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Porter County, Indiana Public Health Needs Assessment

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OVERVIEW

Purpose

The Porter County Indiana Department of Public Health engaged the Pyrcce Healthcare Group to conduct a public health community needs assessment.

Objectives

1. To conduct a community health needs assessment focusing on key areas of health in the framework of Indiana public health services and in collaboration with the Porter County Health Department.
2. To identify unmet needs, service gaps, and priorities for health services development in Porter County, engaging key stakeholders.
3. To provide a community health needs assessment report identifying unmet needs and service gaps and provide recommendations for future development and delivery of Porter County community health services.

Methodology

1. Framework for the Porter County Public Health Needs Assessment

The framework for the Porter County Public Health Needs Assessment was based on several public health models as identified in the report findings.

2. Interviews with Key Informants

Pyrcce Healthcare Group and the Porter County Public Health Department identified key Porter County participants for the needs assessment. Participants included representatives from leading health care organizations, school systems, agencies and community professionals and included group and individual interviews. Thirty-five interviews were conducted with **seventy-seven** Porter County stakeholders using a survey instrument developed for the project. Additional participants in the needs assessment included the Resource Networking Group. An interview roster identifying individuals who participated in the assessment is included in Appendix 1.

A breakout of interviews conducted by market segment is shown in Table 1 below. **A total of seventy-seven individuals participating in the sessions.**

Table 1	
Community Segment	Number of Interviews
Agencies	8
Law Enforcement	3
Government	3
Health Systems	5
Physicians	2
Community Council	2
Recovery Community	2
Schools	8
State Agencies	1
Faith Community	1
Total	35

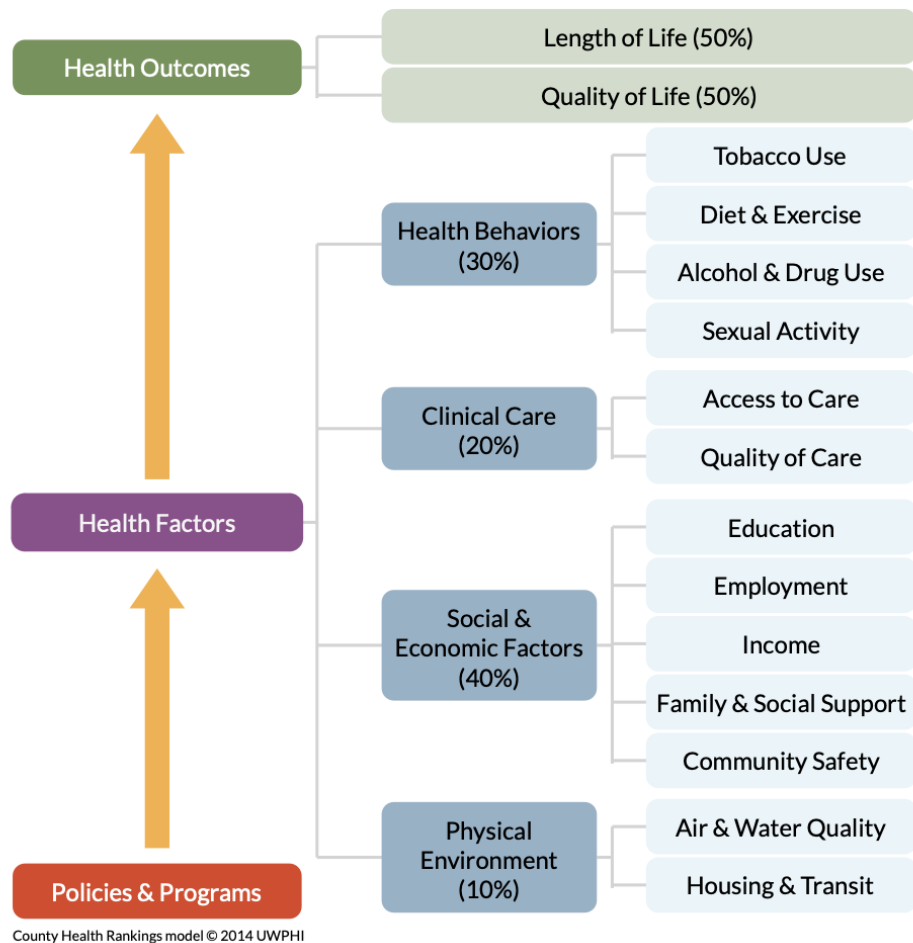
Select Public Health Trends

1. County Public Health Ranking Model

The county public health ranking model is based on an assessment of county’s public health including a review of policies and programs that address community health factors with a goal of positive health outcomes.

Health factor areas in the ranking model assessment **include four areas: health behaviors, clinical care, social and economic factors and the physical environment** with health outcomes focused on length of life and quality of life.

Chart 1¹



¹ University of Wisconsin Population Health Institute, 2014
Porter County, Indiana
Public Health Department Needs Assessment

2. Health First Indiana (HFI): State Investment in Local Public Health Model

Health First Indiana transforms public health through a state and local partnership to deliver services at the county level. Senate Enrolled Act 4 legislation passed by the 2023 Indiana General Assembly, provides Health First funding starting in 2024 so counties can determine the health needs of their communities and implement evidence-based programs focused on prevention. Counties decide whether to opt-in to the new funding and to provide the core public health services.

The goal is to ensure that every Hoosier has access to the core public health services that enables them to achieve their optimal health and well-being. Good health is the foundation of our ability to thrive, from schools to the economy.

Highlights of Health First Indiana (HFI)

- \$75 million in fiscal year 2024, \$150 million in fiscal year 2025
- Investment in prevention leads to healthier communities and workforce, which attracts businesses and benefits the economy.
- Brings together local elected officials, public health, clinical health and community partners.

Partnerships allow us to identify gaps and reduce duplication to ensure the efficient delivery of services. Benefits rural communities that often have fewer resources, such as free health screenings and connection to care. **Core Public Health Services: At least 60% of HFI funding must be spent on these core services²**

- Infectious disease prevention and control
- Student health
- Testing/counseling for HIV, HCV, STI
- Referrals to clinical care
- Vital records
- Fatality review (child, suicide, overdose)
- TB prevention and case management
- Chronic disease prevention and reduction
- Trauma and injury prevention and education
- Tobacco and vaping prevention and cessation
- Maternal and child health
- Emergency preparedness
- Childhood lead screenings and case management

² Indiana Public Health Department updated October 10, 2023

- Child and adult immunizations

No more than 40% of funding may be spend on these core services.

- Food protection
- Pest/vector control and abatement
- Public/semipublic pool inspection and testing
- Orders for decontamination of property used to illegally manufacture controlled substances
- Residential onsite sewage system permitting and inspections
- Sanitary inspection and surveys of public buildings
- Sanitary operation of tattoo parlors and body piercing facilities
- Sanitary operation of facilities where eyelash extensions are performed

3. Social Determinants of Health: Centers for Disease Control and Prevention

Social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Centers for Disease Control and Prevention (CDC) has adopted this SDOH definition from the World Health Organization.

SDOH are one of three priority areas for [Healthy People 2030](#), along with health equity and health literacy. Healthy People 2030 sets data-driven national objectives in [five key areas of SDOH](#): healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment. Some examples of SDOH included in Healthy People 2030 are safe housing, transportation, and neighborhoods; polluted air and water; and access to nutritious foods and physical health opportunities.

Chart 2³
Social Determinants of Health



3



U.S. Department of Health and Human Services



Office of
Disease Prevention
and Health Promotion

4. Ten Essential Functions of Public Health⁴

The National Institutes of Health has published a report identifying ten essential functions of Public Health.

Monitor Health Status

- To help identify and solve public health problems.
- Used to identify health risks, assets, resources, vital statistics, and disparities.
- Exemplified by registries on ongoing health assessment and maintenance of the population.

Diagnose and Investigate

- Help create timely identification and investigation of health threats.
- Creation of response plans that address major health threats.
- Helps in the management of health problems and health hazards in the community, e.g., investigation of infectious water, food, and vector-borne disease outbreaks.

Inform, Educate, and Empower

- Health education promotion at individual, family, and population levels.
- Helps build knowledge and shape attitudes.
- Inform decision-making choices.
- Help develop skills and healthy behaviors and living.
- Empowerment through advocacy and social marketing.

Mobilize Community Partnerships

- To identify and solve health problems.
- Create partnerships with the private sector, civic groups, faith communities, and other public entities.
- Develop constituencies.
- Develop coalitions.
- Identify and create partners and stakeholders.
- Promote health improvement through formal and informal partnerships.

Develop Policies and Plans

- To help support individual and community health efforts.
- To aide strategic planning with community health improvement planning.

⁴ Peter F. Edemekong and Steven Tenny, "Public Health," National Institute of Health, National Library of Medicine December 2022

- To protect and guide public health practice.
- For emergency response planning.
- To align resources to assure successful planning.

Enforce Laws and Regulations

- To protect population health and ensure safety.
- Advocate for regulations that help protect and promote health.
- Evaluation, review, and revision of legal authority, laws, and regulations.

Link People to Needed Services/Assure Care

- Create access to personal health services.
- Identify barriers to care.
- Assure provision of health care when otherwise unavailable.
- Ensure ongoing care management: initiate transportation and enabling services.
- Access to care linked with primary care.
- Create culturally appropriate and targeted health information for an at-risk population.

Assure a Competent Workforce

- Create and access public health and personal health care workforce.
- Public health workforce and leadership.
- Continuing education and life-long learning.
- Leadership development.
- Cultural competencies.
- Maintaining standards.
- Efficient processes of licensing and credentialing requirements.
- Public health competencies.

Evaluate Health Services

- Performance management.
- Ongoing evaluation of personal health services, population-based services, and public health system.
- For effectiveness, accessibility, and quality of personal and population-based health services.
- Continuous quality improvement and routine evaluation.

Research

- Links public health practice and academic/research settings.
- For new insights and innovative solutions to health problems.
- Cutting-edge research to advance public health.

- Research participation as well as identification and sharing of best practices.
- Epidemiological studies, health policy analyses, and public health systems research.

5. Public Health Domains

In a recent article in *The Journal of Public Health*⁵, the authors identify six key domain areas for public health.

They recommend that the core three traditional domains of health promotion, disease prevention and health protection be expanded to include three additional Ps: prediction, precision, participation.

⁵ Silvio Brusaferrò, Luca Arnoldo, Laura Brunelli, Roberto Croci, Antonio Mistretta “Six Ps to Drive the Future of Public Health,” *Journal of Public Health*, November 2022

FINDINGS

1. Porter County Public Health Needs Assessment: Areas for Service Development

Public health areas with unmet needs identified during the interviews include Basic Needs, Safety Needs, Environmental Needs and Health Care Needs

Basic Needs: Housing

Concerns were shared across the spectrum including the increased costs of homes in areas of the county and the increase in the homeless population. Suggestions offered on increasing Section 8 housing and other initiatives to address the significant housing issues identified.

Basic Needs: Transportation

The lack of public transportation was noted except for the Valparaiso bus services. There are some limited services offered by the Sheriff's Department and by Three20 Recovery for the populations they serve, but concerns were shared on the inability of county residents to access healthcare and basic services due to lack of transportation. The Council on Aging bus services has bus services provided to the senior population but the organization has half as many buses as they did 10 years ago.

Basic Needs: Food Security

The increased use of food pantry and other free food services was noted. Certain rural areas of the County were identified as food deserts. Concern shared about the nutritional value of food offered through some of the food distribution services.

Safety Needs: Gun Safety

Gun safety in homes and the risks for children was noted as a concern from the Department of Child Services and the schools.

Environmental Needs: Insect Infestation

Insect and parasite infestation was noted as a concern by both the schools and by Department of Child Services.

Environmental Needs: Flooding

Flooding identified as a concern during the Township Trustees meeting.

Health Care Needs: Mental Health Services

Mental health services, particularly for children and adolescents, was identified as a major health need in the County. Concern shared about long waiting lists for appointments and lack of inpatient adolescent psychiatric beds. Pediatric practice now conducts mental health screenings and Porter Starke provides services in the schools.

Health Care Needs: Maternal and Child Health Services

The importance of the first 3 years of life was identified and the importance of the availability of diapers and formula for new born infants.

Health Care Needs: Social Determinants

An understanding of social determinants of health and the impact on overall health and well-being was noted as an important area of focus by health care providers.

2. Porter County Health Department

The Porter County Health Department is respected by Porter County stakeholders participating in the interviews. Participants cited the Public Health Department's leadership during the COVID pandemic, and services offered at schools including vaccine services. Also noted positively is the recent mobile unit, offering on-site services in the county.

Interview participants also shared that the Health Department has low visibility in the community and recommended increased Public Health Department engagement and communication with the community and with partner organizations. Stakeholders recommended that the Public Health Department facilitate greater community awareness of services, provide education and facilitate access to services.

3. Strategic Partnerships

Interview participants noted that the Porter County public health needs are beyond the scope and capacity of any individual organization including the Public Health Department. The importance of developing strategic partnerships for monitoring health trends and needs, identifying gaps, and continuing to develop and offer needed services is viewed as essential. Participants offered hope that the Public Health Department will be in a leadership role of this process in the future.

4. County Health Scorecards

Two county health scorecards compared Porter County health trends to all other Indiana counties. One scorecard was published by the State of Indiana, Department of Health. The second scorecard was developed by the University of Wisconsin, Population Health Institute, School of Medicine and Public Health.

Table 2			
Indiana Public Health Scorecard - 1 ⁶			
2022			
Topic	Porter County Rate	County Rank ⁷	Indiana Rate
Adult Obesity	36%	47th	35%
Children >3 years old completing vaccine series	63.3%	40th	57.7%
Infant Mortality	3.70%	5th	6.8%
Life Expectancy	77.9%	23rd	76.5%
Smoking	20.5%	33rd	21.0%
Suicide	16.8%	50th	17.2%
Years of Personal Life Lost Due To Injury (age-adjusted)	2,163.3	44th	2,527.14

Highlights from the University of Wisconsin, Population Health Institute scorecard include:

Favorable Porter County health rankings (percent of population)

- Teen births: 12%
- Uninsured: 6%
- Flu vaccinations: 53%
- High school completion: 94%
- Some college: 68%
- Children in poverty: 12%
- Injury deaths: 75 per 100,000 people

⁶ Indiana Department of Public Health

⁷ Out of a total of 92 Indiana counties.

Porter County health rankings identified as areas to explore (percent of population)

- Adult smoking: 18%
- Adult obesity: 35%
- Preventable hospital stays: 3,492 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment.

Interview Summaries

Name/Title	Highlights
<p>Pastor Tim and Pastor Erica Gibson-Even Christ Lutheran Church</p>	<ul style="list-style-type: none"> • Lutheran Church, founded in 1970, described as a “lively congregation.” • Extensive community programs, including a 30-year-old pre-school, Boys Scouts, Girl Scouts, AA Groups, Grief Groups, host Red Cross Blood Drives, as example of programming. • “The pandemic raised the profile of public health.” • Public health concerns and gap areas include basic need areas of housing, food, and transportation. • Need for mental health and substance use services especially for adolescents. • A mental health and substance use crisis is occurring and “we are not talking about it.” “We need to acknowledge, discuss, and address the cultural barriers.” • Involved with Coalition of Churches addressing housing issues.

Name/Title	Highlights
<p>Maggie Beezhold Club Director Valparaiso Club and Kidstop</p>	<ul style="list-style-type: none"> • Non-profit funded through grants, private donations and fees, part of the Boys and Girls Clubs System. • Offer after-school programming for grammar and high school students. Kidstop offers programs before and after school and is located in grammar schools. 10 B & G Clubs in Porter County and Lake County and 11 Kidstop programs in schools as well.

Name/Title	Highlights
<p>Sheryl Chambers Healthy Families Program Director</p> <p>Family and Youth Service Bureau</p>	<ul style="list-style-type: none"> • A national program working with families needing support for newborn infants. Offer home visits, developmental screenings, and resources and referrals for health care needs. 55 families currently receiving services. • Porter County Health Department is “genuine, very accommodating. They provide shots and testing—a wonderful partner.” • Positive on mobile unit—believes the department could be going out into the community more and connecting with low-income families. • Work collaboratively with NorthShore, HealthLinc and Associated Pediatrics • Community unmet needs include housing and a focus on equity and inclusion

Name/Title	Highlights
<p>Amanda Alaniz Superintendent Portage Township Schools</p>	<ul style="list-style-type: none"> • Portage school district serving K-12th grades. 8 elementary schools, 2 middle schools, 1 high school. Enrollment of 7,000 for 2023-2024 school year. • On site services through medical partnership with NorthShore and behavioral health partnership with Porter Starke. • Major health issue of infestations of parasites; not a single-family issue. Need a model to handle long-term. • An evolving positive trend of providing health services for students during the school day. • Positive relationship with Health Department, focusing on needs of schools and families. • Mental health is a need, not a top focus of health department, need a community forum to share information on trends and approaches for working with mental health issues in schools

Name/Title	Highlights
<p>Alan Grecula, Executive Director</p> <p>Christine Paul, Business Development Manager</p> <p>Three20 Recovery</p>	<ul style="list-style-type: none"> • Recovery services and movement with “multiple pathways” for lifelong recovery. Need continued education and peer support services. • Post-covid “more apt to have a conversation about mental health” • Work collaboratively with area organizations including the Wellness Division at the jail, YMCA, Hub Coalition, the health systems: NorthShore, Porter Starke, HealthLinc, Caring Place and began work with VA • Gaps in public health services include housing, transportation, and increased awareness of public health • Recommendations for future: increased education and awareness, increased collaboration including support for small programs and improved housing opportunities • “Small programs need consistent financial support”

Name/Title	Highlights
<p>Rachel Mullins Sanchez, COO</p> <p>Lauren Marciniak, Senior Director of Business Operations</p> <p>Alaina Albanese, Chief Quality Officer</p> <p>Miranda Redlark, Director of Executive Administration</p> <p>NorthShore Health Centers</p>	<ul style="list-style-type: none"> • Non-profit, federally qualified community health center (FQHC). Twenty locations serving Porter, Lake, LaPorte and Jasper Counties including full-service clinics and primary care clinics in schools. 60,000 patients served annually • Focus on community health, acknowledging social determinants • Interface with Public Health Department in areas of alcohol prevention program and vaccine program. Do not have a lot of information on the Health Department • Public health gaps include HIV in Porter County, drug use and overdoses, services needed in the schools and in jails, services needed on the continuum from early childhood and pre-K, adolescent behavioral health, senior services with a “three months wait for adolescent behavioral health services” • Need to reduce stigma for accessing services for mental health and substance use • Public Health Department needs to come together with community health services, COVID brought us together, “what are their priorities now?”

Name/Title	Highlights
<p>Jay Birky Chaplain Porter County Sheriff's Department, Wellness Division</p>	<ul style="list-style-type: none"> • Engaged at jail and in the community. Called out to community for fatalities, suicides and ride alongs. On Fatality Review team • Public health necessary particularly for the marginalized • Focus on physical and mental health, developing a Loss Team • Interface with Public Health Department on Suicide Prevention Coalition and HUB Coalition. Health Department comes into the jail once a month • Working to address inmates lack of transportation and housing • Needs include mobile crisis services for mental health (Porter Starke) and more Crisis Intervention Team (CIT) training

Name/Title	Highlights
<p>Matt Burden, CEO Sandy Carlson, Director of Clinical Services Porter Starke</p>	<ul style="list-style-type: none"> • Community mental health center and Certified Community Behavioral Health Clinic (CCBHC) with offices in Valparaiso, Portage, Knox, LaPorte, Gary and Hebron. On 4th year of WISE program for seniors-a true prevention program • Collaborate with Public Health Department on hepatitis C immunizations, MAT clinics, vaccinations and Fatality Review Committee • County public health needs for housing, need a local solution for affordable housing, nowhere to use housing vouchers; also a need for harm reduction programs • Important for Public Health Department to focus on the tough public health problems and build community awareness and an understanding of the issues • Vision for future: development of a county health dashboard of health metrics that is shared on a timely basis

Name/Title	Highlights
Teresa Young, Director, Outpatient Mental Health and Addictions Services	<ul style="list-style-type: none"> • Offer counseling and psychological services for individual, couples, family, group and parental support
Katy Bytnar, Director, Children’s Services	<ul style="list-style-type: none"> • Offer school-based services and home-bound services for children and adolescents
Todd Willis, Director of Community Engagement	<ul style="list-style-type: none"> • Work in 31 schools • Offer case management for Medicaid recipients
Sandy Carlson, Director of Clinical Services	<ul style="list-style-type: none"> • Have engagement specialist in both school-based and home-bound services
Porter Starke	<ul style="list-style-type: none"> • Work with Juvenile court with direct services and staff training • Shield of Care and Mental Health First Aid programs offered • Public Health areas for focus: vaping, engagement of parents on prevention and early intervention

Name/Title	Highlights
Jordan Stanfill, Chief Housing Officer	<ul style="list-style-type: none"> • A merger of Northwest Indiana Community Action, a Crown Point social services nonprofit, and Housing Opportunities, a Valparaiso housing nonprofit in August 2023
Northwest Indiana Community Action	<ul style="list-style-type: none"> • Offer emergency shelter, rapid rehousing, temporary housing, permanent supported housing, street outreach, and a resource center that provides showers, laundry services and computer access • In 2021 248 children were housed, 559 adults and 338 housing units operated • Mental health and substance use are highest areas of need outside of the need for housing for the population served. Demographics changed post-COVID seeing more 18–29 year-old population, employed and not making living wages and others aging out of foster care system • Limited experiences with Public Health Department. “Have not been a good partner” as during COVID Housing Opportunities operated a COVID isolation shelter, Department did not support with vaccines or other resources • Current gaps include mental health and substance abuse services including inpatient beds-extremely long waiting list at Porter Starke. Also, a gap in supports for aging in place including adaptive devices • “Hilltop House is a light in the otherwise impoverished community in the heart of the University area”

Name/Title	Highlights
<p>Lisa Kiger Director of Nursing Porter Township School Corporation</p>	<ul style="list-style-type: none"> • 1500 students in the District, Lisa oversees nursing through the three district schools • Increase in students experiencing anxiety, especially post pandemic, student concerns about health risks in school, influence of social media and increase in online bullying and misinformation • Porter Starke on-site at schools weekly • Excellent working relationship with Health Department; refer to Health Department for immunizations. Health Department reaches out regularly to share programs being offered • Need for more mental health services and providers

Name/Title	Highlights
<p>Jennifer Wright President and CEO Hilltop Neighborhood House</p>	<ul style="list-style-type: none"> • Food resource offering a food pantry with a soup kitchen opening in 2024; 1800 children and adults provided food assistance through the pantry • Offer early childhood program for infancy through kindergarten; offer tuition assistance and last year \$350,000 provided for 124 families • Works with Health Department with van on-site providing screenings and vaccinations • Location of Health Department in basement of County Courthouse is “off-putting” for many in the neighborhood. “If you have had a court date, are high or drunk, or recently been arrested you are not going to go to the basement of the courthouse and trust that you will be taken care of or safe.” • Lack of multiple services needed for a community living with poverty including access to healthcare, transportation, food, mental health and substance use services • Suggestion that Health Department come into the community, spend time with community members with consistent culturally diverse staff

Name/Title	Highlights
<p>Sarah Hunter, Chief Operating Officer</p> <p>James Leonard, D.O. FACEP, Chief Medical Officer</p> <p>Northwest Health</p>	<ul style="list-style-type: none"> • Three hospitals in Porter, LaPorte and Starke with emergency department services. Outpatient medical offices offering primary care. • Women and children’s services include a level 3 NICU • Emergency department services have grown and patients have increased acuity • Transportation an issue for access to primary care • Worked with Health Department during COVID “beginning of a young relationship” • Work with Porter Starke on behavioral health and HealthLinc • See an opportunity to coordinate services with Health Department and share data back and forth. • Vision for future to have better partnerships so services are not siloed and patient navigation offered • Coordination with Health Department mobile van and hospital could offer specialist services as needed

Name/Title	Highlights
<p>Melissa Mitchell, Chief Innovation and Strategy Officer.</p> <p>HealthLinc</p>	<ul style="list-style-type: none"> • Federally qualified health center (FQHC) serving Porter, LaPorte, Lake, Starke and St Joseph’s counties. Serve 42,000 individuals with 550 staff with services including family practice, OB/GYN, behavioral health, pediatrics, pharmacy and medical training • Community needs include housing, emergency shelters—including for domestic violence and food—not just food deserts but also nutrition deserts, and focus on social determinants of health • Highest percent of no-show patients due to transportation issues • Opportunities to collaborate with Public Health Department—are there services to combine? • Important focus on maternal and child health. Also needs for mental health and dental services.

Name/Title	Highlights
<p>Carley Samayoa, Project Director</p> <p>Betsy Stearns, Community Coordinator</p> <p>HUB Coalition</p>	<ul style="list-style-type: none"> • Provide prevention and community awareness services, previously known as Porter County Substance Abuse Council. Started in 1989, serves as local coordinating council • Working to collaborate with Public Health Department • Public health issues include mental health and substance use, risks with fentanyl. Rising alcohol, drug and mental health issues with youth. Also, opioid risks with seniors • County geography is both urban and rural, only Valparaiso has public transportation • Public health department should promote their programs, HUB can help and collaborate • County needs housing and there is a food oasis in rural communities • Preventive care important—screening services

Name/Title	Highlights
<p>Shannon Burhans President and CEO</p> <p>Erin Robles Director of Communications and Engagement</p> <p>Cassie Adams Director of HR and Talent Management</p> <p>Brianna Manning Fund Development Coordinator</p> <p>Denna Schriks Membership Operations Coordinator</p> <p>YMCA of Portage Township</p>	<ul style="list-style-type: none"> • Offer whole person wellness and fitness from age 2 to seniors. • Medical partner with NorthShore Health. Refer to Porter Starke, refer to Geminus • Lack of community awareness of public health services. Many do not know what services the Health Department offers • Shortage of mental health professionals: community-based workers provide support while members wait for traditional services • Transportation a challenge with areas having no access to public transportation. • Affordable housing an unmet need, and recent growth of tent cities • Need more access to healthy food • Need for child care, particularly 0 to 2 years old

Name/Title	Highlights
<p>Chip Pettit, Superintendent</p> <p>Robert McDermott, Assistant Superintendent</p> <p>Kevin Zech, Assistant Director of Teaching and Learning</p> <p>Duneland School Corporation</p>	<ul style="list-style-type: none"> • K-12 school district in Chesterton serving: Westchester, Liberty and part of Pines Townships; 5 elementary schools, 3 middle schools, one high school and one virtual academy with total enrollment of 5,831 for the 2023-2024 school year • Biggest unmet need is mental health with a need for creative models managed on a community wide basis • Awareness of the impact of trauma on mental health and physical health, the Adverse Childhood Experiences study (ACEs) model was referenced • Vaping noted as an increasing health risk second to mental health as an area of concern • Schools have a good relationship with the Health Department through the school liaison. Health Department needs to be out in the community more providing information, resources, screenings. Need more education on needs for vaccinations. The overall vaccination rate when a child enters school has decreased significantly in recent years • Recommendation for Health Department to support professional development for school nurses' Also suggested Department provide notices and alerts on other health areas beyond COVID.

Name/Title	Highlights
<p>Mitch Peters</p> <p>Attorney and</p> <p>Respite House Founder</p>	<ul style="list-style-type: none"> • Respite Halfway Houses for Men. Respite House I with capacity of 16 and Respite House II with capacity of 25. Alice's House for women has capacity for 16. • Interaction with Health Department for TB tests and Aids Awareness • Gaps include affordable housing, food and mental health services • Involved with development of homeless shelter in Valparaiso Have raised \$1.2 million toward \$3.1 million budget 9400 square feet with a resource center and warming/cooling center

Name/Title	Highlights
<p>Chief Jeff Balon Porter County Sheriff</p>	<ul style="list-style-type: none"> • Sheriff's office has Wellness Department including Social Worker to work with jail population and to interface with the community. Interested in potential of hiring another social worker • Also focused on wellness of officers • Public health gaps include transportation. Issue for jail population and for staff

Name/Title	Highlights
Louella Richey, Director	<ul style="list-style-type: none"> Collaborate with Public Health Department on vaccines and mold review
Melissa O'Brian, Family Case Manager Supervisor	<ul style="list-style-type: none"> Concerns about gun safety "conversation that people are afraid to have..... how to have the conversation?"
Shawna Smith, Family Case Manager Supervisor	<ul style="list-style-type: none"> Need for sex education, including understanding risks of grooming behaviors and parent education on internet safety about risks of social media
La'Shawn Lewis, Family Case Manager II	<ul style="list-style-type: none"> Unmet need for mental health services, "never enough inpatient beds for children". May be in the emergency department 3 to 5 days and then go home given wait lists for inpatient child psychiatric services. Wait lists of 6 months
Brandi Spear, Family Case Manager	<ul style="list-style-type: none"> Refer adolescent inpatient behavioral health to Michiana Behavioral Health (Plymouth) and Harsha (Terra Haute)
Brittany Coombs, Family Case Manager	<ul style="list-style-type: none"> DCFS staff interested in receiving additional staff development, identified Brightstar, Bridges of Possibility program
Faith Cooper, Family Case Manager	<ul style="list-style-type: none"> Concerns about insect infestations in neighborhoods Concerns about youth suicide-need more education in schools
Andrew Long, Family Case Manager	<ul style="list-style-type: none"> Interested in more information on Safe Sleep, "What are the trends". Significant cause of child deaths
Department of Child and Family Services	

Name/Title	Highlights
<p>Susan Bishop, MD</p> <p>Associated Pediatrics</p>	<ul style="list-style-type: none"> • Pediatric provider in Porter County since 1989, Valparaiso the primary office and an office in Portage • 12 pediatric practitioners including 8 MDs and 4 Nurse Practitioners • Draw from surrounding counties including Lake, LaPorte, Jasper, Newton and state of Michigan • Work with birth to early age 20 populations • Specialist from Lurie comes to Porter County once a week • Major shift to expanded focus on mental health, now both screen and prescribe. Referral for mental health services a 3 to 4 month wait • Public health needs for women and children includes need for diapers and formula • Opportunity to reimagine public health in Porter County, shared the Costa Rica example.

Name/Title	Highlights
<p>Pablo Bukata, MD</p> <p>Associated Pediatrics</p>	<ul style="list-style-type: none"> • Pediatric group with 8 MDs and 4 Nurse Practitioners; Dr Bukata with the practice since 1999 • Good relationship with Public Health Department, work on vaccine schedule • For overall health, mental health is the number one need, also lack of pediatric specialty care and PT and OT services • The pandemic changed the perception of public health, and in some cases negative • Focus on first 3 years of life is important mentioned First Thing's First programming. And shared importance of pre-natal care • Working with Behavioral Specialists of Indiana, a behavioral health private practice, on offering services at the practice location

Name/Title	Highlights
<p>Emily Packard, Director of Community Relations and Outreach</p> <p>Christy Cleveland, Health and Wellness Coordinator St Mary Medical Center</p> <p>Community Healthcare System</p>	<ul style="list-style-type: none"> • Conducted a community health assessment included on their website that included service line committees. • Community Outreach team including 2 nurses and 4 outreach team members. Offer services including a wellness program, and offer classes at Valparaiso YMCA on nutrition and Live Strong (cancer) • Two clinics in Valparaiso and Portage; adding emergency services to their intermediate care services • Participate on Porter County Wellness Committee—interested in how they can help Porter County • Porter County changing—younger families • Public health issues include: smoking/vaping, seniors have need for food and nutrition, “people do not know how to cook” Offering cooking classes at program with YMCA • Public health needs include food, housing, transportation and health care • Offering health screenings for the community

Name/Title	Highlights
<p>George Topoll, Trustee, Union Township</p> <p>Jesse Harper, Trustee Center Township</p> <p>Scott Gilbert, Trustee Washington Township</p> <p>Diane, Clerk, Boone Township</p> <p>Barb Regnitz, Commissioner</p> <p>Township Trustees Group Meeting</p>	<ul style="list-style-type: none"> • Mental health and substance use disorder are major issues and often difficult to reach this population. How can we motivate and engage? Need to shift cultural paradigm • Transportation an issue with little public transportation, traffic, lack of infrastructure, and ambulance service having staffing challenges impacting services. Transportation issues impact ability to seek medical care • Mobile van helpful, may also need house calls • Social isolation an issue, how to help individuals engage? • Suggestion that Public Health Department have a brochure or pamphlet to share with available services • Performance indicators are needed to ensure quality and consistency of services

Name/Title	Highlights
<p>Joy Sunday Director of Health Services Valparaiso School District</p>	<ul style="list-style-type: none"> • Kindergarten through 12th grade education; provide on-site healthcare for student population. 12 schools, 6,000 students • Schools have a good relationship with the health department as the school liaison reaches out regularly to all districts. • Need for mental health services is biggest need identified. • Health Department needs to evaluate services in the county for consistency “need someone in each quadrant of the county seeing what people need and working to bring the care and services needed to that area” Suggest that Public Health Department be out in the county and that would improve residents’ knowledge of services and improve opportunities for access • Transportation-an issue in the county-without a car difficult to access care

Name/Title	Highlights
<p>Bruce Lindner Executive Director Council on Aging and Community Services</p>	<ul style="list-style-type: none"> • Founded in 1958, 80% of activity focused on transportation. • 10 years ago, 25,000 rides a year, now, 12,000 rides a year due to funding. Currently have 7 buses, could use 14 buses “We have the infrastructure in place”. Looking to move to electric vehicles and will need charging station • Most clients are seniors with disabilities, include visits for medical appointments and visits for dialysis, and also to access food • County government is the biggest funder, also funds from state and federal government • Charge \$1.00 a ride • Need for Section 8 housing, 400 clients

Name/Title	Highlights
<p>Stacy Schmidt, Superintendent</p> <p>Porter Township School Corporation</p>	<ul style="list-style-type: none"> • For students’ primary care and mental health needs it can be challenging to get an appointment for services for several weeks. Growing concern on mental health • Working with Porter-Starke StudentWISE and supplement with grants • Work with NWI No Child Hungry on backpack meal program • Need for patient advocate to follow-up on screenings. • Early childhood ages 3-4 can benefit from screenings and early intervention before going direct to kindergarten • Have vape detectors in place. • Working with other superintendents to address chronic absenteeism and unified attendance policies • Partners with Boys and Girls Club for before and after school care, still some gaps • Need hygiene supplies and snacks for nurses’ offices • Possibility of satellite services from YMCA?
<p>Jeff Brooks, Superintendent</p> <p>Hebron School Corporation</p>	<ul style="list-style-type: none"> • Merram Health Group in Hebron, school sharing information, may be some stigma about seeking care • Nursing care has grown, now one nurse in each building • Working to ensure immunization updates, possibility of Health Department offering a Smart Start immunization clinic on-site at Hebron Schools • Have a partnership with Porter-Starke through Student WISE and Title 1 grant in all three schools • Vape detectors in high school, interested in an education program for students on vaping • Work with NWI “No child hungry” Buddy Bags • Preschool at Hebron Schools has helped with transition from pre-school into school • Need engagement with Misty Glen, Pines and Gas Light Mobile Home Park communities • Interested in joint partnership

Name/Title	Highlights
<p>Aaron Case, Superintendent</p> <p>East Porter County School Corporation</p>	<ul style="list-style-type: none"> • Students unable to get appointments on a timely basis for primary care, mental health care, and even chronic health and procedure needs. • Concern that high deductibles on insurance could be a barrier to receiving medical care. • Students report not receiving follow-up information following appointments • Vaping, and now seeing THC in vapes, signing an MOU with tobacco coalition. • Chronic absentee issues following COVID policies. • Partnership with Porter-Starke providing social workers throughout the district. • Food insecurity an issue, especially at Kouts/Morgan, food pantry/food bank resources located north of Division Rd. • Interested in joint partnerships
<p>Jim McCall, Superintendent</p> <p>Erin Hawkins, Assistant Superintendent for Student Support Services</p> <p>Valparaiso Community Schools</p>	<ul style="list-style-type: none"> • Barriers to care include housing insecurity, food insecurity and transportation. • On vaping, student athletes/participants signed agreement on random drug testing. • Offer some nutrition and fitness through health classes/PE class. • Open to funding for backpacks, snacks, and nutrition programming • Programs offered include robust DARE, bullying prevention, body safety, internet safety • Happy to collaborate with local health experts

Name/Title	Highlights
<p>Samantha Burgett, Social Worker</p> <p>Porter County Sherriff's Office</p> <p>Resource Network Community Coalition</p>	<ul style="list-style-type: none"> • Facilitate Resource Network monthly meeting bringing together Porter County resources. • Joined the meeting to brainstorm Porter County public health current strengths and weakness and future opportunities and threats

Name/Title	Highlights
<p>Jessica Luth, Shelter Director</p> <p>Erin Erickson, Client Advocate</p> <p>Caring Place</p>	<ul style="list-style-type: none"> • Social service organization providing emergency residential and outpatient services for individuals experiencing domestic violence and sexual assault. 24-hour crisis line. Offer support groups and community education. 22 bed shelter serving 350 individuals last year. • Addressing domestic violence, mental health and substance use disorders are top need areas. • Worked with Health Department on vaccines, easy to work with, brought mobile services for vaccines during COVID. • Not fully aware of services Health Department offers • Transportation an issue, can be a challenge for social services. Need for affordable housing and daycare/childcare options. • A mobile service offered regularly at the Caring Place would be welcomed. Also, opportunities for Health Department to provide educational presentations for clients (i.e. sexual health, physical health, birth control) would also be welcomed

Vision for Porter County Public Health: Public Health Department Board and Staff Visioning Session

The Porter County Public Health Board and staff participated in a “visioning session” for the future of Porter County public and community health. The following are the draft vision statements as developed by the Board:

- Porter County residents understand what they can do to maintain their physical, mental and spiritual health, have the support they need to attain their health goals and have confidence that external threats to community health are mitigated.
- Easier access to services, public health education and assistance, leading to better overall public health for the citizens of Porter County.
- My vision for Porter County Indiana Community Health is that all residents will have equitable access to healthcare and public health services, right where they live, allowing them to live their best life.
- Better Health, Better Future: To improve the health and wellness of Porter County. Assist the community in improving their quality of life to provide support when they are struggling.
- Protecting public health by welcoming and helping people where they are and offering a hopeful view of the future with helpful staff and useful tools and technology.
- My vision for the community health of Porter County is to be a place where ALL people in the community think of first for their healthcare needs. We can refer people to other places that offer services that we do not offer.
- Everyone, regardless of age, race or gender can access health care when they need it to achieve an optimum level of wellness.
- Being better, doing better, coping better, encouraging those for making changes for the better.
- Porter County Health Department is able to reach all those in need of assistance.
- A community that values wellness and improved health and acknowledges that all people should have equal access to quality, evidence-based care by those who are well qualified to provide it. In short, a community that is willing to invest in the health and wellness of everyone.
- A collaborative approach for improving health for Porter County residents through education, available resources and increased access.

RECOMMENDATIONS

1. Develop a Porter County Public Health Strategic Plan incorporating the stakeholder interviews and the county scorecard rankings.

- Incorporate the findings of the stakeholder interviews and the county scorecard to identify and prioritize public health initiatives, services, and programs.
- Establish measurable goals, objectives, and key evaluation metrics to monitor, adapt and adjust the plan on a quarterly basis.
- Develop an implementation plan with target dates for initiatives, programs and services.
- Develop a quarterly plan review process.

2. Further develop a Porter County public health framework as the underpinning of the Strategic Plan including awareness/education, prevention, treatment, and recovery.

- Evaluate the Porter County Public Health Department organization structure to ensure alignment with the strategic plan.
- Develop a vision for the future of public health in Porter County

3. Further develop services for basic needs of housing, food security and nutrition and transportation.

- Housing needs include homelessness and affordable housing
- Food security and improved nutrition identified as areas of need
- Public transportation limitations identified as a barrier to access to health care and other essential services

4. Develop strategic partnerships to further develop public health services

- Stakeholders participating in the interviews were very interested in partnership to advance public health in Porter County. And, stakeholder interest in the Public Health Department providing a leadership role in collaboration and partnerships.

- 5. Evaluate and develop a plan to address the significant unmet need identified for mental health services with particular focus on child and adolescent mental health**
 - Mental health needs identified by participants including significant identification of needs by children and adolescents.
 - Addressing stigma of mental health as a barrier was identified as an area of need.
- 6. Further develop the Public Health Department community leadership in public health and increase engagement and communication.**
- 7. Further evaluate maternal and child health needs, insect/parasite infestation and flooding issues identified in the interviews to assess needs and incorporate in the Public Health strategic planning.**
- 8. Develop a county health dashboard of health metrics that is shared on a regular basis.**

APPENDICES

Appendix 1			
Porter County Indiana Public Health Department Community Needs Assessment			
Interview Roster			
Category	Name/Title	Affiliation	Email
Agency	Matt Burden, CEO	Porter-Starke Services	mburden@porterstarke.org
	Sandy Carlson, Director of Clinical Services		scarlson@porterstarke.org
Agency	Shannon Burhans, President and CEO	Portage YMCA	Shannon@ymcaofportage.org
	Erin Robles, Director of Communication and Engagement		Erin@ymcaofportage.org
	Cassie Adams, Director of HR and Talent Management		Ms.CC@ymcaofportage.org
	Brianna Manning, Fund Development Consultant		give@ymcaofportage.org
	Denise Schriks, Membership Operations Coordinator		DSchriks@ymcaofportage.org
Agency	Jennifer Wright, President and CEO	Hilltop House	jwright@hilltophouse.org
Recovery Community	Alan Grecula, Executive Director	Three20Recovery	agrecula@northshorehealth.org
	Christine Paul, Business Development Manager		cpaul@theartisticrecovery.com
Agency	Maggie Beezhold, Club Director	Valparaiso Club and Kidstop	mbeezhold@bgcgreaterwi.org
Agency	Jessica Luth	Caring Place	
	Erin Erickson, Client Advocate		
Health System	Emily Packard	Community Health System	Emily.Packard@comhs.org
	Christine Cleveland		
Health System	Melissa Mitchell	HealthLinc	mmitchell@healthlincchc.org

Health System	Rachel (Mullins) Sanchez COO Mirand Redlark, Director of Executive Administration Lauren Marciniak, Senior Director of Business Operations Alaoma Albanese, Chief Quality Officer	Northshore Health	rsanchez@northshorehealth.org rmredlark@northshorehealth.org lmarciniak@northshorehealth.org aalbanese@northshorehealth.org
Physician	Mary Bishop, M.D.	Associated Pediatricians	
Physician	Pablo Bukata, M.D.	Associated Pediatricians	
School	Lisa Kiger, Lead Nurse	Porter County School District Boone Grove Middle School	Lisa.kiger@ptsc.k12.in.us
School	Joy Summer Director of Health Services	Valparaiso School District	
Law Enforcement	Jeffrey Balon, Sheriff	Porter County Sheriff	jbalon@porterco-ps.org
Law Enforcement	Jay Birky Chaplain	Porter County Sheriff	JBirky@porterco-ps.org
Law Enforcement	Samantha Burkett Social Worker	Porter County Sheriff	SBurgett@porterco-ps.org
Recovery Community	Mitch Peters, Founder	Respite House II	info@respitehouse.org
Government Agency	Louella Richey, Director Melissa O'Brian, Family Case Manager Supervisor Shawna Smith, Family Case Manager Supervisor La'Shawn Lewis, Family Case Manager II Brandi Spear, Family Case Manager	Indiana Department of Child Services Porter County Office	Louella.Richey@dcs.IN.gov Melissa.O'Brian@dcs.IN.gov

	Brittany Coombs, Family Case Manager Faith Cooper, Family Case Manager Andrew Long, Family Case Manager		
Faith-Based	Pastor Tim Erica Gibson-Even	Faith Lutheran Church	
County Government	George Topoll, Union Township Center Township Scott Gilbert, Washington Township Diane, Boone Township Clerk Barb Regnitz,	Township Trustees County Commissioner	barb.regnitz@porterco.org >
County Government	Dr. Linda Boxum Robyn Lane, R.N. Kathy Lemmon, R.N. Terry Wuletich, R.N.	County Public Health Department Board	lindan515@aol.com rockinrobyn101@msn.com 66kdlemmon@comcast.net twuletich@gmail.com
Community Coalition	Betsy Steans Carley Smayoa	HUB Coalition	
Community Coalition	Samantha Burgett	Resource Partners Network	
Health Care	Sheryl Chambers, Healthy Families Program Director	Family and Youth Services Bureau	schambers@fysb.org
Schools	Chip Pettit, Superintendent Kevin Zech, Assistant Director of Teaching and Learning Robert McDermott, Assistant Superintendent	Duneland School District	cpettit@duneland.k12.in.us
Schools	Amanda Alaniz, Superintendent	Portage Township Schools	Amanda.alaniz@portage.k12.in.us

Agency	Jordan Stanfill, Chief Housing Officer	Northwest Indiana Community Action	jstanfill@nwi-ca.org
Agency	Bruce Lindner Executive Director	County Aging and Community Services	bhlindner@portercountyacs.org
Health Care	Sarah Hunter, COO	Northwest Health	sarah.hunter@nwhealthin.com
	Jim Leonard, M.D., Medical Director		J.Leonard@nwhealthin.com
Government	Carrie Gshwind, Administrator	County Public Health Department	Carrie.Gschwind@porterco.org
	Maria Stamp M.D., Health Officer		Maria.Stamp@porterco.org
	Demetrious Lewis, Communications Specialist		Demetrious.Lewis@porterco.org
	Samantha Burns, Intern, Grand Canyon University		
	Kris Contrino-Office Manager		
	Dan Boyd, Environmental Program Director		
	Susan Bell, Food Program Director Connie Rudd, Director of Nursing		
	David Hollenbeck, Attorney		
	Connie Rudd, RN, Director of Nursing		
	Linda Boxum, DO, Board President		
Robin Lane, RN, Board Member			
Kathy Lemmon, RN, Board Member			

	Terry Wuletich, RN, Board Members		
Agency	Sandy Carlson, Director, Clinical Services Teresa Young, Director, Outpatient Mental Health and Addiction Services Katy Bytnar, Director, Children's Services Todd Willis, Director, Community Engagement	Porter Starke Services	scarlson@porterstarke.org tyoung@porterstarke.org kbytnar@porterstarke.org twillis@porterstarke.org
School	Stacy Schmidt, Superintendent	Porter Township School Corporation	stacey.schmidt@ptsc.k12.in.us
School	Jeff Brooks, Superintendent	Hebron School Corporation	brooksj@hebronschools.k12.in.us
School	Aaron Case, Superintendent	East Porter County School Corporation	aaron.case@eastporter.k12.in.us
School	Jim McCall, Superintendent Erin Hawkins, Assistant Superintendent for Student Support Services	Valparaiso Community Schools	jmccall@valpo.k12.in.us ehawkins@valpo.k12.in.us

Appendix 2			
Indiana Public Health Scorecard - 2 ⁸ 2022			
Topic	Porter County Rate ⁹	Indiana Rate	US Rate
Health Outcomes			
Length of Life			
Premature Death	6.900	8.600	7.300
Quality of Life			
Poor or Fair Health	13%	15%	12%
Poor Physical Health Days	2.9	3.3	3.0
Poor Mental Health Days	4.6	4.9	4.4
Low Birthrate	7%	8%	8%
Health Factors			
Health Behaviors			
Adult Smoking	18%	20%	16%
Adult Obesity	35%	37%	32%
Food Environmental Index	7.6	6.5	7.0
Physical Inactivity	23%	26%	22%
Access to Exercise Opportunities	79%	77%	84%
Excessive Drinking	18%	18%	19%
Alcohol-impaired Driving Deaths	14%	19%	27%
Sexually Transmitted Infections	235.9	495.7	481.3
Teen Births	12	23	19

⁸ Indiana Department of Public Health

⁹ Ibid

Appendix 2			
Indiana Public Health Scorecard - 3 ¹⁰ 2022			
Topic	Porter County Rate ¹¹	Indiana Rate	US Rate
Health Factors			
Clinical Care			
Uninsured	6%	9%	10%
Primary Care Physicians	1,710:1	1,500:1	1,310:1
Dentists	1,800:1	1,700:1	1,380:1
Mental Health Providers	490:1	530:1	340:1
Preventable Hospital Stays	3,492	3,174	2,809
Mammography Screening	38%	39%	37%
Flu Vaccinations	53%	54%	51%
Socio & Economic Factors			
High School Completion	94%	90%	89%
Some College	68%	63%	67%
Unemployment	3.9%	3.6%	5.4%
Children in Poverty	12%	16%	17%
Income Inequality	4.2	4.3	4.9
Children in Single-parent Households	21%	25%	25%
Social Associations	9.3	11.9	9.1
Injury Deaths	75	85	76

¹⁰ Indiana Department of Public Health

¹¹ Ibid

Appendix 3

Porter County Public Health Department Strengths Weaknesses Opportunities Threats (SWOT) Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Quality of staff (7) • Diversity of services (3) • Desire and passion of helping the needs of the community • Leadership and staff • Program initiative • Number of staff • Partnerships with agencies • Represent porter county districts and boards • Offer internships • Mobile unit (2) • Communication specialist • PHEP (2) • Willing to collab with partners • Allocate smaller funding sources • Positive reputation at local and state level (2) • Willing to try new things (2) • New ideas brought to the table at all the time • Outreach and assistance (2) • Gaps the schools have and providing information • Food safety and education equipment (2) • Support from state • Immunizations wide variety and access, cost • Septic system education and support • Great communication among staff • Strong funding foundation and support 	<ul style="list-style-type: none"> • Constraints of being a part of local government • Political constraints • Minimal meetings and slow-moving processes • Expand relations to the community, agencies, local hospitals, etc • Funding holds control (7) • Lack of financial resources • Lack of space (2) • Cannot provide community outreach, programs, and add services (2) • Only two locations lack of access (4) • Poor hours of operation • Limited on staff for programs or adding new programs and staff • It capabilities • Portage having limited services • Food and environmental services are not easy to use • Unable to work with building departments • Confusing on messaging or updated information not being provided as conveniently (external) (4) • Not as well known within the community, advertise • Lack of services • Small patient volume

Opportunities	Threats
<ul style="list-style-type: none"> • Service the entire county and expand to the underserved • Presentation of the money from the state to open new programs and expand old ones (4) • Mental health expansion (2) • Wellness and prevention growth and expansion • Mobile unit growth and reach more of the community that cannot be reached (monthly basis) • Community involvement • Use funds and identify the gaps within the program • Opportunity to work with other organizations and collaborate to grow services for the community (8) • Chronic disease management and expansion of provided knowledge to the community (3) • Patients slipping through the cracks or not being provided the care they need • Community needs • Addition of staff members and develop MOU (4) • Adding additional information for schools and providing education to children • Clinic addition and provide information • Better assist individuals in the public that needs assistance • Improve IT and equipment to add time for staff to do other things during the time they are here (3) • Asthma program model to set up asthma plans with the community and do at home services • Hardship funds • Direct connection to care • Findhelp.org • Alzheimer's care and providing resources 	<ul style="list-style-type: none"> • Insurance provider response • Lack of payment from ins • Incorrect information be provided • Information being provided at the wrong time at schools or too late • Too much and do it well rather than doing it poorly- taking on too much (2) • Delay of processes and denial from state (6) • Political curve balls- not knowing the outcome • Public opinion (3) • Duplication of services • Eval of services and if we are going in the correct directions • Agencies tagging on due to expansion of fundings - choose the correct partners (3) • Perception of the community • Legislative issues added work • Space issues and lack of opportunity to expand • Fragmented care • Mistrust of the government and financial institutes (2) • Political make up and the changes of priorities they may make (3) • Environmental disasters (air quality, diseases, obesity) • Recovering from disaster and how to better the community in those times of needs • Removal of funding and how to assess needs to work with those changes. • Public refusal to change.