

Pediatric Health Needs Assessment

2018 Final Report



Submitted by:



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Executive Summary

The goal of the PHNA is to help Beacon Health System identify key community health areas to target and implement strategies to improve children's health needs, by having a clear, up-to-date picture of the Elkhart, Marshall, and St. Joseph county communities' health and socioeconomic status. The findings from the assessment will be used by Beacon Health System to prioritize the most pressing health needs in the area served by their hospitals.

The PHNA's data collection and analysis through the following activities:

- Primary Data Collection - Through the Community Survey, Beacon Health System focused on collecting primary information on five main issues: Demographic information, Access Barriers to Healthcare, Current Health Status, Social Determinants of Health, and Behavioral Determinants of Health. 437 respondents of the Community Survey identified themselves as having children under 18 years of age and provided responses on 12 additional question directly related to the health status, healthy practices and habits, disease prevalence and environmental/living conditions of 923 children under their care and protection.
- Secondary Data Research - Information and data trends on relevant health and socioeconomic indicators were collected, published by established sources. Data was collected for a three-year period in order to allow for trending. Over 4,300 points were collected and analyzed.
- Data Consolidation and Analysis - The information from the data streams was aggregated and analyzed. This analysis lead to the identification of top health issues for each of the counties served by Beacon Health System.

The process of data collection and analysis lead to the identification of the following key community health issues:

- ADD/ADHD
- Asthma
- Depression, anxiety or sadness
- Overweight/Obesity
- Respiratory allergies
- Food allergies

Broken down by county:

Top Child Health Issues per County		
Elkhart County	Marshall County	St. Joseph County
1. Overweight/Obesity	1. Overweight/Obesity	1. ADD/ADHD
2. Asthma	2. Asthma	2. Asthma
3. ADD/ADHD	3. Depression/Anxiety/Sadness	3. Depression/Anxiety/Sadness
4. Depression/Anxiety/Sadness	4. ADD or ADHD	4. Overweight/Obesity
5. Respiratory allergies	5. Respiratory allergies	5. Food Allergies

Introduction

Pediatric Health Needs Assessment (PHNA)

The Pediatric Health Needs Assessment is a data collection and analysis effort, that ran parallel to the Community Health Needs Assessment (CHNA) developed by Beacon Health System (BHS). Data collected on Social, Economic, Behavioral and Environmental determinants contained in the CHNA is also shared by the PHNA, as it helps to provide context to the findings on Child Health issues relevant to the Elkhart, Marshall and St. Joseph Counties communities.

According to the World Health Organization, Child Health is “a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments and communities that provide them with the opportunity to reach their fullest developmental potential”.

Protective factors, Adverse childhood experiences, Resiliency, Epigenetics, Neurobiology, Toxic stress and Social determinants of health (P.A.R.E.N.T.S)¹ converge at providing evidence for current and future health disparities, while provide opportunities to push forward on health equity and improved health outcomes in the long run. This is the reason why the CHNA/PHNA data collection and analysis efforts are focused on behavioral, socio-economic and environmental determinants of health, as well as demographic characteristics and barriers to health care, and the results of both reports need to be understood as a whole.

Background

The process of building this report started in February 2018. Beacon Community Health (BCH) and enFocus came together to plan the deployment of a data-driven, evidence-based assessment of the community health needs of the populations served by Beacon Health System in St. Joseph, Elkhart and Marshall Counties.

This report provides an overview on pediatric needs (Pediatric Health Needs Assessment, PHNA), as child healthcare are key to ensure quality of life, promote healthy habits and prevent future medical conditions that could afflict the residents of Elkhart, Marshall and St. Joseph Counties. Additionally, the needs of children are defined by developmental, physical and cognitive factors that are inherently different to those of adults, therefore requiring an assessment of its own.

The data here contained was collected via surveys of the general public, key informant interviews and a comprehensive review of secondary data, in order to comply with the requirements contained in the Patient Protection and Affordable Care Act, and from the Internal Revenue Service (IRS) to Non-for-profit hospitals in the country, to present a CHNA every three years. In addition to meeting these legal requirements, this PHNA has been designed to serve two fundamental purposes: 1) to identify health needs of children in the community, and 2) to prioritize such needs and determine the strategic objectives for BCH programming.

¹ Bruner, C. (2016, October 25). Improving Health Equity Through Early Childhood Primary Health Care and Medicaid. Retrieved from <https://ccf.georgetown.edu/2016/10/25/improving-health-equity-through-early-childhood-primary-health-care-and-medicaid/>

Assessment Methodology

Methodology Overview

The CHNA and PHNA Reports aim to guide strategic decisions. Using the information of the report, BCH will be able to determine what programs and projects should be developed and/or supported, whether within BCH or through partner community organizations, to improve the effectiveness of their Community Outreach Services. Therefore, the methodology followed for this needs assessment was based on three steps: 1) Identify needs; 2) Analyze the links between the needs and the information required to make decisions; 3) Make recommendations that guide decision-making.

To identify needs, the following sub-steps were completed²:

- 1) Identify partners for the needs assessment: the SJCHIA provided feedback on the Community Survey datapoints, and local organizations from St. Joseph and Elkhart counties used different communication channels (listservs, social media, newsletters) to promote the Community Survey among their contacts and clients (see partner list below).
- 2) Determine what data are required to identify needs by focusing on defining what information is needed to make an informed and justifiable decision, through consultations with experts (i.e. SJCHIA) and a thorough literature revision and the identification of best practices.
- 3) Determine potential sources of data to inform the needs assessment, such as healthcare experts, Electronic Hospital Records (EHRs), US Census information, Public and Population Health Research available, among other sources.
- 4) Plan to collect information that is not already available, by designing, implementing and analyzing data collection instruments, i.e. the Key Informant and the Community Surveys.
- 5) Pilot test questionnaires and information gathering tools.
- 6) Collect information using a variety of tools and techniques and include sources that represent varying perspectives on the primary performance issues.

Defining the Community

To define the ‘community’ for Beacon’s CHNA and PHNA, enFocus and BCH staff focused on identifying the geographic areas from which the majority of the health system’s clientele originated from. This was taken from qualitative conversations with Beacon staff, a review of past CHNAs, and analysis of Beacon’s EMR data. Through this analysis, three counties were identified as encompassing the Beacon Healthcare Community: Elkhart, St. Joseph, and Marshall counties. The following is an overview of the selected communities that was included in the Community Benefit report produced by Beacon Community Health. More information about each county has been included in the Secondary Data Profile Report.

Community Representation

A focus was put on achieving a representative sample of the community both through the community survey. Special effort was put on receiving feedback from hard to reach and minority populations. The survey was pushed out through digital platforms and listservs in both English and Spanish. Additionally, the Beacon and enFocus team partnered 21 different organizations to collect feedback and attended 7

² Watkins, R., West-Meiers, M., & Visser, Y. L. (2012). A guide to assessing needs: Essential tools for collecting information, making decisions, and achieving development results. Washington, D.C.: World Bank.

community events (listed below) to go directly to populations who don't typically contribute to community surveys.

Data Collection

The IRS regulations on the CHNA have established that “in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources: (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community; (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and (3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy”. To meet this standard the process collected information from three major data streams that were analyzed, in aggregate, to inform the identification of key areas.

Key Informant Survey: This digital survey was distributed to influential health leaders from the communities of St. Joseph, Elkhart and Marshall Counties. The survey was designed to provide a qualitative overview of the community needs, capacities and resources that can be improved and/or promoted to address social determinants of health and healthcare disparities in the identified Beacon community. Representatives from all relevant sectors (education, government, for-profit, non-profit, healthcare) assumed their role as stakeholders and provided their insight on community health needs.

119 organizations and community representatives completed the Key Informant Survey. 49.5% of the respondents identified themselves as Representatives of Health Care/Public Health Organizations, 15.8% as Representatives from Education/Youth Services, 14.9% as Representatives from Non-Profit/Social services and 20% as representatives from other organizations, such as businesses, faith-based organizations, government agencies or departments, and community leaders.

Community Needs Survey: This survey went out to the whole community. The backbone is rooted in the CDC's Behavioral Risk Factor Surveillance System (BRFSS). However, the survey has been adjusted to fit the local environment and collect data requested by partner organizations.

Aiming to promote ownership and participation from the community in the three counties, BCH held early consultations with the St. Joseph County Health Improvement Alliance (SJCHIA), asking for feedback on the data points to be collected in the Community Survey. The comments and recommendations from the SJCHIA were consolidated and analyzed. 79 organization representatives and individuals from the SJCHIA filled in the Feedback Survey. From these recommendations, 54 data points were identified as relevant for the Community Survey, 12 of which addressed issues related to children's health needs.

For the CHNA and PHNA Primary Data Collection, a Community Survey was developed, focusing on five main issues: Demographic information, Access Barriers to Healthcare, Current Health Status, Social Determinants of Health, and Behavioral Determinants of Health. With the aim of carrying out the data collection through the Community Survey, enFocus designed a data collection methodology that ensured minimum standards of quality and validity of the data gathered, as this data, once processed, analyzed and consolidated in this Report, will inform the decisions of BCH and other stakeholders relative to the prioritization and resource allocation for community outreach programs.

The Community Survey aimed to reach a large number of people in a short period of time, using digital and physical (printed) platforms. In order to achieve a 99% confidence level with a 5% margin of error

the goal is to obtain at least 670 survey responses for the three-county area. To do so, BCH and enFocus required the contribution of partners and stakeholders, to reach an increasing number of participants (cascade effect). enFocus approached community organizations and stakeholders to use existing databases and mailing lists to distribute the Community Survey to residents of St. Joseph and Elkhart Counties. Through this organizations, enFocus also ensured that under-represented populations (Medically Underserved, Low-Income, and Minority Populations) were engaged in the consultation process, actively reaching out to them, ensuring that needs and perceptions from a wide range of demographic and socioeconomic groups were taken into consideration in the definition of community health concerns. The following organizations were partnered with to help increase the reach of the survey:

St. Joseph County:

- Center for the Homeless
- Community Foundation of St. Joseph County
- Goodwill Industries
- Hope Ministries
- Ivy Tech Community College
- La Casa de Amistad
- Notre Dame
- South Bend Community School Corporation
- South Bend-Elkhart Regional Partnership
- South Bend Heritage Foundation
- St. Joseph County Public Library
- St. Margaret's House
- United Religious Community
- United Way

Elkhart County:

- Community Foundation of Elkhart County
- Church Community Services
- Elkhart County Public Library
- Faith Mission of Elkhart
- Greater Elkhart Chamber of Commerce
- Heart City Health
- Minority Health Coalition
- Northern Indiana Hispanic Health Coalition

Community Outreach Events:

- Faith Mission of Elkhart
- Elkhart County Public Library
- Best Week Ever
- St. Joseph County Public Library
- Northern Indiana Hispanic Health Coalition
- Center for the Homeless
- Heart City Health

Secondary Data Collection: For the Secondary Data Collection, enFocus collected relevant data collected by reputable sources from the federal and state levels of government, as well as from the academia and well-known national research centers. Efforts focused on collecting data and indicators from the 3 counties of concern, that could provide descriptive information on demographic and socioeconomic characteristics, health status, and health determinants of the communities of interest of this Report (behaviors, social and physical environment, access to healthcare services). To achieve a viable and trusted data set the following process was used:

- Identify data or indicators that may be contained in previously written CHNA and PHNA reports.
- List the characteristics or attributes to select Secondary Data sources. For each item, list 3-5 potential resources to obtain that information. Below is a list of key characteristics to select Secondary Data Sources:
-

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)
- Develop a document (protocol) for data review. Complete the protocol for every source of secondary data reviewed.
- Identify specific instances where information from different documents may disagree, documents containing similar information, potential sources for additional information, and information that is not available either at local, State or National levels.

To the extent possible, to be able to compare trends and scales, the aim was to collect Secondary Data at County (for Elkhart, Marshall, and St. Joseph Counties), State and National level, from the most recent available 3 years (2014, 2015, 2016).

Timeframe

The data collection and analysis process started on February 13th and concluded on July 13th, 2018. The Key Informant Survey collected information from March 28th to July 13th, 2018. The Community Survey was launched on May 7th and was wrapped up on August 24th, 2018.

County Demographic Profile

Population and Age composition

<i>Indicator</i>	<i>Unit</i>	<i>Elkhart</i>	<i>Marshall</i>	<i>St. Joseph</i>
Total Population	#	203,781	46,556	269,141
Under 18 years of age	%	27.9	25.1	23.9
65 years of age and older	%	14.0	16.9	15.0

Source: US Census Bureau. Estimates 2016.

Race/Ethnicity composition: Children Population

<i>Indicator</i>	<i>Unit</i>	<i>Elkhart</i>	<i>Marshall</i>	<i>St. Joseph</i>
African American	%	9.0	1.7	20.3
American Indian/ Alaskan Native	%	0.2	0.3	0.4
Asian	%	1.2	0.6	2.5
Hispanic	%	23.5	15.0	14.2
Non-hispanic White	%	66.1	82.5	62.6

Source: Kids Count Data Center. Indiana Youth Institute

Female participation as percentage of the total children population by county

<i>Indicator</i>	<i>Unit</i>	<i>Elkhart</i>	<i>Marshall</i>	<i>St. Joseph</i>
Female	%	49.0	48.6	49.0

Source: US Census Bureau. Estimates 2017.

Children not enrolled in School (ages 3-17)

<i>Indicator</i>	<i>Unit</i>	<i>Elkhart</i>	<i>Marshall</i>	<i>St. Joseph</i>
Not enrolled in School	%	14.5	11.1	11.7

Source: US Census Bureau. Estimates 2016.

Health and Access to Healthcare

<i>Indicator</i>	<i>Unit</i>	<i>Elkhart</i>	<i>Marshall</i>	<i>St. Joseph</i>
Children under 19 without health insurance (2016)	%	10.7	10.6	6.1
Child Food Insecurity (2016)	%	16.6	15.8	18.8
WIC Program Participants (2016)	#	9,660	1,794	12,085
WIC Program: Percentage of participants in the category "Pregnant" (2016)	%	6.5	6.4	6.9
WIC Program: Percentage of participants in the category "Child" (2016)	%	49.4	49	48.1
WIC Program: Percentage of participants in the category "Infant" (2016)	%	22.3	21.8	22
Child Abuse and Neglect rate (2016)	# per 1,000 under age 18	10.5	12.7	24.5

Source: Kids Count Data Center. Indiana Youth Institute

Findings

Pediatric Health Needs Identified by the Community

Elkhart, Marshall and St. Joseph residents identified their top health concerns issues as follows:

Top Child Health Issues per County

Elkhart County	Marshall County	St. Joseph County
1. Overweight/Obesity	1. Overweight/Obesity	1. ADD/ADHD
2. Asthma	2. Asthma	2. Asthma
3. ADD/ADHD	3. Depression/Anxiety/Sadness	3. Depression/Anxiety/Sadness
4. Depression/Anxiety/Sadness	4. ADD or ADHD	4. Overweight/Obesity
5. Respiratory allergies	5. Respiratory allergies	5. Food Allergies

This ranking is based in the relative number (percentage) of responses obtained from the questions: “Has a doctor, nurse, or other health professional EVER told you that any of your children have any of the following?”, “Has a doctor, nurse, or other health professional EVER told you that any of your children have any of the following related to mental health?” and when given the opportunity to say if any of their children were underweight, at their ideal weight, overweight or obese. Respondents were able to choose one, many or all options, if applicable. The top health issues were selected based on the number of total responses per condition, being the conditions with the largest relative weight left on top of the list.

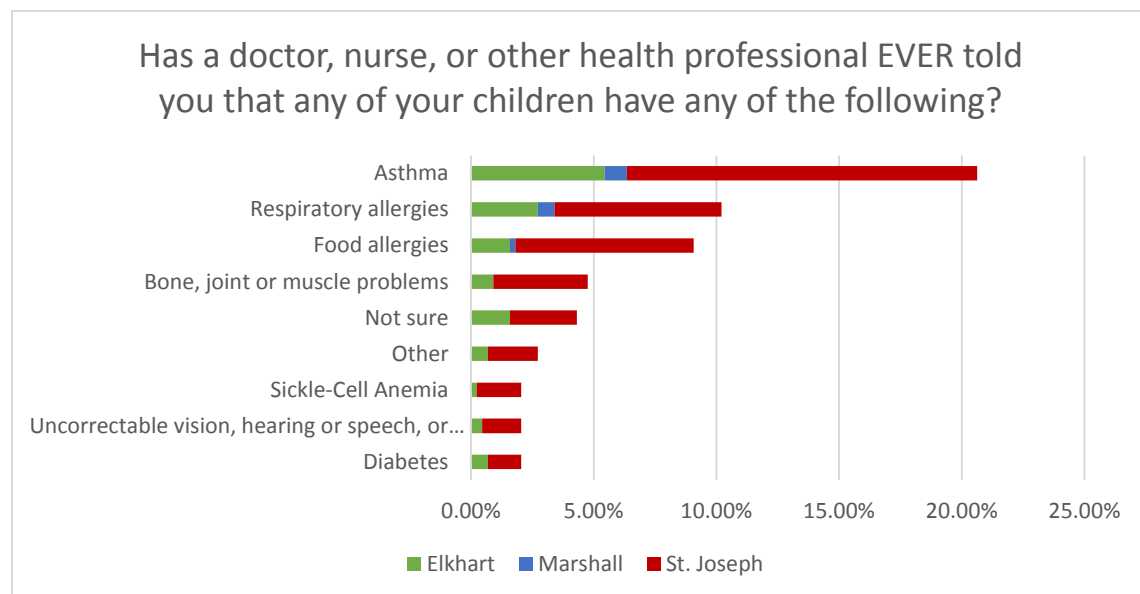
By no means this ranking is to be considered definitive. It is used for illustrative purposes, to highlight the participatory approach of the assessment process, that aims to contribute to more informed and better decisions for the community and to increases acceptance of final decisions by stakeholders.

Most Common Physical Health Conditions in Children

According to diagnoses reported by parents, the top-3 physical health conditions for children per county, are:

Elkhart	Marshall	St. Joseph
Asthma (24%)	Asthma (19%)	Asthma (19.6%)
Respiratory allergies (12%)	Respiratory allergies (14.3%)	Food allergies (10%)
Food allergies (7.1%)	Food allergies (4.8%)	Respiratory allergies (9.4%)

When asked “Has a doctor, nurse, or other health professional EVER told you that any of your children have any of the following?”, 20.6% of the parents responded that one or some of their children has been diagnosed with asthma (Marshall County had the lowest rate of reported children with asthma: 19%). Respiratory allergy diagnoses came up in second place, with an overall 10.2% of the survey respondents reporting that one or some of their children had such condition. Food allergies were reported as the third most frequent health condition for children according to parents, as 9.1% of the interviewed residents that have children with less than 18 years of age reported that at some point a health professional had told them that any of their children had an allergy to some food.



Has a doctor, nurse, or other health professional EVER told you that any of your children have any of the following? (Check all that apply)

	Elkhart	Marshall	St. Joseph	Overall
None of the above	10.43%	3.40%	45.80%	59.64%
Asthma	5.44%	0.91%	14.29%	20.63%
Respiratory allergies	2.72%	0.68%	6.80%	10.20%
Food allergies	1.59%	0.23%	7.26%	9.07%
Bone, joint or muscle problems	0.91%	0.00%	3.85%	4.76%
Not sure	1.59%	0.00%	2.72%	4.31%
Other	0.68%	0.00%	2.04%	2.72%
Sickle-Cell Anemia	0.23%	0.00%	1.81%	2.04%
Diabetes	0.68%	0.00%	1.36%	2.04%
Uncorrectable vision, hearing or speech, or language problems	0.45%	0.00%	1.59%	2.04%

Overweight and Obesity are also top health concerns for the communities of Elkhart, Marshall and St. Joseph Counties. When asked about their children's weight, four in five participant parents considered that their children were at their ideal weight. According to the Indiana Youth Institute³, "Overweight children face an increased risk of cardiovascular disease, type-2 diabetes, sleep apnea, high cholesterol and asthma."

Would you say any of your children are:

	Elkhart	Marshall	St. Joseph
Underweight	10.81%	13.04%	6.03%
At their ideal weight	69.37%	82.61%	83.33%
Overweight	18.92%	4.35%	9.48%
Obese	0.90%	0.00%	1.15%

Source: Community Survey

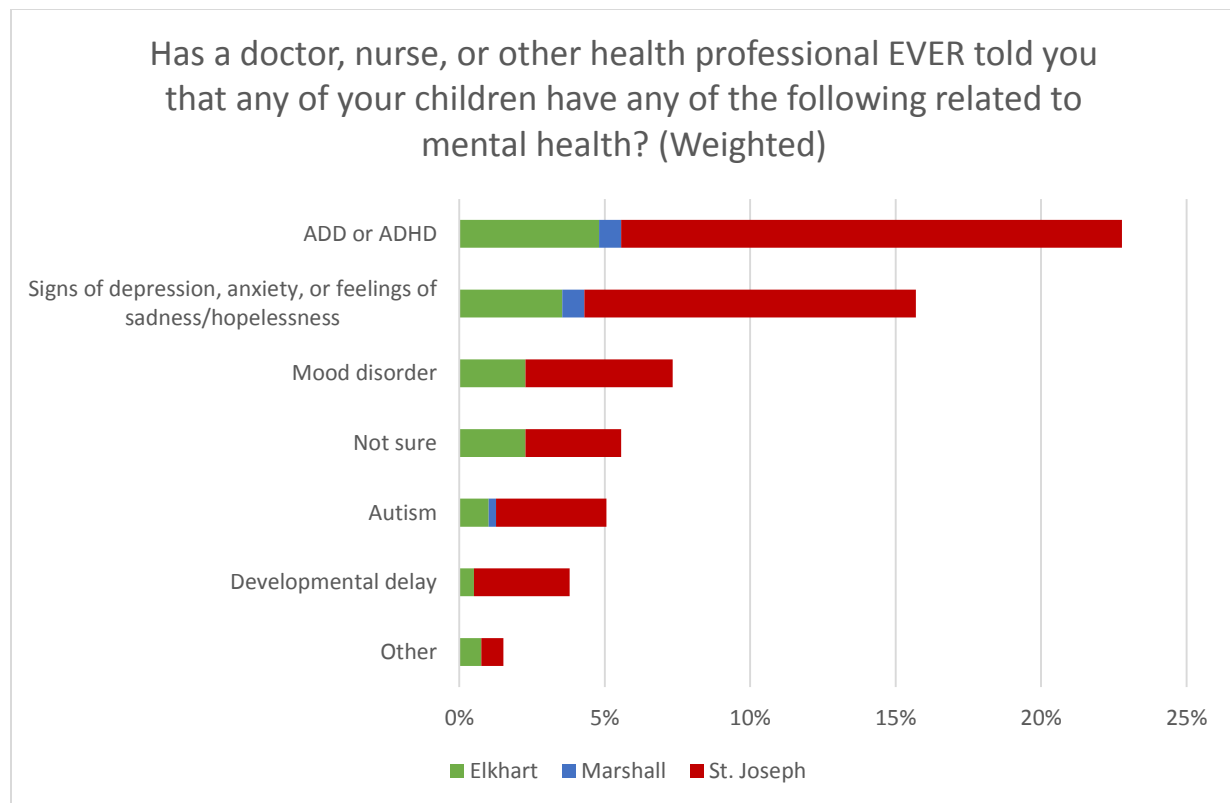
Most Common Mental Health Conditions in Children

The top-3 mental health conditions for children, per county, according to diagnoses reported by parents, are:

Elkhart	Marshall	St. Joseph
ADD/ADHD (25.3%)	ADD/ADHD (23.1%)	ADD/ADHD (22.2%)
Signs of depression/anxiety or sadness (18.7%)	Signs of depression/anxiety or sadness (23.1%)	Signs of depression/anxiety or sadness (14.7%)
Mood disorder (12%)	Autism (7.7%)	Mood disorder (6.5%)

Interviewed parents, when asked "Has a doctor, nurse, or other health professional EVER told you that any of your children have any of the following related to the mental health?", 22.8% self-reported that their children had ADD/ADHD, 15.7% had shown signs of depression/anxiety or sadness, and 7.3% suffered from mood disorders.

³ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.



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Annex 1: Secondary Data Review

Background

In its “Bright Futures” Guidelines⁴, the American Academy of Pediatrics (AAP) considers accumulated research on child development. Acknowledging that individual health trajectories might be different, “population patterns can be predicted according to social, psychological, environmental, and economic exposures and experiences. For example, children and adolescents living in poverty (20% of all US children ≤17 years) are exposed to a cluster of determinants of health that result in high rates of infant mortality, developmental delays, asthma, ear infections, obesity and child abuse and neglect.”

Children’s Health is the Nation’s Wealth⁵. Based on this principle, communities might be able to understand the impact of socioeconomic and behavioral determinants in the present and future health of children. In the Harvard University’s Center on the Developing Child’s Report “The Foundations of Lifelong Health Are Built in Early Childhood”⁶, it is asserted that “a considerable body of research suggests that adult disease and risk factors for poor health can be biologically embedded in the brain and other organ systems during (...) sensitive periods (of early growth and development), with resulting health impairments appearing years, or even decades, later.”

The same Harvard University report states that “children who grow up in families or communities of low socioeconomic status appear to be particularly vulnerable to the biological embedding of disease risk.”⁷

Factors like malnutrition, excessive stress related to high rates of environmental risk factors (such as crime, violence, inadequate municipal services, exposure to air pollution, industrial emissions), and socioeconomic factors (like poverty, low-quality parental responsiveness), can have an impact in rewiring biological and neuronal functions, that may result in children with poor health now, and an increased burden in adult disease in the future.

It is worth mentioning that secondary data available on socioeconomic and behavioral determinants of health of children, as well as child health is usually collected at National and State level. However, County-level information is still available from analysis and publications from the Indiana Youth Institute and the Kids Count program. These resources have collected data from the Indiana Department of Child Services, the Indiana State Department of Health, the Indiana Department of Education, and the US Census Bureau.

As socioeconomic and environmental determinants of health are factors shared across the board by all community members from Elkhart, Marshall and St. Joseph Counties, it is suggested to consult the Secondary Data Review in Annex 2 of the CHNA 2018 Final Report, to have a more complete understanding of health determinants for the three counties.

⁴ Hagan, J. F., Jr., Shaw, J. S., & Duncan, P. M. (Eds.). (2017). Bright Futures. Guidelines for Health Supervision of Infants, Children and Adolescents (Fourth ed.). Elk Grove Village, IL: American Academy of Pediatrics.

⁵ National Research Council (US); Institute of Medicine (US). Children’s Health, The Nation’s Wealth: Assessing and Improving Child Health. Washington (DC): National Academies Press (US); 2004. 1, Introduction. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK92210/>

⁶ Center on the Developing Child (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Retrieved from www.developingchild.harvard.edu.

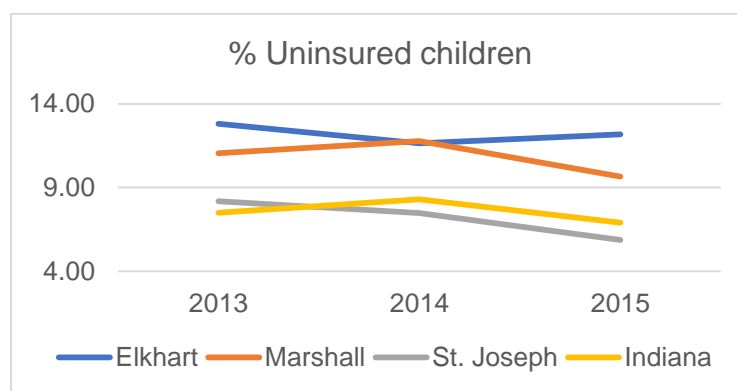
⁷ Center on the Developing Child (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Retrieved from www.developingchild.harvard.edu.

Access to Care

Health Insurance Coverage

According to the 2018 Indiana KIDS COUNT® Data Book, “children with health insurance tend to be healthier than their uninsured peers. They are more likely to receive early care for health problems and have lower risk of hospitalization, obesity, eating disorders, and mental health problems. Without access to health insurance, families are more likely to rely on the emergency room as a source of care, have care delayed or unmet, and have prescriptions unfilled.”⁸

Secondary data compiled from the County Health Rankings and Roadmaps program from the University of Wisconsin, the percentage of uninsured children has been declining for the three counties assessed and the State of Indiana: the trend between 2013 and 2015 shows a slight decrease in the number of uninsured children by county. However, between 2014 and 2015, Elkhart uninsured children rate was the only one increasing, among the compared geographical areas.



Uninsured children (under 18 years of age)

Unit	(%)	(%)	(%)
Year	2013	2014	2015
Elkhart	12.81	11.65	12.18
Marshall	11.04	11.77	9.66
St. Joseph	8.19	7.49	5.88
Indiana	7.50	8.30	6.91

Source: County Health Rankings and Roadmaps

Preventative Care

According to information from the Indiana State Department of Health, collected by the platform Indiana Indicators⁹, between 2014 and 2016, the percentage of Infants fully immunized and recorded in Indiana's immunization registry (CHIRP)¹⁰ has decreased in all three counties assessed, while increased for the State of Indiana: by 2014, 45% of the infants in St. Joseph County were fully immunized, whereas the proportion by 2016 was 42%. Marshall County went from 53% in 2014 to 49% in 2016.

⁸ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

⁹ Indiana Business Research Center, Indiana University's Kelley School of Business. (2018). Indiana Indicators. Retrieved from <http://www.indianaindicators.org/>

¹⁰ Data at health district level, not county level, as reported by the platform Indiana Indicators.

Infants with recommended immunizations

<i>Unit</i>	%	%
<i>Year</i>	2014	2016
Elkhart	50	49
Marshall	53	49
St. Joseph	45	42
Indiana	56	60

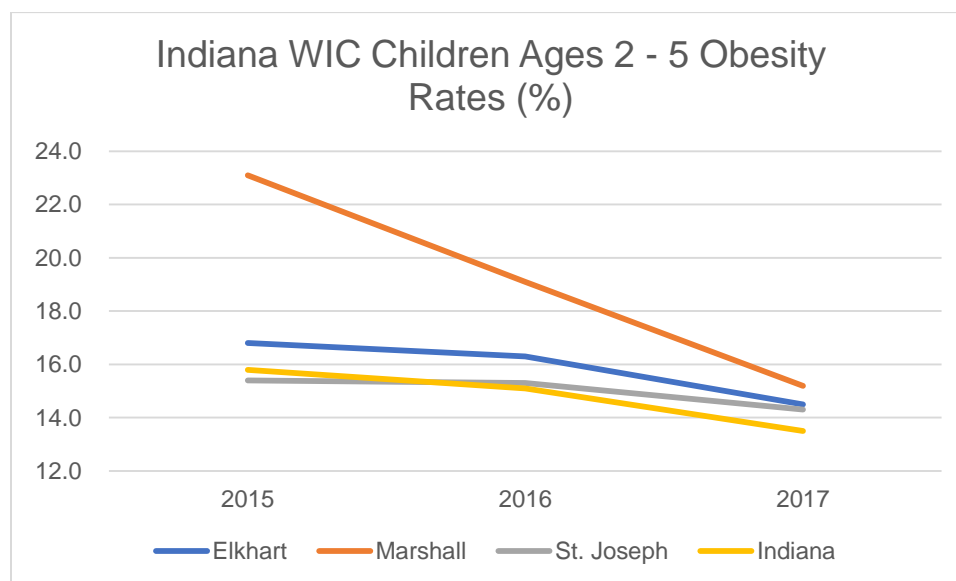
Health Behaviors

Overweight and Obesity

According to the Indiana Youth Institute¹¹, 1 in 10 Indiana parents (9.5%) say they are concerned about their child's weight, 1 in 3 children ages 10-17 are overweight or obese (33.9%), and 5.7% of children ages 10-17 are underweight, 60.3% are normal weight, 15.4% are overweight and 18.5% are obese.

As county-level data is not readily available, the Indiana State WIC program does collect relevant statistics on their participants¹². The Special Supplemental Nutrition Program for Women, Infants and Children provides multi-year, county-level data on overweight and obesity for children years 2 to 5 that are part of the program.

According to the WIC program information, by 2017, 13.5% of children between 2-5 years of age that are part of the program were obese. Obesity rates in 2017 for Elkhart (14.5%), Marshall (15.2%) and St. Joseph (14.3%) are higher than Indiana rates. The trend from 2015 to 2017 showed a steep decrease in the obesity rate for Marshall County. Obesity rates also dropped for Elkhart, St. Joseph and Indiana, but not as much as in the case of Marshall.



¹¹ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

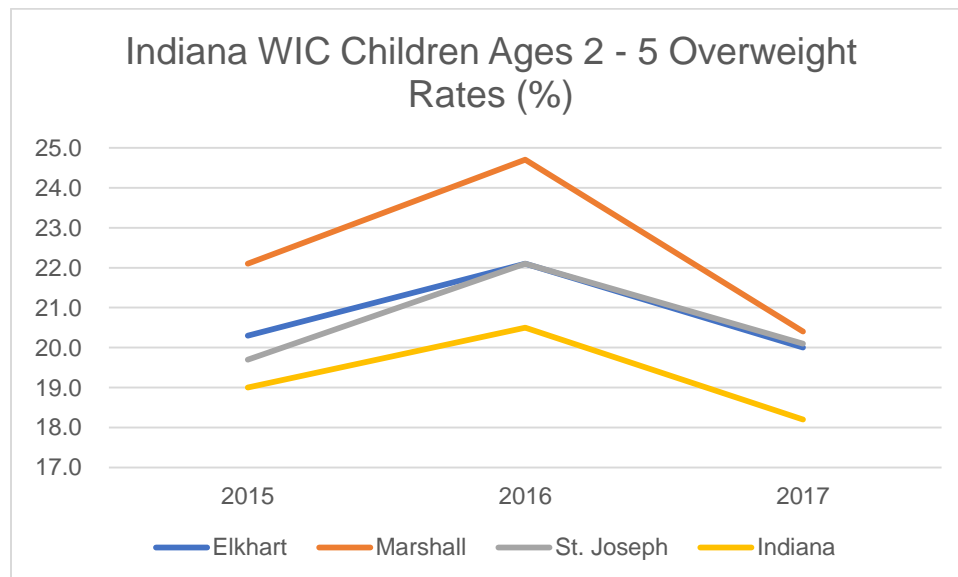
¹² WIC program participants' data on obesity retrieved from: Indiana State Department of Health (2018). Indiana Women, Infants, and Children Program. Retrieved from: <https://www.in.gov/isdh/19691.htm>

Indiana WIC Children Ages 2 - 5 Obesity Rates (%)

Unit	(%)	(%)	(%)
Year	2015	2016	2017
Elkhart	16.8	16.3	14.5
Marshall	23.1	19.1	15.2
St. Joseph	15.4	15.3	14.3
Indiana	15.8	15.1	13.5

Source: Indiana State Department of Health, WIC Program

For the period 2015-2017 WIC participants between 2-5 years of age Overweight rates show a peak in all geographical areas analysed in 2016. However, by 2017, the overweight rate was below 2015 levels.



Indiana WIC Children Ages 2 - 5 Overweight Rates (%)

Unit	(%)	(%)	(%)
Year	2015	2016	2017
Elkhart	20.3	22.1	20.0
Marshall	22.1	24.7	20.4
St. Joseph	19.7	22.1	20.1
Indiana	19.0	20.5	18.2

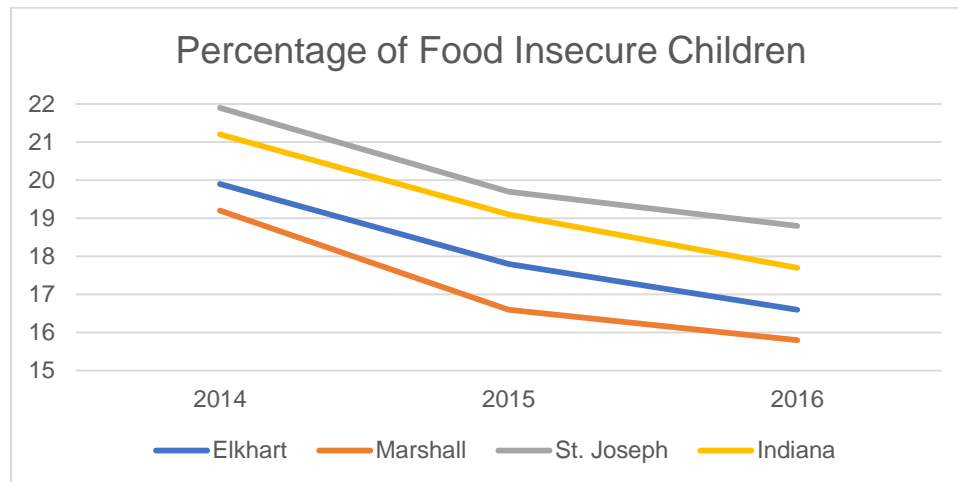
Source: Indiana State Department of Health, WIC Program

Diet and Food Security

According to the USDA, food insecurity refers to a “lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

St. Joseph County has the highest levels of Child Food Insecurity, among the geographical areas being compared. All three counties and the State of Indiana have decreased the percentage of children who are food insecure between 2014 and 2016. Elkhart and Marshall Counties have had, historically, lower levels of child food insecurity than St. Joseph and Indiana State.

Food insecurity and poor food choices at family level are related to socioeconomic factors, like education level and household income. The Indiana Youth Institute states in its 2018 KIDS COUNT® Data Book that “when children do not get enough food or do not have a well-rounded diet, they face greater difficulties in school and maintaining overall health than their peers. Food insecure children are more likely to suffer from illness, to have developmental delays, and to have health deficiencies that persist into adulthood.”¹³



Child food insecurity

Unit	(%)	(%)	(%)
Year	2014	2015	2016
Elkhart	19.9	17.8	16.6
Marshall	19.2	16.6	15.8
St. Joseph	21.9	19.7	18.8
Indiana	21.2	19.1	17.7

Source: Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level

Teen birth

Teen birth rates are associated with unsafe sexual activity. The Indiana Youth Institute has stated that “teen pregnancy is associated with negative consequences for both teens and their children. Teen parents tend to be more socio-economically disadvantaged, both before and after becoming parents, than their peers.”¹⁴

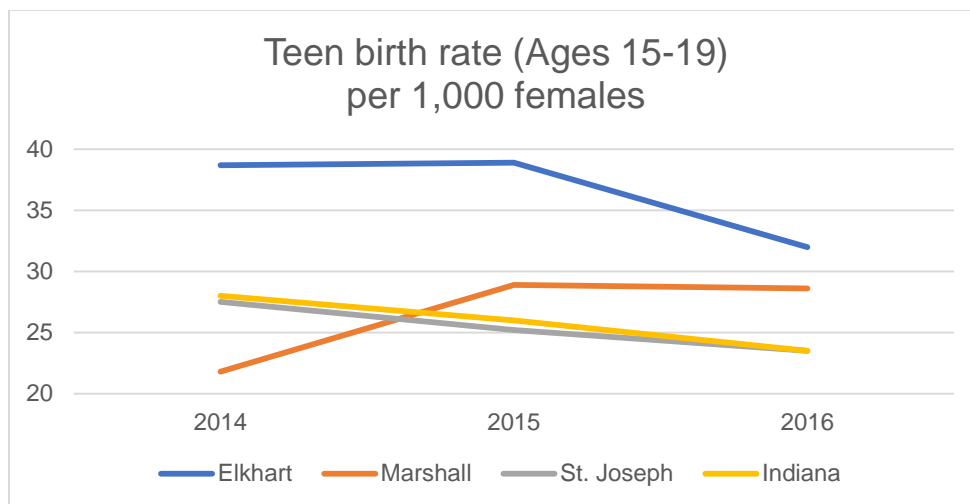
Also, according to the County Health Rankings and Roadmaps program, “pregnant teens are more likely than older women to receive late or no prenatal care, have eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery, and severe neonatal conditions.”¹⁵

¹³ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

¹⁴ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

¹⁵ University of Wisconsin Population Health Institute. (2018). County Health Rankings and Roadmaps Program.

Between 2014 and 2016, the teen birth rate decreased in Elkhart County (from 38.7% to 32%), St. Joseph County (from 27.5% to 23.5%), and Indiana State (from 28% to 23.5%). The rate increased in Marshall (21.8% to 28.6%). Despite the increase, the teen birth rate for Marshall County was lower than the rate for Elkhart for 2016.



Teen birth rate (Ages 15-19)

Unit	Rate per 1,000 females		
Year	2014	2015	2016
Elkhart	38.7	38.9	32.0
Marshall	21.8	28.9	28.6
St. Joseph	27.5	25.2	23.5
Indiana	28.0	26.0	23.5

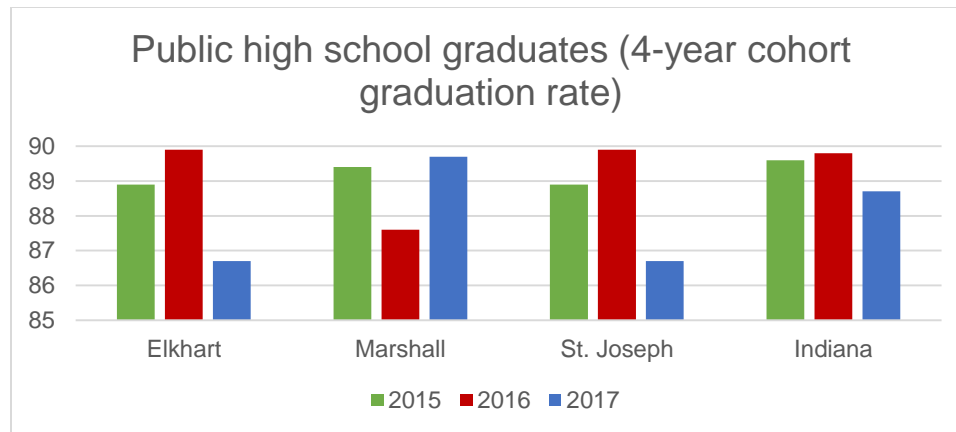
Source: Indiana State Department of Health

Social and Economic Factors

Education

The Kids Count Data Center¹⁶ has collected information on the percentage of students who graduated in four years or less. The information consolidated by the Center, retrieved from the Indiana Department of Education, shows that between 2015 and 2017, the percentage of public high school graduates decreased in Elkhart County (from 88.9% to 86.7%), St. Joseph County (from 88.9% to 86.7%), and Indiana State (from 89.6% to 86.7%). Marshall County is the only area where the rate increased between in the same period (from 89.4% to 89.7%).

¹⁶ The Annie E. Casey Foundation (2018). Kids Count Data Center. Retrieved from: <https://datacenter.kidscount.org/>



Public high school graduates (4-year cohort graduation rate)

<i>Year/Unit</i>	(%)	(%)	(%)
	2015	2016	2017
Elkhart	88.9	89.9	86.7
Marshall	89.4	87.6	89.7
St. Joseph	88.9	89.9	86.7
Indiana	89.6	89.8	88.7

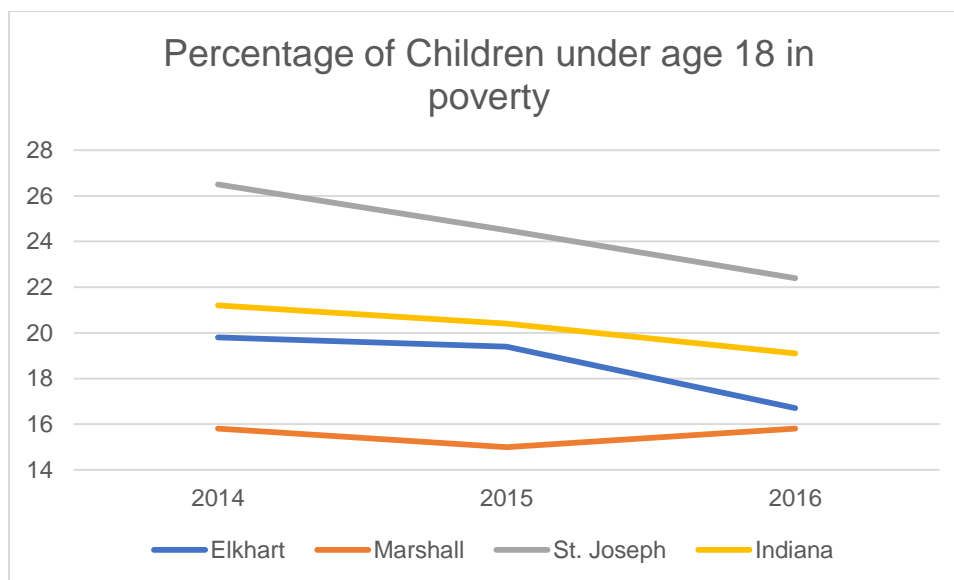
Source: Indiana Department of Education

Poverty

The percentage of children younger than age 18, living in households with incomes below the federal poverty thresholds as reported by the Small Area Income and Poverty Estimates, were consolidated by the Kids Count Data Center¹⁷. The data collected for Indiana State and Elkhart, Marshall and St. Joseph Counties shows the following:

- St. Joseph County had a higher percentage of children living in poverty than Indiana and the Counties of Elkhart and Marshall, during the period analyzed.
- The child poverty rate for Elkhart, St. Joseph and Indiana State decreased between 2014 and 2016.
- The child rate poverty in Marshall in 2016 went back to the same level it had in 2014 (15.8%).

¹⁷ The Annie E. Casey Foundation (2018). Kids Count Data Center. Retrieved from: <https://datacenter.kidscount.org/>



Children under age 18 in poverty

Unit	(%)	(%)	(%)
Year	2014	2015	2016
Elkhart	19.8	19.4	16.7
Marshall	15.8	15.0	15.8
St. Joseph	26.5	24.5	22.4
Indiana	21.2	20.4	19.1

*Source: U.S. Census Bureau,
Housing and Household Economic
Statistics Division*

Environmental Conditions

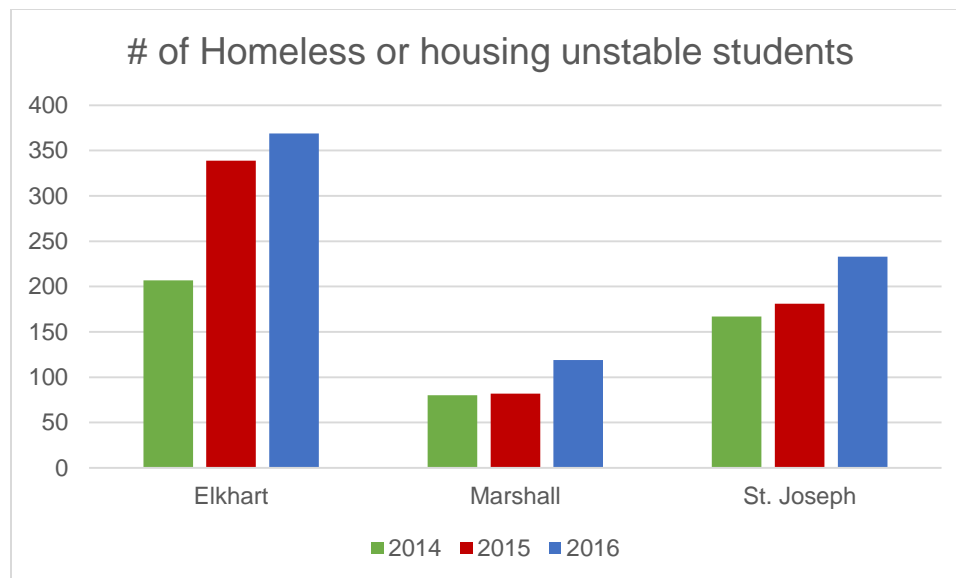
Housing and dwelling conditions for Children

According to the Indiana Youth Institute, “children who lack a stable home are vulnerable to many adverse outcomes, including chronic health problems, difficulty accessing health care, and witnessing violence. Homeless children and youth are difficult to count because they usually change residences and schools often, and many youth—especially unaccompanied teens—try to hide the fact that they are homeless.”¹⁸

The data collected by the Indiana Department of Education from 2014 and 2016 shows a growing trend in the number of students whose housing situation is unstable or homeless, according to the McKinney-Vento Act¹⁹. Elkhart has the highest number of homeless school students that are homeless or that are in a unstable housing situation.

¹⁸ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

¹⁹ National Coalition for the Homeless (2006). McKinney-Vento Act. NCH Fact Sheet #18. Retrieved from: <https://www.nationalhomeless.org/publications/facts/McKinney.pdf>



Homeless or housing unstable students

<i>Year/Unit</i>	<i>#</i>	<i>#</i>	<i>#</i>
	2014	2015	2016
Elkhart	207	339	369
Marshall	80	82.0	119
St. Joseph	167	181	233
Indiana	16,170	17,315	15,919

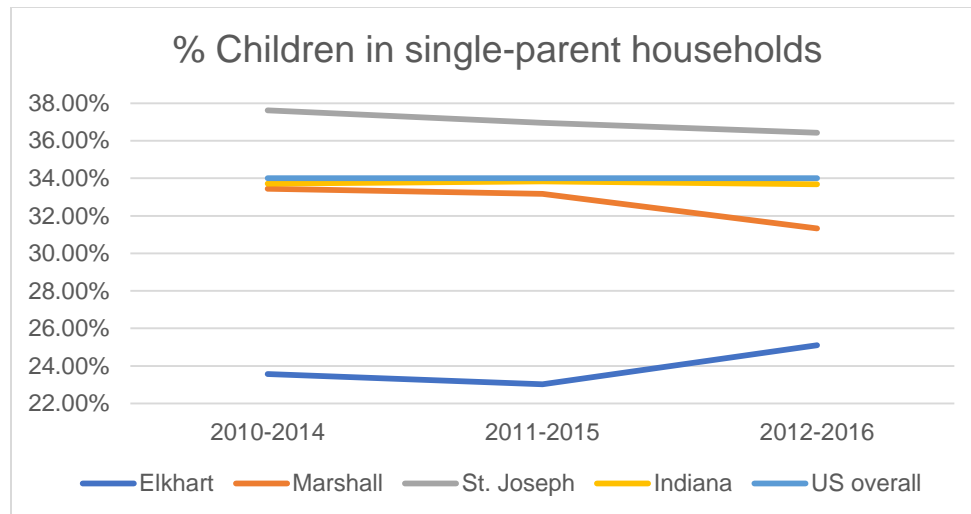
Source: Indiana Department of Education

According to the County Health Rankings and Roadmaps program of the University of Wisconsin, “adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use).”

Research also shows that children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households.

Available information on Children living in single-parent households for the State of Indiana and Elkhart, Marshall, and St. Joseph Counties provides average rates for each 5-year group, as described in the graphic and table below.

The rate of children living in single-parent households decreased in St. Joseph and Marshall Counties, from 37.6% to 36.4%, when comparing the assessed periods. Elkhart County was the area with the lowest rates in all periods compared, but in the last cut-off (2012-2016) showed an increase up to 25.1%.



Children in single-parent households

Unit	(%)	(%)	(%)
Year	2010-2014	2011-2015	2012-2016
Elkhart	23.56%	23.02%	25.10%
Marshall	33.45%	33.16%	31.33%
St. Joseph	37.63%	36.95%	36.42%
Indiana	33.72%	33.84%	33.69%
US overall	34.00%	34.00%	34.00%

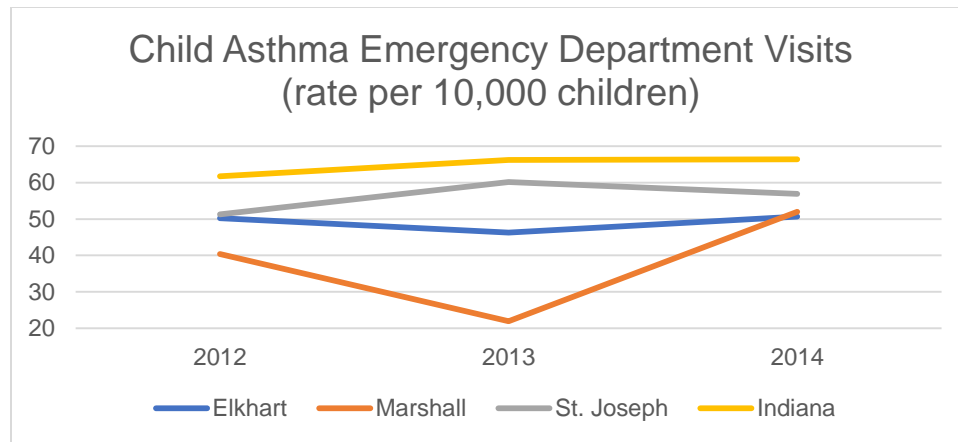
Source: County Health Rankings and Roadmaps

Asthma

The Indiana Indicators platform provided information from the Indiana State Department of Health on the rate of Emergency Department visits by children between ages 5 to 17 with asthma and the rate of children (of the same ages) hospitalized due to asthma in the years between 2012 and 2014.

The rate of Child Asthma Emergency Department Visits increased between 2012 and 2014 for the State of Indiana and the three counties assessed in this report. Marshall County suffered the most dramatic increase, with its rate going from 40.4% in 2012, to 52% in 2014. However, in 2014 St. Joseph County and Indiana had higher rates of Child Asthma Emergency Department Visits than Marshall.

Elkhart County's rate has increased 0.5% between 2012 and 2014. In 2014, Elkhart had the lowest rate among the compared geographical areas in this assessment.



Child Asthma Emergency Department Visits

<i>Unit</i>	Rate per 10,000 children		
<i>Year</i>	2012	2013	2014
Elkhart	50.2	46.3	50.7
Marshall	40.4	21.9	52.0
St. Joseph	51.3	60.2	56.9
Indiana	61.7	66.2	66.4

Source: Indiana State Department of Health

Between 2012 and 2014, the Child Asthma Hospitalization rate has decreased in the State of Indiana and in Elkhart and St. Joseph Counties. No cases have been reported for Marshall County.

Child Asthma Hospitalizations

<i>Unit</i>	Rate per 10,000 children		
<i>Year</i>	2012	2013	2014
Elkhart	4.9	4.4	3.2
Marshall	0.0	0.0	0.0
St. Joseph	10.2	4.5	8.5
Indiana	9.5	7.5	8.5

Source: Indiana State Department of Health

Lead Poisoning

Lead poisoning rates are estimated by counting the number of children with blood lead levels above the reference value of 5 µg/dL. The Indiana State Department of Health surveyed children under the age of 7 each year (7% of the total population of children in 2014 and 2015, and 10% in 2016) from the 92 Counties under its jurisdiction.

According to the data collected between 2014 and 2016, the percentage of Lead Poisoned Children for the three counties assessed and the State of Indiana is decreasing. St. Joseph County has the highest rate of Lead Poisoned Children among the compared geographical areas, and Marshall County has the lowest rate, by 2016

Lead Poisoned Children

<i>Year/Unit</i>	(%)	(%)	(%)
	2014	2015	2016
Elkhart	4.8	5.6	3.7
Marshall	2.1	ND*	2.0
St. Joseph	6.2	7.5	4.8
Indiana	4.3	4.2	3.5

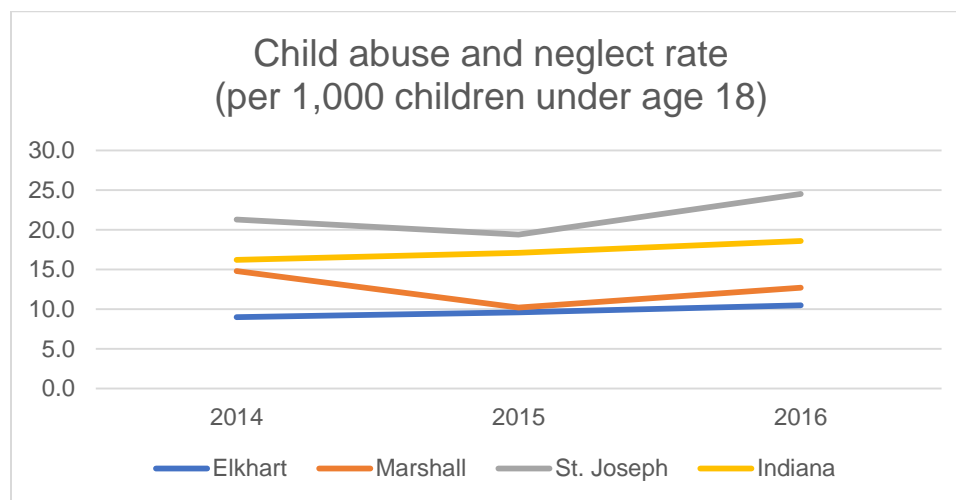
Sources: Indiana State Department of Health

* ND = No data available

Safety and Adverse Childhood Experiences (ACEs)

According to research accumulated by the Indiana Youth Institute, “child maltreatment is associated with physical injuries, delayed physical growth and neurological damage, as well as depression, suicide, alcoholism, criminal behavior and future abuse as an adult.”²⁰

The rate of substantiated cases of child abuse and neglect per 1,000 children under the age of 18, calculated by the Indiana Department of Child Services, shows that this indicator increased between 2014 and 2016 in Elkhart (from 9 to 10.5 per 1,000), St. Joseph (from 21.3 to 24.5 per 1,000), and in the State of Indiana (from 16.2 to 18.6 per 1,000). St. Joseph has the worst rate among the geographical areas considered in this assessment for all the years compared.



Child abuse and neglect rate

<i>Unit</i>	Rate per 1,000 children under age 18		
<i>Year</i>	2014	2015	2016
Elkhart	9.0	9.6	10.5
Marshall	14.8	10.2	12.7
St. Joseph	21.3	19.4	24.5
Indiana	16.2	17.1	18.6

Source: Indiana Department of Child Services

²⁰ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

Annex 2: Community Survey

Background

A Community Survey, focusing on five main issues (Demographic information, Access Barriers to Healthcare, Current Health Status, Social Determinants of Health, and Behavioral Determinants of Health) was designed by enFocus in collaboration with the BCH team, based in the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire.

The Community Survey's purpose was to reach a large number of people in a short period of time, using digital and physical platforms. In order to achieve this, BCH and enFocus required the contribution of partners and stakeholders, to reach an increasing number of participants (cascade effect). The Survey was also present to marginalized, under-served and under-represented populations, ensuring that needs and perceptions from a wide range of demographic and socioeconomic groups were taken into consideration in the definition of the top community health concerns. The data analysis contained in this document is complementary to the Community Survey analysis completed for the CHNA (See: CHNA 2018 Final report, Annex 3: Community Survey).

The Office of Disease Prevention and Health Promotion's Healthy People program considers Early and Middle Childhood improvements in health and well-being a priority for its objectives for 2020. The priority given to Child Health by Healthy People is based on evidence showing "that experiences in early and middle childhood are extremely important for a child's healthy development and lifelong learning. How a child develops during this time affects future cognitive, social, emotional, language, and physical development, which in turn influences school readiness and later success in life. Research on a number of adult health and medical conditions points to pre-disease pathways that have their beginnings in early and middle childhood."²¹

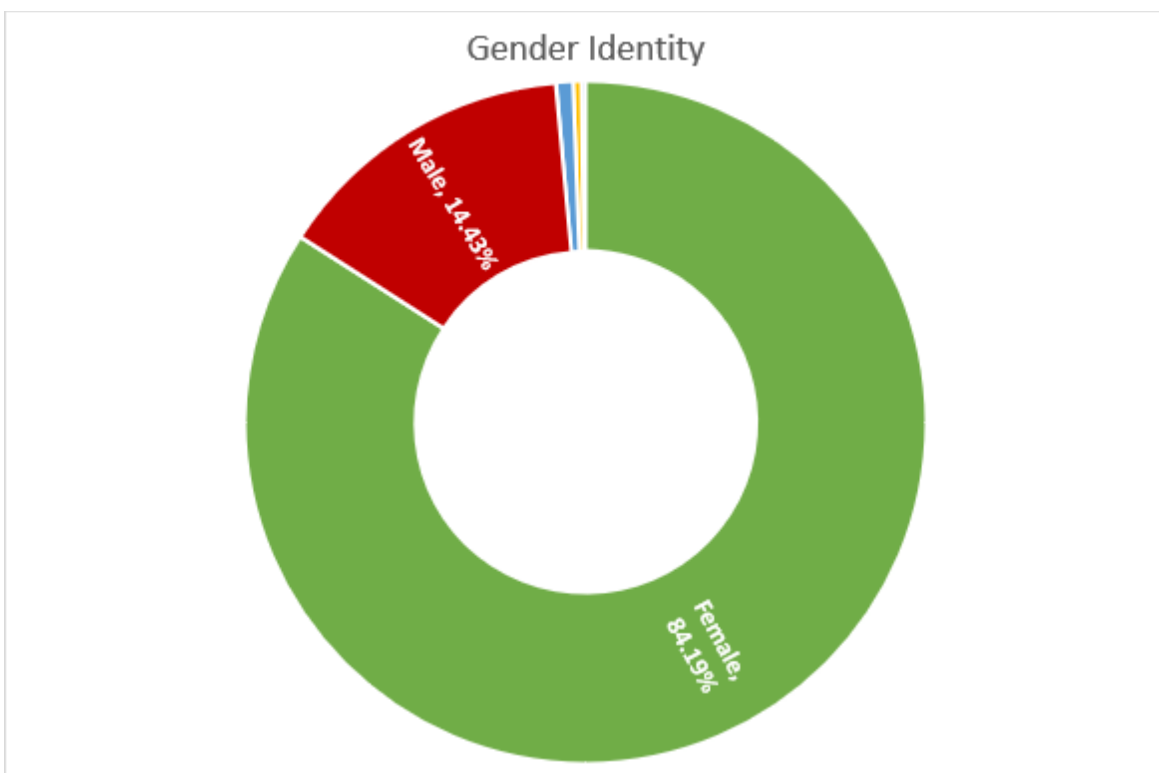
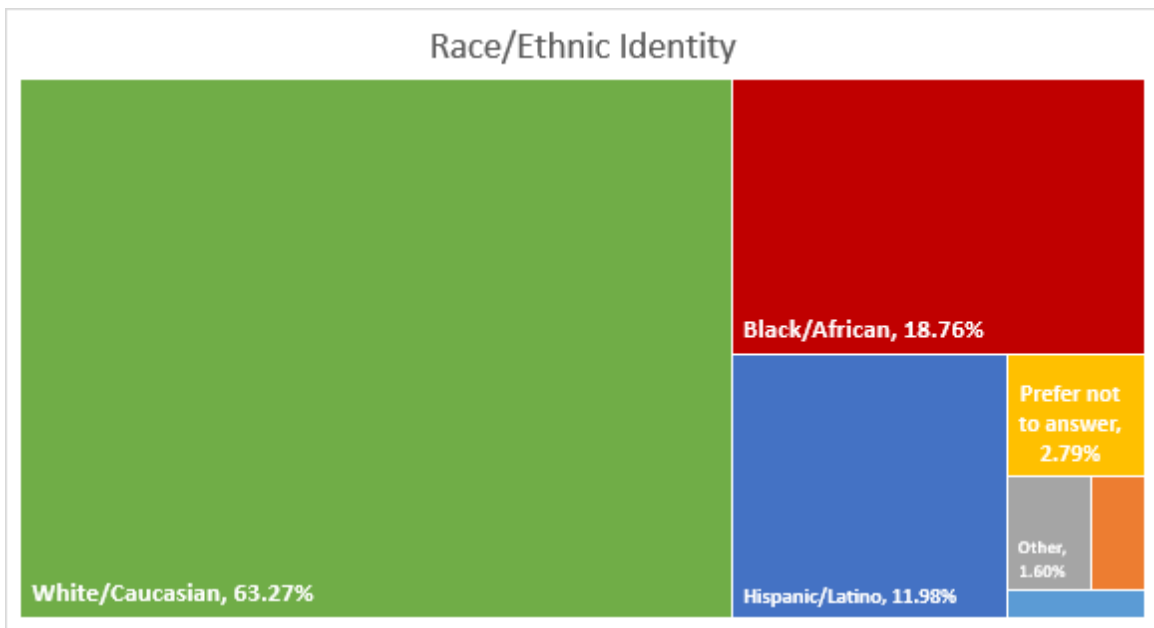
The cognitive, social, emotional, language and physical development of children depends on them receiving adequate care and protection from adults, the presence of environmental stressors and other risk factors. Therefore, the information analyzed in the PHNA considers the responses submitted by 444 parents, representative of the social, economic, behavioral, environmental and health determinant factors for 675 children under 18 years of age, reported by the surveyed parents and caregivers from Elkhart, Marshall and St. Joseph Counties.

The responses from participant residents that reported being parents of children under 18 years of age were isolated and analyzed to provide a more accurate account of the socioeconomic and environmental factors that might determine the health status of children in the communities assessed in this document.

Demographics

62.6% of the parents that completed the Community Survey self-identified their race/ethnicity as "White/Caucasian", 19.1% self-identified as "Black/African" and 12.4% as "Hispanic/Latino". 83.1% of the respondent parents self-reported their gender identity as "Female", and 15.3% self-identified as "Male".

²¹ Office of Disease Prevention and Health Promotion. (2018). Healthy People 2020. Retrieved from <https://www.healthypeople.gov/>



Access to Care

Health Insurance

When asked “Are any of your children currently covered by any of the following types of health coverage plans?”, 9.4% of respondent parents from Elkhart County and 1.5% of the respondent parents from St. Joseph County reported that their children were not insured. No parents from Marshall County self-reported that their children were not insured.

Are any of your children currently covered by any of the following types of health coverage plans?

	Elkhart	Marshall	St. Joseph
Insurance through employer	52.34%	61.90%	48.55%
Self-purchased insurance	2.80%	4.76%	3.78%
Medicare/Medicaid/Other Government Program	31.78%	33.33%	43.90%
Not insured	9.35%	0.00%	1.45%
Prefer not to answer	2.80%	0.00%	1.45%
Other	0.93%	0.00%	0.87%

Parents were also asked if they had used the Emergency Room more than once in the past year for any of their children. Overall, 22% of the surveyed parents in all three counties had used the ER services more than once in the past year for their children. When analyzed separately, 23% of Elkhart parents had to do so, whereas 21.4% of interviewed parents in St. Joseph and 23.8% of parents in Marshall had to do so in the past 12 months.

Have you used a hospital Emergency Room more than once in the past year for any of your children?

	Elkhart	Marshall	St. Joseph
Yes	23.00%	23.81%	21.41%
No	76.00%	76.19%	75.84%
Prefer not to answer	1.00%	0.00%	2.75%

Preventive Care

More than 87% of all parents consulted in the survey answered affirmatively the question “Do you have a specific source of ongoing health care for your children?”. However, 22% of the total parent respondents from the three counties reported in the Community Survey that they had used the hospital Emergency Room more than once in the past year to access healthcare services for their children. In Marshall County, for instance, nearly 24% of the respondents had to do so, as shown above.

Do you have a specific source of ongoing health care for your child/children, such as a specific doctor's office or clinic you regularly use?

	Elkhart	Marshall	St. Joseph
Yes	82.00%	90.48%	88.38%
No	14.00%	9.52%	9.48%
Prefer not to answer	4.00%	0.00%	2.14%

When asked about regular medical checkups, 30.4% of the respondent parents, overall, had never taken their children for a Lead Screening, and 20% had never done so for Eye Exams. Routine Medical Care exams are common, as 89.8% of the parents that participated in the Survey self-report having taken their children for a Routine Medical checkup within the last year.

In general, has your child/children had a routine checkup (well-child checkup or general physical exam) for any of the following health needs?

	Within the last year	Within the last 2 to 5 years	Never
Dental care	78.59%	10.35%	11.06%
Eye exam	61.67%	18.43%	19.90%
Hearing test	50.25%	35.68%	14.07%
Lead screening	37.57%	32.01%	30.42%
Routine Medical Care	89.79%	7.36%	2.85%
Immunization	79.29%	17.41%	3.29%

It is also worth mentioning that, in the three-county area, 37% of the participant parents have responded affirmatively to the question “Have any of your children needed to see a Specialist in the past year?”.

Have any of your children needed to see a Specialist (a specialized doctor other than your child's/children's primary care doctor) in the past year?

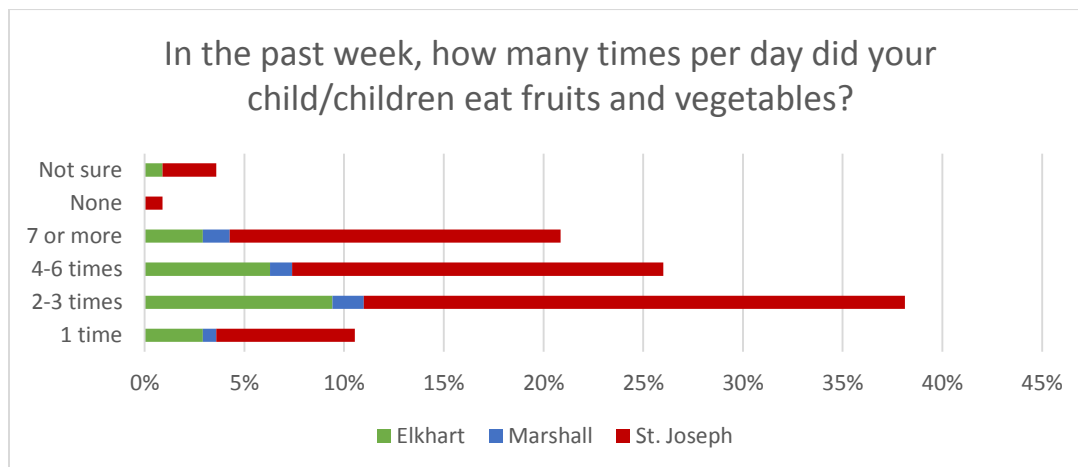
	Elkhart	Marshall	St. Joseph	Overall
Yes	39%	52%	36%	37%
No	61%	48%	64%	63%

The most common Specialist visited by children, according to the answers collected in the Community Survey, were ENT Specialist (20%), Mental and Behavioral health practitioners (18%), Orthopedists (11%) and Allergist (8%)

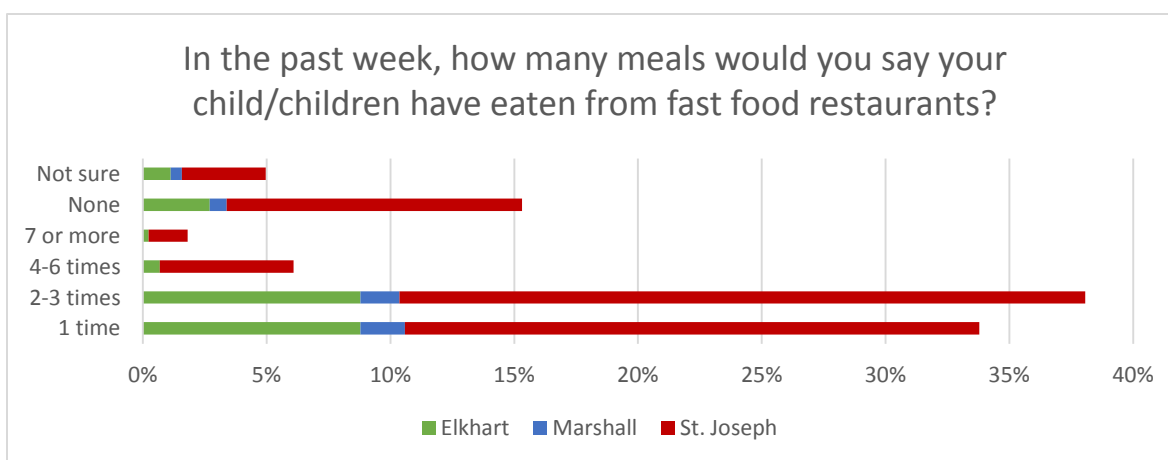
Health Behaviors

Diet and Exercise

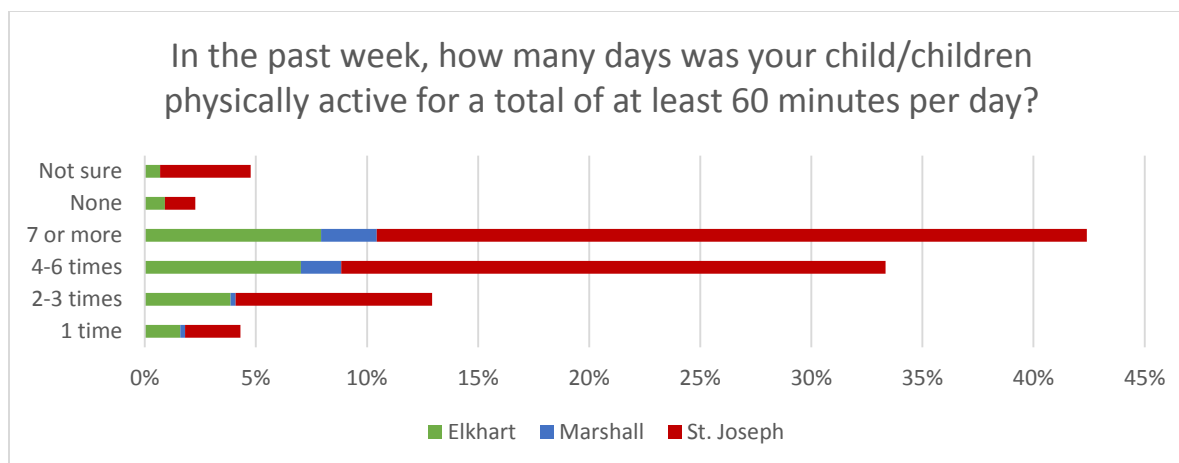
Certain behaviors have a direct impact in overweight and obesity: in the case of children, dietary habits and physical activity are important factors for a healthy life. Parents were asked in the Community Survey about fruit and vegetable consumption habits by their children. Overall, 1% of the children of the surveyed parents did not consume any fruit or vegetable on a daily basis, and 11% consumed only once a day.



Parents from the three counties were also consulted about fast food consumption habits. More than 2/3 of the surveyed parents responded that their children ate between 1 to 3 times a week from fast food restaurants. 8% of the parents said that their children ate from fast food restaurants 4 or more times a week.



According to surveyed parents, 75% of the children in the three counties are physically active (at least 60 minutes) 4 or more days per week.



Social and Economic Factors

Parent Educational Attainment

The 2018 Indiana KIDS COUNT® Data Book states that higher levels of parent educational attainment are associated with positive outcomes for children: “Children of more highly educated parents tend to have greater access to material, human and social resources than their peers. Parent educational attainment is also related to a family’s economic stability, as adults with higher levels of education are less likely to be unemployed and tend to earn more.”²²

Based on this premise, the answers to the question “What is the highest level of education you have completed?” were analyzed for surveyed parents. Overall, 70% of the interviewed parents have a level of education above High School. The percentage of parents with a Master’s Degree or a more advanced certification is higher in St. Joseph County (17%) compared to Elkhart (14%) and Marshall Counties (11%).

The proportion of respondent parents that have not completed High School is higher in St. Joseph County (7%). Only 4% of the surveyed parents from Elkhart have not completed High School.

*What is the highest level of education you have completed?
(Respondents with children under 18 years of age)*

	Elkhart	Marshall	St. Joseph
Incomplete High School	4%	6%	7%
High School/GED	27%	22%	20%
Some College	30%	33%	35%
Bachelor’s Degree	24%	28%	21%
Master’s Degree	8%	6%	12%
Advanced Graduate work or Ph.D.	3%	6%	4%
Prefer not to answer	3%	0%	1%

Parent Employment

Parent employment is an important socioeconomic determinant of health. The Indiana Youth Institute in its 2018 Indiana KIDS COUNT® Data Book considers that “when parents do better economically, their

²² Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

children do better as well. Full-time, full-year employment contributes to greater financial stability and higher income, which is associated with positive child outcomes such as better health, behavior, academic achievement and financial well-being as adults.²³

To the question “What is your current employment status?”, surveyed parents provided the following responses:

- Overall, 47% of the total respondents is Employed full time. 60% of Elkhart’s interviewed parents are in this segment, as well as 44% of the interviewed parents from St. Joseph County. In Marshall County, 39% of the parents self-reported being employed full time.
- 11% of the interviewed parents from Marshall County self-reported being Students.
- 10% of the interviewed parents from Elkhart and 11% of the ones from St. Joseph County self-reported being homemakers.

*What is your current employment status?
(Respondents with children under 18 years of age)*

	Elkhart	Marshall	St. Joseph
Employed full time (40 hours or more per week)	60%	39%	44%
Employed part time (up to 39 hours per week)	12%	33%	17%
Unemployed and currently looking for work	1%	0%	10%
Unemployed and not currently looking for work	3%	6%	2%
Student	1%	11%	5%
Retired	0%	0%	1%
Homemaker	10%	6%	11%
Self-employed	2%	0%	3%
Unable to work	5%	0%	4%
Prefer not to answer	5%	6%	3%

Environmental Conditions

Housing and dwelling conditions for Children

According to the information self-reported by surveyed parents through the Community Survey, the housing situation of people that have kids under 18 years of age per county is as follows:

Overall, 48% of respondent adults that stated having children under 18 years of age, self-report being homeowners, and 35% report being renters. The county with the largest proportion of homeowner respondents is Marshall (67%), while 46% of the respondents from Elkhart County reported being in the same housing situation.

²³ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.

*Which of the following best describes your current housing situation?
(Respondents with children under 18 years of age)*

	Elkhart	Marshall	St. Joseph
Homeowner	46%	67%	48%
Renter	41%	22%	35%
Living with family/friend	9%	11%	9%
Resident of transitional housing	2%	0%	5%
In unstable/non-permanent housing situation	0%	0%	2%
Other	2%	0%	1%

Residents of the three counties were asked to select, among a number of options, the utilities to which they had access in their homes. Adults with children under 18 years of age that responded the question, provided the following information: 2% of the respondents do not have heating in their homes; 3% of the respondents do not have city water service in their homes; 5% of the respondents do not have a refrigerator for food storage at their homes.

Does your home have access to: (Select all that apply)

	Elkhart	Marshall	St. Joseph
Heating	98%	100%	98%
Electricity	99%	100%	99%
Water	95%	100%	97%
Phone landline	41%	33%	43%
Internet	78%	100%	83%
Refrigerator	97%	100%	95%
TV	93%	94%	92%

Accessing certain resources and services is important to determine the quality of life in a neighborhood. Adults that stated having children under 18 years of age were asked about access to a number of places/resources within a mile from their neighborhoods, and provided the following information:

*Within a mile from your neighborhood, do you have access to the following?
(Respondents with children under 18 years of age)*

	Elkhart	Marshall	St. Joseph
Grocery store/Supermarket/Farmer's Market	74%	56%	80%
Pharmacies	76%	56%	73%
Parks/Green areas	87%	83%	86%
Library	71%	56%	75%
Kindergarten/Child care	74%	56%	80%
Schools	76%	56%	73%
Church/Mosque/Shrine/Synagogue/Temple	87%	83%	86%
Community garden	71%	56%	75%
Clinic/Health Center	74%	56%	80%

Access to Parks/Green areas and Worship places in all three counties is the highest, when compared with the rest of the resources and services. Libraries and Community Gardens are considered the most difficult to access by parents in the assessed area. Schools and Pharmacies are considered by 27% of the respondents in St. Joseph County to be beyond the 1-mile range from their neighborhood.

Community Safety

Research evidence suggests that “living in supportive communities can contribute to positive child development. Children living in highly supportive neighborhoods tend to have stronger connections with family, peers, and community, and greater participation in volunteering and religious services.”²⁴

Surveyed parents from the three counties answered the question “In general, would you say that you agree or disagree with the following statements about your neighborhood?”. A number of statements were presented to the respondents. The responses provided ranged from strongly disagreeing with the statement to strongly agreeing with it.

To the statement “There is a **STRONG** sense of community in my neighborhood”, 36% of Elkhart parents agreed or strongly agreed with the statement, while 33% disagreed or strongly disagreed. 44% of parent interviewees from Marshall agreed or strongly agreed with the statement, and 46% of respondents from St. Joseph County did so.

*There is a **STRONG** sense of community in my neighborhood*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Scale
Elkhart	11%	22%	31%	32%	4%	
Marshall	11%	33%	11%	33%	11%	
St. Joseph	5%	15%	33%	37%	9%	

When asked if they felt safe in their neighborhoods, 78% of the surveyed parents from Marshall County, 69% of the parents from Elkhart, and 69% of the parents from St. Joseph answered that they either agreed or strongly agreed with the statement “I FEEL SAFE in my neighborhood”.

I FEEL SAFE in my neighborhood

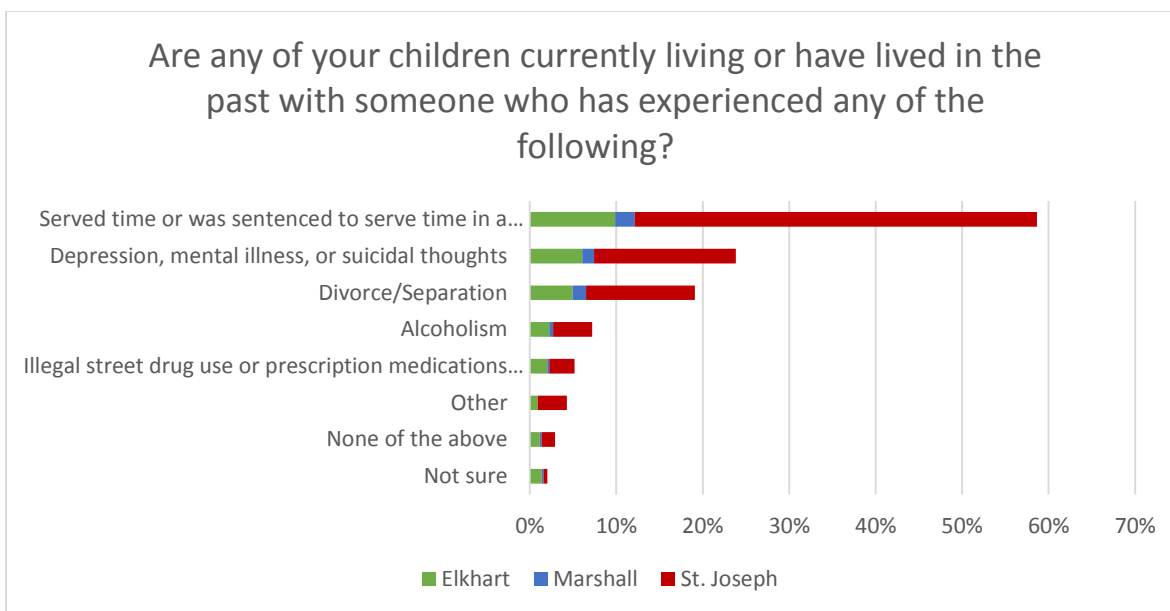
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Scale
Elkhart	11%	7%	13%	50%	19%	
Marshall	6%	11%	6%	61%	17%	
St. Joseph	4%	6%	21%	48%	21%	

Adverse Childhood Experiences (ACEs)

Two questions related to Adverse Childhood Experiences were included in the Community Survey. To the question “Are any of your children currently living or have lived in the past with someone who has experienced any of the following?”, 59% of the interviewed parents responded that their children are living or have lived with someone that has “served time or was sentenced to serve time in a prison, jail or other correctional facility”. 24% of the children from surveyed parents had to live or are living with someone with “depression, mental illness or suicidal thoughts”, according to the data collected.

19% of the respondents self-reported Divorce/Separation as the third largest experience their children are undergoing or have underwent in their household.

²⁴ Indiana Youth Institute (2018). 2018 Indiana KIDS COUNT® Data Book: A Profile of Child Well-Being.



When asked “Have any of these happened to any of your children often or very often in the past?”, 86% of the overall surveyed parents responded that they were not sure. 9% of the parents that provided responses to these question said that their children “Had a parent or other adult in the household swear at them, insult them, belittle them, or humiliate them”, 5% “Did not have enough to eat in the house”, and 5% “Had no one to protect them”.

