



COMMUNITY Hospital

901 MacArthur Blvd., Munster, Indiana 46321

2016

Community Health Needs Assessment Implementation Plan

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

Name and EIN of Hospital Organization Operating Hospital Facility:
Munster Medical Research Foundation, Inc.: 35-1107009

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OVERVIEW AND SUMMARY

The 2016 Community Health Needs Assessment (CHNA) examines the health status, behaviors and most pressing health needs of the cities and towns in Northwest Indiana and south suburban Chicago, Illinois served by Community Hospital (CH). The study, which uses a combination of qualitative and quantitative data, follows a format similar to a 2013 assessment. Insights gained through this survey process inform the hospital's plans to address health disparities and bring about improvements in the health status of the community as outlined in its Implementation Plan.

A CHNA is conducted every three years according to regulations pursuant to Section 501(r)(3) of the Internal Revenue Service Code. The 2013 assessment identified issues impacting the quality of life and health in the CH communities establishing the baseline status for the service area.

The 2016 report describes incremental changes toward fulfilling the goal of better health and an increased lifespan for area residents.

Understanding health disparities, behaviors and barriers among residents was a key component of the CHNA. To this end, health status and behavior information was gathered alongside demographic statistical data to highlight the needs of the at-risk populations for preventable disease or injury within the service area of the CH.

In the 2016 assessment for CH, the local survey data identified the numerous areas that might lead to the pre-disposition of certain groups toward negative health outcomes.

Increased access to preventive services for all CH service area residents was targeted as a key goal that would boost the quality of life and contribute to closing the gap in disparity of health of certain populations. Improved accessibility, as the 2013 study predicted, would also support the healthcare of the community by lowering costs, especially those associated with expensive care for late-stage disease, theoretically resulting from a lack of preventative care.

In reality, by 2016, the complexity of access remained a key concern in the CH service area as social barriers including economic constraints due to a lack of training and job opportunities, lack of public transportation and affordable housing, persist, along with chronic elevated rates of substance abuse and obesity.




| Areas of Opportunity Identified Through Community Hospital Service Area Assessment | 2013 | 2016 |
|--|--|--|
| Unemployment and Job Training | Not listed in last assessment | Survey participants describe joblessness, and lack of training as number one social problem also lack of affordable housing and transportation |
| Nutrition, Physical Activity and Weight | Fruit/Vegetable consumption; Prevalence of obesity; Leisure time physical activity Top Focus Group concerns: Lack of nutrition; cost of healthy foods; food deserts; education | Survey concerns about personal motivation, responsibility and management, lack of nutrition education, access to healthy, affordable food, not enough support from community, schools, churches and employers |
| Access to Health Services | Difficulty Accessing Healthcare: Cost of prescriptions; cost of doctor visits Top Focus Groups Concern: Barriers to access (health literacy; poverty; insurance issues; cost of care; Medicaid; hours of operation; use of ER; transportation; language barrier Need for a local trauma center | Accessing Healthcare: Less difficult but certain persistent barriers include affordability of services, cost of prescriptions, doctor visits, co-pays and insurance; Language barrier limits awareness of resources |
| Cancer | Cancer Death Rate | Cancer Death Rate continuing major concern |

Incidents of violent crime---the statewide rate of 334 per 100,000 is eclipsed by the rate in Lake County at 403 per 100,000¹ ---are scattered throughout the CH service area, which is dominated by Lake County, Indiana, although it includes 17 zip code zones. Community Hospital sits near the border of Indiana and Illinois and encompasses both Calumet City and Lansing in Illinois within its service area. In the CH population, obesity (47.73 percent), diabetes (41.92 percent)² and cancer (41.92 percent) are perceived as the top three critical health issues, according to CH area residents and key community informants. Concern about heart and respiratory issues dropped somewhat in the CH communities since the previous assessment.

Northwest Indiana and Lake and Porter Counties have not been spared in the growth of cancer rates experienced across the state and the nation. Alcohol remains the most frequently abused

¹ County rankings and roadmaps www.healthrankings.org

² Community Needs Health Survey 2016



substance in the CH service area, with an Adult Excessive Drinking Rate³ in Lake County of 15 percent, although lower than Indiana's rate of 15.8 percent.

Key Informants join with community residents surveyed in Northwest Indiana to acknowledge the growth in heroin and opioid use, as well as the abuse of prescription painkillers. The Substance Abuse Priority Score for Lake County is 1.46 and Indiana is at 1.64. Supporting evidence for this includes the growing number of visits to ERs across the state for pain relief. In the CH service area, the survey shows pain relief visits to the ER at 14.91 percent, significantly higher than the percentage overall in the current Community Health Needs Survey of Northwest Indiana, at 8.9 percent.


³ <http://indianaindicators.org/CountyDashboard.aspx?c=089>



| Areas of Opportunity Identified Through Community Hospital Service Area Assessment | 2013 | 2016 |
|--|--|--|
| Heart Disease & Stroke | Heart Disease Death Rate Stroke Death Rate | Heart Disease Rate Stroke Death Rate persistent major concerns |
| Diabetes | Diabetes Mellitus Death Rate | Diabetes Death Rate major problem |
| Chronic Kidney Disease | Kidney Disease Rate | Kidney Disease now viewed as moderate problem by Key Informants |
| Family Planning | Teen Births | Teen Births lining up with Indiana and U.S. numbers |
| Injury and Violence Prevention | Firearm-Related Death Rate Homicide Rate Violent Crime Victimization | Violence and Firearm-related death rate improve slightly, still a problem |
| Maternal, Infant & Child Health | Lack of Prenatal Care Low Birthweight Infant Mortality | Prenatal Care, Low Birth Weight, Premature Birth improve, within range or better than Indiana and U.S. |
| Oral Health | Recent Dental Visits | Higher percentage of adults getting annual check-ups |
| Substance Abuse | Top Focus Group Concern: Prevalence of Drug Use; Easy Access/Parental Complacency; Limited Treatment Programs; Inadequate Funding | Alcohol abuse chronic NWI problem and substance abuse grows; lack of facilities and funds for treatment; abuse of prescription painkillers seen as growing problem |
| Tobacco Use | Current Smokers | Response to cessation and education as smoking rate declines |

Although about one-third of the CHNA population (32.05 percent) and 30.81 percent of CH population share a concern about mental illness as a community health issue, 41.09 percent in the CH service area population say they “don’t need mental health services.” But in a question about conversations with physicians, it appears there is an opportunity for more discussion on this topic. When asked whether physicians had talked about lifestyle changes that would improve health, 70.71 percent of the CH service area residents indicated that these discussions had occurred and another 52 percent said their physicians had discussed risk factors for chronic disease. However, only 31.67 percent of residents indicated that their physician had discussed mental health needs with them.

Overall, individuals who were surveyed for the 2016 CHNA gave high marks to the medical community for addressing issues related to achieving better health.



In some key areas there has been improvement in mortality rate from firearm-related death, kidney, motor vehicle accidents, diabetes, homicide, heart disease and cancer when compared to the CHNA in the CH service area in 2013.

The rate of age-adjusted death from cancer in the CH communities in the 2013 CHNA report was high at 203.1, however, in the secondary source data used in this 2016 report, Lake County cancer deaths are at 186.5, significantly lower.


Smoking has dropped in the 2016 survey sample with about 6.95 percent of participants in the CH area acknowledging that they are still smoking. That number is much lower than reported in the 2013 assessment, which showed smokers at a 23.2 percent level in the CH service area. (The 2013 CHNA did not rely solely on survey participant health status self-reporting, however.) But the benchmark statistics on smoking in Lake County are in line with the 23 percent charted three years ago: The current Indiana Indicators report shows smoking rates of 22.9 percent in Indiana, 18.9 percent in the U.S. and 23.8 percent in Lake County.

The unemployment rate is an important health statistic according to the Community Health Needs Survey 2016, in which about 55 percent of survey respondents identified the lack of job opportunities as the number one social issue affecting the health of the community. Today's unemployed rate is a higher in Lake County (7.8 percent) than in Indiana (5.5 percent) and the U.S. (4.8 percent), but significantly lower than during the period of the previous assessments when unemployment was reaching record levels, then at 9.9 percent in Lake County. In the CH service area, 53.77 percent of respondents agree with other Northwest Indiana communities that employment opportunities are the top concern.

CH survey participants ranked a lack of public transportation as the next most important social problem in their service area at 37.16 percent. While neighboring communities to the north and east are more concerned about affordable housing and lack of job training and education. Geography alone may explain this finding. The CH area is the most widespread of the service areas and draws from South Lake County, where there is no public transportation.

Positive findings in the CH survey: Individuals in the CH service area take health education seriously and are having preventive procedures more often than ever before. About 86 percent of those surveyed had a blood pressure screening and almost 78 percent reported screening for cholesterol "on a regular basis." Flu shots (66.36 percent) and diabetes screening (66.60 percent) are at record levels in CH communities. Residents surveyed also reported mammograms at 63.14 percent along with 60.69 percent for pap smears.

The correlation relationship between education and healthcare needs was reported in responses to multiple survey questions that went deeper into health management issues. When asked about the prevalence of obesity in the community, residents overwhelmingly (77.11 percent) cited personal responsibility---unhealthy diet and exercise habits---but 54 percent



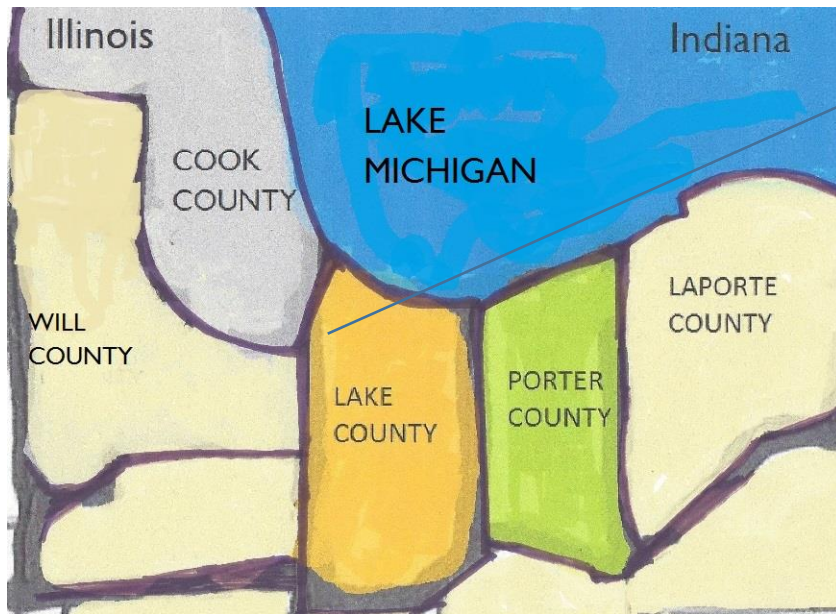
added that a lack of knowledge about nutrition was another root cause also undermining weight control. More and better information about cancer care including individual counseling and nutritional and diet therapy were two out of three top choices, which CH study participants ranked as “very valuable,” further establishing the link to obesity as a source of other health problems.

The importance of education throughout a range of issues was underlined in research released last year by Lake Area United Way (LAUW) and United Way of Porter County (UWPC). Starting in May 2015 using the Harwood model for Community Conversations, the two organizations hosted dozens of small groups across Northwest Indiana, with more than 500 participants. Two of the five major concerns that emerged from the study were “Lack of a comprehensive, sufficient support system that meets the educational, emotional and social development needs of children and youth,” followed by a “Lack of strong, quality educational opportunities for all children, regardless of the community they live in or their socioeconomic status.”⁴

Also on the educational theme, respondents in the CH service area reported getting healthcare information most often from their doctor (80.74 percent) and more than 82 percent said they have a primary care doctor. (About 29 percent of those surveyed who do not have a physician said that the reason was because they did not need one.) While there was no direct comparison made in the 2013 assessment, 74.7 percent of adults in the CH service area 2013 assessment were “determined” to obtain a specific source of ongoing medical care and that goal was achieved.

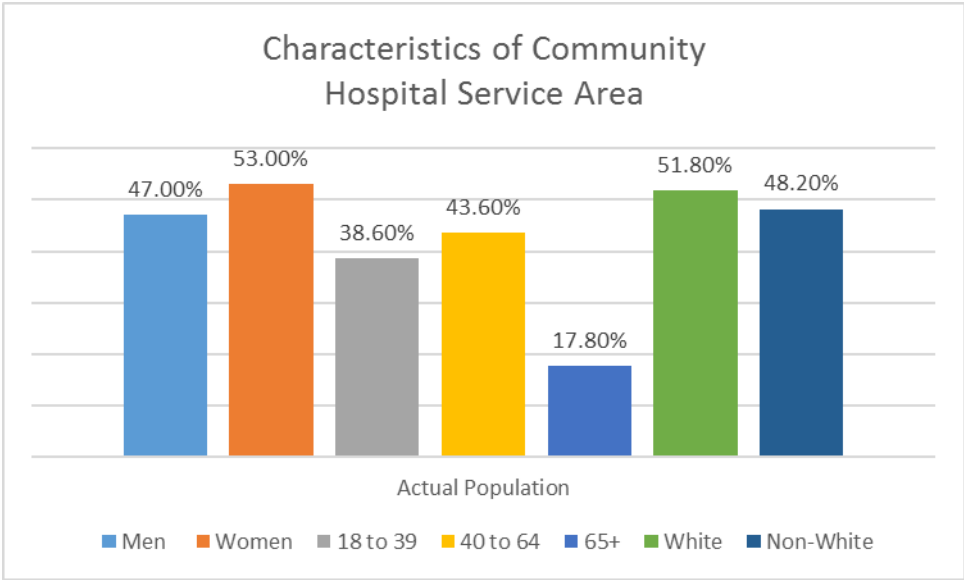
⁴ Let’s Talk Regional Report, LAUW and UWPC, 2015: http://www.lauw.org/sites/lauw.org/files/2016_Let'sTalk_RegionalReport.pdf

BACKGROUND OF COMMUNITY HOSPITAL SERVICE AREA



| | |
|-------|--------------|
| 46307 | Crown Point |
| 46311 | Dyer |
| 46312 | East Chicago |
| 46319 | Griffith |
| 46320 | Hammond |
| 46321 | Munster |
| 46322 | Highland |
| 46323 | Hammond |
| 46324 | Hammond |
| 46327 | Hammond |
| 46373 | St. John |
| 46375 | Schererville |
| 46394 | Whiting |
| 46410 | Merrillville |
| 60409 | Calumet City |
| 60438 | Lansing |
| 46408 | Gary |

The Community Hospital service area in Lake County, Indiana has a population of 553,613 including Lake County, Indiana and two adjacent Chicago, Illinois suburbs with a combined population of 65,748, in an area of approximately 515 square miles. Community Hospital with 429 beds at the Munster, Indiana campus is the largest hospital in the area and in the Community Healthcare System. The Community Hospital service area is diverse and balanced.



To better understand the unique needs of the Community Hospital service area, responses to a survey were sorted by the zip codes from which the hospital draws 80 percent of its patients. A survey of area residents was conducted online and a concerted effort was made to also collect responses via paper copies, which were made available in English and Spanish to individuals who were most likely to experience barriers to good health. The 2013 survey assessment, by contrast, was conducted by telephone and did not make a particular focus on targeting individuals who were likely to experience health barriers.



SUMMARY OF INDICATORS

COMMUNITY HOSPITAL SERVICE AREA

Poor cardiovascular health and stroke have traditionally been the leading cause of death in Lake County and though heart disease is still prevalent; it is no longer the killer it once was. The death rate from cancer has inched up and is within four-tenths of a percentage point range to surpass heart disease. Lake County, which has a history of some of the most negative statistics in the state and the country, is finally coming within range of Indiana and U.S. statistics for deaths from heart disease. Kidney disease, diabetes and stroke are the top three diseases where the most improvement is needed to close the unfavorable gaps between local and national death rates.

Lake County has traditionally experienced high mortality rates due to lung disease and respiratory problems, but the focus on breathing issues has recently shifted to rural counties, where use of tobacco is stuck at 27-30 percent. Lake County smoking, at 23.80 percent, has grown little since 2013 assessment (23.47 percent).


The result is that Lake County at 46.6 shows a lower death rate from respiratory disease than Indiana at 61.1; less death from cirrhosis and liver disease (10.7 percent) versus Indiana's total of 18.7 percent and fewer motor vehicle crashes in Lake County – 6.5 percent compared to 11.3 percent in Indiana. There also is a slightly higher suicide rate in Indiana of 14.3 than the 14 percent in Lake County; a lower rate of unintentional injury death in Lake County (32.8 percent) than the state at 43.4 percent and a rate of 29.4 percent of mortality tied to Alzheimer's Disease and dementia in Indiana compared to 21.5 percent in Lake County.

| Population Characteristics and Description with Comparison by County, State and U.S. | | | | |
|--|----------|----------------------|-----------|---------------|
| Social Determinants of Health | Lake | CH Service Area 2013 | Indiana | U.S. |
| Population | 487,865 | 496,005 | 6,619,680 | 318.9 million |
| Median Household Income | \$49,035 | \$49,617 | \$48,737 | \$53,482 |
| Homeowner Occupied Units | 68.90% | 68.90% | 69.50% | N/A |
| High School graduation rates | 87.00% | 83.00% | 87.60% | 86.30% |
| Unemployment Rate | 6.90% | 9.90% | 5.50% | 4.80% |
| Children not insured | 7.80% | 8.40% | 8.00% | 7.10% |
| Adults not insured | 19.90% | 16.70% | 19.30% | 13.30% |
| Poverty below 100% FPL | 18.20% | 17.60% | 15.50% | 15.60% |
| Prenatal Through 18 Years | | | | |
| Teen Births | 30.1 | 11.8 | 30.3 | 26.5 |
| Sought prenatal care during first trimester | 68.20% | 58.40% | 67.50% | 69.50% |
| Smoked throughout pregnancy | 10.20% | N/A | 15.10% | 9.10% |
| Breastfeeding rate | 72.20% | 67.50% | 79.30% | 79.20% |
| Low Birth Weight | 8.40% | 8.20% | 7.90% | 8.00% |
| Preterm | 9.80% | 11.00% | 9.70% | 11.40% |
| Modifiable Health Risks | | | | |
| Adult Obesity | 35.50% | 36.40% | 31.40% | 27.80% |
| Diabetes Prevalence | 12.60% | 14.30% | 10.20% | 9.50% |
| Physical inactivity | 29.70% | 31.00% | 27.90% | 26.20% |
| Access to exercise opportunities | 91.00% | N/A | N/A | N/A |
| Substance Abuse | | | | |
| Substance Abuse Priority Score | 1.46 | 1.99 | 1.64 | N/A |
| Adult Excessive Drinking (Binge) | 15.00% | 18.60% | 15.80% | N/A |
| People who smoke | 23.80% | 23.47% | 22.90% | 18.90% |
| Access to Care | | | | |
| Adults who visit the dentist once per year | 64.70% | 59.60% | 68.10% | 65.40% |
| Residents could not see a doctor due to cost | 15.30% | 17.10% | 15.90% | 16.60% |
| Physician to resident ratio | 1093 | 1766 | 849 | 1104 |

*IUN study data has been updated with information from Centers for Disease Control and Prevention (CDC). National Center for Health Statistics. VitalStats. <http://www.cdc.gov/nchs/vitalstats.htm>

County Health Ranking (2015) Lake County. County Snapshot. Retrieved from www.countyhealthrankings.org

<http://indianaindicators.org/CountyDashboard.aspx?c=127>



Currently, according to the Indiana State Health Improvement Plan, both the age-adjusted rates for cardiac and cancer deaths are closer to the state and national averages than during the previous assessment. As the high school graduation rate has grown to 87 percent in Lake County, the teen birth rate (30.10 percent) has accelerated too, but is slightly less than the state rate (30.30 percent)⁵.

Perceptions about Northwest Indiana and Lake County within the community are changing in terms of consequences, especially in categories that may be modified like heart health or respiratory disease. The growing concern about cancer in the resident surveys indicates real statistical increase, but also reflects frustration with a disease that remains beyond the reach of lifestyle changes or other options that directly affect its outcome and progression.

Secondary Data Sources

A study done in 2015⁶ of Lake, Porter and Jasper Counties' health markers produced notable results in Northwest Indiana. In spite of economic and racial diversity, the three counties struggled with modifiable healthcare issues at similar rates. The number of uninsured; those women seeking prenatal care in the first trimester; adults who are overweight or may have diabetes, and adult excessive drinking do not vary as widely as might be expected in counties where the average income is disparate. Poverty-stricken or prosperous, urban or rural, local Hoosiers do not typically take good care of their health. Even when residents have access to exercise opportunities, as in Lake and Porter Counties, the percentage of obesity stays around 30 percent.

When comparing the results of the Community Hospital service area to the demographic concerns that emerge from other studies and reports, there is little evidence that statistically shortchanged or underprivileged residents feel burdened. The numbers of those survey participants who need treatment for a chronic disease (46.10 percent) seldom express that they are not getting the help they need (1.48 percent). Among those Community Hospital area residents who have illnesses or have others in their households who have been diagnosed, say that the condition is not automatically an impediment to their lifestyle. In cases of physical conditions such as cancer or heart disease, major impairment to everyday life is experienced by about 30 percent of those affected. Depression, however, causes the most disruption in more than 55 percent of cases.

⁵ age 15-19 per 1000 indianaindicators.org

⁶ Indiana University Northwest Study by NURS B230 Nursing Students: Kellie Brooks, Chelsea Buchanan, Emily Devine, Alexis Magnant, Victoria Zepeda, with Crystal Shannon PhD, MBA, RN (Faculty)

| Areas of Concern Comparison for Northwest Indiana | | |
|--|----------------|---------|
| | NWI | Indiana |
| Children, 0-17 years live in poverty | 24.31% | 21.00% |
| Unemployment rate is higher than Indiana or U.S. | 6.9% (approx.) | 5.50% |
| Population receiving SNAP benefits higher than Indiana or U.S. | 13.50% | 10.70% |
| Access to primary care services is lower than Indiana or U.S. | 54.00% | 65.00% |
| Preventable hospital events - Medicare Enrollees higher than Indiana or U.S. | 320.7* | 229.0* |

*IUN study used data from these sources:


Centers for Disease Control and Prevention (CDC). (2015). Jasper County, IN retrieved from <http://www.cdc.gov/CommunityHealth/profile/currentprofile/IN/Jasper/>

Centers for Disease Control and Prevention (CDC). (2015). Lake County, IN retrieved from <http://www.cdc.gov/CommunityHealth/profile/currentprofile/IN/Lake/>

Centers for Disease Control and Prevention (CDC). National Center for Health Statistics. VitalStats. <http://www.cdc.gov/nchs/vitalstats.htm>

National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved November 5, 2015 from www.marchofdimmes.org/peristats

County Health Ranking (2015) Lake County. County Snapshot. Retrieved from www.countyhealthrankings.org



Many of these demographic areas of concern are also identified as major or minor problems by Key Informants in Lake County and survey participants in the Community Hospital service area. The local survey was different in that it asked participants to make specific choices about possible remedies and solutions.

For example, a shortage of doctors in the Community Hospital service area was not perceived by residents to be a major problem, according to the community survey. Even though there were numerous hints that there might be a physician shortage in responses about difficulties and delays getting doctor appointments. About 80 percent of those who participated in the survey say that the healthcare services provided locally are good to excellent.

The violence indicator reads the same way. Though the rate for violence and injuries may be higher than that of the average for the state and the country in the CH service area, the participants in the survey indicated they were largely unaffected by domestic, street, gang or criminal violence in the past five years. More than 94.57 percent say that they have not been a victim and that number is consistent with the 94 percent who have not been victims when you look at the statistics from the entire Northwest Indiana survey area.



**Health Indicators Greater than State and National Average in
Lake, Porter and Jasper Counties**

- Diabetes - Adult and Medicare
- High Cholesterol - Adult and Medicare
- Heart Disease - Medicare
- High Blood Pressure - Medicare
- Obesity
- GC/Chlamydia Infections (Lake County only)
- HIV Prevalence (Lake County only)
- Cancers: Breast, Cervical, Colon-Rectal, Prostate
- Lung (Porter and Jasper Counties only)
- Low Birth Weight (Lake County only)
- Mortality
- Premature Death
- Heart Disease
- Stroke (Jasper County only)
- Unintentional Injury (Porter and Jasper Counties)
- MVA (Jasper County only)
- Pedestrian Accidents (Lake County only)
- Homicide (Lake and Porter Counties)
- Suicide (Porter County only)
- Infant Mortality (Lake County only)




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

Online Key Informant Survey Summary of Findings

Primary research for this assessment used data obtained through an online survey of Key Informants recommended by representatives from Franciscan Alliance, Methodist Hospitals and Community Healthcare System. The 166 potential participant list included community leaders, physicians, public health representatives and professionals, social service providers and others qualified by knowledge, work experience and network to identify the chief concerns of the communities in which they work.

Professional Research Consultants, Inc. (PRC) first contacted the key informants by email to provide a link to the online survey and reminder emails were sent to increase percentage of response. Eventually 64 key community stakeholders provided qualitative information for the survey (Appendix I). In the 2013 Survey of Key Informants, focus groups were held to solicit this input from community leaders. Using the online format, we were able to solicit input from more community leaders which we felt provided additional value in gathering these key insights.



The 40 organizations that participated and contributed to the key informant report are listed in Appendix I.

Minority populations represented: African-Americans, American Indians, Asians, children, disabled, elderly, ethnic minorities, Hispanics, homeless, LGBT individuals, Middle Eastern descent, mixed race and undocumented residents.

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

The Key Informants report differed significantly from the 2013 Community Needs Assessment in certain critical areas. Access to care had been the dominant theme in the report three years ago, but now community and government leaders are focused on substance abuse. Although alcohol and binge-drinking remain the most problematic of substances (59 percent), the Key Informants cited the growing abuse of heroin and prescription drugs. As one physician on the panel said, “Patient compliance and refusal, access to appropriate programs and access to behavioral healthcare professionals,” contribute to the denial of the problem and the stigma attached to it.

Diabetes and lifestyle choices that contribute to obesity in the Northwest Indiana area continue to challenge residents, as well as heart disease and cancer. Concerns about Alzheimer’s Disease and dementia were identified as growing problems for the local population and, while access to care still appears on the list of Key Informant discussion topics. It was not as much of a priority as it was three years ago.




| 10 Major of Health Issues Identified by Key Informants 2016 | |
|---|---------------|
| Health Issue | Major Problem |
| Substance Abuse | 56.30% |
| Nutrition, Physical Activity and Weight | 52.50% |
| Diabetes | 52.50% |
| Mental Health | 50.00% |
| Heart Disease and Stroke | 49.20% |
| Cancer | 45.20% |
| Tobacco Use | 40.30% |
| Dementia/Alzheimer's Disease | 39.70% |
| Injury and Violence | 39.30% |
| Infant and Child Health | 27.60% |

On the subject of nutrition, physical activity and weight, the Key Informants expressed frustration that the most poverty-stricken areas of Northwest Indiana are also food deserts. “Communities with no safe place to walk or exercise. Shortage of fresh foods, vegetables and fruits in some areas, cost of fresh foods,” said a public health representative on the Key Informant. It was repeated over and over again by physicians, social workers and business leaders who participated that obesity is the major issue in Northwest Indiana communities and the levels are “unprecedented,” as one doctor reported. Key Informants, who also identified diabetes as another major issue with links to obesity, also identified the lack of endocrinologists and other healthcare providers who could help manage diabetes as a cause for concern. A social services provider commented that there are approximately 499,200 adults who have diabetes in Indiana and another 289,000 adults who are pre-diabetic.

Mental illness, also cited by 50 percent of the Key Informants, is another major problem in the Northwest Indiana communities that is ignored with a lack of services and facilities and providers willing to work for wages that are often substandard. One health provider said, “We are seeing an increasing number of young children with significant mental health issues.” Insurance coverage for mental health issues is seen as inadequate and the stigma still attached to treatment for depression or substance abuse pushes families into avoidance and denial.

Cancer is at epidemic proportions, according to the key informants. One Key Informant social services provider said that about 2.4 million Indiana residents, “or two in five people, now living in Indiana will eventually develop cancer.” Key Informants also



discussed environmental issues in Northwest Indiana related to lung cancer, especially air quality.

Aging Baby Boomers present a special challenge for healthcare providers and the incidence of dementias, including Alzheimer's Disease, is constantly growing. One community leader said, "There is very little knowledge of the disease in the community and even less knowledge of where to go to get treatment, in some cultures it is not discussed."

In the middle tier of health issues considered important by Key Informants is the culture of violence pervasive in some Northwest Indiana communities and the many issues tied to poverty including infant mortality, HIV/AIDS and dental care. Hearing and vision problems and the vulnerabilities of senior residents were some other topics that were less urgent to Key Informants, but not less important.

2016 Health Needs Assessment

Death, Disease and Chronic Conditions





DEATH DISEASE AND CHRONIC CONDITIONS

Looking at the top five causes of death in the service area, the landscape has changed from 2013 to 2016. Lake County, Indiana has shown improvement in key areas of disease including heart disease and cancer and smaller improvement in the numbers for kidney conditions and diabetes. The gains, especially in areas of preventable disease, are encouraging because direct links to unhealthy lifestyle behaviors present the greatest opportunity to improve the health of the community as a whole through lifestyle modification.

There are a range of influences and behaviors driving the decline in unintentional injuries in comparison to Indiana, also in firearm-related incidents and homicide. Other outcomes, though problematic, may also prove to be subject to modification. Physicians are increasingly careful of drugs for pain relief that are becoming a factor in addiction. There is more attention and awareness building about the terrible consequences of the prevalence of mental illness and drug and alcohol addiction.

Although the rate has risen since the 2013 CHNA, Northwest Indiana has fewer deaths attributed to Alzheimer's Disease and dementia than the rest of the U.S. in the most recent data. Improved mortality in the face of a daunting statistical pattern offers opportunities for Northwest Indiana to enact modifications and lifestyle changes that produce results for the future. Awareness and achievement can build progress in healthcare.



SUMMARY COMPARISON CHART OF THE LEADING CAUSES OF DEATH 2013-2016, AREA-WIDE

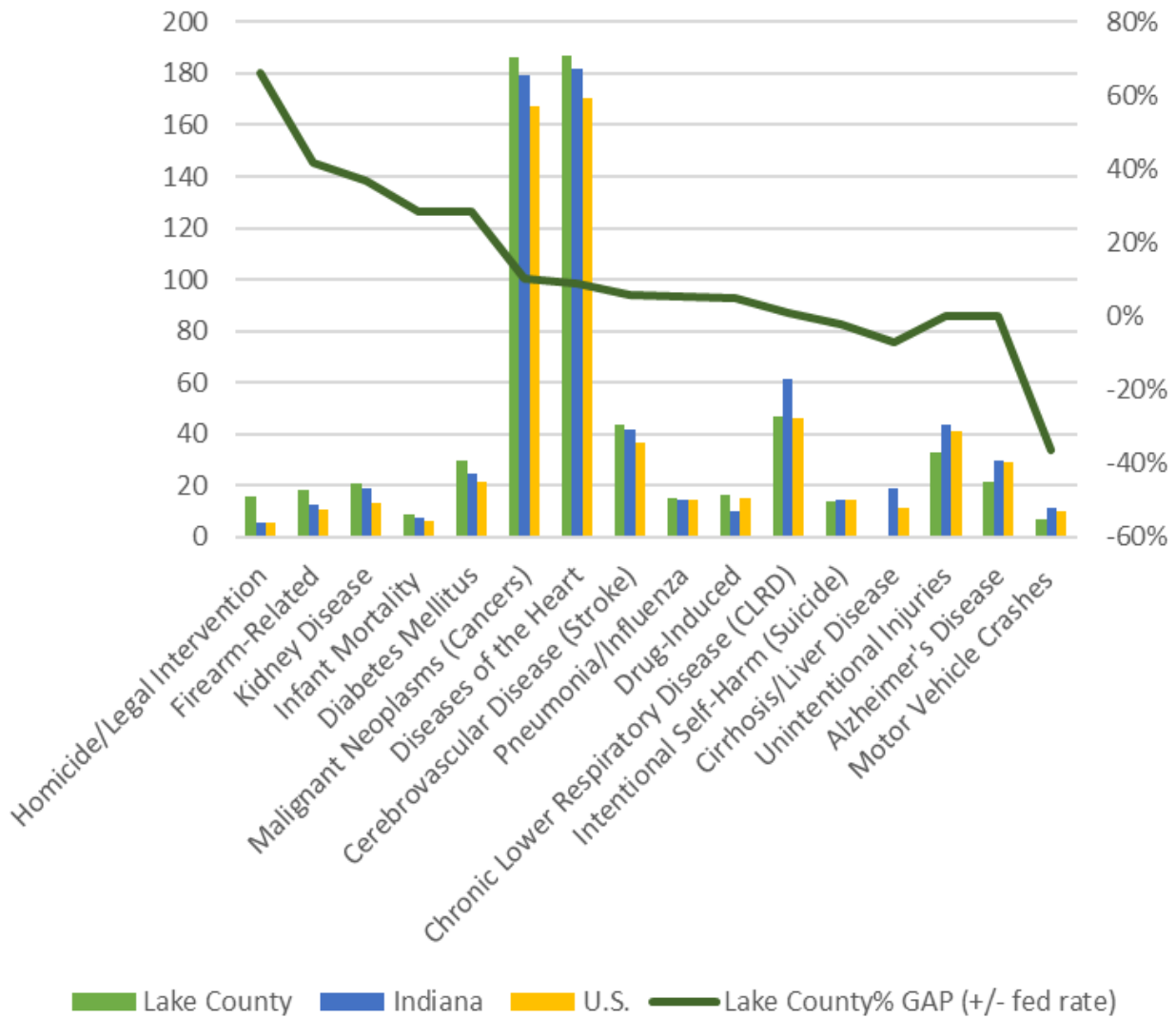
| Leading Causes of Death | | | | | | | | |
|--|-------------|-----------------------|-----------------------------------|---------|---------------------|-------|----------------|---------------------|
| Age-Adjusted Death Rate | Lake County | SCH Service Area 2013 | Comparison to Previous Assessment | Indiana | Compared to Indiana | US | Compared to US | Healthy People 2020 |
| Diseases of the Heart | 186.9 | 228.7 | | 181.9 | | 170.5 | | 152.7 |
| Malignant Neoplasms (Cancers) | 186.5 | 203.1 | | 179.4 | | 167.1 | | 160.6 |
| Chronic Lower Respiratory Disease (CLRD) | 46.6 | 44.4 | | 61.1 | | 46.1 | | N/A |
| Cerebrovascular Disease (Stroke) | 43.4 | 42.9 | | 41.7 | | 36.9 | | 33.8 |
| Diabetes Mellitus | 29.6 | 30.4 | | 24.4 | | 21.2 | | 16.1** |
| Unintentional Injuries | 32.8 | 28.4 | | 45.1 | | 42.7 | | 36 |
| Kidney Disease | 20.8 | 22.8 | | 18.7 | | 13.1 | | N/A |
| Firearm-Related | 18.1 | 21.1 | | 12.2 | | 10.5 | | 9.2 |
| Homicide/Legal Intervention | 15.9 | 17.5 | | 5.5 | | 5.4 | | 5.5 |
| Alzheimer's Disease | 21.5 | 17.4 | | 29.4 | | 29.2 | | N/A |
| Pneumonia/Influenza | 15.23 | 12.8 | | 14.3 | | 14.4 | | N/A |
| Intentional Self-Harm (Suicide) | 14 | 11.5 | | 14.4 | | 14.3 | | 10.2 |
| Motor Vehicle Crashes | 6.5 | 10.8 | | 11.3 | | 10.2 | | 12.4 |
| Cirrhosis/Liver Disease | 10.7* | 8.5 | | 18.7 | | 11.5 | | 8.2 |
| Drug-Induced | 16 | 7.9 | | 10.11 | | 15.2 | | 11.3 |
| | | | | | | | | |
| | | making progress | | | | | | |
| | | work to do | | | | | | |
| http://www.ihs.org/ihs/topics/t/general-statistics/fatalityfacts/state-by-state-overview/2014 http://indianaindicators.org/CountyDashboard.aspx?c=089 http://www.stats.indiana.edu/vitals/ http://www.dunelandhealthcouncil.org/about/focus/99-substance-abuse.html http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf *most recent cirrhosis data from Duneland Health Council includes, Lake, Porter and LaPorte Counties **percentage revised down since 2013 report | | | | | | | | |

MORTALITY RATES, LAKE COUNTY vs. U.S. COMPARISON

| Mortality - County/US Gaps | | | | |
|---|-------------|---------|-------|------------------------------------|
| Age-Adjusted Death Rate | Lake County | Indiana | U.S. | Lake County% GAP (+/- fed rate) |
| Homicide/Legal Intervention | 15.9 | 5.5 | 5.4 | 66.04% |
| Firearm-Related | 18.1 | 12.2 | 10.5 | 41.98% |
| Kidney Disease | 20.8 | 18.7 | 13.1 | 37.01% |
| Infant Mortality | 8.4 | 7.2 | 6 | 28.57% |
| Diabetes Mellitus | 29.6 | 24.4 | 21.2 | 28.37% |
| Malignant Neoplasms (Cancers) | 186.5 | 179.4 | 167.1 | 10.40% |
| Diseases of the Heart | 186.9 | 181.9 | 170.5 | 8.77% |
| Cerebrovascular Disease (Stroke) | 43.4 | 41.7 | 36.9 | 5.86% |
| Pneumonia/Influenza | 15.23 | 14.3 | 14.4 | 5.45% |
| Drug-Induced | 16 | 10.11 | 15.2 | 5.00% |
| Chronic Lower Respiratory Disease (CLRD) | 46.6 | 61.1 | 46.1 | 1.07% |
| Intentional Self-Harm (Suicide) | 14 | 14.4 | 14.3 | -2.10% |
| Cirrhosis/Liver Disease | 10.7* | 18.7 | 11.5 | -6.96% |
| Unintentional Injuries | 32.8 | 43.4 | 41.3 | -20.58% |
| Alzheimer's Disease | 21.5 | 29.4 | 29.2 | -26.36% |
| Motor Vehicle Crashes | 6.5 | 11.3 | 10.2 | -36.27% |
| <i>county average improves on US rate</i> | | | | |
| http://www.stats.indiana.edu/vitals/ | | | | |
| http://www.iihs.org/iihs/topics/t/general-statistics/fatalityfacts/state-by-state-overview/2014 | | | | |
| http://indianaindicators.org/CountyDashboard.aspx?c=089 | | | | |
| http://www.dunelandhealthcouncil.org/about/focus/99-substance-abuse.html | | | | |
| http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf | | | | |
| is data from Duneland Health Council includes, Lake, Porter and LaPorte Counties | | | | |
| https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/1tabledatadeoverviewpdf/table_1_crime_in_the_united_states_by_volume_and_rate_per_100000_inhabitants_1994-2013.xls#overview | | | | |
| http://www.stats.indiana.edu/vitals/ | | | | |



Lake County vs. U.S. Cause of Death



*Community Hospital
Health Needs Assessment*

Survey of the Community 2016





KEY FINDINGS IN THE HEALTH NEEDS SURVEY OF RESIDENTS

A primary source of information for the Community Health Needs Assessment was obtained through online and printed questionnaires completed by 1738(+) individuals who live in 41 Northwest Indiana and 4 Illinois zip codes. The 35-question survey covered key indicators such as the significance of social problems ranging from affordable housing to public safety; health concerns including substance abuse and dental health; reasons for obesity; difficulties of accessing medical and mental health services; exposure to physical violence; impediments to weight loss; use of non-traditional therapies and nutritional supplements; cancer care and education; sources of health information in general and demographic questions. The results were then sorted by zip code tied to the service area of each individual hospital. Though some results in the Community Hospital Service Area 17-zip code communities tracked similarly to the larger encompassing Northwest Indiana group, there were also marked differences. The sample population for the Community Hospital Health Needs Assessment for 2016 has approximately 1100 participants.

The 2016 CHNA was conducted jointly by Community Healthcare System, Methodist Hospitals and Franciscan Alliance. The partnership of the three largest not-for-profit health systems in the circumference of the Northwest Indiana and south suburban Chicago area promoted more efficient data collection, a broad platform for comparison of health needs within a diverse geographic and demographic population and a method that eliminated overlapping demands on residents and communities for duplicate information. The survey results from the broader geographic area do share thematic characteristics, but CH has its own unique components based on location, density of population, socioeconomic diversity and county public health infrastructure.

TOP HEALTHCARE PRIORITIES


Social Challenges

As part of this survey, we asked area residents to tell us what they considered to be the most pressing social problems in their community.

| What do you feel are the 3 most important social problems in your community? | | |
|--|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Lack of Employment Opportunities | 53.77% | 54.70% |
| Public Transportation | 37.16% | 31.99% |
| Lack of Education/ Job Training | 36.06% | 35.55% |
| Affordable Housing | 33.69% | 33.63% |
| Public Safety | 29.58% | 22.83% |
| Poor Health of Residents | 28.03% | 27.44% |
| Violence | 27.66% | 22.94% |
| Pollution (Clean, safe air quality) | 27.57% | 23.99% |
| Poverty | 17.44% | 18.91% |
| Hunger (Food Insecurity) | 8.76% | 8.35% |
| Other | 0.00% | 10.68% |

Examining the responses of the survey participants who reside in the CH revealed the impact of economic conditions on the health and safety of residents in underprivileged areas. The utmost concern is employment opportunities with the secondary problem of how you find transportation to jobs if you are able to find one. Ironically healthcare providers are one of the largest sectors of employers in Northwest Indiana with more than 65,000 jobs in the tri-county area. Nursing programs have had difficulty keeping up with the demand for trained graduates.

Communities within the CH area where there is poverty and violence affect the surrounding areas, even if those towns and cities are more affluent and newer. In the CH area, more than 28 percent of those surveyed are concerned about the poor health of residents and almost 30 percent consider public safety a major social problem, a higher percentage than those who answered the overall questionnaire counting all responses.



In this example, the CH population has exactly the same level of concern about affordable housing as the larger NWI population. But, when asked about the threat of violence as a social problem, the diverse CH area rates its concern at 5 points higher than the general population. To add to the complexity, in a subsequent question about an individual relationship to violence, survey participants in the narrower CH study say that in most cases (94.57 percent) they have not been victims of violence, nor have their relatives.

Those surveyed in the CH service area are concerned about public transportation because so many of the residents must travel by car from South Lake County. One advantage to living in the older, northern corridor of the CH area is there is access to the NICTD commuter rail system. Also some communities have bus service. East Chicago, for instance, has a public transportation system and benefits from the care van operated by St. Catherine Hospital to help patients to and from their home to the hospital to access services.

Residents of the CH service area indicated more fear of the threat of pollution than in the larger, general group of participants in the survey. The CH service area takes in part of Illinois and its communities tend to be more mature than neighborhoods and developments north and east included in the Community Health Needs Survey 2016. Concern had lessened in both groups surveyed about poverty and hunger. Poverty and poor nutrition are more often associated with obesity and that has become of greater concern than ever.

Health Challenges

| What do you feel are the 3 most important health problems in your community? | | |
|--|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Obesity | 47.73% | 47.24% |
| Diabetes | 41.92% | 43.28% |
| Cancer | 41.92% | 43.28% |
| Heart Disease/Stroke | 35.10% | 36.18% |
| Mental Health | 30.81% | 32.05% |
| Substance Abuse (alcohol, drugs) | 25.59% | 28.21% |
| Smoking and Tobacco | 23.06% | 25.54% |
| Breathing Problems | 21.13% | 20.48% |
| Asthma | 9.93% | 10.30% |
| Dental/Oral Health | 7.49% | 7.56% |
| Hearing/Vision Problems | 4.46% | 3.20% |
| Injuries | 3.54% | 2.97% |
| Infant Mortality | 1.52% | 1.51% |
| HIV/ AIDS | 1.52% | 1.34% |
| Other | 0.00% | 2.56% |

The five top health concerns for the CH area mirror the health concerns of the entire NWI survey population, but have changed somewhat in the problems and issues raised in the Community Health Needs Assessment in 2013. The top five health problems according to 2016 study participants are: Obesity, Diabetes, Cancer, Heart Disease and Stroke, and Mental Health. Asthma and other respiratory conditions are perceived as less of a problem than the diseases have been in reality, as noted in the 2013 CHNA.

Looking at the numbers from the 2013 CHNA in the larger population and the CH service area, obesity has grown significantly as a community concern as well as a pervasive disease.

The high infant mortality rate problem of a few years ago is having much less impact on those surveyed in the CH communities now. Hearing and vision issues and HIV/AIDS, which had a large presence a few years ago, have dwindled, while concerns over mental health (stress, depression) have built up to be a major problem to the population in the CH 2016 survey.

Obesity

| What do you feel are the 3 top reasons why obesity is an issue in your community? | | |
|---|---|------------------------------------|
| | Community Hospital Service Area Survey 2016 | Community Health Needs Survey 2016 |
| Unhealthy diet and exercise habits | 77.11% | 71.29% |
| Lack of knowledge about nutrition | 54.30% | 46.76% |
| Lack of access to healthy and affordable food (fruits and vegetables) | 37.65% | 37.65% |
| Lack of access to low cost weight loss programs | 30.09% | 29.71% |
| Healthy habits not promoted/supported in the community, schools | 30.09% | 27.82% |
| Lack of recreation/physical activity programs | 24.22% | 21.53% |
| Lack of support from employers | 11.83% | 10.53% |
| Lack of access to parks and places to exercise | 11.26% | 10.76% |
| Safety reasons (personal/traffic/neighborhood) | 10.22% | 8.35% |
| Obesity is not a problem in my community | 7.47% | 6.35% |
| Lack of support from hospitals and medical professionals | 5.68% | 5.94% |
| Other (please specify) | 0.00% | 7.47% |

Responses to the questions about obesity speak to a perception of universal sentiment of personal accountability. More than 77 percent of the time, CH respondents attributed the obesity problem to unhealthy diet and exercise habits. There is enough blame to go around with a high frequency of answers including a general lack of nutrition knowledge (54.30 percent) within the CH community as well as difficulty getting access to affordable, healthy foods like fresh fruit and vegetables. (Access is significantly less of a concern in adjacent communities studied in the entire Community Health Needs Survey.)

While lack of recreational outlets and physical activities are missed by about 25 percent of residents in the CH area, about 10 percent of the survey participants feel that support from employers, access to safe spaces and safety in general are among the roadblocks to overcoming obesity in the area. In addressing obesity, the community at large, as well as the CH communities specifically, agree that hospitals and medical professionals are generally supportive of clients and patients who struggle with this issue.

Weight Control

Obesity appears to be impacting more households in the CH service area than that of the rest of Northwest Indiana, according to the responses of the survey.

Eating habits and stress were identified as the primary barriers to weight control for the residents of the CH area. A large percentage (31 percent) of the CH area said in the survey that weight control was not their problem and 21 percent of the respondents said they do not like to exercise.

An interesting fact, demographic statistics show that Lake County, Indiana has one of the highest ranking – 91 percent in the current County Health Rankings and Roadmaps, exactly the same high rating as Top Performers in the U.S. and way above the state of Indiana at 75 percent - of access to exercise including health clubs, bike and walking trails and other safe spaces.

| What keeps you or your household members from your healthy weight? | | |
|--|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Eating habits | 42.81% | 47.61% |
| Stress | 35.31% | 41.40% |
| Not a problem for anyone in my household | 31.07% | 28.01% |
| Don't like to exercise | 21.31% | 24.00% |
| Cost and lack of healthy foods (fruit and vegetables) | 16.89% | 20.57% |
| Not enough safe parks, sidewalks, walking trails, low-cost gym memberships | 11.38% | 14.23% |
| Medical condition | 10.48% | 12.35% |
| Don't know nutritional value in restaurant meals | 8.85% | 8.47% |
| Other | 7.86% | 9.18% |
| Don't have support from health professionals | 3.79% | 4.20% |
| Don't like fruits and vegetables | 3.43% | 4.14% |

HEALTHCARE BARRIERS

Difficulty Accessing Healthcare Services

In looking at barriers, access to basic health services appears to have improved over the last three-year period. As in the previous survey, economic reasons had influence on this issue, with co-pays and difficulties and delays in getting appointments the largest concerns of CH study participants. The CH service area residents had less difficulty with concerns such as finding programs, public transportation and primary care doctors, than the population of respondents to the overall survey. Language barrier was a minor problem.

| Which of the following make it harder for you and your household members to get healthcare services? | | | |
|--|--|--|---------------------------------------|
| | Community Hospital Service Area Needs Survey 2013 | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Don't have trouble getting healthcare services | | 29.39% | 49.27% |
| Cost of co-pays | 17.10% | 13.48% | 25.93% |
| Limited hours at doctor's office/clinic | 17.40% | 9.30% | 18.40% |
| Not able to get timely appointment to see doctor/provider | 15.30% | 9.30% | 17.87% |
| Lack of doctors/providers who accept my insurance | | 7.46% | 13.99% |
| Lack of insurance | 16.70% | 7.11% | 12.93% |
| Don't know what is available in my community | | 5.22% | 8.58% |
| Can't find programs/services that meets my needs | | 4.48% | 7.70% |
| Public transportation that is not available or too limited | | 4.43% | 6.11% |
| Lack of affordable transportation | 9.60% | 3.58% | 5.06% |
| Unable to find a primary care doctor | 10.00% | 2.73% | 6.00% |
| Unable to find a specialist | | 2.09% | 3.41% |
| Language barrier | | 1.39% | 1.65% |
| Other | | 0.00% | 6.41% |
| <i>not included in 2013 assessment</i> | | | |

Access to Mental Health Services

There is a strong correlation between the responses from CH area and the responses of residents of the greater geographic area. The majority of those who were surveyed indicated that they do not need mental health services. Considering roadblocks to physical and medical health services, the CH participants said that the lack of knowledge about what is available is more challenging than the cost of co-pays when trying to access mental health treatment.

CH respondents were as likely to say that they did not have a problem getting services as that they could not find programs or services that met their needs (5.96 percent on both answers). The larger overall survey showed the same dichotomy at a proportionately greater scope (10 and 11 percent). The majority of respondents in all of the Northwest Indiana communities that were measured, including the CH, did not think stigma was as significant a barrier to getting professional help as the lack of doctors who would accept their insurance, mid-range for both groups.

| Which of the following make it harder for you and your household members to get mental healthcare services, such as counseling for loss, divorce, stress, depression, substance abuse or other issue? Check all that apply | | |
|--|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Don't need mental health services | 41.09% | 57.94% |
| Don't know what is available in my community | 8.33% | 12.55% |
| Cost of co-pay | 7.70% | 14.16% |
| Don't have problem getting services | 5.96% | 9.64% |
| Can't find program/services that meets my needs | 5.96% | 10.95% |
| Lack of insurance | 5.79% | 10.05% |
| Concern about what other people think | 5.50% | 8.63% |
| Lack of doctors/providers who accept my insurance | 5.09% | 9.28% |
| Limited hours at doctor's office/clinic | 4.63% | 8.03% |
| Not able to get timely appointment to see doctor/provider | 4.28% | 7.91% |
| Unable to find a doctor/provider | 3.18% | 5.65% |
| Lack of affordable transportation | 2.49% | 3.57% |
| Other (please specify) | 0.00% | 3.33% |

Cost of Prescription Medicine as a Barrier to Affordability

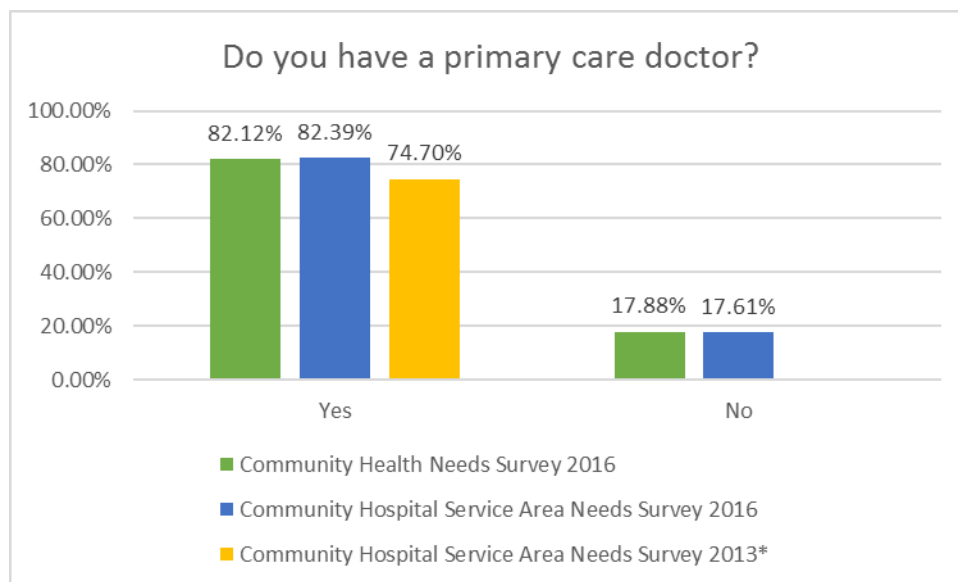
| Was there a time within the past year that you did not purchase or took less of a prescription medication because you could not afford it? | | | |
|--|--------|--------|-------|
| | Yes | No | Blank |
| Community Health Needs Survey 2016 | 29.38% | 70.62% | 2.07% |
| Community Hospital Service Area Needs Survey 2016 | 26.62% | 70.95% | 2.40% |
| Community Hospital Service Area Needs Survey 2013 | 15.30% | N/A | N/A |

The cost of prescription medicine is perceived as a major health barrier in Northwest Indiana and more often than ever in the CH service area. In the 2016 survey, almost 27 percent of the respondents said that they did not purchase or took less of a prescription medication because of cost. That percentage represents an increase of about 75 percent in survey participants who found themselves in that predicament in 2013 (15.30 percent), though having slightly less difficulty than participants in the survey of the larger population in the whole study of Northwest Indiana communities.

Access to Primary Care

| Do you have a primary care doctor? | | |
|--|--------|--------|
| | Yes | No |
| Community Health Needs Survey 2016 | 82.12% | 17.88% |
| Community Hospital Service Area Needs Survey 2016 | 82.39% | 17.61% |
| Community Hospital Service Area Needs Survey 2013* | 74.70% | |

*"determined to have a specific source of ongoing medical care"



The majority of those surveyed in the CH service area, like those participants in the overall CHNA, have a primary care doctor, though about 18 percent of those participants in the survey do not. But both populations have made a leap, growing the number with a family doctor by 7 percent since 2013. In general, research shows that residents who have a primary care physician who they visit routinely are more likely to engage in healthy behaviors like preventative care. The second best scenario for well-being is a regular healthcare provider or “healthcare home,” a clinic or facility where the patient feels comfortable visiting on a routine basis. The question asked in the 2013 assessment was aspirational, saying that participants were “determined” find a healthcare home. Obviously that goal was exceeded.

Explaining Why You Don’t Have a Primary Care Doctor

Almost 30 percent of people surveyed in the CH area who say that they do not have a primary care doctor, say they do not need one. (This is also true by a wider margin of 32 percent in the overall Northwest Indiana assessment.) The next largest group (15 percent) in both the CH and CHNA surveys says that they don’t have insurance. The third most often-cited reason for not having a doctor are the difficulties and delays and “all other” reasons associated with seeing a personal physician.

| If no, what is the main reason you do not have a primary care doctor? | | | |
|---|---|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2013 | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Don't need one at this time | | 29.27% | 31.75% |
| Don't have insurance | 16.70% | 15.12% | 15.32% |
| Other (Difficulties and delays) | 42.60% | 14.15% | 13.65% |
| Too costly | 17.10% | 11.71% | 11.98% |
| Prefer to see specialists for all health needs | | 10.24% | 9.19% |
| Not enough doctors in my community | | 5.37% | 5.01% |
| Can't find a doctor who takes my insurance | | 4.88% | 6.41% |
| Can't get an appointment | 15.30% | 4.39% | 4.46% |
| Don't trust doctors | | 1.95% | 2.23% |
| <i>not included in 2013 assessment</i> | | | |

Knowledge of Healthcare Services

| Which of the following do you need to know more about in order to get the healthcare services you need? | | |
|---|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| The specifics of what insurance covers and doesn't cover | 42.36% | 54.94% |
| Advance information from your insurance company about the costs of needed services | 31.64% | 42.17% |
| The availability of discounted or no-cost prescription medications | 33.18% | 44.25% |
| The healthcare services that are available in your community | 31.78% | 43.65% |
| Programs in your community to help people pay for health services they can't afford | 29.18% | 39.79% |
| Low or no cost transportation options in your community | 10.82% | 12.99% |

While the CH service area has a wide range of socioeconomic demographics, there is significantly less indication that those surveyed believe they are misinformed or not getting helpful information about insurance than within the Northwest Indiana population. There is obviously confusion with both groups studied about the costs and specifics of health insurance. Both groups of participants feel that they are not getting adequate information about what is available in the community, especially programs that may offer discounts on prescription drugs. The lowest rated concern on both lists is information about low or no cost transportation options, but 11-13 percent of the populations would like to know.

HEALTHCARE EXPERIENCE

Healthcare Preferences

| When you need healthcare, where do you usually go for services? | | |
|---|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| A doctor's office | 70.07% | 70.46% |
| Clinic or urgent/immediate care facility | 17.77% | 17.91% |
| Free or low cost clinic | 6.08% | 5.93% |
| Hospital Emergency Department | 3.50% | 3.11% |
| Other | 1.93% | 2.00% |
| Veteran's Administration Healthcare | 0.64% | 0.59% |


The CH resident and the overall CHNA participant are almost perfectly aligned on this question and most likely to receive healthcare services from their doctor. The survey results show respondents who use alternatives to a physician, are most likely to visit an urgent care facility (18 percent) or a free clinic (6 percent). A much

smaller number of respondents (3-3.5 percent) say that they usually go to the hospital emergency room, likely because there are other, better options available throughout Northwest Indiana.

Service Locations

| Community Hospital Service Area Needs Survey 2016 | | | | |
|---|------------------|--------------------------|-------------------------------|--------------------|
| Type of Care | Primarily in NWI | Primarily Outside of NWI | Need Service But Don't Get It | Don't Need Service |
| Eye/vision care | 90.20% | 4.95% | 4.85% | 0.00% |
| Primary care | 87.39% | 3.56% | 3.46% | 5.60% |
| Dental/Oral healthcare | 83.32% | 6.51% | 7.02% | 3.15% |
| Surgery | 59.39% | 9.39% | 0.94% | 30.27% |
| Specialist care | 54.08% | 9.31% | 1.96% | 34.64% |
| Chronic disease treatment | 46.10% | 5.49% | 1.48% | 46.94% |
| Mental health care | 21.61% | 3.80% | 4.45% | 70.14% |
| Prenatal care | 20.50% | 1.42% | 0.44% | 77.64% |
| Cancer care | 17.92% | 7.94% | 0.21% | 73.93% |

| Community Health Needs Survey 2016 | | | | |
|------------------------------------|------------------|--------------------------|-------------------------------|--------------------|
| Type of Care | Primarily in NWI | Primarily Outside of NWI | Need Service But Don't Get It | Don't Need Service |
| Primary care | 89.06% | 3.63% | 3.08% | 5.20% |
| Eye/vision care | 86.54% | 5.33% | 5.09% | 3.41% |
| Dental/oral Healthcare | 83.17% | 7.03% | 7.51% | 2.64% |
| Surgery | 60.67% | 9.65% | 0.99% | 30.18% |
| Specialist care | 54.13% | 8.50% | 2.32% | 36.21% |
| Chronic Disease Treatment | 46.25% | 4.87% | 1.56% | 48.31% |
| Mental health care | 23.35% | 3.99% | 5.25% | 67.72% |
| Prenatal care | 20.04% | 1.29% | 0.45% | 78.73% |
| Cancer Care | 16.76% | 7.34% | 0.25% | 76.22% |



With the exception of cancer care with 17 percent of CH service area residents going outside NWI for treatment, most people say that they are staying in Northwest Indiana for most types of treatment. On average, less than 10 percent elect to go outside of the CH communities. More than 87 percent of CH service area survey participants say that they elect to stay in Northwest Indiana for primary care. The majority are also getting dental care, eye and vision care in Northwest Indiana. Slightly less than 10 percent of CH Service Area respondents who need surgery or specialized care travel outside of the area

In the survey covering households in Greater Northwest Indiana, percentages of residents who get care outside of the Region are low. Though 10 percent of patients who need surgery go outside the area, 60 percent of households in the communities surveyed have surgery locally. The pool of cancer patients in the total survey is smaller than the population getting cancer care in the CH service area. Of the 17 percent of cancer patients in the larger group, however, only about 7 percent travel for cancer treatment. That is much less than the number of cancer patients who travel for care and live in the CH service area, possibly an access issue. Some CH service area residents may have an easier time getting to downtown Chicago than getting to South Lake County, where there are more cancer care options available.

CH service area respondents indicated that an area of their health that may be neglected is regular visits to the dentist. This tendency is lower in the CH service area where the density is greater as well as the availability of providers affecting convenience to a greater extent than in Northwest Indiana as a whole. The trend line of needing service and not getting it also runs parallel in neglecting eye and vision care for the CH service area resident (4.85 percent) and the Northwest Indiana residents (5.09 percent). The need-to-get-care-but-don't lines for the entire area and the CH service area converge when it comes to untreated mental illness. While more than 5 percent of Northwest Indiana residents who were surveyed say that they have untreated mental illness, the number goes down only slightly in the smaller population pool of the CH service area.

Getting Healthcare Information

| What are the three primary ways that you receive health information? | | | |
|--|--|--|--|
| | Community Hospital Service Area Needs Survey 2013 | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey Needs Survey 2016 |
| My doctor (doctor's office, clinic) | 51.80% | 80.74% | 79.92% |
| Internet | 20.06% | 52.23% | 50.06% |
| Hospital | 3.20% | 28.20% | 26.79% |
| Family | | 27.73% | 27.37% |
| Friends, co-workers/neighbors | 4.90% | 27.58% | 28.07% |
| Media (radio, TV, newspapers, etc.) | 6.30% | 22.80% | 25.96% |
| Social media (Facebook, Instagram, Twitter) | | 14.18% | 12.72% |
| A Nurse | | 14.02% | 14.45% |
| Urgent Care/ Immediate Care Clinic | | 9.71% | 11.76% |
| Emergency Room | | 6.16% | 5.88% |
| Other | 7.50% | 5.86% | 5.31% |
| Community organization | | 4.62% | 4.09% |
| Church | | 3.39% | 3.32% |
| School | | 2.77% | 2.62% |
| | | | |
| <i>not included in 2013 assessment</i> | | | |

There are no major differences in how area residents receive information on their healthcare. Almost 80 percent of the respondents in the larger CHNA geographic area get healthcare information from their doctors and that number varies by less than 1 percent in the CH service area (80.74 percent). In every category of information sources the percentages are approximately the same for those who live in CH area and the larger survey population. Another example of a frequent source of information for everyone who participated in the study is the Internet, with 50 percent of the respondents in the wider geographic area using the web and 52 percent of the residents in the CH service area going online for health information.

Among traditional information sources like the media, friends, family and churches, the CH group reports similar numbers to the CHNA study as well.

The CH area population (14.18 percent) is on social media even more than the overall Northwest Indiana survey population (12.72 percent). Social media was not included in the CHNA in 2013.

These findings suggest that a variety of communication channels need to be employed to deliver healthcare information to the residents of the CH service area.

Rating Healthcare Services


| How would you rate health care services available to you in NWI? | | | | | | |
|--|-----------|-----------|--------|--------|-------|---------------------|
| | Excellent | Very Good | Good | Fair | Poor | Don't Know/Not Sure |
| Community Health Needs Survey 2016 | 10.74% | 31.33% | 36.58% | 16.57% | 2.98% | 1.81% |
| Community Hospital Service Area Needs Survey 2016 | 11.69% | 34.17% | 33.63% | 13.40% | 3.15% | 2.34% |
| Community Hospital Service Area Needs Survey 2013 | 20.90% | 34.00% | 30.00% | 9.00% | 6.10% | N/A |

The response to the ratings question was slightly more negative as to the providers in the CH service area, but more spread out in terms of ratings per category than in the previous assessment. The excellent rating that was given in the 2013 survey dropped by less than half, but about the same number of participants gave the healthcare services a “very good,” rating as in 2013. About 34 percent of survey participants gave a good rating in the CH area and the total of good or above was approximately 80 percent in 2016. The 2013 total beat that by 5 percentage points partially from the high excellent score. But there was only a small increase in the fair-to-poor category of about 1 percent. The overall score saw the low end stabilize, with the top scores declined.

There were more “poor” ratings in the survey of all the communities, but the larger pool of participants only gave slightly higher ratings than the CH service area residents and those ratings were concentrated in the “good” category.

Overall, what do you feel hospitals and healthcare organizations could do to help improve the health of your community?

There were approximately 500 responses, about half of the total respondents in the survey, to this open-ended question to the Community Hospital service area about making your



healthcare experience better. Many comments had suggestions and pleas about making healthcare more affordable and some of those comments were very specific: “Be transparent about costs so we can comparison shop and stop charging the insanely inflated “list prices” for those of us who don’t have a large employer.” Another commenter acknowledged that people are responsible for their own healthcare but added, “...The biggest hold back to people getting help is the high cost of healthcare. Dozens of comments emphasized the benefits of assigning lower costs to preventive procedures, which would save money for patients and caregivers.

Diet, nutrition and well-being were brought up frequently. “Offer classes in school on fun exercises and cheap food to monitor weight problem. Attack them while they are young and get the family involved.” Several survey participants suggested that the hospitals get involved with area grocery stores to conduct health fairs there. Almost half of those surveyed expressed an interest in special education programs and health fairs, which they say promote and inspire participants to lead healthier lives. “Teach dental and personal hygiene,” one person wrote. Requests for improved mental health services popped up at a rate of about 1:20 answers. One CH area participant lamented the loss of a daily outpatient program for mental health saying, “It was very beneficial to many.”

Numerous requests for transportation services to get to health fairs and screenings were written into the answers to this questions. Commenters emphasized that seniors may have difficulty getting to educational health workshops and seminars so transportation should be provided. Words like “expanding” and “continuing” were often applied to suggestions for more widespread educational programs and easier access to those programs.

One commenter wrote that the hospital should “educate based on the needs of the area through evaluation [of] medical data. Then offer services and educational seminars related to the findings. There were many suggestions that pertained to hospitals interacting with other industries to make things better for the community as a whole. For instance, some consumers want the hospitals to work with insurance companies on cost, influence drug companies, restaurants on healthy food choices and provide “pre-planned meals that I can pick up in a box.”

Comments and suggestions also came from healthcare industry employees who want more support for their efforts to be healthier. There were many supportive comments about the industry in general, saying that it is on community members to step up and “take action with the knowledge that is available.” More than one commenter said, “My community offers a vast array of health information and healthcare providers.”

MANAGING YOUR HEALTH

Describe Your Health

| How would you describe your overall health? | | | | | | |
|---|-----------|-----------|--------|--------|-------|---------------------|
| | Excellent | Very Good | Good | Fair | Poor | Don't Know/Not Sure |
| Community Health Needs Survey 2016 | 7.15% | 32.09% | 40.87% | 15.64% | 3.66% | 0.58% |
| Community Hospital Service Area Needs Survey 2016 | 7.37% | 32.64% | 39.66% | 14.84% | 3.69% | 0.36% |
| Community Hospital Service Area Needs Survey 2013 | 17.20% | 30.50% | 32.00% | 14.60% | 5.60% | N/A |

There has been a shift in the number of residents of the CH service area who say they are in excellent health. Just three years ago, 17.20 percent of those surveyed said described their health as excellent and that number has dropped to barely more than 7 percent. More CH residents feel very good, however and the number of residents who describe themselves as feeling good went up 8 percentage points. The fair-to-poor categories grew just slightly. This might be explained by the fact that the 2016 survey may have included a higher number of responses from individuals with greater health needs and disparities. For the 2016 survey, we made a concerted effort to survey underserved individuals.

The number of survey participants from the community who believe that their health is good, fair or poor, mirrored the CH area participants closely.

Support for Addressing Health Needs

| Has your doctor or healthcare provider talked to you about each of the following? | | | |
|---|---|-----------------------------------|---|
| Community Hospital Service Area Needs Survey 2016 | Lifestyle changes that would improve your health, such as diet, exercise, smoking | Risk factors for chronic diseases | Your mental health (depression, anxiety, substance abuse) |
| Yes | 70.71% | 52.39% | 31.67% |
| No | 29.29% | 47.61% | 68.33% |

| Has your doctor or healthcare provider talked to you about each of the following? | | | |
|---|---|-----------------------------------|---|
| Community Health Needs Survey 2016 | Lifestyle changes that would improve your health, such as diet, exercise, | Risk factors for chronic diseases | Your mental health (depression, anxiety, substance abuse) |
| Yes | 71.89% | 54.12% | 33.87% |
| No | 28.11% | 45.88% | 66.13% |

Though physicians have little hesitation to discuss lifestyle changes that could improve quality of life, there appears to be a reluctance to explore mental health needs with the patient. That would be a simple step that could create an opportunity to increase awareness and influence outcomes, while continuing to foster communications between doctors and patient.

Use of Tobacco

| If you smoke, have you tried to quit in the past year? | | | | |
|--|--------|---------------|--------------|---------------|
| | Yes | No | Never Smoked | Former Smoker |
| Community Health Needs Survey 2016 | 7.95% | 7.30% | 58.87% | 25.88% |
| Community Hospital Service Area Needs Survey 2016 | 6.95% | 8.29% | 59.05% | 25.71% |
| | Smoker | Tried to Quit | | |
| Community Hospital Service Area Needs Survey 2013 | 23.22% | 58.90% | 54.00% | 22.80% |
| State of Indiana 2014 | 22.90% | | | |
| U.S. Smokers 2014 | 18.10% | | | |

In spite of the macro data on tobacco use in Northwest Indiana, both the CH service area population and the more encompassing study of the Region show numbers of self-described non-smokers that are much lower than the state and national numbers. Though the CH service area number is lower than the CHNA survey, it is less than a third of the rate indicated in the 2013 assessment (22.6 percent). In Indiana the numbers of smokers have dropped, but at a slower pace than what is seen in Northwest Indiana (from 25.6% in the 2013 CHNA) and in the U.S. where the statistics show that the number of smokers has stabilized or in some cases gone up. In rural areas, according to data in Indiana counties, the rate of smoking remains stubbornly above average. Not surprisingly, rural areas have less access to healthcare, complicated by shortages of healthcare professionals and transportation.

Household Diagnosis and the Effect on Lifestyle

| Have you or someone in your household been diagnosed with any of the conditions listed and has that limited your lifestyle? | | |
|---|---|--|
| Community Hospital Service Area Needs Survey 2016 | | |
| Diagnosis | You or someone in your household has been diagnosed | This condition limits or has caused major impairment of your lifestyle |
| Obesity | 33.18% | 37.28% |
| Diabetes | 33.97% | 25.72% |
| Depression\Mental Health Issues | 25.52% | 55.38% |
| Heart Condition | 31.50% | 29.60% |
| Cancer | 25.13% | 30.86% |
| Lung disease | 20.71% | 43.60% |

| Have you or someone in your household been diagnosed and has that limited your lifestyle? | | |
|---|---|--|
| Community Health Needs Survey 2016 | | |
| Diagnosis | You or someone in your household has been diagnosed | This condition limits or has caused major impairment to your lifestyle |
| Diabetes | 92.46% | 26.21% |
| Heart Condition | 92.28% | 27.80% |
| Obesity | 91.86% | 34.35% |
| Cancer | 89.46% | 29.41% |
| Depression\Mental Health Issues | 88.35% | 44.98% |
| Lung disease | 87.50% | 39.49% |

Across both groups measured in this study the two illnesses most likely to limit lifestyle choices are depression and other mental health issues and respiratory ailments. The impact on the lifestyle of the household is just somewhat greater in the CH area than in Northwest Indiana general survey population.

More than 55 percent of participants in the CH service area report an impact on lifestyle when someone in the household suffers with mental illness. In the survey of the larger population, the lifestyle effects are less, at 45 percent. Even though about 89 percent of residents in the larger survey area had a person in the household diagnosed with a mental condition, there was a 10-point difference with the CH service area in terms of the impact on lifestyle. Social influences and density of population could compound stress in the household with a person who is mentally

ill. While improved access to services could help alleviate this, the high-ranking problem of lack of public transportation in the CH area could hinder the mentally ill from getting the care they need.

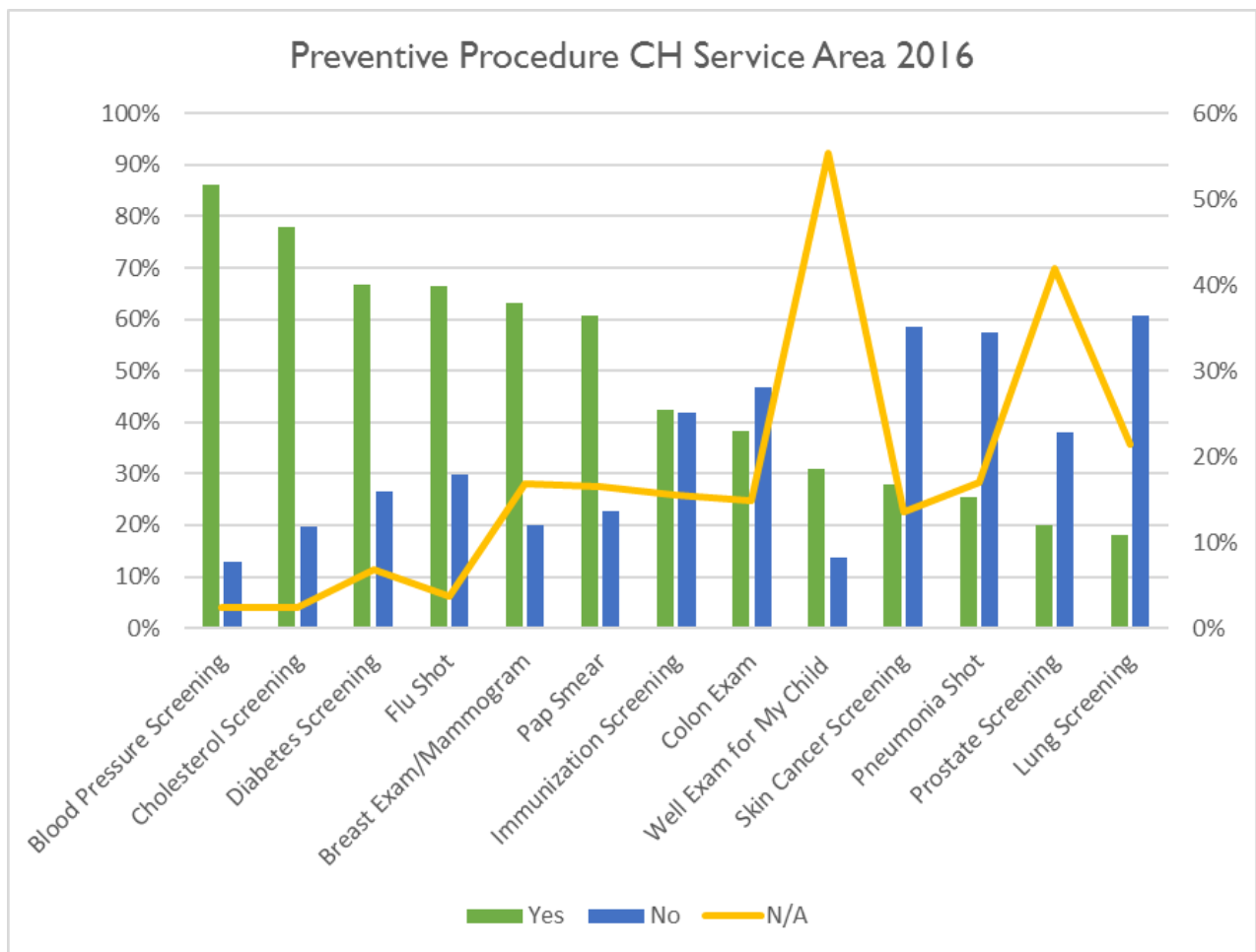
When dealing with lung disease, the differences in lifestyle impediment between the CH service area and the Northwest Indiana area gets smaller. There are about four percentage points less impact on lifestyle in the event of respiratory issue in the household than in the wider community.

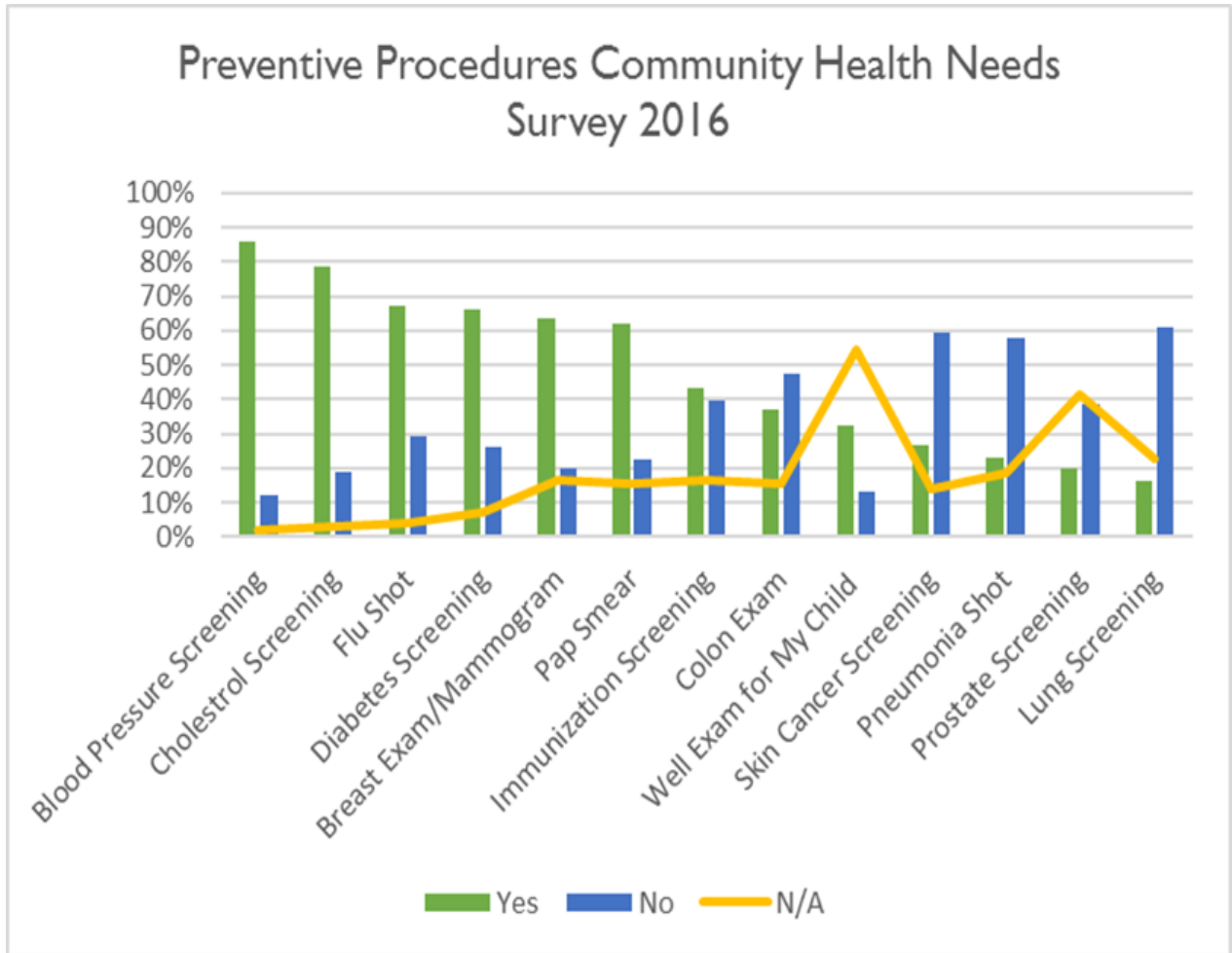
Obesity, diabetes and heart disease are somewhat easier for households to manage, with obesity being the toughest challenge of those three. Both the CH service area and the Northwest Indiana communities together struggle with the lifestyle impact of obesity at 34 and 37 percent.

Prevalence of Preventive Procedures


| Preventive Procedure | Community Hospital Service Area Needs Survey 2016 | | |
|--------------------------|---|--------|--------|
| | Yes | No | N/A |
| Blood Pressure Screening | 86.17% | 12.97% | 2.37% |
| Cholesterol Screening | 77.80% | 19.84% | 2.37% |
| Diabetes Screening | 66.60% | 26.64% | 6.76% |
| Flu Shot | 66.36% | 29.94% | 3.70% |
| Breast Exam/Mammogram | 63.14% | 20.09% | 16.77% |
| Pap Smear | 60.69% | 22.82% | 16.49% |
| Immunization Screening | 42.48% | 41.97% | 15.55% |
| Colon Exam | 38.21% | 46.86% | 14.93% |
| Well Exam for My Child | 30.85% | 13.72% | 55.43% |
| Skin Cancer Screening | 27.95% | 58.48% | 13.57% |
| Pneumonia Shot | 25.46% | 57.53% | 17.01% |
| Prostate Screening | 20.10% | 38.03% | 41.87% |
| Lung Screening | 17.99% | 60.63% | 21.38% |

| Preventive Procedure | Community Health Needs Survey 2016 | | |
|--------------------------|------------------------------------|--------|--------|
| | Yes | No | N/A |
| Cholesterol Screening | 85.78% | 12.30% | 1.92% |
| Flu Shot | 78.36% | 18.83% | 2.81% |
| Breast Exam/Mammogram | 66.94% | 29.20% | 3.86% |
| Pap Smear | 66.39% | 26.18% | 7.43% |
| Well Exam for My Child | 63.43% | 19.76% | 16.82% |
| Blood Pressure Screening | 61.77% | 22.50% | 15.73% |
| Immunization Screening | 43.25% | 39.93% | 16.82% |
| Lung Screening | 36.91% | 47.50% | 15.59% |
| Diabetes Screening | 32.26% | 13.33% | 54.41% |
| Skin Cancer Screening | 26.76% | 59.37% | 13.87% |
| Pneumonia Shot | 23.13% | 58.00% | 18.87% |
| Prostate Screening | 19.72% | 38.73% | 41.55% |
| Colon Exam | 16.37% | 60.85% | 22.78% |





A large population in both the CH service area and the greater Northwest Indiana area are getting tested more frequently and having more preventive treatments than in the past. Higher numbers of insured patients and a large proportion of the population surveyed saying they have a primary care physician that they see at office visits should influence better outcomes for cardiovascular and other major health problems in the future.



Though obesity, diabetes, pneumonia and other medical conditions that can sometimes be fatal or lead to other fatal diseases, have been challenging for Northwest Indiana, routine testing and early warning create an opportunity for the physician to intervene if there is a problem. Even if there is nothing detected, screening procedures provide a chance for physicians and patients to discuss lifestyle changes and behavior modification that could ultimately bring death rates down.

Visiting the Emergency Room

Throughout Northwest Indiana about half of residents did not have a reason to visit a hospital emergency room in the past year. In the CH service area just slightly more than half did visit the ER. The top category of reasons for the trip to the ER in CH area was for either an injury or common illness, accounting for 23 percent of the trips in the Northwest Indiana region and in the CH service area about 33 percent. In the CH service area approximately 15 percent of ER visits were for pain. It has been suggested by other research in the state and the nation, that an increasing number of emergency room visits seeking opiate painkillers are the result of a growing addiction to those prescription medications.

Public safety and law enforcement studies show that ERs have been a hunting ground for street dealers who get prescriptions for pain and then sell the drugs to addicts. Although this survey shows that the percentage of patients who show up at the ER for substance abuse is just over 1 percent in both the CH service area and in Northwest Indiana. Heart condition and breathing problems are two reasons common to both groups of survey participants who visited the ER in the past year.

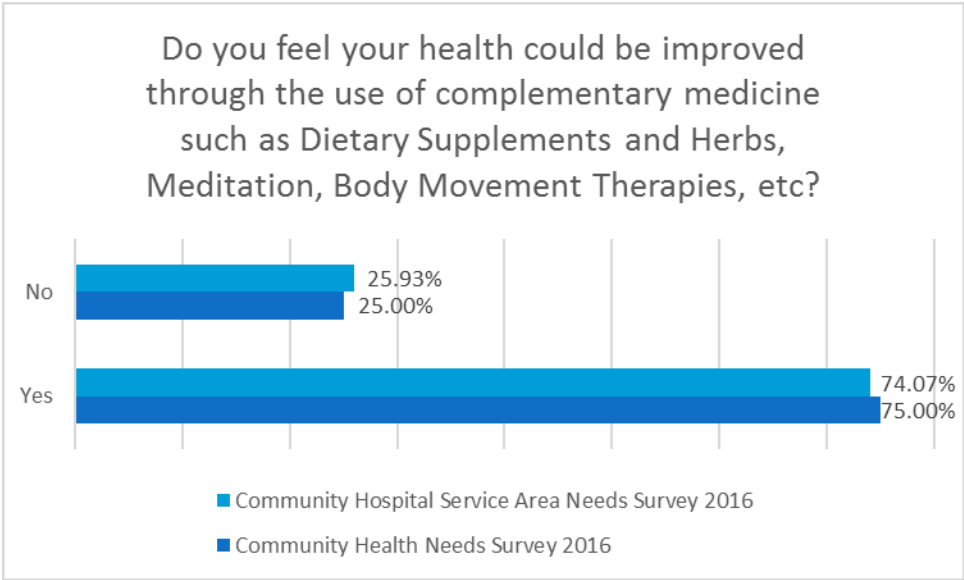
The CH service area residents are likely to have visited the ER for respiratory problems (11.75 percent) than for diabetes or blood sugar issues at about 6 percent. For both groups, dental issues or cancer were among the least likely reasons for residents to visit the ER. The percentages of those surveyed who went to the ER to “see a doctor,” are small (5.42 percent) for the CH service area and an even smaller number (3.61 percent) went to the ER for that reason among the larger CHNA group studied.

| In the past 12 months have you or anyone in your household visited the ER for any of the following? | | |
|---|---|------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Did not visit the ER in the past 12 months | 46.04% | 51.33% |
| Injury | 16.27% | 10.71% |
| Common illness (colds, ear infections, fever, rash, flu) | 16.11% | 11.72% |
| Broken bones | 15.87% | 4.63% |
| Pain Relief | 14.91% | 8.94% |
| Breathing problems (asthma, COPD) | 11.75% | 8.81% |
| Heart Condition | 10.99% | 7.67% |
| Blood sugar (diabetes) | 5.57% | 3.11% |
| Just needed access to a physician | 5.42% | 3.61% |
| Depression/Anxiety/Mental Health Issues | 4.82% | 3.61% |
| Stroke | 2.56% | 1.46% |
| Cancer | 2.26% | 1.77% |
| Dental/Oral health | 1.96% | 2.03% |
| Substance Abuse (alcohol, drugs) | 1.51% | 1.08% |
| Other | 0.00% | 12.80% |

Complementary Medicine

Perhaps it is simply a sign of the times that in the CH service area, as well as the larger survey area, have an interest in complementary medicine. There is an almost identical rate of favor to the idea of complementary therapies and dietary supplements, which may provide another opportunity for health improvement.

| Do you feel your health could be improved through the use of complementary medicine such as Dietary Supplements and Herbs, Meditation, Body Movement Therapies, etc? | | |
|--|--------|--------|
| | Yes | No |
| Community Health Needs Survey 2016 | 75.00% | 25.00% |
| Community Hospital Service Area Needs Survey 2016 | 74.07% | 25.93% |

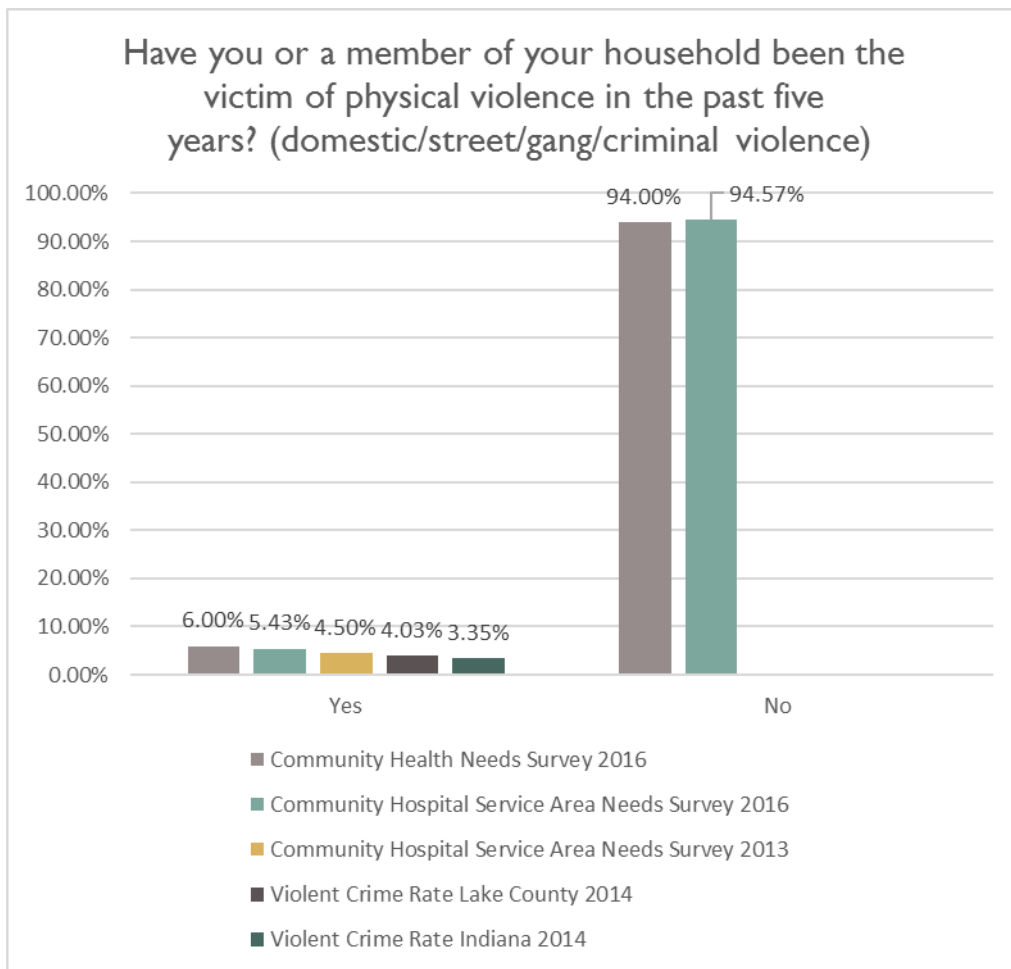


VIOLENCE

Victims of Violence

Northwest Indiana is known for high rates of violent crimes---higher than average in the state and the nation. However, only a small proportion of households have experienced a violent crime. Six percent of those surveyed in the Northwest Indiana communities reported that they or a member of their household had been a victim of a violent crime sometime in the past five years. The risk is perceived as less in the CH service area where 5.43 percent of survey participants reported involvement in a violent incident during that timeframe, although that rate has gone up 1 percentage point since the previous assessment in 2013.

| Have you or a member of your household been the victim of physical violence in the past five years? (domestic/street/gang/criminal violence) | | |
|--|-------|--------|
| | Yes | No |
| Community Health Needs Survey 2016 | 6.00% | 94.00% |
| Community Hospital Service Area Needs Survey 2016 | 5.43% | 94.57% |
| Community Hospital Service Area Needs Survey 2013 | 4.50% | |
| Violent Crime Rate Lake County 2014 | 4.03% | |
| Violent Crime Rate Indiana 2014 | 3.35% | |



CANCER

There is not much differentiation as to what the CH service area respondents compared with those from the greater Northwest Indiana area thought would help lower the risk for an individual's getting cancer. Free screening is the top choice of both populations in fighting cancer; more education about screening tests is a second choice.

Overall, the Northwest Indiana respondents believe strongly that employer incentives work (33 percent), while those who live in the CH service area consider that idea somewhat less helpful in achieving lower cancer rates (27 percent). Both groups believe that education on screening programs, healthier food choices, public information and doctor education would be worthwhile in bringing down the rates of cancer. The CH area population is a little less optimistic about the effectiveness of smoking cessation education.

Lowering Individual Risk

| Which of the following efforts do you feel would be most effective to help lower an individual's risk for cancer? (Choose 3.) | | |
|---|--|---------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Access to the free screening resources in the community | 66.68% | 73.65% |
| Education on screening guidelines | 31.09% | 34.19% |
| Stress reduction | 29.24% | 31.49% |
| Public information on detection and prevention | 29.24% | 31.23% |
| Employer incentives for good health behaviors | 29.07% | 32.87% |
| Healthier food choices in the community | 27.04% | 29.64% |
| Physician educating patients on preventative measures | 24.57% | 25.82% |
| Nutrition counseling and weight loss programs | 22.81% | 26.22% |
| Education programs in our schools | 21.93% | 24.37% |
| Tobacco cessation programs | 20.52% | 23.85% |
| Other | 0.00% | 2.50% |

Cancer Screening

The most effective type of encouragement to get screened for cancer would be to make screenings free or bring down the costs, in both the CH service area and the Northwest Indiana communities. The idea of affordability dominates this question as high numbers of participants predict positive results if insurance companies would provide better coverage for preventive cancer testing.

Study participants believe that the next most effective means of encouragement for screening is for healthcare providers to urge individuals to get tested for cancer.

| Which of the following resources would most encourage people to be screened for cancer? (Choose 2) | | |
|--|--|---------------------------------------|
| | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Free or low cost screenings | 68.49% | 81.94% |
| Better insurance coverage for cancer screenings | 56.82% | 67.15% |
| Encouragement from a healthcare provider | 28.00% | 31.68% |
| Public Service Announcements (TV, radio, newspapers) | 16.33% | 18.19% |
| Information on social media | 13.22% | 16.03% |
| Group educational programs | 10.69% | 11.39% |
| Videos and printed materials | 6.45% | 8.38% |
| Other (please specify) | 0.00% | 1.18% |

Needs of Cancer Patients

Participants in the CH service area place high value on individual counseling for cancer patients, which reflects back on many of the comments in the open-ended questions in the survey. Other suggestions that got high marks in the study of the CH service area, as well as the CHNA overall survey, placed an emphasis on sympathy in professional settings including hospice services (75.74 percent in the CH area and 77.08 in the larger study). Access to nutritional therapy, stress reduction and rehabilitation services were flagged as important, too. The least value for cancer patients was assigned to online support groups and educational services online by survey participants.


| How valuable do you feel each of the following are to people who have cancer? | | | | |
|---|---------------|-------------------|-------------------|---------------------|
| Community Hospital Service Area Needs Survey 2016 | Very Valuable | Somewhat Valuable | Not Very Valuable | Not at All Valuable |
| Individual counseling | 76.61% | 19.31% | 2.96% | 1.12% |
| Hospice services | 75.74% | 18.68% | 4.16% | 1.42% |
| Nutritional and diet therapy | 73.08% | 23.68% | 2.53% | 0.71% |
| Rehabilitative services | 71.59% | 23.76% | 3.72% | 0.93% |
| Exercise and stress reduction activities | 71.36% | 24.15% | 3.89% | 0.60% |
| Educational programs in the community | 68.89% | 26.02% | 4.69% | 0.60% |
| Support groups in the community | 68.35% | 26.09% | 4.04% | 1.52% |
| Access to clinical research trials in the community | 68.11% | 24.88% | 5.43% | 1.58% |
| Pallative care options | 66.88% | 26.82% | 4.70% | 1.60% |
| Complementary medicine (diet, supplements and herbs, | 66.86% | 24.78% | 6.49% | 1.87% |
| Spiritual counseling | 65.49% | 27.62% | 24.89% | 2.04% |
| Educational resources online | 63.27% | 30.10% | 6.02% | 0.61% |
| Support groups online | 52.71% | 31.32% | 12.32% | 3.65% |

| How valuable do you feel each of the following are to people who have cancer? | | | | |
|---|---------------|-------------------|-------------------|---------------------|
| Community Health Needs Survey 2016 | Very Valuable | Somewhat Valuable | Not Very Valuable | Not at All Valuable |
| Individual counseling | 78.48% | 17.82% | 2.80% | 0.91% |
| Hospice services | 77.08% | 17.80% | 3.81% | 1.32% |
| Nutritional and diet therapy | 74.69% | 21.23% | 3.04% | 1.04% |
| Exercise and stress reduction activities | 72.59% | 22.97% | 3.83% | 0.62% |
| Rehabilitative services | 71.33% | 23.94% | 3.60% | 1.13% |
| Support groups in the community | 68.99% | 25.14% | 4.70% | 1.17% |
| Educational programs in the community | 68.85% | 26.18% | 4.29% | 0.68% |
| Pallative care options | 68.57% | 25.34% | 4.42% | 1.67% |
| Complementary medicine (diet, supplements and herbs, | 68.34% | 24.29% | 5.75% | 1.62% |
| Access to clinical research trials in the community | 67.63% | 25.17% | 5.25% | 1.95% |
| Spiritual counseling | 66.39% | 26.15% | 5.44% | 2.02% |
| Educational resources online | 63.28% | 31.25% | 4.91% | 0.56% |
| Support groups online | 53.07% | 32.10% | 11.55% | 3.28% |

Improving Cancer Care

Thinking about those you may know who have been diagnosed with cancer, what could hospitals do to improve care to patients and their loved ones?

Of the more than 500 responses to this question, most respondents wanted more information along with more time. Compassion was mentioned as frequently, as often as affordability. More than one commenter pleaded “Find a cure.”




There are many requests for more information and hundreds of calls for truth and honesty when dealing with cancer patients and their families. “Spend more time informing families and patients about treatment alternatives and prevention,” one participant wrote. “Don’t look at a cancer patient as if they’re dying. Look at them as if they have their whole life ahead of them,” wrote another participant. “Give patients time to accept their diagnosis and explain in detail what kind of cancer treatment is needed.” Another suggested that caregivers, “Be sensitive. Treat the whole family. Maintain the human touch.”

There were hundreds of suggestions about the use of alternative therapies and the helpfulness of positive attitude. Information on “new medicines, new treatments and upcoming medical research,” about cancer would be much appreciated, according to one commenter. One participant explained that the diagnosis should be forthright, saying: “Give the patient the whole picture of their health to help them better understand their condition. Give them more information at the time of diagnosis. Give them the odds upfront. Most cancers are not cured after Stage 2 and go to Stage 4.”

Many of those surveyed would like to see an integrated approach to patient care with teams of providers including physicians and specialists and coordination of follow-up care. It was frequently suggested that there be a manager of services for cancer patients, the words “health aide,” “navigator”, “patient advocates,” were used to reference this person. “Streamline and de-mystify the process,” suggested one survey participant, who added: “Providers working in teams could help de-mystify the process.”

Though there were complaints about insensitivity of doctors and nurses when dealing with cancer patients, there were also many who used the survey as an opportunity to thank the healthcare professionals who helped a cancer patient through a difficult time. “The hospitals are doing very well to improve care for patients and their loved ones,” said one commenter.

“They’ve done an awesome job in my cases,” another wrote. “My experience with cancer and my wife in a local hospital was excellent. Superior service, offered stress reduction and advice regarding financial fears.” And there were many upbeat messages, along with hope for a cure. One participant suggested, “Free activities for cancer patients to reduce stress, pampering, massages, free wigs and painting classes.”



Some said that more information about palliative, hospice and respite care would be valued and would like the education sooner rather than later. Another asked caregivers not to judge the cancer patients: “Don’t assume that a lifestyle was the primary cause of a condition.”

“People don’t know how to use the social workers available,” suggested a commenter. “Many don’t even know they are available.”

DEMOGRAPHICS OF SURVEY RESPONDENTS

Gender

| What is your gender? | | |
|---|--------|--------|
| | Female | Male |
| Community Health Needs Survey 2016 | 82.91% | 17.09% |
| Community Hospital Service Area Needs Survey 2016 | 82.00% | 18.00% |
| Census Lake County | 53% | 47% |

U.S. Census Bureau

Age

| What is your age? | | | | | | | |
|---|----------|--------|--------|--------|--------|--------|-------------|
| | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75 or older |
| Community Health Needs Survey 2016 | 3.36% | 12.42% | 16.43% | 24.26% | 27.04% | 10.61% | 5.89% |
| Community Hospital Service Area Needs Survey 2016 | 4.03% | 12.84% | 15.00% | 22.59% | 25.40% | 11.90% | 8.25% |
| Community Hospital Service Area Needs Survey 2013 Actual Population | | | 18-39 | | 40-64 | | 65+ |
| | | | 37.40% | | 44.90% | | 17.70% |
| Census Lake County | Under-18 | | 25-44 | | 45-64 | | 65+ |
| | 9.10% | | 24.80% | | 27.00% | | 14.70% |

U.S. Census Bureau; Indiana Business Research Center

Ethnicity

| What is your ethnicity? | | | | | | |
|---|--------------------|---------------------------|--------------------|---------------------------|-----------------------------------|-------|
| | Hispanic or Latino | Black or African American | White or Caucasian | Asian or Pacific Islander | American Indian or Alaskan Native | Other |
| Community Health Needs Survey 2016 | 9.13% | 27.14% | 72.86% | 0.98% | 1.04% | 1.83% |
| Community Hospital Service Area Needs Survey 2016 | 13.57% | 13.95% | 68.98% | 1.23% | 0.85% | 1.42% |
| Community Hospital Service Area Needs Survey 2013 | | 46.80%* | 53.20% | | | |
| *non-white | | | | | | |

Income

| What is your average household income? | | | | | | | |
|---|--------------|-------------------|-------------------|-------------------|---------------------|---------------------|--------------|
| | \$0-\$24,999 | \$25,000-\$49,000 | \$50,000-\$74,999 | \$75,000-\$99,999 | \$100,000-\$124,999 | \$125,000-\$149,999 | \$150,000-up |
| Community Health Needs Survey 2016 | 14.89% | 20.79% | 20.93% | 17.77% | 12.92% | 5.20% | 7.51% |
| Community Hospital Service Area Needs Survey 2016 | 17.80% | 21.81% | 19.86% | 15.33% | 12.14% | 4.73% | 8.33% |

Number in Household

| How many people are in your household, including yourself? | | | | | |
|--|--------|--------|--------|--------|-----------|
| | 1 | 2 | 3 | 4 | 5 or more |
| Community Health Needs Survey 2016 | 13.05% | 39.40% | 21.79% | 15.79% | 9.98% |
| Community Hospital Service Area Needs Survey 2016 | 14.07% | 39.38% | 21.44% | 14.92% | 10.20% |

Health Insurance

| Do you have health insurance? | | |
|--|---------|--------|
| | Yes | No |
| Community Health Needs Survey 2016 | 93.07% | 6.93% |
| Community Hospital Service Area Needs 2016 | 92.75% | 7.25% |
| Community Hospital Service Area Needs 2013 | 83.30%* | 16.70% |
| U.S. Census 2016 | | 13.30% |
| State of Indiana 2016 | | 19.30% |
| <i>*includes gov't sponsored</i> | | |

Educational Level

| What is your highest level of education? | | |
|--|---|------------------------------------|
| Educational Level | Community Hospital Service Area Needs Survey 2016 | Community Health Needs Survey 2016 |
| Did not finish high school, no GED | 3.42% | 2.09% |
| High School diploma/GED | 14.80% | 13.77% |
| Some college | 20.40% | 19.06% |
| Technical/trade school or apprenticeship | 6.26% | 6.72% |
| Associates degree | 14.23% | 17% |
| Bachelor degree | 25.54% | 26.70% |
| Graduate degree | 15.65% | 14.75% |

Appendix I

*Community Hospital
Health Needs Assessment*

2016 Online Key Informant Survey Results



2016 Online Key Informant Survey Results

Northwestern Indiana

Prepared for:

Franciscan Alliance, Methodist Hospitals, and Community Hospital

By:

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Introduction



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Participation

ONLINE KEY INFORMANT SURVEY

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

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

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

Final participation included representatives of the organizations outlined below.

- 411 Newspaper
- CCNI
- City of East Chicago Health Department
- City of East Chicago
- City of Gary Community Development Department
- Community HealthNet, Inc.
- Edgewater Behavioral Health Services

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

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

Minority populations represented:

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

Medically underserved populations represented:

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

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

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

Evaluation of Health Issues



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

| Evaluation of Health Issues | | | | |
|--|----------------------|-------------------------|----------------------|--------------------------|
| Health Issue | Major Problem | Moderate Problem | Minor Problem | No Problem At All |
| Substance Abuse | 56.3% | 25.0% | 14.1% | 4.7% |
| Nutrition, Physical Activity, and Weight | 52.5% | 27.9% | 9.8% | 9.8% |
| Diabetes | 52.5% | 26.2% | 11.5% | 9.8% |
| Mental Health | 50.0% | 31.3% | 15.6% | 3.1% |
| Heart Disease and Stroke | 49.2% | 27.1% | 11.9% | 11.9% |
| Cancer | 45.2% | 38.7% | 9.7% | 6.5% |
| Tobacco Use | 40.3% | 33.9% | 21.0% | 4.8% |
| Dementia/Alzheimer's Disease | 39.7% | 39.7% | 19.0% | 1.7% |
| Injury and Violence | 39.3% | 32.8% | 24.6% | 3.3% |
| Infant and Child Health | 27.6% | 37.9% | 29.3% | 5.2% |
| Respiratory Diseases | 23.7% | 45.8% | 18.6% | 11.9% |
| Chronic Kidney Disease | 23.6% | 32.7% | 29.1% | 14.5% |
| Access to Health Care Services | 23.4% | 40.6% | 23.4% | 12.5% |
| Oral Health/Dental Care | 21.7% | 41.7% | 23.3% | 13.3% |
| Sexually Transmitted Diseases | 14.5% | 40.0% | 30.9% | 14.5% |
| HIV/AIDS | 14.3% | 33.9% | 37.5% | 14.3% |
| Family Planning | 13.3% | 45.0% | 25.0% | 16.7% |
| Hearing and Vision Problems | 12.1% | 36.2% | 37.9% | 13.8% |
| Immunization and Infectious Diseases | 10.5% | 42.1% | 35.1% | 12.3% |
| Arthritis/Osteoporosis/Back Conditions | 8.8% | 57.9% | 21.1% | 12.3% |

Key Informant Input



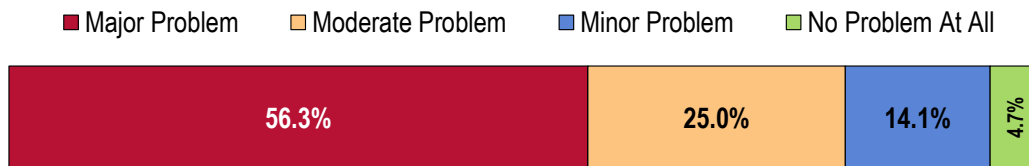
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Substance Abuse

Most key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

BARRIERS TO TREATMENT

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

Denial/Stigma

- Don't want help, like the easy way of not having problems when high on a drug. - Public Health Representative*
- Acceptance of the problem and cost. - Other Health Provider*
- Patient compliance and refusal, access to appropriate programs, access to behavioral healthcare professionals. - Physician*
- Shame, problem identification and desire. - Social Services Provider*
- Being honest with oneself. - Community/Business Leader*
- The stigma, the cost and the basic "where can I go for help?". - Community/Business Leader*
- Denial that we have a problem in the region. - Community/Business Leader*
- For those who lack job opportunities and social support, it can be difficult to find the motivation to break free from addiction. - Social Services Provider*
- They want something that will keep them numb to the real world. - Social Services Provider*
- Most families are in denial and the criminal justice system needs to update their policy for incarceration of youth with substance abuse. - Social Services Provider*

Incidence/Prevalence

- Opiate abuse seen in our Emergency Rooms daily. - Physician*
- Number of deaths reported as a result of overdoses. Number of failed employment applications because of failed drug tests. Amount of drug related crimes in parts of the region. - Community/Business Leader*
- Number of people diagnosed with substance abuse addictions. - Other Health Provider*
- Again, referring to the 2009 Community Epidemiological Study, substance abuse, lack of prevention, intervention and treatment are major issues in Newton County. - Community/Business Leader*

Lack of Treatment Facilities

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

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

Too few facilities. - Community/Business Leader

Affordable Care/Services

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

Cost, stigma and knowing where to get treatment. - Other Health Provider

Cost and number of facilities. - Community/Business Leader

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

Access to Care/Services

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

Very limited access but lots of pain doctors, maybe there is an inverse relationship. - Physician

Location and accessibility. - Community/Business Leader

Awareness of Resources

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

Unaware of available resources. - Social Services Provider

MOST PROBLEMATIC SUBSTANCES

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

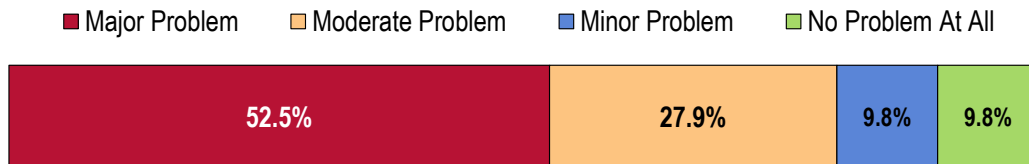
| | Most Problematic | Second-Most Problematic | Third-Most Problematic | Total Mentions |
|---|------------------|-------------------------|------------------------|----------------|
| Alcohol | 59.3% | 14.8% | 18.5% | 25 |
| Heroin or Other Opioids | 14.8% | 25.9% | 18.5% | 16 |
| Prescription Medications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

Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

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

(Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

TOP CONCERNS

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

Lifestyle

- Difficult to overcome a lifelong pattern of bad decisions, overeating, lack of exercise, smoking, drug/alcohol abuse and other dangerous behaviors. - Community/Business Leader*
- Changing habits and providing healthy options. - Other Health Provider*
- That's very broad and can be the result of a variety of things - Community/Business Leader*
- Sedentary lifestyle, substance abuse, culture mindset of the region. Lack of access to quality facilities, affordability of recreational/fitness opportunities, deeper underlying psychological issues, lack of access to quality food. - Community/Business Leader*
- Poor nutrition, sedentary lifestyles and obesity. - Social Services Provider*
- People need to get up and move. Children spend too much time with their electronic games. - Other Health Provider*
- So many places to eat out and such large portion sizes. Cost of eating healthy. You can buy a burger on the dollar menu anywhere, but a salad is \$5.00. Cost of joining a gym or hiring a trainer. - Community/Business Leader*
- Big challenge, again, low to moderate income and seasonal accessibility to exercise. - Community/Business Leader*

Lack of Healthy Food Options

- For Gary, lack of food shopping options. Gary is classified as a food desert. Many of our consumers identify that they do little to no constructive physical activity. - Other Health Provider*
- We do not have health food stores or lots of restaurants specializing in healthy foods. We do have private gyms, but those are not always available to those most in need. Many areas of Northwest Indiana do not have safe or convenient areas to walk. - Community/Business Leader*
- Food deserts, lack of healthy foods, stress of poverty and survival thinking are some. - Social Services Provider*
- Insufficient supply of healthy food options, such as grocery stores in Gary, poverty, low income. - Other Health Provider*
- Communities with no safe place to walk or exercise. Shortage of fresh foods, vegetables and*

fruits in some areas, cost of fresh foods. - Public Health Representative

Health Education

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

The challenge is that some people whether single or raising families do not know about good nutrition. They do not know how to cook healthy for themselves or their families. Too often I am at the store and see overweight moms and/or fathers. - Community/Business Leader

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

Complacency and lack of education. – Physician

Lack of opportunities and information. - Social Services Provider

Obesity

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

Because of the number of obese people in our community. Also, studies released by Purdue University. - Other Health Provider

Significant incidence of obesity. - Public Health Representative

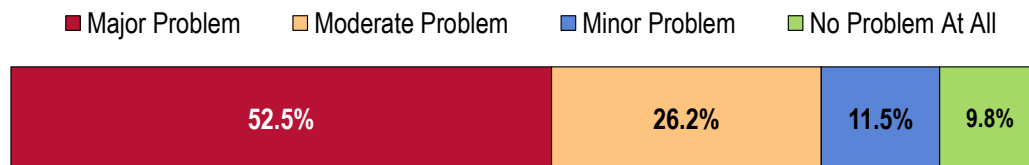
Obesity in Northwest Indiana is a major issue. – Physician

Unprecedented obesity. – Physician

Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

CHALLENGES

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

Nutrition, Physical Activity and Weight

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

Diet and exercise. - Community/Business Leader

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

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

Obesity and quality of life. - Social Services Provider

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

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

Access to Care/Services

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

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

Access to Endocrinology. - Physician

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

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

Health Education

Prevention. - Community/Business Leader

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

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

Education. - Community/Business Leader

Patient teaching and compliance. - Public Health Representative

Diet and education - Other Health Provider

Access to Healthy Lifestyle

Lack of support groups for maintaining a healthier body. - Community/Business Leader

Access to a healthy way of living. - Social Services Provider

Maintaining a healthy lifestyle, with access to nutritious food and to exercise opportunities.

Education about healthy living and diabetes management. - Social Services Provider

Lifestyle and personal choices, heredity, proper care, self and medical attention. -

Community/Business Leader

Incidence/Prevalence

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

There are approximately 499,200 adults in Indiana who have diabetes. There are approximately 289,500 additional adults in Indiana who have pre-diabetes. - Social Services Provider

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

Compliance

Patient compliance. - Other Health Provider

Comorbidities

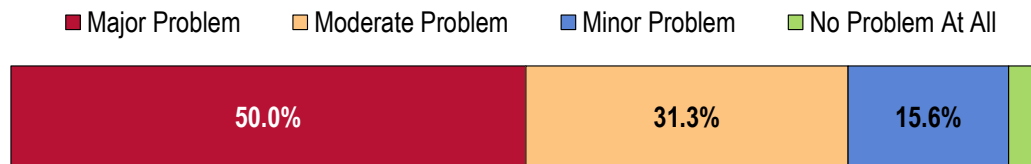
Obesity, hypertension, stroke, kidney disease and smoking. - Public Health Representative

Mental Health

One-half of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

CHALLENGES

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

Lack of Resources

- Areas like ours generally do not have a lot in the way of vast medical resources. Mental health is always going to be an issue in an area like ours. - Community/Business Leader*
- Not enough resources. - Community/Business Leader*
- Lack of services and/or long term assistance - Community/Business Leader*
- Facilities and cost of care at CMHCs. - Other Health Provider*
- Lack of treatment programs, the social stigma and ability to pay. - Community/Business Leader*
- Long-term care. - Physician*
- Lack of treatment facilities and stigma. - Community/Business Leader*
- Mental illness. We have limited resources in the community to treat this need and an under-served population. - Community/Business Leader*
- There are very limited inpatient options for young children under 12, and also limited resources for outpatient counseling services. Many parents report issues. - Community/Business Leader*
- Access, transportation, insurance and co-pays, too few psychiatrists, turnover in the workforce that serves them because of poor pay. Laws that do not address those who refuse service and therefore have poor quality of life. - Social Services Provider*
- Getting consistent and ongoing help, availability, and access to care. - Public Health Representative*

Lack of Community Support

- There is a lack of social support for many suffering from mental illness, especially for those who are homeless or at risk of homelessness. - Social Services Provider*
- Good services for monitoring and medication if needed. Getting and keeping a job, family supports, misunderstanding from local authorities, police and sheriff. - Social Services Provider*
- There are so many people with mental health issues who are not supervised or located in an area where they have something to do (work, helping others). They are out wandering the streets or loitering in public places. - Community/Business Leader*

Biggest challenge is educating the community about mental health and helping to remove the many stigmas that prevent citizens from getting the care they need. Another big challenge is insurance that covers mental health treatment. - Other Health Provider

Affordable Care/Services

Costs and access. Too few providers. - Physician

Ability to pay for treatment, stigma associated with the condition. - Other Health Provider

Multiple people with the diagnosis are unable to afford their medications or doctor care. - Public Health Representative

Incidence/Prevalence

The people that come through the program - Other Health Provider

We are seeing an increasing number of young children with significant mental health issues.

Because of the number of people diagnosed with mental health issues. - Other Health Provider

Denial/Stigma

Acknowledgement of having a mental health issue, access to care, awareness of care provided. - Community/Business Leader

The negative stigma associated with mental health, which causes families to be in denial, is a challenge. - Social Services Provider

Comorbidities

Depression, drugs and alcohol abuse, untreated mental conditions and lack of access to stabilizing and maintenance programs, lack of social workers/prevention programs. - Community/Business Leader

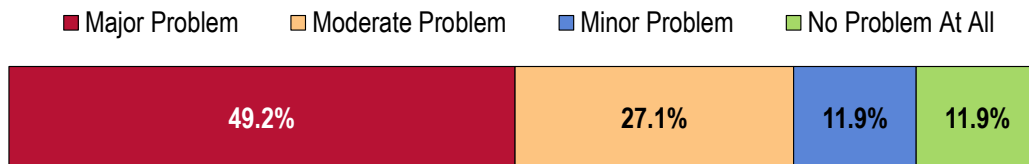
Addiction and access. - Physician

Heart Disease & Stroke

Nearly one-half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

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

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

By testimony of different people that we talk to in our facility. - Social Services Provider
Because of the number of people diagnosed with heart and stroke issues. - Other Health Provider
Feedback from the community at health fairs, workshops, presentations and area churches. Heart disease/stroke are still responsible for almost one-third of all Indiana deaths and remain a major public health issue. In 2009, 13,442 Indiana residents died. - Social Services Provider
The number of people I hear and see with heart problems - Other Health Provider
We see many, many people at the YMCA who come in for post-cardiac rehab purposes. Additionally, we have literally had two heart attacks in our building recently. - Community/Business Leader

Lifestyle

A combination of my prior responses, stressful environment, lifestyle preferences, heredity and everyone knows someone with heart disease and stroke. - Community/Business Leader
We are like much of the US, we smoke too much, move too little, eat foods that put us at risk, and have too many with diabetes. - Public Health Representative
With a community that is 67% low to moderate income, the eating habits and distance necessary to travel for medical attention plays a huge role in heart disease and stroke. - Community/Business Leader
Number one killer. Bad lifestyle choices make the region more prone than other parts of the nation. - Community/Business Leader

Comorbidities

Smoking, obesity and diabetes. - Public Health Representative
Significant occurrence of obesity, risk for heart disease. Significant number of prescriptions filled for anti-hypertensive and antilipemics. - Public Health Representative
Obesity rates are high, leading to chronic diseases such as diabetes, heart attacks and strokes. - Community/Business Leader

Lack of Specialty Services

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

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

Vulnerable Populations

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

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

Leading Cause of Death

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

Number one cause of death. - Social Services Provider

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

Environmental Issues

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

Health Education

Not enough knowledge by patients - Community/Business Leader

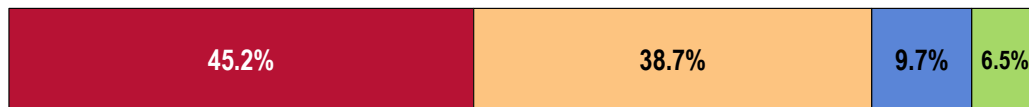
Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “major problem” in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

- Number of people diagnosed with cancer in our community. - Other Health Provider*
- Impacts a large part of our population. Smoking remains high, as does other unhealthy life choices. Limited treatment resources. Expensive cost of care. - Community/Business Leader*
- The number of people affected. - Community/Business Leader*
- Statistics indicate the prevalence of various types of cancer in the community. - Other Health Provider*
- Based on incidence and the number of people seeking treatment. High incidence of smoking endemic in this area. Also, reports on a number of people that actually go to Chicago for care. - Physician*
- Number of people affected. - Other Health Provider*
- A high percentage of the people in this community are affected by this problem. - Social Services Provider*
- I talk with a lot of clients or people on the outside with cancer. Plus many have died in the last two years. - Other Health Provider*
- More and more people are being diagnosed. Medical professionals in this area are quick to perform surgery, slow to establish treatment, and begin treatment fight for the attest treatment options. Patients are not as well informed in this community. - Social Services Provider*
- Feedback from the community at health fairs, workshops, presentations and area churches. About 2.4 million Indiana residents, or 2 in 5 people, now living in Indiana, will eventually develop cancer. - Social Services Provider*
- It seems a large population suffers with it. - Social Services Provider*
- Seems to me more and more people have cancer and we are spending billions on research. People are living longer with cancer, but we do not seem to be any closer to a cure than we were 20 years ago. - Community/Business Leader*
- Multiple people with the diagnosis. - Public Health Representative*

Environmental Issues

Our legacy and current industrial and agricultural toxins exposure. Behavioral health issues within the region, not high on health consciousness and prevention. Everyone knows someone with cancer. - Community/Business Leader

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

Air quality, tobacco use - Physician

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

Access to Care/Services

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

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

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

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

Leading Cause of Death

Without knowing the actual statistics, cancer has to be the number one reason for death in Newton County. The statistics may not indicate it because most times these patients have to re-locate to an area that offers the treatment and care needed. - Community/Business Leader

It kills people. - Social Services Provider

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

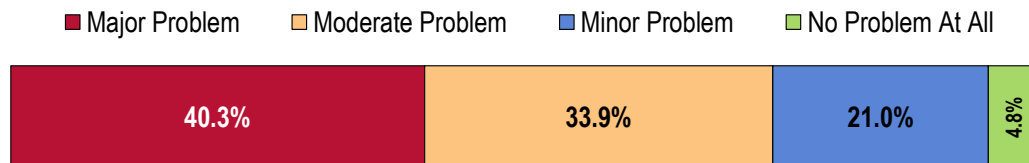
Prevention

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

Tobacco Use

Key informants taking part in an online survey generally characterized *Tobacco Use* as a “major problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

- Smoking is common among NWI residents. - Social Services Provider*
- Almost all of our clients smoke. - Social Services Provider*
- Want to believe it is trending down but still a major health issue in our community. - Community/Business Leader*
- Many smokers. - Public Health Representative*
- Number of people diagnosed as tobacco dependent by the ISDH Tobacco Cessation Commission. - Other Health Provider*
- Look around, a fourth of the cars on the road are driven by smokers. NWI has much higher prevalence of tobacco use than the national average. - Community/Business Leader*
- High incidence of smokers entering the healthcare system, observed high density of smoking. - Physician*
- It just is, all you have to do is look around. - Community/Business Leader*
- We are the highest ranked city for tobacco use in Porter County. Lots of shift workers from the mills and trade jobs smoke. - Community/Business Leader*
- Because I can see people every day entering my building having this dependency on tobacco. - Social Services Provider*

Used to Mask Stress

- Ease of access and life stresses. - Other Health Provider*
- Easily accessible, still has a sexy or calming connotation. - Community/Business Leader*
- People turn to tobacco to help deal with the stress in their lives. - Social Services Provider*

Vulnerable Populations

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

Comorbidities

| *Major comorbidity in our population. - Physician*

Leading Cause of Death

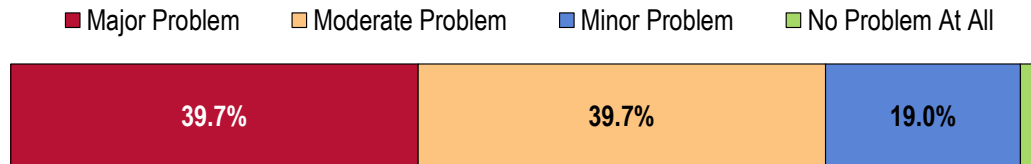
| *Death rate from related cancer is extremely high. - Other Health Provider*

Dementias, Including Alzheimer’s Disease

Key informants taking part in an online survey equally characterized *Dementias, Including Alzheimer’s Disease* as a “major problem” and a “moderate problem” in the community.

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

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

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

Aging Population

- As population ages this is becoming more of a problem. The cost of dementia care is out of reach for most people. - Public Health Representative*
- Because of the aging population in the area and the number of people diagnosed. - Other Health Provider*
- Baby boomers are getting older and due to the large number of people in that age group, the influx of dementia. Alzheimer's disease is prevalent. - Social Services Provider*
- Aging population base of region with longer lifespans means an increasing part of the population will experience these issues. - Community/Business Leader*
- More and more people are living longer and it is a disease that affects mainly older people. - Community/Business Leader*
- We have an aging population and to the extent that the onset of dementia is caused by aging, we are at risk. Further, research has found a correlation between the general health of individuals and Alzheimer's. At risk populations. - Community/Business Leader*
- Aging population, lack of behavioral health resources. – Physician*

Incidence/Prevalence

- Anecdotal information points to an increase in persons presenting with these conditions. - Other Health Provider*
- All of my answers in this survey are from my experience with the students at Merrillville High School and their families. The answers are all pointed to what my students or their families share with me. Students are living with grandparents. - Community/Business Leader*
- The number of elder/not so old people I meet with dementia/Alzheimer's. - Other Health Provider*
- There is no known cure and you hear more and more of families that are dealing with family members. - Social Services Provider*
- Feedback from the community at health fairs, workshops, presentations and area churches. It*

is estimated that 1 in 10 persons over 65 and roughly half of those over 85 have AD. In Indiana as of 2010, 120,000, increased by 20% since 2000. - Social Services Provider

Health Education

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

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

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

Access to Care/Services

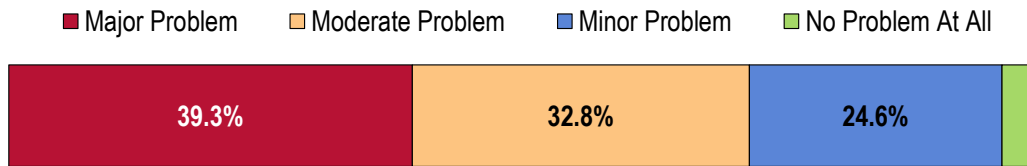
This area has become highly specialized and is difficult to treat in an area that does not have a center specializing in it. - Community/Business Leader

FQHC - Public Health Representative

Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “major problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

Our social services deal with this problem at least once every week. - Social Services Provider
Based on Gary crime statistics, news and media and conversations with consumers. Http://www.city-data.com/crime/crime-Gary-Indiana.html. - Other Health Provider
See it firsthand. - Physician
The violent crime statistics for this area indicate this is a major problem. - Other Health Provider
Number of deaths and injuries. - Community/Business Leader
It occurs. It is not openly addressed out of both fear and ignorance. - Physician

Culture of Violence

Access to guns and people's responses to situations are of an aggressive and often violent nature. - Community/Business Leader
Gary, East Chicago, Hammond and Chicago. Students are incarcerated for felonies, including murder in our area and with this black lives matter and Beyoncé's militant half time show, students don't understand the balance of government. - Community/Business Leader
Though crime rates are down, violence is still a large part of our environment, rape, domestic violence, murder and bullying. All a sign of the frustration of poverty, poor educational opportunities and lack of access to many things. - Social Services Provider
Lots of shootings and killings in the area. - Social Services Provider
High number of shootings and violence, spilling over from gangs/drug trade, especially as a result of having high crime Chicago in our backyard. - Community/Business Leader

Poverty

Poverty and lack of education, and jobs are a major issue - Community/Business Leader
Poverty, lack of education, gangs and guns. - Public Health Representative

Trauma Centers

We do not have a level 1 or Level 2 trauma center in Northwest Indiana. Our people end up

being transported out of the area for treatment of serious injuries. - Community/Business Leader

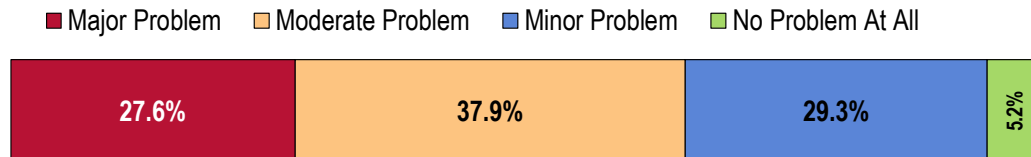
Domestic Violence

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

Infant & Child Health

Key informants taking part in an online survey most often characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Affordable Care/Services

- Lack of funds and education for young parents. - Community/Business Leader*
- I believe that the cost for things like this for young mothers is unaffordable or they are unaware of any kind of help for them. - Social Services Provider*
- Lack of financial resources for many families. - Community/Business Leader*
- Number of children living in poverty and low income households not receiving adequate well-child checkups. - Community/Business Leader*

Infant Mortality

- In 1993-4, I worked at the IUPUI public opinion lab and we conducted a survey on prenatal health. The issue at the time was that Lake County was #1 in the state for infant mortality. It is devastating that this ranking has not changed in all these years. - Community/Business Leader*
- Feedback from the community at health fairs, workshops, presentations and area churches. Indiana's infant mortality rate was 7.7 deaths per 1,000 live births, well below the Healthy People 2010 goal of 6.0 deaths per 1,000 live births. - Social Services Provider*
- Indiana is in the bottom 20% on infant mortality rates for the country. The 7 county area of NWI have higher than average rates as well. - Social Services Provider*

Parental Involvement

- Children in NW Indiana are more and more being raised by grandparents or foster homes. The lack of vested interest here increases the chances for infant and child health to take a back seat. Grandparents cannot afford proper medical care. - Community/Business Leader*
- We served many single mothers with this problem. - Social Services Provider*

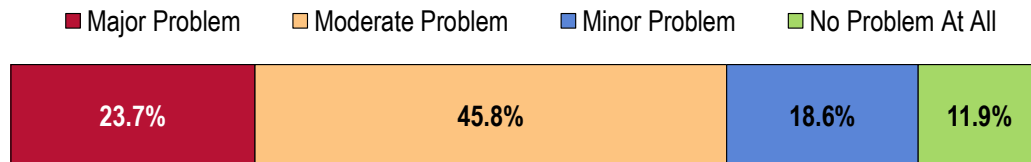
Health Education

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

Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Environmental Issues

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

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

Pollution of the mills and other industrial companies. - Social Services Provider

Environment we live in. - Community/Business Leader

Smoking and pollution. - Public Health Representative

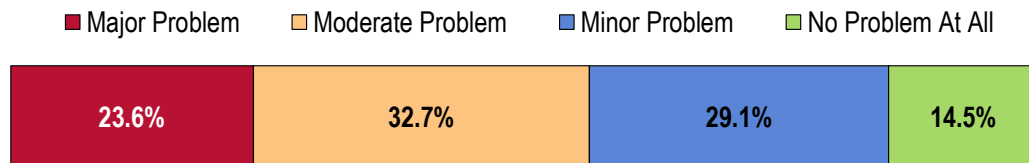
Leading Cause of Death

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

Chronic Kidney Disease

Key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a “moderate problem” in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

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

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

Number of people on dialysis. - Community/Business Leader

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

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

Comorbidities

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

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

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

Vulnerable Populations

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

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

Access to Care/Services

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

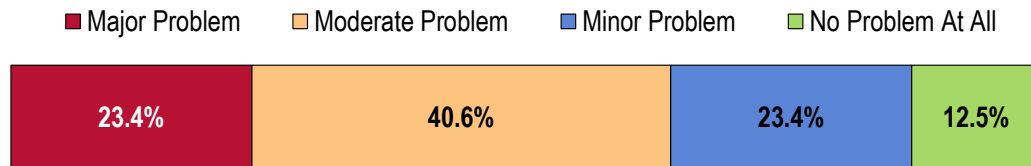
Nutrition

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

Access to Healthcare Services

Key informants taking part in an online survey frequently characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Lack of Resources

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

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

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

Elder services. - Community/Business Leader

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

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

Primary care for Indiana and Illinois patients. - Physician

Affordable Care/Services

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

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

Insurance, Income - Other Health Provider

Not enough people with adequate, affordable insurance coverage. - Other Health Provider

Money, insurance coverage. - Community/Business Leader

Information and affordability. - Other Health Provider

Transportation

Transportation and health care coverage - Community/Business Leader

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

Lack of Providers

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

TYPE OF CARE MOST DIFFICULT TO ACCESS

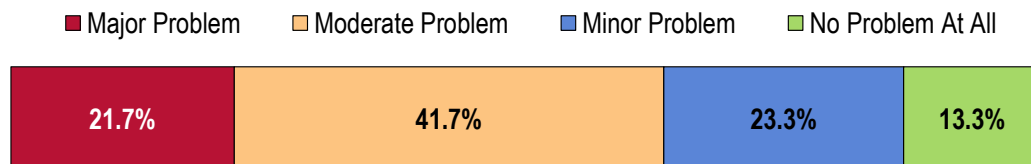
Key informants (who rated this as a “major problem”) most often identified primary care, mental health care, chronic disease care, and substance abuse treatment as the most difficult to access in the community.

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

Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Affordable Care/Services

- The cost of taking care of your teeth is out of control. - Community/Business Leader*
- Lack of insurance and the high cost of dental care. Transportation. - Social Services Provider*
- Access to and affordability of care. High rates of smoking. - Public Health Representative*
- No emergency access for poor. – Physician*
- Many children without resources for appropriate dental hygiene. – Physician*

Lack of Providers

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

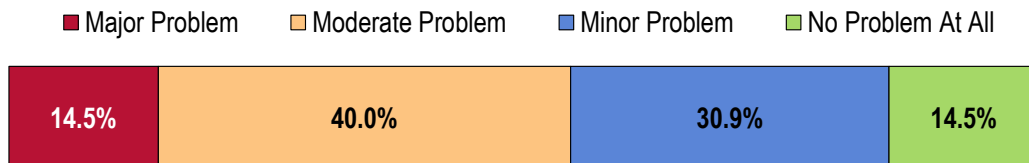
Incidence/Prevalence

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

Sexually Transmitted Diseases

Two-fifths of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “moderate problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

Unprecedented levels. - Physician

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

Health Education

Again no education in schools. - Public Health Representative

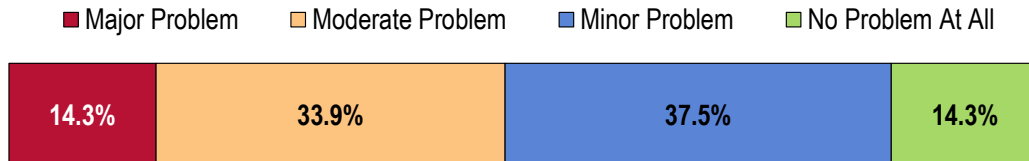
Vulnerable Populations

Rates among children and minorities. - Community/Business Leader

HIV/AIDS

The largest share of key informants taking part in an online survey characterized *HIV/AIDS* as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

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

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

Drug Use

Drug use, risky behavior. - Other Health Provider

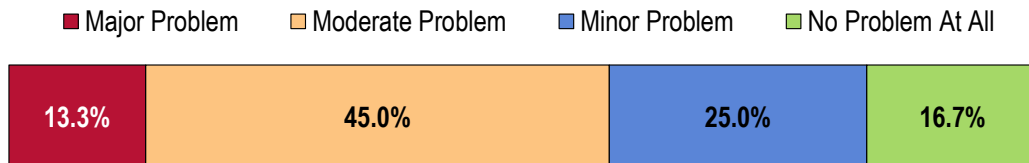
HIV Trauma

HIV trauma. - Other Health Provider

Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Health Education

I think too few people understand the concept of family planning - Community/Business Leader
I have taught at North Newton High School for over twenty five years and lived in the community my entire life. In my opinion, family planning and overall parenting skill are very much needed. - Community/Business Leader
Not enough education in Lake County. Individuals still experiencing unexpected pregnancy and not recognizing the impact on them, the family and the economy. - Social Services Provider
No real education in schools. - Public Health Representative

Teenage Pregnancy

Teenage pregnancy. Just this morning, a 7 month pregnant girl approached a teacher about what to do about the baby. She passed on an abortion but was very scared. The teacher had her talk to another teacher who just adopted a baby a year ago. - Community/Business Leader
The number teens and young adult with children and not wanting them. - Other Health Provider

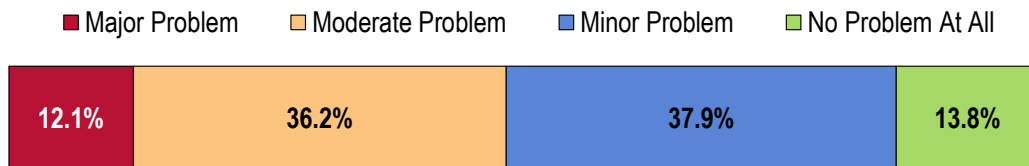
Birth Outcomes

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

Hearing & Vision

Slightly more key informants taking part in an online survey characterized *Hearing & Vision* as a “minor problem” than a “moderate problem” in the community.

Perceptions of Hearing and Vision as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

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

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

Access to Care/Services

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

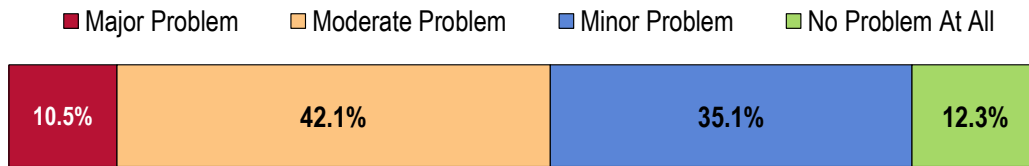
Lack of access in primary Ophthalmology services, especially emergent. - Physician

Immunization & Infectious Diseases

The greatest share of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “moderate problem” in the community.

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

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

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

Access to Care/Services

School-aged children most times travel out of the county to be immunized. Older adults travel to clinics or urgent care to fight infectious diseases. - Community/Business Leader
Lack of awareness and access for all sectors of the community. - Other Health Provider

Health Education

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

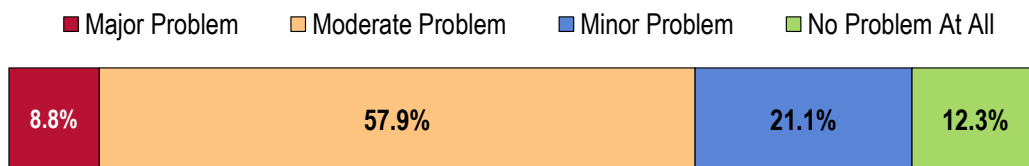
Incidence/Prevalence

The number of people diagnosed. - Other Health Provider

Arthritis, Osteoporosis & Chronic Back Conditions

Most key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

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

Incidence/Prevalence

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

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

Number of folks I see with some type of immobility in limbs. - Community/Business Leader

Too many people suffering with this. - Community/Business Leader

Aging Population

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

Resources



Professional Research Consultants, Inc.

Resources Available to Address the Significant Health Needs

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

Access to Healthcare Services

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

Arthritis, Osteoporosis & Chronic Back Conditions

- Community HealthNet
- Doctor's Office
- Hospitals

Cancer

- American Cancer Society
- Cancer Health Treatment Centers
- Cancer Resource Center
- Cancer Support Centers
- Cancer Treatment Centers of America
- Cancer Wellness Center
- Chicago Teaching Hospitals
- Community Health of Munster
- Community HealthNet
- Community Hospital
- Doctor's Office
- Educational Resources
- FQHC
- Franciscan Alliance
- Hospice
- Hospitals
- HPV Immunizations
- IUN Medical School
- IWIN Foundation
- Marram Health Clinic
- Media
- Methodist Hospital
- Non-Profits
- NorthShore Health Centers
- Northwest Indiana Hospitals
- Northwest Indiana Oncology
- Pink Ribbon Society
- Porter Regional Hospital

Primary Care
 Rush University Medical Center
 St. Catherine's Hospital
 St. Franciscan Hospital
 St. Mary Medical Center
 Support Groups
 The Salvation Army
 University of Chicago Hospital

Chronic Kidney Disease

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

Dementias, Including Alzheimer's Disease

Active Day
 Alzheimer's Association
 Alzheimer's Foundation
 Assisted Living Facilities
 Bureau of Developmental Disabilities
 Colleges/Universities
 Community HealthNet
 Doctor's Office
 FQHC
 Hospitals
 Long-Term Care Facilities
 Media
 Mental Health Facilities
 Methodist Hospital
 Northwest Indiana Community

Action
 Primary Care
 Rush University Medical Center
 SCH Behavioral Health
 Senior Citizen Facilities

Diabetes

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

Family Planning

Birthright
 Doctor's Office
 FQHC
 Maternal Health Clinic

*Northwest Indiana Healthy Start
Nurse Partners
Parents as Teachers
Planned Parenthood*

Hearing & Vision

*Doctor's Office
Moses Eye Care*

Heart Disease & Stroke

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

HIV/AIDS

*Aliveness Project
Community HealthNet*

Immunization & Infectious Diseases

*Community HealthNet
Doctor's Office
Healthcare Systems*

Infant & Child Health

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

Injury & Violence

*Boys and Girls Club
Churches
Crime Tracker Maps
Domestic Violence Shelters

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

Mental Health

CMHCs

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

Hudson Campbell Fitness Center
 Legislators
 Local Government
 Media
 Multicultural Wellness Network
 MOTTEP
 Newton County Step Ahead Program
 Northwest Indiana Food Pantry
 Omni Fitness
 Parks and Recreation
 Primary Care
 Purdue Extension
 School System
 St. Catherine's Hospital
 St. Margaret Dyer Hospital
 The Salvation Army
 Township Trustee
 Travel Teams
 YMCA

Nutrition, Physical Activity & Weight

Anytime Fitness
 Boys and Girls Club
 Bridges to Wellness
 City Government
 Community Center
 Community Health System
 Bariatric Center
 Community HealthNet
 Department of Children Services
 E.C. Fitness Center
 Employers
 Fitness Centers/Gyms
 Food Pantry
 Franciscan Health Care Bariatric Program
 Healthcare Systems
 Hospitals

Oral Health

Community HealthNet
 NorthShore Health Centers

Respiratory Diseases

Hospitals
 Medical Equipment Suppliers
 Primary Care
 Pulmonary Specialists of Northwest Indiana

Sexually Transmitted Diseases

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

Substance Abuse

AA/NA
 Capital City
 Center for Addiction Recovery

Colleges/Universities
Court System
Edgewater Behavioral Health Services
Edgewater Systems for Balanced Living
Employers
Empower Porter County
Frontline Foundation
Grace Beyond Borders
Healthcare Systems
HIDTA
Hospitals
Media
Mental Health Facilities
Methodist Hospital
Newton County Drug Coalition
Non-Profits
Northwest Indiana Treatment Center
Police Department
Porter County Substance Abuse Treatment Center
Porter Regional Hospital
Porter Starke Services
Primary Care
Purdue Extension
Regional Health Clinics
Regional Mental Health Center
School System
St. Catherine's Hospital

St. Mary Medical Center
The Salvation Army
Turning Point

Tobacco Use

Community HealthNet
Doctor's Office
Edgewater Behavioral Health Services
Geminus Fathers Program
Hospitals
Increased Taxes on Tobacco
Indiana Quit Line
ISDH Tobacco Cessation Commission
Lake County Tobacco Cessation Coalition
Local Government
Media
Newton County Drug Coalition
Porter County Tobacco Cessation
Porter Starke Services
Primary Care
Regional Health Clinics
School System
Smoking Ban in Public Spaces
Smoking Cessation Programs
Strict Enforcement of Underage Smoking Laws

Community Hospital

2016 Community Health Needs Assessment Implementation Plan

Overview:

The hospitals of the Community Healthcare System – Community Hospital, St. Catherine Hospital and St. Mary Medical Center - conducted a Community Health Needs Assessment in 2016 with cooperation from all area not-for-profit hospitals. The purpose of this study was to gather quantitative and qualitative data to identify major health challenges in our communities. The full Community Health Needs Assessment can be found on each hospital's website.

The 2016 Implementation Plan builds on the progress and ever changing healthcare needs of the communities served by Community Hospital. It takes into account the findings of both the 2013 and 2016 Community Health Needs Assessments that examines the challenges and opportunities for addressing health disparities and improving the quality of life for the residents we serve.

The Community Health Needs Assessment gathered quantitative and qualitative data to pinpoint major health challenges and set a baseline for improvement in our communities. While our community continues to lag in a number of important health measures, there were noted improvements from the 2013 study.

Efforts to improve access to care, engage patients in meaningful discussions about lifestyle choices and increase preventative screening opportunities are having a positive effect on the health of the community. The 2016 Implementation Plan builds on these strategies and considers new ones to drive further improvements.

The following issues were identified as areas of opportunity in the Community Hospital Service Area:

- Access to Health Services
- Cancer
- Chronic Kidney Disease
- Diabetes
- Family Planning
- Heart Disease & Stroke
- Injury & Violence Prevention
- Maternal, Infant & Child Health
- Mental Health & Mental Disorders

- Nutrition, Physical Activity & Weight
- Substance Abuse
- Tobacco Use
- Unemployment & Job Training

In developing these programs to improve the health of the community, each hospital will draw upon its employed physician groups as well as the expertise of other hospitals and entities within the Community Healthcare System.

For Community Hospital, various programs and services are offered to make improvements in the health of our residents. One important entity is the hospital's medically-based fitness center, Fitness Pointe[®]. Fitness Pointe has expanded two successful programs – a workplace wellness program and a school-based fitness program. The workplace wellness program, New Healthy Me, has positively impacted health behaviors of the hospital's employees. The school-based fitness program, Take 5 for Life, targets five areas of healthy living including increasing movement, eating and drinking healthy food and beverages and managing your mind. This is a web-based program, making it less expensive for school systems to adopt thus helping more students measure their daily healthy activities. Additionally, the Occupational Medicine Department has broadened its outreach to corporations and businesses across the service sector, as a way to bring healthcare services to the workplace in our communities.

Community Hospital expanded its outpatient services to Schererville. Along with the existing outpatient center in St. John, residents of south Lake County have increased access to healthcare, preventive screenings and health education.

The addition of a Lung Care Navigator has improved collaboration with the American Cancer Society and cancer related organizations. This position along with our current Breast Care Navigator allowed us to increase lung cancer and breast cancer screening and education opportunities. The Care Navigators coordinate care for patients across disciplines and beyond hospital walls, ensuring access to needed services and medical care continues once patients leave the hospital. These efforts should ultimately improve disease management and mortality rates, specifically in the identified areas of cancer.

Community Hospital staff promotes healthier lifestyles through free preventative screenings, educational sessions, health fairs and physician lectures in the community. Topics include stroke, heart disease, diabetes and women's health.

Addressing Community Needs

While the 2016 report shows some gains since 2013 CHNA, we are still below goals identified in the Healthy People 2020 initiatives. For that reason, our hospital will continue to focus on four priority areas: **Diabetes, Heart Disease & Stroke, Nutrition & Weight Status and Maternal, Infant & Child Health**. All of these areas have a common link to modifiable lifestyle risk factors, education and access to medical services. Key issues of concerns among our community informants differed significantly from the 2013 survey in certain critical areas. Access to care had been dominant three years ago, but now leaders are focused on substance abuse. Other areas of concern include, diabetes, obesity, heart disease, health education and prevention. These areas align with the focus areas chosen. In targeting these four areas for health improvement, the hospitals will seek to:

- Align and re-align resources to focus on these health issues.
- Build upon developed partnerships and collaborations for outreach screening and education initiatives as well as to target at-risk populations
- Expand best practice efforts through the primary care setting, in particular, our employed physicians group
- Leverage our resources to provide services by partnering with other community groups and seeking grant funding
- Seek additional opportunities to achieve our goals

Diabetes

Diabetes is becoming a major health challenge in our community as well as our country. There is a growing concern that the increase in the number of people diagnosed with Type 2 Diabetes and the complexity of their care might overwhelm existing healthcare systems. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease 2 to 4 times and is the leading cause of kidney failure, lower limb amputations and adult-onset blindness.

Community Hospital's service area reported gains in age-adjusted death rates for Diabetes from the 2013 survey, however, they are still higher than rates for the state, nation and our Healthy People 2020 goals.

To address Diabetes in our community, we will look to build upon some innovative approaches that have been used within our healthcare system, such as the education and screening programs that have been brought to local health fairs and hospital sponsored educational programs. Early identification and prevention are key strategies to stem the rise in early onset of Type 2 Diabetes so offering free or discounted A1C screenings as well as access to medical professionals within the community will be important.

The hospital's outpatient diabetes education programs are all accredited by the American Diabetes Association offering the most advanced, evidence based teaching methods and management of this disease. Since 2013, we have implemented increased education and support with an additional diabetes class focusing on nutrition and lifestyle choices. We offer a multi-disciplinary team of experts consisting of Registered Nurses, Pharmacists, Exercise Specialists, Registered Dietitians and the patient's personal physician overseeing the management of their diabetes. This team meets regularly to discuss the patient's plan of care and methods of education and treatment. This multi-disciplinary team conducts educational classes and provide individual counseling with outpatients. In addition the team also interacts with the patient during hospitalization. Inpatients are visited at their bedside to help them learn how to monitor blood-sugar levels, take their medications appropriately and meal plan.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 Diabetes in high risk individuals. By providing increased education and support to assist individuals in making these important lifestyle changes, this will also positively impact rates for heart disease and obesity in our community.

Health Challenge: High Death Rates for Diabetes

Why: Diabetes is underdiagnosed, high rates of blood sugar in adults, preventive care and early diagnosis is needed.

Long-Term Measurement: Goal: HP 2020 Death Rate*: 16.1 (revised down from 19.6 in the 2013 CHNA). Community Hospital's service area CHNA Diabetes Death Rate 2016: 29.6.

Change from 2013: Diabetes death rate in CH service area slightly improved from 30.4 in 2013 to 29.6 in 2016.

**Death Rate is Age-adjusted deaths per 100,000 population.*

| Hospital Program/Activity to address identified community health need: | Strategies to produce the following evidence or service delivery: | Key Objectives to impact changes in public health conditions and decrease mortality rate of adults with diabetes to HP 2020 rate of 16.1 in our service area: |
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| Increase the number of free Glucose/A1C Screenings and diabetic educator encounters. | Identify more adults at risk for diabetes and assist them in getting appropriate education or medical intervention. | Decrease the number of adults with high blood sugar. Decrease mortality rate of adults with diabetes to HP 2020 rate of 16.1 (revised down from 19.6). |

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| Diabetes Management with Exercise Classes | Improve access to diabetes preventive care through education by providing scholarships to those who cannot afford class. Offer classes at additional locations such as Community Hospital's outpatient centers in St. John and Schererville. | Increase the number of adults who complete diabetes management with exercise program to decrease diabetes complications and deaths. |
| Diabetes Health Fair for the Public | Offer an annual Diabetes public health fair in conjunction with the annual stroke fair. Increase awareness of signs/symptoms; identify health service resources for diabetes. Educate our communities on the link between diabetes & heart disease. | Increase the awareness of identifying, managing and preventing diabetes and how the risk of heart disease is increased in people with diabetes. |
| Diabetes Educator/Physician Partnership | <p>Build relationships with physicians taking care of diabetes patients, especially primary care physicians and endocrinologists.</p> <p>All inpatient Diabetes patients should receive information on outpatient diabetes education program. Nutrition counseling and exercise programs are referred to patients with diabetes, and those at-risk.</p> <p>Diabetes educators distribute diabetes education information in physician office. Diabetes educators build personal relationships with physicians to ensure information and education is given out to appropriate patients.</p> | Increase the communication between Diabetes Educators and physicians to provide best practice in Diabetes education and management. |
| Offer Pre-Diabetes Education | Quarterly pre-diabetes education classes to the people at risk at no charge. | Decrease the rise of early onset of diabetes in our communities. |
| Medfit Program | Promote Medfit, a lifestyle program for individuals to reduce their risk of disease or manage | Increase enrollment in the Medfit program to decrease the incidence of chronic |

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| | <p>their existing health conditions while under the supervision and guidance of degreed exercise professionals. This program helps reduce the risk of health conditions like obesity, hypertension, diabetes, heart disease, stroke, and some cancers.</p> | <p>conditions.</p> |
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Heart Disease & Stroke

Heart Disease is still the leading cause of death in our community as well as the country and thus represents our community’s number one health challenge. Community Hospital’s service area saw a slight improvement in age-adjusted death rates from diseases of the heart, but is still unfavorable compared to those of the state and the nation and are below the Healthy People 2020 goal. Closely related, our age-adjusted death rates for Stroke increased slightly since 2013 and remain above state and nation rates as well as above the Healthy People 2020 goal.

Heart Disease and Stroke are among the most preventable of all the leading causes of death, and therefore present one of our best opportunities for improving the health of our community. The risk of developing and dying from cardiovascular disease would be substantially reduced with improvements in diet and physical activity, control of high blood pressure and cholesterol and smoking cessation.

Community Hospital, recognizing a strong need to continue efforts to decrease the risk of heart attack, cardiovascular disease and stroke, offers screenings and outreach activities across the community. Numerous hospital departments including staff from Cardiac Rehabilitation, Cardiovascular Research, Chest Pain Center and Stroke Team who are active with our cardiovascular and stroke patient populations offer screenings, education and support in the community. These increased events may be having an impact on the reduction of heart disease death rates.

While the goal is preventative outreach, Community Hospital’s cardiac and stroke care has achieved notable certification and accolades, such as Accreditation by the Society of Chest Pain Centers for Cardiovascular Care and The Joint Commission accreditation as a Primary Stroke Center respectively. These initiatives support the hospital’s commitment to embrace best practices and improve the quality of care for patients with heart disease and stroke. This summer, Community Hospital will enter into a partnership with Rush Medical Center, bringing the most advanced technology and expertise in the treatment of stroke to our local residents.

Health Challenge: High Heart Disease & Stroke Death Rates

Why: High blood pressure & cholesterol rates, untimely treatment, poor diet & physical activity

Long-Term Measurements:

Heart Disease: Goal: HP 2020 Heart Disease Death Rate for Adults: 152.7. Community Hospital’s service area CHNA Heart Disease Death Rate for Adults 2016: 186.9

Stroke: Goal: HP 2020 Stroke Death Rate for Adults: 33.8. Community Hospital’s service area CHNA Stroke Death Rate for Adults 2016: 43.4

Change from 2013: Heart Disease Death Rate for Adults in CH Service area improved from 228.7 (2013) to 186.9 (2016). Stroke Death Rate for CH service area worsened from 42.9 (2013) to 43.4 (2016).

Death Rate is Age-adjusted deaths per 100,000 population.

| Hospital Program/Activity to address identified community health need: | Strategies to produce the following evidence or service delivery: | Key Objectives to impact changes in public health conditions and decrease mortality rate of adults with heart disease to HP 2020 rate of 152.7; Decrease mortality rate for Stroke to HP 2020 rate of 33.8 in our service area. |
|---|---|--|
| Offer heart screening programs at a discounted rate. | Discounted blood lipid panel, blood pressure check and health assessments to detect heart disease at early stages are offered quarterly. Free blood profiles are offered at our Stroke Symposium and several community health fairs throughout the year. Results are reported to individuals and follow-up instructions are provided to those with abnormal results. Patients are referred to appropriate behavior modification programs. | Decrease blood lipids and risk of heart disease through behavior modification. |
| Public Blood Pressure Screening | Free blood pressure screenings are routinely offered at all appropriate community events. Expand program to community groups. | Increase the number of people getting medical interventions to manage high blood pressure. |

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| <p>Educate community on risk factors of heart disease, ways to decrease these factors and what to do when symptoms develop</p> | <p>Public education symposiums and health fairs on heart/vascular disease related topics are offered throughout the year at no cost.</p> <p>We expanded our Hearts of Hope campaign sponsored by Cardiovascular Research to include a Heart Health Fair component as well as a physician presentation relevant to cardiac issues.</p> <p>Physician presentations throughout the year focusing on cardiac health.</p> <p>Continue to participate in American Heart Association and American Stroke Association sponsored events/fundraisers.</p> | <p>Raise awareness of heart disease risk factors and the importance of medical intervention when symptoms develop.</p> |
| <p>HeartFit Program</p> | <p>Prevention program for patients with risk factors for heart disease, who have not had a cardiac event. Case management approach to risk factor modification also with exercise</p> | <p>Decrease number of patients having cardiac events.</p> |
| <p>Peripheral Arterial Disease (PAD) Screenings</p> | <p>Monthly PAD screenings offered for a minimal fee.</p> <p>Annual free public PAD screening at all three hospitals.</p> <p>Cardiac Rehab offers a PAD rehabilitation program to lessen symptoms of PAD.</p> | <p>Increase the number of patients with PAD risk factors or symptoms into early medical intervention.</p> |
| <p>Provide home scales and tele-management program for heart failure (CHF) patients.</p> | <p>Provide education and support to heart failure patients after discharge from the hospital through follow up phone calls and use of scales to manage acute symptoms of heart failure prior to exacerbation and hospitalization.</p> <p>Partner with home health and Hartsfield Village to identify and</p> | <p>Decrease the number of heart failure readmissions.</p> |

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| | better manage CHF patients before acute symptoms appear. | |
| Heart Failure Management Rehabilitation | Exercise program specific to heart failure patients that monitors vitals and includes education in a medically supervised setting. This program conditions patients to increase their exercise tolerance with the goal of progressing to Cardiac Rehab Phase III. | Increase overall health of heart failure patients. |
| Cardiopulmonary Rehabilitation | <p>Exercise program for recovering heart disease patients that monitors vitals and includes education. The program conditions patients to a higher level of cardiac and pulmonary function.</p> <p>Many cardiac patients participate in the Mended Hearts support group for patients recovering from heart related procedures. These individuals also visit patients in the hospital before and after their procedure.</p> | Improve overall health of patients with cardiac disease and decrease the risk for a future cardiac event. |
| Program for patients to receive costly heart and vascular medication | Target patients with no insurance, or poor insurance. Early identification of hospital in-patients needing medications upon discharge with the assistance of case management. Review current medications with physicians to determine if a more 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 | <p>Stroke Education Fair, Stroke Support Group and Stroke Symposium to educate the community about stroke risk factors, preventative strategies and the importance of seeking medical help when symptoms develop.</p> <p>Stroke team participates in community health fairs and public</p> | <p>Increase the awareness of stroke symptoms and the importance of medical intervention when symptoms develop.</p> <p>Decrease rate of stroke complications/deaths due to lack of awareness of risks or symptom or accessibility to</p> |

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| | presentations. Stroke team works with local EMS to ensure appropriate pre-hospitalization teaching and protocols are followed. | resources. |
| Stroke Risk Assessments | Provide education and risk assessments on atrial fibrillation and cryptogenic stroke. | Increase awareness of the correlation between atrial fibrillation and embolic stroke. Increase the number of people screened to prevent embolic strokes due to atrial fibrillation. |
| Medfit Program | Promote Medfit, a lifestyle program for individuals to reduce their risk of disease or manage their existing health conditions while under the supervision and guidance of degreed exercise professionals. This program helps reduce the risk of health conditions like obesity, hypertension, diabetes, heart disease, stroke, and some cancers. | Increase enrollment in the Medfit program to decrease the incidence of chronic conditions. |

Nutrition & Weight Status

In the 2016 Community Health Needs Assessment for Lake County, survey participants identified Obesity most often as one of the top three health problems affecting their community. In Lake County, adult obesity rates are higher than those in the state and nation. The childhood obesity rate in our service area was not identified during the 2016 CHNA, however, we know that addressing obesity issues early in life will only help in combating adult obesity.

Addressing Nutrition and Weight Status will enable us to take a proactive role in helping to prevent diseases such as Heart Disease, Stroke and Diabetes that continue to be a burden on our community and healthcare system. Getting to that patient population before they develop disease also represents a challenge that will require us to reach out to forge new partnerships in the community.

Diet and body weight are related to health status and changes here may lead to the greatest impact we can make on the health of our community. Individuals will need to have the knowledge and skills to make healthier choices and those healthier options need to be both

available and affordable. Healthier food and beverage choices such as meatless options, salad bar, infused water and smoothies are offered in the hospital cafeteria to help visitors acquire a taste for healthier food and drink offerings. Education and assistance on food choices and diet management for hospital inpatients are facilitated by our hospitality and nutrition staff.

Programs such as our successful New Healthy Me employee wellness program and other initiatives with school children will need to be expanded to reach more people with the education and support to address individual behaviors. Also to be addressed are environments that support these behaviors in settings such as schools, worksites, healthcare organizations and communities.

Educational opportunities and access to bariatric professionals through our Healthy 4 Life program provide opportunities for obese/overweight individuals to seek assistance in weight loss. Continued education and promotion of obesity as a complex condition may help destigmatize the disease, encouraging these individuals to explore weight loss options, who may not otherwise have done so.

Health Challenge: Nutrition & Weight Status

Why: Unhealthy diet and exercise habits, lack of knowledge about nutrition, high percentage of obese adults and children, lack of physical activity

Long-Term Measurement: HP 2020 Obesity Rate for Adults: 30.6 / Children: 14.6
 Lake County’s CHNA Obesity Rates for Adults: 35.5/Children: Not measured

Change from 2013: The Obesity Rate for Adults in Lake County improved slightly from 36.4 (2013) to 35.5 (2016).

| Hospital Program/Activity to address identified community health need: | Strategies to produce the following evidence or service delivery: | Key Objectives to impact changes in public health conditions and reduce the rate of obesity among adults to HP2020 rate of 30.6 / for children: 14.6 in our service area. |
|--|---|--|
| 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 families for greater success in weight loss. |
| Take 5 for Life’s fitness/nutrition curriculum for children | Partner with schools to implement Take 5 for Life program. Include Fit Bit wrist bands that measure | Increase participation and adoption of healthier lifestyles among children |

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| | <p>movement and calories expended. These devices can be left with the schools for future programs.</p> <p>Help schools integrate health & wellness activities in curriculums.</p> | <p>and their families.</p> <p>Secure funding from community partners and grants to bring to more school children.</p> |
| Fit Trip Program | <p>Sponsor 2-hour educational fitness field trip for children in grades K-2. Students rotate through various healthy habits stations including cardiovascular, muscle strengthening, relaxation and nutrition.</p> | <p>Educate and support children in healthy eating and exercise habits to increase the percentage of children who practice healthy habits.</p> |
| Teen Fit Program | <p>Provide a supportive environment for teens to adopt good exercise habits.</p> | <p>Increase physical activity in teens.</p> |
| Host Farmer's Market | <p>Weekly seasonal Farmer's Market is offered in the St. John Outpatient Centre parking lot to provide a place for the community to obtain fresh fruits and vegetables.</p> | <p>Support healthy eating</p> |
| Public Education on Healthy Eating | <p>Offer healthy cooking demonstrations for the public.</p> <p>Offer healthy weight loss seminars through Healthy 4 Life program.</p> | <p>Educate and support healthy eating. Increase outpatient nutrition counseling and physician awareness of these services. Increase the percentage of adults who adopt healthy eating habits and weight management activities into their lifestyles.</p> |
| Weight Management | <p>Offer medically-supervised opportunities through education about specific dietary and lifestyle challenges encountered by overweight individuals; Provide a variety of educational opportunities to increase engagement and participation through the Healthy 4 Life program.</p> | <p>Increase healthy behaviors and choices among overweight individuals.</p> |
| New Healthy Me | <p>Employee wellness program offered to all CHS employees.</p> <p>Program is offered to local business</p> | <p>Increase healthy behaviors in the workplace and community</p> |

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| | and industries. Continue to expand program in these sectors. | |
| Medfit Program | Promote Medfit, a lifestyle program for individuals to reduce their risk of disease or manage their existing health conditions while under the supervision and guidance of degreed exercise professionals. This program helps reduce the risk of health conditions like obesity, hypertension, diabetes, heart disease, stroke, and some cancers. | Increase enrollment in the Medfit program to decrease the incidence of chronic conditions. |

Maternal, Infant & Child Health

For this initiative, all three of the hospitals intend to collaborate on ways to lower the Infant Mortality rate, a key measure of the health of our region. By leveraging resources and building upon new and existing partnerships, this initiative will support community-based strategies to keep our children safe before their first birthday.

Lake County has one of the state’s highest Infant Mortality rates. Infant deaths and premature births create enormous costs to our families, our community and healthcare system. Our community’s infant death rate and percentage of low birth-weight births fall short of state and national averages as well as Healthy People 2020 goals.

Between 2011 and 2013, 42% of infant deaths in Lake County were related to sleeping with a parent and preventable, according to the Lake County Coroner. Increased efforts by our hospitals to educate parents on sleep safe practices and provide referrals for cribs became and will continue to be a key focus of our efforts to reduce infant mortality.

By coming together, the hospitals share information on their own interventions, clinical practices and examine evidence-based programs that impact the root causes of Maternal and Infant & Child Health. By working with a broad coalition of stakeholders we have been able to bring about improvements to our perinatal system of care and build an enhanced network of support systems for women and children. An important component of this issue is providing improved access to prenatal healthcare, promoting and facilitating breastfeeding among new mothers, and educating the community regarding the risk factors for Sudden Unidentified Infant Deaths (SUIDS).

The Birthing Centers at all three hospitals introduced HALO SleepSack for newborn babies years ago. At Community Hospital, new moms receive a free SleepSack to take home, along with a

free car seat. Community Hospital has certified lactation consultants to encourage moms to breast feed their babies. This year, we began training registered nurses at St. Catherine Hospital to become certified lactation consultants. In 2015, we implemented a Breastfeeding Peer Counselor Program to assist and support mothers with newborns in the Neonatal Intensive Care Unit (NICU) who are often pump dependent. All Peer Counselors are mothers who had babies in the NICU so they understand the challenges these moms face. By coming together, the hospitals share information on their own interventions and clinical practices and examine evidence-based programs that affect maternal, infant and child health.

Health Challenge: Infant Mortality & Low Birth Weight

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

Long-Term Measurement: HP 2020 Infant Death Rate: 6.0 (6 deaths per 1,000 live births)
Lake County’s CHNA Infant Death Rate: 8.4

Change from 2013: The Lake County Infant Death Rate worsened from 8.2 (2013 report) to 8.4 (2016 report), and is above the HP 2020 goal, as well as the state and national rates.

| Hospital Program/Activity to address identified community health need: | Strategies to produce the following evidence or service delivery: | Key Objectives to impact changes in public health conditions and reduce the infant death rate to correlate with the HP 2020 rate of 6.0. Increase the percentage of women who receive prenatal care in the first trimester. |
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| Health Fairs/Access to Prenatal Care | <p>With offerings such as pregnancy testing to financial information, provide outreach opportunities to identify resources to help women enroll in insurance programs and get access to prenatal care earlier.</p> <p>Include information on our website on the importance of prenatal care during the first trimester and resources available.</p> <p>Numerous free prenatal education classes/support are offered.</p> | Enroll women in insurance programs and increase access to proper prenatal care earlier in their pregnancy. |

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| Prevention of Elective Early C-sections | Ensure mothers have information and support they need to prevent elective C-sections prior to 39-weeks. All Community Healthcare System have adopted this goal to ensure unborn babies have optimal time to grow and develop in-utero prior to birth. | Zero elective C-Sections before 39 weeks gestation for optimal in-utero growth and development. |
| SUIDS Education Programs | Continue to communicate the message about the preventable risks for SUIDS – sleeping on back, bare crib and alone within our community. Expand outreach to communities most at risk. | Improve family knowledge and understanding of how to prevent infant deaths. |
| Safe Sleep Program | <p>Community outreach program that includes retail stores to reach more families with education about proper sleep practices for baby.</p> <p>Our Safe Sleep champion is in discussions with retail stores about selling products not considered safe.</p> <p>Screening in hospital to determine if patients have cribs, and if not, generate referrals for a free one.</p> <p>Model safe practices with the use of the Halo sleep sack and give every parent a free one upon discharge.</p> <p>Promote education of nursing staff on safe sleep practices through education by Safe to Sleep Champion. Education is extended to nursing staff in physician office as well.</p> | <p>Increase the number of parents who provide safe sleeping environments for their newborns.</p> <p>Decrease the amount of unsafe sleeping items available in retail stores such as crib bumpers.</p> <p>Reduce the number of infants placed in adult beds for sleeping.</p> |
| Car Safety Seat Program | Promote car safety for infants. All newborns receive a car seat. All infants less than 5 lbs. or less than 37 weeks receive a Car Seat Challenge Test. Car beds are given to infants who fail the Car Seat Challenge Test. | Protect every infant with a car seat to keep them safe. |
| Expanded Neonatal | The transport program enables | Provide a higher level of |

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| <p>Program</p> | <p>hospitals without neonatal units to send newborns to Community Hospital, the area's only 24/7 program staffed by neonatologists.</p> <p>The NICU follow up clinic provides new families with newborns having pulmonary, gastro-intestinal or neurologic conditions opportunities for additional education, support and developmental milestone testing.</p> <p>Continue to offer the annual NICU reunion to promote to the community the positive outcome of delivering at Community Hospital vs. Chicago for high risk infants.</p> <p>Infant CPR instruction is provided to all high risk families and caregivers prior to discharge.</p> | <p>neonatal care in the community and at a lower cost than transporting newborns to Chicago hospitals.</p> |
| <p>Lactation Services</p> | <p>Distribute breastfeeding information to physician offices to be given out during 2nd trimester.</p> <p>Early breastfeeding within 30 minutes after delivery. Skin to skin contact for first hour of life.</p> <p>Promote breastfeeding, rooming in for newborn and provide assistance for new moms.</p> <p>Promote breastfeeding classes and support with free lactation counseling pre and post-delivery to support new moms. This includes discharge phone calls, support group, and lactation support follow up clinic.</p> <p>Provide a free lactation "drop-in" clinic for nursing mothers with newborns in the NICU. Lactation</p> | <p>Optimal growth, development and health of newborns.</p> <p>Increase the number of women who breastfeed their newborns.</p> |

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| | <p>Support group is also offered.</p> <p>Breast pump loaning program for new moms who may otherwise not afford a breast pump.</p> <p>In conjunction with the NWI Breastfeeding Coalition, provide leadership and support for breastfeeding mothers in establishing designated “lactation stations” in the workplace and public areas.</p> | |
| Behavioral Health | Provide information and resources from CHS Behavioral Health programs to women in need of services due to addictions or depression. | Reduce the risk of premature deaths, low birth weights and unhealthy births due to addictions and depression. |

Community Health Needs: Areas Not Addressed

The Community Health Needs assessment conducted by the hospitals of the Community Healthcare System identified areas of concern not identified in the hospital’s implementation plan. These areas include:

Community Hospital Service Areas:

- Access to Health Services
- Cancer
- Chronic Kidney Disease
- Injury & Violence Prevention
- Mental Health & Mental Disorders
- Substance Abuse
- Tobacco Use
- Unemployment & Job Training

Many of these areas are being addressed by the hospitals of the Community Healthcare System as well as by other community organizations. For example, Community Healthcare System supports a large cancer program with a separate research foundation focused on improving access to clinical trials for area residents as well as providing free support and mind-body services through its Cancer Resource Centre. All hospitals provide routine low-cost and free screening programs for a variety of cancers – including skin, breast and lung cancers. One of the

three hospitals in the Community Healthcare System has a behavior health program and has expanded its outpatient services to improve access to mental health services and offers a dedicated unit for older adult mental health patients.

As the hospital focuses on lifestyle, education, prevention and access to care issues surrounding its four focused areas, positive outcomes will likely have positive effects on the health needs not addressed. To have the greatest impact, however, the hospital has chosen to focus on three of the most serious diseases and the related lifestyle issues facing our community as well investing in the health of newborns - the most vulnerable residents.