

Mooresville Community

community
HEALTH NEEDS ASSESSMENT

2025-2027

Franciscan HEALTH
Mooresville





community HEALTH NEEDS ASSESSMENT

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Franciscan HEALTH

HOW TO USE THIS REPORT

INTRODUCTION & FACILITY INFORMATION

Learn about Franciscan Health's mission & our facility

SECTION 1

Examine the geographic and demographic traits of the communities we serve

2

Explore the social and economic factors that impact health

3

Review health outcomes and prevention strategies for chronic disease

4

Listen to the voice of community members and explore community assets

5

Uncover Franciscan Health's strategic plan to help meet the needs of the community

community HEALTH NEEDS ASSESSMENT

INTRODUCTION

Franciscan HEALTH

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 communities served by Franciscan Health. The assessment covers a large range of topics, but is not a complete analysis of any one issue. Rather, these data help to identify priorities which lead to productive community discussions and the creation of goals and objectives.

We invite you to 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 has developed a three-year strategic plan on meeting community health needs as capacity and resources allow.

The CHNA includes 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. Data from a variety of federal, state, and local entities were also reviewed.

You'll find this document organized in such a way as to guide you through the community. Most importantly, please see the Call to Action. In this section, we share our commitment to improving community health in 2025-2027. We hope you will join us, as we know improving health is a total community effort.

If you have comments, suggestions, or questions about this report, please do not hesitate to contact The Community Health Improvement Department at *COMHEALTHIMPVTEAM@FranciscanAlliance.org*.

Yours in health,

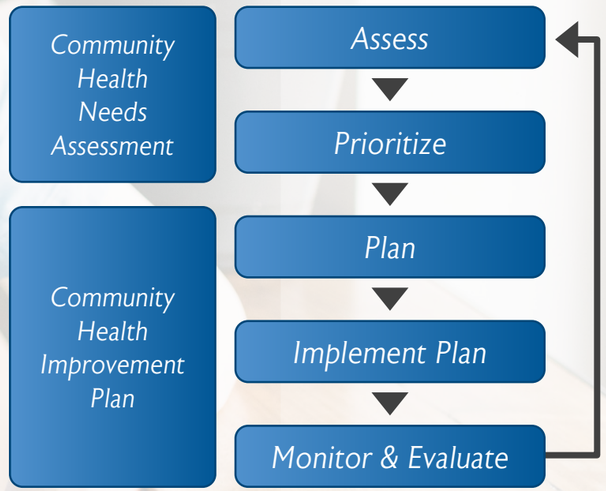
The Community Health Improvement Team



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.
- Centers for Disease Control and Prevention

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 interventions 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.



TIMELINE

2023
The 2-year process begins for the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

April-July 2023
Planning and consulting with public health experts on CHNA and CHIP improvements for 2025-2027 edition.

May-September 2023
Review of public health data for newest updates related to health status in our communities.

October-December 2023
Pilot survey launched and analyzed, identifying key themes in stakeholder groups.

2024
Start of year 2.

February-May 2024
Community Health Survey deployed to multiple audiences.

January-August 2024
Secondary data collected and refined. Primary data from Community Health Surveys are analyzed.

August 2024
Community health needs prioritized.

September 2024
Community Health Improvement Plan created.

October-December 2024
Franciscan Health leadership approvals.

2025
Launch the 2025-2027 plan.



community HEALTH NEEDS ASSESSMENT

FACILITY INFORMATION

Franciscan HEALTH

ABOUT FRANCISCAN HEALTH

Throughout our hospitals and medical practices, we offer nationally recognized Centers of Health Care Excellence.

Since 1876, Franciscan Health 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 values embodied by our founding congregation, the Sisters of St. Francis of Perpetual Adoration. The Sisters sponsor Franciscan Health, a healthcare system which upholds the moral values and teachings of the 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 talent and developing our coworkers to develop as mission leaders in our Franciscan system.

FACILITY INFORMATION



Hospital Contact Information

CEO: Lori Price
Address: 1201 Hadley Rd.
Mooresville, IN 46158

Phone: (317) 831-1160
Website: www.franciscanhealth.org

Annual Inpatient Admissions (2023): 2,306
Annual Outpatient Admissions (2023): 66,800
Annual ED Admissions (Arrivals 2023): 27,036
Annual Births (2023): 293
Number of Employees (2023): 385
Number of Doctors (FPN, SPI, & Affiliates 2023): 121
Length of Stay (Inpatient 2023 number of days): 3.4



OUR HISTORY



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, and the Philippines.

MOORESVILLE SERVICES

We offer a comprehensive list of services and service lines at Franciscan Health Mooresville.

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

> *Start by doing what is necessary; then do what is possible; and suddenly you are doing the impossible.*
> **- Francis of Assisi**

MISSION

Continuing Christ's Ministry in our Franciscan Tradition.

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.

community HEALTH NEEDS ASSESSMENT

COMMUNITY PROFILE

SECTION 1

Franciscan HEALTH

COMMUNITY PROFILE

This section details the community that we serve. The community profile contains information such as geographic boundaries, population demographics and community diversity. Reviewing this information gives readers a sense of community strengths and how to compassionately meet the needs of the individuals within our community.

SECTION 1

The Mooresville Community

Only 10 miles from Indianapolis and close to Indianapolis International Airport, lies a great town known for its small-town charm, friendly atmosphere, and great schools. Mooresville knows how to balance traditional Hoosier values with building new opportunities.

Affordable and family friendly, Mooresville sits on the edge of the amazing hills of Southern Indiana. You can still find farms and country roads, mixed with a thriving religious community and quick access to parks and the outdoor adventure Indiana provides. Residents of Mooresville can seamlessly go from big city amenities to small town, or even rural, life without much effort.

Positioned near multiple highways, interstates, and airports, Mooresville's economy benefits from transportation and logistics, manufacturing, agriculture and retail. Nearby towns of Monrovia and Eminence offer a lower cost of living for families looking for tight-knit communities with adventures just outside their door.

ABOUT OUR SERVICE AREA

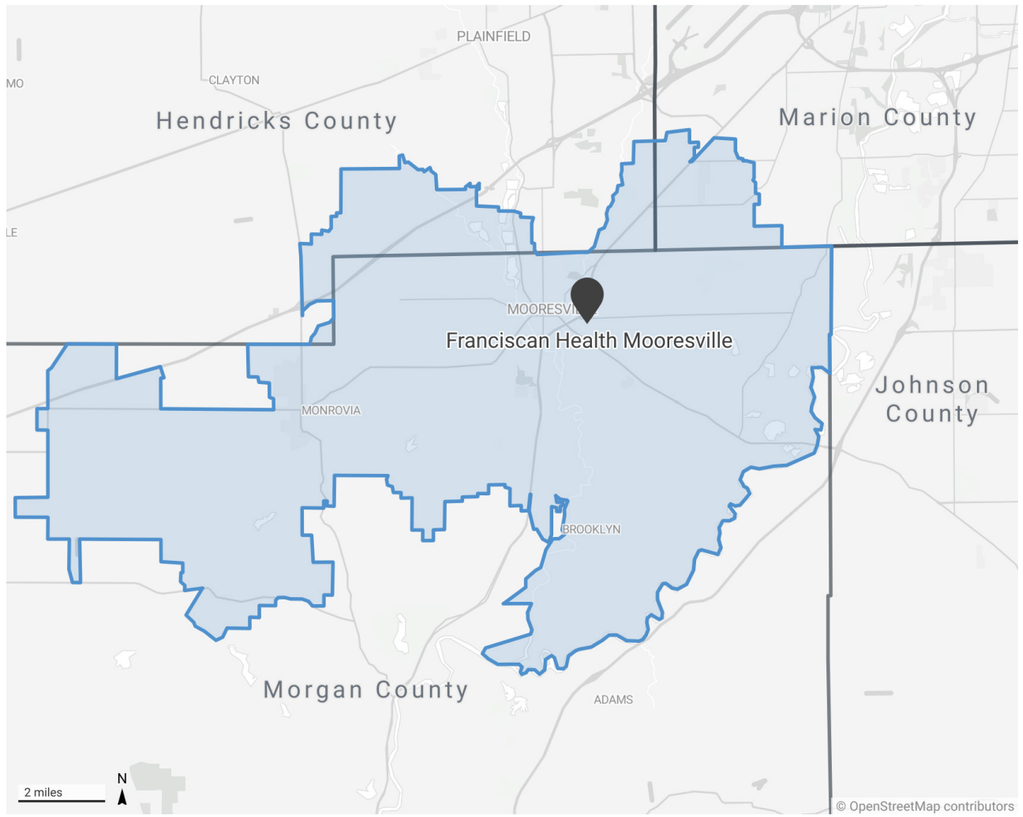
Franciscan Health Mooresville community benefit programs focuses on the Northern half of Morgan County, including Mooresville, Monrovia and Eminence. The service area contains many of those who participate in Franciscan's community benefit activities and encompasses most of Franciscan-affiliated services and providers.

Morgan County

The Mooresville community service area is a 3-ZIP Code region primarily located in Morgan County, Indiana. Franciscan Health, as a health system, serves the Midwest states of Illinois and Indiana.



Franciscan Health Mooresville Service Area

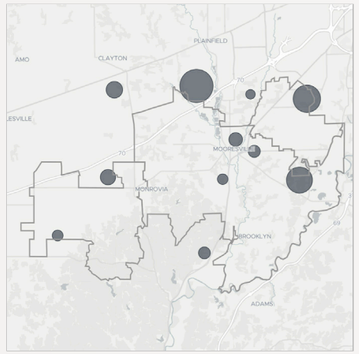


The Franciscan Health Mooresville community service area 3-ZIP Code region that includes: 46113, 46157, 46158.

THE POPULATION WE SERVE

CITIES AND MUNICIPALITIES

The cities, villages, and municipalities within our community include Mooresville (population: 9,525 people), Brooklyn (2,248) and Monrovia (1,574).



POPULATION AND GROWTH

In 2022, the total population of our community was estimated to be 44,452. This is an 8% increase in 10 years. Population growth in this region has been higher compared to state and national benchmarks. For comparison, in that same time period, the average population increase in the U.S. was 7% and 5% in Indiana.

44,452

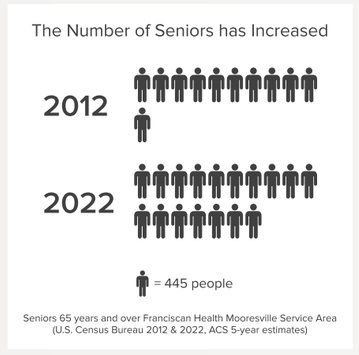
people live in our community

An 8% population increase in the past 10 years

Total population and change for Franciscan Health Mooresville Service Area (U.S. Census Bureau 2012 & 2022, ACS 5-year estimates)

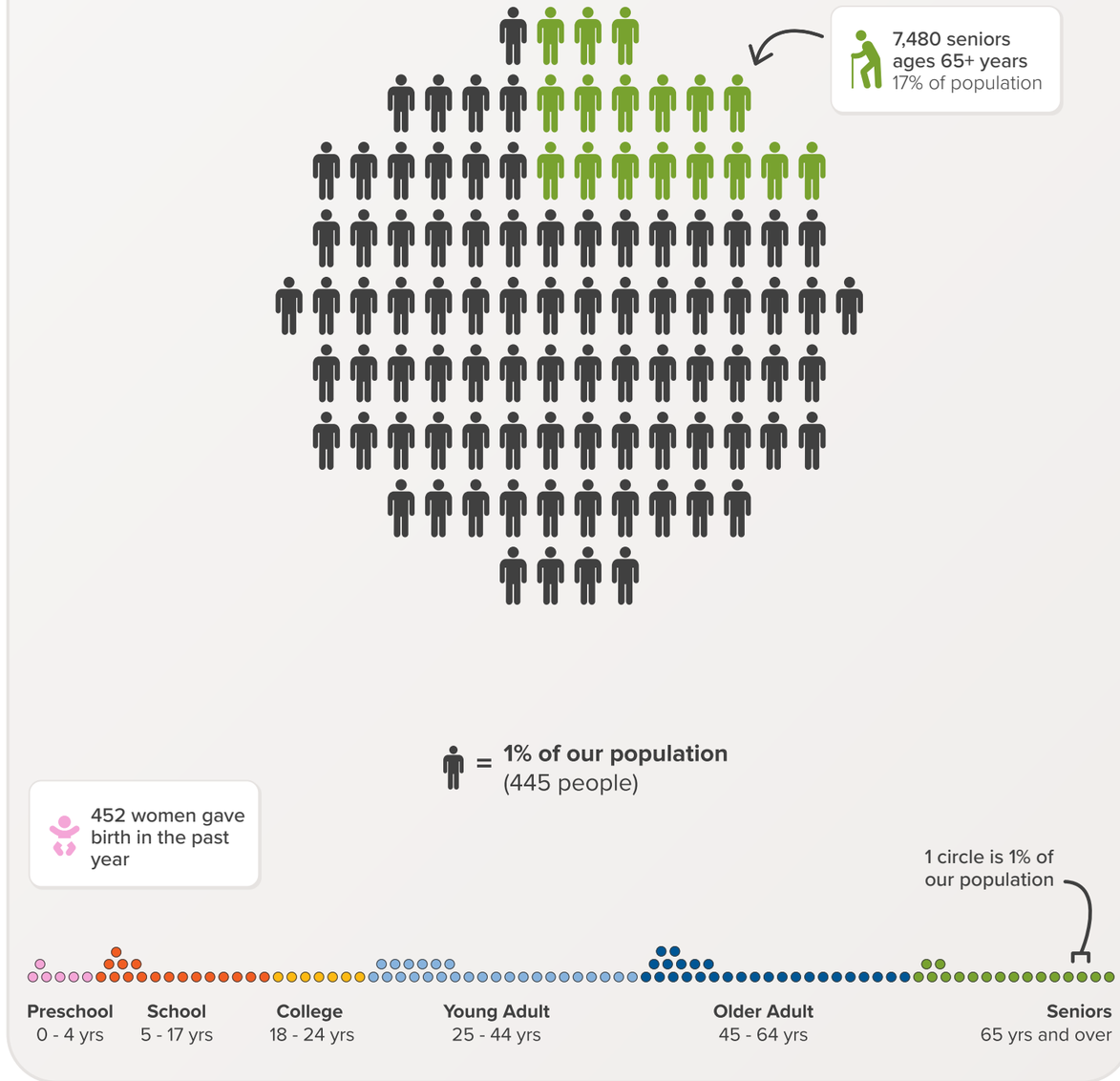
A CHANGING POPULATION

Populations grow and change. The estimated number of women who gave birth in the past year was 452 (1.0%), which is lower than the U.S. benchmark of 1.2%. The senior population ages 65 and over is approximately 7,480 people (17% of the population) and has seen a 52% percent increase from 2012 to 2022.



Population data for Franciscan Health Mooresville 3-ZIP Code service area are from U.S. Census Bureau 2012 & 2022 American Community Survey 5-year estimates. Map (above) shows circles scaled by population size within census tracts, 2016 American Community Survey 5-year estimates.

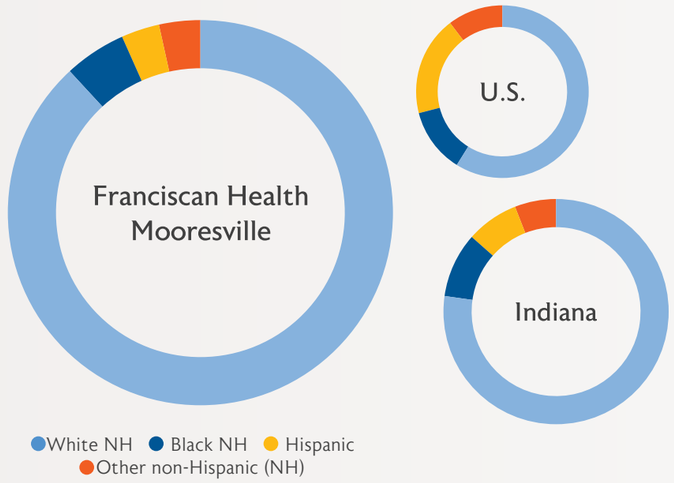
OUR POPULATION BY AGE



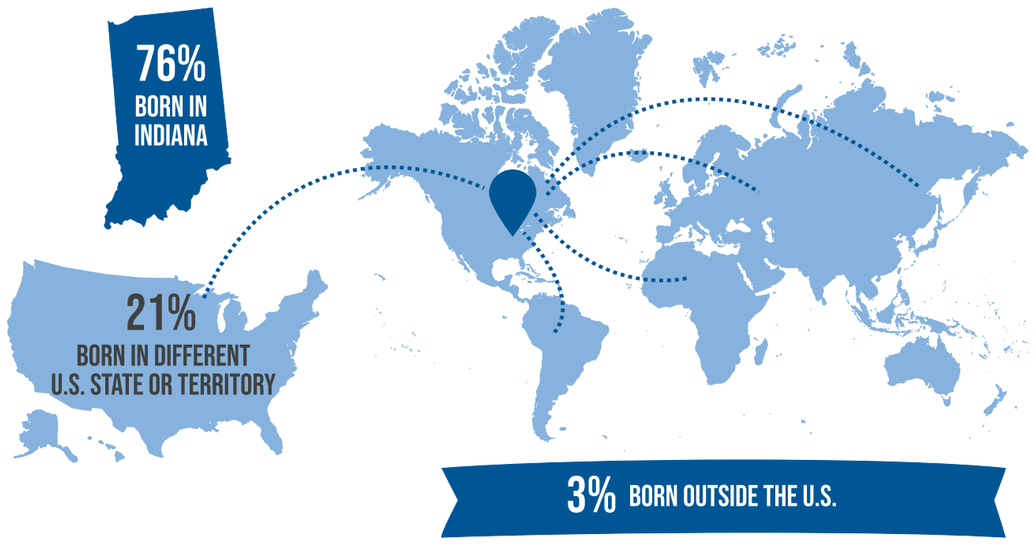
In 2022, 6% of the population was preschool aged children (0-4 years), 17% were school-aged children (5-17 years), 7% were college-aged students (18-24 years), 26% were young adults (25-44 years), 27% were older adults (45-64 years) and 17% were seniors (65 years and older).

STRONGER WITH DIVERSITY

RACE, ETHNICITY, AND BIRTHPLACE
The most common race and ethnicity in our community is non-Hispanic White (88%). 5% of the population is non-Hispanic Black or African American, and 3% are Hispanic. Most residents were born in-state, and a smaller percent were born in the U.S. and internationally.



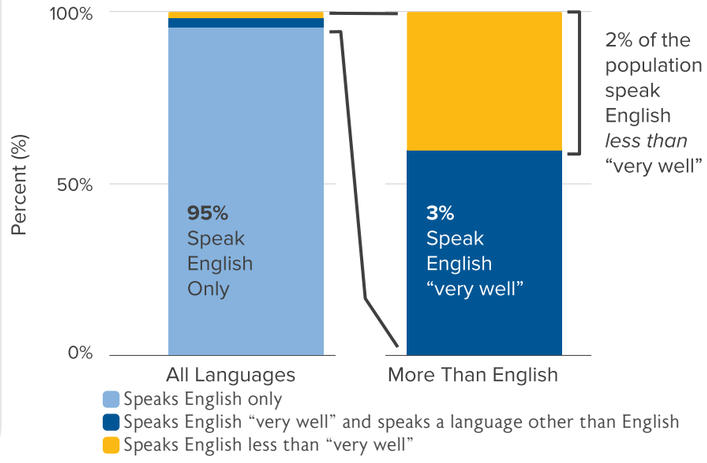
Birthplace of Our Community Members



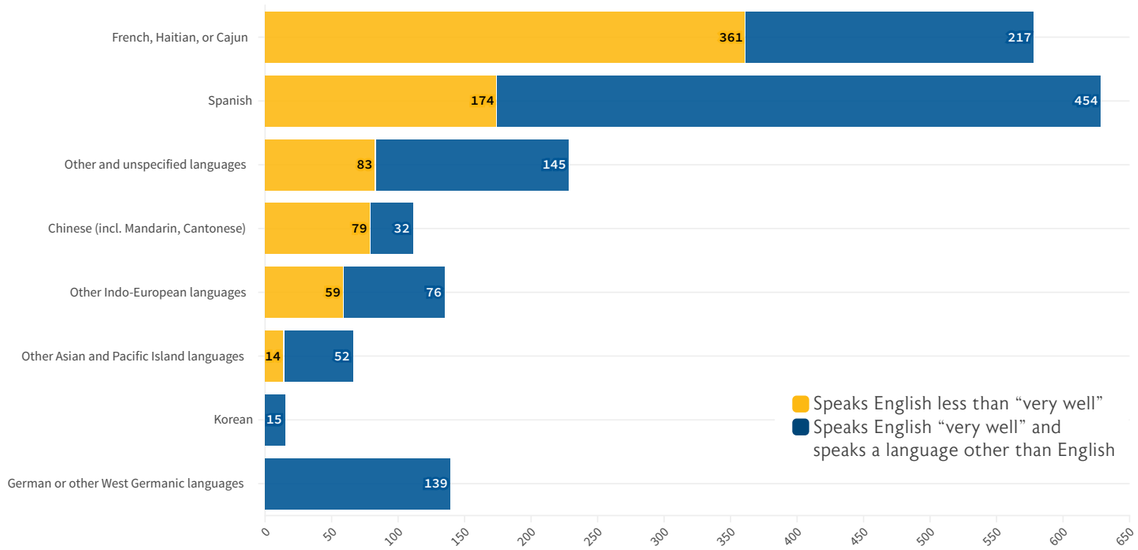
Data on race, ethnicity, and birthplace of population in The Franciscan Health Mooresville 3-ZIP Code service area from U.S. Census Bureau, 2022 American Community Survey, 5-year estimates.

COMMUNICATION & CARE

LANGUAGES SPOKEN
English is the main language spoken in the home and a majority (95%) of residents speak only English. When considering communication in healthcare, about 2% of the population speak English less than "very well" (right) with English proficiency varying by language (below).



Non-English Languages Spoken in the Home



Self-reported languages spoken for ages 5 and over within The Franciscan Health Mooresville 3-ZIP Code service area. Data from U.S. Census Bureau, 2022 American Community Survey, 5-year estimates.

UNIQUE POPULATIONS



CARETAKERS FOR CHILDREN & TEENS

Most children under 18 in the community live with at least one parent (92.3%). This is higher than the U.S. average (87.9%). Grandparents are the main householder for 4.7% of children. This is low compared to national average (8.0%). A smaller percentage of children and teens have other family living arrangements or live with foster parents.



SERVING OUR VETERANS

There are approximately 3,064 U.S. veterans living in the Franciscan Health Mooresville service area according to the U.S. Census Bureau's American Community Survey. This number includes any person who has served in the military for any length of time, during different wartime and peacetime periods, in active duty, the Military Reserves, and the National Guard.



POPULATION WITH DISABILITIES

The Census Bureau defines disability as a long-lasting condition or set of conditions that make it difficult for a person to do functional or participatory activities of daily living.

According to the American Community Survey, the estimated population with a disability was 6,572 or 15% of the noninstitutionalized population. This is higher than the U.S. benchmark of 13% and 14% in Indiana.

"Each person is cared for with respect, dignity, fairness and compassion."

SERVING OUR COMMUNITY



Franciscan Health is proud to serve our community with joyful, compassionate, and respectful care. To better serve residents living within our community, we will explore the factors that contribute to health and specific health conditions impacting those we serve.

SECTION 1. DATA ATTRIBUTION

Demographic data for Section 1 are from American Community Survey (ACS) 5-year estimates from the U.S. Census Bureau. All data in Section 1 were for the 3-ZIP Code region.

Data were queried in 2024. City-specific population data were queried from Census Reporter, another source of ACS 5-year estimates. The population map was downloaded from broadstreet.io and shows 2016 American Community Survey data. Data on childhood living conditions were queried from 2019 American Community Survey data. All other demographic data for the region were queried from data.census.gov. Trend data were from the 2012 American Community Survey 5-year estimates and were compared to the most recently available data from the 2022 American Community Survey 5-year estimates.

DATA LIMITATIONS AND CAVEATS

Data are estimates from publicly available data. There is commonly a time delay between data collection, estimation, and reporting for publicly available data. Wherever possible, the most recently available data were utilized.

Franciscan HEALTH

FOUNDATIONS FOR HEALTH

The foundations of good health begin early. Health is best achieved after basic human needs are met. These needs include social and economic factors such as income, housing and the availability and affordability of food and health care. To provide care that is respectful and responsive to the needs of society, we explore the foundations of good health.

SECTION 2

How Do We Build Good Health?

The conditions in which people are born, grow, live, work, and age have a significant impact on health and well-being. These non-medical conditions are referred to as **social determinants of health**. Examples of social determinants of health include economic stability, education, social support, transportation, neighborhood environment, food access and access to healthcare (CDC, 2024). Circumstances are shaped by policy and societal factors such the distribution of money and resources at local, national and global levels (World Health Organization, 2024).

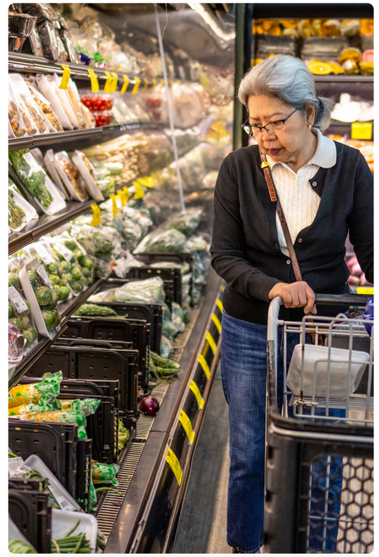
Why are some populations healthier than others? Disparities in health can sometimes be explained by underlying social determinants of health. Vulnerable populations experience greater challenges in achieving positive health outcomes (CDC, 2024; Healthy People 2030, 2024). For example, poverty affects whether someone can afford a car. Without a motor vehicle or other mode of transportation, it is harder to shop for groceries or to get to medical appointments.

Health disparities can be addressed through action (Healthy People 2030, 2024). In this section, we will examine the factors that may be influencing health and well-being in our community. Understanding these non-medical factors will help us to identify areas where additional resources and interventions will have a meaningful impact to improve the quality of life for all.



SOCIAL & ECONOMIC FACTORS

- INCOME & POVERTY
- EDUCATION
- EMPLOYMENT
- HOUSEHOLD CONDITIONS
- HOUSING STOCK



FOOD ACCESS

- FOOD LOCATION & AFFORDABILITY



ACCESS TO HEALTH CARE

- INSURANCE STATUS
- HEALTH CARE PROVIDERS IN THE REGION

“Christian stewardship through just and fair allocation of resources in a manner respectful of the individual and responsive to the needs of society.”

FOUNDATIONS FOR GOOD HEALTH

SOCIAL & ECONOMIC FACTORS

- INCOME & POVERTY
- EDUCATION
- EMPLOYMENT
- HOUSEHOLD CONDITIONS
- HOUSING STOCK

Better health is possible when compassionate care is provided at a level that matches the needs of the community. Social and economic factors highlight areas of opportunity. Factors are closely linked. For instance, education is related to income and employment. One measure that combines multiple metrics into one "score" is **The Area Deprivation Index**. The Area Deprivation Index has been well-studied in peer-reviewed literature and used for 20 years by the Health Resources and Services Administration (HRSA). High Area Deprivation scores have been linked to health outcomes such as heart disease deaths, cancer, life expectancy, and all-cause mortality (Singh *et al.*, 2003, 2004, 2006, 2011, 2012). The Area Deprivation Index is also associated with health care costs and quality measures such as 30-day hospital readmission rates (Kind *et al.*, 2014; Morenz *et al.*, 2024).

The Area Deprivation Index score is calculated by combining 17 indicators of socioeconomic status including income, disparities, poverty, education, employment, household conditions (e.g., single-parent households, having a vehicle), and housing stock (Knighton, 2016).

ACCESS TO HEALTH CARE

Social and economic factors impact access to health care. People with lower incomes are less likely to have insurance. Fear of medical debt and out-of-pocket medical care costs may lead to a delay of healthcare services (Healthy People 2030, 2024). Access to health care includes both having insurance, as well as having clinicians nearby.

FOOD ACCESS

Food access is closely linked to social and economic factors. Access includes being able to afford food and having a supermarket in the region. Uncertain or limited access to adequate food is known as food insecurity. Studies have linked food insecurity with a number of health outcomes such as obesity, mental health and chronic diseases (Healthy People 2030, 2024).

HEALTH OUTCOMES

Better outcomes achieved with better foundations for good health.

- HEART DISEASE
- PREVENTABLE CANCERS
- DIABETES
- INFANT MORTALITY
- MENTAL & BEHAVIORAL HEALTH

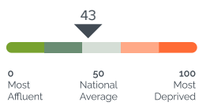
Gary, Indiana

The Area Deprivation Percentile score combines 17 socioeconomic factors

Area Deprivation Percentile
Mooresville Community

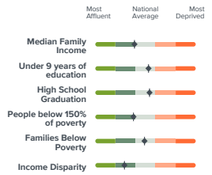
43

PERCENTILE FOR AREA DEPRIVATION OUR COMMUNITY vs. THE U.S.



Area Deprivation Index for the Census Block Groups in our 3-ZCTA area (BroadStreet 2021).

Socioeconomic Status
Mooresville Community



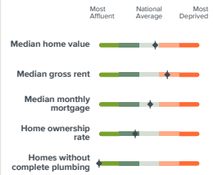
Indicators comprising The Area Deprivation Index for Census Block Groups (BroadStreet 2021).

Household Conditions
Mooresville Community



Indicators comprising The Area Deprivation Index for Census Block Groups (BroadStreet 2021).

Housing Stock
Mooresville Community



Indicators comprising The Area Deprivation Index for Census Block Groups (BroadStreet 2021).

Median Family Income
Mooresville Community



$76,884

U.S. Dollars per year

Median family income in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Under 9 Years of Education
Mooresville Community



3%

of people 25 yrs and over

Education in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

High School Graduation
Mooresville Community



90%

of people 25 yrs and over

Education in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

People below 150% of Poverty
Mooresville Community



13%

of the population

Poverty in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Families Living Below Poverty
Mooresville Community



6%

of families are living in poverty

Poverty in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Unemployment Rate
Mooresville Community



5%

of the workforce ages 16 years and older

Employment in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

White-Collar Employment
Mooresville Community



54%

of employed persons ages 16 years and older

Employment in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Single Parents with Children
Mooresville Community



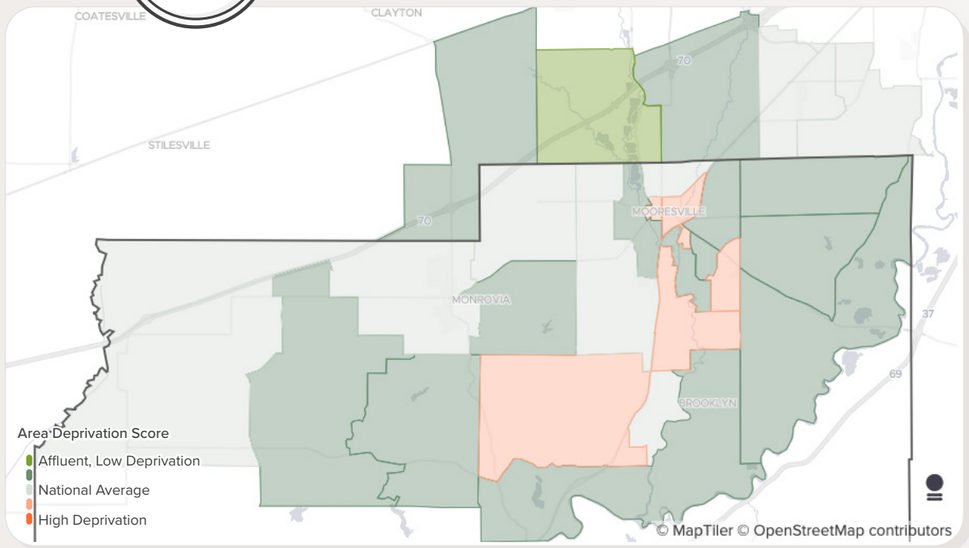
24%

of single-parent households have children under 18 yrs

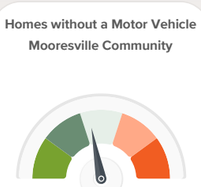
Household conditions in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Opportunities to improve health can be highlighted by the Area Deprivation Index score. According to Area Deprivation percentiles within the Franciscan Health community, the area most impacted by such challenges is the city core of Mooresville. Overall, this region has a lower Area Deprivation percentile (43rd percentile) which means it is more affluent compared to the United States (50th percentile). Notably, the region has average socioeconomic status and household conditions when compared to the United States, with better metrics for income disparity. Overall, 6% of families in the Franciscan Health community are living in poverty, 5% of the population is unemployed, 4% of the households do not have a mode of transportation and 3% of homes do not have a telephone. Regarding housing, a low percent of occupied houses lack complete plumbing compared to national benchmarks.

SOCIAL & ECONOMIC FACTORS



Homes without a Motor Vehicle
Mooresville Community

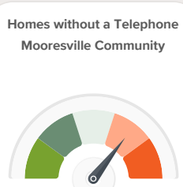


4%

of occupied housing units

Household conditions in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Homes without a Telephone
Mooresville Community



3%

of occupied housing units

Household conditions in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Homes with Crowding
Mooresville Community



1%

of housing units have over 1 person per room

Household conditions in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Median Home Value
Mooresville Community



$160,400

U.S. Dollars

Housing stock in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Median Gross Rent
Mooresville Community



$970

per month

Housing stock in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Median Monthly Mortgage
Mooresville Community



$1,024

per month

Housing stock in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Home Ownership Rate
Mooresville Community



77%

of housing units are occupied by the owner

Housing stock in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Homes without Complete Plumbing
Mooresville Community



0%

of occupied housing units

Housing stock in our 3-ZCTA area (ACS 2015-2019) vs. U.S. benchmark (BroadStreet 2021).

Area Deprivation Index calculations, graphics and maps by BroadStreet using data from the U.S. Census Bureau's American Community Survey 5-year estimates and methods by Knighton and colleagues (2016).

FOOD ACCESS

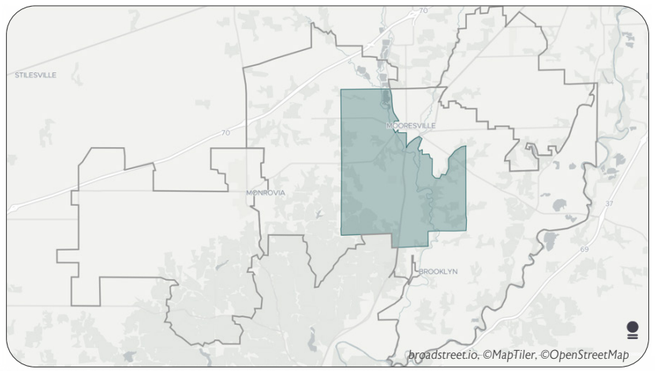


8 out of 10

a score of 10 is best

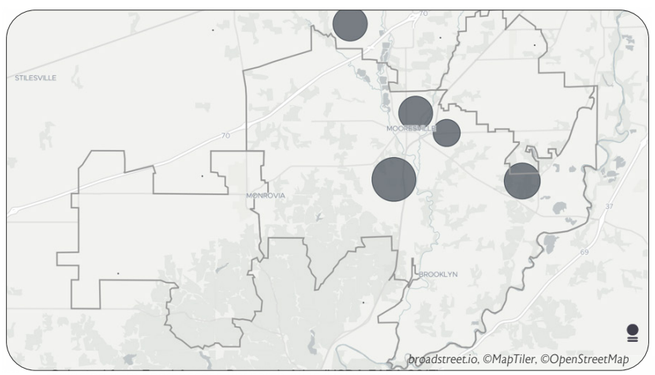
Food Environment Index in Morgan County

The Food Environment Index is 8 out of 10, which is higher compared to the average value across the country (7.7). The index is on a scale of 0 (worst) to 10 (best). The Food Environment Index combines measures of food affordability, food access, and food insecurity. The Food Environment Index was calculated by Feeding America (Gundersen et. al, 2013) and shared by County Health Rankings (CHR, 2018).



Low income and low access census tracts (shaded regions)

The community has geographical regions with low food access and affordability located near Sundown Manor, East Dayhuff Road, and Brookmoor.



Population (number of people) with low income and low access to a grocery store

The population with low income and low access to food is located in Sundown Manor, east of Crestview Heights, west of Young, and north of Mooresville.









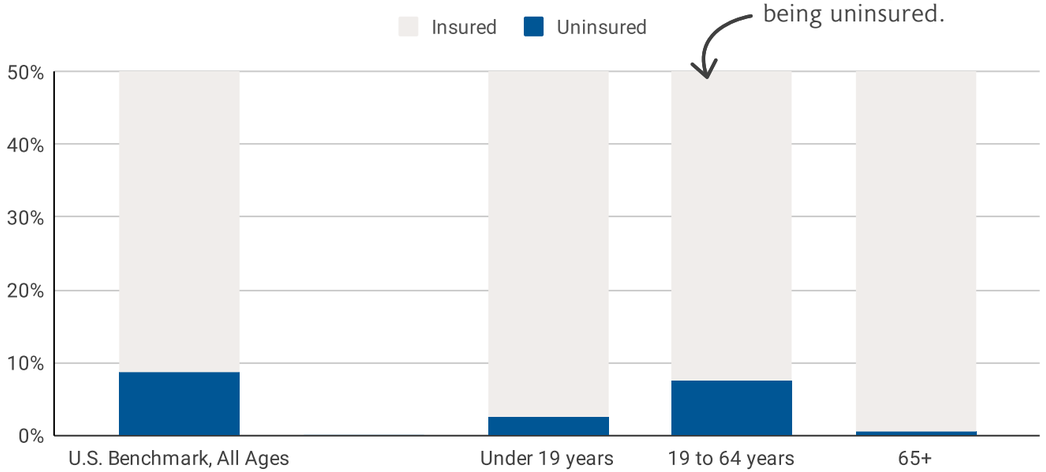


Autumn in Indiana (top left) and volunteers at the Franciscan Health Crown Point Mobile Market and Fresh Start Market

About Food Access Data: *Food access maps (top map) are for the 3-ZIP Code community and show census tracts with low income and low access. Low access is defined as census tracts where a significant proportion of residents live more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket (shaded light blue); 1 mile (urban) or 20 miles (rural) from the nearest supermarket (shaded dark blue). Bubble map of population (bottom map) shows the number of people that are low income and have low access to a grocery store by census tract. A larger bubble indicates a larger number of people. Data are from The Food Access Research Atlas by the U.S. Department of Agriculture (FARA USDA, 2017). Maps made on broadstreet.io.*

ACCESS TO HEALTH CARE

Percent Uninsured Population by Age



INSURANCE STATUS

Health insurance is one of the most important factors for good health. Preventive care is less likely to occur when adults do not have insurance. This impacts conditions such as heart disease, diabetes, and cancer (Healthy People 2030, 2024). Insurance access and coverage vary by age group. Within the Franciscan Health community, adults ages 19 to 64 years have the highest rates of being uninsured (7%). 3% of the population under the age of 19 is uninsured. Less than 1% of the population ages 65 and over is uninsured, which may be a result of Medicare eligibility. For comparison, 9% of the United States population is uninsured, across all ages. Data for the 3-ZIP Code region from the U.S. Census Bureau (2022).



HEALTH CARE PROVIDERS IN THE REGION

The region around the hospital facility is not considered to be a medically underserved area. However, the region is a Primary Care and Mental Health Professional Shortage Area according to the U.S. Health Resources & Services Administration (HRSA, 2024).

BUILDING FOUNDATIONS FOR GOOD HEALTH



Indianapolis, Indiana

SECTION 2. DATA ATTRIBUTION

BroadStreet (2020). Area Deprivation Index. Data queried on broadstreet.io.
County Health Rankings (2018). Food Environment Index. Data queried on countyhealthrankings.org.
U.S. Census Bureau (2022). American Community Survey 5-year estimates for Insurance Status (Table S2701). Queried from data.census.gov.
U.S. Department of Agriculture (2017). Food Access Research Atlas. Data queried on https://www.ers.usda.gov/data-products/food-access-research-atlas.
U.S. Health Resources & Services Administration (2022). Health Professional Shortage Areas and Medically Underserved Populations - Find Shortage Areas by Address. Data retrieved from https://data.hrsa.gov/.

DATA LIMITATIONS AND CAVEATS

Data are estimates from publicly available data. Calculations were also conducted on publicly available data by organizations for Health Professional Shortage Areas, the Area Deprivation Index, and the Food Environment Index. Please see original data sources for more detail on calculation methods. There is commonly a time delay between data collection, estimation, and reporting for publicly available data. Wherever possible, the most recently available data were utilized.

community HEALTH NEEDS ASSESSMENT

HEALTH PROFILE

SECTION 3

SECTION 2. REFERENCES

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Institute of Medicine (U.S.) Committee on Health Insurance Status and Its Consequences (2009). America's uninsured crisis: Consequences for health and health care. National Academies Press.

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AREA DEPRIVATION INDEX

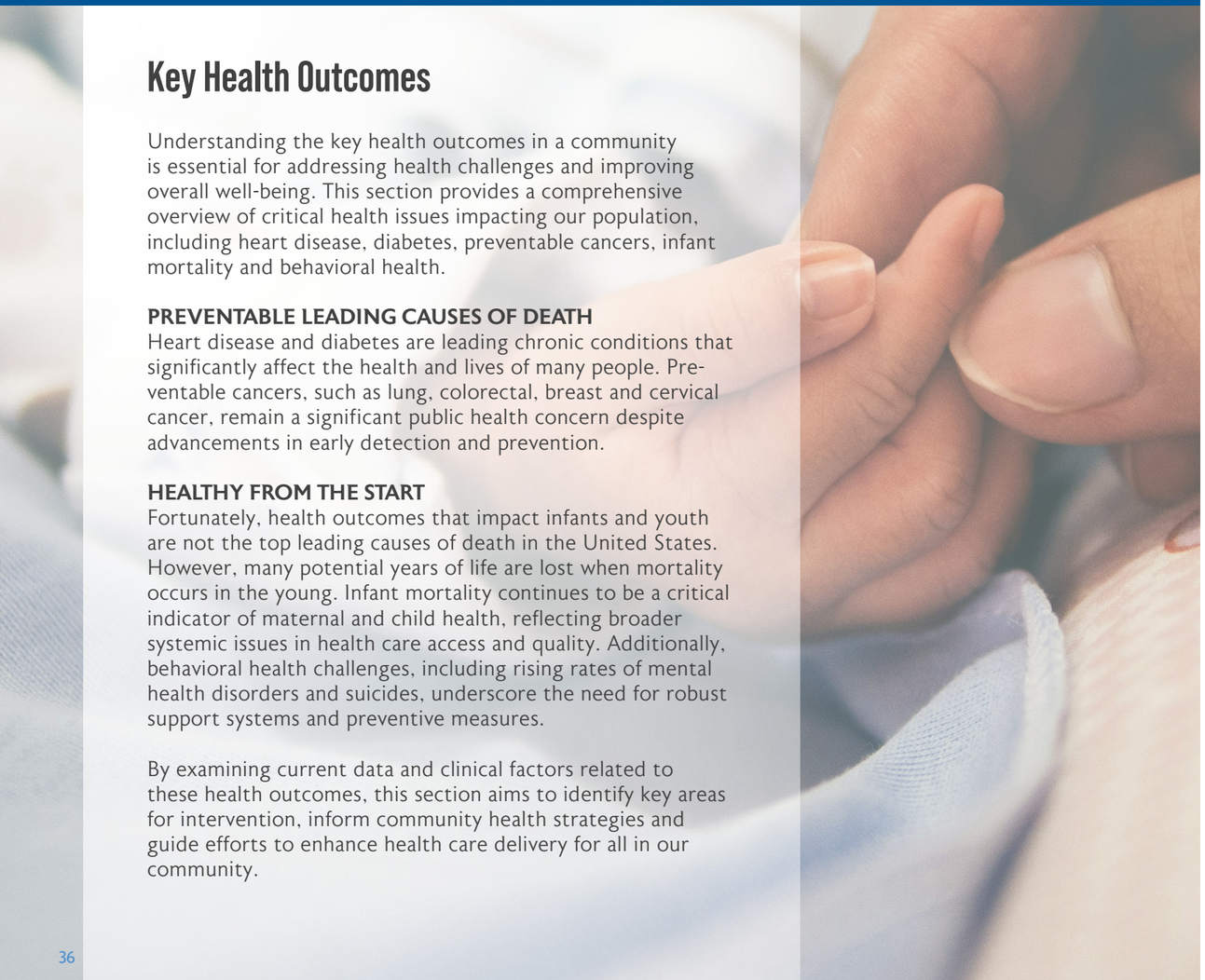
Knighton, A.J., Savitz, L., Belnap, T., Stephenson, B., VanDerslice, J. (2016). Introduction of an Area Deprivation Index Measuring Patient Socioeconomic Status in an Integrated Health System: Implications for Population Health. EGEMS (Wash DC). 2016;4(3):1238.
Kind, A.J., Jencks, S., Brock, J., et al. (2014). Neighborhood socioeconomic disadvantage and 30-day rehospitalization: a retrospective cohort study. Ann Intern Med. 161(11):765-774.
Morenz, AM, Liao JM, Au DH, Hayes SA (2024). Area-Level Socioeconomic Disadvantage and Health Care Spending: A Systematic Review. JAMA Netw Open. Feb 5;7(2):e2356121.
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Singh, GK, & Siahpush, M. (2006). Widening socioeconomic inequalities in US life expectancy, 1980-2000. International Journal of Epidemiology. 35(4), 969-979.
Singh, G.K., Williams, S.D., Siahpush, M., Mulhollen, A. (2011). Socioeconomic, Rural-Urban, and Racial Inequalities in US Cancer Mortality: Part I-All Cancers and Lung Cancer and Part II-Colorectal, Prostate, Breast, and Cervical Cancers. J Cancer Epidemiol. 107497.
Singh, G.K., Azuine, R.E., Siahpush, M., Kogan, M.D. (2012). All-cause and cause-specific mortality among US youth: socioeconomic and rural-urban disparities and international patterns. J Urban Health. 90(3):388-405.

Franciscan HEALTH

HEALTH PROFILE

A health profile is a snapshot of health within a community. The profile answers key questions: How many people in our community are living with chronic disease? Are there preventable risk factors? How widespread is clinical screening and management? By understanding this, we can better understand and meet the unique health needs of those we serve.

SECTION 3



Key Health Outcomes

Understanding the key health outcomes in a community is essential for addressing health challenges and improving overall well-being. This section provides a comprehensive overview of critical health issues impacting our population, including heart disease, diabetes, preventable cancers, infant mortality and behavioral health.

PREVENTABLE LEADING CAUSES OF DEATH
Heart disease and diabetes are leading chronic conditions that significantly affect the health and lives of many people. Preventable cancers, such as lung, colorectal, breast and cervical cancer, remain a significant public health concern despite advancements in early detection and prevention.

HEALTHY FROM THE START
Fortunately, health outcomes that impact infants and youth are not the top leading causes of death in the United States. However, many potential years of life are lost when mortality occurs in the young. Infant mortality continues to be a critical indicator of maternal and child health, reflecting broader systemic issues in health care access and quality. Additionally, behavioral health challenges, including rising rates of mental health disorders and suicides, underscore the need for robust support systems and preventive measures.

By examining current data and clinical factors related to these health outcomes, this section aims to identify key areas for intervention, inform community health strategies and guide efforts to enhance health care delivery for all in our community.

5 KEY HEALTH OUTCOMES

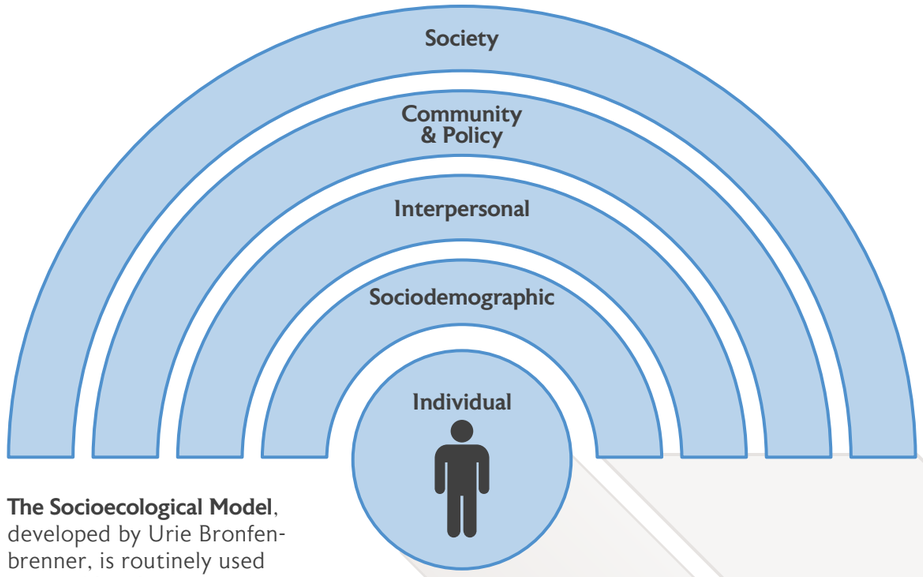
Preventable Leading Causes of Death

- HEART DISEASE
- PREVENTABLE CANCERS
- DIABETES

Healthy from the Start

- INFANT MORTALITY
- MENTAL & BEHAVIORAL HEALTH

HEALTH AT ALL LEVELS



The Socioecological Model, developed by Urie Bronfenbrenner, is routinely used to consider the appropriate community-based strategies.

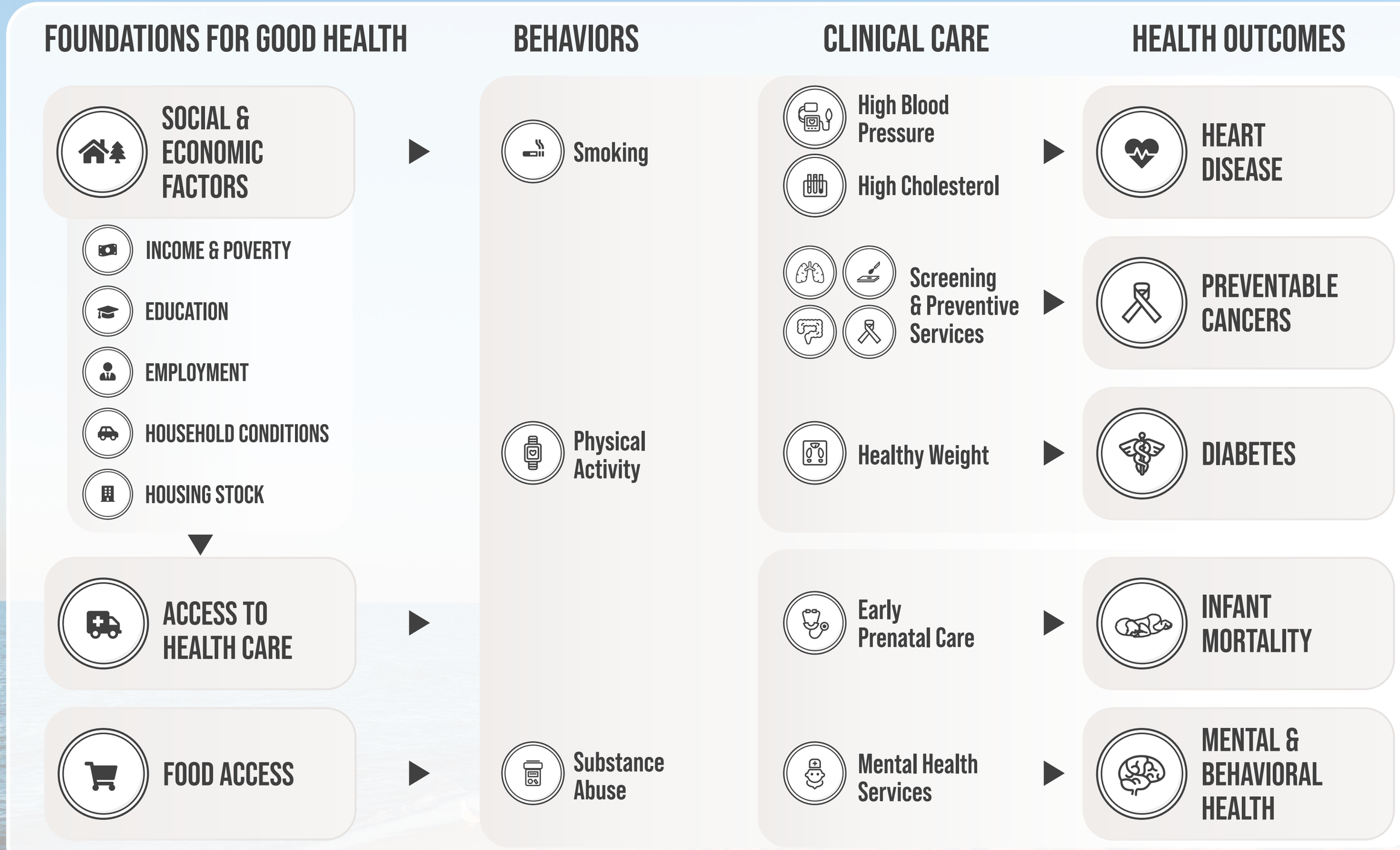
Figure adapted from Hale and colleagues (2020).

Improving health outcomes is possible. Finding the most effective community-based strategies may include considering the circumstances surrounding an individual. Foundations for good health include interpersonal relationships, society and policies as factors that impact behaviors, clinical care and, ultimately, health.



FOUNDATIONS FOR GOOD HEALTH

BEHAVIORS ▶ CLINICAL CARE ▶ HEALTH OUTCOMES



Schematic diagram of key health outcomes with risk factors and protective factors including behaviors and clinical care.

Note: Factors can relate to multiple outcomes. Smoking, for example, is related to heart disease, lung cancer and infant mortality.

Indiana Dunes National Park

5 KEY HEALTH OUTCOMES

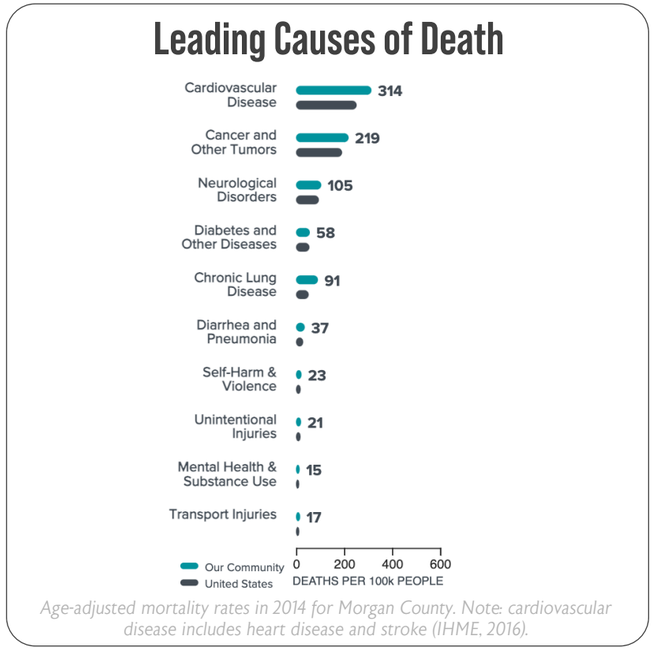
Preventable Leading Causes of Death

- HEART DISEASE
- PREVENTABLE CANCERS
- DIABETES

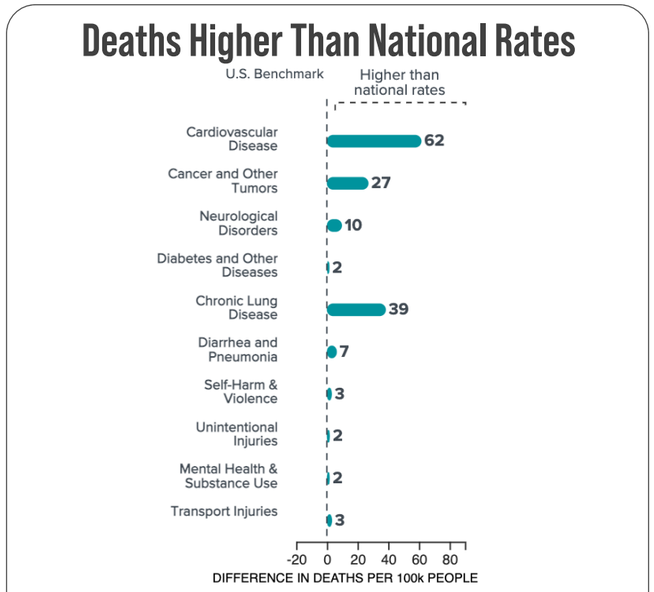
Healthy from the Start

- INFANT MORTALITY
- MENTAL & BEHAVIORAL HEALTH

OUR COMMUNITY VS. U.S. BENCHMARK



Age-adjusted mortality rates in 2014 for Morgan County. Note: cardiovascular disease includes heart disease and stroke (IHME, 2016).



Age-adjusted mortality rates in 2014 for Morgan County versus U.S. mortality rate. Negative numbers indicate lower rates (IHME, 2016).

PREVENTABLE CAUSES OF DEATH

- HEART DISEASE
- PREVENTABLE CANCERS
- DIABETES

Community surveys identified heart disease, preventable cancers, diabetes and mental health and substance abuse as leading causes of death that were important to members of the community. Cardiovascular disease is a leading cause of death nationwide and includes heart disease and stroke. Both heart disease and stroke share similar risk factors and prevention strategies. Cancer is a broad topic and some forms of cancer are preventable with early detection and public health interventions. Diabetes is a leading cause of preventable death and is also a risk factor for cardiovascular disease. Conditions such as mental health & substance abuse account for fewer deaths overall, yet have the potential to impact younger age groups in our community.

PREVENTABLE LEADING CAUSES OF DEATH

Building a healthy community begins with addressing key health outcomes such as leading causes of death that are preventable. Prevention is possible with conditions that support healthy lifestyles and through clinical screening and early management.



Ford Heights Health and Wellness Fair

HEALTH DATA BY COUNTY

In the following pages, we explore and analyze root causes for key health outcomes. Root causes can include community-factors, such as behaviors, and clinical factors, such as screening and management. When identified early, addressing root causes may prevent later outcomes such as hospitalizations and mortality. It is important to note that data are often reported at the county-level. Medicare data, in particular, provides valuable insights into the health of seniors ages 65 and over, who are often most affected by chronic diseases.

THE TOP 3

HEART DISEASE

Heart disease remains the leading cause of death in the United States, responsible for approximately 1 in every 4 deaths annually, according to data from the Centers for Disease Control and Prevention (CDC, 2024). Major risk factors for heart disease include high blood pressure, high LDL (bad) cholesterol, smoking, poor nutrition, physical inactivity, type 2 diabetes and obesity. Many risk factors are preventable and manageable through proper screening, early detection, medication use and lifestyle changes.

PREVENTABLE CANCERS

Preventable cancers, including some types of lung, colorectal, breast and cervical cancers, continue to account for a substantial share of cancer diagnoses and deaths in the United States. According to the Centers for Disease Control and Prevention (CDC, 2024), more than half of cancer deaths could likely be prevented through early detection, lifestyle changes and public health interventions. Lung cancer remains the leading cause of cancer deaths, largely driven by smoking. Cervical cancer is preventable with vaccinations. Colorectal and breast cancers, where early detection is possible through screening, still pose significant risks due to disparities in healthcare access.

DIABETES

Diabetes has become one of the most pressing public health challenges in the United States, affecting over 38 million Americans, according to the Centers for Disease Control and Prevention (CDC, 2024). Diabetes is the eighth leading cause of death, with type 2 diabetes accounting for 90-95% of all diagnosed cases. This chronic disease is closely linked to rising obesity rates, poor dietary habits and physical inactivity, particularly in under-served communities where access to health care and preventive measures is limited (American Diabetes Association, 2024).

RISK FACTORS FOR HEART DISEASE

HIGH BLOOD PRESSURE

Risk Factors

High Blood Pressure
36.0% of adults 18+ report having high blood pressure.
HIGH

Screening & Management

No Blood Pressure Meds
19.2% of seniors are not on prescribed BP medication.
LOW

HIGH CHOLESTEROL

Risk Factors

High Cholesterol
36.3% of adults 18+ report having high cholesterol.
HIGH

Screening & Management

No Cholesterol Screen
16.0% of adults 18+ have no recent cholesterol screening.
HIGH

SMOKING

Risk Factors

Smoking
19.0% of adults 18+ report being current smokers.
HIGH

Screening & Management

No Cholesterol Meds
13.0% of seniors are not taking cholesterol medication.
LOW

HEART DISEASE

Outcomes

Heart Disease Hospitalizations
8.8 hospital stays for heart disease per 1,000 seniors.
LOW

Heart Disease Hospital Deaths
4.3% of seniors died while hospitalized for heart disease.
LOW

Heart Disease Deaths
201.3 deaths for every 100,000 adults ages 35+
HIGH

Disparities

Deaths in the Hospital for Heart Disease in County by Gender

Men	4.1
Women	4.7
United States	4.5

Percent of hospitalized seniors 65+ Medicare beneficiaries hospitalized for heart disease who died before discharge (Interactive Atlas of Heart Disease and Stroke, 2019-2021).

Disparities in Heart Disease Deaths by Gender and Race/Ethnicity

Men	274.9
Women	130.1
Black, NH	221.5
White, NH	206.9
County	201.3
Indiana	184.7
United States	177.5

Coronary Heart Disease Death Rate per 100,000 people, age-standardized rate from National Vital Statistics System (Interactive Atlas of Heart Disease and Stroke, 2019-2021).

Data are from the Interactive Atlas for Heart Disease and Stroke (CDC, 2021). Atlas data originate from various publicly available data sources. Risk factor data for adults 18+ are from the PLACES dataset, a collaboration of the CDC, the Robert Wood Johnson Foundation, and the CDC Foundation. Senior data refers to Medicare beneficiaries ages 65 and over. "Meds" refers to medication usage and data are from prescription drug claims among Medicare Advantage or Medicare fee-for-service beneficiaries ages 65 years and over with Medicare Part D coverage. Hospital data are from Centers for Medicare and Medicaid Services Medicare Provider Analysis and Review (MEDPAR) file, Part A. Data on deaths are from National Vital Statistics System.

Summary Morgan County has higher rates of high blood pressure, cholesterol and smoking than national benchmarks. Despite having lower rates of medication non-adherence and hospitalizations when compared to national benchmarks, deaths due to heart disease are higher within the county when compared to the United States. Disparities in deaths by gender and race/ethnicity are notable, specifically for men.

RISK FACTORS FOR PREVENTABLE CANCER OUTCOMES

Screening & Management

LUNG CANCER

Smoking

19% of adults 18+ report being current smokers.

HIGH

BREAST CANCER

No Mammogram

54% females 65-74 years had no breast cancer screening.

LOW

No Mammogram to Screen for Breast Cancer by Race and Ethnicity

White	*No Data* -
Black	*No Data* -
Hispanic	*No Data* -
Asian	*No Data* -
County	54%
Indiana	55%
U.S.	57%

Percentage of female Medicare enrollees ages 65-74 years who had no annual mammography screening in 2021 (County Health Rankings, 2024)

COLORECTAL CANCER

No Colorectal Cancer Screen

29% of adults report no colorectal cancer screening.

LOW

CERVICAL CANCER

No HPV Vaccination

83.1% of 9 to 12-year-olds without 1st dose of vaccine.

LOW

+

No Cervical Cancer Screen

18.5% of adults 18+ report no cervical cancer screening.

HIGH

CANCER OUTCOMES

New Cases

Deaths

New Lung Cancers

78.5 new lung cancer cases for every 100,000 people.

HIGH

Lung Cancer Deaths

66.9 lung cancer deaths for every 100,000 people.

HIGH

New Breast Cancers

141 new breast cancer cases for every 100,000 people.

HIGH

Breast Cancer Deaths

16.3 breast cancer deaths for every 100,000 people.

HIGH

New Colorectal Cancers

51.7 new colorectal cancer cases per 100,000 people.

HIGH

Colorectal Cancer Deaths

19.4 colorectal cancer deaths for every 100,000 people.

HIGH

Summary

The data reveal that lung cancer remains the most common preventable cancer death in Morgan County, which may be driven by high smoking rates. Preventive services such as screenings for colorectal cancer, mammograms, and HPV vaccination are better than national benchmarks. However, the data show that new cases and deaths of lung cancer, colorectal cancer, and breast cancer are higher in Morgan County when compared to national benchmarks. Data for adults are from PLACES dataset with colorectal screening rates based on self-report for 45- to 75-year-olds (CDC, 2021). Other data include mammography (CHR, 2024), vaccination data (Indiana Department of Health, 2024), cancer cases (NCI, 2015) and deaths (CDC, 2022).

RISK FACTORS FOR DIABETES OUTCOMES

PHYSICAL INACTIVITY

Risk Factors

Physical Inactivity

27.8% of adults 18+ report low physical activity.

HIGH

OBESITY

Obesity

37.8% of adults 18+ estimated to be obese.

HIGH

DIABETES

Screening & Management

Diabetes

12.5% of adults 18+ report having a diabetes diagnosis.

HIGH

No Diabetes Screen

99% of seniors did not receive diabetes screening.

HIGH

Data for adults 18+ are from the PLACES dataset (CDC, 2021). Diabetes screening rates for seniors are reported as the percent of Medicare Fee For Service beneficiaries screened for diabetes (CMS, 2022). Hospital stays for short- and long-term complications of diabetes are reported for Medicare Fee For Service beneficiaries and calculated by Centers for Medicare and Medicaid Services (CMS, 2022). Please note that data may be limited in counties with a low Medicare Fee For Service population. Obesity defined as body mass index of 30 or greater.

DIABETES OUTCOMES

Outcomes

Short-term Complications

34 diabetes hospital stays for every 100,000 people.

LOW

Long-term Complications

213 diabetes hospital stays for every 100,000 people.

LOW

Diabetes Deaths

32.5 deaths from diabetes for every 100,000 people.

HIGH

Disparities

Hospital Stays for Diabetes Short-term Complications by Race

White	34
Black	0
United States	74

Number of hospital admissions for diabetes short-term complications in Medicare Fee For Service population per 100,000 people CMS, 2022)..

Hospital Stays for Diabetes Long-term Complications by Race

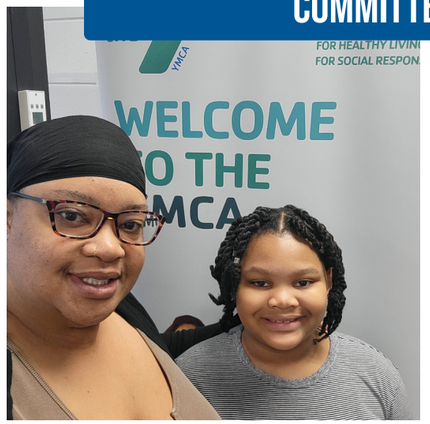
White	214
Black	0
United States	221

Number of hospital admissions for diabetes long-term complications in Medicare Fee For Service population per 100,000 people (CMS, 2022).

Summary

The data explore the impact of diabetes in Morgan County. Risk factors such as physical inactivity and obesity are higher within the county when compared to national benchmarks. This may be contributing to the high rate of diabetes within the county. In seniors, screenings for diabetes are low and hospitalizations for short-term and long-term complications of diabetes are below the national benchmarks for Medicare Fee For Service beneficiaries. However, diabetes death rates are high compared to the national average.

COMMITTED TO BETTER HEALTH FOR ALL











Screening for high blood pressure

HEALTHY FROM THE START



Franciscan Health has a continued commitment to families and improving health from the earliest possible moments. Supporting healthy pregnancies, infants, and mothers has been a major focus in many communities. Based on conversations with community members, there is evidence of a growing need for addressing mental wellness, stress and resiliency starting from an early age.

OVERVIEW

Early health outcomes impacting the youngest members of our community are, thankfully, relatively rare. Though rare, it is important to consider how many valuable potential years of life are lost when mortality occurs in the young. In the following sections, we will review the risk and protective factors as they relate to infant mortality and mental and behavioral health with special attention to outcomes in the young.

INFANT MORTALITY

An infant is a child who is less than 1 year old, and the Infant Mortality Rate (IMR) is the number of infants who die during their first year of life for every 1,000 live births. This rate is an important marker of the overall health of a society. In 2021, the IMR in the United States was 5.4 deaths per 1,000 live births (CDC, 2024). Factors like demographics, socioeconomic status, access to care and disparities in prenatal and postnatal care can increase the risk of infant mortality within a community.

MENTAL & BEHAVIORAL HEALTH

Suicide is a critical public health issue in the United States, claiming over 45,000 lives annually, according to the Centers for Disease Control and Prevention (CDC, 2024). It is the second leading cause of death among individuals aged 10-34 and represents a growing crisis, particularly in under-served and rural communities where access to mental health care is limited. The National Institute of Mental Health (NIMH, 2024) underscores the importance of early intervention, mental health awareness and comprehensive suicide prevention strategies to curb this rising trend.





INFANT RISK FACTORS



Every year, an estimated **452** women give birth in the Mooresville community.

Women ages 15-50 in the 3-ZIP Code region (U.S. Census Bureau, ACS 5-yr estimates, 2022).

Several risk factors contribute to infant mortality. Age of the mother is an important factor, with babies born to teenage mothers being at higher risk of infant mortality. Additional risk factors include: poverty, maternal smoking, marital status, not having early prenatal care and low birth weight. Having insurance, through Medicaid or another insurance provider, is a protective factor that is associated with improved health outcomes (CDC, 2024; Kamal, *et al.*, 2019; Morriss, 2013).



35% of births were paid for by Medicaid

Teen Birth Rate
Mooresville Community

3
cases per 1,000 female teens



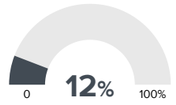
Number of births to mothers (ages 15-19 years) per 1,000 females in 3-ZCTA area (ACS 2015-2019).



Where are teens (15 to 19 yr) who have given birth in the past year.
Mooresville Community

Births to mothers (ages 15-19 years) per 1,000 females in 3-ZCTA area (ACS 2015-2019).

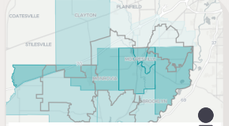
Mothers of Infants Who Are Living in Poverty
Mooresville Community



of mothers with infants are living in poverty

OUR COMMUNITY U.S. BENCHMARK

Women 15-50 who gave birth last year at or below the 100% FPL in our 3-ZCTA area (ACS 2015-2019).



Children Under 18 Years in Poverty and Single Parent Households
Mooresville Community

Selected from American Community Survey 5-year estimates (ACS 2015-2019).

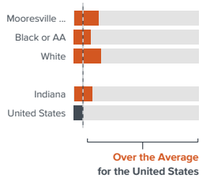
Mothers Smoked During Pregnancy
Mooresville Community



19% of women giving birth in Mooresville Community reported tobacco use during their pregnancy.

Natality Records 2012-2018 in 1-county area on CDC WONDER Online Database.

Mothers Who Smoked During Pregnancy by Race
Mooresville Community



Natality Records 2012-2018 in 1-county area on CDC WONDER Online Database.

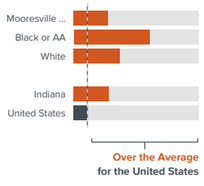
Mothers Who Did Not Receive Early Prenatal Care
Mooresville Community



27% of women giving birth in our community had no prenatal care in the first trimester.

Natality Records 2012-2018 in 1-county area on CDC WONDER Online Database.

Mothers Who Did Not Receive Early Prenatal Care by Race
Mooresville Community



Natality Records 2012-2018 in 1-county area on CDC WONDER Online Database.

INFANT OUTCOMES



Infant Deaths vs. Benchmark
Mooresville Community

The infant death rate is 7 deaths for every 1,000 births.

The U.S. Average is 6 deaths for every 1,000 births.

Linked Birth / Infant Death Records 2012-2018 in 1-county area on CDC WONDER Online Database.

When do babies die
Mooresville Community

Babies born are most likely to die as **newborns** in the first 28 days of life.

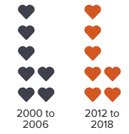
newborn
0 to 28 days

older infant
28 to 365 days

Our Community U.S.

Linked Birth / Infant Death Records 2012-2018 in 1-county area on CDC WONDER Online Database.

Infant Death Trends
Mooresville Community



In the past few years, infant death rates have **stayed the same.**

Linked Birth / Infant Death Records in 1-county area on CDC WONDER Online Database.

Infant Death Disparities
Mooresville Community

For every **1 baby who dies** to a white mother



2 babies die to a Black or African American Mother.

* based on state rates

Estimated* proportion of infant deaths by race for our 1-county area (CDC WONDER Linked Birth / Infant Death Records 2012-2018).

Babies Born Low Birth Weight
Mooresville Community



8% of babies born in Mooresville Community were low birth weight (under 2500 grams)

Babies born low birth weight (under 2500 grams) (CHR 2020).

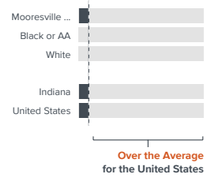
Babies Born Very Low Birth Weight
Mooresville Community



1% of babies born in Mooresville Community were very low birth weight (under 1500 grams)

Natality Records 2012-2018 in 1-county area on CDC WONDER Online Database.

Babies Born Low Birth Weight by Race
Mooresville Community



Babies born low birth weight (under 2500 grams) (CHR 2020).

BIRTH WEIGHT

Babies born with a low birth weight, weighing under 2500 grams at birth, have about 7 times the risk of dying in the first year compared to babies with a normal birth weight. Babies born with a *very* low birth weight (under 1500g) have an even higher risk (Kamal, *et al.*, 2019).

BEHAVIORAL HEALTH RISK FACTORS & OUTCOMES

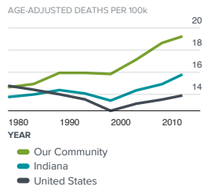
Deaths from Suicide Mooresville Community

20
deaths per 100k



Mortality rates over 7 years in 1-county area (CDC WONDER 2014-2020).

Trends in Deaths from Suicide Mooresville Community



Age-adjusted mortality from 1980 to 2014 for the 1-county area (IHME 2016).

Deaths from Suicide in Youths Under 20-years-old Mooresville Community

4
deaths per 100k



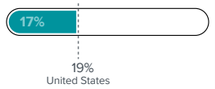
Mortality rates for ages 0-19 years over 7 years in 1-county area (CDC WONDER 2014-2020).

Deaths from Suicide by Age Mooresville Community



Mortality rates by age over 7 years in 1-county area (CDC WONDER 2014-2020).

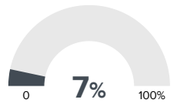
Excessive Drinking in Adults Mooresville Community



17% of adults living in **Our Community** drink in excess.

Percentage of adults reporting binge or heavy drinking in 1-county area (CHR 2020).

Substance Use Disorders Mooresville Community

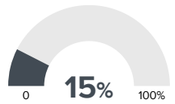


of adults ages 18+

OUR COMMUNITY — U.S. BENCHMARK

For our 3-ZCTA area estimated from sub-state region (SAMHSA 2016-2018).

Frequent Mental Distress Mooresville Community

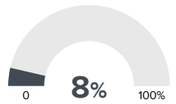


of adults ages 18+ report 14 or more poor mental health days in the past month

OUR COMMUNITY — U.S. BENCHMARK

Estimate for 3-ZCTA area based on self-reported poor mental health days (CDC PLACES 2020).

At Least One Major Depressive Episode in the Past Year Mooresville Community

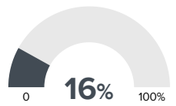


of adults ages 18+

OUR COMMUNITY — U.S. BENCHMARK

For our 3-ZCTA area estimated from sub-state region (SAMHSA 2016-2018).

Received Mental Health Services in the Past Year Mooresville Community



of adults ages 18+

OUR COMMUNITY — U.S. BENCHMARK

For our 3-ZCTA area estimated from sub-state region (SAMHSA 2016-2018).

Ratio of Population to Mental Health Providers Mooresville Community

14,403
people for 1 provider

There are enough mental health providers to meet high needs

Health Professional Shortage Area Guidelines in 1-county area (HRSA AHRF 2020-2021).

The behavioral health landscape presents a valuable opportunity to improve the well-being of our community. Suicide, one of the most preventable causes of death, can be addressed through targeted efforts that have the potential to significantly reduce its impact. By focusing on mental health conditions such as depression, anxiety and substance use disorders, we can proactively tackle challenges that contribute to suicide risk. Improving potential root causes like economic stress, social isolation, and limited access to mental health services, particularly in marginalized and underserved communities, will empower individuals, reduce adverse outcomes and foster a healthier, more resilient population.

Emotional Impact Warning. Please note that this report includes mention of severe mental health crises that may be difficult to read about. **Support is available:** Call or text 988 to reach the Suicide & Crisis Lifeline. Chat with the Lifeline at http://988lifeline.org/chat, or text HOME to 741-741 to speak with a trained Crisis Counselor at the Crisis Text Line.

988 SUICIDE & CRISIS LIFELINE



SECTION 3. DATA ATTRIBUTION

HEART DISEASE, CANCER, DIABETES

Centers for Disease Control and Prevention (2021). Interactive Atlas for Heart Disease and Stroke. Data queried from https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=IN
Centers for Disease Control and Prevention (2021). PLACES. Data queried from https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65
Centers for Disease Control and Prevention (2022). Mortality 2018-2022 on CDC WONDER Online Database. Data queried from https://wonder.cdc.gov
Centers for Medicare and Medicaid Services (2022). Mapping Medicare Disparities by Population. Data queried from https://data.cms.gov/tools/mapping-medicare-disparities-by-population
County Health Rankings (2024). Mammography Screening amongst female Medicare enrollees ages 65-74 years in 2021. Data queried on countyhealthrankings.org
Indiana Department of Health (2024). Human Papillomavirus Dashboard for 9-12 Years Old. Data queried from https://www.in.gov/health/immunization/immunization-data/hpv-data/
Institute For Health Metrics and Evaluation (2016). U.S. Mortality by County. Data queried on broadstreet.io
National Cancer Institute (2015). Cancer Data - The Surveillance, Epidemiology, and End Results (SEER) 2011-2015. Data queried on broadstreet.io

INFANT MORTALITY, MENTAL & BEHAVIORAL HEALTH

BroadStreet (2020). Infant Mortality. Data queried on broadstreet.io
BroadStreet (2020). Suicide Prevention. Queried from broadstreet.io
U.S. Census Bureau (2022). American Community Survey 5-year estimates for Women Who Gave Birth in the Past 12 Months (Table DP02). Queried from data.census.gov

community HEALTH NEEDS ASSESSMENT

COMMUNITY VOICES

SECTION 4

SECTION 3. REFERENCES

SOCIOECOLOGICAL MODEL

Hale, L., Troxel, W., Buysse, D.J. (2020). Sleep Health: An Opportunity for Public Health to Address Health Equity. Annu Rev Public Health. Apr 2:41:81-99.

HEART DISEASE

Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion (2024). About the Division for Heart Disease and Stroke Prevention. Retrieved from https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-for-heart-disease-and-stroke-prevention.html

PREVENTABLE CANCER

Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion (2024). About the Division of Cancer Prevention and Control. Retrieved from https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-cancer-prevention-and-control.html

DIABETES

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Centers for Disease Control and Prevention (2024). National Diabetes Statistics Report - Diabetes. Retrieved from https://www.cdc.gov/diabetes/php/data-research/?CDC_AAref_Val=https://www.cdc.gov/diabetes/data/statistics-report/index.html
American Diabetes Association (2024). About Diabetes. Retrieved from https://diabetes.org/about-diabetes.

INFANT MORTALITY

Centers for Disease Control and Prevention (2024). Infant Mortality - Maternal Infant Health. Retrieved from: https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html.
Kamal, R., Hudman, J., McDermott, D. (2019). What do we know about infant mortality in the U.S. and comparable countries. Retrieved from https://www.healthsystemtracker.org/chart-collection/infant-mortality-u-s-compare-countries/#item-start.
Morriss, F.H. (2013). Increased risk of death among uninsured neonates. Health services research, 48(4), 1232–1255. https://doi.org/10.1111/1475-6773.12042

MENTAL AND BEHAVIORAL HEALTH

Centers for Disease Control and Prevention (2024). Suicide. Retrieved from https://www.cdc.gov/suicide/about/index.html.
National Institute of Mental Health (2024). Suicide Prevention. Retrieved from https://www.nimh.nih.gov/health/topics/suicide-prevention.

DATA LIMITATIONS AND CAVEATS

Data are estimates from publicly available data. Note that calculation methodologies may differ for indicators such as mortality rates (i.e. age-adjusted, vs. crude rates). Public health data can be rather dated, as funding and infrastructure only allow for data collection every few years. County level data often does not reflect a specific community within the county. Some data may only be applicable to those with certain insurance types.

Franciscan HEALTH

COMMUNITY VOICES

SECTION 4

Every community has challenges. Importantly, every community has a tremendous number of assets upon which to rely. A health system cannot improve community health by acting alone—it takes everyone working together. This section is an overview of how we sought input from members and organizations in the community who are equally committed to improving health.


Indianapolis, Indiana

Over 100 Years of Collaboration

Working together, we can improve health. Franciscan Health has a service-based mission and over 100 year history of working with community-based organizations and government entities locally and regionally. As an organization, Franciscan Health has invested millions of dollars into communities and has collaborated with community organizations to address foun-dations for good health including social issues such as poverty. Franciscan is proud to have cultivated a meaningful network of community-based organizations in every region where a Franciscan facility is located. The network continues to grow.

Conversations with the Community

How do we improve health in communities? Where should efforts be focused? Where are our strengths and assets? The data in Sections 1 through 3 provided a glimpse at the statistics. But, just as important, is the voice of the community. Hospitals need to know what the community wants from them, and review their own resources for the ability to meet some of those desires. For this edition of the CHNA 2025-2027 reports, and as a bridge to the Community Health Improvement Plan (CHIP), this section describes some of the methodology and results of our community conversations. Community conversations include meetings, group discussions, listening sessions, as well as several rounds of surveys sent to community organizations and to residents representing medically under-resourced areas. In order to ensure good representation, a list of community organizations and assets was assembled (see Appendix: Community Assets).



The Community Health Surveys

As part of the Community Health Needs Assessment Process, community members and organizations were surveyed to better understand health needs as well as the capacity of community organizations to address health needs.

SURVEY METHODS
In November 2023, a 9-question pilot survey was deployed by the Franciscan Health Community Health Improvement Department. The survey was sent to 3 groups: (a) Franciscan Health employees, (b) professionals in community organizations and (c) community residents identified as under-resourced. After the pilot, another round of Community Health Surveys were sent to the 3 groups between February to May 2024.

Survey Sample. All surveys were a convenience sample and an oversample of our under-resourced community members. Additionally, answers from community organizations that completed surveys were reflective of only the constituents that they serve. **Data limitations.** Data limitations such as convenience sampling may limit the generalizability of results. Despite limitations, the data have been used to represent major themes within communities.

Survey Questions. Questions and answer choices were informed by the initial secondary data findings collected between May and September 2023. Secondary data sources included a subset of Indiana Indicators, current mortality and morbidity trends in our communities, and indicators from our data partners BroadStreet. Questions were the same on each survey, with a slight variation the resident survey and the community organizations and employees.

Summary of Results. Results were summarized as a health system and then by 10 facilities. Results served as the baseline for community conversations and the subsequent health improvement plan (Section 5).

3 Survey Goals

1. To identify conditions and needs that have agreement amongst audiences and communities
2. To validate initial community data findings
3. To identify potential health priorities (see example question below)

Health Priorities

Q: What health conditions do you or your family struggle to manage the most? Options were:

- Cardiovascular disease
- Respiratory conditions, Asthma and COPD
- Diabetes
- Cancer
- Kidney Disease
- Accidents/Injury
- Stroke
- Chronic Liver Failure
- Mental Health (incl. Substance Abuse)



SURVEY
QUESTIONS & RESULTS

The results from the pilot survey that were reviewed on December 5, 2023 by Community benefit professionals from Franciscan Health. All three audiences and all communities were reviewed.

Q1

Where do residents live? What regions do community organizations serve?

The first question asked about location. This allowed responses to be grouped by facility and community: Franciscan Health Franciscan Health Crawfordsville, Crown Point, Dyer and Munster, Indianapolis, Lafayette East, Michigan City, Mooresville, Olympia Fields, Orthopedic Hospital Carmel and Rensselaer.

Q2

What health conditions do patients, constituents or your family struggle to manage the most?

Summary of Results: Diabetes was most prevalent amongst all audiences in all communities, followed by mental health conditions. Cardiovascular Disease, cancer and respiratory conditions (asthma, COPD) tied and appear to be community-specific. In all communities, chronic liver failure, stroke, kidney disease and accidents/injuries ranked much lower than the remaining items.

Q3

What disease risk factors do your patients, constituents or your family find hard to manage?

Summary of Results: Weight and anxiety or depression received high marks across all audiences and communities. High blood pressure, glucose/A1C and substance abuse rounded out the top five responses, also somewhat dependent by community.

Q4

What prevents your patients, constituents, or you from improving your health? (Note: Answer choices are Adverse Community Experiences)

Summary of Results: Poverty, in general, was most common. Food insecurity (low access and affordability) was the top more specific response. Housing and lack of education tied as the third most prominent response. Transportation, employment and violence were also top choices, community dependent.

Q5

What other issues make improving health difficult? (Note: Answer choices are Adverse Childhood Experiences related)

Summary of Results: Lack of resilience (the ability to recover quickly from difficulties) was the top response. A cluster of similar responses followed, which include lack of family and friends, lack of engagement in any community-based service/gathering space and isolation. This points to the Surgeon General's report on the epidemic of loneliness and isolation.

Q6

What problems do your patients, constituents or you have when you need health care?

Summary of Results: Cost of services and medical supplies were the top responses across all audiences in all communities, followed by navigating health insurance policies and benefits. In communities with high levels of minority populations, lack of culturally competent health care providers and lack of trust in providers was a prominent response (though less so amongst employees). Limited appointment times, long waits for an appointment and difficulties finding a primary care provider were also common.

Q7

Resident only: What sources do you trust for health and lifestyle information?

Summary of Results: The most common response was information from a doctor or nurse, followed by information from family and friends. Printed materials from providers and information shared at church tied for a third place. Websites, health fairs, information from therapists, were clustered in low to mid-level of response counts.

Q8

Residents only: What would make it easier for you to manage your health between visits with your doctor?

Summary of Results: Information on how to get and cook healthy food was the most prevalent response. Immunization clinics, free physical activities and blood pressure screenings were also top ranking. Online classes/virtual offerings also ranked highly.

Q9

Organizations & Employees: What should Franciscan Health do to better engage residents?

Summary of Results: Focusing on health inequities was the top response, but this varied by community. Community professionals' top response was to improve the partnership amongst social service agencies and the health system. Among employees, the top response was to increase the number of in-person events and activities. Both audiences noted a response that more community feedback was needed. Collaborations with faith communities and provision of opportunities for youth engagement ranked mid-level.



Safe Kids Day



Indianapolis, Indiana

community HEALTH NEEDS ASSESSMENT

CALL TO ACTION

SECTION 5

Franciscan HEALTH

CALL TO ACTION

SECTION 5

Taking action requires careful prioritization and planning. This section outlines the prioritization process, including how we incorporated community feedback. The 2025-2027 Community Health Improvement Plan is proposed with a vision of healthy bodies, healthy connections, healthy minds and healthy communities.

Selecting Health Priorities

Care was taken when selecting health priorities. In total, it was a 2-year process. Refining the final list of priorities required multiple rounds of feedback from community members, analyzing available data, and then convening as a team to narrow down the topics. During team review, topics were honed based on findings, organizational alignment and the feasibility and availability of evidence-based solutions.

Starting in April 2023, the Franciscan Health Community Health Improvement Department consulted with public health experts from the community. Following this, secondary data sources were reviewed including leading causes of death (Section 3). The community voice matters. From October to December 2023, a pilot survey was designed and deployed to collect community input on health topics (Section 4).

Community benefit professionals from Franciscan Health met in December 2023 to review each community's data and survey results. Using the Hanlon method and multi-vote ranking, a shortened list of health topics were selected. In 2024, this process was repeated using a refined Community Health Survey and a deep dive into additional data. In September 2024, the team met to select the health priorities.



THE TIMELINE

2023
The 2-year process begins for the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

April-July 2023
Planning and consulting with public health experts on CHNA and CHIP improvements for 2025-2027 edition.

May-September 2023
Review of public health data for newest updates related to health status in our communities.

October-December 2023
Pilot survey launched and analyzed, identifying key themes in stakeholder groups.

2024
Start of year 2.

February-May 2024
Community Health Survey deployed to multiple audiences.

January-August 2024
Secondary data collected and refined. Primary data from Community Health Surveys are analyzed.

August 2024
Community health needs prioritized.

September 2024
Community Health Improvement Plan created.

October-December 2024
Franciscan Health leadership approvals.

2025
Launch the 2025-2027 plan.

The Prioritization Process

The team review and prioritization process weighed 3 criteria:

(1) Community Data. What are the leading causes of preventable death in our community? How many people are impacted? What are the root causes? Do evidence-based solutions exist for prevention?

(2) Community Voice. What does the community want? What health topics do community members and organizations think are important? What community assets exist?

(3) Organizational Alignment. What are the hospital assets and resources? What topics are the health system facilities equipped to address and/or prevent? What topics are priorities of the health system?

ABOUT THE 3 CRITERIA

Community Voice

Residents and partners selected top health issues in the Community Health Survey (Feb. to May 2024): Diabetes, heart conditions, cancer and mental health were indicated as top health issues in all communities. Thus, a more specific secondary data review was conducted and results are reflected in this report (see Section 3).

Organizational Alignment

Critical to the prioritization process was considering organizational alignment. Importantly, infant and maternal mortality have been included in this report and as priority health topic because of Franciscan Health's continued and unwaivering commitment to families. This has been a major focus in many communities, and the community data suggests it needs to be a continued priority. Conversely, mental and behavioral health services are a limited service line within the Franciscan Health System. So, while this was identified as an important topic in the pilot and Community Health Survey, it was recognized as low feasibility.

Community Data

The data strategy was to begin with health outcomes such as leading causes of death. After a shortened list of health topics were selected, we took a deep dive into key health outcomes. Using the **Socioecological model**, root causes were identified and included social and economic factors, health behaviors, clinical screening and management, as well as early outcomes such as hospitalizations. When the needs are viewed in this way, it makes it clearer to see where interventions are needed. Even when we focus on a single health outcome, it is important to note that mental health, physical health and social well-being are intertwined. With the right interventions, multiple domains can be addressed.

THE TOP HEALTH PRIORITIES

- Heart Disease
- Diabetes
- Preventable Cancer
- Infant and Maternal Health
- Mental and Behavioral Health

Community Feedback on Topics

	Pilot Survey (All Franciscan Health Communities)	Community Health Survey - Residents (All Communities)	Community Health Survey - Community Organizations (All)
Cancer	★★	★★★★★★★	★★★
Mental Health Disorders	★★★★★	★★★★★★★	★★★★★★★
Diabetes	★★★★★★★	★★★★★	★★★★★
Heart Conditions	★★	★★★★★	★★★★
Substance Abuse	★★★★★	★★★	★★★★★★
Asthma	★★	★★	★
COPD/Emphysema	★★	★	★★
Pilot Survey Only			
Kidney Disease	★	-	-
Accidents/Injury	★	-	-
Stroke	★	-	-
Chronic Liver Failure	★	-	-

This table is a schematic of health topic rank based on the percent of respondants who indicated that they were concerned or very concerned about number of people in the community with the health issue. Seven stars is a relatively high percent of people who indicated concern. Note: The question on the pilot differed from The Community Health Survey. The final question for community residents was: How concerned are you about the number of people you know that have these health issues? The Community Organization question was: How concerned are you about the ability of those you serve with these conditions to manage their condition with clinical care AND appropriate lifestyle modifications?

The Hanlon Method

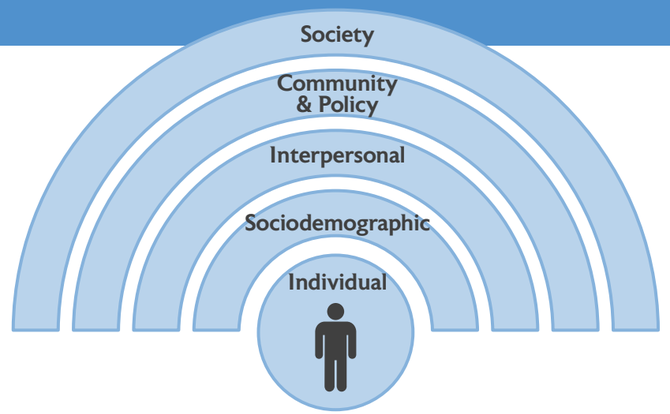
A PRIORITIZATION STRATEGY

Health topics were ranked by community benefit professionals from Franciscan Health. The team used the Hanlon method alongside of multivote ranking, for assigning objective scores by topic or issue. Using a refined list of the top ten issues, 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?

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. In this way, we can build foundations for good health

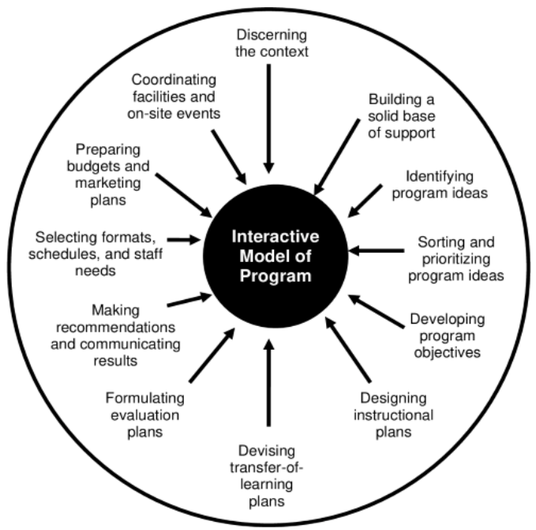


METHODOLOGY

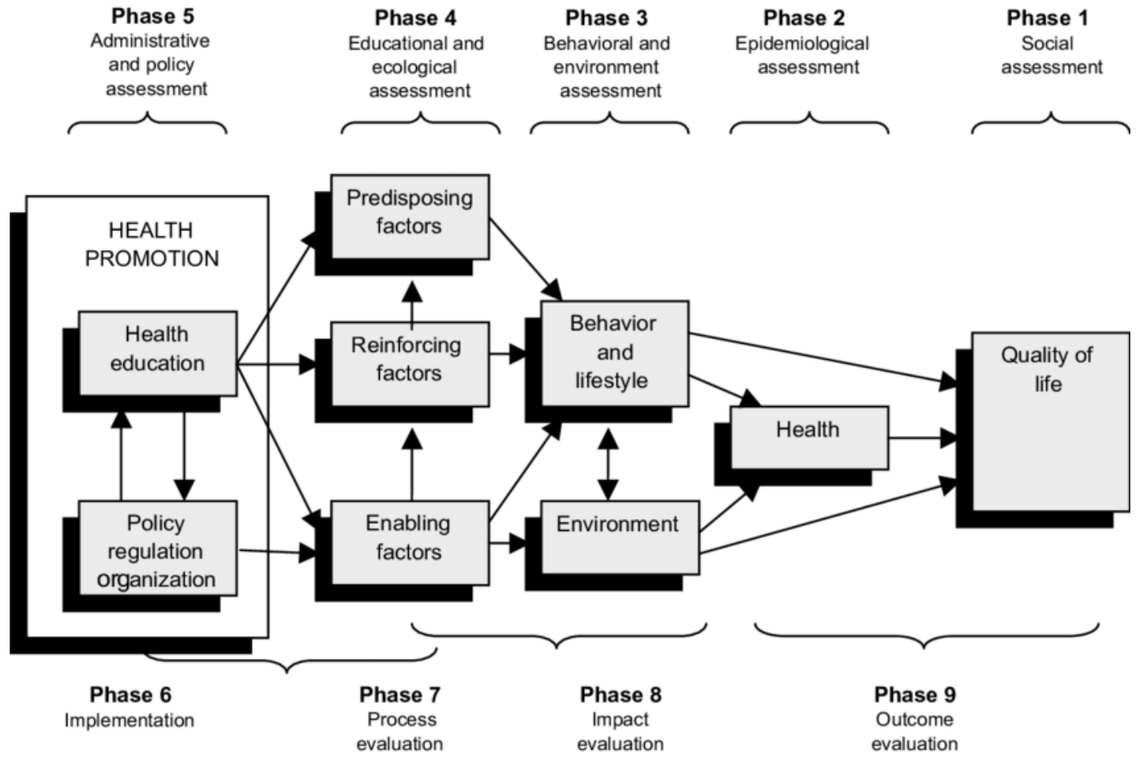
The Community Health Improvement Department has rooted its intervention philosophies and frameworks in public health, using evidence-based practices to ensure best possible outcomes

The Socioecological Model (above) developed by Urie Bronfenbrenner, is routinely used to consider the appropriate community-based strategies.

In terms of content, logistics, and practical matters, the Department uses Rosemary Cafarella's **Interactive Model of Program Planning for Adult Learners.**

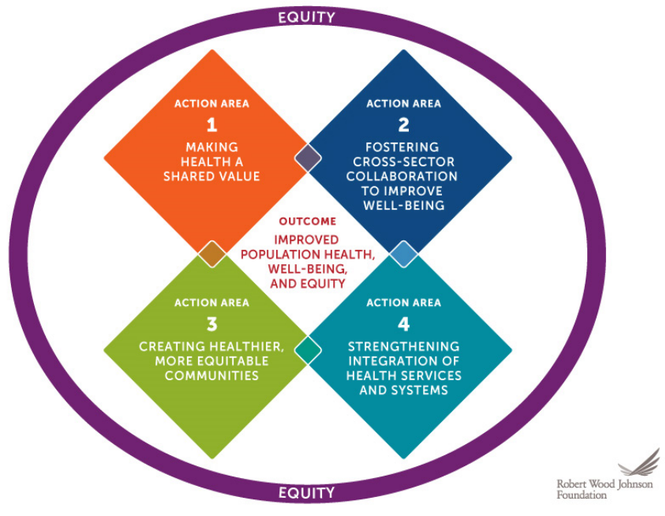


The Precede-Proceed Model



The Precede-Proceed Model is used with health education and health promotion activities. This model indicates how and when to evaluate interventions and in determining potential cost and benefit.

Finally, to ensure a focus on health equity, the Department uses the Robert Wood Johnson Foundation's **Health Equity Framework** (see figure to the right).



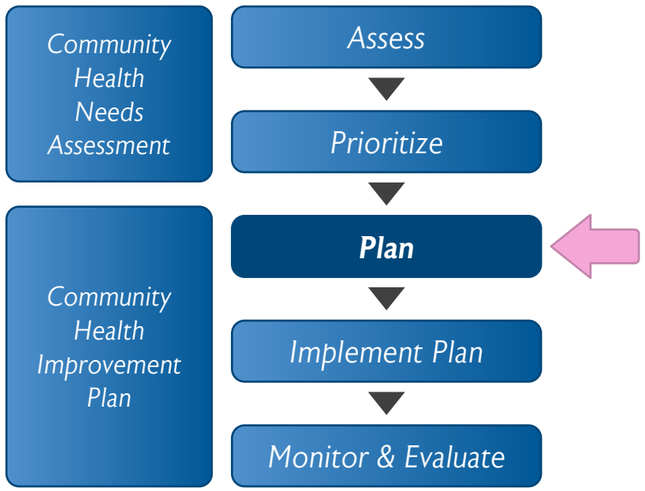
Selecting Specific Interventions

To assist with planning programs and interventions, the following criteria were used:

- **Adverse Childhood Experiences:** How strong is the relationship between this need, adverse childhood experiences, 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?

The Plan

After the assessment and prioritization process, the team began creating The Community Health Improvement Plan for addressing health needs and priorities within each community.















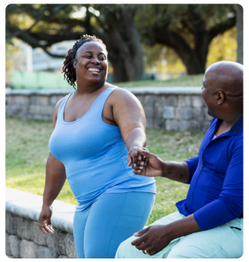






Healthy **Bodies** • *Healthy* **Connections** • *Healthy* **Minds**

Physical health, mental wellness, and social well-being domains are a focus of this CHIP. This theme allows Franciscan Health to maximize resources as a system, while tailoring approaches to the unique needs of each community served. Every effort is made to serve those with the highest disparities or to build community capacity to eliminate such disparities.



Healthy **Bodies**

Incorporating improvement in access to healthy food, education on physical activity and nutrition, and opportunities for community members to participate in physical activity assist in reducing obesity and chronic diseases. In addition, research shows physical activity and nutrition can build resilience and reduce the impact of childhood trauma. Franciscan Health will be partnering with community partners to expand reach, resources and the creation of sustainable infrastructures.



Healthy **Connections**

Building strong community safety nets, encouraging social cohesion and developing infrastructure to better support families are vital to mental wellness and social well-being. The interventions in this area have the potential to reduce poor mental health, encourage positive community engagement, and serve as a foundation for healthier choices. Connections to meet social needs and improve social determinants of health are featured.



Healthy **Minds**

Mental well-being continues to be a top concern in the communities served by Franciscan Health. Prevention and resilience intervention, like trauma informed care practices and mindfulness, are featured in the plan. Unfortunately, suicide and other harmful behaviors have increased in many communities. To address this, the plan also includes training and actions to prevent such measures.



Healthy **Communities**

Healthy communities are important, too! Each community has its own unique initiative in which Franciscan Health is proud to participate. In some communities, additional resources or opportunities may exist. In this section, you'll find reference to some of these actions.

Healthy **Bodies**

33%
of respondents
would like to eat 5 servings of fruit and veggies a day.

47%
of respondents
would like to learn to maintain a healthy weight.

62%
of respondents
would like to learn to stay healthy as they age.

Good nutrition, managing weight and learning how to treat physical health as one ages are interconnected as a foundation to prevent chronic disease.

Physical health is critical to all of the priority health needs in our community. Combining strategies for prevention, lowering risk factors, and management of chronic disease makes health improvement possible. In this plan, you'll see emphasis on physical activity, nutrition, screening and education.

GOALS, OBJECTIVES, STRATEGIES, & TACTICS

GOAL:	Achieve a 10% increase in community members accessing interventions related to healthy lifestyle choices, preventative health, and chronic condition management by December 31, 2027.
OBJ 1:	Provide opportunities for residents to engage in physical activity and nutrition education, in addition to the opportunity for screenings at least once during the program.
STRAT 1:	*Provision of 36 free exercise classes in under-resourced communities near Hope House in Mooresville and other high ADI neighborhoods.*
TACT 1:	Recruit 20 participants to attend each clas.
TACT 2:	Offer information on physical activity and nutrition at each class.
STRAT 2:	*Deploy a nutrition education program 3 times a year.*
TACT 1:	Recruit 15 participants for each program targeting those who are low-resourced in Mooresville.
TACT 2:	Provide four sessions on activity, nutrition, and mindfulness in each program.
TACT 3:	Provide 2 lbs of produce at each session for take home.
OBJ 2:	Dissiminate education related to diabetes, heart disease, and cancer.
STRAT 1:	*Coordinate 2 community education on cardiovascular health in Northern Morgan County.*
TACT 1:	Host cooking demonstrations, prevention and management education, and blood pressure screenings in one location.
TACT 2:	Recruit 25 participants per program.
STRAT 2:	*Coordinate support of Barbara B Jordan YMCA branch Diabetes Prevention program annually.*
TACT 1:	Provide Franciscan Health education materials to participants.
TACT 2:	Provide diabetes screenings in collaboration with the YMCA as part of annual course, serving approximately 80 individuals.

Healthy **Connections**

47%
of respondents indicated that they belong to at least two social groups that provide support.

46%
of respondents indicated that they are stressed by relationships and family issues.

57%
of young parents report struggling to maintain social activities and friendships.

Social connections are an integral part of mental and physical health. Our connections support us when we need extra help, provide encouragement, encourage healthy behaviors and contribute to our overall well-being and longevity.

The Surgeon General's report on loneliness and isolation declares that these are critical public health issues that impact all of our dimensions of health. Following the advisement, the plan below brings more education and opportunity for strong ties to families, friends, neighbors, and the community.

GOALS, OBJECTIVES, STRATEGIES, & TACTICS

GOAL:	Implement a series of community based interventions aimed at supporting family relationships, promoting social cohesion, and fostering a sense of community wellbeing in Marion and Johnson Counties with a positive evaluation score of 80% or better by December 31, 2027.
OBJ 1:	Increase awareness of childbirth, safe sleep, and appropriate diapering tactics.
STRAT 3:	*Increase the number of prenatal mothers connected to childbirth education by 15% over 2024 usuage.*
TACT 1:	Provide 2 education programs for clinicians on the value of childbirth education.
TACT 2:	Increase the number of YoMingo users by 50 over annual average.
OBJ 2:	Offer 2 social and mental well-being events per year in conjunction with Morgan County Mental Health Taskforce
STRAT 1:	*Provide two-hour programs that include a creative coping strategy and stress management education for family groups.*
TACT 1:	Recruit 20 families to participate in a location close to low-resourced neighborhoods.
TACT 2:	Schedule support organizations to attend so families may find advanced need supports.

Healthy **Minds**

57%
of respondents report being concerned about the impact of general stress on mental health.

59%
of community organizations feel that substance abuse disorder is the most common mental health issue they see in the community.

56%
of respondents would participate in a coping strategy involving spending time in nature.

Stress can exacerbate physical health issues, impair immune function and lead to worse health outcomes. By learning effective ways to handle stress and other mental health issues, social and physical health improve.

Building on previous work with Adverse Childhood Experiences, suicide prevention and professional training on mental health issues, this plan takes interventions a step forward into mental wellbeing. This initiative brings education on building resiliency to communities in multiple modalities.

GOALS, OBJECTIVES, STRATEGIES, & TACTICS

GOAL:	Increase access to mental wellbeing resources by 15% in our community by December 31, 2027 as measured by individuals served.
OBJ 1:	Provide education and resources to the community that assists in the development of resiliency skills.
STRAT 1:	*Administer community based workshops that includes resiliency and stress reduction.*
TACT 1:	Provide 2 workshops annually in Morgan County, serving 60 individuals.
STRAT 2:	*Train community partner organizations on basic workshop content for their use.*
TACT 1:	Recruit 10 partner agencies.
TACT 2:	Provide train the trainer, tools, and tracking for service to 200 individuals.
OBJ 2:	Continue educational support related to suicide prevention and responding to mental health crisis.
STRAT 1:	*Coordinate short suicide prevention programs.*
TACT1:	Provide 2 workshops, serving 40 individuals.

Healthy **Communities**

60%
of respondents have been told by their doctor to make a diet change.

92%
of respondents report wanting to participate in some form of self-care.

74%
of respondents would want to attend an in-person program or event.

Each community has its own culture, norms, and needs. Building community capacity and safety nets are vital to the health of ALL residents.

The plan below is unique to this community and a match between Franciscan Health resources and meeting those special challenges and opportunities. This plan also highlights continued emphasis on community collaboration and bringing partners together to meet mutual goals.

GOALS, OBJECTIVES, STRATEGIES, & TACTICS

GOAL:	Build community infrastructure that supports the growth of health-related services and opportunities in Northern Morgan County.
OBJ 1:	Further support the Morgan County Resilience Coalition through membership growth and mutually beneficial activities.
STRAT 1:	*Recruit 4 additional organizational representatives.*
TACT 1:	Review membership with current Coalition members.
TACT 2:	Review meeting candence and content with Coaltion members.
STRAT 2:	*Determine hallmark program or project benefiting Morgan County residents.*
TACT 1:	Work with members to determine gaps in community services.
TACTI 2:	Develop program to assist residents in overcoming identified gap.
OBJ 2:	Develop annual chronic disease campaigns for implementation by faith based nurses sponsored by Franciscan Health.
STRAT 1:	*Provide education and screenings for 150 congregants on selected chronic disease.*
TACT 1:	In 2025, cardiovascular conditions, specifically heart disease, will be targeted and include information on prevention, risk factors, management, and caregiving.
TACT 2:	Coordinate Cardiovascular service line materials as component of campaign.
OBJ 3:	Coordinate Living with Chronic Disease series annually.
STRAT 1:	*Facilitate speakers on topics such as chronic pain, mental wellness, self-advocacy, and resilience.*
TACT 1:	Recruit 25 participants per session.







Installing car seats (above), Back-to-School Event (below).

Reflections On The 2022-2024 Community Health Improvement Plan

Franciscan Health is proud of the progress made in the 2022-2024 Community Health Improvement Plan (CHIP). Through intentional work to strengthen access to low-cost physical activity opportunities, opening of multiple food pantries, expansion of healthy living education, and suicide prevention training, the Community Health Department saw participant knowledge, behaviors, and attitudes improve as evidenced by program evaluations. No formal individual responses were received during this period, but feedback was sought frequently by staff. Over the three-year period, coalitions reviewed plans annually to ensure the community's voice continued to guide our efforts. Strategies and tactics evolved over time and led to more robust partnerships and collaborations.

The new 2025-2027 CHIP builds upon the foundation of the last three years and refines specific programming to more fully address health at the physical, mental, social, and neighborhood level. Many successful programs will continue, such as our walking programs and nutrition education. However, more resources will be added to provide a continuum of options, from building awareness to deep, individual change. The true value of these programs long term are hard to measure, and more robust clinical and programmatic evaluations will be a feature of the next three years.

The conversation between Franciscan Health and the community doesn't end here. This report is just the beginning of the continued dialogue on working together to improve our collective health. Not only will program evaluations become part of the continuous improvement cycle, partners and collaborators will be sought to avoid duplication of effort and to strengthen our collective capacity. The plans presented here may change as these relationships develop and as our communities also continuously improve.

We invite you to join us as we work to improve prevention, risk mitigation, disease management, and survivorship. In each community, a Franciscan Health led coalition brings people together to problem solve and find new opportunity on the priority health needs listed here and the many related concerns. For current contact and meeting information, email: *COMHEALTHIMPVTEAM@FranciscanAlliance.org*.



Prenatal Assistance Program (above), Baby Shower Montgomery (left).

community HEALTH NEEDS ASSESSMENT

APPENDIX: COMMUNITY ASSETS

Franciscan HEALTH

COMMUNITY ASSETS



Gary, Indiana



Deer's Mill Covered Bridge crossing the Sugar Creek in Montgomery County, Indiana

Franciscan Health Crawfordsville Community

Family and Youth
Integrative Wellness (InWell)
Valley Professionals Community Health Center
Firefly Community Partner Program
Youth Service Bureau
Hope for Families
Hear Indiana
Families United

Social Cohesion
Senior Nutrition Site at Parks and Recreation Center
Area IV Agency on Aging and CAP
Disabled American Vets of Montgomery County
Wabash Center Adult Guardianship Program
Athena Center Senior Apartments

Physical Activity/Built Environment
Bachner Nature Preserve
Crawfordsville Park and Recreation
Darlington Covered Bridge
Deer's Mill Covered Bridge
Lake Waveland
Milligan Skate Park
Pine Hills Nature Preserve
Elston Grove Walking Tour
Lane Place Trees Walking Tour
Trees of GLWSM Walking Tour
Shades State Park
Sugar Creek Nature Park
Frances Wooden Northside Park
General Lew Wallace Study and Museum
Kathleen J Steele Park
Lincoln Park
Milligan Park
Nibble Park

Food Related
Salvation Army
Meals on Wheels
FISH Food Pantry
Crossroads Community Church
Ladoga Christian Church Food Pantry
MANNA from Heaven Food Bank
Church Alive
Friendship Baptist Church
Grace and Mercy Ministries Food Bank
New Market Christian Church
Food Finders Food Bank
First United Methodist Church
Waveland Christians In Action Food Pantry
Rosies Cupboard
Helping Hands Food Pantry
United Methodist Church of Darlington
St John Barefoot Food Pantry
A Light On the Hill
Purdue Extension Family Nutrition Program
Senior Nutrition Site at Parks and Recreation Center

Job Skills/Employment Programs
CAP Indiana Workforce Development
Pro Resources Staffing Services
Manpower Temporary Services
Vocational Rehabilitation Services

Housing/Utilities
Salvation Army
Pam's Promise Transitional Housing Corp
Habitat for Humanity of Montgomery Count
Crawfordsville Housing Authority

Health Care
Dr Mary Ludwig Free Clinic
Montgomery County Health Department

Mental Health Services
Integrative Wellness (InWell)
Valley Professionals Community Health Center
Valley Oaks Health
Rainbow Recovery Resources
Dusk to Dawn
Montgomery County Center for Women's Ministries
Salvation Army
Valley Professionals Community Health Center

Services
Teen Court Program - Youth Service Bureau
Indiana Legal Service Inc of Lafayette
Sunshine Vans
Library Program for Homebound Patrons

Infant/New Parent Supplies or Services
Women's Resource Center
La Leche League Breastfeeding Support
WIC Clinic
Healthy Families Program
Nurse Family Partnership

Licensed Child Care
CAP Kids Child Care Center (Head Start)
Giggles N Grins
The Story Book House
Happytown Day Care
Precious Lambs Daycare

Community Coalitions
Drug Free Montgomery County Coalition
Recovery Coalition
Alzheimer's Care Coalition



The Lake County Courthouse in Crown Point, Indiana

South & North Lake County: Franciscan Health Crown Point, Dyer & Munster Communities

Family and Youth
Boys & Girls Club of Cedar Lake
Boys & Girls Club of East Chicago
Boys & Girls Club of Gary
Boys & Girls Club of Hammond
Family & Youth Services Bureau
YMCA - Crown Point (SouthLake)
YMCA - Whiting
YMCA - Hobart
YMCA - Hammond
YMCA - Schererville
YMCA- Griffith

Social Cohesion
Area Agency on Aging - CoAction
Dean and Barbara White Community Center
Griffith Senior Center
Hammond Sportplex - Seniors Social Activites
Little Brothers Friends of the Elderly
Maria Reiner Center
Northwest Indiana Community Action
South Lake Resource Center (Lake County Community Services)
South Side Christian Church
St. John Township - Community Center (Senior Activities)
YWCA of Northwest Indiana

Physical Activity/Built Environment
Boys and Girls Club - Cedar Lake
Boys and Girls Club - East Chicago
Boys and Girls Club - Gary
Boys and Girls Club - Hammond
Boys and Girls Club - Lake Station
Crown Point Parks and Recreation
Dyer Parks and Recreation
East Chicago Parks and Recreation
Griffith Parks and Recreation
Hammond Parks and Recreations
Hammond Sportsplex
Highland Parks and Recreation
Hobart Parks Department
Indiana Dunes National Park - Paul H Douglas Center for Environmental Education
Lake County Parks and Recreation
Lake Station Parks
Lowell Parks and Recreation
Merrillville Parks and Recreation
Munster Parks and Recreation
Schererville Parks and Recreation
St. John Parks Department
Whiting Parks and Recreation
YMCA - Griffith
YMCA - Hammond
YMCA - Hobart
YMCA - Schererville
YMCA - Southlake (Dean and Barbara White)
YMCA - Whiting

Faith Based Communities
Advancing Christ's Kingdom
Anew Life Ministry
Anthem Church
Antioch Baptist
Apostolic Church of God's Love
Bethel Temple
Caring Hands (InnerMission)
Catholic Charities
Christ Baptist
Christian Revival
Community Fellowship
Cornerstone Community Church
Embassies of Christ
Faith Temple of Christ
First Baptist
First United Methodist Church
Fish and Loaves
Gary Muslim Center
Gethsemane MB
God's Annointed Place (G.A.P)
Gospel Truth
Greater Destiny Church
Greater First Baptist
Greater Hammond Community Services
Greater Works Deliverance Ministries
Hammond Christian Reformed Church
Hammond New Harvest
Holy Spirit Church
Hope Christian Church
House of Glory
Light of Life Worship Center
Meek Baptist
Mount Zion MB
New Ebenezer
New Friendship
New Hope Missionary Baptist Church
Operation Care
Salvation Army - Munster
Salvation Army -EC
St. Ann's Conf. Soc of St. Vin Dep
St. Edward Conference
Society of St. Vincent Depaul of Gary
St. James Church Conference
Society of St. Vincent Depaul of Gary
St. John Bosco Cathlic Church
St. Joseph's Conference
Society of St. Vincent DePaul of Gary
St. Luke
St. Mark AME Zion
St. Mary of the Lakes Catholic Church
St. Mary's Crown Point
St. Thomas More Catholic Church
St. Timothy Church
The Mission of Jesus Christ
Trinity Lutheran Church
Trinity United
Van Buren Baptist

Food Related
Calumet Township Trustee
Cedar Creek Township Trustee - Lowell
Cedar Lake Farmers Market
Community Help Network
Dyer Community Market
Fresh Start Market at Franciscan (Hammond)
Fresh Start Market at Franciscan (Crown Point)
Griffith Central Market
Hanover Township Trustee
Hobart Summer Market on the Lake
InnerMission
Jewish Federation of NWI
Lowell Outdoor Market
Meals on Wheels
NWI Community Action
Ross Township Trustee
Salvation Army - Gary/Merrillville
South Lake County Community Services
St. Casimir Conference - Society of St. Vincent de Paul
St. John Farmers Market
St. Joseph Church Soup Kitchen
St. Matthias Roman Catholic Church
St. Stanislaus R. C. Church
St. Thomas More - SVDP
The Church of God in Christ Pantry
Whiting Farmers Market
WIC - Crown Point
WIC - East Chicago
WIC - Hammond
WIC - Lake Station
WIC - Merrillville
Winfield Farmers Market
YWCA of NWI
Purdue Extension

Job Skills/Employment Programs
Gary Career Center-Education
Gary Career Center-Job Skills
Gary Career Center-2nd Chance
Gary Career Center-Workforce Innovation & Opportunity
Goodwill Gary Career Center
Goodwill Gary Excel Center
Goodwill Hammond Excel Center
Gary Area Career Center
Workone Gary
Workone Hammond
Workone Portage
WorkOne Re-Entry Program

Housing/Utilities
Housing Opportunities
Hammond Housing Authority
East Chicago Housing Authority
Gary Housing Authority
Northwest Indiana Community Action
Habitat for Humanity of Northwest Indiana
Porter Starke Services - Shelter + Care

Health Care
Community Hospital
Methodist Hospitals
St. Catherine Hospital

Mental Health Services
Addiction and Family Counseling Inc
All Pieces Fit Inc Autism Center
Anxiety & OCD - Behavioral Health Center
Arisings, Incorporated
Behavioral Health - Community Healthcare System
Behavioral Specialists of Indiana
Bright Path Support Services
Clarity Clinic NWI
Confidential Care Dr. Vijay Jayachandran
Crown Counseling Services
Edgewater Behavioral Health Services
Epiphany & Company Counseling Services
Franciscan Behavioral Health Dyer
Franciscan Behavioral Health Outpatient
Fresh Start Counseling
Gary Community Mental Health
Heartland Wellness Center
Hopebridge Autism Therapy Center
Infinity Counseling & Wellness Center
Innovations In Learning
Kingsway Counseling LLC
Lakeside Behavioral Solutions
Life Strategies
Mental Health America - Lake County
Metro Treatment of Gary Semoran Treatment Center
Mid-America Psychological & Counseling
NeuroBehavioral Hospital of NW Indiana
New Beginnings Clubhouse
New Harvest Therapy Services
New Leaf Resources
New Vista Behavioral Health
NorthStar Services LLC
MedMark Treatment Centers - Merrillville
Pillars of Wellness Inc.
Purdue Northwest Community Counseling
Regional Health Systems
Southlake Community Mental Health
Southlake Community Mental Health Center
Transition Counseling Center
Tri-City Mental Health RBA

Services
Catholic Charities
Catholic Charities
International Institute of Northwest Indiana
Continental Languages
The Welcome Network
North Township Trustee
CareSource
East Chicago Transit
Gary Public Transportation Corp.

Infant/New Parent Supplies or Services
CAR SEAT INSPECTION - Crown Point Volunteer Fire Department
CAR SEAT INSPECTION - Franciscan Health Crown Point
Prenatal Assistance Program - Franciscan Crown Point
CAR SEAT INSPECTION - Gary Police Department
CAR SEAT INSPECTION - Griffith Police Department
CAR SEAT INSPECTIONS - Hammond Police Department
CAR SEAT INSPECTION - Northshore Hammond Clinic
Mental Health America
Prenatal Assistance Program - Franciscan Hammond
Women's Care Center
CAR SEAT INSPECTION - Northshore Lake Station Clinic
CAR SEAT INSPECTION - Northshore Health Center Merrillville
Nurse Family Partnership
CAR SEAT INSPECTION - St. John Volunteer Fire Department

Licensed Child Care
Cedar Lake Early Learning Academy LLC
Grand Tots, Inc.
Child Enrichment Center of Lake County, Inc
Children First Learning Center Foundation
Children First Learning Center, Inc.
Holy Family Childcare
Kiddie Academy of Crown Point
Kidzone Early Learning Center
My School Child Care Center
Bright Beginner's Academy
Empowered Minds Childcare Center
World of Rainbows
Geminus Head Start Learning Academy
Merchants of Hope Enrichment Academy
Robertson Child Development Center, Inc.
Destiny Dreamer's Academy, LLC
Elka Child Educational Center, Inc
Faith Child Care
Geminus Head Start - St Mark
Geminus Head Start St Mary's
Infant Tree Educational Rockstart LLC
Keystone Childcare Center
Lola's Education and Recreation Center
Mothers Little Tots LLC
My Safari Preparatory Academy
My Safari Preparatory Academy Georgia Street Campus
Smiling Angels Academy Inc
Super Scholars Learning Academy
Tiny Buns Childcare Center
Train Up a Child Leaning Center, LLC
We Are The Village, LLC
Young Children's Accelerated Academy
Safe Haven Academy, II
Baby's Gymboree
Kidzville Daycare Centers, LLC
Lisa's Safe Haven LLC
Little Einstein Academy
Little Graduates Childcare Academy
Little Toes Academy
Peaceful Palace Child Care Center
Woodland Child Development Center
Happy Days Highland On Main
Kids First Academy
Kinder Care Learning Center #1339
Spring Ahead Children's Academy
ABC Academy
Cerebral Palsy of NW IN. INC. DBA Center For Possibilities
Geminus Head Start - George Earle
Geminus Head Start Ridgewood
Precious Moments Kids Academy
Geminus Head Start - Hamilton
Geminus Head Start - Virgil Bailey
All About Children Inc.
Bright Beginnings Academy, MV
Good Shepherd Day Care
Happy Days Childcare - North
HAPPY DAYS OF MERRILLVILLE SOUTH
Merrillville Community School Corp Head Start - Fieler Elem School
Merrillville Community School Corp Head Start - Iddings Elem School
Merrillville Community School Corp Head Start - Miller Elem School
Tradewinds Services Inc./ Little Treasures Childcare
Village Park Child Care Center, Inc.
Kiddie Academy Of Munster
Wonder Years Learning Center
Cherie's Garden In The Gates, Inc
Li'lRascals
Childzone, 41, Inc.
Premier Child Care & Learning Center
Geminus Head Start-Whiting

Community Coalitions
SAFE
Northwest Indiana Community Action
CANI: Community Advocates of Northern Indiana
Lake Area United Way
Lake County Community Tobacco Prevention & Cessation Coalition



Indianapolis, Indiana

Franciscan Health Indianapolis Community

Family and Youth
Purdue Extension
Adult and Child
Baxter YMCA
BACI
Chin Community of Indiana
Lifeline Youth & Family Services
Behavioral Health Counseling for Youth and Family
Hope Academy
YMCA
Hope for Tomorrow
Marion County Commission on Youth
Girl Scouts of Greater Indiana
Boy Scouts, Crossroads of America Council
4-H
Reach for Youth
Brighter Futures Indiana
Indiana Afterschool Network
Lifeline Youth and Family Services
Center for Leadership Development
Girls Inc
100 Black Men of Indianapolis
Big Brothers Big Sisters
FFA
Junior Achievement of Central Indiana
Boys and Girls Clubs of Indianapolis
Boys and Girls Clubs of Johnson County
Young Families of Indiana Network
Indianapolis Youth Leadership Academy
LifeBridge

Social Cohesion
Greenwood Public Library
Greenwood Community Center
Hornet Park Community Center
Impact Old Southside Christian Church
Shepard Community Center
Brightwood Community Center
Martin Luther King Community Center
Flanner House
Indianapolis Public Library
Hawthorne Community Center
Chin Community of Indiana
Indianapolis Marion County Public Library
Indiana Black Expo
Club Greenwood
Hornet Park Community Center

Physical Activity/Built Environment
Baxter YMCA
Perry Park
Sarah T. Bolton Park
Gray Park
Thompson Park
Brasswood Park
Don Challis Park
Hartman Park
Hornet Park
Greenwood Community Center
Hornet Park Community Center
Freedom Springs Aquatics Park
Northeast Park
Grassy Creek Park
Northwest Park
Craig Park
Summer Field Park
University Park
Surina Square Park
Woodmen Park
Southeast Community Services
Servants Heart of Indy
Southport Park
St. Francis Soccer Club
Greenwood Youth Sports
Johnson County Parks and Recreation
Indianapolis Soccer Club
Johnson County Youth League
Indianapolis Sports Park
Circle City Futbol Club
Franklin Township Softball League

Food Related
Purdue Extension
Servants Heart of Indy
Cub Pantry: Franklin Community School Food Pantry
Gleaners Mobile Pantry
IMPACT Center (Mt. Pleasant Christian Church)
Interchurch Food Pantry
Saints Francis & Clare Harvest Food Pantry
St. Vincent de Paul Food Pantry at our Lady of Greenwood
The Refuge
The Salvation Army-JC
The Social of Greenwood
Michelle's Little Free Food Pantry
Johnson County Senior Services
Great Harvest Food Pantry
The Care Center
Vinyard Community Church Food Bank
Purdue Extension-Johnson County
City of Indianapolis
Franciscan Health Fresh Start Market
Indy Hunger Network

Job Skills/Employment Programs
Man Power Job Placement
Autism Society of Indiana
New Beginnings by Goodwill of Central and Southern Indiana
Jobs For America's Graduates (JAG)
People Ready-Indiana
Homeless Initiative Program
Chin Community of Indiana
PACE Indy
YES Indy
EmployIndy
YouthBuild Indy

Legal/Civic/Immigration
Catholic Charities Indianapolis
Indiana Legal Services
Franciscan Working Well
BACI
Exodus Refugee Services

Health Care
Community Health Network South
Johnson Memorial Hospital
Eskanazi Health
Indiana University Health
Marion County Public Health Department
Johnson County Health Department
Ascension St. Vincent Health

Mental Health Services
Meridian Health Services
Adult and Child Behavioral Health Services
Beacon of Hope Crisis Center for Women
Life Recovery Center
Reach for Youth
Families First
Valley Vista
Johnson County Mental Health Center
Cummins Behavioral Health Systems

Services
IndyGo
Way2Go
Access Johnson County
Johnson County Senior Services

Housing
Indianapolis Energy Assistance Program
Townships of Marion County
Community Action of Greater Indianapolis
IndyRent
Recovery Café Indy
ASSIST Indiana

Infant/New Parent Supplies or Service
BABE Store
Indiana Diaper Bank
The Villages
USO Indiana
Project Home Indy
La Plaza
Family Promise of Greater Indianapolis
Early Learning Indiana
Firefly
Wheeler Mission Ministries

Community Coalitions
Indiana Coalition Against Domestic Violence (ICADV)
CICOA Agining & In-Home Solutions
Chin Community of Indiana
Burmese American Community Institute
Top 10 Coalition
Resilience Coalition
Healthy Johnson County Partnership
Suicide Prevention Johnson County

Franciscan Health Lafayette East Community

Family and Youth
The Foster Closet at Innovation
The Villages of Indiana
The Child Care Resource Network
Gifts of Grace Adoption Support Center
Hanna Community Center
Lyn Treece Boys & Girls Club
Beck Lane Boys & Girls Club
YWCA
Job Works
Arts Federation
Heartford House
Purdue Extension 4-H
Girl Scouts
Big Brothers Big Sisters
Boy Scouts Sagamore Council
Bauer Family Support Center
YMCA
Indiana Youth Institute
Tippecanoe County CASA

Social Cohesion
Wabash Center
Vocational Rehabilitation
Grant's House
United Way of Greater Lafayette
Area IV Council on Aging and Community Action Programs, Inc.
Tippecanoe County Senior Center
Hanna Community Center
YMCA
Lyn Treece Boys & Girls Club
Beck Lane Boys & Girls Club
Morton Community Center
Faith Community Center
Faith West Community Center
Tippecanoe County Fairgrounds
Art Museum of Greater Lafayette
Fort Ouiatenon
Haan Museum of Indiana Art
Moses Fowler House
Purdue University Galleries
Samara House
Tippecanoe Battlefield Museum
Tippecanoe County Public Library
West Lafayette Public Library

Physical Activity/Built Environment
City of Lafayette: Parks & Trails
West Lafayette Wellness Center
McCallister Center
Lafayette Family YMCA
Downtown YMCA
Prophetstown State Park
Columbian Park Zoo

Food Related
ACE/Baptist Student Foundation at Purdue, Inc
Bethlehem Holy Temple Church
Battleground United Methodist Church
Brady Lane Church of Christ
Clarks Hill Christian Church
Connection Point Church
Elmwood Church of Christ
Evergreen Wesleyan Church
Food Finders Food Bank Fresh Market
LUM Protein Pantry
River City Community Center Food Pantry
Salvation Army of Tippecanoe County
St. James Lutheran Church
Tippecanoe County United Food Pantry
Wea Ridge Baptist Church
Whole Truth Apostolic Faith Assembly
Food Finders Food Bank
Lafayette Farmers Market
West Lafayette Farmers Market
Purdue University Extension Tippecanoe County
Mid-Land Meals - Fairington Apartments
Mid-Land Meals - Friendship House
Tippecanoe Senior Center
Area IV Agency on Aging and Community Action Programs, Inc
Mid-Land Meals
Meals on Wheels of Greater Lafayette – Tippecanoe Community Center

Job Skills/Employment Programs
Indiana Department of Workforce Development – Tippecanoe County
LARA - Lafayette Reading Academy
Goodwill Education Initiatives – Lafayette Excel Center
Vocational Rehabilitation Services Region 6
Wabash Center

Housing/Utilities
Lafayette Housing Authority
LTHC Homeless Services
Salvation Army Pathway to Hope Program
Lafayette Urban Ministry
Victory Christian Church
Trustee's Office
Safe Families
YWCA Domestic Violence Shelter
Family Promise
Homestead CS
Faith Presbyterian Church
Salvation Army Emergency Financial Assistance
Area IV Agency on Aging and Community Action Programs, Inc
Military Family Assistance Center - Lafayette
Family Promise of Greater Lafayette
The Salvation Army Family Emergency Shelter

Health Care
Indiana University Health-Arnett
Riverbend/North Central Health Services
Tippecanoe County Health Department
Richard L. Roudebush Veterans Affairs Medical Center

Mental Health Services
Valley Oaks
Meridian Health Inpatient
Meridian Health outpatient
River Bend Hospital
Empath Unit/Franciscan
Willowstone Family Services
Sycamore Springs
Mental Health of America
Celebrate Recovery at River City Community Center
Clean Slate
Groups of Indiana
Oxford House
NAMI
US Dept of Veteran Affiars
Limestone Health
Light House Recovery
Recovery Café
Tippecanoe County Health Department
Riggs Community Health Center
Alpine Health Services
Trinity Life Mission
Home with Hope
Restoration
Vision of Hope
Phoenix Recovery Solutions QRT
Brighter Way Counseling
Child and Family Partners/ Counseling Partners
Locker Psychological Services, LLC
Matrix LifeCare Center
Suncrest Psychological Services
Cary Home for Children
T.C. Harris School





The Tippecanoe County Courthouse in Lafayette (above) Prophetstown State Park in Tippecanoe County, Indiana (opposite).

Services
LARA-Lafayette Reading Academy
Legal Aid Corporation of Tippecanoe
Indiana Legal Services – Lafayette
The Immigrants' and Language Rights Center of Indiana Legal Services, Inc.
Lafayette Urban Ministry Immigration Clinic
LAVA Project, Indiana Legal Services Inc
Citybus Public Transport
ACCESS (City Bus of Lafayette)
Area IV Council on Aging
Caregiver Companion
Angels Senior Home Solutions
Brightstar Care
Comfort Keepers
Home Instead
Hoosiers at Home
Integrity Care
Cheney's Magic Cab Ride
Lafayette Senior Transport and Concierge
Tippecanoe County Senior Center
Med-a-Port
Necessities Transportation, LLC

Infant/New Parent Supplies or Services
Matrix LifeCare Center
Goodwill of Central and Southern NFP
Bauer Family Resources Pregnant Women's Programs
Indiana University Health
Franciscan Health
Gifts of Grace Adoption Support Center
Willowstone Family Services
Firefly
Connection Point Church

Licensed Child Care
Bauer Family Resources
Scooby Doo Daycare
Grace Day Care
Bright Beginning Academy
Rights Steps - Central Presbyterian
St. James Lutheran Childcare
Hanna Community Center
Rights Steps - Dennis Burton
St. Francis Early Learning Academy
Lafayette Urban Ministry
Jenn's Friends Daycare
Right Steps Child Development Centers Downtown
Little Bronchos
Bethany Child Care and Preschool
Chosen Childcare Ministry
Jennifer Pruitt
Kinder Care
Second Baptist Childcare Ministry
Right Steps - Creasy
Adventure Station Child Care
Ben and Maxin Miller Child Development Laboratory School
STEAM Academy Preschool
Rachel's Childcare and Preschool
"Safe Harbor Schools - West Lafayette Intermediate School"
Lafayette Family YMCA
Kinder Care at Work
Brookshire Learning Center
Christ United Methodist Church Child Care Ministry
Little Steps Early Learning Center
Safe Harbor Schools - West Lafayette Elementary
Kiddie Kolleg
Future Scholars
Amazing Gems Childcare
Heartland Child Care Ministry
Faith Community Infant Care
Just Us Kids
Lil' Face Childcare
Subaru Child Development Center



Michigan City East Pierhead Lighthouse, Washington Park Beach, Michigan City, Indiana

Franciscan Health Mooresville Community

Family and Youth
About Special Kids
Adult and Child Health
ARC of Indiana
Bureau of Developmental Disabilities Services (BDDS)
Boys & Girls Club of Morgan County
Girl Scouts of Central Indiana
Boy Scouts - Crossroads of America Council
4H Morgan Co Extension Office Martinsville
Clarity Pregnancy Services
Chances & Services for Youth (CASY) - Child Care Resource & Referral
Department of Child Services
Child Support County Clerk Martinsville
Child Support Prosecutor Martinsville
Division of Family Resources
First Steps Early Childhood Intervention
Head Start Center
Healthy Families
Parents of Addicted Loved Ones
Project Life Saver
Sycamore Services
The Haven Youth Center
WIC Office
YMCA (Barbara B. Jordan)
Youth First

Social Cohesion
Morgan County Public Library
Mooresville Public Library
Martinsville Area Senior Center
Mooresville Senior Citizens Center
A Senior Retreat - Senior Daycare Services
NBA Kennedy Living Center
Morgan County Senior Advocates
Department of Veteran's Affairs

Physical Activity/Built Environment
Morgan County Parks and Recreation
Bradford Woods
Mooresville Parks & Recreation
Morgan-Monroe State Forest
Pioneer Park
Jimmy Nash City Park
Patton Park Inc.
Griffin Woods
Rooker Run Park
Ravinia State Forest
Fred & Dorothy Meyer Nature Preserve
Burkhart Creek
Landersdale Trail
Bicentennial Park
North Park
Old Town Park

Food Related
South Central CAP Energy Assistance Program
Churches in Mission
Eminence Christian Church
First Church of the Nazarene
Gasburg Baptist Church
Gateway Tabernacle Church Martinsville
Magdalene House
Manna Mission
Monrovia Christian Church
Monrovia High School Bulldog Blessings Pantry
Morgantown Community Food Pantry
Mt. Olive United Methodist Church Martinsville
Paragon Food Pantry
Paul Hadley Middle School Food Pantry
Red Barn
Senior Citizens Center Mooresville
Wooden/Bell Family Food Pantry (John Wooden Middle School)

Job Skills/Employment Programs
WorkOne
Sycamore Services
Bri Staffing
Elwood Staffing

Housing/Utilities
Brooklyn Meadows
South Central CAP Energy Assistance Program
Churches in Mission-Martinsville
Churches in Mission-Mooresville
Coordinating Aging Services
Country View Apartments
Habitat for Humanity
Heather Heights
Ken Mar
The Retreat at Mineral Springs
Morgan House
Morgan House II
Pines Apartments
Spring Hill I
Towne View
Village of Morgantown

Health Care
Indiana University Health
Morgan County Health Department

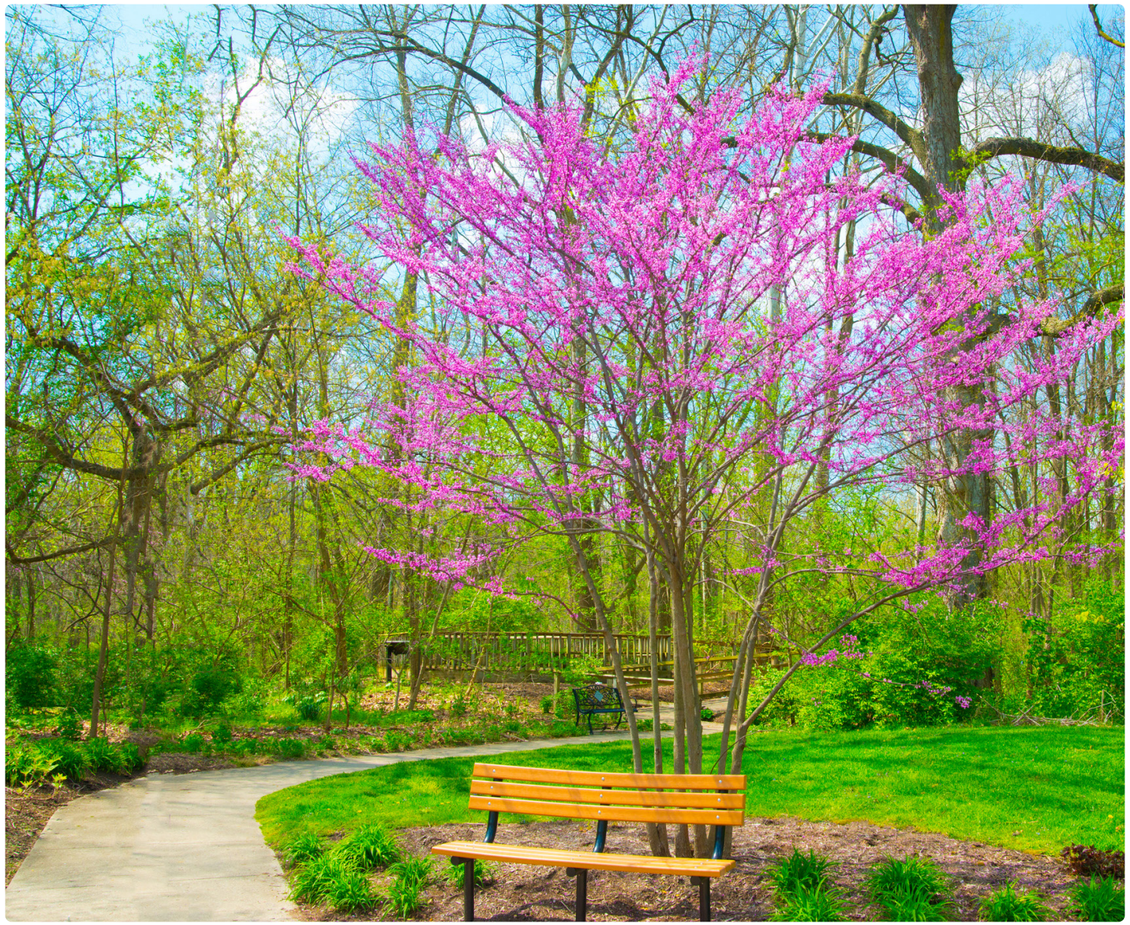
Mental Health Services
Centerstone Martinsville
Firefly (Child/Youth Services)
Meridian Health Services
Peace Restored
Center for Women's Ministries
Desert Rose
Morgan County Substance Abuse Council
Recovery Works
Pinnacle Treatment Center

Services
Indiana Legal Services, Inc.
Pro Bono Project District 10
Indianapolis Legal Aid
Society
Disability Legal Services
Morgan County Victim Assistance
Morgan County Adult Protective Services
Indianapolis Bar Legal Services
La Casa
Mariposa Legal
American Red Cross
Community Cab
CONNECT Morgan County
MHS Transportation
Medicaid - Southeastrans Trip Reservation Line
Hoosier Care Connect - MD Wise

Licensed Child Care
Puzzle Pieces Childcare Center LLC
Artesians Childcare LLC
Bauer Resource Center (Martinsville Head Start)
Bauer Family Resource Center (Mooresville Head Start)
Childtime Learning Center
Learning Land Childcare and Preschool
Lynns Day Care
Heathers Home Daycare
Starbabies Daycare Inc
Love Muffins Childcare

Porter Cave in Indiana





Flowing Wells in Hamilton County, Indiana

Franciscan Health Olympia Fields Community

Family and Youth
Rich Township
Bloom Township

Social Cohesion
Village of South Chicago Heights
Prairie Green at Dixie Crossing Assisted Living

Physical Activity/Built Environment
Village of Park Forest
City of Chicago Heights

Food Related
Rich Township
Respond Now

Job Skills/Employment Programs
City of Chicago Heights

Housing/Utilities
South Suburban Pads
Respond Now

Health Care
Advocate South Suburban Hospital
Ingalls Memorial Hospital

Mental Health Services
Aunt Martha's

Services
Village of South Chicago Heights
Bloom Township Center

Infant/New Parent Supplies or Services
Jones Community Center
Respond Now

Licensed Child Care
Jones Community Center

Community Coalitions
South Suburban Cook County Resilience Coalition



Hamilton County, Indiana

Franciscan Health Orthopedic Hospital Carmel Community

Family and Youth
Bureau of Developmental Disabilities Services (BDDS)
Boys & Girls Club of Noblesville
Girl Scouts of Central Indiana
Boy Scouts -Crossroads of America Council
Purdue Extension Hamilton County
Department of Child Services Hamilton County
Child Support County Clerk Hamilton County
Child Support Prosecutor Hamilton County
Division of Family Resources
First Steps Early Childhood Intervention
Family Development Services
YMCA

Social Cohesion
Hamilton County East Public Library
Hamilton County East Public Library
Carmel Clay Public Library
Carmel Clay Public Library, Joyce Winner West Branch
Physical Activity/Built Environment

Food Related
Meals on Wheels, Hamilton County

Health Care
Trinity Free Clinic
Hamilton County Health Department

Services
WIC Office
Hamilton County Veteran Services
SNAP Hamilton County Division of Family Resources



Franciscan Health Rensselaer Community

Family and Youth
Geminus Community Partners
Family Focus, Inc.
Healthy Families of Family Focus, Inc.
North Central Indiana Rural Crisis Center
Dunebrook: Families in Crisis
Jasper County Purdue Extension
Newton County Purdue Extension
Cooperative School Services
CoAction (formerly known as Northwest Indiana Community Action Agency)

Social Cohesion
Gracepoint Resource Center, LLC
Alcoholics Anonymous - DeMotte Library
Alcoholics Anonymous - First Presbyterian Church
AL-ANON
Jasper County Community Services-Rensselaer
Rensselaer Care Center, Part of Life Care Centers of America
Robert A. Fase Center
Prairie Arts Council & Lilian Fendig Gallery
Jasper County Public Library - Rensselaer, DeMotte, Wheatfield
Newton County Community Services
Senior and Adult Guardianship Advocates (SAGA)
Brook Public Library
Morocco Community Library
Roselawn Library
Kentland Library
Goodland Library
Goodland Town Hall
Newton County Historical Society
Lake Village Public Library
Newton County Fairground
R. Steven Ryan Memorial Community Center

Physical Activity/Built Environment
DeMotte Parks & Pool
Rensselaer Parks & Pool
Blue Devil Lagoon Pool
Kankakee Sands- Nature Conservancy
Cast Park
Iroquois Park
Brookside Park
Oak Lake RV Resort
Potawatomi Park
Milroy Park
Kessler Park
Morocco Park
Flat Iron Park
Pioneer Family Campground, Inc.
Rensselaer Dog Park
Bicentennial Park
Columbia Park
Spencer Park & Pool
Field of Dreams
Lake Holiday
Conrad Savanna Nature Preserve
Holley Savanna



Fountain Park Chautauqua
Caboose Lake Campground
Rodger G. Wolcott Memorial Park
Laird's Landing
Little Creek Campground
Gish Wildlife Area
Acorn Oaks Campground
Centennial Park
Stoutsburg Savanna Nature Preserve
Prairie Border Nature Preserve
Sandhill Crane Observation Area
Jasper- Pulaski Fish & Wildlife Area

Food Related
Good Neighbor Food Pantry
Good Samaritan Food Pantry
Sorrowful Mother Church Food Pantry
Remington Food Pantry at First Christian Church
Covenant Federated Church Food Pantry
Cornerstone - Faith Harvest Food Pantry
Community Church - Food Pantry
Newton County Community Services - Home Delivered Meals
Newton County Community Services - Food Pantry
Freedom Community Church Food Pantry
Fowler Baptist Church Food Pantry
Community Food & Service Co-Op
Christian Church Food Pantry
The Bridge Food Pantry
The River Church - Faith Harvest Food Pantry
Meals on Wheels Northwest Indiana
Purdue Cooperative Extension Service - Jasper County

Job Skills/Employment Programs
IMPACT Job Training - Jasper County Office of Division of Family Resources
WorkOne Northwest Indiana
Opportunity Enterprises, Inc
Jasper County Economic Development Organization
Express Employment Professionals
Express Employment Professionals - NWI
Comprehensive Development Centers
Center of Workforce Innovations
Newton County Adult Learning Center

Housing/Utilities
Consumer Credit Counseling of NWI
Newton County Community Services - Emergency Assistance Program
Salvation Army - Trinity United Methodist Church
Jasper County Community Services - Emergency Energy Assistance Program
Helping Hands - Burr Oak Church
Public Housing Authority
Low Income Housing Tax Credit Properties: MADISON COTTAGES OF RENSSELAER II and MADISON COT-TAGES OF RENSSELAER I
Multifamily Housing: (Low Income, Elderly, and Special Needs Housing): SERENITY TERRACE
USDA Rural Housing: FA - Family
Multifamily Housing: (Low Income, Elderly, and Special Needs Housing): ACCESS HOUSING OF JASPER
USDA Rural Housing: EL - Elderly
USDA Rural Housing: FA - Family
Low Income Housing Tax Credit Properties: ASHLAND PLACE SENIOR HOMES

Health Care
Indiana University Health White County
Jasper County Health Department
Newton County Health Department

Mental Health Services
Jasper County Recovery House
Counselor, Chad Pulver
New Leaf Resources
Ryan & Ryan Consulting and Educational Development
Wabash Valley Alliance
North Central Health Services, Inc.
Jasper County Hospital Outpatient Clinic - Franciscan Health Network
Valley Oaks Health
Sycamore Springs
Heartland Clinic - Behavioral Health
Franciscan Behavioral Health
Franciscan Hospice Care
North Central Health Services, Inc. / Riverbend Hospital
IFC - Morocco Clinic, Dr. Oranu Ibekie
Christian Clinic, Dr. James Wakefield
Heartland Recovery Center

Services
Jasper County Community Services - DeMotte & Wheatfield
Jasper County Community Services - Rensselaer
Newton County Community Services - Public Transportation
Pulaski County Human Services
White County Public Transit

Infant/New Parent Supplies or Service
Firefly



Summer in Indiana

Birthright of Rensselaer
Endless Treasures
Jasper Junction
Sell-It-Again Resale Shop
Franciscan Health, Prenatal Assistance Program

Licensed Child Care
Goodland Head Start
Right Steps Goodland
North Jasper Head Start
Rensselaer Head Start
Roselawn Head Start
The Growing Patch Learning Center
Families of JCYC, Inc.
AppleTree

Community Coalitions
DeMotte Chamber of Commerce
Jasper Newton Community Foundation
Rotary - DeMotte
Chamber of Commerce
Drug Free Coalition - Newton County



Indiana Dunes National Park



Franciscan HEALTH
Mooresville

The Community Health Needs Assessment explores population demographics, social and economic well-being, and health within the community. A 3-year Community Health Improvement Plan is proposed for the region served by Franciscan Health Mooresville.

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