



ST. CATHERINE Hospital

4321 Fir Street, East Chicago, Indiana 46312

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:
St. Catherine Hospital, Inc.: 35-1738708

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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 community served by St. Catherine Hospital (SCH). 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 St. Catherine Hospital community 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 population for preventable disease or injury within the service area of the St. Catherine Hospital.


In the 2016 assessment for St. Catherine Hospital, 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 SCH 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 SCH service area as social barriers including lack of transportation, poverty, public safety issues and as aging population, persist.



Areas of Opportunity Identified Through St. Catherine 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; Concerns about lack of treatment facilities, mental healthcare providers, substance abuse counseling; Language barrier limits awareness of resources
Cancer	Cancer Death Rate	Cancer Death Rate continuing major concern



Obesity, diabetes, heart health and 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 ---remain at stubbornly high levels in the SCH service area. In the SCH population, obesity (41 percent) and diabetes (43 percent) ² are perceived as two out of three of the most critical health issues, according to SCH area residents and key community informants. Concern about heart and respiratory issues has dropped somewhat in the SCH communities since the previous assessment.

Northwest Indiana and Lake County have not been spared in the growth of cancer rates experienced across the state and the nation. Alcohol remains the most frequently abused substance in the SCH 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 SCH service area, the survey shows pain relief visits to the ER at 11.78 percent, significantly higher than the percentage overall in the current Community Health Needs Survey of Northwest Indiana, at 8.94 percent.

¹ County rankings and roadmaps www.healthrankings.org


² Community Needs Health Survey 2016

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



Areas of Opportunity Identified Through St. Catherine 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 population (33.14 percent) share a concern about mental illness as a community health issue, 71.68 percent in the SCH 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, 76 percent of the SCH service area residents indicated that these discussions had occurred and another 57 percent said their physicians had discussed risk factors for chronic disease. However, only 38 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, diabetes, homicide, motor vehicle crashes, kidney, heart disease and cancer when compared to the CHNA in the SCH service area in 2013.

The rate of age-adjusted death from cancer in the SCH 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 186.9, significantly lower.


Smoking has dropped in the 2016 survey sample with about 11 percent of participants in the SCH area acknowledging that they are still smoking and/or trying to quit. That number is much lower than reported in the 2013 assessment, which showed smokers at a 23.47 percent level in the SCH 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 SCH service area, 54.67 percent of respondents agree with other Northwest Indiana communities that employment opportunities are the top concern.

SCH survey participants ranked a lack of education and job training as the next most important social problem in their service area at 39.23 percent. While neighboring communities to the south and east are more concerned about affordable housing and public transportation.

Positive findings in the SCH survey: Individuals in the SCH service area take health education seriously and are having preventive procedures more often than ever before. About 80 percent of those surveyed had a blood pressure screening and almost 72 percent reported screening for cholesterol "on a regular basis." Flu shots (61.49 percent) and diabetes screening (66.74 percent) are at record levels in SCH communities. Residents surveyed also reported mammograms at 58.06 percent along with 60.68 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



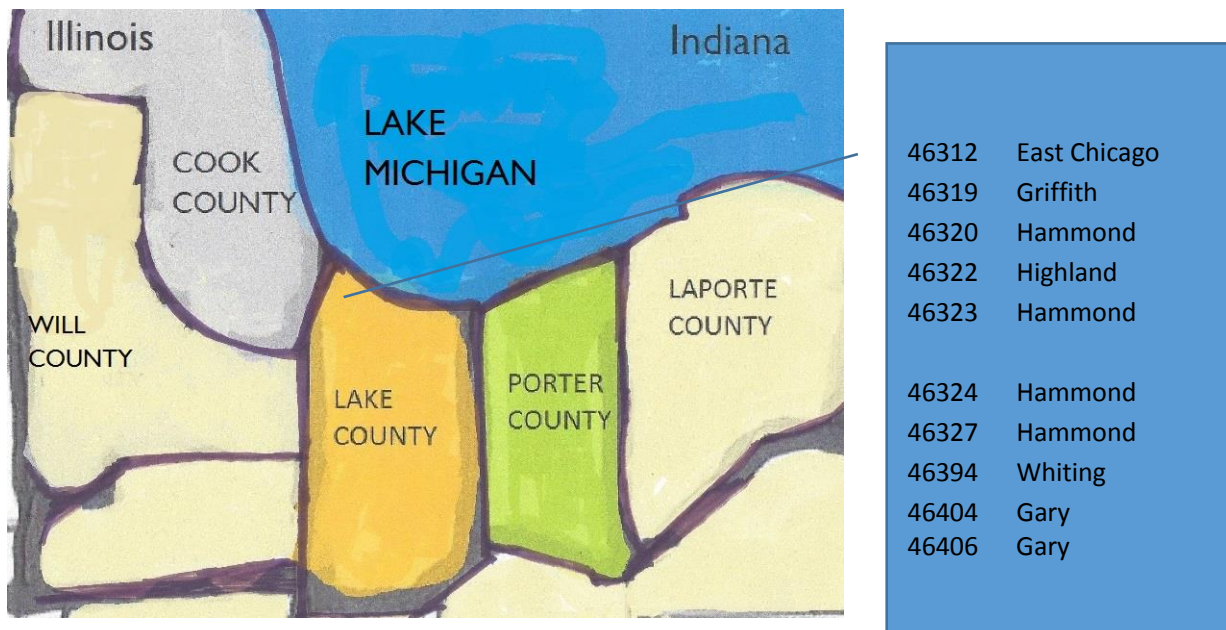
asked about the prevalence of obesity in the community, residents overwhelmingly (70.32 percent) cited personal responsibility---unhealthy diet and exercise habits---but 51 percent added that a lack of knowledge about nutrition was another root cause undermining weight control. More and better information about cancer care including individual counseling and nutritional and diet therapy were two of the top choices, which SCH 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

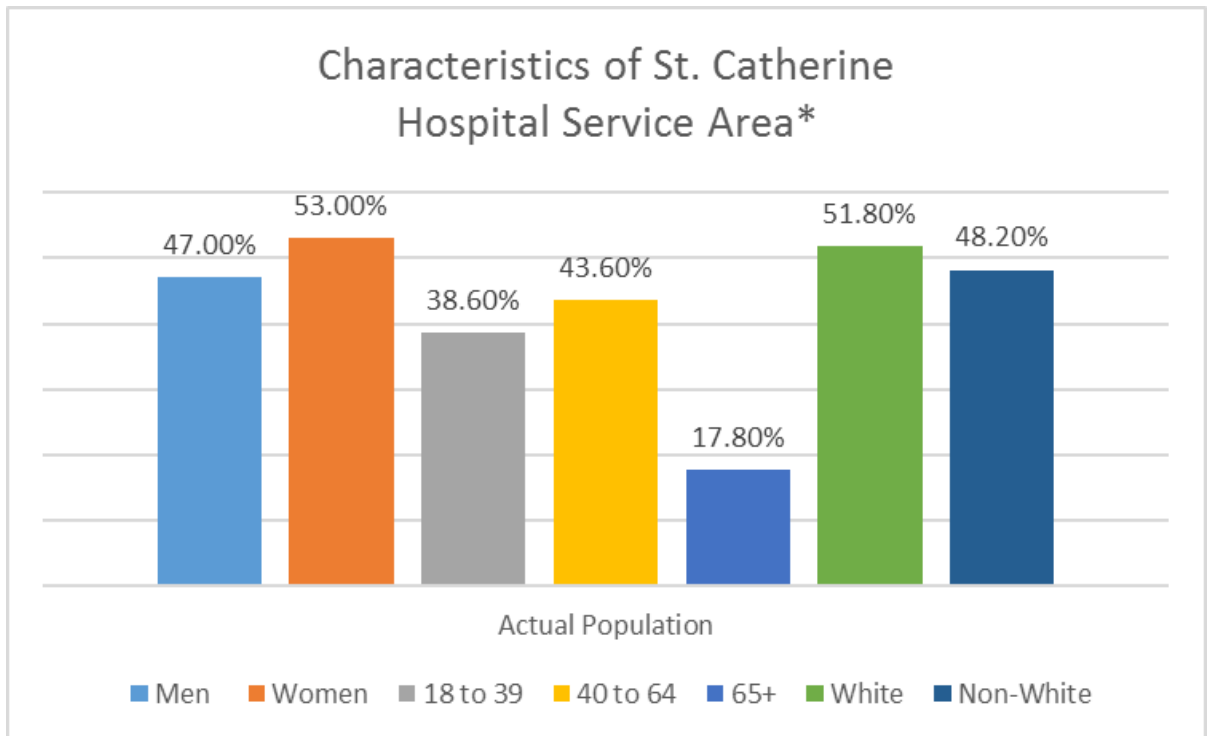
Also on the educational theme, respondents in the SCH service area, reported getting healthcare information most often from their doctor and more than 80 percent said they have a primary care doctor. (About 23 percent of those surveyed who do not have a physician said that the reason was because they did not need one.) While there was no direct comparison made in the 2013 assessment, 73.2 percent of adults in the SCH 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 ST. CATHERINE HOSPITAL SERVICE AREA



The St. Catherine Hospital Service Area in Lake County, Indiana has a population of 487,865, led by the northern cities of Hammond and Gary, each with a population of around 78,000 (and gradually declining) in an area of approximately 500 square miles. St. Catherine Hospital, part of the Community Healthcare System, has 189 beds and is the only hospital facility located in East Chicago, Indiana. The SCH area sample has about 450 respondents.



**Lake County, Indiana Census*

To better understand the unique needs of the St. Catherine 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

ST. CATHERINE 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; 6.5 percent of motor vehicle crashes in Lake County to 11.3 percent in Indiana; a higher suicide rate in Indiana of 14.4 and 14 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 and 21.5 percent in Lake County.

Population Characteristics and Description with Comparison by County, State and U.S.				
Social Determinants of Health	Lake	St. Catherine 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%	17.70%	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%	10.20%	7.90%	8.00%
Preterm	9.80%	11.00%	9.70%	11.40%
Modifiable Health Risks				
Adult Obesity	35.50%	35.20%	31.40%	27.80%
Diabetes Prevalence	12.60%	13.10%	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%	19.10%	15.80%	N/A
People who smoke	23.80%	22.60%	22.90%	18.90%
Access to Care				
Adults who visit the dentist once per year	64.70%	61.40%	68.10%	65.40%
Residents could not see a doctor due to cost	15.30%	17.80%	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/nSChs/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.

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)

When comparing the results of the St. Catherine 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 (48.59 percent) seldom express that they are not getting the help they need (2.16 percent). Among those St. Catherine 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 20 percent of those affected. Depression, however, causes the most disruption in more than 35 percent of cases.

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/nSCHs/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.marSCHofidimes.org/peristats

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 St. Catherine 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 St. Catherine 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 75 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 SCH Service Area, the participants in the survey indicated they were largely unaffected by domestic, street, gang or criminal violence in the past five years. Though the SCH residents have the largest percentage who have been victims of violence in the past five years at 7.80 percent, 92.20 have not been touched by violence and that is just slightly less than 94 percent 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 (56.30 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.



ONLINE KEY INFORMANT SURVEY RESULTS

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

 *Community Healthcare System*[®]
ST. CATHERINE  Hospital



DEATH DISEASE AND CHRONIC CONDITIONS

Looking at the top five causes of death in the St. Catherine Hospital 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.

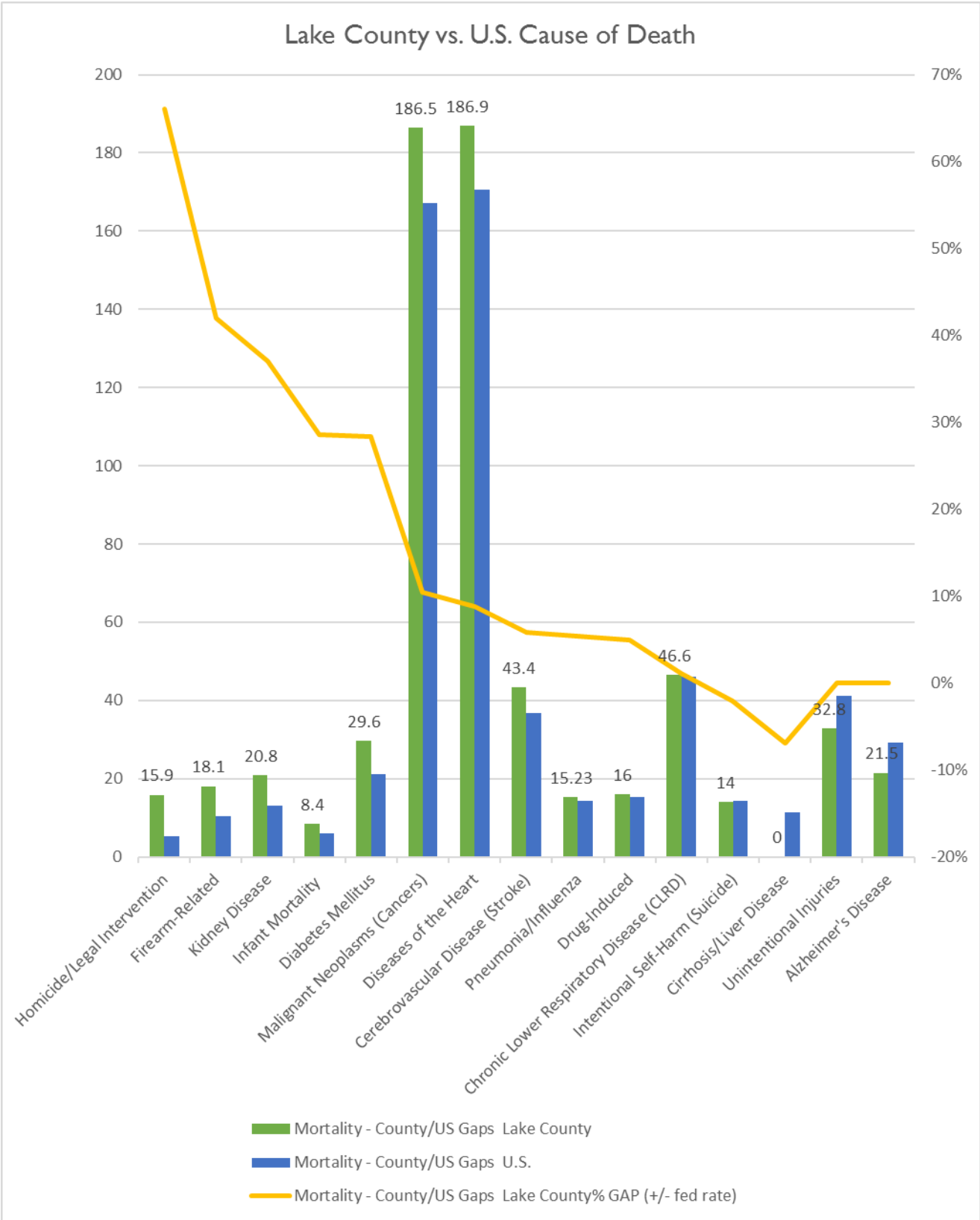
SUMMARY COMPARISON CHART

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/				



*St. Catherine Hospital
Health Needs Assessment*

Survey of the Community 2016

 Community Healthcare System®
ST. CATHERINE Hospital



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 St. Catherine Hospital Service Area 10-zip code communities tracked similarly to the larger encompassing Northwest Indiana group, there were also marked differences. The sample population for the St. Catherine Hospital Health Needs Assessment for 2016 has approximately 450 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 SCH 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?		
	St Catherine Service Area 2016	Community Health Needs Survey 2016
Lack of Employment Opportunities	54.67%	54.70%
Lack of Education/ Job Training	39.23%	35.55%
Violence	35.16%	22.94%
Affordable Housing	33.13%	33.63%
Public Transportation	27.03%	31.99%
Poor Health of Residents	25.41%	27.44%
Poverty	24.59%	18.91%
Public Safety	23.17%	22.83%
Pollution	22.15%	23.99%
Hunger (Food Insecurity)	8.33%	8.35%
Other	7.11%	10.68%

Examining the responses of the survey participants who reside in the SCH 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 lack of education and training to qualify for the jobs offered. 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 SCH area where there is poverty and violence affect the surrounding areas, even if those towns and cities are more affluent and newer. In the SCH area, more than 25 percent of those surveyed are concerned about the poor health of residents and almost 23 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 SCH population has almost 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 SCH area rates its concern at 12 percentage points higher than the general CHNA population.

Those surveyed in the SCH Service Area do not feel that transportation problems are as acute as in other parts of the county. As part of the older, northern corridor, the area has access to NICTD commuter rail system not available to other areas included in the county. East Chicago has a public transportation system unlike many other area communities and the area benefits from the care van operated by St. Catherine Hospital to help patients to and from their home to the hospital access services.

Residents of the SCH service area indicated the threat of pollution is less worrisome than in the larger, general group of participants in the survey. The SCH Service Area and its communities tend to be more mature than neighborhoods and developments north and east included in the Community Health Needs Survey 2016.

Health Challenges

What do you feel are the 3 most important health problems in your community?		
	St. Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Diabetes	43.27%	43.28%
Obesity	41.33%	47.24%
Cancer	36.06%	43.28%
Mental Health	33.14%	32.05%
Heart Disease/Stroke	32.55%	36.18%
Substance Abuse (alcohol, drugs)	30.21%	28.21%
Smoking and Tobacco	25.15%	25.54%
Breathing Problems	20.47%	20.48%
Dental/Oral Health	11.11%	7.56%
Asthma	8.97%	10.30%
Injuries	3.70%	2.97%
Hearing/Vision Problems	2.53%	3.20%
HIV/ AIDS	2.53%	1.34%
Infant Mortality	2.53%	1.51%
Other	1.36%	2.56%

The five top health concerns for the SCH 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: Diabetes, Obesity, 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 SCH 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 SCH communities now. Hearing and vision issues and HIV/AIDS, which had a larger presence a few years ago, have dwindled, while concerns over mental health (stress, depression) have built up to be more of a major problem to the population in the SCH 2016 survey.

Obesity

What do you feel are the 3 top reasons why obesity is an issue in your community?		
	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Unhealthy diet and exercise habits	70.32%	71.29%
Lack of knowledge about nutrition	51.18%	46.76%
Lack of access to healthy and affordable food (fruits and vegetables)	42.37%	37.65%
Healthy habits not promoted/supported in the community, schools	32.69%	27.82%
Lack of access to low cost weight loss programs	29.89%	29.71%
Lack of recreation/physical activity programs	23.01%	21.53%
Lack of access to parks and places to exercise	10.54%	10.76%
Lack of support from employers	10.54%	10.53%
Safety reasons (personal/traffic/neighborhood)	10.54%	8.35%
Other (please specify)	7.53%	7.47%
Obesity is not a problem in my community	6.67%	6.35%
Lack of support from hospitals and medical professionals	4.95%	5.94%

Responses to the questions about obesity speak to a perception of universal sentiment of personal accountability. More than 70 percent of the time, SCH 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 (51.18 percent) within the SCH 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 SCH 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 SCH 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 SCH 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 SCH area. A large percentage (26 percent) of the SCH area said in the survey that weight control was not their problem and 22.76 percent of the respondents said they do not like to exercise and healthy foods are not available at an affordable cost.

An interesting fact, demographic statistics show that Lake County, Indiana has one of the highest rankings – 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 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?		
	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Eating habits	48.05%	47.61%
Stress	40.69%	41.40%
Not a problem for anyone in my household	25.52%	28.01%
Cost and lack of healthy foods (fruit and vegetables)	22.76%	20.57%
Don't like to exercise	22.76%	24.00%
Not enough safe parks, sidewalks, walking trails, low-cost gym memberships	13.79%	14.23%
Medical condition	11.95%	12.35%
Don't know nutritional value in restaurant meals	10.80%	8.47%
Other	9.43%	9.18%
Don't have support from health professionals	5.52%	4.20%
Don't like fruits and vegetables	4.37%	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 lack of insurance creating the most difficult barrier, a much bigger difference (5-6 percentage points) in the SCH area than in the CHNA study overall. The next highest barrier were difficulties and delays in getting appointments. The SCH service area residents had less difficulty with concerns such as not knowing what is available in the community and finding specialists, than the population of respondents to the overall survey. Language barrier was a minor problem in the SCH area, though still more than twice the general survey area.

Which of the following make it harder for you and your household members to get healthcare services?			
	St. Catherine Service Area Needs Survey 2013	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Don't have trouble getting healthcare services		53.24%	49.27%
Cost of co-pays	17.80%	31.71%	25.93%
Lack of insurance	17.70%	19.91%	12.93%
Limited hours at doctor's office/clinic		18.52%	18.40%
Not able to get timely appointment to see doctor/provider	15.90%	17.59%	17.87%
Lack of doctors/providers who accept my insurance		16.20%	13.99%
Can't find programs/services that meets my needs		12.04%	7.70%
Public transportation that is not available or too limited		8.10%	6.11%
Don't know what is available in my community		6.71%	8.58%
Lack of affordable transportation	8.50%	6.71%	5.06%
Unable to find a primary care doctor		6.25%	6.00%
Other		5.32%	6.41%

Which of the following make it harder for you and your household members to get healthcare services?			
	St. Catherine Service Area Needs Survey 2013	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Don't have trouble getting health care services		53.24%	49.27%
Cost of co-pays	17.80%	31.71%	25.93%
Lack of insurance	17.70%	19.91%	12.93%
Limited hours at doctor's office/clinic		18.52%	18.40%
Not able to get timely appointment to see doctor/provider	15.90%	17.59%	17.87%
Lack of doctors/providers who accept my insurance		16.20%	13.99%
Can't find programs/services that meets my needs		12.04%	7.70%
Public transportation that is not available or too limited		8.10%	6.11%
Don't know what is available in my community		6.71%	8.58%
Lack of affordable transportation	8.50%	6.71%	5.06%
Unable to find a primary care doctor		6.25%	6.00%
Other		5.32%	6.41%
Language barrier		4.40%	1.65%
Unable to find a specialist		4.17%	3.41%
<i>not included in 2013 assessment</i>			

Access to Mental Health Services

There is a strong correlation between the responses from SCH 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 SCH 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.

SCH respondents were as likely to say that they did not have a problem getting services as frequently as they could not find a doctor who took their insurance (about 10.00 percent in both cases). The larger overall survey showed the same dichotomy at a proportionately greater scope (9 percent+). The majority of respondents in all of the Northwest Indiana communities that were measured, did not think stigma was a significant a barrier to getting care, but SCH area respondents were more concerned about what people might think (11.02 percent) than the CHNA group (8.63 percent), but it was 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		
	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Don't need mental health services	71.68%	57.94%
Don't know what is available in my community	17.30%	12.55%
Cost of co-pay	16.13%	14.16%
Lack of insurance	13.54%	10.05%
Can't find program/services that meets my needs	12.54%	10.95%
Concern about what other people think	11.02%	8.63%
Don't have problem getting services	10.50%	9.64%
Lack of doctors/providers who accept my insurance	10.00%	9.28%
Limited hours at doctor's office/clinic	10.00%	8.03%
Not able to get timely appointment to see doctor/provider	9.78%	7.91%
Unable to find a doctor/provider	7.76%	5.65%
Lack of affordable transportation	5.52%	3.57%
Other (please specify)	4.02%	3.33%

Cost of Prescription Medicine as a Barrier to Affordability

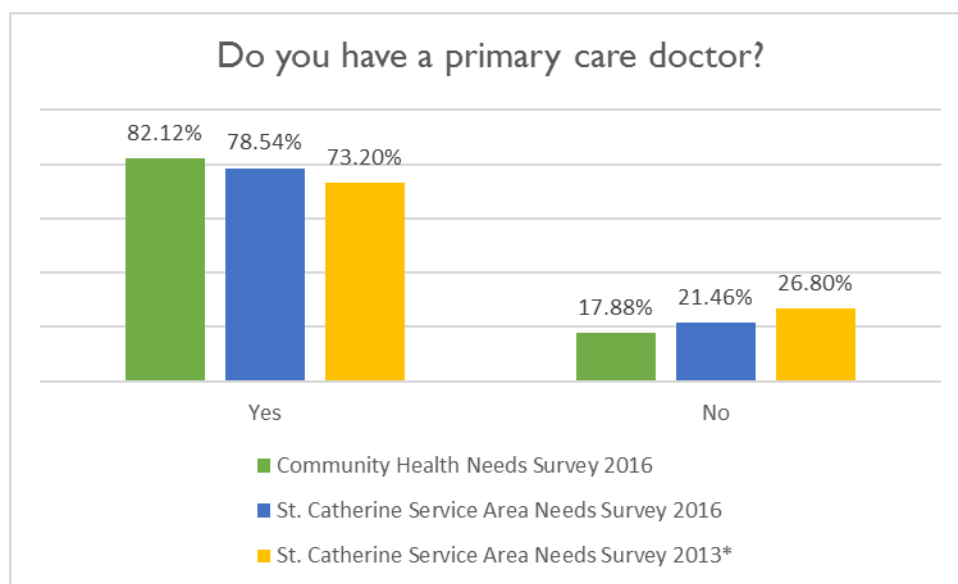
Was there a time within the past year that you did not purchase or took less of a prescription medication because you could not afford it?			
	Yes	No	Blank
Community Health Needs Survey 2016	29.38%	70.62%	2.07%
St. Catherine Service Area Needs Survey 2016	34.73%	62.87%	2.40%
St. Catherine Service Area Needs Survey 2013	19.40%	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 SCH service area. In the 2016 survey, almost 20 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 almost 80 percent in survey participants who found themselves in that predicament in 2013 (19.40%), and having more 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%
St. Catherine Service Area Needs Survey 2016	78.54%	21.46%
St. Catherine Service Area Needs Survey 2013*	73.20%	N/A

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



The majority of those surveyed in the SCH service area, like those participants in the overall CHNA, have a primary care doctor, though more than 21 percent of participants in the survey do not. But both populations have made a leap, growing the number with a family doctor by 5-7 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 “health care 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” to find a healthcare home. Obviously that goal was exceeded.

Explaining Why You Don’t Have a Primary Care Doctor

About 22 percent of people surveyed in the SCH 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 Northwest Indiana assessment.) The largest group (over 25 percent) in both the SCH and CHNA surveys says that they don’t have insurance. The third most often-cited reason for not having a doctor are the cost, which was cited in the 2013 assessment as a more significant barrier in the SCH area. Beyond that, those surveyed experienced 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?			
	St. Catherine Service Area Needs Survey 2013	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Don't have insurance	17.70%	25.47%	15.32%
Don't need one at this time		22.64%	31.75%
Too costly	17.80%	13.21%	11.98%
Prefer to see specialists for all health needs		9.43%	9.19%
Not enough doctors in my community		8.49%	5.01%
Can't find a doctor who takes my insurance	10.40%	6.60%	6.41%
Can't get an appointment	15.90%	3.77%	4.46%
Other (transportation)	8.50%	2.83%	13.65%
Don't trust doctors		0.94%	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?		
	St. Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
The specifics of what insurance covers and doesn't cover	41.15%	54.94%
The healthcare services that are available in your community	14.02%	43.65%
The availability of discounted or no-cost prescription medications	39.77%	44.25%
Programs in your community to help people pay for health services they can't afford	31.26%	39.79%
Advance information from your insurance company about the costs of needed services	42.99%	42.17%
Low or no cost transportation options in your community	38.39%	12.99%

While the SCH service area has more problematic socioeconomic demographics, there is not much difference between the SCH survey participants and the larger CHNA survey. Both groups feel they are not getting adequate or helpful information, primarily from insurance companies. There is obviously confusion with both groups studied about the costs and specifics of health insurance and both cited advance information as a problem. Both groups of participants say that they do not know 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 lots of people would like to know.

HEALTHCARE EXPERIENCE

Healthcare Preferences

When you need healthcare, where do you usually go for services?		
	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
A doctor's office	64.21%	70.46%
Clinic or urgent/immediate care facility	17.18%	17.91%
Free or low cost clinic	12.27%	5.93%
Hospital Emergency Department	4.09%	3.11%
Other	2.04%	2.00%
Veteran's Administration Healthcare	0.20%	0.59%

The SCH resident and the overall CHNA participant are well 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 (12.27 percent). The SCH service area communities are more likely to go to a free clinic because there are more free or low-cost clinics available in that area. A much smaller number of respondents (3-4 percent) say that they usually go to the hospital emergency room, likely because there are other, better options available in Northwest Indiana.


Service Locations

St. Catherine 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	87.22%	3.52%	9.25%	0.00%
Primary care	85.44%	3.80%	4.22%	6.54%
Dental/Oral healthcare	80.43%	6.07%	12.14%	4.61%
Surgery	59.96%	7.14%	1.08%	31.82%
Specialist care	57.48%	0.00%	3.27%	39.25%
Chronic disease treatment	48.59%	4.74%	2.16%	45.47%
Mental health care	23.27%	3.80%	6.26%	66.67%
Prenatal care	20.23%	1.36%	0.91%	78.41%
Cancer care	17.47%	6.64%	0.00%	75.88%

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 healthcare	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 (6.64 percent) and surgery (7.14 percent) most residents say that they are staying in Northwest Indiana for other types of medical care. On average only a small percentage travel outside of the SCH communities to get the care they need. More than 85 percent of SCH service area survey participants say that they 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 SCH Service Area respondents who need surgery or specialized care travel outside of the area for treatment.

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 SCH 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 SCH Service Area, possibly an access issue. Some SCH 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.

SCH service area respondents indicated that an area of their health that may be neglected is regular visits to the dentist. This tendency is higher (12.14 percent) in the SCH service area where poverty and economic concerns are a bigger issue than in the overall CHNA area (7.51 percent). The trend line of needing service and not getting it also runs higher but parallel in neglecting eye and vision care for the SCH service area resident (9.25 percent) and Northwest Indiana residents (5.09 percent). The need-to-get-care-but-don't lines for the entire area and the SCH service area start to converge when it comes to untreated mental illness. While more than 5.25 percent of Northwest Indiana residents who were surveyed say that they have untreated mental illness, the number goes up slightly in the smaller population pool of the SCH service area (6.26 percent).

Getting Healthcare Information

What are the three primary ways that you receive health information?			
	St. Catherine Service Area Needs Survey 2013	St. Catherine Service Area Needs Survey 2016	Community Health Needs Survey Needs Survey 2016
My doctor (doctor's office, clinic)	51.07%	80.37%	79.92%
Internet	19.60%	47.34%	50.06%
Friends, co-workers/neighbors	3.10%	31.41%	28.07%
Family	4.80%	28.18%	27.37%
Hospital	3.10%	25.87%	26.79%
Media (radio, TV, newspapers, etc.)	7.00%	24.48%	25.96%
A Nurse		12.70%	14.45%
Social media (Facebook, Instagram, Twitter)		12.70%	12.72%
Urgent Care/ Immediate Care Clinic		12.01%	11.76%
Emergency Room		7.62%	5.88%
Other	7.00%	5.31%	5.31%
Community organization		4.85%	4.09%
Church		4.85%	3.32%
School		2.77%	2.62%
<i>not available in 2013 assessment</i>			

There is almost difference in how area residents receive information on their healthcare between the large area-wide CHNA study and the SCH service area. While both (80 percent) groups of respondents overwhelmingly get healthcare information from their doctors, even in lesser source categories the percentages are approximately the same for those who live in SCH 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 more than 50 percent of the respondents in the wider geographic area using the web and 47 percent of the residents in the SCH service area going online for health information. Among traditional information sources like the media, friends, urgent care, community organizations and schools the SCH group reports similar numbers to the CHNA study as well.

The SCH area population gets slightly more information from family, the ER and in church than the CHNA group. The Northwest Indiana survey population (14.45 percent) got slightly more information from a nurse than the SCH group. Social media was a primary source of info at almost the same rate for both groups.

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

Rating Healthcare Services

How would you rate healthcare 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%
St. Catherine Service Area Needs Survey 2016	9.38%	31.34%	33.93%	15.37%	5.59%	2.59%
St. Catherine Service Area Needs Survey 2013	20.10%	35.60%	28.80%	10.20%	5.40%	

The response to the ratings question was slightly more negative as to the providers in the SCH 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 to less than half, but about there was a less than 4 percent drop in the number of participants that gave the healthcare services a “very good,” rating in 2013. About 34 percent of survey participants gave a good rating in the SCH area and the total of good or above was approximately 75 percent in 2016. The 2013 total beat that by 5 percentage points. There was an increase in the fair-to-poor category of about 6 percent. The overall score saw the low end grow while the top scores declined.

There were less “poor” ratings in the survey of all the communities, but the larger pool of participants only gave slightly higher ratings than the SCH service area residents and the highest percentage was 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 almost 300 responses to this question from the St. Catherine Service Area and the majority of the answers tied directly back to making healthcare more affordable and accessible. One comment said, “Be more informative. [There is a] serious lack of knowledge in community about eating habits and healthy eating.” Residents want to see health care providers outside of the hospital with educational programs that are relevant and many of commenters believe strongly that the healthcare professionals have the knowledge and the desire to commit to outreach. “Extend health education to venues outside,” was how one person explained it.

Another acknowledged not really knowing what would help the St. Catherine Service Area population to become healthier, saying, “I have no idea what will help. Our community is poor and I think the services are there. People just don't take advantage of them.”

Frustration was also expressed about long wait times in the Emergency Room as well as for test results.

There were many pleas to lower costs, typically explaining a difficult insurance (or lack of) situation. “Lower the cost of tests and medications,” said one of the participants. “Offer more free samples of so one does not spend money on a medication that does not agree with them or does not take care of the health issue.” There were suggestions for free medication and screenings for low income residents. Requests included more health fairs, job opportunities in the health care sector as well as participation of hospitals in health fairs, farmer’s markets and other community events. Respondents asked for more classes on everything from latest medical discoveries to insurance benefits. There were several comments written in Spanish.

One answer to this question suggested that the hospital should “do [more] surveys like this to find out the needs of the communities.”

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%
St. Catherine Service Area Needs Survey 2016	5.19%	25.75%	42.51%	18.96%	5.79%	0.60%
St. Catherine Service Area Needs Survey 2013	17.70%	28.60%	34.40%	14.90%	4.40%	

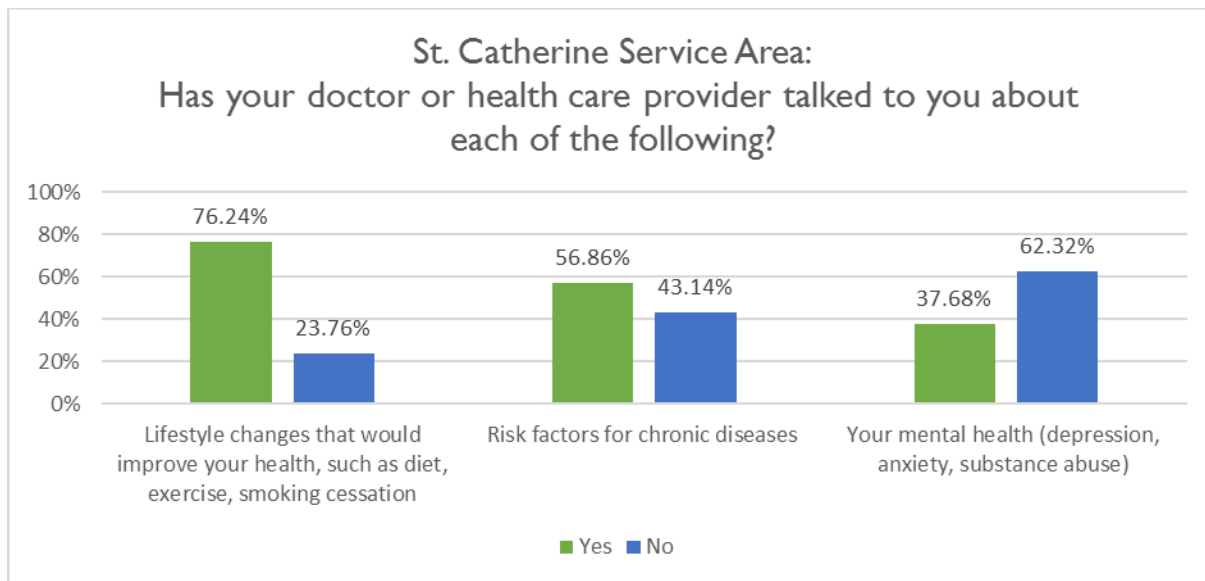
There has been a shift in the number of residents of the SCH service area who say they are in excellent health. Just three years ago, 17.70 percent of those surveyed described their health as excellent and that number has dropped to barely more than 5 percent. Fewer SCH residents feel very good (down about 3 percent), but the number of residents who describe themselves as feeling good went up about 9 percentage points. The fair-to-poor categories grew to 25 percent, from around 20 percent in the previous assessment. 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 fair-to-poor is less in the CHNA survey (about 20 percent) and larger for the good-to-excellent group (more than 80 percent).

Support for Addressing Health Needs

Has your doctor or healthcare provider talked to you about each of the following?			
St. Catherine Service Area Needs Survey 2016	Lifestyle changes that would improve your health, such as diet, exercise, smoking cessation	Risk factors for chronic diseases	Your mental health (depression, anxiety, substance abuse)
Yes	76.24%	56.86%	37.68%
No	23.76%	43.14%	62.32%

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?				
	Smoker	No	Never Smoked	Former Smoker
Community Health Needs Survey 2016	7.95%	7.30%	58.87%	25.88%
St. Catherine Service Area Needs Survey 2016	11.24%	11.24%	55.04%	22.48%
St. Catherine Service Area Needs Survey 2013	23.47%		55.00%	22.50%
State of Indiana 2014	22.90%			
U.S. Smokers 2014	18.10%			
<i>not available in 2013 assessment</i>				

In spite of the macro data on tobacco use in Northwest Indiana, both the SCH 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 SCH service area number is higher than the CHNA survey, it is about half of the rate indicated in the 2013 assessment. In Indiana the numbers of smokers have dropped, but at a slower pace than what is seen in SCH (from 23.47 percent in the 2013 CHNA) and in the U.S., where the statistics show that the number of smokers has stabilized or in some recent years has 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 and has that limited your lifestyle?		
St. Catherine 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
Diabetes	80.90%	19.10%
Heart Condition	77.27%	22.73%
Cancer	77.22%	22.78%
Obesity	74.34%	25.66%
Lung disease	69.94%	30.06%
Depression\Mental Health Issues	65.25%	34.75%

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 less in the SCH area than in Northwest Indiana general survey population.

More than 35 percent of participants in the SCH 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 more, 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 ten-point difference with the SCH service area in terms of the impact on lifestyle. Poverty, access to care, transportation and safety are conditions that could compound stress in the household with a person who is mentally ill. While improved access to services and



education about getting services and what's available could help alleviate some of the pressure that hinders the mentally ill in the SCH area in getting the help they need.

When dealing with lung disease, the differences in lifestyle impediment between the SCH service area and the Northwest Indiana area are more than 9 percent. There is 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 SCH Service Area and the Northwest Indiana communities together struggle with the lifestyle impact of obesity at 26 percent in the SCH communities and 35 percent in the CHNA 2016.

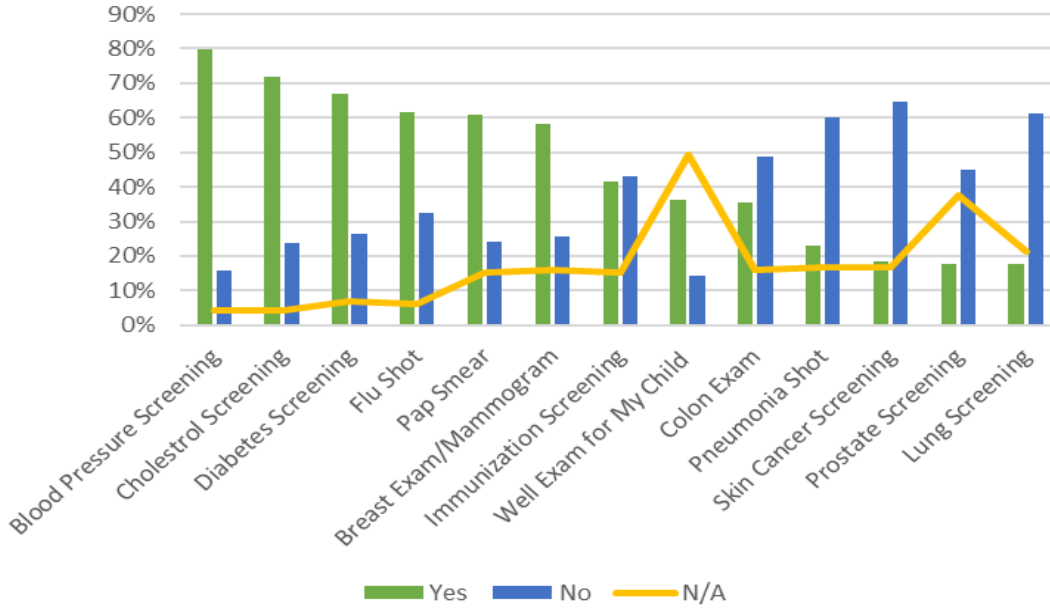
Prevalence of Preventive Procedures

Preventive Procedure	St Catherine Service Area Needs Survey 2016		
	Yes	No	N/A
Blood Pressure Screening	79.62%	15.97%	4.41%
Cholesterol Screening	71.83%	23.87%	4.30%
Diabetes Screening	66.74%	26.24%	7.01%
Flu Shot	61.49%	32.52%	6.01%
Pap Smear	60.68%	24.09%	15.23%
Breast Exam/Mammogram	58.06%	25.81%	16.13%
Immunization Screening	41.67%	43.14%	15.20%
Well Exam for My Child	36.25%	14.40%	49.36%
Colon Exam	35.34%	48.80%	15.87%
Pneumonia Shot	23.08%	60.05%	16.87%
Skin Cancer Screening	18.64%	64.74%	16.62%
Prostate Screening	17.69%	44.87%	37.44%
Lung Screening	17.57%	61.24%	21.19%

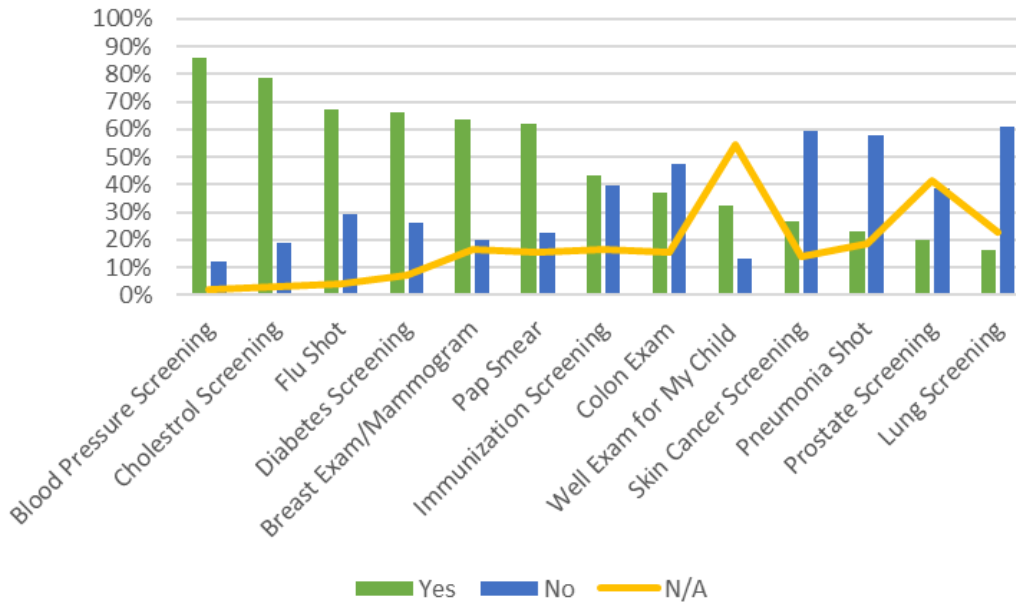
Preventive Procedure	Community Health Needs Survey 2016		
	Yes	No	N/A
Cholesterol Screening	85.78%	12.30%	1.92%
Flu Shot	78.36%	18.83%	2.81%
Breast Exam/Mammogram	66.94%	29.20%	3.86%
Pap Smear	66.39%	26.18%	7.43%
Well Exam for My Child	63.43%	19.76%	16.82%
Blood Pressure Screening	61.77%	22.50%	15.73%
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%




Preventive Procedures St. Catherine Hospital Service Area 2016



Preventive Procedures Community Health Needs Survey 2016





A large population in both the SCH 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 in 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 create an opportunity 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 SCH service area just slightly more than half did visit the ER. The top category of reasons for the trip to the ER in both the SCH area and the overall Northwest Indiana region was for either an injury or common illness, accounting for 23 percent of the trips. In the SCH service area approximately 12 percent of ER visits were for pain relief. 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 SCH 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 SCH service area residents are more likely to have visited the ER for respiratory problems (12.02 percent) than for diabetes or blood sugar issues at about 7.21 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 (4.81 percent) for the SCH service area and an

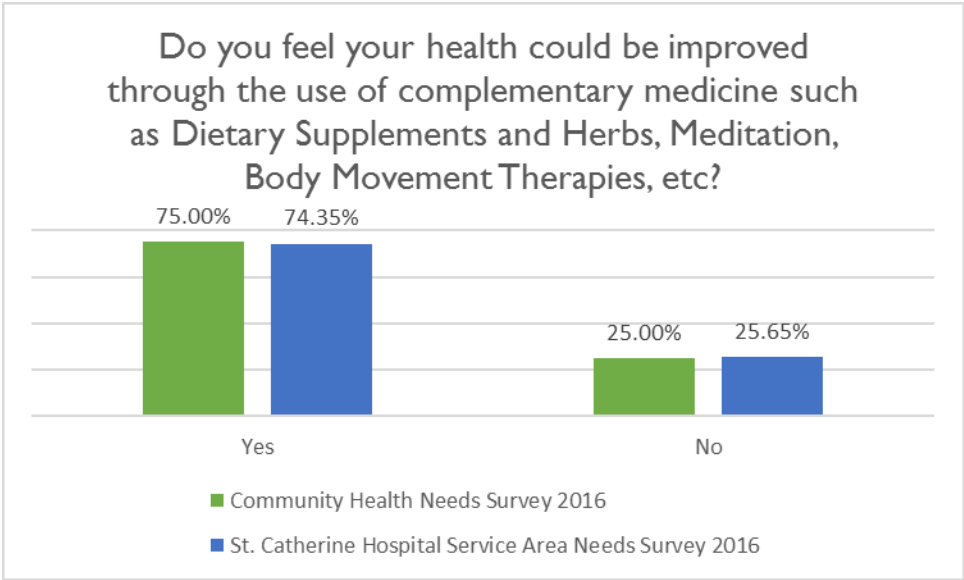
even smaller number (3.61 percent) went to the ER for that reason among the larger CHNA group studied.

In the past 12 months have you or anyone in your household visited the ER for any of the following?		
	St. Catherine Hospital Service Area Needs Survey 2016	Community Health Needs Survey 2016
Did not visit the ER in the past 12 months	48.08%	51.33%
Common illness (colds, ear infections, fever, rash, flu)	13.22%	11.72%
Breathing problems (asthma, COPD)	12.02%	8.81%
Pain Relief	11.78%	8.94%
Injury	9.38%	10.71%
Heart Condition	8.65%	7.67%
Blood sugar (diabetes)	7.21%	3.11%
Depression/Anxiety/Mental Health Issues	5.53%	3.61%
Just needed access to a physician	4.81%	3.61%
Broken bones	3.37%	4.63%
Cancer	2.16%	1.77%
Dental/Oral health	1.92%	2.03%
Stroke	1.20%	1.46%
Substance Abuse (alcohol, drugs)	1.20%	1.08%
Other	0.00%	12.80%

Complementary Medicine

Perhaps it is simply a sign of the times that in the SCH service area, as well as the larger survey area, there is a solid 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 in Northwest Indiana 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%
St. Catherine Hospital Service Area Needs Survey 2016	74.35%	25.65%



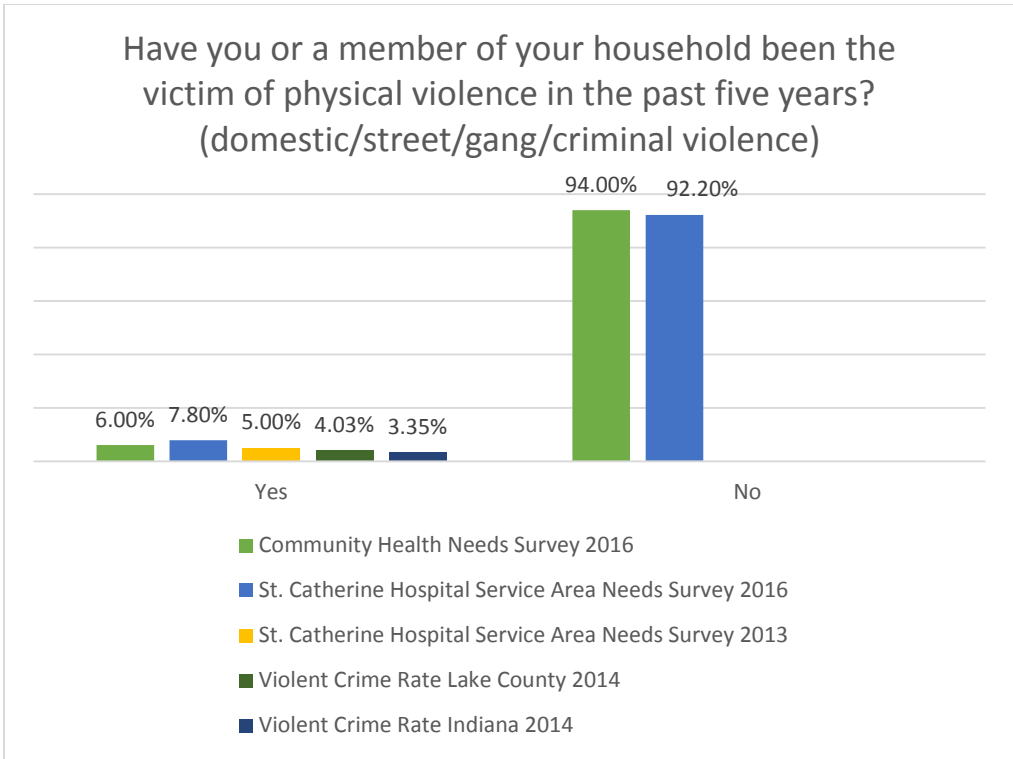
VIOLENCE

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 SCH 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%
St. Catherine Hospital Service Area Needs Survey 2016	7.80%	92.20%
St. Catherine Hospital Service Area Needs Survey 2013	5.00%	
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 SCH 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 SCH 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 SCH area population is also 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.)		
	St Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Access to the free screening resources in the community	68.09%	73.65%
Education on screening guidelines	31.69%	34.19%
Public information on detection and prevention	28.05%	31.23%
Healthier food choices in the community	26.77%	29.64%
Stress reduction	26.34%	31.49%
Employer incentives for good health behaviors	26.12%	32.87%
Physician educating patients on preventative measures	23.77%	25.82%
Nutrition counseling and weight loss programs	22.48%	26.22%
Education programs in our schools	22.06%	24.37%
Tobacco cessation programs	21.41%	23.85%
Other	3.00%	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 SCH 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)		
	St. Catherine Service Area Needs Survey 2016	Community Health Needs Survey 2016
Free or low cost screenings	71.23%	81.94%
Better insurance coverage for cancer screenings	54.37%	67.15%
Encouragement from a healthcare provider	25.00%	31.68%
Public Service Announcements (TV, radio, newspapers)	16.47%	18.19%
Information on social media	12.70%	16.03%
Group educational programs	11.51%	11.39%
Videos and printed materials	6.94%	8.38%
Other (please specify)	1.59%	1.18%

Needs of Cancer Patients

Participants in the SCH 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 SCH service area, as well as the CHNA overall survey, placed an emphasis on sympathy in professional settings including hospice services (77.83 percent in the SCH 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?				
St. Catherine Service Area Needs Survey 2016	Very Valuable	Somewhat Valuable	Not Very Valuable	Not at All Valuable
Individual counseling	78.92%	17.01%	3.05%	1.02%
Hospice services	77.83%	15.87%	5.04%	1.26%
Nutritional and diet therapy	76.40%	20.05%	3.05%	0.51%
Support groups in the community	75.38%	20.60%	3.27%	0.75%
Exercise and stress reduction activities	74.20%	21.38%	3.44%	0.98%
Rehabilitative services	73.33%	21.79%	4.10%	0.77%
Educational programs in the community	72.21%	23.08%	3.72%	0.99%
Complementary medicine (diet, supplements and herbs, meditation, body movement therapies)	71.46%	21.22%	6.34%	0.98%
Spiritual counseling	70.89%	23.04%	3.80%	2.28%
Access to clinical research trials in the community	69.27%	23.41%	6.10%	1.22%
Palliative care options	68.34%	24.27%	6.07%	1.32%
Educational resources online	65.55%	28.79%	5.14%	0.51%
Support groups online	57.25%	29.27%	11.14%	2.33%




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%
Palliative 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?

A dozen themes emerged from the more than 200 answers to this question from the St. Catherine Hospital service area respondents. Care was emphasized often with references to caregivers and counselors that were primarily positive, but at times expressed frustration that providers at times come across as stressed or exhausted in their work. One participant said, “Be more informative about the specific cancer,” and another asked that caregivers respect a patient’s “spirituality and beliefs.” Another cautioned of providers against “losing hope before the patient” does.

Most respondents wanted honesty and as much information as possible when it came to cancer care. The words “education” and “options,” were used frequently, almost as often as the word “support.” There were numerous references to early detection. Just one participant said, “By performing preventative screening, you are improving the care of everyone involved in the diagnosis.” Compassion and empathy are qualities patients are seeking in healthcare providers. But many who



commented on this question were also seeking education and information from their providers. “Education on how the caregiver can support the patient and education to the patient about their disease,” said one participant.

There were many comments about cost of care, even though one comment suggested that there should be a full-time support person assigned to every case. Many participants in the survey recommended that patients and families should simply be “treated” better. There were a few complaints about distracted nurses, but overall, most participants wanted healthcare professionals to listen to patients and family members. “Show more care, love, education and consolation,” one person responded.

DEMOGRAPHICS OF SURVEY RESPONDENTS

Gender

What is your gender?		
	Female	Male
St. Catherine Service Area Needs Survey 2016	82.94%	17.06%
Community Health Needs Survey 2016	82.91%	17.09%
Census Lake County	53%	47%
<i>U.S. Census Bureau</i>		

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%
St. Catherine Service Area Needs Survey 2016	5.32%	14.81%	18.06%	19.44%	28.47%	9.49%	4.40%
St. Catherine Service Area Needs Survey 2013			18-39		40-64		65+
			37.00%		45.50%		17.50%
Census Lake County	Under-18		25-44		45-64		65+
	9.10%		24.80%		27.00%		14.70%
<i>Sources: U.S. Census Bureau; Indiana Business Research Center</i>							

Ethnicity

What is your ethnicity?						
Data	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%
St. Catherine Service Area Needs Survey 2016	23.36%	21.96%	52.80%	0.23%	0.70%	0.93%
St. Catherine Service Area Needs Survey 2013	16.30%	48.30%	51.70%	16.30%	48.30%	
Census Lake County	18.10%	45.40%	70.90%	18.10%	45.40%	

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%
St. Catherine Service Area Needs Survey 2016	27.72%	25.99%	20.30%	11.39%	8.91%	2.72%	2.97%

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%
St. Catherine Service Area Needs Survey 2016	14.42%	34.88%	22.09%	15.35%	13.26%

Health Insurance

Do you have health insurance?		
	Yes	No
Community Health Needs Survey 2016	93.07%	6.93%
St. Catherine Hospital Service Area Needs 2016	85.68%	14.32%
St. Catherine Hospital Service Area Needs 2013	82.30%*	17.70%
U.S. Census 2016		13.30%
State of Indiana 2016		19.30%

*includes gov't sponsored

Educational Level

What is your highest level of education?		
Educational Level	St. Catherine Hospital Service Area Needs Survey 2016	Community Health Needs Survey 2016
Did not finish high school, no GED	5.84%	2.09%
High School diploma/GED	17.76%	13.77%
Some college	23.86%	19.06%
Technical/trade school or apprenticeship	6.54%	6.72%
Associates degree	14.72%	17%
Bachelor degree	20.09%	26.70%
Graduate degree	11.68%	14.75%

Appendix I

*St. Catherine Medical Center
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



Professional Research Consultants, Inc.

Participation

ONLINE KEY INFORMANT SURVEY

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

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

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



Professional Research Consultants, Inc.

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

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



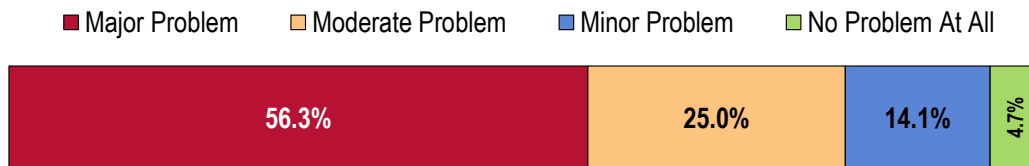
Professional Research Consultants, Inc.

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.

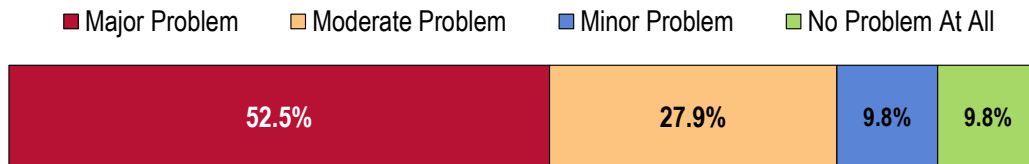
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	59.3%	14.8%	18.5%	25
Heroin or Other Opioids	14.8%	25.9%	18.5%	16
Prescription Medications	11.1%	18.5%	18.5%	13
Marijuana	7.4%	7.4%	11.1%	7
Cocaine or Crack	3.7%	7.4%	14.8%	7
Methamphetamines or Other Amphetamines	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

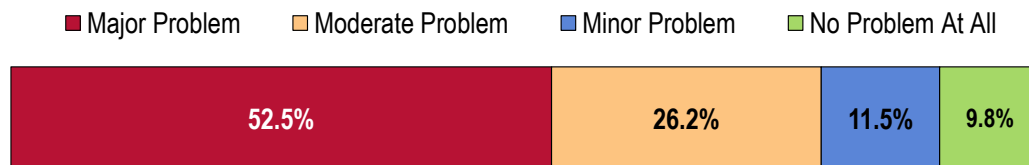
Obesity in Northwest Indiana is a major issue. – Physician

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

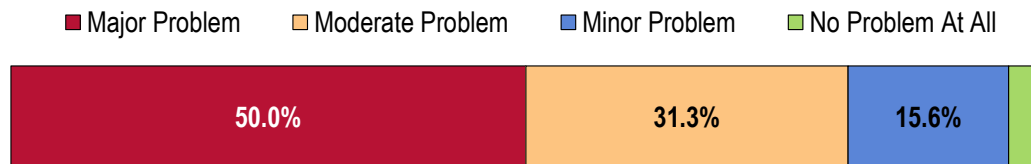
Obesity, hypertension, stroke, kidney disease and smoking. - Public Health Representative

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

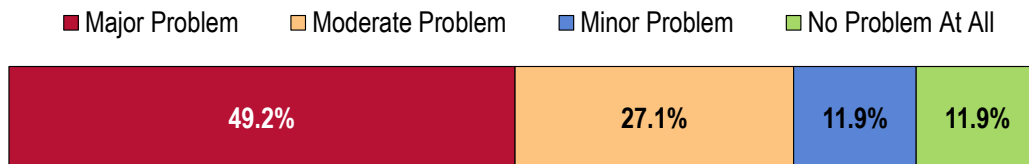
Addiction and access. - Physician

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

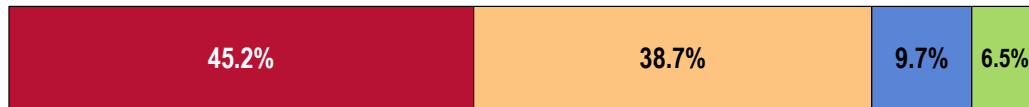
Cancer

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

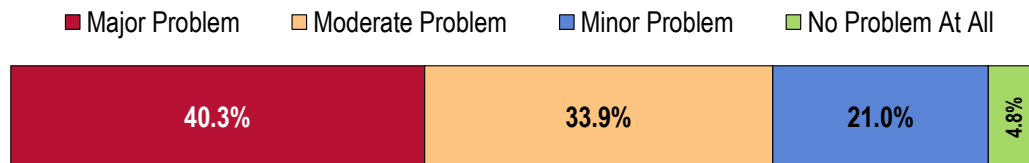
Prevention

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*

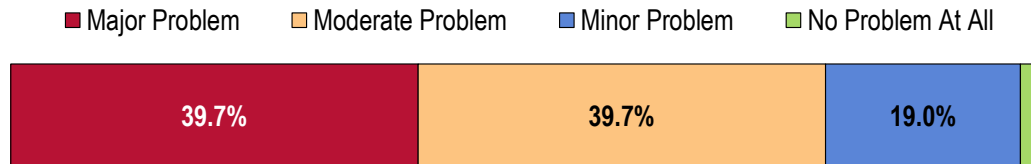
Leading Cause of Death

| *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

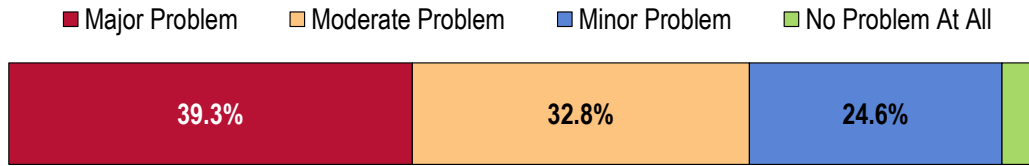
This area has become highly specialized and is difficult to treat in an area that does not have a center specializing in it. - Community/Business Leader

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](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

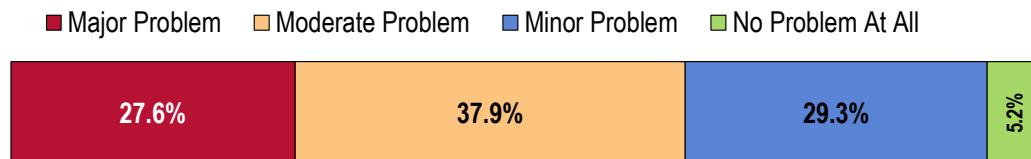
Domestic Violence

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*

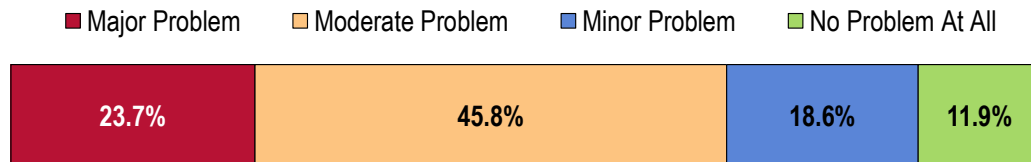
Health Education

- 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*

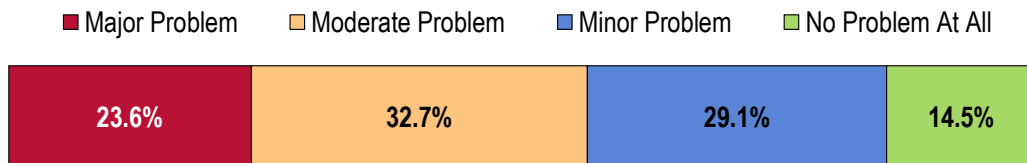
Leading Cause of Death

- 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

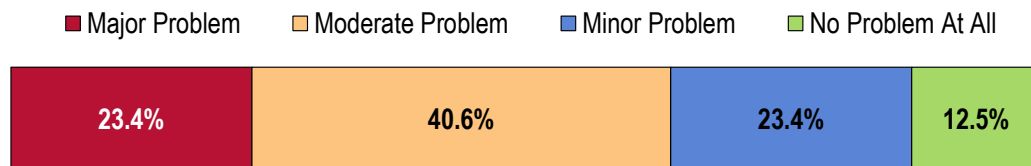
Nutrition

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

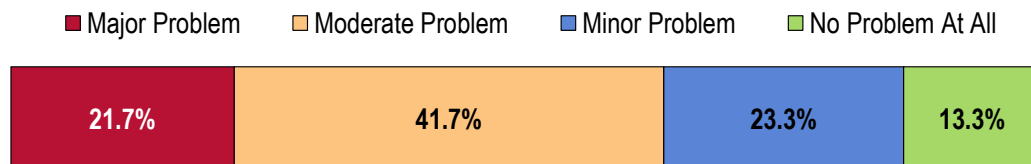
Key informants (who rated this as a “major problem”) most often identified primary care, mental health care, chronic disease care, and substance abuse treatment as the most difficult to access in the community.

	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*

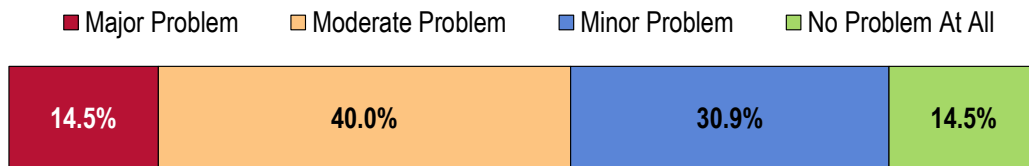
Incidence/Prevalence

- 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

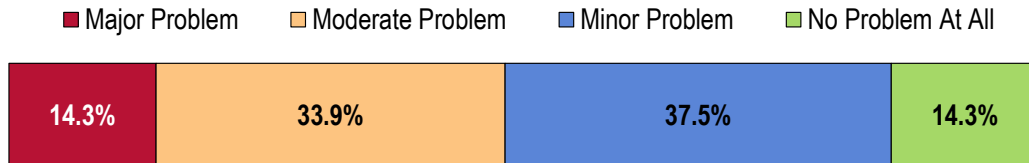
Vulnerable Populations

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

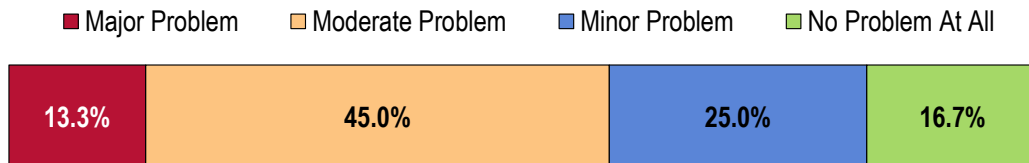
HIV Trauma

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

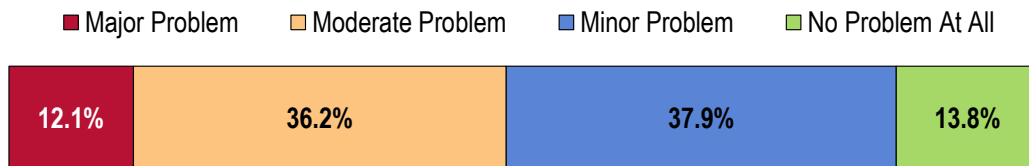
Birth Outcomes

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

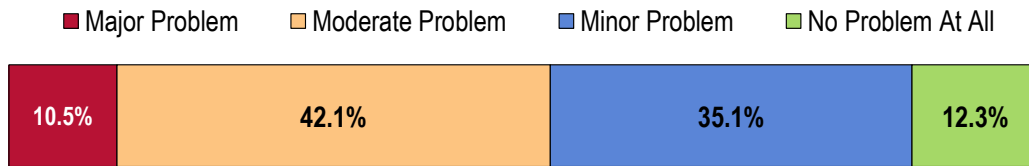
Not sure how far you would have to travel to find the closest facility to address these conditions. - Community/Business Leader

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

St. Catherine Hospital

Community Health Needs Assessment 2016 Implementation Plan

Overview:

The 2016 Implementation Plan builds on the progress and ever changing healthcare needs of the communities served by St. Catherine Hospital. It takes into account the findings of both the 2013 and 2016 Community Health Needs Assessments that exams 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.

St. Catherine Hospital Service Areas

The following health issues were identified as a “major problem” by more than 20 percent of online survey respondents:

- Nutrition, physical activity and weight
- Diabetes
- Mental health
- Heart disease and stroke
- Cancer
- Tobacco use
- Dementia, including Alzheimer’s disease
- Injury and violence
- Infant and child health

The following health issues were identified as a “moderate problem” by more than 40 percent of online survey respondents:

- Arthritis, osteoporosis and back conditions
- Family planning
- Immunization and infectious disease
- Oral health

- Access to health care services

Collectively, data culled for the 2016 Community Health Needs Assessment found incremental headway since 2013, in the following areas:

- **Access to Healthcare:** Courtesy van service, community outreach and St. Catherine Hospital's low-cost retail pharmacy has helped improve access to medical services and medication, as has the new Whiting Community Healthcare Center and Hessville Family Care Center. Poverty, lack of transit, public safety issues and the aging population, however, bogs opportunity for more significant improvement.
- **Obesity and Diabetes:** Important programs are in place, even as these medical conditions are perceived as two of the most critical health issues in the community. The hospital in 2016 received advanced certification from The Joint Commission for Inpatient Diabetes Care, a rating held by few hospitals in the nation and in the state of Indiana. This Gold Seal of Approval is the result of a team approach with uniform testing protocols to detect diabetes in its early stages and help a patient learn how to prevent or manage the disease.
- **Mental Health:** There is focused attention to mental health, and growing awareness to address mental illness, trauma and stress. The hospital in 2015 and 2016 added an Older Adult Behavioral Health Services unit to its Adult BHS Unit, and also opened an outpatient treatment center in Portage and St. John.
- **Infant Mortality:** The high infant mortality rate continues to be a challenge for our community and thus merits ongoing interventions. This comes amid heightened focus on Safe-to-Sleep teaching practices for new moms in The Family Birthing Center, and other initiatives aimed at well-baby care such as the Nurse-Family Partnership and certified lactation consultants.
- **Uninsured:** Adults age 18 to 64 with no insurance coverage for healthcare expenses fell to 16 percent, down from 17.7 percent in 2013. However, in the St. Catherine communities, 25.4 percent say they cannot afford insurance.
- **Preventive Care:** Health education is taken seriously here, as 66 percent of those polled had a flu shot or diabetes screening, 86 percent had blood pressure readings taken, 79 percent had checked cholesterol levels and 60 percent had mammograms and pap smears. Those gains are tied to free monthly blood pressure screenings at East Chicago and Whiting Public libraries; the monthly Well Walkers exercise program for adults in Whiting, East Chicago and Highland. The "New Healthy Me!" program, a Community Healthcare System initiative for employees, has also helped promote wellness.
- **Nutrition and Exercise:** Residents recognize they are personally responsible for their diet and physical fitness, yet more than 50 percent say they lack knowledge about proper nutrition, exercise and eating habits. They find it difficult to get access to healthy foods, such as fruit and vegetables.
- **Confidence in Care:** Residents in St. Catherine Hospital service area feel confident about their healthcare providers. When a resident needs care, 64 percent visit their doctor's office and 30 percent go to an urgent or immediate care center or low-cost clinic.

At St. Catherine Hospital, a number of programs have been in place to continue to make strides on priority health areas, improve ones' lifestyle, get on and stay-on a healthy living tract. The four priority areas are: Diabetes, Heart Disease & Stroke, Nutrition and Weight, Infant & Child Health and Mental

Health. The programs demonstrating a commitment to focus on these health issues in a collaborative way include:

- Silver Sneakers, a free, Medicaid-driven fitness program in the hospital's Cardiac Rehab Fitness Center for seniors. The program, which can be carried out in a chair, has grown since 2013 from 15 members to an enrollment of more than 50.
- Free blood pressure screenings.
- Public access to the Fitness Center through a low-cost membership program aimed at preventing diabetes, heart disease and obesity. An annual "Cardiac Rehab Week" event for the public is held to market these services to the community, and help boost enrollment.
- Low-cost retail pharmacy, based in the hospital, to ensure all patients leave the hospital with proper medication, and can afford to buy costly prescriptions and over-the-counter medicine at an affordable rate after they return home. Diabetes patients, for example, can qualify for low-cost test strips and other medications for self-management of their disease. The New Healthy Indiana Plan (HIP) 2.0, which took effect in 2015, and paired with the hospital's retail pharmacy program, has also helped low-income patients pay for medical expenses and provide incentives to become more health conscious. This is a significant program, as 34 percent of those surveyed in 2016 said they did not buy or took less of their prescription medication because they could not afford it, up from 19.4 percent in 2013.
- Three free health fairs annually in the service area, and a new systemwide Extraordinary Women event that is tied to women's health. The events have increased opportunity for health screenings and important information about good health.
- Physician presentations and symposiums six times a year on a range of subjects that include hearing loss, aging and depression, stroke and diabetes.
- Half-hour radio talk show on WJOB, 1230 AM, monthly by St. Catherine Hospital focused on health topics, new treatments and services, patient testimonials and announcements of health-related events.

St. Catherine Hospital has established important alliances with several community-based organizations to create a stronger network of access across its service areas.

A medical collaboration with six churches in East Chicago and Hammond, and other not-for-profit groups, the hospitals' outreach by to preventive screenings and education has continued to expand. Through sponsorships with local churches, civic events and school, St. Catherine Hospital is promoting healthier lifestyles, physicians and nurse practitioners within their service areas.

The Occupational Health Department has been broadening its outreach to corporations and businesses across the service sector, as a way to bring healthcare services to the workplace. In April 2016, Occupational Health representatives teamed with Wound Ostomy to host a session with steelworkers at Arcelor Mittal in East Chicago on burns and wound care.

Take 5 for Life, a school-based program, was revamped in 2013 across the hospital system to make it more web-friendly and to target five tenets of healthy living, such as: Be more physically active, drink

healthy beverages and manage your mind. St. Catherine Hospital also wove Fitness Pointe's field trip program for K-2 graders, FitTrip, into the mix for youth-related health fairs with effective results.

ADDRESSING COMMUNITY NEEDS

From this list of community needs, our hospital remains focused on four priority areas: Diabetes, Heart Disease and Stroke; Nutrition, Exercise and Obesity; Maternal, Infant & Child Health; and Mental Health. Because we believe the strides, relationship-building and collaborative efforts that began to coalesce in 2013 are beginning to measure incremental gains, St. Catherine Hospital will strive to:

- Build upon those relationships.
- Expand outreach in the community with an increased focus on exercise and nutrition.
- Broaden best practice efforts through the primary care setting.
- Seek grant funding and sponsorship opportunities that leverage healthcare initiatives for at-risk populations.
- Collaborate with schools in East Chicago, Hammond and Whiting on a healthcare career pathway program for disadvantaged youth.
- Broaden relationships with businesses on bilingual programs to improve quality of life and health in the community. In 2016, St. Catherine Hospital partnered with local banks to begin a year-long series on financial literacy – sessions of which were aimed at helping consumers keep their financial house in order, reduce stress and stay healthy.
- Expand upon diabetes care and early detection education, the Nurse-Family Partnership, low-cost retail pharmacy offerings and an integrated primary care model for mental wellness.
- Develop an integrated primary care model for behavioral health services, so mental health services are more accessible at the community level.
- Expand the outpatient retail pharmacy in the hospital, and offer low-cost and affordable medication options to patients and the community.
- Explore telemedicine opportunities, as a way to improve a patients' health. Telemedicine is two-way, real-time interactive communication between the patient, and the physician or practitioner at the distant site. It could offer a low-cost alternative for residents who say they do not have a primary care physician because they can't afford such services.

Health Challenge: High Death Rates for Diabetes

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

Long-Term Measurement: The Healthy People 2020 Diabetes Death-Rate Goal is 16.1 in Lake County. The death rate in St. Catherine Hospital's service area was 30.4 in 2013. There has been some improvement, as the rate has fallen slightly to 29.6. However, significant strides will need to be made to achieve the 2020 goal.

Background: Diabetes runs rampant in our community and remains a major challenge across the nation. There is growing concern that the increase in the number of people diagnosed with Type 2 diabetes, and the complexity of their care may one day overwhelm existing healthcare systems. Diabetes lowers life expectancy by up to 15 years, doubles the risk of heart disease and is the leading cause of kidney failure, lower limb amputation and adult-onset blindness.

To address diabetes in our community, the hospital's Center for Diabetes engaged in a rigorous advanced certification process with The Joint Commission to achieve a Gold Seal of Approval for Inpatient Diabetes Care. This designation, which is held by one a few hospitals in the nation, sets St. Catherine Hospital up as a premium treatment facility for diabetes prevention and treatment in the Northwest Indiana region. The hospital also has long been accredited its outpatient diabetes education programs by the American Diabetes Association.

What sets this hospital apart is the methods it has put in place to create uniform standards to test, diagnose, treat and follow a patient with early onset diabetes or Type 2 diabetes. Every patient who is admitted to the hospital undergoes screening and follow-up whether or not diabetes was the reason for their admission. This proactive approach to early identification of those at risk and of those whose diabetes is not well controlled will enable the hospital to direct intervention to more individuals in the community.

Diabetes nurse champions and educators meet regularly to discuss cases, and methods of treatment; and also hold classes with patients or visit them at their bedside to help them learn how to monitor blood-sugar levels and take their insulin. Patients are given free glucose-monitoring devices, and have access to low-cost test strips and medicine.

While free education classes are offered in the Center for Diabetes on topics that range from treatment and self-management to dietary adjustments, the hospital plans to seek out grant

opportunities to expand its outreach to schools to help modify exercise and eating behaviors at an early age. A new sponsorship with Northwest Indiana Oilmen baseball team in Whiting includes an opportunity to hold a Diabetes Day fundraising event at the park in July. Proceeds from ticket-sales for this event will also be used to help fund diabetes awareness and education initiatives.

Occupational Health is exploring ways to bring the “New HealthyMe!” program to employers, one that offers points and cash-rewards for employees to take monthly blood pressure readings, get health screenings, weigh-in and see their doctor for routine check-ups, eye and dental exams. The program is geared in a way to detect early-onset diabetes, and help New HealthyMe! Clients take a pro-active role – walking 15 minutes a day and logging food intake -- to improve their health. Expanding programs, such as New HealthyMe! Into the community will serve to reduce at-risk populations of gestational diabetes, heart attack and stroke.

Hospital Program	Strategies	Key Objectives
Increase Free Glucose Screenings with bilingual staff to help educate patients	Continue to identify more adults at-risk for diabetes.	Increase awareness of diabetes.
Hold annual diabetes health fair(s) for public	Increase awareness of diabetes signs and symptoms; identify health services and resources available for those diagnosed with diabetes.	Increase number of patients utilizing the available resources at the outpatient level.
Increase diabetes education classes to the public at local Community Centers, schools, churches and public forums	Provide free education and information to adults, and offer sessions for their family members, to help manage their disease. Host bilingual classes at additional locations, including the larger churches, community centers and libraries. Branch into the school setting to teach at-risk children good health, nutrition and exercise habits to reduce their pre-disposition for diabetes.	Establish relationships with at-risk individuals before the onset of diabetes, so exercise, stress management and nutrition programs can be developed early-on. Decrease diabetes complications and deaths related to poor management and lack of knowledge about maintenance.
Diabetes educators/ nurse champions/ physician partnerships	Build on the Advanced Certification criteria for the Inpatient Diabetes Care model that sets uniform diagnosis and treatment protocols for patients; and sets up immediate	Continue to hone the communication among the diabetes educators and nurse champions for Inpatient Diabetes

	<p>counseling to teach diabetes patients how to manage their disease.</p> <p>All inpatient diabetes patients receive information on the outpatient services for follow-up education programs at the Center for Diabetes in the hospital.</p> <p>Nutrition counseling and exercise programs are referred to patients with diabetes, and those at-risk.</p>	<p>Care and the hospital's Center for Diabetes.</p> <p>Create pathways for low-income or unemployed patients to afford costly medicine and test-strips.</p>
<p>Community Awareness Campaigns</p>	<p>Offer diabetes education and community awareness campaigns in workplace and public venues.</p> <p>Create sponsorship opportunities in sports-related venues, such as Northwest Indiana Oilmen baseball park in Whiting. As part of the venture, a Diabetes Day is planned to call attention to the disease, and raise funds for diabetes education programs.</p> <p>Quarterly pre-diabetes education classes to the people at risk at no charge.</p> <p>Cultivate awareness to "New Healthy Me!" program for employers as a way to help workers get tests they need, if access to medical care and screening is unattainable or difficult to reach.</p>	<p>Decrease risk of early onset of diabetes in the population we serve.</p>

Health Challenge: Nutritional & Weight Status

Why: Obesity is perceived as a major problem by 41 percent of the residents polled in St. Catherine Hospital's service area. It's a health issue that's on the rise, up from 35.2 percent in 2013. Unhealthy diet and exercise habits was the overriding reason cited in 70 percent of the cases. Not enough servings of fruits and vegetables, lack of physical activity and no support to eat healthy in churches and schools were other reasons given for obesity. Area residents also indicated major reasons for not controlling their weight were wrong food choices and stress.

Measurement: The Healthy People 2020 Obesity Rate for Adults is 30.6. For children, it is 14.6. St. Catherine Hospital's Community Obesity Rate in 2015 rose to 41.3, up from 35.2 in 2013. The Lake County obesity rate is 30 percent.

Background: Diet and body weight, along with regular exercise, is one area where a dramatic impact can be made on the health of our community. Addressing nutrition and weight status will help play a proactive role in preventing heart disease, stroke and diabetes.

Hospital staff has been modifying its offerings in the cafeteria to help visitors acquire a taste for healthier food offerings and drink, such as infused water or smoothies. Inpatient education on diet management is occurring, too, though "Room Service Choice." Patients on a restricted diet are visited in the morning by staff who helped to modify choices if too many carbohydrates or calories are chosen by the patient. Nutrition counseling can also be obtained through physician referrals.

A Food Fair is held annually at the hospital in June for vendors to showcase healthy food options, like baked chips, hummus and veggie burgers. Nutrition Month offers hospital visitors and employees table displays on consumer trends, "How to grow herbs," "Reduce sodium in your diet," "Infused Water Recipes," and "Seasoning Substitutes for Salt."

A "Meatless Monday," recipe is a regular offering for Community Healthcare System's ongoing website series, "Motivation Monday." The series kicked off in 2016 as a social Call-to-Action to promote exercise and good health.

Efforts are underway to broaden weight management strategies. Getting to the patient population before problems develop is a challenge that will require outreach in the schools, churches, parks and community, and a re-education on lifestyle and eating habits. Programs, such as "New HealthyMe!" employee wellness initiatives, should be expanded to reach more people with the education and support to address individual behaviors in the workplace. Expanded offerings for free exercise sessions, and partnerships with parks, schools and organizations will help bring this education to a greater portion of the St. Catherine Hospital Service Area.

Hospital Program	Strategies	Key Objectives
Free exercise consultation for obese children	Target the child and the family in discussions about increasing physical activity.	Increase physical activity in children and success in weight loss.
Stress Management	Provide stress management education to arm residents with strategies to help them avoid overeating.	Address some of the underlying causes of poor eating habits by providing through education and support.
Public Education	Healthy cooking demonstrations for the public, healthy weight loss seminars with dieticians	Increase outpatient nutrition counseling and physician awareness of such services
FitTrip Program	Fitness Pointe FitTrip program offerings in schools; health fairs. Students rotate through various stations to learn exercise, muscle strengthening, eating and relaxation techniques.	Education and support children in healthy eating and exercise habits
New HealthyMe!	Expand employee wellness program to local businesses and industry	Increase healthy behaviors in the workplace and the community
Weight Management	<p>Create a weight management program for physicians to replicate in Whiting and Hessville health centers.</p> <p>Partner with Occupational Health to encourage weight management programs in the workplace.</p>	<p>Offer medically-supervised opportunities to help patients fight obesity.</p> <p>Help reduce health insurance rates for businesses, and pare the risk for diabetes, cardiovascular disease and stroke.</p>

Health Challenge: Heart Disease & Stroke

Why: Heart disease and stroke is the leading cause of death in our community, and the nation. The gap between our community's death rate, and that of the state and the nation remains among the widest of all. And so, with diabetes cases on the rise, these three conditions represent the community's health-needs trifecta. High blood pressure and cholesterol rates, timely treatment, diet and physical activity offer opportunities to address the incidence of heart disease and stroke.

Measurement: The Healthy People 2020 Heart Disease Death Rate for Adults is 152.7. St. Catherine Hospital's Community Heart Disease Death Rate for Adults was 228.7 in 2013, and it since has fallen to 186.9. The Healthy People 2010 Stroke Death Rate for Adults is 33.8. The Stroke Death Rate has risen to 43.4, up from 42.9 in 2013.

Background: St. Catherine Hospital, recognizing a strong need to continue efforts to curb incidents of heart attack, cardiovascular disease and stroke, has been ramping up its offerings of screenings, and outreach activities across the community. Health screenings are increasing in numbers, as have events. Blood pressure screenings held monthly at public ventures has increased awareness, and may be having an impact on the reduction in these measures.

Our Occupational Health Department is ramping up its community outreach, and in 2016 alone, created stronger alliances with top employers, such as BP and ArcelorMittal, to inspire workers to embrace healthy eating habits, stress management and exercise.

The hospital staff has also welcomed the public into its Cardiac Rehab Fitness Center for low-cost use of the gym, and has had success building its Silver Sneakers exercise program for seniors. Cardiac Rehab staff holds an annual Heart Wellness Week to invite the public into the hospital to learn about its facilities, classes and ongoing exercise programs offered by the Community Healthcare System.

While the goal is preventative outreach, St. Catherine Hospital's cardiac and stroke care has achieved notable certification and accolades, such as: Recognition in 2015 by Anthem Blue Cross/Blue Shield as a Distinction Center for Cardiac Care; Healthgrades status in 2015 and 2016 as America's 100 Best for Cardiac Care; accreditation by the Society of Chest Pain Centers for Cardiovascular Patient Care; The Joint Commission accreditation as a Primary Stroke Center. The initiatives support the hospital's commitment to embrace best practices and improve the quality of care for patients with heart disease and stroke.

Hospital Program	Strategies	Key Objectives
Offer heart screening programs at a discounted rate	Provide blood lipid panel, blood pressure check and health assessments to detect heart disease at early stages. Refer patients to appropriate behavior modification programs.	Decrease blood lipids and risk of heart disease through behavior modification.
Public Blood Pressure Screenings	Offer blood pressure screenings monthly at St. Catherine Hospital's Cardiac Rehab Department, and the public library system to educate and manage risk of heart disease and heart failure. Expand program to community groups.	Increase the number of people getting medical interventions to manage high blood pressure.
Educate community on risk factors of heart disease, ways to decrease these factors and what to do when symptoms develop	Expand upon public education symposiums, such as Cardiac Rehab Week and Heart Wellness Day; offer information session on heart/vascular disease related topics.	Raise awareness of heart disease risk factors and the importance medical intervention when symptoms develop.
Peripheral Arterial Disease (PAD) Screenings	Offer quarterly PAD screenings for a minimal fee. Provide free public PAD screening in conjunction with Legs for Life event.	Increase the number of patients with PAD risk factors or symptoms into early medical intervention.
Vascular Screening Program	Offer low-cost vascular screening programs to the public to cover stroke/carotid; PAD; AAA; and heart rhythm. Increase the number of abdominal screenings at health fairs and hospital events.	Decrease mortality from major cardiac and stroke through early medical intervention.
Heart Failure Management Rehabilitation	Continue exercise programs for cardiac patients to monitor vitals, while offering education and social camaraderie in a medically supervised setting. Condition patients to increase exercise tolerance. Programs that may be wrapped into their rehabilitation may include Silver Sneakers and Well Walker's.	Increase health of heart failure patients. Cardiac Rehab Fitness Center is open to the public to help individuals acclimate to fitness routines and receive support for lifestyle changes.

Program for patients to receive costly heart and vascular medication	Target patients with no insurance, poor insurance, or in the Medicare “donut hole.” Early identification of patients in need of medication prior to discharge for pharmacy-related assistance will continue. Medications and costs will be reviewed to ensure patients can get the drugs they need for effective treatment.	Increase access to medications for heart and stroke patients.
Community education on stroke risk factors, prevention and symptoms	Stroke Symposium, Stroke Support Group to educate the community about stroke risk factors, preventative strategies and identifying stroke symptoms. Stroke team participates in health fairs, lectures and community wellness programs.	Increase awareness of stroke symptoms and medical intervention.

Health Challenge: Infant Mortality

Why: Community need to provide expectant mothers with access to prenatal care, low-weight births, knowledge of SUIDS risk factors and an infant mortality rate in Lake County that is one of the worst in the state.

Measurement: The Healthy People 2020 Infant Death Rate, 6.0. The Infant mortality rate in 2012 for Lake County was one of the worse in the state at 8.2 and for the most recent period of 2013 has climbed to 8.4.

Background: Lake County has had one of the highest Infant Mortality rates in the state. Infant deaths and premature births create enormous costs for our community, the healthcare system and our families. Between 2011 and 2013, when the Lake County Coroner reported that 42 percent of infant deaths were related to sleeping with a parent and deemed preventable, efforts by our hospitals to educate parents on Safe-to-Sleep practices and provide referrals for cribs became a key focus of our efforts to reduce infant mortality.

The Birthing Centers at all of the three hospitals introduced HALO SleepSack to newborn babies years ago. At St. Catherine, new moms receive a free SleepSack to take home, along with a free

car seat. While there is still a way to go to reduce risk factors for Sudden Unidentified Infant Deaths, education intervention may be having some impact given the lower rate.

In 2016, registered nurses at St. Catherine Hospital also began training at Baby-Friendly hospitals, which include Community Hospital in Munster and St. Mary Medical Center in Hobart, to become certified lactation consultants to encourage moms to breast-feed their baby. By coming together, the hospitals share information on their own interventions, clinical practices and examine evidence-based programs that affect maternal, infant and child health.

Another initiative, the Nurse-Family Partnership for Lake County, has been supported by St. Catherine Hospital in an effort improve health outcomes for new mothers. Goodwill Industries' Nurse-Family Partnership, made possible by a \$2 million state grant, teaches motherhood skills and includes weekly visits until the baby is 2-years-old.

Hospital Program	Strategies	Key Objectives
Health Fairs to heighten awareness to the Nurse-Family Partnership program in Lake County	Offerings to help new, often-young and low-income moms get the support they need to get prenatal care and ease them into a successful relationship with their baby.	Reduce infant mortality, and give first-time moms the tools they need to improve outcomes for mom and their baby. Help new moms get proper pre-and post-natal care until the baby is 2-years-old.
Safe-to-Sleep initiative	Broaden information on Safe-to-Sleep practices into the community to curb preventable risks for Sudden Infant Deaths and Sudden Unidentified Infant Deaths. Partner with nursing programs, college and university initiatives that help provide babies with a safe sleeping environment.	Provide families with the knowledge they need to prevent SIDs and SUIDs.
Lactation services	Promote breastfeeding on demand with a certified lactation consulting program in The Family Birthing Center, and enhance community awareness to the benefits of breast-feeding.	Optimal growth, development and health of newborns.

Access to prenatal healthcare	Generate community awareness to the Nurse-Family Partnership.	Provide prenatal care and full-term counseling to first-time, low income moms on healthy pregnancy, labor, good nutrition, child development and family living skills.
Behavioral Health	Investigate how an expansion of the behavior health services within the healthcare system can be made available to more women	Look for opportunities to treat post-partum depression.
Car Safety Seat program	Promote car safety for infants	Protect every infant with a car seat to keep them safe

Health Challenge: Mental Wellness

Why: Mental health issues and depression is having an impact on at least 14 percent of the residents who participated in the 2016 Community Health Assessment poll, as they reported having had one member of the family coping with mental illness in some form. From the group, 53 percent said the condition impaired their lifestyle.

Measurement: In the 2016 survey of area residents, 76.24 percent of residents said their physicians have talked with them about lifestyle changes that would improve their health and 56.86 percent indicated their physicians had discussed risk factors for chronic disease. However, when it came to mental health concerns, only 37.68 indicated their physician had engaged in these discussions. The goal is to increase this rate and bring about more awareness of available services for improving mental health.

Background:

The Behavioral Health Services Department at St. Catherine Hospital, which operates Adult and Older Adult inpatient treatment units for those age 65-and up, and also has an intensive outpatient treatment center, recognizes that the solution to overall wellness must include a full-scale program to deal with mental health and wellness in the community. As an offshoot of that, two outpatient treatment centers were opened in 2015 and 2016 with a behavioral health

services component. The hospital is expanding its BHS outreach into Lake and Porter counties, and its service range stretches to St. John and Valparaiso.

A strategy that will be put in place in 2016 calls for an integrated primary care model. That will enable people to seek mental wellness treatment at outpatient centers with a team of primary physicians. The holistic approach is meant to cut through the barriers to treatment.

Hospital Program	Strategies	Key Objectives
Health fairs, presentations and guest appearances.	Community programs on relevant topics, such as aging and depression, coping with Attention Deficit Disorder and Stress Management.	Break down social myths about mental illness, and showcase the merits of mental wellness in the community.
Integrated Primary Care	Integrate nurse practitioners in mental health within primary care settings to close the gap between medical health and mental health. Break down barriers preventing people from treatment.	Expand the geographic reach, and mental health opportunities for patients.
Expand mental wellness programs to other entities, such as Cancer Resource Centre, Hartsfield Village	Explore ways to continue to broaden mental health services within the healthcare system footprint.	Provide a higher level of outpatient care across Lake and Porter counties.
Work with physicians to integrate mental wellness programs in their healthcare models.	Collaborate on ways to doctors can identify and refer patients with chronic disease or lingering illnesses who may be in treatment to behavioral health services.	Recognize that patients dealing with obesity, hypertension, diabetes and cancer may be depressed, and could have better outcomes with mental health services.

Community Health Needs: Areas Not Addressed

The Community Health Needs Assessment by the hospitals of the Community Healthcare System identified areas of concern, not identified in the implementation plan. These areas include:

Access to Health Services

Cancer

Chronic Kidney Disease

Substance Abuse

Injury and Violence Prevention

Oral and Dental Health

Lung and Pulmonary Care

Many of these areas are being addressed by the hospitals of the Community Healthcare System, as well as other community organizations. That is not to say that quality care and attention to these health issues is not being provided by St. Catherine Hospital. Its cancer care, through the Oncology Center, with CyberKnife and the Infusion Clinic, has recently expanded.

The hospital has some of the latest technology in 3-D Mammography imaging; and is providing free mammograms through an Indiana Breast Cancer Trust for uninsured residents of Lake County.

In 2016, the hospital opened a new Allergy Testing & Treatment Center, as part of its recognition of asthma, allergies and breathing disorders such as COPD in a heavily industrialized region. It also has put in place a superDimension software system that uses a patient's CT scan to create a 3-D bronchial tree for effective lung biopsies and follow-up radiation therapy.

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 as a priority in this report.

To have the greatest impact, the hospital has chosen to focus on four top priorities – which restate the priorities from 2013 and were broadened to include an over-arching need: A culture of wellness that includes mental health.