



2019 - 2020

Community Health Needs Assessment



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**INTRODUCTION / LEARN
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About the CHNA,

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

This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists in identifying services essential to those most in need. Based on the findings in this report, Methodist Hospitals develops a three-year plan for activities we will undertake to better meet community health needs as capacity and resources allow.

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

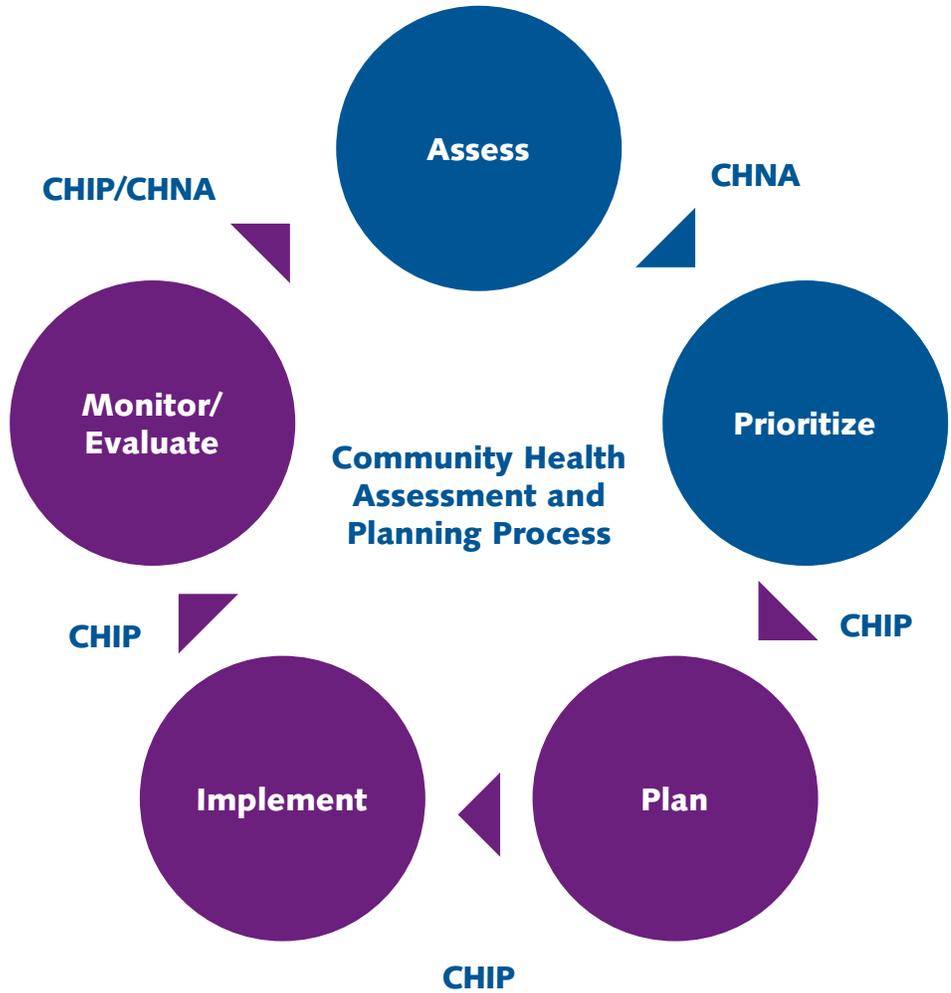
You'll find this document organized in such a way as to guide you through the community. Most importantly, please see the Call to Action. In this section, we share our priorities for improving community health in 2019-2021. We think it's important to be transparent, and we invite others to join us as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

Yours in health,

Methodist Hospitals

INTRODUCTION

Every three years, Methodist Hospitals takes time to assess the health needs of the communities it serves. This assessment allows us to prioritize our resources to implement programs that address these needs with evidence based practices. Throughout each three year cycle, staff evaluate and monitor the effectiveness of our programs. The priorities outlined in this report will form the bases for a plan called the Community Health Improvement Plan (CHIP).



INTRODUCTION

TENTATIVE TIMELINE FOR THE NEXT THREE YEAR CYCLE OF ACTION PLANS:

12/31/19
NEW CHNA POSTED TO
METHODIST WEBSITE - BOARD
APPROVAL OF CHNA

2/28/20
COMPLETION OF
TACTICAL PLAN

MARCH 2020
BOARD APPROVAL OF
TRACTICAL PLAN

APRIL 2020
IMPLEMENTATION BEGINS



MAY 15, 2020
IRS DEADLINE

LEADING THE WAY TO BETTER HEALTH

Methodist Hospitals is leading the way to better health for the communities of Northwest Indiana, implementing patient-centered initiatives that include investing in the latest treatments, technologies, and safety programs. Methodist also has a strong tradition of community outreach. In 2018, Methodist provided \$108.8 million in charity care, uncompensated care and physician and community services.

With a primary service area of Lake county, Methodist's two full-service campuses are just 14 miles apart. The Northlake Campus is located in Gary and the Southlake Campus in Merrillville, the heart of a large, growing suburban area and one of the Midwest's busiest retail centers. Each of our hospital campuses is comprised entirely of private rooms.

Our outpatient facility, the Midlake Campus in Gary, is conveniently located between the Northlake and Southlake campuses just off of Interstate 80/94. Since 2003, Midlake's Rehab Center has provided exceptional outpatient rehabilitation services. Physician offices and other services are also located at this facility. A growing network of Immediate Care Centers, physician practices and other facilities has extended our services to Crown Point, Highland and Schererville, with additional locations in the planning stages.

Methodist Hospitals is a not-for-profit, community-based healthcare system, which is governed by a 17-member Board of Directors. Methodist Hospitals is also a strong advocate for the continued physical, emotional and economic well-being of the residents in the many communities we serve. 100% of profits are reinvested to improve patient care.

Website: www.methodisthospitals.org

2018 Inpatient Admissions: 14,993

2018 Outpatient Visits: 103,211

2018 ED Visits 2018: 67,712

2018 Employees: 2,576

2018 Volunteers: 75

2018 Medical Staff: 463

NORTHLAKE CAMPUS

Address: 600 Grant Street, Gary, IN 46402

General Phone: (219) 886-4000

SOUTHLAKE CAMPUS

Address: 8701 Broadway, Merrillville, IN 46410

General Phone: (219) 738-5500

FACILITY INFORMATION

OUR MISSION

Our mission is to provide compassionate, quality health care services to all those in need.

OUR VISION

Our vision is to be the best place for employees to work, the best place for patients to receive care and the best place for physicians to practice medicine.

OUR VALUES

ICARE – Integrity, Compassion, Accountability, Respect, Excellence



**NORTHLAKE CAMPUS
GARY**



**MIDLAKE CAMPUS
GARY**



**SOUTHLAKE CAMPUS
MERRILLVILLE**

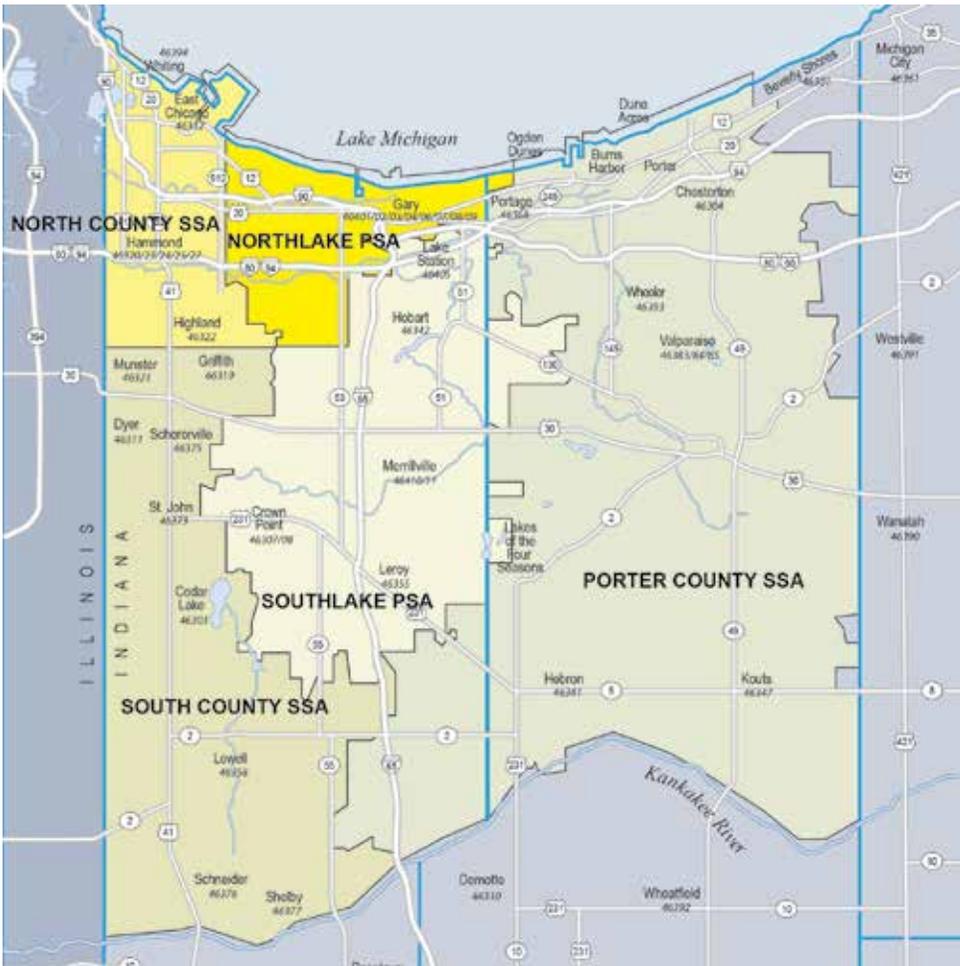


2

**EXAMINE THE
GEOGRAPHIC,
DEMOGRAPHIC AND
ECONOMIC TRAITS OF
THE COMMUNITY**

OUR COMMUNITY

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



GEOGRAPHY

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

While Methodist Hospitals serves patients from across counties, our Northlake Campus is a safety-net hospital and the only hospital in Gary, Indiana.

GARY VERSUS REMINDER OF LAKE COUNTY

The Gary community faces some particular challenges and the health needs of its residents may differ from residents of other Lake County communities. Therefore, demographics of the Gary community as well as the responses of Gary residents to the community survey will be broken out from the remainder of Lake County, and the top health needs of the Gary community will form a primary focus of the priorities and action plan. Much of the secondary data in the report is only available on a county level.

NATIONALLY PROTECTED LAND

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



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



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

AIRPORTS

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

Table 1.0: Major Highways

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

OUR COMMUNITY

MUNICIPALITIES

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

Table 1.1: Major Cities

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

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

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

Figure 1.2: Graph of Largest Cities & Towns in Lake County

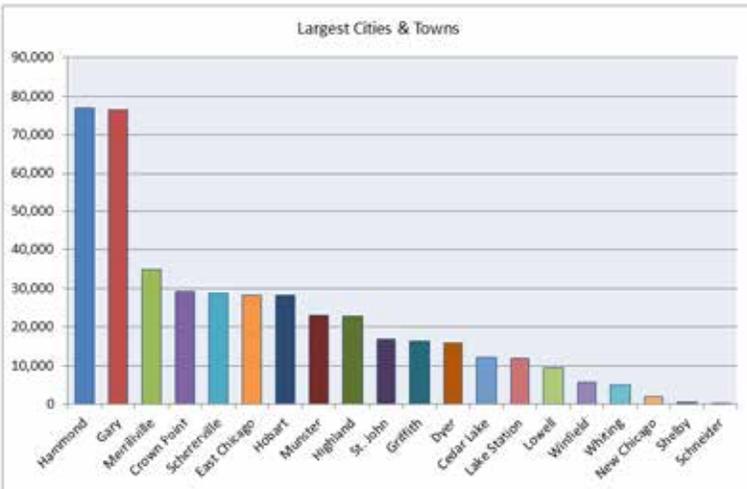


Table 1.2: Population Trends Over Time

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

*Projection based on 2010 Census counts.

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

OUR COMMUNITY

DEMOGRAPHICS

In terms of age and gender, the population of Lake County does not differ from that of Indiana as a whole. The population of Gary tends to be slightly more female and have slightly higher proportions of those ages 18 and under or over 65+.

Both Lake County and the city of Gary are more racially diverse than Indiana as a whole. While Indiana's population is 79% white, whites account for 54% of the Lake County population and 12% of Gary's population. Gary's population is 81% black and 6% Hispanic while Lake County as a whole is 24% black and 19% Hispanic.

In terms of education, 85% of Gary residents and 88% of Lake County and Indiana residents have at least a high school education. Gary residents are less likely than Lake County or Indiana residents as a whole to have a Bachelor's degree or higher.

Median Household income of Lake County residents is similar to that for the state as a whole, but median income in Gary is much lower. More than one-third (36%) of Gary residents live in poverty, compared to 16% of Lake County and 13% of all Indiana residents. Gary has a lower labor force participation rate than Lake County and the state overall.

Gary also has slightly higher proportions of residents without health insurance and who are living with a disability.

Demographics (US Census Quick Facts - July 2018 Population)			
	Gary	Lake County	Indiana
Age			
Under 18	25%	23%	23%
18 - 65	57%	60%	61%
65+	17%	16%	16%
Gender			
Female	54%	52%	51%
Male	46%	48%	49%
Race			
White Alone	12%	54%	79%
Black Alone	81%	24%	10%
Hispanic	6%	19%	7%
Other	1%	3%	4%
Education			
High School Grad +	85%	88%	88%
Bachelor Degree +	13%	21%	25%
Income			
Median Household Income	\$29,293	\$52,559	\$52,182
Persons in Poverty	36%	16%	13%
Employment			
% in Labor force (Age 16+)	51%	61%	64%
Health			
% With a Disability (Under 65)	13%	10%	10%
% With No Health Insurance (Under 65)	16%	10%	10%

ENVIRONMENTAL

Air quality

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

Drinking Water & Lead

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

Table 1.9: Lake County Lead Poisoning Data, 2015

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

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

Table 1.10: Comparison of Physical Environment Statistics

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

HOUSING

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

Table 1.11: Lake County Housing Profile

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

TRANSPORTATION

According to American Community Survey, 2.8% of Lake County workers commute via public transportation, compared to 1.1% of the Indiana population as a whole (2011-2015). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services, such as grocery stores, pharmacies, doctor’s offices and hospitals. According to this same survey, 8.7% of Lake County residents, compared to 7% of all Indiana residents, do not have a vehicle.

HEALTH ACCESS

Healthcare Professional Shortage Areas

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

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

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

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

Medically Underserved Areas and Populations

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

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

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



3

EXPLORE THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH INDICATORS

HEALTH INDICATORS

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

Public health data and infrastructure is severely lacking in Indiana, as the state consistently ranks in the bottom two to three states for public health funding, service, and support. Much of the data used is from state and national collections that are only implemented every few years. Data may not reflect the current status of health. Also, as a home rule state, county data isn’t always available or reliable. Zip code data rarely is available, except in national databases, such as the US Census Bureau. It is the team’s hope that by using the available secondary data with the collected primary data, a relatively accurate picture of community health is presented.

MATERNAL CHILD HEALTH

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

Table 3.0: Lake County Prenatal Care Practices, 2011-2015

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

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

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

HEALTH INDICATORS

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

SAFE SLEEP

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



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

HEALTH INDICATORS

CHILDCARE AND HEALTH SERVICES

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

Table 3.1: Childcare and Health Services Related to Children

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

FOOD SECURITY

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

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

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

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

HEALTH INDICATORS

Table 3.2: Food Security Rates in Lake County

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

Table Key:

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

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

Table Key:

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

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

Table Key:

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

PHYSICAL ACTIVITY

High Schoolers Physically Active

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

PHYSICAL INACTIVITY

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

SLEEP HEALTH

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

Proportion of High School Students Who Get Sufficient Sleep

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

Proportion of Adults Who Get Sufficient Sleep

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

HEALTH INDICATORS

IMMUNIZATIONS

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

Table 3.3: Immunization Profile Lake County

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

Source: Indiana Indicators

HEALTH INDICATORS

SCREENINGS

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

Table 3.4: Lake County Health Screening Statistics

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

HEALTH INDICATORS

The community survey conducted for this report contained a number of questions about residents' perceptions of their own health and well-being, as well as opinions on the most important health issues facing the communities they live in.

PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

Participants were asked to respond to a single question that asked them to respond to the statement “overall I am satisfied with my life” with five response options ranging from strongly disagree to strongly agree. While majorities of participants across Lake County agreed with the statement, Gary residents were significantly less likely to strongly or somewhat agree that overall they are satisfied with their lives (59%) compared to residents of other Lake County communities (73%) and more likely to somewhat or strongly disagree (26% vs 16%).

Figure 3.1: Overall Life Satisfaction

Overall Life Satisfaction		
	Gary	Rest of Lake County
In General, Satisfaction in Their Life	59%	73%
Strongly Agree	28%	45%
Somewhat Agree	31%	28%
Neither Agree or Disagree	13%	10%
Somewhat Disagree	13%	9%
Strongly Disagree	13%	7%
NA		

Figure 3.2: Self-Perceptions of Health and Well-Being

While most respondents across Lake County consider their overall health to be at least “good,” Gary residents are less likely than other Lake County residents say their overall health is very good or excellent and are more likely than others to rate their mental health fair or poor. On the other hand, Gary residents are more likely than others to say their physical health and social well-being are good, very good or excellent.

Self Perception of Health Status		
	Gary	Rest of Lake County
Overall Health		
Excellent / Very Good	22%	32%
Good	40%	34%
Fair / Poor	35%	33%
NA	3%	
Physical Health		
Excellent / Very Good	32%	31%
Good	45%	39%
Fair / Poor	22%	29%
NA	1%	1%
Mental Health		
Excellent / Very Good	25%	33%
Good	30%	30%
Fair / Poor	41%	34%
NA	4%	3%
Social Well Being		
Excellent / Very Good	40%	37%
Good	35%	30%
Fair / Poor	22%	30%
NA	3%	3%

HEALTH INDICATORS

Participants were asked to rank their current level of life stress by responding to a single item “Please rank yourself on a scale of 1 to 10 where 1 means you have “little or no stress” and 10 means you have “a great deal of stress.” Gary residents were more likely than others to rate their stress levels as high (8-10), and residents of other Lake County communities were more likely than Gary residents to rate their stress levels as low (1-3). Figure 3.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 3.3: Ranking of Level of Life Stress

Self Perception of Health Status		
	Gary	Rest of Lake County
Stress Level (1 = Little/No Stress, 10 = Great Deal of Stress)		
Low Stress • 1 - 3	23%	33%
Medium Level of Stress • 4 - 5	27%	25%
Medium Level of Stress • 6 - 7	19%	19%
High Stress • 8 - 10	31%	22%

HEALTHCARE ACCESS AND ENGAGEMENT

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

Participants were asked “Do you currently have insurance or coverage that helps with your healthcare costs?” While the vast majority of all respondents reported having health insurance, Gary residents were slightly less likely to report having health insurance coverage (87% vs 92%). Gary residents were also slightly less likely to report having someone that they think of as their personal doctor or personal healthcare provider (81% vs 84%).

Figure 3.4: Participants’ Reported Insurance and Personal Provider Characteristics

Health Care Coverage or Access To Insurance		
	Gary	Rest of Lake County
Yes	87%	92%
No	12%	30%
Do not know	0%	0%
Missing	1%	1%
Have Access to Personal Physician or Health Care Provider		
	Gary	Rest of Lake County
Yes	81%	84%
No	12%	15%
Do not know	4%	1%
Missing	1%	1%

HEALTH INDICATORS

HEALTHCARE ENGAGEMENT

Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months.

Respondents were most likely to report having filled a prescription or a having a routine physical exam. Only 16-25% reported having visited an urgent care center or a hospital ED, gotten preventive care/immunizations, or care for a chronic disease. One in ten or fewer reported having had hospital inpatient care, screening or treatment for mental health or addiction problems, acute/injury care or prenatal or family planning care.

While 51% of other Lake County residents reported getting dental care in the past 12 months, only 26% of Gary residents reported past year dental care. Gary residents were also less likely than others to report past year routine physical exams, immunizations or other preventive care.

Table 3.5: Participants' Reported Types of Healthcare Engagement*

Health Care Services Received		
% in Past 12 Months	Gary	Rest of Lake County
Filled a Prescription	57%	55%
Routine Physical Exam	42%	55%
Dental Care	26%	51%
Care at a Hospital Emergency Room	24%	21%
Care at an Urgent Care Facility	24%	21%
Care for a Chronic Disease	22%	16%
Immunizations or other Preventative Care	16%	24%
Screening for Anxiety or Depression by a Medical Provider	11%	7%
Treatment for a Mental Health Diagnosis	10%	6%
Inpatient Care at a Hospital	10%	11%
Acute Care, Like for an Infection or Injury	9%	12%
Treatment for Addiction	8%	3%
Prenatal or Well-Baby Care	6%	5%
Care Related to Family Planning	1%	3%

HEALTH INDICATORS

RESOURCES AND HEALTHCARE ENGAGEMENT

Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription and finding transportation for care. Participants were asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because “they couldn’t afford it or had to prioritize spending money on something else.” Less than one-third of participants indicated that they had had to forego needed services in the past year.

However, Gary residents were significantly more likely than other lake County residents to report having needed but not been able to afford filling a prescription (30% vs 19%) and transportation for a health purpose or appointment (26% vs 11%.)

Figure 3.6: Participants’ Reports of Resource Challenges and Healthcare

% Who Needed but Couldn't Afford Services in the Past Year		
	Gary	Rest of Lake County
Seeing a Medical Provider	22%	20%
Filling a Prescription	30%	19%
Transportation for a Health Purpose or Appointment	26%	11%

PERSONAL HEALTH-RELATED BEHAVIORS

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

Among health-promoting behaviors, a majority of respondents in Lake County communities outside Gary say they eat a balanced diet and get regular physical activity, and nearly half say they get plenty of sleep. Gary respondents were significantly less likely to report doing these things. But Gary residents were more likely to get their blood pressure checked and to take steps to reduce their stress levels.

Table 3.7: Self-Reported Health Behaviors (n=328)

Health Promoting Behaviors		
	Gary	Rest of Lake County
Had my Blood Pressure Checked	52%	44%
Physically Active on a Regular Basis	37%	53%
Got Plenty of Sleep	37%	48%
Ate a Healthy Balanced Diet	33%	56%
Took Steps to Reduce My Level of Stress	32%	24%
Took Medication for Anxiety, Depression or Mental Health Challenge	13%	9%
Health Challenging Behaviors		
	Gary	Rest of Lake County
Used Tobacco	33%	12%
Took Opioid Prescribed to Me	9%	6%
Drove Intoxicated	1%	1%
Took Opioid Not Prescribed to Me	2%	2%
Drank to Point of Intoxication	4%	10%

Among health-challenging behaviors, Gary residents were more likely than others to have used tobacco, while residents of other Lake County communities were more likely than Gary residents to have drank to the point of intoxication.

HEALTH INDICATORS

SOCIAL DETERMINANTS OF HEALTH

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

The purpose of those items was to assess the extent to which participants “felt” specific characteristics of social factors known to influence health outcomes.

For residents of Lake County communities other than Gary, large majorities say they always/often have access to safe and reliable transportation, feel safe where they live, feel those around them are healthy and take time to vote in local elections. Smaller majorities also report that they always/often feel satisfied with their education, believe that their town’s environment is healthy and make an effort to socialize outside of work. About one-third say they always/often make efforts to get involved in their communities. On the negative side, very few worry about being able to pay the rent (11%) or about utilities being turned off for non-payment (4%).

The picture among Gary residents is significantly different. Much smaller majorities say they always/often have access to safe/reliable transportation, feel safe where they live, feel those around them are healthy, vote in local elections and feel satisfied with their educations. They are less likely to say they always/often try to socialize outside of work and only two in ten (compared with more than half of others) feel their town’s environment is healthy. Almost one-quarter (versus 11% of others) worry about being able to pay their rent or mortgage and nearly two in ten (compared to 4% of others) worry about utilities being turned off for non-payment.

Table 3.8: Self-Perceptions on Social Determinants of Health

Social Determinants		
Percentage That Say Statement Always /Often Applies to Them	Gary	Rest of Lake County
I have access to the safe and reliable transportation	61%	82%
I feel safe in the place where I live	59%	80%
I vote when there is an election in my town	55%	69%
I feel those around me are healthy	53%	66%
I feel satisfied with my education	50%	60%
I try to spend with others outside of work	39%	52%
I make efforts to get involved in my community	29%	32%
I worry about being able to pay rent or mortgage	23%	11%
I feel my town's environment is healthy (air, water, etc)	21%	53%
I worry about utilities being turned off for non-payment	18%	4%



4 IDENTIFY THE TOP HEALTH NEEDS IN THE COMMUNITY

COMMUNITY HEALTH NEEDS

COMMUNITY SURVEY

As in every data collection and analysis process, there are limits to the data collected. The survey was only available to a randomized sample. If a resident of the county did not receive the survey, they would not have an opportunity to offer input. The survey sample consisted of a total of 376 Lake County residents, of whom 97 are Gary residents and 279 are residents of other Lake County communities.

The following presents the findings of the community survey with respect to respondents opinions on the top health concern faced by their communities as well as the importance of a variety of health and social service programs.

IMPORTANCE OF COMMUNITY-BASED HEALTH AND SOCIAL SERVICE PROGRAMS

Participants were asked to provide their perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Of the twenty programs, 100% were ranked as being either moderately or very important by half or more respondents. While these results suggest that in general most community members perceive the general network of health and social service programs to be important some insights into the types of programs perceived as most important in their local community can be gleaned by looking at the extent to which these programs were rated as Very Important.

Programs/services rated as “very important” by half or more of residents of Lake County outside Gary included aging and older adult services, physical activity programs, walking trails and other outdoor spaces, substance abuse prevention and treatment programs, gun safety education and mental health counseling and support.

Table 4.0: Participants Ratings of the Importance of Community Resources

Importance of Health Services - Rated Very Important		
Community Programs	Gary	Rest of Lake County
Food Pantries	82%	46%
Job Training or Employment Assistance	78%	46%
Free or Emergency Child Care	78%	46%
Mental Health Counseling and Support	77%	50%
Services for Women, Infants and Children	74%	43%
Gun Safety Education	73%	53%
Housing Assistance	73%	35%
Financial Assistance	73%	39%
Food Stamps or SNAP	73%	38%
Substance Abuse Prevention and Treatment	72%	54%
Transportation Assistance	68%	37%
Help Getting Health Insurance	66%	48%
Physical Activity	65%	59%
Aging and Older Adult Services	65%	61%
Family Planning Services	61%	36%
Legal Assistance	60%	32%
Nutrition Education	49%	41%
Assistance with Filling a Prescription	49%	33%
Walking Trails and Other Outdoor Spaces	48%	57%
Needle Exchange	46%	29%

COMMUNITY HEALTH NEEDS

Gary residents were more likely than others to consider almost all these services as “very important.” The single exception is walking trails and outdoor spaces, which only 48% of Gary residents, compared to 57% of others, rated “very important.” Only four of the twenty programs asked about were rated very important by less than half of Gary residents.

For Gary residents, the programs most often considered “very important” were food pantries, job training or employment assistance, free or emergency child care and mental health counseling and support – these were rated “very important” by more than three-quarters of respondents. Services for women, infants and children, gun safety education, housing assistance, financial assistance, food stamps or SNAP and substance abuse prevention and treatment were rated “very important” by nearly three-quarters.

COMMUNITY PERCEPTIONS OF PRIORITY HEALTH NEEDS

Important to the development of the CHNA and the subsequent Implementation Plan was an assessment of the local health issues which community members perceived to be of importance. The hospital developed a list of 21 different health needs that are common in many communities. Survey participants were asked to select the five among that list that they think pose the greatest health concern for people living in their community.

For Gary residents, the top five health concerns were:

1. Food access, affordability and safety
2. Substance use or abuse
3. Assault, violent crime and domestic abuse
4. Poverty
5. Homelessness

Not far behind were chronic disease, tobacco use, alcohol use or abuse, mental health and aging and older adult needs.

For residents of other Lake County communities, the top five health concerns were:

1. Chronic disease and Obesity (tie)
2. Aging and older adult needs
3. Substance use or abuse
4. Mental health

Also among the top concerns of non-Gary respondents were food access, affordability and safety, alcohol use or abuse, disability care, poverty and assault, violent crime and domestic abuse.

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

Prioritizing the Top 5 Health Issues - Most Need of Attention		
Health Issue	Gary	Rest of Lake County
Food Access, Affordability, and Safety	46%	29%
Substance Use or Abuse	39%	38%
Assault, Violent Crime, and Domestic Abuse	36%	22%
Poverty	34%	25%
Homelessness	33%	13%
Chronic Disease	30%	41%
Tobacco Use	29%	22%
Alcohol Use or Abuse	28%	29%
Mental Health	26%	30%
Aging and Older Adult Needs	26%	40%
Obesity	23%	41%
Disability Care	19%	26%
Child Neglect and Abuse	16%	13%
Sexual Violence, Assault, Rape, or Human Trafficking	16%	13%
Dental Care	15%	11%
Environmental Issues	13%	20%
Suicide	11%	9%
Infectious Diseases, like HIV, STDs, and Hepatitis	8%	5%
Reproductive Health and Family Planning	7%	7%
Injuries and Accidents	6%	18%
Infant Mortality	0%	2%

COMMUNITY HEALTH NEEDS

COMMUNITY PERCEPTIONS OF HEALTH ISSUES NEEDING PRIORITY RESOURCE ALLOCATION

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

Priorities for resource allocation tended to be similar to ratings for the top health concerns. However, among Gary residents, child abuse and neglect ranked higher and tobacco use ranked lower as a focus for resource allocation relative to their rankings as top health concerns.

Among other Lake County residents, child abuse and neglect and food access ranked higher and tobacco use and homelessness ranked lower relative to their rankings as health concerns.

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

Ranking the Top 3 Health Issues - Priority for Resource Allocation		
Health Issue	Gary	Rest of Lake County
Food Access, Affordability, and Safety	46%	30%
Homelessness	30%	17%
Poverty	25%	21%
Child Neglect and Abuse	25%	20%
Assault, Violent Crime, and Domestic Abuse	18%	10%
Aging and Older Adult Needs	15%	28%
Chronic Disease	13%	24%
Mental Health	13%	23%
Substance Use or Abuse	12%	17%
Disability Care	11%	18%
Alcohol Use or Abuse	10%	10%
Obesity	10%	15%
Suicide	9%	6%
Dental Care	8%	6%
Sexual Violence, Assault, Rape, or Human Trafficking	7%	8%
Tobacco Use	6%	5%
Environmental Issues	5%	8%
Infectious Diseases, like HIV, STDs, and Hepatitis	4%	2%
Injuries and Accidents	3%	5%
Infant Mortality	3%	4%
Reproductive Health and Family Planning	2%	2%



5

**2020 - 2022
PRIORITIES**

CHNA RESULTS

NLC SERVICE AREA	SLC SERVICE AREA
Top Health Problems Identified:	
<ul style="list-style-type: none"> • Food access, affordability, safety (46%) • Substance/alcohol use/abuse/mental health (39%, 30%, 26%) • Assault, violent crime, domestic abuse (36%) • Poverty, homelessness (34%, 33%) • Chronic disease (30%) • Tobacco use (29%) 	<ul style="list-style-type: none"> • Obesity (41%) • Chronic disease (41%) • Aging and older adult needs (40%) • Substance/alcohol use/abuse/mental health (38%, 30%, 29%) • Food access, affordability, safety (29%) • Disability care (26%)
Top Priorities for Resource Allocation:	
<ul style="list-style-type: none"> • Food Access, affordability, safety • Homelessness and poverty • Child neglect/abuse • Assault, violent crime, domestic abuse • Aging/older adult needs • Chronic disease 	<ul style="list-style-type: none"> • Food Access, affordability, safety • Aging/older adult needs • Chronic disease • Mental health • Child neglect/abuse • Disability care
Among the Most Important Programs / Services	
<ul style="list-style-type: none"> • Food pantries/food stamps/SNAP • Free/emergency child care • Programs for women, infants, children 	<ul style="list-style-type: none"> • Aging/older adult services • Food pantries • Free/emergency child care

METHODIST HOSPITALS COMMUNITY HEALTH ACTION PLAN 2020-2022 PRIORITY AREAS

Criteria for Determining the Priority Areas of Focus

Methodist Hospitals considered the following criteria in developing its priorities for the community health needs action plan for 2020-2022:

- How serious is the problem
- How widespread is the problem
- Is the problem viewed by community residents as important and a top priority for resource allocation
- Is the problem one that Methodist Hospitals can address given current resources and staffing
- Is there high potential to form partnerships that increase our ability to make a measurable improvement
- Does it align with state health department priorities

Priority Areas Chosen

Using the above criteria, the focus areas chosen were:

Food and Nutrition	Chronic Disease	Child Health and Wellbeing
<ul style="list-style-type: none"> • Food as medicine • Community gardening • ACS/RWJ grant • Obesity 	<ul style="list-style-type: none"> • Diabetes • COPD/smoking cessation • Kidney disease • HIV • Diseases of aging/older adults 	<ul style="list-style-type: none"> • Daycare • Infant/maternal mortality • Lactation programs

Rationale

- Moving forward, IRS will be looking for hospitals to demonstrate the impact of community health programs
- Need to focus efforts, resources to maximize impact
 - Need to focus on areas where, as a hospital, we have both expertise and resources to address
 - Chosen areas have significant potential for partnerships to enhance impact
- These are among the top health problems across our service areas
 - Align with state health department priorities

Ongoing programs to be maintained:

- Cancer
- Heart Disease and Stroke
- Access to Care
 - Transportation program
 - HIP 2.0, ACA enrollment seminars
 - Medication assistance programs
 - NLC pharmacy

Community Health Needs Not Addressed in Action Plan

Some areas of concern identified by the CHNA were not adopted by the hospital as priority areas for the upcoming action plan. These include:

- Mental health and mental disorders
- Alcohol and substance abuse
- Disability care
- Unemployment and job training
- Poverty and homelessness
- Violence, violent crime and domestic abuse

These are areas that did not meet the criteria outlined above or in which we have ongoing programs to address.