community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

JASPER COUNTY



2022 - 2024 REPORT

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INTRODUCTION

Dear Reader,

This report provides findings from the Community Health Needs Assessment (CHNA), a comprehensive review of health data and community input on health issues relevant to the community served by Franciscan Health. The assessment covers a large range of topics, but is not a complete analysis of any one issue. Rather, this data helps to identify priorities which lead to productive community discussions and the creation of goals and objectives. We invite the you to investigate and use the information in this report to move toward solutions for healthier communities.

This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists Franciscan Health in providing essential services to those most in need. Based on the findings in this report, Franciscan Health will develop a three-year strategic plan on meeting community health needs as capacity and resources allow.

The CHNA collected input from persons representing the broad interests of the overall community, including those with specialized knowledge of, or expertise in, public health and residents of the communities the hospital serves. Franciscan Health partnered with other hospital systems, foundations, and non-profits to conduct a resident survey. Data from a variety of federal, state, and local entities were also reviewed.

You'll find this document organized in such a way as to guide you through the community. **Most importantly, please see the Call to Action. In this section, we share our commitment to improving community health in 2022-2024. We think it's important to be transparent, and we invite others to join us as we know improving health is a total community effort.**

If you have comments, suggestions, or questions about this report, please do not hesitate to contact Kate Hill-Johnson at Katharine.hill-johnson@franciscanalliance.org.

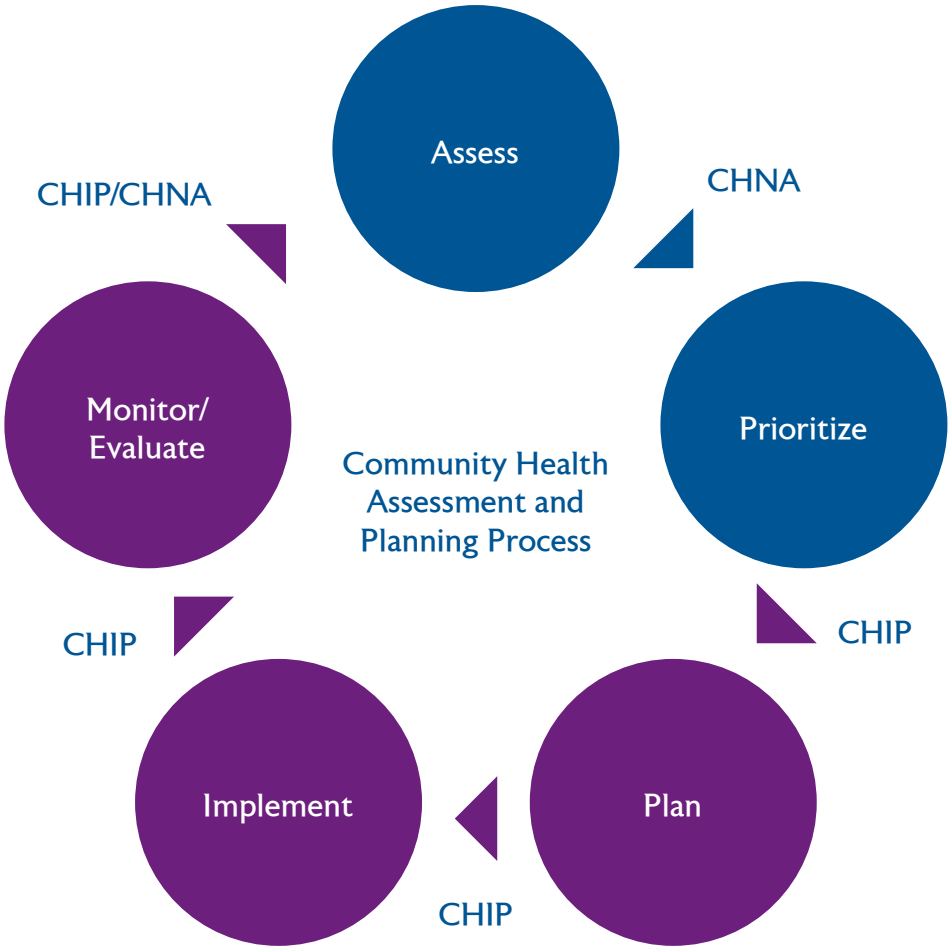
Yours in health,

The Community Health Improvement Team






Every three years, Franciscan Health takes time to assess the health needs of the communities it serves. This assessment allows us to prioritize our resources to implement programs that address these needs with evidence based practices. Throughout each three year cycle, staff evaluate and monitor the effectiveness of our programs. You'll find the strategic plan, also called the Community Health Improvement Plan (CHIP) in the Call to Action Section of this document.



"The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation."

– CDC

AUG-DEC 2020
Planning and Consulting with Public Health Experts on CHNA and CHIP Improvement

JAN-FEB 2021
National Public Health Data Reviewed

APR 2021
Community Health Survey Deployed

Two surveys were developed based on the previous cycle's survey with additional questions related to COVID and current stressors. The survey continued to focus on the implementation of interventions related to social determinants of health and health equity. This method added valuable insight to secondary data. One survey was sent to partner organizations to determine community capacity and gaps in the safety net. The other convenience sampled the general community, with emphasis on vulnerable populations.

MAY-JULY 2021
Secondary Data Collection

With the assistance of public health graduate students, data on health and wellness issues was collected. Sources included County Health Rankings, Census Bureau Data, various reports from the Indiana State Department of Health and other national reports. Indiana Indicators, Community Commons and Healthy Communities Institute data management systems also contributed to the secondary data used. Sources of the secondary data are identified throughout this report.

OCT 2021
Analysis of Data and Health Need Prioritization

OCT-NOV 2021
Final Development of CHIP

DEC 2021
Report Completion

FEB-MARCH 2022
Franciscan Health Leadership and Regional Board of Directors Approval

APR 2022
Franciscan Health Board of Trustees Approval

FACILITY INFORMATION

community HEALTH NEEDS ASSESSMENT

FACILITY INFORMATION

Throughout our hospitals and many medical practices, we offer a number of nationally recognized Centers of Health Care Excellence.

For 140 years, Franciscan Alliance has stayed true to our founding mission to care for everyone who comes through our doors. We treat our patients with the best possible care by following the guiding ethical values embodied by our founding congregation, the Sisters of St. Francis of Perpetual Adoration. Always mindful of our Christian stewardship to the Roman Catholic Church, we minister with joy, care and compassion according to the ideals of Saint Francis of Assisi and our foundress, Blessed Maria Theresia Bonzel.

Our healthcare system carries forth Christ's healing ministry and strengthens the Catholic health care mission by:

- Providing a broad, coordinated continuum of health care services with an emphasis on improving the health of persons and communities.
- Treating the mind, body and spirit with holistic and comprehensive medical options.
- Developing creative structures for health care delivery.
- Being advocates for those in need.
- Identifying and developing our sisters and laity for Franciscan leadership.

FRANCISCAN HEALTH RENSSELAER INFORMATION

Address: 1104 East Grace Street Rensselaer, IN 47978
Phone: (219) 866-5141
Specific Websites: HTTPS://WWW.FRANCISCANHEALTH.ORG/HEALTHCARE-FACILITIES/FRANCISCAN-HEALTH-RENSSELAER-2036
CEO Name: Terry Wilson

Average Annual Inpatient Admissions (2020): 515
Average Annual Outpatient Admissions (2020): 47,800
Average Annual ED Admissions (Arrivals 2020): 7,572
Average Annual Births (2020): N/A

Number of Employees: 150 (includes Corporate and Alverno offices)
Number of Volunteers: 21
Number of Doctors (FPN, SPI, & Affiliates): Active Medical Staff (FTE) – 93; Affiliate Medical staff – 50
Average Length of Stay (Inpatient 2020 number of days): 4.55



BLESSED MARIA THERESIA BONZEL

Blessed Maria Theresia Bonzel was born on Sept. 17, 1830 in Olpe, Germany. She sought to combine the contemplative and active religious life through an unfailing commitment to Perpetual Adoration of the Blessed Sacrament and the works of mercy in the spirit of Saint Francis of Assisi. She wanted to follow Christ and to serve the poor, and was asked by Bishop Konrad Martin to form a religious Congregation. And thus the Sisters of Saint Francis of Perpetual Adoration was founded on July 20, 1863. On November 25, 1875 Blessed Maria Theresia Bonzel sent six Sisters from Olpe, Germany to Lafayette, Indiana to begin a ministry of healthcare and education for the poor and neglected. After a lifetime of dedicated service and virtuous leadership, Blessed Maria Theresia Bonzel was beatified on November 10, 2013 bestowing on her the title of "Blessed" and moving her one step closer to Sainthood. Today, over 150 years later, the Sisters of Saint Francis of Perpetual Adoration are ministering in the United States, Germany, Brazil and the Philippines.

"One good action or deed will not win the battle; we must daily begin anew."
– Blessed Maria Theresia Bonzel

LIST OF SERVICES (SERVICE LINES)

Cancer Care, Children's Health, Diabetes and Endocrinology, Diet and Nutrition, Emergency Medicine, Heart Care, Home Health, Hospice and Palliative Care, Hospital Based Care, Imaging and Radiology, Infectious Disease, Kidnety, Liver, and Urinary Tract Care, Laboratory Services, Obstetrics and Gynecology, Orthopedics, Pain Management, Pharmacy, Physical Therapy and Rehabilitation, Pulmonary and Respiratory Medicine, Sleep Medicine, Sports Medicine, Surgical Services, Urgent Care, Wound Care

OUR MISSION

Our mission is to Continue Christ's Ministry in our Franciscan Tradition.

OUR COMMUNITY

Franciscan Health Lafayette's community benefit programs target Jasper County, including the city of Rensselaer.Newton County is served through a collaboration of efforts with additional Franciscan Health hospitals.This area also contains the most individuals who participate in community benefit activities, a majority of affiliated services and providers, and residents least served by other health systems.

OUR VALUES

RESPECT FOR LIFE

The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

FIDELITY TO OUR MISSION

Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in emphatically ministering to patients, visitors and co-workers.

COMPASSIONATE CONCERN

In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

JOYFUL SERVICE

The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

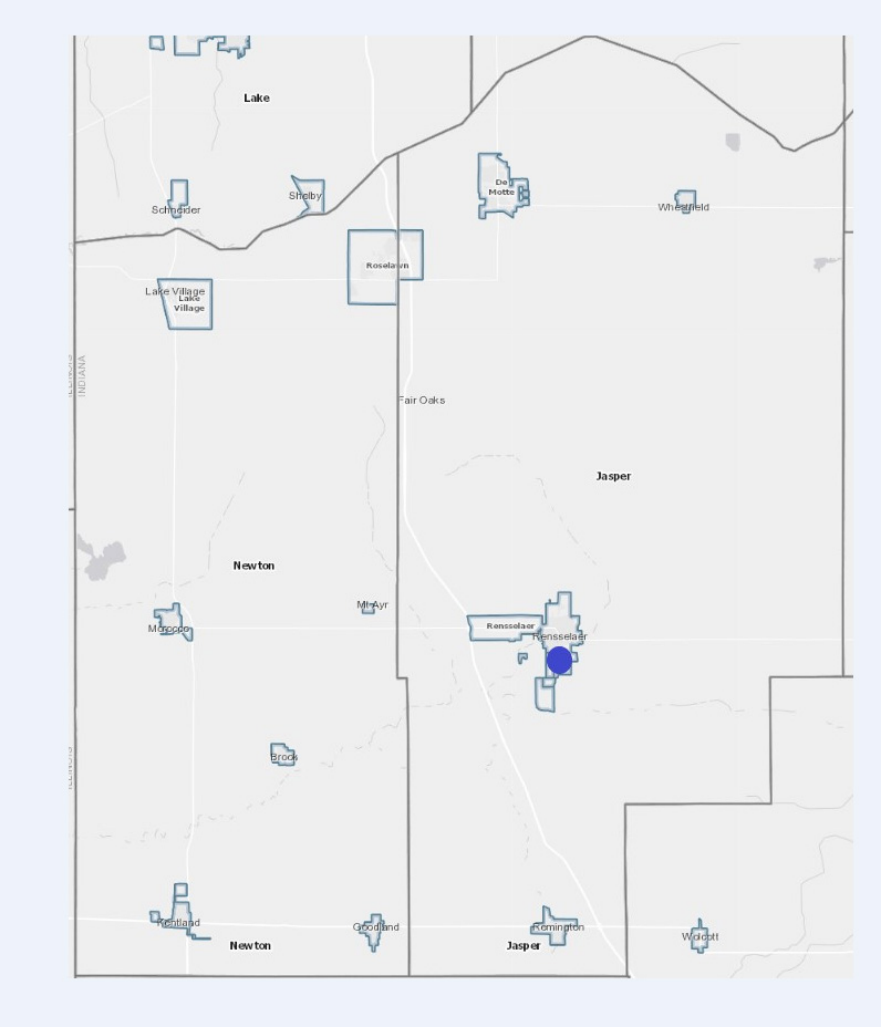
CHRISTIAN STEWARDSHIP

Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society and consistent with Church teachings.

"Start by doing what is necessary; then do what is possible; and suddenly you are doing the impossible."

– Francis of Assisi

FACILITY INFORMATION



COMMUNITY PROFILE

SECTION 1

community HEALTH NEEDS ASSESSMENT

This section details the local community. The community profile contains information such as the geographic details, demographics, and social and economic well-being. Reviewing this information gives readers a sense of the community, including the strengths and challenges of daily living. Because of data constraints and the desire to offer the best snap-shot possible, the community profile may extend beyond the identified target communities for Franciscan Health's community benefit operations.

COUNTY DESCRIPTION



North, Central & South Indiana Regions



Jasper County Indiana



Jasper County Townships

Jasper County is located in the Northwest region of Indiana. Jasper County is included in the Chicago-Naperville-Elgin, IL-IN-WI Metropolitan Statistical Area. The county has a total area of 561.39 square miles (1,454.0km2), of which 99.7% is land, and 0.3% is water. As of 2010, the population was 33,478. The county seat is Rensselaer, which has a population of 5,912. Jasper County consists of 13 townships, three municipal towns, and one metropolitan city (Rensselaer). The zip codes included in this report are 46310, 46341, 46374, 46392, 47922, 47943, 47946, 47948, 47957, 47959, 47977-78, and 47995.

DEMOGRAPHICS

A total of 33,562 people reside in the 559.63 square mile area of Jasper County according to the U.S. Census Bureau American Community Survey 2015-2019 five-year estimates. The population density for the county is estimated at 59.77 persons per square mile. The County's population density is less than the national average population density of 89.61 persons per square mile.

Table 1.0: Population Estimates by Age, 2019

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	1,906	5.7%	6.2%
School Age: 5 to 17	5,834	17.4%	17.1%
College Age: 18 to 24	3,144	9.4%	9.8%
Young Adult: 25 to 44	7,827	23.3%	25.5%
Older Adults: 45 to 64	8,768	26.1%	25.2%
Seniors: 65 and older	6,083	18.1%	16.1%
Median Average Age (years)	40.4		37.9

The majority of residents in Jasper County fall into the young and old adult age categories with 29.4 percent of the population coming from these two age groups. The least populated age groups are those ages 0 to 4 and those at college age 18 to 24.

Table 1.2: Population Estimates by Race (including Hispanic origin), 2019

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	118	0.4%	0.4%
Asian	162	0.5%	2.6%
Black	304	0.9%	9.9%
Native Hawaiian & other Pacific Islander	15	0.0%	0.1%
White	32,554	97.0%	84.8%
Two or More Racial Groups	409	1.2%	2.2%
Non-Hispanic	31,493	94%	92.7%
Hispanic	2,069	6.2%	7.3%

Veteran Population

The veteran population in Jasper County made up only a small portion of the community, at 8.5%. Looking at the age distribution, a majority of veterans were above 35 years old. These veterans make up only a small portion of the total population.

Population with Disabilities

In Jasper County, there was an estimated 5,117 residents living with a disability, which makes up about 15.5% of Jasper County.

Table 1.3: Veteran Population in Jasper County

Subject	Total Veterans	Total Non-Veterans
Civilian Population over 18 (25,565)	2,176 (8.5%)	23,389 (91.5%)
Age		
18-34	122	6,612
35-54	369	8,028
55-64	529	4,122
65-74	605	2,847
75 years and over	554	1,780

Social and Economic Factors

FINANCIAL

Refer to the tables below for a comparison of financial and economic indicators across the state and county. Jasper County's annual personal income is $45,777. This leads to a median household income of more than $65,352. The poverty rate of the county sits at 8.8%. Welfare averages, food stamp recipients and free and reduced lunch recipients are all under 1%.

Table 1.4: Jasper County Financial Assistance Data

Income and Poverty	Number	Percent of State	Indiana
Per Capita Personal Income (annual) in 2019	$45,777	94.0%	$48,678
Median Household Income in 2019	$65,352	113.4%	$57,617
Poverty Rate in 2019	8.8%	73.9%	11.9%
Poverty Rate Among Children under 18	10.9%	72.2%	15.1%
Welfare (TANF) Monthly Average Families in 2019	18	0.3%	6,657
Food Stamp Recipients in 2020	2,572	0.4%	659,095
Free and Reduced Free Lunch Recipients in 2019/2020	2,261	0.4%	507,739

EDUCATIONAL ATTAINMENT

The following risk factors have generally been associated with increased likelihood of students dropping out of high school: high rate of absenteeism, low level of academic engagement, work or familial responsibilities, internalizing or externalizing behaviors, frequent moving, and attending a school with low achievement scores (Suh, S & Suh, J, 2007; Christle, Jolivette, Nelson, 2007; Rumberger, 2004; Balfanz & Legters, 2004).

In general, dropping out of high school is negatively associated with employment (i.e. difficulty finding a job or maintaining a job) and life outcomes (Child Trends, Data Bank Indicators, 2015). More specifically, high school drop outs are more likely to engage in crimes and exhibit poor health outcomes, especially in regard to mental health (Lochner & Moretti 2004; Freeman, 1996; Alliance for Excellent Education, 2006; Liem, J. H., Dillon & Gore, 2001).

Among one of many goals, Healthy People 2030 aims to increase the high school graduation rate from 84.1% to 90.7% by 2030.

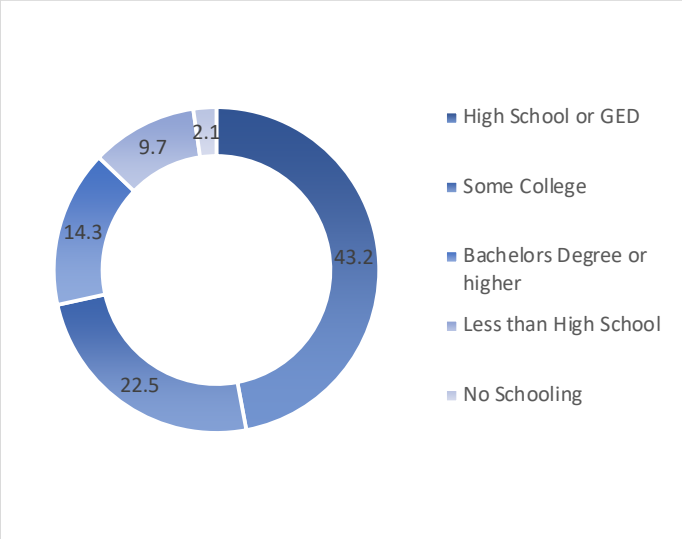
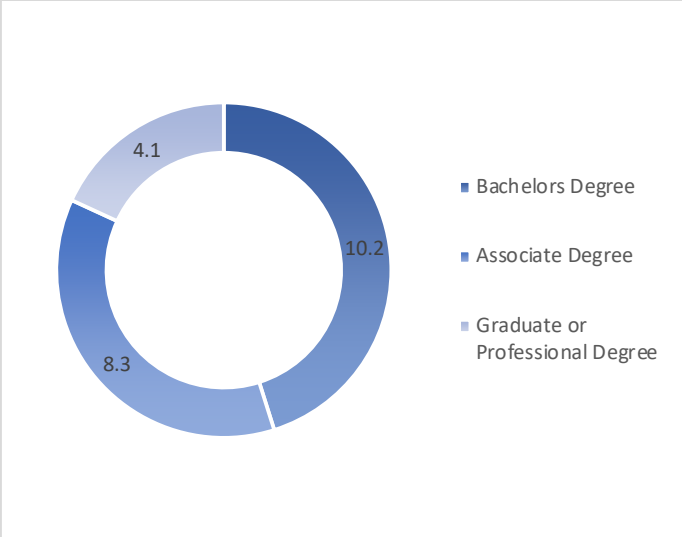


Figure 1.1 shows the breakdown of educational attainment in Jasper County for the population 25 years and over. According to the figure 43.2% completed high school or obtained a GED, 22.5% attended some college (not graduated), 14.3% obtained a Bachelor's degree or higher, 9.7% had less than a high school education, and 2.1% had no formal school at all.

Figure 1.1: Educational Attainmement for Jasper County



According to Figure 1.2, 10.2% obtained a Bachelors degree, 8.3% obtained an Associates degree, and 4.1% obtained a Graduate or Professional degree.

Figure 1.2: Educational Attainment Degrees

EMPLOYMENT

In 2019, there were 15,831 employed individuals in Jasper County, while 604 were unemployed. According to the U.S Bureau of Economic Analysis, the total wage and salary in Jasper County in 2016 had an average earnings per job totaling $38,666.

Table 1.5: Employment Rates in 2019

Indicator	Number	Rank in State	Percent of State	Indiana
Total Resident Labor Force	16,435	50	0.5%	3,387,366
Employed	15,831	50	0.5%	3,275,056
Unemployed	604	39	0.5%	112,310
Annual Unemployment Rate	3.7%	17	112.1%	3.3%

Source: STATS Indiana, using data from the Indiana Department of Workforce Development

Table 1.6: Employment Rates in 2019

Indicator	Employment	Percent Distributed in County	Earnings	Percent Distributed in County	Average Earnings per Job
Total by place of work	15,755	100%	$787,722	100%	$56,656
Wage and Salary	12,282	78.0%	$505,876	64.2%	$50,418
Farm Proprietors	498	3.2%	$31,730	4.0%	$10,735
Nonfarm Proprietors	2,975	18.9%	$117,495	14.9%	$31,902
Farm	927	5.9%	$49,714	6.3%	$16,326
Nonfarm	14,828	94.1%	$738,008	93.7%	$56,727
Private	13,180	83.7%	$654,781	83.1%	$56,579

Source: U.S Bureau of Economic Analysis

TRANSPORTATION

Public transportation is an important indicator to examine because it offers mobility to the residents of Jasper County, particularly those without cars. Transit can help bridge the spatial divide between people with jobs, services, and training opportunities. Public transportation is also valuable because it reduces fuel consumption, decreases air pollution, and relieves traffic congestion (Community Health Solutions, 2017). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's office, and hospitals. According to American Community Survey, 3.5% of households in Jasper County did not have a vehicle compared to 6.4% in the entire state (2015-2019). When looking at the renter-occupied housing units, 12.1% of renters reported having no vehicle for transportation, which can cause problems getting to and from the workplace.

Table 1.7: 2015 Commuter Transportation Methods

Vehicles Available	Occupied Housing Units	Owner-Occupied Housing Units	Renter-occupied Housing Units
No vehicle	3.5%	0.9%	12.1%
1 vehicle available	25.0%	20.0%	41.4%
2 vehicles available	41.0%	42.0%	37.7%
3 or more vehicles available	30.5%	37.1%	8.9%

ENVIRONMENTAL

Air Quality

Air quality can be measure in two different ways: measuring ground level ozone and particulate matter. Figure 1.3 shows the ground level ozone, which occurs naturally in the sky and helps protect us from the sun. In Jasper County the residents were exposed to one day of unhealthy levels of ozone. These unhealthy levels are based on national a standard, which recommends that during these unhealthy days you limit exposure by reducing the time you spend outside. Particulate matter is another air quality concern because this is air pollution like dust, dirt, soot, smoke all of which are called particulate matter. Figure 1.4 shows that the national standard for annual particulate matter is 8.8.0 mg/m3, Jasper County had level with an annual concentration of 12.0. This is important because particulate matter can cause breathing problems, worsen asthma and some heart conditions and lead to low birth weights.

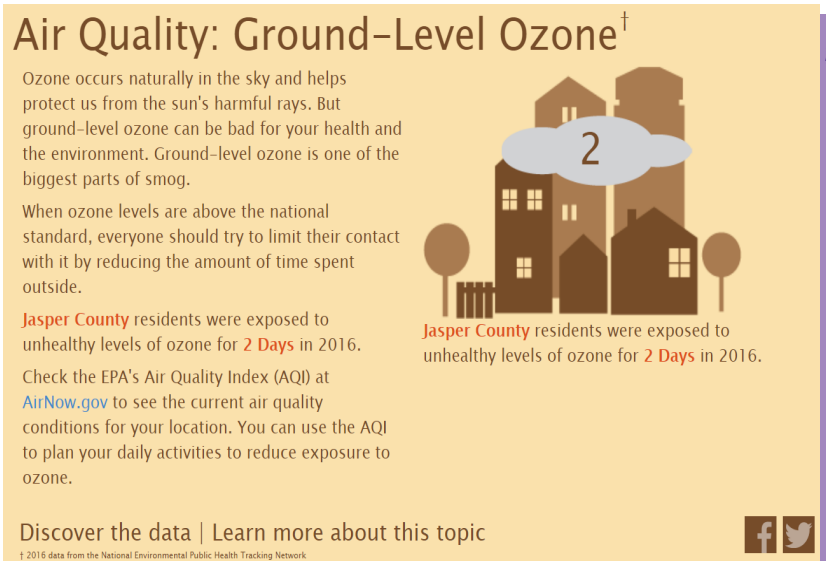


Figure 1.3: Ground Level Ozone Levels for Jasper County

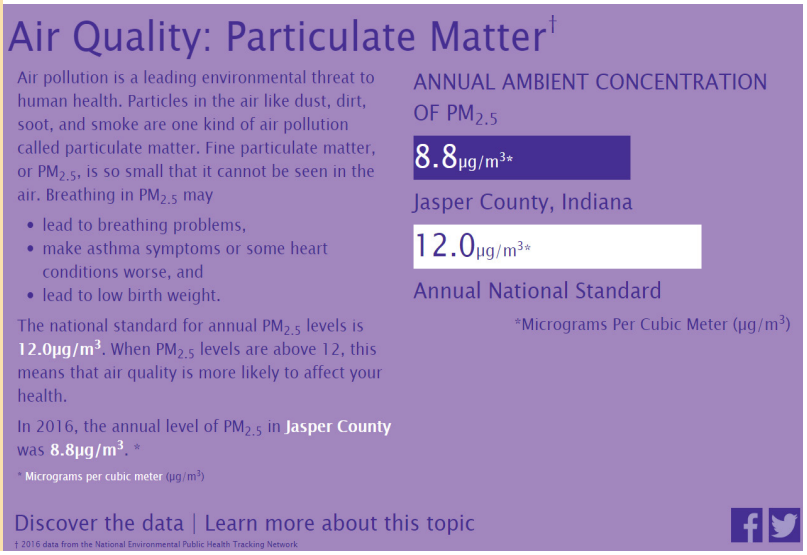


Figure 1.4: Particulate Matter Levels for Jasper County

Drinking Water

Figure 1.5 shows that the majority of Jasper County is in the top 25% for safest drinking water. Figure 1.6 shows the variation of surrounding counties water safety violations. We see that Jasper County did not have any drinking water violations.

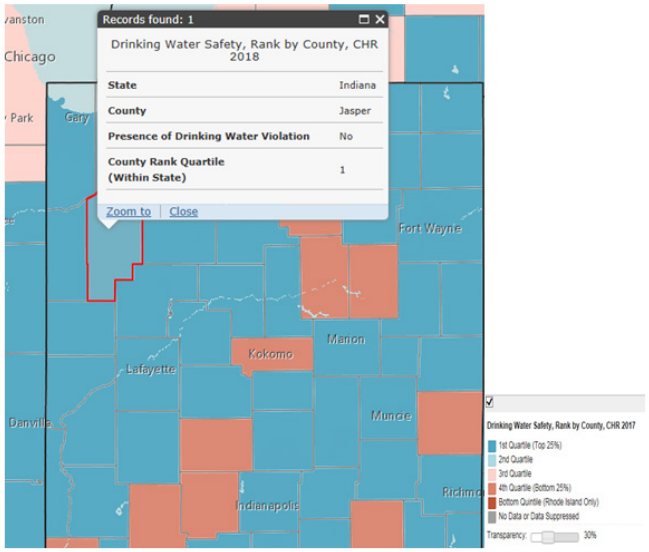


Figure 1.5: Drinking Water Violations for Jasper County

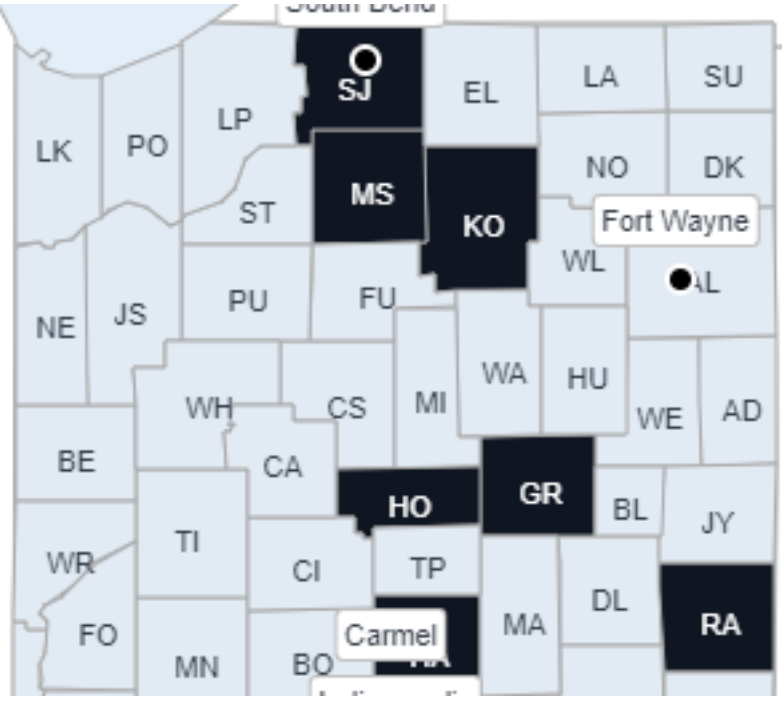


Figure 1.6: Drinking Water Violations for Jasper County

Lead

Childhood lead poisoning has become a concern for many cities in the United States, as it affects the development of children. In Jasper County 196 children were tested for lead poisoning, of whom 8.4% tested with a blood lead level between five and nine and none tested positive. The causes of lead poisoning are often older homes that once had lead based paint. These lead based paints create dust that over time get into a person's system causing adverse health effects.

Table 1.8: Lead poisoning summary

Number of Children Tested	Total Number of Children Tested µg/dL	Confirmed Blood Lead Levels ≥ 10 µg/dL		Number of Addresses with Multiple Children with Confirmed Elevated Blood Lead Levels	Census 2015-2019 Data		
		Total Number	Total %		Total Housing Units	Pre 1950 Housing Units	% of Children < 5 Below Poverty Level
196	8.4%	0	0	0.0%	12,533	2,959	6.5%

HOUSING

Housing is defined as owing the place you reside or if you rent from someone else. Homeownership provides many benefits for both individuals, families, and communities. Homeowners are more like to make improvements to their homes and be involved in civic engagement, which benefit both the homeowner and overall community. Additionally, homeownership provides certain tax breaks.

Safe and affordable housing is an essential feature of a healthy community, and the effects of housing problems are vast. Major problems include the physical and emotional effects on individuals and families. Residents who do not have a kitchen in their home are more likely to depend on unhealthy foods, and lack of proper plumbing facilities increases the risk of infectious disease. According to Healthy Communities Institute, "research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance" (2017). In addition, low-income individuals who live in communities where housing costs are elevated are subjected to living in substandard living conditions that may increase their exposure to the following environmental hazards: mold, mildew, pest infestation, and lead. In Jasper County 76.6% of respondents said that they owned their home which was higher than the state average of 61%. Below is the contact information for subsidized housing in Jasper County. This information includes the number of beds available and the population served.

Table 1.9: Homeownership and Renting

Housing and Whether We Own or Rent	Number	Percent in Region
Total Housing Unites 2019	12,533	100%
Owners Occupied	9,601	76.6%
Renters Occupied	2,932	23.4%

HEALTH ACCESS

The hospital in Jasper County is listed below along with a map to the hospital. Health care access is something that depends on the resources available for a person but also external factors like number of hospitals available, physicians available, and geographical location. In Jasper County there is one hospital facility the Franciscan Health Rensselaer location. Directions to the hospital are shown in below.

Healthcare Locations in Jasper County
Franciscan Health Rensselaer
1104 E Grace Street
Rensselaer, IN 47978
Phone: (219)866-5141
Fax: (219)866-3234

Healthcare Professional Shortage Areas

According to the Health Resources and Services Administration, Health Professional Shortage Areas (HPSAs) are defined as "having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons)" (2017). Jasper County is a primary care, geographically designated HPSA with partially rural status. There is also a shortage of specialty providers and no labor and delivery services. Franciscan Health Rensselaer is a critical access hospital, which is a designation given to rural hospitals by the Center for Medicare and Medicaid Services.

HEALTH PROFILE

SECTION 2

community HEALTH NEEDS ASSESSMENT

Section Two reviews social determinants of health that contribute to the community's ability to engage in healthy behaviors and achieve the best quality of life possible. From safe sleep practices to engaging in preventative screenings, these indicators provide an overview of opportunities for improvement.

MATERNAL CHILD HEALTH

In 2017, 70.6% of mothers received early prenatal care during their pregnancy. There has been less than a 1% decrease among mothers who received prenatal care since 2013 to 2017. The smoking rate among expecting mothers has decreased by 8% since 2013. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). In 2017, 81.9% of Jasper County mothers breastfed their children. Since 2013, the number of mothers who breastfed their had increased by 2%. While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face.

Table 2.0: Jasper County Prenatal Care Practices, 2015-2019

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
# Early Prenatal Care	255	273	262	272	264	1,326
% Early Prenatal Care	71.2%	70.9%	68.6%	68.9%	70.6%	70.0%
State Percent	**67.4%**	**67.5%**	**69.3%**	**69.3%**	**68.6%**	**68.4%**
# Smoked	86	87	82	73	60	388
% Smoked During Pregnancy	24.0%	22.6%	21.5%	18.5%	16.0%	20.5%
State Percent	**15.7%**	**15.1%**	**14.3%**	**13.5%**	**13.5%**	**14.4%**
# Unmarried Mothers	137	154	134	163	133	721
% Unmarried Mothers	38.3%	40.0%	35.1%	41.3%	35.6%	38.1%
State Percent	**43.3%**	**43.3%**	**43.3%**	**42.7%**	**42.8%**	**43.1%**
# Breastfeeding Mothers	285	301	325	326	320	1,557
% Breastfeeding Mothers	79.6%	79.3%	80.5%	80.9%	81.9%	80.0%
State Percent	**77.3%**	**79.3%**	**80.5%**	**80.9%**	**81.9%**	**80.0%**
# Mothers on Medicaid	135	158	145	161	137	736
% Mothers on Medicaid	37.7%	41.0%	38.0%	40.8%	36.6%	38.8%
State Percent	**44.1%**	**43.7%**	**43.0%**	**41.7%**	**41.0%**	**42.7%**
# Teen Births 15-17	5	6	U	U	U	11.0
Teen Birth Rate (15-17)	12.8	12.3	12.8	8.9	8.7	11.1
State Rate	**13.1**	**11.9**	**11.1**	**9.6**	**8.9**	**11.0**

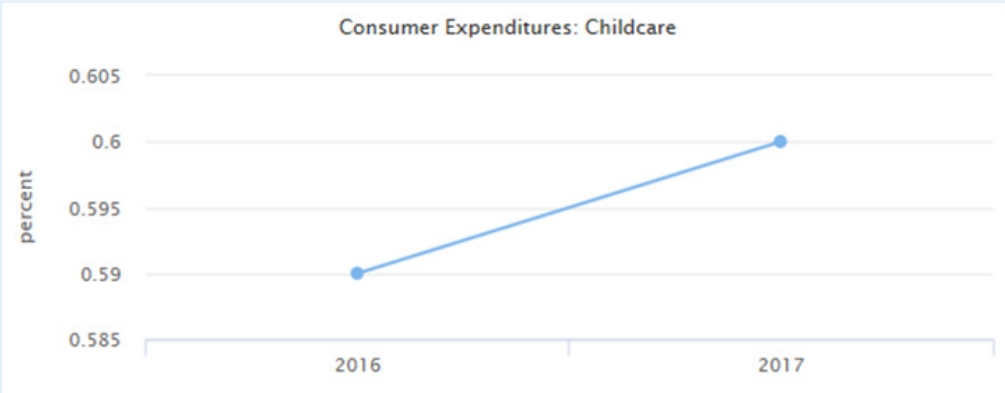
* Unstable rate due to fewer than 20 births or outcomes. We do not recommend comparing unstable rates.
** Percentages have been suppressed when there are fewer than 5, including 0, birth outcomes.
Early Prenatal Care: Prenatal care beginning at first trimester
Teen Birth Rate: Live births per 1,000 women in specified age group

Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Childcare and Health Services

Jasper County is average for childcare expenditures with 0.6% of total consumer expenditures spent on all childcare. This includes services like babysitting, child care, day care, nursery school, preschool, and non-institutional day camps.

Figure 2.1: Consumer Expenditure of Childcare



FOOD SECURITY

Food security in Jasper County has a food index of 8.5, which is an average score food environment index as (0 is the worst and 10 is the best). Figure 2.2 shows 2% of the county has limited access to healthy foods and that 12% face food insecurity. Food insecurity is defined as having a lack of access to food. Food insecurity can be measured in many different ways like grocery store or farmer's market counts in an area. Another way of looking at food insecurity is to look at the number of SNAP authorized stores. According to the USDA economic research service, there were 40 SNAP authorized stores in Jasper County as of 2016 which is an increase of nine stores since 2012. The grocery store total is currently at eight which is an increase of one over a five year span. These eight grocery stores amount to 0.21 grocery stores per 1000 residents of the county. The number of farmer's markets has decreased from the 2007 number of 37 to 28 in 2012.

Figure 2.2: Food Security Rates in Jasper County

Place	% Limited Access to Healthy Foods	% Food Insecurity	Food Environment Index	Z-Score
Jasper	2%	12%	8.3	-1.04

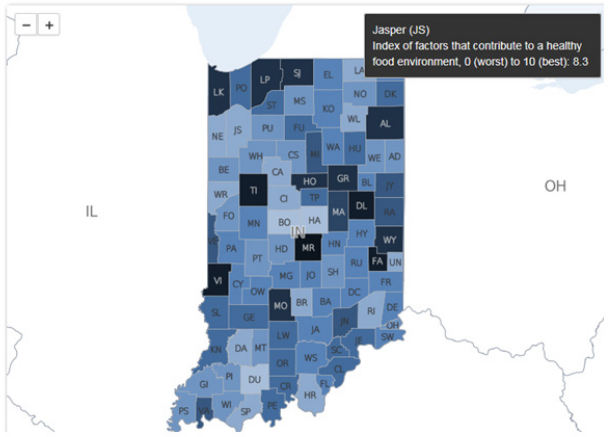


Figure 2.3: Food Security County vs. State Rates

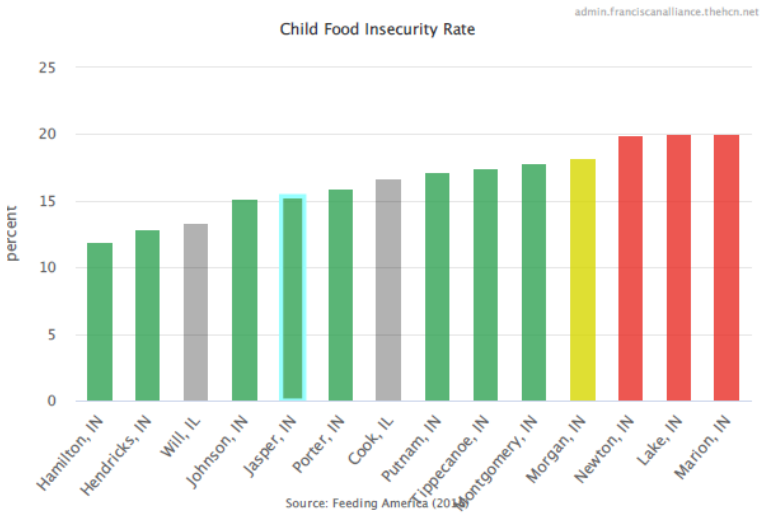


Figure 2.4: Child Food Insecurity Rates

PHYSICAL ACTIVITY

High Schoolers Physically Active
In 2015, the USDA reported that only 25.3% of high schoolers in the country said they were physically active. This means that high schoolers today are not devoting time to set an active lifestyle now that they will carry on later in life. Regular physical activity is important because it can reduce the risk of chronic disease but also help you maintain a healthy lifestyle.

Physical Inactivity
Physical activity is defined as "any body movement produced by the skeletal muscles that results in substantial increase over resting energy expenditure" (Bouchard & Shepard, 1994). Physical inactivity is defined as participating in an insufficient amount of moderate-to vigorous physical activity according to the age specific physical activity guidelines. Sedentary behavior is defined as any walking activity characterized by an energy expenditure less than or equal to 1.5 METS and in a sitting or reclined posture (Sedentary Behavior research Network, 2012). The adult physical inactivity rate is 28%.

Recreation and Fitness Facilities
As of 2014, Jasper County has five recreational and fitness facilities for the community. Fifty-eight percent of residents have access to fintess facilities.

SLEEP HEALTH

Sleep health is important because it affects a person's wellness and quality of life. The Healthy people 2020 goal is "to increase public knowledge of how adequate sleep and treatment of sleep disorders improves health productivity, wellness, quality of life, and safety on roads and in the work place" (HP2020). In Jasper County 37% of individuals reported having insufficient sleep. Students are more sleep deprived with only 21.4% reporting that they get enough sleep, compared to 61.5% in adults.

IMMUNIZATIONS

Immunizations are important because they help prevent the outbreak and spread of disease in a community. In Jasper County, 66% of infants have their recommended immunizations. This is important because infants are a vulnerable population as they are still developing their immune systems and cannot fight disease.

Table 2.1: Vaccinations and Infections in Jasper County

Indicator	Description	Source	Measurement Period	Jasper County	Indiana	HP 2030 Goal
Intestinal Disease Infections	Intestinal disease cases per 100,000 population	IDSH, Epidemiology Resource Center, Surveillance and Investigation Division	2017	50.8	39.9	N/A
Recommended Infant Immunizations	This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP)	IDSH, Epidemiology Resource Center, Surveillance and Investigation Division	2017	66%	63%	90 (coverage level of 4 doses of Dtap vaccine in children by age 2)
Flu Shot Vaccinations	Percentage of adults, 18 and older, who have received a flu shot in the past year.	ISDH & CDC Behavioral Risk Factor Surveillance System	2017	45%	49%	70.2
Pneumonia Vaccinations	Percentage of adults, aged 65 and older, who have ever received a pneumonia vaccination.	ISDH & CDC and Prevention, Behavioral Risk Factor Surveillance System	2017	N/A	74%	N/A
HIV Prevalence	Existing cases of HIV per 100,000 population.	County Health Rankings	2017	83.7	190.5	N/A
Chlamydia Incidence	New cases of chlamydia per 100,000 population.	County Health Rankings	2017	316.9	514.2	N/A

Figure 2.5: Preventable Pneumonia Cases in Jasper County

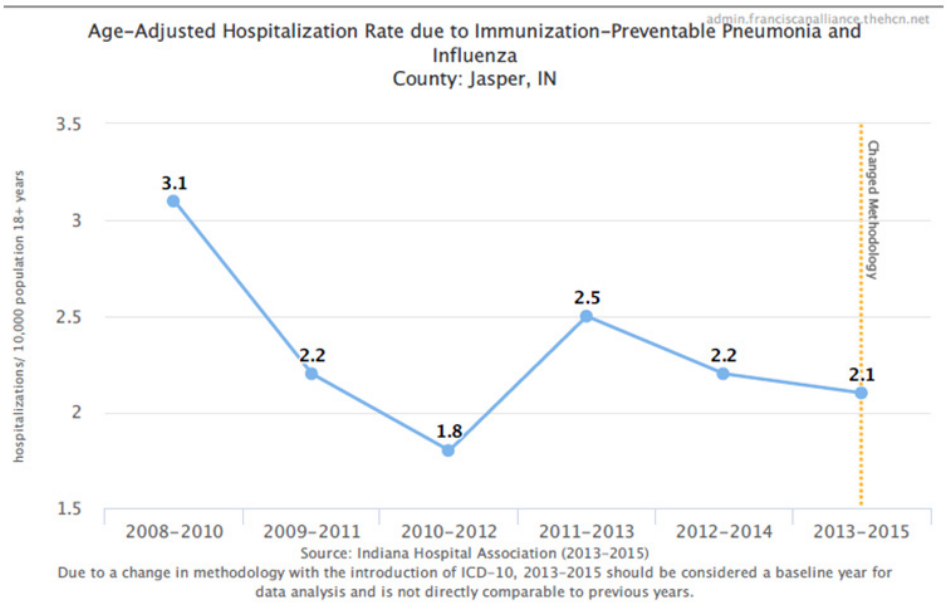
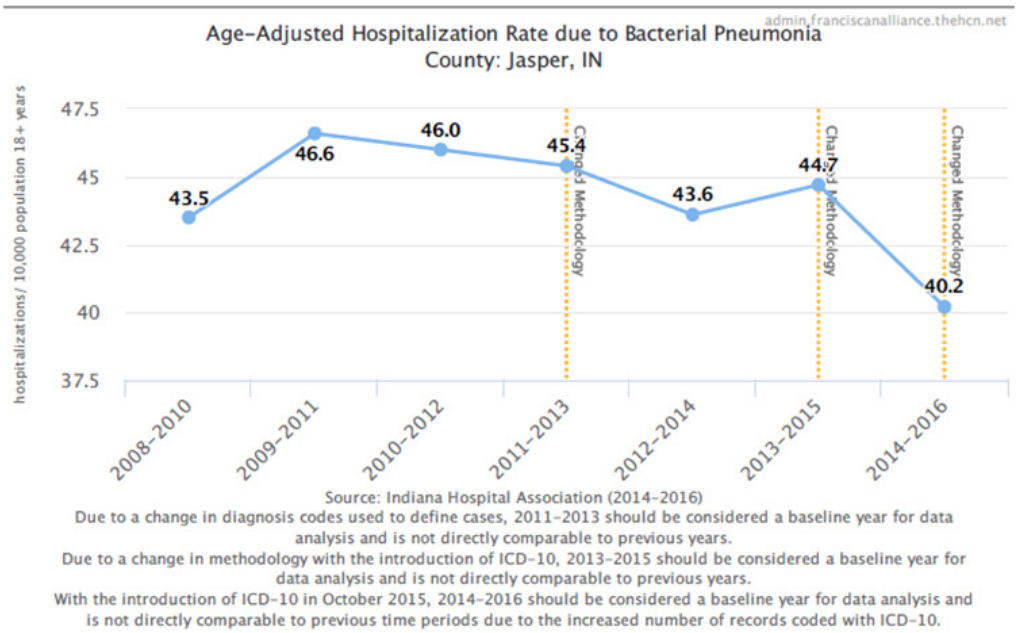


Figure 2.6: Bacterial Pneumonia Cases in Jasper County



SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. 90.3% of Jasper County diabetic Medicare enrollees received routine monitoring in 2015 (Dartmouth Atlas of Healthcare), and 44% of Jasper County female Medicare enrollees received a mammogram in 2017. (County Health Rankings). Refer to Table 2.2 below for a comparison of health screening statistics across the state and county.

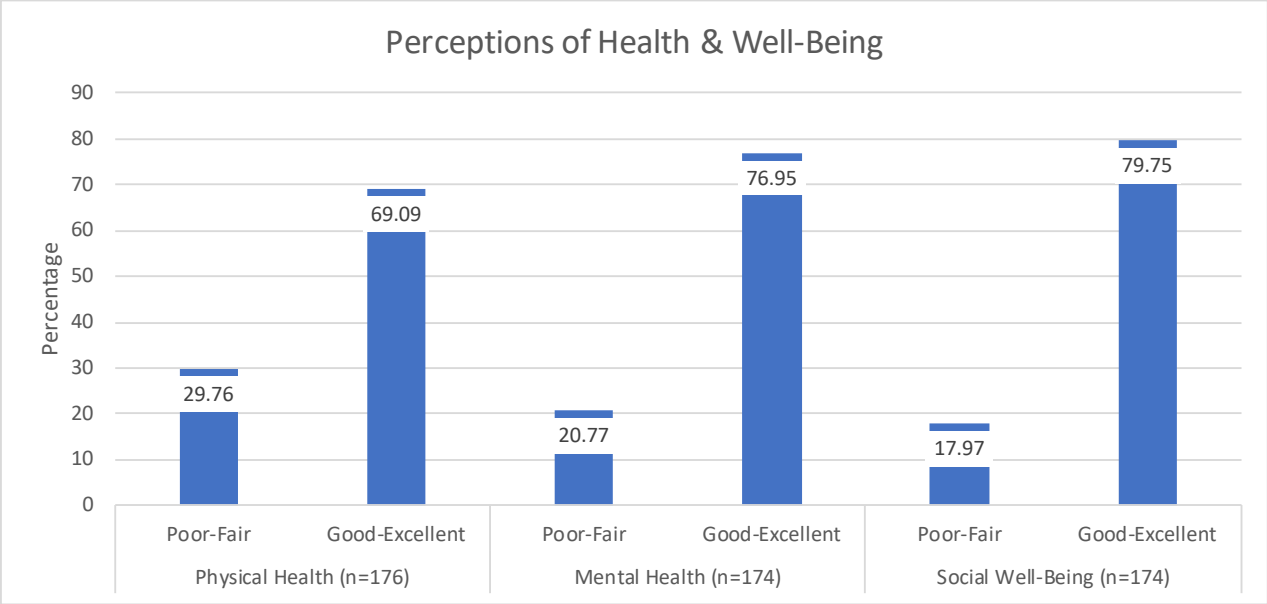
Table 2.2: Jasper County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Jasper County	Indiana
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2015	90.30%	86.09%
Mammography Screening	Percentage of female Medicare enrollees ages 65-74 that receive mammography screening.	County Health Rankings	2017	44%	42%

In the survey conducted for this report, the following information was reported, indicating the perception of health. The convenience sample data reported included responses from targeted vulnerable populations within the community. Please consult the Appendix section for the full survey report.

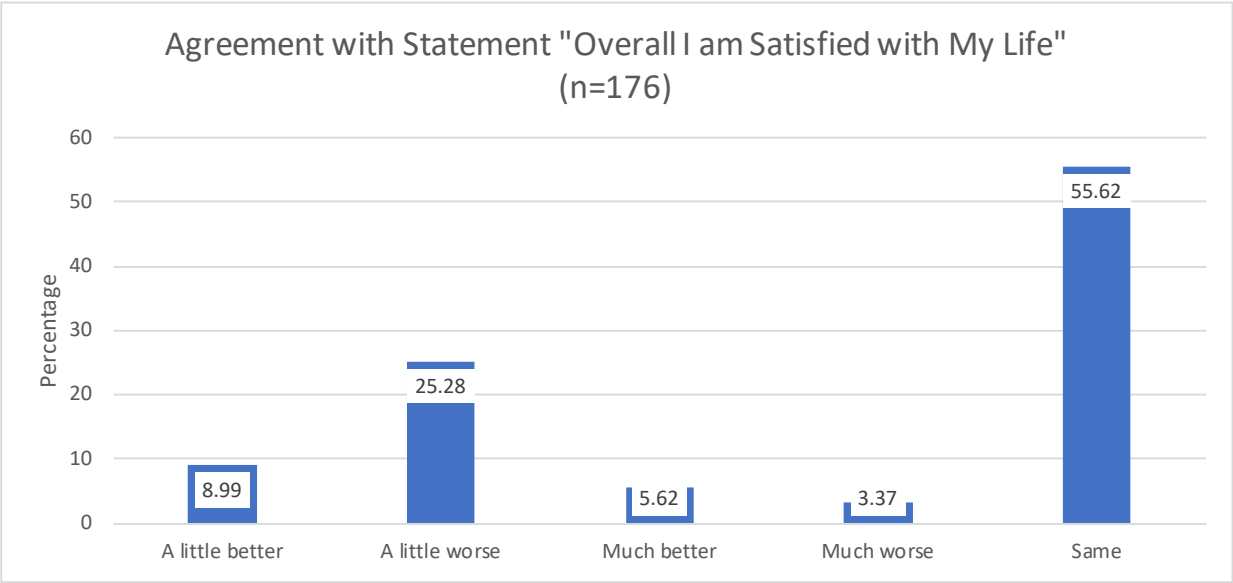
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

Figure 2.7: Participants' Perception of Health and Well-Being, Jasper County



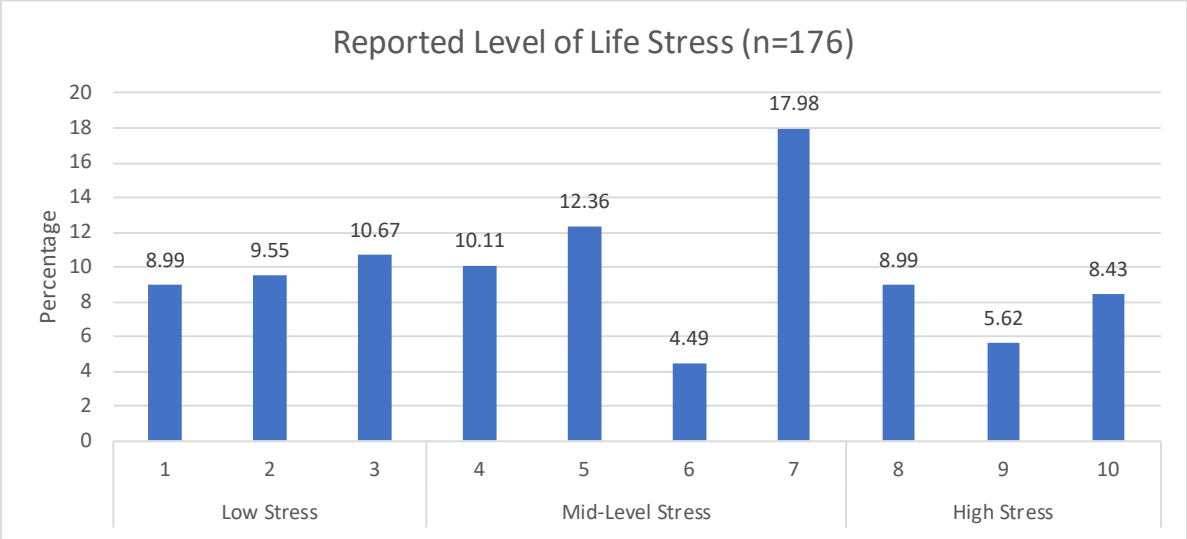
Participants were asked to respond to a single question that asked them to respond to the statement "How has the statement 'In general, I am satisifed with my life' changed before the COVID-19 pandemic" with five response options ranging from much worse to much better. The majority of participants reported "same" with the statement, with 5.62% (n = 10) responding "much better" and 8.99% (n =16) responding "a little better." Some participants 55.62% (n = 99) responded "same." Those indicating less overall life satisfaction responded with "a little worse" 25.28% (n=45) or "much worse" 3.37% (n = 6).

Figure 2.8: Participants Agreement with Life Satisfaction



Level of Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Some participants, 23.04% (n = 27) responded with scores in in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of the participants identify with what would be considered an elevated (or greater) level of stress.

Figure 2.9: Ranking of Level of Life Stress

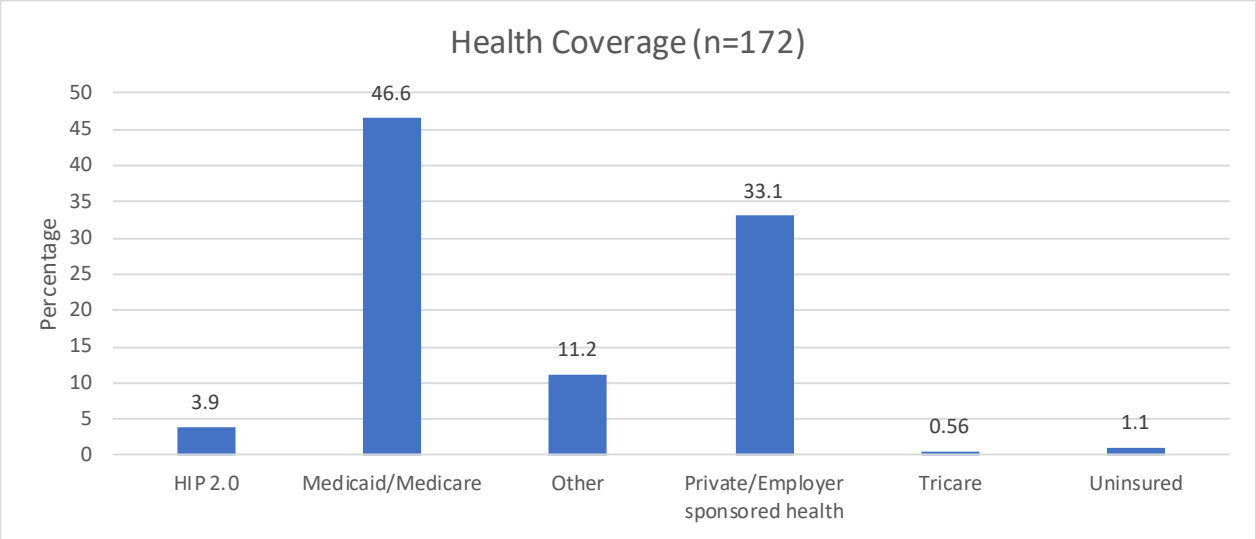


HEALTHCARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked what prevents them from getting the health care you feel you need.

Insurance on Healthcare Coverage. Participants were asked "What health coverage are you currently enrolled in?" Of the participants, the vast majority, 95.36% (n = 170) reported that they did have such coverage or insurance, while 1.1% (n = 2) responded "Uninsured."

Figure 2.10: Participants' Reported Insurance and Personal Provider Characteristics



Healthcare Engagement. Participants were provided with a list of 11 health-related services and types of healthcare engagement and asked what prevents them from getting the health care they feel they need.

Table 2.3: Participants' Reported Types of Healthcare Engagement* (n=177)

What prevents you from getting the health care you feel you need? (Select all that apply.)		
	Number	Percentage
Cultural/religious beliefs	4	2.24%
Do not know how to find the type of doctor I want	22	12.35%
Fear (e.g., not ready to face/discuss health problem)	32	17.97%
I cannot get an appointment when I am available	36	20.22%
Language barriers	3	1.68%
Immigration status	0	0.00%
No insurance and unable to pay for the care	6	3.37%
Unable to pay co-pay/deductibles	22	12.35%
Transportation	18	10.11%
Lack of access to a computer	10	5.61%
Bad past medical experience	24	13.48%

Resources and Healthcare Engagement. Participants were provided a list of 10 resources they might have had trouble getting or accessing during the COVID-19 pandemic. Participants were asked to select all that applied to trouble getting or accessing resources. A majority of participants reported "not applicable" to this question. Table 2.4 breaks down each response to the 10 resources.

Regarding access to healthcare/doctor visits, 15.17% of participants (n = 27) indicated that they had trouble getting or accessing a healthcare provider or getting a doctor visit.

Regarding needing to fill a prescription/medication, 3.93%, (n = 7) indicated that that they were not able to fill a medication or prescription.

Regarding needing transportation, only 6.18% of participants (n = 11) indicated that they had not been able to access transportation due to other needs.

Figure 2.11: Participants' Reports of Resource Challenges and Healthcare

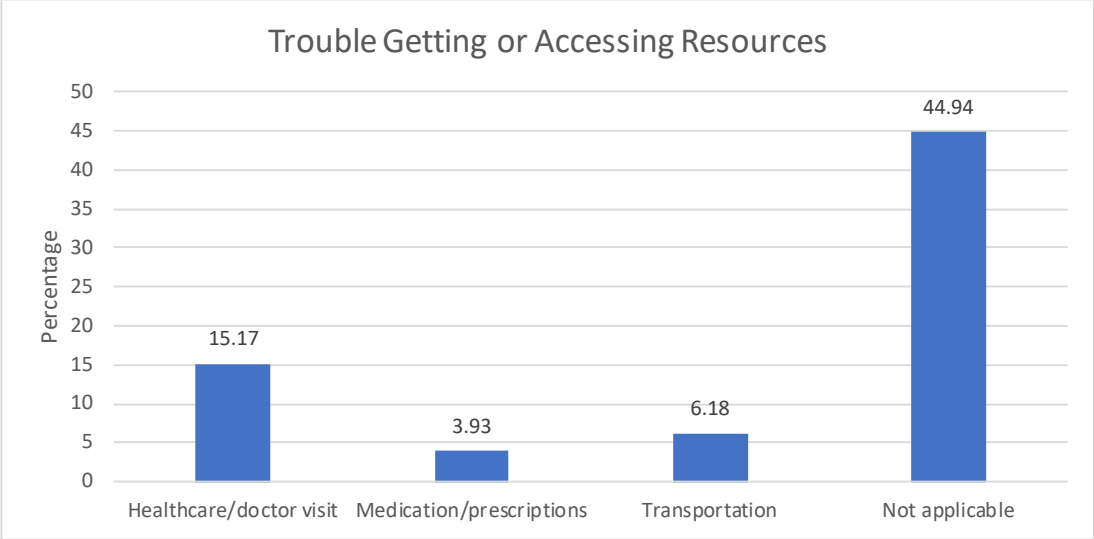


Table 2.4: Participants' Reports of Resource Challenges and Healthcare

During the COVID-19 pandemic, have you had trouble getting or accessing any of the following? (Select all that apply.) (n=178)		
	Number	Percentage
Exercise/physical activity	32	17.98%
Food/groceries	19	10.67%
Healthcare/doctor visit	27	15.17%
Infant supplies	1	0.56%
Medication/prescriptions	7	3.93%
Spiritual/religious support	15	8.43%
Transportation	11	6.18%
Time with family	75	42.13%
Utilities	13	7.30%
Not applicable	80	44.94%

PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants types of health changes they wanted to make in the next year. They were asked to select up to three choices of the listed responses. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.4 provides a summary of this data.

Table 2.4: Self-Reported Health Behaviors (n=178)

What type of health changes do you want to make in the next year? (Choose up to 3).		
	Number	Percentage
Drinking less alcohol	5	2.81%
Eating better food	82	46.07%
Improving sleep	58	32.58%
Managing Stress	58	32.58%
Getting more exercise	106	59.55%
Improving relationships	31	17.42
Quitting tobacco or nicotine products	12	6.74%
Getting recommended health screenings, like blood tests or mammograms	19	10.67%
Finding a doctor	12	6.74%

SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 12 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health. Table 2.5 provides a summary of this data.

Table 2.5: Participants' Reports of Felt Social Determinants

Which of these items cause you stress in your DAILY life? (Check all that apply.) (n=178)		
	Number	Percentage
Not enough food	9	5.06%
Having a safe place to live	3	1.69%
Paying utility bills	37	20.79%
Reliable transportation	17	9.55%
Violence inside the place I live	1	0.56%
Violence or crime in my neighborhood	10	5.62%
Getting or maintaining a good job	20	11.24%
Lack of support from family and friends	32	17.98%
Lack of spiritual/pastoral support	18	10.11%
Experiencing disrespect or discrimination	18	10.11%
Language barriers	2	1.12%
Financial planning/budgeting	74	41.57%

Participants were asked to provide the perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type.

Results from the participants were used to calculate rankings of program endorsement, although the number of participants responding to the items varied throughout the list. Of the twenty programs, 100% were ranked as being either moderately or very important by more than 50% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board these data do suggest that in general most community members perceive the general network of health and social service programs to be important on the whole. Table 2.6 provides a list of the extent to which participants rated a program type as "moderately" or "very" important. Responses from the convenience sample also indicated strong support for all of the programs reflected in the list.

However, given the strong general endorsement of these programs, and to better illustrate those services for which there was the strongest endorsement of importance, the data are further characterized by differentiating between "moderately important" and "very important." In this table, further highlighted are the items for which there were stronger endorsements in the "very" category than the "moderate" category.

Table 2.6: Participants' Reports of Health & Social Service Programs

Community Programs	Responses	
	Number	Percentage
Healthy cooking classes	58	32.58%
Free or reduced cost healthy foods	82	46.06%
Free exercise programs	75	42.13%
Weight loss program	70	39.32%
Mental health counseling	84	47.19%
Low cost legal help	89	50.00%
Financial planning/budgeting	78	43.82%
Help getting health insurance	85	47.75%
Programs to help young children learn	105	58.98%
Parenting classes	102	57.30%
Prenatal classes	97	54.49%
Classes just for fathers	87	48.87%
Programs for grandparents raising grandchildren	91	51.12%
Places to dispose of prescriptions and needles safely	92	51.68%
Stress management	85	47.75%
Community gardens/gardening workshops	93	52.24%
Diabetes management classes	84	47.19%
Help for people experiencing abuse or neglect	107	60.11%
Suicide prevention training	111	62.35%

HEALTH OUTCOMES

SECTION 3

The previous sections highlighted the environment and factors that contribute to health. Those factors, along with genetics, personal choice, and access to health services, lead to various health outcomes. This section reviews major health issues faced by residents.

ACCIDENTS, INJURIES, AND HOMICIDES

Mortality due to accidents and unintentional injuries are not meeting the Healthy People 2030 goals as seen in Table 3.0. Jasper County has an unintentional mortality rate of 66.7 but this rate his higher than the HP2030 goal of 43.2 along with emergency visits due to injury. We also see that hospitalizations due to injury is high in Jasper County but also in the State of Indiana as a whole.

Table 3.0: Hospitals Injuries and Mortality in Jasper County

Indicator	Description	Source	Measurement Period	Jasper County	Indiana	HP 2030 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	66.7	58.0	43.2
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	0	27.3	N/A
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people	ISDH	2017	0	16.2	12.8
Alcohol Impaired Driving Deaths	Alcohol impaired driving deaths ins the percentage of driving deaths with alcohol involvement	County Health Rankings	2014-2018	16%	20%	28.3
Injury ED Visits	This measure represents the number of injury related emergency department encounters among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2017	900.3	849.6	N/A
Injury Hospitalization	This measure represents the number of injury related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2017	65.8	69.1	N/A

BEHAVIORAL HEALTH

Quality of Life Indicators

Quality of life can be measured by mental and physical health. In Jasper County, 11% of adults report having 14 or more days of frequent physical distress and 13% of adults report having 14 or more days of frequent mental distress. The average number of days that residents reported having poor mental and physical health falls around four days per month in Jasper County.

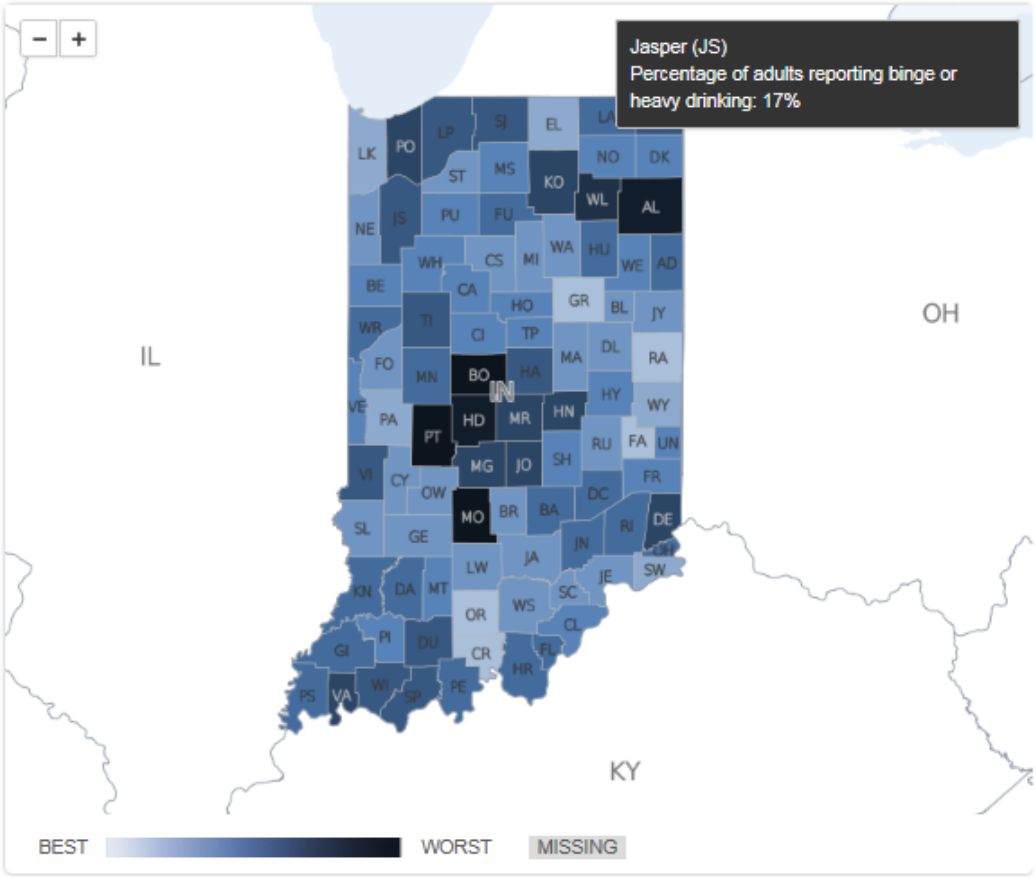
Table 3.1: Prenatal Health in Jasper County

Indicator	Days or Percent	Error Margin
Frequent Physical Distress	11%	11-12%
Frequent Mental Distress	13%	13-14%
Mentally Unhealthy Days	4.5	3.5-5.2

Substance Abuse & Recovery

Drug abuse and addiction compromise a major public health problem that affects many individuals and families and has lasting physical, social and mental health repercussions. These repercussions include less than optimal health outcomes, increased rates of crime and injury, and increased rates of mental illness, unemployment, and homelessness (Healthy Communities Institute, 2017). Effective treatment programs for substance abuse incorporate many elements, each directed to a particular aspect of addiction and its various consequences. According to Healthy Communities Institute, treatment for addiction must include "assistance for the individual to quit using drugs, maintaining a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society" (2017). Given the complexity of addiction, it is treated as a chronic illness and individuals often require repeated long-term care in order to achieve sustained sobriety.

Figure 3.0: Percent of Adults Reporting Heavy Drinking in Jasper County



Infectious Disease Rates

Hepatitis C Virus Infections

The Hepatitis C Virus (HCV) is a blood-borne virus primarily transmitted by an HCV-infected person. This can be through sharing needles, syringes, or other injection equipment. HCV occurs in the first several months after infection and results in illness from very mild or no symptoms to a serious acute HCV infection requiring hospitalization. Many people living with HCV do not have symptoms and do not know they are infected. Chronic HCV infection results when a person is not able to clear the virus after an acute infection. In 2019, the rate of acute infection in Indiana was 5.7 cases per 100,000. In Jasper County we see that the Hepatitis C Acute infections new cases rates are suppressed meaning that there is a low number of cases occurring. For chronic infections, there are 50.7 per 100,000 residents in 2019 in Jasper County.

Newly Diagnosed HIV/AIDs

The Human Immunodeficiency Virus (HIV) is transmitted by an HIV-infected person having unprotected sex or by sharing needles, syringes, and other injection equipment. Sharing these objects put individuals at high risk for transmitting HIV because the drug materials may have blood in them, which can carry HIV. Use of drugs can reduce inhibitions and increase sexual risk behaviors, which may result in other STDs. Currently there is no cure for HIV, but treatment with antiviral therapy greatly extends the life expectancy of people living with HIV. From 2011 to 2015, the rate of newly diagnosed HIV/AIDS infection in Indiana increased slightly from 8.0 (n=518) to 9.4 (n=621) cases per 100,000 population. The newly diagnosed cases of HIV and AIDs by County was 3.6 in Jasper County which is lower than that of the rest of Indiana. This measurement is considered unstable because the amount of total cases was less than 20.

HIV/AIDs Prevalence

The Human Immunodeficiency Virus (HIV) Prevalence is dealing with the number of existing cases of HIV at a specified time. From 2016 to 2018, the number of Indiana residents living with HIV/AIDS had a slight increase from 12,175 to 12,708 cases. In 2018, Jasper County's number of prevalent cases is estimated to be 28.

Chlamydia

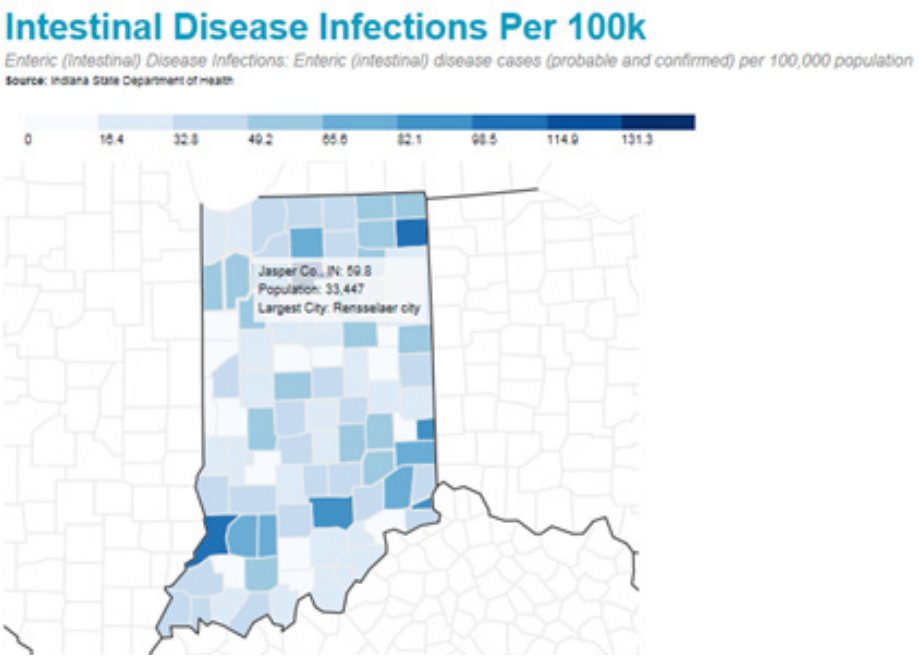
Chlamydia is a common sexually transmitted disease (STD) that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. The infection is caused by bacteria that are effectively treated with antibiotics. From 2015 to 2019, the rate of Chlamydia infection in Indiana remained relatively stable, 436.4 (n=28,886) and 526.3 (n=35,430) cases per 100,000 population, respectively. In Jasper County the number of new cases of Chlamydia from 2015 to 2019 slightly increased from 248 to 268.2 per 100,000 residents.

Gonorrhea

Gonorrhea is an STD that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. The infection is caused by bacteria that are effectively treated with antibiotics. From 2015 to 2019, the rate of Gonorrhea infection in Indiana increased slightly from 118.5 (n=7,843) to 177.1 (n=11,926) cases per 100,000 population. The number of new cases of Gonorrhea in Jasper County was 38.7 per 100,000 population in 2019. This measurement is considered unstable as the number of cases total was less than 20.

In 2017, the average number of enteric intestinal disease infections was 50.8 per 100,000.

Figure 3.1: Intestinal Disease Infections in Jasper County



MATERNAL, INFANT AND CHILD HEALTH

Since 2013, the number of live births in Jasper County has stayed relatively stable at around 350-395 a year. The number of babies born with low birth weight in Jasper County has also remained stable. The number of babies born before 37 weeks gestation in Jasper County has decreased by 5.6% since 2013. Significant decreases in areas of negative infant and natality health should be seen as a reward of increased access, availability, and affordability of prenatal care in Jasper County.

Table 3.2: Jasper County Birth outcomes in Jasper County, 2013-2017

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
# Live Births	358	385	382	395	374	1,894
# Low Birth Weight	30	15	29	41	17	132
% Low Birth Weight	8.4%	3.9%	7.6%	10.4%	4.5%	7.0%
State Percent	***7.9%***	***7.9%***	***8.0%***	***8.2%***	***8.3%***	***8.1%***
# Preterm Births	36	29	41	48	17	171
% Preterm Births	10.1%	7.5%	10.7%	12.2%	4.5%	9.0%
State Percent	***9.6%***	***9.7%***	***9.6%***	***10.0%***	***9.9%***	***9.8%***
# Mothers who smoked	86	87	82	73	60	388
% of mothers who smoked	24.0%	22.6%	21.5%	18.5%	16.0%	20.5%
State Percent	***15.7%***	***15.1%***	***14.3%***	***13.5%***	***13.5%***	***14.4%***
# Infant Deaths	2	2	4	7	4	19
State IMR	***7.1***	***7.1***	***7.3***	***7.5***	***7.3***	***7.3***

Low Birth Weight = < 2,500 grams; Preterm = <37 weeks gestations
Source: Indiana State Department of Health, Division of Maternal and Child Health

From 2013 to 2015 there was a drop in the number of neonatal deaths going from 2 to 1. This same trend is seen in the number of infant deaths from 2013-2014. The infant mortality rate has been consistently lower than the state rates.

Infant Mortality

Table 3.3: Jasper County Infant Mortality

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
Mortality						
# Neonatal Deaths	2	1	1	5	0	9
# Post-Neonatal Deaths	0	1	3	2	4	10
# Infant Deaths	2	2	4	7	4	19
Infant Mortality Rate (IMR) per 1,000 Live Births	U	U	U	U	U	U
State IMR	***7.1***	***7.1***	***7.3***	***7.5***	***7.3***	***7.3***

*=Unstable rate due to less than 20 deaths
**=Percentages have been suppressed when there are fewer than 5 deaths
Source: Indiana State Department of Health, Division of Maternal and Child Health

Young Child

Throughout Jasper County, 99 substantiated cases of neglect or abuse were reported in 2017. In 2013, there was one reported death of a child due to neglect. Many children who die due to neglect or abuse have a history with the Indiana Department of Child Services.

Table 3.4: Jasper County Child in Need of Services (CHINS) Cases

Indicator	Description	2016	2017
Children in need of services	Number of children in the county in need of services related to child abuse and neglect	89	135

Table 3.5: Jasper County Child Abuse & Neglect Fatalities

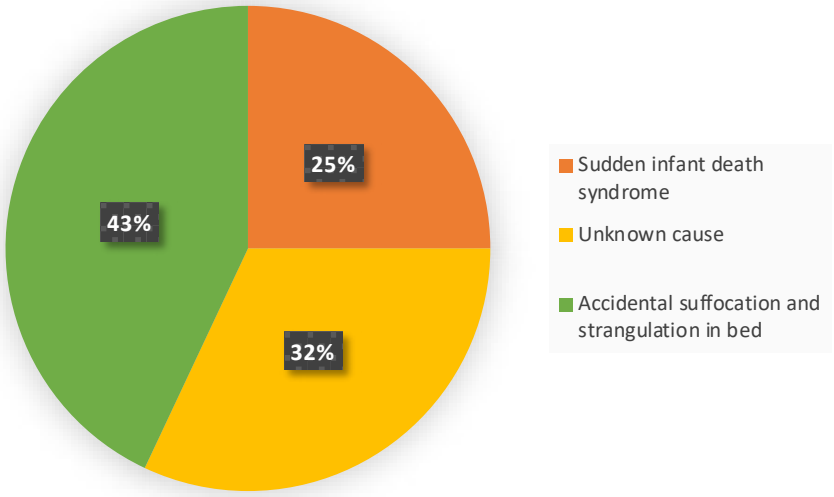
Indicator	Description	Source, Year	%	Substantiated	
Neglect	Number of reported cases with and without evidence of neglect.	Indiana Youth Institute, 2017	17.5%	99	
Sexual Abuse	Number of reported cases with and without evidence of sexual abuse.	Indiana Youth Institute, 2017	12.2%	6	
Physical Abuse	Number of reported cases with and without evidence and neglect.	Indiana Youth Institute, 2017	3.7%	5	
			Abuse	**Neglect**	**Total**
Abuse and Neglect Fatalities	Number of fatalities due to abuse or neglect of the child	Indiana Youth Institute, 2016	0	0	0

Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

According to the CDC, sudden unexpected infant deaths (SUIDS) occur among infants less than one year old and have no immediately apparent cause (2017). The three commonly reported types of SUID include the following:

1. Sudden infant death (SIDS)
2. Unknown cause
3. Accidental strangulation or suffocation in bed

Figure 3.2: Commonly Reported SUIDs in Indiana



SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

CHRONIC DISEASES

Chronic diseases are among the most prevalent and costly health issues in Indiana and across the nation. Indiana has significantly inflated rates compared to the nation in regard to a variety of chronic health diseases. Chronic diseases are often easily detected and preventable.

RESPIRATORY HEALTH

Respiratory disease continues to be a problem in Jasper County as asthma and other respiratory disease like COPD lead to emergency department visits and hospitalization. Respiratory disease rates in Jasper County and Indiana for comparison are shown below.

Table 3.7: Respiratory Health in Jasper County

Indicator	Number of Indicator
Pediatric Asthma Count	673
Adult Asthma Count	2,544
COPD Count	2,446
Adults who smoke	11,662

Table 3.8: Respiratory Health in Jasper County compared to Indiana

Indicator	Description	Source	Measurement Period	Jasper County	Indiana
Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000.	ISDH, Epidemiology Resource Center	2019	57.3	39.3
Child Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2019	78.1	49.7
Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2019	5	3.6
Child Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2019	3.1	3.9
Asthma Medicare Population	Percentage of Medicare beneficiaries who were treated for asthma.	Centers for Medicare & Medicaid Services	2007-2018	3.8	3.4
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH, Epidemiology Resource Center	2017	41.6	55.2

CANCER

General cancer rates are lower in Jasper County than the Indiana state average at 456.9 and 470.9 respectively. The only cancer rates that are higher in Jasper County than the state average is lung cancer and colorectal cancer.

Table 3.9: Cancer Rates in Jasper County Compared to Indiana

Indicator	Jasper County	Indiana	HP 2030 Goal
Cancer Incidence	458	467.2	N/A
Lung	74.3	71.9	N/A
Colorectal	48.4	42.4	N/A
Female Breast	117.2	121.7	N/A
Prostate	72.9	89.9	N/A
Cancer Mortality	150.1	169.9	122.7
Lung	31.2	47.2	25.1
Colorectal	0	15.8	8.9
Female Breast	0	21.0	15.3
Prostate	0	18.7	16.9

*Measurement period for cancer incidence rates was 2016 and mortality incidence rate data was collected in 2017. Rate per 100,000 population.

CARDIOVASCULAR DISEASE

Cardiovascular disease continues to be a problem in Jasper County as strokes; heart disease and other cardiovascular diseases lead to emergency department visits and hospitalization. The table below shows cardiovascular disease rates in Jasper County.

Table 3.10: Cardiovascular Health in Jasper County

Indicator	Description	Source	Measurement Period	Jasper County
Stroke Hospitalization	This measure represents the number of stroke hospital admissions per 10,000 population	ISDH, Epidemiology Resource Center	2017	28
Stroke Deaths	This measure represents the number of stroke related deaths per 100,000 population.	ISDH, Epidemiology Resource Center	2017	29.3
Heart Disease Hospitalization	This measure represents the number of heart disease related hospital admissions per 10,000 population.	ISDH, Epidemiology Resource Center	2017	99.2
Heart Disease Deaths	This measure represents the number of heart disease deaths per 100,000 population.	ISDH, Epidemiology Resource Center	2017	201.8
Acute Myocardial Infarctions Hospitalizations	This measure represents the number of acute myocardial infarctions related hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2014-2016	9.2
Acute Myocardial Infarctions Deaths	This measure represents the number of acute myocardial infarctions related deaths per 100,000 population.	CDC	2014-2016	212.9
Heart Failure Hospitalizations	This measure represents the number of heart failure hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2014-2016	33.7
Heart Failure Deaths	This measure represents the number of heart failure deaths per 100,000 population.	CDC	2014-2016	261.5

DIABETES

Obesity in Jasper County is higher than that of the states average at 38% and 33% respectively. We also see that diabetes in those 20 and older in Jasper County equivalent to that of the state average. Trends like these being at or above the states average can be changed with healthier lifestyle choices and improved physical activity.

Table 3.11: Diabetes and Obesity in Jasper County Compared to Indiana

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Jasper County	Indiana
Diabetes Prevalence	Percentage of adults aged 20 or older with medically diagnosed diabetes.	County Health Rankings	2016	12%	12%
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and olderw ho have ever been diagnosed with diabetes.	CDC	2014	12.7%	11.1%
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including type 1 and 2.	Indiana Hospital Association	2014-2016	16.3	20.3
Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	5.6	9.0
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	8.1	9.5

SECTION 4

Collecting data for this report presented many challenges due to delayed secondary data sets, COVID restrictions, and the complications of daily life in 2020 and early 2021. Fortunately, the large scale of research in the 2019-2021 report allowed the Community Health Improvement Team to use previous tools and update the overall findings for this new cycle. As in every data collection and analysis process, there are many limitations to the data.

Two surveys were conducted in 2021. The first focused on community based organizations, including food pantries, schools, social service agencies, health care providers, community action programs, and local government offices. This survey highlighted strengths and weaknesses in community safety nets and populations most in need of additional services.

The second survey was deployed to those living in Franciscan Health communities using convenience sampling. Individuals on Franciscan Health's various email list serves received two invitations to complete the survey. In addition, staff worked with partner organizations to get responses from the most vulnerable populations in communities, such as those in homeless shelters, using food pantries, receiving health care from a federally qualified health center, or those who speak languages other than Spanish and English. By using income and insurance qualifying questions, staff are able to understand unique needs in the general population versus vulnerable populations. The public survey focuses on opinions, needs, and community resources.

Secondary data for this report relies on the data collection efforts of other organizations, such as state health departments, federal agencies, and others. This data is often lagging in time or represents larger geographic areas than preferred.

The following details more survey findings, followed by the results of the data assessment.

STRESS AND COVID

As a gage of health and wellbeing, respondents indicated their perceived physical, mental, and social health.

Table 4.1: Perceived Health and Wellbeing, Jasper County

Response	Excellent		Fair		Good		Poor		Very good	
	Number	%	Number	%	Number	%	Number	%	Number	%
Your physical health is…	12	6.74	42	23.59	76	42.69	11	6.17	35	19.66
Your mental health is…	25	14.04	33	18.53	66	37.07	4	2.24	46	25.84
Your social well-being is…	22	12.35	30	16.85	76	42.69	2	1.12	44	24.17

To clarify the impact of COVID, participants were also asked to rank change in life satisfaction as a result of COVID.

Table 4.2: Pandemic Life Satisfaction, Jasper County

Response	Number	Percentage
A little better	16	8.99%
A little worse	45	25.28%
Much better	10	5.62%
Much worse	6	3.37%
Same	99	55.62%

Participants were also asked to rate their average level of stress during the past month.

Table 4.3: Levels of Stress, Jasper County

Level of Stress	Number	Percentage
1	16	8.99%
2	17	9.55%
3	19	10.67%
4	18	10.11%
5	22	12.36%
6	8	4.49%
7	32	17.98%
8	16	8.99%
9	10	5.62%
10	15	8.43%

The table below examines some of the causes of daily stress.

Table 4.4: Which of These Items Cause Stress In Your Daily Life, Jasper County

	Number	Percentage
Not enough food	9	5.06%
Having a safe place to live	3	1.69%
Paying utility bills	37	20.79%
Reliable transportation	17	9.55%
Violence inside the place I live	1	0.56%
Violence or crime in my neighborhood	10	5.62%
Getting or maintaining a good job	20	11.24%
Lack of support from family and friends	32	17.98%
Lack of spiritual/pastoral support	18	10.11%
Experiencing disrespect or discrimination	18	10.11%
Language barriers	2	1.12%
Financial planning/budgeting	74	41.57%

HEALTH BEHAVIORS

Respondents were able to choose up to three changes they would like to make in the following year.

Table 4.5: Health Changes, Jasper County

	Number	Percentage
Drinking less alcohol	5	2.81%
Eating better food	82	46.07%
Improving sleep	58	32.58%
Managing Stress	58	32.58%
Getting more exercise	106	59.55%
Improving relationships	31	17.42%
Quitting tobacco or nicotine products	12	6.74%
Getting recommended health screenings, like blood tests or mammograms	19	10.67%
Finding a doctor	12	6.74%

In an effort to better understand hesitancy or access to medical care, a question was asked on barriers.

Table 4.6: Healthcare Barriers, Jasper County

	Number	Percentage
Cultural/religious beliefs	4	2.24%
Do not know how to find the type of doctor I want	22	12.35%
Fear (e.g., not ready to face/discuss health problem)	32	17.97%
I cannot get an appointment when I am available	36	20.22%
Language barriers	3	1.68%
Immigration status	0	0.00%
No insurance and unable to pay for the care	6	3.37%
Unable to pay co-pay/deductibles	22	12.35%
Transportation	18	10.11%
Lack of access to a computer	10	5.61%
Bad past medical experience	24	13.48%

COMMUNITY GAPS AND RESOURCES

Two questions assist in understanding the need for programming and resources within communities. First, participants were asked what type of healthcare related services are missing in their community.

Table 4.7: Missing Healthcare Services, Jasper County

Response	Number	Percentage
Chronic disease care	42	23.59%
Acute care, like for an injury or infection	34	19.10%
Vaccines or health screenings	9	5.05%
General primary care	30	16.85%
Prenatal or well-baby care	39	21.91%
Hospital emergency room/Urgent center care	44	24.71%
Pharmacy/Drug store	12	6.74%
Dental care	18	10.11%
Screening for anxiety or depression	38	21.34%
Treatment for mental health	48	26.96%
Treatment for an addiction	46	25.48%
Vision or hearing care	36	20.22%

Second, a list of typical health promotion activities was provided for participants to indicate if services were needed for themselves, their family or friends, or community:

Table 4.8: Health Promotion Programs, Jasper County

Responses	Me		Family/Friends		Community		None	
	Number	%	Number	%	Number	%	Number	%
Healthy cooking classes	54	30.33	28	15.73	58	32.58	62	34.83
Free or reduced cost healthy foods	61	34.26	39	21.91	82	46.06	42	26.59
Free exercise programs	78	43.82	39	21.91	75	42.13	32	17.97
Weight loss programs	69	38.76	30	16.85	70	39.32	40	22.47
Mental health counseling	36	20.22	32	17.97	84	47.19	48	26.96
Low cost legal help	37	20.78	29	16.29	89	50.00	42	23.59
Financial planning/budgeting	46	25.84	32	17.97	78	43.82	45	25.28
Help getting health insurance	34	19.10	24	13.48	85	47.75	49	27.52
Programs to help young children learn	14	7.86	29	16.29	105	58.98	46	25.84
Parenting classes	12	6.74	18	10.11	102	57.30	49	27.52
Prenatal classes	10	5.61	17	9.55	97	54.49	53	29.77
Classes just for fathers	14	7.86	15	8.42	87	48.87	65	36.51
Programs for grandparents raising grandchildren	13	7.30	22	12.35	91	51.12	53	29.77
Places to dispose of precriptions and needles safety	31	17.41	24	13.48	92	51.68	50	28.08
Stress management	49	27.52	33	18.53	85	47.75	41	23.03
Community gardens/gardening workshops	38	21.34	22	12.35	93	52.24	46	25.84
Diabetes management classes	27	15.16	37	20.78	84	47.19	50	28.08
Help for people experiencing abuse or neglect	10	5.16	15	8.42	107	60.11	46	25.84
Suicide prevention training	12	6.74	19	10.67	111	62.35	45	25.28

TOP HEALTH NEEDS, JASPER COUNTY 2022-2024

Determining the top health needs in a community is a difficult process. Many poor health outcomes, health disparities, and poor social determinants of health weigh heavily on segments of our community. We also acknowledge that there are many strengths and positive growth that balance some of these challenges. Franciscan Health determined the top health needs by reviewing secondary data, survey responses, and feedback meeting input. A core team of 12 staff members with education and experience in public health worked with staff in each community to come to consensus on the top issues. A combination of multi-vote ranking and the Hanlon method were used. Once a refined list of the top ten issues was brought to consensus, each staff member ranked health issues based on the following criteria:

- Size: How many people are affected by this issue?
- Seriousness: How serious of an issue is this? Is it potentially deadly? How much of a threat is it to the population that is affected?
- Equity: How much does this affect the most vulnerable residents? Because of this, does it put those who are affected at a serious disadvantage?
- Intervention:How likely is it that a non-clinical intervention will change this need?
- Time: How urgent or pressing is this? Is there imminent danger or life-threating consequences within months?

To assist with intervention planning, a second score on the potential for Franciscan Health to prioritize the health issue was determined. Scoring criteria included:

- Community Health Staffing: Is the Community Health Improvement Department able to adequately staff this?
- Internal Capacity:To what degree does the specific Franciscan Health hospital have the resources to meet this need?
- Community Acceptability: How acceptable is action or an intervention to the community? Are there community organizations that also want to engage in this?
- Sustainability: How sustainable are efforts after three years? Are there community partners or internal departments that can continue this work for six years?
- Long-Term Impact: How likely is it that an intervention can create long-term or permanent change in individuals, conditions, or communities?

Using a mix of Hanlon and PEARL techniques, the Franciscan Health community health team scored the secondary data, feedback meeting comments, and survey data to produce the following list of top health needs in the community. A copy of the scoring sheet is available in the appendix.

The following table shows the top health needs in three categories: social need, poor health behaviors, and poor health outcomes. This takes into account the complexity of social determinants of health and the many factors that make up individual health. In some cases, one will notice a clear path between social need, poor behaviors, and the resulting outcome.

Many needs are self-explanatory or based on commonly understood definitions. However, some issues are a bit nuanced or emerging community trends. The Department offers these definitions to aid in understanding identified issues:

SOCIAL COHESION

• Includes overall sense of community, social bonding, bridging, connectedness, support networks, family building, "warm hand-off" for resources, understanding of others, communication and conflict skill development
• **How we know**: Victimization rates, behavioral health issues, social service agencies report/survey, service provider rates (patient:provider ratio), public survey data, professional survey data

VICTIMS OF VIOLENCE

• Includes domestic and interpersonal violence, child abuse/neglect, human trafficking, violent crime, elder abuse/neglect
• **How we know**: Mortality rates, public survey data, professional survey date, lack of service provider capacity; CHINS cases, DCS/DCFS substantiated abuse cases, violent crime rates, ED data, hate crime rates

BEHAVIORAL HEALTH

• Includes diagnosed and undiagnosed mental health issues, suicide, self-harm, depression, anxiety
• **How we know**: Service provider rates (patient:provider ratio), suicide rates, self-harm rates, poor mental health days, professional survey data, public survey data, lack of resources

SUBSTANCE ABUSE

• Includes illegal drugs, prescription abuse, alcohol
• **How we know**: Mortality rates, overdose rates, DUI, ED/patient data, public survey data, professional survey data

ACCESS TO HEALTH CARE

• Includes barriers that prevent or limit access to needed health care services, no transportation, lack of insurance, underinsured, transportation, availability of providers and services
• **How we know**: Public survey data, professional survey data, insurance rates, service provider rates (patient:provider ratio)

JASPER COUNTY

Most vulnerable community groups: Those with untreated mental health issues, low income women and children, working poor, elderly, migrant farm workers

Social Needs	Poor Health Behaviors	Poor Health Outcomes
Access to Health Care	Violence	Cardiovascular Disease
Access to Mental Health Services	Unsafe Driving	Child Mortality
Prenatal Care	Injury Management	Obesity
Abuse and Neglect Services	Misuse of Medication	Diabetes
Food Insecurity	Physical Activity	Injury
Social Cohesion	Self-harm	Violence/Self-harm Trauma
Sufficient Income/Livable Wage	Tobacco	Suicide
Housing	Substance Abuse	Cancer

COMMUNITY ASSETS

SECTION 5

While the health needs of this community are substantial, there are partners and assets that may offer services to address the needs in the community. This section outlines some of the organizations in the community. Readers should also review the services provided by Franciscan Health in Section One of this document. The Reference section also lists community organizations that informed this report and provide services in the community.

Organization	Street	City	State	Zip	Phone Number
Family and Youth Services (Excluding schools and government agencies)					
Geminus Community Partners	8400 Louisiana St, #200	Merrillville	IN	46410	219.757.1800
Family Focus, Inc.	660 Morthland Dr., Suite A	Valparaiso	IN	46385	219.462.9200
Healthy Families of Family Focus, Inc.	660 Morthland Dr., Suite A	Valparaiso	IN	46385	219.956.2693
North Central Indiana Rural Crisis Center	Confidential	Rensselaer	IN	47978	219.866.8825
Dunebrook: Families in Crisis	7451 W Johnson Rd	Michigan City	IN	46360	1.800.897.0007
Purdue Extension	2530 N McKinley Ave, Suite 1	Rensselaer	IN	27948	219.866.5741
Cooperative School Services	1389 Saint Gaspar Dr	Rensselaer	IN	47978	219.866.8540
YWCA of Greater Lafayette	605 N 6th St	Lafayette	IN	47901	765.423.1118
Northwest Indiana Community Action Corporation & Headstart	5240 Fountain Drive	Crown Point	IN	46307	219.794.1829
Indiana Youth Institute	603 East Washington St, Suite 800	Indianapolis	IN	46204	219.689.0070
The Child Care Resource Network	31 N. 7th St., Suite B	Lafayette	IN	47901	765.742.7105

Organization	Street	City	State	Zip	Phone Number
Social Cohesion (Senior services, community centers)					
Gracepoint Resource Center, LLC	204 W Washington St, Suite 1	Rensselaer	IN	47978	219.866.0740
Alcoholics Anonymous - DeMotte Library	901 Birch St SW	DeMotte	IN	46310	219.844.6695
Alcoholics Anonymous - First Presbyterian Church	220 N Cullen St	Rensselaer	IN	47978	219.866.7005
Narcotics Anonymous - Church of the Nazarene	200 S McKinley St	Rensselaer	IN	47978	219.866.8249
AL-ANON	Church of the Nazarene, 200 S McKinley Ave	Rensselaer	IN	47978	765.420.2828
Jasper County Community Services-Rensselaer	967 East Leopold St	Rensselaer	IN	47978	219.866.8071
Golden Gems-DeMotte United Methodist Church	227 N Halleck St	DeMotte	IN	46310	219.987.3671
Help at Home	600 S College Ave	Rensselaer	IN	47978	219.866.0115
Rensselaer Care Center, Part of Life Care Centers of America	1309 E Grace St	Rensselaer	IN	47978	219.866.4181
Robert A. Fase Center	11978 N 600 W	DeMotte	IN	46310	219.987.7909
Prairie Arts Council & Lilian Fendig Gallery	301 N Van Rensselaer St	Rensselaer	IN	47978	219.866.5278
Northwest Indiana Community Action Corporation	5240 Fountain Drive	Crown Point	IN	46307	219.794.1829
Jasper County Public Library - Rensselaer, DeMotte, Wheatfield	208 W Susan St	Rensselaer	IN	47978	219.866.5881
Newton County Community Services	108 East State St	Morocco	IN	47963	219.285.2246
Senior and Adult Guardianship Advocates (SAGA)	304 N 1st St	Kentland	IN	47951	219.354.4442
Brook Public Library	100 W Main St	Brook	IN	47922	219.275.2471
Morocco Community Library	205 S West St	Morocco	IN	47963	219-285-2664
Roselawn Library	4421 IN-10	Roselawn	IN	46372	219-345-2010
Kentland Library	201 E Graham St.	Kentland	IN	47951	219-474-5044
Goodland Library	Foster Park, 111 S Newton St	Goodland	IN	47948	219-297-4431
Goodland Town Hall	110 N Benton St.	Goodland	IN	47948	219-297-4841
Newton County Historical Society	310 E. Seymour St.	Kentland	IN	47951	219-474-6944
Lake Village Public Library	9444 N 315 W	Lake Village	IN	46349	219-992-3490
Newton County Fairground	12189 Punkin Vine Rd	Kentland	IN	47951	219-474-5745
R. Steven Ryan Memorial Community Center	405 N 4th St	Kentland	IN	47951	219.474.5062

Organization	Street	City	State	Zip	Phone Number
	Physical Activity/Built Environment (Parks, free activity, non-profit organizations)				
DeMotte Parks & Pool	112 Carnation St SE	DeMotte	IN	46310	219.987.3831
Rensselaer Parks & Pool	Park Headquarters Br	Rensselaer	IN	47978	219.866.7014
Blue Devil Lagoon Pool	405 N. 4th St	Kentland	IN	47951	219-474-6411
Kankakee Sands- Nature Conservancy	3294 US-41	Morocco	IN	47963	219-285-2184
River Valley Soccer Association	PO Box 652	DeMotte	IN	46310	
Cast Park	2775 W 1500 S	Kentland	IN	47951	
Roselawn Little League Fields	1000-10498 County Rd 300 E	Lake Village	IN	46349	
Iroquois Park	210 N. College Ave	Rensselaer	IN	47978	219-866-5212
Brookside Park	524 W. Jackson St.	Rensselaer	IN	47978	219-965-5623
Oak Lake RV Resort	5310 E 900 N	Fair Oaks	IN	47943	219-306-8223
Potawatomi Park	124 S Van Rensselaer St	Rensselaer	IN	47978	219-866-5212
Milroy Park	341 W. Wahington St.	Rensselaer	IN	47978	219-866-5212
Kessler Park	218 E State St.	Morocco	IN	47963	
Morocco Park	106 E. College Ave	Morocco	IN	47963	
Flat Iron Park	250 N McKinley Ave	Rensselaer	IN	47978	219-866-5212
American Eagle Flight 4184 Roadside Memorial	N 400 E	Lake Village	IN	46349	
Pioneer Family Campground, Inc.	1273 E 900 N	Lake Village	IN	46349	219-345-4472
Rensselaer Dog Park	815 Bunkum Rd	Rensselaer	IN	47978	219.866.7014
Bicentennial Park	1050 W. Washington St.	Rensselaer	IN	47978	219-866-5212
Columbia Park	815 E Elm St	Rensselaer	IN	47978	219-866-5212
Spencer Park & Pool	112 Carnation St. SE	De Motte	IN	46310	219-987-3831
Field of Dreams	750 15th St SW	De Motte	IN	46310	219.987.3831
Lake Holiday	11780 IN-10	De Motte	IN	46310	219-345-3132
Conrad Savanna Nature Preserve	CR 725 N	Lake Village	IN	46349	
Holley Savanna	3250 E 100 S	Fair Oaks	IN	47943	765-423-1605
Fountain Park Chautauqua	6115 W 1600 S	Remington	IN	47977	
Grace Teninga Discovery Trail		Lake Village	IN	46349	
Caboose Lake Campground	3657 West US-24	Remington	IN	47977	219-261-3828
Rodger G. Wolcott Memorial Park	Unnamed Road	Wolcott	IN	47995	
Laird's Landing	1738 E. Grace St	Rensselaer	IN	47978	219-866-7014
Little Creek Campground	10391 80 W	Rensselaer	IN	47978	219-866-8807
Gish Wildlife Area	S 30 W	Rensselaer	IN	47978	765-423-1605
Acorn Oaks Campground	16614 IN-114	Francesville	IN	47946	219-567-2524
Centennial Park	62 E High st	Wheatfield	IN	46392	219-956-3119
Stoutsburg Savanna Nature Preserve	W 1100 N	Wheatfield	IN	46392	
Prairie Border Nature Preserve	9001-9613 300 East	Wheatfield	IN	46392	317-951-8818
Sandhill Crane Observation Area	5353 County Rd 1650 W	Medaryville	IN	47957	219-843-4841
Jasper- Pulaski Fish & Wildlife Area	5822 Fish and Wildlife Ln	Medaryville	IN	47957	219-843-4842

Organization	Street	City	State	Zip	Phone Number
Food Related (Food antries, food education, special food outlets)					
Good Neighbor Food Pantry	715 B. 7th St SW	Demotte	IN	46310	219.987.3025
Good Samaritan Food Pantry	130 S. Van Rensselaer St	Rensselaer	IN	47078	219.866.5994
Sorrowful Mother Church Food Pantry	165 Grace St	Wheatfield	IN	46392	219.828.7611
Remington Food Pantry at First Christian Church	8 West Virginia St	Remington	IN	47977	219.261.2273
Covenant Federated Church Food Pantry	612 N 6th St	Kentland	IN	47951	219.474.5813
Cornerstone - Faith Harvest Food Pantry	3851 W 50 S	Morocco	IN	47963	219.285.2691
Community Church - Food Pantry	10498 N 450 E	Roselawn	IN	46310	219.345.3388
Newton County Community Services - Home Delivered Meals	108 E State St	Morocco	IN	47963	219.285.1103
Newton County Community Services - Food Pantry	108 E State St	Morocco	IN	47963	219.285.2246
Lake Village Presbyterian Church Little Help Food Pantry	9412 N 300 West	Lake Village	IN	46349	219.992.3466
Freedom Community Church Food Pantry	108 N Elm St	Earl Park	IN	47942	219.474.6882
Fowler Baptist Church Food Pantry	209 US Hwy 52 W	Fowler	IN	47906	765.746.1026
Community Food & Service Co-Op	107 E Smith St	Oxford	IN	47971	765.385.0207
Christian Church Food Pantry	703 15th St SW	Demotte	IN	46310	219.987.5403
The Bridge Food Pantry	615 W Clark St	Rensselaer	IN	47978	219.866.5680
The River Church - Faith Harvest Food Pantry	223 East State St	Morocco	IN	47963	219.285.2691
Meals on Wheels Northwest Indiana	8446 Virginia St	Merrillville	IN		219.756.3663
Purdue Cooperative Extension Service - Jasper County	2530 North McKinley Ave, Suite 1	Rensselaer	IN	47978	219.866.5741

Organization	Street	City	State	Zip	Phone Number
Job Skills/Employment Programs (Programs for idle teens, adult job skills, employers hiring vulnerable populations legally)					
IMPACT Job Training - Jasper County Office of Division of Family Resources	841 S College Ave	Rensselaer	IN	47978	800-403-0864
WorkOne Northwest Indiana	105 E Drexel Pkwy Ste. 1	Rensselaer	IN	47978	219-866-4330
Opportunity Enterprises, Inc	2801 Evans Ave	Valparaiso	IN	46383	219-464-9621
Jasper County Economic Development Organization	104 W Washington St., Suite B	Rensselaer	IN	47978	219-866-3080
Express Employment Professionals	207 W Washington St	Rensselaer	IN	47978	219-964-4222
Express Employment Professionals - NWI	132 E US HWY 30	Schererville	IN	46375	219-515-2585
Comprehensive Development Centers	1320 E Angelica	Rensselaer	IN	47978	219-866-3282
Center of Workforce Innovations	9991 W 1200 N	DeMotte	IN	46310	219-863-9145
Newton County Adult Learning Center	4117 S 240 W	Morocco	IN	47963	219-285-8005
Lafayette Adult Resource Academy	1100 Elizabeth St, Ste 3	Lafayette	IN	47904	765-476-2920
ESL - English as A Second Language Classes (Church of the Nazarene)	200 S McKinley St	Rensselaer	IN	47978	219-866-8243

Organization	Street	City	State	Zip	Phone Number
Legal/Civil/Immigration (Organizations that provide free legal services, assist immigrants/refugees/undocumented populations)					
Indiana Legal Services, Inc	8 N 3rd Street, Suite 102	Lafayette	IN	47901	765-423-5327
Indiana Legal Services, Inc	7863 Broadway Street, Suite 205	Merrillville	IN	46410	219-738-6040
The Immigrants' and Languate Rights Center of Indiana Legal Services, Inc.		Call Center - no physical address			866-964-2138
LAVA Project, Indiana Legal Services Inc	151 N Delaware St, 1800	Indianapolis	IN	46204	317-829-3104
Indiana Legal Help	8 N 3rd St, Ste. 102	Lafayette	IN	47901	765-423-5327
Lafayette Urban Ministry Immigration Clinic	420 North 4th St	Lafayette	IN	47901	765-423-2691
The Welcome Network	824 E Hoffman St	Hammond	IN	46327	219-276-3764

Organization	Street	City	State	Zip	Phone Number
Housing/Utilities (Healthy housing, subsidized housing, utility assistance)					
Consumer Credit Counseling of NWI					800.982.4801
Newton County Community Services - Emergency Assistance Program	108 E State St	Morocco	IN	47963	219.285.2246
Salvation Army - Trinity United Methodist Church	302 N Second St	Kentland	IN	47951	219.474.6225
Jasper County Community Services - Emergency Energy Assistance Program	967 E Leopold St	Rensselaer	IN	47978	219.866.8071
Helping Hands - Burr Oak Church	11506 W 200 South	Rensselaer	IN	47978	219.394.2339
Public Housing Authority	2601 Greenbush St	Lafayette	IN	47904	765.771.1300
Low Income Housing Tax Credit Properties: Madison Cottages of Rensselaer	1645 N McCade St	Rensselaer	IN	47978	654-476-6649
Multifamily Housing: Serenity Terrace	960 E B Mar Dr	Rensselaer	IN	47978	219-866-3913
USDA Rural Housing: FA - Family	1501 E Grace St	Rensselaer	IN	47978	5747732910
Multifamily Housing: Access Housing of Jasper	831 W Kannal Ave	Rensselaer	IN	47978	219-866-5085
USDA Rural Housing: EL - Elderly	907 W Kannal Ave	Rensselaer	IN	47978	2605631342
USDA Rural Housing: FA - Family	803 W Kannal Ave	Rensselaer	IN	47978	2605631342
USDA Rural Housing: FA - Family	401 N Illinois St Apt A13	Remington	IN	47977	2605631342
USDA Rural Housing: FA - Family	220 N Maine St	Remington	IN	47977	3178762051
Low Income Housing Tax Credit Properties: Ashland Place Senior Homes	122 N IROQUOIS ST	Goodland	IN	47948	260-724-9131
USDA Rural Housing: EL - Elderly	123 N IROQUOIS ST	Goodland	IN	47948	260-724-9131
USDA Rural Housing: EL - Elderly	320 W Seymour St	Kentland	IN	47951	7082051971
Multifamily Housing: Newton Village Apartments	110 E Goss St	Kentland	IN	47951	812-876-4461
Multifamily Housing: Hillside Appartments	204 N 1st St	Kentland	IN	47951	219-474-3294
USDA Rural Housing: FA - Family	204 N 1st St	Kentland	IN	47951	219-474-3294
USDA Rural Housing: FA - Family	204 S Hess St	Brook	IN	47922	2194743294
USDA Rural Housing: EL - Elderly	421 E Main St	Brook	IN	47922	2194743294
USDA Rural Housing: EL - Elderly	157 E Division St	Demotte	IN	46310	6622875044
USDA Rural Housing: FA - Family	621 Carnation St SE	Demotte	IN	46310	3178762051

Organization	Street	City	State	Zip	Phone Number
Health Care (Free clinics, FQHCs, CHCs, other health systems)					
Clinic of Family Medicine-Rensselaer	1103 E Grace St	Rensselaer	IN	47978	219.866.4135
Franciscan Health-Rensselaer	1104 E Grace St	Rensselaer	IN	47978	219.866.5141
Riggs Community Health Clinic	1716 Hartford St	Lafayette	IN	47905	765.742.1567
IU Health White Memorial Hospital	720 S 6th St	Monticello	IN	47960	574.583.7111
Franciscan Outpatient Therapy-Wheatfield	4109 W State Road 10	Wheatfield	IN	46392	219.956.4000
Iroquois Memorial Kentland Clinic	303 N 7th	Kentland	IN	47951	219.474.5464
Franciscan Brook Health Center	420 E Main St	Brook	IN	47922	219.275.2521
Gary Area Vet Center	107 E 93rd Ave	Crown Point	IN	46307	219.736.5633
West Lafayette VA Clinic	3851 N River Rd	Lafayette	IN	47906	(317) 988-1772
Jesse Brown VA Medical Center	9301 Madison St	Crown Point	IN	46307	219-662-5000
Franciscan Health-Rensselaer, Dr. Aine Pattengale	118 W Drexel Pkwy	Rensselaer	IN	47978	219.866.4300
Leestma Healthcare	519 N Halleck St	Demotte	IN	46310	(219) 987-7750
Franciscan ExpressCare Rensselaer	919 E Grace St	Rensselaer	IN	47978	(219) 866-0411
Rensselaer Care Center	1309 E Grace St	Rensselaer	IN	47978	219.866.4181
MinuteClinic - DeMotte	CVS, 310 N Halleck St	Demotte	IN	36310	(219) 987-3301

Organization	Street	City	State	Zip	Phone Number
Mental Health Services (Health systems, providers, substance abuse counseling/treatment)					
Jasper County Recovery House	PO Box 318	Rensselaer	IN	46514	574.226.0789
Counselor, Chad Pulver	420 W Milroy Ave, Apt 4	Rensselaer	IN	47978	219.866.3617
New Leaf Resources	5578 W 1100 N	Wheatfield	IN	46392	219.270.3395, ext. 2112
Rose Wierzba Counseling	1114 S Halleck St	Demotte	IN	36310	219.964.3773
Ryan & Ryan Consulting and Educational Development	112 W Washington St	Rensselaer	IN	47978	219.866.3331
Wabash Valley Alliance	606 W Darby Dr	Otterbein	IN	47970	765-583-0186
Crisis Center, North Central Indiana	PO Box 212	Rensselaer	IN	47978	219.866.8281
Jasper County Hospital Outpatient Clinic - Franciscan Health Network	1104 E Grace St	Rensselaer	IN	47978	219.866.2026
Willowstone Family Services	Howarth Ctr, Suite 101, 615 N 18th St	Lafayette	IN		765.423.5361
Valley Oaks Health	131 W Drexel Pkwy	Rensselaer	IN	47978	765.446.6400
Sycamore Springs	833 Park East Boulevard	Lafayette	IN	47905	765.743.4400
Heartland Clinic - Behavioral Health	2201 Ferry St	Lafayette	IN	47904	765.446.9898
Franciscan Behavioral Health	1116 N 16th St	Lafayette	IN	47904	765.423.6300
Franciscan Hospice Care	1501 Hartford St	Lafayette	IN	47904	765-423-6911
North Central Health Services, Inc. / Riverbend Hospital	2900 N River Road	West Lafayette	IN	47906	(765) 464-0400
IFC - Morocco Clinic, Dr. Oranu Ibekie	117 E State St	Morocco	IN	47963	219.506.4060
Christian Clinic, Dr. James Wakefield	716 S College Ave	Rensselaer	IN	47978	219.866.0485
Heartland Recovery Center	2068 Lucas Parkway	Lowell	IN	46356	219.690.7025

Organization	Street	City	State	Zip	Phone Number
Health Management Services (Others not named above, including perscription assistance, case management, DME)					
Salvation Army - Trinity United Methodist Church	302 N Second St	Kentland	IN	47951	219.474.6225
Helping Hands - Burr Oak Church	11506 W 200 South	Rensselaer	IN	47978	219.394.2339
Fairmeadows Home Health Center	1104 E Grace St	Rensselaer	IN	479078	219-866-3310
Jasper County Hospital	1105 E Grace St	Rensselaer	IN	479078	219.866.5141
Rensselaer Care Center	1309 E Grace St	Rensselaer	IN	47978	219.866.4181

Organization	Street	City	State	Zip	Phone Number
Transportation (Public, Medicaid/Medicare cab, senior services)					
Jasper County Community Services - DeMotte & Wheatfield	967 E Leopold St	Rensselaer	IN	47978	219.987.7909
Jasper County Community Services - Rensselaer	968 E Leopold St	Rensselaer	IN	47978	219.866.8071
Newton County Community Services - Public Transportation	108 E State St	Morocco	IN	47963	219.285.2246
Pulaski County Human Services	115 W Pearl St	Winamac	IN	46996	574.946.6500
White County Public Transit	116 E Marion St	Monticello	IN	47960	574.583.9119

Organization	Street	City	State	Zip	Phone Number
Infant/New Parent Supplies or Services (BABE stores, diaper banks, car seats)					
Children's Bureau	3801 N. Temple Ave	Indianapolis	IN	46205	866.287.2420
Birthright of Rensselaer	331 S. College Ave	Rensselaer	IN	47978	219.866.4555
Endless Treasures	1920 N. McKinley Ave	Rensselaer	IN	47978	219.204.8597
Jasper Junction	9521 N. US Hwy 231	Rensselaer	IN	47978	219.866.0020
Sell-It-Again Resale Shop	821 S. Halleck St.	Demotte	IN	46310	219.987.5735

Organization	Street	City	State	Zip	Phone Number
Licensed Child Care					
Goodland Head Start	110 N Benton St	Goodland	IN	47948	219.297.3888
Right Steps Goodland	110 N Benton St	Goodland	IN	47648	219.233.2007
North Jasper Head Start	11978 N. 600 W.	Demotte	IN	46310	219.987.7075
Rensselaer Head Start	967 E. Leopold St.	Rensselaer	IN	47978	219.866.8007
Roselawn Head Start	10448 N. 450 E.	Demotte	IN	46310	219.345.2011
The Growing Patch Learning Center	506 W Wilber St,	Remington	IN	47977	219.208.3097
Families of JCYC, Inc.	910 S Sparling Ave	Rensselaer	IN	47978	219.866.2179

Organization	Street	City	State	Zip	Phone Number
Community Coalitions					
DeMotte Chamber of Commerce	327 N Halleck St	Demotte	IN	46310	219.987.5800
Greater Rensselaer Chamber of Commerce		Rensselaer	IN	47978	219.866.8223
Wheatfield Chamber of Commerce	170 S Grace St	Wheatfield	IN	46392	
Jasper Newton Community Foundation	301 N Van Rensselaer St	Rensselaer	IN	47978	219.866.5899
Rensselaer Ministerial Association					(219) 394-2339
Rotary - DeMotte	227 N Halleck St	Demotte	IN	46310	219.987.5450
Rotary - Rensselaer	1060 W Clark St	Rensselaer	IN	47978	
Chamber of Commerce - Brook		Brook	IN		
Chamber of Commerce - Kentland	PO Box 273	Kentland	IN	47951	219.474.5155
Chamber of Commerce - North Newton	PO Box 266	Roselawn	IN	46372	219.345.2525
Drug Free Coalition - Newton County	1123 W 250 N	Morocco	IN	47963	219.863.8455

Organization	Street	City	State	Zip	Phone Number
Government Entities for Purposes of Coalitions or Patient Services					
WIC	215 W. Kellner Blvd	Rensselaer	IN	47978	219.866.8662
Department of Child Services	105 E Drexel Pkwy, Ste 2	Rensselaer	IN	47978	219.851.2061
Division of Family Resources	841 S. College Ave	Rensselaer	IN	47978	800.403.0864
Jasper County Health Department	105 W. Kellner Blvd	Rensselaer	IN	47978	219.866.4917
Newton County Health Department	4117 S 240 W	Morocco	IN	47963	888.663.9866 Ext. 2200

CALL TO ACTION

SECTION 6

THE COMMUNITY HEALTH IMPROVEMENT PLAN

The purpose of the Community Health Improvement Plan (CHIP) is to link the data found in the CHNA to action. The federal regulation recommends that hospitals pay special attention to those in the community with significant health equity barriers and consult those same groups for acceptable interventions. Partnerships, sustainable change, and working directly with neighborhoods are priorities. Guidance from a variety of sources also recommend addressing root cause of issues, including structural injustices and social determinants of health.

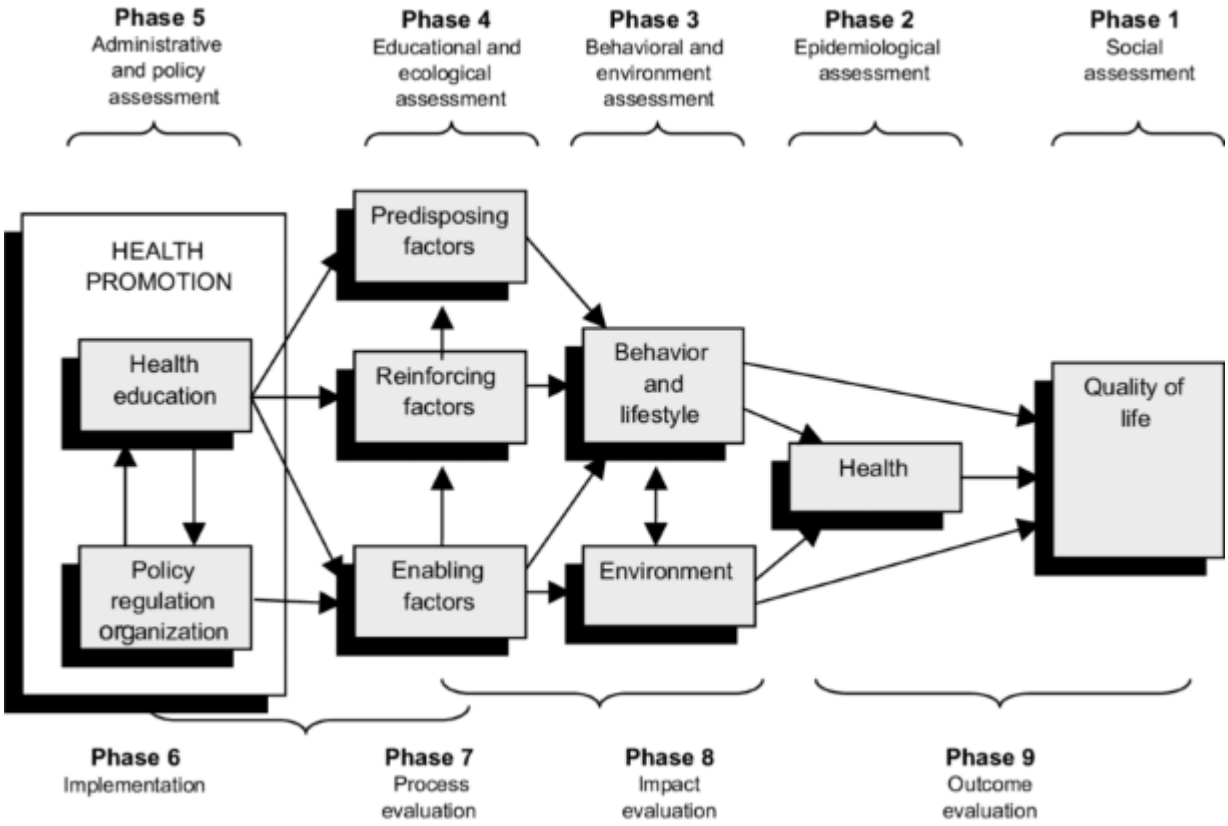
METHODOLOGY

The Community Health Improvement Department has rooted its intervention philosophies and frameworks in public health, using evidence based practices to ensure best possible outcomes. The Socio-Ecological model, developed by Urie Bronfenbrenner, is routinely used to consider the appropriate community based strategies.

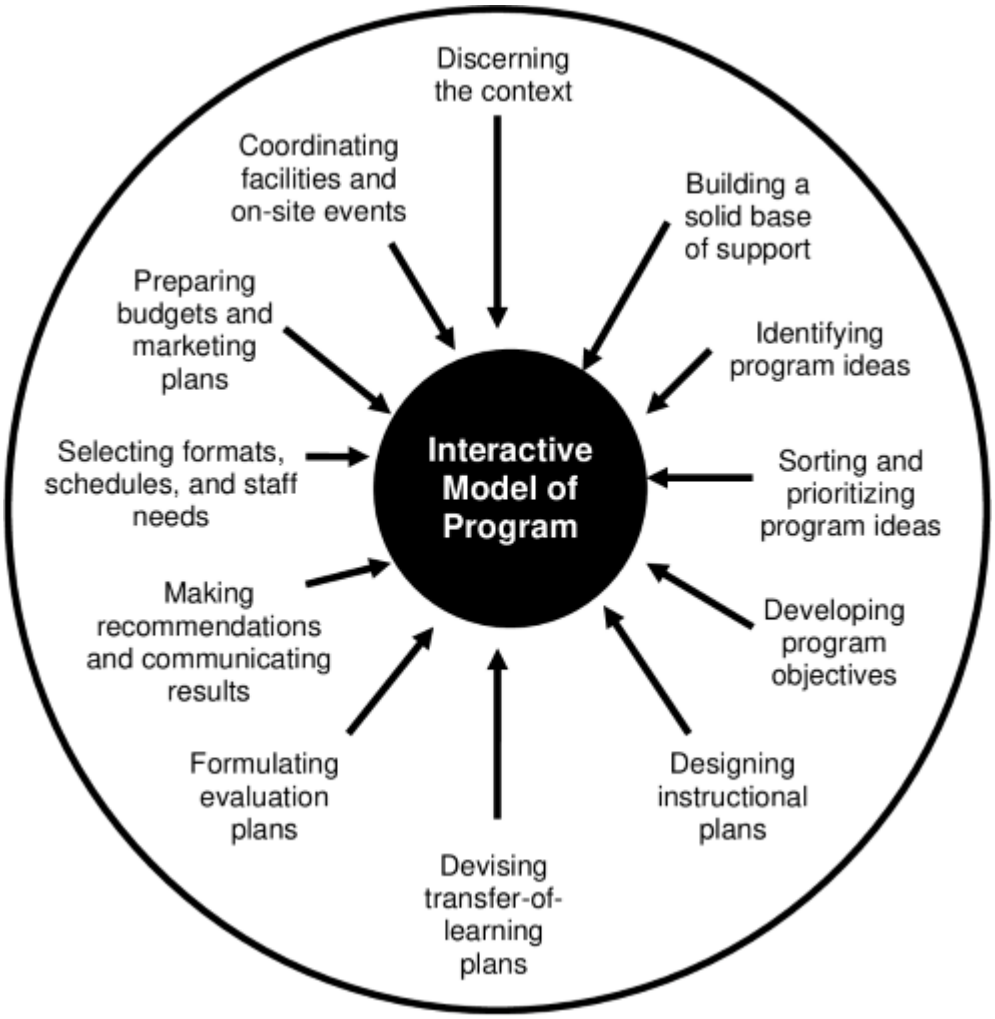


Hale L, et al. 2020. *Annu. Rev. Public Health.* 41:81–99

The Precede-Proceed Model is used with health education and health promotion activities. This model indicates how and when to evaluate interventions and the cost benefit analysis



In terms of content, logistics, and practical matters, the Department uses Rosemary Cafarella's Interactive Model of Program Planning for Adult Learners.



Finally, to ensure a focus on health equity, the Department has begun to use the Robert Wood Johnson Foundation's Health Equity Framework.



FRANCISCAN HEALTH'S IMPLEMENTATION PLAN 2019-2021

Top health needs in the previous cycle included mental health, substance abuse, adolescent suicide, and frequent chronic diseases. Considering this data, and the desire to address root causes of community health issues, a singular focus was determined: the prevention, management, and healing of adverse childhood experiences (ACEs). ACEs are childhood events that cause lasting trauma. Research shows that the more trauma that one experiences in childhood, the more likely it is for an individual to experience poor mental health and physical health outcomes, including depression and diabetes, as well as engage in risky health behaviors, like using tobacco and illegal substances.

These are health issues that don't resolve quickly, especially under the circumstances of a pandemic. Franciscan Health was able to educate thousands of professionals, parents and caregivers of all types, and internal staff on childhood trauma. In addition, coalitions in each community began to work on strengthening support networks. This work will not only continue into 2022-2024, but serve as an important foundation for new initiatives.

SELECTING PRIORITY HEALTH NEEDS

The list of top health needs presented in this report is quite extensive due to the presentation of social needs, poor health behaviors, and poor health outcomes. However, this presentation is vital to understand root causes, multi-pronged issues, and the impact on morbidity and mortality. Appropriate interventions can be executed when the needs are viewed in this way.

There are few health needs that are eliminated when viewing the top health needs in clusters and from the perspective of root cause. Mental health, physical health, and social well-being are intertwined and with the right interventions, pairs of domains can be addressed. The interventions selected for the 2022-2024 Community Health Improvement Plan seek to do just that.

In general, these are the health and social needs eliminated:

• Poverty, Sufficient Income, Economic Development: Franciscan Health has adjusted wages for coworkers and supports development as an anchor institution in communities. However, resources to address this are beyond the scope of the implementation plan.

• Access to Mental Health or Substance Abuse Treatment: The implementation plan does include supportive services for the prevention and healing of conditions. However, it is beyond the scope of the plan to provide additional providers.

• Housing and Related Quality Issues: Resources to invest in housing are not available at this time.

• Cancer, Cardiovascular Diseases, and Other Specific Diseases: General healthy lifestyle needs are addressed, including activities that are key to prevention and management. Because of the focus on this, specific diseases are not listed.

• Tobacco: Franciscan Health communities have high tobacco use rates. To address this, the health system will engage in new activities that include clinical treatment. Since this work is collective and doesn't always meet the qualifiers of community benefit, it is not included in this plan.

•Unsafe Sex, STIs, and Teen Pregnancy Prevention: Various community based organizations provide many of these services.

INTRODUCTION: COMMUNITY HEALTH IMPROVEMENT PLAN 2022-2024

Healthy Bodies, Healthy Connections, Healthy Minds

Physical health, mental wellness, and social well-being domains are a focus of this CHIP. This theme allows Franciscan Health to maximize resources as a system, but tailor approaches to the unique needs of each community served. Every effort is made to serve those with the highest disparities or to build community capacity to eliminate such disparities.

Healthy Bodies

Incorporating improvement in access to healthy food, education on physical activity and nutrition, and opportunities for community members to participate in physical activity assists in reducing obesity and chronic diseases. In addition, research shows physical activity and nutrition can build resilience and reduce the impact of childhood trauma. Franciscan Health will be partnering with community partners to expand reach, resources, and the creation of sustainable infrastructures.

Healthy Connections

Building strong community safety nets, encouraging social cohesion, and developing infrastructure to better support families are vital to mental wellness and social wellbeing. The interventions in this area have the potential to reduce poor mental health, encourage positive community engagement, and serve as a foundation for healthier choices. Connections to meet social needs and improve social determinants of health are featured.

Healthy Minds

Mental wellbeing continues to be a top concern in the communities served by Franciscan Health. Prevention and resilience intervention, like trauma informed care practices and mindfulness, are featured in the plan. Unfortunately, suicide and other harmful behaviors have increased in may communities. To address this, the plan also includes training and actions to prevent such drastic measures.

….And Healthy Communities, too.

Each community has its own unique initiative that Franciscan Health is proud to participate. In some communities, additional resources or opportunities may exist. In this section, you'll find reference to some of these actions.

Healthy Bodies		
Goal:	Families will improve their physical health and prevent chronic disease	
Objective:	Improve engagement with nutrition and physical activity by increasing participation community-based programming.	
	Target Population:	Families
	Secondary Population:	N/A
Strategy 1:	In partnership with Purdue Extension Services, provide Eat Smart, Move More; a minimum of two times a year, targeting 20 households each session	
Tactics:	Year 1:	Identify target population and geographic area to serve vulnerable families
		Develop shared strategy for course implementation
		Implement two sessions
	Year 2:	Adjust target population as needed
		Add community based partners to expand reach and education
		Implement two sessions
	Year 3:	Adjust target population as needed
		Build sustainability infrastructure for Year 4
		Implement two sessions
Investment:		$500-1,2000 per program
Leading Indicators:	Number People/Number Programs:	20 represented families per session
	Assessment Type:	Pre-test, post-test scores
Lagging Indicators:	Expected Outcomes:	"Understand basic nutritional content of food and beverages Examine food safety guidelines Review food resources and making healthy selections"
	Benefits Period:	18 months
	Post Program Evaluation:	Six month post-program evaluation
Strategy 2:	Provide Walk with a Doc or Fit Together programming in select communities	
Tactics:	Year 1:	Provide WWAD twice a year, targeting seniors and young families
		Develop supplemental education on fitness for WWAD participants between sessions
	Year 2:	Provide WWAD twice a year, targeting seniors and young families
		Develop supplemental education on fitness for WWAD participants between sessions
	Year 3:	Provide WWAD twice a year, targeting seniors and young families
		Develop supplemental education on fitness for WWAD participants between sessions
Inputs:	Investment:	$800 per session
Leading Indicators:	Number People/Number Programs:	
	Assessment Type:	Pre-program, post-program cardiovascular change; program evaluation
Lagging Indicators:	Expected Outcomes:	"Increase in minutes of movement per week Understand key concepts to maintaining healthy physical activities"
	Benefits Period:	Six months
	Post Program Evaluation:	Three month post-program evaluation

Healthy Connections		
Goal:	Community safety nets, services, and resources will improve for vulnerable communities	
Objective:	The infant mortality rate for the two regions will be reduced by at least 0.1 percentage point through Q1 2022 and further in the ensuing years	
	Target Population:	Infants, pregnant women, and new mothers
	Secondary Population:	Families and professionals
Strategy 1:	Support and education for mothers that includes breastfeeding, child passenger safety, smoking cessation, and safe sleep education	
Tactics:	Year 1:	Expand the breastfeeding support group and virtual education to all Prenatal Assistance locations
		Insert curriculum in Epic to notify other providers of training
		Expand cribbette distribution
	Year 2:	Initiate Car Seat fiting station events/ permanent fitting stations for the Prenatal Assistance Program
		Create better partnerships with community members to offer programs tailored to pregnant women
	Year 3:	Explore other modes of education for mothers (Indiana Department of Health, etc.)
		Evaluate virtual education series all events
		Explore DMEx for all Prenatal Assistance Program locations
Inputs:	Investment:	Grant funded
Leading Indicators:	Number People/Number Programs:	100 families per year
	Assessment Type:	Post Partum Depression, Resiliency Scale, Program Evaluation, Biomentrics
Lagging Indicators:	Expected Outcomes:	"Development of individual networks of resources Provision of resources Navigation of health care services Educational programming and consultation"
	Benefits Period:	2 years
	Post Program Evaluation:	Six month post-program evaluation

Healthy Connections		
Goal:	Community safety nets, services, and resources will improve for vulnerable communities	
Objective:	Strengthen social service networks with community resource sharing and collaborative trauma informed practices	
	Target Population:	Professionals
	Secondary Population:	Families and professionals
Strategy 1:	Provide We Can, We Care training and toolkit to 75% of social service organizations within the community	
Tactics:	Year 1:	Develop tool kit and curriculum
		Test materials with partner organizations
		Create a community plan for engaging social service organizations in the program
	Year 2:	Host a minimum of two trainings with follow up networking opportunities
	Year 3:	Host a minimum of two trainings with follow up networking opportunities
		Develop a sustainability plan for Year 4
Investment:		$1,000 per class
Leading Indicators:	Number People/Number Programs:	2 trainings per year
	Assessment Type:	Pre and post test, program evaluation
Lagging Indicators:	Expected Outcomes:	Development and implementation of trauma informed practices
	Benefits Period:	2 years
	Post Program Evaluation:	Six month post-program evaluation
Strategy 2:	Strengthen Resilience Coalitions to include referral networks and collaborative space to resolve system issues unique to the community	
Tactics:	Year 1:	Begin education based on Building Resilient Communities
		Recruit additional member organizations
		Determine gaps in the safety net that need to be addressed
	Year 2:	Investigate and implement solutions to gaps
		Recruit additional member organizations
		Facilitate networking and sharing of resources
	Year 3:	Recruit additional member organizations
		Determine additional gaps and organizational 'warm hand-offs' needed
		Create new resource guide for the community
Investment:		$100 per meeting
Leading Indicators:	Number People/Number Programs:	Six meetings per year
	Assessment Type:	Regular evaluation
Lagging Indicators:	Expected Outcomes:	Development and implementation of safety net processes
	Benefits Period:	2 years
	Post Program Evaluation:	N/A

Healthy Connections		
Goal:	Community safety nets, services, and resources will improve for vulnerable communities	
Objective:	Provide resources to families related to social determinants of health	
	Target Population:	Families
	Secondary Population:	Professionals
Strategy 1:	Continue to empower local social service agencies to expand capacity by providing funds through the Social Impact Partnership Program (SIPP)	
Tactics:	Year 1:	Promote SIPP process to community organizations
		Assist in evaluating proposals
		Work with grantees on technical assistance, networking, and resource development
	Year 2:	Promote SIPP process to community organizations
		Assist in evaluating proposals
		Work with grantees on technical assistance, networking, and resource development
	Year 3:	Promote SIPP process to community organizations
		Assist in evaluating proposals
		Work with grantees on technical assistance, networking, and resource development
Investment:		Limited
Leading Indicators:	Number People/Number Programs:	Up to 10 community partners
	Assessment Type:	6 month, 1 year follow up
Lagging Indicators:	Expected Outcomes:	"Development of individual networks of resources Provision of resources"
	Benefits Period:	1 year
	Post Program Evaluation:	N/A
Strategy 2:	Initiate direct parent education through Reach Out and Read and Parent Cafes	
Tactics:	Year 1:	Recruit one physican practice to implement the Reach Out and Read program
		Work with at least one community based partner to implement Parent Cafes
		Provide technical support to physician practices and community organizations on these programs
	Year 2:	Recruit one physican practice to implement the Reach Out and Read program
		Work with at least one community based partner to implement Parent Cafes
		Provide technical support to physician practices and community organizations on these programs
	Year 3:	Recruit one physican practice to implement the Reach Out and Read program
		Work with at least one community based partner to implement Parent Cafes
		Provide technical support to physician practices and community organizations on these programs
Inputs:	Investment:	$500 per program, additional grant funds
Leading Indicators:	Number People/Number Programs:	400 families per year
	Assessment Type:	Post program evaluation
Lagging Indicators:	Expected Outcomes:	"Improved home environments Improved family relationships Improved early childhood learning"
	Benefits Period:	Two years
	Post Program Evaluation:	TBD

Healthy Minds		
Goal:	Youth and adults will have access to the resources needed for mental well-being.	
Objective:	Franciscan Health will increase the number of individuals trained to respond to suicidal behaviors and promote mental wellness.	
	Target Population:	Professionals, adults, and teens in high risk communities
	Secondary Population:	Those with suicidal ideation
Strategy 1:	QPR, ASIST, Mental Health First Aid, and Safe Talk will be delivered	
Tactics:	Year 1:	Confirm a minimum of one trained facilitator able to serve the community
		Provide a minimum of two trainings in the community
	Year 2:	Recruit additional facilitators
		Provide a minimum of six trainings in the community
	Year 3:	Recruit additional facilitators
		Provide a minimum of eight trainings in the community
Investment:		$500 per course
Leading Indicators:	Number People/Number Programs:	25 participants per course
	Assessment Type:	Post event evaluation
Lagging Indicators:	Expected Outcomes:	Confidence in responding to individuals in crisis
	Benefits Period:	One year
Strategy 2:	Develop and implement resilience tools and education as an addition to existing community activities.	
Tactics:	Year 1:	Develop tools and resources as add on activities to existing programming
		Develop specific curriculum to train the public on mindfulness and resilience
		Pilot one course
	Year 2:	Add additional tools for existing programming
		Implement two courses to train the public on mindfulness and resilience
		Implement one course to train professionals on mindfulness and resilience
	Year 3:	Implement two courses to train the public on mindfulness and resilience
		Implement two courses to train professionals on mindfulness and resilience
Investment:		$200 per course
Leading Indicators:	Number People/Number Programs:	20 people per course
	Assessment Type:	Post event evaluation
Lagging Indicators:	Expected Outcomes:	Participants will demonstrate appropriate coping skills
	Benefits Period:	One year

Be sure to check https://www.franciscanhealth.org/communityhealth for more ideas and resources.

To become involved in Franciscan Health's work, please contact your local coordinator:

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