community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

MORGAN COUNTY



2022 - 2024 REPORT

Franciscan HEALTH

TABLE OF CONTENTS

INTRODUCTION I

FACILITY INFORMATION..... IV

SECTION 1: COMMUNITY PROFILE 1.1

SECTION 2: HEALTH PROFILE 2.1

SECTION 3: HEALTH OUTCOMES 3.1

SECTION 4: TOP HEALTH NEEDS 4.1

SECTION 5: COMMUNITY ASSETS..... 5.1

SECTION 6: CALL TO ACTION..... 6.1

SECTION 7: REFERENCES..... 7.1

SECTION 8: APPENDIX..... 8.1

community HEALTH NEEDS ASSESSMENT

1 LEARN ABOUT FRANCISCAN HEALTH MOORESVILLE

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

3 EXPLORE THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH INDICATORS

4 REVIEW HEALTH OUTCOMES, SUCH AS CHRONIC DISEASES AND ILLNESSES

5 IDENTIFY THE TOP HEALTH NEEDS IN THE COMMUNITY

6 INVESTIGATE COMMUNITY HEALTH PARTNERS AND ASSETS

7 DETERMINE HOW YOU CAN HELP MEET THE NEEDS

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

INTRODUCTION

Franciscan HEALTH

community HEALTH NEEDS ASSESSMENT

Dear Reader,

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

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

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

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

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

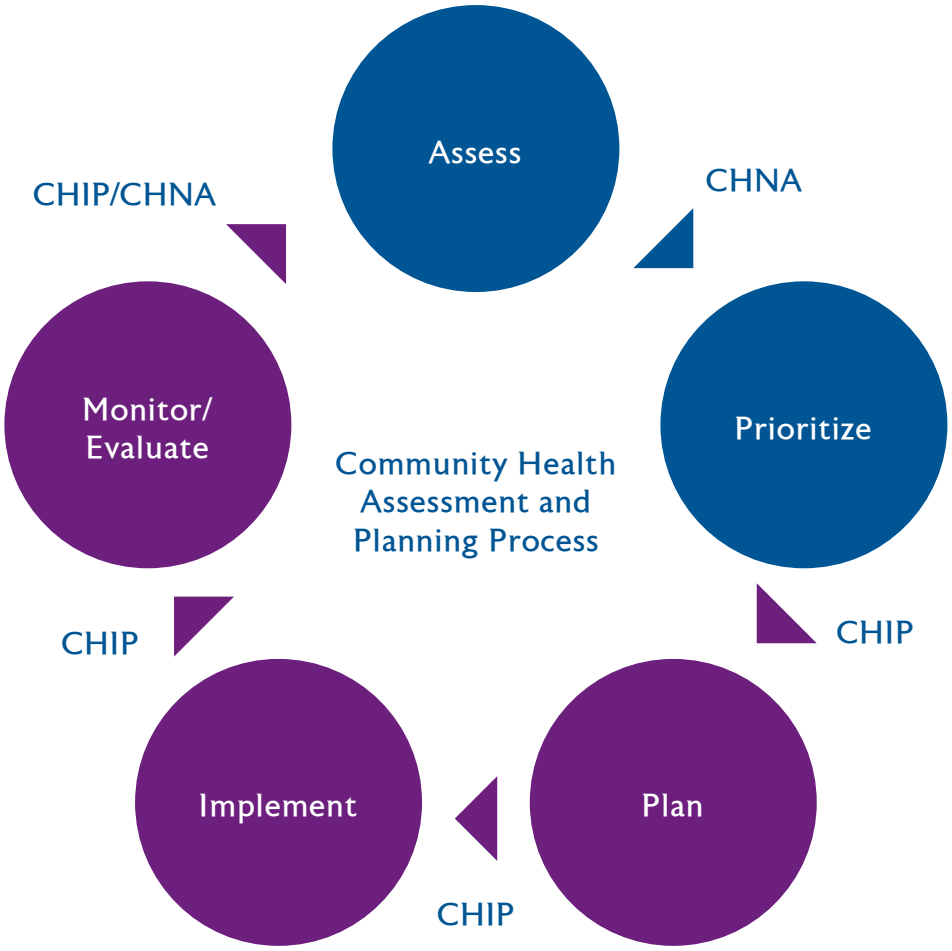
Yours in health,

The Community Health Improvement Team






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 MOORESVILLE

Address: 1201 Hadley Road, Mooresville, IN 46158
Phone: (317) 831-1160
Specific Websites: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-mooresville-11
CEO Name: James Callaghan, MD

Average Annual Inpatient Admissions (2020): 2,155
Average Annual Outpatient Admissions (2017): 66,840
Average Annual ED Admissions (Arrivals 2020): 22,742
Average Annual ED Admissions (Inpatient 2020): 10,214
Average Annual Births (2020): 324

Number of Employees: 405
Number of Volunteers: 52
Number of Doctors (FPN, SPI, & Affiliates): 49
Average Length of Stay (Inpatient 2017 number of days): 3.09
Average Length of Stay (Outpatient 2017 number of hours): 13.18



BLESSED MARIA THERESIA BONZEL

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

"One good action or deed will not win the battle; we must daily begin anew."

– Blessed Maria Theresia Bonzel

List of Services (Service Lines):

Cancer Care, Diet & Nutrition, Emergency Medicine, Heart Care, Imaging & Radiology, Neurology (Brain & Spine), Obstetrics & Gynecology (OBGYN), Orthopedics, Pain Management, Physical Therapy & Rehabilitation, Pulmonary & Respiratory Medicine, Sleep Medicine, Sports Medicine

OUR MISSION

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

OUR COMMUNITY

Franciscan Health Mooresville's community benefit programs target the northern portion of Morgan County, including Mooresville, Monrovia, and Eminence. 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.

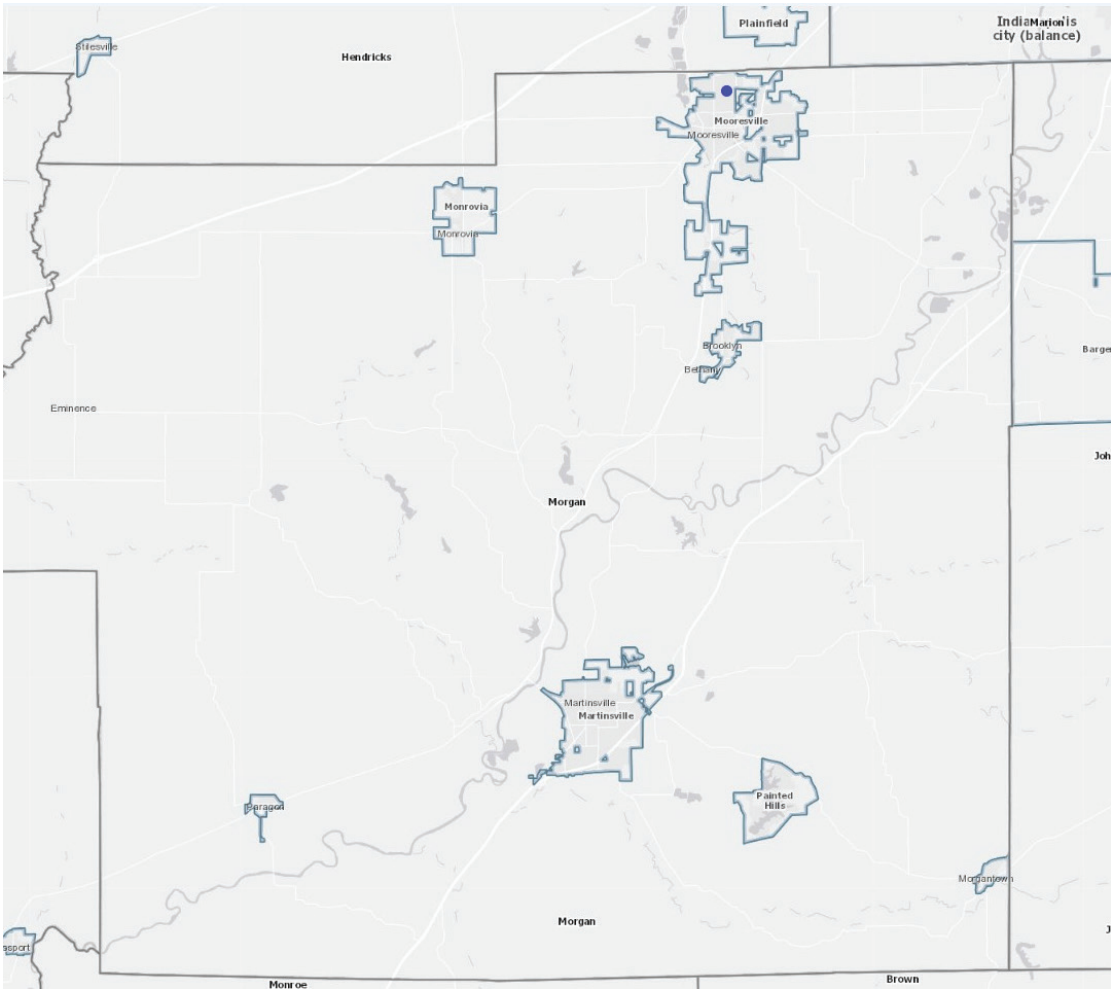
CHRISTIAN STEWARDSHIP

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

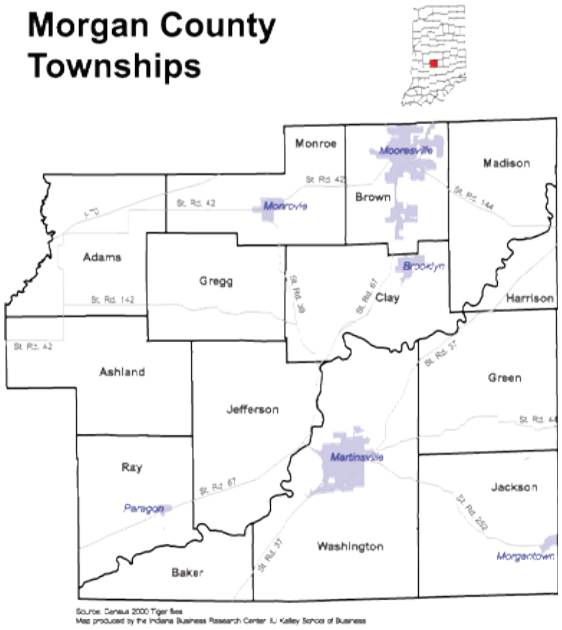
community HEALTH NEEDS ASSESSMENT

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



Morgan County Indiana

DEMOGRAPHICS

Table 1.0: Population Size Total

Cities & Towns	Populations	Percent of County
Bethany	89	0.1%
Brooklyn	1,597	2.3%
Martinsville	11,669	16.6%
Monrovia	1,504	2.1%
Mooresville	9,788	13.9%
Morgantown	984	1.4%
Paragon	678	1.0%

*Persons not accounted for in the above percents live outside of city or township limits.

In 2019, 5.7% of the population were preschool aged children, 16.7% were school aged children, 7.8% were college aged students, 23.3% were young adults, 29.2% were older adults, and 17.3% were seniors. In 2019, the average age of a person in Morgan County was 42.0, which falls in 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	4,021	5.7%	6.2%
School Age: 5 to 17	11,787	16.7%	17.1%
College Age: 18 to 24	5,475	7.8%	9.8%
Young Adult: 24 to 44	16,389	23.3%	25.5%
Older Adults: 45 to 64	20,616	29.2%	25.2%
Seniors: 65 and older	12,201	17.3%	16.7%
Average Age (years)	42.0		37.9

In 2019, 0.0% of the population were Hawaiian natives and other Pacific Islanders, 0.4% of the population was American Indians or Alaskan natives, 0.5% were Black, 0.7% were Asian, 1.2% of the population identified as two or more racial groups, and 97.1% were White. In 2019, 1.7% of the Morgan County population identified as Hispanic and 98% 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	252	0.4%	0.4%
Asian	506	0.7%	2.6%
Black	383	0.5%	9.9%
Native Hawaiian & other Pacific Islander	28	0.0%	0.1%
White	68,477	97.1%	84.8%
Two or More Racial Groups	843	1.2%	2.2%
Non-Hispanic	69,300	98%	92.7%
Hispanic	1,189	1.7%	7.3%

Veteran Population

According to the 2019 American Community Survey, there are approximately 4,628 U.S. Veterans living in Morgan County, Indiana. Most of the veterans in Morgan County are between 35 and 74 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 15.1% of people living in Morgan County are living with a disability.

Social and Economic Factors

FINANCIAL

Refer to the table 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 Morgan County is $63,414. This is slightly higher than the Indiana median state household income. The highest incomes in Morgan County are 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 8.9% of Morgan'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 12.7%. Children under the age of 12 are the second highest group in poverty in Morgan County. In 2020, there were 4,829 recipients of free or reduced lunch in the Morgan County School Corporation. In 2020, there were 5,616 recipients of food stamps in Morgan County.

Table 1.3: Morgan County Income & Poverty Rates

Income and Poverty	Number	Percent of State	Indiana
Per Capita Personal Income (annual) in 2019	$45,352	93.2%	$48,678
Median Household Income 2019	$63,414	110.1%	$57,617
Poverty Rate in 2019	8.9%	74.8%	11.9%
Poverty Rate Among Children under 18	12.7%	84.1%	15.1%
Welfare (TANF) Monthly Average Families in 2019	43	0.7%	6,657
Food Stamp Recipients in 2020	5,616	0.9%	659,095
Free and Reduced Free Lunch Recipients in 2019/2020	4,829	1.0%	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 Morgan County

Indicator	Description	Morgan County	Indiana
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.	88.1%	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.	17.3%	26.5%

EMPLOYMENT

The 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 3.1% in Morgan County.

Table 1.5: Unemployment in Morgan County

Indicator	Number	Rank in State	Percent of State	Indiana
Employed	35,404	24	1.1%	3,275,056
Unemployed	1,128	23	1.0%	112,310
Annual Unemployment Rate	3.1%	51	96.9%	3.3%
January 2021 Unemployment Rate	3.8%	53	80.9%	3.2%
Total Resident Labor Force	36,532	23	1.1%	3,387,366

In 2019, there were 36,532 employed individuals in Morgan County, while 1,128 were unemployed (STATS Indiana).

MAJOR INDUSTRIES

Table 1.6: Industries in Morgan County

Indicator	Employment	Percent Distibuted in Region	Earnings	Percent Distributed in Region	Average Earnings per Job
Farm Proprietors	476	1.9%	$4,155	0.4%	$8,729
Nonfarm Proprietors	7,315	29.5%	$160,756	15.6%	$21,976
Farm	621	2.5%	$8,243	0.8%	$13,274
Nonfarm	24,185	97.5%	$1,020,312	99.2%	$42,188
Private	21,289	85.8%	$871,738	84.8%	$40,948
Wage and Salary	17,015	68.6%	$689,186	67.0%	$40,505
Total by place of work	24,806	100.0%	$1,028,555	100.0%	$41,464

The private industry represents 85.8% of the working class (2019).

TRANSPORTATION

In 2019, 3.9% of Morgan County residents identified having no vehicle available for use, while 25.4% identified having at least one vehicle available and 38.1% identified having two vehicles available. This means that the majority of residents have vehicular transportation available, but approximately 1,000 residents do 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. Morgan County residents were exposed to unhealthy levels of ozone for zero days in 2016.

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, this means that air quality is more likely to affect your health. In 2016, the annual level of PM2.5 in Morgan County was 9.3 micrograms per cubic meter.

Table 1.7: Environmental Health Indicators

Indicator	Description	Source	Measurement Period	Morgan County	Indiana
Annual Ozone Air Quality	This indicator assigns a value (1 (good) to 5 (poor)) to each county in the U.S. based on the annual number of high ozone days.	American Lung Association	2016	0	N/A
Air Pollution - Particulate Matter	Average Daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking System	2016	9.3	12.0
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

Drinking Water Safety

In 2014, approximately 16% of Morgan County residents were potentially exposed to unsafe drinking water. Morgan County was ranked among the bottom 25% of counties in the state for drinking water safety. This is in contrast to the 2018 report of drinking water violations in the county reported by County Health Rankings. In 2018, Morgan County did not have any reported drinking water violations.

Childhood Lead Poisoning

In 2017, the CDC released Indiana State Surveillance System data indicating that there were zero cases of lead poisoning among Morgan County children. Within Morgan County, lead poisoning is not as serious of a threat to health as it is 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, 77.1% of housing units in Morgan County were occupied by a homeowner.

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

From 2015-2019, 20.4% of Morgan County residents, or approximately 2,810 people, spent 30% or more of their household income on monthly rent payments.

Severe housing problems

In the state of Indiana, an average of 13% 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 Morgan County, 11% of residents have a severe housing problem.

Subsidized housing

There are currently six properties that are recognized by the U.S. Department of Housing and Urban Development. Two of these properties are available only to elderly residents of Morgan County and four are available for families. The largest number of available bedrooms is four, and the smallest is one. Four of the properties are located in Martinsville and the other two are located in Mooresville.

HEALTH ACCESS

Hospitals

There is one full-service hospital located in Morgan County, Franciscan Health Mooresville. This hospital is located at 1201 Hadley Road, Mooresville.

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 Morgan County, there are currently zero medically underserved areas recognized.

Health Professions Shortage Areas (HPSAs)

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)."

Morgan 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 low-income. However, the primary care shortage is due to a geographic designation.

HEALTH PROFILE

Franciscan HEALTH

SECTION 2

community HEALTH NEEDS ASSESSMENT

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

MATERNAL CHILD HEALTH

Breastfeeding

In 2017, 75% of mothers received early prenatal care during their pregnancy. There has been a 6.6% increase among mothers receiving prenatal care since 2013. The smoking rate among expecting mothers has decreased by 5% since 2013. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). Nearly 24% of mothers smoked during pregnancy in Morgan County in 2017. Also in 2017, 71.4% of Morgan County mothers breastfed their children. From 2013 to 2016, the population of mothers who breastfed has increased by 5.2% 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.

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

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
# Early Prenatal Care	494	547	559	586	605	2,791
% Early Prenatal Care	68.4%	73.6%	72.0%	71.8%	75.0%	72.2%
State Percent	**67.4%**	**67.5%**	**69.3%**	**69.3%**	**68.6%**	**68.4%**
# Smoked	207	182	200	177	191	957
% Smoked During Pregnancy	28.7%	24.5%	25.8%	21.7%	23.7%	24.9%
State Percent	**15.7%**	**15.1%**	**14.3%**	**13.5%**	**13.5%**	**14.4%**
# Unmarried Mothers	322	305	351	341	356	1,675
% Unmarried Mothers	44.6%	41.0%	45.2%	41.8%	44.1%	43.3%
State Percent	**43.3%**	**43.3%**	**43.3%**	**42.7%**	**42.8%**	**43.1%**
# Breastfeeding Mothers	528	562	599	639	576	2,904
% Breastfeeding Mothers	73.1%	75.6%	77.2%	78.3%	71.4%	75.1%
State Percent	**77.3%**	**79.3%**	**80.5%**	**80.9%**	**81.9%**	**80.0%**
# Mothers on Medicaid	365	317	358	334	307	1,681
% Mothers on Medicaid	50.6%	42.7%	46.1%	40.9%	38.0%	43.7%
State Percent	**44.1%**	**43.7%**	**43.0%**	**41.7%**	**41.0%**	**42.7%**
# Teen Births 15-17	13	10	5	7	14	49
Teen Birth Rate (15-17)	8.5	6.8	3.3	U	U	6.2
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 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 Morgan County, 0.59% of consumer expenditures go towards childcare. This is lower than the Indiana and U.S. values, and lower than previous values when measured. In 2017, there were 12 licensed child care options in Morgan County. Five of the licensed options were at centers throughout the county and seven of the licensed options were at homes of local residents.

Table 2.1: Childcare Facilities in Morgan County

Child Care Facility Type (2017)	Number of Facilities
# Licensed Child Care Centers	5
# Licensed Child Care Homes	7

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. Twelve percent of Morgan County was considered food insecure in 2014.

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% 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. 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 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 Morgan County, 5% of residents have limited access to healthy food. Twelve percent of residents, or nearly 8,400 individuals, are considered food insecure. The overall food environment index for the county is 8.2.

Child Food Insecurity Rate

Feeding America is the largest domestic hunger-relief organization in the United States. According to the 2018 "Map the Meal Gap", the population in Morgan County was 70,137, the food insecurity rate was 12.1%, and the estimated number of food insecure individuals was roughly 8,420.

The food insecuirty rate among children in Morgan County was 17.2% in 2018. According to the National Center for Education Statistics, 50% of children in Indiana are eligible for Free and Reduced Lunch, while 46% are eligible within Morgan County (2017-2018).

Table 2.2: Morgan County Food Index

Indicator	Description	Source	Measurement Period	Morgan County
Food Enviornment 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	8.2
Food Insecurity	Percentage of population who lacks adequate access to food	County Health Rankings	2017	11.0%
Child Food Insecurity Rate	Percentage of children in a county who are considered food insecure	Feeding America	2018	17.2%
SNAP-authorized Stores	Number of stores in a county authorized to accept and use SNAP benefits	USDA - Food Environment Atlas	2017	49.2
Grocery Store Density	Number of grocery stores in a county	USDA - Food Environment Atlas	2016	6
Farmers Market Density	Number of farmers markets in a county	USDA - Food Environment Atlas	2018	2

PHYSICAL ACTIVITY

High Schoolers Physically Active

In 2015, the USDA reported that 25.3% of high schoolers were physically inactive 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, 28% of adults ages 20 or older in Morgan County were identified as physically inactive compared to 27% in the entire state (2018). 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 Morgan County, 54% of residents have access to exercise opportunities. The average in Indiana is 75%, with a range of 24 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 2016, it was reported that there were five recreation and fitness facilities to service all of Morgan County.

SLEEP HEALTH

Insufficient Sleep

Insufficient sleep measures are calculated by measuring the percentage of adults who report getting fewer than seven hours of sleep on average. In 2016, 31% of adults reported this in Morgan County. The state average is 36%.

Proportion of High School Students Who Get Sufficient Sleep

Healthy People 2030 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 Morgan County (when county-level data is available).

Table 2.3: Immunization Profile Morgan County

Indicator	Description	Source	Measurement Period	Morgan County	Indiana	HP 2030 Goal
Recommended Infant Immunizations	This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP).	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2017	71%	63%	90%
Flu Shot Vaccinations	Percentage of noninstitutionalized adults, 18 and older, who have received a flu shot in the past year.	ISDH & CDC, Behavioral Risk Factor Surveillance System	2017	52%	49%	70%
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	2017	N/A	200	80%

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. Eighty-five percent of Morgan County diabetic Medicare enrollees received routine monitoring in 2014 and 42% of Morgan County female Medicare enrollees received a mammogram in 2017.

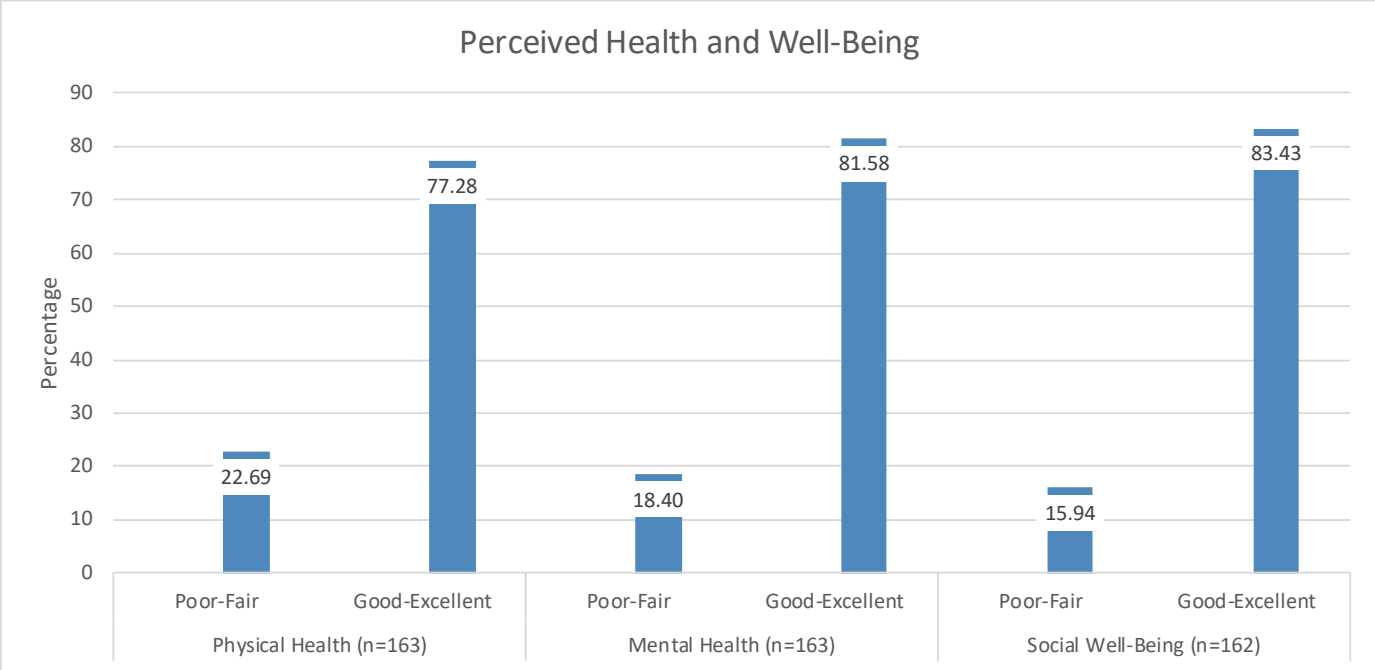
Table 2.4: Morgan County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Morgan County	Indiana
Diabetes Monitoring	Percentage of Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2017	N/A	86%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	Dartmouth Atlas of Healthcare	2017	42%	42%

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 Reference section for the full survey report.

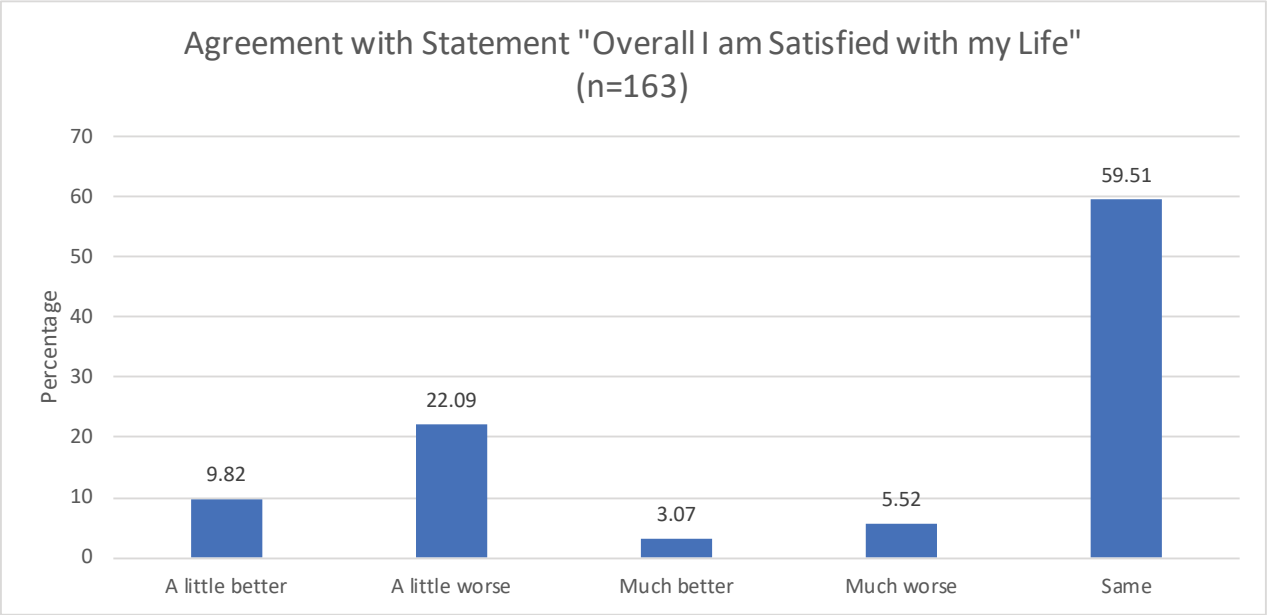
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

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



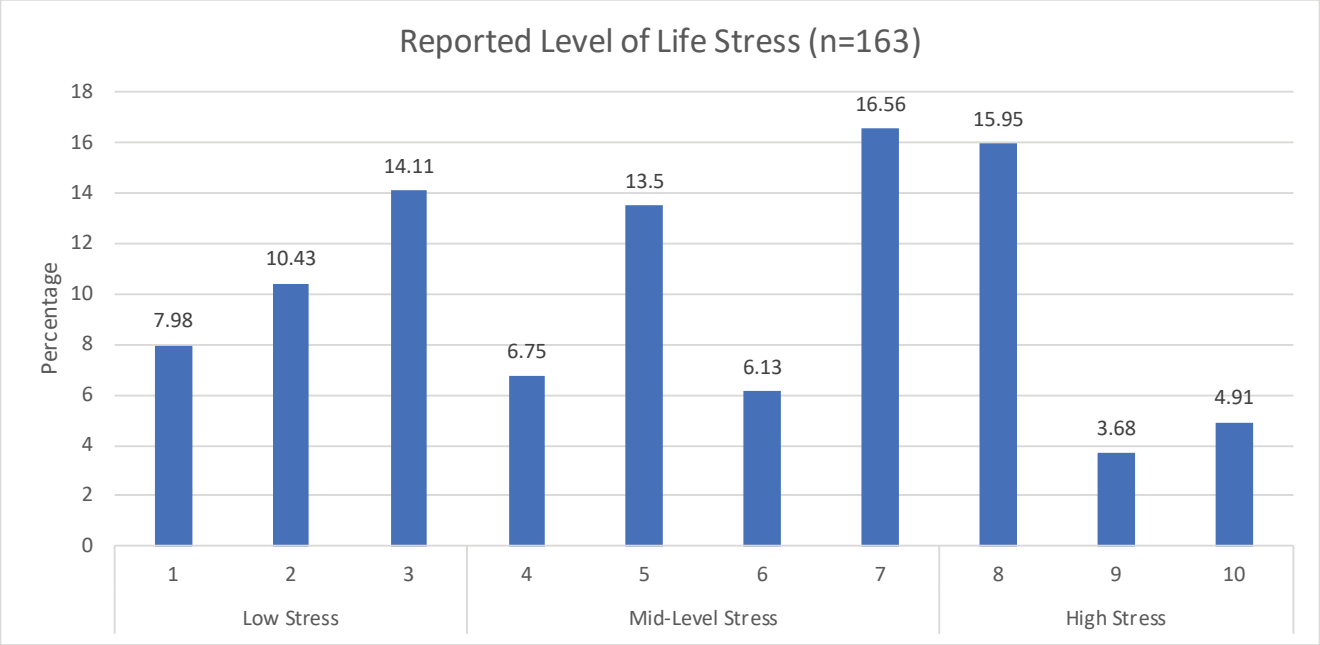
Participants were asked to respond to a single question that asked them to respond to the statement "How has the statement 'In general, I am satisifed with my life' changed before the COVID-19 pandemic" with five response options ranging from much worse to much better. The majority of participants reported "same" with the statement, with 3.07% (n = 5) responding "much better" and 9.82% (n = 15) responding "a little better." Some participants 59.51% (n = 97) responded "same." Those indicating less overall life satisfaction responded with "a little worse" 22.09% (n=36) or "much worse" 5.52% (n = 9).

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, 24.54% (n = 40) responded with scores 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

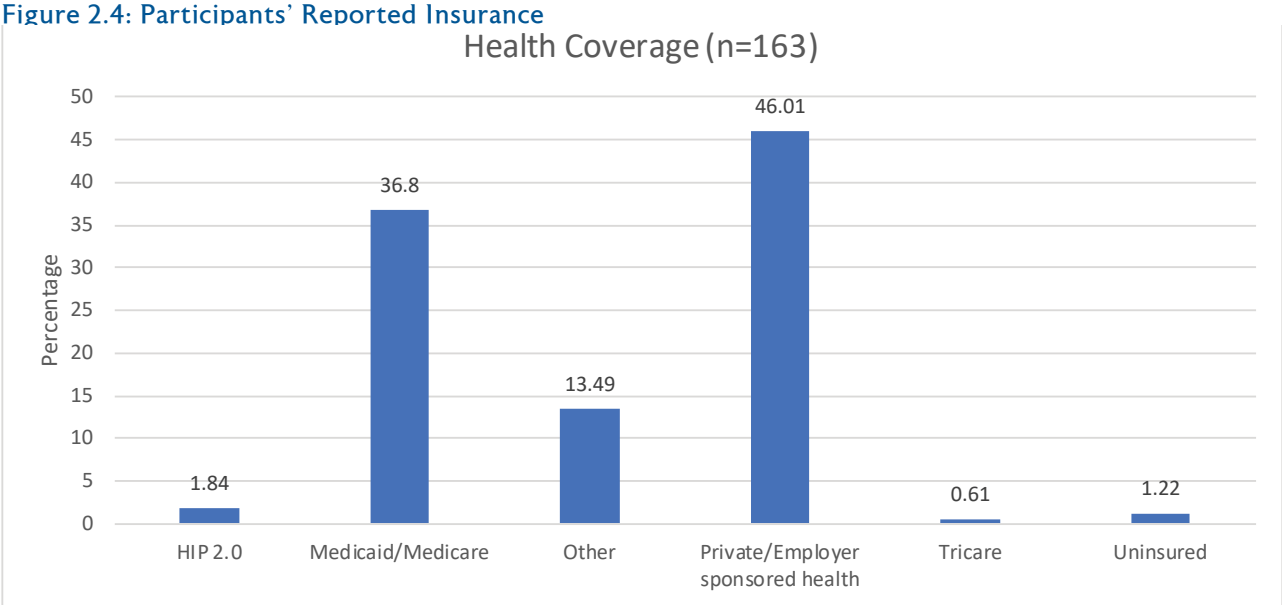


HEALTHCARE ACCESS AND ENGAGEMENT

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, 98.78% (n = 161) reported that they did have such coverage or insurance, while 1.22% (n = 2) responded "Uninsured."

Figure 2.4: Participants' Reported Insurance



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

Table 2.5: Participants' Reported Types of Healthcare Engagement (n=163)

What prevents you from getting the health care you feel you need? (Select all that apply.)		
	Number	Percentage
Cultural/religious beliefs	5	3.06%
Do not know how to find the type of doctor I want	25	15.33%
Fear (e.g., not ready to face/discuss health problem)	35	21.47%
I cannot get an appointment when I am available	48	29.44%
Language barriers	1	0.61%
Immigration status	1	0.61%
No insurance and unable to pay for the care	9	5.52%
Unable to pay co-pay/deductibles	21	12.88%
Transportation	18	11.04%
Lack of access to a computer	10	6.13%
Bad past medical experience	29	17.79%

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, 25.77% of participants (n = 42) indicated that they had trouble getting or accessing a healthcare provider or getting a doctor visit.

Regarding needing to fill a prescription/medication, 6.13%, (n = 10) indicated that that they were not able to fill a medication or prescription.

Regarding needing transportation, only 6.75% of participants (n = 11) indicated that they had not been able to access transportation due to other needs.

Figure 2.6: Participants' Reports of Resource Challenges and Healthcare

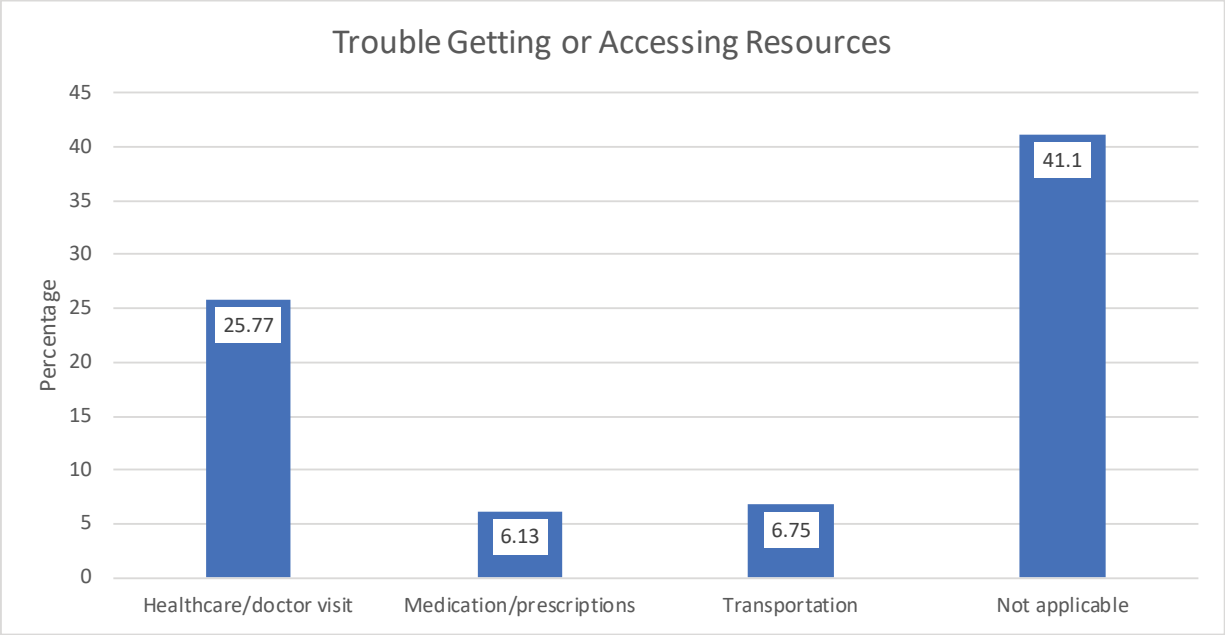


Table 2.6: Participants' Reports of Resource Challenges and Healthcare

During the COVID-19 pandemic, have you had trouble getting or accessing any of the following? (Select all that apply.) (n=163)		
	Number	**Percentage**
Exercise/physical activity	45	27.61%
Food/groceries	20	12.27%
Healthcare/doctor visit	42	25.77%
Infant supplies	2	1.23%
Medication/prescriptions	10	6.13%
Spiritual/religious support	14	8.59%
Transportation	11	6.75%
Time with family	66	40.49%
Utilities	6	3.68%
Not applicable	67	41.10%

PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants types of health changes they wanted to make in the next year. They were asked to select up to three choices of the listed responses. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.7 provides a summary of this data.

Table 2.7: Self-Reported Health Behaviors (n=163)

What type of health changes do you want to make in the next year? (Choose up to 3).		
	Number	Percentage
Drinking less alcohol	8	4.91%
Eating better food	76	46.63%
Improving sleep	59	36.20%
Managing Stress	52	31.90%
Getting more exercise	110	67.48%
Improving relationships	27	16.56%
Quitting tobacco or nicotine products	8	4.91%
Getting recommended health screenings, like blood tests or mammograms	15	9.20%
Finding a doctor	14	8.59%

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 10 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 provides a summary of this data.

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=163)		
	Number	Percentage
Not enough food	7	4.29%
Having a safe place to live	7	4.29%
Paying utility bills	28	17.18%
Reliable transportation	13	7.98%
Violence inside the place I live	1	0.61%
Violence or crime in my neighborhood	6	3.68%
Getting or maintaining a good job	15	9.20%
Lack of support from family and friends	41	25.15%
Lack of spiritual/pastoral support	14	8.59%
Experiencing disrespect or discrimination	20	12.27%
Language barriers	3	1.84%
Financial planning/budgeting	82	50.31%

HEALTH OUTCOMES

Franciscan HEALTH

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	Morgan County	Indiana
Driving Under the Influence of Alcohol	Persons arrested for driving under the influence (DUI) of alcohol per 1,000 population	Healthy Communities Institute	2012	2.5	3.6
Traffic Injury Mortality	Number of road traffic fatal injury deaths per 100,000 population (age-standardized)	County Health Rankings	2012-2018	16	12
Alcohol-Impaired Driving Deaths	Percentage of motor vehicle crash deaths with alcohol involvement	County Health Rankings	2014-2018	26%	20%

Table 3.1: Unitentional Injury Indicators

Indicator	Description	Source	Measurement Period	Morgan County	Indiana
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	63.4	58.0
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2017	27.6	27.3
Injury ED Visits	This measurement represents the number of injury-related emergency department encounters among Indiana residents per 100,000 people.	ISDH	2017	1,407.40	849.6
Injury Hospitalizations	This measure represents the number of injury-related hospital admissions among Indiana residents per 100,000 people.	ISDH	2017	77.8	69.1

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?" Morgan County's value of 4.4 is the average number of days a county's adult respondents report that their mental health was not good (2016).

Table 3.2: Morgan County Mental Health Profile

Indicator	Days or Percent	Error Margin
Mentally Unhealthy Days	4.4	4.2-4.6
Frequent Mental Distress	13%	13-14%

Physically Unhealthy Days
Physically unhealthy days are determined by the average number of days reported over the course of one month. In Morgan County, the average is 4.1 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 is 7%. Morgan County is above the state average with 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 Morgan County, 17% 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 Morgan County is 25.0. For the entire state of Indiana, the average is 16.2.

Infectious Disease Rates

Hepatitis C, Acute Incidence Rate

The incidence rate of acute Hepatitis C in Morgan County was 11.3 per 100,000 in 2019.

Hepatitis C Virus Infections

Chronic Hepatitis C occurs when a person is not able to clear the virus after infection. In 2019, the overall rate of chronic Hepatitis C virus infections was 96.5 per 100,000 in Morgan County. The overall incidence rate for the state of Indiana was 90.

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 Morgan County was 2.9. 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 2017, there were approximately 91.8 residents living with HIV/AIDS in Morgan 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 2017, the incidence rate of Chlamydia was 514 in Indiana and 265 in Morgan County. Incidence is a measure of the new cases of a disease (Chlamydia) during a specific period of time (2017) (Indicators, 2015).

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 is an average of a 3% increase of Gonorrhea cases annually in Indiana. The incidence rate of Gonorrhea in Morgan County was 72.4 per 100,000 in 2019.

Intestinal Disease Infections

In 2017, the average number of enteric intestinal disease infections was 25.8 per 100,000.

Table 3.3: Morgan County Infectious Disease Profile

Disease	Description	Source	Measurement Period	Morgan County	Indiana
Hepatitis C, Acute	This measure represents the rate of infection per 100,000.	ISDH, ERC	2019	11.3	N/A
Hepatitis C, Chronic	This measure represents the rate of chronic hepatitis.	ISDH, ERC	2019	96.5	90
Newly Diagnosed HIV/AIDS	This measure represents the incidence rates of newly diagnosed HIV/AIDS per 100,000.	ISDH, ERC	2014-2018	2.9	8.2
HIV/AIDS Prevalence	This measure represents the number of Hoosiers living with HIV/AIDS.	ISDH, ERC	2017	91.8	190.5
Chlamydia	Rate of infection, cases per 100,000.	Indiana Indicators	2017	265.4	514.2
Gonorrhea	Rate of infection, cases per 100,000.	ISDH, ERC	2019	72.4	N/A
Intestinal Disease Infections	Rate of infection, cases per 100,000.	Indiana Indicators	2017	25.8	40

MATERNAL, INFANT AND CHILD HEALTH

Since 2013, the number of live births in Morgan County has decreased. The number of babies born with a low birth decreased from 2015-2016. The number of babies born before 37 weeks gestation in Morgan County increased from 2016-2017. The number of infant deaths has been at 3 per 1,000 from 2015-2017. That number is lower than the state value of 7.3 deaths per 1,000 live births from 2013-2017. The percentage of mothers who smoked during pregnancy in Morgan County has decreased from approximately 28.7% in 2013 to 23.7% in 2017.

Table 3.4: Morgan County Birth Outcomes Indicators

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
Natality						
# Live Births	722	743	776	816	807	3,864
# Low Birth Weight	51	59	68	60	82	320
% Low Birth Weight	7.1%	7.9%	8.8%	7.4%	10.2%	8.3%
State Percent	***7.9%***	***7.9%***	***8.0%***	***8.2%***	***8.3%***	***8.1%***
# Preterm Births	61	60	72	56	83	332
% Preterm Births	8.4%	8.1%	9.3%	6.9%	10.3%	8.6%
State Percent	***9.6%***	***9.7%***	***9.6%***	***10.0%***	***9.9%***	***9.8%***

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

Table 3.5: Mothers Who Smoked During Pregnancy

Indicator	2013	2014	2015	2016	2017	2013-2017 Combined
Natality						
# Smoked During Pregnancy	207	182	200	177	191	957
% Smoked During Pregnancy	28.7%	24.5%	25.8%	21.7%	23.7%	24.9%
State Percent	***15.7%***	***15.1%***	***14.3%***	***13.5%***	***13.5%***	***14.4%***

Young Child

Throughout Morgan County, 23 substantiated and 199 unsubstantiated cases of neglect or abuse were reported in 2017. In 2015, there was one reported death of a child due to neglect. Many children who die due to neglect or abuse have a history with the Indiana Department of Child Services.

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

Indicator	Description	2016	2017
Children in need of services	Number of children in the county in need of services related to child abuse and neglect	8.1	16

Table 3.7: Morgan County Child Abuse & Neglect Fatalities

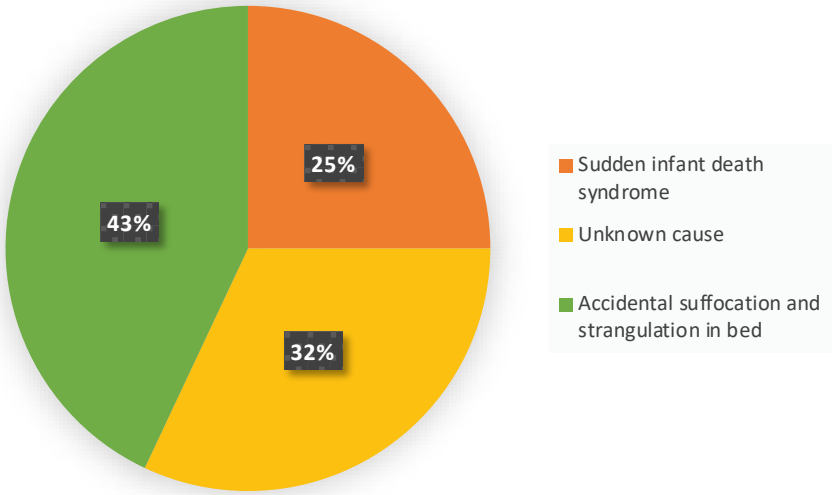
Indicator	Description	Source, Year	%	Unsubstantiated	
Neglect	Number of reported cases with and without evidence of neglect.	Indiana Youth Institute, 2018	11.7%	219	
Sexual Abuse	Number of reported cases with and without evidence of sexual abuse.	Indiana Youth Institute, 2018	13.8%	31	
Physical Abuse	Number of reported cases with and without evidence and neglect.	Indiana Youth Institute, 2018	6.1%	23	
			Abuse	**Neglect**	**Total**
Abuse and Neglect Fatalities	Number of fatalities due to abuse or neglect of the child	Indiana Youth Institute, 2018	0	0	0

Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

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

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

Figure 3.0: 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 departments in Morgan County (Indicators, 2015).

Table 3.8: Morgan County Respiratory Disease Indicators

Indicator	Description	Source	Measurement Period	Morgan County	Indiana
Pediatric Asthma Counts	This measure represents the estimated number of children with asthma ages 5-17.	American Lung Association	2016-2017	1,313	128,900
Adult Asthma Counts	This measure represents the number of asthma-related emergency department encounters among Indiana adults.	American Lung Association	2016-2017	5,466	513,100
Age-Adjusted ER Rate Due to Asthma	This measure represents the number of asthma-related emergency department encounters.	ISDH, ERC	2019	38	39.3
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH, Indiana Indicators	2019	71.4	55.2
COPD	This measure represents the number of individuals with COPD within Morgan County	American Lung Association	2016-2017	4,584	407,400
Adults Who Smoke	This measure is the percentage of identified current smokers in Morgan County.	ISDH, Indiana Indicators	2020	19.0%	22.0%

CANCER

General cancer rates are higher in Morgan County than the Indiana state average at 553.7 and 467.2 per 100,000 residents respectively. Looking at the table below, the cancer incidence rates in Morgan are all higher than the state averages. In terms of mortality, lung cancer rates in Morgan County are higher than state averages.

Table 3.9: Cancer Indicators

Indicator	Morgan County	Indiana	HP 2030 Goal
Cancer Incidence	553.7	467.2	N/A
Lung	83.7	71.9	N/A
Colorectal	49.5	42.4	N/A
Female Breast	149.3	121.7	N/A
Prostate	113.3	89.9	N/A
Cancer Mortality	181.1	169.9	122.7
Lung	60.9	47.2	25.1
Colorectal	13.5	15.8	8.9
Female Breast	27.1	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 for cardiovascular disease 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	Rates per 100,00 Death or Hospital Admission		
	Morgan County	Indiana	HP 2030 Goal
Stroke Hospitalization	23.1	24.3	N/A
Stroke Mortality	31.3	40.2	33.4
Heart Disease Hospitalization	95.0	91.3	N/A
Heart Disease Mortality	198.7	183.1	71.7

Table 3.11: Heart Failure Indcations

Indicator	Description	Morgan County
Acute Myocardial Infarction Hospitalization	Rates per 1,000 Medicare Beneficiaries, 65+	7.3
Acute Myocardial Infarction Deaths	Rates per 100,000, 35+	72.4
Heart Failure Hospitalizations	Rates per 1,000 Medicare Beneficiaries, 65+	15.8
Heart Failure Deaths	Rates per 100,000, 35+	241.1

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 the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014). 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 CDC, 38% of Morgan County residents aged 20+ were considered obese as of 2017. In 2016, the prevalence of diabetes in Morgan County was 9.5%. Meaning, 9.5% of the population, ages 20 or older, were medically diagnosed with diabetes.

Table 3.12: Diabetes Indicators

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Morgan County	Indiana
Diabetes Prevalence	Percentage of adults aged 20 or older with medically diagnosed diabetes.	CDC Diabetes Data and Statistics	2016	11%	12%
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and olderw ho have ever been diagnosed with diabetes.	CDC	2013	N/A	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, Morgan County

Response	Excellent		Fair		Good		Poor		Very good	
	Number	%	Number	%	Number	%	Number	%	Number	%
Your physical health is…	8	4.90	31	19.01	65	39.87	6	3.68	53	32.51
Your mental health is…	26	15.95	27	16.56	51	31.28	3	1.84	56	34.35
Your social well-being is…	26	15.95	21	12.88	64	39.26	5	3.06	46	28.22

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, Morgan County

Response	Number	Percentage
A little better	16	9.82%
A little worse	36	22.09%
Much better	5	3.07%
Much worse	9	5.52%
Same	97	59.51%

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

Table 4.3: Pandemic Life Satisfaction, Morgan County

Level of Stress	Number	Percentage
1	13	7.98%
2	17	10.43%
3	23	14.11%
4	11	6.75%
5	22	13.50%
6	10	6.13%
7	27	16.56%
8	26	15.95%
9	6	3.68%
10	8	4.91%

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

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

	Number	Percentage
Not enough food	7	4.29%
Having a safe place to live	7	4.29%
Paying utility bills	28	17.18%
Reliable transportation	13	7.98%
Violence inside the place I live	1	0.61%
Violence or crime in my neighborhood	6	3.68%
Getting or maintaining a good job	15	9.20%
Lack of support from family and friends	41	25.15%
Lack of spiritual/pastoral support	14	8.59%
Experiencing disrespect or discrimination	20	12.27%
Language barriers	3	1.84%
Financial planning/budgeting	82	50.31%

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, Morgan County

	Number	Percentage
Drinking less alcohol	8	4.91%
Eating better food	76	46.63%
Improving sleep	59	36.20%
Managing Stress	52	31.90%
Getting more exercise	110	67.48%
Improving relationships	27	16.56%
Quitting tobacco or nicotine products	8	4.91%
Getting recommended health screenings, like blood tests or mammograms	15	9.20%
Finding a doctor	14	8.59%

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

Table 4.6: Healthcare Barriers, Morgan County

	Number	Percentage
Cultural/religious beliefs	5	3.06%
Do not know how to find the type of doctor I want	25	15.33%
Fear (e.g., not ready to face/discuss health problem)	35	21.47%
I cannot get an appointment when I am available	48	29.44%
Language barriers	1	0.61%
Immigration status	1	0.61%
No insurance and unable to pay for the care	9	5.52%
Unable to pay co-pay/deductibles	21	12.88%
Transportation	18	11.04%
Lack of access to a computer	10	6.13%
Bad past medical experience	29	17.79%

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, Morgan County

Response	Number	Percentage
Chronic disease care	48	29.44%
Acute care, like for an injury or infection	27	16.56%
Vaccines or health screenings	18	11.04%
General primary care	43	26.38%
Prenatal or well-baby care	17	10.42%
Hospital emergency room/Urgent center care	30	18.40%
Pharmacy/Drug store	13	7.97%
Dental care	17	10.42%
Screening for anxiety or depression	50	30.67%
Treatment for mental health	56	34.35%
Treatment for an addiction	42	25.76%
Vision or hearing care	27	16.56%

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, Morgan County

Responses	Me		Family/Friends		Community		None	
	Number	%	Number	%	Number	%	Number	%
Healthy cooking classes	44	26.99	22	13.49	68	41.71	54	33.12
Free or reduced cost healthy foods	45	27.60	36	22.08	83	50.92	41	25.15
Free exercise programs.	82	50.30	31	19.01	70	42.94	36	22.08
Weight loss programs	57	34.96	34	20.85	76	46.62	40	24.53
Mental health counseling	37	22.69	38	23.31	94	57.66	43	26.38
Low cost legal help	37	22.69	24	14.72	85	52.14	46	28.22
Financial planning/budgeting	39	23.92	33	20.24	79	48.46	44	26.99
Help getting health insurance	12	7.36	20	12.26	90	55.21	57	34.96
Programs to help young children learn	8	4.90	29	17.79	96	58.89	54	33.12
Parenting classes	5	3.06	18	11.04	104	63.80	54	33.12
Prenatal classes	3	1.84	11	6.74	98	60.12	63	38.65
Classes just for fathers	4	2.45	10	6.13	97	59.50	62	38.03
Programs for grandparents raising grandchildren	10	6.13	15	9.20	96	58.89	56	34.35
Places to dispose of precriptions and needles safety	34	20.85	19	11.65	95	58.28	46	28.22
Stress management	35	21.47	37	22.69	92	56.44	44	26.99
Community gardens/gardening workshops	19	11.65	16	9.81	97	59.50	51	31.28
Diabetes management classes	24	14.75	24	14.72	92	56.44	50	30.67
Help for people experiencing abuse or neglect	5	3.06	11	6.74	109	66.87	47	28.83
Suicide prevention training	4	2.45	11	6.74	106	65.03	52	31.90

TOP HEALTH NEEDS, MORGAN COUNTY 2012-2024

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

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

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

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

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

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

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

SOCIAL COHESION

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

VICTIMS OF VIOLENCE

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

BEHAVIORAL HEALTH

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

SUBSTANCE ABUSE

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

ACCESS TO HEALTH CARE

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

MORGAN COUNTY

Most vulnerable community groups: Those in poverty, low income mothers, those with untreated mental health issues, teens

Social Needs	Poor Health Behaviors	Poor Health Outcomes
Access to Primary Care	Violence	Motor Vehicle Deaths
Behavioral Health	Tobacco	Cardiovascular Disease
Social Cohesion	Phyiscal Activity	Respiratory Disease
Child Insurance	Substance Abuse	Cancer (breast, lung, prostate)
Housing		Diabetes
Food Insecurity		Obesity
Education		Digestive 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 One of this document. The Reference section also lists community organizations that informed this report and provide services in the community.

Organization	Street	City	State	Zip	Phone Number
Family and Youth Services (Excluding schools and government agencies)					
About Special Kids	8435 Keystone Crossing Suite 190	Indianapolis	IN	46240	317-257-8683
Adult and Child Health					877-882-5122
ARC of Indiana	143 West Market Street, Suite 200	Indianapolis	IN	46204	317-977-2375
Bureau of Developmental Disabilities Services (BDDS)	2620 Kessler Blvd. East Drive, Suite 105	Indianapolis	IN	46220	"17-845-1646
Boys & Girls Club of Morgan County	31 Indianapolis Road	Mooresville	IN	46158	317-834-9744
Boys & Girls Club of Morgan County Teen Center of Excellence	825 North Indiana Street	Mooresville	IN	46158	
Girl Scouts of Central Indiana	7201 Girl Scout Lane	Indianapolis	IN	46214	317-924-6800
Boy Scouts - Hoosier Trails Council - Wapehani District	5625 East State Road 46	Bloomington	IN	47401	812-336-6809
4H Morgan Co extension office Martinsville	180 South Main Street, Suite 229	Martinsville	IN	46151	765-342-1010
Care Net Pregnancy Center Martinsville	69 North Colfax Street, Suite 1	Martinsville	IN	46151	765-349-9190
Care Net Pregnance Center Mooresville	410 North Monroe Street	Mooresville	IN	46158	317-834-9776
Chances & Services for Youth (CASY) - Child Care Resource & Referral	1101 South 13th Street	Terre Haute	IN	47802	812-231-8917
Maximus - Child Care Development Fund - financial assistance with child care	825 North Indiana Street	Mooresville	IN	46158	833-946-8253
Department of Child Services	1326 South Morton Ave	Martinsville	IN	46151	765-349-5302
Child Support County Clerk Martinsville	10 East Washington Street, PO Box 1556	Martinsville	IN	46151	765-342-1025
Child Support Prosecutor Martinsville	54 East Jackson Street	Martinsville	IN	46151	765-342-0086
Child Support Kidsline					"800-840-8757 317-233-5437"
Division of Family Resources	7851 Waverly Road	Martinsville	IN	46151	800-403-0864
Family Service Association					765-342-0202
Family Voices					844-323-4636
First Steps Early Childhood Intervention	1776 North Meridian St, Suite 300	Indianpolis	IN	46202	317-257-2229
Head Start Center - Preschool & Homebased services Mooresville	6 East Moore Street	Mooresville	IN	46158	317-831-0844
Head Start Center - Preschool & Homebased services Martinsville	60 East Cunningham St	Martinsville	IN	46151	765-342-1599
Healthy Families Referred	6 Moore Street	Mooresville	IN	46158	765-795-2103
In*Source Indiana	701 North Niles Avenue	South Bend	IN	46617	800-332-4433
Martinsville Youth Development Center	165 Morton Avenue	Martinsville	IN	46151	765-558-8137

Organization	Street	City	State	Zip	Phone Number
Family and Youth Services (Excluding schools and government agencies)					
Parents of Addicted Loved Ones - PAL - First Christian Church Mooresville	525 North Indiana Street	Mooresville	IN	46158	317-937-2421
Project Life Saver	471 Samuel Moore Parkway 6475 Maple Grove Road	Mooresville Martinsville	IN	46158 46151	317-919-9443/ 317-919-4494 317-831-6366 765-342-4113
Fathers Program					812-318-7414
Reach for Youth (Counseling)	435 East Main Street, Suite 100	Greenwood	IN	46143	317-788-4451
SSI/ Disability for children with special needs					800-772-1213
Strengthening Families	6019 East State Road 144	Mooresville	IN	46158	765-342-1013
Sycamore Services	465 South Main Street, Suite 108	Martinsville	IN	46151	765-342-2476
Temporary Assistance for Needy Families (TANF) - Morgan Co Division					800-403-0864
The Haven Youth Center	39 East Jackson Street	Martinsville	IN	46151	765-342-5102
WIC Office	1379 East Morgan Street 6 North Moore Street	Martinsville Mooresville	IN	46151 46158	765-349-9566
YMCA (Barbara B. Jordan)	2039 East Morgan Street	Martinsville	IN	46151	765-342-6688
Youth First	111 Southeast Thrid Street, Suite 405	Evansville	IN	47708	812-421-8336

Organization	Street	City	State	Zip	Phone Number
Social Cohesion (Senior services, community centers)					
Morgan County Public Library	110 S. Jefferson St	Martinsville	IN	46151	765-342-3451
Morgan County Public Library	9410 IN-144	Martinsville	IN	46151	317-422-9915
Morgan County Public Library	79 W Washington St	Morgantown	IN	46160	812-597-0889
Morgan County Public Library	145 S. Chestnut St	Monrovia	IN	46157	317-996-4307
Morgan County Public Library	6 E. Mill St	Brooklyn	IN	46158	317-834-2003
Mooresville Public Library	220 W. Harrison St	Mooresville	IN	46158	317-831-7323
Adult Protective Services	301 N. College Ave, Room 211	Bloomington	IN	47404	800-992-6978
Martinsville Area Senior Center	1369 N, Blue Bluff Rd	Martinsville	IN	46151	765-342-5525
Mooresville Senior Citizens Center	East, 4305 IN-144	Mooresville	IN	46158	317-831-7510
A Senior Retreat - Senior Daycare Services	609 S Lincoln St	Martinsville	IN	46151	317-999-8145
NBA Kennedy Living Center	301 W Harrison ST	Martinsville	IN	46151	765-342-6636
Cicoa and Morgan County Senior Advocates	110 N. Main St.	Martinsville	IN	46151	317-254-3600/ 800-432-2422
Department of Veteran's Affairs	180 S Main St	Martinsville	IN	46151	765-349-5505
Coordinating Aging Services	PO Box 1373	Martinsville	IN	46151	765-342-3007

Organization	Street	City	State	Zip	Phone Number
Physical Activity/Built Environment (Parks, free activity, non-profit organizations)					
Morgan County Parks and Recreation	180 S Main St #112	Martinsville	IN	46151	765-342-1077
Bradford Woods	5040 State Rd 67 N	Martinsville	IN	46151	765-342-2915
Mooresville Parks & Recreation	1101 N Indianapolis Rd	Mooresville	IN	46158	317-831-7149
Morgan-Monroe State Forest	6220 Forest Rd	Martinsville	IN	46151	765-792-4654
Pioneer Park	1101 N Indianapolis Rd	Mooresville	IN	46151	317-831-7149
Jimmy Nash City Park	N Home Avenue	Martinsville	IN	46151	
Patton Park Inc.	4410 Lower Patton Park Rd	Martinsville	IN	46151	
Griffin Woods	7425 Mendenhall Rd	Camby	IN	46113	
Rooker Run Park	606 N Peaceful View Dr	Mooresville	IN	46158	317-831-7149
Ravinia State Forest	N Duckworth Rd	Paragon	IN	46166	
Fred & Dorothy Meyer Nature Preserve	Observatory Rd	Martinsville	IN	46151	
The Recreation Experience	2795 Hancock Ridge Rd	Martinsville	IN	46151	765-343-6053
Burkhart Creek	Duckworth Rd and Warthen Rd	Paragon	IN	46166	
Landersdale Trail	Landersdale Rd	Mooresville	IN	46158	
Old Town Waverly Park	8425 Main St	Martinsville	IN	46151	
White River Greenway Trail	8425 Main St	Martinsville	IN	46151	
Bicentennial Park	2 E Main St	Mooresville	IN	46151	
North Park	Highland Meadows Subdivision	Mooresville	IN	46151	
Old Town Park	220 South St	Mooresville	IN	46151	
Doris Daily Park	90 Edgewood St	Martinsville	IN	46151	
Mulberry St Park	580 N Mulberry St	Martinsville	IN	46151	
Victory Park	111-213 E South St	Martinsville	IN	46151	

Organization	Street	City	State	Zip	Phone Number
Food Related (Food antries, food education, special food outlets)					
Active Grace Camby	10740 E County Rd 700 S	Camby	IN	46113	317-830-8297
Brooklyn Christian Church - Serves Clay Township	7 S Church St	Camby	IN	46113	317-831-3741
South Central CAP Energy Assistance Program	1500 W 15th St	Bloomington	IN	47404	765-342-0009 765-342-1518
Churches in Mission-Martinsville	60 W Pike St	Martinsville	IN	46151	765-341-6652
Churches in Mission-Mooresville	27 S Indiana St	Mooresville	IN	46158	317-831-3987
Eminence Christian Food Pantry	6597 N Forrest St	Eminence	IN	46125	317-449-0889
Eminence Fire Department - Mobile Food Pantry	6494 State Rd 42	Eminence	IN	46125	317-925-0191
First Church of the Nazarene	1609 John Wooden Dr	Martinsville	IN	46151	765-342-2269
Gasburg Baptist Church	11564 N Gasburg Rd	Mooresville	IN	46158	317-996-2112
Gateway Tabernacle Church Martinsville	809 S Lincoln St	Martinsville	IN	46151	765-342-6913
Graceway Fellowship Church	40 E Washington St	Mooresville	IN	46158	
Manna Mission	65 W Morgan St	Martinsville	IN	46151	765-349-8970
Morgan County Fairgrounds	1749 Hospital Dr	Martinsville	IN	46151	317-925-0191
Monrovia High School Bulldog Blessings Pantry	205 S Chesnut	Monrovia	IN	46157	812-841-3033
Monrovia United Methodist	60 Church St	Monrovia	IN	46157	317-996-2003
Morgantown Community Food Pantry	120 W Washington St	Morgantown	IN	46160	812-597-4626
Mt. Olive United Methodist Church Martinsville	3600 Wilbur Rd	Martinsville	IN	46151	Contact via Messenger
New Life Church Paragon	2450 S Guy Rd	Paragon	IN	46166	765-349-2871
Paul Hadley Middle School Food Pantry	200 W Carlisle St	Mooresville	IN	46158	317-831-9208
Red Barn	146 E Morgan S	Martinsville	IN	46151	765-342-9036
Senior Citizens Center Mooresville	E 4305 IN 144	Mooresville	IN	46158	317-831-7510
Shepard of the Hills Lutheran Church Food Pantry	5802 N Old Settlers Rd	Morgantown	IN	46160	812-988-8057
St. Vincent De Paul Society	1413 E 17th St	Bloomington	IN	47408	317-924-5769

Organization	Street	City	State	Zip	Phone Number
Job Skills/Employment Programs (Programs for idle teens, adult job skills, employers hiring vulnerable populations legally)					
WorkOne - Bloomington	1531 S Curry Pike, Suite 200	Bloomington	IN	47403	812-331-6000
WorkOne - Plainfield	995 Andico Rd	Plainfield	IN	46168	317-838-9335
Sycamore Services	465 S Main St #108	Martinsville	IN	46151	765-342-2476
Bri Staffing	17 Moore St	Mooresville	IN	46158	317-831-2001
Elwood Staffing	7015 Kentucky Ave St 104	Camby	IN	46113	317-856-9600
Energo Staffing	4000 Clarks Creed Rd	Plainfield	IN	46168	317-406-3459

Organization	Street	City	State	Zip	Phone Number
Legal/Civil/Immigration (Organizations that provide free legal services, assist immigrants/refugees/undocumented populations)					
Indiana Legal Services, Inc.	1200 Madison Ave St 300	Indianapolis	IN	46225	812-339-7668
Pro Bono Project District 10	120 W 7th St	Bloomington	IN	47404	812-339-3610
Indianapolis Legal Aid Society	615 N Alabama St St 122	Indianapolis	IN	46204	317-635-9538
Disability Legal Services	5954 College Ave	Indianapolis	IN	46220	317-426-7733
IU Law Legal Clinics					812-855-7867
Center for Victim/Human Rights		Indianapolis	IN		317-610-3427
Morgan County Victim Assistance	PO Box 1556	Martinsville	IN	46151	765-342-1186
Morgan County Adult Protective Services	PO Box 1556	Martinsville	IN	46151	812-349-2665
Indianapolis Bar Legal Services	140 N Illinois St	Indianapolis	IN	46204	317-269-2000
La Casa	202 N. Cottage Ave	Goshen	IN	46528	574-533-4450
Mariposa Legal	1701 E Edgewood #17293	Indianapolis	IN	46217	317-426-0617

Organization	Street	City	State	Zip	Phone Number
Housing/Utilities (Healthy housing, subsidized housing, utility assistance)					
Brooklyn Meadows	17 Brooklyn Meadows	Mooresville	IN	46158	317-831-9753
South Central CAP Energy Assistance Program	1500 W 15th St	Bloomington	IN	47404	765-342-0009
Churches in Mission-Martinsville	60 W Pike St	Martinsville	IN	46151	765-341-6652
Churches in Mission-Mooresville	27 S Indiana St	Mooresville	IN	46158	317-831-3987
Coordinating Aging Services	PO Box 1373	Martinsville	IN	46151	765-342-3007
Country View Apartments	338 County View Ct	Martinsville	IN	46151	765-349-2000
Habitat for Humanity	39 W Pike St	Martinsville	IN	46151	765-349-9003
Heather Heights	950 Cloverleaf Court	Martinsville	IN	46151	765-342-9622
Ken Mar	210 W Pike St	Martinsville	IN	46151	765-342-5671
The Retreat at Mineral Springs	110. N Main St	Martinsville	IN	46151	765-343-9377
Morgan House	490 N Main St	Martinsville	IN	46151	765-342-7581
Morgan House II	470 N Main St	Martinsville	IN	46151	765-342-7581
Pines Apartments	33 Pine Dr	Martinsville	IN	46151	765-349-9597
Spring Hill I	301 Springmill Dr	Mooresville	IN	46158	317-831-6250
Towne View	5 Crosby Rd	Mooresville	IN	46158	317-834-1996
Village of Morgantown	370 N Church St	Morgantown	IN	46160	812-597-0419

Organization	Street	City	State	Zip	Phone Number
Health Care (Free clinics, FQHCs, CHCs, other health systems)					
IU Morgan Hospital	2209 John R Wooden Dr.	Martinsville	IN	46151	765-342-8441
Franciscan Health - Mooresville	1201 Hadley Rd	Mooresville	IN	46158	317-831-1160
St Thomas Moore Free Clinic	1125 N Indiana St	Mooresville	IN	46158	317-831-1697
Heritage Home Health	801 Plaza Dr #A	Martinsville	IN	46151	765-342-2126
Morgan County Health Department	180 S Main St	Martinsville	IN	46151	765-342-6621

Organization	Street	City	State	Zip	Phone Number
Mental Health Services (Health systems, providers, substance abuse counseling/treatment)					
Centerstone Martinsville	952 S Main St	Martinsville	IN	46151	765-342-6616 Crisis Hotline: 800-344-8802
Franciscan Health Behavioral Health Mooresville	1201 Hadley Rd	Mooresville	IN	46158	317-783-8383
Peace Restored	460 Saint Clair St	Mooresville	IN	46158	317-361-5281
Center for Women's Ministries	360 S Sycamore	Martinsville	IN	46151	765-349-0911
Desert Rose	PO Box 1754	Martinsville	IN	46151	765-342-7673
Groups Recover Together	1030 E Morgan St	Martinsville	IN	46151	812-558-0574
Overcomer's Outreach	2745 Old Morgantown Rd	Martinsville	IN	46151	765-342-4483
Reformers Unanimous	2189 Burton Ln	Martinsville	IN	46151	765-342-0501
The House of Hope	1410 Harriet St	Martinsville	IN	46151	765-813-0003

Organization	Street	City	State	Zip	Phone Number
Health Management Services (Others not named above, including prescription assistance, case management, DME)					
CICOA Aging and In-Home Solutions	110 N Main St	Martinsville	IN	46151	317-803-6355

Organization	Street	City	State	Zip	Phone Number
Transportation (Public, Medicaid/Medicare cab, senior services)					
American Red Cross	1789 E Morgan St	Martinsville	IN	46151	765-342-2705
Community Cab	1683 Beech Church Rd	Coal City	IN	47427	765-318-4572
CONNECT Morgan County			IN		765-342-3007
Local Taxi Service			IN		765-341-6025
MHS Transportation			IN		1-877-647-4848 1-800-743-3333
Medicaid - Southeastrans Trip Reservation Line			IN		855-325-7586
RIDEwise - Mdwise			IN		800-356-1204

Organization	Street	City	State	Zip	Phone Number
Infant/New Parent Supplies or Services (BABE stores, diaper banks, car seats)					
Car Seat Safety Check		Mooresville	IN	46158	317-834-5044

Organization	Street	City	State	Zip	Phone Number
Licensed Child Care					
Puzzle Pieces Childcare Center LLC	5955 W Hurt Rd	Monrovia	IN	46157	3719962030
Artesians Childcare LLC	389 Jackson St	Martinsville	IN	46151	3174312235
Martinsville Resource Center	60 E Cunningham St	Martinsville	IN	46151	7653421599
Mooresville Family Resource Center	6 Moore St	Mooresville	IN	46158	7658310844
Learning Land Childcare and Preschool	960 S Marion St	Martinsville	IN	46151	7653422141
Lynns Day Care	289 S Ohio St	Martinsville	IN	46151	7653421726
From a Childs View		Martinsville	IN	46151	7653432059
Heathers Home Daycare	1989 Blue Bluff Road	Martinsville	IN	46151	7653424400
Starbabies Daycare Inc	13670 N Ayrshire Cir	Camby	IN	46113	3177286455
Angels's Childcare		Martinsville	IN	46151	7654312235
Heathers Home Daycare II		Martinsville	IN	46151	7653424400
Heaven's Little Angels		Mooresville	IN	46158	3174174456
Angels's Childcare II		Martinsville	IN	46151	3174312235
Love Muffins Childcare	4198 E Fox Ct	Mooresville	IN	46113	3173711592

Organization	Street	City	State	Zip	Phone Number
Community Coalitions					
Morgan County Food Pantry Coalition					
Morgan County Resiliency Coalition					
Morgan County Coalition for Literacy					
Morgan County Systems of Care					
Morgan County Substance Abuse Council					

Organization	Street	City	State	Zip	Phone Number
Government Entities for Purposes of Coalitions or Patient Services					
WIC Office	1379 E Morgan St	Martinsville	IN	46151	7653499566
My VA 311			IN		844-698-2311
SNAP (Food Stamps) Morgan Co DFR					800-403-0864
Supportive Services for Veteran Families *Housing resources to combat homelessness among veterans	NA	NA	IN		317-951-0688
VA Supportive Housing	NA	NA	IN		317-988-1428

CALL TO ACTION

Franciscan HEALTH

SECTION 6

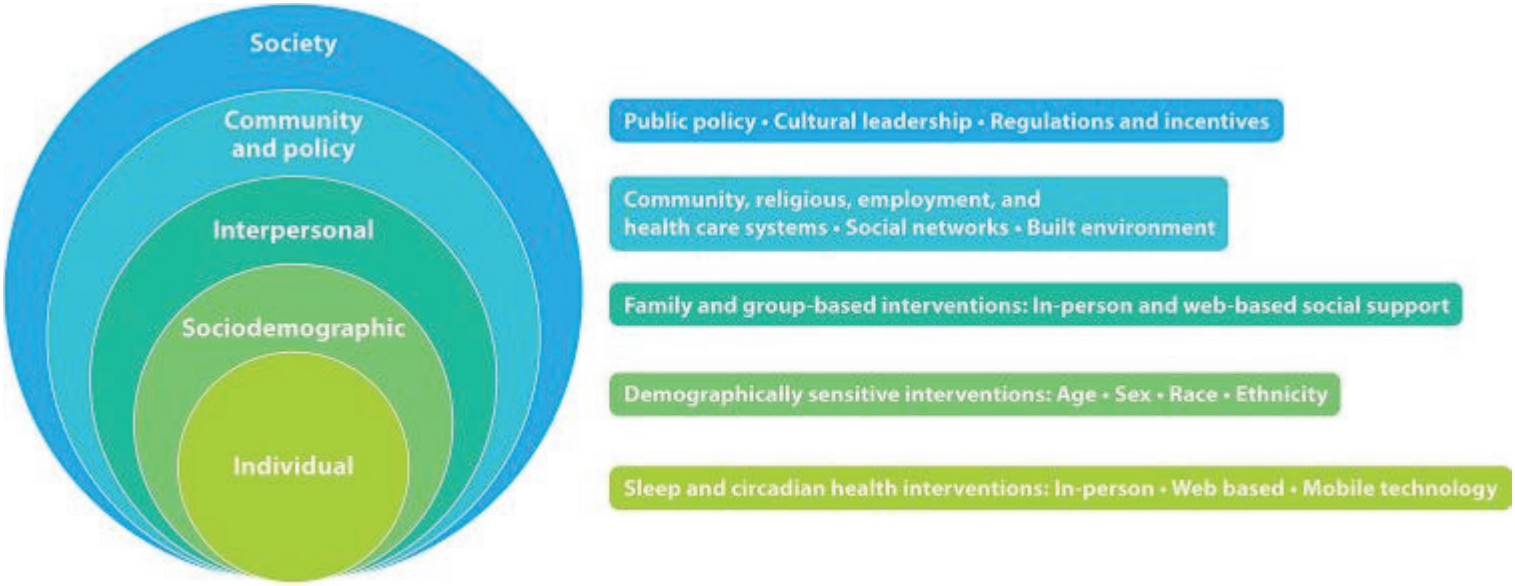
community HEALTH NEEDS ASSESSMENT

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.

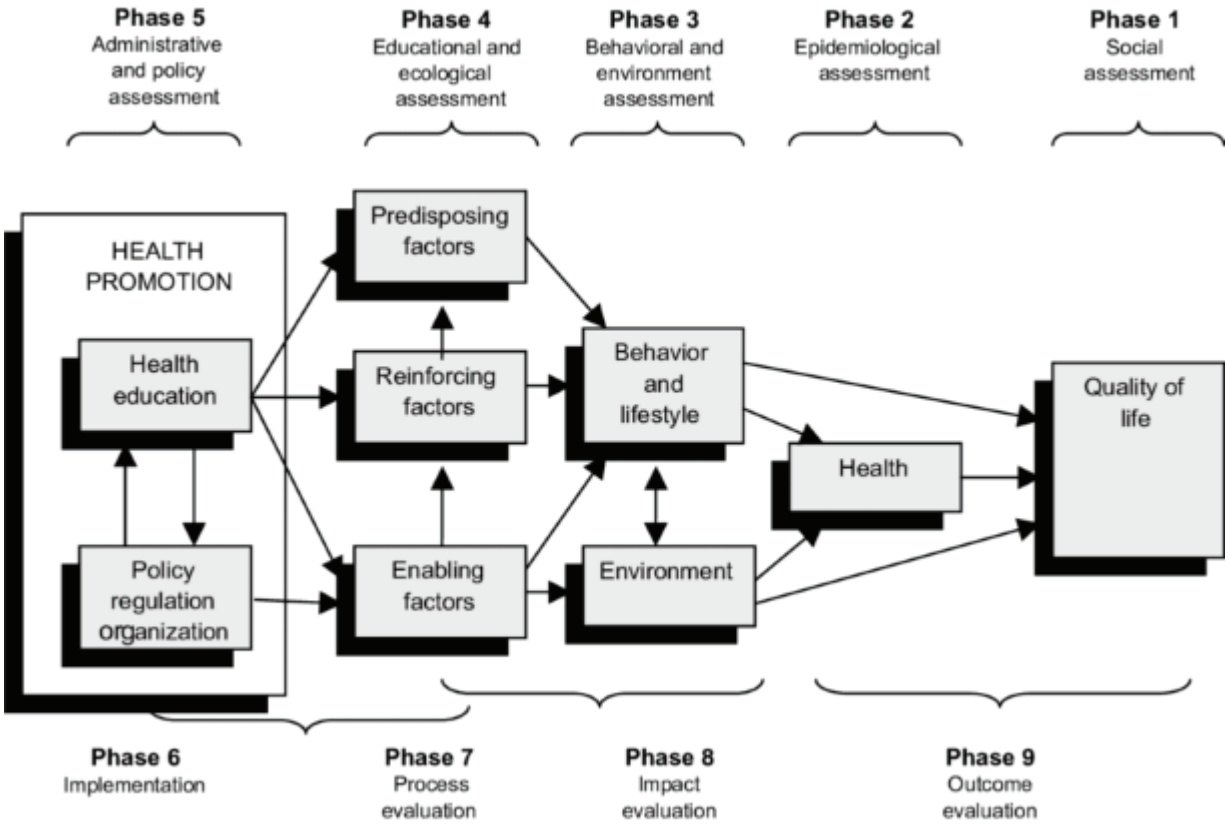
METHODOLOGY

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.

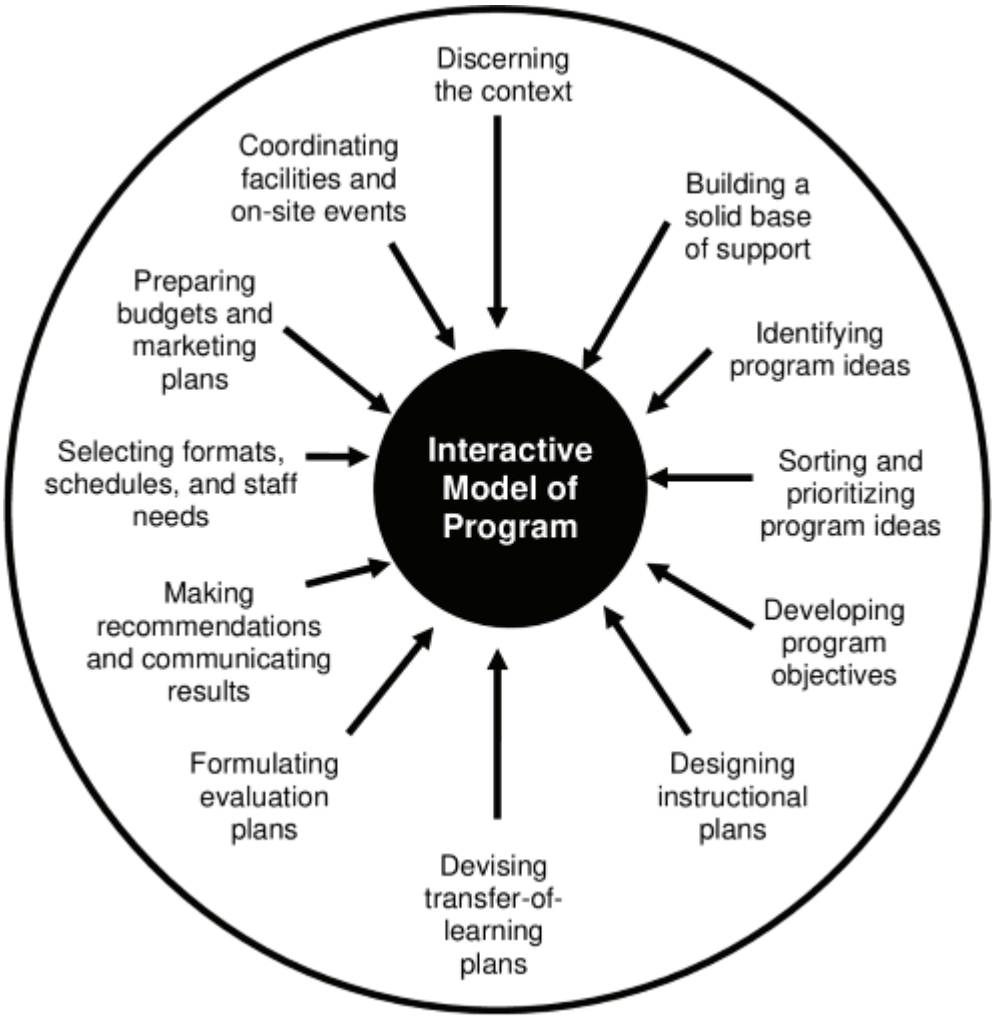


Hale L, et al. 2020. *Annu. Rev. Public Health.* 41:81–99

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 one time 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 one session
	Year 2:	Adjust target population as needed
		Add community based partners to expand reach and education
		Implement one session
	Year 3:	Adjust target population as needed
		Build sustainability infrastructure for Year 4
		Implement one session
Investment:		$500-1,2000 per program
Leading Indicators:	Number People/Number Programs:	20 represented families per session
	Assessment Type:	Pre-test, post-test scores
Lagging Indicators:	Expected Outcomes:	"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

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
		Develop infrastucture for a diaper bank in the Lafayette 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 four trainings in the community
	Year 2:	Recruit additional facilitators
		Provide a minimum of eight trainings in the community
	Year 3:	Recruit additional facilitators
		Provide a minimum of 12 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.	
	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
South Suburban Illinois	Danielle Crowder	Danielle.Crowder@franciscanalliance.org
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
Jasper County (Rensselaer)	Juanita Fitzgerald Katie Kent	Juanita.Fitzgerald@franciscanalliance.org Kathleen.Kent@franciscanalliance.org
LaPorte County (Michigan City)	Nila Williams	Nila.Williams@franciscanalliance.org
Tippecanoe/Montgomery County (Lafayette/Crawfordsville)	Stacey Quick	Stacey.Quick@franciscanalliance.org
North Johnson County/South Marion County (Indianapolis)	Juanita Fitzgerald	Juanita.Fitzgerald@franciscanalliance.org
Morgan County (Mooresville) and Beech Grove	Tina Hoffmann	Tina.Hoffmann@franciscanalliance.org
Burmese Community	Nancy Sui Biak Sui	Nancy.Sui@franciscanalliance.org BiakTha.Sui@franciscanalliance.org
Prenatal Assistance Program	Doucette Alvarez	Doucette.Alvarez@franciscanalliance.org