Community
HEALTH NEEDS ASSESSMENT

LAKE AND PORTER COUNTY

COMMUNITY HEALTHCARE SYSTEM®
COMHS.org

2019-2021 REPORT

COMMUNITY HEALTHCARE SYSTEM®

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COMMUNITY HEALTHCARE SYSTEM®

INTRODUCTION

Community **HEALTH NEEDS ASSESSMENT**

Dear Reader,

This report provides findings from the Community Health Needs Assessment (CHNA), a comprehensive review of health data and community input on health issues relevant to the community served by Community Healthcare System. The assessment covers a large range of topics, but is not a complete analysis of any one issue. Rather, this data helps to identify priorities which lead to productive community discussions and the creation of goals and objectives. We invite you to investigate and use the information in this report to move toward solutions for healthier communities.

This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists Community Healthcare System in providing essential services to those most in need. Based on the findings in this report, Community Healthcare System develops a three-year strategic plan on meeting community health needs as capacity and resources allow.

The CHNA collected input from people representing the broad interests of the overall community including those with specialized knowledge of or expertise in, public health and residents of the communities the hospitals serve. The healthcare system partnered with other hospital systems, foundations and nonprofits to conduct a resident survey. Data from a variety of federal, state and local entities was also reviewed. These findings are put into context by County Health Rankings & Roadmaps, Indiana Indicators, Center for Disease Control and Prevention (CDC), Healthy Communities Institute (HCI), the Indiana State Department of Health (ISDH), etc.

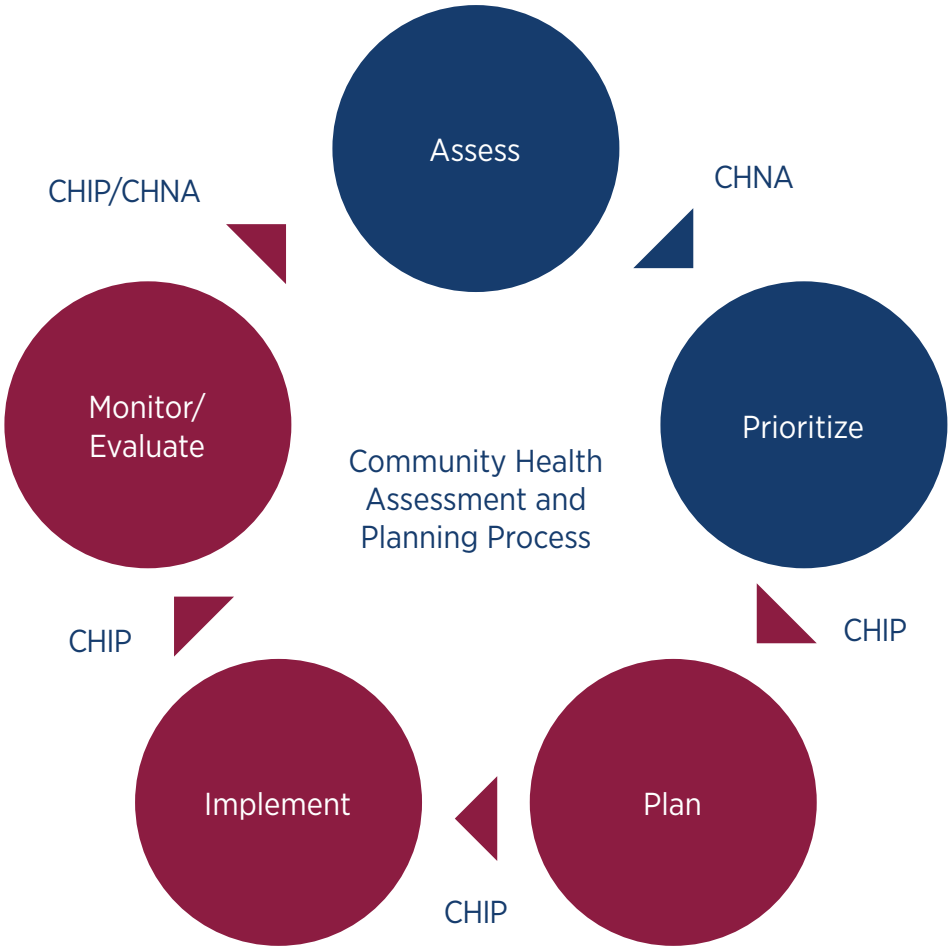
You'll find this document organized in such a way as to guide you through the community. Most importantly, please see the Call to Action. In this section, we share our commitment to improving community health in 2019-2021. We think it's important to be transparent, and we invite others to join us as we know improving health is a total community effort.

Yours in health,

The Community Health Improvement Team




Every three years, Community Healthcare System takes time to assess the health needs of the communities it serves. This assessment allows us to prioritize our resources to implement programs that address these needs with evidence-based practices. Throughout each three year cycle, staff evaluate and monitor the effectiveness of our programs. You'll find the strategic plan, also called the Community Health Improvement Plan (CHIP) in the Call to Action section of this document.



"The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation."

– CDC

AUG-DEC 2017
Planning and Consulting with Public Health Experts on CHNA and CHIP Improvement

JAN-FEB 2018
National Public Health Data Reviewed

APRIL 2018
Community Health Survey Deployed

A survey was developed with the IU School of Public Health Bloomington and University of Evansville faculty, in conjunction with additional health systems, foundations and non-profits. The survey focused on social determinants of health and the desirability of community health interventions in communities. This method added valuable insight to secondary data. The survey was delivered to randomized addresses via the US Postal Service. Community Healthcare System also worked to gather completed surveys from vulnerable populations in each county. For a complete survey methodology, please see the Appendix.

MAY-JULY 2018
Secondary Data Collection

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

AUG-OCT 2018
Feedback Meetings

While many hospital systems conduct focus groups as part of the data process, focus groups are not specifically required. Community Healthcare System employed many tools and resources to collect quantitative data that demonstrates community needs. In preparation for the 2019-2021 cycle, Community Healthcare System participated in feedback meetings with the purpose of determining implementation plans. These meetings were held with professionals in communities and resident groups. For a complete methodology of the feedback meetings, please see the Appendix.

OCT 2018
Analysis of Data and Health Need Prioritization

MAY 2018
Final Development of CHIP

JUNE 2019
Report Completion

JUNE 2019
Community Healthcare System Board of Directors Approval

COMMUNITY HEALTHCARE SYSTEM®

FACILITY INFORMATION

Community **HEALTH NEEDS ASSESSMENT**

COMMUNITY HEALTHCARE SYSTEM

COMMUNITY HEALTHCARE SYSTEM is comprised of three not-for-profit hospitals: Community Hospital in Munster; St. Catherine Hospital in East Chicago; St. Mary Medical Center in Hobart and Hartsfield Village, a continuing care retirement community in Munster. Brought together in 2001 for the enhancement of health and the quality of life in Northwest Indiana, it is the area's largest integrated healthcare system. The healthcare system's vast network of care locations includes outpatient, surgical and rehabilitation centers, physician practices, behavioral health, occupational health, home care services, a medically-based fitness center, cancer research foundation and cancer support center.

Community Healthcare System hospitals have been recognized as regional leaders in cardiac care, cancer treatment, bariatric medicine and orthopedics. Community Hospital, St. Catherine Hospital and St. Mary Medical Center operate the area's most advanced cardiovascular treatment program including complex heart, valve and vascular surgeries and cardiovascular and PAD research trials. The hospitals also support Northwest Indiana's largest cancer research program, linked to the National Cancer Institute and major research cooperatives in the U.S. and Canada.

As a non-profit organization, the healthcare system offers numerous free programs, special events, preventative screenings and support groups that aim to improve the quality of life in its surrounding communities.

COMMUNITY HOSPITAL, MUNSTER INFORMATION

Hospital Address: 901 MacArthur Blvd., Munster IN 46321
General Phone: (219) 836-1600
Specific Website: https://www.comhs.org/about-us/community-hospital
CEO Name: Luis F. Molina

List of Services (Service Lines):

Audiology, Bariatrics, Cardiology: Cardiac Cath Lab, CV unit, Electrophysiology Lab, clinical research, TAVR, TPVR minimally invasive valve replacement, open heart surgery, vascular surgery, thoracic aortic aneurysm repair, AAA and thoracic endoscopic stent graphs, carotid and coronary artery stent procedures, cardiac rehab, heart failure treatment, PVD interventions; ADA Certified Diabetes Center; Diagnostics: Radiology (CT, MRI, PET, x-ray, mammography, ultrasound, bone density), EKG, Lab, Pulmonary function/stress, EEG, EMG/evoked potentials (EP tests), Nuclear Medicine, 3T/MRI; Dietary Counseling; Ear, Nose, Throat/Otolaryngology; Emergency Department; Family Birthing Center (JC Perinatal Certified); Level III Neonatal Intensive Care; critical care transport; Gastroenterology/GI Lab; Home Health; Inpatient Surgery; Robotic Surgery, deep brain stimulation surgery; hybrid operating suite, Intensive Care Unit; Neuroscience Critical Care Unit, Intermediate Care Unit; immediate care facilities in Munster, Schererville and St. John; medically-based fitness center; neuro-interventional and Comprehensive Stroke Center; Neuroscience and Sports Medicine: athletic training program, Concussion Clinic, Dizziness & Balance Clinic; Occupational Health; Oncology Services: radiation therapy-TrueBeam®, HDR, IMRT, IGRT, SRS, SBRT, infusion therapy, cancer registry, cancer research foundation, cancer resource center, cancer genetics program; Orthopedics; outpatient surgery center; Pediatrics Unit; Pharmacy: retail/specialty pharmacy, concierge services, anticoagulation clinic; acute inpatient rehabilitation; respiratory and pulmonary rehabilitation; accredited Sleep Center; Therapy Services: physical therapy, occupational therapy, speech therapy, hand therapy, dysphasia therapy; Wound & Ostomy clinic; Women's Diagnostic Centers, Munster and St. John.

ST. CATHERINE HOSPITAL, EAST CHICAGO INFORMATION

Hospital Address: 4321 Fir Street, East Chicago, IN 46312
General Phone: (219) 392-1700
Specific Website: https://www.comhs.org/about-us/st-catherine-hospital
CEO Name: Leo Correa

List of Services (Service Lines):

Acute inpatient rehabilitation; Behavioral Health Services: adult and older adult inpatient unit, electroconvulsive therapy, Intensive Outpatient Program (IOP), ketamine therapy; Cardiology: Cardiac Cath Lab, CV unit, Electrophysiology Lab, open heart surgery, beating heart, minimally invasive surgery, Cardio MEMS™ HF System, coronary artery stent procedures, vascular surgery, AAA endoscopic stent grafts, heart failure treatment, limb salvage, peripheral vascular disease (PVD) interventions, cardiac rehabilitation, Cardiovascular Disease Prevention Center; ADA Certified Diabetes Center; Diagnostics: Radiology (CT, MRI, x-ray, mammography, ultrasound, bone density), EKG, Lab, Pulmonary function/stress, EEG, EMG/evoked potentials (EP tests), Nuclear Medicine; Dietary Counseling; Ear, Nose Throat/Otolaryngology; Emergency Department; Family Birthing Center; Gastroenterology; Home Health; Intermediate Care unit; Intensive Care unit; Neuro-diagnostics; Occupational Health; Oncology: CyberKnife®, infusion clinic, cancer registry; Outpatient Retail Pharmacy; Pain Management; Pastoral Care; Pediatrics; respiratory care, pulmonary rehabilitation; Rheumatology; robotic surgery; accredited Sleep Center; Therapy Services: physical therapy, occupational therapy, speech therapy, hand therapy, dysphasia therapy; Wound & Ostomy clinic; Women's Diagnostic Center.

ST. MARY MEDICAL CENTER, HOBART INFORMATION

Hospital Address: 1500 S. Lake Park Ave., Hobart, IN 46320
General Phone: (219) 942-0551
Specific Website: https://www.comhs.org/about-us/st-mary-medical-center
CEO Name: Janice Ryba

List of Services (Service Lines):

Acute inpatient rehabilitation, Bariatrics, Cardiology: Cardiac Cath Lab, CV unit, peripheral vascular disease (PVD), Electrophysiology Lab, clinical research trials, open heart surgery, beating heart minimally invasive surgery, vascular surgery, coronary artery stent procedures, Micra™ leadless pacemaker, inpatient/outpatient cardiac and pulmonary rehab, vascular rehab, heart failure clinic, Advanced Heart & Vascular Institute, vein care, Center for Limb & Ischemia Vascular Excellence (LIVE), anticoagulation clinic; diabetes education and management; Diagnostics: Radiology (CT, MRI, PET, mammography, ultrasound, bone density), CT Angiography, EKG, Lab, pulmonary function, neuropathy, EEG, EMG, evoked potentials, Nuclear Medicine; Emergency Department; Family Birthing Center: Level II Nursery, Blue Distinction Center for Maternity Care, Baby Friendly Hospital; Home Health; Dietary Counseling; immediate care facilities in South Valparaiso and Valparaiso; inpatient surgery; Intensive Care unit; Intermediate Care unit; Occupational Health; Oncology: inpatient/outpatient units, infusion therapy, TrueBeam®, PET/CT, cancer registry, Cancer Care Center, High Risk Breast Clinic; Pain Center; Pastoral Care; Pediatrics; robotic surgery; same-day surgery; accredited Sleep Center; The Joint Academy Orthopedics; Therapy Services: physical therapy, occupational therapy, speech therapy, hand therapy, dysphasia therapy, Lee Silverman voice therapy, Valparaiso YMCA PT clinic; Wound & Ostomy clinic; Women's Diagnostic Centers, Hobart and Valparaiso.

OUR MISSION

Community Healthcare System is committed to provide the highest quality care in the most cost-efficient manner, respecting the dignity of the individual, providing for the wellbeing of the community and serving the needs of all people, including the poor and disadvantaged.

OUR COMMUNITY

Community Hospital, Munster; St. Catherine Hospital, East Chicago and St. Mary Medical Center, Hobart, serve the greater Northwestern Indiana Region. However, our community benefit programs target Lake and Porter counties which are in the immediate geographic vicinity of our hospitals. This area also contains the most individuals who participate in community benefit activities, a majority of affiliated services and providers and residents least served by other health systems.

OUR VALUES

DIGNITY

We value the dignity of human life, which is sacred and deserving of respect and fairness throughout its stages of existence

COMPASSIONATE CARE

We value compassionate care, treating those we serve and one another with professionalism, concern and kindness, exceeding expectations.

COMMUNITY

We value meeting the vital responsibilities in the community we serve, and take a leadership role in enhancing the quality of life and health, striving to reduce the incidence of illness through clinical services, education and prevention.

QUALITY

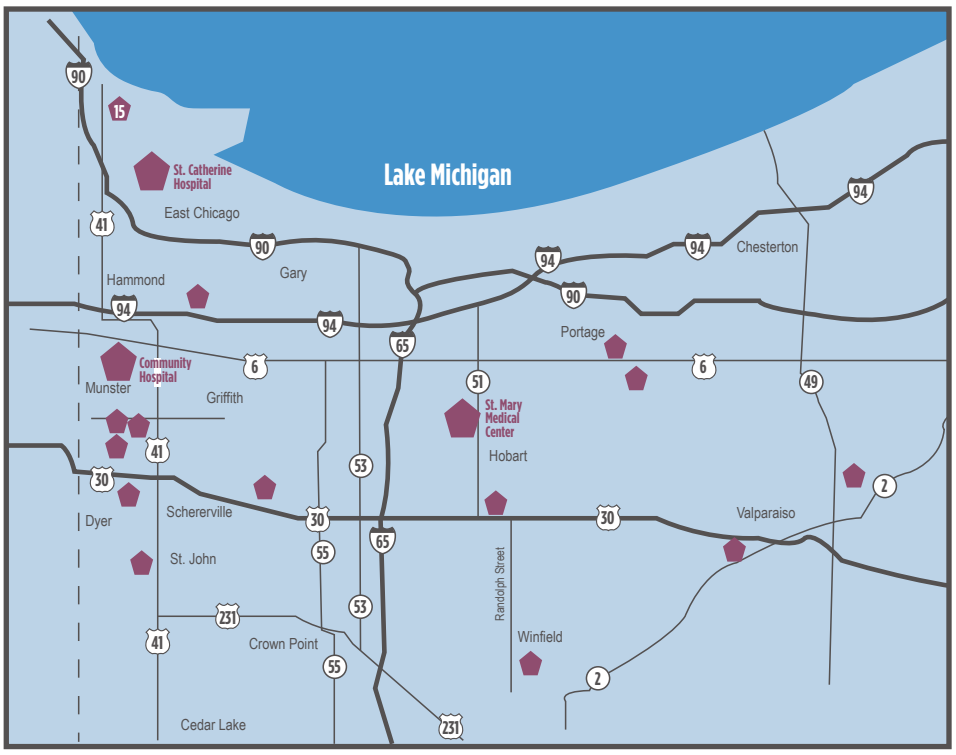
We value quality and strive for excellence in all we do, working together collaboratively as the power of our combined efforts exceeds what each of us can accomplish alone.

STEWARDSHIP

We value trustworthy stewardship and adherence to the highest ethical standards that justify public trust and protect what is of value to the system - its human resources, material and financial assets.

"Start by doing what is necessary; then do what is possible; and suddenly you are doing the impossible."

— Francis of Assisi



TOP HEALTH NEEDS

The hospitals of Community Healthcare System, serving Lake and Porter counties, have identified the following top needs in the community: cancer, diabetes, heart disease and stroke, nutrition and weight status, maternal, infant and child and adult mental health. For more information on how top health needs were determined, please see Section Four.

COMMUNITY HEALTHCARE SYSTEM®

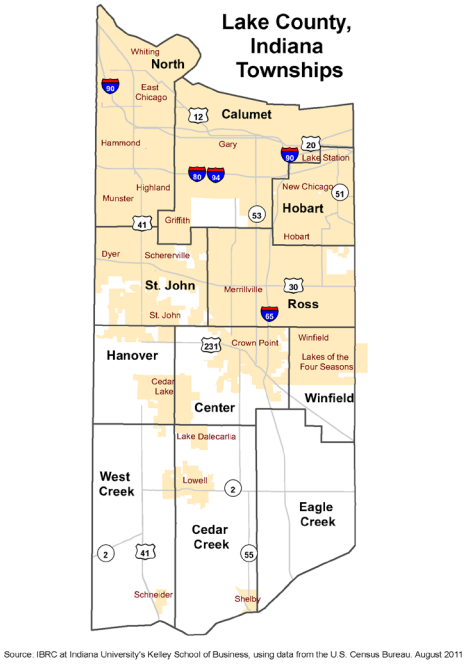
COMMUNITY PROFILE

SECTION 1

This section details the local community. The community profile contains information such as the geographic details, demographics and social and economic wellbeing. Reviewing this information gives readers a sense of the community including the strengths and challenges of daily living. Because of data constraints and the desire to offer the best snap-shot possible, the community profile may extend beyond the identified target communities for Community Healthcare System's community benefit operations.

COUNTY DESCRIPTION

North, Central & South Indiana Regions



Source: IBRC at Indiana University's Kelley School of Business, using data from the U.S. Census Bureau. August 2011

Lake County, Indiana Townships

GEOGRAPHY

Lake County is part of Northwest Indiana and the Chicago metropolitan area, containing a blend of suburban, urban, and rural areas. The surrounding counties include Porter County (east), Jasper County (southeast), and Newton County (southwest). According to the 2010 Census, Lake County has a total surface area of 626.56 square miles of land and the remaining 127.60 square miles are water.

NATIONALLY PROTECTED LAND

The Indiana Dunes National Lakeshore is the only nationally protected area in the county. The Indiana Dunes is a unit of the National Park System, which is managed by the National Park Service. The beautiful lakeshore stretches 25 miles across Lake County and ends in Chesterton, Indiana.

Figure 1.0: Indiana Dunes
Source: National Park Service, 2017

Figure 1.1: Indiana Dunes Map
Source: Student Conservation Association, 2017

AIRPORTS

There are two public airports located in Lake County including the Gary-Chicago International Airport (GYY) and the Griffith-Merrillville Airport (O5C). The Gary-Chicago International airport has several major nearby highways including I-90, I-80, I-94, and I-65. Refer to Table 1.0 for a full list of major highways in Lake County.

Table 1.0: Major Highways

Interstates	U.S Routes	State Routes
Interstate 65	U.S. Route 6	State Road 2
Interstate 80	U.S. Route 12	State Road 51
Interstate 94	U.S. Route 20	State Road 53
Indiana Toll Road	U.S. Route 30	State Road 55
	U.S. Route 41	State Road 130
	U.S. Route 231	State Road 152
		State Road 312
		State Road 912

MUNICIPALITIES

The municipalities in Lake County are below (U.S Census, 2010). In 2016, the total population of Lake County was **486,592.**

Table 1.1: Major Cities

Cities & Towns	Populations	Percent of County
Cedar Lake	12,183	2.5%
Crown Point	29,176	6.0%
Dyer	15,941	3.3%
East Chicago	28,418	5.8%
Gary	76,424	15.7%
Griffith	16,252	3.3%
Hammond	77,134	15.9%
Highland	22,737	4.7%
Hobart	28,248	5.8%
Lake Station	11,952	2.5%
Lowell	9,519	2.0%
Merrillville	34,994	7.2%
Munster	22,825	4.7%
New Chicago	1,956	0.4%
St. John	16,800	3.5%
Schererville	28,701	5.9%
Shelby	386	0.1%
Schneider	270	0.1%
Whiting	4,831	1.0%
Winfield	5,560	1.1%

The most populated city in Lake County is Hammond with 77,134 residents. Hammond compromises only 15.9% of Lake County.

The least populated city in Lake County is Schneider with 270 residents. Schneider compromises only 0.1% of Lake County.

FIGURE 1.2: Graph of Largest Cities and Towns in Lake County

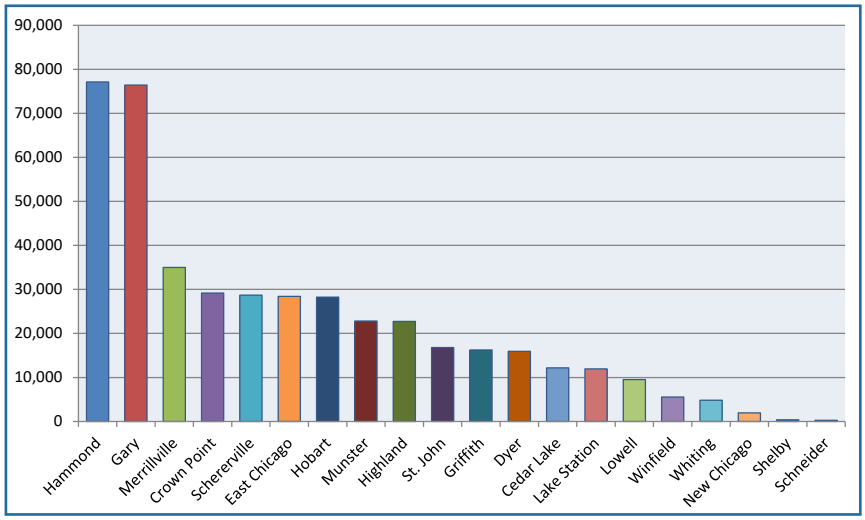


Table 1.2: Population Trends Over Time

Population over Time	Number	Percent of State	Indiana
Yesterday: 2010	496,050	7.7	6,484,136
Today: 2016	486,846	7.3	6,633,053
Tomorrow: 2020 projection*	507,724	7.4	6,852,121
Percent change from 2010 to Today	-2.1%		2.3%

*Projection based on 2010 Census counts.
Source: U.S Census Bureau; Indiana Business Research Center

DEMOGRAPHICS

Age

In 2016, 6.2% of the population was preschool aged children, 17.8% were school aged children, 8.9% were college aged students, 24.8% were young adults, 26.9% were older adults, and the 15.4% were seniors. In 2016, the average age of a person in Lake County was 37.6, which falls in the young adult category.

Table 1.3: Population Estimates by Age, 2016

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	30,199	6.2	6.4
School Age: 5 to 17	86,667	17.8	17.4
College Age: 18 to 24	43,143	8.9	10.0
Young Adult: 24 to 44	120,316	24.8	25.2
Older Adults: 45 to 64	130,646	26.9	26.1
Seniors: 65 and older	74,875	15.4	14.9
Average Age (years)	38.7		Average Age = 37.6

Source: U.S. Census Bureau; Indiana Business Research

Race & Ethnicity Distribution

In 2016, 0.5% of the population was American Indians or Alaskan natives, 1.6% were Asian, 24.8% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 71.1% were White, 1.9% of the population identified as two or more racial groups. In 2016, 18.7% of the Lake County population were Hispanic and 81.3% identified as Non-Hispanic. Figure 1.3 provides a visual comparison of racial distribution between Lake County and Indiana in 2016.

Table 1.4: Population Estimates by Race (including Hispanic origin), 2016

Population Estimates by Race	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	2,582	0.5	0.4
Asian	7,594	1.6	2.2
Black	120,704	24.8	9.7
Native Hawaiian & other Pacific Islander	283	0.1	0.1
White	345,603	71.1	85.6
Two or More Racial Groups	9,080	1.9	2.0
Hispanic or Latin Origin (of any race)			
Non-Hispanic	394,964	81.3	93.2
Hispanic	90,882	18.7	6.8

Veteran Population

According to the 2012-2016 American Community Survey, there are approximately 29,426 U.S. Veterans living in Lake County, Indiana.

Population with Disabilities

The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job. According to the 2012-2016 American Community Survey, the estimated population 18 years and older with a disability was 61,829, or 16.9% of the population.

Social and Economic Factors

FINANCIAL

According to the 2012-2016 American Community Survey, the median household income for Lake County is $53,600. This is slightly higher than the Indiana median state household income. The highest incomes in Lake County are earned by people who are between 25 and 64 years of age.

Poverty becomes a factor when a family's total income is less than the threshold. The American Community Survey also concluded that 16.6% of Lake County's population is in poverty. The population with the highest amount of poverty is those between 0 to 6 years of age. When looking at the poverty rate among children under the age of 18, the rate increases to 25.7%. Children under the age of 12 are the second highest group in poverty in Lake County.

In 2016, there were 43,418 recipients of free or reduced lunch in the Lake County School Corporation. In 2016, there were 69,155 recipients of food stamps in Lake County.

Table 1.5: Lake County Income and Poverty Levels vs. Indiana

Income and Poverty	Number	Percent of State	Indiana
Per Capita Personal Income (annual) in 2017	$43,099	95.5%	45,150
Median Household Income in 2016	53,600	102.5%	$52,289
Poverty Rate in 2016	16.6%	118.6%	14.0%
Poverty Rate among Children under 18	25.7%	134.6%	19.1%
Welfare (TANF) Monthly Average Families in 2017	696	10.3%	6,790
Food Stamp Recipients in 2017	69,155	10.5%	656,297
Free and Reduced Fee Lunch Recipients in 2016/2017	43,418	8.8%	495,330

Sources: U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

EDUCATIONAL ATTAINMENT

The following risk factors have generally been associated with increased likelihood of students dropping out of high school: high rate of absenteeism, low level of academic engagement, work or familial responsibilities, internalizing or externalizing behaviors, frequent moving, and attending a school with low achievement scores (Suh, S & Suh, J, 2007; Christle, Jolivette, Nelson, 2007; Rumberger, 2004; Balfanz & Legters, 2004).

In general, dropping out of high school is negatively associated with employment (i.e. difficulty finding a job or maintaining a job) and life outcomes (Child Trends, Data Bank Indicators, 2015). More specifically, high school drop outs are more likely to engage in crimes and exhibit poor health outcomes, especially in regard to mental health (Lochner & Moretti 2004; Freeman, 1996; Alliance for Excellent Education, 2006; Liem, J. H., Dillon & Gore, 2001).

Among one of many goals, Healthy People 2020 aims to increase the high school graduation rate from 74.9% (2007-2008) to 82.4% by 2020.

Table 1.6: School Dropout Rate Lake County

Indicator	Description	Indiana	Lake County
At Least High School Education	Percent of people aged 25 years or older who have either graduated from high school, completed the GED, or have some other equivalent credential. This percent includes all people who graduated from high school and have completed higher levels of education.	88%	87%
Bachelor's Degree or Better Education	Percent of people 25 years or older who have at least graduated from college with a bachelor's degree. This does not include vocational, technical schools or job training.	24%	20%
School Dropout Rate	Percent of individuals ages 16-24 who are not currently enrolled in school and have not completed high school or obtained a GED.	12%	13%

EMPLOYMENT

Unemployment rate is a measure of the prevalence of unemployment and calculated as a percentage by dividing the number of unemployed individuals by all individuals currently in the labor force (United States Department of Labor, 2017). The annual unemployment rate in 2017 was 10.0% with the employment rate of 6.8% in Lake County.

Table 1.7: Unemployment in Lake County

Indicator	Number	Rank in State	Percent of State	Indiana
Total Resident Labor Force	229,520	2	6.9%	3,320,409
Employed	217,832	2	6.8%	3,203,351
Unemployed	11,688	2	10.0%	117,058
Annual Unemployment Rate	5.1	2	145.7%	3.5

Source: U.S. Bureau of Economic Analysis

Table 1.8: Major Industries in Lake County

Indicator	Employment	Percent Distributed in Region	Earnings	Percent Distributed in Region	Average Earnings per Job
Total by place of work	245,206	100.0%	$13,243,509	100.0%	$54,010
Wage and Salary	201,648	82.2%	$9,629,083	72.7%	$47,752
Farm Proprietors	342	0.1%	$-16,350	-0.1%	$-47,807
Nonfarm Proprietors	43,216	17.6%	$1,292,146	9.8%	$29,900
Farm	451	0.2%	$-12,773	-0.1%	$-28,322
Nonfarm	244,755	99.8%	$13,256,282	100.1%	$54,161
Private	217,874	88.9%	$11,847,517	89.5%	$54,378

Source: U.S. Bureau of Economic Analysis

TRANSPORTATION

According to American Community Survey, 2.8% of Lake County workers commute via public transportation, compared to 1.1% in the entire state (2011-2015). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's office, and hospitals. According to American Community Survey, 8.7% of households in Lake County do not have a vehicle compared to 7% in the entire state (2011-2015).

ENVIRONMENTAL

Air quality

Ozone occurs naturally in the sky and helps protect us from the sun's harmful rays. But ground-level ozone can be bad for your health and the environment. Ground-level ozone is one of the biggest parts of smog. When ozone levels are above the national standard, everyone should try to limit their contact with it by reducing the amount of time spent outside.

Drinking Water & Lead

Within Lake County, lead poisoning remains a serious threat to the public and environmental health of East Chicago residents. In 2016, preventative measures forced residents of the West Calumet Housing Complex out of their homes due to the extent of lead contamination found in the soil. In addition, once the East Chicago School City realized the extent of contamination near Carrie Gosh Elementary School, it was ordered to be closed. Given the magnitude of this modern disaster, the Environmental Protection Agency (EPA) assisted East Chicago in the remediation of the lead contamination. The East Chicago City Health Department provided a fact sheet for community members to reference regarding soil contamination in East Chicago. The EPA has documented that the soil in the West Calumet Housing Complex (WCHC) in East Chicago, Indiana contains elevated levels of lead and arsenic. This fact sheet serves as a tool for residents to use to address any questions or concerns they have as well as provide them with recommendations for reducing exposure to lead and arsenic from the soil in the WCHC.

Table 1.9: Lake County Lead Poisoning Data, 2015

County Name	# of Children Tested	Total # Children Tested 5-9 µg/dL	Confirmed BLLs ≥10 µg/dL		# of Addresses-Multiple Children w/ Confirmed EBLLs *	Census 2000 Data		
			Total #	Total %		Total Housing Units	Pre-1950 Housing Units	% of Children < 6 Below Poverty
Lake County	1,183	56	6	0.5%	9	194,992	58,498	21.0%

*Based on most recent five years of data from 2011-2015
Source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2016

Table 1.10: Comparison of Physical Environment Statistics

Indicator	Description	Source	Measurement Period	Indiana	Lake County
Annual Ozone Air Quality	This indicator gives a grade* to each county in the U.S based on the annual number of high ozone days.	American Lung Association	2013-2015	N. A	3
Annual Particle Pollution	This indicator gives a grade to each county in the U.S based on the average annual number of days that exceed U.S particle pollution standards.	American Lung Association	2013-2015	N. A	5
Air Pollution – Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking System	2012	11.1	13.1
Drinking Water Violations	Indicator of the presence of health-related drinking water violations			N. A	1.72

*The lowest value is 1, and the highest value is 5.

HOUSING

From 2011-2015, 60.1% of Lake County were homeowners, the homeowner vacancy rate was 2.1%, and the percentage of households experiencing severe housing problems was 14.1%.

Table 1.11: Lake County Housing Profile

Indicator	Description	Source	Measurement Period	Lake County	Indiana
Homeowner Vacancy Rates	Percentage of vacant home properties.	American Community Survey	2011-2015	2.1%	1.8%
Severe Housing Problems	Percentage of households with at least one of four housing problems*.	County Health Rankings	2009-2013	14.1%	17.5%

HEALTH ACCESS

HEALTHCARE PROFESSIONAL SHORTAGE AREAS

Findings from the 2016 CHNA cycle revealed that Lake County does have a proportion designated as health professions shortage area due to low income populations. In addition, there is a shortage of providers, or long waits to see a primary care provider. Data since 2016 shows that this has not changed in current years.

According to the Health Resources and Services Administration (HRSA), Health Professional Shortage Areas (HPSAs) are defined as "having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons)" (2017).

The ratio of primary care physicians to patient was 1,814:1 in 2016 in Lake County and 1,543:1 in the entire state. The ratio of dentist to patient was 1,920:1 in 2015 (County Health Rankings).

Portions of Lake County, especially in the northern section, are still primary care and mental health professional HPSAs due to geographic and low income designations.

MEDICALLY UNDERSERVED AREAS AND POPULATIONS

According to HRSA, "medically underserved areas and populations are designated as having too few primary care providers, high infant mortality, high poverty or a high elderly population" (2017).

Medically Underserved Areas (MUA) in Lake County include the following service areas:

1. Lake Station
2. City of Gary
3. City of East Chicago
4. Central Hammond

COMMUNITY HEALTHCARE SYSTEM®

COMMUNITY PROFILE

SECTION 1.5

PORTER COUNTY

Community HEALTH NEEDS ASSESSMENT

This section details the local community. The community profile contains information such as the geographic details, demographics and social and economic wellbeing. Reviewing this information gives readers a sense of the community including the strengths and challenges of daily living. Because of data constraints and the desire to offer the best snap-shot possible, the community profile may extend beyond the identified target communities for Community Healthcare System's community benefit operations.

COUNTY DESCRIPTION

North, Central &
South Indiana Regions

Porter County
Indiana

GEOGRAPHY

Porter County was founded in 1836, and was comprised of what is now Porter and Lake County. Porter County was originally occupied by Native Americans. After fighting in the War of 1812 near the port of Valparaiso, Chile Commodore Porter was seen as a hero therefore after his death Porter County was named after him. Porter County is in the Northwest Indiana Region. The county seat in Porter County is Valparaiso, IN, and the largest city is Portage, IN (2017 population 36,849). The county has a total area of 521.8 square miles. The population per square mile in Porter County is 393. Porter County has twelve townships: Boone, Center, Jackson, Liberty, Morgan, Pine, Pleasant, Portage, Porter, Union, Washington, and Westchester.

DEMOGRAPHICS

According to the 2016 census, the total population was 167,016. In 2016, 5.6% of the population was preschool aged children, 17.4% were school aged children, 9.4% were college aged students, 25.2% were young adults, 28.1% were older adults, and the 14.5% were seniors. The average age of a person in Porter County was 39.4, which falls in the young adult category. The population in 2016 appeared to be evenly distributed by sex, with 49.3% of the population male and 50.7% female.

Table 1.5.0: Population Estimates by Age, 2016

Population Estimates by Age	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	5.6%	6.1%
School Age: 5 to 17	17.4%	17.2%
College Age: 18 to 24	9.4%	9.7%
Young Adult: 24 to 44	25.2%	26.8%
Older Adults: 45 to 64	28.1%	26.3%
Seniors: 65 and older	14.5%	13.9%
Average Age (years)	39.4	37.4

Source: U.S Census Bureau, American FactFinder; Measurement Period: 2012-2016 American Community Survey 5-year estimate

In 2016, 0.2% of the population was American Indians or Alaskan natives, 1.4% were Asian, 3.5% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 1.9% were two or more racial groups, 9.4% were of Hispanic or Latin origin, and 91.6% were White.

Figure 1.5.1: Percent Estimate by Race, 2016

Population Estimates by Race	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	328	0.2%	0.2%
Asian	2,351	1.4%	2.2%
Black	5,908	3.5%	9.7%
Native Hawaiian & other Pacific Islander	152	0.1%	<0.01%
White	153,059	91.6%	85.6%
Two or More Racial Groups	3,189	1.9%	2.2%
Hispanic or Latin Origin (of any race)	15,662	9.4%	6.8%
Non-Hispanic	151,354	90.6%	93.5%

Source: U.S Census Bureau, American FactFinder; Measurement Period: 2012-2016 American Community Survey 5-year estimate

Table 1.5.2: Population Distribution by Sex, 2016

Population Distribution by Sex	Number	Percent
Male Population	82,416	49.3%
Female Population	84,600	50.7%

Source: U.S Census Bureau, American FactFinder; Measurement Period: 2012-2016 American Community Survey 5-year estimate

ZIP CODES

There are 10 zip codes within Porter County, Indiana. Table 1.5.3 includes a complete list of all zip codes and corresponding cities.

Table 1.5.3: Porter County, Indiana Zip Codes

Zip Code	City
46301	Beverly Shores
46302	Boone Grove
46304	Burns Harbor, Chesterton, Porter
46341	Hebron
46347	Kouts
46368	Portage
46383	Valparaiso
46384	Valparaiso
46385	Valparaiso
46393	Wheeler

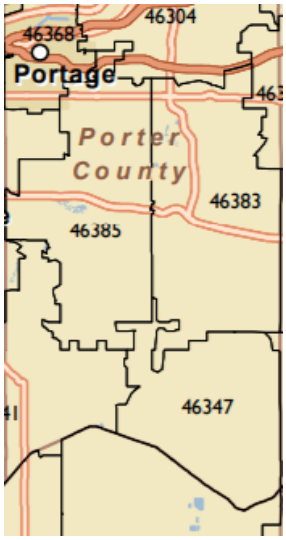


Figure 1.5.0: Porter County, Indiana Zip Codes

Social and Economic Factors

FINANCIAL

According to the 2016 American Community Survey, the median household income for Porter County is $67,302. This is higher than the Indiana median state household income. Poverty becomes a factor when a family's total income is less than the threshold. The American Community Survey also concluded that 7.8% of Porter's population is in poverty. In 2016, there were 9,577 recipients of free or reduced lunch in the Porter County Schools. In 2016, there were 10,641 recipients of food stamps in Porter County.

Table 1.5.4: Financial Profile for Porter County

INDICATORS	PORTER COUNTY, IN	INDIANA
Median Household Income	$67,302	$52,289
Individuals Below Poverty Level:		
Count		
Percentage	7.8%	14.0%
Free/Reduced Lunch Count*	9,577	495,330

Table 1.5.5: Income & Poverty Data for Porter County

Income and Poverty	Number/Percent	Percent of State	Indiana
Per Capita Personal Income (annual) in 2016	$46,965	109.0%	$43,097
Median Household Income in 2016	$64,874	N/A	$52,289
Poverty Rate in 2016	7.8%	55.7%	14.0%
Poverty Rate among Children under 18	9.9%	51.8%	19.1%
Welfare (TANF) Monthly Average Families in 2017	71	1.1%	6,790
Food Stamp Recipients in 2017	10,641	1.6%	656,297
Free and Reduced Fee Lunch Recipients in 2016/2017	9,577	1.9%	495,330

Sources: U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

EDUCATIONAL ATTAINMENT

The following risk factors have generally been associated with increased likelihood of students dropping out of high school: high rate of absenteeism, low level of academic engagement, work or familial responsibilities, internalizing or externalizing behaviors, frequent moving, and attending a school with low achievement scores (Suh, S & Suh, J, 2007; Christle, Jolivette, Nelson, 2007; Rumberger, 2004; Balfanz & Legters, 2004).

In general, dropping out of high school is negatively associated with employment (i.e. difficulty finding a job or maintaining a job) and life outcomes (Child Trends, Data Bank Indicators, 2015). More specifically, high school drop outs are more likely to engage in crimes and exhibit poor health outcomes, especially in regard to mental health (Lochner & Moretti 2004; Freeman, 1996; Alliance for Excellent Education, 2006; Liem, J. H., Dillon & Gore, 2001).

Among one of many goals, Healthy People 2020 aims to increase the high school graduation rate from 74.9% (2007-2008) to 82.4% by 2020.

Table 1.5.6: Educational Attainment Profile in Porter County

Sub Section: Educational Attainment

Section	Indicators	Porter County	Indiana
Education	High School Graduation Rate	34.9%	30.7%
	College Graduation Rate	10.6%	9.2%

EMPLOYMENT

In 2016, there were 85,964 employed individuals in Porter County, while 4,417 were unemployed (STATS Indiana). According to the U.S Bureau of Economic Analysis, the total per capita income in Porter County in 2016 was $64,874.

Table 1.5.7: Unemployment in Porter County

Indicator	Number	Rank in State	Percent of State	Indiana
Total Resident Labor Force	85,964	9	2.6%	3,327,139
Employed	81,547	10	2.6%	3,180,104
Unemployed	4,417	6	3.0%	147,035
Annual Unemployment Rate	5.1	18	115.9%	4.4

Source: STATS Indiana, using data from the Indiana Department of Workforce Development

Table 1.5.8: Employment by Industry

Indicator: Employment and Earnings by Industry, 2016	Employment	Percent Distribution in County	Earnings	Percent Distribution in County	Average Earnings Per Job
Total by place of work	80,451	100.0%	$3,911,060	100.0%	$48,614
Wage and Salary	64,354	80.0%	$2,803,592	71.7%	$43,565
Farm Proprietors	407	0.5%	$-446	0.0%	$-1,096
Nonfarm Proprietors	15,690	19.5%	$429,055	11.0%	$27,346
Farm	486	0.6%	$2,350	0.1%	$4,835
Nonfarm	79,965	99.4%	$3,908,710	99.9%	$48,880
Private	72,563	90.2%	$3,530,299	90.3%	$48,652
Accommodation, Food Serv.	6,600	8.2%	$138,172	3.5%	$20,935
Arts, Ent., Recreation	1,206	1.5%	$16,419	0.4%	$13,614
Construction	5,065	6.3%	$364,496	9.3%	$71,964
Health Care, Social Serv.	9,679	12.0%	$537,843	13.8%	$55,568
Information	807	1.0%	$40,447	1.0%	$50,120
Manufacturing	10,134	12.6%	$849,757	21.7%	$83,852
Professional, Tech. Serv.	3,833	4.8%	$191,132	4.9%	$49,865
Retail Trade	9,235	11.5%	$263,017	6.7%	$28,480
Trans., Warehousing	Data not available due to BEA non-disclosure requirements.				
Wholesale Trade	2,765	3.4%	$195,763	5.0%	$70,800
Other Private (not above)	20,001	24.9%	$676,871	17.3%	$33,842
Government	7,402	9.2%	$378,411	9.7%	$51,123

Source: U.S. Bureau of Economic Analysis

* These totals do not include county data that are not available due to BEA non-disclosure requirements.

TRANSPORTATION

In 2016, 3.9% of Porter County residents identified having no vehicle available for use, while 29.8% identified having at least one vehicle available and 42.3% identified having 2 vehicles available. This means that the majority of residents have vehicular transportation available, but approximately 2,464 residents do not.

Table 1.5.9: Porter County Transportation Profile

House Holds with a Vehicle	Number of Porter County	Percentage of Porter County	Percentage of Indiana
No vehicles	2,464	3.9%	6.8%
1 vehicle	18,616	29.8%	32.7%
2 vehicles	26,417	42.3%	38.5%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

ENVIRONMENTAL

Table 1.5.10: Comparison of Physical Environment Statistics

Indicators	Source	Measurement Period	Porter County	Indiana
Ground-Level Ozone	Environmental Public Health Tracking System	2012	10 days of unhealthy exposure	N/A
Particulate Matter	Environmental Public Health tracking System	2012	11.4µg/m^3	12.0µg/m^3
Drinking Water Safety	Community Commons	2017	4	N/A
Drinking Water Violations	HCI	2013-2014	0.0%	3.5%
Lead Soil Level	United States Geological Survey	2015	3 confirmed	N/A

Ground-Level Ozone

Ozone occurs naturally in the sky and helps protect us from the sun's harmful rays. But ground-level ozone can be bad for your health and the environment. When ozone levels are above the national standard, everyone should try to limit their contact with it by reducing the amount of time spent outside. Porter County residents were exposed to unhealthy levels of ozone for 10 Days in 2012.

Particulate Matter

Air pollution is a leading environmental threat to human health. Particles in the air like dust, dirt, soot, and smoke are one kind of air pollution called particulate matter. Fine particulate matter, or PM2.5, is so small that it cannot be seen in the air. Breathing in PM2.5 may: lead to breathing problems, make asthma symptoms or some heart conditions worse, and lead to low birth weight. The national standard for annual PM2.5 levels is 12.0 micrograms per cubic meter. When PM2.5 levels are above 12, this means that air quality is more likely to affect your health. In 2012, the annual level of PM2.5 in Porter County was 11.4 micrograms per cubic meter.

Drinking Water Violations

In 2017, Porter County did not have any reported drinking water violations.

Childhood Lead Poisoning

In 2015, the United States Geological Survey indicated that there were 3 cases of lead poisoning among Porter County children.

HOUSING

Renter's Spending 30% or more of household income on rent
From 2012-2016, 43.3% of Porter County residents spent 30% or more of their household income on monthly rent payments.

Severe housing problems
In the state of Indiana, an average of 14% of residents are affected by "severe housing problems."
This measure is the percentage of households dealing with one of four problems: lack of complete kitchen facilities, lack of plumbing facilities, severe overcrowding, or a high cost burden. In Porter County, 12.43% of residents have a severe housing problem.

Subsidized housing
There are currently three properties that are recognized by the U.S. Department of Housing and Urban Development. One is available to elderly and disabled residents of Porter County and one is available for families.
The largest number of available bedrooms is three. All of the properties are located in Valparaiso, IN.

Table 1.5.11: Porter County Housing Profile

Indicators	Source	Measurement Period	Porter County	Indiana
Homeownership Rate	American Community Survey	2016 (1-year estimates)	93.1%	88.8%
Median Household Income	American Community Survey		$67,302	$50,433
Median Property Value	American Community Survey		$169,300	$126,500
Homeowner Vacancy Rate	American Community Survey	2016	N/A	2.0%
Renter's Spending 30% or More of Household Income on Rent	HCI	2012-2016	43.3%	48.4%
Severe Housing Problems	Community Commons	2016	12.95%	14%
Subsidized Housing	U.S. Department of Housing and Urban Development	2018	3 organizations (See snapshot below)	N/A

HEALTH ACCESS

Hospitals and Health Services

Hospitals
There are three hospitals in Porter County. Two are in Valparaiso and one is in Portage.

Medically Underserved Areas (MUA)
According to the Health Resources and Services Administration (HRSA), "medically underserved areas/populations are areas or populations [are defined as] having too few primary care providers, high infant mortality, high poverty or a high elderly population." Porter County is designated as a MUA by a governor's exception designation.

Health Professions Shortage Areas (HPSA)
According to the Health Resources and Services Administration, "Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons)." Porter County does not have a HPSA designation at this time. However, community feedback suggests that the need for primary care physicians is most pressing for those who are "low-income."

Table 1.5.12: Porter County Health Access Indicators

Indicators	Locations/Descriptions	Cities and Zip Codes
Hospitals	Porter Regional Hospital	Valparaiso, IN 46383
	Porter County Hospital - Robins & Morton	Valparaiso, IN 46383
	Regency NWI	Portage, IN 46368
Medically Underserved Areas	Medically Underserved Areas/ Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.	Porter County FIPS Code 127 Low Income - Porter MUA/P Code 07230 Medically Underserved Area Governor's Exception
Health Professional Shortage Areas	Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental providers and may be geographic (a country or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).	Primary = 3 - Northshore - Healthlinc - Porter Stark Services, INC Dental = 3 - Northshore - Healthlinc - Porter Stark Services, INC Mental = 3 - Northshore - Healthlinc - Porter Stark Services, INC

COMMUNITY HEALTHCARE SYSTEM®

HEALTH PROFILE

SECTION 2

Community HEALTH NEEDS ASSESSMENT

Section Two reviews social determinants of health that contribute to the community's ability to engage in healthy behaviors and achieve the best quality of life possible. From safe sleep practices to engaging in preventative screenings, these indicators provide an overview of opportunities for improvement.

MATERNAL CHILD HEALTH

While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face.

Table 2.0: Lake County Prenatal Care Practices, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	4,036	4,060	4,083	4,146	4,046	20,371
% Early Prenatal Care	65.3%	67.8%	67.8%	68.2%	68.5%	67.5%
State Percent	***68.1%***	***68.4%***	***67.4%***	***67.5%***	***69.3%***	***68.1%***
# Smoked	771	641	657	618	538	3,225
% Smoked During Pregnancy	12.5%	10.7%	10.9%	10.2%	9.1%	10.7%
State Percent	***16.6%***	***16.5%***	***15.7%***	***15.1%***	***14.3%***	***15.6%***
# Unmarried Mothers	*3,349*	*3,182*	*3,222*	*3,311*	*3,169*	*16,233*
% Unmarried Mothers	54.2%	53.1%	53.5%	54.5%	53.6%	53.8%
State Percent	***42.7%***	***43.2%***	***43.3***	***43.3%***	***43.3%***	***43.2%***
# Breastfeeding	3,861	3,878	4,065	4,390	4,373	20,567
% Breastfeeding Mothers	62.4%	64.7%	67.5%	72.2%	74.0%	68.1%
State Percent	***74.0***	***75.6***	***77.3***	***79.3***	***80.5***	***77.4%***
# Mothers on Medicaid	3,413	3,165	3,170	3,198	3,100	16,046
% Mothers on Medicaid	55.2%	52.8%	52.6%	52.6%	52.5%	53.2%
State Percent	***45.6%***	***44.9%***	***44.1%***	***43.7%***	***43.0%***	***44.3%***
# Teen Births 15-17	194	182	135	129	134	774
Population	10,905	10,712	10,515	10,515	10,499	53,146
Teen Birth Rate (15-17)	17.8	17.0	12.8	12.3	12.8	14.6
State Rate	***16.0***	***15.5***	***13.6***	***11.9***	***11.1***	***13.6***
# Teen Births 15-19	632	571	502	461	421	2,587
Population	17,389	16,906	16,699	16,466	16,251	83,711
Teen Birth Rate 15-19	36.3	33.8	30.1	28.0	25.9	30.9
State Rate	***34.8***	***33.0***	***30.3***	***28.0***	***26.0***	***30.4***

Early Prenatal Care = Prenatal care beginning at first trimester
Teen Birth Rate = Live births per 1,000 women in specified age group

Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

In 2015, 68.5% of mothers received early prenatal care during their pregnancy. There has been a 3.2% increase among mothers receiving prenatal care since 2011. The smoking rate among expecting mothers has decreased by 3.4% since 2011. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). In 2015, 62.4% of Lake County mothers breastfed their children.

SAFE SLEEP

Together, the Indiana State Department of Health (ISDH) and Department of Child Services (DCS) have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families that do not have a designated safe space for their infant to sleep. The kit includes a portable crib, fitted sheet with a safe sleep message on it, wearable blanket, pacifier, and recommendations for safe sleep (Indiana State Department of Health &Department of Child Services, 2017). Lake County is in Region 1, shown on the accompanying map. There are 9 Safe Sleep locations in Region 1 as of 2017.NWI.

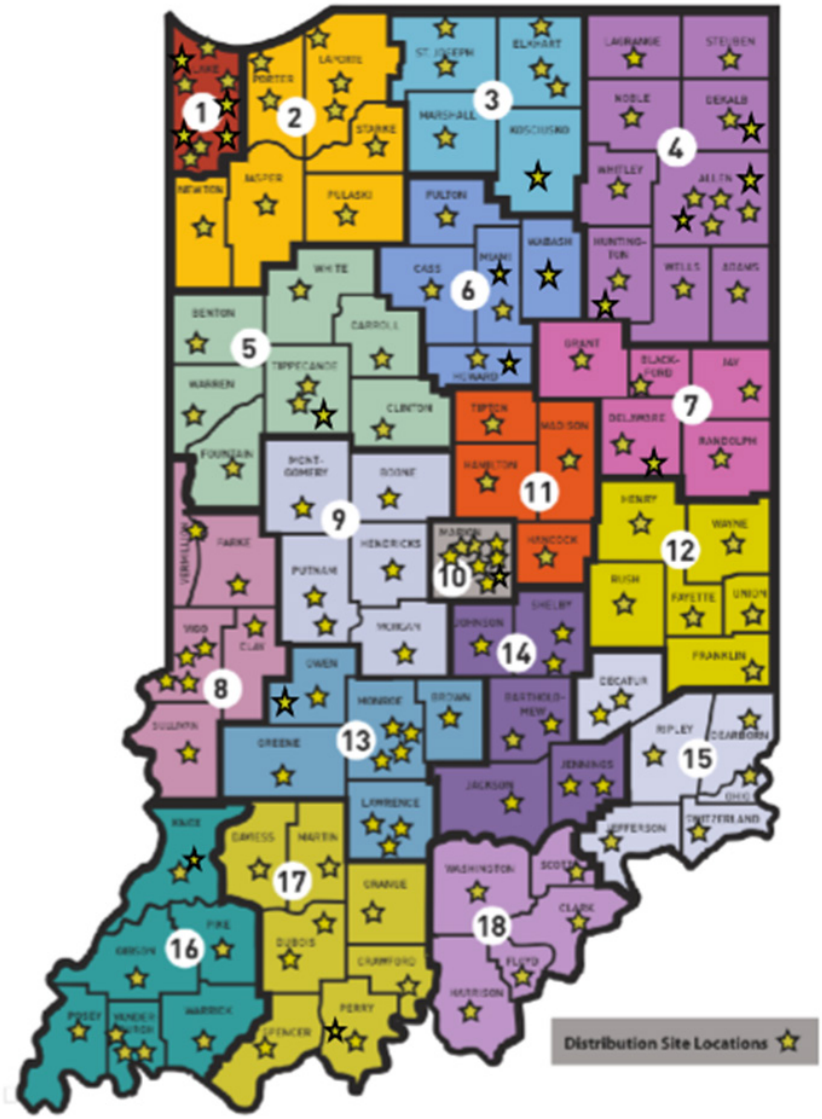


Figure 2.0: Lake County Safe Sleep Regions
Source: ISDH & Department of Child Services, 2017

CHILDCARE AND HEALTH SERVICES

This indicator shows the percentage of total consumer expenditures spent on all childcare. This includes child care, day care, nursery school, preschool, babysitting, and non-institutional day care. Childcare is a major expense for families with young children. Access to affordable and high quality childcare is essential for parents to be able to provide sufficient income for their family while ensuring all of their children's social and educational needs are met. In 2016, there were 18 licensed child care options in Lake County.

Table 2.1: Childcare and Health Services Related to Children

Child Care Facility Type (2016)	Number of Facilities
# of Licensed Child Care Centers	18
# of Licensed Child Care Homes	0

FOOD SECURITY

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket; there is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.

Additionally, access in regards to a constant source of healthy food due to low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by understanding the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. It is important to have adequate access to a constant food supply, but it may be equally important to have nutritious food available.

Feeding America is the largest domestic hunger-relief organization in the United States. According to the 2017 "Map the Meal Gap", the population in Lake County was 491,595, the food insecurity rate was 15.3%, and the estimated number of food insecure individuals was roughly 75,110. According to the National Center for Education Statistics, 41.3% of children in Indiana are eligible for Free and Reduced Lunch, while 51.1% is eligible within Lake County (2014-2015).

Table 2.2: Food Security Rates in Lake County

Indicator	Description	Source	Measurement Period	Lake County	Prior Value*
People with Low Access to a Grocery Store	Percentage of individuals living more than 1 mile from a supermarket/large grocery store if in an urban area, or more than 10 miles in a rural area.	U.S Department of Agriculture (USDA) – Food Environment Atlas	2015	28.7%	30.5% ▽
Households with No Car and Low Access to a Grocery Store	Percentage of housing units that do not have a car and are more than 1 mile from a supermarket/large grocery store if in an urban area, or more than 10 miles in a rural area.	USDA – Food Environment Atlas	2015	2.4%	1.7% △
Low-Income and Low Access to a Grocery Store	Percentage of the total population in a county that is low income and living more than 1 mile from a supermarket/large grocery store if in an urban area, or 10 in a rural area.	USDA – Food Environment Atlas	2015	10.2%	8.1% △
Food Environment Index*	Percentage of the population that is low-income and has low access to a grocery store, *and* the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity).	County Health Rankings	2017	6.7	6.8 ▽
Children with Low Access to a Grocery Store	Percentage of children living more than 1 mile from a supermarket/large grocery store if in an urban area, or more than 10 miles from in a rural area.	USDA – Food Environment Atlas	2015	7.7%	7.3% △
People 65+ with Low Access to a Grocery Store	Percentage of adults aged 65 and older living more than 1 mile from a supermarket/large grocery store if in an urban area, or 10 in a rural area.	USDA – Food Environment Atlas	2015	3.8%	3.4% △
Grocery Store Density	Number of supermarkets/grocery stores per 1,000 population.	USDA – Food Environment Atlas	2014	0.17	0.17 =
Fast Food Restaurant Density	Number of fast food restaurants per 1,000 population.	USDA – Food Environment Atlas	2014	0.83	0.81 △
Farmers Market* Density	Number of farmers markets per 1,000 population.	USDA – Food Environment Atlas	2016	0.02	0.01 △

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a postive direction.

△ = Indicates current value is higher than the prior year value, and trending in a negative direction.

Table Key:

△ = Indicates current value is higher than the prior year value, and trending in a postive direction.

= = Indicates current value is equal to the prior year value.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a negative direction.

PHYSICAL ACTIVITY

High Schoolers Physically Active
In 2015, the USDA reported that 25.3% of high schoolers were physically active in Lake County.

Physical Inactivity
Adult physical inactivity is valuable health indicator that represents the percent of adults 20 years and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (Indiana Indicators, 2017). According to County Health Rankings, 30% of adults ages 20 or older in Lake County were identified as physically inactive compared to 26% in the entire state (2017). At this time, Healthy People 2020 has not established a goal for this indicator. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions, such as, diabetes, high cholesterol and high blood pressure.

SLEEP HEALTH

Insufficient sleep measures are calculated by measuring the percentage of adults who report getting fewer than 7 hours of sleep on average. In 2014, 42% of adults reported this. The state average is 38%.

Proportion of High School Students Who Get Sufficient Sleep
Healthy People 2020 identified sufficient sleep as one of the target health goals for students across the nation. "Sufficient sleep" is defined as 8 or more hours of sleep in a single night. In 2015, it was reported by the Youth Risk Behavior Surveillance System that only 21.4% of Indiana students surveyed identified getting a sufficient amount of sleep.

Proportion of Adults Who Get Sufficient Sleep
In 2015, it was reported by the National Health Interview Survey results that approximately 61.5% of adults in Indiana surveyed identified getting a sufficient amount of sleep.

IMMUNIZATIONS

Updated immunization coverages are necessary for the prevention and spread of infectious diseases. Table 2.3 below outlines immunization rates for Lake County and the state of Indiana for infant immunizations, the flu, pneumonia, and Human Papillomavirus (HPV).

Table 2.3: Immunization Profile Lake County

Indicator	Description	Source	Measurement Period	Indiana	Lake County	HP 2020 Goal
Intestinal Disease Infections	Intestinal disease cases per 100,000 population.	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2014	47.6	30.2	N. A
Recommended Infant Immunizations	This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP).	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2015	56.0%	50.0%	80%
Flu Shot Vaccinations	Percentage of adults, 18 and older, who have received a flu shot in the past year.	ISDH & CDC, Behavioral Risk Factor Surveillance System	2006-2010	33.5%	27.1%	N. A
Pneumonia Vaccinations	Percentage of adults, aged 65 and older, who have ever received a pneumonia vaccination.	ISDH & CDC and Prevention, Behavioral Risk Factor Surveillance System	2006-2010	66.0%	54.8%	90%
HIV Prevalence	Existing cases of HIV per 100,000 population.	County Health Rankings	2017	178.1	238.9	N. A
Chlamydia Incidence	New cases of chlamydia per 100,000 population.	County Health Rankings	2017	434.0	518.7	N. A

Source: Indiana Indicators

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. In Lake County, 82% of diabetic Medicare enrollees received routine monitoring in 2014, 61% of Lake County female Medicare enrollees received a mammogram in 2014, 94.3% of Lake County women reported having a pap smear during 2008-2010, and 48% of Lake County adults reported ever having a colorectal screening (2010) (County Health Rankings & Indiana Indicators). Refer to Table 2.4 below for a comparison of health screening statistics across the state and county.

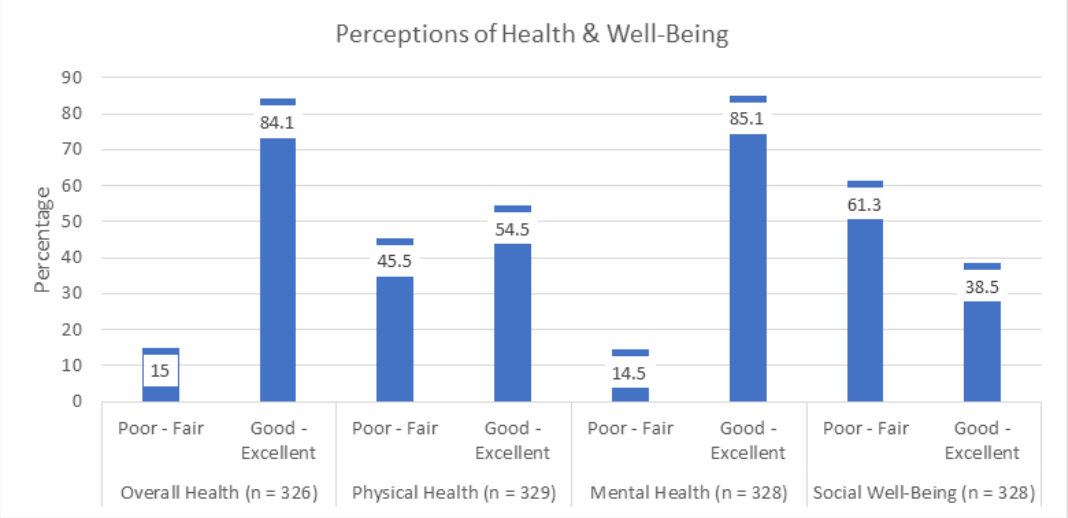
Table 2.4: Lake County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Indiana	Lake County
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2014	85%	82%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.	Dartmouth Atlas of Healthcare	2014	62%	61%
Pap Screening	Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years.	ISDH & Behavioral Risk Factor Surveillance System	2010	94.6%	94.3%
Colorectal Cancer Screening	Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy.	ISDH & Behavioral Risk Factor Surveillance System	2010	54.7%	48%

In the survey conducted for this report, the following information was reported. The convenience sample data reported included responses from targeted vulnerable populations within the community. Please consult the Appendix section for the full survey report.

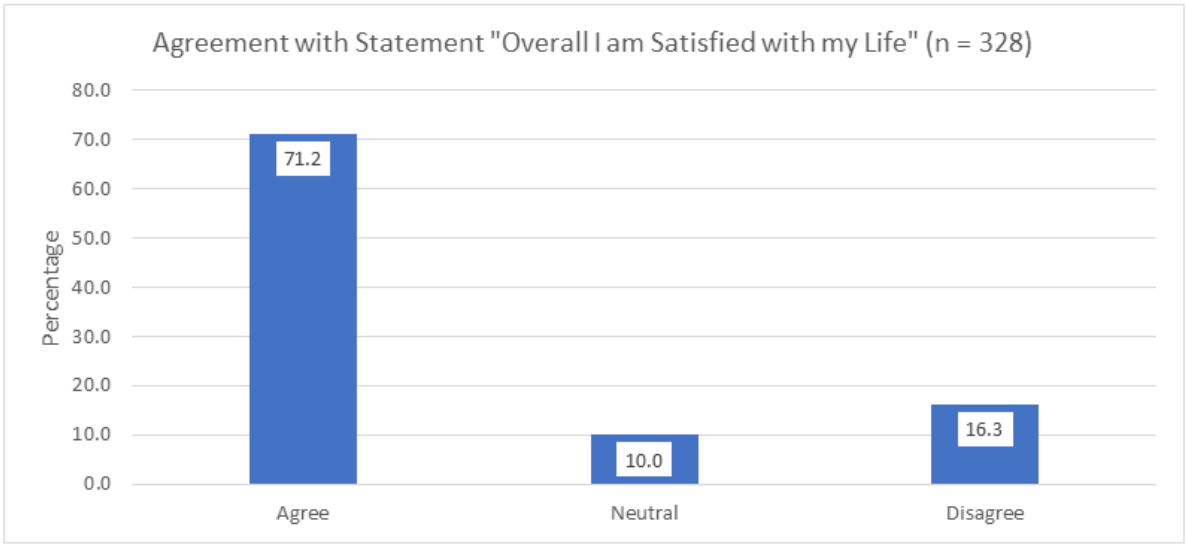
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

Figure 2.1: Participants' Perception of Health and Well-Being, Lake County
. Participants' Perceptions of Health and Well



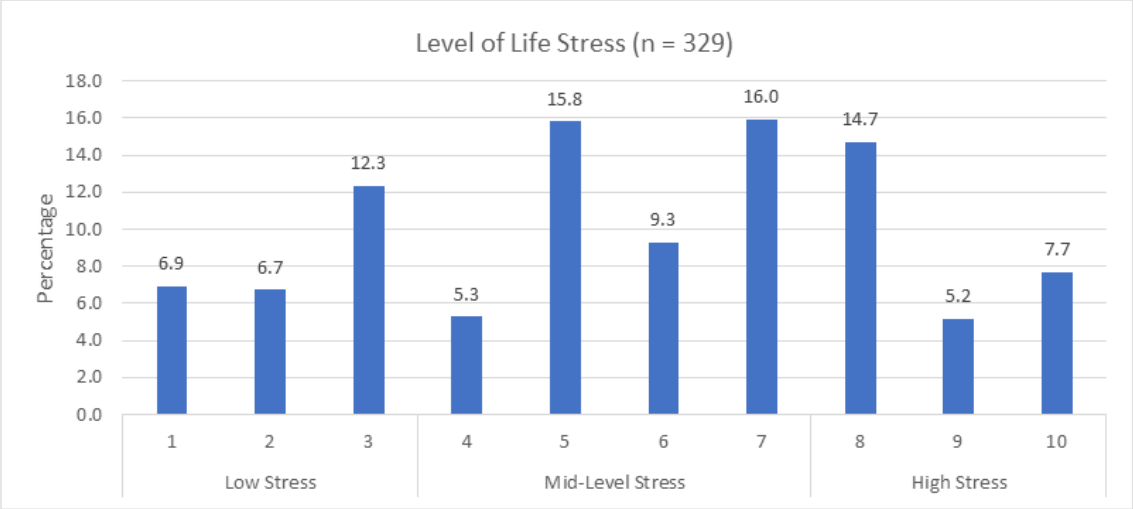
Overall Life Satisfaction. Participants were asked to respond to a single question that asked them to respond to the statement "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. The majority of participants agreed with the statement, with 44.2% (n = 146) responding "strongly agree" and 29.0% (n = 95) responding "somewhat agree." Some participants 10.0% (n = 33) responded "neutral." Those indicating less overall life satisfaction responded with "somewhat disagree" 10.7% (n = 35) or "strongly disagree" 5.6% (n = 18). Figure 2.2 provides an overview of responses to this item.

Figure 2.2: Participants' Agreement with Life Satisfaction



Level of Life Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Some participants (27.6%, n = 90) responded with scores in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of the participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.3: Ranking of Level of Life Stress



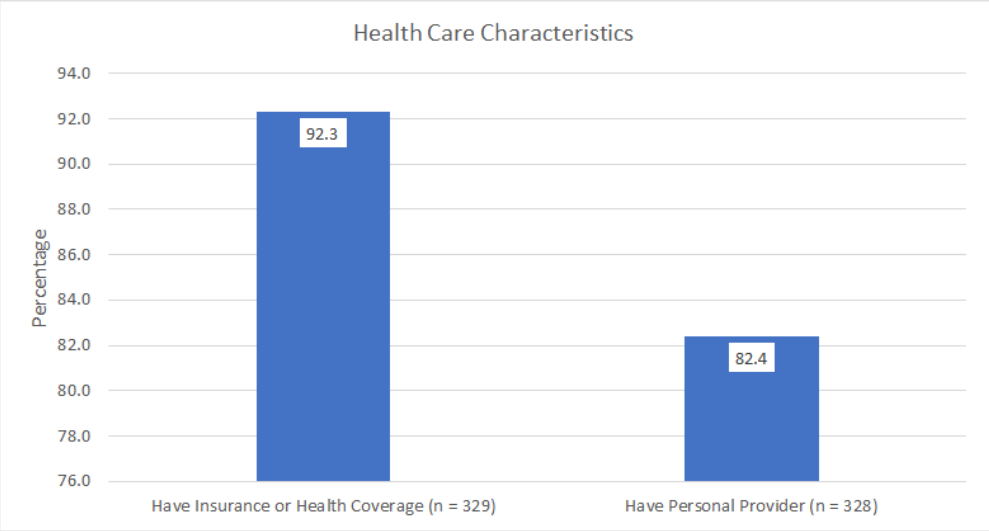
HEALTHCARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked to describe the types of engagement they had with the healthcare system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forgo some level of health care based on a lack of financial resources or because they had to prioritize other matters.

Insurance on Healthcare Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (92.3%, n = 304) reported that they did have such coverage or insurance, while 7.7% (n = 25) responded "no."

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have such a personal provider (82.4%, n = 271), while 16.6% (n = 55) responded "no" and three participants (0.9%) indicated that they were "unsure" as to whether they had such a personal provider.

Figure 2.4: Participants' Reported Insurance and Personal Provider Characteristics



Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 2.5 provides a summary of the participants' responses to this question.

Table 2.5: Participants' Reported Types of Healthcare Engagement*

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	69.0%	31.0%
Received Dental Care	65.6%	34.4%
Received a Routine Physical Exam	59.8%	40.2%
Received Immunizations or other Preventive Care	36.3%	63.7%
Received Acute Care, Like for an Infection or Injury	21.9%	78.1%
Received Care at a Hospital Emergency Room	21.3%	78.7%
Received Care at an Urgent Care Facility	20.9%	79.1%
Received Care for a Chronic Disease	17.2%	82.8%
Received a Screening for Anxiety or Depression by a Medical Provider	10.2%	89.8%
Received Treatment for a Mental Health Diagnosis	9.4%	90.6%
Received Inpatient Care at a Hospital	7.9%	92.1%
Received Care Related to Family Planning	2.4%	97.6%
Received Prenatal or Well-Baby Care	1.1%	98.9%
Received Treatment for Addiction	0.1%	99.9%

*In the convenience sample, some differences were present regarding engagement with health care services. Those in the convenience sample reported lower levels of immunizations or preventive care (11.2%), acute care (7.9%), urgent care (10.4%), filling prescriptions (42.4%), and dental care (33.1%). More reported treatment for addiction (5.8%).

Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription and finding transportation for care. Participants were asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize spending money on something else." Less than 25% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed.

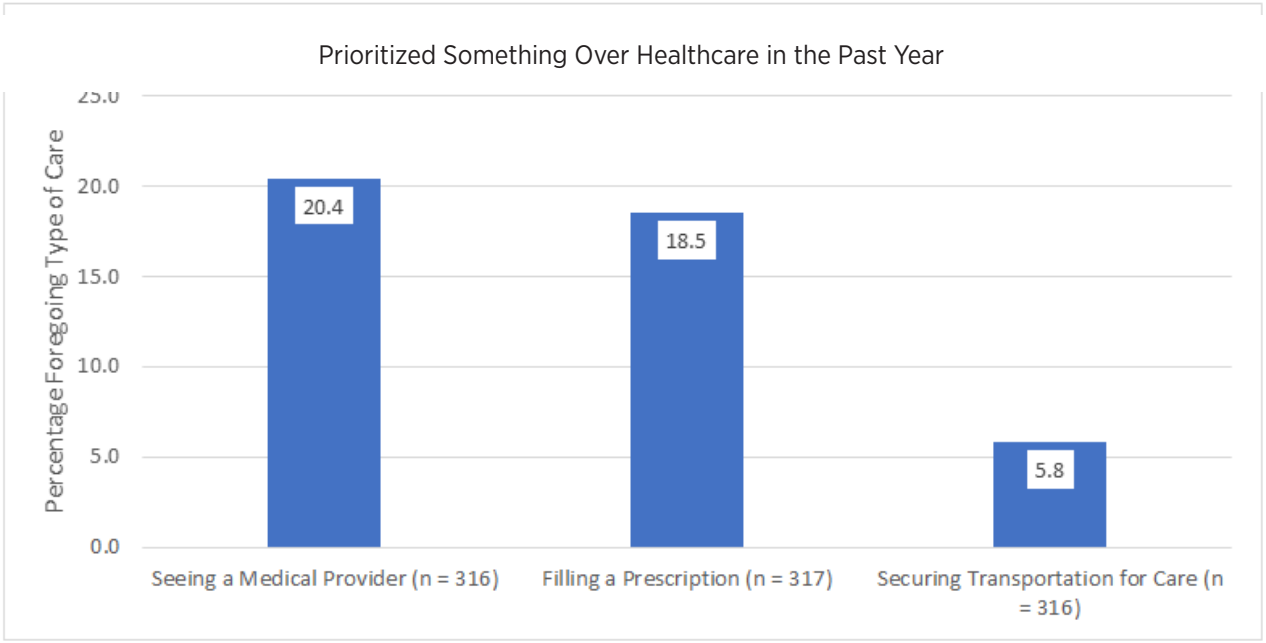
Regarding seeing a medical provider, 20.4% of participants (n = 67) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing to fill a prescription, 18.5%, (n = 61) indicated that that they had a need to avoid filling a prescription due to other needs.

Regarding needing transportation for healthcare, only 5.8% of participants (n = 19) indicated that they had not been able to access transportation due to other needs.

Across all three areas, participants in the convenience sample reported higher incidence of needing to forgo care due to the need to prioritize other resources. Of those 22.7% reported foregoing seeing a provider, 23.4% reported not filling a prescription, and 19.1% reported foregoing transportation for care due to other needs.

Figure 2.6: Participants' Reports of Resource Challenges and Healthcare



PERSONAL HEALTH-RELATED BEHAVIORS

The survey developers were interested in a general understanding of the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.6 provides a summary of this data.

Table 2.6: Self-Reported Health Behaviors (n=328)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	56.7
Getting Plenty of Sleep	58.7
Eating Balanced Diet	59.3
Checked Blood Pressure	36.5
Tried to Reduce Stress	30.5
Took Prescription for Mental Health	14.7
Health Challenging Behaviors	**% Reporting Behavior**
Used Tobacco	13.9
Took Opioid Prescribed to Me	6.4
Driving Intoxicated	1.9
Took Opioid Not Prescribed to Me	2.7

There were some differences between reports of both health promoting and health challenging behaviors when compared across the random sample and the convenience sample. Of the health promoting behaviors, those in the convenience sample reported lower rates of participation in all categories, with the exception of taking medications for depression or anxiety for which rates were slightly elevated in the convenience sample. Tobacco use was more than twice as frequently reported among those in the convenience sample and rates of opioid or narcotic use (both prescribed and non-prescribed) were also elevated.

SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of those items was to assess the extent to which participants "felt" specific characteristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live," is a positively worded item and those who reported "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infrastructure to work with an individual who has concerns about his or her housing situation. Negatively worded items like, "I worry about being able to pay my rent or mortgage," are considered at the other end of the response options with those responding "sometimes," "often" or "always" being among those who might benefit from economic or employment assistance in ways to reduce the impact on health. Table 2.7 provides a summary of this data.

Table 2.7: Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		Percent Reporting "Never" or "Seldom" Applies to Me
Social Ecology (n=316)	I feel those around me are healthy	7.2
Education (n=324)	I am satisfied with my education	12.0
Community Cohesion (n=325)	I make efforts to get involved in my community	36.6
Policy (n=324)	I vote when there is an election in my town	18.4
Environment (n=327)	I feel that my town's environment is healthy (air, water, etc)	12.7
Housing (n=328)	I feel safe in the place where I live	3.0
Psychosocial (n=315)	I try to spend time with others outside of work	16.9
Transportation (n=327)	I have access to safe and reliable transportation	4.8
Negatively Worded Social Determinant Items		Percent Reporting "Sometimes," "Often" or "Always" Applies to Me
Economy (n=327)	I worry about my utilities being turned off for non-payment	13.5
Employment (n=326)	I worry about being able to pay my rent or mortgage	24.1

*Those in the convenience sample responded to the social determinant items in ways that differed substantially from those in the random sample. On every item except for one (community cohesion), those in the convenience sample responded at levels that were higher in terms of the extent to which they could be considered challenging social determinants.

COMMUNITY HEALTHCARE SYSTEM®

HEALTH PROFILE

SECTION 2.5

PORTER COUNTY

Community HEALTH NEEDS ASSESSMENT

Section Two reviews social determinants of health that contribute to the community's ability to engage in healthy behaviors and achieve the best quality of life possible. From safe sleep practices to engaging in preventative screenings, these indicators provide an overview of opportunities for improvement

MATERNAL CHILD HEALTH

BREASTFEEDING AND PRENATAL CARE

Refer to Table 2.5.0 below for a comparison of prenatal care practices in the state and county.

Table 2.5.0: Porter County Prenatal Care Practices, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	1,364	1,373	1,353	1,382	1,233	6,705
% Early Prenatal Care	77.7%	77.2%	76.4%	75.8%	71.9%	75.8%
State Percent	***68.1%***	***68.4%***	***67.4%***	***67.5%***	***69.3%***	***68.1%***
# Smoked	246	203	172	191	164	976
% Smoked During Pregnancy	14.0%	11.4%	9.7%	10.5%	9.6%	11.0%
State Percent	***16.6%***	***16.5%***	***15.7%***	***15.1%***	***14.3%***	***15.6%***
# Unmarried Mothers	636	658	620	668	585	3,167
% Unmarried Mothers	36.2%	37.0%	35.0%	36.6%	34.1%	35.8%
State Percent	***42.7%***	***43.2%***	***43.3%***	***43.3%***	***43.3%***	***43.2%***
# Breastfeeding	1,432	1,457	1,465	1,523	1,484	7,361
% Breastfeeding Mothers	81.5%	81.9%	82.8%	83.5%	86.6%	83.2%
State Percent	***74.0%***	***75.6%***	***77.3%***	***79.3%***	***80.5%***	***77.4%***
# Mothers on Medicaid	684	621	566	575	489	2,932
% Mothers on Medicaid	39.0%	34.9%	32.0%	31.5%	28.4%	33.2%
State Percent	***45.6%***	***44.9%***	***44.1%***	***43.7%***	***43.0%***	***44.3%***
# Teen Births 15-17	684	621	566	575	486	2,932
Population	39.0	34.9	32.0	31.5	28.4	33.2
Teen Birth Rate (15-17)	*45.6*	*44.9*	*44.1*	*43.7*	*43.0*	*44.3*
State Rate	***33***	***34***	***28***	***35***	***12***	***142***

# Teen Births 15-17	33	34	28	35	12	142
Population	3,497	3,471	3,441	3,491	3,588	17,488
Teen Birth Rate 15-17	*9.4*	*9.8*	*8.1*	*10.0*	*3.3**	*8.1*
State Rate	**16.0**	**15.5**	**13.6**	**11.9**	**11.1**	**13.6**

In 2015, 71.9% of mothers received early prenatal care during their pregnancy. There has been a 5.8% decrease among mothers receiving prenatal care since 2011. The smoking rate among expecting mothers has decreased by 4.4% since 2011. According to the CDC, tobacco use during pregnancy is linked to increased miscarriage, premature birth, low birthweight, SIDS, and birth defects (2017). 9.6% of mothers smoked during pregnancy in Porter County in 2015. Also in 2015, 86.6% of Porter County mothers breastfed their children. Since 2011, the population of mothers who breastfed has increased nearly 5.1% in the county.

SAFE SLEEP

Together, ISDH and Department of Child Services have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families in Porter County that do not have a designated safe space for their infant to sleep. The kit includes: portable crib, fitted sheet with a safe sleep message on it, wearable blanket, pacifier, and recommendations for safe sleep (ISDH & Department of Child Services, 2017). Figure 2.5.0 shows all of the safe sleep regions throughout the state. Porter County is in Region 2, shown on the accompanying map. There are 5 Safe Sleep locations in Region 2 as of 2017.

Figure 2.5.0: Porter County Safe Sleep Regions
Source: ISDH & Department of Child Services, 2017

CHILDCARE AND HEALTH SERVICES

Refer to the Table 2.5.1 below for additional data on childcare including expenditures in Porter County.

The table shows the percentage of total consumer expenditures spent on all childcare. This includes child care, day care, nursery school, preschool, babysitting, and non-institutional day care. In Porter County, 0.67% of consumer expenditures go towards childcare. This is lower than the Indiana and U.S. values, and lower than previous values when measured.

In 2016, there were 39 licensed child care options in Porter County. Ten of the licensed options were at centers throughout the county and 29 of the licensed options were at homes of local residents.

Table 2.5.1: Childcare and Health Services Related to Children

Indicator	Source	Measurement Period	Rate or Percentage in Porter County, IN	Rate or Percentage in Indiana
Consumer Expenditures: Childcare	HCI	2017	0.67%	0.64%
Childcare Facility Type	Kids Count Data Center	2016	Licensed Center – 10 Licensed Home – 29 Registered Ministry – 8	N/A

FOOD SECURITY

Table 2.5.2: Food Security Index in Porter County

Indicator	Source	Measurement Period	Porter County, IN	Prior Value	Indiana
Food Environment Index[1]	County Health Rankings	2015	8.0	N/A	7.0
Food Insecurity Rate[2]	County Health Rankings	2010-2014	11.1%	N/A	15%
Child Food Insecurity Rate[3]	Feeding America	2016	15.9%	N/A	17.7%
SNAP Authorized Stores[4]	U.S Department of Agriculture (USDA) – Economic Research Service	2016	89.92	83.58 △	N/A
Grocery Store Density[5]	USDA – Economic Research Service	2014	0.07	0.09 ▽	N/A
Farmers Market Density	USDA – Economic Research Service	2016	0.02	0.01 △	N/A

1 Combines two measures of food access: the % of the population that is low-income and has low access to a grocery store, and the % of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best), and equally weights the two measures.
2 Percentage of the population that experienced food insecurity at some point during the last year.
3 Percentage of children under 18 living in households that experienced food insecurity at some point in the past year.
4The average monthly number of stores in the county authorized to accept SNAP (Supplemental Nutrition Assistance Program, previously called Food Stamp Program) benefits.
5 Number of supermarkets/grocery stores per 1,000 population.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a postive direction.

△ = Indicates current value is higher than the prior year value, and trending in a negative direction.

Table Key:

△ = Indicates current value is higher than the prior year value, and trending in a postive direction.

= = Indicates current value is equal to the prior year value.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a negative direction.

FOOD SECURITY

Food insecurity is measured by the percentage of people in a county who did not have access to a reliable source of food during the past year. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important but it may be equally important to have adequate access to a constant food supply. In 2015, 11.10% of Porter County was considered food insecure.

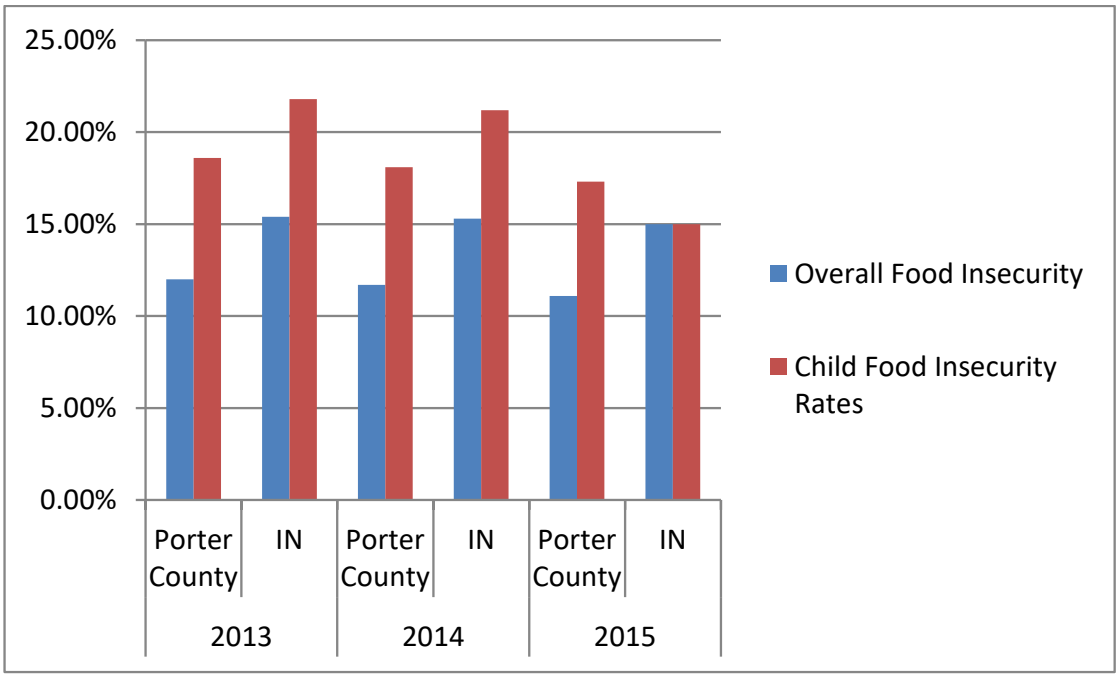
There has been a downward trend in food insecurity since 2013. Food insecurity rate among children in Porter County was 17.3% in 2015. There has been a downward trend in child food insecurity as well since 2013.

Table 2.5.3: Child Food Insecurity Profile in Porter County

Indicator	2013		2014		2015	
	Porter County	IN	Porter County	IN	Porter County	IN
Overall Food Insecurity	12.00%	15.40%	11.70%	15.30%	11.10%	15%
Child Food Insecurity Rates	18.60%	21.80%	18.10%	21.20%	17.30%	15%

Source: http://map.feedingamerica.org/county/2013/child/indiana/county/porter

Figure 2.5.1: Food Security Graph in Porter County



PHYSICAL ACTIVITY

Refer to Table 2.5.4 below that describes physical activity indicators in Porter County and Indiana.

HIGH SCHOOLERS PHYSICALLY ACTIVE

In 2015, the USDA reported that 25.3% of high schoolers were physically active in the Porter County.

PHYSICAL INACTIVITY

According to County Health Rankings, 24% of residents in Porter County were identified as physically inactive compared to 26% in the entire state (2013). At this time, Healthy People 2020 has not established a goal for this indicator. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions.

ACCESS TO EXERCISE OPPORTUNITIES

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they:

- reside in a census block that is within a half mile of a park, or
- reside in an urban census block that is within one mile of a recreational facility, or
- reside in a rural census block that is within three miles of a recreational facility.

The numerator is the number of individuals who live in census blocks meeting at least one of the above criteria. The denominator is the total county population. Parks included in the Access to Exercise Opportunities measure include local, state, and national parks. Recreational facilities included in the Access to Exercise Opportunities measure are businesses including gyms, community centers, YMCAs, dance studios and pools.In Porter County, 83% of residents have access to exercise opportunities. The average in Indiana is 75%.

RECREATION AND FITNESS FACILITIES

Fitness and recreation centers are defined as "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports." In 2014, it was reported that there were 15 recreation and fitness facilities in all of Porter County.

Table 2.5.4: Physical Activity Rates in Porter County

Indicator	Source	Measurement Period	Porter County	Indiana
Physically Active High Schoolers	USDA – Economic Research Service	2015	25.3%	N/A
Physical Inactivity	County Health Rankings	2013	24%	26%
Access to Exercise Opportunities	County Health Rankings	2014	83%	75%
Recreation and Fitness Facilities: count	Community Commons	2014	15	N/A
Recreation and Fitness Facilities: rate per 1,000 population	USDA – Economic Research Service	2014	0.09	N/A

SLEEP HEALTH

INSUFFICIENT SLEEP (COUNTY-LEVEL)

Insufficient sleep measures are calculated by measuring the percentage of adults who report getting fewer than 7 hours of sleep on average. In 2014, 35% of adults in Porter County reported this. The state average is 36%.

PROPORTION OF HIGH SCHOOL STUDENTS WHO GET SUFFICIENT SLEEP

Healthy People 2020 identified sufficient sleep as one of the target health goals for students across the nation. "Sufficient sleep" is defined as 8 or more hours of sleep in a single night.
In 2015, it was reported by the Youth Risk Behavior Surveillance System that only 27.3% of Indiana students surveyed identified getting a sufficient amount of sleep.

PROPORTION OF ADULTS WHO GET SUFFICIENT SLEEP

In 2015, it was reported that approximately 66.5% of adults in Indiana surveyed identified getting a sufficient amount of sleep.

Table 2.5.5: Sleep Health in Porter County

Indicator	Source	Measurement Period	Porter County	Indiana
Insufficient Sleep	County Health Rankings	2014	35%	36%
Proportion of High School Students who get Sufficient Sleep	Healthy People 2020	2015	N/A	27.3%
Proportion of Adults who get Sufficient Sleep	Healthy People 2020	2009-2015	N/A	66.5%

IMMUNIZATIONS

Updated immunization coverage is necessary for the prevention and spread of infectious diseases. Table 2.5.6 below outlines immunization rates for Porter County and the state of Indiana for infant immunizations, the flu, pneumonia, and Human Papillomavirus.

Table 2.5.6: Immunization Profile Porter County

Indicator	Source	Measurement Period	Porter County	Indiana
Recommended Infant Immunizations	Indiana Indicators	2015	65.0%	N/A
Flu Shot Vaccinations	National Center for Immunization and Respiratory Diseases	2016-2017	N/A	43.6%
Pneumonia Vaccinations	ISDH & CDC, Behavioral Risk Factor Surveillance System	2006-2010	N/A	73.3%
HPV Vaccinations	CDC-TeenVaxView	2016	N/A	80%

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. 84% of Porter County diabetic Medicare enrollees received routine monitoring in 2014 and 58% of Porter County female Medicare enrollees ages 67-69 received a mammogram in 2014.

Table 2.5.7: Porter County Health Screening Statistics

Indicator	Description	Source	Measurement Period	Porter County, IN	Indiana
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	County Health Rankings	2014	58%	62%
Pap Screening	Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years	Behavioral Risk Factor Surveillance System	2010	N/A	94.6%
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	County Health Rankings	2014	84%	85%
Colorectal	Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy	Behavioral Risk Factor Surveillance System	2010	N/A	54.7%

COMMUNITY HEALTHCARE SYSTEM®

HEALTH OUTCOMES

SECTION 3

The previous sections highlighted the environment and factors that contribute to health. Those factors, along with genetics, personal choice, and access to health services, lead to various health outcomes. This section reviews major health issues faced by residents.

ACCIDENTS, INJURIES, AND HOMICIDES

Unintentional injury and accidents continue to rank in the top 15 leading causes of injury or death, across the state and within the county. County and state data regarding injury prevention and safety indicators are compared in Table 3.0 below.

Table 3.0: Lake County Unintentional Injuries and Homicides

Indicator	Description*	Source	Measurement Period	Indiana	Lake County	HP2020 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	43.4	32.8	36
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	15.9	11.4	13
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	14.4	13.2	10
Traffic Injury Mortality	Traffic injury mortality is represented by the number of motor vehicle-related deaths per 100,000 people.	ISDH	2015	12.5	9.8	12
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	6.1	15.5	6
Firearm Mortality	Firearm mortality is represented by the number of deaths resulting from discharge of a firearm per 100,000 people.	ISDH	2014	12.2	18.1	9
Injury ED Visits	This measure represents the number of injury-related emergency department encounters among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	874.2	801.4	753
Injury Hospitalization	This measure represents the number of injury-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	71.0	75.0	56.0
Trauma Hospital Travel Time	The average drive time from the center of the community's population to the nearest American College of Surgeons verified trauma hospital. It is a measure of access to specialized trauma care.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2012	36.2	28.5	N. A

*Age-adjusted to the 2000 U.S. population.

Adult excessive drinking is another important indicator because it is also a lifestyle choice that can lead to increased risk of health problems including: injuries, violence, liver disease, and cancer. Within Lake County, 15.1% of adults, ages 18 and older, excessively drink. The National Institute on Alcohol and Alcoholism defines binge drinking as "a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above (2017). Abuse of prescription drugs is a serious and growing public health issue across the United States.

Table 3.1 Lake County Alcohol Imparied Driving Death Rates

Driving Under the Influence of Alcohol Arrest Rate	**Persons arrested for driving under the influence (DUI) of alcohol per 1,000 population.**	**Indiana University Center for Health Policy**	**2012**	**3.6**	**4.8**
Alcohol-Impaired Driving Deaths	Percentage of motor vehicle crash deaths with alcohol involvement.	County Health Rankings	2011-2015	24.8%	32.3%

BEHAVIORAL HEALTH

QUALITY OF LIFE INDICATORS

According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Lake County's value of 4.1 is the average numbers of days a county's adult respondents report that their mental health was not good (2016). According to County Health Rankings, the ratio of mental health provider to patient is 1:650 in Lake County, compared to the state ratio which is 1:730.

Table 3.2: Lake County Mental Health Profile

Indicators	Days or Percentage	Error Margin
Mentally Unhealthy Days	4.1	3.9-4.2
Frequent Mental Distress	12%	12-13%

Sources: Behavioral Risk Factor Surveillance Systems, 2016; County Health Rankings, 2017

PHYSICALLY UNHEALTHY DAYS

Physically unhealthy days are determined by the average number of days reported over the course of one month. In Lake County, the average is 4.3 days per every 30 days.

DISCONNECTED YOUTH

The amount of disconnected youth is measured by the percentage of teens and young adults (ages 16-24) who are neither working nor in school. The average in the entire state of Indiana is 14%. Lake County matches the state average with 16%.

SUBSTANCE ABUSE AND RECOVERY

Drug abuse and addiction compromise a major public health problem that affects many individuals and families and has lasting physical, social and mental health repercussions. These repercussions include less than optimal health outcomes, increased rates of crime and injury, and increased rates of mental illness, unemployment, and homelessness (Healthy Communities Institute, 2017). Effective treatment programs for substance abuse incorporate many elements, each directed to a particular aspect of addiction and its various consequences. According to Healthy Communities Institute, treatment for addiction must include "assistance for the individual to quit using drugs, maintaining a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society" (2017). Given the complexity of addiction, it is treated as a chronic illness and individuals often require repeated long-term care in order to achieve sustained sobriety. Please refer to Table 3.3 below for a comparison of substance use indicators across the state and county.

Table 3.3: Lake County Substance Use & Abuse

Indicator	Description	Source	Measurement Period	Indiana	Lake County	HP2020 Goal
Adult Smoking	Percentage of adults, 18 or older, who smoke	County Health Rankings	2017	21.0	18.4	18.0
Adult Excessive Drinking*	Percentage of adults, 18 or older, who are binge or excessive drinkers	County Health Rankings	2017	17.0	15.1	8.0
Controlled Substance Dispensed	Number of controlled substances dispensed by a licensed pharmacist or physician per capita.	Indiana University Center for Health policy	2015	1.0	0.6	N. A
Age-Adjusted Hospitalization Rate due to Substance Abuse	Average annual age-adjusted hospitalization rates due to substance abuse per 10,000 population among adults 18 years and older	Illinois & Indiana Hospital Association; Healthy Communities Institute	2014-2016	11.4	5.3	N. A
Drug Overdose Death Rate	Death rate per 100,000 population due to drug overdose.	County Health Rankings	2013-2015	16.5	11.8	N.A

SUICIDE

Suicide is one of the most preventable causes of death, yet it continues to have a major impact on the overall health in the state of Indiana. Refer to Tables 3.4 for suicide statistics across the nation, state, and county.

Table 3.4: Suicide Death Rate Comparison, 2016

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP2020
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 deaths	ISDH	2015	14.4%	13.2%	10%

INFECTIOUS DISEASE RATES

Because of better treatment, more people than ever are living with HIV in the U.S. While HIV prevalence in the U.S is still increasing, the incidence rate of annual new HIV/AIDS infections have remained relatively stable over the past few years.

Table 3.5: AIDS/HIV Rates by State and County

Indicator	Description	Source	Measurement Period	Lake County	Indiana	HP2020
HIV Prevalence	Existing cases of HIV per 100,000 people	County Health Rankings	2017	178.0	238.9	N.A.

CHLAMYDIA

Chlamydia is a sexually transmitted infection that infects both men and women. In the event that chlamydia is left undetected and untreated, women are especially at risk because it can result in serious reproductive health complications (CDC, 2017). In 2017, the incidence rate of chlamydia was 434 in Indiana and 518.7 in Lake County. Incidence is a measure of the new cases of a disease (chlamydia) during a specific period of time (2017) (Indicators, 2015). There has been a 13.35% decrease in reported chlamydia cases from 2012 (Indiana State Department of Health, 2016).

Table 3.6: Chlamydia Rates by State and County

	2012		2013		2014		2015		2016	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Lake County	2,531	513.3	2,465	501.7	2,549	519.6	2,406	493.4	2,193	449.7

Gonorrhea is a sexually transmitted infection that can infect both men and women. Young adults, ages 15-24, are most at-risk for contracting gonorrhea. However, permitting early detection, it can be easily treated (CDC, 2017). Since 2012, the reported cases of gonorrhea in Lake County have decreased by 17.82%.

Table 3.7: Gonorrhea Rates by State and County

	2012		2013		2014		2015		2016	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Lake County	690	139.9	625	127.2	597	121.7	627	128.6	567	116.3

INTESTINAL DISEASE INFECTIONS

From 2012-2016, the average number of enteric intestinal disease infections was 30.2 per 100,000.

Table 3.8: Intestinal Disease Rates by State and County

Indicator	Description	Source	Measurement Period	Indiana	Lake County	HP 2020 Goal
Intestinal Disease Infections	Intestinal disease cases per 100,000 population.	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2014	47.6	30.2	N. A

Since 2011, the number of live births in Lake County has decreased by 4.41% and the number of babies born with low birth weight in Lake County has decreased by 15.61. The number of babies born before 37 weeks gestation in Lake County has decreased by 25% since 2011. It is likely that any significant decrease in negative measures of natality or infant health outcomes can be attributed to by the increase in access, availability, and affordability of prenatal assistance programs in Lake County.

MATERNAL, INFANT AND CHILD HEALTH

Table 3.9: Lake County Birth Outcomes Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
Natality						
# of Live Births	6,183	5,991	6,023	6,080	5,910	30,187
# Low Birth Weight	570	524	513	511	481	2,599
% Low Birth Weight	9.2	8.7	8.5	8.4	8.1	8.6
State Percent	***8.1***	***7.9***	***7.9***	***7.9***	***8.0***	***8.0***
# Preterm Births	728	652	640	598	546	3,164
% Preterm Births	11.8	10.9	10.6	9.8	9.2	10.5
State Percent	***10.0***	***9.6***	***9.6***	***9.7***	***9.6***	***9.7***

Low Birth Weight = < 2,500 grams
Preterm = <37 weeks gestations
Source: Indiana State Department of Health, Division of Maternal and Child Health

Mothers who smoke during pregnancy jeopardize their health as well as their fetus. It is likely that a baby whose mother smoked during pregnancy will be born premature, have less developed lungs, and be low birth weight. Furthermore, secondhand smoke can still negatively impact the health of the baby, even after they are born by increasing risk of SIDS, asthma, and stunted growth or development (2017).

MOTHERS WHO SMOKE

Table 3.10: Lake County Mortality Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Smoked	771	641	657	618	538	3,225
% Smoked During Pregnancy	12.5%	10.7%	10.9%	10.2%	9.1%	10.7%

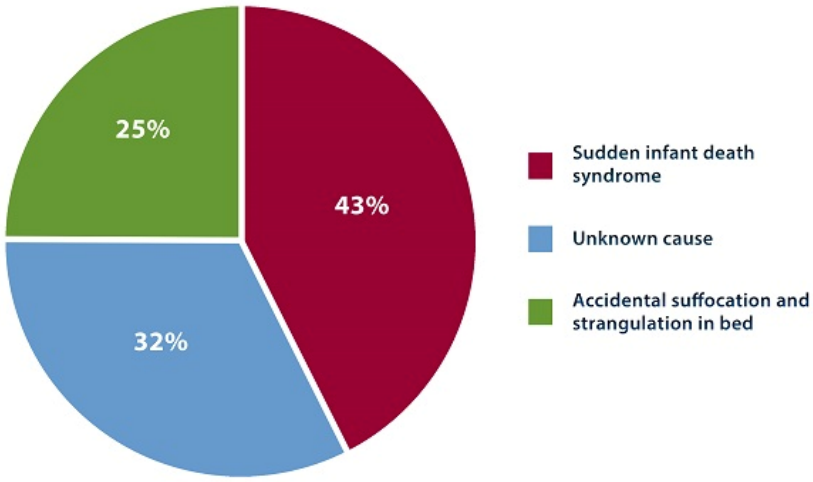
Low Birth Weight = < 2,500 grams
Preterm = <37 weeks gestations
Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

SUDDEN UNEXPECTED INFANT DEATH & SUDDEN INFANT DEATH SYNDROME

According to the CDC, sudden unexpected infant deaths (SUIDS) occur among infants less than one year old and have no immediately apparent cause (2017). The three commonly reported types of SUID include the following:

1. Sudden infant death (SIDS)
2. Unknown cause
3. Accidental strangulation or suffocation in bed

Figure 3.0: Commonly Reported SUIDs in Indiana



SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

Compared to the entire state, Lake County has higher rates in all four measures of mortality. Lake County ranks 71 out of 92 for Length of Life measures, which includes premature death.

Table 3.11: Infant Mortality Rates in Lake County

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
Mortality						
# Neonatal Deaths	35	36	34	30	30	165
# Post-Neonatal Deaths	17	23	17	17	13	87
# Infant Deaths	52	59	51	47	43	252
Infant Mortality Rate (IMR) per 1,000 Live Births	8.4	9.8	8.5	7.7	7.3	8.3
State IMR	***7.7***	***6.7***	***7.1***	***7.1***	***7.3***	***7.2***

Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

YOUNG CHILD

In 2015, the child abuse rate was 15.3 in Lake County. This indicator shows the number of abuse or neglect per 1,000 children under the age of 18 (Annie E. Casey Foundation). The vale may include multiple incidents of abuse per child victim during 2015. Child abuse includes physical, sexual, or emotional abuse. Child abuse and neglect can negatively influence or interrupt physical, intellectual, and psychological childhood and adolescent development. According to Health Communities Institute, “All types of child abuse and neglect have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, work, or school” (2016).

CHRONIC DISEASES

Chronic diseases are among the most prevalent and costly health issues in Indiana and across the nation. Indiana has significantly inflated rates compared to the nation in regard to a variety of chronic health diseases. Chronic diseases are often easily detected and preventable. According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death Indiana (2017).

RESPIRATORY DISEASES

Respiratory complications and diseases continue to fill the Emergency Departments in Lake County (Indicators, 2015). Refer to Table 3.12 below for comparisons of respiratory diseases rates across the state and county.

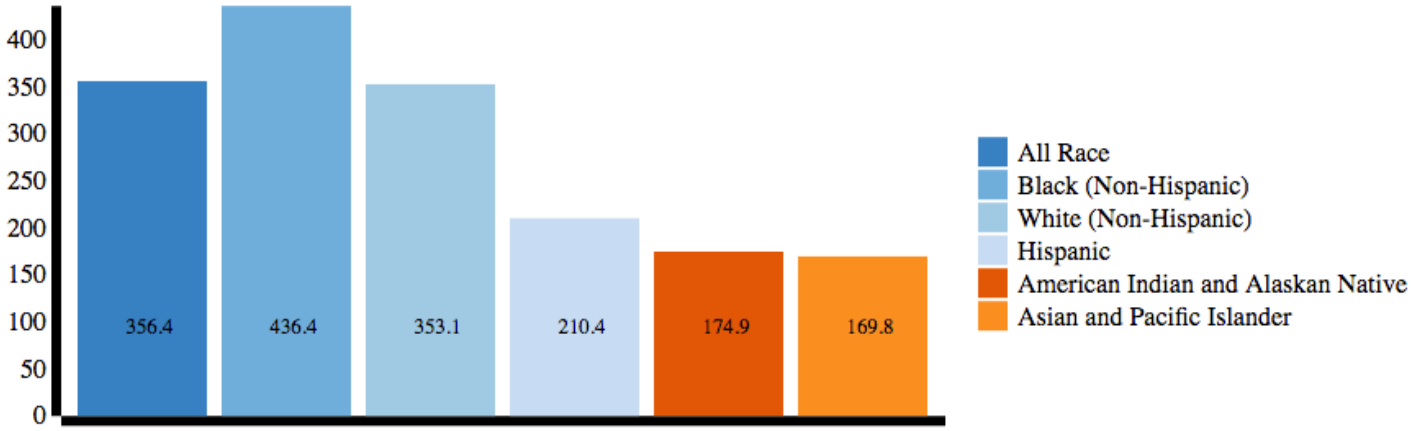
Table 3.12: Lake County Respiratory Disease Rate Comparisons

Indicator	Description	Source	Measurement Period	Indiana	Lake County
Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000.	ISDH, Epidemiology Resource Center	2014	49.1	71.6
Child Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	66.4	104.2
Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2014	10.5	18.9
Child Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	8.5	8.3
Asthma Medicare Population	Percentage of Medicare beneficiaries who were treated for asthma.	Centers for Medicare & Medicaid Services	2015	9.0	10.7
Age-Adjusted Population Rate due to COPD	Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	31.8	39.5
COPD Medicare Population	The percentage of Medicare beneficiaries who were treated for chronic obstructive pulmonary disease (COPD).	Centers for Medicare & Medicaid Services	2015	13.8%	15.5%
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	55.4	41.0

CARDIOVASCULAR DISEASE

According to the data below, the national heart disease death rate was 327, the state rate was 355.6, and the rate in Lake County was 356.6. Refer to the Figure 3.1 and Table 3.13 below for a demographic breakdown of death rates and percentages for each race/ethnicity which provides comparisons across the nation, state, and county.

Figure 3.1: Heart Disease Death Rate, All Race & Gender, Lake County, 2014-2016



Source: CDC, DHDSP Interactive Atlas County Report

Table 3.13: Cardiovascular Disease Death Rate Comparison

Race or Ethnicity	Heart Disease Death Rate per 100,000, 35+, All Race, All Gender, 2013-2015		
	Nation	Indiana	Lake County
All Race	327	355.6	356.4
Black (Non-Hispanic)	411.9	411.2	436.4
White (Non-Hispanic)	333.8	357.4	353.1
Hispanic	230.3	178.1	210.4
American Indian and Alaskan Native	299	97.1	174.9
Asian and Pacific Islander	174.2	144	169.8

The national heart disease death rate was 99.7, the state rate was 104.5, and the rate in Lake County was 97.6 (CDC, DHDSP, 2013-2015).

According to the American Heart Association, black men, ages 65 or older are most likely to die from coronary heart disease (2016). Please refer to Table 3.15 below for a statistical comparison regarding black men and coronary heart disease death rates across the nation, state, and county.

Table 3.15: Coronary Heart Disease Death Rate Comparison among Black Men, 2013-2015

Race or Ethnicity	Heart Disease Death per 100,000, 65+, Black, Men		
	Nation	Indiana	Lake County
Black (Non-Hispanic)	881.5	896.1	864.6*

*Category range = 777-938
Source: CDC. Interactive Atlas County Report

STROKE

Major risk factors that people cannot control include age, race, sex, family history, and prior stroke or heart attack (American Heart Association, 2017). After age 55, the risk of suffering from a stroke nearly doubles every decade, thus people 65 ages and older are most at risk. If any immediate family has suffered from a stroke, that significantly increases one's risk of also suffering from a stroke. Race also influences risk. Statistics show that African Americans are at increased risk of stroke, compared to other races or ethnicities.

Table 3.16: Lake County Stroke Data, 2014-2015

Indicator	Rates per 100,000 Death or Hospital Admission		
	Indiana	Lake County	HP 2020 Goal
Stroke Hospitalization	20.9	25.8	N. A
Stroke Mortality	39	43.0	34

Source: Indiana State Department of Health, Epidemiology Resource Center
Retrieved from: http://indianaindicators.org/CountyDashboard.aspx?c=089

OBESITY

Obesity is a major risk factor of diabetes and cardiovascular disease in general. According to the American Heart Association, people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present (2016). Major risk factors that people cannot control or change include age, sex, and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity, and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Table 3.17: Lake County Obesity Data, 2013

Indicator	Diagnosed Diabetes: Percentage	Percentage of Men	Percentage of Women
Obese Adults, ages 20+	33.9%	34.8%	33.2%
Low-income Preschool Obesity	12.1%	-	-

Source: CDC Interactive Atlas County Report

DIABETES

In 2013, the prevalence of diabetes in Lake County was 12.2%. Meaning, 12.2% of the population, ages 18 or older, were medically diagnosed with diabetes. The percentage of men with diabetes was 12.5% and the percentage of women with diabetes was 12%. The overall prevalence of diabetes in Indiana was 10.2% in 2013 (Indiana Indicators, 2011-2013). In 2015, the diabetes mortality rate was 33.6 in Lake County and 26.8 in the state (Indiana Indicators, 2015).

Table 3.18: Lake County Diabetes Data, 2011-2016

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Indiana	Lake County
Diabetes Prevalence	Percentage of adults aged 18 and older with medically diagnosed diabetes.	CDC Diabetes Data and Statistics	2011-2013	10.2	12.6
Adults, aged 20 and older, with Diabetes	Percentage of adults aged 20 and older who have ever been diagnosed with diabetes.	CDC	2013	11.1%	12.2%
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including both type 1 and 2.	Indiana Hospital Association	2014-2016	20.3	33
Age-Adjusted Death Rate due to Diabetes	Age-adjusted death rate per 100,000 population due to diabetes.	ISDH	2015	26.8	33.6
Age-Adjusted Hospitalization Rate due to Short-Term Complications* of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	9.0	11.9
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	9.5	17.5
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	Average annual age-adjusted hospitalization rate due to uncontrolled diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	1.5	3
Diabetes Medicare Population	Percentage of Medicare beneficiaries who were treated for diabetes.	Centers for Medicare & Medicaid Services	2015	27.5%	30.9%
Diabetic Monitoring Population	Percentage of diabetic Medicare patients ages 65-75 who had a blood sugar test* in the past year.	The Dartmouth Atlas of Healthcare	2014	84.7%	81.6%

*Blood sugar test is (HbA1c)
*Short-term complications include ketoacidosis, hyperosmolar, or coma.
*Long-term complications include eye, renal, neurological, or circulatory complications or complications not otherwise specified.
Diabetes mortality is the diabetes associated deaths per 100,000 people (age-adjusted).
Sources: Indiana State Department of Health & Indicators

CANCER

Table 3.19: Comparisons of Cancer Data*

Indicator	Indiana	Lake County	HP 2020 Goal
Cancer Incidence	500.9	470.9	N. A
Lung	74	74.3	N. A
Colorectal	50.8	50	39
Breast	127.2	120	41
Prostate	131.9	102.1	N.A
Cancer Mortality	180.2	176.1	161
Lung	47.8	50	46
Colorectal	19.6	15.5	15
Breast	14.2	11.3	21
Prostate	8	7.7	21

*Measurement period for cancer incidence rates was 2009-2013 and mortality incidence rate data was collected in 2015.
Rate per 100,000 population

COMMUNITY HEALTHCARE SYSTEM®

HEALTH OUTCOMES

SECTION 3.5

PORTER COUNTY

Community HEALTH NEEDS ASSESSMENT

The previous sections highlighted the environment and factors that contribute to health. Those factors, along with genetics, personal choice, and access to health services, lead to various health outcomes. This section reviews major health issues faced by residents.

ACCIDENTS, INJURIES, AND HOMICIDES

Unintentional injury and accidents continue to rank in the top five leading causes of injury or death, across the state and within the county. County and state data regarding accident and injury indicators are shown below.

Table 3.5.0: Porter County Unintentional Injuries and Homicides

Indicator	Description	Source	Measurement Period	Porter County	Indiana
Accidents					
Driving Under the Influence of Alcohol Arrest Rate	Persons arrested for driving under the influence (DUI) of alcohol per 1,000	HCI	2012	6.2	3.6
Alcohol-Impaired Driving Deaths	Percentage of motor vehicle crash deaths with alcohol involvement	HCI	2011-2015	29.9%	24.8%
Injuries					
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people	Indiana Indicators	2013-2017	53.8	58.0
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people	Indiana Indicators	2013-2017	27.6	27.3
Injury Emergency Department Visits	This measure represents the number of injury-related ED encounters among Indiana residents per 10,000 people	Indiana Indicators	2016-2017	982.9	849.6
Injury Hospitalization	This measure represents the number of injury-related hospital admissions among Indiana per 10,000 people	Indiana Indicators	2016-2017	60.7	69.1
Homicides					
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people	Indiana Indicators	2013-2017	*Below significance*	7.1

MOTOR VEHICLE ACCIDENTS

An important strength of this measure is that alcohol-impaired driving deaths directly measure the relationship between alcohol and motor vehicle crash deaths. According to the data show in table, 29.9% of driving deaths in Porter County were attributed to alcohol, as compared to 24.8% throughout the entire state.

BEHAVIORAL HEALTH

Mentally Unhealthy Days
According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Porter County's value of 3.9 is the average number of days a county's adult respondents report that their mental health was not good (2015).

Physically Unhealthy Days
Physically unhealthy days are determined by the average number of days reported over the course of one month. In Porter County, the average is 3.8 days per every 30 days.

Disconnected Youth
The amount of disconnected youth is measured by the percentage of teens and young adults (ages 16-24) who are neither working nor in school. The average in the entire state of Indiana is 14%. Porter County is at 13%.

Table 3.5.1: Quality of Life Indicators

Indicator	Source	Measurement Period	Porter County	Indiana
Quality of Life				
Poor Mental Health Days per month	County Health Rankings	2016	3.9	4.3
Physically Unhealthy Days	County Health Rankings	2016	3.8	3.9
Disconnected Youth	County Health Rankings	2010-2014	13%	14%
Substance Abuse and Recovery				
Excessive Drinking	County Health Rankings	2016	20%	19%
Heroin Treatment Rate per 1,000	HCI	2015	1.2	0.83
Opioid Drug Overdose Mortality per 100,000	Indiana Indicators	2013-2017	21.4	17.1
Suicide				
Suicide Mortality per 100,000	Indiana Indicators	2013-2017	20.4	16.2

SUBSTANCE ABUSE AND RECOVERY

Excessive drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. The numerator is the sum of binge and/or heavy drinking while the denominator is the total county population. In Porter County, 22% of surveyed adults reported excessive drinking in the past 30 days.

SUICIDE

This measure is determined by averaging the percent change of the age-adjusted death rate per 100,000 people each year. The average amount of suicide deaths per 100,000 in Porter County is 8.1. For the entire state of Indiana, the average is 10.2.

INFECTIOUS DISEASE

INFECTIOUS DISEASE RATES

Infectious disease is inevitable; however, rates can be reduced through preventative measures or modifications to lifestyle behaviors/choices. Please refer to Table 3.5.2 below for a description of infectious diseases and a comparison of rates across Indiana and Porter County.

Table 3.5.2: Infectious Disease Rates by State and County

Indicator	Description	Source	Measurement Period	Porter County	Indiana
Hepatitis C Prevalence (Acute)	Existing cases of Hepatitis C Prevalence (Acute) per 1000,000 population	ISDH	2011-2015	0.7	2.1
Hepatitis C Prevalence (Chronic)	Existing cases of Hepatitis C Prevalence (Chronic) per 100,000 population	ISDH	2011-2015	38.4	105.8
HIV/AIDS Incidence	New cases of HIV/AIDS per 1000,000 population	ISDH	2011-2015	4.2	9.4
HIV/AIDS Prevalence	Existing cases of HIV/AIDS per 1000,000 population	ISDH	2015	99.6	N/A
Chlamydia Incidence Rate	New cases of chlamydia per 100,000 population	ISDH	2011-2015	230.0	436.4
Gonorrhea Incidence Rate	New cases of gonorrhea per 100,000 population	ISDH	2011-2015	25.7	118.5
Intestinal Disease Infections per 100,000	Intestinal disease cases per 100,000 population	Indiana Indicators	2013-2017	54.6	39.9

https://www.in.gov/isdh/files/CountyProfilesOfOpioidUse2017.pdf

NEWLY DIAGNOSED HIV/AIDS

The human immunodeficiency virus (HIV) is transmitted by an HIV-infected person having unprotected sex or by sharing needles, syringes, and other injection equipment. Sharing equipment is considered high risk for transmitting HIV because the drug materials may have blood in them, which can carry HIV. Use of drugs can reduce inhibitions and increase sexual risk behaviors, which may result in chlamydia, gonorrhea, or other STDs. There is no cure for HIV, but treatment with antiviral therapy greatly extends the life expectancy of people living with HIV. From 2010 to 2015, the rate of newly diagnosed cases of HIV in Porter County was 4.2 per 100,000 and the rate of newly diagnosed cases of AIDS was 4.7 per 100,000.

HIV/AIDS PREVALENCE

Because of better treatment, more people than ever are living with HIV in the U.S. While HIV prevalence in the U.S is still increasing, the incidence rate of annual new HIV/AIDS infections have remained relatively stable over the past few years. In 2017, the prevelence rate was 99.6 per 100,000.

CHLAMYDIA

Chlamydia is a sexually transmitted infection that infects both men and women. In the event that chlamydia is left undetected and untreated, women are especially at risk because it can result in serious reproductive health complications (CDC, 2017). In 2015, the incidence rate per 10,000 was 230.0 in Porter County. Incidence is a measure of the new cases of a disease (chlamydia) during a specific period of time.

GONORRHEA

Gonorrhea is a sexually transmitted infection that can infect both men and women. Young adults, ages 15-24, are most at-risk for contracting gonorrhea. However, permitting early detection, it can be easily treated (CDC, 2017). The incidence rate of Gonorrhea per 100,000 in Porter County was 25.7 between the years 2015.

MATERNAL, INFANT AND CHILD HEALTH

Since 2011, the number of live births in Porter County has decreased. The number of babies born with a low birth decreased between 2012 and 2014, but saw an increase from 2014-2015. The number of babies born before 37 weeks gestation in Porter County has decreased since 2011.

Table 3.5.3: Porter County Birth Outcomes Profile, 2011-2015

INDICATORS	SOURCE	MEASUREMENT PERIOD	PORTER COUNTY, IN	INDIANA
Birth Outcomes				
Preterm Birth	ISDH	2011-2015	9.1%	9.7%
Low/Extremely Low Birth Weight	ISDH	2011-2015	6.8%	8.0%
SUIDS	ISDH	2012-2016	56.5 per 100,000	
Mortality				
Rates	ISDH	2011-2015	4.3 per 1,000	7.2% per 1,000
Mothers who smoked during pregnancy	ISDH	2011-2015	11.0%	15.6%

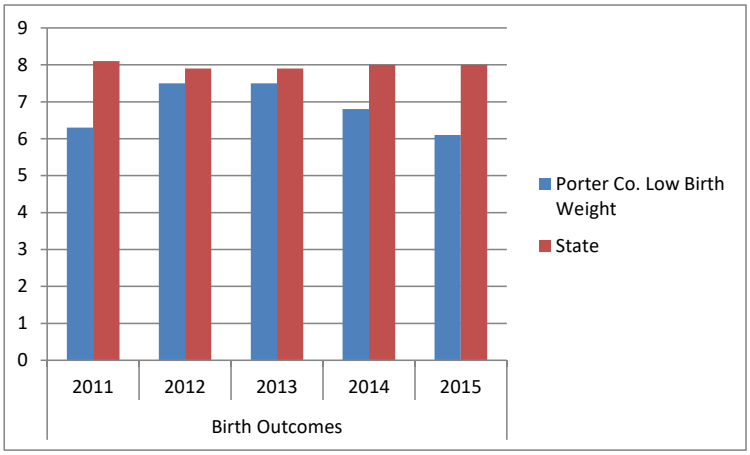


Figure 3.5.0: Porter County Birth Outcomes Profile, 2011-2015

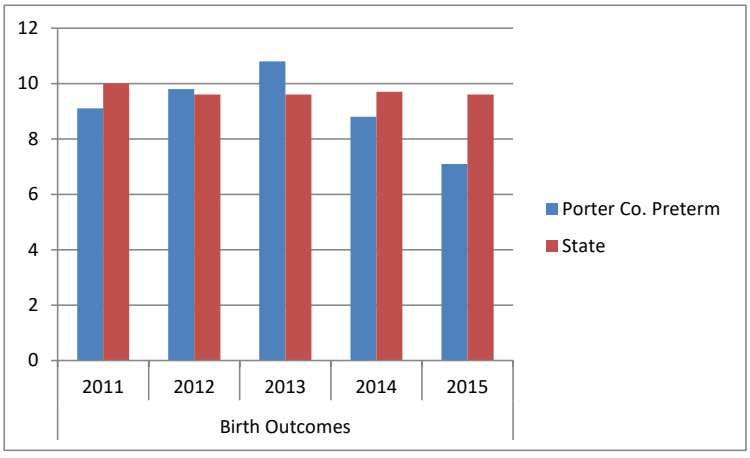
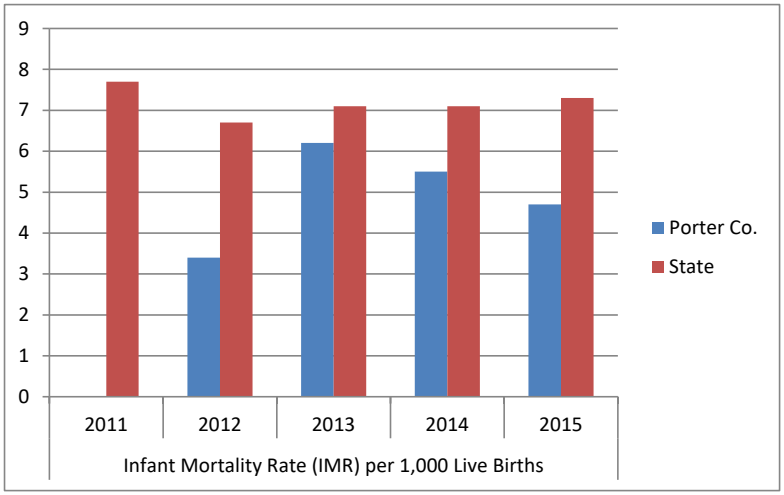


Figure 3.5.1: Porter County Preterm Births Outcomes Profile, 2011-2015

INFANT MORTALITY

The infant mortality rate in Porter County is 6.3 deaths per 1,000 live births. That number is lower than the state value of 7.2 deaths per 1,000 live births. The percentage of mothers who smoked during pregnancy in Porter County has decreased from approximately 28% in 2011 to 25% in 2015.

Figure 3.5.2: Porter County Mortality Rate, 2011-2015



YOUNG CHILD HEALTH

Throughout Porter County, 23 substantiated and 199 unsubstantiated cases of neglect or abuse were reported in 2017. In 2015, there was one reported death of a child due to neglect. Many children who die due to neglect or abuse have a history with the Indiana Department of Child Services.

Table 3.5.4: Porter County Child Abuse & Neglect Cases

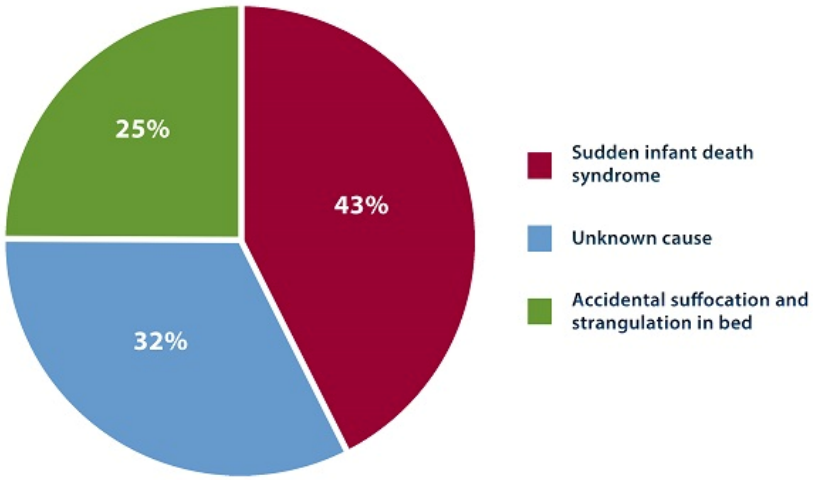
Indicator	Description	Source	Measurement Period	Porter County	Indiana
CHINS Cases	Number of children who were in need of services such as housing, protecting, etc. due to abuse and neglect in family in measurement period year	Kids Count	2015	127	15,444
Child Neglect	Percentage of total child abuse cases (substantiated and unsubstantiated) reported that were as neglect	Indiana Department of Child Services	2017	Substantiated: 7.14% Unsubstantiated: 61.43%	Substantiated: 10.10% Unsubstantiated: 65.52%
Child Abuse: Sexual Abuse	Percentage of total child abuse cases reported (substantiated and unsubstantiated) that were classified as sexual abuse	Indiana Department of Child Services	2017	Substantiated: 1.79% Unsubstantiated: 9.64%	Substantiated: 1.19% Unsubstantiated: 6.81%
Child Abuse: Physical Abuse	Percentage of total child abuse cases reported (substantiated and unsubstantiated) that were classified as physical abuse	Indiana Department of Child Services	2017	Substantiated: 1.3% Unsubstantiated: 18.57%	Substantiated: 0.71% Unsubstantiated: 15.66%
# of Fatal Cases of Child Abuse and Neglect	Number of occurrences in which the child abuse and neglect was fatal in the measurement period year	ISDH	2015	2	77

SUDDEN UNEXPECTED INFANT DEATH & SUDDEN INFANT DEATH SYNDROME

According to the CDC, sudden unexpected infant deaths (SUIDS) occur among infants less than one year old and have no immediately apparent cause (2017). The three commonly reported types of SUID include the following:

1. Sudden infant death (SIDS)
2. Unknown cause
3. Accidental strangulation or suffocation in bed

Figure 3.5.3: Commonly Reported SUIDs



SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

CHRONIC DISEASES

Chronic diseases are among the most prevalent and costly health issues in Indiana and across the nation. Indiana has significantly inflated rates compared to the nation in regard to a variety of chronic health diseases. Chronic diseases are often easily detected and preventable.

RESPIRATORY DISEASES

Respiratory disease continues to be a problem in Porter County as asthma and other respiratory disease like COPD lead to emergency department visits and hospitalization. Respiratory disease rates in Porter and Indiana for comparison are shown in table below. The number of pediatric and adult asthma cases is also shown below along with the percentage of adults who smoke in the county.

Table 3.5.4: Porter County Respiratory Disease Rate Comparisons

Sub Section: Respiratory

Indicators	Measurement Period	Source	Porter County	Indiana
Pediatric Asthma Counts	2015 2016	BRFSS CDC	3,088	118,772
Adult Asthma Counts	2015 2016	BRFSS CDC	13,219	518,802
Chronic Lower Respiratory Disease Mortality Rate	2015	ISDH	168,404	55.4
COPD Counts	2015 2016	BRFSS Joint Report from CDC'S National Program of Cancer Registries, NCI'S SEER Program, and state-based Cancer Registries	40.5	403,946
Adults Who Smoke	2017	BRFSS	15.5%	21.0%

CANCER

According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death in Indiana (2017). Refer to Table 3.5.5 for Porter County statistics regarding deaths due to cancer.

Table 3.5.5: Comparisons of Cancer Data*

Indicator	Porter County	Indiana	HP 2020 Goal
Cancer Incidence*	457.5	500.9	N/A
Lung	67.3	74	N/A
Colorectal	44.5	50.8	39
Breast	121.4	127.2	41
Prostate	110.8	131.9	N/A
Cancer Mortality**	172.7	180.2	161
Lung	43.2	47.8	46
Colorectal	13.4	19.6	15
Breast	22.7	14.2	21
Prostate	15.9	8	21

*Incidence Measurement Period: 2009-2013; **Mortality Rate Measurement Period: 2015; ***Rates per 100,000 persons
Source: Indiana State Department of Health

CARDIOVASCULAR DISEASE

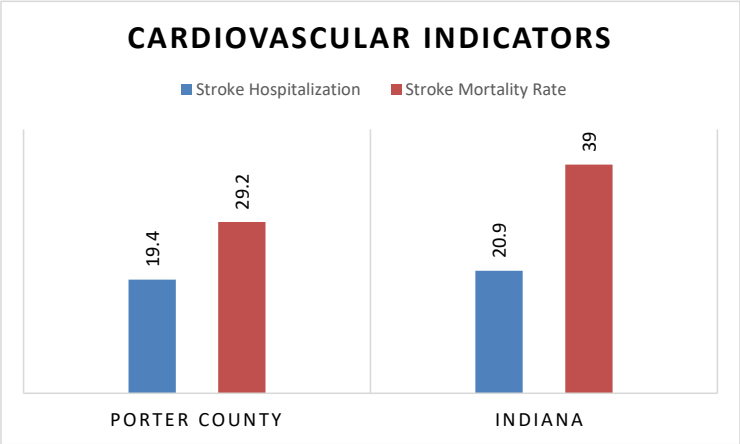
Refer to Table 3.5.6 and Figure 3.5.4 for Porter County statistics regarding deaths due to cardiovascular disease.

Table 3.5.6: Porter County Stroke Data

Indicators	Porter County	Indiana	HP 2020 Goal
Stroke Hospitalization Rate	19.4	20.9 Per 10,000	N/A
Stroke Mortality Rate	29.2	39 Per 10,000	34

Source: Indiana State Department of Health, Epidemiology Resource Center
Accessed at: http://indianaindicators.org/dash/map.aspx

Figure 3.5.4: Cardiovascular Indicators for Porter County



Cardiovascular disease continues to be a problem in Porter County as strokes; heart disease and other cardiovascular diseases lead to emergency department visits and hospitalization. The table shows cardiovascular disease rates in Porter. The number of hospitalizations and deaths are shown in the table as well as the given measurement period.

Table 3.5.7: Porter County Heart Disease Data*

Indicators	Porter County	Indiana
Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Race, All Gender	55.4	50.2
Heart Disease Death Rate per 100,000, 65+, All Race, All Gender	1,010.6	1,153.2
Acute Myocardial Infarction Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Race, All Gender	7.1	8
Acute Myocardial Death Rate per 100,000, 65+, All Race, All Gender	143.4	223.8
Heart Failure Hospitalizations Rate per 1,000 Medicare Beneficiaries, All Race, All Gender	17.1	15.3
Heart Failure Deaths per 100,000 (any mention), 65+, All Race, All Gender	912.6	786.5

*Hospitalization rate measurement period: 2012-2014; death rate measurement period: 2013-2015
Sources: Indiana State Department of Health; CDC DHDSP Interactive Atlas County Report
Accessed at: http://indianaindicators.org; https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=IN

OBESITY

Obesity is a major risk factor of diabetes and cardiovascular disease. According to the American Heart Association (2016), people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present. Major risk factors that people cannot control or change include age, sex, and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity, and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Obesity in Porter County is lower at 25.9% than that of the states average at 27.1%.We also see that diabetes rate is lower in Porter than that of the state average.

DIABETES

Table 3.5.8: Porter County Diabetes Data, 2013

Indicators	Porter County	Indiana
Obesity, Age-Adjusted Percentage, 20+	30.8	31.8%**
Diagnosed Diabetes, Age-Adjusted Percentage, 20+	8.9	12.2%***

*Measurement Period: 2014
**Percentage is among adults ages 18+; Measurement Period: 2015
***Measurement Period: 2013

COMMUNITY HEALTHCARE SYSTEM®

TOP HEALTH NEEDS

SECTION 4

As in every data collection and analysis process, there are limits to the data collected. The survey was only available to a randomized sample. If a resident of the county did not receive the survey, they would not have an opportunity to offer input. Focus groups were primarily attended by professionals in the community speaking on behalf of their observations or clientele. Therefore, focus group data may be skewed towards secondary hearsay or from a population health management perspective. Public health data and infrastructure is severely lacking in Indiana, as the state consistently ranks in the bottom two to three states for public health funding, service, and support. Much of the data used is from state and national collections that are only implemented every few years. Data may not reflect the current status of health. Also, as a home rule state, county data isn't always available or reliable. Zip code data rarely is available, except in national databases, such as the US Census Bureau. It is the team's hope that by using the available secondary data with the collected primary data, a relatively accurate picture of community health is presented. In the survey conducted for this report, the following information was reported. The convenience sample data reported include responses from targeted vulnerable populations within the community. Please consult the appendix for the full survey report.

IMPORTANCE OF COMMUNITY-BASED HEALTH AND SOCIAL SERVICE PROGRAMS

Participants were asked to provide their perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type. Results from the participants were used to calculate rankings of program endorsement, although the number of participants responding to the items varied throughout the list. Of the twenty programs, 100% were ranked as being either moderately or very important by approximately, or more than, 50% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board this data does suggest that in general most community members perceive the general network of health and social service programs to be important as a whole. Table 4.0 provides a list of the extent to which participants rated a program type as "moderately" or "very important." Further highlighted are the items for which there were stronger endorsements in the "very important" category than the "moderately important" category.

Table 4.0: Participants Ratings of the Importance of Community Resources

Community Programs	Moderate/Very Important %	Moderately Important %	Very Important %
Physical Activity (n=322)	91.4	41.9	49.5
Substance Abuse Prevention & Treatment (n=317)	88.5	38.2	50.3
Walking Trails/Outdoor Space (n=322)	87.2	28.8	58.4
Aging Services (n=323)	86.9	37.1	49.8
Mental Health Counseling (n=318)	86.4	36.3	50.1
Gun Safety Education (n=322)	77.2	30.5	46.7
Job Training/Employment Assistance (n=320)	77.0	37.8	39.2
Nutrition Education (n=320)	75.0	50.0	25.0
Free Emergency Childcare (n=322)	74.4	32.0	42.4
Health Insurance Assistance (n=321)	74.4	36.0	38.4
Food Pantries (n=324)	73.0	35.7	37.3
Services for Women, Infants, Children (n=322)	67.2	32.3	34.9
Financial Assistance (n=318)	63.0	41.4	21.6
Family Planning (n=318)	62.7	36.3	26.4
Prescription Assistance (n=320)	62.6	40.2	22.4
Transportation Assistance (n=324)	59.3	34.4	24.9
Legal Assistance (n=321)	59.3	38.3	21.0
Food Stamps/SNAP (n=322)	56.8	30.5	26.3
Housing Assistance (n=321)	56.5	33.2	23.3
Needle Exchange (n=311)	48.5	29.8	18.7

Participants in the convenience sample similarly rated 100% of the community programs to be among those that they perceived as being important to their community. However, the level of endorsement among those in the convenience sample was stronger than those in the random sample on each program. Some programs were rated as "very important" by those in the convenience sample at higher levels, including: food pantries, food stamps or SNAP, services for women, infants, and children, insurance assistance, mental health counseling, and substance abuse prevention and treatment.

COMMUNITY PERCEPTIONS OF PRIORITY HEALTH NEEDS

Important to the development of the CHNA and the subsequent Implementation Plan was to assess the local health issues which community members perceived to be of importance. The hospital developed a list of 21 different health needs that are common in many communities. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospital and its partners to address.

Accompanying the list of health issues was a statement that guided survey participants in their selection. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 4.1 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

Table 4.1: Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention (n = 329)

Health Issue	% Selecting Issues As On of Top 5 Needing Attention
Chronic Disease	53.7%
Obesity	45.3%
Substance Use and Abuse	42.6%
Mental Health	40.9%
Aging Issues	39.9%
Alcohol Use and Abuse	28.9%
Food access, affordability, and safety	25.1%
Poverty	22.5%
Environmental Issues	21.3%
Disability Needs	19.6%
Tobacco Use	18.1%
Injuries and Accidents	16.6%
Assault, Violent Crime, and Domestic Violence	16.3%
Suicide	15.7%
Reproductive Health and Family Planning	12.6%
Child Neglect and Abuse	12.0%
Dental Care	9.6%
Sexual Violence, Assault, Rape, or Human Trafficking	9.2%
Homelessness	6.9%
Infectious Diseases, like HIV, STDs, and Hepatitis	3.6%
Infant Mortality	0.3%

COMMUNITY PERCEPTIONS OF HEALTH ISSUES NEEDING PRIORITY RESOURCE ALLOCATION

In addition to assessing the extent to which participants perceived specific needs as being among the most important for action in their community, participants were also asked to prioritize for the allocation of resources in the local community. Participants were given a statement to consider prior to indicating their perceptions. The statement read "Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the three to which you would give $1?" Table 4.2 provides a summary of the extent to which participants selected an issue as one of the top three for the allocation of resources.

Table 4.2: Ranking of Health Issues Selected by Participants as Being Among the Top 3 to Which They Would Allocate Resources (n = 329)

Health Issue	% Selecting Issues As On of Top 5 Needing Attention
Mental Health	33.4%
Food Access, Affordability, and safety	28.6%
Chronic Disease	28.4%
Aging Issues	28.1%
Substance Use and Abuse	25.3%
Poverty	20.5%
Child Neglect and Abuse	19.4%
Obesity	14.7%
Suicide	13.0%
Environmental Issues	12.8%
Disability Needs	12.2%
Sexual Violence, Assault, Rape or Human Trafficking	9.8%
Homelessness	8.5%
Assault, Violent Crime, and Domestic Violence	7.5%
Alcohol Use and Abuse	7.4
Reproductive Health and Family Planning	6.1%
Tobacco Use	4.2%
Injuries and Accidents	3.6%
Infant Mortality	2.9%
Dental Care	2.6%
Infectious Diseases, like HIV, STDs, and Hepatitis	1.4%

Those in the convenience sample selected many of the same priority needs as did those in the random sample, both as a priority need and a priority for resource allocation. Important patterns to note, however, included that participants in the convenience sample ranked food accessibility, tobacco use, assault and violence, child neglect and abuse, sexual violence, and poverty in higher proportions than did those in the random sample. Additionally, those in the convenience sample ranked assault and violence as being among their top 10 issues.

FOCUS GROUPS

Focus groups were organized throughout Lake County, Indiana between August 2018 and October 2018. The goal of the focus groups was to understand the needs, assets, and potential resources in various communities and to strategize how the hospitals can partner with communities to build resiliency. These focus groups focused on gathering information from community members and local professionals who have direct knowledge and experience related to the health disparities in the region.

The focus groups were implemented in 90 to 120 minute sessions with an average of 8 to 10 participants at each. An internal handout and exit sheet was given to the participants. The handout consisted of infographics on adverse childhood experiences definitions and data, building community resiliency frameworks, and how they all play a vital strategy of achieving healthy and connected communities. The exit sheet consisted of questions that gathered information on the strengths, challenges and opportunities. The focus group information is described more in detail in Table 4.3.

Table 4.3: Lake County Focus Groups

Focus Groups Completed in Lake County		
Host Organization	**Location/Date**	**Key Themes**
Goodwill Excel Center Agencies that participated in this conversation were Healthy Start, Munster Parks & Recreation, The Intrepid Phoenix, Food Bank of NWI, AHEC Purdue Northwest, Purdue Extension, Indiana University Northwest, Girls on the Run, Hope Christian Church, Indiana Parenting Institute	Hammond, Indiana September 14, 2018	The most reoccurring themes included bringing awareness to resources that already exist in the community, the importance of bringing stakeholders to the table, connecting with schools and the justice system while developing implementation strategies. Some key action items taken from the focus group include being a part of the Community Resilience Coalition, stratifying community program assets and making further connections with existing programs.
Northwest Indiana Community Action Agencies that participated in this conversation were Nurse Family Partnership, Prenatal Assistance Program, NWI Community Action, Community Healthcare System, Methodist Hospital Covering Kids and Families, Crown Point School District, Purdue University Northwest.	Crown Point, Indiana September 19, 2018	Most participants strongly stated that the healthcare systems in Northwest Indiana embrace building a resiliency strategy. Most participants recognized that the Adverse Childhood Experience framework is not a new concept and how we all need to acknowledge the experts in this field. The most reoccurring themes included addressing cultural and racial disparities together; ways to better educate organizational staff on sensitivity training and ways to better engage with different cultures and backgrounds. Some key action items taken from this focus group include being a part of the Community Resilience Coalition, seeking community members in different areas to be part of coalition and stratifying community program assets.

Focus Groups Completed in Lake County		
Host Organization	**Location/Date**	**Key Themes**
Boys & Girls Club of Cedar Lake Participants included parents of children who utilize the club	Cedar Lake area October 4, 2018	The most challenges that parents face is where to go for trust resources. The most challenges that youth face is providing safer routes for activities. The most common themes included divorce, substance abuse, and mental illness. The communities' strengths include the Boys & Girls Club, involved teachers and churches.
Purdue University Northwest Those invited were the students of the Human Development and Family Studies department	Hammond area	Most participants strongly stated on what to provide to the "alas families" & those that are income constraint, that families lack of knowledge & education with different resources they are qualified for and there is no public transportation to get to & from local businesses, appointments, etc.
Alliance for a Healthier Indiana "State of our Health" Participants included state representatives and local healthcare professionals.	Ivy Tech Campus East Chicago, Indiana May 1, 2018	The goal was to raise awareness to factors contributing to Indiana's poor overall health and discuss how state, regional and local stakeholders can/are working to improve Hoosier health. The event brought together local leaders, healthcare providers, elected and public officials to share ideas to combat tobacco use, infant mortality, opioid abuse and obesity. It was agreed that it will take a concerted, collaborative effort on everyone's part to shape and reshape health habits in Northwest Indiana.

TOP HEALTH NEEDS, LAKE COUNTY 2019-2021

Determining the top health needs in a community is a difficult process. Many poor health outcomes, health disparities and poor social determinants of health weigh heavily on segments of our community. We also acknowledge that there are many strengths and positive growth that balance some of these challenges. Community Healthcare System determined the top health needs by reviewing secondary data and survey responses.

To assist with Implementation planning, the following were considered to prioritize health issues:

- Internal Capacity: To what degree does the specific Community Healthcare System hospital have the resources to meet this need?
- Community Acceptability: How acceptable is action or an intervention to the community? Are there community organizations that also want to engage in this?
- Sustainability: How sustainable are efforts after three years? Are there community partners or internal departments that can continue this work for six years?
- Long-Term Impact: How likely is it that an intervention can create long-term or permanent change in individuals, conditions or communities?

COMMUNITY HEALTHCARE SYSTEM®

COMMUNITY ASSETS

SECTION 5

While the health needs of this community are substantial, there are partners and assets that may offer services to address the needs in the community. This section outlines some of the organizations in the community. Readers should also review the services provided by Community Healthcare System in Section One of this document. The Reference section also lists community organizations that informed this report and provide services in the community.

COMMUNITY DESIGN

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities.

Individuals are considered to have access to exercise opportunities if they:

- reside in a census block that is within a half mile of a park, or
- reside in an urban census block that is within one mile of a recreational facility, or
- reside in a rural census block that is within three miles of a recreational facility.

The numerator is the number of individuals who live in census blocks meeting at least one of the above criteria. The denominator is the total county population. Parks included in the Access to Exercise Opportunities measure include local, state, and national parks. Recreational facilities included in the Access to Exercise Opportunities measure are businesses including gyms, community centers, YMCAs, dance studios and pools.

In Lake County, 91% of residents have access to exercise opportunities. The average in Indiana is 75%, with a range of 12 to 92%.

RECREATION AND FITNESS FACILITIES

Fitness and recreation centers are defined as "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports." In 2014, it was reported that there were 32 recreation and fitness facilities to service all of Lake County.

SOCIAL SERVICES

Social associations are an extensive and comprehensive measure representing social isolation and features of social capital; organizations included in this measure directly enable community interaction. This indicator, however, does not account for social support that individuals receive from less structure relationships and does not account for perceived support. Lake County has a rate of 10 per 10,000 number of membership associations.

SOCIAL & HEALTH SERVICES

According to IN.gov, the "Division of Family Resources (DFR) is responsible for establishing eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP - food assistance) and Temporary Assistance for Needy Families (TANF - cash assistance) benefits. The division also manages the timely and accurate delivery of SNAP and TANF benefits". The DFR also offers employment opportunities and professional development training for SNAP and TANF recipients in an effort to support families and promote self-efficacy.

SOCIAL SERVICES

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Table 5.0: Lake County Local DFR Offices

Lake County Local DFR Offices

Office	Address	Phone/Fax	Zip Codes
Gary Office	661 Broadway Gary, IN 46402-2407	1-800-403-0864	46401, 46402. 46403, 46404
Crown Point Office	1865 E. Summit Street Crown Point, IN 46307-2768	1-800-403-0864	46303, 46307, 46308, 46311. 46341, 46355, 46356, 46373, 46375, 46376,46377
East Chicago Office	3714 Main Street East Chicago, IN 46409-2709	1-800-403-0864	46312, 46319, 46322, 46394
Glen Park Office	110 W. Ridge Road Gary, IN 46409-2709	1-800-403-0864	46406, 46407, 46408, 46409
Hobart Office	1871 East 37th Avenue Hobart, IN 46342-2579	1-800-403-0864	6342, 46405, 46410, 46411
Hammond Office	5255 Hohman Avenue Hammond, IN 46320-1721	1-800-403-0864	46320, 46321, 46323, 46324, 46325, 46327

Source: IN.gov, Family and Social Services Administration

HEALTH SERVICES

Northwest Indiana Community Action (NWICA) "provides a network of support that empowers, educates, and improves the lives of people living with lower incomes". Please refer to the list below for a description of programs that NWICA offers to help Lake County families get through time of adversity:

- Utility Costs
- Home Weatherization
- Housing Choice Voucher Program
- Tax Preparation & Financial Literacy
- Family Development
- Individual Development Accounts
- Women, Infant, Children (WIC)

Local Clinic Address and Phones Numbers	Business Hours	Times
Crown Point WIC Program 1450 East Joliet Street, Suite 206 Crown Point, IN 46307-2714 (219) 663-9279 FAX (219) 663-0016	Mon	10:30 am -7 pm
	Tues thru Fri.	8 am -4:30 pm
East Chicago WIC Program 100 West Chicago Avenue, Suite 100B East Chicago, IN 46312-3206 (219) 397-4577 FAX (219) 391-7003	Mon, Tues, Thurs, & Fri	8 am -4:30 pm
	Wed	10:30 am -7 pm
Hammond WIC Program 5927 Columbia Avenue Hammond, IN 46320-2013 (219) 931-9527 FAX (219) 853-2375	Mon, Tue, Thurs, Fri	8 am - 4:30 pm
	Wed	10:30 am -7 pm
Lake Station 2490 Central Avenue, Suite 1 Lake Station, IN 46405-2124 (219) 962-4116 FAX (219) 963-2003	Mon, Tues, Thurs, & Fri	8 am - 4:30 pm
	Wed	10:30 - 7 pm
Merrillville WIC 6111 Harrison St. Suite 320 Merrillville, IN 46410 (219) 877-1038	Mon	10:30 - 7 pm
	Tues, Wed, Thurs, Fri	8 am - 4:30 pm
University Park 3229 Broadway Gary, IN 46408 (219) 239-2615	Mon	10:30 - 7 pm
	Tues, Wed, Thurs, Fri	8 am - 4:30 pm

Calumet Township Trustee 610 Connecticut Street Gary, In 46402 Phone – 219-880-4000	Mon thru Thurs	8 am - 6pm
Center Township Trustee 1450 East South Street Crown Point, IN 46307 Phone – 219-663-0250	Mon thru Thurs	8 am - 3 pm
	Fri	9 am - 12 pm
North Township Trustee 5947 Hohman Avenue Hammond, IN 46320 Phone – 219-932-2530 Fax – 219-937-4412	Mon thru Fri	8 am - 5 pm
Hessville Circle of Services 2835-165th Street Hammond, IN 46323 Phone – 219-803-0659	Mon thru Fri	8 am - 5 pm
East Chicago Office 2100 Broadway East Chicago, IN 46312 Phone – 219-398-2435 Fax – 219-397-2190	Mon thru Fri	8 am - 5 pm
Winfield Township Trustee 10645 Randolph St., Suite B Phone – 219-663-7027	Mon thru Th	9 am - 3 pm
	Fri	9 am - 12 pm
Ross Township Trustee 26 W 73rd Ave Merrillville, IN 46410 Phone – 219-769-2111 Fax – 219-769-7709	Mon thru Fri	8 am - 4 pm
St. Joseph Carmelite Home, residential home for teens, East Chicago 4840 Grasselli Ave East Chicago, IN 46312 Phone – 219-397-1085	Mon thru Fri	10 am - 2 pm
Boys and Girls Clubs of Greater Northwest Indiana – Administrative Office 3961 Willowcreek Road, Suite 200 Portage, IN 46368 Phone – 219-764-2582		

Boys and Girls Clubs Cedar Lake Location 13000 Fairbanks Cedar Lake, IN 46303 Phone - 219- 374–5306	Mon thru Fri	3 - 7 pm
Boys and Girls Clubs Chesterton Location 521 W. 1100 N. Chesterton, IN 46304 Phone – 219- 926-9770	Mon thru Fri	2:30-7 pm
	Summer Hours	1 - 5 pm
Boys and Girls Clubs East Chicago Location 2009 E. 138th Street East Chicago, IN 46312 Phone – 219- 398–1344	Mon thru Fri	3 - 7 pm
Boys and Girls Clubs Gary Location 2700 W. 19th Avenue Gary, IN 46404 Phone – 219 - 885–5501	Mon thru Fri	1:30 - 7 pm
Boy and Girls Clubs Hammond Location 5840 Calumet Avenue Hammond, IN 46320 Phone – 219 - 933-9820	Mon thru Fri	2:30 - 7 pm
Boys and Girls Clubs Lake Station Location 3350 Indiana Street Hobart, IN 46342 Phone – 219 - 963–9200	Mon thru Fri	2:30 - 7 pm
Boys and Girls Clubs Merrillville Location 1400 W. 61st Avenue Merrillville, IN 46410 Phone – 219- 980–0030	Mon thru Fri	2 - 7 pm
Boys and Girls Clubs Portage Location 5895 Evergreen Ave. Portage, IN 46368 Phone – 219- 762-4613	Mon thru Fri	2:30 - 7 pm
Boys and Girls Clubs South Haven Location 723 Long Run Road Valparaiso, IN 46385 Phone – 219 - 759-2565	Mon thru Fri	3 - 7 pm

Boys and Girls Clubs Valparaiso Location 354 W. Jefferson Valparaiso, IN 46383 Phone – 219 - 462-2182	Mon thru Fri	2:30 - 7 pm
Alzheimer's Association of Greater Indiana 8679 Connecticut St. Merrillville, IN 46410 Phone: 219-472-0855	Mon thru Fri	8:30 am - 5 pm
Catholic Charities East Chicago Location 3901 Fir Street East Chicago, IN 46312 Phone – 219-397-5803	Mon thru Fri	8:30 am - 4:30 pm
Catholic Charities Hammond Location 6919 Indianapolis Blvd. Hammond, IN 46324 Phone – 219-844-4883	Mon thru Fri	8:30 am - 4:30 pm
Catholic Charities Gary Location 940 Broadway Gary, IN 46402 Phone – 219-886-3549	Mon thru Fri	8:30 am - 4:30 pm
Catholic Charities Michigan City Location 321 W. 11th Street Michigan City, IN 46360 Phone – 219-879-9312	Mon thru Fri	8:30 am - 4:30 pm
Nazareth Home PO Box 3067 East Chicago, IN 46312 Phone – 219-616-6090	24/7 Intake	
Sojourner Truth, refuge for women, Gary 410 West 13th Ave. Gary, IN 46407 Phone – 219-885-2282	Mon thru Fri	8 am - 3:30 pm
Salvation Army Lake County Office 8225 Columbia Ave Munster, IN 46321 Phone – 219-838-0380	Mon thru Fri	8:30 am - 4 pm

Moms Taking Charge 100 W. Chicago Ave. East Chicago, In 46312 Phone – 219-354-8089	Mon thru Fri	10 am - 3 pm
Multicultural Wellness Network, East Chicago, Hammond and Gary Mailing Address PO Box 1556 Highland, IN 46322 Phone – 219-980-9504 Fax – 219-980-8566		
Nurse-Family Partnership 382 E. 84th Ave. Merrillville, IN 46410 Phone – 219-444-2000	Mon thru Fri	8:30 am - 5 pm
Lake Area United Way 221 W. Ridge Road Griffith, IN 46319 Phone – 219-923-2302		
Mental Health America of Northwest Indiana 5311 Hohman Ave. Hammond, IN 46807 Phone – 219-933-7733 219-937-7433	Mon thru Th	8:30 am - 5 pm
	Fri	8:30 am - 4:30 pm
Hammond Family YMCA 7322 Southeastern Ave. Hammond, IN 46324 Phone – 219-845-1507	Mon thru Fri	5 am - 10 pm
	Sat and Sun	7 am - 6 pm
Hobart YMCA 601 W. 40th Place Hobart, In 46342 Phone – 219-942-2183 Fax – 219-947-1195	Mon thru Fri	5 am - 9 pm
	Sat Sun	7 am - 5 pm 9 am - 5 pm
Portage YMCA 3100 Willowcreek Rd. Portage, IN 46368 Phone – 219-762-9622	Mon thru Fri	4 am - 9 pm
	Sat and Sun	6 am - 6 pm

Valparaiso YMCA 1201 Cumberland Crossing Drive Valparaiso, IN 46383 Phone – 219-462-4185	Mon thru Fri	5 am - 10 pm
	Sat Sun	7 am - 6 pm 12:30 - 6 pm
Whiting Family YMCA 1938 Clark St. Whiting, IN 46394	Mon thru Fri	5 am - 10 pm
	Sat Sun	7 am - 6 pm 12 - 6 pm

HEALTH DEPARTMENT

Indiana operates as a home rule state, meaning each county has a different public health infrastructure and resources in addition to the variations based on urban or rural status, population, and economic mix. Please refer to Table 5.1 below for information on public health infrastructure within Lake County.

Table 5.1: Lake County Local Health Department Information

Local Health Department	Health Officer Name	Address	City	Zip Code	Phone Number
East Chicago City Health Department	Gerri Browning	100 West Chicago Avenue, Suite 100A	East Chicago	46312	(219) 391-8467
Gary City Health Department	Roland Walker	1145 West 5th Avenue	Gary	46402	(219) 882-5565
Lake County Health Department	Susan Best	2900 West 93rd Avenue	Crown Point	46307	(219) 755-3655

Source: http://www.in.gov/isdh/24822.htm

LOCAL HEALTH DEPARTMENT SERVICES

East Chicago City Health Department services:

- Lead help
- Immunizations
- Preparedness
- Nursing
- Animal control
- Vital records
- Inspections

Gary City Health Department services:

- Health Care Clinic
- STD/HIV Clinic
- Immunization Clinic
- Environmental Sanitation
- Rodent and Mosquito Program
- Water Testing
- Maternal Child Care (MCH)
- Prenatal Substance Use Prevention Program (PSUPP)
- Tuberculosis Clinic
- Vital Records
- Childhood Lead Poisoning Prevention Program (CLPPP)

Lake County Health Department services:

- Inspections and Permits
- Immunizations
- Vital Records

HEALTH INSURANCE COVERAGE

Table 5.2: Lake County Insurance Profile

Indicator	Description	Source	Source	Indiana	Lake County
Healthcare Cost	Amount of price-adjusted Medicare reimbursements per enrollee.	Dartmouth Atlas of Health Care	2014	$9,709	$11,709
Other Primary Care Providers	Ratio of primary care providers other than physicians.	CMS, National Provider Identification	2016	1,543:1	1,814:1
Adults with Health Insurance	Percentage of adults ages 18-64 years that have any type of health insurance.	American Community Survey	2011-2015	87.1%	85.9%
Children with Health Insurance	Percentage of children ages 0-17 that have any type of insurance.	American Community Survey	2011-2015	93.3%	96.6%
Uninsured Adults	Percentage of adults under 65 years old without health insurance.	Small Area Health Insurance Estimates	2014	17%	18%
Uninsured Children	Percentage of children under 19 years old without health insurance.	Small Area Health Insurance Estimates	2014	7%	7%

MEDICARE ENROLLMENT

Table 5.3: Medicare Enrollment Dashboard – Lake County, 2016-2017

Year	Month	Original Medicare	Medicare Advantage & Other Health Plans	Total
2016	October	68,198	21,329	89,527
	November	68,372	21,334	89,706
	December	68,548	21,301	89,849
2017	January	65,743	24,104	89,847
	February	65,803	24,114	89,917
	March	65,901	24,121	90,022
	April	65,874	24,214	90,088
	May	65,927	24,256	90,183
	June	65,998	24,324	90,322
	July	66,003	24,516	90,519
	August	66,039	24,596	90,635
	September	66,081	24,667	90,748

ADDICTION SERVICES

PILLARS OF WELLNESS
9247 BROADWAY STE. BB
MERRILLVILLE, IN 46410

ROAD 2 RECOVERY COMMUNITY SERVICES, INC.
8892 LOUISIANA ST. STE. D-1
MERRILLVILLE, IN 46410

CARE COUNSELING SERVICES AND NEW BEGINNINGS COUNSELING, INC.
CARE COUNSELING SERVICES
793-2 JUNIPER RD.
VALPARAISO, IN 46385

CARE COUNSELING SERVICES AND NEW BEGINNINGS COUNSELING, INC.
NEW BEGINNINGS COUNSELING, INC.
793-1 JUNIPER RD.
VALPARAISO, IN 46385

REGIONAL MENTAL HEALTH CENTER
REGIONAL MENTAL HEALTH CENTER STRAWHUN CENTER
8555 TAFT ST.
MERRILLVILLE, IN 46410

THE RIGHT PATH FAMILY SERVICES
1205 LINCOLN HIGHWAY STE. 5
MERRILLVILLE, IN 46410

MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES
MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICE P.C.
7725 BROADWAY STE. A
MERRILLVILLE, IN 46410

INFINITY COUNSELING & WELLNESS CENTER LLC
4563 E. 85TH AVE.
MERRILLVILLE, IN 46410

CAPITOL CITY FAMILY AND EDUCATION SERVICES - CAPITOL CITY FAMILY EDUCATION SERVICES
6049 BROADWAY
MERRILLVILLE, IN 46410

THE CARING CORNER, LLC
THE CARING CORNER LLC
6111 HARRISON ST. STE. 222
MERRILLVILLE, IN 46410

A NEW BEGINNING COUNSELING CENTER
5490 BROADWAY STE. L11
MERRILLVILLE, IN 46410

NEW HORIZON, INC.
4795 BROADWAY
GARY, IN 46409

SIBIS COUNSELING CENTER, LLC
SIBIS COUNSELING CENTER LLC
3195 BROADWAY LOWER LEVEL
GARY, IN 46409

METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION - METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORTATION
1649 BROADWAY
GARY, IN 46407

DOCKSIDE SERVICES, LLC
DOCKSIDE SERVICES, INC.
9008 CLINE AVE.
HIGHLAND, IN 46322
(140.5 mi)

MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES - MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICE P.C.
9335 CALUMET AVE. STE. D
MUNSTER, IN 46321

NORTHWEST PSYCHOLOGICAL SERVICES, P.C.
716 SEBERGER DR.
MUNSTER, IN 46321

INTEGRATIVE COUNSELING SERVICES
740 RIVER DR.
HAMMOND, IN 46324

LAKESIDE BEHAVIORAL SOLUTIONS
5209 HOHMAN ST. STE. 121
HAMMOND, IN 46320

EARLY CHILDHOOD PROGRAMS

The early childhood programs offered in Lake County include Child Care Development Fund for low-income families, First Steps for children with developmental delays and grants for pre-kindergarten programs.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)

There are a few federally qualified health centers in Lake County. Those include Northshore, HealthLinc, Gary Community HealthNet and 219 Health Network.

COMMUNITY HEALTHCARE SYSTEM®

COMMUNITY ASSETS

SECTION 5.5

PORTER COUNTY

Community HEALTH NEEDS ASSESSMENT

COMMUNITY DESIGN

While the health needs of this community are substantial, there are partners and assets that may offer services to address the needs in the community. This section outlines some of the organizations in the community. Readers should also review the services provided by Community Healthcare System in Section One of this document. The Appendix section also lists community organizations that informed this report and provide services in the community.

ACCESS TO EXERCISE OPPORTUNITIES

According to County Health Rankings, in 2016, 82.8% of Porter County has adequate access to exercise opportunities, such as parks and recreations facilities.

PARKS & TRAILS

According to CDC, National Environmental Public Health Tracking Network, 38% of Porter County live within a half mile of a park.

FARMER'S MARKET DENSITY

A farmer's market is a retail outlet in which vendors sell agricultural products directly to customers. According to the USDA, Economic Research Service Food Environment Atlas, in 2016, there were 0.2 farmers markets per 1,000 population in Porter County.

SOCIAL ASSOCIATIONS:

This indicator is the number of membership associations per 10,000 population. According to County Business Partners, in 2014, 157 membership associations exist per 10,000 population in Porter County.

DIVISION OF FAMILY RESOURCES:

Porter County Division of Family Resources
2602 Chicago Street
Valparaiso, IN 46383

PORTER COUNTY PARKS

SUNSET HILL FARM PARK

Offers a variety of events and festivals, hiking trails, camps, field trips and fitness programs year round.
775 Merdian Road, Valparaiso, IN 46383

BRINCKA CROSS GARDENS

Contains four acres of landscaped gardens, which are surrounded by another 21 acres of pristine woodlands.
427 Furness Road Michigan City, IN 46360

BROOKDALE PARK

919 N 50 W Chesterton, IN 46304

DUNN'S BRIDGE

500 E (over Kankakee River) Kouts, IN 46347

HEALTH SERVICES

FREE AND REDUCED-FEE CLINICS

Free clinics serve the most vulnerable populations. These clinics can offer free services and discounted rates for medical and/or dental care to those that are uninsured or unable to cover the expense. Below is a list of some of the free and low cost clinics in Porter County.

FREE CLINIC DIRECTORY:

Healthlinc – Valparaiso/Hilltop
Location: Valparaiso, IN
Contact Phone: 219-462-7173
Services: Primary and preventive care, Physical examinations, Health and wellness education, Chronic diseases management, Obstetrics/gynecology, Breast and cervical cancer screenings, Well child checks, Immunization, Employment physicals, Laboratory work and x-rays

Healthlinc – Valparaiso/ Porter-Starke Services
Location: Valparaiso, IN - 46383-2505
Contact Phone: 219-462-7173
Services: Primary and preventive care, Physical examinations, Health and wellness education, Chronic diseases management, Obstetrics/gynecology, Breast and cervical cancer screenings, Well child checks, Immunization, Employment physicals, Laboratory work and x-rays

Hilltop Community Health Center, Inc.
Location: Valparaiso, IN - 48383
Contact Phone: 219-462-7173

North Shore Health Center
Location: Portage, IN - 46368
Contact Phone: (219) 763-8112
Remarks: Community Health Center

Scottsdale Health Center
Location: Portage, IN - 46368
Contact Phone: 219-764-5301
Services: Family Practice, Urgent Care, OB/GYN, Pediatrics, Presumptive Eligibility/ Prenatal Care Program, Dental, 3D/4D Ultrasound, Behavioral Health, Laboratory Services, Family Planning

Stacy McKay Health & Education Center
Location: Portage, IN - 46368
Contact Phone: 219-763-8112
Services: Family Practice, Urgent Care, OB/GYN, Pediatrics, Presumptive Eligibility/ Prenatal Care Program, Dental, 3D/4D Ultrasound, Behavioral Health, Laboratory Services, Family Planning

EARLY CHILDHOOD FACILITIES

Child care and early childhood services are crucial for working families and for the child's well-being. Table 5.5.0 illustrates the number of child care facilities by type (licensed child care center, licensed child care home, and registered child care ministry) in Porter County. In 2016, 767 children received childcare vouches. In 2015, 450 children were served by First Steps programming.

Table 5.5.0: Early Childhood Facilities by Type

Location	Child Care Facilities	Data Type	2016
Porter County	Licensed Center	Number	10
	Licensed Home	Number	29
	Registered Ministry	Number	8

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)

Federally Qualified Health Centers are community assets that provide health care to vulnerable populations. These locations receive extra funding from the federal government to promote access to ambulatory care areas designated as medically underserved. The following are current FQHCs in Porter County.

- Healthlinc – Valparaiso/Porter-Starke Services; Valparaiso, IN
- Stacy McKay Health & Education Center; Portage, IN
- Scottsdale Health Center; Portage, IN
- Healthlinc TJ Telehealth (Healthy Vikes Clinic); Valparaiso, IN

COMMUNITY HEALTHCARE SYSTEM®

CALL TO ACTION

SECTION 6

THE COMMUNITY HEALTH IMPROVEMENT PLAN

The purpose of the Community Health Improvement Plan (CHIP) is to link the data found in the CHNA to action. The federal regulation recommends that hospitals pay special attention to those in the community with significant health equity barriers and consult those same groups for acceptable interventions. Partnerships, sustainable change and working directly with neighborhoods are priorities. Guidance from a variety of sources also recommend addressing root cause of issues including structural injustices and social determinants of health.

COMMUNITY HEALTHCARE SYSTEM'S IMPLEMENTATION PLAN

Community Healthcare System commits to organizing resources and activities to assist in the effort to have healthier, happier families. Our communities have many organizations and partners with similar goals. We join various regional and statewide partners who provide guidance, partnerships and shared resources. These organizations include:

- Covering Kids and Families
- Indiana Department of Child Services
- Indiana University
- Prevent Child Abuse Indiana
- Purdue University

Develop Coalitions and Task Groups to Facilitate Community Partnerships

Community Healthcare System values its partnerships and looks forward to working with many community organizations.

Offer a Variety of Opportunities for People to Engage in Healing Strategies

Multiple researchers have found strategies to help adults heal from trauma and build health. Four areas are most common: physical activity, good nutrition, practicing mindfulness and building positive relationships. Reducing barriers to healthcare is equally as important. New programs will be developed as appropriate and existing programs expanded.

Provide Services for the Most Vulnerable

There are two populations that are of most concern in the community: new mothers and their babies as well as children without insurance. Indiana currently ranks in the low 40's for infant and maternal mortality rates. Research is still being conducted on common causes for maternal mortality.

In the areas served by Community Healthcare System in Lake and Porter Counties, infant mortality can often be attributed to smoking during and after pregnancy, unsafe sleep practices, congenital anomalies and accidents. Hospitals within Community Healthcare System have been working on various interventions.

COMMUNITY HOSPITAL
2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

OVERVIEW:
The hospitals of the Community Healthcare System – Community Hospital, St. Catherine Hospital and St. Mary Medical Center - conducted a Community Health Needs Assessment for 2019 with cooperation from all area not-for-profit hospitals. The purpose of this study was to gather quantitative and qualitative data to identify major health challenges in our communities. The full Community Health Needs Assessment can be found on the Community Healthcare System website.

The 2019 Implementation Plan builds on the progress and ever changing healthcare needs of the communities served by Community Hospital. It takes into account the findings of the 2013, 2016 and 2019 Community Health Needs Assessments that examines the challenges and opportunities for addressing health disparities and improving the quality of life for the residents we serve.

The Community Health Needs Assessment gathered quantitative and qualitative data to pinpoint major health challenges and set a baseline for improvement in our communities. While our community continues to lag in a number of important health measures, there were some improvements from the 2016 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 2019 Implementation Plan builds on these strategies and considers new ones to drive further improvements.

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

- Access to Health Services
- Cancer
- Chronic Kidney Disease
- Diabetes
- Family Planning
- Heart Disease & Stroke
- Injury & Violence Prevention
- Maternal, Infant & Child Health
- Mental Health & Mental Disorders
- Nutrition, Physical Activity & Weight
- Substance Abuse
- Tobacco Use
- Unemployment & Job Training

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

For Community Hospital, various programs and services are offered to make improvements in the health of our residents. One important entity is the hospital's medically-based fitness center, Fitness Pointe®. Fitness Pointe maintains two successful programs – a workplace wellness program and a school-aged fitness activities. The workplace wellness program, New Healthy Me, has positively impacted health behaviors of the hospital's employees. The school-age fitness activities, Fit Trip and Fitness Pointe Teen memberships, targets school-aged children and teens, allowing opportunities to learn the value exercise and healthy eating, while integrating it into their daily lives. Additionally, the Occupational Medicine Department has broadened its outreach to corporations and businesses across the service sector, as a way to bring healthcare services to the workplace in our communities.

Community Hospital expanded its outpatient services in both Munster and Schererville with a new Immediate Care center and Neuroscience/Sports Medicine center respectively. Along with the existing outpatient centers in St. John and Schererville, residents of south Lake County have increased access to healthcare, preventive screenings and health education.

Our Lung Care and Breast Care Navigators have continued collaboration with the American Cancer Society and cancer related organizations. These positions allowed us to increase lung cancer and breast cancer screening and education opportunities. The Care Navigators coordinate care for patients across disciplines and beyond hospital walls, ensuring access to needed services and medical care continues once patients leave the hospital. These efforts are contributing to improved disease management and mortality rates, specifically in the identified areas of cancer.

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

ADDRESSING COMMUNITY NEEDS

While the 2019 report shows some gains since 2016 CHNA, we are still below goals identified in the Healthy People 2020 initiatives. For that reason, our hospital will continue to focus on priority areas: Cancer, Diabetes, Heart Disease & Stroke, Nutrition & Weight Status and Maternal, Infant & Child Health. All of these areas have a common link to modifiable lifestyle risk factors, education and access to medical services. Key issues of concerns continue to focus on substance abuse as well as access to care. Other areas of concern include, diabetes, obesity, heart disease, health education and prevention. These areas align with the focus areas chosen. In targeting these areas for health improvement, the hospitals will seek to:

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

CANCER

The hospitals of Community Healthcare System have a robust array of services available for cancer patients and those who are at risk for cancer. Community Hospital has invested significantly in improving treatments, addressing survivorship and providing increased opportunities for free or low-cost screenings. As part of Community Healthcare System, Community Hospital offers discounted, low-dose CT screenings for qualified individuals who are at risk for lung cancer. Community Hospital also offers discounted 3D mammogram screenings during the months of May and October, and all three hospitals offer a High-Risk Breast Clinic for patients who may be genetically predisposed to breast cancer. Additionally, Community Hospital also cares for patients who are genetically at risk for certain cancers by offering a medical geneticist on staff who can provide testing and genetic counseling. Community Healthcare System supports a large cancer program with a separate research foundation focused on improving access to clinical trials for area residents as well as providing free support and mind-body services through its Cancer Resource Centre. The center brings together in one place the resources and support to help put patients with cancer on the path to healing. This includes support groups, mind-body-spirit classes and educational offerings help patients deal with the complexities of cancer treatment, and rise above the stresses and difficulties of the cancer journey. Finally, our hospital continues to routinely offer free or discounted screenings for colon cancer, skin cancer and many others during awareness campaigns and other public health events throughout the year.

Why: Cancer is underdiagnosed; early detection is necessary; there is poor disease management; and environmental and lifestyle factors in Community Hospital's service area make certain cancers prevalent in the population.

Long-Term Measurement: HP 2020 Cancer Death Rate for Adults: 161.4
Lake County's Cancer Age-Adjusted Death Rate: 176.1.
Change from 2016: The Cancer Death Rate for Lake County decreased from 186.5.

Hospital Program/Activity to address identified community health need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and reduce the infant death rate to correlate with the HP 2020 rate of 6.0. Increase the percentage of women who receive prenatal care in the first trimester.
Provide multiple screening opportunities to the public.	Increase the number of individuals receiving cancer screenings through appropriate community events at the hospital and at community health events as appropriate. Conduct annual campaigns, including community presentations and free or discounted screenings, to encourage screening for lung, breast, cervical, colon, skin, and prostate cancer, as appropriate. Offer regular screenings through physician offices as appropriate. Distribute cancer-related education and resources at community fairs throughout the year. Results are reported to individuals and, when appropriate, follow-up instructions are provided to patients with abnormal results.	Increase early detection of cancers and decrease mortality rate for cancer.
Educate the community on cancer awareness and support services available.	Offer public education, symposiums and health fairs on cancer-related topics. Explore partnerships with American Cancer Society and other outside organizations to offer cancer prevention and education programs.	Increase awareness of cancer risks, symptoms and early screening benefits. Decrease cancer mortality rate to HP 2020 goal of 161.4.

Provide resources for prevention, early detection and treatment of cancer	Provide low-dose CT scans of the lungs for high-risk individuals. Promote the High-Risk Breast Clinic for patients at high risk for breast cancer. Promote free or discounted colorectal screening kits during the annual Colorectal Cancer campaign each March. Conduct regular skin cancer screenings to promote early detection and treatment of that illness, along with information about the risks of sun exposure. Provide resources, information and physician referrals for patients at risk for prostate cancer.	Improve patient awareness of screening and early-detection cancer resources and screenings. Decrease mortality rates.
Advance the quality of life of cancer patients and cancer survivors through services and free programs that focus on their physical and mental well-being.	Educate the public about hospital programs and resources that help improve cancer patients' overall health and well-being. Offer programs through the Cancer Resource Centre that support and enhance the quality of life for cancer patients. Celebrate cancer survivorship through annual Cancer Survivors Day celebrations.	Provide education to cancer patients and survivors that promotes overall wellness and recovery from cancer.

DIABETES

In 2013, the prevalence of diabetes in Lake County was 12.2%. Meaning, 12.2% of the population, ages 18 or older, were medically diagnosed with diabetes. The percentage of men with diabetes was 12.5% and the percentage of women with diabetes was 12%. The overall prevalence of diabetes in Indiana was 10.2% in 2013 (Indiana Indicators, 2011-2013). In 2015, the diabetes mortality rate was 33.6 in Lake County and 26.8 in the state (Indiana Indicators, 2015).

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

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

The hospital's outpatient diabetes education programs are all accredited by the American Diabetes Association offering the most advanced, evidence based teaching methods and management of this disease. Since 2016, we have implemented increased education and support with an additional diabetes class focusing on nutrition and lifestyle choices. We offer a multi-disciplinary team of experts consisting of Registered Nurses, Pharmacists, Exercise Specialists, Registered Dietitians and the patient's personal physician overseeing the management of their diabetes. This team meets regularly to discuss the patient's plan of care and methods of education and treatment. This multi-disciplinary team conducts educational classes and provide individual counseling with outpatients. In addition the team also interacts with the patient during hospitalization. Inpatients are visited at their bedside to help them learn how to monitor blood-sugar levels, take their medications appropriately and meal plan.

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

Health Challenge: High Death Rates for Diabetes

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

Long-Term Measurement: Goal: HP 2020 Death Rate: 16.1. Lake County diabetes death rate: 33.6.

Change from 2016: Diabetes death rate in Lake County rose from 29.6 in 2016 to 33.6 in 2019.

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

Hospital Program/Activity to address identified community health need:	**Strategies to produce the following evidence or service delivery:**	**Key Objectives to impact changes in public health conditions and decrease mortality rate of adults with diabetes to HP 2020 rate of 16.1 in our service area:**
Increase the number of free Glucose/A1C Screenings and diabetic educator encounters.	Identify more adults at risk for diabetes and assist them in getting appropriate education or medical intervention.	Decrease the number of adults with high blood sugar. Decrease mortality rate of adults with diabetes to HP 2020 rate of 16.1.
Diabetes Health Fair for the Public	Offer an annual Diabetes public health fair in conjunction with the annual stroke fair. Increase awareness of signs/symptoms; identify health service resources for diabetes. Educate our communities on the link between diabetes & heart disease.	Increase the awareness of identifying, managing and preventing diabetes and how the risk of heart disease is increased in people with diabetes.
Diabetes Educator/Physician Partnership	Build relationships with physicians taking care of diabetes patients, especially primary care physicians and endocrinologists. All inpatient Diabetes patients should receive information on outpatient diabetes education program. Nutrition counseling and exercise programs are referred to patients with diabetes, and those at-risk. Diabetes educators distribute diabetes education information in physician office. Diabetes educators build personal relationships with physicians to ensure information and education is given out to appropriate patients.	Increase the communication between Diabetes Educators and physicians to provide best practice in Diabetes education and management.
Offer Pre-Diabetes Education	Encourage individuals at risk for type 2 diabetes to schedule training with a diabetes educator and or registered dietitian.	Decrease the rise of early onset of diabetes in our communities.
Medfit Program	Promote Medfit, a lifestyle program for individuals to reduce their risk of disease or manage their existing health conditions while under the supervision and guidance of degreed exercise professionals. This program helps reduce the risk of health conditions like obesity, hypertension, diabetes, heart disease, stroke, and some cancers.	Increase enrollment in the Medfit program to decrease the incidence of chronic conditions.

HEART DISEASE & STROKE

Heart Disease is still the leading cause of death in our community as well as the country and thus represents our community's number one health challenge. Community Hospital's service area but is still unfavorable compared to those of the state and the nation and are below the Healthy People 2020 goal. Closely related, our age-adjusted death rates for Stroke remain above state and national rates as well as above the Healthy People 2020 goal.

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

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

While the goal is preventative outreach, Community Hospital's cardiac and stroke care has achieved notable certification and accolades, such as achieving accreditation as a Comprehensive Stroke Center by the Joint Commission and the American Heart Association/Stroke Association. This initiative brings the highest level of stroke care to Northern Indiana, and supports the hospital's commitment to embrace best practices and improve the quality of care for patients with heart disease and stroke.

HEALTH CHALLENGE: HIGH HEART DISEASE & STROKE DEATH RATES

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

LONG-TERM MEASUREMENTS:

HEART DISEASE: The CDC Heart Disease Death Rate in Lake County for Adults 2017: 356. This rate is higher than both the National rate: 327, and statistically even with the Indiana State rate of 355.6. Stroke: Goal: HP 2020 Stroke Death Rate for Adults: 34. Community Hospital's service area (Lake County), CHNA Stroke Death Rate for Adults 2016: 43. Lake County's rate is still higher than the Indiana Stroke Death Rate for Adults in 2016 of 39.

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

Hospital Program/Activity to address identified community health need:	**Strategies to produce the following evidence or service delivery:**	**Key Objectives to impact changes in public health conditions and decrease mortality rate of adults with heart disease to HP 2020 rate of 152.7; Decrease mortality rate for Stroke to HP 2020 rate of 33.8 in our service area.**
Offer heart screening programs at a discounted rate.	Discounted blood lipid panel, blood pressure check and health assessments to detect heart disease at early stages are offered quarterly. Free blood profiles are offered at our Stroke Symposium and several community health fairs throughout the year. Results are reported to individuals and follow-up instructions are provided to those with abnormal results. Patients are referred to appropriate behavior modification programs.	Decrease blood lipids and risk of heart disease through behavior modification.
Public Blood Pressure Screening	Free blood pressure screenings are routinely offered at all appropriate community events. Expand program to community groups.	Increase the number of people getting medical interventions to manage high blood pressure.
Educate community on risk factors of heart disease, ways to decrease these factors and what to do when symptoms develop	Public education symposiums and health fairs on heart/vascular disease related topics are offered throughout the year at no cost. We expanded our Hearts of Hope campaign sponsored by Cardiovascular Research to include a physician presentation relevant to cardiac issues. Physician presentations throughout the year focusing on cardiac health. Continue to participate in American Heart Association and American Stroke Association sponsored events/fundraisers.	Raise awareness of heart disease risk factors and the importance of medical intervention when symptoms develop.

HeartFit Program	Prevention program for patients with risk factors for heart disease, who have not had a cardiac event. Case management approach to risk factor modification also with exercise	Decrease number of patients having cardiac events.
Peripheral Arterial Disease (PAD) Screenings	Monthly PAD screenings offered for a minimal fee, or reimbursed for eligible diagnoses. Annual free public PAD screening at all three hospitals. Cardiac Rehab offers a PAD rehabilitation program to lessen symptoms of PAD.	Increase the number of patients with PAD risk factors or symptoms into early medical intervention.
Provide home scales and tele-management program for heart failure (CHF) patients.	Provide education and support to heart failure patients after discharge from the hospital through follow up phone calls and use of scales to manage acute symptoms of heart failure prior to exacerbation and hospitalization. Partner with home health and Hartsfield Village to identify and better manage CHF patients before acute symptoms appear.	Decrease the number of heart failure readmissions.
Heart Failure Management Rehabilitation	Exercise program specific to heart failure patients that monitors vitals and includes education in a medically supervised setting. This program conditions patients to increase their exercise tolerance with the goal of progressing to Cardiac Rehab Phase III.	Increase overall health of heart failure patients.
Cardiopulmonary Rehabilitation	Exercise program for recovering heart disease patients that monitors vitals and includes education. The program conditions patients to a higher level of cardiac and pulmonary function. Many cardiac patients participate in the Mended Hearts support group for patients recovering from heart related procedures. These individuals also visit patients in the hospital before and after their procedure.	Improve overall health of patients with cardiac disease and decrease the risk for a future cardiac event.

Program for patients to receive costly heart and vascular medication	Target patients with no insurance, or poor insurance. Early identification of hospital in-patients needing medications upon discharge with the assistance of case management. Review current medications with physicians to determine if a more cost effective drug may be prescribed. Assess whether physician's office can provide a few days of sample medications.	Increase access to medications for heart and stroke patients.
Educate the community on risk factors of stroke, ways to decrease risk and what to do when stroke symptoms develop	Stroke Education Fair, Stroke Support Group and Stroke Symposium to educate the community about stroke risk factors, preventative strategies and the importance of seeking medical help when symptoms develop. Stroke team participates in community health fairs and public presentations. Stroke team works with local EMS to ensure appropriate pre-hospitalization teaching and protocols are followed.	Increase the awareness of stroke symptoms and the importance of medical intervention when symptoms develop. Decrease rate of stroke complications/deaths due to lack of awareness of risks or symptom or accessibility to resources.
Stroke Risk Assessments	Provide education and risk assessments on atrial fibrillation and cryptogenic stroke.	Increase awareness of the correlation between atrial fibrillation and embolic stroke. Increase the number of people screened to prevent embolic strokes due to atrial fibrillation.
Medfit Program	Promote Medfit, a lifestyle program for individuals to reduce their risk of disease or manage their existing health conditions while under the supervision and guidance of degreed exercise professionals. This program helps reduce the risk of health conditions like obesity, hypertension, diabetes, heart disease, stroke, and some cancers.	Increase enrollment in the Medfit program to decrease the incidence of chronic conditions.

NUTRITION & WEIGHT STATUS

Obesity is a major risk factor of diabetes and cardiovascular disease in general. According to the American Heart Association, people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present (2016). Major risk factors that people cannot control or change include age, sex and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

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

Diet and body weight are related to health status and changes here may lead to the greatest impact we can make on the health of our community. Individuals will need to have the knowledge and skills to make healthier choices and those healthier options need to be both available and affordable. Healthier food and beverage choices such as meatless options, salad bar, infused water and smoothies are offered in the hospital cafeteria to help visitors acquire a taste for healthier food and drink offerings. Education and assistance on food choices and diet management for hospital inpatients are facilitated by our hospitality and nutrition staff.

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

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

HEALTH CHALLENGE: NUTRITION & WEIGHT STATUS

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

LONG-TERM MEASUREMENT: HP 2020 Obesity Rate for Adults: 30.6 / Children: 14.6
Lake County's Obesity Rates for Adults: 34/Children: Not measured

CHANGE FROM 2016: The Obesity Rate for Adults in Lake County improved slightly from 35.5 (2016) to 34 (2017).

Hospital Program/Activity to address identified community health need:	**Strategies to produce the following evidence or service delivery:**	**Key Objectives to impact changes in public health conditions and reduce the rate of obesity among adults to HP2020 rate of 30.6 / for children: 14.6 in our service area.**
Free exercise consultation for obese children referred to nutritional counseling	Target the child and the family in discussions about increasing physical activity.	Increase physical activity in children and families for greater success in weight loss.

Fit Trip Program	Sponsor 2-hour educational fitness field trip for children in grades K-2. Students rotate through various healthy habits stations including cardiovascular, muscle strengthening, relaxation and nutrition.	Educate and support children in healthy eating and exercise habits to increase the percentage of children who practice healthy habits.
Teen Fit Program	Provide a supportive environment for teens to adopt good exercise habits.	Increase physical activity in teens.
Host Farmer's Market	Weekly seasonal Farmer's Market is offered in the St. John Outpatient Centre parking lot to provide a place for the community to obtain fresh fruits and vegetables.	Support healthy eating
Public Education on Healthy Eating	Offer healthy cooking demonstrations for the public. Offer healthy weight loss seminars through Healthy 4 Life program.	Educate and support healthy eating. Increase outpatient nutrition counseling and physician awareness of these services. Increase the percentage of adults who adopt healthy eating habits and weight management activities into their lifestyles.
Weight Management	Offer medically-supervised opportunities through education about specific dietary and lifestyle challenges encountered by overweight individuals; Provide a variety of educational opportunities to increase engagement and participation through the Healthy 4 Life program.	Increase healthy behaviors and choices among overweight individuals.
New Healthy Me	Employee wellness program offered to all CHS employees. Program is offered to local business and industries. Continue to expand	Increase healthy behaviors in the workplace and community
Medfit Program	Promote Medfit, a lifestyle program for individuals to reduce their risk of disease or manage their existing health conditions while under the supervision and guidance of degreed exercise professionals. This program helps reduce the risk of health conditions like obesity, hypertension, diabetes, heart disease, stroke, and some cancers.	Increase enrollment in the Medfit program to decrease the incidence of chronic conditions.

MATERNAL, INFANT & CHILD HEALTH

Since 2011, the number of live births in Lake County has decreased by 4.41% and the number of babies born with low birth weight in Lake County has decreased by 15.61. The number of babies born before 37 weeks gestation in Lake County has decreased by 25% since 2011. It is likely that any significant decrease in negative measures of natality or infant health outcomes can be attributed to by the increase in access, availability and affordability of prenatal assistance programs in Lake County.

Compared to the entire state, Lake County has higher rates in all four measure of mortality. Lake County ranks 71 out of 92 for Length of Life measures which include premature death.

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

Community Hospital made significant advancements toward providing a higher level of care to for mothers and babies across Northwest Indiana. Expectant mothers facing high-risk or complicated pregnancies can now access a specialized level of care at Community Hospital through their Maternal-Fetal Partnership with the University of Chicago Medicine. In 2018, Community Hospital was designated a Certified Perinatal Center by the Joint Commission, becoming one of only a handful in the state of Indiana, and the only Certified Perinatal Center in Northwest Indiana. Both programs significantly improve access to advanced care that will help reduce the incidence of infant mortality in our service areas.

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

The Birthing Centers at all three hospitals introduced HALO SleepSack for newborn babies years ago, and have each earned National Gold Safe Sleep Certification by Cribs for Kids. At Community Hospital, new moms receive a free SleepSack to take home, along with a free car seat. Community Hospital has certified lactation consultants to encourage moms to breast feed their babies. Community continued a Breastfeeding Peer Counselor Program to assist and support mothers with newborns in the Neonatal Intensive Care Unit (NICU) who are often pump dependent. All Peer Counselors are mothers who had babies in the NICU so they understand the challenges these moms face. By coming together, the hospitals share information on their own interventions and clinical practices and examine evidence-based programs that affect maternal, infant and child health.

HEALTH CHALLENGE: INFANT MORTALITY & LOW BIRTH WEIGHT

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

LONG-TERM MEASUREMENT: HP 2020 Infant Death Rate: 6.0 (6 deaths per 1,000 live births)
Lake County's CHNA Infant Death Rate: 8.4

CHANGE FROM 2016: The Lake County Infant Death Rate improved from 8.4 (2016 report) to 7.3 (2019 report), but is still above the HP 2020 goal, as well as the state and national rates.

Hospital Program/Activity to address identified community health need:	**Strategies to produce the following evidence or service delivery:**	**Key Objectives to impact changes in public health conditions and reduce the infant death rate to correlate with the HP 2020 rate of 6.0.** **Increase the percentage of women who receive prenatal care in the first trimmester.**
Health Fairs/Access to Prenatal Care	With offerings such as pregnancy testing to financial information, provide outreach opportunities to identify resources to help women enroll in insurance programs and get access to prenatal care earlier. Include information on our website on the importance of prenatal care during the first trimester and resources available**.** Numerous free prenatal education classes/support are offered, including prepared childbirth classes, resources for teen parents, baby-care, breastfeeding classes, as well as grandparents' classes. Providers located throughout Lake County to provide care to all expectant mothers. We have a full-time 24/7 laborist program to see every expectant patient greater than 20 weeks gestation who presents for treatment.	Enroll women in insurance programs and increase access to proper prenatal care earlier in their pregnancy.
Prevention of Elective Early C-sections	Ensure mothers have information and support they need to prevent elective C-sections prior to 39-weeks. All Community Healthcare System have adopted this goal to ensure unborn babies have optimal time to grow and develop in-utero prior to birth.	Zero elective C-Sections before 39 weeks gestation for optimal in-utero growth and development.
SUIDS Education Programs	Continue to communicate the message about the preventable risks for SUIDS – sleeping on back, bare crib and alone within our community. Expand outreach to communities most as risk.	Improve family knowledge and understanding of how to prevent infant deaths.

Safe Sleep Program	Community outreach program that includes retail stores to reach more families with education about proper sleep practices for baby. Our Safe Sleep champion is in discussions with retail stores about selling products not considered safe. Screening in hospital to determine if patients have cribs, and if not, generate referrals for a free one. Model safe practices with the use of the Halo sleep sack and give every parent a free one upon discharge. Promote education of nursing staff on safe sleep practices through education by Safe to Sleep Champion. Education is extended to nursing staff in physician office as well.	Increase the number of parents who provide safe sleeping environments for their newborns. Decrease the amount of unsafe sleeping items available in retail stores such as crib bumpers. Reduce the number of infants placed in adult beds for sleeping.
Car Safety Seat Program	Promote car safety for infants. All newborns receive a car seat. All infants less than 5 lbs. or less than 37 weeks receive a Car Seat Challenge Test. Car beds are given to infants who fail the Car Seat Challenge Test.	Protect every infant with a car seat to keep them safe.
Expanded Neonatal Program	The transport program enables hospitals without neonatal units to send newborns to Community Hospital, the area's only 24/7 program staffed by neonatologists. Transport teams include specialized nurses, advance providers and respiratory therapists who respond upon request. The NICU follow up clinic provides new families with newborns having pulmonary, gastro-intestinal or neurologic conditions opportunities for additional education, support and developmental milestone testing. Continue to offer the annual NICU reunion to promote to the community the positive outcome of delivering at Community Hospital vs. Chicago for high risk infants. Infant CPR instruction is provided to all high risk families and caregivers prior to discharge.	Provide a higher level of neonatal care in the community and at a lower cost than transporting newborns to Chicago hospitals.

Lactation Services	Distribute breastfeeding information to physician offices to be given out during 2nd trimester. Early breastfeeding within 30 minutes after delivery. Skin to skin contact for first hour of life. Promote breastfeeding, rooming in for newborn and provide assistance for new moms. Provide meal tickets to mothers that are provided expressed mild for their newborns in the Neonatal Intensive Care Unit, pre and post-discharge. Promote breastfeeding classes and support with free lactation counseling pre and post-delivery to support new moms. This includes discharge phone calls, support group, and lactation support follow up clinic. Provide a free lactation "drop-in" clinic for nursing mothers with newborns in the NICU. Lactation Support group is also offered. Breast pump loaning program for new moms who may otherwise not afford a breast pump. In conjunction with the NWI Breastfeeding Coalition, provide leadership and support for breastfeeding mothers in establishing designated "lactation stations" in the workplace and public areas.	Optimal growth, development and health of newborns. Increase the number of women who breastfeed their newborns. Encourage good nutrition for breastfeeding mothers, including those with newborns in the NICU.
Behavioral Health	Provide information and resources from CHS Behavioral Health programs to women in need of services due to addictions or depression. Partner with community organizations to provide post-partum depression support groups. Provide dedicated social workers who can assist in identifying mothers and/or families with needed services.	Reduce the risk of premature deaths, low birth weights and unhealthy births due to addictions and depression.

COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

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

Community Hospital Service Areas:

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

Many of these areas are being addressed by the hospitals of the Community Healthcare System as well as by other community organizations. For example, one of the three hospitals in the Community Healthcare System has a behavior health program and has expanded its outpatient services to improve access to mental health services and offers a dedicated unit for older adult mental health patients.

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

ST. CATHERINE HOSPITAL
2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

OVERVIEW:
The hospitals of the Community Healthcare System – Community Hospital, St. Catherine Hospital and St. Mary Medical Center - conducted a Community Health Needs Assessment in 2019 with cooperation from area not-for-profit hospitals. The purpose of this study was to gather quantitative and qualitative data to identify major health challenges in our communities. The full Community Health Needs Assessment can be found on the Community Healthcare System website.

The 2019 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 the 2013, 2016 and 2019 Community Health Needs Assessments that examines the challenges and opportunities for addressing health disparities and improving the quality of life for the residents we serve.

The Community Health Needs Assessment gathered quantitative and qualitative data to pinpoint major health challenges and set a roadmap for improvement in our communities. While our community continues to lag in key health measures, there were noted improvements from the 2016 study.

Efforts to improve access to care, engage patients in meaningful discussions about lifestyle choices and increase preventative screening opportunities are having a positive impact on the health of the community.
The 2019 Implementation Plan builds on these strategies and considers new ones to drive further improvements.

Areas of Opportunity in the St. Catherine Hospital Service Area

St. Catherine Hospital is a 211-bed, acute care hospital serving a diverse community in East Chicago and surrounding cities that include Hammond, Whiting and portions of Gary. The hospital, which also operates outpatient centers in Hammond, Highland and East Chicago, offers numerous free community outreach programs, special events, preventative screenings and support groups that aim to help to improve health, wellness and quality of life in Northwest Indiana.

The following issues were identified as areas of opportunity in the St. Catherine Hospital Service Area:

- Cancer
- Diabetes
- Heart disease and stroke
- Injury and violence prevention
- Maternal, infant and child health
- Mental health and dementia, including Alzheimer's disease
- Nutrition, physical activity and weight (obesity)
- Tobacco use and substance abuse

The following issues were also identified as opportunities to have a positive effect on the health of the community:

- Access to health services
- Arthritis, osteoporosis and back conditions
- Family planning
- Immunization and infectious disease
- Oral health
- Unemployment and job training

With these areas of opportunity identified, St. Catherine Hospital will draw upon the expertise of employed physician groups, staff and affiliations within Northwest Indiana while working in tandem with Community Healthcare System.

St. Catherine Hospital has established important alliances with the business community, government leaders, schools and community-based organizations to create a network of accessible health programs across its service area.

Collaboration with churches in East Chicago and Hammond, and not-for-profit groups, has helped to broaden and strengthen the hospitals' outreach to the public for preventive health screenings and education.

Since 2016, the following initiatives have been put into place to attain Healthy People 2020 objectives:

FEDERALLY QUALIFIED HEALTH CENTERS

One significant inroad to improve access to quality medical care for Northwest Indiana residents without health insurance or limited insurance plans and/or income has included efforts to strengthen relationships and strong partnerships with Federally Qualified Health Centers, from HealthLinc and Northshore Health Centers to the new 219 Health Network, Inc.

Focusing on the uninsured or underinsured population is important to St. Catherine Hospital for these reasons:

- The hospital is situated in medically underserved area with a population designed by Health Resources and Services Administration as having too few primary care providers, high infant mortality, high poverty or a high elderly population (2017)
- Lake County's poverty rate (2016) was 16.6%, higher than the state, and 8.7% of households in Lake County do not have a vehicle, compared to 7% in the state (2011-2015)
- Adults age 18 to 64 with no insurance coverage for healthcare expenses fell to 16 percent in 2016, down from 17.7 percent in 2013. However, in the St. Catherine Hospital communities, 25.4 percent said they could not afford health insurance in 2016.

CARDIOVASCULAR DISEASE PREVENTION CENTER

The Cardiovascular Disease Prevention Center was a "safety net" initiative launched by the hospital in November 2017 to help residents learn if they are at risk for cardiovascular issues, stroke or diabetes. The free program is administered through a series of community based events and an off-site facility operated by St. Catherine Hospital in Hammond. The off-site center houses cardiology and primary care providers.

The free CVP risk assessment has found to be beneficial to the public. Fifty percent of the more than 200 residents who sought the free risk assessments over a one-year period through community events and the CVP center had no primary care doctor or cardiologist and 27.5% were in need of further testing, treatment or intervention.

The program interfaces with the Center for Diabetes, which has advanced certification for inpatient diabetes care from The Joint Commission, the L.I.V.E. program for early detection of peripheral arterial disease (PAD) and the Chest Pain Center.

OCCUPATIONAL HEALTH
Occupational Health of Community Healthcare System has broadened its outreach across the three hospital's service areas to global corporations and businesses, as a way to bring healthcare services to the workplace in our communities. Over the three year period, health fairs and talks by Occupational Health and St. Catherine Hospital staff provided important health information and screening opportunities to workers in the industrial sectors of Gary, Hammond and East Chicago.

OUTPATIENT SERVICES/COMMUNITY WELLNESS
St. Catherine Hospital staff promotes healthier lifestyles through free preventive screenings, educational sessions, health fairs and physician lectures in the community. Topics include stroke, heart disease, diabetes, mental wellness and women's health.

The hospital's community outreach staff provides sports medicine and wellness support to local YMCAs, recreation centers and parks. Another important entity is The Wellness Center, a medically-based fitness center at St. Catherine Hospital, which offers a gym and exercise classes to patients and, for low-cost, to the public. The Well Walkers Club and the workplace wellness program, New Healthy Me, has positively impacted health behaviors of local residents and employees in businesses across Northwest Indiana.

Additionally, St. Catherine Hospital sponsors a monthly half-hour radio talk show on WJOB-1230AM, Hammond, focusing on health topics, new treatments and services, patient testimonials, upcoming health-related events and wellness initiatives by the hospital and Community Healthcare System. The show streams on Facebook and can be viewed on Roku TV. Spanish radio talk show programs and PSAs also air on WLTH-1370AM, Gary, on health topics that range from diabetes and cardiovascular disease prevention to mental health.

ADDRESSING COMMUNITY NEEDS
The 2016 Community Health Needs Assessment showed some gains since 2013 and demonstrated that progress to achieve goals identified in the Healthy People (HP) 2020 initiatives continues to be met.

For that reason, our hospital will continue to focus on following priority areas to achieve HP 2020 goals:

- Cancer
- Diabetes, Heart Disease and Stroke
- Nutrition, Exercise and Obesity
- Maternal, Infant & Child Health
- Mental Health

Because we believe the strides, relationships and collaborative efforts that have coalesced since 2013 have a common link to modifiable lifestyle risk factors, education and access to medical servicers – and more importantly, that programs and initiatives put in place are showing measured gains – St. Catherine Hospital will seek to:

- Develop partnerships and collaborations for outreach screenings and wellness programs in the community with a focus on exercise, cardiovascular disease and diabetes prevention, diet and nutrition, maternal and infant health, mental health and cancer care close to home
- Expand best practice efforts and healthcare services through the primary care setting, in particular, with our employed physicians group
- Increase access to affordable quality medical care to a diverse, bilingual population at-risk for multiple coexisting chronic diseases
- Expand collaboration with schools, government entities and colleges in East Chicago, Hammond and Whiting on healthcare career pathways for disadvantaged youth
- Leverage our resources to provide services by partnering with other community groups and seeking grant funding
- Expand telemedicine opportunities to improve patient outcomes and enhance access to primary care

CANCER

The hospitals of Community Healthcare System have a robust array of services available for cancer patients and those who are at risk for cancer. St. Catherine Hospital has invested significantly in improving treatments, addressing survivorship and providing increased opportunities for free or low-cost screenings.

In 2019, St. Catherine Hospital broke ground to expand its cancer care services. It's new Cancer Center, with CyberKnife® and Infusion Suites overlooking a Healing Garden will open by early-2020.

As part of Community Healthcare System, St. Catherine Hospital offers discounted, low-dose CT screenings for qualified individuals who are at risk for lung cancer. St. Catherine Hospital also offers discounted 3D mammogram screenings during the months of May and October, and has been the recipient of consecutive $20,000 grants through the state to provide free breast cancer screenings to low-income residents of Lake County. In 2019, the hospital received a $5,000 grant from Laini Fluellen Charities for free mammography screening, diagnostics and breast procedures for qualifying patients, including African-American and Hispanic women who are most at risk for developing triple-negative breast cancer.

All three hospitals offer a High-Risk Breast Clinic for patients who may be genetically predisposed to breast cancer. Additionally, St. Catherine Hospital also cares for patients who are genetically at risk for certain cancers by offering a medical geneticist on staff who can provide testing and genetic counseling.

Community Healthcare System supports a large cancer program with a separate research foundation focused on improving access to clinical trials for area residents as well as providing free support and mind-body services through its Cancer Resource Centre. The center brings together in one place the resources and support to help put patients with cancer on the path to healing. This includes support groups, mind-body-spirit classes and educational offerings help patients deal with the complexities of cancer treatment, and rise above the stresses and difficulties of the cancer journey. Finally, our hospitals continue to routinely offer free or discounted screenings for colon cancer, skin cancer and many others during awareness campaigns and other public health events throughout the year.

Why: Cancer is underdiagnosed; early detection is necessary; there is poor disease management; and environmental and lifestyle factors in St. Catherine Hospital's service area make certain cancers prevalent in the population.

Long-Term Measurement: HP 2020 Cancer Death Rate for Adults: 161.4
Lake County's Cancer Age-Adjusted Death Rate: 176.1.
Change from 2016: The Cancer Death Rate for Lake County decreased from 186.5.

Hospital Program/Activity to address identified community health need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and reduce the infant death rate to correlate with the HP 2020 rate of 6.0. Increase the percentage of women who receive prenatal care in the first trimester.
Provide multiple screening opportunities to the public.	Increase the number of individuals receiving cancer screenings through appropriate community events at the hospital and at community health events as appropriate. Conduct annual campaigns, including community presentations and free or discounted screenings, to encourage screening for lung, breast, cervical, colon, skin, and prostate cancer, as appropriate. Offer regular screenings through physician offices as appropriate. Distribute cancer-related education and resources at community fairs throughout the year. Results are reported to individuals and, when appropriate, follow-up instructions are provided to patients with abnormal results.	Increase early detection of cancers and decrease mortality rate for cancer.
Educate the community on cancer awareness and support services available.	Offer public education, symposiums and health fairs on cancer-related topics. Explore partnerships with American Cancer Society and other outside organizations to offer cancer prevention and education programs.	Increase awareness of cancer risks, symptoms and early screening benefits. Decrease cancer mortality rate to HP 2020 goal of 161.4.

Provide resources for prevention, early detection and treatment of cancer	Provide low-dose CT scans of the lungs for high-risk individuals. Promote the High-Risk Breast Clinic for patients at high risk for breast cancer. Promote free or discounted colorectal screening kits during the annual Colorectal Cancer campaign each March. Conduct regular skin cancer screenings to promote early detection and treatment of that illness, along with information about the risks of sun exposure. Provide resources, information and physician referrals for patients at risk for prostate cancer.	Improve patient awareness of screening and early-detection cancer resources and screenings. Decrease mortality rates.
Advance the quality of life of cancer patients and cancer survivors through services and free programs that focus on their physical and mental well-being.	Educate the public about hospital programs and resources that help improve cancer patients' overall health and well-being. Offer programs through the Cancer Resource Centre that support and enhance the quality of life for cancer patients. Celebrate cancer survivorship through annual Cancer Survivors Day celebrations.	Provide education to cancer patients and survivors that promotes overall wellness and recovery from cancer.

HEALTH CHALLENGE: DIABETES
Background: Diabetes continues to be a major challenge in our community and the nation. There is ongoing 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 is underdiagnosed. It 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.

LONG-TERM MEASUREMENT: The Healthy People 2020 Diabetes Death-Rate* Goal: 16.1 in Lake County (revised down from 19.6 in the 2013 CHNA). The Diabetes Death Rate in St. Catherine Hospital's service area was 30.4 in 2013. It was 29.6 in 2016 and 33.6 in 2019.
**Death Rate is Age-adjusted deaths per 100,000 population.*

ACTION PLAN:
To address Diabetes in our community, the hospital's Center for Diabetes has engaged in a rigorous advanced certification site review process in 2016 with The Joint Commission to achieve a Gold Seal of Approval for its Inpatient Diabetes Care program. The designation, retained in a 2018 recertification, recognizes dedication to compliance with national standards for healthcare quality and safety in disease-specific care.

It sets St. Catherine Hospital up as a premium care facility for diabetes prevention and treatment in the Northwest Indiana region and the nation. The hospital also has long been accredited its outpatient diabetes education programs by the American Diabetes Association.

The Diabetes Care Model is multi-pronged: It includes uniform standards to test, diagnose, treat and follow a patient with early onset diabetes or Type 2 diabetes. Every patient 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 has enabled 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 through the hospital's Outpatient Retail Pharmacy.

Free education classes are offered to patients and the public in the bilingual Center for Diabetes on topics that range from treatment and self-management to dietary adjustments for patients, their families, and the community.

In addition to its Inpatient Care Model, the hospital has expanded its focus in the community.
Diabetes champions participate in health screenings and seek opportunities to expand outreach to schools and youth to help modify exercise and unhealthy eating behaviors at an early age. Success with a sports-related sponsorship, the Northwest Indiana Oilmen baseball team in Whiting in 2016, which included an opportunity to host a Diabetes Day event, helped fund diabetes awareness and drive additional education initiatives with other community-based organizations through 2019.

Since then, St. Catherine Hospital has partnered with an NFL pro-football celebrity to host an annual youth football camp with a "Health Zone" staffed by hospital personnel offering booths, physician presentations and activities on topics that include nutritional eating, hands-on CPR training and wellness tips to modify behaviors to curb sugar intake and junk food diets at an early age.

St. Catherine Hospital's Cardiovascular Disease Prevention Center is another community-based approach to identify more adults at risk for diabetes. The "safety net" program, launched in late-2017, in an off-site facility and free assessments at community centers, has increased the number of free glucose/A1C assessments and diabetic educator encounters.

A bilingual diabetes champion is on the team that conducts the free assessments and offers consultation to residents who are found to be at risk for cardiovascular disease issues, diabetes or stroke.

Occupational Health brought the "New Healthy Me!" program to employers. It 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 designed to help detect early-onset diabetes. It prompts New Healthy Me! clients to 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 can serve to reduce at-risk populations of gestational diabetes, heart attack and stroke.

Hospital Program/Activity to address identified community health need:	**Strategies to produce the following evidence or service delivery:**	**Key Objectives to impact change in public health conditions and decrease mortality rate of adults with diabetes to HP 2020 rate of 16.1 in our service area:**
Glucose Screenings	Continue to identify more adults and modify the behaviors of youth at-risk for diabetes. Deploy bilingual teams to screenings and assessments in service areas with a significant population base with Hispanic speaking and English as Second Language residents.	Increase awareness of diabetes.
Diabetes Health Fairs	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.
Diabetes Education and Access to Care	Provide free education and information to adults, and offer free sessions for their family members, and youth to help manage their disease. Host bilingual classes or screening opportunities at additional locations, such as churches, community centers and libraries. Branch into schools, sports-related venues and youth centers to teach at-risk children good health, nutrition and exercise habits to reduce their pre-disposition for diabetes and obesity.	Grow and expand on relationships with organization and at-risk individuals before the onset of diabetes and for successful self-management of diabetes. Decrease diabetes complications and deaths related to poor self-management of diabetes.

Diabetes Educators & Diabetes Nurse Champions/ Physician Partnerships	Build on the Advanced Certification criteria for the Inpatient Diabetes Care model setting uniform diagnosis and treatment protocols for patients; and bedside/ongoing counseling to teach diabetes patients on an inpatient and outpatient basis how to manage their disease. All inpatient diabetes patients provide information and instruction on the outpatient services for free education programs at the Center for Diabetes in the hospital. Nutrition counseling and exercise programs are referred to patients with diabetes, and those at-risk.	Continue to strengthen communication of best-practices among the diabetes educators and nurse champions for Inpatient Diabetes Care and the hospital's Center for Diabetes. Create pathways for low-income or unemployed patients to have access to costly medicine and test-strips.
Community Awareness Campaigns	Offer diabetes education and community awareness campaigns and assessments in workplace and public venues. Grow opportunities for Cardiovascular Disease Prevention Center assessments. Improve access to a primary care providers for Diabetes education, diagnosis and management for residents of all means, including those who are uninsured or underinsured. Continue to 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.	Increase early-detection of residents at risk for diabetes. Decrease risk of early-onset diabetes in the population we serve.

HEALTH CHALLENGE: NUTRITION & WEIGHT STATUS
BACKGROUND: Obesity was one of four health priorities in the 2016 Community Health Needs Assessment for Lake County where adult obesity rates are higher than those in the state and nation.

Obesity is a leading cause in the United States of morbidity, disability, healthcare utilization and healthcare costs. Obesity affects more than one-third of the adult population, and unhealthy diet and exercise habits has been an overriding reason.

Not enough servings of fruits and vegetables, lack of physical activity, long distances to grocery stores and environmental pollutants in a heavily industrialized setting were other reasons given for obesity and health issues in the St. Catherine Hospital service area. Area residents also indicated major reasons for not controlling their weight were wrong food choices, unhealthy generational eating habits and stress.

LONG-TERM MEASUREMENT: The Healthy People 2020 Obesity Rate for Adults is 30.6. For children: 14.6. St. Catherine Hospital's Obesity Rate for Adults in 2015 rose to 41.3, up from 35.2 in 2013. The Lake County CHNA Obesity Rate for Adults was 35.5 in 2016 and 34 in 2017. Children were not measured.

ACTION PLAN:
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.
The child obesity rate was not identified, but there is ongoing understanding that it is important to continue to focus on nutritional education, wellness activities and curriculums to adopt good eating and exercise habits to combat adult obesity.

Hospital staff has modified its offerings in the cafeteria to offer healthier food and beverage options including meatless entrees, salads, infused water and smoothies. Hospital inpatients are educated by hospitality and nutrition staff to provide education and assistance on food choices and diet management. Nutrition counseling can also be obtained with a physician referral.

St. Catherine Hospital in 2017 began to offer Healthy4Life education seminars for the public to provide opportunities for obese overweight individuals to seek assistance in weight loss or refer them to bariatric professionals for surgery at our affiliate hospitals. Across Community Healthcare System, a CRM digital advertising initiative, "Over It," was launched in 2019 to facilitate access to this program.

Additionally, St. Catherine Hospital expanded its free Well Walker's program to broaden exercise options to residents across north Lake County and offer educational programs on healthy eating. In an effort to broaden weight management strategies and reach youth, educational opportunities were conducted at local events, schools and Health Fairs.

The hospital has been a sponsoring partner of the Kawann Short Youth Stem + Football Camp annually since 2016 for youth across Northwest Indiana. The camp features a Health Zone with health-related activities, physician talks and training sessions for kids and parents, hands-only compression dummy CPR training. Topics include proper hydration, the impact of junk food diets, sugar drinks, safe athletic gear and the importance of sleep.

To address access to healthy food and lead contamination in some sectors of the service area, St. Catherine Hospital staff developed partnerships with schools, parks and not-for-profit agencies to host a "Nutrition Series," for residents on healthy eating consumer trends, such as: "How to Grow Herbs," "How to Build a Container Garden," and "Tips to Reduce Sodium in Your Diet."

The "Nutrition Series" will continue to serve as a springboard for culinary and garden programs with youth and adults, utilizing local schools, colleges and the nearby Washington Park facility and Greenhouse with edible plants.

In 2019, the hospital staff took an active role in a citywide effort to plant trees across East Chicago to clean the air and produce edible fruit and nuts in areas lacking close access to grocery stores. Cooking demonstrations and garden tours are woven into community outreach programs with schools and parks focusing on Nutrition and Weight Status.

Continued education and promotion of obesity as a complex condition is expected to help destigmatize the disease, encourage youth and adults to explore weight loss option and healthy eating habits, among those who may not otherwise have done so.

Hospital Program/Activity to address identified community need:	**Strategies to produce the following evidence or service delivery:**	**Key Objectives to impact changes in public health conditions and reduce the rate of obesity among adults to HP 2020 rate of 30.6 for adults and 14.6 for children in our service area:**
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 and exercise lessons to help residents develop strategies to avoid overeating.	Address underlying causes of poor eating habits through education and support to increase the percentage of children and adults who practice healthy habits. Host mental health and nutritional health events with Behavioral Health personnel, Nutrition counselors and Fitness instructors for greater success in weight loss.
Public Education	Healthy cooking demonstrations for the public, healthy weight loss seminars with dieticians and food coaches in the county.	Increase outpatient nutrition counseling and physician awareness of such services

Community Awareness Campaigns	Sponsor events that offer Health Zone type activities or information booths/flyers for children and teens and parents. In the Health Zone, youth rotate through stations that include exercise, yoga, nutrition and cooking demonstrations. Partner with schools and parks on integrated health & wellness activities in curriculum.	Education and support children in healthy eating and exercise habits
New Healthy Me!	Continue expansion of employee wellness program to local businesses and industry	Increase healthy behaviors in the workplace and the community
Weight Management	Create a weight management program for physicians to replicate in outpatient centers. Continue public access to the Wellness Center for medically-supervised exercise. Provide a variety of educational opportunities and digital platform messaging to increase engagement and participation through the Healthy4Life program. Continue to partner with Occupational Health staff on programming that encourages weight management programs in the workplace. Work with FQHCs such as 219 Health Network, Northshore and HealthLinc on strategies to drive awareness to weight management treatment, exercise and weight loss programs.	Offer medically-supervised opportunities to help patients fight obesity. Help reduce health insurance rates for businesses, and pare the risk for diabetes, cardiovascular disease and stroke. Increase healthy behaviors and choices among overweight and obese individuals.

HEALTH CHALLENGE: HEART DISEASE & STROKE
BACKGROUND: Heart disease is still the leading cause of death in our community and the nation. St. Catherine Hospital's service area has seen a slight improvement in age-adjusted death rates from diseases of the heart, but it still is unfavorable compared to the Healthy People 2020 goal. Age-related Stroke increased slightly in 2016 from 2013, and again in 2019, and also remains above the Healthy People 2020 goal.

Heart Disease and Stroke are among the most preventable of all, and likewise with Diabetes, remain among the best opportunities for improving the health of our community. The risk of developing and dying from cardiovascular disease or stroke would be greatly reduced with improvements in physical activity and diet, smoking cessation, preventive screenings and programs to control high blood pressure, cholesterol and stress.

LONG-TERM MEASUREMENTS:
HEART DISEASE: The CDC Heart Disease Death Rate in Lake County for Adults (2014-2016): 356.6 This rate is higher than the national rate – 327 – and statistically even with the Indiana rate: 355.6.
The Healthy People 2020 Heart Disease Death Rate* Goal for Adults: 152.7. St. Catherine Hospital's Heart Disease Death Rate for Adults was 228.7 in 2013 and 186.9 in 2016.
STROKE: The Healthy People 2020 Stroke Death Rate* Goal: 34. The CHNA Stroke Death Rate in the hospital's service area was 42.9 in 2013 and 43.4 in 2016.
**Death Rate is Age-adjusted deaths per 100,000 population.*

ACTION PLAN: St. Catherine Hospital, recognizing a strong need to continue efforts to curb incidents of heart attack, cardiovascular disease and stroke, elevated offerings of free screenings to the public and outreach activities across the community.

Numerous hospital departments including staff from Cardiac Rehabilitation, Cath Lab, Diabetes Center, Chest Pain Center and Stroke Team are active with cardiovascular and stroke patient populations to offer screenings, education and support in the community.

These increased events have improved awareness, and is believed to be having an impact on the reduction in the Healthy People 2020 measures.

Four initiatives, put into place since 2016 to reduce the heart disease and stroke death rates, will be components of the 2019 CHNA implementation plan. They are:

- Cardiovascular Disease Prevention Center free assessments at hospital-sanctioned events and community centers and walk-in appointment to a free-standing clinic in the hospital's service area to help adults learn their risk for developing heart disease and related conditions

The American Heart Association assessments -- A1C-Glucose (history of diabetes), ABI-Leg circulation test, blood pressure, body mass index, cholesterol; random glucose and waist circumference – include a consultation on risk and recommended next-steps with a bilingual Nurse Practitioner or Registered Nurse.

- RehabTracker app technology for patients who have had a debilitating stroke. The app works like a Fitbit to track a patients' rehabilitation, help improve recovery time and speed their return home. The app can be shared, so loved ones can monitor and help in the recovery process.

Additionally, Occupational Health expanded its community outreach and strengthened alliances with employers in Lake County – from schools, government agencies, industrial facilities, casinos and transit companies – to host training seminars, health fairs and activities to inspire workers to embrace healthy eating habits, manage stress and exercise. Cardiac Rehabilitation staff manages the Wellness Center for low-cost use of the gym and its exercise programs, including the SilverSneakers ® program for seniors.

An annual Heart Wellness Week is held in February featuring presentations by cardiologists and support staff, screenings and tours. The hospital also participates in a Stroke Symposium with Community Hospital.

While the goal is preventative outreach, St. Catherine Hospital's cardiac and stroke care has achieved notable certification and accolades, such as: Accreditation by the Society of Chest Pain Centers for Cardiovascular Care; Women's Choice Award for Best Hospitals in America for Heart Care, 2017 and 2018; The Joint Commission accreditation as a Primary Stroke Center; Advanced Certification for Disease Management of Stroke; CARF International Accreditation: Inpatient Rehabilitation Program (Adults); and Stroke Specialty Program (Adults); American Heart Association's Get With The Guidelines® Gold Plus and Target Stroke Elite Award 2017 and 2018.

These 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/Activity to address identified community need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and decrease mortality rate of adults with heart disease to HP 2020 rate of 33.8 in our service area:
Screening Programs	Provide blood lipid panel, blood pressure check and health assessments to detect heart disease at early stages. Refer patients to appropriate behavior modification programs. Increase awareness of FQHCs in the service area for early-detection and intervention for residents who are uninsured or underinsured.	Decrease blood lipids and risk of heart disease through behavior modification.
Public Blood Pressure Screenings	Offer blood pressure screenings at St. Catherine Hospital's Cardiac Rehab Department Wellness Center; and from February through November, monthly blood pressure screenings at public libraries in East Chicago and Whiting to educate and manage risk of heart disease and heart failure.	Increase the number of people getting medical interventions to manage high blood pressure.
Community Outreach & Education	Expand public education symposiums, such as Cardiac Rehab Week and Heart Wellness Day; offer information session on heart/vascular disease related topics. Expand the Cardiovascular Disease Prevention Center screening and "safety net" program for early detection of cardiovascular disease and stroke prevention across the service area. Provide continued education to youth and adults on signs of cardiac arrest/stroke. Offer hands-on CPR training to youth and adults,.	Raise awareness of heart disease risk factors and the importance medical intervention when symptoms develop. Layer program with educational opportunity to modify behavior, exercise and reduce stress to decrease number of patients having cardiac events or stroke. Teach basic life-saving steps to youths and adults, if they encounter individuals who exhibit symptoms of cardiac arrest or stroke.

Peripheral Arterial Disease (LIVE) and Cardiovascular Disease & Stroke Prevention Screenings	Offer PAD screenings, now known as Limb Ischemia Vascular Excellence (LIVE) screenings, if needed, in tandem with the CVP program.	Increase screenings to educate residents on their risk factor for cardiovascular disease/stroke for behavior/diet modification and early medical intervention. Decrease mortality from major cardiac arrest and/or stroke.
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. Expand exercise and walking programs through the Wellness Center and Well Walker's Club in the service area in indoor and outdoor locations.	Increase health of heart failure patients. Cardiac Rehab Wellness Center is open to the public to offer fitness routines and counseling on diet, exercise and lifestyle changes. Increase awareness of FQHCs in the service area for early-detection and intervention.
Program for patients to receive costly heart and vascular medication	Reach 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. Increase awareness of FQHCs in the service area for early-detection and intervention.

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. Stroke team works with Community Hospital, a Comprehensive Stroke Center, and local EMS to ensure appropriate pre-hospitalization teaching and protocols are followed. Host mental health seminars on the Mind | Body connection to reduce stress, triggers of disease.	Increase awareness of stroke symptoms and medical intervention.

HEALTH CHALLENGE: INFANT MORTALITY

BACKGROUND: All three of the hospitals have collaborated on ways to lower the Infant Mortality rate, a key measure of the health of our region. Consensus was reached to leverage resources and build upon new and existing partnerships to support community-based strategies to keep our children safe before their first birthday.

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. Our community's infant death rate and percentage of low birth-weight births have improved somewhat since 2016, but still fall short of state and national averages as well as Healthy People 2020 goals.

Between 2011 and 2013, Lake County reported that 42 percent of infant deaths were deemed preventable.

LONG-TERM MEASUREMENT: The Healthy People 2020 Infant Death Rate* is 6.0. (6 deaths per 1,000 live births) The Lake County's CHNA Infant Death Rate worsened from 8.2 (2013 report) to 8.4 (2016 report), but improved to 7.3 (2015), and is above the HP 2020 goal.

ACTION PLAN:
Increased efforts by The Family Birthing Centers at all three hospitals to educate parents on safe sleep practices and provide referrals to cribs will continue to be a key focus of our efforts to reduce infant mortality, low birth-weight births and Sudden Infant Deaths.

In the 2016 Community Healthy Needs Assessment plan, the Family Birthing Centers noted that all three hospitals came together to share information on their own interventions, clinical practices and evidence-based programs that impact the root causes of Maternal and Infant & Child Health.

Their work with a broad coalition of stakeholders has brought on improvements to the healthcare system's perinatal care and built an enhanced network of support systems for women and children.

An important component of this issue has been to provide improved access to prenatal healthcare, promote and facilitate breastfeeding among new mothers and educate the community on the risk factors for Sudden Unidentified Infant Deaths (SUIDS).

The Birthing Centers at all three hospitals introduced HALO SleepSack for newborn babies years ago. At St. Catherine Hospital, new moms have been getting a free SleepSack to take home, along with a free car seat.

St. Catherine Hospital offered lactation certification training in 2017 and 2018 to staff in the Birthing Center with counselors to encourage moms to breastfeed their babies. In 2019, staff opened an on-demand Lactation Clinic and began offering Breastfeeding Classes to expectant and new moms.

Outreach to FQHCs to offer Labor Basics classes with Family Birthing Center tours in 2019 has helped to establish better pathways to prenatal care for expectant moms, obstetricians and Birthing Center facilities.

The hospital donated office space and information table exhibit opportunities in 2017 and 2018 to Nurse-Family Partnership of Lake County for its program to teach first-time, at-risk expectant moms motherhood skills through weekly visits until the baby is two-years-old.

The Family Birthing Center at St. Catherine Hospital has also been a site for distribution of Infant Sleep Bundles by Mental Health America of Northwest Indiana. The Sleep Bundles, modeled after Baby Boxes, contain diapers and other baby supplies and were funded through a Safety PIN (Protecting Indiana's Newborns) grant MHA received from the state of Indiana to reduce the rate of infant deaths in the Region.

Work is continuing to acquire a Safe Haven Baby Box in the service area to legally let a person give up an unwanted infant in a safe environment.

Hospital Program/Activity to address identified community need:	**Strategies to produce the following evidence or service delivery:**	**Key Objectives to impact changes to in public health conditions and reduce the infant death rate to correlate with the HP 2020 rate of 6.0 in our service area:**
Health Fairs/Access to Prenatal Care	Offerings to help new, often-young and low-income moms get the support they need to get prenatal care in the first and subsequent trimesters, and ease them into a successful relationship with their baby. Strengthen relationships with schools and agencies offering prenatal and postpartum support to new and at-risk moms. Increase access to Keeping Baby Safe and Healthy presentations.	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.
Safe 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. Continue to partner with nursing programs, college and university initiatives that help provide babies with a safe sleeping environment. Continue work with agencies to offer Baby Showers in outreach settings that include retail stores to reach more families with education about proper sleep practices for babies. Establish a Safe Baby Box within the service area.	Provide families with the knowledge they need to prevent Sudden Infant Deaths, and SUIDs. Provide an alternative to Infant Mortality for mothers/parents who seek to abandon their baby. Improve family/parent knowledge and understanding of how to prevent infant deaths.
Lactation Services	Promote breastfeeding on demand with a certified lactation consulting program in The Family Birthing Center, and heighten community awareness to the benefits of breast-feeding.	Optimal growth, development and health of newborns.

Access to Prenatal & Postpartum Care	Generate community awareness to the Nurse-Family Partnership, local FQHCs, OB-GYN and mental health providers serving those who lack insurance, are under insured or have socioeconomic circumstances that limit access to care.	Optimal prenatal care and full-term counseling to first-time, low income or at-risk moms.
Behavioral Health Services	Provide information and resources from Community Healthcare System's Behavioral Health programs to women in need of prenatal and postpartum mental health services, additions or depression.	Reduce the risk of premature deaths, low birth weights and unhealthy births due to addictions and depression.
Car Safety Seat	Continue car seat safety program for infants.	Parents who cannot afford a car seat can travel with their child.

HEALTH CHALLENGE: MENTAL WELLNESS

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

According to County Health Rankings, Lake County adults surveyed in 2015 reported that their mental health was not good: Over a 30-day period they experienced stress, depression and problems with emotion 4.1 days.

Mental distress, left untreated, can lead to suicide. Suicide, one of the most preventable causes of death, continues to have a major impact on overall health in the state of Indiana.

LONG-TERM MEASUREMENT: The Healthy People 2020 Suicide Death Goal:* 10.0. The Lake County CHNA Suicide Death Goal: 14.4, (2015) which is significantly higher than the state, 13.2.
*Suicide Mortality is represented by the number of deaths per 100,000 people.

ACTION PLAN:
Behavioral Health Services (BHS) of Community Healthcare System, housed at St. Catherine Hospital, operates Adult and Older Adult inpatient treatment units for acute care. BHS also manages an Intensive Outpatient Program in the hospital for transitional care after hospitalization and for individuals who do not require hospitalization, but are in need of comprehensive Group Therapy.

Behavioral Health Services offers a contemporary approach to psychiatric care in a hospital setting for individuals with anxiety disorders, obsessive compulsive disorder, depression, suicidal tendencies or thoughts, bipolar disorder, post-traumatic stress disorder, schizophrenia and treatment-resistant psychiatric disorders. The goal is to accelerate recovery and prepare patients to transition back into the community through a healing environment and evidence-based psychotherapy.

Inpatient services include treatment by board-certified psychiatrists, medication management, nursing and therapy services, discharge planning, assistance with emergency orders of detention and coordination of follow-up care.

Behavioral Health Services is evolving its inpatient care units and IOP program into an integrated primary care model serving all three hospitals. Inpatient treatment therapies include ketamine infusion and Electroconvulsive Therapy (ECT).

BHS staff, recognizing mental illness has a strong mind/body connection, has been involved with community outreach to help break the stigma of mental illness with residents, patients and loved ones who deal with the aging process, chronic illness, stress and disease.

The 2016 CHNA survey also found that 76% of those who were polled said their physicians spoke with them about lifestyle changes that could improve their health and 56% percent had a conversation with them about risk factors for chronic disease. But only 37% of the physicians discussed their mental health and its connection to overall health.

Additionally, Behavioral Health Services has cultivated relationships with FQHCs in the region, such as 219 Health Network, to offer a means for at-risk and underserved population to receive mental health services and addiction treatment.

Hospital Program/Activity to address identified community need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes to in public health conditions and reduce the suicide rate to correlate with the HP 2020 rate of 10.0 in our service area:
Health Fairs, Presentations and Guest Appearances.	Community programs on relevant topics, such as aging and depression, coping with Attention Deficit Disorder and Stress Management. Host annual Symposiums on topics that break the stigma of mental illness and open communication paths between the public and psychiatric/mental health providers. Participate in mental health awareness events, such as Out of the Darkness Suicide Prevention Walk and Break the Silence suicide vigils.	Elevate the conversation on the mind-body connection to break down social myths about mental illness and behavioral health treatment. Inform the public about mental health treatment options for chronically ill patients and individuals with acute mental illness.
Integrated Primary Care	Integrate nurse practitioners in mental health within primary care settings, including FQHCs 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.
Mental wellness outreach programs and education opportunities	Continue to broaden mental health services within the healthcare system footprint. Cultivate relationships with mental health providers outside Community Healthcare System, such as the Alzheimer's Association and National Alliance on Mental Health.	Provide a higher level of education about care options on an inpatient and outpatient basis across the Community Healthcare System.
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.	Raise the level of understanding that patients dealing with obesity, hypertension, diabetes, cancer and other chronic conditions may benefit from mental health services and holistic coping techniques, such as mindful meditation.

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
- 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 and not-for-profit organizations.

For example, all hospitals within Community Healthcare System support a large cancer program with a separate research foundation focused on improving access to clinical trials for area resides, along with free support and mind-body services through its Cancer Resource Centre. All hospitals provide routine low-cost and free screening programs for a variety of cancers, such as skin, breast and lung cancers.

All three hospitals offer quality care close to home with the latest technologies, including robotic surgery, 3-D Mammography imaging and no-weight-limit chairs.

As the hospital focuses on lifestyle, education, prevention and access to care issues, it also is cultivating deeper relationships with organizations offering solutions to improve access to care and reduce readmissions after hospitalization.

St. Catherine Hospital, through collaboration with Lake Area United Way and its CharityTracker program, has helped identify ways to meet the needs of patients and their families.

Research shows many social factors – transportation hardship, unaffordable housing and lack of healthy food – can be the root causes of chronic illness. As the population ages, and more individuals are classified as “high risk” patients, we know that poor diet, lack of activity and social service safety nets force some to ignore the warning signs of chronic disease and make poor choices about their health.

Because St. Catherine Hospital serves a disproportionate number of uninsured or underinsured residents with serious health and socio-economic challenges, partnering with United Way on its CharityTracker program helps our healthcare team better understand the socioeconomic factors that may be contributing to recurring illness, visits to the Emergency Department and readmissions for inpatient care.

The United Way CharityTracker program tracks social service providers, food banks, utilities and government assistance programs to help individuals facing homeless, addiction, unemployment, etc., get help to eliminate stressors and achieve wellness.

As our hospital focuses on lifestyle, education, prevention and access to care issues surrounding our four focused areas, multi-faceted programs that reach people at work, schools, soup kitchens and their communities will help solve barriers to health.

Complex problems and barriers to improve the health across Northwest Indiana will best-be-solved through efficient communication, solid partnerships, focused strategies and collaboration.

ST. MARY MEDICAL CENTER
2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

OVERVIEW:
The hospitals of the Community Healthcare System – Community Hospital, St. Catherine Hospital and St. Mary Medical Center - conducted a Community Health Needs Assessment for 2019 with cooperation from all area not-for-profit hospitals. The purpose of this study was to gather quantitative and qualitative data to identify major health challenges in our communities. The full Community Health Needs Assessment can be found on the Community Healthcare System website.

The 2019 Implementation Plan builds on the progress and ever-changing healthcare needs of the communities served by St. Mary Medical Center. It takes into account the findings of the 2013, 2016 and 2019 Community Health Needs Assessments that examine the challenges and opportunities for addressing health disparities and improving the quality of life for residents.

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 was progress made since the 2016 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 2019 Implementation Plan builds on these strategies and considers new ones to drive further improvements.

The following issues were identified as areas of opportunity in the St. Mary Medical Center Service Area:

- Access to Health Services
- Cancer
- Chronic Kidney Disease
- Diabetes
- Family Planning
- Heart Disease & Stroke
- Injury & Violence Prevention
- Maternal, Infant & Child Health
- Mental Health & Mental Disorders
- Nutrition, Physical Activity & Weight
- Substance Abuse
- Tobacco Use
- Unemployment & Job Training

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

For St. Mary Medical Center, various programs and services are offered to make improvements in the health of residents. Community education and expanded access points for care through community partnerships have been specific emphases for the hospital, which serves as a Health and Wellness Partner with the Valparaiso Family YMCA and the Portage Township YMCA. These successful collaborations include on-site placement of a wellness nurse at each facility to conduct routine health checks and discuss health information with members and visitors.

At the Valparaiso Family YMCA, St. Mary Medical Center has also established a Physical Therapy Clinic. The hospital regularly participates in health fairs and sponsors community talks on diabetes, heart health, cancer, nutrition and other health topics at both locations. St. Mary Medical Center also maintains an informal relationship with the Hobart YMCA, providing blood pressure and other screenings and wellness information on a regular basis.

St. Mary Medical Center has also established Health and Wellness Partnerships with the Valparaiso Community Schools and the City of Valparaiso. The partnership provides those organizations' employees and covered dependents with a range of Immediate Care services at two local care centers including the South Valpo Immediate Care, which opened in 2018 to serve residents living near the city's US 30 corridor. Other recently added locations include South Valpo Family Practice, South Valpo Physical Therapy and an Occupational Medicine clinical location, also all on US 30. These locations, along with existing sites including the Valparaiso Health Center in Valparaiso, the Willowcreek Health Center in Portage, the Portage Health Centers I and II and the Hobart Brickie Clinic have expanded access to care providers, services, screenings and education for residents and businesses in St. Mary Medical Center's Porter County service area.

St. Mary Medical Center's Lung and Breast Care Navigators have continued collaboration with the American Cancer Society and cancer-related organizations. These positions have allowed the hospital to increase lung cancer and breast cancer screening and education opportunities. The Care Navigators coordinate continuum of services for patients across disciplines and beyond hospital walls, ensuring access to needed medical care and resources continues once patients leave the hospital. These efforts are contributing to improved disease management and mortality rates, specifically in the identified areas of cancer.

Management of chronic heart and pulmonary diseases and maintenance of quality of life is another area of focus for St. Mary Medical Center. The CHF/COPD Clinic provides patients with congestive heart failure and/or chronic obstructive pulmonary disease with outpatient access to testing, education and treatment that can help patients manage their symptoms safely at home. A related program, Community Paramedicine, provides home visits by a paramedic for patients CHF/COPD patients recently discharged from the hospital. The paramedic is able to check weight, blood pressure and vitals, perform medication and home safety checks and ensure patients are following their prescribed regimens.

St. Mary Medical Center staff promotes healthier lifestyles through free preventative screenings, educational sessions, health fairs and physician lectures in the community. Topics include stroke, heart and venous disease, diabetes, cancer and women's health.

ADDRESSING COMMUNITY NEEDS

While the 2019 report shows some gains since 2016 CHNA, we are still below goals identified in the Healthy People 2020 initiatives. For that reason, St. Mary Medical Center will continue to focus on priority areas: Cancer, Diabetes, Heart Disease & Stroke, Nutrition & Weight Status and Maternal, Infant & Child Health. All of these areas have a common link to modifiable lifestyle risk factors, education and access to medical services. Key issues of concern continue to focus on substance abuse as well as access to care. In targeting these five areas for health improvement, the hospitals will seek to:

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

CANCER

The hospitals of Community Healthcare System have a robust array of services available for cancer patients and those who are at risk for cancer. St. Mary Medical Center has invested significantly in improving treatments, addressing survivorship and providing increased opportunities for free or low-cost screenings. The installation of the Biograph® mCT imaging system (PETCT) in 2017 provides a faster and more comfortable imaging experience for patients undergoing cancer diagnostic procedures. As part of Community Healthcare System, the hospital offers discounted, low-dose CT screenings for qualified individuals who are at risk for lung cancer. St. Mary Medical Center also offers discounted 3D mammogram screenings during the months of May and October, and all three hospitals offer a High-Risk Breast Clinic for patients who may be genetically predisposed to breast cancer. Additionally, as part of Community Healthcare System, St. Mary Medical Center is able to refer patients who are genetically at risk for certain cancers to a geneticist for testing and genetic counseling. Community Healthcare System supports a large cancer program with a separate research foundation focused on improving access to clinical trials for area residents as well as providing free support and mind-body services through its Cancer Resource Centre. Our hospital continues to offer free screenings for colon cancer, skin cancer and cervical cancer during annual awareness campaigns.

WHY: Cancer is underdiagnosed; early detection is necessary; there is poor disease management; and environmental and lifestyle factors in St. Mary Medical Center's service area make certain cancers prevalent in the population.

LONG-TERM MEASUREMENT: HP 2020 Cancer Death Rate for Adults: 161.4
Lake County's Cancer Age-Adjusted Death Rate: 176.1. Porter County's Cancer Age-Adjusted Death Rate: 172.7. (Indiana Indicators, 2015)

CHANGE FROM 2016: The Cancer Death Rate for Lake County decreased from 186.5 and from 174.4 in Porter County.

Hospital Program/Activity to address identified community health need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and reduce the infant death rate to correlate with the HP 2020 rate of 6.0. Increase the percentage of women who receive prenatal care in the first trimester.
Provide multiple screening opportunities to the public.	Increase the number of individuals receiving cancer screenings through appropriate community events at our hospital, at our partner YMCAs, and at community health events as appropriate. Conduct annual campaigns, including community presentations and free or discounted screenings, to encourage screening for lung, breast, cervical, colon, skin, and prostate cancer, as appropriate. Offer regular screenings through physician offices as appropriate. Distribute cancer-related education and resources at community fairs throughout the year. Results are reported to individuals and, when appropriate, follow-up instructions are provided to patients with abnormal results.	Increase early detection of cancers and decrease mortality rate for cancer.
Educate the community on cancer awareness and support services available.	Offer public education, symposiums and health fairs on cancer-related topics. Explore partnerships with American Cancer Society and other outside organizations, such as LIVESTRONG, to offer cancer prevention and education programs.	Increase awareness of cancer risks, symptoms and early screening benefits. Decrease cancer mortality rate to HP 2020 goal of 161.4.

Provide resources for prevention, early detection and treatment of cancer	Provide low-dose CT scans of the lungs for high-risk individuals. Promote the High-Risk Breast Clinic for patients at high risk for breast cancer. Distribute free colorectal screening kits during the annual Colorectal Cancer campaign each March. Conduct regular skin cancer screenings to promote early detection and treatment of that illness, along with information about the risks of sun exposure. Provide resources, information and physician referrals for patients at risk for prostate cancer.	Improve patient awareness of screening and early-detection cancer resources and screenings. Decrease mortality rates.
Advance the quality of life of cancer patients and cancer survivors through services and free programs that focus on their physical and mental well-being.	Educate the public about hospital programs and resources that help improve cancer patients' overall health and well-being. These include Oncology Rehabilitation Therapy for patients who are in cancer treatment or have completed treatment, as well as the Cancer Transitions program, for patients who are now cancer-free. Programs that celebrate cancer survivorship include Cancer Survivorship Series and Cancer Survivors Day.	Provide education to cancer patients and survivors that promotes overall wellness and recovery from cancer.

DIABETES

In 2013, the prevalence of diabetes in Lake County was 12.2%. Meaning, 12.2% of the population, ages 18 or older, were medically diagnosed with diabetes. The percentage of men with diabetes was 12.5% and the percentage of women with diabetes was 12%. The overall prevalence of diabetes in Indiana was 10.2% in 2013 (Indiana Indicators, 2011-2013). In 2015, the diabetes mortality rate was 33.6 in Lake County and 26.8 in the state (Indiana Indicators, 2015).

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

To address Diabetes in our community, St. Mary Medical Center will look to build upon innovative approaches that have been used within our healthcare system. These approaches include education and screening programs that have been brought to local health fairs and hospital-sponsored educational programs. Early identification and prevention are key strategies to stem the rise in early onset of Type 2 Diabetes so offering free or discounted A1C screenings as well as access to medical professionals within the community will be important. We continue to offer diabetes management education (led by our Certified Diabetes Educator) and support at our hospital and our Valparaiso Health Center location. Our Health and Wellness Nurse at the Portage Township YMCA also includes Diabetes awareness information in presentations for elementary school children as part of the LAUNCH program. Free A1C screenings are provided at multiple health-education events throughout the year, including the Hearts of Hope each February and Stroke Symposium every May.

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

HEALTH CHALLENGE: HIGH DEATH RATES FOR DIABETES
WHY: Diabetes is underdiagnosed, high rates of blood sugar in adults, preventive care and early diagnosis is needed.

LONG-TERM MEASUREMENT: Goal: HP 2020 Death Rate: 16.1. Lake County diabetes death rate: 33.6. Porter County diabetes death rate: Not measured.

CHANGE FROM 2016: Diabetes death rate in Lake County rose from 29.6 in 2016 to 33.6 in 2019.

Diabetes death rate in Porter County: Not measured.

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

Hospital Program/Activity to address identified community health need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and decrease mortality rate of adults with diabetes to HP 2020 rate of 16.1 in our service area:
Increase the number of free Glucose/A1C Screenings and nurse encounters to help identify diabetes symptoms.	Identify more adults at risk for diabetes and assist them in getting appropriate education or medical intervention.	Decrease the number of adults with high blood sugar. Decrease mortality rate of adults with diabetes to HP 2020 rate of 16.1.
Diabetes Education at Health Fairs and Community Talks	We offer Diabetes education, including Type 2 surveys and A1C glucose screenings, at health fairs and presentations throughout Lake and Porter County service areas, including YMCA events, local community health fairs, and hospital-sponsored events at St. Mary Medical Center and outreach locations.	Increase the awareness of identifying, managing and preventing diabetes and how the risk of heart disease is increased in people with diabetes. Decrease mortality rate from diabetes in adults.
Primary-Care Physician Referrals for Patients at risk for Diabetes	Establishing primary care is essential for patients at risk for Type 2 diabetes. Referrals to the hospital's care network for patients without a primary provider will help bring patients into the network and provide access to diabetes classes and other resources.	Promote awareness and proactive management of diabetes, pre-diabetes and related conditions through medical management by a primary-care provider.

Expand Diabetes Education Classes to the Public	Encourage individuals at risk for type 2 diabetes to schedule training with a diabetes educator and/or registered dietitian. Offer Diabetes education and screening at local YMCAs, senior centers, and other venues.	Slow the rise of early onset diabetes in our service area. Educate the community about diabetes management and resources available locally. Decrease mortality associated with diabetes in our service area.
YMCA Partnerships	Promote exercise and general wellness through partnership programs with the Portage, Valparaiso and Hobart YMCAs.	Reduce the incidence of diabetes in the community by educating citizens on the health benefits of an active lifestyle.
Offer Pre-Diabetes Education in Workplaces and Public Venues	We continue to bring health and wellness resources regarding diabetes and other topics to businesses and organizations through Corporate Health and Wellness Partnerships and partnerships established through the New Healthy Me program.	Slow the rise of early onset diabetes in our service area. Educate the community about diabetes management and resources available locally. Decrease mortality associated with diabetes in our service area.
Diabetes Educator/Physician Partnership	Build relationships with physicians taking care of diabetes patients, especially primary care physicians and endocrinologists. Provide all inpatient Diabetes patients with information on outpatient diabetes education program. Nutrition counseling and exercise programs are referred to patients with diabetes, and those at-risk. Diabetes educators distribute diabetes education information in physician office. Diabetes educators build personal relationships with physicians to ensure information and education is given out to appropriate	Increase the communication between Diabetes Educators and physicians to provide best practice in Diabetes education and management.

HEART DISEASE & STROKE

Heart Disease is still the leading cause of death in our community as well as the country and thus represents our community's number-one health challenge. St. Mary Medical Center's service area is still unfavorable compared to those of the state and the nation and are below the Healthy People 2020 goal. Closely related, our age-adjusted death rates for Stroke remain above state and national rates as well as above the Healthy People 2020 goal.

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

St. Mary Medical Center, recognizing a strong need to continue efforts to decrease the risk of heart attack, cardiovascular disease and stroke, offers screenings and outreach activities across the community. Numerous hospital departments including staff from Cardiac Rehabilitation, Cardiovascular Research, the Chest Pain Center, the Limb Ischemia Vascular Excellence (L.I.V.E.) program and Stroke Team, who are active with our cardiovascular and stroke patient populations, offer screenings, education and support in the community. These increased events may be having an impact on the reduction of heart disease death rates.

While the goal is preventative outreach, St. Mary Medical Center's cardiac and stroke care has achieved notable certification and accolades including the 2018 Get with the Guidelines Stroke Gold-Plus Award and Anthem Blue Distinction Center Plus for Cardiac Care. These distinctions attest to the quality of cardiac and stroke care provided by care teams in our community.

HEALTH CHALLENGE: High Heart Disease & Stroke Death Rates

WHY: High blood pressure and cholesterol rates, untimely treatment, poor diet and physical activity

LONG-TERM MEASUREMENTS:

HEART DISEASE: The CDC Heart Disease Death Rate in Lake County for Adults 2017: 356. This rate is higher than both the National rate: 327, and statistically even with the Indiana State rate of 355.6. The CDC Heart Disease Death Rate in Porter County for Adults 2017: 299. This rate is below both the national and Indiana state rates.

STROKE: Goal: HP 2020 Stroke Death Rate for Adults: 34. CDC Stroke Death Rate in Lake County: 43. CDC Stroke Death Rate in Porter County: 29.2. Lake County's rate is still higher than the Indiana Stroke Death Rate for Adults in 2016 of 39. Porter County's rate remains much lower.

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

Hospital Program/Activity to address identified community health need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and decrease mortality rate of adults with heart disease to HP 2020 rate of 152.7; Decrease mortality rate for Stroke to HP 2020 rate of 33.8 in our service area.
Offer heart screening programs at a discounted rate.	Discounted blood lipid panel, blood pressure check and health assessments to detect heart disease at early stages are offered quarterly. Free blood profiles are offered at our Stroke Symposium and several community health fairs throughout the year. Results are reported to individuals and follow-up instructions are provided to those with abnormal results. Patients are referred to appropriate behavior modification programs.	Decrease blood lipids and risk of heart disease through behavior modification.
Public Blood Pressure Screening	Free blood pressure screenings are routinely offered at all appropriate community events and at local YMCAs and other appropriate venues.	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	Public education symposiums and health fairs on heart/vascular disease related topics are offered throughout the year at no cost. We continue to offer physician presentations as part of our Hearts of Hope fundraiser for Cardiovascular Research and our Stroke Symposium, and free A1C and lipid testing is offered as part of those programs. Physician presentations throughout the year focusing on cardiac health. Continue to participate in American Heart Association and American Stroke Association sponsored events/fundraisers.	Raise awareness of heart disease risk factors and the importance of medical intervention when symptoms develop.
Peripheral Arterial Disease, Peripheral Vascular Disease (PAD), Comprehensive Vascular Screenings	Monthly PAD screenings offered for a minimal fee, or reimbursed for eligible diagnoses. Bi-monthly, free public PAD screenings at the hospital and outpatient locations. Quarterly, low-cost Comprehensive Vascular Screenings offered to the public to cover stroke/carotid; PAD; AAA; and heart rhythm. Free physician presentations are offered to the public to detect risk factors for sleep apnea/AFib which is an indicator for stroke risk. Cardiac Rehab offers a PAD rehabilitation program to lessen symptoms of PAD.	Increase the number of patients with PAD, stroke or heart disease risk factors or symptoms into early medical intervention.

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Provide home visits and outpatient clinic resources for chronic heart failure (CHF) patients	Provide clinical management, education and support to heart failure patients after discharge from the hospital through Community Paramedicine home visits and CHF/COPD Clinic outpatient visits to manage acute symptoms of heart failure prior to exacerbation and hospitalization.	Decrease the number of heart failure readmissions.
Cardiopulmonary Rehabilitation	Exercise program for recovering heart disease patients that monitors vitals and includes education. The program conditions patients to a higher level of cardiac and pulmonary function. Many cardiac patients participate in the Mended Hearts support group for patients recovering from heart related procedures. These individuals also visit patients in the hospital before and after their procedure.	Increase the overall health of heart failure and heart disease patients. Decrease the mortality rate of adults in our service area due to heart disease.
Quality Care Coordinator (QCCC) program	Provide patient-focused support through QCC program that efficiently, effectively, and proactively manages clinical and quality outcomes for patients across a continuum of care. QCNs lead a team of clinical case managers and social workers to collaboratively help patients obtain the best possible outcomes in their care.	Recognize potential health issues with patients and increase positive patient outcomes, thereby decreasing mortality among heart patients in our service area.
Cardiopulmonary Rehabilitation		Improve overall health of patients with cardiac disease and decrease the risk for a future cardiac event.

Medication Assistance Program for patients to receive costly heart and vascular medication	Target patients with no insurance, or poor insurance. Early identification of hospital in-patients needing medications upon discharge with the assistance of case management. Review current medications with physicians to determine if a more cost effective drug may be prescribed. Assess whether physician's office can provide a few days of sample medications.	Increase access to medications for heart and stroke patients.
Educate the community on risk factors of stroke, ways to decrease risk and what to do when stroke symptoms develop	Stroke Education Fair, Stroke Support Group and Stroke Symposium to educate the community about stroke risk factors, preventative strategies and the importance of seeking medical help when symptoms develop. Stroke team participates in community health fairs and public presentations. Stroke team works with local EMS to ensure appropriate pre-hospitalization teaching and protocols are followed.	Increase the awareness of stroke symptoms and the importance of medical intervention when symptoms develop. Decrease rate of stroke complications/deaths due to lack of awareness of risks or symptom or accessibility to resources.
Stroke Risk Assessments	Provide education and risk assessments on atrial fibrillation and cryptogenic stroke.	Increase awareness of the correlation between atrial fibrillation and embolic stroke. Increase the number of people screened to prevent embolic strokes due to atrial fibrillation.

NUTRITION & WEIGHT STATUS

Obesity is a major risk factor of diabetes and cardiovascular disease in general. According to the American Heart Association, people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present (2016). Major risk factors that people cannot control or change include age, sex and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

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

Diet and body weight are related to health status and changes here may lead to the greatest impact we can make on the health of our community. Individuals will need to have the knowledge and skills to make healthier choices and those healthier options need to be both available and affordable. Healthier food and beverage choices such as meatless options, salad bar, infused water and smoothies are offered in the hospital cafeteria to help visitors acquire a taste for healthier food and drink offerings. Education and assistance on food choices and diet management for hospital inpatients are facilitated by our hospitality and nutrition staff.

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

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

HEALTH CHALLENGE: NUTRITION & WEIGHT STATUS
WHY: Unhealthy diet and exercise habits, lack of knowledge about nutrition, high percentage of obese adults and children, lack of physical activity

LONG-TERM MEASUREMENT: HP 2020 Obesity Rate for Adults: 30.6 / Children: 14.6
Lake County's Obesity Rates for Adults: 34/Children: Not measured. Porter County's Obesity Rate for Adults: 30.8/ Children: Not measured.

Change from 2016: The Obesity Rate for Adults in Lake County improved slightly from 35.5 (2016) to 34 (2017). The Obesity Rate for Adults in Porter County was slightly higher at 30.8.

Hospital Program/Activity to address identified community health need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and reduce the rate of obesity among adults to HP2020 rate of 30.6 / for children: 14.6 in our service area.
Free exercise consultation for obese children referred to nutritional counseling	Target the child and the family in discussions about increasing physical activity.	Increase physical activity in children and families for greater success in weight loss.
YMCA Partnerships	Leverage partnerships with local YMCAs to encourage community members and families to develop a more active lifestyle through exercise, youth sports, aquatic classes, etc. Encourage physician referrals to the Y for patients who are at risk for weight- or obesity-related illness. Present educational seminars on nutrition, weight management and related topics for Y members and the public.	Educate and support families and children in healthy eating and exercise habits to increase the percentage of children and adults who practice healthy habits.

Public Education on Healthy Eating	Offer healthy cooking demonstrations for the public as part of health fairs and special programs, including Cancer Survivorship Series and Stroke Symposium. Offer healthy weight loss seminars through Healthy 4 Life program. Offer healthy-eating lectures in educational settings to local students.	Educate and support healthy eating. Increase outpatient nutrition counseling and physician awareness of these services. Increase the percentage of adults who adopt healthy eating habits and weight management activities into their lifestyles.
Weight Management	Offer medically-supervised opportunities through education about specific dietary and lifestyle challenges encountered by overweight individuals; Provide a variety of educational opportunities to increase engagement and participation through the Healthy 4 Life program.	Increase healthy behaviors and choices among overweight individuals.
New Healthy Me	Employee wellness program offered to all CHS employees. Program is offered to local business and industries. Continue to expand program in these sectors.	Increase healthy behaviors in the workplace and community.

MATERNAL, INFANT & CHILD HEALTH

Since 2011, the number of live births in Lake County has decreased by 4.41% and the number of babies born with low birth weight in Lake County has decreased by 15.61. The number of babies born before 37 weeks gestation in Lake County has decreased by 25% since 2011. It is likely that any significant decrease in negative measures of natality or infant health outcomes can be attributed to the increase in access, availability and affordability of prenatal assistance programs in Lake County. Since 2012 in Porter County, the number of live births has fluctuated, with a high of 1,824 in 2014 and a low of 1.652 in 2017. In that time, the number of babies born with low birth weight has increased slightly, from 7.5 to 8.1 (ISDH). The number of babies born before 37 weeks gestation in Porter County has remained statistically consistent at 9.7 (ISDH).

Compared to the entire state, Lake County has higher rates in all four measure of mortality. Lake County ranks 71 out of 92 for Length of Life measures which include premature death. Porter County has lower rates in all four mortality measures.

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

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

The Birthing Centers at all three hospitals introduced HALO® SleepSacks for newborn babies years ago. At St. Mary Medical Center, new moms receive a free sleeper sack to take home. St. Mary Medical Center has an Internationally Board-Certified Lactation Consultant to encourage moms to breast feed their babies, and it offers free inpatient and outpatient lactation consultations. St. Mary Medical Center has been named a Baby-Friendly Hospital by Baby-Friendly USA for its use of evidence-based practices and emphasis on informed feeding choices for moms. St. Mary Medical Center's EMS Academy also partners with local fire departments and the Indiana Department of Health to educate first responders in Direct On Scene Education (DOSE). Responders are trained to provide education and SleepSacks to households where they respond to a call and notice potentially unsafe practices, with the goal of reducing infant mortality rates.

HEALTH CHALLENGE: INFANT MORTALITY & LOW BIRTH WEIGHT
WHY: Limited access to prenatal care, low-weight births, and knowledge of SUIDS risk factors

LONG-TERM MEASUREMENT: HP 2020 Infant Death Rate: 6.0 (6 deaths per 1,000 live births)
Lake County's CHNA Infant Death Rate: 7.3. Porter County's CHNA Infant Death Rate: 6.3.

CHANGE FROM 2016: The Lake County Infant Death Rate improved from 8.4 (2016 report) to 7.3 (2019 report), but is still above the HP 2020 goal, as well as the state and national rates. The Porter County Infant Death Rate increased from 4.5 in 2016 to 6.3 in 2019, placing it above the HP 2020 goal but below the state average but above the national average.

Hospital Program/Activity to address identified community health need:	Strategies to produce the following evidence or service delivery:	Key Objectives to impact changes in public health conditions and reduce the infant death rate to correlate with the HP 2020 rate of 6.0. Increase the percentage of women who receive prenatal care in the first trimester.
Health Fairs/Access to Prenatal Care	With offerings such as pregnancy testing to financial information, provide outreach opportunities to identify resources to help women enroll in insurance programs and get access to prenatal care earlier. Include information on our website on the importance of prenatal care during the first trimester and resources available. Numerous free prenatal education classes/support are offered.	Enroll women in insurance programs and increase access to proper prenatal care earlier in their pregnancy.
Prevention of Elective Early C-sections	Ensure mothers have information and support they need to prevent elective C-sections prior to 39-weeks. All Community Healthcare System hospitals have adopted this goal to ensure unborn babies have optimal time to grow and develop in-utero prior to birth.	Zero elective C-Sections before 39 weeks gestation for optimal in-utero growth and development.
SUIDS Education Programs	Continue to communicate the message about the preventable risks for SUIDS – sleeping on back, bare crib and alone within our community. Expand Direct On Scene Education (DOSE) outreach to first responders in communities most as risk.	Improve family knowledge and understanding of how to prevent infant deaths.

Safe Sleep Program	Community outreach program that includes retail stores to reach more families with education about proper sleep practices for baby. Our Safe Sleep champion provides books to families at discharge containing information about products and infant safety. Screening during discharge to determine if patients have cribs, and if not, refer them to social services for assistance. Model safe practices with the use of the Halo sleep sack and give every parent a free one upon discharge. Promote education of nursing staff on safe sleep practices through education by Safe to Sleep Champion. Education is extended to nursing staff in physician office as well.	Increase the number of parents who provide safe sleeping environments for their newborns. Decrease the amount of unsafe sleeping items available in retail stores such as crib bumpers. Reduce the number of infants placed in adult beds for sleeping.
Car Safety Seat Program	Promote car safety for infants. Families without car seats are referred to social services and also receive a Pad 'n' Play. All infants less than 5 lbs. or less than 37 weeks receive a Car Seat Challenge Test. Families with infants who fail the Car Seat Challenge Test are referred to social services for assistance.	Protect every infant with a car seat to keep them safe.

Lactation Services	Distribute information about free lactation clinics to physician offices. Early breastfeeding within 30 minutes after delivery. Skin to skin contact for first hour of life. Promote breastfeeding, rooming in for newborn and provide assistance for new moms. Provide support with free lactation counseling pre and post-delivery to support new moms. Provide a free lactation "drop-in" clinic for nursing mothers. Provide leadership and support for breastfeeding mothers in establishing designated "lactation stations" in the workplace.	Optimal growth, development and health of newborns. Increase the number of women who breastfeed their newborns.
Behavioral Health	Provide information and resources from CHS Behavioral Health programs to women in need of services due to addictions or depression.	Reduce the risk of premature deaths, low birth weights and unhealthy births due to addictions and depression.

COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

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

St. Mary Medical Center Service Areas:

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

Many of these areas are being addressed by the hospitals of the Community Healthcare System as well as by other community organizations. For example, one of the three hospitals in the Community Healthcare System has a behavior health program and has expanded its outpatient services to improve access to mental health services and offers a dedicated unit for older adult mental health patients.

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

COMMUNITY HEALTHCARE SYSTEM®

REFERENCES

SECTION 7

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COMMUNITY HEALTHCARE SYSTEM®

APPENDIX

SECTION 8

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL (PAGE 1)

MY Community Health Needs Assessment

Because a Healthier Community Means a Healthier Me

Who should fill out this questionnaire? We ask that the **adult (18 years of age or older) in your household who had the most recent birthday** complete this questionnaire.

Instructions: Please mark your answers clearly in the boxes using pencil or dark pen. Examples: ■ ☒

1 **In which county do you live?**
(Please print one letter in each box.)

2 **What is the zip code of your residence?**
(Please print one number in each box.)

3 **How many adults (18 years or older) live in your household, INCLUDING YOURSELF?**
INCLUDE everyone who is living or staying here for more than 2 months. DO NOT include anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

4 **How many children younger than 18 years of age live in your household?**

5 **What is your gender?** (Select only one.)

☐ Male ☐ Female

6 **In what year were you born?** (Please print a 4-digit year.)

Please answer both Question 7 about Hispanic origin and Question 8 about race.

7 **Are you of Hispanic, Latino, or Spanish origin?**

☐ Yes ☐ No

8 **What is your race?** (Select all that apply.)

☐ White
☐ Black or African-American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Other, please specify:

9 **Considering all sources, which of the following best describes your total household income before taxes for 2017?** (Select only one.)

☐ Less than $15,000
☐ $15,000-$24,999
☐ $25,000-$34,999
☐ $35,000-$49,999
☐ $50,000-$74,999
☐ $75,000-$99,999
☐ $100,000-$149,999
☐ $150,000 or more

10 **Which of the following best describes your current employment status?** (Select only one.)

☐ Employed full time
☐ Employed part time
☐ Unemployed looking for work
☐ Unemployed not looking for work
☐ Unable to work due to disability
☐ Homemaker
☐ Retired
☐ Student

11 **Which of the following best describes the highest level of education you completed?** (Select only one.)

☐ Some high school
☐ High school diploma or GED
☐ Some college
☐ Technical or vocational school diploma or certificate
☐ Associate's degree
☐ Bachelor's degree
☐ Graduate or professional degree or beyond
☐ Other, please specify:

12 **Would you say that in general:** (Select only one.)

	Excellent	Very good	Good	Fair	Poor
Your overall health is...	☐	☐	☐	☐	☐

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL (PAGE 2)

13 **Regarding different areas of your health and life, you would say that in general:** (Select one answer for EACH row.)

	Excellent	Very good	Good	Fair	Poor
Your physical health is...	☐	☐	☐	☐	☐
Your mental health is...	☐	☐	☐	☐	☐
Your social well-being is...	☐	☐	☐	☐	☐

14 **How much do you agree or disagree with the following statement: "In general, I am satisfied with my life."** (Select only one.)

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

15 **On a scale of 01 to 10 where 01 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?** (Please print a 0 in the first box for numbers less than 10.)

☐☐

16 **Do you currently have insurance or coverage that helps with your healthcare costs (including private or employer-sponsored insurance or public coverage like Medicare or Medicaid)?** (Select only one.)

☐ Yes ☐ No ☐ Do not know

17 **Do you currently have someone that you think of as your personal doctor or personal healthcare provider?** (Select only one.)

☐ Yes ☐ No ☐ Do not know

18 **Within the past 12 months, which of the following health services have you received?** (Select all that apply.)

- ☐ Chronic care for a disease like diabetes or a disability
- ☐ Acute care, like for an infection or injury
- ☐ Immunizations or other preventive care
- ☐ Routine physical exam
- ☐ Prenatal or well-baby care
- ☐ Care related to family planning
- ☐ Care at a hospital emergency room
- ☐ Care at an urgent care facility
- ☐ Inpatient care at a hospital
- ☐ Filling a prescription
- ☐ Dental care
- ☐ Screening for anxiety or depression by a medical provider
- ☐ Treatment for a mental health diagnosis
- ☐ Treatment for addiction

19 **Thinking about the past month, which of the following behaviors have you participated in regularly (at least 3 days per week on average)?** (Select all that apply.)

- ☐ I smoked cigarettes or used other tobacco
- ☐ I was physically active on a regular basis
- ☐ I ate a healthy balanced diet
- ☐ I got plenty of sleep
- ☐ I took an opioid or narcotic that was prescribed to me
- ☐ I took an opioid or narcotic that was NOT prescribed to me
- ☐ I took a medication for anxiety, depression, or other mental health challenge that was prescribed to me
- ☐ I had my blood pressure checked
- ☐ I drank alcohol to the point of intoxication
- ☐ I drove while under the influence of alcohol or drugs
- ☐ I took steps to reduce my level of stress

20 **During the past 12 months, was there ever a time that you or the family members you live with needed one of the following but couldn't afford it or had to prioritize spending money on something else?** (Select one answer for EACH row.)

	Yes	No	Do not know
Seeing a medical provider	☐	☐	☐
Filling a prescription	☐	☐	☐
Transportation for a health purpose or appointment	☐	☐	☐

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL (PAGE 3)

21 **How often would you say that the following statements apply to you?** (Select one answer for EACH row.)

	Never	Seldom	Sometimes	Often	Always
I feel those around me are healthy (family, friends, and co-workers)	☐	☐	☐	☐	☐
I worry about my utilities being turned off for non-payment	☐	☐	☐	☐	☐
I feel satisfied with my education	☐	☐	☐	☐	☐
I make efforts to get involved in my community	☐	☐	☐	☐	☐
I vote when there is an election in my town	☐	☐	☐	☐	☐
I feel that my town's environment is healthy (air, water, etc.)	☐	☐	☐	☐	☐
I feel safe in the place where I live	☐	☐	☐	☐	☐
I try to spend time with others outside of work	☐	☐	☐	☐	☐
I have access to safe and reliable transportation	☐	☐	☐	☐	☐
I worry about being able to pay my rent or mortgage	☐	☐	☐	☐	☐

22 **Below are some issues present in many communities. Please pick FIVE that you think pose the greatest health concern for people who live in your community.** (Select only five out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety
2 ☐ Environmental issues
3 ☐ Tobacco use
4 ☐ Substance use or abuse
5 ☐ Alcohol use or abuse
6 ☐ Assault, violent crime, and domestic violence
7 ☐ Child neglect and abuse
8 ☐ Sexual violence, assault, rape, or human trafficking
9 ☐ Obesity
10 ☐ Chronic diseases, like diabetes, cancer, and heart disease
11 ☐ Suicide
12 ☐ Infectious diseases, like HIV, STDs, and hepatitis
13 ☐ Poverty
14 ☐ Homelessness
15 ☐ Reproductive health and family planning
16 ☐ Infant mortality
17 ☐ Injuries and accidents
18 ☐ Mental health
19 ☐ Aging and older adult needs
20 ☐ Dental care
21 ☐ Disability needs

23 **Previously, you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 each to help solve some of these, which are the THREE to which you would give $1.** (Select only three out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety
2 ☐ Environmental issues
3 ☐ Tobacco use
4 ☐ Substance use or abuse
5 ☐ Alcohol use or abuse
6 ☐ Assault, violent crime, and domestic violence
7 ☐ Child neglect and abuse
8 ☐ Sexual violence, assault, rape, or human trafficking
9 ☐ Obesity
10 ☐ Chronic diseases, like diabetes, cancer, and heart disease
11 ☐ Suicide
12 ☐ Infectious diseases, like HIV, STDs, and hepatitis
13 ☐ Poverty
14 ☐ Homelessness
15 ☐ Reproductive health and family planning
16 ☐ Infant mortality
17 ☐ Injuries and accidents
18 ☐ Mental health
19 ☐ Aging and older adult needs
20 ☐ Dental care
21 ☐ Disability needs

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL (PAGE 4)

24 Below is a list of programs or services in many communities. Please mark how important these programs or services are for your community. (Select one answer for EACH row.)

	Not at all important for my community	Not very important for my community	Moderately important for my community	Very Important for my community
Nutrition education, like healthy cooking classes	☐	☐	☐	☐
Physical activity programs	☐	☐	☐	☐
Substance abuse prevention and treatment	☐	☐	☐	☐
Needle exchange programs	☐	☐	☐	☐
Mental health counseling and support	☐	☐	☐	☐
Gun safety education	☐	☐	☐	☐
Family planning services	☐	☐	☐	☐
Walking trails and other outdoor spaces	☐	☐	☐	☐
Aging and older adult services	☐	☐	☐	☐
Assistance with filling a prescription	☐	☐	☐	☐
Housing assistance	☐	☐	☐	☐
Financial assistance	☐	☐	☐	☐
Legal assistance	☐	☐	☐	☐
Help getting health insurance	☐	☐	☐	☐
Job training or employment assistance	☐	☐	☐	☐
Transportation assistance	☐	☐	☐	☐
Services for women, infants, and children (WIC)	☐	☐	☐	☐
Food stamps or SNAP	☐	☐	☐	☐
Food pantries	☐	☐	☐	☐
Free or emergency child care	☐	☐	☐	☐

SURVEY RESULTS

2018 COMMUNITY CHNA SURVEY
Survey Methods

Purpose of the Survey

To collect primary data from the Hospital's service area population, a survey was designed, fielded, and analyzed. To ensure that the perspectives of the residents of the service area were included in this assessment, the hospital used a rigorous population-based methodological approach to coverage of the service area was pursued.

This section of the CHNA document includes a description of the survey methods and the results of the responses to the survey by the participants in the service areas of the hospital.

Survey Development

To develop the survey used for the CHNA, the hospital partnered with faculty from Indiana-based universities who had particular expertise in community-based survey research. Dr. William McConnell of the University of Evansville served as the lead researcher on the project, in partnership with Dr. Michael Reece and Dr. Catherine Sherwood-Laughlin (both of the Indiana University School of Public Health). The University of Evansville contracted with the Center for Survey Research (CSR) at Indiana University to administer this survey in two phases: phase I was conducted as a paper survey mailed to a random address-based sample and phase II was conducted as a paper survey administered by the hospitals to a convenience sample of their choosing. The survey was conducted with approval of the Institutional Review Board (IRB) of the University of Evansville.

Planning and development for the survey began in the winter of 2017. The university faculty joined a collaborative of eight major hospital systems that served populations in Indiana and Illinois. A goal of the collaborative was to align survey activities in order to increase cost-efficiency and to work toward the development of a data infrastructure that would be useful across the systems and also of enhanced utility to the health and social service organizations with which those hospitals partner on initiatives to improve health in their respective local communities.

Using a construct-based approach that identified the leading areas to be included on the survey, the hospitals and faculty developed a survey. The survey included measures that had been validated for use in similar projects by other researchers and additional measures that were developed by the partners for specific needs of this CHNA. The survey covered ten major areas. The table below provides an overview of the constructs covered in the survey and a description of the measures associated with each construct.

SURVEY RESULTS

SURVEY CONSTRUCTS	DESCRIPTION OF MEASURES
Demographics	This section included measures related to the socio-demographics of the survey participants including county of residence, age, gender, ethnicity, race, education, household income, employment, and number of adults and children in household
Perceived Health and Well-Being	This section included a revised version of the U.S. Centers for Disease Control and Prevention's Health-Related Quality or Life measure items included the single-item HRQOL assessment of perceived overall health and additional assessments of physical health, mental health, and social well-being. Also included was a measure of overall life satisfaction and a measure of current level of life stress.
Healthcare Coverage and Relationships	This section included a single measure of whether the participant had health insurance or some other type of coverage for healthcare and a single measure of whether they had a current personal healthcare provider.
Healthcare Engagement	This section included a measure related to the types of care with which the participant had engaged in the previous 12 months, A total of 14 specific types of healthcare engagement were assessed.
Health Related Behaviors	This section included a measure that asked participants to self-report their participation in a range of health-related behaviors. A total of 11 health behaviors were assessed.
Healthcare Resource Challenges	This section included measures related to the extent to which participants had found themselves in need of avoiding care due to a lack of fiscal resources. Specifically assessed was the extent to which participants had to forego three types of healthcare including seeing a medical provider, filling a prescription, and securing transportation for a health purpose or appointment.
Felt Social Determinants	This section included measures to assess the extent to which participants felt the impact of 10 specific social determinants including economic, education, community cohesion, policy, environment, housing, psychosocial, transportation, social ecological and employment.
Perceived Priority Health Needs	This section included a measure to assess participants' perceptions of the importance of 21 health issues to their local community.
Perceived Resource Allocation Priorities	This section included a measure to assess participants' perceptions of the extent to which 21 health issues were of priority for the allocation of resources in their local community.
Perceived Importance of Social and Health Services	This section included a measure to assess the extent to which participants perceived 20 different health and social service programs to be of importance to their community.

Sample Development

The target population for the 2018 Community Health Needs Assessment Survey consisted of non-institutionalized adult residents, aged 18 years or older, in the catchment areas of the participating hospitals. Sampling was performed on a household basis using an address-based sample.

SURVEY RESULTS

The faculty collaborated with the hospitals to determine catchment areas using county and zip code boundaries. Geographic areas that were shared between hospitals were reduced such that each geographic area was sampled one time.

Sampling was determined using a multistage sampling design. At the first stage, sample units were drawn randomly from an address-based sampling frame of each area. Sample frames were limited to residential addresses excluding P.O. boxes (unless marked in the sample frame as 'only way to get mail'), seasonal, vacant, throwback, and drop-off point addresses. At the second stage, a within-household respondent was selected by asking the adult with the most recent birthday to complete the survey.

To develop the sample area, a set of address-based records representing the hospital's service population were purchased from Marketing Systems Group (MSG). MSG used proprietary sampling methods and provided assurance of appropriate and accurate coverage for the target population. The sample list delivered by MSG included postal address information, FIPS code (county designator), and appended demographic information for age, gender, Hispanic surname, Asian surname, number of adults at address, number of children at address, household income class, marital status, ethnicity, and home ownership status. Upon receipt of the sample, it was stored in a secure database created and maintained by the CSR and was reviewed and corrected for any clerical errors. Using these records, a recruitment sample was constructed for the hospital's service population.

Data Collection

The questionnaire was printed as a four-page booklet on a single 11" x 17" sheet with a fold in the center. Each questionnaire was printed with a unique, numeric survey identifier that matched up a record in the sample. A separate sheet was folded over the questionnaire and printed with a cover letter, study information sheet, and return mailing instructions. The questionnaire packet was assembled in a 9" x 12" windowed envelope and included an 8¾" x 11½" postage-paid, business reply envelope for survey returns.

The field period for the 2018 Community Health Needs Assessment Survey was April 2, 2018, through June 29, 2018. Each sampled address received up to two questionnaire attempts. The addresses were divided into four batches based on USPS pre-sort, and each batch was mailed one at a time over the course of a two-week period. The second questionnaire for each address was mailed approximately 4 weeks after the first questionnaire. The addresses of returned questionnaires were excluded from the lists for the second questionnaire attempt.

After the second questionnaire attempt, a postcard follow-up was reintroduced in hopes of increasing response. In addition to reminding people to mail in their completed questionnaires, the postcard also provided a website address that allowed people to take the survey online as a member of the secondary convenience sample.

Paper questionnaires were returned to CSR in postage-paid, business reply envelopes provided in the questionnaire packet. Completed survey returns were counted, checked for unclear marks, batched in groups of 50 surveys, and scanned into ABBYY FlexiCapture OCR software for data processing. CSR's scanning partner, DataForce (dba MJT, US), received the scanned survey images electronically and reviewed the data via ABBYY FlexiCapture data verification software to ensure quality control. Missing responses and multiple responses to a single item were flagged. The compiled data was transmitted back to CSR via a secure file transfer protocol (SFTP) server.

SURVEY RESULTS

Data Management

All surveys were returned to CSR for scanning and organization. Data files were stored by CSR on a secure file server and processed using R statistical programming software. Respondent-provided counties and zip codes were cross-checked against the sample file. Discrepancies and misspellings were verified against the original scanned image of the response and, if reasonably similar, corrected prior to final data submission. After data processing, identifiers to allow filtering by hospital catchment area and weighting variables were added (only for the random sample). The final dataset was converted to a format for analysis in STATA statistical analysis software and transmitted to the researchers via Slashtmp, Indiana University's secure file transfer system.

Weighting of Samples

This section provides an overview of weighting activities for the 2018 Community Health Needs Assessment and applies only to the random sample. Two weighting adjustments were made to enhance consistency between the survey sample and the characteristics of the hospital's service population. The first was a base weight adjustment to account for unequal probabilities of selection within household. The second was a post-stratification adjustment to U.S. Census Bureau 2012-2016 American Community Survey five-year population estimates. The two weighting adjustments were multiplied to calculate a preliminary final weight for each hospital's catchment area. These preliminary weights were then trimmed and scaled so that the final weights summed to the number of respondents in each catchment area.

SURVEY RESULTS - LAKE & PORTER COUNTY

Survey Response Patterns
Regarding the random sample, 4,329 households received recruitment materials by mail. Of those households, a total of 329 returned a completed survey. The response rate for the hospital's survey was thus 7.6%. The table on the next page provides an overview of the weighted sample with the number of completed surveys received from each county and their corresponding % of the total sample.

Regarding the convenience sample, the hospital and partner organizations in the service area collaborated to collect 278 surveys from individuals engaged in care and services. A total of 224 were received from those living in Lake County and 54 from those in Porter County.

Data Analyses
Data analyses were conducted by Measures Matter, LLC, a research consulting group with expertise in community-based participatory research. Prior to analyses, Measures Matter staff consulted with the hospital to develop a preliminary plan for the analysis of data and the presentation of results.

To retain the integrity of the phase one random sample and the methodological rigor offered by that sample, analyses were conducted separately for the phase one random sample and the phase two convenience sample.

SURVEY RESULTS - LAKE & PORTER COUNTY

Summary of Completed Surveys Received by County (Random Sample)

County / Zip	Count of Respondent Households	Count of Households Assumed Eligible	Response Rate
LAKE	**165**	**2171**	**7.60%**
46303	4	66	6.06%
46307	32	270	11.85%
46311	6	95	6.32%
46312	2	98	2.04%
46319	3	81	3.70%
46320	3	58	5.17%
46321	7	107	6.54%
46322	12	116	10.34%
46323	1	97	1.03%
46324	4	94	4.26%
46327	1	43	2.33%
46341	0	7	0.00%
46342	17	138	12.32%
46356	7	77	9.09%
46373	5	65	7.69%
46375	10	112	8.93%
46376	0	3	0.00%
46377	0	2	0.00%
46394	2	53	3.77%
46402	2	28	7.14%
46403	3	64	4.69%
46404	4	72	5.56%
46405	6	49	12.24%
46406	4	40	10.00%
46407	9	52	17.31%
46408	4	69	5.80%
46409	2	32	6.25%
46410	15	183	8.20%
PORTER	**164**	**2158**	**7.60%**
46301	4	16	25.00%
46304	33	338	9.76%
46307	5	44	11.36%
46341	13	106	12.26%
46342	1	15	6.67%
46347	7	51	13.73%
46360	2	16	12.50%
46368	27	502	5.38%
46383	32	534	5.99%
46385	38	508	7.48%
46391	1	22	4.55%
46393	1	6	16.67%
Total	**329**	**4329**	**7.60%**

SURVEY RESULTS

Description of Participants

A total of 329 participants returned a completed survey from the phase one random sample. Additionally, a total of 278 individuals completed a survey during the convenience sample phase of the project. In this section of the survey, the primary presentation of results includes those 329 individuals from the random sample and where appropriate, commentary is provided in each section to highlight similarities and differences between the random and convenience sample data. The hospital was also interested in some analyses that compared households with children to those without children. In certain areas of the presentation of results, those comparisons are also included.

County of Residence. Of the 329 participants, 64.9% (n = 214) indicated that their primary residence was located in Lake County and 28.1% (n = 93) reported a residence in Porter County. Although all households receiving the survey were located in the service area, some participants (7.0%) either refused to provide their county of residence or indicated that it was located in an adjacent county. Figure 8.0 provides an overview of the participants' reported county of residence.

* All individuals in the convenience sample indicated that their residence was located in either Lake or Porter counties.

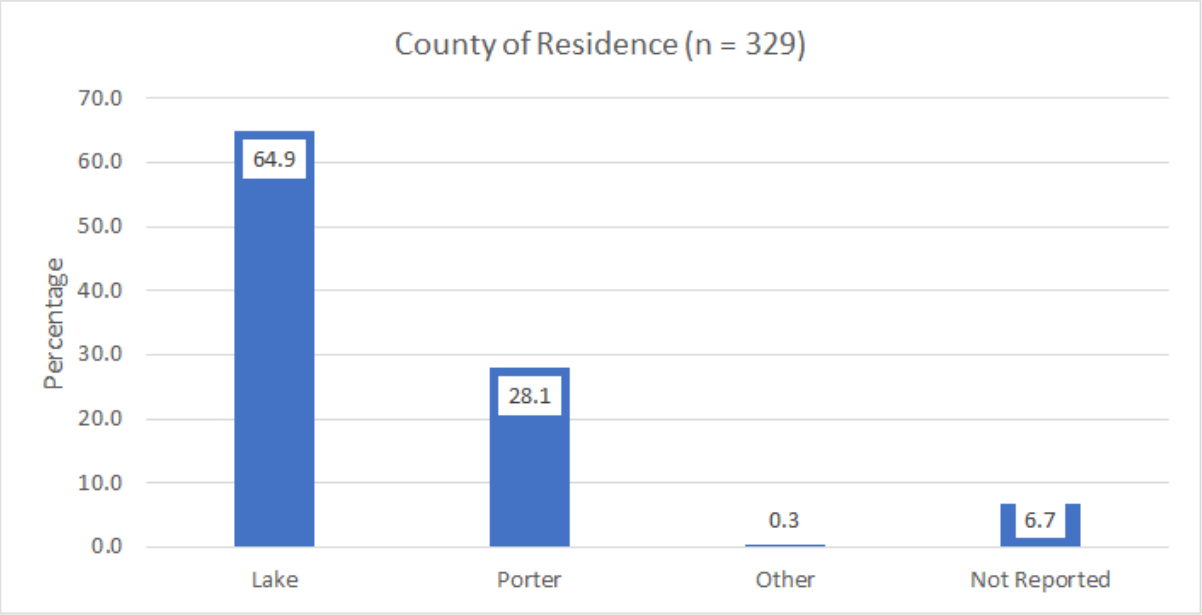

Figure 8.0. Participants' Reported County of Residence, by % of Participants

Adults and Children in Household. Participants were asked to indicate the number of adults (18 years and over) and children (under 18 years) who lived in their household. Of the participants providing data related to adults in the home, 70.5% (n = 216) indicated that two or fewer adults lived in the household. Of those providing a response to the question about children in the household, the majority (58.4%, n = 192) indicated no children under the age of 18 years in the home. Some participants did report children in the home, with most (29.5%, n = 97) indicated two or fewer children and the remainder (9.8%, n = 32) reporting three or more children in the home.*

Participants in the convenience sample were largely similar to those in the random sample regarding adults in the household both in terms of adults and children under 18 in the home.

Gender. Participants were asked to report their gender. More women participated in the survey than did men, and few refused to respond to the question about gender. Figure 8.1 provides an overview of participant gender. Most participants in the convenience sample were also women.

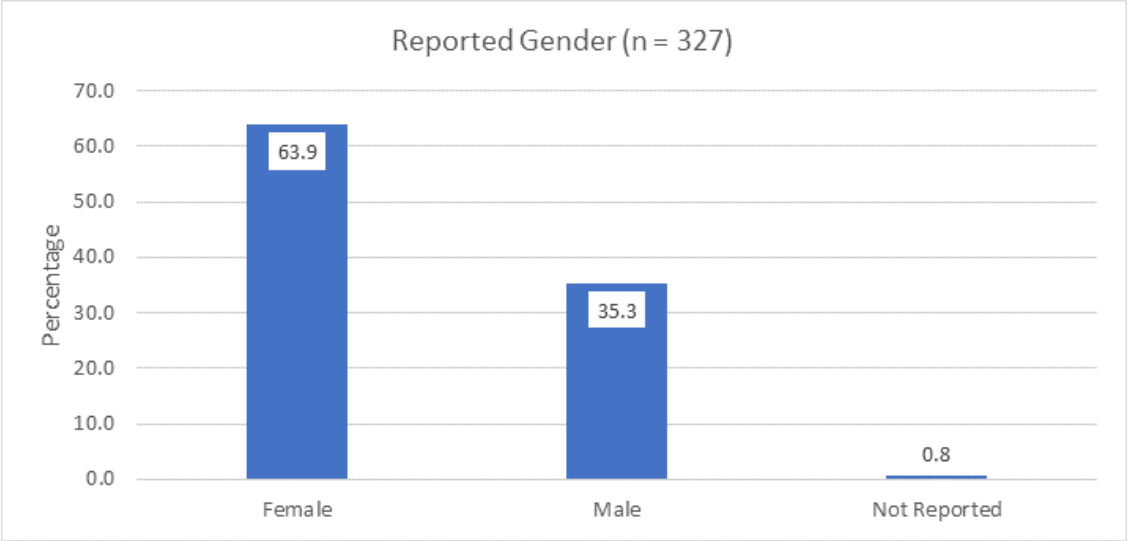

Figure 8.1. Reported Gender of Survey Participants, by % of Participants

* Participants in the convenience sample were similar to those in the random sample in terms of reported gender, with 68.3% being female and 29.1% being male. Slightly more participants in the convenience sample chose not to report a gender (2.6%). The age distribution of those participants in the convenience sample was largely similar to that of those in the random sample with no notable differences.

Age. Participants were asked to provide the year in which they were born. Those data were subsequently analyzed to compute the estimated age of the individual at the time the survey was returned. Figure 8.2 provides a categorical overview of the age of participants.

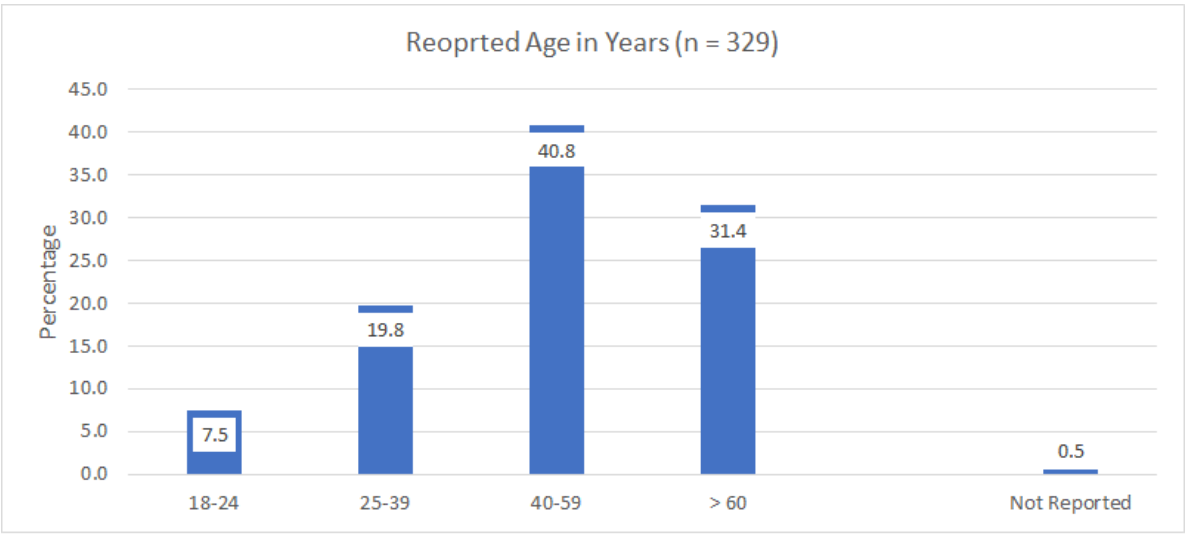

Figure 8.2. Reported Age of Participants, by % in Years

SURVEY RESULTS - LAKE & PORTER COUNTY

Race. Participants were asked to respond to a question regarding the race with which the identify. Participants were invited to select more than one race. The vast majority (79.5%, n = 261) indicated that they were of "Caucasian/White" race, with participants choosing other races in smaller proportions, including "Black or African-American" (9.6%, n = 32) and "Asian" (2.5%, n = 8).

Ethnicity. Participants were asked whether they were of Hispanic, Latino, or Spanish origin. Some participants (11.7%, n = 39) responded in the affirmative. A small portion of participants (1.6%) chose not to respond to the question about ethnicity. Figure 8.3 provides an overview of participant responses to race and ethnicity items.

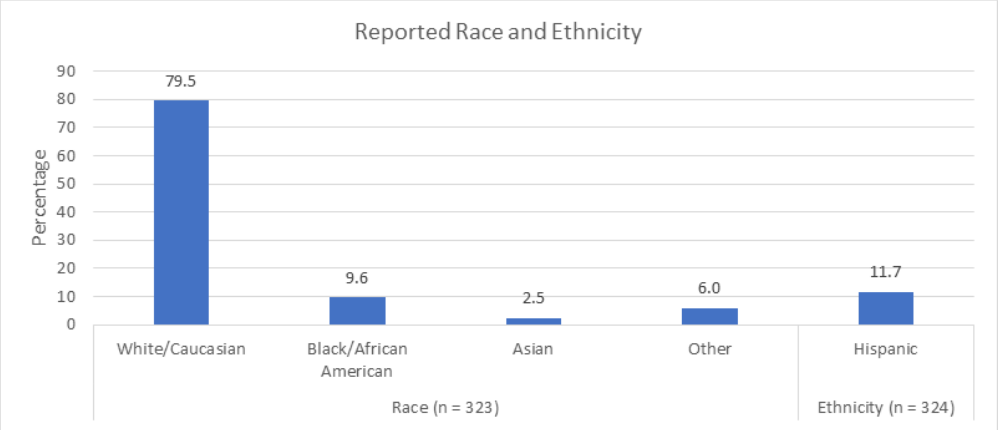

Figure 8.3. Reported Race and Ethnicity of Survey Participants, by Category %

*There were important differences between the random sample and the convenience sample with regard to ethnicity and race. Of those in the convenience sample, 21.9% reported their ethnicity as Hispanic. Participants in the convenience sample were also more diverse in terms of reported race. Approximately half (50.7%) reported their race as White or Caucasian, 38.1% reported their race as Black or African-American, and 1.4% reported their ethnicity as Asian, Native Hawaiian or Pacific Islander, or American Indian or Alaska Native and an additional number of participants chose to describe their race in other terms (4.6%).

Household Income. Participants were asked to respond to a question regarding the total income of the household in which they lived (including all sources). One hundred three participants did not provide a response to this question. Some participants indicated that their total household income was less than $25,000 (16.3%, n = 54). In total, 24.8% (n = 82) reported total household income of less than $35,000.00, one-third (25.3%, n = 83) reported income of between $35,000.00 and $74,999.00, with the largest percentage of participants (46.2%, n = 152) reporting total household income of over $75,000.00.

Figure 8.4 provides a categorical summary of the reported household income of participants.

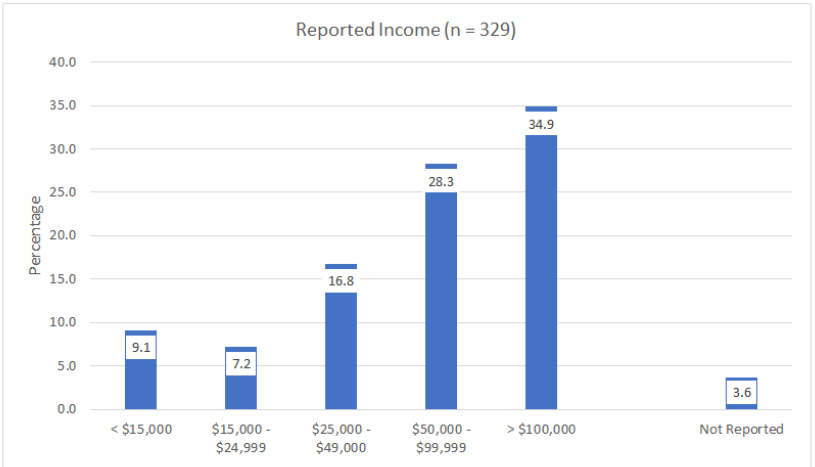

Figure 8.4. Reported Total Household Income, by Category %

*Reported household income among those in the convenience sample was markedly lower, with 53.9% of those in the sample reporting their income as less than $25,000 per year, with the largest portion of those reporting their income as less than $15,000 per year (39.9%). Accordingly, fewer participants reported incomes in the other income categories, with only 13.0% reporting an income over $75,000.

SURVEY RESULTS - LAKE & PORTER COUNTY

Employment Status. Participants were asked to select from categories of employment or unemployment and given the option to select more than one category. The majority of participants indicated that they were employed, with 59.9% (n = 197) reporting that they work full-time or part-time. Some participants indicated that they were unemployed (9.4%, n = 31), and others reported their status as retired (19.9%, n = 65), or as being a student (3.8%, n = 12) or a homemaker (4.9%, n = 16). Some participants (2.1%) reported multiple categories of employment or chose to not respond to the item. * Significantly more participants in the convenience sample described themselves as being unemployed (28.1%).

Level of Education. Participants were asked to report their highest level of attained education based on specific categories. Approximately one-third of participants (32.4%, n = 107) reported having completed an associate's or bachelor's degree from a college or university and 17.9% (n = 59) reported having attained a graduate or professional degree. A proportion of participants (22.3%, n = 16) indicated that they had a diploma or certificate from a technical or vocational school or that they had completed some college. Additionally, 18.0% (n = 59) reported having received a high school diploma or GED, and 13 participants reported that they had some high school education but had not graduated. Approximately 5.4% of individuals (n = 18) chose "other" without useful clarification, marked multiple categories, or chose not to respond to the question. * Close to one-third of participants in the convenience sample (36.0%) described their highest level of education as being high school graduate or less. Only 12.6% reported having a bachelor's degree and fewer reported a graduate or professional degree (7.6%).

PARTICIPANTS' PERCEPTIONS OF HEALTH AND WELL-BEING

Participants were asked to respond to four questions that sought to capture their perceptions of their current health status. Participants were asked to provide an assessment of their overall health, their physical health, their mental health, and their social well-being. Additionally, participants were asked about their overall life satisfaction and their level of stress. While responses to each area assessed are described below, Figures 8.5, 8.6, and 8.7 provide a summary of the participant responses

Overall Health. Participants were asked "Would you say that in general, your overall health is..." with five response options ranging from poor to excellent. Some participants did not respond to this question or marked multiple responses (0.8%). The vast majority of participants rated their overall health as very good (36.1%, n = 119), excellent (15.5%, n = 51), or good (32.5%, n = 107). The remainder assessed their overall health as being fair (14.1%, n = 47) or poor (1.0%, n = 3).

Physical Health. Participants were asked "Would you say that in general, your physical health is..." with five response options ranging from poor to excellent. Seven participants opted not to respond (0.8%). Despite the vast majority who reported their overall health as being positive, participants differentiated their level of health more when being specific to their physical health. Slightly more than half of individuals collectively rated their physical health as very good (36.0%, n = 118) or excellent (16.4%, n = 54). The largest proportion of participants rated their health as good (36.0%, n = 118), with the remaining participant perceiving their health as being fair (34.2%, n = 113) or poor (11.3%, n = 37).

Mental Health. Participants were asked "Would you say that in general, your mental health is..." with five response options ranging from poor to excellent. Only one participant did not respond to this question (0.3%). The majority of participants rated their overall health as very good (41.2%, n = 136), excellent (20.7%, n = 68), or good (23.2%, n = 76). The remainder assessed their overall health as being fair (14.2%, n = 47) or poor (0.3%, n = 1).

Social Well-Being. Participants were asked "Would you say that in general, your social well-being is..." with five response options ranging from poor to excellent. Only one participant did not respond to this question (0.2%). The majority of participants perceived their overall social well-being to be less than good, with the largest proportion of all participants responding fair (43.6%, n = 143) and approximately 1/5th of participants (17.7%, n = 58) responding with poor. Other participants rated their social well-being as good (26.4%, n = 87), very good (10.5%, n = 35) or excellent (1.6%, n = 5).

SURVEY RESULTS - LAKE & PORTER COUNTY

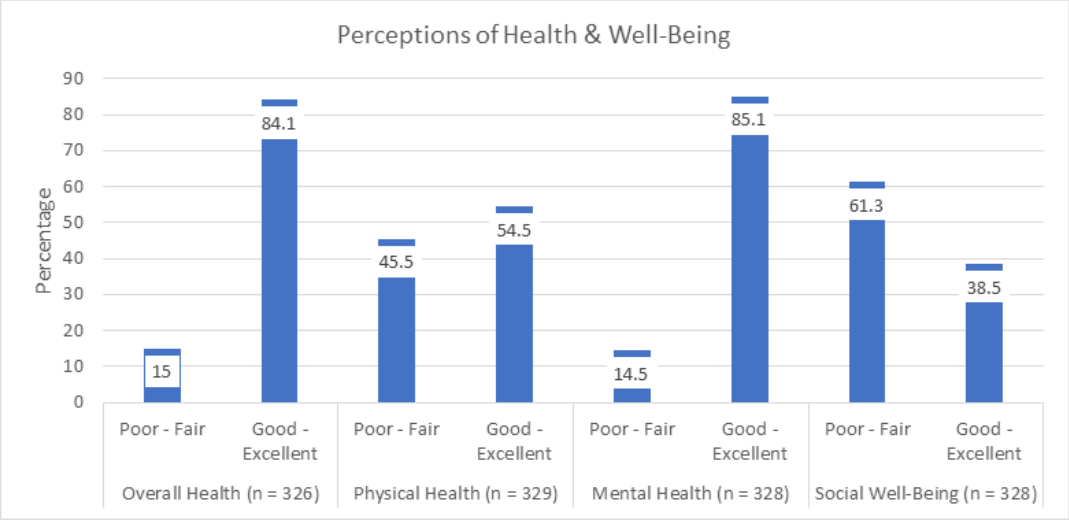

Figure 8.5. Participants' Perceptions of Health and Well-Being

* Participants in the convenience sample perceived their overall health and physical health as being "good to excellent" in higher proportions than did those in the random sample, which could be a reflection of the fact that they were engaged in some health or social service at the time of the data collection. Participants in the convenience sample also tended to rank their social well-being as better than did those in the random sample, perhaps also related to their connection to a service. Mental health ratings were similar across both samples

Overall Life Satisfaction. Participants were asked to respond to a single question that asked them to respond to the statement "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. The majority of participants agreed with the statement, with 44.2% (n = 146) responding "strongly agree" and 29.0% (n = 95) responding "somewhat agree." Some participants (10.0%, n = 33) responded "neutral." Those indicating less overall life satisfaction responded with "somewhat disagree" (10.7%, n = 35) or "strongly disagree" (5.6%, n = 18). Figure 8.6 provides an overview of responses to this item.

Level of Life Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Some participants (27.6%, n = 90) responded with scores in in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of the participants identify with what would be considered an elevated (or greater) level of stress. Figure 8.7 provides the percentage of respondents who ranked themselves on this measure.

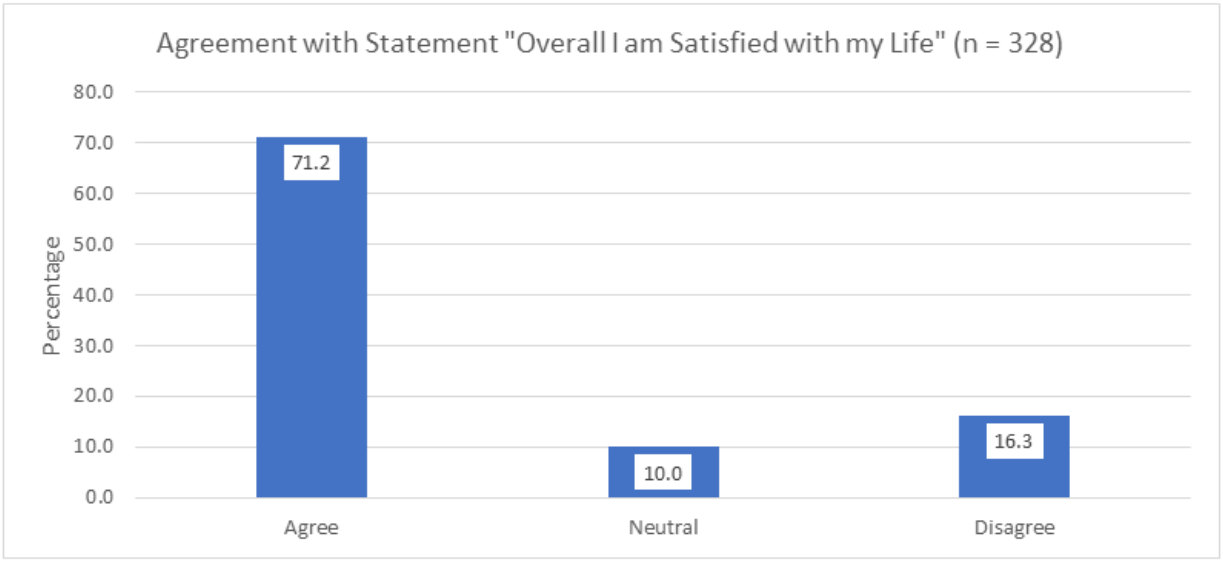

Figure 8.6. Participants Agreement with Life Satisfaction Item

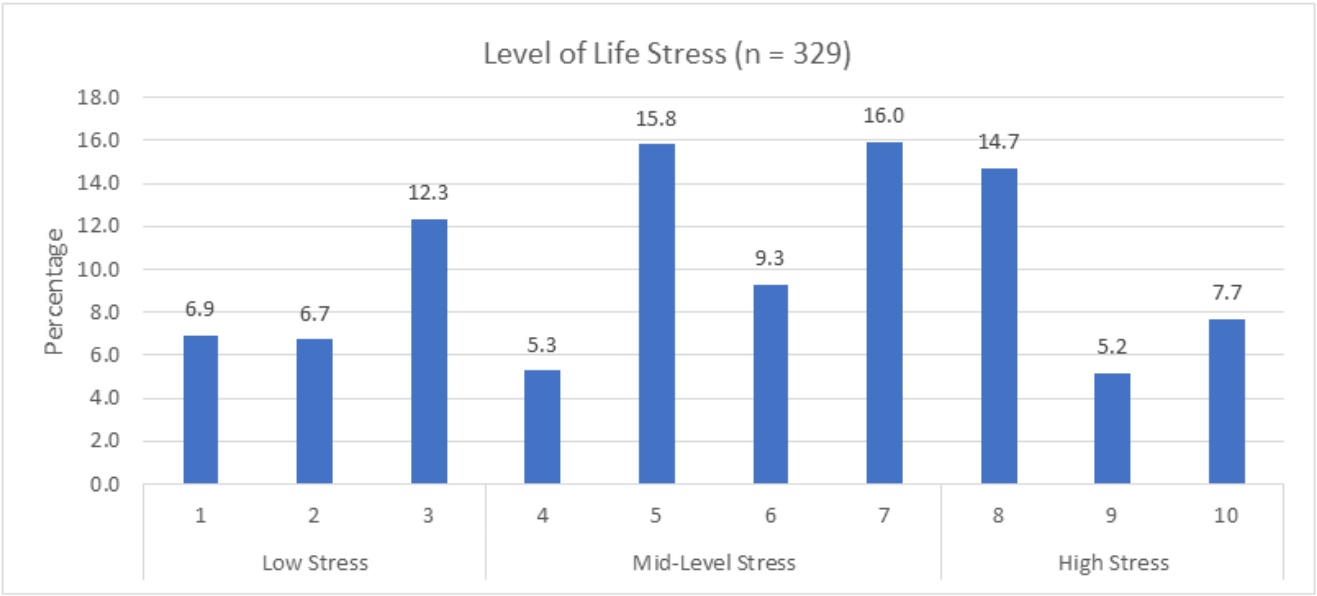

Figure 8.7. Ranking of Level of Life Stress

SURVEY RESULTS - LAKE & PORTER COUNTY

HEALTHCARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked to describe the types of engagement they had with the healthcare system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forgo some level of healthcare based on a lack of financial resources or because they had to prioritize other matters.

Insurance or Healthcare Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (92.3%, n = 304) reported that they did have such coverage or insurance, while 7.7% (n = 25) responded "no."

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have such a personal provider (82.4%, n = 271), while 16.6% (n = 55) responded "no" and three participants (0.9%) indicated that they were "unsure" as to whether they had such a personal provider.

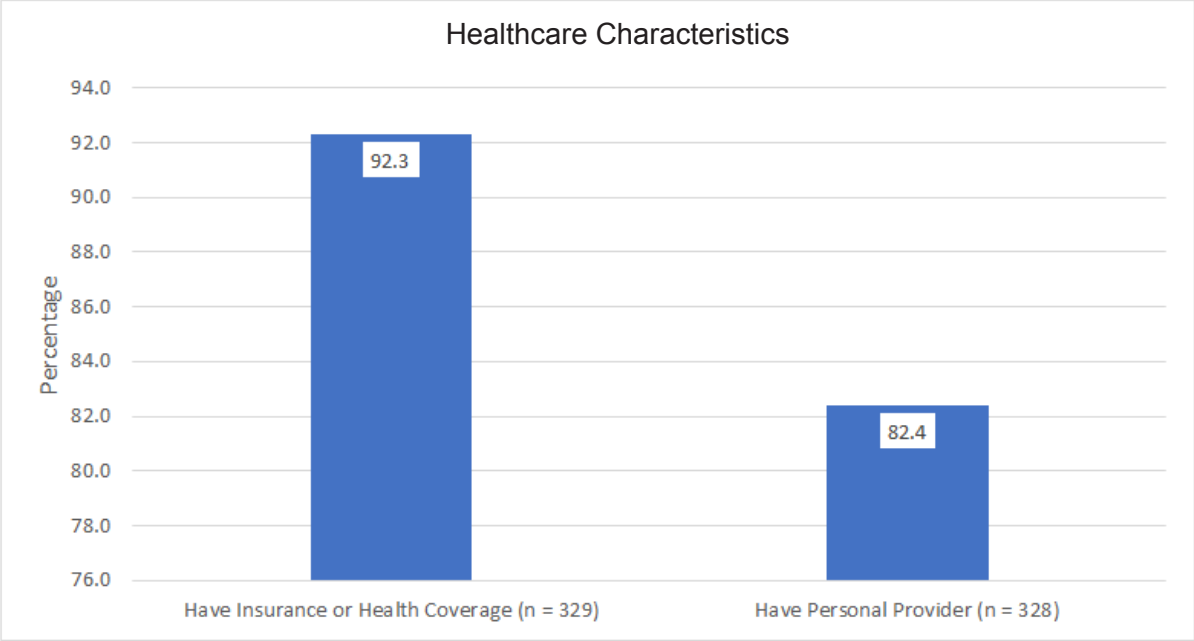

Figure 8.8. Participants' Reported Insurance and Personal Provider Characteristics

SURVEY RESULTS - LAKE & PORTER COUNTY

Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 8.1 provides a summary of the participants' responses to this question.

Table 8.1. Participants' Reported Types of Health Care Engagement (n = 329)

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	69.0	31.0
Received Dental Care	65.6	34.4
Received a Routine Physical Exam	59.8	40.2
Received Immunizations or other Preventive Care	36.3	63.7
Received Acute Care, Like for an Infection or Injury	21.9	78.1
Received Care at a Hospital Emergency Room	21.3	78.7
Received Care at an Urgent Care Facility	20.9	79.1
Received Care for a Chronic Disease	17.2	82.8
Received a Screening for Anxiety or Depression by a Medical Provider	10.2	89.8
Received Treatment for a Mental Health Diagnosis	9.4	90.6
Received Inpatient Care at a Hospital	7.9	92.1
Received Care Related to Family Planning	2.4	97.6
Received Prenatal or Well-Baby Care	1.1	98.9
Received Treatment for Addiction	0.1	99.9

SURVEY RESULTS - LAKE & PORTER COUNTY

Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription, and finding transportation for care and asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize spending money on something else." Less than 25% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed.

Regarding seeing a medical provider, 20.4% of participants (n = 67) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing to fill a prescription, 18.5%, (n = 61) indicated that that they had a need to avoid filling a prescription due to other needs.

Regarding needing transportation for healthcare, only 5.8% of participants (n = 19) indicated that they had not been able to access transportation due to other needs.

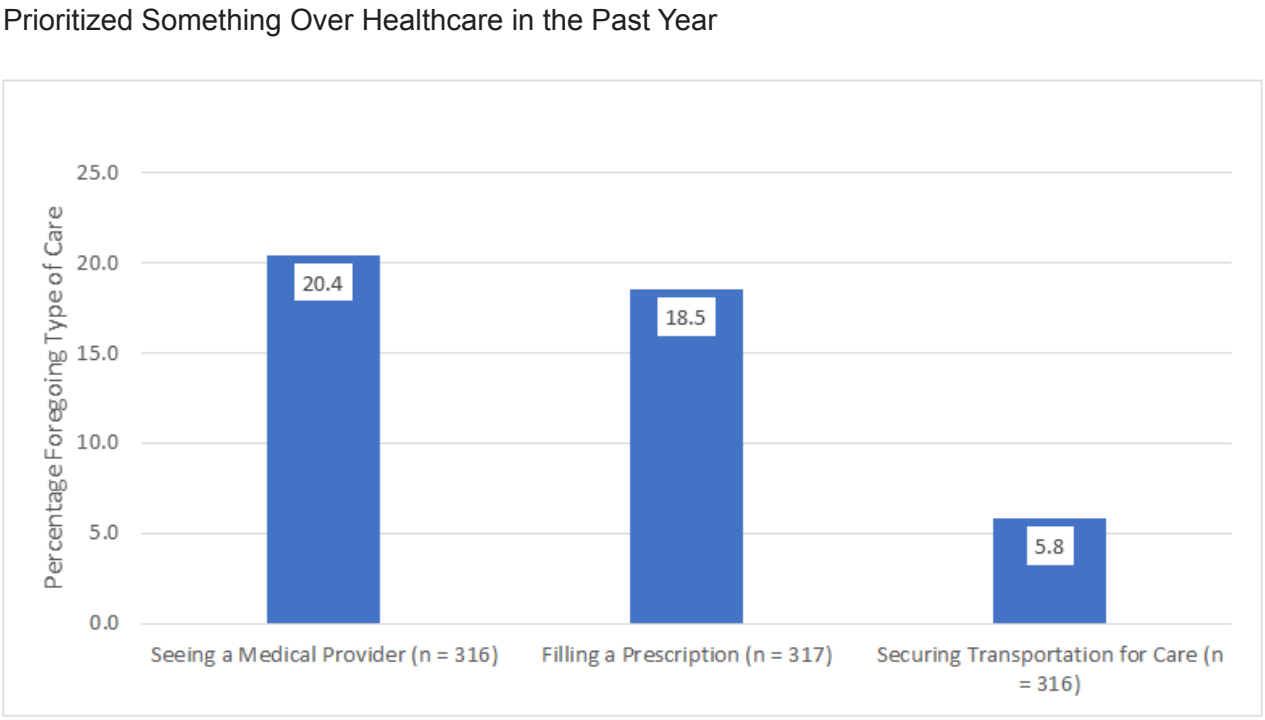

Figure 8.9. Participants' Reports of Resource Challenges and Health Care

PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health promoting (e.g., behaviors perceived by the hospital to be supportive of one's health and well-being) or health challenging (e.g., behaviors perceived by the hospital to be challenging to one's health and well-being). Table 8.2 provides a summary of this data.

Table 8.2. Self-Reported Health Behaviors (n = 329)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	56.7
Getting Plenty of Sleep	58.7
Eating Balanced Diet	59.3
Checked Blood Pressure	36.5
Tried to Reduce Stress	30.5
Took Prescription for Mental Health	14.7
Health Challenging Behaviors	**% Reporting Behavior**
Used Tobacco	13.9
Took Opioid Prescribed to Me	6.4
Driving Intoxicated	1.9
Took Opioid Not Prescribed to Me	2.7

SURVEY RESULTS - LAKE & PORTER COUNTY

SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of these items was to assess the extent to which participants "felt" specific characteristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live" is a positively worded item and those reporting "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infrastructure to work with an individual to has concerns about his or her housing situation. Negatively worded items like "I worry about being able to pay my rent or mortgage" are considered at the other end of the response options, with those responding "sometimes," "often," or "always" being among those who might benefit from economic or employment assistance in ways to reduce the impact on health. Table 8.3 provides a summary of this data.

Table 8.3 Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		Percent Reporting "Never" or "Seldom" Applies to Me
Social Ecology (n=316)	I feel those around me are healthy	7.2
Education (n=324)	I am satisfied with my education	12.0
Community Cohesion (n=325)	I make efforts to get involved in my community	36.6
Policy (n=324)	I vote when there is an election in my town	18.4
Environment (n=327)	I feel that my town's environment is healthy (air, water, etc)	12.7
Housing (n=328)	I feel safe in the place where I live	3.0
Psychosocial (n=315)	I try to spend time with others outside of work	16.9
Transportation (n=327)	I have access to safe and reliable transportation	4.8
Negatively Worded Social Determinant Items		Percent Reporting "Sometimes," "Often" or "Always" Applies to Me
Economy (n=327)	I worry about my utilities being turned off for non-payment	13.5
Employment (n=326)	I worry about being able to pay my rent or mortgage	24.1

SURVEY RESULTS - LAKE & PORTER COUNTY

IMPORTANCE OF COMMUNITY-BASED HEALTH AND SOCIAL SERVICE PROGRAMS

Participants were asked to provide the perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type.

Results from the participants were used to calculate rankings of program endorsement, although the number of participants responding to the items varied throughout the list. Of the twenty programs, 100% were ranked as being either moderately or very important by more than 50% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board these data do suggest that in general most community members perceive the general network of health and social service programs to be important on the whole. Table 8.4 provides a list of the extent to which participants rated a program type as "moderately" or "very" important. Responses from the convenience sample also indicated strong support for all of the programs reflected in the list. Further highlighted are the items for which there were stronger endorsements in the "very" category than the "moderate" category.

Table 8.4. Participant Ratings of the Importance of Community Resources

Community Programs	Moderately/Very Important %	Moderately Important %	Very Important %
Physical Activity (n = 322)	91.4	41.9	49.5
Substance Abuse Prevention & Treatment (n = 317)	88.5	38.2	50.3
Walking Trails/Outdoor Space (n = 322)	87.2	28.8	58.4
Aging Services (n = 323)	86.9	37.1	49.8
Mental Health Counseling (n = 318)	86.4	36.3	50.1
Gun Safety Education (n = 322)	77.2	30.5	46.7
Job Training/Employment Assistance (n = 320)	77.0	37.8	39.2
Nutrition Education (n = 320)	75.0	50.0	25.0
Free/Emergency Childcare (n = 322)	74.4	32.0	42.4
Health Insurance Assistance (n = 321)	74.4	36.0	38.4
Food Pantries (n = 324)	73.0	35.7	37.3
Services for Women, Infants, Children (n = 322)	67.2	32.3	34.9
Financial Assistance (n = 318)	63.0	41.4	21.6
Family Planning (n= 318)	62.7	36.3	26.4
Prescription Assistance (n = 320)	62.6	40.2	22.4
Transportation Assistance (n = 324)	59.3	34.4	24.9
Legal Assistance (n = 321)	59.3	38.3	21.0
Food Stamps/SNAP (n = 322)	56.8	30.5	26.3
Housing Assistance (n = 321)	56.5	33.2	23.3
Needle Exchange (n = 311)	48.5	29.8	18.7

SURVEY RESULTS - LAKE & PORTER COUNTY

COMMUNITY PERCEPTIONS OF PRIORITY HEALTH NEEDS

Important to the development of the CHNA and its subsequent Implementation Plan was to assess the local health issues which community members perceived to be of importance. The hospital developed a list of 21 different health needs that are common in many communities similar to those in the service area. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospital and its partners to address.

Accompanying the list of health issues was a statement that guided survey participants in their selection. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 8.5 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

Table8.5. Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention (n = 329)

Health Issue	% Selecting Issues As One of Top 5 Needing Attention
Chronic Disease	53.7
Obesity	45.3
Substance Use and Abuse	42.6
Mental Health	40.9
Aging Issues	39.9
Alcohol Use and Abuse	28.9
Food access, affordability, and safety	25.1
Poverty	22.5
Environmental Issues	21.3
Disability Needs	19.6
Tobacco Use	18.1
Injuries and Accidents	16.6
Assault, Violent Crime, and Domestic Violence	16.3
Suicide	15.7
Reproductive Health and Family Planning	12.6
Child Neglect and Abuse	12.0
Dental Care	9.6
Sexual Violence, Assault, Rape, or Human Trafficking	9.2
Homelessness	6.9
Infectious Diseases, like HIV, STDs, and Hepatitis	3.6
Infant Mortality	0.3

SURVEY RESULTS - LAKE & PORTER COUNTY

COMMUNITY PERCEPTIONS OF HEALTH ISSUES NEEDING PRIORITY RESOURCE ALLOCATION

In addition to assessing the extent to which participants perceived specific needs as being among the most important for action in their community, participants were also asked to provide their perceptions of the extent to which those same 21 issues were also priorities for the allocation of resources in the local community. Participants were given a statement to consider prior to indicating their perceptions. The statement read "Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the three to which you would give $1?" Table 8.6 provides a summary of the extent to which participants selected an issue as one of the top three for the allocation of resources.

Table 8.6. Ranking of Health Issues Selected by Participants as Being Among the Top 3 to Which They Would Allocate Resources (n = 329)

Health Issue	% Selecting as a Top Priority for Resource Allocation
Mental Health	33.4
Food Access, Affordability, and Safety	28.6
Chronic Disease	28.4
Aging Issues	28.1
Substance Use and Abuse	25.3
Poverty	20.5
Child Neglect and Abuse	19.4
Obesity	14.7
Suicide	13.0
Environmental Issues	12.8
Disability Needs	12.2
Sexual Violence, Assault, Rape, or Human Trafficking	9.8
Homelessness	8.5
Assault, Violent Crime, and Domestic Violence	7.5
Alcohol Use and Abuse	7.4
Reproductive Health and Family Planning	6.1
Tobacco Use	4.2
Injuries and Accidents	3.6
Infant Mortality	2.9
Dental Care	2.6
Infectious Diseases, like HIV, STDs, and Hepatitis	1.4

HIGHLIGHTS OF ACE-RELATED SECONDARY DATA (PAGE 1)

Indicator	Primary Topic	Measurement-Year	Porter	Lake
Total # kids under 18	Demographic	#; 2016 (SSC = 2012-2016)	37,728	116,866
% by age group: 0-4	Demographic	%; 2016	24.60%	25.80%
% by age group: 5-9	Demographic	%, 2016	26.50%	27.20%
% by age group:10-14	Demographic	%, 2016	29.60%	28.70%
% by age group:15-17	Demographic	%, 2016 (SSC = ages 5 to 17)	19.30%	18.20%
Per capita income	Econimic Well-Being/income	2016	$46,965	$40,628
% of Child food insecurity rate	Econimic Well-Being	%; 2016	15.90%	19.90%
Total % free & reduced lunch	Econimic Well-Being/Public Assist	%, 2016	34.20%	53.30%
Monthly Average # of persons issued SNAP	Econimic Well-Being/Public Assist	#, 2016	12,678	79,417
Total # of Participants on WIC	Econimic Well-Being/Public Assist	#, 2016	3,501	18,874
# of homeless/unstable housing students	Econimic Well-Being/Housing	#; 2016	387	709
% of children under 18 in poverty	Econimic Well-Being/Poverty	%; 2016	9.90%	25.70%
% of children below 200% poverty w/o insurance	Econimic Well-Being/Poverty	%; 2016	8.40%	4.70%
% 10th graders passing Math and Language Arts ISTEP	Education/Test Scores	%; 2016	39.20%	28.10%
% passing IRead3	Education/Test Scores	%; 2016	93.00%	86.90%
% of mothers smoking while pregnant	Health/Birth Outcomes	%; 2016	11.30%	9.20%
% of mothers who received 1st trimester prenatal care	Health/Birth Outcomes	%; 2016	70.70%	69.90%
% of births to unmarried parents	Health/Birth Outcomes	%; 2016	34.30%	52.60%
% of low birth weight babies	Health/Birth Outcomes	%; 2016 (SSC = 2013-2014)	8.10%	8.50%
# infant deaths	Health/Vital Statistics	#; 2016 (SSC = 2010-2012)	8	49
Child abuse and neglect rate under age 18	Safety & Risky Behavior	Per 1,000; 2016 (SSC = 2012-2014)	12.3	17.6
# of Children In Need of Service (CHINS) cases	Safety & Risky Behavior	#; 2016	212	1,385

Key:

Green - value is better than national average/Healthy People 2020

Yellow - value is nearing below national average

Red - value is below national average.

HIGHLIGHTS OF ACE-RELATED SECONDARY DATA (PAGE 2)

Indicator	Primary Topic	Measurement-Year	Porter	Lake
Age adjusted rate due to adolescent suicide	Health /Mental Health	Per 10,000 Pop; ages 12-17; 2014-2016	61.4	55.3
Age adjusted rate due to pediatric mental health	Health /Mental Health	Per 10,000 Pop; under 18; 2014-2016	38.3	49.6
Age adjusted rate due to mental health for adults	Health /Mental Health	Per 10,000 Pop; 18+; 2014-2016	24.3	75.2
Poor mental health days	Health /Mental Health	# days; 2016	3.9	3.9
% Adults who drink excessively	Health / Substance Abuse	%, 2016	19.80%	17.10%
Age adjusted hospitalization rate for alcohol	Health / Substance Abuse	Per 10,000 Pop; 18+; 2014-2016	10.7	24
Age-Adjusted Hospitalization Rate for substance abuse	Health / Substance Abuse	Per 10,000 Pop; 18+; 2014-2016	6	5.3
Non fatal ED visits due to opioid	Health / Substance Abuse	Per 100,000 Pop; 2016	78.1	81.9
Families living below poverty level	Health / Poverty	%; 2012-2016	8.20%	13.80%
# of Adults admitted into correctional facilities	Health / Exercise, Nutrition, & Weight	#; 2016	66	220

Key:

Green - value is better than national average/Healthy People 2020

Yellow - value is nearing below national average

Red - value is below national average.