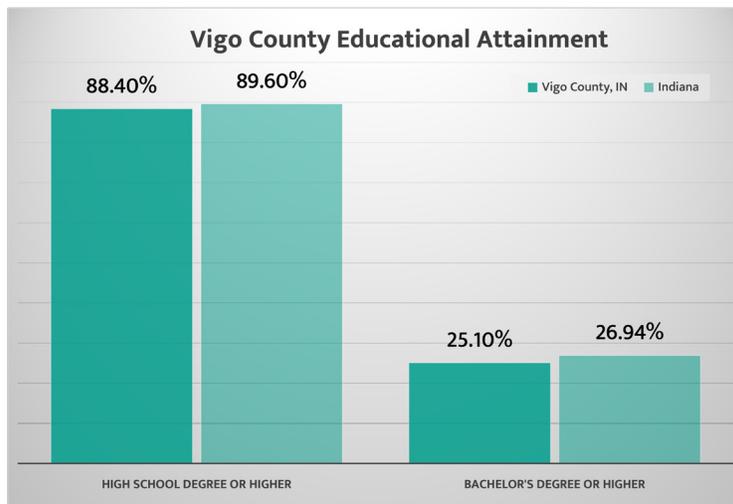
Poverty

The percentage of Vigo County residents who live below the federal poverty level (19.06%) (20% in 2014) is far more than the Indiana state average (13.4%) (15.5% in 2014).



Education

County-wide, the percent of residents 25 or older with a high school degree or higher (88.4%) (86.9% in 2014) is slightly lower than the state average (89.6%) (87.6% in 2014). Higher educational attainment is slightly lower county-wide compared to the state. Only 25.10% (21.6% in 2014) of Vigo County residents 25 and older have a Bachelor’s degree or higher compared to 26.94% (23.6% in 2014) state-wide.



Community Health Needs

Identifying Community Health Needs: Methodology

Significant community health needs for the services area were determined using a combination of secondary and primary data.

Secondary Data

The secondary data used in this assessment was obtained from numerous sources, including:

- Robert Wood Johnson Foundation (countyhealthrankings.org)
- STATS Indiana
- US Census American Community Survey
- Indiana 211
- Illinois Department of Health and Human Services
- University of Illinois Extension
- Purdue Extension

Primary Data

To expand upon the information gathered from the secondary data, Union Hospital conducted key informant interviews to collect community input. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the community served by the hospital.

Interviews were conducted between June and October 2021. Representatives from the following organizations participated with phone discussions and e-mails ranging from approximately 15-90 minutes in length.

- Catholic Charities – Jennifer Buell, Assistant Director
- County Health Departments within defined community
- Hamilton Center Behavioral Health System – Clinical Managers
- Landsbaum Center for Health Education – Hicham Rahmouni, Executive Director
- Minority Health Coalition
- Purdue Extension - Jay Christiansen, Senior Extension Educator
- Sullivan County Hospital - Leslie Lentz, Marketing Director
- Terre Haute Chamber of Commerce (2025 Community Action Plan)
- Thrive West Central – Jessica Taylor – Controller/Administration
- Tobacco Prevention & Control - Chances & Services for Youth - Sara Knoblock, Coordinator
- Union Health Physicians, Providers & Clinicians
- Union Hospital Population Health
- Union Hospital Center of Occupational Health – Rachael Spencer, Nursing & Wellness Care Manager
- Union Hospital Clinton – Stephanie Laws, Vice President/Administrator
- Union Hospital Emergency Department - Osman Abbasi, DO - Medical Director Emergency Medicine
- United Way of the Wabash Valley - Richard Payonk, Executive Director
- Valley Professionals Community Health Center - Dawn Boyles, Outreach & Resource Coordinator

During the interviews, questions were asked to learn more about the interviewee's background and organization, area of expertise, biggest health needs or concerns, and the impacts on different ethnic groups, aging population, as well as opportunities for collaboration.

Community Input: Key Informant Interviews

Questions focused on:

- Interviewee's individual/organizational background and expertise
- Biggest community health needs or concerns by area providers
- Impact of health issues on low income, underserved/uninsured persons
- Impact of health issues on different ethnic/race groups
- Barriers and contributing factors to consider
- Community resources and opportunities to collaborate
- Aging population
- Specific health concerns that include tobacco usage, drug/alcohol use, behavioral health, behavioral health, food insecurities, and coronavirus.

Community Resources and Opportunities

As part of the primary data collection process, key informants identified available community resources and programs that could be utilized in response to the significant health needs. Detailed community resource evaluations the following health areas appear in the appendix of this report.

Collaboration Resources and Opportunities (Key Community Stakeholders)

"Many of our **collaborations** have existed for years and became critical during the COVID-19 time frame because we required double the amount of food as compared to pre-COVID-19." **Jennifer Buell** - *Assistant Agency Director of Terre Haute Catholic Charities & Foodbank*

"Coordination between agencies to provide needed services that include transportation to access medical care would assist those seeking medical treatment in our community." **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

"Our United Way continues to contend that such large social issues (struggling working families) cannot be solved by any one entity. Our hospitals, our government or any single nonprofit cannot solve these on their own. Our approach has been to initiate and build a true collective impact model. A model where diverse organizations come together to solve complex social issues. We believe this is the opportunity for collaboration available to all entities in our community. United Way of the Wabash Valley is working to serve as a backbone to bring together the smartest and most passionate organizations to help drive the solutions needed and bring additional funding to the work needed. Breaking down siloes and coming together under a common agenda with each organization's unique contribution towards a common goal is the opportunity available for all such organizations in our community, but this requires a thought process to abandon just what is best for one's own organization as opposed to what is best for the growth of our community."

Richard Payonk - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*

"The community Action Network through Union Hospital, United Way Impact Councils and our

Purdue Extension are all great collaboration resources.” **Jay Christiansen**, *Senior Extension Educator - Purdue Extension*

“Additional partnerships to address high health care utilizers - especially those with **mental health** and addiction issues and additional health care integration initiatives through Memorandum of Understanding (MOU), contracts or co-location arrangements are needed.” **Tiffany Cherry** – *Executive Director of Child and South Services, Hamilton Center, Inc.*

“A communitywide referral and information exchange system; such as the Indiana Health Information Exchange (IHIE) would support collaboration among providers.” **Tiffany Cherry** – *Executive Director of Child and South Services, Hamilton Center, Inc.*

“Engaging with patients at the center of planning or strategic processes; including community action networks, systems of care, United Way, colleges, health systems, infant initiatives, grocery stores, pharmacies and healthy young student foundations. Religious groups and churches can be a great resource and opportunity.” *Richard G. Lugar Center for Rural Health*

“Purdue Extension is a great collaborator in Vermillion & Parke Counties.” **Stephanie Laws** – *Vice President and Administrator, Union Hospital Clinton*

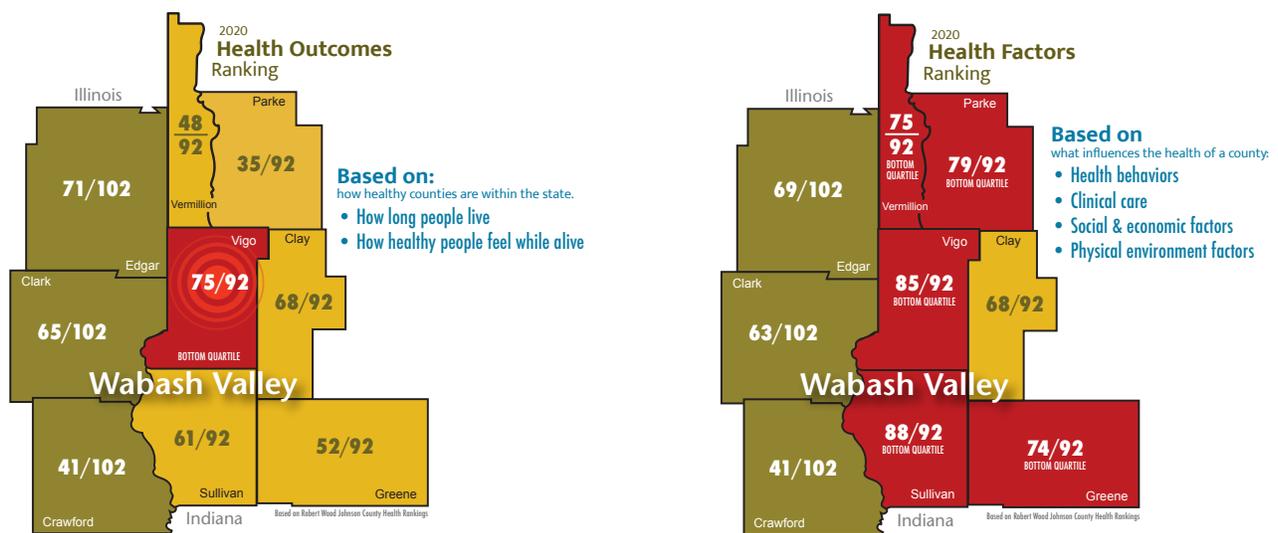
“Collaboration resources and opportunities for Sullivan County Hospital include the Wabash Valley Community Foundation, United Way of the Wabash Valley, Indiana Rural Health Association and the Hamilton Center. In addition, we work closely with the local school systems and city and county governments.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

Significant Community Health Needs Assessment Findings

The secondary data summary and key informant interview findings are presented together to capture a more holistic assessment of health needs in our service area.

QUALITY OF LIFE

Socioeconomic indicators across the quality of life areas point to multiple barriers to health, and the effect of these drivers was noted in primary data. The Robert Wood Johnson County Health Rankings provides an overall ranking of health outcomes and health factors for Indiana counties. As defined by RWJF:



The overall rankings in **health outcomes** represent how **healthy counties are within the state**. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

The overall rankings in **health factors** represent **what influences the health of a county**. They are an *estimate of the future health of counties as compared to other counties within a state*. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.

County	State	2020 Health Outcomes Ranking	2020 Health Factors Ranking
Clay	IN	68 (of 92)	68 (of 92)
Greene	IN	52 (of 92)	74 (of 92) - bottom quartile
Parke	IN	35 (of 92)	79 (of 92) - bottom quartile
Sullivan	IN	61 (of 92)	88 (of 92) - bottom quartile
Vermillion	IN	48 (of 92)	75 (of 92) - bottom quartile
Vigo	IN	75 (of 92) - bottom quartile	85 (of 92) - bottom quartile
Clark	IL	65 (of 102)	63 (of 102)
Crawford	IL	41 (of 102)	41 (of 102)
Edgar	IL	71 (of 102)	69 (of 102)

Significant Health Needs

State and local health priorities were compared with topics independently identified through the most recent primary and secondary data available to prioritize community needs in the defined service area. The figure below summarizes the health priorities identified during the 2018 community health needs assessment for the Wabash Valley and the topics that were highlighted as existing or emerging concerns within the primary and secondary data and/or health opinion leaders. Summaries of the ten key topic areas identified through more recent primary and secondary data were discussed with community members and subject matter experts. Those individuals were then asked to recommend priorities based on the data available and any additional information or expertise given their position in the community and/or proprietary data collected by the organization.

Projected Wabash Valley Health Priorities

Health-related Concerns Identified through Primary & Secondary Data	Wabash Valley Health Priorities (2019-2021)	Topics Identified Through Most Recent Primary Data Research
<ul style="list-style-type: none"> • Address obesity at an earlier age • Indiana is the 10th most obese in the U.S. • Tobacco affects with increased growth in vape usage for teens and remains the most commonly used tobacco product among Hoosier you. • Increased behavioral health needs • Lack of behavioral health providers, especially in rural areas • Women’s Health - Breast cancer • Women’s Health - Heart disease • Maternal and infant health continue to be a priority for the state of Indiana and the Wabash Valley • Lack of continuum of care for addiction services • Minority stigma related to behavioral health • Increased need of affordable housing for seniors • Many seniors delaying health care until symptoms becoming urgent • Transportation concerns for seniors, disabled, insured and underinsured. • Strained resources for the aging population • COVID-19 affecting most vulnerable population • Limited acceptance of the COVID-19 vaccination <p>UNDERSERVED POPULATION</p> <ul style="list-style-type: none"> • Substance use dependency (top concern) • Low income families affected by multiple challenges: (child care, social isolation, acute health problems, ability to pay for health care, low wages and internet access.) • Food insecurities that translate into higher health care needs and costs • Lack of knowledge and resources for healthier habits. • Challenges accessing free food pantries & soup kitchens • Generational poverty & struggling, working families • Family-sustaining wage jobs • Financial stability lacking with many living below poverty threshold • Financial assistance for child care • Youth mentoring - (academic, health & character building) • Community safety • Lack of walking & biking trails and sidewalks reduces transportation options • Lack of adequate transportation for persons under age 60 who are not eligible for medical transportation from their insurance carrier <p><small>Key community stakeholders from the following organizations shared feedback regarding their greatest health-related challenges during 2018, 2019 and 2020, as well as the anticipated needs going forward. Catholic Charities, Indiana State Health Assessment & Improvement Plan, County Health Departments within defined communities, Hamilton Center Behavioral Health System, Richard G. Lugar Center for Rural Health, Sullivan County Hospital, Terre Haute Chamber of Commerce, Thrive West Central, Tobacco Prevention & Control - Chances & Services for Youth, Union Hospital Population Health, Union Hospital Center for Occupational Health, Union Hospital Clinton, Union Hospital Emergency Department, United Way of the Wabash Valley and Valley Professionals Community Health Center.</small></p>	<p>Tier 1</p> <ul style="list-style-type: none"> Obesity (Adult & Child) Tobacco Usage Heart Disease & Stroke <p>Tier 2</p> <ul style="list-style-type: none"> Diabetes Access Infant Mortality Mental Health 	<p>Topics identified through 2018-2021 primary data review of greatest health risks and related causes</p> <p>HEALTH RISKS</p> <ul style="list-style-type: none"> Heart Disease Diabetes Cancer Stroke Women’s Health <p>RELATED CAUSES</p> <ul style="list-style-type: none"> Obesity (Youth & Adult) Tobacco/Vape Use Exercise (lack of) Behavioral Health Drug & Alcohol Dependency Access to Health Care Transportation (lack of) COVID-19 STDs Access to Health Care Food Insecurities <p><i>Primary data above was collected from Union Health physicians and providers between July and September of 2021. Physician and provider groups represent clinical areas in family medicine, family medicine residency, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.</i></p> <p style="text-align: right;">Union Health 2021</p>

Note: Due to changing in-market dynamics at the time of writing of this report, content for expanded interventions will continue. Information will be added to this report as available.

Prioritization Process

Key community stakeholders and subject matter experts provided valuable insight that was combined with available secondary data.

Area physicians/providers were also asked to provide input by selecting their greatest health concerns based on their respected practice. Family medicine practices represented the largest segment of health care providers polled. Other health care practices and specialties represented include internal medicine, urgent care, cardiology, cardio surgery, orthopedics, pediatrics, podiatry and the Union Hospital Family Medicine Residency Program. The 2021 Community Health Needs Assessment was prioritized by ranking the list of highest health risks and causes.

Questions to Consider in Reviewing Health Topics:

- What is the magnitude of the issue?
- What is the severity or rate of illness or death due to the issue?
- Is there an opportunity to intervene at the prevention level?
- Is there an opportunity for partnerships to improve the issue?
- Are specific sub-segments of the population (unfairly) bearing more of the burden than the general population?
- What resources or programs exist to address the problem?
- Could resources, programs, or solutions to one positively impact multiple other issues?
- What is the feasibility of intervention?
- What is the importance of the problem to the community?
- What is the potential economic burden to the community?
- What are the potential consequences of not intervening?

The following chart identifies stroke death rates and stroke hospitalization rates in the Wabash

Stroke Rates by County

	Vigo	Vermillion	Parke	Clay	Greene	Sullivan	Edgar	Clark	Crawford
Stroke Death rate 2017-2019 Wabash Valley Four out of nine counties in the Wabash Valley rated above the state average of 78.2 for stroke deaths from 2017-2019 according to the CDC Interactive Atlas of Heart Disease & Stroke.	81.0	85.6				80.9			82.1
Stroke Hospitalization rate 2017-2019 Wabash Valley Five out of nine counties in the Wabash Valley rated above the state average of 12.9 for stroke hospitalizations from 2017 - 2019 according to the CDC Interactive Atlas of Heart Disease & Stroke.	13.6			13.0			13.3	13.3	14.1

- In 2018, one in every six deaths from cardiovascular deaths was due to stroke.
- Someone in the U.S. has a stroke every 40 seconds and dies of stroke every four minutes.
- Stroke risks can occur at any age and increase as we grow older.
- According to the CDC – Division for Heart Disease & Stroke Prevention

A county-level summary of the health behavior and clinical care opportunities, as identified by countyhealthrankings.org. The 2021 County Health Rankings used data from 2015-2020 for this measure.

Wabash Valley Health Opportunities by County

HEALTH BEHAVIORS

Adult Smoking by %
% of adults who are current smokers (2018)

Adult Obesity by %
% of adults (20+) reporting a BMI >30 (2017)

Food Environment Index (2015-2018)

Physical Inactivity by %
% of adults (20+) reporting no physical activity (2017)

Excessive Drinking by %
% of adults (21+) reporting excessive or binge drinking (2018)

Alcohol-Impaired Driving Deaths
% of driving deaths with alcohol involvement (2015-2019)

Sexually Transmitted Infections
No. of newly diagnosed chlamydia cases per 100,000 (2018)

Drug Overdose Deaths
No. of drug poisoning deaths per 1000,000 (2018)

	Vigo	Vermillion	Parke	Clay	Greene	Sullivan	Edgar	Clark	Crawford
Adult Smoking by %	25%	25%	26%	24%	25%	26%	22%	22%	22%
Adult Obesity by %	34%	36%	35%	34%	40%	37%	31%	31%	28%
Food Environment Index (2015-2018)									
Physical Inactivity by %	30%	29%	35%	34%	39%	28%	25%	35%	32%
Excessive Drinking by %	17%	19%	17%	18%	17%	19%	23%	22%	23%
Alcohol-Impaired Driving Deaths	9	2	4	3	9	4	1	4	3
Sexually Transmitted Infections	640	42	97	88	94	56	47	37	29
Drug Overdose Deaths	54	10	-	13	16	-	-	-	-

CLINICAL CARE

Uninsured
Population under age 65 without health insurance

Primary Care Physicians
Ratio of population to PCPs (2018)

Dentists (2019)

Mental Health Providers (2020)

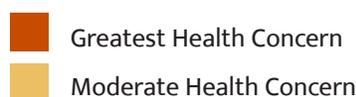
Preventable Hospital Stays

Mammography Screening (2018)
% of female Medicare enrollees age 65-75 that received an annual mammography screening

Suicides
Number of deaths due to suicide per 100,000

Uninsured	8,013	1,008	1,402	1,675	2,380	1,446	806	719	848
Primary Care Physicians	95	6	4	11	10	8	6	6	10
Dentists (2019)	55	5	3	6	14	5	5	3	7
Mental Health Providers (2020)	173	12	10	12	21	8	18	4	38
Preventable Hospital Stays	7,068	7,412	4,726	5,223	6,464	6,027	6,707	6,828	2,995
Mammography Screening (2018)	34%	31%	35%	34%	38%	29%	36%	36%	44%
Suicides	111	10	14	25	24	17	20	19	13

Data source: countyhealthrankings.org



Key Community Stakeholder Input

Representatives from the following organizations participated in the **Key Community Stakeholder Survey**.

- **Catholic Charities** – Jennifer Buell, *Assistant Director*
- **County Health Departments** within defined community
- **Hamilton Center Behavioral Health System** – *Clinical Managers*
- **Minority Health Coalition**
- **Purdue Extension** - Jay Christiansen, *Senior Extension Educator*
- **Richard G. Lugar Center for Rural Health**
- **Sullivan County Hospital** - Leslie Lentz, *Marketing Director*
- **Terre Haute Chamber of Commerce** (2025 Community Action Plan)
- **Thrive West Central** – Jessica Taylor, *Director of Aging & Disabled Operations*
- **Tobacco Prevention & Control - Chances & Services for Youth** - Sarah Knoblock, *Coordinator*
- **Union Health Physician and provider groups** representing clinical areas in family medicine, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.
- **Union Hospital ACO** – Hans Andreasen, MD - *Medical Director of Population Health*
- **Union Hospital Center of Occupational Health** – Rachael Spencer, *Nursing & Wellness Care Manager*
- **Union Hospital Clinton** – Stephanie Laws, *Vice President/Administrator*
- **Union Hospital Emergency Department** - Osman Abbasi, DO, *Medical Director Emergency Medicine*
- **United Way of the Wabash Valley** - Richard Payonk, *Executive Director*
- **Valley Professionals Community Health Center** - Dawn Boyles, *Outreach & Resource Coordinator*

Key community stakeholder interviews were conducted in 2021 in order to identify the greatest community health-related concerns during 2018, 2019 and 2020, and the anticipated needs going forward.

Obesity

Indiana is the 12th most obese state in the U.S. - Center for Disease Control & Prevention – 2020

More than 7 out of 10 U.S. adults aged 20 and older are either overweight or obese. Rates for children and adolescents are lower, but have risen drastically in the past few decades. The U.S. spends nearly \$200 billion dollars in annual health care costs related to obesity.

*New findings by the **Physical Activity Council** suggests a need for more aggressive efforts to combat the issue.*

81 million Americans aged 6 and older were completely inactive in 2019. Lack of physical activity is a leading cause of obesity.

[Diabetes] was identified by Union Health physicians and providers as the second highest ranked health risk in the Wabash Valley. — August of 2021.

“The need to address the obesity epidemic at an early age continues throughout the Wabash Valley.”
Hans Andreasen, MD - *Medical Director of Population Health*

“Sullivan County has a high obesity rate of 37%.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“Parke County is also low on health factor status- ranking 83rd out of 92 counties.” **Stephanie Laws** – *Vice President, Administrator of Union Hospital Clinton*

Heart Disease

“Heart disease is the #1 killer of women over age 35 in Vigo County. Data also supports very low screenings. Risk factors include high blood pressure, high cholesterol, smoking, diabetes, unhealthy diet, lack of exercise and obesity.” **Richard G. Lugar** *Center for Rural Health*

Cardiovascular disease deaths are 23% higher in Vigo County than the state average.

[Heart Disease] was the highest ranked health risk in the Wabash Valley, while [stroke] ranked 4th by Union Health physicians and providers. — August of 2021.

Not surprising, the top health causes identified by Union Health physicians and providers were obesity (No.1), tobacco/vape usage (No.2) and lack of exercise (No.3).

“Vermillion County is ranked first in the state for the highest cardiovascular mortality rate and second in the state for the highest stroke mortality rate.” **Stephanie Laws** - *Vice President, Administrator of Union Hospital Clinton*

Stroke

Prevention is better than cure. — “Stroke can be prevented by modifying stroke risks and behaviors that include hypertension, diabetes, hypercholesterolemia and smoking. Health care organizations have a great opportunity to be proactive by creating awareness messaging for stroke risk factors and what individuals should do when someone shows signs of a stroke.” **Mellekate Vishwas, MBBS, MD** - *Union Health Medical Director, Stroke & Neuroscience Service Line*

“Patients who arrive at the emergency room within three hours following their initial stroke symptoms, have access to treatments, such as intravenous tPA and thrombectomy, resulting in less disability three months after a stroke.” **Mellekate Vishwas, MBBS, MD** - *Union Health Medical Director, Stroke & Neuroscience Service Line*

Diabetes

“Increased awareness of Prediabetes and the associated impact of education and lifestyle changes will help prevent or delay the development of Type 2 Diabetes.” **Marina Wolfe, RN, MSN, CDCES** - *Union Health Diabetes Educator*

“We need to increase access to primary care, promote lifelong lifestyle changes and encourage patient engagement in managing their health.” **Audreen Singson, MD** - *Family Medicine Physician with Illiana Internal Medicine South, Union Medical Group*

“We need to promote early recognition and treatment of prediabetes to prevent progression to diabetes. Earlier treatment and control has a profound impact on preventing the many long-term complications of diabetes.” **Meghan P. Williams, Pharm.D., BCPS** - *Systems Manager - Ambulatory Care Pharmacy Services*

Cancer

“REDUCING cancer incidence is a forever job that starts with changing behaviors, like not smoking, being moderate with alcohol, exercise and eat an American Heart Association diet with fat moderation and more vegetables especially cruciferous ones.

On an individual level CURING cancer mostly means finding the problem early so we have better chance that surgery and radiation can be used to eradicate it, and/or medicines can still be employed to finish off whatever is left.” **Robert Haerr, MD** – *Radiation Oncology, Union Health Hux Center*

Tobacco / Vaping Effects On Community Health

Vigo County ranks 23% higher than the state average in cardiovascular disease deaths and ranks 3% higher than the state average of adults who smoke.

“Smoking traditional cigarettes has steadily decreased over the past decade, but vaping has emerged as the new go-to nicotine product for teens, addicting a new generation.” **Sarah Knoblock** - *Tobacco Prevention & Cessation (TPC) Coordinator, Chances & Services for Youth*

“Lung cancer deaths have decreased by 18% when compared to the early 2000’s due to the new city and county smoke-free ordinances that went into effect in 2012.” **Sarah Knoblock** – *TPC Coordinator, Chances & Services for Youth*

“Reducing tobacco use and the harm it creates continues to affect community health, while escalating the cost of care.” **Hans Andreasen, MD** - *Medical Director, Population Health*

“Sullivan County has a high smoking percentage of 26% and a 20% higher ranking of lung cancer deaths than the state average.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“We should continue to educate middle school and high school students on the negative impacts of vaping that most are unaware of.” **Aimee Cottrell, RRT AE-C** - *Certified Rehab Coordinator, Union Hospital*

“When considering barriers or contributing factors related to a tobacco-free population, Vermillion County ranks 86nd out of 92 Indiana counties for health factors with smoking rates remaining high in part due to a lack of existing cessation incentives in place.” **Stephanie Laws** – *Vice President and Administrator, Union Hospital Clinton*

Greatest Community Needs Affecting Behavioral Health

Several behavioral health specialists from Hamilton Center, Inc., a regional behavioral health organization in central and west central Indiana, summarized the escalated mental illness needs that

occurred during the first year of the coronavirus pandemic (2020). Clinical managers from Hamilton Center identified some of the greatest community needs and several key factors regarding the challenges in addressing behavioral health needs. Hamilton Center’s regional system includes Vigo, Parke, Vermillion, Sullivan, Greene, Putnam, Clay, Owen, Marion, Hendricks (one program in Knox) counties.

“Some of the **greatest community needs** or concerns affecting behavioral health in the Wabash Valley include a lack of behavioral health providers, (especially in rural areas), continuous funding for mental health services, a full continuum of addiction services, meth addiction, lack of available beds for substance abuse and mental health; as well as the stigma associated with mental health.” **Emily Owens** - *Deputy Chief Clinical Officer, Hamilton Center, Inc.*

“Social determinates of health for those with serious mental illnesses or chronic addiction issues include a lack of safe affordable housing, food insecurity, chronic health conditions, homelessness and a lack of social support.” **Mark Collins** - *Chief Clinical Officer, Hamilton Center, Inc. Clinical Managers — Hamilton Center, Inc.*

“The biggest community concerns that we are seeing is chronic disease prevention/education, substance abuse, mental health, lack of transportation, access to healthy food, financial management and maternal and infant health.” **Jay Christiansen**, *Senior Extension Educator - Purdue Extension*

“There is a large mental health component relating to barriers affecting health outcomes.” **Hans Andreasen, MD** - *Medical Director of Population Health Coordinator*

Behavioral health appeared as the fourth highest cause of health concerns in the Wabash Valley from Union Health physicians and providers.

The primary data from Union Health physicians was collected between July and September of 2021. Physician and provider groups represented clinical areas in family medicine, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.

Infant Mortality & Birth Outcomes

“If we are to improve infant mortality rates and/or birth outcomes in the Wabash Valley over the next 3 years we need to:

- Ensure all pregnant women have access to adequate prenatal care starting in the first trimester of pregnancy, regardless of ability to pay.
- Build a practical, sustainable model for treating Perinatal Substance Use which must include behavioral and mental health counseling, regardless of the patient’s ability to pay.
- Ensure all women of childbearing age have education and access to reproductive planning information, including the option of Long Acting Reversible Contraceptives (LARC), regardless of their ability to pay.
- Continue educating parents, families, and all care givers about safe sleep, in order to reduce the number of preventable infant deaths that occur in our region.”

Kristen Moore, MSN, RNC-OB, C-EFM *Director of Maternal Child Services, Union Health*

“Infant mortality continues to be a challenge due to a lack of health care access and baseline healthy habit knowledge. When considering equity factors, many do not have, or cannot afford, the same access.” **Richard G. Lugar Center for Rural Health**

Aging Population Concerns

“The aging population of the United States is growing, which will strain the resources and infrastructure we have in place to serve this population. Nationally, this means that social safety nets like Medicare and Social Security will be stretched thin. Health care of the elderly is seen as less important since their health issues are perceived as inevitable, which leads to worse health outcomes. Investing more in preventative care and taking better care of this population can improve health outcomes and allow our elderly to make valuable contributions to society long after they retire.” **Jessica Taylor** – *Director, Aging & Disabled Operations for Thrive West Central*

“The continued local growth of the elderly population over the next decade means that we may not have adequate resources like retirement homes, in-home care, health care providers, etc., to provide for them.” **Jessica Taylor** – *Director, Aging & Disabled Operations for Thrive West Central*

“**Vermillion County** has a declining population (-5.4% since 2010) and a high proportion of older adults and seniors (47%) with a 12% poverty rate among all adults.”

“**Parke County** is also low on health factor status ranking 83rd out of 92 counties.”

Stephanie Laws – *Vice President and Administrator, Union Hospital Clinton*

Adverse Health Effects Due To The Coronavirus

“We should continue to educate middle school and high school students on the negative impacts of vaping that most are unaware of.” **Aimee Cottrell, RRT AE-C** - *Certified Rehab Coordinator, Union Hospital*

“In 2020, the coronavirus revealed patient vulnerability to multiple diseases. For nearly two years, we’ve seen increased hospitalizations, increased infections and an overall decline in health.” **Osman Abbasi, DO** - *Medical Director, Emergency Medicine*

“The biggest community need that I see is the lack of COVID-19 vaccination and understanding of the importance of it.” **Rachael Spencer, MSN, RN, IBCLC** - *Nursing Care Manager, Union Hospital Center for Occupational Health, Student Health Center Manager for Indiana State University, Rose Hulman Institute of Technology & Saint Mary-of-the-Woods College*

“As we entered 2020, the pandemic struck and the United Way of the Wabash Valley shifted to some early, weekly meetings with nonprofit service organizations to collect and understand the changing needs. Also, we assembled local “Guide Teams” from health care, government and non-profits to have a deeper discussion of where the needs existed and what funding was needed. In mid-2020, we quantified the following core needs in our area based on the COVID-19 pandemic:

- 1) **Food and/or COVID-19 related Supplies, Service, Delivery**
Applicant will demonstrate ability to provide meal/food and/or COVID-19 related supply services to unmet populations.
- 2) **Stress Relief (Behavioral Health)**
Applicant will demonstrate program capability to provide evidence-based behavioral health services, including suicide prevention to first responders, essential workers or family members impacted.
- 3) **Financial Stability Assistance**
Applicant will demonstrate capability for expanded case management and/or financial skills training/mentoring incentivized with financial assistance.
- 4) **Shelter Expenses**
Applicant will demonstrate improved social distant capabilities & living conditions for shelter residents, including recovery, domestic abuse, homeless and adult care facilities.
- 5) **Child Care Financial Assistance**
Applicant will demonstrate ability to oversee/manage a financial assistance program for multiple child care facilities working toward pandemic-necessitated upgrades, scholarships or staffing.
- 6) **Engagement Programming**
Applicant will demonstrate ability to expand youth programming in a clear means to “keep our youth engaged in academic-, health- or character-building pursuits.”
- 7) **Internet Access / Connectivity**
Applicant will demonstrate management of a program to provide temporary or permanent internet connectivity to an unmet population. Requested funds may be used for Office of Community & Rural Affairs (OCRA) match.

Even today, as we receive additional COVID-19 funding, the primary local needs center around the Centers for Disease Control and Prevention Social Determinants of Health as they relate to basic needs and essential services.” **Richard Payonk** - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*

Drug Use Disorder

“Our data for needs in the community for 2018, 2019 and 2020 vary widely based on the impact of the COVID-19 pandemic, but the core needs remain consistent. Our Community Conversations conducted in 2016 and 2017 landed on four primary issues with substance use disorders ranked as the top concern, followed by family sustaining wage jobs and our community’s ability to attract such employers, community safety and community pride.” **Richard Payonk** - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*

“Vermillion County ranks 6th worst in the state among all 92 counties for drug overdoses, according to Stats Indiana, 18.97 (US rate 9.51/Indiana 14.29 per 100,000).” **Stephanie Laws** – *Vice President, Administrator of Union Hospital Clinton*

Community Needs Surrounding Food Insecurities

“One of the biggest community needs surrounding food insecurities is access. There are several food pantries and soup kitchens throughout most of Vigo County, however, many low-income families do not have access to reliable personal transportation or access to public transportation. The routes to nutrition are not always simple, direct routes.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“Food insecurity doesn’t exist in isolation, as low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs and low wages.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“The biggest community needs include poverty, broken homes, mental health, COVID-19, tobacco use and overall lack of engagement in solving issues around health, nutrition and economic development. Neighborhood revitalization draws people together into healthy environments, such as community gardens, walking and biking trails that reconnect communities and creates healthier family habits.” **Richard G. Lugar** **Center for Rural Health**

Impact of Health Issues On A Low Income & Underserved Community

“Lack of access to health care, nutritional foods and adequate sidewalks for safe walking impact the underserved and low income neighborhoods in our community.” **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

“Transportation for persons under the age of 60, who are not eligible for medical transportation from their insurance, is also a concern.” **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

“Regarding poverty, there is a lack of knowledge of available resources, as well as an ability to access those resources.” **Rachael Spencer, MSN, RN, IBCLC** - *Nursing Care Manager, Union Hospital Center for Occupational Health, Student Health Center Manager for Indiana State University, Rose-Hulman Institute of Technology & Saint Mary-of-the-Woods College*

“Our Community Conversations conducted in 2016 and 2017 also showed a true social issue of generational poverty and struggling working families. The data we use for a snapshot of 2018 shows the same trend. We use the ALICE Project Report in Indiana issued last year for 2018 data www.unitedforalice.org/Indiana [unitedforalice.org]. This shows that 40% of households in our six-county service area live below what we would call, a “survival budget” (ALICE means – Asset Limited, Income Constrained, Employed). As we entered 2020, this was the greatest social issue and the focus of our United Way – also trying to focus other organizations, nonprofits and civic organizations on the same issue.” **Richard Payonk** - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*

”Issues affecting underserved populations include stigma related to seeking mental health services from some minority populations, lack of trust with health care systems from minority populations, lack of diverse service providers and lack of targeted involvement in minority neighborhoods within the community.” **Mark Collins** - *Chief Clinical Officer, Hamilton Center, Inc.*

“Comorbid conditions exist for those suffering from mental health needs (diabetes, high blood pressure, obesity, smoking and decreased life expectancy).” **Brock Lough** - *Deputy Chief of FQHC Look alike, Hamilton Center, Inc.*

“In 2016, the total annual cost of health care disparities associated with food insecurity was \$1,767 per food insecure adult that resulted in \$25,426 of additional health care related costs.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“Often low-income patients delay seeking medical treatment, which increases their health risks and overall health outcomes. Many also have difficulty navigating siloed care, as opposed to an integrated health care plan.” **Hans Andreasen, MD** - *Medical Director of Population Health*

“Unhealthy habits, that include fast food consumption and self-medication or drug abuse, become reactionary traps with negative outcomes for this underserved population. Housing and food insecurities quickly become higher necessities that lead to less emphasis on preventative health, unhealthy diets and lack of physical exercise.” **Richard G. Lugar Center for Rural Health**

“The impact on the underserved creates more stress, higher rates of tobacco/alcohol use and increases in chronic disease.” **Jay Christiansen**, *Senior Extension Educator - Purdue Extension*

“Unhealthy lifestyles, poor food choices, obesity, in addition to high smoking rates, are contributing to heart disease and high emergency room visits in Sullivan County.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“Vermillion and Parke counties have experienced an overall poor quality of life, poor health outcomes, higher health care costs per capita, high lower life expectancy and higher utilization of health care resources.” **Stephanie Laws** – *Vice President, Administrator of Union Hospital Clinton*

Racial Disparities and Health Impacts

“There is a stigma among some minority populations related to seeking mental health services, a shortage of diverse service providers as well as an overall lack of trust with health care systems among the minority populations.” **Mark Collins** - *Chief Clinical Officer, Hamilton Center, Inc.*

“Race may be associated with a greater genetic risk for certain disease states, but lower socioeconomic class delays preventative care and decreases health outcomes.” **Hans Andreasen, MD** - *Medical Director of Population Health*

“Infant mortality continues to be a challenge due to a lack of health care access and baseline healthy habit knowledge. When considering equity factors, many do not have, or cannot afford, the same access.” **Richard G. Lugar Center for Rural Health**

“During the summer months, Sullivan County Hospital experiences an influx of uninsured Hispanic workers.” **Leslie Lentz - Marketing Director, Sullivan County Hospital**

“Vermillion and Parke counties are showing no specific ethnic or racial impacts. Both counties consist of a predominantly white, rural population demographically.” **Stephanie Laws – Vice President, Administrator of Union Hospital Clinton**

Barriers Affecting Health Outcomes

“Affordable and accessible housing is the second highest, unmet need with the aging and disabled individuals we work with in our community.” **Jessica Taylor – Director, Aging & Disabled Operations for Thrive West Central**

“Cultural stigma for the elderly and disabled individuals often delay addressing small, routine health issues until they become emergencies, as well as the lack of participation in preventative health screenings.” **Jessica Taylor – Director, Aging & Disabled Operations for Thrive West Central**

“Transportation continues to be a challenge for the aging and disabled. Our office is inundated with calls from Medicaid recipients requesting transportation to medical appointments.” **Jessica Taylor – Director, Aging & Disabled Operations for Thrive West Central**

“The two common barriers that I hear (though again, limited quantitative data has been presented to us) are:

- 1). Understanding or communication of the available array of services and resources for those who are in need. For example, we have a much more robust substance use disorder treatment and recovery community than many residents (especially those in need, and even the legal community) may understand. Our ability to bring these services together and market/communicate their availability in the community would break down a huge barrier. I expect this same issue exists in other health care fields, but I do not see it in as great a way as in the Substance Use Disorder (SUD) arena.
- 2). Transportation to access the services needed. Even in Vigo County, there remain rural residences that cannot access public transportation to make it to the services or appointments required. Combine this with the large population in our rural counties and this becomes an even greater issue.” **Richard Payonk - Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)**

“There is a lack of access outside of normal business hours for primary care treatment. There are also continued challenges with transportation and underinsured or uninsured. Valley Professionals does offer after-hours services at various locations to help meet this need.” **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

“The greatest barriers in our community relates to poverty, access to resources or lack of knowledge of available resources.” **Rachael Spencer, MSN, RN, IBCLC** - *Nursing Care Manager, Union Hospital Center for Occupational Health Student Health Center Manager for Indiana State University, Rose-Hulman Institute of Technology & Saint Mary-of-the-Woods College*

“In addition to transportation concerns, the aftereffects of COVID-19 created a false sense of security by many low-income individuals due to the multiple stimulus payments made, temporary increase in unemployment-income and accelerated tax credits. This influx of temporary funds may have provided a level of temporary relief, but it doesn’t move these families out of poverty.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“People suffering from mental health issues already have barriers to access health care which affects their overall health and some health care organizations/physicians lack of knowledge or experience with the mental health population.” **Natasha Newcomb** – *Executive Director of Substance Abuse Services, Hamilton Center, Inc.*

“The community needs a health care integration focus – primary and behavioral health integration.” **Natasha Newcomb** – *Executive Director of Substance Abuse Services, Hamilton Center, Inc.*

“Transportation and other environmental factors are often barriers.” **Megan Creech** – *Executive Director of Adult and North Services, Hamilton Center, Inc.*

“We need increased understanding and integration with care of consumers with co-occurring mental illness and substance use disorders.” **Megan Creech** – *Executive Director of Adult and North Services, Hamilton Center, Inc.*

“One huge barrier is having mechanisms in place for all ages to prepare and attend college. If they are able to leave the home to attend college, they will become exposed to new lifestyles that will support new employment and entrepreneurial opportunities.” **Richard G. Lugar** **Center for Rural Health**

“Sullivan County residents experience cyclical poverty, a lack of child development education and resources, a decrease in the number skilled workers and an absence of adequate transportation.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“Barriers affecting better health outcomes in Parke and Vermillion counties include transportation, internal and external cultural influences, unemployment jobless rates, smoking rates/cessation incentives, chronic disease and behavioral health issues.” **Stephanie Laws** – *Vice President and Administrator, Union Hospital Clinton*

Key informants indicated low staffing levels, low funding levels, being able to break cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare and medications, lack of available affordable housing, provider billing, and limited local resources as major themes. Indiana State Health Assessment & Improvement Plan (2018 – 2021)—Summary of primary data

“Women’s health data shows the Wabash Valley is among the 10 highest risk counties for breast cancer. Health barriers include a lack of continuum of care, gaps in screening among primary care providers and additional needs for treatment and survival plans. These rates have been worsening over the past five years. An educational piece should be considered to address the data that states only 61% of eligible women are receiving routine breast screenings. Based on predictive models from Healthy People 2020, it will take 13 years to reach the recommended state average at our current pace.” **Richard G. Lugar Center for Rural Health**

Additional primary data from Union Health physicians and providers were collected between July and September of 2021. Physician and provider groups represent clinical areas in family medicine, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.

Implementation Framework

2019-2021 Interventions to Continue and New or Expanded Interventions Needed Community Health Dynamics

New information and potential opportunities are continually emerging within community health. As of September 2021, the best-available information informed the following implementation framework for 2022-2024. As information and opportunities emerge, those will be considered for integration into this framework and success tracking.

Projected Health Needs and Interventions

Health Need	Successful Interventions to Continue	New or Expanded Interventions
Obesity (Youth & Adult) & Lack of Exercise	<ul style="list-style-type: none"> • Employer outreach • Breastfeeding support/education • Sponsor community sports (Youth) • Support community gardens • "Operation Fit Kids" from Minority Health Coalition 	<ul style="list-style-type: none"> • Follow Vigo County School System model to encourage access to playgrounds & outdoor facilities. • Initiate messaging to increase the number of physically active minutes per adult/youth. • Establish Union Health budget to promote healthy lifestyles. • Partner with United Way to improve obesity rates. • Include a primary care message within the patient admission folder. • Implemented an "Eat Better Tonight" billboard promotion
Heart Disease & Stroke (Men & Women)	<ul style="list-style-type: none"> • Heart screenings at health fairs • Low cost heart scans at Union Hospital Clinton • Promote Stroke education at public health fairs and to existing Union Health patients • Promote Stroke Awareness during Month & World Stroke Day • Community Virtual public educational programs for stroke prevention 	<ul style="list-style-type: none"> • Increase heart health education programs at Union Health health fairs. • Include heart health education in the community benefit marketing plan and budget. • Support expanded Farmer's Market initiatives. • Encourage expanded wellness programs. • Expand heart scan promotions. • Include a Heart & Vascular message within the patient admission folder. • Record and promote physician interviews regarding stroke • Improve stroke outreach with critical access hospitals in our region.
Diabetes	<ul style="list-style-type: none"> • Employer outreach • Support community gardens 	<ul style="list-style-type: none"> • Increase reach and participation levels for pre-diabetes (borderline) patients. • Increase frequency of medical nutrition therapy instruction for diabetes patients. • Include diabetes education in the community benefit marketing plan and budget. • Increase diabetes education programs at Union Health community health fairs. • Diabetes Education will reactivate peer support classes once COVID19 pandemic subsides.
Cancer	<ul style="list-style-type: none"> • Employee screenings in the community (sunscreens, smoking, self exams) • High school outreach • Lung screenings • Food for life education • Expanded access to 3D mammographies • Support cancer sponsorships 	<ul style="list-style-type: none"> • Implemented social media campaign that screening mammograms start at 40. • Expand screenings at Union Health & public health fairs. • Include lower age (45) recommendations of colon screening messages. • Support expanding Farmer's Market initiatives. • Include cancer education in the community benefit marketing plan and budget. • Created a skin cancer video with Union Health Physicians. Promoted throughout the Wabash Valley. • Implement genetic counselors to work with patients to determine cancer risks. • Promote 3D mammography screenings now available at Union Health Clinton - Vermillion and Parke county
Tobacco/Vape	<ul style="list-style-type: none"> • Employer Outreach • Education/Promotion of Quit Line (IN & IL) • Quit Kit Availability 	<ul style="list-style-type: none"> • Include Indiana and Illinois Quitline messaging in patient admission folders. • Continue to retrain frontline staff about the referral options for the smoking Quitline. • Partner with United Way to improve smoking rates. • Promote anti-smoking messaging for pregnant mothers. • Support new anti-vape messaging programs with CASY. • Include tobacco/vape education in the community benefit marketing plan and budget.
Behavioral Health	<ul style="list-style-type: none"> • Patient assessment through clinical interviews • Medication evaluation 	<ul style="list-style-type: none"> • Place a licensed behavioral health staff member with patients in order to evaluate their behavioral health needs. • Support the United Way in its youth engagement programming to include health, academic and character-building screening messaging.
Infant Mortality	<ul style="list-style-type: none"> • Safe sleep education • Prenatal navigation • Referral promotion • Breastfeeding support/education • Participate in child safety seat installations • Host Community Baby Shower event 	<ul style="list-style-type: none"> • Recruit maternal-fetal medicine provider to improve high-risk pregnancy measures. • Add a new health care provider to offer in-home prenatal care to under served, low-risk patients. • Implement a peer obstetrics recovery coach to help patients with substance abuse disorders. • Include safe sleep & birthing education in the community benefit marketing plan and budget. • Promote new neonatal navigators to the community.
Substance Abuse		<ul style="list-style-type: none"> • Expand the number of behavioral health & substance abuse providers. • Expand continuum of addiction services. • Expand the number of available beds for substance abuse.

Initiatives derived from various community organizations including the Chamber of Commerce "See You in Terre Haute 2025 Community Plan," Union Health, Union Hospital Clinton, Clinical Managers with Hamilton Center Behavioral Health System and Tobacco Prevention & Control - Chances & Services for Youth (CASY), United Way, Vigo County School Corporation, Richard G. Lugar Center for Rural Health.

Note: Due to changing in-market dynamics at the time of writing of this report, content for expanded interventions will continue. Information will be added to this report as available.

Note: Due to changing in-market dynamics at the time of writing of this report, interventions to continue - as well as new and/or expanded interventions for behavioral health were still under evaluation. Information will be added to this reports as it becomes available.

Milestones & Success Metrics

Four question format for milestone & success metrics

- Where are we now?
- Where do we want to be?
- How will we get there?
- How will we know we are getting there?

Implementation Plan: Four Key Questions Format

	Health Need
Where are we now?	Status as of 2021 CHNA
Where do we want to be?	Statistically Significant Movement
How will we get there?	Intervention (See Framework)
How will we know we are getting there?	Goal attainment of statistically significant movement; Interim metrics, activity based Health interim metrics, as defined by Population health team scorecard (established in Q1 each year)

Appendix: Community Resources

Programs within service areas for improving Heart Health / Reducing Cardiovascular Disease

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
St. Mary-of-the-woods College Pomeroy Wellness Heart Healthy						X			
Heart Smart - Purdue Extension Office	X	X	X	X	X	X			
Get WalkIN' - Purdue Extension Office	X	X	X	X	X	X			
LEAF - The Maple Center						X			
County Health Departments						X			
School Corporation					X	X			
Purdue Extension						X			
Patient Advocates - Union Health						X			
Minority Health Coalition						X			
Horizon Health (Paris Community Health)							X		

Clay County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.

Green County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.

Sullivan County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.
- Sullivan County Community Hospital's Speaker's Bureau offers a number of health care topics for community education programs. They also offer health fairs for businesses or special events with lab services to identify health concerns.

Vermillion County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.
- The Vermillion County Health Department provides multiple resources for residents including Let's Walk Vermillion County, a booklet that identifies walking paths across the county to encourage regular physical activity.

Programs within service areas for improving Heart Health / Reducing Cardiovascular Disease (continued)

Vigo County, IN

- Patient Advocates from Union Health attend several health fairs to offer health screenings to detect heart-related problems.
- St. Mary-of-the-Woods College offers the Pomeroy Wellness Program to reduce cardiovascular disease.
- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.
- The Maple Center for Integrative Health offers a variety of clinical services in the area of Holistic/Integrative Medicine and Acupuncture.
- Mini Medical School offers a series of informative presentations on multiple topics ranging from current medical news to medical procedures. The conversational style presentations are free of charge and available in person and via Zoom.

Edgar County, IL

- Horizon Health offers a variety of health screenings fully covered by the patients' insurance.
- University of Illinois Extension offers a variety of nutrition and wellness information on their website that includes healthy recipes, nutrition and exercise tips for adults and youth.

Clark County, IL

- The Clark County Health Department offers information to residents on a variety of topics.
- University of Illinois Extension offers a variety of nutrition and wellness information on their website that includes healthy recipes, nutrition and exercise tips for adults and youth.

Crawford County, IL

- University of Illinois Extension offers a variety of nutrition and wellness information on their website that includes healthy recipes, nutrition and exercise tips for adults and youth.

**Programs, days and times may change after the publishing of this report.*

Community Assets and Programs for the Prevention & Treatment of Obesity (Nutrition-Focus)

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
Purdue Extension	X	X	X	X	X	X			
LEAF - The Maple Center						X			
County Health Departments	X	X	X	X	X	X	X	X	X
School Corporations	X	X	X	X	X	X	X	X	X
Meals on Wheels	X	X	X	X	X	X	X	X	X
Horizon Health							X	X	X
University of Illinois Extension							X	X	X
WIC (Women, Infants & Children) IN & IL	X	X	X	X	X	X	X	X	X

Clay County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Clay County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.
- Meals on Wheels are offered to Clay County residents who would like a hot lunch and/or cold sack dinner delivered to their home.

Greene County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Greene County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.
- Meals on Wheels are offered to Greene County residents who would like a hot lunch and/or cold sack dinner delivered to their home.

Sullivan County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Sullivan County Community Hospital's Nutrition Services department provides nutritional counseling for diabetes, cardiovascular, renal, weight control, sports nutrition and eating disorders.
- Meals on Wheels are offered to Sullivan County residents who would like a hot lunch and/or cold sack dinner delivered to their home. Meals are available Sunday - Saturday and include therapeutic meals (diabetic, calorie controlled, low sodium, etc.)
- Sullivan County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

Vermillion County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Meals on Wheels are offered to Vermillion County residents who would like a hot lunch and/or cold sack dinner delivered to their home. Meals are available via CRIS Healthy-Aging Center
- Vermillion County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

Community Assets and Programs for the Prevention & Treatment of Obesity (Nutrition-Focus) (continued)

Vigo County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Meals on Wheels are offered to Vigo County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Vigo County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- United Way is replacing its "Healthier by 2020" initiative with the "United Way of the Wabash Valley Community Health Impact Council" and will begin work in the Fall of 2021. The council will aim to promote healthy lifestyles and decide on continued funding for programs like Mobile Market, Community Teaching Kitchens and the Food Rx Program.
- LEAF - Maple Center for Integrative Health provides healthy lifestyle and nutrition services.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

Edgar County, IL

- University of Illinois Extension offers a variety of Nutrition & Wellness information on their website that includes healthy recipes.
- Meals on Wheels are offered to Edgar County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Edgar County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

Clark County, IL

- University of Illinois Extension offers a variety of Nutrition & Wellness information on their website that includes healthy recipes.
- Meals on Wheels are offered to Clark County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Clark County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

Crawford County, IL

- University of Illinois Extension offers a variety of Nutrition & Wellness information on their website that includes healthy recipes.
- Meals on Wheels are offered to Crawford County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Crawford County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

Community Assets and Programs for Tobacco Cessation in the Wabash Valley

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
County Health Departments	X	X	X	X	X	X	X	X	X
Quit Now Indiana	X	X	X	X	X	X			
Illinois Quit Line							X	X	X
Chances and Services For Youth				X		X			

Clay County, IN

- Tobacco cessation program offered by the Clay County Health Department and free nicotine patches are available.
- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.

Greene County, IN

- Tobacco cessation program offered by the Greene County Health Department and free nicotine patches and gum are available to those who enroll in cessation class.
- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.

Sullivan County, IN

- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.
- Chances and Services for Youth houses the Tobacco Free Vigo Coalition. The coalition offers presentations for k-12 classes as well as parent/teacher organizations, health care professionals, employers, non-profits, and other organizations. They work closely with the Indiana Tobacco Quitline and implement “Too Good for Drugs” and “Catch my Breath”.

Vermillion County, IN

- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.

Vigo County, IN

- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.
- Chances and Services for Youth houses the Tobacco Free Vigo Coalition. The coalition offers presentations for k-12 classes as well as parent/teacher organizations, health care professionals, employers, non-profits, and other organizations. They work closely with the Indiana Tobacco Quitline and implement “Too Good for Drugs” and “Catch my Breath”.

Edgar County, IL

- Smoking cessation education is offered through Edgar County Public Health Department.
- The Illinois Quit Line is offered in all Illinois Counties. Operated by the National Cancer Institute, the 1-800-QUIT-LINE will connect callers to each state’s tobacco quit line.

Clark County, IL

- Smoking cessation education is offered through Clark County Public Health Department.
- The Illinois Quit Line is offered in all Illinois Counties. Operated by the National Cancer Institute, the 1-800-QUIT-LINE will connect callers to each state’s tobacco quit line.

Crawford County, IL

- Smoking cessation education is offered through Crawford County Public Health Department.
- The Illinois Quit Line is offered in all Illinois Counties. Operated by the National Cancer Institute, the 1-800-QUIT-LINE will connect callers to each state’s tobacco quit line.

*Programs, days and times may change after the publishing of this report.

Community Assets and Programs to Reduce Food Insecurities

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
Food Pantries, Meal Programs, Free Meals	X	X	X	X	X	X	X	X	X

Indiana residents can access a list of food pantries, meal programs and free meals by calling “211” or visiting indianacommunityconnect.in.gov

Illinois residents can access a list of food pantries, meal programs and free meals by calling “211” or visiting <https://www.dhs.state.il.us/>

Clay County, IN

- Saint Vincent De Paul Clay County, Brazil IN, Tuesdays Noon - 2:00 p.m.
- Mobile Food Pantry - Knights of Columbus, Brazil IN, Select Saturdays 10:00 - 11:00 a.m.
- Mobile Food Pantry - Cooper Towers, Brazil, IN, Select Saturdays 10:00 - 11:00 a.m. while supplies last
- Cupboard and Closet - Senior Citizens of Clay County, Brazil IN, Tuesdays & Thursdays 8:00 - 11:00 a.m.
- Clay County Emergency Food Pantry, Brazil IN, Monday - Friday 9:00 - 11:00 a.m.
- Mobile Food Pantry - Carbon Baptist Church, Carbon IN, Select Mondays 10:00 - 11:00 a.m. while supplies last
- Center Point United Methodist Church, Center Point IN, Last Weds of month 2:00 - 3:30 p.m.
- Christian Care and Share Services of Southern Clay County, Clay City IN, Wednesday 10:00 a.m. - Noon, Thursday 5:00 - 7:00 p.m.
- Garrad Chapel Food Pantry, Bowling Green IN, Wednesdays 10:00 a.m. - Noon, 2nd and 4th Thursday 5:00 - 6:00 p.m.

Greene County, IN

- Food Pantry and Blessing Box, Bloomfield IN, Tuesday - Thursday 9:00 a.m. - 11:00 a.m.
- Operation Outreach - Solsberry Christian Church, Solsberry IN, Monday, Tuesday 11:00 a.m. - 2:00 p.m., Wednesday 2:00 p.m. - 5:30 p.m.
- Family Life Center of Greene County, Bloomfield IN, Daily, 24 hours a day, 7 days a week
- Mobile Food Pantry - Scotland Mobile Full Gospel Church, Bloomfield IN, Select Wednesdays 11:00 a.m. - Noon
- The Son Shine Shop, Worthington IN, Monday 2:00 p.m. - 5:00 p.m., Thursday 10:00 a.m. - Noon, 5:00 - 7:00 p.m.
- Mobile Food Pantry - Scotland Fire Department, Scotland IN, Select Wednesdays 11:00 a.m. - Noon while supplies last
- Linton Community Food Pantry, Linton IN, Tuesday and Thursday 1:00 - 3:00 p.m., Saturday 10:00 a.m. - Noon
- Jasonville United Methodist Church, 3rd Saturday of the month 10:00 a.m. - 1:00 p.m.

Parke County, IN

- Parke County Food Pantry, Rockville IN, Wednesdays 9:00 a.m. - 1:00 p.m.

Sullivan County, IN

- Our Father’s Arms, Sullivan IN, Monday 6:00 - 7:20 p.m., Friday 8:00 - 9:20 a.m.
- Pleasantville United Methodist Church, 4th Saturday of the month 10:00 a.m. - 12:30 p.m.
- Shelburn Community Center, Shelburn IN, Select Tuesdays 10:00 - 11:00 a.m. while supplies last

Vermillion County, IN

- Mobile Pantry - Hilcrest Community Center, Clinton IN, 1st and 3rd Wednesday 4:00 - 5:00 p.m. while supplies last
- Food Pantry - Hilcrest Community Center, Clinton IN, Tuesday and Wednesday 10:00 a.m. - 1:00 p.m., Thursday 10:00 a.m. - 2:00 p.m.
- Vermillion County Food Pantry, Clinton IN, Thursday 3:00 - 5:00 p.m., 2nd and 4th Tuesday 2:00 - 4:00 p.m.
- Food Pantry - Helt Township Trustee, Dana IN, Mondays 1:00 - 3:30 p.m., Tuesday 9:00 - 11:30 a.m.
- Mobile Food Pantry - Dana Fire Department, Dana IN, 1st Thursday 5:00 - 6:00 p.m.
- Newport Christian Food Center - Newport IN, Select Thursdays 5:00 - 6:00 p.m.
- Newport Christian Food Center Mobile Pantry - Cayuga IN, 3rd Thursday 5:00 p.m.
- Cayuga Christian Church, Cayuga IN, 2nd Tuesday of the month 5:00 - 8:00 p.m., Thursdays 10:00 a.m. - 2:00 p.m.

Vigo County, IN

- Sarah Scott Middle School Food Pantry, Terre Haute IN, 2nd Monday 9:00 - 10:00 a.m.
- Higher Hope Ministries, Terre Haute IN, 2nd and 4th Thursday 4:00 p.m.
- Dreiser Square Community Food Pantry, Terre Haute IN, Select Wednesdays 10:00 - 11:00 a.m. while supplies last
- Salvation Army Food Pantry, Terre Haute IN, Monday - Friday 8:30 a.m. - Noon, Thursday 1:00 - 2:00 p.m.
- The Life Center Food Pantry, Terre Haute IN, 2nd and 4th Thursday 4:00 - 6:00 p.m.
- Sisters of Providence Saint Mary-of-the-Woods, West Terre Haute IN, Thursday 8:00 - 10:30 a.m.
- Covenant Food Pantry, Terre Haute IN, Tuesday and Wednesday 10:00 a.m. - 1:00 p.m.
- Mobile Food Pantry West Vigo Community Center, West Terre Haute IN, Select Tuesday 11:00 a.m. - 1:00 p.m.
- Manna From Seven, Terre Haute IN, Friday 11:00 a.m. - 1:00 p.m.
- Mother Hubbard’s Cupboard, Terre Haute IN, Tuesday 9:00 a.m. - Noon
- Terre Haute Foresquare Church, Terre Haute IN, Monday 6:00 - 7:00 p.m.

- Bread and Produce Market, Terre Haute IN, 3rd Saturday of the month 9:00 a.m. - 11:00 a.m.
- First Baptist North, Terre Haute IN, 1st and 3rd Thursday 9:00 a.m. - Noon

Edgar County, IL

- Chrisman Christian Church Food Pantry, Chrisman IL, 3rd Monday of the month 3:00 - 7:00 p.m., 4th Tuesday 11:00 a.m. - 7:00 p.m. by appointment
- Compassionate Food Ministries - Food Pantry, Paris IL, Wednesdays 8:30 - 11:30 a.m.
- Kansas UMC Food Pantry, Kansas IL, 4th Saturday of the month 8:30 - 10:30 a.m.

Clark County, IL

- Casey Ministerial Association, Casey IL, 3rd Tuesday of the month 1:00 - 3:00 p.m.
- Marshall Food Disbursement Program, Marshall IL, Tuesdays 2:00 - 4:00 p.m., 4th Tuesday of the month 1:30 - 4:30 P.M.
- Martinsville Community Pantry, Martinsville IL, 1st and 3rd Thursday 4:00 - 6:00 p.m., 2nd and 4th Thursday 9:00 - 11:00 a.m.
- Westfield Food Pantry, Westfield IL, 2nd and 4th Monday 5:30 - 6:30 p.m.

Crawford County, IL

- Palestine Community Food Pantry, Palestine IL, Mondays 1:00 - 3:00 p.m. Wednesdays 5:00 - 6:00 p.m.
- Robinson Food Pantry, Robinson IL, Mondays 3:30 - 4:30 p.m. Wednesdays 10:30 - 11:30 a.m.
- Robinwood Food Pantry, Robinson IL, Thursdays 3:00 - 6:00 p.m.
- Upper Room Street Ministries, Robinson IL, by appointment only

**Programs, days and times may change after the publishing of this report.*

Non-programmatic Community Assets, Indiana Counties

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo
Parks	3	8	8	7	7	34
Fitness Centers	5	2	1	2	4	27
Churches/Faith Communities	41	57	35	50	32	135

Union Health is a not-for-profit health system that provides comprehensive health care to patients in west central Indiana and eastern Illinois. Serving its communities since 1892, Union Health provides care to all area residents regardless of their ability to pay. Their patient-focused philosophy emphasized collaboration, integrity, transparency and stewardship to help patients reach better health and well-being. For more information about Union Health, visit www.myunionhealth.org.