

# GREATER EVANSVILLE HEALTH SURVEY

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2021 EDITION



# GREATER EVANSVILLE HEALTH SURVEY

A SURVEY OF HEALTH-RELATED COMMUNITY INDICATORS IN THE GREATER EVANSVILLE, INDIANA REGION

FROM THE WELBORN BAPTIST FOUNDATION

## WELBORN BAPTIST FOUNDATION PROJECT TEAM

### Project Coordinator

Liz Tharp, Learning & Impact Officer

### Healthy Eating & Active Living Consultant

Andrea Hays, Program & Community Engagement Officer

### Graphic Design & Report

Jeff Seymore, Communications Officer

## SURVEY ADMINISTRATION, DATA ANALYSIS, VISUALIZATION & REPORT CONSULTATION

Diehl Consulting Group, Inc., Evansville, IN

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Matt Wagner Design & Nick Basham Design, Evansville, IN  
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# PREFACE

Since 2008, The Welborn Baptist Foundation has periodically commissioned large-scale, multi-county health surveys. The 2021 Greater Evansville Health Survey (GEHS) represents the Foundation's ongoing commitment to providing useful regional 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 and active living.

The 2021 GEHS survey and process are similar to the previous 2015 Tri-State Health Survey, with some critical changes and improvements. For more information about how this study was conducted and how best to understand the report, see the *How to Read This Report* and *Methods & Limitations* sections.

It is important for all of us to stay aware of the changing landscape of health and health care, 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 mitigating chronic disease.

To learn more about the Welborn Baptist Foundation, we invite you to visit our webpage, [welbornfdn.org](http://welbornfdn.org).

**NOTE ABOUT COVID-19:** Please note that survey data was collected in February/March 2020, just before the COVID-19 pandemic began to substantially impact the Tri-State region. Results should not be considered representative of the region's health during the pandemic.



*Cultivating communities that flourish with the wellbeing, abundance, and peace that God desires* – that's our overarching vision here at the Welborn Baptist Foundation. It's a lofty vision and a weighty one.

What are the most strategic investments in our community now that will bring the greatest future return towards that vision of flourishing? The answers require study, research, data analysis, and a growing understanding of the interrelatedness of both our region's most pressing needs and the best opportunities for sustainable improvements.

National research continues to illuminate the importance of understanding the *Social Determinants of Health* if we are going to practically and comprehensively improve our neighbor's health outcomes. Where one lives can have a more significant impact on one's health than their heredity or DNA. The 2021 GEHS includes, for the first time, findings correlating housing quality and health in the 5-county study area.

Additionally, the study has been redesigned to reset focused benchmarks so that future trending and analysis is more meaningful in informing appropriate measures by government, non-profits, and funders alike.

At the heart of the study is our desire to see people flourish, and a community flourishes when its people flourish. We hope you find the 2021 GEHS useful to your advocacy, practice, service, and outreach.

Thank you for your partnership in advancing flourishing in our region.

Sincerely,

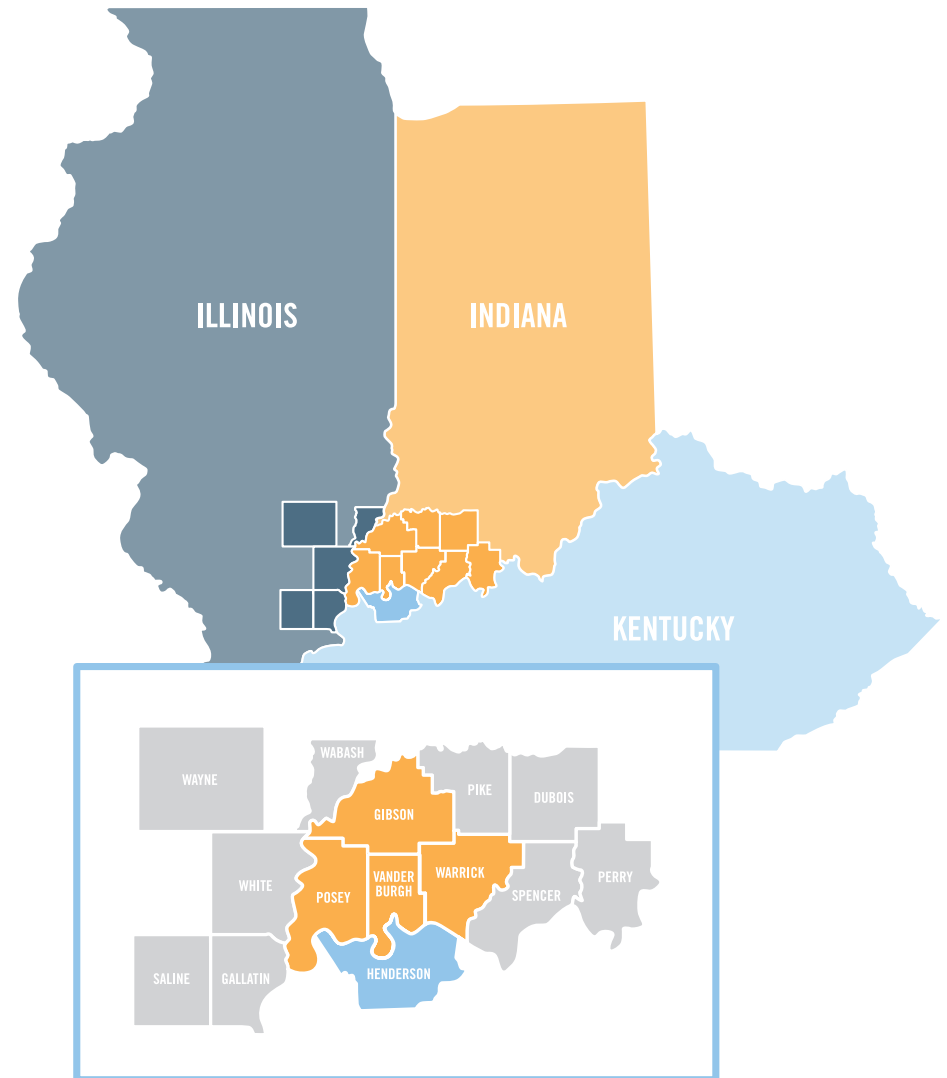
A handwritten signature in black ink, appearing to read 'Pat Creech'.

**Pat Creech**  
*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, and 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 14-county area has over 5,600 square miles of land and a population of approximately 513,000.
- Evansville, IN, is the primary population center with over 118,000 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 2015, the composition of the three largest racial population groups in the region has shifted slightly. The White subgroup has increased slightly (91%), the Black subgroup population is trending upward slightly (5%), and the Hispanic (any race) subgroup, while still small, continues to increase (3%).
- Approximately 6% of the total population are under 5 years of age, 22% are under 18 years of age, and 19% are over age 65.
- Approximately 90% of adults over age 25 have a high school diploma and 23% have a bachelor's degree or higher.
- Major economic activities vary across counties and include manufacturing, agriculture, coal mining, health care, education, and retail.



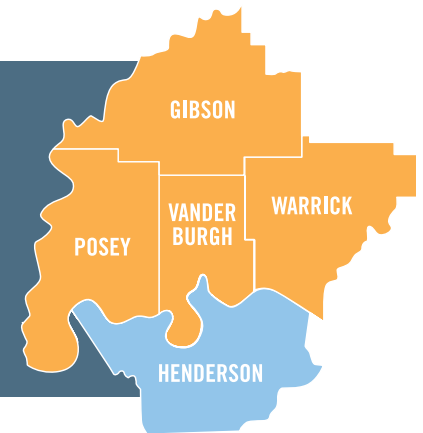
# EXECUTIVE SUMMARY

## OVERVIEW

- The Greater Evansville Health Survey (GEHS) is a comprehensive, large scale mail survey of the region's health to understand the prevalence of chronic disease and health-related controllable risk factors.
- The survey includes a sample of adults from Vanderburgh, Posey, Gibson, and Warrick Counties in Indiana, and Henderson County, Kentucky.
- Between February and March 2020, 3,880 adults completed the survey. Health data were also collected on 629 children.
- Regional findings provide valuable insight into the broader health condition in the area, but when it comes to designing strategies, local needs, contexts, and voices should always be taken into consideration.
- This 2021 Greater Evansville Health Survey is a slightly different configuration of the Foundation's 2015 Tri-State Health Survey, so the two are not directly comparable.
- All data and supporting statements come directly from survey data or are cited in *References*.

## WHY HEALTH MATTERS

Physical and mental health contribute to overall quality of life throughout the life span. When people lead healthy lifestyles, live in environments designed to support healthy choices, and have easy and equitable access to what they need to be healthy – good health is more easily achieved. However, there are many in our region who have difficulty attaining and maintaining good health. Issues of low income, inadequate access, personal choice, and unhealthy home environments can all be barriers. This survey helps tell the story of the Greater Evansville region's overall health status, areas of concern and signs of health.



## THE OVERALL HEALTH OF THE REGION HAS ROOM FOR IMPROVEMENT

4.1

NUMBER OF DAYS IN THE LAST MONTH THAT RESIDENTS' PHYSICAL HEALTH WAS "NOT GOOD"

5.4

NUMBER OF DAYS IN THE LAST MONTH THAT RESIDENTS' MENTAL HEALTH WAS "NOT GOOD"

18%

OF THE REGION AND THE NATION SAY THEIR OVERALL HEALTH IS FAIR OR POOR

46%

OF THE REGION'S ADULTS SAY THEIR OVERALL HEALTH IS EXCELLENT OR VERY GOOD, COMPARED TO 51% OF THE NATION

# EXECUTIVE SUMMARY CONTINUED

## MENTAL HEALTH, WEIGHT, AND ALCOHOL USE CONTINUE TO BE AREAS OF CONCERN

### Mental Health

- 22%, or nearly 1 in 4 adults in the region have anxiety.
- 20%, or 1 in 5 adults have depression.

### Weight

- 35%, or more than 1 in 3 adults in the region is obese compared to the nation (32%).
- Residents who are obese are 2 to 4 times more likely to have high cholesterol, high blood pressure, heart disease and/or diabetes.
- 28%, more than 1 in 4 of the region's children aged 2 – 17 are either overweight or obese.

### Alcohol Use

- 29%, more than 1 in 4 residents binge drink compared to the nation (17%).

## FEWER ADULTS ARE SMOKING, COMPARED TO THE NATION, AND MOST ARE ACTIVE AND RECEIVING ROUTINE MEDICAL CARE

### Smoking

- 16% of adults in the U.S. currently smoke, as do 12% of adults in the region.

### Physical Activity

- 84% of adults engage in some type of physical activity and nearly half (49%) meet recommended weekly activity guidelines for good health. 79% of adults 65 and older are still physically active.

### Routine Medical Care

- 80% of adults in the region had a general physical exam in the past year, still slightly better than the nation (78%).

## HOUSEHOLD INCOME IS AN IMPORTANT DRIVER OF HEALTH

### Residents with low household income are less likely to access nutritious foods and beverages.

- Low-income residents are 3 times more likely to be unable to purchase fresh produce (34%) than residents with higher incomes (10%).
- Residents who are unable to purchase fresh produce are more likely to consume sugary foods and beverages - on average 16 times a week, compared to 10 times a week for those who report no barriers.
- Low-income residents are more than twice as likely to have diabetes (13%) as those earning higher incomes (6%).

### Residents with low household income are more likely to report chronic diseases but less likely to obtain care they need.

- Over one-third (36%) of low-income residents have arthritis, compared to 16% of residents with higher incomes.
- 26% of residents with low-income report depression, compared to 15% of residents with higher incomes.
- 52% of low-income residents delayed medical care in the past year, compared to 30% of residents with higher incomes.

## HEALTH AND HOME QUALITY ARE RELATED

### Residents with homes of poor quality are more likely to report health concerns.

- 27% of residents with heating and air issues have asthma, compared to 7% of residents without.
- 14% of residents with mold or mildew in their homes have asthma, compared to 8% of residents without.

### Renters are more likely to report housing problems that could contribute to poor health.

- 7% of renters say the condition of their home affects the health of someone in their household, compared to 2% of homeowners.
- 25% of renters have inadequate insulation in their homes, compared to 14% of homeowners.
- 21% of renters have rodents or insects in their homes, compared to 8% of homeowners.

# HOW TO READ THIS REPORT

## HEADLINE DATA

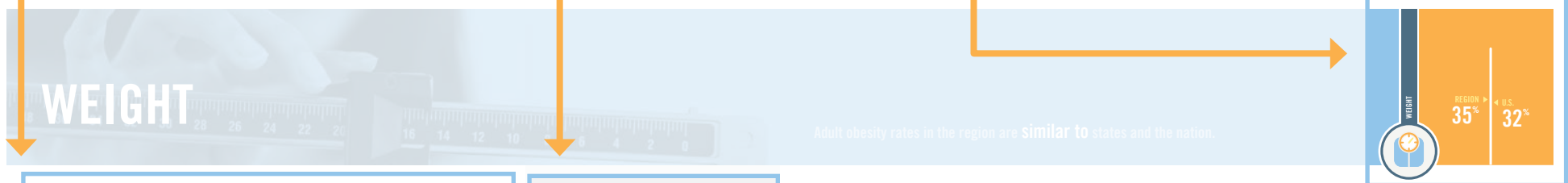
Charts and graphs are provided for each health topic. Data are presented by county, region, and/or state as available. The headline for each chart provides a key takeaway from the data.

## QUESTION

The actual survey question is provided in each section to better understand what survey-takers were asked.

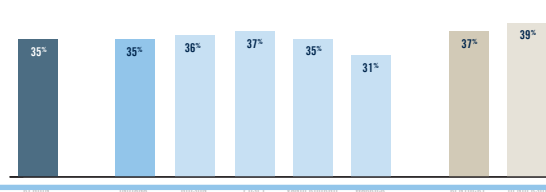
## HOW WE COMPARE

Comparison data, when available, visually shows how the region compares with the nation. "Region" includes all five surveyed counties. State and national data are from the 2019 BRFSS, unless otherwise specified. For more information, see the Methods & Limitations section.



Adult obesity rates in the region are similar to states and the nation.

### JUST OVER 1 OUT OF EVERY 3 ADULTS IN THE REGION IS OBESE



**Q:** 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 continues to be a national, state and regional health crisis and a leading contributor to illness, disease and reduced quality 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.

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. Obesity related productivity and absenteeism costs are between \$3 – 6 billion annually.

Thankfully, we know how to improve this health crisis. 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 equitable 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 Greater Evansville region remains committed to coordinated efforts to address this epidemic through increased equitable opportunities for physical activity and access to healthy foods in our schools, workplaces, and communities.

The Healthy People Initiative through the U.S. Department of Health and Human Services has set a national obesity rate goal of no more than 36% by 2030 for adults age 20 and older.

## 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 the topic matters.

## OTHER LOCAL FINDINGS

	UNDERWEIGHT (% or less)	HEALTHY WEIGHT	OVERWEIGHT	OBESE
INDIANA	29%		34%	35%
GIBSON	29%		34%	36%
POSEY	31%		31%	37%
VANDERBURGH	35%		29%	35%
WARRICK	31%		37%	31%
KENTUCKY	26%		35%	37%
HENDERSON	27%		33%	39%

According to the Centers for Disease Control, the body mass index, (BMI), is a way to determine whether or not an individual is at a healthy weight. The BMI is a calculation based on weight and height. For most adults, the BMI is a reliable indicator of whether one is underweight, normal/healthy weight, overweight or 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

### OBESES RATES PEAK IN MIDDLE AGE

Rates are lowest, but only slightly, among 18 - 34-year olds (32%) and those 65 and older (32%). Residents ages 45 – 54 have the highest rates of obesity (40%).

### OBESES IMPACTS RACIAL/ETHNIC GROUPS DISPROPORTIONATELY

Black and White adults (both non-Hispanic,) report higher rates of obesity, (B 59%, W 34%) compared to 18% of Other racial groups. 28% of adults with Hispanic ethnicity report obesity.

### RESIDENTS WITH LOWER INCOMES ARE MORE LIKELY TO BE OBESE \*

37% of low-income residents are obese, compared to 32% of those with higher incomes.

\*Low income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household

### OBESES IS ASSOCIATED WITH POORER HEALTH OUTCOMES

	OBESE	NORMAL WEIGHT
High Cholesterol	30%	13%
Heart Disease	7%	3%
High Blood Pressure	48%	14%
Diabetes	18%	4%

## ADDITIONAL DATA

Other findings are presented here where available by gender, racial/ethnic group, education level, income level, or by other relevant variables.

**Note:** Where data is presented by income throughout the report: Low income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.



A monochromatic blue-toned photograph of a man and a woman walking away from the camera on a dirt path through a field. The man is on the left, wearing a plaid shirt and jeans. The woman is on the right, wearing a long-sleeved top and dark pants. They are holding hands. The background consists of tall grass and trees under a clear sky.

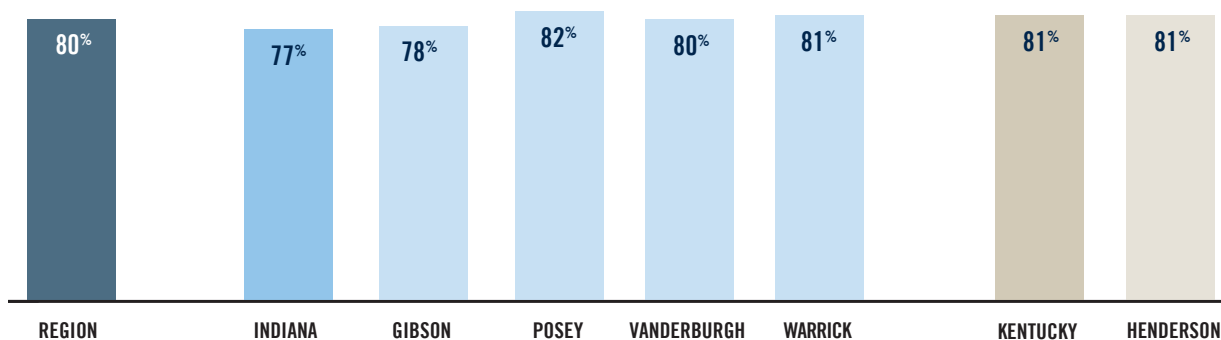
# ADULT HEALTH

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# ACCESS TO HEALTH CARE

## PRIMARY PREVENTION

### 8 OUT OF 10 ADULTS IN THE REGION HAD A ROUTINE CHECKUP LAST YEAR



**Q:** 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.

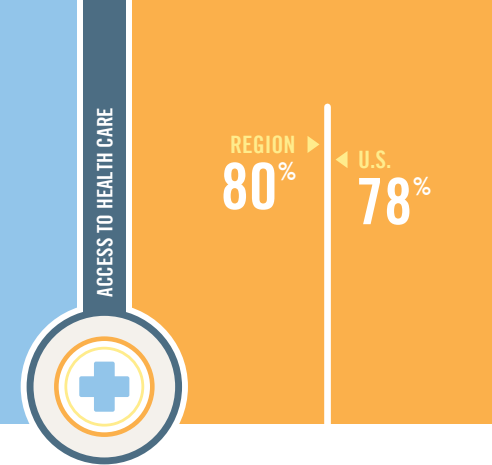
**PRIMARY PREVENTIVE CARE AND ACCESS TO TREATMENT ARE TWO IMPORTANT COMPONENTS OF HEALTH CARE.** Preventive care aims to promote health and prevent disease, while treatment involves caring for an existing health condition. Preventive care involves health education, routine tests, screenings, and check-ups, 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. Participating in regular, routine preventive care decreases the chances of developing chronic diseases and most conditions have an improved prognosis with early diagnosis.

Private health insurance companies, employers, and communities are increasingly taking notice of the benefits of better health. Some employers are offering health care services like on-site primary care and worksite wellness programs.

Employers recognize that preventative measures help keep workers healthy and this can translate into higher productivity and lower costs of doing business.

Similar to the nation, most adults in the region have had a medical checkup or routine physical exam in the past year.



## OTHER LOCAL FINDINGS

### GENDER DIFFERENCES WITH PRIMARY CARE

More women have had a routine checkup in the past year (83%) compared to men (77%).

### OLDER ADULTS ARE MORE LIKELY TO HAVE ROUTINE CHECKUPS

Though at least 71% of all age categories had a checkup, at least 83% of adults over the age of 54 had routine care in the past year.

### INCOME MAKES A DIFFERENCE\*

77% of low-income residents had a routine checkup in the past year, compared to 81% of residents with higher incomes.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

### WORKPLACE WELLNESS IN THE REGION

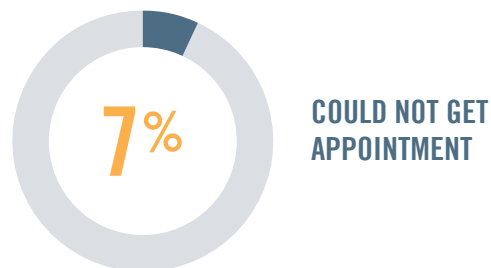
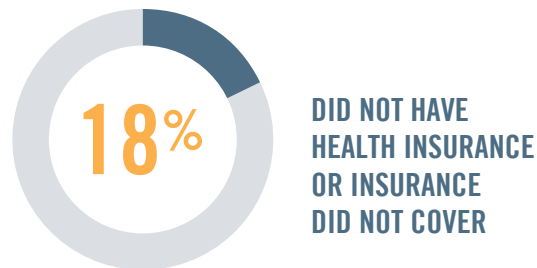
59% of residents in the region say their workplace offers at least one wellness program such as a weight loss program, on-site exercise facility, gym membership discounts, classes in healthy living, or an employee assistance program.



# ACCESS TO HEALTH CARE

## HEALTH CARE ACCESS

### 1 OUT OF EVERY 3 RESIDENTS DELAYED GETTING NEEDED MEDICAL CARE IN THE PAST YEAR



**Q:** Have you delayed getting needed medical care for any of the following reasons in the past 12 months?

**PERSONAL AFFORDABILITY AND ACCESSIBILITY CAN BE BARRIERS TO HEALTH CARE.** Many in the region are uninsured or underinsured, i.e., with some type of health care coverage but unable to afford additional costs. In terms of proximity to health care, many parts of the region 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 variables like having too few primary care providers, high infant mortality, high poverty, or a high elderly population. These geographies have lower availability of health care providers and services.

Community responses to health care access could include a collaborative emphasis on increased education and prevention services, efforts to help residents navigate health care coverage options and select an identified primary care provider, and equitable access to increased affordable health care, especially for rural and underserved populations.



## OTHER LOCAL FINDINGS

### LOW INCOME RESIDENTS ARE MORE LIKELY TO DELAY MEDICAL CARE\*

52% of low-income residents delayed medical care in the past year, compared to just 30% of residents with higher incomes.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

### HISPANIC ADULTS ARE MORE LIKELY TO DELAY MEDICAL CARE

61% of Hispanic residents delayed medical care in the past year, compared to 38% of White, non-Hispanic residents. 45% of Black residents delayed care.

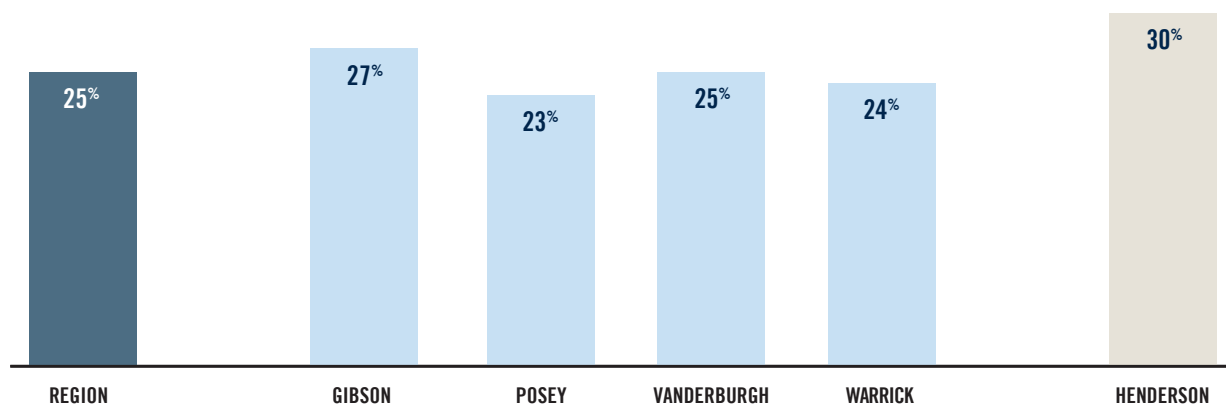
### OUR REGION INCLUDES MEDICALLY UNDERSERVED AREAS (MUAS)

Most surveyed counties (Vanderburgh, Gibson, Posey, IN and Henderson, KY) have some type of a Medically Underserved Area designation. Warrick, IN does not qualify.



# ARTHRITIS

ON AVERAGE, 1 IN 4 ADULTS IN THE REGION HAVE SOME TYPE OF ARTHRITIS



## ARTHRITIS IS AN UMBRELLA TERM FOR MORE THAN 100 CHRONIC DISEASES AND CONDITIONS AFFECTING 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 (over 54 million adults) and the rates are predicted to grow as the population grows and ages. As many as 72 million may have been diagnosed by a health

professional with an arthritis type disease or condition by 2030. Though the majority of arthritis types can affect people at any age, they are much more common in older adults. These diseases and conditions tend to afflict more women than men and Whites more than other racial groups.

The total annual financial costs attributable to medical costs and lost wages is estimated at \$304 billion. In the U.S., arthritis and other rheumatic conditions are leading causes of work disability. About 44% of adults with arthritis report

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

activity limitations which interfere with their ability to work, volunteer, exercise, or to engage in social pursuits and other vital everyday activities. Adults who are overweight or obese are more likely to report doctor-diagnosed arthritis.

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.



## OTHER LOCAL FINDINGS

### ARTHRITIS INCREASES WITH AGE

Until age 45, fewer than 25% of residents have an arthritis type. After 45, the rate increases steadily. 50% of residents over age 65 report having an arthritis type condition.

### LOWER INCOME RESIDENTS ARE MORE LIKELY TO HAVE ARTHRITIS\*

Over one-third (36%) of low-income residents have arthritis compared to just 16% of residents with higher incomes.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

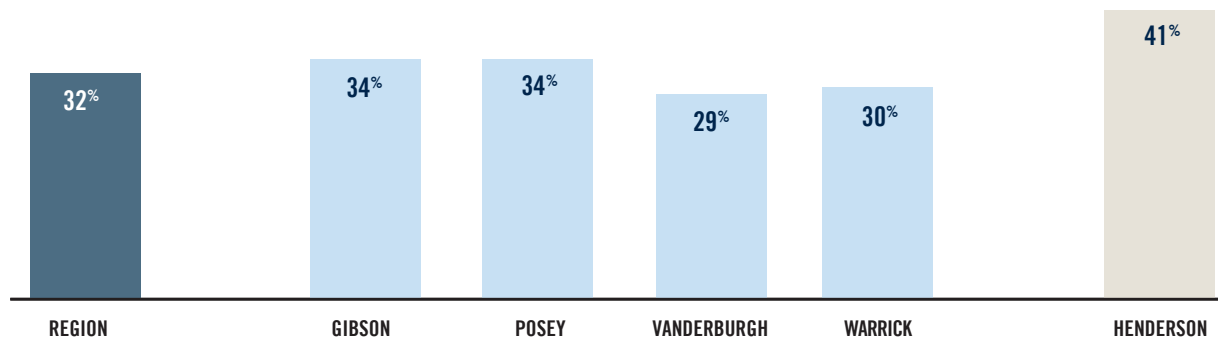
### ARTHRITIS INCREASES WITH WEIGHT

31% of residents with an obese weight report having an arthritis type condition, compared to just 17% of those with a normal weight.



# BLOOD PRESSURE

## 1 IN 3 ADULTS EXPERIENCE 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, blood pressure should normally be less than 120/80mm Hg.

Hypertension Stage 1 is defined as regular pressures at or above 130/80 mm Hg. Stage 2 hypertension is diagnosed with

multiple readings at or above 140/90 mm Hg. Nearly half (45%) of adults in the U.S. have 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. Nearly 500,000 deaths annually include hypertension as a primary or contributing cause. High blood pressure is more common in Black adults compared to White, Asian (all-non-Hispanic), or adults with Hispanic ethnicity. Hypertension costs the U.S. over \$131 billion each year.

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have) high blood pressure?

Hypertension can be prevented or improved with lifestyle changes such as reducing sodium, avoiding smoking, getting regular physical activity, and/or taking medication. Of adults in the U.S. who have high blood pressure, only 1 in 4 (24%) have their condition under control.

The Healthy People Initiative through the U.S. Department of Health and Human Services has set a national target for blood pressure rates to not exceed 27.7% by 2030.





## OTHER LOCAL FINDINGS

### HIGH BLOOD PRESSURE AFFECTS BLACK ADULTS DISPROPORTIONATELY

51% of Black adults report high blood pressure, compared to 30% of White adults and 31% of Other, e.g., Asian, Multi-racial adults. Considering ethnicity, only 6% of Hispanic adults report high blood pressures.

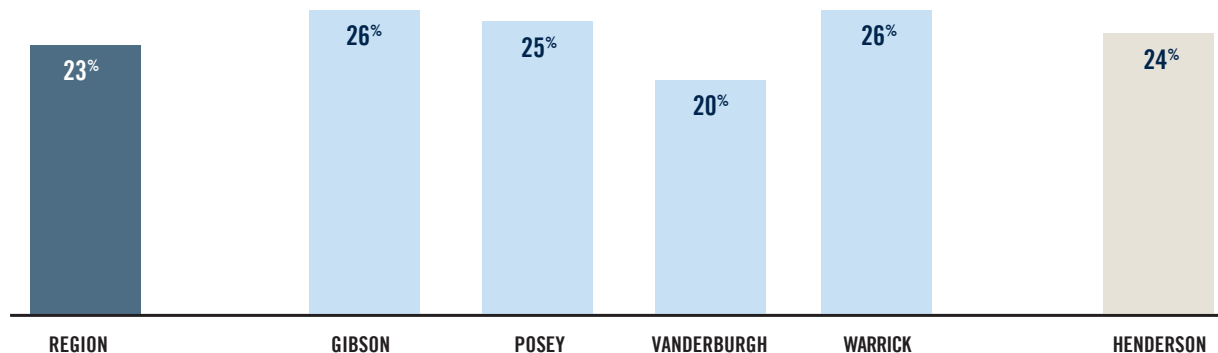
### BLOOD PRESSURE INCREASES WITH WEIGHT

Just under one-third (30%) of overweight adults and about half (48%) of obese weight adults reported having high blood pressure, compared to just 14% of adults with a normal weight.



# CHOLESTEROL

## NEARLY 1 IN 4 ADULTS HAVE HIGH BLOOD CHOLESTEROL



### 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 hormones and digesting fatty foods. 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. Blood cholesterol tests are recommended even for children. Adults over 20 years of age should have this test repeated at least every 5 years; more often for those with higher risks for cardiovascular

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have) high blood cholesterol?

disease. 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 Initiative through the U.S. Department of Health and Human Services would like to see the average cholesterol level for adults 20 years and older to be 186.4 by 2030 (current average level is 190.9).



## OTHER LOCAL FINDINGS

### CHOLESTEROL TENDS TO WORSEN WITH AGE

13% of adults between 35 - 44 years of age, 28% of adults 45 – 54, and 34% of adults over 55 report this condition.

### HIGH CHOLESTEROL AFFECTS ALL RACIAL/ETHNIC GROUPS

Small differences were found between racial groups (Black 24%, White 22%, Other 20%). 12% of adults with Hispanic ethnicity reported high cholesterol.

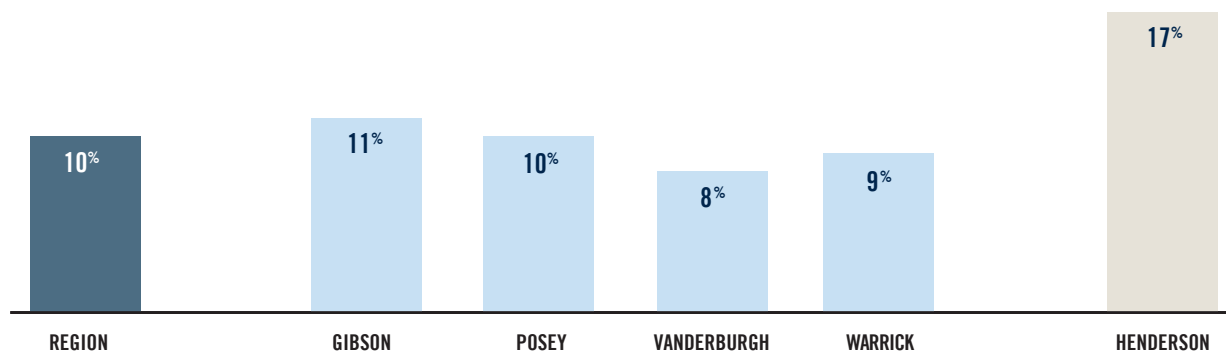
### CHOLESTEROL INCREASES WITH WEIGHT

30% of obese and 23% of overweight individuals have high cholesterol compared to just 13% of residents whose weight falls in the normal range.



# DIABETES

## 1 OUT OF 10 RESIDENTS HAVE 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. There is no cure and the condition can cause serious health complications such as heart disease, vision loss, and kidney disease. Diabetes is the seventh leading cause of death in the U.S.

It is estimated that there are over 34 million Americans with diabetes, many undiagnosed. Nationally, diabetes is more common among American Indian/Alaska Native, people of Hispanic origin, and non-Hispanic Blacks than other racial/ethnic groups. Annual estimated costs for diagnosed diabetes in the U.S., including direct medical costs and costs due to disability, work loss, and premature death total \$327 billion.

Healthy weight, nutrition, and physical activity are all key to prevention of most diabetes types. Once diagnosed, a healthy lifestyle, self-care, and professional care become important

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have) diabetes?

to avoiding complications of diabetes. Daily personal blood glucose testing is important to monitor how foods, medicines, and everyday choices affect blood sugar. Oral medications, insulin injections, proper nutrition, exercise, maintaining a healthy weight, and control of cholesterol and blood pressure can also be important components of treatment. In addition, routine physician testing of hemoglobin A1c (HbA1c), eye examinations, and foot examinations are recommended.



## OTHER LOCAL FINDINGS

### DIABETES IS MOST PREVALENT AMONG UPPER MIDDLE AGED

Though age groups between 18 – 54 report having diabetes (between 2% - 11%), the disease is more prevalent after 54 years of age. At least 16% of older adults report having diabetes.

### BLACK ADULTS REPORT HIGHER PREVALENCE OF DIABETES

17% of Black adults report having diabetes, compared to 6% of adults of Other races. 9% of White adults and 6% of adults with Hispanic ethnicity report having diabetes.

### DIABETES INCREASES WITH WEIGHT

Obese residents are over four times more likely and overweight residents twice as likely to have diabetes than normal weight residents. 18% of obese residents report having this diagnosis and 7% of overweight residents, compared to 4% of residents with weight in the normal range.

### LOW INCOME RESIDENTS ARE MORE LIKELY TO HAVE DIABETES\*

Low-income residents are more than twice as likely to have diabetes (13%) as those earning higher incomes (6%).

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

## 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.

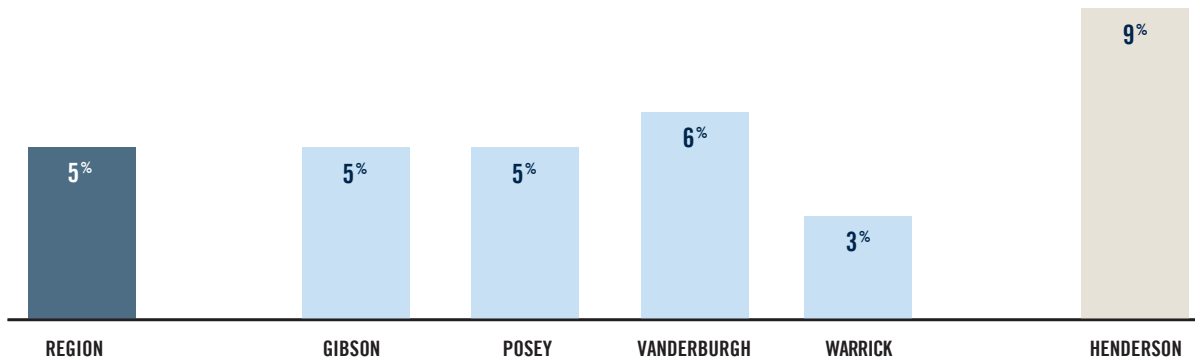
### OTHER MISCELLANEOUS DIABETES TYPES

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

# HEART DISEASE



## 1 IN 20 ADULTS IN THE REGION LIVE WITH 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, about 655,000 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 killing over 365,000 people annually. National direct and indirect health care costs related to coronary heart disease are estimated at \$219 billion annually.

CHD develops from Coronary Artery Disease, or the buildup of plaque in the heart's arteries. The most common symptom of CHD 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

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have) angina or coronary heart disease?

40 seconds, someone in the U.S. has a heart attack (annually about 805,000 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.



## OTHER LOCAL FINDINGS

### RISK FACTORS FOR HEART DISEASE

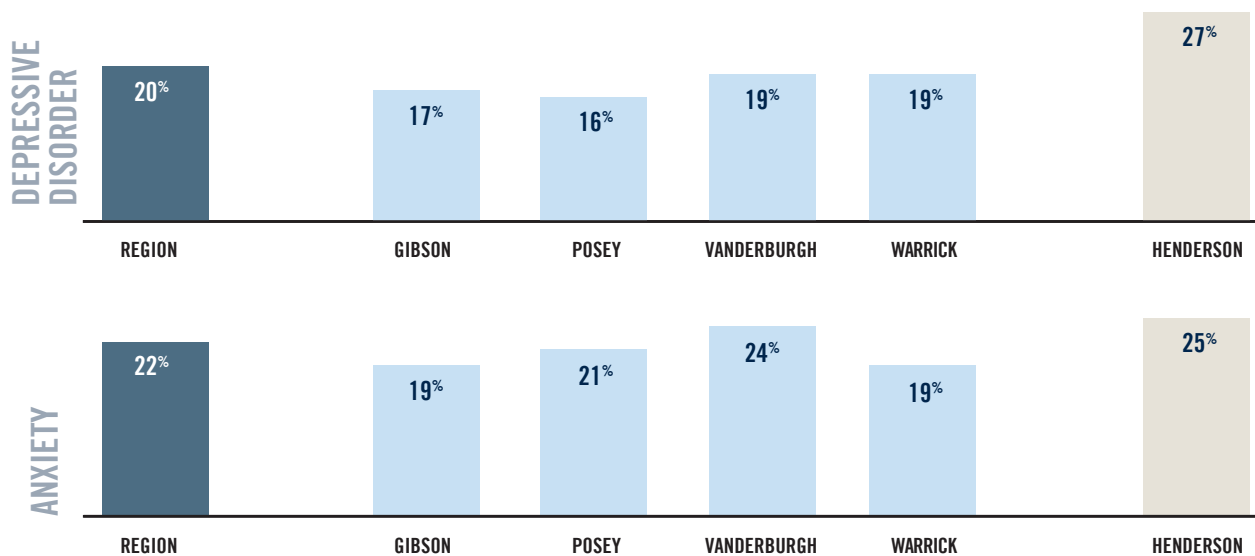
The prevalence of heart disease is higher for some residents with certain health conditions like obesity, high blood pressure, and diabetes.

- Residents whose weight falls in the obese category are more than twice as likely to have heart disease compared to residents of normal weight (Obese 7% vs Normal 3%).
- Those with high blood pressure are almost four times as likely to have heart disease than those without (High BP 11% vs Normal BP 3%).
- Residents with diabetes are also nearly four times more likely to have heart disease compared to those without diabetes (Diabetic 15% vs Non-diabetic 4%).



# MENTAL HEALTH

## 1 OUT OF EVERY 5 RESIDENTS HAS A DEPRESSIVE DISORDER & NEARLY 1 IN 4 HAVE ANXIETY



### MENTAL HEALTH REFERS TO OUR EMOTIONAL, PSYCHOLOGICAL, 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, biological factors (such as inherited genes or brain chemistry), and life experiences (both positive and negative).

Two common conditions that affect mental health are depression and anxiety. Nearly 5% of U.S. adults experience regular feelings of depression. Symptoms of a depressive disorder could include persistent sad or hopeless feelings, interruptions in eating and sleeping habits, or thoughts of self-harm. Symptoms of anxiety can include excessive, irrational fear, panic, or worry. Over 11% of U.S. adults experience regular feelings of anxiety. Women tend to have higher rates of depression and anxiety than men, however, women are more

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have):

- A depressive disorder (including depression, major depression, dysthymia, or minor depression)?
- Any type of anxiety (including acute stress disorder, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder)?

likely to seek treatment, which may also influence higher rates of diagnoses.

Prevention and mitigation of mental and emotional problems includes a focus on overall health and well-being, routine medical care, education about warning signs, and access to support and treatment services once symptoms have begun. Treatments can involve a combination of medications, psychotherapy, and lifestyle changes.





## OTHER LOCAL FINDINGS

### WOMEN REPORT MORE DEPRESSION AND ANXIETY

26% of women report a depressive disorder, compared to 13% of men. 29% of women report having anxiety, compared to 15% of men.

### DEPRESSION DIFFERS AMONG RACIAL/ETHNIC GROUPS

White adults (20%) and adults of Hispanic ethnicity (23%) are more likely to report depression compared to Black adults (8%).

### BETTER MENTAL HEALTH WITH HIGHER EDUCATION

Just 15% of college graduates report depression, compared to 22% of high school graduates only and 39% of residents with only some high school. 20% of college graduates report anxiety, compared to 32% of residents with only some high school.

### EMPLOYMENT AND MENTAL HEALTH

Depression and anxiety are highest for those unable to work (depression 63%, anxiety 60%) and those out of work for 1 year or more (depression 62%, anxiety 60%). Depression is lowest among those currently self-employed, employed, and retired between 14-16%. Anxiety is lowest among those who are employed, self-employed and retired (11-21%).

### RELATIONSHIP STATUS AND MENTAL HEALTH

Depression and anxiety are highest for residents who are separated (depression 53%, anxiety, 45%), or divorced (depression 31%, anxiety 29%).

### BETTER MENTAL HEALTH WITH HIGHER INCOME\*

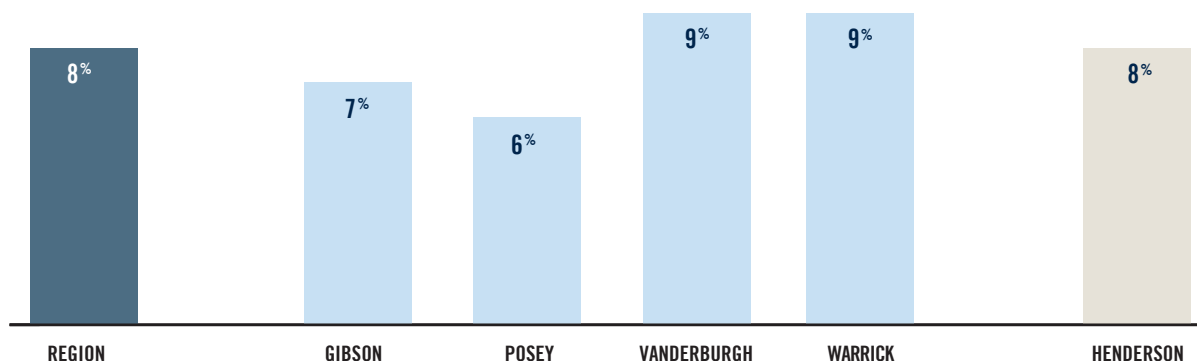
26% of residents with low-income report depression, compared to just 15% of residents with higher incomes. 28% of low-income residents report having anxiety, compared to 19% of residents with higher incomes.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

# RESPIRATORY ILLNESS & DISEASE

## ASTHMA

### NEARLY 1 IN 10 ADULTS IN THE REGION HAVE ASTHMA



**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have) asthma?

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

Genetic, environmental, and occupational factors have been linked to developing asthma. Various triggers such as tobacco smoke, airborne pollutants, environmental conditions like mold or dampness, allergens, and chemicals can cause asthma attacks. When an attack occurs, airways constrict and allow

less air to flow into 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.

Over 19 million (8% of the adult population) currently have asthma. Before age 15, asthma tends to affect more boys than girls. After age 15, asthma is more common among females than males. Black women and women who live in cities and

low-income areas are at an even higher risk of developing the disease.

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.



## OTHER LOCAL FINDINGS

### WOMEN ARE MORE LIKELY THAN MEN TO HAVE ASTHMA

10% of females report having asthma, compared to 7% of adult males.

### ASTHMA RATES ARE HIGHER FOR THOSE SMOKING BY CHOICE OR EXPOSURE

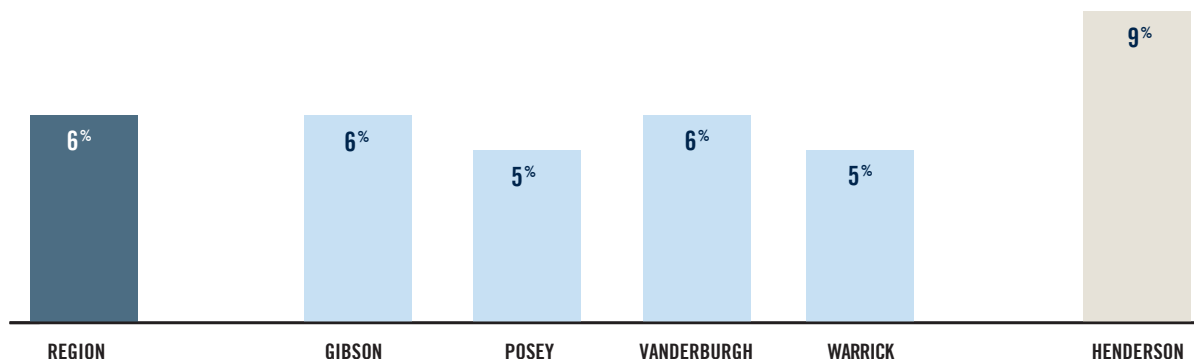
Smokers, as well as non-smokers who live with a smoker, are more likely to have asthma compared to non-smokers. 19% of smokers have asthma as do 12% of non-smokers who live with second-hand smoke. Only 7% of adults who are not smokers themselves and who do not live with a smoker, have asthma.



# RESPIRATORY ILLNESS & DISEASE

## COPD, EMPHYSEMA, OR CHRONIC BRONCHITIS

ON AVERAGE, FEWER THAN 1 IN 10 ADULTS IN THE REGION HAVE COPD



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

This umbrella label refers to a group of diseases such as Chronic Obstructive Pulmonary Disease (COPD), emphysema, and chronic bronchitis that develop progressively and cause airflow blockage and breathing-related problems. Almost 16 million Americans have COPD, the deadliest of the lower respiratory diseases. These respiratory diseases are more prevalent in central and southern states, including Indiana and

Kentucky, compared to other areas of the country. Residents with COPD are more likely to have difficulty working and less likely to get sufficient sleep, engage in normal physical exertion, do household chores, and join social activities.

In the U.S., a 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

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you have (or still have) Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis?

home and workplace air pollutants, genetic predispositions, and respiratory infections. Avoiding or minimizing these risk factors helps prevent the initial development of COPD. Treatment includes: disease management (such as smoking cessation), medication, oxygen therapy, and in some cases surgery.



## OTHER LOCAL FINDINGS

### **MEN ARE MORE LIKELY THAN WOMEN TO HAVE CHRONIC LOWER RESPIRATORY DISEASE**

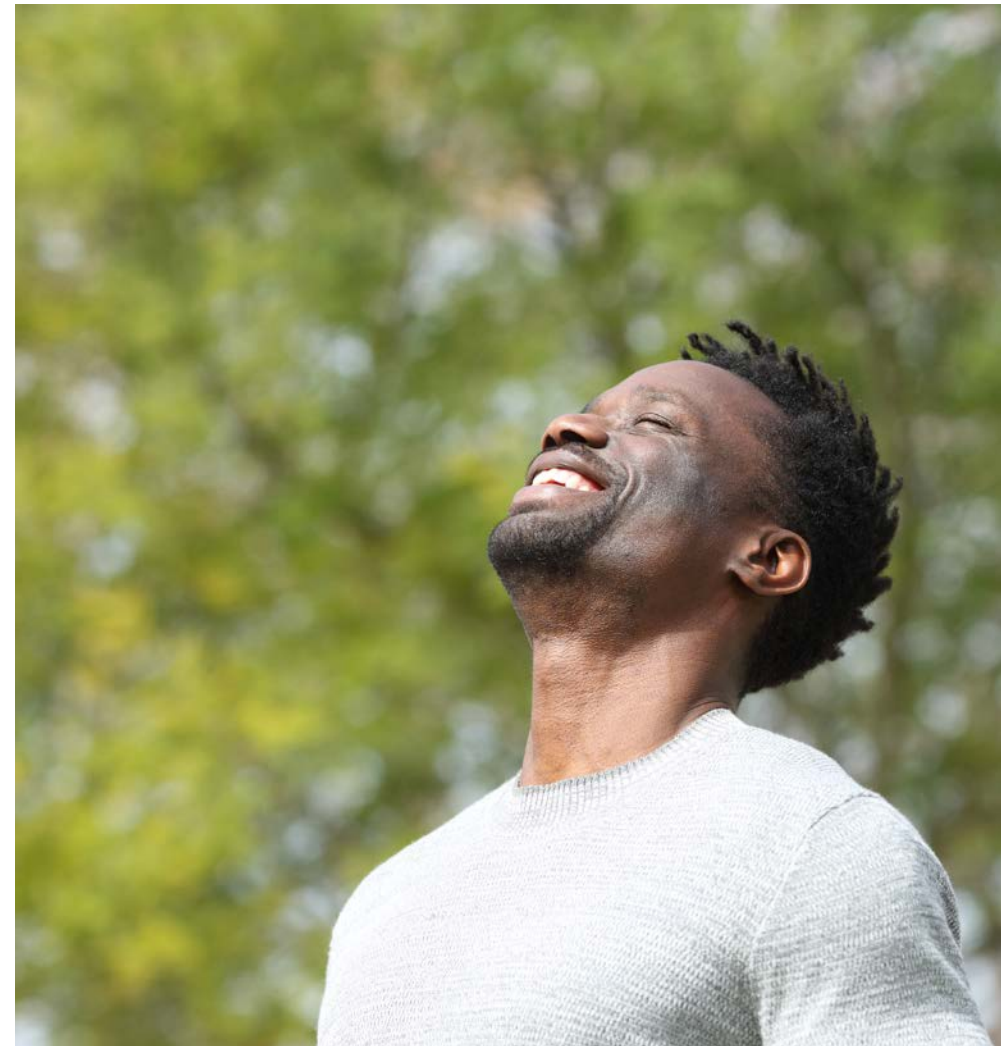
8% of males report these diseases, compared to 5% of females.

### **ADVANCING AGE INCREASES THE RISK OF RESPIRATORY DISEASE**

Rates increase with each age. Just 2% of adults 18-34 have these diseases, compared to 12% of adults over 65.

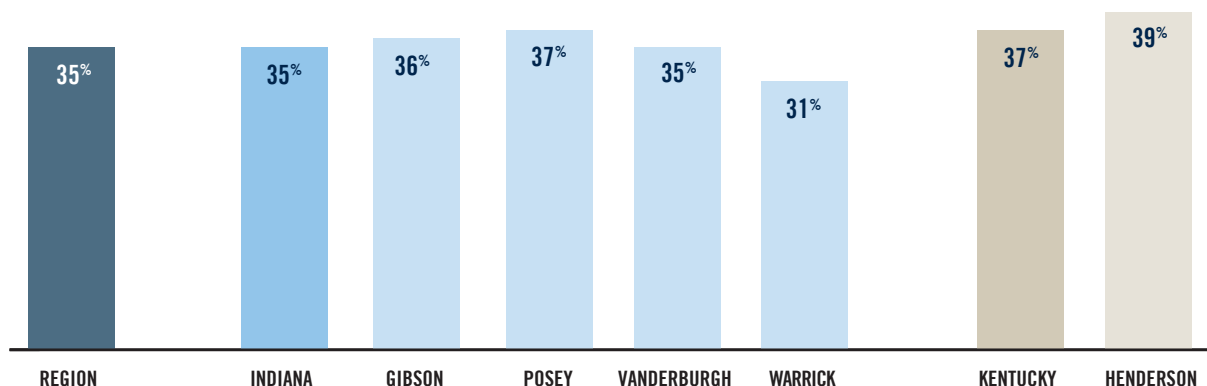
### **RESPIRATORY DISEASE PREVALENCE IS HIGHER FOR THOSE SMOKING BY CHOICE OR EXPOSURE**

Smokers have the highest rates of respiratory disease (25%), compared to non-smokers living with a smoker (8%), and non-smokers who also don't live with a smoker (3%).



# WEIGHT

## JUST OVER 1 OUT OF EVERY 3 ADULTS IN THE REGION IS OBESE



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

Weight continues to be a national, state, and regional health crisis and a leading contributor to illness, disease, and reduced quality 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.

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. Obesity-related productivity and absenteeism costs are between \$3 –\$ 6 billion annually.

Thankfully, we know how to combat this health crisis. With increased physical 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. Additionally, when communities are designed for equitable healthy, active living and access to nutrition, then

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

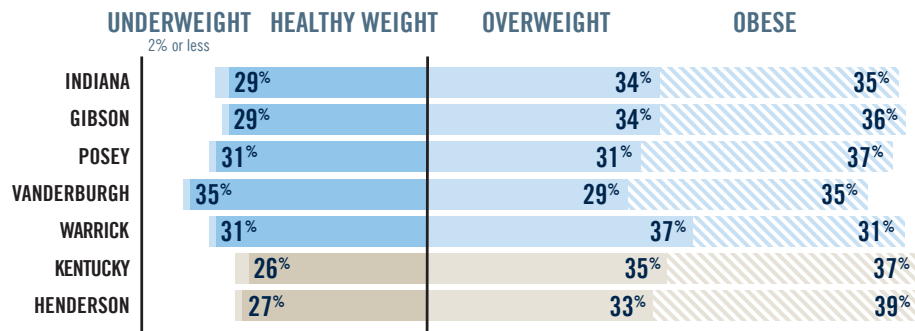
making these healthy choices becomes easier. The problem has grown into an epidemic over the course of many years and the solution will likewise require several years to show impact. The Greater Evansville region remains committed to coordinated efforts to address this epidemic through increased equitable opportunities for physical activity and access to healthy foods in our schools, workplaces, and communities.

The Healthy People Initiative through the U.S. Department of Health and Human Services has set a national obesity rate goal of no more than 36% by 2030 for adults age 20 and older.

Adult obesity rates in the region are similar to states and the nation.



REGION 35% U.S. 32%



According to the Centers for Disease Control, the Body Mass Index (BMI), is a way to determine whether or not an individual is at a healthy weight. The BMI is a calculation based on weight and height. For most adults, the BMI is a reliable indicator of whether one is underweight, normal /healthy weight, overweight, or obese.

### ADULT BMI

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

### OBESITY RATES PEAK IN MIDDLE AGE

Rates are lowest, but only slightly, among 18 - 34 year-olds (32%) and those 65 and older (32%). Residents ages 45 – 54 have the highest rates of obesity (40%).

### OBESITY IMPACTS RACIAL/ETHNIC GROUPS DISPROPORTIONATELY

Black and White adults report higher rates of obesity (B 59%, W 34%), compared to 18% of Other racial groups. Black adults also have higher obesity rates, compared to 28% of adults with Hispanic ethnicity.

### RESIDENTS WITH LOWER INCOMES ARE MORE LIKELY TO BE OBESIVE \*

37% of low-income residents are obese, compared to 32% of those with higher incomes.

### OBESITY IS ASSOCIATED WITH POORER HEALTH OUTCOMES

	OBESE	NORMAL WEIGHT
High Cholesterol	30%	13%
Heart Disease	7%	3%
High Blood Pressure	48%	14%
Diabetes	18%	4%

\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.



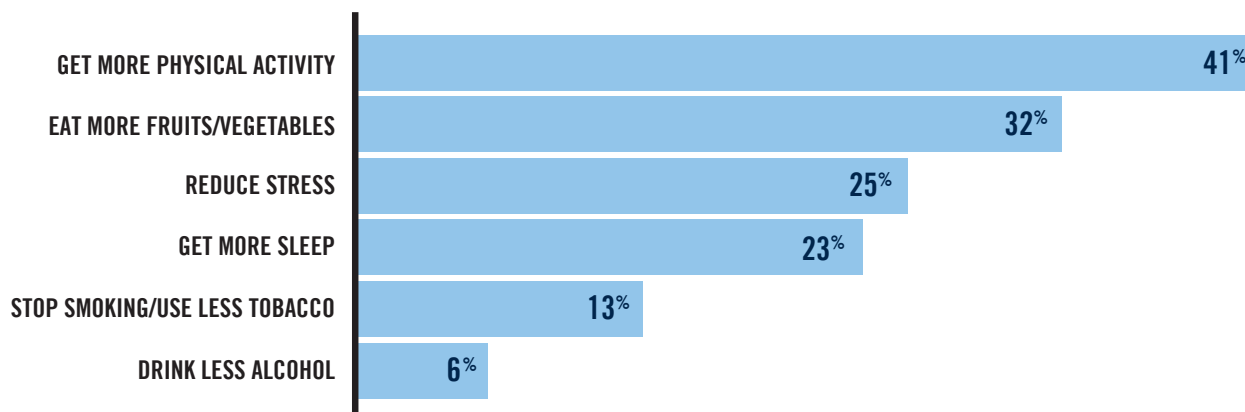
# LIFESTYLES & CHOICES

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# LIFESTYLES & CHOICES

## GETTING MORE PHYSICAL ACTIVITY, EATING MORE FRUITS AND VEGETABLES, AND REDUCING STRESS ARE THE TOP 3 LIFESTYLE CHANGES RECOMMENDED TO ADULTS BY HEALTH PROFESSIONALS



**A LIFESTYLE THAT MAXIMIZES HEALTHY CHOICES AND MINIMIZES RISK FACTORS HELPS PREVENT INJURY AND DISEASE.** Many factors for health and quality of life are out of our control, e.g., genetics. However, by making good choices that are within our control, we can mitigate and even prevent some chronic disease and other negative outcomes. In the past year, residents in the region received advice from their health professional about their lifestyles

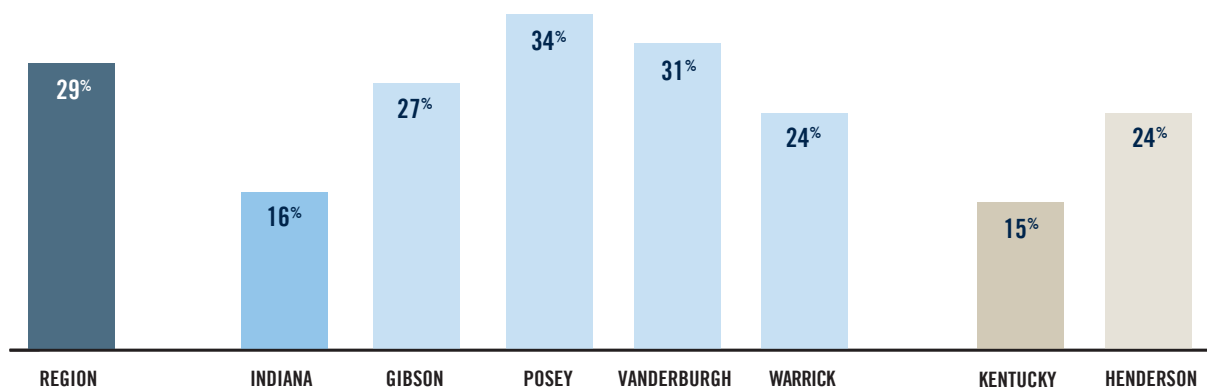
and choices in favor of those that support health. Getting more physical activity, eating more fruits and vegetables, and getting more sleep all represent choices to increase for good health, while reducing stress, stopping smoking/using less tobacco, and drinking less alcohol represent risk factors to minimize or avoid for good health.

**Q:** Has a doctor, nurse, or other health professional told you in the past 12 months that you should:

- Drink less alcohol
- Eat more fruits / vegetables
- Get more physical activity
- Get more sleep
- Reduce stress
- Stop smoking / use less tobacco

# ALCOHOL USE

**MORE THAN 1 IN 4 ADULTS IN THE REGION DRINK TO EXCESS,  
NEARLY TWICE THE STATE AND NATIONAL RATES**



## THE USE AND MISUSE OF ALCOHOL SIGNIFICANTLY CONTRIBUTES TO DISEASE AND PREMATURE DEATH.

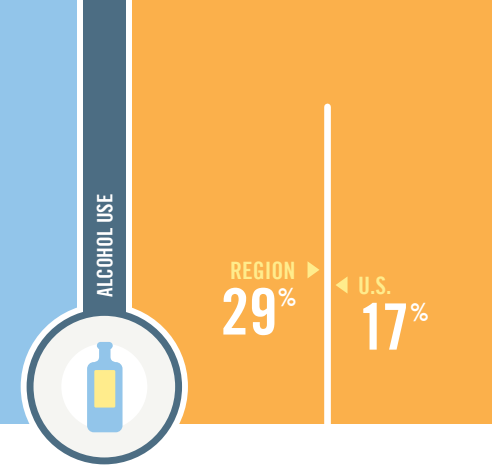
Excessive alcohol use is a leading lifestyle-related cause of death for the nation, contributing to more than 95,000 deaths annually or 261 deaths per day. Binge drinking, the most common form of excessive alcohol consumption, is defined

as 4 or more drinks for women and 5 or more drinks for men during a single occasion. In the short-term, 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,

**Q:** 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?

and gastrointestinal problems. Solutions can 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 **more likely** to binge drink than the average American.



## OTHER LOCAL FINDINGS

### MEN ARE MORE LIKELY TO BINGE DRINK

33% of men indicated binge drinking, compared to 26% of women.

### YOUNG ADULTS HAVE HIGH RATES OF BINGE DRINKING

38% of young adults between 18 and 34 report binge drinking, compared to 27% of adults 45-54, 30% of adults 55-64, and 17% of adults 65 and older.

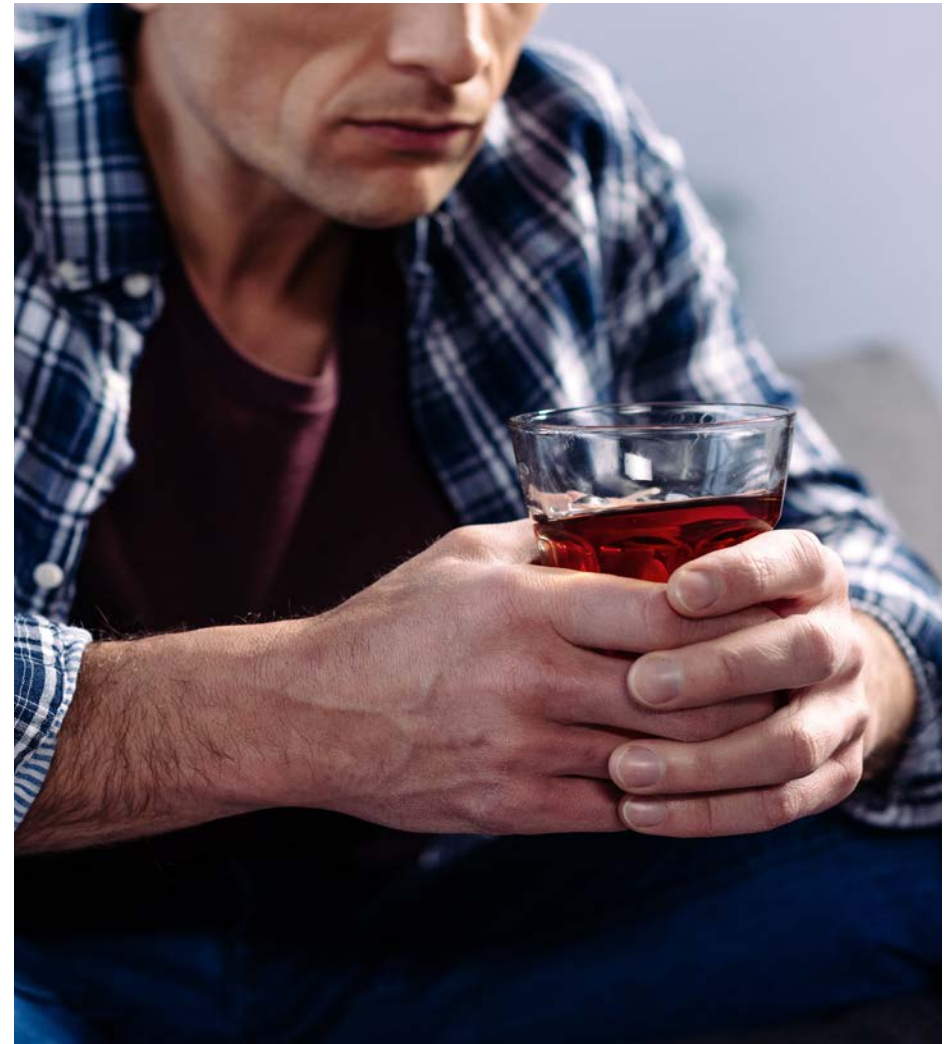
### RESIDENTS WITH LOWER INCOMES ARE LESS LIKELY TO BINGE DRINK\*

28% of low-income residents binge drink, compared to 33% of residents with higher incomes.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

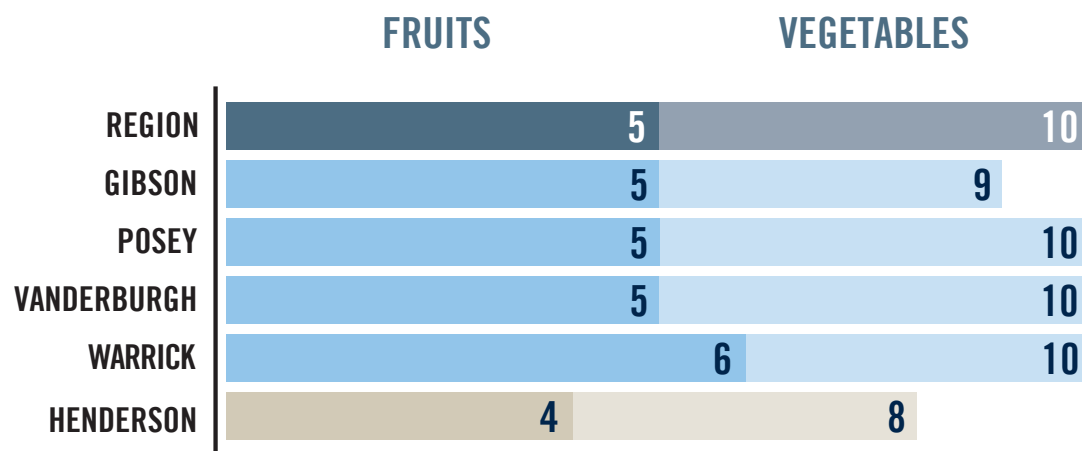
### BINGE DRINKING AND MENTAL HEALTH

Around a third of binge drinkers report depression (30%) and/or anxiety (28%).



# NUTRITION

## RESIDENTS CONSUME VEGETABLES NEARLY TWICE AS OFTEN AS FRUITS [NUMBER OF TIMES CONSUMED WEEKLY]



**GOOD NUTRITION IS A FOUNDATION FOR GOOD HEALTH AND IS A BALANCE BETWEEN LIMITING UNHEALTHY FOODS AND BEVERAGES AND CONSUMING HEALTHIER AND MORE NUTRIENT-RICH FOODS AND BEVERAGES.** 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 recommended number of calories yet can fail to consume a sufficient amount of nutrient-rich foods 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.

**Q:** Thinking about the past 4 weeks, how many times per week (on average) did you:

- Eat fruit? Count fresh, frozen, or canned fruit. Do not count juice.
- Eat dark green vegetables like broccoli or dark leafy greens including romaine, chard, collard greens, or spinach?
- Eat any other kinds of vegetables like sweet potatoes, peas, carrots, or cucumbers?

# SPOTLIGHT ON LOCAL NUTRITION

## SUGAR CONSUMPTION

**Q:** Thinking about the past 4 weeks, how many times per week (on average) did you:

- Drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.
- Drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.
- Drink sugar-sweetened coffee or coffee drinks like lattes, cappuccinos, or iced coffees?
- Eat sugary sweets or desserts like cake, pie, candy, or ice cream?

On average, adults in the region consume a sugary beverage or food nearly 12 times per week. 5% of adults consume zero sugar weekly, but at the same time, there are residents who consume sugary beverages or foods 100 or more times per week.

According to the 2020-2025 USDA Dietary Guidelines, a healthy dietary pattern limits added sugars to less than 10% of calories per day. It's very easy for Americans, including residents in our region, to exceed these recommendations. The major sources of added sugars in typical U.S. diets are sugar-sweetened beverages, desserts and sweet snacks, sweetened coffee and tea, and candy. Together, these food categories make up more than half of the intake of all added sugars, while contributing very little to food group recommendations.

**ON AVERAGE, ADULTS IN THE REGION CONSUME HIGH SUGAR FOOD AND BEVERAGES WITH LOW NUTRITIONAL CONTENT 12 TIMES PER WEEK, OR CLOSE TO TWICE A DAY**

### SUGAR CONSUMPTION IS LOWEST AMONG THE OLDEST RESIDENTS

Residents 65 and older report eating or drinking a sugary product around 9 times per week, while at the younger end of the age spectrum, 18-34 year-olds consume sugar 13 times per week.

### SUGAR CONSUMPTION IS HIGHEST AMONG WHITE ADULTS ON AVERAGE

White adults in the region consume sugar 12 times per week, compared to Black adults (9 times per week). Adults of Other races consume sugar 11 times per week and adults of Hispanic ethnicity 10 times per week.

### LOW INCOME RESIDENTS CONSUME MORE SUGAR\*

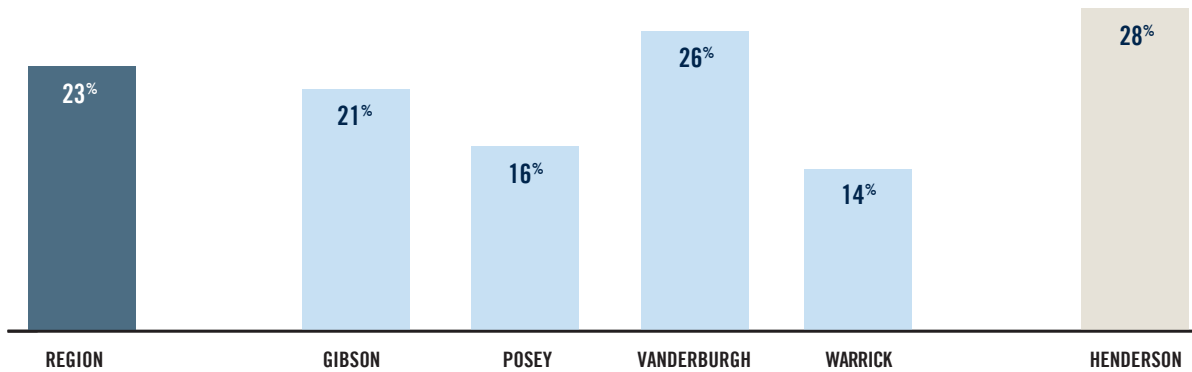
Low-income residents eat or drink sugary foods and beverages 15 times each week, or a little more than twice a day, compared to 10 times per week for residents in higher income brackets.

\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.

# SPOTLIGHT ON LOCAL NUTRITION

## EQUITABLE ACCESS

### NEARLY 1 IN 4 RESIDENTS ARE UNABLE TO PURCHASE FRESH FRUITS AND VEGETABLES



#### EQUITABLE ACCESS TO HEALTHY FOODS IS IMPORTANT TO THE REGION'S HEALTH.

The ability to access healthy foods can be a challenge. Across the counties, residents in Henderson County, Kentucky report the most difficulty accessing fresh produce. 28% of Henderson County residents wanted, but were unable, to purchase fresh produce in the last month. According to Feeding America, roughly 16% of the county residents are considered food insecure.

To define food insecurity, Feeding America uses the USDA's measure of occasional lack of access to enough food for an active, healthy life for all household members and limited, or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make

trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

A look at zip codes in Vanderburgh County (the region's population center) reveals smaller but important areas of inequitable access. Residents who report the most difficulty getting fresh produce live in 47713 (38%) and 47710 (36%). These two zip codes alone represent over 30,000 people and are among those that tend to have residents with lower household incomes and higher rates of unemployment. According to Feeding America, about 15% of Vanderburgh County residents are food insecure. It's important to note that while counties like Warrick, IN (14%) and certain zip codes like 47725 in Vanderburgh County (9%) report low difficulty accessing fresh produce, there are still pockets of low access and high food insecurity to be found.

A food desert, as defined by the USDA, is inhabited by low-income residents, residents with low vehicle access, or residents living a significant distance from the nearest supermarket. The USDA has identified food deserts in parts of Vanderburgh and Gibson counties in Indiana and Henderson county, Kentucky.

Sometimes communities have access to food, but not necessarily food with high nutritional content. Our region, like many in America, provides easy access to foods with little nutritional value, i.e., fast food options that are often high in fat, salt, and sugar. On average, adults in the region eat fast food twice a week. 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.

# ACCESS FOR ALL MATTERS

## LOW-INCOME RESIDENTS ARE DISPROPORTIONATELY LIMITED IN THEIR ACCESS TO FRESH PRODUCE\*

Low-income residents are 3 times more likely to be unable to purchase fresh produce. 34% of low-income residents wanted to purchase fresh fruits and vegetables in the past 30 days but were unable, compared to just 10% of residents with higher incomes.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

## MINORITY POPULATIONS ARE DISPROPORTIONATELY IMPACTED BY ISSUES OF ACCESS

Hispanic and Black (non-Hispanic) residents report more limited access to fresh produce. 54% of residents of Hispanic ethnicity and 47% of Black residents report being unable to access fresh produce, compared to 20% of White residents and 17% of 'Other' race residents.

## RESIDENTS UNABLE TO PURCHASE FRESH PRODUCE ARE MORE LIKELY TO CONSUME SUGAR

Residents who are unable to access fresh produce consume sugary foods and beverages 16 times a week, compared to 10 times a week for those who report no access issues.

## RESIDENTS UNABLE TO PURCHASE FRESH PRODUCE ARE ALSO MORE LIKELY TO BE OBESE

Easy access to unhealthy foods and limited access to nutritious foods can be significant factors in poor nutrition and obesity. In this study, 28% of obese individuals wanted, but were unable, to purchase fresh produce, compared to 19% of those with a healthy weight.

## COST, QUALITY, AND LOCATION ARE SOME OF THE MOST COMMONLY IDENTIFIED OBSTACLES TO PURCHASING FRESH PRODUCE

- Fresh produce costs too much: 69%
- The fresh produce is poor quality at the store I go to: 29%
- Fresh produce is out of season: 25%
- No stores nearby sell fresh produce: 15%
- Do not have transportation to the store: 13%

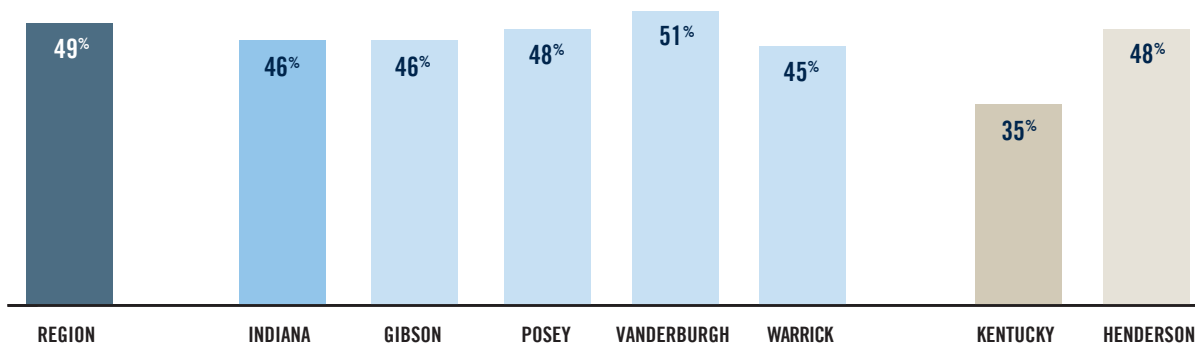
## ASIDE FROM ANY ISSUES WITH ACCESS, RESIDENTS DON'T ALWAYS CONSUME FRESH FRUITS AND VEGETABLES

- They often spoil before having the chance to eat them: 66%
- Do not think of produce when looking for something to eat: 26%
- Take too much time to prepare: 17%
- Do not know how to prepare them: 10%
- Household does not like them: 10%



# PHYSICAL ACTIVITY

## HALF OF ADULTS GET RECOMMENDED PHYSICAL ACTIVITY



### REGULAR PHYSICAL ACTIVITY IS ASSOCIATED WITH ENHANCED HEALTH AND REDUCED RISK OF INJURY AND DEATH.

Along with good nutrition, physical activity is one of the most modifiable behaviors that can impact health. Besides helping maintain a healthy weight, physical activity plays a role in reducing the risk for chronic disease and can help improve mental and emotional health conditions like depression and anxiety. 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, over a quarter of adults (26%) report a sedentary lifestyle with no leisure time physical activity. This percentage is even higher in Indiana (31%) and Kentucky (32%). Only 16% of resident in the region, however, report a sedentary lifestyle.

Designing communities to promote active transportation - providing designated bike lanes, connecting walking paths between destinations, creating safe places to exercise and play, and always considering those with physical challenges - helps all residents make physical activity a natural part of life.

**Q:** During the past 30 days, how many times per week did you take part in physical activity or exercise? When you took part in physical activity, for how long did you usually keep at it?

### RECOMMENDED PHYSICAL ACTIVITY FOR ADULTS

2.5 - 5 hrs  
of moderate activity  
per week, e.g.,  
brisk walking

OR

1.25 -2.5 hrs  
of vigorous activity  
per week, e.g.,  
jogging

OR

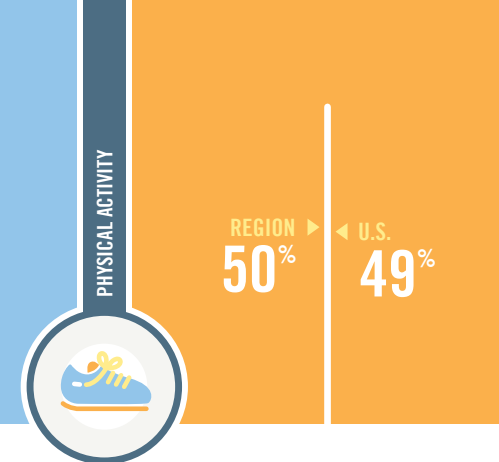
An equivalent  
mix of moderate  
and vigorous  
activity

AND

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



About half of adults in the region and nation meet the recommendations for aerobic physical activity.



MOST COMMON PHYSICAL ACTIVITIES	% OF ADULTS
Activity requiring minimal/no equipment or membership, e.g., walking, jogging, stretching, push-ups, or sit-ups	83%
Activity requiring equipment or membership, e.g., lifting weights, biking, treadmill/elliptical, or swimming	24%
Work-related activity, e.g., exercise on the job, household chores, yard work, farming, or gardening	11%
Specific sports or recreational activities, e.g., golf, dancing, pickleball, hiking, or bowling	5%

### LACK OF TIME AND CHRONIC HEALTH CONDITIONS ARE TOP BARRIERS IN PHYSICAL ACTIVITY

- Lack of time: 64%
- Ongoing or lengthy physical health condition: 27%
- Lack of access to facilities or equipment: 14%
- Lack of pedestrian or cycle trails: 8%
- Weather: 8%
- Neighborhood safety: 7%
- Lack of energy / motivation: 5%
- Short-term medical condition: 5%

## OTHER LOCAL FINDINGS

### ADULTS IN THE REGION ARE ACTIVE, WHETHER OR NOT THEY MEET RECOMMENDED GUIDELINES

84% of adults engage in some type of physical activity. This is more than in the states (Indiana -69%, Kentucky-67%) as well as the nation (74%).

### ADULTS WITH LOWER INCOMES ARE LESS LIKELY TO GET RECOMMENDED PHYSICAL ACTIVITY\*

54% of residents with higher incomes meet weekly physical activity recommendations, compared to 45% of low-income residents.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

### RESIDENTS WITH HEALTHY WEIGHT ARE SLIGHTLY MORE LIKELY TO MEET RECOMMENDATIONS

57% of normal weight and 51% of overweight adults meet recommendations for weekly aerobic physical activity, compared to 41% of obese adults.

### PHYSICAL ACTIVITY DECLINES WITH AGE, BUT OLDER ADULTS ARE STILL ACTIVE

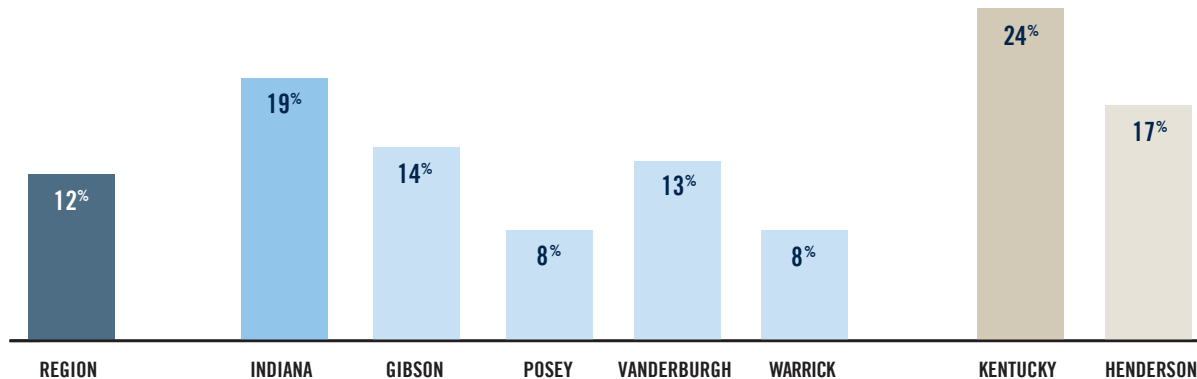
Younger adults are more likely to participate in physical activity: 88% of adults age 18 to 34 are physically active. Rates are similar for other age brackets until after age 55. 78% of adults 55 to 64 and 79% of adults 65 and older are still physically active.

### PHYSICAL ACTIVITY IS MORE LIMITED FOR ADULTS WITH CHRONIC HEALTH CONDITIONS, BUT MANY ARE STILL ACTIVE

79% of adults with asthma are active, compared to 86% of those without asthma. Similarly, 78% of adults with high blood pressure are active, compared to 87% of those without high blood pressure. 78% of those with arthritis are active, compared to 87% of those without arthritis.

# SMOKING

## 1 IN 10 ADULTS IN THE REGION CURRENTLY SMOKE CIGARETTES



**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 41,000 deaths resulting from exposure to secondhand smoke. 6% of the region's non-smoking residents currently live with a smoker, also putting them at risk. The effects of smoking cost the U.S. over \$300 billion annually in loss of productivity and direct health care expenditures.

Though tobacco is an equal opportunity killer, many segments of the population, including racial and ethnic minority groups, have long been disproportionately impacted by the effects of

tobacco and targeted by tobacco companies. Although Black, African Americans usually smoke fewer cigarettes and start smoking cigarettes at an older age, they are more likely to die from smoking-related diseases than Whites. According to the 2018 National Health Interview Survey (NHIS), among U.S. adults ages 18 and above, 15% of Blacks are current smokers, compared with 15% of Whites and 10% of Hispanics. In our region, Black adults were more likely to report current smoking compared to other racial groups.

E-cigarettes or vaping have become increasingly popular with middle and high school youth under 18. E-cigarettes are the most commonly used tobacco product among youth.

**Q:** Do you currently smoke cigarettes?

E-cigarettes may contain nicotine and other harmful chemicals and scientists are still learning about their long-term effects.

Smoking leads to disease and disability and harms nearly every organ of the body. Diseases like coronary heart disease, stroke, asthma, chronic lung disease, diabetes, multiple cancers, etc., are directly linked to tobacco use. 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.

The Healthy People Initiative has set a goal of no more than 5% of adults smoking by 2030.

Current cigarette smoking rates in the region are **lower than** national rates.



REGION 12% U.S. 16%

## OTHER LOCAL FINDINGS

### MIDDLE-AGED RESIDENTS ARE MOST LIKELY TO CURRENTLY SMOKE

11% of 18-34 year-olds, 15% of 35-44 year-olds, 15% of 45-54 year-olds, 20% of 55-64 year-olds, and just 6% of adults 65 and older in the region currently smoke.

### AVERAGE AGE SMOKERS BEGAN

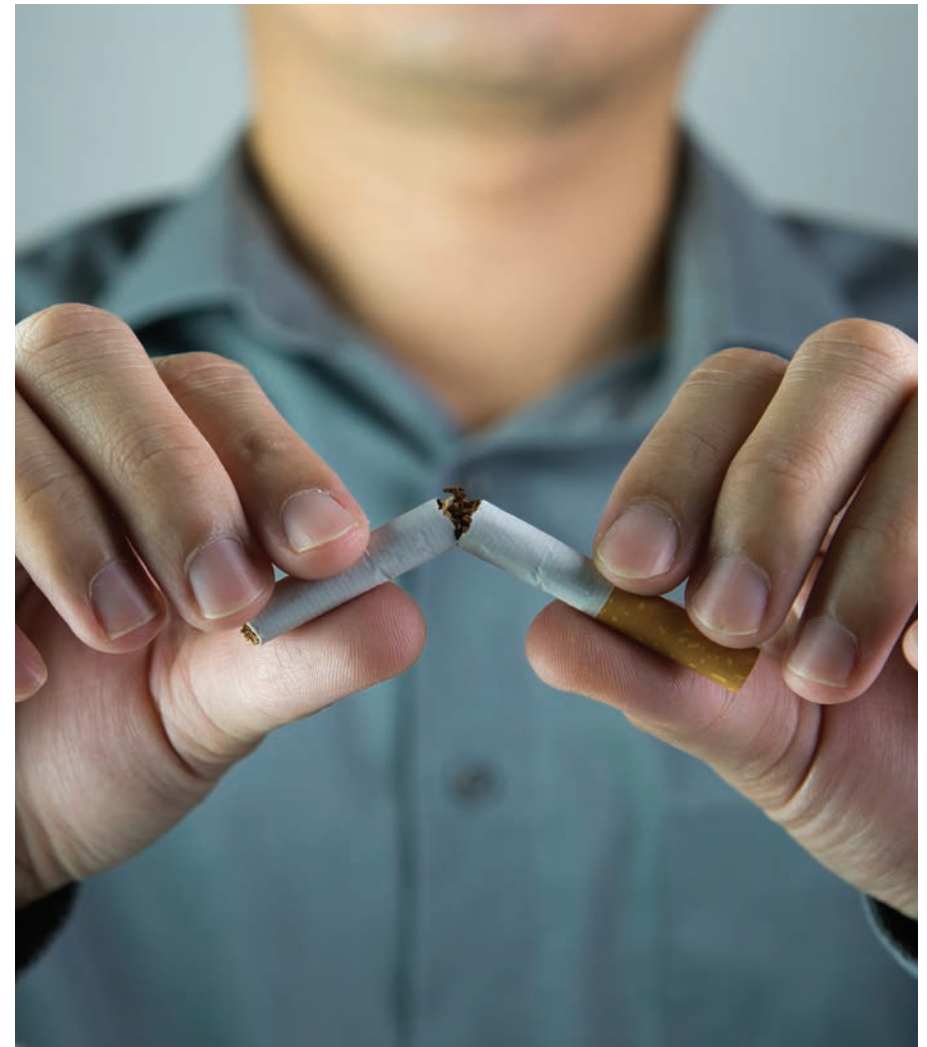
On average, smokers in the region began smoking at about age 18.

### ASTHMA RATES ARE HIGHER FOR THOSE SMOKING BY CHOICE OR EXPOSURE

Smokers, as well as non-smokers who live with a smoker, are more likely to have asthma compared to non-smokers. 19% of smokers have asthma as do 12% of non-smokers who live with second-hand smoke. Only 7% of adults who are not smokers themselves and who do not live with a smoker, have asthma.

### RESPIRATORY DISEASE PREVALENCE IS HIGHER FOR THOSE SMOKING BY CHOICE OR EXPOSURE

Smokers have the highest rates of respiratory disease (25%), compared to non-smokers living with a smoker (8%), and non-smokers who also don't live with a smoker have the lowest risk of these diseases (3%).





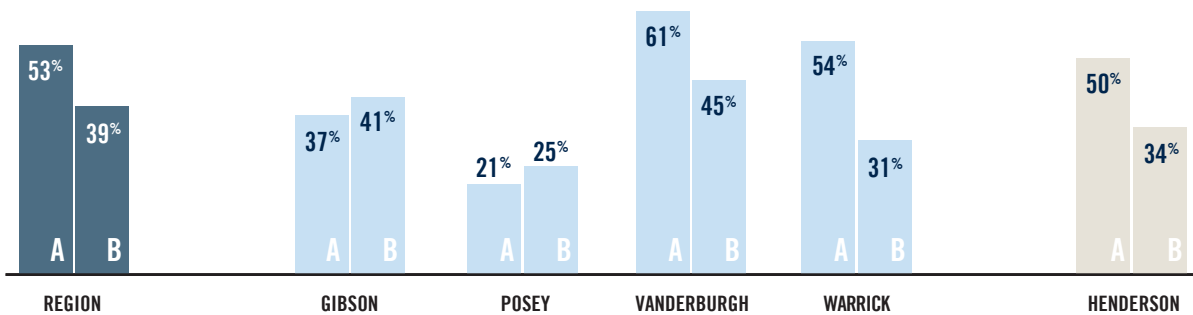
# HOUSING, NEIGHBORHOODS, & HEALTH

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# HOUSING, NEIGHBORHOODS, & HEALTH

## HALF OF THE REGION'S RESIDENTS HAVE SIDEWALKS OR WALKING PATHS (A) NEARBY AND MORE THAN A THIRD HAVE PARKS OR PLAYGROUNDS (B)



### NEIGHBORHOODS AND BUILT ENVIRONMENTS ARE IMPORTANT FACTORS INFLUENCING HEALTH.

Ideally in communities, everyone has an opportunity to reside in an affordable, safe, stable home and in a neighborhood or area that fosters well-being.

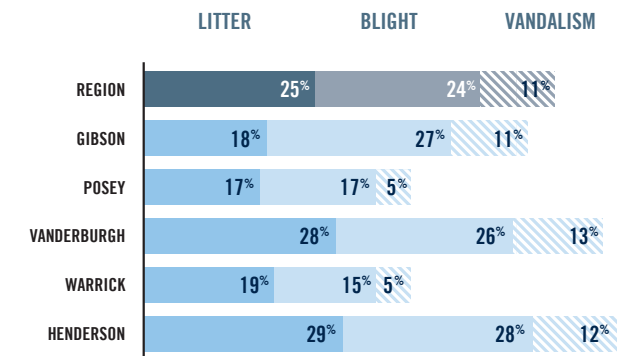
Community assets like sidewalks, walking paths, parks, and playgrounds enrich the lives of residents and can provide healthy outlets for adults and children. They also promote active living and active transportation, as well as create opportunities for socialization. In our region, about half of

residents have sidewalks or walking paths near where they live. More than a third of residents across the counties have parks and/or playgrounds near their homes. The quality, safety, and upkeep of these amenities is just as important as their presence in communities.

Conditions like litter, blight (housing that is dilapidated, unsafe or unsightly), and vandalism can be indicators of an environment in need of support and stabilization. These neighborhoods and areas may contain a greater proportion of housing with conditions contributing to poor health.

**Q:** In your neighborhood, is/are there sidewalks or walking paths, a park, or a playground?

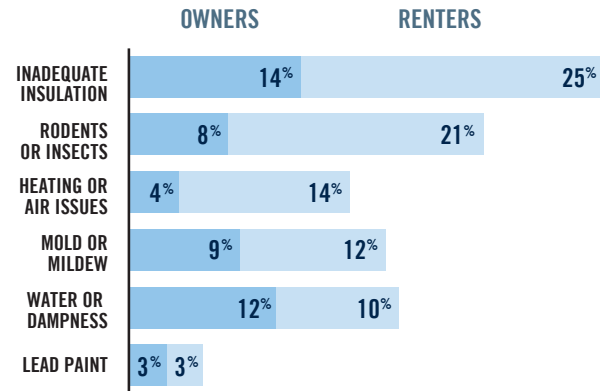
1 IN 4 RESIDENTS MAY FIND LITTER OR BLIGHT NEAR THEIR HOMES AND 1 IN 10 MAY SEE VANDALISM. THIS TENDS TO BE MORE PREVALENT AMONG RENTERS.





**Q:** To your knowledge, does your current home have water or dampness from broken pipes, leaks, or heavy rain, mold, mildew, or structural problems (such as rotting wood), issues with your heating or air, rodents, cockroaches, ants, or other insects, lead paint, inadequate insulation?

### HOME CONCERNS ASSOCIATED WITH POOR HEALTH TEND TO BE MORE PREVALENT AMONG RENTERS



### HOUSING CONNECTS TO HEALTH THROUGH THE CONDITIONS OF NEIGHBORHOODS, AFFORDABLE HOUSING, HOUSING QUALITY, AND HOUSING STABILITY.

When families live in poor or unsafe areas, are cost-burdened (spending 30% of their income on housing) live in homes with conditions directly affecting their health, e.g., mold contributing to asthma, or live in fear of being evicted, these factors take an enormous toll on the health of everyone in the household.

Often, residents of lower incomes live in poorer housing conditions than those of higher income. Low-income residents in the region are more likely to say the condition of their home contributes to health issues.\*

\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.

**27%**

**OF RESIDENTS WITH HEATING AND AIR ISSUES HAVE ASTHMA**

compared to 7% of residents without these housing issues

**18%**

**OF RESIDENTS WITH HEATING AND AIR ISSUES HAVE COPD**

compared to 5% of residents without these housing issues

**14%**

**OF RESIDENTS WITH MOLD OR MILDEW HAVE ASTHMA**

compared to 8% of residents without these housing issues

**13%**

**OF RESIDENTS WITH MOLD OR MILDEW HAVE COPD**

compared to 6% of residents without these housing issues

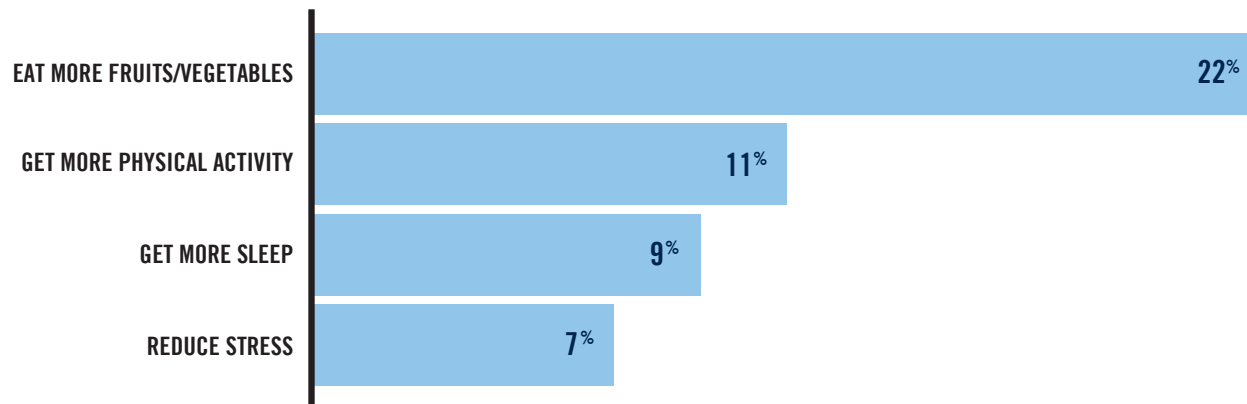
A group of five children are running through a field of tall grass. They are all smiling and appear to be having fun. The scene is captured in a monochromatic blue-grey tone. The children are in various stages of a running stride, with their arms and hair in motion. The background shows a line of trees under a clear sky.

# CHILDREN'S HEALTH



# LIFESTYLES

## THE TOP LIFESTYLE CHANGE RECOMMENDED BY HEALTH PROFESSIONALS FOR AREA CHILDREN IS EATING MORE FRUITS AND VEGETABLES



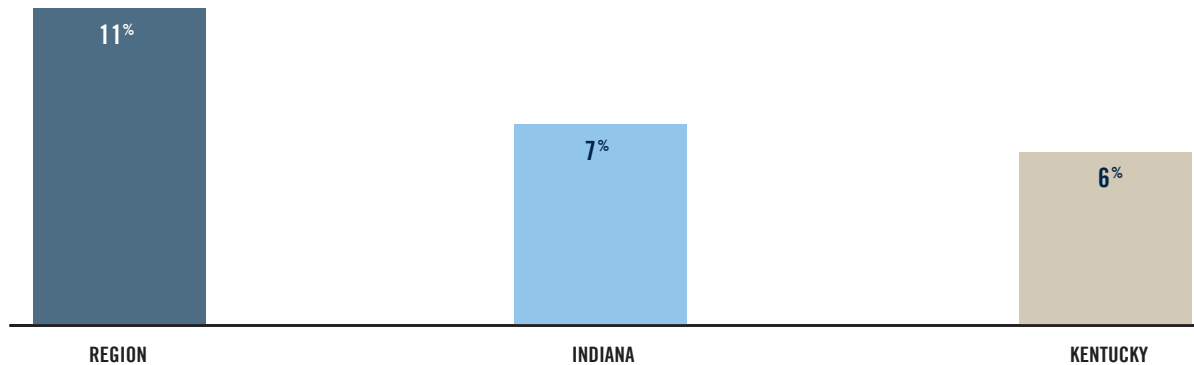
**LIKE ADULTS, THERE ARE ELEMENTS OF A CHILD'S LIFESTYLE THAT CAN MAXIMIZE HEALTHY CHOICES AND MINIMIZE RISK FACTORS TO HELP PREVENT INJURY AND FUTURE DISEASE.** When parents help their child make good choices with regards to diet and physical activity, sleep, and the management of stress, they can help mitigate and even prevent some chronic disease, and other negative outcomes for that child down the road. In the past

year, parents in the region say that health care professionals have given them advice about their child's lifestyles and choices in favor of those that support health. Eating more fruits and vegetables, getting more physical activity, and getting more sleep all represent choices to maximize for good health, while a child's health will benefit most from minimal stress and the support needed to effectively manage stress.



# ASTHMA

**1 IN 10 CHILDREN IN THE REGION HAVE ASTHMA, EXCEEDING STATE AND NATIONAL RATES**



**CHILDHOOD ASTHMA IS A LUNG DISEASE THAT OCCURS EARLY IN LIFE, CAN INCLUDE PERIODS OF FLARE-UPS AND ATTACKS, AND CAN LIMIT A CHILD'S ACTIVITIES.**

Asthma episodes or attacks in children can include episodes of coughing, shortness of breath, or chest tightness. This chronic disease inflames and narrows the airways, making breathing difficult. Often starting in childhood, this is the most common chronic condition among children, affecting an estimated 6.1 million in the U.S. under 18. Triggers of asthma attacks in children include viruses, allergens, cigarette smoke, air pollutants, and more. 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 rarely they can be fatal.

Asthma limits children's physical activity and can interrupt normal functioning. In our region, 6% of parents say that asthma limits the physical activity for their children. Nationally, asthma is one of the leading causes of school absenteeism.

**Q:** Does this child currently have asthma?

Asthma costs the U.S. approximately \$56 billion in medical and indirect costs.

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.

More children in the region have asthma, compared to the nation.



REGION 11%  
U.S. 8%

## OTHER LOCAL FINDINGS

### GIRLS AND BOYS HAVE SLIGHT DIFFERENCES IN ASTHMA PREVALENCE

12% of girls and 9% of boys have asthma.

### NON-WHITE CHILDREN ARE MORE LIKELY TO HAVE ASTHMA

19% of non-White children have asthma, compared to 8% of White children.

### CHILDHOOD ASTHMA INCREASES WITH SECONDHAND SMOKE

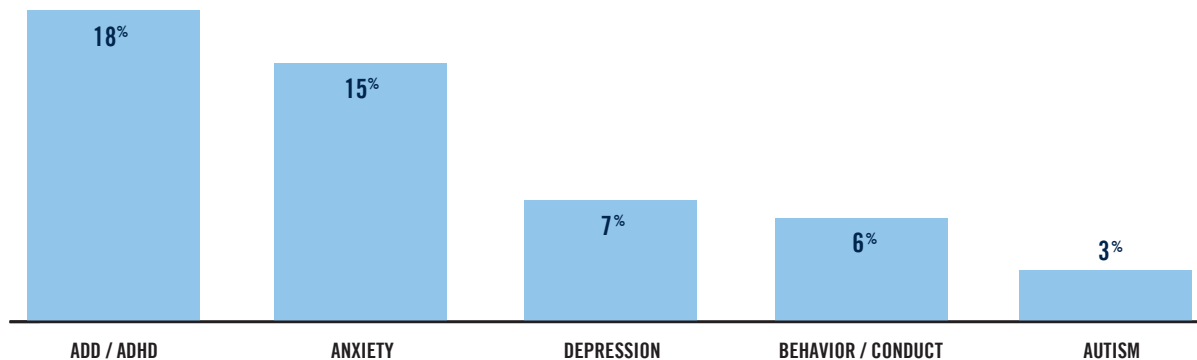
19% of children with asthma have a smoker living in their home, compared to 8% not living with a smoker.



Source for State and U.S. prevalence of current child asthma data:  
2018/2019 National Survey of Children's Health.

# EMOTIONAL, BEHAVIORAL, & DEVELOPMENTAL HEALTH

## ADD OR ADHD AND ANXIETY ARE THE MOST PREVALENT OF THE FOLLOWING CONDITIONS AMONG CHILDREN IN THE REGION



**MENTAL HEALTH IS AN IMPORTANT PART OF OVERALL HEALTH FOR CHILDREN.** Meeting developmental and emotional milestones, learning healthy coping skills and developing social skills can help children experience better quality of life at home, at school, and in the community. Understanding and attending to emotional, behavioral, and developmental needs early in life can help set children up for ongoing quality of life as adults. Some of the common childhood mental health disorders that affect children and youth are Attention Deficit Disorder with or without Hyperactivity (ADD/ADHD), depression, anxiety, behavioral disorders, and autism spectrum disorders. Children can experience these conditions

by themselves or in combination. Nationally, 22% of children ages 3-17 have some type of mental, emotional, developmental, or behavioral problem.

Like physical health conditions, a combination of genetic and environmental factors influence the development and severity of many mental, emotional, and behavioral disorders. The role that trauma and extreme stress play in the development of emotional and behavioral health is becoming increasingly clear. Adverse Childhood Events (ACEs) are negative experiences that can have lasting impact on a child. ACEs examples include violence or substance use in the home, parental instability,

**Q:** Has a doctor or other health care provider ever told you that this child had any of the conditions below, even if he/she does not have the condition now?

family members being incarcerated, being bullied, or having family members with mental health problems. Growing up with these kinds of experiences is linked to chronic health problems, mental illness, education and job difficulty, and substance misuse in adulthood. However, the impact of traumatic experiences can be minimized, mitigated, or even prevented when communities commit to understanding the complex nature of trauma and stress. Strategies designed to prevent or minimize traumatic experiences for children and families and to build resiliency in the child and in the child's support systems can help lessen the harmful effects of stress.



### ATTENTION DEFICIT DISORDER OR ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADD OR ADHD)

ADD/ADHD children can be forgetful, impulsive, risk-taking, fidgety and can have trouble paying attention. Nationally, about 9% of children ages 3-17 (approximately 5.3 million) have a current ADHD diagnosis.<sup>†</sup>

### DEPRESSION

Depressed children across the age spectrum can be tearful and withdrawn, angry, or easily irritated. Older children can also act out or experiment with substances. Over 3% of children in the U.S. ages 3 – 17 are estimated to currently have depression.<sup>‡</sup>

### ANXIETY

Anxious children can be excessively worried, experience panic, and have irrational fears or compulsions that interfere with their lives. Roughly 7% of children in the U.S. ages 3 – 17 currently have anxiety.<sup>‡</sup>

### BEHAVIOR OR CONDUCT PROBLEMS

Behavior Disordered children, (Conduct Disorder, Oppositional Defiant Disorder,) can display excessive noncompliance, aggression, and lack of compassion for others. Nationally, over 7% of children ages 3 – 17 have a current behavior or conduct problem.<sup>‡</sup>

### AUTISM SPECTRUM

Autism Spectrum children can have social, communication, and behavioral challenges. Conditions under this umbrella include Autism, Asperger's disorder, and pervasive developmental disorders. Signs of ASD begin during early childhood and typically last throughout a person's life. An estimated 3% of children or close to 2 million in the U.S. ages 3 – 17 have a current Autism Spectrum diagnosis.<sup>†</sup>



<sup>†</sup> 2018/2019 National Survey of Children's Health

<sup>‡</sup> Ghandour (2018) National Survey of Children's Health Estimates

# WEIGHT

**2 OUT OF 3 CHILDREN IN THE REGION HAVE A HEALTHY WEIGHT, HOWEVER, MORE THAN 1 IN 4 ARE EITHER OVERWEIGHT OR OBESE**



**CHILDHOOD OBESITY IS A SERIOUS PROBLEM IN THE U.S., PUTTING CHILDREN AND YOUTH AT RISK FOR POOR HEALTH OUTCOMES.** The percentage of obese children in the U.S. has tripled since the 1970s.

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 and should be discussed with a health care provider. Beyond the BMI percentile, a health care 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, and 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

**Q:** About how much does this child weigh without shoes? About how tall is this child without shoes? What is the age of the child? (Used for BMI calculation)

diseases such as cardiovascular disease, stroke, cancer, and osteoarthritis, as well as premature death.

Prevention and early intervention include healthy lifestyle habits such as eating nutrient-rich foods and beverages, limiting low-nutrient foods and beverages that are high in calories, fats, etc., and getting plenty of 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 healthy choices much easier. When parents, schools, churches, media, food, beverage, and entertainment industries offer healthier choices and use their influence to promote healthy lifestyles, the health of our children greatly benefits.

Similar to the nation, obesity is most prevalent among regional children ages 6 -11 years

OBESITY: AGES 2-5

REGION 12% U.S. 13%



OBESITY: AGES 6-11

REGION 21% U.S. 20%

## OTHER LOCAL FINDINGS

### CHILD OBESITY VARIES BY LOW-INCOME AND HIGHER INCOME HOUSEHOLDS\*

21% of children from low-income households and 13% of children from higher income households have an obese weight.

*\*Low-income defined as less than 80% of the median family income for the Evansville MSA in 2020, accounting for number in the household.*

### MOST ADULTS BELIEVE THEIR CHILD IS “ABOUT THE RIGHT WEIGHT”

86% of adults with children believe their children are “about the right weight.” Only 9% perceive their children as overweight, though calculated heights and weights indicate 28% of the region's children are overweight or obese.

### HEALTH CARE HAS A ROLE IN PROMOTING HEALTHY WEIGHT

19% of adults say that their doctor has told them their child is overweight.

*Source for U.S. child weight data: CDC, National Center for Health Statistics. 2017–2018 National Health and Nutrition Examination Survey (NHANES)*

## CHILD & ADOLESCENT BMI – CALCULATED FOR AGE

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



# METHODS & LIMITATIONS

## SURVEY & ANALYSIS

The Welborn Baptist Foundation's 2021 Greater Evansville Health Survey (GEHS) provides the best source for county-level health data specific to our funding region. The GEHS survey questions, the implementation process, and weighting and analysis procedures are aligned as closely as possible with the 2019 Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS), though local interests resulted in deviations from BRFSS methods in some cases. The BRFSS survey focuses on overall health, prevalence of health conditions, and related behaviors that influence health.

This edition of the survey was conducted in 2020, with results published in 2021. Similar studies were conducted in 2008 and 2015, though methodological differences prevent comparisons across years in many cases.

The survey was developed by the Welborn Baptist Foundation in consultation with Diehl Consulting Group, Evansville, IN. Diehl Consulting Group also managed the data collection process. Similar to 2015, a child module was included 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 region. All adults, age 18 and older in Vanderburgh, Warrick, Gibson, and Posey Counties in Indiana and Henderson County in Kentucky were eligible to participate in the survey. These five survey counties were chosen to be representative of the area's population centers, including urban, suburban, and rural populations.

A stratified random sample of households in Gibson, Henderson, Vanderburgh, and Warrick counties, and all households within Posey County were invited to participate in the survey. The sample was drawn from all valid household addresses in the counties using the most current listing of occupied housing units as provided by DataMail (January 2020). Addresses included single-family and multi-family dwelling, but not PO boxes or businesses. Two versions of the survey were created. Adult survey items were the same for both versions, but the child instructions varied. One survey version asked respondents to base responses on the oldest and the other on the youngest child. Households were randomly assigned one of the two survey versions by county. The counterbalancing of child items was intended to create a greater representation of child ages. Each mailing included an outgoing envelope, the cover letter (with a perforated incentive contact form on the bottom), survey, and return envelope. The outgoing envelope included the Welborn Baptist Foundation's return address and the return envelope was addressed directly to Diehl Consulting Group. While surveys were mailed, respondents did have the option to complete the survey electronically. A survey link was included on the invitation letter for those choosing the electronic option. Participants also had an option to request a Spanish version of the survey. The first survey administration occurred in February 2020. To increase sample sizes and achieve desired margins of error, a second mailing was conducted in March 2020. Most data collection was completed by March 30, 2020.

Extra steps were taken to ensure representation of population sub-groups in the Greater Evansville region, e.g., Spanish survey tool, over-sampling in the most diverse zip codes, etc. A total of 3,880 adults completed the survey. In addition, information was collected from adults on a total of 629 children under 18 years old. For adult survey returns, the margin of error (with 95% confidence) was 1.6% for the overall region, and 3.5% for Gibson, 3.6% for Henderson, 3.5% for Posey, 3.4% for Vanderburgh, and 3.6% for Warrick. For adult survey returns with the child module completed, the margin of error (with 95% confidence) was 3.9% for the overall region.

For each county, data were weighted by race/ethnicity, gender, and age to ensure that the sample more accurately reflected the characteristics of the population from which it was drawn. Population characteristics (i.e., control variables) were derived from the 2018 American Community Survey (ACS; 5-year estimates). The survey sample was weighted to the population controls through an iterative raking process. Survey weighting, descriptive analyses, and inferential analyses were performed by Diehl Consulting Group, Evansville, IN. Where appropriate, highlighted findings involving direct comparisons between two or more groups were based on statistically significant differences. Descriptive findings are also presented to highlight areas determined to be of practical importance. Statistical testing included parametric and non-parametric methods. Race/Ethnic subgroup descriptions referenced in this report include four mutually exclusive groupings: White adult (non-Hispanic), Black adult (non-Hispanic), Other racial adult group (non-Hispanic), and adults with Hispanic ethnicity.



# METHODS & LIMITATIONS CONTINUED

## MEASURING PROGRESS

Unfortunately, we are unable to directly compare data from the 2015 survey to the 2021 survey to look for trends because these two surveys and data procedures have too many differences. The CDC has made several changes to BRFSS over the past few years and, in addition, we have made a few changes and improvements of our own. Further, the methodological change from a telephone survey (2015) to a mailed survey (2021) introduces additional barriers to comparability. These differences should also be considered when making comparisons with other data sources. While state and national data were used in some cases to better understand regional findings, studies using different methodology and analytic strategies do not allow for direct comparisons. This may help to explain differences between other data sources measuring similar issues (e.g., County Health Rankings). Recognizing these considerations, this report provides an overall look at the top concerns, controllable risk factors, overall health status, and promising practices in 2021. This overall view of health in the region highlights the fact that, across survey years, some of the same issues keep rising to the top.

## LIMITATIONS

A few limitations are important to note. First, as was previously mentioned, direct comparisons cannot be made between the 2015 data collection and this current survey because of differences in procedures. Changes to data collection methods and individual survey items limit the relevance of prior benchmarks. However, the expectation is that future reports will be directly comparable to the current report.

Second, the sample of adult respondents was adequate to ensure that the overall margin of error did not exceed 4% (with 95% confidence) for any individual county. Further, data were weighted prior to analyses to account for any demographic differences between the responding sample and the population from which it was drawn. However, disaggregation of results by geographic factors (e.g., county), demographic factors (e.g., race, income), and health factors (e.g., obesity) necessarily increases the margin of error around survey findings. It is not possible to have the same statistical confidence in some of these breakdowns as it is in the aggregated, regional findings.

Similarly, data collection efforts targeted a representative sample of households in each county. It was not possible, however, to control for the presence or absence of a child in the household. As a result, while the sample of adult respondents was robust, many were not able to provide information around children's health. This relative lack of information around children's health warranted a cautious approach to presenting child data, such as focusing on regional rather than county-specific rates.

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 heart disease. In addition, results for children are based on self-reports from parents, e.g., child height and weight. Self-reports 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 heart disease, and other data sources, e.g., health department data.

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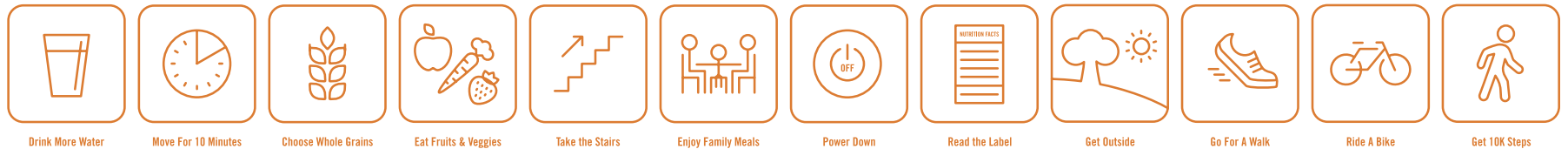
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