2015 TRI-STATE E SURV



2015 TRI-STATE HEALTH SURVEY

A WELL-BEING REPORT OF HEALTH RELATED COMMUNITY INDICATORS IN THE WELBORN BAPTIST FOUNDATION FUNDING AREA

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SPECIAL THANKS

The Foundation would like to thank Abraham Brown, Holy Name of Jesus Catholic Church, Henderson, KY, along with the Kent State Survey Research Lab for their assistance with Spanish translation and their special efforts to reach the Hispanic population with this survey.

SUGGESTED CITATION

Welborn Baptist Foundation, Inc. (2015). Tri-State Health Survey, 2015 TSHS

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TABLE OF CONTENTS

Preface 1
Letter from the CEO 1
About the Survey Area
Executive Summary 3
Spotlight on Tri-State Health 2015
How to Read This Report

TRI-STATE ADULTS

Access to Healthcare	8
Arthritis Types	
Asthma	14
Blood Pressure	
Cancer Screening	
Cholesterol	
Chronic Lower Respiratory Disease	
Dental Care	
Diabetes	28

Healthy Weight	
Heart Disease	
Mental Health	
Nutrition	
Physical Activity	
Smoking/Tobacco	
Stroke	
Substance Use	
Vision Care	

TRI-STATE CHILDREN

Asthma	
Healthy Weight	
Mental and Behavioral Health	

Methodology & Limitations	
References	

PREFACE

The Welborn Baptist Foundation proudly presents this 2015 report of the Tri-State Health Survey (TSHS.) This project represents the Foundation's ongoing commitment to providing useful Tri-State data on chronic disease prevalence, overall health status, health behaviors and access to health care.

Chronic disease and related markers are indicators of the general health of the population. A high rate of disease places considerable burden on a population causing disability, poor quality of life, premature death, enormous personal expense and high costs to our health care system. The course of many disease conditions can be slowed or corrected with an emphasis on healthy behaviors, environment improvements and screening programs for early detection. Through this data, we hope to create awareness of local health related concerns and to motivate action towards healthy living and healthy behaviors.

There is little doubt that much has changed in the Tri-State since the Foundation's first broad survey was conducted in 2008 to benchmark important Tri-State health indicators. These 2015 results will help provide an understanding of Tri-State health trends over the past several years. The 2015 TSHS survey and process are similar to the 2008 survey but have undergone a few critical changes and improvements. For more information about how this study was conducted and how best to understand the report, see the *Methodology & Limitations* and *How to Read This Report*, sections.

It is important for all of us to stay aware of the changing landscape of health and healthcare, to celebrate and join positive momentum, to stay ahead of evolving challenges and threats, and to know where our attention is most urgently needed. This information can be a powerful tool and it should be used to impact decisions such as the development of policy and programming aimed at preventing and deterring the development of chronic disease.

We invite you to learn more about the Tri-State by visiting the home of all the Foundation's data reports, the Tri-State Community Wellness Indicators home page *www.tristatecwi.org.* There you will find health and supporting quality of life data along with past reports and community partner reports that together help tell the story of what it's like to live in the Tri-State. To learn more about the Welborn Baptist Foundation, we invite you to visit our webpage, *www.welbornfdn.org.*

LETTER FROM THE CEO



We seem to be drowning in information as to how healthy the Tri-State is...or isn't. Every few months, we're treated to another attention-grabbing headline – generally including loaded phrases like 'misery index' or 'fattest metro area'. But the truth is that while national and state information on health conditions is abundant, good data on the real health of the counties that comprise the Tri-State is very difficult to come by.

That's why every few years, the Welborn Baptist Foundation commissions a custom, primary research survey of adults in the area, to hear from them directly about the state of our collective health. This year's study has been significantly expanded, to include twice the number of residents interviewed several years ago- across 7 counties, and with a special emphasis on minority populations.

The results paint a picture of strengths as well as areas for continuing – even increased – emphasis. Our fervent hope is that, in conjunction with the secondary data found on the Foundation's Community Wellness Indicators website (*http://www.tristatecwi.org*), a detailed picture will emerge of where we are and where we need to go to improve our health profile. Only an accurate view can inform appropriate measures by government, not-for-profits, and funders alike.

Thanks in advance for your careful review, as you consider your particular role in 'moving the needle' towards better Tri-State health.

Sincerely,

Kevin R. Bain *Executive Director and CEO* Welborn Baptist Foundation

ABOUT THE SURVEY AREA Welborn baptist foundation funding area

- The Welborn Baptist Foundation funding area consists of 14 counties located in the Indiana, Illinois, Kentucky Tri-State region. These counties are as follows, (survey counties in bold): INDIANA: Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick ILLINOIS: Gallatin, Saline, Wabash, Wayne, White KENTUCKY: Henderson
- The area has roughly 5,800 square miles of land and a population of approximately 518,000
- Evansville, IN, is the primary population center with approximately 181,000 residents. Many smaller towns dot the landscape and much of the area is rural
- Two major waterways traverse the region: the Ohio River in the southern portion, separating the Indiana and Kentucky funded counties, and the Wabash River in the western portion, separating the Indiana and Illinois funded counties
- Since the last health survey in 2008, the composition of the three largest racial population groups has shifted slightly. The White Alone (Non-Hispanic) subgroup has decreased but is still the largest (90%), the Black Alone (Non-Hispanic) subgroup has increased just slightly (5%), and the Hispanic (Any Race) subgroup, while still small, has doubled (2%)
- Approximately 6% of the total population is under 5 years of age, 25% is under 20 years of age, 65% of the total population is over age 25 and 16% is over age 65
- Approximately 88% of adults over age 25 have a high school diploma; a significant increase since 2008, and 19% have a bachelor's degree or higher, about the same as 2008
- Major economic activities vary across counties and include manufacturing, agriculture, coal mining, health care, retail, and accommodation services



EXECUTIVE SUMMARY

- This 2015 Tri-State Health Survey is a slightly different configuration of the Foundation's 2008 Adult Health Survey, so the two are not directly comparable
- Nevertheless, the same concerns and strengths observed in the last survey still prevail
- Certain recurrent diseases and conditions are not only prevalent in the Tri-State, but also have rates that are for the most part worse than comparable state and national rates. The top three concerning diseases and conditions as indicated by the 2015 TSHS are: adult arthritis, adult high blood pressure, and mental health for adults and children
- At the same time, there are also recurrent risk factors and risky behaviors prevalent among Tri-State residents with rates that tend to be worse than comparable state and national rates. Those risk behaviors are: poor nutrition, smoking, and substance use for adults, and unhealthy weight for adults and children
- On a brighter note, there are signs of health and promising practices, where local rates exceed state and national rates. These promising practices include: adult utilization of cancer screenings, adult routine primary care, and adult vision care

- In addition to these top findings, the results also show that higher levels of education and income are frequently associated with better health outcomes, fewer risky behaviors, increased access to healthcare, and fewer barriers to a healthy lifestyle
- And though we can't say one causes the other, we can start to see associations between certain controllable risk factors and certain diseases and conditions. Higher smoking rates and higher rates of obesity frequently accompany higher rates of associated diseases and conditions like high blood pressure and heart disease
- Finally, despite being part of the collective Tri-State region, each county has a unique health profile. No two counties are exactly alike, nor are local counties always like their states or the nation. This study presents county, state and national level data to highlight these differences and to allow for comparisons



SPOTLIGHT ON TRI-STATE HEALTH 2015 Overall health indicators

5.1 NUMBER OF DAYS IN THE LAST MONTH THAT RESIDENTS' PHYSICAL HEALTH WAS "NOT GOOD" **4.8** NUMBER OF DAYS IN THE LAST MONTH THAT RESIDENTS' MENTAL HEALTH WAS "NOT GOOD" **21%** PERCENT OF TRI-STATE RESIDENTS WHO DESCRIBE THEIR OVERALL HEALTH AS FAIR/POOR, COMPARED TO 17% OF THE NATION

50%

PERCENT OF TRI-STATE RESIDENTS WHO REPORT THEIR OVERALL HEALTH AS EXCELLENT/VERY GOOD, COMPARED TO 52% OF THE NATION

SIGNS OF HEALTH AND PROMISING PRACTICES



- The Tri-State exceeds the nation for having an identified primary care physician. 83% of residents have someone who they think of as their personal healthcare provider, compared to 77% of the nation.
- More Tri-State residents had a routine primary care check-up in the past year than the nation. 78% of residents had this routine care compared to 68% of the nation.
- Well over two-thirds of residents have had a routine eye exam in the past two years.
- Close to two-thirds of the region has had a routine dental check-up in the past year, similar to the national average.



- The Tri-State is working on improving health through an increase of collective approaches and through the use of prevention focused initiatives, e.g., breast feeding initiatives, workplace wellness programs, and school based physical activity/ healthy nutrition initiatives to name a few.
- For more information on Tri-State collective efforts toward health improvement, see Healthy Communities Partnership, http://www.healthybyfive.org/



- Three out of four Tri-State adults over 50 have had a colonoscopy screening. 75% of adults in this age group have had this test, compared to 67% of this age group across the nation.
- 55% of Tri-State men over 40 had a PSA test, a recommended screening for prostate cancer in the past 2 years, compared to 45% of men in the U.S.
- 94% of women over 40 have ever had a mammogram, a recommended screening for breast cancer. 74% had one in the past 2 years, similar to the national average.

MOST CONCERNING DISEASES & CONDITIONS*

ARTHRITIS TYPES PAGE 12

Arthritis type conditions can limit activity and can increase disability in a population. Similar to findings from the 2008 Adult Health Survey, more Tri-State residents have an arthritis condition compared to the U.S. as a whole. 32% of residents report a diagnosis of osteoarthritis, fibromyalgia, etc., compared to 25% of the nation. The county rates range from 29%-38%. Arthritis affects subgroups of the population differently, with higher rates for women, older adults, adults in poverty, and White adults, when compared to other subgroups.

HIGH BLOOD PRESSURE PAGE 16

Blood pressure is a risk factor for heart disease. Similar to the 2008 Adult Health Survey, we continue to do worse than the nation on this health indicator. Across the region, 38% of the Tri-State has high blood pressure, compared to 31% of the nation. Individual county rates vary between 33%-46%. Males, older adults, Black adults, overweight and obese adults all have higher rates of high blood pressure compared to other subgroups of the population. High blood pressure is a condition that can be prevented or improved through treatments including lifestyle changes and/or medication.

MENTAL HEALTH PAGE 34

Mental and emotional status has a significant impact on overall health. Depression and anxiety are two of the most common mental health problems in the nation. Similar to 2008, 1 in 4 Tri-State adults has been diagnosed with depression at some point and 1 in 4 has been diagnosed with some type of anxiety. In some counties, residents spend just over one week a month feeling anxious and just under one week a month feeling depressed. 24% of Tri-State children have ever had a diagnosis of autism, developmental delay, depression or anxiety, ADD/ADHD, or behavioral/conduct problems, compared to 17% of the nation's children.

MOST CONCERNING CONTROLLABLE RISK FACTORS*



HEALTHY WEIGHT PAGE 30, 56

34% of the Tri-State residents surveyed are obese, compared to 29% of the nation. Individual county rates range from 30% to 42%. In other words, at least one out of every three adults in the region is obese. According to heights and weights provided by Tri-State adults, one out of every three children between 2 and 5 years old is obese, as is one out of every five children between the ages of 6 and 11.

NUTRITION PAGE 36

Only half of Tri-State adults consume fruit daily, and even fewer adults consume dark green vegetables daily. Many adults report that produce is unavailable to them because of obstacles such as cost and transportation.

SMOKING PAGE 42

There are more adults in the Tri-State who smoke some days or every day than there are in the nation. Overall, 24% of the region currently smokes, compared to 19% of the nation. This rate is as high as 27% in some counties surveyed. Smoking is the single greatest avoidable cause of disease and premature death.

SUBSTANCE USE PAGE 46

34% of the region engaged in binge drinking in the past month. This is double the rate of the nation, and an increase over 2008 county rates which ranged from 27% to 31%. Binge drinking, or having several alcoholic drinks in a short amount of time, contributes to disease and premature death. Excessive alcohol use is the third leading lifestyle related cause of death in the U.S. 11% of Tri-State adults have misused prescription painkillers.

* A comprehensive assessment of a community's health should include a review of unique population characteristics such as proximity to care, affordability, culture, and controllable risk behaviors. Conditions or diseases not included on the survey, such as cancer prevalence, or sexually transmitted diseases, may also be health priorities. See the *Methodology & Limitations* section for more information on this study. For more research into health conditions and health behaviors in the Tri-State, see our data website, Tri-State Community Wellness Indicators, CWI at www.tristatecwi.org.

HOW TO READ THIS REPORT

HEADLINE DATA

Charts and graphs are provided for each health topic. Data is included for each county represented in the TSHS, along with comparable data when available, from each of the three Tri-States. The headline for each chart primarily describes how the surveyed counties compare with their states.

HOW WE COMPARE

This data visually shows how the region compares with the United States. By assigning a rating, we get a sense of the current condition of this issue. "Tri-State" includes all seven surveyed counties, representing nearly 80% of the Foundation's service area population. State and national data are from the 2013 BRFSS unless otherwise specified. For more information on this feature, see the *Methodology & Limitations* section.

3 of every 4 Tri-State adults over 50 has had a sigmoidoscopy or colonoscopy screeni colorectal cancer, better than national rates. And at least two-thirds of men a women have ever had recommended screenings for breast, cervical and prostate cancer



CANCER SCREENING



CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE U.S. CANCER OF THE COLON AND RECTUM, BREAST, PROSTATE, LUNGS AND BRONCHUS ARE LEADING CANCERS IN THE NATION AND TRI-STATE.

This year, over 585,000 people are expected to die of cancer. However, two-thirds of people with cancer are expected to live at least three years or more after diagnosis. There are 14.5 million people alive in the U.S. today living with cancer or who are now cancer-fee due in part to medical advances in early detection and treatment. Cancer is estimated to cost the U.S. economy over \$217 billion from direct medical costs and lost productivy. Over 1.5 million new cancer cases are diagnosed each year, with 77% of all cancers diagnosed in people age 55 and older. About half of all men and one-third of all women in the U.S. will develop accered during their lifetimes. While about 5-10% of all cancers are linked to genes that are inherited, the risk of developing many types of cancer can be attributed to modifiable factors including tobacco and alcohol use, diet, sun apposure, weight, physical activity, and exposure to certain chemicals. Without primary preventitive care and screenings, cancer is more likely to be diagnosed at later stages, causing porer outcomes. Screenings for colnectal, treast, cervical and prostate cancers are the frous of this section. **Q**: Sigmoidoscopy and n which a tube is inserted in he rectum to view the colon for igns of cancer or other health roblems. Have you ever had ither of these exams?

Colorectal cancer affects both men and women and is the

fourth most common cancer and fourth leading cause of

cancer death in the U.S. An estimated 50,000 people will

die from colorectal cancer this year. This type of cancer is

most prevalent among older adults. Therefore, there are two

commonly recommended screening tests for colon cancer for

both men and women 50 and older. A colonoscopy, an exam of

the inner lining of the large colon via a very small camera tube

inserted in the rectum, is recommended at 10-year intervals

starting at age 50. The second is a fecal occult test, designed

to detect blood in the stool. This test should be done at home

the colorectal area, the 5-year survival rate is 89.8%

yearly. If treatment begins while this cancer is still localized to

OTHER LOCAL FINDINGS FOR ADULTS AGED 50 & OLDER

GENDER DIFFERENCES AMONG COLON CANCER SCREENINGS 44% of females have had a blood stool test, compared

to 39% males. 73% of women have had a colonoscopy or sigmoidoscopy, compared to 77% of males

SCREENINGS DECREASE WITH POVERTY Only 25%, of residents earning less than \$10,000 have ever had a blood stool cancer screening test. And only 52% of this income bracket have ever had a sigmoidoscopy or colonoscopy, compared to at least 78% of residents earning more than \$50,000

SCREENINGS INCREASE WITH HIGHER EDUCATION

At least 41% of adults with at least a high school diploma have had a blood stool test, compared to between 20%-25% of those with leaser education. 80% of residents with at least a college degree have had a sigmoidoscopy or colonoscopy, compared to at most of % of those with less than a high school diploma

RACIAL DIFFERENCES WITH Colon cancer screenings

45% of Hispanic adults report ever having had a blood stool cancer screening test, compared to 42% of White adults, 38% of Black adults, and 37% of Other, e.g., Asian, Multi-racial adults. However, Hispanic adults are less likely to have had this test within the past two years. Hispanic adults are also least likely to have ever had a sigmoidoscopy or colonoscopy. 57% of this population group has had this cancer screen, compared to 75% of White adults, 73% of Black adults and 72% of Other, e.g., Asian, Multi-racial adults

SCREENINGS INCREASE WITH Healthcare coverage

27% of those without health insurance coverage have had a blood stool test, compared to 43% of those with health insurance. Only 44% of those without insurance have had a sigmoidoscopy or colonoscopy. compared to 78% of those with insurance.



TOPIC BACKGROUND

Supporting information and data about the health topic is presented from a variety of reliable sources, each listed in the *References* section. This information provides context on why data on this issue matters.

ADDITIONAL DATA

Local data is presented here by gender, racial and ethnic group, education level, income level, and by other relevant variables.

TR-STALE ADULTS

ACCESS TO HEALTHCARE PRIMARY PREVENTION

ADULTS IN ALL SURVEYED COUNTIES ARE MORE LIKELY THAN ADULTS IN THEIR STATES AND NATION TO HAVE HAD A ROUTINE CHECKUP IN THE PAST YEAR.



About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

PRIMARY PREVENTIVE CARE AND ACCESS TO TREATMENT ARE TWO IMPORTANT COMPONENTS OF

HEALTHCARE. Preventive care aims to promote health and prevent disease, while treatment involves caring for an existing health condition. Preventive care involves health education, routine tests, screenings, and check- ups, ideally monitored by a regular provider. Routine care provides opportunities to assess and correct health problems when they are early onset. Established health problems are more costly to the individual and to society in terms of dollars, quality of life and years of life. Most all conditions have an improved prognosis with early diagnosis. If everyone participated in regular, routine preventive care, chronic disease rates in the U.S. overall would likely decline, as well as associated costs.

Private health insurance companies, employers and communities are increasingly taking notice of the benefits of better health. Some employers are offering health care services. Offering primary care on site and making worksite wellness programs available are good examples of the prevention trend with healthcare. Employers recognize that preventative measures help keep workers healthy, and that this can translate into higher productivity and lower costs of doing business. Nationally, at least half of all employers who offer benefits now offer at least one wellness program. In some areas of the country, as many as 80% of companies that offer health coverage have wellness programs. Nearly 8 out of 10 adults in the Tri-State had a routine checkup in the past year, well exceeding national rates.

OTHER LOCAL FINDINGS

GENDER DIFFERENCES WITH PRIMARY CARE

More women have had a routine checkup in the past year, 82%, compared to men, 73%

OLDER ADULTS ARE MORE LIKELY TO HAVE ROUTINE CHECKUPS

Though at least 61% of all age categories had a checkup, as much as 95% of adults over 50 years have accessed this routine care in the past year

WHITE AND HISPANIC RESIDENTS ARE MORE LIKELY TO HAVE A ROUTINE CHECKUP

79% of White residents and 77% of Hispanic residents have had a routine appointment in the past year, compared to 69% of Black residents and 69% of residents in an Other category, e.g., Asian, Multi-racial

INCOME AND EDUCATION MAKE A DIFFERENCE

Residents having a college degree and earning higher incomes are more likely to have health insurance

LACK OF HEALTH INSURANCE LIMITS PRIMARY CARE

Only 49% without insurance reported having a routine checkup in the past year

WORKPLACE WELLNESS IN THE REGION

56% of residents in the region say their workplace offers at least one wellness program such as s weight loss program, on-site exercise facility, gym membership discounts, classes in healthy living or an employee assistance program. Vanderburgh residents have the most access to these programs, 62%, and Henderson and Spencer Counties have the least access, 46%



GOOD

ACCESS TO HEALTHCARE

ACCESS TO HEALTHCARE HEALTHCARE

ABOUT 19% OF THE REGION DID NOT HAVE HEALTHCARE COVERAGE AT SOME POINT IN THE LAST YEAR.



In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

*State and national comparisons not available.

PERSONAL AFFORDABILITY AND PROXIMITY ARE BARRIERS TO HEALTHCARE. Many in the Tri-State are uninsured, without healthcare coverage, or underinsured, i.e., with some type of healthcare coverage but unable to afford additional costs. The U.S. Affordable Care Act, which became law in March 2010, is designed to benefit the public with stronger coverage and better consumer protections. In theory, this plan would translate to better options for healthcare and ultimately better national health. How the ACA actually impacts healthcare and health status in the U.S. will be evident in time. In terms of proximity to healthcare, many parts of the Tri-State are designated as Medically Underserved Areas, (MUA.) According to the Health Resources and Services Administration, U.S. Department of Health and Human Services, the designation of areas or populations as medically underserved is based on an index of four variables, including the ratio of primary care physicians per 1,000 population, the infant mortality rate, the percent of the population with incomes below the poverty level, and the percent of the population age 65 and over. These geographies have lower availability of healthcare providers and services.

SPOTLIGHT ON LOCAL HEALTHCARE BARRIERS

25% OF TRI-STATE RESIDENTS DELAYED MEDICAL CARE IN THE PAST 12 MONTHS.

Here are the top reasons why:

- Did not have transportation
- Couldn't get an appointment soon enough
- Cost
- Schedule conflict
- Procrastination
- Reasons related to insurance

18–19 YEAR OLDS ARE THE AGE CATEGORY WITH

THE HIGHEST PERCENTAGE OF PERSONS WITHOUT HEALTHCARE COVERAGE AT SOME POINT IN THE LAST YEAR, 44%

This age category is also most likely to report that they needed to see a doctor, but couldn't because of cost

38%

OF BLACK RESIDENTS NEEDED TO SEE A DOCTOR OVER THE PAST YEAR BUT COULDN'T BECAUSE OF COST

Overall 19% of the Tri-State region found cost to be an obstacle to seeing a doctor. 39% of Black adults also went without health insurance or health care coverage at some point in the last year, compared to 35% of Hispanic adults, 25% of "Other" adults, and 17% of White adults

12 TRI-STATE COUNTIES IN THE WELBORN BAPTIST FOUNDATION 14 COUNTY FUNDING REGION HAVE SOME TYPE OF MEDICALLY UNDERSERVED AREA DESIGNATION

Only Warrick and Dubois Counties in IN are without a MUA designation

HIGHER EDUCATION = BETTER HEALTHCARE ACCESS

ONLY 9% OF COLLEGE GRADUATES SAY COST IS A LIMITING FACTOR TO SEEKING MEDICAL CARE, COMPARED TO 26% OF THOSE WITH ONLY A HIGH SCHOOL DIPLOMA

Not surprisingly, higher incomes equal better healthcare access too. Only 6% of those making \$75,000 or more are limited by cost, compared to as much as 40% of those earning less than \$15,000

TRI-STATE

RESIDENTS ALSO EXCEED THE NATION FOR HAVING AN IDENTIFIED PRIMARY CARE PROVIDER





ARTHRITIS TYPES

RESIDENTS IN EACH TRI-STATE COUNTY SURVEYED ARE MORE LIKELY TO HAVE AN ARTHRITIS TYPE DIAGNOSIS WHEN COMPARED TO THEIR STATES.



Has a doctor, nurse, or other health professional EVER told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

ARTHRITIS IS AN UMBRELLA TERM FOR MORE THAN 100 CHRONIC DISEASES AND CONDITIONS AFFECT-ING JOINTS AND CONNECTIVE TISSUE. Conditions in this category include osteoarthritis, rheumatoid arthritis, lupus, carpal tunnel syndrome, and fibromyalgia. Symptoms vary by condition, but can be characterized by pain and stiffness in and around joints. Arthritis types affect one in five adults in the United States, or over 52 million adults. As many as 67 million are predicted to have an arthritis type disease or condition by 2030. The majority of these disorders can affect people at any age. Two-thirds of those diagnosed are under age 65. These diseases and conditions tend to afflict more women than men and Whites more than any other racial group. Though Hispanics and Blacks tend to report lower rates of arthritis prevalence, they tend to report higher rates of activity limitations and of severe pain.

The total annual financial cost attributable to arthritis in our society is estimated at over \$128 Billion. In the U.S., arthritis is still the most common cause of disability among adults;

and about one-third of adults with arthritis report that work, volunteer service, social pursuits and other vital everyday activities are limited by their symptoms.

Prevention or improvement of these conditions can involve medications and/or lifestyle changes such as maintaining a healthy weight, exercising, eating a nutritious diet, preventing strain or injury, and using special devices for mobility assistance.

Residents of the Tri-State are more likely to have arthritis than

adults in their states and adults across the nation as a whole.

OTHER LOCAL FINDINGS

WOMEN HAVE MORE ARTHRITIS CONDITIONS

39% of females indicate an arthritis type condition compared to 25% of males

ARTHRITIS INCREASES WITH AGE

Until age 49, fewer than 30% of residents have an arthritis type. After 50, the rate increases steadily. 62% of residents age 80 to 84 report having an arthritis type condition

ARTHRITIS AFFECTS RACIAL/ETHNIC GROUPS DISPROPORTIONATELY

33% of White adults have been told they have an arthritis condition compared to 30% of adults from Other groups, e.g., Asian, Multi-racial, 29% of Hispanic adults, and 19% of Black adults

ARTHRITIS INCREASES WITH POVERTY

Residents earning \$35,000 or more have the lowest self-reported rates of arthritis type conditions, between 23%- 28%. Between 40% – 55% of residents with incomes less than \$35,000 report arthritis

ARTHRITIS INCREASES WITH WEIGHT

41% of obese individuals report having an arthritis type condition, compared to 24% of those in the normal weight category



POOR

32°

ARTHRITIS TYPI

ASTHMA

ADULT ASTHMA RATES VARY AMONG THE SURVEY COUNTIES FROM A LOW 11% TO A VERY HIGH 22%.



Has a doctor, nurse, or other health professional EVER told you that you had asthma?

ASTHMA IS A CHRONIC DISEASE THAT AFFECTS THE LUNGS AND CAUSES REPEATED RESPIRATORY ATTACKS SUCH AS WHEEZING, CHEST TIGHTNESS,

AND TROUBLE BREATHING. Various triggers such as tobacco smoke, airborne pollutants, allergens, and chemicals can cause asthma attacks. When an attack occurs, airways constrict and allow less air to flow in and out of the lungs. Some combination of medication and avoidance of triggers can help manage symptoms, but if not treated, asthma can result in permanent damage to the lungs, even death. About 9 people die from asthma each day.

Over 18.7 million, or 1 of every 12 adults, currently has asthma. In the last decade, the proportion of people with asthma in the U.S. grew by nearly 15%. Adult women are more likely than men to have asthma. Black and multi-race adults are more likely to have asthma than White adults. In addition, race and ethnicity are important factors in getting effective treatment for asthma. More than 1 in 4 Black adults and 1 in 5 Hispanic adults can't afford their asthma medicines.

In the U.S., there are 1.8 million asthma related visits to emergency departments, over 14.2 million missed days of work, and over \$56 billion spent on asthma related medical expenses.

Asthma can be improved and attacks reduced with medications and/or by minimizing triggers and maintaining a healthy lifestyle, e.g., avoiding cigarette smoke and outdoor air pollution. The Tri-State and nation have similar rates of adult asthma.

OTHER LOCAL FINDINGS

MORE WOMEN THAN MEN HAVE ASTHMA

18% of adult females report having ever been told they have asthma, compared to 13% of adult males

ADULTS OVER 40 ARE LESS LIKELY TO HAVE ASTHMA

Asthma rates range from 4%–17% for adults over 40, compared to 11%–22% for adults below 39 years old

BLACK ADULTS ARE MORE LIKELY TO HAVE ASTHMA

About 26% of Black adults have been told they have asthma, compared to 18% of Hispanic adults, and 15% of both White adults and Other adults, e.g., Asian, Multi-racial

ASTHMA RATES ARE HIGHER FOR THOSE Smoking by choice or exposure

Non-smokers who live with a smoker are almost just as likely to have asthma as daily smokers. Just over 23% of daily smokers have asthma as do 20% of nonsmokers who live with a smoker. Only 14% of nonsmokers who do not live with a smoker have asthma





BLOOD PRESSURE

NEARLY 1 OUT OF EVERY 2 ADULTS IN A FEW LOCAL COUNTIES HAS HIGH BLOOD PRESSURE.



Has a doctor, nurse, or other health professional EVER told you that you had high blood pressure?

BLOOD PRESSURE IS THE FORCE OF BLOOD AGAINST THE WALLS OF THE ARTERIES. Blood pressure readings are written as a fraction with a top number, (systolic pressure – when the heart contracts,) and a bottom number (diastolic pressure – when the heart rests between beats.) While blood pressure can change relative to changes in posture, exercise, stress or sleep, for adults over age 20, it should normally be less than 120/80mmHg. Pre-hypertension is defined as systolic pressure of 120-139 mmHg or diastolic pressure of 80-89 mmHg. When multiple readings show pressures of 140

mmHg/90mmHg and higher, high blood pressure, or hypertension is diagnosed. About 1 of every 3 adults has hypertension. Hypertension is often called the "silent killer," because 1 in 5 adults do not have noticeable symptoms until serious problems develop such as heart attacks, strokes, and kidney failure. Over 348,000 deaths annually include hypertension as a primary or contributing cause. Black adults develop high blood pressure more often, and at an earlier age than White adults and Hispanic adults. Hypertension costs the U.S. over \$47.5 billion each year. Hypertension can be prevented or improved with lifestyle changes such as reducing sodium, avoiding smoking and getting regular physical activity and/or taking medication. Only about half, 47%, of people with high blood pressure have their condition under control.

The Healthy People 2020 Initiative through the U.S. Department of Health and Human Services has set a national target for blood pressure rates to not exceed 26.9% by 2020.

Over one-third of adults in the Tri-State region have high blood pressure, exceeding national rates. Rates in some counties are even higher.

OTHER LOCAL FINDINGS

MORE MALES HAVE HIGH BLOOD PRESSURE, (HBP)

41% of adult males report high blood pressure, compared to 35% of adult females

HBP INCREASES WITH AGE

High blood pressure diagnosis seems to increase with age, in this study, peaking around 70-74 yrs. 71% of this age group reports having been told they have high blood pressure

HBP AFFECTS BLACK ADULTS DISPROPORTIONATELY

49% of Black adults report high blood pressure, compared to 38% of White adults, 32% of Other, e.g., Asian, Multi-racial adults, and 27% of Hispanic adults

BLOOD PRESSURE INCREASES WITH WEIGHT

Over one-third, 36%, of overweight individuals and over half, 55%, of obese individuals reported having high blood pressure compared to 22% of adults falling into normal weight categories

EARLY DETECTION IS IMPORTANT

About 1% of adults in the region have been diagnosed with hypertension during pregnancy. 2% of adults in the region have been diagnosed with pre-hypertension





POOR

BLOOD PRESSUR

CANCER SCREENING

RESIDENTS AGE 50 AND OLDER IN THE SURVEYED COUNTIES EXCEED THEIR STATES FOR HAVING HAD A SIGMOIDOSCOPY OR COLONOSCOPY SCREENING FOR COLORECTAL CANCER.



Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE U.S. CANCER OF THE COLON AND RECTUM, BREAST, PROSTATE, LUNGS AND BRONCHUS ARE LEADING CANCERS IN THE NATION AND TRI-STATE.

This year, over 585,000 people are expected to die of cancer. However, two-thirds of people with cancer are expected to live at least five years or more after diagnosis. There are 14.5 million people alive in the U.S. today living with cancer or who are now cancer-free due in part to medical advances in early detection and treatment. Cancer is estimated to cost the U.S. economy over \$217 billion from direct medical costs and lost productivity. Over 1.5 million new cancer cases are diagnosed each year, with 77% of all cancers diagnosed in people age 55 and older. About half of all men and one-third of all women in the U.S. will develop cancer during their lifetimes. While about 5-10% of all cancers are linked to genes that are inherited, the risk of developing many types of cancer can be attributed to modifiable factors including tobacco and alcohol use, diet, sun exposure, weight, physical activity, and exposure to certain chemicals. Without primary preventative care and screenings, cancer is more likely to be diagnosed at later stages, causing poorer outcomes. Screenings for colorectal, breast, cervical and prostate cancers are the focus of this section. Colorectal cancer affects both men and women and is the fourth most common cancer and fourth leading cause of cancer death in the U.S. An estimated 50,000 people will die from colorectal cancer this year. This type of cancer is most prevalent among older adults. Therefore, there are two commonly recommended screening tests for colon cancer for both men and women 50 and older. A colonoscopy, an exam of the inner lining of the large colon via a very small camera tube inserted in the rectum, is recommended at 10-year intervals starting at age 50. The second is a fecal occult test, designed to detect blood in the stool. This test should be done at home yearly. If treatment begins while this cancer is still localized to the colorectal area, the 5-year survival rate is 89.8%. **3** Of every 4 Tri-State adults over 50 has had a sigmoidoscopy or colonoscopy screening for colorectal cancer, better than national rates. And at least two-thirds of men and women have ever had recommended screenings for breast, cervical and prostate cancers



OTHER LOCAL FINDINGS FOR ADULTS AGED 50 & OLDER

GENDER DIFFERENCES AMONG COLON CANCER SCREENINGS

44% of females have had a blood stool test, compared to 39% males. 73% of women have had a colonoscopy or sigmoidoscopy, compared to 77% of males

SCREENINGS DECREASE WITH POVERTY

Only 25%, of residents earning less than \$10,000 have ever had a blood stool cancer screening test. And only 52% of this income bracket have ever had a sigmoidoscopy or colonoscopy, compared to at least 78% of residents earning more than \$50,000

SCREENINGS INCREASE WITH HIGHER EDUCATION

At least 41% of adults with at least a high school diploma have had a blood stool test, compared to between 20%-29% of those with lesser education. 80% of residents with at least a college degree have had a sigmoidoscopy or colonoscopy, compared to at most 61% of those with less than a high school diploma

RACIAL DIFFERENCES WITH COLON CANCER SCREENINGS

45% of Hispanic adults report ever having had a blood stool cancer screening test, compared to 42% of White adults, 38% of Black adults, and 37% of Other, e.g., Asian, Multi-racial adults. However, Hispanic adults are less likely to have had this test within the past two years. Hispanic adults are also least likely to have ever had a sigmoidoscopy or colonoscopy. 57% of this population group has had this cancer screen, compared to 75% of White adults, 73% of Black adults and 72% of Other, e.g., Asian, Multi-racial adults

SCREENINGS INCREASE WITH HEALTHCARE COVERAGE

27% of those without health insurance coverage have had a blood stool test, compared to 43% of those with health insurance. Only 44% of those without insurance have had a sigmoidoscopy or colonoscopy, compared to 78% of those with insurance



SPOTLIGHT ON SCREENINGS FOR FEMALE SPECIFIC CANCERS

94% OF WOMEN OVER 40 IN THE TRI-STATE HAVE HAD A MAMMOGRAM

And of those women, 74% had a mammogram within the last two years.

86% OF BLACK WOMEN OVER 40 REPORT HAVING A MAMMOGRAM IN THE PAST TWO YEARS

Compared to 83% of Hispanic women, 79% of White women, and 62% of Other racial/ethnic groups

62% OF WOMEN OVER 40 WITH SOME HIGH SCHOOL EDUCATION HAVE HAD A CLINICAL BREAST EXAM IN THE PAST TWO YEARS

Compared to 86% of college graduates

56% OF WOMEN OVER 40 WITHOUT HEALTH INSURANCE HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS

BREAST CANCER SCREENING Mammography, Clinical Breast Exams

Q: A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? How long has it been since you had your last mammogram? A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? How long has it been since your last breast exam?

Breast cancer is the second most common cancer in the U.S. and the top diagnosed cancer among women. An estimated 40,000 people will die from breast cancer this year. Three tests are used in screening for breast cancer: mammography, clinical breast exams and breast self-exams. Breast self-exams, using the hands to self-check for lumps or changes to the breast, are recommended for all women starting in her 20's. Clinical breast exams, having a doctor perform these checks for lumps or changes, are recommended every 3 years for women in their 20's and 30's, yearly for women over 40. Mammograms are recommended yearly for women starting at age 40. If treatment begins while this cancer is still localized to the breast, the 5-year survival rate is 98.5%.

CERVICAL CANCER SCREENING Pap Test (Pap Smear)

Q: A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? How long has it been since you had your last Pap test?

Over 12,000 women are estimated to be diagnosed with cervical cancer this year. It is more common among Black and Hispanic women than White women. This cancer forms in tissues of the cervix, (the area connecting the uterus and vagina.) This tends to be a slow-growing cancer that is almost always caused by human papillomavirus (HPV) infection. A pap test/ smear, is the recommended screening for this cancer. A pap smear is a procedure where cells are scraped from the cervix and viewed under a microscope. Screenings for healthy women are recommended every 3 years between ages 21 - 29 and every 5 years between ages 30 - 65. This screening is not recommended over age 65. If treatment begins while this cancer is still localized to the cervix, the 5-year survival rate is 90.9%.

93% OF TRI-STATE WOMEN OVER 18 HAVE EVER HAD A PAP TEST

70% of all women have had this test in the past three years, compared to 78% of women nationally

92% OF HISPANIC WOMEN OVER 18 HAVE EVER HAD A PAP TEST OR HAD ONE IN THE PAST THREE YEARS

Compared to 88% of Black women, 80% of women from Other racial/ethnic groups, and 75% of White women

90%

OF WOMEN EARNING MORE THAN \$75,000 HAVE EVER HAD A PAP TEST OR HAD ONE WITHIN THE PAST THREE YEARS

62% OR FEWER OF WOMEN WITHOUT A HIGH SCHOOL DIPLOMA HAVE EVER HAD A PAP TEST OR HAVE HAD A PAP TEST WITHIN THE PAST THREE YEARS

Compared to 87% of college graduates

SPOTLIGHT ON SCREENINGS FOR MALE SPECIFIC CANCERS

PROSTATE CANCER SCREENING

PSA Tests & Digital Rectal Exams

Q: A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you EVER HAD a PSA test? How long has it been since you had your last PSA test? A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital prostate exam? How long has it been since you last had a digital prostate exam?

Prostate cancer is the most commonly diagnosed cancer among men of all races. It is the third leading cause of cancer death in men. This year, an estimated 233,000 men will be newly diagnosed with prostate cancer and an estimated 29,500 will die from this disease. To screen for prostate cancer, two different tests are used: a prostate specific antigen (PSA) blood test and a digital rectal examination. Testing is recommended starting at age 50 or closer to age 40 for higher risk populations such as African-American men and men who have a father or brother who had prostate cancer before age 65. How often these tests are repeated will depend on the patient's personal and family history. If treatment begins while this cancer is still localized to the prostate, the 5-year survival rate is nearly 100.0%.

67% OF TRI-STATE MEN OVER 40 HAVE EVER HAD A PSA BLOOD TEST

55% of Tri-State men over 40 have had a PSA test in the past two years, compared to 45% nationally

78% OF THOSE WHO HAVE HAD A PSA, REPORT HAVING IT IN THE PAST TWO YEARS, EXCEEDING NATIONAL RATES. (EVEN WITHOUT INSURANCE)

With insurance, 83% had this test

85% OF BLACK MALES OVER 40 WHO HAVE HAD A PSA, REPORT HAVING THE TEST IN THE PAST TWO YEARS

Compared to 83% of White males, 68% of males from Other racial/ethnic groups, and 63% of Hispanic males

49% of men over 40 who completed some high school, but did not graduate, have had a digital rectal exam

Compared to 73% of those who graduated college



CHOLESTEROL

FEWER TRI-STATE RESIDENTS HAVE HIGH CHOLESTEROL COMPARED TO THE THEIR THREE STATES.



Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

HIGH BLOOD CHOLESTEROL IS A RISK FACTOR FOR Heart Disease, a leading cause of death in the

U.S. Cholesterol is a waxy substance that is found in certain foods but is also made by the body to aid in the production of things like hormones and vitamin D. Cholesterol is carried through the bloodstream by two lipoproteins: low-density lipoproteins (LDL), the "bad" cholesterol, and high-density lipoproteins (HDL), the "good" cholesterol. Having healthy levels of both types of lipoproteins is important. Too much LDL can lead to a buildup of cholesterol, or plaque, in the arteries,

leading to coronary heart disease. Over time, plaque buildup can cause arteries to become narrow and obstruct the flow of oxygen-rich blood to the heart. A coronary artery can become blocked by plaque buildup or by plaque that ruptures, causing a clot. Healthy HDL levels are important because HDL helps remove cholesterol from your body. Total LDL and HDL cholesterol should be less than 200 mg/dL.

High cholesterol usually has no symptoms. A blood cholesterol test is recommended every 5 years for adults. Treatment often

includes some combination of lifestyle changes and medication. Healthy habits like good nutrition, regular exercise, and being smoke-free, can help reduce risks of high cholesterol.

The Healthy People 2020 Initiative through the U.S. Department of Health and Human Services has set a national target for high cholesterol rates for adults 20 years and older to not exceed 13.5% by 2020. Fewer Tri-State residents have high cholesterol compared to the nation Still, **one-third of adults** have this risk factor for heart disease.

OTHER LOCAL FINDINGS

HIGH CHOLESTEROL PREVALENCE IS SIMILAR FOR MEN AND WOMEN

35% of adult males report high cholesterol, compared to 34% of adult females

HIGH CHOLESTEROL INCREASES WITH AGE

Close to one-third of adults between 40 and 44 years of age have high cholesterol and as much as two-thirds of adults 75-79 years of age report this condition

HIGH CHOLESTEROL AFFECTS RACIAL/ ETHNIC GROUPS DIFFERENTLY

35% of White adults report high cholesterol, compared to 31% of Black adults, 27% of adults in Other categories, e.g., Asian, Multiracial, and 20% of Hispanic adults

CHOLESTEROL INCREASES WITH WEIGHT

Over one-third, 35%, of overweight individuals and 44% of obese individuals reported having high cholesterol compared to 23% of those in normal weight categories



FAIR

34[%]

38[%]

CHOLESTERO

CHRONIC LOWER RESPIRATORY DISEASE

FOR THE MOST PART, THERE ARE MORE RESPIRATORY DISEASE SUFFERERS IN LOCAL COUNTIES COMPARED TO THEIR STATES.



Has a doctor, nurse, or other health professional EVER told you that you had Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

CHRONIC LOWER RESPIRATORY DISEASE IS THE THIRD LEADING CAUSE OF DEATH IN THE U.S.

This umbrella refers to a group of diseases that develop progressively, causing airflow blockage and breathing-related problems such as Chronic Pulmonary Disease (COPD,) emphysema, and chronic bronchitis. As many as 15 million Americans report being diagnosed with COPD, the most deadly of the lower respiratory diseases. There are more diagnoses for these respiratory diseases in central and southern states compared to other areas of the country. Indiana and Kentucky are included in this group. Severe cases of COPD make simple tasks like walking or dressing difficult to complete. Over 50% of COPD patients say their condition limits their ability to work, get sufficient sleep, engage in normal physical exertion, do household chores, and join social activities.

Chronic lower respiratory diseases claim as many as 142,000 lives each year. In the U.S., the key factor in the development

and progression of COPD is tobacco smoke. COPD is much more likely to develop in individuals with a history of exposure to tobacco smoke in the home or workplace. Other risk factors include exposure to other home and workplace air pollutants, genetic predispositions, and respiratory infections. Avoiding or minimizing these risk factors helps prevent the initial development of COPD and treatment includes disease management such as smoking cessation, medication, oxygen therapy and in some cases surgery. The Tri-State region as a whole has slightly higher rates of Chronic Lower Respiratory disease than the nation, but rates in a few counties are double the national rate.

OTHER LOCAL FINDINGS

CHRONIC LOWER RESPIRATORY DISEASE AFFECTS MORE FEMALES

12% of females report these diseases, compared to 9% of males

ADVANCING AGE INCREASES THE RISK OF RESPIRATORY DISEASE

The highest respiratory disease prevalence is among those aged 55-84 years old

RESPIRATORY DISEASE AMONG RACIAL/ETHNIC GROUPS

White adults and Other adults, e.g., Asian, Multi-racial, etc., report slightly higher prevalence of respiratory disease, both with 11%, than Black adults, 9%, and Hispanic adults, 7%

RESPIRATORY DISEASE PREVALENCE DECREASES WITH HIGHER EDUCATION

36% of those with up to an 8th grade education have a respiratory disease, compared to 12% of those with a high school education and only 5% of college graduates

RESPIRATORY DISEASE PREVALENCE DECREASES WITH INCOME

25% of adults earning less than \$10,000 report respiratory disease, compared to only 4% of those earning \$75,000 or more

RESPIRATORY DISEASE PREVALENCE INCREASES WITH SMOKING BY CHOICE OR EXPOSURE

Residents who smoke some days or every day are over twice as likely to have a respiratory disease compared to non-smokers. Non-smokers who live with a smoker are also more likely to have these diseases



FAIR

DENTAL CARE

DESPITE SOME VARIATION AMONG COUNTIES, 2 OF EVERY 3 ADULTS SURVEYED HAD A ROUTINE DENTAL CHECKUP WITHIN THE PAST YEAR.



About how long has it been since you last visited a dentist for a routine check?

REGULAR DENTAL CARE IS ESSENTIAL TO ORAL HEALTH AND OVERALL HEALTH. Oral diseases and conditions can contribute to other health problems such as diabetes, heart disease, and adverse pregnancy outcomes.

Having dental coverage is still less common than having medical coverage in the U.S. Across the nation, those with private dental coverage are more likely to have had a dental visit over the past year compared to those publically insured or uninsured. Similarly, those in lower income brackets are less likely to receive regular dental care than those with higher income. Nationally, over 40% of poor adults 20 and older have at least one untreated decayed tooth, compared to 16% of non-poor adults. But regardless of dental benefits status and income level, the percentage of the adult population between the ages of 19 and 64 that has had a dental visit in the past year has steadily declined over the past decade. Conversely, the percentage of children and adults 65 and older having a dental visit in the past 12 months has increased.

Oral health can be improved by flossing daily, reducing or eliminating tobacco and alcohol, limiting or avoiding sugary and starchy foods, following the recommended dietary guidelines for good nutrition, and having regular dental check-ups. Communities can benefit from collaborative approaches to affordable dental care access for all residents. Close to two-thirds of the Tri-State region had a routine dental check-up within the past year, similar to the national average. However, less than half of certain minority groups had this routine care.



OTHER LOCAL FINDINGS

FEMALES ARE SLIGHTLY MORE LIKELY TO HAVE ROUTINE DENTAL CARE

66% of women report having a routine dental checkup in the past year, compared to 64% of men

ROUTINE DENTAL CARE INCREASES WITH EDUCATION

College graduates are more than twice as likely to have had a dental exam in the past year, 81% of those with degrees had a routine exam, compared to 33% of those who completed some high school but did not graduate

ROUTINE DENTAL VISITS INCREASE WITH AGE

Between 64-72% of residents 35 years and older report having a routine dental exam within the past year, compared to at most 64% of adults younger than 34

HIGHER INCOME INCREASES LIKELIHOOD OF DENTAL CARE

Residents earning \$75,000 or more are more than twice to three times as likely as those earning less than \$20,000 to have had a dental check up in the past year

WHITE RESIDENTS ARE MORE LIKELY TO HAVE ROUTINE DENTAL CARE

67% of White adults visited their dentist for a routine check in the past year, compared to 55% of adults in Other racial/ethnic groups, e.g., Asian, Multi-racial, 48% of Hispanic adults, and 41% of Black adults



DIABETES

SEVERAL LOCAL COUNTIES SURVEYED HAVE HIGHER RATES OF ADULT DIABETES THAN THEIR STATES.



Has a doctor, nurse, or other health professional EVER told you that you had diabetes?

DIABETES IS A DISEASE IN WHICH BLOOD GLUCOSE

LEVELS ARE ABOVE NORMAL. Most of the food we consume is turned into glucose, or sugar, for our bodies to use as energy. The pancreas makes a hormone called insulin to help glucose enter the cells in our bodies so it can be used. Having diabetes means the body doesn't make enough insulin or can't use insulin like it should, resulting in a buildup of sugar in the blood. This condition can cause serious health complications such as heart disease, stroke, blindness, kidney failure, or limb amputations. Diabetes is the seventh leading cause of death in the U.S. It is estimated that there are over 29 million Americans with diabetes, the majority undiagnosed. Nationally, diabetes is more common among American Indian/Alaska Native, Non-Hispanic Black, and Hispanic adults. Annual estimated costs for diabetes in the U.S., including direct medical costs and costs due to disability, work loss and premature death total \$245 billion.

Healthy weight, nutrition and physical activity are all key to prevention of most diabetes types. Once diagnosed, self-care and professional care become important to avoiding complications of diabetes. Personal blood glucose testing each day is important to monitor how foods, medicines and every day choices affect blood sugar. Oral medications, insulin injections, proper nutrition, exercise, maintaining a healthy weight, and control of cholesterol and blood pressure are also important components of treatment. In addition, routine physician testing of hemoglobin A1c (HbA1c), yearly eye examinations, and regular foot examinations are recommended. Diabetes prevalence in the Tri-State region is Only slightly higher than the nation.

OTHER LOCAL FINDINGS

DIABETES PREVALENCE IS EQUAL BETWEEN GENDERS

About 12% males and 12% females report having diabetes. Both genders attend appointments with health care professionals at the same frequency

DIABETES IS MOST PREVALENT AMONG UPPER MIDDLE AGED

Though some age groups under age 55 report having diabetes, it is more prevalent between 55 and 84 years of age. Adults in the Tri-State on average are diagnosed with diabetes at 47 years old

HISPANIC AND BLACK ADULTS REPORT SLIGHTLY HIGHER PREVALENCE OF DIABETES

14% of Hispanic adults and 13% of Black adults have diabetes, compared to 12% of White adults and 10% of adults in Other racial/ethnic groups

DIABETES INCREASES WITH WEIGHT

Obese residents are over four times more likely to have diabetes than normal weight residents. 22% of obese residents report having this diagnosis compared to 5% of normal weight residents

DIABETES AND RESULTING HEALTHCARE NEEDS INCREASE WITH POVERTY

Residents earning \$20,000 or less are about twice as likely to have diabetes and have up to twice the number of healthcare visits per month as those earning more than \$75,000

SPOTLIGHT ON DIABETES

TYPE 1 INSULIN-DEPENDENT DIABETES MELLITUS, OR JUVENILE-ONSET DIABETES

- Risk factors include autoimmune, genetic and environmental factors. Healthy eating, physical activity, and insulin injections are basic treatments
- About 5% of all diagnosed diabetes

TYPE 2 NON-INSULIN-DEPENDENT DIABETES MELLITUS, OR ADULT ONSET DIABETES

- Risk factors include older age, obesity, genetic predisposition, race/ethnicity and physical inactivity. Healthy eating, physical activity, a healthy body weight, and blood glucose testing are the basic therapies
- About 90-95% of all diagnosed diabetes

GESTATIONAL DIABETES ONLY DURING PREGNANCY

- If not treated, this can cause problems for both mother and baby. These women have an increased chance of developing diabetes in the next 10 – 20 years
- Occurs in about 2%-10% of all pregnant women and typically disappears after the pregnancy is over

OTHER MISCELLANEOUS DIABETES TYPES

- Other types of diabetes can result from specific genetic syndromes, surgery, medications, malnutrition, infections etc.
- About 1%-5% of all diagnosed cases

THE AVERAGE AGE PEOPLE IN THE TRI-STATE WERE TOLD THEY HAVE DIABETES

12*

DIABETES

FAIR

72% OF DIABETICS HAVING A RECOMMENDED EYE EXAM IN THE PAST 12 MONTHS

3.5 THE AVERAGE NUMBER OF TIMES IN THE PAST 12 MONTHS TRI-STATE DIABETICS SAW A HEALTHCARE PROFESSIONAL FOR THEIR DIABETES

HEALTHY WEIGHT

LOCAL OBESITY RATES FOR THE MOST PART EXCEED STATE RATES.



About how much do you weigh without shoes? How tall are you without shoes? (Used for BMI calculation)

BEING AT A HEALTHY BODY WEIGHT CONTRIBUTES TO GOOD HEALTH AT ANY AGE.

Weight is an issue that affects so many of us. The nation as a whole has shown tremendous increase in unhealthy weight status over the past decades.

Unhealthy weight costs us and our loved ones quality of life and years of life. Health risks associated with weight include things like high blood pressure, high cholesterol, coronary heart disease, stroke, type 2 diabetes, cancers, (especially endometrial, breast and colon), sleep apnea and other respiratory problems, osteoarthritis and a host of other diseases and conditions. If things don't change, the obesity rate is projected to skyrocket over the next decade, which would further overwhelm our economy and shorten the lifespan of future generations.

In addition to loss of quality of life and years of life from overweight and obesity, the economic costs of weight are staggering. The annual cost of obesity in the U.S. is well over \$147 billion.

With increased physically activity and diets that include more nutritious foods along with fewer unhealthy, calorie-rich, sugary, and high fat foods, individuals can maintain a healthy weight. And when communities are designed for healthy, active living, and access to nutrition, then making these healthy choices is easier. The problem has grown into an epidemic over the course of many years and the solution will likewise require several years to show impact. The Tri-State is increasingly committed to addressing this epidemic through increased opportunities for physical activity and access to healthy foods in our schools, workplaces, and communities.

The Body Mass Index, (BMI) is used to determine weight status. Weight and height measurements are used to calculate weight categories. There tends to be more obesity in the Tri-State region compared to the U.S. as a whole. One out of every three adults in the Tri-State region is obese.

TWO-THIRDS OF THE TRI-STATE ARE OVERWEIGHT OR OBESE.

	UNDERWEIGHT	HEALTHY WE	IGHT	OVERWEIGHT	OBESE	
INDIANA	35%			35%		32%
DUBOIS	32%			35%		32%
GIBSON	25%			32%		42%
SPENCER	27%			38%		33%
VANDERBURGH	33%			32%		34%
WARRICK	31%			38%		30%
ILLINOIS	33%			35%		29%
SALINE	28 %			35%		35%
KENTUCKY	31%			34%		33%
HENDERSON	28 %			33%		37%

For most adults, the BMI is a reliable indicator of whether one is underweight, normal/healthy weight, overweight or obese.

The Healthy People 2020 Initiative through the U.S. Department of Health and Human Services has set a national target for obese rates for adults age 20 and older to be no more than 30.5% by 2020. Currently, in the Tri-State region, just over 34% of all adults, (18 and older,) are obese.

BMI – ADULT BODY MASS INDEX

BMI	WEIGHT STATUS
Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 – 29.9	Overweight
30.0 and above	Obese

OTHER LOCAL FINDINGS

MALES AND FEMALES HAVE SIMILAR RATES OF OBESITY

34% of males and 34% of females are obese. However, males are more likely to be overweight and females are more likely to be normal weight. Less than 2% of females and 1% of males are underweight

MIDDLE TO UPPER AGES REPORT MORE OBESITY

Between 35-74 years old obesity rates ranges from 34% to 41%. Younger than 35, rates are less than 33%. Rates of obesity are lowest among those 85 and older, only 11% report being in this weight category

BLACK ADULTS AND ADULTS IN "OTHER" RACIAL/ ETHNIC GROUPS REPORT HIGHEST OBESITY RATES

Respondents indicating an "Other" race/ ethnicity, e.g., Asian, Multi-racial adults, indicated the highest rates of obesity, 44%. Next highest are Black adults, 40%, then White adults, 34%, and Hispanic adults, 26%

OBESITY INCREASES WITH POVERTY

HEALTHY WEIGHT

50% of individuals earning less than \$10,000 are obese, compared to 29% of those earning \$75,000 or more

POOR

OBESITY DECREASES WITH EDUCATION

Residents with a college degree are less likely to be obese than those with less education

OBESITY IS ASSOCIATED WITH POORER HEALTH OUTCOMES

Obese individuals in this survey are almost twice as likely to have arthritis, asthma, COPD, and high cholesterol, and twice as likely to have had a heart attack. They are also nearly three times as likely to have high blood pressure, about four times as likely to have coronary heart disease and five times likely to have diabetes compared to normal weight individuals

HEART DISEASE

IN MOST EVERY COUNTY SURVEYED, LOCAL ADULTS EXPERIENCE ANGINA AND CORONARY HEART DISEASE MORE THAN THEIR STATES.



Has a doctor, nurse or some other health professional EVER told you that you had angina or coronary heart disease?

HEART DISEASE IS THE LEADING CAUSE OF DEATH In the U.S. and is a major cause of disability.

Annually, 600,000 Americans die of heart disease – that's 1 of every 4 deaths. The most common heart disease condition in the U.S. is coronary heart disease, (CHD). CHD is responsible for over half of the total number of Americans who die from heart disease each year, nearly 380,000 people annually. National direct and indirect healthcare costs related to coronary heart disease are estimated at \$108.9 billion annually. CHD is a common term for the buildup of plaque in the heart's arteries that could lead to a heart attack. The most common symptom of this disease is angina, a pain or discomfort like pressure or squeezing in the chest, shoulder, arm, neck, jaw or back. CHD is also a leading cause of heart attacks, or myocardial infarctions. This occurs when the blood supply to the heart is severely reduced or completely blocked. As a result, the heart muscle cells do not receive enough oxygen and may begin to die. About every 34 seconds, someone in the United States has a heart attack, annually about 720,000 Americans.

Reducing the risk for heart disease include the ABC's of lifestyle changes – Avoiding tobacco, Becoming more physically active, and Choosing good nutrition. In addition, keeping cholesterol, weight, stress levels, alcohol use, blood sugar and blood pressure in healthy ranges is also important.
Tri-State rates of heart disease are similar to those of the nation. Heart disease is a leading cause of death in the Tri-State.



OTHER LOCAL FINDINGS

MALES ARE MORE LIKELY TO HAVE HEART DISEASE

8% of men have heart disease and 7% have had a heart attack. 5% of women report having heart disease, and 4% have had a heart attack

HEART ATTACKS Increase with Age

Fewer than 5% of those surveyed younger than 55 have had a heart attack. 7% of residents 60 - 64 years old, 15% of those 65 - 69 years old, and 23% of those 85 years and older have had a heart attack

BLACK ADULTS EXPERIENCE HEART ATTACKS MORE THAN OTHER RACIAL/ETHNIC GROUPS

Though rates of heart disease are similar for White and Black adults, both just over 6%, more Black respondents have had a heart attack, 9%, compared to 6% of White respondents. Heart disease is around 3% and heart attack rates are below 5% for Hispanic adults and adults in Other racial/ ethnic groups, e.g., Asian, Multi-racial adults

RISK FACTORS FOR HEART DISEASE AND HEART ATTACK

Those with diabetes are at least three times more likely, and those with high blood pressure are over five times more likely to have heart disease and heart attacks. Those who are physically inactive were twice as likely to have had a heart attack. Those who are obese are over three times more likely to have heart disease and 1.5 times more likely to have had a heart attack. Every day smokers and non-smokers who live with a smoker are also more likely to have a heart attack than non-smokers and those who do not live with a smoker





MENTAL HEALTH

IN SEVERAL COUNTIES, AROUND ONE OUT OF EVERY FOUR ADULTS HAS AT SOME Point been diagnosed with depression or a depressive disorder.



Has a doctor, nurse, or other health professional EVER told you that you had a depressive disorder, including depression, major depression, dysthymia, or minor depression?

MENTAL HEALTH REFERS TO OUR EMOTIONAL, PSY-CHOLOGICAL AND SOCIAL WELL-BEING. It affects how we think, feel and act. There are many factors that contribute to mental health over the lifespan including family dynamics, family history of mental health problems, biological factors such as inherited genes or brain chemistry, and life experiences both positive and negative.

Two of the most common conditions that affect mental health are depression and anxiety. Each year, nearly 7% of U.S. adults experience major depressive disorder such as major depression, seasonal affective disorder or post-partum depression. Symptoms of a depressive disorder could include persistent sad or hopeless feelings, interruptions in eating and sleeping habits or thoughts of self-harm. Women are more likely than men and White adults are more likely than Black adults to experience depression during their lifetimes. Anxiety disorders affect about 18% of U.S. adults each year. Symptoms of anxiety include excessive, irrational fear and worry often lasting longer than 6 months. Women are more likely than men and White adults more likely than Black adults to experience an anxiety disorder during their lifetimes. Women are more likely to report mental health issues and to seek treatment, which may also influence higher rates of mental health diagnoses.

Prevention of mental and emotional problems includes a focus on overall health and well-being, routine medical care, education about warning signs and access to help services as soon as possible once symptoms have begun. Treatments can involve a combination of medications, psychotherapy and lifestyle changes. Communities should strive to have affordable treatment options available to all residents, including qualified providers who provide proven treatments for mental health conditions.



When compared to the U.S., adults in the Tri-State region report being more depressed.

OTHER LOCAL FINDINGS

WOMEN REPORT MORE DEPRESSION AND ANXIETY

30% of women have ever been told they have a depressive disorder compared to 19% of men. 28% of women have ever been told they have anxiety, compared to 18% of men

BETTER MENTAL HEALTH WITH HIGHER INCOME

14% of residents earning \$75,000 or more report having a depressive disorder, while close to four times this amount, 54%, of those earning less than \$10,000 report having this condition. Similarly, 14% of top earners report anxiety, compared to 49% of lowest earners

MENTAL HEALTH DIFFERS AMONG RACIAL/ETHNIC GROUPS

25% of White adults and adults in Other categories, e.g., Asian, Multi-racial, 23% of Black adults and 14% of Hispanic adults report depression. 29% of Black adults report having anxiety, compared to 23% of White adults, 21% Other adults and 17% of Hispanic adults

MENTAL HEALTH IMPROVES WITH AGE

Between 20 and 64 years of age, 22% – 32% of adults report depression. Rates for anxiety are similar. After 65, mental health improves, for example just 10% of adults over 85 report depression and 7% report anxiety

BETTER MENTAL HEALTH WITH HIGHER EDUCATION

Only 16% of college graduates report depression, compared to 27% of adults with a high school diploma only. Similarly, 16% of college graduates have anxiety, compared to 24% of high school graduates. Over one-third of residents who didn't complete high school report depression and anxiety

EMPLOYMENT AND MENTAL HEALTH

Depression and anxiety are highest with those unable to work, 58%, and those out of work for more than one year, 35%-37%. Depression is lowest among those currently self-employed, employed, and retired, between 17- 19%. Anxiety is lowest among those who are employed, self-employed and retired, 16-17%

RELATIONSHIP STATUS AND MENTAL HEALTH

20% of married individuals, 35% of members of an unmarried couple, and 61% separated individuals report depression. 18% of married individuals, 40% of members of an unmarried couple and 56% of separated individuals report anxiety

RESIDENTS IN THESE COUNTIES SPEND AT LEAST ONE WEEK PER MONTH FEELING ANXIOUS:

1) Vanderburgh County, IN
 2) Saline County, IL

3) Henderson County, KY

RESIDENTS IN THESE COUNTIES SPEND AT LEAST FIVE DAYS PER MONTH FEELING DEPRESSED:

Saline County, IL
 Vanderburgh County, IN
 Henderson County, KY

NUTRITION

AT BEST, A LITTLE OVER HALF OF THE ADULTS IN THE SURVEYED COUNTIES CONSUME FRUIT DAILY.



During the past month, not counting juice, how many times per day, week, or month did you eat fruit? (Calculated for daily rate)

GOOD NUTRITION IS A FOUNDATION FOR GOOD

HEALTH. Recommended diets include a combination of vegetables, fruits, grains, dairy and protein foods along with ample consumption of water. These guidelines encourage the consumption of vitamins and minerals necessary for things like strong bones. They also minimize the consumption of things like fats, sugars, and sodium that increase risks of chronic conditions, e.g., high blood pressure, obesity, and diabetes. Across the nation, adults tend to consume more than the rec-

ommended number of calories, yet fail to consume a sufficient amount of things like dark green vegetables and whole grains.

Choosing to eat nutritious foods in conjunction with recommended physical activity guidelines will help individuals maintain a healthy weight and reduce risk factors for chronic disease. The ability to access healthy foods, however, can be a challenge. An estimated 14.3% of American households are "food insecure," meaning they lack access to enough food, for an active, healthy life for all household members. The USDA has also identified several food desert areas in the Tri-State, defined as being inhabited by low income residents, residents with low vehicle access or residents living a significant distance from the nearest supermarket. Progress toward greater access to nutritious foods should include steps to provide accessible and affordable healthy foods to all such as local and mobile farmers markets, and healthier food offerings at supermarkets, restaurants, and corner stores. Only half of adults in the Tri-State region consume fruit daily, far fewer than adults across the nation. Many adults face obstacles to buying fresh produce, such as cost and transportation.



OTHER LOCAL FINDINGS

FEMALES CONSUME MORE FRUIT DAILY

57% of females report having fruit each day, compared to 42% of males

YOUNGER ADULTS CONSUME LESS FRUIT

Despite some variation among age groups, daily fruit consumption increases with advancing age. 41% of the youngest adults, 18 – 19 years old, have fruit each day compared to over 50% of adults after age 64

RACIAL/ETHNIC DIFFERENCES WITH FRUIT CONSUMPTION

57% of adults in an Other category, e.g., Asian, Multi-racial adults, consume fruit daily, compared to 50% of White adults, 48% of Hispanic adults, and 44% of Black adults

FRUIT CONSUMPTION INCREASES WITH INCOME

59% of residents earning \$75,000 or more consume fruit daily, compared to 38% of those earning less than \$15,000



SPOTLIGHT ON LOCAL NUTRITION FRUITS & VEGETABLES

8 THE AVERAGE NUMBER OF SERVINGS OF FRUIT THE TRI-STATE CONSUMES PER WEEK 18-19 year olds consume

the least, just over 5 servings per week, compared to adults over 85 who consume over 11 servings

THE AVERAGE NUMBER OF SERVINGS OF DARK GREEN VEGETABLES THE TRI-STATE CONSUMES PER WEEK

Adults earning over \$35,000 report eating about 6 servings per week

30%

OF OBESE ADULTS IN THE TRI-STATE WANTED TO PURCHASE FRUITS AND VEGETABLES IN THE LAST MONTH BUT WERE UNABLE

Compared to 18% of normal weight adults

45%

OF HISPANIC ADULTS WANTED TO PURCHASE FRESH FRUITS AND VEGETABLES IN THE LAST MONTH BUT WERE UNABLE

Compared to 41% of Black adults, 38% Other adults, and 21% of White adults

23% OF THE TRI-STATE REGION WANTED TO, BUT WAS UNABLE TO PURCHASE FRESH FRUITS AND VEGETABLES IN THE PAST MONTH.

Here are the top reasons why:

- Cost is prohibitive
- Quality of produce offered by vendor is poor
- Produce of choice is out of season
- Transportation to vendor of choice is limited



SUGAR SWEETENED DRINKS

11 The average number of sugary sodas tri-state adults between 25 – 29 years old consume per week

Adults over 45 years old consume between 1 and 5 of these drinks per week

2X

BLACK ADULTS AND ADULTS FALLING INTO AN OTHER RACIAL/ETHNIC CATEGORY, E.G., ASIAN, MULTI-RACIAL, ETC., DRINK NEARLY TWICE THE AMOUNT OF SUGARY SODAS PER WEEK AS WHITE ADULTS AND HISPANIC ADULTS.

Residents earning less than \$35,000 also drink up to twice the amount of these drinks as those with higher incomes

3X

RESIDENTS AT THE LOWEST END OF THE INCOME SPECTRUM, EARNING \$10,000 OR LESS, CONSUME OVER 6 SUGAR SWEETENED FRUIT DRINKS SUCH AS SWEET TEA, LEMONADE, AND SPORTS DRINKS, PER WEEK, THREE TIMES THOSE EARNING \$75,000 OR MORE



PHYSICAL ACTIVITY

MORE ADULTS IN THE TRI-STATE COUNTIES SURVEYED MEET RECOMMENDED GUIDELINES FOR WEEKLY AEROBIC PHYSICAL ACTIVITY COMPARED TO THEIR STATES.



REGULAR PHYSICAL ACTIVITY IS STRONGLY ASSOCI-ATED WITH ENHANCED HEALTH AND REDUCED RISK

OF PREMATURE DEATH. Along with good nutrition, physical activity is one of the most modifiable behaviors that can impact health. Besides helping to maintain a healthy weight, physical activity plays a role in reducing the risk for chronic disease like heart disease, type 2 diabetes, depression, and certain cancers. The CDC recommends specific amounts of physical activity and muscle strengthening for adults. This activity can be spread out, even in small increments, like 10 minutes at a time, through the week.

Nationally, just over a quarter of adults, 25.4%, report no leisure time activity whatsoever. This percent is about the

same in Illinois, (25.1 %,) but higher in Indiana, (29.2 %,) and Kentucky, (29.3 %.) Only 20.6% of Americans meet both 150 minute aerobic and muscle strengthening guidelines, slightly more meet both guidelines in Illinois, (22.0%,) and fewer adults meet both guidelines in Indiana and Kentucky, (both 17.3%.)

Having ample opportunities to be physically active helps residents more easily increase their activity levels. Designing communities to promote active transportation such as providing designated bike lanes, connecting walking paths between popular destinations, creating safe places to exercise and play, and having opportunities for those with physical challenges or disabilities, all help residents make physical activity a natural part of their daily lives. We have seen progress on this front During the past month, did you participate in any physical activities or exercises such as running, golf, gardening, farming, or walking? How many times per week did you take part in activities during the past month? When you took part in these activities, for how many minutes did you usually keep at it?

over the past few years. Most states now have environmental and policy strategies in place that encourage physical activity. Locally, we have a few more roads with striped bike lanes, an increase in walking paths and greater promotion by school districts, workplaces, and healthcare providers, to increase daily physical activity. Just over half of adults in the Tri-State meet the recommendations for weekly aerobic physical activity, slightly more than the nation. There are fewer Tri-State adults who engage in NO physical activity compared to the nation as well.



RECOMMENDED PHYSICAL ACTIVITY FOR ADULTS

2.5 hours 1.25 hours (150 minutes) of (75 minutes) of moderate activity OR vigorous activity per week, e.g., brisk walking jogging An equivalent mix of moderate and vigorous activity

Muscle strengthening activities that work all major muscles groups 2 or more days per week

AND

TOP 3 TRI-STATE PHYSICAL ACTIVITIES (As a primary or secondary)	% OF Adults		
Walking	65%		
Gardening, (spading, weeding, digging, filling)	13%		
Running	10%		
Othersbasketball, bicycling, household cleaning & repair, weight lifting, yard work, aerobic video or class	Each less than 5%		

OTHER LOCAL FINDINGS

IN THE PAST MONTH, 83% OF THE TRI-STATE PARTICIPATED IN SOME TYPE OF PHYSICAL ACTIVITY

Compared to 75% of the nation

ADULTS WITH HIGHER INCOMES ARE More likely to get recommended Physical activity

Adults earning \$50,000 or more are more likely to participate in muscle strengthening activities. And although adults in this income group exercise the fewest number of times per week, they are still most likely to meet recommendations for weekly aerobic physical activity

PHYSICAL ACTIVITY IS JUST ONE ASPECT OF MAINTAINING A HEALTHY WEIGHT

57% of normal weight and overweight adults meet recommendations for weekly aerobic physical activity. 49% of obese adults and 48% of underweight adults meet these recommendations. Just 26% of obese adults engage in muscle strengthening activities, compared to 50% of normal weight adults, 45% of underweight adults and 41% of overweight adults

MEN TEND TO EXERCISE MORE Often, and for longer amounts of time than women

59% of men meet the recommendations for weekly aerobic activity, compared to 50% of women. Men are also more likely to engage in muscle strengthening activities

PHYSICAL ACTIVITY DECLINES WITH AGE

9 out of 10 adults ages 18 to 44 engaged in physical activity in the past month. Though activity decreases with age, as many as 6 out of 10 adults over 85 report still being physically active

HISPANIC ADULTS ARE MOST Physically active

In the past month, 90% of Hispanic adults were physically active, compared to 83% of White adults, 78% of Other adults, e.g., Asian, Multi-racial, and 77% of Black adults. 3 out of 5 Hispanic adults also meet recommendations for weekly aerobic activity, more than other racial/ethnic groups. In addition, more Hispanic adults engaged in muscle strengthening activities than other racial/ethnic groups

SMOKING/TOBACCO

IN SOME COUNTIES, OVER ONE-QUARTER OF THE RESIDENTS CURRENTLY Smoke cigarettes some days or every day. Just two counties in the study are below national rates.



Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

TOBACCO USE REMAINS THE SINGLE GREATEST AVOIDABLE CAUSE OF DISEASE AND PREMATURE

DEATH. Smoking related diseases claim an estimated 480,000 American lives each year, including those affected indirectly, such as babies born to mothers who smoke and victims of secondhand exposure. 11% of Tri-State non-smoking residents currently live with a smoker, putting them also at risk.

More than 10 times as many Americans have died prematurely from cigarette smoking than have died in all the wars fought in

America's history. Smoking costs the U.S. over \$193 billion annually in loss of productivity and direct healthcare expenditures.

SMOKELESS OR CHEWING TOBACCO DELIVERS NICOTINE THROUGH STRANDS OF LOOSE TOBACCO LEAVES PACED BETWEEN THE CHEEK AND GUM.

Nicotine is absorbed through the mouth tissues and the user spits out saliva that has soaked through the tobacco. Smokeless tobacco use is more prevalent in younger ages. About half of new users are younger than 18 when they first use. Diseases like coronary heart disease, stroke, asthma, multiple cancers, etc., are directly linked to tobacco use. Despite all we know about the dangers of tobacco use, advertisers continue to entice new users and professional athletes and celebrities encourage tobacco use through role modeling. The best course of action is to avoid tobacco use altogether. Once habits are established, quitting can be very difficult and irreversible damage can be done to health in a short amount of time. 60% of Tri-State smokers tried to quit smoking in the past year. The Tri-State has a higher rate of current smokers than the U.S. as a whole. In some counties, the rate is Significantly higher. One out of every four adults smokes some days or every day.



OTHER LOCAL FINDINGS

MEN USE TOBACCO MORE THAN WOMEN

25% of males indicated smoking some days or every day, compared to 22% of females. No women reported using chewing tobacco

TOBACCO USE BY AGE

On average, Tri-State smokers began smoking at age 16. Between 24%-43% of Tristate residents between the ages of 18 and 39 currently smoke. Between 15%-26% of residents between the ages of 40 and 69 and fewer than 8% of residents older than 70 currently smoke. Chewing tobacco use is most prevalent in the 30 to 34 age range

BLACK ADULTS ARE MORE LIKELY TO SMOKE

37% of Black adults smoke every day or some days compared to 33% of adults in Other categories, e.g., Asian, Multiracial adults, 23% of White adults, and 20% of Hispanic adults. Chewing tobacco use was indicated predominately by adults in the Other category and White adults

SMOKING DECREASES AS INCOME INCREASES

The highest percentage of smokers, 47%, earns less than \$10,000 and the lowest percentage of smokers, 11%, earns \$75,000 or more

SMOKING DECREASES AS EDUCATION INCREASES

At least 36% of residents with less education, (a high school diploma or less,) smoke, compared to only 8% of college graduates

THE TRI-STATE CHEWS TOBACCO SLIGHLY LESS THEN THE U.S., HOWEVER RATES ARE AS HIGH AS 7% IN A FEW RURAL COUNTIES.





STROKE

RATES OF STROKE IN TRI-STATE COUNTIES ARE CLOSELY ALIGNED WITH EACH OTHER AND THE STATES.



Has a doctor, nurse, or other health professional EVER told you that you had a stroke?

STROKE IS THE FOURTH LEADING CAUSE OF DEATH

IN THE U.S. A stroke occurs when the blood supply to a part of the brain is blocked or when a blood vessel in the brain bursts, causing damage. Although stroke risk increases with age, strokes can and do occur at any age. In 2009, about a third of people hospitalized for stroke were younger than age 65. American Indians, Alaska Natives and Blacks are more likely to have had a stroke than are other groups. The risk of having a first stroke is nearly twice as high for Blacks than for Whites. Hispanic's risk for stroke falls between that of Whites and Blacks. More men than women have stroke; however, more women die from stroke.

Stoke kills almost 130,000 Americans each year and costs the U.S. an estimated \$36.5 billion. The best treatment for stroke is prevention. Though there are risk factors that can't be controlled such as increasing age and heredity, there are a number of controllable risk factors. Maintaining a healthy weight, avoiding or controlling hypertension and high cholesterol, avoiding tobacco, avoiding illegal drug use, and avoiding excessive alcohol use are all steps to lower the risk for stroke. Adults in the Tri-State experience stroke at about the same rate as adults in the U.S. as a whole. Higher rates are associated with risk factors such as smoking and obesity.

OTHER LOCAL FINDINGS

LOCAL GENDER PREVALENCE DIFFERS FROM NATIONAL TRENDS

Slightly more women report having a stroke, 4%, compared to 3% of men. Nationally, men tend to have strokes more than women

STROKE RISK INCREASES WITH AGE

Until age 64, stroke prevalence is less than 6%. After age 65, stroke prevalence is between 7% - 15%

HIGHEST STROKE PREVALENCE IS AMONG BLACK Adults and adults in an other category

6% of Black adults and 5% of adults in an Other category, e.g., Asian, Multi-racial, Native American adults, etc., indicate having had a stroke, compared with 4% of White adults and 2% of Hispanic adults

STROKE INCREASES WITH SMOKING

5% of adults who smoke daily, and 6% of adults who smoke some days have had a stroke, compared to 3% of nonsmokers. Non-smokers living with smokers also run a higher risk. 5% of these Tri-State residents have had a stroke compared with 3% of those not living with a smoker

WEIGHT STATUS IMPACTS STROKE RISK

5% of both obese and underweight residents report having had a stroke, compared to 3% of overweight and 3% of normal weight residents



FAIR

SUBSTANCE USE

LOCAL ADULTS ARE 2 TO 3 TIMES MORE LIKELY TO BINGE DRINK THAN ADULTS ACROSS THEIR STATES.



ALCOHOLIC BEVERAGES

Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion?

THE USE AND MISUSE OF ALCOHOL AND SUBSTANCES SIGNIFICANTLY CONTRIBUTES TO DISEASE AND PREMATURE DEATH IN THE U.S. Excessive alcohol use

is the 3rd leading lifestyle related cause of death for the nation, contributing to approximately 88,000 deaths annually. Binge drinking, the most common form of excessive alcohol consumption, is defined as 4 or more drinks for women and 5 or more drinks for men during a single occasion. In the shortterm, binge drinking results in injuries, violence, risky sexual behaviors, alcohol poisoning and birth defects, miscarriages and stillbirths for pregnant women. In the long-term, binge drinking contributes to neurological and psychiatric problems, certain cancers, liver and gastrointestinal problems. Solutions to this community problem must include evidence based prevention and education to deter residents from binge drinking as well as evidence based treatment for those with an established problem. Adults in the region are **twice as likely** to binge drink as the average American. This behavior puts Tri-State residents at **greater risk** for associated injuries, diseases, crimes and higher economic costs.

OTHER LOCAL FINDINGS

MEN ARE TWICE AS LIKELY TO BINGE DRINK

43% of men indicated binge drinking, compared to 21% of women

YOUNG ADULTS ARE MORE LIKELY TO BINGE DRINK

Between 18 and 44, at least 35% indicate binge drinking, with the highest percent, 66%, in the 20 to 24 age group. Especially after age 40 the prevalence of this behavior begins to dramatically decrease

BINGE DRINKING IS MORE FREQUENT AMONG BLACK ADULTS AND HISPANIC ADULTS

55% of Black adults and 46% of Hispanic adults indicate binge drinking at least once in the past month, compared to 32% of White adults and 29% of adults in Other racial/ethnic groups

BINGE DRINKING NOT THAT DISSIMILAR ACROSS INCOMES

At least one-quarter of residents in each income bracket indicates binge drinking, with a slightly higher prevalence of this behavior among those who earn between \$10,000 and \$15,000

BINGE DRINKING DECREASES WITH INCREASED EDUCATION

42-44% of people with a high school diploma only or less binge drink, compared to 29-30% of people with education higher than a high school diploma

BINGE DRINKING AND MENTAL HEALTH

Binge drinkers are likely to have 2 OR MORE mentally unhealthy days in the past month, while non-binge drinkers are more likely to have 2 OR LESS of these days



POOR

SUBSTANCE USE

11% OF TRI-STATE ADULTS HAVE MISUED PRESCRIPTION PAINKILLERS.



PRESCRIPTION PAIN KILLERS

Have you ever, even once, used a prescription pain reliever when it was not prescribed for you or that you took only for the experience or feeling it caused?

THE ABUSE OF PRESCRIPTION PAIN KILLERS HAS INCREASED ACROSS THE NATION AND TRI-STATE.

Prescription painkiller overdose death rates have more than tripled since 1990 and deaths for women have increased almost twice as fast as those for men. Most often, prescription painkillers are accessed through individuals who get the medications from their doctors and then share them for free with their friends and relatives. Smaller percentages of users report getting them from strangers, on the internet, from doctor shopping, and from stealing. Steps to address prescription misuse include patient education, healthcare provider accountability, laws to help prevent prescription drug abuse, as well as increased education about the dangers of prescription access for youth, and improved access to affordable substance abuse treatment.

SPOTLIGHT ON LOCAL SUBSTANCE USE MISUSE OF PRESCRIPTION PAINKILLERS

60%

OF ADULTS WHO REPORT MORE THAN 2 MENTALLY UNHEALTHY DAYS IN THE PAST MONTH HAVE MISUSED PRESCRIPTION PAINKILLERS

40% of adults with 2 or fewer mentally unhealthy days report misusing painkillers

16% OF MEN REPORT MISUSING PRESCRIPTION PAINKILLERS

Compared to 7% of women

18-24 YEAR OLDS ARE MOST LIKELY TO REPORT EVER MISUSING PAINKILLERS.

24% of 18-19 year olds, and 23% of 20-24 year olds report misusing these drugs. In general, misuse decreases as adults age

5% OF SPENCER COUNTY ADULTS REPORT MISUSING PAINKILLERS

Compared to between 7% - 13% of adults in other counties

7%

OF HISPANIC ADULTS REPORT HAVING EVER MISUSED PRESCRIPTION PAINKILLERS. THE POPULATION LEAST LIKELY TO REPORT THIS MISUSE.

Compared to 11% of White adults and 18% of Black adults



VISION CARE

WELL OVER 70% OF ADULTS IN MOST SURVEYED COUNTIES REPORT HAVING AN EYE EXAM IN THE PAST TWO YEARS.



When was the last time you had your eyes examined by a doctor or eye care provider?

VISION DISABILITY IS ONE OF THE TOP 10 DISABIL-ITIES AMONG ADULTS 18 YEARS AND OLDER. Vision problems can be caused by injury, chronic disease such as diabetes and advancing age.

Approximately 14 million individuals aged 12 years and older have visual impairment, and more than 80% could be corrected to good vision with some type of refractive correction, e.g., eyeglasses, contact lenses or surgery. Vision loss causes a substantial social and economic toll for millions of people including disability, loss of productivity and quality of life. The economic impact of major vision problems among adults 40 years and older in the U.S. is more than \$51 billion annually.

Early detection and timely treatment of eye conditions has been found to be effective in preventing many serious conditions and disabilities. Healthy eyes should have regular comprehensive exams by eye care professionals. In addition, individuals should maintain a healthy weight, enjoy a nutritious diet, quit smoking or never start to support eye health. To protect eyes from environmental risks, keep hands and eyewear clean, take regular breaks from staring at computer screens, wear protective eye wear to prevent injury and wear sunglasses to minimize sun exposure.

The Healthy People initiative, U.S. Department of Health and Human Services, Healthy People 2020, has set the following target for vision care: 61% of Americans to have received a comprehensive eye examination within the past 2 years. The Tri-State is already surpassing this target. Nationally, the most common reasons individuals don't seek eye care are lack of awareness and cost. The Tri-State has **already well surpassed** the Healthy People 2020 goal of 60.5% for adults having an eye examination within the past 2 years.*

OTHER LOCAL FINDINGS

WOMEN HAVE EYE EXAMS MORE REGULARLY

76% of women and 67% of men have had an eye exam in the past two years

EYE CARE IMPROVES WITH AGE

At least 76% of residents over the age of 50 have had an exam in the past two years. Younger adults are somewhat less likely, though most age groups still exceed 56% having this recommended eye care

WHITE ADULTS ARE MORE LIKELY TO HAVE EYE EXAMS

72% of White adults have had an eye exam in the past 2 years, compared to 69% of adults in an Other category, e.g., Asian, Multi-racial adults, etc., 68% of Hispanic adults and 65% of Black adults

EYE EXAMS INCREASE WITH INCOME

Between 53% - 56% of adults in the top income brackets, earning at least \$50,000 report having an eye exam in the past year, compared to between 31% - 51% for all other income brackets

EYE EXAMS INCREASE WITH EDUCATION

76% of college graduates had a recommended eye exam in the last 2 years, compared to between 59% – 64% of those with less than a high school education

IN NEED OF EYE CARE

28% of the region has not had an eye examination in over 2 years. Of these, 46% lack health care coverage







GOOD

CARE

VISION



TRI-STATE CHILDREN

ASTHMA

EXCEPT FOR ONE COUNTY, ALL SURVEY COUNTIES HAVE LOWER CHILDHOOD ASTHMA RATES THAN THEIR STATES.



* National Survey of Children's Health (NSCH) 2011-2012. Children who have asthma currently OR had the condition at some point but not currently.

Has a doctor, nurse or other health profesional EVER said that the child has asthma?

CHILDREN WITH FREQUENT EPISODES OF COUGH-ING, SHORTNESS OF BREATH, OR CHEST TIGHTNESS MAY HAVE ONE OR MORE FORMS OF ASTHMA. This

chronic lung disease inflames and narrows the airways, making breathing difficult. Asthma affects people of all ages, but it most often starts in childhood. More than 10 million children in the U.S. under 18 have ever been diagnosed with asthma, with boys more likely to have this diagnosis in childhood. Asthma has no cure. Management of asthma consists of medication and the avoidance of triggers. The two most common triggers of asthma in children are colds and allergens. Asthma medicines include rescue inhalers for quick relief as well as long-term medicines to control the inflammation that commonly causes the asthma. When an asthma attack occurs, it is important to treat the symptoms right away. Severe asthma attacks may require emergency care and they can be fatal. Asthma rates for children are rising. One theory is the "hygiene hypothesis." This suggests that kids aren't being exposed to germs sufficiently so that their immune systems learn the difference between harmless and harmful irritants. Other theories include increased use of medications like antibiotics and acetaminophen, as well as rising obesity rates in children and vitamin D deficiencies from less sunlight exposure. Tri-State and national rates for children ever having asthma are similar. Just one county surveyed has child asthma rates that exceed the nation.

OTHER LOCAL FINDINGS

GIRLS HAVE A SLIGHTLY HIGHER ASTHMA PREVALENCE

15% of girls have EVER been told they have asthma, compared to 13% of boys. 83% of girls still have the condition, compared to 61% of boys

ASTHMA IS A LINGERING DISEASE

Of those children who have ever been diagnosed with asthma, 3 out of 4 children still have the condition

ASTHMA IS DISPROPORTIONATE AMONG NON-WHITE CHILDREN

13% of White children have EVER been told by a health professional they have asthma, compared to 26% of non-White children, e.g., Black, Hispanic, Asian, Multi-racial children, etc. Of those children who have EVER been diagnosed, 94% of Non-White children still have the condition, compared to 69% of White children

CHILDHOOD ASTHMA INCREASES WITH SECONDHAND SMOKE

17% of children who have EVER been told they have asthma live with a member of the household who smokes, compared to 11% of children with asthma who do not live with a smoker. Of those who have EVER been diagnosed with asthma, 85% of children living with a smoker still have the condition, compared to 66% of children who do not live with a smoker

* Source for U.S. data: 2011/2012 National Survey of Children's Health. Children who have asthma currently OR had the condition at some point but not currently.





TRI-STATE CHILDREN

HEALTHY WEIGHT

MOST TRI-STATE CHILDREN HAVE A HEALTHY WEIGHT, THOUGH IN SOME COUNTIES, As much as 1 of every 4 children between the ages of 2 and 17 is obese.

	UN	DERWEIGH	IT		HEALTHY WEIGHT	OVERV	/EIGHT	OBESE	
REGION		9%	57	7%			18%	16%	
DUBOIS	11%	71%				8%	10%		
GIBSON		3	}%	54 %			21 %		22%
SPENCER		9 %	5	i6%			16%	19°	%
VANDERBURGH		•	7%	54 %			21 %		18%
WARRICK		10%	60 %				18%	12%	
SALINE			11%	49%			15%		25%
HENDERSON		14 [%]		53 %			21 %	12%	
						•			

About how much does (child) weigh without shoes? How tall is (child) without shoes? What is the age of the child? (Used for BMI calculations)

OVER THE PAST THREE DECADES, THE PERCENTAGE OF OBESE CHILDREN IN THE U.S. HAS AS MUCH AS QUADRUPLED FOR CERTAIN AGE GROUPS. In 1980,

about 7% of children aged 6 – 11 were obese compared to 18% of this age group in 2012. Similarly, about 5% of children aged 12 - 19 were obese in 1980, compared to 21% in 2012. Child and adolescent weight status is determined by using the "body mass index", or BMI. Though the way it's calculated for children is similar to adults, the criteria used to interpret the BMI are different. Children's BMI takes into account the fact that body fat changes with age and that body fat differs between girls and boys. Therefore the interpretation of the BMI translates into a percentile for a child's sex and age.

The BMI by itself is not a diagnostic tool but should be discussed with a healthcare provider. Beyond the BMI percentile, a healthcare provider can make a more accurate weight status determination when considered along with other assessments such as skinfold thickness measurements, and evaluations of diet and physical activity.

Childhood weight status has short-term and long-term effects on health. In the short-term, obese youth are more at risk for developing high cholesterol, high blood pressure, diabetes, sleep apnea, bone and joint problems – diseases and conditions historically reserved for older adults. In the long-term, children who are obese are more likely to be adults who are obese. These children are more likely to have chronic diseases such as cardiovascular disease, stroke, cancer, osteoarthritis and premature death.

Prevention and early intervention include healthy lifestyle habits such as healthy eating and physical activity. The people around children play an important role in their health and weight. Our children and youth benefit when those around them make the healthy choices much easier. When parents, schools, faith-based institutions, media, food and beverage industries and entertainment industries offer healthier choices and use their influence to promote healthy lifestyles, the health of our children greatly benefits. A breakdown of age groups suggests the Tri-State has more obese elementary school children and 3 times as many obese preschoolers when compared with children across the nation.



OTHER LOCAL FINDINGS

BOYS TEND TO HAVE MORE WEIGHT EXTREMES

11% of boys are underweight, compared to 7% of girls. 38% of boys are either overweight or obese, compared to 32% of girls. Girls tend to be more represented in healthy weight, 62%, compared to 52% of boys

ADULTS REPORT HEAVIER WEIGHTS FOR THEIR YOUNGEST CHILDREN

According to heights, weights and ages provided by adults, 64% of children under 5 are overweight or obese, compared to 47% of children between the ages of 5 and 9, 28% of children between 10 and 14, and 22% of youth between 15 and 17

ADULT PERCEPTIONS OF THEIR CHILD'S WEIGHT

80% of adults with children believe their children are "about the right weight." Only 10% perceive their children as overweight, though calculated heights and weights indicate 35% of these same children are in fact overweight or obese

WHITE CHILDREN AND NON-WHITE CHILDREN HAVE A SIMILAR WEIGHT DISTRIBUTION

35% of White children are overweight or obese, compared to 37% of non-White children, e.g., Black, Hispanic, Asian, Multi-racial children, etc.

CHILDREN'S WEIGHT INCREASES AS INCOME DECREASES

In households where the adults earned over \$50,000, no more than 11% of the children are obese. Though there is some variation among income brackets, as much as 50% of the children in households where the adults earned less than \$20,000 are obese

THE ROLE OF HEALTHCARE IN PROMOTING HEALTHY WEIGHT

Gibson County, IN, Vanderburgh County, IN, and Saline County, IL, have the highest children's overweight/obese percentages in this study, however, only 15% of adults in Vanderburgh, 11% of adults in Gibson and just 5% of adults in Saline indicate that their provider has ever told them their child was overweight

CHILD & ADOLESCENT BMI – BODY MASS INDEX FOR AGE

RANGE

Less than the 5th percentile	Underweight
5th percentile to less than the 85th percentile	Healthy Weight
85th to less than the 95th percentile	Overweight
Equal or greater than the 95th percentile	Obese

WEIGHT STATUS

MENTAL & BEHAVIORAL HEALTH

ADHD, ANXIETY, AND BEHAVIOR/CONDUCT DISORDERS ARE THE MOST COMMONLY DIAGNOSED OF THESE MENTAL, BEHAVIORAL, AND DEVELOPMENTAL CONDITIONS FOR TRI-STATE CHILDREN AGES 2 TO 17.



For each condition, please tell me if a doctor or other health care provider EVER told you that this child had the condition, even if he/she does not have the condition now.

MENTAL HEALTH IN CHILDHOOD INCLUDES MEETING Developmental and emotional milestones, Learning healthy coping skills and appro-

PRIATE SOCIAL SKILLS. Meeting these benchmarks for emotional and behavioral health helps children have a positive quality of life at home, at school and in the community. Common childhood mental health disorders that affect children include Attention Deficit Disorder with or without Hyperactivity (ADD/ADHD), Depression, Anxiety, Conduct/Oppositional Disorders and Autism Spectrum Disorders.

- ADD/ADHD children can be forgetful, impulsive, risktaking, fidgety and can have trouble socially with taking turns
- Depressed children can be tearful, withdrawn, angry or easily irritated
- Anxious children can be excessively worried and have irrational fears or compulsions that interfere with their lives
- Behavior Disordered children, (Conduct Disorder, Oppositional Defiant Disorder,) can display excessive noncompliance, aggression and lack of compassion for others
- Autism Spectrum children can have social, communication and behavioral challenges

Children's mental health information can be scarce, especially for children younger than 6 years old. As many as 1 out of every 5 children experience a mental disorder of some type in a given year and the annual cost of childhood mental health disorders is estimated at around \$247 billion. Compared to the nation, **more Tri-State children** ages 2 to 17 have ever had a diagnosis of autism, developmental delay, depression or anxiety, ADD/ADHD, or behavioral/conduct problems.

POOR TRI-STATE ► 24[%] U.S.* 17[%]

OTHER LOCAL FINDINGS

GENDER DIFFERENCES IN MENTAL AND BEHAVIORAL HEALTH

More Tri-State girls have been diagnosed with ADHD, depression, anxiety, and/or conduct problems, while more male children have been diagnosed with autism spectrum conditions

NON-WHITE CHILDREN AND MENTAL HEALTH

Non-White children, e.g., Black, Hispanic, Asian, Multi-racial, etc., have rates of mental health diagnosis that are generally higher than that for White children. For example, 15% of White children have been diagnosed with ADHD, compared to 27% of Non-White children and 8% of White children have been diagnosed with a behavior/ conduct disorder, compared to 18% of Non-White children. The only condition for which Whites fared slightly worse was depression. 5% of White children were told they had depression, compared to just slightly fewer, 4%, of Non-White children

MENTAL HEALTH AND POVERTY

Despite some variation, lower incomes accompany increased diagnoses of mental/ emotional health conditions. For example, 18% of children whose adults earn less than \$10,000 have had depression, compared to just 2% of those who earn \$75,000 or more, and 24% of children whose adults earn less than \$10,000 have had anxiety, compared to 10% of those who earn \$75,000 or more

MENTAL HEALTH AND AGE

Though survey respondents indicated some diagnosis at younger ages, mental, emotional, and behavioral diagnoses are most common in children between the ages of 10 and 17

MENTAL HEALTH DIFFERS BY COUNTY

Looking at the highs and lows with each condition, we see county differences.

ADHD

30% of Henderson County, KY children have been diagnosed with ADHD, compared to 11% of Dubois County children

DEPRESSION

12% of Henderson County, KY children have been diagnosed with depression, compared to 3% of Saline County, IL children

ANXIETY

14% of Henderson County, KY children have been diagnosed with anxiety, compared to just 2% of children in Gibson County, IN

AUTISM

6% of Spencer County, IN children have been diagnosed with autism, compared to 3% of both Dubois and Vanderburgh Counties

BEHAVIOR/CONDUCT

13% of Henderson County, KY children and 12% of Saline County, IL children have been diagnosed with behavioral or conduct problems, compared to 6% of Spencer County, IN children

METHODOLOGY & LIMITATIONS SURVEY & ANALYSIS

The Welborn Baptist Foundation's 2015 Tri-State Health Survey (TSHS) provides the best source for county level health data specific to our funding region. The TSHS survey questions, the implementation process, and weighting and analysis procedures are aligned as closely as possible with the 2013 Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) to allow for local comparison with these BRFSS results across the state and nation. The BRFSS survey focuses on overall health, prevalence of health conditions, and related behaviors that influence health.

Health data is available from the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) primarily at the national and state levels. Select Metropolitan Statistical Area data is also available, but some of the counties included in the Evansville IN-KY Metro area fall outside of the Welborn Baptist Foundation funding area; therefore, this Metro data is not necessarily representative of our region of interest and investment. See About the Survey Area for more information on WBF's funding region. This edition of the survey was conducted in 2014, with results published in 2015. A similar health survey, previously called the Adult Health Survey, was conducted in 2008. Going forward, the Foundation plans to repeat the survey every five years, with the next survey data collection planned for 2019 and results to be published in 2020. The survey was developed by the Welborn Baptist Foundation in consultation with Diehl Evaluation and Consulting Services, Inc., Evansville, IN and the Kent State University Survey Research Center, Kent, OH. The survey was implemented by the Kent State University Survey Research Center. The average length of the telephone survey interview was just under 18 minutes. All adults, age 18 and older in Vanderburgh, Warrick, Spencer, Gibson and Dubois Counties in Indiana, Henderson County in Kentucky, and Saline County in Illinois, were eligible to participate in the TSHS survey. The sample size more than doubled and the geography of the survey expanded from five to seven counties from the 2008 survey to the current survey. The seven survey counties were chosen to be representative of the area's population centers, including urban, suburban, and rural populations, and to include counties from each of the three states that make up the Tri-State area. All together, they include nearly 80% of the total population of the Foundation's fourteen county funding region. Cell phones and pre-paid cell phones have been added to help increase the possibility of reaching population sub-groups who may rely more on cell and pre-paid cell phones than land line phones. A child module was also added to this edition of the survey, to collect health information about a sample of the children in the respondent's homes. This child module adds significant value to the survey and to the collective body of knowledge about children's health in the Tri-State.

Per BRFSS sampling protocol, a disproportionate stratified random sample was used. The overlapping phone user sampling plan included random digit dials of landlines and wireless phones, (cellular and pre-paid cellular.) Extra steps were taken to ensure representation of population sub-groups in the Tri-State, e.g., bilingual interviewers, Spanish survey tool, over-sampling in the most diverse counties, etc. From a sample list of 80,779 phone records across seven counties, 403,009 dials were made. A total of 4,312 adults completed the survey. In addition, information was collected from adults on a total of 898 children under 18 years old. They survey data collection started in March 2014 and closed in August 2014.

For each County, data were weighted by race/ethnicity, gender, age and cell phone/landline to ensure that the sample more accurately reflected the characteristics of the population from which it was drawn. Data weighting took place in four stages: developing selection probabilities for the cell and landline studies, adjusting weights based on differential cooperation rates between landline and cell phone, a raking ration algorithm to population control totals, and scaling to case counts. This weighting was performed by an independent statistician Dr. Anthony Vander Horst, Kent, OH, using methods aligned with BRFSS weighting procedures. Both descriptive and inferential data analyses were conducted by Diehl Evaluation and Consulting Services, Inc., Evansville, IN. Statistical testing included parametric and non-parametric methods.

MEASURING PROGRESS

Unfortunately, we are unable to directly compare data from the 2008 survey to the 2015 survey to look for trends because these two surveys and data procedures have too many differences. CDC has made several changes to BRFSS over the past few years and in addition, we have made a few of our own changes and improvements. However, this report provides a couple of ways to gauge the status of important health issues. First, this report provides an overall look at the top concerns, controllable risk factors, overall health status and promising practices in 2015. See the *Executive Summary* and *Spotlight on Tri-State Health 2015* sections. This overall view of health in the Tri-State highlights the fact that across survey years, some of the same issues keep rising to the top.

Second, a framework was constructed by which to assess a value for each health issue. Health issues are categorized with one of three labels – GOOD, FAIR, or POOR. GOOD signifies those issues which represent positive, healthy behaviors or conditions. FAIR signifies issues that need monitoring and attention. POOR signifies issues that need our more urgent attention. These designations are determined by comparing Tri-State with national data on each health issue and by reviewing all additional related data on the issue including previous survey results and comparisons with state data. State and national data used for comparison come from the 2013 BRFSS unless otherwise specified.

These approaches — taking a big picture view of our overall health from the current and previous surveys, considering available data, as well as making comparisons to our state and national cohorts — help us to gain an overall sense of health in the Tri-State.

THE METRICS USED TO ASSIGN A VALUE TO EACH HEALTH TOPIC ARE AS FOLLOWS:

GOOD

Tri-State rate for this indicator is better than the US by at least 5% and additional health topic survey data supports that this is an area of strength for health in the region. We should keep up the good work but make sure all residents are benefiting from this. INCLUDING: HEALTHCARE ACCESS, CANCER SCREENINGS, VISION CARE

FAIR

Tri-State rate is very similar to national rates and survey data supports that attention is needed to this issue to ensure that progress trends towards improvement going forward. We should keep an eye on this. Including: Asthma, Cholesterol, COPD, Dental Care, Diabetes, Heart Disease, Physical Activity, Stroke, Child Asthma

POOR

Tri-State rate is worse than national rates by at least 5% and additional health topic survey data supports that this is an area of concern. We should give this our full consideration. Including: Arthritis, Blood Pressure, Healthy Weight, Mental Health, NUTRITION, SMOKING/TOBACCO, SUBSTANCE USE, CHILD WEIGHT, CHILD MENTAL HEALTH

LIMITATIONS

A few limitations are important to note. First, as was previously mentioned, direct comparisons cannot be made between the 2008 Adult Health Survey and this current survey because of differences in procedures.

Second, representative samples for ALL racial/ethnic groups were not obtained through the survey samples for both adults and children. Representative samples were obtained for the following ADULT racial/ethnic population subgroups: White/ Caucasian Only, Black/African American, and Hispanic/Latino Any Race. Remaining racial ethnic groups were collapsed into one category called Other. This category includes population groups such as all Asian, Multi-racial, American Indian or Alaskan Native, and all Pacific Islanders. The following categories were used for CHILDREN: White/Caucasian Only and Non-White, which includes all other racial/ethnic population groups.

Finally, self-report studies provide helpful information about the prevalence of disease and controllable risk factors. However, self-report does not provide a complete and thorough understanding of health and quality of life in a community. For example, self-report only provides information from those who have survived particular diseases and conditions e.g., those who indicated that they have ever had a heart attack or cancer. In addition, results for children are based on self-reports from parents, e.g., child height and weight. Self-report can be subject to respondent bias.

This study is about disease prevalence and health behaviors, but does not include every possible disease, condition, or risk behavior, nor does it point to causes. To achieve a more comprehensive understanding of a community's health, this study should be supplemented by epidemiology data, e.g., mortality rates for the disease states such as cancer and heart disease, and other data sources, e.g., county suicide rates, health department data, etc. Many useful secondary data sources have been compiled and highlighted in the Welborn Baptist Foundation's data website, Tri-State Community Wellness Indicators (CWI). We invite you to explore this website for supporting data on health and health related issues at *www.tristatecwi.org*.

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