COMMUNITY BENEFIT REPORT 2019

Healthy Bodies • Healthy Families • Healthy Minds • Healthy Spirit



BEACON COMMUNITY IMPACT

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Greetings,

Welcome to this 2019 Year-End Report of Beacon Health System's programming efforts in the community. Although communities across the nation and world are currently in the midst of a pandemic that is reshaping approaches to health delivery, Beacon Health System invites you to review and celebrate the work done by our Community Impact Department and valued partners throughout Elkhart, Marshall and St. Joseph Counties during 2019. As a community not-for-profit organization, Beacon remains committed to investing personnel and resources in meeting the health care needs of residents in our region, especially the underserved.

In 2019, the scope and scale of our health promotion work expanded to:

- 1. Serve more than 40,000 adults, infants, children and youth;
- 2. Address the opioid epidemic through a federally funded coalition in Marshall County and an innovative tri-county Emergency Response Team funded by the state of Indiana;
- 3. Build health priority partner networks that can achieve long-term collective impact with the support of Beacon's capacity-building workshops and technical assistance.

This Community Benefit (CHNA) Report is a collaborative profile of the work done by Community Hospital of Bremen, Elkhart General Hospital, and Memorial Hospital South Bend. The three hospitals share prioritized needs and strategies for community health improvement.

We are especially grateful for the active involvement of our Executive Leadership Team, Community Partners, and Advisory Board who made achieving this growth possible.

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Community Benefit Report 2019

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Introduction

For over 25 years, Beacon Community Impact has been committed to improving the health and wellbeing of families and individuals in our community. We take pride in the work we do and strive to deliver quality resources. To ensure we fulfill this commitment, this department uses several Intentional Steps and Guiding Principles.

1st Assess health needs to determine the priority focus in Elkhart, Marshall and St. Joseph Counties.

2nd Improve health needs by implementing program delivery, innovative services, community partnerships and organizational improvement that produce measurable and effective knowledge and behavior changes.

3rd Maintain a consistent revenue stream to support these improvements that includes securing grants and providing funding opportunities to community partners.

4th Share the annual results of these efforts with the community.

Guiding Principles

- We will have a bias toward action and a strong sense of urgency in Elkhart, St. Joseph and Marshall Counties.
- Systems we create will be data-driven, resilient, agile and adaptable evolving as learning increases and as the external environment changes.
- We will strive to incorporate innovation and continuous improvement to make optimal use of all resources to improve outcomes and intentionally achieve long-term impact.
- We will give preference to evidence-based programs and practices, while leaving room for promising new approaches that are locally driven.
- Where possible, we will implement holistic, multidisciplinary approaches with and for people and their families.

Mission

We deliver outstanding care, inspire health and connect with heart.

Communities Served

Beacon Health System's primary service areas include Elkhart County, St. Joseph County, and most recently, Marshall County. The corresponding hospitals include Elkhart General Hospital, Memorial Hospital of South Bend and the Community Hospital of Bremen. Service delivery for Marshall County began in 2018 and this is the first report that details those outcomes from all three communities. The following descriptions contain data from the 2019 U.S. Census Bureau estimates.

Elkhart County

Elkhart County, Indiana has three growing cities, four towns and 16 townships. Elkhart County is located in Northern Indiana and borders the state of Michigan. The county is approximately 463.91 square miles in size. As identified though data, Elkhart County encompasses a mix of cultural, ethnic and economic populations totaling 206,341 individuals. Elkhart County is considered the Recreational Vehicle (RV) Capital of the World. Today, the RV industry is a multi-billion-dollar industry with nearly 1,000 RV manufacturers. The median household income (2019) estimate is \$55,399. The percentage of people living in poverty is 11.5%. In the City of Elkhart specifically, the population estimate is 52,358 with a median household income of \$40,440 and 23.5% living in poverty.

Marshall County

Marshall County, Indiana was organized in 1836. According to the 2010 census, the county has a total area of 449.74 square miles consisting of one city (Plymouth, county seat) and five towns – which includes Bremen. Marshall County has become one of the leading agricultural counties in Indiana and therefore is considered rural Indiana. The total population estimate (2019) is 46,258 with a median household income of \$54,299, and 11.5% living in poverty. Plymouth's population is estimated at 9,982 with a median household income of \$34,838 and 23.2% living in poverty.

St. Joseph County

Established in 1830, St. Joseph County (SJC) Indiana has become the fourth largest county in the state of Indiana. The county spans 467 square miles, which includes a comfortable mix of rural cultural heritage and urban amenities. SJC is also the regional center for higher education, with more than eight colleges and universities and a population of 271,826 according to estimates (2019). Through the years, the environment of South Bend, the largest city in St. Joseph County, has changed from a focus on manufacturing (Studebaker, Bosch and Uniroyal) to health, education and customer services. SJC's estimated median household income is \$50,938 with 13.5% of the population living in poverty. This need is even more pronounced in South Bend, the county seat, where the estimated population is 102,026 with a median household income of \$38,943 and 23.8% living in poverty.

Community Impact Framework

From January to September 2018, Beacon Health System (BHS) contracted enFocus, a non-profit based in the South Bend – Elkhart region, to conduct a comprehensive Community Health Needs Assessment (CHNA). The CHNA goal was to provide Beacon Health System with a clear picture of current priority health needs in Elkhart, Marshall and St. Joseph County communities where BHS operates non-profit hospitals. A brief summary of their results appears below.

These results are directing BHS' Community Health efforts in collaboration with our clinical and community partners. We coordinate, align and focus the resources of Beacon Health System and leverage the resources of other public sector entities and other sectors – including businesses, higher education institutions, health care systems, philanthropies and not-for-profit organizations – to address these needs from January 2019 through December 2021.

To identify the collective top health needs of this three-county region, the CHNA gathered data from several sources identified below. This information focused on a variety of topics related to health indicators and social determinants of health.

- Key informants (n=120 community leaders) who represented a broad knowledge of interests, including public health, minority, cultural and underserved populations.
- Community members at large (n=1,496) completed survey items related to their own health as well as the health needs of their children. *Please Note*: In order to achieve a 99% confidence level with a 5% margin of error, the goal was to obtain at least 670 survey responses from the three-county area.
- Secondary data (n=4,300 data points) representing information related to the current state of our community's economic, social and health status published by established, reputable sources that included federal and state levels of government, academia and well-known national research centers.

The entire process identified four health priorities that are the focus of Beacon Health System's Community Impact Department for the designated three year time period from 2019-2021: *Healthy Body, Healthy Families, Healthy Mind and Healthy Spirit.*

Priority Areas

Healthy Body: Obesity/Overweight

County Health Rankings showed that nearly 1/3 of the total adult population in the three counties assessed was obese. All three counties as well as the state had a higher percentage of adult obesity than the national rate. According to the Indiana Youth Institute, 1 in 3 children ages 10-17 were overweight or obese (33.9%) and 5.7% of children ages 10-17 are underweight. In 2017, the supplemental nutrition program for Women, Infants and Children (WIC) of Indiana reported that 13.5% of children program participants between 2-5 years of age were obese. Obesity rates in 2017 for EC (14.5%), MC (15.2%) and SJC (14.3%) were higher than IN.

Healthy Families: Maternal/Infant Health

Multiple health measures support the issue of maternal and infant health as a community health priority. The teenage birth rate was higher in EC (41) than MC (28), SJC (29) or the state (30). Similarly, Elkhart's rate of newly diagnosed chlamydia cases (456.0) was also higher than the state (437.9), MC (142.2) or SJC (389.7). The infant mortality rate for the northern IN region (Elkhart, LaPorte, Marshall and Saint Joseph County) was 7.7 compared to 7.1 for the state and 17.4 for Black infants (IN-14.4). Several perinatal health indicators were also noted as needing improvement, including the rate of first trimester entry into prenatal care, with specific focus on first trimester into care for black mothers; smoking rates during pregnancy; and low birth weight.

Healthy Mind: Mental Health/Suicide

Mental health and suicide prevention were identified as a serious area of concern for communities in the North Central Hospital Region of Indiana. The National Survey on Drug Use and Health reported prevalence data from the previous 12 months indicated 4.7% adult residents in the region suffered from a serious mental illness, 4.3% had seriously thought about trying to kill themselves, and 7.2% had experienced a major depressive episode. County Health Rankings similarly showed EC and SJC averaged 4.2 days of poor mental in the past 30 days before being surveyed. The Mental Health Provider density ratios (# of inhabitants per practitioner) in MC and EC were higher than the state and national average.

Healthy Spirit: Substance Abuse

Among the assessed counties, Elkhart had the largest proportion of adult residents that "both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime" (20.7%).

The Adult Smoking rate for all three counties was higher than the national rate (17%), but lower than the state of Indiana rate (21.1%). The Office of Disease Prevention and Health Promotion (ODPHP) set a national target to reduce tobacco use by adults to 12% by 2020.

The drug overdose mortality rate increase from 2014 to 2016 was the largest in SJC, from 13.5 to 22.30. Although rates were lower than SJC in EC (11.90, 12.30) and MC (7.79, 9.25), both experienced increases. The Excessive Drinking rate increase was similarly highest in SJC (15.6, 19.47), but did increase in both EC (15.5, 15.71) and MC (16.2, 17.23). SJC's rate was also higher than IN (18.0).

Investment Strategy

Beacon Community Impact takes a holistic approach to creating change in our community. We strive to address the greatest health needs through diverse and impactful programming, delivered by internal teams and a variety of organizations, with a proportional spread throughout our three-county region. In order to combat health deficiencies, we foster engagement around protective factors, health equity and social care needs. With the necessary resources and tools, we are devoted to improving program participants' health and well-being. Community Impact also has a structured approach to creating collaborative partnerships with a specific focus on working together to solve complex social and health areas of concern. Each priority is defined specifically to meet the need identified by the CHNA. Programs are placed in priority area cohorts, expected to achieve similar outputs, report the same type of data, and work with Community Impact to align strategies that continuously improve outcomes over time whenever possible. This approach enables us to address social and health needs that intersect at individual, community and government levels.

Results and outcomes are tracked based on Community Health Needs Assessment goals, objectives and indicators. Depending on quantitative and qualitative data from midyear reports, we can implement additional supportive activities to achieve these proposed year-end results.

Internal vs External

Beacon Community Impact meets community health needs in two ways. First, the department provides funding and capacity-building resources to external "community partners." These community partners submit proposals describing how they will deliver health focused programming in our priority areas. Projects are selected based on the organization's ability to assist Beacon's efforts to create positive health outcomes. Second, when community partners are unable to meet existing health needs, Beacon Community Impact fills those needs through its staff of 60+ community health workers, educators and healthcare professionals who deliver internally managed programs and services directly to the community.

PROGRAM DELIVERY (Total Participation)



Figure 1. Program participation comparison between external and internal programs

PROGRAM DELIVERY (Program Count) 43 Responses



Figure 2. Total number of programs which are external versus internal

Awareness, Knowledge, Action, Impact

In order to achieve a wide spectrum of change, Beacon Community Impact has been charged with creating a variety of methodologies, strategies, programs and curricula. Having this diverse mixture of programming types helps Beacon Community Impact achieve its goal of creating both broad and deep health improvement within the community. Operationally, we created the following four impact tiers that allow us to bucket programs based upon delivery strategies, the anticipated period of engagement, and depth of expected change. Using these tiers provides us with a realistic method for evaluating each program's potential for achieving success and impact.

Awareness: Programs that focus on helping significant numbers of people recognize priority health risks, issues and ways to promote health.

Knowledge: Programs that help individuals gain an understanding of risky behaviors and health promotion – with a focus on changing attitudes towards healthy practices by introducing new, healthier options into people's lives.

Action: Programs that strive to improve skills and behaviors related to healthy lifestyles.

Impact: Programs that help individuals achieve long-term health improvements. These programs aim to build capacity and networks that reinforce positive health practices and make sustained changes in people's behavior.



Figure 3. Population served in each of the program areas





Figure 4. Number of programs that were classified in 1 of the 4 program areas

Vulnerability Index

Beacon Community Impact wants to make sure the programming it delivers and supports is reaching the people who need it most. The department uses the Agency for Healthcare Research and Quality's definition of vulnerability: Children/adolescents, elderly, low-income, racial/ethnic minorities, rural/inner-city residents, special healthcare needs and/or women.



Figure 5. Percentage of population served that was Vulnerable versus Not Vulnerable

Figure 6. Breakout of population served by gender



Figure 7. Breakout of population served by race/ethnicity



Figure 8. Breakout of population served by age

Beacon Community Impact's Approach

Beacon Community Impact has a three-pronged approach to creating lasting impact in health promotion:

- <u>Community Health Innovations Grants, Innovative programming, Technology</u> –Invest in areas of need ranging from new programming to data driven decision-making in order to make optimal use of all resources to improve outcomes and intentionally achieve long-term impact.
- <u>Community Health Organizational Improvement</u> Provide capacity-building services to programs through educational workshops and direct assistance, with a focus on promoting collaboration opportunities in order to build a network of community health organizations that are data-driven, resilient, agile and adaptable.
- <u>Community Health Delivery</u> Support and operate programs that deliver community health programming in areas of greatest need.

Community Health Innovation

Beacon Community Impact wants to make sure our community continues to improve in the area of community health delivery. The department looks for ways to support the growth and development of the community health sector by identifying opportunities to take emerging research, curriculum and innovations and deploy them in effective and impactful ways within our community.

Grants

Pursuing outside funding allows Beacon Community Impact to bring additional resources to areas of need within our community. It also allows the department to pilot new concepts or scale existing initiatives. In 2019 Beacon Community Impact secured 15 local, state and federal grants totaling \$3.29 million.

- HRSA, Rural Communities Opioid Response Program-Planning Grant Project HOPE
- IN Family & Social Services/Division of Mental Health & Addiction Opioid Emergency Response Team
- Indiana State Department of Health Women, Children & Infants (WIC)
- Kohl's Be a Hero
- Maternal Child Health Baby & Me Tobacco Free/DAD's/Pack & Plays
- Maternal Child Health Broadscope Sickle Cell
- PCA Roofsit Dedicated Active Dads
- PCA Roofsit Little Noggins Nook
- PCA Roofsit Child Passenger Safety
- PCA Roofsit Motivated Moms
- Physician Philanthropy Council Grant PATHS Program
- Physician Philanthropy Council Grant Child Passenger Safety Grant
- Physician Philanthropy Council Grant BABE Store
- Sickle Cell Newborn Screening

Health Resources & Services Administration (HRSA)

Beacon Community Impact strives to support collaboration among key stakeholders in addressing community health disparities. In 2019, the department initiated this activity in Marshall County to pursue a HRSA Rural Communities Opioid Response Program Planning Grant. The grant required the creation of a multi-sector consortium that would assess opioid needs and existing prevention, treatment and recovery resources. After the grant was awarded in June, Beacon Community Impact and 8 other organizations formed Project HOPE. During this year, the consortium members have increased and now include Saint Joseph Health System, multiple school districts, law enforcement agencies, Marshall County Health Department and Indiana University. Project HOPE's strategic plan has multiple objectives, such as (a) increase education touch points for adults in the community and (b) provide all Marshall County residents with access to naloxone.

Kohl's Stress Happens Project

In 2019, Beacon Community Impact received continued funding for a second year from Kohl's Department Store for the Stress Happens Project. This project's purpose is to help youth identify what causes them stress and teach them healthy ways to manage that stress.

Stress Happens now includes two curricula, which were taught to over 1,200 elementary and intermediate students, who learned to: identify their own symptoms of physical and emotional stress, seek help from adults when feeling stress, practice coping strategies, and set healthy boundaries. The project also included a digital version of the curriculum available to the public through Beacon's website: https://www.stresshappens.org/ This website provides interactive web-based activities for youth as well as newsletters and videos for parents and teachers that feature tips from professionals on identifying stress in youth and different strategies to help youth deal with stress.

In 2020, Beacon Community Impact's partnership with Kohl's Department Store will continue with a new curriculum called "Be A Hero, Be A Friend," which will be taught to youth in their last year of elementary school with the purpose of decreasing their fear and anxiety about the transition to junior high school. The content reminds youth of the value of being a good friend and the benefits friendships have on mental health.

Innovative Programming

New research and programs offer opportunities to improve health and change our community for the better. That is why Beacon Community Impact seeks best practices and opportunities to collaborate alongside our community partners. Our community partners are at the forefront of many health issues and are able to help us respond to areas of high need and low service. By providing funding to these partners, we can help ensure new ideas and initiatives reach their intended audience. In addition, Beacon Community Impact helps partners adapt existing programs to meet the needs of the tri-county context.

Innovation Programs

- Adverse Childhood Experience ACEs / Resiliency Initiative
- Fetal Infant Mortality Training
- Little Noggins Nook
- NNN GHHI CHW Asthma Program

Near Northwest Neighborhood

During this year, Beacon Community Impact partnered with the Near Northwest Neighborhood (NNN) to provide direct assistance in the development of an Asthma Community Health Worker pilot program. This program seeks to serve residents of the Near Northwest Neighborhood and beyond through education around asthma, lead and home remediation to at risk children and their families. Community Health Workers at the NNN have been certified in asthma education and provide case management services through trainings offered by Beacon Community Impact. In addition to these trainings, Beacon Community Impact worked with the NNN to develop a work plan and evaluation process to determine the success of the program.

Program Development

Community partners regularly approach Beacon Community Impact with innovative programming ideas for improving the community's health and wellness. In order to help these ideas realize their full potential, the department offers micro-grants and strategic support on how to strengthen or build the organization's capacity and infrastructure. Awarded organizations work with a Project Specialist from the Outcomes Team for one year and complete a final report on how the assistance has influenced project plans. This support helps insure the new idea can be successfully implemented in the near future and sustained over time.

Development Programs

- Bully Me Bad I D.I.D. That Project
- enFocus Mass CPR Training
- Goodwill SBGVI
- HRSA Rural Communities Opioid Response Program-Project HOPE Consortium
- Madison Memorial Leeper Park
- One Key Question
- United Way of St. Joe County & 466 Works Southeast Neighborhood Center Project
- VegFest

Gentlemen and Scholars

In 2019, Gentlemen and Scholars, Inc. applied for development assistance from Beacon Community Impact. They were already offering life skills and etiquette classes and hosting a spelling bee with the purpose of mentoring youth in St. Joseph County and improving their confidence. They had a lot of great ideas to expand their life skills and etiquette classes but were seeking guidance on how to scale their work to a broader population. Gentlemen and Scholars, Inc. worked with the Beacon Community Impact Project Specialists to design a more streamlined curriculum and implement an evaluation tool and process to measure quantitative and qualitative outputs and outcomes. This year, Gentlemen and Scholars, Inc. has expanded their programming, are consistently tracking outputs and outcomes from the life skills and etiquette classes and have moved from a Beacon Community Impact development partner to an implementation partner under the Healthy Minds priority.

Technology

Beacon Community Impact recognizes the potential impact that effective use of technology can have on delivering services, sharing information and helping make decisions. The department is exploring various opportunities to deploy different platforms that will support, augment and/or scale current programming.

HealtheCare

Digital innovations, like HealtheCare, help Beacon Community Impact and its community partners build capacity by reducing the burden of patient record keeping. HealtheCare is a case management system that allows case managers to digitally update and view their clients' medical records in real time. Beacon Community Impact saw a need for this innovation after community partners described their issues with double entry and tracking down clients. The HealtheCare platform gives live updates to a case manager whenever their clients' information is updated in another participating facility. This means that a case manager can track and see if clients connected with referrals or if there was a significant change in their medical condition since the last time they met. By doing so, case managers can proactively respond to the needs of their clients instead of waiting until their next visit to address an immediate issue.

Community Health Organizational Improvement

Beacon Community Impact believes that organizations, no matter how effective, always have areas to improve. In this spirit of continual improvement, the department formed an Outcomes Team to work directly with programs. Instead of just giving technical assistance, they provide operational and strategic support to strengthen a partner's capacity to achieve impact.

Workshops

The Outcomes Team began delivering workshops this year after our community partners identified areas where they wanted to improve. These workshops equip our community partners with the skills they need to monitor and evaluate the success of their programs. The workshops also serve as a space where community partners can come together across priorities, establish relationships and share resources. In this way, Beacon Community Impact fosters collaborative efforts toward improved health in the community.

Logic Model	Logic Model	Effective Evaluation–	Collaborating for
Part 1 – July 24th	Part 2 – July 30th	August 20th	Impact – Oct 16th
 Reviewed the benefits of a logic model Introduced the elements of a logic model – Target, Inputs, Outputs, and Outcomes 	 Reviewed examples of different logic model Compared individual logic models for each organization with peers 	 Highlighted the importance of an evaluation process for each element of the logic model to assess success Reviewed examples of different evaluation processes – quantitative verse qualitative, etc. Explored SMART goals and how to use them 	 Identified different benefits of collaboration Facilitated discussion with partners about successful collaboration Brainstormed how to collaborate within and across priority areas

Table 1. Types of capacity building workshops delivered to community partners

Direct Assistance

Project Specialists from the Outcomes Team also work directly with partners to identify additional opportunities for building capacity. They have identified Monitoring & Evaluation, Data Collection and Program Design as emergent areas of need.

Michiana VegFest

Michiana VegFest is an organization that promotes plant-based eating for the purpose of improved health and sustainability. Starting in 2018, Michiana VegFest began its annual food festival, which includes speakers on healthy eating, chef demos and edible samples free to the community. In 2019, the organization approached Beacon Community Impact for direct assistance that would help them expand their annual event to regular education activities. With the help of their project specialist, Michiana VegFest developed and implemented their Meatless Monday Program. This program introduced plant-based eating to three non-profits by teaching their chefs how to cook and serve vegan meals for five consecutive Mondays.

RiverBend

Helping community partners to think strategically is part of what Beacon Community Impact does to achieve collective impact. An example of this type of assistance is Beacon Community Impact's Think Board activity. The Think Board was developed as a tool to guide community partners in creating a plan to address health concerns within the community. Using the example of a basic logic model, the board guides participants to think through each section with leading questions. The board facilitators then use the notes from the board to create a document that serves as a guide for organizational planning. Beacon Community Impact's project specialists had the opportunity to pilot the board with RiverBend Cancer Services, which provides a large range of holistic services to cancer survivors and their families. By walking the organization director and their staff through the Think Board activity, the Outcomes Team helped the organization become better equipped to evaluate appropriate next steps for their program and focus on which services to expand.

Community Health Delivery

Beacon Community Impact's primary focus is to ensure that health programming is being delivered to those who need it through its internally managed programs and external community partners. Our philosophy for program delivery utilizes three major criteria:

Delivery Level: Achieve breadth and depth of positive health impact and the greatest return on investment by selecting programs that align with our impact tiers described on page 7 (Awareness, Knowledge, Action and Impact). This enables the department to reach a significant number of people and provide in-depth programming to people with the highest need.

Holistic Approach: Invest in a diverse mix of effective and innovative programming that addresses root issues and removes barriers identified by the Community Health Needs Assessment in each priority area. This mix is based upon the level of community need, quality of current programming, and potential for positive change.

Reach: Create change in every corner of our community, which we define as Elkhart, Marshall, and St. Joseph Counties. We provide programming in each county and have several programs that operate in multiple counties.

2019 Community Impact

Overall

In 2019, Beacon Community Impact provided community resources to 40,168 individuals in the priority areas of Healthy Body, Healthy Families, Healthy Mind, and Healthy Spirit. Healthy Mind had the largest number of participants, which includes the department's ACE Interface Initiative. Healthy Spirit had the lowest number of participants, but it is also the department's newest priority. The department plans to see a greater number of participants in subsequent years as programming develops around substance use issues.

St. Joseph County had the greatest number of participants served, followed by Elkhart and then Marshall County. Similar to the Healthy Spirit priority, Marshall County is Beacon Community Impact's newest service area and has the smallest number of residents. The goal for 2019 was to service 55% of participants in St. Joseph County, 40% of participants in Elkhart County and 5% of participants in Marshall County.



Total Participation 40,168

PARTICIPATION Total by CHNA Priority 43 Responses



Figure 9. Total participants served in each of the CHNA priorities



Marshall

Elkhart

Figure 10. Total participants served in Elkhart, Marshall, St. Joseph, and other counties

St Joseph

Other Counties





18.721

Healthy Body

The Healthy Body priority is aimed at reducing obesity in youth and adults through increased physical activity and improved nutrition. In 2019, Beacon Community Impact engaged with six programs in this priority, serving a total of 7,228 people. Most participants engaged with the Healthy Body priority through health education and awareness activities, while a small percentage of the programs were geared towards Action (behavior change). Compared to the previous year, Beacon Community Impact saw a 130% increase in Healthy Body participants.

Indicators

Youth leisure time Adult leisure time Adult BMI Youth BMI

Programs

Achieve Dame tu Mano Class Dame tu Mano Radio Diabetes Alliance Program Healthy Hearts WIC

PROGRAM IMPACT - Healthy Body T 1 [Population Served] 6 Responses







Figure 13. Breakout of participants served by county in Healthy Body priority

PROGRAM IMPACT - Healthy Body T 1 [Program Count] 6 Responses



Figure 14. Healthy Body programs separated by impact tier

Priority			Change			
	Actual participation compared to projected	Vulnerable population	Indicators	Participants with the stated indicator need	Positive behavior change achieved	Indicator improvement
Healthy	130%	99%	Youth leisure time	Green	Green	142.78% increase in
Body	(7,228 vs 5,544)		Adult leisure time	Green	Green	 number of minutes of physical activity
			Youth BMI	Green	Green	reported by adults (17.39 to 42.23 minutes)
			Adult BMI	Green	Green	- (17.59 to 42.25 minutes)
Yellow – Red – M	Met or exceeded Came close to th issed the benchm Not enough data	e benchmark nark		,	,	,

Figure 15. Healthy Body outcomes based on total number reached and those that had a positive behavior change

Healthy Family

The Healthy Family priority services families with the goal of reducing infant mortality, improving outcomes in maternal health and offering resources for child development. In 2019, Beacon Community Impact served a total of 13,389 participants compared to 11,667 served in 2018. The bulk of these participants came from the Action (behavior change) category, though in general the population was well distributed between Awareness, Knowledge and Action.

Indicators

Low birth weight Infant mortality Pre-term birth Infants ever breastfed Abstain from smoking during pregnancy





Figure 16. Breakout of participants served by county in Healthy Family priority

Programs

BABE Store Baby and Me Tobacco Free Beacon Health Navigators Change 1, Change 2 Childhood Safety Program Cribs for Kids – Safe Sleep Dedicated Active Dads FIMR Elkhart County Health Department Healthy Babies CAPS Healthy Families Home Visitation Lead Screening –WIC North Central IN Sickle Cell Presentations North Central IN Sickle Cell Newborn Screenings Perinatal Care Coordination WIC



Figure 17. People served in Healthy Family priority by impact tier



Figure 18. Healthy Family programs separated by impact tier

Priority		Reach			Change		
	Actual participation compared to projected	Vulnerable population	Indicators	Participants with the stated indicator need	Positive behavior change achieved	Indicator improvement	
Healthy	115%	93%	Low birth weight	Not enough data	Not enough data	75.95% quit rate	
Family	(13,389 vs 11,667)		Infant mortality	Not enough data	Not enough data	for in mothers	
			Pre-term birth	Not enough data	Not enough data	who smoked(259 of 341 mothers)	
			Infants ever breastfed	Not enough data	Not enough data		
			Abstain from smoking during pregnancy	Green	Green		
Yellow – Co Red – Miss	et or exceeded the ame close to the be ed the benchmark	enchmark					
Black – No	t enough data to co	alculate					

Figure 19. Healthy Family outcomes based on total number reached and those that had a positive behavior change

Healthy Mind

The Healthy Mind priority is aimed at improving the mental and behavioral health of the community. It also houses the department's ACE Interface initiative, which is geared towards breaking the cycle of trauma and supporting safe communities. In 2019, Healthy Mind supported 17 programs in providing mental health resources to 18,721 community members.

Indicators

Youth who were electronically bullied

Youth with an adult in their lives with whom they can talk to about their health

Adults with an adult in their lives with whom they can talk to about their health



Figure 20. Breakout of participants served by county in Healthy Mind priority

Programs

ACE Interface ACT-Embrace ADAP ATIP-EMD Digital Citizenship Draw the Line/Respect the Line Healthy Boundaries (Stress Happens) - KOHLS BE A HERO Horizon Education Alliance-PAX

Elkhart County Health Department Horizon Education Alliance

PROGRAM IMPACT - Healthy Mind T 1 [Population Served] 17 Responses



Figure 21. People served in Healthy Mind priority by impact tier Elkhart Education Foundation Kindness to Prevent Blindness Leighton Lecture Impact Series PEERS Project QPR Suicide Prevention Training Ribbon of Hope RiverBend Cancer Services YWCA Take Charge United Health Services Yellow Ribbon Suicide Prevention Program





Figure 22. Healthy Mind programs separated by impact tier

Priority			Change			
	Actual participation compared to projected	Vulnerable population	Indicators	Participants with the stated indicator need	Positive behavior change achieved	Indicator improvement
Healthy Mind	62% (18,721 vs 30,246)	90%	Youth electronically bullied	Green	Not enough data	6.46% improvement in youth with an adult they can talk to about a serious problem (87.06% to 92.68%)
	(Youth with an adult in lives with whom they talk about their health	Yellow	Green	
			Adults with an adult in lives with whom they talk about their health	Yellow	Not enough data	
Yellow – C Red – Miss	et or exceeded the ame close to the be sed the benchmark ot enough data to c	enchmark				,

Figure 23. Healthy Mind outcomes based on total number reached and those that had a positive behavior change

ACE Interface

Adverse Childhood Experiences (ACEs) are traumatic experiences a child faced that contribute to poor health outcomes later in life. As ACEs are a serious issue for our community, Beacon Community Impact has taken certain steps to reduce the overall impact. In 2016, Beacon Community Impact began providing three levels of ACE Interface trainings with the common goal of creating a trauma-responsive community. This year, the Master Training and eight-hour instructional training programs were delivered to key stakeholders, including local school systems, hospital professionals, social service agencies and other nonprofits serving vulnerable populations. Two-hour community sessions were delivered to individuals that participate in a wide range of community programs.

ACE Interface Trainings

Participation in these trainings increased from 238 individuals in 2018 to 753 individuals in 2019. This included:

- 25 key stakeholders trained as Master Trainers in ACEs
- 34 community partners trained as facilitators in a two-hour community session
- 694 community members received a two-hour community session

In follow-up conversations with those receiving the eight-hour training, individuals indicated they changed the way they engaged with customers/patients. Here's what some of them said.

"I have incorporated asking more in-depth questions about clients and how they have gotten to where they are. Also, what services we can implement to address past traumas."

"I try to observe body language more to improve communicating and making a better assessment."

"My boss has been proactive in creating more opportunities for me to present to my coworkers and she is intentionally talking to everyone in a trauma-informed way."

In addition to changing the way they act, community members trained in ACEs also understood what it means to be trauma-informed.

Self-Healing Community Regional Advisory Committee

Beacon Community Impact established the Self-Healing Community Regional Advisory Committee in September of this year. This strategically designed advisory committee is composed of community leaders, mental health professionals and behavioral health experts who are dedicated to fostering a trauma responsive and self-healing environment. Participants on this committee include but are not limited to University of Notre Dame, Saint Joseph Health Department, United Way of Saint Joseph County, Oaklawn Hospital, Mentoring Moment LLC, Bremen Hospital and Ready to Grow Saint Joseph. Since the committee was established, it has developed a framework for best practice implementation guided by SAMHSA's Concept of Trauma Guidance for a Trauma-Informed Approach.

Healthy Spirit

The Healthy Spirit priority, new as of this current CHNA cycle, aims at reducing substance abuse and tobacco use. In 2019 there were six programs aimed at substance abuse that served a total of 770 community members. Moving forward, Community Impact will focus on increasing resources to address this issue. The Department is laying the foundation for increasing impact by growing the network of partners, increasing the number of programs, and securing additional funding through state, federal, and private grants.

Indicators

Adults who use tobacco Youth who use tobacco Non-fatal ER visits due to opioid overdose

Programs

Opioid Public Health Crisis SB Heritage Foundation- Oliver Apartments South Bend Group Violence Intervention Call-In SPA (Spiritual & Personal Adjustments) Women's Ministry Homes

This is (Not) About Drugs (TINAD)



Figure 24. Breakout of participants served by county in Healthy Spirit priority



Figure 25. People served in Healthy Spirit priority by impact tier PROGRAM IMPACT - Healthy Spirit **T** 1 [Program Count] 5 Responses



Figure 26. Healthy Spirit programs separated by impact tier

Priority			Change			
	Actual participation compared to projected	Vulnerable population	Indicators	Participants with the stated indicator need	Positive behavior change achieved	Indicator improvement
Healthy	106%	97%	Adults who use tobacco	Green	Green	43.7%
Spirit	(770 vs 723)		Youth who use tobacco	Green	Not enough data	improvement in the number
			Non-fatal ER visits due to opioid overdose	Not enough data	Not enough data	of smokers (26.67% to 15%)
			Opioid drug overdose deaths	Not enough data	Not enough data	
Green – M	et or exceeded t	he benchmar	k	·	` `	
Yellow – C	ame close to the	benchmark				
Red – Miss	sed the benchmo	ark				
Black – No	ot enough data t	o calculate				

Figure 27. Healthy Spirit outcomes based on total number reached and those that had a positive behavior change

Acknowledgment

We at Beacon Community Impact would like to thank all those who make our work possible and enable us to support our community partners. This report highlights a community network of organizations and individuals all working together to improve the health and wellbeing of our community.

Advisory Council Member List

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