



2016 Community Health Needs Assessment

Methodist Hospitals Southlake Campus



2016 Community Health Needs Assessment

Methodist Hospitals Southlake Campus

| Table of Contents | Page |
|--|------|
| Introduction | 3 |
| Summary of Key Findings | 4 |
| Secondary Data Review | 6 |
| Community Survey | 14 |
| Key Informant Survey | 58 |
| Appendix: Community Survey Questionnaire | |

Introduction

Project Goals

The purpose of the Community Health Needs Assessment is to provide a systematic, data-driven approach to determining the health status, behaviors and needs of the residents of Lake County, Indiana within the primary service area of Methodist Hospitals' Northlake Campus. The effort is designed to provide information that will help us to:

- To identify major health problems, gaps in services and other factors which may contribute to less than optimal health status for residents of our community.
- Reduce health disparities among population segments within our communities
- Increase accessibility to services for community residents

Results of this Assessment will provide guidance in the development of a plan of action for the hospital to address the needs and barriers to care identified in the study

Methodology

The assessment is a three part project that included:

- Secondary analysis of demographics and health trends in the region
- A series of online interviews among community and health care leaders
- Quantitative survey of residents of the region conducted by a combination of online and paper survey distributed by email and in paper form at locations and events such as senior centers, FQHCs, local colleges, health fairs, physician seminars, and churches. Outreach to distribute paper surveys was used to improve the survey reach to those underrepresented in traditional survey research.

Methodist, Community Healthcare Systems and the Franciscan Alliance collaborated on the assessment, with each hospital preparing separate reports based on its service area definitions.

Summary of Key Findings

| 2016 Southlake Service Area Health Needs Assessment - Top Community Health Problems | | |
|--|--|---|
| <u>Community Survey</u> | <u>Key Informant Survey</u> | <u>Secondary Data</u> |
| <p>#1 -- Obesity is cited by 50% as a one of the top three health problems in their community; 47% say they or someone in their household is obese; 70% say weight is a problem in their household. Most common barriers to maintaining healthy weight are bad eating habits, stress, dislike of fruits and vegetables, lack of healthy foods . Lack of knowledge about nutrition and lack of access to low-cost weight loss programs are also issues</p> | <p>#3 - 52% cited nutrition, physical activity and weight as a major problem in their community. Lack of healthy food options and safe, affordable places to exercise are thought to contribute to community rates of both obesity and diabetes</p> | <p>36% of Lake County residents are obese, compared with 31% in Indiana as a whole.</p> |
| <p>#2 -- Cancer was cited by 44% as one of the top three community health problems and 33% reported a cancer diagnosis in their household</p> | <p>#6 - 45% cited as major problem</p> | <p>Lake County's death rate from cancer is higher than the state or national rates.</p> |
| <p>#3 --Diabetes is cited by 41% as one of the top 3 community health problems; 43% say they or someone in their household has been diagnosed with diabetes</p> | <p>#3 - 52% said diabetes is a major problem in their community</p> | <p>The death rate from diabetes in Lake County is 29.6 per 100,000, significantly higher than the rates for Indiana and the US as a whole.</p> |
| <p>#4 -- Heart Disease was cited by 36% as major problem and 39% say they or someone in their household has been diagnosed with a heart condition</p> | <p>#5 - 49% cited heart disease and stroke as major problem. Lifestyle choices leading to obesity and diabetes are seen as contributing factors, as is living in a stressful environment with high unemployment and lack of public resources</p> | <p>Lake County's death rate from diseases of the heart is higher than the state or national rates.</p> |
| <p>#5 and #7 --Mental Health/Substance Abuse was cited by 30%/26% as top health problems. Nearly 42% say they or someone in their household has been diagnosed with depression or mental illness; 34% say they need mental health services but they are hard to find. Top barriers to obtaining mental health services are cost of co-pays, lack of knowledge of available services, lack of insurance, no programs that fit needs, lack of MDs who accept my insurance, limited Dr office hours, can't get timely appointment and concern about what others will think</p> | <p>#1 and #4 - 56% said substance abuse is major problem, 50% said mental health is major problem. Lack of treatment programs is seen as a key problem, as is access to existing programs. Costs and transportation issues are seen as key barriers</p> | <p>Drug overdoses deaths per thousand are lower in Lake County than Indiana overall, but more driving deaths are alcohol-impaired in Lake County compared to the state overall.</p> |

2016 Southlake Service Area Health Needs Assessment - Other Barriers to Good Health

| <u>Community Survey</u> | <u>Key Informant Survey</u> | <u>Secondary Data</u> |
|---|---|---|
| Lack of employment Opportunities/education and job training were the #1 and #3 top perceived social problems in the Southlake service area. 53% and 34% cite these as among the top 3 social problems | Social issues were not directly evaluated in the key informant survey, but lack of employment opportunities and other issues, such as crime, pollution, transportation and housing problems are viewed a contributing to higher incidence of obesity, diabetes, heart disease, and cancer, and as barriers to access to treatment | Unemployment in Lake County is higher than state and national rates. |
| Public transportation is the #2 perceived social problem in the Southlake service area, with 38% placing it in the top 3 | | |
| Affordable housing is the #4 social problem in the Southlake area, with 33% naming it to the top 3 | | |
| Lung problems: tobacco use and breathing problems were cited as major health problem by 28% and 20% | 40% named tobacco use and 24% named respiratory diseases as major problems. Asthma is viewed as a particular problem among children and environmental factors are viewed as contributors | Lake County adult smoking rate is 24%, just slightly higher than state rate of 23% and much higher than the US rate of 16.8. |
| Infant/child health: cited by only a few in community survey | 28% of key informants cited infant and child health as major problem in the community. Lack of funds and education are seen as putting young parents and their children at risk | Teen birth rate in Lake County is higher than US rate; slightly higher percentage of births are low birthweight or preterm and breast feeding rate is lower. |
| Access to health care: 53% say they have trouble getting health services. Major barriers are cost of co-pays, getting timely appointments, limited service hours, lack of insurance/doctors who don't take their insurance | 23% cited access to health care services as a major problem. Types of care considered most difficult to access were chronic disease care, primary care and mental health care | The percent of people without health insurance is higher in Merrillville and Portage than in other communities within the the Southlake primary service area |
| Cost of medication: 28% say there was a time in the past year when they did not purchase a medication or took less than the prescribed dose because they could not afford it | This issue was not specifically addressed in the key informant survey, but cost in general was perceived as a significant barrier to good health in the community | While above the state median income, Merrillville and Portage have median incomes lower than Hobart, Crown Point, Schererville and Highland, as well as higher percentages of residents without health insurance. |

Secondary Analysis
Demographic and Public Health Information
Lake County, Indiana

2016 Community Health Needs Assessment

Southlake Campus

Demographics of the Southlake Service Area

Compared with the state of Indiana, Lake County as a whole, and the Northlake service area, residents of the Methodist Hospitals Southlake primary service area tend to have higher income and education levels, fewer residents living in poverty and fewer residents with disabilities or who lack health insurance. Except for Merrillville and Portage, these communities are about 80% white. Merrillville has a relatively higher percentage of black and Hispanic residents and Portage a somewhat higher percentage of Hispanic residents. These two communities also have more residents with disabilities, without health insurance. Residents of these six communities made up 76% of respondents in the SLC community survey.

| | <u>Merrillville</u> | <u>Hobart</u> | <u>Crown Point</u> | <u>Schererville</u> | <u>Highland</u> | <u>Portage</u> | <u>Lake County</u> | <u>Indiana</u> |
|------------------------------------|---------------------|---------------|--------------------|---------------------|-----------------|----------------|--------------------|----------------|
| Age | | | | | | | | |
| Under 18 | 25.5% | 23.1% | 21.2% | 22.1% | 20.9% | 25.7% | 24.2% | 23.9% |
| 65+ | 13.7% | 14.4% | 16.1% | 14% | 12.1% | 12.1% | 15.0% | 14.6% |
| Gender | | | | | | | | |
| Female | 53% | 51.5% | 50% | 51.5% | 52% | 51.6% | 51.6% | 50.7% |
| Male | 47% | 48.5% | 50% | 48.5% | 48% | 48.4% | 48.4% | 49.3% |
| Race | | | | | | | | |
| White/non-Hispanic | 40% | 76.9% | 82.8% | 80% | 80.2% | 74% | 54.6% | 80% |
| Black | 44.5% | 7% | 6.3% | 5.4% | 4.2% | 7.3% | 25% | 9.6% |
| Hispanic | 12.9% | 13.9% | 8.1% | 10.6% | 12.8% | 16.4% | 18.3% | 6.7% |
| Other | 2.6% | 2.2% | 2.8% | 2.8% | 2.8% | 2.3% | 2.1% | 3.7% |
| Education | | | | | | | | |
| High School+ | 90.1% | 88.5% | 92.6% | 93% | 91.7% | 88.2% | 87% | 87.6% |
| College degree+ | 20.2% | 15.8% | 31.3% | 32.8% | 27% | 15.4% | 20% | 23.6% |
| Median income | \$49,711 | \$55,840 | \$64,250 | \$69,011 | \$62,738 | \$51,180 | \$49,617 | \$48,737 |
| Persons in poverty | 17.1% | 10.4% | 6.6% | 5.5% | 6.1% | 14.3% | 17.6% | 15.2% |
| Persons with a disability | 11.2% | 7.2% | 5.7% | 5.2% | 7.0% | 10.4% | 9.7% | 9.6% |
| Persons with no health ins. | 17.5% | 13.8% | 12.8% | 12.6% | 10.9% | 16.3% | 14.7% | 13.8% |

US Census Bureau Quick Facts, 2012,2015

Demographics of the Northlake Service Area

Compared with the state of Indiana and Lake County as a whole, residents of the Methodist Hospitals Northlake primary service area are younger, more female, and are lower in income and education. They are more likely to live in poverty, to be without health insurance and to have a disability. In Gary, the population is 85% black. In East Chicago and Hammond, there are significant Hispanic populations. In all three of these communities, the majority is non-white. Nearly all (97%) respondents in the NLC community survey lived in these three cities.

| | <u>Gary</u> | <u>East Chicago</u> | <u>Hammond</u> | <u>Lake County</u> | <u>Indiana</u> |
|--|-------------|---------------------|----------------|--------------------|----------------|
| Age | | | | | |
| Under 18 | 28.1% | 31.4 | 27.6% | 24.2% | 23.9% |
| 65+ | 14.5% | 11.3 | 10.7% | 15.0% | 14.6% |
| Gender | | | | | |
| Female | 54% | 53.2 | 51% | 51.6% | 50.7% |
| Male | 46% | 46.8 | 49% | 48.4% | 49.3% |
| Race | | | | | |
| White/non-Hispanic | 8.9% | 7.2 | 41.5% | 54.6% | 80% |
| Black | 84.8% | 42.9 | 22.5% | 25% | 9.6% |
| Hispanic | 5.1% | 50.9 | 34.1% | 18.3% | 6.7% |
| Other | 1.2% | - | 1.9% | 2.1% | 3.7% |
| Education | | | | | |
| High School+ | 83.1% | 71.8 | 79% | 87% | 87.6% |
| College degree+ | 13.1% | 7.5 | 13.2% | 20% | 23.6% |
| Median income | \$27,458 | \$27,215 | \$39,771 | \$49,617 | \$48,737 |
| Persons in poverty | 38.7% | 35.5% | 23.8% | 17.6% | 15.2% |
| Persons with a disability | 14% | 12.2% | 11.8% | 9.7% | 9.6% |
| Persons with no health insurance | 21.6% | 23.6% | 22.1% | 14.7% | 13.8% |
| <i>US Census Bureau Quick Facts 2012, 2015</i> | | | | | |

Overall Health Status of Lake County Indiana

The 2015 State Health Rankings , a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, are designed to help counties understand what influences how healthy residents are and how long they will live. The rankings measure the current overall health of each county. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Among the 92 counties in Indiana, Lake County ranks at the bottom on the overall measure of Health Factors as well as its component scores for health behaviors, clinical care, social and economic factors, and physical environment.

Lake County also ranks near the bottom on Health Outcomes, which is comprised of measures of length and quality of life.

Lake County Health Rankings (Among 92 Counties)

| <u>Characteristic</u> | <u>Rank</u> |
|-----------------------------|-------------|
| Health Outcomes | 85 |
| Length of life | 64 |
| Quality of Life | 92 |
| | |
| Health Factors | 91 |
| Health Behaviors | 92 |
| Clinical Care | 56 |
| Social and Economic Factors | 89 |
| Physical Environment | 86 |

County Health Rankings 2015

Unemployment in Lake County Indiana

The unemployment rate as of July 2016 in Lake County is higher than the state or national rate:

Lake County: 6.4%

Indiana: 4.6%

US: 4.9%

StatsIndiana, June 2016

Leading Causes of Death in Lake County Indiana

Lake County Indiana has death rates higher than the state and national averages for heart disease, cancer, stroke, diabetes, kidney disease and pneumonia/influenza. More residents of Lake County also die by homicide, firearms and drugs than do those in Indiana or the US as a whole.

| Age-Adjusted Death Rate (per 100,000) | Lake County | Indiana | US | Healthy People 2020 |
|---|--------------------|----------------|-----------|----------------------------|
| Diseases of the Heart | 186.9 | 181.9 | 170.5 | 152.7 |
| Malignant Neoplasms (Cancers) | 186.5 | 179.4 | 167.1 | 160.6 |
| Chronic Lower Respiratory Disease | 46.6 | 61.1 | 46.1 | N/A |
| Cerebrovascular Disease (Stroke) | 43.4 | 41.7 | 36.9 | 33.8 |
| Diabetes Mellitus | 29.6 | 24.4 | 21.2 | 16.1 |
| Unintentional Injuries | 32.8 | 45.1 | 42.7 | 36 |
| Kidney Disease | 20.8 | 18.7 | 13.1 | N/A |
| Firearm-Related | 18.1 | 12.2 | 10.5 | 9.2 |
| Homicide/Legal Intervention | 15.9 | 5.5 | 5.4 | 5.5 |
| Alzheimer's Disease | 21.5 | 29.4 | 29.2 | N/A |
| Pneumonia/Influenza | 15.2 | 14.3 | 14.4 | N/A |
| Intentional Self-Harm (Suicide) | 14 | 14.4 | 14.3 | 10.2 |
| Motor Vehicle Crashes | 6.5 | 11.3 | 10.2 | 12.4 |
| Cirrhosis/Liver Disease | 10.7* | 18.7 | 11.5 | 8.2 |
| Drug-Induced | 16 | 10.11 | 15.2 | 11.3 |
| http://www.iihs.org/iihs/topics/t/general- | | | | |
| http://indianaindicators.org/CountyDa | | | | |
| http://www.stats.indiana.edu/vitals/ | | | | |
| http://www.dunelandhealthcouncil.org/about/focus/99 | | | | |
| http://www.cdc.gov/nchs/data/nvsr/n | | | | |
| *most recent cirrhosis data from Duneland Health Council | | | | |

Most Prevalent Cancers in Lake County Indiana

As noted above, the cancer mortality rate in Lake County is 186.5 per 100,000, which is above the state average of 178.7. The top four causes of cancer mortality are listed below with their rates per 100,000 (*Indiana INdicators, 2015*):

- Lung Cancer: 46.6
- Colorectal Cancer: 16.1
- Female Breast Cancer: 15.1
- Prostate Cancer: 8.8

Respiratory Health

While Lake County has a lower death rate from Chronic Lower Respiratory Disease than the State or US as a whole, patients with COPD account for a significant number of hospital readmissions <30 days, and asthma is a common reason for emergency department visits. (*Indiana INdicators, 2015*):

- Asthma ED Visits: 71.6 per 10,000
- Child Asthma ED Visits: 104.2 per 10,000
- Asthma Hospitalization: 20.2 per 10,000
- Child Asthma Hospitalization: 7.5 per 10,000

Lake County and Indiana as a whole have higher rates of particulate matter in the air breathed by residents, and Lake County has a much higher percentage of population exposed to contaminated drinking water than the state of Indiana or the US as a whole.

Lake County Air and Water Quality

| | Lake County | Indiana | US |
|--|--------------------|----------------|-----------|
| Air Pollution – Daily Density of Particulate Matter Micrograms per cubic meter | 13.2 | 13.5 | 11.9 |
| % of population exposed to drinking water exceeding a violation limit during past year | 22% | 4% | 1% |
| <i>(Indiana County Health Rankings 2015)</i> | | | |

Tobacco Use

Adult smoking is defined as the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. In Lake County, the adult smoking rate is 24%, which is above the state percentage of 23%. Impact of smoking on Lake County in 2015 included:

- 879 smoking-affected births with costs of \$1.5 million
- 775 smoking related deaths; 15,505 smoking related illnesses
- Second-hand smoke has economic burden of \$30.5

(Indiana County Health Rankings, 2015)

Alcohol and Substance Abuse

While the percentage of Lake County adults who report excessive drinking is slightly lower than the state as a whole, the percentage of Lake County driving deaths where alcohol was involved is higher than the state average. The rate of deaths due to drug overdoses is lower in Lake County than Indiana as a whole.

| | <u>Lake County</u> | <u>Indiana</u> |
|----------------------------------|--------------------|----------------|
| Excessive drinking | 15% | 16% |
| Alcohol-impaired driving deaths | 36% | 25% |
| Drug overdose deaths per 100,000 | 10 | 16 |

(Indiana County Health Rankings 2015)

According to the National Survey on Drug Use and Health (NSDUH), nearly 23 percent of Indiana residents ages 12 and older engaged in binge drinking at least once in the past month. NSDUH defines binge alcohol use as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days.” *(Center for Health Policy, 2013)*

Among Hoosiers ages 12 and older, 9 percent reported current (past-month) use of an illicit substance, with the highest rate among young adults ages 18 to 25 (22 percent). Most of the illicit drug use was attributable to marijuana, with an annual prevalence rate of 10.3 percent, followed by nonmedical pain reliever use (5.7 percent.)

Nutrition, Physical Activity and Weight

While more Lake County residents have access to exercise opportunities than Indiana residents overall, more are obese, more are inactive and access to healthy foods is lower.

| | <u>Lake County</u> | <u>Indiana</u> |
|--|--------------------|----------------|
| Adult obesity | 36% | 31% |
| Food Environment Index Score | 6.8 | 7.2 |
| Lack access to healthy food | 8% | 6% |
| Food Insecurity | 16% | 15% |
| Percent of residents who are physically inactive | 30% | 28% |
| Access to exercise opportunities | 91% | 75% |

(Indiana County Health Rankings 2015)

HIV

Lake County has a HIV prevalence rate of 238.9 per 100,000 (*Indiana INdicators, 2015*). This is lower than the rate for the US (353.2) but higher than the rate for the state of Indiana (176.4) according to 2013 Kaiser Family Foundation State Health Facts 2013.

Maternal/Infant Health

The teen birth rate in Lake County is higher than US rate; a slightly higher percentage of births are low birthweight or preterm and the breast feeding rate is lower. The rate of Lake County women seeking prenatal care in the first trimester of pregnancy is slightly higher than the state but a bit lower than the national rate.

| | <u>Lake County</u> | <u>Indiana</u> | <u>US</u> |
|---|--------------------|----------------|-----------|
| Teen Births <i>per1000 females</i> | 28.0 | 28 | 24.2 |
| Low Birthweight | 8.4% | 7.9% | 8.0% |
| Preterm Births <i>per 1000 live births</i> | 9.8% | 9.7% | 11.4% |
| Infant mortality <i>per1000 live births</i> | 7.7% | 7.1% | 5.8% |
| Prenatal Care 1 st Trimester | 68.2% | 67.5% | 70.8%* |

Indiana Indicators, 2015

CDC Center for National Health Statistics, 2014

**Health Indicators Warehouse.gov – data from 2007*

Secondary Data Gaps and Challenges

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.

Thus, most of this data is for Lake County as a whole, but not for individual communities within Lake County. As evidenced by the demographic data for the Northlake and Southlake primary service areas, there are significant differences in income, education, poverty rates, rates of disability and health insurance coverage, as well as racial composition across these communities. It seems likely that data for Lake County overall obscures differences that may exist on health dimensions.

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.

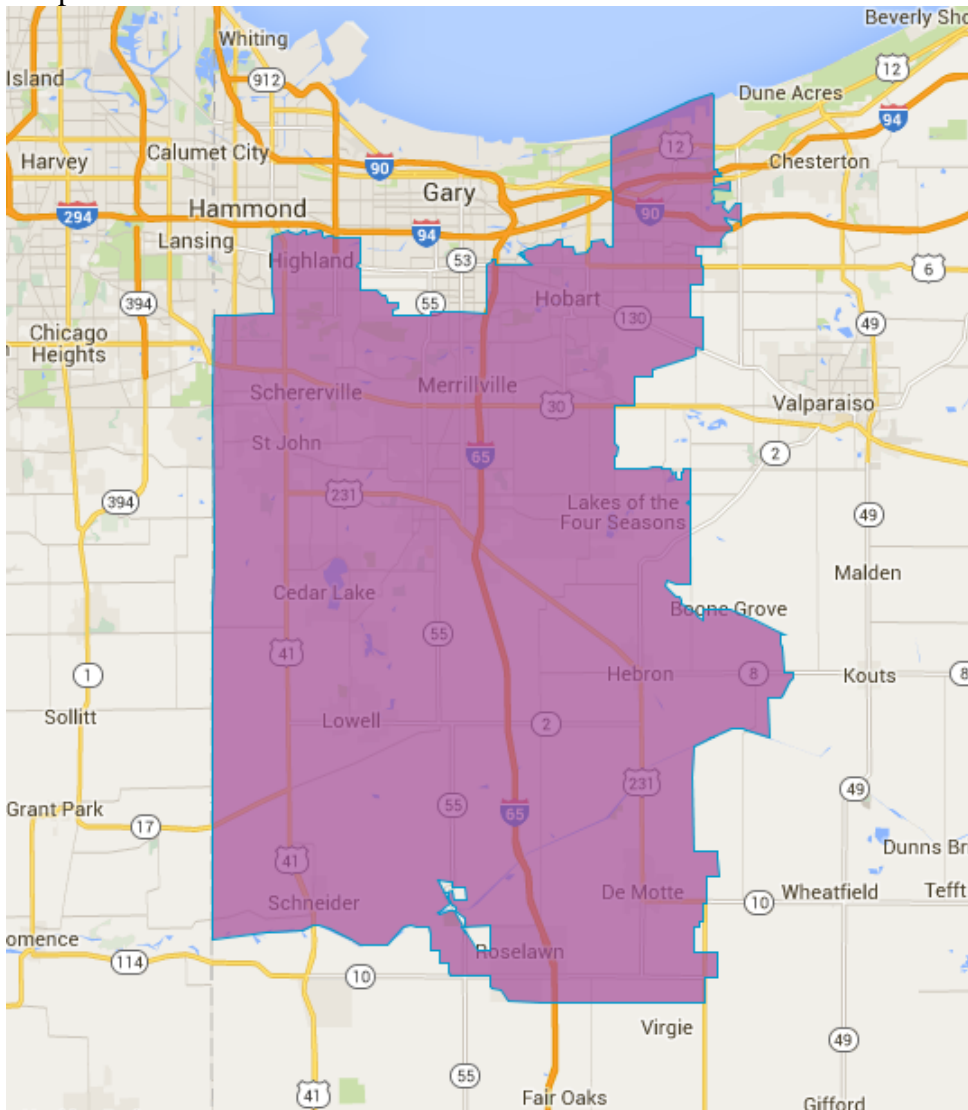


2016 Survey of the Community

Methodist Hospitals Southlake Campus

Community Defined for This Assessment

The community defined for this CHA included the ZIP codes 46303, 46307, 46308, 46310, 46311, 46319, 46322, 46341, 46342, 46355, 46356, 46368, 46373, 46375, 46376, 46410. These ZIP codes correspond to the primary service areas of Methodist's-Southlake Hospital.



Survey Instrument

The survey instrument was developed by representatives of the three health care systems working together, using as input the 2013 Community Health Needs Assessment as well as input from other sources. The survey was comprised of 35 questions on social and health issues of concern in their communities, their personal health status and diagnoses of specific conditions, their personal consumption of health care services, use of preventive screenings and vaccines, use of complementary medicine, their experiences with and access to health care services in their communities, concerns about health care costs, and health care information sources. The survey also included a set of questions on cancer-related services.

Sample and Data Collection Methodology

(The survey was conducted by a combination of online and printed questionnaires completed by 1025 adults residing in the Southlake Campus primary service area. The survey was distributed by email, offered on the websites of the three collaborating health systems and in printed form at locations and events such as senior centers, FQHCs, local colleges, health fairs, physician seminars, and churches. Outreach to distribute paper surveys was used to improve the survey reach to those underrepresented in traditional survey research.

Subgroup Definitions Used in the Analysis

Following the reporting format developed for the 2012 CHNA, this analysis will report data for ten population subgroups as well as for the total sample. The population subgroups include:

- Gender:
 - Male respondents – N = 153 (17.1% of all Southlake respondents)
 - Female respondents – N = 741 (82.9% of all Southlake respondents)
- Age:
 - Respondents with ages 18-44 – N = 319 (34.3% of all Southlake respondents)
 - Respondents with ages 45-64 – N = 474 (51.0% of all Southlake respondents)
 - Respondents with ages 65 and over – N = 136 (14.6% of all Southlake respondents)
- Disposable income (household size + reported income):¹
 - “Low” income – N = 258 (30.1% of all Southlake respondents)
 - “Mid/High” income – N = 598 (69.9% of all Southlake respondents)
- Race:
 - White respondents – N = 733 (82.4% of all Southlake respondents)
 - Black respondents – N = 91 (10.2% of all Southlake respondents)
 - Hispanic respondents – N = 66 (7.4% of all Southlake respondents)
- All Southlake respondents: – N = 1025

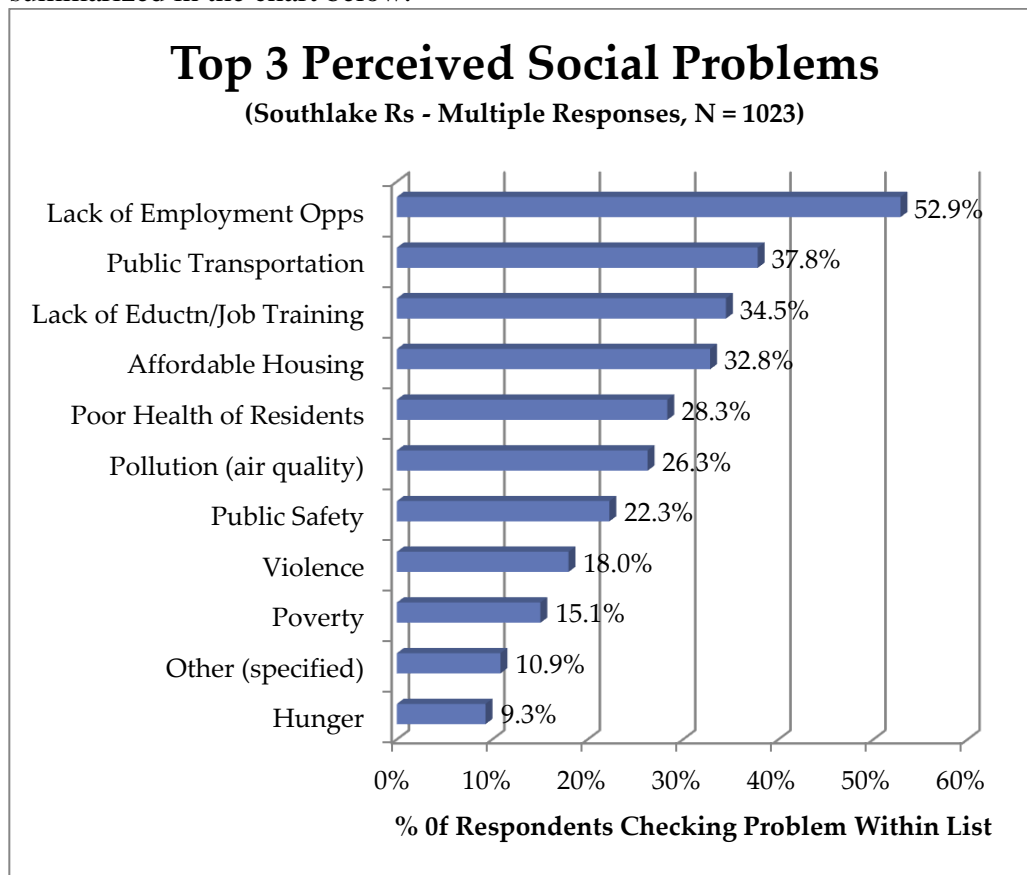
Note: approximately 10% of Southlake respondents did not complete the demographic and income questions. Consequently, due to missing data for these classification variables, both the reported frequencies and the relative percentages may vary from table-to-table depending on the classification variables used in the analysis.

¹ The operational definition of “Low” and “Mid/High” disposable income was based on the Federal Poverty Level Income Guidelines which use a combination of household income and household size to determine relative poverty levels. As with the 2012 CHNA, this report uses 200% of the Federal poverty guideline as the breakpoint for “Low” and “Mid/High” disposable income.

Top Perceived Social & Health Problems in the Community

Most Important Social Problems in the Community

The 2015 CHNA questionnaire began by asking respondents to identify what they felt were the three most important social problems in their community. Their responses are summarized in the chart below.



Question wording



Q1 in the online survey asked: “What do you feel are the 3 most important social problems in your community? [Please check three boxes]” The options available for selection appear in the chart to the left.

Economic Challenges, Transportation, Job Training & Housing

Reflecting the difficult economic conditions faced by many respondents in the Southlake area, the top social problem for nearly 53% of all respondents was “Lack of employment opportunities.” The second most frequently cited social problem was public transportation followed by lack of education and job training and affordable housing.

- Lack of employment opportunities – 52.9%
- Public transportation – 37.8%
- Lack of education & job training – 34.5%
- (Lack of) Affordable housing – 32.8%

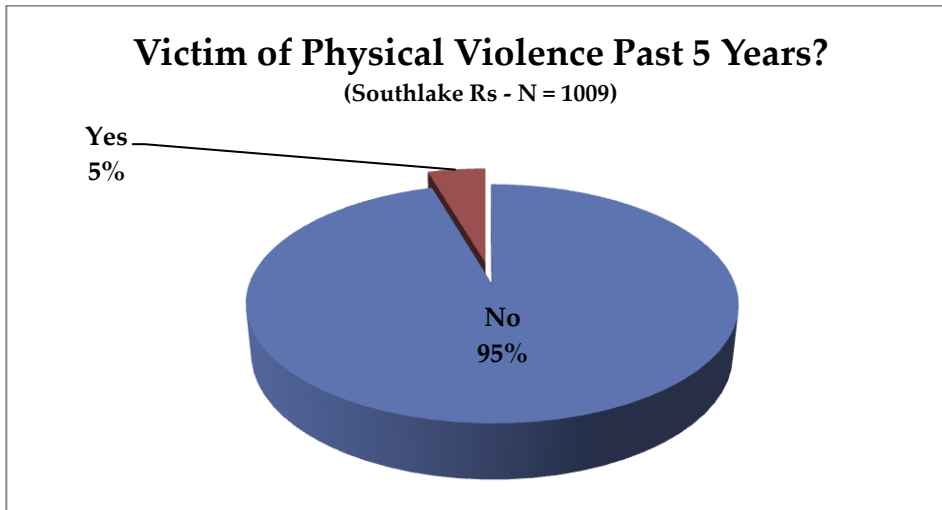
Poor health of the Residents

In terms of its perception as a key *social* problem (vs. being seen as a key *personal* problem) only 28.3% of all Southlake respondents selected “poor health of the residents”

as one of their top three social problems. Thus it ranks in fifth place in the list of significant social problems, just after lack of affordable housing and just ahead of concerns about air pollution.

Victims of Physical Violence

Concerns about violence placed eighth in the list of top perceived social problems with 18% of Southlake residents selecting as one of their top three concerns. Question 14 in the survey asked respondents if they, or a member of their family, had been the victim of physical violence in the past five years. Their responses are summarized below.



About 1 in 20 of the Southlake respondents indicates that they, or someone in their household, have been the victim of physical violence in the past five years.

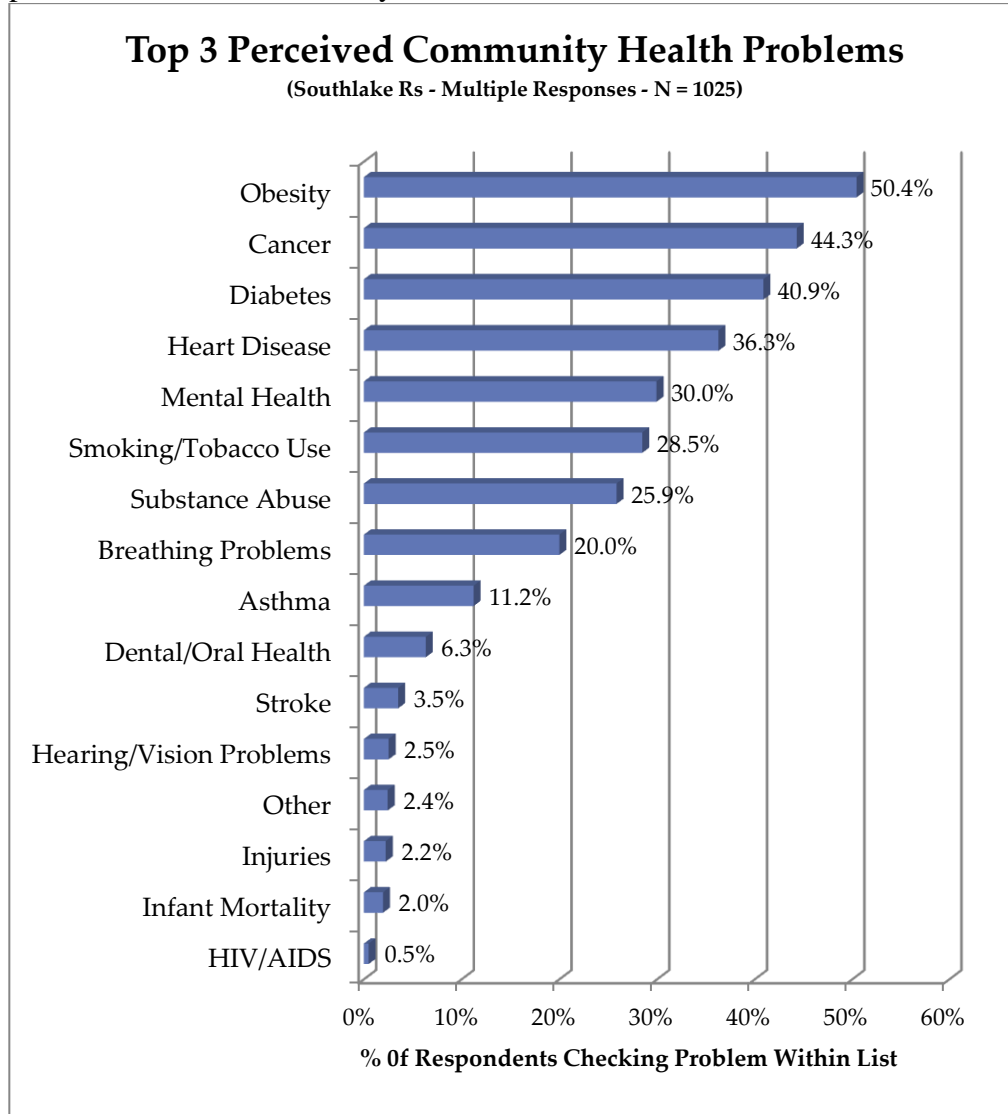
Question wording



Q4 in the online survey asked: “Have you or a member of you family been the victim of physical violence in the past five years (domestic /street/gang/criminal violence)?” The response options were “Yes” and “No”.

Most Important Health Problems in the Community

For the second task in the questionnaire, respondents were presented with a list of health issues and asked to identify which, in their opinion, were the three most important health problems for their community. The results are summarized in the chart below.



Question wording



Q2 in the online survey asked: "... And what do you feel are the **3 most important health problems** in your community? [**Please check three boxes**]"

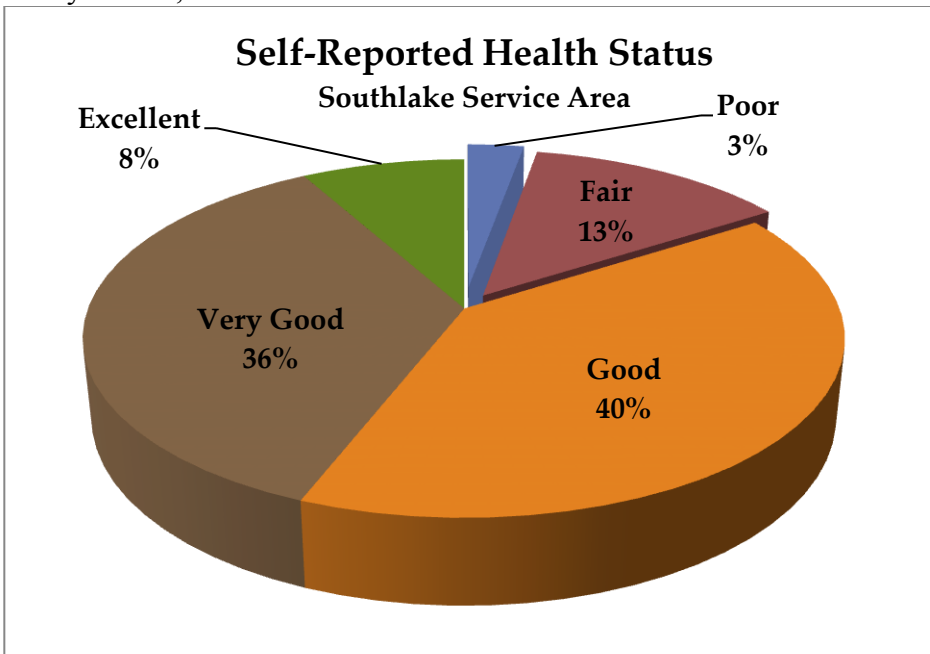
More than half (50.4%) of the Southlake respondents perceive **obesity** to be the number 1 health problem in their community. The next five, in descending order, include:

- Cancer: 44.3%
- Diabetes: 40.9%
- Heart Disease: 36.3%
- Mental Health: 30.0%
- Smoking/Tobacco Use: 28.5%

Personal Health Status & Diagnoses for Specific Conditions

Self-reported Overall Health Status

A total of 44% of Southlake respondents rated their overall health as either “Excellent” or “Very Good”, an additional 40% rated their overall health as “Good”.

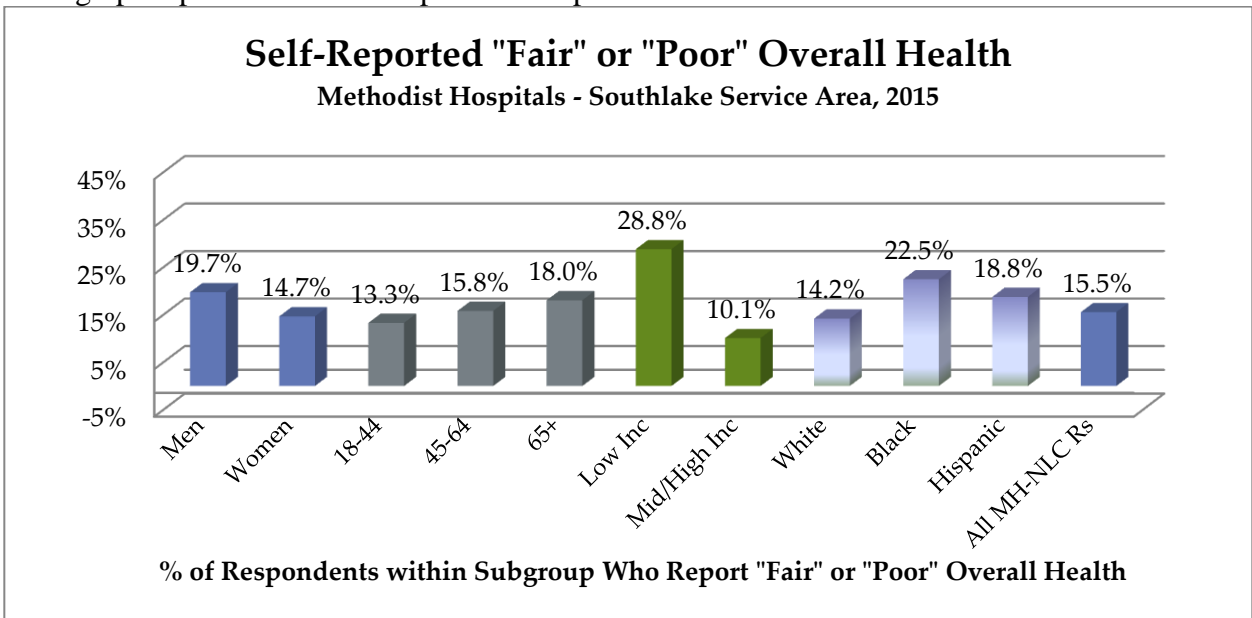


Question wording

•••

Q7 in the online survey asked: “How would you describe your overall health?” Responses included: Excellent, Very good, Good, Fair, Poor and Don’t know/not sure.

However, 16% of Southlake respondents rated their overall health as “Fair” or “Poor”. The demographic profile of those respondents is presented below.



Respondents most likely to report “fair” or “poor” health included:

- Respondents a low disposable income – 28.8%
- Black respondents – 22.5%

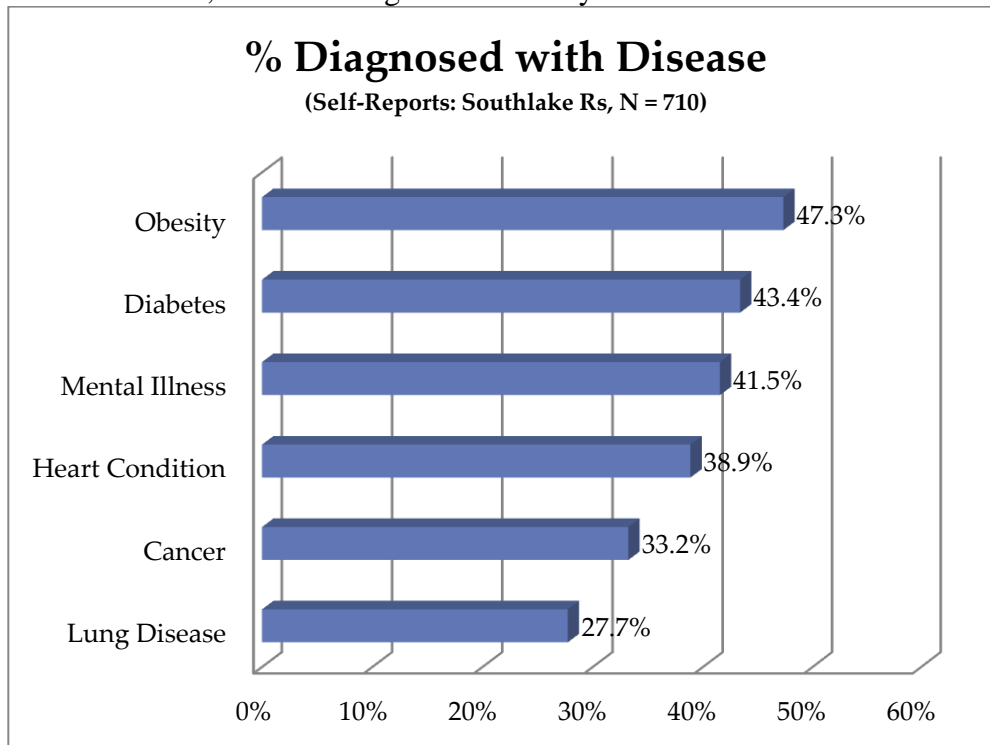
- Male respondents – 19.7%

Respondents who were least likely to report “fair” or “poor” health included:

- Those with “mid/high” disposable income – 10.1%
- Respondents 18-44 years old – 13.3%
- White respondents – 14.2%

Self-reports of Diagnoses for Specific Diseases

The 2015 CHNA questionnaire asked respondents to indicate whether they, or someone in their household, had been diagnosed with any of six medical conditions.



Question wording

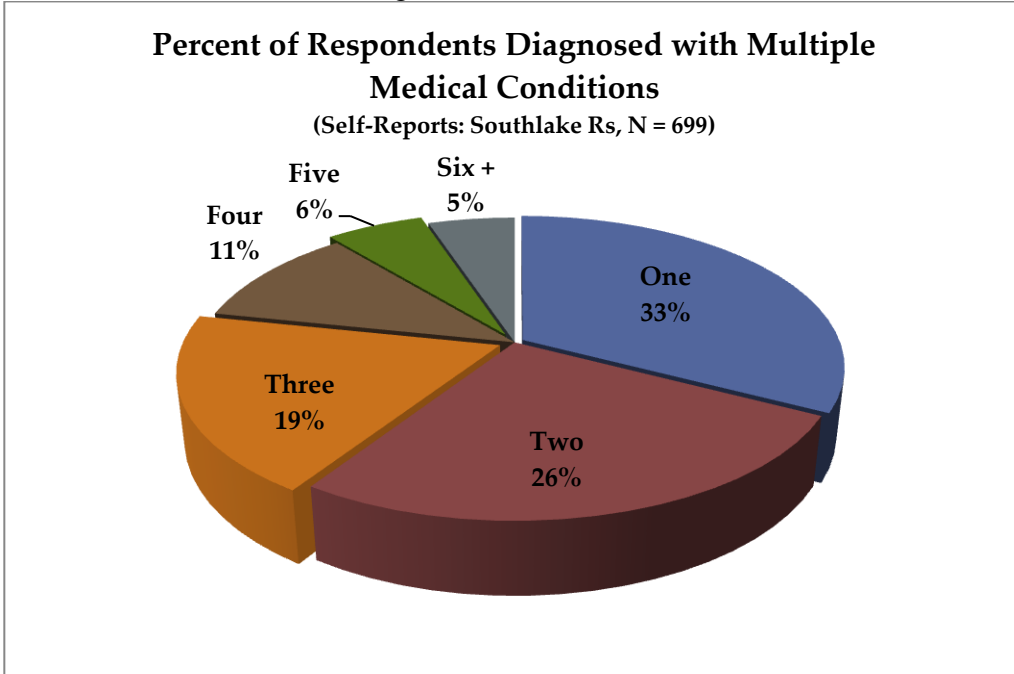
• • •

Q12 in the online survey asked: “In column A below, please tell us whether you or someone in your household has been diagnosed with any of the conditions listed. [Check all that apply]”

Of the six medical conditions listed, obesity leads the list with over 47% of Southlake respondents report that they, or someone in their household, have been diagnosed with this condition. Close behind in second place is diabetes with over 43% of Southlake respondents reporting that they have this condition. A diagnoses of mental illness or depression is reported by more than 41% of Southlake respondents; nearly 39% reporting that they, or someone in their household, has been diagnosed with a heart condition. Cancer is reported by about 1/3rd of Southlake respondents and lung disease by nearly 28% of them.

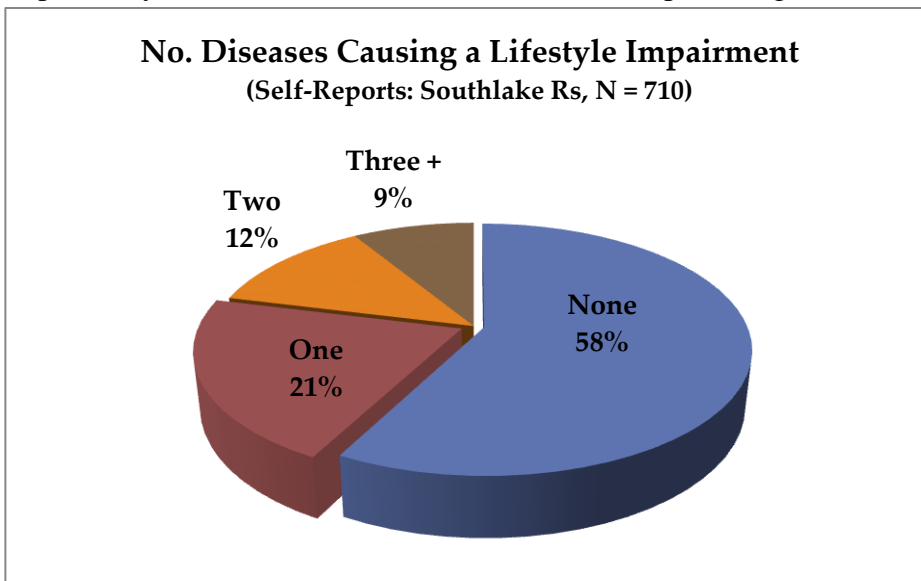
Self-reports of Diagnoses for Multiple Conditions

As indicated in the chart below, about two-thirds of Southlake respondents indicate that they, or someone in their household, have been diagnosed with *two or more* of these medical conditions. 41% of the Southlake respondents specify that they, or someone in their household, have been diagnosed with *three or more* of these medical conditions.



*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables.

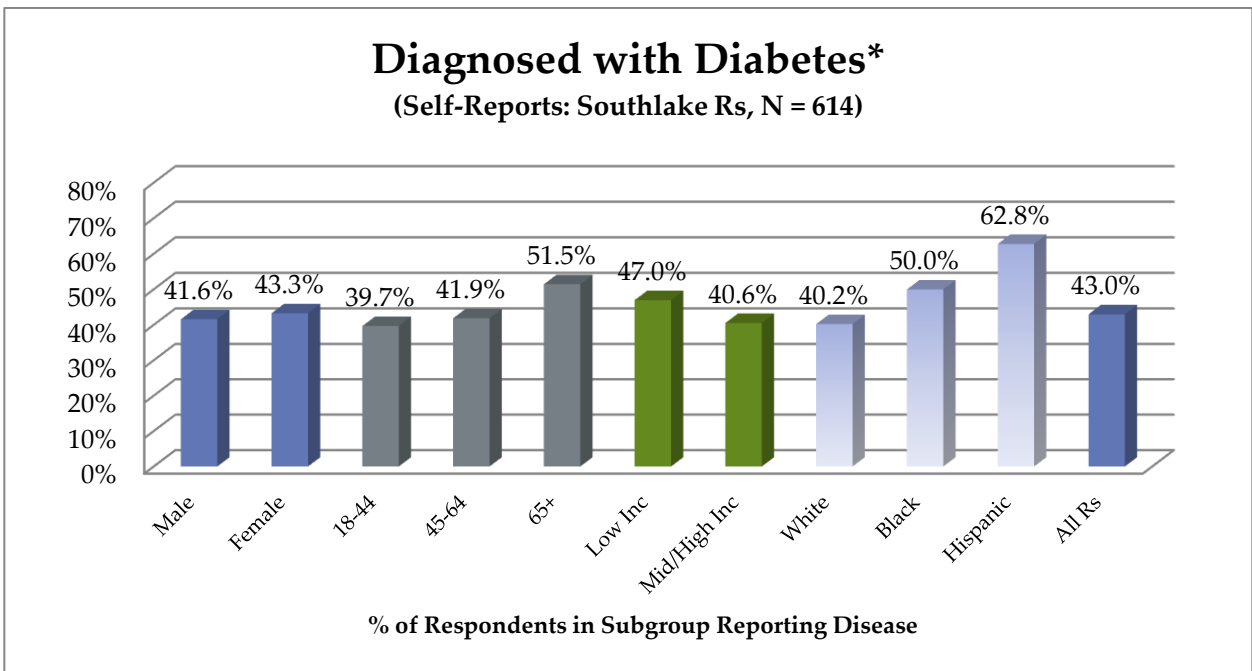
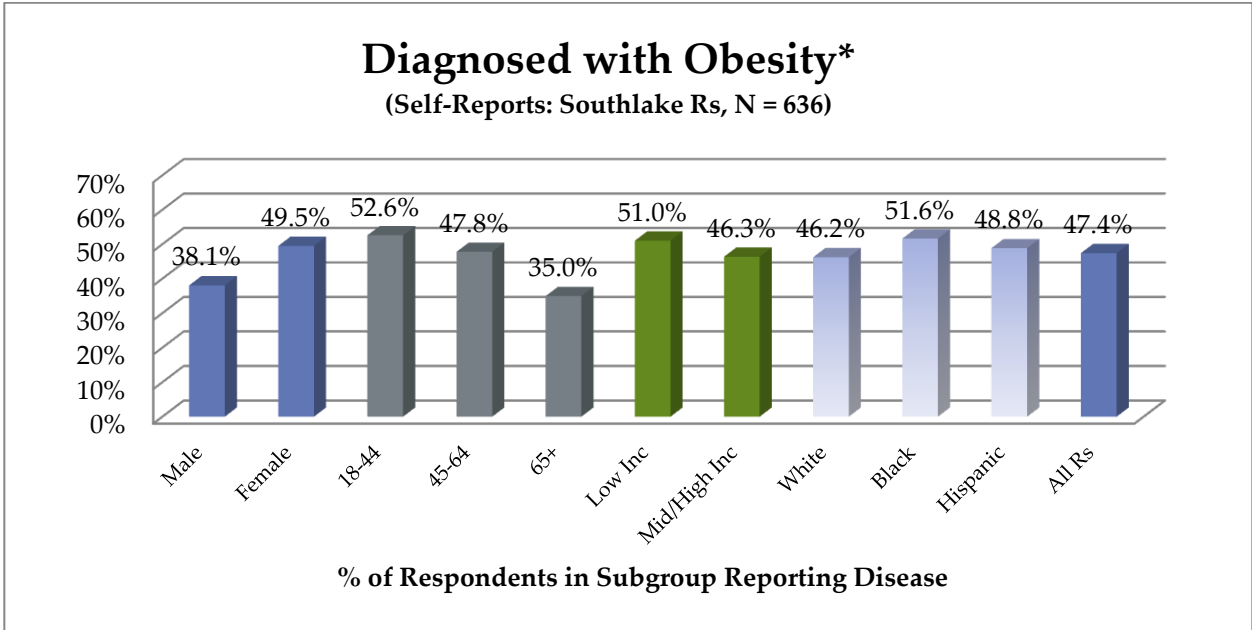
Though two-thirds of Southlake respondents indicate that they have been diagnosed with two or more of the diseases listed, only 42% feel that these diagnoses result in lifestyle impairment. Twenty-one percent of all Southlake respondents state that their lifestyle is impaired by one of the named conditions; a similar percentage claim that their lifestyle is



impaired by two or more of the medical conditions cited in the questionnaire.

Obesity & Diabetes

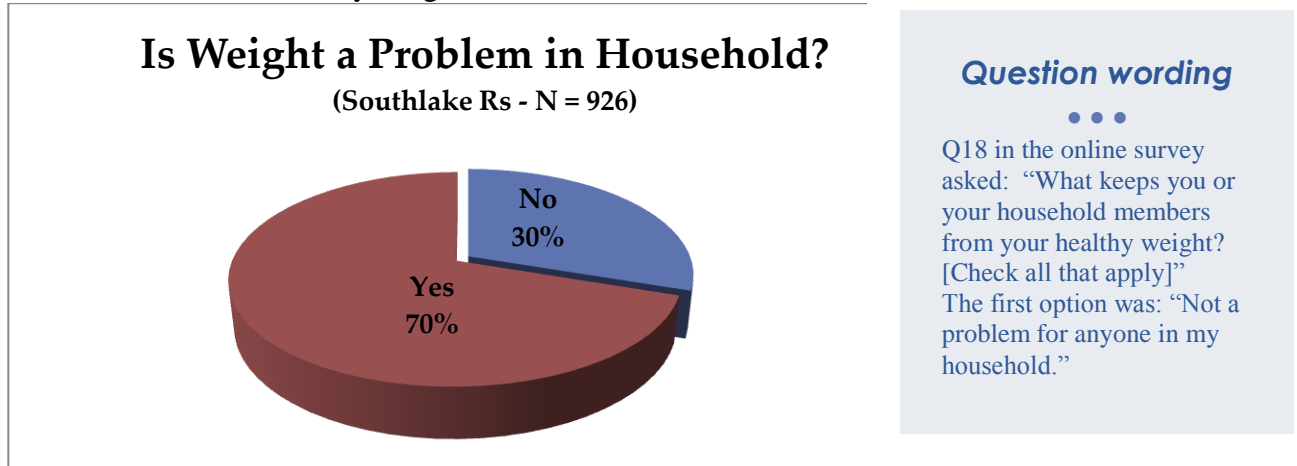
Slightly over 43% of all Southlake respondents indicate that they, or someone in their household, have been diagnosed as obese. That number increases to nearly 53% among respondents ages 18-44, and is nearly 52% among black respondents. More than half of respondents with low disposable income report that they are obese.



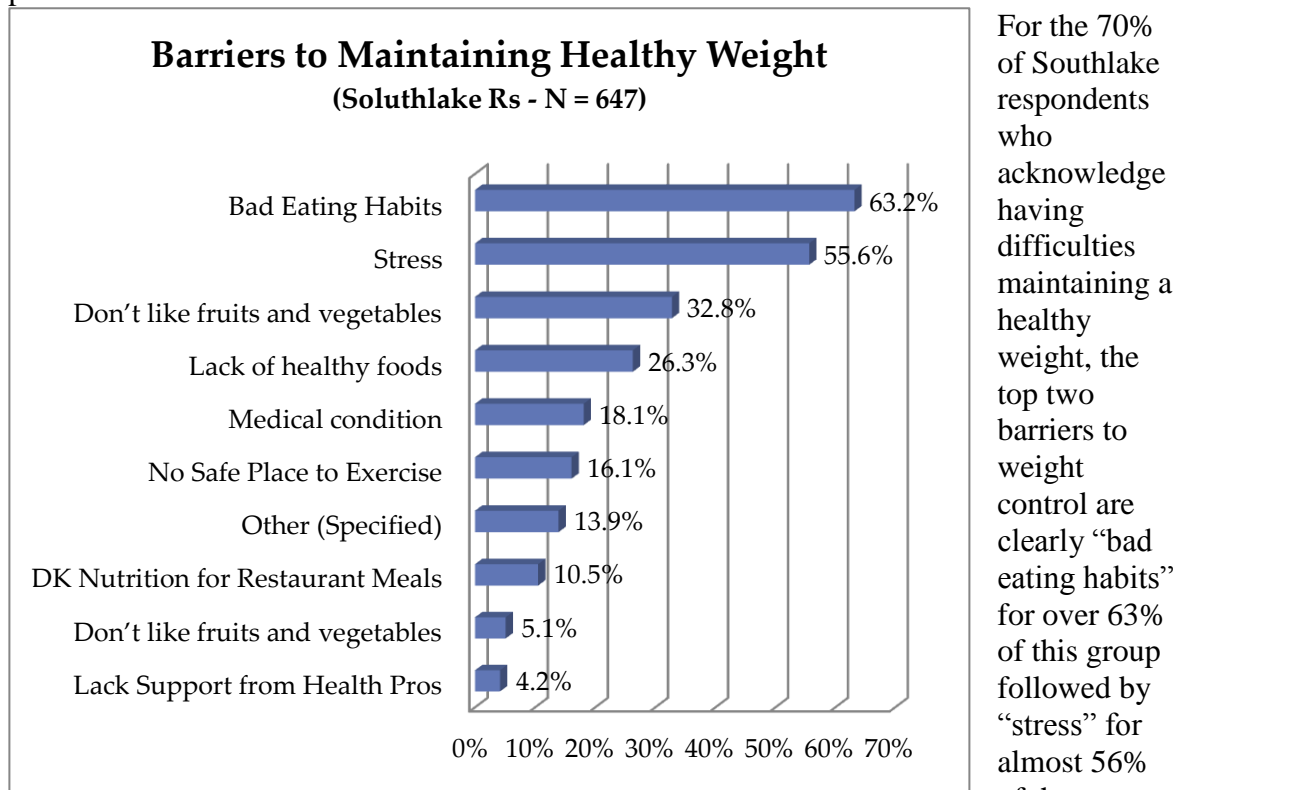
Approximately 43% of all Southlake respondents indicate a diagnosis for diabetes. This increases to nearly 63% among Hispanic respondents and more than 51% for those 65 and older. Half of all Southlake Black respondents report being diagnosed with diabetes.

Barriers to Maintaining Healthy Weight

Through a series of questions, the 2015 CHNA asked Southlake respondents about their efforts to maintain a healthy weight.



Seventy percent of Southlake respondents indicate that maintaining a healthy weight is a problem for one or more members of their household.



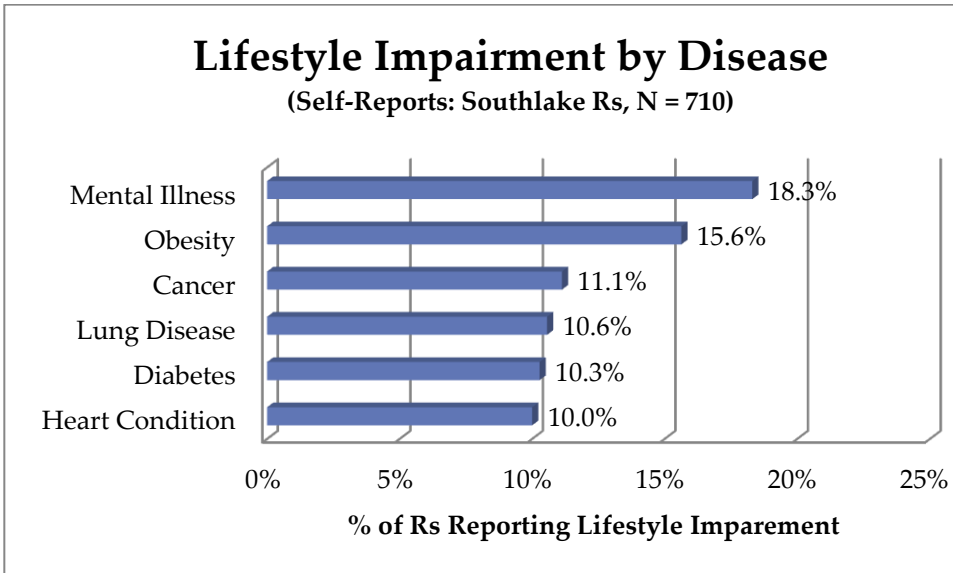
The next three barriers to maintaining a healthy weight for these Southlake respondents include:

- A dislike of fruits and vegetables (32.8%);
- The cost and lack of healthy foods such as fruits and vegetables (26.3%);

- And their medical condition (18.1%).

Obesity as a Lifestyle Impairment

In addition to asking about diagnoses for specific diseases, the questionnaire asked whether each named medical condition caused a major impairment to the respondent’s lifestyle.

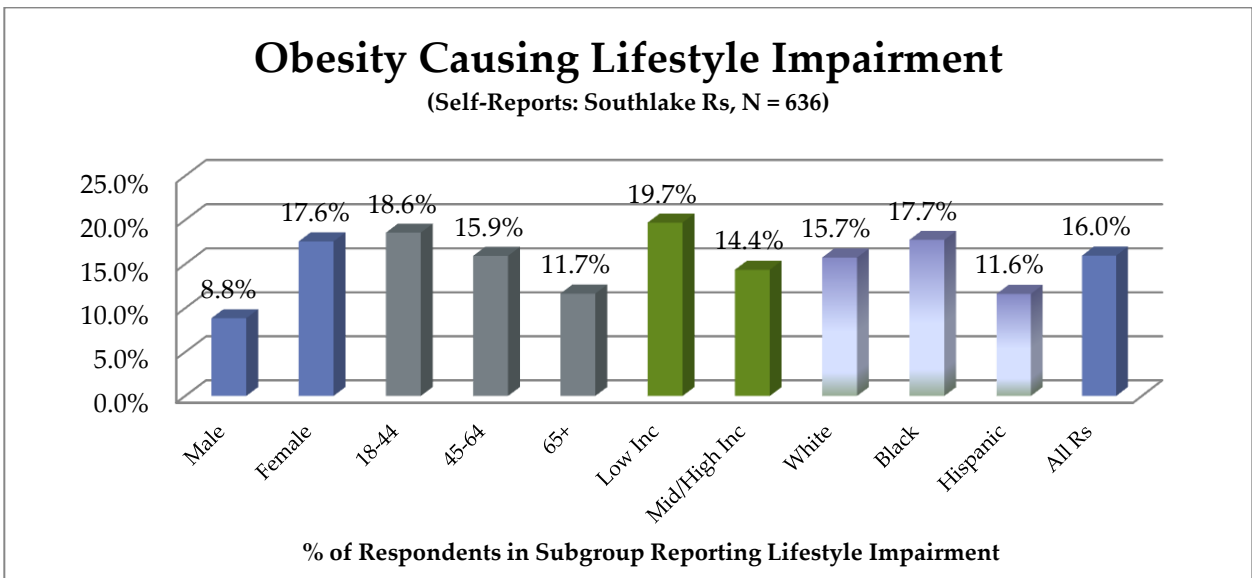


Question wording

• • •

Q12 in the online survey asked: “In Column B below, please check the box beside each condition that has limited or caused major impairment to your lifestyle.”

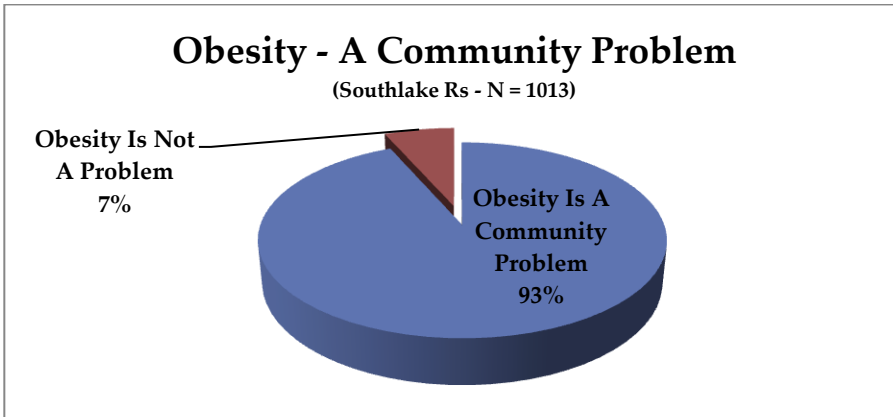
Slightly less than 16% of all Southlake respondents report that obesity causes impairment to their lifestyle – placing it second behind mental illness and depression as reported by 18.3%. Male respondents are least likely to cite obesity as negatively affecting their lifestyle (8.8%), followed by Hispanics (11.6%) and those 65 and older (11.7%)



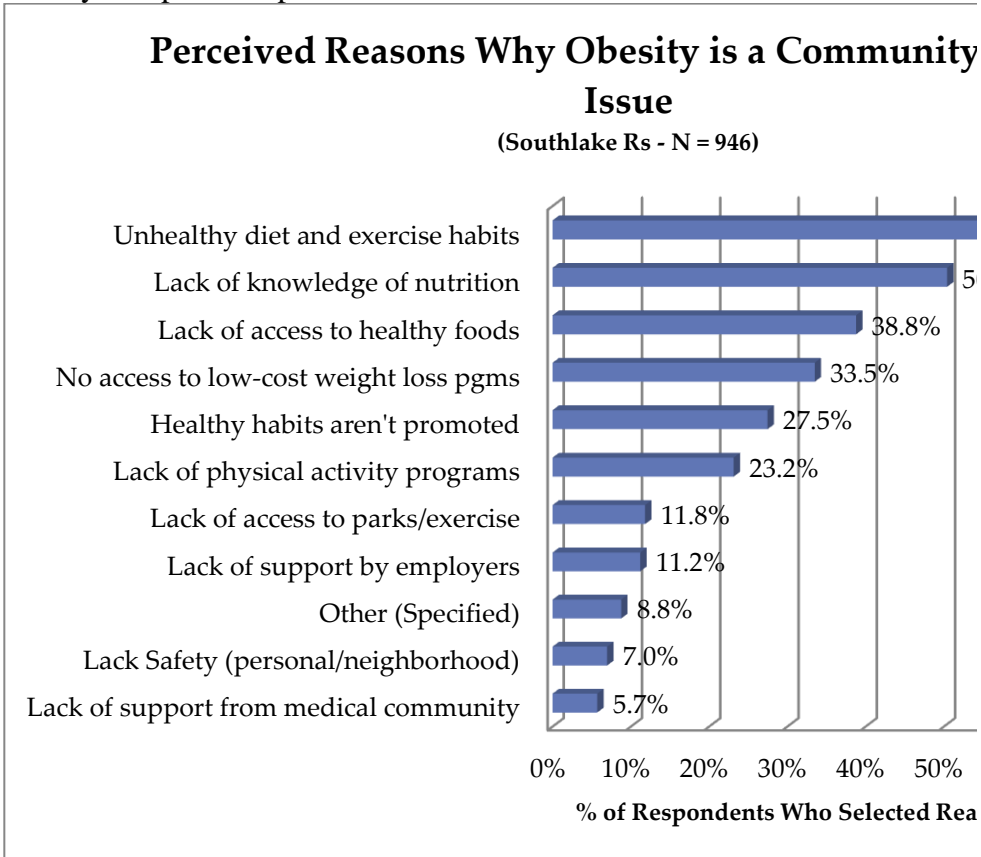
*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables.

Obesity as a Community Health Problem

Question 3 asked respondents if they felt that obesity was a community health problem and, if so, why was obesity a problem in their community. Responses of the Southlake respondents are summarized below.



First of all, 93% of Southlake respondents agree that obesity is a community health problem – nearly double the percentage who reported obesity as a personal problem.



Question wording



Q3 in the online survey asked: “What do you feel are the top 3 reasons why obesity is an issue in your community? [Check three boxes]”

Respondents were shown a list of 12 options including the statement that “Obesity is not a problem in my community.”

Southlake respondents are quite clear in the perception of why obesity is a community health issue. Their top four perceived reasons are:

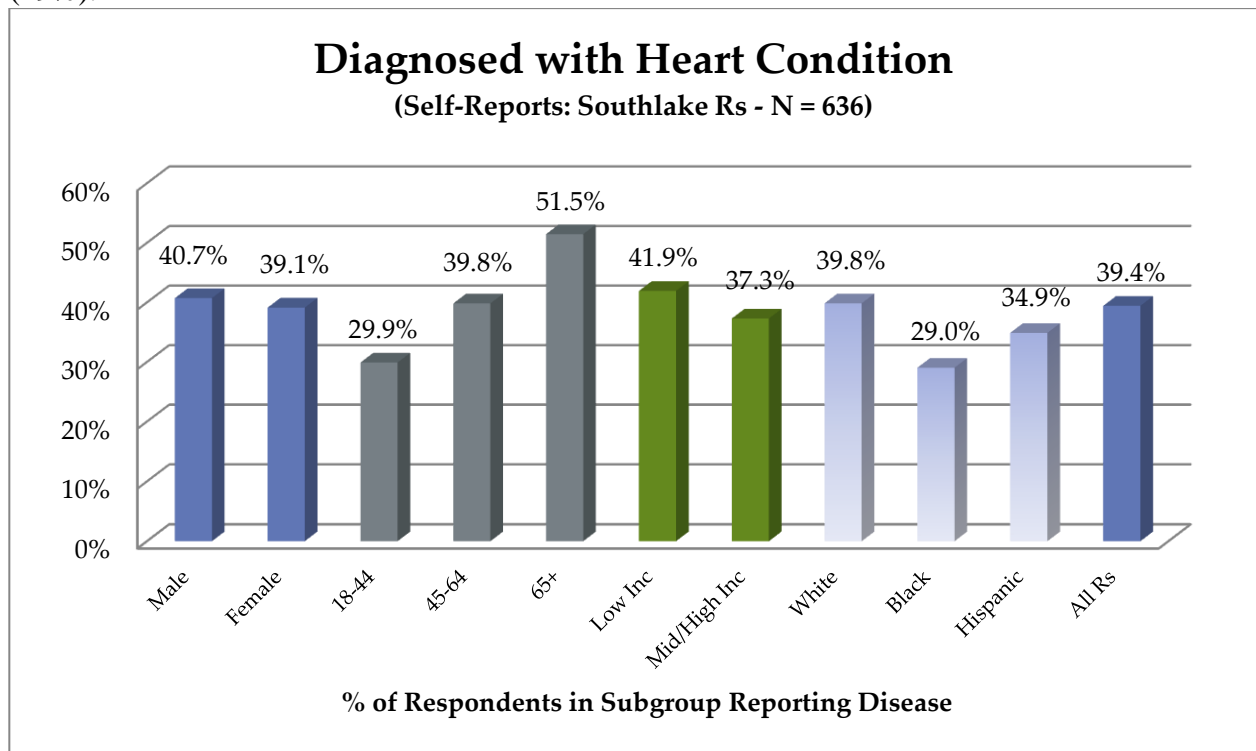
- Unhealthy diet and exercise habits – 78.1%
- Lack of knowledge about nutrition – 50.4%
- Lack of access to health foods like fruits and vegetables – 38.8%
- Lack of access to low-cost weight loss programs – 33.5%

Slightly less than 30% of respondents also feel that:

- Healthy habits are not promoted in the community, schools or churches – 27.5%
- They lack recreation/physical activity programs – 23.2%

Heart Condition

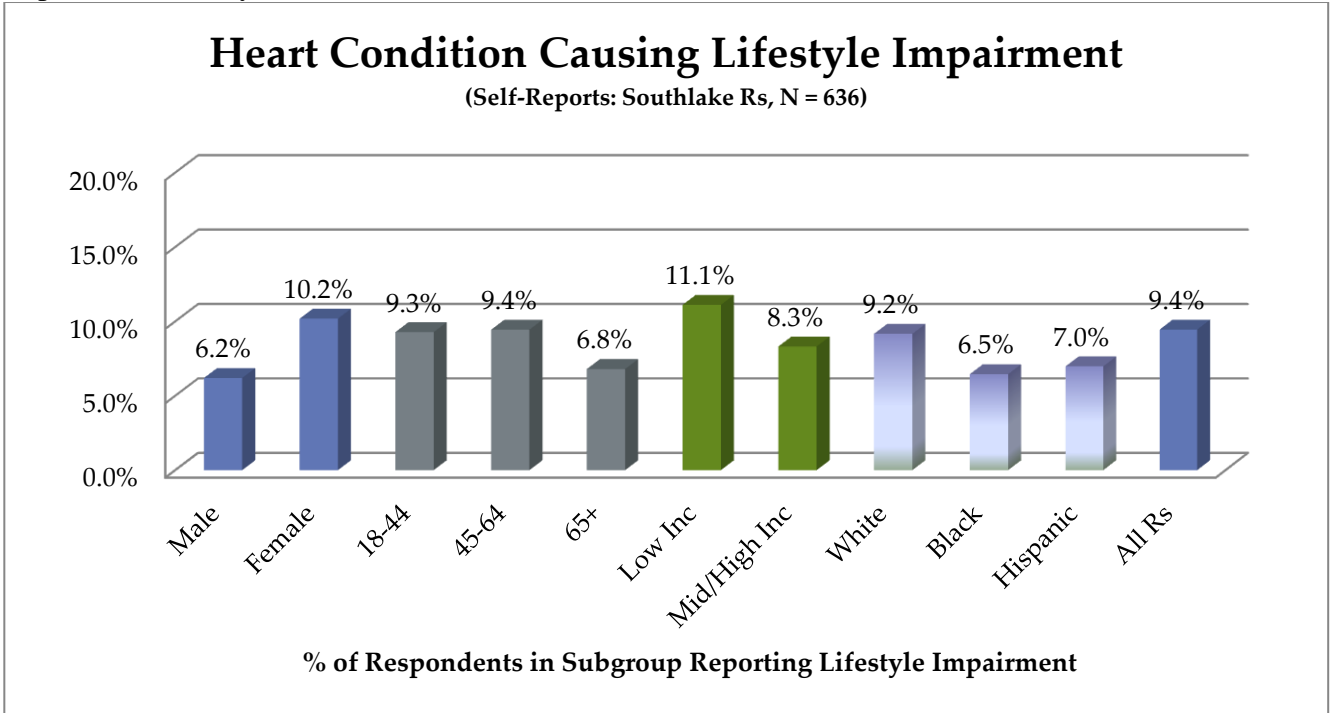
Nearly 40% of all Southlake respondents indicate that they, or someone in their household, have been diagnosed with a heart condition. There is a steady increase in reporting of heart conditions by age reaching almost 52% for those 65 and older. Those least likely to report this diagnosis are the younger respondents, ages 18-44 (29.9%) and Black respondents (29%).



*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables.

Heart Condition as Lifestyle Impairment

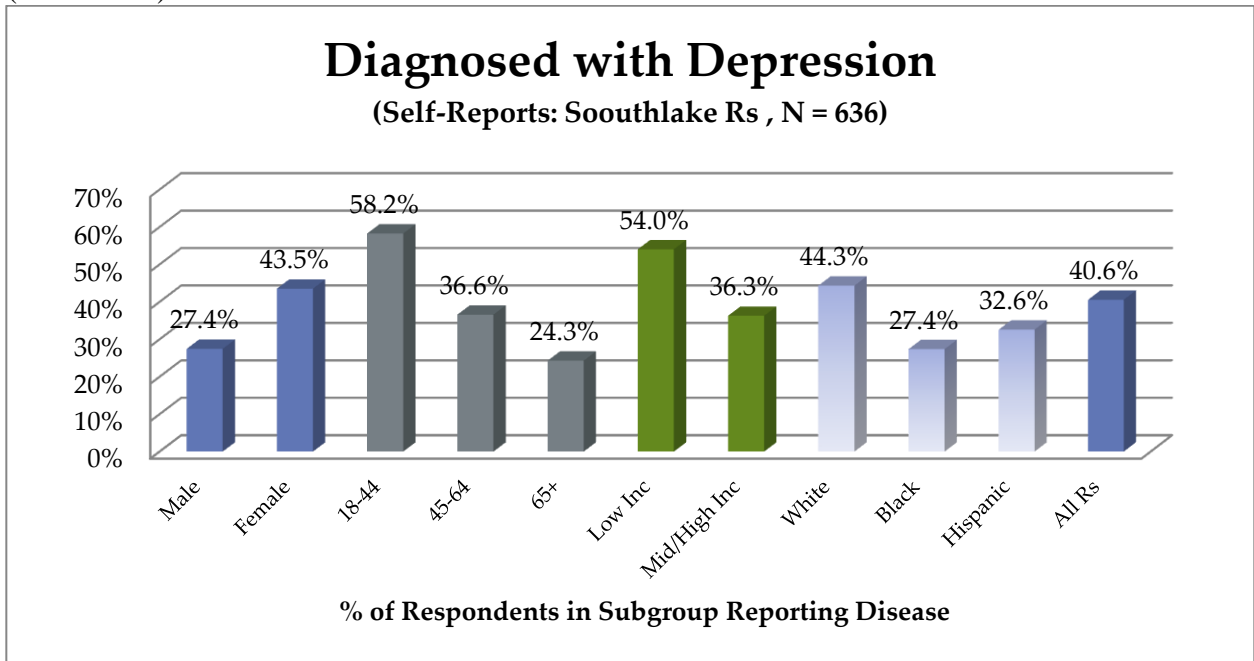
Though nearly 40% of Southlake respondents indicate that they or someone in their household has been diagnosed with a Heart condition, fewer than 10% of all respondents claim that it impairs their lifestyle. Those respondents most likely to state that a heart conditions impairs their lifestyle are those with a low disposable income (11.1%) and women (10.2%). Male Southlake respondents are least likely to state that a hear conditions impairs their lifestyle (6.2%).



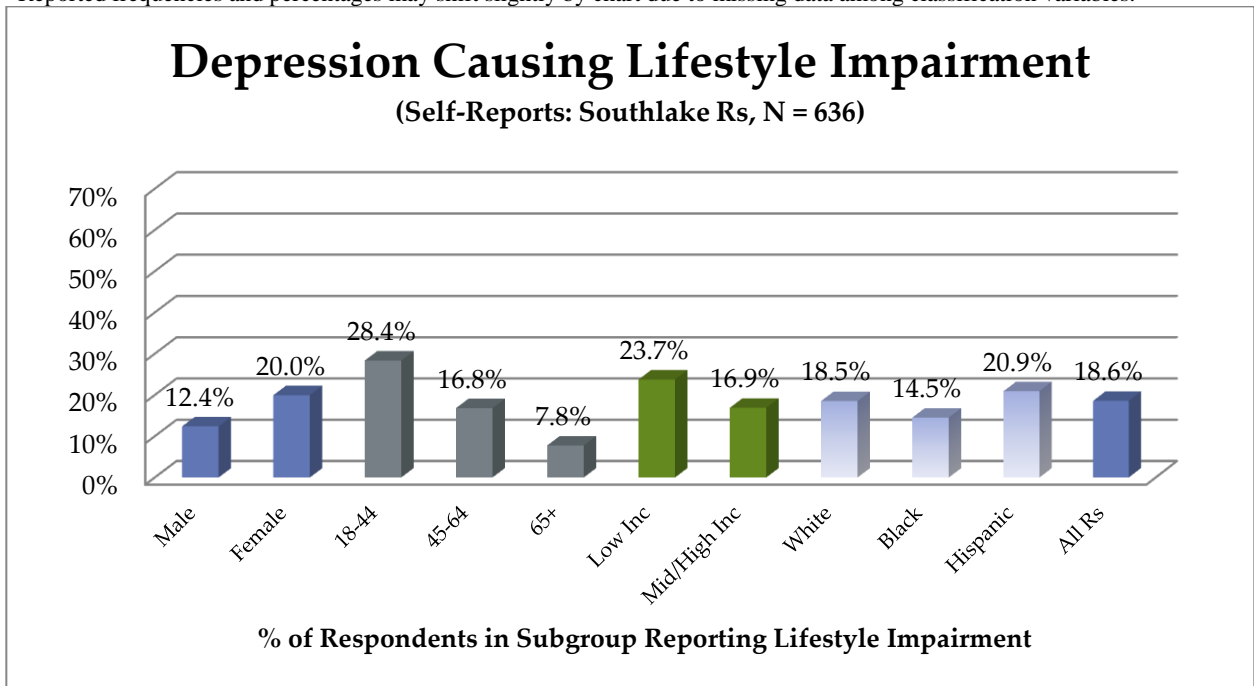
*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables.

Depression & Mental Illness

Approximately 41% of all Southlake respondents indicate that they, or someone in their household, have been diagnosed with depression or mental illness. This figure jumps to over 58% for those between 18 and 44 years of age. About 54% of respondents with low disposable income report a diagnosis of depression or mental illness within the family. (See below.)



*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables.



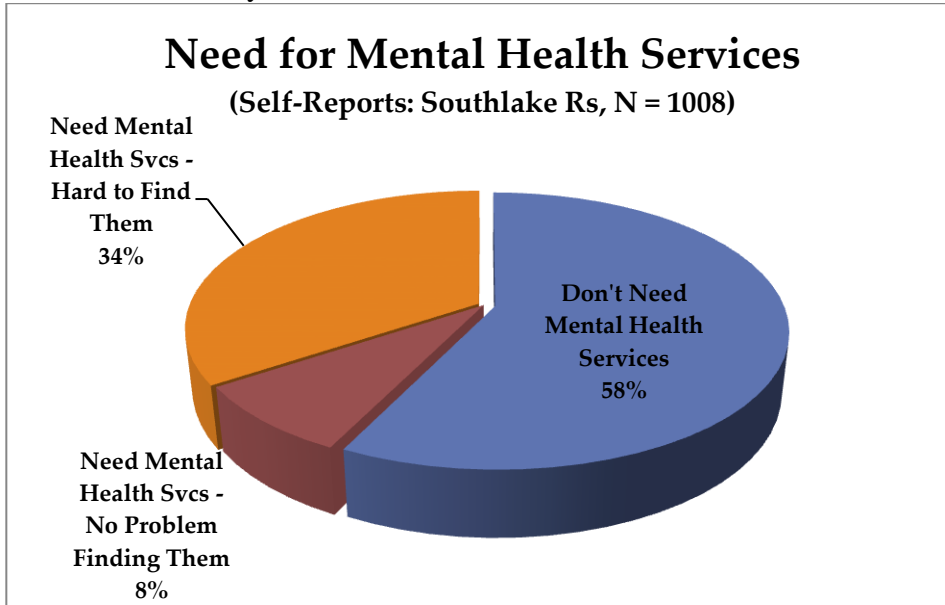
*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables.

Nearly 19% of all Southlake respondents report depression or mental illness as a lifestyle impairment. Once again, the rate is considerably higher for respondents between 18 and 44 years of age (28.4%) and for respondents with low disposable income (23.7%). Those

least likely to cite depression or mental illness as negatively affecting their lifestyle include respondents 65 and older (7.8%), male respondents (12.4%) and black respondents (14.5%).

Need for Mental Health Services

Through a series of probes, the online questionnaire asked respondents about their need for, and their ability to obtain, mental health services.



Fifty-eight percent of Southlake respondents claim that they don't need mental health services; an additional 8% acknowledge that they need this type of medical service but have no trouble obtaining it. Thirty-four percent of Southlake respondents, however, claim that they need mental health services and find them difficult to obtain.

Barriers to Receiving Mental Health Services

The top five barriers to obtaining mental health services for those who report needing them but have trouble obtaining them are:

- Cost of co-pay – 42.8%
- Don't know what's available – 35.3%
- Can't find a program/service that meets my needs – 27.5%
- Lack of insurance – 26.3%
- Concerned about what other people might think – 25.7%

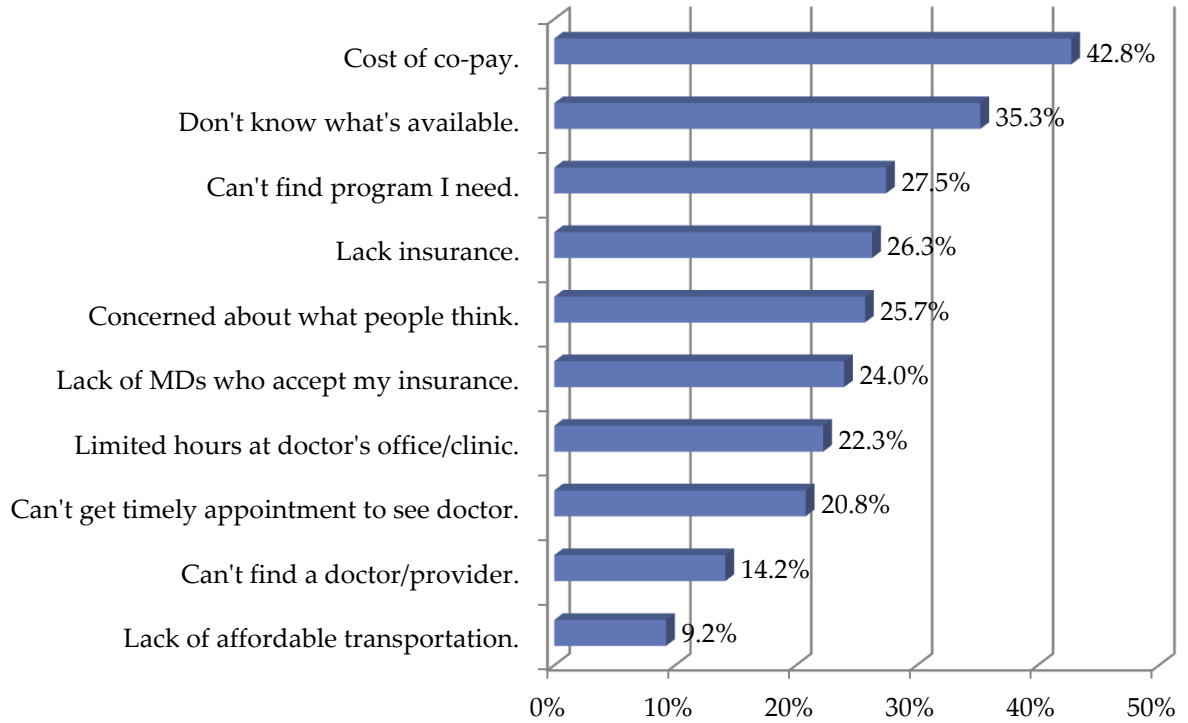
Question wording



Q5 in the online survey asked: “Which of the following make it hard for you and your household members to get mental health services (such as counseling for a loss, divorce, stress, depression, substance abuse or other issues)? [Check all that apply]” The first two options were: “Don't need mental health services” and “Don't have problem getting services”.

Barriers to Getting Mental Health Services

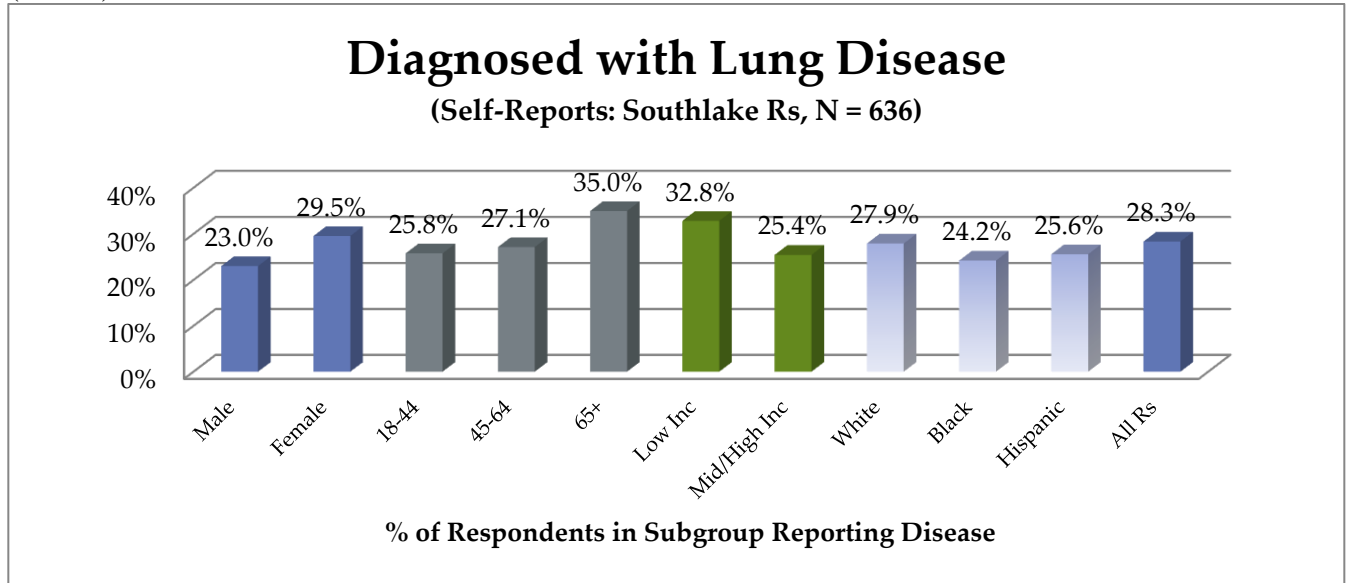
(For Southlake Rs who report needing them, N = 346)



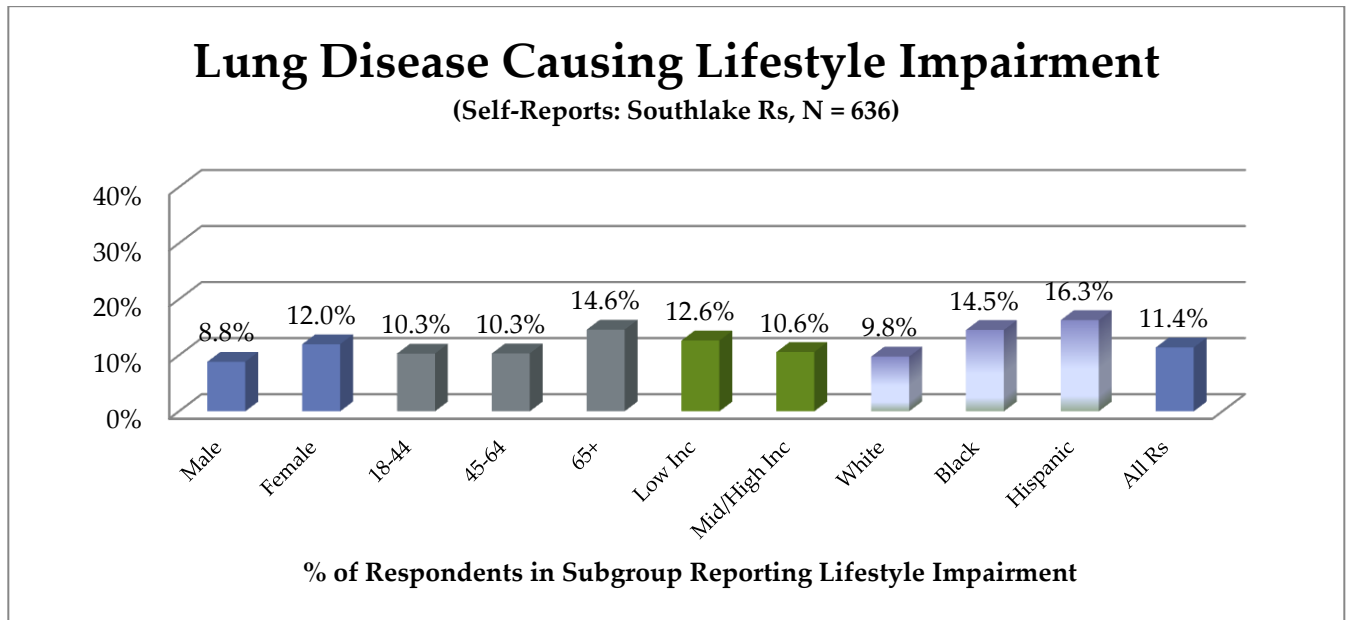
Financial concerns (concerns about costs together with lack of insurance coverage) together with lack of relevant information appear to be the leading barriers to mental health services for Southlake respondents who report having difficulties obtaining them.

Lung Disease

Approximately 28% of all Southlake respondents report a diagnosis of lung disease. Respondents 65 and older are most likely to report this diagnosis (35%) along with those who have low-disposable income (32.8%) Male respondents report a much lower rate (23.0%).



* Lung Disease as Lifestyle Impairment

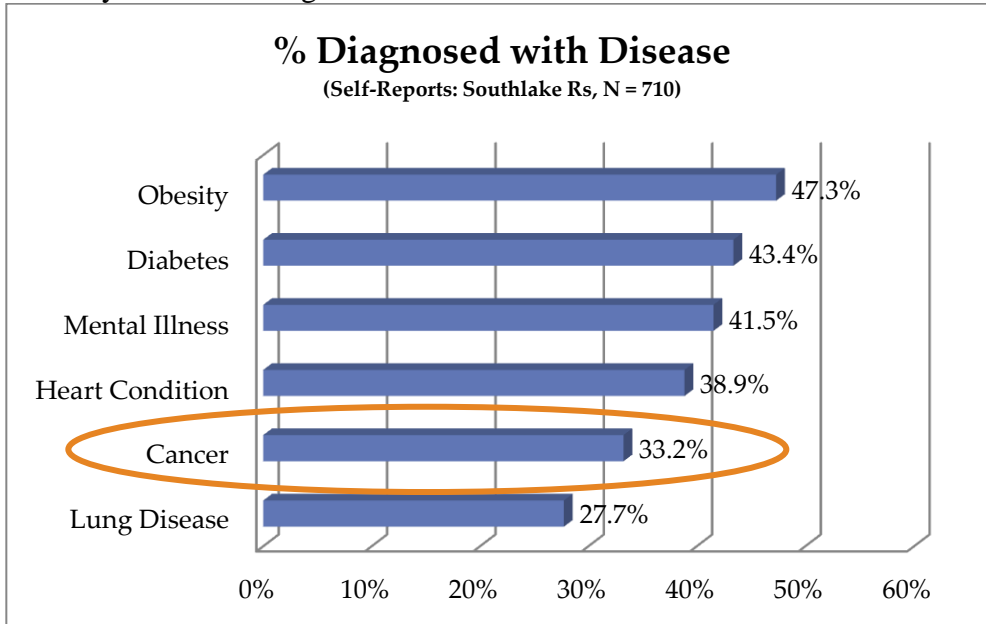


*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables. Though over 28% of all Southlake respondents report being diagnosed with lung disease, only about 11% claim that it causes lifestyle impairment. Respondents least likely to report this problem are male respondents (8.8%) and white respondents (9.8%).

Focus on Cancer

Self-reported diagnosis of cancer

As previously reported, slightly more than one-third of the Southlake respondents indicate that they have been diagnosed with cancer.

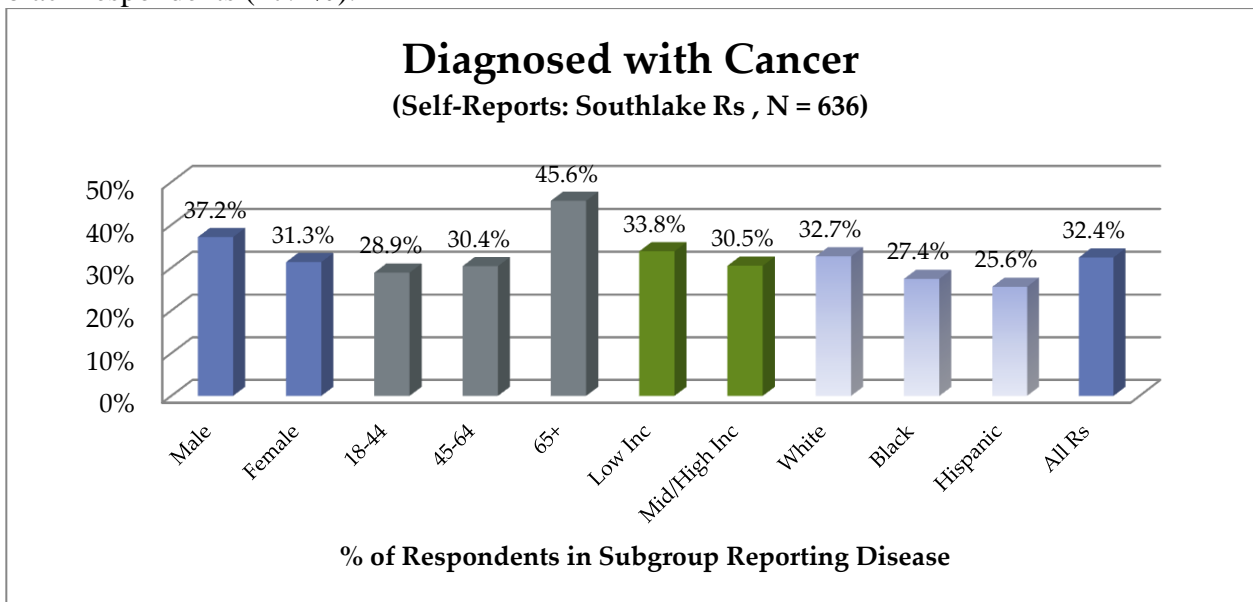


Question wording

Q12 in the online survey asked: “In column A below, please tell us whether you or someone in your household has been diagnosed with any of the conditions listed. [Check all that apply]”

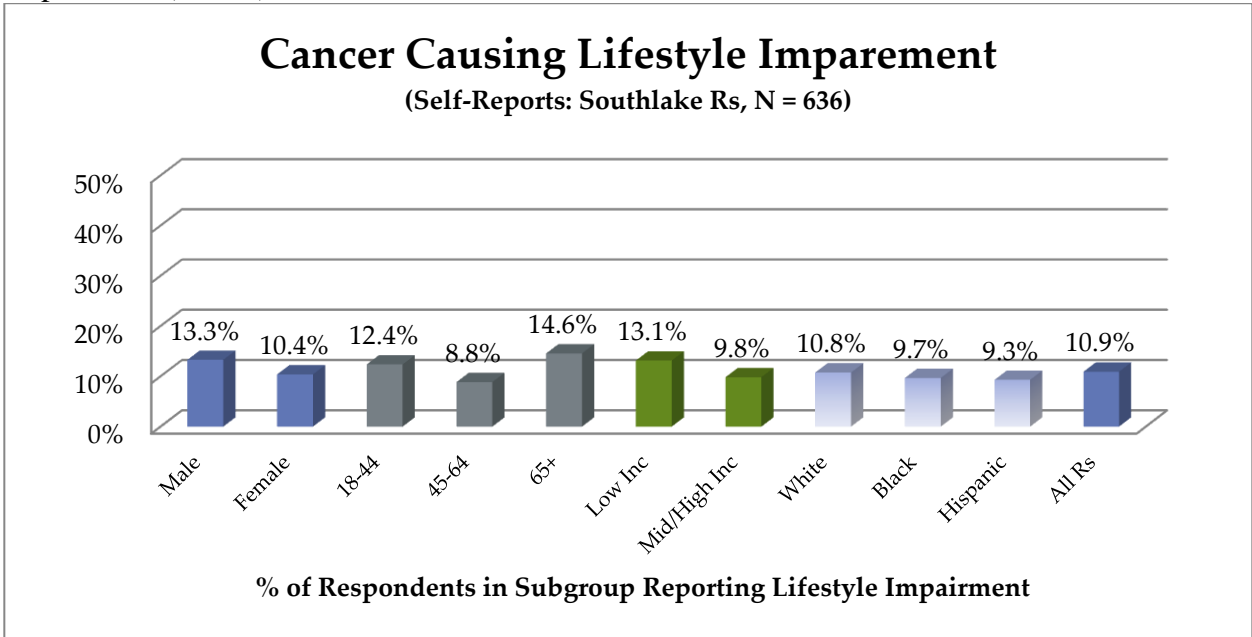
Demographics of Respondents with Cancer

While 33% of all Southlake respondents indicate that they, or someone in their household, have been diagnosed with cancer, the rate is higher among respondents 65 and older (45.6%) and male respondents (37.2%). The rate is lower among Hispanic (25.6%) and black respondents (27.4%).



Cancer as Lifestyle Impairment

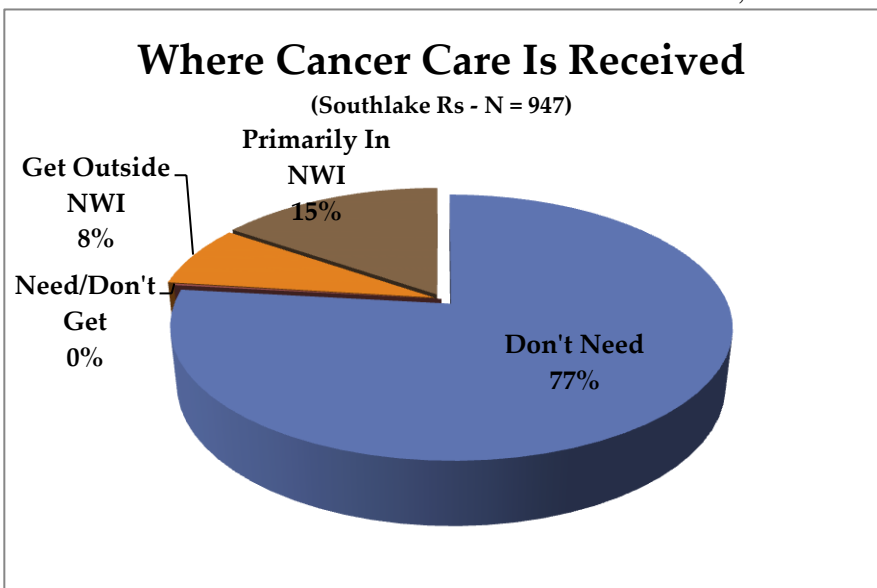
Though 33% of Southlake respondents indicate that they, or someone in their household, have been diagnosed with cancer, only about 11% of Southlake respondents indicate that cancer creates lifestyle impairment for them. Those most likely to report cancer as a source of lifestyle impairment include the respondents 65 and older (14.6%) and male respondents (13.3%).



*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables.

Where Cancer Care Usually Is Received

77% of Southlake respondents report that they do not need cancer care. For the remaining respondents, 15% report receiving cancer care in Northwest Indiana and 8% report going outside the area for cancer care. Stated in different terms, of those who need cancer care,



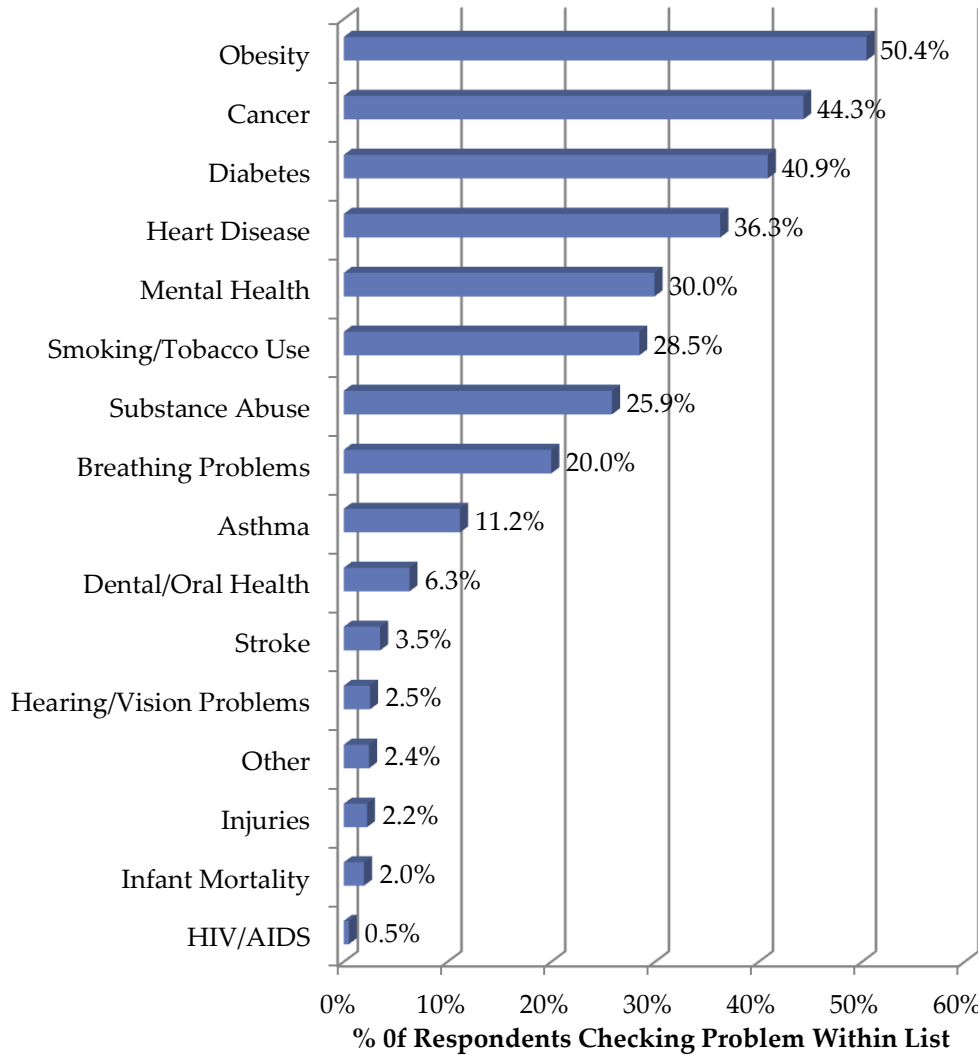
65% receive their care from a medical facility in Northwest Indiana; the remaining 35% receive their care outside the area.

Cancer as a Community Health Problem

As noted previously, over 44% of Southlake respondents chose cancer as a one of the three most important community health problems, placing it second in the list. (See chart below.)

Top 3 Perceived Community Health Problems

(Southlake Rs - Multiple Responses - N = 1025)

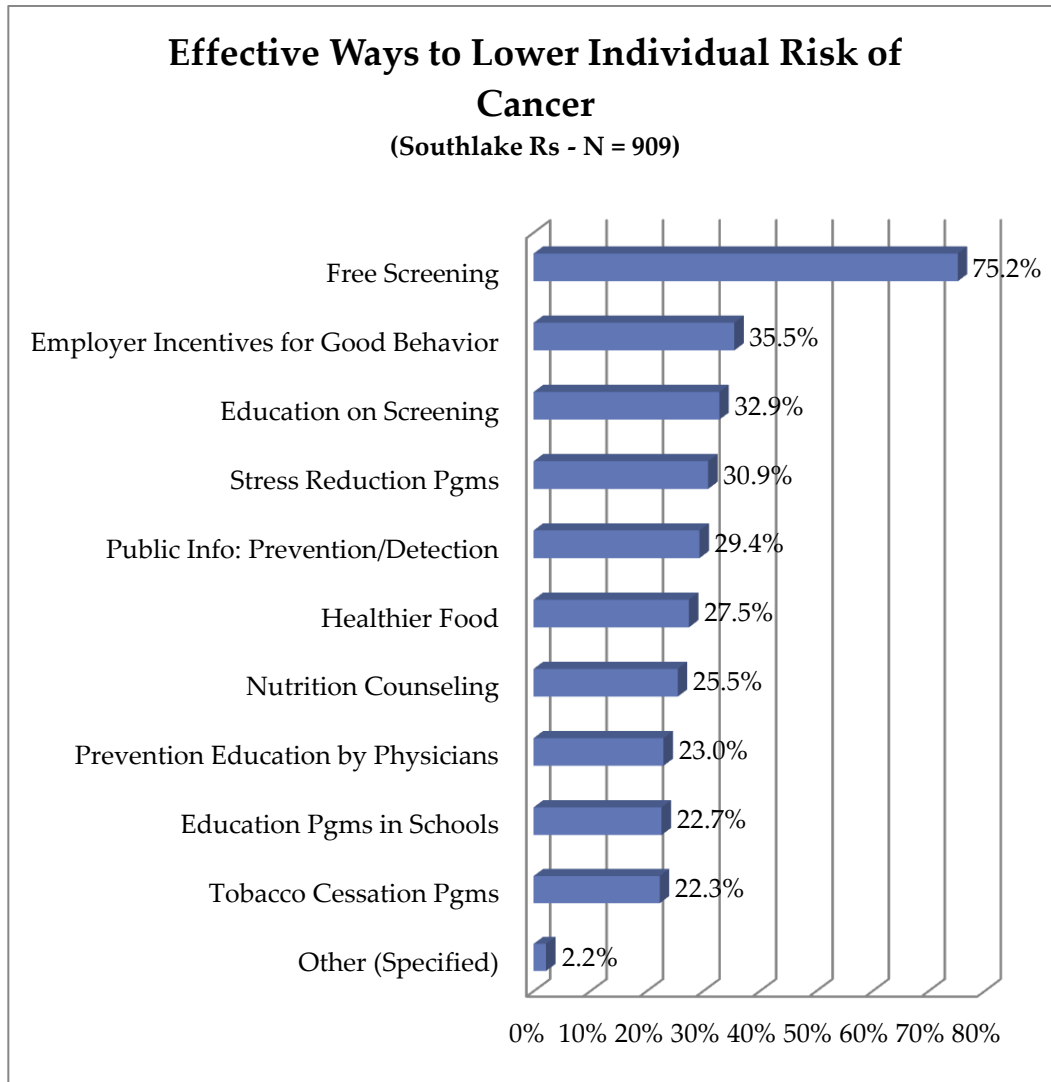


Question wording

Q2 in the online survey asked: "... And what do you feel are the **3 most important health problems** in your community? [Please check three boxes]"

Ways to Lower an Individual's Risk for Cancer

Question 23 in the online survey presented respondents with a list of possible activities and individual efforts that might lower an individual's risk for cancer; they were asked to select the three they felt could be most effective. Their responses are summarized in the chart below.



Question wording

• • •

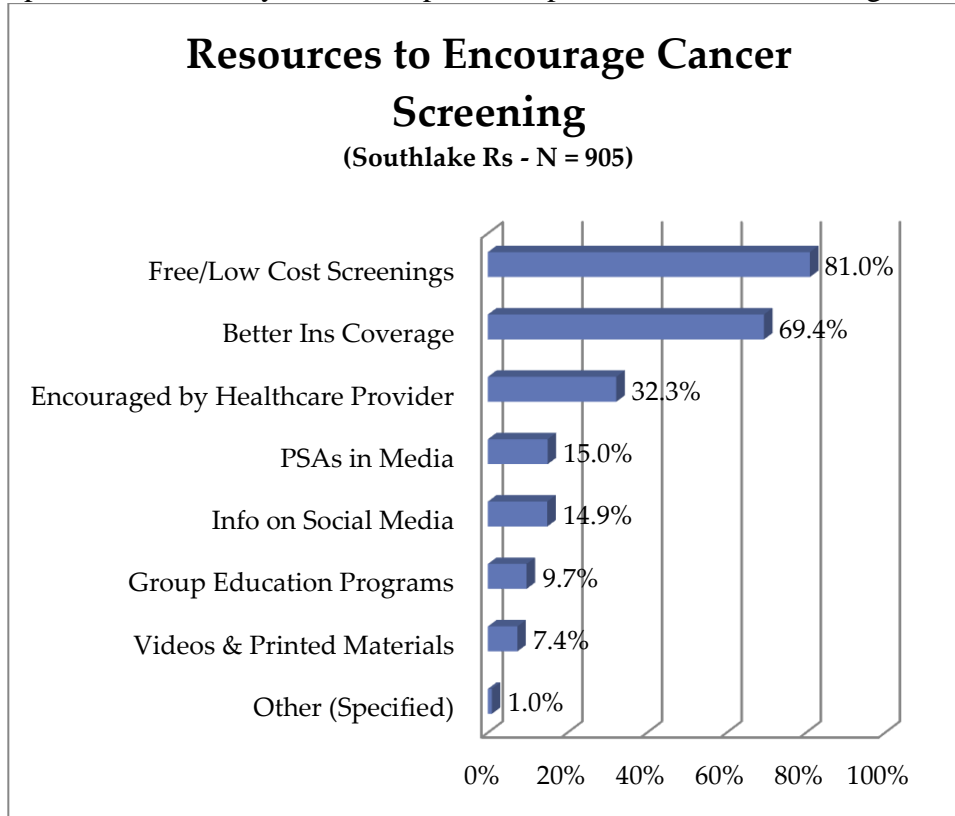
Q23 in the online survey asked: "Which of the following efforts do you feel would be most effective to help lower an individual's risk for cancer? [Choose up to 3]"

Clearly the top choice among Southlake respondents would be free cancer screening: more than 75% of them chose this option. The next five options were chosen by fewer than half of those who selected free cancer screening:

- Employer incentives for good health behaviors – 35.5%
- Education on Screening – 32.9%
- Stress reduction programs – 30.9%
- Public information on detection and prevention – 29.4%
- Healthier Food – 27.5%

Resources to Encourage Cancer Screening

Q24 in the questionnaire offered respondents a list of activities and programs that might encourage individuals to be screened for cancer; respondents were invited to choose two options. A summary of their responses is presented in the following chart.



Question wording

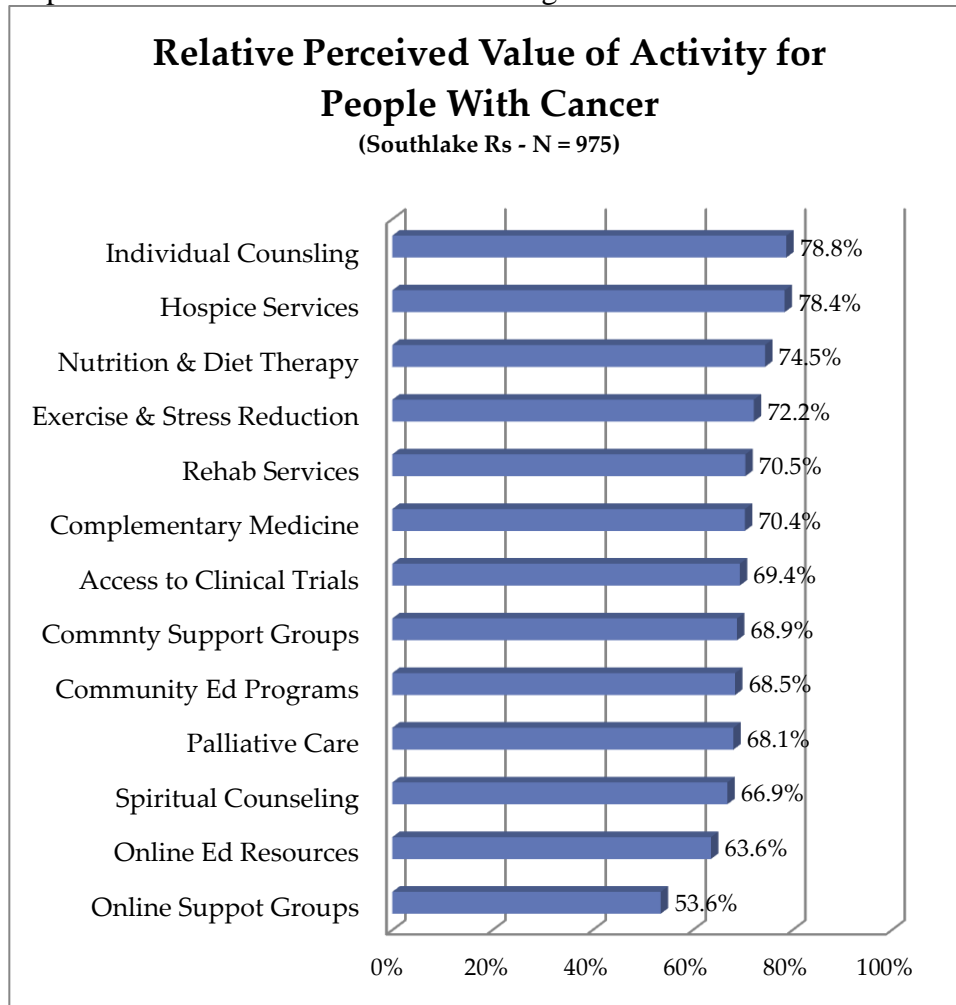
• • •

Q24 in the online survey asked: “Which of the following efforts resources would most encourage people to be screened for cancer? [Choose up to 2]”

Clearly the top choice for Southlake respondents would be free or low-cost cancers screenings with more than 80% making this one of their two choices. Second in rank for perceived effectiveness would be better insurance coverage to cover screenings (69.4%). Third in perceived effectiveness would be encouragement by the individual’s healthcare provider (32.3%).

Activities That May Benefit People with Cancer

Q25 in the questionnaire offered respondents a list of thirteen activities and resources of potential value to people with cancer. Using a four-point scale, ranging from “Very Valuable” to “Not at All Valuable”, they were asked to rate each of the options. Their responses are summarized in the following chart.



Question wording



Q25 in the online survey presented respondents with a list of 13 activities and services of potential value to patients with cancer (see chart to left). They were asked to rate each activity on a 4-point scale ranging from “Very valuable” to “Not at All Valuable” with the instruction “How valuable do you feel each of the following are to people who have cancer?”

This bar chart indicates that respondents made relatively little distinction between the options presented with more than two-thirds of all respondents rating all but two of the activities as “Very Valuable”. That being said, the top five activities perceived to be “very valuable” to patients with cancer included:

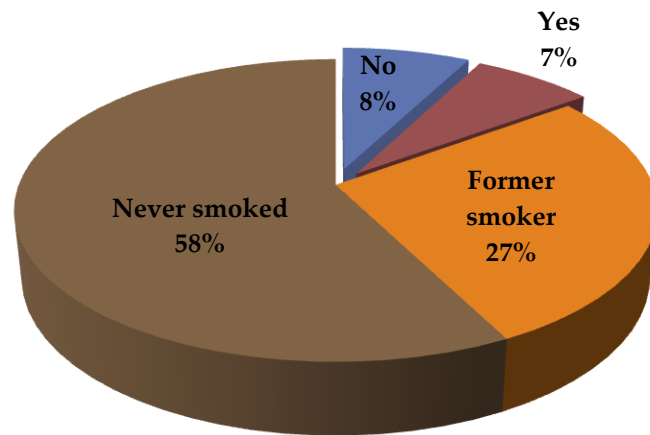
- Individual counseling – 78.8%
- Hospice services – 78.4%
- Nutrition and diet therapy – 74.5%
- Exercise and stress reduction – 72.2%
- Rehab services – 70.5%

Smoking Cessation

The 2015 CHNA questionnaire probed on smoking cessation. The findings are presented below.

Tried to Quit Smoking in Past Year?

(Southlake Rs - N = 924)



Question wording

• • •

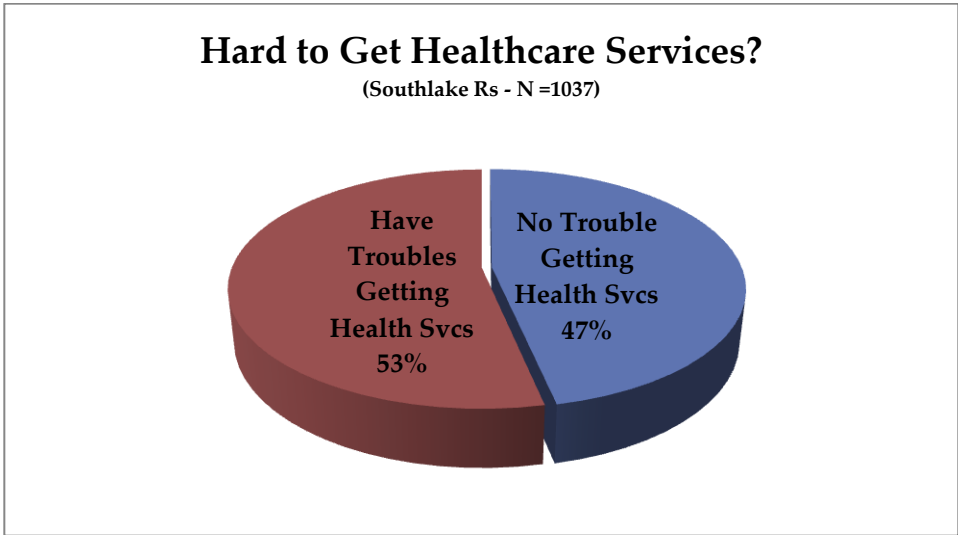
Q16 in the online survey asked: “If you smoke, have you tried to quit in the past year? [Check one box]”

More than half of all Southlake respondents (58%) claim that they have never smoked; an additional 27% describe themselves as “former smokers”. Among current smokers – the remaining 15% of respondents – slightly less than half of them (7%) claim that they have tried to quit smoking during the past year.

Access to Healthcare Services

Perceived Barriers to Obtaining Healthcare Services

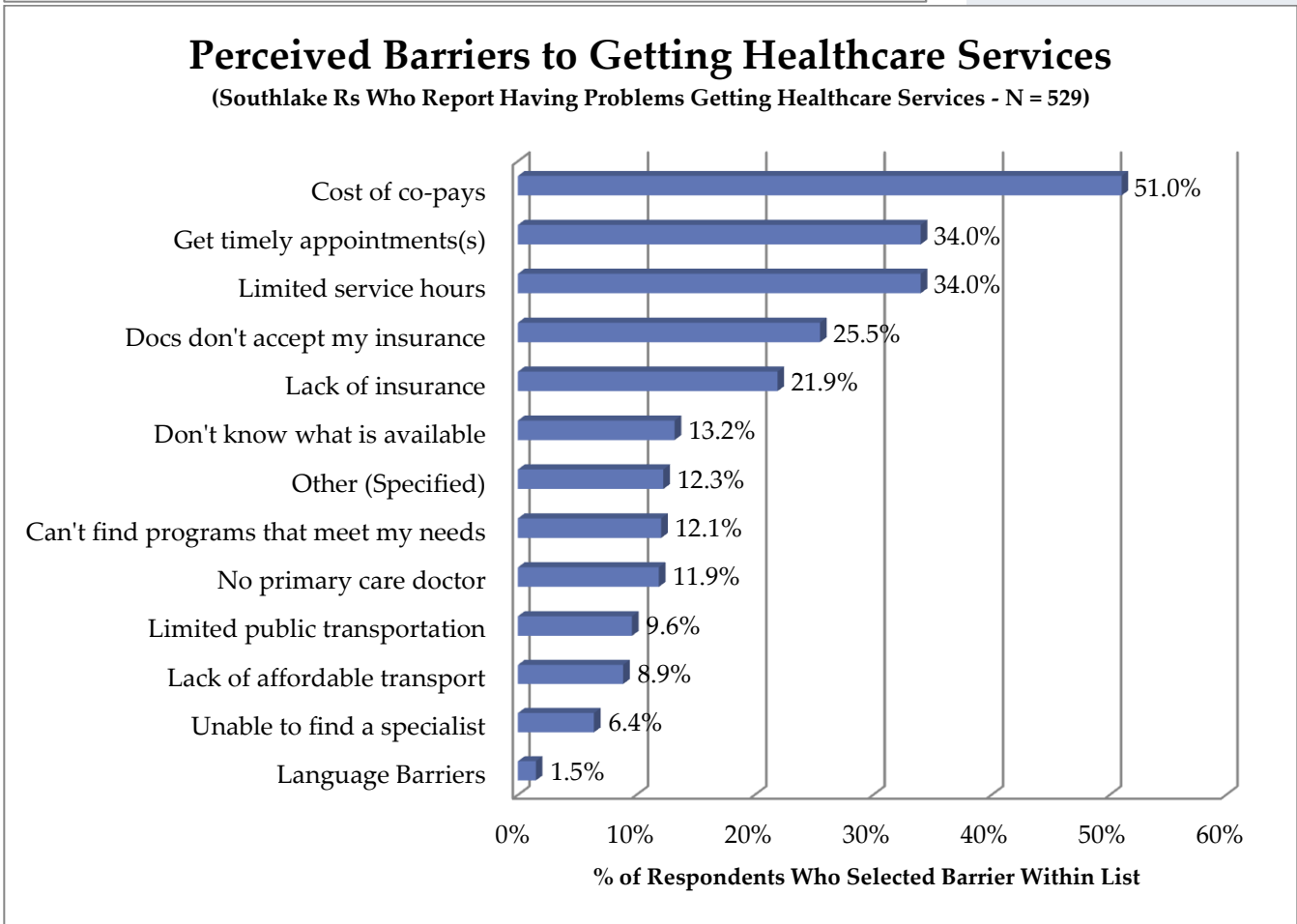
More than half (53%) of Southlake respondents report that have troubles getting healthcare services.



Question wording

• • •

Q4 in the online survey asked: “Which of the following make it harder for you or your household members to get health care services? [Check all that apply]”

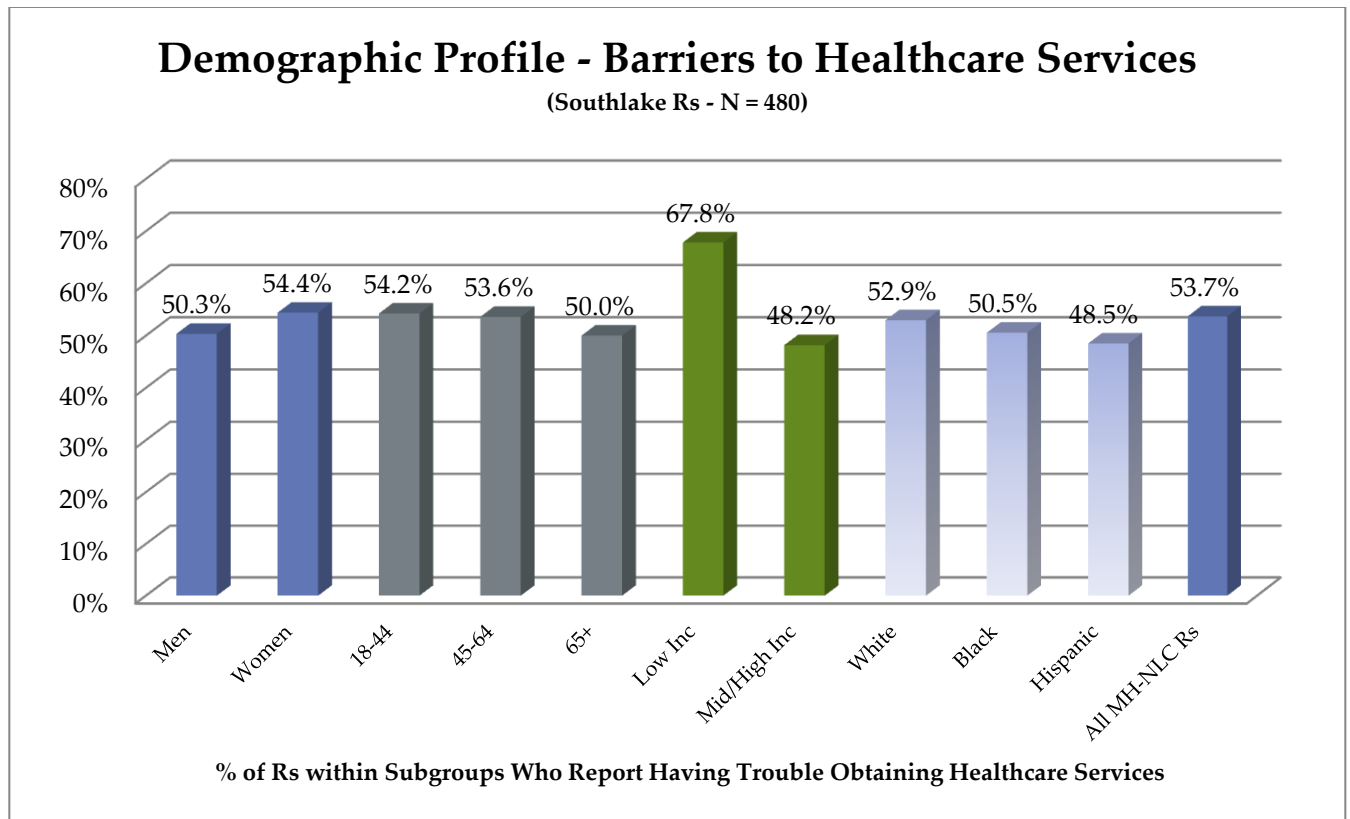


For those Southlake respondents who report problems getting healthcare services, the key barrier for more than half of them (51%) is the cost of copy pays. Tied for second place is the difficulty in getting timely appointments (34%) and limited service hours (34%).

Additional reported barriers for 20% or more Southlake respondents include:

- Insurance not accepted by doctors (25.5%)
- Lack of insurance (21.9%)

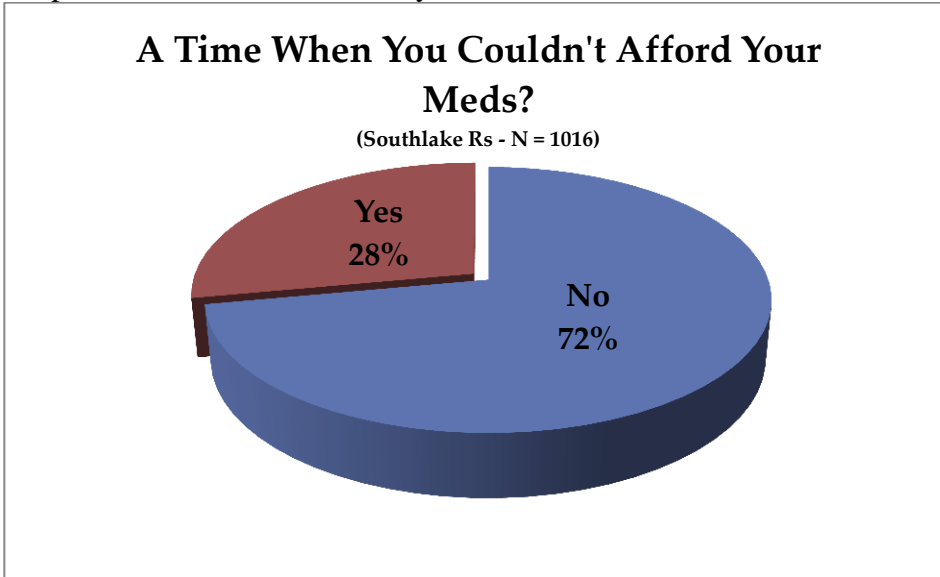
Demographic Profile of Those Reporting Barriers to Healthcare Services



*Reported frequencies and percentages may shift slightly by chart due to missing data among classification variables. More than two-thirds of the respondents (67.8%) with “low” disposable income in the Southlake service indicate that they have problems obtaining healthcare services. Less than half of the Southlake respondents with “high” disposable income (48.2%) report similar difficulties.

Cost as a Barrier to Use of Prescription Medications

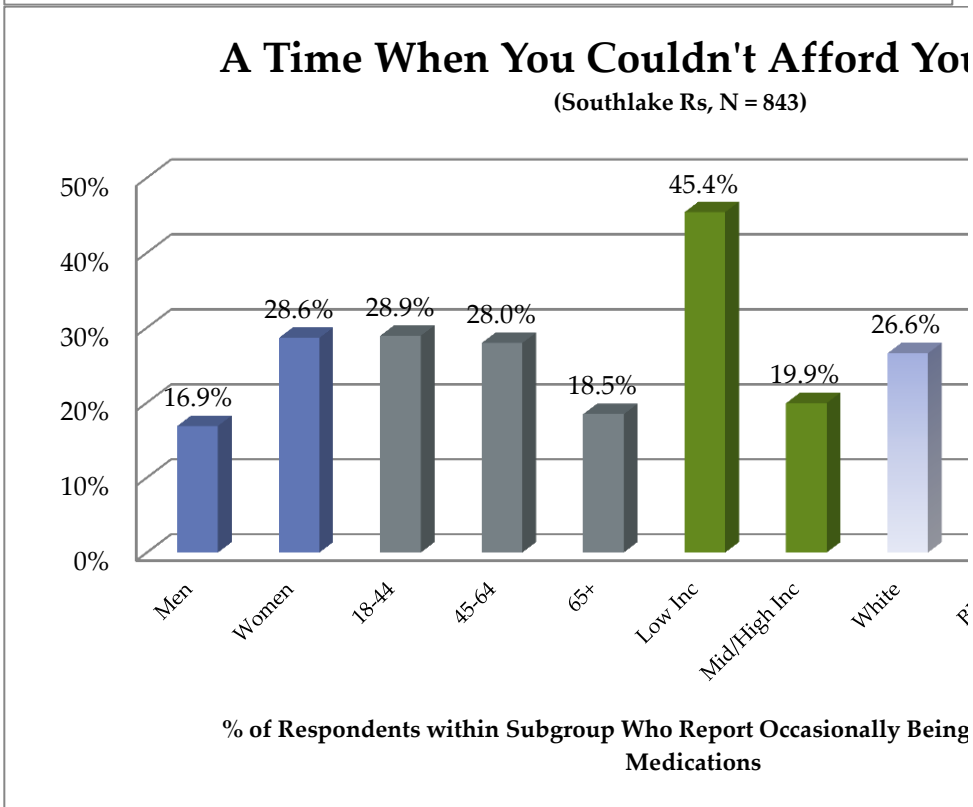
More than one-fourth of the Southlake respondents (28%) indicate that there was a time in the past year when either they did not purchase a prescription medication, or took less than the prescribed dose, because they could not afford the medication.



Question wording



Q8 in the online survey asked: “Was there a time within the past year that you did not purchase or took less of a prescription medication because you could not afford it?”



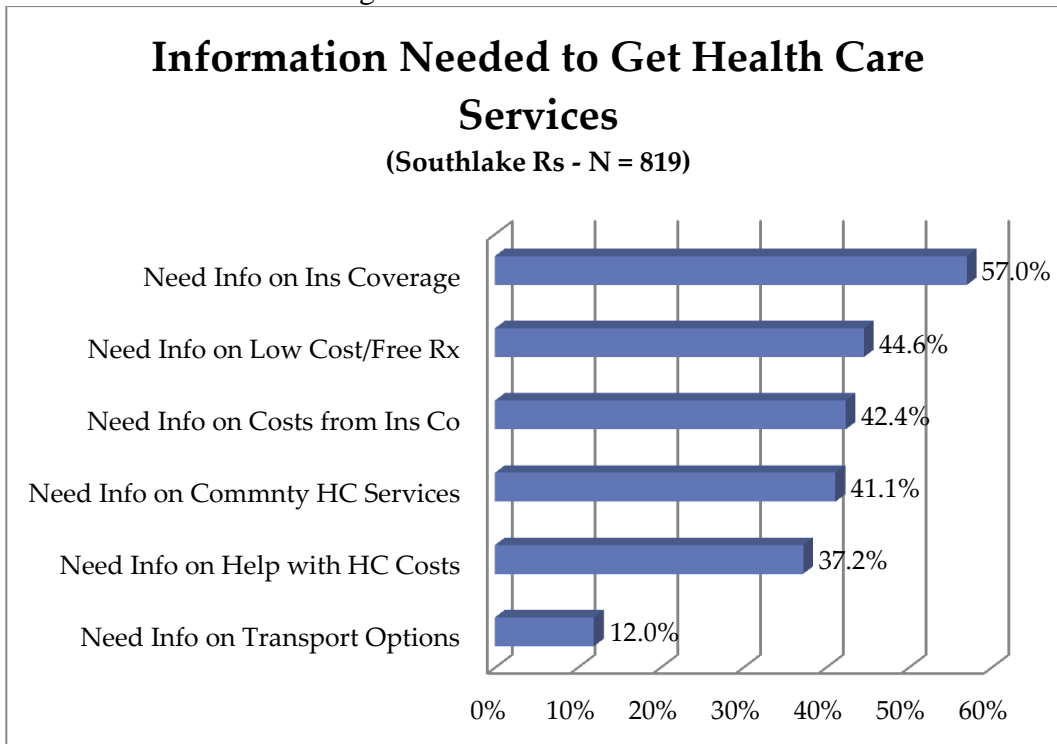
Almost half of the Southlake respondents with a “low” disposable income (45.5%) report that there have been times when they did not purchase a prescription medicine, or took less than the prescribed dose, because they could not afford it.

Respondents who are least likely to skip their prescribed medications because of costs include:

- Male respondents – 16.9%
- Respondents who are 65 years old or older: 18.5%
- Respondents with “mid/high” disposable income: 19.9%

Information Needed to Obtain Health Care Services

The 2015 CHNA questionnaire asked respondents to identify the types of information they felt they needed in order to obtain necessary health care services. Their responses are summarized in the following chart.



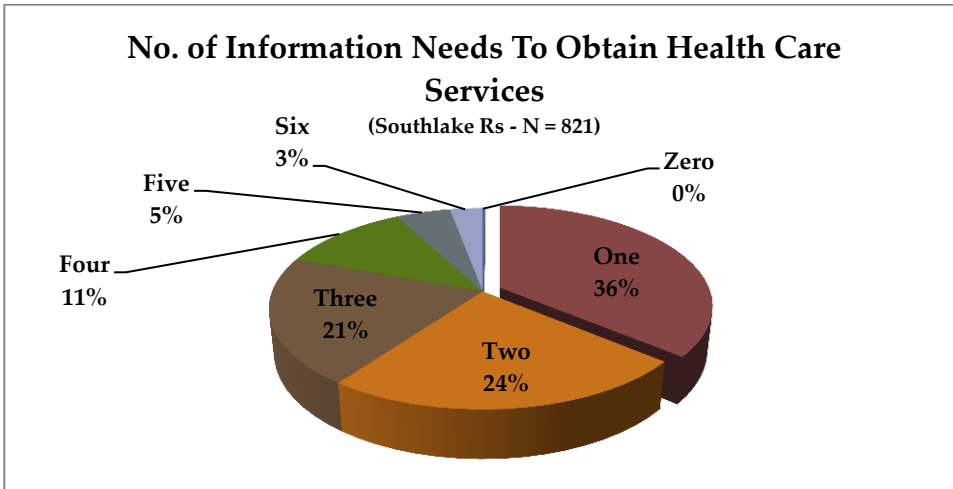
For Southlake respondents, information on insurance coverage is their top concern (57%) followed by a need for information on low cost or free prescriptions (44.6%). Ranking a close third was the need for information about costs of services from their insurance company (42.4%), immediately followed in fourth position by the need for information about community health care services (41.1%).

Question wording



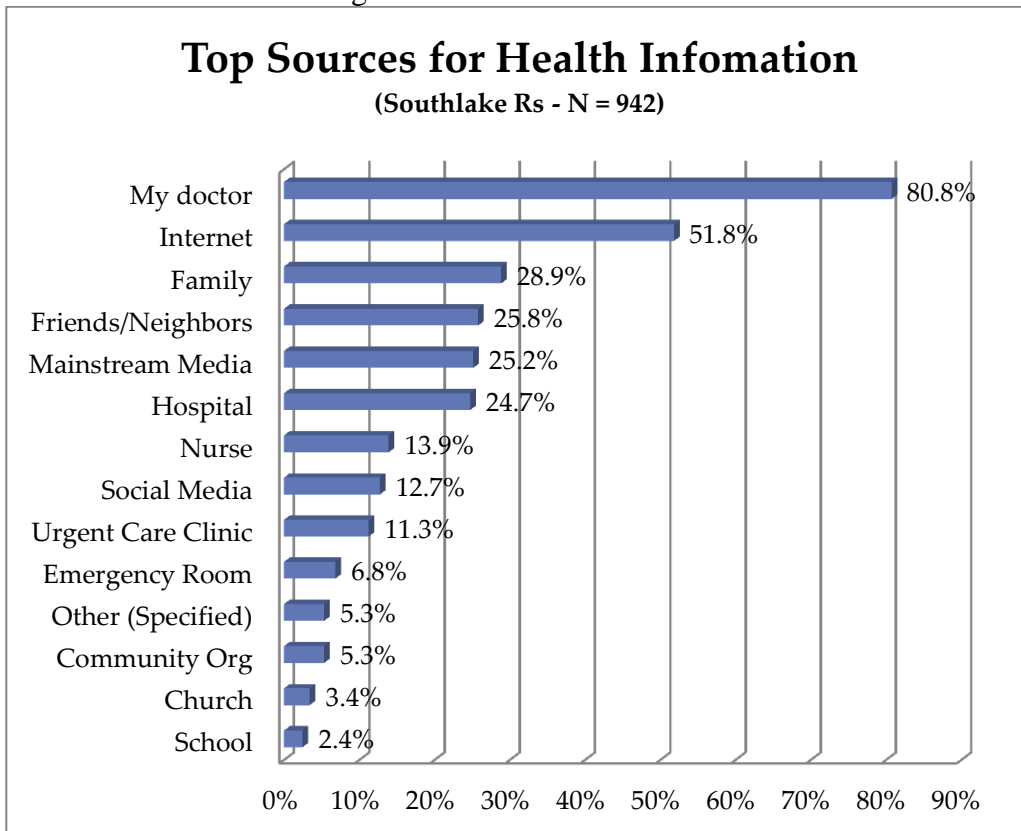
Q20 in the online survey asked: “Which of the following do you feel you need to know more about in order to help you get the health care services you need? [Check all that apply]”

Virtually all Southlake respondents identified at least one critical information need; nearly two-thirds of them identified two or more critical information needs.



Sources for Health Information

The 2015 CHNA questionnaire presented respondents with a list of possible sources for health information and asked them to identify their top three. Their responses are summarized in the following chart.



Question wording

•••
Q21 in the online survey asked: “What are the **three primary ways** that your receive health information? [Check three boxes]”

Top Sources of Information: My Doctor & the Internet

The principal source of health information for over 80% of Southlake respondents is their doctor; the “internet” comes in second with 51.8% of Southlake respondents including this information source among their top three.

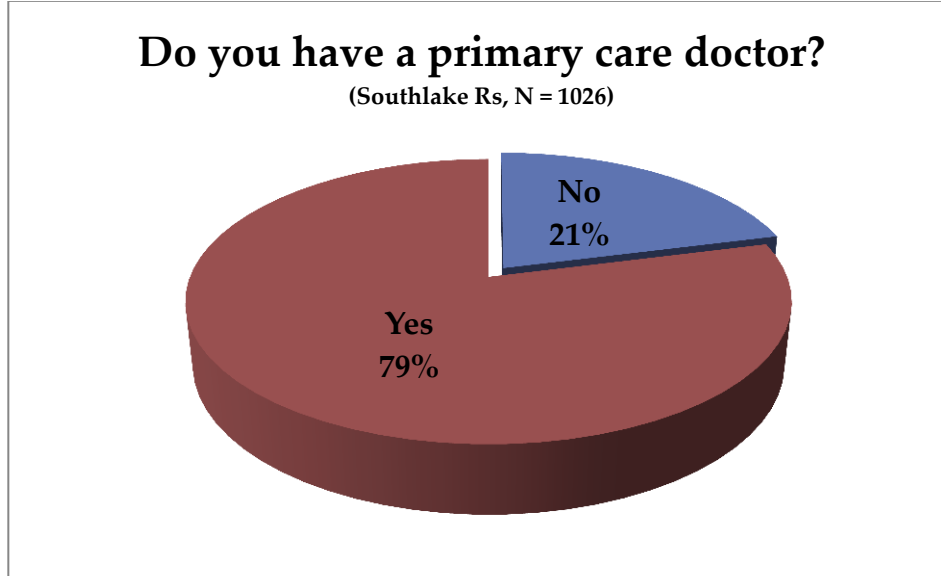
Next in order of frequency selected are:

- My family (28.9%),
- My friends and neighbors (25.8%),
- The mainstream media (25.2%) and,
- The hospital (24.7%),

Consumption of Healthcare Services

Primary Care Physician

Nearly 80% of the Southlake respondents report having a primary care physician.

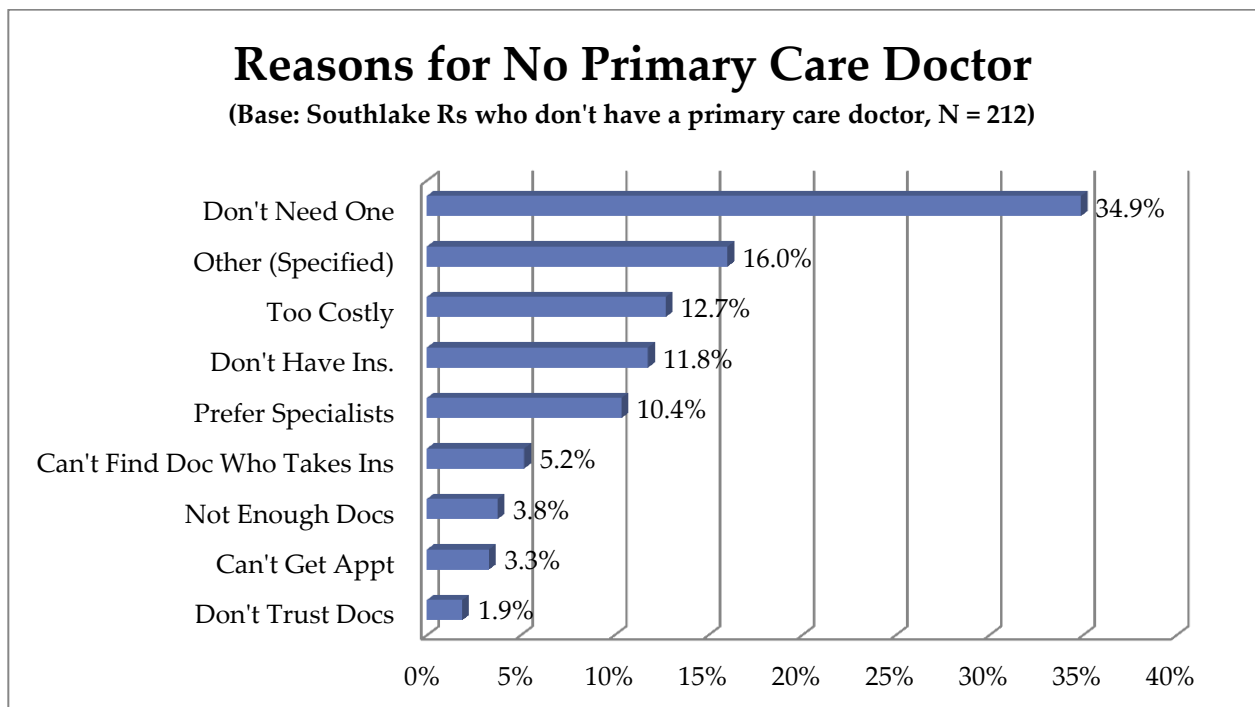


Question wording

• • •

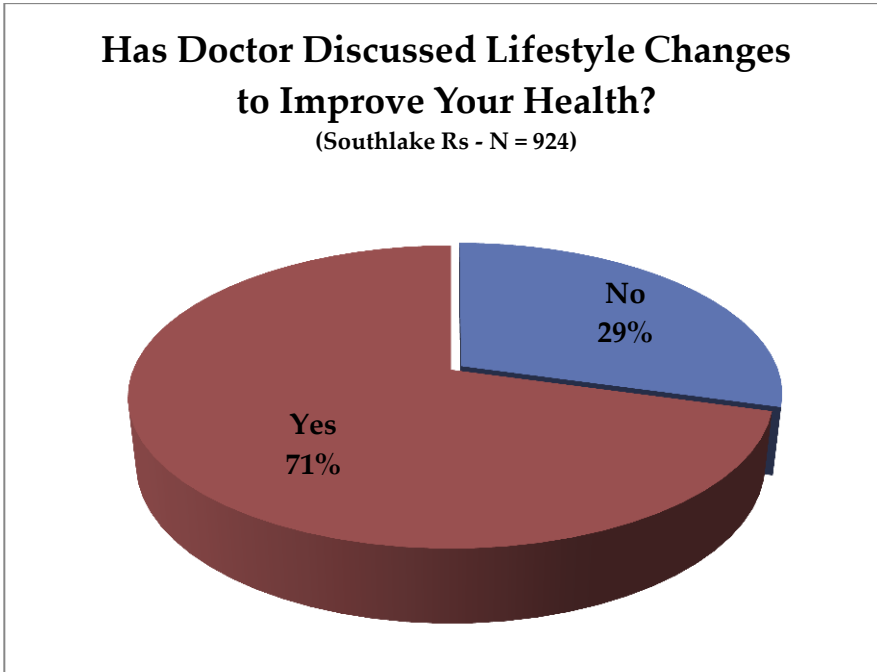
Q9 in the online survey asked: “Do you have a primary care doctor?”
If no: “What is the main reason you do not have a primary care doctor?”

“Don’t need one” is the top reason given for not having a primary care physician. “Other” was the second most frequently stated reason. “Too costly” is cited third most frequently. The top stated reasons for respondents who selected “Other” centered on find an acceptable doctor or scheduling timely appointments.



Discussions with Doctor

The questionnaire probed on whether the respondents have had conversations with their doctors about specific medical issues. The summary results are presented below.



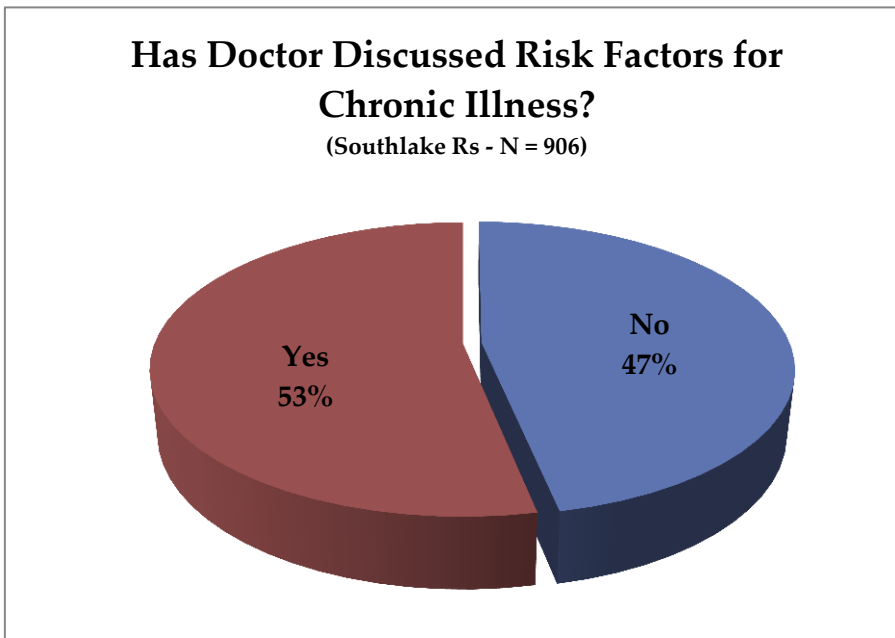
Question wording

• • •

Q17 in the online survey asked: "Has your doctor or health care provider talked with you about each of the following? (Yes or No)"

- Lifestyle changes that would improve your health, such as diet, exercise, smoking cessation.
- Risk factors for chronic disease
- Your mental health (depression, anxiety, substance abuse.)

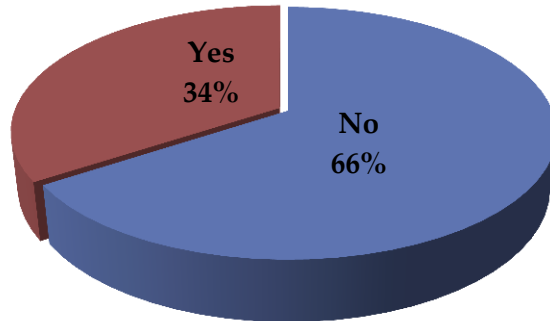
Over 70% of Southlake respondents have discussed lifestyle changes, such as diet, exercise and smoking cessation, to improve their health. Fifty-three percent of Southlake



respondents have discussed risk factors for chronic diseases with their doctor.

Has Doctor Discussed Your Mental Health?

(Southlake Rs - N = 905)



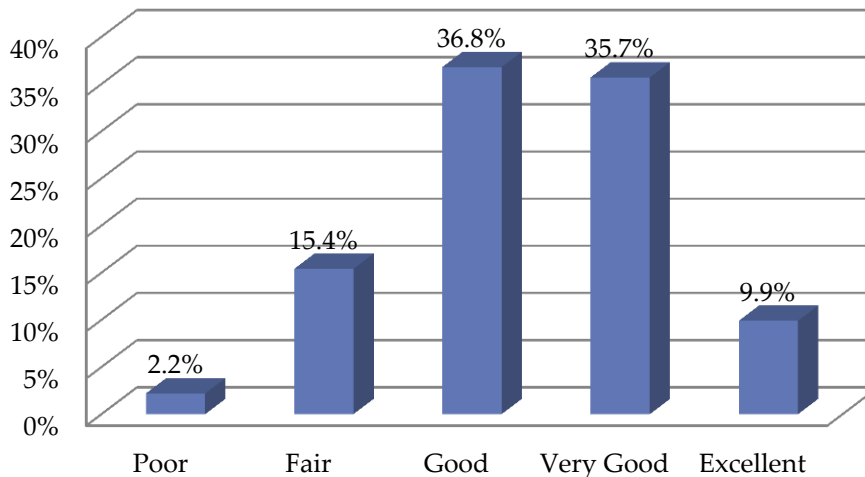
Slightly more than one-third of Southlake respondents have discussed mental health issues with their doctor.

Rating of Health Care Services Available in Northwest Indiana

Respondents were invited to rate the health care services available to them in Northwest Indiana. The results are presented in the chart below.

Rate Healthcare Services in NW Indiana

(Southlake Rs - N = 1000)



Question wording

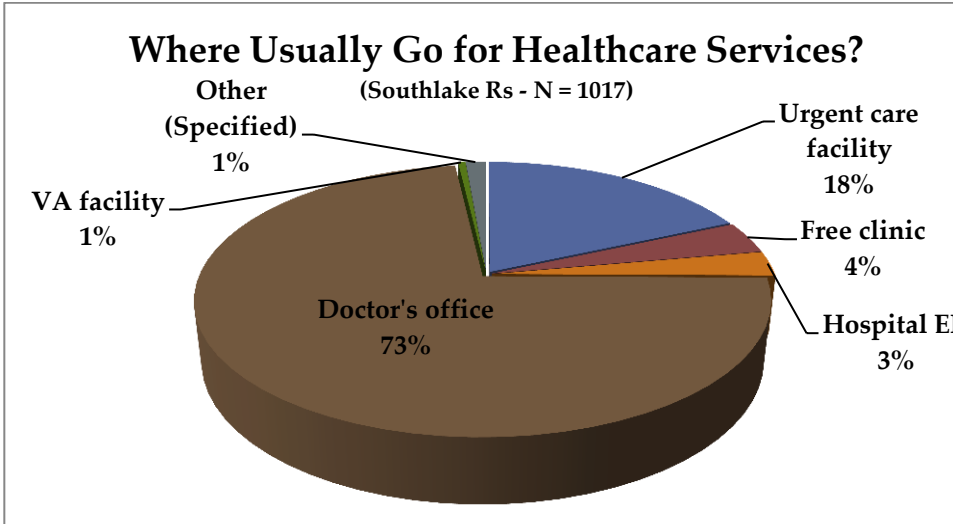


Q6 in the online survey asked: “How would you rate health care services available to you in Northwest Indiana? [Check one box]”

More than 45% of Southlake respondents rated the healthcare services available to them as either “Excellent” or “Very Good”; an additional 36.8% of them rated the available health care services as “Good”. At the other end of the scale, slightly more than 17% of Southlake respondents rated the available health care services as either “Fair” or “Poor”.

Usual Location for Healthcare Services

More than 70% of Southlake respondents usually go to their doctor's office for healthcare services. Approximately 18% use an urgent care facility; an additional 4% use a free clinic. 3% of Southlake respondents state that they typically use a hospital's emergency room for healthcare services.

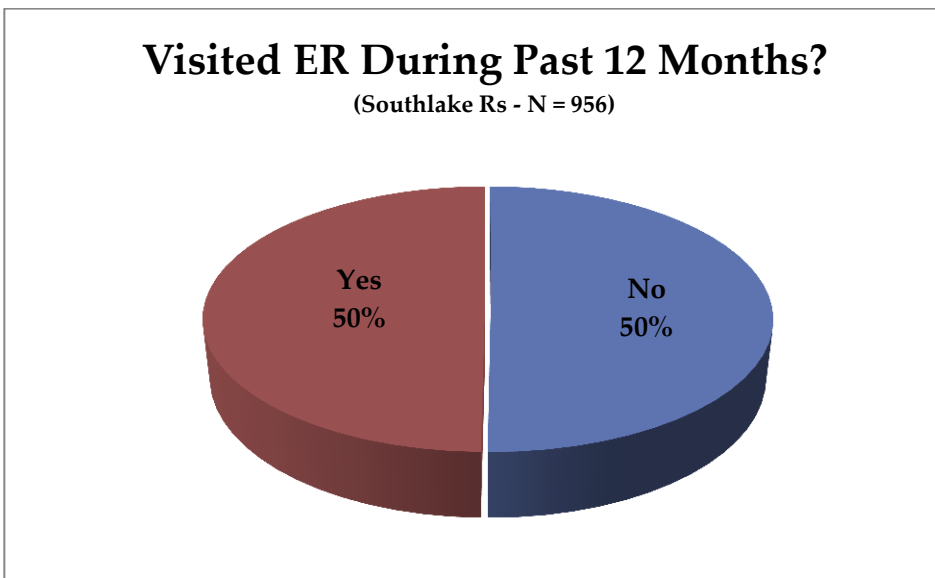


Question wording

Q10 in the online survey asked: "When you need healthcare, where do you usually go for services?"

Emergency Room Visits

Half of the Southlake respondents report visiting the ER during the past 12 months for one of the thirteen possible medical conditions that were listed in the online questionnaire.



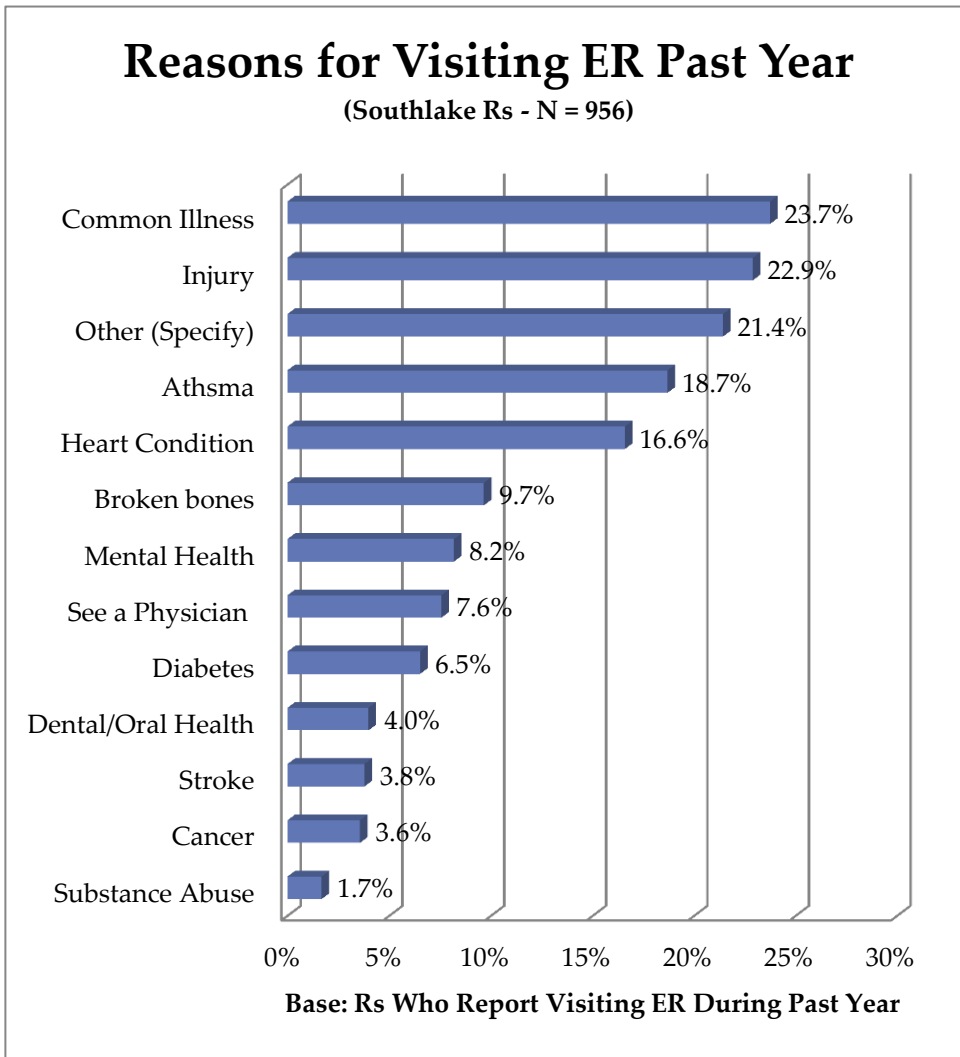
Question wording

Q13 in the online survey asked: "In the past 12 months have you or anyone in your household visited the Emergency Room (ER) for any of the following? [Check all that apply]"

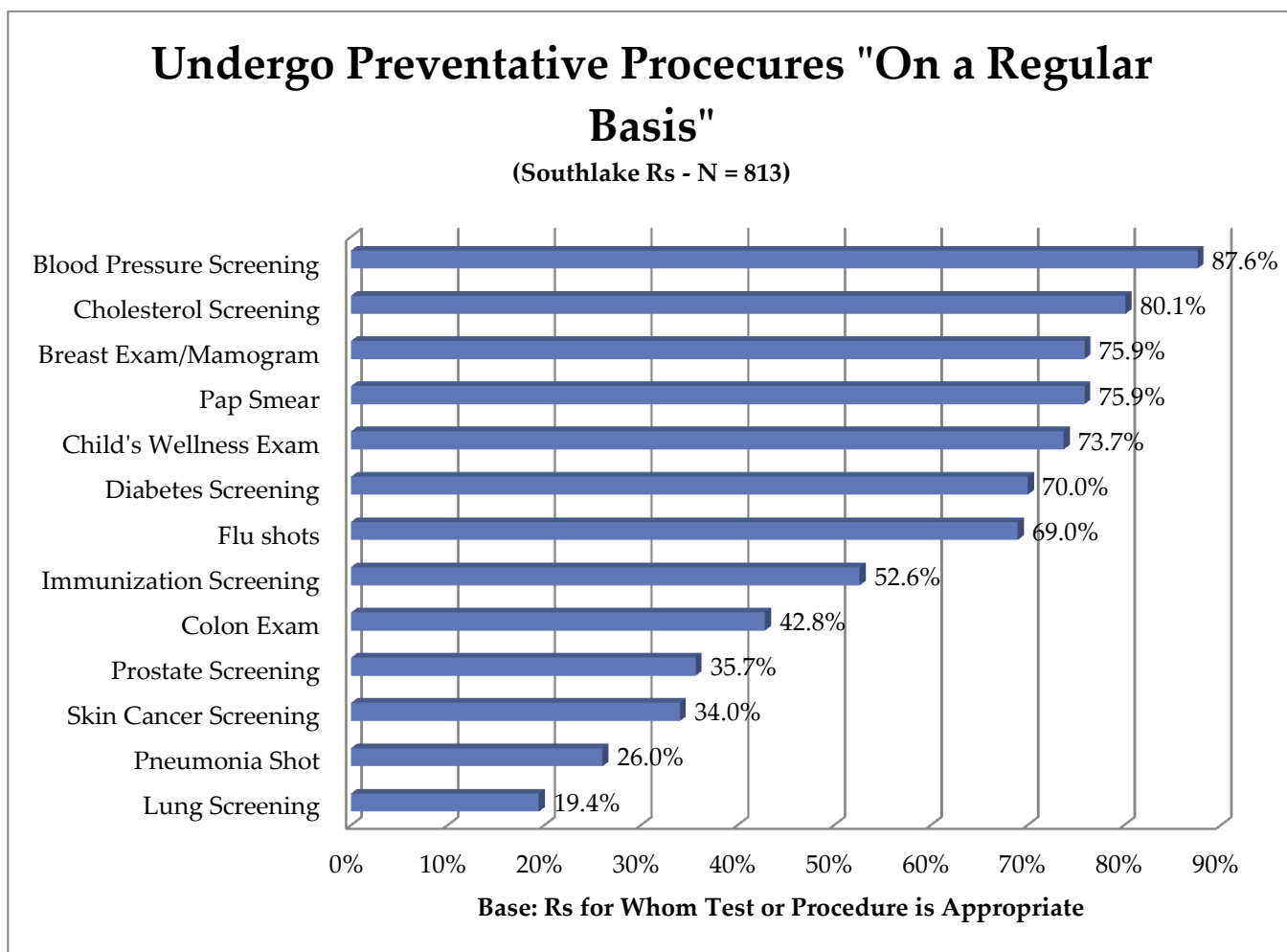
Among the 13 possible reasons for visiting the ER, the most frequently selected option for Southlake respondents was "Common Illness" (23.7%) followed by "Injury" (22.9%).

“Other” was the third most frequently selected option (21.4%), followed by “Asthma” (18.7%) and “Heart Condition” (16.6%).

“Other” conditions mentioned by more than two respondents included: abdominal pains, chest pains, dizziness, falls and injuries from falls, infections, gallbladder “attacks”, kidney stones, and pregnancy complications.



Preventative Medical Procedures



Question 15 in the questionnaire asked respondents to indicate preventative medical procedures they underwent "on a regular basis". The results are presented in the chart above. The most frequently cited procedures include:

- Blood pressure screening – 87.6%
- Cholesterol screening – 80.1%
- Breast exam/mammogram – 75.9%
- Pap smear – 75.9%
- Child's wellness exam – 73.7%
- Diabetes screening – 70.0%
- Flu shots – 69.0%

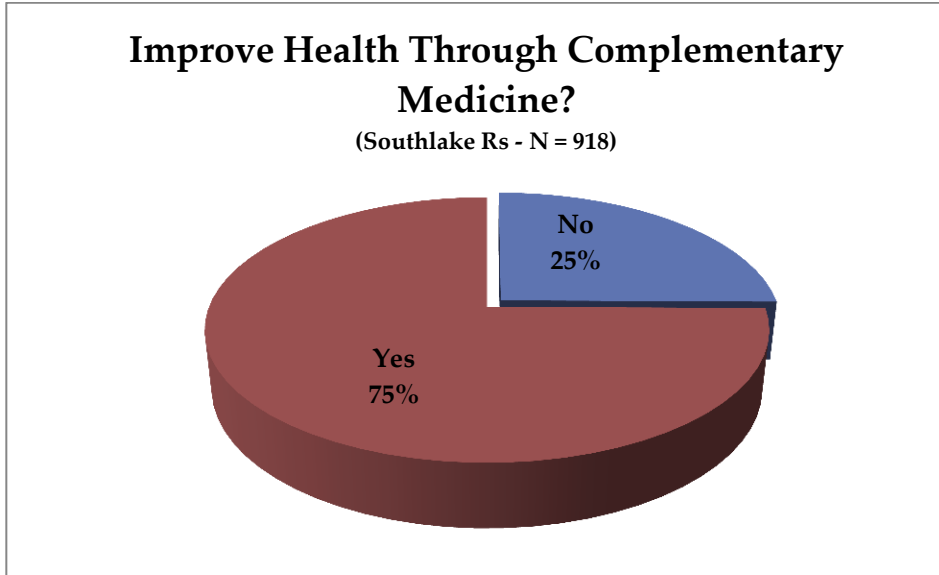
Less frequently cited tests included lung screening (19.4%), pneumonia shot (26.0%), skin cancer screening (34.0%) and prostate screening (35.7%), colon exam (42.8%) and immunization screening (52.6%).

Question wording

Q15 in the online survey asked: "Do you undergo the following preventative procedures (on a regular basis)? [Check appropriate box]"

Improve Health Through Complementary Medicine?

The 2015 CHNA questionnaire also asked respondents whether they felt that their health could be improved through the use of complementary medicine such as dietary supplements, herbs, meditation and similar techniques. Their responses are summarized in the following chart.



Question wording



Q19 in the online survey asked: “Do you feel that your health could be improved through the use of complementary medicine such as dietary supplements & herbs, meditation, body movement therapies, etc.?”

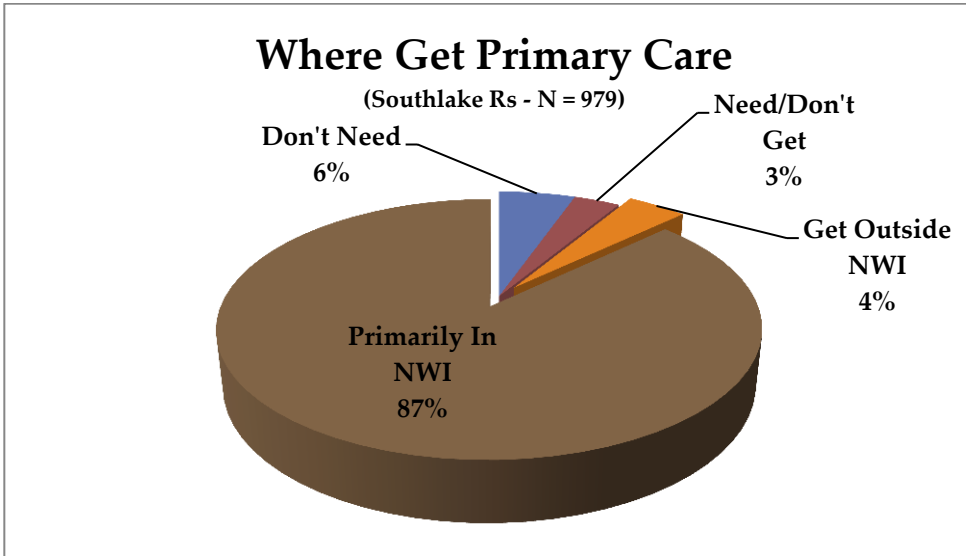
Three-fourths of Southlake respondents (75%) feel that their health could be improved through the use of complementary medicines.

Supplementary Optional Tables & Charts

Where Health Care Services are Usually Received

Where Primary Care Usually Is Received

Approximately 87% of Southlake respondents get their primary care in Northwest Indiana; only 4% go out of the area for primary care.



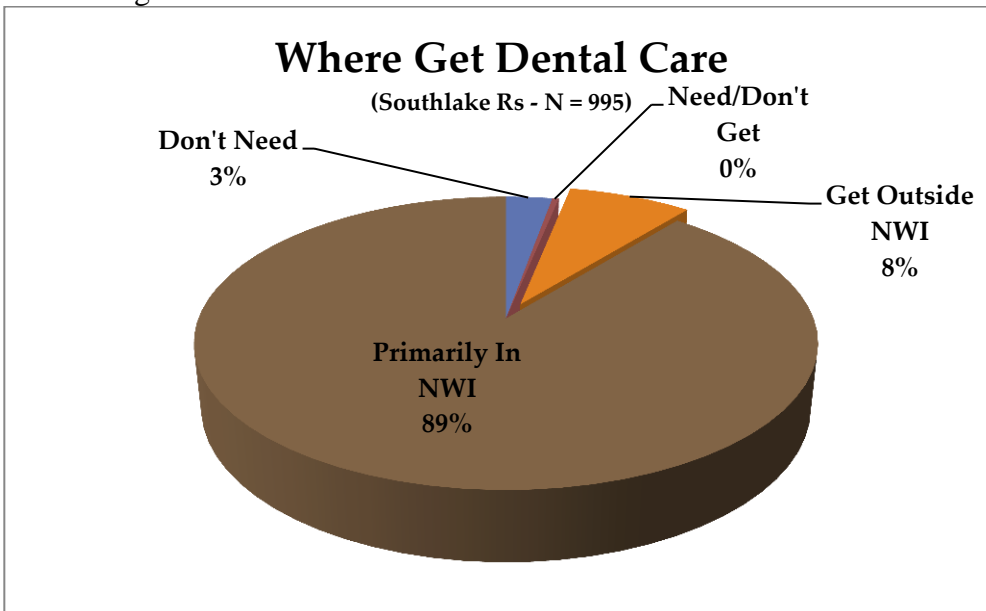
Question wording



Q11 asked: "For each type of care, please tell us where you and members of your household primarily go to receive it..."

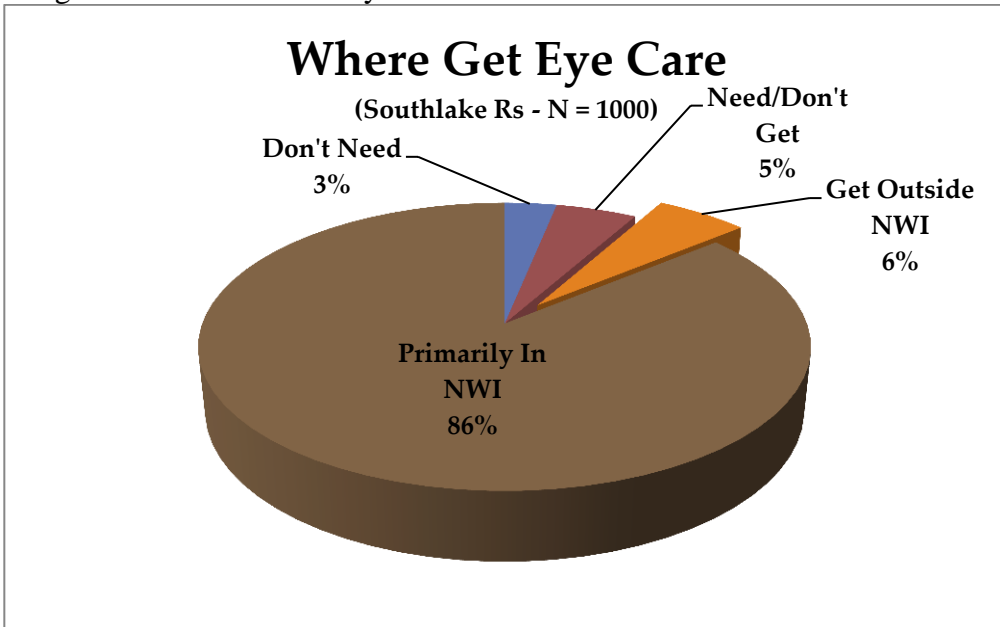
Where Dental Care Usually Is Received

89% of Southlake respondents receive their dental care within Northwest Indiana; only about 8% go outside the area for dental care.



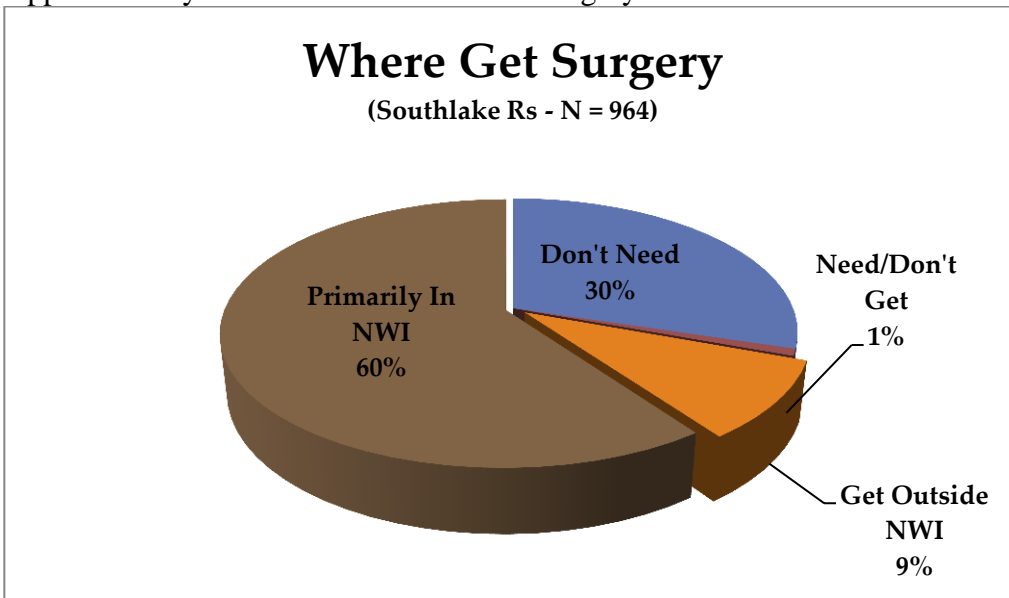
Where Eye Care Usually Is Received

Approximately 86% of Southlake respondents get their eye care in Northwest Indiana; only 6% go outside the area for eye care.



Where Surgery Usually Is Received

Approximately 30% of Southlake respondents report that they do not have need for surgery; 60% state that when they do need surgery, they receive it in Northwest Indiana. Approximately 9% leave the area to have surgery.

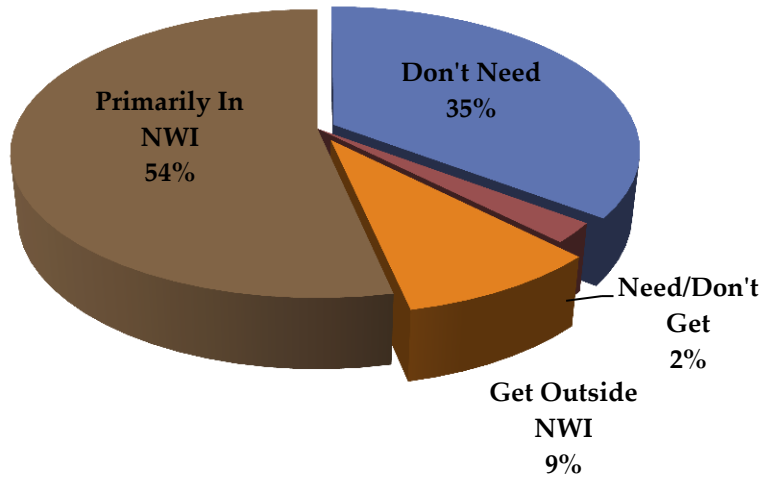


Where Specialist Care Usually Is Received

35% of Southlake respondents state that they don't need specialist care. Among those who do need this type of care, 54% receive it in Northwest Indiana; approximately 9% go outside the area for specialist care.

Where Get Specialist Care

(Southlake Rs - N = 937)

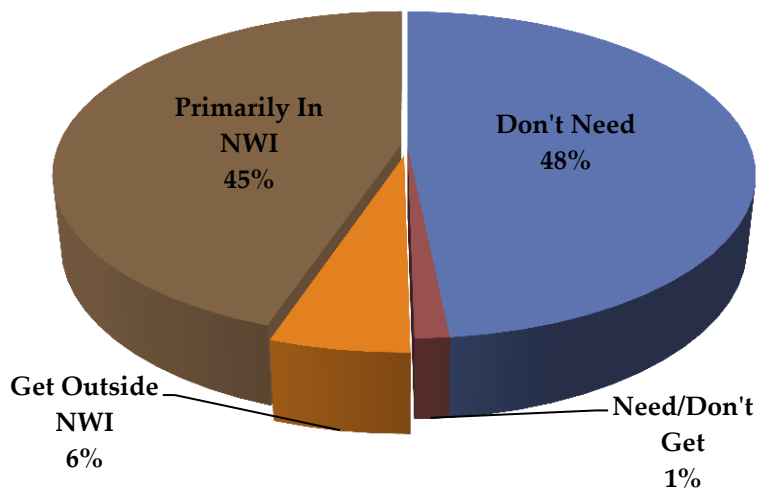


Where Chronic Disease Care Usually Is Received

Approximately 48% of Southlake respondents claim they don't need care for chronic diseases. Among those who do need chronic disease care, 45% receive their care within Northwest Indiana; only 6% go outside the area for this type of care.

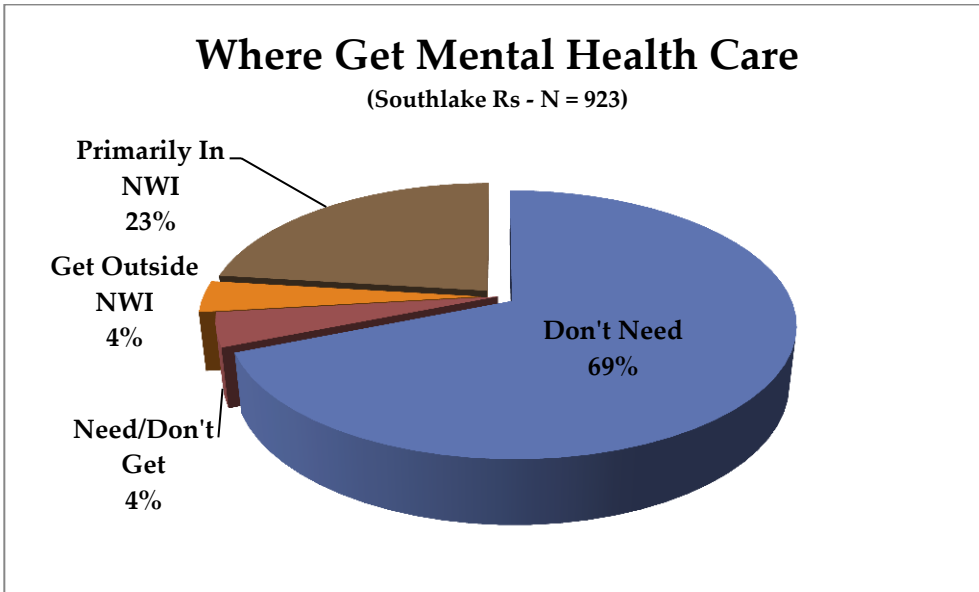
Where Get Chronic Disease Care

(Southlake Rs - N = 951)



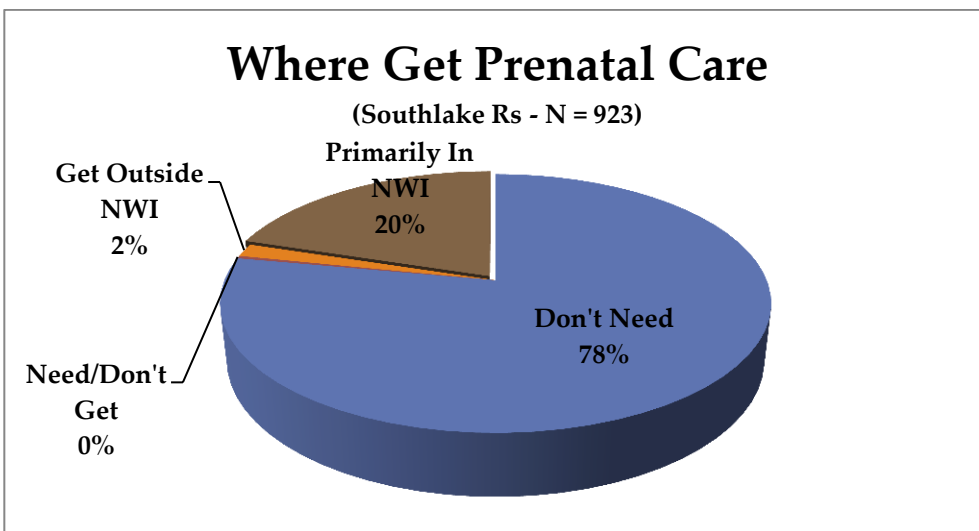
Where Mental Health Care is Received

Approximately 69% of Southlake respondents report that they do not need mental health care. Among the remaining respondents, 23% report that they receive mental health care within Northwest Indiana while only 4% go outside the area for this type of care.



Where Prenatal Care Usually is Received

78% of Southlake respondents indicate that they do not need prenatal care. Of the remaining 22%, nearly all of them obtain their prenatal care within the Northwest Indiana area. Only 2% of Southlake respondents go outside Northwest Indiana for prenatal care.



2016 Online Key Informant Survey Results

Northwest Indiana

Prepared for:

Franciscan Alliance, Methodist Hospitals, and Community Hospital

By:

Professional Research Consultants,
Inc. 11326 P Street Omaha, NE 68136-
2316 www.PRCCustomResearch.com

2015-1096-02
© March 2016

Participation

ONLINE KEY INFORMANT SURVEY

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

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

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

Final participation included representatives of the organizations outlined below.

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

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

Minority populations represented:

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

Medically underserved populations represented:

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

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

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

Evaluation of Health Issues

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

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

2016 Online Key Informant Survey Results

Northwestern Indiana

Prepared for:

Franciscan Alliance, Methodist Hospitals, and Community Hospital

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-1096-02
© March 2016

Introduction

Participation

ONLINE KEY INFORMANT SURVEY

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

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

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

Final participation included representatives of the organizations outlined below.

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

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

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

Minority populations represented:

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

Medically underserved populations represented:

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

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

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

Evaluation of Health Issues

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

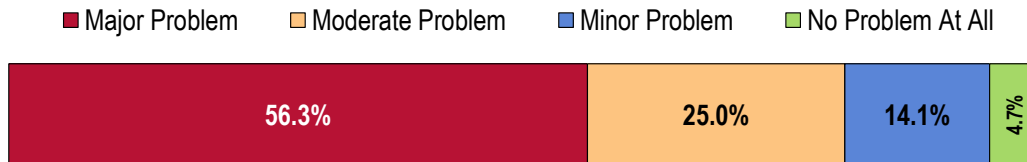
| Health Issue | Major Problem | Moderate Problem | Minor Problem | No Problem At All |
|--|----------------------|-------------------------|----------------------|--------------------------|
| Substance Abuse | 56.3% | 25.0% | 14.1% | 4.7% |
| Nutrition, Physical Activity, and Weight | 52.5% | 27.9%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

Key Informant Input

Substance Abuse

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

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



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

BARRIERS TO TREATMENT

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

Denial/Stigma

Don't want help, like the easy way of not having problems when high on a drug. - Public Health Representative

Acceptance of the problem and cost. - Other Health Provider

Patient compliance and refusal, access to appropriate programs, access to behavioral healthcare professionals. - Physician

Shame, problem identification and desire. - Social Services Provider

Being honest with oneself. - Community/Business Leader

The stigma, the cost and the basic "where can I go for help?". - Community/Business Leader

Denial that we have a problem in the region. - Community/Business Leader

For those who lack job opportunities and social support, it can be difficult to find the motivation to break free from addiction. - Social Services Provider

They want something that will keep them numb to the real world. - Social Services Provider

Most families are in denial and the criminal justice system needs to update their policy for incarceration of youth with substance abuse. - Social Services Provider

Incidence/Prevalence

Opiate abuse seen in our Emergency Rooms daily. - Physician

Number of deaths reported as a result of overdoses. Number of failed employment applications because of failed drug tests. Amount of drug related crimes in parts of the region. - Community/Business Leader

Number of people diagnosed with substance abuse addictions. - Other Health Provider

Again, referring to the 2009 Community Epidemiological Study, substance abuse, lack of prevention, intervention and treatment are major issues in Newton County. - Community/Business Leader

Lack of Treatment Facilities

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

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

Too few facilities. - Community/Business Leader

Affordable Care/Services

Again, there are a variety of reasons, financial, mental, emotional etc. - Community/Business Leader
Cost, stigma and knowing where to get treatment. - Other Health Provider
Cost and number of facilities. - Community/Business Leader
Money and knowledge of their existence. - Community/Business Leader

Access to Care/Services

Availability, cost, fear of punishment and lack of support. - Public Health Representative
Very limited access but lots of pain doctors, maybe there is an inverse relationship. - Physician
Location and accessibility. - Community/Business Leader

Awareness of Resources

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

MOST PROBLEMATIC SUBSTANCES

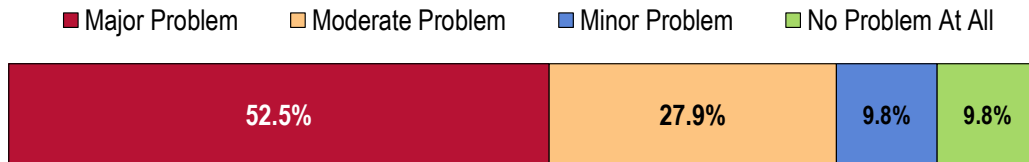
Key informants (who rated this as a “major problem”) most often identified alcohol, heroin or other opioids, and prescription medications as the most problematic substances abused in the community.

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

Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2016)



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

TOP CONCERNS

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

Lifestyle

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

Lack of Healthy Food Options

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

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

Health Education

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

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

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

Complacency and lack of education. - Physician

Lack of opportunities and information. - Social Services Provider

Obesity

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

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

Significant incidence of obesity. - Public Health Representative

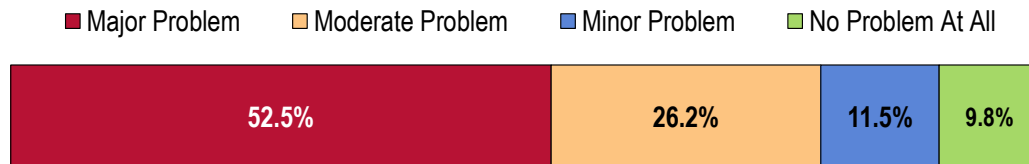
Obesity in Northwest Indiana is a major issue. - Physician

Unprecedented obesity. - Physician

Diabetes

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

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



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

CHALLENGES

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

Nutrition, Physical Activity and Weight

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

Diet and exercise. - Community/Business Leader

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

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

Obesity and quality of life. - Social Services Provider

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

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

Access to Care/Services

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

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

Access to Endocrinology. - Physician

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

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

Health Education

Prevention. - Community/Business Leader

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

From my experience, I was diagnosed with diabetes a few years ago and my physician only scared me with a death diagnosis and offered no resources for me to even learn what diabetes was. When I inquired

several times, I was simply told to check the hospital. - Community/Business Leader
Education. - Community/Business Leader
Patient teaching and compliance. - Public Health Representative
Diet and education - Other Health Provider

Access to Healthy Lifestyle

Lack of support groups for maintaining a healthier body. - Community/Business Leader
Access to a healthy way of living. - Social Services Provider
Maintaining a healthy lifestyle, with access to nutritious food and to exercise opportunities. Education about healthy living and diabetes management. - Social Services Provider
Lifestyle and personal choices, heredity, proper care, self and medical attention. - Community/Business Leader

Incidence/Prevalence

Feedback from the community at health fairs, workshops, presentations and area churches. There are approximately 499,200 adults in Indiana who have diabetes. There are approximately 289,500 additional adults in Indiana who have pre-diabetes. - Social Services Provider
Number of people diagnosed with diabetes and renal failure. - Other Health Provider

Compliance

Patient compliance. - Other Health Provider

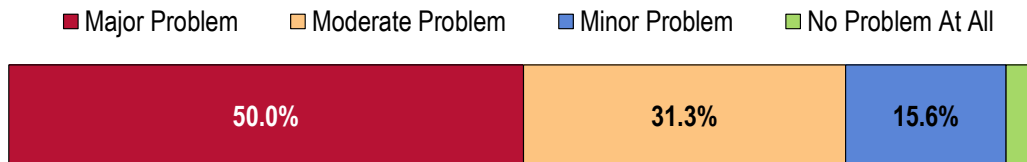
Comorbidities

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

Mental Health

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

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



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

CHALLENGES

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

Lack of Resources

Areas like ours generally do not have a lot in the way of vast medical resources. Mental health is always going to be an issue in an area like ours. - Community/Business Leader

Not enough resources. - Community/Business Leader

Lack of services and/or long term assistance - Community/Business Leader

Facilities and cost of care at CMHCs. - Other Health Provider

Lack of treatment programs, the social stigma and ability to pay. - Community/Business Leader

Long-term care. - Physician

Lack of treatment facilities and stigma. - Community/Business Leader

Mental illness. We have limited resources in the community to treat this need and an under-served population. - Community/Business Leader

There are very limited inpatient options for young children under 12, and also limited resources for outpatient counseling services. Many parents report issues. - Community/Business Leader

Access, transportation, insurance and co-pays, too few psychiatrists, turnover in the workforce that serves them because of poor pay. Laws that do not address those who refuse service and therefore have poor quality of life. - Social Services Provider

Getting consistent and ongoing help, availability, and access to care. - Public Health Representative

Lack of Community Support

There is a lack of social support for many suffering from mental illness, especially for those who are homeless or at risk of homelessness. - Social Services Provider

Good services for monitoring and medication if needed. Getting and keeping a job, family supports, misunderstanding from local authorities, police and sheriff. - Social Services Provider

There are so many people with mental health issues who are not supervised or located in an area where they have something to do (work, helping others). They are out wandering the streets or loitering in public places. - Community/Business Leader

Biggest challenge is educating the community about mental health and helping to remove the many

stigmas that prevent citizens from getting the care they need. Another big challenge is insurance that covers mental health treatment. - Other Health Provider

Affordable Care/Services

Costs and access. Too few providers. - Physician

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

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

Incidence/Prevalence

The people that come through the program - Other Health Provider

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

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

Denial/Stigma

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

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

Comorbidities

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

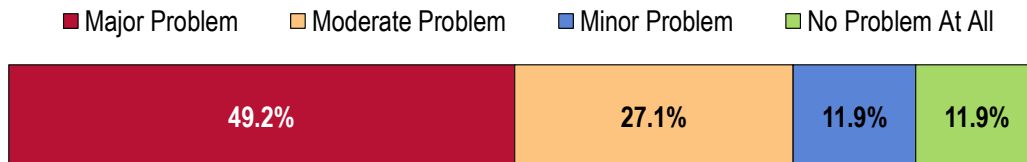
Addiction and access. - Physician

Heart Disease & Stroke

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

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

(Key Informants, 2016)



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

TOP CONCERNS

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

Incidence/Prevalence

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

Lifestyle

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

Comorbidities

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

Lack of Specialty Services

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

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

Vulnerable Populations

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

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

Leading Cause of Death

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

Number one cause of death. - Social Services Provider

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

Environmental Issues

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

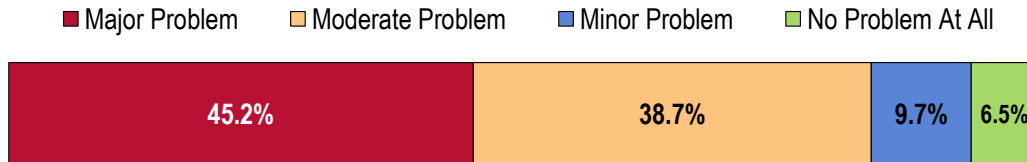
Health Education

Not enough knowledge by patients - Community/Business Leader

Cancer

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

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



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

TOP CONCERNS

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

Incidence/Prevalence

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

Environmental Issues

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

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

Air quality, tobacco use - Physician

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

Access to Care/Services

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

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

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

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

Leading Cause of Death

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

It kills people. - Social Services Provider

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

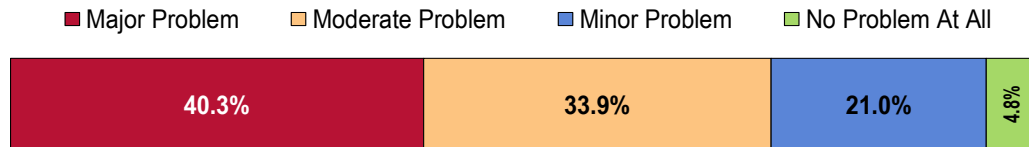
Prevention

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

Tobacco Use

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

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



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

TOP CONCERNS

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

Incidence/Prevalence

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

Used to Mask Stress

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

Vulnerable Populations

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

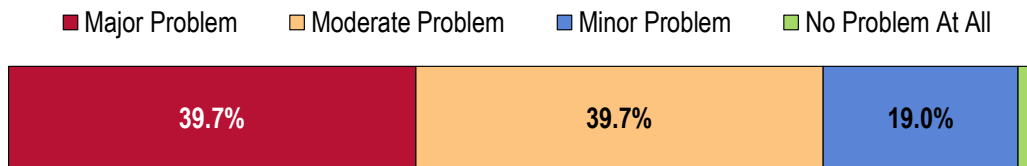
Comorbidities

- Major comorbidity in our population. - Physician*
- Leading Cause of Death*
- Death rate from related cancer is extremely high. - Other Health Provider*

Dementias, Including Alzheimer's Disease

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

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2016)



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

TOP CONCERNS

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

Aging Population

As population ages this is becoming more of a problem. The cost of dementia care is out of reach for most people. - Public Health Representative

Because of the aging population in the area and the number of people diagnosed. - Other Health Provider

Baby boomers are getting older and due to the large number of people in that age group, the influx of dementia. Alzheimer's disease is prevalent. - Social Services Provider

Aging population base of region with longer lifespans means an increasing part of the population will experience these issues. - Community/Business Leader

More and more people are living longer and it is a disease that affects mainly older people. - Community/Business Leader

We have an aging population and to the extent that the onset of dementia is caused by aging, we are at risk. Further, research has found a correlation between the general health of individuals and Alzheimer's. At risk populations. - Community/Business Leader

Aging population, lack of behavioral health resources. – Physician

Incidence/Prevalence

Anecdotal information points to an increase in persons presenting with these conditions. - Other Health Provider

All of my answers in this survey are from my experience with the students at Merrillville High School and their families. The answers are all pointed to what my students or their families share with me. Students are living with grandparents. - Community/Business Leader

The number of elder/not so old people I meet with dementia/Alzheimer's. - Other Health Provider

There is no known cure and you hear more and more of families that are dealing with family members. - Social Services Provider

Feedback from the community at health fairs, workshops, presentations and area churches. It is estimated that 1 in 10 persons over 65 and roughly half of those over 85 have AD. In Indiana as of 2010, 120,000, increased by 20% since 2000. - Social Services Provider

Health Education

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

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

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

Access to Care/Services

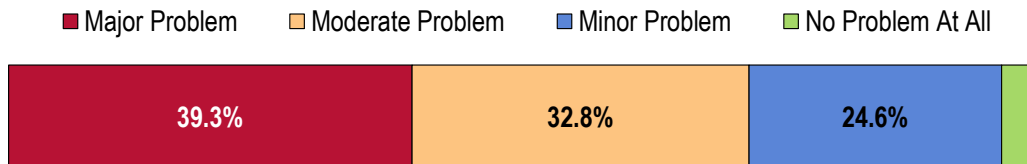
This area has become highly specialized and is difficult to treat in an area that does not have a center specializing in it. - Community/Business Leader

FQHC - Public Health Representative

Injury & Violence

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

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



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

TOP CONCERNS

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

Incidence/Prevalence

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

Culture of Violence

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

Poverty

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

Trauma Centers

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

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

Domestic Violence

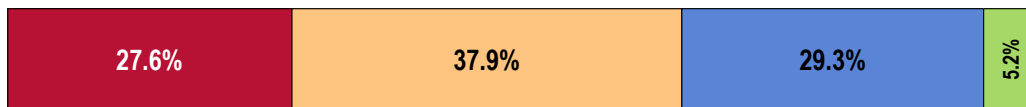
| Domestic abuse is a big issue for many who come for our services. Many others have lost loved ones to violence. - Social Services Provider

Infant & Child Health

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

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

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



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

TOP CONCERNS

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

Affordable Care/Services

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

Infant Mortality

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

Parental Involvement

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

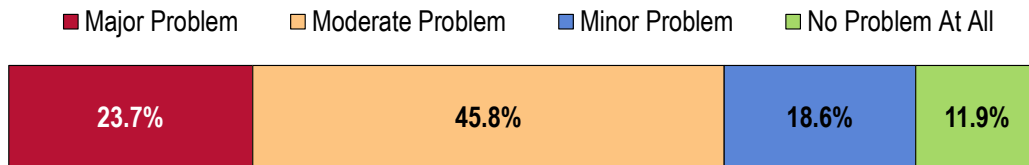
Health Education

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

Respiratory Disease

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

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



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

TOP CONCERNS

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

Environmental Issues

- Asthma especially in childhood, air quality issues especially in summer, smoking, industrial and agricultural toxin exposure. - Community/Business Leader*
- Our air quality has improved over the last 20 years, but the amount of people with respiratory problems increases. - Community/Business Leader*
- Pollution of the mills and other industrial companies. - Social Services Provider*
- Environment we live in. - Community/Business Leader*
- Smoking and pollution. - Public Health Representative*

Leading Cause of Death

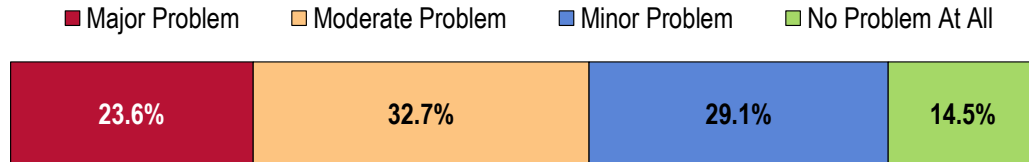
- Non-cancerous lung ailments are the third leading cause of death in the region, having claimed 7,014 lives throughout Lake, Porter and LaPorte counties between 1999 and 2010. - Social Services Provider*

Chronic Kidney Disease

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

Perceptions of Chronic Kidney Disease as a Problem in the Community

(Key Informants, 2016)



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

TOP CONCERNS

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

Incidence/Prevalence

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

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

Number of people on dialysis. - Community/Business Leader

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

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

Comorbidities

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

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

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

Vulnerable Populations

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

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

Access to Care/Services

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

Nutrition

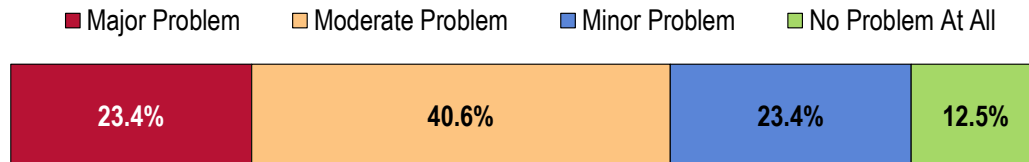
Non-Healthy food choices in the community and poverty. - Public Health Representative

Access to Healthcare Services

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

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2016)



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

TOP CONCERNS

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

Lack of Resources

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

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

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

Elder services. - Community/Business Leader

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

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

Primary care for Indiana and Illinois patients. - Physician

Affordable Care/Services

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

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

Insurance, Income - Other Health Provider

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

Money, insurance coverage. - Community/Business Leader

Information and affordability. - Other Health Provider

Transportation

Transportation and health care coverage - Community/Business Leader

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

Lack of Providers

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

TYPE OF CARE MOST DIFFICULT TO ACCESS

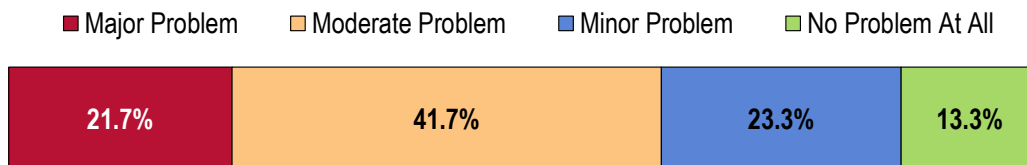
Key informants (who rated this as a “major problem”) most often identified primary care, mental health care, chronic disease care, and substance abuse treatment as the most difficult to access in the community.

| Primary Care | 23.1% | 18.2% | 18.2% | 7 |
|---------------------------|-------|-------|-------|---|
| Mental Health Care | 15.4% | 18.2% | 27.3% | 7 |
| Chronic Disease Care | 23.1% | 18.2% | 0.0% | 5 |
| Substance Abuse Treatment | 7.7% | 18.2% | 18.2% | 5 |
| Elder Care | 7.7% | 9.1% | 9.1% | 3 |
| Specialty Care | 7.7% | 9.1% | 0.0% | 2 |
| Prenatal Care | 0.0% | 9.1% | 9.1% | 2 |
| Dental Care | 0.0% | 0.0% | 18.2% | 2 |
| Severe Trauma Care | 7.7% | 0.0% | 0.0% | 1 |
| Urgent Care | 7.7% | 0.0% | 0.0% | 1 |

Oral Health

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

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



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

TOP CONCERNS

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

Affordable Care/Services

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

Lack of Providers

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

Incidence/Prevalence

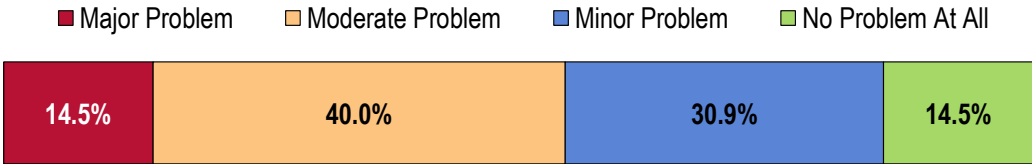
- By what I see every day here in my facility. - Social Services Provider*

Sexually Transmitted Diseases

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

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2016)



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

TOP CONCERNS

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

Incidence/Prevalence

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

Health Education

- Again no education in schools. - Public Health Representative

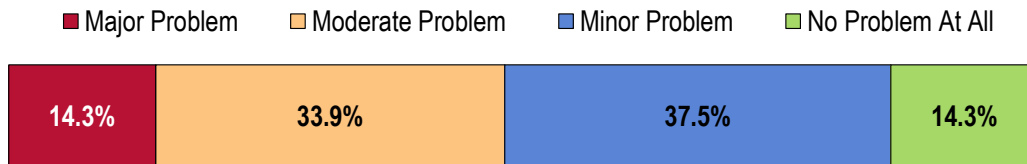
Vulnerable Populations

- Rates among children and minorities. - Community/Business Leader

HIV/AIDS

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

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



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

TOP CONCERNS

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

Incidence/Prevalence

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

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

Drug Use

Drug use, risky behavior. - Other Health Provider

HIV Trauma

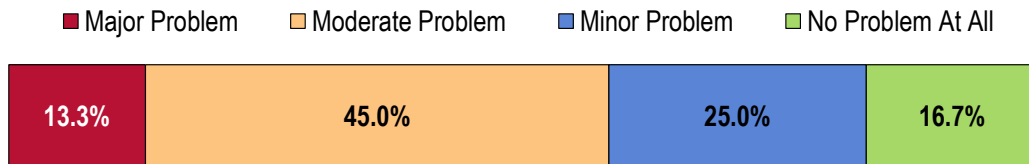
HIV trauma. - Other Health Provider

Family Planning

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

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2016)



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

TOP CONCERNS

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

Health Education

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

Teenage Pregnancy

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

Birth Outcomes

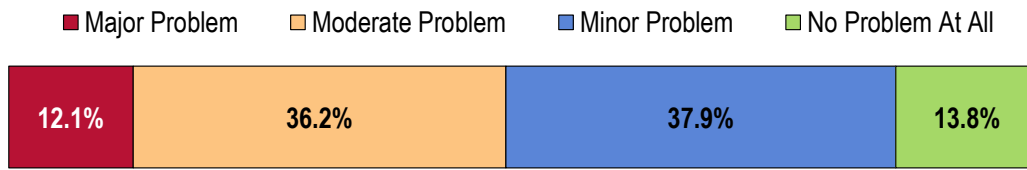
We have the highest number of low birth weight and miscarriages in the region. - Public Health Representative

Hearing & Vision

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

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2016)



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

TOP CONCERNS

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

Incidence/Prevalence

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

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

Access to Care/Services

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

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

Immunization & Infectious Diseases

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

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

(Key Informants, 2016)

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



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

TOP CONCERNS

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

Access to Care/Services

School-aged children most times travel out of the county to be immunized. Older adults travel to clinics or urgent care to fight infectious diseases. - Community/Business Leader

Lack of awareness and access for all sectors of the community. - Other Health Provider

Health Education

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

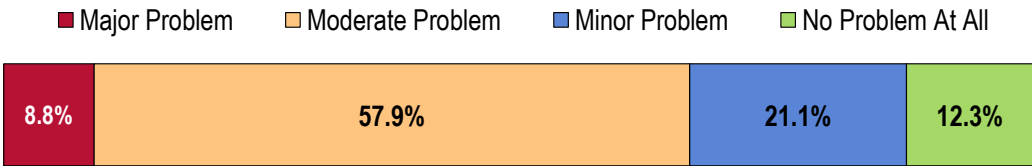
Incidence/Prevalence

The number of people diagnosed. - Other Health Provider

Arthritis, Osteoporosis & Chronic Back Conditions

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

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



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

TOP CONCERNS

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

Incidence/Prevalence

- Feedback from the community at health fairs, workshops, presentations and area churches. - Social Services Provider*
- Personally know of several citizens that are on disability benefits due to arthritis and major back conditions. - Community/Business Leader*
- Number of folks I see with some type of immobility in limbs. - Community/Business Leader*
- Too many people suffering with this. - Community/Business Leader*

Aging Population

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

Resources

Resources Available to Address the Significant Health Needs

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

Access to Healthcare Services

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

Arthritis, Osteoporosis & Chronic Back Conditions

- Community HealthNet*
- Doctor's Office*
- Hospitals*

Cancer

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

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

Chronic Kidney Disease

Chicago Teaching Hospitals

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

Dementias, Including Alzheimer's Disease

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

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

Diabetes

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

Family Planning

Birthright
Doctor's Office
FQHC

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

Hearing & Vision

*Doctor's Office
Moses Eye Care*

Heart Disease & Stroke

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

HIV/AIDS

*Aliveness Project
Community HealthNet*

Immunization & Infectious Diseases

*Community HealthNet
Doctor's Office
Healthcare Systems*

Infant & Child Health

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

Injury & Violence

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

Mental Health

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

Nutrition, Physical Activity & Weight

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

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

Oral Health

Community HealthNet
NorthShore Health Centers

Respiratory Diseases

Hospitals
Medical Equipment Suppliers
Primary Care
Pulmonary Specialists of Northwest Indiana

Sexually Transmitted Diseases

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

Substance Abuse

AA/NA

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

Lake County Tobacco Cessation Coalition
Local Government
Media
Newton County Drug Coalition
Porter County Tobacco Cessation
Porter Starke Services
Primary Care
Regional Health Clinics
School System
Smoking Ban in Public Spaces
Smoking Cessation Programs
Strict Enforcement of Underage Smoking L

Tobacco Use

Community HealthNet
Doctor's Office
Edgewater Behavioral Health Services
Geminus Fathers Program
Hospitals
Increased Taxes on Tobacco
Indiana Quit Line
ISDH Tobacco Cessation Commission

APPENDIX: Community Survey Questionnaire

Community Health Needs Survey 2015

Community Healthcare System, the Franciscan Alliance and Methodist Hospitals are working together on a project to better understand the barriers to good health that exist in the communities that we serve. An important part of this project is a survey of people like you – residents in the communities of Northwest Indiana. We hope that you will help us by answering the following questions about your experience with health care. Your opinions will help us to plan ways to better serve you, your family and others in your community.

The survey will take only about 15 minutes. Your responses are confidential and will be combined with the responses of others. You will not be identified by name, and no one will see your individual responses.

Thank you for participating in our survey – your responses will help us to improve the programs and services that we offer.

1. What do you feel are the **3 most important social problems** in your community?
[Please check three boxes]

- Affordable Housing
- Poor Health of Residents
- Hunger
- Lack of Education / Job Training
- Lack of Employment Opportunities
- Pollution (Clean, safe air quality)
- Poverty
- Public Safety
- Public Transportation
- Violence
- Other (please write in)

2. And what do you feel are the **3 most important health problems** in your community?

[Please check three boxes]

- Asthma
 - Breathing Problems
 - Cancer
 - Dental/Oral Health
 - Diabetes
 - Heart Disease
 - Hearing/Vision Problems
 - HIV/AIDS
 - Infant Mortality
 - Injuries
 - Mental Health (depression, anxiety, sadness)
 - Obesity
 - Smoking and Tobacco Use
 - Stroke
 - Substance Abuse (alcohol, drugs)
 - Other (please write in)
-
-
-

3. What do you feel are the **top 3 reasons** why obesity is an issue in your community?

[Check three boxes]

- Obesity is not a problem in my community **[Please skip to question 4]**
 - Healthy habits not promoted/supported in the community, schools and churches
 - Lack of access to healthy and affordable foods (fruits and vegetables)
 - Lack of access to parks and places to exercise
 - Lack of access to low-cost weight loss programs
 - Lack of knowledge about nutrition
 - Lack of recreation/ physical activity programs
 - Lack of support from employers
 - Lack of support from hospitals and medical professionals
 - Safety reasons (personal/traffic/neighborhood)
 - Unhealthy diet and exercise habits
 - Other (Please write in)
-
-
-

4. Which of the following make it harder for you and your household members to get health care services? **[Check all that apply]**

- Don't have trouble getting health care services **[Skip to question 5]**
- Can't find programs/services that meets my needs
- Cost of co-pays
- Don't know what is available in my community
- Lack of affordable transportation
- Lack of doctors/providers who accept my insurance
- Lack of insurance
- Language barrier
- Limited hours at doctor's office/clinic
- Not able to get timely appointment to see doctor/provider
- Public transportation that is not available or too limited
- Unable to find a primary care doctor
- Unable to find a specialist
- Other (please write in)

5. Which of the following make it harder for you and your household members to get mental health services, such as counseling for loss, divorce, stress, depression, substance abuse or other issue)? **[Check all that apply]**

- Don't need mental health services **[Skip to question 6]**
 - Don't have problem getting services
 - Can't find program/services that meets my needs
 - Concern about what other people think
 - Cost of co-pay
 - Don't know what is available in my community
 - Lack of insurance
 - Lack of affordable transportation
 - Lack of doctors/providers who accept my insurance
 - Limited hours at doctor's office/clinic
 - Not able to get timely appointment to see doctor/provider
 - Unable to find a doctor/provider
 - Other
-

6. How would you rate health care services available to you in Northwest Indiana? **[Check one box]**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know/Not Sure

7. How would you describe your overall health? **[Check one box]**

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/ Not sure

8. Was there a time within the past year that you did not purchase or took less of a prescription medication because you could not afford it?

- Yes
- No

9. Do you have a primary care doctor?

- Yes [Skip to Question 10]
- No

If no, what is the main reason you do not have a primary care doctor? **[Check only one box]**

- Don't need one at this time
- Can't find a doctor who takes my insurance
- Can't get appointment
- Don't have Insurance
- Don't trust doctors
- Not enough doctors in my community
- Prefer to see specialists for all health needs
- Too costly
- Other [please write in]

10. When you need healthcare, where do you usually go for services? **[Please check one box]**

- Clinic or urgent/Immediate care facility
- Free or Low Cost Clinic (such as a Federally Qualified Health Care Clinic)
- Hospital Emergency Department
- A doctor's office
- Veteran's Administration Healthcare
- Other [Please write in]

11. For each type of care below, please tell us where you and members of your household primarily go to receive it by checking the box that best applies to you.

| | Primarily in Northwest Indiana | Primarily Outside of NWI | Need Service but Don't Get it | Don't need Service |
|--|--------------------------------|--------------------------|-------------------------------|--------------------------|
| Cancer Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic Disease Treatment (heart disease, stroke, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental/oral healthcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye/vision care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist care (such as cardiologist, neurologist) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health care (such as counseling, substance abuse treatment, testing, diagnosis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prenatal care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary care (such as family doctor, nurse practitioner) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. In column A below, please tell us whether you or someone in your household has been diagnosed with any of the conditions listed. [Check all that apply]

In Column B, please check the box beside each condition that has limited or caused major impairment to your lifestyle.

| | You or Someone in your household has been Diagnosed | This condition limits or has caused major impairment to your lifestyle |
|---|---|--|
| Cancer | [] | [] |
| Depression /Mental Health Issues | [] | [] |
| Diabetes | [] | [] |
| Heart Condition | [] | [] |
| Lung Disease, such as bronchitis or emphysema | [] | [] |
| Obesity | [] | [] |

If you or someone in your household has any other conditions that have limited or caused major lifestyle impairment, please write in below.

13. In the past 12 months have you or anyone in your household visited the Emergency Room (ER) for any of the following? **[Check all that apply]**

Did not visit the ER in the past 12 months **[Skip to Question 14]**

- Breathing problems (asthma, COPD)
- Blood sugar (diabetes)
- Broken bones
- Cancer
- Common illness (colds, ear infections, fever, rash, flu)
- Dental/oral health
- Depression/Anxiety/Mental Health Issues
- Heart Condition
- Injury
- Pain Relief
- Stroke
- Substance Abuse (Alcohol, Drugs)
- Just needed access to a physician
- Other [please write in] _____

14. Have you or member of your household been the victim of physical violence in the past five years (domestic/street/gang/criminal violence?)

- Yes
- No

15. Do you undergo the following preventive procedures on a regular basis? **[Check the appropriate box for each item]**

| | Yes | No | Not Applicable |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Breast Exam/Mammogram | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Pressure Screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cholesterol Screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Colon Exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes Screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flu Shot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immunization Screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lung Screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pap Smear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pneumonia shot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin Cancer screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prostate Screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Well Exam for my child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. If you smoke, have you tried to quit in the past year? **[Check one box]**

- Yes
- No
- Have never smoked
- Former Smoker

17. Has your doctor or health care provider talked to you about each of the following?

| | Yes | No |
|---|--------------------------|--------------------------|
| Lifestyle changes that would improve your health, such as diet, exercise, smoking cessation | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk factors for chronic disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Your mental health (depression, anxiety, substance abuse) | <input type="checkbox"/> | <input type="checkbox"/> |

18. What keeps you or your household members from your healthy weight **[Check all that apply]**

- Not a problem for anyone in my household **[Skip to Question 19]**

- Cost and lack of healthy foods (fruit and vegetables)
- Don't have support from health professionals
- Don't know nutritional value in restaurant meals (calories, fat grams)
- Don't like fruits and vegetables
- Don't like to exercise
- Medical condition
- Not enough safe parks, sidewalks, walking trails, low-cost gym memberships
- Eating habits (fried foods, unhealthy snacking, fast food, overeating)
- Stress
- Other (please write in) _____

19. Do you feel that your health could be improved through the use of complementary medicine such as Dietary Supplements & Herbs, Meditation, Body Movement Therapies, etc?

- Yes
- No

20. Which of the following **do you feel you need to know more about** in order to help you get the health care services you need? **[Check all that apply]**

- The health care services that are available in your community
- Low or no cost transportation options in your community
- The availability of discounted or no-cost prescription medications
- Advance information from your insurance company about the costs of needed services
- The specifics of what your insurance covers and doesn't cover
- Programs in your community to help people pay for health services they can't afford

21. What are the **three primary ways** that you receive health information? **[Check three boxes]**

- My doctor (doctor's office, clinic)
- Hospital

- Emergency Room
 - Urgent Care/ Immediate Care Clinic
 - Family
 - Friends/co-workers/neighbors
 - School
 - A Nurse
 - Community organization
 - Church
 - Internet
 - Social media (e.g., facebook, Instagram, Twitter)
 - Media (radio, TV, newspapers, etc.)
 - Other (please write in)
-

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

These next few questions are about cancer prevention and treatment.

23. Which of the following efforts do you feel would be most effective to help lower an individual's risk for cancer? **[Choose up to 3]**

- Access to free screening resources in the community
- Education on screening guidelines
- Education programs in our schools
- Employer incentives for good health behaviors
- Healthier food choices in the community
- Nutrition counseling & weight loss programs
- Physician educating patients on preventative measures
- Public information on detection and prevention
- Stress reduction programs
- Tobacco cessation programs
- Other [Please write in] _____

24. Which of the following resources would most encourage people to be screened for cancer? **[Choose up to 2]**

- Better Insurance coverage for cancer screenings
- Encouragement from a healthcare provider

- Free or low cost screenings
- Group educational programs
- Public Service Announcements (TV, radio, newspapers)
- Videos and printed materials
- Information on social media
- Other [please write in] _____

25. How valuable do you feel each of the following are to people who have cancer? **[Check one box for each item]**

| | Very Valuable | Somewhat Valuable | Not Very Valuable | Not at All Valuable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Access to clinical research trials in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complementary Medicine (Diet, Supplements & Herbs, Meditation, Body Movement Therapies) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational programs in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational resources online | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise and stress reduction activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospice Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nutritional and diet therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Palliative Care Options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rehabilitative services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support Groups in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support groups online | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiritual counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

These last questions will help us combine your answers with those of others

27. In what ZIP code is your home located (enter 5-digit ZIP code: for example 46321 or 46375)

____ _

28. What is your gender?

Female

Male

29. What is your age

18 – 24

25-34

35-44

45-54

55-64

65-74

75 or older

30. What is your ethnicity **[please check all that apply]**

American Indian or Alaskan Native

Asian or Pacific Islander

Black or African American

Hispanic or Latino

White or Caucasian

Other (please write in) _____

31. What is your average household income?

\$0-\$24,999

\$25,000-\$49,000

\$50,000-\$74,999

\$75,000-\$99,999

\$100,000-\$124,999

\$125,000-\$149,999

\$150,000 and up

32. How many people are in your household, including yourself?

1

2

3

- 4
- 5 or more

33. Do you have health insurance?

- Yes
- No

What is your highest level of education?

- Did not finish high school, no GED
- High School diploma/GED
- Some college
- Technical/trade school or apprenticeship
- Associates degree
- Bachelor's degree
- Graduate degree

Thank you for participating in our survey. Your input is very important to us as we strive to better serve our communities. A report of the findings of this survey will be available on the websites of Community Health System, the Franciscan Alliance and Methodist Hospitals in 2016.