Franciscan ST. ANTHONY HEALTH Michigan City



Community Health Needs Assessment— Michigan City

Franciscan St. Anthony Health-Michigan City

Summer 2015

Community Health Needs Assessment

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Executive Summary

The Community Health Needs Assessment (CHNA) is designed to provide an understanding of the current health status and needs of the residents in the communities served by Franciscan St. Anthony Health-Michigan City (FSAH-Michigan City). 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 FSAH-Michigan City in providing essential services to those most in need. Based on the findings in this report, FSAH-Michigan City will develop a three year strategic plan on meeting community health needs as capacity and resources allow.

This report focuses on LaPorte County, the location of most of FSAH-Michigan City patient residences. Because Indiana's a home rule state, data by zip code is limited. Based on the primary survey of residents in the county, some zip code level data was attainable and shows small nuances between the cities of LaPorte and Michigan City.

LaPorte County faces several challenges due to its socioeconomic factors, built environment, industry types, and geographical location. Using mixed methods to evaluate the primary and secondary data, the following health-related issues are top concerns:

1. Physical Activity and Nutrition: Obesity, diabetes management, arthritis, and cardiovascular conditions all score highly in incident rates and perception of need. A common theme amongst all of these clinical issues is the lack of physical activity and proper nutrition. Concerns about public safety, lack of built environment, and access to healthy food also contribute to this issue.
2. Behavioral Health: Suicide rates are higher than the state average. National data indicates of the reported completed suicides, many more are unreported due to the listed cause of death. Substance abuse rates are also quite high, especially with alcohol and opiates. Stress, depression, and poor mental health rates also contribute to poor chronic disease management, obesity, and self-satisfaction.
3. Access to Health Care: Cost of co-pays, deductibles, medications, and durable medical equipment are reported most frequently as barriers to clinical care. While the county is not a federally designated health professions shortage area, there is a shortage of providers, or long waits to see a primary care provider.
4. Breast and Colorectal Cancers: While the mammogram rates are fairly good in the county, the incidence of breast cancer remains high. Colorectal cancer screening rates are low, as are prostate screenings, and incident rates are high.
5. Prenatal Care: Smoking during pregnancy, low clinical care visits, and high infant mortality rates show the need for improved access and services for pregnant women and their families.
6. STIs: Perhaps related to the high heroine rates, Hepatitis C and HIV rates are high. In addition, chlamydia and gonorrhea is prevalent.
7. Asthma: Perhaps linked to the poor air quality in the county and high tobacco use rates, asthma rates are high and management is poor, especially in children.
8. Tobacco: As is true in most Indiana counties, tobacco continues to be an issue and may contribute to other conditions, including lung cancer and asthma.

Census Data: Social Determinants of Health

LaPorte County vs. Indiana: Social Determinants of Health		
Characteristic	**LaPorte County**	**Indiana**
Veteran Population	10.40%	9.30%
Race/Ethnicity: Caucasian Origin	84.10%	98.60%
Over 18 Population	77.20%	74.10%
High School Graduation Rates	86.50%	86.00%
Employment: Educational Services/Health	20.60%	23.20%
Employment: Construction or Manufacturing	26.60%	24.20%
Unemployment	6.50%	6.20%
Children Not Insured	5.80%	8.50%
Adults Not Insured	13.10%	16.10%
Poverty	16.50%	15.40%

Franciscan St. Anthony Health-Michigan City

A trusted leader in providing faith-based, integrated health care, FSAH-Michigan City is a full-service, acute-care medical center. Founded in 1914, Franciscan St. Anthony Health –Michigan City provides 310 Licensed beds, surgical suites, comprehensive imaging center, cardiac testing, outpatient laboratory, physical therapy, oncology/hematology, infusion therapy, primary care physicians, and a sleep laboratory.

FSAH-Michigan City is a member of the Mishawaka, Ind.-based Franciscan Alliance, one of the largest Catholic health care systems in the Midwest with 14 growing hospitals, approximately 20,000 employees and a number of nationally recognized Centers of Health Care Excellence.

FSAH-Michigan City is located in LaPorte County, 301 W. Homer Street, Michigan City, IN 46360. The former President was Dr. James Callaghan, the interim President was Gene Diamond, and the new President is Dean Mazzoni. The FSAH statistics include:

FSAH Services	
Average Annual Inpatient Admissions	6,332
Annual Outpatient Visits	341,238
Annual Emergency Department Visits	34,000
Annual Surgical Procedures	12,774
Births	591

Employees	949
Volunteers	32
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	324
Average length of patient stay	4.09 days
Franciscan Visiting Nurse Service Employees	0
Franciscan Express Care-Michigan City Physicians	2

FSAH-Michigan City- Services Include:

Anticoagulation Clinics	Diabetes Care	Gynecologic Surgery
Audiology	Dietitians	Heart & Vascular
Behavioral Health	Ear, Nose, and Throat	Home Health Care
Breast Health	Emergency Medicine	Hospice
Cancer Care	Employee Assistance Program	Hospitalists
Clinical Trials	Family Doctor	Imaging
Colon and Rectal Surgery	Fitness Centers	Infusion Services
Coolspring Health Center	Franciscan ExpressCare	Intensive Care Unit
Da Vinci Robotic Surgery	Gastrointestinal Services	Interventional Radiology
Joint & Spine Care	Laboratory Services	Limb Preservation
Lung Caner	Mammography	Nuclear Medicine
OBGYN/Women's Health	Occupational Health	Omni Health & Fitness
Ophthalmology	Orthopedics	Palliative Medicine
Pediatrics	Primary Care Physicians	Pulmonary Medicine
Registered Dietitians	Rehabilitation Services	Respiratory Care
Robotic Surgery	Senior Services	Stroke Care
Surgical Services	Urgent Care	Working Well

The FSAH- Michigan City mission is To Continue Christ's Ministry in our Franciscan Tradition. Values include:

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 empathetically ministering to patients, visitors and co-workers.

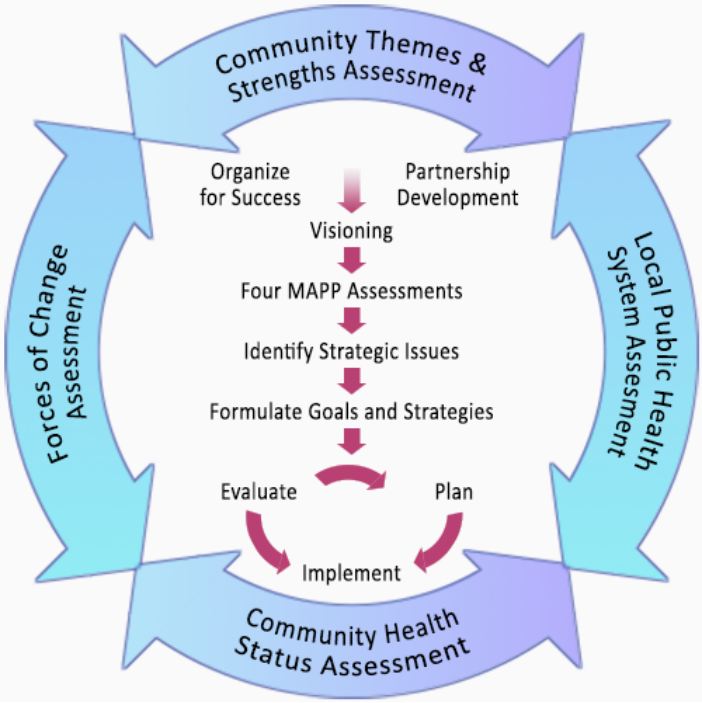
Compassionate Concern
In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

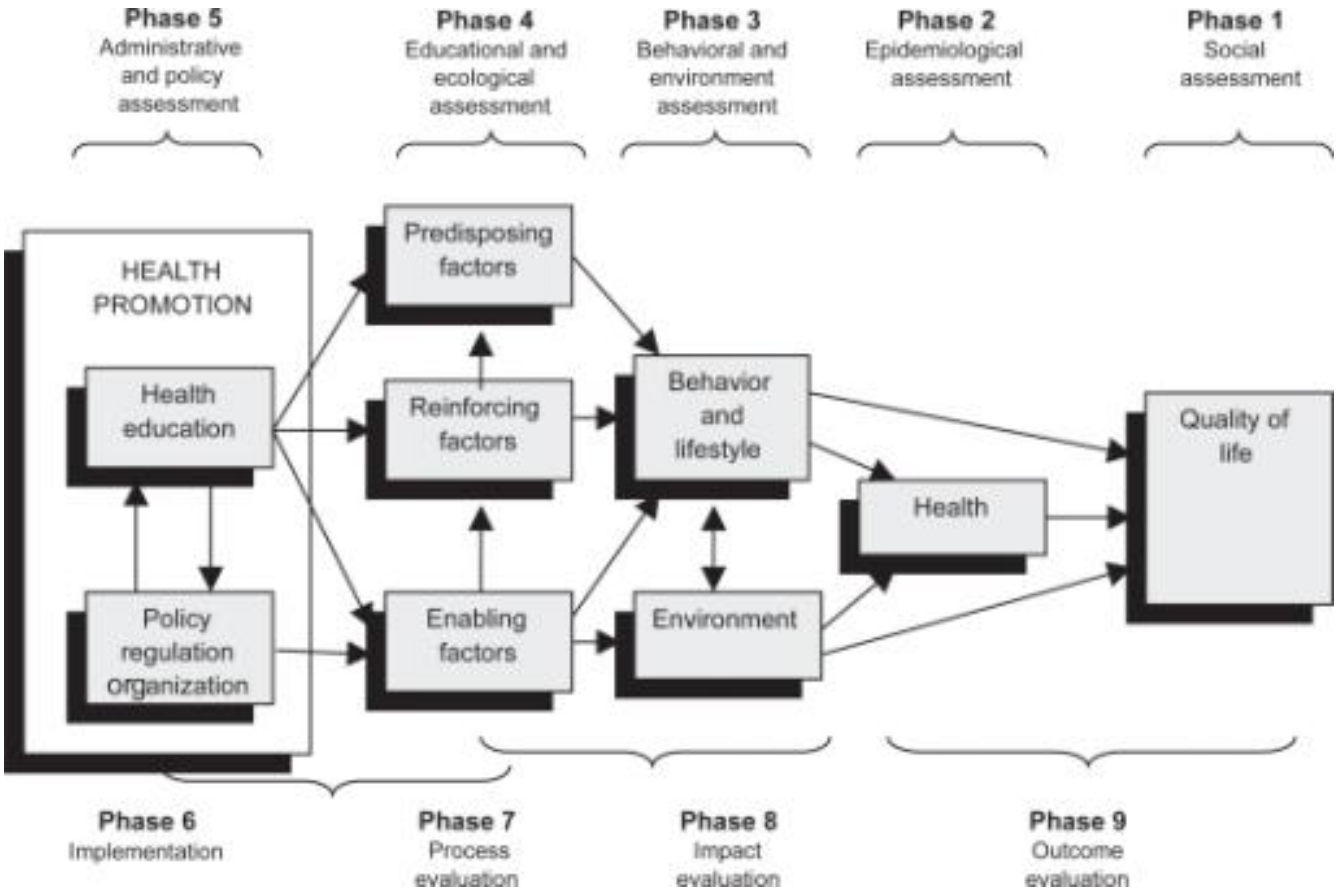
Joyful Service
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

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.

Approach and Methodology

FSAH-Michigan City partnered with Community Health Network, Indiana University Health, and St. Vincent Health to complete this assessment. These are the largest health systems in Indiana and the partnership allowed for better data collection, reduced burden on residents to complete surveys, and a platform to combine efforts on various community health needs throughout the state. Readers will find that CHNA's from these systems are aligned, though each may have particular areas of emphasis depending on specific population served and geographic location of hospitals. Because Indiana operates as a home rule state, each county has a different public health infrastructure and resources in addition to the variations based on urban/rural status, population, and economic mix. Data on zip code or census track is highly lacking; therefore the design was built on a county basis. Eleven counties of 28 included in the assessment are home to more than one of the healthy systems in the collaborative. In these counties, a county 'captain' was elected to coordinate the CHNA process on behalf of the partnership. In the remaining counties where only one health system was represented, the health system in the county used the collaborative materials and resources, but completed the work independently.





The Mobilizing for Action through Planning and Partnership (MAPP) model, developed by the National Association of County and City Health Officials (NACCHO), guided the assessment process in LaPorte County, as the county health departments are working on accreditation through the Public Health Accreditation Board (PHAB). The MAPP model includes several components for community assessment. FHAH-Michigan City participated in all of the assessment activities that were in process during the period of the hospital partnership's time frame.

Indiana does not require PHAB accreditation by county health departments and a vast majority of health departments are not seeking accreditation. In remaining counties identified in this assessment, the PRECEDE-PROCEDE method was utilized. This assessment reflects Phases 1 through 5.

Community benefit professionals from each system worked together on data collected in three ways:

1. Community Health Survey: A core of 20 mandatory questions based on perception of community and personal needs was created. In addition, professionals assigned to each county worked with established community health collaboratives, local hospitals, and the local health department to develop voluntary questions specific to the county. This resulted in a survey with 20 to 29 questions, dependent on the respondent's county of residents.

2. Focus Groups: Because focus groups are facilitated based on the conversation of the participants, the collaborative determined outcomes to be achieved during the two-hour sessions. Most focus groups included 15-60 community leaders from governmental public health, health care, social service agencies, related non-profits, and grassroots/neighborhood organizations. In larger focus groups, sub-groups were utilized to give

all participants a voice. Each focus group determined the top four to six health needs in the community; potential resources or partners; and some actions/interventions that might work best.

3. Secondary Data Collection: With the assistance of public health undergraduate and graduate students, data on health and wellness issues was collected. Sources include 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.

In advance of the focus groups, a focus group for state-wide organizations was held. Leaders from organizations that serve the entire state gathered to discuss trends and growing concerns by preparedness district and by age of the population. The results were used as a probe in the remaining focus groups and as areas for further study in secondary data.

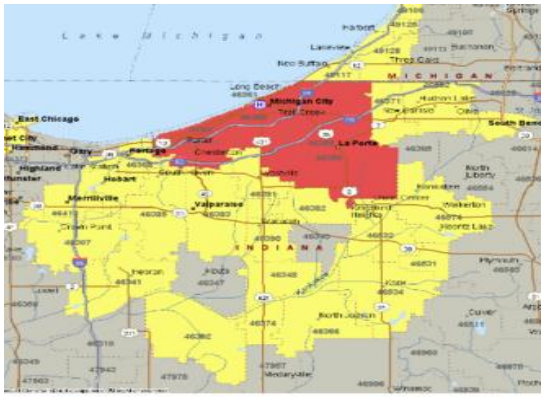
A focus group of high school students convened by the Indiana Chapter of Health Occupation Student Association during their annual conference also offered some insight, as we did not promote the survey to high school students. This focus group yielded some interesting insights from the teen perspective. Results from both of the focus groups are in the focus group section.

Communities We Serve

FSAH serves LaPorte County primary with a majority of patients from these zip codes: 46360, 46350, 46304, and 46361.

A review of patient zip codes was also completed. The map below show the four zip codes in which the majority of each location's patients reside by type of service. The zip codes are shaded in red.





Special Populations

Our primary populations served include, White, African American, and Hispanic. As seen below, the student's eligible for the free lunch program is very high. This correlates to the children living below the poverty level.

Characteristics- Special Populations	LaPorte County	Indiana
Single Parent Households	34.50%	25.70%
Median Household Income	52,226	48,248
Households with Cash Public Assistance Income	2.40%	1.30%
Renters Spending 30% or More of Household Income on Rent	21.10%	23.70%
Children Living Below Poverty Level	26.90%	17.40%
Young Children Living Below Poverty Level	13.10%	26.0%
Families Living Below Poverty Level	10.20%	XX
Students Eligible for the Free Lunch Program	46.00%	34.80%

Regions: 1, 2 and 3				
Access to healthcare	Access to home healthcare providers	Transportation	Lack of healthcare providers	Geriatricians
Obesity	Access to food deserts	Nutrition education	Pre-diabetes/diabetes	Smoking mothers
Nutrition	Low immunization rates	Unhealthy home	Suicide	Substance Abuse
Maternal Infant Health	Mental health services	Behavior health services	Tobacco	E-Cigarettes
Mental/Behavior Health	Cancer	Lung cancer	Prostate cancer	Colorectal cancer
Nicotine Products	Poor oral health in Amish	Increased preparedness in dementia care	Emphasis on community based transitions of care	

Insurance and Demographic	LaPorte
Insured, Private Health Insurance	65.90%
Insured, Public Health Insurance	32.80%
Insured, Employed, Ages 18-64	83.90%
Insured, Unemployed Ages 18-64	52.00%

Census

Focus Groups

In addition to local focus groups, two statewide focus groups were held with the purpose of finding themes and trends not showing in the most recent data available. Discussions related to specific regions in Indiana were divided by Indiana's emergency preparedness districts. See appendix for a state map with preparedness districts indicated.

Statewide Organizations Focus Group

Organizations that have constituents, members, or chapters that represent the entire state were invited. A list of attendees is available in the Appendix. Through onsite data analysis and small group discussions, the following priorities were determined in Region 1, 2 and 3 which represents Northern Indiana and the FSAH community. A complete list of regional findings is in the Appendix. Top issues are identified in bold typeface.

The following were determined to be the largest needs, by age group. A complete list is available in the appendix.

0-8 Years of Age	9-18 Years of Age	19-34 Years of Age	35-54 Years of Age	55+ Years of Age
Tobacco-second hand smoke	Substance abuse/drugs	Obesity	Support of family/caregiving	Increased dementia
Maternal-infant health	Safe driving	Built Environment	Financial issues	Family caregiving
Immunizations	Pregnancy	Worksite access/support of physical activity	Obesity/diabetes	Abuse/neglect
Nutrition	Mental Health	Gaps in employment, college, home	Behavioral health	Shortage of providers
Physical Activity	Obesity	Financial issues	Underemployment	Financial issues

Follow up comments on these results are in the Appendix.

Statewide Student Focus Group

As a learning session, members from the Indiana Chapter of Health Occupation Student Association were invited to learn more about public health, community health, and health resources during the April 2015 annual conference. As part of the session, participants identified top needs in their communities by emergency preparedness district.

Region 1, 2 and 3 students determined the following:

Largest Issues

- Substance Abuse
- Behavioral Health/Mental Health
- Education
- Obesity
- Access to Healthcare (Medication assistance/Assistance)

The complete findings are located in the Appendix.

County Findings

Through small group exercises and feedback with the entire group, the following community priorities were identified and ranked:

1. Substance Abuse
2. Behavioral Health/ Mental Health
3. Education
4. Obesity
5. Access to Healthcare (Medication assistance / Assistance)

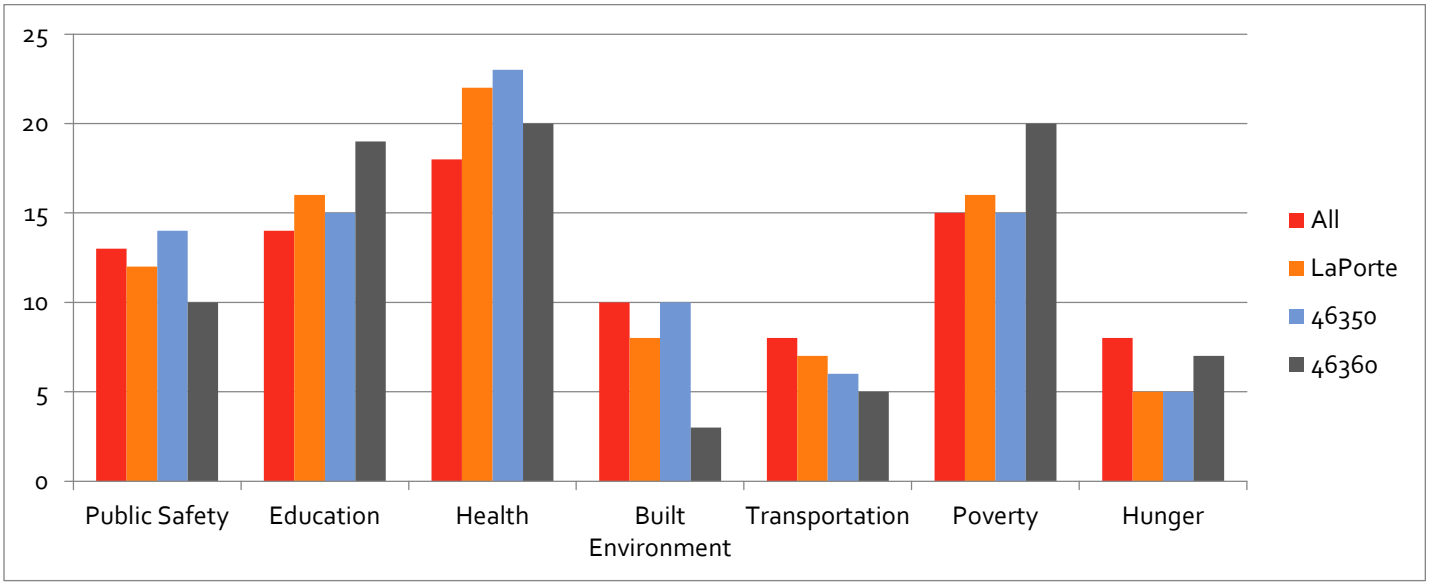
Social Determinants of Health

LaPorte County vs. Indiana Narrative				
Characteristic	LaPorte County Total	Percentage	Indiana Total	Percentage
Population	111,467		6,080,485	
Median Household Income	$52,226		48,248	
Veteran Population	8,961	10.4%	455,105	9.30%
Race/Ethnicity: Caucasian Origin	93,787	84.10%	5,320,022	98.60%
Over 18 Population	41,418	37.20%	4,506,089	74.10%
Homeowners: Occupied Units	42,331	87.40%	1,736,481	
High School Graduation Rates		86.50%		86.00%
Employment: Educational Services/Health	9,691	20.60%	688,595	23.20%
Employment: Construction or Manufacturing	12,500	26.60%	715,913	24.20%
Unemployment		6.50%		6.20%
Children Not Insured	4,129	5.80%	13,593	8.50%
Adults Not Insured	22,214	13.10%	450,951	16.10%
Poverty		16.50%		15.40%

Poverty can be displayed through the amount of students receiving free or reduced lunch within the school system. In LaPorte County, 1.8% of the students receive free or reduced lunch, and 42% are eligible for free lunch. (Census, 2015). In LaPorte County, 16.50% of people live in poverty and 28.9% of children under 18 live in poverty (Census, 2015). The top five industries that employ residents are within these sectors (Census, 2015):

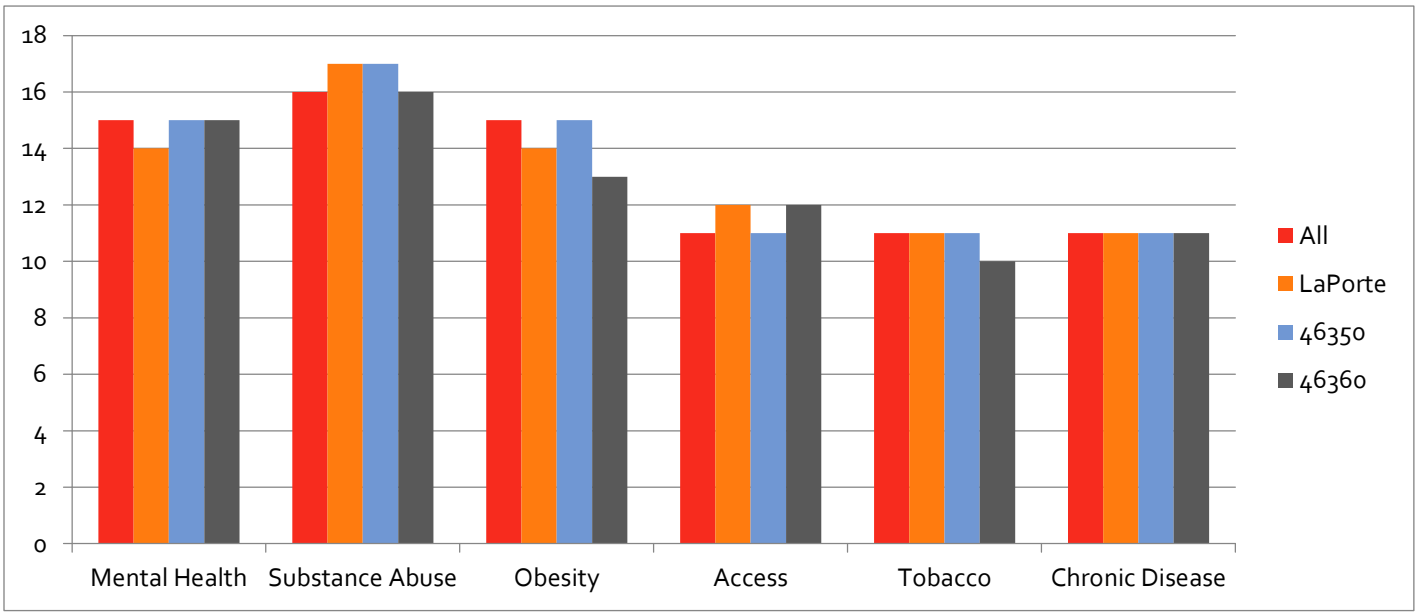
1. Manufacturing: 20.60% of the total working population
2. Educational services, and health care and social assistance: 20.60% of the total working population
3. Professional, scientific, and management, and administrative and waste management services: 6.20% of the total working population
4. Retail Trade: 11.90% of the total working population
5. Arts, entertainment, and recreation, and accommodation and food services: 10.80% of the total population

In the survey, all respondents were asked to select the top three social issues in their community. The graph below shows LaPorte County, and the zip codes 46350 and 46360.

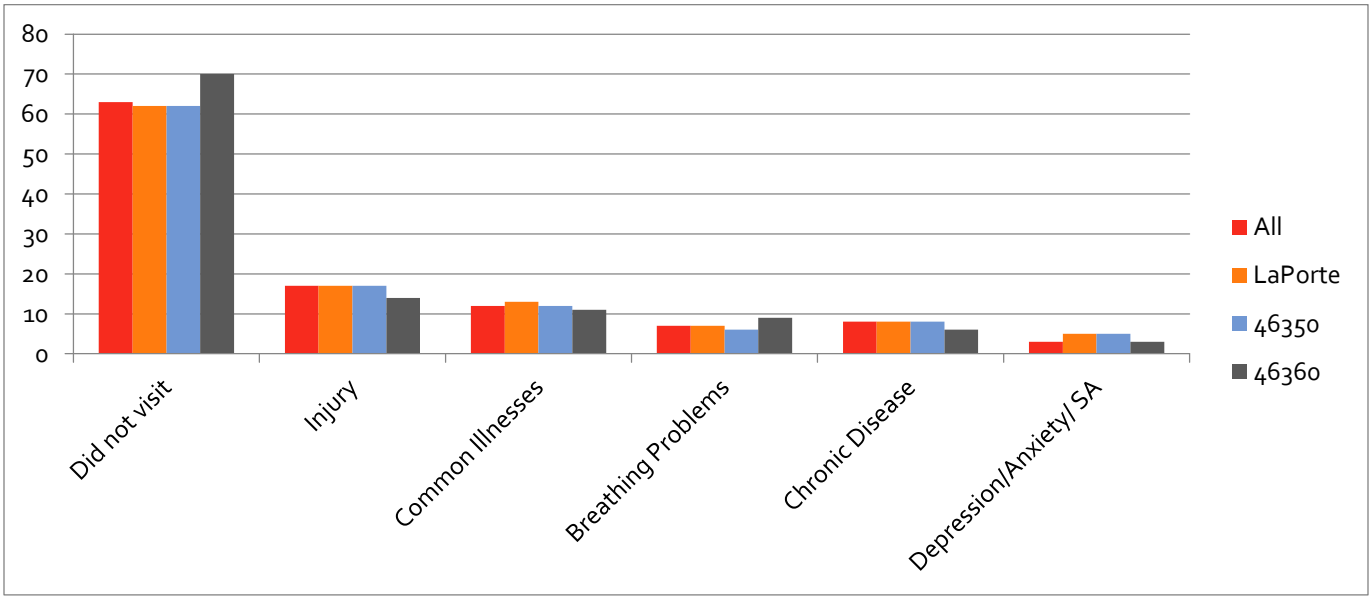


General Health

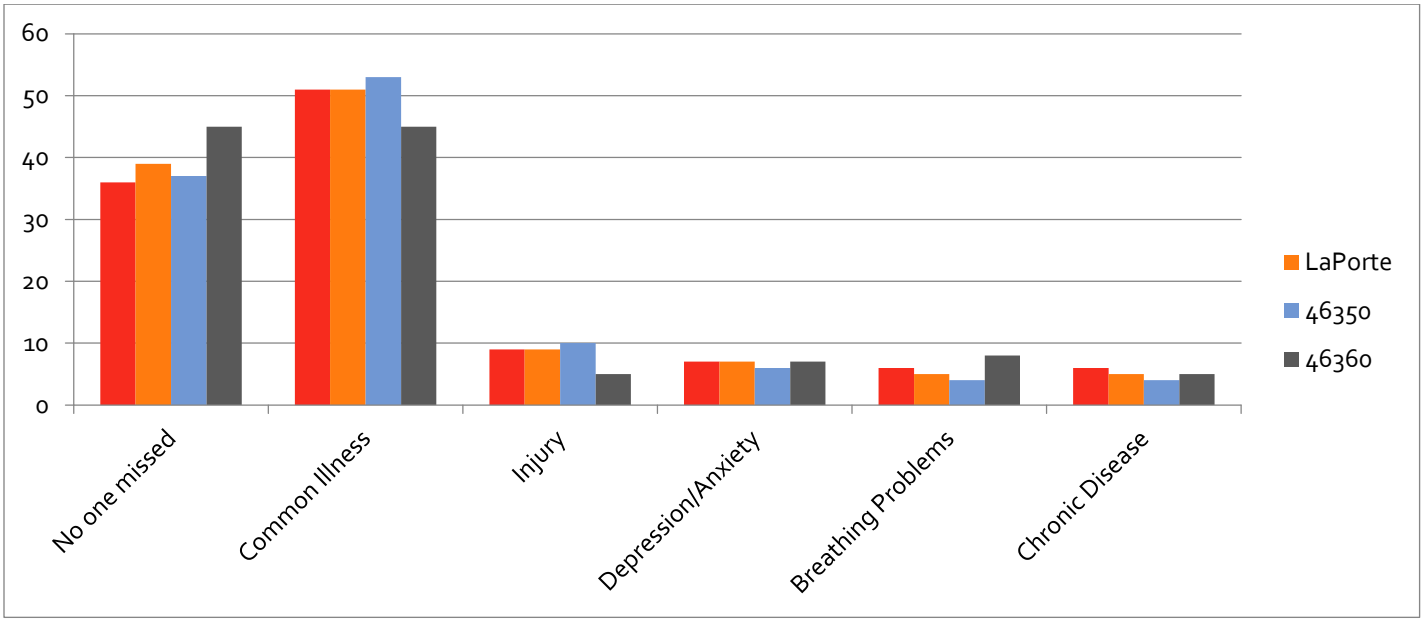
All respondents were asked to select the top five needs in their community.



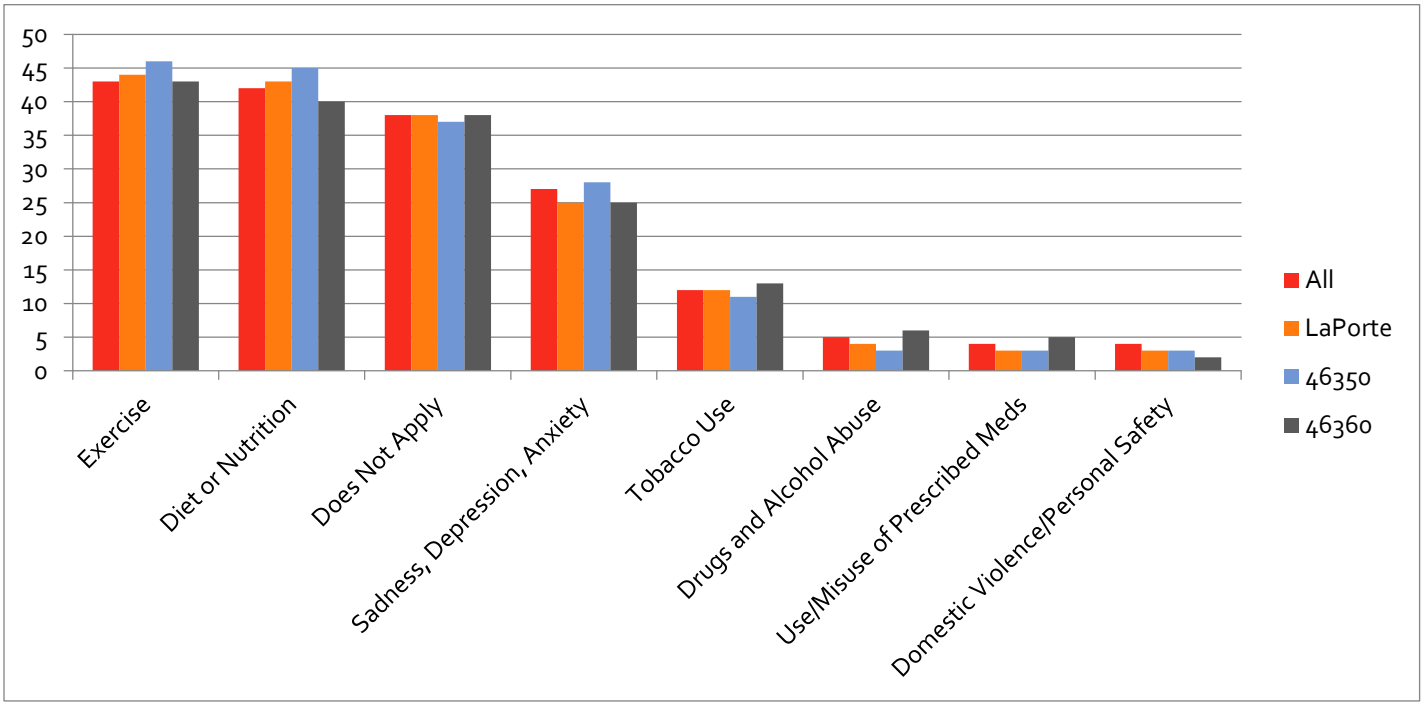
All respondents were asked: In the past 12 months, have you or anyone in your household visited the Emergency Room (ER) for any of the following?



Respondents were also asked: "In the past 12 months, have you or anyone in your household missed school/work due to the following?"



Respondents were also asked to select which topics their doctor had discussed with them.



Overall Physical Health

Physical health is based on physical activity, air and water quality, and access to recreational parks and centers. In LaPorte County, 26.8% of adults are physically inactive; 16.2% of adults report having a fair or poor health status. The average number of physically unhealthy days is 3.5 days during the last 30 days (INdicators, 2013). Other indicators include:

Air and Water Quality Linked to Health Disparities: LaPorte County, Indiana	
Recognized Carcinogens Released into the Air	10,667 lbs.
Air Quality Index	5
Drinking Water Violations	0.1
Physical Environment Ranking	22
Age-Adjusted ER Rate due to Urinary Tract Infection	111.9 per 10,000
Age-Adjusted Hospitalization Rate due to Urinary Tract Infection	18.8 per 10,000
Age-Adjusted ER Rate due to Dehydration	13.8 per 10,000
Age-Adjusted Hospitalization Rate due to Dehydration	14.8 per 10,000
Asthma: Medicare Population	3.70%
Age-Adjusted ER Rate due to Asthma	51.0 per 10,000
Age-Adjusted Hospitalization Rate due to Asthma	9.6 per 10,000
Age-Adjusted ER Rate due to Pediatric Asthma	77.2 per 10,000
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	10.0 per 10,000
Age-Adjusted ER Rate due to Adult Asthma	41.9 per 10,000
Age-Adjusted Hospitalization Rate due to Adult Asthma	9.5 per 10,000
Age-Adjusted ER Rate due to COPD	23.7 per 10,000
Age-Adjusted Hospitalization Rate due to COPD	40.0 per 10,000
HCI, 2015	

Overall Mental Health

Mental health is a combination of all factors, especially social and emotional support and drug and alcohol-related behaviors. The rank is out of 92.

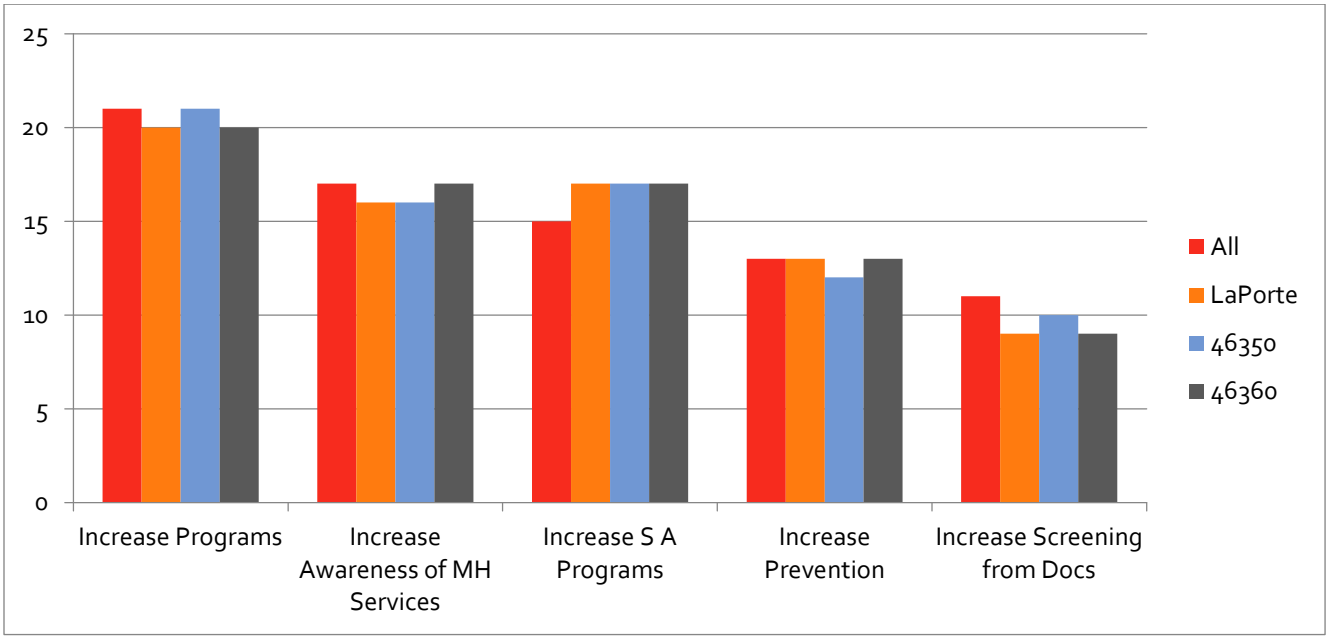
LaPorte County State Rankings (Out of 92 Counties)	
Characteristic	Rank
Health Outcomes	75
Health Factors	76
Clinical Care	26
Health Behaviors	83
Physical Environment	22
Socioeconomic Factors	81
Quality of Life	70

County Health Rankings 2015

A lack of social and emotional support can be the cause of several health disparities. Factors that can be attributed to this statistic are listed below:

Indicator	LaPorte County
Binge or Heavy Drinkers	19.40%
Alcohol- impaired driving deaths	35.00%
ER Rate due to alcohol abuse	25.90%
Violent Crime rate per 100,000	182

In the survey, all respondents were asked to select the top three ways to improve mental health in their community.



Chronic Disease, Mortality, Morbidity

Leading Causes of Death

According to the Indiana State Department of Health (2012), "Chronic diseases and injuries have a considerable impact on morbidity (health) and mortality (death) in Indiana and across the country. In 2010, almost 50% of Indiana adults reported having a history of heart disease, stroke, cancer, chronic lower respiratory disease (like asthma), diabetes, or arthritis."

"During the period July 1, 2013 to June 30, 2014, there were 67 domestic violence homicides in Indiana" (Indiana Coalition against Domestic Violence, 2014). In LaPorte County, 421 victims received residential services and 23 victims received non-residential services. Throughout Indiana, 10,531 victims received residential services and 15,707 victims received non-residential services.

According to the CDC (2014), LaPorte County was ranked in ten of the top fifteen leading causes of death in the United States last year. In order, here are the causes and rates per 100,000:

- Heart Disease: 231.3
- Cancer: 185.4
- Stroke: 35.4
- Unintentional Poisoning: 20.7
- Diabetes: 26.5
- Suicide: 17.1
- Alzheimer's Disease: 21.4
- Kidney Disease: 12.7
- Lung Cancer: 53.6
- Homicide: 4.6

Accidents, Injuries, and Homicide

Unintentional injury and accidents continue to rank in the top ten (sometimes top five) leading causes of injury or death, statewide and locally. County and state data are compared below:

INdicators, 2013

LaPorte County vs. Indiana		
Description	LaPorte County Data	Indiana Data
Unintentional Injury Mortality Rate	49.6 per 100,000	44.1 per 100,000
Traffic Injury Mortality Rate	13.9 per 100,000	800 total deaths
Injury Emergency Department Visits	692.2 per 10,000	More than 600,000
Injury Hospitalizations	75.0 per 10,000	More than 300,000
Homicide in 2012	4.6 per 10,0000	4.7 per 100,000

Cancer

Cancer greatly affects these county mortality rates as well. The cancer mortality rate in LaPorte County is 185.4 per 100,000, which is below the state average of 178.7. The top four causes of cancer mortality are listed below and the rate are per 100,000 (INdicators, 2015):

- Lung Cancer: 53.6
- Female Breast Cancer: 10.5
- Colorectal Cancer: 18.4
- Prostate Cancer: 6.1

According to the Indiana State Department of Health (2012), the top three cancers that affect the state of Indiana are lung cancer, breast cancer, and prostate cancer. The INdicators projected the estimated number of new cases and deaths for selected cancers in each Indiana County. LaPorte County's projections were:

	Estimated Number of New Cases and Deaths for Selected Cancers: Indiana 2014									
	All Cancer Sites		Female Breast		Colorectal		Lung/Bronchus		Prostate	
	New	Mortality	New	Mortality	New	Mortality	New	Mortality	New	Mortality
Indiana	35620	13420	4600	870	2890	1080	5510	4060	4040	540
LaPorte	475.9	198.5	111.5	10.5	47.7	18.4	77.1	53.6	140	6.5
INdicators, 2015										

Smoking can be attributed to several health disparities, including cancer. Adult smoking is defined as the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime (County Health Rankings, 2015). In LaPorte County, the adult smoking rate is 27%, which is above the state percentage of 23%.

Cardiovascular

Indiana ranks 39th in the nation for the prevalence of heart attack and 38th for heart disease (Indiana State Department of Health, 2013). Last year, 257.37 deaths per 100,000 were cardiovascular related. Other statistics include age-adjusted rates in the table below:

LaPorte County vs. Indiana		
Description	LaPorte County Data	Indiana Data
Age-Adjusted Death Rate due to Stroke (per 100,000)	35.4	44.5
Age-Adjusted Death Rate due to Coronary Heart Disease (per 100,000)	231.3	190.9

Data: (INdicators, 2015)

Diabetes

Obesity is a contributing factor to diabetes; both factors relate to poverty, physical environment, and food insecurity. Approximately 8.7% of adults ages 18 and older have been medically diagnosed with Diabetes. The diabetes mortality rate for LaPorte County is 26.5 per 100,000 (INdicators, 2015).

Infectious Disease

Infectious disease is inevitable, but rates can be reduced through preventative care (vaccines) or lifestyle changes/choices. According to the Indiana State Department of Health, for the 2014-2015 influenza season there has been a total of 146 deaths.

LaPorte County has a HIV prevalence rate of 193 per 100,000 (County Health Rankings, 2015).
LaPorte County has an unintentional injury mortality rate of 49.6 per 100,000 (County Health Rankings, 2015).

Neurological

Most neurological illness occurrence is not reported by county, but Alzheimer's disease mortality rates are reported. The Alzheimer's disease mortality rate for LaPorte County is 21.4 per 100,000 (INdicators, 2015).

Respiratory

Respiratory issues continue to fill the Emergency Department and hospital rooms (INdicators, 2015):

- Asthma ED Visits: 58.7 per 10,000
- Child Asthma ED Visits: 77.3 per 10,000
- Asthma Hospitalization: 12 per 10,000
- Child Asthma Hospitalization: 8.3 per 10,000
- Chronic Lower Respiratory Disease Mortality: 55.9 per 100,000

Rheumatic/Joint Related

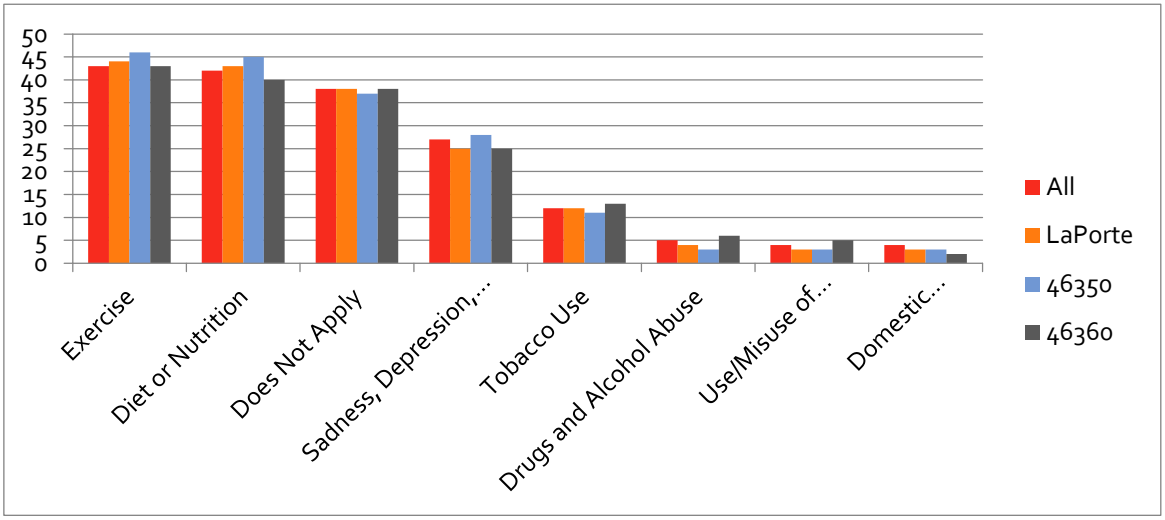
Arthritis and hip fractures continue to fill the Emergency Department and hospital rooms:

Occurrence	LaPorte County	Indiana
Hip Fracture Hospitalization (65+)	58.7 per 10,000	60.80 per 10,000
Adults 18+ Diagnosed with Arthritis	29.5%	30.10%
Arthritis Hospitalization	40.5 per 10,000	34.00 per 10,000

(INdicators, 2015)

Behavioral Health

The survey asked respondents: "Which of the following do you think is the most important behavioral health issue in your community? Select one only."



Substance Abuse

Substance abuse is an issue statewide and locally; task forces have been tackling the ever-growing issue. According to Governor's Commission Plan for LaPorte County, the county had 47 heroin cases in 2013. 3.5% of the youth between 14-17 in 2013 used heroin in the past 30 days.

Suicide

Suicide is one of the most preventable causes of death, but it still has a major impact in the state of Indiana. The suicide mortality rate was 17.1 per 100,000. Along with these cases, there were 331 self-inflicted injury ED visits and 178 hospitalizations due to attempted suicide. (Suicide in Indiana, 2013). LaPorte County is ranked 65th (out of 92 counties) for a suicide.

According to the 2011 National Youth Risk Behavior Survey, "Students in Indiana were more likely than students across the U.S. to attempt suicide during the 12 months before the survey, increasing from seven percent in 2003 to 11 percent in 2011. From 2003 to 2011, the number of Indiana students to attempt suicide one or more times during the 12 months before the survey increased from seven to 11 percent" (CDC, 2012). Indiana has the highest rate of students who have contemplated suicide, 19%, and it is has the second highest rate of high school students attempting suicide-11%. Teen suicide is the second leading cause of death in ages 15-24 (17.5%) and the fourth leading cause of death in ages 5-14 (6.1%). From 2007-2011, there were 1,722 Hoosiers ages 10-19 that were treated in an inpatient +setting for attempting suicide or self-inflicting injury (Kids Count, 2015).

Pre-Natal through 18 Years of Age

Pre-Natal Care

Prenatal care seems to be declining, causing other issues to arise. Although 61.7% of pregnant women sought prenatal care during the first trimester in LaPorte County, 25.4% of women smoked throughout their pregnancy (INdicators, 2013). Healthy People 2020's objective for the state's breastfeeding rate is to be 81.9%. LaPorte County's breastfeeding rate is 59.2% (Indiana Breastfeeding Initiation by County, 2014).

Birth Outcomes

The state average for low birth weight is 8.3%; LaPorte County's low birth weight percentage is 8.1%. The county's infant mortality rate is 7.9 per 1,000 live births, and 9.9% of births are premature (INdicators, 2015). The child mortality rate is 77.3 per 100,000 children under the age of 18 (County Health Rankings, 2015).

Youth Indicators

Three of the youth indicators include child food insecurity, public school drop outs, and idle teen rate. All three of these pertain to the issues being reviewed in LaPorte Child food insecurity "[r]refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods" (Kids Count, 2015). In 2013, 24.4% of the youth in LaPorte fell into the child food insecurity category, which is below the state average of 21.8%. Forty percent of the children in Indiana qualify for free lunch; 46% of the children in LaPorte County qualify for free lunch (County Health Rankings, 2013).

According to the CDC (2015), the Youth Risk Behavior Surveillance System "monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults including: behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity. In 2011, the YRBSS report was released, and all of these behaviors were assessed. For example, in Indiana, 49.5% of students tried cigarette smoking, even one or two puffs. The survey revealed that 18.1% of students smoked cigarettes on one or more of the past 30 days, and 56.8% of students who reported current cigarette use have tried to quit in the past 30 days. Alcohol usage is prevalent in Indiana high schools as well. The survey showed that 21.7% of students rode one or more times in the past 30 days in a car or other vehicle by someone who had been drinking alcohol. The survey also showed that 19.8% of students had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days; 39% of students who reported current alcohol use usually got the alcohol they drank from someone who gave it to them during the past 30 days. Besides smoking and alcohol, sexual activity is another prevalent health-risk behavior. According to the survey, 51% of students have had sexual intercourse, and 38.5% of students have had sexual intercourse with one or more people during the past three months. Although the percentage is low, 17.5% of students who had intercourse during the past three months used a condom during the last intercourse and used birth control pills or Depo-Provera before the last sexual intercourse to prevent pregnancy.

HOSA, according to the Indiana HOSA website, "was created with the idea of providing students opportunities to develop as a deader and a future employee. The mission of HOSA is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skill, and leadership development of all health science technology education students, therefore, helping students to meet the needs of the healthcare community" (Indiana HOSA, 2015). The website shows a map of the current chapters; LaPorte County does have a local chapter at LaPorte County Career and Tech Center.

"DCS Ombudsman responded to 660 Information and Referral inquiries, conducted 78 assists, opened 256 cases and closed 236 cases with 19 pending closure in the first quarter of 2015, provided 24 case specific recommendations, and 10 systematic recommendations" (Department of Child Services and Ombudsman Bureau 2014 Annual Report).

Child abuse and neglect cases are reported by county and labeled as sexual, physical, or neglect. The cases are then categorized as substantiated and unsubstantiated. "Substantiated means an investigation by Child Protective Services determined there is a reasonable cause to believe that the child has been abused or neglected. Unsubstantiated means an investigation determined no maltreatment occurred or there was insufficient evidence under state law or agency policy to conclude that the child was maltreated. Some states require the coworker to determine not only whether the incident of abuse or neglect occurred, but also whether the child is at risk for future maltreatment" (Child Welfare Information Gateway, 2003).

Child Abuse and Neglect Cases Reported 2014						
Indiana		**Sexual**		**Physical**		**Neglect**
	Sub	253	Sub	178	Sub	1988
	Unsub	912	Unsub	3001	Unsub	9309
LaPorte		**Sexual**		**Physical**		**Neglect**

First Steps is a program in Indiana with the mission "to assure that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home when they need them" (Family and Social Services Administration, 2015). April 1, 2014-March 31, 2015, First Steps served a total of 22,617 children. There were 189 children under three where services were no longer needed, and 395 children moved to preschool special education (Kids Count, 2015).

Another program available for at-risk children is Head Start. Head Start's mission is to "provide health, education, and promote self-sufficiency for children and families facing adversity" (Head Start, 2015). In LaPorte County, there are 311 Head Start enrollment slots (Kids Count, 2015).

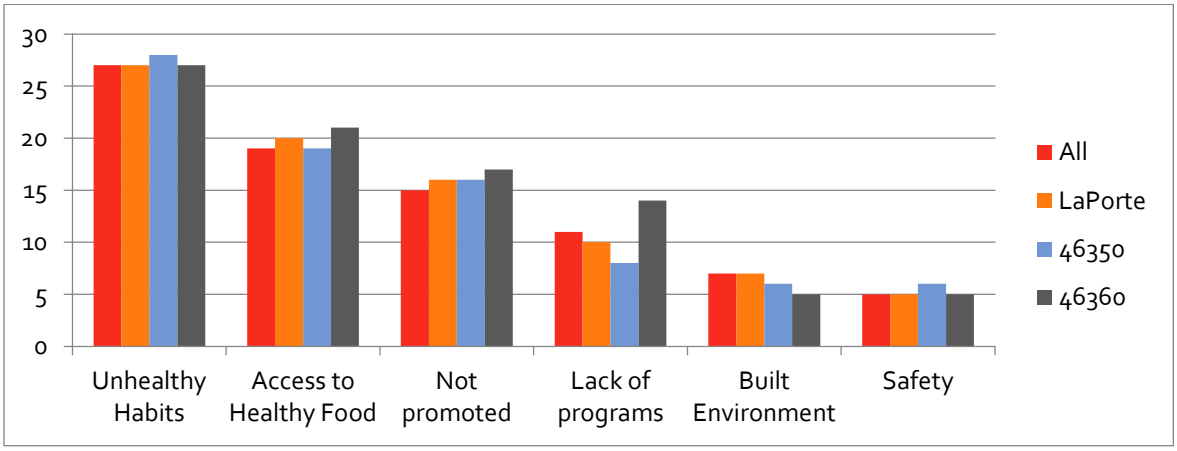
Modifiable Health Risks

Weight

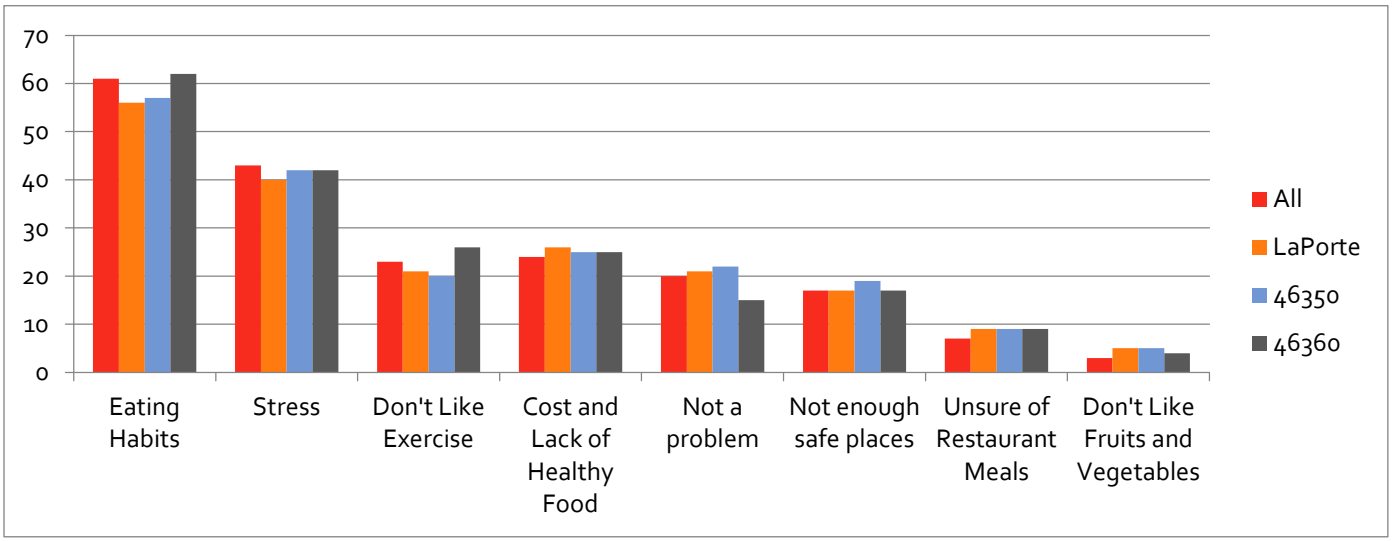
Weight can be attributed to several health disparities, and it seems to be an issue in LaPorte County. Approximately 33.9% of adults in LaPorte County are obese. Obesity can be a cause of diabetes. In LaPorte County, the diabetes prevalence rate is 10.6%, with a mortality rate of 26.5 per 100,000 (INdicators, 2013). According to the survey, the top three reasons that kept LaPorte County from a health weight were:

- Eating Habits (fried foods, unhealthy snacking, fast food, overeating): 61% of respondents
- Stress: 43% of respondents
- Don't like to exercise: 23% of respondents

In the survey, all residents were asked to select the top three reasons why obesity is an issue in their community. According to the graph, the top three reasons were unhealthy habits, access to healthy food, and healthy options or programs not being promoted.



They were asked what keeps them from a healthy weight.



Physical Activity

Physical activity is defined as "any body movement produced by the skeletal muscles that results in substantial increase over resting energy expenditure" (Bouchard & Shepard, 1994). Physical inactivity is defined as participating in an insufficient amount of moderate-to-vigorous physical activity according to the age specific physical activity guidelines. Sedentary behavior is defined as any walking activity characterized by an energy expenditure less than or equal to 1.5 METS and in a sitting or reclined posture (Sedentary Behavior Research Network, 2012). MET is an acronym that stands for metabolic equivalent; it represents the intensity of an exercise. MET refers to the amount of oxygen a person consumes and the number of calories a person burns at rest (Fitness for Weight Loss, 2015).

Although access to exercise is at 74% in LaPorte County (County Health Rankings and Roadmaps, 2015), 27.7% of adults are sedentary (HCI, 2015) and 27% of adults are physically inactive. This could be linked to the violent crime if residents believe that it is unsafe to exercise outside. The county's violent crime rate is 182 per 100,000.

Nutrition

Nutrition can be analyzed by several societal factors such as food insecurity, limited access to healthy foods, food environment index, etc. Data for LaPorte County is listed below:

Nutrition Factors	
Occurrence	LaPorte County
Food Insecurity	16.2%
Households with No Car and Low Access to a Grocery Store	2.1%
Food Environment Index*	6.9%
Recommended Adult Fruit and Vegetable Consumption	24.2%
Children with Low-Access to a Grocery Store	3.9%
Low-Income and Low Access to a Grocery Store	7.3%
**on a scale of 1-10 with 10 being the best*	
County Health Rankings and Roadmaps, 2015; HCI, 2015; INdicators, 2013	

Substance Abuse

Illicit drug use, smoking, and alcohol-related behaviors continue to be issues for LaPorte County. "According to findings from the National Survey on Drug Use and Health (NSDUH), nearly 23 percent of Indiana residents ages 12 and older engaged in binge drinking at least once in the past month; the prevalence rate for underage individuals ages 12 to 20, alone was 16.4 percent. Furthermore, 9 percent of Hoosiers ages 12 and older reported current (past-month) use of an illicit substance, with the highest rate among young adults ages 18 to 25 (22 percent). Most of the illicit drug use was attributable to marijuana with an annual prevalence rate of 10.3 percent, followed by nonmedical pain reliever use (5.7 percent) among Indiana residents ages 12 and older... (NSDUH defines binge alcohol use as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days)" (Center for Health Policy, 2013).

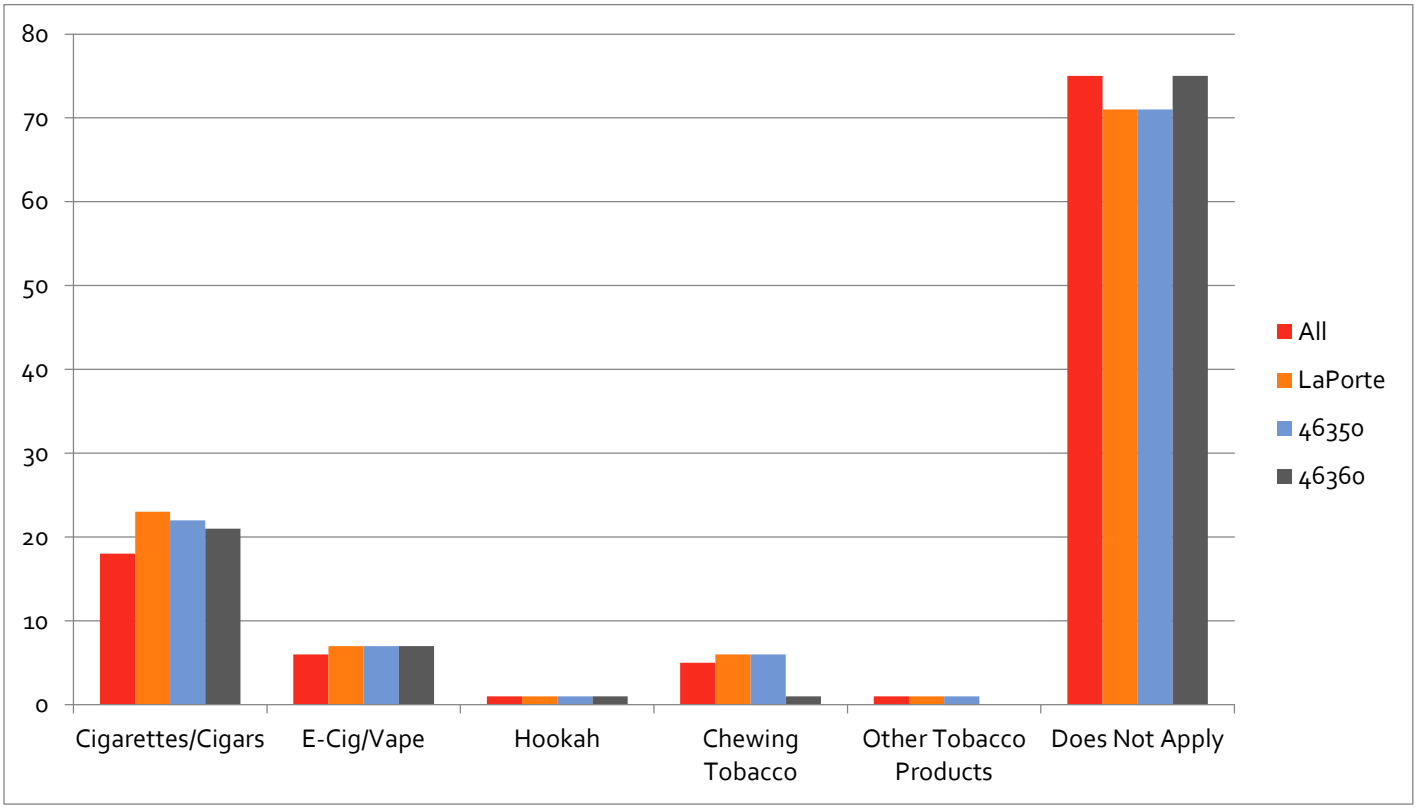
In LaPorte county, 19.4% of adults drink excessively (INdicators, 2013), and 35% of car accident deaths are alcohol-impaired driving deaths (County Health Rankings, 2015).

Tobacco Use

Tobacco use continues to impact the health and wellness of county residents, and the health cost of tobacco continues to impact the communities' wellness and healthcare costs.

LaPorte County Tobacco Data	
Adults (18+) that smoke	26.6%
Births affected by smoking *	362
Cost of smoking-related births	$626,592
Pregnant women who smoke	25.2%
Deaths attributable to smoking	176
Deaths due to secondhand smoke	22
Economic burden of secondhand smoke	$6.8 million
Smoking-related illnesses	3,523
**Low birth weight, SIDS, and reduced lung function (State of Indiana, 2015)*	

In the survey, all respondents were asked: "In the past 30 days, have you or anyone in your household used any of the following?" There were less than five comments from respondents that they smoke a pipe or cigar.

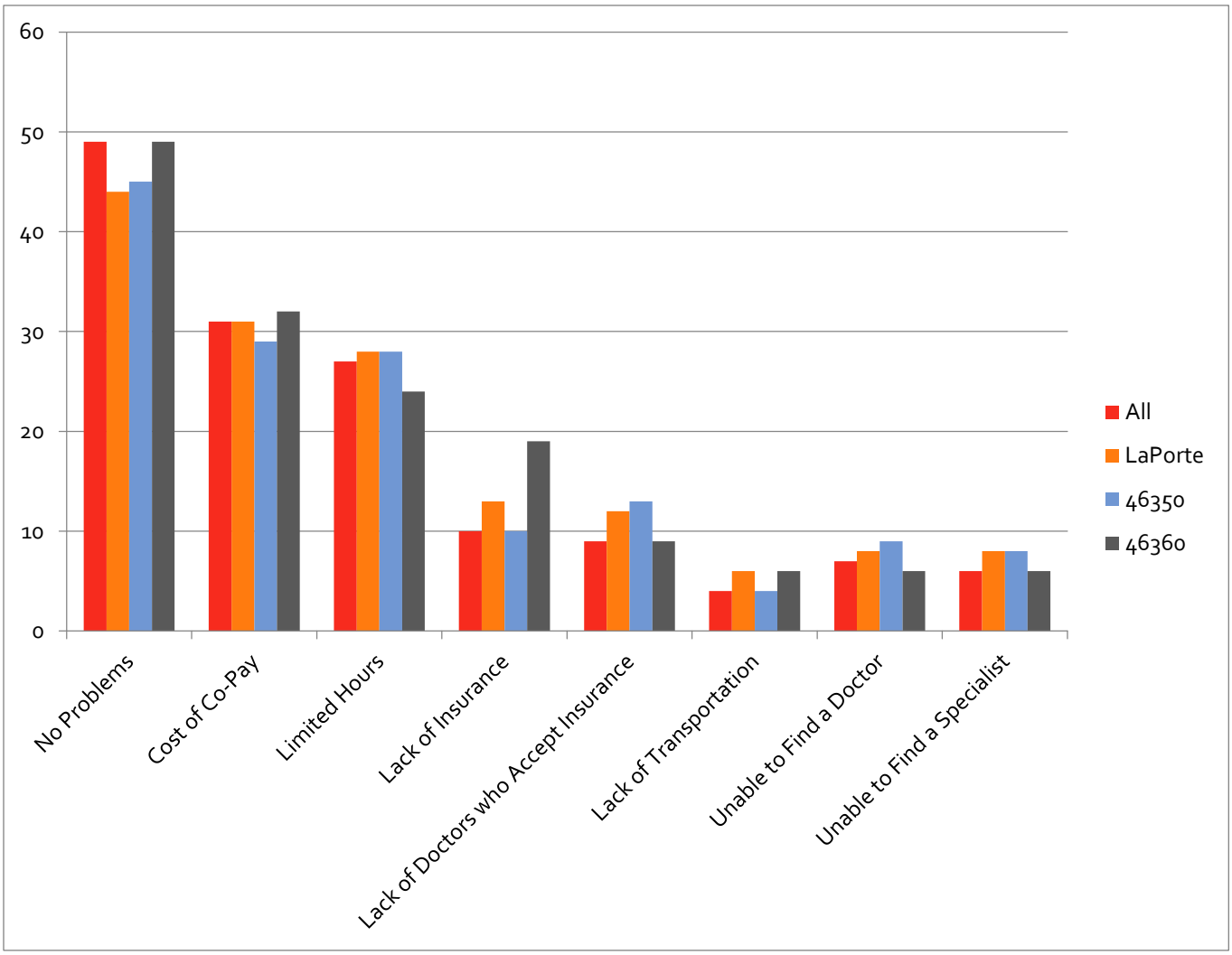


Oral Health

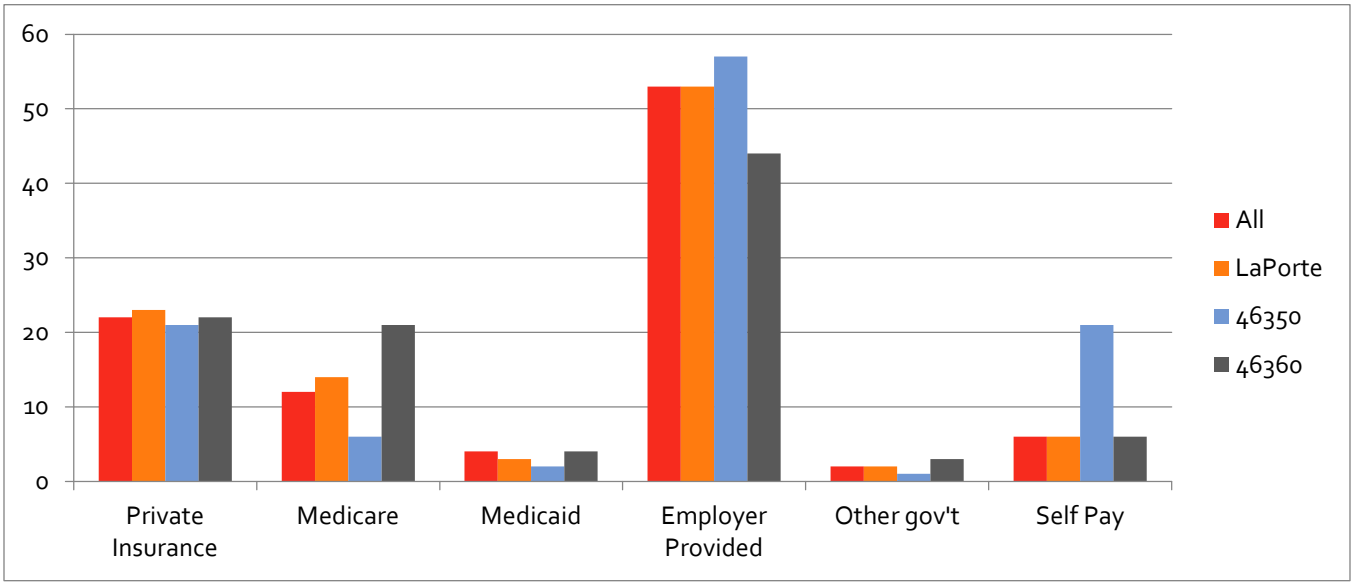
Dental care opportunities are prevalent in LaPorte County. Because the patient to dentist ratio is 2,182:1 (County Health Rankings, 2015), 66% of adults visited the dentist at least once in the past year (INdicators, 2015).

Access to Health Care Challenges

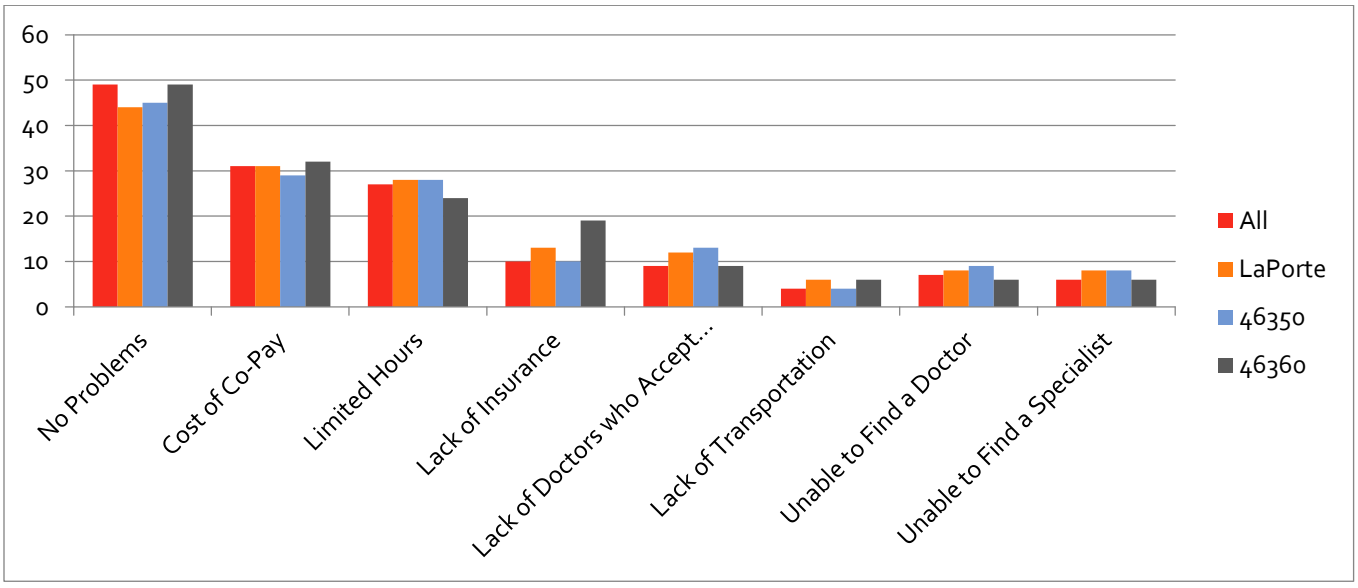
In the county specific questions, the survey asked, "If you do not have a primary care physician or family doctor, what are the challenges to seeing one?" LaPorte County's response is below:



Respondents were asked how they paid for their health needs:



Respondents were asked: "What are the top three challenges for you and your household when receiving healthcare?"



Health Professions Shortage Areas

The patient to mental health provider ratio is 1,250:1. Also, the ratio of population to primary care physicians is 2,060:1. The ratio for dentists is 2,182:1 (County Health Rankings, 2015).

Insurance/Payment

Insurance affordability is a barrier that many residents encounter in LaPorte County. According to INdicators (2013), 14.7% of the adults in LaPorte County that needed healthcare could not see a doctor in the last 12 months due to cost.

Transportation

LaPorte		
Transportation Option:	*Contact Information:*	*Populations Served:*
Northern Indiana Commuter Transportation District	(219) 926-5744 http://www.nictd.com/	Anyone
Transporte	(219) 362-6565 http://www.cityoflaporte.com/liv_cityrestransporte.asp	Anyone
Transit Triangle	(219) 873-1502 http://www.emichigancity.com/cityhall/departments/coach/	Anyone
Council on Aging	(219) 326-7889	Elderly and disabled residents
Voucher Assistance Program	we offer vouchers for the cab service, gas and the South Shore train if a patient is in need a assistance with transportation-vouchers are given on a case by case basis and is managed through our case management department.	

*Other: For all counties, County Connect is a service that is available to help coordinate between counties: http://www.327ride.net/pages/FAQs/

Summary

Data Gaps and Challenges

As in every data collection and analysis processes, there are limits to the data collected. The survey was available electronically and on paper at special events. If a resident of the county did not receive the promotional messages or attend an event, they would not have an opportunity to offer input. However, the paper surveys were used to solicit information from the most underserved populations. Therefore, the total survey results are skewed to represent those in most need.

Focus groups were primarily attended by professionals in the community speaking on behalf of their observations or clientele. Therefore, focus group data may be skewed towards secondary hearsay or from a population health management perspective.

Public health data and infrastructure is severely lacking in Indiana, as the state consistently ranks in the bottom two to three states for public health funding, service, and support. Much of the data used is from state and national collections that are only implemented every few years. Data may not reflect the current status of health. Also, as a home rule state, county data isn't always available or reliable. Zip code data rarely is available, except in national databases, such as the US Census Bureau.

It is the team's hope that by using the available secondary data with the collected primary data, a relatively accurate picture of community health is presented.

Response to Findings

The information and results of this needs assessment were shared through a presentation for internal and external audiences. The participants were asked to rank top priorities, usefulness of the report, sustainable implementation planning and how the report represents the community. On a scale of one to ten, participants ranked the report as a nine on the true reflection of the findings on the community. The participants that responded were most surprised that transportation did not appear in the results as a top priority. All participants indicated that the report would be useful for their department or organization, with most of the participants stating they would use the results to plan community based action and interventions.

Appendix

Community Conversations: A Discussion of Indiana's Health Needs	
January 22, 2015; 1:00pm-3:00pm	
Attendees	
Health By Design/Alliance for Health Promotion	Executive Director
Health Occupation Student Association (Indiana)	State Coordinator
Health Occupation Student Association (Indiana)	State President
Hoosier Environmental Council	Environmental Health Project Director
Indiana Area Health Education Centers	Director of Evaluation
Indiana Association of Area Agencies on Aging	CEO
Indiana Association of Area Agencies on Aging	N/A
Indiana Association of Area Agencies on Aging	Executive Director, Area 4 Agency on Aging
Leading Age Indiana	Executive Director
Leading Age Indiana	Director of Training
Indiana Cardiovascular and Diabetes Coalition	Coalition Manager
Indiana Cardiovascular and Diabetes Coalition	Chairperson
Indiana Coalition Against Domestic Violence	Coordinator of Prevention Initiatives
Indiana Cancer Consortium	Cancer Control Section Director
Indiana Joint Asthma Coalition	Coalition Coordinator
IU Health	N/A
Indiana Healthy Weight Initiative	Coalition Coordinator
Indiana Hospital Association	Vice President
Indiana Immunization Coalition	Director
Indiana Minority Health Coalition	Director of Research
Indiana Minority Health Coalition	VP of Planning and Program Development
Indiana Nurses Association	Director of Policy and Advocacy
Indiana Psychological Association	Past President
Indiana Psychological Association	Executive Director
Indiana Primary Health Care Association	CEO
Indiana Primary Health Care Association	Resource Development Program Director
Indiana School Nurses Association	Executive Director
Indiana State Department of Health	Chief Medical Officer
Indiana State Department of Health	Director of Program Evaluation
Indiana State Department of Health	Director, Local Health Department Outreach Division
Indiana Society for Public Health Education	Advocacy Chair
Indiana Society for Public Health Education	President
IUPUI Fairbanks School of Public Health	N/A
IUPUI Fairbanks School of Public Health	N/A
IUPUI Polis Center	N/A
YMCA of Greater Indiana	Associate Director of Health Partnerships Programs
YMCA of Greater Indiana	Director of Health Initiatives and Partnerships

Regions: 1, 2 and 3				
Access to healthcare	Access to home healthcare providers	Transportation	Lack of healthcare providers	Geriatricians
Obesity	Access to food deserts	Nutrition education	Pre-diabetes/diabetes	Smoking mothers
Nutrition	Low immunization rates	Unhealthy home	Suicide	Substance Abuse
Maternal Infant Health	Mental health services	Behavior health services	Tobacco	E-Cigarettes
Mental/Behavior Health	Cancer	Lung cancer	Prostate cancer	Colorectal cancer
Nicotine Products	Poor oral health in Amish	Increased preparedness in dementia care	Emphasis on community based transitions of care	
Regions: Southern 3, 4 and 6				
Access to healthcare	Emphasis on integration of healthcare and social services at individual level	Increase Hispanic population- translators	Increased preparedness in dementia care	
Drug abuse and mental health	Use of ER	Obesity		
Higher than state use of tobacco	Dental care	Lack of county level data		
Identification on pre-diabetes 1 at risk for type 2	Transportation	Impact of manure lagoons		
Non-management of diabetes/heart disease	Transition from hospital	Availability of home healthcare providers		
Region: 5				
Poverty	Elderly nutritional issues cause chronic disease	Design services based on culture	Lack of resources	Mental health
Obesity	Chronic infections	Breast cancer	Low immunization rates	Early childhood education
Maternal health/infant mortality	Safety	Violence	Elderly memory care	Overdose deaths
Access to healthcare	Transportation	How do we get the community to "buy in" and want to make a difference?	Empowering communities to take change	Listening vs. hearing the needs
Don't tell the communities what they need. Ask them.	Diversity of neighborhoods is as noted by variation of health, issues and culture.			
Regions: 7 and 10				
Substance abuse	Increased preparedness in dementia care	Senior poverty	Cocaine	
Black lung disease (coal mining)	Smoking- COPD	Obesity	Higher cancer incidence rates- lung cancer	
Access to primary care	Transportation	Access to home healthcare providers	Provider shortages	
Lowest infant immunization rates	Increase healthcare transitions with social services	Culture		
Mental illness	Infant mortality	STD's		
Regions: 8 and 9				
Mental health	Lack of home healthcare providers	Increased preparedness in dementia care	Suicide	
Cancer- Lung and Colorectal	Obesity	In Medicaid- Cincinnati will not take patients	Prescription abuse	
Access to healthcare	Meth/substance abuse	Access/Awareness to diabetes/cardiovascular disease		
Transportation	Social Support	Access to mental health services		

Young Children (0 – 8 years)				
Second-hand and Tobacco/Tobacco use during pregnancy	Access to support services for asthmatic + diabetic children in schools	Third hand smoke exposure	Nicotine poisoning	Prenatal exposure (drugs & alcohol)
Maternal infant health	Breastfeeding support	Infant mortality & safe sleep	Lack of physical activity	Reluctance to get immunizations
Immunizations	Access to healthy foods	Pre-diabetes services	Hunger	Lack of discipline
Nutrition	Child abuse & molestation	Poverty- food programs in schools	Poor housing conditions	Disengagement of fathers
Fitness	Social norms that promote/reward inactivity and improper nutrition			
Children (9 – 18)				
Substance abuse	Mental health	Poverty	Lack of social skills	Depression/anxiety
Safe driving	Obesity	Bullying- cyber / in person	Lack of parenting	Anger issues
Pregnancy	Family structure	Access to healthcare	Lack of physical activity	Low up take of HPV vaccine (40th in country)
Drugs	STD's	Lack of role models	Support of healthy eating	
Technology	Violence	Lack of motivation	Suicide	
Young Adults (19 – 34)				
Obesity	Low cervical cancer screening rates	Occupational exposure	Stable relationships lead to better parenting	Pre-natal care
Don't have environment that supports healthy choices	Biggest cultural impact	Lack of compliance with recommended vaccine schedule during 3rd trimester pregnancy	Access to reliable childcare to stabilize home/work life	Mental health
Worksite access/ support of physical activity	Health status to fund all healthcare	Support of family and caregivers	Insurance programs	Pre-diabetes
Gaps in Employment, College, Home	Financial issues			
Adults (35 – 54)				
Support of family/caregivers	Diabetes/Obesity	Cardiovascular disease	Tobacco	Underemployment
Financial issues	Behavioral health	Mental health	Low rates for recommended screenings (cancer, breast, cervical & colorectal)	Stress
Seniors (55+)				
Increased dementia	Financial stress (taking care of grandchildren)	Social isolation	Diabetes management	Nutrition
Family caregiver support	Shortage of providers	Transportation	Falls prevention	Low rates of cancer screenings
Abuse/neglect	Workforce issues- high turnover rate			

What geographical needs were not addressed as a Top 5 that you think should be included?

1. "Health literacy, prevention care, patient provider communication, and navigating the healthcare system."
2. "Rural vs. suburban vs. urban instead of region as a whole."
3. "I'm unsure, since there were so few representatives from areas outside of Marion County."
4. "Fragmented healthcare system, lack of transition from healthcare settings, lack of communication between doctors and other healthcare professionals."
5. "Indiana falls in the bottom in the US when it comes to environmental quality, public health spending, and environmental enforcement for violations."
6. "It is no secret at the political/state governance level public health is not an issue (47th in PH funding). Having influenced employers and businesses, advocating and doing policy work would be really helpful in moving the public/ government decision makers opinion's on public health."

What age related needs were not addressed as a Top 5 that you think should be included?

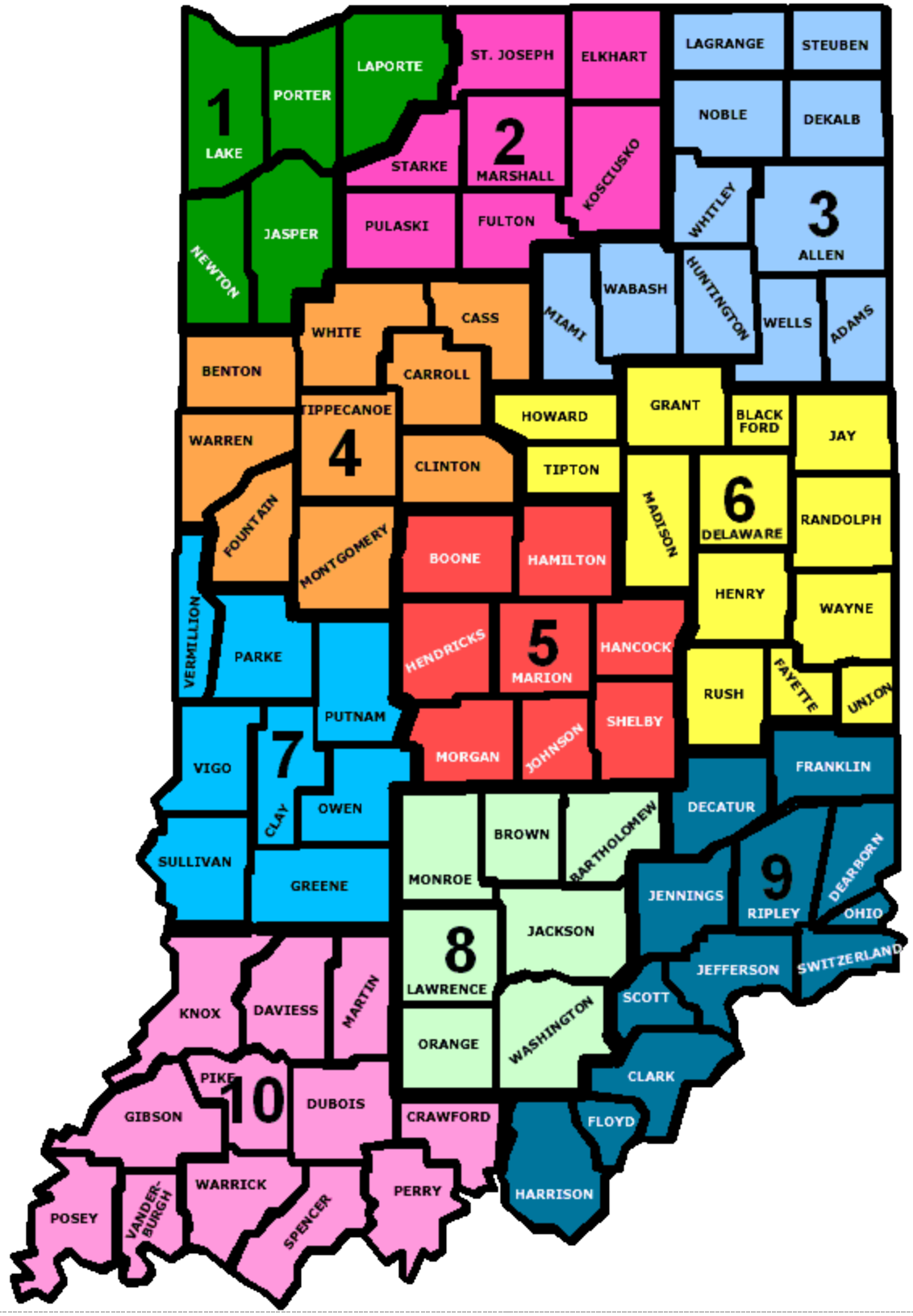
1. "Poverty is a key health issue in Indiana at all ages."
2. "Care transitions, divorce/deaths in aging population and adjustment of those elderly who are left behind."
3. "Across all age groups- health literacy, patient provider communication, navigating the healthcare system and prevention care."
4. "I would love to focus on health promotion strategies that impact physical and social health problems across the lifespan- e.g., strategies that enhance safe stable and nurturing relationships and environments at all levels."
5. "Age 0 – 8 and 9- 18 mental health."

From your organization's perspective, what do you think are the most pressing health needs?

1. "Focusing on the structural determinants that result in health disparities, and also violence."
2. "System change, policy, environmental, networking about physical activity, nutrition and obesity."
3. "Infant mortality, maternal child health, social determinants of health."
4. "How to make our state healthier? How to collaborate? Information sharing."
5. "Lack of physical activity & physical activity opportunities. Low consumption of fruits and vegetables and access to affordable fruits and vegetables. Tobacco use. Systematic support from clinic to community for behavior change."
6. "Better access to care in a manner and location that is needed by the community."
7. "Infant mortality, smoking, obesity, drug misuse, abuse, overdose, depression, suicide, and access to appropriate care."
8. "Cancer, therapies, mental health, heart disease and nutrition."
9. "Climate chance and its impact on public health. Changes in the range of infectious disease vectors and increasing extreme weather events. The impact of reliance on fossil fuels on air and water quality. Confined animal feeding operations- and their impact on air and water."
10. "Mental health, continuity of care, stigma related to psychological issues."
11. "Non-dxn of pre-diabetes, built environment, and need for stronger public health infrastructure."

Student Focus Group	
Regions 1 and 2	
Largest Issues	*Possible Interventions*
Pollution	Make Pollution a Known Issue
Drug Use	Random Drug Testing at School
Healthy Food Access	Coping Skills and Rehab Centers
Unemployment	Job Fairs
Mental Health Issues	Offer Transportation
Regions 3 and 6	
Largest Issues	*Possible Interventions*
Drugs, especially Heroin	Rehabilitation Centers
Alcohol Abuse	Interventions for Substance Abuse
Teen Birth Rate	Education on Preventative Medicine
Tobacco Use	Better Healthcare Availability
Chronic Disease	Encouragement for Healthcare Patients
Access to Healthcare	
Regions 4 and 7	
Largest Issues	*Possible Interventions*
Substance Abuse	Awareness Campaigns
Access to Emergency Healthcare	More Life-Line Services from Emergency Department
Food Availability/Too Much Fast Food	Better Food Choices and Education
Farmers Markets	
Region 5	
Largest Issues	*Possible Interventions*
Education	More Discussion and Education about Health Issues
Environment	Fix Minor Problems before Problems Get Bigger
Public Safety	(Water Contamination, Infrastructures, Built Environment)
More Police Coverage	
Regions 8, 9, and 10	
Largest Issues	*Possible Interventions*
Substance abuse	Rehabilitation options
Environmental testing (experimentation with fracking, etc.)	Better technology
Hospital inefficiency	Large amounts of funding

Public HealthPreparedness Districts



CHNA Survey Questions

What can hospitals and healthcare organizations do to help improve the health of your community?

The top five responses to this question from all respondents in LaPorte County include (in order of highest response):

- Substance Abuse
- Behavioral Health/Mental Health
- Education
- Obesity
- Access to Healthcare (Medication assistance/Assistance)

In LaPorte County, drugs and substance abuse received over 68% of comments by respondents, including 74% of comments by those living in 46350.

Affordability of care and medication was mentioned in 30% of comments from county residents, followed by access and shortage of care.

Personal choice and responsibility received 27% of the write in answers, followed by concerns of poverty and education by county residents.

Access and availability of services was noted by almost half of those in the county commenting on this question.

25% of comments identified heart and chest issues as the reason for using the emergency department from respondents in LaPorte County.

25% of responses from LaPorte County identified the lack of prioritization as the reason for not being at a healthy weight in the comments. 22% of respondents in 46350 identified a disease, injury, or disability as the primary reason for not maintaining a healthy weight.

50% of the LaPorte County comments related to the inability to afford co-pays, deductibles, or insurance, followed by poor patient experience (26.67%).

Most of the comments from LaPorte County include positive changes related to exercise or fitness (36%) and improvement on their diet (food or beverage) (48%).

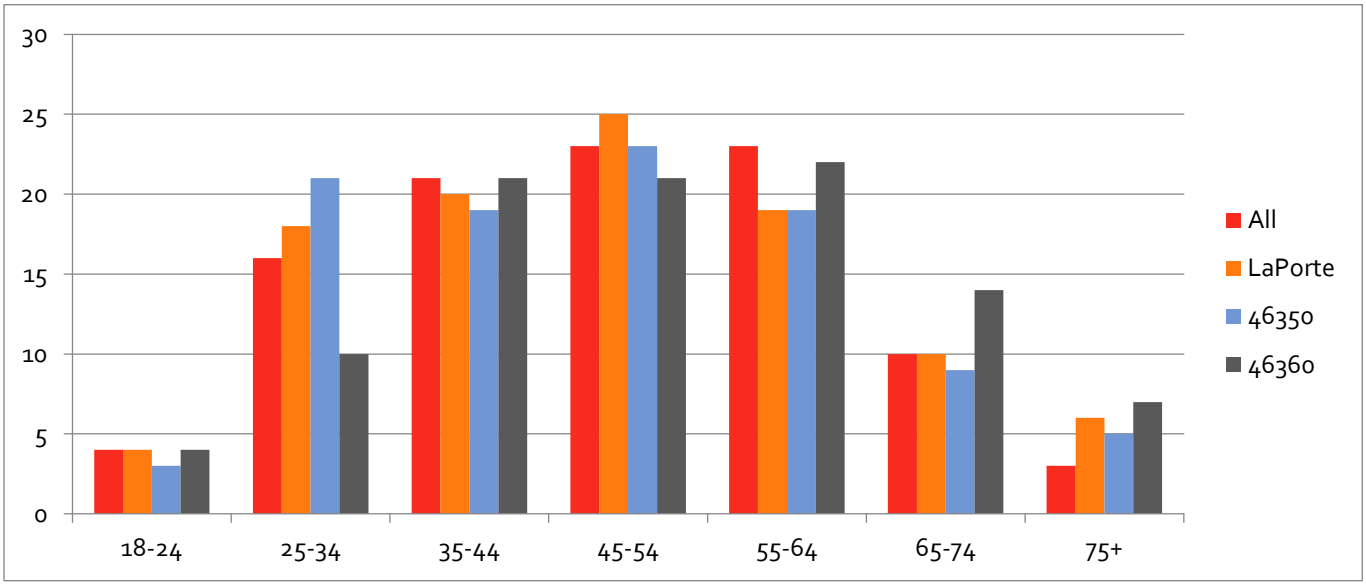
Most of the comments from LaPorte County include positive changes related to exercise or fitness (36%) and improvement on their diet (food or beverage) (48%).

The top concern LaPorte County residents commented on was the prevalence of drugs (40%). These categories round out the top five most frequent responses:

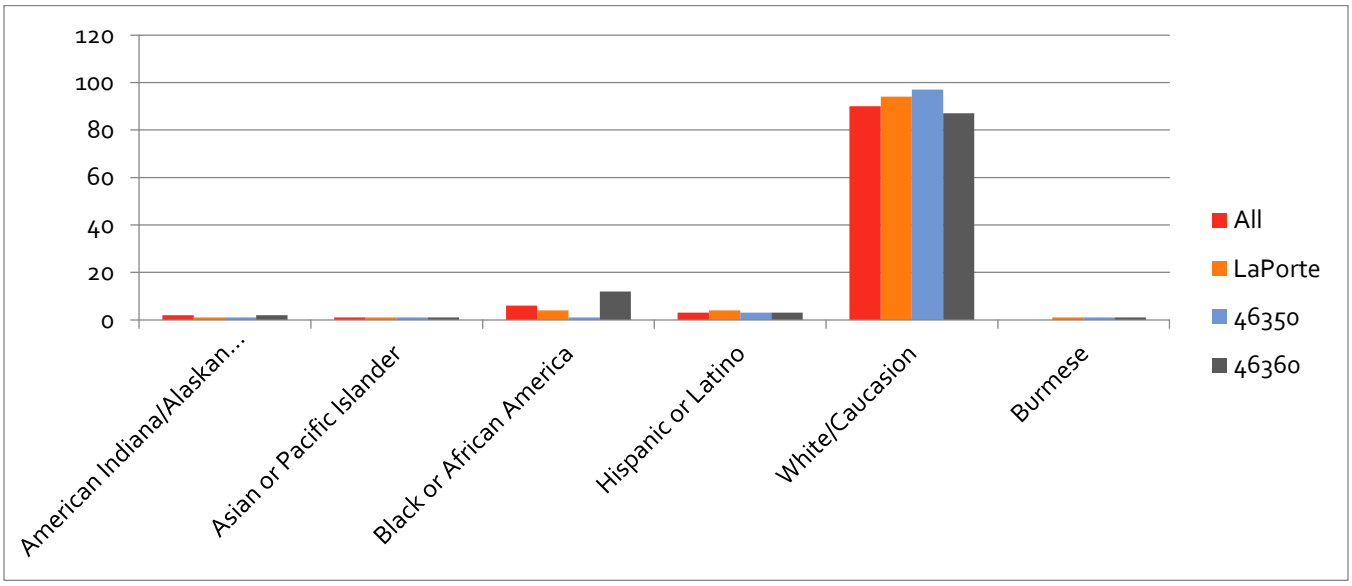
- Health care and mental health services
- Public safety
- Lack of sense of community
- Unemployment

Those from 46350 cited drug use as the most prevalent concern (51%), followed by public safety (12%). Those from 46360 cited health care as most prevalent (23%), followed by public safety (13%).

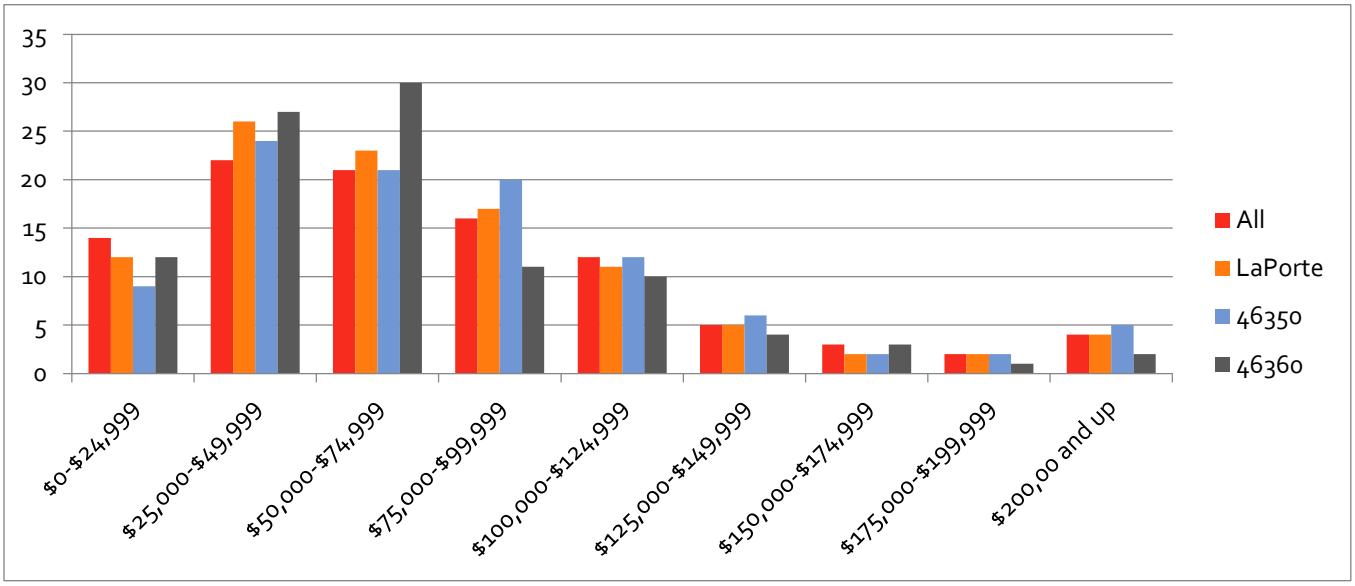
What is your age?



What is your ethnicity? (Please select all that apply.)



What is your average household income?



Practices or Ideas to Reduce Transportation Barriers (broad then more specific):

- Add a Lifeline Transit Network that could help transportation for low-income families. (http://www.transformca.org/resource/roadblocks-health)
- Policy initiatives need to include community clinics or other healthcare facilities where people often travel, instead of just hospitals. Transit agencies can conduct a "Health Access Impact Analysis" in order to determine how cutting or increasing funding for transportation can hurt/benefit them. (http://www.transformca.org/resource/roadblocks-health)
- Other states have implemented a Non-Emergency Medical Transportation service to include anyone without access to a car (not just those with disabilities). (http://www.transformca.org/resource/roadblocks-health or http://issuu.com/childrenshealthfund/docs/chf_htsi-monograph__2_?e=6796486/1866261)
- Ohio has a transportation service called CareSource that will pay a driver to take you to an appointment and back home. Each member receives 15 free rides per calendar year. (https://www.caresource.com/members/ohio/ohio-medicaid/benefits-and-services/additional-services/transportation/)
- San Diego Veterans Affairs Healthcare System includes a Veterans Transportation Network where free round-trip transportation is provided to and from the VA Medical Center and Clinic. (http://www.sandiego.va.gov/patients/veteranstravel.asp)
- 3 main models that can be used to coordinate transportation resources: Lead Agency Model, Brokerage Model, and Administrative Agency Model. (http://issuu.com/childrenshealthfund/docs/chf_htsi-monograph__2_?e=6796486/1866261)
- Coordinate health care scheduling with fixed-route transit systems, so patients could get to appointments on time. (http://issuu.com/childrenshealthfund/docs/chf_htsi-monograph__2_?e=6796486/1866261)
- Having a personal "travel navigator" in doctor's office to establish individualized travel plans. (https://www.transportation.gov/fastlane/creating-ways-to-get-to-healthcare-appointments)

- Web-based app to search for the quickest available public transportation for healthcare providers to use when scheduling appointments in order to reduce no-shows. (https://www.transportation.gov/fastlane/creating-ways-to-get-to-healthcare-appointments)
- System to identify patients at risk of readmission to the hospital and connect them with a mobility manager to schedule transportation to medical appointments. (https://www.transportation.gov/fastlane/creating-ways-to-get-to-healthcare-appointments)

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