community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

LAPORTE COUNTY



2022 - 2024 REPORT

Franciscan HEALTH

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community HEALTH NEEDS ASSESSMENT

1 LEARN ABOUT FRANCISCAN HEALTH MICHIGAN CITY

2 EXAMINE THE GEOGRAPHIC, DEMOGRAPHIC AND ECONOMIC TRAITS OF THE COMMUNITY

3 EXPLORE THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH INDICATORS

4 REVIEW HEALTH OUTCOMES, SUCH AS CHRONIC DISEASES AND ILLNESSES

5 IDENTIFY THE TOP HEALTH NEEDS IN THE COMMUNITY

6 INVESTIGATE COMMUNITY HEALTH PARTNERS AND ASSETS

7 DETERMINE HOW YOU CAN HELP MEET THE NEEDS

8 UNCOVER FRANCISCAN HEALTH'S STRATEGIC THREE YEAR PLAN TO HELP

INTRODUCTION

Franciscan HEALTH

community HEALTH NEEDS ASSESSMENT

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 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 develops 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,

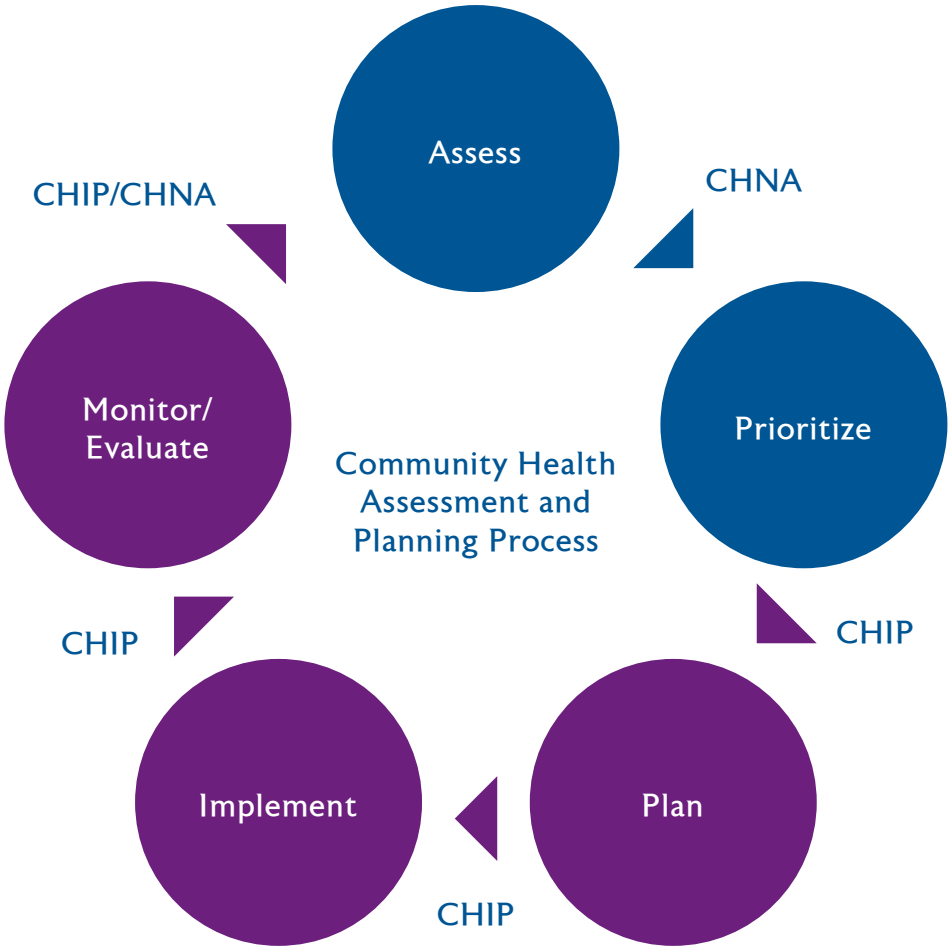
The Community Health Improvement Team






OUR PURPOSE AND METHODS

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

Franciscan HEALTH

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 MICHIGAN CITY INFORMATION

Hospital Address: 3500 Franciscan Way, Michigan City, IN 46360
General Phone: (219) 879-8511
Specific Website: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-michigan-city-56
CEO Name: Dean Mazzoni

Average Annual Inpatient Admissions (2020): 6,943
Average Annual Outpatient Admissions (2020): 439,455
Average Annual ED Admissions (Arrivals 2020): 6,369
Average Annual Births (2020): 525

Number of Employees (2020): 927
Number of Volunteers: 55
Number of Doctors (FPN, SPI, & Affiliates): 448
Average Length of Stay (Inpatient 2020 number of days): 4.02

List of Services (Service Lines): Airborne infection isolation room, Ambulatory Surgery Center, Auxiliary organization, Cardiac intensive care services (cont.)



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 cont.):
Behavioral Health, Nursery, Rehabilitation, Adult and Pediatric Care, Anticoagulation Clinic, Outpatient Emergency Department, Cancer Center, Radiation Oncology Cancer Center, Infustion Center, Cath Lab, Cardiac Rehabilitation Services, EEG Neurology, Physical Therapy, Occupational Therapy, Pharmacy, Working Well, Respiratory Therapy, MRI Procedure, FSED MRI Procedure, Ultrasound, FSED Ultrasound, CT/PETCT/CC Procedures, Outpatient Surgery Woodland, Laboratory Tests, FSED Laboratory Test, Cancer Center Lab Tests, Mammography FSED, Speech Therapy, Breast Center, OBGYN

OUR MISSION

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

OUR COMMUNITY

Franciscan Health Michigan City and Franciscan Beacon Health's community benefit program primarily serve the northern portion of LaPorte County, including the cities of Michigan City and LaPorte and immediately adjacent rural communities. 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

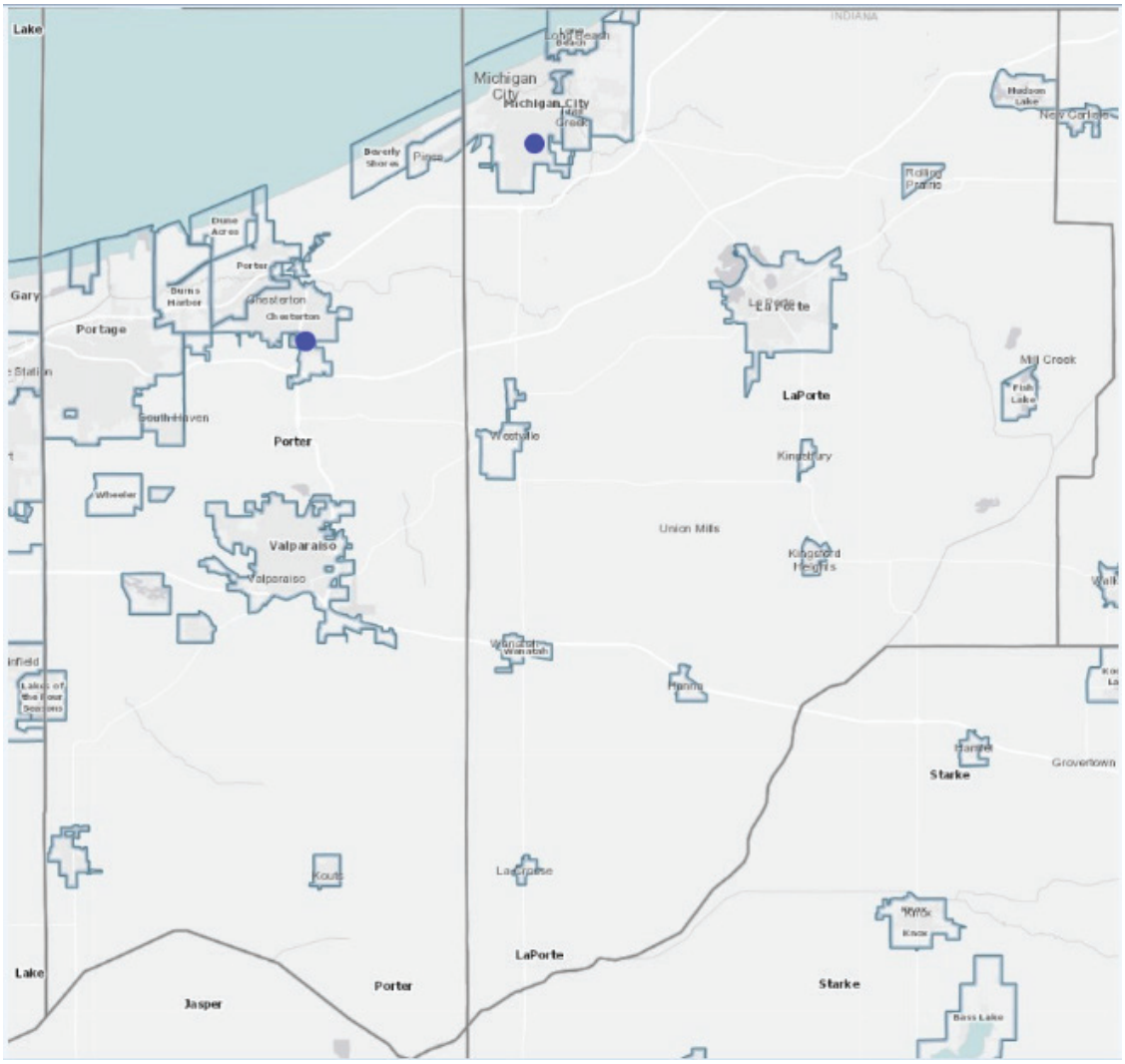
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

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

Franciscan HEALTH

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



LaPorte County, Indiana Townships

LaPorte County is located in north central Indiana. The largest city in LaPorte County is Michigan City which is home to 31,105 of the counties 109,888 residents. These 109,888 residents make up 1.7% of the state of Indiana making it the 16th most populous county in Indiana. The major highways in LaPorte County are listed in Table 1.1 which include interstates 80, 90, and 94 as well as Indiana Toll Road.

Table 1.0: Major Highways

Interstates	U.S Routes	State Routes
Interstate 90	U.S Route 6	State Road 2
Interstate 80	U.S Route 12	State Road 4
Interstate 94	U.S Route 20	State Road 39
Indiana Toll Road	U.S Route 30	State Road 130
	U.S Route 35	State Road 104
	U.S Route 421	State Road 212

Municipalities

The municipalities in LaPorte County are below in table 1.2 (U.S Census, 2010). The least populated city in LaPorte County is Kingsbury with 239 residents. Kingsbury compromises only 0.2% of LaPorte County. The most populated city in LaPorte County is Michigan City with 31,015 residents. Michigan City comprises 28.2% of LaPorte County.

Table 1.1: LaPorte County Municipalities

Cities & Towns	Popoulation	Percent of County
Kinsbury	239	0.2%
Kingsford Heights	1,386	1.3%
La Crosse	515	0.5%
La Porte	21,569	19.6%
Long Beach	1,158	1.1%
Michiana Shore	297	0.3%
Michigan City	31,015	28.2%
Trail Creek	1,992	1.8%
Wanatah	1,004	0.9%
Westville	5,886	5.3%

DEMOGRAPHICS

LaPorte is a county that has seen recent declines in its population but is expected to see new population growth. The population is made up of mostly older adults and seniors. From 2010 to 2019, the population in LaPorte County decreased from 111,466 in 2010 to 109,888 people (-1.4%). Projections captured by the U.S Census Bureau estimate the population in LaPorte County in 2030 will expand to 3.8%. In 2019, LaPorte County accounted for 1.6% of the overall population of the State of Indiana.

In 2019, 5.9% of the population was preschool aged children, 15.3% were school aged children, 8.2% were college aged students, 25.5% were young adults, 25.5% were older adults, and the 18.5% were seniors. In 2019, the Median age of a person in LaPorte County was 40.8, which falls in the young adult category.

Table 1.2: Population Estimates by Age, 2019

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	6,459	6.9%	6.2%
School Age: 5 to 17	16,850	15.3%	17.1%
College Age: 18 to 24	8,971	8.2%	9.8%
Young Adult: 25 to 44	28,014	25.5%	25.5%
Older Adults: 45 to 64	29,291	26.7%	25.2%
Seniors: 65 and older	20,303	18.5%	16.1%
Median Average Age (years)	40.8		37.9

Source: U.S. Census Bureau; Indiana Business Research

Table 1.3: Population Distribution by Sex, 2019

Population Distribution by Sex	Number	Percent
Male Population	57,617	52.4%
Female Population	52,271	47.6%

Race & Ethnicity Distribution

In 2019, there were 8.1 times more white residents in LaPorte County than any other race or ethnicity. There were 12,750 Black and 7,581 Hispanic residents, the second and third most common racial or ethnic groups. Refer to Figure 1.0 and 1.1 on the next page for a comparison of the racial distribution within Indiana and across LaPorte County.

Veteran Population

LaPorte County has a large population of military personnel who served in Vietnam, 3.32 times greater than any other conflict. In LaPorte County, the disabled veteran population make up about 22% of the population. This number is slightly below the average for the state of Indiana.

Disabled Population

In LaPorte County, the disabled population makes up about 13% of the 109,888. This number was slightly below the average for the state of Indiana.

Table 1.4: 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	530	0.5%	0.4%
Asian	716	0.7%	2.6%
Black	12,750	11.6%	9.9%
Native Hawaiian & other Pacific Islander	30	0.0%	0.1%
White	93,242	84.9%	84.8%
Two or More Racial Groups	2,620	2.4%	2.2%
Non-Hispanic	102,307	93.0%	92.7%
Hispanic	7,581	6.9%	7.3%

ZIP CODES

Table 1.5: Northwest Indiana Zip Codes

Zip Code	City
46340	Hanna
46345	Kingsbury
46346	Kingsford Heights
46348	La Crosse
46350	La Porte
46352	La Porte
46360	Long Beach
46360	Michiana Shores
46360	Michigan City
46360	Trail Creek
46361	Michigan City
46365	Mill Creek
46371	Rolling Prairie
46382	Union Mills
46390	Wanatah
46391	Otis
46391	Westville

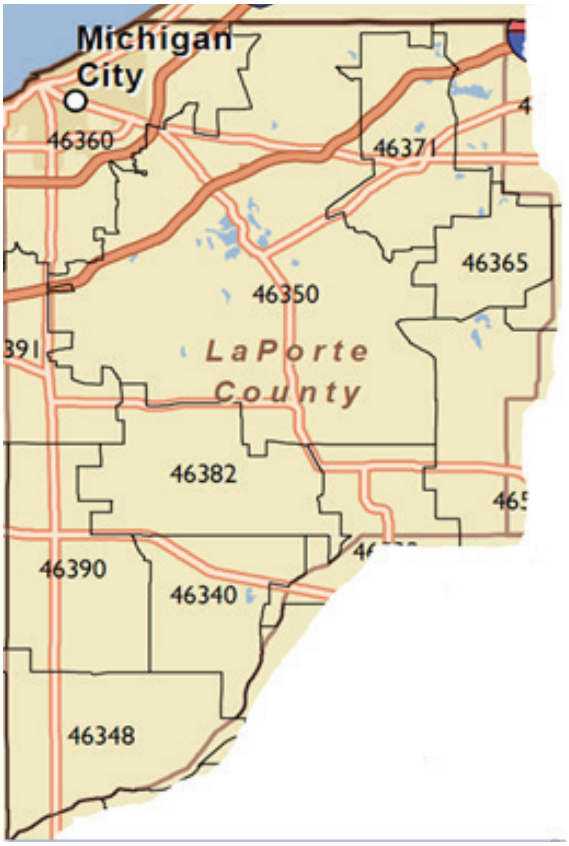


Figure 1.0: LaPorte County Zip Codes
Source: Stats Indiana, 2017

Social and Economic Factors

FINANCIAL

LaPorte County has an annual personal income $43,910. This leads to a median household income of more than $56,427 which ranks 44th in the state. The poverty rate of the county sits at 13.4%. Welfare averages, food stamp recipients and free and reduced lunch recipients were all under 3%, which ranks LaPorte county 13th, 9th, and 12th respectively in those areas.

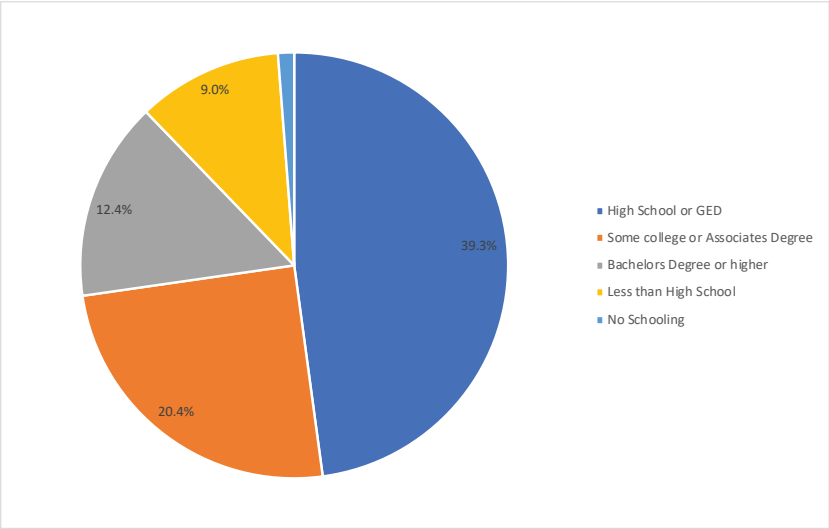
Table 1.6: Income/Poverty, Free/Reduce Lunch, Food Stamps Recipients, 2015-2019

Income and Poverty	Number	Rank of State	Percent of State	Indiana
Per Capita Personal Income (annual) in 2019	$43,910	42	90.2%	$48,678
Median Household Income in 2019	$56,427	44	97.9%	$57,617
Poverty Rate in 2019	13.4%	19	112.6%	11.9%
Poverty Rate Among Children under 18	23.2%	5	153.6%	15.1%
Welfare (TANF) Monthly Average Families in 2019	119	13	1.8%	6,657
Food Stamp Recipients in 2020	14,709	9	2.2%	659,095
Free and Reduced Free Lunch Recipients in 2019/2020	9,234	12	1.8%	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% (2015-2016) to 90.7% by 2030. Figures 1.1 and 1.2 below capture educational indicators from 2016 in LaPorte County.



According to Figure 1.1, 39.3 % of LaPorte County residents completed high school or obtained a GED, 20.4% attended college (not graduated) or obtained an Associate's degree, 12.4% have a Bachelor's degree or higher, 9.0% have less than a high school education, and less than 1% have no formal school at all.

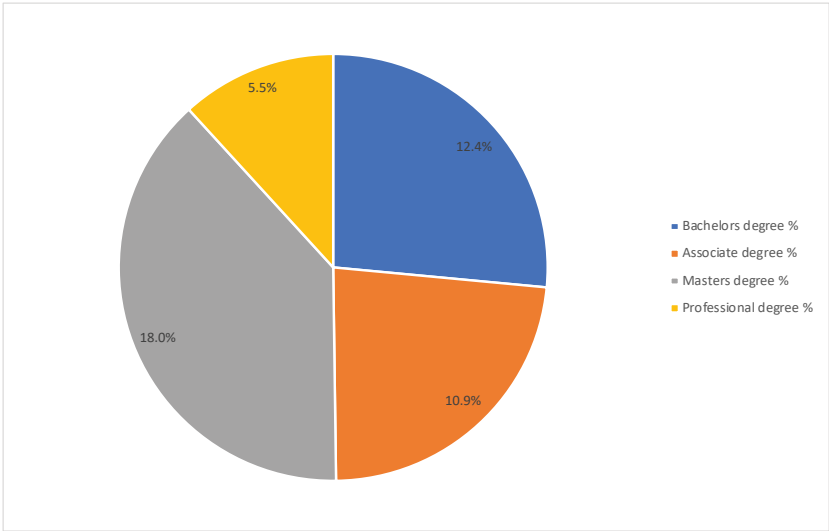


Figure 1.2 shows 100% being all residents with a college degree. According to the figure 12.4% have a Bachelos degree, 10.9% have an Associates degree, 18.0% have a Masters degree, and 5.5% have a professional school degree.

EMPLOYMENT

In 2019, there were 46,012 employed individuals in LaPorte County, while 2,050 were unemployed (STATS Indiana). According to the U.S Bureau of Economic Analysis, the total wage and salary in LaPorte County in 2019 was $1,882,100, with average earnings per job totaling $43,910.

Table 1.7: Unemployment in LaPorte County

Indicator	Number	Rank in State	Percent of State	Indiana
Employed	46,012	17	1.4%	3,275,056
Unemployed	2,050	17	1.9%	112,310
Annual Unemployment Rate	4.3	4	134.4%	3.3%
Total Resident Labor Force	48,062	17	1.4%	3,387,366

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

The private industry represents 85.5% of the working class (2019). Figure 1.8 provides a specific breakdown by type of employment for those who work in the private.

Table 1.8: Major Industries in LaPorte County

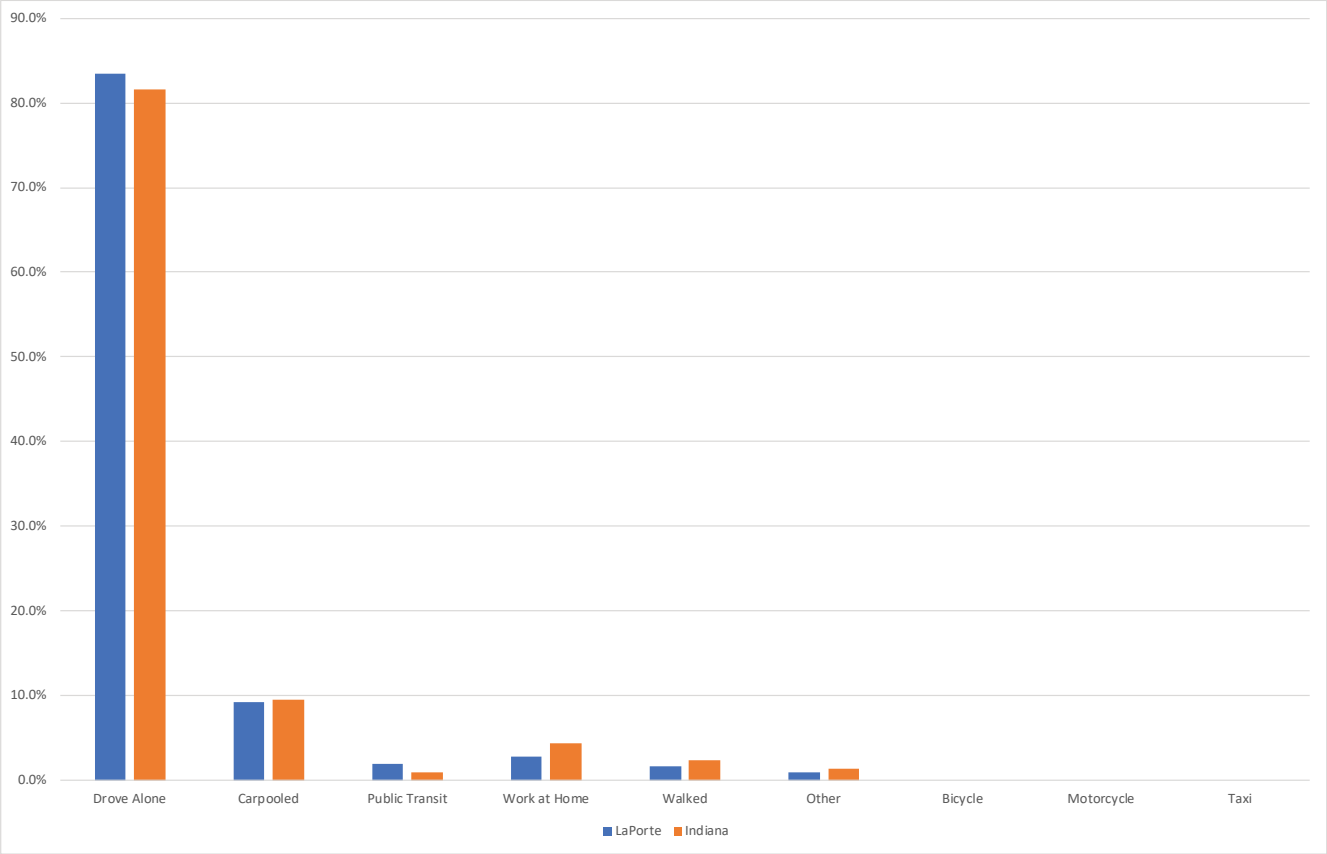
Indicator	Employment	Percent Distributed in Region	Earnings	Percent Distributed in Region	Average Earnings per Job
Farm Proprietors	630	1.6%	$24,190	0.9%	$22,821
Nonfarm Proprietors	9,527	17.8%	$278,103	10.5%	$29,191
Farm	877	1.6%	$24,190	0.9%	$27,583
Nonfarm	52,671	98.4%	$2,621,429	99.1%	$49,770
Private	45,760	85.5%	$2,225,365	84.1%	$48,631
Wage and Salary	43,391	81.0%	$1,882,100	71.1%	$43,375
Total by Place of Work	53,548	100%	$2,645,619	100%	$49,406

Source: U.S Bureau of Economic Analysis

TRANSPORTATION

Public transportation is an important indicator to examine because it offers mobility to the residents of LaPorte 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, 8% of households in LaPorte County do not have a vehicle compared to 6.4% in the entire state (2015-2019). Figure 1.3 shows that 83.5% of residents in LaPorte County drove alone to work while, 9.3% carpooled, and 2.8% worked at home (ACS, 2019).

Figure 1.3: Commuter Transportation



ENVIRONMENTAL

Air quality

Air quality can be measure in two different ways: measuring ground level ozone and measuring particulate matter. Figure 1.4 shows the ground level ozone, which occurs naturally in the sky and helps protect from the sun. In LaPorte County, the residents were exposed to 2 days of unhealthy levels of ozone in 2016. These unhealthy levels are based on a national standard. Particulate matter is another air quality concern. As shown in Figure 1.5, the national standard for annual particulate matter is 12.0 micrograms per meter cubed. LaPorte County fell below this level at annual concentration of 7.7. This is important because particulate matter can cause breathing problems, worsen asthma and some heart conditions and lead to low birth weights.

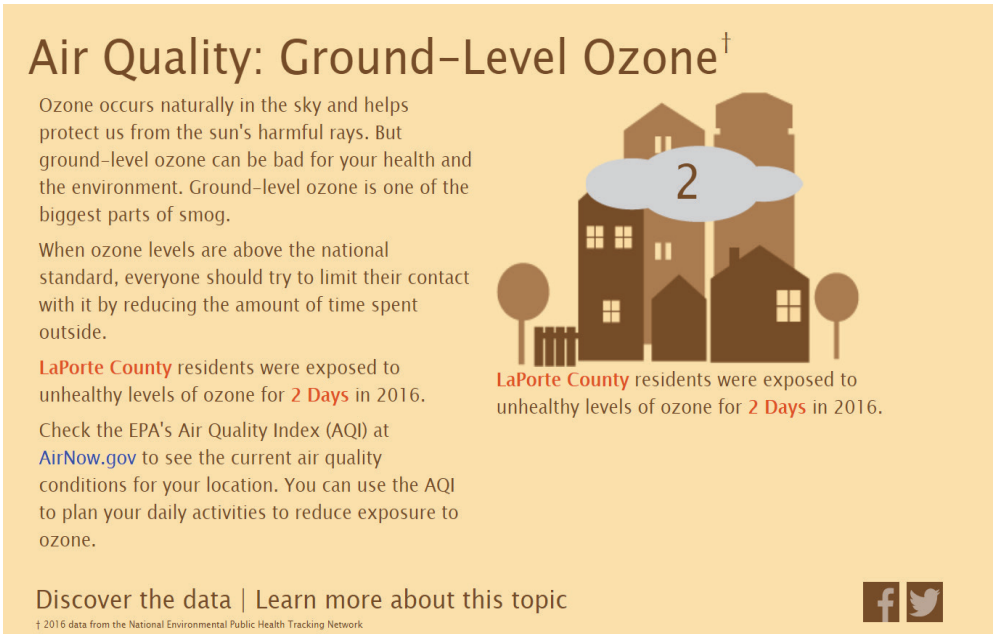


Figure 1.4: Ground-Level Ozone

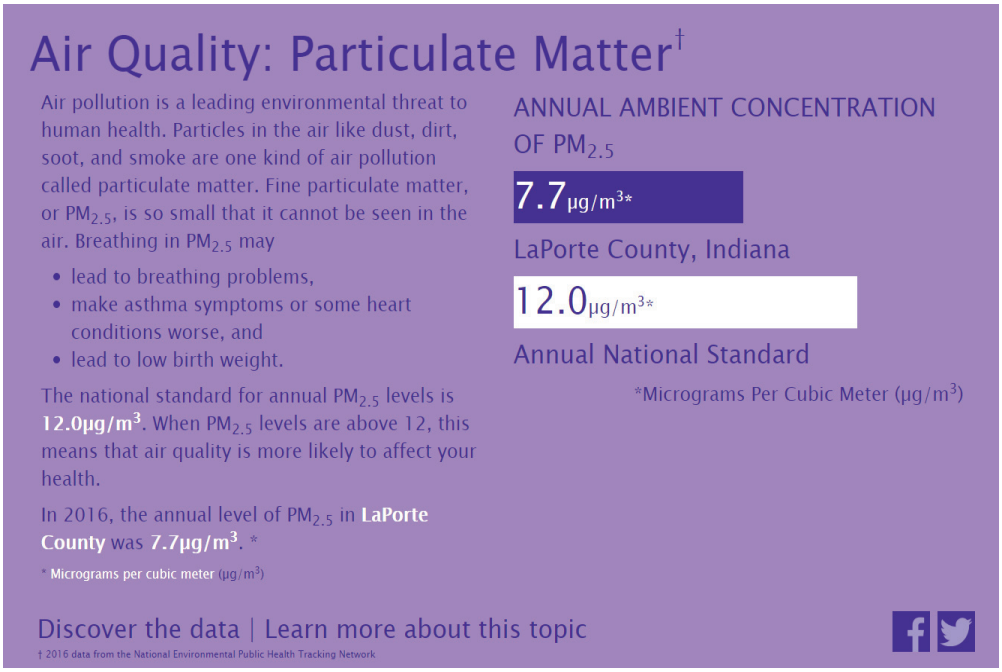


Figure 1.5: Particulate Matter

Drinking Water
The majority of LaPorte County is in the top 25% for safest drinking water.

Lead Posioning
Childhood lead poisoning has become a concern for many cities in the United States, as it affects the development of children. In 2016, LaPorte County 21 children were tested for lead poisoning, of whom one tested with a blood lead level between five and nine and zero greater than 10. 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 1.9: Lead poisoning summary, 2017

County Name	Total Population of Children < 72 Months of Age	# of Children Tested	Children with Confirmed BLLs ≥ 5 µg/d		Children with Confirmed BLLs ≥ 10 µg/d	
			Number	Percent	Number	Percent
LaPorte County	7,904	N/A	N/A	N/A	N/A	N/A

Source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2017

HOUSING

Safe and affordable housing is an essential feature of a healthy community, and the effects of housing problems are vast, specifically, 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 LaPorte County 72.3% of respondents said that they owned their home which was higher than the state average of 69.1% (ACS, 2015-2019). Figure 1.6 shows the homeowner vacancy percent for the region surrounding Michigan City. Overall the vacancy percent has been trending downward since 2012.

One measure of note is that almost half of those residents renting homes in LaPorte County reported spending 35% or more of their household income on rent from 2014-2019. This number has been trending upward since 2012. The rate of spending is at 40.8% (ACS, 2015-2019).

Another rate of note is the foreclosure risk that shows that 40.6% of those in the 46360 zip code area were at risk of foreclosure.

Table 1.10: Homeownership and Renting

Housing and Whether We Rent or Own	Number	Rank in State	Percent in Region	Percent in State
Total Housing Units in 2019	49,315	16	100%	100%
Owners Occupied	31,135	14	63.3%	61.5%
Renters Occupied	11,904	17	24.2%	27.5%

Figure 1.6: Homeowner Vacancy Rate

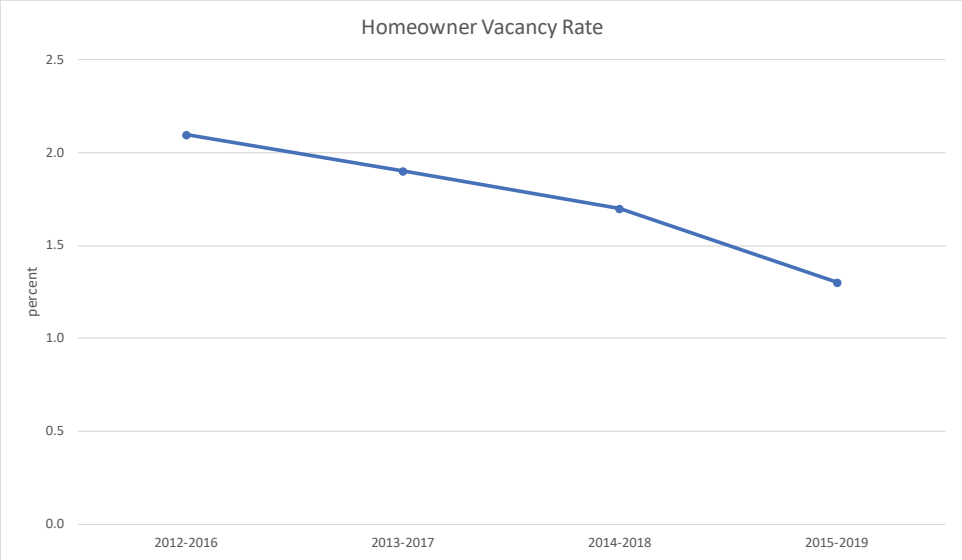
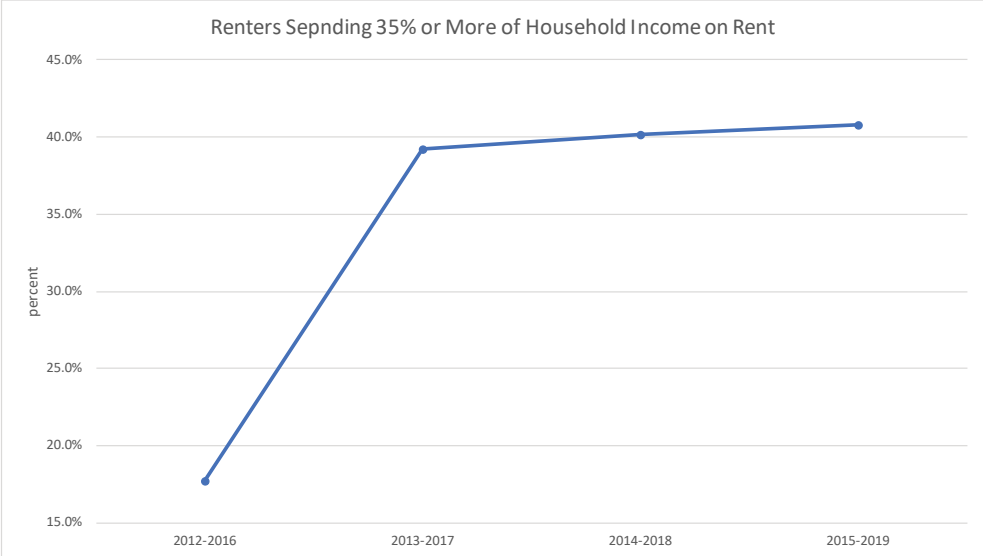


Figure 1.7: Michigan City Region Renter's Spending 30% or More of Household Income on Rent



HEALTH ACCESS

Medically Underserved Areas and Populations

LaPorte County has been designated as a Medically Underserved Area. According to HRSA, "Medically Underserved Areas and populations are designated as having too few primary care providers, high infant mortality, high poverty or a high elderly population" (2017). Figure 1.8 shows the areas of health professional shortages in LaPorte County and the shortage is in the mental health areas. The ratio of primary care physicians to patient was 2,820:1 in 2017 in La Porte County and 1,510:1 in the entire state. The ratio of dentist to patients is 2,310:1 in 2018 and the ratio to mental health providers to patients was 1,130:1 in 2019. The state averages for dentist and mental health was 1,780:1 and 620:1 respectively (County Health Rankings).

The hospitals in LaPorte County are listed below.

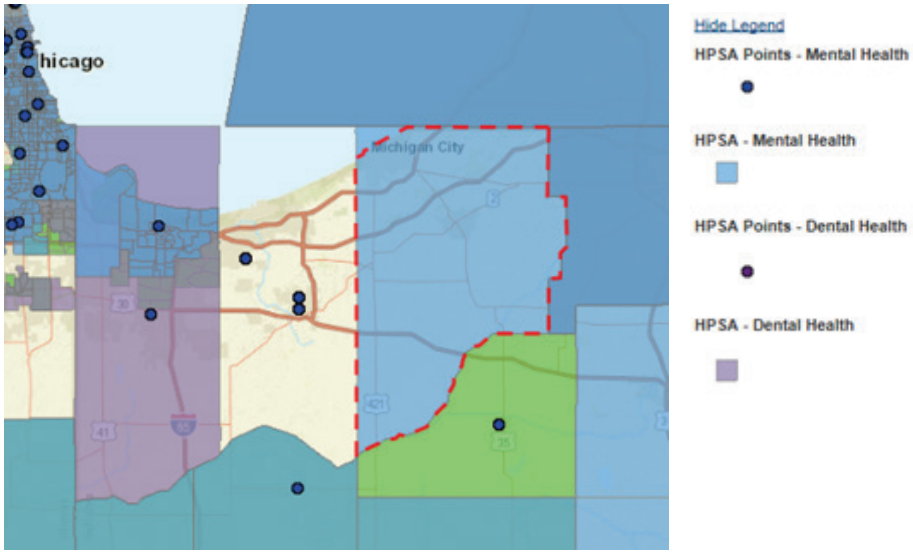
Hospital Facilities in LaPorte County

Franciscan Health Michigan City
3500 Franciscan Way
Michigan City, IN 46360
Phone: (219) 879-8511
Fax: (219) 877-1409

Franciscan Beacon Hospital
1010 W State Rd 2
LaPorte, IN 46350
Phone: (219) 575-6700

Northwest Health - LaPorte
1331 State St
LaPorte, IN 46350
Phone: (219) 326-1234

Figure 1.8: Health Professional Shortage Areas



HEALTH PROFILE

Franciscan HEALTH

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

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: LaPorte County Prenatal Care Practices, 2013-2017

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
# Early Prenatal Care	814	739	675	717	751	3,696
% Early Prenatal Care	61.7%	55.5%	50.4%	54.7%	58.9%	56.2%
State Percent	**67.4%**	**67.5%**	**69.3%**	**69.3%**	**68.6%**	**68.4%**
# Smoked	335	323	306	276	275	1,515
% Smoked	25.4%	24.3%	22.8%	21.1%	21.6%	23.0%
State Percent	**15.7%**	**15.1%**	**14.3%**	**13.5%**	**13.5%**	**14.4%**
# Unmarried Mothers	723	716	725	743	678	3,585
% Unmarried Mothers	54.8%	53.8%	54.1%	56.7%	53.1%	54.5%
State Percent	**43.3%**	**43.3%**	**43.3%**	**42.7%**	**42.8%**	**43.1%**
# Breastfeeding Mothers	945	968	988	990	992	4,883
% Breastfeeding Mothers	71.6%	72.2%	73.7%	75.6%	77.7%	74.2%
State Percent	**77.3%**	**79.3%**	**80.5%**	**80.9%**	**81.9%**	**80.0%**
# Mothers on Medicaid	713	692	728	724	662	3,519
% Mothers on Medicaid	54.1%	52.0%	54.3%	55.3%	51.9%	53.5%
State Percent	**44.1%**	**43.7%**	**43.0%**	**41.7%**	**41.0%**	**42.7%**
# Teen Births 15-17	41	37	23	24	18	143
Teen Birth Rate (15-17)	19.2	17.1	10.5	11.3	U	14.5
State Rate	**13.1**	**11.9**	**11.1**	**9.6**	**8.9**	**11.0**

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

In 2017, 56.2% of mothers received early prenatal care during their pregnancy. There has been a 2.8% decrease among mothers receiving prenatal care since 2013. In 2017, 21.6% of mothers smoked during pregnancy in LaPorte County. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). In 2017, 77.7% of LaPorte County mothers breastfed their children. Since 2013, the number of mothers who breastfed their children has increased by nearly 6.1%.

FOOD SECURITY

Food security in LaPorte County is 6.8, which is an average score food environment index (0 is the worst and 10 is the best). Figure 2.1 shows 7% of the county has limited access to healthy foods and that 16% have food insecurity. Food insecurity is defined as having a lack of access to food. Food insecurity can be measure in many different ways like grocery store or farmer market density as shown in Table 2.1. These two densities show a community that lacks the adequate means to get healthy food. The grocery store density which measures the number of supermarkets or grocery stores per 1,000 populations. LaPorte County has decrease from 0.21 to 0.17. The number of SNAP recognized stores has decreased over the past four years by 29%.

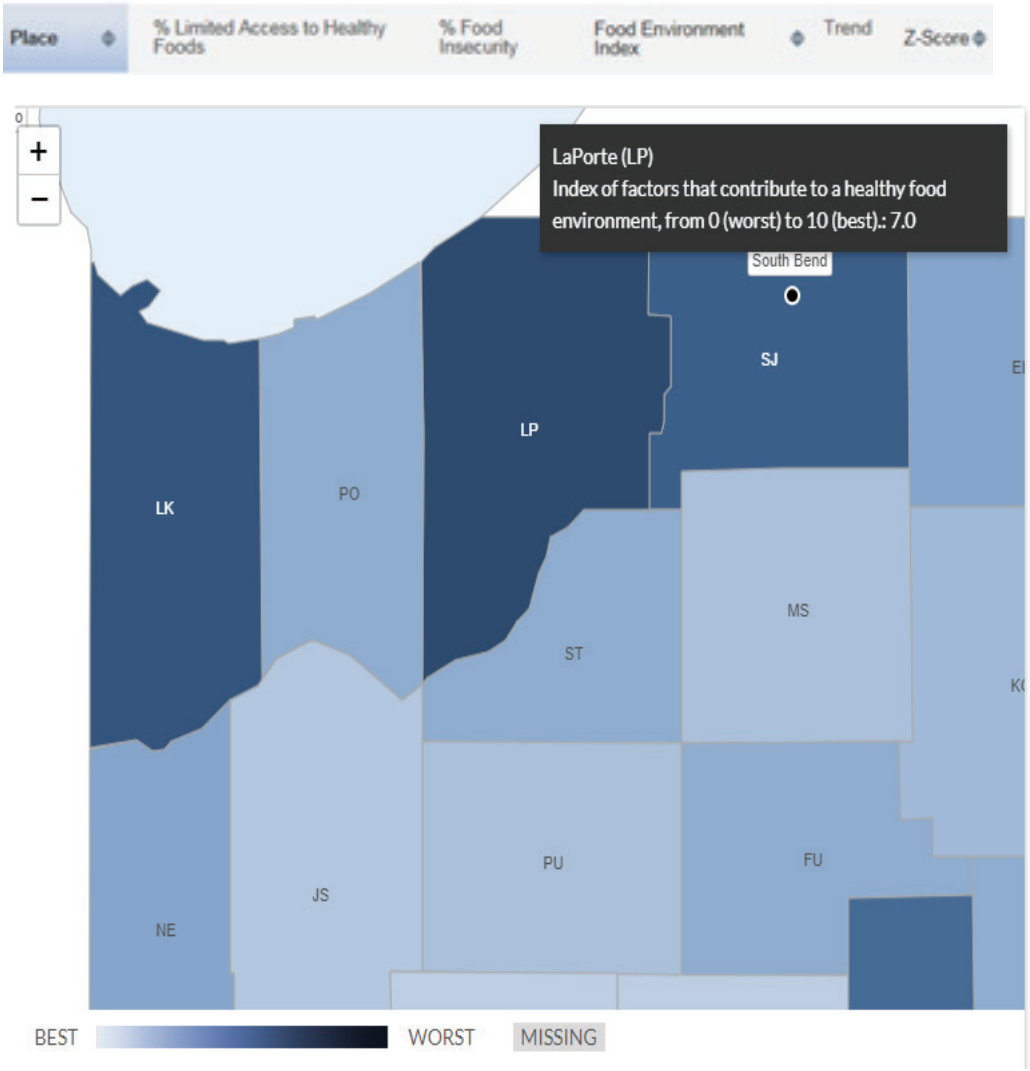


Figure 2.1: Food Environment Index in LaPorte County

Table 2.1: Food Security in LaPorte County

Indicator	Description	Source	Measurement Period	LaPorte County	Prior Value
Food Insecurity Rate	The percentage of the population that experience food insecurity at some point during the year.	Feeding America	2018	13.9%	14.2%
Child Food Insecure Rate	The percentage of children (under 18 years of age) living in households with incomes abouve 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance.	Feeding America	2018	21.2%	20.2%
Food Environment Index	Percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity).	County Health Rankings	2018	7.0	6.7
SNAP Certified Stores	The number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 populations.	US Department of Agriculture - Food Environment Atlas	2017	89.17	90.25
Grocery Store Density	Number of supermarket/grocery stores per 1,000 population.	US Department of Agriculture - Food Environment Atlas	2016	0.18	0.17
Famers Market Density	Number of farmers markets per 1,000 population.	US Department of Agriculture - Food Environment Atlas	2018	5	2

Farmers markets are retail outlets in which vendors sell agricultural products directly to customers.

Food index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

PHYSICAL ACTIVITY

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).

In 2015 only 25.3% of high schoolers 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. This trend in high schoolers could contribute to an increase in the adult physical inactivity which already has a 30% inactivity. As of 2016, LaPorte has ten recreational and fitness facilities for the community.

SLEEP HEALTH

Sleep health is important because it affects a person's wellness and quality of life. The Healthy people 2030 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" (HP2030). In LaPorte County, 39% of individuals reported having insufficient sleep (County Health Rankings, 2018). Students are even more sleep deprived, with only 21.4% saying they get enough sleep, compared to 61.5% of adults.

IMMUNIZATIONS

Immunizations are important because they help prevent the outbreak and spread of disease in a community. In LaPorte County, 58% of infants have their recommended immunizations.

Figure 2.2: Infants with Recommended Immunizations

Indicator	Description	Source	Measurement Period	LaPorte County	Indiana
Recommended Infant Immunizations	This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP).	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2017	58%	63%
Flu Shot Vaccinations	Percentage of noninstitutionalized adults, 18 and older, who have received a flu shot in the past year.	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2017	N/A	49%
HPV Prevalence	Percentage among adolescents 13-17 years with the vaccine as reported by NIS-Teen in 2016	TeenVaxView	2019	N/A	62%

*Recommended = three doses of HPV vaccine

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. Eighty-seven percent of LaPorte County diabetic Medicare enrollees received routine monitoring in 2015, and 407% of LaPorte County female Medicare enrollees received a mammogram in 2017. (Dartmouth Atlas of Healthcare & Indiana Indicators). Refer to Table 2.3 below for a comparison of health screening statistics across the state and county.

Table 2.3: LaPorte County Health Screening Statistics

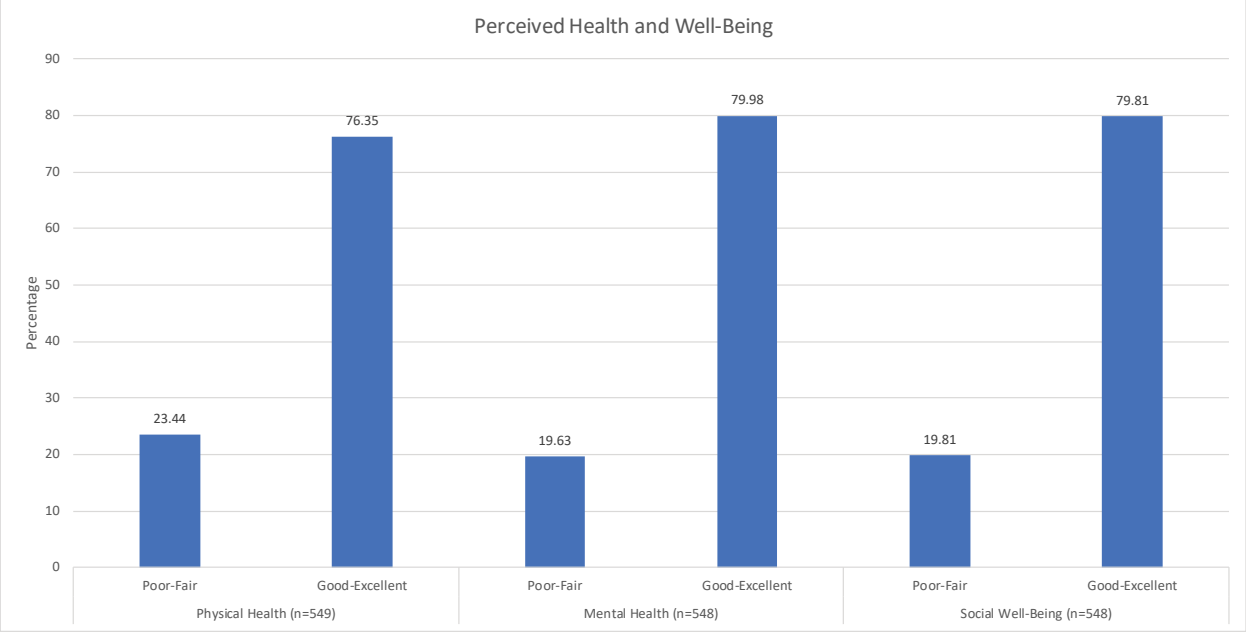
Indicator	Description	Source	Measurement Period	LaPorte County	Indiana
Diabetes Monitoring	Percentage of Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2015	87%	86.0%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	Indiana Indicators	2017	40%	62%

Sources: County Health Rankings and Indiana Indicators

In the survey conducted for this report, the following information was reported. The convenience sample data includes responses from targeted vulnerable populations within the community. Please consult the **Reference section** for the full survey report.

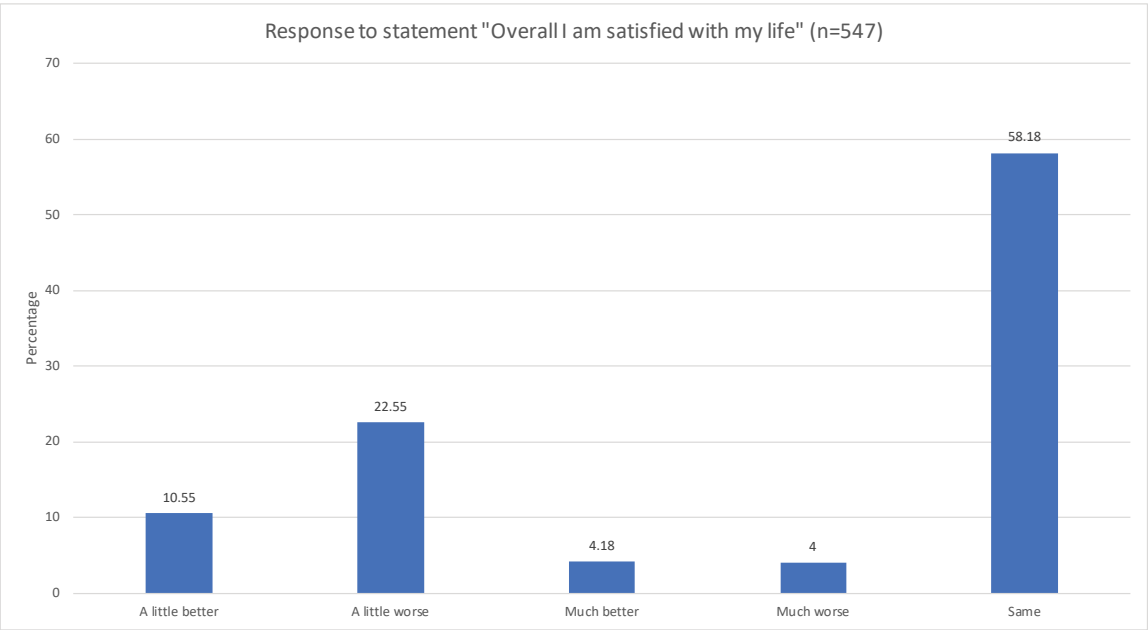
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

Figure 2.1: Participants' Perception of Health and Well-Being, LaPorte County



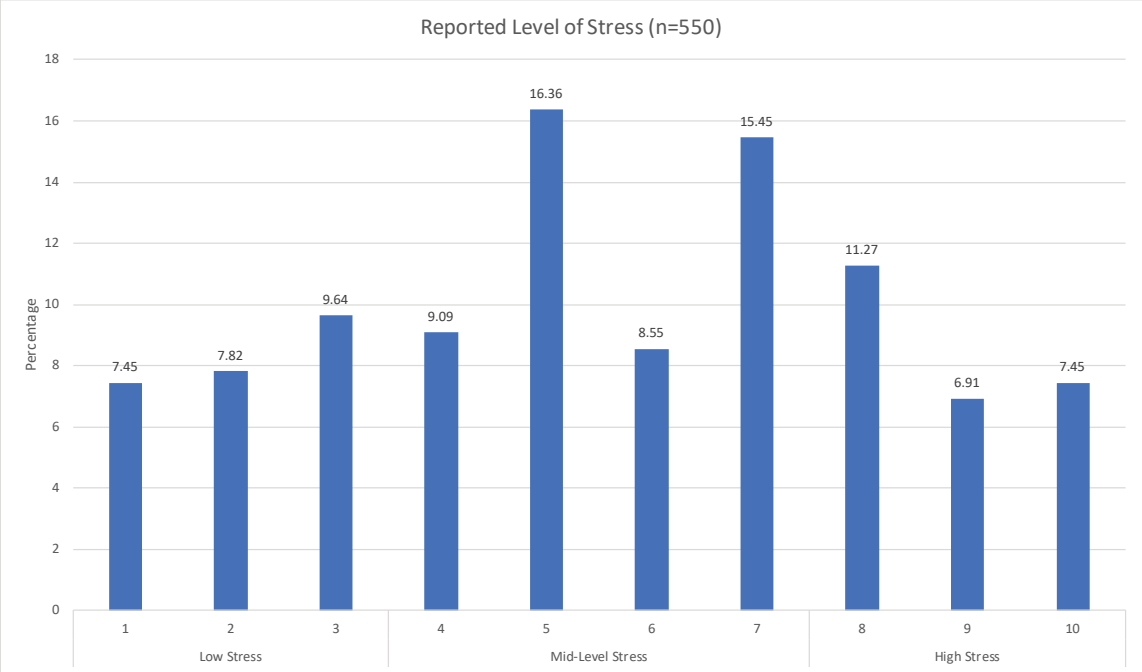
Participants were asked to respond to a single question that asked them to respond to the statement "How has the statement 'In general, I am satisifed with my life' changed before the COVID-19 pandemic" with five response options ranging from much worse to much better. The majority of participants reported "same" with the statement, with 4.18% (n = 23) responding "much better" and 10.55% (n =58) responding "a little better." Some participants 58.18% (n = 320) responded "same." Those indicating less overall life satisfaction responded with "a little worse" 22.55% (n=124) or "much worse" 4.0% (n = 22).

Figure 2.2: Participants Agreement with Life Satisfaction



Level of Life 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 25.64% (n = 141) 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 2.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.3: Ranking of Level of Life Stress

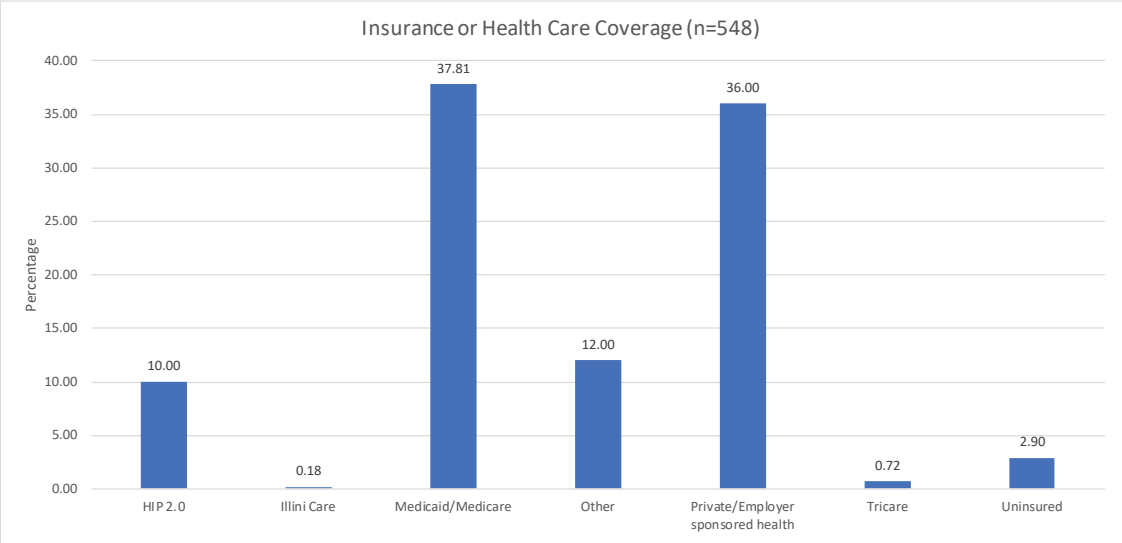


HEALTHCARE ACCESS AND ENGAGEMENT

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, 96.7% (n = 532) reported that they did have such coverage or insurance, while 2.90% (n = 16) responded "Uninsured."

Figure 2.4: 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. Table 2.4 provides a summary of the participants' responses to this question.

Table 2.4: Participants' Reported Types of Healthcare Engagement (n= 550)

What prevents you from getting the health care you feel you need? (Select all that apply.)		
	Number	Percentage
Cultural/religious beliefs	10	1.81%
Do not know how to find the type of doctor I want	94	17.09%
Fear (e.g., not ready to face/discuss health problem)	96	17.45%
I cannot get an appointment when I am available	160	29.09%
Language barriers	14	2.54%
Immigration status	3	0.54%
No insurance and unable to pay for the care	44	8.00%
Unable to pay co-pay/deductibles	119	21.63%
Transportation	63	11.45%
Lack of access to a computer	35	6.36%
Bad past medical experience	103	18.72%

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 2.5 breaks down each response to the 10 resources.

Regarding access to healthcare/doctor visits, 19.09% of participants (n = 105) indicated that they had trouble getting or accessing a healthcare provider or getting a doctor visit.

Regarding needing to fill a prescription/medication, 7.27%, (n = 40) indicated that that they were not able to fill a medication or prescription.

Regarding needing transportation, only 6.73% of participants (n = 37) indicated that they had not been able to access transportation due to other needs.

Figure 2.5: Participants' Reports of Resource Challenges and Healthcare

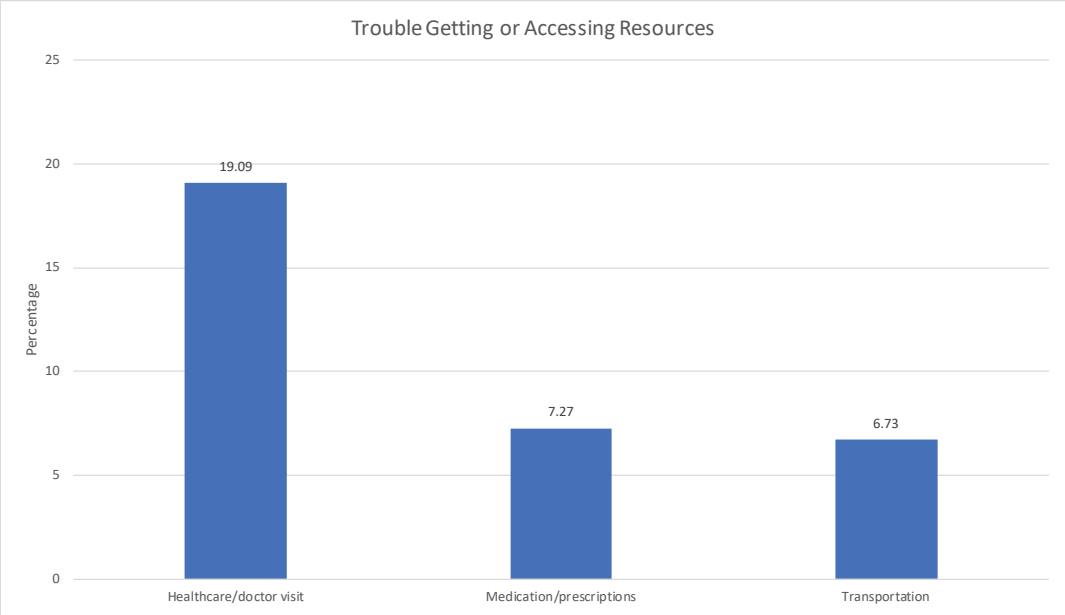


Table 2.5: Participants' Reports of Resource Challenges and Healthcare

During the COVID-19 pandemic, have you had trouble getting or accessing any of the following? (Select all that apply.) (n=550)		
	Number	Percentage
Exercise/physical activity	153	27.82%
Food/groceries	81	14.73%
Healthcare/doctor visit	105	19.09%
Infant supplies	9	1.64%
Medication/prescriptions	40	7.27%
Spiritual/religious support	60	10.91%
Transportation	37	6.73%
Time with family	209	38.00%
Utilities	72	13.09%
Not applicable	223	40.55%

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 2.6 provides a summary of this data.

Table 2.6: Self-Reported Health Behaviors (n=550)

What type of health changes do you want to make in the next year? (Choose up to 3).		
	Number	Percentage
Drinking less alcohol	38	6.91%
Eating better food	275	50.00%
Improving sleep	197	35.82%
Managing Stress	193	35.09%
Getting more exercise	328	59.64%
Improving relationships	82	14.91%
Quitting tobacco or nicotine products	57	10.36%
Getting recommended health screenings, like blood tests or mammograms	52	9.45%
Finding a doctor	52	9.45%

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 2.7: Participants' Reports of Felt Social Determinants

Which of these items cause you stress in your DAILY life? (Check all that apply.) (n=550)		
	Number	Percentage
Not enough food	28	5.09%
Having a safe place to live	38	6.91%
Paying utility bills	145	26.36%
Reliable transportation	44	8.00%
Violence inside the place I live	15	2.73%
Violence or crime in my neighborhood	70	12.73%
Getting or maintaining a good job	65	11.82%
Lack of support from family and friends	108	19.64%
Lack of spiritual/pastoral support	36	6.55%
Experiencing disrespect or discrimination	78	14.18%
Language barriers	17	3.09%
Financial planning/budgeting	237	43.09%

HEALTH OUTCOMES

Franciscan HEALTH

SECTION 3

community HEALTH NEEDS ASSESSMENT

SECTION THREE HEALTH OUTCOMES

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.

In LaPorte County, the leading causes of death were cancer, coronary heart disease, lung disease, unintentional injury, and stroke. Table 3.0 shows the leading causes of death in LaPorte County from 2012-2016.

Table 3.0: Leading Causes of Death (2012-2016)

Leading Cause of Death	Deaths	Population	Crude Death Rate
1. Cancer	226	110,974	239.3
2. Coronary Heart Disease	133	110,974	120.0
3. Lung Disease	78	110,974	69.9
4. Unintentional Injury	240	110,974	49.2
5. Stroke	54	110,974	42.2

Source: Centers for Disease Control and Prevention, National Vital Statistics Systems. Accessed via CDC Wonder 2012-2016.

ACCIDENTS, INJURIES, AND HOMICIDES

Unintentional injury and accidents continue to rank in the top 15 leading causes of injury or death, across the state and within the county. County and state data regarding injury prevention and safety indicators are compared in Table 3.1 below.

Table 3.1: Injury and Safety measure of LaPorte County and Indiana

Indicator	Description	Source	Measurement Period	LaPorte County	Indiana	HP2030 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	71	58	43.2
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	29.4	27.3	N/A
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	16.6	16.2	12.8
Traffic Injury Mortality	Traffic injury mortality is represented by the number of motor vehicle-related deaths per 100,000 people.	ISDH	2017	15	13.4	N/A
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	0	7.1	5.5
Injury ED Visits	This measure represents the number of injury-related emergency department encounters among Indiana residents per 10,000 people.	ISDH	2017	1,039	849.6	N/A
Injury Hospitalization	This measure represents the number of injury-related hospital admissions among Indiana residents per 10,000 people.	ISDH	2017	73.4	69.1	N/A
Alcohol Impaired Driving Deaths	The percentage of motor vehicle crash deaths with alcohol involvement.	County Health Rankings	2014-2018	25%	20%	28.3%

BEHAVIORAL HEALTH

Quality of Life Indicators

Quality of life can be measure by mental and physical health, as well as having social support. In LaPorte County, we see that 14% of adults report having 14 or more days or poor mental and physical health per month. The average number of days that residents reported having poor mental and physical health falls around four days per month in LaPorte County. Eight percent of the youth feel disconnected, meaning that teens and young adults ages 14 to 26 were neither working nor in school.

Table 3.2: Quality of Life measurements

Type of Distress	Measurement
% Frequent Mental Distress	14%
% Frequent Physical Distress	13%
Number of Poor Mental Health Days per Month	4.1 days
Number of Poor Physical Health Days per Month	3.9 days
Inadequate Social Support	75th percentile*
% Disconnected Youth	8%

*75th percentile means 75% falls below LaPorte's level.
Source: County Health Rankings

Substance Abuse and Recovery

Excessive drinking is the percentage of adults who reported binge or heavy drinking. In LaPorte County, the percent of adults who reported excessive drinking is 19%.

Suicide

Suicide is one of the most preventable causes of death, yet it continues to have a major impact on the overall health in the state of Indiana. In 2020, the suicide mortality rate was 15.96 in the nation. From 2015-2019, the suicide mortality rate was 15 in Indiana, and 17 in LaPorte County (CHR, 2015-2019). Table 3.3 shows suicide death rate comparisons for the United States, Indiana, and LaPorte County.

Table 3.3: Suicide Death Rate Comparison, 2016

Indicator: Suicide Mortality Rate	Source	Measurement Period	Rate per 100,000 Population
LaPorte County	County Health Rankings	2015-2019	17
Indiana	County Health Rankings	2015-2019	15
United States	American Foundation for Suicide Prevention	2020	15.96

Source: American Foundation for Suicide Prevention, Suicide: Indiana 2016 Facts & Figures. County Health Rankings, 2015-2019
Retrieved from: www.afsp.org

Infectious Disease Rates

Hepatitis C Virus Infections

The hepatitis C virus (HCV) is a blood-borne virus primarily transmitted by an HCV-infected person. 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 2018, the rate of acute infection in Indiana was 5.7 cases per 100,000. In LaPorte County, we see that the incidence rate is 6.4 but the rate is unstable due to the low number of cases present. For chronic infections, we see that there are 130.9 per 100,000 residents.

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 2018, the rate of newly diagnosed HIV/AIDS infection in Indiana increased slightly from 8.0 to 8.2 cases per 100,000 population. The new diagnosed HIV and AIDs by rate is 5.1 in LaPorte County, which is lower than the average in Indiana.

HIV/AIDS Prevalence

The Human Immunodeficiency Virus (HIV) prevalence rate is the number of existing cases of HIV at a specified time. From 2015 to 2018, the number of Indiana residents living with HIV/AIDS increased from 11,689 to 12,708 cases. In LaPorte County, the number of prevalent cases is estimated to be 178.

Chlamydia

Chlamydia is a common sexually transmitted disease (STD) that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. Most of those infected do not show symptoms. The infection is caused by bacteria that are effectively treated with antibiotics. From 2015 to 2018, the rate of chlamydia infection in Indiana remained relatively stable, 436.4 (n=28,886) and 521.9 (n=34,926) cases per 100,000 population, respectively. In LaPorte County, the number of new cases of Chlamydia from 2015-2018 was 378.2 per 100,000 residents.

Gonorrhea

Gonorrhea is an STD that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. Many of those infected do not show symptoms. The infection is caused by bacteria that are effectively treated with antibiotics. From 2015-2018, the rate of Gonorrhea infection in Indiana increased slightly from 118.5 (n=9,545) to 182.2 (n=12,193) cases per 100,000 population. The number of new cases of Gonorrhea in LaPorte County was 136.4 per 100,000 residents.

MATERNAL, INFANT AND CHILD HEALTH

Since 2013, the number of live births in LaPorte County has stayed relatively stable at around 1,300 a year. The number of babies born with low birth weight in LaPorte County has also remained stable at around 120 low births per year. The number of babies born before 37 weeks gestation in LaPorte County has increased by 0.3% since 2013.

Table 3.4: LaPorte County Birth Outcomes Profile, 2013-2017

Indicator	2015	2016	2017	2018	2019	2015-2019 Combined
Natality						
# Live Births	1,319	1,331	1,340	1,3101	1,276	6,576
# Low Birth Weight	107	122	121	110	120	580
% Low Birth Weight	7.9%	9.2%	9.0%	8.4%	9.4%	8.8%
State Percent	*8.0%*	*8.2%*	*8.3%*	*8.1%*	*8.2%*	*8.2%*
# Preterm Births	131	138	131	128	150	678
% Preterm Births	9.9%	10.4%	9.8%	9.8%	11.8%	10.3%
State Percent	*9.6%*	*10.0%*	*9.9%*	*10.2%*	*10.1%*	*10.0%*
# Infant Deaths	3	10	15	12	6	46
Infant Mortality Rate per 1,000 Live Births	U	U	U	U	U	7.0
State IMR	*7.1*	*7.1*	*7.3*	*7.5*	*7.3*	*7.3*

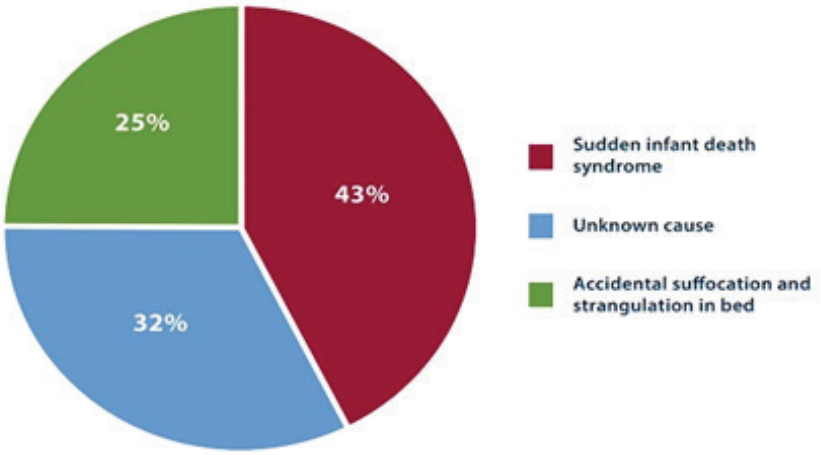
Low Birth Weight = < 2,500 grams
Preterm = <37 weeks gestations
U = Unstable rate due to 20 or fewer births or outcomes
Source: Indiana State Department of Health, Division of Maternal and Child Health

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 3.0: Commonly Reported SUIDs in Indiana



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

Table 3.5: Infant Mortality Rates in LaPorte County

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
Natality						
# Neonatal Deaths	2	5	13	8	4	32
# Post-Neonatal Deaths	1	5	2	4	2	14
# Infant Deaths	3	10	15	12	6	46
Infant Mortality Rate (IMR) per 1,000 Live Births	U	U	U	U	U	7.0
State IMR	*7.1*	*7.1*	*7.3*	*7.5*	*7.3*	*7.3*

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

*= unstable rate due to fewer than 20 births or outcomes; **= Percentages have been suppressed when there are fewer than 5, including 0 birth outcomes; 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

From 2013 to 2015, there was an increase in the number of neonatal deaths. However, deaths have begun to decline in 2016 and 2017. This same trend was seen in the number of infant deaths from 2013-2015 and 2016-2017. The infant mortality rate has been consistently over the state rates.

Young Children

The number of children in need of service is shown in Table 3.6. This number has been steadily above 100 since 2013. In LaPorte County there are lower numbers of substantiated neglect, physical abuse, and sexual abuse. The unsubstantiated number of neglect, physical abuse and sexual abuse cases is higher, and in LaPorte County, there was one child death resulting from neglect in 2016.

Table 3.6: Child Abuse and Neglect in LaPorte County

Indicator	Description	Measurement Period	LaPorte County
CHINS Cases	Number of children who were in need of services such as housing, protecting, etc., due to abuse and neglect in family in measurement period year.	2017	312
Child Abuse: Neglect	Percentage of total child abuse cases reported that were as neglect.	2017	10.1%
Child Abuse: Sexual	Percentage of total child abuse cases reported that were classified as sexual abuse.	2017	8.5%
Child Abuse: Physical	Percentage of total abuse cases reported that were classified as physical abuse.	2017	4.2%
# of Fatal Cases of Child Abuse and Neglect	Number of occurrences in which the child abuse and neglect was fatal in the measurement period year.	2016	1

Source: MAGIK Monthly Data; As of: 12/1/2017

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. According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death Indiana (2017).

RESPIRATORY DISEASES

Respiratory disease continues to be a problem in LaPorte County as asthma and other respiratory disease like COPD lead to emergency department visits and hospitalization. Table 3.7 shows respiratory disease rates in LaPorte and Indiana for comparison. The number of pediatric and adult asthma cases is show in Table 3.8 along with the percentage of adults who smoke in the county.

Table 3.7: LaPorte County Respiratory Disease Rate Comparisons

Indicator	Description	Source	Measurement Period	LaPorte County	Indiana
Age-Adjusted Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000.	ISDH, Epidemiology Resource Center	2017	50.5	43.3
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	2017	72.7	57.0
Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2017	2.6	1.0
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	2017	5.2	4.8
Age-Adjusted COPD Hospitalizations	Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 and older.	Indiana Hospital Association	2014-2016	40.9	31.8
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	47.9	55.2

Table 3.8: Percent of Adults Who Smoke and Asthma Counts

Indicator	Number
Pediatric Asthma Count	1,826
Asult Asthma Count	8,873
Adults Who Smoke	23%

CARDIOVASCULAR DISEASE

Cardiovascular disease continues to be a problem in LaPorte County, as strokes, heart disease and other cardiovascular diseases lead to emergency department visits and hospitalization. Table 3.9 shows cardiovascular disease rates in LaPorte.

Table 3.9: Cardiovascular Disease Death Rate Comparison

Indicator	Description	Source	Measurement Period	LaPorte County
Stroke Hospitalization	This measure represents the number of stroke hospital admissions per 10,000 population.	ISDH	2016-2019	27.1
Stroke Deaths	This measure represents the number of stroke deaths per 100,000 population.	ISDH	2016-2019	38.3
Heart Disease Hospitalization	This measure represents the number of heart disease related hospital admissions per 10,000 population.	ISDH	2016-2019	113.6
Heart Disease Deaths	This measure represents the number of heart disease deaths per 100,000 population.	ISDH	2016-2019	218.7
Acute Myocardial Infarctions Hospitalizations	This measure represents the number of acute myocardial infarctions related hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2015-2017	9.5
Acut Myocardial Infarctions Deaths	This number represents the number of acute myocardial infarctions related deaths per 100,000.	CDC	2016-2018	151.8
Heart Failure Hospitalization	This measure represents the number of heart failure hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2015-2017	18.9
Heart Failure Deaths	This measure represents the number of heart failure deaths per 100,000 population.	CDC	2016-2018	798.9

OBESITY

Obesity in LaPorte County is slightly lower than that of the state average, at 10% and 10.2% respectively. We also see that diabetes in those 20 and older is higher in LaPorte County than that of the state average. With lifestyle changes we will be able to see decreased in the rates of hospitalization and deaths due to diabetes and other associated complications.

Table 3.10: LaPorte County Obesity Data

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				LaPorte County	Indiana
Diabetes Prevalence	Percentage of adults aged 20 or older with medically diagnosed diabetes.	CDC	2016	10.0	9.0
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and older who have ever been diagnosed with diabetes.	CDC	2016	11.2%	10.4%
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	33	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	9.6	9.0

*Blood sugar test is HbA1c
*Short-term complications include ketoacidosis, hypersmolar, or coma.
*Long-term complications include eye, renal, neurological, or circulatory complications or complications not otherwise specified.
Diabetes mortality is the diabetes associated deaths per 100,000 population (age-adjusted).
Sources: Indiana State Department of Health and Indiana Indicators

CANCER

General cancer rates are higher in LaPorte County than the Indiana state average at 495.4 and 467.2, respectively. Table 3.11 shows the only cancer rate that is lower in LaPorte County than the state average is female breast cancer.

Table 3.11: Cancer Incidence and Mortality of LaPorte County compared to Indiana (Indiana Indicator, 2017)

Indicator	LaPorte County	Indiana	HP 2030 Goal
Cancer Incidence	495.4	467.2	N/A
Lung	76.8	71.9	N/A
Colorectal	44.6	42.4	N/A
Female Breast	119.1	121.7	N/A
Prostate	107.1	89.9	N/A
Cancer Mortality	176.2	169.9	122.7
Lung	39.8	47.2	25.1
Colorectal	24.2	15.8	8.9
Female Breast	15.4	21.0	15.3
Prostate	19.8	18.7	16.9

*Incidence Measurement Period: 2016 **Mortality Rate Measurement Period: 2017 ***Rates per 100,000 persons

Franciscan HEALTH

SECTION 4

community HEALTH NEEDS ASSESSMENT

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, Cook County

Response	Excellent		Fair		Good		Poor		Very good	
	Number	%	Number	%	Number	%	Number	%	Number	%
Your physical health is…	63	11.45	109	19.81	216	39.27	20	3.63	141	25.63
Your mental health is…	92	16.72	88	16.00	181	32.90	20	3.63	167	30.36
Your social well-being is…	98	17.81	91	16.54	176	32.00	18	3.27	165	30.00

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, LaPorte County

Response	Number	Percentage
A little better	58	10.55%
A little worse	124	22.55%
Much better	23	4.18%
Much worse	22	4.00%
Same	320	58.18%

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

Table 4.3: Levels of Stress, LaPorte County

Level of Stress	Number	Percentage
1	41	7.45%
2	43	7.82%
3	53	9.64%
4	50	9.09%
5	90	16.36%
6	47	8.55%
7	85	15.45%
8	62	11.27%
9	38	6.91%
10	41	7.45%

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

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

	Number	Percentage
Not enough food	28	5.09%
Having a safe place to live	38	6.91%
Paying utility bills	145	26.36%
Reliable transportation	44	8.00%
Violence inside the place I live	15	2.73%
Violence or crime in my neighborhood	70	12.73%
Getting or maintaining a good job	65	11.82%
Lack of support from family and friends	108	19.64%
Lack of spiritual/pastoral support	36	6.55%
Experiencing disrespect or discrimination	78	14.18%
Language barriers	17	3.09%
Financial planning/budgeting	237	43.09%

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, Cook County

	Number	Percentage
Drinking less alcohol	38	6.91%
Eating better food	275	50.00%
Improving sleep	197	35.82%
Managing Stress	193	35.09%
Getting more exercise	328	59.64%
Improving relationships	82	14.91%
Quitting tobacco or nicotine products	57	10.36%
Getting recommended health screenings, like blood tests or mammograms	52	9.45%
Finding a doctor	52	9.45%

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

Table 4.6: Healthcare Barriers, LaPorte County

	Number	Percentage
Cultural/religious beliefs	10	1.81%
Do not know how to find the type of doctor I want	94	17.09%
Fear (e.g., not ready to face/discuss health problem)	96	17.45%
I cannot get an appointment when I am available	160	29.09%
Language barriers	14	2.54%
Immigration status	3	0.54%
No insurance and unable to pay for the care	44	8.00%
Unable to pay co-pay/deductibles	119	21.63%
Transportation	63	11.45%
Lack of access to a computer	35	6.36%
Bad past medical experience	103	18.72%

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, LaPorte County

Response	Number	Percentage
Chronic disease care	109	19.81%
Acute care, like for an injury or infection	41	7.45%
Vaccines or health screenings	31	5.63%
General primary care	84	15.27%
Prenatal or well-baby care	22	4.00%
Hospital emergency room/Urgent center care	39	7.09%
Pharmacy/Drug store	32	5.81%
Dental care	82	14.90%
Screening for anxiety or depression	176	32.00%
Treatment for mental health	221	40.18%
Treatment for an addiction	181	32.90%
Vision or hearing care	85	15.45%

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, LaPorte County

Responses	Me		Family/Friends		Community		None	
	Number	%	Number	%	Number	%	Number	%
Healthy cooking classes	168	30.54	111	20.18	265	48.18	138	25.09
Free or reduced cost healthy foods	167	30.36	142	25.81	346	62.90	95	17.27
Free exercise programs	251	45.63	164	29.81	306	55.63	70	12.72
Weight loss programs	228	41.45	162	29.45	282	51.27	83	15.09
Mental health counseling	140	25.45	169	30.72	340	61.81	98	17.81
Low cost legal help	140	25.45	121	22.00	331	60.18	97	17.63
Financial planning/budgeting	161	29.27	140	25.45	315	57.27	109	19.81
Help getting health insurance	75	13.63	108	19.63	335	60.90	127	23.09
Programs to help young children learn	68	12.36	130	23.63	360	65.45	111	20.18
Parenting classes	32	5.81	85	15.45	375	68.18	120	21.81
Prenatal classes	23	4.18	73	13.27	373	67.81	136	24.72
Classes just for fathers	29	5.27	75	13.63	359	65.27	139	25.27
Programs for grandparents raising grandchildren	29	5.27	77	14.00	355	64.54	140	25.45
Places to dispose of precriptions and needles safety	93	16.90	85	15.45	359	71.80	113	20.54
Stress management	163	29.63	149	27.09	344	62.54	93	16.90
Community gardens/gardening workshops	98	17.81	96	17.45	346	62.90	121	22.00
Diabetes management classes	86	15.63	116	21.09	341	62.00	114	20.72
Help for people experiencing abuse or neglect	34	6.18	80	14.54	389	70.72	104	18.90
Suicide prevention training	60	10.90	94	17.09	394	71.63	106	19.27

TOP HEALTH NEEDS, LAPORTE 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)

LAPORTE COUNTY

Most vulnerable community groups: Pregnant women, new families, low income children, single parent households, those with untreated mental health issues, victims of violence, homeless, un/underinsured

Social Needs	Poor Health Behaviors	Poor Health Outcomes
Food Insecurity	Nutrition	Cancer
Poverty	Substance Abuse	Cardiovascular Diseases
Access to Mental Health	Teen Pregnancy	Diabetes
Housing	Tobacco	Obesity
Access to Trusted Medical Care	Unsafe Sex	Infant Mortality
Employment	Physical Activity	Liver Diseases
Social Cohesion	Suicide	Respiratory Diseases
	Human Trafficking	Teen Pregnancy/Unplanned Pregnancy
		Victims of Violence Trauma
		STD/Hepatitis
		Child Abuse/Neglect

COMMUNITY ASSETS

Franciscan HEALTH

SECTION 5

community HEALTH NEEDS ASSESSMENT

Family and Youth Services *(Excluding schools and government agencies)*					
Organization	Street Address	City	State	Zip	Phone Number
Boys & Girls Club	321 Detroit Street	Michigan City	Indiana	46360	219-873-2298
Fly High Youth Services Inc.		Michigan City	Indiana	46360	219-210-6011
Youth Services Bureau	906 Michigan Ave	La Porte	Indiana	46350	219-362-9587
YMCA La Porte	901 Michigan Ave	La Porte	Indiana	46350	219-325-9622
YMCA	1202 Spring Street	Michigan City	Indiana	46360	219-872-9622

Social Cohesion *(Senior services, community centers)*					
Organization	Street Address	City	State	Zip	Phone Number
Senior Center	2 On the Lake	Michigan City	Indiana	46360	219.873.1504

Physical Activity/Built Environment *(Parks, free activity, non-profit organizations)*					
Organization	Street Address	City	State	Zip	Phone Number
Michigan City Skate-park	550 W. 4th Street	Michigan City	Indiana	46360	219-873-1506
Adams Park	307 Village Rd.	Michigan City	Indiana	46360	
Canada Park	300 Center Street	Michigan City	Indiana	46360	
Cleveland Park	300 Cleveland Ave.	Michigan City	Indiana	46360	
Gardena Park	900 Gardena Street	Michigan City	Indiana	46360	
Hansen Park	100 E. Street	Michigan City	Indiana	46360	
Joe Hawkins Memorial Park	1501 W. 8th Street	Michigan City	Indiana	46360	
Karwick Nature Park	700 S. Karwick Rd.	Michigan City	Indiana	46360	
Krueger Memorial Park	801 Liberty Trail	Michigan City	Indiana	46360	
Oak Hills Park	716 Martin Luther King Drive	Michigan City	Indiana	46360	
Pullman Park	550 West 4th Street	Michigan City	Indiana	46360	
Ruby Woods	3535 Franklin Street	Michigan City	Indiana	46360	
Striebel Pond	1100 W Hitchcock Street	Michigan City	Indiana	46360	
Tall Timbers Park	3100 Springland Ave.	Michigan City	Indiana	46360	
Walker Street Park	900 Walker Street	Michigan City	Indiana	46360	
Water Tower Park	301 Broadway Street	Michigan City	Indiana	46360	
Charles R. Westcott Park	US 12 & East Michigan Blvd.	Michigan City	Indiana	46360	
Winding Creek Cove	8th & Dickson Streets	Michigan City	Indiana	46360	
Oasis Splash Park	Fedder Drive Washington Park	Michigan City	Indiana	46360	219-898-4021

Food Related *(Food pantries, food education, special food outlets)*					
Organization	Street Address	City	State	Zip	Phone Number
Salvation Army	1201 Franklin Street	Michigan City	Indiana	46360	219-874-6885
Pleasant Hill MB Church	717 E. 10th Street	Michigan City	Indiana	46360	219-879-2877
PAX Center	605 Washington Street	La Porte	Indiana	46350	219-575-7842
Faith City	1314 S. Woodland Ave.	Michigan City	Indiana	46360	219-872-6235
Macedonia MB Church	3007 Ohio Street	Michigan City	Indiana	46360	219-879-4382
Sacred Heart Church	201 Bach Street	La Porte	Indiana	46350	219-362-2815
New Disciple Love Fellowship	1411 Pine Street	Michigan City	Indiana	46360	219-879-3268
The Good Shepard Food Pantry	6006 Fail Road	La Porte	Indiana	46350	219-778-9444
First United Methodist Church	121 E. 7th Street	Michigan City	Indiana	46360	219-765-1575
Springfield Township	227 W. 650 North	La Porte	Indiana	46350	219-325-0809
First Presbyterian Church Food/Soup Kitchen	121 W. 9th Street	Michigan City	Indiana	46360	219-879-4501
Calvary Lighthouse	2468 North State Rd.39	La Porte	Indiana	46350	219-325-3058
St. Mary Roman Catholic Food Pantry	411 W. 11th Street	Michigan City	Indiana	46360	219-874-7231
Center Township Trustee	1700 Lincolnway Place	La Porte	Indiana	46350	219-362-2736
Arise & Shine Food and Outreach Center	1010 W. Garfield Street	Michigan City	Indiana	46360	813-494-9012
Trinity Church	600 Franklin Street	Michigan City	Indiana	46360	219-874-4355

Job Skills/Employment Programs

(Include programs for idle teens, adult job skills, employers hiring vulnerable populations legally)

Organization	Street Address	City	State	Zip	Phone Number
AK Smith Career Center	817 W. Layfayette Street	Michigan City	Indiana	46360	219-873-2120
Grace Learning Center	1007 W. 8th Street	Michigan City	Indiana	46360	219-879-6788

Housing/ Utilities

(Healthy housing, subsidized housing, utility assistance)

Organization	Street Address	City	State	Zip	Phone Number
North Central Community Action Agency	301 E. 8th Street	Michigan City	Indiana	46360	219-872-3764
Salvation Army	1201 Franklin St.	Michigan City	Indiana	46360	219-874-6885
Anthony Adams House	209 N. Woodland Ave	Michigan City	Indiana	46360	219-214-6505
Catholic Charities	321 W. 11th Street	Michigan City	Indiana	46360	219-814-4861
Michigan Township Trustee	2601 E. Michigan Blvd	Michigan City	Indiana	46360	219-874-5201
Center Township Trustee	1700 Lincolnway	La Porte	Indiana	46350	219-362-2736
Michigan City Housing Authority	621 E. Michigan Blvd.	Michigan City	Indiana	46360	219-872-7287

Health Care

(Free clinics, FQHCs, CHCs, other health systems)

Organization	Street Address	City	State	Zip	Phone Number
HealthLinc Community Health Center	710 Franklin St.	Michigan City	Indiana	46360	219-872-6200
Open Door Adolescent Health Center (MCHS)	8466 W. Pahs Road (MCHS)	Michigan City	Indiana	46360	219-873-2082

Mental Health Services

(Health systems, providers, substance abuse counseling/treatment)

Organization	Street Address	City	State	Zip	Phone Number
Swanson Center	7224 W. 400 North	Michigan City	Indiana	46360	219-879-4621
Samartian Counseling	340 Commerce Sq.	Michigan City	Indiana	46360	219-879-3283
Keys Counseling	801 Washington Street	Michigan City	Indiana	46360	219-809-0333
Brighter Beginnings Counseling	2424 Franklin Street	Michigan City	Indiana	46360	219-608-8357
Bowen Center	PO Box 495	Michigan City	Indiana	46361	800-342-5653 ext 3796

Transportation

(Public, Medicaid/Medicare cab, senior services)

Organization	Street Address	City	State	Zip	Phone Number
Dial a Ride	1801 Kentucky St	Michigan City	Indiana	46360	219-873-1502
ATC Ambulance		Michigan City	Indiana	46360	219-214-0108
Around the Clock	213 Arthur St.	Michigan City	Indiana	46360	219-879-1039

Infant/New Parent Supplies or Services

(BABE stores, diaper banks, car seats)

Organization	Street Address	City	State	Zip	Phone Number
LaPorte County Health Department	802 W. 8th Street	Michigan City	Indiana	46360	219-326-6808
Women's Care Center	732 Wabash Street	Michigan City	Indiana	46360	219-874-4646
Salvation Army	1201 Franklin Street	Michigan City	Indiana	46360	219-874-6885
Dunebrook	7451 W. Johnson Rd.	Michigan City	Indiana	46360	219-874-0007

Licensed Child Care					
Organization	Street Address	City	State	Zip	Phone Number
Granny's House	310 S. Park Street	Michigan City	Indiana	46360	219.879.0214
Wee Care	1209 Franklin Street	Michigan City	Indiana	46360	219.221.6136
Imagination Station	1200 E. Coolspring Ave.	Michigan City	Indiana	46360	219.872.6723
Children of Destiny Child Care	721 Davidson Ave.	Michigan City	Indiana	46360	219.210.3449
Little Sprouts Learning Center	122 Logan Street	Michigan City	Indiana	46360	219.879.0872
Kidz Paradise	1208 Elston Street	Michigan City	Indiana	46360	219.809.9456
Hearts & Hands Childcare	1302 Ohio Street	Michigan City	Indiana	46360	219.210.3786
Village Kids	913 Green Street	Michigan City	Indiana	46360	219.879.6639
Giggly Wiggly	117 Esther Street	Michigan City	Indiana	46360	219.879.5752
Constructive Pathways Montessori School	4303 N. Wozniak Road	Michigan City	Indiana	46360	219.874.5897
Kids Are Kids	415 Hayes Street	Michigan City	Indiana	46360	219.874.4803
Cribs to Crayons	614 Pearl Street	Michigan City	Indiana	46360	219.879.2234
Little Saints	1712 E. US Highway 20	Michigan City	Indiana	46360	219.814.4648
Peek A Boo	806 Ohio Street	Michigan City	Indiana	46360	219.879.7355
Express Yourself Daycare	2703 Ohio Street	Michigan City	Indiana	46360	219.879.8333

Community Coalitions					
Organization	Street Address	City	State	Zip	Phone Number
Healthy Communities of LaPorte County	422 Franklin Street	Michigan City	Indiana	46360	219.210.3499
Home Team	Nief Building	Michigan City	Indiana	46360	
Tobacco Coaltion	422 Franklin Street	Michigan City	Indiana	46360	219.210.3499

CALL TO ACTION

Franciscan HEALTH

SECTION 6

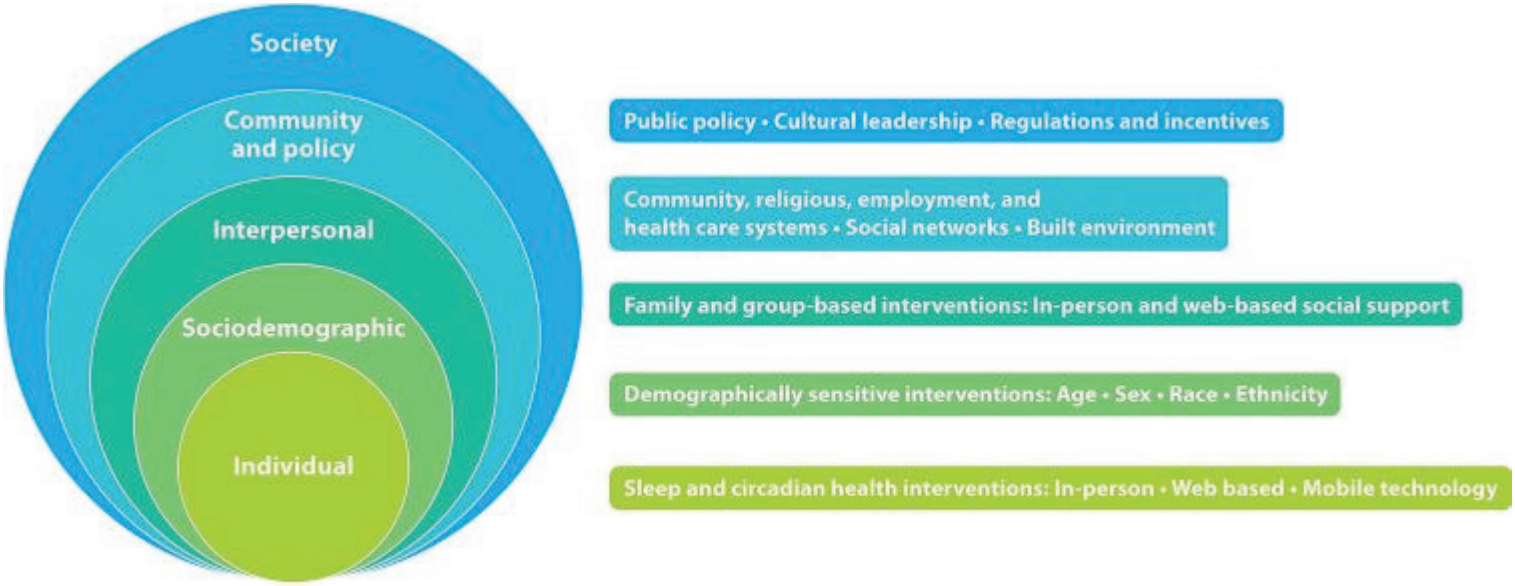
community HEALTH NEEDS ASSESSMENT

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.

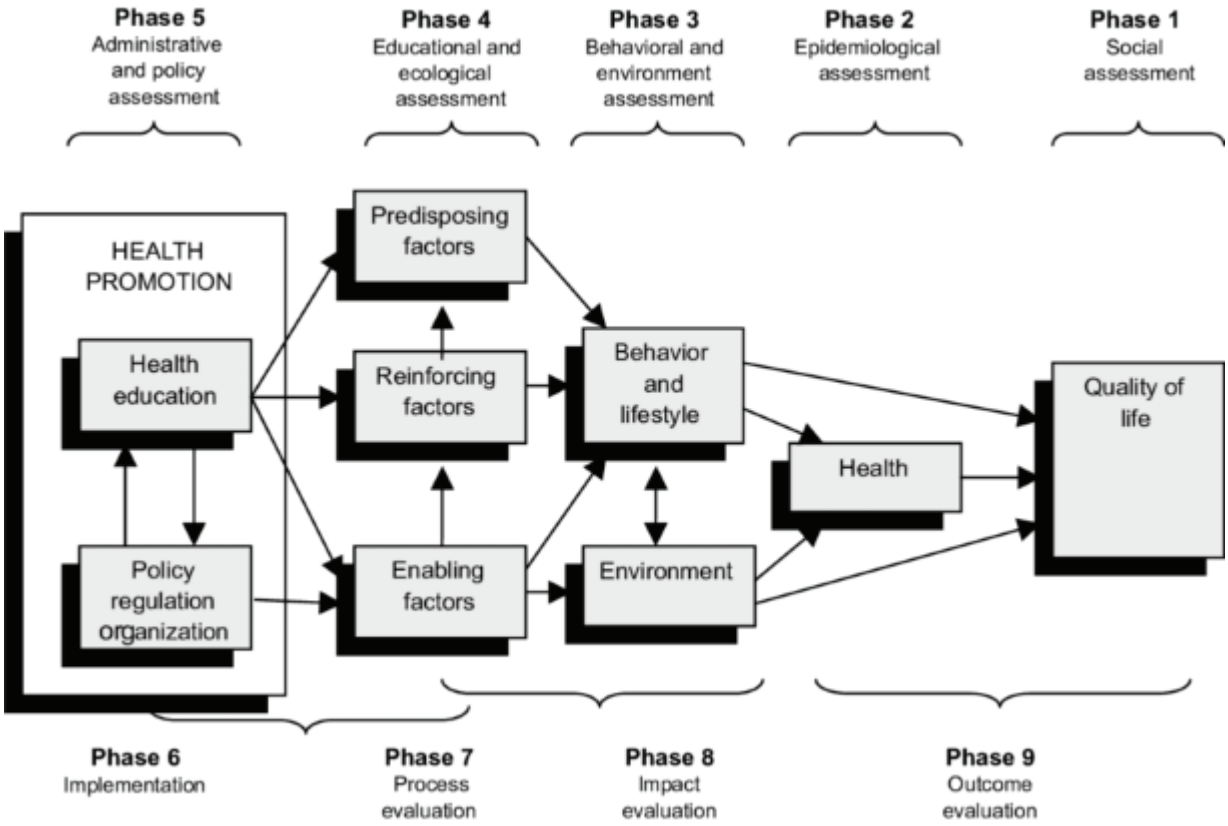
METHODOLOGY

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.

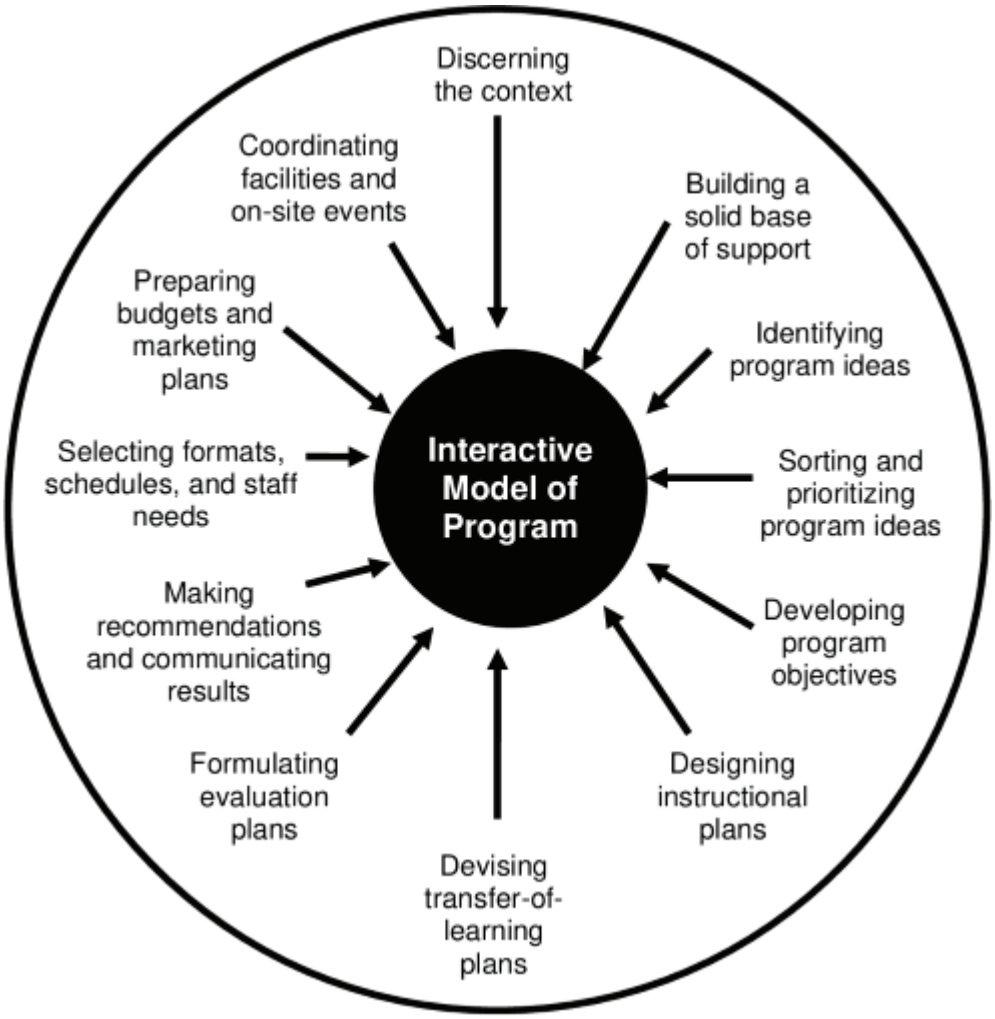


Hale L, et al. 2020. *Annu. Rev. Public Health.* 41:81–99

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:	Provide the Fit Together program once a year targeting low resourced families	
Tactics:	Year 1:	Identify target population and geographic area to serve vulnerable families
		Develop shared strategy for course implementation
		Implement one session
	Year 2:	Adjust target population as needed
		Add community based partners to expand reach and education
		Implement one session
	Year 3:	Adjust target population as needed
		Build sustainability infrastructure for Year 4
		Implement one session
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:	"Build healthy fitness activities for the whole family 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 programming once a year	
Tactics:	Year 1:	Provide WWAD once a year, targeting families and minority populations
		Develop supplemental education on fitness for WWAD participants
	Year 2:	Provide WWAD once a year, targeting families and minority populations
		Develop supplemental education on fitness for WWAD participants
	Year 3:	Provide WWAD once a year, targeting families and minority populations
		Develop supplemental education on fitness for WWAD participants
Inputs:	Investment:	$800 per session
Leading Indicators:	Number People/Number Programs:	120 people per year
	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 Advisory Council 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:	Four 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:

Location/Specialty	Name	Email
System Wide	Kate Hill-Johnson Payton Royer Courtney Palmer	Katharine.Hill-Johnson@franciscanalliance.org Payton.Royer@franciscanalliance.org Courtney.Palmer@franciscanalliance.org
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Jasper County (Rensselaer)	Juanita Fitzgerald Katie Kent	Juanita.Fitzgerald@franciscanalliance.org Kathleen.Kent@franciscanalliance.org
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Tippecanoe/Montgomery County (Lafayette/Crawfordsville)	Stacey Quick	Stacey.Quick@franciscanalliance.org
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