community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

LAKE & PORTER COUNTY



2019 - 2021 REPORT

Franciscan HEALTH

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community HEALTH NEEDS ASSESSMENT

1 LEARN ABOUT FRANCISCAN HEALTH HAMMOND, MUNSTER, DYER & CROWN POINT

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

3 EXPLORE THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH INDICATORS

4 REVIEW HEALTH OUTCOMES, SUCH AS CHRONIC DISEASES AND ILLNESSES

5 IDENTIFY THE TOP HEALTH NEEDS IN THE COMMUNITY

6 INVESTIGATE COMMUNITY HEALTH PARTNERS AND ASSETS

7 DETERMINE HOW YOU CAN HELP MEET THE NEEDS

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

INTRODUCTION

Franciscan HEALTH

community HEALTH NEEDS ASSESSMENT

Dear Reader,

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

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

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

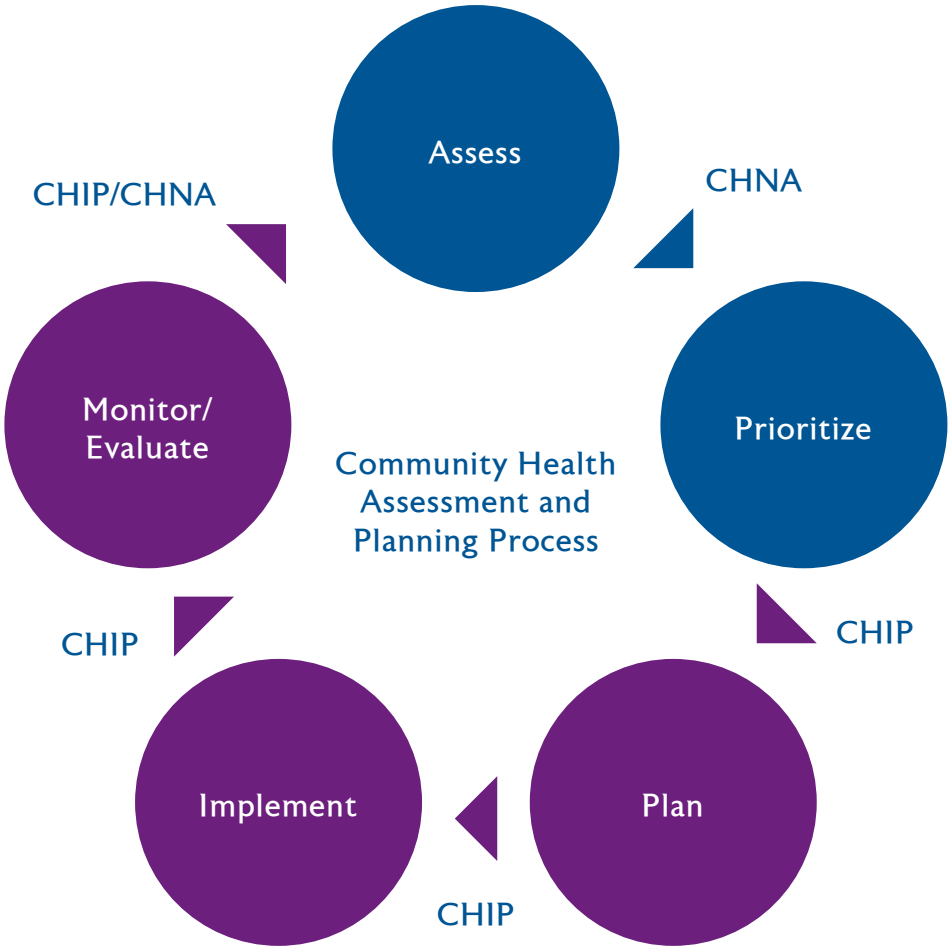
The Community Health Improvement Team






OUR PURPOSE AND METHODS

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



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

– CDC

AUG-DEC 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 CROWN POINT INFORMATION

Hospital Address: 1201 South Main Street Crown Point, IN 46307
General Phone: (219) 738-2100
Specific Website: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-crown-point-55
CEO Name: Daniel McCormick, MD

Average Annual Inpatient Admissions (2017): 9,217
Average Annual Outpatient Admissions (2017): 3,412
Average Annual ED Admissions (Arrivals 2017): 5,215
Average Annual Births (2017): 1,477

Number of Employees (2017): 1,203
Number of Volunteers: 155
Number of Doctors (FPN, SPI, & Affiliates): 402
Average Length of Stay (Inpatient 2017 number of days): 4.3
Average Length of Stay (Outpatient 2017 number of hours): 1.0

List of Services (Service Lines): Airborne Infection Isolation Room, Ambulatory Surgery Center, Auxiliary organization, Adult diagnostic/invasive catheterization, (cont.)



BLESSED MARIA THERESIA BONZEL

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

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

– Blessed Maria Theresia Bonzel

List of Services (Service Lines cont.):
Adult interventional cardiac catheterization, Enabling services, Esophageal impedance study, Endoscopic retrograde, Extracorporeal shock wave lithotripter (ESWL), Hemodialysis, Indigent Care Clinic, Linguistic/translation services, Patient Controlled Analgesia (PCA), Diagnostic radioisotope facility, Full-field digital mammography (FFDM), Multi-slice spiral computed tomography (MSCT)(<64 slice CT), Multi-slice spiral computed tomography (MSCT)(64 + slice CT), Single Photon Emission Computerized Tomography (SPECT), Image-guided radiation therapy (IGRT), Intensity-Modulated Radiation Therapy (IMRT), Shaped beam radiation system, Stereotactic radiosurgery, Robotic surgery

FRANCISCAN HEALTH DYER INFORMATION

Hospital Address: 24 Joliet Street Dyer, IN 46311
General Phone: (219) 865-2141
Specific Website: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-dyer-17
CEO Name: Patrick Maloney

Average Annual Inpatient Admissions (2017): 7,415
Average Annual Outpatient Admissions (2017): 2,423
Average Annual ED Admissions (Arrivals 2017): 4,429
Average Annual Births (2017): 374

Number of Employees (2017): 978
Number of Volunteers: 149
Number of Doctors (FPN, SPI, & Affiliates): 585
Average Length of Stay (Inpatient 2017 number of days): 6.3
Average Length of Stay (Outpatient 2017 number of hours): 1.1

List of Services (Service Lines): Airborne infection isolation room, Alcoholism-drug abuse or dependency inpatient unit, Alcoholism-drug abuse or dependency outpatient services, Auxiliary organization, Bariatric/weight control services, Adult diagnostic/invasive catheterization, Adult interventional cardiac catheterization, Computer assisted orthopedic surgery (CAOS), Crisis Prevention, Hospice program (contracted beds), Endoscopic retrograde, Extracorporeal shock wave lithotripter (ESWL), Health Research, Hemodialysis, Home health services, Indigent Care Clinic, Linguistic/translation services, Neonatal intensive care, Neonatal intermediate care, Neurological services, Pediatric medical - surgical care, Psychiatric care, Psychiatric-child adolescent services, Psychiatric consultation-liaison services, Psychiatric emergency services, Psychiatric outpatient services, Psychiatric partial hospitalization services, Diagnostic radioisotope facility, Full-field digital mammography (FFDM), Multi-slice spiral computed tomography (MSCT)(<64 slice CT), Multi-slice spiral computed tomography (MSCT)(64 + slice CT), Positron Emission Tomography/CT (PET/CT), Intensity-Modulated Radiation Therapy (IMRT), Shaped beam radiation system, Robotic surgery, Teen outreach services

FRANCISCAN HEALTH HAMMOND INFORMATION

Hospital Address: 5454 Hohman Avenue Hammond, IN 46320
General Phone: (219) 932-2300
Specific Website: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-hammond-18
CEO Name: Patrick Maloney

Average Annual Inpatient Admissions (2017): 5,567
Average Annual Outpatient Admissions (2017): 3,008
Average Annual ED Admissions (Arrivals 2017): 3,906
Average Annual Births (2017): 161

Number of Employees (2017): 1,307
Number of Volunteers: 104
Number of Doctors (FPN, SPI, & Affiliates): 585
Average Length of Stay (Inpatient 2017 number of days): 7.9
Average Length of Stay (Outpatient 2017 number of hours): 1.0

List of Services (Service Lines): Airborne infection isolation room, Ambulatory Surgery Center, Auxiliary organization, Adult diagnostic/invasive catheterization, Adult interventional cardiac catheterization, Hospice program (contracted beds), Endoscopic ultrasound, Endoscopic retrograde, Extracorporeal shock wave lithotripter (ESWL), Hemodialysis, Indigent Care Clinic, Linguistic/translation services, Psychiatric-child adolescent services, Psychiatric consultation-liaison services, Psychiatric emergency services, Psychiatric geriatric services, Full-field digital mammography (FFDM), Multi-slice spiral computed tomography (MSCT)(<64 slice CT), Multi-slice spiral computed tomography (MSCT)(64 + slice CT), Positron Emission Tomography/CT (PET/CT), Intensity-Modulated Radiation Therapy (IMRT), Shaped beam radiation system, Stereotactic radiosurgery

FRANCISCAN HEALTH MUNSTER INFORMATION

Hospital Address: 701 Superior Avenue Munster, IN 46321
General Phone: (219) 922-4200
Specific Website: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-munster-57
CEO Name: Patrick Maloney

Average Annual Inpatient Admissions (2017): 2,407
Average Annual Outpatient Admissions (2017): 1,280
Average Annual ED Admissions (Arrivals 2017): 1,677
Average Annual Births (2017): This hospital has no labor unit and thus would not have “average annual births”.

Number of Employees (2017): 565
Number of Volunteers: 62
Number of Doctors (FPN, SPI, & Affiliates): 382
Average Length of Stay (Inpatient 2017 number of days): 5.0
Average Length of Stay (Outpatient 2017 number of hours): 1.3

List of Services (Service Lines): Airborne infection isolation room, Ambulatory Surgery Center, Adult diagnostic/invasive catheterization, Adult interventional cardiac catheterization, Dental services, Ablation of Barrett’s esophagus, Extracorporeal shock wave lithotripter (ESWL), Hemodialysis, Linguistic/translation services, Patient Controlled Analgesia (PCA), Diagnostic radioisotope facility, Multi-slice spiral computed tomography (MSCT)(64 + slice CT), Sleep center, Wound management services

OUR MISSION

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

OUR COMMUNITY

Franciscan Health Crown Point, Hammond, Munster and Dyer serve the greater Northwestern Indiana Region. However, community benefit programs target Lake County, which are in the immediate geographic area to our hospitals. 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

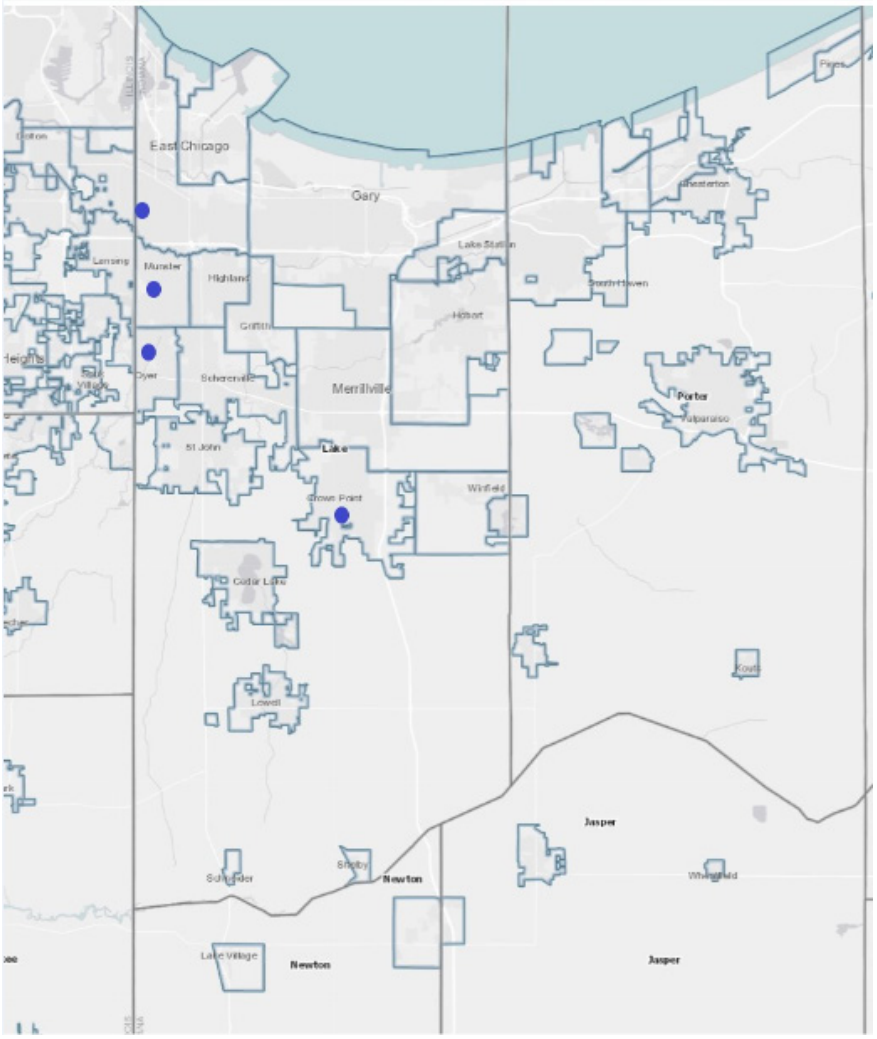
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

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



TOP HEALTH NEEDS

Franciscan Health hospitals serving Lake County have identified the following top needs in the community: infant mortality, adult mental health, uninsured & under-insured, and child abuse & neglect. For more information on how top health needs were determined, please see Section Four.

Infant Mortality

Adult Mental Health

Uninsured & Under-insured

Child Abuse & Neglect

COMMUNITY PROFILE

Franciscan HEALTH

SECTION 1

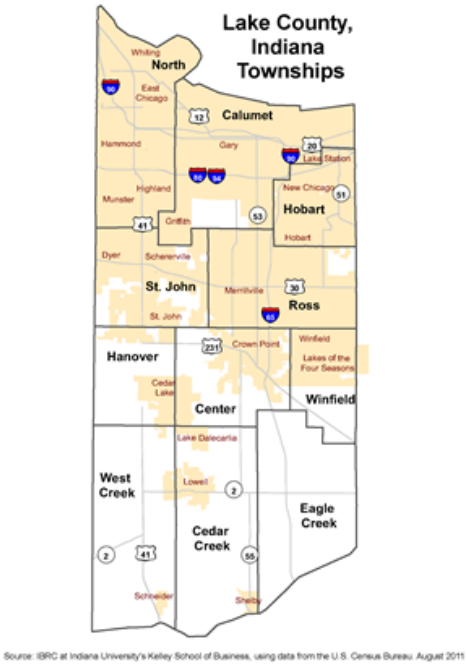
community HEALTH NEEDS ASSESSMENT

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



Source: IBRC at Indiana University's Kelley School of Business, using data from the U.S. Census Bureau. August 2011

Lake County, Indiana Townships

GEOGRAPHY

Lake County is part of Northwest Indiana and the Chicago metropolitan area, containing a blend of suburban, urban, and rural areas. The surrounding counties include Porter County (east), Jasper County (southeast), and Newton County (southwest). According to the 2010 Census, Lake County has a total surface area of 626.56 square miles of land and the remaining 127.60 square miles are water.

Nationally Protected Land

The Indiana Dunes National Lakeshore is the only nationally protected area in the county. The Indiana Dunes is a unit of the National Park System, which is managed by the National Park Service. The beautiful lakeshore stretches 25 miles across Lake County and ends in Chesterton, Indiana.



Figure 1.0: Indiana Dunes
Source: National Park Service, 2017



Figure 1.1: Indiana Dunes Map
Source: Student Conservation Association, 2017

Airports

There are two public airports located in Lake County including the Gary-Chicago International Airport (GYY) and the Griffith-Merrillville Airport (O5C). The Gary-Chicago International airport has several major nearby highways including I-90, I-80, I-94, and I-65. Refer to Table 1.0 for a full list of major highways in Lake County.

Table 1.0: Major Highways

Interstates	U.S Routes	State Routes
Interstate 65	U.S. Route 6	State Road 2
Interstate 80	U.S. Route 12	State Road 51
Interstate 94	U.S. Route 20	State Road 53
Indiana Toll Road	U.S. Route 30	State Road 55
	U.S. Route 41	State Road 130
	U.S. Route 231	State Road 152
		State Road 312
		State Road 912

Municipalities

The municipalities in Lake County are below (U.S Census, 2010). In 2016, the total population of Lake County was 486,592.

Table 1.1: Major Cities

Cities & Towns	Populations	Percent of County
Cedar Lake	12,183	2.5%
Crown Point	29,176	6.0%
Dyer	15,941	3.3%
East Chicago	28,418	5.8%
Gary	76,424	15.7%
Griffith	16,252	3.3%
Hammond	77,134	15.9%
Highland	22,737	4.7%
Hobart	28,248	5.8%
Lake Station	11,952	2.5%
Lowell	9,519	2.0%
Merrillville	34,994	7.2%
Munster	22,825	4.7%
New Chicago	1,956	0.4%
St. John	16,800	3.5%
Schererville	28,701	5.9%
Shelby	386	0.1%
Schneider	270	0.1%
Whiting	4,831	1.0%
Winfield	5,560	1.1%

The most populated city in Lake County is Hammond with 77,134 residents. Hammond compromises only 15.9% of Lake County.

The least populated city in Lake County is Schneider with 270 residents. Schneider compromises only 0.1% of Lake County.

Figure 1.2: Graph of Largest Cities & Towns in Lake County

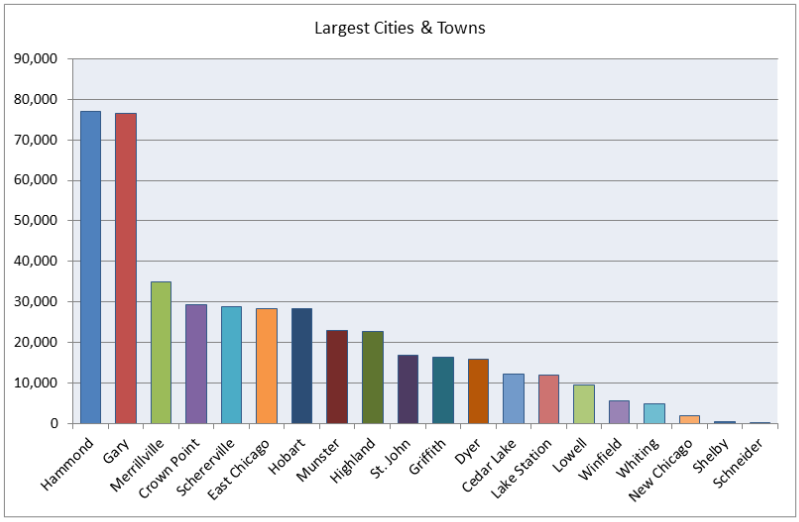


Table 1.2: Population Trends Over Time

Population over Time	Number	Percent of State	Indiana
Yesterday: 2010	496,050	7.7	6,484,136
Today: 2016	486,846	7.3	6,633,053
Tomorrow: 2020 projection*	507,724	7.4	6,852,121
Percent change from 2010 to Today	-2.1%		2.3%

*Projection based on 2010 Census counts.
Source: U.S Census Bureau; Indiana Business Research Center

DEMOGRAPHICS

Age

In 2016, 6.2% of the population was preschool aged children, 17.8% were school aged children, 8.9% were college aged students, 24.8% were young adults, 26.9% were older adults, and the 15.4% were seniors. In 2016, the average age of a person in Lake County was 37.6, which falls in the young adult category.

Table 1.3: Population Estimates by Age, 2016

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	30,199	6.2%	6.4%
School Age: 5 to 17	86,667	17.8%	17.4%
College Age: 18 to 24	43,143	8.9%	10.0%
Young Adult: 24 to 44	120,316	24.8%	25.2%
Older Adults: 45 to 64	130,646	26.9%	26.1%
Seniors: 65 and older	74,875	15.4%	14.9%
Average Age (years)	38.7	N/A	Average Age = 37.6

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

Race & Ethnicity Distribution

In 2016, 0.5% of the population was American Indians or Alaskan natives, 1.6% were Asian, 24.8% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 71.1% were White, 1.9% of the population identified as two or more racial groups. In 2016, 18.7% of the Lake County population were Hispanic and 81.3% identified as Non-Hispanic. Figure 1.3 provides a visual comparison of racial distribution between Lake County and Indiana in 2016.

Table 1.4: 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	2,582	0.5%	0.4%
Asian	7,594	1.6%	2.2%
Black	120,704	24.8%	9.7%
Native Hawaiian & other Pacific Islander	283	0.1%	0.1%
White	345,603	71.1%	85.6%
Two or More Racial Groups	9,080	1.9%	2.0%
Non-Hispanic	394,964	81.3%	93.2%
Hispanic	90,882	18.7%	6.8%

Veteran Population

According to the 2012-2016 American Community Survey, there are approximately 29,426 U.S. Veterans living in Lake County, Indiana.

Population with Disabilities

The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job. According to the 2012-2016 American Community Survey, the estimated population 18 years and older with a disability was 61,829, or 16.9% of the population.

Social and Economic Factors

FINANCIAL

According to the 2012-2016 American Community Survey, the median household income for Lake County is $53,600. This is slightly higher than the Indiana median state household income. The highest incomes in Lake County are earned by people who are between 25 and 64 years of age.

Poverty becomes a factor when a family's total income is less than the threshold. The American Community Survey also concluded that 16.6% of Lake County's population is in poverty. The population with the highest amount of poverty is those between 0 to 6 years of age. When looking at the poverty rate among children under the age of 18, the rate increases to 25.7%. Children under the age of 12 are the second highest group in poverty in Lake County.

In 2016, there were 43,418 recipients of free or reduced lunch in the Lake County School Corporation. In 2016, there were 69,155 recipients of food stamps in Lake County.

Table 1.5: Lake County Income and Poverty Levels vs. Indiana

Income and Poverty	Number	Percent of State	Indiana
Per Capita Personal Income (annual) in 2017	$43,099	95.5%	45,150
Median Household Income in 2016	$53,600	102.5%	$52,289
Poverty Rate in 2016	16.6%	118.6%	14.0%
Poverty Rate among Children under 18	25.7%	134.6%	19.1%
Welfare (TANF) Monthly Average Families in 2017	696	10.3%	6,790
Food Stamp Recipients in 2017	69,155	10.5%	656,297
Free and Reduced Fee Lunch Recipients in 2016/2017	43,418	8.8%	495,330

Sources: U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

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.

Table 1.6: School Dropout Rate Lake County

Indicator	Description	Lake County	Indiana
At Least High School Education	Percent of people aged 25 years or older who have either graduated from high school, completed the GED, or have some other equivalent credential. This percent includes all people who graduated from high school and have completed higher levels of education.	87%	88%
Bachelor's Degree or Better Education	Percent of people 25 years or older who have at least graduated from college with a bachelor's degree. This does not include vocational, technical schools or job training.	20%	24%
School Dropout Rate	Percent of individuals ages 16-24 who are not currently enrolled in school and have not completed high school or obtained a GED.	13%	12%

EMPLOYMENT

Unemployment rate is a measure of the prevalence of unemployment and calculated as a percentage by dividing the number of unemployed individuals by all individuals currently in the labor force (United States Department of Labor, 2017). The annual unemployment rate in 2017 was 10.0% with the employment rate of 6.8% in Lake County.

Table 1.7: Unemployment in Lake County

Indicator	Number	Rank in State	Percent of State	Indiana
Total Resident Labor Force	229,520	2	6.9%	3,320,409
Employed	217,832	2	6.8%	3,203,351
Unemployed	11,688	2	10.0%	117,058
Annual Unemployment Rate	5.1	2	145.7%	3.5

Source: U.S. Bureau of Economic Analysis

Table 1.8: Major Industries in Lake County

Indicator	Employment	Percent Distributed in Region	Earnings	Percent Distributed in Region	Average Earnings per Job
Total by place of work	245,206	100.0%	$13,243,509	100.0%	$54,010
Wage and Salary	201,648	82.2%	$9,629,083	72.7%	$47,752
Farm Proprietors	342	0.1%	$-16,350	-0.1%	$-47,807
Nonfarm Proprietors	43,216	17.6%	$1,292,146	9.8%	$29,900
Farm	451	0.2%	$-12,773	-0.1%	$-28,322
Nonfarm	244,755	99.8%	$13,256,282	100.1%	$54,161
Private	217,874	88.9%	$11,847,517	89.5%	$54,378

Source: U.S. Bureau of Economic Analysis

TRANSPORTATION

According to American Community Survey, 2.8% of Lake County workers commute via public transportation, compared to 1.1% in the entire state (2011-2015). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's office, and hospitals. According to American Community Survey, 8.7% of households in Lake County do not have a vehicle compared to 7% in the entire state (2011-2015).

ENVIRONMENTAL

Air quality

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

Drinking Water & Lead

Within Lake County, lead poisoning remains a serious threat to the public and environmental health of East Chicago residents. In 2016, preventative measures forced residents of the West Calumet Housing Complex out of their homes due to the extent of lead contamination found in the soil. In addition, once the East Chicago School City realized the extent of contamination near Carrie Gosh Elementary School, it was ordered to be closed. Given the magnitude of this modern disaster, the Environmental Protection Agency (EPA) assisted East Chicago in the remediation of the lead contamination. The East Chicago City Health Department provided a fact sheet for community members to reference regarding soil contamination in East Chicago. The EPA has documented that the soil in the West Calumet Housing Complex (WCHC) in East Chicago, Indiana contains elevated levels of lead and arsenic. This fact sheet serves as a tool for residents to use to address any questions or concerns they have as well as provide them with recommendations for reducing exposure to lead and arsenic from the soil in the WCHC.

Table 1.9: Lake County Lead Poisoning Data, 2015

County Name	# of Children Tested	Total # Children Tested 5-9 µg/dL	Confirmed BLLs ≥10 µg/dL		# of Addresses-Multiple Children w/ Confirmed EBLLs *	Census 2000 Data		
			Total #	Total %		Total Housing Units	Pre-1950 Housing Units	% of Children < 6 Below Poverty
Lake County	1,183	56	6	0.5%	9	194,992	58,498	21.0%

*Based on most recent five years of data from 2011-2015
Source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2016

Table 1.10: Comparison of Physical Environment Statistics

Indicator	Description	Source	Measurement Period	Lake County	Indiana
Annual Ozone Air Quality	This indicator gives a grade to each county in the U.S based on the annual number of high ozone days.	American Lung Association	2013-2015	3	N/A
Annual Particle Pollution	This indicator gives a grade to each county in the U.S based on the average annual number of days that exceed U.S particle pollution standards.	American Lung Association	2013-2015	5	N/A
Air Pollution – Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking System	2012	13.1	11.1
Drinking Water Violations	Indicator of the presence of health-related drinking water violations	ISDH	N/A	1.72	N/A

HOUSING

From 2011-2015, 60.1% of Lake County were homeowners, the homeowner vacancy rate was 2.1%, and the percentage of households experiencing severe housing problems was 14.1%.

Table 1.11: Lake County Housing Profile

Indicator	Description	Source	Measurement Period	Lake County	Indiana
Homeowner Vacancy Rates	Percentage of vacant home properties.	American Community Survey	2011-2015	2.1%	1.8%
Severe Housing Problems	Percentage of households with at least one of four housing problems.	County Health Rankings	2009-2013	14.1%	17.5%

HEALTH ACCESS

Healthcare Professional Shortage Areas

Findings from the 2016 CHNA cycle revealed that Lake County does have a proportion designated as health professions shortage area due to low income populations. In addition, there is a shortage of providers, or long waits to see a primary care provider. Data since 2016 shows that this has not changed in current years.

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).

The ratio of primary care physicians to patient was 1,814:1 in 2016 in Lake County and 1,543:1 in the entire state. The ratio of dentist to patient was 1,920:1 in 2015 (County Health Rankings).

Portions of Lake County, especially in the northern section, are still primary care and mental health professional HPSAs due to geographic and low income designations.

Medically Underserved Areas and Populations

According to HRSA, "medically underserved areas and populations are designated as having too few primary care providers, high infant mortality, high poverty or a high elderly population" (2017).

Medically Underserved Areas (MUA) in Lake County include the following service areas:

1. Lake Station
2. City of Gary
3. City of East Chicago
4. Central Hammond

COMMUNITY PROFILE

Franciscan HEALTH

SECTION 1.5

PORTER COUNTY

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



Porter County
Indiana

GEOGRAPHY

Porter County was founded in 1836, and was comprised of what is now Porter and Lake County. Porter County was originally occupied by Native Americans. After fighting in the War of 1812 near the port of Valparaiso, Chile Commodore Porter was seen as a hero therefore after his death Porter County was named after him. Porter County is in the Northwest Indiana Region. The county seat in Porter County is Valparaiso, IN, and the largest city is Portage, IN (2017 population 36,849). The county has a total area of 521.8 square miles. The population per square mile in Porter County is 393. Porter County has twelve townships: Boone, Center, Jackson, Liberty, Morgan, Pine, Pleasant, Portage, Porter, Union, Washington, and Westchester.

DEMOGRAPHICS

According to the 2016 census, the total population was 167,016. In 2016, 5.6% of the population was preschool aged children, 17.4% were school aged children, 9.4% were college aged students, 25.2% were young adults, 28.1% were older adults, and the 14.5% were seniors. The average age of a person in Porter County was 39.4, which falls in the young adult category. The population in 2016 appeared to be evenly distributed by sex, with 49.3% of the population male and 50.7% female.

Table 1.5.0: Population Estimates by Age, 2016

Population Estimates by Age	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	5.6%	6.1%
School Age: 5 to 17	17.4%	17.2%
College Age: 18 to 24	9.4%	9.7%
Young Adult: 24 to 44	25.2%	26.8%
Older Adults: 45 to 64	28.1%	26.3%
Seniors: 65 and older	14.5%	13.9%
Average Age (years)	39.4	37.4

Source: U.S Census Bureau, American FactFinder; Measurement Period: 2012-2016 American Community Survey 5-year estimate

In 2016, 0.2% of the population was American Indians or Alaskan natives, 1.4% were Asian, 3.5% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 1.9% were two or more racial groups, 9.4% were of Hispanic or Latin origin, and 91.6% were White.

Figure 1.5.1: Percent Estimate by Race, 2016

Population Estimates by Race	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	328	0.2%	0.2%
Asian	2,351	1.4%	2.2%
Black	5,908	3.5%	9.7%
Native Hawaiian & other Pacific Islander	152	0.1%	<0.01%
White	153,059	91.6%	85.6%
Two or More Racial Groups	3,189	1.9%	2.2%
Hispanic or Latin Origin (of any race)	15,662	9.4%	6.8%
Non-Hispanic	151,354	90.6%	93.5%

Source: U.S Census Bureau, American FactFinder; Measurement Period: 2012-2016 American Community Survey 5-year estimate

Table 1.5.2: Population Distribution by Sex, 2016

Population Distribution by Sex	Number	Percent
Male Population	82,416	49.3%
Female Population	84,600	50.7%

Source: U.S Census Bureau, American FactFinder; Measurement Period: 2012-2016 American Community Survey 5-year estimate

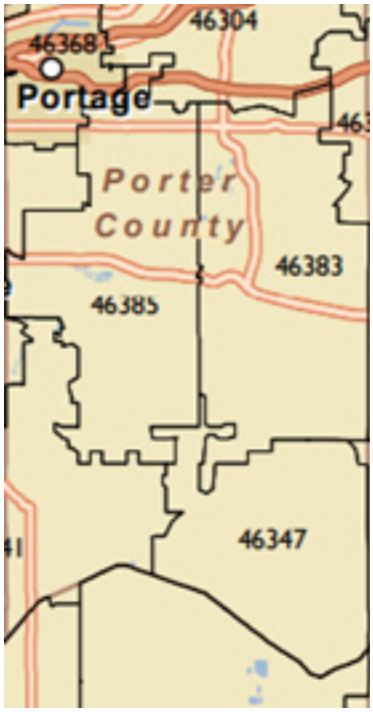
ZIP CODES

There are 10 zip codes within Porter County, Indiana. Table 1.5.3 includes a complete list of all zip codes and corresponding cities.

Table 1.5.3: Porter County, Indiana Zip Codes

Zip Code	City
46301	Beverly Shores
46302	Boone Grove
46304	Burns Harbor, Chesterton, Porter
46341	Hebron
46347	Kouts
46368	Portage
46383	Valparaiso
46384	Valparaiso
46385	Valparaiso
46393	Wheeler

Figure 1.5.0: Porter County, Indiana Zip Codes



Social and Economic Factors

FINANCIAL

According to the 2016 American Community Survey, the median household income for Porter County is $67,302. This is higher than the Indiana median state household income. Poverty becomes a factor when a family's total income is less than the threshold. The American Community Survey also concluded that 7.8% of Porter's population is in poverty. In 2016, there were 9,577 recipients of free or reduced lunch in the Porter County Schools. In 2016, there were 10,641 recipients of food stamps in Porter County.

Table 1.5.4: Financial Profile for Porter County

Indicators	Porter County, IN	Indiana
Median Household Income	$67,302	$52,289
Individuals Below Poverty Level:		
Count		
Percentage	7.8%	14.0%
Free/Reduced Lunch Count*	9,577	495,330

Table 1.5.5: Income & Poverty Data for Porter County

Income and Poverty	Number	Rank in State	Percent of State	Indiana
Per Capita Personal Income (annual) in 2016	$46,965	8	109.0%	43,097
Poverty Rate in 2016	7.8%	85	55.7%	14.0%
Poverty Rate among Children under 18	9.9%	85	51.8%	19.1%
Welfare (TANF) Monthly Average Families in 2017	71	19	1.1%	6,790
Food Stamp Recipients in 2017	10,641	12	1.6%	656,297
Free and Reduced Fee Lunch Recipients in 2016/2017	9,577	9	1.9%	495,330

Sources: U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

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.

Table 1.5.6: Educational Attainment Profile in Porter County

Section	Indicators	Porter County, IN	Indiana
Education	High School Graduation %	34.9%	30.7%
	College Graduation Rate	10.6%	9.2%

EMPLOYMENT

In 2016, there were 85,964 employed individuals in Porter County, while 4,417 were unemployed (STATS Indiana). According to the U.S Bureau of Economic Analysis, the total per capita income in Porter County in 2016 was $64,874.

Table 1.5.7: Unemployment in Porter County

Indicator: Employment, 2016	Number	Rank in State	Percent of State	Indiana
Total Resident Labor Force	85,964	9	2.6%	3,327,139
Employed	81,547	10	2.6%	3,180,104
Unemployed	4,417	6	3.0%	147,035
Annual Unemployment Rate	5.1	18	115.9%	4.4

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

Table 1.5.8: Employment by Industry

Indicator: Employment and Earnings by Industry, 2016	Employment	Percent Distribution in County	Earnings ($000)	Percent Distribution In County	Avg. Earnings Per Job
Total by place of work	80,451	100.0%	$3,911,060	100.0%	$48,614
Wage and Salary	64,354	80.0%	$2,803,592	71.7%	$43,565
Farm Proprietors	407	0.5%	$-446	0.0%	$-1,096
Nonfarm Proprietors	15,690	19.5%	$429,055	11.0%	$27,346
Farm	486	0.6%	$2,350	0.1%	$4,835
Nonfarm	79,965	99.4%	$3,908,710	99.9%	$48,880
Private	72,563	90.2%	$3,530,299	90.3%	$48,652
Accommodation, Food Serv.	6,600	8.2%	$138,172	3.5%	$20,935
Arts, Ent., Recreation	1,206	1.5%	$16,419	0.4%	$13,614
Construction	5,065	6.3%	$364,496	9.3%	$71,964
Health Care, Social Serv.	9,679	12.0%	$537,843	13.8%	$55,568
Information	807	1.0%	$40,447	1.0%	$50,120
Manufacturing	10,134	12.6%	$849,757	21.7%	$83,852
Professional, Tech. Serv.	3,833	4.8%	$191,132	4.9%	$49,865
Retail Trade	9,235	11.5%	$263,017	6.7%	$28,480
Trans., Warehousing	Data not available due to BEA non-disclosure requirements.				
Wholesale Trade	2,765	3.4%	$195,763	5.0%	$70,800
Other Private (not above)	20,001*	24.9%*	$676,871*	17.3%*	$33,842*
Government	7,402	9.2%	$378,411	9.7%	$51,123

Source: U.S. Bureau of Economic Analysis

* These totals do not include county data that are not available due to BEA non-disclosure requirements.

TRANSPORTATION

In 2016, 3.9% of Porter County residents identified having no vehicle available for use, while 29.8% identified having at least one vehicle available and 42.3% identified having 2 vehicles available. This means that the majority of residents have vehicular transportation available, but approximately 2,464 residents do not.

Table 1.5.9: Porter County Transportation Profile

House Holds with a Vehicle	Number of Porter County, IN	Percentage of Porter County, IN	Percentage of Indiana
No vehicles	2,464	3.9%	6.8%
1 vehicle	18,616	29.8%	32.7%
2 vehicles	26,417	42.3%	38.5%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

ENVIRONMENTAL

Table 1.5.10: Comparison of Physical Environment Statistics

Indicators	Source	Measurement Period	Porter County, IN	Indiana
Ground-Level Ozone	https://ephtracking.cdc.gov/InfoByLocation/	2012	10 days of unhealthy exposure	N/A
Particulate Matter	https://ephtracking.cdc.gov/InfoByLocation/	2012	11.4µg/m^3	12.0µg/m^3
Drinking Water Safety*	Community Commons	2017	4	N/A
Drinking Water Violations	HCI	2013-2014	0.0%	3.5%
Lead Soil Level	United States Geological Survey	2015	3 confirmed	

Ground-Level Ozone
Ozone occurs naturally in the sky and helps protect us from the sun's harmful rays. But ground-level ozone can be bad for your health and the environment. When ozone levels are above the national standard, everyone should try to limit their contact with it by reducing the amount of time spent outside. Porter County residents were exposed to unhealthy levels of ozone for 10 Days in 2012.

Particulate Matter
Air pollution is a leading environmental threat to human health. Particles in the air like dust, dirt, soot, and smoke are one kind of air pollution called particulate matter. Fine particulate matter, or PM2.5, is so small that it cannot be seen in the air. Breathing in PM2.5 may: lead to breathing problems, make asthma symptoms or some heart conditions worse, and lead to low birth weight. The national standard for annual PM2.5 levels is 12.0 micrograms per cubic meter. When PM2.5 levels are above 12, this means that air quality is more likely to affect your health. In 2012, the annual level of PM2.5 in Porter County was 11.4 micrograms per cubic meter.

Drinking Water Violations
In 2017, Porter County did not have any reported drinking water violations.

Childhood Lead Poisoning
In 2015, the United States Geological Survey indicated that there were 3 cases of lead poisoning among Porter County children.

HOUSING

Renter's Spending 30% or more of household income on rent
From 2012-2016, 43.3% of Porter County residents spent 30% or more of their household income on monthly rent payments.

Severe housing problems
In the state of Indiana, an average of 14% of residents are affected by "severe housing problems." This measure is the percentage of households dealing with one of four problems: lack of complete kitchen facilities, lack of plumbing facilities, severe overcrowding, or a high cost burden. In Porter County, 12.43% of residents have a severe housing problem.

Subsidized housing
There are currently three properties that are recognized by the U.S. Department of Housing and Urban Development. One is available to elderly and disabled residents of Porter County and one is available for families. The largest number of available bedrooms is three. All of the properties are located in Valparaiso, IN.

Table 1.5.11: Porter County Housing Profile

Indicators	Source	Measurement Period	Porter County, IN	Indiana
Homeowners hip Rate	American Community Survey (ACS) – U.S. Census Bureau	2016 (1-year estimates)	93.1%	88.8%
Median Household Income	ACS – U.S. Census Bureau		$67,302	$50,433
Median Property Value	ACS – U.S. Census Bureau		$169,300	$126,500
Homeowner Vacancy Rate	American Community Survey (ACS) – U.S Census Bureau	2016	N/A	2.0%
Renter's Spending 30% or More of Household Income on Rent	HCI	2012-2016	43.3%	48.4%
Severe Housing Problems	Community Commons	2016	12.95%	14
Subsidized Housing	https://apps.hud.gov/apps/section8/step2.cfm?state=IN,Indiana	2018	3 organizations	N/A

HEALTH ACCESS

Hospitals and Health Services

Hospitals
There are three hospitals in Porter County. Two are in Valparaiso and one is in Portage.

Medically Underserved Areas (MUA)
According to the Health Resources and Services Administration, "medically underserved areas/populations are areas or populations [are defined as] having too few primary care providers, high infant mortality, high poverty or a high elderly population." Porter County is designated as a MUA by a governor's exception designation.

Health Professions Shortage Areas (HPSA)
According to the Health Resources and Services Administration, "Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons)." Porter County does not have a HPSA designation at this time. However, community feedback suggests that the need for primary care physicians is most pressing for those who are "low-income."

Table 1.5.12: Porter County Health Access Indicators

Indicators	Locations/Descriptions	Cities and Zip Code
Hospitals	Porter Regional Hospital	85 US-6 Frontage Rd Valparaiso, IN 46383 (219) 983-8300
	Portage Hospital	3630 Willowcreek Rd Portage, IN 46368 (219) 364-3000
	Valparaiso Medical Center	1900 Roosevelt Rd Valparaiso, IN 46383
Medically Underserved Areas	Medically *Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.*	Porter County FIPS Code 127 Low Income - Porter MUA/P Code 07230 Medically Underserved Area – Governor's Exception
Health Professions Shortage Arears (primary care, dental health, and mental health)	Health Professional Shortage Areas (HPSAs) are designated by HRSA 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).	Primary = 3 - Northshore - Healthlinc - Porter Stark Services, INC Dental = 3 - Northshore - Healthlinc - Porter Stark Services, INC Mental = 3 - Northshore - Healthlinc - Porter Stark Services, INC

HEALTH PROFILE

Franciscan HEALTH

SECTION 2

community HEALTH NEEDS ASSESSMENT

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

MATERNAL CHILD HEALTH

While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face.

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

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	4,036	4,060	4,083	4,146	4,046	20,371
% Early Prenatal Care	65.3%	67.8%	67.8%	68.2%	68.5%	67.5%
State Percent	***68.1%***	***68.4%***	***67.4%***	***67.5%***	***69.3%***	***68.1%***
# Smoked	771	641	657	618	538	3,225
% Smoked During Pregnancy	12.5%	10.7%	10.9%	10.2%	9.1%	10.7%
State Percent	***16.6%***	***16.5%***	***15.7%***	***15.1%***	***14.3%***	***15.6%***
# Unmarried Mothers	*3,349*	*3,182*	*3,222*	*3,311*	*3,169*	*16,233*
% Unmarried Mothers	54.2%	53.1%	53.5%	54.5%	53.6%	53.8%
State Percent	***42.7%***	***43.2%***	***43.3%***	***43.3%***	***43.3%***	***43.2%***
# Breastfeeding	3,861	3,878	4,065	4,390	4,373	20,567
% Breastfeeding Mothers	62.4%	64.7%	67.5%	72.2%	74.0%	68.1%
State Percent	***74.0%***	***75.6%***	***77.3%***	***79.3%***	***80.5%***	***77.4%***
# Mothers on Medicaid	3,413	3,165	3,170	3,198	3,100	16,046
% Mothers on Medicaid	55.2%	52.8%	52.6%	52.6%	52.5%	53.2%
State Percent	***45.6%***	***44.9%***	***44.1%***	***43.7%***	***43.0%***	***44.3%***
# Teen Births 15-17	194	182	135	129	134	774
Population	10,905	10,712	10,515	10,515	10,499	53,146
Teen Birth Rate (15-17)	17.8	17.0	12.8	12.3	12.8	14.6
State Rate	***16.0***	***15.5***	***13.6***	***11.9***	***11.1***	***13.6***
# Teen Births 15-19	632	571	502	461	421	2,587
Population	17,389	16,906	16,699	16,466	16,251	83,711
Teen Birth Rate 15-19	36.3	33.8	30.1	28.0	25.9	30.9
State Rate	***34.8***	***33.0***	***30.3***	***28.0***	***26.0***	***30.4***

Early Prenatal Care = Prenatal care beginning at first trimester
Teen Birth Rate = Live births per 1,000 women in specified age group

Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

In 2015, 68.5% of mothers received early prenatal care during their pregnancy. There has been a 3.2% increase among mothers receiving prenatal care since 2011. The smoking rate among expecting mothers has decreased by 3.4% 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, 62.4% of Lake County mothers breastfed their children.

Safe Sleep

Together, the Indiana State Department of Health (ISDH) and Department of Child Services (DCS) have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families that do not have a designated safe space for their infant to sleep. The kit includes a portable crib, fitted sheet with a safe sleep message on it, wearable blanket, pacifier, and recommendations for safe sleep (Indiana State Department of Health &Department of Child Services, 2017). Lake County is in Region 1, shown on the accompanying map. There are 9 Safe Sleep locations in Region 1 as of 2017.NWI.



Figure 2.0: Lake County Safe Sleep Regions
Source: ISDH & Department of Child Services, 2017

Childcare and Health Services

This indicator shows the percentage of total consumer expenditures spent on all childcare. This includes child care, day care, nursery school, preschool, babysitting, and non-institutional day care. Childcare is a major expense for families with young children. Access to affordable and high quality childcare is essential for parents to be able to provide sufficient income for their family while ensuring all of their children's social and educational needs are met. In 2016, there were 18 licensed child care options in Lake County.

Table 2.1: Childcare and Health Services Related to Children

Child Care Facility Type (2016)	Number of Facilities
# of Licensed Child Care Centers	18
# of Licensed Child Care Homes	0

FOOD SECURITY

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket; there is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.

Additionally, access in regards to a constant source of healthy food due to low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by understanding the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. It is important to have adequate access to a constant food supply, but it may be equally important to have nutritious food available.

Feeding America is the largest domestic hunger-relief organization in the United States. According to the 2017 "Map the Meal Gap", the population in Lake County was 491,595, the food insecurity rate was 15.3%, and the estimated number of food insecure individuals was roughly 75,110. According to the National Center for Education Statistics, 41.3% of children in Indiana are eligible for Free and Reduced Lunch, while 51.1% is eligible within Lake County (2014-2015).

Table 2.2: Food Security Rates in Lake County

Indicator	Description	Source	Measurement Period	Lake County	Prior Value*
People with Low Access to a Grocery Store	Percentage of individuals living more than 1 mile from a supermarket/large grocery store if in an urban area, or more than 10 miles in a rural area.	U.S Department of Agriculture (USDA) – Food Environment Atlas	2015	28.7%	30.5% ▽
Households with No Car and Low Access to a Grocery Store	Percentage of housing units that do not have a car and are more than 1 mile from a supermarket/large grocery store if in an urban area, or more than 10 miles in a rural area.	USDA – Food Environment Atlas	2015	2.4%	1.7% △
Low-Income and Low Access to a Grocery Store	Percentage of the total population in a county that is low income and living more than 1 mile from a supermarket/large grocery store if in an urban area, or 10 in a rural area.	USDA – Food Environment Atlas	2015	10.2%	8.1% △
Food Environment Index*	Percentage of the population that is low-income and has low access to a grocery store, *and* the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity).	County Health Rankings	2017	6.7	6.8 ▽
Children with Low Access to a Grocery Store	Percentage of children living more than 1 mile from a supermarket/large grocery store if in an urban area, or more than 10 miles from in a rural area.	USDA – Food Environment Atlas	2015	7.7%	7.3% △
People 65+ with Low Access to a Grocery Store	Percentage of adults aged 65 and older living more than 1 mile from a supermarket/large grocery store if in an urban area or 10 in a rural area.	USDA – Food Environment Atlas	2015	3.8%	3.4% △
Grocery Store Density	Number of supermarkets/grocery stores per 1,000 populations.	USDA – Food Environment Atlas	2014	0.17	0.17 =
Fast Food Restaurant Density	Number of fast food restaurants per 1,000 populations.	USDA – Food Environment Atlas	2014	0.83	0.81 △
Farmers Market* Density	Number of farmers markets per 1,000 populations.	USDA – Food Environment Atlas	2016	0.02	0.01 △

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a postive direction.

△ = Indicates current value is higher than the prior year value, and trending in a negative direction.

Table Key:

△ = Indicates current value is higher than the prior year value, and trending in a postive direction.

= = Indicates current value is equal to the prior year value.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a negative direction.

PHYSICAL ACTIVITY

High Schoolers Physically Active
In 2015, the USDA reported that 25.3% of high schoolers were physically active in Lake County.

Physical Inactivity
Adult physical inactivity is valuable health indicator that represents the percent of adults 20 years and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (Indiana Indicators, 2017). According to County Health Rankings, 30% of adults ages 20 or older in Lake County were identified as physically inactive compared to 26% in the entire state (2017). At this time, Healthy People 2020 has not established a goal for this indicator. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions, such as, diabetes, high cholesterol and high blood pressure.

SLEEP HEALTH

Insufficient sleep measures are calculated by measuring the percentage of adults who report getting fewer than 7 hours of sleep on average. In 2014, 42% of adults reported this. The state average is 38%.

Proportion of High School Students Who Get Sufficient Sleep
Healthy People 2020 identified sufficient sleep as one of the target health goals for students across the nation. "Sufficient sleep" is defined as 8 or more hours of sleep in a single night. In 2015, it was reported by the Youth Risk Behavior Surveillance System that only 21.4% of Indiana students surveyed identified getting a sufficient amount of sleep.

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

IMMUNIZATIONS

Updated immunization coverages are necessary for the prevention and spread of infectious diseases. Table 2.3 below outlines immunization rates for Lake County and the state of Indiana for infant immunizations, the flu, pneumonia, and Human Papillomavirus (HPV).

Table 2.3: Immunization Profile Lake County

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP 2020 Goal
Intestinal Disease Infections	Intestinal disease cases per 100,000 people.	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 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 people.	County Health Rankings	2017	238.9	178.1	N/A
Chlamydia Incidence	New cases of chlamydia per 100,000 people.	County Health Rankings	2017	518.7	434.0	N/A

Source: Indiana Indicators

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. In Lake County, 82% of diabetic Medicare enrollees received routine monitoring in 2014, 61% of Lake County female Medicare enrollees received a mammogram in 2014, 94.3% of Lake County women reported having a pap smear during 2008-2010, and 48% of Lake County adults reported ever having a colorectal screening (2010) (County Health Rankings & Indiana Indicators). Refer to Table 2.4 below for a comparison of health screening statistics across the state and county.

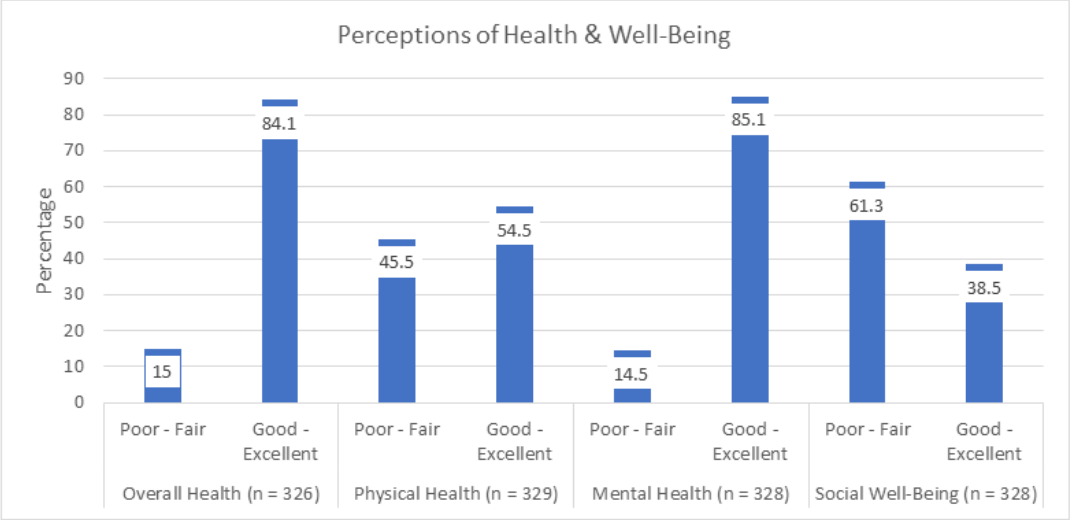
Table 2.4: Lake County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Lake County	Indiana
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2014	82%	85%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.	Dartmouth Atlas of Healthcare	2014	61%	62%
Pap Screening	Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years.	ISDH & Behavioral Risk Factor Surveillance System	2010	94.3%	94.6%
Colorectal Cancer Screening	Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy.	ISDH & Behavioral Risk Factor Surveillance System	2010	48%	54.7%

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

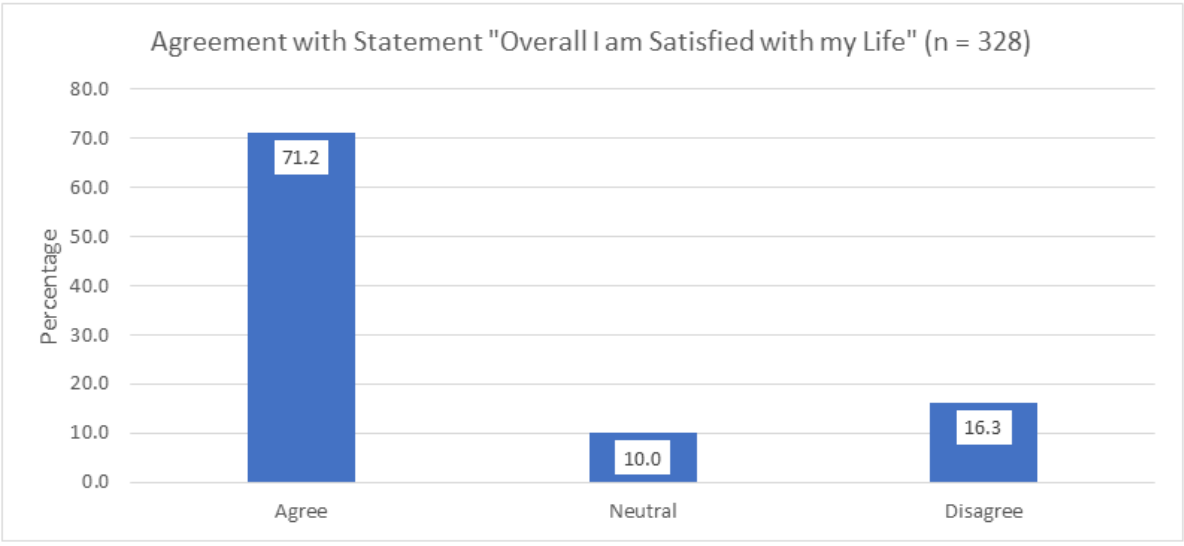
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

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



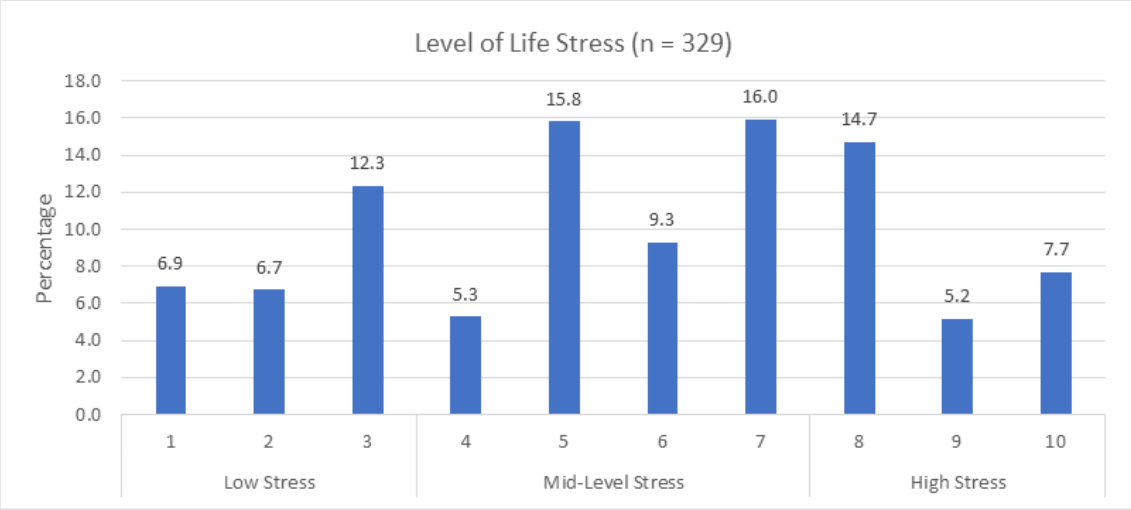
Overall Life Satisfaction. Participants were asked to respond to a single question that asked them to respond to the statement "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. The majority of participants agreed with the statement, with 44.2% (n = 146) responding "strongly agree" and 29.0% (n = 95) responding "somewhat agree." Some participants 10.0% (n = 33) responded "neutral." Those indicating less overall life satisfaction responded with "somewhat disagree" 10.7% (n = 35) or "strongly disagree" 5.6% (n = 18). Figure 2.2 provides an overview of responses to this item.

Figure 2.2: Participants' Agreement with Life Satisfaction



Level of Life Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Some participants (27.6%, n = 90) responded with scores in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of the participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.3: Ranking of Level of Life Stress



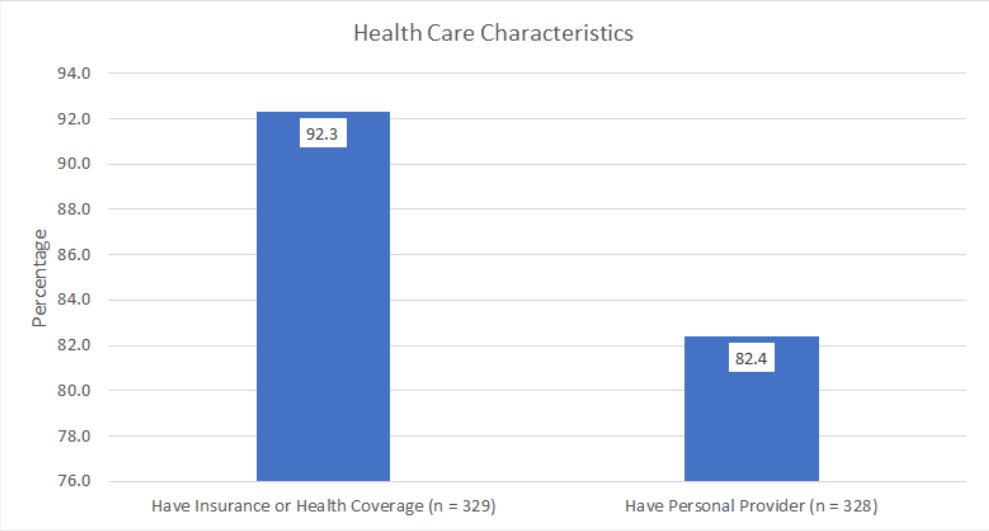
HEALTHCARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked 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 or because they had to prioritize other matters.

Insurance on Healthcare Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (92.3%, n = 304) reported that they did have such coverage or insurance, while 7.7% (n = 25) 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 (82.4%, n = 271), while 16.6% (n = 55) responded "no" and three participants (0.9%) indicated that they were "unsure" as to whether they had such a personal provider.

Figure 2.4: 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 2.5 provides a summary of the participants' responses to this question.

Table 2.5: Participants' Reported Types of Healthcare Engagement*

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	69.0%	31.0%
Received Dental Care	65.6%	34.4%
Received a Routine Physical Exam	59.8%	40.2%
Received Immunizations or other Preventive Care	36.3%	63.7%
Received Acute Care, Like for an Infection or Injury	21.9%	78.1%
Received Care at a Hospital Emergency Room	21.3%	78.7%
Received Care at an Urgent Care Facility	20.9%	79.1%
Received Care for a Chronic Disease	17.2%	82.8%
Received a Screening for Anxiety or Depression by a Medical Provider	10.2%	89.8%
Received Treatment for a Mental Health Diagnosis	9.4%	90.6%
Received Inpatient Care at a Hospital	7.9%	92.1%
Received Care Related to Family Planning	2.4%	97.6%
Received Prenatal or Well-Baby Care	1.1%	98.9%
Received Treatment for Addiction	0.1%	99.9%

*In the convenience sample, some differences were present regarding engagement with health care services. Those in the convenience sample reported lower levels of immunizations or preventive care (11.2%), acute care (7.9%), urgent care (10.4%), filling prescriptions (42.4%), and dental care (33.1%). More reported treatment for addiction (5.8%).

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 spending 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.

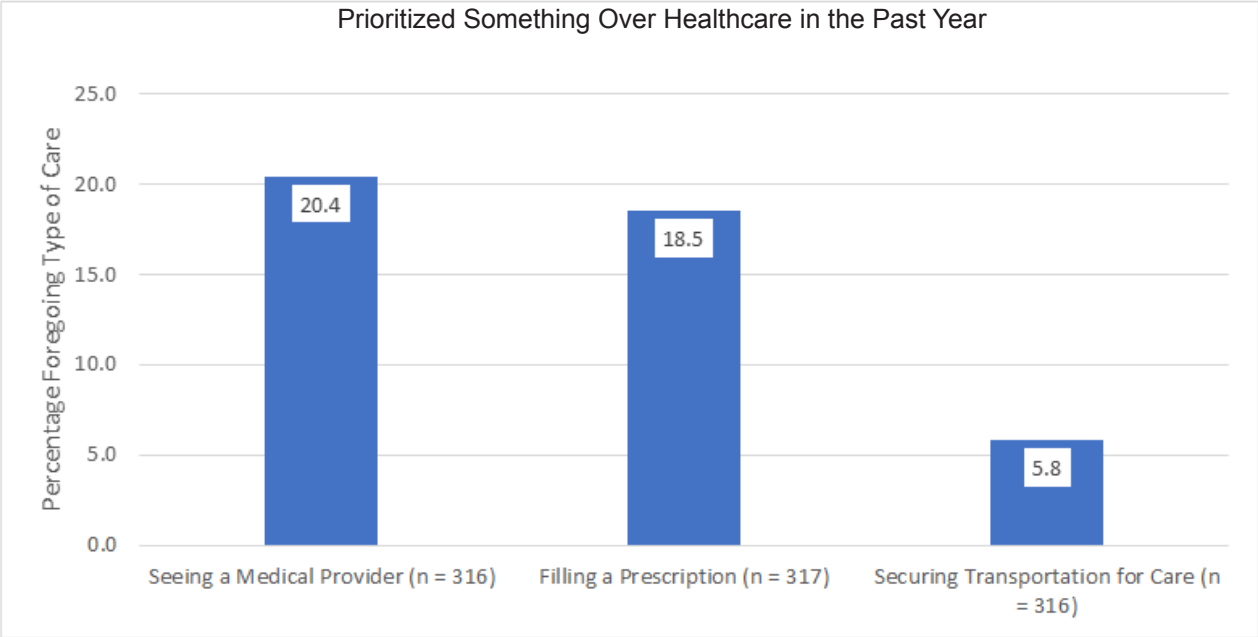
Regarding seeing a medical provider, 20.4% of participants (n = 67) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing to fill a prescription, 18.5%, (n = 61) indicated that that they had a need to avoid filling a prescription due to other needs.

Regarding needing transportation for healthcare, only 5.8% of participants (n = 19) indicated that they had not been able to access transportation due to other needs.

Across all three areas, participants in the convenience sample reported higher incidence of needing to forego care due to the need to prioritize other resources. Of those 22.7% reported foregoing seeing a provider, 23.4% reported not filling a prescription, and 19.1% reported foregoing transportation for care due to other needs.

Figure 2.6: Participants' Reports of Resource Challenges and Healthcare



PERSONAL HEALTH-RELATED BEHAVIORS

The survey developers were interested in a general understanding of the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.6 provides a summary of this data.

Table 2.6: Self-Reported Health Behaviors (n=328)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	56.7
Getting Plenty of Sleep	58.7
Eating Balanced Diet	59.3
Checked Blood Pressure	36.5
Tried to Reduce Stress	30.5
Took Prescription for Mental Health	14.7
Health Challenging Behaviors	**% Reporting Behavior**
Used Tobacco	13.9
Took Opioid Prescribed to Me	6.4
Driving Intoxicated	1.9
Took Opioid Not Prescribed to Me	2.7

There were some differences between reports of both health promoting and health challenging behaviors when compared across the random sample and the convenience sample. Of the health promoting behaviors, those in the convenience sample reported lower rates of participation in all categories, with the exception of taking medications for depression or anxiety for which rates were slightly elevated in the convenience sample. Tobacco use was more than twice as frequently reported among those in the convenience sample and rates of opioid or narcotic use (both prescribed and non-prescribed) were also elevated.

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 2.7 provides a summary of this data.

Table 2.7: 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 = 316)	I feel those around me are healthy	7.2
Education (n = 324)	I am satisfied with my education	12.0
Community Cohesion (n = 325)	I make efforts to get involved in my community	36.6
Policy (n = 324)	I vote when there is an election in my town	18.4
Environment (n = 327)	I feel that my town's environment is healthy (air, water, etc)	12.7
Housing (n = 328)	I feel safe in the place where I live	3.0
Psychosocial (n = 315)	I try to spend time with others outside of work	16.9
Transportation (n = 327)	I have access to safe and reliable transportation	4.8
Negatively Worded Social Determinant Items		**Percent Reporting "Sometimes," "Often" or "Always" Applies to Me**
Economy (n = 327)	I worry about my utilities being turned off for non-payment	13.5
Employment (n = 326)	I worry about being able to pay my rent or mortgage	24.1

*Those in the convenience sample responded to the social determinant items in ways that differed substantially from those in the random sample. On every item except for one (community cohesion), those in the convenience sample responded at levels that were higher in terms of the extent to which they could be considered challenging social determinants.

HEALTH PROFILE

Franciscan HEALTH

SECTION 2.5

PORTER COUNTY

community HEALTH NEEDS ASSESSMENT

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

MATERNAL CHILD HEALTH

Breastfeeding and Prenatal Care

Refer to Table 2.5.0 below for a comparison of prenatal care practices in the state and county.

Table 2.5.0: Porter County Prenatal Care Practices, 2011-2015

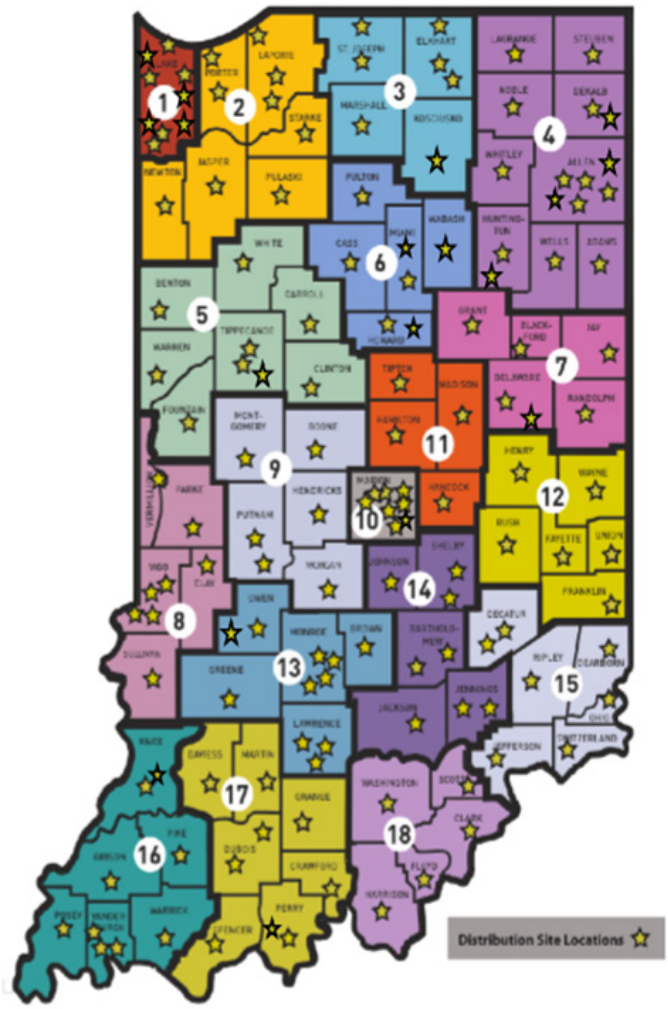
Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	1,364	1,373	1,353	1,382	1,233	6,705
% Early Prenatal Care	77.7%	77.2%	76.4%	75.8%	71.9%	75.8%
State Percent	***68.1%***	***68.4%***	***67.4%***	***67.5%***	***69.3%***	***68.1%***
# Smoked	246	203	172	191	164	976
% Smoked During Pregnancy	14.0%	11.4%	9.7%	10.5%	9.6%	11.0%
State Percent	***16.6%***	***16.5%***	***15.7%***	***15.1%***	***14.3%***	***15.6%***
# Unmarried Mothers	636	658	620	668	585	3,167
% Unmarried Mothers	36.2%	37.0%	35.0%	36.6%	34.1%	35.8%
State Percent	***42.7%***	***43.2%***	***43.3%***	***43.3%***	***43.3%***	***43.2%***
# Breastfeeding	1,432	1,457	1,465	1,523	1,484	7,361
% Breastfeeding Mothers	81.5%	81.9%	82.8%	83.5%	86.6%	83.2%
State Percent	***74.0%***	***75.6%***	***77.3%***	***79.3%***	***80.5%***	***77.4%***
# Mothers on Medicaid	684	621	566	575	489	2,932
% Mothers on Medicaid	39.0%	34.9%	32.0%	31.5%	28.4%	33.2%
State Percent	***45.6%***	***44.9%***	***44.1%***	***43.7%***	***43.0%***	***44.3%***
# Teen Births 15-17	684	621	566	575	486	2,932
Population	39.0	34.9	32.0	31.5	28.4	33.2
Teen Birth Rate (15-17)	*45.6*	*44.9*	*44.1*	*43.7*	*43.0*	*44.3*
State Rate	***33***	***34***	***28***	***35***	***12***	***142***

In 2015, 71.9% of mothers received early prenatal care during their pregnancy. There has been a 5.8% decrease among mothers receiving prenatal care since 2011. The smoking rate among expecting mothers has decreased by 4.4% since 2011. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). 9.6% of mothers smoked during pregnancy in Porter County in 2015. Also in 2015, 86.6% of Porter County mothers breastfed their children. Since 2011, the population of mothers who breastfed has increased nearly 5.1% in the county.

Safe Sleep

Together, ISDH and Department of Child Services have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families in Porter 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 2.5.0 shows all of the safe sleep regions throughout the state. Porter County is in Region 2, shown on the accompanying map. There are 5 Safe Sleep locations in Region 2 as of 2017.

Figure 2.5.0: Porter County Safe Sleep Regions
Source: ISDH & Department of Child Services, 2017



Childcare and Health Services

Refer to the Table 2.5.1 below for additional data on childcare including expenditures in Porter County. The table shows the percentage of total consumer expenditures spent on all childcare. This includes child care, day care, nursery school, preschool, babysitting, and non-institutional day care. In Porter County, 0.67% of consumer expenditures go towards childcare. This is lower than the Indiana and U.S. values, and lower than previous values when measured.

In 2016, there were 39 licensed child care options in Porter County. Ten of the licensed options were at centers throughout the county and 29 of the licensed options were at homes of local residents.

Table 2.5.1: Childcare and Health Services Related to Children

Indicator	Source	Measurement Period	Rate or Percentage in Porter County, IN	Rate or Percentage in Indiana
Consumer Expenditures: Childcare	HCI	2017	0.67%	0.64%
Childcare services	http://datacenter.kidscount.org/data/tables/5192-child-care-facilities-by-type?loc=16&loct=5#detailed/5/2355/false/870,573,869,36,868/1294,1295,1296/11663	2016	Licensed Center – 10 Licensed Home – 29 Registered Ministry – 8	

FOOD SECURITY

Table 2.5.2: Food Security Index in Porter County

Indicator	Source	Measurement Period	Porter County, IN	Prior Value	Indiana
Food Environment Index[1]	County Health Rankings	2015	8.0	N/A	7.0
Food Insecurity Rate[2]	County Health Rankings	2010-2014	11.1%	N/A	15%
Child Food Insecurity Rate[3]	Feeding America	2016	15.9%	N/A	17.7%
SNAP Authorized Stores[4]	U.S Department of Agriculture (USDA) – Economic Research Service	2016	89.92	83.58 △	N/A
Grocery Store Density[5]	USDA – Economic Research Service	2014	0.07	0.09 ▽	N/A
Farmers Market Density	USDA – Economic Research Service	2016	0.02	0.01 △	N/A

1 Combines two measures of food access: the % of the population that is low-income and has low access to a grocery store, and the % of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best), and equally weights the two measures.
2 Percentage of the population that experienced food insecurity at some point during the last year.
3 Percentage of children under 18 living in households that experienced food insecurity at some point in the past year.
4The average monthly number of stores in the county authorized to accept SNAP (Supplemental Nutrition Assistance Program, previously called Food Stamp Program) benefits.
5 Number of supermarkets/grocery stores per 1,000 population.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a postive direction.

△ = Indicates current value is higher than the prior year value, and trending in a negative direction.

Table Key:

△ = Indicates current value is higher than the prior year value, and trending in a postive direction.

= = Indicates current value is equal to the prior year value.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a negative direction.

FOOD SECURITY

Food insecurity is measured by the percentage of people in a county who did not have access to a reliable source of food during the past year. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important but it may be equally important to have adequate access to a constant food supply. In 2015, 11.10% of Porter County was considered food insecure.

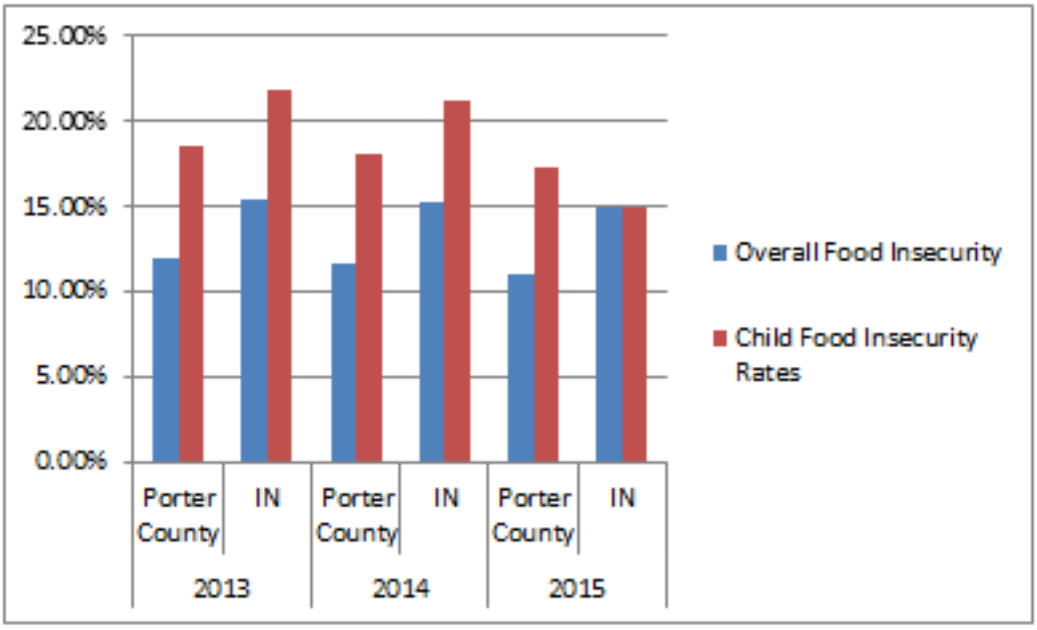
There has been a downward trend in food insecurity since 2013. Food insecurity rate among children in Porter County was 17.3% in 2015. There has been a downward trend in child food insecurity as well since 2013.

Table 2.5.3: Child Food Insecurity Profile in Porter County

	2013		2014		2015	
	Porter County	IN	Porter County	IN	Porter County	IN
Overall Food Insecurity	12.00%	15.40%	11.70%	15.30%	11.10%	15%
Child Food Insecurity Rates	18.60%	21.80%	18.10%	21.20%	17.30%	15%

Source: http://map.feedingamerica.org/county/2013/child/indiana/county/porter

Figure 2.5.1: Food Security Graph in Porter County



PHYSICAL ACTIVITY

Refer to Table 2.5.4 below that describes physical activity indicators in Porter County and Indiana.

High Schoolers Physically Active

In 2015, the USDA reported that 25.3% of high schoolers were physically active in the Porter County.

Physical Inactivity

According to County Health Rankings, 24% of residents in Porter County were identified as physically inactive compared to 26% in the entire state (2013). At this time, Healthy People 2020 has not established a goal for this indicator. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions.

Access to Exercise Opportunities

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

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

The numerator is the number of individuals who live in census blocks meeting at least one of the above criteria. The denominator is the total county population. Parks included in the Access to Exercise Opportunities measure include local, state, and national parks. Recreational facilities included in the Access to Exercise Opportunities measure are businesses including gyms, community centers, YMCAs, dance studios and pools.In Porter County, 83% of residents have access to exercise opportunities. The average in Indiana is 75%.

Recreation and Fitness Facilities

Fitness and recreation centers are defined as "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports." In 2014, it was reported that there were 15 recreation and fitness facilities in all of Porter County.

Table 2.5.4: Physical Activity Rates in Porter County

Indicator	Source	Measurement Period	Porter County, IN	Indiana
Physically Active High Schoolers	USDA – Economic Research Service	2015	25.3%	N/A
Physical Inactivity	County Health Rankings	2013	24%	26%
Access to Exercise Opportunities	County Health Rankings	2014	83%	75%
Recreation and Fitness Facilities, count	Community Commons	2014	15	N/A
Recreation and Fitness Facilities, rate per 1,000 population	USDA – Economic Research Service	2014	0.09	N/A

SLEEP HEALTH

Insufficient Sleep (county-level)
Insufficient sleep measures are calculated by measuring the percentage of adults who report getting fewer than 7 hours of sleep on average. In 2014, 35% of adults in Porter County reported this. The state average is 36%.

Proportion of High School Students Who Get Sufficient Sleep
Healthy People 2020 identified sufficient sleep as one of the target health goals for students across the nation. "Sufficient sleep" is defined as 8 or more hours of sleep in a single night.
In 2015, it was reported by the Youth Risk Behavior Surveillance System that only 27.3% of Indiana students surveyed identified getting a sufficient amount of sleep.

Proportion of Adults Who Get Sufficient Sleep
In 2015, it was reported that approximately 66.5% of adults in Indiana surveyed identified getting a sufficient amount of sleep.

Table 2.5.5: Sleep Health in Porter County

Indicator	Source	Measurement Period	Porter County, IN	Indiana
Insufficient Sleep	County Health Rankings	2014	35%	36%
Proportion of High School Students who get Sufficient Sleep	Healthy People 2020	2015	N/A	27.3%
Proportion of Adults who get Sufficient Sleep	Healthy People 2020	2009-2015	N/A	66.5%

IMMUNIZATIONS

Updated immunization coverage is necessary for the prevention and spread of infectious diseases. Table 2.5.6 below outlines immunization rates for Porter County and the state of Indiana for infant immunizations, the flu, pneumonia, and Human Papillomavirus.

Table 2.5.6: Immunization Profile Porter County

Indicator	Source	Measurement Period	Porter County, IN	Indiana
Recommended Infant Immunizations	Indiana Indicators	2015	65.0%	N/A
Influenza	National Center for Immunization and Respiratory Diseases	2016-2017	N/A	43.6%
Pneumonia				
HPV	CDC-TeenVaxView	2016	N/A	80%

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. 84% of Porter County diabetic Medicare enrollees received routine monitoring in 2014 and 58% of Porter County female Medicare enrollees ages 67-69 received a mammogram in 2014.

Table 2.5.7: Porter County Health Screening Statistics

Indicator	Source	Measurement Period	Porter County, IN	Indiana
Mammograms (ages 67-69)	County Health Rankings	2014	58%	62%
Pap (Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years)	Behavioral Risk Factor Surveillance System	2010	N/A	94.6%
Diabetes (ages 65-75)	County Health Rankings	2014	84%	85%
Colorectal (Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy)	Behavioral Risk Factor Surveillance System	2010	N/A	54.7%

HEALTH OUTCOMES

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

ACCIDENTS, INJURIES, AND HOMICIDES

Unintentional injury and accidents continue to rank in the top 15 leading causes of injury or death, across the state and within the county. County and state data regarding injury prevention and safety indicators are compared in Table 3.0 below.

Table 3.0: Lake County Unintentional Injuries and Homicides

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP2020 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	32.8	43.4	36
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	11.4	15.9	13
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	13.2	14.4	10
Traffic Injury Mortality	Traffic injury mortality is represented by the number of motor vehicle-related deaths per 100,000 people.	ISDH	2015	9.8	12.5	12
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	15.5	6.1	6
Firearm Mortality	Firearm mortality is represented by the number of deaths resulting from discharge of a firearm per 100,000 people.	ISDH	2014	18.1	12.2	9
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	801.4	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	75.0	71.0	56.0
Trauma Hospital Travel Time	The average drive time from the center of the community's population to the nearest American College of Surgeons verified trauma hospital. It is a measure of access to specialized trauma	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2012	28.5	36.2	N/A

Adult excessive drinking is another important indicator because it is also a lifestyle choice that can lead to increased risk of health problems including: injuries, violence, liver disease, and cancer. Within Lake County, 15.1% of adults, ages 18 and older, excessively drink. The National Institute on Alcohol and Alcoholism defines binge drinking as "a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above (2017). Abuse of prescription drugs is a serious and growing public health issue across the United States.

Table 3.1 Lake County Alcohol Imparied Driving Death Rates

Indicator	Description	Source	Measurement Period	Lake County	Indiana
Driving Under the Influence of Alcohol Arrest Rate	**Persons arrested for driving under the influence (DUI) of alcohol per 1,000 people.**	**Indiana University Center for Health Policy**	**2012**	**4.8**	**3.6**
Alcohol-Impaired Driving Deaths	Percentage of motor vehicle crash deaths with alcohol involvement.	County Health Rankings	2011-2015	32.3%	24.8%

BEHAVIORAL HEALTH

Quality of Life Indicators

According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Lake County's value of 4.1 is the average numbers of days a county's adult respondents report that their mental health was not good (2016). According to County Health Rankings, the ratio of mental health provider to patient is 1:650 in Lake County, compared to the state ratio which is 1:730.

Table 3.2: Lake County Mental Health Profile

Indicators	Days or Percentage	Error Margin
Mentally Unhealthy Days	4.1	3.9-4.2
Frequent Mental Distress	12%	12-13%

Sources: Behavioral Risk Factor Surveillance Systems, 2016; County Health Rankings, 2017

Physically Unhealthy Days
Physically unhealthy days are determined by the average number of days reported over the course of one month. In Lake County, the average is 4.3 days per every 30 days.

Disconnected Youth
The amount of disconnected youth is measured by the percentage of teens and young adults (ages 16-24) who are neither working nor in school. The average in the entire state of Indiana is 14%. Lake County matches the state average with 16%.

Substance Abuse and 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. Please refer to Table 3.3 below for a comparison of substance use indicators across the state and county.

Table 3.3: Lake County Substance Use & Abuse

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP2020 Goal
Adult Smoking	Percentage of adults, 18 or older, who smoke	County Health Rankings	2017	18.4%	21.0%	18.0%
Adult Excessive Drinking*	Percentage of adults, 18 or older, who are binge or excessive drinkers	County Health Rankings	2017	15.1%	17.0%	8.0%
Controlled Substance Dispensed	Number of controlled substances dispensed by a licensed pharmacist or physician per capita.	Indiana University Center for Health policy	2015	0.6%	1.0%	N/A
Age-Adjusted Hospitalization Rate due to Substance Abuse	Average annual age-adjusted hospitalization rates due to substance abuse per 10,000 population among adults 18 years and older	Illinois & Indiana Hospital Association; Healthy Communities Institute	2014-2016	5.3%	11.4%	N/A
Drug Overdose Death Rate	Death rate per 100,000 people due to drug overdose.	County Health Rankings	2013-2015	11.8%	16.5%	N/A

Suicide

Suicide is one of the most preventable causes of death, yet it continues to have a major impact on the overall health in the state of Indiana. Refer to Tables 3.4 for suicide statistics across the nation, state, and county.

Table 3.4: Suicide Death Rate Comparison, 2016

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP2020 Goal
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	14.4%	13.2%	10%

Infectious Disease Rates

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

Table 3.5: AIDS/HIV Rates by State and County

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP2020 Goal
HIV Prevalence	Existing cases of HIV per 100,000 people.	County Health Rankings	2017	178.1	238.9	N. A

Chlamydia

Chlamydia is a sexually transmitted infection that infects both men and women. In the event that chlamydia is left undetected and untreated, women are especially at risk because it can result in serious reproductive health complications (CDC, 2017). In 2017, the incidence rate of chlamydia was 434 in Indiana and 518.7 in Lake County. Incidence is a measure of the new cases of a disease (chlamydia) during a specific period of time (2017) (Indicators, 2015). There has been a 13.35% decrease in reported chlamydia cases from 2012 (Indiana State Department of Health, 2016).

Table 3.6: Chlamydia Rates by State and County

	2012		2013		2014		2015		2016	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Lake County	2,531	513.3	2,465	501.7	2,549	519.6	2,406	493.4	2,193	449.7

Gonorrhea is a sexually transmitted infection that can infect both men and women. Young adults, ages 15-24, are most at-risk for contracting gonorrhea. However, permitting early detection, it can be easily treated (CDC, 2017). Since 2012, the reported cases of gonorrhea in Lake County have decreased by 17.82%.

Table 3.7: Gonorrhea Rates by State and County

	2012		2013		2014		2015		2016	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Lake County	690	139.9	625	127.2	597	121.7	627	128.6	567	116.3

Intestinal Disease Infections

From 2012-2016, the average number of enteric intestinal disease infections was 30.2 per 100,000.

Table 3.8: Intestinal Disease Rates by State and County

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP 2020 Goal
Intestinal Disease Infections	Intestinal disease cases per 100,000 people.	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2014	30.2	47.6	N/A

Since 2011, the number of live births in Lake County has decreased by 4.41% and the number of babies born with low birth weight in Lake County has decreased by 15.61. The number of babies born before 37 weeks gestation in Lake County has decreased by 25% since 2011. It is likely that any significant decrease in negative measures of natality or infant health outcomes can be attributed to by the increase in access, availability, and affordability of prenatal assistance programs in Lake County.

MATERNAL, INFANT AND CHILD HEALTH

Table 3.9: Lake County Birth Outcomes Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
Natality						
# of Live Births	6,183	5,991	6,023	6,080	5,910	30,187
# Low Birth Weight	570	524	513	511	481	2,599
% Low Birth Weight	9.2%	8.7%	8.5%	8.4%	8.1%	8.6%
State Percent	*8.1%*	*7.9%*	*7.9%*	*7.9%*	*8.0%*	*8.0%*
# Preterm Births	728	652	640	598	546%	3,164
% Preterm Births	11.8%	10.9%	10.6%	9.8%	9.2%	10.5%
State Percent	*10.0%*	*9.6%*	*9.6%*	*9.7%*	*9.6%*	*9.7%*

Low Birth Weight = < 2,500 grams
Preterm = <37 weeks gestations
Source: Indiana State Department of Health, Division of Maternal and Child Health

Mothers who smoke during pregnancy jeopardize their health as well as their fetus. It is likely that a baby whose mother smoked during pregnancy will be born premature, have less developed lungs, and be low birth weight. Furthermore, secondhand smoke can still negatively impact the health of the baby, even after they are born by increasing risk of SIDS, asthma, and stunted growth or development (2017).

Mothers Who Smoke

Table 3.10: Lake County Mortality Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Smoked	771	641	657	618	538	3,225
% Smoked During Pregnancy	12.5%	10.7%	10.9%	10.2%	9.1%	10.7%

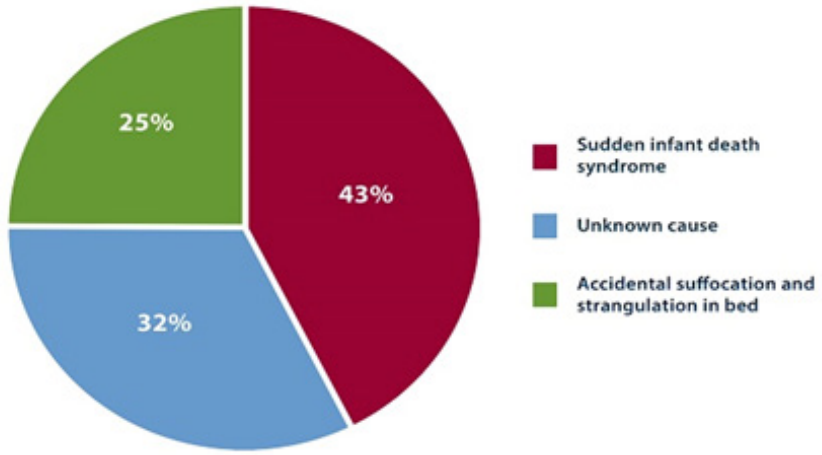
Low Birth Weight = < 2,500 grams
Preterm = <37 weeks gestations
Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

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

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

Figure 3.0: Commonly Reported SUIDs in Indiana



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

Compared to the entire state, Lake County has higher rates in all four measures of mortality. Lake County ranks 71 out of 92 for Length of Life measures, which includes premature death.

Table 3.11: Infant Mortality Rates in Lake County

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
Mortality						
# Neonatal Deaths	35	36	34	30	30	165
# Post-Neonatal Deaths	17	23	17	17	13	87
# Infant Deaths	52	59	51	47	43	252
Infant Mortality Rate (IMR) per 1,000 Live Births	8.4	9.8	8.5	7.7	7.3	8.3
State IMR	***7.7***	***6.7***	***7.1***	***7.1***	***7.3***	***7.2***

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

Young Child

In 2015, the child abuse rate was 15.3 in Lake County. This indicator shows the number of abuse or neglect per 1,000 children under the age of 18 (Annie E. Casey Foundation). The vale may include multiple incidents of abuse per child victim during 2015. Child abuse includes physical, sexual, or emotional abuse. Child abuse and neglect can negatively influence or interrupt physical, intellectual, and psychological childhood and adolescent development. According to Health Communities Institute, "All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, work, or school" (2016).

CHRONIC DISEASES

Chronic diseases are among the most prevalent and costly health issues in Indiana and across the nation. Indiana has significantly inflated rates compared to the nation in regard to a variety of chronic health diseases. Chronic diseases are often easily detected and preventable. According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death Indiana (2017).

RESPIRATORY DISEASES

Respiratory complications and diseases continue to fill the Emergency Departments in Lake County (Indicators, 2015). Refer to Table 3.12 below for comparisons of respiratory diseases rates across the state and county.

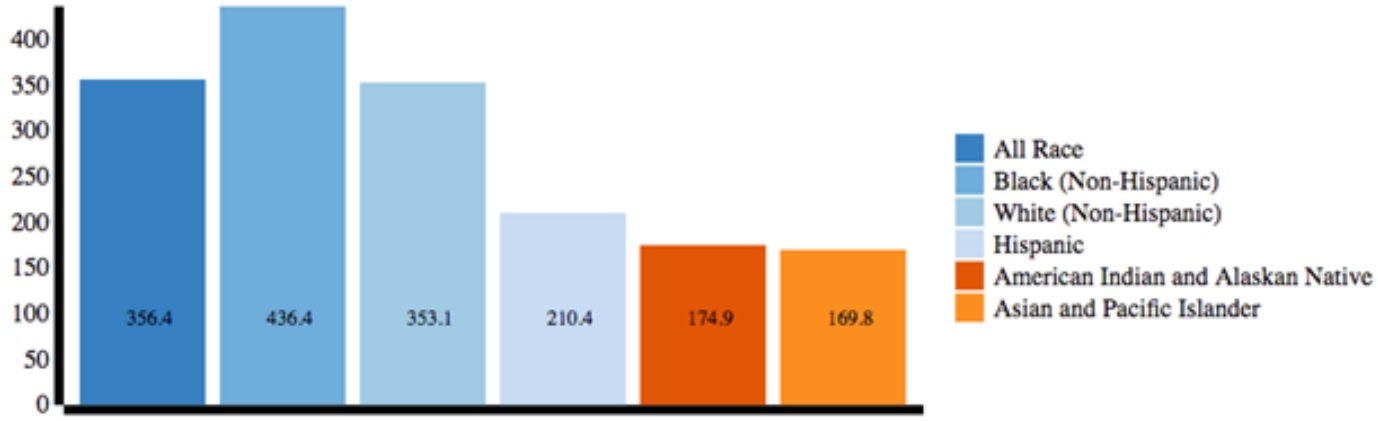
Table 3.12: Lake County Respiratory Disease Rate Comparisons

Indicator	Description	Source	Measurement Period	Lake 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	71.6	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	104.2	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	18.9	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	8.3	8.5
Asthma Medicare Population	Percentage of Medicare beneficiaries who were treated for asthma.	Centers for Medicare & Medicaid Services	2015	10.7	9.0
Age-Adjusted Population Rate due to COPD	Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease per 10,000 people aged 18 years and older.	Indiana Hospital Association	2014-2016	39.5	31.8
COPD Medicare Population	The percentage of Medicare beneficiaries who were treated for chronic obstructive pulmonary disease (COPD).	Centers for Medicare & Medicaid Services	2015	15.5%	13.8%
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	41.0	55.4

CARDIOVASCULAR DISEASE

According to the data below, the national heart disease death rate was 327, the state rate was 355.6, and the rate in Lake County was 356.6. Refer to the Figure 3.1 and Table 3.13 below for a demographic breakdown of death rates and percentages for each race/ethnicity which provides comparisons across the nation, state, and county.

Figure 3.1: Heart Disease Death Rate, All Race & Gender, Lake County, 2014-2016



Source: CDC, DHDSP Interactive Atlas County Report

Table 3.13: Cardiovascular Disease Death Rate Comparison

Race or Ethnicity	Heart Disease Death Rate per 100,000, 35+, All Race, All Gender, 2013-2015		
	Nation	Lake County	Indiana
All Race	327	356.4	355.6
Black (Non-Hispanic)	411.9	436.4	411.2
White (Non-Hispanic)	333.8	353.1	357.4
Hispanic	230.3	210.4	178.1
American Indian and Alaskan Native	299	174.9	97.1
Asian and Pacific Islander	174.2	169.8	144

The national heart disease death rate was 99.7, the state rate was 104.5, and the rate in Lake County was 97.6 (CDC, DHDSP, 2013-2015).

According to the American Heart Association, black men, ages 65 or older are most likely to die from coronary heart disease (2016). Please refer to Table 3.15 below for a statistical comparison regarding black men and coronary heart disease death rates across the nation, state, and county.

Table 3.15: Coronary Heart Disease Death Rate Comparison among Black Men, 2013-2015

Race or Ethnicity	Heart Disease Death per 100,000, 65+, Black, Men		
	Nation	Lake County	Indiana
Black (Non-Hispanic)	881.5	864.6*	896.1

*Category range = 777-938
Source: CDC. Interactive Atlas County Report

STROKE

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

Table 3.16: Lake County Stroke Data, 2014-2015

Indicator	Rates per 100,000 Death or Hospital Admission		
	Lake County	Indiana	HP 2020 Goal
Stroke Hospitalization	25.8	20.9	N/A
Stroke Mortality	43.0	39.0	34

Source: Indiana State Department of Health, Epidemiology Resource Center
Retrieved from: http://indianaindicators.org/CountyDashboard.aspx?c=089

OBESITY

Obesity is a major risk factor of diabetes and cardiovascular disease in general. According to the American Heart Association, people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present (2016). Major risk factors that people cannot control or change include age, sex, and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity, and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Table 3.17: Lake County Obesity Data, 2013

Indicator	Diagnosed Diabetes: Percentage	Percentage of Men	Percentage of Women
Obese Adults, ages 20+	33.9%	34.8%	33.2%
Low-income Preschool Obesity	12.1%	N/A	N/A

Source: CDC Interactive Atlas County Report

DIABETES

In 2013, the prevalence of diabetes in Lake County was 12.2%. Meaning, 12.2% of the population, ages 18 or older, were medically diagnosed with diabetes. The percentage of men with diabetes was 12.5% and the percentage of women with diabetes was 12%. The overall prevalence of diabetes in Indiana was 10.2% in 2013 (Indiana Indicators, 2011-2013). In 2015, the diabetes mortality rate was 33.6 in Lake County and 26.8 in the state (Indiana Indicators, 2015).

Table 3.18: Lake County Diabetes Data, 2011-2016

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Indiana	Lake County
Diabetes Prevalence	Percentage of adults aged 18 and older with medically diagnosed diabetes.	CDC Diabetes Data and Statistics	2011-2013	10.2	12.6
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and older who have ever been diagnosed with diabetes.	CDC	2013	11.1%	12.2%
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 people aged 18 years and older, including both type 1 and 2.	Indiana Hospital Association	2014-2016	20.3	33
Age-Adjusted Death Rate due to Diabetes	Age-adjusted death rate per 100,000 people due to diabetes.	ISDH	2015	26.8	33.6
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 people aged 18 years and older.	Indiana Hospital Association	2014-2016	9.0	11.9
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 people aged 18 years and older.	Indiana Hospital Association	2014-2016	9.5	17.5
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	Average annual age-adjusted hospitalization rate due to uncontrolled diabetes per 10,000 people aged 18 years and older.	Indiana Hospital Association	2014-2016	1.5	3
Diabetes Medicare Population	Percentage of Medicare beneficiaries who were treated for diabetes.	Centers for Medicare & Medicaid Services	2015	27.5%	30.9%
Diabetic Monitoring Population	Percentage of diabetic Medicare patients ages 65-75 who had a blood sugar test* in the past year.	The Dartmouth Atlas of Healthcare	2014	84.7%	81.6%

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

CANCER

Table 3.19: Comparisons of Cancer Data*

Indicator	Lake County	Indiana	HP 2020 Goal
Cancer Incidence	470.9	500.9	N/A
Lung	74.3	74	N/A
Colorectal	50	50.8	39
Breast	120	127.2	41
Prostate	102.1	131.9	N/A
Cancer Mortality	176.1	180.2	161
Lung	50	47.8	46
Colorectal	15.5	19.6	15
Breast	11.3	14.2	21
Prostate	7.7	8	21

*Measurement period for cancer incidence rates was 2009-2013 and mortality incidence rate data was collected in 2015.
Rate per 100,000 population

HEALTH OUTCOMES

Franciscan HEALTH

SECTION 3.5

PORTER COUNTY

community HEALTH NEEDS ASSESSMENT

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

ACCIDENTS, INJURIES, AND HOMICIDES

Unintentional injury and accidents continue to rank in the top five leading causes of injury or death, across the state and within the county. County and state data regarding accident and injury indicators are shown below.

Table 3.5.0: Porter County Unintentional Injuries and Homicides

Indicator	Source	Measurement Period	Porter County, IN	Indiana
		Accidents		
DUI per 1,000	HCI	2012	6.2	3.6
Alcohol Impaired Driving Deaths	HCI	2011-2015	29.9%	24.8%
		Injuries		
Unintentional Injury Mortality per 100,000	Indiana Indicators	2013-2017	53.8	58.0
Unintentional Poison Mortality per 100,000	Indiana Indicators	2013-2017	27.6	27.3
Injury Emergency Department Visits per 10,000	Indiana Indicators	2016-2017	982.9	849.6
Injury Hospitalization per 10,000	Indiana Indicators	2016-2017	60.7	69.1
		Homicides		
Homicide Deaths per 100,000	Indiana Indicators	2013-2017	*Below significance*	7.1

MOTOR VEHICLE ACCIDENTS

An important strength of this measure is that alcohol-impaired driving deaths directly measure the relationship between alcohol and motor vehicle crash deaths. According to the data show in table, 29.9% of driving deaths in Porter County were attributed to alcohol, as compared to 24.8% throughout the entire state.

BEHAVIORAL HEALTH

Mentally Unhealthy Days
According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Porter County's value of 3.9 is the average number of days a county's adult respondents report that their mental health was not good (2015).

Physically Unhealthy Days
Physically unhealthy days are determined by the average number of days reported over the course of one month. In Porter County, the average is 3.8 days per every 30 days.

Disconnected Youth
The amount of disconnected youth is measured by the percentage of teens and young adults (ages 16-24) who are neither working nor in school. The average in the entire state of Indiana is 14%. Porter County is at 13%.

Table 3.5.1: Quality of Life Indicators

Indicator	Source	Measurement Period	Porter County, IN	Indiana
Quality of Life				
Poor Mental Health Days per month	County Health Rankings	2016	3.9	4.3
Physically Unhealthy Days	County Health Rankings	2016	3.8	3.9
Disconnected Youth	County Health Rankings	2010-2014	13%	14%
Substance Abuse and Recovery				
Excessive Drinking	County Health Rankings	2016	20%	19%
Heroin Treatment Rate per 1,000	HCI	2015	1.2	0.83
Methamphetamine Treatment Rate	HCI	NA	NA	NA
Opioid Drug Overdose Mortality per 100,000	Indiana Indicators	2013-2017	21.4	17.1
Suicide				
Suicide Mortality per 100,000	Indiana Indicators	2013-2017	20.4	16.2

Substance Abuse and Recovery

Excessive drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. The numerator is the sum of binge and/or heavy drinking while the denominator is the total county population. In Porter County, 22% of surveyed adults reported excessive drinking in the past 30 days.

Suicide

This measure is determined by averaging the percent change of the age-adjusted death rate per 100,000 people each year. The average amount of suicide deaths per 100,000 in Porter County is 8.1. For the entire state of Indiana, the average is 10.2.

INFECTIOUS DISEASE

Infectious Disease Rates

Infectious disease is inevitable; however, rates can be reduced through preventative measures or modifications to lifestyle behaviors/choices. Please refer to Table 3.5.2 below for a description of infectious diseases and a comparison of rates across Indiana and Porter County.

Table 3.5.2: Infectious Disease Rates by State and County

Indicator	Source	Measurement Period	Porter County, IN	Indiana
Hepatitis C, Acute Incidence Rate per 100,000	ISDH	2011-2015	0.7	2.1
Hepatitis C, Chronic Incidence Rate per 100,000	ISDH	2011-2015	38.4	105.8
Rate of newly Diagnosed HIV/AIDS per 100,000	ISDH	2011-2015	4.2	9.4
HIV/AIDS Prevalence Rate per 100,000	ISDH	2015	99.6	N/A
Rate of Chlamydia infection per 100,000	ISDH	2011-2015	230.0	436.4
Rate of Gonorrhea infection per 100,000	ISDH	2011-2015	25.7	118.5
Intestinal Disease Infections per 100,000	Indiana Indicators	2013-2017	54.6	39.9

https://www.in.gov/isdh/files/CountyProfilesOfOpioidUse2017.pdf

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 equipment is considered high risk for transmitting HIV because the drug materials may have blood in them, which can carry HIV. Use of drugs can reduce inhibitions and increase sexual risk behaviors, which may result in chlamydia, gonorrhea, or other STDs. There is no cure for HIV, but treatment with antiviral therapy greatly extends the life expectancy of people living with HIV. From 2010 to 2015, the rate of newly diagnosed cases of HIV in Porter County was 4.2 per 100,000 and the rate of newly diagnosed cases of AIDS was 4.7 per 100,000.

HIV/AIDS Prevalence

Because of better treatment, more people than ever are living with HIV in the U.S. While HIV prevalence in the U.S is still increasing, the incidence rate of annual new HIV/AIDS infections have remained relatively stable over the past few years. In 2017, the prevelence rate was 99.6 per 100,000.

Chlamydia

Chlamydia is a sexually transmitted infection that infects both men and women. In the event that chlamydia is left undetected and untreated, women are especially at risk because it can result in serious reproductive health complications (CDC, 2017). In 2015, the incidence rate per 10,000 was 230.0 in Porter County. Incidence is a measure of the new cases of a disease (chlamydia) during a specific period of time.

Gonorrhea

Gonorrhea is a sexually transmitted infection that can infect both men and women. Young adults, ages 15-24, are most at-risk for contracting gonorrhea. However, permitting early detection, it can be easily treated (CDC, 2017). The incidence rate of Gonorrhea per 100,000 in Porter County was 25.7 between the years 2015.

MATERNAL, INFANT AND CHILD HEALTH

Since 2011, the number of live births in Porter County has decreased. The number of babies born with a low birth decreased between 2012 and 2014, but saw an increase from 2014-2015. The number of babies born before 37 weeks gestation in Porter County has decreased since 2011.

Table 3.5.3: Porter County Birth Outcomes Profile, 2011-2015

Indicator	Source	Measurement Period	Porter County, IN	Indiana
		Birth Outcomes		
Preterm Birth	ISDH	2011-2015	9.1%	9.7%
Low/Extremely Low Birth Weight	ISDH	2011-2015	6.8%	8.0%
SUIDs	ISDH	2012-2016	56.5 per 100,000	
		Mortality		
Rates	ISDH	2011-2015	4.3 per 1,000	7.2 per 1,000
Mothers who smoked during Pregnancy	ISDH	2011-2015	11.0%	15.6%

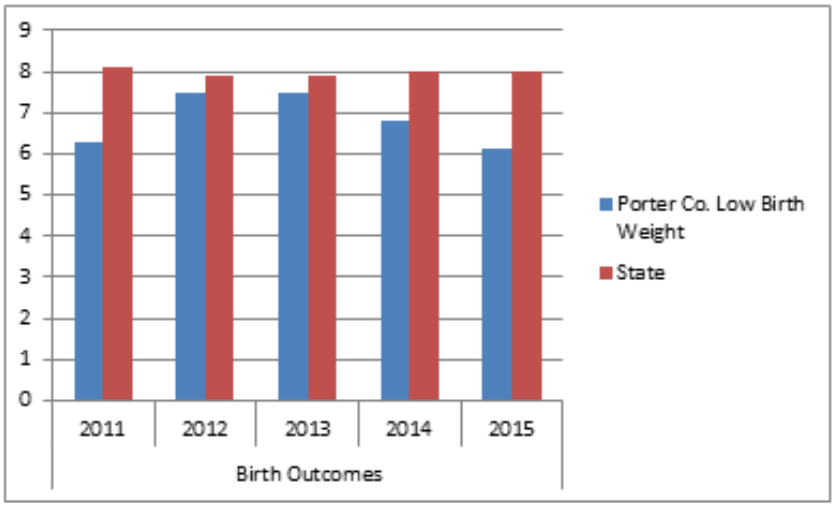


Figure 3.5.0: Porter County Birth Outcomes Profile, 2011-2015

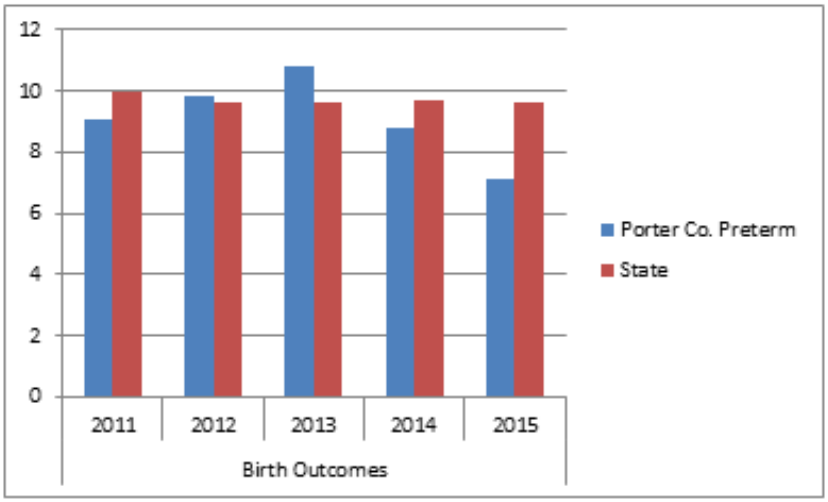
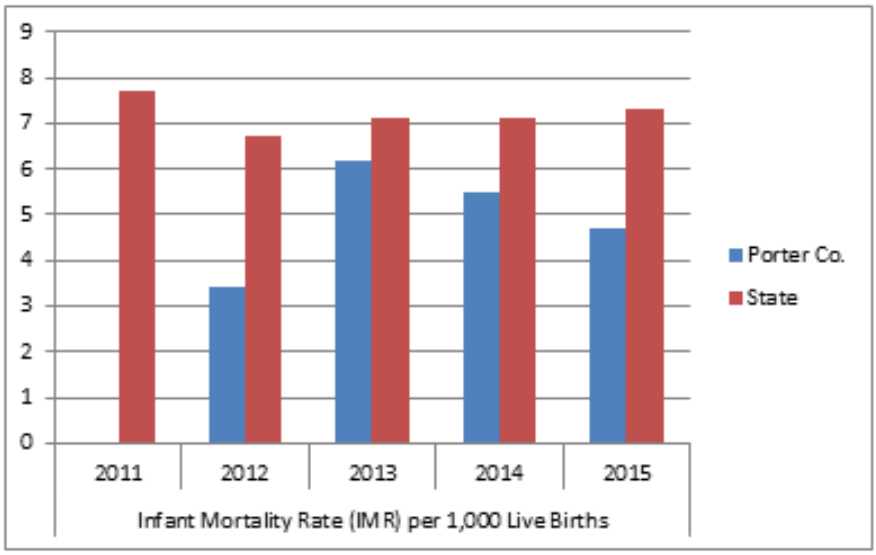


Figure 3.5.1: Porter County Preterm Births Outcomes Profile, 2011-2015

Infant Mortality

The infant mortality rate in Porter County is 6.3 deaths per 1,000 live births. That number is lower than the state value of 7.2 deaths per 1,000 live births. The percentage of mothers who smoked during pregnancy in Porter County has decreased from approximately 28% in 2011 to 25% in 2015.

Figure 3.5.2: Porter County Mortality Rate, 2011-2015



Young Child Health

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

Table 3.5.4: Porter County Child Abuse & Neglect Cases

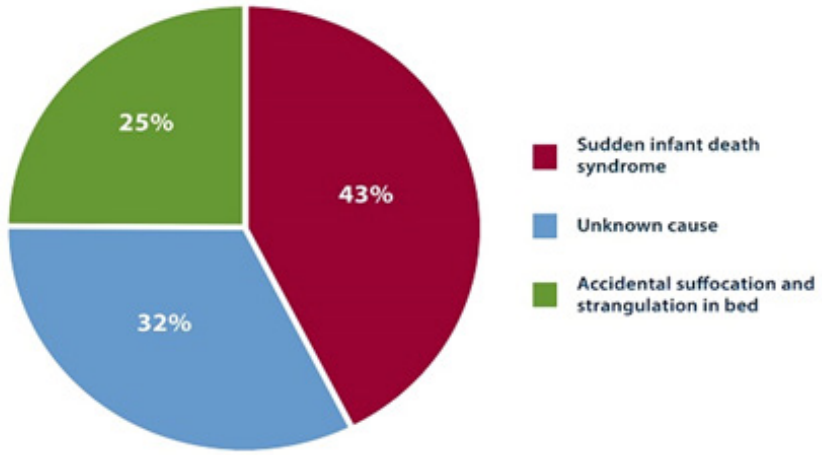
Indicator	Source	Measurement Period	Porter County, IN	Indiana
CHINS Cases	Kids Count	2015	127	15,444
Neglect	Assessment Decisions on Indiana.gov	2017	Substantiated: 7.14% Unsubstantiated: 61.43%	Substantiated: 10.10% Unsubstantiated: 65.52%
Sexual Abuse		2017	Substantiated: 1.79% Unsubstantiated: 9.64%	Substantiated: 1.19% Unsubstantiated: 6.81%
Physical Abuse			Substantiated: 1.3% Unsubstantiated: 18.57%	Substantiated: 0.71% Unsubstantiated: 15.66%
Abuse & Neglect Fatalities	ISDH	2015	2	77

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 3.5.3: Commonly Reported SUIDs



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

CHRONIC DISEASES

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

RESPIRATORY DISEASES

Respiratory disease continues to be a problem in Porter County as asthma and other respiratory disease like COPD lead to emergency department visits and hospitalization. Respiratory disease rates in Porter and Indiana for comparison are shown in table below. The number of pediatric and adult asthma cases is also shown below along with the percentage of adults who smoke in the county.

Table 3.5.4: Porter County Respiratory Disease Rate Comparisons

Indicators	Measurement Period	Source	Porter County	Indiana
Pediatric Asthma Counts	2015 2016	BRFSS Joint Report from CDC'S National Program of Cancer Registries, NCI'S SEER Program, and state-based Cancer Registries	3,088	118,772
Adult Asthma Counts	2015 2016	BRFSS Joint Report from CDC'S National Program of Cancer Registries, NCI'S SEER Program, and state-based Cancer Registries	13,219	518,802
Chronic Lower Respiratory Disease Mortality Rate, per 100,000 population	2015	ISDH	168,404	55.4
COPD Counts	2015 2016	BRFSS Joint Report from CDC'S National Program of Cancer Registries, NCI'S SEER Program, and state-based Cancer Registries	40.5	403,946
Percentage Adults Who Smoke	2017	BRFSS	15.5%	21.0%

CANCER

According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death in Indiana (2017). Refer to Table 3.5.5 for Porter County statistics regarding deaths due to cancer.

Table 3.5.5: Comparisons of Cancer Data*

Indicator	Porter County	Indiana	HP 2020 Goal
Cancer Incidence*	457.5	500.9	N/A
Lung	67.3	74	N/A
Colorectal	44.5	50.8	39
Breast	121.4	127.2	41
Prostate	110.8	131.9	N/A
Cancer Mortality**	172.7	180.2	161
Lung	43.2	47.8	46
Colorectal	13.4	19.6	15
Breast	22.7	14.2	21
Prostate	15.9	8	21

*Incidence Measurement Period: 2009-2013; **Mortality Rate Measurement Period: 2015; ***Rates per 100,000 persons
Source: Indiana State Department of Health

CARDIOVASCULAR DISEASE

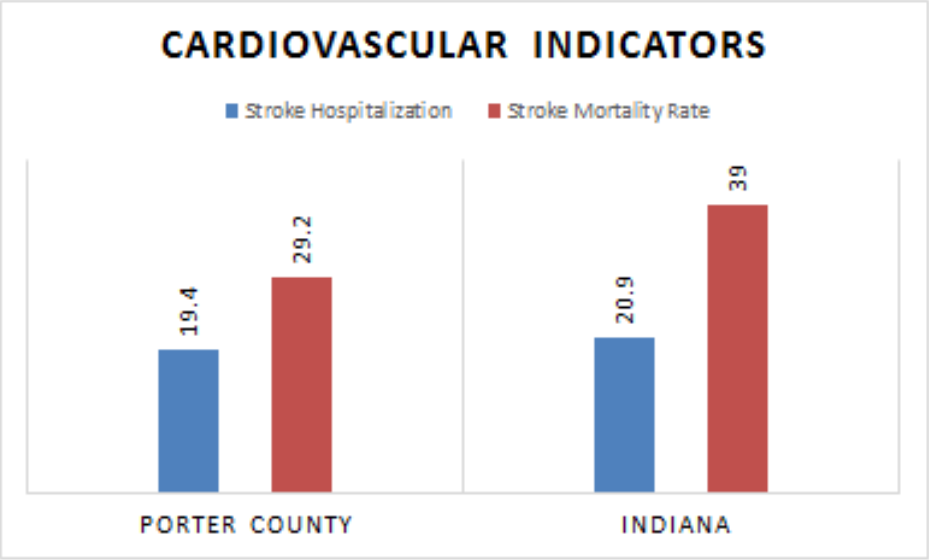
Refer to Table 3.5.6 and Figure 3.5.4 for Porter County statistics regarding deaths due to cardiovascular disease.

Table 3.5.6: Porter County Stroke Data

Indicators	Porter County	Indiana	HP 2020 Goal
Stroke Hospitalization Rate, per 10,000 population	19.4	20.9	N/A
Stroke Mortality Rate, per 100,000 population	29.2	39	34

Source: Indiana State Department of Health, Epidemiology Resource Center
Accessed at: http://indianaindicators.org/dash/map.aspx

Figure 3.5.4: Cardiovascular Indicators for Porter County



Cardiovascular disease continues to be a problem in Porter County as strokes; heart disease and other cardiovascular diseases lead to emergency department visits and hospitalization. The table shows cardiovascular disease rates in Porter. The number of hospitalizations and deaths are shown in the table as well as the given measurement period.

Table 3.5.7: Porter County Heart Disease Data*

Indicators	Porter County	Indiana
Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Race, All Gender	55.4	50.2
Heart Disease Death Rate per 100,000, 65+, All Race, All Gender	1,010.6	1,153.2
Acute Myocardial Infarction Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Race, All Gender	7.1	8
Acute Myocardial Death Rate per 100,000, 65+, All Race, All Gender	143.4	223.8
Heart Failure Hospitalizations Rate per 1,000 Medicare Beneficiaries, All Race, All Gender	17.1	15.3
Heart Failure Deaths per 100,000 (any mention), 65+, All Race, All Gender	912.6	786.5

*Hospitalization rate measurement period: 2012-2014; death rate measurement period: 2013-2015
Sources: Indiana State Department of Health; CDC DHDSP Interactive Atlas County Report
Accessed at: http://indianaindicators.org; https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=IN

OBESITY

Obesity is a major risk factor of diabetes and cardiovascular disease. According to the American Heart Association (2016), people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present. Major risk factors that people cannot control or change include age, sex, and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity, and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Obesity in Porter County is lower at 25.9% than that of the states average at 27.1%.We also see that diabetes rate is lower in Porter than that of the state average.

DIABETES

Table 3.5.8: Porter County Diabetes Data, 2013

Indicators	Porter County	Indiana
Obesity, Age-Adjusted Percentage, 20+	30.8	31.8%**
Diagnosed Diabetes, Age-Adjusted Percentage, 20+	8.9	12.2%***

*Measurement Period: 2014
**Percentage is among adults ages 18+; Measurement Period: 2015
***Measurement Period: 2013

Franciscan HEALTH

SECTION 4

community HEALTH NEEDS ASSESSMENT

As in every data collection and analysis process, 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 = 322)	91.4	41.9	49.5
Substance Abuse Prevention & Treatment (n = 317)	88.5	38.2	50.3
Walking Trails/Outdoor Space (n = 322)	87.2	28.8	58.4
Aging Services (n = 323)	86.9	37.1	49.8
Mental Health Counseling (n = 318)	86.4	36.3	50.1
Gun Safety Education (n = 322)	77.2	30.5	46.7
Job Training/Employment Assistance (n = 320)	77.0	37.8	39.2
Nutrition Education (n = 320)	75.0	50.0	25.0
Free/Emergency Childcare (n = 322)	74.4	32.0	42.4
Health Insurance Assistance (n = 321)	74.4	36.0	38.4
Food Pantries (n = 324)	73.0	35.7	37.3
Services for Women, Infants, Children (n = 322)	67.2	32.3	34.9
Financial Assistance (n = 318)	63.0	41.4	21.6
Family Planning (n= 318)	62.7	36.3	26.4
Prescription Assistance (n = 320)	62.6	40.2	22.4
Transportation Assistance (n = 324)	59.3	34.4	24.9
Legal Assistance (n = 321)	59.3	38.3	21.0
Food Stamps/SNAP (n = 322)	56.8	30.5	26.3
Housing Assistance (n = 321)	56.5	33.2	23.3
Needle Exchange (n = 311)	48.5	29.8	18.7

Participants in the convenience sample similarly rated 100% of the community programs to be among those that they perceived as being important to their community. However, the level of endorsement among those in the convenience sample was stronger than those in the random sample on each program. Some programs were rated as "very important" by those in the convenience sample at higher levels, including: food pantries, food stamps or SNAP, services for women, infants, and children, insurance assistance, mental health counseling, and substance abuse prevention and treatment.

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 = 329)

Health Issue	% Selecting Issues As One of Top 5 Needing Attention
Chronic Disease	53.7%
Obesity	45.3%
Substance Use and Abuse	42.6%
Mental Health	40.9%
Aging Issues	39.9%
Alcohol Use and Abuse	28.9%
Food access, affordability, and safety	25.1%
Poverty	22.5%
Environmental Issues	21.3%
Disability Needs	19.6%
Tobacco Use	18.1%
Injuries and Accidents	16.6%
Assault, Violent Crime, and Domestic Violence	16.3%
Suicide	15.7%
Reproductive Health and Family Planning	12.6%
Child Neglect and Abuse	12.0%
Dental Care	9.6%
Sexual Violence, Assault, Rape, or Human Trafficking	9.2%
Homelessness	6.9%
Infectious Diseases, like HIV, STDs, and Hepatitis	3.6%
Infant Mortality	0.3%

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 = 329)

Health Issue	% Selecting as a Top Priority for Resource Allocation
Mental Health	33.4%
Food Access, Affordability, and Safety	28.6%
Chronic Disease	28.4%
Aging Issues	28.1%
Substance Use and Abuse	25.3%
Poverty	20.5%
Child Neglect and Abuse	19.4%
Obesity	14.7%
Suicide	13.0%
Environmental Issues	12.8%
Disability Needs	12.2%
Sexual Violence, Assault, Rape, or Human Trafficking	9.8%
Homelessness	8.5%
Assault, Violent Crime, and Domestic Violence	7.5%
Alcohol Use and Abuse	7.4%
Reproductive Health and Family Planning	6.1%
Tobacco Use	4.2%
Injuries and Accidents	3.6%
Infant Mortality	2.9%
Dental Care	2.6%
Infectious Diseases, like HIV, STDs, and Hepatitis	1.4%

Those in the convenience sample selected many of the same priority needs as did those in the random sample, both as a priority need and a priority for resource allocation. Important patterns to note, however, included that participants in the convenience sample ranked food accessibility, tobacco use, assault and violence, child neglect and abuse, sexual violence, and poverty in higher proportions than did those in the random sample. Additionally, those in the convenience sample ranked assault and violence as being among their top 10 issues.

FOCUS GROUPS

Franciscan Health organized eight focus groups throughout Lake County, Indiana between August 2018 and October 2018. Of those eight focus groups, four were internal meetings, two were professional meetings, and two were residential meetings. The goal of the focus groups was to understand the needs, assets, and potential resources in various communities and to strategize how the hospitals can partner with communities to build resiliency. These focus group findings are a necessary component of data in the CHNA, as they focused on gathering information from community members and local professionals who have direct knowledge and experience related to the health disparities in the region.

Each of the focus groups was hosted by Franciscan Health or community based organization and the host organization assisted in recruiting participants. The focus groups were implemented in 90 to 120 minute sessions with an average of 8 to 10 participants at each. An internal handout and exit sheet was given to the participants. The handout consisted of infographics on adverse childhood experiences definitions and data, building community resiliency frameworks, and how they all play a vital role in the healing strategy of achieving healthy and connected communities. The exit sheet consisted of questions that gathered information on the strengths, challenges and opportunities.. The focus group information is described more in detail in Table 4.3.

Table 4.3: Lake County Focus Groups

Focus Groups Completed in Lake County		
Host Organization	Location/Date	Key Themes
Franciscan Health Dyer **As all staff was welcome to attend, the departments that participated in this conversation were Alverno Labs, ACO, Volunteers, Community Outreach, Home Health Care, and behavioral health.**	Reginald Board Room, Dyer, Indiana August 29th, 2018	The most reoccurring themes included awareness of this strategy, education on existing programs and preventing adverse experiences from either happening or getting worse. Some key action items taken from this focus group include creating some sort of a community resource guide that all employees would have access to in order to refer patients, to get better connected with the school age population on this ACE strategy, and to find ways to bring program and services to the more vulnerable communities.
Franciscan Health Crown Point **As all staff was welcome to attend, the departments that participated in this conversation were admitting, trauma prevention, cancer center, engineering, and stroke center.**	Marian Education Center, Crown Point, Indiana August 29th, 2018	The most reoccurring themes included awareness of this strategy, education on existing programs and preventing adverse experiences from either happening or getting worse. Some key action items taken from this focus group include creating some sort of a community resource guide including support groups that all employees would have access to in order to refer patients, to be a part of a coalition that focuses on building resilient communities, and to find ways to bring screenings to the more vulnerable communities.

Franciscan Health Hammond **As all staff was welcome to attend, the departments that participated in this conversation were Case Management, ACO, Home Health Care, Prenatal Assistance, Administration (CEO), Wound Clinic and Infusion, Performance Optimization, and Emergency Department**	8th Floor Conference Room, Hammond, Indiana September 14th, 2018	The most reoccurring themes included awareness of this strategy, the need for ACEs education and training, transportation options for patients and community members, and awareness of hospital and community resources across all departments. Some key action items taken from this focus group include creating some sort of a community resource guide that all employees would have access to in order to refer patients and to be a part of a coalition that focuses on building resilient communities.
Franciscan Health Munster **As all staff was welcome to attend, the departments that participated in this conversation were Home Health Care and Education**	Alverno Conference Room, Munster, Indiana September 19th, 2018	The most reoccurring themes included awareness of this strategy, the need for ACEs education and training, assistance with basic needs for patients and community members, and awareness of hospital and community resources across all departments. Some key action items taken from this focus group include creating some sort of a community resource guide that all employees would have access to in order to refer patients.
Goodwill Excel Center **Agencies that participated in this conversation were Healthy Start, Munster Parks & Recreation, The Intrepid Phoenix, Food Bank of NWI, AHEC Purdue Northwest, Purdue Extension, Indiana University Northwest, Girls on the Run, Hope Christian Church, Indiana Parenting Institute**	Hammond, Indiana September 14th, 2018	The most reoccurring themes included bringing awareness to resources that already exist in the community, the importance of bringing stakeholders to the table, connecting with schools and the justice system while developing implementation strategies. Some key action items taken from this focus group include being a part of the Community Resilience Coalition, stratifying community programs assets, and making further connections with existing community programs.

Northwest Indiana Community Action **Agencies that participated in this conversation were Nurse Family Partnership, Prenatal Assistance Program, NWI Community Action, Community Healthcare System, Methodist Hospital, Covering Kids and Families, Crown Point School District, Purdue University Northwest**	Crown Point, Indiana September 19th, 2018	Most participants strongly stated that the healthcare systems in Northwest Indiana embrace the building a resiliency strategy. Most participants recognized that the Adverse Childhood Experience framework is not a new concept and how we all need to acknowledge the experts in this field. The most reoccurring themes included addressing cultural and racial disparities together; ways to better educate organizational staff on sensitivity training, and ways to better engage with different cultures and backgrounds. Some key action items taken from this focus group include being a part of the Community Resilience Coalition, seeking community members in different areas to be part of coalition, and stratifying community programs assets.
Boys & Girls Club of Cedar Lake **Participants included parents of children who utilize the club.**	Cedar Lake area October 4th, 2018	The most challenges that parents face is where to go for trust resources. The most challenges that youth face is providing safer routes for activities. The most common themes included divorce, substance abuse, and mental illness. The communities' strengths include the Boys & Girls Club, involved teachers and churches.
Purdue University Northwest **Those invited were the students of the Human Development and Family Studies department**	Hammond area	Most participants strongly stated on what to provide to the "alas families" & those that are income constraint , that families lack of knowledge & education with different resources they are qualified for and there is no public transportation to get to & from local businesses, appointments, etc.

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

Table 4.4: Crown Point ACEs Concerns

Crown Point	ACE Concerns					
	Abuse & Neglect	**Domestic Violence**	**Behavioral Health**	**Substance Abuse**	**Incarceration**	**Parent Stability**
	Community Health Net - Behavioral Services, Primary Health, Outreach	Prenatal Assistance - Refer to Haven House, St. Jude	NFP - Nursing Assessment	Francsican health - Grace Project	NFP - Re-Entry Gary for Life	NFP - Nursing Assessment
	NFP - Nursing Assessment	Purdue Northwest - MFT	Community Health Net - Behavioral Services, Primary Health, Outreach	Community Health System - Refer	Community Health Net - Refer to Covering Kids and Families	NWICA - WIC, Family Development
	Prenatal Assistance - Case Management	Community Health System - Refer	Community Health System - IOP Doctors	NFP - Nursing Assessment	IUN	Prenatal Assistance - Perinatal Education
	Purdue Northwest - MFT	NFP - Nursing Assessment	Methodist - Refer to Edge Water	Community Health Net - Behavioral Services, Primary Health, Outreach	The Intrepid Phoenix	Crown Point Birth to School - Parent Education
	NWI Area Health Education Center- Annual Child Abuse and Neglect Conference	Community Health Net - Behavioral Services, Primary Health, Outreach	Prenatal Assistance - Refer	GOTR, limited to girls lonly	Hope Christian Church- Prison Ministry	Purdue Northwest - MFT
	Hope Christian Church	Hope Christian Church	Crown Point Birth to School - Screenings	IUN	IPI- Welcome Back Home, Other limitations	Community Health System - Refer
	IPI- Zero Truance, Court Ordered and other limitations	IUN	Purdue Northwest - MFT	The Intrepid Phoenix		Community Health Net - Outreach and Centering Pregnancy
	Food Bank of NWI- Back Pack Program, Mobile Marketplace at schools, Tefap	IPI- BZE, Court ordered and other limitations	Healthy Start- Screenings and referrals for services, geographic limitations	Hope Christian Church- Celebrate Recovery		The Intrepid Phoenix
	GOTR, limited to girls only	Healthy Start- Screenings and referral for services, geographic limitations	NWI Area Health Education Center- Mental Health/Social Work lunch & learn	Healthy Start- Screenings and referrals for services, geographic limitations		Munster Parks and Rec- Benchmark Parenting Partnership
	Purdue Extension- Policy, system, and environmental change; geographic and income limitations	GOTR, limited to girls only	The Intrepid Phoenix	NWI Area Health Education Center- Opioid Conference for community		IPI- Joy Project, Income and other limitations
		Purdue Extension- Policy, system, and environmental change; geographic and income limitations	Munster Parks & Rec- Mindfulness and meditation	IPI- PRR, other limitations		Hope Christian Church- Youth/Adult programming
			IPI- SHYNE, other limitations	Purdue Extension- Policy, system, and environmental change; geographic and income limitations		Healthy Start- 1-on-1 education with case management and patient, geographic limitations
			IUN			Food Bank of NWI- Mobile marketplace, 108 partner pantries, Tefap and CSFP; income and other limitations
			Hope Christian Church- Youth and Adult programming			
			GOTR, limited to girls only			
			Purdue Extension- Policy, system, and environmental change; geographic and income limitations			

Table 4.5: Crown Point Organizations Focusing on Adult Protective Factors

Crown Point	Adult Protective Factors			
	Parental Resiliency	**Child Development Education**	**Social Connections**	**Social Competence**
	NFP	Crown Point Schools Birth to School - Town Limits	NWICA - Family Development	NWICA - Family Development
	Francsican Health - Refer to Haven House, St. Jude, Mommy's Haven, MHA, WCC, NFP	Community Health System - Refer with schools	NFP	Francsican Health - Refer to Haven House, St. Jude, Mommy's Haven, MHA, WCC, NFP
	Community Health Net - Centering Pregnancy	NFP	Francsican Health - Refer to Haven House, St. Jude, Mommy's Haven, MHA, WCC, NFP	Crown Point Schools Birth to School - Town Limits
	NWICA - Family Development	Community Health Net - Case Management	IPI- Joy, PRR; income and geographic limitations	IUN
	The Intrepid Phoenix	Purdue Northwest	GOTR, limited to girls only	GOTR, limited to girls only
	Purdue Extension NEP- Nutrition classes, income and geographic limitations	NWICA - Family Development	Purdue Extension, income and geographic limitations	Purdue Extension, income and geographic limitations
	IPI- Joy, PRR; income and other limitations	Munster Parks and Rec- Benchmark Parenting Partneship	Munster Parks & Rec- Senior trips and travel, income limitations	NWI Area Health Education Center
	Food Bank of NWI- Mobile Marketplace, Tefap and CSFP; other limitations	Healthy Start- 1-on-1 education with patient and case manager, handouts; geographic limitations	Healthy Start- Monthly patient meetings, geographic limitations	IPI- SHYNE, PRR, Joy; Court ordered, income, and other limitations
	Hope Christian Church	IUN	The Intrepid Phoenix	Hope Christian Church
		GOTR, limited to girls only	Hope Christian Church	
		Hope Christian Church	IUN	
		Purdue Extension- CATCH curriculum, income and geographic limitations	NWI Area Health Education Center	
		IPI- BZE, ZT; Court ordered and other limitations	Food Bank of NWI, 108 pantry network; other limitations	

Table 4.6: Crown Point Organizations Focusing on Child Protective Factors

Crown Point	Child Protective Factors			
	Positive Relationships	Supportive School Environments	Peer Activities and Support	Individual Values and Life Skills
Target Group				
Babies & Toddlers	NFP - Income Limits		Crown Point Birth to School - Playgroups, town limits	NFP - Income Limits
	NWICA - WIC		NFP	Community Health Net - Centering Pregnancy
	Crown Point Birth to School - Parent Groups		Munster Parks & Rec- Education and sports	Healthy Start, geographic limitations
	Healthy Start-Monthly patient meetings, geographic limitations			
	IPI-Parent Chats, other limitations			
	Munster Parks & Rec-Community Events			
	Food Bank of NWI- Mobile Marketplace and Agency Network			
	Hope Christian Church			
Elementery	Food Bank of NWI- Mobile Marketplace and Agency Network	Community Health Net - Annual back to school event	Munster Parks & Rec- Education and sports	Healthy Start
	Munster Parks & Rec-Community Events	Crown Point Birth to School	Girls on the Run, limited to girls only	Girls on the Run, limited to girls only
	GOTR, limited to girls only	Franciscan Health - Asthma Inititive	Purdue Extension- physical activity, CATCH curriculum; income and geographic limitations	Purdue Extension Nutrition Education Program, income and geographic limitations
	Purdue Extension NEP-Community gardens, Health Coalition; income and geographic limitations	Munster Parks & Rec- Summer Enrichment		
	Hope Christian Church	Girls on the Run, limited to girls only		
		Healthy Start, geographic limitations		
		Food Bank NWI- tfap, Mobile Marketplace at schools, Backpack program; other limitations		
		Purdue Extension- Safe routes to school wellness policy, income and geographic limitations		
		Hope Christian Church- Hope Academic Tutoring Service H.A.T.S.		
		IPI SHYNE and ZTT, other limitations		
Middle	NFP	Community Health Net - Annual back to school event	NFP	NFP
	NWICA - WIC	NFP	The Intrepid Phoenix	The Intrepid Phoenix
	The Intrepid Phoenix	Community Health Systems - Refer	Munster Parks & Rec- Education and sports, Tween activities	Girls on the Run, limited to girls only
	Hope Christian Church	Munster Parks & Rec- Summer Enrichment	Girls on the Run, limited to girls only	IPI- Rare Voices, income, geographic, and other limitations
	IPI- RaV, SHYNE, ZT; court ordered, income, other, and geographic limitations	Girls on the Run, limited to girls only		Munster Parks & Rec- Babysitting & home alone training
	GOTR, limited to girls only	Purdue Extension- Safe routes to school wellness policy, income and geographic limitations		Hope Christian Church- Youth Enrichment Series Y.E.S.
	Munster Parks & Rec-Community Events	Hope Christian Church- Hope Academic Tutoring Service H.A.T.S.		Purdue Extension Nutrition Education Program, income and geographic limitations
	Food Bank of NWI- Mobile marketplace and Agency Network	IPI SHYNE, ZTT, and RaV; court ordered, income, geographic, and other limitations		
	Purdue Extension NEP-Community gardens, health coalition; income and geographic limitations	Food Bank NWI- tfap, Mobile Marketplace at schools, Backpack program; other limitations		
High School	NFP	Prenatal Assistance - Refer	NFP	Hope Christian Church – Youth Enrichment Series Y.E.S.
	NWICA - WIC	Purdue Extension- Safe routes to school wellness policy, income and geographic limitations	Munster Parks & Rec- Volunteer opportunities	Healthy Start- Case Management (all ages), located in 3 high schools; geographic limitations
	Hope Christian Church	Hope Christian Church- Hope Academic Tutoring Service H.A.T.S.	NW Indiana Area Health Education Center- Health careers presentations and mentoring	Munster Parks & Rec- Volunteer and employment opportunities
	Purdue Extension NEP-Community gardens, health coalition; income and geographic limitations	IPI SHYNE and ZTT, court ordered and other limitations		Purdue Extension Nutrition Education Program, income and geographic limitations
	Munster Parks & Rec-Employment opportunities	Food Bank NWI- tfap, Mobile Marketplace at schools, Backpack program; other limitations		
	Food Bank of NWI- Mobile Marketplace and Agency Network	NW Indiana Area Health Education Center- Nursing/Health careers summer camp, Health Careers presentations, Rentable health models for educational training		
College	NFP	Purdue Northwest	Purdue Northwest	NFP
	Purdue Northwest	Indiana University Northwest	Indiana University Northwest	Purdue Northwest - Income limits
	NWICA - WIC			Indiana University Northwest
	Indiana University Northwest			Purdue Extension Nutrition Education Program, income and geographic limitations

Table 4.7: Crown Point Organizations Focusing on Social Determinants of Health

Crown Point	Social Determinants of Health							
	Food Access	**Housing & Utilities**	**Employment Assistance**	**Transportation**	**Healthcare Access**	**Insurance**	**Positive Behavior Education**	**Other**
	Purdue Extension - education	Community Health Net - Access to resources	NWICA - 211	NWICA - 211	NFP - nursing assessment, income limits	Covering Kids & Families	NFP - Coaching	NFP - Health education, IPV
	Community Health Net - food pantry resources	NWICA - Housing vouchers, Energy Assistance, 211	Community Health Net - Case management refer	Community Health Net - Transportation through insurances	Purdue Northwest	NWICA - Benefits Counseling, 211	Crown Point Birth to School Education - Town limits	Crown Point Birth to School - Child development info
	NWICA - WIC, Senior Nutrition, 211	Franciscan - Refer to Northtrust, Catholic Charities	NFP - Gary for Life, Ability First, 2nd Chances	Prenatal Assistance - MCEs and Northtrust, all limits	Prenatal Assistance - refer	Prenatal Assistance - Financial Counselors & Navigators	Community Health Net - Behavioral Services	Community Health Net - Dental care
	Prenatal Assistance - WIC, food pantry list	Healthy Start- provide referrals, geographic limitations	Prenatal Assistance - Refer to workone, impact	Healthy Start- provide referrals, geographic limitations	NWICA - Care Transitions, Other limits	Methodist - Resources	Purdue Northwest - MFT	NWICA - family caregiver support and matched savings info
	Food Bank of NWI	IPI- support services (referrals), other limitations	Community Health Systems - Refer	IPI- support services (referrals)	Community Health Systems - Navigation	Community Health Systems - Navigation	NWICA - Evidence Based Preventative Health, Other limits	
	Healthy Start- provide referrals, geographic limitations		IPI- support services (referrals), other limitations	Purdue Extension	Healthy Start- provide referrals, geographic limitations	Healthy Start- provide referrals, geographic limitations	Community Health System - Behavioral Health Services	
	Purdue Extension, income and geographic limitations		Healthy Start- provide referrals, geographic limitations		IUN		Franciscan - Support groups, Walk with a Doc, Prenatal Education	
	IPI- support services (referrals)		Munster Parks & Rec- Equal opportunity employer		IPI- support services (referrals)		IUN	
			NWI Area Health Education Center- Partnering programs with WorkOne for job assistance				Purdue Extension, Income and geographic limitations	
			IUN				GOTR, limited to girls only	
							IPI- support services (referrals), Other limitations	
							Healthy Start- reward with "Baby Bucks" incentive, geographic limitations	

Table 4.8: Crown Point Organizations Focusing on Healing Trauma

Crown Point	Healing Trauma			
	Physical Activity	Nutrition	Stress Reduction	Relationship Building
Target Group				
Youth	NFP	NFP	NFP	NFP
	Community Health System - Well Walkers, Fitness Pointe	NWICA - WIC	Franciscan Health - Support Groups & Behavioral Health	Intrepid Phoenix
	Francsican Health - OMNI	Purdue Extension	Community Health Systems - Behavioral Health	Girls on the Run, limited to girls only
	Intrepid Phoenix	GOTR, limited to girls only	Girls on the Run, limited to girls only	Munster Parks and Rec- Community events, sports leagues
	Munster Parks and Rec- Youth Sports	Food Bank of NWI	Munster Parks and Rec- Yoga and Breathing	Hope Christian Church- Pastoral Counseling
	GOTR, limited to girls only	Healthy Start- 1-on-1 education with case managers and patient, geographic limitations	Hope Christian Church- Pastoral Counseling	
	Purdue Extension- Complete streets, safe routes; income and geographic limitations	Purdue Extension NEP, income and geographic limitations		
Young Adult	Purdue Northwest - Rec Center	NFP	NFP	NFP
	Munster Parks and Rec- Youth Sports	-IUN	Franciscan Health - Support Groups	Munster Parks and Rec- Community events, sports leagues
	IUN	Healthy Start- 1-on-1 education with case managers and patient, geographic limitations	Community Health Systems - Behavioral Health	IUN
	Purdue Extension- Complete streets, safe routes; income and geographic limitations	Food Bank of NWI	Munster Parks and Rec- Yoga and Breathing, Mindfulness and Meditation	Hope Christian Church- Pastoral Counseling
		NWI Area Health Education Center- Nutrition/Health Education stations and Health Careers presentation, Rentable health models	Hope Christian Church- Pastoral Counseling	
		Purdue Extension NEP, income and geographic limitations		
Adult	NFP	NFP	NFP	Purdue Northwest - MFT
	The Intrepid Phoenix	Communtiy Health System - Classes and dietician referrals	Intrepid Phoenix	NFP
	Munster Parks and Rec- Adult Sports	Community Health Net - Outreach, Diabetes Nutrition Program	Munster Parks and Rec- Mindfulness and Meditation	Intrepid Phoenix
	Purdue Extension- Complete Streets, safe routes; income and geographic limitations	-Food Bank of NWI	Healthy Start- part of case management, geographic limitations	Healthy Start- part of case management, geographic limitations
		-Purdue Extension NEP, income and geographic limitations	Hope Christian Church- Pastoral Counseling	IPI- RetMa, BZE, ParentChat; court ordered and other limitations
		-NWI Area Health Education Center- Rentable health models		Munster Parks and Rec- Trips and travel
				Hope Christian Church- Pastoral Counseling
Senior	NWICA - Enhace Fitness	NWICA - Senior Nutrition, Famers Market Vouchers	Munster Parks and Rec- Chair yoga	Munster Parks and Rec- Trips and travel
	Munster Parks and Rec- Partnership with Franciscan WWAD, Chair yoga	Food Bank of NWI	Hope Christian Church- Pastoral counseling	Hope Christian Church- Pastoral Counseling
	Purdue Extension- Complete streets, safe routes; income and geographic limitations	Purdue Extension NEP, income and geographic limitations		
		NWI Area Health Education Center- Rentable health models		

Table 4.9: Hammond ACEs Concerns

Hammond	ACE Concerns					
	Abuse & Neglect	**Domestic Violence**	**Behavioral Health**	**Substance Abuse**	**Incarceration**	**Parent Stability**
	Community Health Net - Behavioral Services, Primary Health, Outreach	Prenatal Assistance - Refer to Haven House, St. Jude	NFP - Nursing Assessment	Francsican health - Grace Project	NFP - Re-Entry Gary for Life	NFP - Nursing Assessment
	NFP - Nursing Assessment	Purdue Northwest - MFT	Community Health Net - Behavioral Services, Primary Health, Outreach	Community Health System - Refer	Community Health Net - Refer to Covering Kids and Families	NWICA - WIC, Family Development
	Prenatal Assistance - Case Management	Community Health System - Refer	Community Health System - IOP Doctors	NFP - Nursing Assessment	IUN	Prenatal Assistance - Perinatal Education
	Purdue Northwest - MFT	NFP - Nursing Assessment	Methodist - Refer to Edge Water	Community Health Net - Behavioral Services, Primary Health, Outreach	The Intrepid Phoenix	Crown Point Birth to School - Parent Education
	NWI Area Health Education Center- Annual Child Abuse and Neglect Conference	Community Health Net - Behavioral Services, Primary Health, Outreach	Prenatal Assistance - Refer	GOTR, limited to girls lonly	Hope Christian Church- Prison Ministry	Purdue Northwest - MFT
	Hope Christian Church	Hope Christian Church	Crown Point Birth to School - Screenings	IUN	IPI- Welcome Back Home, Other limitations	Community Health System - Refer
	IPI- Zero Truance, Court Ordered and other limitations	IUN	Purdue Northwest - MFT	The Intrepid Phoenix		Community Health Net - Outreach and Centering Pregnancy
	Food Bank of NWI- Back Pack Program, Mobile Marketplace at schools, Tefap	IPI- BZE, Court ordered and other limitations	Healthy Start- Screenings and referrals for services, geographic limitations	Hope Christian Church- Celebrate Recovery		The Intrepid Phoenix
	GOTR, limited to girls only	Healthy Start- Screenings and referral for services, geographic limitations	NWI Area Health Education Center- Mental Health/Social Work lunch & learn	Healthy Start- Screenings and referrals for services, geographic limitations		Munster Parks and Rec- Benchmark Parenting Partnership
	Purdue Extension- Policy, system, and environmental change; geographic and income limitations	GOTR, limited to girls only	The Intrepid Phoenix	NWI Area Health Education Center- Opioid Conference for community		IPI- Joy Project, Income and other limitations
		Purdue Extension- Policy, system, and environmental change; geographic and income limitations	Munster Parks & Rec- Mindfulness and meditation	IPI- PRR, other limitations		Hope Christian Church- Youth/Adult programming
			IPI- SHYNE, other limitations	Purdue Extension- Policy, system, and environmental change; geographic and income limitations		Healthy Start- 1-on-1 education with case management and patient, geographic limitations
			IUN			Food Bank of NWI- Mobile marketplace, 108 partner pantries, Tefap and CSFP; income and other limitations
			Hope Christian Church- Youth and Adult programming			
			GOTR, limited to girls only			
			Purdue Extension- Policy, system, and environmental change; geographic and income limitations			

Table 4.10: Hammond Organizations Focusing on Adult Protective Factors

Hammond	Adult Protective Factors			
	Parental Resiliency	Child Development Education	Social Connections	Social Competence
	NFP	Crown Point Schools Birth to School - Town Limits	NWICA - Family Development	NWICA - Family Development
	Francsican Health - Refer to Haven House, St. Jude, Mommy's Haven, MHA, WCC, NFP	Community Health System - Refer with schools	NFP	Francsican Health - Refer to Haven House, St. Jude, Mommy's Haven, MHA, WCC, NFP
	Community Health Net - Centering Pregnancy	NFP	Francsican Health - Refer to Haven House, St. Jude, Mommy's Haven, MHA, WCC, NFP	Crown Point Schools Birth to School - Town Limits
	NWICA - Family Development	Community Health Net - Case Management	IPI- Joy, PRR; income and geographic limitations	IUN
	The Intrepid Phoenix	Purdue Northwest	GOTR, limited to girls only	GOTR, limited to girls only
	Purdue Extension NEP-Nutrition classes, income and geographic limitations	NWICA - Family Development	Purdue Extension, income and geographic limitations	Purdue Extension, income and geographic limitations
	IPI- Joy, PRR; income and other limitations	Munster Parks and Rec-Benchmark Parenting Partneship	Munster Parks & Rec-Senior trips and travel, income limitations	NWI Area Health Education Center
	Food Bank of NWI- Mobile Marketplace, Tefap and CSFP; other limitations	Healthy Start- 1-on-1 education with patient and case manager, handouts; geographic limitations	Healthy Start- Monthly patient meetings, geographic limitations	IPI- SHYNE, PRR, Joy; Court ordered, income, and other limitations
	Hope Christian Church	IUN	The Intrepid Phoenix	Hope Christian Church
		GOTR, limited to girls only	Hope Christian Church	
		Hope Christian Church	IUN	
		Purdue Extension- CATCH curriculum, income and geographic limitations	NWI Area Health Education Center	
		IPI- BZE, ZT; Court ordered and other limitations	Food Bank of NWI, 108 pantry network; other limitations	

Table 4.11: Hammond Organizations Focusing on Child Protective Factors

Hammond	Child Protective Factors			
	Positive Relationships	Supportive School Environments	Peer Activities and Support	Individual Values and Life Skills
Target Group				
Babies & Toddlers	NFP - Income Limits		Crown Point Birth to School - Playgroups, town limits	NFP - Income Limits
	NWICA - WIC		NFP	Community Health Net - Centering Pregnancy
	Crown Point Birth to School - Parent Groups		Munster Parks & Rec- Education and sports	Healthy Start, geographic limitations
	Healthy Start-Monthly patient meetings, geographic limitations			
	IPI-Parent Chats, other limitations			
	Munster Parks & Rec-Community Events			
	Food Bank of NWI- Mobile Marketplace and Agency Network			
	Hope Christian Church			
Elementery	Food Bank of NWI- Mobile Marketplace and Agency Network	Community Health Net - Annual back to school event	Munster Parks & Rec- Education and sports	Healthy Start
	Munster Parks & Rec-Community Events	Crown Point Birth to School	Girls on the Run, limited to girls only	Girls on the Run, limited to girls only
	GOTR, limited to girls only	Franciscan Health - Asthma Inititive	Purdue Extension- physical activity, CATCH curriculum; income and geographic limitations	Purdue Extension Nutrition Education Program, income and geographic limitations
	Purdue Extension NEP-Community gardens, Health Coalition; income and geographic limitations	Munster Parks & Rec- Summer Enrichment		
	Hope Christian Church	Girls on the Run, limited to girls only		
		Healthy Start, geographic limitations		
		Food Bank NWI- tfap, Mobile Marketplace at schools, Backpack program; other limitations		
		Purdue Extension- Safe routes to school wellness policy, income and geographic limitations		
		Hope Christian Church- Hope Academic Tutoring Service H.A.T.S.		
		IPI SHYNE and ZTT, other limitations		
Middle	NFP	Community Health Net - Annual back to school event	NFP	NFP
	NWICA - WIC	NFP	The Intrepid Phoenix	The Intrepid Phoenix
	The Intrepid Phoenix	Community Health Systems - Refer	Munster Parks & Rec- Education and sports, Tween activities	Girls on the Run, limited to girls only
	Hope Christian Church	Munster Parks & Rec- Summer Enrichment	Girls on the Run, limited to girls only	IPI- Rare Voices, income, geographic, and other limitations
	IPI- RaV, SHYNE, ZT; court ordered, income, other, and geographic limitations	Girls on the Run, limited to girls only		Munster Parks & Rec- Babysitting & home alone training
	GOTR, limited to girls only	Purdue Extension- Safe routes to school wellness policy, income and geographic limitations		Hope Christian Church- Youth Enrichment Series Y.E.S.
	Munster Parks & Rec-Community Events	Hope Christian Church- Hope Academic Tutoring Service H.A.T.S.		Purdue Extension Nutrition Education Program, income and geographic limitations
	Food Bank of NWI- Mobile marketplace and Agency Network	IPI SHYNE, ZTT, and RaV; court ordered, income, geographic, and other limitations		
	Purdue Extension NEP-Community gardens, health coalition; income and geographic limitations	Food Bank NWI- tfap, Mobile Marketplace at schools, Backpack program; other limitations		
High School	NFP	Prenatal Assistance - Refer	NFP	Hope Christian Church – Youth Enrichment Series Y.E.S.
	NWICA - WIC	Purdue Extension- Safe routes to school wellness policy, income and geographic limitations	Munster Parks & Rec- Volunteer opportunities	Healthy Start- Case Management (all ages), located in 3 high schools; geographic limitations
	Hope Christian Church	Hope Christian Church- Hope Academic Tutoring Service H.A.T.S.	NW Indiana Area Health Education Center- Health careers presentations and mentoring	Munster Parks & Rec- Volunteer and employment opportunities
	Purdue Extension NEP-Community gardens, health coalition; income and geographic limitations	IPI SHYNE and ZTT, court ordered and other limitations		Purdue Extension Nutrition Education Program, income and geographic limitations
	Munster Parks & Rec-Employment opportunities	Food Bank NWI- tfap, Mobile Marketplace at schools, Backpack program; other limitations		
	Food Bank of NWI- Mobile Marketplace and Agency Network	NW Indiana Area Health Education Center- Nursing/Health careers summer camp, Health Careers presentations, Rentable health models for educational training		
College	NFP	Purdue Northwest	Purdue Northwest	NFP
	Purdue Northwest	Indiana University Northwest	Indiana University Northwest	Purdue Northwest - Income limits
	NWICA - WIC			Indiana University Northwest
	Indiana University Northwest			Purdue Extension Nutrition Education Program, income and geographic limitations

Table 4.12: Hammond Organizations Focusing on Social Determinants of Health

Hammond	Social Determinants of Health							
	Food Access	**Housing & Utilities**	**Employment Assistance**	**Transportation**	**Healthcare Access**	**Insurance**	**Positive Behavior Education**	**Other**
	Purdue Extension - education	Community Health Net - Access to resources	NWICA - 211	NWICA - 211	NFP - nursing assessment, income limits	Covering Kids & Families	NFP - Coaching	NFP - Health education, IPV
	Community Health Net - food pantry resources	NWICA - Housing vouchers, Energy Assistance, 211	Community Health Net - Case management refer	Community Health Net - Transportation through insurances	Purdue Northwest	NWICA - Benefits Counseling, 211	Crown Point Birth to School Education - Town limits	Crown Point Birth to School - Child development info
	NWICA - WIC, Senior Nutrition, 211	Franciscan - Refer to Northtrust, Catholic Charities	NFP - Gary for Life, Ability First, 2nd Chances	Prenatal Assistance - MCEs and Northtrust, all limits	Prenatal Assistance - refer	Prenatal Assistance - Financial Counselors & Navigators	Community Health Net - Behavioral Services	Community Health Net - Dental care
	Prenatal Assistance - WIC, food pantry list	Healthy Start- provide referrals, geographic limitations	Prenatal Assistance - Refer to workone, impact	Healthy Start- provide referrals, geographic limitations	NWICA - Care Transitions, Other limits	Methodist - Resources	Purdue Northwest - MFT	NWICA - family caregiver support and matched savings info
	Food Bank of NWI	IPI- support services (referrals), other limitations	Community Health Systems - Refer	IPI- support services (referrals)	Community Health Systems - Navigation	Community Health Systems - Navigation	NWICA - Evidence Based Preventative Health, Other limits	
	Healthy Start- provide referrals, geographic limitations		IPI- support services (referrals), other limitations	Purdue Extension	Healthy Start- provide referrals, geographic limitations	Healthy Start- provide referrals, geographic limitations	Community Health System - Behavioral Health Services	
	Purdue Extension, income and geographic limitations		Healthy Start- provide referrals, geographic limitations		IUN		Franciscan - Support groups, Walk with a Doc, Prenatal Education	
	IPI- support services (referrals)		Munster Parks & Rec- Equal opportunity employer		IPI- support services (referrals)		IUN	
			NWI Area Health Education Center- Partnering programs with WorkOne for job assistance				Purdue Extension, Income and geographic limitations	
			IUN				GOTR, limited to girls only	
							IPI- support services (referrals), Other limitations	
							Healthy Start- reward with “Baby Bucks” incentive, geographic limitations	

Table 4.13: Hammond Organizations Focusing on Healing Trauma

Hammond	Healing Trauma			
	Physical Activity	Nutrition	Stress Reduction	Relationship Building
Target Group				
Youth	NFP	NFP	NFP	NFP
	Community Health System - Well Walkers, Fitness Pointe	NWICA - WIC	Franciscan Health - Support Groups & Behavioral Health	Intrepid Phoenix
	Francsican Health - OMNI	Purdue Extension	Community Health Systems - Behavioral Health	Girls on the Run, limited to girls only
	Intrepid Phoenix	GOTR, limited to girls only	Girls on the Run, limited to girls only	Munster Parks and Rec- Community events, sports leagues
	Munster Parks and Rec- Youth Sports	Food Bank of NWI	Munster Parks and Rec- Yoga and Breathing	Hope Christian Church- Pastoral Counseling
	GOTR, limited to girls only	Healthy Start- 1-on-1 education with case managers and patient, geographic limitations	Hope Christian Church- Pastoral Counseling	
	Purdue Extension- Complete streets, safe routes; income and geographic limitations	Purdue Extension NEP, income and geographic limitations		
Young Adult	Purdue Northwest - Rec Center	NFP	NFP	NFP
	Munster Parks and Rec- Youth Sports	-IUN	Franciscan Health - Support Groups	Munster Parks and Rec- Community events, sports leagues
	IUN	Healthy Start- 1-on-1 education with case managers and patient, geographic limitations	Community Health Systems - Behavioral Health	IUN
	Purdue Extension- Complete streets, safe routes; income and geographic limitations	Food Bank of NWI	Munster Parks and Rec- Yoga and Breathing, Mindfulness and Meditation	Hope Christian Church- Pastoral Counseling
		NWI Area Health Education Center- Nutrition/Health Education stations and Health Careers presentation, Rentable health models	Hope Christian Church- Pastoral Counseling	
		Purdue Extension NEP, income and geographic limitations		
Adult	NFP	NFP	NFP	Purdue Northwest - MFT
	The Intrepid Phoenix	Communtiy Health System - Classes and dietician referrals	Intrepid Phoenix	NFP
	Munster Parks and Rec- Adult Sports	Community Health Net - Outreach, Diabetes Nutrition Program	Munster Parks and Rec- Mindfulness and Meditation	Intrepid Phoenix
	Purdue Extension- Complete Streets, safe routes; income and geographic limitations	-Food Bank of NWI	Healthy Start- part of case management, geographic limitations	Healthy Start- part of case management, geographic limitations
		-Purdue Extension NEP, income and geographic limitations	Hope Christian Church- Pastoral Counseling	IPI- RetMa, BZE, ParentChat; court ordered and other limitations
		-NWI Area Health Education Center- Rentable health models		Munster Parks and Rec- Trips and travel
				Hope Christian Church- Pastoral Counseling
Senior	NWICA - Enhace Fitness	NWICA - Senior Nutrition, Famers Market Vouchers	Munster Parks and Rec- Chair yoga	Munster Parks and Rec- Trips and travel
	Munster Parks and Rec- Partnership with Franciscan WWAD, Chair yoga	Food Bank of NWI	Hope Christian Church- Pastoral counseling	Hope Christian Church- Pastoral Counseling
	Purdue Extension- Complete streets, safe routes; income and geographic limitations	Purdue Extension NEP, income and geographic limitations		
		NWI Area Health Education Center- Rentable health models		

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**
uninsured	23	21	24	18	19	105	3	17	19	21	19	19	95	8
respitory	23	21	17	19	15	95	8	13	20	19	18	18	88	9
food insecurity	22	21	23	18	19	103	5	16	18	24	21	20	99	6
substance abuse	21	23	20	17	20	101	7	19	19	21	20	22	101	5
adult mental health	23	23	20	17	21	104	4	23	19	22	18	21	103	4
IM	22	24	21	19	22	108	2	21	22	22	21	22	108	1
PAN	21	18	20	19	17	95	8	17	20	20	20	21	98	7
Child abuse	22	25	22	18	22	109	1	24	18	24	20	19	105	2
transportation	22	17	19	16	15	89	10	13	10	20	12	17	72	10
family support	23	22	22	20	16	103	5	24	19	23	19	20	105	2

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, LAKE 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 are on pages 4.17 and 4.18. Please see Table 4.14 below for a summary of Lake County's top health needs.

Table 4.14: Health Needs Summary, Lake County

Need	Health Rank	Intervention Rank	Franciscan Health Priority?	Explanation
Uninsured/Underinsured	3	8	Yes	The number of youth and families with insurance has started to drop. Between 5-10% of youth served by the hospital do not have insurance.
Respiratory Diseases	8	9	No	Resources beyond clinical care are limited at this time.
Food Insecurity*	5	6	Yes	Lake County has 53.3% of total free & reduced lunch for children and 19.9% child food insecurity rate.
Substance Abuse*	7	5	Indirect	Franciscan Health Lake County hospitals are partnering with local police and fire on addressing substance abuse education to community members.
Adult Mental Health*	4	4	Indirect	The age adjusted rate due to mental health for adults is 75.2 per 10,000 in 2016. Franciscan Health Lake County hospitals are partnership with local mental health councils and resiliency coalitions that focus on educating adults when to seek help.
Infant Mortality	2	1	Yes	Multiple zip codes served by Franciscan Health Dyer, Hammond, Munster and Crown Point are in the highest 10 zip codes for infant mortality. Franciscan Health will also focus on maternal mortality and morbidity.
Physical Activity and Nutrition*	8	7	Yes	According to 2017 County Health Rankings, 30% of adults ages 20 or older in Lake County were identified as physically inactive compared to 26% in the entire state. Also, in 2016, Lake County has 19.9% child food insecurity rate and averages 74,000 residents on SNAP on a monthly basis.
Child Abuse and Neglect*	1	2	Indirect	Franciscan Health employees are mandated reporters in cases of suspected or actual child abuse and neglect cases.
Transportation	10	10	Indirect	Efforts to provide transportation to the most vulnerable populations are a consistent activity.
Family Support Services*	5	2	Indirect	Franciscan Health Hammond and Crown Point include a Prenatal Assistance Program that refers to partner programs that provide direct family support services.

*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

SECTION FIVE COMMUNITY ASSETS

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

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities.

Individuals are considered to have access to exercise opportunities if they:

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

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

In Lake County, 91% of residents have access to exercise opportunities. The average in Indiana is 75%, with a range of 12 to 92%.

Recreation and Fitness Facilities
Fitness and recreation centers are defined as "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports." In 2014, it was reported that there were 32 recreation and fitness facilities to service all of Lake County.

Social Services
Social associations are an extensive and comprehensive measure representing social isolation and features of social capital; organizations included in this measure directly enable community interaction. This indicator, however, does not account for social support that individuals receive from less structure relationships and does not account for perceived support. Lake County has a rate of 10 per 10,000 number of membership associations.

Social & Health Services
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.

SOCIAL SERVICES

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. Please refer to Table 5.0 below for a complete list of the local DFR offices in Lake County by zip code.

Table 5.0: Lake County Local DFR Offices

Office	Address	Phone/Fax	Zip Codes
Gary Office	661 Broadway Gary, IN 46402-2407	1-800-403-0864	46401, 46402. 46403, 46404
Crown Point Office	1865 E. Summit Street Crown Point, IN 46307-2768	1-800-403-0864	46303, 46307, 46308, 46311. 46341, 46355, 46356, 46373, 46375, 46376,46377
East Chicago Office	3714 Main Street East Chicago, IN 46409-2709	1-800-403-0864	46312, 46319, 46322, 46394
Glen Park Office	110 W. Ridge Road Gary, IN 46409-2709	1-800-403-0864	46406, 46407, 46408, 46409
Hobart Office	1871 East 37th Avenue Hobart, IN 46342-2579	1-800-403-0864	6342, 46405, 46410, 46411
Hammond Office	5255 Hohman Avenue Hammond, IN 46320-1721	1-800-403-0864	46320, 46321, 46323, 46324, 46325, 46327

Source: IN.gov, Family and Social Services Administration

HEALTH SERVICES

Northwest Indiana Community Action (NWICA) "provides a network of support that empowers, educates, and improves the lives of people living with lower incomes". Please refer to the list below for a description of programs that NWICA offers to help Lake County families get through time of adversity:

- Utility Costs
- Home Weatherization
- Housing Choice Voucher Program
- Tax Preparation & Financial Literacy
- Family Development
- Individual Development Accounts
- Women, Infant, Children (WIC)

Local Clinic Address and Phone Numbers	Business Hours	Times
Crown Point WIC Program 1450 East Joliet Street, Suite 206 Crown Point, IN 46307-2714 (219) 663-9279 FAX (219) 663-0016	Mon.	10:30-7:00
	Tues.-Fri.	8:00-4:30
East Chicago WIC Program 100 West Chicago Avenue, Suite 100B East Chicago, IN 46312-3206 (219) 397-4577 FAX (219) 391-7003	Mon., Tues., Thurs., & Fri.	8:00-4:30
	Wed.	10:30-7:00
Hammond WIC Program 5927 Columbia Avenue Hammond, IN 46320-2013 (219) 931-9527 FAX (219) 853-2375	Mon., Tue., Thurs., Fri.	8:00-4:30
	Wed.	10:30-7:00
Lake Station 2490 Central Avenue, Suite 1 Lake Station, IN 46405-2124 (219) 962-4116 FAX (219) 963-2003	Mon., Tues., Thurs., & Fri.	8:00-4:30
	Wed.	10:30-7:00
Merrillville WIC 6111 Harrison St. Suite 320 Merrillville, IN 46410 (219) 877-1038	Monday	10:30-7:00
	Tues., Wed, Thurs, Fri.	8:00-4:30
University Park 3229 Broadway Gary, IN 46408 (219) 239-2615	Monday	10:30-7:00
	Tues, Wed, Thurs, Fri.	8:00-4:30

Health Department

Indiana operates as a home rule state, meaning each county has a different public health infrastructure and resources in addition to the variations based on urban or rural status, population, and economic mix. Please refer to Table 5.1 below for information on public health infrastructure within Lake County.

Table 5.1: Lake County Local Health Department Information

Local Health Department	Health Officer Name	Address	City	Zip Code	Phone Number
East Chicago City Health Department	Gerri Browning	100 West Chicago Avenue, Suite 100A	East Chicago	46312	(219) 391-8467
Gary City Health Department	Roland Walker	1145 West 5th Avenue	Gary	46402	(219) 882-5565
Lake County Health Department	Susan Best	2900 West 93rd Avenue	Crown Point	46307	(219) 755-3655

Source: http://www.in.gov/isdh/24822.htm

Local Health Department Services

East Chicago City Health Department services:
- Lead help
- Immunizations
- Preparedness
- Nursing
- Animal control
- Vital records
- Inspections

Gary City Health Department services:
- Health Care Clinic
- STD/HIV Clinic
- Immunization Clinic
- Environmental Sanitation
- Rodent and Mosquito Program
- Water Testing
- Maternal Child Care (MCH)
- Prenatal Substance Use Prevention Program (PSUPP)
- Tuberculosis Clinic
- Vital Records
- Childhood Lead Poisoning Prevention Program (CLPPP)

Lake County Health Department services:
- Inspections and Permits
- Immunizations
- Vital Records

Health Insurance Coverage

Table 5.2: Lake County Insurance Profile

Indicator	Description	Source	Source	Lake County	Indiana
Healthcare Cost	Amount of price-adjusted Medicare reimbursements per enrollee.	Dartmouth Atlas of Health Care	2014	$11,709	$9,709
Other Primary Care Providers	Ratio of primary care providers other than physicians.	CMS, National Provider Identification	2016	1,814:1	1,543:1
Adults with Health Insurance	Percentage of adults ages 18-64 years that have any type of health insurance.	American Community Survey	2011-2015	85.9%	87.1%
Children with Health Insurance	Percentage of children ages 0-17 that has any type of insurance.	American Community Survey	2011-2015	96.6%	93.3%
Uninsured Adults	Percentage of adults under 65 years old without health insurance.	Small Area Health Insurance Estimates	2014	18%	17%
Uninsured Children	Percentage of children under 19 years old without health insurance.	Small Area Health Insurance Estimates	2014	7%	7%

Source: County Health Rankings and Roadmaps/Office of Enterprise Data & Analytics (OEDA), 2017 & Community Health Solutions, 2017

Medicare Enrollment

Table 5.3: Medicare Enrollment Dashboard – Lake County, 2016-2017

Year	Month	Original Medicare	Medicare Advantage & Other Health Plans	Total
2016	October	68,198	21,329	89,527
	November	68,372	21,334	89,706
	December	68,548	21,301	89,849
2017	January	65,743	24,104	89,847
	February	65,803	24,114	89,917
	March	65,901	24,121	90,022
	April	65,874	24,214	90,088
	May	65,927	24,256	90,183
	June	65,998	24,324	90,322
	July	66,003	24,516	90,519
	August	66,039	24,596	90,635
	September	66,081	24,667	90,748

Source: Center for Medicare & Medicaid Service

Addiction Services

PILLARS OF WELLNESS
9247 BROADWAY STE. BB
MERRILLVILLE, IN 46410

ROAD 2 RECOVERY COMMUNITY SERVICES, INC.
8892 LOUISIANA ST. STE. D-1
MERRILLVILLE, IN 46410

CARE COUNSELING SERVICES AND NEW BEGINNINGS COUNSELING, INC. - CARE COUNSELING SERVICES
793-2 JUNIPER RD.
VALPARAISO, IN 46385

CARE COUNSELING SERVICES AND NEW BEGINNINGS COUNSELING, INC. - NEW BEGINNINGS COUNSELING, INC.
793-1 JUNIPER RD.
VALPARAISO, IN 46385

REGIONAL MENTAL HEALTH CENTER - REGIONAL MENTAL HEALTH CENTER - STRAWHUN CENTER
8555 TAFT ST.
MERRILLVILLE, IN 46410

THE RIGHT PATH FAMILY SERVICES
1205 LINCOLN HIGHWAY STE. 5
MERRILLVILLE, IN 46410

MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES - MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICE P.C.
7725 BROADWAY STE. A
MERRILLVILLE, IN 46410

INFINITY COUNSELING & WELLNESS CENTER LLC
4563 E. 85TH AVE.
MERRILLVILLE, IN 46410

CAPITOL CITY FAMILY AND EDUCATION SERVICES - CAPITOL CITY FAMILY EDUCATION SERVICES
6049 BROADWAY
MERRILLVILLE, IN 46410

THE CARING CORNER, LLC - THE CARING CORNER LLC
6111 HARRISON ST. STE. 222
MERRILLVILLE, IN 46410

A NEW BEGINNING COUNSELING CENTER
5490 BROADWAY STE. L11
MERRILLVILLE, IN 46410

NEW HORIZON, INC.
4795 BROADWAY
GARY, IN 46409

SIBIS COUNSELING CENTER, LLC - SIBIS COUNSELING CENTER LLC
3195 BROADWAY LOWER LEVEL
GARY, IN 46409

METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION - METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORTATION
1649 BROADWAY
GARY, IN 46407

DOCKSIDE SERVICES, LLC - DOCKSIDE SERVICES, INC.
9008 CLINE AVE.
HIGHLAND, IN 46322
(140.5 mi)

MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES - MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICE P.C.
9335 CALUMET AVE. STE. D
MUNSTER, IN 46321

NORTHWEST PSYCHOLOGICAL SERVICES, P.C.
716 SEBERGER DR.
MUNSTER, IN 46321

INTEGRATIVE COUNSELING SERVICES
740 RIVER DR.
HAMMOND, IN 46324

LAKESIDE BEHAVIORAL SOLUTIONS
5209 HOHMAN ST. STE. 121
HAMMOND, IN 46320

Early Childhood Programs

The early childhood programs offered in Lake County include Child Care Development Fund for low-income families, First Steps for children with developmental delays and grants for pre-kindergarten programs.

Federally Qualified Health Centers (FQHCs)

There are a few federally qualified health centers in Lake County. Those include Northshore, HealthLinc, and Gary Community health center.

COMMUNITY ASSETS

Franciscan HEALTH

SECTION 5.5

PORTER COUNTY

community HEALTH NEEDS ASSESSMENT

COMMUNITY DESIGN

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 Appendix section also lists community organizations that informed this report and provide services in the community.

Access to Exercise Opportunities
According to County Health Rankings, in 2016, 82.8% of Porter County has adequate access to exercise opportunities, such as parks and recreations facilities.

Parks & Trails
According to CDC, National Environmental Public Health Tracking Network, 38% of Porter County live within a half mile of a park

Farmer's Market Density
A farmer's market is a retail outlet in which vendors sell agricultural products directly to customers. According to the USDA, Economic Research Service Food Environment Atlas, in 2016, there were 0.2 farmers markets per 1,000 population in Porter County.

Social Associations:
This indicator is the number of membership associations per 10,000 population. According to County Business Partners, in 2014, 157 membership associations exist per 10,000 population in Porter County.

Division of Family Resources:
Porter County Division of Family Resources
2602 Chicago Street
Valparaiso, IN 46383

Porter County Parks



SUNSET HILL FARM PARK

Offers a variety of events and festivals, hiking trails, camps, field trips and fitness programs year round.
775 Merdian Road, Valparaiso, IN 46383

BRINCKA CROSS GARDENS

Contains four acres of landscaped gardens, which are surrounded by another 21 acres of pristine woodlands.
427 Furness Road Michigan City, IN 46360

BROOKDALE PARK

919 N 50 W Chesterton, IN 46304

DUNN'S BRIDGE

500 E (over Kankakee River) Kouts, IN 46347

HEALTH SERVICES

Free and Reduced-Fee Clinics

Free clinics serve the most vulnerable populations. These clinics can offer free services and discounted rates for medical and/or dental care to those that are uninsured or unable to cover the expense. Below is a list of some of the free and low cost clinics in Porter County.

Free Clinic Directory:

Healthlinc – Valparaiso/Hilltop
Location: Valparaiso, IN
Contact Phone: 219-462-7173
Services: Primary and preventive care, Physical examinations, Health and wellness education, Chronic diseases management, Obstetrics/gynecology, Breast and cervical cancer screenings, Well child checks, Immunization, Employment physicals, Laboratory work and x-rays

Healthlinc – Valparaiso/ Porter-Starke Services
Location: Valparaiso, IN - 46383-2505
Contact Phone: 219-462-7173
Services: Primary and preventive care, Physical examinations, Health and wellness education, Chronic diseases management, Obstetrics/gynecology, Breast and cervical cancer screenings, Well child checks, Immunization, Employment physicals, Laboratory work and x-rays

Hilltop Community Health Center, Inc.
Location: Valparaiso, IN - 48383
Contact Phone: 219-462-7173

North Shore Health Center
Location: Portage, IN - 46368
Contact Phone: (219) 763-8112
Remarks: Community Health Center

Scottsdale Health Center
Location: Portage, IN - 46368
Contact Phone: 219-764-5301
Services: Family Practice, Urgent Care, OB/GYN, Pediatrics, Presumptive Eligibility/ Prenatal Care Program, Dental, 3D/4D Ultrasound, Behavioral Health, Laboratory Services, Family Planning

Stacy McKay Health & Education Center
Location: Portage, IN - 46368
Contact Phone: 219-763-8112
Services: Family Practice, Urgent Care, OB/GYN, Pediatrics, Presumptive Eligibility/ Prenatal Care Program, Dental, 3D/4D Ultrasound, Behavioral Health, Laboratory Services, Family Planning

Early Childhood Facilities

Child care and early childhood services are crucial for working families and for the child's well-being. Table 5.5.0 illustrates the number of child care facilities by type (licensed child care center, licensed child care home, and registered child care ministry) in Porter County. In 2016, 767 children received childcare vouches. In 2015, 450 children were served by First Steps programming.

Table 5.5.0: Early Childhood Facilities by Type

Location	Child Care Facilities	Data Type	2016
Porter County	Licensed Center	Number	10
	Licensed Home	Number	29
	Registered Ministry	Number	8

Federally Qualified Health Centers (FQHC)

Federally Qualified Health Centers are community assets that provide health care to vulnerable populations. These locations receive extra funding from the federal government to promote access to ambulatory care areas designated as medically underserved. The following are current FQHCs in Porter County.

- Healthlinc – Valparaiso/Porter-Starke Services; Valparaiso, IN
- Stacy McKay Health & Education Center; Portage, IN
- Scottsdale Health Center; Portage, IN
- Healthlinc TJ Telehealth (Healthy Vikes Clinic); Valparaiso, IN

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.

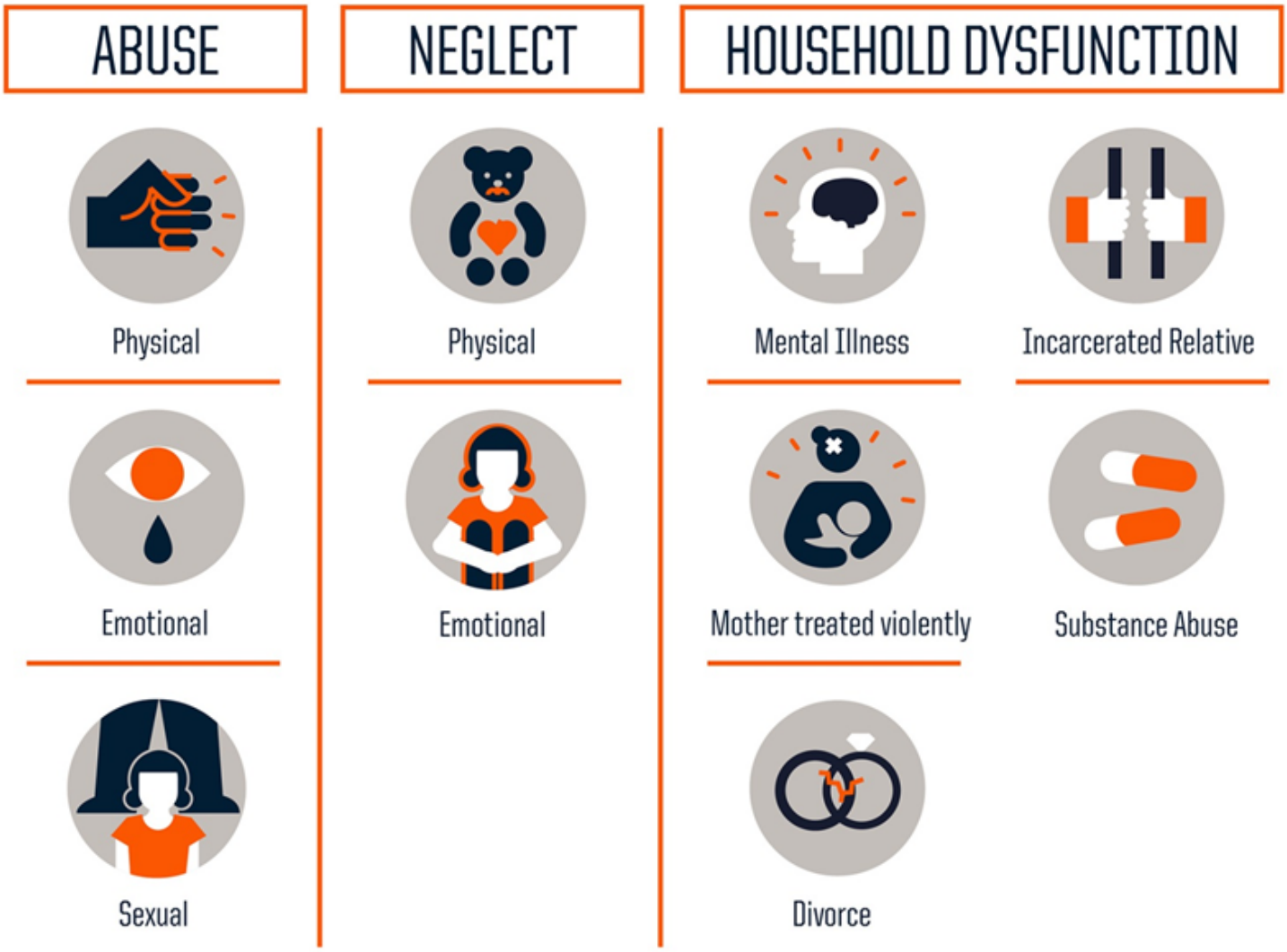
ACEs are childhood events that cause lasting trauma. Research shows that the more trauma that one experiences in childhood, the more likely it is for an individual to experience poor mental health and physical health outcomes, including depression and diabetes, as well as engage in risky health behaviors,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

The chart below shows the ACE-Related odds of having a physical health condition. Please see the next page for a graph of the original 10 ACEs.

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

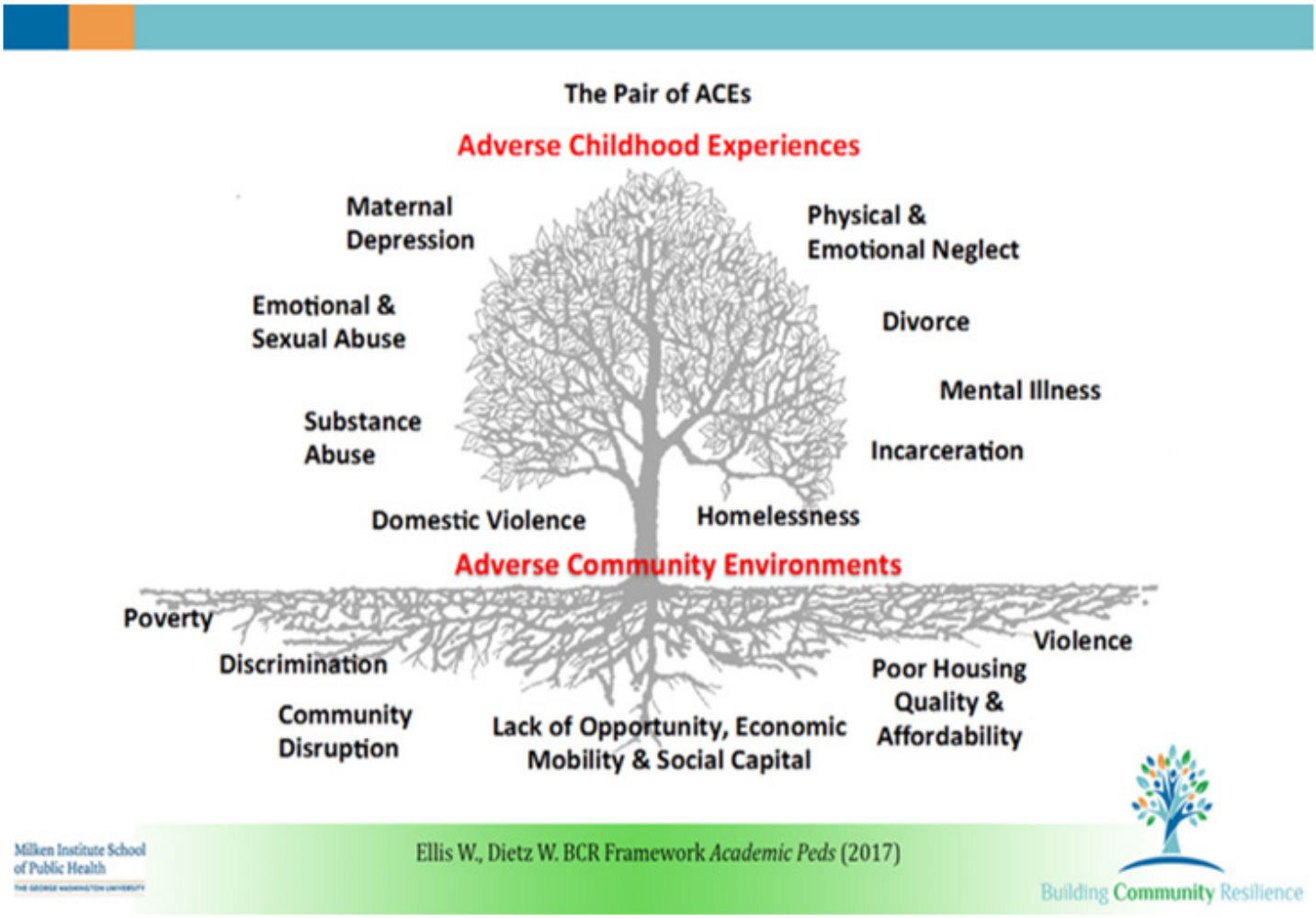
The chart below shows the difference in health behaviors, from the Iowa 360 Study:

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.

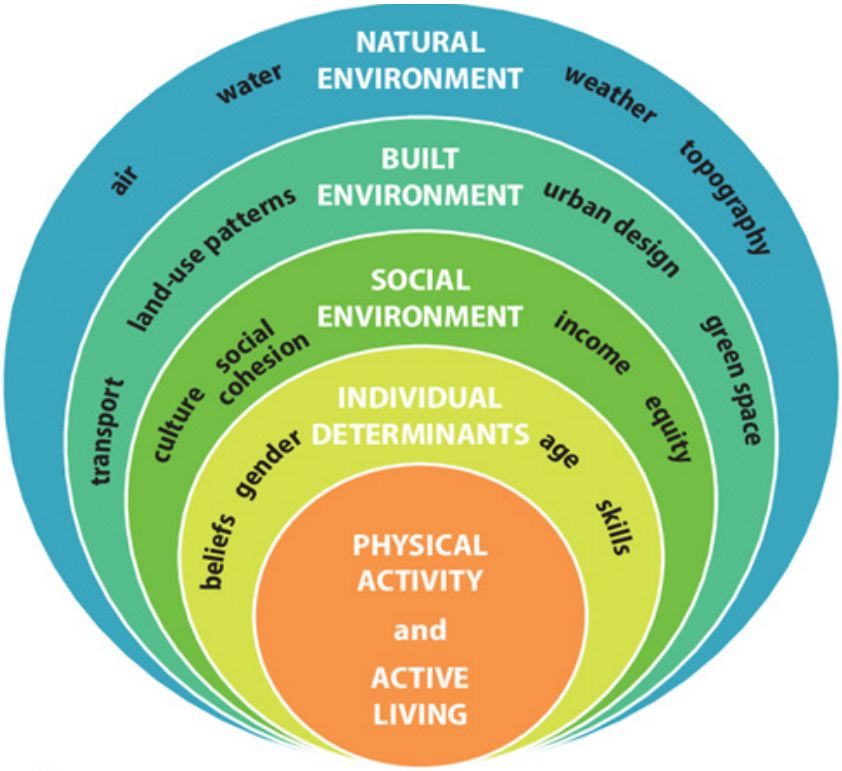
Franciscan Health is also working with various regional and statewide partners, who provide guidance, partnerships, and shared resources. These organizations include:

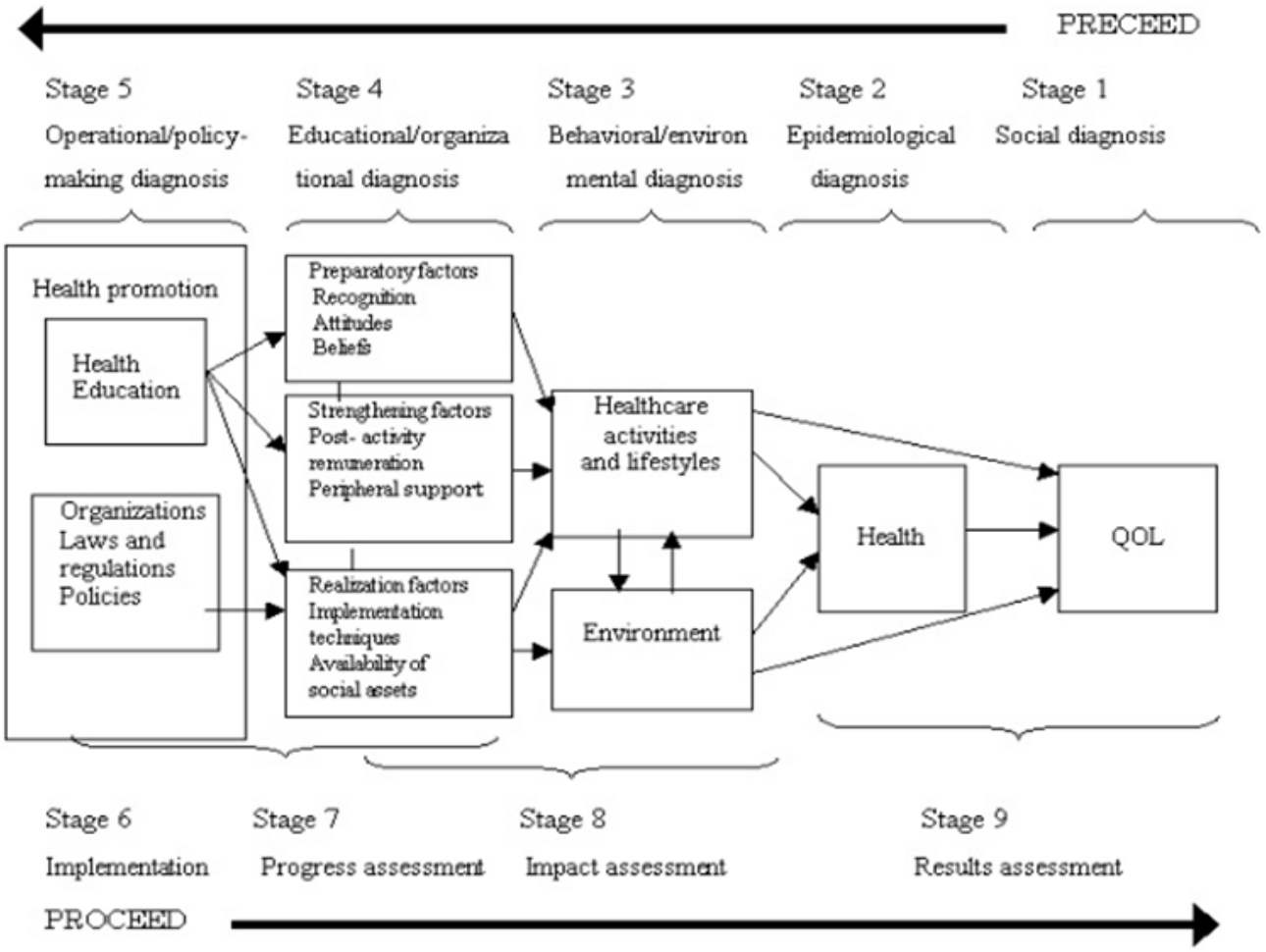
- Covering Kids and Families
- Fairbanks
- Girl Scouts of Central Indiana
- Goodwill Industries
- Indiana Department of Child Services
- Indiana University
- Indiana Youth Institute
- Indiana Youth Services Association
- Prevent Child Abuse Indiana
- Purdue University

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 practices, 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 in Northern Indiana:

Physical Activity	Nutrition	Mindfulness	Positive Relationships	Access to Health Care
Walk with a Doc **Franciscan Fitness**	Emergency Food Pantry Breastfeeding Navigation St. Joseph's Soup Kitchen Community Classes	Spiritual Care	Support Groups (various health issues, caregiving, hospice) Parish Nursing Sibling Classes	Free screenings Tobacco cessation classes SANE Immunization Clinics Parish Nursing

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 Hammond, Munster, and Dyer will engage in comprehensive mindfulness and education programs for middle schoolers in the Hammond School District in both in school and out of school contexts. Parent education and other wrap around services will be provided.

Franciscan Health Crown Point has developed a partnership with the YMCA in Crown Point to work with youth and their families on building healthier lifestyles.

Community Health Improvement Plan (CHIP) 2019-2021

Planning Worksheet

Community Connection Action: *What will we do to connect and inspire organizations?*

Taking Action	Dyer-Hammond-Munster	Crown Point
Will the local coalition be a subcommittee or a new coalition	Tentative: subcommittee of NWI Care Coordination Coalition. Confirmation of Dec. 5th	Tentative: subcommittee of NWI Care Coordination Coalition Confirmation of Dec. 5th
Who will be the FH lead staff member? Does this person have experience leading coalitions to action and outcomes? How much time does this person have to contribute to the facilitation of logistics, follow up, reporting, and evaluation of activities?	Lead staff members: Becky Tilton*, Allison Armstrong, Julie Kisse (EAP), Vicki Stenluson (PT/OT), Jennifer Francis* replacement (BH) Coalition experience = * Time: commitment to hour monthly meeting, other dept. will be involved at different stages of program development & implementation.	Lead staff members: Becky Tilton*, Allison Armstrong, Jennifer Hohman* (Trauma), Michele Resendez* (SANE nurse) Coalition experience = * Time: commitment to hour monthly meeting, other dept. will be involved at different stages of program development & implementation.
What additional resources is the hospital willing to contribute? Examples may include meeting space, refreshments, supplies, in-kind printing of resource guides or flyers, seed money for Coalition projects. Be as specific as possible and attach dollar amounts whenever possible.	Resources: meeting space, in- kind printing	Resources: meeting space, in- kind printing
Did a need for coworking space for regional service providers, such as swing offices and meeting space, come up in the feedback meetings? If so, will FH commit to providing that space? Who will handle requests and organization of this? Where is the space located?	N/A	N/A
To assist with the need to connect services, resources, and communication, Kate can establish a free community website through acesconnection.org for community use. The sites are monitored by a well-educated professional. However, a local FH staff member will need to build some	Community Connections Host site: PAP, case management would like to be involved. Contact: Danielle Magana (PAP), Millie Descamp &Veronica Clement (case management)	N/A at this time

infrastructure, coordinate marketing of the site to other organizations, and assist in putting content on the site. Will your site host this? Who will be the person committed to this project?		

Community Awareness Action: *What will we do to help others understand?*

Taking Action	**Dyer-Hammond-Munster**	**Crown Point**
Who will be responsible for local dissemination of brochures, flyers, and education pieces to the public, social service organizations, and internal groups?	Lead staff members: Becky Tilton*, Allison Armstrong, Julie Kisse (EAP), Vicki Stenluson (PT/OT), Jennifer Francis* replacement (BH) External: NWICCC Tentative: School City of Hammond, Boys & Girls Club	Lead staff members: Becky Tilton*, Allison Armstrong, Jennifer Hohman* (Trauma), Michele Resendez* (SANE nurse) External: NWICCC Tentative: YMCA, Boys & Girls Club
What, if any, education pieces specific to your location do you think are needed?	Pop up marketing table - Table cloth, table General ACE infographics General pre/post screening evaluation tool for standardization	Pop up marketing table - Table cloth, table General ACE infographics General pre/post screening evaluation tool for standardization
Within your location, who can serve as a knowledgeable professional about childhood trauma for the purposes of quotes or media interviews? What about panelists to talk after a viewing of *Resilience*?	Quotes/Media interviews: Joan Culver, Julie Kisse, Becky Tilton, Allison Armstrong. Panelists: Joan Culver, Julie Kisse, Jennifer Francis replacement	Quotes/Media interviews: Joan Culver, Jennifer Hohman, Michelle Resendez
What local organizations are offering professional or public education related to ACEs already?	NWICCC – ACE conference planning for 2019 for professionals. Hammond school district – mindfulness approach	N/A
Do you have a community partner to assist with screenings of *Resilience* (examples include a local movie theatre, library, college,	Local library (Schererville, Merrillville, Hammond, Crown Point)	Local library (Schererville, Merrillville, Hammond, Crown Point)

or business that can provide an auditorium and comfortable place to watch a movie)? While some viewings may happen at the hospital, a majority of viewing should be held in locations important or valued by the community.	Tentative: Movie Theater (AMC Schererville & Merrillville)	Tentative: Movie Theater (AMC Schererville & Merrillville)
Can your location coordinate monthly viewings and discussion panels once a month from February to December 2019? Who will coordinate this? If you cannot meet once a month, why and how often do you think you could show the video?	Quarterly show viewings due to staff commitment to assist in coordinating. Becky Tilton & Allison Armstrong to coordinate.	Quarterly show viewings due to staff commitment to assist in coordinating. Becky Tilton & Allison Armstrong to coordinate.
What kind of relationship do you have to the local library system? Will they commit to creating a hub for public information on ACEs?	Open relationship with those listed above but nothing formal. Not certain if they will commit for a hub for public info on ACEs.	Open relationship with those listed above but nothing formal. Not certain if they will commit for a hub for public info on ACEs.
What local newsletters, locations, list-serves, organization newsletters, etc. are the most important sources of information in your community?	Newspaper & list serve - NWI Times, radio - WJOB (Hammond), radio - lakeshore (WLPR-FM), Facebook groups (mom groups, "what's happening in…"). 211	Newspaper & list serve - NWI Times, radio - WJOB (Hammond), radio - lakeshore (WLPR-FM), Facebook groups (mom groups, "what's happening in…"). 211
Does your education department provide or plan to provide education in 2019 around trauma informed care, motivational interviewing, or other associated topics?	Nursing grand rounds for trauma informed care. HR Essentials meetings – motivational interviewing	Nursing grand rounds for trauma informed care.

Healing Strategies: *Helping Mind, Body, and Spirit of community members*

Existing FREE Programs

Community Health Improvement Plan (CHIP) 2019-2021

Planning Worksheet

Taking Action	Dyer-Hammond-Munster	Crown Point
Physical Activity (yoga, Walk with a Doc, Franciscan Fitness related programming)	Walk with a Doc Walking Initiative in Downtown Hammond	Walk with a Doc Anyone can run a 5K Partnership with YMCA
Nutrition (provision of food, food education, food demonstrations, gardens)	Donation of leftover food from cafeteria to local soup kitchens in Hammond weekly Partnership with IUN community garden Tentative: Food Pharmacy for Hammond	St. Clare food pantry for patients Nutrition staff to cook spaghetti for local spaghetti dinner at parish
Stress Reduction/Mindfulness (Spiritual education and services, classes, services)	POA education for walk in's Tentative: Families affected by Suicide Support group	Orchestra on the Lawn at Franciscan POA education for walk in's Wine & Yoga for inspiring women
Relationships (support groups, classes, one on one counseling)	EAP open counseling for family members Diabetes education *referral required Gift of Motherhood *Free Bariatric support group *Free New: Prenatal Assistance program (post-natal education) Pharmacotherapy clinic Pace Program Diaper Drive Period of Purple Crying	EAP open counseling for family members Diabetes education *referral required Infant CPR/Choking *fee based Preparing for childbirth *fee based Breastfeeding *fee based Prenatal Assistance program

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.

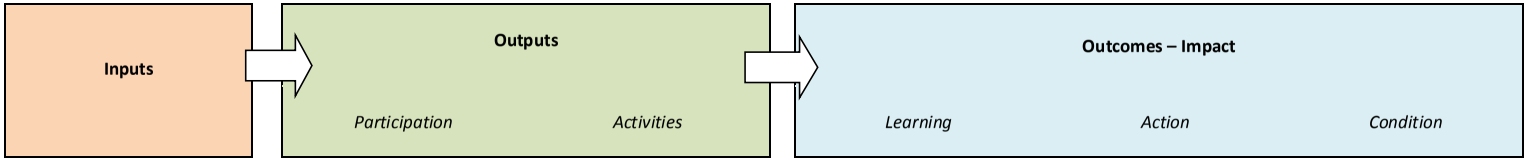
In the areas served by Franciscan Health in Lake County, infant mortality can often be attributed to smoking during and after pregnancy, unsafe sleep practices, congenital anomalies, and accidents. Hospitals within Franciscan Health have been working on various interventions, often with grant support. Franciscan Health is currently engaged in a Safety Pin grant through the Indiana State Department of Health and has a pre-natal assistance program available throughout the county. This service provides resources, education, and other needs to mothers and their babies. (See logic models on the following pages.)

Community Health Improvement Plan (CHIP) 2019-2021

Planning Worksheet

Franciscan Health Dyer-Hammond-Munster Comprehensive Resiliency Project Logic Model

Goal: To improve physical, mental and emotional wellness and strengthen family relationships through a multifaceted approach with at least two Hammond Schools & targeted age group at Hammond Boys & Girls Club by 2021.



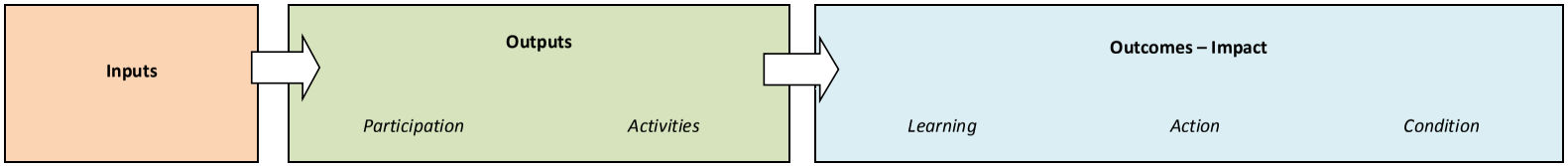
What we invest	Who we reach	What we do	Year 1	Year 1	Year 1
Hospital responsible Franciscan Health Dyer-Hammond-Munster Space/location -Egger Middle School -Staff mtgs (monthly management mtgs) - Franciscan Health Hammond & Dyer (conference rooms) -Boys & Girls Club of Hammond learning room Budgeting: $9,000 per year Internally - Behavioral health (Sue Heaton), EAP (Julie Kissee), Case management (Veronica Clement) , PT/OT (Vicki Stenulson), Security (Daryl Hervey), ACO (Trish Gagliardi), Service Excellence (Linda Young) Supplies needed -Educational materials (infographs, reason for program, goody bag for kids, journals, speakers) -Staff time -Incentives (yoga mats, stress balls, fidgets, cleaning materials) -Physical Fitness de-stressors Research http://traumainformedschools.org/links/alive-brochure.pdf - trauma informed schools https://youthrelationships.org/hrpp - positive relationships https://www.aha.org/case-studies/2013-01-02-iu-health-la-porte-hospital-lil-fish-club-feel-importantstay-	Organizations -Egger Middle School -Franciscan Health -Boys & Girls Club Hammond -Purdue Extension (nutrition education) Community members -Parents, youth service bureau, the villages, local libraries External -Robin Sizemore (school) -Theresa Mayerik (school) - Mary Rykiel (school) -Adam White (school) -Julio Guerra & Lisa Patrick (B&GC) **Programmatic** Geographic area School City of Hammond district & Boys & Girls Club of Hammond Neighborhood/school/institution 46324 - Woodmar (south) & 46320 – east/central Target population Middle school population Disparity -53.1% renters spending on housing -43.5% young children living below poverty -46.1% hospitalization rate due to mental illness for children -Lake Co. = 53.3% of total free & reduced lunch -Lake Co. = 19.9% child food insecurity rate	Trainings - Train interested community member, volunteers, and FH staff -Educate school & B&GC staff **What we create** **Programmatic** Plan - Use program during classroom practice & teacher staff meetings - Recruit and establish Core Team -Capture data from prior school year - Educate teachers on project - Set up monthly mtgs with team to track progress - Organize family nights with School first (Will include introduction to mindfulness with practice and relationship building) - Create data plan/training, tools to track progress and satisfaction of participants. Linkage to Care -Follow up with BH professional for care if needed -Provide stress reduction & positive relationships -Incorporate mindful physical activities and nutrition techniques. Healing Strategies Primary focus on positive relationships & physical activity with coupling nutrition and mindfulness.	Jan. - March '19 -Learn best way of communication, organizational strengths of team, plan of action. Hold at least one meeting per month. - Final research of program development April – June '19 -Learning of the diversities within the schools selected. -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 responsible -Curriculum is taught, understood, supplies bought -Formation of coalition of both internal & external partners July – Sept. '19 -Program launch 1st week of school (August) -Tracking of program usage-fidelity Oct. – Dec. '19 evaluation questions are answered	Jan – March '19 -internal & external staff need to be on same page April – June '19 -Timeline & person responsible must establish reasonable deadlines -Curriculum must be standard & evidence based. -Determination of when during the school day or after school will this program be implemented. July – Sept. '19 baseline data must be established for impact evaluation Oct. – Dec. '19 other limits & challenges
			Year 2 Maintain Egger Middle School program from year 1 Move to Morton Elementary School & start B&GC discussion State lessons learned & potential opportunities	**Year 2** Maintain Egger Middle School program from year 1 Move to Morton Elementary School & start B&GC discussion Impact evaluation is comparing to Year 1 for school	**Year 2** Maintain Egger Middle School program from year 1 Move to Morton Elementary School & B&GC Other limits & challenges are addressed
			Year 3 Main Morton and Henry Eggers program from year 1 & 2 -Move to Boys & Girls Club for year 3 (positive relationships w/PAN) -State lessons learned & potential opportunities	**Year 3** Main Morton and Henry Eggers program from year 1 & 2 Move to Boys & Girls Club for year 3 Impact evaluation is comparing to Year 2	**Year 3** Main Morton and Henry Eggers program from year 1 & 2 Move to Boys & Girls Club for year 3 Outcome evaluation comparing year 1 & 2

Community Health Improvement Plan (CHIP) 2019-2021

Planning Worksheet

Franciscan Health Crown Point Resiliency Project Logic Model

Goal: To improve positive social, emotional relationships and physical activity through a two tiered approach with the adolescent population at the South Lake YMCA by 2021



What we invest	Who we reach	What we do	Year 1	Year 1	Year 1
Hospital responsible Franciscan Health Crown Point Space/location -YMCA small conference room - Franciscan Health Crown Point(conference rooms) Budgeting: $3,000 per year Internally -Trauma (Jen Homan), SANE nurse (Michelle Resendez), Ambulatory (Rob Dowling), Pharmacy (Sonia), FPN (Mary Jo Pearson & Julie Mallers) Supplies needed -Educational materials (infographs, reason for program, goody bag for kids, journals, speakers) -Staff time -Incentives Research https://youthrelationships.org/hrpp - positive relationships http://www.innerexplorer.org/ - evaluation tools https://cns.ucdavis.edu/resources/classroom/healthy-choices-in-motion - PAN curriculum https://momentousinstitute.org/assets/site/Final_APS_poster_5.15.2017.pdf - Gratitude Journaling https://clinicaltrials.gov/ct2/show/NCT03114709 https://www.dmymca.org/about-the-y/y-news/ymca-of-greater-des-moines-blog/2017/05/23/mindfulness-for-all-trained-your-brain-	Organizations -South Lake YMCA -Franciscan Health -Purdue Extension (nutrition education) Community members -Parents, first responders, St. Mary's Parish, St. Mattia's Parish **Programmatic** Geographic area City of Crown Point, Cedar Lake, Lowell, St. John Neighborhood/school/institution 46307 – Crown Point 46373 – St. John 46356 – Lowell Target population Middle school population Disparity -72.3% hospitalization rate due to adolescent suicide -55% hospitalization rate due to pediatric mental health 53.1% renters spending on housing -Lake Co. = 53.3% of total free & reduced lunch -Lake Co. = 19.9% child food insecurity rate -Lake Co. = 26.7% children under 18 in poverty	Trainings - Train interested community member, volunteers, and FH staff -Educate YMCA staff **What we create** **Programmatic** Plan - Use program at YMCA - Recruit and establish Core Team -Capture any demographic & needs data from prior year - Set up monthly mtgs with team to track progress - Organize family nights with YMCA first (Will include introduction to mindfulness with practice and relationship building) - Create data plan/training, tools to track progress and satisfaction of participants. Linkage to Care -Provide stress reduction & positive relationships -Incorporate mindful physical activities and/or nutrition techniques. Healing Strategies Primary focus on positive relationships & physical activity with coupling nutrition and mindfulness at a smaller scale	Jan. - March '19 -Learn best way of communication, organizational strengths of team, plan of action. Hold at least one meeting per month. - Final research of program development April – June '19 -Learning of the diversities within the schools selected. -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 responsible -Curriculum is taught, understood, supplies bought -Formation of coalition of both internal & external partners July – Sept. '19 -Program launch 1st week of school (August) -Tracking of program usage-fidelity Oct. – Dec. '19 evaluation questions are answered	Jan – March '19 -internal & external staff need to be on same page April – June '19 -Timeline & person responsible must establish reasonable deadlines -Curriculum must be standard & evidence based. -Determination of when during the school day or after school will this program be implemented. July – Sept. '19 baseline data must be established for impact evaluation Oct. – Dec. '19 other limits & challenges
			Year 2 Maintain YMCA program from year 1 and begin coupling nutrition & mindfulness State lessons learned & potential opportunities	**Year 2** Maintain YMCA program from year 1 Impact evaluation is comparing to Year 1 for school	**Year 2** Maintain YMCA program from year 1 Other limits & challenges are addressed
			Year 3 Maintain YMCA program from year 1 & 2 State lessons learned & potential opportunities	**Year 3** Maintain YMCA program from year 1 & 2 Impact evaluation is comparing year 1 & 2	**Year 3** Maintain YMCA program from year 1 & 2 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
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Franciscan Health Olympia Fields
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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.
- 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.
- 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.
- 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, 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