community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

MONTGOMERY COUNTY



2022 - 2024 REPORT

Franciscan HEALTH

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community HEALTH NEEDS ASSESSMENT

1 LEARN ABOUT FRANCISCAN HEALTH CRAWFORDSVILLE

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 will develop a three-year strategic plan on meeting community health needs as capacity and resources allow.

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

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

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

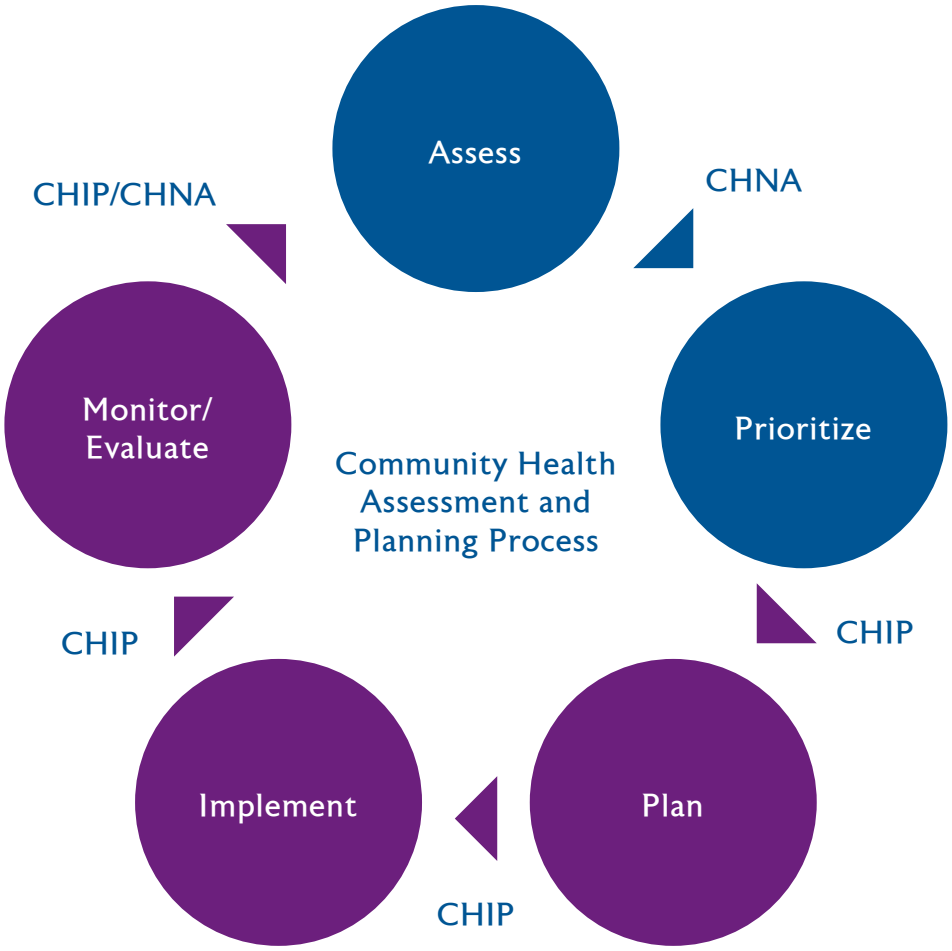
Yours in health,

The Community Health Improvement Team






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



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

– CDC

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

JAN-FEB 2021
National Public Health Data Reviewed

APR 2021
Community Health Survey Deployed

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

MAY-JULY 2021
Secondary Data Collection

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

OCT 2021
Analysis of Data and Health Need Prioritization

OCT-NOV 2021
Final Development of CHIP

DEC 2021
Report Completion

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

APR 2022
Franciscan Health Board of Trustees Approval

FACILITY INFORMATION

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 CRAWFORDSVILLE

Address: 1710 Lafayette Rd. Crawfordsville, IN 47933
Phone: (765) 362-28000
Specific Websites: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-crawfordsville-60
CEO Name: Terry Wilson

Average Annual Inpatient Admissions (2020): 1,139
Average Annual Outpatient Admissions (2020): 42,905
Average Annual ED Admissions (Arrivals 2020): 15,618
Average Annual Births (2020): 0

Number of Employees: 280.9
Number of Volunteers: 28
Number of Doctors (FPN, SPI, & Affiliates): 13.89
Average Length of Stay (Inpatient 2020 number of days): 3.24



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):

Behavioral and Mental Health, Cancer Care, Diet & Nutrition, Ear, Nose & Throat, Emergency Medicine, Eye & Vision, Gastroenterology & Colorectal, Heart Care, Home Health, Hospice & Palliative Care, Hospital Based Care, Imaging & Radiology, Infectious Disease, Laboratory Services, Occupational Health, Orthopedics, Pain Management, Pharmacy, Physical Therapy & Rehabilitation, Plastic & Reconstructive Surgery, Primary Care, Pulmonary & Respiratory Medicine, Sleep Medicine, Sports Medicine, Surgical Services, Weight Loss and Bariatric, Wound Care

OUR MISSION

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

OUR COMMUNITY

Franciscan Health Crawfordsville community benefit programs target the city of Crawfordsville and the 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.

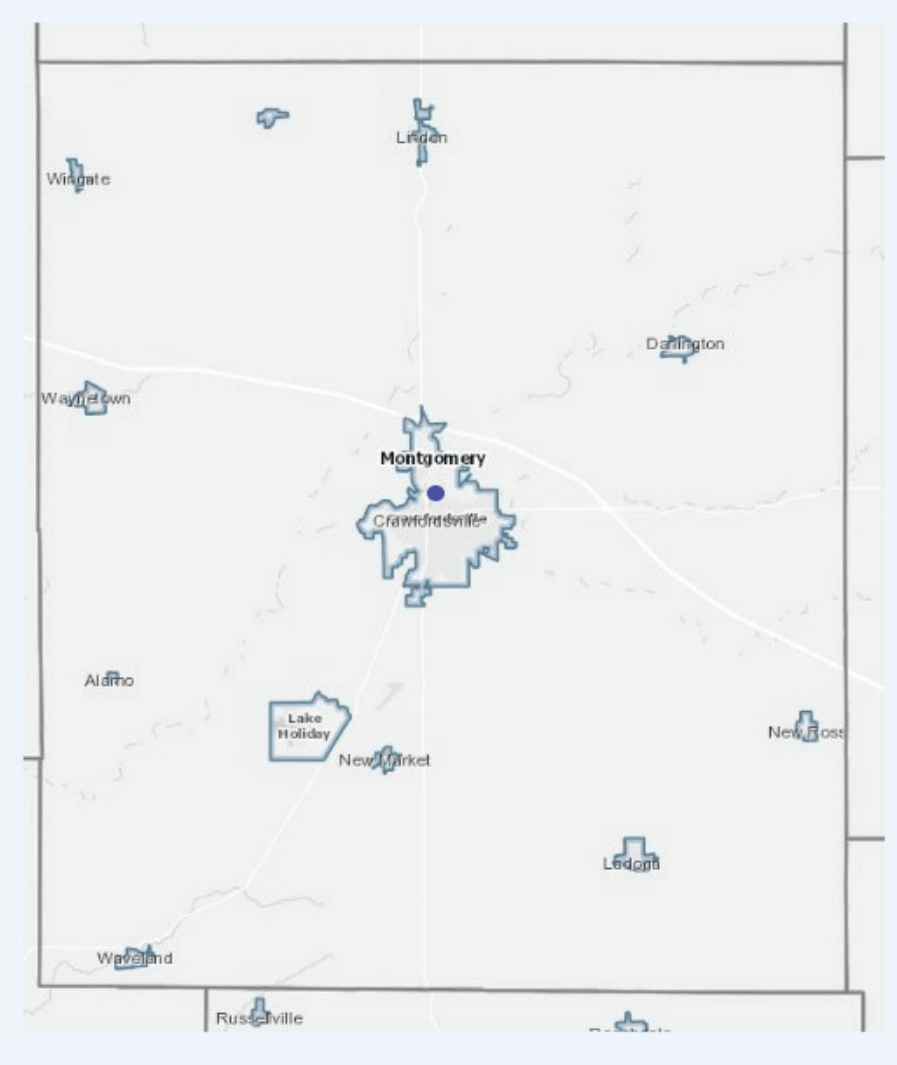
CHRISTIAN STEWARDSHIP

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

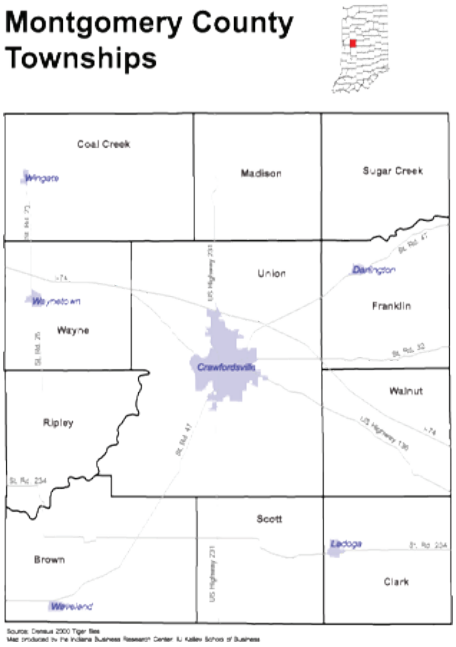
community HEALTH NEEDS ASSESSMENT

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



Montgomery County, Indiana

DEMOGRAPHICS

Table 1.0: Population Size for Montomery County, 2019

Cities & Towns	Populations	Percent of County
Alamo	64	0.2%
Crawfordsville	16,118	42.0%
Darlington	862	2.2%
Ladoga	997	2.6%
Linden	767	2.0%
New Market	623	1.6%
New Richmond	333	0.9%
New Ross	343	0.9%
Waveland	418	1.1%
Waynetown	962	2.5%
Wingate	266	0.7%

*Perect of the population not accounted for in Table 1.0 represents the number of residents not living within city/township limits.

In 2019, 5.8% of the population was preschool aged children, 16.8% were school aged children, 9.1% were college aged students, 23.2% were young adults, 26.7% were older adults, and 18.3% were seniors. In 2019, the average age of a person in Montgomery County was 40.5, which falls into the young adult category.

Table 1.1: Population Estimates by Age, 2019

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	2,238	5.8%	6.2%
School Age: 5 to 17	6,457	16.8%	17.1%
College Age: 18 to 24	3,489	9.1%	9.8%
Young Adult: 25 to 44	8,885	23.2%	25.5%
Older Adults: 45 to 64	10,249	26.7%	25.2%
Seniors: 65 and older	7,020	18.3%	16.1%
Median Average Age (years)	40.5		37.9

In 2019, there were no Hawaiian natives and other Pacific Islanders, 0.4% of the population was American Indians or Alaskan natives, 1.1% were Black, 0.9% were Asian. 1.4% of the population identified as two or more racial groups, and 96.1% were White. In 2019, 4.9% of the Montgomery County population identified as Hispanic and 95% identified as Non-Hispanic.

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

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	165	0.4%	0.4%
Asian	346	0.9%	2.6%
Black	437	1.1%	9.9%
Native Hawaiian & other Pacific Islander	17	0.0%	0.1%
White	36,847	96.1%	84.8%
Two or More Racial Groups	526	1.4%	2.2%
Non-Hispanic	36,446	95%	92.7%
Hispanic	1,892	4.9%	7.3%

Veteran Population

According to the 2019 American Community Survey, there were approximately 2,290 U.S. Veterans living in Montgomery County. Most of the veterans in Montgomery County were between 35 and 54 years old.

Population with Disabilities

The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job. Nearly 11.8% of people living in Montgomery County were living with a disability in 2019.

Social and Economic Factors

FINANCIAL

Refer to the tables below for a comparison of financial and economic indicators across the state and county.

According to the 2019 American Community Survey, the median household income for Montgomery County was $54,366. This was slightly lower than the Indiana median state household income. The highest incomes in Montgomery County were earned by people who are between 25 and 64 years of age.

Poverty becomes a factor when a family's total income is less than the threshold. The American Community Survey (2019) concluded that 12.1% of Montgomery's population is in poverty. The population with the highest amount of poverty is those between 18 and 34 years of age. When looking at the poverty rate among children under the age of 18, the rate increases to 16.3%. Children under the age of 12 are the second highest group in poverty in Montgomery County. In 2020, there were 3,389 recipients of free or reduced lunch in the Montgomery County School Corporation. In 2019/2020, there were 3,029 recipients of food stamps in Montgomery County.

Table 1.3: Montgomery Income & Poverty Rates

Income and Poverty	Number	Percent of State	Indiana
Per Capita Personal Income (annual) in 2019	$40,979	84.2%	$48,678
Median Household Income in 2019	$54,366	94.4%	$57,617
Poverty Rate in 2019	12.1%	101.7%	11.9%
Poverty Rate Among Children under 18	16.3%	107.9%	15.1%
Welfare (TANF) Monthly Average Families in 2019	31	0.5%	6,657
Food Stamp Recipients in 2020	3,389	0.5%	659,095
Free and Reduced Free Lunch Recipients in 2019/2020	3,029	0.6%	507,739

EDUCATION

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

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

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

Table 1.4: Educational Attainment Profile in Montgomery County

Indicator	Description	Montgomery County	Indiana
At Least High School Education	Percent of people aged 25 years or older who have either graduated from high school, completed the GED, or have some other equivalent credential. This percent includes all people who graduated from high school and have completed higher levels of education.	89.8%	88.8%
Bachelor's Degree or Better Education	Percent of people 25 years or older who have at least graduated from college with a bachelor's degree. This does not include vocational, technical schools or job training.	18.2%	26.5%
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	8%	7%

EMPLOYMENT

Unemployment rate is a measure of the prevalence of unemployment and calculated as a percentage by dividing the number of unemployed individuals by all individuals currently in the labor force (United States Department of Labor, 2017). The annual unemployment rate in 2019 was 3.4% with an employment rate of 3.0% in Montgomery County.

Table 1.5: Unemployment in Montgomery County

Indicator	Number	Rank in State	Percent of State	Indiana
Total Resident Labor Force	18,852	41	0.6%	3,387,366
Employed	18,275	41	0.6%	3,275,056
Unemployed	577	42	0.5%	112,310
Annual Unemployment Rate	3.1%	51	93.9%	3.3%
December 2020 Unemployment Rate	3	71	75.0%	4

In 2019, there were 18,275 employed individuals in Montgomery County, while 577 were unemployed (STATS Indiana).

MAJOR INDUSTRIES

The private industry represents 85.7% of the working class (2019).

Table 1.6: Industries in Montgomery County

Indicator	Employment	Percent Distributed in County	Earnings	Percent Distributed in County	Average Earnings per Job
Total by place of work	20,469	100%	$1,008,167	100%	$49,253
Wage and Salary	16,101	78.7%	$752,127	74.6%	$46,713
Farm Proprietors	618	3.0%	($1,600)	-0.2%	($2,589)
Nonfarm Proprietors	3,750	18.3%	$75,179	7.5%	$20,048
Farm	774	3.8%	$4,145	0.4%	$5,355
Nonfarm	19,695	96.2%	$1,004,002	99.6%	$50,979
Private	17,549	85.7%	$882,688	84.6%	$50,298

TRANSPORTATION

In 2019, 4.3% of Montgomery County residents identified having no vehicle available for use, while 29.9% identified having at least one vehicle available and 39.8% identified having two vehicles available. This means that the majority of residents had vehicular transportation available, but approximately 668 residents did not.

ENVIRONMENTAL

Ground-Level Ozone

Ozone occurs naturally in the sky and helps protect us from the sun's harmful rays. But ground-level ozone can be bad for your health and the environment. Ground-level ozone is one of the biggest parts of smog. When ozone levels are above the national standard, everyone should try to limit their contact with it by reducing the amount of time spent outside. Montgomery County residents were exposed to unhealthy levels of ozone for zero days in 2014.

Particulate Matter

Air pollution is a leading environmental threat to human health. Particles in the air like dust, dirt, soot, and smoke are one kind of air pollution called particulate matter. Fine particulate matter, or PM2.5, is so small that it cannot be seen in the air. Breathing in PM2.5 may lead to breathing problems, make asthma symptoms or some heart conditions worse, and lead to low birth weight. The national standard for annual PM2.5 levels is 12.0 micrograms per cubic meter. When PM2.5 levels are above 12, air quality is more likely to affect your health. In 2014, the annual level of PM2.5 in Montgomery County was 11.3 micrograms per cubic meter.

Drinking Water Safety

In 2018, none of Montgomery County residents were potentially exposed to unsafe drinking water.

Table 1.7: Environmental Health Indicators

Indicator	Description	Source	Measurement Period	Montgomery County	Indiana
Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	County Health Rankings	2014	11.3	11.8
Drinking Water Violations	Indicator of the presence of health-related drinking water violations measured by a yes/no variable	County Health Rankings	2018	No	N/A

Childhood Lead Poisoning

In 2015, the CDC released Indiana State Surveillance System data indicating that there were seven elevated lead blood tests found in the children tested for lead poisoning. Within Montgomery County, lead poisoning was not as serious of a threat to health as it was to other counties in the state.

HOUSING

Homeownership

Homeownership rates are defined by the amount of available housing units currently occupied by a homeowner. From 2015-2019, 92.4% of housing units in Montgomery County were occupied by a homeowner.

Renter's Spending 30% or more of household income on rent

From 2015-2019, 14.3% of Montgomery County residents, or approximately 1,042 people, spent 30% or more of their household income on monthly rent payments.

Severe housing problems

In the state of Indiana, an average of 11% of residents are affected by "severe housing problems." This measure is the percentage of households dealing with one of four problems: lack of complete kitchen facilities, lack of plumbing facilities, severe overcrowding, or a high cost burden. In Montgomery County, 8% of residents had a severe housing problem (County Health Rankings, 2014-2018).

Subsidized housing

There are currently four properties that are recognized by the U.S. Department of Housing and Urban Development. One of these properties are available only to elderly residents of Montgomery County and three are available for families. The largest number of available bedrooms is three, and the smallest is two. Two of the properties are located in Crawfordsville, Indiana, one is located in Darlington, and one is located in Linden.

HEALTH ACCESS

Hospitals

There is one hospital located in Montgomery County, Franciscan Health Crawfordsville. This hospital is located at 1710 Lafayette Rd., Crawfordsville, IN, 47933.

Medically Underserved Areas

According to the Health Resources and Services Administration, "medically underserved areas/populations are areas or populations [are defined as] having too few primary care providers, high infant mortality, high poverty or a high elderly population." In Montgomery County, there are currently two medically underserved areas recognized.

Health Professions Shortage Areas

According to the Health Resources and Services Administration, "Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons)."

Montgomery County currently has two health professional shortage areas: mental health and primary care. The need for primary care physicians is most pressing for those who are designated low-income.

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.

Breastfeeding

In 2015, 67.7% of mothers received early prenatal care during their pregnancy. There has been a 2.5% increase among mothers receiving prenatal care since 2011. The smoking rate among expecting mothers has decreased by 3.9% since 2011. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). Nearly 22% of mothers smoked during pregnancy in Montgomery County in 2015. Also in 2015, 78.4% of Montgomery County mothers breastfed their children. Since 2011, the population of mothers who breastfed had increased nearly 9% in the county. 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.

MATERNAL CHILD HEALTH

Table 2.0: Montgomery County Prenatal Care Practices, 2013-2017

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
# Early Prenatal Care	321	302	320	328	341	1,612
% Early Prenatal Care	69.3%	70.2%	67.7%	71.9%	75.4%	70.9%
State Percent	**67.4%**	**67.5%**	**69.3%**	**69.3%**	**68.6%**	**68.4%**
# Smoked	110	106	102	92	86	496
% Smoked During Pregnancy	23.8%	24.7%	21.6%	20.2%	19.0%	21.9%
State Percent	**15.7%**	**15.1%**	**14.3%**	**13.5%**	**13.5%**	**14.4%**
# Unmarried Mothers	207	190	230	185	203	1,015
% Unmarried Mothers	44.7%	44.2%	48.6%	40.6%	44.9%	44.6%
State Percent	**43.3%**	**43.3%**	**43.3%**	**42.7%**	**42.8%**	**43.1%**
# Breastfeeding Mothers	340	315	371	370	355	1,751
% Breastfeeding Mothers	73.4%	73.3%	78.4%	81.1%	78.5%	76.9%
State Percent	**77.3%**	**79.3%**	**80.5%**	**80.9%**	**81.9%**	**80.0%**
# Mothers on Medicaid	200	211	222	188	185	1,006
% Mothers on Medicaid	43.2%	49.1%	46.9%	41.2%	40.9%	44.3%
State Percent	**44.1%**	**43.7%**	**43.0%**	**41.7%**	**41.0%**	**42.7%**
# Teen Births 15-17	15	8	16	X	10	49
Teen Birth Rate (15-17)	U	U	U	U	U	X
State Rate	**13.1**	**11.9**	**11.1**	**9.6**	**8.9**	**11.0**

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

Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Childcare Services

This indicator shows the percentage of total consumer expenditures spent on all childcare. This includes child care, day care, nursery school, preschool, babysitting, and non-institutional day care. Childcare is a major expense for families with young children. Access to affordable and high quality childcare is essential for parents to be able to provide sufficient income for their family while ensuring all of their children's social and educational needs are met. In Montgomery County, 0.59% of consumer expenditures went towards childcare. This is lower than the Indiana and U.S. values, and lower than previous values when measured. In 2017, there was one licensed child care option in Montgomery County, Crawfordsville Head Start located on Industrial Boulevard.

Table 2.1: Childcare Facilities in Montgomery County

Child Care Facility Type (2017)	Number of Facilities
# of Licensed Child Care Centers	1
# of Licensed Child Care Homes	5

FOOD SECURITY

Food insecurity is measured by the percentage of people in a county who did not have access to a reliable source of food during the past year. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important but it may be equally important to have adequate access to a constant food supply. In 2017, 11% of Montgomery County was considered food insecure.

Food Environment Index

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weighs two indicators of the food environment: 1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket; there is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.

Additionally, access in regards to a constant source of healthy food due to low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by understanding the barrier of cost. A lack of constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. It is important to have adequate access to a constant food supply, but it may be equally important to have nutritious food available. In Montgomery County, 7% of residents had limited access to healthy food. Eleven percent of residents were considered food insecure. The overall food environment index for the county was 8.1.

Table 2.2: Montogmery County Food Index

Indicator	Description	Source	Measurement Period	Montgomery County	Indiana
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). Rated on a scale from 0 (worst) to 10 (best).	County Health Rankings	2015 & 2017	8.1	7.1
Food Insecurity	Percentage of population who lacks adequate access to food.	County Health Rankings	2017	11.0%	13.0%
Child Food Insecurity Rate	Percentage of children in a county who are considered food insecure	Feeding America	2018	15.2%	17.5%
SNAP - Authorized Stores	Number of stores in a county authorized to accept and use SNAP benefits.	USDA - Food Environment Atlas	2017	33.4	N/A
Grocery Store Density	Number of grocery stores in a county	USDA - Food Environment Atlas	2016	7	N/A
Farmers Market Density	Number of farmers markets in a county	USDA - Food Environment Atlas	2018	1	N/A

Child Food Insecurity Rate

Feeding America is the largest domestic hunger-relief organization in the United States. According to the 2017 "Map the Meal Gap," the food insecurity rate was 11.8%, and the estimated number of food insecure individuals was roughly 8,819. The food insecurity rate among children in Montgomery County was 17.7% in 2016.

According to the National Center for Education Statistics, 41.3% of children in Indiana were eligible for free and reduced lunch, while 65% were eligible within Montgomery County (2014-2015).

PHYSICAL ACTIVITY

High Schoolers Physically Active

In 2015, the USDA reported that 25.3% of high schoolers were physically active in the state of Indiana. No specific county-level data was available.

Physical Inactivity

Adult physical inactivity is another valuable health indicator that represents the percent of adults 20 years and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (Indiana Indicators, 2017). According to County Health Rankings, 26% of adults ages 20 or older in Montgomery County were identified as physically inactive, which is equal to the state rate (2017). Healthy People 2030 has a goal to reduce the proportion of adults who engage in no leisure-time physical activity from 25.4% to 21.2%. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions.

Access to Exercise Opportunities

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they:

- reside in a census block that is within a half mile of a park, or
- reside in an urban census block that is within one mile of a recreational facility, or
- reside in a rural census block that is within three miles of a recreational facility.

The numerator is the number of individuals who live in census blocks meeting at least one of the above criteria. The denominator is the total county population. Parks included in the Access to Exercise Opportunities measure include local, state, and national parks. Recreational facilities included in the Access to Exercise Opportunities measure are businesses including gyms, community centers, YMCAs, dance studios and pools.

In Montgomery County, 64% of residents had access to exercise opportunities. The average in Indiana was 75%, with a range of 12% to 92%.

Recreation and Fitness Facilities

Fitness and recreation centers are defined as "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports." In 2014, it was reported that there was one recreation and fitness facility to serve all of Montgomery County.

SLEEP HEALTH

Insufficient Sleep (county-level)

Insufficient sleep measures are calculated by measuring the percentage of adults who report getting fewer than 7 hours of sleep on average. In 2016, 34% of adults reported this. The state average was 36%.

Proportion of High School Students Who Get Sufficient Sleep

Healthy People 2020 identified sufficient sleep as one of the target health goals for students across the nation. "Sufficient sleep" is defined as eight or more hours of sleep in a single night.

In 2015, it was reported by the Youth Risk Behavior Surveillance System that only 21.4% of Indiana students surveyed identified getting a sufficient amount of sleep.

Proportion of Adults Who Get Sufficient Sleep

In 2015, it was reported by the National Health Interview Survey results that approximately 61.5% of adults in Indiana surveyed identified getting a sufficient amount of sleep.

IMMUNIZATIONS

The table provided gives a comparative view of the rates of immunizations in Indiana and Montgomery County (when county-level data was available).

Table 2.3: Immunization Profile Montgomery County

Indicator	Description	Source	Measurement Period	Montgomery County	Indiana	HP 2030 Goal
Recommended Infant Immunizations	This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP)	IDSH, Epidemiology Resource Center, Surveillance and Investigation Division	2017	69%	63%	1.3%
Flu Shot Vaccinations	Percentage of adults, 18 and older, who have received a flu shot in the past year.	ISDH & CDC Behavioral Risk Factor Surveillance System	2017	40%	49%	70.2
Pneumonia Vaccinations	Percentage of adults, aged 65 and older, who have ever received a pneumonia vaccination.	ISDH & CDC and Prevention, Behavioral Risk Factor Surveillance System	2017	N/A	74%	N/A
HPV Vaccinations	Percentage among adolescents 13-17 years with the vaccine as reported by NIS-Teen in 2016.	TeenVaxView	2016	45.2%	N/A	80%

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. In Montgomery County, 90.08% of diabetic Medicare enrollees received routine monitoring in 2015 and 47.0% of Montgomery County female Medicare enrollees received a mammogram in 2017.

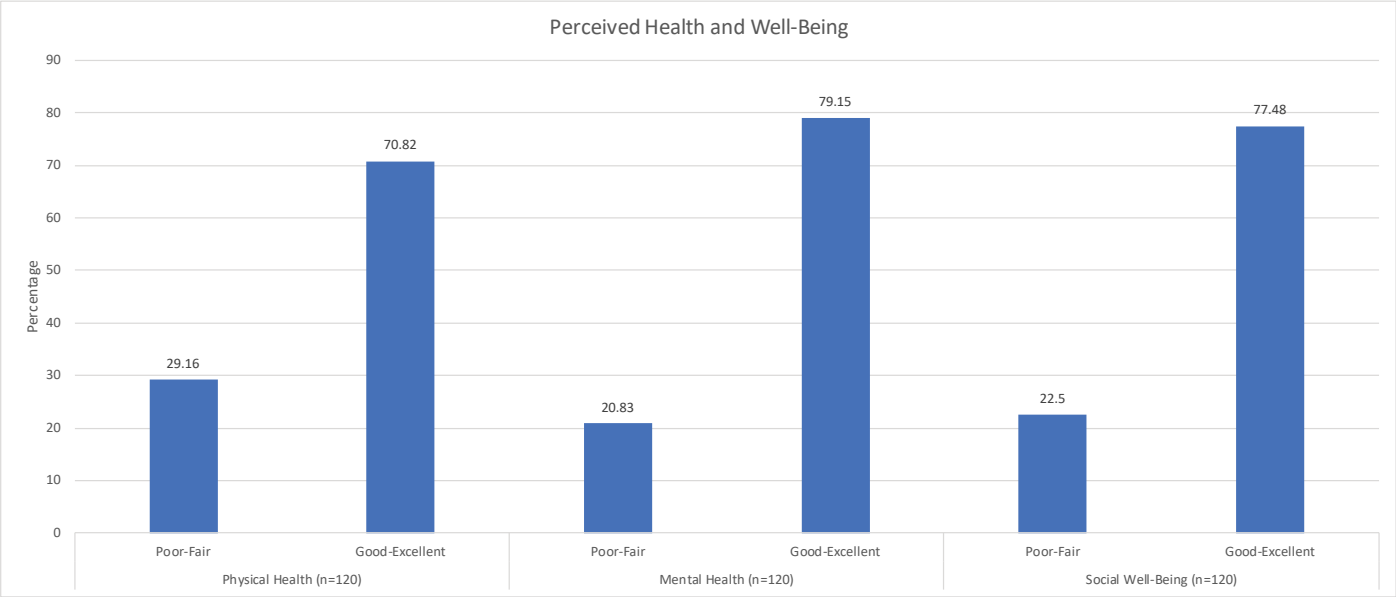
Table 2.4: Montgomery County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Tippecanoe County	Indiana
Diabetes Monitoring	Percentage of Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2015	90.08%	86%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	County Health Rankings	2017	47%	47%

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

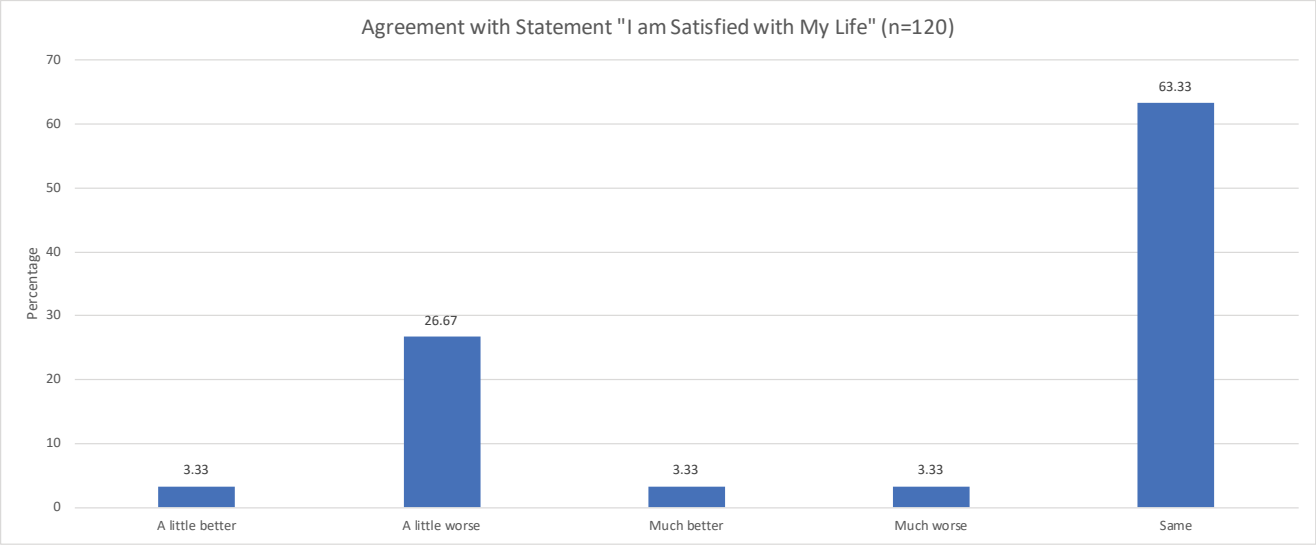
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

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



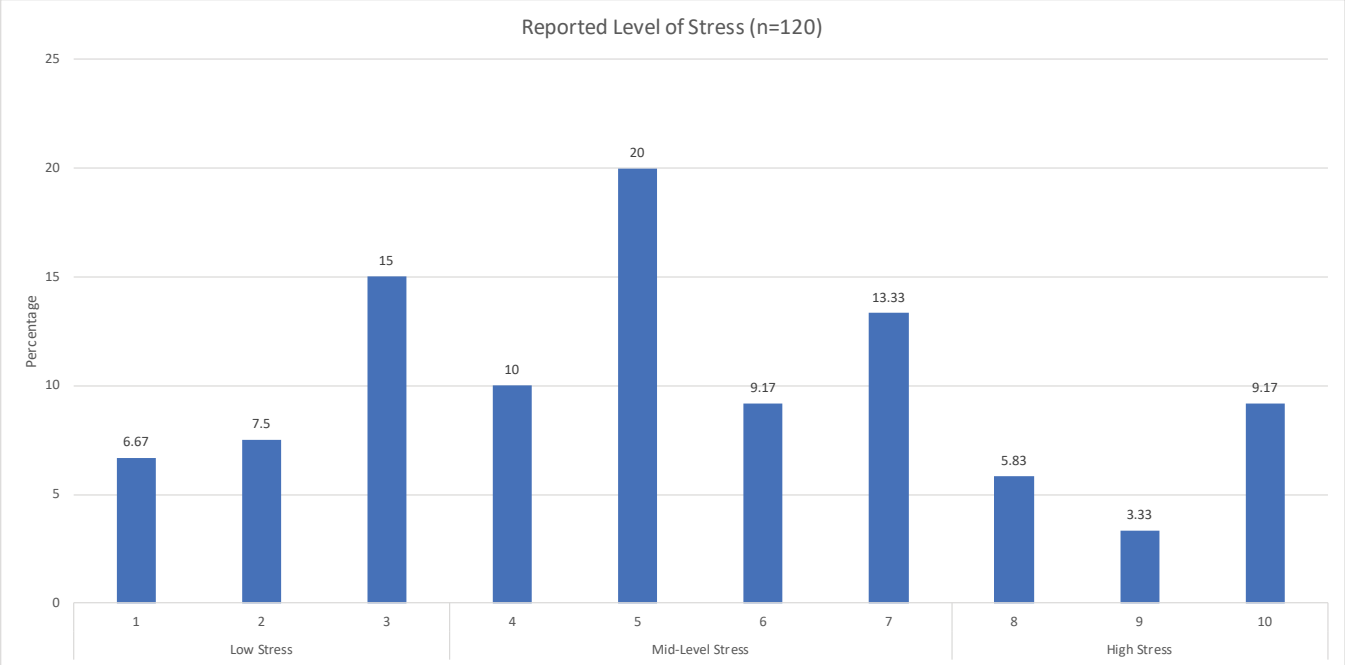
Participants were asked to respond to a single question that asked them to respond to the statement "How has the statement 'In general, I am satisifed with my life' changed before the COVID-19 pandemic" with five response options ranging from much worse to much better. The majority of participants reported "same" with the statement, with 3.33% (n = 4) responding "much better" and 3.33% (n = 4) responding "a little better." Some participants 63.33% (n = 76) responded "same." Those indicating less overall life satisfaction responded with "a little worse" 26.67% (n=32) or "much worse" 3.33% (n = 4).

Figure 2.2: Participants Agreement with Life Satisfaction



Level of Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Some participants, 18.33% (n = 22) 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: Ranking of Level of Life Stress

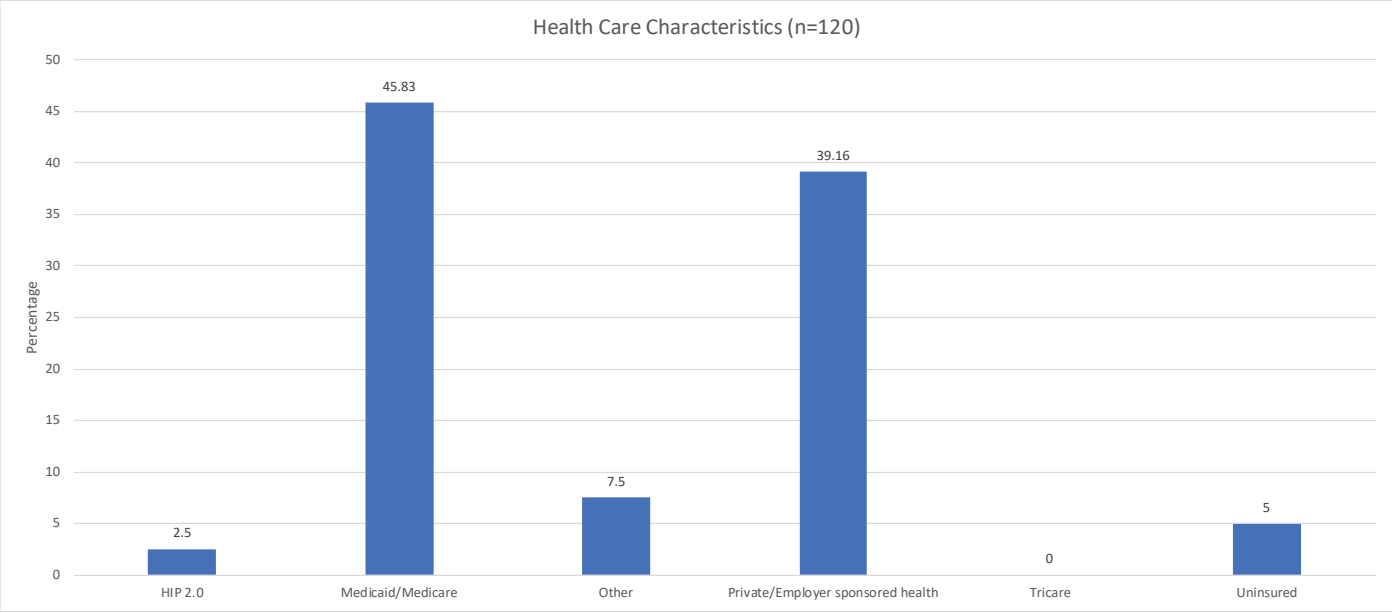


HEALTHCARE ACCESS AND ENGAGEMENT

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

Insurance on Healthcare Coverage. Participants were asked "What health coverage are you currently enrolled in?" Of the participants, the vast majority, 95.82% (n = 105) reported that they did have such coverage or insurance, while 2.97% (n = 15) 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 and asked whether they had received or utilized each of those within the past 12 months.

Table 2.5: Participants' Reported Types of Healthcare Engagement* (n=120)

What prevents you from getting the health care you feel you need? (Select all that apply.)		
	Number	Percentage
Cultural/religious beliefs	3	2.50%
Do not know how to find the type of doctor I want	25	20.83%
Fear (e.g., not ready to face/discuss health problem)	28	23.33%
I cannot get an appointment when I am available	31	25.83%
Language barriers	3	2.50%
Immigration status	1	0.83%
No insurance and unable to pay for the care	26	21.66%
Unable to pay co-pay/deductibles	26	21.66%
Transportation	10	8.33%
Lack of access to a computer	7	5.83%
Bad past medical experience	19	15.83%

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 2.6 breaks down each response to the 10 resources.

Regarding access to healthcare/doctor visits, 25.83% of participants (n = 31) indicated that they had trouble getting or accessing a healthcare provider or getting a doctor visit.

Regarding needing to fill a prescription/medication, 5.00%, (n = 6) indicated that that they were not able to fill a medication or prescription.

Regarding needing transportation, 3.33% of participants (n = 4) indicated that they had not been able to access transportation due to other needs.

Figure 2.6: Participants' Reports of Resource Challenges and Healthcare

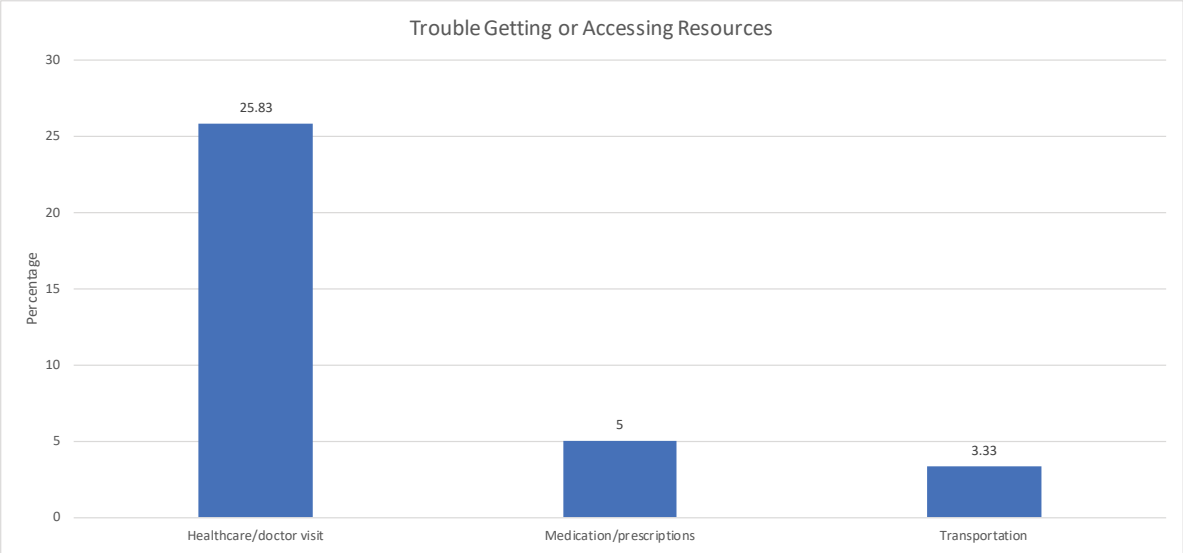


Table 2.6: Participants' Reports of Resource Challenges and Healthcare

During the COVID-19 pandemic, have you had trouble getting or accessing any of the following? (Select all that apply.) (n=120)		
	Number	Percentage
Exercise/physical activity	23	19.17%
Food/groceries	21	17.50%
Healthcare/doctor visit	31	25.83%
Infant supplies	3	2.50%
Medication/prescriptions	6	5.00%
Spiritual/religious support	13	10.83%
Transportation	4	3.33%
Time with family	58	48.33%
Utilities	6	5.00%
Not applicable	48	40.00%

PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants had participated in certain behaviors within the past 30 days. 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 2.7 provides a summary of this data.

Table 2.7: Self-Reported Health Behaviors (n=120)

What type of health changes do you want to make in the next year? (Choose up to 3).		
	Number	Percentage
Drinking less alcohol	3	2.50%
Eating better food	52	43.33%
Improving sleep	46	38.33%
Managing Stress	36	30.00%
Getting more exercise	68	56.67%
Improving relationships	19	15.83%
Quitting tobacco or nicotine products	11	9.17%
Getting recommended health screenings, like blood tests or mammograms	14	11.67%
Finding a doctor	11	9.17%

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 2.8: Participants' Reports of Felt Social Determinants

Which of these items cause you stress in your DAILY life? (Check all that apply.) (n=120)		
	Number	Percentage
Not enough food	4	3.33%
Having a safe place to live	10	8.33%
Paying utility bills	24	20.00%
Reliable transportation	11	9.17%
Violence inside the place I live	1	0.83%
Violence or crime in my neighborhood	9	7.50%
Getting or maintaining a good job	16	13.33%
Lack of support from family and friends	25	20.83%
Lack of spiritual/pastoral support	11	9.17%
Experiencing disrespect or discrimination	16	13.33%
Language barriers	4	3.33%
Financial planning/budgeting	51	42.50%

HEALTH OUTCOMES

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SECTION 3

community HEALTH NEEDS ASSESSMENT

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

ACCIDENTS, INJURIES, AND HOMICIDES

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 shown below.

Table 3.0: Alcohol & Driving-Related Indicators

Indicator	Description	Source	Measurement Period	Montgomery County	Indiana	HP 2030 Goal
Traffic Injury Mortality	Number of road traffic fatal injury deaths per 100,000 population (age-standardized).	Civil registration and vital statistics systems with full coverage	2015	0	12.4	10.1
Alcohol-Impaired Driving Deaths	Percentage of motor vehicle crash deaths with alcohol involvement.	County Health Rankings	2014-2018	15%	20%	28.3%

Table 3.1: Unitentional Injury Indicators

Indicator	Description	Source	Measurement Period	Montgomery County	Indiana	HP 2030 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	65.8	58.0	43.2
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	38.5	27.3	N/A
Injury ED Visits	This measure represents the number of injury related emergency department encounters among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2017	1,014.10	849.6	N/A
Injury Hospitalization	This measure represents the number of injury related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2017	73.9	69.1	N/A
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	0	7.1	5.5

BEHAVIORAL HEALTH

Quality of Life Indicators

Mentally Unhealthy Days
According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Montgomery County's value of 4.2 was the average number of days a county's adult respondents report that their mental health was not good (2017).

Table 3.2: Montgomery County Mental Health Profile

Indicator	Days or Percent	Error Margin
Frequent Physical Distress	11%	11-12%
Frequent Mental Distress	13%	13-14%
Mentally Unhealthy Days	4.2	3.5-5.2

Physically Unhealthy Days
Physically unhealthy days are determined by the average number of days reported over the course of one month. In Montgomery County, the average was 3.9 days per every 30 days.

Disconnected Youth
The amount of disconnected youth is measured by the percentage of teens and young adults (ages 16-24) who are neither working nor in school. The average in the entire state of Indiana was 7%, while the Montgomery County rate is 8%.

Substance Abuse/Recovery
Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. The numerator is the sum of binge and/or heavy drinking while the denominator is the total county population. In Montgomery County, 18% of surveyed adults reported excessive drinking in the past 30 days.

Suicide
This measure is determined by averaging the percent change of the age-adjusted death rate per 100,000 people each year. The average amount of suicide deaths per 100,000 in Montgomery County was 16.0. For the entire state of Indiana, the average was 15.

Infectious Disease Rates

Hepatitis C, Acute Incidence Rate

The incidence rate of acute Hepatitis C in Montgomery County was 0.0 incidents of acute Hepatitis C in 2019.

Hepatitis C Virus Infections

Chronic Hepatitis C occurs when a person is not able to clear the virus after infection. From 2015 to 2019, the overall rate of chronic hepatitis C virus infections decreased from 102.6 cases to 90 cases on average. During that time, the incidence rate in Montgomery County fluctuated from 91.6 to 83.5.

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 injecting equipment is considered 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 chlamydia, gonorrhea, or other STDs. There is no cure for HIV, but treatment with antiviral therapy greatly extends the life expectancy of people living with HIV. From 2014 to 2018, the rate of newly diagnosed cases of HIV/AIDS in Montgomery County was 4.2. Overall in the state of Indiana, there was a 8.2 annual increase in newly diagnoses cases throughout that time period.

HIV/AIDS Prevalence

Because of better treatment, more people than ever are living with HIV in the U.S. While HIV prevalence in the U.S is still increasing, the incidence rate of annual new HIV/AIDS infections have remained relatively stable over the past few years. In 2018, there were approximately 34 residents living with HIV/AIDS in Montgomery County.

Chlamydia

Chlamydia is a sexually transmitted infection that infects both men and women. In the event that chlamydia is left undetected and untreated, women are especially at risk because it can result in serious reproductive health complications (CDC, 2017). In 2019, the incidence rate of Chlamydia was 514.2 in Indiana. Incidence is a measure of the new cases of a disease (Chlamydia) during a specific period of time (2017) (Indicators, 2015). In 2017, the incidence rate per 100,000 was 324.5 in Montgomery County.

Gonorrhea

Gonorrhea is a sexually transmitted infection that can infect both men and women. Young adults, ages 15-24, are most at-risk for contracting gonorrhea. However, permitting early detection, it can be easily treated (CDC, 2017). There was an average of a 3% increase of Gonorrhea cases annually in Indiana. The incidence rate of Gonorrhea in Montgomery County was 67.8 per 100,000 in 2019.

Intestinal Disease Infections

In 2017, the average number of enteric intestinal disease infections was 20.8 per 100,000.

Table 3.3: Montgomery County Infectious Diseases

Disease	Description	Source	Measurement Period	Montgomery County	Indiana
Hepatitis C, Acute	This measure represents the rate of infection per 100,000.	ISDH, Epidemiology Resource Center	2019	0	5.7
Hepatitis C, Chronic	This measure represents the rate of chronic hepatitis.	ISDH, Epidemiology Resource Center	2019	83.5	90
Newly Diagnosed HIV/AIDS	This measure represents the incidence rate of newly diagnosed HIV/AIDs per 100,000.	ISDH, Epidemiology Resource Center	2018	0	7.8
HIV/AIDS Prevalence	This measure rpreents the number of Hoosiers living with HIV/AIDS.	ISDH, Epidemiology Resource Center	2018	88.7	189.9
Chlamydia	Rate of infection, cases per 100,000	ISDH, Epidemiology Resource Center	2017	324.5	514.2
Gonorrhea	Rate of infection, cases per 100,000	ISDH, Epidemiology Resource Center	2019	67.8	177.1
Intestinal Disease Infections	Rate of infection, cases per 100,000	Indiana Indicators, CDC	2017	20.8	39.9

MATERNAL, INFANT AND CHILD HEALTH

Since 2013, the number of live births in Montgomery County has decreased. The number of babies born with a low birth weight fluctuated between 2013 and 2017, but saw an increase from 2015-2017. The number of babies born before 37 weeks gestation in Montgomery County has increased since 2013.

The infant mortality rate in Montgomery County is 4 deaths per 1,000 live births in 2017. That number is lower than the state value of 7.2 deaths per 1,000 live births.

Table 3.4: Montgomery County Birth Outcomes Indicators

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
Natality						
# Live Births	463	430	473	456	452	2,274
# Low Birth Weight	32	24	31	32	38	157
% Low Birth Weight	6.9%	5.6%	6.6%	7.0%	8.4%	6.9%
State Percent	***7.9%***	***8.0%***	***8.0%***	***8.2%***	***8.3%***	***8.1%***
# Preterm Births	39	34	45	46	44	208
% Preterm Births	8.4%	7.9%	9.5%	10.1%	9.7%	9.1%
State Percent	***9.6%***	***9.7%***	***9.6%***	***10.0%***	***9.9%***	***9.8%***

Preterm births is before 37 weeks gestation
Low birth weights is less than 2,500 grams
Very low birth weights is less than 1,500 grams

The percentage of mothers who smoked during pregnancy in Montgomery County had decreased from approximately 24% in 2013 to 19% in 2017.

Table 3.5: Mothers Who Smoked During Pregnancy

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
Natality						
# Smoked	110	106	102	92	86	496
% Smoked	23.8%	24.7%	21.6%	20.2%	19.0%	21.9%
State Percent	***15.7%***	***15.1%***	***14.3%***	***13.5%***	***13.5%***	***14.4%***

Throughout Montgomery County, 21 substantiated and 96 unsubstantiated cases of neglect or abuse were reported in 2017. There was no available data related to child fatalities due to abuse or neglect.

Young Child

Table 3.6: Montgomery County Child in Need of Services (CHINS) Cases

Indicator	Description	2013	2014	2015	2016	2017
Children in need of services	Number of children in the county in need of services related to child abuse and neglect	82	92	76	138	226

Table 3.7: Montgomery County Child Abuse & Neglect Fatalities

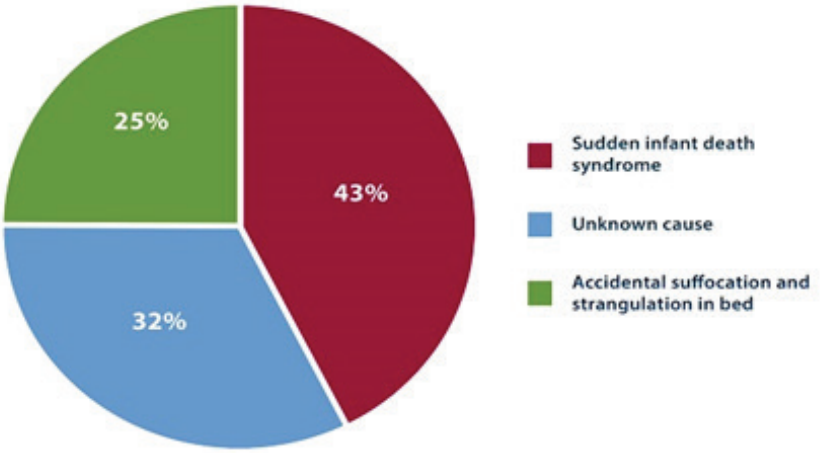
Indicator	Description	Source, Year	% Substantiated	Number	
Neglect	Number of reported cases with and without evidence of neglect.	Indiana Youth Institute, 2017	14.2%	189	
Sexual Abuse	Number of reported cases with and without evidence of sexual abuse.	Indiana Youth Institute, 2017	24.4%	39	
Physical Abuse	Number of reported cases with and without evidence and neglect.	Indiana Youth Institute, 2017	5.7%	15	
			Abuse	**Neglect**	**Total**
Abuse and Neglect Fatalities	Number of fatalities due to abuse or neglect of the child	Indiana Youth Institute, 2016	1	0	1

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.

CHRONIC DISEASES

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

RESPIRATORY DISEASES

Respiratory complications and diseases continue to fill the emergency department in Montgomery County (Indicators, 2017).

Table 3.8: Montgomery County Respiratory Disease Indicators

Indicator	Description	Source	Measurement Period	Montgomery County	Indiana
Pediatric Asthma Count	This measure represents the estimated number of children with asthma ages 5-17.	ISDH, Indiana Indicators	2019	35.6	39.3
Adult Asthma Counts	This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children.	American Lung Association	2018	4.1	4.9
Age-Adjusted ER Rate Due to Asthma	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2019	29.9	39.9
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH, Indiana Indicators	2017	88.6	55.2
COPD	This measure represents the number of individuals with COPD within Montgomery County.	American Lung Association	2018	16.4	14.3
Adults Who Smoke	This measure is the percentage of identified current smokers in Montgomery County.	ISDH, Indiana Indicators	2021	24.0%	22.0%

CANCER

Table 3.9: Cancer Indicators (Rates per 100,000)

Indicator	Montgomery County	Indiana	HP 2030 Goal
Cancer Incidence	426	467.2	N/A
Lung	71.9	71.9	N/A
Colorectal	36.2	42.4	N/A
Female Breast	135.8	121.7	N/A
Prostate	67.6	89.9	N/A
Cancer Mortality	158.9	169.9	122.7
Lung	37.1	47.2	25.1
Colorectal	0	15.8	8.9
Female Breast	0	21.0	15.3
Prostate	0	18.7	16.9

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

CARDIOVASCULAR DISEASE

Major risk factors that people cannot control include age, race, sex, family history, and prior stroke or heart attack (American Heart Association, 2017). After age 55, the risk of suffering from a stroke nearly doubles every decade, thus people 65 ages and older are most at risk. If any immediate family member has suffered from a stroke, that significantly increases one's risk of also suffering from a stroke. Race also influences risk. Statistics show that African Americans are at increased risk of stroke, compared to other races or ethnicities. Other statistics include age-adjusted rates for stoke hospitalization and mortality shown below.

Table 3.10: Cardiovascular Indicators

Indicator	Description	Source	Measurement Period	Montgomery County
Stroke Hospitalization	This measure represents the number of stroke hospital admissions per 10,000 population	ISDH, Epidemiology Resource Center	2017	24.4
Stroke Deaths	This measure represents the number of stroke related deaths per 100,000 population.	ISDH, Epidemiology Resource Center	2017	33.1
Heart Disease Hospitalization	This measure represents the number of heart disease related hospital admissions per 10,000 population.	ISDH, Epidemiology Resource Center	2017	90.4
Heart Disease Deaths	This measure represents the number of heart disease deaths per 100,000 population.	ISDH, Epidemiology Resource Center	2017	230
Acute Myocardial Infarctions Hospitalizations	Age adjusted rates per 1,000 Medicare Beneficiaries, 65+	CDC	2016-2018	8.7
Acute Myocardial Infarctions Deaths	Age adjusted rates per 100,000, 35+	CDC	2017-2019	50.5
Heart Failure Hospitalizations	Age adjusted rates per 1,000 Medicare Beneficiaries, 65+	CDC	2016-2018	21.1
Heart Failure Deaths	Age adjusted rates per 100,000, 35+	CDC	2017-2019	356.2

DIABETES

Obesity

Obesity is a major risk factor of diabetes and cardiovascular disease in general. According to the American Heart Association, people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present (2016). Major risk factors that people cannot control or change include age, sex, and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity, and diabetes.

According to County Health Rankings, 33% of adults in Indiana, 20 years of age or older, were diagnosed as obese, with a category range of 25-43% (2016). In addition, 27% of adults, also 20 years of age or older, were physically inactive, with a category range of 17-40% (County Health Rankings, 2016). Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

According to County Health Rankings, 25% of Montgomery County residents aged 20+ were considered obese as of 2016. In 2016, the prevalence of diabetes in Montgomery County was 15%. Meaning, 15% of the population, ages 20 or older, were medically diagnosed with diabetes.

Table 3.11: Diabetes Indicators

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Montgomery County	Indiana
Diabetes Prevalence	Percentage of adults aged 20 or older with medically diagnosed diabetes.	County Health Rankings	2016	15%	12%
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and olderw ho have ever been diagnosed with diabetes.	CDC	2017	28.3%	11.1%
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including type 1 and 2.	Indiana Hospital Association	2014-2016	N/A	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	N/A	9.0
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	N/A	9.5

TOP HEALTH NEEDS

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, Montgomery County

Response	Excellent		Fair		Good		Poor		Very good	
	Number	%	Number	%	Number	%	Number	%	Number	%
Your physical health is…	5	4.16	29	24.16	51	42.50	6	5.00	29	24.16
Your mental health is…	20	16.66	18	15.00	49	40.83	7	5.83	26	21.66
Your social well-being is…	17	14.16	18	15.00	44	36.66	9	7.50	32	26.66

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, Montgomery County

Response	Number	Percentage
A little better	4	3.33%
A little worse	32	26.67%
Much better	4	3.33%
Much worse	4	3.33%
Same	76	63.33%

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

Table 4.3: Levels of Stress, Montgomery County

Level of Stress	Number	Percentage
1	8	6.67%
2	9	7.50%
3	18	15.00%
4	12	10.00%
5	24	20.00%
6	11	9.17%
7	16	13.33%
8	7	5.83%
9	4	3.33%
10	11	9.17%

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

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

	Number	Percentage
Not enough food	4	3.33%
Having a safe place to live	10	8.33%
Paying utility bills	24	20.00%
Reliable transportation	11	9.17%
Violence inside the place I live	1	0.83%
Violence or crime in my neighborhood	9	7.50%
Getting or maintaining a good job	16	13.33%
Lack of support from family and friends	25	20.83%
Lack of spiritual/pastoral support	11	9.17%
Experiencing disrespect or discrimination	16	13.33%
Language barriers	4	3.33%
Financial planning/budgeting	51	42.50%

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, Montgomery County

	Number	Percentage
Drinking less alcohol	3	2.50%
Eating better food	52	43.33%
Improving sleep	46	38.33%
Managing Stress	36	30.00%
Getting more exercise	68	56.67%
Improving relationships	19	15.83%
Quitting tobacco or nicotine products	11	9.17%
Getting recommended health screenings, like blood tests or mammograms	14	11.67%
Finding a doctor	11	9.17%

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

Table 4.6: Healthcare Barriers, Montgomery County

	Number	Percentage
Cultural/religious beliefs	3	2.50%
Do not know how to find the type of doctor I want	25	20.83%
Fear (e.g., not ready to face/discuss health problem)	28	23.33%
I cannot get an appointment when I am available	31	25.83%
Language barriers	3	2.50%
Immigration status	1	0.83%
No insurance and unable to pay for the care	8	6.66%
Unable to pay co-pay/deductibles	26	21.66%
Transportation	10	8.33%
Lack of access to a computer	7	5.83%
Bad past medical experience	19	15.83%

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, Montgomery County

Response	Number	Percentage
Chronic disease care	41	34.16%
Acute care, like for an injury or infection	20	16.66%
Vaccines or health screenings	5	4.16%
General primary care	11	9.16%
Prenatal or well-baby care	37	30.83%
Hospital emergency room/Urgent center care	15	12.50%
Pharmacy/Drug store	4	3.33%
Dental care	9	7.50%
Screening for anxiety or depression	32	26.66%
Treatment for mental health	36	30.00%
Treatment for an addiction	26	21.66%
Vision or hearing care	13	10.83%

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, Montgomery County

Responses	Me		Family/Friends		Community		None	
	Number	%	Number	%	Number	%	Number	%
Healthy cooking classes	16	13.33	19	15.83	66	55.00	41	34.16
Free or reduced cost healthy foods	30	25.00	26	21.66	77	64.16	30	25.00
Free exercise programs	51	42.50	27	22.50	63	52.50	23	19.16
Weight loss programs	42	35.00	17	14.16	66	55.00	22	18.33
Mental health counseling	32	26.66	27	22.50	81	67.50	20	16.66
Low cost legal help	18	15.00	15	12.50	75	62.50	25	20.83
Financial planning/budgeting	27	22.50	17	14.16	73	60.83	31	25.83
Help getting health insurance	15	12.50	22	18.33	74	61.66	29	24.16
Programs to help young children learn	9	7.50	19	15.83	85	70.83	26	21.66
Parenting classes	5	4.16	12	10.00	86	71.66	28	23.33
Prenatal classes	5	4.16	9	7.50	84	70.00	29	24.16
Classes just for fathers	3	2.50	10	8.33	82	68.33	33	27.50
Programs for grandparents raising grandchildren	5	4.16	15	12.50	84	70.00	30	25.00
Places to dispose of precriptions and needles safety	18	15.00	11	9.16	70	58.33	38	31.66
Stress management	32	26.66	20	16.66	77	64.16	27	22.50
Community gardens/gardening workshops	19	15.83	16	13.33	76	63.33	31	25.83
Diabetes management classes	11	9.16	22	18.33	75	62.50	30	25.00
Help for people experiencing abuse or neglect	5	4.16	8	6.66	89	74.16	26	21.66
Suicide prevention training	12	10.00	15	12.50	91	75.83	23	19.16

TOP HEALTH NEEDS, MONTGOMERY 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 communit. 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) survey data

MONTGOMERY COUNTY

Most vulnerable community groups: Un/underinsured, those with untreated mental health issues, those in poverty and working poor, low income children, victims of violence, teens, undocumented populations

Social Needs	Poor Health Behaviors	Poor Health Outcomes
Behavioral Health	Violence	Trauma from Violence
Infant and Maternal Care	Behavioral Health	Infant Mortality
Social Cohesion	Access to Phyiscal Activity	Child Mortality
Housing	Tobacco	Unplanned Pregnancy
Access to Health Food	Substance Abuse	Transport Injury
		Unintentional Injury
		Diabetes
		Cardiovascular Disease
		Respiratory Diseases

COMMUNITY ASSETS

Franciscan HEALTH

SECTION 5

community HEALTH NEEDS ASSESSMENT

While the health needs of this community are substantial, there are partners and assets that may offer services to address the needs in the community. This section outlines some of the organizations in the community. Readers should also review the services provided by Franciscan Health in Section 1 of this document. The appendix also lists community organizations that informed this report and provide services in the community.

Organization	Street Address	City	State	Zip	Phone Number
Family and Youth Services (Excluding schools and government agencies)					
Integrative Wellness (InWell)	407 E Market St	Crawfordsville	IN	47933	765-680-0071
Valley Professionals Community Health Center	1702 Lafayette Road	Crawfordsville	IN	47933	765-362-5100
Children's Bureau Community Partner Program	1925 Crown Plaza Blvd	Plainfield	IN	46168	317-745-6496
Community Action Program	418 Washington St	Covington	IN		765-793-4881
Youth Services Bureau	808 W Pike St	Crawfordsville	IN	47933	765-362-0694
Hope for Families	1350 Ladoga Rd	Crawfordsville	IN	47933	765-362-0602
Family Support Services of West Central Indiana	16 S Jackson St	Greencastle	IN	46135	765-653-4820
Hear Indiana	4740 Kingsway Dr	Indianapolis	IN	46240	317-828-0211
Families United	702 S Washington St	Crawfordsville	IN	47933	765-363-0684
Montgomery County Extension Homemakers					765-364-6363

Organization	Street Address	City	State	Zip	Phone Number
Social Cohesion (Senior services, community centers)					
Senior Nutrition Site at Parks and Recreation	922 E South Blvd	Crawfordsville	IN	47933	765-359-0029
Area IV Agency on Aging and CAP	201 E Jefferson St Suite 201	Crawfordsville	IN	47905	765-447-7683
Montgomery County Council on Aging	Fusion 54 101 W Main St	Crawfordsville	IN	47933	
Disabled American Vets of Montgomery County	VFM Post 117 N Water St	Crawfordsville	IN	47933	765-364-0937
Wabash Area Lifetime Learning Association	1200 N Salisbury Rm 157	West Lafayette	IN	47906	800-359-2968
Wabash Center Adult Guardianship Program	2000 Greenbush St	Lafayette	IN	47904	765-423-5531
Servants at Work	8427 Zionsville Rd	Indianapolis	IN	46268	317-844-7664
Athena Center Senior Apartments	201 E Jefferson St Suite 205	Crawfordsville	IN	47933	765-359-613
Families United	702 S Washington St	Crawfordsville	IN	47933	765-363-0684
Montgomery County Extension Homemakers					765-364-6363

Organization	Street Address	City	State	Zip	Phone Number
Physical Activity/Built Environment (Parks, free activity, non-profit organizations)					
Bachner Nature Preserve	Offield Monumental Rd	Crawfordsville	IN	47933	765-362-5200
Crawfordsville Parks and Reacreation	922 E South Blvd	Crawfordsville	IN	47905	765-364-5175
Darlington Covered Bridge	Co Rd 600 E	Crawfordsville	IN	47933	765-364-5160
Deer's Mill Covered Bridge	8295 IN 234	Crawfordsville	IN	47933	765-364-5160
Elston Park	806 Lafayette Ave	Crawfordsville	IN	47933	765-364-5160
Lake Waveland	11677S St 47	Waveland	IN	47989	765-435-2073
Milligan Skate Park	910 Mill St	Crawfordsville	IN	47933	765-364-5175
Pine Hills Nature Preserve	8295 IN 234	Waveland	IN	47989	317-951-8818
Elston Grove Walking Tour	401-499 E Pike St	Crawfordsville	IN	47933	765-362-5200
Lane Place Trees Walking Tour	212 S Water St	Crawfordsville	IN	47933	765-362-3416
Trees of GLWSM Walking Tour	200 Wallace Ave	Crawfordsville	IN	47933	765-362-5200
Women's History Walking Tour		Crawfordsville	IN	47933	
Shades State Park	7751 S 900 W	Waveland	IN	47989	765-435-2810
Sugar Creek Nature Park	US 231 N	Crawfordsville	IN	47933	765-364-5160
Frances Wooden Northside Park	310 N Grant Ave	Crawfordsville	IN	47933	765-364-5160
General Lew Wallace Study and Museum	200 Wallace Ave	Crawfordsville	IN	47933	765-362-5769
Kathleen J Steele Park	808 W Main St	Crawfordsville	IN	47933	765-364-5160
Lincoln Park	1000 E Wabash Ave	Crawfordsville	IN	47933	765-364-5160
Milligan Park	910 Mill St	Crawfordsville	IN	47933	765-364-5160
Nibble Park	1000 Anderson St	Crawfordsville	IN	47933	765-364-5160
Old Coke Plant	608 Lafayette Ave	Crawfordsville	IN	47933	765-364-5160
Philip Q Michal Trailhead Park	310 N Grant Ave	Crawfordsville	IN	47933	765-364-5160
Pike Place	922 E South Blvd	Crawfordsville	IN	47933	765-364-5175

Organization	Street Address	City	State	Zip	Phone Number
Food Related (Food pantries, food education, special food outlets)					
Salvation Army	PO Box 190	Crawfordsville	IN	47933	765-401-6043
Meals on Wheels	816 Mill St	Crawfordsville	IN	47905	765-362-3244
FISH Food Pantry	St Bernards Church 1306 E Main St	Crawfordsville	IN	47933	765-362-3174
Crossroads Community Church	117 E St Rd 234	Ladoga	IN	47954	765-966-8180
Ladoga Christian Church Food Pantry	124 W Elm St	Ladoga	IN	47954	765-942-2019
MANNA from Heaven Food Bank	116 South Walnut St	Crawfodsville	IN	47933	765-362-3046
Church Alive	1203 E Main St	Crawfordsville	IN	47933	765-359-0921
Friendship Baptist Church	1981 West Oak Hill Rd	Crawfordsville	IN	47933	765-362-2483
Grace and Mercy Ministries Food Bank	257 W Oak Hill Rd	Crawfordsville	IN	47933	765-361-1641
New Market Christian Church	302 S Third St	New Market	IN	47965	765-866-0421
Food Finders Food Bank	1204 Greenbush	Lafayette	IN	47904	765-471-0062
First United Methodist Church	212 E Wabash Ave	Crawfordsville	IN	47933	765-362-4817
Waveland Christians in Action Food Pantry	212 W Main St	Waveland	IN	47989	765-435-2300
Rosies Cupboard	235 South Main St	New Ross	IN	47968	765-376-8665
Helping Hands Food Pantry	117 E St Rd 234	Ladoga	IN	47954	765-866-8180
United Methodist Church of Darlington	201 West Harrison St	Darlington	IN	47940	765-794-4102
St John Barefood Food Pantry	4636 Fall Creed Rd	Crawfordsville	IN	47933	765-307-0515
A Light On The Hill	224 North Cross St	Waveland	IN	47989	765-987-2231
Purdue Extension Family Nutrition Program	400 Parke Avenue	Crawfordsville	IN	47933	765-364-6363
Senior Nutrition Site at Parks and Recreation	922 E South Blvd	Crawfordsville	IN	47933	765-359-0029

Organization	Street Address	City	State	Zip	Phone Number
Job Skills/Employment Programs (Programs for idle teens, adult job skills, employers hiring vulnerable populations legally)					
Experience Works					866-796-8550
CAP Indiana Workforce Development	2985 Industrial Blvd	Crawfordsville	IN	47905	765-362-3790
Pro Resources Staffing Services	1408 Darlington Ave Suite H	Crawfordsville	IN	47933	765-362-3790
Manpower Temporary Services	407 E Market St	Crawfordsville	IN	47933	765-364-6868
Vocational Rehabilitation Services	615 N 18th St	Lafayette	IN	47901	765-449-2276

Organization	Street Address	City	State	Zip	Phone Number
Legal/Civic/Immigration (Organizaitons that provide free leaval services, assist immigrants/refugees/undocumented populations)					
Montgomery County Free Legal Clinic	Fusion 54 101 W Main St	Crawfordsville	IN	47933	
Teen Court Program - Youth Service Bureau	808 W Pike St	Crawfordsville	IN	47933	765-362-0694
Indiana Legal Service Inc of Lafayette	8 N Third St	Lafayette	IN	47901	765-423-5327

Organization	Street Address	City	State	Zip	Phone Number
Housing/Utilities (Healthy housing, subsidized housing, utility assistance)					
Trinity Life Ministry	2150 Elmwood Ave	Crawfordsville	IN	47933	765-742-1060
Salvation Army	PO Box 190	Crawfordsville	IN	47933	765-401-6043
New Richmond Government Services Coal Creek Township Trustee		New Richmond	N		765-339-7335
Pam's Promise Transitional Housing Corp	PO Box 405	Crawfordsville	IN	47933	765-366-3203
Habitat for Humanity of Montgomery Count	PO Box 208	Crawfordsville	IN	47933	765-354-6704
Crawfordsville Housing Authority	220 E Main St PO Box 421	Crawfordsville	IN	47933	765-362-2407

Organization	Street Address	City	State	Zip	Phone Number
Health Care (Free clinics, FQHCs, CHCs, other health systems)					
Valley Professionals Community Health Center	1702 Lafayette Rd	Crawfordville	IN	47933	765-362-5100
Dr Mary Ludwig Free Clinic	816 S Mill St	Crawfordville	IN	47933	765-362-3244

Organization	Street Address	City	State	Zip	Phone Number
Mental Health Services (Health systems, providers, substance abuse counseling/treatment)					
Integrative Wellness (InWell)	407 E Market St	Crawfordville	IN	47933	765-680-0071
Valley Professionals Community Health Center	1702 Lafayette Rd	Crawfordville	IN	47933	765-362-5100
Valley Oaks Health	1408 Darlington Ave	Crawfordville	IN	47933	765-362-2852
Aspire Indiana	1600 W Main St	Lebanon	IN	46052	877-574-1254
Trinity Life Ministry	2150 Elmwood Ave	Lafayette	IN	47904	765-742-1060
Rainbow Recovery Resources	210 W Market St	Crawfordville	IN	47933	765-361-9470
Dusk to Dawn	300 W South Blvd	Crawfordville	IN	47933	765-376-5644
Montgomery County Center for Women's Ministries	201 Old Oak Hill Rd	Crawfordville	IN	47933	765-361-1320
Paramedicine Quick Response Team		Crawfordsville	IN	47933	765-401-6200 or 911
AA Family Group	307 S Washington St	Crawfordville	IN	47933	
Cummins Behavioral Health	701 N Englewood Dr	Crawfordville	IN	47933	888-714-1927
NAMI for West Central Indiana	615 N 18th St Suite 104	Lafayette	IN	47904	765-423-6939
Families United	702 S Washington St	Crawfordville	In	47933	765-363-0684
Volunteers for Mental Health in Montgomery County	439 E 400 South	Crawfordville	IN	47933	765-362-3034
Child and Family Counseling LLC	307 S Washington St	Crawfordville	IN	47933	765-362-4800

Organization	Street Address	City	State	Zip	Phone Number
Health Management Services (Others not named above, including prescription assistance, case management, DME)					
Salvation Army	PO Box 190	Crawfordsville	IN	47933	765-401-6043
Valley Professionals Community Health Center	1702 Lafayette Rd	Crawfordsville	IN	47933	765-362-5100
CAP Health Navigator	418 Washington St	Covington	IN	47932	765-793-4881 ext 135

Organization	Street Address	City	State	Zip	Phone Number
Transportation (Public, Medicaid/Medicare cab, senior services)					
Reach Out Community Van					765-234-2403
Sunshine Vans	922 E South Blvd	Crawfordsville	IN	47933	765-364-5173
The Omni Express					765-866-1908
Library Program for Homebound Patrons	205 S Washington St	Crawfordsville	IN	47933	765-362-2242

Organization	Street Address	City	State	Zip	Phone Number
Infant/New Parent Supplies or Services (BABE stores, diaper banks, car seats)					
Women's Resource Center	407 E. Market St, Suite 106	Crawfordsville	IN	47933	765-362-3028
La Leche League Breastfeeding Support	205 S Washington St	Crawfordsville	IN	47933	765-267-1977
WIC Clinic	2985 Industrial Blvd	Crawfordsville	IN	47933	765-362-3779
Healthy Families Program	16 S Jackson St	Greencastle	IN	46135	765-653-4820
Nurse Family Partnership	615 North 18th St	Lafayette	IN	47904	317-524-3999

Organization	Street Address	City	State	Zip	Phone Number
Licensed Child Care					
CAP Kids Child Care Center (Head Start)	2985 Industrial Blvd	Crawfordsville	IN	47933	765-362-3575
Giggles N Grins	1803 E College	Crawfordsville	IN	47933	765-359-0659
The Story Book House	815 Milligan St	Crawfordsville	IN	47933	765-359-0177
Happytown Day Care	1000 North Dr	Crawfordsville	IN	47933	765-364-1307
Precious Lambs Daycare	2075 W St Rd 32	Crawfordsville	IN	47933	765-421-2165

Organization	Street Address	City	State	Zip	Phone Number
Commmunity Coalitions					
Montgomery County Council on Aging	Fusion 54 101 W Main St	Crawfordsville	IN	47933	
Tobacco Free Montgomery County					
Drug Free Montgomery County Coalition	YSB 808 W Pike St	Crawfordsville	IN	47933	765-362-0694
Montgomery County Wellness Coalition					
Alzheimers Care Coalition					765-447-7683
Recovery Coalition	1300 Ladoga Rd	Crawfordsville	IN	47933	765-323-3940

Organization	Street Address	City	State	Zip	Phone Number
Other					
FISH Linen Closet at First Baptist Church	1905 Lebanon Rd	Crawfordsville	IN	47933	765-362-6504

CALL TO ACTION

Franciscan HEALTH

SECTION 6

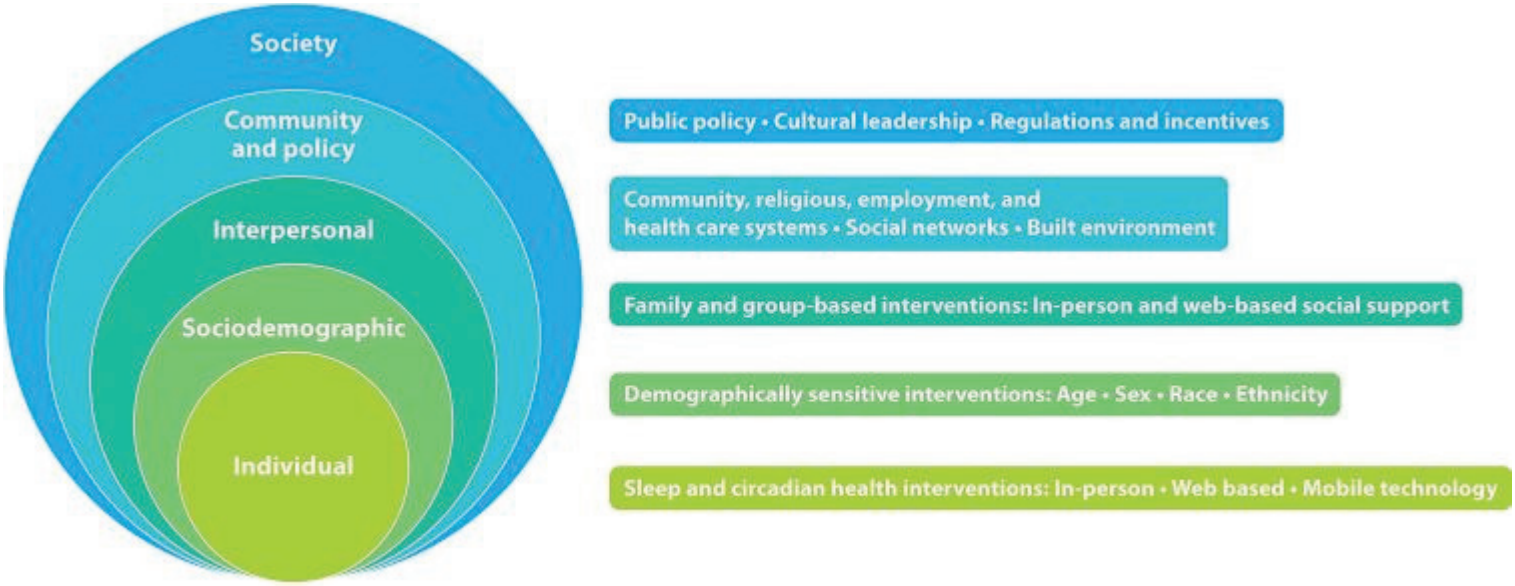
community HEALTH NEEDS ASSESSMENT

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.

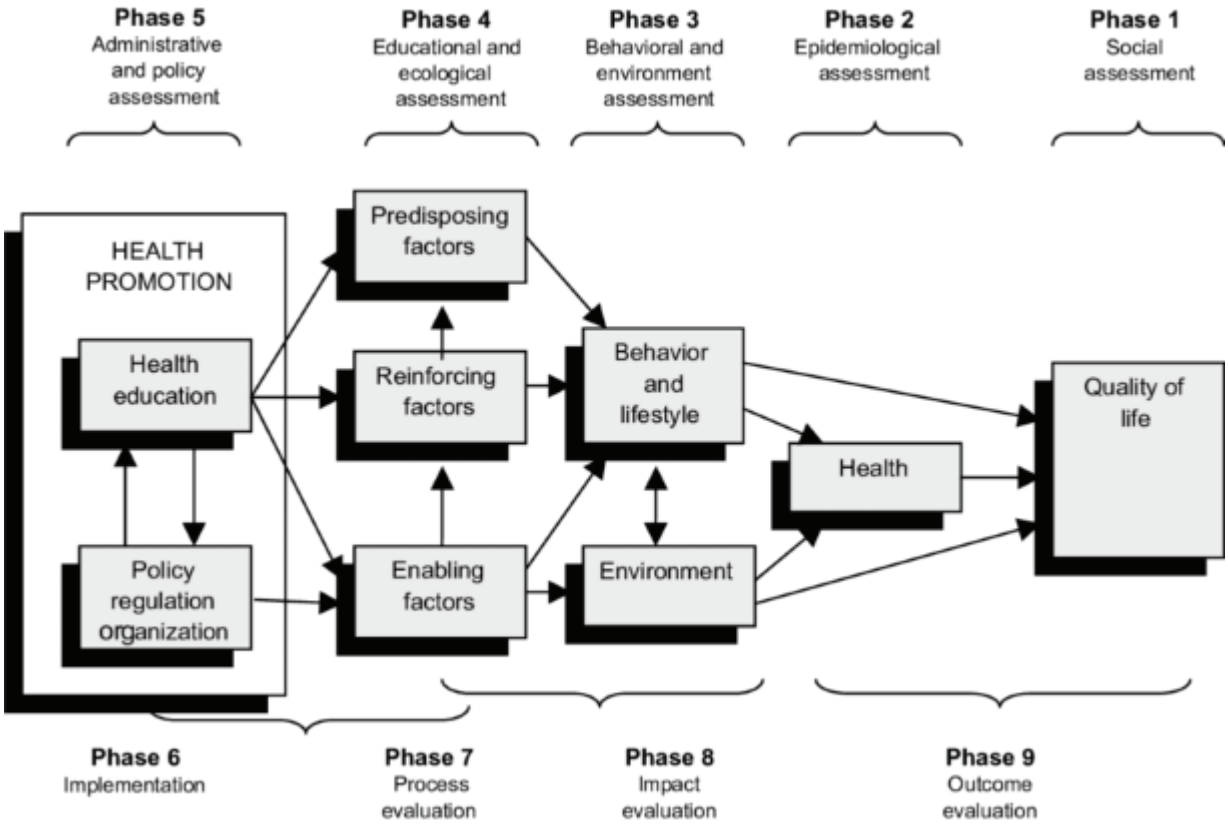
METHODOLOGY

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.

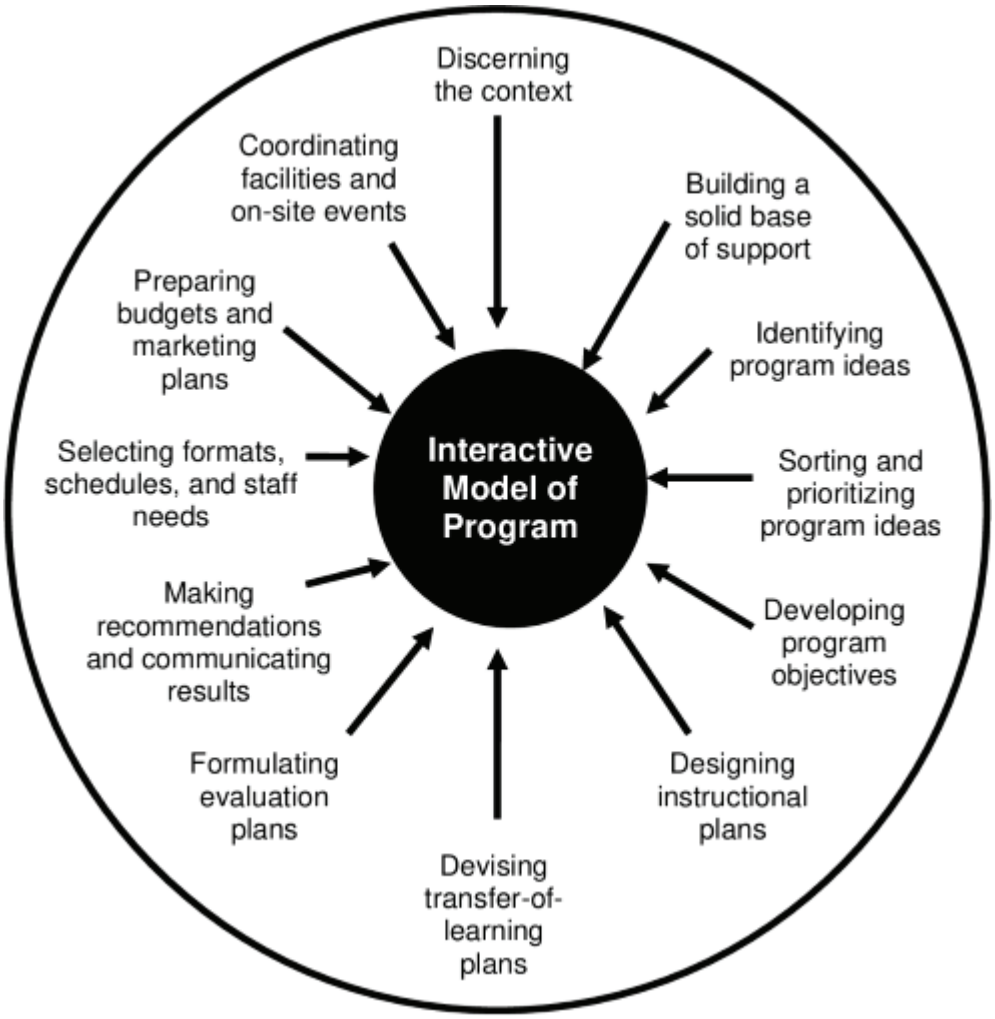


Hale L, et al. 2020. *Annu. Rev. Public Health.* 41:81–99

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:	In Partnership with Purdue Extension Services, provide Eat Smart, Move More; a minimum of two times a year, targeting 20 households in each session	
Tactics:	Year 1:	Identify target population and geographic area to serve vulnerable families
		Develop shared strategy for course implementation
		Implement two sessions
	Year 2:	Adjust target population as needed
		Add community based partners to expand reach and education
		Implement two sessions
	Year 3:	Adjust target population as needed
		Build sustainability infrastructure for Year 4
		Implement two sessions
Investment:		$500-1,2000 per program
Leading Indicators:	Number People/Number Programs:	20 represented families per session
	Assessment Type:	Pre-test, post-test scores
Lagging Indicators:	Expected Outcomes:	"Understand basic nutritional content of food and beverages Examine food safety guidelines Review food resources and making healthy selections"
	Benefits Period:	18 months
	Post Program Evaluation:	Six month post-program evaluation
Strategy 2:	Develop and distribute educational materials to food pantries with information on healthier eating using commodities	
Tactics:	Year 1:	N/A
	Year 2:	Research and develop fresh produce education topics
		Create infographics and flyer
		Print and deliver to local food pantry
	Year 3:	Review and evaluate use with pantry staff and clients.
Inputs:	Investment:	$200 per pantry
Leading Indicators:	Number People/Number Programs:	1,000 people per year
	Assessment Type:	N/A
Lagging Indicators:	Expected Outcomes:	Increased knowledge on selecting food commodities
	Benefits Period:	3 months
	Post Program Evaluation:	Three month post-program evaluation

Healthy Connections		
Goal:	Community safety nets, services, and resources will improve for vulnerable communities	
Objective:	Improve wrap around care for pregnant women and new families leading to a decrease in infant and maternal mortality	
	Target Population:	Infants, pregnant women, and new mothers
	Secondary Population:	Families and professionals
Strategy 1:	Develop supportive services in communities without Safety Pin funded programming (LA, CR, IN, MV)	
Tactics:	Year 1:	Conduct community assessment to determine additional services needed in the community to Project Swaddle
		Develop infrastucture for a diaper bank in the Crawfordsville community
		Promote virtual infant and maternal health related education classes
	Year 2:	Secure funding and resources to implement services needed based on community assessment
		Begin diaper bank operations
		Promote virtual infant and maternal health related education classes
	Year 3:	Implement services from community assessment findings
		Continue diaper bank operations
		Promote virtual infant and maternal health related education classes
Inputs:	Investment:	TBD
Leading Indicators:	Number People/Number Programs:	TBD
	Assessment Type:	Pre-program, post-program cardiovascular change; program evaluation
Lagging Indicators:	Expected Outcomes:	Improved infant and maternal mortality rates
	Benefits Period:	TBD
	Post Program Evaluation:	TBD

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

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

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

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

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

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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North Lake County (Hammond/Munster/Dyer)	Stacy Zembala	Stacy.Zembala@franciscanalliance.org
South Lake County (Crown Point)	Danielle Crowder Katie Kent	Danielle.Crowder@franciscanalliance.org Kathleen.Kent@franciscanalliance.org
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