

Community Assessment

2023



Community Action Program of Evansville

1/18/2023

Discussed and Approved:

Policy Council 1/17/2023

Board 1/18/2023

A letter from the Director: 2022-2023

The updated 2022-2023 CAPE Head Start/Early Head Start Triennial Community Assessment is a collaborative effort with other Community and State Agencies, each providing their resource information. The Community Assessment was originally developed in 2016-2017 and updated every year. In 2022-2023, the Community Assessment was completely revised. Through this collaboration, our program has brought together collective data that shows the unique distinctive needs and strengths of Gibson, Posey, and Vanderburgh counties.

This collaborative effort produces results; among these is a unified approach that sets the program's direction for the next five years. There are, of course, other positive results from this merging of mind and data, and among those are...

- Identification of an agreement to the greatest needs and strengths in the communities we serve.
- Prioritization of resources limited by a restricted economy and a growing population of those requiring our expertise, to achieve a high quality of service for children and their families.
- The establishment of a program-wide, results-based series of goals for the program to ensure that measurable progress is being made toward building excellence as the standard with evidence-based practices in the field of Early Childhood Education and Child Development.
- Establishing program-wide strategies to develop Head Start/Early Head Start work force recognized as a provider of exemplary services to children and their families.

The Community Assessment gives us a chance to look closely at health and community development issues. It also addresses the needs of the community we serve and works with the community to provide tools, skills, and services through programs that meet individual needs to bring about self-sufficiency.

Mary Goedde, Director of Children Services

Table of Contents

EXECUTIVE SUMMARY	3
Introduction and Overview Statement.....	3
METHODOLOGY	4
I: GEOGRAPHIC LOCATION	5
Vanderburgh County:.....	6
Gibson County:	6
Posey County:	7
Community Strengths.....	7
Community Challenges	8
II: POPULATION BREAKDOWN IN THE TRI-COUNTY AREA	8
Geographic Locations of Population Centers:	8
Households by Type (Each County)	10
IV: THE CHALLENGE OF POVERTY	15
Supplemental Nutrition Assistance Program Households and Recipients:.....	19
V. HOUSING.....	21
VI: EMPLOYMENT	22
Earnings.....	22
VII: TRANSPORTATION	22
VIII: HEAD START/EARLY HEAD START ELIGIBLE CHILDREN	23
Child Care and Child Development Programs in the Service Area	23
Public Pre-School Program	23
IX: THE CHALLENGE OF DISABILITY	25
Break-Out Table of Children with Disabilities in Head Start/Early Head Start	27
X: Early Intervention	29
XI: EDUCATION, HEALTH, NUTRITION AND SOCIAL SERVICE NEEDS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES	30
Education:.....	30
Educational Attainment.....	30
XII: EDUCATION, HEALTH, NUTRITION AND SOCIAL SERVICE NEEDS OF HEAD START-ELIGIBLE CHILDREN AND FAMILIES AS DEFINED BY FAMILIES OF HEAD	

START ELIGIBLE CHILDREN BY COMMUNITY INSTITUTIONS THAT SERVE YOUNG CHILDREN.	31
Infant Mortality Rate.....	32
Causes of Infant Mortality.....	34
Why is Indiana's infant mortality rate so high?.....	35
Vanderburgh County Health Improvement Plan.....	36
Youth Tobacco Use	36
Electronic Vapor Products.....	37
Dental Health:	41
Dental Exams Fell Behind During the Pandemic.....	42
Nutrition:	43
Social Service Needs: CHNA (Community Health Needs Assessment) 2019-2020	46
Drug Related Arrests	47
Child Abuse and Neglect:	49
Teacher Shortages:	59
Figure A.....	62
XIII: Resources in the Community which Offer Services to Meet the Needs of Head Start	
Eligible Children and Families:	67
Vanderburgh County	68
Mission Statement:.....	70

EXECUTIVE SUMMARY

Introduction and Overview Statement

Community Action Program of Evansville Head Start/Early Head Start is committed to providing high-quality early childhood educational services to eligible children and families which effectively address their needs and those of the community at large. Those services include, but are not limited to, providing early childhood educational opportunities designed to prepare children to enter kindergarten and mainstream schools at a time when acquiring basic educational and social skills has never been more important – nor needed earlier.

To ensure that services rendered address the current needs in the most effective manner, Community Action program of Evansville Head Start/Early Head Start has commissioned a thorough community assessment which identifies the strengths and needs of the three counties served by this Agency. Results of this assessment have been used to identify goals and objectives for the five-year planning cycle as annual strategies to ensure that goals are met in a timely manner.

In keeping with the Head Start Performance Standard, 1302.11, “Community wide strategic planning and needs assessment (community assessment),” this assessment includes the collection and analysis of data related to

(1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

- The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:
- Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));
- Children in foster care; and
- Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies.
- The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being.
- Typical work, school, and training schedules of parents with eligible children.
- Other child development, childcare centers, and family childcare programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served.
- Resources that are available in the community to address the needs of eligible children and their families; and,
- Strengths of the community.

METHODOLOGY

The data collected for analysis in the Community Assessment represents the most up-to-date and relevant information available related to the families and communities of Vanderburgh, Gibson, and Posey Counties. To accomplish this, CAPE assembled data related to their service areas with the input and support of program advisory committees and community experts, and local and state agencies.

Community Action Program of Evansville (CAPE) explored various external data sources including other community needs assessments. Information came from community evaluations, governmental department summaries, demographic information related to social welfare and community health, national census records, local and regional news reports, and community safety indicators. In addition, CAPE gathered and reviewed internal data including Federal review findings, annual self-assessment reports, ChildPlus records of child and family demographics, and Child Outcomes results to further determine the specific needs of families already served by the program.



Indiana political map with Gibson, Posey and Vanderburgh Counties highlighted.

The comparison of data was accomplished on multiple levels. The steps included data sharing, reviews for relevancy, identification of missing information and the recognition of further steps needed. The initial results of this process were shared with the full management team, the Board of Directors, and the Policy Council during the strategic planning session. The focus of the strategic planning process was to share information, update as necessary and develop a strategic plan of action. The results of the process are reflected in this report.

I: GEOGRAPHIC LOCATION

CAPE Head Start/Early Head Start provides comprehensive services to children and families who reside in Vanderburgh, Gibson, and Posey Counties. All three counties are on the southwestern

tip of the Hoosier State where Indiana, Kentucky and Illinois meet. The service area is bordered by Illinois on the west and Kentucky on the south, with the Ohio and Wabash Rivers forming border lines. The service vicinity includes an urban area in the largest county, Vanderburgh, and rural areas in Gibson and Posey Counties. CAPE serves as the grantee agency providing Head Start and Early Head Start programs to the three counties and is currently funded for 404 Head Start slots in all three counties, and 116 Early Head Start slots in Posey and Vanderburgh Counties.

Indiana political map with Gibson, Posey and Vanderburgh Counties highlighted.



Vanderburgh County:

Vanderburgh County represents the largest area within the three service counties, with a population of 179,987 and 251 Head Start slots, which represents 62% of the available slots; Vanderburgh County also represents 80 Early Head Start slots or 69.0% of the total 116 Early Head Start slots.



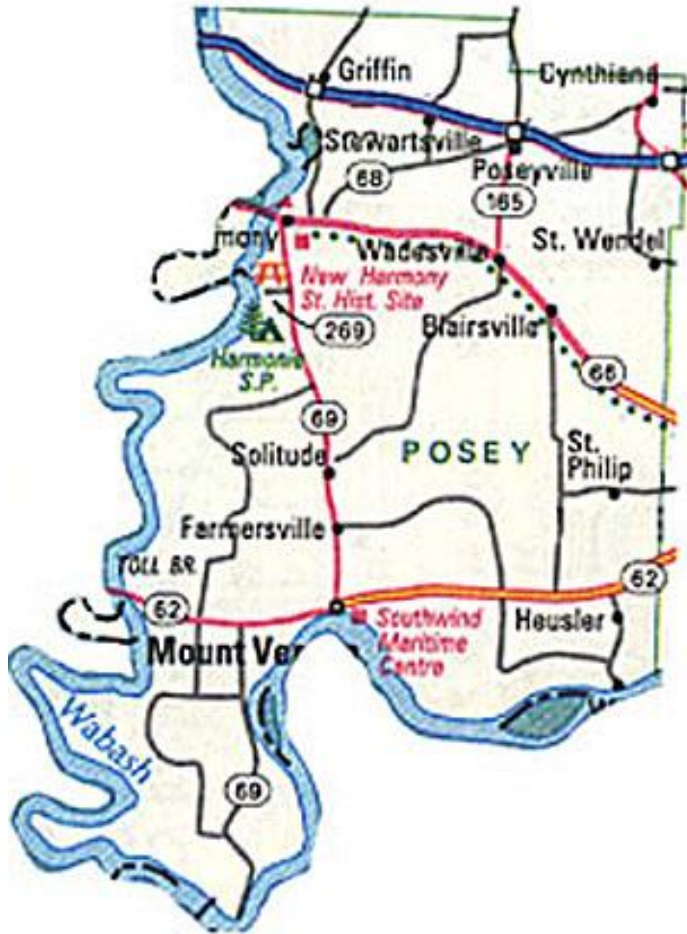
Gibson County:

Gibson County is the second largest of the tri-county area with a population of 32,924. Gibson County's 77 Head Start slots represent 19% of the pre-school children the agency presently serves.

OAKLAND CITY, Ind. (WEHT) – East Gibson School Corporation voted on Monday night to close Francisco Elementary School.

According to our reporter, the corporation is opting to restructure schools. Elementary schools will now be Kindergarten to 5th grade. Grade 6 to 8 will go to middle school.

James Wilson, the Superintendent, says the school board has been working on this for a year.



Posey County:

Posey County is the smallest of the three counties served by CAPE Head Start/Early Head Start, with a population of 25,116, representing 76 Head Start slots or 19% of the pre-school slots. Posey County has 36 Early Head Start slots representing 31.0% of the Early Head Start children

Source: 2021 American Community Survey 1-Year Estimates Data Profiles (All three county images from Purdue University Crop Map) Within the tri-county service area consisting of Vanderburgh, Gibson and Posey Counties, there are a variety of program options designed specifically to meet the needs of our families:

- Extended Day (5.75 hours 5 days per week)
- Full Day (10-11 hours per day, 5 days per week)
- Part Day (5.5 hours per day, 4 days

per week)

- Home Base (Early Head Start only)

The City of Evansville is the economic, financial, and cultural hub of the area that includes the three counties in the CAPE Head Start/Early Head Start service area. The city's resources reach out in many directions, with resources in low-income housing, medical and dental care, education, job training, and many other forms of service. Many of these services are available in other communities, but not with the same concentration as can be found in the Evansville urban area. The city and the entire area in general possess a strong network of community resources and numerous health and educational opportunities.

Community Strengths

CAPE Head Start/Early Head Start's service area consisting of Gibson, Posey, and Vanderburgh Counties, individually and collectively offers resources to address a variety of family needs. Both small resource and larger institutions such as family resource centers, neighborhood health clinics, health departments, WIC (Women, Infants and Children) offices, shelters and food banks provide services, and some of these have formal agreements with Head Start/Early Head Start to provide services for families.

The three-county area has many opportunities and forums for collaboration, including Building Blocks, Southwestern Behavioral Health, the Mayor's Education Round Table, the Commission on Domestic and Sexual Violence. Some see their mission as identifying and planning for childcare related issues, while others bring resources together to plan and collaborate to meet the needs of children with disabilities, providing input and making recommendations for program development, funding, and implementation. Facilities and personnel exist within CAPE Head Start/Early Head Start to provide mental health services on-site at Head Start and Early Head Start centers for children in need.

The community of Vanderburgh County under guidance from Welborn Baptist Foundation convened for two years, and a subcommittee continues to guide and develop access to quality learning by developing the White Paper. The goal of the White Paper is building a strong foundation through investment in Early learning. It is to inform strategies that are created and owned by community stakeholders to advance equitable access to and the expansion of high-quality learning. This project was funded by the Welborn Baptist Foundation.

The three-county community displays a notable commitment to the education and well-being of its children and works hard to provide necessary services, often finding innovative ways to finance such services.

Community Challenges

CAPE Head Start/Early Head Start, in all three counties, is experiencing staffing shortfalls that threaten the quality and quantity of services to children and families. Cities, counties, and towns see fewer students enrolled in Early Childhood programs and many salary shortfalls. Staff are leaving the Early Childhood field to make more money at Target, Walmart, Amazon, and retail stores.

The tri-county area faces a sharp increase in children in need of early childhood education.

School readiness may include help for mental health, emotional, physical, and other challenges which, if not addressed, would impede children's ability to learn. These are among the services offered to this tri-county area by CAPE Head Start/Early Head Start.

II: POPULATION BREAKDOWN IN THE TRI-COUNTY AREA

In order to assess the needs of the community, it is first necessary to *know* the community. To accomplish this, we analyze population data that presents a clear picture of the community.

Geographic Locations of Population Centers:

Gibson County has a population of 32,924 of which 16,841 are male and 16,755 are female. The median age is 40.5 years. 6.1% of the county population is age-eligible for Head Start or Early Head Start. (US Census Bureau Population Estimates July 1, 2021)

Posey County has a population of 25,116, of which 12,776 are male and 12,823 are female. The median age is 42.5 years. 5.2% of the county population is age-eligible for Head Start or Early Head Start. (US Census Bureau Population Estimates July 1, 2021)

Vanderburgh County has a population of 179,987 of which 87,869 are male and 93,962 are female. The median age is 37.9 years. 5.8% of the county population is age-eligible for Head Start or Early Head Start. (US Census Bureau Population Estimates July 1, 2021)

The Three County Area has a population of 238,027 of which 117,486 are male and 123,540 are female. The average median age is 40.3 years.

2021 [U.S. Census Bureau QuickFacts: Vanderburgh County, Indiana; Posey County, Indiana; Gibson County, Indiana; Indiana](#)

The Three-County Area is home to 13,645 children age 0-5

Gibson County is home to 2,049 children age 0-5

Posey County is home to 1,356 children age 0-5

Vanderburgh County is home to 10,240 children age 0-5

(Source: American Community Survey 5yr 2021, ACS 1yr Estimates Subject Tables)

III: HOUSEHOLDS AND FAMILIES

The Three-County Area contains 99,504 households.

There are 12,896 Households in Gibson County. There are 10,059 Households in Posey County.

There are 76,549 Households in Vanderburgh County.

2022 [U.S. Census Bureau QuickFacts: Vanderburgh County, Indiana; Posey County, Indiana; Gibson County, Indiana; Indiana](#)

All Topics	Vanderburgh County, Indiana	Posey County, Indiana	Gibson County, Indiana	Indiana
Population Estimates, July 1 2022, (V2022)	NA	NA	NA	6,833,037
Families & Living Arrangements				
Households, 2017-2021	76,549	10,059	12,896	2,622,601
Persons per household, 2017-2021	2.26	2.49	2.50	2.50
Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	81.7%	90.5%	88.0%	85.9%
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	4.0%	1.2%	2.7%	8.9%

Households by Type (Each County)

American Community Survey

DP02 | SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES

2021: ACS 5-Year Estimates Data Profiles ▾

Notes	Geography	Year	Topics	Surveys	Codes	Hide	Transpose	Margin of Error	Restore	Excel	CSV	ZIP	Share	Print	Map
Gibson County, Indiana															
Label	Estimate		Percent												
▼ HOUSEHOLDS BY TYPE															
▼ Total households	12,896		12,896												
▼ Married-couple household	6,667		51.7%												
With children of the householder under 18 years	2,383		18.5%												
▼ Cohabiting couple household	927		7.2%												
With children of the householder under 18 years	327		2.5%												
▼ Male householder, no spouse/partner present	2,390		18.5%												
With children of the householder under 18 years	157		1.2%												
▼ Householder living alone	1,671		13.0%												
65 years and over	460		3.6%												
▼ Female householder, no spouse/partner present	2,912		22.6%												
With children of the householder under 18 years	596		4.6%												
➤ Householder living alone	1,660		12.9%												

DP02 | SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES

2021: ACS 5-Year Estimates Data Profiles ▾

Notes Geo 1 Year 1 Topics Surveys Codes Hide Transpose Margin of Error Restore Excel CSV ZIP Share Print Map		
Posey County, Indiana		
Label	Estimate	Percent
▼ HOUSEHOLDS BY TYPE		
▼ Total households	10,059	10,059
▼ Married-couple household	5,919	58.8%
With children of the householder under 18 years	2,091	20.8%
▼ Cohabiting couple household	525	5.2%
With children of the householder under 18 years	120	1.2%
▼ Male householder, no spouse/partner present	1,579	15.7%
With children of the householder under 18 years	64	0.6%
▼ Householder living alone	1,185	11.8%
65 years and over	301	3.0%
▼ Female householder, no spouse/partner present	2,036	20.2%
With children of the householder under 18 years	348	3.5%
▼ Householder living alone	1,295	12.9%

DP02 | SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES

2021: ACS 5-Year Estimates Data Profiles ▾

Notes | Geo1 | Year1 | Topics | Surveys | Codes | Hide | Transpose | Margin of Error | Restore | Excel | CSV | ZIP | Share | Print | Map

					Vanderburgh County, Indiana											
Label					Estimate					Percent						
▼ HOUSEHOLDS BY TYPE																
▼ Total households					76,549					76,549						
▼ Married-couple household					31,832					41.6%						
With children of the householder under 18 years					11,055					14.4%						
▼ Cohabiting couple household					6,159					8.0%						
With children of the householder under 18 years					1,979					2.6%						
▼ Male householder, no spouse/partner present					15,534					20.3%						
With children of the householder under 18 years					1,103					1.4%						
▼ Householder living alone					11,633					15.2%						
65 years and over					3,349					4.4%						
▼ Female householder, no spouse/partner present					23,024					30.1%						
With children of the householder under 18 years					4,512					5.9%						
▼ Householder living alone					13,386					17.5%						

(Source: American Community Survey, DP02 Selected Social Characteristics in the United States, 2021 5-Year Estimates Data Profiles)

RACE	Gibson County	Posey County	Vanderburgh County
White	30,667	24,889	145,199
African American	794	371	17,668
Native American	4	48	438
Asian	164	164	2,438
Hawaiian or Islander	N	N	684
Two Or More Races	669	412	10,878
Hispanic or Latino	569	642	6,313
White, Not Hispanic	30,431	24,469	173,828

Source: Decennial Census, 2021 DEC Redistricting Data (PL 94-171)

POPULATION BY AGE AND SEX:

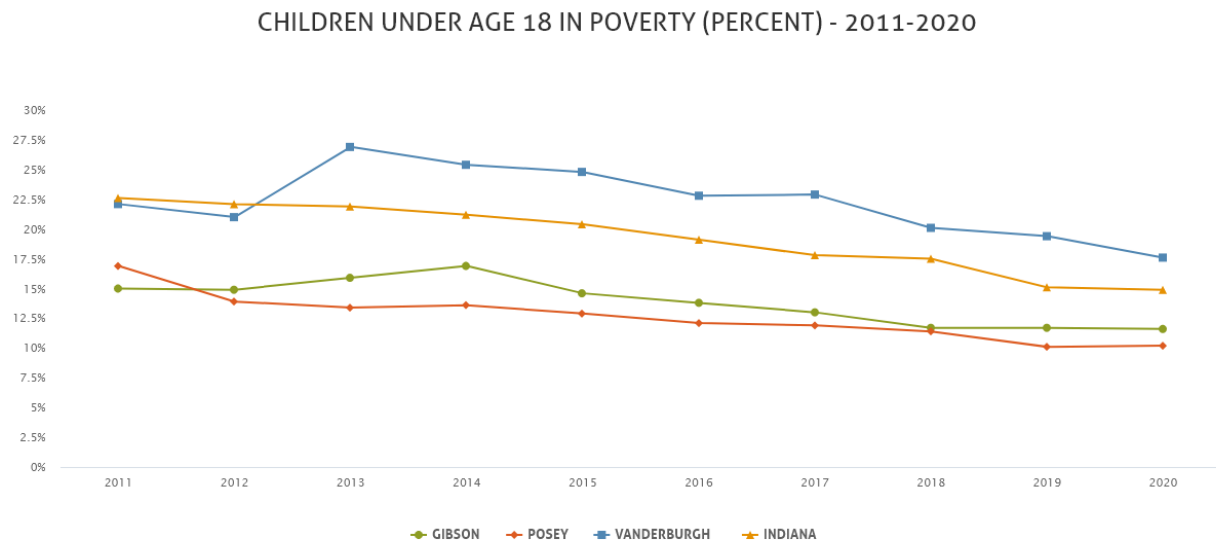
American Community Survey

S0101|AGE AND SEX

2021: ACS 5-Year Estimates Subject Tables

Notes	Geography	Years	Topics	Surveys	Codes	Hide	Transpose	Margin of Error	Restore	Excel	CSV	ZIP	Share	Print	Map
		Gibson County, Indiana		Posey County, Indiana		Vanderburgh County, Indiana									
		Male	Female	Male	Female	Male	Female								
Label		Estimate	Estimate	Estimate	Estimate	Estimate	Estimate								
▼ Total population		16,678	16,339	12,639	12,662	87,660	92,035								
▼ AGE															
Under 5 years		1,080	969	692	664	5,440	5,066								
5 to 9 years		1,139	1,083	785	760	5,541	5,062								
10 to 14 years		1,219	1,012	858	854	5,664	5,958								
15 to 19 years		1,154	1,024	803	746	5,811	5,647								
20 to 24 years		927	935	673	610	5,971	6,455								
25 to 29 years		944	961	699	667	6,464	6,471								
30 to 34 years		1,030	966	776	788	6,018	6,123								
35 to 39 years		1,035	840	640	864	5,597	5,337								
40 to 44 years		993	1,095	873	648	5,387	5,412								
45 to 49 years		1,038	986	765	751	5,083	5,102								
50 to 54 years		1,201	1,053	824	820	5,349	5,507								
55 to 59 years		1,278	1,039	1,053	1,028	5,771	5,998								
60 to 64 years		1,056	1,285	984	898	6,292	6,780								
65 to 69 years		1,012	1,082	758	760	4,870	5,152								
70 to 74 years		595	619	702	691	3,694	4,397								
75 to 79 years		399	595	415	491	1,913	2,674								
80 to 84 years		336	378	198	336	1,461	2,107								
85 years and over		242	417	141	286	1,334	2,787								

IV: THE CHALLENGE OF POVERTY



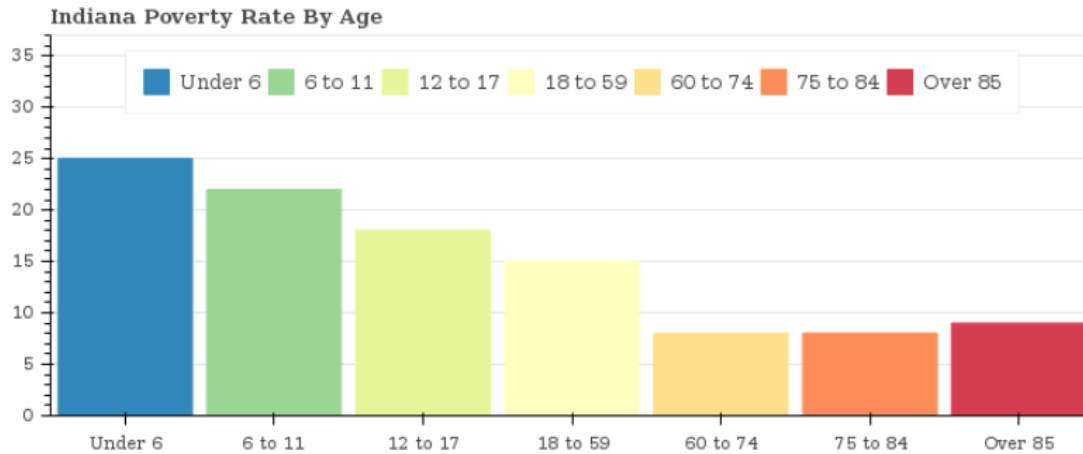
Indiana Youth Institute from datacenter.kidscount.org

DEFINITIONS & SOURCES

Definitions: The percentage of children younger than 18 living in households with incomes below the federal poverty thresholds as reported by the Small Area Income and Poverty Estimates. The federal poverty threshold is calculated annually and differs according to the size and composition of the household. Data reported for each year reflect income in the previous year.

Data Source: U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch. <http://www.census.gov//did/www/saipe/>

Footnotes: Data is for Calendar Year 2021.



Breakdown of Indiana Poverty Rate By Age

- **Children Under 6** in Indiana have a Poverty Rate of **23.3%**.
- **Children 6 to 11 Years Old** in Indiana have a Poverty Rate of **20.7%**.
- **Adolescents 12 to 17 Years Old** in Indiana have a Poverty Rate of **17.4%**.
- **Adults 18 to 59 Years Old** in Indiana have a Poverty Rate of **14.5%**.
- **Adults 60 to 74 Years Old** in Indiana have a Poverty Rate of **7.8%**.
- **75 to 84 Years Old** in Indiana have a Poverty Rate of **8.2%**.
- **Over 85 Years Old** in Indiana have a Poverty Rate of **9.5%**.

The following charts were obtained from the Welfareinfo.org website and the 2021 ACS.
 2021 [Indiana Poverty Rate \(welfareinfo.org\)](https://welfareinfo.org/indiana-poverty-rate/)

Poverty Rate in Gibson, Posey, and Vanderburgh Counties

The poverty rate in Gibson County is 11.4%

The poverty rate in Vanderburgh County is 13.9%.

The poverty rate in Posey County is 9.1%

The poverty rate in Indiana is 12.2%

Source: US Census Bureau 2021

	Gibson County, Indiana	Vanderburgh County, Indiana	Posey County, Indiana	Indiana
Income & Poverty				
PEOPLE				
Income & Poverty				
i Median household income (in 2021 dollars), 2017-2021	\$59,697	\$54,044	\$69,323	\$61,944
i Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$28,521	\$31,356	\$33,617	\$32,537
i Persons in poverty, percent	⚠ 11.4%	⚠ 13.9%	⚠ 9.1%	⚠ 12.2%

✕ Young Children

Poverty for younger ages in Indiana is seen as the most undesirable for the future of the community.

- **Enrolled in Nursery School** in Indiana have a Poverty Rate of **17.9%**.

The Poverty Rate of Indiana residents enrolled in nursery school is the same as than the national average of 18.0%. This translates to 17,401 of 97,402 Indianians enrolled in nursery school living below the poverty line within the past year. Approximately 1.5% of the total population of Indiana is currently enrolled in nursery school.

- **Enrolled in Elementary School(Grades 1-4)** in Indiana have a Poverty Rate of **21.4%**.

The Poverty Rate of Indiana residents enrolled in elementary school(grades 1-4) is slightly higher than the national average of 21.2%. This translates to 74,498 of 347,974 Indianians enrolled in elementary school(grades 1-4) living below the poverty line within the past year. Approximately 5.3% of the total population of Indiana are currently enrolled in elementary school(grades 1-4).

<https://www.welfareinfo.org/poverty-rate/indiana/> 2018

	Gibson County	Posey County	Vanderburgh
Income/Poverty	Number	Number	Number
Per Capita Personal Income 2021	\$28,105	\$32,136	\$29,731
Median Household Income 2021	\$59,697	\$69,323	\$54,044
Poverty Rate, 2021	11.4%	9.1%	13.9%

2021 Poverty Rate, Children Under 18	14.1%	11.6%	18.5%
TANF Nov. 2022	17	17	137
SNAP Recipients Nov.2022	2,387	822	18,816
Free & Reduced Lunch 2021	2,027	1,339	14,165

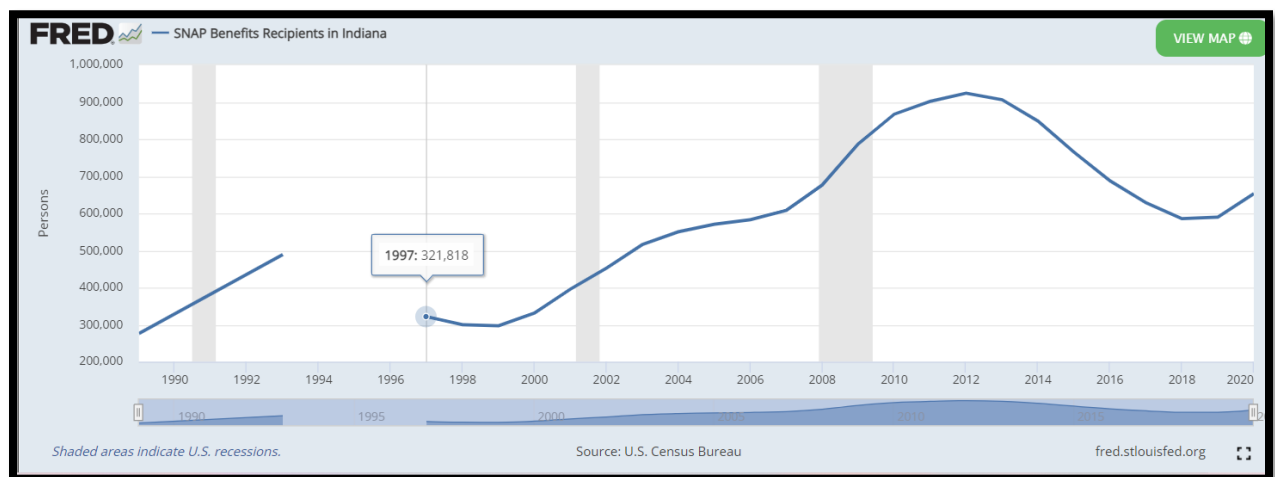
Source: FSSA website and IYI.org 2021 Indiana Kids Count Data Book

[U.S. Census Bureau QuickFacts: Gibson County, Indiana](#)

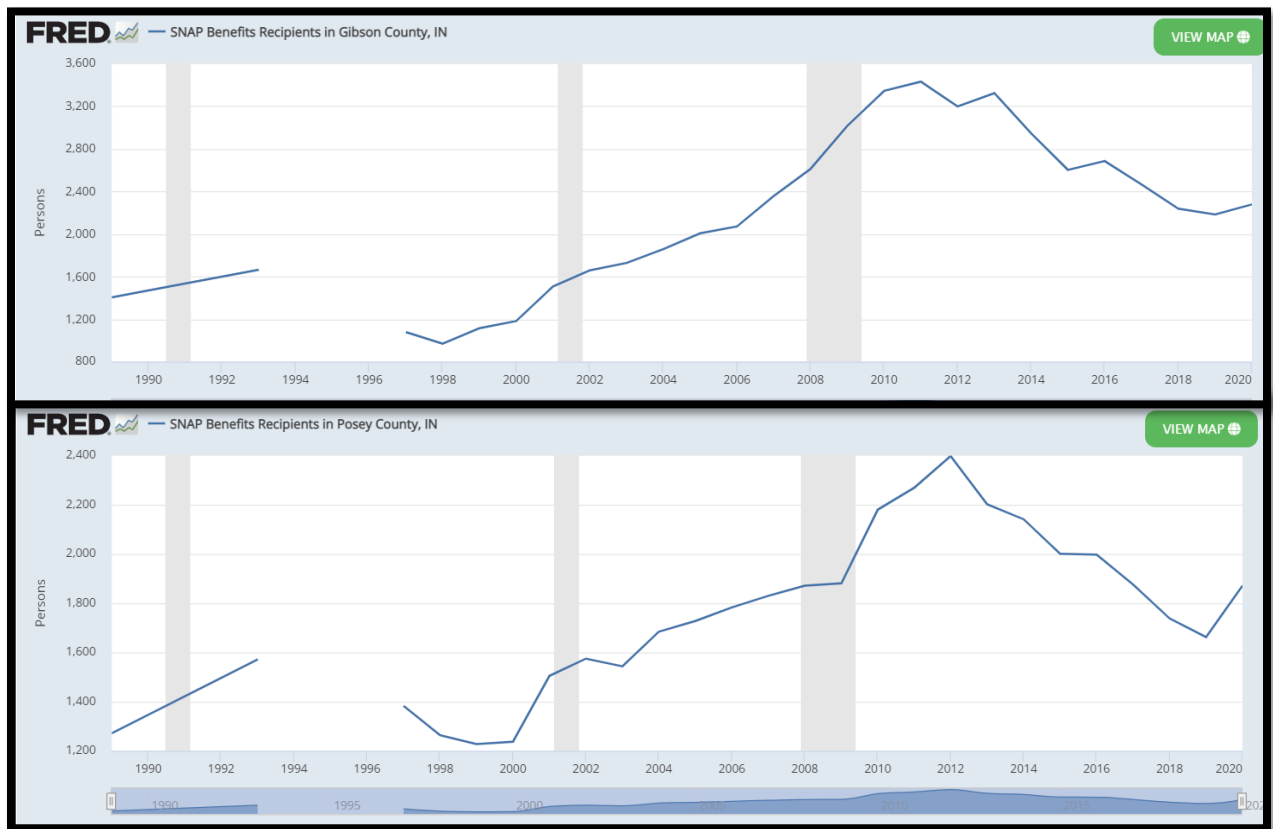
[InDepth Profile: STATS Indiana](#)

Supplemental Nutrition Assistance Program Households and Recipients:

Indiana: <https://fred.stlouisfed.org/series/BR18000INA647NCEN> 2019-2020

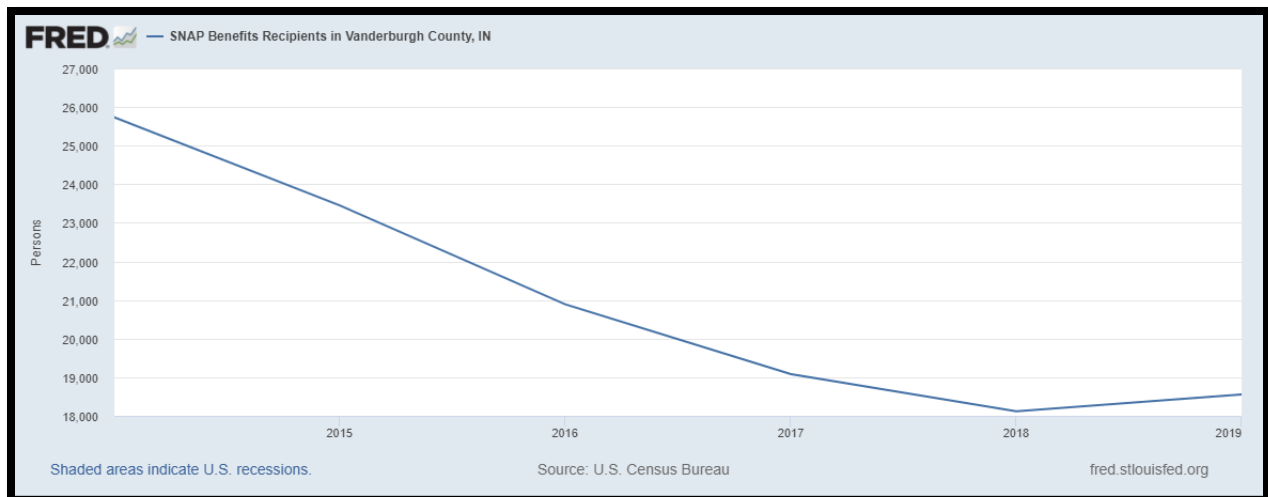


Posey County: <https://fred.stlouisfed.org/series/CBR18129INA647NCEN> 2019-2020



Gibson County: <https://fred.stlouisfed.org/series/CBR18051INA647NCEN> 2019-2020

Vanderburgh County: <https://fred.stlouisfed.org/series/CBR18163INA647NCEN> 2019-2020



V. HOUSING

Typically, home ownership and rental property are more affordable in Gibson and Vanderburgh Counties. In Posey County, there are certain Historic Districts where the prices of homes and property are high, such as New Harmony. New Harmony is considered a tourist area that attracts thousands of people. The historic district real estate prices are disproportionately high compared to other portions of the three-county CAPE service area.

Housing	Q Posey County, Indiana	Q Vanderburgh County, Indiana	Q Gibson County, Indiana	Q Indiana
Housing units, July 1, 2021, (V2021)	11,074	84,675	14,728	2,950,185
PEOPLE				
Housing				
Housing units, July 1, 2021, (V2021)	11,074	84,675	14,728	2,950,185
Owner-occupied housing unit rate, 2017-2021	80.2%	64.9%	75.4%	69.9%
Median value of owner-occupied housing units, 2017-2021	\$165,200	\$142,600	\$136,000	\$158,500
Median selected monthly owner costs -with a mortgage, 2017-2021	\$1,229	\$1,160	\$1,087	\$1,206
Median selected monthly owner costs -without a mortgage, 2017-2021	\$446	\$491	\$409	\$440
Median gross rent, 2017-2021	\$695	\$854	\$762	\$891
Building permits, 2021	47	870	184	29,860

Source: US Census Bureau 2021

Calculating the median value of homes in the CAPE three-county area reveals that the average home would cost approximately \$147,933. Thus, it would be impossible for families at or below the poverty level to purchase a home, especially in the present economic climate.

VI: EMPLOYMENT

Earnings

American Community Survey

S2418 CLASS OF WORKER BY SEX AND MEDIAN EARNINGS IN THE PAST 12 MONTHS (IN 2020 INFLATION-ADJUSTED DOLLARS) FOR THE CIVILIAN EMPLOYED POPULATION 16 YEARS AND OVER
2020: ACS US Census Bureau

	United States					
	Median earnings (dollars)		Median earnings (dollars) for male		Median earnings (dollars) for female	
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	
▼ Civilian employed population 16 years and over with earnings	39,782	±92	46,020	±135	33,108	
▼ Private for-profit wage and salary workers:	37,944	±90	44,908	±127	30,999	
Employee of private company workers	37,251	±71	43,976	±131	30,840	
Self-employed in own incorporated business workers	53,035	±157	62,021	±221	38,076	
Private not-for-profit wage and salary workers	42,320	±96	48,774	±307	40,256	
Local government workers	47,064	±114	53,934	±145	42,387	
State government workers	47,256	±149	53,255	±228	43,384	
Federal government workers	65,835	±198	70,902	±280	60,096	
Self-employed in own not incorporated business workers and unpaid family workers	26,665	±81	32,344	±90	19,937	

The median earnings for adult workers, (16 years of age or older) in the CAPE Head Start/Early Head Start area were \$39,782. The average median earnings for all full time Head Start/Early Head Start staff for 2021-2022 is \$26,775.

VII: TRANSPORTATION

Neither Gibson County nor Posey County offers public transportation. A public transportation system does exist in Vanderburgh County, but buses run only during set hours of operation. All three counties offer taxicab service, but cab fares have kept pace with the spiraling cost of gasoline.

Uber - How much it costs: The cheapest, UberX, is \$2.00 base fare + \$1.90 booking fee + \$0.18/minute + **\$0.96/mile**. Prices increase for SUVs or luxury vehicles. Uber from Posey County to Vanderburgh County is around \$32.00 each way. Uber Gibson County to

Vanderburgh County is around \$45.00. All three counties have Uber and Lyft for transportation services. Uber website

Many inhabitants of all three counties depend on their own private means or on family and friends for local travel. Many churches have their own buses with which to bring in congregational members, but these private buses are for church transportation only and are not available for shopping trips, doctor appointments, and so on.

The data shows that most workers below the poverty level in Vanderburgh County rely on public transportation to get them to work inside the city limits. The data also shows that many of these jobs are in the service and sales industry. Gibson and Posey Counties do not have public transportation, so residents rely on alternate ways of getting to work.

Family surveys for Head Start/Early Head Start

VIII: HEAD START/EARLY HEAD START ELIGIBLE CHILDREN

CAPE Head Start/Early Head Start is currently serving 520 children. CAPE Head Start/Early Head Start maintains a large waiting list each year. As of January 2023, the number of children on CAPE's Head Start waitlist was 139. CAPE's waitlist for Early Head Start was 92.

DESCRIPTION OF PROGRAMS SERVING HEAD START ELIGIBLE CHILDREN

Child Care and Child Development Programs in the Service Area

Automated Health Systems is the CCCD intake agency for this part of Indiana.

Type and Number of Child Care Centers in Gibson, Posey, and Vanderburgh Counties

TYPE	GIBSON	POSEY	VANDERBURGH
Licensed Home	13	2	69
Licensed Center	5	6	38
Registered Ministries	7	1	20

Public Pre-School Program

Indiana's state-funded On My Way to Pre-K program will award grants to four-year-old children from low-income families. To allow them to have access to a high-quality Pre-K program the year before Kindergarten. Families who receive a grant may use the grant at any approved On My Way Pre-K Program. In Vanderburgh County, 206 grants were awarded in 2021 and increased to 238 in 2022.

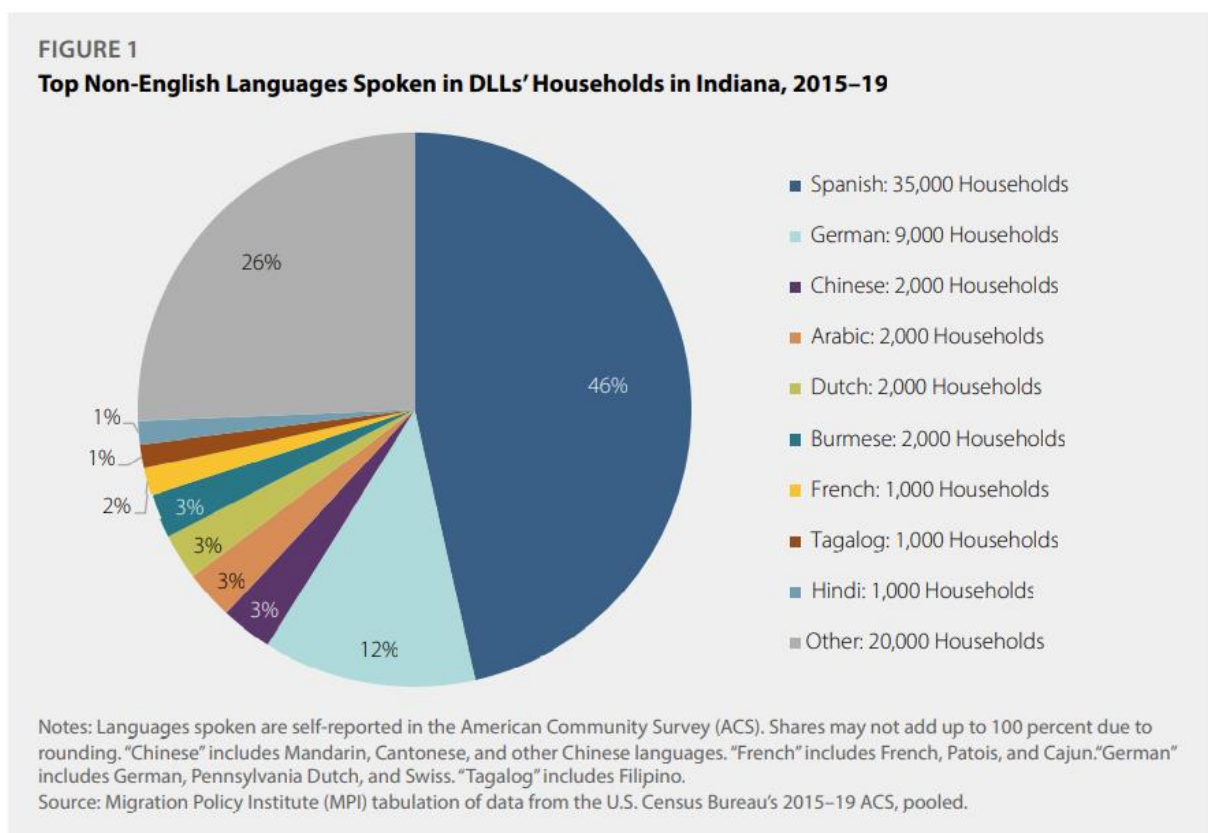
Indiana's state-funded all-day kindergarten program is being implemented as this report is being written, though it is not state-wide yet.

The Evansville-Vanderburgh County School Corporation has a public pre-school program for children at risk. The EVSC school system currently offers fee-based classrooms at Scott and

Daniel Wertz. EVSC Infant/Toddler classrooms are offered at Culver and Bosse. On my way Pre-K is offered at nine different EVSC sites.

DUAL LANGUAGE LEARNERS

Dual Language Learners (DLLs) are young children who have at least one parent who speaks a language other than English in the home. In Indiana, about one-sixth (16 percent) of children ages 0 to 5—approximately 75,000 young children—are DLLs. These children possess many important strengths, including their home language skills and cultural assets. Extensive research has demonstrated that high-quality early childhood education and care (ECEC) services provide disproportionate benefits for DLLs, including in terms of their language development and future academic outcomes. However, available data also show that DLLs enroll in such programs at lower rates than other young children. This points to a need to address barriers that may prevent DLLs' families from accessing these programs as well as to ensure the relevance and quality of ECEC services for this population.



For dual language learners, CAPE recognizes bilingualism and biliteracy as strengths and implements research-based teaching practices that support their development. CAPE staff interact with infants and toddlers that are dual language learners by using teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English. CAPE staff interacts

with preschool age dual language learners with teaching practices that focus both on English language acquisition and the continued development of the home language. When CAPE doesn't have a staff that speaks the home language steps are taken to support the development of the home language for dual language learners by having culturally and linguistically appropriate materials available and other evidence-based strategies. CAPE identifies staff to work in the classroom to support children's continued development of the home language.

IX: THE CHALLENGE OF DISABILITY

Our mission is to provide children with a stable, nurturing environment in which they can learn basic skills that they will need to take with them to kindergarten and beyond. These skills will help children cope with or overcome their challenges and manage their lives better on a day-to-day basis.

Two of the three counties with children under three are provided services from First Steps (part C provider). After the child turns three years of age they transition and receive services from the local education agency (LEA). These services are provided either directly or through a referral to an outside agency (part C provider).

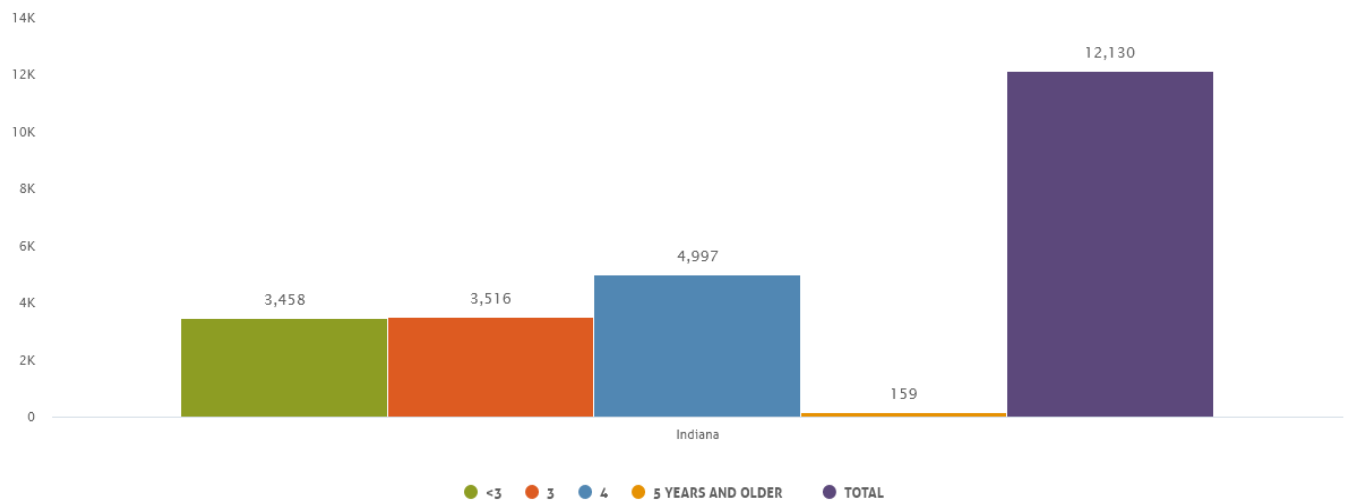
Children (3-5 years old) that qualify for services may be placed at Gibson County Special Services (Includes north, south and east Gibson schools), Metropolitan School District of Mt. Vernon, Evansville Vanderburgh School Corporation, and CAPE Head Start/Early Head Start programs.

PRESCHOOL CHILD COUNT COMPARISONS (DECEMBER 1, 2020 AND DECEMBER 1, 2021) SOURCE: DOE-SE AGES 3-5A UNDUPLICATED TOTALS BY DISABILITY			
Primary Exceptionality Category	12-1-20 Count	12-1-21 Count	Increase/Decrease
Multiple Disability	74	64	-10
Orthopedic Impairment	105	107	2
Blind or Low Vision	49	54	5
Deaf or Hard of Hearing	149	179	30
Emotional Disability – Full Time	1	1	0
Emotional Disability – All Other	0	1	1
Specific Learning Disability	5	5	0
Developmental Delay	4,923	5,184	261
Language/Speech Impairment	5,919	5,716	-203
Mild Intellectual Disability	27	17	-10
Moderate Intellectual Disability	17	10	-7
Severe Intellectual Disability	4	6	2
Deaf-Blind	3	4	1
Autism Spectrum Disorder	603	695	92
Traumatic Brain Injury	9	11	2
Other Health Impairment	205	236	31
Total Preschool Count	12,093	12,290	197 (+1.63%)

Source: Indiana Dept. of Education chart above reflects what was reported on December 1, 2021.
<https://www.in.gov/doe/students/special-education/>

CAPE Head Start/Early Head Start had written agreements with the five school districts in its service area, and with First Steps in two of its counties.

HEAD START ENROLLMENT BY AGE GROUP (NUMBER) - 2021



The Annie E. Casey Foundation from datacenter.kidscount.org

Above pictured children enrolled with disability in the state of Indiana 2021

Break-Out Table of Children with Disabilities in Head Start/Early Head Start

Type	Head Start	Early Head Start
Autism	1	1
Health Impairment	0	0
Non-categorical Developmental Delay	4	11
Orthopedic	0	1
Speech/Language	26	1
Visual Impairment	0	0
Specific learning disability	0	0

Source: Child Plus® 2022 CAPE Head Start/Early Head Start

The total number of children with Individualized Education Plans (IEPs) was 45 and Individualized Family Service Plans (IFSPs) represents 14 children.

The program provides services for children who are dually enrolled. Dually enrolled means the child spends part of their day in Head Start and attends an additional educational program. The Agency receives several referrals from outside agencies each year, and depending on points and needs, the children are enrolled. The agencies making the referrals can be the Child Welfare Department, Health Department, private physicians, CASA, and First Steps. CASA is an advocacy group that protects the rights of children who have become wards of the court or the court system. The program continues to monitor each classroom to make sure that at enrollment the classes are diverse and inclusive of all children.

The following information was gathered from the First Steps report for each of our service counties. These figures are the most up-to-date available. First Steps is CAPE's service provider for children 0-3 years of age in our service area. This data is as of March 31, 2021 [FSSA: First Steps: Program Evaluation Reports \(in.gov\)](#).

Vanderburgh County

II. Child Enrollment & Referral	Number of Children
One-day Count w/IFSP - 0 to 1 year-olds	30
One-day Count w/IFSP - All Children	289
Annual Count of Children w/IFSP	629
Annual Count of Children Served (regardless of IFSP)	663
Average Age at Referral (months)	14
New IFSP 01/01/2021 - 03/31/2021	65
Children with Referral to IFSP 45+ Days 01/01/2021 - 03/31/2021	3

Gibson County

II. Child Enrollment & Referral	Number of Children	P
One-day Count w/IFSP - 0 to 1 year-olds	1	
One-day Count w/IFSP - All Children	50	
Annual Count of Children w/IFSP	111	
Annual Count of Children Served (regardless of IFSP)	110	
Average Age at Referral (months)	16	
New IFSP 01/01/2021 - 03/31/2021	6	
Children with Referral to IFSP 45+ Days 01/01/2021 - 03/31/2021	1	

Posey County

II. Child Enrollment & Referral

	Number of Children
One-day Count w/IFSP - 0 to 1 year-olds	4
One-day Count w/IFSP - All Children	35
Annual Count of Children w/IFSP	81
Annual Count of Children Served (regardless of IFSP)	84
Average Age at Referral (months)	16
New IFSP 01/01/2021 - 03/31/2021	10
Children with Referral to IFSP 45+ Days 01/01/2021 - 03/31/2021	0

First Step Services Report per Cluster I 3/31/2021

V. Race Information

	White	Black or African - American	Hispanic / Latino	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	2 or More Races Selected	Other Race
Children Served	2,136	129	95	1	20	2	234	0
Percentage	82%	5%	4%	0%	1%	0%	9%	0%

VI. Children Receiving Each Service Type

	Number of Children Served	Percent Receiving Service Type		Number of Children Served	Percent Receiving Service Type
Assistive Technology	27	1%	Occupational Therapy	1,670	64%
Audiology	150	6%	Other Services	0	0%
Developmental Therapy	1,578	60%	Physical Therapy	1,593	61%
Health Services	0	0%	Psychology	1	0%
Interpreter Services	2	0%	Social Work	0	0%
Medical	0	0%	Speech Therapy	1,127	43%
Nursing	0	0%	Vision	1	0%
Nutrition	17	1%			

Occupational Therapy is the largest category for First Steps with Physical Therapy showing up second. For this reason, it is of vital importance to complete the 45-day screenings and continue to refer for evaluations and services as soon as a concern is documented.

Source : <https://www.in.gov/fssa/firststeps/files/Cluster-Profile-Report-04.01.2020-03.31.2021.pdf> 2021

X: Early Intervention

Early identification and treatment of children with disabilities and delays is crucial to help infants and children achieve their potential in the years to come. The many local early intervention agencies can provide a variety of services and are designed to lay the foundation for a brighter future for young children identified with (or at risk for) disabilities. These include organizations such as First Steps, Easter seals Rehabilitation Center, Center for Pediatric Therapy, and the local school corporations.

XI: EDUCATION, HEALTH, NUTRITION AND SOCIAL SERVICE NEEDS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES

Education:

Research confirms that when adults in the lives of children are better educated, children are more likely to have opportunities to succeed once they enter adulthood. Where adult educational attainment is higher, there is wider access to educational opportunities, better public health, and more economic prosperity. The educational needs of low-income children and families lie at the very core of the circumstances keeping them in the lower levels of the economic status. Although the percentage of youth graduating from high school continues to rise in the three-county service area encompassing Gibson, Posey and Vanderburgh Counties, the percentage of persons aged 25 and up with less than high school completion varies among race in the tri-state service area, according to figures made available by the Welborn Baptist Foundation survey. There continues to be significant variations in educational attainment in eligible Head Start families.

Educational Attainment

In Gibson and Posey Counties the percentage of CAPE residents who have completed high school or obtained a High School Equivalent is slightly higher than Indiana's percentage while slightly lower than the rate in Vanderburgh County. The percentage of CAPE residents in the tri-county area who have some college, but no degree is higher than Indiana. CAPE counties match or exceed Indiana's percentage of residents with an associate degree while the counties are fewer for bachelor's degrees and are less for graduate degrees. The opportunity to increase educational attainment is accessible in Vanderburgh and Gibson counties. There is no Community College or University in Posey County.

Our communities benefit from having residents with high school diplomas and advanced degrees. In fact, research suggests a strong link between healthy communities, education and income levels. The higher the education level and income base in a community, the better the health outcomes.

XII: EDUCATION, HEALTH, NUTRITION AND SOCIAL SERVICE NEEDS OF HEAD START-ELIGIBLE CHILDREN AND FAMILIES AS DEFINED BY FAMILIES OF HEAD START ELIGIBLE CHILDREN BY COMMUNITY INSTITUTIONS THAT SERVE YOUNG CHILDREN.

Indiana policy recommendations emphasized a shift in rigorous expectations to reflect meaningful data and the identification of support for future student success. In addition, College and Career Readiness) assessment and adaptability features allow ILEARN to better measure each student's CCR (level of proficiency, while identifying where additional instruction may be necessary. ILEARN achievement levels include below proficiency, approaching proficiency, at proficiency, and above proficiency.

ILearn 2022 Spring Summary	ELA Proficient
East Gibson School Corporation	44.3%
North Gibson School Corporation	32.5%
South Gibson School Corporation	53.9%
MSD of Mount Vernon	41.4%
MSD North Posey Co Schools	58.9%
Evansville Vanderburgh School Corporation	39.9%
State of Indiana	40.7%

Source: www.doe.in.gov Adam Baker 2022

Health:

Indiana Birth Data 2019	State	Rank*
Percent of Births to Unmarried Mothers	43.6	16th (tie)*
Cesarean Delivery Rate	30.1	29th (tie)*
Preterm Birth Rate	10.4	17th*
Low Birthweight Rate	8.1	27th (tie)*

[Stats of the State of Indiana \(cdc.gov\)](#) : Center for Disease Control as of 2019

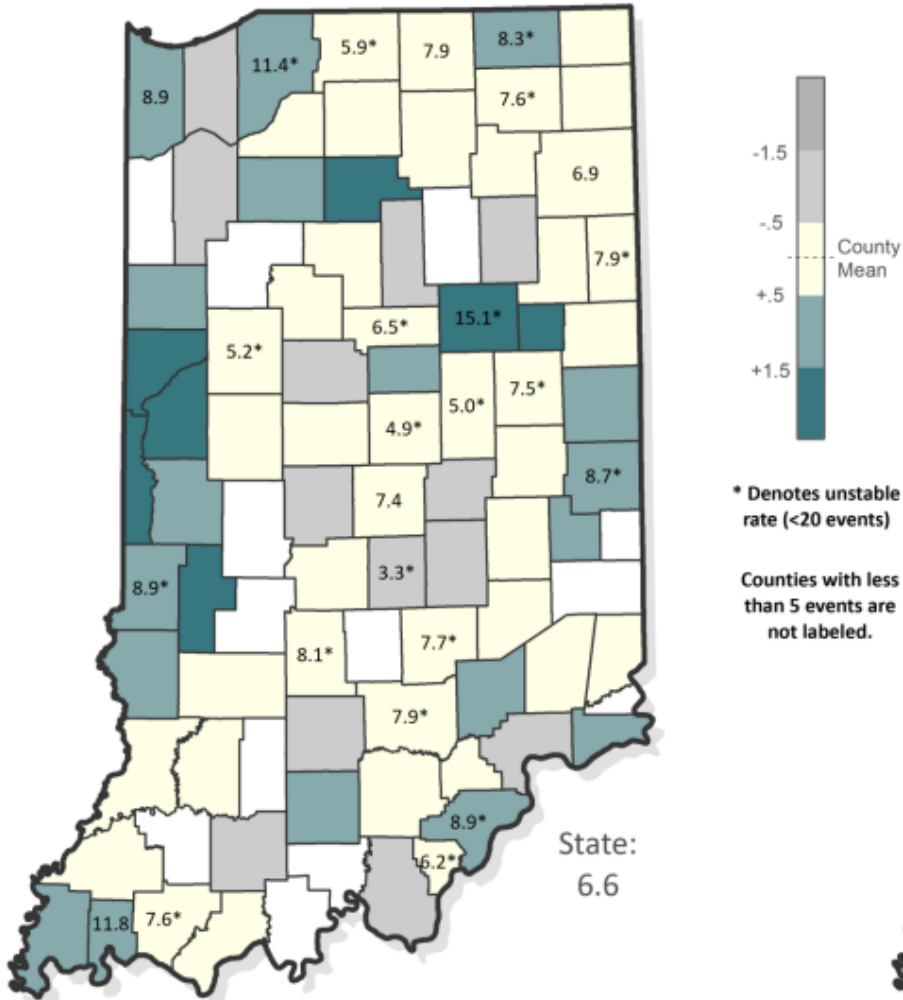
Infant Mortality Rate

In 2020, 552 infants died before their first birthday. Indiana's infant mortality rate – the number of babies who die in the first year of life per 1,000 live births – was 6.6, a slight increase from 6.5 in 2019. The State's goal for its infant mortality rate has been 6.0 since 2014.50 Indiana's infant mortality rate remains higher than the national rate. (2022 Indiana KIDS COUNT Data book https://www.iyi.org/wp-content/uploads/2022/04/IYI_22Databok_final.pdf)

Infant Mortality Rate by County for 2020

2020

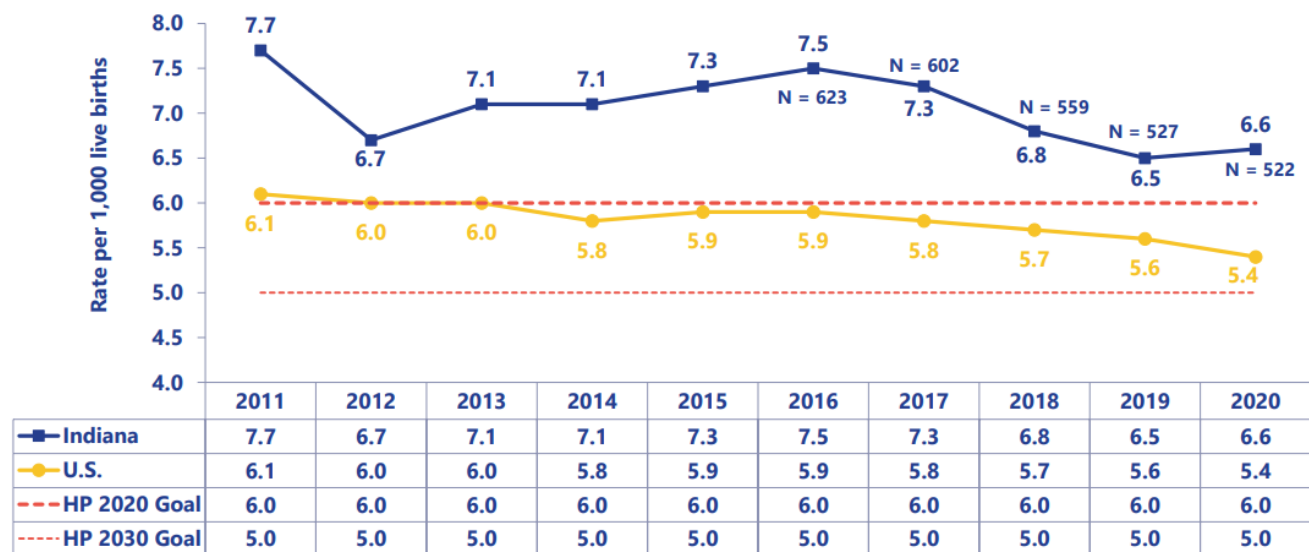
Per 1,000 Live Births



Causes of Infant Mortality

Infant Mortality Rates (IMRs)

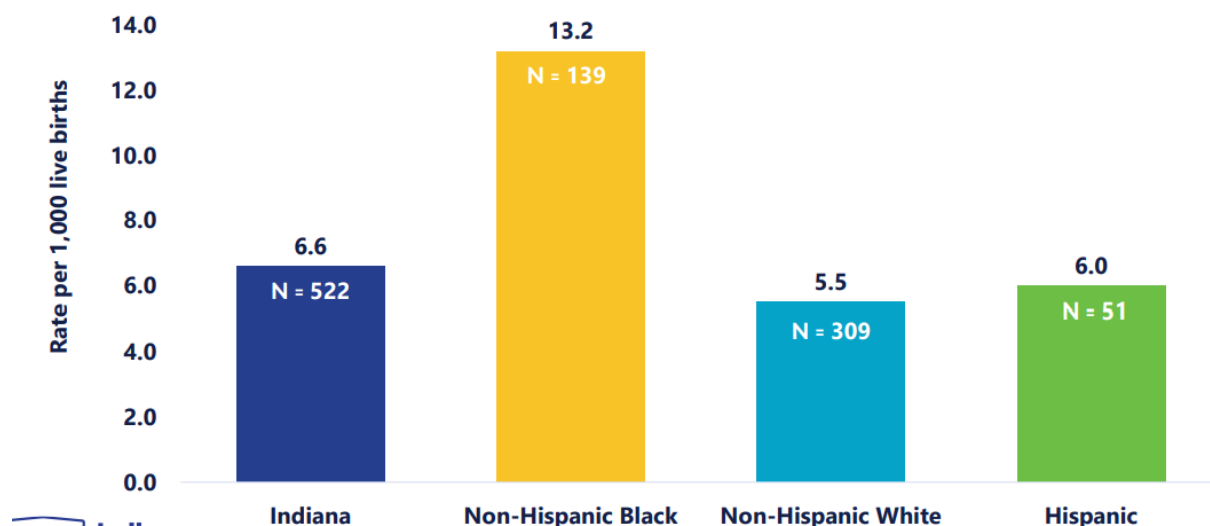
2011-2020



Data source: Indiana department of Health : <https://www.in.gov/health/mch/files/2020-Infant-Mortality-Morbidity.pdf>

Infant Mortality by Race and Ethnicity

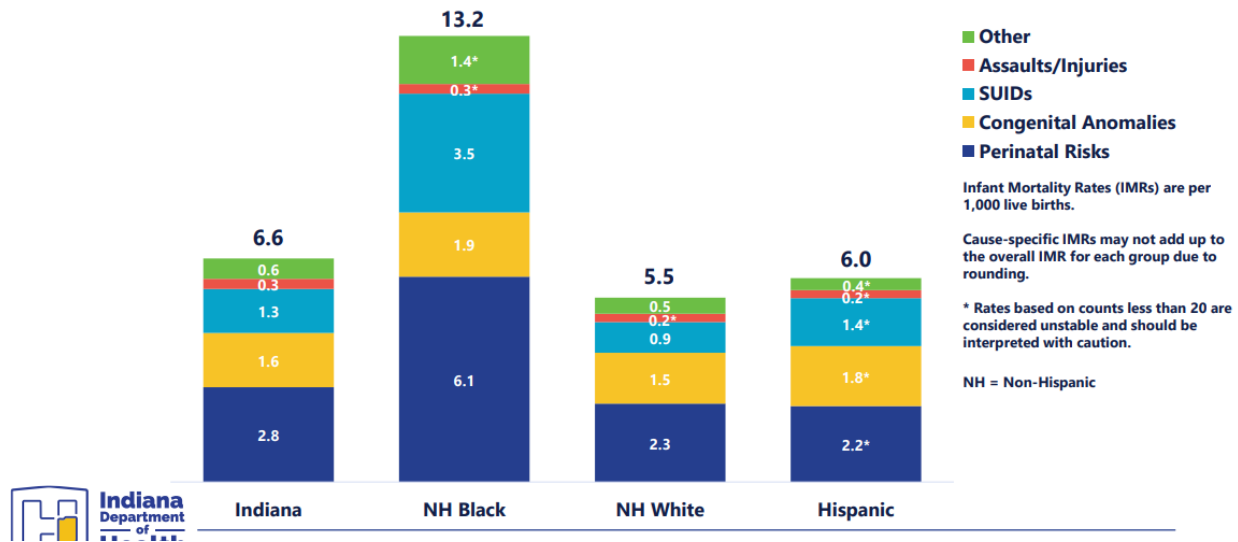
2020



Though Indiana's overall infant mortality rate has been decreasing in the past few years, significant disparities persist when disaggregating the infant mortality rates. • In 2020, Black infants were more than twice as likely to die before their first birthday (13.2 per 1,000) than

White infants (5.5 per 1,000) and Hispanic/Latino infants (6.0 per 1,000). The infant mortality rate for both White and Hispanic infants decreased between 2019 and 2020. For White infants, the rate decreased by 0.5, and by 0.4 for Hispanic/Latino babies. For Black babies, the infant mortality increased by 2.2 between 2019 and 2020. (KIDS COUNT DATA BOOK 2022)

2020 Cause-Specific IMR by Race/Ethnicity



To decrease the rate of infant mortality, community partners are creating a variety of health initiatives. Promoting parent education and connecting families with the resources available will impact this cause.

Why is Indiana's infant mortality rate so high?

According to the Indiana Health Department here are some contributing factors to infant mortality rates in 2020:

Obesity

- Indiana is 11th most obese state in U.S. (35.3% of adults)
- 33.8% of Indiana births in 2020 were to pregnant persons who have obesity (additional 26.2% overweight)
- Pregnant persons who have obesity have an increased risk of preterm birth (11.8% of Indiana births to those who have obesity were preterm compared to 9.1% of births to those in the normal BMI range).

Smoking

- 10.9% of births are to individuals who smoke during pregnancy.
- 20.1% of births to individuals on Medicaid smoke (5.2% of individuals not on Medicaid smoke).
- Limited Prenatal Care
- Only 69.3% of births were to persons receiving prenatal care during the 1st trimester.

Unsafe Sleep Practices

- 20.1% of infant deaths in 2020 can be attributed to SUIDs (Sudden Unexplained Infant Death)

(Source: Indiana State Department of Health)

Child death rates

According to Kids count data for deaths to children between ages 1 and 14, from all causes, per 100,000 children, in this age range. In 2020 Indiana had 20 per 100,000.

Vanderburgh County Health Improvement Plan

According to Dr. Kenneth Spears of the Vanderburgh County Health Department, the 2019-2021 Vanderburgh County Health Improvement Plan (CHIP) is the result of the Vanderburgh Community Health Assessment in which data was collected and analyzed regarding our specific community health issues and barriers to healthy activities. The following priority areas were set:

- ◆ **MENTAL HEALTH:** The results of the survey indicate that interventions to address mental health should be focused on measuring care coordination. Additionally, interventions will include an awareness campaign and providing resources for mental health mapping within Vanderburgh County.
- ◆ **SUBSTANCE ABUSE:** The results of the survey indicate that interventions to address mental health issues in Vanderburgh County should be focused on providing resources for harm reduction. Additionally, interventions will include measuring care coordinator, collaborating with the Mayor's Substance Abuse Taskforce, and facilitating an overdose fatality review team in Vanderburgh County.
- ◆ **FOOD INSECURITY:** The results of the survey indicate that interventions to address food insecurity issues in Vanderburgh County should be focused on collaborating with Healthy Community Partnership, Purdue Extension, and Welborn Foundation. In addition, interventions will include an awareness campaign.
- ◆ **INFANT MORTALITY:** The results of the survey indicate that interventions to address infant mortality in Vanderburgh County should be focused on providing resources to the public, such as cribs and sleep sacks. In addition, interventions will include an awareness campaign, measuring care coordination, and facilitating fetal/infant mortality review for Vanderburgh County

Youth Tobacco Use

Smoking among young people is a leading indicator of the future health challenges we may face.

Current Use

- 14.1% (2.14 million) of high school students and 3.3% (380,000) of middle school students reported current e-cigarette use.

Flavored E-Cigarette Use

- Overwhelmingly, current users (nearly 85%) used flavored e-cigarettes, with fruit flavors being the most popular, followed by candy, desserts, or other sweets.

Frequency of Use

- More than a quarter (27.6%) of current youth e-cigarette users use an e-cigarette product every day.
- More than 4 in 10 youth e-cigarette users report using e-cigarettes at least 20 of the last 30 days.

Type of Device

- The most commonly used device among current users was disposables (55.3%), followed by prefilled/refillable pods or cartridges (25.2%).

data from the 2022 National Youth Tobacco Survey (NYTS) on e-cigarette use among U.S. youth in the Morbidity & Mortality Weekly Report “[Notes from the Field: E-cigarette Use Among Middle and High School Students — United States, 2022](#)”

Table 4. Percentage of Students Reporting Use of Select Substances in the Past Month, by Select Demographic Characteristics, 2019

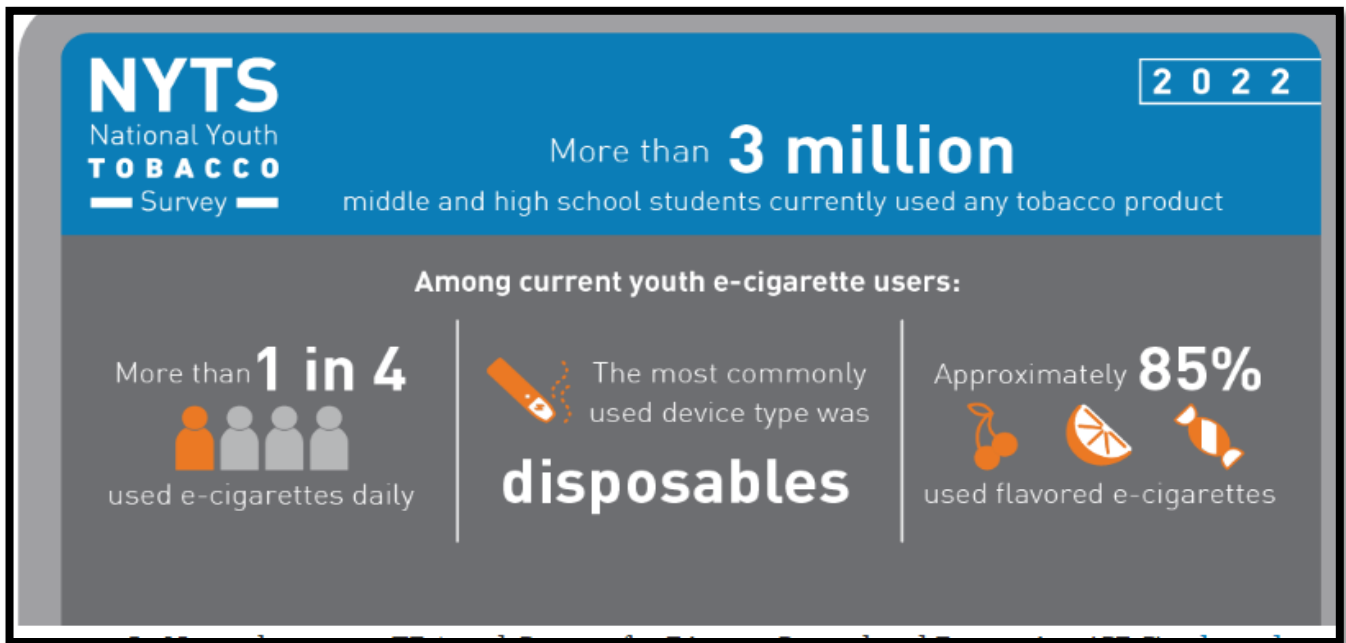
Substance	All Students		Gender			Age		
	Indiana	U.S. ^a	Male	Female		Under 21	21 - 25	
Alcohol	60.8	59.6	60.6	61.2		49.3	77.7	*
Electronic vaping devices	25.5	21.3	29.1	23.2	*	28.1	21.6	*
Marijuana	20.7	24.7	22.0	19.7	*	21.2	20.0	
Cigarettes	10.1	6.8	12.4	8.4	*	8.9	11.7	*
Cigars	5.4	--	10.0	2.4	*	5.2	5.8	
Smoking tobacco with hookah/water pipe	4.7	--	5.9	3.8	*	4.4	5.1	

Data from Youth First (shown below) illustrate how the percentage of local youth smoking exceeds national rates.

Electronic Vapor Products

According to the Indiana Prevention Resource Center at Indiana University, a quarter of the students (25.5%) reported using electronic vapor products in the past month.

Percentage of Students Reporting Use of Electronic Vapor Products for Selected Substances, 2019



Access to Care:

Within the tri-county CAPE service area, the largest health care providers are two hospitals and one publicly funded community health center (ECHO). ECHO serves persons who are uninsured and those who have few financial resources. Most of the program is covered by public programs such as Medicaid and Medicare.

Hospitals in the Area and Key Information				
Hospital Name	City	Hospital Type	Hospital Ownership	Emergency Services
The Women's Hospital	Newburgh	Acute Care Hospitals	Proprietary	Yes
Wabash General Hospital	Mount Carmel	Critical Access Hospitals	Government - Hospital District or Authority	Yes
The Heart Hospital at Deaconess Gateway LLC	Newburgh	Acute Care Hospitals	Proprietary	No
Ascension St Vincent's	Evansville	Acute Care Hospitals	Voluntary non-profit - Private	Yes
Methodist Hospital	Henderson	Acute Care Hospitals	Voluntary non-profit - Church	Yes
Gibson General Hospital	Princeton	Critical Access Hospitals	Voluntary non-profit - Private	Yes
Deaconess Hospital Inc	Evansville	Acute Care Hospitals	Voluntary non-profit - Private	Yes

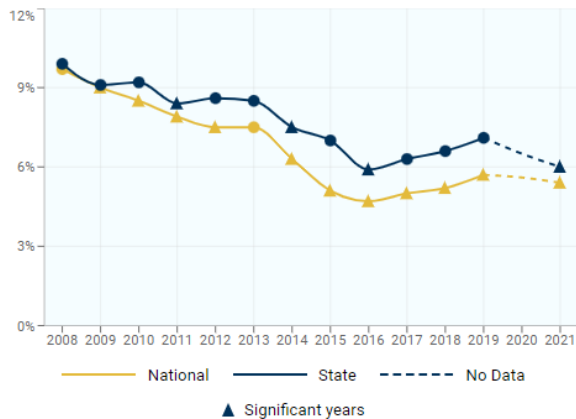
Another factor of Access to Care is the number of primary care physicians per one hundred thousand persons. Though Vanderburgh surpasses the statewide average, Gibson and Posey counties have far fewer doctors per capita. The percentage of children who are uninsured is better here than the statewide average, and our percentage of uninsured adults equals the state average. (Source: www.indianaindicators.org)

UNINSURED INDIANA

Children

Non-Elderly

Rate of uninsured children under 19.



6%

of **children** do not have health insurance

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Health Insurance Historical Table HIC-5. Health Insurance Coverage Status and Type of Coverage by State—Children Under 19: 2008 to 2021. Because of data quality issues related to the COVID-19 pandemic, the Census Bureau did not publish standard 1-year estimates for 2020 but instead only released a set of 1-year experimental estimates. The Census Bureau notes that these experimental estimates should not be compared to other ACS 1-year estimates, so CCF excludes 2020 ACS data from all of its analyses.

Rank among states 2021

36

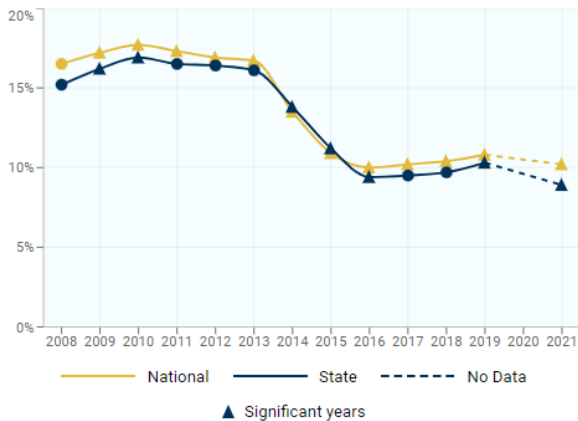
In Indiana, 6.0% of children do not have health insurance. When children are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.

UNINSURED INDIANA

Children

Non-Elderly

Rate of uninsured non-elderly individuals under 65.



8.9%

of **non-elderly** individuals under 65 do not have health insurance

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Health Insurance Historical Table HIC-6. Health Insurance Coverage Status and Type of Coverage by State—Persons Under 65: 2008 to 2021. Because of data quality issues related to the COVID-19 pandemic, the Census Bureau did not publish standard 1-year estimates for 2020 but instead only released a set of 1-year experimental estimates. The Census Bureau notes that these experimental estimates should not be compared to other ACS 1-year estimates, so CCF excludes 2020 ACS data from all of its analyses.

In Indiana, 8.9% of non-elderly individuals under 65 do not have health insurance. When non-elderly individuals are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.

CHILDREN WITHOUT INSURANCE IN 2021, BY AGE INDIANA

Age

6-18 years old

6%

Under 6

5.9%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau 2021 American Community Survey (ACS), Table S2701: Selected Characteristics of Health Insurance Coverage in the United States.

Source of data: [Indiana — Children's Health Coverage Report Card \(georgetown.edu\)](https://www.georgetown.edu/childrens-health-coverage-report-card)

Dental Health:

Head Start staff and parents report that the number one health issue among children enrolled in Head Start nation-wide is access to oral health services (www.orohec.org). A person's ability to access oral health care is associated with factors such as education level, income, race, and ethnicity. Tooth decay (cavities) is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning.

Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor diet

The good news is that tooth decay is preventable. Fluoride varnish, a high concentration fluoride coating that is painted on teeth, can prevent about one-third (33%) of decay in the primary (baby) teeth. Children living in communities with fluoridated tap water have fewer decayed teeth than children who live in areas where their tap water is not fluoridated.³ Similarly, children who brush daily with fluoride toothpaste will have less tooth decay.⁴

Applying dental sealants to the chewing surfaces of the back teeth is another way to prevent tooth decay. Studies in children show that sealants reduce decay in the permanent molars by 81% for 2 years after they are placed on the tooth and continue to be effective for 4 years after placement. (Source: [Center of Disease Control and Prevention](https://www.cdc.gov))

CAPE's Head Start and Early Head Start programs promote regular dental exams and conduct on-site dental screenings throughout the school year involving community partners.

Ascension - St. Vincent's Mobile Dental Bus and Familia Dental Mobile unit provides full service dental office. They focus on a healthy future for the children of our community who are

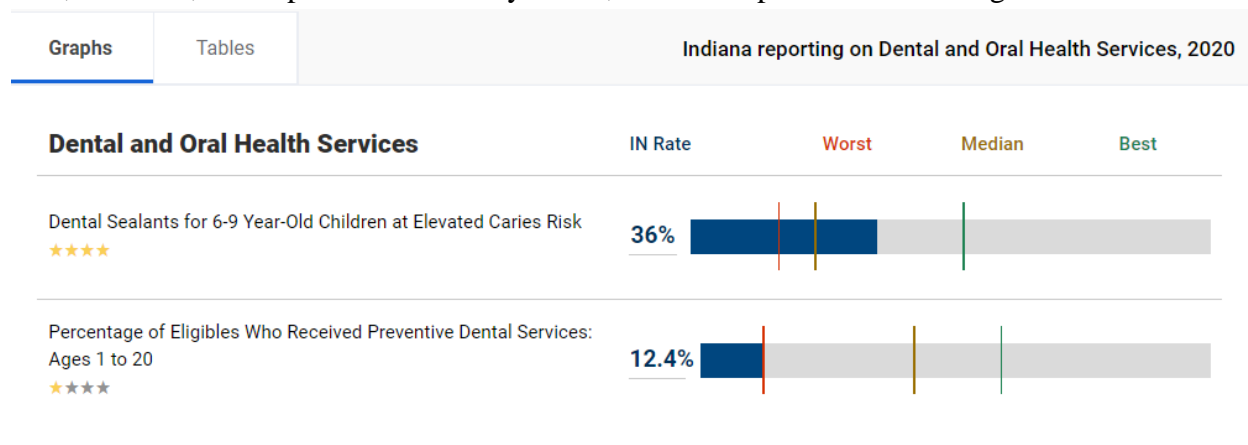
currently not seeing a dentist or not being provided quality dental care that is accessible to the family. Mobile services provided include:

- A fully functioning dental office with dentists and dental hygienists.
- Taking dental care to the patients by providing on-site services at local schools and agencies.
- Assisting patients without insurance to sign up for Medicaid (Hoosier Healthwise) insurance.
- Providing a payment plan for those who cannot afford to pay up front.
- Providing free dental education and Spanish interpretation within the community.
- Collaboration with many local agencies to avoid duplication of services.

Brush!

Brush! is a dental care program for children and families in Head Start. This program involves a year-long oral health curriculum and support materials to help the classroom talk about dental health while learning literacy, science, mathematics, and creative arts.

Parents are the drivers in whether their children brush their teeth, if they visit the dentist, and if they eat healthy foods. *Brush!* Parent materials give easy to understand information on dental care, nutrition, the importance of family meals, and the importance of reading to their children.



Dental Exams Fell Behind During the Pandemic

With school closings, office closings and other restrictions in effect during the COVID-19 pandemic, children aged 1-17 have been less likely to keep up with their recommended schedules of cleaning and exams. CAPE Head Start continues to have challenges obtaining dental partners, local community representations to assist in screenings or exams. Many providers are not accepting new Medicaid patients. This limits the availability of establishing care for Head Start families.

Data from the National Health Interview Survey

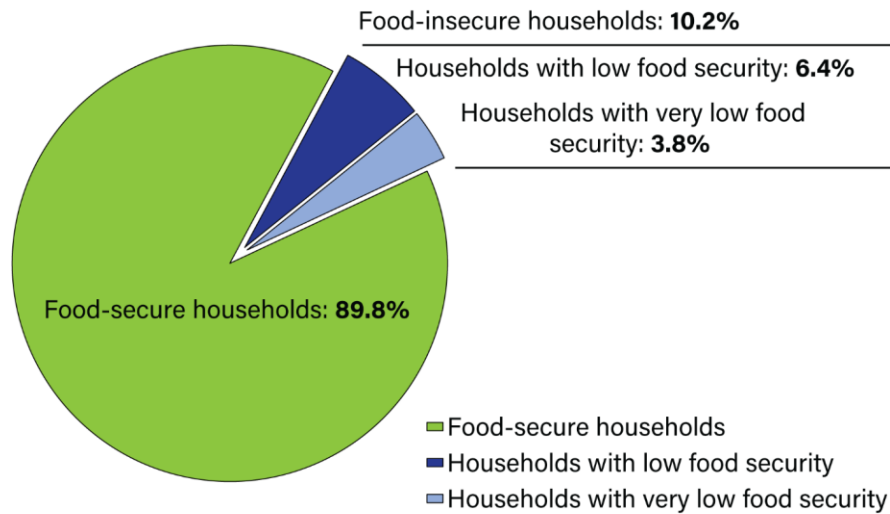
- From 2019 to 2020, the percentage of children aged 1–17 years who had a dental examination or cleaning in the past 12 months decreased from 83.8% to 80.9%.
- Annual dental examinations and cleanings decreased for children aged 1–4 years and 12–17 years.
- Children aged 1–17 years living in families with incomes below 400% of the federal poverty level were less likely to have had an annual dental examination or cleaning in 2020 than in 2019.
- Annual dental examinations and cleanings among children aged 1–17 years declined during this 2-year period in the Northeast (85.8% to 79.9%) and the South (82.8% to 79.4%).

Source: Adjaye-Gbewonyo D, Black LI. Dental care utilization among children aged 1–17 years: United States, 2019 and 2020. NCHS Data Brief, no 424. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:111175>

Nutrition:

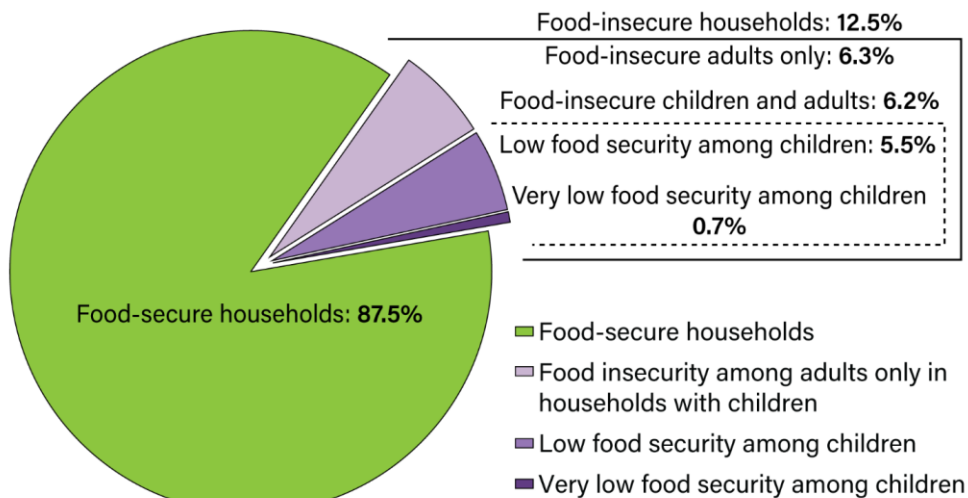
According to the USDA, 89.8 percent (118.5 million) of U.S. households were food secure throughout 2021. No notable change from 2020. According to the same source, 10.2 percent (13.5 million) of U.S. households were food insecure at some time during 2021. Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life. This can be a temporary situation for a household or can last a long time. Food insecurity is one way we can measure how many people cannot afford food.

U.S. households by food security status, 2021



Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2021 Current Population Survey Food Security Supplement.

U.S. households with children by food security status of adults and children, 2021



Note: In most instances, when children are food insecure, the adults in the household are also food insecure.

Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2021 Current Population Survey Food Security Supplement.

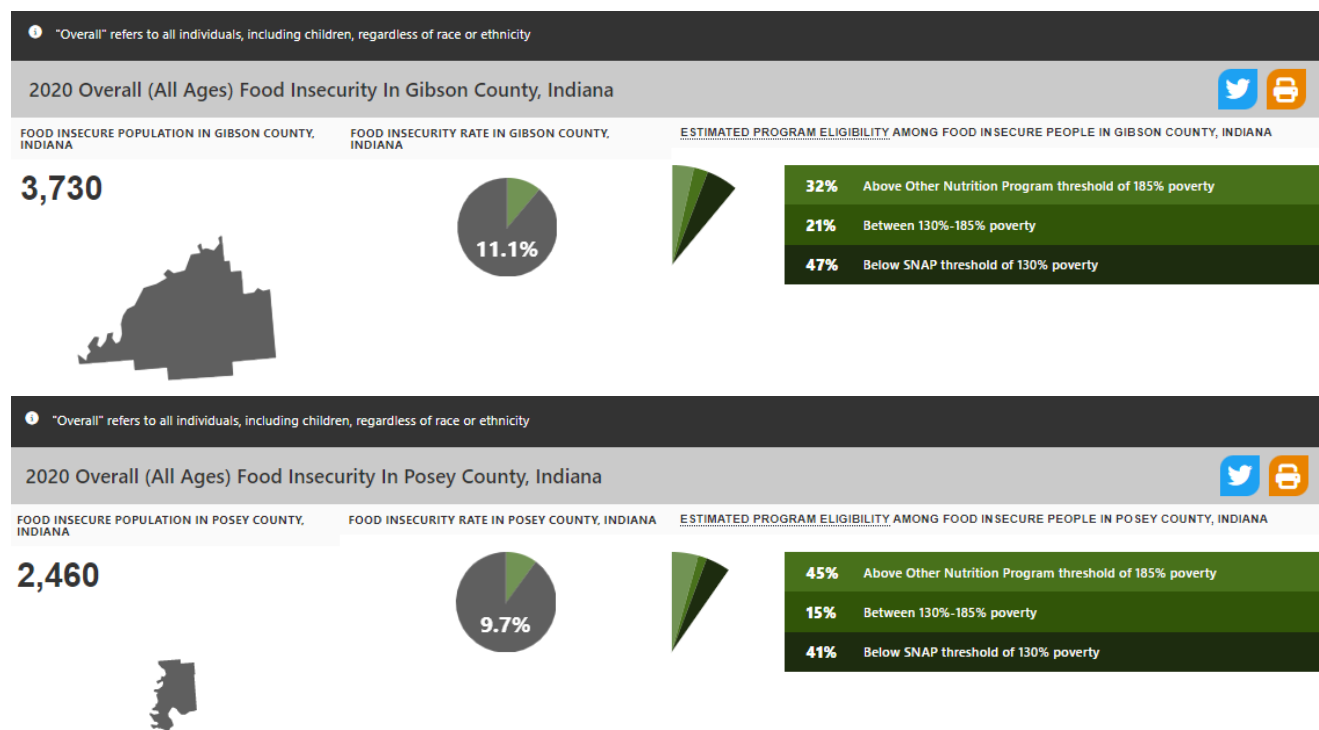
In our tri-county area, 40 percent of Vanderburgh County is considered to be in a food desert, according to the United States Department of Agriculture ([USDA: 40% of Vanderburgh Co. is in a](#)

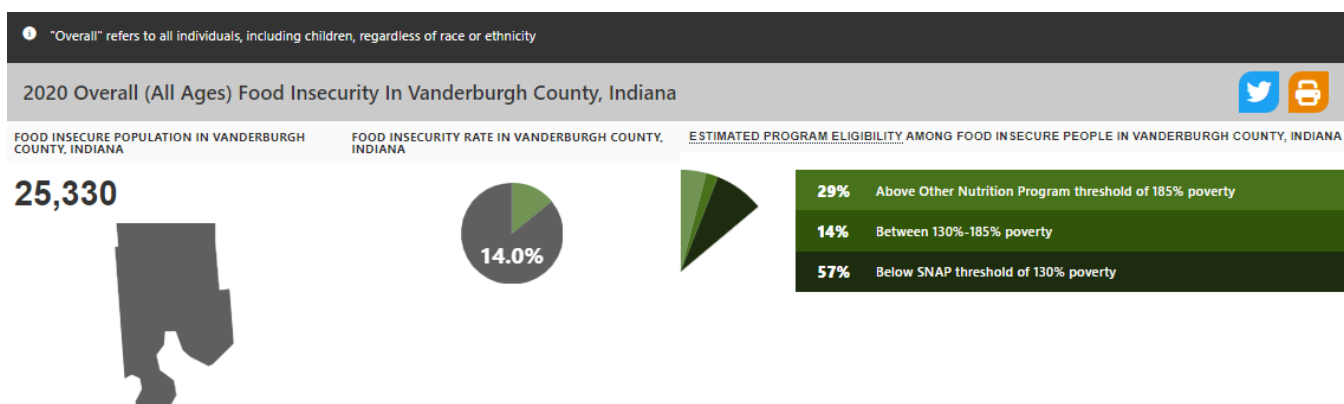
[food desert \(14news.com\)](https://www.14news.com). Some of limited access or income to be able to purchase fresh vegetables and fruits. Organizations such as CAPE and Feed Evansville continue to battle food insecurity into the new year.

Local food pantries, even the one here at CAPE, are at times reaching out to the community for help to keep up with the demand and need.

Families have learned that they can stretch their dollars by purchasing inexpensive/unhealthy food, receiving help from friends/family, watering-down food or drinks, selling or pawning personal property, or growing food in gardens.

CAPE and its food vendors are committed to providing foods and meals that are low in salt, sugar and fat. This will reduce the chances of high blood pressure, diabetes, and obesity. We have also committed to serve fresh fruits, vegetable and serve whole grains to help the children in our care have a healthy head start.





(Source: feedingamerica.org/hunger-in-America/impact-of-hunger) 2020

Social Service Needs: CHNA (Community Health Needs Assessment) 2019-2020

Figure 2.1 Combined Survey Data for Health Issues in Vanderburgh County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	230	92.8%	84.1%
2	Substance/drug use or abuse	192	90.0%	80.0%
3	Child neglect and abuse	104	79.4%	73.5%
4	Poverty	99	68.8%	61.3%
5	Violent crime	80	100%	70.4%
6	Food access, affordability, and safety	76	60.0%	40.0%
7	Chronic diseases	74	72.7%	59.1%
8 (T)	Alcohol use or abuse	57	82.6%	73.9%
8 (T)	Obesity	57	61.9%	61.9%
10	Homelessness	55	72.7%	72.7%
11	Aging and older adult needs	43	68.8%	68.8%
12	Suicide	40	58.3%	75.0%
13	Disability needs	31	22.2%	66.7%
14	Tobacco use or vaping	29	80.0%	80.0%
15 (T)	Dental care	19	80.0%	80.0%
15 (T)	Infant mortality	19	83.3%	33.3%
17	Environmental issues	11	75.0%	50.0%
18	Infectious diseases like HIV, STDs, and hepatitis	9	100%	66.7%
19	Reproductive health and family planning	5	25.0%	50.0%
20	Injuries and accidents	1	0.0%	100%

Among respondents including mental health as a top-five priority need, 93% perceived mental health as getting worse since 2018, and 84% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or abuse was ranked second. Among respondents including substance/drug use or abuse as a top-five priority need, 90% perceived substance/drug use or abuse as getting worse since 2018, and 80% reported inadequate resources are being devoted to addressing substance/drug use or abuse. Figure 2.1 summarizes results for each health issue by rankings, perceived worsening trend, and perceived inadequacy of resources

(<https://www.deaconess.com/About-Us/Documents-About-Us/2022-CHNA-Vanderburgh-County-08162022>).

Drug Related Arrests

Community discussions cited most often the negative impact of drug and substance abuse with heroin and methamphetamine. The table below shows the number of arrests for synthetic drugs (methamphetamine), narcotics and opiates (heroin). The following is data collected by the Evansville Police Department and provided by Lieutenant Monty Guenin for data purposes in this report.

2019-2021 Controlled Substance Violations-Evansville/Vanderburgh County				
VIOLATIONS	2019 Total	2020 total	2021 total	2022 total
Common Nuisance Main	38	14	9	36
Common Nuisance Visit	18	10	0	18
Dealing Cocaine	12	6	29	26
Dealing Conterfeit Sub	0		0	0
Dealing Heroin/Fentynal	18	12	4	32
Dealing Marijuana	63	43	55	62
Dealing Meth	82	66	63	67
Neglect (Meth)	8	10	1	1
Neglect (Narc)	6	13	2	9
Dealing Paraphernalia	2	3	3	1
Dealing Synthetic	22	12	5	2
Dealing Schedule I,II,III	19	21	37	20
Dealing Schedule IV	4	4	7	10
Dealing Schedule V	1	0	0	0
Obtaining Substerfuge	5	4	1	0
Possession Cocaine/Narcotic	83	62	108	71
Possession Heroin/Fentynal	31	74	57	284
Possession Look A Like	21	31	7	11
Possession MJ (Mis) / CIT	938	818	817	990
Possession Meth	541	413	508	559
Possession Precursors	3	3	1	0
Possession Paraphera / CIT	804	629	697	809
Possessions Synthetic / CIT	176	113	101	23
Possession Syringe	219	176	149	201

Possession Sch I,II,III,IV	295	286	296	204
Possession Sch V	1	4	3	0
Possession Legend Drug	98	37	18	23
Seized Firearms				
All Guns (hand, rifle, shot)	531	489	517	577

Child Abuse and Neglect:

Executive Summary report in Calendar Year 2021, the Indiana Department of Child Services was called to investigate 271 child fatalities in which abuse or neglect was suspected to be a factor. This is down from 281 in Calendar Year 2020. Sixty (22%*) of those deaths were determined to be a direct result of caregiver maltreatment. That's up from 50 deaths caused by maltreatment in 2020. Of the total fatalities covered by this report, 22 were due to abuse, and 38 were due to neglect. In 40 (67%) of the 60 fatalities, the victim was 3 years old or younger. This finding demonstrates a consistent trend (nationally and in Indiana) that young children are at the highest risk of abuse or neglect. Allen County recorded the state's highest number of child fatalities (11) caused by abuse or neglect. Twenty-four (40%) of the fatalities covered in this report were determined to be accidental; 24 (40%) were declared homicides. The manner of death in eight (13%) of the fatalities was listed as unknown/could not be determined. Three fatalities (5%) were deemed the result of natural causes. Fifteen of the 60 victims (25%) included in this report were previous victims of substantiated abuse or neglect. Two of those 15 had history only in other states, not Indiana. Of the 60 victims, 27 (45%) were female and 33 (55%) were male. Death by weapon (including a body part, e.g., a closed fist) was the most common cause of death, listed in 22 (37%) of the cases as the primary factor. The manner of death is obtained from state death certificates. In 38 cases (63%), the death occurred in the victim's own home. The victim's biological parents were often deemed responsible for the child fatalities detailed in this report, accounting for 53 (73%) of the 73 alleged perpetrators. Some cases cite multiple perpetrators as responsible for the death of the same child. In some cases, caregiver stressors were determined to play a role in the death of a child. Substance abuse, insufficient income and unemployment were frequently cited as stress factors among caregivers.

*Percentages are rounded to the nearest whole number. As a result, the individual numbers may not add up to 100%

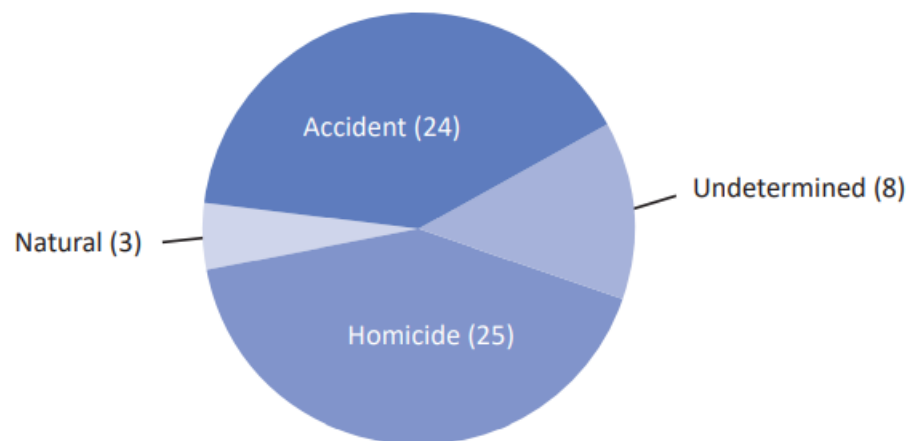
2021 Annual Report of Child Abuse & Neglect Fatalities in Indiana

2021 Child Abuse and Neglect Fatalities

County	Abuse	Neglect	Total
Vanderburgh	0	2	2
Gibson	0	1	1
Posey	0	0	0

Source: MaGIK Monthly Data

Manner of death, all children



Manner of death obtained from state death certificates.

Source: MaGIK Monthly Data

Primary cause of death, all children

Animal bite/attack, exposure or other	1
Asphyxia	9
Asthma	1
Congenital anomaly	1
Drowning	8
Malnutrition/dehydration	1
Motor vehicle and other transport	10
Pneumonia	1
Poisoning, overdose or acute intoxication	6
Weapon, including body part	22
Total	60

Source: MaGIK Monthly Data

Neglect statistics: characteristics of the case

Primary cause of death	
Animal bite/attack, exposure or other	1
Asphyxia	9
Asthma	1
Congenital anomaly	1
Drowning	8
Malnutrition/dehydration	1
Motor vehicle/other transport	10
Pneumonia	1
Poisoning, overdose or acute intoxication	6
Total	38

Source: MaGIK Monthly Data

Type of neglect	
Exposure to Hazards	14
Failure to Provide Necessities	29
Failure to Provide Supervision	11
Failure to Seek/Follow Treatment	5

Source: MaGIK Monthly Data

Note: A child might have experienced more than one type of neglect.

Neglect statistics: known stress factors impacting child

Child had been homeless	2
Child had delinquent or criminal history	1
Child had history of intimate partner violence - unknown	1
Child had history of receiving mental health services	2
Child had history of substance use or abuse	1
Child had prior disability or chronic illness	3
Child had problems in school	2
Child was acutely ill in the two weeks before death	2
Child was on medication for mental illness	2
Child was receiving mental health services	2
History of child maltreatment as victim	9
Residence overcrowded	2

Note: A child might have had more than one stress factor. Source: MaGIK Monthly Data

Neglect statistics: known stress factors impacting caregiver

Caregiver 1	
Education level less than high school	1
Disability or chronic illness	3
History of child maltreatment as victim	4
History of intimate partner violence as victim	4
History of substance abuse	23
Unemployed	9
Insufficient income	11
New residence in past 30 days	4
Residence overcrowded	2

Caregiver 2	
Education level less than high school	1
History of child maltreatment as victim	2
History of intimate partner violence as perpetrator	5
History of substance abuse	13
Unemployed	4
Insufficient income	8
New residence in past 30 days	4
Residence overcrowded	2
Disability or chronic illness	3

[DCS: Child Abuse and Neglect \(in.gov\)](https://www.in.gov/dcs/child-abuse-and-neglect/)

Air Quality:

Indiana 2021



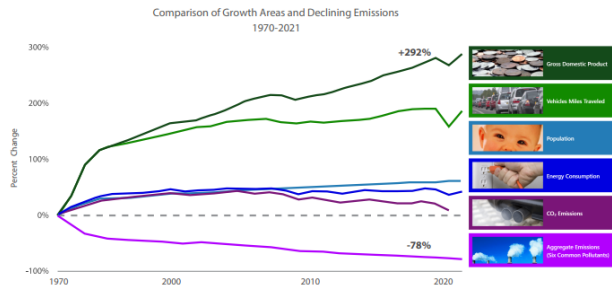
Our Nation's Air

Air Quality Improves as America Grows

<https://gispub.epa.gov/air/trendsreport/2022>

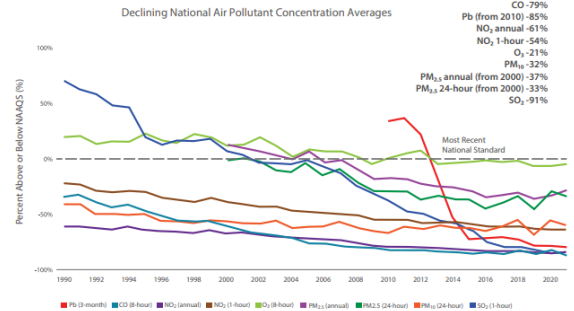
Economic Strength with Cleaner Air

Between 1970 and 2021, the combined emissions of the six common pollutants (PM_{2.5} and PM₁₀, SO₂, NO_x, VOCs, CO and Pb) dropped by 77 percent. This progress occurred while the U.S. economy continued to grow, Americans drove more miles and population and energy use increased.



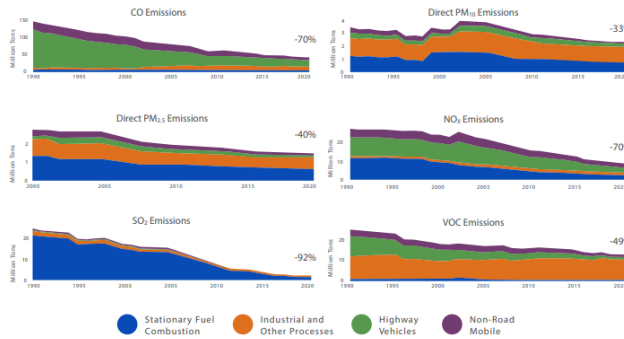
Air Quality Trends Show Clean Air Progress

While some pollutants continue to pose serious air quality problems in areas of the U.S., nationally, criteria air pollutant concentrations have dropped significantly since 1990 improving quality of life for many Americans. Air quality improves as America grows.



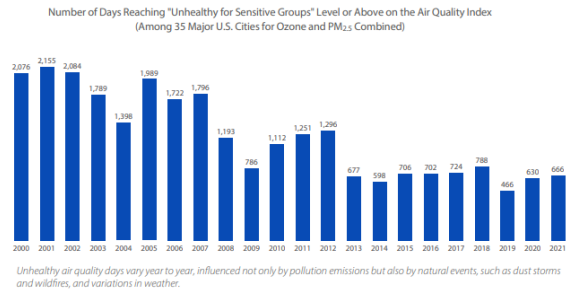
Air Pollutant Emissions Decreasing

Emissions of key air pollutants continue to decline from 1990 levels. These reductions are driven by federal and state implementation of stationary and mobile source regulations.



Unhealthy Air Days Show Long-Term Improvement

The Air Quality Index (AQI) is a color-coded index EPA uses to communicate daily air pollution for ozone, particle pollution, NO₂, CO, and SO₂. A value in the unhealthy range, above national air quality standard for any pollutant, is of concern first for sensitive groups, then for everyone as the AQI value increases. Fewer unhealthy air quality days means better health, longevity, and quality of life for all of us.



Status and Trends Through 2021

County	#Days with AQI	#Days Good	#Days Moderate	#Days Unhealthy for Sensitive Groups	#Days Unhealthy	#Days Very Unhealthy	#Days Hazardous	AQI Max	AQI 90th %ile	AQI Median	#Days CO	#Days NO2	#Days O3	#Days PM2.5	#Days PM10
Vanderburgh County, IN	365	259	105	1	.	.	.	109	64	42	.	.	146	219	.

CBSA	#Days with AQI	#Days Good	#Days Moderate	#Days Unhealthy for Sensitive Groups	#Days Unhealthy	#Days Very Unhealthy	#Days Hazardous	AQI Max	AQI 90th %ile	AQI Median	#Days CO	#Days NO2	#Days O3	#Days PM2.5	#Days PM10
Mount Vernon, IL	364	280	82	2	.	.	.	115	61	40	.	.	146	218	.



Geographic Area: Posey County, IN

Summary: by County

Year: 2019 (Annual statistics for 2019 are not final until May 1, 2020)

		Number of Days when Air Quality was...					AQI Statistics			Number of Days when AQI Pollutant was...					
County	# Days with AQI	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy	Maximum	90th Percentile	Median	CO	NO2	O3	SO2	PM2.5	PM10
Posey County, IN	334	311	23	.	.	.	80	49	37	.	.	334	.	.	.

Geographic Area: Gibson County, IN

Summary: by County

Year: 2019 (Annual statistics for 2019 are not final until May 1, 2020)

		Number of Days when Air Quality was...					AQI Statistics			Number of Days when AQI Pollutant was...					
County	# Days with AQI	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy	Maximum	90th Percentile	Median	CO	NO2	O3	SO2	PM2.5	PM10
Gibson County, IN	359	355	4	.	.	.	84	17	3	.	.	.	359	.	.

Air Quality Index Report

Geographic Area: Vanderburgh County, IN

Summary: by County

Year: 2019 (Annual statistics for 2019 are not final until May 1, 2020)

		Number of Days when Air Quality was...					AQI Statistics			Number of Days when AQI Pollutant was...					
County	# Days with AQI	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy	Maximum	90th Percentile	Median	CO	NO2	O3	SO2	PM2.5	PM10
Vanderburgh County, IN	334	274	60	.	.	.	90	54	41	.	1	206	.	127	.

Water Quality:

Evansville 2021 Annual Drinking Water Quality Report

Table Definitions

AL (Action Level) – The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.	
MCL (Maximum Contaminant Level) - The highest level of a contaminant that is allowed in drinking water MCLs are set as close to the MCLGs as feasible using the best available treatment technology.	
MCLGs (Maximum Contaminant Level Goal) - The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.	
MRDL (Maximum Residual Disinfectant Level) & MRDLG (Maximum Residual Disinfectant Level Goal) - The highest level of a disinfectant allowed in drinking water. There is convincing evidence that the addition of a disinfectant is necessary for the control of microbial contaminants.	
BDL Below Detectable Limit	N/A Not Applicable
NTU (Nephelometric Turbidity Units) - The standard measurement of turbidity	
ppt (parts per trillion) 1 nanogram in 1 liter	Approximately 1 drop in 10,000,000 gallons
ppb (parts per billion) 1 microgram in 1 liter	Approximately 1 drop in 10,000 gallons
ppm (parts per million) 1 milligram in 1 liter	Approximately 1 drop in 10 gallons
pCi/L (picocuries per liter) - Measurement of the natural rate of disintegration	
TTHMs (Total Trihalomethanes) - Disinfection by-product of chlorination	
TT (Treatment Technique) - A required process intended to reduce the level of a contaminant in water	

What is in my drinking water?

Regulated Contaminants							
Substance (unit)	Year Tested	MCL	MCLG	Average Detected	Range (low-high)	Violation	Source
Atrazine (ppb)	2021	3	3	0.40	0.0 – 0.40	No	Herbicide Runoff
Barium (ppm)	2021	2	2	BDL	BDL	No	Erosion of natural deposits, discharge of drilling wastes
Fluoride (ppm)	2021	4	4	0.68	0.43 -- 0.90	No	Chemical addition for improving dental health
Haloacetic Acids (HAAs) (ppb) Running Annual Avg	2021	60	NA	30.3	12.4 – 59.2	No	By-product of drinking water chlorination
Nitrate (ppm)	2021	10	10	2.7	1.6-3.6	No	Runoff from fertilizer use, septic tanks
TTHM's (ppb) Running Annual Avg	2021	80	NA	44.9	15.9 – 78.8	No	By-product of drinking water chlorination
Lead (ppm) ¹	2021	AL= 0.015	0	90 % = ≤0.001	≤ 0.001 - 0.036 ²	No	Corrosion of household plumbing
Copper (ppm) ³	2021	AL=1.3	<1.3	90 % = ≤0.025	≤ 0.025 - 0.056	No	Corrosion of household plumbing
Total Coliform Bacteria ⁴ (presence / Absence)	2021	5% or 6 Positive Annual	NA	0.0% Annual	0.001% Range	No	Naturally present in the environment
Turbidity (NTU) ⁵	2021	0.3 NTU - TT ⁵	NA	0.03	0.02-0.06	No	Soil Runoff

Evansville Water and Sewer Utility 2021 PWS ID: 5282002

Gibson County Water Quality Report 2020

Water Quality Data

What does this chart mean?

- **MCLG** - Maximum Contaminant Level Goal, or the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
- **MCL** - Maximum Contaminant Level, or the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology. To understand the possible health effects described for many regulated constituents, a person would have to drink 2 liters of water every day at the MCL level for a lifetime to have a one-in-a-million chance of having the described health effect.
- **MRDL** - Maximum Residual Disinfectant Level or MRDL: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for the control of microbial contaminants.
- **MRDLG** - Maximum residual disinfectant level goal. The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
- **AL** - Action Level, or the concentration of a contaminant which, when exceeded, triggers treatment or other requirements which a water system must follow.
- **Below Detection Level (BDL)** - laboratory analysis indicates that the contaminant is not present at a level that can be detected.
- **Non-Detects (ND)** - laboratory analysis indicates that the contaminant is not present.
- **Parts per million (ppm) or Milligrams per liter (mg/l)** – explained as a relation to time and money as one part per million corresponds to one minute in two years or a single penny in \$10,000.
- **Parts per billion (ppb) or Micrograms per liter** - explained as a relation to time and money as one part per billion corresponds to one minute in 2,000 years, or a single penny in \$10,000,000.
- **Picocuries per liter (pCi/L)** - picocuries per liter is a measure of the radioactivity in water.
- **RTCR** – Revised Total Coliform Rule. This rule went into effect on April 1, 2016 and replaces the MCL for total coliform with a Treatment Technique Trigger for a system assessment.
- **TT** - Treatment Technique, or a required process intended to reduce the level of a contaminant in drinking water.

Iron: Iron occurs naturally in our raw water and occasionally accumulates in the distribution system. Iron shows up as “red” or “rusty” water at your tap. Although you do not want to drink water that is not clear, iron is not considered to be a hazard to your health. The aesthetic limit for iron is 0.3 ppm.

Griers Chapel PWSID: 0000709

Contaminant	Violation Yes/No	Level Found	Range of Detections	Date of Sample	Unit Measurement	MCLG	MCL	Likely Source of Contamination
Total Coliform Bacteria (RTCR)	No	0		2021		0	TT Trigger	Naturally present in the environment
Copper ¹	No	0.271 90 th %		2021	ppm	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
Lead ¹	No	0.5 90 th %		2021	ppb	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
Nitrate (as Nitrogen)	No	1.63		2021	ppm	10	10	Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits
Sodium	No	13.6		2021	ppm	N/A	N/A	Erosion of natural deposits; used in water treatment
TTHM [Total trihalomethanes]	No	1.8		2021	ppb	n/a	80	By-product of drinking water chlorination
Haloacetic Acids (HAA5)	No	1.8		2021	ppb	N/A	60	By-product of drinking water disinfection.
Chlorine	No	1.62 AVG.	1.46- 1.76	2021	ppm	MRDLG 4	MRDL 4	Water additive used to control microbes.

¹During the most recent round of Lead and Copper testing, 0 out of 10 households sampled contained concentrations exceeding the action level.

Annual Drinking Water Quality Report

IN5265008

POSEYVILLE MUNICIPAL WATER DEPARTMENT

Annual Water Quality Report for the period of January 1 to December 31, 2019

This report is intended to provide you with important information about your drinking water and the efforts made by the water system to provide safe drinking water.

For more information regarding this report contact:

Name Jeremy Farrar

Phone 812-457-2044

POSEYVILLE MUNICIPAL WATER DEPARTMENT is Ground Water

Este informe contiene información muy importante sobre el agua que usted bebe.
Tradúzcalo ó hable con alguien que lo entienda bien.

Sources of Drinking Water

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline at (800) 426-4791.

Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban storm water runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.
- Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff, and septic systems.
- Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.

Poseyville annual drinking water report 2019

Teacher Shortages:

Overview of State Progress on Workforce Data



- **Stalled:** 17 states
- **Edging Forward:** 4 states
- **Making Headway:** 23 states
- **Not Available:** 7 states

In 2020, 48 states had a workforce registry,²¹ and 25 states had conducted a workforce survey at some point within the past five years (2015-2020). Since the 2018 *Index*, Indiana launched a workforce registry, and several states conducted new surveys (e.g., Massachusetts, New Mexico, North Carolina, and Rhode Island). Other states may be in the process of developing a registry or survey. For example, California is currently conducting a new workforce survey. Some states (e.g., Florida, Georgia, Louisiana, South Dakota, and Texas) conducted a survey in the past that no longer falls within the five-year threshold for inclusion in the *Index*.

Seven states (Florida, Indiana, Kentucky, Maryland, Pennsylvania, West Virginia, and Wyoming) received no overall assessment in 2020 because we did not have sufficient information about one or more indicators related to their workforce registries to make a determination. Most of these states (six of seven) were assessed as making headway in 2018. West Virginia was assessed as edging forward in 2018. Due to this missing data, we do not report detailed changes over time between 2018 and 2020, as we have done for other sections of the 2020 *Index*.

Progress on Workforce Data, by State, 2020

State	Tool	Inclusive Across Settings	Collects Compensation Data: Wages	Collects Compensation Data: Benefits	Collects Race/Ethnicity Data	Reports Aggregate Data Publicly Online	2020 Progress
Indiana	Registry	Licensed +	Not Available	Not Available	Not Available	No	Not Available
	Survey	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	

[Workforce Data - Early Childhood Workforce Index 2020 - CSCCE \(berkeley.edu\)](#)

Head Start Workforce

Knowledgeable, reflective, and passionate about helping children grow and develop.

- In 2020, the average Indiana Head Start teacher with a bachelor's degree made \$30,561 per year, compared to an average kindergarten teacher salary of \$58,403.
- 3,885 Head Start employees in Indiana

2019 Office of Head Start Program Information Report-Indiana NHSA 2019 Indiana Head Start Profile

After two years of weathering pandemic disruptions, safety concerns and tense public scrutiny, burned-out teachers have quit the profession in droves.

At least 300,000 public-school teachers and other staff left the field between February 2020 and May 2022, [The Wall Street Journal](#) reports.

Teachers have experienced alarmingly high rates of anxiety during the Covid-19 pandemic — even more than health-care workers, according to [recent research](#) published in Educational Researcher, a journal of the American Education Research Association.

K-12 teachers report the highest burnout rate of all U.S. professions, with more than four out of every 10 teachers noting that they feel burned out “always” or “very often” at work, according to a June 2022 [Gallup poll](#).

Many of the predominant challenges teachers face, including [safety concerns](#), [low salaries](#), funding deficits and declining mental health, are not new issues — but the ongoing Covid-19 pandemic has intensified existing problems within the profession.

Wall Street Journal 2022

Experience and Turnover of Indiana's Child Care Workforce

Young children need consistent, experienced, well-educated child care teachers with whom they can form supportive relationships. The national turnover rate for child care providers in licensed child care centers averages 33% (UC Berkeley; Center for the Study of Child Care Employment Workforce, 2018). Indiana has a combination of child care professionals who have remained with their current programs for several years and those who have either just entered the field or started in a new child care program (see Table 12). The median number of years that center/ministry directors have worked in the field is 17 compared to 12 years in 2005. The median years that directors have worked in their present position is over seven compared to four in 2005. The range included directors who have worked in their position less than five years and directors who have worked in their position for more than 16 years. Among family child care providers, the median length of time in the business is 13 years. The range included family child care providers who have worked as a family child care provider for less than 11 and providers who have been a family child care provider for 13 years.

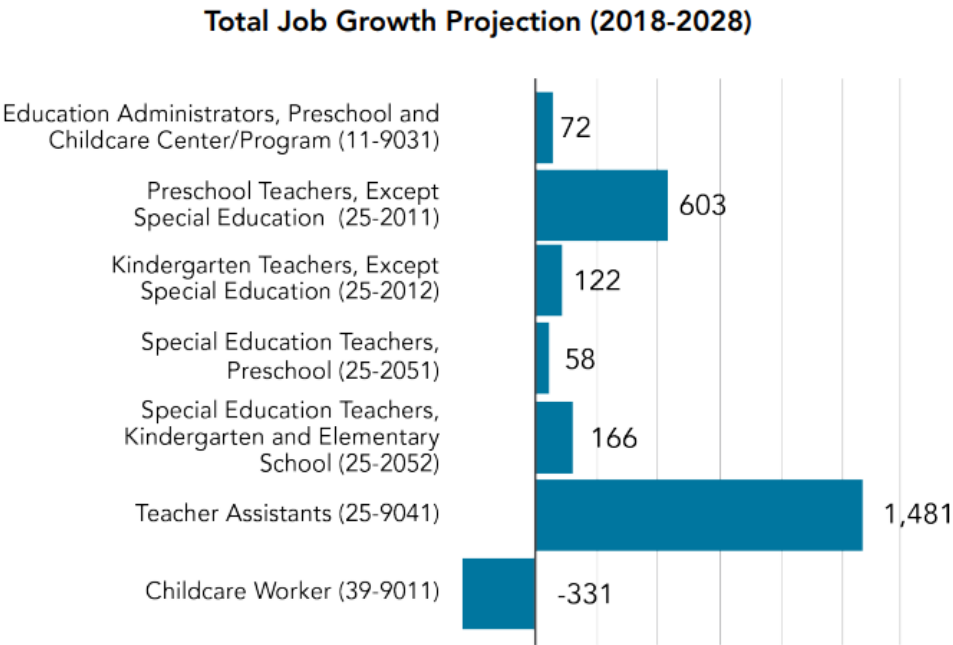
Table 12. Child Care Workforce Median Years of Experience

	2005	2010	2014	2019
Teacher				
Median Years in Current Center	2.5	3	3.5	2
Median Years in Child Care Profession	6	8	7	6
Directors				
Median Years in Current Center	4	5	5.2	5
Median Years in Child Care Profession	12	15	15	16
Family Child Care Providers				
Median Years as Family Child Care Provider	8	12	13	13

Table 13. Child Care Workforce Turnover

	2005	2010	2014	2019
Full Time Teacher Turnover	26%	16%	33%	27%
Part Time Teacher Turnover	37%	20%	50%	39%
Teachers Planning To Leave the Field Within 3 Years	26%	18%	16%	13%
Directors Planning To Leave the Field Within 3 Years	13%	11%	9%	9%
Family Child Care Home Providers Planning To Leave The Field Within 3 Years	11%	9%	9%	12%

Meeting Indiana’s future childcare workforce needs may prove challenging. According to data retrieved from the Indiana Department of Workforce Development, Indiana should expect more than 2,000 new jobs in the early childhood sector by the year 2028. The majority of those new jobs come in two Standard occupation classifications, teacher assistants (25-9041) and preschool teachers, except special education (25-2011).



The data suggests the early childhood workforce sector may see as many as 7,500 unique job postings when taking into account the natural workforce attrition and requirements. This number includes the 2,000 new jobs mentioned above. It is necessary to have a well-developed talent pipeline equipped with the skills and credentials to fill the needed positions and meet the job demand. In the 2018-2019 academic year, Indiana’s career and technical education (CTE) system saw a total of 947 concentrators in the early childhood pathway across the state.

In future iterations of this study, it may be necessary to understand better the relevancy of these programs and credentials to the needs of the workforce and the number of students that transition into and stay employed in Indiana.

[2019-Workforce-Study.pdf \(inaeyc.org\)](https://inaeyc.org/2019-Workforce-Study.pdf)

Figure A
Teacher shortage as estimated by Sutchter, Darling-Hammond, and Carver-Thomas: Projected teacher supply and demand for new teachers, 2003–2004 through 2024–2025 school years

Year	Actual demand for new hires	Projected demand for new hires	Estimated supply	Projected estimated supply
2004	236407.4			
2005			251671.4	
2006			259968.5	

2007			274427.5	
2008	247964.2		273615.7	
2009			268459.0	
2010			272894.2	
2011			253202.0	
2012	172754.0	172754.0	241766.1	
2013		249632.1	231839.2	
2014		259531.2	222309.7	222309.7
2015		262031.5		222165.4
2016		259776.8		196068.4
2017		260458.5		187454.6
2018		299813.0		187645.6
2019		295432.5		188357.0
2020		299959.3		189183.9
2021		302092.3		190060.3
2022		306366.3		147135.6
2023		311622.3		128630.2
2024		319509.5		121992.2
2025		316012.8		114902.7

Note: The supply line represents the midpoints of upper- and lower-bound teacher supply estimates. Years on the horizontal axis represent the latter annual year in the school year.

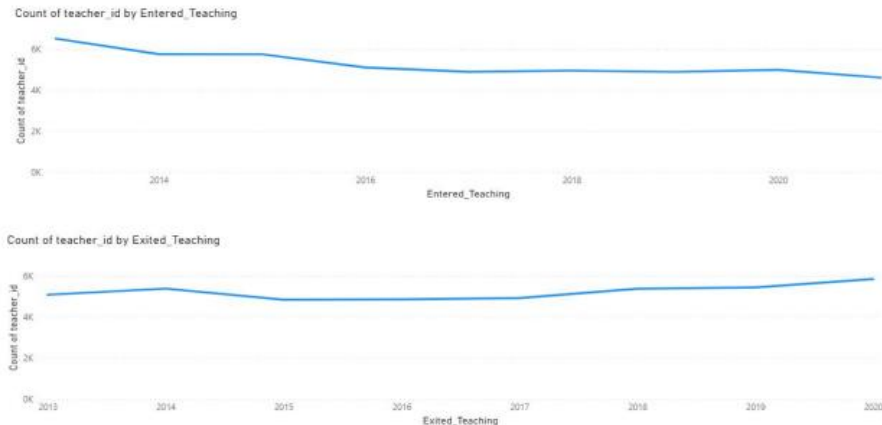
Source: Recreated with permission from Figure 1 in Leib Satcher, Linda Darling-Hammond, and Desiree Carver-Thomas, [*A Coming Crisis in Teaching? Teacher Supply, Demand, and Shortages in the U.S.*](#), Learning Policy Institute, September 2016. See the report for full analysis of the shortage and for the methodology.

Pipeline Data from Department of Education in Indiana

EDUCATOR PIPELINE DATA

Data shows:

- Slight downward trend of teachers entering the profession over the past decade.
- Slight upward trend of teachers exiting the profession.

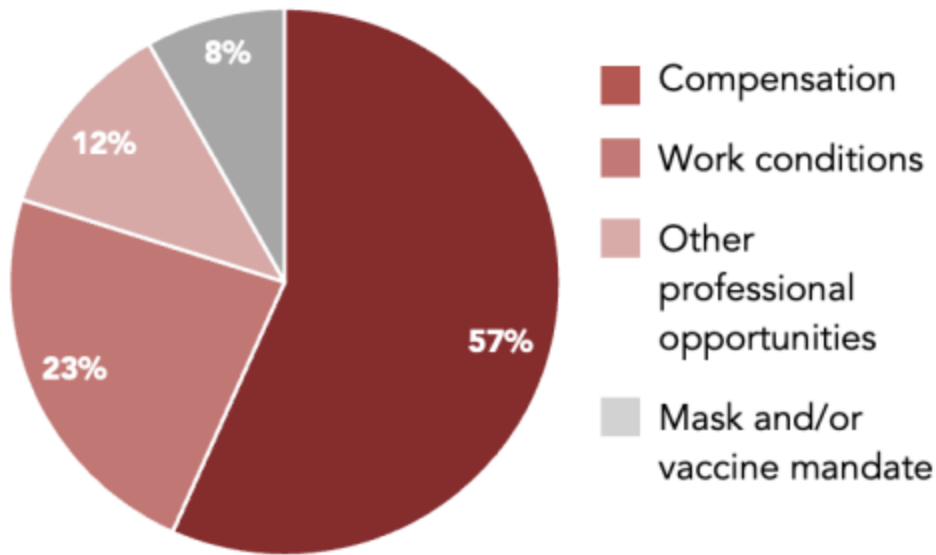


Head Start Teacher Shortage data

Difficulties filling open positions equals fewer children served. It also puts greater pressure on remaining staff, which leads to increased turnover. In the NHSA (National Head Start Association) workforce survey, over 90% of respondents indicated their program has closed classrooms—either permanently or temporarily—due to a lack of staff. Survey results also revealed that the second most common reason staff are leaving Head Start is work conditions, including burnout. (nhsa.org)

According to research, the salary gap between Head Start and other employers has taken on new significance in the current tight labor market. Staff—and potential staff—are making financial decisions in the best interest of their own families and seeking higher paying jobs unrelated to early childhood education. This turnover includes not only lead teachers—whose expertise and credentials make them particularly suited to move to the public school system—but also other Head Start staff who are leaving for entry-level jobs that pay more and offer better benefits.

What is the #1 reason staff are leaving your Head Start program?



Homelessness:

Evansville

In 2020, the number of households experiencing homelessness declined 6% year-over year, from 433 to 407. The number of individuals experiencing homelessness was largely unchanged, increasing 2% to 488 versus 477 in 2019, after increasing by 12% the previous year.

Point in Time Count High-Level Results – 2015-2020

2020—488 individuals. 31 chronically homeless – down 11% from 2019 and, 71% since 2015.

2019—477 individuals. 35 chronically homeless.

2018—427 individuals. 56 chronically homeless.

2017—428 individuals. 56 chronically homeless.

2016—495 individuals. 77 chronically homeless.

2015—462 individuals. 105 chronically homeless.

Officials attributed these declines to the creation of housing facilities and programs dedicated to Veterans experiencing homelessness, and strategic investments in permanent supportive housing (PSH) facilities for the chronically homeless operated by ECHO Housing and Aurora. Effective regional and local collaboration on strategies to prevent and end homelessness – and local adoption of Indiana’s Coordinated Entry system – also contributed to these reductions.

[Document Center / Evansville and Vanderburgh County Continue Important Reductions in Veteran and Chronic Homelessness / City of Evansville, IN \(evansvillegov.org\)](#)

Homeless or housing unstable students in Indiana:

Location	Data Type	2015	2016	2017	2018	2019	2020
Gibson	Number	94	84	99	93	93	94
Posey	Number	15	10	30	37	43	33
Vanderburgh	Number	472	472	518	516	448	436

DATA PROVIDED BY
Indiana Youth Institute

DEFINITIONS & SOURCES

Definitions: The number of students identified by the McKinney-Vento Act as homeless or housing unstable.

Data Source: Indiana Department of Education

Footnotes: County aggregates calculated by the Indiana Youth Institute using school corporation's respective county locations from IDOE data.

Source: [Homeless or housing unstable students](#) | [KIDS COUNT Data Center](#)

Evansville and Vanderburgh County

Chronic Homelessness – The community continued to reduce the number of people experiencing chronic homelessness – from 35 in 2019 to 31 in 2020, an 11% decline – after recording a 38% drop the year before. Our region has reduced chronic homelessness by 71% since 2015. HUD defines chronic homelessness as someone who has experienced homelessness for one year or longer or has experienced four separate occurrences of homelessness over the past three years that total one year or more.

Officials attributed these declines to the creation of housing facilities and programs dedicated to Veterans experiencing homelessness, and strategic investments in permanent supportive housing (PSH) facilities for the chronically homeless operated by ECHO Housing and Aurora. Effective regional and local collaboration on strategies to prevent and end homelessness – and local adoption of Indiana's Coordinated Entry system – also contributed to these reductions.

The Point-In-Time (PIT) count includes those individuals who are living on the streets in places not meant for human habitation, and in shelters. Aurora's Homeless Outreach Team, the Evansville Police Department Homeless Outreach Liaison Officer and several community volunteers work with local organizations – including House of Bread and Peace, United Caring

Services, Ozanam Family Shelter, Evansville Rescue Mission, the YWCA and the Albion Fellows Bacon Center – in a collaborative effort to ensure an accurate count.

Our area's Regional Planning Council on Homelessness – Region 12 – includes the counties of Knox, Daviess, Gibson, Pike, Dubois, Posey Vanderburgh, Spencer, and Perry.

Regional Planning Council on Homelessness – Region 12

In 2020, the number of households experiencing homelessness declined 6% year-over year, from 433 to 407. The number of individuals experiencing homelessness was largely unchanged, increasing 2% to 488 versus 477 in 2019, after increasing by 12% the previous year.

XIII: Resources in the Community which Offer Services to Meet the Needs of Head Start Eligible Children and Families:

There are numerous agencies in the tri-county area that originate and are administered locally, just as there are many state agencies that locate branch offices in various counties. Listed below are examples of agencies providing necessary services for Head Start/Early Head Start eligible children.

COMMUNITY RESOURCES



BILL PAYMENT

CAPE
812.425.4241

Catholic Charities
812.423.5456

CenterPoint Energy (Vectren)
800.227.1376

Evansville Water & Sewer Utility
812.435.7846

Family Matters (In Posey County)
812.838.6875

Salvation Army
812.422.4673

St. Vincent de Paul
812.425.3485

Tri-Cap (In Warrick County)
812.897.0364

CHILDCARE

Contact **4C of Southern Indiana** at 812.423.4008 or 866.200.5909 ext. 106 for all of your childcare resource needs.

COVID-19

Indiana Department of Health
877.826.0011

EMPLOYMENT

WorkOne
812.424.4473

FOOD

Ascension St. Vincent (St. Mary's)
Evansville Rescue Mission
812.421.3800

Potter's Wheel
812.401.4440

Salvation Army
800.725.2769

United Caring Services
812.426.9960

HOUSING

Evansville Housing Authority
812.428.8548

Aurora
812.428.3246

LEGAL

Legal Aid Society
812.435.5173

Indiana Legal Services
812.426.1295

Talk to a Lawyer
812.618.4845

MEDICAL

Ascension St. Vincent (St. Mary's)
812.485.4000

Deaconess Hospital (Midtown)
812.450.5000

ECHO Community Healthcare
812.421.7489

Evansville Christian Health Clinic
812.426.6152

Vanderburgh Co. Health Dept.
812.435.2400

OTHER

Social Security Office
877.768.5679

**FSSA office (Family Resources
division)**
(includes SNAP/food stamps)
800.403.0864

**Vanderburgh Co. Dept. of Child
Services**
812.425.2124

**WIC (Women, Infants, and
Children)**
(includes SNAP/food stamps)
812.435.5701



SHELTER

Evansville Rescue Mission (men)
812.421.3800

United Caring Services (men)
812.426.9960

UCS Ruth's House Women's Shelter
812.402.0424

**Albion Fellows Bacon Center
(women)**
812.422.5622
800.339.7752

YWCA Women's Shelter
812.422.1191

**ECHO Housing - Family
Transitional Housing**
812.423.8422

Ozanam Family Shelter
812.422.2214

Hillcrest Youth Services
812.428.0698

**Life Choices, Maternity and Youth
Home**
812.428.3055

**House of Bread and Peace
(women and children)**
812.425.6754

TRANSPORT

METS/METS Mobility
812.435.6166

VETERANS

**US Veterans Center (Evansville Vet
Center)**
812.473.5993

**Vanderburgh County Veteran
Services Office**
812.435.5239

 **EVANSVILLE
VANDERBURGH
PUBLIC LIBRARY**

For more information on
these community resources
or to learn more about EVPL,
visit evpl.org today!



Mission Statement:

The Mission of The Community Action Program of Evansville & Vanderburgh County, Inc. (CAPE) is one that encompasses the community as a whole. Our Agency addresses the customer's needs in a non-judgmental and respectful manner to promote economic and social self-sufficiency. This mission is supported by employees committed to addressing the needs of the community we serve. Our objective is accomplished by collaboration with the community to provide tools, skills and services through programs that meet individual needs.

The Community Action Program of Evansville and Vanderburgh County, Inc. Community Assessment provides an opportunity to evaluate the most recent data regarding education and developmental needs for children ages five and younger within the three-county region. It also provides useful information for developing goals and selection criteria to meet the needs of our most vulnerable populations.