LANDSCAPE SCAN FOR LA PORTE COUNTY 2025

HEALTHY EATING & ACTIVE LIVING
MENTAL HEALTH & SUBSTANCE USE

This report was prepared by researchers from the Fairbanks School of Public Health at Indiana University Indianapolis. The study was conducted for the Health Foundation of La Porte.

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EXECUTIVE SUMMARY

In spring 2025, the Health Foundation of La Porte (HFL) partnered with the Fairbanks School of Public Health (FSPH) at Indiana University Indianapolis to conduct a comprehensive landscape scan focused on two priority areas: **Healthy Eating and Active Living (HEAL) and Mental Health and Substance Use (MHSU) in La Porte County**. These priorities were identified during HFL's strategic planning process.

The purpose of this landscape scan was to assess community needs and assets related to HEAL and MHSU, identify barriers and facilitators that influence progress across both priority areas, and ensure that local voices are heard to inform decision-making. Findings are intended to guide future funding priorities and strategic direction, supporting initiatives that strengthen health and well-being throughout La Porte County.

This study utilized a mixed-method approach, combining both quantitative and qualitative data sources. Primary data collection included a community survey, stakeholder interviews with subject matter experts, and focus groups with community members.

While the information collected was broad and diverse, several interrelated themes consistently emerged across all sources.

For HEAL, the most common themes included the following:

Cost was a major barrier, impacting both healthy food choices and physical activity. Nutritious foods tend to be more expensive, and exercise often requires paid options such as gym memberships or equipment.

The **closing of nearby grocery stores** was frequently mentioned as a barrier to accessing fresh fruits and vegetables. For some residents, **lack of transportation** and **missing or unsafe sidewalks** make it even harder to reach grocery stores or physical activity spaces. While there are parks and trails in La Porte County, they are not equally accessible to all residents, and in the colder months, free or low-cost indoor activity options are needed.

Structural and geographic inequities, such as the rural–urban divide and low-

income neighborhoods contribute to the challenges in accessing healthy food and opportunities for active living. Much of these issues are shaped by social determinants of health like poverty.

Cultural and lifestyle norms also play a role. Busy schedules, multiple jobs, caregiving responsibilities, and increased screen time, especially among youth, reduce time and motivation for healthy behaviors.

Furthermore, participants highlighted **ineffective marketing** of programs and services, resulting in low awareness of available resources.

Finally, there was strong interest in expanding programming tailored specifically to **youth and older adults**.

For MHSU, the most common themes included the following:

Workforce shortage is a critical issue, with too few qualified behavioral health professionals to meet community needs. The result is **limited availability of services** and **long waitlists**, often leading to lost motivation and missed opportunities for timely intervention.

Financial and insurance barriers further restrict access. Economic struggles, inadequate coverage, and instability in Medicaid eligibility creating significant gaps, especially for low-income families.

Transportation remains a challenge, particularly for rural residents who face limited public transit options.

Housing instability adds another layer of vulnerability, with a shortage of recovery housing, sober living environments, and permanent shelters for individuals and families.

Stigma and socio-cultural barriers continue to discourage individuals from seeking help, especially in rural areas where judgment and misunderstanding remain more prevalent.

The behavioral health system is **difficult to navigate**, leaving residents unsure where to go or whom to contact. Stakeholders repeatedly called for **centralized and accessible services ("one-stop shop")**, offering immediate support and a peer-run recovery hub. There is also a clear need for **crisis stabilization resources**, including a dedicated crisis center and mobile response teams to address urgent situations.

Finally, **youth-focused prevention and support** emerged as a top priority, with programming that is relevant, interactive, and designed with youth input.

INTRODUCTION

In spring 2025, the Health Foundation of La Porte (HFL) engaged the Fairbanks School of Public Health (FSPH) at Indiana University Indianapolis to conduct a comprehensive landscape scan focused on two priority areas: (1) Healthy Eating and Active Living (HEAL) and (2) Mental Health and Substance Use (MHSU) in La Porte County. These priorities were originally identified during HFL's strategic planning process.

The goals of this landscape scan were to assess the current community needs and available assets related to HEAL and MHSU and to identify barriers and facilitators that influence progress across both priority areas. A critical component of this effort was to capture the voices and perspectives of community members and key stakeholders, ensuring that local insights and lived experiences inform decision-making. Ultimately, the findings from this scan are intended to guide future funding priorities and strategic direction, supporting initiatives that strengthen health and well-being throughout La Porte County.

APPROACH

We employed a mixed-method approach that integrated both quantitative and qualitative data sources. This process included a review of existing secondary data to establish baseline information and identify trends within La Porte County. In addition, we collected primary data to capture current community perspectives and experiences.

Primary data collection involved three key strategies:

1. **Community survey**
   The survey was designed to capture broad input from residents, exploring issues related to healthy eating, active living, mental health, and substance use, as well as general demographic information.
2. **Stakeholder interviews**
   The interviews were conducted with professionals, community leaders, and subject matter experts in the priority areas of HEAL and MHSU, providing expert perspectives on local challenges and opportunities.
3. **Focus groups**
   The focus groups were conducted with community members who have lived experience related to HEAL and MHSU issues, offering deeper insights into barriers, facilitators, and potential solutions from those directly impacted.

This mixed-methods design allowed for a comprehensive understanding of the local landscape, combining quantitative indicators with qualitative insights to inform actionable recommendations.

This study was reviewed and approved by the Indiana University Institutional Review Board (IRB) under an expedited process (Protocol #28122). The expedited review ensured that all procedures complied with ethical standards for research involving human participants.

LA PORTE COUNTY PROFILE

La Porte County, located at the northern border of Indiana along the shoreline of Lake Michigan, is home to about 111,348 people. La Porte's population is primarily white (85%), with Black residents comprising 11% and individuals identifying with two or more races accounting for 3%. Additionally, 8% of the population identifies as Hispanic or Latino. The median annual household income is $64,204, with 14% of individuals overall and nearly 22% of children living in poverty (Indiana Business Research Center, n.d.).

Nearly half of all students in the county's public schools (48%) were eligible for the free lunch program during the 2023–2024 school year (TEN2030, 2025).

Most residents have health insurance coverage; however, 9% of adults and 5% of children remain uninsured (County Health Rankings, 2025).

PART I: HEALTHY EATING & ACTIVE LIVING

In 2023, 15% of La Porte County residents and 22% of children experienced food insecurity. Among food-secure households, the average cost of a meal was estimated at $3.48, which was slightly higher than the Indiana state average of $3.20 (Feeding America, 2023).

The majority of residents (61%) live near a park or recreation facility; however, 29% of adults report not engaging in physical activity outside of work. Regarding overall health, residents experience an average of 4.7 poor physical health days per month, and 20% rate their health as poor or fair (County Health Rankings, 2025).

COMMUNITY SURVEY

A total of 355 community members participated in the survey, which included questions on healthy eating, active living, mental health, substance use, and basic demographics. While not all respondents completed every question, 297 provided fully completed responses. Below are the key HEAL-related findings from the survey (MHSU-related findings will be discussed in Part II).

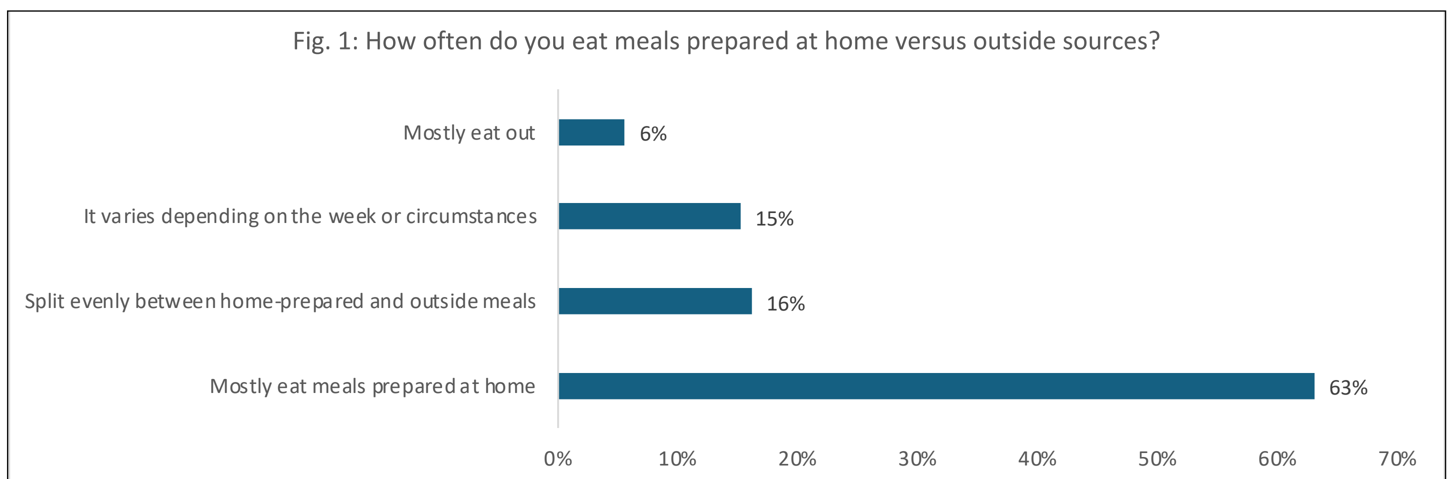
HEALTHY EATING

Behaviors related to healthy eating

The majority of respondents reported eating fruits and vegetables regularly—either every day (59%) or a few times a week (36%). However, a small group (5%) reported rarely eating fruits or vegetables.

When asked about sugary drink consumption, 40% of respondents reported rarely drinking them, and 12% said they never do. Meanwhile, 24% indicated they consume sugary beverages daily, and another 24% reported drinking them a few times per week.

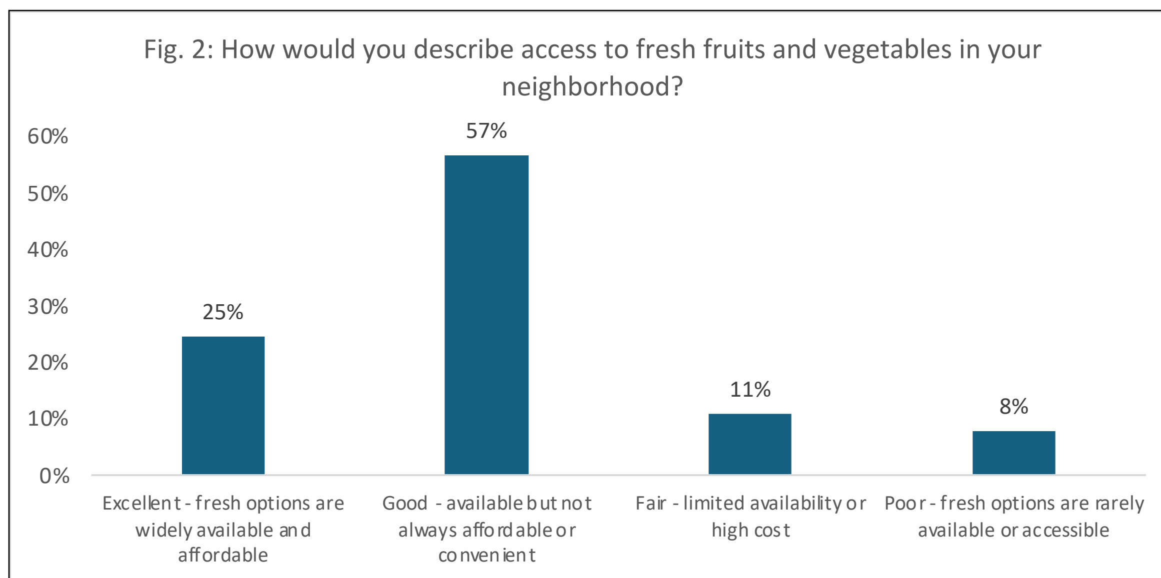
We asked participants how often they eat meals prepared at home compared to meals from outside sources (such as restaurants, take out, or fast food). Nearly two-thirds of respondents (63%) reported that they mostly eat meals prepared at home (see **Figure 1**).



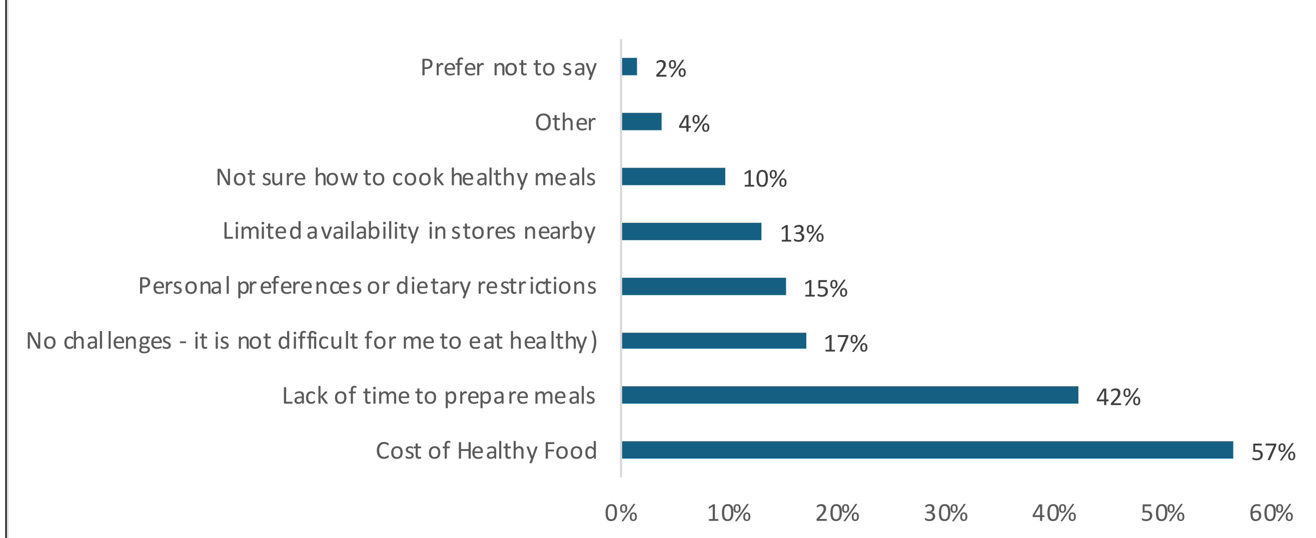
Participants were asked where they primarily shop for groceries. Nearly all respondents (95%) reported shopping at traditional grocery stores. However, a small group (5%) indicated that they primarily purchase groceries through online platforms, at dollar stores, gas stations, pharmacies (e.g., CVS, Walgreens), or other locations.

Access and barriers to healthy eating

We asked participants how they would describe access to fresh fruits and vegetables in their neighborhood. The majority (57%) reported that they perceive access to be good and another 25% rated access as excellent. However, nearly one in five respondents stated that access was limited, with 11% describing it as fair and 8% as poor (see **Figure 2**).



When asked about challenges to eating healthy, respondents were able to choose multiple options. The most frequently selected challenges were the cost of healthy food (57%) and lack of time to prepare meals (42%). Notably, 17% of respondents indicated that eating healthy was not a challenge for them (see **Figure 3**).



Note: Response options were not mutually exclusive; participants could select multiple options.

Awareness and perceptions related to eating healthy

When asked about the importance of healthy eating to their family, most respondents indicated it was either very important (58%) or somewhat important (37%). Only a small percentage reported that healthy eating was not important to their family.

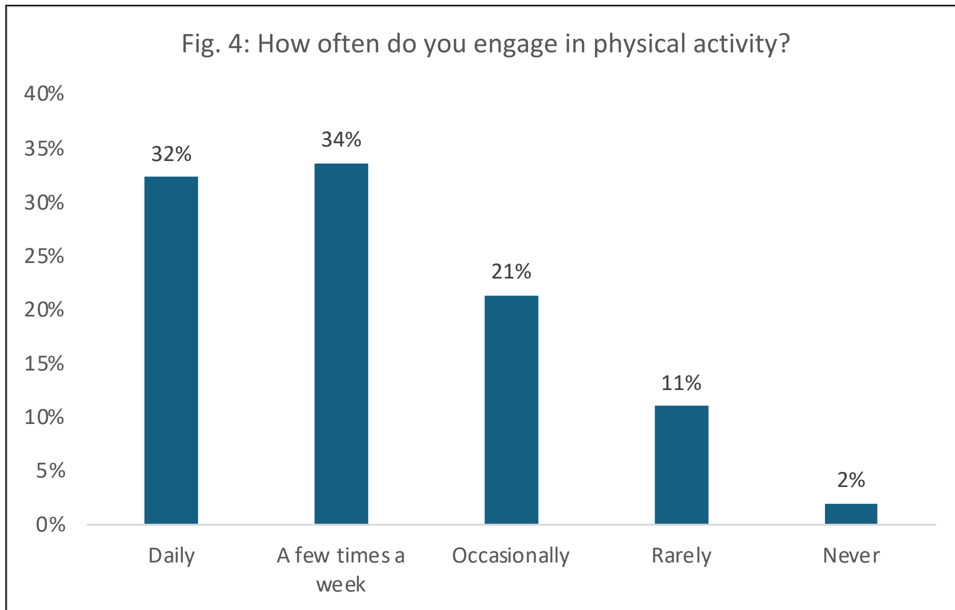
Participants were asked about their level of confidence in making healthy food choices. Most respondents reported feeling very confident (49%) or somewhat confident (43%). Only 9% lacked confidence in making healthy food choices.

We also asked participants if they are aware of local programs or resources that support healthy eating, such as food pantries, nutrition classes, or farmers markets. Most respondents (62%) reported being aware of such resources, while about one-fourth (25%) were not aware, and 13% were unsure.

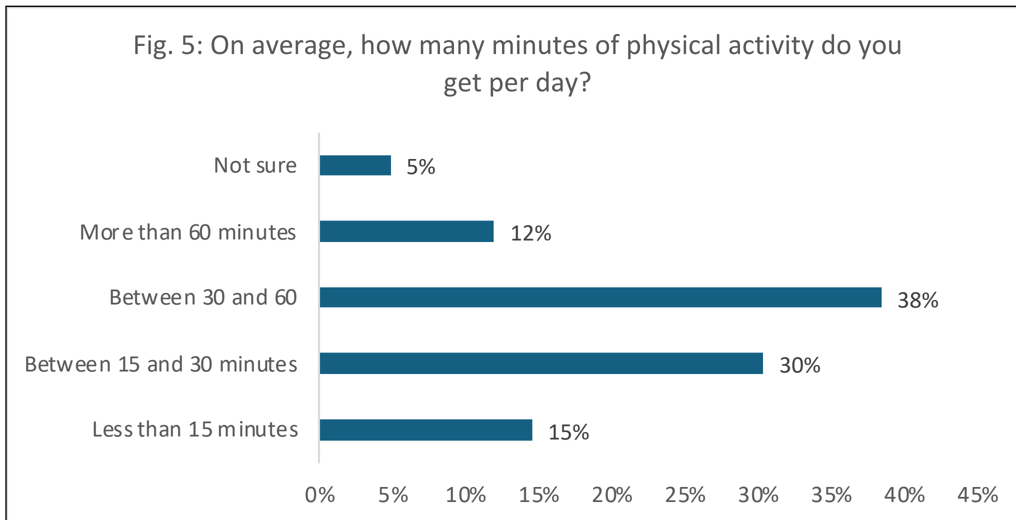
ACTIVE LIVING

Behaviors related to active living

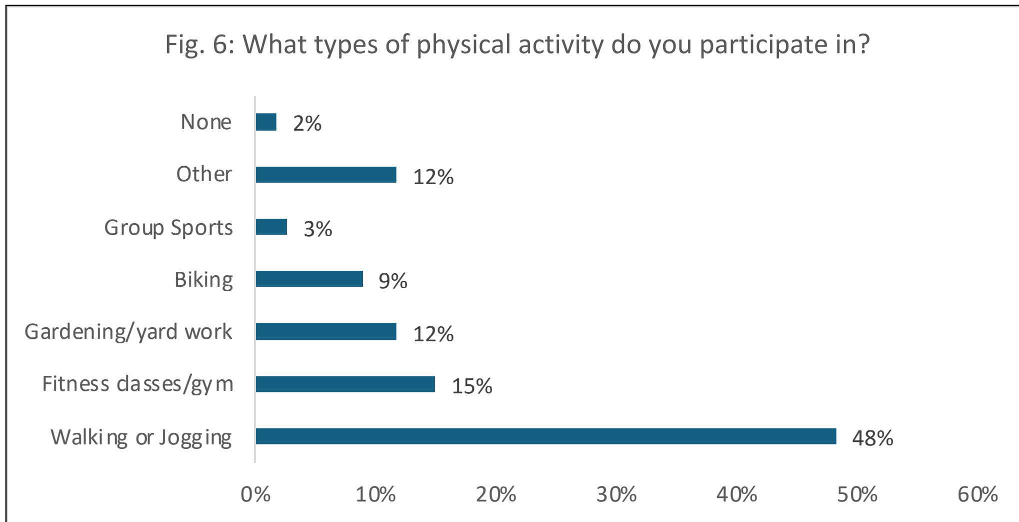
Participants were asked a series of questions about their level of physical activity. When asked how often they engaged in activities such as walking, biking, sports, or exercise, most reported being active regularly—either a few times per week (34%) or daily (32%). Only a small percentage (2%) indicated they never engage in physical activity (see **Figure 4**).



We followed up with a question about the average amount of time spent on physical activity per day. The most common response was 30–60 minutes (38%), followed by 15–30 minutes (30%) (see **Figure 5**).



When asked about the types of physical activity people participate in, respondents were able to choose multiple options. Most respondents (48%) reported walking or jogging and 15% mentioned attending a gym or fitness classes. Gardening and yard work were also commonly selected activities (12%). Only a small percentage (2%) said they did not engage in any physical activity (see **Figure 6**).



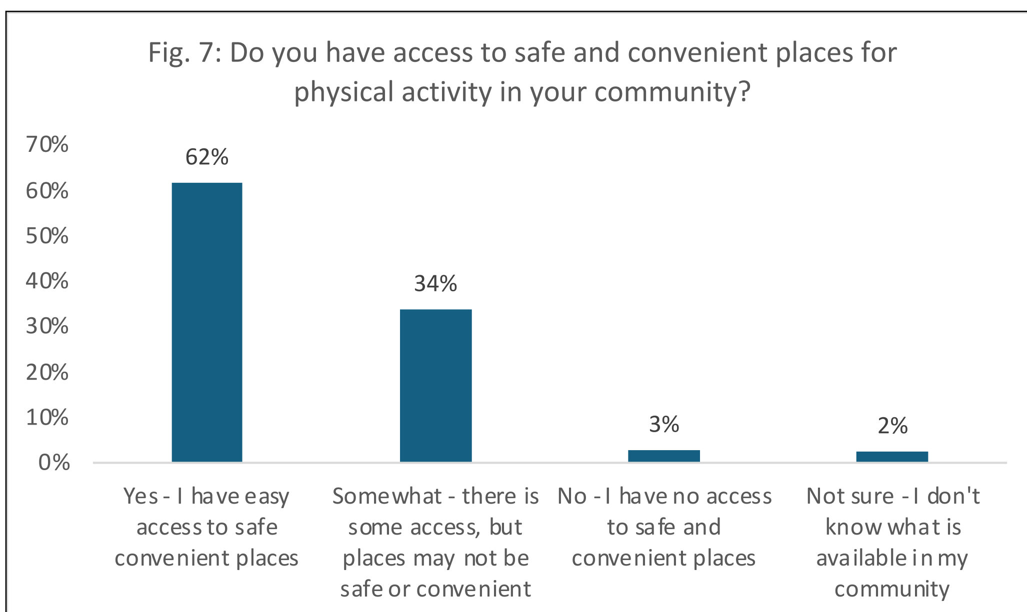
Note: Response options were not mutually exclusive; participants could select multiple options.

Awareness and perceptions related to active living

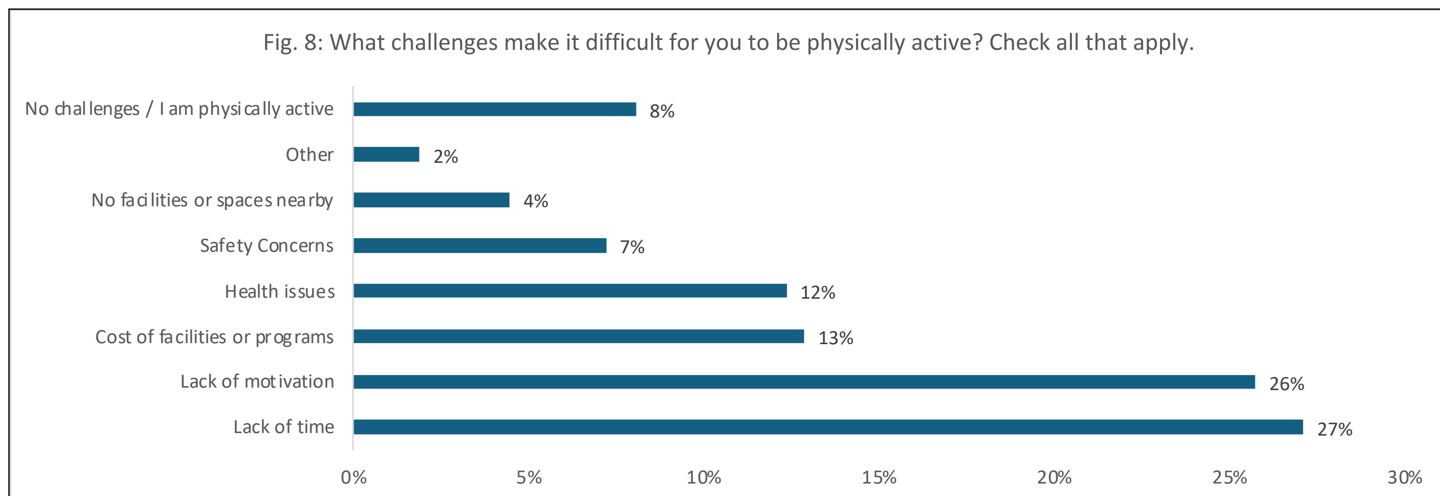
Almost all respondents viewed physical activity as essential for overall health and well-being. A large majority (85%) said it is very important and another 15% rated it as somewhat important. Only 1% felt it was not very important for health and well-being.

Access and barriers to active living

We asked participants if they have access to safe and convenient places for physical activity—such as parks, trails, sidewalks, or gyms—in their community. Most respondents (62%) reported having easy access to such spaces, while 34% indicated they had some access, though the locations may not always be safe or convenient (see **Figure 7**).



Lastly, participants were asked about challenges to being physically active, respondents were able to choose multiple options. The most commonly reported barriers were lack of time (27%) or motivation (26%). Cost of facilities or programs was also cited by 13% of respondents as a challenge. Notably, 8% reported experiencing no challenges and stated they are physically active (see **Figure 8**).



Note: Response options were not mutually exclusive; participants could select multiple options.

INTERVIEWS

Interviews were conducted with 10 community stakeholders with expertise in healthy eating and/or active living. With participant consent, interviews were held via Microsoft Teams, recorded, and transcribed for analysis.

NUTRITION-RELATED ISSUES

We asked participants about the most common nutrition-related issues in La Porte County. Overall, healthy eating faces multiple, interconnected challenges rooted in infrastructure, affordability, knowledge gaps, and cultural habits. Participants across all interviews consistently emphasized that the issue is not simply about personal choices, but about systemic barriers that make nutritious options inaccessible for many.

Structural and geographic inequities: The participants shared that there is a rural-urban divide, where rural areas lack the access to grocery stores that urban residents might have. Meanwhile, even in urban centers, infrastructure and connectivity issues prevent residents from easily reaching the resources they need for nutritious eating.

Limited access and transportation: A recurring theme was the lack of transportation,

especially for youth, low-income families, or rural residents. Youth are reliant on adults to drive them. Low-income families may not be able to travel farther distances to grocery stores and may be limited in what places they can go. Rural residents may have fewer choices locally and may have to drive farther to find a grocery store that urban residents in places like La Porte or Michigan City are able to access.

Limited food outlets and fresh produce: Most interview participants noted that there may be limitations in where people can get food, especially after multiple grocery outlets closed. Families that rely on outlets like Dollar General or food pantries may not always have access to fresh food and produce, and may have to rely on shelf-stable, processed food.

Economic constraints: Many participants alluded to economic constraints faced by residents of La Porte County. Even when food is available, high prices for fruits and vegetables make healthy eating difficult. Participants described a reliance on free food programs (e.g., for children during summer breaks) and expressed concern over reduced funding for food service operations, even as demand has increased post-COVID.

Cultural and lifestyle norms: Participants described cultural norms as a significant barrier to healthy eating. There are entrenched cultural perceptions that fast food is "real food," and many families see it as the most accessible and familiar option. Preparing fresh meals is often viewed as expensive, time-consuming, or overwhelming, particularly for families with limited time, income, or culinary knowledge.

Lack of knowledge: Reliance on processed foods has resulted in a lack of familiarity with fresh produce. Many participants noted that residents do not know how to prepare healthy meals or even recognize certain vegetables and fruits.

ACTIVITY-RELATED ISSUES

We asked participants about the most common issues related to physical activity in La Porte County. Overall, physical activity is constrained by interconnected factors. The following themes emerged:

Limited access and unsafe infrastructure: Many participants reported that accessibility is a challenge to active living. Factors such as poor sidewalk

infrastructure, long distances to public spaces, and winter weather conditions can make it unsafe to engage in outdoor activities. Furthermore, seniors and individuals with disabilities face added challenges including limited mobility and risk of falls.

Lack of indoor activity spaces: Participants noted a lack of free or low-cost indoor facilities for exercise, which is particularly important during colder months. YMCA memberships can be expensive and so not feasible for some. Participants also described residents "resorting to walking at Walmart" during winter because it is safe, warm, and free.

Economic constraints: Low-income households struggle with transportation, gym costs, and lack of free or low-cost indoor alternatives. These concerns further discourage participation in physical activity.

Lack of knowledge: Participants noted that many residents, particularly children, lack basic knowledge about the importance of physical movement and how to maintain health. This knowledge gap, coupled with limited encouragement from schools or communities, contributes to a lack of motivation and understanding of the value of activity.

Cultural and lifestyle norms: Participants observed that a strong local culture of competitive sports often overshadows other forms of physical activity. Once sports seasons end (typically in October), opportunities for unstructured physical play disappear.

Structural and geographic inequities: Though the city of La Porte has quality trails and parks, participants emphasized that rural communities lack comparable resources.

VULNERABLE POPULATIONS

While health challenges affect the broader community, certain groups in La Porte County are consistently more burdened by obstacles to nutritious eating and physical activity. These groups are defined by socioeconomic status, geography, household structure, and mobility limitations.

Low-income neighborhoods & high-poverty areas: Multiple participants named specific neighborhoods with concentrated disadvantage. These areas often suffer from poor walkability, little to no access to grocery stores, and reliance on food pantries.

Families with lower socioeconomic status: Households living below or just above the poverty line experience severe limitations in accessing nutritious food and recreational spaces—particularly those relying on SNAP benefits, free or reduced-price school meals, or lacking vehicle access. Meanwhile, families in the "in-between" income bracket (who earn slightly too much for aid but still struggle) were also described as vulnerable. Pregnant women and those receiving WIC benefits were also called out as often affected by food insecurity.

Single-parent households: Single parents were highlighted as carrying multiple overlapping burdens: childcare, jobs, and household management, all on limited time and support. This often leaves little or no time for meal planning, exercise, or participation in health programs.

Seniors and individuals with disabilities/limited mobility: Older adults, particularly those living alone or in low-income senior communities, and individuals with disabilities or mobility limitations face significant barriers to healthy eating and active living. Challenges include food insecurity, transportation difficulties, and unsafe environments for physical activity. Poorly maintained sidewalks, inaccessible exercise spaces, and high fall risk often make physical activity unfeasible. Additional factors such as chronic health conditions, risk of isolation, and lack of digital literacy for online delivery services compound these issues.

Families affected by substance use: Substance use disorder was described as having a ripple effect, i.e., not only straining finances but also mental and emotional resources. Children in these households may face neglect or instability, further compromising health outcomes and daily routines.

Rural residents: Geographic isolation emerged as a major theme. While the county's urban areas offer more trails and resources, rural areas often lack sidewalks, grocery stores, and indoor activity options. Higher-income rural residents can offset this with delivery services and transportation, but poorer residents are "left behind."

BARRIERS TO HEALTHY EATING

Participants were asked what they perceive to be the biggest barriers to healthy eating in La Porte County. Several themes emerged, many of which echoed themes from earlier questions. Healthy eating remains a challenge due to a combination of structural, cultural, economic, and generational factors.

Limited access and transportation: Across interviews, transportation emerged as a prime barrier. Many residents (especially seniors, low-income families, and those in rural areas) do not live near a grocery store or cannot reliably access one. Public transit is limited, costly, or unavailable, and some households lack vehicles or gas money. Even where delivery services exist, such as in Michigan City, rural areas remain difficult to serve effectively.

Seniors, particularly those on fixed incomes and without transportation, are heavily impacted. Many are hesitant to use online grocery platforms and rely on others for transportation. Fear of going out after dark and fall risk adds another layer of isolation and inaccessibility.

Cost of healthy food: Affordability is a major obstacle. Participants frequently noted that fruits, vegetables, and fresh foods are significantly more expensive than processed, shelf-stable, or fast-food alternatives. Rising prices, reduced SNAP benefits, and limited use of benefits at farmers markets only exacerbate the challenge.

Cultural norms and habits: Participants explained that people now define home-cooked meals as reheated or prepackaged food rather than fresh-from-scratch meals. Generational eating habits also play a role. Children raised on salty, sugary, and instant food develop lifelong preferences for ultra-processed options. Additionally, food pantries may be underused due to pride, stigma, or transportation barriers.

Lack of time: Working multiple jobs, caring for dependents, or living in single-parent households limits the ability to plan and cook meals. The "sandwich generation," referring to adults caring for both children and aging parents, are often too exhausted or overcommitted to focus on nutrition. Shift workers may also miss pantry or assistance program hours entirely.

Lack of knowledge: Participants frequently mentioned a lack of understanding around

nutrition (e.g., what constitutes a healthy meal, how to prepare fresh food, or how diet impacts health). This is especially apparent in households where adults themselves were raised without having been exposed to healthy eating habits.

Systemic inequities and policy restrictions: Participants emphasized that decades of structural disinvestment in low-income communities and rural infrastructure have contributed to persistent food insecurity. Specific neighborhoods mentioned include Lakeland, Eastport, Westside, and Green Acres, which lack adequate food retail or safe transportation options. A lack of urban planning around food systems, has compounded inequities and widened gaps between resource-rich and resource-poor communities.

Participants expressed frustration with policy constraints, including SNAP limitations, benefit reductions, and bureaucratic hurdles that reduce practical access to healthy foods for vulnerable families.

BARRIERS TO ACTIVE LIVING

Participants discussed the barriers to engaging in physical activity in La Porte County. Despite "pockets of opportunity," multiple factors hinder consistent active living, particularly for children, low-income families, and rural residents.

Limited access and transportation: Transportation continues to be a major barrier to accessing spaces for physical activity. Children often rely on parents for rides, and households without cars have few or no options to reach gyms, trails, or school facilities. Rural residents face these limitations most acutely. While the city of La Porte was praised for its trails and recreational areas, these amenities are often inaccessible to those living in outlying areas.

Cost of physical activity: Participants consistently pointed out that high costs often prevent participation in physical activity. The YMCA and other indoor facilities require paid memberships, which may exclude low-income families. Even outdoor activities, like biking, often require equipment that some households cannot afford.

Furthermore, the area's harsh winters limit safe outdoor activity. Affordable winter-friendly options, such as indoor walking spaces, are mostly unavailable unless paid for, which can be cost-prohibitive for some.

Cultural norms and habits: Screen time was mentioned as a barrier to active living, especially for youth, as people default to using electronic devices over outdoor play or movement. Adults often believe that if their job is physically demanding, they consider it "enough exercise" and would prefer to rest on their day off.

Modern youth culture in the city of La Porte emphasizes structured, competitive sports, often starting around age 10. If children do not join early, they tend to opt out entirely. Free play, where youth build social, emotional, and physical skills, is disappearing.

Family friendly access: Parents may struggle to exercise while also caring for their children. Few facilities offer dual-use programs or affordable childcare during exercise hours. Employers rarely provide time or flexibility for physical activity.

Lack of knowledge and motivation: Not having been exposed to physical activity, lack of confidence in one's ability to exercise, and a sense that gyms and fitness spaces "aren't for me" were recurring themes. Participants emphasized the need for approachable, welcoming spaces and programs, not just gym memberships. Additionally, while organizations may offer opportunities and programming for children, they are not effectively marketed, so the community may not know about them. Some participants also mentioned that there is an unwillingness to commit to a program, even if it were free.

Systemic inequities: Unequal investments in walkable neighborhoods, sidewalks, and public activity spaces, especially in lower-income and rural areas, has created physical environments that discourage movement. Many existing facilities are outdated and often lack accessibility for people with disabilities.

FACILITATORS FOR HEALTHY LIVING

Participants were asked which community resources or programs help residents to make healthier choices. Though this is not an exhaustive list, the following were mentioned:

Parks, trails, and outdoor infrastructure: Participants consistently praised the county's excellent park system and outdoor facilities, including walking trails, playgrounds, pickleball courts, and kayak rentals. Community access to bike trails and

dedicated walking loops around schools helps promote low-cost physical activity for all ages. During summer months, Michigan City hosts outdoor events, such as "Move with the Mayor" and "Summer City Sweat."

Children and youth-focused programs: Multiple initiatives are intentionally designed to support youth and families, including dance troupes, sports programs, and after-school activities. Schools play a central role through efforts such as food donation programs that earn school credit, public walking paths, and nutrition and activity-focused efforts like the "Be Your Best" program. In partnership with nonprofit organizations, many schools also provide weekend food backpack programs for students. Additionally, schools act as local food hubs, collaborating with the NWI Food Council to help students access fresh, locally grown food while supporting farmers in the area.

Local food access and nutrition initiatives: The community benefits from a range of programs that improve access to healthy, locally grown food and promote nutrition.

- **Farmers markets**—some markets not only match SNAP benefits but offer "Double Up" or even "Triple Bucks" at some locations.
- **Community gardens**—community gardens grow food for local pantries and community members.
- **Nutrition programs**—several programs are helping residents access healthy food and improve nutrition. The HealthLinc "Food Is Medicine" initiative pairs fresh food boxes with cooking classes and remote health monitoring, leading to measurable improvements in health outcomes. Local organizations such as the Pax Center, Center Township Food Pantry, and school backpack programs provide essential support to hundreds of families and students. Faith-based groups and senior organizations contribute by offering cooking classes, community meals, and health screenings. The YMCA offers chronic disease prevention programs.

Support services for seniors: Services like "Meals on Wheels," transportation for seniors, and affordable ride programs ensure that residents with limited mobility can still participate in healthy eating and remain active. These supports reduce isolation and keep older adults engaged in community life.

Community organizations and cross-sector partnerships: Participants mentioned key institutions such as the Health Foundation of La Porte, United Way, HealthLinc, and YMCA that drive many of the county's health initiatives.

THE BUILT ENVIRONMENT

The "built environment" refers to all human-made surroundings where people live, work, and interact. This includes buildings (such as homes, schools, workplaces), transportation systems (such as roads, sidewalks, public transit), public spaces (such as parks, trails, playgrounds), and public infrastructure (such as power grids, water and sewer systems). The built environment has a significant impact on health—well-planned spaces can encourage healthy behaviors, while poorly designed ones can make them harder to achieve (Perdue, 2003).

We asked participants how La Porte County's built environment influences residents' health, and several key themes emerged.

Walkable and bikeable neighborhoods were repeatedly highlighted as essential, especially for those without vehicles. While the city of La Porte and Michigan City have much of this infrastructure, rural and lower-income areas often lack these resources.

Parks and trails were widely appreciated for providing low-cost opportunities for movement, family recreation, and connection with nature during warmer months. However, their use is highly seasonal, as harsh winters and extreme weather keep people indoors.

Access to grocery stores was another concern: although in-town residents have a few well-stocked options, recent store closures have left gaps, forcing some—particularly in rural and low-income neighborhoods—to travel 10–15 minutes for groceries or rely on overpriced convenience stores with limited healthy choices.

Finally, participants expressed a strong desire for **permanent, publicly maintained physical activity infrastructure**, such as free or low-cost indoor walking tracks and fitness equipment integrated into parks and trails.

SOURCES OF HEALTH INFORMATION

Participants were asked where they believe residents of La Porte County get most of

their health information.

The interviews revealed a major shift in where the community turns for health information, especially after the COVID-19 pandemic. **Trust in traditional institutions has eroded**, with people turning primarily to Google/internet searches, social media platforms like TikTok and Facebook, and personal networks such as friends and family.

Local healthcare providers and organizations (e.g., WIC, senior centers, schools) remain trusted, but skepticism toward larger medical systems, government, and public health departments is widespread. One participant noted that there is historical and cultural distrust, especially from marginalized groups, who may view healthcare systems as not responsive to their needs.

RECOMMENDATIONS

Participants identified several strategies to improve health and wellness in La Porte County, focusing on reducing barriers, expanding access, and fostering community engagement.

A central theme was the need to **remove physical and logistical barriers to food and fitness resources**. Suggestions included expanding free or low-cost public transportation for seniors, people with disabilities, and rural residents; reinstating programs like the Uber grant for rides to gyms and grocery stores; and improving sidewalks and trails in underserved neighborhoods.

Expanding food access emerged as another priority. Participants recommended increasing the number of full-service grocery stores, especially in rural and low-income neighborhoods; providing funding for food banks that covers both groceries and administrative costs; and encouraging corner stores to stock affordable produce.

Schools were widely viewed as critical **entry points for health initiatives**, with suggestions such as opening gyms after hours for families, offering healthy eating education for students and the broader community, subsidizing meals for students who stay after school, and engaging parents through PTA partnerships and mobile apps.

Community engagement and buy-in was emphasized as essential for success.

Participants urged involving residents, especially those most affected, in planning and co-creating programs, and regularly seeking feedback from the community, particularly from underrepresented voices.

To **promote physical activity**, participants suggested leveraging local assets like Lake Michigan and the National Park and organizing community events and field trips. Continued **investment in outdoor spaces** was encouraged, alongside winter-friendly options and programming in convenient locations.

Seasonal barriers were also noted, with winter weather limiting outdoor activity. Participants called for weather-proof, inclusive indoor spaces such as turf fields, walking tracks, and pickleball courts, ensuring they are accessible and family friendly.

Education was another key priority, with recommendations to provide **practical, culturally sensitive information** on health-related topics. These include budget-friendly healthy eating, dental care, and self-advocacy in healthcare, as well as life skills for youth. Participants also stressed the importance of reframing childhood obesity messaging to avoid stigma. Additionally, behavioral health programs were suggested to address depression, which can be both triggered by and contribute to poor nutrition and inactivity.

Finally, stakeholders emphasized the need to **integrate HEAL programs into healthcare systems and advance equity**. Recommendations included "prescribing physical activity" through partnerships between healthcare providers and local gyms; sustaining essential programs such as SNAP, WIC, and Medicaid; and addressing racial inequities in medical care, particularly for Black and low-income communities.

FOCUS GROUPS

We conducted two 60-minute focus groups with a total of 18 community members to discuss how they perceive the barriers and facilitators to healthy eating and active living in La Porte County. One session was held at a local Federally Qualified Health Center (8 participants) and the other occurred at the library with YMCA members (10 participants).

HEALTHY EATING

Participants commonly described healthy eating as choosing foods that meet

individual health and medical needs, which **requires a balance of knowledge, access, and affordability**. One participant shared:

> *"I'm on dialysis and I can't eat most things. But I can eat certain things, and the things I shouldn't eat make me sick, but sometimes that's all you have because you can't afford anything else."*

Others emphasized the importance of understanding what is in their food and the nutrients it provides, with one noting:

> *"I want to know what's good for me to eat and what's not good for me. I want to prolong my lifespan as much as I can."*

Additional ideas included having a variety of foods, especially fresh produce, and the belief that home-cooked meals are healthier than restaurant food. While the FQHC group focused on "having enough food," the YMCA group emphasized mindful eating, avoiding processed foods, and incorporating homegrown produce.

BARRIERS TO HEALTHY EATING

Participants agreed that the cost of food is increasing, and that **healthy food is more expensive** than unhealthy options. One person remarked:

> *"...milk is more than a gallon of gas, but milk should only be like $1 maybe $2..."*

They also noted that unhealthy food is more readily available, while healthy food is **harder to find**. Donated food was described as less than ideal, sometimes past expiration date, or not a full meal. Participants indicated that a **lack of knowledge** is also impacting peoples' ability to eat well. Many people don't know what is healthy or how to shop for or prepare healthy foods affordably. Others mentioned being unaware of available resources, with one sharing:

> *"...and I only knew about that because I had taken a class earlier and was placed into a 6-month program!"*

Transportation to obtain food was also cited as a challenge, with limited public transit and communities that are not walkable.

Group-specific ideas included the YMCA group feeling they were eating healthy due to education received through a YMCA program, while the FQHC group felt they were not eating healthy because of barriers related to **social determinants**. The FQHC group discussed food costs extensively, noting the difficulty of balancing food expenses with other living costs like rent. They also raised concerns about SNAP benefits not lasting the whole month and possible program changes, saying:

> ***"These are little kids. That's who's gonna get hurt. That's who's gonna suffer because you know what, they don't have anything, but they look forward to that day, the 15th, Daddy gets food stamps."***

Frustrations about strict income thresholds for government programs were also expressed:

> ***"One dollar over and they don't help you."***

The YMCA group mentioned challenges with package sizes being too large for small or single households and issues like mindless eating and food addiction.

ACCESS TO HEALTHY FOODS

Participants reported **obtaining food from several sources**, including grocery stores, food pantries, soup kitchens, community gardens, and programs such as HealthLinc's "Food Is Medicine." It was noted that fresh produce is difficult to find at certain grocery stores and food pantries.

Both groups agreed that while local resources and programs exist to help people access healthy foods, many **residents may not be aware** of them.

The FQHC group emphasized that accessing healthy foods is especially challenging for people on disability or a fixed income, whereas the YMCA group believed healthy food is generally available and that individuals could find a way to obtain it if they wanted.

ACTIVE LIVING

Both groups described active living as **moving the body** through walking, exercising, and making choices to stay active, as well as **being involved in the community** and engaging in social interaction.

The FQHC group uniquely mentioned that living on your own and taking care of your own needs is part of active living.

BARRIERS TO ACTIVE LIVING

Both groups agreed that **cost** is a barrier to physical activity, as are **age restrictions** for certain programs. As one participant noted:

> ***"...they only have senior centers here. I am on disability and I'm not a senior. I cannot go...I can't go because I'm not old enough, but guess what? I need to get out too. I need to meet people."***

Participants stated that many people do **not know what resources or programs are available**. Participants stated that **transportation** in the community is very car-centric, so it is not possible for many to safely embed physical activity into their routines by walking or biking to work or errands. That means people must also be able to drive to locations where they can be safely active.

Work obligations were seen as limiting time for exercise, and the icy and dark **winter weather** was cited as reducing options, especially since there are **few free indoor facilities.**

Community safety also influenced willingness to be active. The primary concerns voiced by the FQHC group included neighborhood violence, fights, shootings, and drug activity, while the YMCA group was mainly worried about the safety of women walking alone on trails and paths.

FACILITATORS FOR ACTIVE LIVING

Participants mentioned **several places** where people can be active, including the YMCA, senior centers, walking paths, parks, trails, and workouts with the mayor. It was noted that the YMCA was generally affordable, offering financial assistance for those who need it.

Participants also emphasized the importance of **being actively involved in the community** and cited opportunities within churches, helping neighbors, and community concerts at Fox Park and Michigan City Beach.

However, both groups agreed that there are not enough activities available in the community, specifically for youth and families.

SOURCES OF HEALTH INFORMATION

Both groups expressed recent uncertainty about federal government information and programs. The YMCA group primarily relied on the internet, favoring websites from trusted institutions such as Mayo Clinic, Duke, and Purdue, though trust in the CDC has declined. They also valued information from YMCA programs and considered librarians to be reliable resources. One participant shared:

> ***"Mayo Clinic has a lot of good information on it, and there's a medical center in North Carolina, Duke, I always feel like they're reputable, so they're not going to put the latest fad, it's going to be research based. That's important!"***

The FQHC group placed the greatest trust in their local medical and health professionals and often received information through social contacts or word of mouth. One participant mentioned their spiritual leader as a source of guidance. This group also discussed mistrust of media and skepticism toward government processes.

RECOMMENDATIONS

Both groups recommended offering more **free family activities**, either for the whole family or supervised programs for kids so parents can be active nearby. They also suggested providing basic **life skills classes**, such as cooking, finance, and gardening, for all ages. Additional ideas included creating **free indoor facilities** for winter and improving marketing to **raise community awareness** of available activities and resources through billboards, social media, mailers, and newsletters. One proposed solution was establishing **community or recreation centers** that offer programming and classes for all ages, with friendly and engaging facilitators who can accommodate different schedules.

One participant also spoke out about having more bike paths:

> ***"I want bike paths throughout town. My kids get run over almost on a daily basis. People honk at them...there's just nowhere to go."***

PART II: MENTAL HEALTH & SUBSTANCE USE

Mental health challenges are a significant concern in La Porte County. Adults reported an average of 6.0 mentally unhealthy days in the past 30 days, suggesting recurring experiences of stress, depression, or emotional distress (County Health Rankings,

2025). These difficulties appear even more pronounced for a substantial portion of the population: 19% of adults reported 14 or more days of poor mental health in the last month, indicating frequent or chronic mental distress among nearly one in five residents. Feelings of isolation are also common. Thirty-three percent of adults said they always, usually, or sometimes feel lonely, highlighting a widespread social and emotional burden that can contribute to worsening mental health outcomes. Young people are also affected by instability that can intersect with substance use and mental health challenges. Nine percent of teens and young adults (ages 16–19) were "disconnected youth" (neither working nor in school). The impact of these challenges is visible in mortality data. Between 2019 and 2023, the county experienced 22 suicide deaths per 100,000 residents, an age-adjusted rate that signals ongoing risk and underscores the importance of early intervention, connection to care, and community-based supports (County Health Rankings, 2025).

Substance use also presents notable public health concerns in La Porte County. Eighteen percent of adults reported binge or heavy drinking, and alcohol contributes to local injury-related deaths: Between 2019 and 2023, one-in-five motor vehicle fatalities involved alcohol (County Health Rankings, 2025). Tobacco use remains elevated as well: 20% of adults in La Porte County are current cigarette smokers, adding to preventable health risks and chronic disease burden.

Between January 2021 and December 2024, La Porte County recorded a total of 151 accidental drug overdose deaths within the four-year period (La Porte County Coroner, 2025). The annual drug overdose mortality rate was an estimated 44 deaths per 100,000 residents (County Health Rankings, 2025). These statistics reflect a high burden of substance-use mortality and align with trends seen statewide in opioid- and stimulant-involved fatalities.

These needs exist alongside limited access to support. As of 2025, La Porte County had just one mental health provider for every 750 residents, underscoring persistent workforce shortages and barriers to timely behavioral healthcare (County Health Rankings, 2025).

COMMUNITY SURVEY

A total of 355 community members participated in the survey, which included questions on healthy eating, active living, mental health, substance use, and basic

demographics. While not all respondents completed every question, 297 provided fully completed responses. Below are the key MHSU-related findings from the survey.

Mental health

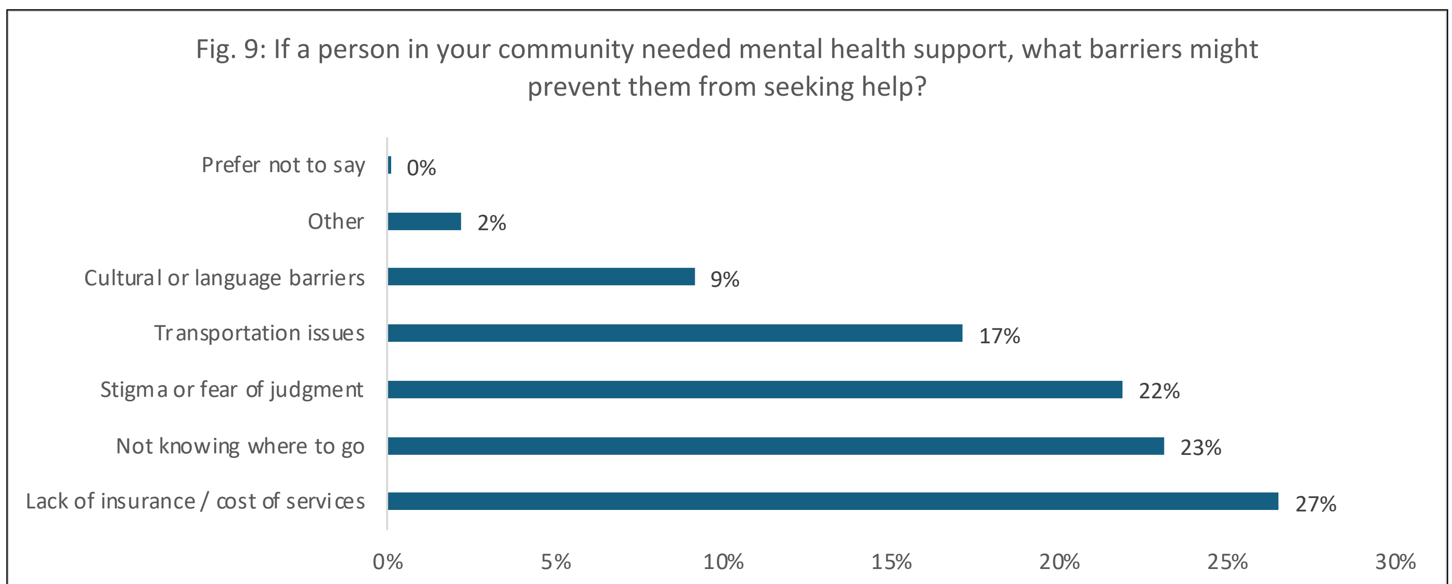
Awareness and perceptions related to mental health

When asked about the occurrence of mental health issues in La Porte County, nearly all respondents believed these issues are common: 73% indicated that mental health issues are very common, while 24% said they are somewhat common.

A large part of respondents stated being aware of local mental health resources and treatment options. Specifically, 40% stated they know where to find help and can name specific resources and 43% indicated they had heard of available resources but lacked detailed knowledge. However, 17% reported that they are not aware of such resources.

Barriers related to mental health

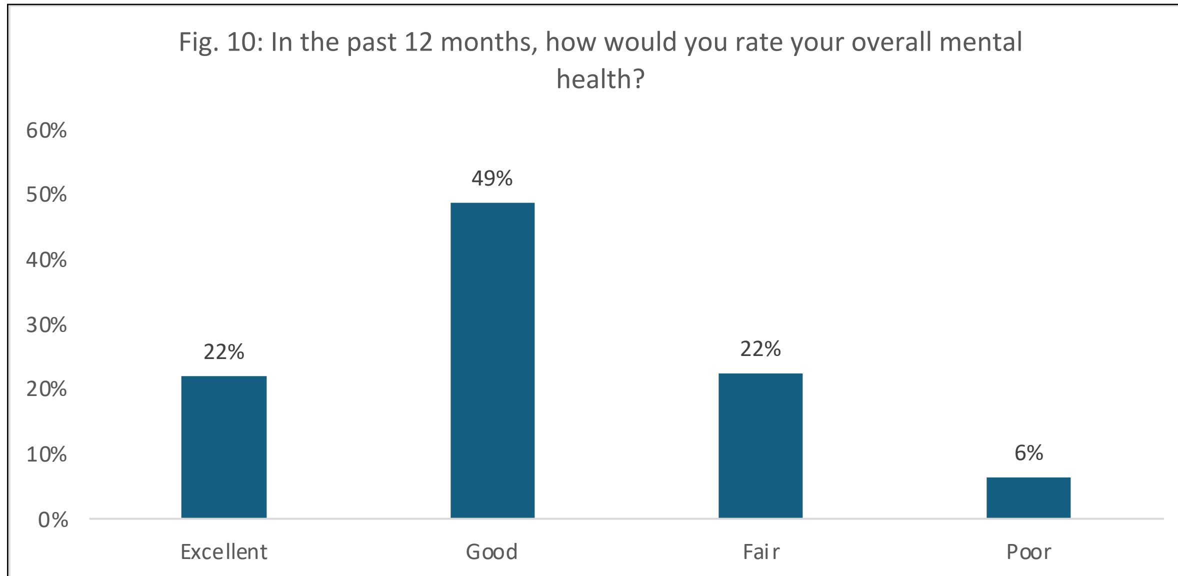
Respondents were asked about barriers that might prevent people from seeking mental health support—and could select multiple options. The most frequently cited barrier was lack of insurance or the cost of services, followed by not knowing where to go for help, and stigma or fear of judgment (see **Figure 9**).



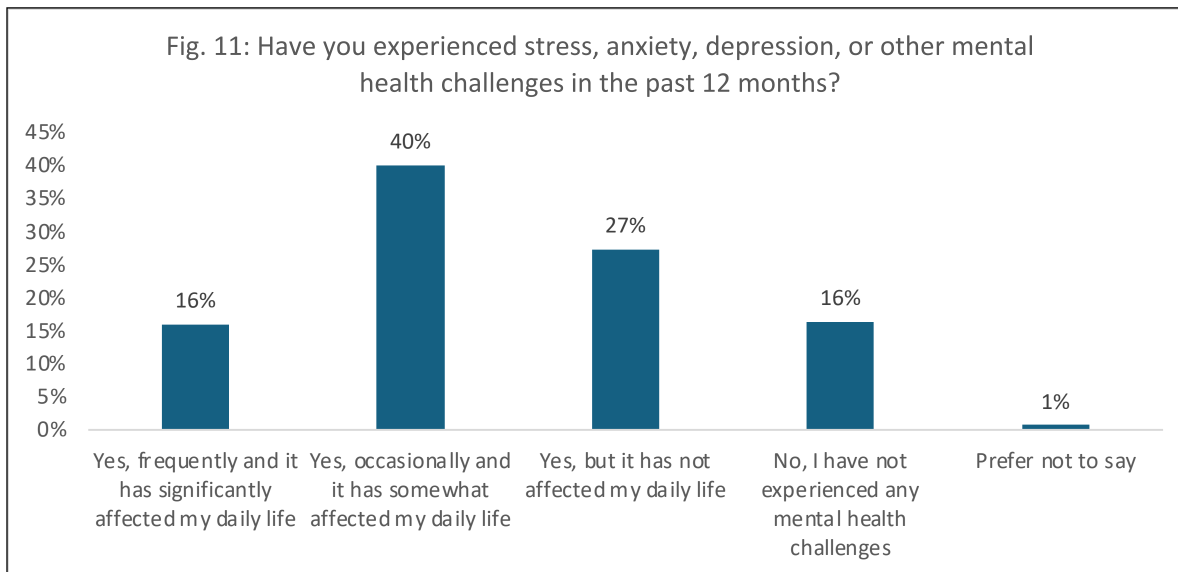
Note: Response options were not mutually exclusive; participants could select multiple options.

Behaviors and experiences related to mental health

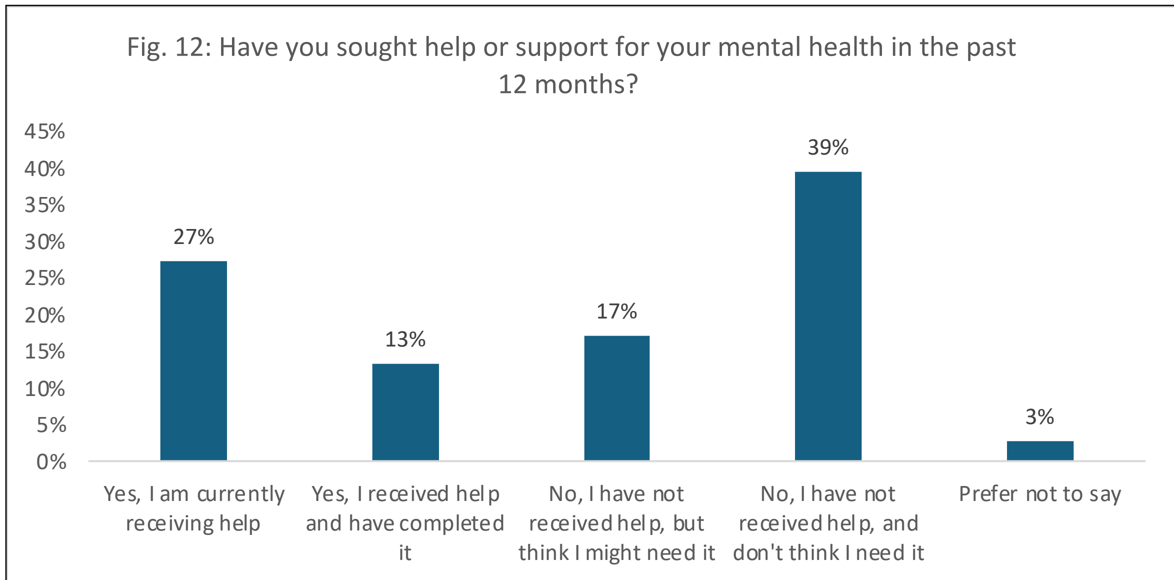
We asked individuals to reflect on their mental health over the past 12 months. Most respondents rated their mental health as good (49%) though 6% felt their mental health was poor (see **Figure 10**).



Participants were also asked if they had experienced stress, anxiety, depression, or other mental health challenges in the past 12 months. Most participants reported that they had experienced some level of mental health challenge (see **Figure 11**).



Participants who reported experiencing mental health challenges were asked whether they had sought help or support in the past 12 months. Over half (56%) said they had not sought help—either because they believed they did not need it (39%) or despite feeling they needed it (17%) (see **Figure 12**).

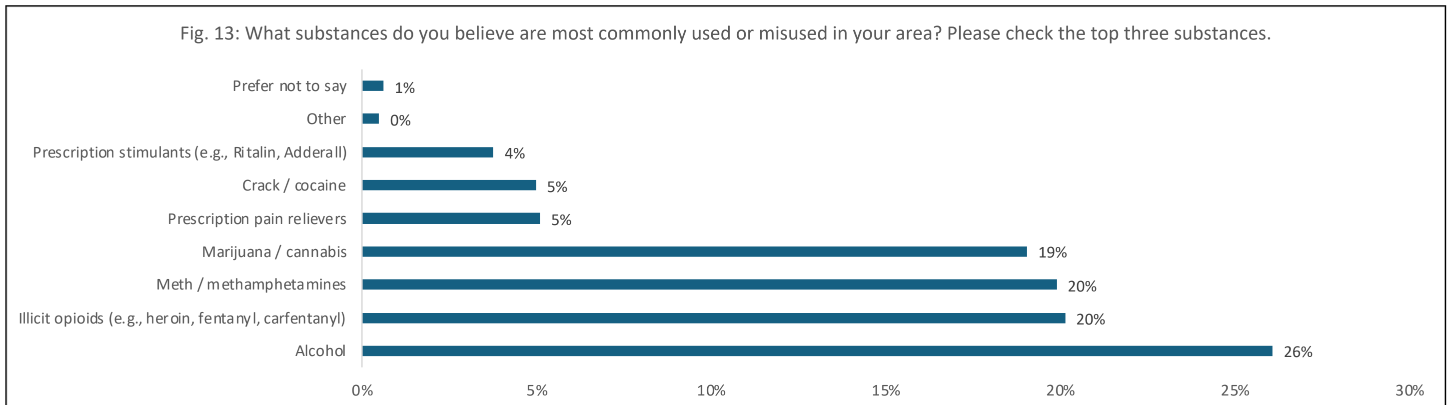


Substance use

Awareness and perceptions related to substance use

When asked, "How concerned are you about substance use in your community?," most respondents indicated a substantial level of concern, with 47% being very concerned and another 27% being moderately concerned. A smaller portion felt slightly concerned (14%), while 8% were neutral. Only 3% of respondents said they were not at all concerned about substance use in their community.

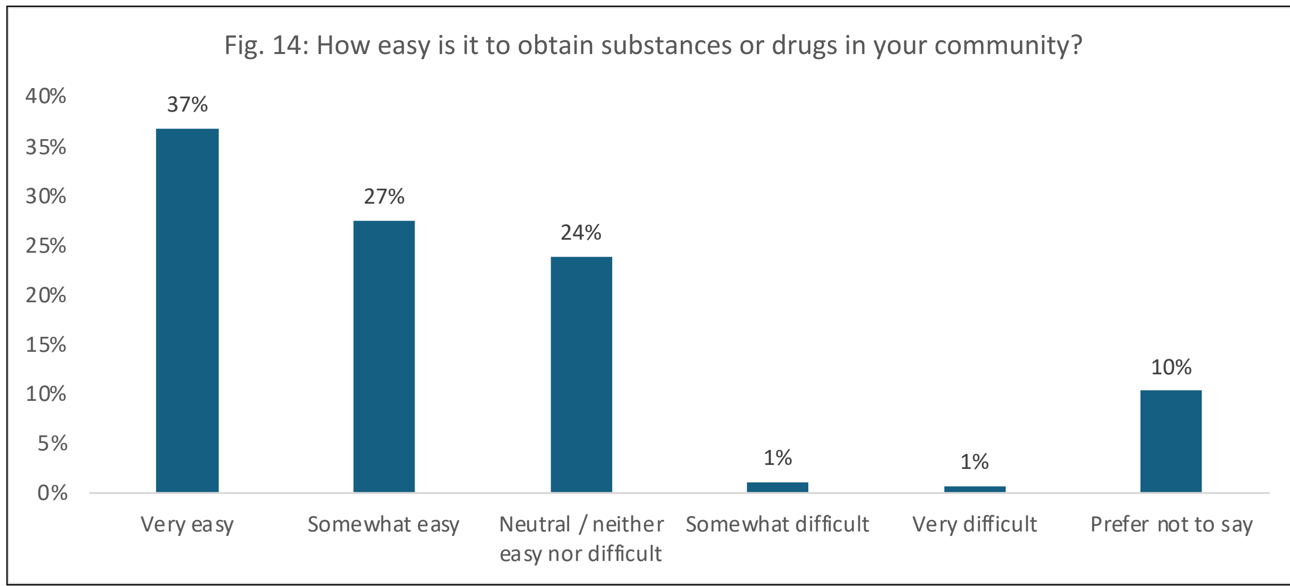
We asked participants about what they believe are the top three substances most commonly used or misused in La Porte County. Alcohol was selected most frequently (26%), followed closely by illicit opioids such as heroin and fentanyl (20%) and methamphetamine (20%). Marijuana or cannabis was also commonly identified (19%) (see **Figure 13**).



Note: Response options were not mutually exclusive; participants were asked to select three options.

Nearly all participants felt that substance use in the community is not improving. Specifically, 70% reported that substance use is increasing and 26% believed it is staying at the same level, and only 1% felt it is decreasing. A small portion (3%) preferred not to say.

Almost two-thirds of participants indicated that obtaining drugs or substances is either very easy or somewhat easy in La Porte County (see **Figure 14**).



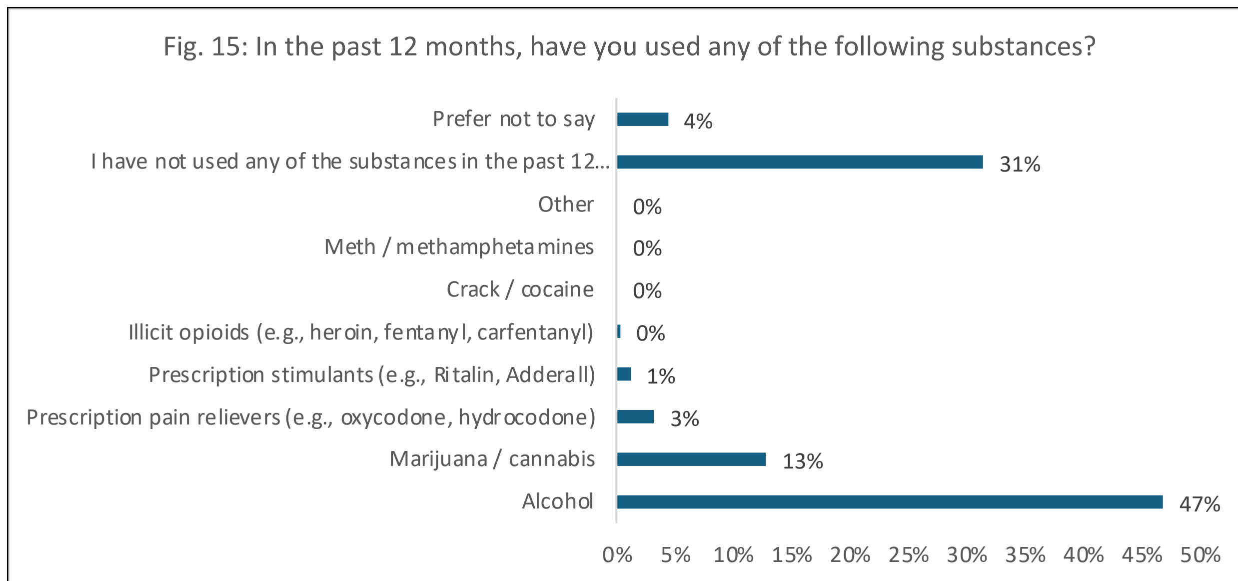
When asked if there are places in the community where substance use is more visible or prevalent, most respondents either did not know (53%) or preferred not to answer (5%). However, over one-third of respondents (37%) indicated that certain locations in their community have more visible or concentrated substance use, while a small portion (4%) said there are no such places.

Participants showed mixed levels of awareness regarding local resources for substance use prevention or treatment. Nearly two-thirds reported some level of awareness: 29% said they know where to find help and can name specific resources, and 34% indicated they are somewhat aware, meaning they have heard of resources but lack details. However, 36% reported that they are not aware of any local resources.

Behaviors and experiences related to substance use

We asked participants if they have used any of the listed substances in the past 12 months; respondents were able to select multiple options. Respondents most commonly reported consuming alcohol (47%), followed by marijuana or cannabis

(13%). Smaller portions reported use of prescription pain relievers (3%) or prescription stimulants like Ritalin or Adderall (1%). Notably, 31% said they had not used any of the listed substances in the past 12 months (see **Figure 15**).



The majority of participants reported initiating substance use between the ages of 15 and 21, with an average (mean) starting age of 17.6 years.

Participants were asked whether they had received any treatment or support for substance use in the past 12 months. Only 3% reported currently receiving or having received treatment, while an additional 2% indicated they had not received treatment but believed they might need it.

INTERVIEWS

We conducted interviews with 10 professionals specializing in mental health and substance use to gain insight into current concerns, barriers to care, vulnerable populations, existing initiatives, gaps in services, and recommendations for improvement. From these conversations, several major themes emerged, which are summarized below.

Mental health and substance use concerns

Community stakeholders consistently describe La Porte County as facing significant challenges in mental health and substance use, compounded by systemic barriers and social determinants of health.

Mental health concerns have intensified since the COVID-19 pandemic, particularly among adolescents, with anxiety levels remaining high. The county faces a severe shortage of mental health professionals, reflected in a provider ratio of 1:750, and residents experience long wait times for appointments, often 60-90 days or even months. The closure of a local psychiatric hospital and gaps in Medicaid coverage for incarcerated individuals have further strained the system. Geographic disparities exist, with rural areas facing unique access challenges compared to urban centers like Michigan City. Violence, including domestic, sexual, and gun-related incidents, has sharply increased over the past five years, contributing to trauma and mental health crises.

Substance use remains deeply intertwined with mental health issues and trauma. Methamphetamine and opioid use are prevalent, while vaping and THC use among adolescents are particular concerns. Parental substance use is a major driver of child welfare involvement, with 80–90% of child removals linked to drug use. The county's location along major expressways and train routes facilitates drug trafficking, exacerbating local substance use problems. Residents often travel outside the county (e.g., Valparaiso, Chesterton, Plymouth, Indianapolis, or even Kentucky) for inpatient care, as La Porte County lacks inpatient treatment facilities.

Social determinants of health play a crucial role. Poverty, limited economic development, and inadequate funding for providers and services have reduced available behavioral health resources. Transportation barriers hinder access to care. Housing instability and shelter restrictions for individuals with active substance use leave many without safe options. Legal inconsistencies, such as marijuana being legal in neighboring Michigan but not in Indiana, create confusion and complicate prevention efforts.

Despite these challenges, stakeholders also noted **positive shifts**: Stigma around mental health and substance use is decreasing, and collaboration among providers is improving. However, these efforts have not yet reached their full potential to meet community needs.

Stakeholders identify **several priorities** including expanding access to care and the behavioral health workforce, early intervention and education programs for children, addressing insurance and cost-related barriers, and enhancing the community's harm reduction efforts.

Barriers to accessing care

Community stakeholders identified multiple barriers that make it difficult for residents to access mental health and substance use services. These barriers fall into six interconnected domains:

Workforce shortages: The county faces a critical shortage of qualified behavioral health professionals. High turnover among therapists disrupts continuity of care and affects especially adolescent clients. The cost and time required to become licensed create additional barriers to expanding the workforce. Behavioral health professionals, especially in community mental health settings, are underpaid due to a lack of funding for community mental health and low reimbursement rates for services.

Limited services: Service availability is insufficient to meet demand. Long waitlists, sometimes up to six months, result in lost motivation and missed opportunities for intervention. Substance use recovery services for adolescents are particularly limited, with few inpatient options. Hours of operation are often restricted to daytime, creating conflicts for individuals who work or have caregiving responsibilities. Overall, the need for services far exceeds supply.

Complex, fragmented systems: The behavioral health system is siloed, with limited coordination between some mental health and substance use programs. Residents often do not know where to go, who to contact, or how to navigate the system. Complex intake processes discourage engagement, and few outreach programs exist to raise awareness of available services. This fragmentation creates confusion and delays in care.

Financial and insurance barriers: Economic struggles and poverty create significant obstacles to accessing care. Many residents lack adequate insurance coverage, and current instability in Medicaid eligibility creates gaps in care. These disruptions often force individuals to delay or forgo care entirely. Additionally, sustainable funding for community mental health programs remains insufficient, limiting the ability to expand services, improve infrastructure, and develop innovative programs that could address emerging needs.

Transportation and geographic challenges: Transportation remains a significant obstacle, particularly for rural residents. Public transit options are limited. Parents

often struggle to transport children to therapy or group sessions. While telehealth offers potential solutions, its impact is constrained by licensing requirements and technology access issues. La Porte County is the second largest county in Indiana by land area. This further compounds these challenges, as the geographic spread creates long travel distances between service locations and residents.

Stigma and socio-cultural barriers: Stigma surrounding mental health and substance use remains a significant barrier, particularly in rural areas, discouraging individuals from seeking help and delaying engagement with services. Community resistance, often expressed through "Not In My Backyard" (NIMBY) attitudes, has blocked efforts to establish recovery residences, slowing the expansion of critical resources. Language barriers further complicate access: Approximately 11% of residents speak a language other than English, primarily Spanish, yet only one therapist in the county is fluent in Spanish.

Vulnerable populations

Community stakeholders identified several populations that are disproportionally affected, facing heightened challenges in accessing mental health and substance use services. These challenges are shaped by economic, cultural, geographic, and systemic factors.

Racial and ethnic minorities: Black and Hispanic families face heightened stigma and cultural barriers that discourage help-seeking for mental health and substance use services. Access to treatment is limited due to language barriers (only one Spanish-speaking therapist serves the county).

Low-income families, single parents, and the un/underinsured: Families with limited resources, especially single-parent households, struggle to afford and prioritize mental health services. Financial constraints, childcare responsibilities, and transportation challenges compound these difficulties. Individuals who are uninsured or underinsured face coverage gaps and high out-of-pocket costs, making consistent care unattainable.

Youth: Adolescents face increasing levels of anxiety and substance use, particularly during high school years. Key barriers include the need for parental consent (often due to denial), limited transportation options, and persistent stigma. Students enrolled in

credit recovery programs are especially vulnerable.

People experiencing homelessness: Housing instability and homelessness are rising in La Porte County, and shelters cannot keep pace with demand. Limited transportation options and severe financial insecurity further compound access challenges, making it difficult for individuals to engage in consistent mental health or substance use treatment.

Incarcerated and re-entry populations: Individuals leaving prison or forensic hospitals often return to the community without medication, follow-up appointments, or continuity of care. Coordination between correctional facilities, state hospitals, and local providers is limited, creating significant gaps in treatment planning and information sharing.

LGBTQ+ community: The LGBTQ+ population faces barriers related to representation and cultural competence. A shortage of providers who understand or reflect LGBTQ+ identities contributes to mistrust and reluctance to seek care, further limiting access to appropriate services.

Current initiatives

Community stakeholders identified several programs currently operating in La Porte County that aim to improve mental health and substance use conditions. While this is not an exhaustive list of programs (based on responses from 10 community stakeholders), the following categories reflect the most frequently mentioned initiatives:

Youth and family-focused initiatives: Several programs in the community provide critical support for young people and families. The Open-Door Adolescent Health Clinic offers school-based services that ensure no-cost access to healthcare for youth. Project AWARE delivers school-based mental health support through therapists, case managers, and parent education programs. Dunebrook Healthy Families focuses on child advocacy and family support services, strengthening protective factors for children and caregivers.

Recovery and peer support initiatives: Peer recovery programs are widely recognized as effective and are available through multiple organizations. WAIR Recovery Café

hosts peer-led recovery groups and community events. Celebrate Recovery is a faith-based group providing addiction support. 320 Recovery serves as a recovery hub offering resources such as naloxone distribution.

Judicial and law enforcement initiatives: The community also benefits from specialized judicial and law enforcement programs. This includes problem-solving courts such as drug court, family court, and re-entry court. Crisis Intervention Teams (CIT), composed of trained law enforcement officers and social workers, respond to behavioral health crises with a focus on de-escalation and support. Additionally, social workers embedded within the La Porte and Michigan City police departments assist with crisis response and connect individuals to appropriate services.

General community initiatives: Several organizations provide services and support to the community. Swanson Center, the Community Mental Health Center, serves as a central provider and maintains strong partnerships with schools and community groups. The Health Foundation of La Porte plays a key role in fostering cross-sector collaboration and supporting initiatives through relationship-building, funding, and community-driven approaches. Public awareness efforts, such as the Mayor's Office Opioid Awareness Campaign, aim to reduce stigma and increase engagement. Faith-based organizations contribute informal support networks. The Westville campus of Purdue University Northwest (PNW) offers outreach focused on women's mental health. United Way 211 provides resource navigation and referral services, ensuring residents can access the help they need.

Gaps in services

Despite the presence of several promising initiatives in La Porte County, community stakeholders also identified a broad range of service gaps in the mental health and substance use fields. Many of these gaps echoed concerns previously raised during the stakeholder interviews, highlighting persistent challenges in access, coordination, and support.

Youth and family services: There is a pronounced lack of inpatient services for adolescents struggling with mental health and substance use issues. Families often face the burden of sending youth out of the county or even out of state for care. Parents are in need of stronger mental health support, and schools are under-resourced, lacking sufficient social workers, private spaces for counseling, and

transportation options that would allow students to access after-school services.

Access and navigation: Timely access to services remains a significant gap. Long wait times, limited evening and weekend availability, and a lack of crisis response options contribute to delays in care. The current system is difficult to navigate, with many individuals unaware of what services exist or how to access them. A centralized intake process was suggested to streamline entry into care. Virtual services, while helpful, are not seen as adequate substitutes for in-person support, especially in crisis situations.

Workforce and capacity: The behavioral health workforce is strained by low staffing levels, high caseloads, and frequent turnover. These issues lead to provider burnout and disrupt continuity of care, as clients are forced to switch providers mid-treatment. Peer recovery services are valued but underfunded, and there is a need for more training opportunities for providers to build capacity. Stakeholders emphasized that even when agencies hire new clinicians, demand quickly overwhelms available resources.

Housing and continuum of care: Housing instability is a major concern. There is a lack of recovery housing, sober living environments, and permanent shelters for individuals and families. In-jail programming and re-entry support are also missing, leaving individuals vulnerable upon release. Stakeholders called for a more robust continuum of care that includes long-term follow-up and community-based support, rather than short-term treatment models.

Transportation and employment: Transportation is a critical barrier, especially for individuals in early recovery who need reliable access to services. Employment opportunities for people with felony records are limited, which undermines recovery and reintegration efforts. Additionally, appointment times often conflict with work schedules, making it difficult for working individuals to engage in treatment.

Recommendations

Stakeholders across La Porte County expressed a strong desire for expanded and more coordinated mental health and substance use services. While acknowledging existing efforts, they emphasized the need for accessible, integrated, and community-driven solutions that address both clinical and social determinants of health.

Centralized and accessible services: A recurring recommendation was the creation of a centralized hub or "one-stop shop" where individuals could access a full spectrum of mental health and substance use services, from outpatient therapy to inpatient care, peer support, and case management. Stakeholders envisioned this space as welcoming, well-staffed, and capable of serving diverse populations, including Spanish-speaking residents and youth. In addition to physical accessibility, stakeholders emphasized the importance of helping residents navigate the behavioral health system. Many people struggle to identify what services are available, where they are located, and how to access them. A centralized intake system would help individuals connect with appropriate care. There was also a call for assistance in enrolling in Medicaid or private insurance, which would help reduce delays and confusion, especially for those unfamiliar with the healthcare system.

To improve access, suggestions included offering "drop-in" services in public spaces (e.g., Walmart), where no appointments are needed, with expanded service hours to accommodate working individuals. These ideas reflect a desire to reduce barriers to entry and make services more visible and approachable.

Crisis response and continuum of care: There is a clear need for crisis stabilization services, including a dedicated crisis center and mobile response teams. Stakeholders also called for in-jail substance use treatment beyond minimal interventions, and long-term recovery supports such as peer mentoring and family-inclusive therapy. The lack of a continuum of care, from crisis to recovery, was seen as a major gap.

Youth-focused prevention and support: Stakeholders identified youth services as a top priority for addressing mental health and substance use. They called for updated school surveys to guide prevention efforts, expanded education and after-school programs, and solutions to transportation barriers, such as a "late bus," to help students access activities and services. Additional ideas included providing YMCA passes and growing peer-led support groups like those offered at the YANA Service Club. Concerns about suicide prevention, especially in middle schools, underscored the need for more youth-focused mental health outreach.

Workforce and funding: Stakeholders identified workforce shortages and unstable funding as major barriers to expanding mental health and substance use services. They emphasized the need for stable Medicaid reimbursement rates to support

provider retention and called for sustainable funding models to ensure program continuity. Expanding the peer recovery workforce, including bilingual peers, was seen as critical for meeting diverse community needs. Stakeholders also stressed the importance of greater collaboration among agencies to reduce duplication, break down silos, and improve overall efficiency.

Community engagement and stigma reduction: Stakeholders stressed the importance of involving the community in addressing mental health and substance use challenges. They recommended creating opportunities for residents to participate in planning, mentoring, and awareness efforts, while fostering collaboration among schools, healthcare providers, and community organizations. A continued focus on reducing stigma and promoting mental health as a shared concern—across political, cultural, and generational lines—was seen as essential for building a supportive environment.

Focus Groups

We conducted two focus groups to explore community perspectives on mental health and substance use. The first group included students from a local high school (10 participants), providing insight into youth experiences and concerns. The second group involved clients receiving services at the local community mental health center (12 participants), offering perspectives from individuals with lived experience. Key findings from these discussions are summarized below.

YOUTH FOCUS GROUP

Mental health and substance use

Youth participants described mental health as fundamentally about "**how you feel**," recognizing that mental health includes both positive and negative emotional states. At the same time, mental health is seen as **stigmatized**.

Several participants mentioned that during the COVID-19 pandemic, mental illness was more socially acceptable, almost like a trend on social media. But that moment of visibility shifted into non-acceptance and judgement ("...*what are you doing with your life?*").

The participants acknowledged that mental health conversations are important. There

was a strong call for more education, open dialogue, and representation of mental health to normalize it.

When asked about substance use, students primarily mentioned **vaping and drinking**, behaviors that are normalized within their age group. Additionally, they stated that this can go beyond just experimentation, and that some of their peers may be struggling with addiction.

Specific youth concerns

Youth in La Porte County described multiple concerns regarding mental health and substance use, for themselves and their friends and peers.

Peer pressure and normalization of substance use: Substance use, particularly vaping and drinking, is often normalized as socially acceptable and heavily influenced by one's peers. For many teens, the desire to belong outweighs personal concerns, pushing them to adopt risky behaviors just to feel included. When strong relationships with parents or other adults are missing and mental health support is unavailable, peer networks may do both—exert pressure while also serving as a coping mechanism.

> ***"You're probably going to feel like left out and be like, well, I want to be cool like they are... then it's probably okay to do it, too."***

Fear and stigma of mental health diagnosis: Students expressed a strong fear of being diagnosed with a mental illness, because a diagnosis feels like a permanent label. They worry about social consequences, government surveillance, and losing freedoms (like the ability to drive).

> ***"The diagnosis also stops you from doing things... They're not allowed to drive and stuff like that."***

Suicide: Students openly talked about the reality of youth suicide, having experienced it first-hand within their own school.

> ***"[We] had two people [die by] suicide at school and that's way too many."***

Lack of familial and other support: Many youth described feeling unsupported

or misunderstood at home, particularly by parents who minimized or dismissed mental health concerns. Some reported being left to cope alone because parents were emotionally unavailable or did not believe in mental health support. These circumstances often led youth to internalize their pain or act out through behaviors such as fighting or substance use.

> ***"… a good amount of people that fight is because they just keep cracking under pressure, pressure, pressure. They have no outlet to put that at. So, when somebody finally is [at] their final straw, they just snap."***

Beyond the home, young people also highlighted a lack of resources, safe outlets, and trustworthy adults. Even when they tried to express their struggles, adults often failed to understand, leaving youth without meaningful guidance or support.

> ***"A lot of people who can't go to an adult turn to substance abuse… Or like with their friends who, yeah, who do a lot of that stuff…oh, this substance made me feel a different way than making me feel sad all the time. "***

Bullying and social media influences: Participants emphasized that bullying remains a significant concern. They noted that teasing among friends can sometimes cross the line into bullying ("…sometimes it's normalized as just teasing"), and expressed concern that such comments could deeply affect someone already struggling. Students also identified cyberbullying as a major component of the problem. While adults often advise them to "just ignore" online content, youth expressed that this is not a realistic or effective solution.

> ***"… with cyber bullying, a lot of adults are like, just log off. But just like real life bullying, once you hear something, you can't unhear it. Once you see something, you can't unsee it. So, if you know you've been cyber bullied once, logging off isn't going to help because you're just going to be consistently thinking about what if someone else posted something? What if someone else is replying to that?"***

In addition, youth voiced concerns about the broader influence of social media on their peers, particularly its role in shaping decisions and behaviors, sometimes amplifying pressures and vulnerabilities.

Worries for friends: Participants were asked what they worry about when it comes to their friends. Students reported concern and worry that their friends might become socially isolated, depressed, and struggling in silence, or that nobody cares about them. They noted that even among friends, it can be hard to confide in others.

> *"… they should feel like they can talk to me and that I wouldn't judge them… Like I want to be that person for them to help them…some of them feel like they can't talk to me because they're scared of what I'll think."*

Barriers to accessing mental healthcare

Students reported being aware of some available resources for help and support, including certain online tools and specific teachers. However, they also identified several barriers that make accessing care challenging.

Parental Consent: One of the most commonly mentioned barriers is the requirement for parental or guardian consent to access many mental health services. For teens with unsupportive parents or families that stigmatize mental health, this requirement becomes a major obstacle. This means that for some youth, help may be out of reach until adulthood.

> *"Normally, like the best options you're going to get is either when you're 18 or when you have a parent that's right by your side supporting you on that."*

Service availability and awareness: Youth expressed that sometimes school-based programs and services disappear without notice.

> *"There was a support group a little bit ago that I was a part of, and I don't really know what happened to it."*

Additionally, because community-based services are primarily marketed to adults, many students remain unaware of available options.

Recommendations

Students were asked what recommendations they would have to improve mental health and substance use issues for youth.

Engage students early on: Students strongly emphasized the need to start earlier, reaching younger peers who they believe are more open to change and support.

Provide professional mental health counselors: Students want access to mental health professionals who can offer meaningful, confidential support not school staff limited by their roles (e.g., guidance counselors who have multiple responsibilities) or legal restrictions (e.g., sharing information with adults).

Offer updated, relevant programming: Youth were especially vocal about how current programming is outdated, repetitive, and disconnected from their lived experiences. The students recommended more interactive activities, and presentations developed with student input.

Improve communication and awareness: Many students said they simply do not know what services exist because they are not promoted effectively. Announcements are often ignored by students. School social media focuses on athletics, not wellness. Suggestions included: Posting on social media, using advisory time, school-wide announcements, and requiring a class about these subjects that is engaging.

Balance priorities: There was strong support for balancing funding and attention. While students appreciate athletics, they want equal investment in mental health, academics, and creative outlets.

Non-traditional approaches: Students recommended non-traditional approaches like therapy animals to make mental health services feel more approachable and emotionally supportive.

CMHC CLIENTS FOCUS GROUP

Clients receiving services at the local community mental health center (CMHC) shared their experiences navigating the mental health system, highlighting barriers to access and gaps in available services. They also offered practical recommendations for improving care and strengthening support within the community.

Personal experiences with the behavioral health field

Participants described their experiences with the behavioral health system, specifically referring to their experiences with La Porte County's Community Mental

Health Center (CMHC). Some described their **journey toward healing and recovery** as transformative, with one person noting that they achieved a "*breakthrough*" and feeling "*better with it than without it.*"

They emphasized the value of **structured group programs** to help build coping skills, support activities of daily living (ADLs), and foster respectful social interactions. These programs appear to play a critical role in their emotional and behavioral growth.

Another key theme was that they feel they know where to turn for help at the CMHC, knowing that they can identify **trusted individuals or resources** within the system. Additionally, the experience of feeling validated, especially in relation to past trauma and anxiety, was highlighted as a meaningful aspect of care.

Participants acknowledged that finding the right medication can be a long and challenging process, suggesting a need for patience and persistence in treatment.

Barriers to access and gaps in services

While participants generally spoke positively about the CMHC, they identified significant barriers to accessing care in La Porte County. They described the behavioral health system as **fragmented and under-resourced**, particularly for individuals with severe mental health needs. **Provider shortages** and **long wait times** often force people to seek services outside the county or rely on emergency departments for immediate care. Participants expressed frustration with the **lack of follow-up and coordinated referrals after emergency visits**, leaving them to navigate the complex mental health system alone:

> ***"...I found somebody on my own, but it still would have been nice to have some referrals or like a sheet of therapists that I could reach out to."***

For those also involved with Veterans Affairs (VA) health care, the added **complexity of managing multiple systems** further compounds these challenges.

Specific services such as **psychiatric evaluations**, **inpatient treatment**, and **detox** are notably limited or entirely unavailable within the community. Participants noted that individuals seeking treatment while intoxicated are often turned away without an intake evaluation, representing a missed opportunity to engage them in care. Finding

a suitable therapist is also challenging; while feeling safe and understood is essential, many settle for any available provider due to limited options:

> ***"...based off of the lack of therapists in the area, I don't dare switch therapists because there isn't enough out there to be able to ensure that there's an easy transition from one to another, because I don't believe the therapist is giving my child what they need. But however, the thought is then some therapy is better than no therapy..."***

Additionally, the lack of affordable and safe **housing** options, such as recovery or sober-living group homes, for people experiencing mental health and substance use disorders further complicates the path to stability and wellness.

Insurance-related challenges were also mentioned as significant barriers. This includes providers not accepting certain plans and inadequate coverage for necessary services or psychiatric medications. Not having **transportation** to and from services further compounds access issues. Additional obstacles mentioned by participants included the **stigma** surrounding mental illness and substance use, as well as widespread denial of these issues within the community—factors that can discourage individuals from seeking the help they need.

Recommendations

Some participants emphasized the need for an **accessible community center** that could offer immediate, no-appointment-necessary support ("drop-in" services), at least for initial consultations or as a starting point for care. They also envisioned a **peer-run recovery hub**—a central space for social connection, employment assistance, housing support, and access to information about available services. Importantly, this hub would allow individuals in recovery to volunteer and contribute, fostering a sense of purpose and community engagement.

Participants noted the importance for **stable housing options** for individuals with mental illness and substance use disorders, including group and recovery homes. They also highlighted the need of having **detox services** available within the community, along with expanded **case management** to help clients navigate complex systems of care.

Additional recommendations included **reentry programs** to support individuals

transitioning back into society, helping them secure essentials such as health insurance, referrals to treatment and social services, a driver's license, and employment opportunities that offer a living wage. They also emphasized the need for affordable transportation options, such as rideshare programs, as a critical factor in accessing care and maintaining long-term stability. There was also a call for increased community education and efforts to reduce stigma, reflecting a broader concern that public understanding of mental health and substance use remains limited.

CONCLUSION

As part of our landscape scan on healthy eating and active living (HEAL), as well as mental health and substance use (MHSU) in La Porte County, we gathered extensive data through a community survey, interviews with professionals and subject matter experts, and focus groups with community members. The level of engagement was remarkable; participants were eager to contribute their time and insights to support this effort.

While the information collected was broad and diverse, several interrelated themes consistently emerged across all data sources.

For HEAL, the most common themes included the following:

Cost was a major barrier, impacting both healthy food choices and physical activity. Nutritious foods tend to be more expensive, and exercise often requires paid options such as gym memberships or equipment.

The **closing of nearby grocery stores** was frequently mentioned as a barrier to accessing fresh fruits and vegetables. For some residents, **lack of transportation** and **missing or unsafe sidewalks** make it even harder to reach grocery stores or physical activity spaces. While there are parks and trails in La Porte County, they are not equally accessible to all residents, and in the colder months, free or low-cost indoor activity options are needed.

Structural and geographic inequities, such as the rural–urban divide and low-income neighborhoods contribute to the challenges in accessing healthy food and opportunities for active living. Much of these issues are shaped by social determinants of health like poverty.

Cultural and lifestyle norms also play a role. Busy schedules, multiple jobs, caregiving responsibilities, and increased screen time, especially among youth, reduce time and motivation for healthy behaviors.

Furthermore, participants highlighted **ineffective marketing** of programs and services, resulting in low awareness of available resources.

Finally, there was strong interest in expanding programming tailored specifically to **youth and older adults**.

For MHSU, the most common themes included the following:

Workforce shortage is a critical issue, with too few qualified behavioral health professionals to meet community needs. The result is **limited availability of services** and **long waitlists**, often leading to lost motivation and missed opportunities for timely intervention.

Financial and insurance barriers further restrict access. Economic struggles, inadequate coverage, and instability in Medicaid eligibility create significant gaps, especially for low-income families.

Transportation remains a challenge, particularly for rural residents who face limited public transit options.

Housing instability adds another layer of vulnerability, with a shortage of recovery housing, sober living environments, and permanent shelters for individuals and families.

Stigma and socio-cultural barriers continue to discourage individuals from seeking help, especially in rural areas where judgment and misunderstanding remain more prevalent.

The behavioral health system is **difficult to navigate**, leaving residents unsure where to go or whom to contact. Stakeholders repeatedly called for **centralized and accessible services ("one-stop shop")**, offering immediate support and a peer-run recovery hub. There is also a clear need for **crisis stabilization resources**, including a

dedicated crisis center and mobile response teams to address urgent situations.

Finally, **youth-focused prevention and support** emerged as a top priority, with programming that is relevant, interactive, and designed with youth input.

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