PARKVIEW
MIRRO CENTER
FOR RESEARCH AND INNOVATION

2025 Community Health Needs Assessment

Parkview Hospital

PARKVIEW
HEALTH

Foreword

This report shares the results of the 2025 Community Health Needs Assessment (CHNA) for Parkview Health. The Health Services and Informatics Research (HSIR) team at the Mirro Center for Research and Innovation led data collection and analysis efforts for this report. HSIR worked with Parkview and community leaders to prioritize health needs, reflecting the voice of community members.

This report is divided into sections identified by orange banners for headings. The report will first give context about the CHNA process, how primary data was collected from the community, how secondary data was analyzed to support the report and a demographic overview. Next, the report integrates primary and secondary data focused on social drivers of health and key health behaviors. Finally, the outcomes from the community prioritization sessions are presented.

It is important to note that the data presented in this report is just a snapshot and there may be supplemental data about the county not presented. While every effort was made to thoroughly understand the health of the community, information gaps may persist due to variations in geography and time span of data collection across different sources.

The Parkview team hopes that the findings from this report help to identify current needs to support the health and well-being of the community. Past and current reports for all counties, along with prioritization session presentations and implementation strategies, can be found on the Parkview website. Detailed data for each county included in the Parkview Health service area can be found on our Community Data Hub: https://parkview.metop.io.

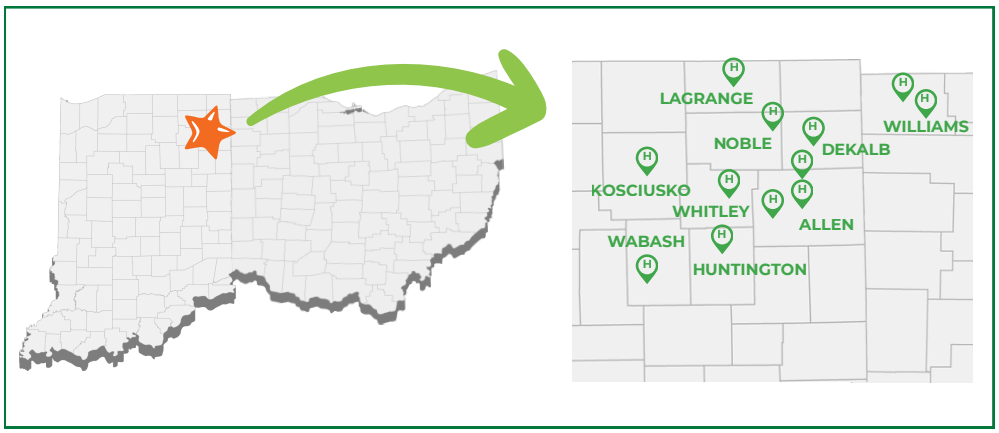
Table of Contents Allen County, IN

ABOUT PARKVIEW HEALTH

Parkview Health is a not-for-profit, community-based health system. It serves a population of more than 1.3 million in northeast Indiana and northwest Ohio. With more than 16,000 employees, Parkview is the region's largest employer. Parkview started as Fort Wayne City Hospital and has been serving the community since 1878. Parkview Health formed in 1995, and the heritage of care and compassion continues today with 14 hospitals and over 200 outpatient centers and physician offices.

Parkview Health has a mission to improve health and inspire well-being in the communities we serve.

For the purposes of this Community Health Needs Assessment, the Parkview Health service area consists of the counties where a full-service Parkview hospital is located. This includes Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Wabash and Whitley Counties in Indiana and Williams County in Ohio.



INTRODUCTION TO CHNA PROCESS

The goals of the Community Health Needs Assessment (CHNA) are to learn about the health needs of the community and create plans to address those needs. In this CHNA for Parkview Health, several types of data were gathered to accomplish this:

- Surveys
- Focus groups
- Secondary data (through Metopio, a health data tool)

These data sources were chosen to broadly understand the community's health. We looked at needs across income level, race, ethnicity, age (18 years and older) and rural and urban areas. After all data was gathered and analyzed, the top health needs were shared with each community. Representatives selected the most important needs to address from 2025 to 2028.

Attention was given to learning the needs of specific groups, major health concerns and service gaps based on feedback from the community and key informants.

Priority Health Needs

Through a step-by-step process, we identified the top needs in each county.

Allen County's Top Five Health Concerns

- Access to Mental Health Care and Addiction Services
- Insurance for Health Care
- Housing Affordability
- Affordable and Healthy Food
- Mental Health and Mental Disorders

Community and hospital leaders took part in a prioritization process to select the needs that were most pressing, widespread and fit for intervention. The top needs chosen for Parkview Health, Allen County were Affordable and Healthy Food, Maternal and Child Health and Mental Health and Mental Disorders. Mental Health was selected as the Parkview systemwide priority.

The CHNA identifies the greatest health needs in the region. It also helps find ways to address those needs in a manner that aligns with Parkview's mission, expertise and resources.

Since 2012, the CHNA has taken place every three years in accordance with the Affordable Care Act. It has helped Parkview Health understand the community's changing health needs. Since 2022, the CHNA has been led by the Health Services and Informatics Research (HSIR) group at Parkview's Mirro Center for Research and Innovation.

The CHNA helps Parkview learn more about what health concerns are important to the communities we serve in three ways:

1. Understand Community Needs

Pinpoint the health and social problems that each community faces.

2. Prioritize Needs

Guide strategic plans based on what each community needs most.

3. Identify Resources and Challenges

Determine what is available and what is missing to address needs.

Conducting the Assessment

Parkview Health's HSIR team carried out the CHNA from February 2024 to September 2025. By using various data sources, we identified the top health needs in the community. We compared needs at the county level with those of the Parkview Health service area and the entire state. Findings were shared with the community and hospital partners to determine which health needs were most pressing.

Primary Data

Data were collected from the community using **surveys** and **focus groups**. The survey included questions aimed at both the respondent's personal health problems as well as their perceptions about top health concerns and other aspects impacting community well-being. Survey data was gathered from both people living in the community and individuals ("key informants") working for organizations that serve the community (e.g., schools, hospitals). Focus groups were held with a subset of community members and were used to gather deeper insights and experiences through conversation, allowing people to share thoughts that might not be mentioned in survey answers.

Community Survey Overview

- Carried out from September 2024 to December 2024
- Completed by 5,030 residents and 960 key informants in the Parkview Health service area, including 2,015 residents and 242 key informants in Allen County
- Collected from residents aged 18 and older
- Available online and on paper in English, Spanish, Burmese, Karen and Arabic
- Shared through MyChart patient portal, mail, in-person, press release and blog posts
- Collected at in-person events: festivals, sporting events, health fairs for seniors, families and those experiencing homelessness, food banks, YMCAs, public libraries & markets
- Twenty questions for residents and nine questions for key informants
- Assessed demographics, top health concerns, top quality of life concerns, health care access, mental health and digital access
- Aimed to include people of all ages (18+), races, ethnicities, income levels and the urban-rural continuum

Focus Group Overview

- Carried out from March 2025 to May 2025
- Thirty-four focus groups held during local Community Forums across the Parkview Health service area
- Five to 15 people in each focus group
- Participants were 18 years and older, from diverse backgrounds and provided a range of services to community members
- Each hospital's community health leaders sent email invites to participants
- Aimed to understand top community health needs, related barriers and available resources and solutions for addressing health needs

Secondary Data

The Metopio platform helped us gather data from several public sources. Combined with survey and focus group findings, this data helped us better understand each community's health landscape. We used Metopio to examine health behaviors, outcomes and social factors across groups. This allowed us to pinpoint the areas of greatest need within the Parkview Health service area. For each health theme, data is reported using the most recent five-year average or single year of data.

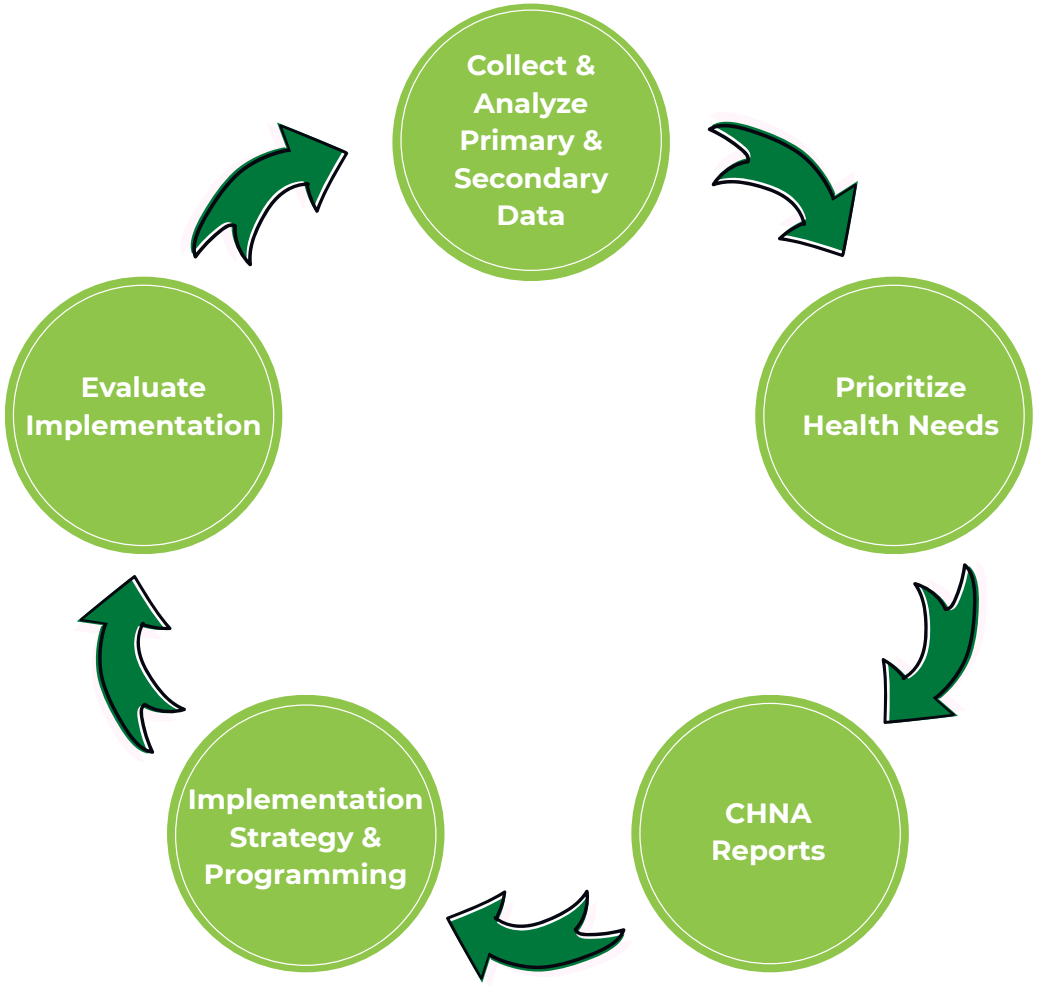
To learn more about each community in the Parkview Health system, please visit our **Parkview Health Community Data Hub**: https://parkview.metop.io

Closing the Loop

The CHNA is not just one report. Instead, it is a continuous three-year cycle where Parkview:

- Collects and analyzes community-based data
- Pinpoints needs within each county and within the health system
- Implements action plans to address those needs

Three-year CHNA Cycle; Parkview Health CHNA Process



Priority Health Needs & Impact from 2022 CHNA

During the 2022 CHNA prioritization session, Allen County chose Obesity and Maternal/Child Health as their top health needs, along with Mental Health, the Parkview Health systemwide priority. The Impact Report for Allen County can be found in Appendix A. Parkview did not receive written comments in response to the 2022 CHNA. For comments on the 2025 CHNA, please email Community.Health@Parkview.com.

DEMOGRAPHIC FACTORS

Who Lives in Allen County?

Demographic factors impact a person's ability to lead a healthy life. Understanding these factors helps shape plans to improve community health.

Population

388,791

residents[1]

Sex

191,288

(49.2%)
males[1]

197,503

(50.8%)
females[1]

1. US Census Bureau, American Community Survey (2019-2023)

Age

Age[1]	Population	Percentage
0 - 4 years	26,582	6.8%
5 - 17 years	72,800	18.7%
18 - 39 years	114,142	29.4%
40 - 64 years	115,731	29.8%
65 and older	59,536	15.3%

Different age groups and racial or ethnic groups may have unique needs to consider when looking at health

Race and Ethnicity

Race/Ethnicity[1]	Population	Percentage
Non-Hispanic White	274,650	70.9%
Hispanic or Latino	34,095	8.8%
Two or more races	17,315	4.5%
Non-Hispanic Black	41,658	10.8%
Asian	19,286	5.0%
Native American	211	0.1%
Pacific Islander	188	0.0%

29.4%

of Allen County residents are young adults[1]

Rural-Urban Continuum Code[2]

Codes range from 1-9

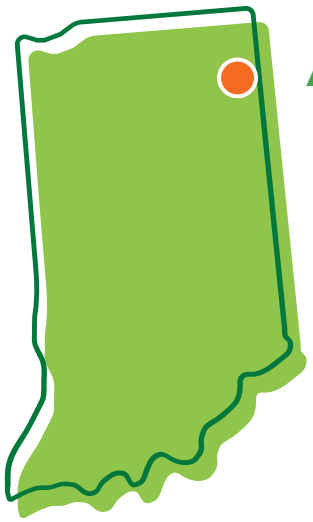
1 = highly-populated metro areas

9 = fully rural areas

2

1. US Census Bureau, American Community Survey (2019-2023)
2. US Department of Agriculture (USDA) - Economic Research Service (2023)

Parkview Allen County Service Area



Allen County, IN

657
square miles[1]

33
zip codes[2]

20
townships[3]

predominantly
urban[4]

Allen County Community Service Area Zip Codes[2]

46704	46706	46723	46733	46741	46743
46745	46748	46765	46773	46774	46777
46797	46798	46799	46802	46803	46804
46805	46806	46807	46808	46809	46814
46815	46816	46818	46819	46825	46835
46845	46783	46788			

1. US Census Bureau, American Community Survey (2019-2023)
2. United States Zip Code Database (2025)
3. Indiana Department of Local Government Finance (2023)
4. US Department of Agriculture (USDA) - Economic Research Service (2023)

SOCIAL DRIVERS OF HEALTH (SDOH)

Healthy People 2030 defines social drivers of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship and age. These conditions affect a wide range of health, functioning and quality-of-life outcomes and risks. The five domains of SDOH include economic stability, education access and quality, health care access and quality, neighborhood and built environment and social and community context. For this report, the primary and secondary data are presented in order of the SDOH topics.

Access to Care — Allen County, IN

Access to care refers to the resources a community has to meet a range of health needs. Examples include having insurance and available health care providers.

8.2% of Allen County residents have **no health insurance**[1]

The uninsured rate in Allen County (8.2%) is **below** the rate of the Parkview Health service area (10.8%) and **similar to** the state rate (7.6%).[1]

7.0% lack access to **the internet**[1]

26.7% lack access to **non-ER medical care**[2]

What we heard from the community[3]

- **Health care in the U.S. is expensive and stressful.** Families may need to choose between health care and other basic needs like food and housing.
- Recruiting and keeping specialty providers **is a challenge.**
- **Insurance doesn't cover enough visits.** Some plans limit the number of visits allowed per year.
- **Finding specialty care can be a challenge due to a lack of providers.** This often leads to **long wait times for appointments.**

  "As soon as capacity is increased it is absorbed because there are so many people on the waiting lists."

1. US Census Bureau, American Community Survey (2019-2023)
2. Parkview Community Health Survey - Allen County (2024)
3. Parkview Community Forum - Allen County (2025)

PER CAPITA INDICATORS

Rates per 100,000 residents

82.8

Primary Care Providers

24.1

Pharmacies

89.0

Specialty Physicians

People in Allen County have **more access** to primary care providers / specialty physicians (higher rate per 100,000 residents) compared to Indiana (75.8 / 77.8) and those living in the Parkview Health service area (62.8 / 50.3).[1] People in Allen County have **a similar amount of access** to pharmacies as those living in the Parkview Health service area (23.5), but **slightly less access** than those across Indiana (25.9).[2]

PROBLEMS GETTING CARE

20.4%

Primary Care Providers

16.0%

Pharmaceutical Care

30.7%

Specialty Care

CHNA survey respondents in Allen County said they had a hard time getting the health care they needed. Nearly **1 in 3** had a hard time getting in to see a provider who specializes in a particular illness (e.g., heart conditions). While **1 in 5** had a hard time getting an appointment with a primary care provider.[3]

1. Health Resources & Services Administration, Area Health Resources Files (2022)
2. Centers for Medicare & Medicaid Services, National Provider Identifier Files (2025)
3. Parkview Community Health Survey - Allen County (2024)

Food Access — Allen County, IN

Many factors can affect access to fresh, healthy and affordable food. These include how far someone lives from a grocery store, the presence of school lunch programs and if fruits and vegetables are available.

Access to food is an important social factor that affects health. 'Food Access' can be measured by many factors, such as the number of residents who are food insecure, households receiving SNAP (food stamp) benefits and those who are in poverty not receiving SNAP.

*The **rate of food insecurity** in Allen County (14.3%) is **similar** to the Parkview Health service area (13.9%) and Indiana (15.1%). Allen County rates are highest in the non-Hispanic Black community (30.0%) and the Hispanic/Latino community (25.0%).*[1]

8.9%
of households receive SNAP (food stamp) benefits[2]

60.0%
of households in poverty do not receive SNAP benefits[2]

What we heard from the community[3]

- **Healthy food often costs more** and is not as available.
- Many people struggle with eating healthy and **don't know how to cook or make good food choices** at home.
- Food programs often compete for the same funding and **struggle to stay open due to costs.**
- **Stress and crisis situations** lead people to choose fast or easy food instead of healthy options.
- **Food preferences and cultural norms** may lead to negative views of healthy eating habits.

1. Feeding America, Map the Meal Gap (2023)
2. US Census Bureau, American Community Survey (2019-2023)
3. Parkview Community Forum - Allen County (2025)

Housing — Allen County, IN

The quality and cost of housing directly impact well-being. If housing is too expensive or if there are too many empty or crowded homes, it can lead to problems like losing one's home or becoming homeless. These issues can affect a person's health.

What we heard from the community[1]

- There is **lack of affordable** housing for seniors, families and low-income workers.
- **Too many low-paying jobs** and not enough paths to better-paying ones.
- Renting a home can be a **challenge due to stigma** from prior and ongoing legal, financial and work struggles.
  "...have to beg property managers to take people."
- Renting requires **high upfront costs**.
- Desire to live in a place where you **feel safe and understood.**
  "People want to live where there is a community of people who they trust."
- There are **not enough houses to meet the demand.**
- Employers could work closer with government and developers to **plan for growing needs**.

Housing Cost Burden

The percent of households spending more than 30% of their income on housing.[2]

22.8%

Housing Insecurity

The percent of adults who were not able to pay their mortgage, rent or utility bills in the past 12 months.[3]

11.7%

The housing cost burden in Allen County is **slightly above** the Parkview Health service area average of 21.3% and **slightly lower** than the state average of 24.3%.[2]

Housing insecurity in Allen County is **similar to** the Parkview Health service area rate (11.7%) and the Indiana rate (12.2%).[3]

1. Parkview Community Forum - Allen County (2025)
2. US Census Bureau, American Community Survey (2019-2023)
3. CDC, PLACES Project (2022)

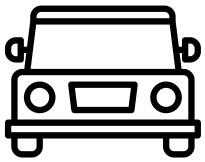
Transportation — Allen County, IN

Not having transportation can make it difficult for people to get to the doctor, work, school and grocery stores that have healthy food options. This can lead to poor health outcomes and social isolation.

What we heard from the community[1]

- The **costs associated with a taxi, gas or bus fare** is often a challenge. Rural areas are even more impacted due to lack of transportation services.
- **Having a way to get to appointments is very important for staying healthy.** *"25% of surveyed individuals said if they know they don't have a ride, they won't schedule an appointment."*
- When and where buses run **does not always match the needs of the community.**

Lack of Transportation



8.3%

of adults lack transportation

The lack of transportation in Allen County is **similar to** that of Indiana (8.5%) and the Parkview Health service area (8.2%).[2]

1. Parkview Community Forum - Allen County (2025)
2. CDC, PLACES Project (2022)

Socio-Economic Factors — Allen County, IN

Socio-economic factors strongly impact community health and well-being. These include things like how many people graduate from high school, how much money they earn and whether they have jobs.

90.3%

graduate high school[1]

Allen County

88.5%

graduate high school[1]

Parkview Health

90.2%

graduate high school[1]

Indiana

Factor	Allen County	Indiana
Childcare Cost Burden Childcare costs for a household with two children as a percent of median household income. [2]	35.2%	30.8%
Median Household Income Income in the past 12 months. [1]	$68,839	$70,051
Poverty Rate Percent of residents in families that are below the Federal Poverty Level. [1]	12.2%	12.2%
Unemployment Rate Percent of residents 16 and older in the civilian labor force who are actively seeking employment.[1]	4.6%	4.3%

1. US Census Bureau, American Community Survey (2019-2023)
2. University of Wisconsin Population Health Institute, County Health Rankings (2024)

Violent Crime — Allen County, IN

Violent crime includes homicide, criminal sexual assault, robbery, aggravated assault and aggravated battery.

314.6 crimes per 100,000 residents

Allen County has a **lower** rate compared to Indiana (323.3) and a **higher** rate when compared to the Parkview Health service area (197.3).[1]

**Please note that county-level crime totals may appear lower than expected due to changes in reporting systems, resulting in incomplete crime data reported to the FBI.*

What we heard from the community[2]

- **Violence is seen as normal** in some areas.
- Victims often **do not feel safe saying something or fear not being believed**.
  "Why would I bother reporting if this is what people think of me?"
- **Victims are often blamed and expected to "move on,"** which makes them feel ashamed and afraid to speak up.
  "Just suck it up and move on."

Built Environment — Allen County, IN

The built environment refers to the man-made places around us. This includes things like buildings, streets, parks and transportation systems.

Walkability Index

9.4/20

Access to Exercise

84.8%

Allen County is **easier to walk around** compared to the Parkview Health service area and Indiana (both 7.7).[3]

Allen County has **more places to exercise** compared to the Parkview service area (70.8%) and Indiana (76.2%).[4]

1. Federal Bureau of Investigation, FBI Crime Data Explorer (2017-2021)
2. Parkview Community Forum - Allen County (2025)
3. US Environmental Protection Agency, National Walkability Index (2024)
4. University of Wisconsin Population Health Institute, County Health Rankings (2024)

KEY HEALTH THEMES

- Overall Health
- Chronic Disease
- Behavioral Health
- Maternal/Child Health
- Elder Health
- Infectious Diseases
- Oral/Dental Care
- STD/STI/HIV
- Health Behaviors

For this CHNA report, primary and secondary data were gathered and analyzed around the top health themes and concerns listed above. The report highlights the county's key statistics from surveys and secondary data. Key insights gathered through focus groups are also included. A closer look at the data for each of these themes will be provided in this report.

Overall Health — Allen County, IN

Overall health refers to how well people feel both physically and mentally. This includes factors like how long people live, self-reported health and quality of life.

Life Expectancy

75.6 years

Average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.[1]

Self-Reported Poor Physical Health

13.0%

Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.[2]

Visited Doctor for Routine Checkup

76.1%

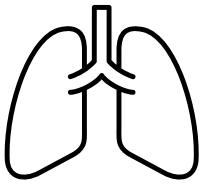
Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (in the previous year).[2]

- In Allen County, people tend to **live about the same** length as those in the Parkview Health service area (76.0 years) and Indiana (75.1 years).[1]
- 13% of adults in Allen County say they have **poor physical health**, which is **similar** to rates in Indiana (12.9%)[3] and the Parkview Health service area (13.0%).[2]
- **A similar** number of adults in Allen County **visit the doctor regularly** compared to those in Indiana (76.9%)[3] and the Parkview Health service area (75.6%).[2]

1. University of Wisconsin Population Health Institute, County Health Rankings (2020-2022)
2. CDC, PLACES Project (2022)
3. CDC, Behavioral Risk Factor Surveillance System-BRFSS (2022)

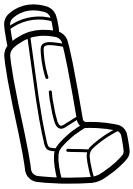
Chronic Disease — Allen County, IN

Chronic diseases and related factors often cause the greatest burden on health in a community. This includes conditions like diabetes, heart disease, asthma and obesity. The following conditions are highlighted due to prevalence, mortality trends and concern from community and key informant survey respondents.

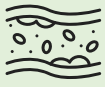


7.7% of residents have been diagnosed with **chronic obstructive pulmonary disease (COPD).**[1]

6.5% of residents have been diagnosed with **coronary heart disease (CHD).**[1]



10.8% of residents have been diagnosed with **asthma.**[1]

Metabolic & Cardiovascular Health		Diagnosed % Allen County	Diagnosed % Indiana
	Diabetes	11.6%[1]	11.1%[2]
	High Blood Pressure	32.6%[1]	32.2%[2]
	Obesity	38.3%[1]	37.9%[2]
	High Cholesterol	30.5%[3]	30.6%[4]

1. CDC, PLACES Project (2022)
2. CDC, Behavioral Risk Factor Surveillance System (2022)
3. CDC, PLACES Project (2021)
4. CDC, Behavioral Risk Factor Surveillance System (2021)

Chronic Disease Mortality[1]		Deaths Per 100,000 Allen Residents	Deaths Per 100,000 Indiana Residents
	Heart Disease	181.4	184.3
	Cancer	184.0	163.9
	Lower Respiratory Disease	55.1	53.1
	Stroke	49.4	41.9
	Diabetes	43.3	28.5
	Kidney Disease	16.4	17.7

In Allen County, the diagnosis rates for many chronic diseases are **similar to** the rates of diagnosis in the Parkview Health service area and Indiana. However, for some chronic diseases, such as cancer, chronic lower respiratory disease and stroke, **mortality rates** in Allen County are **higher** than in Indiana, though **lower** than in the Parkview Health service area.[1] Data for Parkview service area can be found here: https://parkview.metop.io

1. CDC, National Vital Statistics System-Mortality (2019-2023)

Behavioral Health — Allen County, IN

Behavioral health refers to a state of mental, emotional and social well-being or behaviors and actions that affect wellness. It also includes how people get support and treatment. Behavioral health is an overarching term that refers to mental health (well-being, mental health conditions), suicidality and substance use disorders.

Mental Health Conditions

24.1% of adults living in Allen County have depression, which is **similar to** both Indiana (24.4%) and the Parkview service area (24.9%).[1]

14.9 is the suicide mortality rate (deaths per 100,000 residents) in Allen County, which is **similar to** the Indiana state average (15.8) and the Parkview Health service area average (14.7).[2]

Substance Use Disorders

Drug Overdose Mortality

Allen County has a rate of 31.6 drug overdose deaths (per 100,000 residents). This is **less** than the Indiana rate (36.3) but **higher** than the Parkview service area rate (25.7).[2]

Alcohol-Related Mortality

Allen County's rate of alcohol-related mortality is 14.9 (per 100,000 residents). This is **similar to** the Parkview Health service area rate (14.6) but **higher** than the overall rate for Indiana (13.3).[2]

1. CDC, PLACES Project (2022)
2 CDC, National Vital Statistics System-Mortality (2019-2023)

Access to Mental Health and Addiction Services

Number of Mental Health Providers *(per 100,000 residents)* [1]	**655.8** Allen	**430.5** Parkview	**545.0** Indiana
Number of Psychiatrists *(per 100,000 residents)* [2]	**14** Allen	**8** Parkview	**16** Indiana

CHNA Community Survey Findings[3]

20.7% of survey respondents reported being **anxious**

16.1% of survey respondents reported being **depressed**

62.8% listed **mental health** as one of the **top health concerns** in their community

21.2% said they had **trouble** getting **mental health or addiction help**

What we heard from the community[4]

- There are **not enough providers or programs** to meet the treatment and recovery needs. It **takes too long** to get help.
- Schools and communities need to address the lack of understanding of mental health through **more education.**
- There is **stigma** with seeking care for mental health and addiction. People often report feeling **ashamed to ask for help.**
- **Mental health and substance use treatment is expensive** and often not covered by insurance. Some people can't afford to get or continue treatment.
- **Culturally diverse providers are needed.**
- **People seeking treatment need more support.** Often people seeking treatment don't have help with basic needs.
- Pregnant women **often stop taking mental health meds** because they worry it might hurt the baby. **No one checks** to see if they keep taking them.

1. Centers for Medicare & Medicaid Services, National Provider Identifier Files (2025)
2. Health Resources & Services Administration, Area Health Resources Files (2025)
3. Parkview Community Health Survey - Allen County (2024)
4. Parkview Community Forum - Allen County (2025)

Maternal and Child Health Allen County, IN

The health of mothers and children is important to the overall well-being of a community. This can be affected by factors such as limited access to health care, mental health issues and feeling disconnected. This data highlights the need for targeted interventions to improve infant health outcomes in Allen County.

Low Birth Weight

9.3%

of live births are less than 5 lbs, 8 oz. in Allen County. This is **higher** than the Parkview Health service area (8.1%) and Indiana (8.4%).[1]

Prenatal Care in 1st Trimester

71.7%

of mothers-to-be received care in the first three months of pregnancy. This is **lower** than the rate for Indiana (76.0%) and **similar** to the rate for the Parkview service area (71.4%).[1]

Child Abuse and Neglect

8

per 1,000 children are subject to child abuse and neglect.[2]

Smoking During Pregnancy

6.7%

of births were to mothers who smoked cigarettes during their pregnancy.[1]

Infant Mortality

7.3

infant deaths - deaths of infants in the first year of life - per 1,000 live births were recorded for Allen County.[1]

What we heard from the community[3]

- Parents must have a job to qualify for childcare **vouchers, which still might not cover the entire cost.**
- **It is hard to find good quality, affordable and safe childcare.**

1. Health Resources & Services Administration, Maternal and Child Health Bureau (2020-2022)
2. Indiana Department of Child Services, Indiana University Child Abuse and Neglect Rates (2023)
3. Parkview Community Forum - Allen County (2025)

Elder Health — Allen County, IN

Elder health focuses on concerns like falls, Alzheimer's disease and other dementias. These problems are often the biggest health challenges for older people.

14.5 deaths per 100,000 residents are a result of a fall

34.4 deaths per 100,000 residents are due to Alzheimer's disease

In Allen County, women were nearly twice as likely to die from Alzheimer's than men from 2019-2023.[2]

In Allen County, the rate of deaths from falls is **similar to** the Parkview Health service area (14.3), but **higher** than across Indiana (8.3).[1]

The rate of deaths due to Alzheimer's in Allen County is **similar to** the Parkview Health service area rate (35.3), but **higher** than Indiana's rate (30.2).[2]

1. CDC, National Vital Statistics System-Mortality (2022)
2. CDC, National Vital Statistics System-Mortality (2019-2023). Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30)

Infectious Diseases — Allen County, IN

Infectious diseases are illnesses caused by germs like viruses and bacteria. Public health tools like prevention and vaccination are key to stopping and managing disease outbreaks.

Medicare Flu Vaccination Rate

People enrolled in Medicare who received a flu shot at any point during the year[1]

48.0%

Influenza and Pneumonia Mortality

Deaths per 100,000 residents due to influenza and pneumonia[2]

9.5

In Allen County, **more** Medicare beneficiaries received a flu shot than in Indiana (47.0%) and the Parkview Health service area (45.8%). However, nearly half of this population, which is at higher risk of dying from the flu, remains unvaccinated.[1]

Allen County has **fewer** deaths per 100,000 people from flu and pneumonia than Indiana (10.9) and the Parkview Health service area (11.6).[2]

1. US Health and Human Services, Vaccines & Immunizations (2023)
2. CDC, National Vital Statistics System-Mortality (2019-2023)

Oral and Dental Health — Allen County, IN

Oral health has a strong impact on overall health. Dental check-ups, preventive care and education help people lead healthier lives. Access to dental care is important.

Problem Getting Dental Care

16.8%

Visited Dentist in previous year

59.5%

1 in 6 CHNA survey respondents reported having trouble getting dental care.[1]

The number of people who visited a dentist in Allen County (59.5%)[2] is **similar to** the Parkview service area (60.0%)[2] but **slightly lower** than the state of Indiana (62.8%).[3]

1. Parkview Community Health Survey - Allen County (2024)
2. CDC, PLACES Project (2022)
3. CDC, Behavioral Risk Factor Surveillance System (2022)

STD/STI/HIV Allen County, IN

Sexually transmitted diseases (STDs), sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) are major public health concerns. They impact a person's physical health, emotional well-being and quality of life. Access to testing, treatment and education are key to preventing the spread of these infections.

HIV Cases[1]

STI Cases[1]

For every 100,000 people, there are:

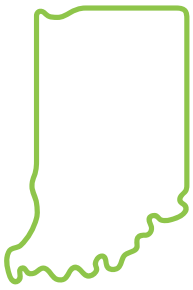
193.4
HIV cases in
Allen County

988.6
STI cases in
Allen County

129.2
HIV cases in
Parkview Health service area

671.4
STI cases in
Parkview Health service area

223.0
HIV cases in
Indiana



918.6
STI cases in
Indiana

1. CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Atlas Plus (2022)

Health Behaviors — Allen County, IN

Health behaviors are actions and habits that can help or hurt a person's physical, mental and social well-being. These include diet, exercise, substance use, preventive screenings and vaccinations.

Cigarette Smoking

18.8%

No Exercise

26.9%

*18.8% of adults in Allen County **smoke cigarettes,**[1] which is **similar** to the Parkview Health service area (19.1%)[1] and **higher** than in Indiana (16.5%).[2] Compared to Indiana (26.5%)[2] and the Parkview Health service area (27.3%),[1] a **similar number** of people (26.9%)[1] **do not exercise** in Allen County.*

1. CDC, PLACES Project (2022)
2. CDC, Behavioral Risk Factor Surveillance System (2022)

Prioritization Overview

After gathering and analyzing the data—including applying additional weighting to survey responses from individuals identified as part of vulnerable populations—the HSIR team used a structured process to pinpoint the community's most urgent health needs. This process was meant to be inclusive and data-driven, ensuring that the chosen priorities represented both community members' experiences and health trends. The process involved meetings with community stakeholders and final selection of top health needs by hospital leaders.

Community Prioritization Sessions

- Carried out between March 2025 and May 2025 for each hospital.
- Attendees were professionals who provide a wide range of services to community members from diverse backgrounds. (*See Appendix B for list of attendees.*)
- Ahead of the meeting, attendees were sent a printed scorecard with the top health needs identified for their county and related data.
- Presentation at the meeting covered data trends on the top health needs, with a focus on geographic, socioeconomic, racial, ethnic, gender and age-related disparities. (*These slides are posted on the website where you found this report.*)
- Attendees discussed the benefits and challenges to addressing the health needs.
- Attendees voted to rank the top health needs based on significance, severity, relation to social drivers of health and suitability for intervention.

Selected Health Priorities

The list of top health needs from each session and qualitative summaries from Community Forums were shared with Parkview Health - Allen County hospital leadership in June 2025. Hospital leaders reached consensus on the final top health priorities with consideration given to resources, prevalence of the health need, impact on vulnerable populations and suitability to address the health need.

Selected Priorities for Parkview Health – Allen County
• Affordable and Healthy Food • Maternal and Child Health • Mental Health and Mental Disorders

Data Sources Allen County, IN

The following is a list of datasets used during the analysis of secondary data. All datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

1. CDC, Agency for Toxic Substances and Disease Registry - Environmental Justice Index
2. U.S. Census Bureau, American Community Survey (ACS)
3. Health Resources & Services Administration, Area Health Resources Files (AHRF)
4. CDC, Behavioral Risk Factor Surveillance System (BRFSS)
5. University of Wisconsin Population Health Institute, County Health Rankings
6. Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014)
7. Diabetes Atlas
8. U.S. Department of Agriculture (USDA) - Economic Research Service
9. Federal Bureau of Investigation, FBI Crime Data Explorer
10. Indiana Department of Child Services, Indiana University Child Abuse and Neglect Rates
11. Indiana Department of Local Government Finance
12. Feeding America, Map the Meal Gap
13. Centers for Medicare & Medicaid Services (CMS), Mapping Medicare Disparities
14. Health Resources & Services Administration, Maternal and Child Health Bureau (MCHB)
15. CDC, National Center for Health Statistics
16. Centers for Medicare & Medicaid Services (CMS), National Provider Identifier Files (NPI)
17. CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Atlas Plus
18. CDC, National Vital Statistics System-Mortality (NVSS-M)
19. CDC, National Vital Statistics System-Natality (NVSS-N)
20. Parkview Community Health Survey and Community Forums - **Allen County**
21. CDC, PLACES Project
22. Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020)
23. State public health departments
24. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
25. United States Zip Code Database

Appendix A - Community Impact Report

This report highlights the progress and measurable outcomes of Parkview Health's community outreach initiatives carried out between 2022 and 2024, as guided by our 2023 Implementation Strategy. Each program and service detailed herein reflects our commitment to addressing the key needs identified in the 2022 Community Health Needs Assessment. The following results demonstrate our ongoing dedication to equity, access and measurable health improvements in the communities we serve. As we reflect on our progress and outcomes, we remain committed to building healthier communities through innovation, partnership and compassionate care.

Mental Health

SOS Program

The SOS Program was designed to provide immediate assistance to individuals experiencing mental health or substance use crises. The SOS program offers a proactive approach to crisis intervention through behavioral health and substance use technicians who respond with the overall goal of de-escalating the crisis and connecting the individual to necessary resources. The crisis team, comprised of trained mental health professionals, is mobilized swiftly to provide support and intervention within one hour in Allen County for emergent crisis calls and 90 minutes within the Northeast Indiana Parkview Health catchment area.

Highlighted Outcomes

- In 2024, the SOS Program expanded its services to 24/7 in response to the growing needs of the communities, received 1,114 crisis calls (670 in 2023), and completed 851 crisis runs (844 in 2023)
- Increased the average number of services each patient in crisis is referred or connected to
- Tailored referrals based on each individual's specific needs during crisis

	2022 (Sept-Dec)	2023	2024
# of crisis runs	156	844	851
# of crisis calls	190	670	1,114
# case management/in-person visits	171	269	162
# of follow-up calls	919	5,335	5,321
% maintained in community	N/A	78.8%	76.5%

Peer Recovery Program

The goal of this program is to reduce the number of individuals and families with substance use disorders (SUD) in Allen, Adams and Wells Counties who go without services. To accomplish this, Parkview Hospital, Inc. offers the Peer Recovery Coach Program, which allows peer recovery coaches to serve patients in the following three roles: mentor, connector and liaison. This program has expanded from a central treatment “hub” at the Allen County-based Medication-Assisted Treatment (MAT), to “spokes” in Parkview hospitals in surrounding counties, including rural counties, a mobile response unit (in conjunction with the Fort Wayne Police Department and The Lutheran Foundation), Huntington Drug Courts and other community organizations that serve individuals in recovery (e.g., residential facilities and workplace support).

Highlighted Outcomes

- In 2024, the Parkview Peer Recovery Team received 1,899 referrals from Parkview emergency rooms and surrounding counties
- 602 of the individuals were referred due to an opioid misuse disorder
- 726 individuals were referred because of stimulant use, and 65 of these individuals were brought into an emergency room because of a drug overdose
- 506 individuals were referred due to alcohol or "other" drug use

Maternal Nurse Navigator Program

The goal of this program is to reduce infant and maternal mortality and morbidity in Allen County. This program is exclusively for pregnant women with a substance use disorder, offering women a helping hand via a navigator who coordinates care and tracks patients to ensure they have access to the resources they need to achieve the best outcome. This was accomplished by embedding the team in Parkview Physicians Group (PPG) obstetrical care offices and by making the team available via referral from collaborative agencies like Alliance Health or PPG Family Medicine.

Highlighted Outcomes

- Over the past three years, the team of navigators has grown to include five RNs and two master’s prepared social workers. The nurses identify every patient presenting to PPG OB or Maternal–Fetal Medicine (MFM) for prenatal care and review the SDOH screening with each of them. In the past three years, we have supported just over 8,900 patients across the tri-state area at visits or through phone, text and MyChart communications.
- Over the past year, we have enhanced the nurse involvement in engaging with medical care coordination, adding regular multi-disciplinary meetings with inpatient and outpatient providers, nurses and support teams with great success in collaboration and planning
- Improved the number of screenings for SDOH
    - Completed 97% of new patients
    - Identified that 5% of our patients are homeless or are housing insecure
    - Identified that 15-20% of our patients were food insecure during pregnancy

Homeless Outreach Program

The Homeless Outreach team helps shelter residents and the homeless in our community navigate and seek care in the health care system when services are needed. This helps minimize fragmented and ineffective care and inappropriate use of care systems such as emergency rooms. The community nursing department works with the shelters to improve access and coordination of care for their residents/clients. The overall goal is to connect the homeless to a medical home and mental health providers, connect to insurance and ensure residents have medications to minimize emergency room visits and improve health overall. Care teams spent many hours navigating the homeless to mental health services; this need continues to rise sharply within all the shelters.

Highlighted Outcomes

- This program reached 4,713 encounters at all shelters in 2024, a significant increase from 3,810 encounters in 2023
- Of those located at the Rescue Mission, 98% were referred to a medical home, with 92.6% of participants having health coverage
- Over 1,100 pharmacy runs were completed on behalf of those served by the Rescue Mission since the beginning of 2022

Obesity

FitKids360

FitKids360 is an eight-week, family-based, healthy living program for children ages 5 to 17 years with a body mass index (BMI) in the 85th percentile or higher. This program provides children and their families with information to help them become and stay healthy and active. FitKids360 was designed to decrease the medical cost of obesity in northeast Indiana and increase community awareness of the problem of childhood obesity.

Highlighted Outcomes

- The program retention rate remained high – the 2024 average was 92.9%
- Although not every goal was reached in 2024, we continued to see growth in the well-being knowledge learned, as well as successful implementation of positive health behaviors by all participants
- FitKids360 continued to see over 98% of children referred having a Body Mass Index (BMI) in the 99th percentile or higher
- More requests began coming in to expand the program into a larger service area

FitKids360 Program Outcomes Year	Retention Rate	Rate of Referred Participants Who Decreased Screen Time	Rate of Referred Participants Who Increased Moderate to Vigorous Activity	Rate of Referred Participants Who Increased Their Behavior Score
2022	95.2%	22.5%	35.0%	36.9%
2023	72.3%	77.8%	47.8%	63.4%
Spring 2024 - LaGrange	100.0%	100.0%	100.0%	50.0%
2024	92.9%	65.7%	44.3%	46.5%

FitKids360 Program Outcomes Year	Rate of Referred Participants Who Increased Fruit & Vegetable Consumption	Rate of Referred Participants Who Showed No Change or Decreased Body Fat Percentage	Rate of Referred Participants Who Increased FNPA Score by at Least 5%
2022	77.1%	55.2%	65.7%
2023	26.7%	56.7%	68.9%
Spring 2024 - LaGrange	0.0%	50.0%	50.0%
2024	37.5%	51.5%	46.5%

Taking Root

Taking Root is a school-based, healthy living program aimed at reducing the impact of childhood obesity in local elementary schools. This program combines well-being education with structured mini-challenges over the course of the school year. One to three adults from each participating school served as wellness champions to assist the program team in implementation and gathering biometric and behavior data from the participating children.

Highlighted Outcomes

- The total number of unique participants during the 2023-24 school year was approximately 3,182 children ages 7-12 years
- Continued to invite third, fourth and fifth graders to partake in the program, allowing flexibility for schools to determine who has the bandwidth and interest in participating (i.e., all classrooms, a grade level, two classrooms, etc.)

Highlighted Outcomes Continued

- We altered the measure of aerobic capacity to allow for the option between the PACER test and the mile run test as we learned not all physical education teachers hold the same activities for their students. This change allowed our team to meet the educators where they are and provide the flexibility that is needed.
- Although not all goals were met during this school year, we were happy with the outcomes, seeing progress in both the knowledge learned and the behaviors changing in a positive way

The outcomes in terms of Taking Root participating schools and student biometric changes are summarized in the tables below.

Taking Root Program Outcomes School Year	Average VO2 Change	Average Mile Run Time Change	Number of Participating Schools
2021-22	0.26 mL/kg/min	Did not collect	16
2022-23	0.79 mL/kg/min	0:07 seconds	19
2023-24	1.47 mL/kg/min	0:03 seconds	17

Taking Root Program Outcomes School Year	Average BMI Change	Average Behavior Score Change
2021-22	0.340 kg/m^2	-0.177 points
2022-23	0.471 kg/m^2	-0.113 points
2023-24	0.570 kg/m^2	0.02 points

Youth and Family Community Nutrition Programming

Youth and family-based community nutrition programs promote healthy living practices with the goal of reducing rates of childhood obesity across Allen County. This nutrition-focused program seeks to educate, equip and empower participants on making informed nutrition decisions, creating a balanced plate and preparing nutritious meals and snacks.

Highlighted Outcomes

- Served over 1,400 youth participants across three years, with class stops increasing from 11 in 2022 to over 20 in both 2023 and 2024
- Each year, over 70% of participants agreed or strongly agreed that classes taught them how to prepare a healthy meal/snack independently
- Consistently high quiz scores—80–90% of participants correctly answered key nutrition questions like food groups and calcium sources

Highlighted Outcomes Continued

- Surveys and testimonials were used consistently across years, with adaptations for individual and group settings, reinforcing engagement and feedback
- By 2024, 546 out of 551 participants completed post-surveys—demonstrating strong program follow-through and data collection fidelity

Healthy Eating Active Living (HEAL)

The goal of this program is to promote access to produce through HEAL Farm Markets and promote healthy eating through a train-the-trainer model for nutrition education to be delivered to community members (goal of 1,000 per year) through grants awarded to local organizations. In doing so, HEAL promotes healthy living practices through education and healthy food access for vulnerable Allen County residents. HEAL Farm Markets operate in designated food deserts in Fort Wayne, and all markets accept VeggieRx produce prescription vouchers and offer incentives to purchase produce by doubling the value of Supplemental Nutrition Assistance Program (SNAP) benefits, Senior Farmer's Market Nutrition vouchers and Women, Infants, and Children (WIC) vouchers.

Highlighted Outcomes

- HEAL Farm Markets continued to be the second largest WIC redemption site in Indiana, totaling 1,164 transactions in 2024 with $61,079.85 of WIC, SNAP, Senior and the Power of Produce (POP) Kids Club vouchers/match tickets redeemed
- Participants can now receive electronic redemption cards to purchase fresh produce. Parkview will continue to partner with local farmers markets, but the electronic redemption cards can also be used at Kroger and Walmart, expanding access points and adding convenience for participants.

Redemption Rates	2024	2023	2022
Cash/Credit	103.63%	96.19%	96.57%
Senior vouchers (if provided by vendors)	82.71%	56.37%	82.02%
Senior (match tickets)	109.09%	95.08%	89.68%
WIC vouchers (if provided by vendors)	80.87%	64.84%	96.40%
WIC (match tickets)	99.33%	96.65%	95.18%
SNAP (direct sales)	99.07%	99.02%	99.83%
SNAP (match tickets)	98.92%	99.48%	98.68%

VeggieRx

VeggieRx is a nutrition prescription program launched in 2019 by the Parkview Community Well-Being team. It provides produce vouchers to low-income individuals with chronic diseases, aiming to reduce food insecurity and improve health outcomes through increased fruit and vegetable consumption. Participants receive monthly produce incentives and attend educational sessions led by registered dietitians.

Highlighted Outcomes

- Enrolled over 620 participants across three years, with notable spikes in 2023 (304 participants)
- Demonstrated measurable outcomes, including a 1.36-point drop in HbA1c and improved blood pressure readings in 2023
- Participants showed a 50% increase in fruit and 75% increase in vegetable intake, along with a 68% boost in nutrition knowledge in 2022
- Over $106,500 in vouchers redeemed, reflecting consistent program value and access to fresh produce
- Delivered over 50 in-person sessions in 2024 and made over 1,100 referrals across three years, enhancing wraparound support

Fresh Food Farmacy

This program offers medically tailored, culturally sensitive groceries to food-insecure families with children between the ages of 0-5 years and food-insecure seniors aged 50 and older. Program participants received monthly food boxes along with nutrition and skill-building education, food resources and recipes for various items in tailored grocery boxes. It also connects those receiving services to Parkview's Food Assistance Support Team, who can help with access to community resources and registered dietitians, as well as assist with the application process for federal nutrition assistance programs such SNAP, WIC and Temporary Assistance for Needy Families (TANF).

Highlighted Outcomes

- In 2024, the program delivered 144 fresh boxes to 48 unique families (54% increase from 2023)
- Additionally, the program distributed 117 total fresh boxes to 39 individual senior citizens (86% increase from 2023)

Metric	2023	2024
Families completing surveys	24%	52%
Seniors completing surveys	72%	59%
Families reporting food insecurity post-program	66%	96%
Seniors reporting food insecurity post-program	77%	91%
Families increasing vegetable intake	42%	76%
Seniors increasing vegetable intake	47%	48%
Families increasing fruit intake	33%	68%
Seniors increasing fruit intake	38%	39%
Boxes delivered (families)	41 individuals	48 individuals (144 boxes)
Boxes delivered (seniors)	47 individuals	39 individuals (117 boxes)

Simple Solutions for Healthy Living

The goal of this program is to promote good nutrition, physical activity and other healthy habits in young family participants and pregnant women. To accomplish this goal, this program, in partnership with community agencies, provides home-based education to young, low-income families. The curriculum offers information on nutrition/feeding in the critical early years of life as well as overall healthy habit guidance for young, vulnerable families. In 2024, Parkview worked to enhance the program's effectiveness by adding additional staff to support ongoing growth, translating the curriculum to Spanish, streamlining data collection and training community health workers on the new curriculum.

Highlighted Outcomes

- Developed video-based and print lessons
- Implemented real-time impact measurement through digital surveys
- Family goal setting, group education and behavioral assessments
- Curriculum translated and digitized (Spanish and English)
- Statewide training in partnership with Indiana Department of Health
- 2024: REDCap launched for standardized data collection
- Completed practice training for 12 community health workers
- 98 updated curriculum copies distributed in the first quarter of 2024

Parkview Community Greenhouse and Learning Kitchen

The Parkview Community Greenhouse and Learning Kitchen (GHLK) serves the 46805 and 46806 area, providing access to fresh produce and education on nutrition and gardening. The program targets food insecurity, obesity and chronic disease by fostering knowledge of healthy food preparation, growing practices and lifestyle changes. GHLK partners with community organizations to increase access to resources and support behavior change.

Highlighted Outcomes

- Over 600 youth and adult participants combined (2023–2024)
- 1,909 pounds of produce grown in 2024, equaling 19,631 servings
- Produce distribution included farmers markets and Fresh Food Farmacy
- Confidence in fruit and vegetable recommendations rose to 90% in 2024
- Strategic additions such as fruit garden, new raised beds and event partnerships

Food Assistance Support Team

The Parkview FAST Program (Food Assistance Support Team) aims to navigate and assist in solving problems related to food insecurity in Allen County. The program connects individuals to health care providers and community-based food assistance programs to provide optimal access to nutritious foods to those identified as food insecure. This program is focused on supporting food-insecure individuals and families through two primary functions: urgent access to healthy food boxes (goal is 100 patients per year) for those who identify as food insecure, and resource identification and connection to help ensure patients become food secure (goal is 50%).

Highlighted Outcomes

- In 2024, FAST participants were able to obtain 202 urgent health food boxes, a significant growth from 63 boxes in 2023
- FAST strengthened its community presence through new partnerships with the Wayne Township Trustee Office, Pontiac Street Market and the Purdue Fort Wayne Pantry. These collaborations have laid the groundwork for broader service delivery and deeper community integration
- Implemented REDCap to enhance participant recordkeeping, resulting in improved data accuracy, security and reporting capabilities
- The total number of providers screening for food insecurity increased to 151 providers in 2024 from 101 providers in 2023

Matthew 25 Health and Care Registered Dietitian Services

The Matthew 25 Nutrition Community Benefit Program delivers essential outpatient nutrition counseling and medical nutrition therapy to underserved and uninsured patients through a partnership between Parkview Health and Matthew 25 Health and Care. Services include personalized nutrition education focused on managing chronic conditions such as diabetes, heart disease and obesity, as well as general wellness. The program also includes nutrition education classes as part of the Community Farmacy initiative, in collaboration with the Community Harvest Food Bank, and school-based interventions like the Taking Root Health Challenge for children.

Highlighted Outcomes

- Completion rates improved from 22–26% in 2023 to 52–62% in 2024, with more patients served and followed up
- In 2023, 100% of participants lost weight (average 12.4% body weight reduction); in 2024, 50% lost weight, though with a smaller average loss
- Both years showed significant gains in understanding blood sugar stability, macronutrients and diabetic plate composition
- 2023 saw a 121.4% increase in self-reported confidence (from 4.2 to 9.3 out of 10), reinforcing program impact on self-efficacy
- Reported strong class participation and improved identification of carbohydrate sources, indicating deeper learning and interaction

Year	% of Patients with HgbA1c Reduction	Average HgbA1c Drop
2023	100.0%	0.9%
2024	42.9%	0.98%

Maternal and Child Health

Safe Sleep Education and Pack ‘n Play Distribution

Parkview continued to offer safe sleep classes with a Pack ‘n Play distribution program to promote infant safety through education and distribution of safe sleep materials in underserved communities. Program participants receive education on safe sleep practices, a safe sleep kit (Including a Pack ‘n Play), cultural support and home environment safe sleep inspections and follow-up. This program is available to any family in Allen County in need of a safe place for their baby to sleep.

Highlighted Outcomes

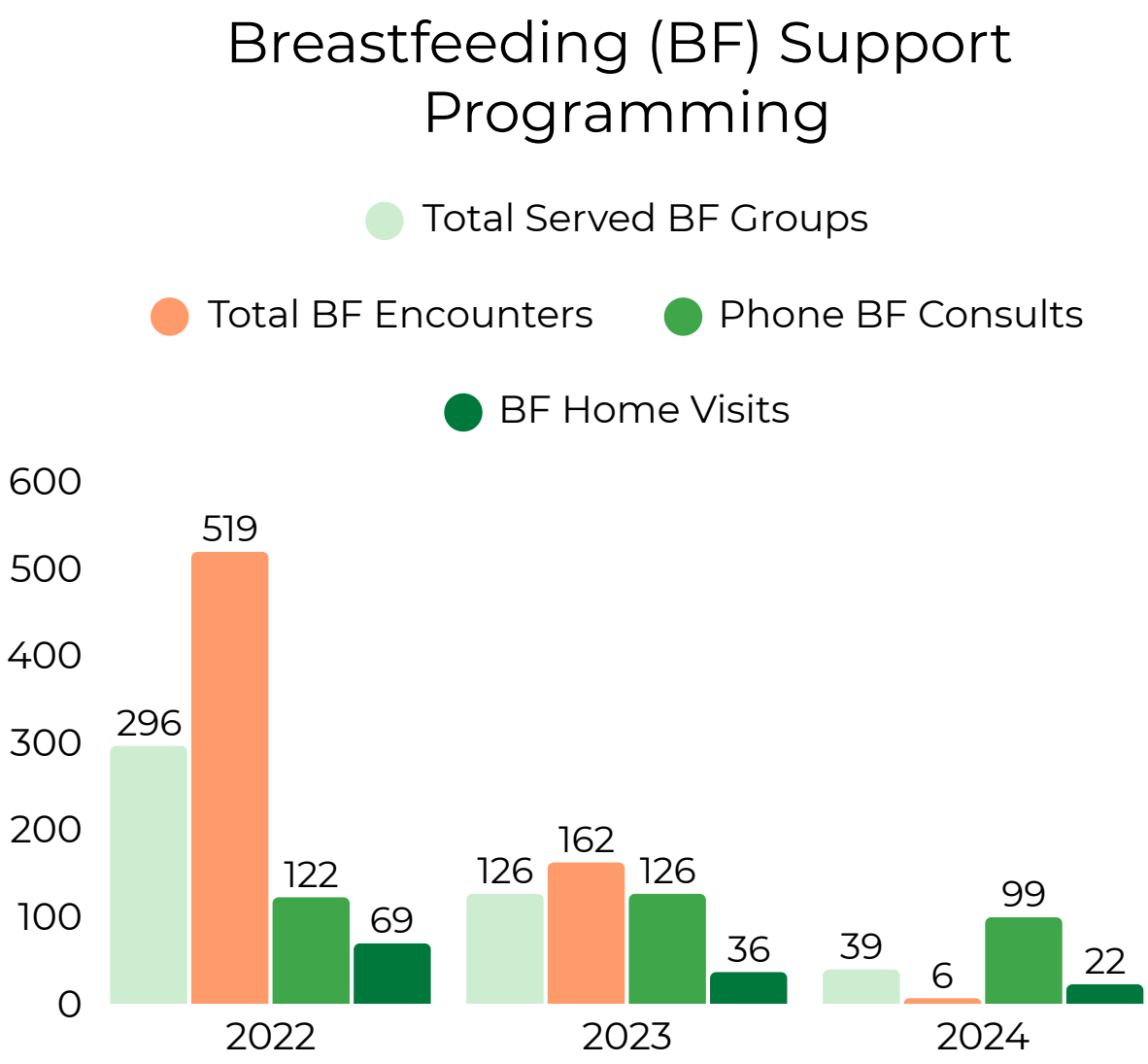
- Since the start of 2022, this program has taught 206 classes, distributed 476 Pack ‘n Plays, and educated 579 participants
- Over the last three years, 100% of program participants reported sleep compliance at six months

Community Breastfeeding Classes and Support

Breastfeeding supports infant health and well-being in a number of ways, including nutritional benefits, mother and baby bonding, immune support and reduced risk of SIDS. The program serves women in all Allen County zip codes with focused efforts in five zip codes – 46803, 46805, 46806, 46807 and 46816 – located in south central/southeast Fort Wayne. Within these targeted zip codes reside the largest population of residents affected negatively by social drivers of health. The intent of this program is to increase the number of new mothers who engage in breastfeeding by providing assistance and education to vulnerable mothers through support groups in the zip codes with the highest infant mortality rates.

Highlighted Outcomes

- Provided 99 phone consultations and 22 home visits for breastfeeding support to participants in 2024



Allen County Fetal Infant Mortality Review (FIMR)

FIMR is a multidisciplinary group organized to regularly review cases of fetal and infant deaths with the goal of identifying and disseminating information about trends impacting infant mortality in Allen County. This group works to understand factors affecting maternal and infant health and engage in community action projects aimed at addressing identified needs.

Highlighted Outcomes

- Program Growth: Near the end of 2023, FIMR expanded its reach from 1 to 11 counties, resulting in a significant increase in reviewed cases from 27 in 2023 to 121 in 2024
- Case Review Activity: Multi-disciplinary teams reviewed 29 cases in 2023 and 56 in 2024 following expansion. These reviews led to over 40 actionable recommendations aimed at preventing poor outcomes.
- Key recommendations included:
  - Early recognition and urgent reporting of decreased fetal movement
  - Improved adherence to prescribed medications, especially for mental health
  - Increased awareness and use of rural community resources
  - Access to culturally sensitive care and bereavement support
  - Enhanced care coordination across providers
  - Routine screening for social determinants of health, domestic violence and mental health concerns
- Community Action: Healthier Moms and Babies led community engagement efforts in Allen County, with FIMR team members actively involved. Teams continue to analyze data and conduct parent interviews to identify additional areas for intervention.

Community Health Workers (Safety PIN)

The goal of this program is to reduce the infant mortality rate in Allen County by supporting vulnerable families in both the home and community settings. This program aims to identify patients with barriers such as transportation, food insecurity, financial concerns, interpersonal violence and housing instability through screening. Once a patient is identified as vulnerable in one or more of the previously mentioned areas, they are referred to a community health worker for support and resource navigation. In 2024, the program had 394 referrals, completed 2,043 home visits and attended 27 community events.

Highlighted Outcomes

- Over the past three years, we have enrolled 1,369 families into the home visiting program from 1,835 referrals. We completed 5,129 home or face-to-face visits in the community.
  - 30% of the clients reside in the 46806 or 46816 ZIP code, known to have higher than average infant mortality
  - We met women in the community at 80 community events over this time. Some of these are informal at partner agencies, others are large events like community baby showers.
  - We have worked closely with other community agencies to ensure the best outcomes and support for our shared clients

Access to Care

Better Future Clinic

IIn 2024, Parkview Hospital, Inc. opened the Better Future Clinic to support children who need ongoing care after suspected abuse. The clinic provides follow-up medical visits to make sure physical injuries are healing properly and to help each child stay healthy. But healing isn't just physical—the clinic also offers counseling and emotional support to help children recover mentally and emotionally. It focuses on a child's overall well-being, making sure they feel safe, supported, and able to grow in a stable environment. The Better Future Clinic partners with Iris Family Support Center (formerly known as SCAN) to help families find the community resources and programs they need, from mental health care to parenting support. Together, they are making sure children and their caregivers have what they need to heal and build a better future.

Highlighted Outcomes

- The Better Future clinic contributed to awareness programs and training for health care providers, educators and the community. Furthering awareness about signs of abuse ensures that more children are identified and helped in a timely manner.
- Clinic evaluated 104 children in 2024
- This clinic may contribute to research on child abuse, helping to refine prevention strategies and treatment methods. This evidence-based approach can lead to more effective policies and practices, enhancing child welfare systems.

Fort Wayne Community Schools Health Clinic at FACE

The Fort Wayne Community Schools (FWCS) Health Clinic, located at the Family and Community Engagement Center (FACE), is staffed by three Parkview Health registered nurses from our Community Nursing Department. Through this clinic, our community nurses can help deliver in-school immunizations, screenings and health education to reduce access barriers to care.

Highlighted Outcomes

- Program expanded its reach in 2024, breaking many records for services
  - Administered over 5,000 vaccines (2024) for the first year ever
  - Administered a record number of Vaccines for Children (VFC) Program vaccines, 4,553 in 2024
  - Completed record number of vision screenings and referrals
  - Completed record number of hearing screenings, 418 screenings in 2024
  - Served 278 students/families, highest number of families since 2019
- Program was able to break through barriers for families by taking immunization out to schools, serving children where they attend school
  - Minimized transportation, language and access to care barriers for the families served
- The three nurses at FACE were approved for a retrospective research study on the Infant Safety Classes pilot for eighth graders in FWCS

Appendix B - Prioritization Participating Organizations

Prioritization session attendees represented several organizations in Allen County.

Organization/Department	Area of Work
A Hope Center	Health Care
A Mother's Hope	Non-profit/Community-based/Social Service
Allen County Department of Health	Government/Public Health/Safety
Allen County Sheriff Department	Government/Public Health/Safety
Associated Churches	Non-profit/Community-based/Social Service
Boys & Girls Club	Non-profit/Community-based/Social Service
Brightpoint	Non-profit/Community-based/Social Service
Cancer Services of Northeast Indiana	Non-profit/Community-based/Social Service
Community Foundation	Non-profit/Community-based/Social Service
Community Harvest Food Bank	Non-profit/Community-based/Social Service
Community Transportation Network	Non-profit/Community-based/Social Service
Fort Wayne Sexual Assault Treatment Center	Health Care
Hope and Recovery Team	Government/Public Health/Safety, Mental/Behavioral Health
Healthier Moms & Babies	Non-profit/Community-based/Social Service
Homebound Meals, Inc.	Non-profit/Community-based/Social Service, Food Distribution

Organization/Department	Area of Work
Inasmuch	Faith/Cultural
Iris Family Support Center	Non-profit/Community-based/Social Service
Lutheran Social Services of Indiana	Non-profit/Community-based/Social Service
Matthew 25 Health	Health Care
McMillen Health	Education, Non-profit/Community-based/Social Service
Mental Health America North East Indiana	Mental/Behavioral Health
Parkview	Health Care, Non-profit/Community-based/Social Service
Positive Resource Connection	Non-profit/Community-based/Social Service
Purdue Fort Wayne	Non-profit/Community-based/Social Service, Mental/Behavioral Health
Southwest Allen County Schools	Education
St. Joseph Community Health Foundation	Non-profit/Community-based/Social Service
Super Shot	Health Care
The Lighthouse	Faith/Cultural, Mental/Behavioral Health, Non-profit/Community-based/Social Service
Turnstone	Non-profit/Community-based/Social Service
YMCA	Non-profit/Community-based/Social Service
YWCA	Non-profit/Community-based/Social Service

Appendix C - Community Resources

This list highlights health care facilities and community organizations that are available to address significant health needs identified in this CHNA.

Organization Name	City	Zip Code
Affordable and Healthy Food		
Community Harvest Food Bank	Fort Wayne	46816
Aging and In-Home Services	Fort Wayne	46804
Associated Churches of Fort Wayne	Fort Wayne	46802
HEAL Farm Markets	Fort Wayne	46803 & 46805
Homebound Meals, Inc.	Fort Wayne	46802
Inasmuch Ministries	Fort Wayne	46802
Johnnie Mae Farm	Fort Wayne	46803
Blessings in a Backpack	Fort Wayne	46802
Matthew 25 Health and Care	Fort Wayne	46802
NEIN Local Food Network	Regional	N/A
New Hope Farms	Fort Wayne	46802
Parkview Community Greenhouse	Fort Wayne	46805
Parkview Community Health & Well-Being	Fort Wayne	46808
Purdue Extension Office	Fort Wayne	46815
Salvation Army	Fort Wayne	46802
St. Joseph Community Health Foundation	Fort Wayne	46802
St. Mary's Soup Kitchen	Fort Wayne	46802
Wellspring Interfaith Social Services	Fort Wayne	46802

Housing Affordability		
Brightpoint	Fort Wayne	46802
Fort Wayne Housing Authority	Fort Wayne	46816
Habitat for Humanity	Fort Wayne	46803
Indiana Housing & Community Development Authority (IHCDA) www.IndianaHousingNow.org	Indianapolis	46204
Purdue Fort Wayne Community Research Institute	Fort Wayne	46805
Purdue Center for Regional Development	Fort Wayne	46805
Just Neighbors Family Center	Fort Wayne	46805
Everyone Home Fort Wayne	Fort Wayne	N/A
Access to Mental Health Care and Addiction Services		
988 Suicide & Crisis Lifeline	National	N/A
Amani Family Services	Fort Wayne	46825
Bowen Health	Fort Wayne	46808
Brightpoint	Fort Wayne	46802
Carriage House	Fort Wayne	46805
Community Transportation Network (CTN)	Fort Wayne	46825
Connection Points Ministry	Fort Wayne	46815
www.FindHelp.org	National	N/A
Fort Wayne Citilink/Medlink	Fort Wayne	46802
Fort Wayne VA Medical Center	Fort Wayne	46805

Fort Wayne-Allen County Department of Health	Fort Wayne	46802
Freedom House	Fort Wayne	46802
Hope Alive	Fort Wayne	46808
IRIS Family Care Center (formerly SCAN)	Fort Wayne	46802
Lighthouse	Fort Wayne	46805
Lutheran Social Services of Indiana (LSSI)	Fort Wayne	46805
Matthew 25 Health and Care	Fort Wayne	46802
McMillen Center for Health Education	Fort Wayne	46816
Neighborhood Health	Fort Wayne	46802
NEIN Positive Resource Connection	Fort Wayne	46806
PACE of Northeast Indiana	Fort Wayne	46805
Park Center - E State Blvd	Fort Wayne	46805
Park Center - Lake Avenue	Fort Wayne	46805
Rose Home	Fort Wayne	46803
Salvation Army Adult Rehab Center	Fort Wayne	46802
Shepherd's House	Fort Wayne	46805
Society of St. Vincent de Paul	Fort Wayne	46806
St. Joseph Hospital	Fort Wayne	46802
Thirteen Step House	Fort Wayne	46802
Vocational Rehabilitation Services - Areas 7 & 8	Fort Wayne	46806
YWCA of Northeast Indiana	Fort Wayne	46816

Mental Health and Mental Disorders		
Bowen Center Health	Fort Wayne	46808
Center for Nonviolence	Fort Wayne	46807
Crossroad Child & Family Services	Fort Wayne	46805
Fort Wayne VA Medical Center	Fort Wayne	46805
Greater Indiana Chapter - FW	Fort Wayne	46804
HealthVisions of Fort Wayne	Fort Wayne	46803
Hope Alive	Fort Wayne	46808
Lutheran Social Services Indiana (LSSI)	Fort Wayne	46805
Maple Heights Behavioral Health Hospital	Fort Wayne	46818
Mental Health America Northeast Indiana	Fort Wayne	46807
National Alliance on Mental Illness (NAMI)	Fort Wayne	46805
Park Center - E State Blvd	Fort Wayne	46805
Park Center - Lake Avenue	Fort Wayne	46805
Park Center - Carew Street	Fort Wayne	46805
Parkview Behavioral Health	Fort Wayne	46805
Parkview Behavioral Health Helpline	Fort Wayne	46805
Turnstone	Fort Wayne	46805
Vocational Rehabilitation Services - Areas 7 & 8	Fort Wayne	46806
We The Living	Fort Wayne	46814
YWCA	Fort Wayne	46825

Insurance for health care		
Aging and In-Home Services	Fort Wayne	46804
Allen County Division of Family Resources	Fort Wayne	46806
Brightpoint	Fort Wayne	46802
Catholic Charities of Fort Wayne	Fort Wayne	46802
Indiana Rural Health Association	Terre Haute, IN	47803
League	Fort Wayne	46816
Neighborhood Health	Fort Wayne	46802
Park Center	Fort Wayne	46805
Parkview Hospital, Inc.	Fort Wayne	46805
Social Security Administration	Fort Wayne	46819

Additional resources for a broad range of assistance:

Findhelp.org is an online tool that connects people to support, including financial assistance, food pantries, medical care and other free or reduced-cost help.
https://www.findhelp.org/

211 is a free and confidential service that helps people find local resources like food, housing, health care and job support by calling or texting 211.
https://www.211.org/