

Community Health Needs Assessment— Dyer

Franciscan St. Margaret Health-Dyer

Spring 2016

Community Health Needs Assessment

CONTENTS

Community Health Needs Assessment 2

Appendix 24 4

4

Executive Summary 5

Franciscan St. Margaret Health-Dyer 6

Approach and Methodology 8

Communities We Serve 10

Special Populations 11

Key Leader Survey 12

General Health 14

Overall Physical Health 15

Overall Mental Health 16

Chronic Disease, Mortality, Morbidity 17

Leading Causes of Death 17

Accidents, Injuries, and Homicide 17

Cancer 18

Cardiovascular 19

Diabetes 19

Infectious Disease 19

Neurological 19

Respiratory 19

Rheumatic/Joint Related 20

Behavioral Health 20
Substance Abuse 20
Suicide 20
Pre-Natal through 18 Years of Age 20
Pre-Natal Care 20
Birth Outcomes 21
Youth Indicators 21
Modifiable Health Risks 22
Weight 22
Physical Activity 22
Nutrition 24
Substance Abuse 24
Tobacco Use 24
Oral Health 25
Access to Health Care Challenges 25
Health Professions Shortage Areas 25
Insurance/Payment 26
Transportation 26
Summary 27
Data Gaps and Challenges 27
Response to Findings 27

Appendix 24

Statewide Focus Group Notes by Region 24
Statewide Focus Group Notes by Age Group 25
Student Focus Group by Region 26

Public Health Preparedness Districts Map 27
Transportation Options 28
RFC Report 34
CHNA Collaborative Team 77

Executive Summary

The Community Health Needs Assessment (CHNA) is designed to provide an understanding of the current health status and needs of the residents in the communities served by Franciscan St. Margaret Health-Dyer (FSMH-Dyer). This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists FSMH-Dyer in providing essential services to those most in need. Based on the findings in this report, FSMH-Dyer will develop a three year strategic plan on meeting community health needs as capacity and resources allow.

This report focuses on Lake County, the location of most of FSMH-Dyer patient residences. Because Indiana's a home rule state, data by zip code is limited. Based on the primary survey of residents in the county, some zip code level data was attainable and shows small nuances between the county of Lake and the city of Dyer.

Lake County faces several challenges due to its socioeconomic factors, built environment, industry types, and geographical location. Using mixed methods to evaluate the primary and secondary data, the following health-related issues are top concerns:

1. Physical Activity and Nutrition: Obesity, diabetes management, arthritis, and cardiovascular conditions all score highly in incident rates and perception of need. A common theme amongst all of these clinical issues is the lack of physical activity and proper nutrition. Concerns about public safety, lack of built environment, and access to healthy food also contribute to this issue.

2. Behavioral Health: Suicide rates are higher than the state average. National data indicates of the reported completed suicides, many more are unreported due to the listed cause of death. Substance abuse rates are also quite high, especially with alcohol and opiates. Stress, depression, and poor mental health rates also contribute to poor chronic disease management, obesity, and self-satisfaction.

3. Access to Health Care: Cost of co-pays, deductibles, medications, and durable medical equipment are reported most frequently as barriers to clinical care. The county does have a portion designated as health professions shortage area due to low income populations. In addition, there is a shortage of providers, or long waits to see a primary care provider.

4. Lung and Colorectal Cancers: With a higher than state average smoking rate and poor air quality, lung cancer rates are high. Colorectal cancer screening rates are low, as are prostate screenings, and incident rates are high.

5. Infant Mortality: Smoking during pregnancy, low clinical care visits, and high infant mortality rates show the need for improved access and services for pregnant women and their families.

6. Asthma: Perhaps linked to the poor air quality in the county and high tobacco use rates, asthma rates are high and management is poor, especially in children.

7. Senior Services: There is a noted lack of services for the older population, including activities, specialized health care, and transportation

Census Data: Social Determinants of Health

Lake County vs. Indiana: Social Determinants of Health		
Characteristic	**Lake County**	**Indiana**
Veteran Population	15.41%	9.30%
Race/Ethnicity: Caucasian Origin	62.00%	98.60%
Over 18 Population	75.00%	74.10%
High School Graduation Rates	87.00%	86.00%
Employment: Educational Services/Health	23.50%	23.20%
Employment: Construction or Manufacturing	21.60%	24.20%
Unemployment	6.90%	6.20%
Children Not Insured	5.10%	8.50%
Adults Not Insured	18.30%	16.10%
Poverty	14.20%	15.40%

Franciscan St. Margaret Health-Dyer

A trusted leader in providing faith-based, integrated health care, FSMH-Dyer is are part of one of the largest acute-care hospitals in the Northwest Indiana region. And we're growing to meet your needs with several off-site facilities, including a dedicated adult and pediatric rehabilitation institute and a health and fitness club in Schererville,

Indiana. FSMH-Dyer is a member of the Mishawaka, IN-based Franciscan Alliance, one of the largest Catholic health care systems in the Midwest with 14 growing hospitals, approximately 20,000 employees and a number of nationally recognized Centers of Health Care Excellence.

FSMH-Dyer is located in Lake County, 24 Joliet Street, Dyer, IN 46311. The CEO of FSMH- Dyer is Michael Stenger.

The FSMH-Dyer statistics include:

FSMH Services	
Annual Outpatient Visits	253,084
Annual Emergency Department Visits	23,128
Annual Surgical Procedures	3,911
Births	387
Employees	951
Volunteers	191
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	542
Average length of patient stay	4.67 days

FSMH- Dyer- Services Include:

Anticoagulation Clinics	Gastrointestinal Services	Nuclear Medicine	Robotic Surgery
Audiology	Gynecologic Oncology	OBGYN	Senior Services
Bariatrics	Gynecologic Surgery	Occupational Health	Sleep Disorders
Behavioral Health	Heart & Vascular	Omni Health & Fitness	Stroke Care
Breast Health	Home Health Care	Orthopedics	Surgical Services
Cancer Care	Hospitalists	Osteoporosis Specialty Clinic	Urgent Care
Colon and Rectal Surgery	Imaging	Otolaryngology	Weight Loss/Bariatrics
Da Vinci Robotic Surgery	Infusion Services	Outpatient Services	Women's Health/OBGYN
Diabetes Care	Intensive Care Unit	Pain Management	WorkingWell
Dietitians	Interventional Radiology	Palliative Medicine	Wound Care
Ear, Nose, and Throat	Joint & Spine Care	Pediatrics	
Emergency Medicine	Laboratory Services	Primary Care Physicians	
Employee Assistance Program	Lymphedema Services	Pulmonary Medicine	
Family Doctor	Mammography	Registered Dietitians	
Fitness Centers	Medical Alert Service	Rehabilitation Services	
Franciscan ExpressCare	Neurodiagnositcs	Respiratory Care	

The FSMH- Dyer mission is To Continue Christ's Ministry in our Franciscan Tradition. Values include:

Respect for Life
The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

Fidelity to Our Mission
Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.

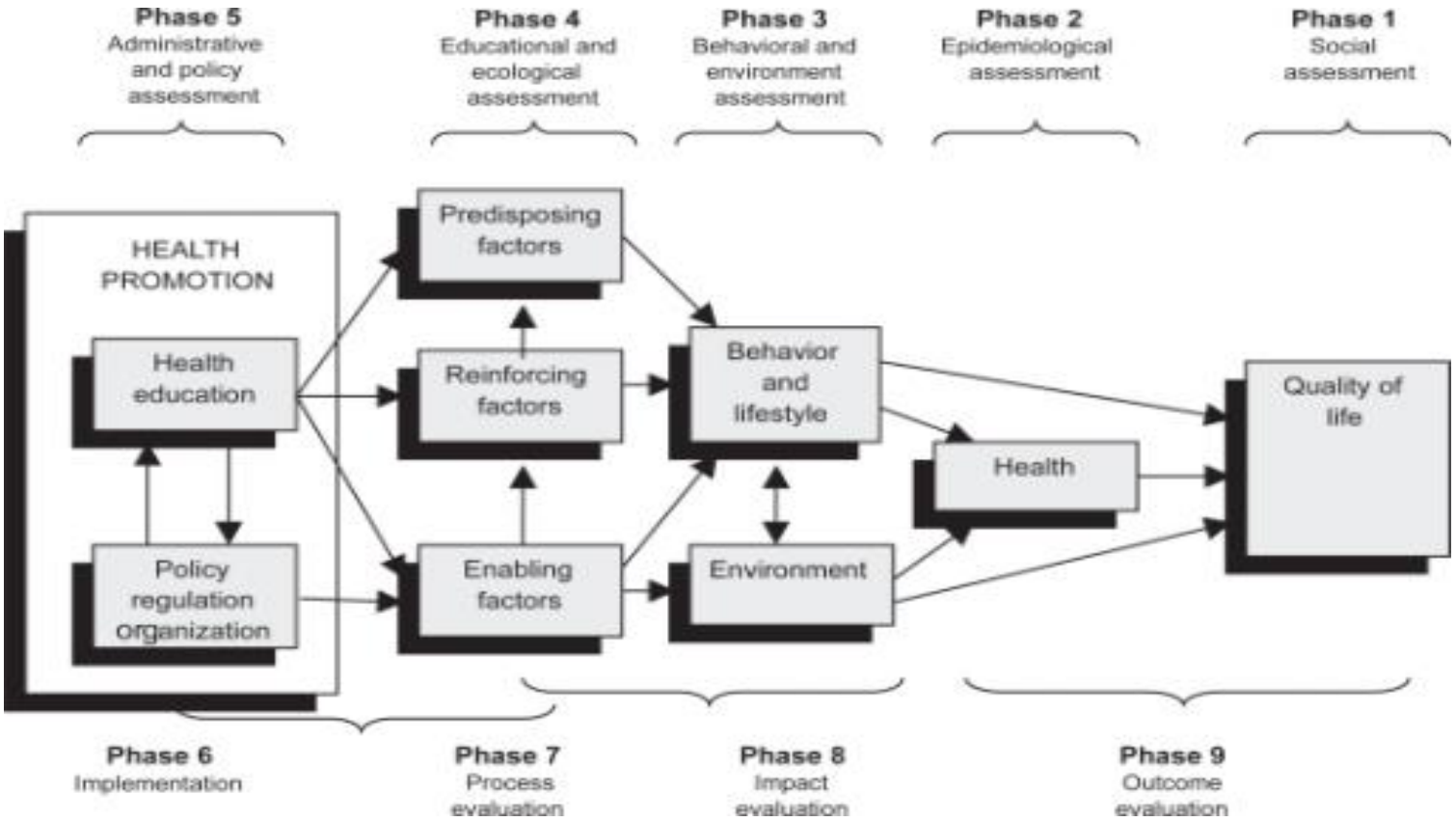
Compassionate Concern
In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

Joyful Service
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

Christian Stewardship
Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society, and consistent with Church teachings.

Approach and Methodology

FSMH- Dyer partnered with the Community Hospital and Methodist Hospital systems in conducting its community health survey. Because Indiana operates as a home rule state, each county has a different public health infrastructure and resources in addition to the variations based on urban/rural status, population, and economic mix. Data on zip code or census track is highly lacking; therefore the design was built on a county basis.



The PRECEDE-PROCEDE method was utilized. This assessment reflects Phases 1 through 5.

Data was collected in three ways:

1. Key Leader Survey: An online key informant survey was implemented. The survey was taken by 64 community leaders from multiple sectors, including government, health care, social services, and schools.

2. Focus Groups; Each focus group determined the top four to six health needs in the community; potential resources or partners; and some actions/interventions that might work best.

3. Secondary Data Collection: With the assistance of public health undergraduate and graduate students, data on health and wellness issues was collected. Sources include County Health Rankings, Census Bureau Data, various reports from the Indiana State Department of Health, and other national reports. Indiana Indicators, Community Commons, and Healthy Communities Institute data management systems also contributed to the secondary data used. Sources of the secondary data are identified throughout this report.

In advance of the surveys, a focus group for state-wide organizations was held. Leaders from organizations that serve the entire state gathered to discuss trends and growing concerns by preparedness district and by age of the population. The results were used as a probe in the remaining focus groups and as areas for further study in secondary data.

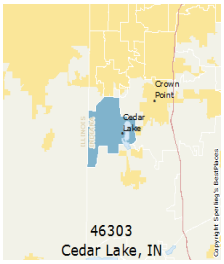
A focus group of high school students convened by the Indiana Chapter of Health Occupation Student Association during their annual conference also offered some insight, as we did not promote the survey to high school students. This focus group yielded some interesting insights from the teen perspective. Results from both of the focus groups are in the focus group section.

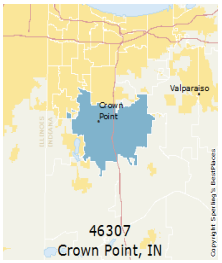
Communities We Serve

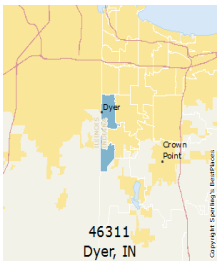
FSMH-Dyer serves Lake County primary with a majority of patients from these zip codes: 46303, 46307, 46311, 46319, and 46323.

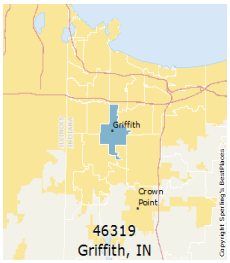
A review of patient zip codes was also completed. The map below show the five zip codes in which the majority of each location's patients reside by type of service. The zip codes are shaded in blue.

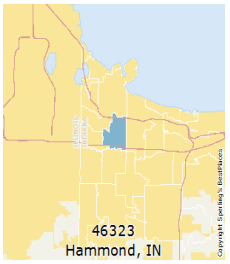












Special Populations

Our primary populations served include, White, African American, and Hispanic. As seen below, the student's eligible for the free lunch program is very high. This correlates to the children living below the poverty level.

Characteristics- Special Populations	Lake County	Indiana
Single Parent Households	42.90%	25.70%
Median Household Income	49,617	48,248
Households with Cash Public Assistance Income	2.90%	2.40%
Renters Spending 30% or More of Household Income on Rent	54.10%	23.70%
Children Living Below Poverty Level	29.60%	17.40%
Young Children Living Below Poverty Level	32.50%	26.0%
Families Living Below Poverty Level	14.20%	XX
Students Eligible for the Free Lunch Program	47.70%	34.80%

Regions: 1, 2 and 3				
Access to healthcare	Access to home healthcare providers	Transportation	Lack of healthcare providers	Geriatricians
Obesity	Access to food deserts	Nutrition education	Pre-diabetes/diabetes	Smoking mothers
Nutrition	Low immunization rates	Unhealthy home	Suicide	Substance Abuse
Maternal Infant Health	Mental health services	Behavior health services	Tobacco	E-Cigarettes
Mental/Behavior Health	Cancer	Lung cancer	Prostate cancer	Colorectal cancer
Nicotine Products	Poor oral health in Amish	Increased preparedness in dementia care	Emphasis on community based transitions of care	

Insurance and Demographic	Lake
Insured, Private Health Insurance	85.40%
Insured, Public Health Insurance	32.60%
No Health Insurance	14.60%
No Health Insurance under 18 years	6.70%

Census

Key Leader Survey

Sixty-four individuals participated in a key leader survey, which was designed to learn more about specific constituent groups, including minority and medically underserved communities. Participants included:

- 31 Community/Business Leaders
- 8 Health Care Providers
- 7 Physicians
- 6 Public Health Representatives
- 12 Social Service Providers

A complete list of organizations represented is available in the Appendix of this report.

Survey respondents were asked a variety of questions based on their perception. The following health issues were identified as top concerns:

Health Issues				
Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Substance Abuse	56.3%	25.0%	14.1%	4.7%
Nutrition, Physical Activity	52.5%	27.9%	9.8%	9.8%
Diabetes	52.5%	26.2%	11.5%	9.8%
Mental Health	50.0%	31.3%	15.6%	3.1%
Heart Disease and Stroke	49.2%	27.1%	11.9%	11.9%

Respondents also identified the most difficult health services to access:

Health Services to Access				
	Most Difficult to Access	Second-Most Difficult to Access	Third- Most Difficult to Access	Total Mentions
Primary Care	23.1%	18.2%	18.2%	7
Mental Health Care	15.4%	18.2%	27.3%	7
Chronic Disease Care	23.1%	18.2%	0.0%	5
Substance Abuse Treatment	7.7%	18.2%	18.2%	5
Elder Care	7.7%	9.1%	9.1%	3
Specialty Care	7.7%	9.1%	0.0%	2
Prenatal care	0.0%	9.1%	9.1%	2
Dental Care	0.0%	0.0%	18.2%	2
Severe Trauma Care	7.7%	0.0%	0.0%	1
Urgent Care	7.7%	0.0%	0.0%	1

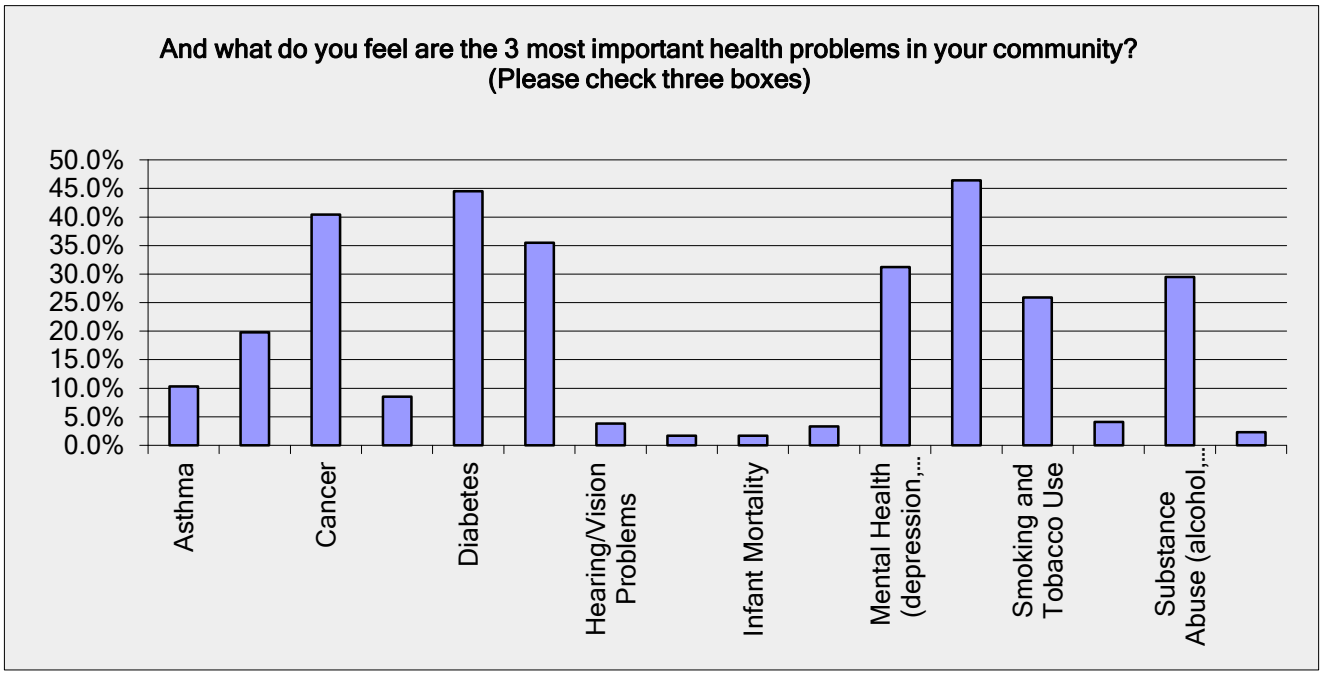
Social Determinants of Health

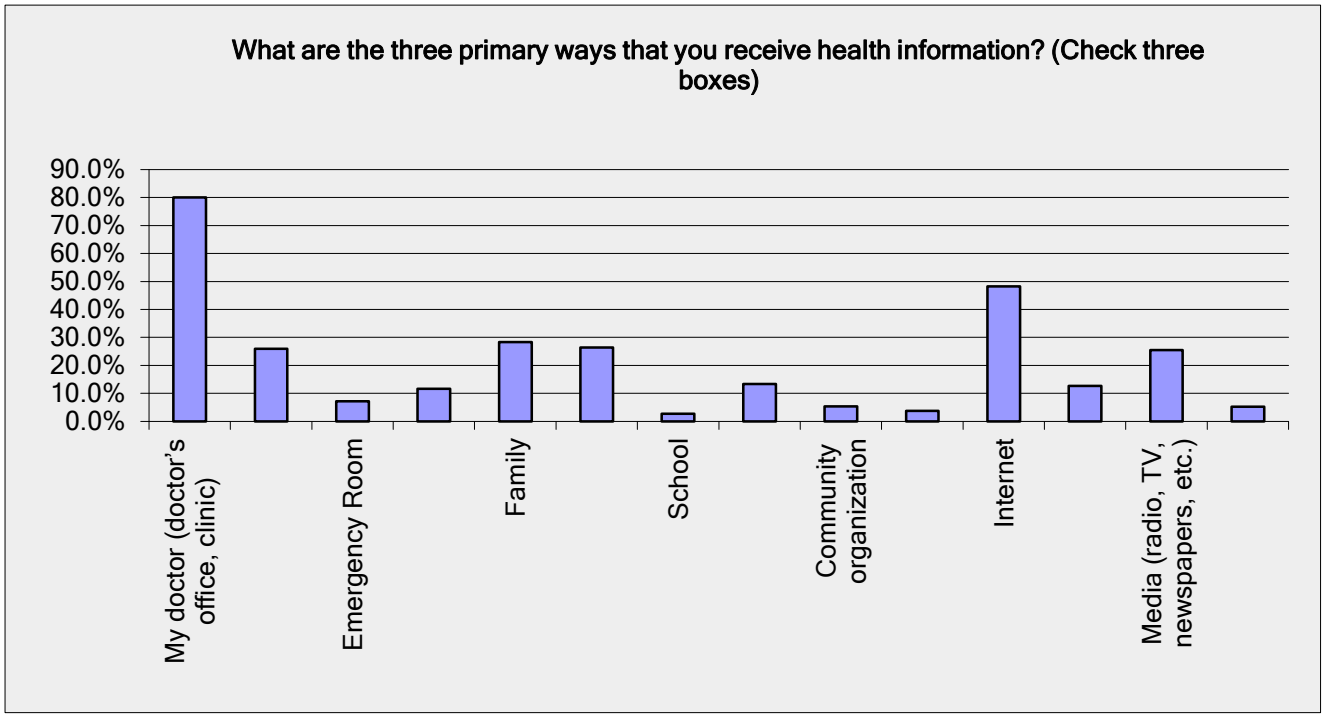
Lake County vs. Indiana Narrative				
Characteristic	Lake County Total	Percentage	Indiana Total	Percentage
Population	496,005		6,080,485	
Median Household Income	$49,617		48,248	
Veteran Population	32,196	15.41%	455,105	9.30%
Race/Ethnicity: Caucasian Origin	305,599	62.00%	5,320,022	98.60%
Over 18 Population	369,674	75.00%	4,506,089	74.10%
Homeowners: Occupied Units	182,919	87.30%	2,481,793	88.60%
High School Graduation Rates		87.00%		86.00%
Employment: Educational Services/Health	49,719	23.50%	688,595	23.20%
Employment: Construction or Manufacturing	45,630	21.60%	715,913	24.20%
Unemployment		6.90%		6.20%
Children Not Insured	8,229	5.10%	135,593	8.50%
Adults Not Insured	33,088	18.30%	450,951	16.10%
Poverty		18.20%		15.40%

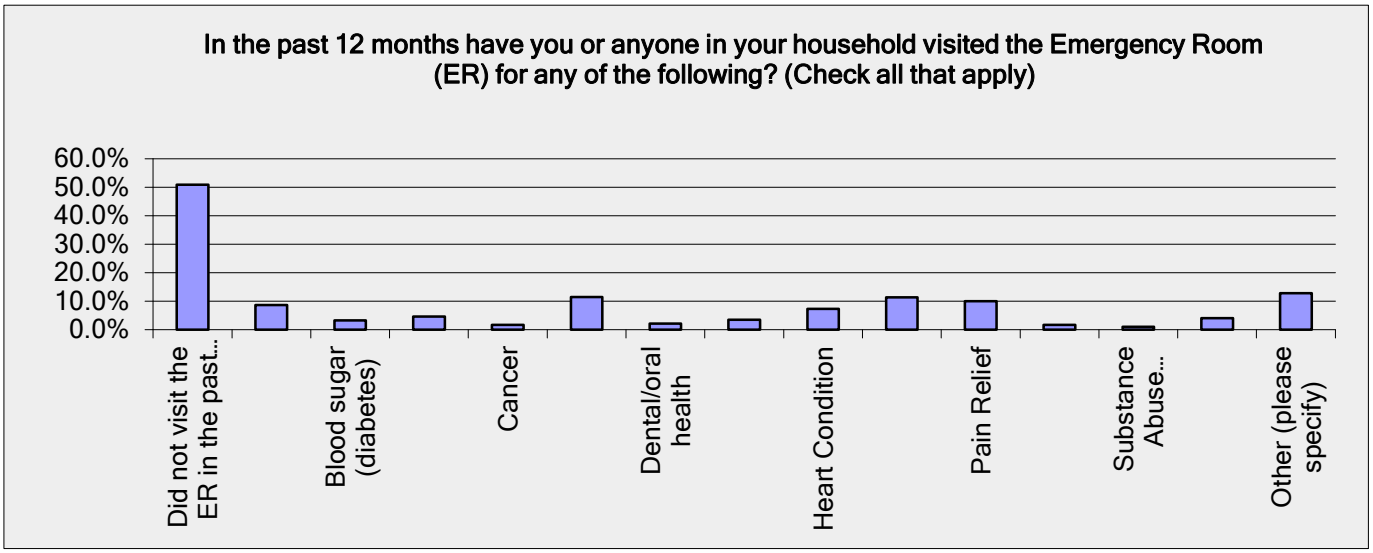
Poverty can be displayed through the amount of students receiving free or reduced lunch within the school system. In Lake County, 47.70% of children are eligible for the free lunch program. (Census, 2015). In Lake County, 18.20% of people live in poverty and 14.20% of families live under the poverty level. (Census, 2015). The top five industries that employ residents are within these sectors (Census, 2015):

1. Educational services, and health care and social assistance: 23.50% of the total working population
2. Retail Trade: 11.60% of the total working population
3. Arts, entertainment, and recreation, and accommodation and food services: 10.50% of the total population
4. Professional, scientific, and management, and administrative and waste management services: 8.10% of the total population
5. Transportation and warehousing, and utilities: 6.80% of the total working population

General Health







Overall Physical Health

Physical health is based on physical activity, air and water quality, and access to recreational parks and centers. In Lake County, 29.5% of adults are physically inactive; 17.5% of adults report having a fair or poor health status. The average number of physically unhealthy days is 3.7 days during the last 30 days (INdicators, 2013). Other indicators include:

Air and Water Quality Linked to Health Disparities: Lake County, Indiana	
Recognized Carcinogens Released into the Air	100,248 lbs.
Air Pollution- Particulate Matter	13.20
Drinking Water Violations	22%
Physical Environment Ranking	90
Age-Adjusted ER Rate due to Urinary Tract Infection	108.2 per 10,000
Age-Adjusted Hospitalization Rate due to Urinary Tract Infection	30.70 per 10,000
Age-Adjusted ER Rate due to Dehydration	17.00 per 10,000
Age-Adjusted Hospitalization Rate due to Dehydration	23.20 per 10,000
Asthma: Medicare Population	6.00%
Age-Adjusted ER Rate due to Asthma	65.30 per 10,000
Age-Adjusted Hospitalization Rate due to Asthma	19.50 per 10,000
Age-Adjusted ER Rate due to Pediatric Asthma	93.90 per 10,000
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	8.00 per 10,000
Age-Adjusted ER Rate due to Adult Asthma	55.40 per 10,000
Age-Adjusted Hospitalization Rate due to Adult Asthma	23.50 per 10,000
Age-Adjusted ER Rate due to COPD	14.90 per 10,000
Age-Adjusted Hospitalization Rate due to COPD	38.40 per 10,000
HCI, 2015	

Overall Mental Health

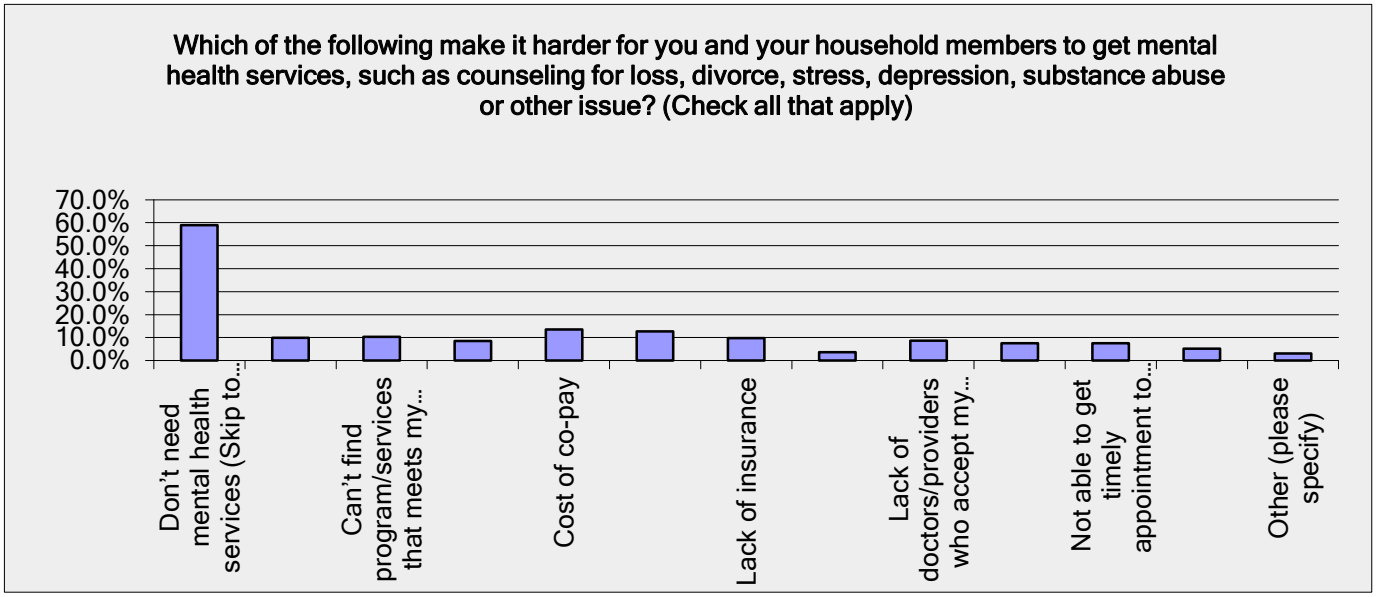
Mental health is a combination of all factors, especially social and emotional support and drug and alcohol-related behaviors. The rank is out of 92.

Lake County State Rankings (Out of 92 Counties)	
Characteristic	Rank
Health Outcomes	42
Health Factors	91
Clinical Care	73
Health Behaviors	82
Physical Environment	90
Socioeconomic Factors	89
Quality of Life	79

County Health Rankings 2015

A lack of social and emotional support can be the cause of several health disparities. Factors that can be attributed to this statistic are listed below:

Indicator	Lake County
Binge or Heavy Drinkers	18.00%
Alcohol- Impaired Driving Deaths	35.60%
ER Rate due to Alcohol Abuse	24.00%
Violent Crime Rate per 100,000	402.60



Chronic Disease, Mortality, Morbidity

Leading Causes of Death

According to the Indiana State Department of Health (2012), "Chronic diseases and injuries have a considerable impact on morbidity (health) and mortality (death) in Indiana and across the country. In 2010, almost 50% of Indiana adults reported having a history of heart disease, stroke, cancer, chronic lower respiratory disease (like asthma), diabetes, or arthritis."

"During the period July 1, 2013 to June 30, 2014, there were 67 domestic violence homicides in Indiana" (Indiana Coalition against Domestic Violence, 2014). Throughout Indiana, 10,531 victims received residential services and 15,707 victims received non-residential services.

According to the CDC (2014), Lake County was ranked in ten of the top fifteen leading causes of death in the United States last year. In order, here are the causes and rates per 100,000:

- Heart Disease: 186.9
- Cancer: 186.5
- Lung Cancer: 74.0
- Chronic Lower Respiratory Disease: 46.2
- Stroke: 43.4
- Unintentional Injury: 32.8
- Diabetes: 29.6
- Alzheimer's Disease: 21.5
- Kidney Disease: 20.8
- Suicide: 14.0

Accidents, Injuries, and Homicide

Unintentional injury and accidents continue to rank in the top ten (sometimes top five) leading causes of injury or death, statewide and locally. County and state data are compared below: . Lake County has an unintentional injury mortality rate of 32.8 per 100,000 (INdicators, 2015). County and state data are compared below:

Lake County vs. Indiana		
Description	Lake County Data	Indiana Data
Unintentional Injury Mortality Rate	32.8 per 100,000	44.1 per 100,000
Traffic Injury Mortality Rate	6.5 per 100,000	800 total deaths
Injury Emergency Department Visits	559.8 per 10,000	More than 600,000
Injury Hospitalizations	75.0 per 10,000	More than 300,000
Homicide in 2013	18.69 per 100,000	6.1 per 100,000

Cancer

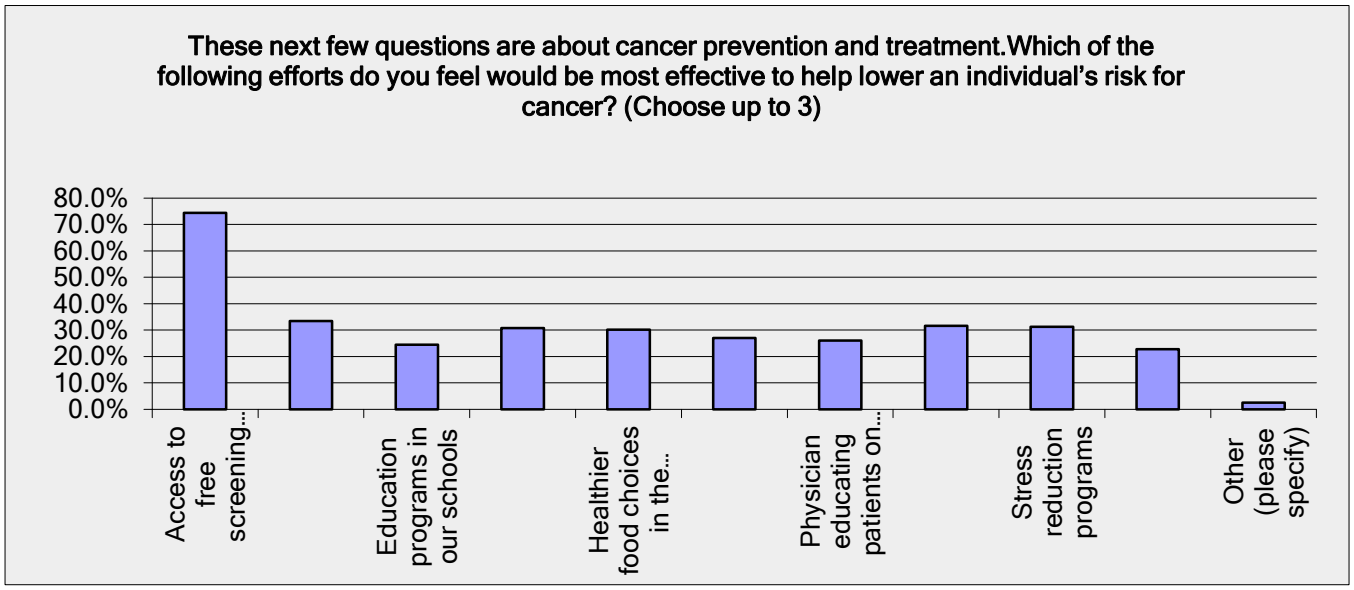
Cancer greatly affects these county mortality rates as well. The cancer mortality rate in Lake County is 186.5 per 100,000, which is above the state average of 178.7. The top four causes of cancer mortality are listed below and the rate are per 100,000 (INdicators, 2015):

- Lung Cancer: 74.0
- Colorectal Cancer: 16.1
- Female Breast Cancer: 15.1
- Prostate Cancer: 8.8

According to the Indiana State Department of Health (2012), the top three cancers that affect the state of Indiana are lung cancer, breast cancer, and prostate cancer. The INdicators projected the estimated number of new cases and deaths for selected cancers in each Indiana County. Lake County's projections were:

	Estimated Number of New Cases and Deaths for Selected Cancers: Indiana 2014									
	All Cancer Sites		Female Breast		Colorectal		Lung/Bronchus		Prostate	
	New	Mortality	New	Mortality	New	Mortality	New	Mortality	New	Mortality
Indiana	500.9	186.5	127.2	15.1	50.8	16.1	74.0	46.6	131.9	8.8
Lake										
INdicators, 2015										

Smoking can be attributed to several health disparities, including cancer. Adult smoking is defined as the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime (County Health Rankings, 2015). In Lake County, the adult smoking rate is 24%, which is above the state percentage of 23%.



Cardiovascular

Indiana ranks 39th in the nation for the prevalence of heart attack and 38th for heart disease (Indiana State Department of Health, 2013). Last year, 230.90 deaths per 100,000 were cardiovascular related. Other statistics include age-adjusted rates in the table below:

Lake County vs. Indiana		
Description	Lake County Data	Indiana Data
Age-Adjusted Death Rate due to Stroke (per 100,000)	43.4	44.5
Age-Adjusted Death Rate due to Coronary Heart Disease (per 100,000)	186.9	190.9

Data: (INdicators, 2015)

Diabetes

Obesity is a contributing factor to diabetes; both factors relate to poverty, physical environment, and food insecurity. Approximately 8.7% of adults ages 18 and older have been medically diagnosed with diabetes. The diabetes mortality rate for Lake County is 29.6 per 100,000 (INdicators, 2015).

Infectious Disease

Infectious disease is inevitable, but rates can be reduced through preventative care (vaccines) or lifestyle changes/choices. According to the Indiana State Department of Health, for the 2014-2015 influenza season there has been a total of 146 deaths.

Lake County has a HIV prevalence rate of 238.9 per 100,000 (INdicators, 2015).

Neurological

Most neurological illness occurrence is not reported by county, but Alzheimer's disease mortality rates are reported. The Alzheimer's disease mortality rate for Lake County is 21.5 per 100,000 (INdicators, 2015).

Respiratory

Respiratory issues continue to fill the Emergency Department and hospital rooms (INdicators, 2015):

- Asthma ED Visits: 71.6 per 10,000
- Child Asthma ED Visits: 104.2 per 10,000
- Asthma Hospitalization: 20.2 per 10,000
- Child Asthma Hospitalization: 7.5 per 10,000
- Chronic Lower Respiratory Disease Mortality: 46.2 per 100,000

Rheumatic/Joint Related

Arthritis and hip fractures continue to fill the Emergency Department and hospital rooms:

Occurrence	Lake County	Indiana
Adults 18+ Diagnosed with Arthritis	32.2%	30.10%
Arthritis Hospitalization	26.1 per 10,000	34.00 per 10,000

(INdicators, 2015)

Behavioral Health

Substance Abuse

Substance abuse is an issue statewide and locally; task forces have been tackling the ever-growing issue. According to the Lake County Substance abuse Council, in 2010 Lake County had 362 cases relating to drugs. Cannabis abuse increased to 8.7% in 2011.

Suicide

Suicide is one of the most preventable causes of death, but it still has a major impact in the state of Indiana. The suicide mortality rate was 17.1 per 100,000. Along with these cases, there were 331 self-inflicted injury ED visits and 178 hospitalizations due to attempted suicide. (Suicide in Indiana, 2013). Lake County had a rate of 14.0 per 100,000 deaths that related to suicide.

According to the 2011 National Youth Risk Behavior Survey, "Students in Indiana were more likely than students across the U.S. to attempt suicide during the 12 months before the survey, increasing from seven percent in 2003 to 11 percent in 2011. From 2003 to 2011, the number of Indiana students to attempt suicide one or more times during the 12 months before the survey increased from seven to 11 percent" (CDC, 2012). Indiana has the highest rate of students who have contemplated suicide, 19%, and it is has the second highest rate of high school students attempting suicide-11%. Teen suicide is the second leading cause of death in ages 15-24 (17.5%) and the fourth leading cause of death in ages 5-14 (6.1%). From 2007-2011, there were 1,722 Hoosiers ages 10-19 that were treated in an inpatient setting for attempting suicide or self-inflicting injury (Kids Count, 2015).

Pre-Natal through 18 Years of Age

Pre-Natal Care

Prenatal care seems to be declining, causing other issues to arise. Although 68.2% of pregnant women sought prenatal care during the first trimester in Lake County, 10.2% of women smoked throughout their pregnancy (INdicators, 2013). Healthy People 2020's objective for the state's breastfeeding rate is to be 81.9%. Lake County's breastfeeding rate is 70.2% (Indiana Breastfeeding Initiation by County, 2014).

Birth Outcomes

The state average for low birth weight is 8.3%; Lake County's low birth weight percentage is 8.4%. The county's infant mortality rate is 8.4 per 1,000 live births, and 9.8% of births are premature (INdicators, 2015).

Youth Indicators

Three of the youth indicators include child food insecurity, public school drop outs, and idle teen rate. All three of these pertain to the issues being reviewed in Lake County. Child food insecurity "[r]refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods" (Kids Count, 2015). In 2013, 21.9% of the youth in Lake fell into the child food insecurity category, which is below the state average of 21.8%. Forty percent of the children in Indiana qualify for free lunch; 47.40% of the children in Lake County qualify for free lunch (County Health Rankings, 2013).

According to the CDC (2015), the Youth Risk Behavior Surveillance System "monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults including: behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity. In 2011, the YRBSS report was released, and all of these behaviors were assessed. For example, in Indiana, 49.5% of students tried cigarette smoking, even one or two puffs. The survey revealed that 18.1% of students smoked cigarettes on one or more of the past 30 days, and 56.8% of students who reported current cigarette use have tried to quit in the past 30 days. Alcohol usage is prevalent in Indiana high schools as well. The survey showed that 21.7% of students rode one or more times in the past 30 days in a car or other vehicle by someone who had been drinking alcohol. The survey also showed that 19.8% of students had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days; 39% of students who reported current alcohol use usually got the alcohol they drank from someone who gave it to them during the past 30 days. Besides smoking and alcohol, sexual activity is another prevalent health-risk behavior. According to the survey, 51% of students have had sexual intercourse, and 38.5% of students have had sexual intercourse with one or more people during the past three months. Although the percentage is low, 17.5% of students who had intercourse during the past three months used a condom during the last intercourse and used birth control pills or Depo-Provera before the last sexual intercourse to prevent pregnancy.

HOSA, according to the Indiana HOSA website, "was created with the idea of providing students opportunities to develop as a deader and a future employee. The mission of HOSA is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skill, and leadership development of all health science technology education students, therefore, helping students to meet the needs of the healthcare community" (Indiana HOSA, 2015). The website shows a map of the current chapters; Lake County doesn't have a local chapter.

"DCS Ombudsman responded to 660 Information and Referral inquiries, conducted 78 assists, opened 256 cases and closed 236 cases with 19 pending closure in the first quarter of 2015, provided 24 case specific recommendations, and 10 systematic recommendations" (Department of Child Services and Ombudsman Bureau 2014 Annual Report).

Child abuse and neglect cases are reported by county and labeled as sexual, physical, or neglect. The cases are then categorized as substantiated and unsubstantiated. "Substantiated means an investigation by Child Protective Services determined there is a reasonable cause to believe that the child has been abused or neglected. Unsubstantiated means an investigation determined no maltreatment occurred or there was insufficient evidence under state law or agency policy to conclude that the child was maltreated. Some states require the coworker to determine not only whether the incident of abuse or neglect occurred, but also whether the child is at risk for future maltreatment" (Child Welfare Information Gateway, 2003).

First Steps is a program in Indiana with the mission "to assure that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home when they need them" (Family and Social Services Administration, 2015). April 1, 2014-March 31, 2015, First Steps served a total of 22,617 children. There were 189 children under three where services were no longer needed, and 395 children moved to preschool special education (Kids Count, 2015).

Another program available for at-risk children is Head Start. Head Start's mission is to "provide health, education, and promote self-sufficiency for children and families facing adversity" (Head Start, 2015). In Lake County, there are 1300 Head Start enrollment slots (Kids Count, 2015)

Modifiable Health Risks

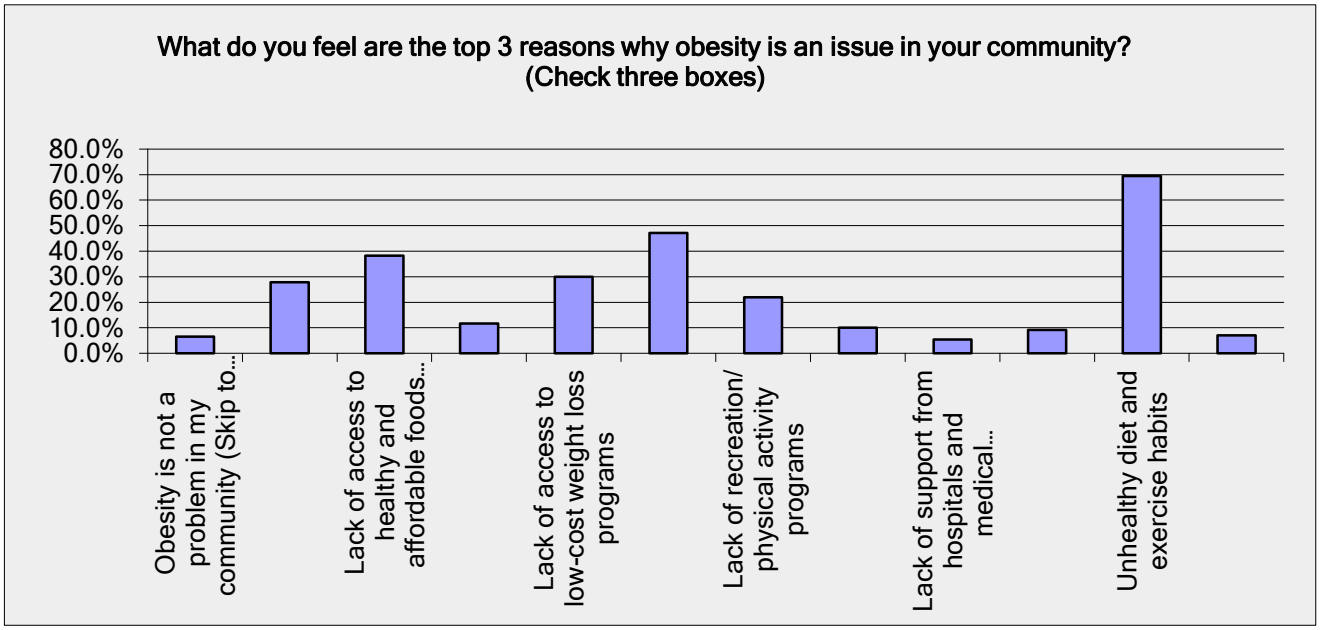
Weight

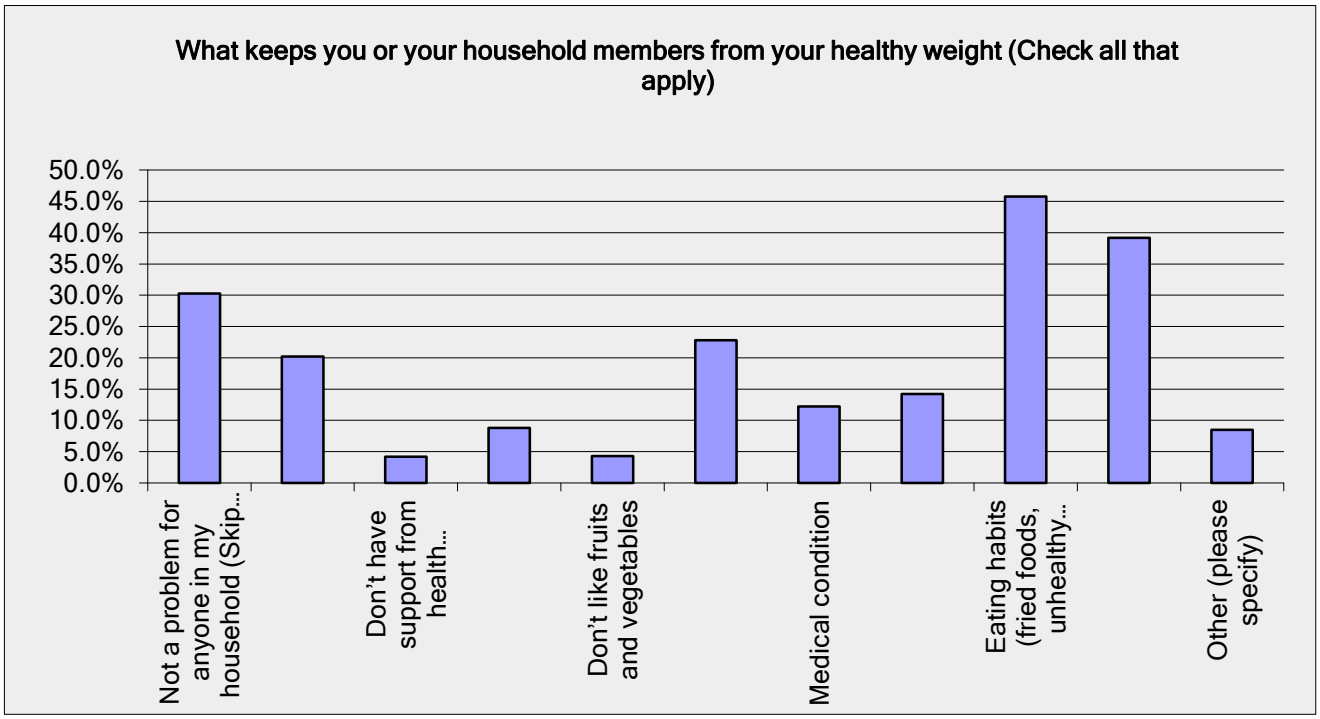
Weight can be attributed to several health disparities, and it seems to be an issue in Lake County. Approximately 35.5% of adults in Lake County are obese. Obesity can be a cause of diabetes. In Lake County, the diabetes prevalence rate is 12.6%, with a mortality rate of 29.6 per 100,000 (INdicators, 2013).

Physical Activity

Physical activity is defined as "any body movement produced by the skeletal muscles that results in substantial increase over resting energy expenditure" (Bouchard & Shepard, 1994). Physical inactivity is defined as participating in an insufficient amount of moderate-to-vigorous physical activity according to the age specific physical activity guidelines. Sedentary behavior is defined as any walking activity characterized by an energy expenditure less than or equal to 1.5 METS and in a sitting or reclined posture (Sedentary Behavior Research Network, 2012). MET is an acronym that stands for metabolic equivalent; it represents the intensity of an exercise. MET refers to the amount of oxygen a person consumes and the number of calories a person burns at rest (Fitness for Weight Loss, 2015).

Although access to exercise is at 91% in Lake County (County Health Rankings and Roadmaps, 2015), 29.5% of adults are sedentary (HCI, 2015) and 25.0% of adults are physically inactive. This could be linked to the violent crime if residents believe that it is unsafe to exercise outside. The county's violent crime rate is 402.6 per 100,000.


What do you feel are the top 3 reasons why obesity is an issue in your community? (Check three boxes)
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Obesity is not a problem in my community (Skip to...
Lack of access to healthy and affordable foods...
Lack of access to low-cost weight loss programs
Lack of recreation/ physical activity programs
Lack of support from hospitals and medical...
Unhealthy diet and exercise habits


What keeps you or your household members from your healthy weight (Check all that apply)
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Not a problem for anyone in my household (Skip...
Don't have support from health...
Don't like fruits and vegetables
Medical condition
Eating habits (fried foods, unhealthy...
Other (please specify)

Nutrition

Nutrition can be analyzed by several societal factors such as food insecurity, limited access to healthy foods, food environment index, etc. Data for Lake County is listed below:

Lake County Factors	
Occurrence	Lake County
Food Insecurity	16.1%
Households with No Car and Low Access to a Grocery Store	1.7%
Food Environment Index*	6.8
Recommended Adult Fruit and Vegetable Consumption	22.9%
Children with Low-Access to a Grocery Store	7.3%
Low-Income and Low Access to a Grocery Store	8.1%
**on a scale of 1-10 with 10 being the best*	
County Health Rankings and Roadmaps, 2015; HCI, 2015; INdicators, 2013	

Substance Abuse

Illicit drug use, smoking, and alcohol-related behaviors continue to be issues for Lake County. "According to findings from the National Survey on Drug Use and Health (NSDUH), nearly 23 percent of Indiana residents ages 12 and older engaged in binge drinking at least once in the past month; the prevalence rate for underage individuals ages 12 to 20, alone was 16.4 percent. Furthermore, 9 percent of Hoosiers ages 12 and older reported current (past-month) use of an illicit substance, with the highest rate among young adults ages 18 to 25 (22 percent). Most of the illicit drug use was attributable to marijuana with an annual prevalence rate of 10.3 percent, followed by nonmedical pain reliever use (5.7 percent) among Indiana residents ages 12 and older... (NSDUH defines binge alcohol use as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days)" (Center for Health Policy, 2013).

In Lake County, 18% of adults drink excessively (INdicators, 2013), and 36% of car accident deaths are alcohol-impaired driving deaths (County Health Rankings, 2015).

Tobacco Use

Tobacco use continues to impact the health and wellness of county residents, and the health cost of tobacco continues to impact the communities' wellness and healthcare costs.

Lake County Tobacco Data	
Adults (18+) that smoke	24.00%
Births affected by smoking *	879
Cost of smoking-related births	$1.5 million
Pregnant women who smoke	10.20%
Deaths attributable to smoking	775
Deaths due to secondhand smoke	95
Economic burden of secondhand smoke	$30.5 million
Smoking-related illnesses	15,505
**Low birth weight, SIDS, and reduced lung function (State of Indiana, 2015)*	

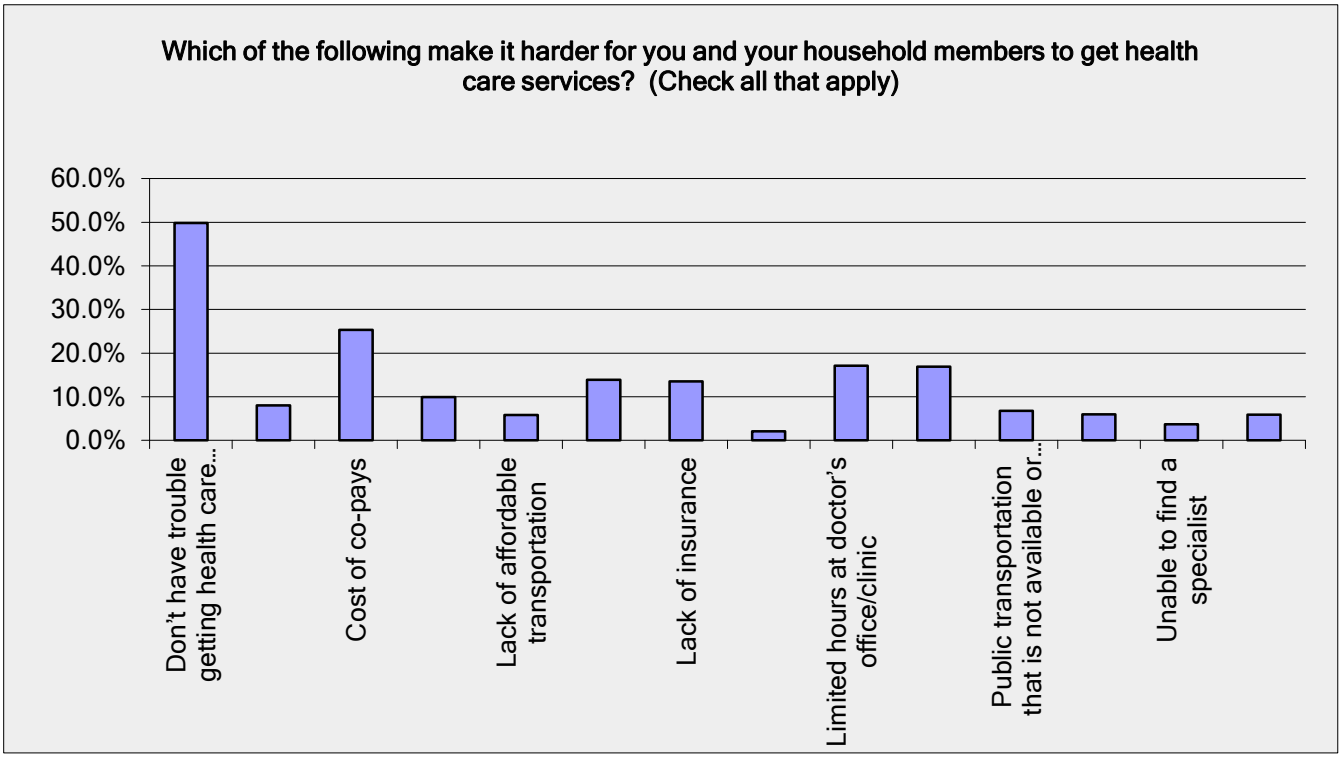
Oral Health

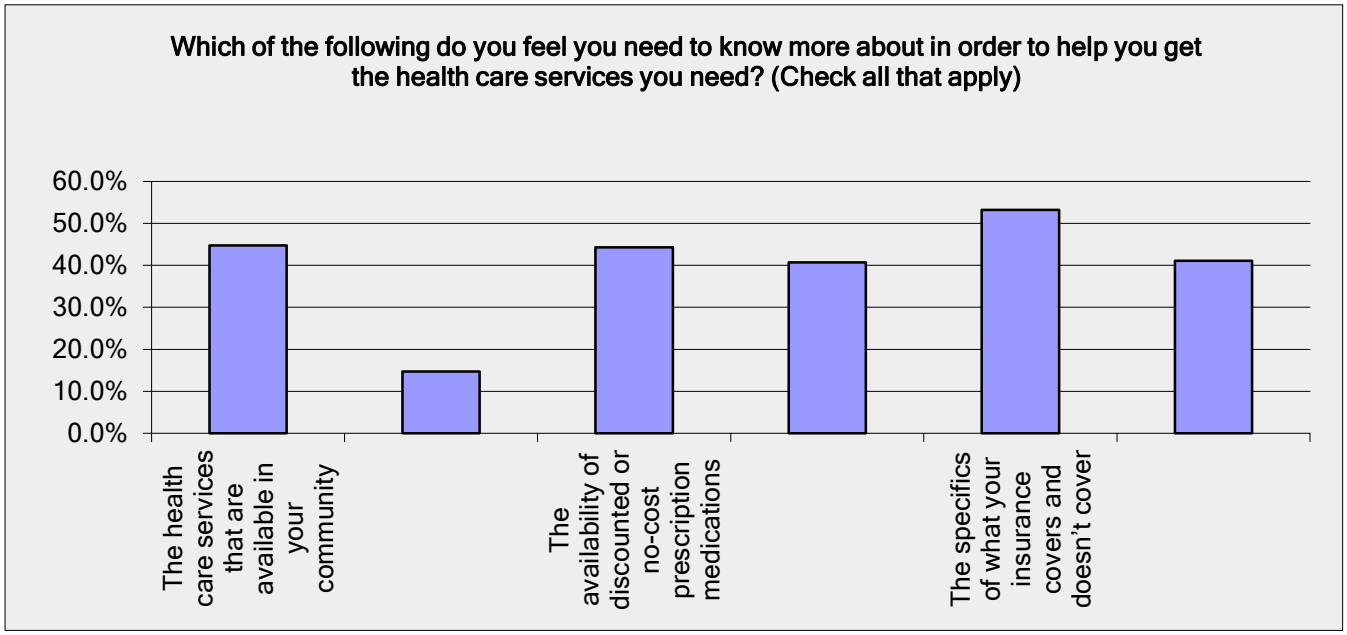
Dental care opportunities are prevalent in Lake County. The patient to dentist ratio is 1,920:1 (County Health Rankings, 2015), 64.7% of adults visited the dentist at least once in the past year (INdicators, 2015).

Access to Health Care Challenges

Health Professions Shortage Areas

The ratio of population to primary care physicians is 1,776:1. The ratio for dentists is 1,920:1 (County Health Rankings, 2015).





Insurance/Payment

Insurance affordability is a barrier that many residents encounter in Lake County. According to INdicators (2013), 15.3% of the adults in Lake County that needed healthcare could not see a doctor in the last 12 months due to cost.

Transportation

Lake		
Transportation Option:	*Contact Information:*	*Populations Served:*
East Chicago Transit	219-391-8465 http://www.eastchicago.com/page10/page90/	Anyone
Gary Public Transportation	219-884-6100 http://www.gptcbus.com/	Anyone
	ANYTHING ELSE?	

*Other: For all counties, County Connect is a service that is available to help coordinate between counties: http://www.327ride.net/pages/FAQs/

Summary

Data Gaps and Challenges

As in every data collection and analysis processes, there are limits to the data collected. The survey was available electronically and on paper at special events. If a resident of the county did not receive the promotional messages or attend an event, they would not have an opportunity to offer input. However, the paper surveys were used to solicit information from the most underserved populations. Therefore, the total survey results are skewed to represent those in most need.

Public health data and infrastructure is severely lacking in Indiana, as the state consistently ranks in the bottom two to three states for public health funding, service, and support. Much of the data used is from state and national collections that are only implemented every few years. Data may not reflect the current status of health. Also, as a home rule state, county data isn't always available or reliable. Zip code data rarely is available, except in national databases, such as the US Census Bureau.

It is the team's hope that by using the available secondary data with the collected primary data, a relatively accurate picture of community health is presented.

Response to Findings

The information and results of this report were shared with internal and external audiences. Participants were asked if they felt the report accurately described their communities and if the information would be helpful in future strategic planning. All participants indicated that the report was accurate and representative with the exception of services for the senior population. Based on this feedback, senior services was added as a community priority.

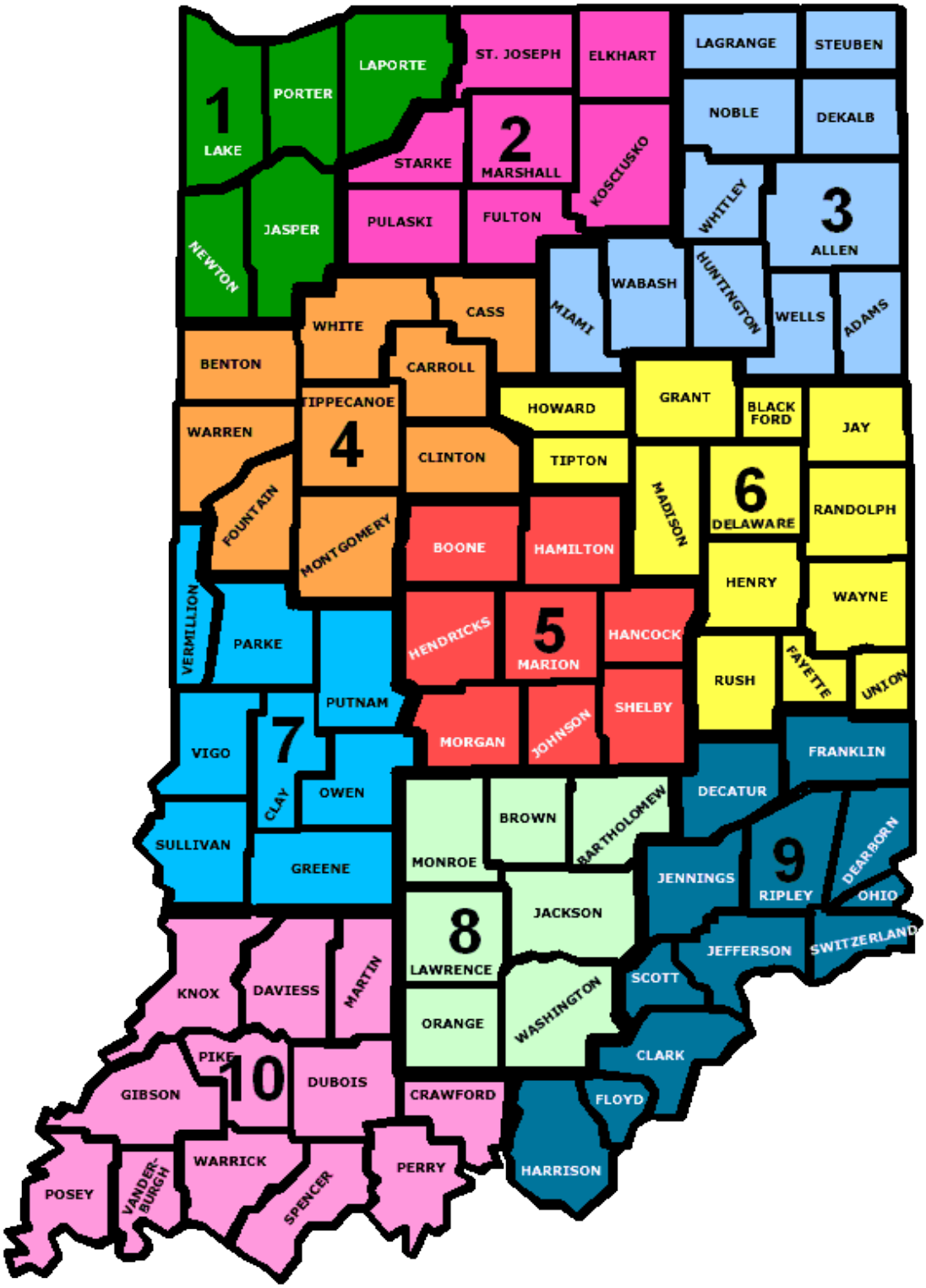
Appendix

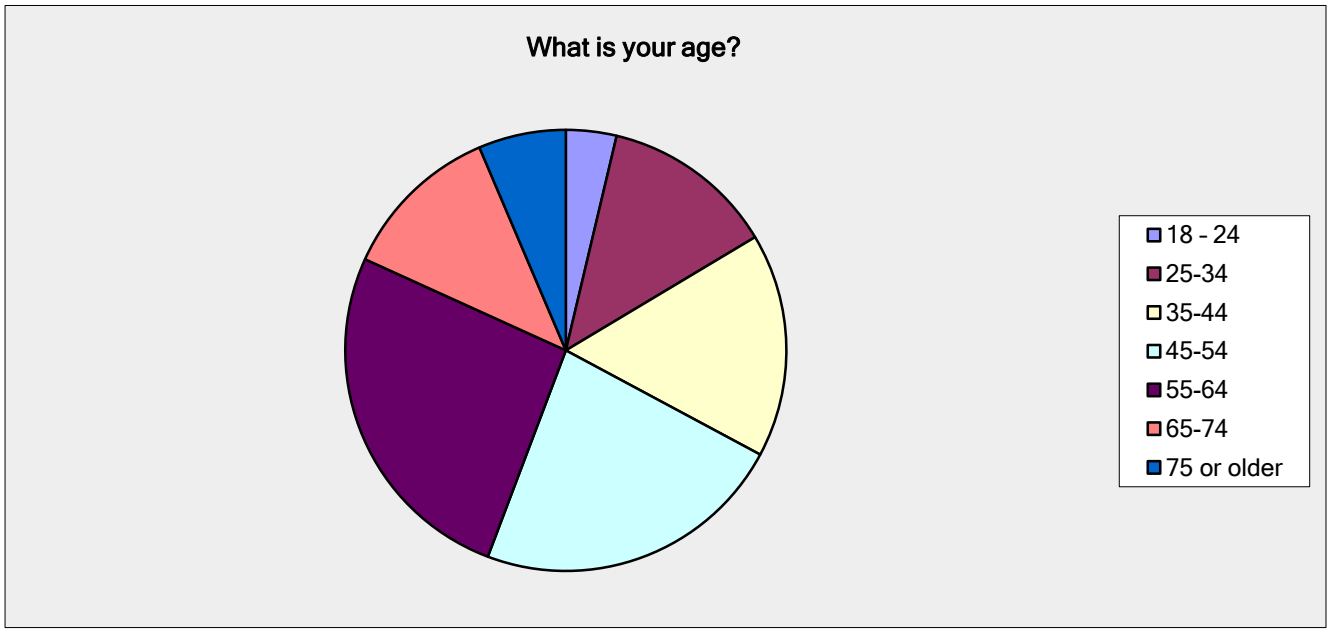
Regions: 1, 2 and 3				
Access to healthcare	Access to home healthcare providers	Transportation	Lack of healthcare providers	Geriatricians
Obesity	Access to food deserts	Nutrition education	Pre-diabetes/diabetes	Smoking mothers
Nutrition	Low immunization rates	Unhealthy home	Suicide	Substance Abuse
Maternal Infant Health	Mental health services	Behavior health services	Tobacco	E-Cigarettes
Mental/Behavior Health	Cancer	Lung cancer	Prostate cancer	Colorectal cancer
Nicotine Products	Poor oral health in Amish	Increased preparedness in dementia care	Emphasis on community based transitions of care	
Regions: Southern 3, 4 and 6				
Access to healthcare	Emphasis on integration of healthcare and social services at individual level	Increase Hispanic population- translators	Increased preparedness in dementia care	
Drug abuse and mental health	Use of ER	Obesity		
Higher than state use of tobacco	Dental care	Lack of county level data		
Identification on pre-diabetes 1 at risk for type 2	Transportation	Impact of manure lagoons		
Non-management of diabetes/heart disease	Transition from hospital	Availability of home healthcare providers		
Region: 5				
Poverty	Elderly nutritional issues cause chronic disease	Design services based on culture	Lack of resources	Mental health
Obesity	Chronic infections	Breast cancer	Low immunization rates	Early childhood education
Maternal health/infant mortality	Safety	Violence	Elderly memory care	Overdose deaths
Access to healthcare	Transportation	How do we get the community to "buy in" and want to make a difference?	Empowering communities to take change	Listening vs. hearing the needs
Don't tell the communities what they need. Ask them.	Diversity of neighborhoods is as noted by variation of health, issues and culture.			
Regions: 7 and 10				
Substance abuse	Increased preparedness in dementia care	Senior poverty	Cocaine	
Black lung disease (coal mining)	Smoking- COPD	Obesity	Higher cancer incidence rates- lung cancer	
Access to primary care	Transportation	Access to home healthcare providers	Provider shortages	
Lowest infant immunization rates	Increase healthcare transitions with social services	Culture		
Mental illness	Infant mortality	STD's		
Regions: 8 and 9				
Mental health	Lack of home healthcare providers	Increased preparedness in dementia care	Suicide	
Cancer- Lung and Colorectal	Obesity	In Medicaid- Cincinnati will not take patients	Prescription abuse	
Access to healthcare	Meth/substance abuse	Access/Awareness to diabetes/cardiovascular disease		
Transportation	Social Support	Access to mental health services		

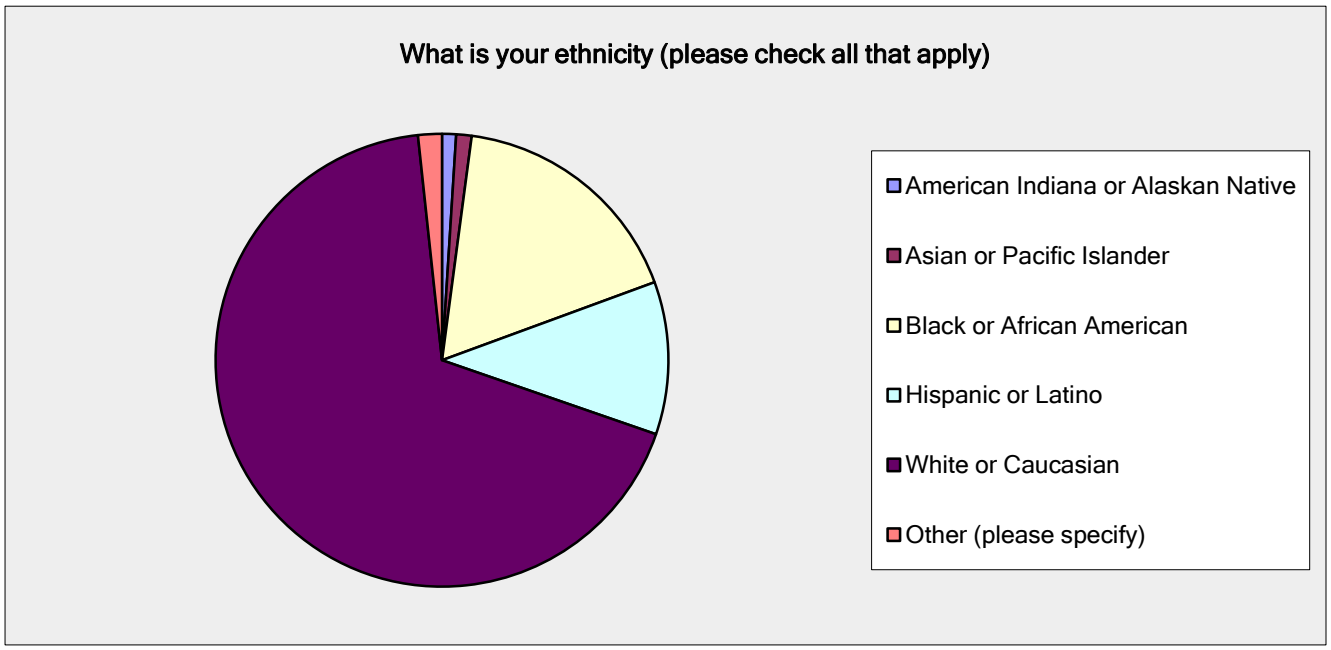
Young Children (0 – 8 years)				
Second-hand and Tobacco/Tobacco use during pregnancy	Access to support services for asthmatic + diabetic children in schools	Third hand smoke exposure	Nicotine poisoning	Prenatal exposure (drugs & alcohol)
Maternal infant health	Breastfeeding support	Infant mortality & safe sleep	Lack of physical activity	Reluctance to get immunizations
Immunizations	Access to healthy foods	Pre-diabetes services	Hunger	Lack of discipline
Nutrition	Child abuse & molestation	Poverty- food programs in schools	Poor housing conditions	Disengagement of fathers
Fitness	Social norms that promote/reward inactivity and improper nutrition			
Children (9 – 18)				
Substance abuse	Mental health	Poverty	Lack of social skills	Depression/anxiety
Safe driving	Obesity	Bullying- cyber / in person	Lack of parenting	Anger issues
Pregnancy	Family structure	Access to healthcare	Lack of physical activity	Low up take of HPV vaccine (40th in country)
Drugs	STD's	Lack of role models	Support of healthy eating	
Technology	Violence	Lack of motivation	Suicide	
Young Adults (19 – 34)				
Obesity	Low cervical cancer screening rates	Occupational exposure	Stable relationships lead to better parenting	Pre-natal care
Don't have environment that supports healthy choices	Biggest cultural impact	Lack of compliance with recommended vaccine schedule during 3rd trimester pregnancy	Access to reliable childcare to stabilize home/work life	Mental health
Worksite access/ support of physical activity	Health status to fund all healthcare	Support of family and caregivers	Insurance programs	Pre-diabetes
Gaps in Employment, College, Home	Financial issues			
Adults (35 – 54)				
Support of family/caregivers	Diabetes/Obesity	Cardiovascular disease	Tobacco	Underemployment
Financial issues	Behavioral health	Mental health	Low rates for recommended screenings (cancer, breast, cervical & colorectal)	Stress
Seniors (55+)				
Increased dementia	Financial stress (taking care of grandchildren)	Social isolation	Diabetes management	Nutrition
Family caregiver support	Shortage of providers	Transportation	Falls prevention	Low rates of cancer screenings
Abuse/neglect	Workforce issues- high turnover rate			

Student Focus Group	
Regions 1 and 2	
Largest Issues	*Possible Interventions*
Pollution	Make Pollution a Known Issue
Drug Use	Random Drug Testing at School
Healthy Food Access	Coping Skills and Rehab Centers
Unemployment	Job Fairs
Mental Health Issues	Offer Transportation
Regions 3 and 6	
Largest Issues	*Possible Interventions*
Drugs, especially Heroin	Rehabilitation Centers
Alcohol Abuse	Interventions for Substance Abuse
Teen Birth Rate	Education on Preventative Medicine
Tobacco Use	Better Healthcare Availability
Chronic Disease	Encouragement for Healthcare Patients
Access to Healthcare	
Regions 4 and 7	
Largest Issues	*Possible Interventions*
Substance Abuse	Awareness Campaigns
Access to Emergency Healthcare	More Life-Line Services from Emergency Department
Food Availability/Too Much Fast Food	Better Food Choices and Education
Farmers Markets	
Region 5	
Largest Issues	*Possible Interventions*
Education	More Discussion and Education about Health Issues
Environment	Fix Minor Problems before Problems Get Bigger
Public Safety	(Water Contamination, Infrastructures, Built Environment)
More Police Coverage	
Regions 8, 9, and 10	
Largest Issues	*Possible Interventions*
Substance abuse	Rehabilitation options
Environmental testing (experimentation with fracking, etc.)	Better technology
Hospital inefficiency	Large amounts of funding

Public HealthPreparedness Districts




What is your age?
18 - 24
25-34
35-44
45-54
55-64
65-74
75 or older


What is your ethnicity (please check all that apply)
American Indiana or Alaskan Native
Asian or Pacific Islander
Black or African American
Hispanic or Latino
White or Caucasian
Other (please specify)

Practices or Ideas to Reduce Transportation Barriers (broad then more specific):

- Add a Lifeline Transit Network that could help transportation for low-income families. (http://www.transformca.org/resource/roadblocks-health)
- Policy initiatives need to include community clinics or other healthcare facilities where people often travel, instead of just hospitals. Transit agencies can conduct a "Health Access Impact Analysis" in order to determine how cutting or increasing funding for transportation can hurt/benefit them. (http://www.transformca.org/resource/roadblocks-health)
- Other states have implemented a Non-Emergency Medical Transportation service to include anyone without access to a car (not just those with disabilities). (http://www.transformca.org/resource/roadblocks-health or http://issuu.com/childrenshealthfund/docs/chf_htsi-monograph__2_?e=6796486/1866261)
- Ohio has a transportation service called CareSource that will pay a driver to take you to an appointment and back home. Each member receives 15 free rides per calendar year. (https://www.caresource.com/members/ohio/ohio-medicaid/benefits-and-services/additional-services/transportation/)
- San Diego Veterans Affairs Healthcare System includes a Veterans Transportation Network where free round-trip transportation is provided to and from the VA Medical Center and Clinic. (http://www.sandiego.va.gov/patients/veteranstravel.asp)
- 3 main models that can be used to coordinate transportation resources: Lead Agency Model, Brokerage Model, and Administrative Agency Model. (http://issuu.com/childrenshealthfund/docs/chf_htsi-monograph__2_?e=6796486/1866261)
- Coordinate health care scheduling with fixed-route transit systems, so patients could get to appointments on time. (http://issuu.com/childrenshealthfund/docs/chf_htsi-monograph__2_?e=6796486/1866261)
- Having a personal "travel navigator" in doctor's office to establish individualized travel plans. (https://www.transportation.gov/fastlane/creating-ways-to-get-to-healthcare-appointments)
- Web-based app to search for the quickest available public transportation for healthcare providers to use when scheduling appointments in order to reduce no-shows. (https://www.transportation.gov/fastlane/creating-ways-to-get-to-healthcare-appointments)
- System to identify patients at risk of readmission to the hospital and connect them with a mobility manager to schedule transportation to medical appointments. (https://www.transportation.gov/fastlane/creating-ways-to-get-to-healthcare-appointments)

2016 Online Key Informant Survey Results

Northwestern Indiana

Prepared for:

Franciscan Alliance, Methodist Hospitals, and Community Hospital

By:

Professional Research Consultants, Inc

11326 P Street Omaha, NE 68136-2316

www.PRCCustomResearch.com

Table of Contents

Introduction 3
Participation 4
Evaluation of Health Issues 7
Key Informant Input 9
Substance Abuse 10
Nutrition, Physical Activity & Weight 12
Diabetes 14
Mental Health 16
Heart Disease & Stroke 18
Cancer 20
Tobacco Use 22
Dementias, Including Alzheimer's Disease 24
Injury & Violence 26
Infant & Child Health 28
Respiratory Disease 29
Chronic Kidney Disease 30
Access to Healthcare Services 32
Oral Health 34
Sexually Transmitted Diseases 35
HIV/AIDS 36
Family Planning 37
Hearing & Vision 38
Immunization & Infectious Diseases 39
Arthritis, Osteoporosis & Chronic Back Conditions 40
Resources 41
Resources Available to Address the Significant Health Needs 42

Introduction

Professional Research Consultants, Inc.

Participation

ONLINE KEY INFORMANT SURVEY

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented. A list of recommended participants was provided by Franciscan Alliance, Methodist Hospitals, and Community Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 64 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Key Informant Type	Number Invited	Number Participating
Community/Business Leader	166	31
Other Health Provider	36	8
Physician	30	7
Public Health Representative	16	6
Social Services Provider	47	12

Final participation included representatives of the organizations outlined below.

- 411 Newspaper
- CCNI
- City of East Chicago Health Department
- City of East Chicago
- City of Gary Community Development Department
- Community HealthNet Inc.
- Edgewater behavioral Health Services
- Franciscan Alliance
- Franciscan St. Margaret Health
- Gary Health and Human Services Department
- Gary Mental Health
- Geminus Corporation
- Greater Portage Chamber of Commerce
- HealthLinc
- HEC
- Hobart Family YMCA
- Ivy Tech Community College
- Jasper County Health Department
- Lake Area United Way
- Lakeshore Chamber of Commerce
- Merrillville Community Schools
- Multicultural Wellness Network MOTTEP
- Northwest Indiana Community Action
- Northwest Indiana Forum
- Portage Police Department
- Portage Township YMCA
- Porter-Starke Services
- Sojourner Truth House
- Southern Lake County
- St. Anthony
- The Arc Northwest Indiana
- The Salvation Army
- The Salvation Army East Chicago Corps
- The Times
- Town of Hebron
- Town of Kouts
- Town of Morocco
- West Lake Special Education
- YWCA of Northwest Indiana

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

African-Americans, American Indians, Asians, children, the disabled, the elderly, ethnic minorities, Hispanics, the homeless, LGBT individuals, those of Middle Eastern descent, mixed race individuals, and undocumented residents

Medically underserved populations represented:

children, the disabled, the elderly, ethnic minorities, those with HIV, the homeless, LGBT individuals, low income residents, Medicare/Medicaid recipients, the mentally ill, non-English speaking residents, single parents, substance abusers, undocumented residents, uneducated residents, the uninsured/underinsured, those living in food deserts, veterans, women, young adults, and young mothers

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Evaluation of Health Issues

Professional Research Consultants, Inc.

Survey respondents were presented with 20 health issues and asked to rate each as a “major problem,” “moderate problem,” “minor problem,” or “no problem at all” in their own community. The following table illustrates these responses.

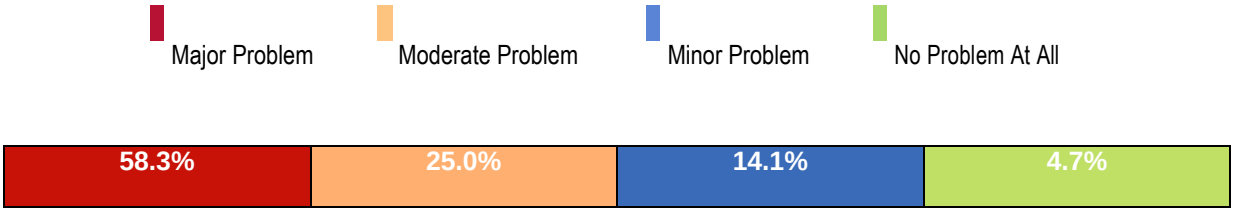
Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Substance Abuse	56.3%	25.0%	14.1%	4.7%
Nutrition, Physical Activity, and Weight	52.5%	27.9%	9.8%	9.8%
Diabetes	52.5%	26.2%	11.5%	9.8%
Mental Health	50.0%	31.3%	15.6%	3.1%
Heart Disease and Stroke	49.2%	27.1%	11.9%	11.9%
Cancer	45.2%	38.7%	9.7%	6.5%
Tobacco Use	40.3%	33.9%	21.0%	4.8%
Dementia/Alzheimer’s Disease	39.7%	39.7%	19.0%	1.7%
Injury and Violence	39.3%	32.8%	24.6%	3.3%
Infant and Child Health	27.6%	37.9%	29.3%	5.2%
Respiratory Disease	23.7%	45.8%	18.6%	11.9%
Chronic Kidney Disease	23.6%	32.7%	29.1%	14.5%
Access to Healthcare Services	23.4%	40.6%	23.4%	12.5%
Oral Health/Dental Care	21.7%	41.7%	23.3%	13.3%
Sexually Transmitted Diseases	14.5%	40.0%	30.9%	14.5%
HIV/AIDS	14.3%	33.9%	37.5%	14.3%
Family Planning	13.3%	45.0%	25.0%	16.7%
Hearing and Vision Problems	12.1%	36.2%	37.9%	13.8%
Immunization and Infectious Diseases	10.5%	42.2%	35.1%	12.3%
Arthritis/Osteoporosis/Back Conditions	8.8%	57.9%	21.1%	12.3%

Key Informant Input

Professional Research Consultants, Inc.

Perceptions of Substance Abuse As a Problem in the Community

(Key Informants, 2016)



ources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

BARRIERS TO TREATMENT

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Denial/Stigma

Don't want help, like the easy way of not having problems when high on a drug. - Public Health Representative

Acceptance of the problem and cost. - Other Health Provider

Patient compliance and refusal, access to appropriate programs, access to behavioral healthcare professionals. – Physician

Shame, problem identification and desire. - Social Services Provider Being honest with oneself. - Community/Business Leader

The stigma, the cost and the basic "where can I go for help?". - Community/Business Leader Denial that we have a problem in the region. - Community/Business Leader

For those who lack job opportunities and social support, it can be difficult to find the motivation to break free from addiction. - Social Services Provider

They want something that will keep them numb to the real world. - Social Services Provider

Most families are in denial and the criminal justice system needs to update their policy for incarceration of youth with substance abuse. - Social Services Provider

Incidence/Prevalence

Opiate abuse seen in our Emergency Rooms daily. – Physician

Number of deaths reported as a result of overdoses. Number of failed employment applications because of failed drug tests. Amount of drug related crimes in parts of the region. - Community/Business Leader

Number of people diagnosed with substance abuse addictions. - Other Health Provider

Again, referring to the 2009 Community Epidemiological Study, substance abuse, lack of prevention, intervention and treatment are major issues in Newton County. - Community/Business Leader

Lack of Treatment Facilities

Lack of long term residential treatment. Insurance. Co-pays for treatment. Transportation. - Social Services Provider

Lack of programs and centers, financial barriers. - Community/Business Leader Too few facilities. - Community/Business Leader

Affordable Care/Services

Again, there are a variety of reasons, financial, mental, emotional etc. - Community/Business Leader

Cost, stigma and knowing where to get treatment. - Other Health Provider Cost and number of facilities. - Community/Business Leader

Money and knowledge of their existence. - Community/Business Leader

Access to Care/Services

Availability, cost, fear of punishment and lack of support. - Public Health Representative

Very limited access but lots of pain doctors, maybe there is an inverse relationship. - Physician Location and accessibility. - Community/Business Leader

Awareness of Resources

Lack of knowledge about places that help with this problem. - Social Services Provider Unaware of available resources. - Social Services Provider

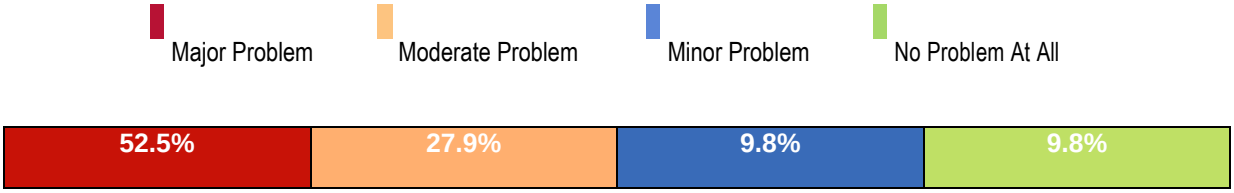
MOST PROBLEMATIC SUBSTANCES

Key informants (who rated this as a "major problem") most often identified alcohol, heroin or other opioids, and prescription medications as the most problematic substances abused in the community.

	Most Problematic	2nd Most Problematic	3rd Most Problematic	Total Mentions
Alcohol	59.3%	14.8%	18.5%	25
Heroin or Other Opioids	14.8%	25.9%	18.5%	16
Prescription Medications	11.1%	18.5%	18.5%	13
Marijuana	7.4%	7.4%	11.1%	7
Cocaine or Crack	3.7%	7.4%	14.8%	7
Methamphetamines or Other Amphetamines	0.0%	18.5%	7.4%	7
Over-The-Counter Medications	0.0%	3.7%	7.4%	3
Inhalants	3.7%	3.75	0.0%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	3.7%	1

Perceptions of Nutrition, Physical Activity, and Weight As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lifestyle

Difficult to overcome a lifelong pattern of bad decisions, overeating, lack of exercise, smoking, drug/alcohol abuse and other dangerous behaviors. - Community/Business Leader

Changing habits and providing healthy options. - Other Health Provider

That's very broad and can be the result of a variety of things - Community/Business Leader

Sedentary lifestyle, substance abuse, culture mindset of the region. Lack of access to quality facilities, affordability of recreational/fitness opportunities, deeper underlying psychological issues, lack of access to quality food. - Community/Business Leader

Poor nutrition, sedentary lifestyles and obesity. - Social Services Provider

People need to get up and move. Children spend too much time with their electronic games. - Other Health Provider

So many places to eat out and such large portion sizes. Cost of eating healthy. You can buy a

burger on the dollar menu anywhere, but a salad is $5.00. Cost of joining a gym or hiring a trainer. - Community/Business Leader

Big challenge, again, low to moderate income and seasonal accessibility to exercise. - Community/Business Leader

Lack of Healthy Food Options

For Gary, lack of food shopping options. Gary is classified as a food dessert. Many of our consumers identify that they do little to no constructive physical activity. - Other Health Provider

We do not have health food stores or lots of restaurants specializing in healthy foods. We do

have private gyms, but those are not always available to those most in need. Many areas of Northwest Indiana do not have safe or convenient areas to walk. - Community/Business Leader

Food deserts, lack of healthy foods, stress of poverty and survival thinking are some. - Social Services Provider

Insufficient supply of healthy food options, such as grocery stores in Gary, poverty, low income. - Other Health Provider

Communities with no safe place to walk or exercise. Shortage of fresh foods, vegetables and fruits in some areas, cost of fresh

foods. - Public Health Representative

Health Education

Knowledge about a well-balanced diet that fits the budget. - Community/Business Leader

The challenge is that some people whether single or raising families do not know about good

nutrition. They do not know how to cook healthy for themselves or their families. Too often I am at the store and see overweight moms and/or fathers. - Community/Business Leader

Lack of major and prolonged emphasis throughout our lives and in every community on well-being. - Community/Business Leader

Complacency and lack of education. – Physician

Lack of opportunities and information. - Social Services Provider

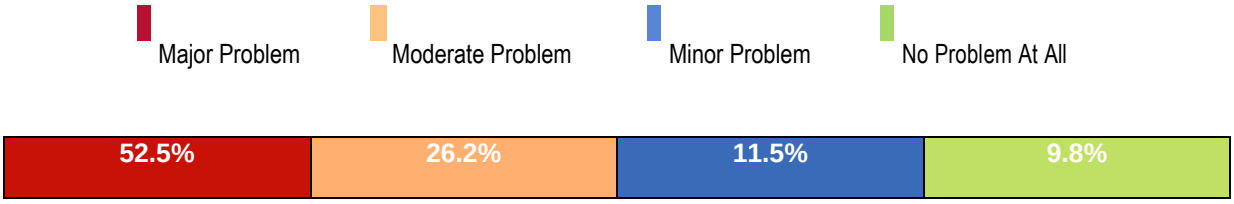
Obesity

I believe that Indiana has the 8th highest percentage of obese adults in the nation, and ranks 25th for the number of overweight and obese children. - Social Services Provider

Because of the number of obese people in our community. Also, studies released by Purdue University. - Other Health Provider
Significant incidence of obesity. - Public Health Representative Obesity in Northwest Indiana is a
major issue. – Physician Unprecedented obesity. – Physician

Perceptions of Diabetes As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

CHALLENGES

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Nutrition, Physical Activity and Weight

It pertains to lack of physical activity and proper nutrition. I deal with the low income population and both root causes are rapid. - Other Health Provider

Diet and exercise. - Community/Business Leader

Diet, supplies, exercise and medication. - Public Health Representative

Our community has poor ratings for obesity and physical activity levels. We are a target market for type 2 diabetes. Over 10% of our adult population suffers from diabetes. - Social Services Provider

Obesity and quality of life. - Social Services Provider

Access to healthy foods that are affordable and convenient to obtain. There are a number of food deserts in this region. This causes individuals with no or limited access to transportation to not be able to shop in locations that provide healthy foods. - Community/Business Leader

Food deserts and availability of fresh produce and fish. - Community/Business Leader

Access to Care/Services

Adequate care and access to that care. Also follow up on their end or having a health care official to follow up with them. - Community/Business Leader

Access to Endocrinologists or individuals capable of caring for patients with diabetes. – Physician

Access to Endocrinology. – Physician

Access to care, challenge of managing chronic disease when poor. Complexity of disease management in the context of multiple co-morbid conditions and lack of social support. - Public Health Representative

Insurance covers insulin, but not needles. Insurance covers testing devices, but not strips to accompany them. Transportation for regular medical visits and medicines. - Social Services Provider

Health Education

Prevention. - Community/Business Leader

Prevention/education about the disease, access to treatment. - Other Health Provider

From my experience, I was diagnosed with diabetes a few years ago and my physician only scared me with a death diagnosis and offered no resources for me to even learn what diabetes was. When I inquired several times, I was simply told to check the hospital. - Community/Business Leader

Education. - Community/Business Leader

Patient teaching and compliance. - Public Health Representative

Diet and education - Other Health Provider

Access to Healthy Lifestyle

Lack of support groups for maintaining a healthier body. - Community/Business Leader Access to a healthy way of living. - Social Services Provider

Maintaining a healthy lifestyle, with access to nutritious food and to exercise opportunities. Education about healthy living and diabetes management. - Social Services Provider

Lifestyle and personal choices, heredity, proper care, self and medical attention. - Community/Business Leader

Incidence/Prevalence

Feedback from the community at health fairs, workshops, presentations and area churches. There are approximately 499,200 adults in Indiana who have diabetes. There are

approximately 289,500 additional adults in Indiana who have pre-diabetes. - Social Services Provider

Number of people diagnosed with diabetes and renal failure. - Other Health Provider

Compliance

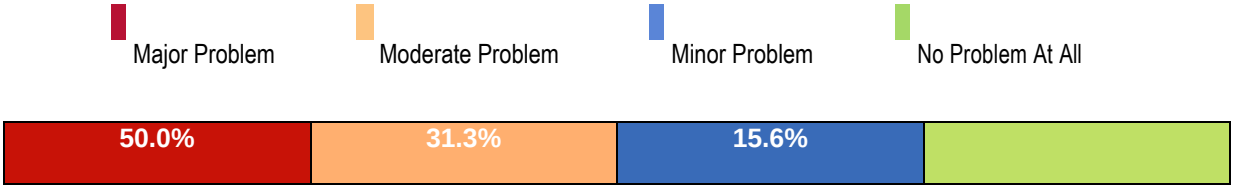
Patient compliance. - Other Health Provider

Comorbidities

Obesity, hypertension, stroke, kidney disease and smoking. - Public Health Representative

Perceptions of Mental Health As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

CHALLENGES

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Lack of Resources

Areas like ours generally do not have a lot in the way of vast medical resources. Mental health is always going to be an issue in an area like ours. - Community/Business Leader

Not enough resources. - Community/Business Leader

Lack of services and/or long term assistance - Community/Business Leader Facilities and cost of care at CMHCs. - Other Health Provider

Lack of treatment programs, the social stigma and ability to pay. - Community/Business Leader Long-term care. - Physician

Lack of treatment facilities and stigma. - Community/Business Leader

Mental illness. We have limited resources in the community to treat this need and an under-served population. - Community/Business Leader

There are very limited inpatient options for young children under 12, and also limited resources for outpatient counseling services. Many parents report issues. - Community/Business Leader

Access, transportation, insurance and co-pays, too few psychiatrists, turnover in the workforce that serves them because of poor pay. Laws that do not address those who refuse service and therefore have poor quality of life. - Social Services Provider

Getting consistent and ongoing help, availability, and access to care. - Public Health Representative

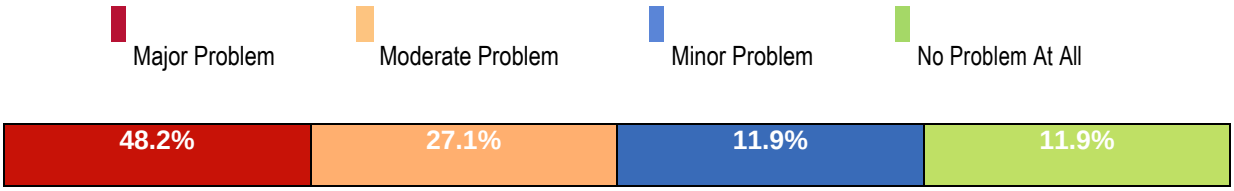
Lack of Community Support

There is a lack of social support for many suffering from mental illness, especially for those who are homeless or at risk of homelessness. - Social Services Provider

Good services for monitoring and medication if needed. Getting and keeping a job, family supports, misunderstanding from local authorities, police and sheriff. - Social Services Provider

Perceptions of Heart Disease and Stroke As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

By testimony of different people that we talk to in our facility. - Social Services Provider

Because of the number of people diagnosed with heart and stroke issues. - Other Health Provider

Feedback from the community at health fairs, workshops, presentations and area churches.

Heart disease/stroke are still responsible for almost one-third of all Indiana deaths and remain a major public health issue. In 2009, 13,442 Indiana residents died. - Social Services Provider

The number of people I hear and see with heart problems - Other Health Provider

We see many, many people at the YMCA who come in for post-cardiac rehab purposes. Additionally, we have literally had two heart attacks in our building recently. - Community/Business Leader

Lifestyle

A combination of my prior responses, stressful environment, lifestyle preferences, heredity and everyone knows someone with heart disease and stroke. - Community/Business Leader

We are like much of the US, we smoke too much, move too little, eat foods that put us at risk, and have too many with diabetes. - Public Health Representative

With a community that is 67% low to moderate income, the eating habits and distance necessary to travel for medical attention plays a huge role in heart disease and stroke. - Community/Business Leader

Number one killer. Bad lifestyle choices make the region more prone than other parts of the nation. - Community/Business Leader

Comorbidities

Smoking, obesity and diabetes. - Public Health Representative

Significant occurrence of obesity, risk for heart disease. Significant number of prescriptions filled for anti-hypertensive and antilipemics. - Public Health Representative

Obesity rates are high, leading to chronic diseases such as diabetes, heart attacks and strokes

Lack of Specialty Services

We do not have a center specializing in this area and many in Northwest Indiana end up in Chicago for treatment. - Community/Business Leader

My students have parents and grandparents being hospitalized for heart disease and stroke. I find it interesting that almost all of them find the medical care they need in South Bend, Indianapolis, or in Chicago. They do not trust the hospitals here. - Community/Business Leader

Vulnerable Populations

Data suggests these are major concerns, especially among persons of color. - Other Health Provider

Gary is a predominately African American community and African Americans have high incidences of high blood pressure and diabetes which lead to heart disease and strokes. - Community/Business Leader

Leading Cause of Death

Heart disease is the number one killer of all people. - Social Services Provider

Number one cause of death. - Social Services Provider

Number of deaths from these diseases. - Community/Business Leader

Environmental Issues

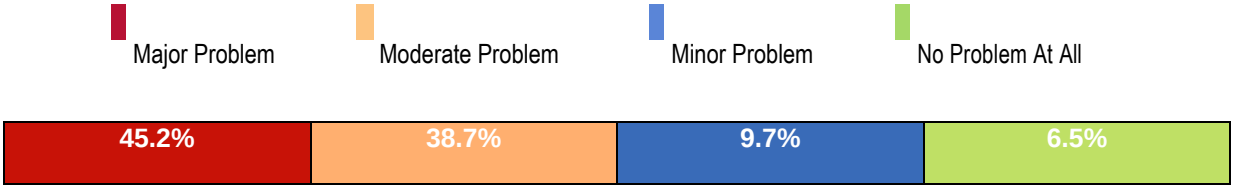
The effects of the regional environment as well as a lack of knowledge that it is a number one killer. - Community/Business Leader

Health Education

Not enough knowledge by patients - Community/Business Leader

Perceptions of Cancer As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

Number of people diagnosed with cancer in our community. - Other Health Provider

Impacts of large part of our population. Smoking remains high, as does other unhealthy life choices. Limited treatment resources. Expensive cost of care- Community/Business Leader

The number of people affected. - Community/Business Leader

Statistics indicate the prevalence of various types of cancer in the community. - Other Health Provider

Based on incidence and the number of people seeking treatment. High incidence of smoking endemic in this area. Also, reports on a number of people that actually go to Chicago for care. - Physician

Number of people affected. - Other Health Provider

A high percentage of the people in this community are affected by this problem. - Social Services Provider

I talk with a lot of clients or people on the outside with cancer. Plus many have died in the last two years. - Other Health Provider

More and more people are being diagnosed. Medical professionals in this area are quick to perform surgery, slow to establish treatment, and begin treatment fight for the attest treatment options. Patients are not as well informed in this community. - Social Services Provider

Feedback from the community at health fairs, workshops, presentations and area churches. About 2.4 million Indiana residents, or 2 in 5 people, now living in Indiana, will eventually develop cancer. - Social Services Provider

It seems a large population suffers with it. - Social Services Provider

Seems to me more and more people have cancer and we are spending billions on research. People are living longer with cancer, but we do not seem to be any closer to a cure than we were 20 years ago. - Community/Business Leader

Multiple people with the diagnosis. - Public Health Representative

Environmental Issues

Our legacy and current industrial and agricultural toxins exposure. Behavioral health issues

within the region, not high on health consciousness and prevention. Everyone knows someone with cancer. - Community/Business Leader

The incidents of cancer in the community seem to be on the rise. I personally know of more cases, and often these cases seem to be related to the environment like lung cancer in a non-smoker as opposed personal habits. - Community/Business Leader

Air quality, tobacco use – Physician

Air quality, tobacco use, diet. - Other Health Provider

Access to Care/Services

Cancer treatment in the most difficult cases is being focused towards cancer centers specializing in the disease. We don't really have that. - Community/Business Leader

There is no Cancer treatment center in NWI. You see advertisement for one in Chicago but nothing for NWI. - Social Services Provider

Cancer treatment for young patients seems to fall in a gap between pediatrics and seniors, juveniles in their teens. Where do they go for treatment? - Community/Business Leader

The perception is that there are high instances of cancer and low in market solutions for care. - Social Services Provider

Leading Cause of Death

Without knowing the actual statistics, cancer has to be the number one reason for death in

Newton County. The statistics may not indicate it because most times these patients have to re-locate to an area that offers the treatment and care needed. - Community/Business Leader

It kills people. - Social Services Provider

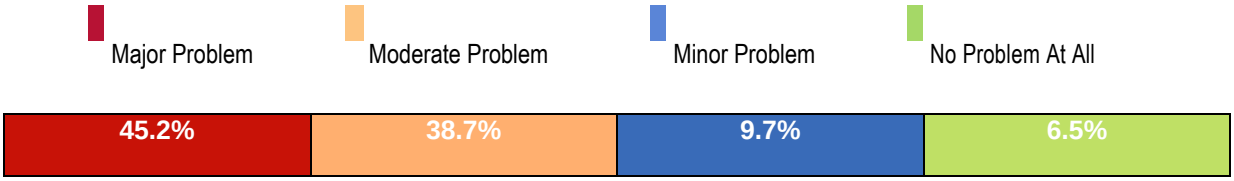
Young women dying from breast cancer. - Community/Business Leader

Prevention

We have a high rate of cancer in our community due to lack of healthcare, education, poverty and job resources. This decreases time spent on preventative care. By the time someone seeks medical counseling the disease has already ran its course. - Public Health Representative

Perceptions of Tobacco Use As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

Smoking is common among NWI residents. - Social Services Provider Almost all of our clients smoke. - Social Services Provider

Want to believe it is trending down but still a major health issue in our community. - Community/Business Leader

Many smokers. - Public Health Representative

Number of people diagnosed as tobacco dependent by the ISDH Tobacco Cessation Commission. - Other Health Provider

Look around, a fourth of the cars on the road are driven by smokers. NWI has much higher prevalence of tobacco use than the national average. - Community/Business Leader

High incidence of smokers entering the healthcare system, observed high density of smoking. - Physician

It just is, all you have to do is look around. - Community/Business Leader

We are the highest ranked city for tobacco use in Porter County. Lots of shift workers from the mills and trade jobs smoke. - Community/Business Leader

Because I can see people every day entering my building having this dependency on tobacco. - Social Services Provider

Used to Mask Stress

Ease of access and life stresses. - Other Health Provider

Easily accessible, still has a sexy or calming connotation. - Community/Business Leader People turn to tobacco to help deal with the stress in their lives. - Social Services Provider

Vulnerable Populations

I don't know why, I just know it is, especially with pregnant women. - Public Health Representative

Comorbidities

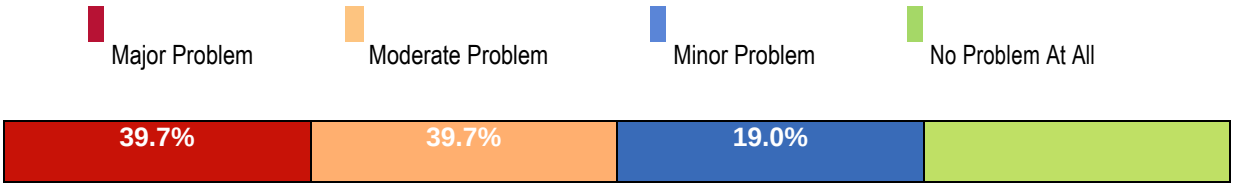
Major comorbidity in our population. - Physician

Leading Cause of Death

Death rate from related cancer is extremely high. - Other Health Provider

Perceptions of Dementia/Alzheimer's Disease As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

As population ages this is becoming more of a problem. The cost of dementia care is out of reach for most people. - Public Health Representative

Because of the aging population in the area and the number of people diagnosed. - Other Health Provider

Baby boomers are getting older and due to the large number of people in that age group, the influx of dementia. Alzheimer's disease is prevalent. - Social Services Provider

Aging population base of region with longer lifespans means an increasing part of the population will experience these issues. - Community/Business Leader

More and more people are living longer and it is a disease that affects mainly older people. - Community/Business Leader

We have an aging population and to the extent that the onset of dementia is caused by aging, we are at risk. Further, research has found a correlation between the general health of individuals and Alzheimer's. At risk populations. - Community/Business Leader

Aging population, lack of behavioral health resources. – Physician

Incidence/Prevalence

Anecdotal information points to an increase in persons presenting with these conditions. - Other Health Provider

All of my answers in this survey are from my experience with the students at Merrillville High

School and their families. The answers are all pointed to what my students or their families share with me. Students are living with grandparents. - Community/Business Leader

The number of elder/not so old people I meet with dementia/Alzheimer's. - Other Health Provider

There is no known cure and you hear more and more of families that are dealing with family members. - Social Services Provider

Feedback from the community at health fairs, workshops, presentations and area churches. It is estimated that 1 in 10 persons over 65 and roughly half of those over 85 have AD. In Indiana as of 2010, 120,000, increased by 20% since 2000. - Social Services Provider

Health Education

There is very little knowledge of the disease in the community and even less knowledge of where to go to get treatment. In some cultures it is not discussed. - Community/Business Leader

There is still not enough known about this disease. - Community/Business Leader

Numbers of individuals aging and those with special needs especially. Not enough education or outreach in this area. Outside of family members or staff, no one to really help. - Social Services Provider

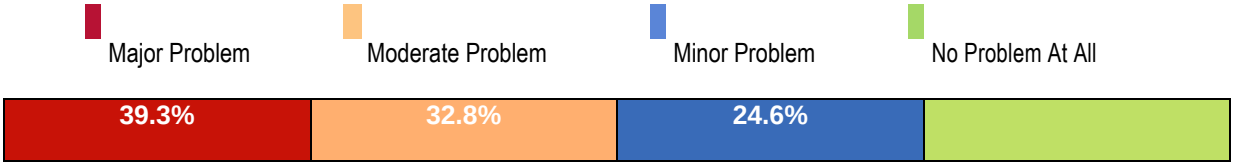
Access to Care/Services

This area has be become highly specialized and is difficult to treat in an area that does not have a center specializing in it. - Community/Business Leader

FQHC - Public Health Representative

Perceptions of Injury and Violence As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

Our social services deal with this problem at least once every week. - Social Services Provider

Based on Gary crime statistics, news and media and conversations with consumers. Http://www.city-data.com/crime/crime-Gary-Indiana.html. - Other Health Provider

See it firsthand. - Physician

The violent crime statistics for this area indicate this is a major problem. - Other Health Provider Number of deaths and injuries. - Community/Business Leader

It occurs. It is not openly addressed out of both fear and ignorance. - Physician

Culture of Violence

Access to guns and people's responses to situations are of an aggressive and often violent nature. - Community/Business Leader

Gary, East Chicago, Hammond and Chicago. Students are incarcerated for felonies, including murder in our area and with this black lives matter and Beyoncé's militant half time show, students don't understand the balance of government. - Community/Business Leader

Though crime rates are down, violence is still a large part of our environment, rape, domestic violence, murder and bullying. All a sign of the frustration of poverty, poor educational opportunities and lack of access to many things. - Social Services Provider

Lots of shootings and killings in the area. - Social Services Provider

High number of shootings and violence, spilling over from gangs/drug trade, especially as a result of having high crime Chicago in our backyard. - Community/Business Leader

Poverty

Poverty and lack of education, and jobs are a major issue - Community/Business Leader

Poverty, lack of education, gangs and guns. - Public Health Representative

Trauma Centers

We do not have a level 1 or Level 2 trauma center in Northwest Indiana. Our people end up being transported out of the area for treatment of serious injuries. - Community/Business Leader

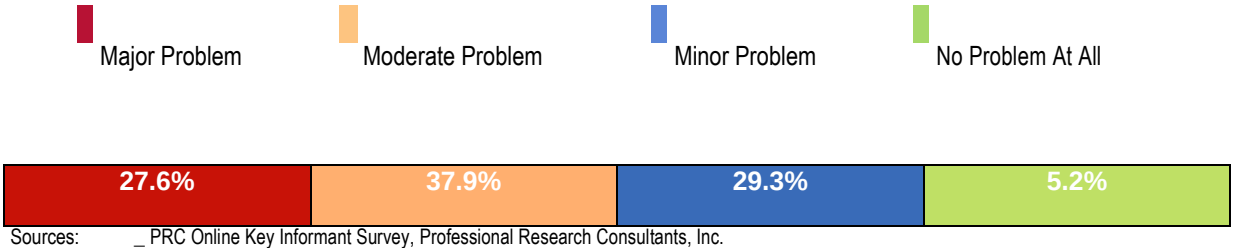
Domestic Violence

Domestic abuse is a big issue for many who come for our services. Many others have lost loved ones to violence. - Social Services Provider

Perceptions of Infant and Child Health

As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Affordable Care/Services

Lack of funds and education for young parents. - Community/Business Leader

I believe that the cost for things like this for young mothers is unaffordable or they are unaware of any kind of help for them. - Social Services Provider

Lack of financial resources for many families. - Community/Business Leader

Number of children living in poverty and low income households not receiving adequate well-child checkups. - Community/Business Leader

Infant Mortality

In 1993-4, I worked at the IUPUI public opinion lab and we conducted a survey on prenatal health. The issue at the time was that Lake County was #1 in the state for infant mortality. It is devastating that this ranking has not changed in all these years. - Community/Business Leader

Feedback from the community at health fairs, workshops, presentations and area churches.

Indiana's infant mortality rate was 7.7 deaths per 1,000 live births, well below the Healthy People 2010 goal of 6.0 deaths per 1,000 live births. - Social Services Provider

Indiana is in the bottom 20% on infant mortality rates for the country. The 7 county area of NWI have higher than average rates as well. - Social Services Provider

Parental Involvement

Children in NW Indiana are more and more being raised by grandparents or foster homes. The lack of vested interest here increases the chances for infant and child health to take a back seat. Grandparents cannot afford proper medical care. - Community/Business Leader

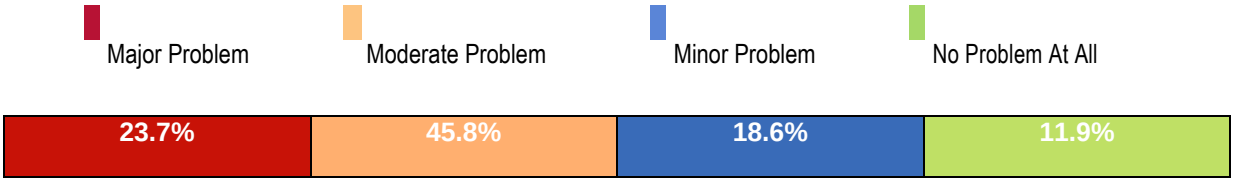
We served many single mothers with this problem. - Social Services Provider

Health Education

Lack of awareness of preventative health interventions. - Other Health Provider Young uneducated parents - Community/Business Leader

Perceptions of Respiratory Disease As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Environmental Issues

Asthma especially in childhood, air quality issues especially in summer, smoking, industrial and agricultural toxin exposure. - Community/Business Leader

Our air quality has improved over the last 20 years, but the amount of people with respiratory problems increases. - Community/Business Leader

Pollution of the mills and other industrial companies. - Social Services Provider Environment we live in. - Community/Business Leader

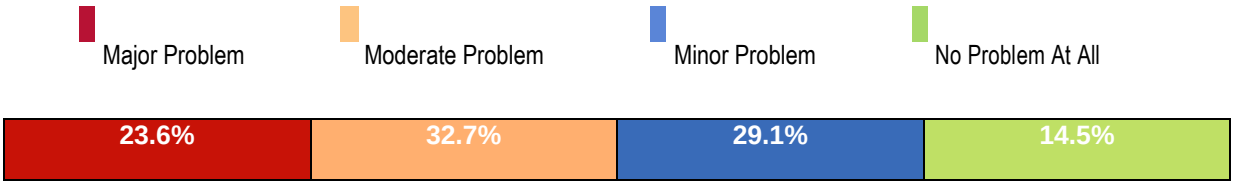
Smoking and pollution. - Public Health Representative

Leading Cause of Death

Non-cancerous lung ailments are the third leading cause of death in the region, having claimed 7,014 lives throughout Lake, Porter and LaPorte counties between 1999 and 2010. - Social Services Provider

Perceptions of Chronic Kidney Disease As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

Feedback from the community at health fairs, workshops, presentations and area churches. The number of dialysis centers in our communities. It is estimated that more than 10% of adults in the United States, more than 20 million people have CKD. - Social Services Provider

The number of people I see at the transfusion center. - Other Health Provider

Number of people on dialysis. - Community/Business Leader

The number of people diagnosed with renal failure. - Other Health Provider

Several dialysis clinics in the region. Demographics of those more likely to develop. - Community/Business Leader

Comorbidities

Due to high blood pressure and other chronic diseases, kidney disease is on the rise. - Social Services Provider

A number of people have diabetes and high blood pressure issues. Left unchecked, these diseases can cause major issues with a person's kidneys because a number of people do not have their diabetes and high blood pressure under control. - Community/Business Leader

In my local community, there is a high incidence of kidney disease related to diabetes and high blood pressure, the latter of which has higher rates of occurrence in African American communities. - Community/Business Leader

Vulnerable Populations

Greater prevalence in African American population. Results from hypertension and diabetes, which are severe problems also. - Community/Business Leader

Because it is. High proportion of African-Americans, prevalence of hypertension and diabetes. - Public Health Representative

Access to Care/Services

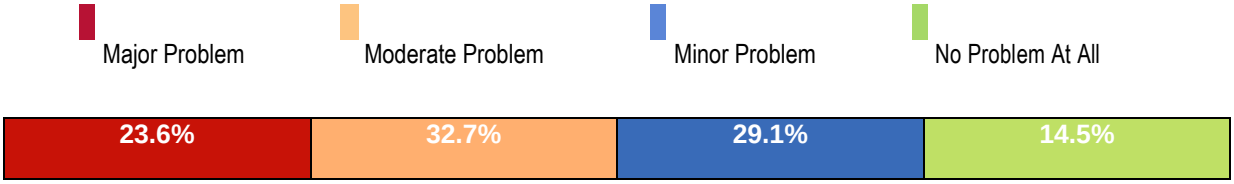
This area is rather specialized and those with severe cases end up in places that specialize in the area. - Community/Business Leader

Nutrition

Non-Healthy food choices in the community and poverty. - Public Health Representative

Perceptions of Access of Healthcare Services As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Resources

The communities are growing at a rapid pace and the hospitals/emergency care units aren't able to keep up. Doctors aren't always accepting new patients. And as the communities grow, transportation is becoming an even bigger problem. - Social Services Provider

We do not have a level two or level one trauma center in Northwest Indiana. Most people I know end up in Chicago or Indianapolis for treatment of very serious conditions. - Community/Business Leader

Lack of a coordinated system for assessment, follow-up and supportive services for chronic disease, aftercare treatment and elderly care. - Other Health Provider

Elder services. - Community/Business Leader

Cancer treatment. There seems to not be enough access to cancer treatment. - Community/Business Leader

You would be hard-pressed to find another county that is as under served in medical accessibility, to include prevention, counseling, treatment and care, as Newton County, Indiana. The obvious lack of a hospital and several of the towns. - Community/Business Leader

Primary care for Indiana and Illinois patients. – Physician

Affordable Care/Services

Lack of insurance, underinsured, transportation, co-pays and deductibles. - Social Services Provider

Health Insurance, nutritional food options, access to medication, mental health and adequate housing. - Public Health Representative

Insurance, Income - Other Health Provider

Not enough people with adequate, affordable insurance coverage. - Other Health Provider Money, insurance coverage. - Community/Business Leader

Information and affordability. - Other Health Provider

Transportation

Transportation and health care coverage - Community/Business Leader

Public transportation limits mobility. Poor benefits for working poor limits ability to pay, barriers posed by lack of Medicaid expansion, despite HIP 2.0. - Public Health Representative

Lack of Providers

Need many more physicians for primary care and Psychiatry. - Other Health Provider

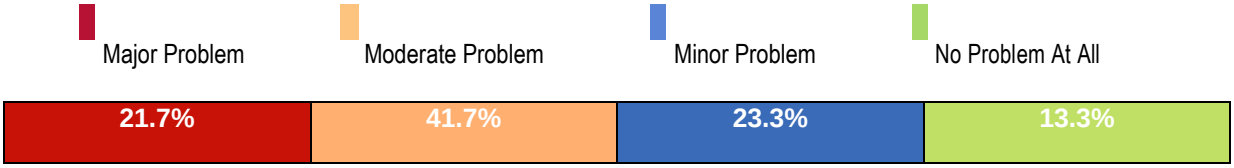
TYPE OF CARE MOST DIFFICULT TO ACCESS

Key informants (who rated this as a "major problem") most often identified primary care, mental health care, chronic disease care, and substance abuse treatment as the most difficult to access in the community.

	Most Difficult to Access	2nd Most Difficult to Access	3rd Most Difficult to Access	Total Mentions
Primary Care	23.1%	18.2%	18.2%	7
Mental Health Care	15.4%	18.2%	27.3%	7
Chronic Disease Care	23.1%	18.2%	0.0%	5
Substance Abuse Treatment	7.7%	18.2%	18.2%	5
Elder Care	7.7%	9.1%	9.1%	3
Specialty Care	7.7%	9.1%	0.0%	2
Prenatal Care	0.0%	9.1%	9.1%	2
Dental Care	0.0%	0.0%	18.2%	2
Severe Trauma Care	7.7%	0.0%	0.0%	1
Urgent care	7.7%	0.0%	0.0%	1

Perceptions of Oral Health As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Affordable Care/Services

The cost of taking care of your teeth is out of control. - Community/Business Leader

Lack of insurance and the high cost of dental care. Transportation. - Social Services Provider Access to and affordability of care.

High rates of smoking. - Public Health Representative No emergency access for poor. – Physician

Many children without resources for appropriate dental hygiene. – Physician

Lack of Providers

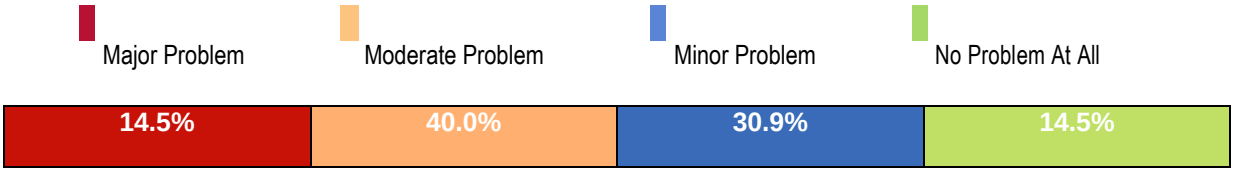
One of the biggest issues, lack of provider. - Community/Business Leader

Incidence/Prevalence

By what I see every day here in my facility. - Social Services Provider

Perceptions of Sexually Transmitted Diseases As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

Unprecedented levels. - Physician

The number of people diagnosed with sexually transmitted diseases. - Other Health Provider

Health Education

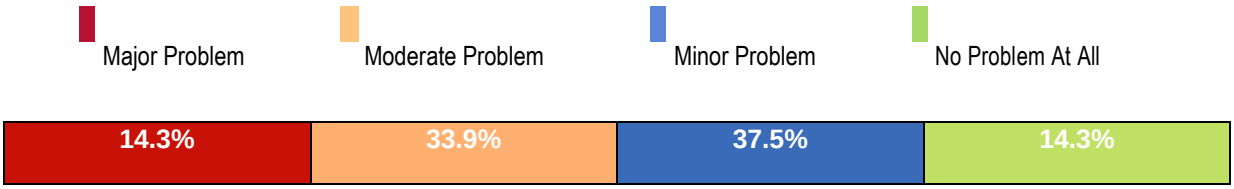
Again no education in schools. - Public Health Representative

Vulnerable Populations

Rates among children and minorities. - Community/Business Leader

Perceptions of HIV/AIDS As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

Number of people diagnosed with HIV/AIDS. - Other Health Provider

There is a rising cause of HIV/AIDs in heterosexual women, especially African American women. - Social Services Provider

Drug Use

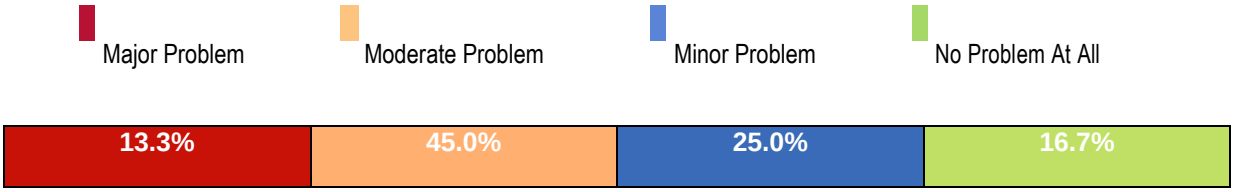
Drug use, risky behavior. - Other Health Provider

HIV Trauma

HIV trauma. - Other Health Provider

Perceptions of Family Planning As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Health Education

I think too few people understand the concept of family planning - Community/Business Leader

I have taught at North Newton High School for over twenty five years and lived in the community my entire life. In my opinion, family planning and overall parenting skill are very much needed. - Community/Business Leader

Not enough education in Lake County. Individuals still experiencing unexpected pregnancy and not recognizing the impact on them, the family and the economy. - Social Services Provider

No real education in schools. - Public Health Representative

Teenage Pregnancy

Teenage pregnancy. Just this morning, a 7 month pregnant girl approached a teacher about what to do about the baby. She passed on an abortion but was very scared. The teacher had her talk to another teacher who just adopted a baby a year ago. - Community/Business Leader

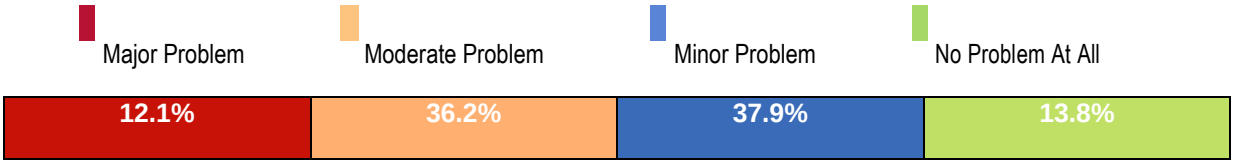
The number teens and young adult with children and not wanting them. - Other Health Provider

Birth Outcomes

We have the highest number of low birth weight and miscarriages in the region. - Public Health Representative

Perceptions of Hearing and Vision As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Incidence/Prevalence

There are lots of people that have these conditions and they aren't always dealt with because of financial issues. - Social Services Provider

The number of people diagnosed with hearing and vision problems. - Other Health Provider

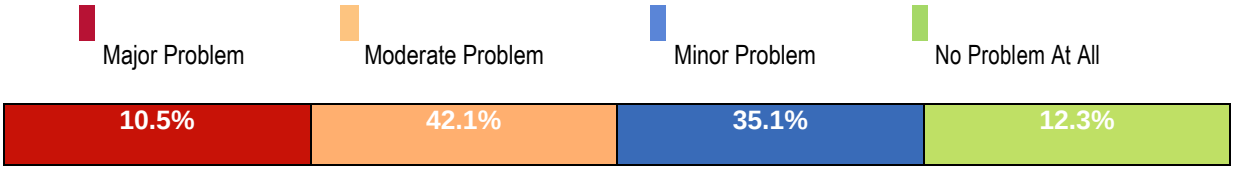
Access to Care/Services

Not sure how far you would have to travel to find the closest facility to address these conditions. - Community/Business Leader

Lack of access in primary Ophthalmology services, especially emergent. - Physician

Perceptions of Immunization and Infectious Diseases As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access to Care/Services

School-aged children most times travel out of the county to be immunized. Older adults travel to clinics or urgent care to fight infectious diseases. - Community/Business Leader

Lack of awareness and access for all sectors of the community. - Other Health Provider

Health Education

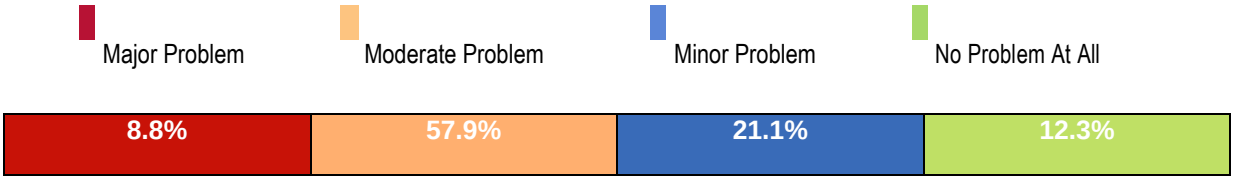
Immunizations are a hot issue nationwide and parents are not appropriately informed as to the benefits and risks of them. As they affect young people, there needs to be programs in schools for students to learn to identify/care for diseases. - Community/Business Leader

Incidence/Prevalence

The number of people diagnosed. - Other Health Provider

Perceptions of Arthritis/Osteoporosis/Back Conditions As a Problem in the Community

(Key Informants, 2016)



Sources: _ PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: _ Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

Feedback from the community at health fairs, workshops, presentations and area churches. - Social Services Provider

Personally know of several citizens that are on disability benefits due to arthritis and major back conditions. - Community/Business Leader

Number of folks I see with some type of immobility in limbs. - Community/Business Leader Too many people suffering with this. - Community/Business Leader

Aging Population

I believe this condition is affecting the growing aging population in my community. Additionally, I believe this condition affects people who have an accident and gunshot victims. - Other Health Provider

Resources

Professional Research Consultants, Inc.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

211
Affordable Health Care Act
Community Care Network
Community HealthNet
Department of Children Services
Dial-A-Ride
FQHC
Grocery Store
HealthLinc
Healthcare Systems
HIP 2.0
Housing Authority
Indiana Child Protective Services
Legislators
Marram Health Clinic
Mental Health Facilities
Methodist Hospital
Navigators
Newton County Ambulance Service
Newton County Counseling of Aging
Newton County Drug Coalition
Newton County Step Ahead Program
NorthShore Health Centers
Porter Regional Hospital
Porter Starke Services SHIP
Social Workers
Sojourner Truth House
St. Mary Medical Center
State Health Insurance Programs
Township Trustee
Primary Care
Rush University Medical Center
St. Catherine's Hospital
St. Franciscan Hospital
St. Mary Medical Center
Support Groups
The Salvation Army
University of Chicago Hospital

Arthritis, Osteoporosis & Chronic Back Conditions

Community HealthNet
Doctor's Office
Hospitals

Cancer

American Cancer Society
Cancer Health Treatment Centers
Cancer Resource Center
Cancer Support Centers
Cancer Treatment Centers of America
Cancer Wellness Center
Chicago Teaching Hospitals
Community Health of Munster

Community HealthNet
Community Hospital
Doctor's Office
Educational Resources
FQHC
Franciscan Alliance
Hospice
Hospitals
HPV Immunizations
IUN Medical School
IWIN Foundation
Marram Health Clinic
Media
Methodist Hospital
Non-Profits
NorthShore Health Centers
Northwest Indiana Hospitals
Northwest Indiana Oncology
Pink Ribbon Societ
Porter Regional Hospital
Action
Primary Care
Rush University Medical Center
SCH Behavioral Health
Senior Citizen Facilities

Chronic Kidney Disease

Chicago Teaching Hospitals
DaVita Comprehensive Renal Care
Demand Response Transit Systems
Dialysis Clinics
Doctor's Office
FQHC
Fresenius Dialysis
Hospitals
IUN Medical School
Media
Methodist Hospital
Northwest Indiana Hospitals
Northwest Indiana Nephrology Association
Primary Care

Dementias, Including Alzheimer's Disease

Active Day
Alzheimer's Association
Alzheimer's Foundation
Assisted Living Facilities
Bureau of Developmental
Disabilities
Colleges/Universities
Community HealthNet
Doctor's Office
FQHC
Hospitals
Long-Term Care Facilities
Media
Mental Health Facilities
Methodist Hospital
Northwest Indiana Community
Northwest Indiana Healthy Start
Nurse Partners
Parents as Teachers
Planned Parenthood

Diabetes

Bridges to Wellness
Chicago Teaching Hospitals
Community HealthNet

Community Hospital System
Diabetes.org
Doctor's Office
Educational Resources
Endocrinology Centers in NWI
Fitness Centers/Gyms
FQHC
Franciscan Alliance
Hospitals
IU Health
IUN Medical School
Media
Methodist Hospital
MHS, Hoosier Insurance
Non-Profits
NorthShore Health Centers
Northwest Indiana Hospitals
One Region Health Committee
Payment Structures for Medications/Devices
Porter Regional Hospital
Primary Care
Purdue Extension
St. Anthony's Hospital
St. Catherine's Hospital
St. Mary Medical Center
The Salvation Army
Wellness Programs
YMCA
Zumba Classes

Family Planning

Birthright
Doctor's Office
FQHC
Maternal Health Clinic

Hearing & Vision

Doctor's Office
Moses Eye Care

Heart Disease & Stroke

Ambulance Services
American Heart Association
Cardiology Associates of Northwest Indiana
Chicago Teaching Hospitals
Community HealthNet
Community Hospital
Doctor's Office
Fitness Centers/Gyms
Franciscan Alliance
Heart Institute
Hospitals
IUN Medical School
Media
Methodist Hospital
Northwest Cardiovascular Physicians
Northwest Indiana Hospitals
Porter Regional Hospital
Primary Care
St. Catherine's Hospital
St. Mary Medical Center
YMCA

HIV/AIDS

Aliveness Project
Community HealthNet

Immunization & Infectious Diseases

Community HealthNet
Doctor's Office
Healthcare Systems
Colleges/Universities
Community HealthNet
Community Hospital Doctor's Office
Edgewater Behavioral Health Services
Edgewater Systems for Balanced Living
Employers
Faith Based Institutions FQHC
Increased Funding From State and Federal Governments
IUN Medical School Media
Mental Health Facilities
Methodist Hospital
Mirram Health Care Pharmacy
Police Department Porter Starke Services Primary Care
Regional Health Clinics Regional Mental Health Center Special Services Court
St. Catherine's Hospital St. Margaret Dyer Hospital
Wabash

Infant & Child Health

Activists
Community Care Network
Coroner
County Services Vaccines
Doctor's Office
Health Department
HealthLinc
Hospitals
Legislators
Maternal Child Health Network
Non-Profits
NorthShore Health Centers
Northwest Indiana Healthy Start
School System
WIC
YMCA

Injury & Violence

Boys and Girls Club
Churches
Crime Tracker Maps
Domestic Violence Shelters
Edgewater Behavioral Health Services
Expanded Neighborhood Watch Efforts
Gary for Life Initiative
Gary Police Department
Geminus Fathers Program
Haven House
Hospital
Lake County Sheriff's Department
Legislators
Level One Trauma Care in Oak Lawn
Mental Health Facilities
Methodist Hospital
Police Department
Project Outreach and Prevention on Youth Violence
Sojourner Truth House

Nutrition, Physical Activity &Weight

Anytime Fitness
Boys and Girls Club
Bridges to Wellness
City Government
Community Center
Community Health System
Bariatric Center

Community HealthNet
Department of Children Services
E.C. Fitness Center
Employers
Fitness Centers/Gyms
Food Pantry
Franciscan Health Care Bariatric Program
Healthcare Systems
Hospitals
Colleges/Universities
Court System
Edgewater Behavioral Health Services
Edgewater Systems for Balanced Living
Employers
Empower Porter County
Frontine Foundation
Grace Beyond Borders
Healthcare Systems
HIDTA
Hospitals
Media
Mental health Facilities
Methodist Hospital
Newton County Drug Coalition
Non-Profits
Northwest Indiana Treatment Center
Police Department
Porter County Substance Abuse Treatment Center
Porter Regional Hospital
Porter Starke Services
Primary Care
Purdue Extension
Regional Health Clinics
Regional Mental Health Center
School System
St. Catherine's Hospital

Oral Health

Community HealthNet
NorthShore Health Centers

Respiratory Diseases

Hospitals
Medical Equipment Suppliers
Primary Care
Pulmonary Specialists of Northwest Indiana

Sexually Transmitted Diseases

Community HealthNet
Doctor's Office
Hospitals
NorthShore Health Centers
Planned Parenthood
School System

Substance Abuse

AA/NA
Capital City
Center for Addiction Recovery
St. Mary Medical Center
The Salvation Army
Turning Point

Tobacco Use

Community HealthNet
Doctor's Office
Edgewater Behavioral Health Services
Geminus Fathers Program

Hospitals
Increased Taxes on Tobacco
Indiana Quit Line
ISDH Tobacco Cessation Commission
Lake County Tobacco Cessation Coalition
Local Government
Media
Newton County Drug Coalition
Porter Starke Services
Primary Care
Regional Health Clinics
School System
Smoking Ban in Public Spaces/Smoking Laws
Smoking Cessation Programs
Strict Enforcement of Undersage

Community Health Needs Assessment Collaborative Team

John Whitcomb, Consultant, Franciscan Alliance
Kate Hill-Johnson, Community Benefit and Engagement, Franciscan St. Francis Health
Payge Liggett, Community Benefit Assistant, Franciscan St. Francis Health
Vidhi Joshi, Indiana University School of Public Health Bloomington
Josef Dou, Franciscan St. Margaret Health
Father Francis Tebbe, Franciscan Healthcare-Munster
Julie Mallers, Franciscan St. Anthony Health- Crown Point
Mylinda Cane, Community Healthcare System
Mary Shields, Community Healthcare System
Linda Hadley, Methodist Hospitals