community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

JASPER COUNTY



2019 - 2021 REPORT

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community HEALTH NEEDS ASSESSMENT

1 LEARN ABOUT FRANCISCAN HEALTH RENSSELAER

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 the you to investigate and use the information in this report to move toward solutions for healthier communities.

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

The CHNA collected input from persons representing the broad interests of the overall community, including those with specialized knowledge of, or expertise in, public health and residents of the communities the hospital serves. Franciscan Health partnered with other hospital systems, foundations, and non-profits to conduct a resident survey. Data from a variety of federal, state, and local entities were also reviewed. These findings are put into context by County Health Rankings & Roadmaps, Indiana Indicators, Center for Disease Control and Prevention (CDC), Healthy Communities Institute (HCI), the Indiana State Department of Health (ISDH), etc.

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 2019-2021. 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.**

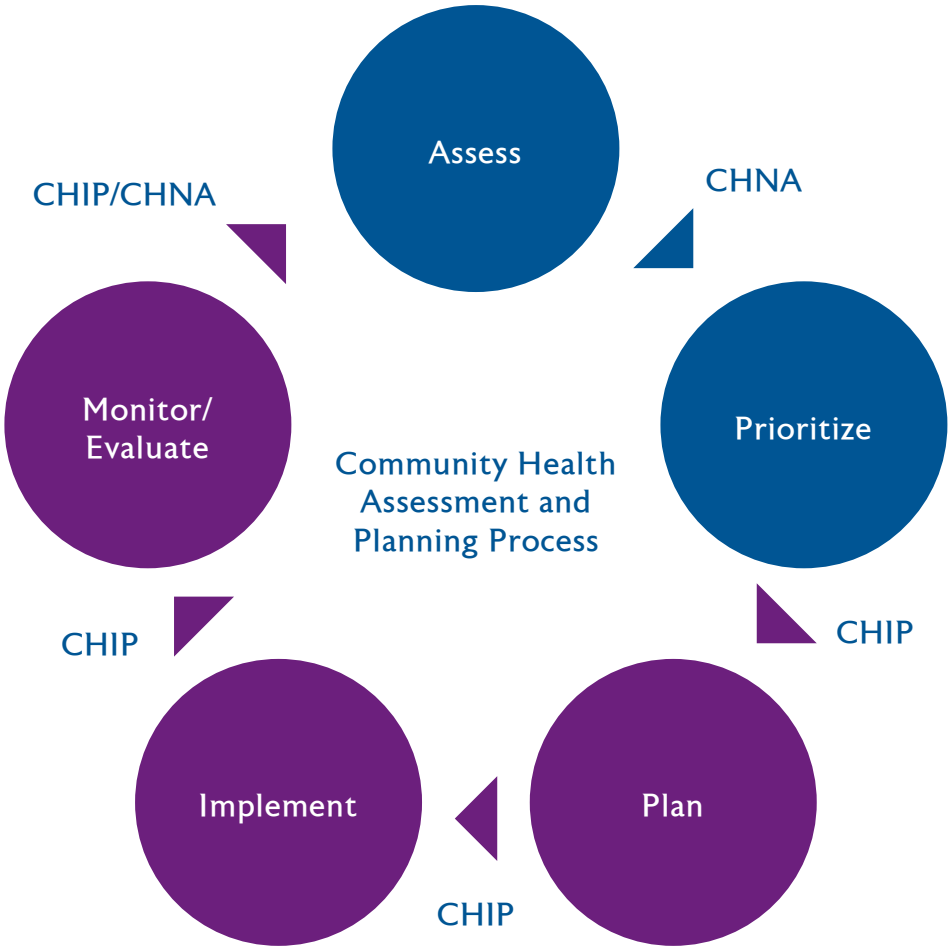
Yours in health,

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 2017
Planning and Consulting with Public Health Experts on CHNA and CHIP Improvement

JAN-FEB 2018
National Public Health Data Reviewed

APR 2018
Community Health Survey Deployed

A survey was developed with the IU School of Public Health Bloomington and University of Evansville faculty, in conjunction with additional health systems, foundations and non-profits. The survey focused on social determinants of health and the desirability of community health interventions in communities. This method added valuable insight to secondary data. The survey was delivered to randomized addresses via the US Postal Service. Franciscan Health also worked to gather completed surveys from vulnerable populations in each county. For a complete survey methodology, please see the Appendix.

MAY-JULY 2018
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.

AUG-OCT 2018
Feedback Meetings

While many hospital systems conduct focus groups as part of the data process, focus groups are not specifically required. Franciscan Health has employed many tools and resources to collect quantitative data that demonstrates needs in communities. However, like many hospital systems and local health departments, not as much emphasis is placed on context and the development of successful CHIPs. In preparation for the 2019-2021 cycle, Franciscan Health conducted feedback meetings with the purpose of determining implementation plans. These meetings were held with professionals in communities, internal staff and resident groups. For a complete methodology of the feedback meetings, please see the Appendix.

OCT 2018
Analysis of Data and Health Need Prioritization

OCT-NOV 2018
Final Development of CHIP

DEC 2018
Report Completion

JAN 2019
Franciscan Health Mission & Human Resources Committee Approval

FEB 2019
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 RENSSELAER INFORMATION

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

Average Annual Inpatient Admissions (2017): 431
Average Annual Outpatient Admissions (2017): 51,600
Average Annual ED Admissions (Arrivals 2017): 500
Average Annual Births (2017): None

Number of Employees: 252 (includes Corporate and Alverno offices)
Number of Volunteers: 20
Number of Doctors (FPN, SPI, & Affiliates): Active Medical Staff (FTE) – 93; Affiliate Medical staff – 50
Average Length of Stay (Inpatient 2017 number of days): 3.40



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

OUR MISSION

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

OUR COMMUNITY

Franciscan Health Rensselaer community benefit programs target all of Jasper County, IN, which is the immediate geographic area to the hospital. 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.

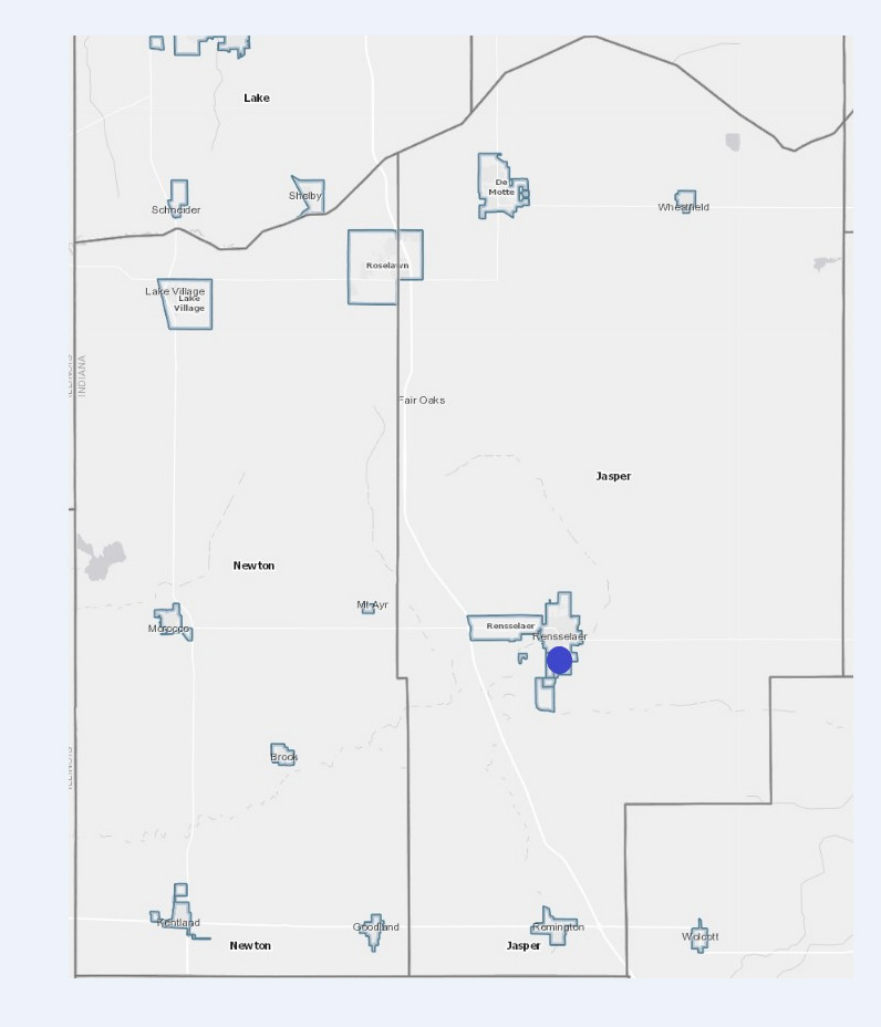
CHRISTIAN STEWARDSHIP

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



TOP HEALTH NEEDS

Franciscan Health Rensselaer has identified the following top needs in the community: infant mortality, youth mental health, substance abuse and acces to health services. For more information on how top health needs were determined, please see Section Four.

Infant Mortality

Youth Mental Health

Substance Abuse

Access to Health Services

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



Jasper County Indiana



Jasper County Townships

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

DEMOGRAPHICS

A total of 33,448 people reside in the 559.63 square mile area of Jasper County according to the U.S. Census Bureau American Community Survey 2011-2015 five-year estimates. The population density for the county is estimated at 59.77 persons per square mile. The County's population density is less than the national average population density of 89.61 persons per square mile.

Table 1.0: Population Estimates by Age, 2016

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	1,965	5.9%	6.4
School Age: 5 to 17	5,985	17.9%	17.4
College Age: 18 to 24	3,252	9.7%	10.0
Young Adult: 24 to 44	7,801	23.3%	25.2
Older Adults: 45 to 64	8,933	26.7%	26.1
Seniors: 65 and older	5,497	16.4%	14.9
Median **Age (years)**	39.5		Median Age = 37.6

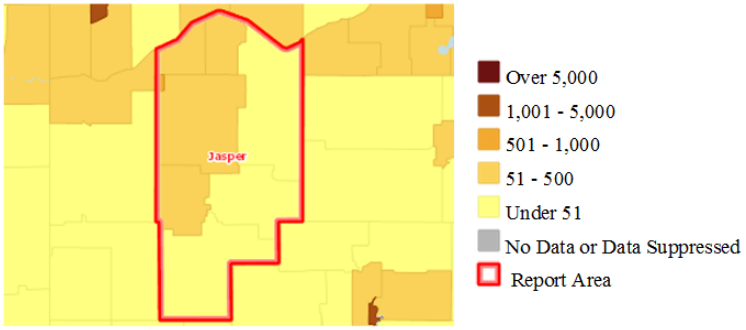


Figure 1.0: Population Density for Jasper County

The majority of residents in Jasper County fall into the young and old adult age categories with 50 percent of the population coming from these two age groups. The least populated age groups are those ages 0 to 4 and those at college age 18 to 24.

Table 1.1: Population Estimates by Age, 2016

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Older Adults: 45 to 64	8,933	26.7%	26.1
Seniors: 65 and older	5,497	16.4%	14.9
Median Age (years)	39.5	N/A	37.6

Table 1.2: Population Estimates by Race (including Hispanic origin), 2016

Population Estimates by Race	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	116	0.3%	0.4%
Asian	173	0.5%	2.2%
Black	273	0.8%	9.7%
Native Hawaiian & other Pacific Islander	16	0.0%	0.1%
White	32,488	97.2%	85.6%
Two or More Racial Groups	367	1.1%	2.0%
Non-Hispanic	31,397	93.9%	93.2%
Hispanic	2,036	6.1%	6.8%

Veteran Population

The veteran population in Jasper County made up only a small portion of the community, at 2.3%. Looking at the age distribution, amajority of veterans were above 35 years old. These veterans make up only a small portion of the total population.

Population with Disabilities

In Jasper County, there was an estimated 4,168 residents living with a disability, which makes up about 13% of Jasper County.

Table 1.3: Veteran Population in Jasper County

Subject	Total Veterans	Total Non-Veterans
Civilian Population over 18 (25,287)	2,301 (9.1%)	22,986 (90.9%)
Age		
18-34	210	6,723
35-54	506	8,156
55-64	463	4,009
65-74	563	2,500
75 years and over	559	1,598

Social and Economic Factors

FINANCIAL

Refer to the tables below for a comparison of financial and economic indicators across the state and county. Jasper County's annual personal income is $41,197. This leads to a median household income of more than $56,304, which ranks 21st in the state. The poverty rate of the county sits at 9.4%. Welfare averages, food stamp recipients and free and reduced lunch recipients are all under 1%, which ranks Jasper county 81st, 53rd, and 57th respectively in those areas.

Table 1.4: Jasper County Financial Assistance Data

Income and Poverty	Number	Rank of State	Percent of State	Indiana
Per Capita Personal Income (annual)	$41,197	27	95.6%	$43,097
Median Household Income in 2016	$56,304	21	107.2%	$52,289
Poverty Rate	9.4%	77	67.1%	14.0%
Poverty Rate among children under 18	12.6%	80	66%	19.1%
Welfare (TANF) Monthly Average Families in 2017	13	81	0.2%	6,790
Food Stamp Recipients in 2017	2,663	53	0.4%	656,297
Free and Reduced Fee Lunch Recipients in 2016 and 2017	2,076	57	0.4%	495,330

EDUCATIONAL ATTAINMENT

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

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

Among one of many goals, Healthy People 2020 aims to increase the high school graduation rate from 74.9% (2007-2008) to 82.4% by 2020.

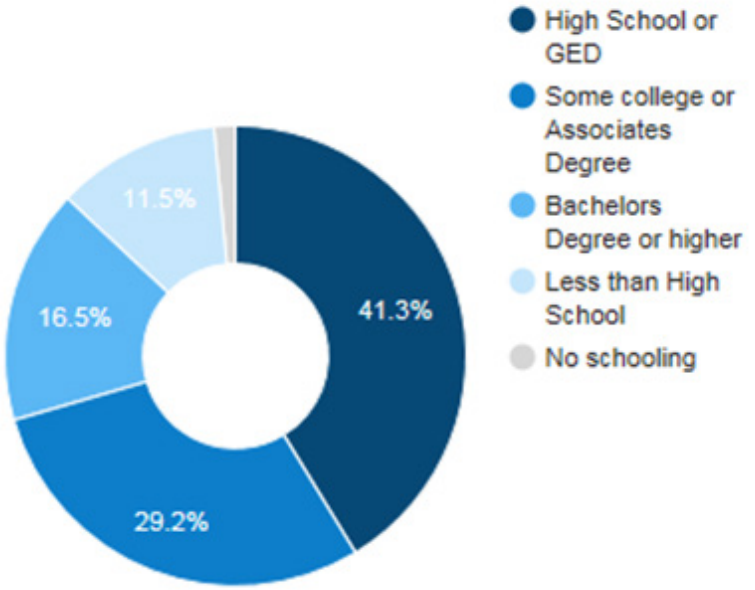


Figure 1.1: Educational Attainmement for Jasper County

Figure 1.1 shows the breakdown of educational attainment in Jasper County. According to the figure 42.6% had a Bachelor's degree, 33.1% had an associated degree, 18.6% had a Master's degree, 4% had a professional school degree, and 1.4% had a doctorate degree.

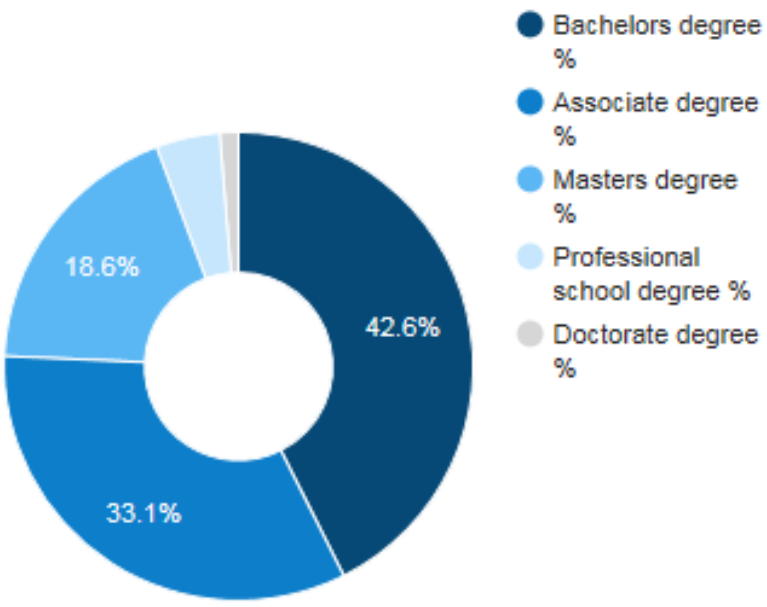


Figure 1.2: Educational Attainment Degrees

According to Figure 1.2, 38.9 % of Jasper County residents completed high school or obtained a GED, 29.2% attended college (not graduated) or obtained an Associate's degree, 16.5% had a Bachelor's degree or higher, 11.5% had less than a high school education, and 2% had no formal school at all.

EMPLOYMENT

In 2016, there were 15,641 employed individuals in Jasper County, while 707 were unemployed. According to the U.S Bureau of Economic Analysis, the total wage and salary in Jasper County in 2016 had an average earnings per job totaling $38,666.

Table 1.5: Employment Rates in 2016

Indicator	Number	Rank in State	Percent of State	Indiana
Employed	15,641	49	0.5%	3,203,351
Unemployed	707	34	0.6%	117,058
Annual Unemployment Rate	4.3	12	122.9%	3.5
Total Resident Labor Force	16,348	49	0.5%	3,320,409
April 2018 Unemployment rate	3.4	1	106.3%	3.2

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

Table 1.6: Employment Rates in 2016

Indicator	Employment	Percent Distributed in County	Earnings	Percent Distributed in County	Average Earnings per Job
Farm Proprietors	509	3.1%	$48,527	6.2%	$95,338
Nonfarm Proprietors	3,022	18.6%	$113,238	14.5%	$37,471
Farm	858	5.3%	$65,463	8.4%	$76,297
Nonfarm	15,375	94.7%	$716,480	91.6%	$46,600
Private	13,760	84.8%	$640,186	81.9%	$46,525
Wage and Salary	12,702	78.2%	$491,137	62.8%	$38,666
Total by Place of Work	16,233	100%	$781,943	100%	$45,890

Source: U.S Bureau of Economic Analysis

TRANSPORTATION

Public transportation is an important indicator to examine because it offers mobility to the residents of Jasper County, particularly those without cars. Transit can help bridge the spatial divide between people with jobs, services, and training opportunities. Public transportation is also valuable because it reduces fuel consumption, decreases air pollution, and relieves traffic congestion (Community Health Solutions, 2017). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's office, and hospitals. According to American Community Survey, 4% of households in Jasper County did not have a vehicle compared to 7% in the entire state (2011-2015). When looking at the renter-occupied housing units, 12.3% of renters reported having no vehicle for transportation, which can cause problems getting to and from the workplace.

Table 1.7: 2015 Commuter Transportation Methods

Vehicles Available	Occupied Housing Units	Owner-Occupied Housing Units	Renter-occupied housing units.
No vehicle	4.0%	1.5%	12.3%
1 vehicle available	24.7%	19.4%	42.5%
2 vehicles available	39.5%	41.0%	34.4%
3 or more vehicles available	31.7%	38.0%	10.9%

ENVIRONMENTAL

Air Quality

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

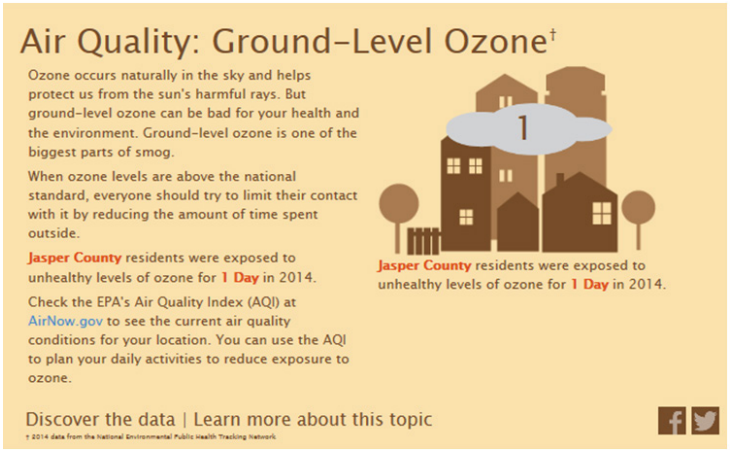


Figure 1.3: Ground Level Ozone Levels for Jasper County

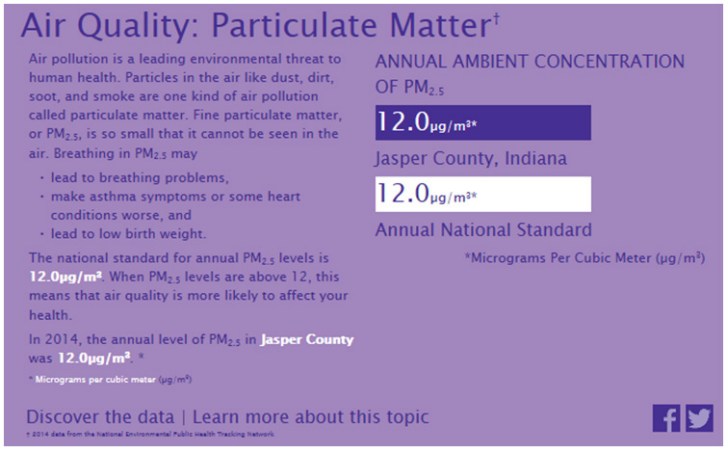


Figure 1.4: Particulate Matter Levels for Jasper County

Drinking Water

Figure 1.5 shows that the majority of Jasper County is in the top 25% for safest drinking water. Figure 1.6 shows the variation of surrounding counties water safety violations. We see that Jasper County was the worst (darker blue) in terms of violations.

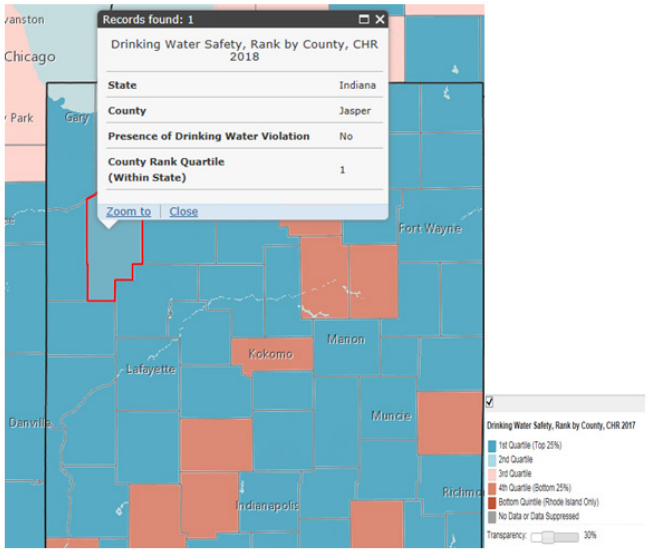


Figure 1.5: Drinking Water Violations for Jasper County

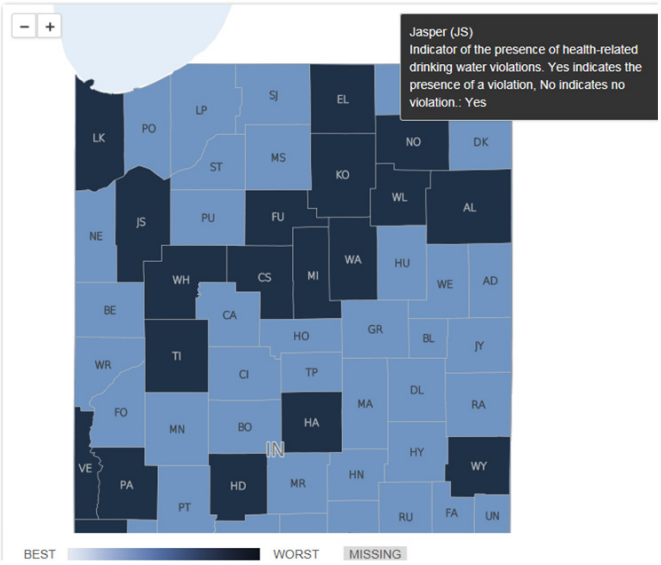


Figure 1.6: Drinking Water Violations for Jasper County

Lead

Childhood lead poisoning has become a concern for many cities in the United States, as it affects the development of children. In Jasper County 49 children were tested for lead poisoning, of whom five tested with a blood lead level between five and nine and none tested positive. The causes of lead poisoning are often older homes that once had lead based paint. These lead based paints create dust that over time get into a person's system causing adverse health effects.

Table 1.8: Lead poisoning summary

Number of children Tested	Total Number of Children Tested with µg/dL	Confirmed Blood Lead Levels ≥ 10 µg/dL		Number of Addresses with Multiple Children with Confirmed elevated Blood Lead Levels	Census 2000 Data		
		Total Number	Total %		Total Housing Units	Pre-1950 Housing Units	% of Children < 6 Below Poverty
49	5	0	0	0.0%	11,236	2,959	8.0%

HOUSING

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

Safe and affordable housing is an essential feature of a healthy community, and the effects of housing problems are vast. Major problems include the physical and emotional effects on individuals and families. Residents who do not have a kitchen in their home are more likely to depend on unhealthy foods, and lack of proper plumbing facilities increases the risk of infectious disease. According to Healthy Communities Institute, "research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance" (2017). In addition, low-income individuals who live in communities where housing costs are elevated are subjected to living in substandard living conditions that may increase their exposure to the following environmental hazards: mold, mildew, pest infestation, and lead. In Jasper County 69.6% of respondents said that they owned their home which was higher than the state average of 61%. Below is the contact information for subsidized housing in Jasper County. This information includes the number of beds available and the population served.

Table 1.9: Homeownership and Renting

Housing and whether we own or rent	Number	Rank of 10	Percent in Region	Percent in State
Total Housing Units in 2017	13,567	51	100%	100%
Owners Occupied	9,300	51	69.6%	61.0%
Renters Occupied	2,791	52	20.9%	27.8%

HEALTH ACCESS

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

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

Healthcare Professional Shortage Areas

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

HEALTH PROFILE

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

In 2015, 68.8% of mothers received early prenatal care during their pregnancy. There has been a 2% decrease among mothers who received prenatal care since 2011. The smoking rate among expecting mothers has decreased by almost 2% since 2011. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). In 2015, 85.1% of Jasper County mothers breastfed their children. Since 2011, the number of mothers who breastfed their had increased by nearly 10%. While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face.

Table 2.0: Jasper County Prenatal Care Practices, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	278	291	255	273	262	1359
% Early Prenatal Care	70.6%	72.9%	71.2%	70.9%	68.6%	70.9%
State Percent	*68.1%*	*68.4%*	*67.4%*	*67.5%*	*69.3%*	*68.1%*
# Smoked	91	79	86	87	82	425
% Smoked During Pregnancy	23.1%	19.8%	24.0%	22.6%	21.5%	22.2%
State Percent	*16.6%*	*16.5%*	*15.7%*	*15.1%*	*14.3%*	*15.6%*
# Unmarried Mothers	*140*	*152*	*137*	*154*	*134*	*717*
% Unmarried Mothers	35.5%	38.1%	38.3%	40.0%	35.1%	37.4%
State Percent	*42.7%*	*43.2%*	*43.3%*	*43.3%*	*43.3%*	*43.2%*
# Breastfeeding	301	316	285	301	325	1,528
% Breastfeeding Mothers	76.4%	79.2%	79.6%	78.2%	85.1%	79.7%
State Percent	*74.0%*	*75.6%*	*77.3%*	*79.3%*	*80.5%*	*77.4%*
# Mothers on Medicaid	156	152	135	158	145	746
% Mothers on Medicaid	39.6%	38.1%	37.7%	41.0%	38.0%	38.9%
State Percent	*45.6%*	*44.9%*	*44.1%*	*43.7%*	*43.0%*	*44.3%*
# Teen Births 15-17	9	8	5	6	<5	31
Population	739	710	733	729	768	3,679
Teen Birth Rate (15-17)	12.2*	11.3*	6.8*	8.2*	**	8.4
State Rate	*16.0*	*15.5*	*13.6*	*11.9*	*11.1*	*13.6*
# Teen Births 15-19	32	43	27	16	26	144
Population	1,223	1,199	1,158	1,168	1,214	5,962
Teen Birth Rate 15-19	26.2	35.9	23.3	13.7*	21.4	24.2
State Rate	*34.8*	*33.0*	*30.3*	*28.0*	*26.0*	*30.4*

* 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

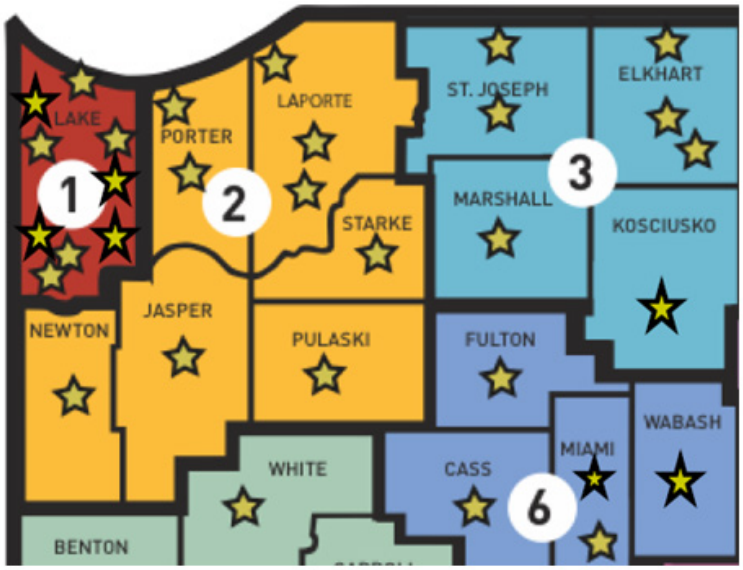
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Safe Sleep

Mental Health American (MHA) is a community-based non-profit organization located throughout the United States that works to provide resources for infants and parents. The infant safe sleep program "promotes safe sleep practices to vulnerable families to reduce the incidence of SIDS. Participants complete safe sleep educational training and receive a portable pack 'n play, with infant insert, for baby to sleep in until the age of one" (MHA, 2017).

Together, the Indiana State Department of Health and Department of Child Services have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families in Jasper County that do not have a designated safe space for their infant to sleep. The kit includes: portable crib, fitted sheet with a safe sleep message on it, wearable blanket, pacifier, and recommendations for safe sleep (ISDH &Department of Child Services, 2017). Figure 2.0 shows all of the safe sleep regions throughout the State. Jasper County is a part of Region 2. Below are some resources available with the contact information to help ensure safe sleep environments for infants.

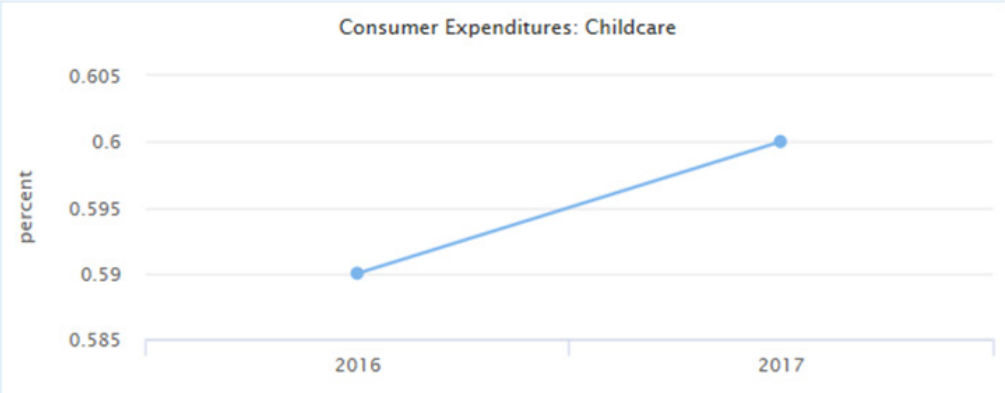
Figure 2.0: Sleep health Regions in Indiana



Childcare and Health Services

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

Figure 2.1: Consumer Expenditure of Childcare



FOOD SECURITY

Food security in Jasper County has a food index of 8.3, which is an average score food environment index as (0 is the worst and 10 is the best). Figure 2.2 shows 2% of the county has limited access to healthy foods and that 12% face food insecurity. Food insecurity is defined as having a lack of access to food. Food insecurity can be measure in many different ways like grocery store or farmer market counts in an area. Another way of looking at food insecurity is to look at the number of SNAP authorized stores. According to the USDA economic research service, there were 40 SNAP authorized stores in Jasper County as of 2016 which is an increase of nine stores since 2012. The grocery store total is currently at eight which is an increase of one over a five year span. These eight grocery stores amount to 0.21 grocery stores per 1000 residents of the county. The number of farmers markets has decreased from the 2007 number of 37 to 28 in 2012.

Figure 2.2: Food Security Rates in Jasper County

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

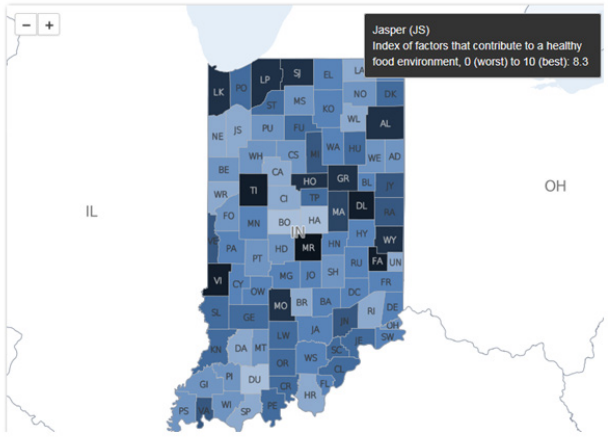


Figure 2.3: Food Security County vs. State Rates

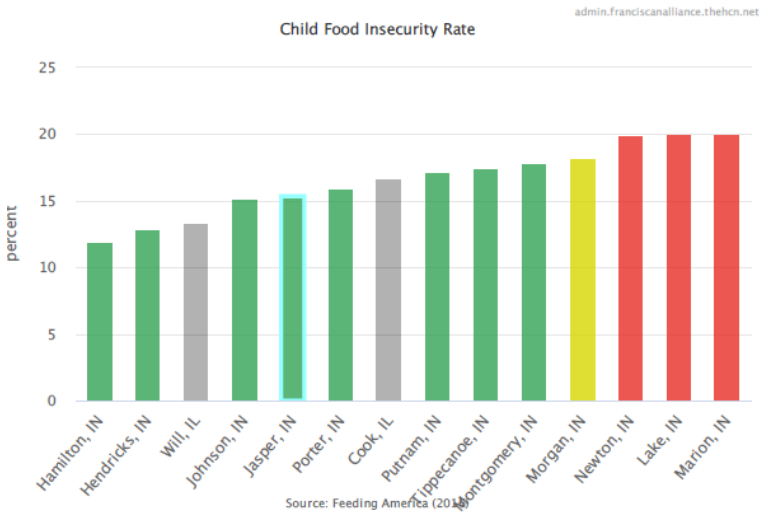


Figure 2.4: Child Food Insecurity Rates

PHYSICAL ACTIVITY

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

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

Recreation and Fitness Facilities
As of 2014, Jasper County has five recreational and fitness facilities for the community. 58% of residents have access to fintess facilities.

SLEEP HEALTH

Sleep health is important because it affects a person's wellness and quality of life. The Healthy people 2020 goal is "to increase public knowledge of how adequate sleep and treatment of sleep disorders improves health productivity, wellness, quality of life, and safety on roads and in the work place" (HP2020). In Jasper County 34% of individuals reported having insufficient sleep. Students are more sleep deprived with only 21.4% reporting that they get enough sleep, compared to 61.5% in adults.

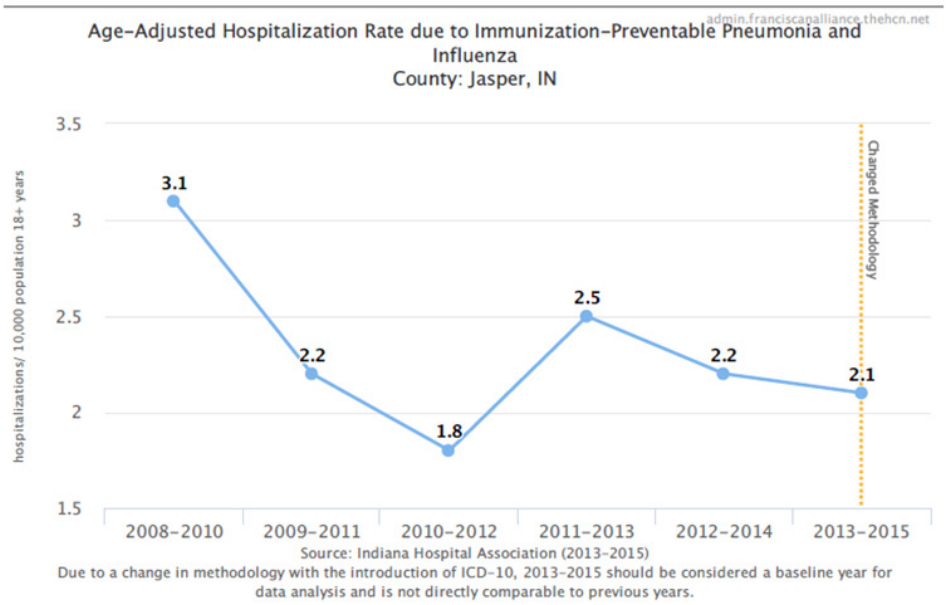
IMMUNIZATIONS

Immunizations are important because they help prevent the outbreak and spread of disease in a community. In Jasper County, 58% of infants have their recommended immunizations. This is important because infants are a vulnerable population as they are still developing their immune systems and cannot fight disease.

Table 2.1: Vaccinations and Infections in Jasper County

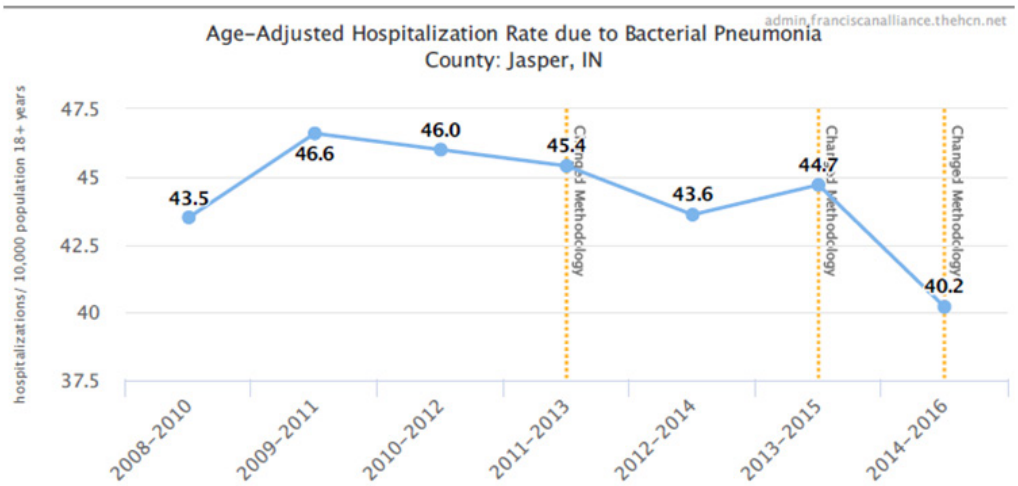
Indicator	Description	Source	Measurement Period	Jasper County	Indiana	HP 2020 Goal
Intestinal Disease Infections	Intestinal disease cases per 100,000 population.	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2014	30.2	47.6	N/A
Recommended Infant Immunizations	This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP).	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2015	50.0%	56.0%	80%
Flu Shot Vaccinations	Percentage of adults, 18 and older, who have received a flu shot in the past year.	ISDH & CDC, Behavioral Risk Factor Surveillance System	2006-2010	27.1%	33.5%	N/A
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	2006-2010	54.8%	66.0%	90%
HIV Prevalence	Existing cases of HIV per 100,000 population.	County Health Rankings	2017	238.9	178.1	N/A
Chlamydia Incidence	New cases of chlamydia per 100,000 population.	County Health Rankings	2017	518.7	434.0	N/A

Figure 2.5: Preventable Pneumonia Cases in Jasper County



Source: Indiana Hospital Association (2013-2015)
Due to a change in methodology with the introduction of ICD-10, 2013-2015 should be considered a baseline year for data analysis and is not directly comparable to previous years.

Figure 2.6: Bacterial Pneumonia Cases in Jasper County



Source: Indiana Hospital Association (2014-2016)
Due to a change in diagnosis codes used to define cases, 2011-2013 should be considered a baseline year for data analysis and is not directly comparable to previous years.
Due to a change in methodology with the introduction of ICD-10, 2013-2015 should be considered a baseline year for data analysis and is not directly comparable to previous years.
With the introduction of ICD-10 in October 2015, 2014-2016 should be considered a baseline year for data analysis and is not directly comparable to previous time periods due to the increased number of records coded with ICD-10.

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. 81% of Jasper County diabetic Medicare enrollees received routine monitoring in 2014, and 54.5% of Jasper County female Medicare enrollees received a mammogram in 2014. (County Health Rankings & Indiana Indicators). Refer to Table 2.2 below for a comparison of health screening statistics across the state and county.

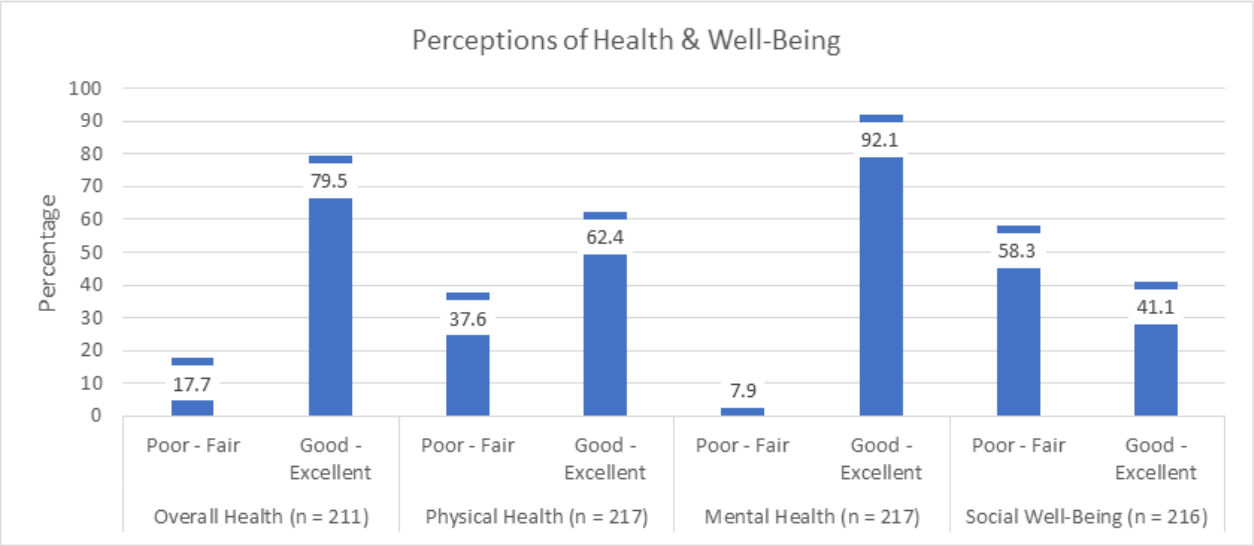
Table 2.2: Jasper County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Jasper County	Indiana
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2014	81%	85%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.	Dartmouth Atlas of Healthcare	2014	54.5%	62%

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

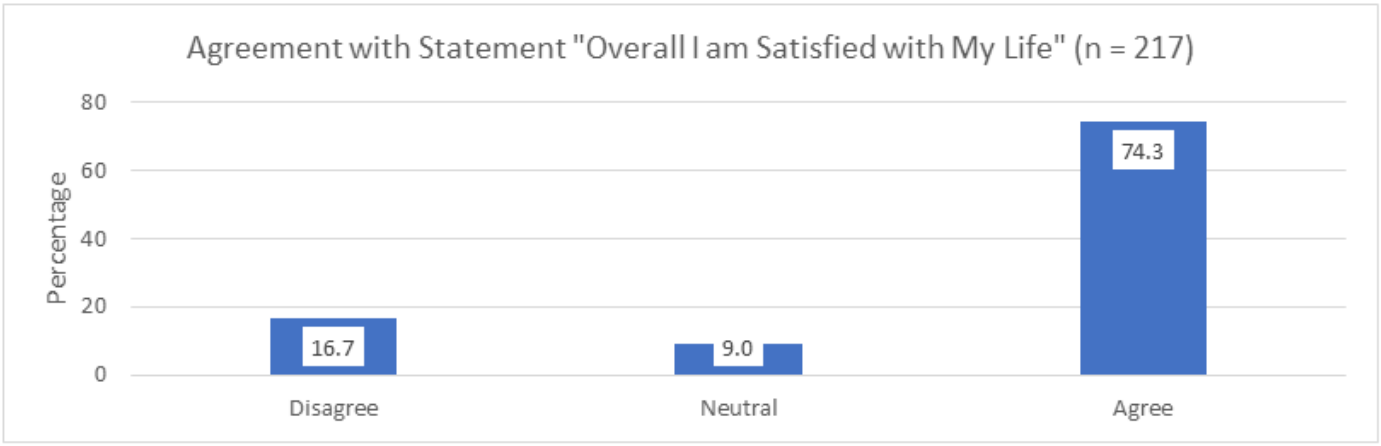
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

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



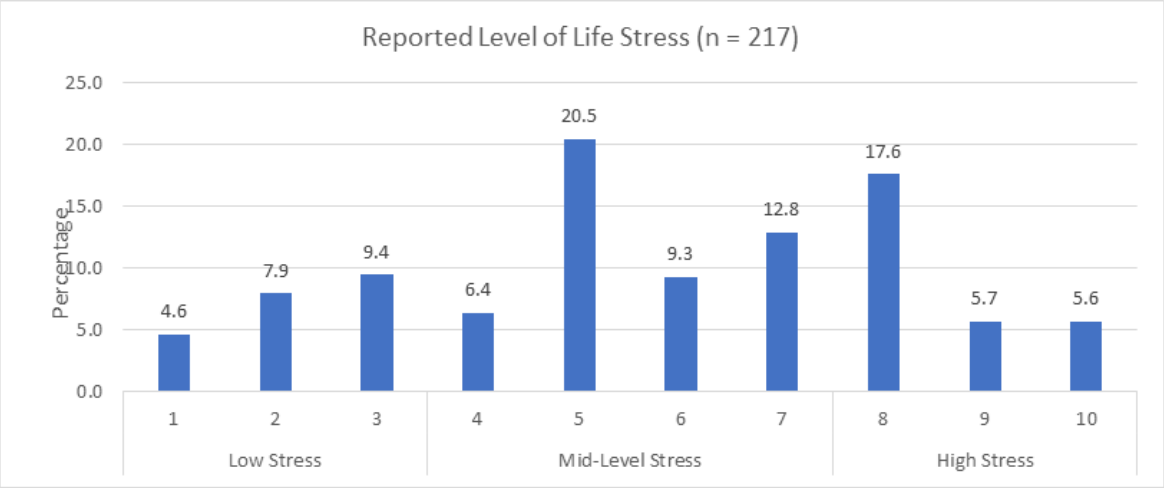
Participants were asked "Would you say that in general, your overall health is..." with five response options ranging from poor to excellent. Some participants did not respond to this question or marked multiple responses 2.8%. The vast majority of participants rated their overall health as very good 31.4 (n= 68), excellent 9.3% (n = 20), or good 38.8% (n = 84). The remainder assessed their overall health as being fair 13.8% (n = 30) or poor 3.9% (n = 9).

Figure 2.8: Participants Agreement with Life Satisfaction



Level of Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Some participants (28.9%, n = 62) responded with scores in in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of the participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.9 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.9: Ranking of Level of Life Stress



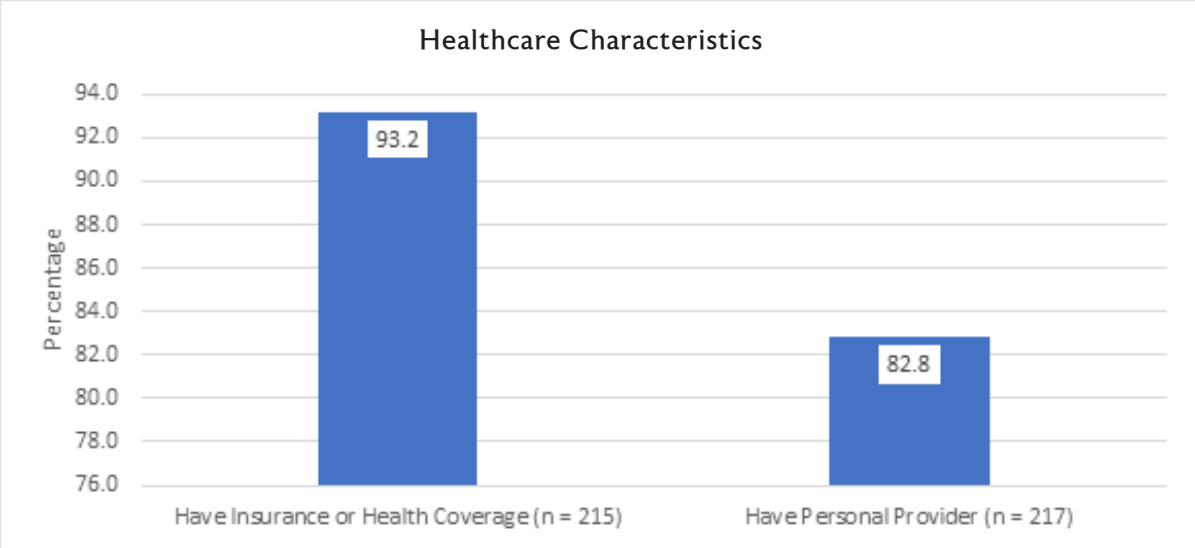
HEALTHCARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked to describe the types of engagement they had with the healthcare system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forego some level of health care based on a lack of financial resources they had to prioritize other matters.

Insurance or Healthcare Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (93.2%, n = 202) reported that they did have such coverage or insurance, while 5.8% (n = 13) responded "no."

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have such a personal provider (82.8%, n = 180), while 16.2% (n = 35) responded "no" and two participants (1.0%) indicated that they were "unsure" as to whether they had such a personal provider.

Figure 2.10: Participants' Reported Insurance and Personal Provider Characteristics



Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 2.3 provides a summary of the participants' responses to this question.

Table 2.3: Participants' Reported Types of Healthcare Engagement* (n=217)

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	72.2	27.8
Received a Routine Physical Exam	58.3	41.7
Received Dental Care	63.0	37.0
Received Immunizations or other Preventive Care	32.2	67.8
Received Acute Care, Like for an Infection or Injury	19.3	80.7
Received Care for a Chronic Disease	19.1	80.9
Received Care at a Hospital Emergency Room	18.1	81.9
Received Care at an Urgent Care Facility	18.0	82.0
Received a Screening for Anxiety or Depression by a Medical Provider	10.2	89.8
Received Inpatient Care at a Hospital	12.3	87.7
Received Treatment for a Mental Health Diagnosis	5.2	94.8
Received Prenatal or Well-Baby Care	2.6	97.4
Received Care Related to Family Planning	3.1	96.9
Received Treatment for Addiction	0.0	100.0

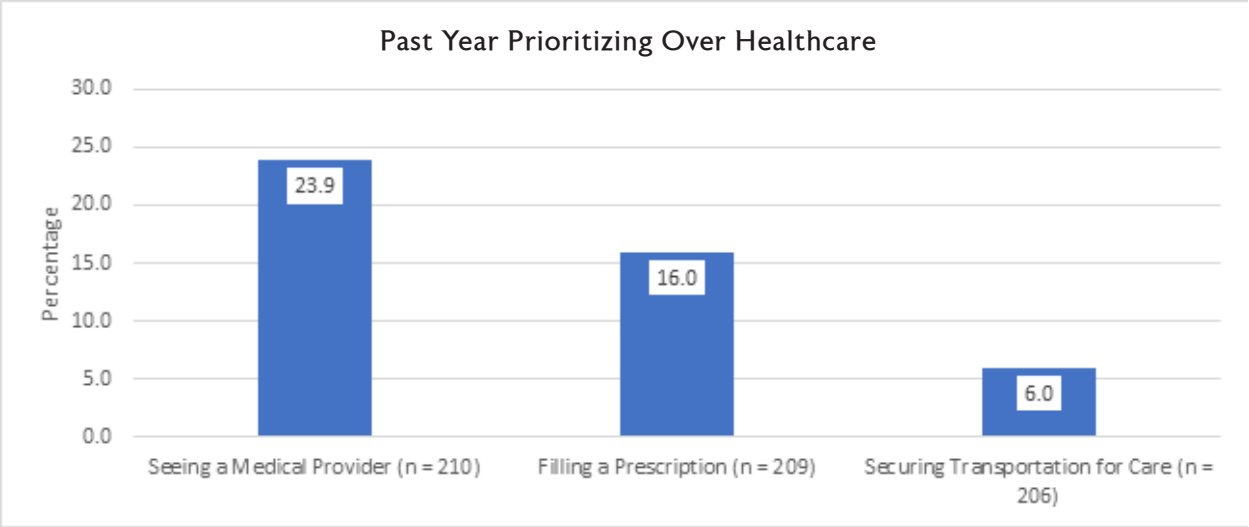
Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription and finding transportation for care. Participants were asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize pending money on something else." Less than 25% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed.

Regarding seeing a medical provider, 23.9% of participants (n = 52) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing to fill a prescription, 16.0%, (n = 35) indicated that that they had a need to avoid filling a prescription due to other needs.

Regarding needing transportation for healthcare, only 6.0% of participants (n = 13) indicated that they had not been able to access transportation due to other needs.

Figure 2.11: Participants' Reports of Resource Challenges and Healthcare



PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health promoting (e.g., behaviors perceived by the hospital to be supportive of one's health and well-being) or health challenging (e.g., behaviors perceived by the hospital to be challenging to one's health and well-being). Table 2.4 provides a summary of this data.

Table 2.4: Self-Reported Health Behaviors (n=217)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	51.8
Getting Plenty of Sleep	57.7
Eating Balanced Diet	48.2
Checked Blood Pressure	45.6
Tried to Reduce Stress	25.2
Took Prescription for Mental Health	15.6

Health Challenging Behaviors	% Reporting Behavior
Used Tobacco	11.1
Took Opioid Prescribed to Me	8.1
Driving Intoxicated	1.0
Took Opioid Not Prescribed to Me	1.0

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.

The purpose of those items was to assess the extent to which participants "felt" specific charateristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live," is a positively worded item and those who reported "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infastructure to work with an individual who has concerns about his or her housing situation. Negatively worded items like, "I worry about being able to pay my rent or mortgage," are considered at the other end of the response options with those responding "sometimes," "often" or "always" being among those who might benefit from economic or employment assitance in ways to reduce the impact on health. Table 2.5 provides a summary of this data.

Table 2.5: Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		**Percent Reporting "Never" or "Seldom" Applies to Me**
Social Ecology (n = 208)	I feel those around me are healthy	4.2
Education (n = 203)	I am satisfied with my education	10.5
Community Cohesion (n = 205)	I make efforts to get involved in my community	35.5
Policy (n = 207)	I vote when there is an election in my town	15.6
Environment (n = 208)	I feel that my town's environment is healthy (air, water, etc)	5.3
Housing (n = 209)	I feel safe in the place where I live	2.6
Psychosocial (n = 208)	I try to spend time with others outside of work	12.0
Transportation (n = 208)	I have access to safe and reliable transportation	3.9
Negatively Worded Social Determinant Items		**Percent Reporting "Sometimes," "Often" or "Always" Applies to Me**
Economy (n = 210)	I worry about my utilities being turned off for non-payment	7.5
Employment (n = 212)	I worry about being able to pay my rent or mortgage	18.3

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

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

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

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

Community Programs	Moderately/Very Important %	Moderately Important %	Very Important %
Physical Activity (n = 209)	83.9	42.8	41.1
Walking Trails/Outdoor Space (n = 208)	73.3	33.0	40.3
Aging Services (n = 210)	91.8	37.1	54.7
Mental Health Counseling (n = 208)	80.8	43.4	37.4
Substance Abuse Prevention & Treatment (n = 205)	83.1	20.9	62.2
Nutrition Education (n = 209)	61.5	42.2	19.3
Gun Safety Education (n = 210)	67.9	34.5	33.4
Family Planning (n= 206)	71.0	43.4	27.6
Job Training/Employment Assistance (n = 207)	84.1	46.1	38.0
Services for Women, Infants, Children (n = 205)	81.8	44.9	36.9
Free/Emergency Childcare (n = 207)	75.6	31.8	43.8
Food Pantries (n = 639)	57.3	36.9	20.4
Health Insurance Assistance (n = 208)	76.4	33.3	43.1
Transportation Assistance (n = 208)	63.7	35.5	28.2
Financial Assistance (n = 206)	67.7	46.6	21.1
Legal Assistance (n = 207)	58.1	41.3	16.8
Food Stamps/SNAP (n = 207)	84.9	34.4	50.5
Housing Assistance (n = 206)	61.2	44.5	16.7
Prescription Assistance (n = 209)	67.8	41.5	26.3
Needle Exchange (n = 196)	42.3	27.0	15.3

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

Mortality due to accidents and unintentional injuries are not meeting the Healthy People 2020 goals as seen in Table 3.0. Jasper County has an unintentional mortality rate of 41.7 but this rate his higher than the HP2020 goal of 36 along with emergency visits due to injury. We also see that hospitalizations due to injury is high. in

Table 3.0: Hospitals Injuries and Mortality in Jasper County

Indicator	Description*	Source	Measurement Period	Jasper County	Indiana	HP2020 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	41.7	43.4	36
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	23.1	15.9	13
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	12.3	14.4	10
Alcohol Impaired Driving deaths	Alcohol impaired driving deaths is the percentage of driving deaths with alcohol involvement	CHR	2011-2015	28%	28%	N/A
Injury ED Visits	This measure represents the number of injury-related emergency department encounters among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	945.6	874.2	753
Injury Hospitalization	This measure represents the number of injury-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	75.4	71.0	56.0

BEHAVIORAL HEALTH

Quality of Life Indicators

Quality of life can be measured by mental and physical health. In Jasper County, 11% of adults report having 14 or more days or poor mental and physical health per month. The average number of days that residents reported having poor mental and physical health falls around four days per month in Jasper County. 14% of youth was considered disconnected, defined as teens and young adults ages 14 to 26 who are neither working nor in school.

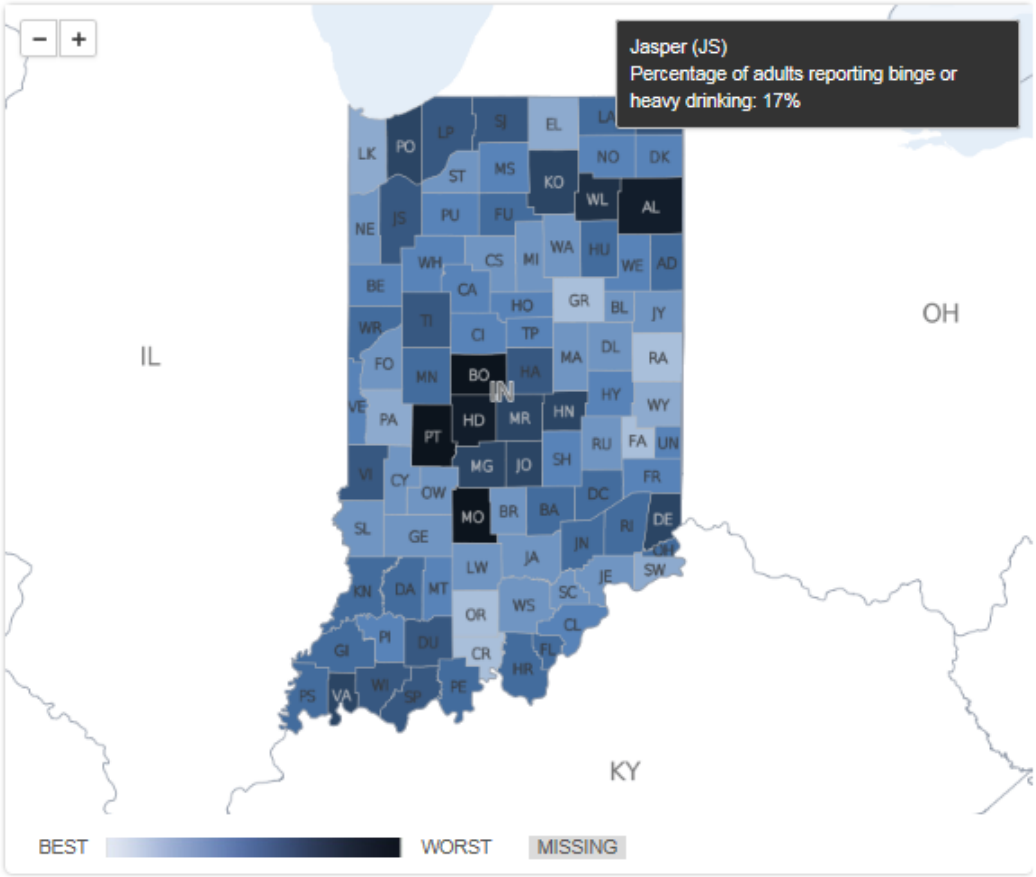
Table 3.1: Prenatal Health in Jasper County

Indicators	Days or Percentage	Error Margin
Frequent Physical Distress	10%	3.9-4.2
Frequent Mental Distress	11%	12-13%
Mentally Unhealthy Days	3.7	N/A

Substance Abuse & Recovery

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

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



Infectious Disease Rates

Hepatitis C Virus Infections

The Hepatitis C Virus (HCV) is a blood-borne virus primarily transmitted by an HCV-infected person. This can be through sharing needles, syringes, or other injection equipment. HCV occurs in the first several months after infection and results in illness from very mild or no symptoms to a serious acute HCV infection requiring hospitalization. Many people living with HCV do not have symptoms and do not know they are infected. Chronic HCV infection results when a person is not able to clear the virus after an acute infection. From 2011-2015, the rate of acute infection in Indiana increased from 1.3 to 2.1 cases per 100,000. In Jasper County we see that the Hepatitis C Acute infections new cases rates are suppressed meaning that there is a low number of cases occurring. For chronic infections, there are 38.3 per 100,000 residents.

Newly Diagnosed HIV/AIDs

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

HIV/AIDs Prevalence

The Human Immunodeficiency Virus (HIV) Prevalence is dealing with the number of existing cases of HIV at a specified time. From 2011 to 2015, the number of Indiana residents living with HIV/AIDS increased from 10,225 to 11,698 cases. In Jasper County the number of prevalent cases is estimated to be 66.

Chlamydia

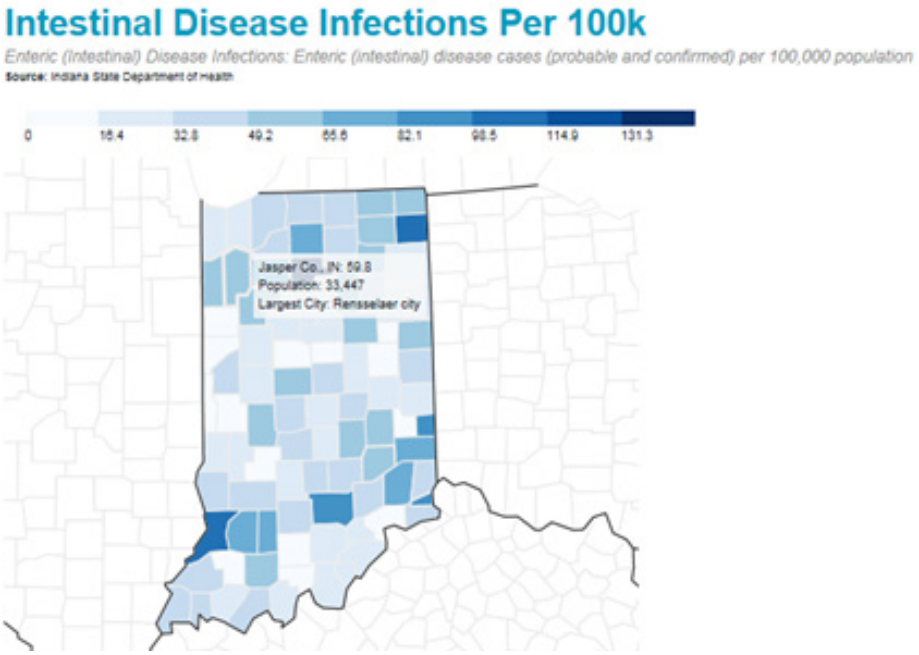
Chlamydia is a common sexually transmitted disease (STD) that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. The infection is caused by bacteria that are effectively treated with antibiotics. From 2011 to 2015, the rate of Chlamydia infection in Indiana remained relatively stable, 426.6 (n=27,802) and 436.4 (n=28,886) cases per 100,000 population, respectively. In Jasper County the number of new cases of Chlamydia from 2011-2015 was 192 per 100,000 residents.

Gonorrhea

Gonorrhea is an STD that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. The infection is caused by bacteria that are effectively treated with antibiotics. From 2011 to 2015, the rate of Gonorrhea infection in Indiana increased slightly from 100.8 (n=6,569) to 118.5 (n=9,545) cases per 100,000 population. The number of new cases of Gonorrhea in Jasper County was 10.2 per 100,000 population. This measurement is considered unstable as the number of cases total was less than 20.

From 2012-2016, the average number of enteric intestinal disease infections was 59.8 per 100,000.

Figure 3.1: Intestinal Disease Infections in Jasper County



MATERNAL, INFANT AND CHILD HEALTH

Since 2011, the number of live births in Jasper County has stayed relatively stable at around 30 a year. The number of babies born with low birth weight in Jasper County has also remained stable. The number of babies born before 37 weeks gestation in Jasper County has decreased by 11% since 2011. Significant decreases in areas of negative infant and natality health should be seen as a reward of increased access, availability, and affordability of prenatal care in Jasper County.

Table 3.2: Jasper County Birth outcomes in Jasper County, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# of Live Births	394	399	358	385	382	1,918
# Low Birth Weight	19	24	30	15	29	117
% Low Birth Weight	4.8%	6.0%	8.4%	3.9%	7.6%	6.1%
State Percent	*8.1%*	*7.9%*	*7.9%*	*8.0%*	*8.0%*	*8.0%*
# Preterm Births	25	32	36	29	41	163
% Preterm Births	6.3%	8.0%	10.1%	7.5%	10.7%	8.5%
State Percent	*10.0%*	*9.6%*	*9.6%*	*9.7%*	*9.6%*	*9.%7*
# of Mothers who smoked during pregnancy	91	79	86	*87*	*82*	*435*
% of Mothers who smoked during pregnancy	23.1%	19.8%	24.0%	22.6%	21.5%	22.2%
State Percent	16.6%	16.5%	15.7%	15.1%	14.3%	15.6%
# Infant Deaths	NA	2	2	2	4	10
State IMR	*7.7*	*6.7*	*7.1*	*7.1*	*7.3*	*7.2*

Low Birth Weight = < 2,500 grams; Preterm = <37 weeks gestations
Infant mortality could not be calculated for Jasper County due to Less than 20 infant deaths,
Source: Indiana State Department of Health, Division of Maternal and Child Health

From 2011 to 2015 there was a drop in the number of neonatal deaths going from 3 to 1. This same trend is seen in the number of infant deaths from 2011- 2013 and 2013-2015. The infant mortality rate has been consistently lower than the state rates.

Infant Mortality

Table 3.3: Jasper County Infant Mortality

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
Mortality						
# Neonatal Deaths	3	1	2	1	1	8
# Post-Neonatal Deaths	2	1	0	1	3	7
# Infant Deaths	5	2	2	2	4	15
Infant Mortality Rate (IMR) per 1,000 Live Births	12.7*	**	**	**	**	7.8*
State IMR	*7.7*	*6.7*	*7.1*	*7.1*	*7.3*	*7.2*

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

Young Child

In Jasper County, there are low numbers of substantiated neglect, physical abuse, and sexual abuse. All substantiated claims were less than 6%.

Table 3.4: Neglect in Jasper County

Neglect	
Substantiated (%)	**Unsubstantiated (%)**
3 (5.26%)	40 (70.18%)

Table 3.5: Physical Abuse in Jasper County

Physical Abuse	
Substantiated (%)	**Unsubstantiated (%)**
2 (3.51%)	9 (15.79%)

Table 3.6: Sexual Abuse in Jasper County

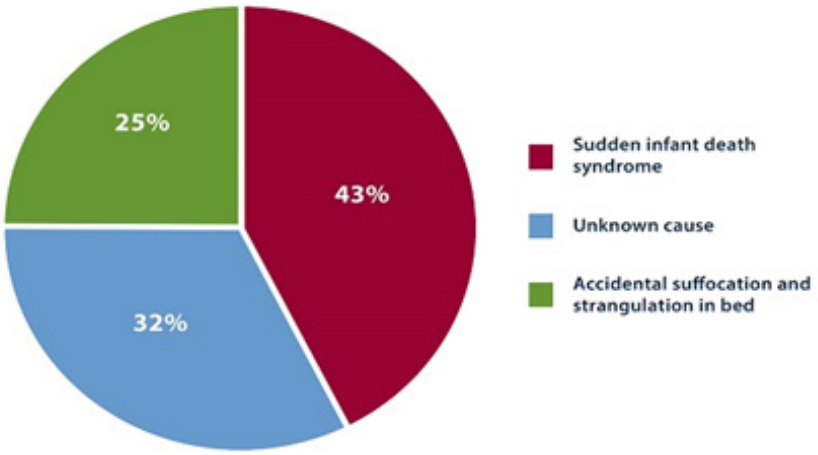
Sexual Abuse	
Substantiated (%)	**Unsubstantiated (%)**
2 (3.51%)	1 (1.75%)

Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

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

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

Figure 3.2: Commonly Reported SUIDs in Indiana



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

CHRONIC DISEASES

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

RESPIRATORY HEALTH

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

Table 3.7: Respiratory Health in Jasper County

Indicator	Number of Indicator
Pediatric Asthma Count	651
Adult Asthma Count	2,884
COPD Count	2,116
Adults who smoke	16.4%

Table 3.8: Respiratory Health in Jasper County compared to Indiana

Indicator	Description	Source	Measurement Period	Jasper County	Indiana
Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000.	ISDH, Epidemiology Resource Center	2014	32.2	49.1
Child Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	51.5	66.4
Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2014	6.6	10.5
Child Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	N/A	8.5
Asthma Medicare Population	Percentage of Medicare beneficiaries who were treated for asthma.	Centers for Medicare & Medicaid Services	2015	10.7%	9.0%
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	28.6	55.4

CANCER

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

Table 3.9: Cancer Rates in Jasper County Compared to Indiana

Cancer Incidence Description	Jasper County	Indiana
Cancer In General Incidence	456.9 per 100,000	470.9 per 100,000
Lung Cancer Incidents	77.1 per 100,000	74.3 per 100,000
Colorectal Cancer Incidence	48.3 per 100,000	44.0 per 100,000
Female Breast Cancer Incidence	114.7 per 100,000	120.0 per 100,000
Prostate Cancer Incidence	69.9 per 100,000	102.1 per 100,000
Cancer Mortality Description	**Jasper County**	**Indiana**
Cancer Mortality in General	166.0 per 100,000	176.1 per 100,000
Lung Cancer Mortality	44.0 per 100,000	50 per 100,000
Colorectal Cancer Mortality	N/A	15.5 per 100,000
Female Breast Cancer Mortality	N/A	11.3 per 100,000
Prostate Cancer Mortality	N/A	4.8 per 100,000

CARDIOVASCULAR DISEASE

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

Table 3.10: Cardiovascular Health in Jasper County

Indicator	Description	Source	Measurement Period	Jasper County
Stroke hospitalizations	This measure represents the number of stroke hospital admissions per 10,000 population	ISDH, Epidemiology Resource Center	2011-2014	26.1
Stroke Deaths	This measure represents the number of stroke deaths per 100,000 population	ISDH, Epidemiology Resource Center	2011-2015	31.4
Heart Disease Hospitalization	This measure represents the number of heart disease related hospital admissions per 10,000 population	ISDH, Epidemiology Resource Center	2011-2014	87.1
Heart Disease Deaths	This measure represents the number of heart disease deaths per 100,000 population.	ISDH, Epidemiology Resource Center	2011-2015	228.1
Acute Myocardial Infarctions Hospitalization	This measure represents the number of acute myocardial infarctions related hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2014-2016	9.2
Acute Myocardial Infarctions Deaths	This measure represents the number of acute myocardial infarctions related deaths per 100,000 population.	CDC	2014-2016	212.9
Heart Failure Hospitalization	This measure represents the number of heart failure hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2014-2016	33.7
Heart Failure Deaths	This measure represents the number of heart failure deaths per 100,000 population.	CDC	2014-2016	261.5

DIABETES

Obesity in Jasper County is higher than that of the states average at 29.6% and 10.2% respectively. We also see that diabetes in those 20 and older is higher in Jasper County than that of the state average. Trends like these being above the states average can be changed with healthier lifestyle choices and improved physical activity.

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

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Jasper County	Indiana
Diabetes Prevalence	Percentage of adults aged 18 and older with medically diagnosed diabetes.	CDC Diabetes Data and Statistics	2011-2013	10%	10.2%
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and older who have ever been diagnosed with diabetes.	CDC	2014	12.7%	11.1%
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including both type 1 and 2.	Indiana Hospital Association	2014-2016	16.3	20.3
Age-Adjusted Death Rate due to Diabetes	Age-adjusted death rate per 100,000 population due to diabetes.	ISDH	2015	33.6	26.8
Age-Adjusted Hospitalization Rate due to Short-Term Complications* of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	5.6	9.0
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	8.1	9.5
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	Average annual age-adjusted hospitalization rate due to uncontrolled diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	2.5	1.5

TOP HEALTH NEEDS

Franciscan HEALTH

SECTION 4

community HEALTH NEEDS ASSESSMENT

As in every data collection and analysis processes, there are limits to the data collected. The survey was only available to a randomized sample. If a resident of the county did not receive the survey, they would not have an opportunity to offer input. 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. In the survey conducted for this report, the following information was reported. The convenience sample data reported include responses from targeted vulnerable populations within the community. Please consult the appendix for the full survey report.

IMPORTANCE OF COMMUNITY-BASED HEALTH AND SOCIAL SERVICE PROGRAMS

Participants were asked to provide their perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type. Results from the participants were used to calculate rankings of program endorsement, although the number of participants responding to the items varied throughout the list. Of the twenty programs, 100% were ranked as being either moderately or very important by approximately, or more than, 50% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board this data does suggest that in general most community members perceive the general network of health and social service programs to be important as a whole. Table 4.0 provides a list of the extent to which participants rated a program type as "moderately" or "very important. Further highlighted are the items for which there were stronger endorsements in the "very important" category than the "moderately important" category.

Table 4.0: Participants Ratings of the Importance of Community Resources

Community Programs	Moderately/Very Important %	Moderately Important %	Very Important %
Physical Activity (n = 209)	83.9	42.8	41.1
Walking Trails/Outdoor Space (n = 208)	73.3	33.0	40.3
Aging Services (n = 210)	91.8	37.1	54.7
Mental Health Counseling (n = 208)	80.8	43.4	37.4
Substance Abuse Prevention & Treatment (n = 205)	83.1	20.9	62.2
Nutrition Education (n = 209)	61.5	42.2	19.3
Gun Safety Education (n = 210)	67.9	34.5	33.4
Family Planning (n= 206)	71.0	43.4	27.6
Job Training/Employment Assistance (n = 207)	84.1	46.1	38.0
Services for Women, Infants, Children (n = 205)	81.8	44.9	36.9
Free/Emergency Childcare (n = 207)	75.6	31.8	43.8
Food Pantries (n = 639)	57.3	36.9	20.4
Health Insurance Assistance (n = 208)	76.4	33.3	43.1
Transportation Assistance (n = 208)	63.7	35.5	28.2
Financial Assistance (n = 206)	67.7	46.6	21.1
Legal Assistance (n = 207)	58.1	41.3	16.8
Food Stamps/SNAP (n = 207)	84.9	34.4	50.5
Housing Assistance (n = 206)	61.2	44.5	16.7
Prescription Assistance (n = 209)	67.8	41.5	26.3
Needle Exchange (n = 196)	42.3	27.0	15.3

COMMUNITY PERCEPTIONS OF PRIORITY HEALTH NEEDS

Important to the development of the CHNA and the subsequent Implementation Plan was to assess the local health issues which community members perceived to be of importance. The hospital developed a list of 21 different health needs that are common in many communities. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospital and its partners to address.

Accompanying the list of health issues was a statement that guided survey participants in their selection. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 4.1 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

Table 4.1: Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention (n = 217)

Health Issue	% Selecting Issues As One of Top 5 Needing Attention
Substance Use and Abuse	67.7
Aging Issues	52.4
Chronic Disease	51.1
Obesity	49.4
Alcohol Use and Abuse	41.0
Mental Health	35.9
Tobacco Use	27.3
Poverty	23.5
Child Neglect and Abuse	22.9
Disability Needs	22.3
Food access, affordability, and safety	20.8
Injuries and Accidents	18.2
Dental Care	15.5
Environmental Issues	10.7
Assault, Violent Crime, and Domestic Violence	10.4
Reproductive Health and Family Planning	6.6
Suicide	3.2
Infectious Diseases, like HIV, STDs, and Hepatitis	2.5
Sexual Violence, Assault, Rape, or Human Trafficking	2.1
Homelessness	1.7
Infant Mortality	0.0

COMMUNITY PERCEPTIONS OF HEALTH ISSUES NEEDING PRIORITY RESOURCE ALLOCATION

In addition to assessing the extent to which participants perceived specific needs as being among the most important for action in their community, participants were also asked to prioritize for the allocation of resources in the local community. Participants were given a statement to consider prior to indicating their perceptions. The statement read "Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the three to which you would give $1?" Table 4.2 provides a summary of the extent to which participants selected an issue as one of the top three for the allocation of resources.

Table 4.2: Ranking of Health Issues Selected by Participants as Being Among the Top 3 to Which They Would Allocate Resources (n = 217)

Health Issue	% Selecting as a Top Priority for Resource Allocation
Substance Use and Abuse	44.5
Chronic Disease	35.5
Aging Issues	33.9
Child Neglect and Abuse	27.3
Obesity	21.8
Food Access, Affordability, and Safety	20.1
Poverty	17.1
Mental Health	16.9
Alcohol Use and Abuse	14.1
Disability Needs	13.2
Dental Care	7.1
Assault, Violent Crime, and Domestic Violence	7.0
Tobacco Use	6.3
Environmental Issues	6.2
Reproductive Health and Family Planning	4.9
Sexual Violence, Assault, Rape, or Human Trafficking	4.8
Injuries and Accidents	4.5
Suicide	3.8
Homelessness	3.6
Infant Mortality	1.0
Infectious Diseases, like HIV, STDs, and Hepatitis	0.9

FOCUS GROUPS

Rensselaer Internal Feedback Meeting
September 27, 2018

An internal feedback meeting was held on September 27, 2018 at the Franciscan Health Rensselaer campus to discuss the employees' perspective on community health needs and potential implementation programs. Nine employees attended, representing multiple departments.

The group identified many strengths of the hospital, especially the willingness of staff to do as much as they can in the community and for their patients. They identified a strong sense of community and the desire to formally designate resources to meeting the challenges residents face. Specific examples of potential interventions include reducing infant mortality, reducing the stigma of mental health services, improving insurance rates, providing more educational opportunities, and increasing collaboration with community agencies.

Employees also noted that drugs and alcohol abuse, transportation, food insecurity, and lack of stability in families require more services and interventions than are currently available in the community. They have felt the impact of the increasingly complex nature of caring for those with behavioral health issues and advanced chronic conditions. Meeting social determinants, or helping families find the resources they need, often takes more time than employees feel they have. There is much concern about youth, minorities, and the elderly, all of whom have fewer services in the community than the general population.

Rensselaer Professional Feedback Meeting
September 27, 2018

A professional feedback meeting was held on September 27, 2018 at the Franciscan Health Rensselaer campus to discuss the community's perspective on community health needs and potential implementation programs. A variety of organizations were represented, including foundations, other health systems, non-profit service organizations, and schools. A total of 23 people participated in the two hour session.

The group identified many strengths of Rensselaer, especially the willingness of organizations and their staff to truly commit and go above and beyond to help their community. As a small, rural community, many people serve in various capacities and are very willing to work with others. Partnership and collaboration are not difficult and there is a collegial spirit in the community. However, infrastructure for communication, consistent leadership, and documenting available resources are lacking. Another challenge is the number of organizations that serve the county but do not have an office in the community.

The participants indicated that those in poverty or near the poverty line, middle school youth, and minority populations are the most vulnerable. Participants noted that drugs and alcohol abuse, transportation, food insecurity, and lack of stability in families require more services and interventions than are currently available in the community. The county is in a federally designated health professions shortage area, and it is difficult to attract and maintain health providers in specialties and primary care. Therefore, there are limited services immediately available or without traveling over 20 miles.

Rensselaer Resident Feedback Meeting
September 27, 2018

A residential feedback meeting was held on September 27, 2018 at the Franciscan Health Rensselaer campus to discuss the resident's perspective on community health needs and potential implementation programs. This session was targeted to parents with school aged children.

The group was able to quickly identify many community characteristics that make Rensselaer a desirable community for families. In addition to the small town atmosphere, parks, sports programs, the drug task force, and other community based spaces offer opportunities for youth. Unfortunately, the small size of the community also means lack of choices, resources, and services in the community. There is a lack of supervised youth activities outside of sports, a lack of professionals trained in trauma and supportive youth development, and families repeating cycles of violence, abuse, and addiction.

Participants noted that employment opportunities, community support for those with health disparities, additional health services, and lack of transportation contribute to the difficulties of raising families in the community. They also noted that emotional abuse and neglect, mental illness, and substance abuse are common in households. The group suggested that helping parents become more engaged, teaching children mindfulness, and building safe and supportive neighborhoods are key to youth success in the community.

The following tables are a collection of existing resources identified during the professional focus group meetings.

Table 4.3: Jasper County ACE Concerns

Rensselaer	ACE Concerns					
	Abuse & Neglect	**Domestic Violence**	**Behavioral Health**	**Substance Abuse**	**Incarceration**	**Parent Stability**
	Dunebrook - Child Advocacy Center	North Central Indiana Rural Crisis Center	Porter Stance Services	JCSO- Addiction Recover House 12-16 months. Adult moves 18-? Teen challenege - faith based	Jasper Newton FDN - NC- Celebrate Recovery (Women in jail) - Grant funding	Dunebrook Community Partners
	North Central Indiana Rural Crisis Center			Jasper County Public Library - AA meets in our meeting room - Demotte	JCSO - Pych Chad Pulver - Addiction Program	North Central Indiana Rural Crisis Center
				JCSO - Vivitrol - Program with Dr. Wakefield /counseling	JCSO - Starting garden program for inmates	
				Jasper Newton FDN - Recovery House - Grant Funding		

Table 4.4: Jasper County Organizations Working on Adult Protective Factors

Rensselaer	Adult Protective Factors			
	Parental Resiliency	Child Development Education	Social Connections	Social Competence
	Dunebrook Community Partners	Jasper Co. Public Library - Teach parents, every child ready to read, techniques at story time - all locations	Jasper Co. Public Library - programs for all ages/ spaces to gather & hang out; wired/wireless internet - Free - all locations	Jasper Co. Public Library - all locations - lapsit, toddler time, story time - teach socialization
		Tiffany Stigers - KIRPC Head Start - Rensselaer and Demotte preschool	Tiffany Stigers - KIRPC Head Start - Family engagement focus for parents to enrolled children	
		Dunebrook Community Partners	Jasper Newton FDN - Convene organization & community	
		Rensselaer Primary & full day PK		
		North Central Indiana Rural Crisis Center - Sexual Assault Adv. - Body Safety		
		North Central Indiana Rural Crisis Center - Child Adv. - Ed./Prevention		
		Jasper Newton FDN - Head Start/Step Ahead - Grant Funding		
		Purdue -Parenting Programs		

Table 4.5: Jasper County Organizations Working on Child Protective Factors

Rensselaer	Child Protective Factors			
	Positive Relationships	**Supportive School Environments**	**Peer Activities and Support**	**Individual Values and Life Skills**
Target Group	Jasper County Public Library - all locations - lapsit, toddler time		Jasper Co. Public Library - Programs for all groups/ages - all locations/outreach too.	Dunebrook Community Partners
Babies & Toddlers			North Central Rural Crisis Center - All	Family fun fair
				Jasper Co. Public Library - all ages, in/out of library - STEAM, coding, etc. - all locations
Elementery	Jasper Co. Public library - all locations - all programs	Jasper Co. Public Library - All Locations - We go into schools and preschools to educate students/teachers upon request	Jasper Co. Public Library - Programs for all groups/ages - all locations/outreach too.	Dunebrook Community Partners
	Rensselaer Primary - monthly events before, during, and after school hours	Jasper Co. Public Library - Digitial Access Cards	North Central Rural Crisis Center - All	Family fun fair
	Van Rensselaer Elementary - Monthly events at the school for families	Jasper Newton FDN - Grant funding	Rensselaer Primary - Before/after school child care	Jasper Co. Public Library - all ages, in/out of library - STEAM, coding, etc. - all locations
		North Central Indiana Rural Crisis Center - Child Advocate/Education & Prev.	Van Rensselaer Elementary - Before & after school clubs/activities	
		Purdue Ext. - 4H Stem Activities & clubs	JCSO - Youth Camp Porter Co. - 10-12 yr olds	
Middle	Jasper Co. Public Library - Teen programs - volunteer opportunities - all locations	Jasper Co. Public Library - All Locations - We go into schools and preschools to educate students/teachers upon request	Jasper Co. Public Library - Programs for all groups/ages - all locations/outreach too.	Dunebrook Community Partners
	Dunebrook Community Partners - All	Jasper Co. Public Library - Digitial Access Cards	North Central Rural Crisis Center - All	Jasper Co. Public Library - all ages, in/out of library - STEAM, coding, etc. - all locations
	Purdue Programs	Jasper Newton FDN - Grant funding	Purdue Ext. - 4H	
		North Central Indiana Rural Crisis Center - Child Advocate/Education & Prev.	CKF CHN Ins - Outreach education	
		Purdue Ext. - 4H Stem Activities & clubs		
High School	Dunebrook Community Partners - All	Jasper Co. Public Library - All Locations - We go into schools and preschools to educate students/teachers upon request	Jasper Co. Public Library - Programs for all groups/ages - all locations/outreach too.	Dunebrook Community Partners
	Purdue Programs	Jasper Co. Public Library - Digitial Access Cards	North Central Rural Crisis Center - All	Jasper Co. Public Library - all ages, in/out of library - STEAM, coding, etc. - all locations
	Jasper Co. Public library - all locations - jobs - 16 and up	Jasper Newton FDN - Grant funding	Purdue Ext. - 4H	
	JCSO - Drivers Ed. Safety	North Central Indiana Rural Crisis Center - Child Advocate/Education & Prev.	CKF CHN Ins - Outreach education	
	JCSO - Prom night safety	Purdue Ext. - 4H Stem Activities & clubs		
College				

Table 4.6: Jasper County Organizations Working on Social Determinants of Health

Rensselaer	Social Determinants of Health							
	Food Access	**Housing & Utilities**	**Employment Assistance**	**Transportation**	**Healthcare Access**	**Insurance**	**Positive Behavior Education**	**Other**
	North Central Indiana Rural Crisis Center - food baskets	Jasper Co. Community Services	Jasper Co. Public Library - Wired/wireless internet to access job boards/fill out apps with resume writing resources - all locations	Community Services - JC & NC	Senior Expo	CKF of CHN	Purdue Ext. - Many of the programs	CKF of CHN - Outr , education - All IN
	Jasper Newton FDN - Food Pantry - Grant dollars		Jasper Newton FDN - Work One- Grant Dollars				Wabash - Partner with schools	
	Elementary schools partner with the Ministerial Assoc. - Weekly food bags		Work One					

Table 4.7: Jasper County Organizations Working on ACE Healing Strategies

Rensselaer	Healing Factors			
	Physical Activity	**Nutrition**	**Stress Reduction**	**Relationship Building**
Target Group	Purdue Ext. - I am Moving, I am Learning	Purdue Ext. - Pre K nutrition	Purdue Ext. - Many programs, all ages	Jasper Co. Public Library - Strong community partner/desire to meet community needs
Youth		Purdue NEP - Nutrition education- 3rd grade to adult		CKF of CHN - Outreach INS. - All
				Purdue Ext. - 4-H - Kids (4th - 12th grade)
				Purdue Ext. -Strengthening Families (10-14, youth)
Young Adult		Purdue NEP - Nutrition education- 3rd grade to adult	Purdue Ext. - Many programs, all ages	Jasper Co. Public Library - Strong community partner/desire to meet community needs
			Jasper Co. Public library - Yoga classes	CKF of CHN - Outreach INS. - All
				Purdue Ext. - 4-H - Kids (4th - 12th grade)
				Purdue Ext. -Strengthening Families (10-14, youth)
Adult		Purdue NEP - Nutrition education- 3rd grade to adult	Purdue Ext. - Many programs, all ages	Jasper Co. Public Library - Strong community partner/desire to meet community needs
		Purdue Ext. - Be Heart Smart		CKF of CHN - Outreach INS. - All
		Purdue Ext. - Dining with Diabetes		Purdue Ext. -Strengthening Families (10-14, youth)
				Purdue Ext. -Parenting piece by piece - may or may not be court ordered
				Purdue Ext. - Coparenting for Successful Kids
Senior	Purdue Ext. - Matter of Balance	Purdue Ext. - Dining with Diabetes	Purdue Ext. - Many programs, all ages	Jasper Co. Public Library - Strong community partner/desire to meet community needs
			Jasper Co. Public library - Yoga classes	CKF of CHN - Outreach INS. - All

2019-2021 Top Community Health Needs Scoring Sheet

Facility: **Scorer:**

	Health Issue							Potential Intervention						
Need	Size	Serious	Equity	Intervention	Time	**Score**	**Rank**	ACEs	Internal Capacity	Comm Accept	Sustain	Long Term	**Score**	**Rank**
heart disease	33	35	30	29	31	158	10	28	35	33	31	33	160	8
unintentional injury	35	34	30	35	35	169	5	30	29	36	30	32	157	9
IM	34	41	36	34	41	186	3	37	31	38	35	34	175	2
substance abuse	39	40	34	34	41	188	2	39	29	38	32	35	173	3
tobacoo	32	37	29	29	35	162	7	28	34	35	32	34	163	7
transportation	29	30	36	30	30	155	9	26	21	35	26	32	140	10
low teen support	35	34	31	36	29	165	6	39	26	36	31	35	167	5
youth mental health	36	43	36	35	41	191	1	45	28	37	32	37	179	1
access to service	36	39	33	30	37	175	4	35	30	39	30	36	170	4
PAN	32	31	33	36	30	162	7	33	33	35	32	34	167	5

1=Low; 3=Neutral/Medium; 5=High

Directions

	Health Issue								Potential Intervention						
Need	Size	Serious	Equity	Intervention	Time	**Score**	**Rank**		ACEs	Internal Capacity	Comm Accept	Sustain	Long Term	**Score**	**Rank**

1=Low; 3=Neutral/Medium; 5=High

Size: How many people are affected by this?

Serious: How serious of an issue is this? Is this a potentially deadly issue? How much of a threat is it to the population affected?

Equity: How much does this affect the most vulnerable residents? Because of this, does it make those who are affected at a significant disadvantage?

Intervention: How likely is it that NON-CLINICAL interventions will change this need?

Time: How urgent or pressing is this issue? Is there immenint danger or life-threatening consequences within months?

ACES: How strong is the relationship between this need and ACES or community resiliency?

Internal Capacity: To what degree does the specific Franciscan hospital have the resources to meet this need?

Comm Accept: How acceptable is action/intervention to the community? Are there community organizations that want to engage in this work?

Sustain: How sustainable are the efforts after three years? Are there community partners or internal departments that can continue this work for six years?

Long Term: How likely is it that an intervention can create long-term or permanent change in individuals, conditions, or communities?

TOP HEALTH NEEDS, JASPER COUNTY 2019-2021

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 six 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:

- Adverse Childhood Experiences (ACEs): How strong is the relationship between this need and ACEs and community resiliency?
- 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 and secondary data highlight sheet used to determine these priorities can be found on pages 4.11 and 4.12. Please see Table 4.8 below for a summary of Jasper County's top health needs.

Table 4.8: Health Needs Summary, Jasper County

Identified Need	Health Need Rank	Intervention Rank	Franciscan Health Priority?	Explanation
Infant Mortality*	3	2	Yes	Jasper County is above the 6.5 National averages for Infant Mortality rate at 7.2 per 1000 Births.
Substance Abuse*	2	4	Yes	Clinicians from the behavior health department are creating treatment programs. Community health will focus on the rise of alcohol abuse amongst refugee and immigrant populations.
Access to Health Services	4	3	Indirect	Poverty rates were as high as 15.7% in the county and 26.7% among children under 18. For many of these individuals they cannot afford care.
Unintentional Injury	5	8	No	Resources beyond clinical care are limited at this time. Deaths due to Unintentional injury 55per/100,000 are well above the national average of 44.1
Youth Mental Health*	1	1	Yes	Adolescent suicide rates and hospitalization due to mental health concerns are far above national averages.
Heart Disease	10	9	Yes	Coronary Heart Disease and Stroke are leading causes of death in Jasper County.
Physical Activity and Nutrition*	7	5	Yes	In Jasper County 29% of the population is considered obese. Problems like this can stem from lack of access to fitness and recreational facilities.
Tobacco	8	7	Indirect	Franciscan Health has a smoking cessation program available for patients and community members for a small fee.
Low Teen Support Services *	6	5	Yes	14% of the youth in Jasper County is considered disconnected.
Transportation	9	10	No	Efforts to provide transportation to the most vulnerable populations are a consistent activity.

*The criteria for health ranking were size of the issue, seriousness, effectiveness of non-clinical interventions, urgency and impact on health equity. Intervention rank criteria were if it was ACE related, internal capacity of the organization, acceptance of the community or partnership, sustainability, and long term or permanent outcomes. Those needs that have an asterisk represent a strong connection to adverse childhood experiences.

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.

COMMUNITY DESIGN

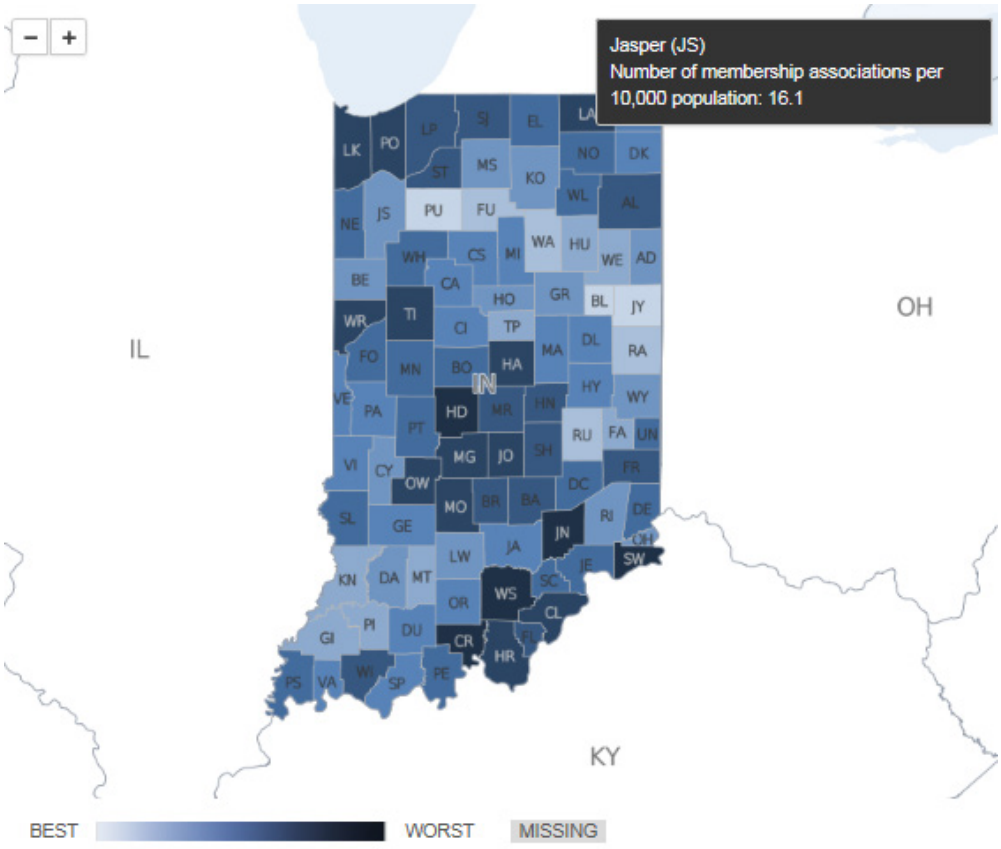
The availability of recreational and fitness facilities are one way of looking at a community's design. In Jasper County 58% of residents reported having access to exercise opportunities. This means that exercise can be one of the ways to combat as many people have exercise opportunities available to them. Looking at the number of recreation and fitness facilities there are five different facilities to work out in the county. In Jasper County, only 8% of the population lives within a half mile of a park (CDC). One way to improve health is to ensure that there is adequate space available to go out and do outdoor activities like riding a bike or walking through a green space (HCI).

SOCIAL SERVICES

Social Associations

Social associations are indicators that measures the number of associations per 10,000 population. Associations can include civic organizations, bowling centers, golf clubs, fitness centers, religious organization, and professional organizations. Having positive support from the community as well as being an individual who is involved in the community is associated with decreased morbidity and mortality (County Health Rankings, 2017).

Figure 5.0:Jasper County Social Associations vs. State



Division of Family Resources (DFR)

According to IN.gov, the "Division of Family Resources (DFR) is responsible for establishing eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP - food assistance) and Temporary Assistance for Needy Families (TANF - cash assistance) benefits. The division also manages the timely and accurate delivery of SNAP and TANF benefits". The DFR also offers employment opportunities and professional development training for SNAP and TANF recipients in an effort to support families and promote self-efficacy. DFR Programs: Medicaid; SNAP (food assistance); TANF (cash assistance); Hoosier Rx; IMPACT (job training); Burial assistance program.

Division of Family Resources
Local Office Jasper County Division of Family Resources
841 S. College Ave. Rensselaer, IN, 47978
Telephone/Fax Number: (800) 403-0864
Office Hours: Monday through Friday, 8 a.m. to 4:30 p.m.
Regional Manager: Carlean Gadling
Deputy Regional Manager: Arthur Mcleod

Figure 5.1: Contact Information of Subsidized housing

Contact	Property	Type	Number of bedrooms				
			1	2	3	4	5+
Justus Property Management, Inc.	ACCESS HOUSING OF JASPER 831 West Kannal Court RENSSELAER, IN 47978 Phone: 219-866-5085	Disabled	x				
Herman & Kittle Properties Inc Phone: 219-405-3768 **bartvickrey@yahoo.com**	SERENITY TERRACE 960 EAST B-MAR DR RENSSELAER, IN 47978-2907 Phone: 219-866-3913	Family	x	x			

Figure 5.2: Contact information of Region 2 Sleep Health Locations.

Region 2
Family & Youth Services Bureau - Porter Co.
219-763-6623

LaPorte Co. Health Dept.-LaPorte
219-326-6808

LaPorte Co. Health Dept. - Michigan City
219-874-5611

Dunebrook, Inc.*
1-800-897-0007

Healthy Families of Family Focus, Inc.
Jasper, Starke & Newton Counties
219-956-2693

Pulaski Co. Health Dept
574-946-6080

Healthy Families Pulaski Co.
574- 946-6017

Agency serves all counties in region
Map revised: 2/23/2017

HEALTH SERVICES

Medical Locations

Medical Clinic:
Karen Marsh, Brenton Goodman
Address: 1104 E Grace St. Rensselaer, IN 47978
Phone (219) 866-5141

Women, Infants & Children Office:
Jasper County WIC program
Business Hours: Monday, Wednesday, Friday 8:00 a.m. to 4:30 p.m.
Third Monday of the month: 10:30 a.m. to 7:00 p.m.
215 West Kellner, Suite 13 Rensselaer, IN, 47979
Telephone: (219) 866-8662

Addiction Services:
Indiana Neurology Specialty –Rensselaer
Jasper County Hospital
1104 E Grace Rensselaer, IN, 47978
(765) 448-3040

Indiana Family and Social Services Administration Programs:
Local Office Jasper County Division of Family Resources
842 S. College Ave. Rensselaer, IN 47978
Telephone: 800-403-0864
Business Hours: Monday through Friday 8 a.m. to 4:30 p.m.
Regional Manager Carlean Gadling
Deputy Regional Manager Authur Mcleod

Health & Wellness Centers:
Family Health Clinic of Monon
Address: 420 N Market St Monon, IN, 47959
Telephone: (219) 253-2404

Family Health Clinic of Wolcott
Address: 128 W market St. Wolcott, IN, 47995
Telephone: (219) 474-2067

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.

Adverse Childhood Experiences as a Root Cause

Mental health, substance abuse, adolescent suicide, and frequent chronic diseases in Franciscan Health communities continues to rise. 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). Franciscan Health is committed to building community resiliency, advocating for family health, and improving health equity for youth.

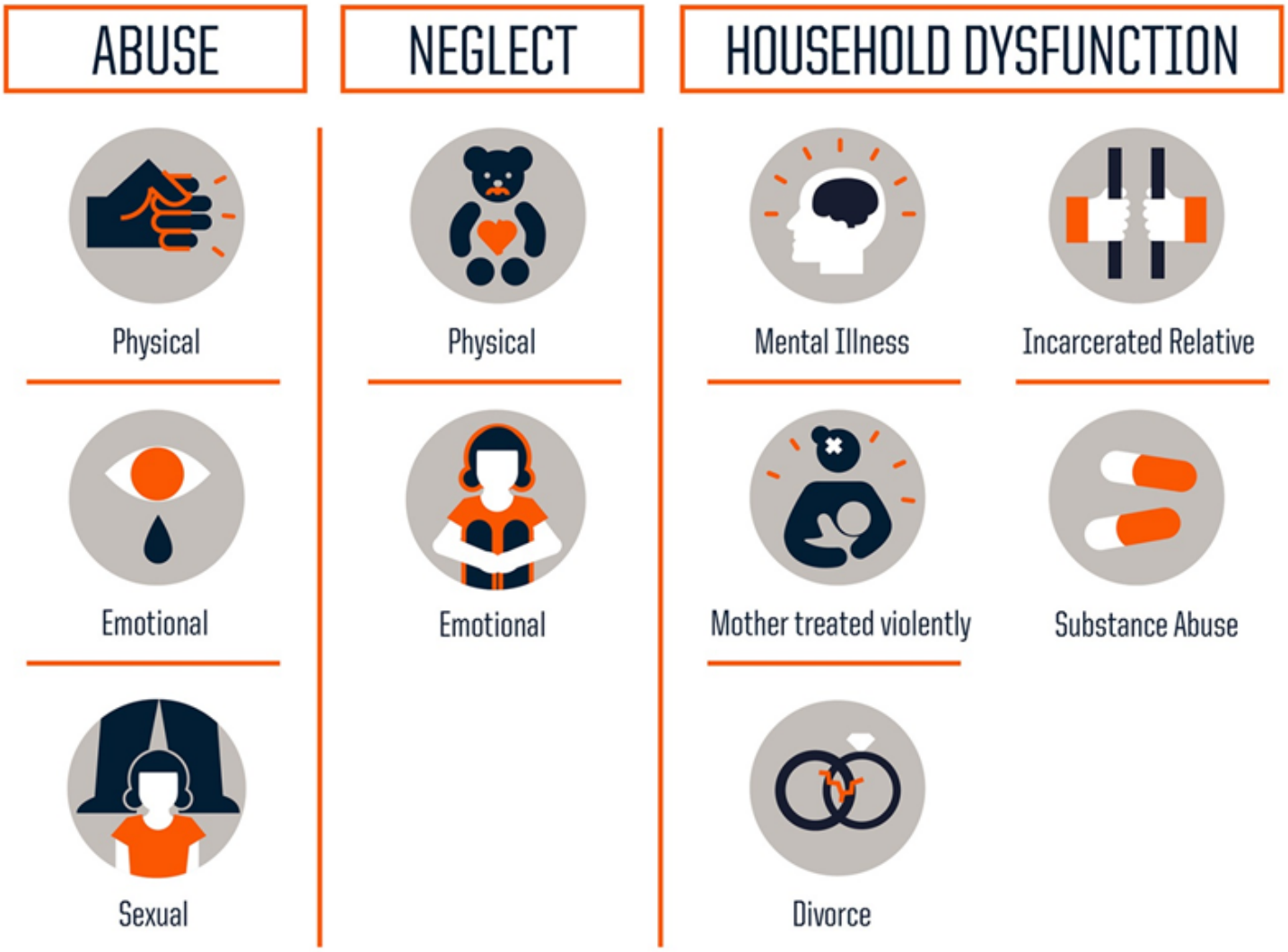
ACEs are childhood events that cause lasting trauma. Research shows that the more trauma that one experiences in childhood, the more likely it is for an individual to experience poor mental health and physical health outcomes, including depression and diabetes, as well as engage in risky health behaviors, like using tobacco and illegal substances.

The chart below shows the ACE-Related odds of having a physical health condition.

Health Condition	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Arthritis	100%	130%	145%	155%	236%
Asthma	100%	115%	118%	160%	231%
Cancer	100%	112%	101%	111%	157%
COPD	100%	120%	161%	220%	399%
Diabetes	100%	128%	132%	115%	201%
Heart Attack	100%	148%	144%	287%	232%
Heart Disease	100%	123%	149%	250%	285%
Kidney Disease	100%	83%	164%	179%	263%
Stroke	100%	114%	117%	180%	281%

Source: The Adverse Childhood Experiences (ACEs) Study, CDC.gov

ACES CHART


ABUSE
NEGLECT
HOUSEHOLD DYSFUNCTION
Physical
Emotional
Sexual
Physical
Emotional
Mental Illness
Mother treated violently
Divorce
Incarcerated Relative
Substance Abuse

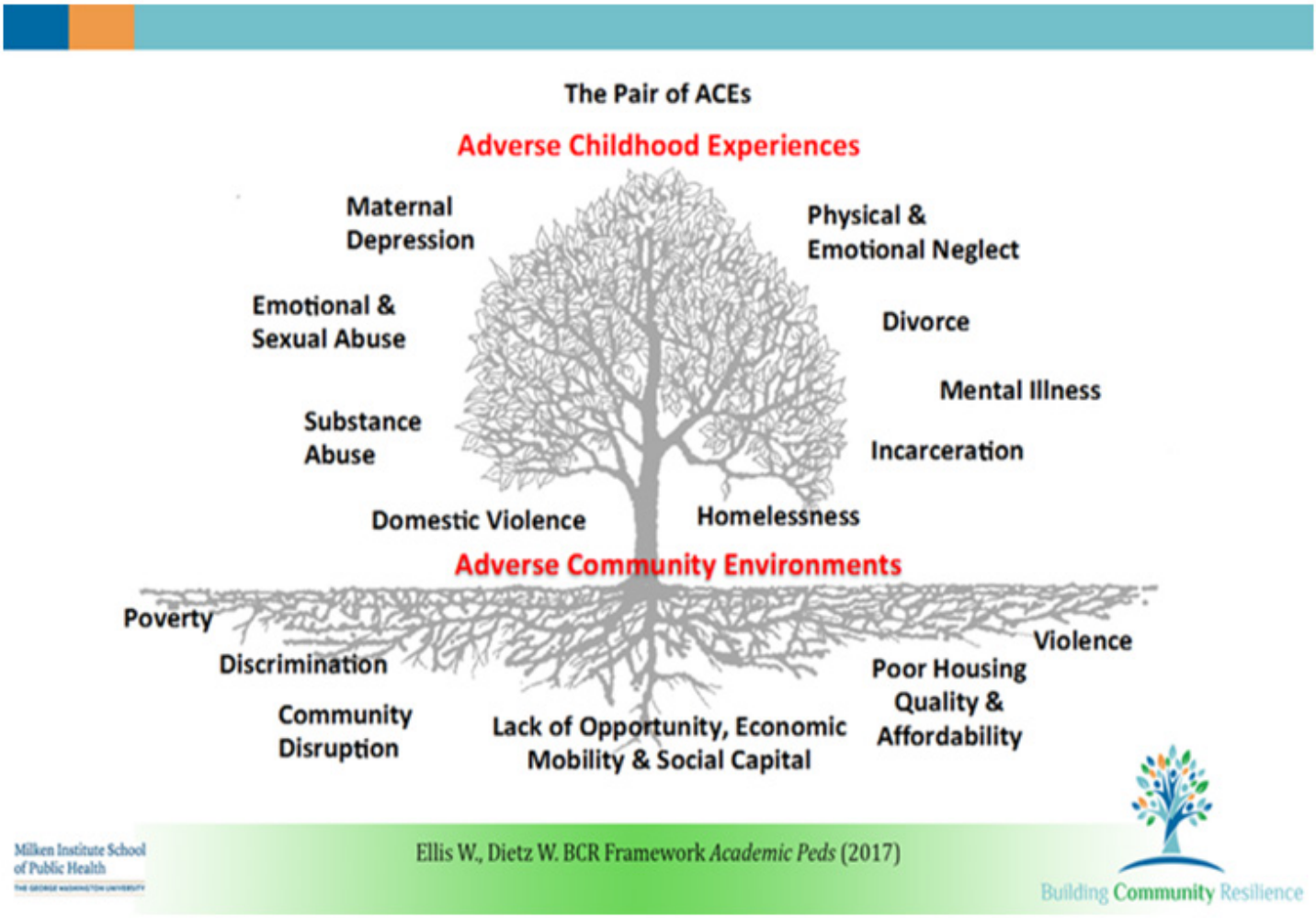
The chart below shows the difference in health behaviors:

Health Behavior	0 ACEs	3 ACEs	7 ACEs
Smoke	1 in 16	1 in 9	1 in 6
Alcoholic	1 in 69	1 in 9	1 in 6
Uses IV Drugs	1 in 480	1 in 43	1 in 30
Attempts Suicide	1 in 96	1 in 10	1 in 5

Those with an ACE score of six or more have a life expectancy of 20 years less than those with an ACE score of 0.

Research also indicates that Adverse Community Environments can add to the disparity of those with ACEs. Social determinants of health, including poverty, violence, poor housing, and food insecurity hinder resiliency and rebuilding health after trauma.

The graphic below, from Milken Institute School of Public Health at The George Washington University, show how the 'pair of ACEs' coincide:



FRANCISCAN HEALTH'S IMPLEMENTATION PLAN

Resolving ACEs for all children in Franciscan Health's communities is impossible, but so it ignoring trauma as a major factor contributing to poor quality of life. While prioritizing ACEs is complicated and challenging, Franciscan Health commits to organizing resources and activities to assist in the effort to have healthier, happier families. Our communities have many organizations and partners with similar goals. We join other health systems working on these issues, including Northwestern Memorial Hospital, Kaiser Permanente, Main Medical Center, KVC Health Systems, Duke University Hospital, California Pacific Medical Center, Beacon Health, and Virginia Hospital Center.

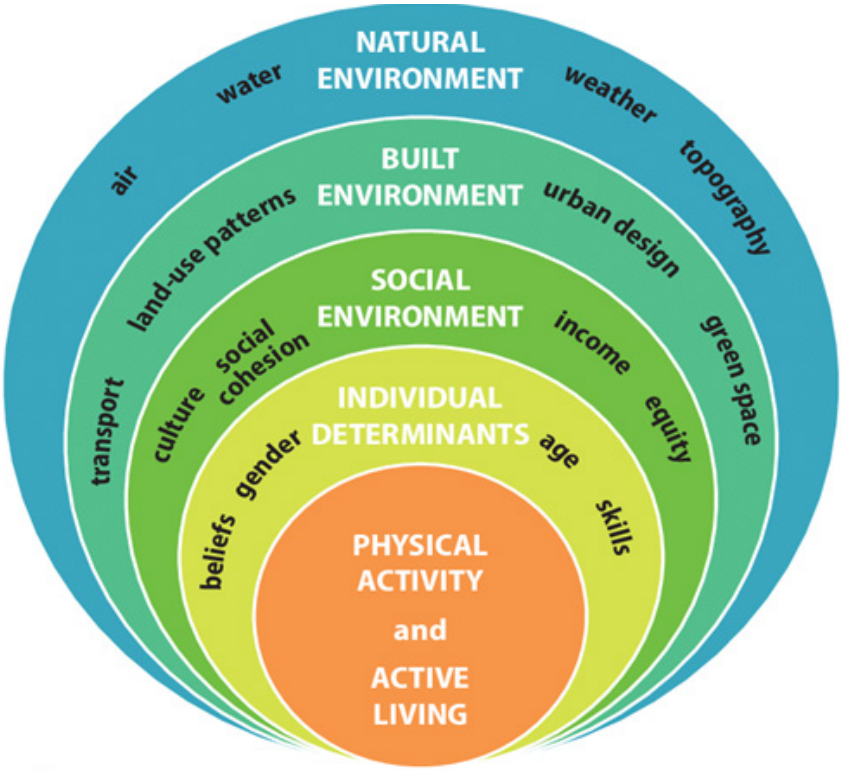
Franciscan Health is also working with various regional and statewide partners, who provide guidance, partnerships, and shared resources. These organizations include:

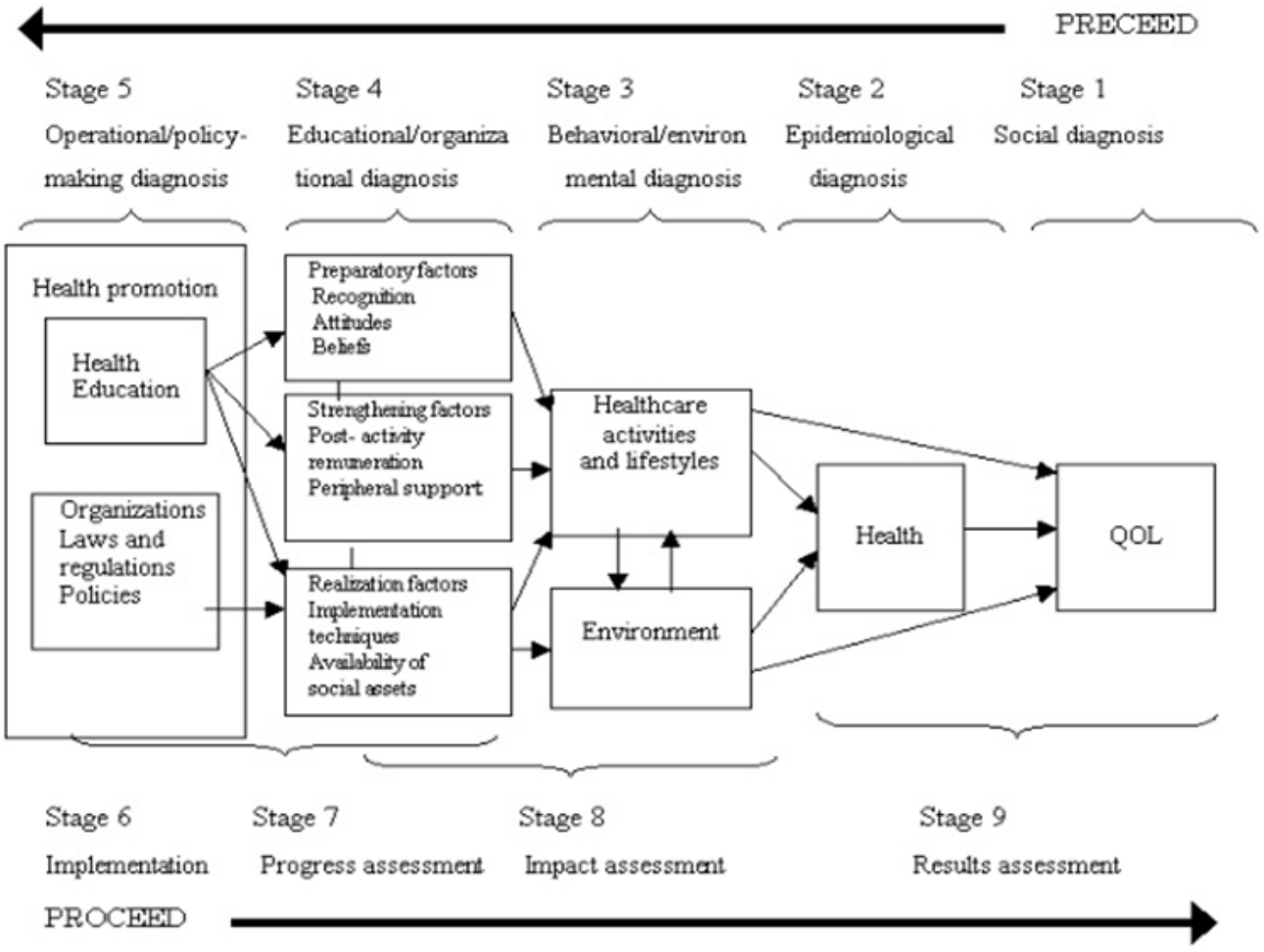
- Covering Kids and Families
- Fairbanks
- Girl Scouts of Central Indiana
- Goodwill Industries
- Indiana Department of Child Services
- Indiana University
- Indiana Youth Institute
- Indiana Youth Services Association
- Prevent Child Abuse Indiana
- Purdue University

During the Professional Feedback Meetings, several partners suggested that Franciscan Health can provide a valuable service by convening and organizing this effort. "We need you to be the backbone. Franciscan is in the best place to do that. And we want to see it from the top down, not just from 'you.'" "It's not about telling us, it's about caring enough about each other to do better. Everything is about relationships and we need each other."

Knowing that various public health interventions have different types of return of investment, a variety of strategies are necessary to changing the health and quality of life in our communities. In addition, we believe that dosing strategies—multiple messages and interventions heard often provide the best response and call to change.

Using the socio-ecological model and Preceed-Proceed model, the following activities will occur:





Action 1: Provide Education and Awareness about Childhood Trauma and Community Resiliency

Residents, parents, social service professionals, and health care providers need information and resources in order to begin to make change. While much information is available via web searches and other public resources, it can be difficult to decipher and find the right information for each audience. A full communications/health campaign strategy will provide multiple tools to help others learn more about ACEs and community resiliency. The need for these activities was a consistent theme in feedback meetings.

Action	Description	2019	2020	2021
Facilitate ACEs Connections Community Pages	These free websites will hold information about ACEs, local resources, data, and upcoming events	Launch pages in March Continuously update and invite others to contribute	Continuously update and invite others to contribute	Continuously update and invite others to contribute
Provide fact sheets, articles, and other free resources	Coordinating with partners, various items will be available to the public and social service agencies free of charge	Provide items related to the basics of ACEs, community resiliency, resources, and healing strategies	Add items specific to physical activity, nutrition, mindfulness, and building quality relationships	Add items specific to social determinants, economics, industry, and special topics
Offer free screenings of *Resilience*, by KPJR Films	This one hour, award winning documentary provides a quality overview of ACEs and resiliency	Provide 5 screenings	Provide 6 screenings	Provide 8 screenings
Coordinate training opportunities for professionals	Multiple organizations are interested in bringing national speakers and specialized training to our communities.	Develop advisory group to determine appropriate and desired trainings. Offer a basic ACEs curriculum training to use as a speaker's bureau piece. Provide one advanced training for early adopters.	Provide basic ACEs training. Add two additional specialty trainings.	Provide basic ACEs training. Add two additional specialty trainings.

Action 2: Develop Coalitions and Task Groups to Facilitate Community Partnerships

Franciscan Health values its partnerships and looks forward to working with many new community organizations. During the feedback meetings, an initial list of committed partners was developed as well as an initial local resource map. This begins the development of local groups working towards a common goal of building resiliency.

Action	Description	2019	2020	2021
Develop a community resiliency coalition	Staff will bring together partners in the community to determine structure, goals, evidence based practiced, and models of work.	Initial meeting by May The activities and direction of these committees will be determined by the partners. Therefore, specific timelines and actions are to be determined.	The activities and direction of these committees will be determined by the partners. Therefore, specific timelines and actions are to be determined.	The activities and direction of these committees will be determined by the partners. Therefore, specific timelines and actions are to be determined.

Action 3: Offer a Variety of Opportunities for People to Engage in Healing Strategies

Multiple researchers have found strategies to help adults heal from trauma and build health. Four areas are most common: physical activity, good nutrition, practicing mindfulness, and building positive relationships. Reducing barriers to health care is equally as important. New programs will be developed in these areas. At this time, the following programs are available through Franciscan Health Rensselaer:

Physical Activity	Nutrition	Mindfulness	Positive Relationships	Access to Health Care
Walk with a Doc **Athletic Training**	Emergency Food Pantry Diabetes Education Head Start Physical Fitness Program			Free screenings Immunization Clinics

Action 4: Lead By Doing

To truly change a community, consistent and targeted interventions need to occur. With limited resources, Franciscan Health has designated one comprehensive project for each community. This project is designed to be place-based and inclusive. Franciscan Health commits to this project until the outcomes are met. Only then will staff begin to seek expansion or implementation of the project in a new community group.

Franciscan Health Rensselaer will work with community partners and the Rensselaer Community Schools in comprehensive mindfulness and education programs for middle schoolers. Parent education and other wrap around services will be provided.(See logic model on the following page.)

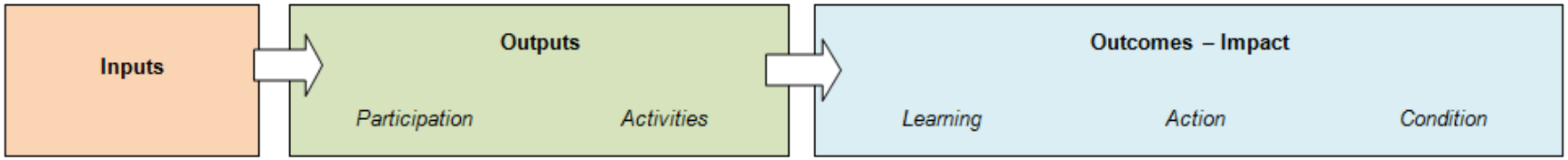
Action 5: Provide Services for the Most Vulnerable

There are two populations that are of most concern in the community: new mothers and their babies as well as children without insurance. Indiana currently ranks in the low 40's for infant and maternal mortality rates.

Research is still being conducted on common causes for maternal mortality. In the areas served by Franciscan Health Rensselaer, infant mortality can often be attributed to smoking during and after pregnancy, unsafe sleep practices, congenital anomalies, and accidents. Hospitals within Franciscan Health have been working on various interventions, often with grant support. (See logic model on following page.)

Franciscan Health Rensselaer Mindfulness Training in Schools Logic Model

Goal: To implement mindfulness training for all pre-k through 8th grade students/teachers by 2021.



What we invest	Who we reach	What we do	Year 1	Year 1	Year 1
Hospital responsible Franciscan Health Rensselaer Space/location -Primary School -Van Elementary -Rensselaer Central Middle School Budgeting $2,000 -$1,000 Inner Explorer program membership or another similar program Staff in charge -Amanda Wells -Sister Cheryl -Toni Halgas -Chris Scheurich and Rehab Staff -Debbie Riley -Carlos Vasquez -Jennifer Norris, Principal Primary School -Chad Wynn, Principal, Van Elementary Supplies needed -Computer -Staff time -Incentives (yoga mats, stress balls, fidgets) Research Inner Explorer program Practices, tools, lessons Miss Kendra program	Organizations Rensselaer Central Elementary Schools Franciscan Health Community members -Parents, wellness coalition, Internally -EAP -Local CB team **Programmatic** Geographic area Rensselaer Central School Corporation Neighborhood/school/institution 47978, Rensselaer Target population Pre-k through 8 Disparity FHRE has transferred 15 pediatric patients with suicide ideations, and 3 psychotic diagnoses from Jan-Oct. 30, 2018.	Trainings -Inner Explorer -Train the trainer -Miss Kendra **What we create Programmatic** Plan - Use program for classroom practice & teacher staff meetings - Recruit and establish Mindfulness Core Team -- Capture data from prior school year/s w/ Data collection begins in September after first 9 week grading period - Train teachers on Inner Explorer, Mindfulness, and the project - Set up monthly status updates - Parent Night (Back to School Night) will include introduction to mindfulness with practice - Create data plan/training, tools and support for daily classroom practices - Create teacher tracks for staff meetings each 2-5 min Linkage to Care -Follow up with professional care, if needed (Wabash, etc.) -Provide stress reduction & positive relationships	Jan. - March '19 solidified training material will be researched and bought. April – June '19 - Teachers understand benefits and use of program July – Sept. '19 Core team is formed based on champions Oct. – Dec. '19 evaluation questions are formed based of off learning objectives.	Jan – March '19 partnership, planning, and data collecting is established both internal & external. April – June '19 - Timeline is solidified with who is responsible - Curriculum is taught, understood, supplies bought July – Sept. '19 - Program launch 1st week of school - Tracking of program usage-fidelity Oct. – Dec. '19 evaluation questions are answered	Jan – March '19 internal & external staff training begins April – June '19 - timeline & person responsible must establish reasonable deadlines - Curriculum age appropriate across schools July – Sept. '19 baseline data must be established for impact evaluation Oct. – Dec. '19 other limits & challenges
			Year 2 Maintain Primary School program from year 1 Move to Van Elementary State lessons learned & potential opportunities	**Year 2** Maintain Primary School program from year 1 Move to Van Elementary Impact evaluation is comparing to Year 1	**Year 2** Maintain Primary School program from year 1 Move to Van Elementary Other limits & challenges are addressed
			Year 3 Maintain Primary School program, Van Elementary program from year 1 & 2 Move to Rensselaer Central Middle School for year 3 State lessons learned & potential opportunities	**Year 3** Maintain Primary School, Van Elementary program from year 1 & 2 Move to Rensselaer Central Middle School for year 3 Impact evaluation is comparing to Year 2	**Year 3** Maintain Primary School, Van Elementary program from year 1 & 2 Move to Rensselaer Central Middle School for year 3 Outcome evaluation comparing year 1 & 2

Join Us

Franciscan Health believes in strong families, thriving children, and resilient communities. While the challenges and disparities are challenging, by working together, we can make healthy changes. We extend the invitation to you to be a part of our work.

Community resilience is a valuable asset. Often, we think of resiliency in the face of disasters—how can we limit impact and adapt to the new way of life? How do we grow and bounce back from disruption? These same questions are valuable to ask in the time of increased substance abuse, violence, food insecurity, and other basic needs. There is something for everyone to contribute.

The Pathway to Improved Outcomes for Children and Families, via the Center for the Study of Social Policy's Strengthening Families Framework, and others suggests:

State and community leaders can:

- Build parent partnerships
- Learn more about ACEs and community resiliency
- Shift practices and policies to support children and families
- Ensure accountability

Programs that serve families and children can:

- Shift the organizational culture to value families and build on their strengths
- Make policy changes to support their workers and work-life balance
- Implement activities that build on protective factors
- Provide concrete support in times of need
- Develop social and emotional competence of children

Families can:

- Increase health education
- Become involved in the community
- Mentor another child
- Build adult-to-adult supportive peer relationships
- Help children develop problem-solving skills

Community members can:

- Be a safe adult that youth can rely on
- Support parent-child interactions
- Advocate for opportunities for physical activity and good nutrition
- Volunteer at after-school programs or lunch time mentoring programs
- Attend a screening of *Resilience*

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:

Franciscan Health Crawfordsville, Lafayette, and Rensselaer
Sister Cheryl Dazey
Sister.cheryl@franciscanalliance.org

Franciscan Health Carmel, Indianapolis, Mooresville
Amber Welsh, MSM
Amber.welsh@franciscanalliance.org

Franciscan Health Michigan City
Sister Petra Nielson
Sister.petra@franciscanalliance.org

Franciscan Health Crown Point, Dyer, Hammond, Munster
Becky Tilton, MPH
Rebecca.tilton@franciscanalliance.org

Franciscan Health Olympia Fields
Karen Yates
Karen.yates@franciscanalliance.org

Multiple communities, statewide partnerships, or comments on this report
Kate Hill-Johnson, MA
Katharine.hill-johnson@franciscanalliance.org

Adverse Childhood Experiences



Children's exposure to Adverse Childhood Experiences is the greatest unaddressed public health threat of our time.

— Robert W. Block, past president of the American Academy of Pediatrics

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse. ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

ACEs are a good example of the types of complex issues that the prevention workforce often faces. The negative effects of ACEs are felt throughout the nation and can affect people of all backgrounds.

Many studies have examined the relationship between ACEs and a variety of known risk factors for disease, disability, and early mortality. The Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, conducted a landmark ACE study from 1995 to 1997 with more than 17,000 participants. The study found:

- ACEs are common. For example, 28% of study participants reported physical abuse and 21% reported sexual abuse. Many also reported experiencing a divorce or parental separation, or having a parent with a mental and/or substance use disorder.
- ACEs cluster. Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more. Because ACEs cluster, many subsequent studies now look at the cumulative effects of ACEs rather than the individual effects of each.
- ACEs have a dose-response relationship with many health problems. As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid or co-occurring.

ACEs and Prevention Efforts

Preventing ACEs and engaging in early identification of people who have experienced them could have a significant impact on a range of critical health problems. You can strengthen your substance misuse prevention efforts by:

- Informing local decision-making by collecting state- and county-level ACEs data
- Increasing awareness of ACEs among state- and community-level substance misuse prevention professionals, emphasizing the relevance of ACEs to behavioral health disciplines
- Including ACEs among the primary risk and protective factors when engaging in prevention planning efforts
- Selecting and implementing programs, policies, and strategies designed to address ACEs, including efforts focusing on reducing intergenerational transmission of ACEs
- Using ACEs research and local ACEs data to identify groups of people who may be at higher risk for substance use disorders and to conduct targeted prevention

ACEs Research and Behavioral Health

Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

ACEs and Substance Use

- Early initiation of alcohol use. Efforts to prevent underage drinking may not be effective unless ACEs are addressed as a contributing factor. Underage drinking prevention programs may not work as intended unless they help youth recognize and cope with stressors of abuse, household dysfunction, and other adverse experiences. Learn more from a 2008 study on how ACEs can predict earlier age of drinking onset.(link is external)
- Higher risk of mental and substance use disorders as an older adult (50+ years). ACEs such as childhood abuse (physical, sexual, psychological) and parental substance abuse are associated with a higher risk of developing a substance use disorder. Learn more from a 2017 study on adverse childhood experiences and mental and substance use disorders as an adult(link is external).
- Continued tobacco use during adulthood. Prevalence ratios for current and ever smoking increased as ACEs scores increased, according to a 2011 study on ACEs and smoking status.
- Prescription drug use. For every additional ACE score, the rate of number of prescription drugs used increased by 62%, according to a 2017 study of adverse childhood experiences and adolescent prescription drug use.(link is external)
- Lifetime illicit drug use, drug dependency, and self-reported addiction. Each ACE increased the likelihood of early initiation into illicit drug use by 2- to 4-fold, according to a 2003 study on childhood abuse, neglect, and household dysfunction and the risk of illicit drug use.

ACEs and Behavioral Problems

- Suicide attempts. ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan, according to a 2001 study. According to a recent 2017 article (link is external), individuals who reported 6 or more ACEs had 24.36 times increased odds of attempting suicide.
- Lifetime depressive episodes. Exposure to ACEs may increase the risk of experiencing depressive disorders well into adulthood—sometimes decades after ACEs occur.
- Sleep disturbances in adults. People with a history of ACEs have a higher likelihood of experiencing self-reported sleep disorders, according to a 2015 systematic review of research studies on ACEs and sleep disturbances in adults.
- High-risk sexual behaviors. Women with ACEs have reported risky sexual behaviors, including early intercourse, having had 30 or more sexual partners, and perceiving themselves to be at risk for HIV/AIDS. Learn more from a 2001 study on ACEs and sexual risk behaviors in women. Sexual minorities who experience ACEs also demonstrate earlier sexual debut according to a 2015 study.
- Fetal mortality. Fetal deaths attributed to adolescent pregnancy may result from underlying ACEs rather than adolescent pregnancy, according to a 2004 study of the association between ACEs and adolescent pregnancy.
- Pregnancy outcomes. Each additional ACE a mother experienced during early childhood is associated with decreased birth weight and gestational age of her infant at birth, according to a 2016 study on the association between ACEs and pregnancy outcomes.
- Negative physical health outcomes. Experiencing adverse childhood family experiences may increase the risk for long-term physical health problems (e.g., diabetes, heart attack) in adults.
- Poor dental health. Children who have experienced at least one ACE are more likely to have poor dental health.

Reference: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences