Community Healthcare System®

ST. CATHERINE Hospital

4321 Fir Street, East Chicago, Indiana 46312

2013
Community Health Needs Assessment
Implementation Plan

As required by Internal Revenue Code 501 (r)(3)

Name and EIN of Hospital Organization Operating Hospital Facility:
St. Catherine Hospital, Inc.: 35-1107007

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2012 PRC Community Health Needs Assessment

St. Catherine Hospital Service Area
Lake County, Indiana

Sponsored by
St. Catherine Hospital

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INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Lake County and the service area of St. Catherine Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of St. Catherine Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

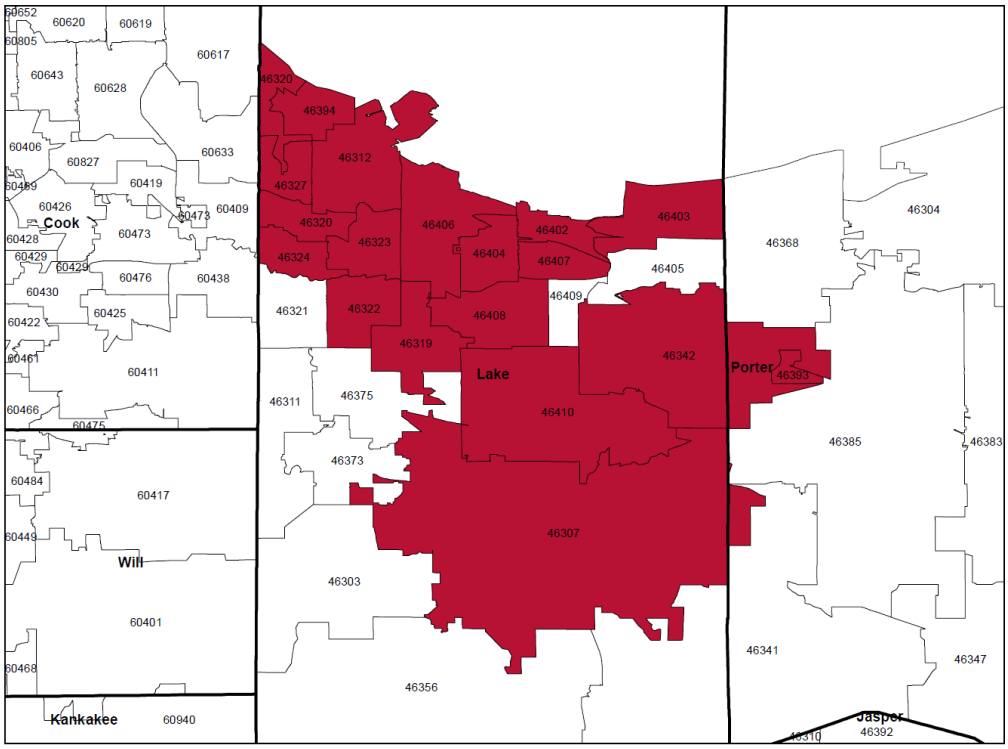
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. Catherine Hospital and PRC.

Community Defined for This Assessment

The "community" defined for this project includes all residential ZIP Codes within the service area of St. Catherine Hospital (SCH Service Area), as described in the map below.



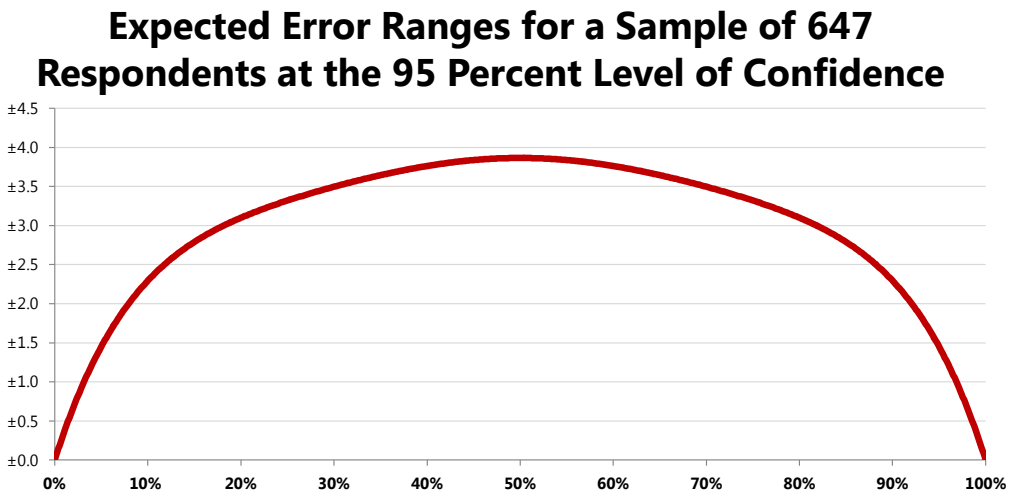
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 647 individuals age 18 and older in the St. Catherine Hospital Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 647 respondents is ±3.8% at the 95 percent level of confidence.



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 647 respondents answered a certain question with a "yes," it can be asserted that between 7.7% and 12.3% (10% ± 2.3%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.2% and 53.8% (50% ± 3.8%) of the total population would respond "yes" if asked this question.

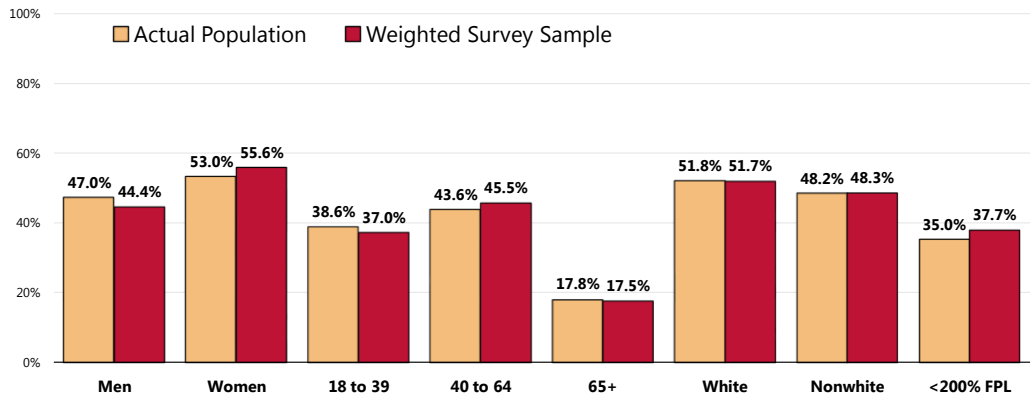
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following charts outline the characteristics of the St. Catherine Hospital Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2008-2010 American Community Survey, US Census Bureau.
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Groups

As part of the community health needs assessment, five focus groups were held on November 27 and 28, 2012, comprised of 44 key informants in the community, including: physicians; other health professionals; social service providers, and other community leaders.

A list of recommended participants for the focus groups was provided by the sponsors. 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. Participants included several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were 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.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- Indiana State Department of Health
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data (Lake County, Indiana).

Benchmark Data

Indiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	

Access to Health Services	• Difficulty Accessing Healthcare
	  ○ *Cost of Prescriptions*
	  ○ *Cost of Doctor Visits*
	• Top Focus Group Concern
	  ○ *Barriers to Access (Health Literacy; Poverty; Insurance Issues; Cost of Care; Medicaid; Hours of Operation; Use of the ER; Transportation; Language)*
	  ○ *Need for a Local Trauma Center*

Cancer	• Cancer Death Rate
Chronic Kidney Disease	• Kidney Disease Death Rate
Diabetes	• Diabetes Mellitus Death Rate
Family Planning	• Teen Births
Heart Disease & Stroke	• Heart Disease Death Rate • Stroke Death Rate
Injury & Violence Prevention	• Firearm-Related Death Rate • Homicide Rate • Violent Crime Victimization
Maternal, Infant & Child Health	• Lack of Prenatal Care • Low Birthweight • Infant Mortality

Mental Health & Mental Disorders	• Top Focus Group Concern
	  ○ *Inadequate Treatment Options*
	  ○ *Self-Medication (See Also "Substance Abuse")*
	  ○ *Stigma*

Nutrition, Physical Activity & Weight Status	• Fruit/Vegetable Consumption
	• Prevalence of Obesity
	• Leisure Time Physical Activity
	• Top Focus Group Concern
	  ○ *Lack of Nutrition & Physical Activity*
	  ○ *Cost of Healthy Foods*
	  ○ *Food Deserts*
	  ○ *Education*

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Areas of Opportunity (continued)	
Oral Health	• Recent Dental Visits (Adults)

Substance Abuse	• Top Focus Group Concern
	  ○ *Prevalence of Drug Use*
	  ○ *Easy Access/Parental Complacency*
	  ○ *Limited Treatment Programs*
	  ○ *Inadequate Funding*

Tobacco Use	• Current Smokers

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access to Healthcare Services, Including Transportation

Mentioned resources available to address this issue: Gary Public Transportation Corporation; Medicaid/Medicare; Ambulance Services; Cab Service; Health Clinics; NorthShore Health Centers; Catherine McAuley Clinic; Walgreens; CVS; Townships; Federally Qualified Health Centers; Northwest Indiana Regional Planning; Urgent Care Facilities; Dental Clinics; Health Visions Midwest; St. Catherine Hospital.

2. Health Education & Prevention

Mentioned resources available to address this issue: Health Department; Schools; Universities; Social Service Agencies; Employers; Faith-Based Organizations; Literacy Coalition.

3. Obesity

Mentioned resources available to address this issue: Primary Care Providers; Hospitals: Community Gardens; Public Walk/Bike Trails; Health Clinics; Schools; Fitness Clubs; YMCA; YWCA; United Way Agencies; Social Service Agencies; Faith-Based Organizations; Recreation Departments; Healthy Families; St. Mary Medical Center; Dieticians.

4. Substance Abuse

Mentioned resources available to address this issue: Reformers Unanimous Home in Hammond; Social Service Agencies; Regional Medical Center; Porter Starke Services; Edgewater Systems for Balanced Living; United Way Support Groups; Alcoholics Anonymous Groups; The Villages in Northwest Indiana; Regional Medical Center; St. Catherine Hospital.

5. Mental Health

Mentioned resources available to address this issue: Hospitals; Community Mental Health Centers; Social Service Agencies; Lake County Jail; Porter Starke Services; Edgewater Systems for Balanced Living; Indiana University; Regional Medical Center; Private Practitioners.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the St. Catherine Hospital Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, the St. Catherine Hospital Service Area results are shown in the larger, blue column.

■ The columns to the right of the St. Catherine Hospital Service Area column provide comparisons between the service area and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the St. Catherine Hospital Service Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	17.7	23.6	14.9	0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	43.1		37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	15.6		14.3	
% Cost Prevented Getting Prescription in Past Year	19.4		15.0	
% Cost Prevented Physician Visit in Past Year	17.8		14.0	
% Difficulty Getting Appointment in Past Year	15.9		16.5	
% Difficulty Finding Physician in Past Year	10.4		10.7	
% Transportation Hindered Dr Visit in Past Year	8.5		7.7	
% [Age 18+] Have a Specific Source of Ongoing Care	73.2		76.3	95.0
% Have Had Routine Checkup in Past Year	71.0		67.3	
% Child Has Had Checkup in Past Year	93.8		87.0	
% Rate Local Healthcare "Fair/Poor"	15.7		15.3	
		better	similar	worse

Cancer	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	203.1	191.1	174.2	160.6
% Skin Cancer	5.8	5.4	8.1	
% Cancer (Other Than Skin)	7.0	6.3	5.5	
		better	similar	worse

Chronic Kidney Disease	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	22.8	21.1	15.2	
		better	similar	worse

Diabetes	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	30.4	23.9	21.3	19.6
% Diabetes/High Blood Sugar	13.1	10.2	10.1	
		better	similar	worse

Dementias, Including Alzheimer's Disease	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	17.4	28.1	25.0	
		better	similar	worse

Family Planning	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Births to Teenagers	11.8	11.3	10.3	
		better	similar	worse

General Health Status	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	19.3	18.9	16.8	
		better	similar	worse

Heart Disease & Stroke	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	228.7	196.7	184.6	152.7
Stroke (Age-Adjusted Death Rate)	42.9	44.9	40.2	33.8
% 1+ Cardiovascular Risk Factor	88.1		86.3	
		better	similar	worse

Injury & Violence Prevention	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	28.4	28.4	38.2	36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	10.8	12.1	11.9	12.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	21.1	11.1	10.2	9.2
Homicide (Age-Adjusted Death Rate)	17.5	5.2	5.6	5.5
% Victim of Violent Crime in Past 5 Years	5.0		1.6	
% Victim of Domestic Violence (Ever)	12.2		13.5	
		better	similar	worse

Maternal, Infant & Child Health	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% No Prenatal Care in First Trimester	41.6	33.3		22.1
% of Low Birthweight Births	10.2	9.5	8.2	7.8
Infant Death Rate	8.2	7.5	6.5	6.0
		better	similar	worse

Mental Health & Mental Disorders	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	9.8		11.7	
% Major Depression	8.0		11.7	
% Symptoms of Chronic Depression (2+ Years)	25.8		26.5	
Suicide (Age-Adjusted Death Rate)	11.5	12.8	11.8	10.2
		better	similar	worse

Nutrition & Weight Status	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	32.9		48.8	
% Overweight	68.9	65.6	66.9	
% Obese	35.2	30.8	28.5	30.6
% Children [Age 5-17] Obese	22.0		18.9	14.6
		better	similar	worse

Oral Health	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	61.4	68.8	66.9	49.0
% Child [Age 2-17] Dental Visit in Past Year	80.4		79.2	49.0
		better	similar	worse

Physical Activity	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% No Leisure-Time Physical Activity	33.6	29.2	28.7	32.6
		better	similar	worse

Respiratory Diseases	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	44.4	56.3	43.2	
Pneumonia/Influenza (Age-Adjusted Death Rate)	12.8	17.9	16.4	
% [Adult] Currently Has Asthma	7.3	9.6	7.5	
% [Child 0-17] Currently Has Asthma	11.4		6.8	
		better	similar	worse

Substance Abuse	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.5	8.1	9.2	8.2
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	19.1	17.8	16.7	24.3
Drug-Induced Deaths (Age-Adjusted Death Rate)	7.9	14.4	12.7	11.3
		better	similar	worse

Tobacco Use	St. Catherine Hospital	St. Catherine Hospital vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Current Smoker	22.6	25.6	16.6	12.0
		better	similar	worse

GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

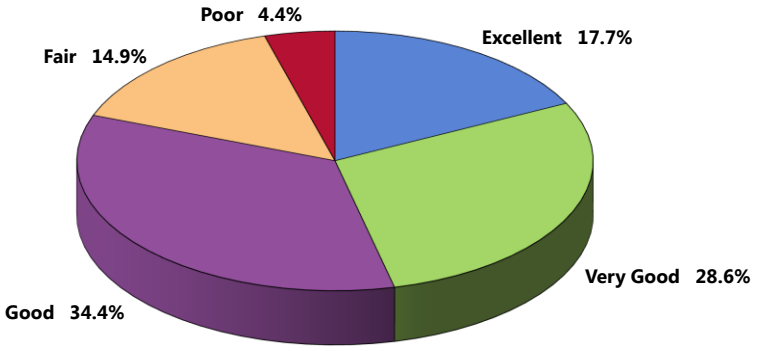
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 46.3% of St. Catherine Hospital Service Area adults rate their overall health as "excellent" or "very good."

- Another 34.4% gave "good" ratings of their overall health.

Self-Reported Health Status
(St. Catherine Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

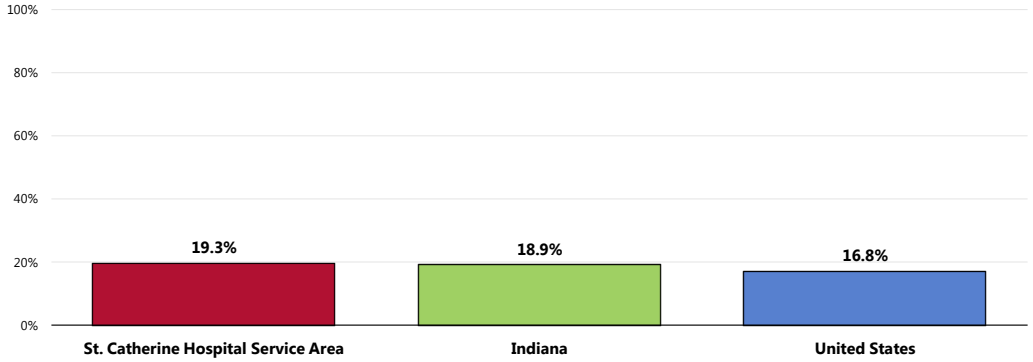
However, 19.3% of St. Catherine Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Similar to statewide findings.
- Similar to the national percentage.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.

Experience "Fair" or "Poor" Overall Health



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

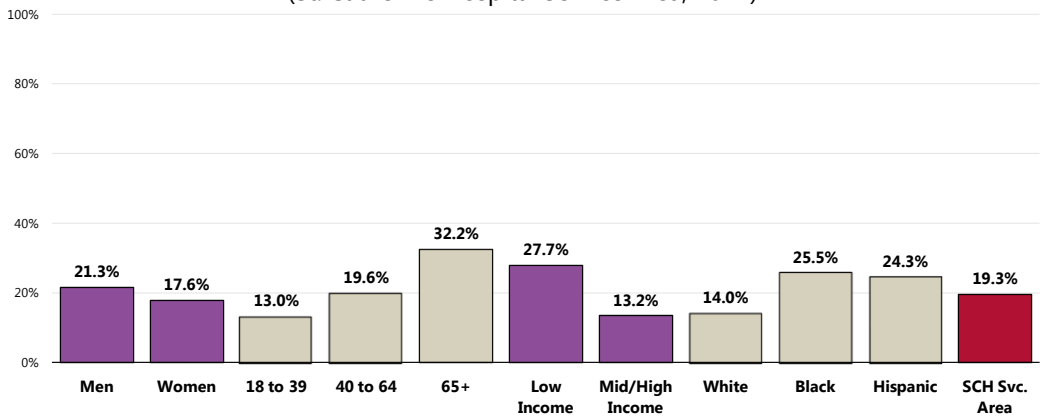
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Those aged 40 and older (note the positive correlation with age).
- Residents living at lower incomes.
- Blacks and Hispanics.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience "Fair" or "Poor" Overall Health

(St. Catherine Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Are you **limited in any way in any activities** because of physical, mental or emotional problems?	*All respondents*	*Yes*	**16.0%**	17.0%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Suicides

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Suicides	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**11.5**	12.8	11.8

Mental Health Status

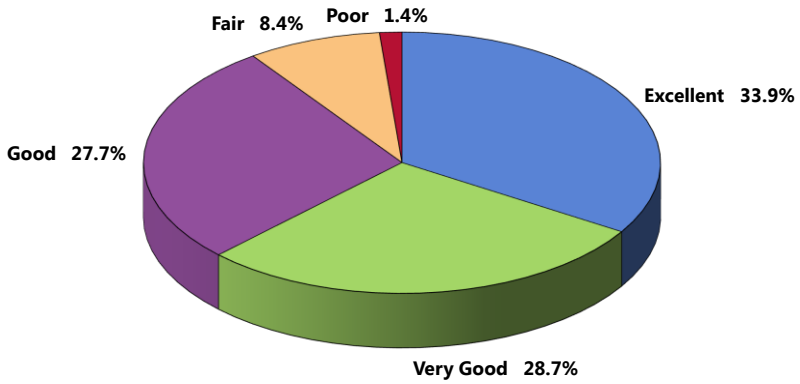
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Self-Reported Mental Health Status

A total of 62.6% of St. Catherine Hospital Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 27.7% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(St. Catherine Hospital Service Area Service Area, 2012)

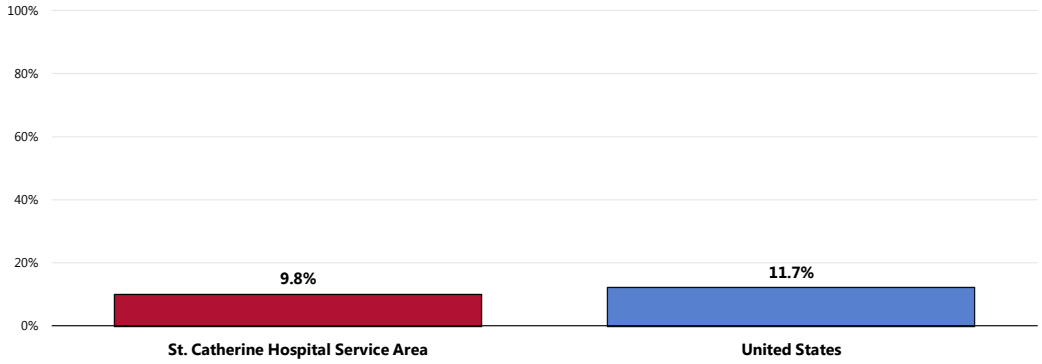


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.

A total of 9.8% of St. Catherine Hospital Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.

Experience "Fair" or "Poor" Mental Health

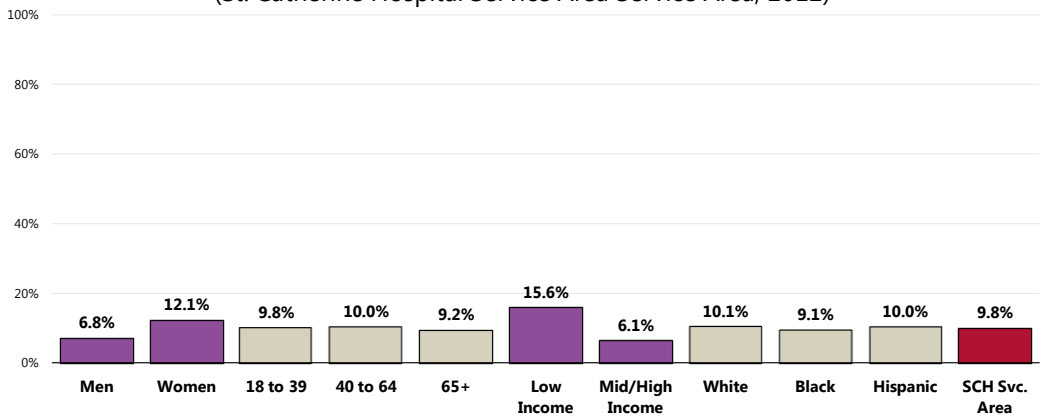


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Women and lower-income adults are <u>much more likely</u> to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health

(St. Catherine Hospital Service Area Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Other Mental Health Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **major depression diagnosed by a doctor**?	*All respondents*	*Yes*	**8.0%**	11.7%
Have you had **two years or more in your life when you felt depressed** or sad most days, even if you felt okay sometimes?	*All respondents*	*Yes*	**25.8%**	26.5%
Thinking about the amount of **stress** in your life, would you say that most days are:	*All respondents*	*Extremely stressful* *Very stressful* *Moderately stressful* *Not very stressful* *Not at all stressful*	**4.3%** **7.1%** **44.6%** **28.2%** **15.8%**	1.7% 9.8% 42.1% 31.3% 15.1%
Have you ever **sought help from a professional** for a mental or emotional problem?	*All respondents*	*Yes*	**17.8%**	24.4%
Does this child currently take medication for Attention-Deficit/ Hyperactivity Disorder or Attention-Deficit Disorder, also called **ADHD or ADD**?	*Parents of children age 5-17*	*Yes*	**4.0%**	6.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33, 113, 114, 115, and 131]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Mental Health

Many focus group participants discussed mental health in the community, with a primary emphasis on these themes:

- Region lacks adequate behavioral health treatment options
- Residents self-medicating with drugs and alcohol
- Stigma

During the focus groups, issues surrounding mental healthcare coverage came up several times. Many respondents feel the **region lacks adequate behavioral health treatment options**. Hospital inpatient facilities remain full, so those who suffer with mental illness remain in the community, or must travel for care. The majority of psychiatrists have long wait lists and only a few accept Medicaid. These difficulties accessing outpatient care mean that many primary care providers have to provide mental healthcare services to their patients.

Focus group attendees also express concern with residents **self-medicating with drugs and alcohol**, as a participant explains:

> *"We see so many kids now who are truly schizophrenic. We didn't have as much before. So their way of blocking the voices because they've never necessarily been diagnosed is to get high. And so it becomes a vicious cycle."* — Other Healthcare Professional

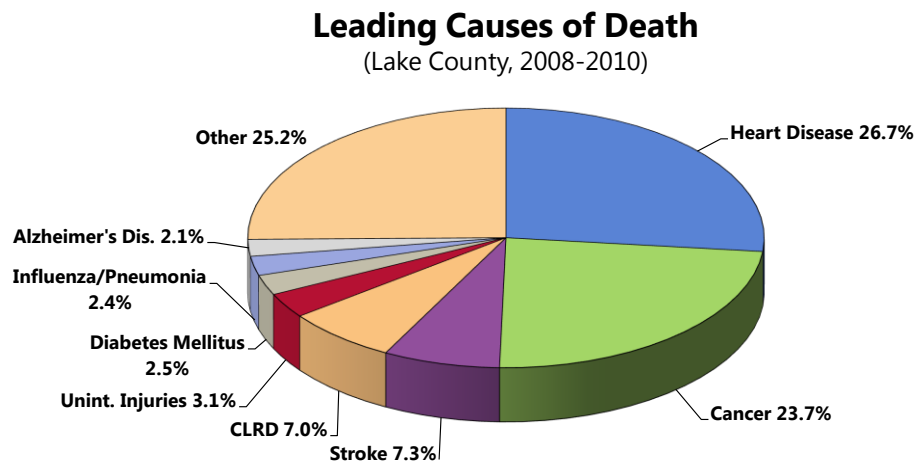
Participants also believe the **stigma** surrounding mental illness impacts residents' willingness to access behavioral healthcare.

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted more than one half of all deaths in Lake County between 2008 and 2010.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2012.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates

	Lake County	Indiana	United States	Healthy People 2020
Diseases of the Heart	**228.7**	196.7	184.6	152.7*
Malignant Neoplasms (Cancers)	**203.1**	191.1	174.2	160.6
Chronic Lower Respiratory Disease (CLRD)	**44.4**	56.3	43.2	n/a
Cerebrovascular Disease (Stroke)	**42.9**	44.9	40.2	33.8
Diabetes Mellitus	**30.4**	23.9	21.3	19.6*
Unintentional Injuries	**28.4**	39.1	38.2	36.0
Kidney Disease	**22.8**	21.1	15.2	n/a
Firearm-Related	**21.1**	11.1	10.2	9.2
Homicide/Legal Intervention	**17.5**	5.2	5.6	5.5
Alzheimer's Disease	**17.4**	28.1	25.0	n/a
Pneumonia/Influenza	**12.8**	17.9	16.4	n/a
Intentional Self-Harm (Suicide)	**11.5**	12.8	11.8	10.2
Motor Vehicle Crashes	**10.8**	12.1	11.9	12.4
Cirrhosis/Liver Disease	**8.5**	8.1	9.2	8.2
Drug-Induced	**7.9**	14.4	12.7	11.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.
Note: • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
• *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
• Local, state and national data are simple three-year averages.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Heart Disease Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**228.7**	196.7	184.6
Stroke Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**42.9**	44.9	40.2

Prevalence of Heart Disease & Stroke

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Has a doctor, nurse or other health professional ever told you that you had a **heart attack**? Has a doctor, nurse or other health professional ever told you that you had **angina**? Has a doctor, nurse or other health professional ever told you that you had **coronary disease**?	*All respondents*	***Diagnosed With Heart Disease*** *(calculated response): heart attack, angina, and/or coronary heart disease*	**6.6%**	6.1%
Has a doctor, nurse or other health professional ever told you that you had a **stroke**?	*All respondents*	*Yes*	**2.9%**	2.7%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141 and 40]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

High Blood Pressure & Cholesterol

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood pressure**?	*All respondents*	*Yes*	**41.4%**	34.3%
About how long has it been since you had your **blood pressure taken** by a doctor, nurse or other health professional?	*All respondents*	*Within the past 2 years*	**95.6%**	94.7%
Are you currently **taking any action to control your high blood pressure**, such as taking medication, changing your diet or exercising?	*Respondents with high blood pressure*	*Yes*	**90.7%**	89.1%
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood cholesterol**?	*All respondents*	*Yes*	**33.0%**	31.4%
About how long has it been since you had your **blood cholesterol checked**?	*All respondents*	*Within the past 5 years*	**91.1%**	90.7%
Are you currently **taking any action to control your high blood cholesterol**, such as taking medication, changing your diet or exercising?	*Respondents with high blood cholesterol*	*Yes*	**92.0%**	89.1%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [item 142, 49, 48, 143, 52, and 51]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include: high blood pressure; high blood cholesterol; tobacco use; physical inactivity; poor nutrition; overweight/obesity; and diabetes.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

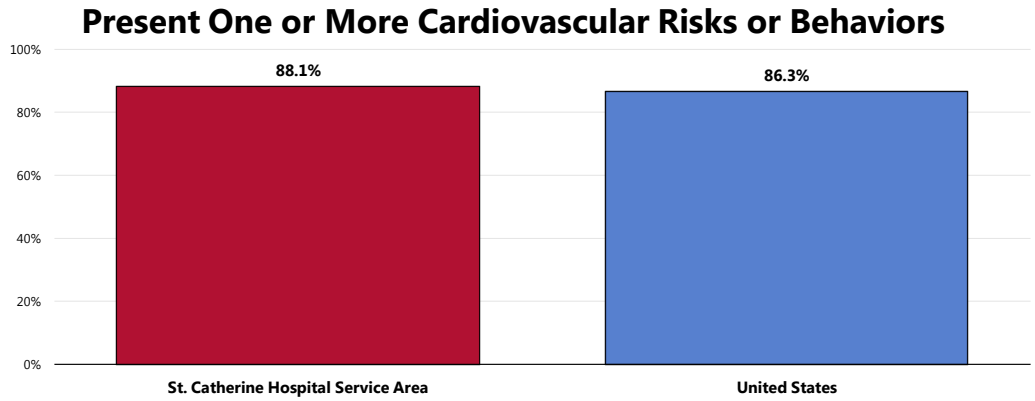
Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 88.1% of St. Catherine Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to national findings.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

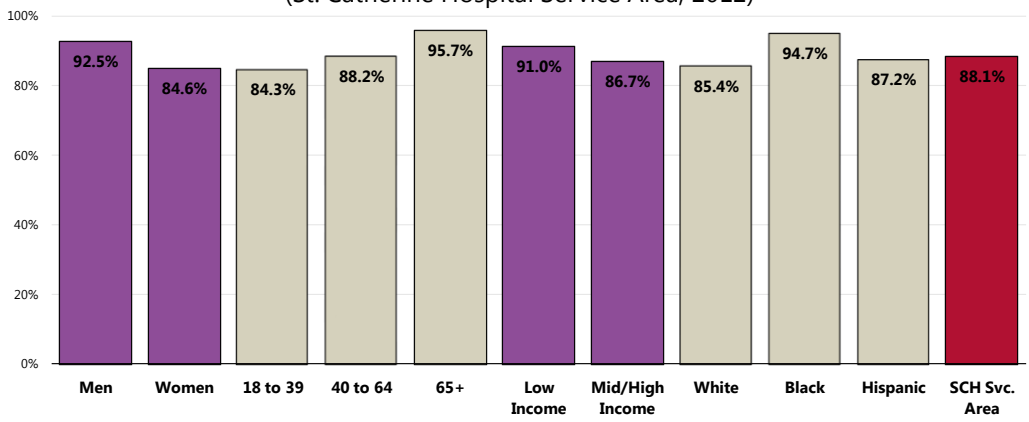
RELATED ISSUE:
See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Seniors (those aged 65 and older).
- Blacks.

Present One or More Cardiovascular Risks or Behaviors

(St. Catherine Hospital Service Area, 2012)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]

Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Cancer Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**203.1**	191.1	174.2

Prevalence of Cancer

A total of 5.8% of surveyed St. Catherine Hospital Service Area adults report having been diagnosed with skin cancer.

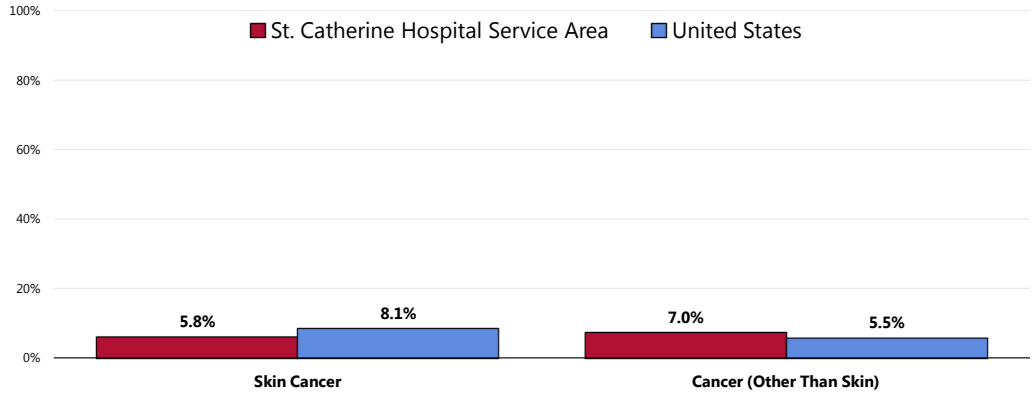
- Similar to the national prevalence.

A total of 7.0% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.

Prevalence of Cancer

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30 and 31]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
How long has it been since you had your last **Pap test**?	*Women age 21-65*	*Within the past 3 years*	**77.4%**	84.7%
How long has it been since your last **mammogram**?	*Women age 50-74*	*Within the past 2 years*	**70.9%**	79.9%
How long has it been since your last **PSA test**? How long has it been since your last **digital rectal exam**?	*Men age 50+*	***Prostate Cancer Screening*** *(calculated response): PSA or DRE within the past 2 years*	**75.2%**	70.5%
How long has it been since you had your last **blood stool test**? How long has it been since your last **sigmoidoscopy** or **colonoscopy**?	*Respondents age 50-75*	***Colorectal Cancer Screening*** *(calculated response): blood stool test in past year and/or lower endoscopy in past 10 years*	**58.3%**	N/A

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147, 146, 148, and 151]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Respiratory Disease

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

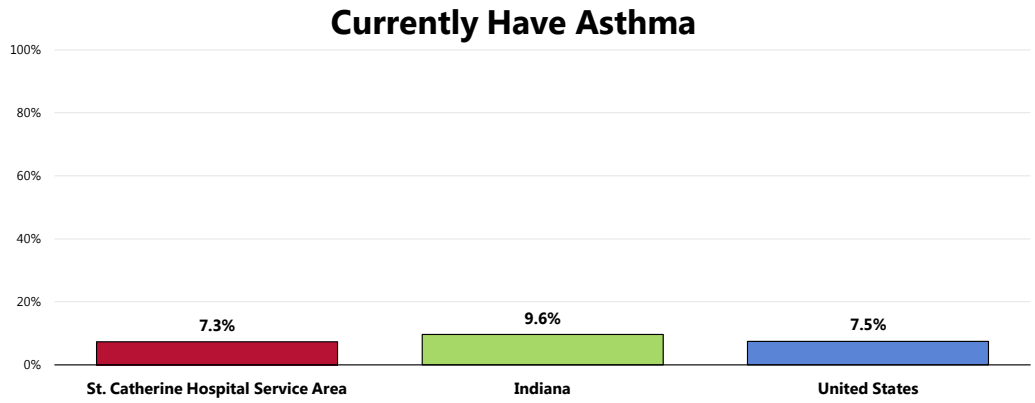
Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Chronic Lower Respiratory Disease Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**44.4**	56.3	43.2
Pneumonia/Influenza Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**12.8**	17.9	16.4

Asthma

Adults

A total of 7.3% of St. Catherine Hospital Service Area adults currently suffer from asthma.

- More favorable than the statewide prevalence.
- Similar to the national prevalence.

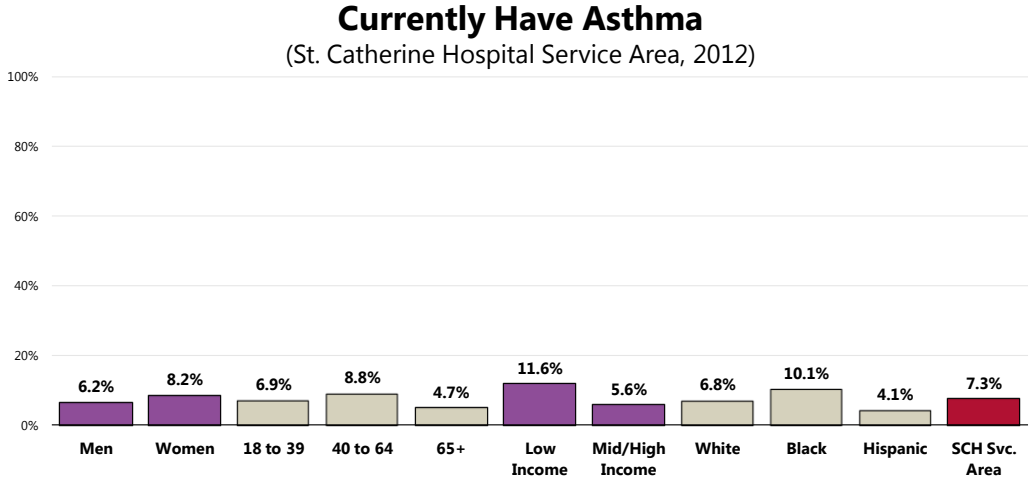


Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.

Notes:
- Asked of all respondents.

Adults with a significantly higher prevalence of asthma include:

- Lower-income residents.
- Blacks.

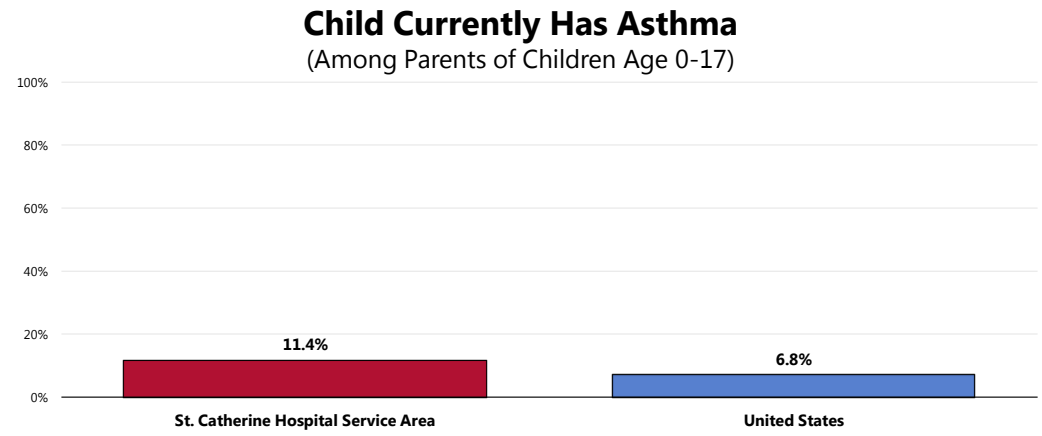


Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among St. Catherine Hospital Service Area children under age 18, 11.4% currently have asthma.

- Statistically similar to national findings.



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Other Respiratory Disease Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **nasal or hay fever allergies**?	*All respondents*	*Yes*	**23.3%**	27.3%
Would you please tell me if you have ever suffered from or been diagnosed with **sinusitis**?	*All respondents*	*Yes*	**13.1%**	19.4%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic lung disease**?	*All respondents*	*Yes*	**9.4%**	8.4%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35, 34, and 25]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a **seasonal flu shot**? During the past 12 months, have you had a **seasonal flu vaccine** that was sprayed in your nose? The seasonal flu vaccine sprayed in the nose is also called FluMist.	*Respondents age 65+*	***Senior Flu Vaccination*** *(calculated response): Yes*	**47.0%**	71.6%
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you **ever had a pneumonia shot**?	*Respondents age 65+*	*Yes*	**51.1%**	68.1%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160 and 162]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Injury Deaths

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Unintentional Injury Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**28.4**	39.1	38.2
Motor Vehicle Crash Deaths (also included in Unintentional Injuries above)	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**10.8**	12.1	11.9
Firearm-Related Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**21.1**	11.1	10.2

Other Injury Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
How often do you use **seat belts** when driving or riding in a car?	*All respondents*	*"Always"*	**87.4%**	85.3%
Does your child (0-17) always wear a **child restraint** or seat belt when riding in a car?	*Parents of children age 0-17*	*Yes*	**95.2%**	91.6%
In the past year, how often has this **child worn a bicycle helmet** when riding a bicycle?	*Parents of children age 5-17*	*"Always"*	**25.7%**	35.3%
Are there any **firearms** now kept in or around your home, including those kept in a garage, outdoor storage area, truck or car?	*All respondents*	*Yes*	**30.1%**	37.9%
	Parents of children 0-17	*Yes*	**33.2%**	34.4%
Is your **firearm kept unlocked and loaded**?	*Respondents with firearms*	*Yes*	**26.4%**	16.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53, 132, 137, 57, 154, and 155]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Other Violence Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Have you been the **victim of a violent crime** in your area in the past five years?	*All respondents*	*Yes*	**5.0%**	1.6%
Has an **intimate partner ever threatened** you with physical violence?	*All respondents*	*Yes*	**12.3%**	11.7%
Has an **intimate partner ever hit, slapped, pushed, kicked or hurt you** in any way?	*All respondents*	*Yes*	**12.2%**	13.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54, 55, and 56]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Homicide	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**17.5**	5.2	5.6

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

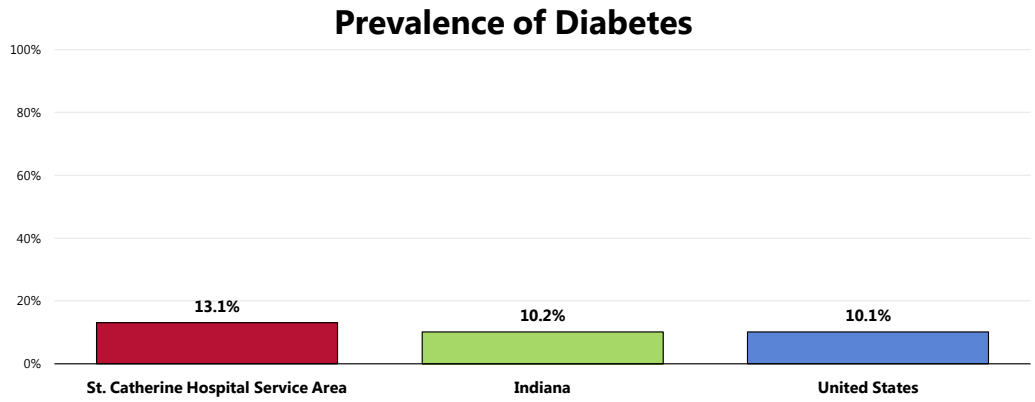
Age-Adjusted Diabetes Deaths

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Diabetes Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**30.4**	23.9	21.3

Prevalence of Diabetes

A total of 13.1% of St. Catherine Hospital Service Area adults report having been diagnosed with diabetes.

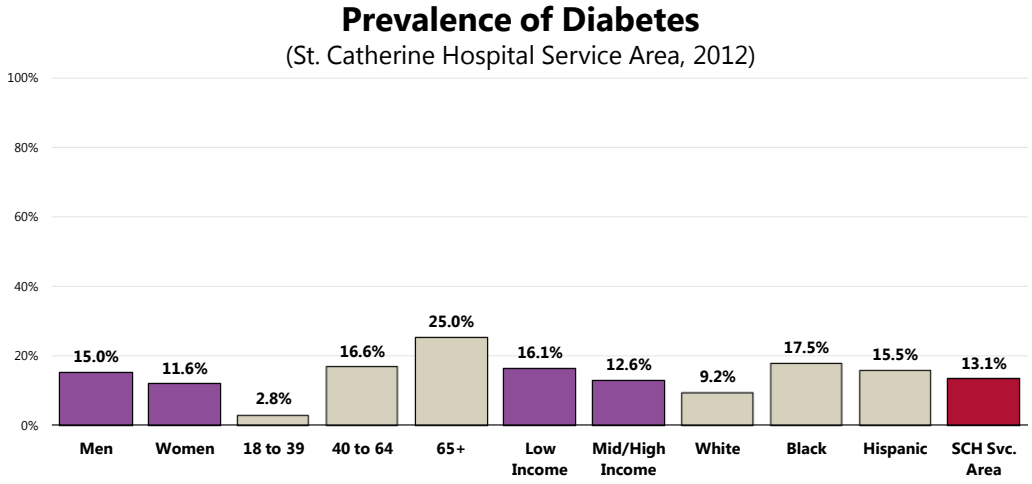
- Less favorable than the proportion statewide.
- Similar to the national proportion.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diabetes is reported among adults age 40+ (note the positive correlation with age) and Non-Whites in the Service Area.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Are you now **taking insulin or other medication** for your diabetes?	*Diabetic respondents*	*Yes*	**90.9%**	n/a

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Alzheimer's Disease Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**17.4**	28.1	25.0

Kidney Disease

Age-Adjusted Kidney Disease Deaths

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Indicator	*Data Years*	*Expressed as:*	Lake County	Indiana	United States
Kidney Disease Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**22.8**	21.1	15.2

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Chronic Pain Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **arthritis or rheumatism**?	*Respondents age 50+*	*Yes*	**44.4%**	35.4%
Would you please tell me if you have ever suffered from or been diagnosed with **osteoporosis**?	*Respondents age 50+*	*Yes*	**10.4%**	11.4%
Would you please tell me if you have ever suffered from or been diagnosed with sciatica or **chronic back pain**?	*All respondents*	*Yes*	**21.1%**	21.5%
Would you please tell me if you have ever suffered from or been diagnosed with **migraines or severe headaches**?	*All respondents*	*Yes*	**12.1%**	16.9%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic neck pain**?	*All respondents*	*Yes*	**11.4%**	8.3%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158, 159, 29, 36, and 37]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Vision & Hearing

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **blindness or trouble seeing**, even when wearing glasses?	*All respondents*	*Yes*	**9.7%**	6.9%
Would you please tell me if you have ever suffered from or been diagnosed with **deafness or trouble hearing**?	*All respondents*	*Yes*	**7.9%**	9.6%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26 and 27]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

RELATED ISSUE: See also *Vision Care* in the **Access to Health Services** section of this report.

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

Sexual Health

Sexual Health Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
During the past 12 months, **with how many people have you had sexual intercourse**?	*Unmarried respondents age 18-64*	*3+*	**8.7%**	7.1%
Was a **condom used** the last time you had sexual intercourse?	*Unmarried respondents age 18-64*	*Yes*	**34.8%**	18.9%
Have you been **tested for HIV** in the past year?	*Respondents age 18-44*	*Yes*	**25.7%**	19.9%
Have you ever been **vaccinated for hepatitis B**?	*All respondents*	*Yes*	**34.3%**	38.4%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97, 98, 166, and 77]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

BIRTHS

Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

– Healthy People 2020 (www.healthypeople.gov)

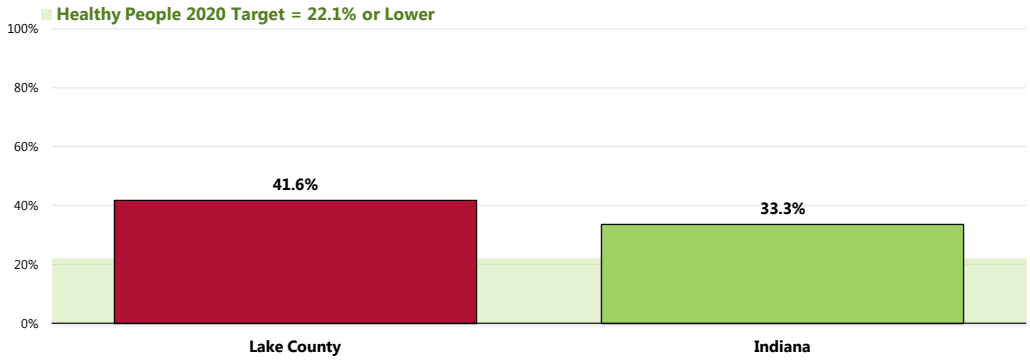
Early and continuous prenatal care is the best assurance of infant health.

Between 2007 and 2009, 41.6% of all Lake County births did not receive prenatal care in the first trimester of pregnancy.

- Less favorable than the Indiana proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2009)



Sources:
- Indiana Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- Numbers are a percentage of all live births within each population.

Birth Outcomes, Risk & Family Planning

Infant Mortality

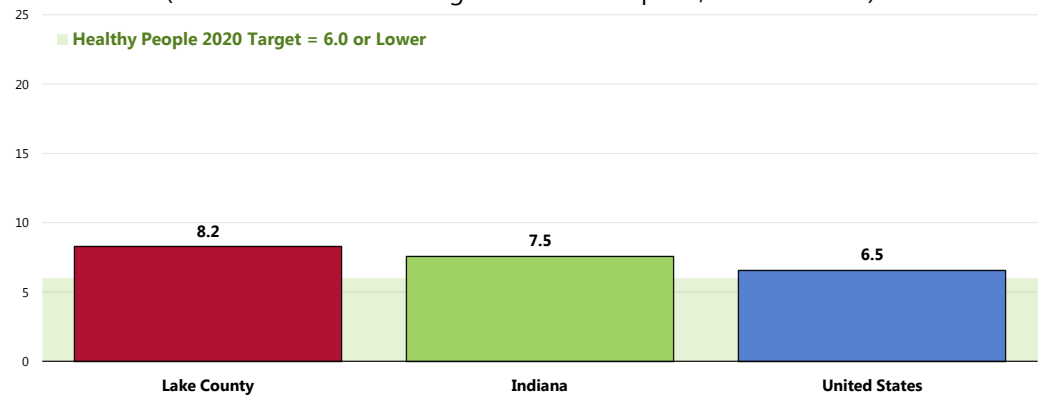
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2008 and 2010, there was an annual average of 8.2 infant deaths per 1,000 live births.

- Less favorable than the Indiana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2008-2010 Annual Average Infant Deaths per 1,000 Live Births)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2012.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

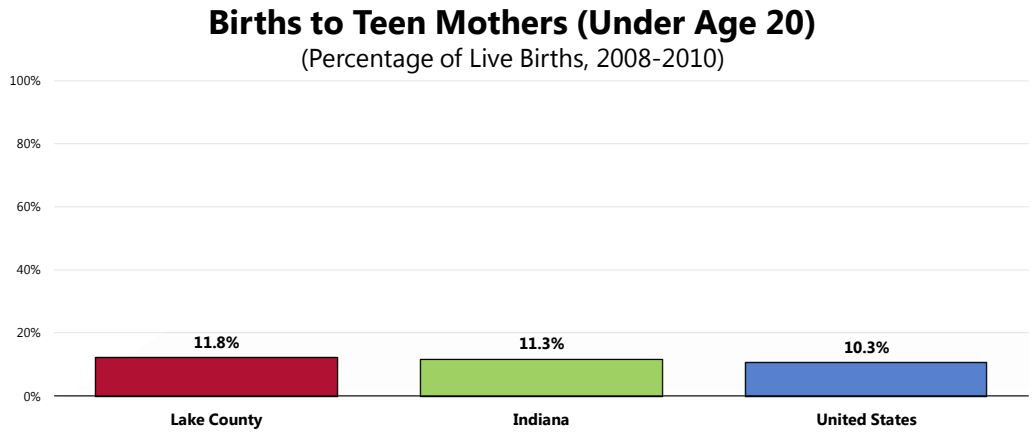
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

A total of 11.8% of 2008-2010 Lake County births were to teenage mothers.

- Similar to the Indiana proportion.
- Higher than the national proportion.



Sources: • Indiana Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

Other Indicators

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Indicator	*Data Years*	*Expressed as:*	Lake County	United States
Low-Weight Births	*2007-2009*	*Percent of all live births*	**10.2%**	8.2%
Births to **Unwed Mothers**	*2007-2009*	*Percent of all live births*	**54.2%**	40.4%

Immunization

Related Focus Group Findings: Immunizations

Many focus group participants discussed the importance of all children receiving their age-appropriate immunizations, with particular concern for:

- The African American population

Focus group members agree that children need to receive immunizations in order to protect their long-term health. Currently, the schools require immunizations, which have helped to increase the immunization rates. In addition, the schools provide immunization clinics and school nurses try and educate families about the importance of vaccinations.

However, respondents have specific concerns about the vaccination rates in the **African American population**. Participants believe that this population has a lower immunization rate due to their cultural beliefs. Attendees stress the importance of providing education targeted towards grandmothers because they act as the healthcare decision-maker in some African American households. As a participant explains:

> *"We are going to pilot a program that goes out into the community because a lot of that decision comes from not necessarily the young parent, it's from what they've heard from their mom and their grandma. So we've been going against them and not getting anywhere. So now we are trying to reach the family members in the home that help to make that decision."* — Other Healthcare Professional

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

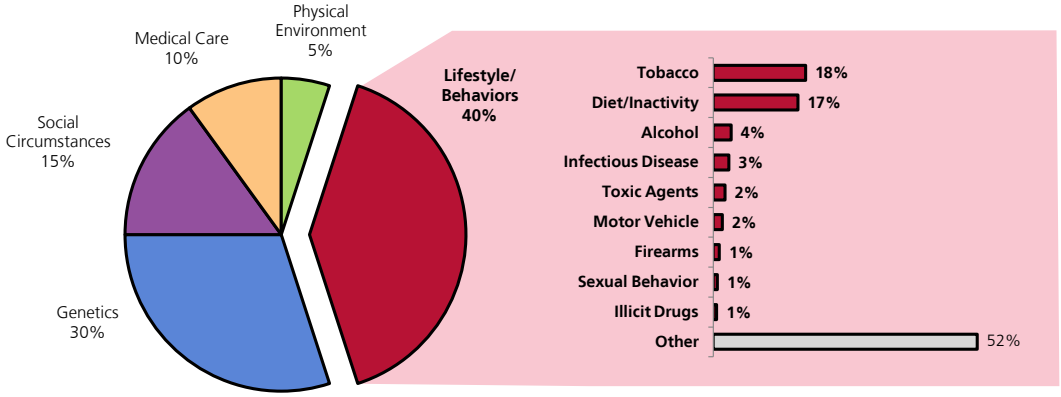
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

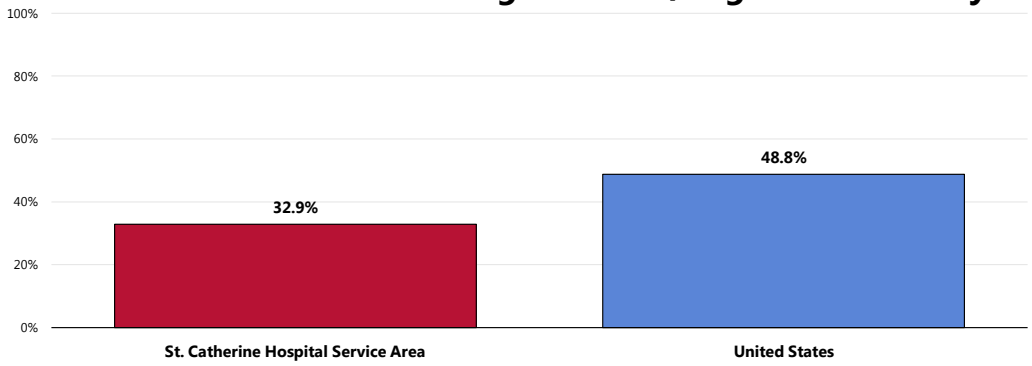
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 32.9% of St. Catherine Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

Consume Five or More Servings of Fruits/Vegetables Per Day



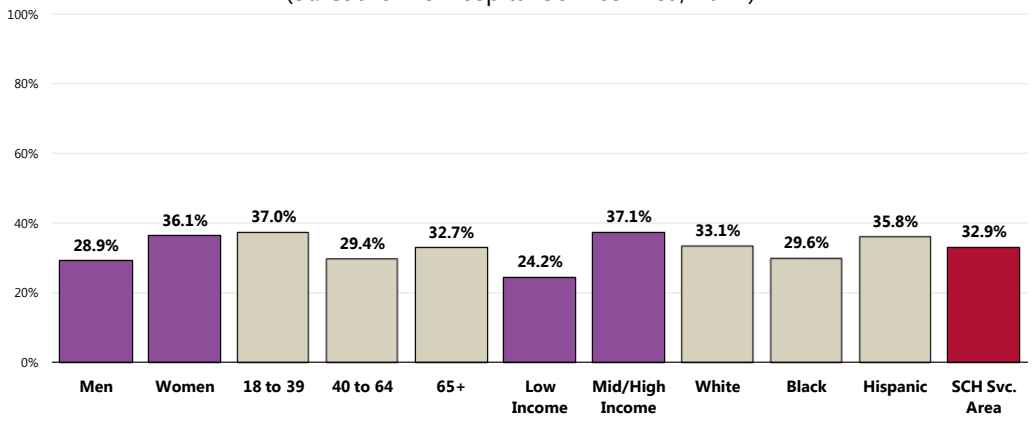
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Statistically low among residents in lower-income households.

Consume Five or More Servings of Fruits/Vegetables Per Day

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Physician Advice About Diet & Nutrition

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
During the past 12 months, has a doctor asked you about or given you **advice regarding diet and nutrition**?	*All respondents*	*Yes*	**42.9%**	41.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

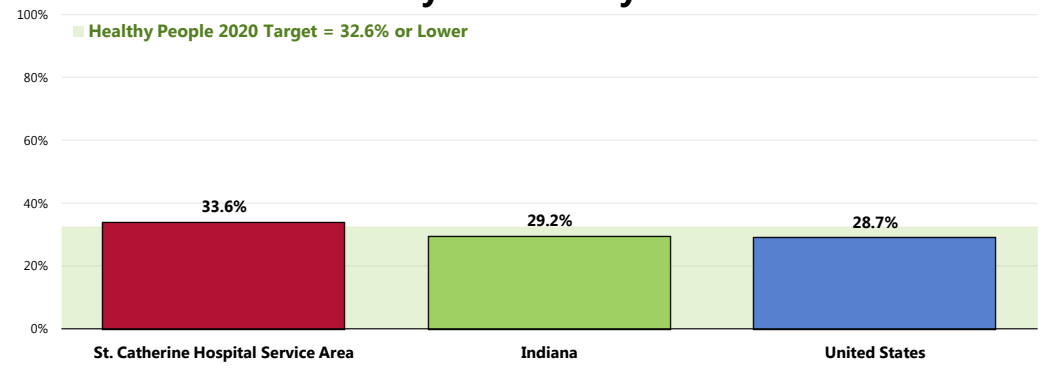
Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 33.6% of St. Catherine Hospital Service Area adults report no leisure-time physical activity in the past month.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Similar to the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

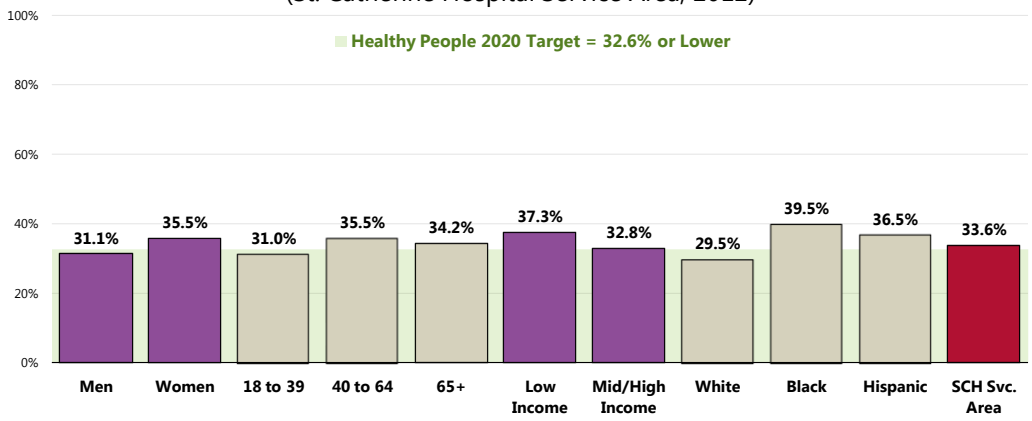
Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is statistically low among:

- Whites.

No Leisure-Time Physical Activity in the Past Month

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Other Physical Activity Indicators

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
When you are **at work**, which of the following best describes what you do?	*Employed respondents*	*Sitting or standing*	**54.4%**	63.2%
Now, thinking about when you are not working, how many days per week or per month do you do: ...**vigorous activities** for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate? ...**moderate activities** for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	*All respondents*	***Meets Physical Activity Recommendations*** *(calculated response): vigorous physical activity (3+ times per week for 20+ minutes) or moderate physical activity (5+ times per week for 30+ minutes)*	**36.7%**	42.7%
During the past 12 months, has a doctor asked you about or given you **advice regarding physical activity** or exercise?	*All respondents*	*Yes*	**45.8%**	47.8%
On an average school day, how many hours or minutes does this **child spend watching TV**? Including video games and computer or Internet, how many hours or **minutes of screen time** does this child use for entertainment on an average school day?	*Parents of children age 5-17*	***Total Screen Time*** *(calculated response): 3+ hours per day of TV and other screen time combined*	**32.4%**	43.4%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103, 171, 19, and 177]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of • □30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of • □30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Obesity

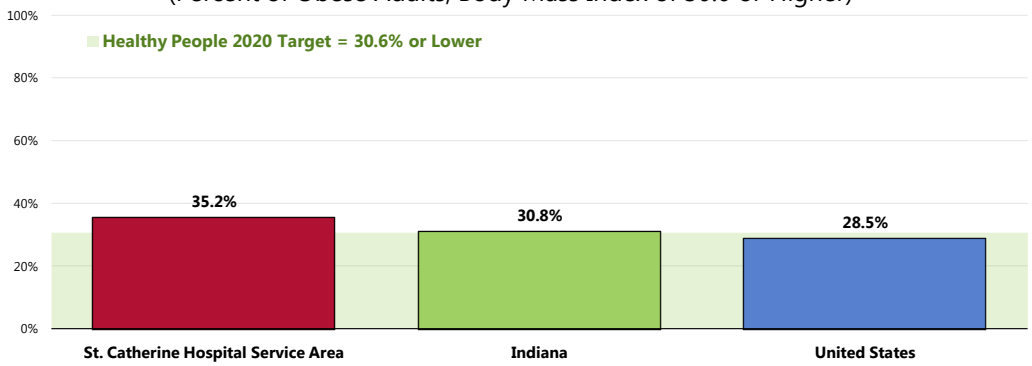
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

A total of 35.2% of St. Catherine Hospital Service Area adults are obese.

- Statistically higher than the Indiana figure.
- Higher than the US figure.
- Fails to meet the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.

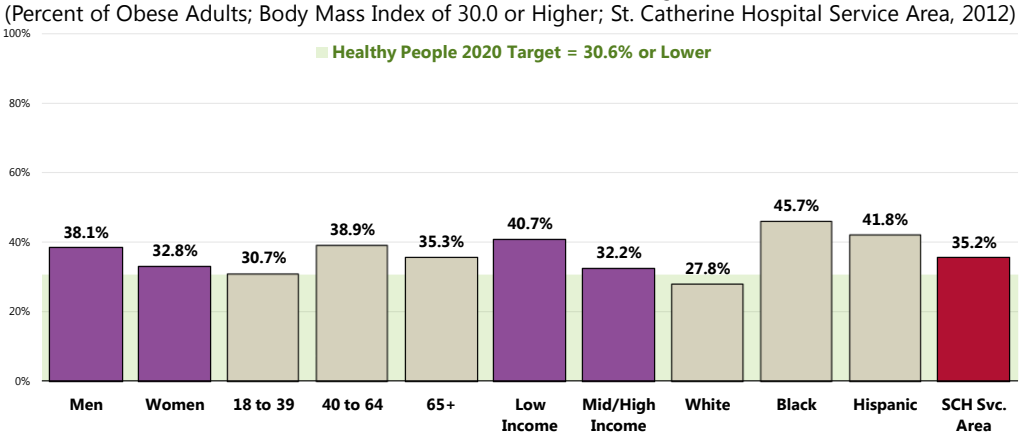
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Statistically low among upper-income residents.

Statistically low among Whites.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Other Body Weight Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Now I would like to ask, about how much do you **weigh** without shoes?	*All respondents*	***Healthy Weight*** *(BMI 18.5-24.9)*	**30.4%**	31.7%
About how **tall** are you without shoes?		***Overweight/Obese*** *(BMI 25.0+)*	**68.9%**	66.9%
Weight and height are used to calculate a Body Mass Index (BMI) for each respondent.		***Obese*** *(BMI 30.0+)*	**35.2%**	28.5%
How would you **describe your own personal weight**?	*All respondents*	*"About The Right Weight"*	**35.9%**	
During the past 12 months, has a doctor asked you about or given you **advice about your weight**?	*All respondents*	*Yes*	**26.3%**	25.7%
	Overweight respondents	*Yes*	**34.4%**	30.9%
	Obese respondents	*Yes*	**50.2%**	47.4%
Are you currently **trying to lose weight** by both exercising and eating fewer calories or less fat?	*Overweight respondents*	*Yes*	**36.2%**	38.6%

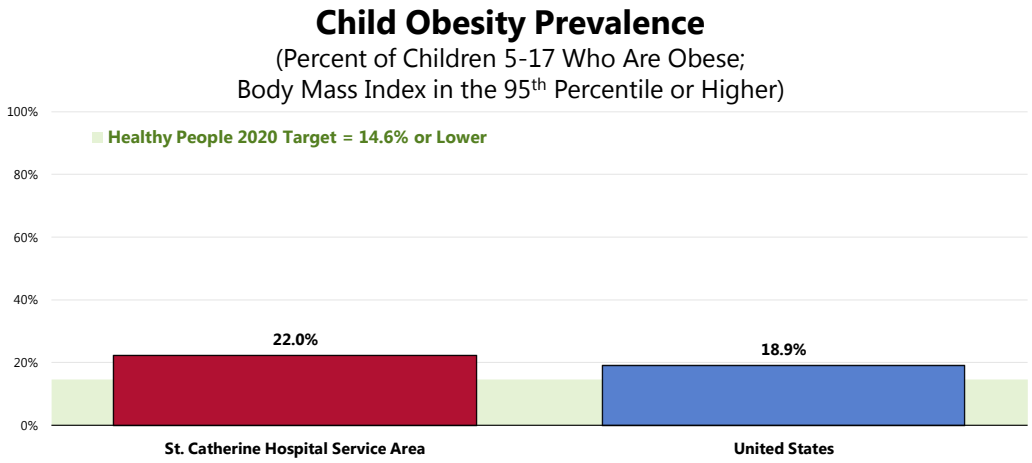
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179, 111, 110, 181, 182, and 180]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Child Obesity

Obesity among school-age children is determined by children's BMI status equal or above the 95th percentile of US growth charts by gender and age.

A total of 22.0% of St. Catherine Hospital Service Area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Related Focus Group Findings: Obesity

Many focus group participants discussed obesity, with related concerns including:

- Nutrition
  - *Poor diet*
  - *Cost*
  - *Food deserts*
  - *Need for nutrition and cooking education*
- Physical activity
  - *Sedentary lifestyle*
  - *Screen time*
  - *Unaware of local opportunities*
  - *Cost of organized sports*
  - *Safety concerns*

Participants describe obesity as a major concern for the community; both **poor nutrition and limited physical activity** are believed to impact the local level of obesity. Obesity leads to many chronic disease conditions. Respondents believe that not only has the number of obese residents risen, but the number whose weight classifies them as morbidly obese has increased as well.

> *"The fastest-growing segment of my inventory is bariatric equipment. We have beds now for 650-pound people. We have wheelchairs that look like you almost took the top off a Yugo. More and more people are presenting themselves with morbid obesity problems in this area than I'd say in the last ten years. We quadrupled our inventory of equipment for anyone over 300 pounds."* — Other Health Professional

Many residents have **poor diets**, consuming mainly processed foods and often over-eating these foods. Attendees believe that **healthy foods cost more**, so residents cannot afford to purchase fresh foods. Fast food or microwavable meals represents the quick, easy choice for families. Many parents do not set a positive example for their children, so youth continue to make unhealthy food choices:

> *"The local gas station is right across the street from one of the urban area schools where kids can go and pick up a bag of Flaming Hots as opposed to going into the cafeteria and eating the breakfast that is there for them -- that's a real big issue, a real big issue."* — Other Health Professional

Another participant describes how the local YMCA is working to make the only choice available a healthy one:

> *"We got rid of anything that was considered junk food from the Y's, and we got rid of all the pops, the Gatorades, everything– it's now water and SoBe, flavored water. Our revenues went down. We had one YMCA used to bring in about $14,000.00 a year. Our revenue the first year we did that went to $6,000.00. And the kids were coming after school to YMCA, and you'd open up their lunch pails, and there wasn't a junior-size Butterfinger in there. There was one of those*

> *king size babies. That the parents put in so their kid could have something decent for a snack that they wanted, so they didn't complain at home." — Social Service Agency Representative*

Some areas of the region are considered "**food deserts**," or areas without grocery stores. Some residents in these areas many not have the personal transportation to access other grocery stores, so convenient stores or fast food establishments become their point of access.

Focus group attendees believe that **nutrition and cooking education** needs to occur more frequently in the community. This education needs to reinforce lessons learned at school. In addition, respondents agree that food stamp recipients and low income residents would benefit greatly from this type of education as community members may not realize their food has such an effect on their family's health and weight, as an attendee explains:

> *"And unfortunately Ramen noodles because it's convenient. People don't read the package. They don't realize that one pack of noodles is actually two servings and almost 1,000 milligrams of salt. But if you've got to feed your family you have to put gas in the car somehow and everything else and you can get five packs for a dollar? What they start to do now is they will put vegetables in there, other things, but not knowing that it's an unhealthy choice."* — Other Health Professional

Focus group attendees believe the **lack of physical activity** also influences the high rate of obesity. Many community members live a **sedentary lifestyle**; adults and youth spend lots of time in front of **television or computer screens**. A child's day no longer includes regular physical activity; instead children spend hours using new technology.

Focus group attendees believe that community members will have more weight loss success if they participate in walking groups or exercise classes than if they attempt to get fit on their own. However, many community members remain **unaware of the bountiful opportunities for physical activity in the region**, as a participant explains:

> *"We have Lake County parks. It's one of the best park systems in the country. Wins awards constantly. If you polled Lake County residents and asked them to name a Lake County park or ask if they've ever been there, the vast majority of them would say, 'I didn't know we had a park system,' or would say, 'I think I've been to one.' It's just amazing and the walking trails and stuff here have been put in. There are tons of them, but you can go on them and it's pretty much amazing how vacant they are sometimes."* — Business Leader

Respondents did recognize several barriers to physical activity. These barriers include **cost of organized sports and safety concerns**. The cost of organized sports can prove too much for some low income families; therefore, their children do not have the opportunity to participate. In addition (depending on the neighborhood), some families may not feel safe partaking in outdoor recreation. These areas of concern generally coincide with lower income levels.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include: teenage pregnancy; human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); other sexually transmitted diseases (STDs); domestic violence; child abuse; motor vehicle crashes; physical fights; crime; homicide; and suicide.

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

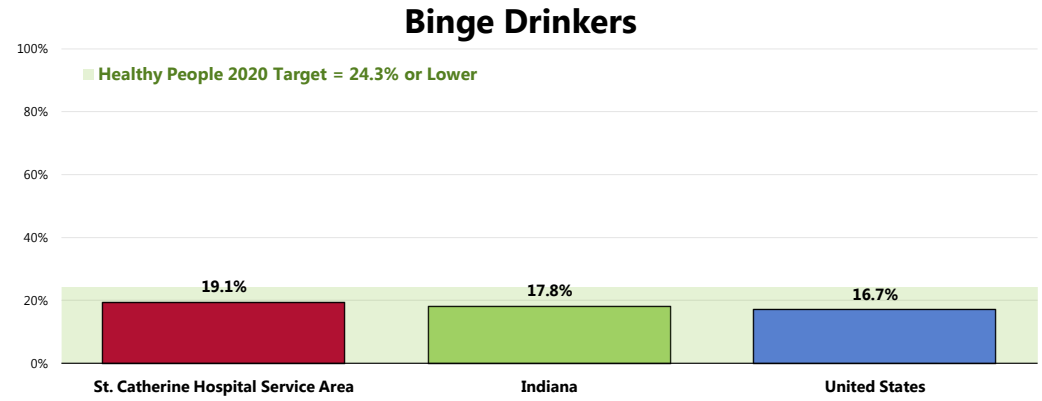
Age-Adjusted Cirrhosis/Liver Disease Deaths & Drug-Related Deaths

Indicator	*Data Years*	*Expressed as:*	Lake County	IN	United States
Cirrhosis/Liver Disease Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**8.5**	8.1	9.2
Drug-Induced Deaths	*2008-2010*	*Age-adjusted deaths per 100,000 population*	**7.9**	14.4	12.7

High-Risk Alcohol Use

A total of 19.1% of St. Catherine Hospital Service Area adults are binge drinkers.

- Similar to Indiana findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

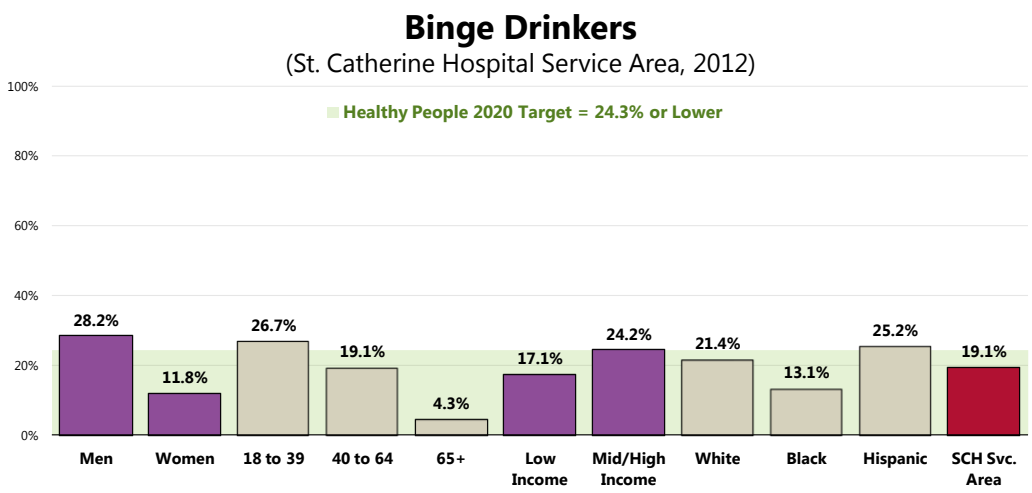


Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men.
- Adults under 65 (note the negative correlation with age).
- Whites and Hispanics.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Other Substance Abuse Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?	*All respondents*	***Current Drinker**: any alcohol in past 30 days*	**56.0%**	58.8%
On the day(s) when you drank, about how many drinks did you have on the average?		***Chronic Drinker** (calculated response): 60+ drinks of alcohol in past 30 days*	**2.9%**	5.6%
During the past 30 days, how many times have you **driven when you've had perhaps too much to drink**?	*All respondents*	***Drinking & Driving**: 1+ times in past 30 days*	**5.2%**	3.5%
During the past 30 days, how many times have you **ridden** with someone who had perhaps too much to drink?		***Driven or Ridden** (calculated response): drove drunk or rode with drunk driver 1+ times in past 30 days*	**7.7%**	5.5%
During the past 30 days, have you used an **illegal drug or taken a prescription drug that was not prescribed to you**?	*All respondents*	*Yes*	**3.1%**	1.7%
Have you ever **sought professional help** for an alcohol or drug-related problem?	*All respondents*	*Yes*	**4.7%**	3.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188, 189, 70, 191, 72, and 73]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Substance Abuse

The focus group participants are concerned with substance abuse in the community. The main issues discussed surrounding substance abuse include:

- Prevalence of drug use
- Easy access and parental complacency
- Limited number of substance abuse treatment programs
- Inadequate funding

A number of focus group participants express concern with the **prevalence of substance use** in the community, expressing specific concern about narcotics, heroin, cocaine, crack cocaine, prescription drug use, methamphetamines and marijuana. Attendees believe that young people use and abuse drugs and alcohol more than ever before.

> *"It used to be kids partied on Friday and Saturday; Sunday you recovered and did your homework. Then Monday night football came around, so Monday night was another party night. Teachers have told me that they have kids come in the class hung over virtually every day of the week."* — Community Leader

Attendees stress that substance use no longer begins in college, but commences early in adolescence due to the **easy access and parental complacency**. One participant explains:

> *"Very few kids I know in college got their first drink here in Normal. They got it back where they live, out in the fields or somewhere like that, but now I see it and it's a big problem in Munster, they had their first drink in mom and dad's basement with mom and dad sitting upstairs."* — Community Leader

Currently, the Northwest Indiana region only has a **limited number of substance abuse treatment programs**. Respondents describe Turning Point, Edgewater Systems for Balanced Living, The Villages in Northwest Indiana, Franciscan St. Margaret Health's outpatient center and Methodist Hospital's detox unit as the major options for residents suffering from addiction. Participants would also like to see wrap-around services available after discharge to better serve the community members.

Focus group attendees have concern about the lack of treatment options for pregnant women who wish to abstain during pregnancy. Currently, many infants suffer withdrawal symptoms from prenatal drug use.

> *"There is an abysmal lack of places for pregnant women who are substance abusers and you're trying to get them off. There are not a lot of slots for them in this county. And that makes me very nervous because they're the ones that it's not just them but it's also the infant. Now they're going to have a baby, this baby's been exposed during fetal development to this drug and will be born in withdrawal, and now you have to deal with that as well." — Physician*

Respondents recognize that **inadequate funding** for treatment and prevention make it very difficult to combat the drug use issues. The focus group members believe that additional funding needs to go toward substance abuse prevention in order to have an impact.

> *"Substance abuse, to be effectively addressed in this country and this area, has to be redefined as a public health issue. And until that happens, I believe that we will not adequately fund prevention or the enormous number of beds that are needed to increase capacity for treatment. All the money we're spending on prisons could be spent on prevention and treatment instead. There's so many people incarcerated for drug crimes, and they're not adequately rehabilitated in prison. They've learned the wrong things in prison, and then they come back to the same neighborhoods and communities and have so many more barriers in front of them that it helps to perpetuate the cycle."* — Social Service Agency Representative

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

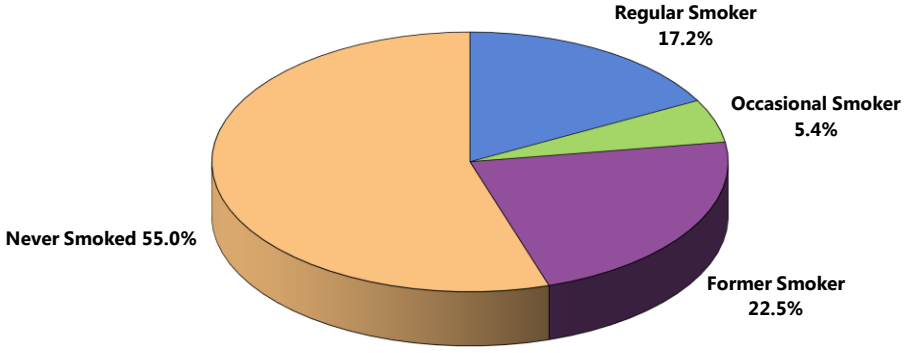
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

A total of 22.6% of Service Area adults currently smoke cigarettes, either regularly (17.2% every day) or occasionally (5.4% on some days).

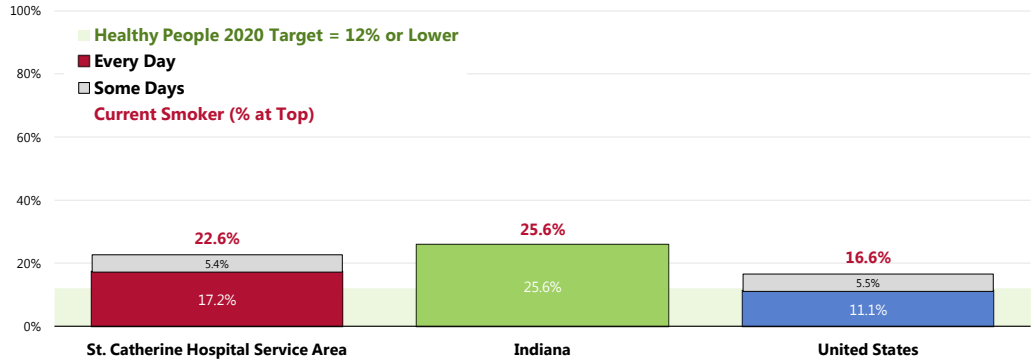
Cigarette Smoking Prevalence
(St. Catherine Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Statistically higher than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

Current Smokers



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

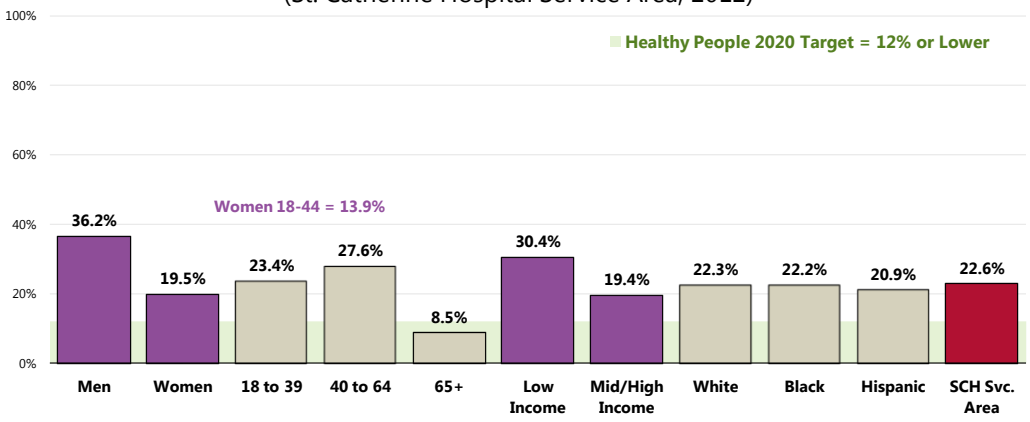
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

- Men.
- Adults under 65.
- Lower-income residents.
- Note also that 13.9% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184 and 185]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Other Tobacco Use Indicators

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
During the past 12 months, have you stopped smoking for one day or longer because you were **trying to quit smoking**?	*Regular smokers*	*Yes*	**53.1%**	56.2%
In the past 12 months, has a doctor, nurse or other **health professional advised you to quit smoking**?	*Regular and occasional smokers*	*Yes*	**72.2%**	63.7%
In the past 30 days, has anyone (including yourself) **smoked cigarettes, cigars or pipes anywhere in your home** an average of 4 or more days per week?	*All respondents*	*Yes*	**18.6%**	13.6%
	Non-smokers	*Yes*	**6.8%**	5.7%
	Parents of children age 0-17	*Yes*	**14.4%**	12.1%
Do you smoke **cigars**?	*All respondents*	*Yes*	**4.2%**	4.2%
Do you use **chewing tobacco, snuff or snus**?	*All respondents*	*Yes*	**1.3%**	2.8%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62, 63, 64, 186, 187, 66, and 65]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community, with conversation centered on:

- Prevalence across the community
- Limited smoking cessation resources

Focus group participants agree that **cigarette smoking is prevalent** and represents a serious health concern for the community. Attendees believe that tobacco use is widespread and express frustration because community members know the negative health consequences of tobacco use, yet lack insight and motivation to quit.

> *"It's across economic boards; it's across social boards, across age group. Even though we have kids who are 19 and they've heard all the bad stuff they still smoke. We sell tobacco, and we grow tobacco in southern Indiana, so you're not going to see much change when you grow tobacco. It's a product that brings money into the state."* — Physician

Participants know of few **smoking cessation resources** available to residents and believe that more programs are needed.

ACCESS TO HEALTH SERVICES

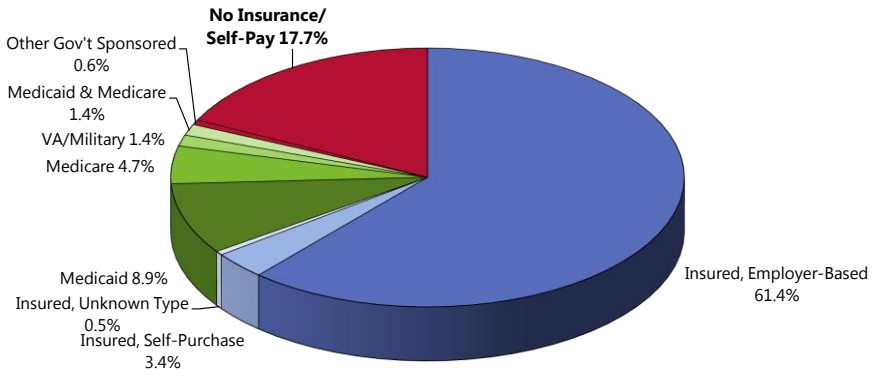
Health Insurance Coverage

Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 65.3% of St. Catherine Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 17.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; St. Catherine Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

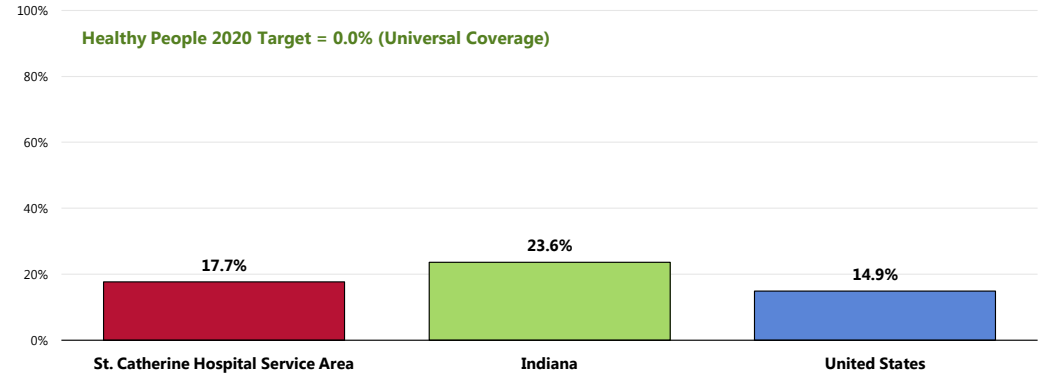
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 17.7% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

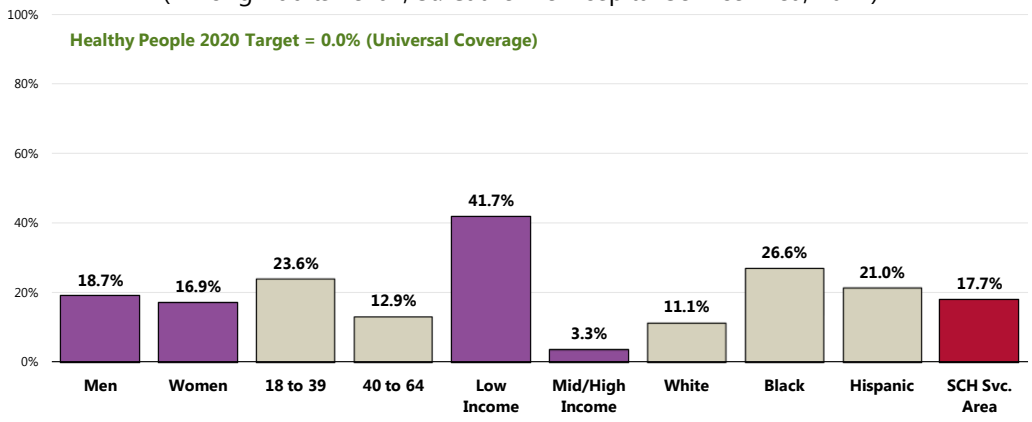
Notes:
- Asked of all respondents under the age of 65.

The following residents are more likely to be without healthcare insurance coverage:

- Young adults (under age 40).
- Residents living at lower incomes (note the 41.7% uninsured prevalence among low-income adults).
- Blacks and Hispanics.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64; St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 43.1% of St. Catherine Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

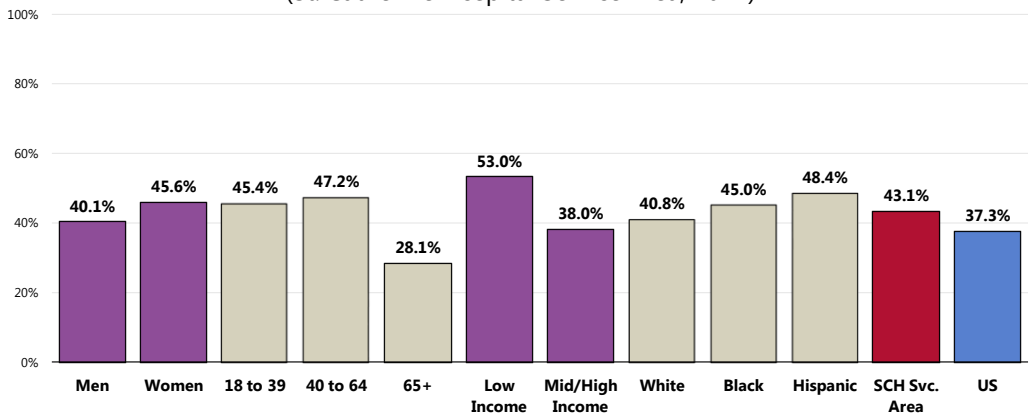
- Less favorable than national findings.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

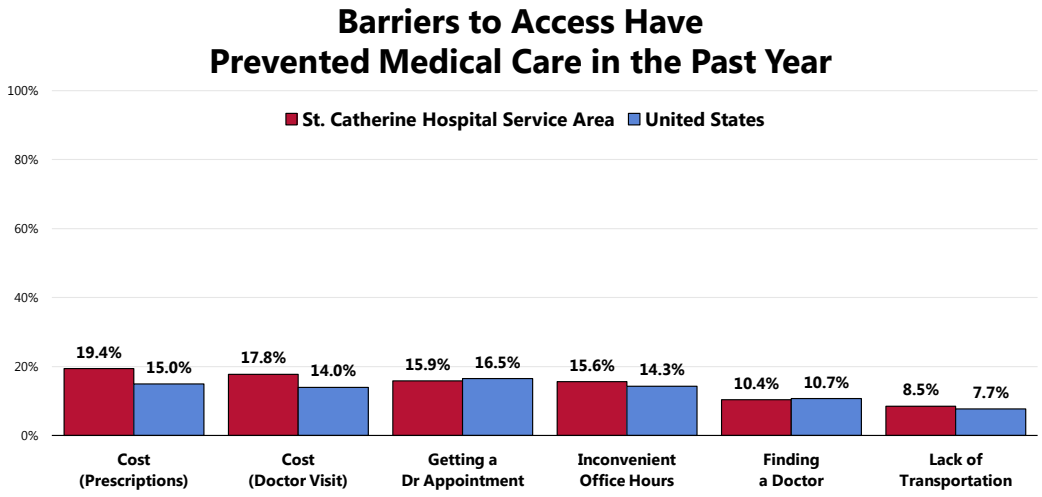
Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medications impacted the greatest share of St. Catherine Hospital Service Area adults (19.4% say that cost prevented them from obtaining a needed prescription in the past year).

- The proportion of St. Catherine Hospital Service Area adults impacted was less favorable than that found nationwide for cost of medications and cost of doctor visits.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12, 9, 8, 11, 7, and 10]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Other Healthcare Access Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Do you have other **supplemental health insurance** in addition to your Medicare coverage?	*Medicare recipients*	*Yes*	**78.6%**	93.9%
Does your health coverage pay at least part of the cost of your **prescription medicines**?	*Insured respondents*	*Yes*	**96.4%**	93.9%
During the past 12 months, was there a **time when you did not have any health coverage**?	*Insured respondents*	*Yes*	**7.7%**	4.8%
Was there a time in the past 12 months when you **skipped doses or took smaller doses in order to make your prescription last longer**?	*All respondents*	*Yes*	**17.5%**	14.8%
Was there a time in the past 12 months when you **needed medical care for this child but could not get it**?	*Parents of children age 0-17*	*Yes*	**3.0%**	1.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86, 87, 88, 13, and 125]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare in the area, with many themes arising:

- Barriers to healthcare
  - *Health literacy*
  - *Poverty*
  - *Insurance status*
  - *Cost*
  - *Medicaid*
  - *Hours of operation*
  - *Emergency room*
  - *Transportation*
  - *Language & Interpretive Services*
- Local trauma I center

Focus group participants believe that residents encounter several **barriers** when trying to **access healthcare services** in the community. Many residents struggle to navigate the complex healthcare system. Overall, **health literacy levels** remain low and urgently need to increase; higher health literacy would help residents realize the importance of preventative healthcare and annual screenings. Currently, health is not a priority in the community members' lives. A respondent describes one example of how low health literacy remains in the area:

> *"In my field, we have underage kids being pregnant. They have no clue what to do. I mean you're talking about going to a health center and getting prenatal care. I don't even think they know that, and yet I don't think we teach them that to be healthy they need to. So it's kind of like word of mouth about how I'm going to get service or where to go to get service. And if your network doesn't have that information, you're stuck."* — Community Leader

Focus group attendees do not know the best way to convey health messaging to residents. The emergency room may represent one option to provide this education. Currently, income determines access to information.

> *"It costs to stay healthy. If you have resources, you get – you have access to that. You're marketed to come to seminars. You get information and so forth. If you don't have those resources, I don't think you get that stuff."* — Business Leader

The high level of **poverty** in the community affects residents' ability to obtain healthcare. Focus group members also have concern for those families who are **under-insured or uninsured**. The underinsured population includes the working poor, those residents who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too great, so they elect to go without. The **cost** of medical care can overwhelm these individuals; therefore, they do not seek services. Several participants describe the concerns:

> *"I'm like, 'Seriously? You charge somebody $2,000.00 for what I'm paying $732.00 for, which is out of pocket for me, $25.00 or something?' I can just see for somebody who has no health insurance or just thinking no way if it cost me $2,000.00 to get that done. Well, even if you say, well, the hospital is probably not going to expect that you're able to pay this or whatever. I know, but you're still going to charge me $2,000.00 and put it on my credit report and tell me that I couldn't pay $2,000.00? I think some people just stay away from it."*— Other Healthcare Professional

> *"I would say the concept of someone working and making $8 or $10 or $12 an hour and have them take off three hours means they're out $36 plus the co-pay plus at $4 a gallon for gas they could be out another $8 and so you can get to where it's a $100 experience to try to access routine health maintenance. And that can become an insurmountable obstacle."* — Physician

As one respondent explained, other residents cannot afford prescription medications and do not know of pharmaceutical assistance programs:

> *"If Wal-Mart has the $4.00 prescriptions, I can borrow that money and get over there. But the ones that they may really need that cost $165.00 or even $400.00 to $500.00, they put to the side. And so their healthcare goes down because of the fact that they can't get these prescriptions. They don't know to ask that doctor, 'You've given me a prescription that I cannot pay for. Is there a pharmaceutical company that can pay for this medication for me so that I don't have the barrier of going to maybe the township office or some other office?' A lot of people don't even know ask your doctors for those samples."* — Community Leader

There are five Federally Qualified Health Centers (FQHC) in the area, but they operate over-capacity and remain overwhelmed. Although the FQHCs are geographically dispersed throughout the community, they still do not reach every person. As a participant explains:

> *"Part of it is they're spread apart. So there are lots of people that fall through the cracks. We've been in existence for 15 years and you would not believe the number of people that don't know, or never heard of us, and I mean we are out there every day, we have billboards. It just so hard to reach the people that really need your services."*— Other Healthcare Professional

Some low-income families may qualify for **Medicaid**, but gaining and maintaining eligibility remains difficult for families. Participants believe that Medicaid recipients need ongoing case management support due to the complexity of the system. Finding a provider who accepts Medicaid can even prove difficult; respondents feel that the number of physicians who accept Medicaid is small, due to the low reimbursement rate. In addition, finding a specialty provider who will see a Medicaid patient can be extremely difficult.

> *"Currently, there are dermatologists that don't accept Medicaid patients over there, neurologists that don't accept Medicaid patients, general practice people aren't accepting Medicaid patients and psychiatric patients – there's not a hospital that accepts a psychiatric patient."*— Social Service Agency Representative

Participants also describe providers' **hours of operation** as a roadblock to accessing healthcare services. Clinics operate from 8 a.m. to 5 p.m. and individuals who work more than one job may struggle to make an appointment during that time period. A

participant explains how these patients do not have a medical home, which can impact their health outcomes:

> *"We opened up an immediate care and it's really interesting how many people we get after hours and weekends because they can't get into their own doctor. While doctors' hours have changed, etc. there's not a lot of people that work late nights to accommodate their practice. So people end up getting what I call sporadic care and immediate care which isn't the same level of care that they get at their own doctors but it's hard to access your primary care doctor if you work during the day."* — Physician

Individuals without easy access to a physician often end up in the **emergency room,** along with the uninsured population. For many individuals who cannot afford to take time off, the ER becomes their primary care provider. Participants believe this constitutes inappropriate usage and agencies need to educate people about how and where to properly access healthcare.

Participants also view **transportation** as an obstacle to accessing healthcare and other services. No regional transportation system exists in the area. Gary is the only city with satisfactory inter-city transit services. In Porter County, the Council on Aging and other townships provides transportation, but residents must give notice. These programs also do not have the best reputations because the service can take all day and have delays. Overall, the community remains vehicle-dependent, as more than one focus group member described:

> *"Public transit is the single worst thing in this area that is making us – stopping us from advancing past second world country level, if you will. I mean some places, where you live – like where I live, everybody's got a car. I've got four cars, you know. But you go to other places where people are stuck, they can't go to the grocery store. They can't get to the doctor. They can't get to the hospital. They can't get to anything. And that's the problem is an unwillingness to support public transit of either commuter lines as well as just buses."* — Community Leader

> *"If you are a person who really doesn't have access to a car, you're depending on public transportation, and the healthcare institution that you can go to, you have access to, is not on the bus route. Now it's doubly compounded. Now I have to ask a friend and that person might not have money for gas, so if your environment is really reflective of the disparities and you're low income-- it's so compounded."* — Business Leader

Focus group members agree that the region possesses a very diverse range of ethnicities. Both physicians and social service providers need to be culturally-competent in order to make an impact on an individual's health. This cultural competence includes providing adequate **interpretive services**. The current limited **language services** affect residents' ability to access quality healthcare. Respondents agree that the size of the Hispanic community continues to grow; therefore, the community needs bilingual health educators who look and speak like the community. Having someone who can interpret for a non-English speaker is critical both for the physician and the office staff. At present, many children act as interpreters for their parents, but this is not ideal. A participant explains:

> *"When you have a high Hispanic population that is dependent on their children to translate for them they have to take those children out of school in order to translate, and that becomes a barrier because those kids are missing school. And also, the kids are not really translating because they don't know a lot of Spanish either. They just know enough to get by with mom and dad and may not be able to communicate with the doctor on the level that is needed for them to get good healthcare."* — Community Leader

A physician describes how she and her staff get by with their limited Spanish skills:

> *"I don't have translators where I'm located. I am using my neighborhood Spanish from my childhood and a dictionary at my side, and they're helping, I mean their English is actually quite passable but they speak Spanish because they can sound as if they are intelligent, and they are. And when they're relegated to speaking English, which is not their first language then I think they feel that they come across differently."* — Physician

Focus group attendees also believe that some undocumented residents do not access healthcare for fear of deportation. Other community members do not have the appropriate paperwork to apply for government insurance programs. These individuals may not obtain healthcare for years, as a respondent explains:

> *"When a person from Mexico comes over here, basically they don't have a lot of documentation, so now they're not eligible for Medicaid; they're not eligible for a lot of programs that could assist them. And so what happens there's so much fear in them that they will deprive themselves of medical attention for years. I don't mean 5 years, 10 years, 20 years, 30 years."* — Social Service Agency Representative

Respondents would also like a local **trauma I center** in the region, agreeing that the high crime rate and level of violence in Gary warrants such a facility.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 73.2% of St. Catherine Hospital Service Area adults were determined to have a specific source of ongoing medical care (a "medical home").

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Have a Specific Source of Ongoing Medical Care

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

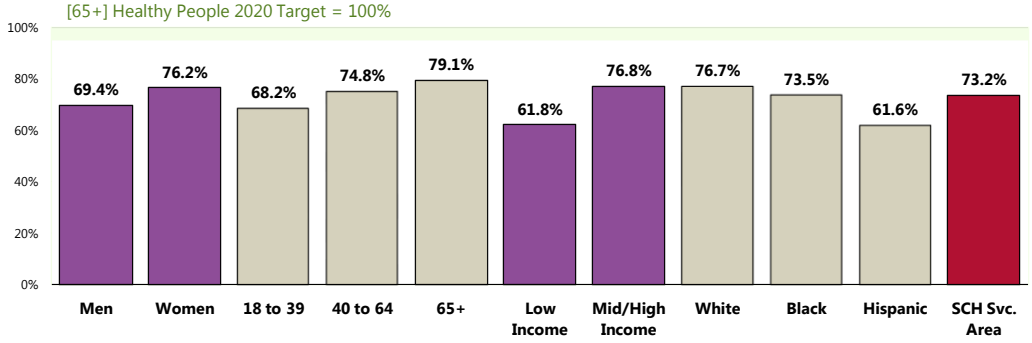
When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Young adults.
- Lower-income residents.
- Hispanics.

Have a Specific Source of Ongoing Medical Care

(St. Catherine Hospital Service Area, 2012)

[All Ages] Healthy People 2020 Target = 95.0% or Higher
[18-64] Healthy People 2020 Target = 89.4% or Higher
[65+] Healthy People 2020 Target = 100%



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

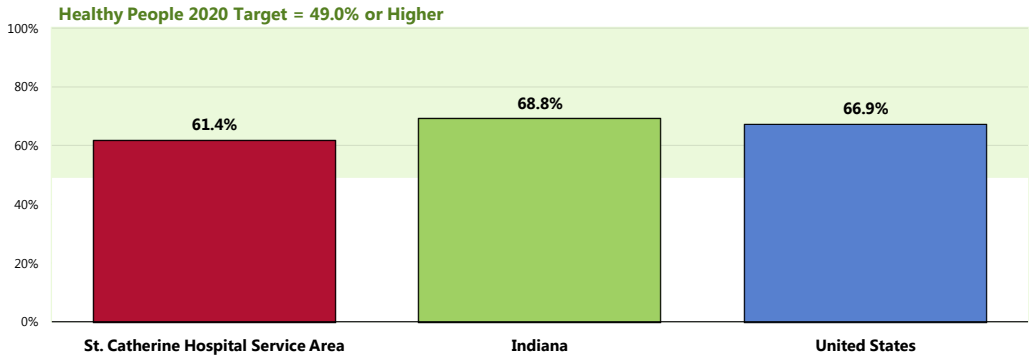
Recent Dental Care

Adults

Just over 6 in 10 St. Catherine Hospital Service Area adults (61.4%) have visited a dentist or dental clinic (for any reason) in the past year.

- Statistically lower than statewide findings.
- Statistically lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IN data.

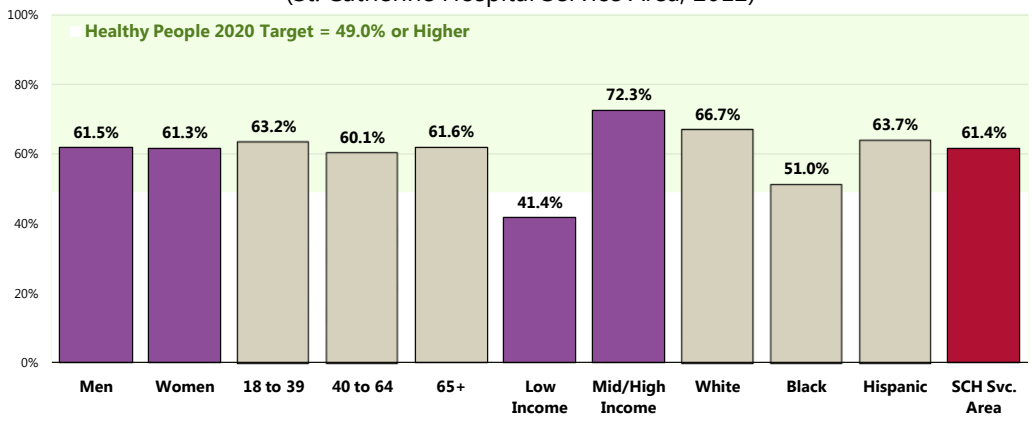
Notes:
- Asked of all respondents.

Note the following:

- Persons living in the lower income category and Blacks report much lower utilization of oral health services.

Have Visited a Dentist or Dental Clinic Within the Past Year

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

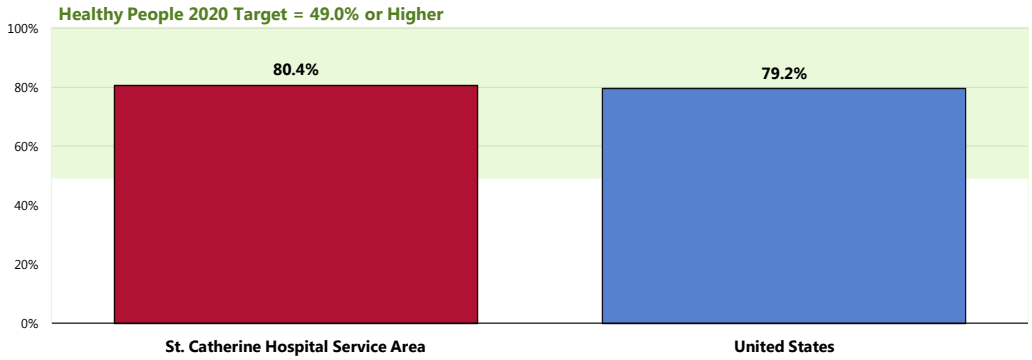
Children

Most (80.4%) St. Catherine Hospital Service Area parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children 2-17)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2-17 at home.

Other Oral Health Indicators

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Do you currently have any **dental insurance coverage** that pays for at least part of your dental care?	*All respondents*	*Yes*	**63.7%**	60.8%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community, with main topics including:

- Impact on overall health
- Gary Dental Clinic & Indiana University Northwest Dental Clinic

Attendees recognize the importance of regular preventative dental care and its **impact on overall health**; however, many residents face barriers in accessing dental treatment. Attendees agree that dentistry represents a major service gap, especially for residents without private dental insurance. There are few, if any, dental care options for Medicaid recipients or uninsured residents. The two main options for these residents include the **Gary Dental Clinic and Indiana University Northwest Dental Clinic**. Focus group participants believe that neglect of oral health can result in a significant decrease in a person's physical health, and can even impact their mental health. An attendee explains:

> *"The visual part of healthcare –I've had a couple of guys working for me who were homeless at the time. Both had horrible dental problems. I mean no way to get their teeth fixed. I mean missing teeth. They looked – and so I could see the difficulties with them trying to find a job. One guy had been without his front teeth for 11 years, you know."* — Business Leader

Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

Eye Exams

Question	*Asked of:*	*Response:*	St. Catherine Hospital Service Area	United States
Have you had an **eye exam** during which your eyes were dilated in the past two years?	*All respondents*	*Yes*	**60.9%**	57.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

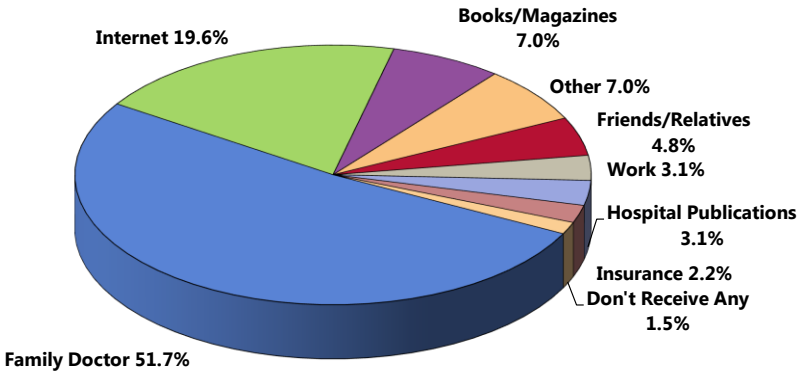
HEALTH EDUCATION & OUTREACH

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 51.7% of St. Catherine Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 19.6%.
  - Other sources mentioned include books or magazines (7.0%), friends and relatives (4.8%), work (3.1%), hospital publications (3.1%) and insurance (2.2%).
- Just 1.5% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(St. Catherine Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: • Asked of all respondents.

Participation in Health Promotion Activities

Question	*Asked of:*	*Response:*	HOSPNAME Service Area	United States
In the past 12 month, have you participated in any **organized health promotion activities**, such as health fairs, health screenings, or seminars, either through your work, hospital, or community organizations?	*All respondents*	*Yes*	**20.7%**	22.2%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Collaboration

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and local hospitals. The issues surrounding collaboration were:

- Varying opinions about the level of collaboration
- Social service agencies and physician communication

- Fragmented system
- Duplication of services

Focus group respondents have **varying opinions about the level of collaboration** occurring in the community. Several attendees believe that collaborative efforts exist among non-profit agencies and have increased in past years, citing the Mental Health Association, Healthy Families and the Maternal Child Health Network as examples. **Social service agencies continue to have good communication with physicians** and other healthcare providers. A healthcare provider describes the efforts:

> *"We have people sitting down together all the time. Dr. Simpson has been around long enough that he's been in many many different things but the maternal child health network exists which brings together Healthy Start and other area services primarily for women and children, but the Mental Health Association has Health Families based there…Healthy Families -part of its board has representatives from many of the agencies in this area. So we're always seeing each other in this county. We're always sharing news, and we're trying to make suggestions for someone else for when there are problems."* — Physician

However, several respondents believe that the **healthcare system is fragmented** and that hospitals are viewed as competitive, far from collaborative entities. An attendee explains the current competitive mentality:

> *"And even my boss has tried to get everybody under one roof, but it's hard because of the territory thing. Nobody wants to follow. Everybody wants to lead and be the top person and be the one that says, 'I created this and I was the one that solved all of these problems,' when it shouldn't even be that way. We have some serious problems in our schools, in our communities, and we need to be able to fix them. Somebody needs to lie down and say, 'Okay, let that person go ahead and lead as long as we get a result.' But it's not like that."* — Community Leader

Participants also want local hospitals to coordinate care in order to decrease the **duplicity of services**.

> *"As far as things at the health level I'm not sure if there's any kind of cooperation. We have a tremendous amount of hospitals here for this geographic area, this nice network of hospitals and I would really like to see them get together and not have one-stop shopping at every hospital, but have certain hospitals do specialized and cardiac endocrinology, neonatal. Everyone could do acute care but I'd like to see some cooperation because it costs a lot of money to keep training cardiac surgery nurses for nine different hospitals when you can focus on maybe two or three."* — Other Healthcare Professional

Participants do recognize that it takes time and trust to build solid collaborations. The hospital's collaborative efforts on the community health needs assessment demonstrate a willingness to work together and a step in the right direction.

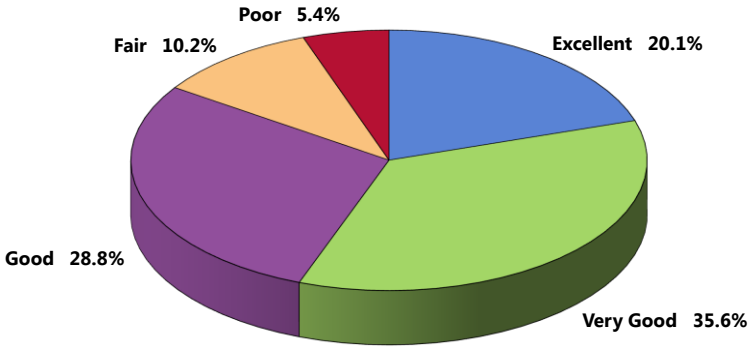
LOCAL HEALTHCARE

Perceptions of Local Healthcare Services

More than one-half of St. Catherine Hospital Service Area adults (55.7%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 28.8% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(St. Catherine Hospital Service Area, 2012)

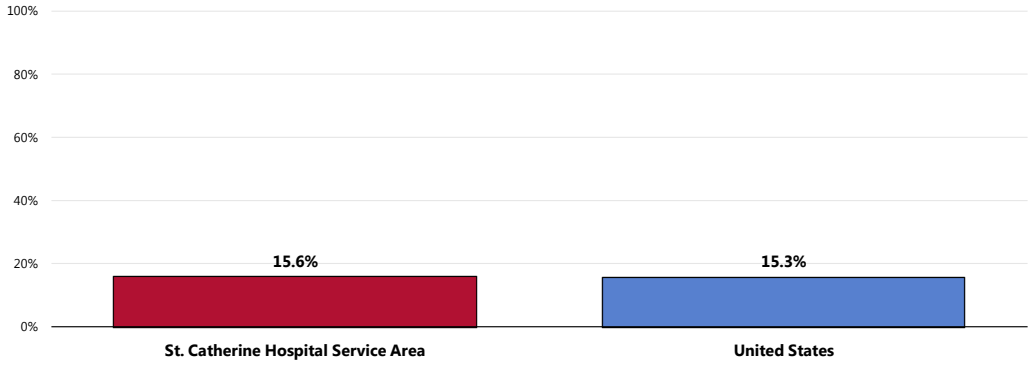


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 15.6% of residents characterize local healthcare services as "fair" or "poor."

- Comparable to that reported nationally.

Perceive Local Healthcare Services as "Fair/Poor"

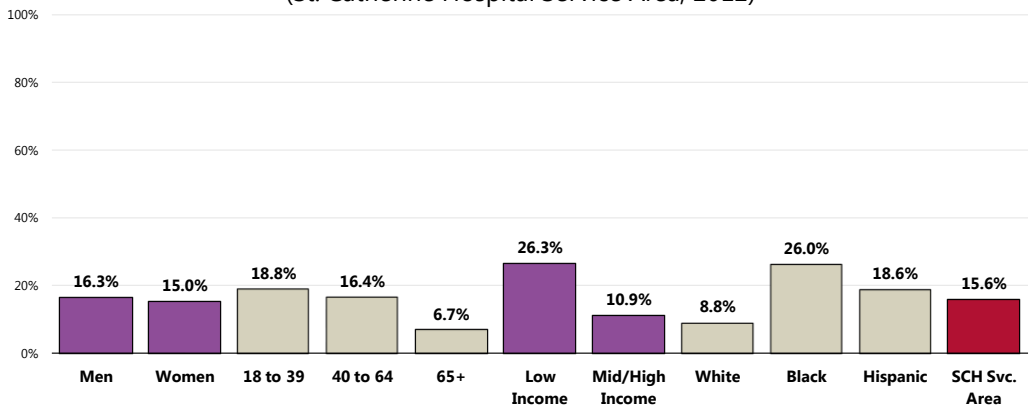


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Seniors (65 and older), upper-income residents, and Whites are less critical of local healthcare services.

Perceive Local Healthcare Services as "Fair/Poor"

(St. Catherine Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

OTHER FINDINGS

Seniors

Related Focus Group Findings: Elderly Residents

Many focus group participants discussed the health of elderly citizens, with emphasis on the following:

- Aging community
- Need for patient advocates
- Limited number of assisted living facilities and resources

Participants believe that the Northwest Indiana region represents an **aging community** and have concern about the readiness of the healthcare system. Attendees agree that the healthcare system does not have age-appropriate materials and that **patient advocates are needed** in medical appointments. These advocates could ensure information is understood by the senior citizen.

> *"I mean, they (healthcare providers) want seniors to read things that are this small print. The nurse is very nice. She'll say in a soft voice, 'Hi, how are you?' Well, they can't hear good. So they're asking them questions, and they're maybe just nodding their head, but they really don't know what they're saying, because you get tired of saying, 'Excuse me, excuse me.' Or they may feel embarrassed to say, 'I can't hear good. I can't see good.' And the other thing is that 'I'm 85. I become overwhelmed with a lot of information. And now you want me to read everything that Medicare has to say. I don't feel like doing it. And then when I do, I don't understand it.' So there has to be advocates, other than just your family, prepared for you when you go to the doctor or to a hospital." — Social Service Agency Representative*

In addition, there are a **limited number of assisted-living facilities or resources** for low-income seniors. Respondents know of only one facility that accepts Medicaid; the rest accept only self-payment. Currently, nursing homes remain understaffed and underfunded. The other option for low income seniors is to try and remain in their home. The Gary Health Foundation received some funding to help keep seniors at home, as a participant explains:

> *"Through the Gary Health Foundation they received some funding to do the aging in place, to go in and retrofit, put the bars in the bathrooms of the home and things like that so the elders who aren't able to afford going to the living centers and things like that would be able to age in their homes." — Physician*

Service Gaps

Related Focus Group Findings: Gaps in Services

The following issues were mentioned as service gap areas for Northwest Indiana (in alphabetical order):

- Dentistry
- Dermatology
- Free health education
- Mental health services
- Neurology
- Primary care physicians
- Substance abuse services and education
- Trauma I Center

APPENDIX

Community Stakeholder Input

Community Stakeholders Consulted

Focus groups held as part of this Community Health Needs Assessment incorporated input from 44 key informants (or community stakeholders) in the area, with special emphasis on persons who work with or have special knowledge about vulnerable populations in the four counties, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents. A list of these participants is provided in the following pages.

Doctors
Tuesday, November 27th, 5:00 to 7:00 PM

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
Dr. A. Stemer		Dr. A. Stemer				
Dr. Hemendra Parikh			X	X	X	X
Dr. Janet Seabrook	Executive Director	Gary Community Health Center	X	X	X	X
Dr. Janice Zunich		IU School of Medicine - Northwest, Genetics	X	X	X	
Dr. L.Teresa Vazquez			X	X	X	X
Dr. Mary Nicholson		Women's Diagnostic Center		X	X	X
Dr. Steve Simpson			X	X	X	X
Dr. Mark Feldner		Community Care Network - Community Care Center				X

Other Health Providers
Tuesday, November 27th, 8:00 to 10:00 AM

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
George Kucka	Owner	Fairmeadows Home Health	X	X	X	X
Janice Wilson	CEO	Northshore Health Centers	X	X	X	X
Jerry Miller		Prompt Ambulance				
Kay Sullivan	NP, Manager of US Steel Medical	Gary Works Plant				X
Dr. Lisa Green	CEO	Family Christian Health Center	X	X	X	X
Louise Thompson		Alzheimer's Assoc. Greater Indiana	X	X	X	X
Mary Puntillo	Registered Nurse - Neonatal		X	X	X	
Olga Gonzales	Manager	Womens Care Center of NW I				
Rise Ross Ratney	CEO	Healthy Start	X	X	X	
Tracy Tucker	School Nurse	Eggers Middle School	X	X	X	X
Suzanne Ruiz		Women's Diagnostic Center	X	X	X	

Social Service Providers
Tuesday, November 27th, 11:00 AM to 1:00 PM

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
David Collins	Corporate Relations	Opportunity Enterprises	X	X	X	X
Diane Craft		We Care from the Heart	X	X	X	X
Diane Kemp	Exec. Dir.	American Heart Assoc.	X	X	X	X
Don Barnes		Health Visions Midwest	X	X	X	X
Duane W. Dedalow	Executive Director	Catholic Charities Diocese of Gary	X	X	X	
Gary Olund	President & CEO	Northwest Indiana Community Action	X	X	X	X
Gordon T. Johnson	Chief Executive Officer	American Red Cross of NWI	X	X	X	X
Grace Talbot	Director	Hammond Rescue Mission	X	X	X	X
Jane A. Bisbee	Regional Manager	Children's Protection Services	X	X	X	X
Julie Mallers	Manager	St. Clare Clinic	X	X	X	X
Lou Martinez	President	Lake Area United Way				
Phil Mallers	Chief Executive Officer	Southlake YMCA		X	X	X

Business Leaders
Wednesday, November 28th, 8:00 to 10:00 AM

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
Joe Allegretti	Businessman					
Keith Kirkpatrick	Executive Director	Leadership of Northwest Indiana		X	X	
Sr. Michele Dvorak	Director of Education Programs	Calumet College of St. Joseph	X	X	X	X
Thomas P. Keilman	Director of Government and Public Affairs	BP Whiting				

Other Community Leaders
Wednesday, November 28th, 11:00 AM to 1:00 PM

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
Dr. Amy Han	Director Clinical Affairs	IU School of Medicine				
Rev. David Neville	Director, Spiritual Care	Methodist Hospitals	X	X	X	X
Gilda Orange	North Township Trustee		X	X	X	X
Linda Delunas	Director, School of Nursing	Indiana University Northwest				
Mary McShane		McShane, Hunter & Associates, LLC	X	X	X	X
Pat Huber	Exec. Director	Crown Point Community Foundation	X	X	X	X
Dr. Peggy Gerard	Dean, School of Nursing	Purdue Calumet	X	X	X	X
Ric Frataccia	Superintendent	Portage		X	X	
Tom DeGiulio	Mayor					X

St. Catherine Hospital

Community Health Needs Assessment & Implementation Plan

Health Challenge: High Death Rates for Diabetes

Why: Diabetes is under diagnosed, high rates of blood sugar in adults, preventive care needed

Long-Term Measurement: HP 2020 Death Rate: 19.6 / Bring % of adults to state average
St. Catherine's Community Diabetes Death Rate: 30.4
Short-Term Measurement: lower percent of adults with high blood sugar to align with state rate: Community Rate: 14.3 / State Rate: 10.2

Hospital Program	Strategies	Key Objectives
Increase Free Glucose Screenings with bi-lingual staff to help educate patients.	Extend free screenings at various hospital and community events.	Increase identification of the number of adults with high blood sugar
Hold annual Diabetes health fair for public	Increase awareness of Diabetes signs and symptoms; identify health services and resources available for those diagnosed with Diabetes	Increase identification of the number of patients utilizing the available resources at the outpatient level
Increase Diabetes Education Classes to the public at the local Community Centers, schools and churches	Provide education and information to adults to help manage their disease Expand bi-lingual classes at additional locations including the larger churches, Community Centers and Libraries	Decrease diabetes complications and deaths related to poor management and lack of knowledge about maintenance
Diabetes Educator/Physician partnership	Build strong relationships with physicians taking care of diabetes patients, especially primary care physicians Develop a way for physicians to order outpatient diabetes education through EPIC All inpatient Diabetes patients should receive information on the outpatient services for follow-up education programs	Increase the communication between the Diabetes Educators and physicians to provide Best Practice in Diabetes education and management
Offer Pre-Diabetes education in workplaces and in public	Quarterly pre-diabetes education classes to the people at risk at no	Decrease rise of early onset of diabetes in the

venues	charge	population we serve

Health Challenge: Nutritional & Weight Status

Why: Not enough servings fruits & vegetables, % of adults and children overweight, lack of physical activity

Long-Term Measurement: HP 2020 Obesity Rate for Adults: 30.6 / Children: 14.6
St. Catherine Hospital's Community Obesity Rates for Adults: 35.2 / Children: 22
Short-Term Measurement: lower percent of adults eating 5+ servings of fruit or vegetables per day to align with US rate: Community Rate: 32.9 / US Rate 48.8

Hospital Program	Strategies	Key Objectives
Free exercise consultation for obese children referred to nutritional counseling	Target the child and the family in discussions about increasing physical activity	Increase physical activity in children and success in weight loss
Silver Sneakers – free exercise program for senior citizens Hold Educational Seminars	Provide information to area senior groups and churches about the Silver Sneakers program Provide information about specific dietary and lifestyle challenges encountered by overweight individuals	Expand membership of Silver Sneakers program Reduce obesity rate
Take 5 for Life's fitness/nutrition curriculum for children	Include Fit Bit wrist bands that measure movement and calories expended, these devices can be left with the schools	Secure funding from community partners, grants to bring programs to more children
Public Education on healthy eating	Healthy cooking demonstrations for the public, healthy weight loss seminars with dieticians	Increase outpatient nutrition counseling and physician awareness of such services
Fit Trip Program	Sponsor educational fitness field trip children at the hospital's cardiac rehab department. Students can rotate through various stations to lean healthy habits. Stations include	Education and support children in healthy eating and exercise habits

	cardiovascular, muscle strengthening, relaxation techniques and nutrition	
New Healthy Me	Expand employee wellness program to local businesses and industry	Increase healthy behaviors in the workplace and the community

Health Challenge: Heart Disease & Stroke

Why: high blood pressure & cholesterol rates, timely treatment, diet & physical activity

Long-Term Measurement: HP 2020 Heart Disease Death Rate for Adults: 152.7

HP 2020 Stroke Death Rate for Adults: 33.8

St. Catherine Hospital's Community Heart Disease Death Rate for Adults: 228.7

Stroke Death Rate: 42.9

Short-Term Measurement: lower percentage of adults with one or more cardiovascular risk factors to surpass US rate: Community Rate: 88.1 / US Rate: 86.3

Hospital Program	**Strategies**	**Key Objectives**
Offer heart screening programs at a discounted rate.	Provide blood lipid panel, blood pressure check and health assessments to detect heart disease at early stages. Refer patients into appropriate behavior modification programs.	Decrease blood lipids and risk of heart disease through behavior modification
Public Blood Pressure Screenings	Offer blood pressure screenings monthly at St. Catherine Hospital's Cardiac Rehab Department to educate and manage risk of heart disease and heart failure. Expand program to community groups.	Increase the number of people getting medical interventions to manage high blood pressure.
Educate community on risk factors of heart disease, ways to decrease these factors and what to do when symptoms develop	Offer public education symposiums and health fairs on heart/vascular disease related topics.	Raise awareness of heart disease risk factors and the importance medical intervention when symptoms develop.
Peripheral Arterial Disease (PAD) Screenings	Monthly PAD screenings offered for a minimal fee. Free public PAD screening in conjunction with Legs for Life	Increase the number of patients with PAD risk factors or symptoms into early medical intervention.

Vascular Screening Program	Offer routine, low-cost vascular screening programs to the public to cover stroke/carotid; PAD; AAA; and heart rhythm	Decrease mortality from major cardiac and stroke though early medical intervention
Heart Failure Management Rehabilitation	Exercise program specific to heart failure patients that monitors vitals and includes education. This program would condition patients to increase their exercise tolerance with the goal of progressing to Cardiac Rehab phase III. Program is in planning stage	Increase health of heart failure patients.
Program for patients to receive costly heart and vascular medication.	Target patients with no insurance, poor insurance, or in the Medicare "donut hole". Early identification hospital in-patients needing medications upon discharge with the assistance of case management. Review current medications with physicians to determine if a most cost effective drug may be prescribed. Assess whether physician's office can provide a few days of sample medications.	Increase access to medications for heart and stroke patients.
Educate the community on risk factors of stroke, ways to decrease risk and what to do when stroke symptoms develop.	Stroke Symposium, Stroke Support Group to educate the community about of stroke risk factors, preventative strategies and the importance of seeking medical help when symptoms develop. Stroke team participates in health fairs and public lectures at local community centers. Stroke team is working with local community based organizations to ensure appropriate educational outreach	Increase the awareness of stroke symptoms and the importance medical intervention when symptoms develop.

Health Challenge: Infant Mortality

Why: access to prenatal care, low-weight births, knowledge of SUIDS risk factors

Long-Term Measurement: HP 2020 Infant Death Rate: 6.0

St. Catherine Hospital's Community Infant Death Rate: 8.2

Short-Term Measurement: lower percentage of women with no prenatal care in first trimester to align with state rate: Community Rate: 41.6 / State Rate: 33.3

Hospital Program	Strategies	Key Objectives
Health Fairs to enroll pregnant women in insurance and other programs	With offerings such as pregnancy testing to financial information, provide outreach opportunities to identify resources to help women get access to prenatal care	Enroll women in insurance programs earlier in their pregnancy
SUIDS education programs	Get out into the community with the message about the preventable risks for SUIDS – sleeping on back, bare crib, etc	Provide families with the knowledge they need to prevent infant deaths
Expand neonatal programs	Investigate a transport program that would enable hospitals without neonatal units to bring babies to Community Hospital, the area's only 24/7 program staffed by neonatologists	Provide a higher level of neonatal care in the community and at a lower cost than transporting babies to Chicago hospitals
Access to prenatal healthcare	Sign women up earlier in their pregnancy for healthcare insurance	Provide prenatal care in the first trimester
Behavioral Health	Investigate how an expansion of the sister hospital's behavior health services within the healthcare system can be made available to more women	Reduce the risk of premature deaths due to addictions.
Safe Sleep Program	Community outreach program that includes retail stores to reach more families with education about proper sleep practices for baby Screening in hospital to determine if patients have cribs, and if not, provide	Let parents know about the proper way to put baby to sleep, includes discussions with retail outlets about selling products not considered safe Provide safe sleeping environment for

	referrals for parents to get a free one Model safe practices with the use of the Halo sleep sack in the hospital	babies so they are not put in an adult bed Educate parents about the value of using the Halo sleep sack over blankets for prevention of SUIDS.
Car Safety Seat program	Promote car safety for infants	Protect every infant with a car seat to keep them safe
Lactation services	Promote breastfeeding and provide one-on-one assistance for new moms	Optimal growth, development and health of newborns