

# Community Health Needs Assessment— Hammond

Franciscan St. Margaret Health-Hammond

Spring 2016

# Community Health Needs Assessment

## CONTENTS

Community Health Needs Assessment 2

Appendix 24 4

4

Executive Summary 5

Franciscan St. Margaret Health-Hammond 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

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 75

## 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-Hammond (FSMH-Hammond). 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-Hammond in providing essential services to those most in need. Based on the findings in this report, FSMH-Hammond 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-Hammond patient residences. Because Indiana is 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 Hammond.

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-Hammond

A trusted leader in providing faith-based, integrated health care, FSMH-Hammond is a full-service, acute-care medical center. Franciscan St. Margaret Health–Hammond is growing to meet your needs with more than 20 off-site facilities, including a dedicated adult and pediatric rehabilitation institute and a health and fitness club in Schererville, Indiana.

FSMH-Hammond 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-Hammond is located in Lake County, 5454 Hohman Avenue, Hammond, IN 46320. The CEO of FSMH- Hammond is Michael Stenger.

The FSMH-Hammond statistics include:

| FSMH Services | |
|---|---|
| **Annual Outpatient Visits** | 125,518 |
| **Annual Emergency Department Visits** | 39,315 |
| **Annual Surgical Procedures** | 2,561 |
| **Births** | 110 |
| **Employees** | 1,205 |
| **Volunteers** | 129 |
| **Total Physicians (includes Franciscan Physician Network and affiliated doctors)** | 542 |
| **Average length of patient stay** | 5.56 days |

FSMH- Hammond- Services Include:

| | | | |
|---|---|---|---|
| Anticoagulation Clinics | Heart & Vascular | Occupational Health | Women's Health/OGYN |
| Audiology | Home Health Care | Omni Health & Fitness | WorkingWell |
| Behavioral Health | Hospitalists | Orthopedics | Wound Care |
| Breast Health | Hyperbaric Oxygen Therapy | Outpatient Services | |
| Cancer Care | Imaging | Palliative Medicine | |
| Colon and Rectal Surgery | Infusion Services | Pediatrics | |
| Diabetes Care | Intensive Care Unit | Primary Care Physicians | |
| Dietitians | Interventional Radiology | Pulmonary Medicine | |
| Ear, Nose, and Throat | Joint & Spine Care | Registered Dietitians | |
| Emergency Medicine | Laboratory Services | Rehabilitation Services | |
| Employee Assistance Program | Lymphedema Services | Respiratory Care | |
| Family Doctor | Mammography | Senior Services | |
| Fitness Centers | Medical Alert Service | Sleep Disorders | |
| Franciscan ExpressCare | Neurodiagnositcs | Surgical Services | |
| Gastrointestinal Services | Nuclear Medicine | Urgent Care | |

The FSMH- Hammond 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.

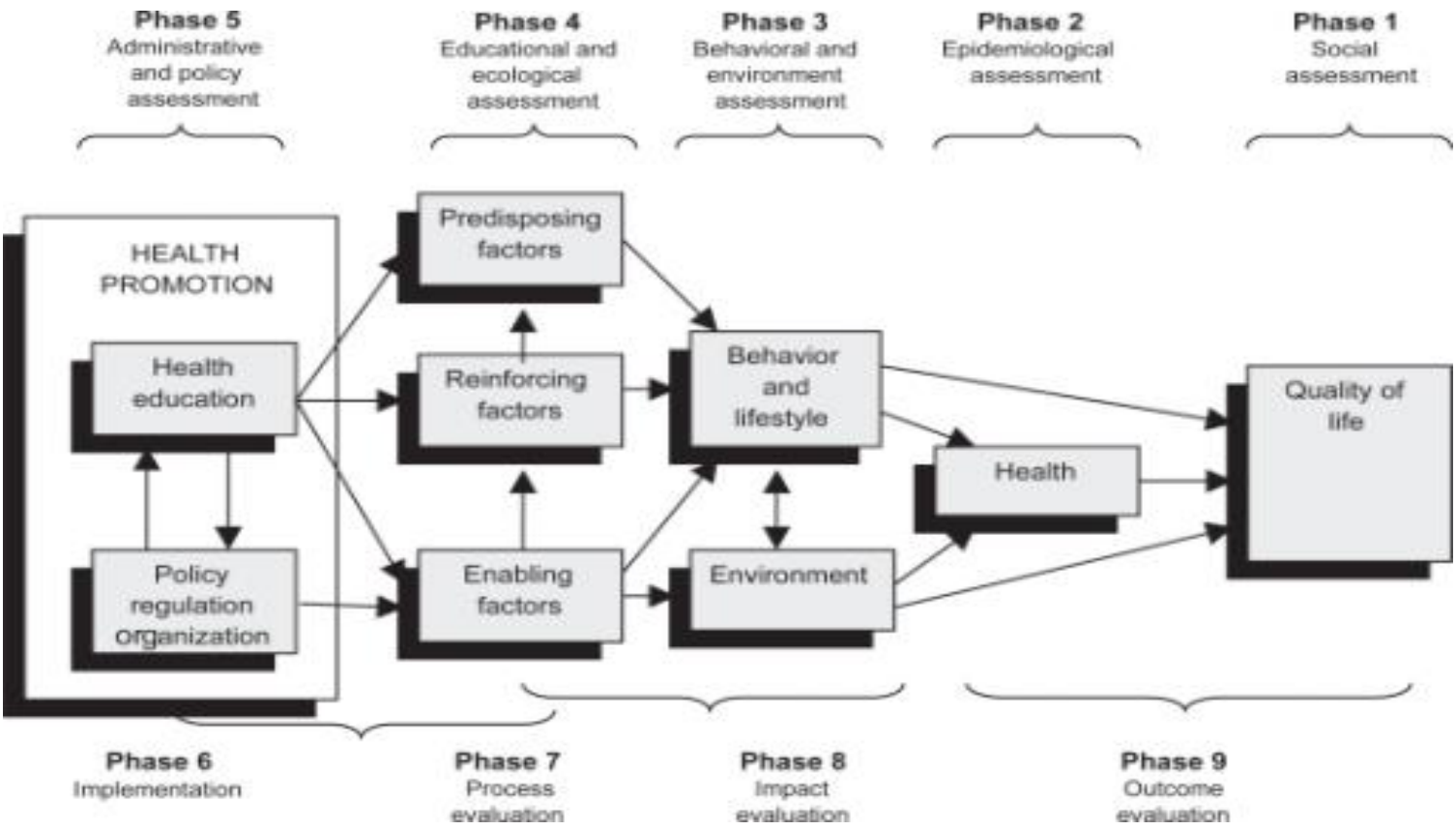
Compassionate Concern
In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

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-Hammond 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.

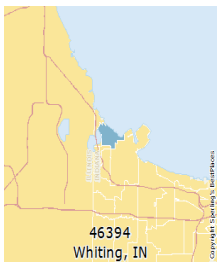
A focus group of high school students convened by the Indiana Chapter of Health Occupation Student Association during their annual conference also offered some insight, as we did not promote the survey to high school students. This focus group yielded some interesting insights from the teen perspective.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

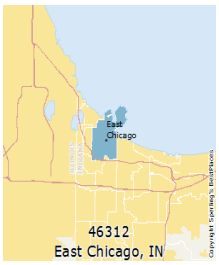
## Communities We Serve

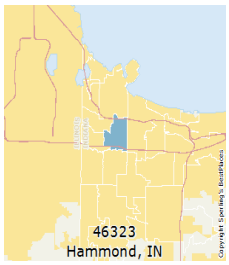
FSMH-Hammond serves Lake County primary with a majority of patients from these zip codes: 46312, 46323, 46324, 46394, and 60409

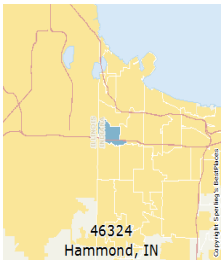
A review of patient zip codes was also completed. The map below show the five zip codes in which the majority of each location's patients reside by type of service. The zip codes are shaded in blue.

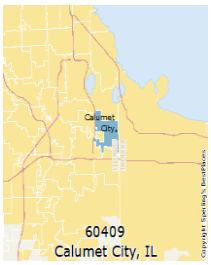




## Special Populations

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 |

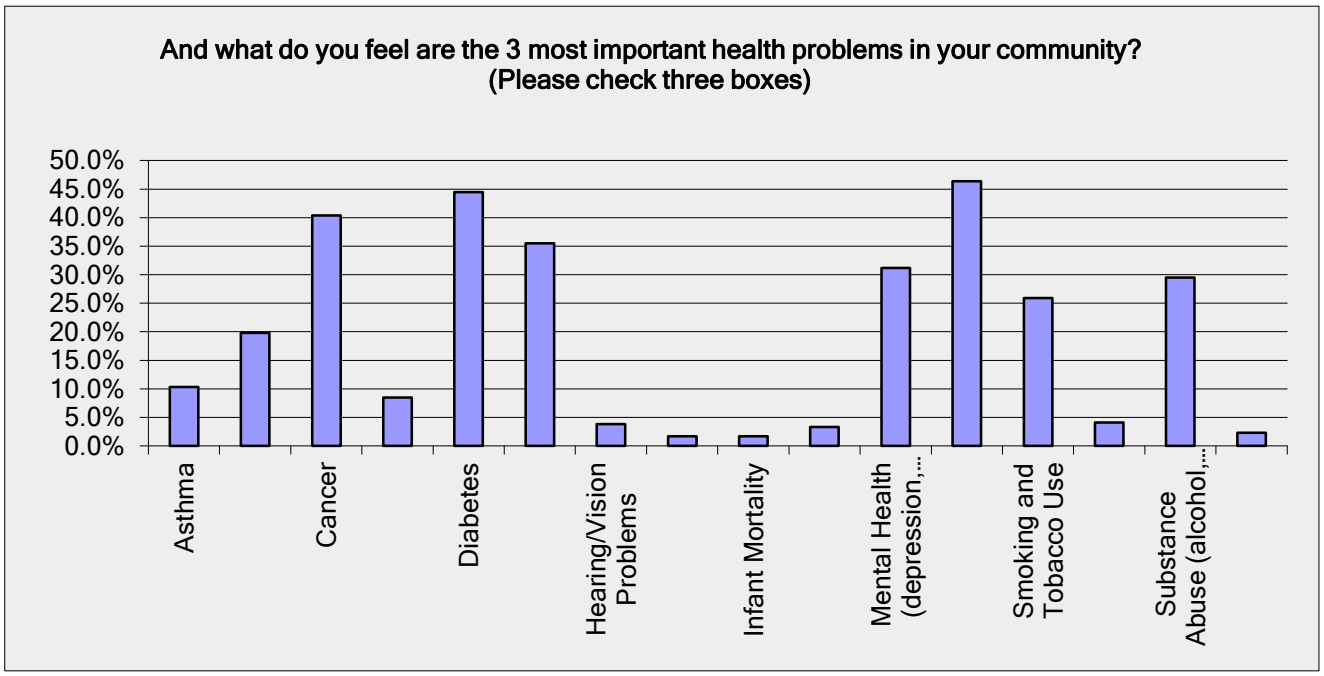
# Social Determinants of Health

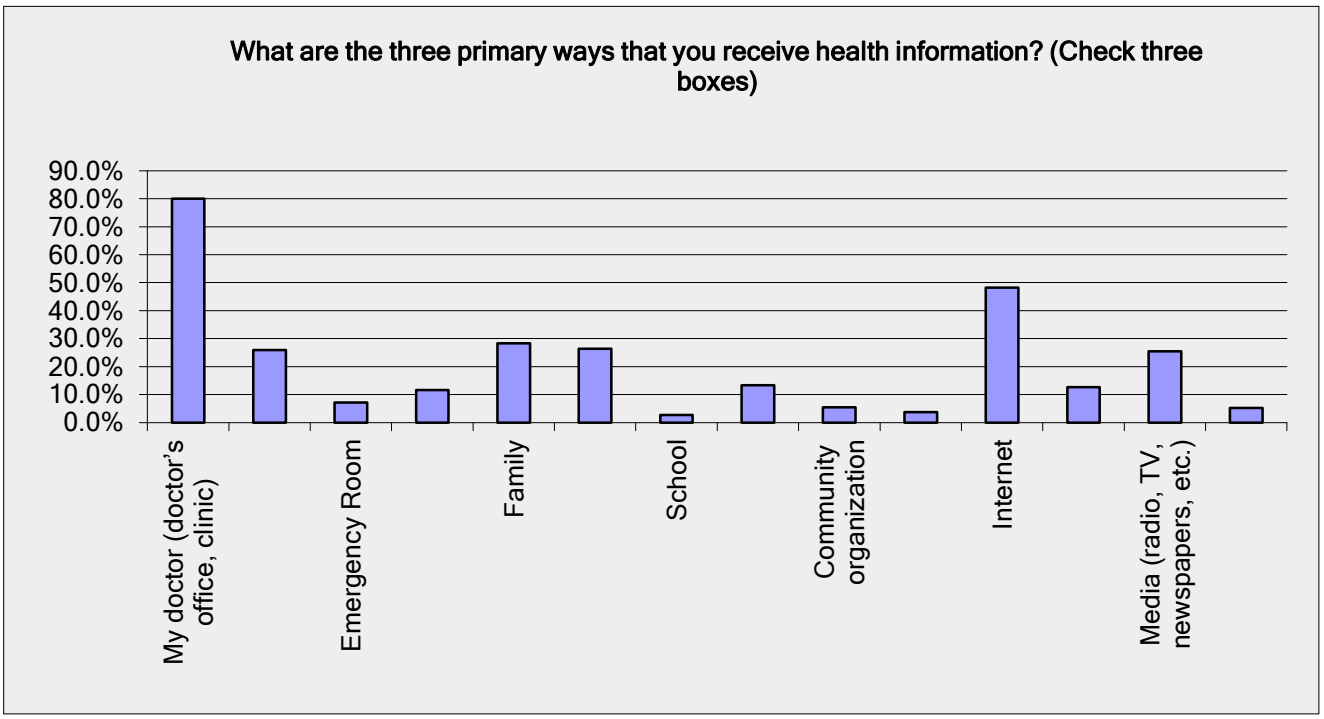
| Lake County vs. Indiana Narrative | | | | |
|---|---|---|---|---|
| Characteristic | Lake County Total | Percentage | Indiana Total | Percentage |
| Population | 496,005 | | 6,080,485 | |
| Median Household Income | $49,617 | | 48,248 | |
| Veteran Population | 32,196 | 15.41% | 455,105 | 9.30% |
| 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% |

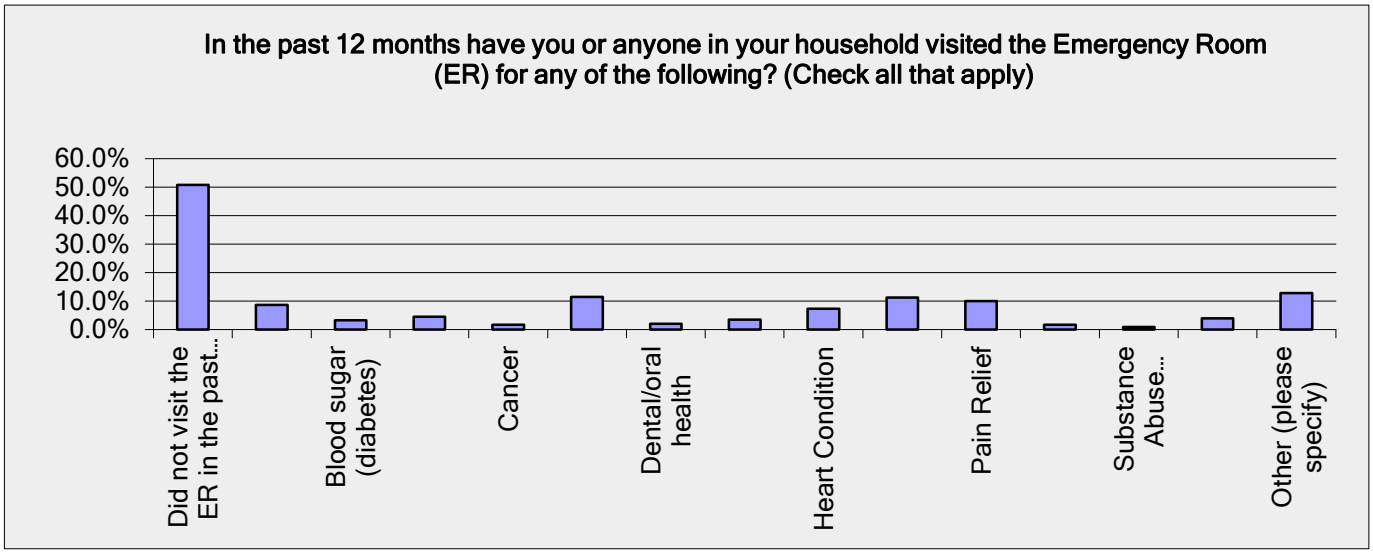
Poverty can be displayed through the amount of students receiving free or reduced lunch within the school system. In Lake County, 47.70% of children are eligible for the free lunch program. (Census, 2015). In Lake County, 18.20% of people live in poverty and 14.20% of families live under the poverty 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

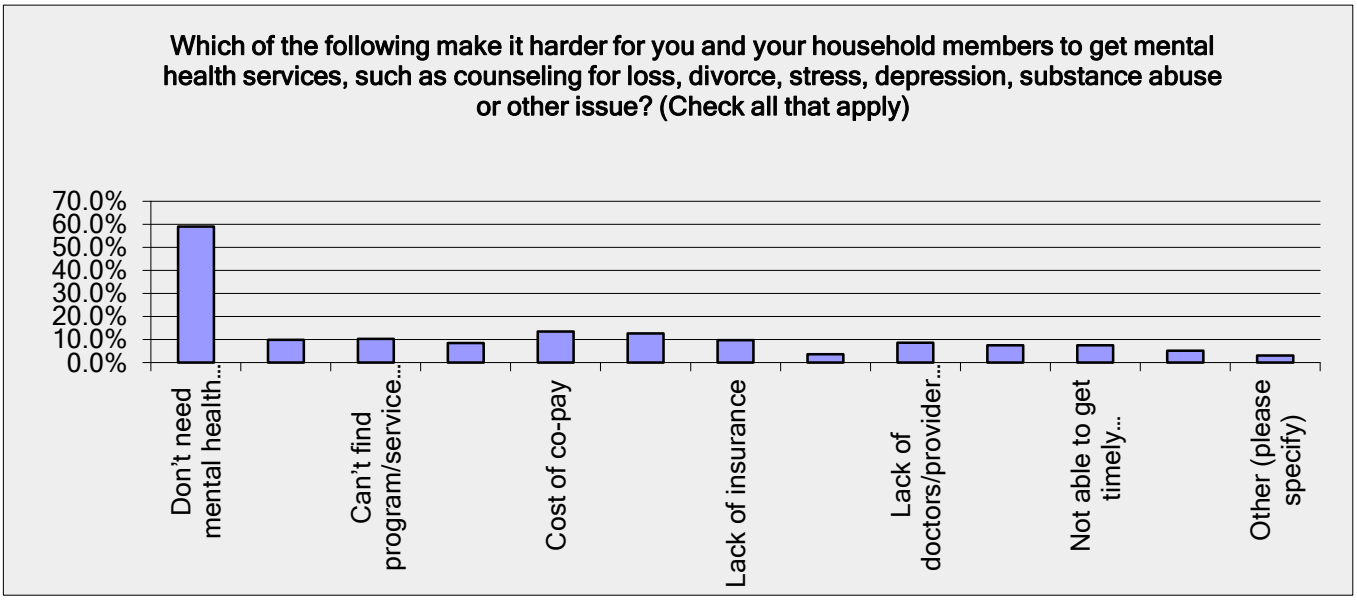
Mental health is a combination of all factors, especially social and emotional support and drug and alcohol-related behaviors. The rank is out of 92.

| 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. 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 |

*INdicators, 2013*

## Cancer

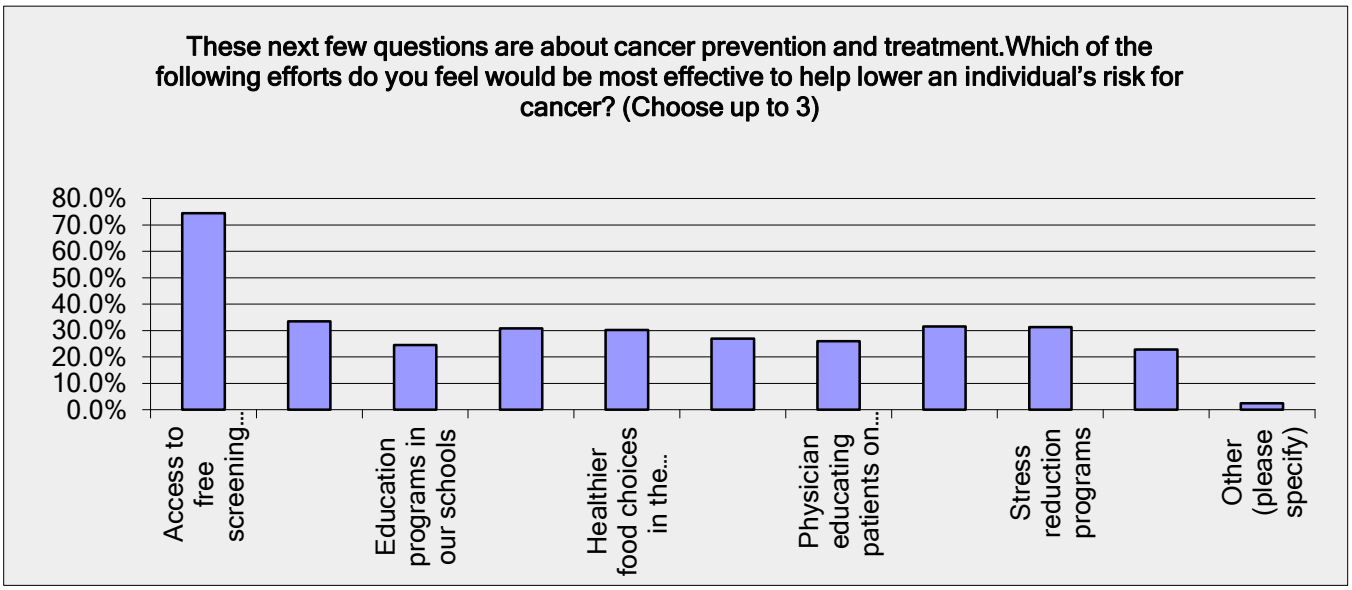
Cancer greatly affects these county mortality rates as well. The cancer mortality rate in Lake County is 186.5 per 100,000, which is above the state average of 178.7. The top four causes of cancer mortality are listed below and the rate are per 100,000 (INdicators, 2015):

- 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 Lake INdicators, 2015** | 500.9 | 186.5 | 127.2 | 15.1 | 50.8 | 16.1 | 74.0 | 46.6 | 131.9 | 8.8 |

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

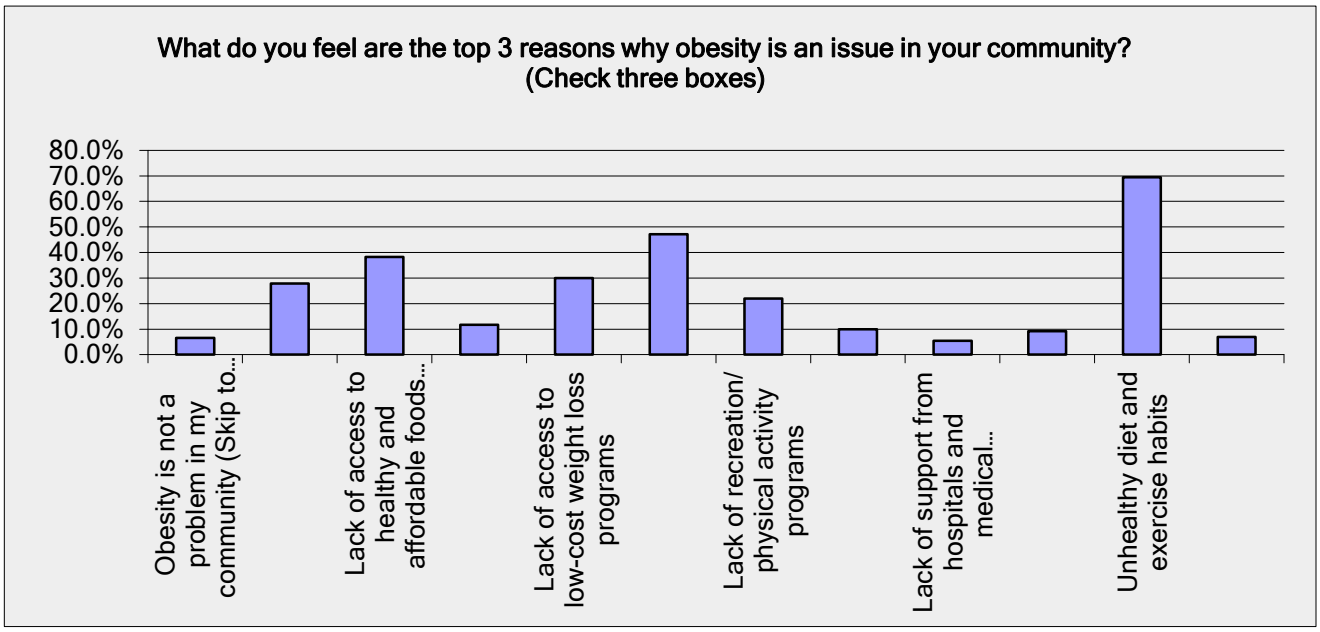
## Weight

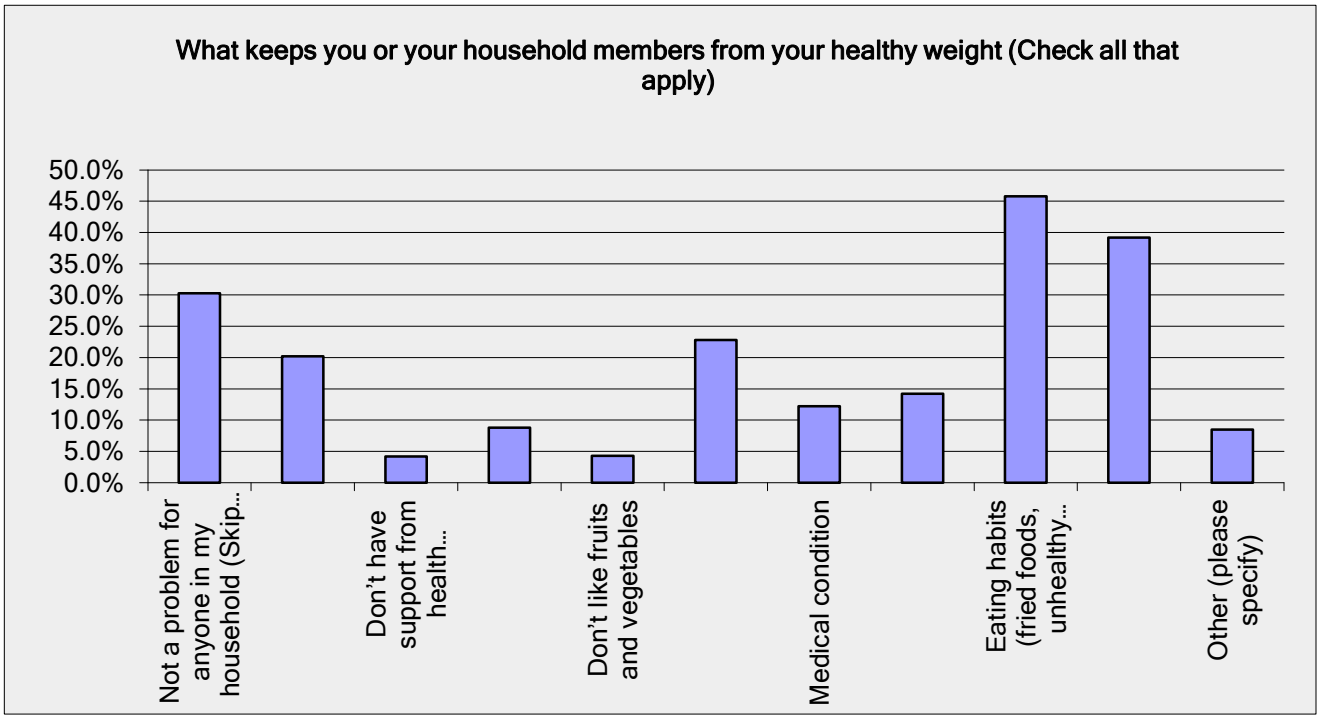
Weight can be attributed to several health disparities, and it seems to be an issue in Lake County. Approximately 35.5% of adults in Lake County are obese. Obesity can be a cause of diabetes. In Lake County, the diabetes prevalence rate is 12.6%, with a mortality rate of 29.6 per 100,000 (INdicators,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

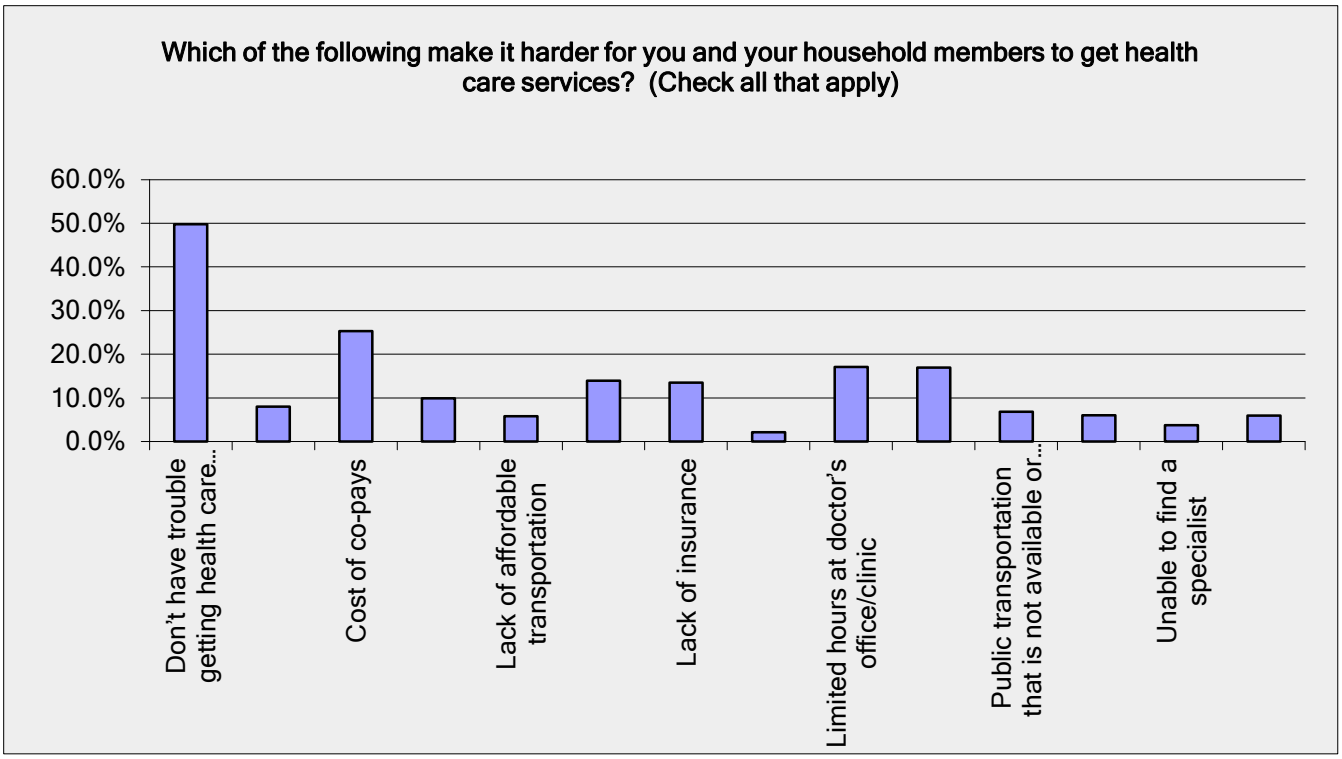
## Oral Health

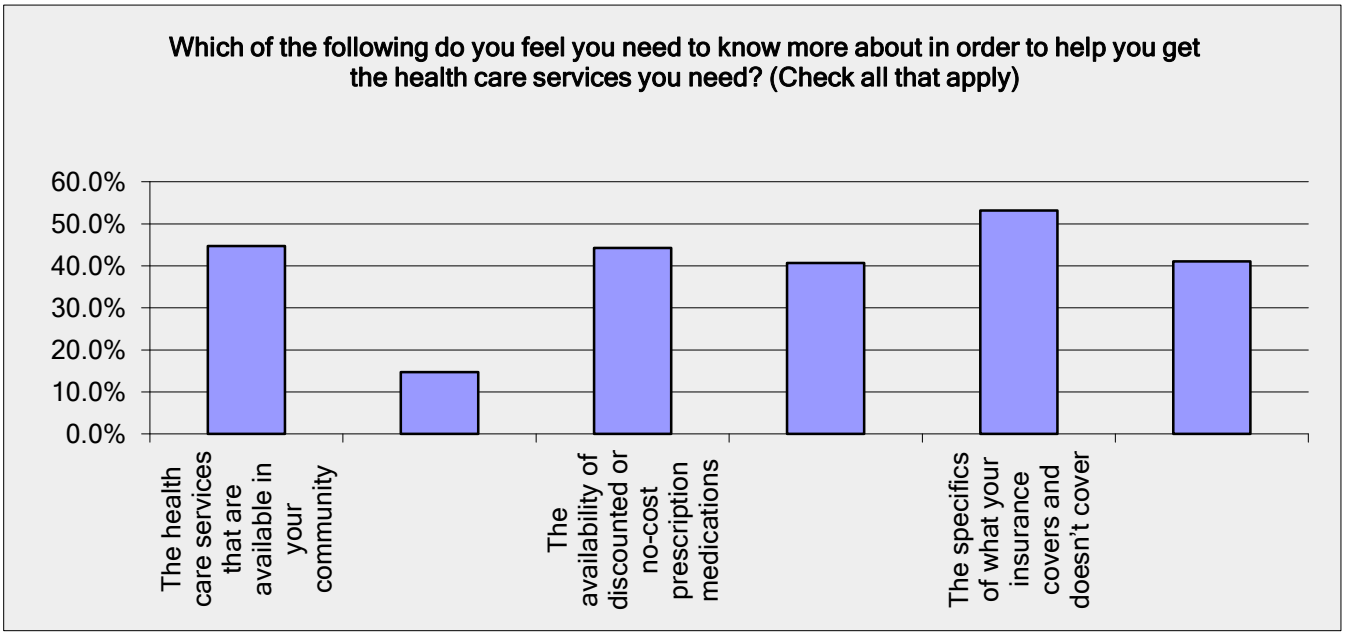
Dental care opportunities are prevalent in Lake County. The patient to dentist ratio is 1,920:1 (County Health Rankings, 2015), 64.7% of adults visited the dentist at least once in the past year (INdicators, 2015).

# 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<br>http://www.eastchicago.com/page10/page90/ | Anyone |
| Gary Public Transportation | 219-884-6100<br>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.

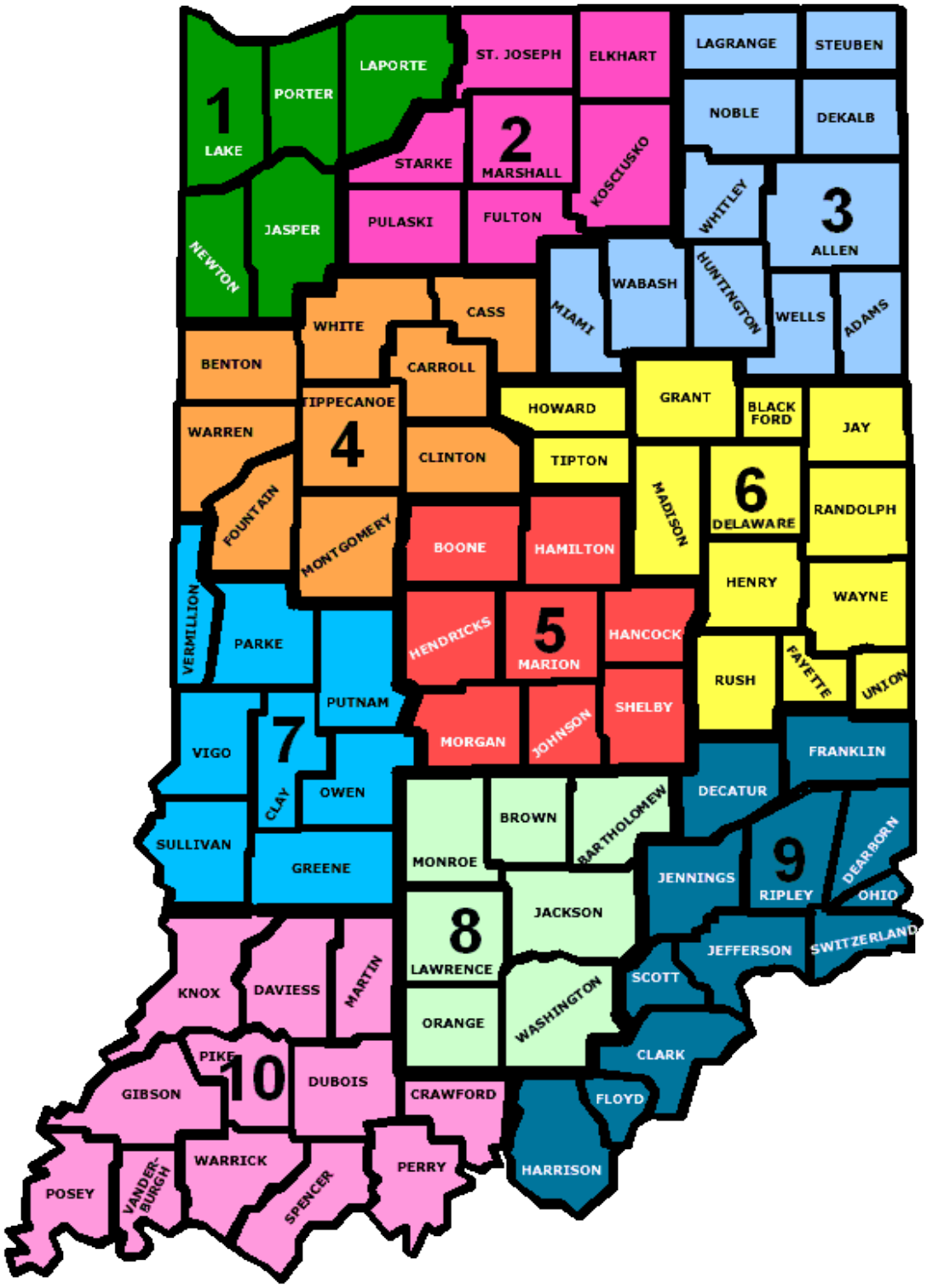
# Appendix

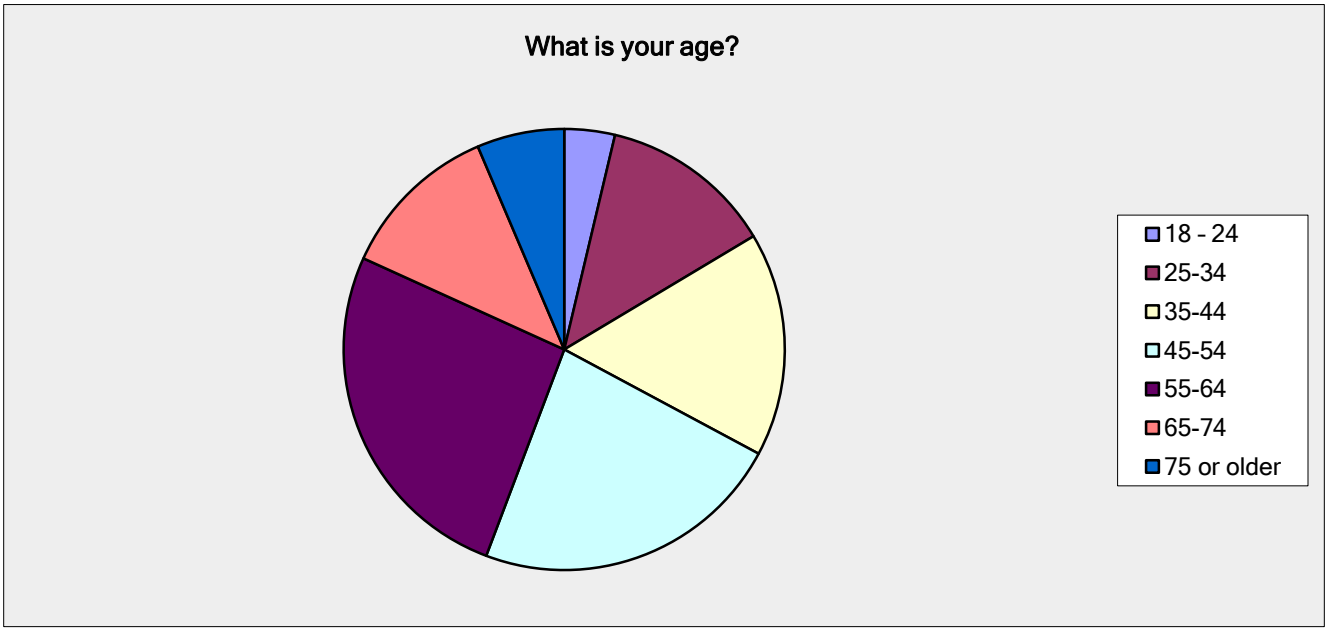
| Regions: 1, 2 and 3 | | | | |
|---|---|---|---|---|
| **Access to healthcare** | Access to home healthcare providers | Transportation | Lack of healthcare providers | Geriatricians |
| **Obesity** | Access to food deserts | Nutrition education | Pre-diabetes/diabetes | Smoking mothers |
| **Nutrition** | 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 | | |

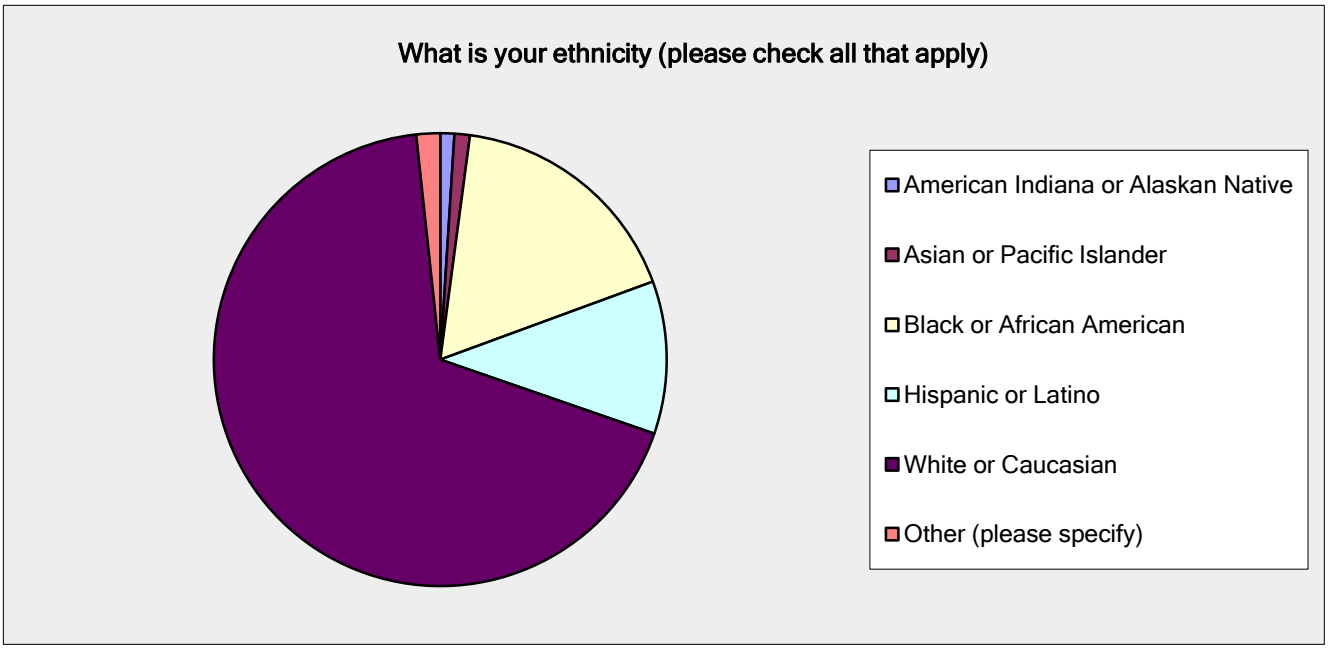
| | | | | |
|---|---|---|---|---|
| **Young Children (0 – 8 years)** | | | | |
| **Second-hand and Tobacco/Tobacco use during pregnancy** | Access to support services for asthmatic + diabetic children in schools | Third hand smoke exposure | Nicotine poisoning | Prenatal exposure (drugs & alcohol) |
| **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
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# 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.

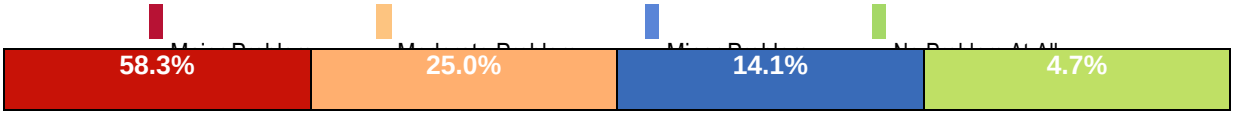
| Health Issue | Major Problem | Moderate Problem | Minor Problem | No Problem At All |
|---|---|---|---|---|
| Substance Abuse | 56.3% | 25.0% | 14.1% | 4.7% |
| Nutrition, Physical Activity, and Weight | 52.5% | 27.9% | 9.8% | 9.8% |
| Diabetes | 52.5% | 26.2% | 11.5% | 9.8% |
| Mental Health | 50.0% | 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)




sources: _ 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*

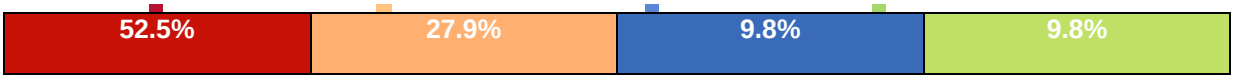
## MOST PROBLEMATIC SUBSTANCES

**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*

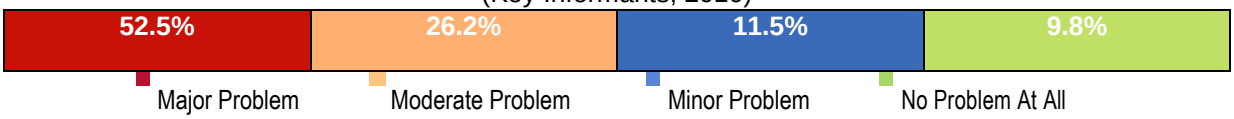
### *Obesity*

*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*

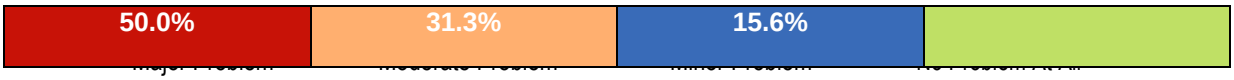
*Patient compliance. - Other Health Provider*

### *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*

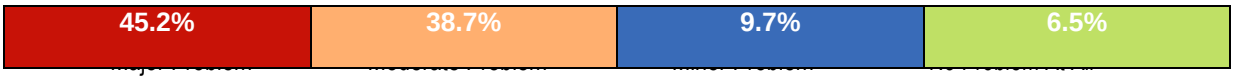
*Young women dying from breast cancer. - Community/Business Leader*

### 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*

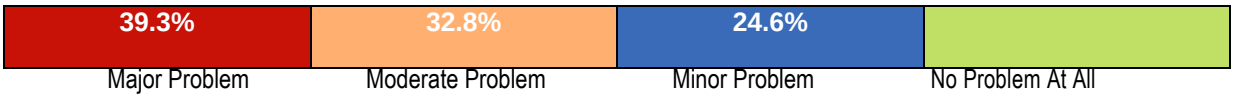
### *Access to Care/Services*

*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*

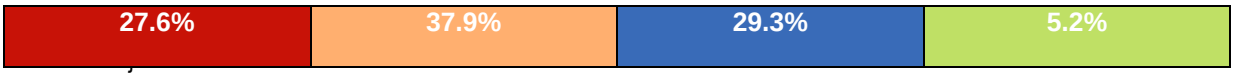
*We do not have a level 1 or Level 2 trauma center in Northwest Indiana. Our people end up being transported out of the area for treatment of serious injuries. - Community/Business Leader*

#### *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*

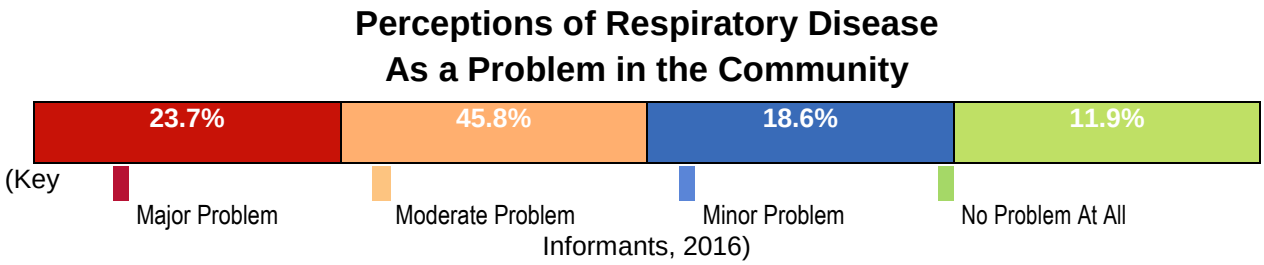
#### *Parental Involvement*

*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*




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*

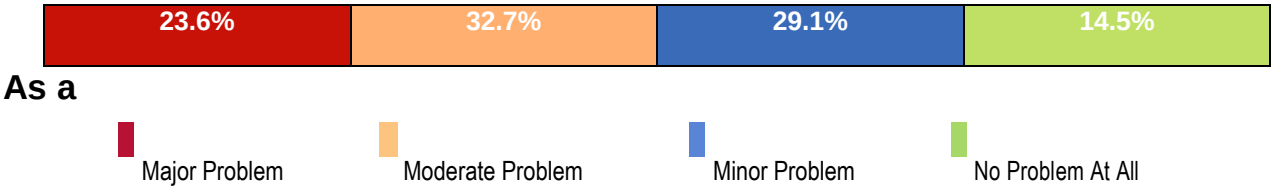
*Pollution of the mills and other industrial companies. - Social Services Provider Environment we live in. - Community/Business Leader*

*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




(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 |

| 21.7% | 41.7% | 23.3% | 13.3% |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 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**

Major Problem | Moderate Problem | Minor Problem | No Problem At All

**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 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:

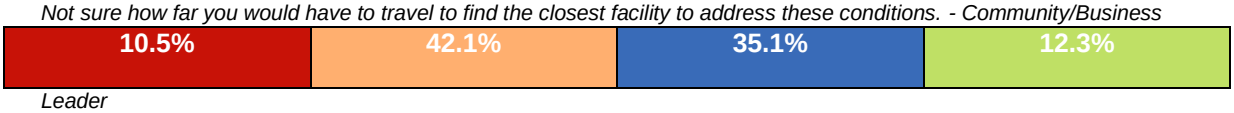
***Incidence/Prevalence***

*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

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