community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

TIPPECANOE COUNTY



2019 - 2021 REPORT

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community HEALTH NEEDS ASSESSMENT

1 LEARN ABOUT FRANCISCAN HEALTH LAFAYETTE EAST & LAFAYETTE CENTRAL

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

3 EXPLORE THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH INDICATORS

4 REVIEW HEALTH OUTCOMES, SUCH AS CHRONIC DISEASES AND ILLNESSES

5 IDENTIFY THE TOP HEALTH NEEDS IN THE COMMUNITY

6 INVESTIGATE COMMUNITY HEALTH PARTNERS AND ASSETS

7 DETERMINE HOW YOU CAN HELP MEET THE NEEDS

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

INTRODUCTION

Franciscan HEALTH

community HEALTH NEEDS ASSESSMENT

Dear Reader,

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

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

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

You'll find this document organized in such a way as to guide you through the community. **Most importantly, please see the Call to Action. In this section, we share our commitment to improving community health in 2019-2021. We think it's important to be transparent, and we invite others to join us as we know improving health is a total community effort.**

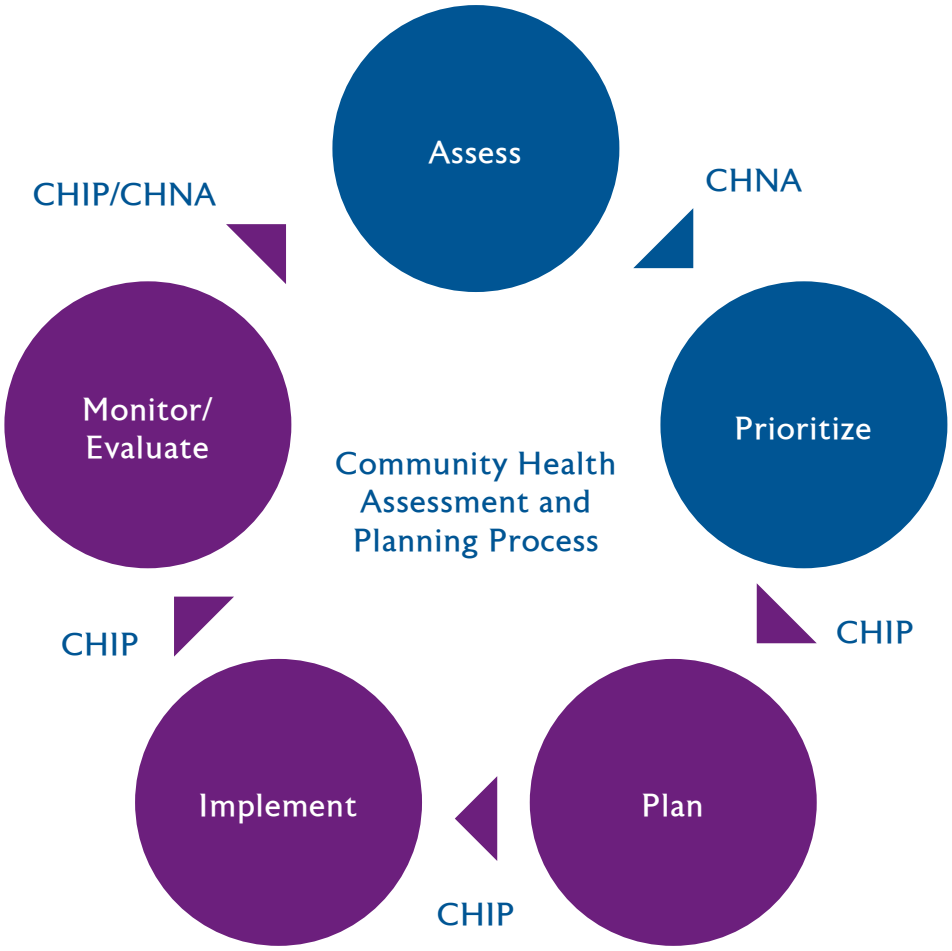
Yours in health,

The Community Health Improvement Team






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



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

– CDC

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

JAN-FEB 2018
National Public Health Data Reviewed

APR 2018
Community Health Survey Deployed

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

MAY-JULY 2018
Secondary Data Collection

With the assistance of public health graduate students, data on health and wellness issues was collected. Sources included County Health Rankings, Census Bureau Data, various reports from the Indiana State Department of Health and other national reports. Indiana Indicators, Community Commons and Healthy Communities Institute data management systems also contributed to the secondary data used. Sources of the secondary data are identified throughout this report.

AUG-OCT 2018
Feedback Meetings

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

OCT 2018
Analysis of Data and Health Need Prioritization

OCT-NOV 2018
Final Development of CHIP

DEC 2018
Report Completion

JAN 2019
Franciscan Health Mission & Human Resources Committee Approval

FEB 2019
Franciscan Health Board of Trustees Approval

FACILITY INFORMATION

Franciscan HEALTH

community HEALTH NEEDS ASSESSMENT

FACILITY INFORMATION

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

For 140 years, Franciscan Alliance has stayed true to our founding mission to care for everyone who comes through our doors. We treat our patients with the best possible care by following the guiding ethical values embodied by our founding congregation, the Sisters of St. Francis of Perpetual Adoration. Always mindful of our Christian stewardship to the Roman Catholic Church, we minister with joy, care and compassion according to the ideals of Saint Francis of Assisi and our foundress, Blessed Maria Theresia Bonzel.

Our healthcare system carries forth Christ's healing ministry and strengthens the Catholic health care mission by:

- Providing a broad, coordinated continuum of health care services with an emphasis on improving the health of persons and communities.
- Treating the mind, body and spirit with holistic and comprehensive medical options.
- Developing creative structures for health care delivery.
- Being advocates for those in need.
- Identifying and developing our sisters and laity for Franciscan leadership.

FRANCISCAN HEALTH LAFAYETTE CENTRAL/LAFAYETTE EAST

Address: 501 Hartford Street, Lafayette, IN 47904 /
1701 South Creasy Lane, Lafayette, IN 47905
Phone (East): (765)-502-4000
Specific Websites: https://www.franciscanhealth.org/healthcare-facilities/franciscan-health-lafayette-east-62
CEO Name: Terry Wilson

Average Annual Inpatient Admissions (2017): 10,252
Average Annual Outpatient Admissions (2017): 375,655
Average Annual ED Admissions (Arrivals 2017): 7,724
Average Annual Births (2017): 1,869

Number of Employees: 1,632
Number of Volunteers: 194
Number of Doctors (FPN, SPI, & Affiliates): 463
Average Length of Stay (Inpatient 2017 number of days): 4.5



BLESSED MARIA THERESIA BONZEL

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

"One good action or deed will not win the battle; we must daily begin anew."
– Blessed Maria Theresia Bonzel

List of Services (Service Lines):

Airborne infection isolation room, Ambulatory Surgery Center, Auxiliary organization, Adult diagnostic/invasive catheterization, Adult interventional cardiac catheterization, Chemotherapy, Computer assisted orthopedic surgery (CAOS), Dental services, Hospice program, Endoscopic retrograde, Extracorporeal shock wave lithotripter (ESWL), Health Research, Hemodialysis, Home health services, Intermediate nursing care, Linguistic/translation services, Neonatal intensive care, Neurological services, Occupational health services, Orthopedic services, Psychiatric care, Psychiatric partial hospitalization services, Diagnostic radioisotope facility, Multi-slice spiral computed tomography (MSCT)(64 + slice CT), Single Photon Emission Computerized Tomography (SPECT), Image-guided radiation therapy (IGRT), Intensity-Modulated Radiation Therapy (IMRT), Robotic surgery, Sleep center, Sports medicine, Tissue transplant, Virtual colonoscopy

OUR MISSION

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

OUR COMMUNITY

Franciscan Health Lafayette Central and Lafayette East community benefit programs target all of Tippecanoe County, IN, which is in the immediate geographic area to the hospital. This area also contains the most individuals who participate in community benefit activities, a majority of affiliated services and providers, and residents least served by other health systems.

OUR VALUES

RESPECT FOR LIFE

The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

FIDELITY TO OUR MISSION

Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in emphatically ministering to patients, visitors and co-workers.

COMPASSIONATE CONCERN

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

JOYFUL SERVICE

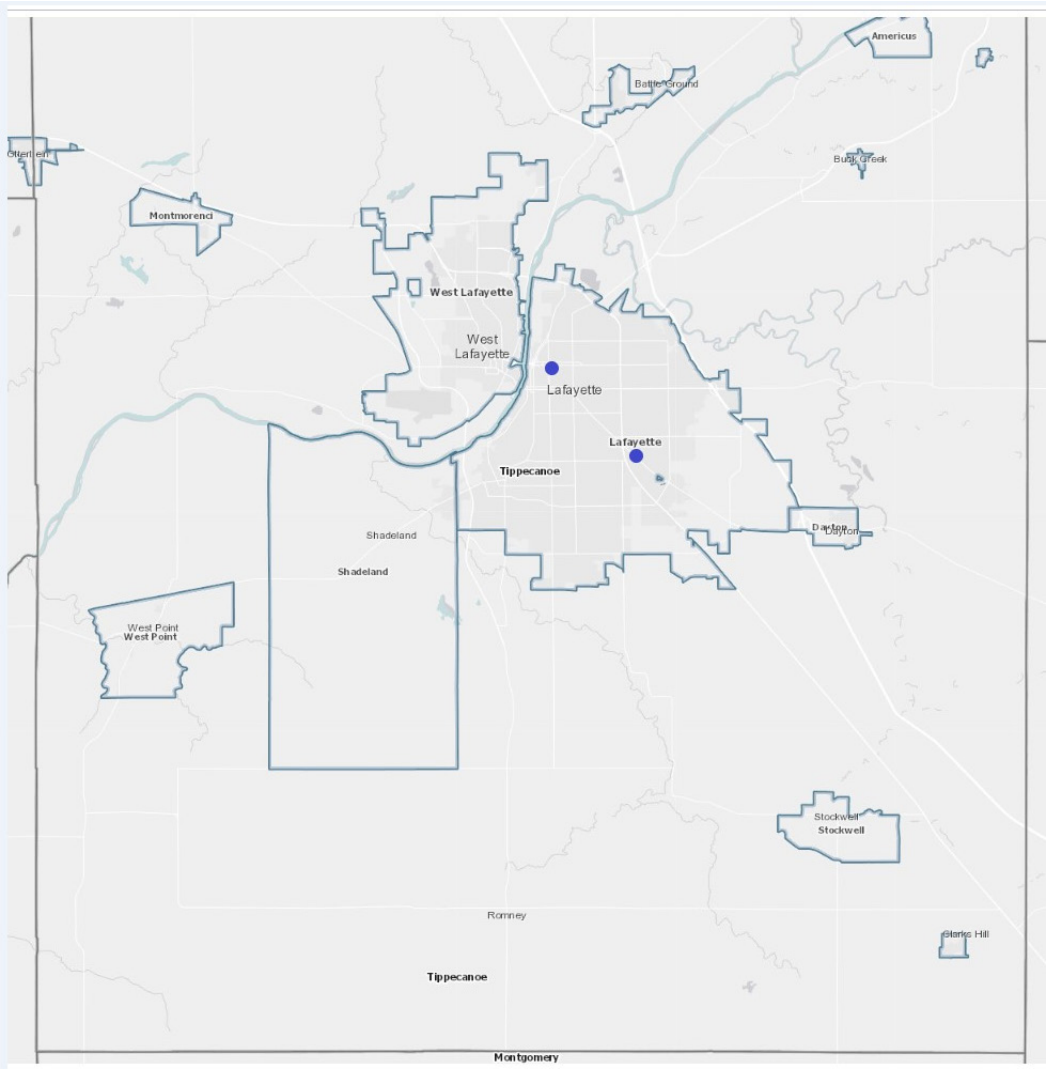
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

CHRISTIAN STEWARDSHIP

Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society and consistent with Church teachings.

"Start by doing what is necessary; then do what is possible; and suddenly you are doing the impossible."

– Francis of Assisi



TOP HEALTH NEEDS

Franciscan Health Lafayette Central and Lafayette East have identified the following top needs in the community: infant mortality, pediatric mental health, substance abuse and family poverty. For more information on how top health needs were determined, please see Section Four.

Infant Mortality

Pediatric Mental Health

Family Poverty

Substance Abuse

COMMUNITY PROFILE

Franciscan HEALTH

SECTION 1

community HEALTH NEEDS ASSESSMENT

This section details the local community. The community profile contains information such as the geographic details, demographics, and social and economic well-being. Reviewing this information gives readers a sense of the community, including the strengths and challenges of daily living. Because of data constraints and the desire to offer the best snap-shot possible, the community profile may extend beyond the identified target communities for Franciscan Health's community benefit operations.

COUNTY DESCRIPTION



North, Central & South
Indiana Regions



Tippecanoe County
Indiana

DEMOGRAPHICS

Tippecanoe County is located in the west central region of the state of Indiana. The county is home to Purdue University, which bring a large student population. The total population of Tippecanoe County in 2017 was 172,803, ranking it 8th largest in the state. Tippecanoe County was established in 1826. The county seat is Lafayette. The largest and most populous city in Tippecanoe County was Lafayette in 2017. It was closely followed by West Lafayette. There are a total of seven cities and towns in the county. Residents not identified in the population estimates below live outside of city or township limits.

Table 1.0: Population Estimates, 2016

Cities & Towns	Populations	Percent of County
Battle Ground	1,946	1.0%
Clarks Hill	711	0.4%
Dayton	1,647	0.9%
Lafayette	72,390	38.0%
Otterbein	400	0.2%
Shadeland	1,868	1.0%
West Lafayette	46,269	24.3%

In 2017, 6.1% of the population was preschool aged children, 14.8% were school aged children, 23.6% were college aged students, 24.8% were young adults, 19.4% were older adults, and 11.3% were seniors. In 2017, the average age of a person in Tippecanoe County was 37.7, which falls in the young adult category.

Table 1.1: Population Estimates by Age, 2016

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	11,585	6.1%	6.3%
School Age: 5 to 17	28,298	14.8%	17.3%
College Age: 18 to 24	44,933	23.6%	9.9%
Young Adult: 24 to 44	47,184	24.8%	25.3%
Older Adults: 45 to 64	37,027	19.4%	25.9%
Seniors: 65 and older	21,560	11.3%	15.4%
Average Age (years)	N/A	N/A	37.7

In 2017, 0.1% were Hawaiian natives and other Pacific Islanders, 0.4% of the population was American Indians or Alaskan natives, 5.5% were Black, 8.5% were Asian, 2.1% of the population identified as two or more racial groups, and 83.5% were White. In 2017, 8.5% of the Tippecanoe County population identified as Hispanic and 91.5% identified as Non-Hispanic.

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

Population Estimates by Race	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	723	0.4%	0.4%
Asian	16,188	8.5%	2.4%
Black	10,477	5.5%	9.7%
Native Hawaiian & other Pacific Islander	103	0.1%	0.1%
White	159,051	83.5%	83.5%
Two or More Racial Groups	4,045	2.1%	2.1%
Non-Hispanic	174,446	91.5%	91.5%
Hispanic	16,141	8.5%	8.5%

Veteran Population

According to the 2016 American Community Survey, there were approximately 8,366 U.S. Veterans living in Tippecanoe County, Indiana. Most of the veterans in Tippecanoe County were between 35 and 74 years old.

Population with Disabilities

The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job.

Nearly 9.9% of people living in Tippecanoe County were living with a disability in 2016.

Social and Economic Factors

FINANCIAL

Refer to the table below for a comparison of financial and economic indicators across the state and county.

According to the 2016 American Community Survey, the median household income for Tippecanoe County was $51,385. This was slightly lower than the Indiana median state household income.

Poverty becomes a factor when a family's total income is less than the threshold. The American Community Survey (2016) concluded that 17.6% of Tippecanoe County's population was in poverty. The population with the highest amount of poverty were those between 18 and 34 years of age. When looking at the poverty rate among children under the age of 18, the rate increased to 16.3%.

Table 1.3: Tippecanoe Income & Poverty Rates

Income and Poverty	Number	Percent of State	Indiana
Per Capita Personal Income (annual) in 2016	$35,804	73%	43,097
Median Household Income in 2016	51,585	46%	$52,289
Poverty Rate in 2016	17.6%	7%	14.0%
Poverty Rate among Children under 18	16.3%	57%	19.1%
Welfare (TANF) Monthly Average Families in 2017	113	14%	6,790
Food Stamp Recipients in 2017	13,241	11%	656,297
Free and Reduced Fee Lunch Recipients in 2016/2017	10,229	8%	495,330

EDUCATION

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

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

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

Table 1.4: Educational Attainment Profile in Tippecanoe County

Indicator	Description	Indiana	Tippecanoe County
High School Education	Percent of people aged 25 years or older who have either graduated from high school, completed the GED, or have some other equivalent credential. This percent includes all people who graduated from high school and have completed higher levels of education.	88%	90.7%
Bachelor's Degree or Better Education	Percent of people 25 years or older who have at least graduated from college with a bachelor's degree. This does not include vocational, technical schools or job training.	24%	35.3%
School Dropout Rate	Percent of individuals ages 16-24 who are not currently enrolled in school and have not completed high school or obtained a GED.	12%	15%

EMPLOYMENT

Unemployment rate is a measure of the prevalence of unemployment and calculated as a percentage by dividing the number of unemployed individuals by all individuals currently in the labor force (United States Department of Labor, 2017). The annual unemployment rate in 2017 was 3.2% in Tippecanoe County. In 2016, there were 91,188 employed individuals in Tippecanoe County, while 3,032 were unemployed (STATS Indiana).

Table 1.5: Unemployment in Tippecanoe County

Indicator	Number	Rank in State	Percent of State	Indiana
Employed	91,188	7	2.8%	3,320,409
Unemployed	3,032	7	2.6%	3,203,351
Annual Unemployment Rate	3.2	62	91.4%	117,058
August 2018 Unemployment Rate	3.6	50	97.3%	3.5
Total Resident Labor Force	94,220	7	2.8%	3.2

MAJOR INDUSTRIES

Table 1.6: Industries in Tippecanoe County

Indicator	Employment	Percent Distributed in Region	Earnings	Percent Distributed in Region	Average Earnings per Job
Farm Proprietors	595	0.5%	$12,480	0.2%	$20,975
Nonfarm Proprietors	15,554	14.1%	$412,156	7.2%	$26,498
Farm	794	0.7%	$20,600	0.4%	$25,945
Nonfarm	109,648	99.3%	$5,702,412	99.6%	$52,007
Private	85,006	77.0%	$4,160,397	72.7%	$48,942
Wage and Salary	94,293	85.4%	$4,169,971	72.9%	$44,224
Total by Place of Work	110,442	100.0%	$5,723,012	100.0%	$51,819

TRANSPORTATION

In 2016, 7.3% of Tippecanoe County residents identified having no vehicle available for use, while 35.8% identified having at least one vehicle available and 38.7% identified having two vehicles available. This means that the majority of residents had vehicular transportation available, but approximately 4,963 residents did not.

ENVIRONMENTAL

Ground-Level Ozone

Ozone occurs naturally in the sky and helps protect us from the sun's harmful rays. But ground-level ozone can be bad for your health and the environment. Ground-level ozone is one of the biggest parts of smog. When ozone levels are above the national standard, everyone should try to limit their contact with it by reducing the amount of time spent outside. Tippecanoe County residents were exposed to unhealthy levels of ozone for one day in 2014.

Particulate Matter

Air pollution is a leading environmental threat to human health. Particles in the air like dust, dirt, soot, and smoke are one kind of air pollution called particulate matter. Fine particulate matter, or PM2.5, is so small that it cannot be seen in the air. Breathing in PM2.5 may: lead to breathing problems, make asthma symptoms or some heart conditions worse, and lead to low birth weight. The national standard for annual PM2.5 levels is 12.0 micrograms per cubic meter. When PM2.5 levels are above 12, this means that air quality is more likely to affect your health. In 2014, the annual level of PM2.5 in Tippecanoe County was 10.9 micrograms per cubic meter.

Drinking Water Safety

In 2014, approximately 0.2% of Tippecanoe County residents were potentially exposed to unsafe drinking water.

Childhood Lead Poisoning

In 2015, the CDC released Indiana State Surveillance System data indicating that there were 18 confirmed cases of lead poisoning among Tippecanoe County children.

Table 1.7: Environmental Health Indicators

Indicator	Description	Source	Measurement Period	Tippecanoe County	Indiana
Air Pollution – Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking System	2012	10.9	11.1
Drinking Water Violations	Indicator of the presence of health-related drinking water violations measured by a yes/no variable	County Health Rankings and Roadmaps	2017	Yes	N/A

HOUSING

Homeownership

Homeownership rates are defined by the amount of available housing units currently occupied by a homeowner. From 2012-2016, 53.4% of housing units in Tippecanoe County were occupied by a homeowner. The reported homeowner vacancy rate of Tippecanoe County in 2016 was 1.6.

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

From 2012-2016, 57.3% of Tippecanoe County residents, spent 30% or more of their household income on monthly rent payments.

Severe housing problems

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease. Research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards. 19.3% of Tippecanoe County residents had severe housing problems.

Subsidized housing

There are 11 properties considered subsidized housing units recognized by the U.S. Department of Housing and Urban Development in Tippecanoe County.

HEALTH ACCESS

There are four hospitals in Tippecanoe County, Indiana:

Franciscan Health - Lafayette
1701 S Creasy Ln.
Lafayette, IN 47905

Indiana University Health Arnett
5165 McCarty Ln.
Lafayette, IN 47905

Riverbend Hospital
2900 N River Rd.
West Lafayette, IN 47906

Sycamore Springs
833 Park E Blvd.
Lafayette, IN 47905

Health Professions Shortage Areas (HPSAs)

According to the Health Resources and Services Administration, "medically underserved areas/populations are areas or populations [are defined as] having too few primary care providers, high infant mortality, high poverty or a high elderly population."

Tippecanoe County is a primary care and dental HPSA, due to a low income designation. The county also is a mental health geographic HPSA, as well as a designated medically underserved area.

HEALTH PROFILE

Franciscan HEALTH

SECTION 2

community HEALTH NEEDS ASSESSMENT

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

MATERNAL CHILD HEALTH

Breastfeeding

In 2015, 75.7% of mothers received early prenatal care during their pregnancy. There has been a 6% increase among mothers who received prenatal care since 2011. The smoking rate among expecting mothers has decreased by 1.5% since 2011. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). Nearly 12% of mothers smoked during pregnancy in Tippecanoe County in 2015. Also in 2015, 82.3% of Tippecanoe County mothers breastfed their children. Since 2011, the population of mothers who breastfed had increased nearly 4% in the county. While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face.

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

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	1,535	1,725	1,595	1,616	1,808	8,279
% Early Prenatal Care	69.4%	74.5%	71.8%	69.1%	75.7%	72.1%
State Percent	***68.1%***	***68.4%***	***67.4%***	***67.5%***	***69.3%***	***68.1%***
# Smoked	308	363	321	313	273	1,578
% Smoked During Pregnancy	13.9%	15.7%	14.5%	13.4%	11.4%	13.8%
State Percent	***16.6%***	***16.5%***	***15.7%***	***15.1%***	***14.3%***	***15.6%***
# Unmarried Mothers	789	886	834	891	886	4,286
% Unmarried Mothers	35.7	38.3	37.6	38.1	37.1	37.3
State Percent	***42.7%***	***43.2%***	***43.3%***	***43.3%***	***43.3%***	***43.2%***
# Breastfeeding	1,736	1,787	1,795	1,856	1,965	9,139
% Breastfeeding Mothers	78.5%	77.2%	80.8%	79.3%	82.3%	79.6%
State Percent	***74.0%***	***75.6%***	***77.3%***	***79.3%***	***80.5%***	***77.4%***
# Mothers on Medicaid	873	876	882	914	892	4,437
% Mothers on Medicaid	39.5%	37.8%	39.7%	39.1%	37.4%	38.7%
State Percent	***45.6%***	***44.9%***	***44.1%***	***43.7%***	***43.0%***	***44.3%***
# Teen Births 15-17	47	31	36	38	37	189
Population	2,702	2,791	2,799	2,875	2,897	14,064
Teen Birth Rate (15-17)	17.4	11.1	12.9	13.2	12.8	13.4
State Rate	***16.0***	***15.5***	***13.6***	***11.9***	***11.1***	***13.6***
# Teen Births 15-19	185	176	163	130	121	775
Population	8,031	7,683	7,679	7,812	7,941	39,146
Teen Birth Rate 15-19	23.0	22.9	21.2	16.6	15.2	19.8
State Rate	***34.8***	***33.0***	***30.3***	***28.0***	***26.0***	***30.4***

Safe Sleep

The Indiana State Department of Health (ISDH) and Department of Child Services have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families in Tippecanoe County that do not have a designated safe space for their infant to sleep. The kit includes portable crib, fitted sheet with a safe sleep message on it, wearable blanket, pacifier, and recommendations for safe sleep (ISDH &Department of Child Services, 2017). Tippecanoe County is in Region 5, shown on the accompanying map. There are 9 Safe Sleep locations in Region 5 as of 2017.

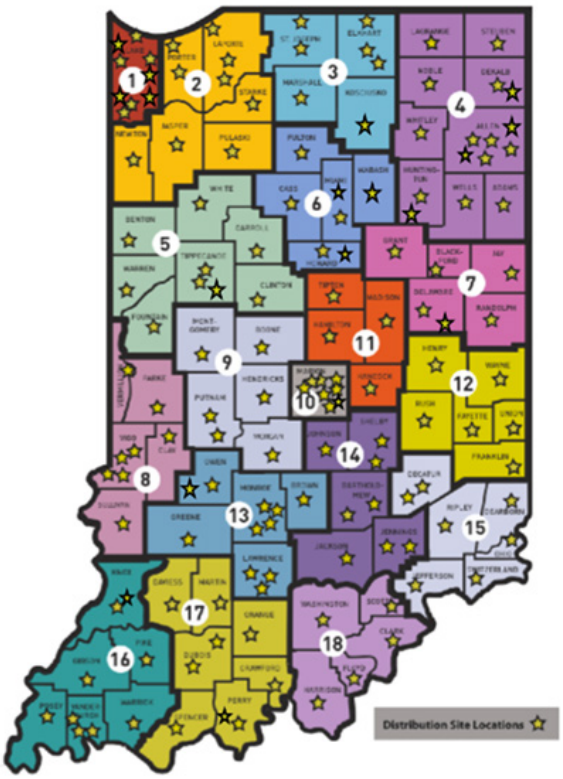


Figure 2.0: ISDH Safe Sleep Regions

Childcare Services

This indicator shows the percentage of total consumer expenditures spent on all childcare. This includes child care, day care, nursery school, preschool, babysitting, and non-institutional day care. Childcare is a major expense for families with young children. Access to affordable and high quality childcare is essential for parents to be able to provide sufficient income for their family while ensuring all of their children's social and educational needs are met. In 2016, there were 16 licensed child care options in Tippecanoe County.

Table 2.1: Childcare Facilities in Tippecanoe County

Child Care Facility Type (2016)	Number of Facilities
# of Licensed Child Care Centers	16

FOOD SECURITY

Food insecurity is measured by the percentage of people in a county who did not have access to a reliable source of food during the past year. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important but it may be equally important to have adequate access to a constant food supply. 16% of Tippecanoe County was considered food insecure in 2014. Feeding America is the largest domestic hunger-relief organization in the United States. According to the 2017 "Map the Meal Gap", the population in Tippecanoe County was 183,397 the food insecurity rate was 15.8%, and the estimated number of food insecure individuals was roughly 29,000.

Food Environment Index

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket; there is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, access in regards to a constant source of healthy food due to low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by understanding the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. It is important to have adequate access to a constant food supply, but it may be equally important to have nutritious food available. In Tippecanoe County, the food environment index was 6.5 out of 10 in 2016.

Table 2.2: Tippecanoe County Food Index

Indicator	Description	Source	Measurement Period	Tippecanoe County
Food Environment Index*	Percentage of the population that is low-income and has low access to a grocery store, *and* the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). Rated on a scale from 0 (worst) to 10 (best)	County Health Rankings	2010 & 2014	6.5
Food Insecurity	Percentage of population who lacks adequate access to food.	County Health Rankings	2014	16%
Child Food Insecurity Rate	Percentage of children in a county who are considered food insecure	Feeding America	2016	17.3%
SNAP-authorized Stores	Number of stores in a county authorized to accept and use SNAP benefits.	USDA- Food Environment Atlas	2014	119.2
Grocery Store Density	Number of grocery stores in a county	USDA – Food Environment Atlas	2014	22
Farmers Market Density	Number of farmers markets in a county	USDA – Food Environment Atlas	2016	4

PHYSICAL ACTIVITY

High Schoolers Physically Active

In 2015, the USDA reported that 25.3% of high schoolers were physically active in the state of Indiana. No county specific county-level data was available.

Physical Inactivity

Adult physical inactivity is another valuable health indicator that represents the percent of adults 20 years and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (Indiana Indicators, 2017). According to County Health Rankings, 22% of adults ages 20 or older in Tippecanoe County were identified as physically inactive compared to 26% in the entire state (2017). At this time, Healthy People 2020 has not established a goal for this indicator. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions.

Access to Exercise Opportunities

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

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

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

In Tippecanoe County, 72% of residents had access to exercise opportunities. The average in Indiana was 75%, with a range of 12 to 92%.

Recreation and Fitness Facilities

Fitness and recreation centers are defined as "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports."

In 2014, it was reported that there were 20 recreation and fitness facilities to service all of Tippecanoe County.

SLEEP HEALTH

Insufficient Sleep (county-level)

Insufficient sleep measures are calculated by measuring the percentage of adults who report getting fewer than seven hours of sleep on average. In 2014, 37% of adults reported this. The state average was 38%.

Proportion of High School Students Who Get Sufficient Sleep

Healthy People 2020 identified sufficient sleep as one of the target health goals for students across the nation. "Sufficient sleep" is defined as eight or more hours of sleep in a single night.

In 2015, it was reported by the Youth Risk Behavior Surveillance System that only 21.4% of Indiana students surveyed identified getting a sufficient amount of sleep.

Proportion of Adults Who Get Sufficient Sleep

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

IMMUNIZATIONS

The table provided gives a comparative view of the rates of immunizations in Indiana and Tippecanoe County (when county-level data is available).

Table 2.3: Immunization Profile Tippecanoe County

Indicator	Description	Source	Measurement Period	Indiana	Tippecanoe County	HP 2020 Goal
Recommended Infant Immunizations	This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP).	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2015	56.0%	73.0%	80%
Flu Shot Vaccinations	Percentage of noninstitutionalized adults, 18 and older, who have received a flu shot in the past year.	ISDH & CDC, Behavioral Risk Factor Surveillance System	2006-2010	43.6%	N/A	70.0%
Pneumonia Vaccinations	Percentage of adults, aged 65 and older, who have ever received a pneumonia vaccination.	ISDH & CDC and Prevention, Behavioral Risk Factor Surveillance System	2006-2010	73.3%	N/A	90%
HPV Vaccinations	Percentage among adolescents 13-17 years with the vaccine as reported by NIS-Teen in 2016	TeenVaxView	2016	45.2%	N/A	80.0%

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. 85% of Tippecanoe County diabetic Medicare enrollees received routine monitoring in 2014 and 64.4% of Tippecanoe County female Medicare enrollees received a mammogram in 2014.

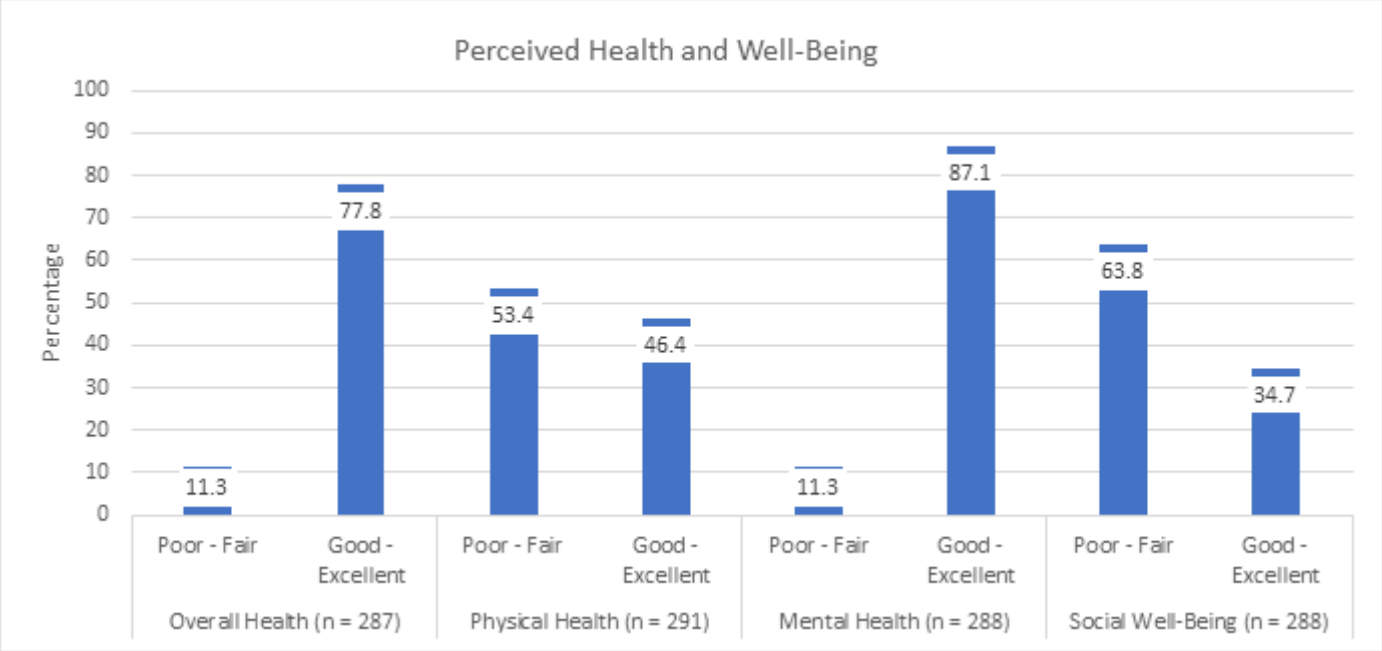
Table 2.4: Tippecanoe County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Indiana	Tippecanoe County
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2014	85%	87%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.	Dartmouth Atlas of Healthcare	2014	62%	66.9%
Pap Screening	Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years.	ISDH & Behavioral Risk Factor Surveillance System	2010	94.6%	N/A
Colorectal Cancer Screening	Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy.	ISDH & Behavioral Risk Factor Surveillance System	2010	54.7%	N/A

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

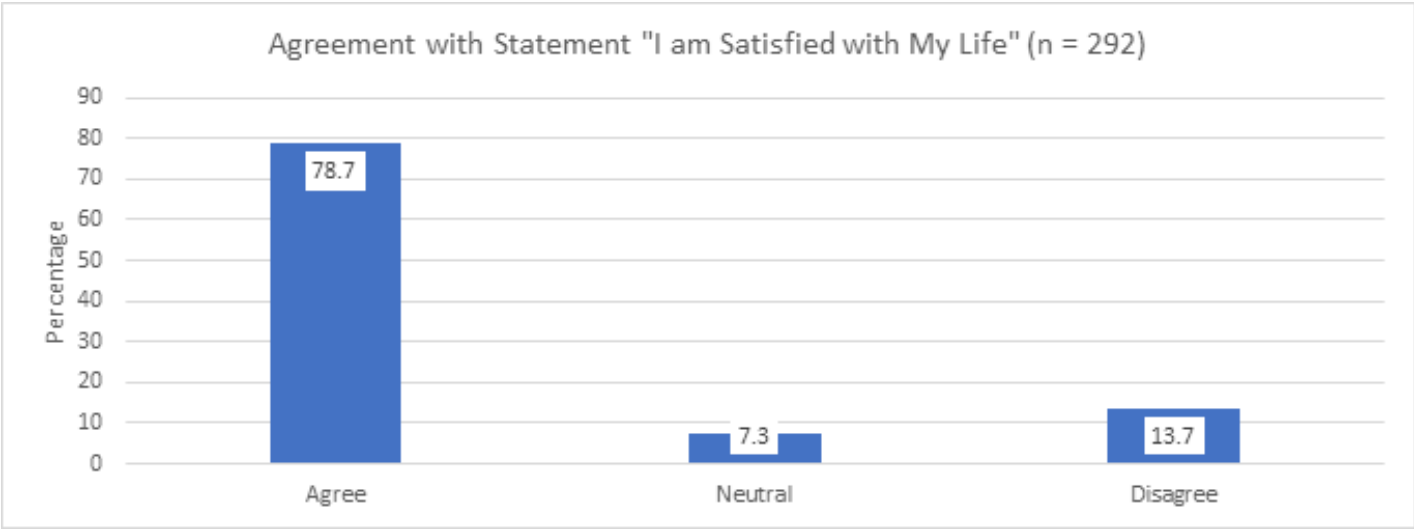
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

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



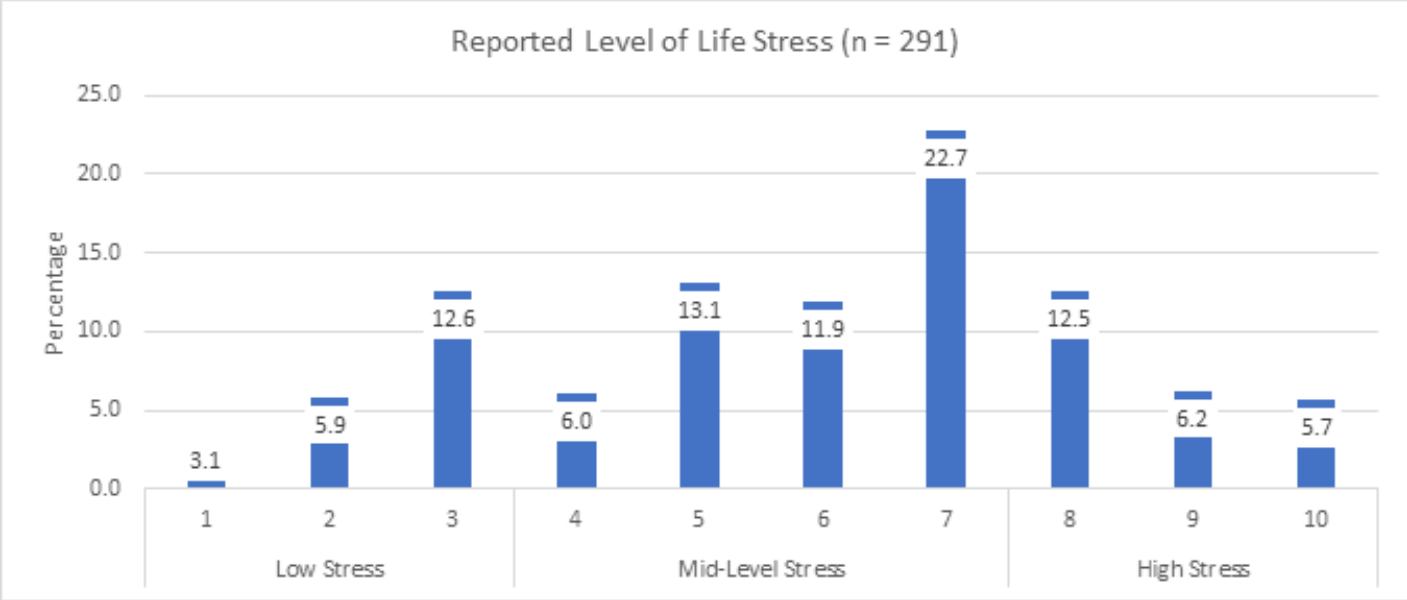
Participants were asked to respond to a single question that asked them to respond to the statement "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. Only one participant refused an answer to this question 0.3%. The majority of participants agreed with the statement, with 44.3% (n = 129) responding "strongly agree" and 34.4% (n = 100) responding "somewhat agree." Some participants 7.3% (n = 21) responded "neutral." Those indicating less overall life satisfaction responded with "somewhat disagree" 7.6% (n = 22) or "strongly disagree" 6.1% (n = 18). Figure 2.2 provides an overview of responses to this item.

Figure 2.2: Participants Agreement with Life Satisfaction



Level of Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Sone participants 24.4% (n = 72) responded with scores in in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of the participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.3: Ranking of Level of Life Stress



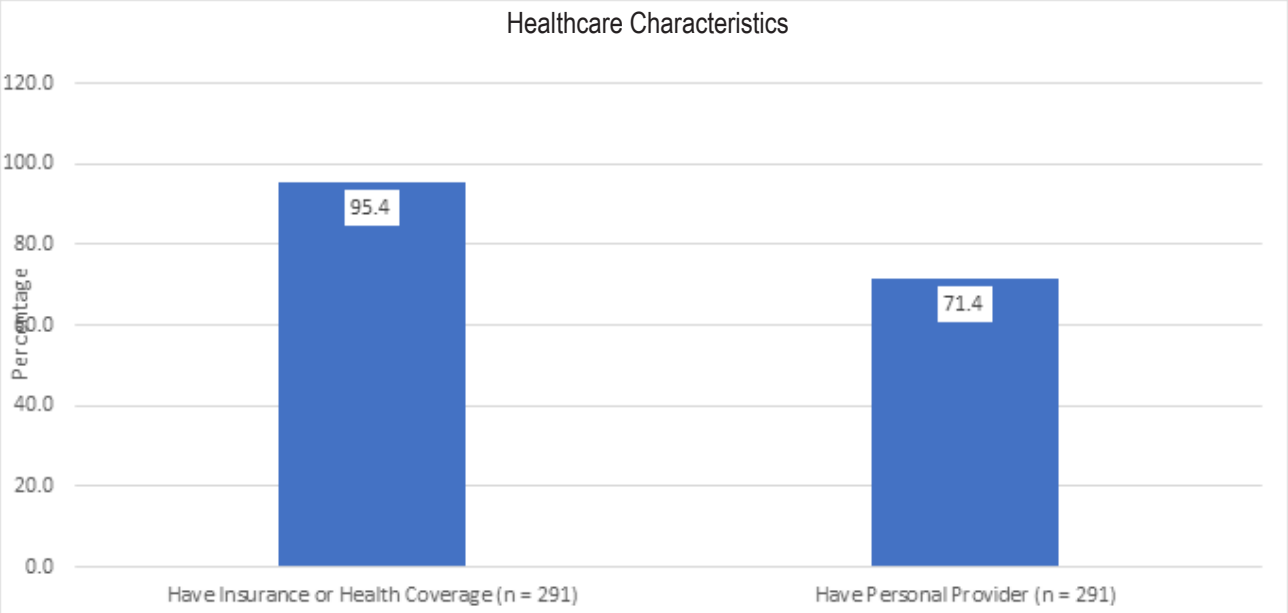
HEALTHCARE ACCESS AND ENGAGEMENT

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

Insurance or Healthcare Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (95.4%, n = 279) reported that they did have such coverage or insurance, while 4.4% (n = 13) responded "no."

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have such a personal provider 71.4% (n = 208), while 27.3% (n = 80) responded "no" and three participants (1.2%) indicated that they were "unsure" as to whether they had such a personal provider.

Figure 2.4: Participants' Reported Insurance and Personal Provider Characteristics



Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 2.5 provides a summary of the participants' responses to this question.

Table 2.5: Participants' Reported Types of Healthcare Engagement (n=100)

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	70.3	29.7
Received Dental Care	60.6	39.4
Received a Routine Physical Exam	60.0	40.0
Received Immunizations or other Preventive Care	40.9	59.1
Received Care at an Urgent Care Facility	26.5	73.5
Received Acute Care, Like for an Infection or Injury	25.5	74.5
Received Treatment for a Mental Health Diagnosis	14.7	85.3
Received Care at a Hospital Emergency Room	14.0	86.0
Received Care for a Chronic Disease	13.9	86.1
Received a Screening for Anxiety or Depression by a Medical Provider	13.1	86.9
Received Care Related to Family Planning	9.4	90.6
Received Prenatal or Well-Baby Care	8.3	91.7
Received Inpatient Care at a Hospital	5.5	94.5
Received Treatment for Addiction	2.1	97.9

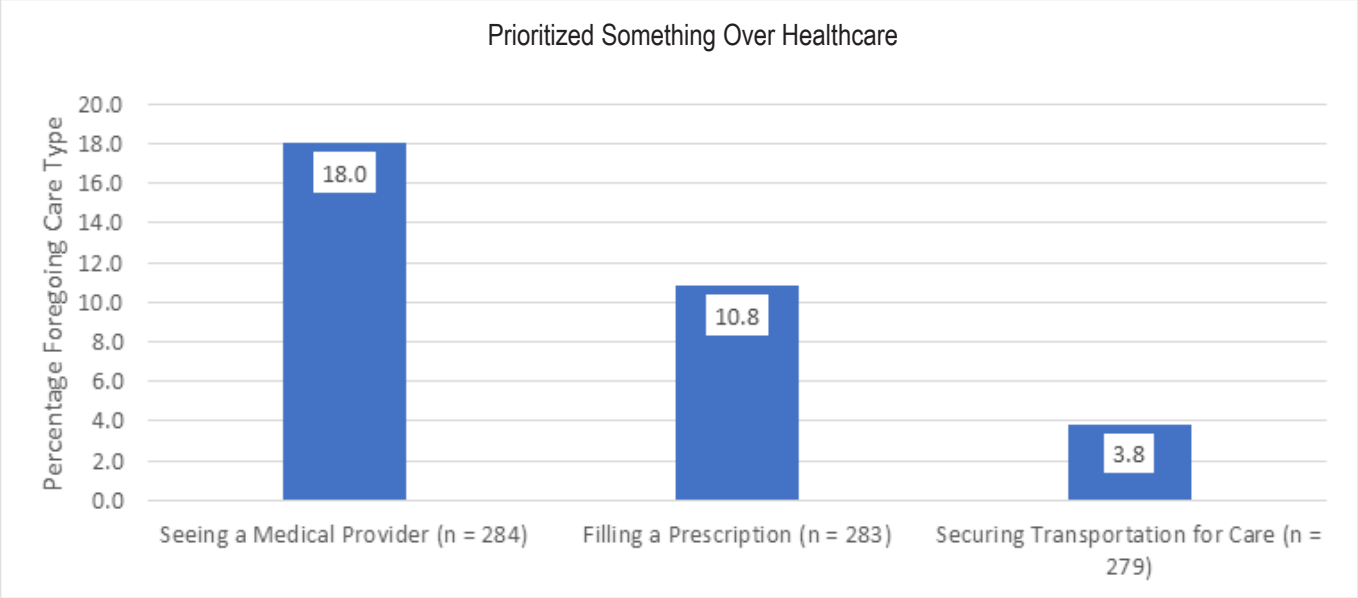
Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription and finding transportation for care. Participants were asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize pending money on something else." Less than 20% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed.

Regarding seeing a medical provider, 18.0% of participants (n = 52) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing to fill a prescription, 10.8%, (n = 31) indicated that that they had a need to avoid filling a prescription due to other needs.

Regarding needing transportation for healthcare, only 3.8% of participants (n = 11) indicated that they had not been able to access transportation due to other needs.

Figure 2.5: Participants' Reports of Resource Challenges and Healthcare



PERSONAL HEALTH-RELATED BEHAVIORS

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

Table 2.6: Self-Reported Health Behaviors (n=292)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	60.4
Getting Plenty of Sleep	57.0
Eating Balanced Diet	63.9
Checked Blood Pressure	35.1
Tried to Reduce Stress	40.1
Took Prescription for Mental Health	18.9
Health Challenging Behaviors	**% Reporting Behavior**
Used Tobacco	8.8
Took Opioid Prescribed to Me	3.4
Driving Intoxicated	1.5
Took Opioid Not Prescribed to Me	0.0

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

SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinants of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of those items was to assess the extent to which participants "felt" specific charateristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live," is a positively worded item and those who reported "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infastructure to work with an individual who has concerns about his or her housing situation. Negatively worded items like, "I worry about being able to pay my rent or mortgage," are considered at the other end of the response options with those responding "sometimes," "often" or "always" being among those who might benefit from economic or employment assitance in ways to reduce the impact on health. Table 2.7 provides a summary of this data.

Table 2.7: Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		**Percent Reporting "Never" or "Seldom" Applies to Me**
Social Ecology (n = 288)	I feel those around me are healthy	3.1
Education (n = 292)	I am satisfied with my education	7.3
Community Cohesion (n = 292)	I make efforts to get involved in my community	29.9
Policy (n = 288)	I vote when there is an election in my town	14.2
Environment (n = 292)	I feel that my town's environment is healthy (air, water, etc)	10.0
Housing (n = 292)	I feel safe in the place where I live	3.7
Psychosocial (n = 287)	I try to spend time with others outside of work	13.8
Transportation (n = 291)	I have access to safe and reliable transportation	1.4
Negatively Worded Social Determinant Items		**Percent Reporting "Sometimes," "Often" or "Always" Applies to Me**
Economy (n = 292)	I worry about my utilities being turned off for non-payment	9.8
Employment (n = 291)	I worry about being able to pay my rent or mortgage	16.9

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

HEALTH OUTCOMES

Franciscan HEALTH

SECTION 3

community HEALTH NEEDS ASSESSMENT

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

ACCIDENTS, INJURIES, AND HOMICIDES

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

Table 3.0: Alcohol & Driving-Related Indicators

Indicator	Description	Source	Measurement Period	Tippecanoe County	Indiana
Driving Under the Influence of Alcohol Arrest Rate	Persons arrested for driving under the influence (DUI) of alcohol per 1,000 population.	Healthy Communities Institute	2012	2.5	3.6
Traffic Injury Mortality	Number of road traffic fatal injury deaths per 100 000 population (age-standardized).	Civil registration and vital statistics systems with full coverage	2015	0.0	12.4
Alcohol-Impaired Driving Deaths	Percentage of motor vehicle crash deaths with alcohol involvement.	County Health Rankings	2011-2015	31%	24%

Table 3.1: Unitentional Injury Indicators

Indicator	Description*	Source	Measurement Period	Tippecanoe County	Indiana	HP2020 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	41.0	51.4	36.4
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	17.7	22.1	11.1
Injury ED Visits	This measure represents the number of injury-related emergency department encounters among Indiana residents per 100,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	797.0	874.2	7,533.4
Injury Hospitalization	This measure represents the number of injury-related hospital admissions among Indiana residents per 100,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	66.7	71.0	555.8
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	0.0	7.6	5.5

BEHAVIORAL HEALTH

Quality of Life Indicators

Mentally Unhealthy Days
According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Tippecanoe County's value of 4.1 was the average number of days an adult living in the county reported that their mental health was not good (2016).

Table 3.2: Tippecanoe County Mental Health Profile

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

Physically Unhealthy Days
Physically unhealthy days are determined by the average number of days reported over the course of one month. In Tippecanoe County, the average was 4.2 days per every 30 days.

Disconnected Youth
The amount of disconnected youth is measured by the percentage of teens and young adults (ages 16-24) who are neither working nor in school. The average in the state of Indiana was 14%. Tippecanoe County was lower than the state average at 5%.

Substance Abuse/Recovery
Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. The numerator is the sum of binge and/or heavy drinking while the denominator is the total county population. In Tippecanoe County, 17% of surveyed adults reported excessive drinking in the past 30 days.

Suicide
This measure is determined by averaging the percent change of the age-adjusted death rate per 100,000 people each year. The average amount of suicide deaths per 100,000 in Tippecanoe County was 10.7. For the entire state of Indiana, the average was 15.4.

Infectious Disease Rates

Hepatitis C Virus Infections

The Hepatitis C Virus (HCV) is a blood-borne virus primarily transmitted by an HCV-infected person. HCV occurs in the first several months after infection and results in illness from very mild or no symptoms to a serious acute HCV infection requiring hospitalization. Many people living with HCV do not have symptoms and do not know they are infected. Chronic HCV infection results when a person is not able to clear the virus after an acute infection. From 2011-2015, the rate of acute infection in Indiana increased from 1.3 to 2.1 cases per 100,000. In Tippecanoe county we see that the incidence rate is 2.0 but is unstable due to the low number of cases present. For Chronic infections we see that there are 44.6 per 100,000 residents.

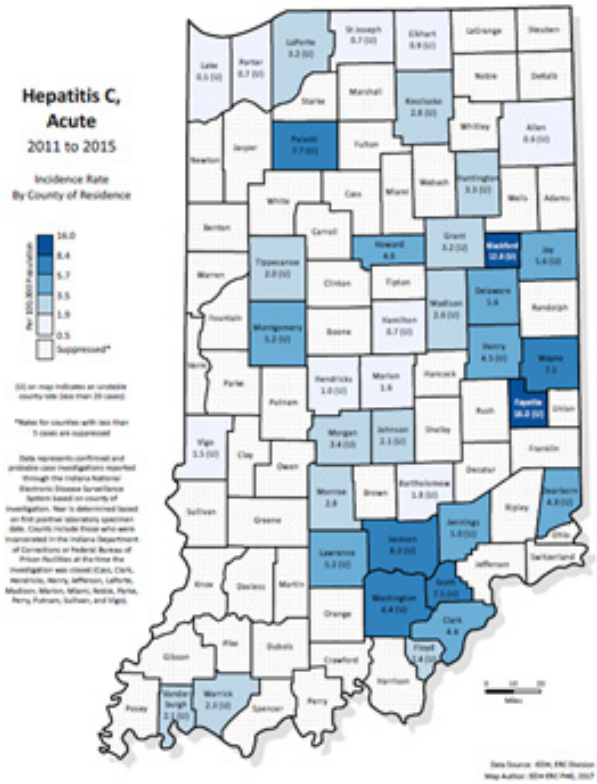


Figure 3.0: Tippecanoe County Acute Hepatitis C Rates

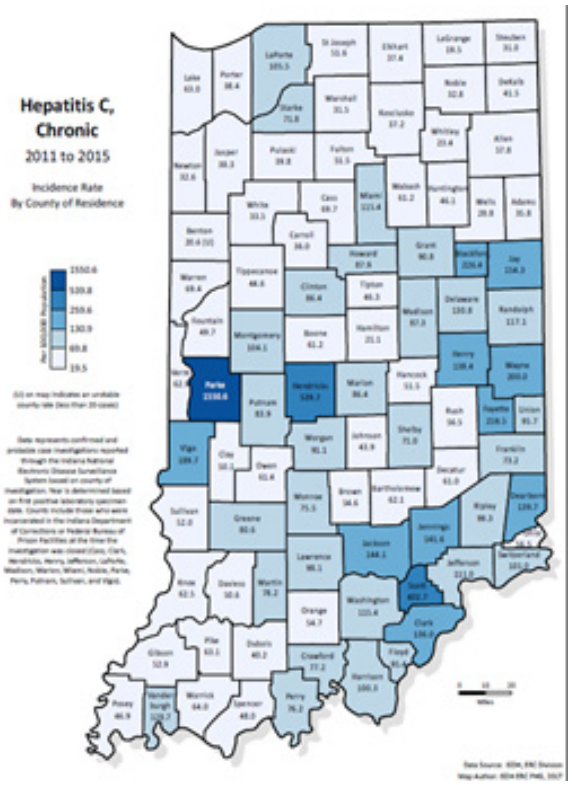
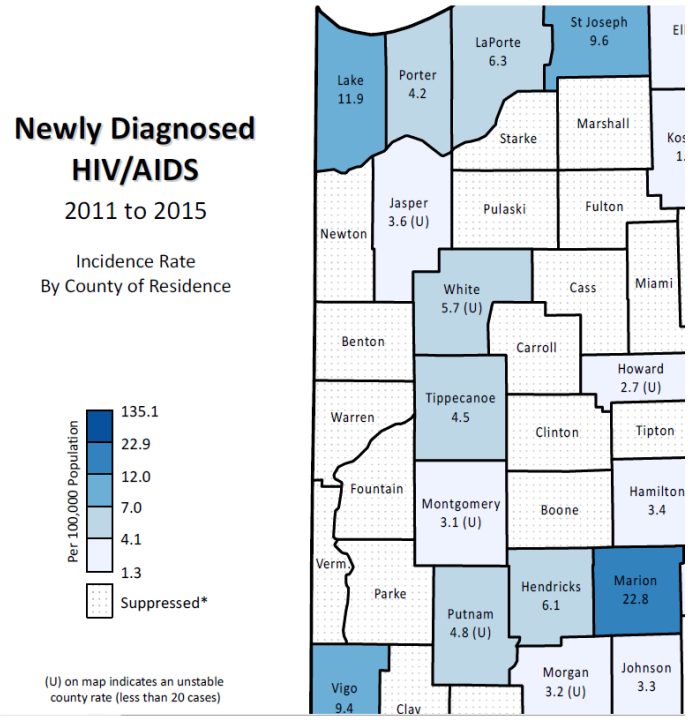


Figure 3.1: Tippecanoe County Chronic Hepatitis C Rates

Newly Diagnosed HIV/AIDS

The Human Immunodeficiency Virus (HIV) is transmitted by an HIV-infected person having unprotected sex or by sharing needles, syringes, and other injection equipment. Sharing these objects put individuals at high risk for transmitting HIV because the drug materials may have blood in them, which can carry HIV. Use of drugs can reduce inhibitions and increase sexual risk behaviors, which may result in other STDs. Currently there is no cure for HIV, but treatment with antiviral therapy greatly extends the life expectancy of people living with HIV. From 2011 to 2015, the rate of newly diagnosed HIV/AIDS infection in Indiana increased slightly from 8.0(n=518) to 9.4 (n=621) cases per 100,000 population. The new diagnosed HIV and AIDs by County was 4.5 in Tippecanoe County which is lower than the average in Indiana.

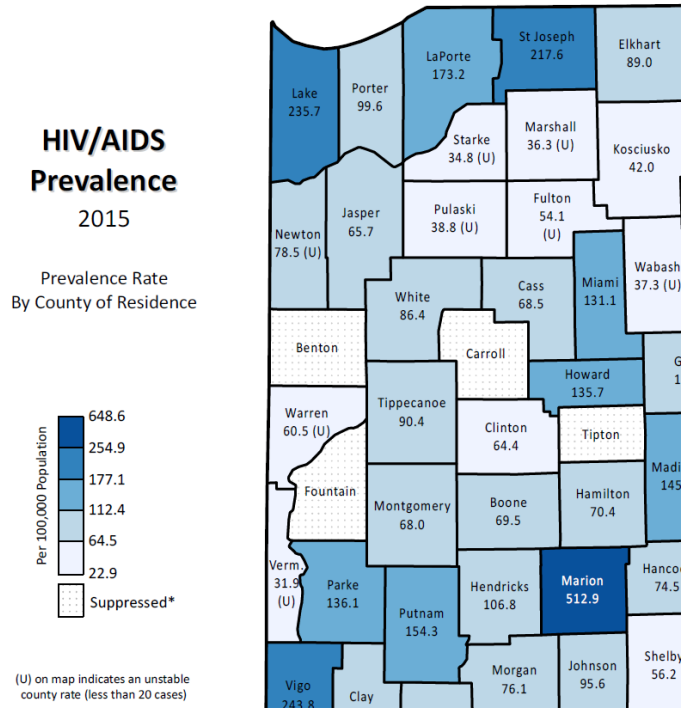
Figure 3.2: Tippecanoe County Newly Diagnosed HIV/AIDS Cases



HIV/AIDS Prevalence

The Human Immunodeficiency Virus (HIV) prevalence is dealing with the number of existing cases of HIV at a specified time. From 2011 to 2015, the number of Indiana residents living with HIV/AIDS increased from 10,225 to 11,698 cases. In Tippecanoe County the number of prevalent cases is estimated to be 173.

Figure 3.3: Tippecanoe County HIV/AIDS Prevalence



Chlamydia
Chlamydia is a common sexually transmitted disease (STD) that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. The infection is caused by bacteria that are effectively treated with antibiotics. From 2011 to 2015, the rate of Chlamydia infection in Indiana remained relatively stable, 426.6 (n=27,802) and 436.4 (n=28,886) cases per 100,000 population, respectively. In Tippecanoe County the number of new cases of Chlamydia form 2011-2015 was 492.6 per 100,000 residents.

Gonorrhea
Gonorrhea is an STD that is transmitted to both men and women through unprotected anal, vaginal, or oral sex. The infection is caused by bacteria that are effectively treated with antibiotics. From 2011 to 2015, the rate of Gonorrhea infection in Indiana increased slightly from 100.8 (n=6,569) to 118.5 (n=9,545) cases per 100,000 population. The number of new cases of Gonorrhea in Tippecanoe County was 95 per 100,000 population.

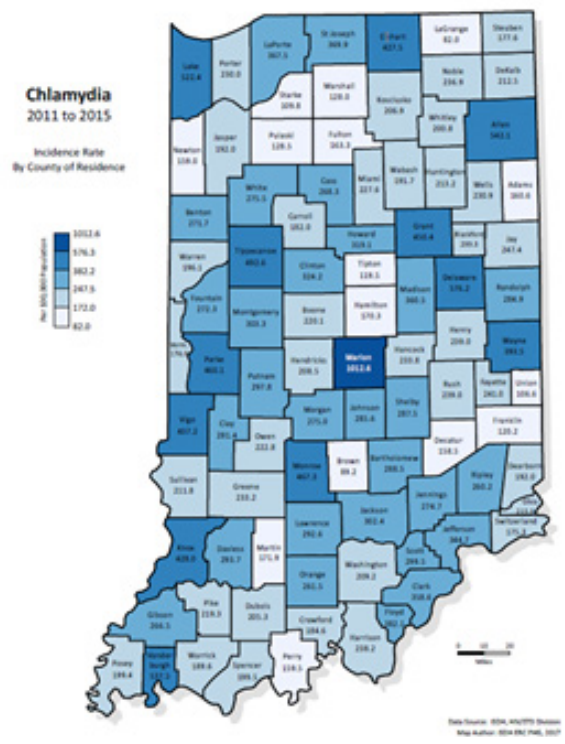


Figure 3.4: Tippecanoe County Chlamydia Cases

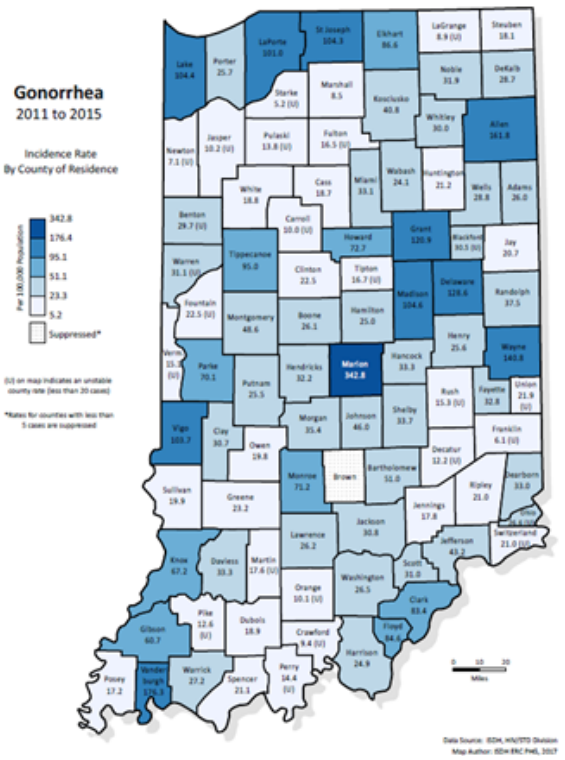


Figure 3.5: Tippecanoe County Gonorrhea Cases

MATERNAL, INFANT AND CHILD HEALTH

Since 2011, the number of live births in Tippecanoe County has stayed relatively stable at around 2,300 a year. The number of babies born with low birth weight in Tippecanoe County has also remained stable with around 160 low births per year. The number of babies born before 37 weeks gestation in Tippecanoe County has relatively stable with the average of the 8.5%. Infant death rates had increased from 4.5 in 2011 to 9.6 in 2015.

From 2011 to 2015, there had been fluctuation in the number of neonatal deaths ranging from seven to 17 over this time period. This same trend was seen in the number of infant deaths from 2011 to 2015 with a range of 10 to 23. The infant mortality rate has been consistently over the state rates.

Table 3.3: Tippecanoe County Birth Outcomes Indicators

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# of Live Births	2,211	2,316	2,221	2,340	2,388	11,476
# Low Birth Weight	162	161	156	179	159	817
% Low Birth Weight	7.3%	7.0%	7.0%	7.6%	6.7%	7.1%
State Percent	***8.1%***	***7.9%***	***7.9%***	***8.0%***	***8.0%***	***8.0%***
# Preterm Births	177	191	181	217	204	970
% Preterm Births	8.0%	8.2%	8.1%	9.3%	8.5%	8.5%
State Percent	***10.0%***	***9.6%***	***9.6%***	***9.7%***	***9.6%***	***9.7%***
# Infant Deaths	10	19	15	21	23	88
Infant mortality Rate per 1,000 live births	4.5	8.2	6.8	9.0	9.6	7.7
State IMR	***7.7***	***6.7***	***7.1***	***7.1***	***7.3***	***7.2***
# Neonatal Deaths	7	17	8	13	12	57
# Post-Neonatal Deaths	3	2	7	8	11	31
# Smoked	308	363	321	313	273	1,578
%Smoked during Pregnancy	13.9%	15.7%	14.5%	13.4%	11.4%	13.8%

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

Young Child

In Tippecanoe County In 2015 there were three fatalities due to neglect or abuse in Tippecanoe County. One death was due to abuse and two were due to neglect. We also see over the past few years the number of children in need of service has been over 200 children.

Table 3.4: Tippecanoe County Young Child Indicators

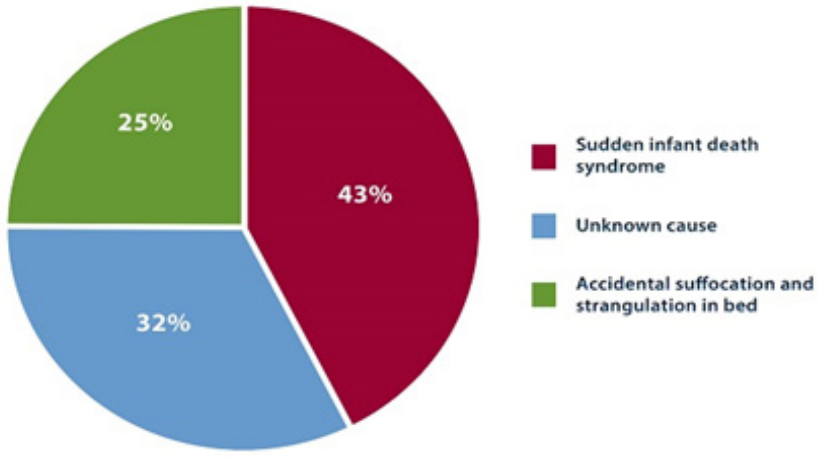
Location	Measure	2011	2012	2013	2014	2015
Tippecanoe	Number of children in Need of Services	282	178	209	305	294

Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

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

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

Figure 3.6: Commonly Reported SUIDs in Indiana



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

CHRONIC DISEASES

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

RESPIRATORY DISEASES

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

Table 3.5: Tippecanoe County Asthma Indicators

Indicator	Number of Indicator
Pediatric Asthma Count	3,216
Adult Asthma Count	15,037
Adults who smoke	17.3%

Table 3.6: Tippecanoe County Other Respiratory Indicators

Indicator	Description	Source	Measurement Period	Tippecanoe County	Indiana
Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000.	ISDH, Epidemiology Resource Center	2014	71.6	49.1
Child Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	104.2	66.4
Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2014	18.9	10.5
Child Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	8.3	8.5
Age-Adjusted Population Rate due to COPD	Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	39.5	31.8
COPD Medicare Population	The percentage of Medicare beneficiaries who were treated for chronic obstructive pulmonary disease (COPD).	Centers for Medicare & Medicaid Services	2015	13.8%	15.5%
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	55.4	48.8

CANCER

General cancer rates are lower in Tippecanoe County than the Indiana state average at 440.2 and 470.9 per 100,000 residents respectively. The cancer incidence rates in Tippecanoe County are all lower than the state averages. In terms of mortality, breast and prostate cancers are both above the state averages.

Table 3.7: Cancer Indicators

Cancer Incidence Description	Tippecanoe County	Indiana
Cancer In General Incidence	440.2 per 100,000	470.9 per 100,000
Lung Cancer Incidents	56.5 per 100,000	74.3 per 100,000
Colorectal Cancer Incidence	43.0 per 100,000	44.0 per 100,000
Female Breast Cancer Incidence	118.5 per 100,000	120.0 per 100,000
Prostate Cancer Incidence	81.8 per 100,000	102.1 per 100,000
Cancer Mortality in General	166.1 per 100,000	176.1 per 100,000
Lung Cancer Mortality	43.9 per 100,000	50 per 100,000
Colorectal Cancer Mortality	13.9 per 100,000	15.5 per 100,000
Female Breast Cancer Mortality	19.6 per 100,000	11.3 per 100,000
Prostate Cancer Mortality	16.6 per 100,000	4.8 per 100,000

CARDIOVASCULAR DISEASE

Cardiovascular disease continues to be a problem in Tippecanoe County as stroke; heart disease and other cardiovascular diseases lead to emergency department visits and hospitalization. Table 3.8 shows cardiovascular disease rates in Tippecanoe County. The number of hospitalizations and deaths are shown in the table as well as the given measurement period.

Table 3.8: Cardiovascular Indicators

Indicator	Description	Source	Measurement Period	Tippecanoe County
Stroke hospitalizations	This measure represents the number of stroke hospital admissions per 10,000 population	ISDH, Epidemiology Resource Center	2011-2014	18.1
Stroke Deaths	This measure represents the number of stroke deaths per 100,000 population	ISDH, Epidemiology Resource Center	2011-2015	36.4
Heart Disease Hospitalization	This measure represents the number of heart disease related hospital admissions per 10,000 population	ISDH, Epidemiology Resource Center	2011-2014	67.7
Heart Disease Deaths	This measure represents the number of heart disease deaths per 100,000 population.	ISDH, Epidemiology Resource Center	2011-2015	177.6
Acute Myocardial Infarctions Hospitalization	This measure represents the number of acute myocardial infarctions related hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2013-2015	10.7
Acute Myocardial Infarctions Deaths	This measure represents the number of acute myocardial infarctions related deaths per 100,000	CDC	2014-2016	74.3
Heart Failure Hospitalization	This measure represents the number of heart failure hospital admissions per 1000 Medicare beneficiaries 65 and older.	CDC	2013-2015	34.9
Heart Failure Deaths	This measure represents the number of heart failure deaths per 100,000 population.	CDC	2013-2015	178.8

DIABETES

Obesity

Obesity in Tippecanoe is higher than that of the states average at 29.4% and 10.2% respectively. We also see that diabetes in those 20 and older is lower in Tippecanoe County than that of the state average. Trends like these being above the states average can be changed with healthier lifestyle choices and improved physical activity.

Table 3.9: Diabetes Indicators

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Tippecanoe County	Indiana
Diabetes Prevalence	Percentage of adults aged 18 and older with medically diagnosed diabetes.	CDC Diabetes Data and Statistics	2011-2013	7.6%	10.2%
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and older who have ever been diagnosed with diabetes.	CDC	2013	6.9%	11.1%
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including both type 1 and 2.	Indiana Hospital Association	2014-2016	24.3	20.3
Age-Adjusted Death Rate due to Diabetes	Age-adjusted death rate per 100,000 population due to diabetes.	ISDH	2015	33.6	26.8
Age-Adjusted Hospitalization Rate due to Short-Term Complications* of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	1.4	9.0
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	11.0	9.5
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	Average annual age-adjusted hospitalization rate due to uncontrolled diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	1	1.5
Diabetes Medicare Population	Percentage of Medicare beneficiaries who were treated for diabetes.	Centers for Medicare & Medicaid Services	2015	30.9%	27.5%
Diabetic Monitoring Population	Percentage of diabetic Medicare patients ages 65-75 who had a blood sugar test* in the past year.	The Dartmouth Atlas of Healthcare	2014	81.6%	84.7%

TOP HEALTH NEEDS

Franciscan HEALTH

SECTION 4

community HEALTH NEEDS ASSESSMENT

As in every data collection and analysis processes, there are limits to the data collected. The survey was only available to a randomized sample. If a resident of the county did not receive the survey, they would not have an opportunity to offer input. Focus groups were primarily attended by professionals in the community speaking on behalf of their observations or clientele. Therefore, focus group data may be skewed towards secondary hearsay or from a population health management perspective. Public health data and infrastructure is severely lacking in Indiana, as the state consistently ranks in the bottom two to three states for public health funding, service, and support. Much of the data used is from state and national collections that are only implemented every few years. Data may not reflect the current status of health. Also, as a home rule state, county data isn't always available or reliable. Zip code data rarely is available, except in national databases, such as the US Census Bureau. It is the team's hope that by using the available secondary data with the collected primary data, a relatively accurate picture of community health is presented. In the survey conducted for this report, the following information was reported. The convenience sample data reported include responses from targeted vulnerable populations within the community. Please consult the appendix for the full survey report.

IMPORTANCE OF COMMUNITY-BASED HEALTH AND SOCIAL SERVICE PROGRAMS

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

Table 4.0: Participants Ratings of the Importance of Community Resources

Community Programs	Moderately/Very Important %	Moderately Important %	Very Important %
Mental Health Counseling (n = 289)	91.3	29	62.3
Physical Activity (n = 289)	90.1	43.8	46.3
Substance Abuse Prevention & Treatment (n = 287)	91.4	29.6	61.8
Aging Services (n = 290)	89.8	42.9	46.9
Walking Trails/Outdoor Space (n = 290)	87.3	30.1	57.2
Food Pantries (n = 291)	86.3	38.2	48.1
Job Training/Employment Assistance (n = 290)	77.1	44.6	32.5
Free/Emergency Childcare (n = 290)	74.0	31.1	42.9
Health Insurance Assistance (n = 290)	79.1	44.7	34.4
Nutrition Education (n = 285)	74.9	52.6	22.3
Services for Women, Infants, Children (n = 290)	83.3	39.7	43.6
Gun Safety Education (n = 291)	74.2	34.4	39.8
Family Planning (n= 290)	73.7	39.6	34.1
Financial Assistance (n = 289)	73.3	48.3	25.0
Transportation Assistance (n = 287)	64.6	42.4	22.2
Food Stamps/SNAP (n = 290)	73.0	38.6	34.4
Legal Assistance (n = 290)	66.4	46.3	20.1
Housing Assistance (n = 289)	72.5	47.3	25.2
Prescription Assistance (n = 289)	55.0	39.2	15.8
Needle Exchange (n = 283)	65.5	31.8	33.7

*Participants in the convenience sample similarly rated 100% of the community programs to be among those that they perceived as being important to their community. However, the level of endorsement among those in the convenience sample was stronger than those in the random sample on each program; for every program, over 40% of participants in the convenience sample rated it as "very important" to their community. Some programs were rated as "very important" by those in the convenience sample at very high levels, including: free/emergency childcare (59.0%), food pantries (65.1%), food stamps or SNAP (58.7%), services for women, infants, and children (57.9%), insurance assistance (55.7%), housing assistance (58.5%), mental health counseling (64.2%), and substance abuse prevention and treatment (63.1%).

COMMUNITY PERCEPTIONS OF PRIORITY HEALTH NEEDS

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

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

Table 4.1: Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention (n = 292)

Health Issue	% Selecting Issues As One of Top 5 Needing Attention
Substance use or abuse	67.4
Obesity	56.4
Mental health	55.0
Chronic diseases like diabetes, cancer, and heart disease	40.4
Poverty	34.4
Alcohol use or abuse	26.2
Child neglect and abuse	25.1
Food access, affordability, and safety	24.8
Aging and older adult needs	24.3
Tobacco use	21.0
Assault, violent crime, and domestic violence	20.1
Homelessness	18.8
Disability needs	14.3
Sexual violence, assault, rape, or human trafficking	11.9
Environmental issues	10.9
Injuries and accidents	10.1
Suicide	8.9
Reproductive health and family planning	8.0
Infectious diseases like HIV, STDs, and hepatitis	7.7
Dental care	7.0
Infant mortality	0.5

COMMUNITY PERCEPTIONS OF HEALTH ISSUES NEEDING PRIORITY RESOURCE ALLOCATION

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

Table 4.2: Ranking of Health Issues Selected by Participants as Being Among the Top 3 to Which They Would Allocate Resources (n = 292)

Health Issue	% Selecting as a Top Priority for Resource Allocation
Mental health	46.9
Substance use or abuse	37.1
Child neglect and abuse	27.4
Food access, affordability, and safety	26.7
Poverty	19.5
Chronic diseases like diabetes, cancer, and heart disease	18.4
Obesity	17.7
Homelessness	14.9
Aging and older adult needs	14.6
Sexual violence, assault, rape, or human trafficking	12.0
Assault, violent crime, and domestic violence	10.6
Reproductive health and family planning	8.4
Disability needs	8.3
Tobacco use	7.6
Suicide	7.5
Alcohol use or abuse	7.4
Environmental issues	7.0
Injuries and accidents	2.4
Dental care	2.2
Infectious diseases like HIV, STDs, and hepatitis	2.0
Infant mortality	0.5

* Those in the convenience sample selected many of the same priority needs as did those in the random sample, both as a priority need and a priority for resource allocation. Important patterns to note however included that participants in the convenience sample ranked substance abuse, alcohol use, mental health, poverty and suicide in much higher proportions than did those in the random sample. Additionally, those in the convenience sample ranked assault and violence as being among their top 10 issues.

FOCUS GROUPS

Lafayette Internal Feedback Meeting
October 1, 2018

An internal feedback meeting was held on October 1, from 10:00 to 11:30 am in an administrative conference room located at the hospital. Approximately 20 employees attended, representing a large number of departments. Half of the audience were familiar with ACEs and resiliency. After a review of an introductory video and discussion, the group agreed it was an important issue to address.

The group concurred that the Lafayette community was uniquely poised to work on these issues due to recent collaborations on substance abuse and other behavioral health issues, in addition to having the resources of a major university and large employers. The group identified that Franciscan Health was in a unique position to lead ACE related initiatives and several expressed hope that marketing and other messaging would follow this as well.

The homeless population was of greatest concern by the group, followed by families in poverty. There is also concern about limited transportation to engage in community services. Better infrastructure to deliver programs in the community is needed.

Lafayette Professional Feedback Meeting
October 1, 2018

A professional feedback meeting was held on October 1, 2018 at the Franciscan Health Lafayette Central campus to discuss the community's perspective on community health needs and potential implementation programs. A variety of organizations were represented, including foundations, other health systems, non-profit service organizations, and schools. A total of 23 people participated in the two hour session.

The group identified many strengths of the Lafayette community, including the health department, Purdue University, a variety of large employers, a long established health coalition, and many social service agencies. Partnership and collaboration are not difficult and there is a collegial spirit in the community. However, infrastructure for communication, consistent leadership, and documenting available resources are lacking.

The participants indicated that those in poverty or near the poverty line, the increasing homeless population, middle school youth, and minority populations are the most vulnerable. Participants noted that drugs and alcohol abuse, transportation, food insecurity, and lack of stability in families require more services and interventions than are currently available in the community. There is also a disparity between those living in the city centers and in the rest of the county, which is somewhat rural. Because of the University and abundance of high tech jobs, there are many residents that feel left behind and struggle to afford child care, housing, and other basic needs.

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

Table 4.3: Tippecanoe County ACE Concerns

Lafayette	ACE Concerns					
	Abuse & Neglect	**Domestic Violence**	**Behavioral Health**	**Substance Abuse**	**Incarceration**	**Parent Stability**
	Foster parenting - licensing support case work	YWCA - Domestic Violence Intervention and Preventative Program (DVIPP)	WVA - Ind, Couples Gap Therapy, Addiction recover treatment, CM for C & A & adults, specialized services for SPMI adults, DCS services for families	Dependency Tx Program (Vivitrol), Riggs	Healthy Communities - Covering Kids & families	Bawer Community Partners
	YWCA - DVIPP	Nurse- family partnership - low income, 1st time moms	WVA- PATH- Homeless service, CATCM - for families, IOP - Addictions	Healthy Communities - Roadmap to Recovery, resource guide, Covering Kids & Families , Guiding Good Choices		YWCA - DVIPP & shelter
	Healthy Communities - Victims of Crime - family advocate	Healthy Communities - Victims of Crime - Family advocate	YWCA - DVIPP	Opioid Crisis - Hidden Victims - Issue Brief/IYI		Nurse-family partnership
	Nurse- family partnership - low income, 1st time moms		Healthy communities - Roadmap to Recovery, resource guide, Covering Kids and Facilities, Stepping on Stigma	Bower - Tele Lib., Living in Balance - substance Abuse Treatment		
	Bower - family education services - community partners		Meridian Health Services - Addiction Recovery Center (ARC)- opens later this month			
	BSA: YPT - Youth protection training		MHA Navigator program for mental health care coordination			
			Franciscan Crisis Stabilization Unit			
			River Bend Hospital - Inpatient Mental Health Care			
			FFFB - Recognizing mental illness classes			
			FH - Crisis stabilization Unit			

Table 4.4: Tippecanoe County Organizations Working on Adult Protective Factors

Lafayette	Adult Protective Factors			
	Parental Resiliency	Child Development Education	Social Connections	Social Competence
	Purdue Ext - HHS	Area IV - Parkplace Learning Center	FH - Participation on many community health events - Convoy of Hope, Senior Expo.	NCHA Desivient Youth RFP
	Bawer Community Partners - All in this area - PF	Area IV - Woodlawn Preschool	FH - Follow up support with phone calls for BF moms	
	Nurse - Family partnership	FH - Be a Better Babysitter - education for 10-14 yr old.	Foster -Case Worker services - The Villages	
	LTHC - Families Program	Purdue Ext HHS	FH - Community screenings (i.e. PAN, Cholesterol)	
	Healthy Communities - Guiding Good Choices, Families talking together, supporting school success	Bawer Early Head Start & Head Start	FH - Breast feeding support groups for mom & support givers	
	FH - Car seat safety education	FH - Sibling Class for children	WIC - breast feeing drop-in clinic	
	YWCA - DVIPP & Women's cancer program	Healthy Communities - car passenger safety, child injury & prevention, Covering Kids & Families, Supporting school success	YWCA - Youth camp	
		Foster Parent - Licensing & training - The Villages	Area IV - Senior games, Wacky Wednesday	
		FH - Childbirth Education	Area IV - Bus trips, Senior Expo	
			BSA - volunteering	
			Indiana Youth Institute	
			FH - Partnerships with Matrix	

Table 4.5: Tippecanoe County Organizations Working on Child Protective Factors

Lafayette	Child Protective Factors			
	Positive Relationships	**Supportive School Environments**	**Peer Activities and Support**	**Individual Values and Life Skills**
Target Group	The Villages - wraparound services		WIC - Peer Counselors - BF class, Drop in clinic	WVA - Case Mgmt./skills training
Babies & Toddlers	Area IV - Learning Center - Woodlawn		YWCA - DVIPP	
	Healthy Communities - supporting school success			
	Bawer - Early head start Head start			
Elementary	The Villages - Wraparound services	Healthy Communities - Supporting school success (Elementary)	YWCA - DVIPP	Purdue Ext. - 4H, FNP
	Indiana After schools Network (IAN) - Tippecanoe Coalition	Purdue Ext. - FNP (Catch)	Purdue Ext - 4H, FNP, HHS	BSA- Cub scouts, boy scouts, venturing, exploring
	Healthy Communities - Supporting school success	NCHS Resilient Youth (RFP)	BSA- Cub scouts, boy scouts, venturing, exploring	WVA - Case Mgmt./skills training
	BSA- Cub scouts, boy scouts, venturing, exploring	Bawer After school @ Sunny Side		
		WVA - school based case management		
Middle	Bawer School court	NCHS Resilient Youth (RFP)	Purdue Ext - 4H, FNP, HHS	4H
	Healthy Communities - Guiding good Choices - Families Talking together	Bawer School Court	YWCA - DVIPP	WVA - Case Mgmt./skills training
	Purdue Ext. - HHS - Strengthening Families	Bawer After school @ Sunny Side		
		WVA - school based case management		
High School	Purdue Ext. - FNP	Purdue Ext. - 4H (IN work)	YWCA - DVIPP	4H
	BSA- Cub scouts, boy scouts, venturing, exploring	NCHS Resilient Youth (RFP)	Purdue Ext - 4H, FNP, HHS	WVA - Case Mgmt./skills training
		Bawer After school @ Sunny Side	BSA- Cub scouts, boy scouts, venturing, exploring	
		WVA - school based case management	WVA - Peer Gap Counseling	
College				

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

Lafayette	Social Determinants of Health							
	Food Access	**Housing & Utilities**	**Employment Assistance**	**Transportation**	**Healthcare Access**	**Insurance**	**Positive Behavior Education**	**Other**
	Riggs - Work with Food Finders to host summer feeding	Area IV - Org. Payee Program	WVA/ Valley Enterprises - serving adults with SPMI	YWCA - DVIPP	Riggs - Walk in, same day, sliding scale fee	Healthy Communities - Covering kids & families	Area IV - Safe at Home	YWCA - Legal advocacy
	FFFB - food pantry open 5 days a week, clients shop as often as they need	LTHC - Permanent supportive housing for singles & families	YWCA - DVIPP - case management	LTHC - Supportive services	Healthy Communities - coverage kids & families	Riggs - Insurance/Navigators onsite	Healthy Communities - Child inj free, Baby & me Tobacco Free	Area IV - Information & referral service
	FFFB - SNAP outreach & appreciation assistance	FFFB - Resource coordinators (RC's) available when pantry open to refer	Nurse family partnership - low income, 1st time moms	Area IV - Volunteer Transportation service	WIC - referrals	LTHC - Supportive services	NEP, 4H, HHS	4H, HHS
	FFFB - mobile pantry program services, food to rural communities	LTHC - Rapid Rehousing	LTHC - Employment spec.	Area IV - Hope Transit	nurse-family partnership - low income, 1st time moms	Area IV - SHIP	YWCA - Wise Woman, Women's cancer	
	Area IV - Healthy Active Tippecanoe	Area IV - EAP, Weatherization, section 8			FFFB - Navigators in food pantry		FFFB - Nutrition & cooking classes	
	LTHC - Supportive Services	HHS, 4H			YWCA - Wisewoman		WIC - Nutrition assessment, education & counseling	
	WIC - supplemental amt. of nutritious foods	YWCA- DVIPP			HHS		Youth Worker Café - IYI - mindfulness, building grit & growth mindset	
	NEP				LTHC - Supportive Services			
	YWCA - Domestic violence shelter							
	Area IV - Farmers							

Table 4.7: Tippecanoe County Organizations Working on ACEs Healing Strategies

Lafayette	Healing Trauma			
	Physical Activity	**Nutrition**	**Stress Reduction**	**Relationship Building**
Target Group	BSA - Cubscouts, boyscouts, Venturing	4H, HHS, NEP	Bower School Court	BSA- Cub scouts, boy scouts, venturing, exploring
Youth	Power of Play - Issue Brief - IYI	WIC - Nutrition education for adult women, infants, and children	YWCA - DVIPP - Art Therapy	Healthy Teen Relationships - Issue Brief - IYI
	YWCA - Y Dance, Summer Camps	Area IV - Community Gardens - youth & adult	HHS, 4H, NEP	4H - HHS, NEP
	YWCA - Youth volleyball		Area IV - Support Groups	YWCA - Summer Youth Camp
	Bower Youth Development			
	HHS, 4H, NEP			
Young Adult	HHS, 4H, NEP	4H, HHS, NEP	Area IV - Support Groups	BSA- Cub scouts, boy scouts, venturing, exploring
			HHS, NEP	Healthy Teen Relationships - Issue Brief - IYI
				NEP, 4H, HHS
Adult	YWCA - Adult Programs (Basketball, pickleball, etc.)	WIC - Nutrition education for adult women, infants, and children	Area IV - Support Groups	4H, HHS, NEP
	YWCA - SNAP	Area IV - Community Gardens - youth & adult	YWCA - DVIPP - Art Therapy	FH - HAT - Committee Participation
	HHS, 4H, NEP	NEP, HHS, 4H	FFFB - Stress mgmt classes	
	FH - Monthly community education on health topics for public		HHS, NEP	
Senior	FH - Monthly community education on health topics for public	NEP, 4H, HHS	Area IV - Support Groups	FH - HAT - Committee Participation
	HHS, 4H, NEP		HHS, NEP	HHS, NEP, 4H
	Area IV - Senior games, Wellness classes, walking groups, pickleball group, croquet group, balance classes			

2019-2021 Top Community Health Needs Scoring Sheet

Facility: **Scorer:**

	Health Issue							Potential Intervention						
Need	Size	Serious	Equity	Intervention	Time	**Score**	**Rank**	ACEs	Internal Capacity	Comm Accept	Sustain	Long Term	**Score**	**Rank**
PAN	27	31	29	33	26	146	10	28	31	33	34	32	158	5
food insecurity	32	37	38	34	29	170	6	31	29	35	30	30	155	6
youth mh	35	40	36	29	36	175	3	44	32	35	34	35	180	1
adult mh	35	38	34	29	37	173	5	44	31	34	35	30	174	3
IM	34	43	35	32	35	179	2	39	36	35	36	34	180	1
affordable HC	31	34	36	27	28	153	9	25	28	33	30	30	149	9
family poverty	36	38	41	35	35	185	1	40	26	32	28	28	154	8
substance abuse	34	38	34	30	38	174	4	40	33	39	32	30	174	3
tobacco	32	31	30	32	28	156	8	32	31	33	31	28	155	6
homelessness	31	39	37	31	32	170	6	39	22	33	27	25	146	10

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

Directions

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

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

Size: How many people are affected by this?

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

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

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

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

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

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

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

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

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

TOP HEALTH NEEDS, TIPPECANOE COUNTY 2019-2021

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

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

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

- Adverse Childhood Experiences (ACEs): How strong is the relationship between this need and ACEs and community resiliency?
- Internal Capacity:To what degree does the specific Franciscan Health hospital have the resources to meet this need?
- Community Acceptability: How acceptable is action or an intervention to the community? Are there community organizations that also want to engage in this?
- Sustainability: How sustainable are efforts after three years? Are there community partners or internal departments that can continue this work for six years?
- Long-Term Impact: How likely is it that an intervention can create long-term or permanent change in individuals, conditions, or communities?

Using a mix of Hanlon and PEARL techniques, the Franciscan Health community health team scored the secondary data, feedback meeting comments, and survey data to produce the following list of top health needs in the community. A copy of the scoring sheet and secondary data highlight sheet used to determine these priorities can be found on pages 4.10 and 4.11 and in the Appendix section. Please see Table 4.8 below for a summary of Tippecanoe County's top health needs.

Table 4.8: Health Needs Summary, Tippecanoe County

Identified Need	Health Need Rank	Intervention Rank	Franciscan Health Priority?	Explanation
Infant Mortality*	2	1	Yes	Infant Mortality rates have consistently been above the state averages. Franciscan Health will also focus on maternal mortality and morbidity.
Substance Abuse*	4	3	Yes	17% of individuals in Tippecanoe county reported excessive drinking in the past 30 days. Clinicians from the behavior health department are creating treatment programs.
Food Insecurity*	6	6	Indirect	16% of Tippecanoe county was considered food insecure in 2014.
Family Poverty	1	8	No	34.4% of survey respondents listed poverty as one of their top 5 health issues needing attention.
Youth Mental Health*	3	1	Yes	46.9% of survey respondents listed mental health as one of their top priority fir resource allocation.
Adult Mental Health*	5	3	Yes	46.9% of survey respondents listed mental health as a top priority for resource allocation.
Physical Activity and Nutrition	10	5	Yes	22% of adults age 20 or older in Tippecanoe County were physically inactive in 2017.
Tobacco	8	7	Indirect	Franciscan Health has a smoking cessation program available for patients and community members for a small fee.
Homelessness*	6	10	Indirect	Homelessness was a top need for almost 20% of survey respondents.
Affordable Health Care	8	9	Yes	The number of youth and families with insurance has dropped. Between 5-10% of youth served by the hospital do not have insurance.

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

COMMUNITY ASSETS

Franciscan HEALTH

SECTION 5

community HEALTH NEEDS ASSESSMENT

SECTION FIVE COMMUNITY ASSETS

While the health needs of this community are substantial, there are partners and assets that may offer services to address the needs in the community. This section outlines some of the organizations in the community. Readers should also review the services provided by Franciscan Health in Section 1 of this document. The appendix also lists community organizations that informed this report and provide services in the community.

SOCIAL SERVICES

Area IV Agency on Aging and Community Action Programs
660 North 36th St.
Lafayette, IN 47903

Bauer Family Centered Services
330 Fountain St
Lafayette, IN 47902

The Child Care Resource Network
817 Woodmere Dr.
Lafayette, IN 47905

Children's Bureau
2529 Schuyler Ave.
Lafayette, IN 47905

First Steps of Mid-North Indiana
620 Morland Dr
Lafayette, IN 47905

Hanna Community Center
1201 N 18th St
Lafayette, IN 47904

Lafayette Urban Ministry
420 N 4th St
Lafayette, IN 47901

Tippecanoe County Division of Family Resources
823 Park East Blvd.
Lafayette, IN 47905

HEALTH SERVICES

Aspire Indiana
601 N 4th St.
Lafayette, IN 47901

Matrix Lifecare Center—Multiple Locations
Lafayette and West Lafayette

Mental Health America of Tippecanoe County
914 South St.
Lafayette, IN 47901

NAMI-West Central Indiana
1508 Tippecanoe St.
Lafayette, IN 47904

Riggs Community Health Center—Multiple Locations
1716 Hartford St.
Lafayette, IN 47904
River Bend Hospital
2900 N River Rd.
West Lafayette, IN 47904

Sycamore Springs
833 Park East Blvd.
Lafayette, IN 47905

Wabash Valley Alliance Outpatient Services
610 Main St.
Lafayette, IN 47901

Willowstone Family Services
615 N 18th St
Lafayette, IN 47904

TRANSPORTATION

CityBus of Greater Lafayette
1250 Canal Rd.
Lafayette, IN 47902

LCP Transportation
(800) 508-7230

FOOD ASSISTANCE

Elmwood Church of Christ Food Pantry
2501 Elmwood Ave.
Lafayette, IN 47904

Food Finders Food Bank, Food resource, and Education Center
1204 Greenbrush St
Lafayette, IN 47905

J.P. Lisack Community Food Pantry
1204 Greenbrush St.
Lafayette, IN 47905

Meals on Wheels of Greater Lafayette
1915 Scott St.
Lafayette, IN 47904

Memorial Presbyterian Church
731 Walnut St.
Dayton, IN 47941

Seeds of Hope Food Pantry
Buttery Shelf Eatery
927 Main St.
Lafayette, IN 47901

St. James Lutheran Food Pantry
710 N 9th St.
Lafayette, IN 47901

WIC Office
1322 Tippecanoe St.
Lafayette, IN 47904

EDUCATION

Bauer Family Centered Services—Head Start, Multiple Sites
330 Fountain St
Lafayette, IN 47902

The Excel Center
615 N 18th St.
Lafayette, IN 47904

Greater Lafayette Area Special Services—Multiple Locations
At Hiatt, Durgan, and Linnwood Schools

Indiana Vocational Rehabilitation Services
615 N 18th St.
Lafayette, IN 47905

Lafayette Adult Resource Academy
1100 Elizabeth St.
Lafayette, IN 47904

Right Steps Child Development Centers-Multiple Locations
100 Saw Mill Rd.
Lafayette, IN 47902

Wabash Center, Inc.
2000 Greenbush St.
Lafayette, IN 47904

EDUCATION

Family Promise of Greater Lafayette, Inc.
2203 N 19th St
Lafayette, IN 47904

Home with Hope
1119 Ferry St
Lafayette, IN 47901

Homestead Consulting Services
671 N 36th St
Lafayette, IN 47905

Lafayette Housing Authority
100 Executive Drive
Lafayette, IN 47905

LTHC Homeless Services Program
615 N 18th St.
Lafayette, IN 47904

CALL TO ACTION

Franciscan HEALTH

SECTION 6

community HEALTH NEEDS ASSESSMENT

THE COMMUNITY HEALTH IMPROVEMENT PLAN

The purpose of the Community Health Improvement Plan (CHIP) is to link the data found in the CHNA to action. The federal regulation recommends that hospitals pay special attention to those in the community with significant health equity barriers, and consult those same groups for acceptable interventions. Partnerships, sustainable change, and working directly with neighborhoods are priorities. Guidance from a variety of sources also recommend addressing root cause of issues, including structural injustices and social determinants of health.

Adverse Childhood Experiences as a Root Cause

Mental health, substance abuse, adolescent suicide, and frequent chronic diseases in Franciscan Health communities continues to rise. Considering this data, and the desire to address root causes of community health issues, a singular focus was determined: the prevention, management, and healing of adverse childhood experiences (ACEs). Franciscan Health is committed to building community resiliency, advocating for family health, and improving health equity for youth.

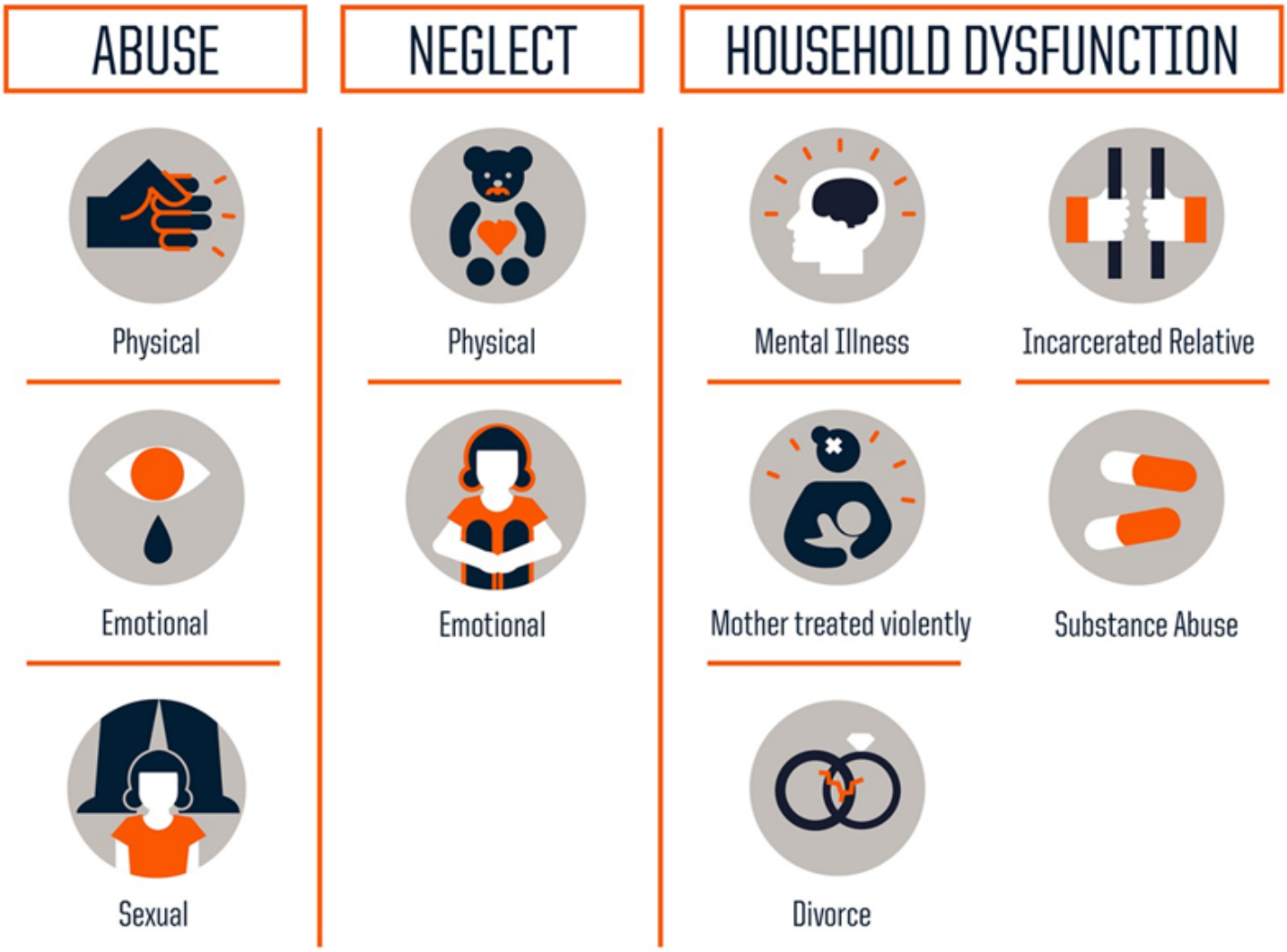
ACEs are childhood events that cause lasting trauma. Research shows that the more trauma that one experiences in childhood, the more likely it is for an individual to experience poor mental health and physical health outcomes, including depression and diabetes, as well as engage in risky health behaviors,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

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

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

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

ACES CHART


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

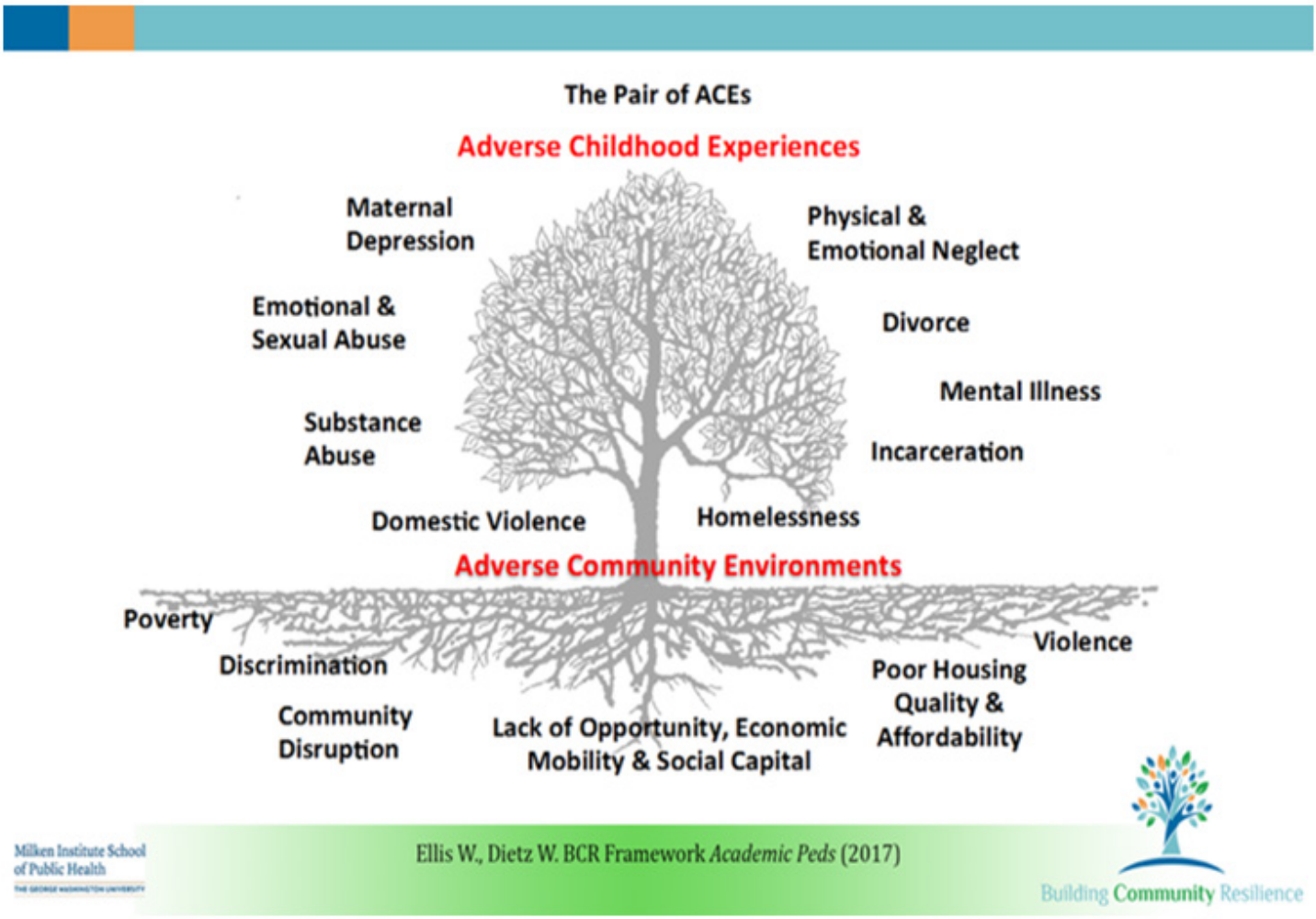
The chart below shows the difference in health behaviors:

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

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

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

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



FRANCISCAN HEALTH'S IMPLEMENTATION PLAN

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

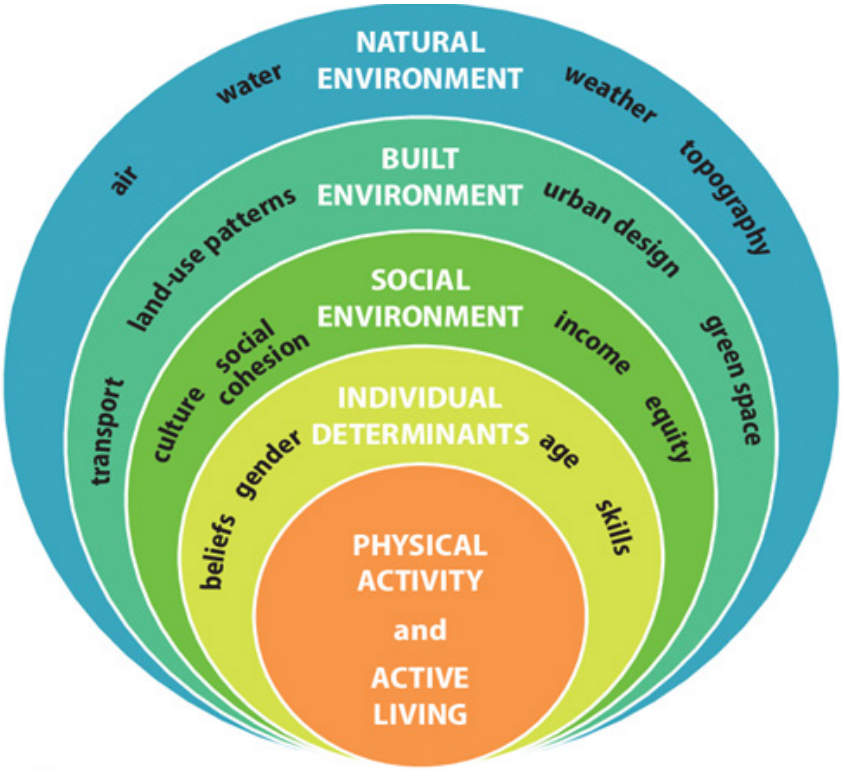
Franciscan Health is also working with various regional and statewide partners, who provide guidance, partnerships, and shared resources. These organizations include:

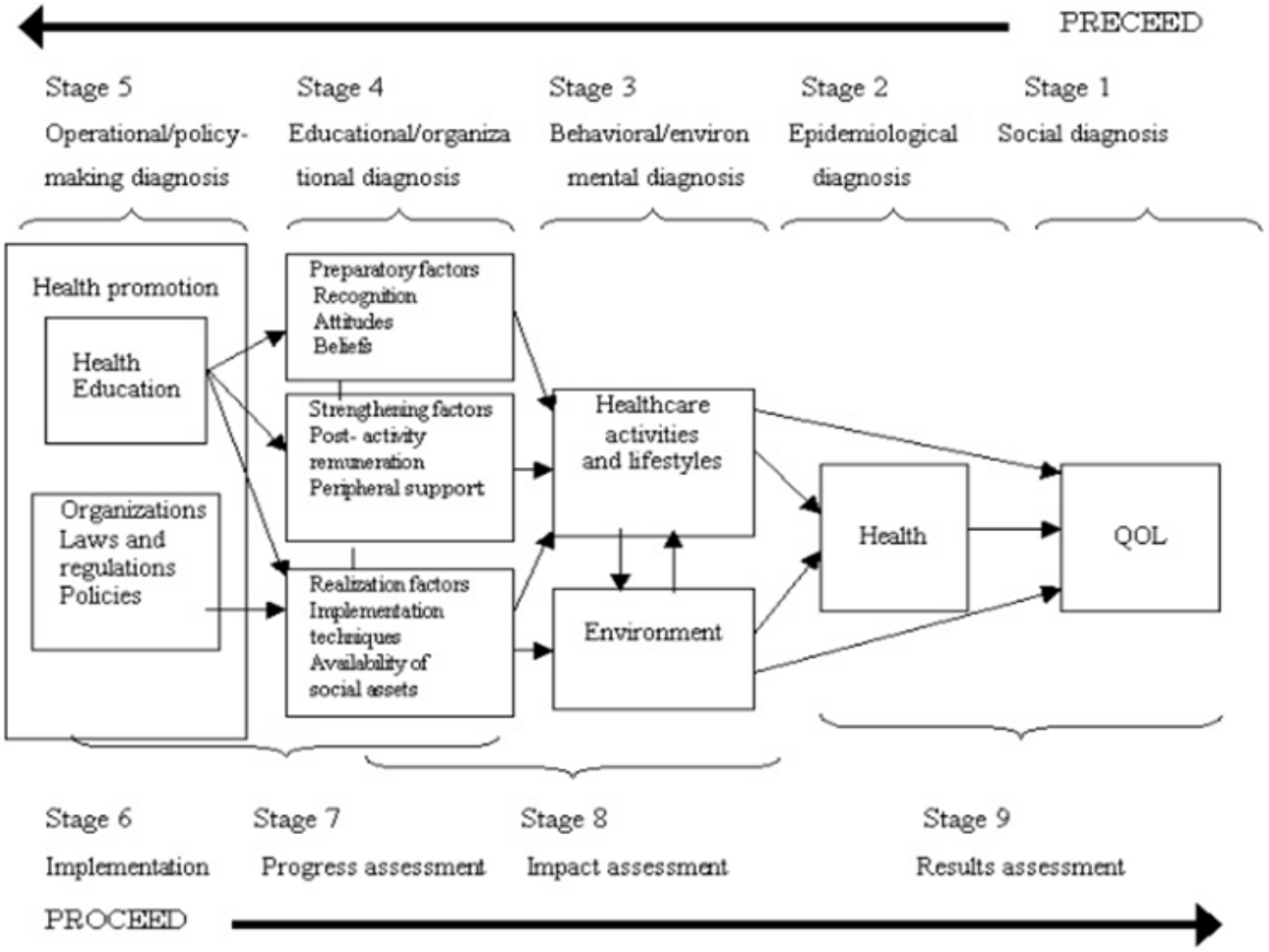
- Covering Kids and Families
- Fairbanks
- Girl Scouts of Central Indiana
- Goodwill Industries
- Indiana Department of Child Services
- Indiana University
- Indiana Youth Institute
- Indiana Youth Services Association
- Prevent Child Abuse Indiana
- Purdue University

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

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

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





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

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

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

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

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

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

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

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

Physical Activity	Nutrition	Mindfulness	Positive Relationships	Access to Health Care
Athletic Training **Walk with a Doc** **Stretch and Tone**	Breast Feeding Navigation Emergency Food Pantry	Memories to Hold Spiritual Care	Support Groups (variety of conditions)	Free screenings Immunization Clinics Smoking Cessation

Action 4: Lead By Doing

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

Franciscan Health Lafayette is committing to a community-wide effort to link behavioral health crisis services with area hospitals and providers. This service will provide stabilization and quick placement into the right type of care, regardless of provider affiliation. (See logic model on the following page.)

Action 5: Provide Services for the Most Vulnerable

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

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

Franciscan Health Lafayette will continue to emphasize the importance of breastfeeding, as women in the county report fairly low rates of this. In addition, services such as tobacco cessation will be offered. (See the logic model on the following page.)

Franciscan Health Lafayette (EmPATH) Logic Model

Goal: specific, measurable, achievable, relevant and time-bound

Stabilize mental health of vulnerable community members of Tippecanoe County more quickly and get them placed in a proper setting more quickly (home, home with outpatient services or inpatient) by 2021

Inputs → **Outputs** (*Participation*, *Activities*) → **Outcomes – Impact** (*Learning*, *Action*, *Condition*)

What we invest	Who we reach	What we do	Year 1 Learning	Year 1 Action	Year 1 Condition
<u>Budgeting</u> Franciscan Health Lafayette <u>Site</u> Franciscan Health Lafayette East <u>Research</u> - Crisis Stabilization Unit will function similar to the Psychiatric Emergency Services unit in Alemeda County, California. -Dr. Scott Zellar, Response to Moulin and Jones: "The Alameda Model: an effort worth emulating". -MHA Tippecanoe White Paper	<u>Organizations</u> -Alpine Clinic -FSSA-Division of Mental Health and Addiction -IU Health Arnett -Mental Health America -NAMI West Central IN - National Alliance on Mental Illness (NAMI) -Purdue School Nursing -Riggs Health Clinic -Riverbend Hospital -Sycamore Springs -Tippecanoe County -United Way Lafayette -Wabash Valley Alliance <u>Community members</u> -Bill Lindblom Public Defender's Office -John Dennis Mayor of West Lafayette -Patrick Harrington Prosecutor Tippecanoe County -Sally Siegrist, Tippecanoe County Council State Rep. Ind. District 26 -Sean Persin Judge Superior Court 5 Tippecanoe County -Sheila Klinker State Rep. Ind. District 27 Tippecanoe County <u>Internally</u> Sister Aline Shultz Cathy Newman Leah Abbott Jason Middleton	<u>Trainings</u> Psychiatrists Psychiatric Nurse Practitioners (PNPs) Psychiatric Nurses (PNs) Caseworkers **What we create** **Programmatic** <u>Plan</u> 1. This facility could receive and triage individuals in a mental health crisis and within 23 hrs. Help determine the best service provider to address the individual's needs. * 2. Unit will to the Psychiatric Emergency Services unit in Alemeda County, California. <u>Linkage to Care</u> -services on site in **Em**ergency **P**sychiatric **A**ssessment, **T**reatment and **H**ealing (EmPATH) -improved access to care -adults with mental illness add stress to children by any of the ACE Risk factors; Physical abuse, Sexual abuse Emotional abuse, Physical neglect, Emotional neglect, Intimate partner violence, Substance misuse within household, Household mental illness,	Which of the 5 principles does this address? Principle 1 & 2 in that access to mental health services is limited, particularly for various at-risk populations; therefore, the offering of new or expanded mental health services is needed to more effectively reach selected at-risk populations. Principle 4 in that the hospital is funding this. Quarterly meetings with MHA coalition	How is this principle being addressed? Immediate psychiatric treatment for up to 23 hours, then sent to input., output., home Quarterly meetings to update quality and safety By end of 2019, what has been accomplished? (1) they are treated in the least restrictive setting; (2) disruption to their lives is minimized, (3) psychiatric boarding in hospital EDs is eliminated, (4) Unnecessary psychiatric hospitalizations are prevented.	How has the built environment changed? Treating persons in mental health crisis in a psychiatric emergency services (EmPATH) unit enables over 75% of them to achieve sufficient stability to be discharged to their home or to a community-based program within 23 hours, so that: (1) they are treated in the least restrictive setting; (2) disruption to their lives is minimized, (3) psychiatric boarding in hospital EDs is eliminated, (4) unnecessary psychiatric hospitalizations are prevented. What policies are fully adopted? All policies that are needed for the EmPATH unity
			Year 2 Review and re-address as needed	**Year 2** Review and re-address as needed	**Year 2** Review and re-address as needed
			Year 3 Review and re-address as needed	**Year 3** Review and re-address as needed	**Year 3** Review and re-address as needed

Join Us

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

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

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

State and community leaders can:

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

Programs that serve families and children can:

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

Families can:

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

Community members can:

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

Be sure to check https://www.franciscanhealth.org/communityhealth for more ideas and resources.

To become involved in Franciscan Health's work, please contact your local coordinator:

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

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

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

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

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

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

Adverse Childhood Experiences



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

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

ADVERSE CHILDHOOD EXPERIENCES

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

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

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

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

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

ACEs and Prevention Efforts

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

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

ACEs Research and Behavioral Health

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

ACEs and Substance Use

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

ACEs and Behavioral Problems

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

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