



# 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Cass County, Indiana

Sponsored by



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# INTRODUCTION

# PROJECT OVERVIEW

## Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2013, 2016, and 2019, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Cass County, Indiana, the service area of Logansport Memorial Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Logansport Memorial Hospital by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

## Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

### PRC Community Health Survey

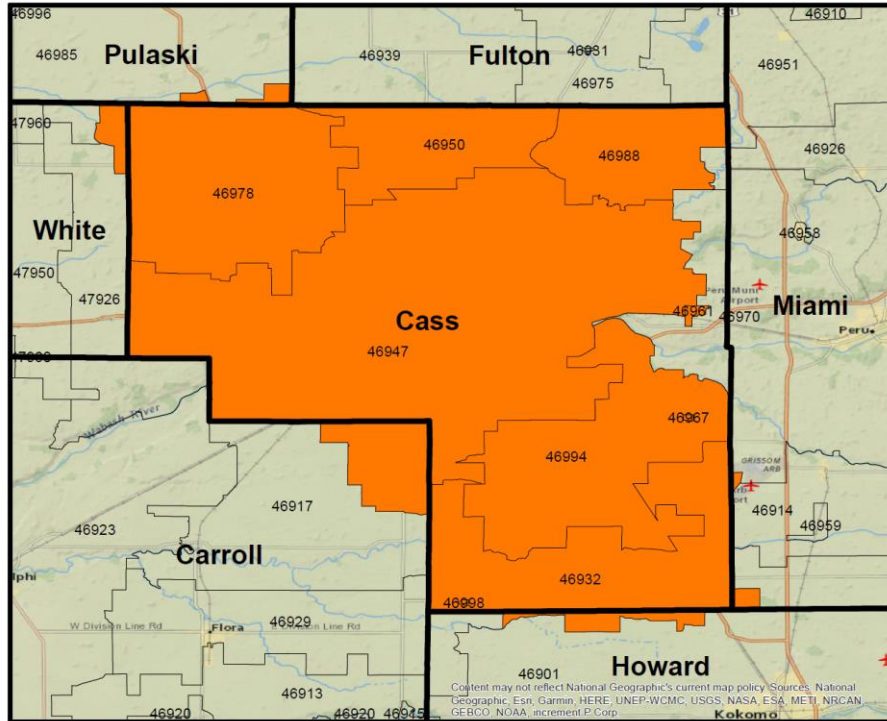
#### Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Logansport Memorial Hospital and PRC and is similar to the previous surveys used in the region, allowing for data trending.



## Community Defined for This Assessment

Logansport Memorial Hospital is a not-for-profit, county-owned, regional medical center serving people in Cass County and north central Indiana. Cass County is considered the primary service area and the area that the 2022 Community Health Needs Assessment will address. The study area for the survey effort is defined as each of the residential ZIP Codes predominantly associated with Cass County, Indiana, including 46932, 46947, 46950, 46961, 46967, 46978, 46988, 46994, and 46998. This community definition is illustrated in the following map.



## Sample Approach & Design

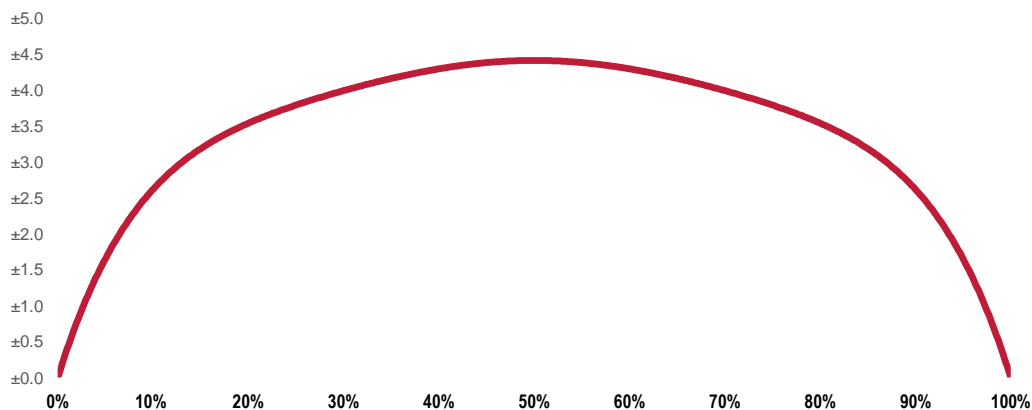
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone methodology – one that incorporates both landline and cell phone interviews – was implemented. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 500 individuals age 18 and older in Cass County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Cass County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 500 respondents is  $\pm 4.4\%$  at the 95 percent confidence level.



## Expected Error Ranges for a Sample of 500 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 500 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% (10% ± 2.6%) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% (50% ± 4.4%) of the total population would respond "yes" if asked this question.

### Sample Characteristics

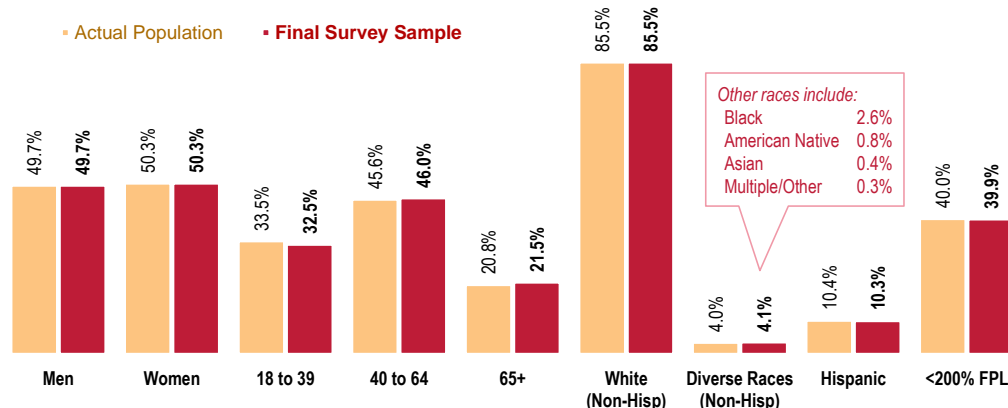
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Cass County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]





## Population & Survey Sample Characteristics (Cass County, 2022)



Sources: • US Census Bureau, 2011-2015 American Community Survey.  
 • 2022 PRC Community Health Survey, PRC, Inc.  
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

### INCOME & RACE/ETHNICITY

**INCOME** ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

**RACE & ETHNICITY** ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. “White” reflects non-Hispanic White respondents; “People of Color” includes Hispanics and non-White race groups. While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and non-White race groups were not of sufficient size for independent analysis.

### 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 also was implemented as part of this process. A list of recommended participants was provided by Logansport Memorial 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, 90 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	1
Public Health Representatives	0
Other Health Providers	20
Social Services Providers	29
Other Community Leaders	40

Final participation included representatives of the organizations outlined below.

- Angels of Mercy
- Area Five Agency on Aging & Community Services
- Cass County Chamber of Commerce
- Cass County Community Foundation
- Cass County Family YMCA
- Cass County Government
- Cass County Online
- Cass County WIC Program
- Cass County Planning Department
- Caston School Corporation
- Church of the Brethren
- City of Logansport
- Community Volunteer
- DCS
- Eel Township Trustee
- Emmaus Mission Center
- Four County
- Indiana State Representative
- Lewis Cass Kings
- Logansport Century Career Center
- Logansport Community School Corporation
- Logansport High School
- Logansport Junior High School
- Logansport Memorial Hospital
- Logansport Memorial Hospital Foundation
- Miller's Merry Manor
- MPI
- Peak Community Services
- Pharos-Tribune
- Pioneer Regional School Corporation
- Purdue Extension
- Senior Helpers Logansport
- Steinberger Construction
- The Vineyard
- Trinity Lutheran
- Tyson Foods
- United Way of Cass County
- WSAL
- Youth Services Alliance (YSA)



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

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 better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

## Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Cass County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- [Center for Applied Research and Engagement Systems \(CARES\), University of Missouri Extension, SparkMap \(sparkmap.org\)](#)
- [Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance \(DHIS\)](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [OpenStreetMap \(OSM\)](#)
- [US Census Bureau, American Community Survey](#)
- [US Census Bureau, County Business Patterns](#)
- [US Census Bureau, Decennial Census](#)
- [US Department of Agriculture, Economic Research Service](#)
- [US Department of Health & Human Services](#)
- [US Department of Health & Human Services, Health Resources and Services Administration \(HRSA\)](#)
- [US Department of Justice, Federal Bureau of Investigation](#)
- [US Department of Labor, Bureau of Labor Statistics](#)

## Benchmark Data

### Trending

Similar surveys were administered in Cass County in 2013, 2016, and 2019 by PRC on behalf of Logansport Memorial Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.



## Indiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

## Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

## Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

## Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents,



undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

## Public Comment

Logansport Memorial Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Logansport Memorial Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Logansport Memorial Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



# IRS FORM 990, SCHEDULE H COMPLIANCE

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility	6
<b>Part V Section B Line 3b</b> Demographics of the community	31
<b>Part V Section B Line 3c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community	171
<b>Part V Section B Line 3d</b> How data was obtained	6
<b>Part V Section B Line 3e</b> The significant health needs of the community	15
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
<b>Part V Section B Line 3g</b> The process for identifying and prioritizing community health needs and services to meet the community health needs	16
<b>Part V Section B Line 3h</b> The process for consulting with persons representing the community's interests	9
<b>Part V Section B Line 3i</b> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	177



# SUMMARY OF FINDINGS

## Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> <li>▪ Barriers to Access                             <ul style="list-style-type: none"> <li>– Inconvenient Office Hours</li> <li>– Cost of Prescriptions</li> <li>– Appointment Availability</li> <li>– Finding a Physician</li> </ul> </li> <li>▪ Primary Care Physician Ratio</li> <li>▪ Specific Source of Ongoing Medical Care</li> <li>▪ Emergency Room Utilization</li> <li>▪ Eye Exams</li> <li>▪ Ratings of Local Health Care</li> </ul>
CANCER	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Cancer Deaths                             <ul style="list-style-type: none"> <li>– Including Lung Cancer Deaths</li> </ul> </li> <li>▪ Cancer Incidence                             <ul style="list-style-type: none"> <li>– Including Lung Cancer</li> </ul> </li> <li>▪ Cervical Cancer Screening [Age 21-65]</li> <li>▪ Colorectal Cancer Screening [Age 50-75]</li> </ul>
DIABETES	<ul style="list-style-type: none"> <li>▪ Diabetes Deaths</li> <li>▪ Prevalence of Borderline/Pre-Diabetes</li> <li>▪ Kidney Disease Deaths</li> <li>▪ Kidney Disease Prevalence</li> </ul>
HEART DISEASE & STROKE	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Heart Disease Prevalence</li> <li>▪ High Blood Pressure Prevalence</li> <li>▪ Overall Cardiovascular Risk</li> </ul>
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> <li>▪ Infant Deaths</li> <li>▪ Teen Births</li> </ul>
INJURY & VIOLENCE	<ul style="list-style-type: none"> <li>▪ Unintentional Injury Deaths                             <ul style="list-style-type: none"> <li>– Including Motor Vehicle Crash Deaths</li> </ul> </li> <li>▪ Falls [Age 45+]</li> <li>▪ Intimate Partner Violence</li> </ul>

— continued on the following page —



## AREAS OF OPPORTUNITY (continued)

MENTAL HEALTH	<ul style="list-style-type: none"> <li>▪ “Fair/Poor” Mental Health</li> <li>▪ Diagnosed Depression</li> <li>▪ Symptoms of Chronic Depression</li> <li>▪ Stress</li> <li>▪ Suicide Deaths</li> <li>▪ Key Informants: Mental health ranked as a top concern.</li> </ul>
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> <li>▪ Difficulty Accessing Fresh Produce</li> <li>▪ Fruit/Vegetable Consumption</li> <li>▪ Overweight &amp; Obesity [Adults &amp; Children]</li> <li>▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</li> </ul>
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> <li>▪ Multiple Chronic Conditions</li> <li>▪ Activity Limitations</li> <li>▪ Sciatica/Chronic Back Pain</li> <li>▪ Arthritis [Age 50+]</li> <li>▪ Alzheimer’s Disease Deaths</li> </ul>
RESPIRATORY DISEASE	<ul style="list-style-type: none"> <li>▪ Lung Disease Deaths</li> <li>▪ COVID-19 Deaths</li> <li>▪ Flu Vaccination [Age 65+]</li> <li>▪ Asthma Prevalence [Adults &amp; Children]</li> <li>▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence</li> </ul>
SEPTICEMIA	<ul style="list-style-type: none"> <li>▪ Septicemia Deaths</li> </ul>
SUBSTANCE ABUSE	<ul style="list-style-type: none"> <li>▪ Illicit Drug Use</li> <li>▪ Key Informants: Substance abuse ranked as a top concern.</li> </ul>
TOBACCO USE	<ul style="list-style-type: none"> <li>▪ Key Informants: Tobacco use ranked as a top concern.</li> </ul>

### Community Feedback on Prioritization of Health Needs

On August 30, 2022, Logansport Memorial Hospital convened an online meeting of hospital representatives and a group of approximately 30 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the virtual meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.





In order to assign priority to the identified health needs (i.e., Areas of Opportunity), an online voting tool was used in which each participant was able to register his/her ratings using a mobile device or web browser. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - *How many people are affected?*
  - *How does the local community data compare to state or national levels, or Healthy People 2030 targets?*
  - *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).
- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Mental Health
2. Access to Health Care Services
3. Substance Abuse
4. Infant Health & Family Planning
5. Nutrition, Physical Activity & Weight
6. Diabetes
7. Heart Disease & Stroke
8. Cancer
9. Tobacco Use
10. Respiratory Disease
11. Injury & Violence
12. Potentially Disabling Conditions
13. Septicemia

## Hospital Implementation Strategy

Logansport Memorial Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.



# Summary Tables: Comparisons With Benchmark Data

## Reading the Summary Tables

- In the following tables, Cass County results are shown in the larger, gray column.
- The columns to the right of the Cass County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Cass County compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

*Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

### TREND SUMMARY

(Current vs. Baseline Data)















#### SURVEY DATA INDICATORS:




Trends for survey-derived indicators represent significant changes since 2013, or the earliest year a question was asked.




#### OTHER (SECONDARY) DATA INDICATORS:




Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).














		CASS COUNTY vs. BENCHMARKS			
SOCIAL DETERMINANTS	Cass County	vs. IN	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	3.6	 1.7	 4.1		
Population in Poverty (Percent)	13.1	 12.9	 12.8	 8.0	
Children in Poverty (Percent)	16.2	 17.6	 17.5	 8.0	
No High School Diploma (Age 25+, Percent)	14.8	 10.7	 11.5		
% Worry/Stress Over Rent/Mortgage in Past Year	19.2		 32.2		 25.6
% Food Insecure	21.9		 34.1		 17.3


































 better     
  similar     
  worse

		CASS COUNTY vs. BENCHMARKS			
OVERALL HEALTH	Cass County	vs. IN	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	24.5	 15.9	 12.6		 12.5

 better     
  similar     
  worse

		CASS COUNTY vs. BENCHMARKS			
ACCESS TO HEALTH CARE	Cass County	vs. IN	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	7.9	 13.9	 8.7	 7.9	 13.6
% Difficulty Accessing Health Care in Past Year (Composite)	43.8		 35.0		 28.3
% Cost Prevented Physician Visit in Past Year	8.3	 10.4	 12.9		 8.4
% Cost Prevented Getting Prescription in Past Year	14.2		 12.8		 9.7

CASS COUNTY vs. BENCHMARKS

ACCESS TO HEALTH CARE (continued)	Cass County	CASS COUNTY vs. BENCHMARKS			TREND
		vs. IN	vs. US	vs. HP2030	
% Difficulty Getting Appointment in Past Year	21.4		 14.5		 10.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.8		 12.5		 7.5
% Difficulty Finding Physician in Past Year	14.9		 9.4		 8.0
% Transportation Hindered Dr Visit in Past Year	4.1		 8.9		 3.4
% Language/Culture Prevented Care in Past Year	1.6		 2.8		 0.7
% Skipped Prescription Doses to Save Costs	12.6		 12.7		 9.5
% Difficulty Getting Child's Health Care in Past Year	3.8		 8.0		 2.1
Primary Care Doctors per 100,000	58.1	 90.2	 103.5		
% Have a Specific Source of Ongoing Care	62.4		 74.2	 84.0	 68.7
% Have Had Routine Checkup in Past Year	72.2	 78.3	 70.5		 71.0
% Child Has Had Checkup in Past Year	81.8		 77.4		 82.0
% Two or More ER Visits in Past Year	9.5		 10.1		 5.8
% Eye Exam in Past 2 Years	58.9		 61.0	 61.1	 66.9
% Low Health Literacy	19.9		 27.7		 21.6
% Rate Local Health Care "Fair/Poor"	14.6		 8.0		 14.4



better















































similar



worse











CASS COUNTY vs. BENCHMARKS

CANCER	Cass County	CASS COUNTY vs. BENCHMARKS			TREND
		vs. IN	vs. US	vs. HP2030	
Cancer (Age-Adjusted Death Rate)	177.5	 163.9	 146.5	 122.7	 186.0
Lung Cancer (Age-Adjusted Death Rate)	44.4	 42.7	 33.4	 25.1	
Prostate Cancer (Age-Adjusted Death Rate)	17.0	 19.1	 18.7	 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	18.1	 20.4	 19.7	 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	14.1	 14.6	 13.1	 8.9	
Cancer Incidence Rate (All Sites)	403.2	 457.9	 448.6		
Female Breast Cancer Incidence Rate	97.5	 124.5	 126.8		
Prostate Cancer Incidence Rate	73.3	 96.5	 106.2		
Lung Cancer Incidence Rate	77.7	 69.9	 57.3		
Colorectal Cancer Incidence Rate	41.3	 41.7	 38.0		
% Skin Cancer	8.6	 6.1	 6.1		 8.2
% Cancer (Other Than Skin)	7.7	 7.2	 5.6		 5.6
% [Women 50-74] Mammogram in Past 2 Years	78.4	 73.6	 76.1	 77.1	 72.1
% [Women 21-65] Cervical Cancer Screening	61.9	 75.7	 73.8	 84.3	 71.7
% [Age 50-75] Colorectal Cancer Screening	65.9	 68.1	 77.4	 74.4	 61.9



























  
better





  
similar




  
worse









DIABETES	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	40.4	 26.9	 22.6		 36.8
% Diabetes/High Blood Sugar	16.3	 11.8	 13.8		 14.4
% Borderline/Pre-Diabetes	11.3		 9.7		 6.9
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	47.7		 43.3		 53.9




 better     
  similar     
  worse















HEART DISEASE & STROKE	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	135.0	 181.1	 164.4	 127.4	 186.3
% Heart Disease (Heart Attack, Angina, Coronary Disease)	9.6	 7.2	 6.1		 7.4
Stroke (Age-Adjusted Death Rate)	35.7	 40.3	 37.6	 33.4	 42.3
% Stroke	4.5	 3.5	 4.3		 4.6
% Blood Pressure Checked in Past 2 Years	93.3		 85.0		 93.8
% Told Have High Blood Pressure	45.0	 34.8	 36.9	 27.7	 43.6
% [HBP] Taking Action to Control High Blood Pressure	92.9		 84.2		 91.2
% Cholesterol Checked in Past 5 Years	87.4		 80.7		 90.9
% Told Have High Cholesterol	33.0		 32.7		 29.5





HEART DISEASE & STROKE (continued)	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
% [HBC] Taking Action to Control High Blood Cholesterol	91.1		 83.2		 91.2
% 1+ Cardiovascular Risk Factor	91.4		 84.6		 90.0




 better     
  similar     
  worse







INFANT HEALTH & FAMILY PLANNING	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	7.9	 8.1	 8.2		
Infant Death Rate	8.9	 6.9	 5.6	 5.0	 8.6
Births to Adolescents Age 15 to 19 (Rate per 1,000)	34.6	 23.1	 19.3		




 better     
  similar     
  worse


















INJURY & VIOLENCE	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	71.5	 59.4	 51.6	 43.2	 33.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)	21.1	 12.6	 11.4	 10.1	
[65+] Falls (Age-Adjusted Death Rate)	51.7	 45.6	 61.6	 63.4	
% [Age 45+] Fell in the Past Year	36.6		 27.5		 33.6
Violent Crime Rate	93.1	 391.4	 416.0		

INJURY & VIOLENCE (continued)	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
% Victim of Violent Crime in Past 5 Years	2.1		 6.2		 1.5
% Victim of Intimate Partner Violence	15.0		 13.7		 9.3







 better     
  similar     
  worse

KIDNEY DISEASE	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	17.6	 17.4	 12.8		 13.2
% Kidney Disease	5.4	 3.2	 5.0		 2.8































 better     
  similar     
  worse










MENTAL HEALTH	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	18.8		 13.4		 7.8
% Diagnosed Depression	22.7	 21.9	 20.6		 14.6
% Symptoms of Chronic Depression (2+ Years)	33.7		 30.3		 22.8
% Typical Day Is "Extremely/Very" Stressful	10.9		 16.1		 7.1
Suicide (Age-Adjusted Death Rate)	17.7	 15.4	 13.8	 12.8	 14.2
Mental Health Providers per 100,000	137.3	 97.0	 130.4		
% Have Ever Sought Help for Mental Health	31.7		 30.0		 18.7













MENTAL HEALTH (continued)	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
% Taking Rx/Receiving Mental Health Trtmt	17.0		 16.8		 13.2
% [Those With Diagnosed Depression] Receiving Treatment	90.0		 85.4		 87.5
% Unable to Get Mental Health Svcs in Past Yr	4.3		 7.8		 4.0

 better    
  similar    
  worse









NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	6.3	 28.7	 22.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.8		 21.1		 18.5
% 5+ Servings of Fruits/Vegetables per Day	25.3		 32.7		 26.6
% No Leisure-Time Physical Activity	33.0	 26.3	 31.3	 21.2	 42.8
% Meeting Physical Activity Guidelines	18.5	 21.1	 21.4	 28.4	 21.2
% Child [Age 2-17] Physically Active 1+ Hours per Day	60.0		 33.0		 62.2
Recreation/Fitness Facilities per 100,000	10.6	 10.4	 11.9		
% Healthy Weight (BMI 18.5-24.9)	26.0	 29.5	 34.5		 49.8
% Overweight (BMI 25+)	72.4	 69.1	 61.0		 71.9
% Obese (BMI 30+)	44.1	 36.8	 31.3	 36.0	 31.4
% [Overweights] Trying to Lose Weight	54.0		 53.7		 35.3

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
% [Overweights] Counseled About Weight in Past Year	27.2		 24.7		 31.1
% Children [Age 5-17] Healthy Weight	47.7		 47.6		 49.8
% Children [Age 5-17] Overweight (85th Percentile)	47.2		 32.3		 32.0
% Children [Age 5-17] Obese (95th Percentile)	31.1		 16.0	 15.5	 16.4









 better     
  similar     
  worse

ORAL HEALTH	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
% Have Dental Insurance	73.8		 68.7	 59.8	 61.1
% [Age 18+] Dental Visit in Past Year	62.2	 63.0	 62.0	 45.0	 60.4
% Child [Age 2-17] Dental Visit in Past Year	80.8		 72.1	 45.0	 70.7

 better     
  similar     
  worse

POTENTIALLY DISABLING CONDITIONS	Cass County	CASS COUNTY vs. BENCHMARKS			
		vs. IN	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	46.8		 32.5		 43.9
% Activity Limitations	26.0		 24.0		 19.2
% Sciatica/Chronic Back Pain	24.9		 16.5		 21.1
% [50+] Arthritis/Rheumatism	42.0		 33.1		 40.1

CASS COUNTY vs. BENCHMARKS

POTENTIALLY DISABLING CONDITIONS (continued)	Cass County	vs. IN	vs. US	vs. HP2030	TREND
% [50+] Osteoporosis	8.4		 10.5	 5.5	 7.5
Alzheimer's Disease (Age-Adjusted Death Rate)	33.8	 33.1	 30.9		 19.2
% Caregiver to a Friend/Family Member	24.7		 22.6		 24.6



better























similar



worse

CASS COUNTY vs. BENCHMARKS

RESPIRATORY DISEASE	Cass County	vs. IN	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	63.4	 55.7	 38.1		 55.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	9.6	 13.6	 14.4		
COVID-19 (Age-Adjusted Death Rate)	137.3	 103.2	 85.0		
% [Age 65+] Flu Vaccine in Past Year	35.1	 68.0	 71.0		 75.6
% [Age 65+] Pneumonia Vaccine Ever	79.2		 71.6		 63.7
% [Adult] Asthma	11.1	 9.6	 12.9		 6.0
% [Child 0-17] Asthma	13.4		 7.8		 5.0
% COPD (Lung Disease)	12.2	 8.3	 6.4		 7.2









better


























similar





worse

		CASS COUNTY vs. BENCHMARKS			
SEPTICEMIA	Cass County	vs. IN	vs. US	vs. HP2030	TREND
Septicemia (Age-Adjusted Death Rate)	12.6	 14.1	 9.8		 15.4
		 better	 similar	 worse	

		CASS COUNTY vs. BENCHMARKS			
SEXUAL HEALTH	Cass County	vs. IN	vs. US	vs. HP2030	TREND
HIV Prevalence Rate	97.6	 206.4	 372.8		
Chlamydia Incidence Rate	468.5	 523.9	 539.9		
Gonorrhea Incidence Rate	84.2	 182.9	 179.1		
		 better	 similar	 worse	

		CASS COUNTY vs. BENCHMARKS			
SUBSTANCE ABUSE	Cass County	vs. IN	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	11.8	 12.4	 11.5	 10.9	
% Excessive Drinker	12.1	 17.1	 27.2		 11.7
% Drinking & Driving in Past Month	2.6				 1.6
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	17.1	 25.5	 19.9		
% Illicit Drug Use in Past Month	3.0		 2.0	 12.0	 0.6
% Ever Sought Help for Alcohol or Drug Problem	4.0		 5.4		 3.4

CASS COUNTY vs. BENCHMARKS

SUBSTANCE ABUSE (continued)	Cass County	vs. IN	vs. US	vs. HP2030	TREND
% Personally Impacted by Substance Abuse	35.0		 35.8		 28.9



better






















similar



worse

CASS COUNTY vs. BENCHMARKS

TOBACCO USE	Cass County	vs. IN	vs. US	vs. HP2030	TREND
% Current Smoker	19.1	 19.4	 17.4	 5.0	 15.1
% Someone Smokes at Home	14.6		 14.6		 17.0
% [Non-Smokers] Someone Smokes in the Home	4.9				 8.0
% [Household With Children] Someone Smokes in the Home	8.2		 17.4		 9.6
% [Smokers] Have Quit Smoking 1+ Days in Past Year	45.3	 52.1	 42.8	 65.7	 40.1
% [Smokers] Received Advice to Quit Smoking	77.3		 59.6	 66.6	 74.9
% Currently Use Vaping Products	6.8	 5.7	 8.9		 4.5



better



similar



worse



# COMMUNITY DESCRIPTION

# POPULATION CHARACTERISTICS

## Total Population

Cass County, the focus of this Community Health Needs Assessment, encompasses 412.14 square miles and houses a total population of 37,727 residents, according to latest census estimates.

Total Population  
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Cass County	37,727	412.14	92
Indiana	6,696,893	35,826.03	187
United States	326,569,308	3,533,038.14	92

Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

## Population Change 2010-2020

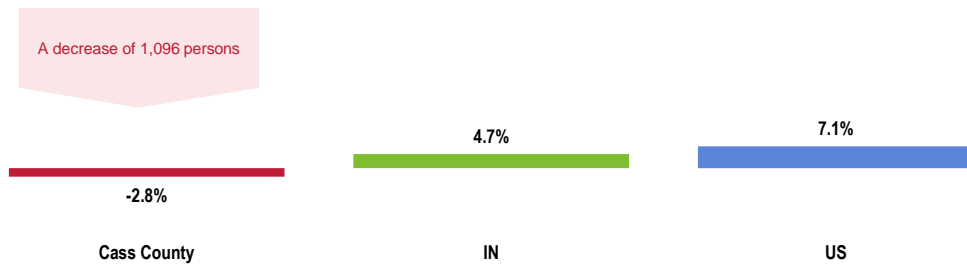
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

**Between the 2010 and 2020 US Censuses, the population of Cass County decreased by 1,096 persons, or 2.8%.**

**BENCHMARK** ► In contrast, the population across the state and nation increased.



## Change in Total Population (Percentage Change Between 2010 and 2020)



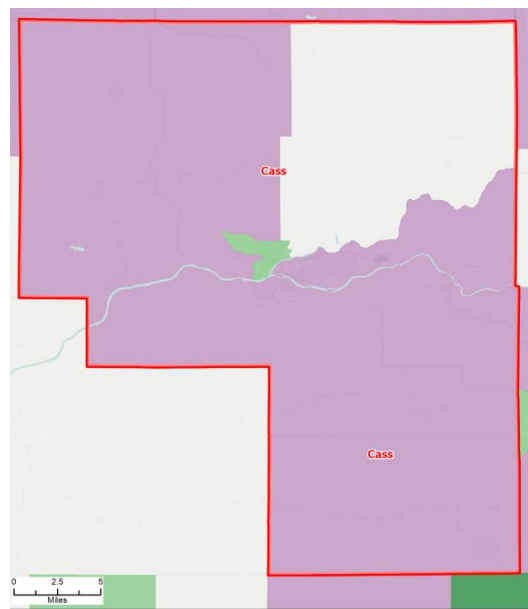
Sources: 

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes: 

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.





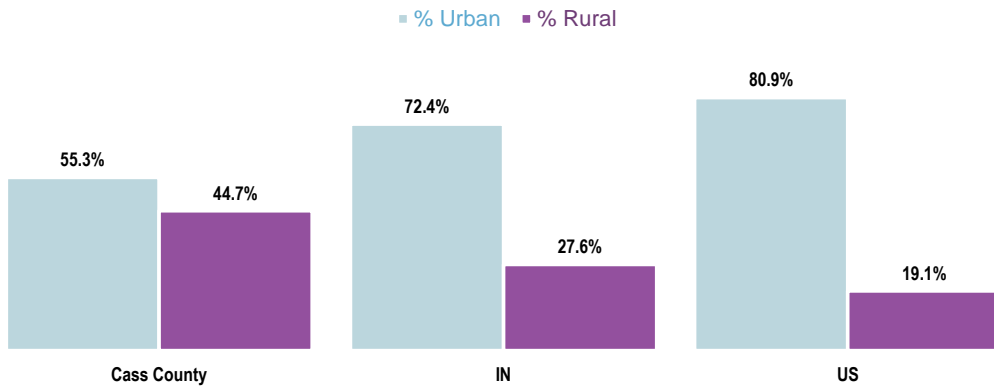
# Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

**In Cass County, 55.3% of the population lives in areas designated as urban.**

**BENCHMARK** ▶ The county is less urban than the state and nation.

### Urban and Rural Population (2010)

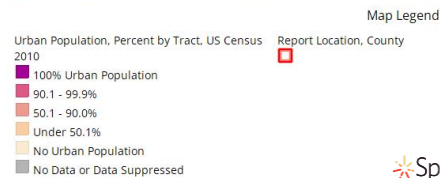
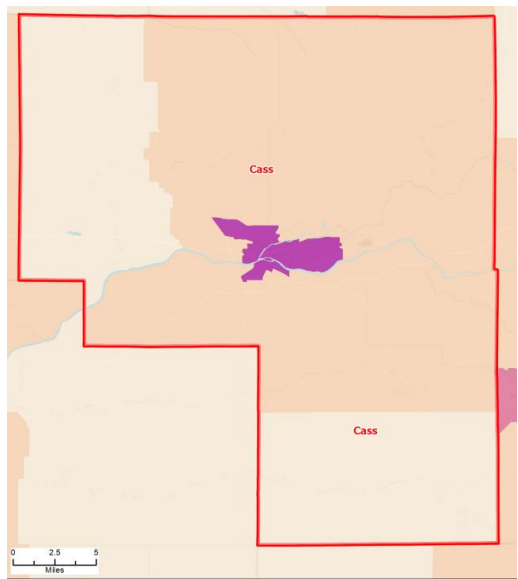


Sources: 

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

 Notes: 

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



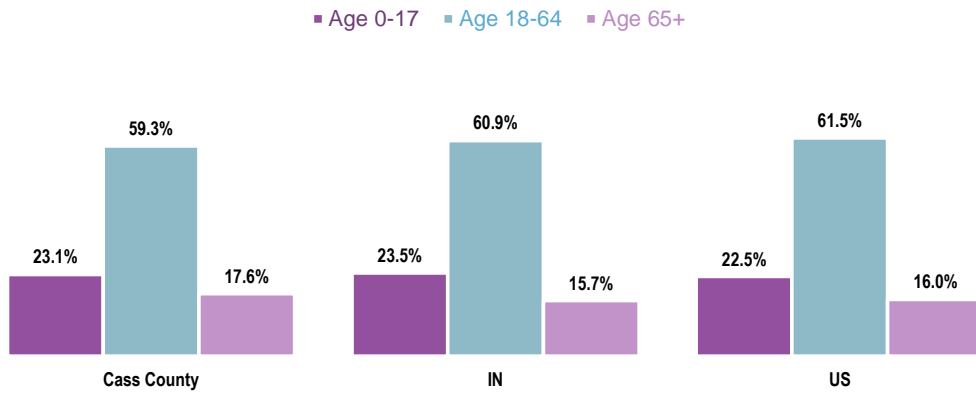
# Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

**In Cass County, 23.1% of the population are children age 0-17; another 59.3% are age 18 to 64, while 17.6% are age 65 and older.**

**BENCHMARK** ▶ Age groupings are similarly proportioned across the county, state, and nation.

### Total Population by Age Groups (2016-2020)

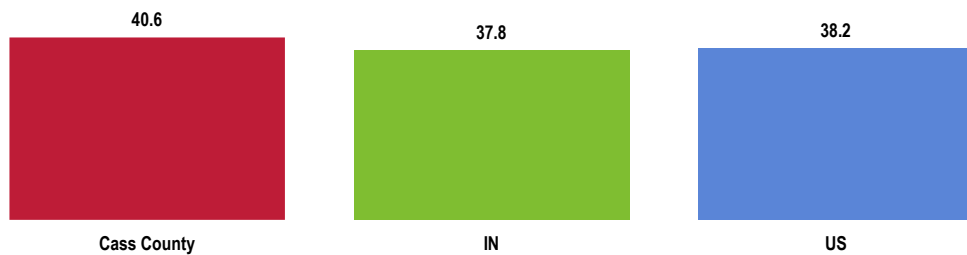


Sources: • US Census Bureau American Community Survey 5-year estimates.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

# Median Age

**Cass County is “older” than the state and the nation in that the median age is higher.**

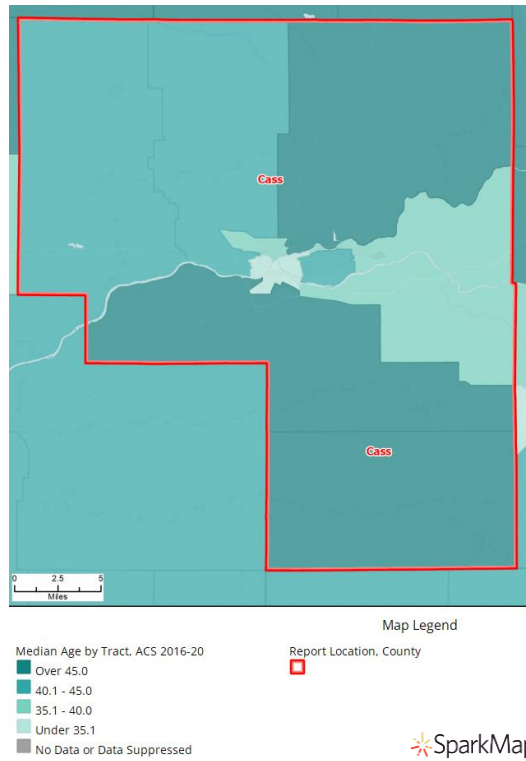
### Median Age (2016-2020)



Sources: • US Census Bureau American Community Survey 5-year estimates.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).



The following map provides an illustration of the median age in Cass County.



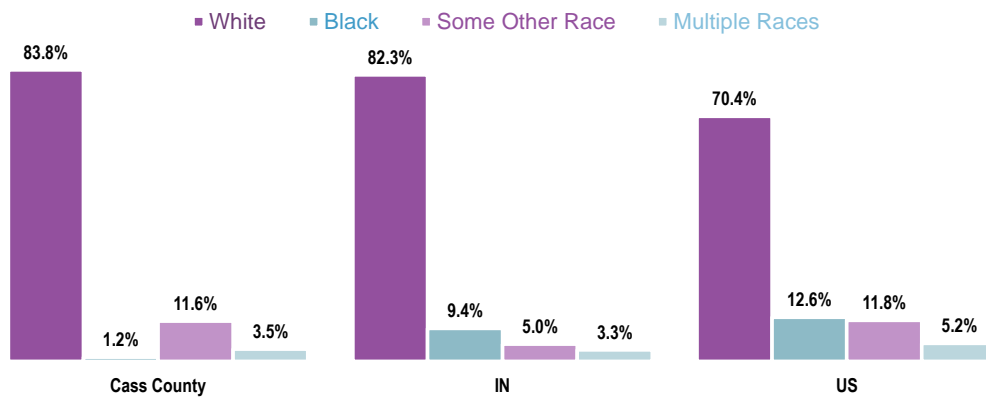
## Race & Ethnicity

### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 83.8% of residents of Cass County are White and 1.2% are Black.

**BENCHMARK** ► The proportion of Black residents in the county is lower than across the state and US.

Total Population by Race Alone  
(2016-2020)



Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

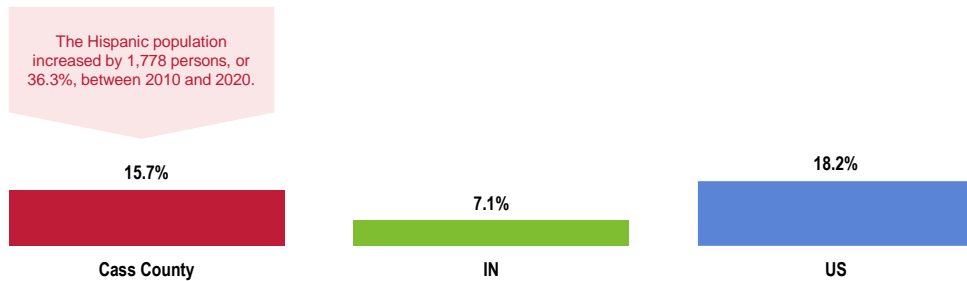


## Ethnicity

A total of 15.7% of Cass County residents are Hispanic or Latino.

BENCHMARK ► Higher than found across the state but lower than found across the US.

### Hispanic Population (2016-2020)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes: 

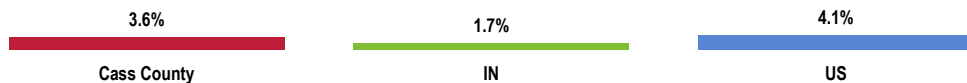
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

## Linguistic Isolation

A total of 3.6% of Cass County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ► Less favorable than the statewide percentage.

### Linguistically Isolated Population (2016-2020)



Sources: 

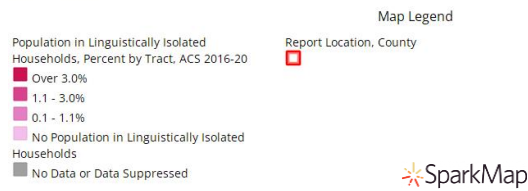
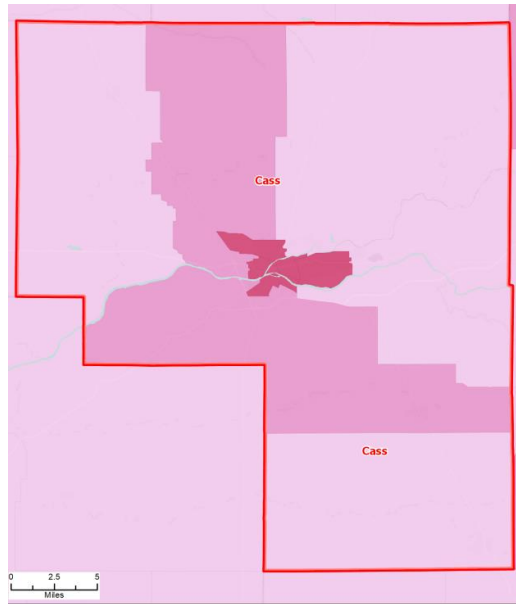
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes: 

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



Note the following map illustrating linguistic isolation throughout Cass County.



# SOCIAL DETERMINANTS OF HEALTH

## ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

## Poverty

**The latest census estimate shows 13.1% of Cass County total population living below the federal poverty level.**

**BENCHMARK** ► Fails to satisfy the Healthy People 2030 objective.

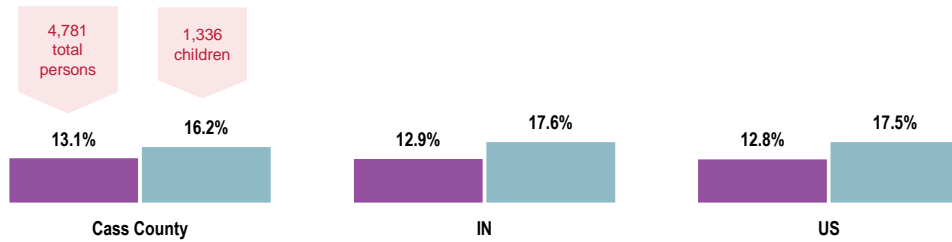
**Among just children (ages 0 to 17), this percentage in Cass County is 16.2% (representing an estimated 1,336 children).**

**BENCHMARK** ► Fails to satisfy the Healthy People 2030 objective.



## Population in Poverty (Populations Living Below the Poverty Level; 2016-2020) Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



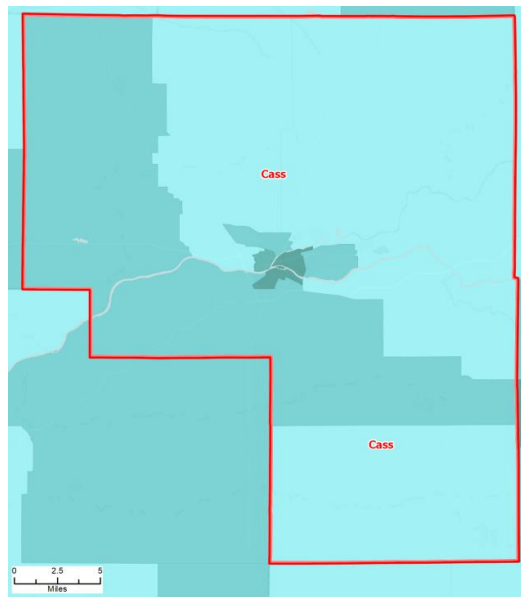
Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

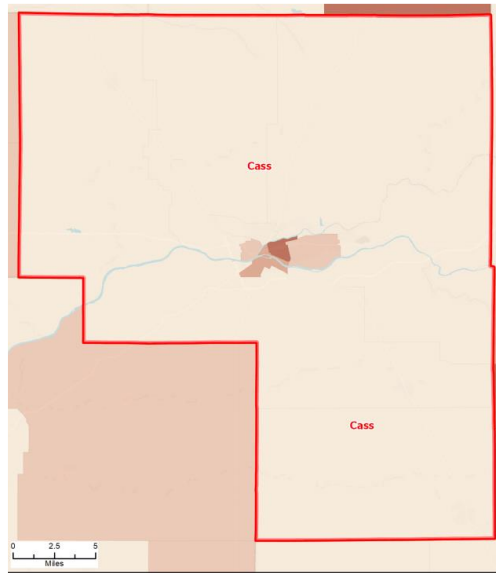
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.



SparkMap



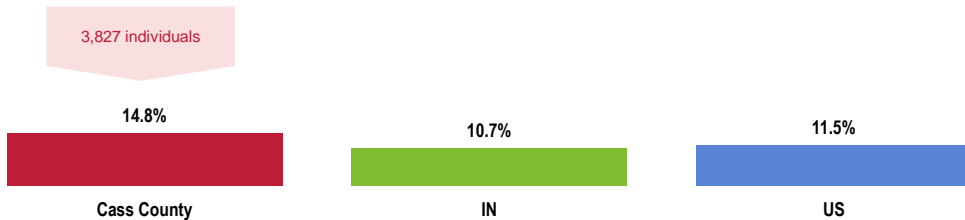


## Education

Among the Cass County population age 25 and older, an estimated 14.8% (over 3,800 people) do not have a high school education.

**BENCHMARK** ▶ Less favorable than state and national percentages.

### Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)



Sources:
 

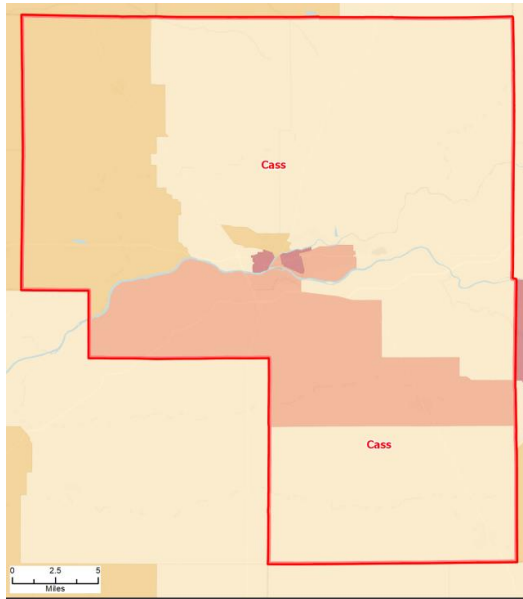
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
 

- This indicator is relevant because educational attainment is linked to positive health outcomes.





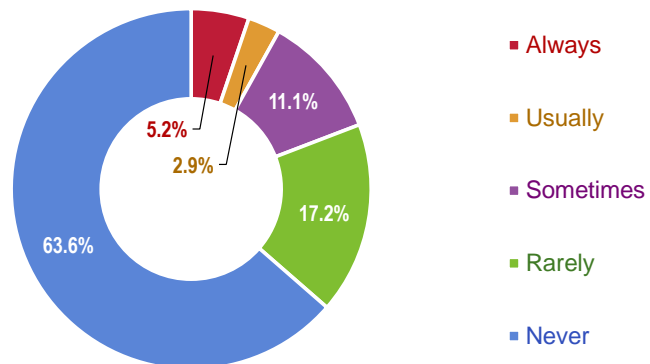


## Housing

### Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress  
Over Paying Rent or Mortgage in the Past Year  
(Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 71]  
Notes: • Asked of all respondents.



However, a considerable share (19.2%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

**BENCHMARK** ▶ Much lower than found nationally.

**TREND** ▶ Marks a significant decrease from previous surveys.

**DISPARITY** ▶ More often reported among adults age 40 to 64 and lower-income residents.

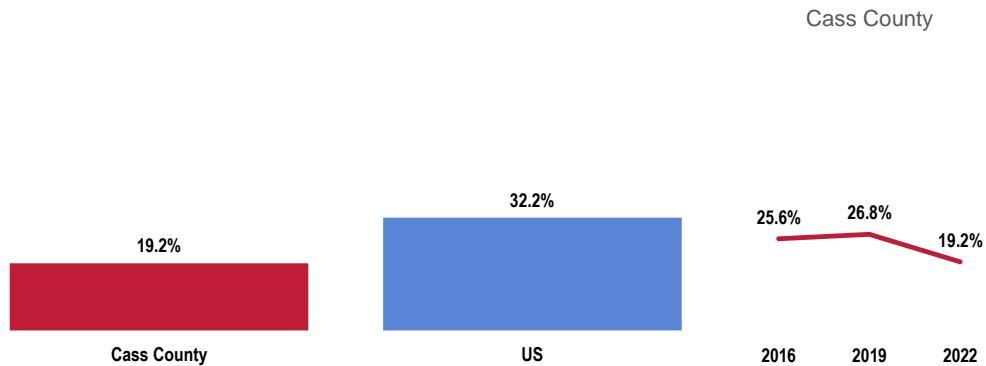
NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Here, “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

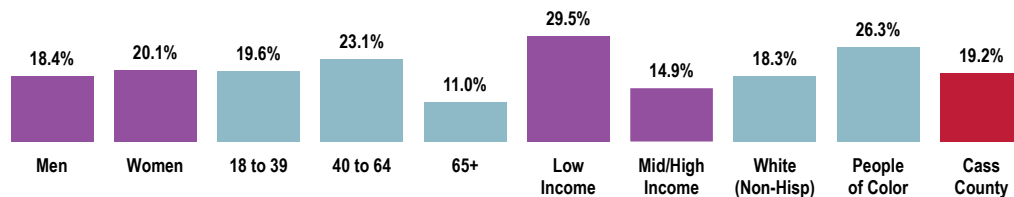
In addition, “White” reflects non-Hispanic White respondents; “People of Color” includes Hispanics and non-White race groups.

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 71]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 71]  
 Notes: • Asked of all respondents.



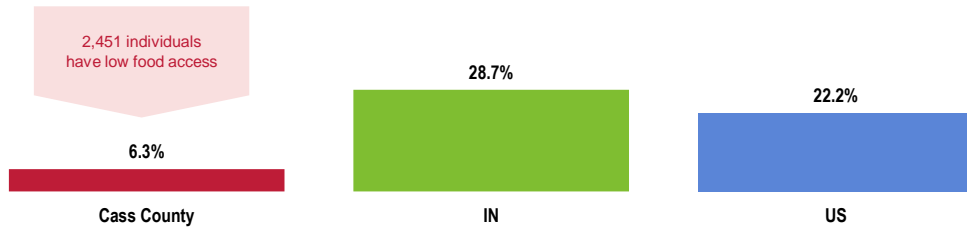
# Food Access

## Low Food Access

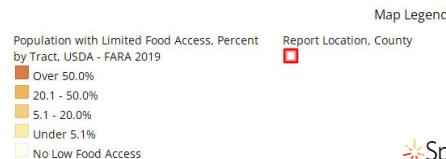
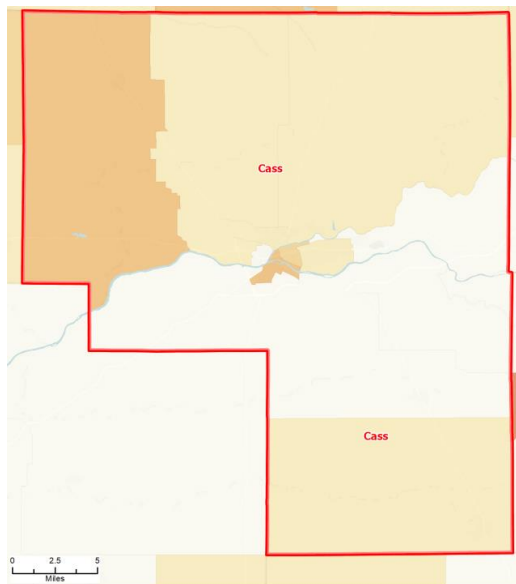
US Department of Agriculture data show that 6.3% of Cass County population (representing over 2,400 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

**BENCHMARK** ▶ More favorable than found across the state and nation.

### Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



## Food Insecurity

Overall, **21.9%** of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

**BENCHMARK** ▶ Lower than the US finding.

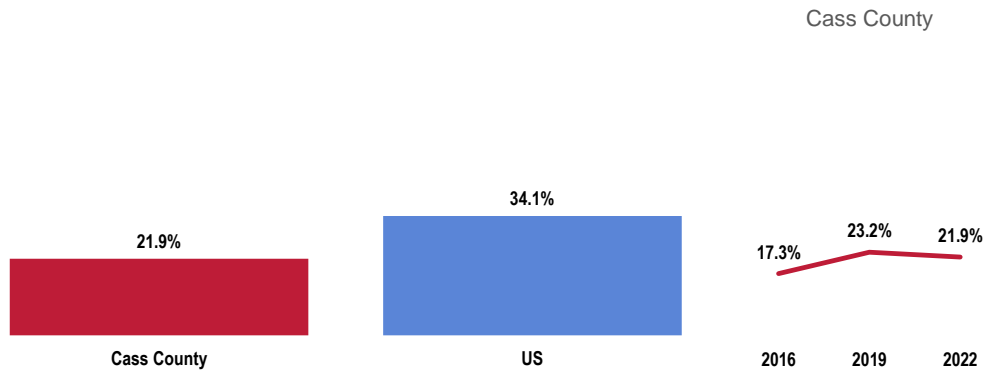
**DISPARITY** ▶ Those more likely to report being food insecure include adults age 40 to 64, lower-income adults, and people of color.

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

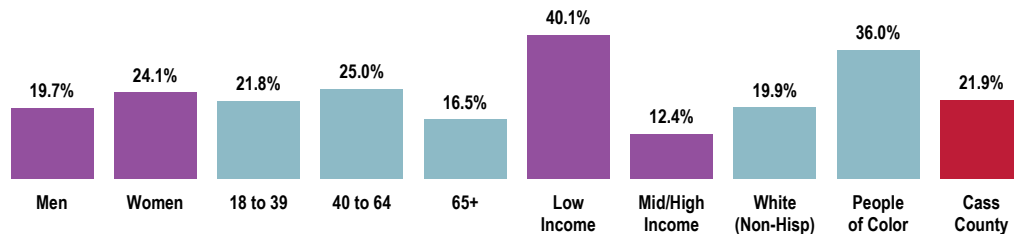
Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

### Food Insecurity



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 149]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

### Food Insecurity (Cass County, 2022)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 149]
- Notes:
- Asked of all respondents.
  - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

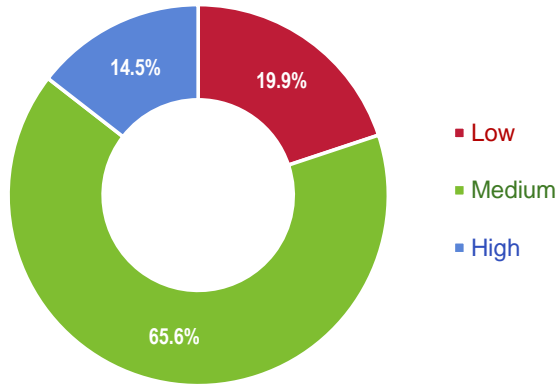


# Health Literacy

Most surveyed adults in Cass County are found to have a moderate level of health literacy.

Low health literacy is defined as those respondents who “Seldom/Never” find written or spoken health information easy to understand, and/or who “Always/Nearly Always” need help reading health information, and/or who are “Not At All Confident” in filling out health forms.

Level of Health Literacy  
(Cass County, 2022)



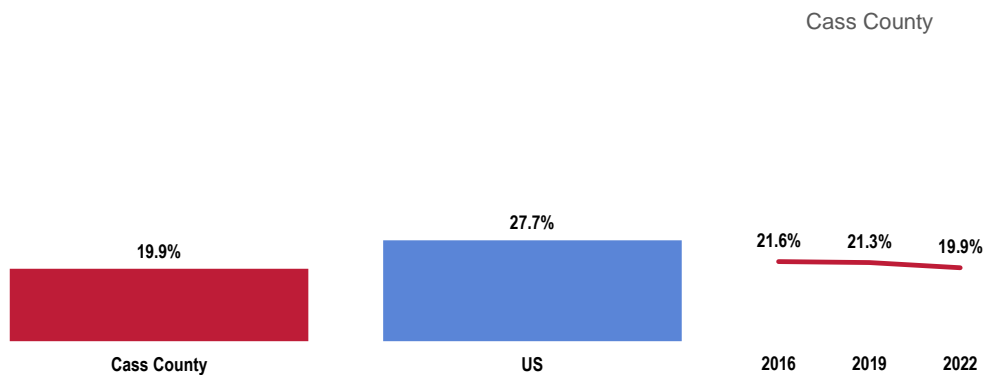
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 172]  
 Notes: • Asked of all respondents.  
 • Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

A total of 19.9% are determined to have low health literacy.

**BENCHMARK** ► Better than found across the US.

**DISPARITY** ► More prevalent among people of color than among White respondents.

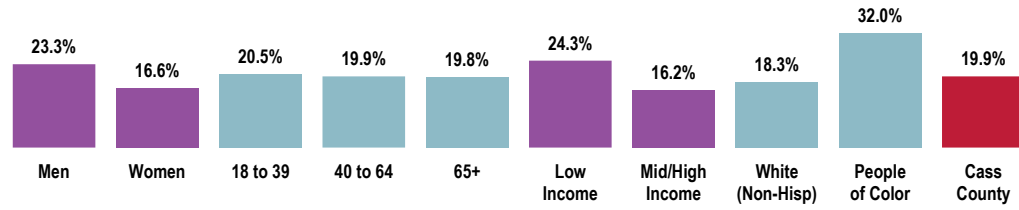
## Low Health Literacy



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 172]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.



## Low Health Literacy (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.





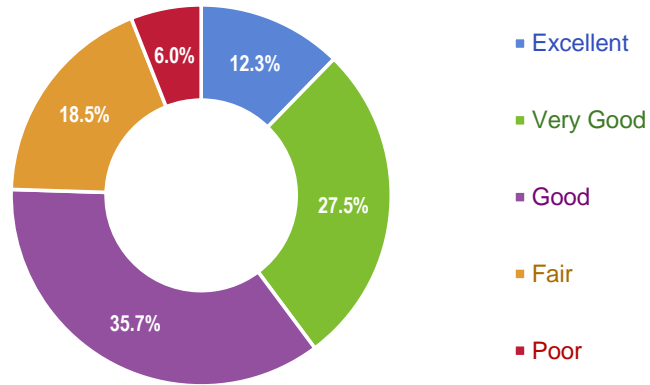
# HEALTH STATUS

# OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

**Most Cass County residents rate their overall health favorably (responding "excellent," "very good," or "good").**

**Self-Reported Health Status**  
(Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: • Asked of all respondents.

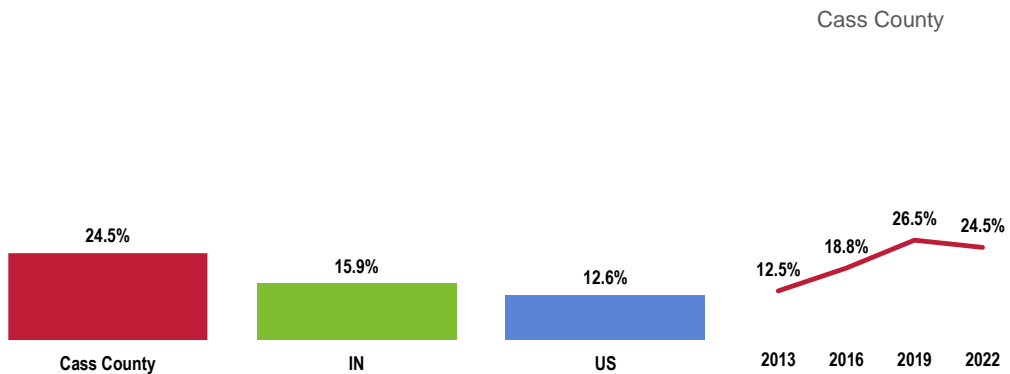
**However, 24.5% of Cass County adults believe that their overall health is "fair" or "poor."**

**BENCHMARK** ▶ Worse than state and national percentages.

**TREND** ▶ Denotes a significant increase since the 2013 survey.

**DISPARITY** ▶ More often reported among seniors (age 65+), lower-income adults, and White respondents.

## Experience "Fair" or "Poor" Overall Health

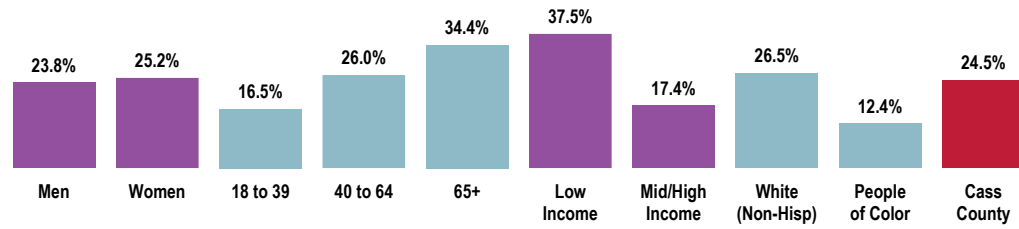


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.





## Experience “Fair” or “Poor” Overall Health (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: • Asked of all respondents.



# MENTAL HEALTH

## ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

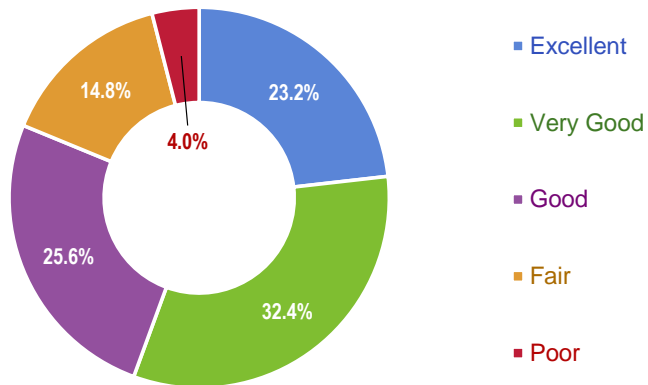
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Mental Health Status

**Most Cass County adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).**

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Mental Health Status  
(Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 99]  
Notes: • Asked of all respondents.

**However, 18.8% believe that their overall mental health is “fair” or “poor.”**

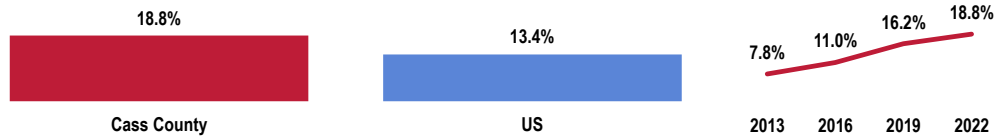
**BENCHMARK** ▶ Worse than the US percentage.

**TREND** ▶ Represents a significant increase over time.



## Experience “Fair” or “Poor” Mental Health

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 99]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Depression

### Diagnosed Depression

A total of 22.7% of Cass County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

TREND ► Represents a significant increase since 2016.

## Have Been Diagnosed With a Depressive Disorder

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 102]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.



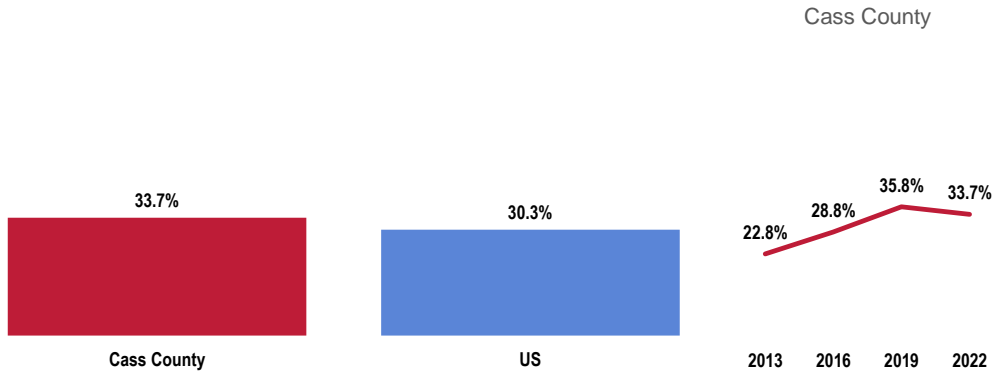
## Symptoms of Chronic Depression

**One-third (33.7%) of Cass County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).**

**TREND** ▶ Marks a significant increase since 2013.

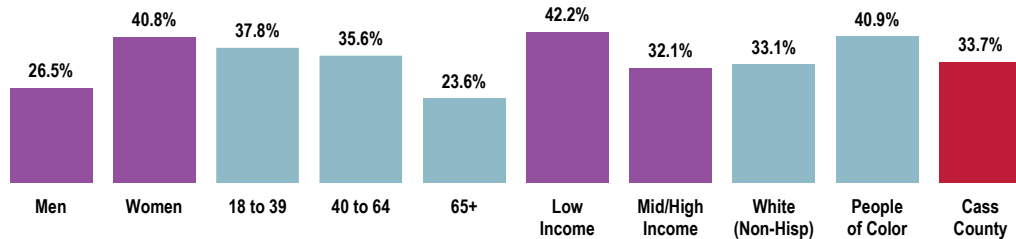
**DISPARITY** ▶ More often reported among women, adults younger than 65, and lower-income residents.

### Have Experienced Symptoms of Chronic Depression



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 100]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

### Have Experienced Symptoms of Chronic Depression (Cass County, 2022)



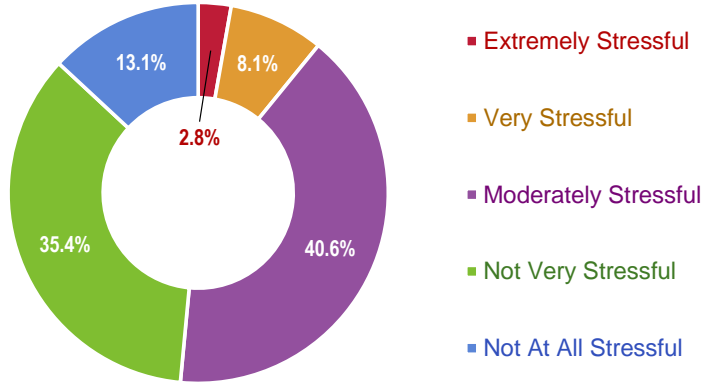
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 100]  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



# Stress

Most surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day  
(Cass County, 2022)

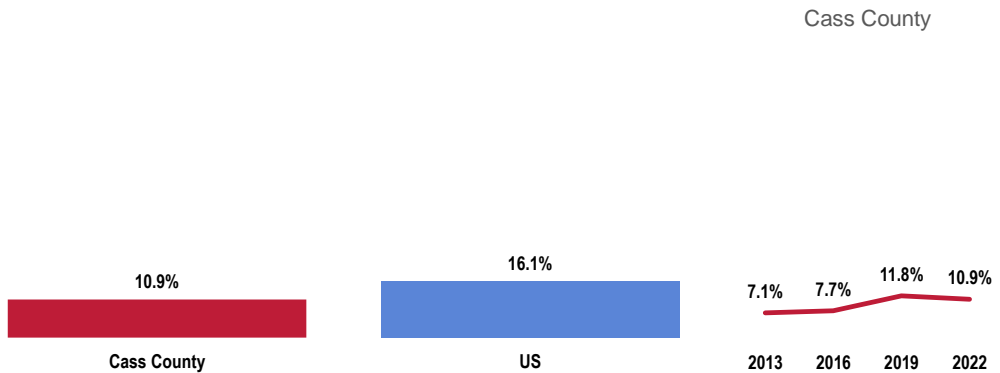


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 101]  
Notes: • Asked of all respondents.

In contrast, 10.9% of Cass County adults feel that most days for them are “very” or “extremely” stressful.

- BENCHMARK** ▶ More favorable than found across the US.
- TREND** ▶ Marks a significant increase since 2013.
- DISPARITY** ▶ More often reported among adults age 40 to 64.

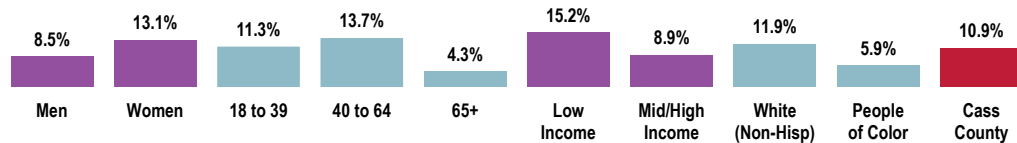
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 101]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## Perceive Most Days as “Extremely” or “Very” Stressful (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 101]  
 Notes: • Asked of all respondents.

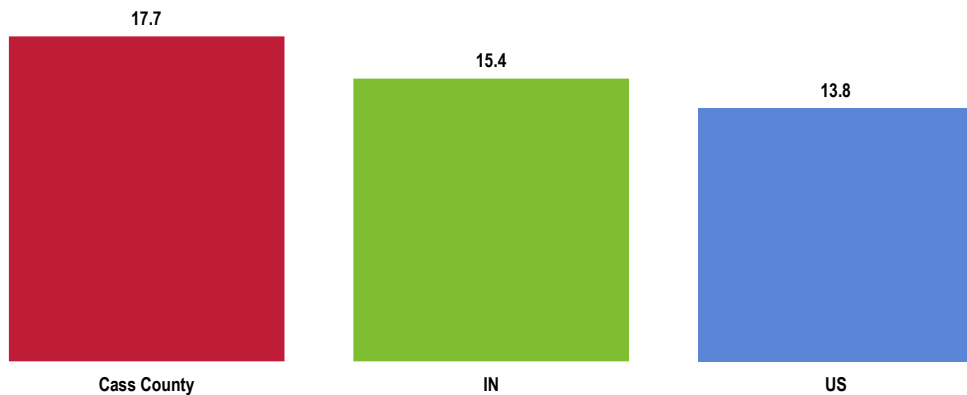
## Suicide

**In Cass County, there were 17.7 suicides per 100,000 population (2016-2020 annual average age-adjusted rate).**

**BENCHMARK** ► Worse than the national rate. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Marks a significant increase within the service area over time.

### Suicide: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



## Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2011-2015	2016-2020
<span style="color: red;">—</span> Cass County	14.2	17.7
<span style="color: green;">—</span> IN	14.1	15.4
<span style="color: blue;">—</span> US	12.8	13.8

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

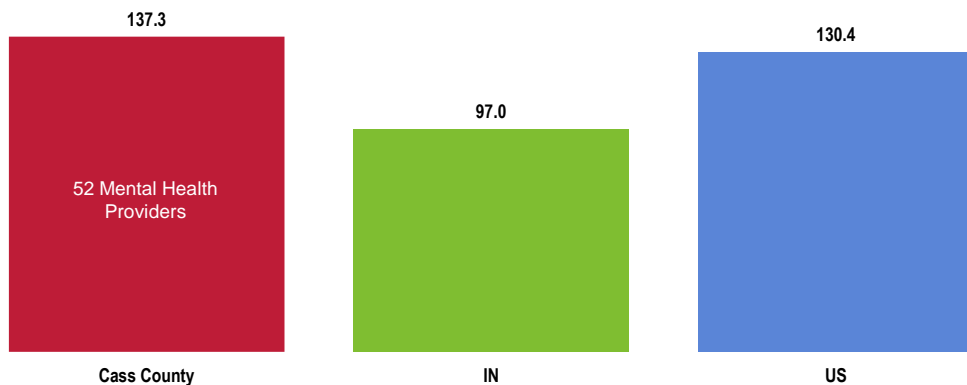
## Mental Health Treatment

### Mental Health Providers

**In Cass County in 2021, there were 137.3 mental health providers for every 100,000 population.**

**BENCHMARK** ▶ Better than found across Indiana.

### Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2021)



Sources: 

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

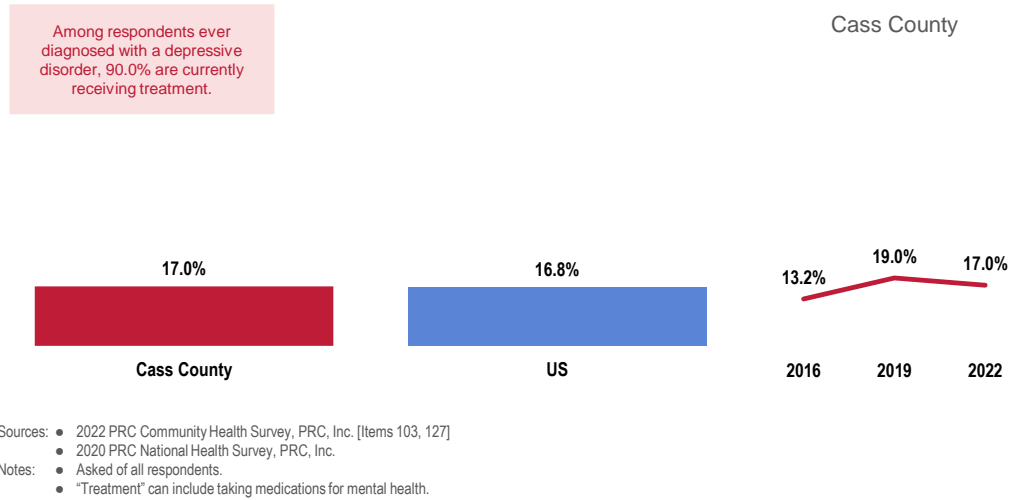
Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Cass County and residents in Cass County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



## Currently Receiving Treatment

A total of 17.0% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

### Currently Receiving Mental Health Treatment



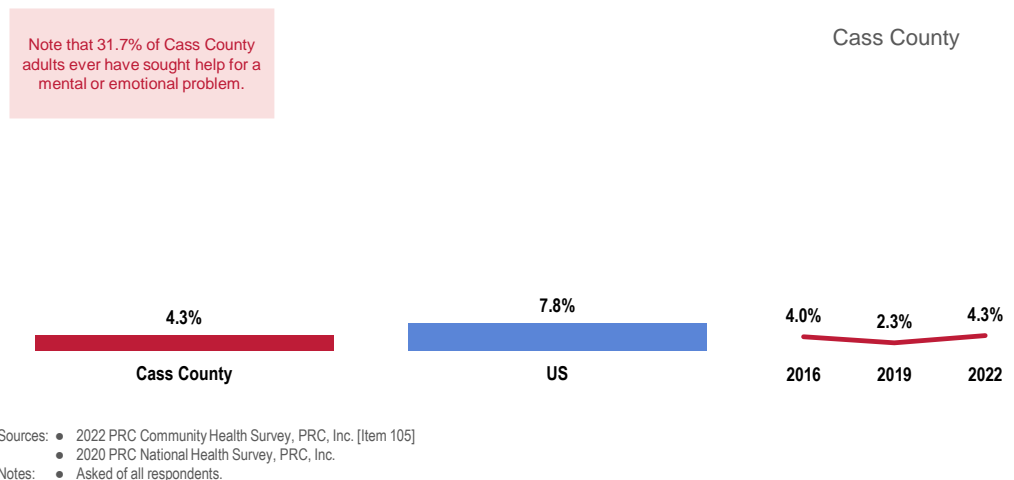
## Difficulty Accessing Mental Health Services

A total of 4.3% of Cass County adults report a time in the past year when they needed mental health services but were not able to get them.

**BENCHMARK** ▶ More favorable than the US percentage.

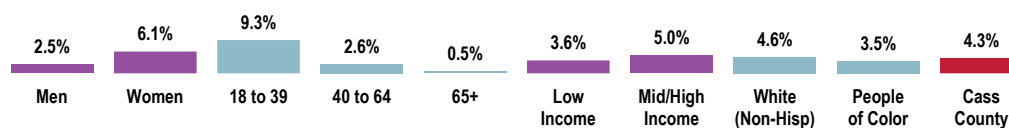
**DISPARITY** ▶ More often reported among women and young adults.

### Unable to Get Mental Health Services When Needed in the Past Year





## Unable to Get Mental Health Services When Needed in the Past Year (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 105]  
Notes: • Asked of all respondents.

## Key Informant Input: Mental Health

A high percentage 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, 2022)



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

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

### Access to Care/Services

- Access to quality mental health agencies that have consistent, knowledgeable staff, regardless of insurance type. – Social Service Provider
- Access to care when emergencies arise. Behavioral health providers and inpatient care is limited. – Community Leader
- There is a definite need for more mental and behavioral health services for youth in the county. Consistency in staffing mental and behavioral health services seems to be a struggle at times, as it is in other industries. – Community Leader
- The access to mental health care, the lack of bilingual therapists, counselors, and doctors. The stigma of mental health in many communities of color. – Social Service Provider
- Getting the necessary resources to improve health. – Community Leader



The mental health system is overwhelmed. There is a lack of proper resources throughout the spectrum of mental health issues. Society, as a whole, does not address mental health needs well at all. – Other Health Provider

Access to care. – Other Health Provider

Few resources for care. Many not accepting patients. Four County has too much turnover, and quality of care is substandard. – Other Health Provider

Being able to access services in a timely manner; there are waiting lists to see limited providers in our area. Mental health providers need to be well compensated to attract more to Cass County. Mental health care needs to be “normalized” to decrease the stigma surrounding mental health issues. – Other Health Provider

Access to quality care. People have to wait several days or weeks to get an appointment, and by then, they may no longer believe they need the care. – Social Service Provider

Access to mental health professionals and resources. Many therapists have a waiting list. Local mental health agency services mostly Medicaid clients. Oftentimes, our Hispanic families feel like there is a negative connotation with mental health counseling. – Social Service Provider

I think the biggest challenge is access to services and the ability to pay for services. Four County does a great job, but the demand is so high they can't help everyone with existing resources. – Community Leader

As a leader in the community, I have watched people receive very poor mental health care from Four County. I have friends who have changed therapists five and six times in their course of treatment because of those coming in that needed training but not staying. I have firsthand witnessed clients with drug issues not receive the help they deserved. I have story after story of staff members for the company being treated poorly. In their endeavor to grow the organization outside of Cass County, they have left patient and staff care behind. So, we have no good option in our community. I send most of my friends, family, and clientele to Kokomo and encourage them not to go to Four County. – Social Service Provider

There is limited access to resources and facilities, especially for youth and young adults. Space is frequently not available or there are not enough professionals to have the consistent ongoing support needed by many. – Community Leader

Access to services. – Community Leader

Access to mental health care and the availability of support staff. – Social Service Provider

Their ability to continue to receive care or knowing how or where to receive care. – Social Service Provider

Lack of professional resources for care. – Community Leader

A lack of therapeutic options. – Social Service Provider

Access to help. – Community Leader

Lack of resources, services, and available providers. Many people are unable to receive services or a provider for at least two months after being identified with a disorder or need for assistance. – Community Leader

Getting access to care. Many times, they are turned away from our mental health facility. When your mental health facility doesn't take their own staff into account for needing a mental health day, you know there is a problem! This was especially true during the height of the pandemic. Our community needs more help in this area. – Community Leader

Access to mental health professionals and assessment of mental health individuals. – Social Service Provider

There are minimal resources available. Patients cannot get into Four County. We do not have any psychiatry services at LMH, and therapists are booked out months in advance. – Other Health Provider

Being able to get in to see a therapist. Affordability of seeking help. – Social Service Provider

Services are available but there's more demand than can be handled. Four County has a bad reputation, especially among first-time users of mental health services because face time with provider is often 10-15 minutes. Also, appointments are frequently canceled, and patients don't get contacted, so they show up and told they cannot be seen. – Other Health Provider

Lack of services and timeliness. – Other Health Provider

## Denial/Stigma

So many people have mental health issues and are concerned about the stigma that goes with it. They do not want to admit they have concerns. – Other Health Provider

Being scared to ask for help. – Other Health Provider

Stigma, lack of recognition of mental health issues, lack of health literacy in understanding that mental health issues are treatable conditions. Lack of access to high-quality mental health services. – Social Service Provider

Although it has come a long way, there's still a lot of stigma. Many people don't want to go to appointments where they may see people they know, due to feeling embarrassed. We also do not have very many providers in comparison to those with mental health needs. Some of the providers at the lower, less educated levels do not care about their clients as they should. There's also a lack of education with mental health. Many may not understand what they're feeling, because they've never been educated on it before. – Social Service Provider

The stigma that is still associated with mental health issues. Understanding the issues and treatments in the general community. – Community Leader



I think there are two big challenges for mental health issues in the community. There is a stigma around mental health, and I think people that need the help don't get it in fear of feeling isolated or like there is something wrong with them. But on the other hand, I think there is a lack of help if you want to find it. There are not many counselors available, and if you find one -- it's almost impossible to be seen by one. If you want the help, you can't get it. And if you need the help, you're denying that you do and don't seek it -- leading to suicide, substance abuse disorders, and having a crisis vs. solution. – Other Health Provider

Still a stigma associated with it. Access to outpatient or counseling services they need. Long wait list at the hospital for an appointment with a behavioral health provider, which can be months out. – Community Leader

## Incidence/Prevalence

We provide a lot of assistance in the area, but it seems to be an increasing issue. It isn't just in our community, but in society in general. – Community Leader

Mental health problems have become more widespread the last two to three years, and suicides, drug overdoses, and related issues are higher than ever before. – Community Leader

Many people are struggling with mental health issues. People also are struggling with how to get along and cope with disappointment. Many acting out behaviors in both adults and children. – Community Leader

The mental health status for Cass County is terrible. It is not just for Cass County, but a systemic problem for Medicaid payers. – Social Service Provider

I have been a nurse at the high school for 12 years. There has been an enormous increase of students with anxiety and depression. They do not know how to cope. Their parents don't know how to help, or don't understand that they truly need help. There has also been a shift in how mental health is seen. Some students choose to wear anxiety and depression as a badge and use it as an excuse for everything. There is also a lot more self-diagnosing going on. – Other Health Provider

I see a lot of depression and a sense of not belonging within the community. I think this is a big problem for the young people in our schools. – Social Service Provider

## Awareness/Education

People don't understand their illness, and I feel there is more after COVID. – Other Health Provider

They are unsure who to turn to for help. Many are not satisfied with the assistance they receive from Four County. – Other Health Provider

Coping skills and where to seek information in a timely manner. – Community Leader

Mental health is an issue in Cass County, and I feel that the disconnect is not knowing where to go to find the resources. – Community Leader

## Diagnosis/Treatment

I feel like some people with mental health issues are not getting their problems treated. I think COVID made it worse in our community. We have people that need support or help that are not getting it. If they are going to get help, they have negative experiences and then stop going to get help. – Social Service Provider

We have a state hospital transition and Four County transition programs that release mental health patients into the community. We also face same mental health challenges that all communities face and with lower wage rates, these traditionally produce higher mental and emotional health issues. – Community Leader

We have many facilities in our community with the mental health focus. Not sure what the long-term treatment plans are and do they remain in our community or relocate. – Community Leader

## Lack of Providers

I feel we have programs in place for our community members with mental health issues, but we lack enough people working for these programs. The workers are far outnumbered by the number of people suffering from mental health issues. The jail is also housing mentally challenged people that would be better served by the state hospital. We need to focus on better pay for people willing to serve our community with our mental health crisis. A friend of mine cannot afford daycare for her two children on the money she makes, so she is having to leave her job. She is a huge asset to the clients she worked with and enjoys what she does. This is a travesty. – Social Service Provider

There are not enough providers available for the mental health needs that we have in our population. – Other Health Provider

Lack of access to providers and resources. Information is difficult to find related to needs. – Community Leader

## Affordable Care/Services

Cost. Many people can't afford counseling. Stigma. Many are embarrassed to ask for help. – Community Leader



## Follow-Up/Support

I feel the most challenging issue for families to receive mental health services is that families need to have a family advocate to assist with getting clients to appointments as well as supporting them so that they understand it is not just getting services but staying the course. I believe that having a family advocate to check in with the family to make sure that the schedules are being followed so that they don't have issues of no-call/no-show. Many of these families need support when talking to the med clinic and/or therapist to properly explain life from their perspective. – Social Service Provider

## Homelessness

We have so many unhealthy people walking our streets. The mentally imbalanced population of homeless people has skyrocketed. With the closure of the Mental Health Association several years ago, we have struggled to come up with a solution for those who were left behind. Four County is average at best due to lack of qualified employees who will properly counsel without simply prescribing medication. Schools do better, but still lack proper mental health support for children. Introducing the concept of mental health at a younger age is proven to be effective. As a whole, our community fails to do this. – Social Service Provider

## Co-Occurrences

Depression and anxiety. – Social Service Provider

## Housing

Residential and independent living issues. – Community Leader

## Prevention/Screenings

Prevention of the development of mental health issues. – Physician

## Stress

Stress is everywhere. People on average stress all day long. It just doesn't go away. Going to a medical doctor for help and admitting you need help. – Social Service Provider





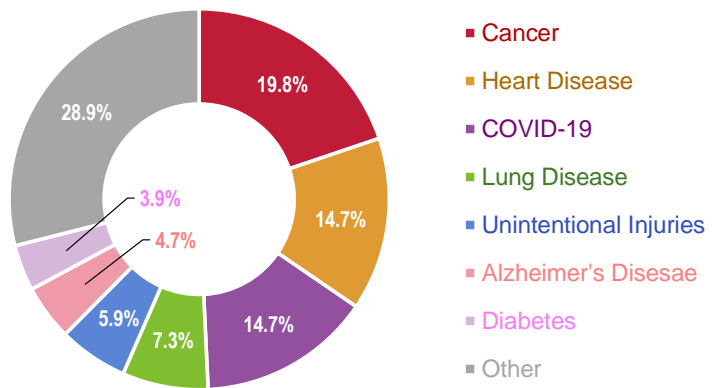
# DEATH, DISEASE & CHRONIC CONDITIONS

# LEADING CAUSES OF DEATH

## Distribution of Deaths by Cause

Cancers, heart disease, and COVID-19 combined to account for nearly one-half of all deaths in Cass County in 2020.

Leading Causes of Death  
(Cass County, 2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

## Age-Adjusted Death Rates for Selected Causes

### AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Indiana and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Cass County.

Each of these is discussed in greater detail in subsequent sections of this report.

### Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

	Cass County	Indiana	US	HP2030
<b>Malignant Neoplasms (Cancers)</b>	177.5	163.9	146.5	122.7
<b>Coronavirus Disease/COVID-19 [2020]</b>	137.3	103.2	85.0	—
<b>Diseases of the Heart</b>	135.0	181.1	164.4	127.4*
<b>Unintentional Injuries</b>	71.5	59.4	51.6	43.2
<b>Chronic Lower Respiratory Disease (CLRD)</b>	63.4	55.7	38.1	—
<b>Falls (Age 65+) [2011-2020]</b>	51.7	41.5	61.6	63.4
<b>Diabetes</b>	40.4	26.9	22.6	—
<b>Cerebrovascular Disease (Stroke)</b>	35.7	40.3	37.6	33.4
<b>Alzheimer's Disease</b>	33.8	33.1	30.9	—
<b>Motor Vehicle Deaths</b>	21.1	12.6	11.4	10.1
<b>Intentional Self-Harm (Suicide) [2016-2020]</b>	17.7	15.4	13.8	12.8
<b>Kidney Disease</b>	17.6	17.4	12.8	—
<b>Drug-Induced [2011-2020]</b>	17.1	25.5	19.9	—
<b>Septicemia</b>	12.6	14.1	9.8	—
<b>Cirrhosis/Liver Disease [2016-2020]</b>	11.8	12.4	11.5	10.9
<b>Pneumonia/Influenza [2011-2020]</b>	9.6	13.6	14.4	—

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.

Note: • \*The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.



# CARDIOVASCULAR DISEASE

## ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Heart Disease & Stroke Deaths

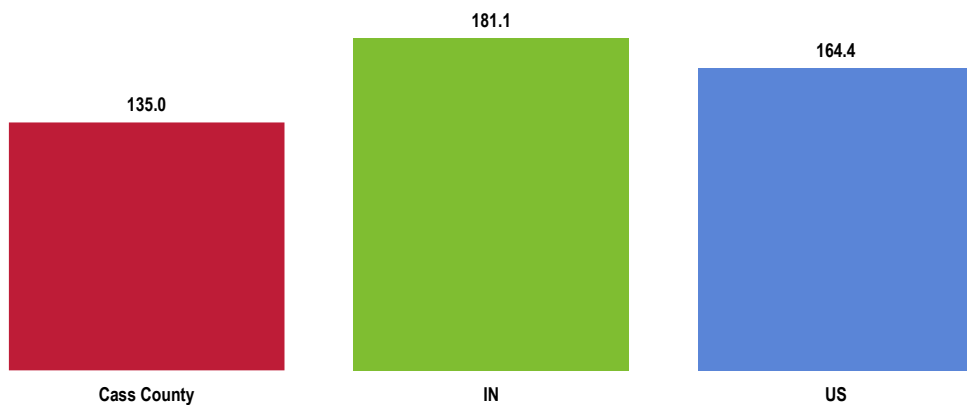
### Heart Disease Deaths

**Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 135.0 deaths per 100,000 population in Cass County.**

**BENCHMARK** ▶ More favorable than state and national rates. Similar to the Healthy People 2030 objective.

**TREND** ▶ Decreasing significantly to the lowest level recorded within the service area in the past decade.

**Heart Disease: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

The greatest share of cardiovascular deaths is attributed to heart disease.





## Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
<span style="color: red;">—</span> Cass County	186.3	194.6	173.8	170.0	169.9	165.7	152.2	135.0
<span style="color: green;">—</span> IN	187.3	185.8	183.7	181.9	182.0	181.5	180.9	181.1
<span style="color: blue;">—</span> US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

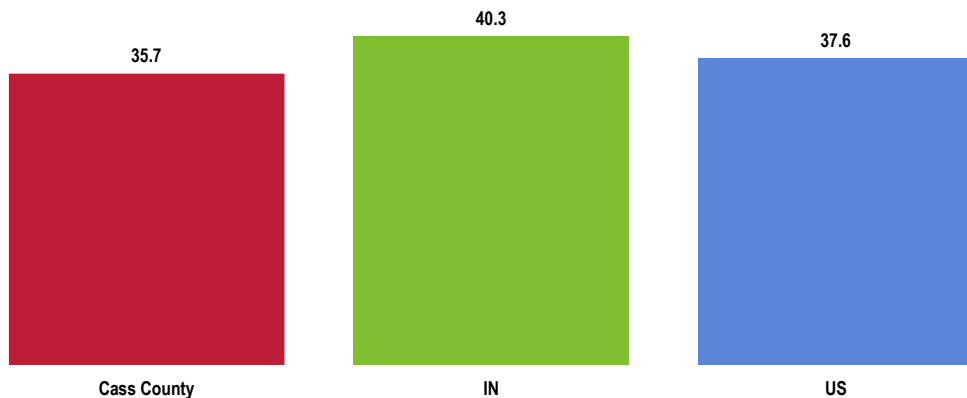
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

## Stroke Deaths

**Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 35.7 deaths per 100,000 population in Cass County.**

**TREND** ► Denotes a significant decrease within the service area over time.

## Stroke: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



## Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Cass County	42.3	38.2	36.7	35.4	41.2	38.4	42.4	35.7
— IN	42.5	41.7	40.5	40.1	39.6	39.7	40.3	40.3
— US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

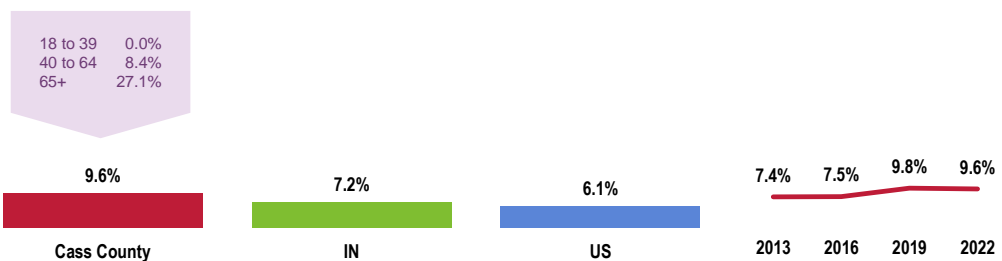
**A total of 9.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.**

**BENCHMARK** ▶ Worse than the national finding.

**DISPARITY** ▶ More prevalent among seniors (age 65+).

### Prevalence of Heart Disease

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Indiana data.  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
• Includes diagnoses of heart attack, angina, or coronary heart disease.



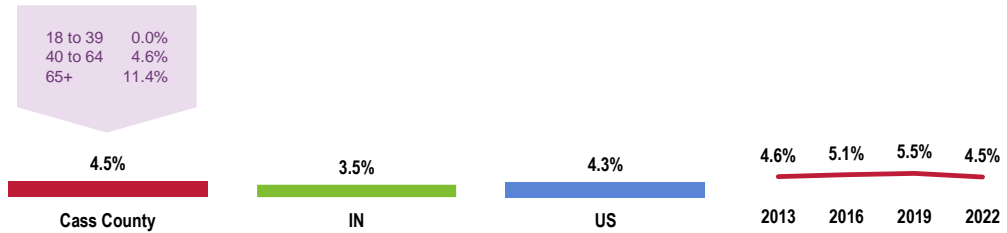
## Prevalence of Stroke

A total of 4.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► More prevalent among seniors (age 65+).

### Prevalence of Stroke

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 33]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Cardiovascular Risk Factors

### Blood Pressure & Cholesterol

A total of 45.0% of Cass County adults have been told by a health professional at some point that their **blood pressure** was high.

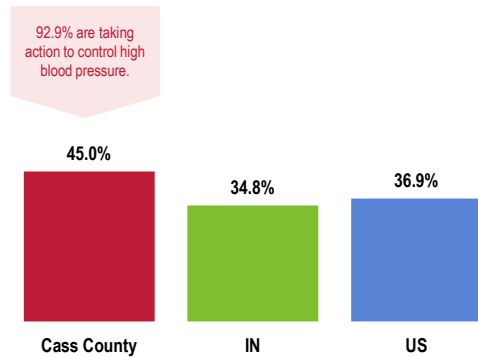
BENCHMARK ► Worse than state and national percentages. Far from satisfying the Healthy People 2030 objective.

A total of 33.0% of adults have been told by a health professional that their **cholesterol level** was high.

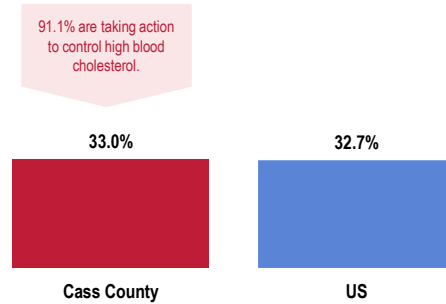


## Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



## Prevalence of High Blood Cholesterol

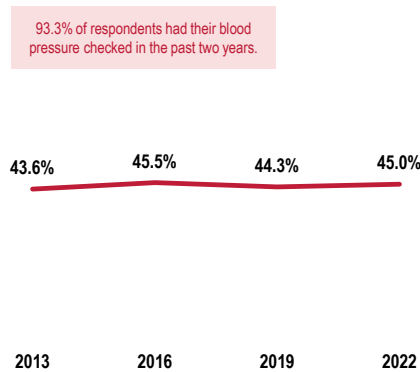


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

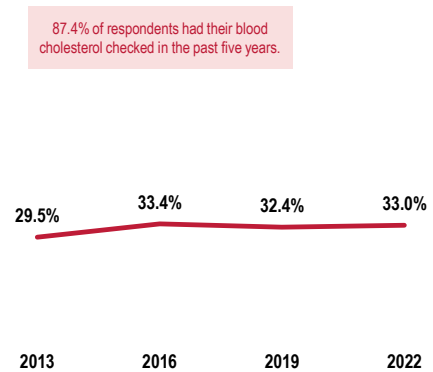
Notes: • Asked of all respondents.

## Prevalence of High Blood Pressure (Cass County)

Healthy People 2030 = 27.4% or Lower



## Prevalence of High Blood Cholesterol (Cass County)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 42, 45, 129, 130]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



## Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

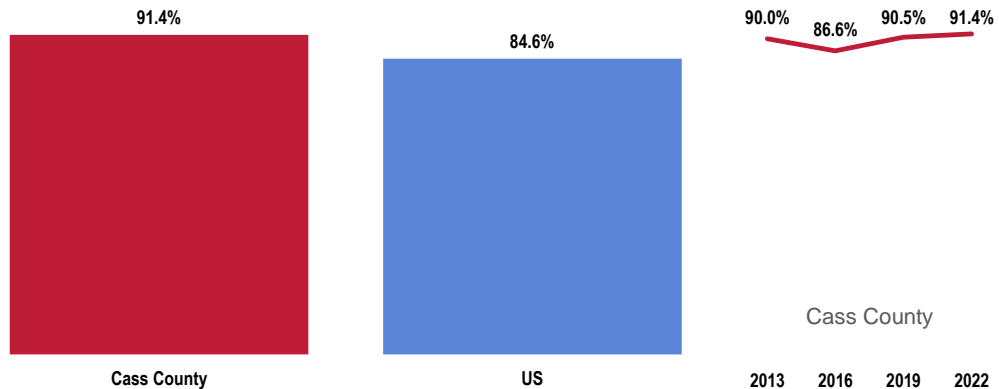
**A total of 91.4% of Cass County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

**BENCHMARK** ▶ Less favorable than the US finding.

**DISPARITY** ▶ More often reported among adults age 40+.

**RELATED ISSUE**  
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

### Present One or More Cardiovascular Risks or Behaviors

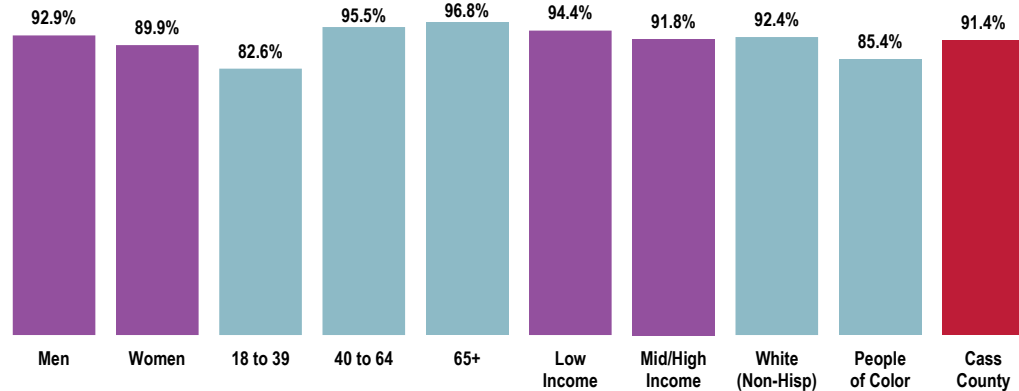


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 131]  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.  
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



## Present One or More Cardiovascular Risks or Behaviors (Cass County, 2022)

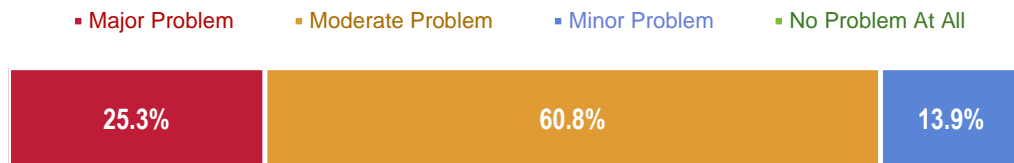


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 131]  
 Notes: • Reflects all respondents.  
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

## Key Informant Input: Heart Disease & Stroke

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

### Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2022)



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

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

#### Lifestyle

- I feel there are many people who are not living a healthy lifestyle and other factors causing this. COVID. – Other Health Provider
- Smoking, sedentary lifestyle, poor eating habits, lack of affordable healthy food choices. – Other Health Provider
- Our community has poor health due to nutrition, exercise, and tobacco use. – Community Leader
- Unhealthy lifestyle, high diet of fast food, low exercise. – Community Leader
- The lack of care people take of themselves with diet, exercise, and smoking. – Community Leader

#### Obesity

- Due to obesity, uncontrolled diabetes, and family history, many people have heart disease. – Other Health Provider
- The increased prevalence of obesity increases the risk of heart disease and stroke. – Other Health Provider



Again, obesity. – Social Service Provider

## Awareness/Education

We have a community where the majority is not well-educated and are very overweight. Oftentimes they are not aware that there is a problem until it is too late. – Other Health Provider

Heart disease is one of the leading causes of death in our community. I think this is, in part, due to a lack of education around nutrition and health. Many people don't care about preventative healthcare, so they wait until the last minute to see a doctor. We are also high in other risk factors for heart disease: tobacco and other substance abuse, obesity. – Social Service Provider

## Incidence/Prevalence

Community members are diagnosed with these diseases at a larger percentage than other communities. Many are unable to work because of these health problems. – Community Leader

Know of many people diagnosed with these issues. – Community Leader

## Access to Care/Services

Most major heart disease and stroke is sent to Indianapolis or Lafayette. Best practice for heart is 90 minutes from door to balloon. This presents a major problem for Logansport. – Social Service Provider

## Aging Population

Our population is older than most communities. Heart disease is a major disease/problem throughout the United States and our community is no different. – Community Leader

## Disease Management

The number of noncompliant. – Other Health Provider

## Prevention/Screenings

So many people suffer heart attacks and/or strokes and do not know that they are at risk. Preventative care is so important to keep these people aware of the risk factors and maybe avoid future problems. – Community Leader



# CANCER

## ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

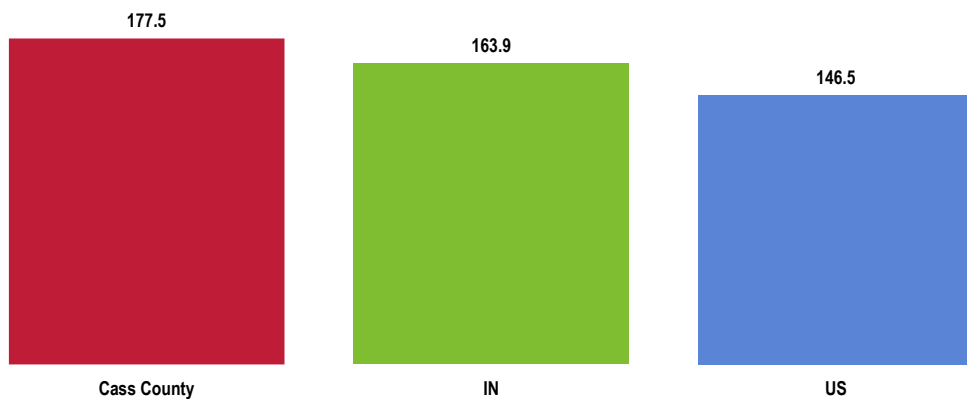
## Age-Adjusted Cancer Deaths

### All Cancer Deaths

**Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 177.5 deaths per 100,000 population in Cass County.**

**BENCHMARK** ▶ Less favorable than the national rate. Fails to satisfy the Healthy People 2030 objective.

**Cancer: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 122.7 or Lower



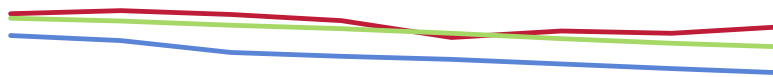
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>





## Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Cass County	186.0	188.2	185.6	181.4	170.2	174.5	173.0	177.5
— IN	183.1	181.2	178.5	176.2	172.9	169.4	166.4	163.9
— US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

## Cancer Deaths by Site

**Lung cancer is by far the leading cause of cancer deaths in Cass County.**

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

### BENCHMARK

Lung Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Satisfies the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

## Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

	Cass County	Indiana	US	HP2030
<b>ALL CANCERS</b>	<b>177.5</b>	<b>163.9</b>	<b>146.5</b>	<b>122.7</b>
<b>Lung Cancer</b>	<b>44.4</b>	<b>42.7</b>	<b>33.4</b>	<b>25.1</b>
<b>Female Breast Cancer [2016-2020]</b>	<b>18.1</b>	<b>20.4</b>	<b>19.7</b>	<b>15.3</b>
<b>Prostate Cancer [2016-2020]</b>	<b>17.0</b>	<b>19.1</b>	<b>18.7</b>	<b>16.9</b>
<b>Colorectal Cancer</b>	<b>14.1</b>	<b>14.6</b>	<b>13.1</b>	<b>8.9</b>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



# Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

**The highest cancer incidence rates are for female breast cancer and lung cancer.**

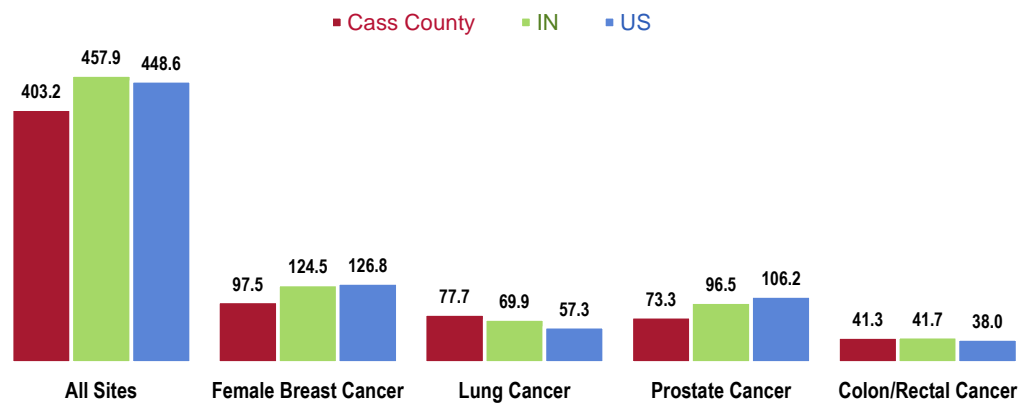
## BENCHMARK

Female Breast Cancer ▶ Lower than both state and national rates.

Lung Cancer ▶ Higher than the national rate.

Prostate Cancer ▶ Lower than both state and national rates.

**Cancer Incidence Rates by Site**  
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources: • State Cancer Profiles.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).  
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

# Prevalence of Cancer

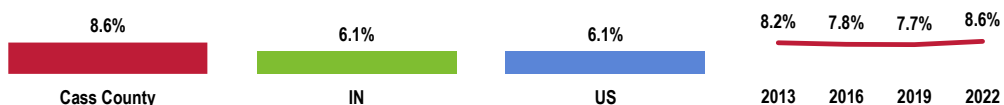
## Skin Cancer

**A total of 8.6% of surveyed Cass County adults report having been diagnosed with skin cancer.**



## Prevalence of Skin Cancer

Cass County



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 28]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2019 data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

## Other Cancers

**A total of 7.7% of survey respondents have been diagnosed with some type of (non-skin) cancer.**

## Prevalence of Cancer (Other Than Skin Cancer)

Cass County



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 27]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2019 data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



## ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
  - According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE  
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

## Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

### FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

### CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

### COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.



Among women age 50-74, 78.4% have had a mammogram within the past 2 years.

Among Cass County women age 21 to 65, 61.9% have had appropriate cervical cancer screening.

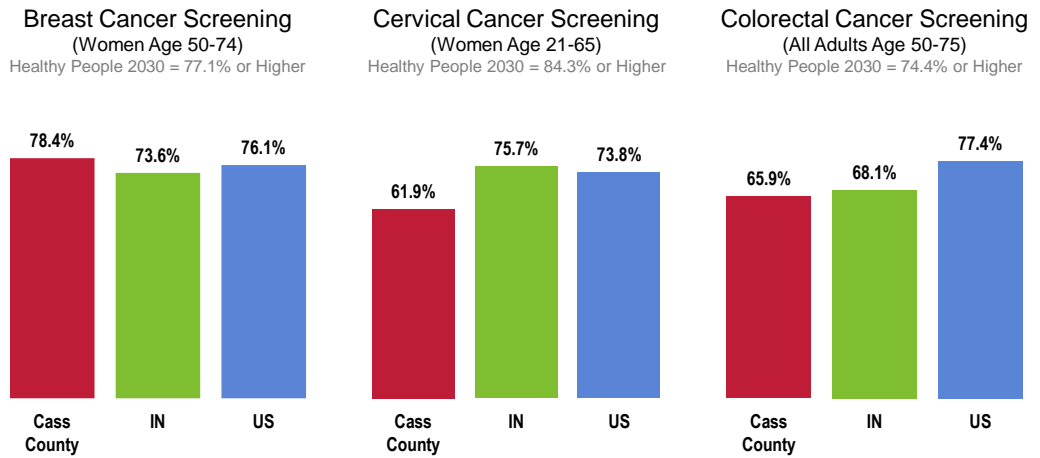
**BENCHMARK** ▶ Lower than state and national percentages. Fails to satisfy the Healthy People 2030 objective.

Among all adults age 50-75, 65.9% have had appropriate colorectal cancer screening.

**BENCHMARK** ▶ Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

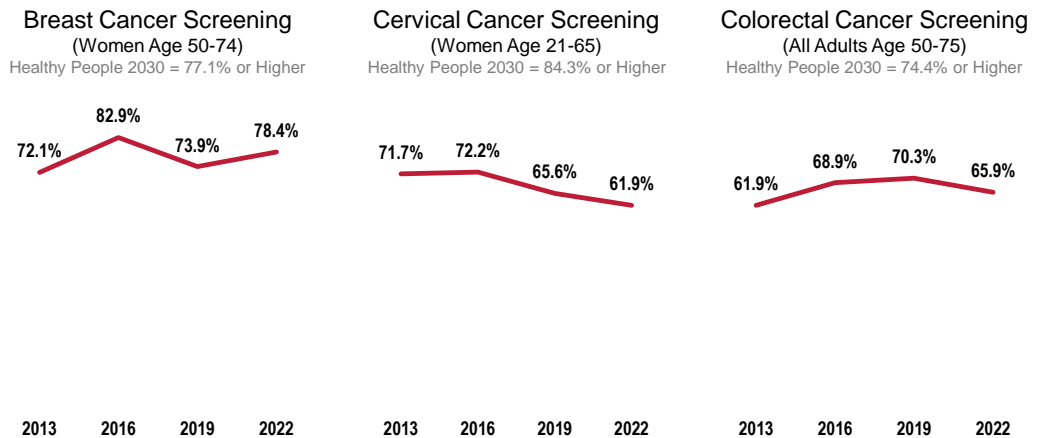
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 65.

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.



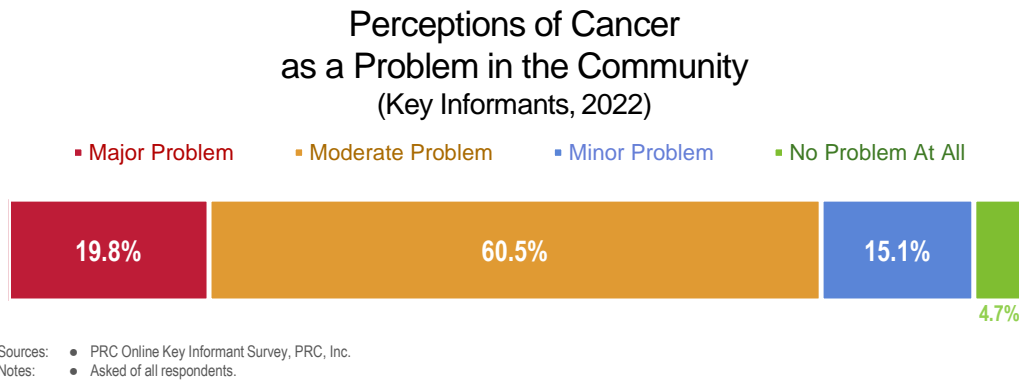
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.



# Key Informant Input: Cancer

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



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

## Incidence/Prevalence

So many people have it and have died from it. – Community Leader

I feel there are many people dealing with cancer. I am aware that LMH has added a cancer center. – Other Health Provider

We have a lot of cancer diagnoses in our community. I believe our county is one of the highest in the state of Indiana. – Community Leader

We have a high rate of cancer in our area and surrounding areas. Whether it be an increase in cancer-causing pollutants or a lack of health check-ups to catch cancer early on, we have a high rate of people being diagnosed with cancer and oftentimes with serious diagnoses. – Other Health Provider

Cass County has one of the highest rates in the state. – Social Service Provider

Many people are diagnosed. There is an appearance that a higher percentage of our area's population is diagnosed with cancer than other areas. – Community Leader

Cancer rates seem to be high and impact almost everyone. – Social Service Provider

There are several different types of cancer to have, and it appears that the ratio of people having cancer is going up. – Community Leader

Logansport has recently added a cancer center to their hospital. That tells me there is a need for it. Along with almost anyone you hear has cancer. – Social Service Provider

Many people being diagnosed and treated. – Community Leader

For the size of our community, the number of cancer cases seem to be unusually high. – Social Service Provider

We have a considerable number of cancer cases in Cass County. At one time, we had one of the highest rates per population in Indiana. I have not seen the most recent data. – Social Service Provider

## Awareness/Education

I think lack of education in a variety of areas contributes to this. Schools don't do as well educating children about the danger of smoking, etc. Smoking is a HUGE trend with younger people now. Factories and businesses have not been held accountable locally for protecting employees from toxic work situations and have not been well-educated on expectations for OSHA-compliant work environments. Obesity is a factor in all health issues, including cancer, and that is definitely a problem in our community. – Social Service Provider

## Environmental Contributors

As a community that is industry- and agriculturally-based, there is a higher risk of carcinogenesis. We also have a large population of tobacco use. – Other Health Provider

## Tobacco Use

We have high tobacco use in Cass County, which results in higher-than-normal cancer patients. There are also more chemicals being associated with cancer that are used in agriculture and manufacturing use. – Community Leader



# RESPIRATORY DISEASE

## ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Respiratory Disease Deaths

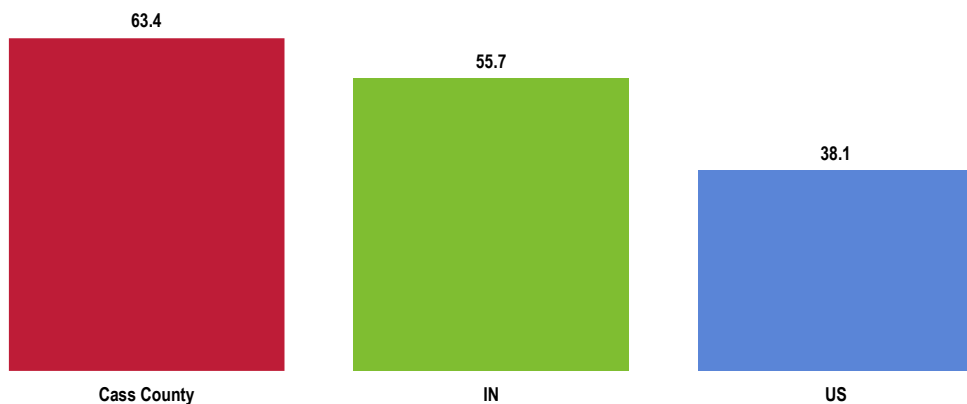
### Chronic Lower Respiratory Disease Deaths (CLRD)

**Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 63.4 deaths per 100,000 population in Cass County.**

**BENCHMARK** ▶ Considerably higher than the US rate.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

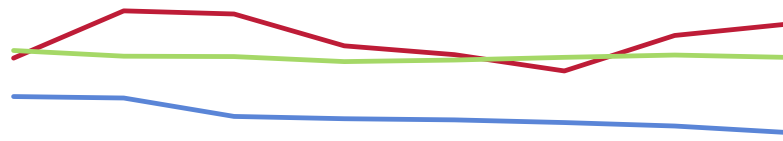
**CLRD: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
Notes: • CLRD is chronic lower respiratory disease.



## CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cass County	55.5	66.6	65.9	58.4	56.3	52.5	60.8	63.4
IN	57.3	56.0	55.9	54.7	55.1	55.7	56.2	55.7
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
Notes: • CLRD is chronic lower respiratory disease.

## Pneumonia/Influenza Deaths

### ABOUT INFLUENZA & PNEUMONIA

**Influenza** (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

**Pneumonia** is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – [www.cdc.gov](http://www.cdc.gov))

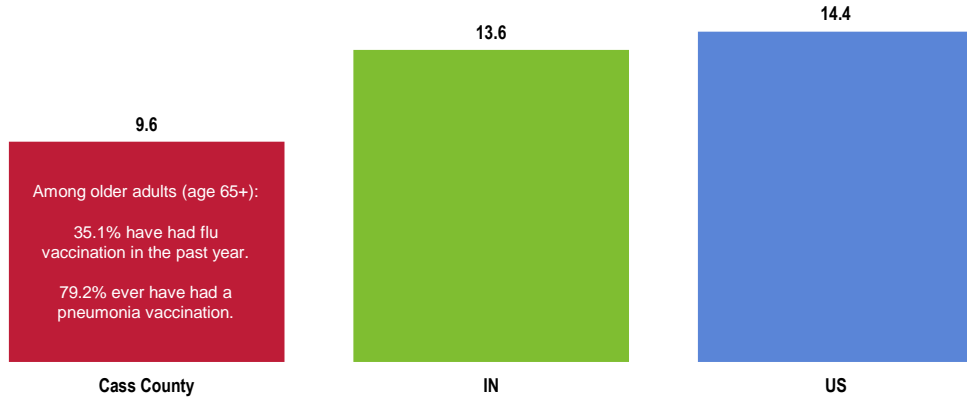
**Between 2011 and 2020, Cass County reported an annual average age-adjusted pneumonia influenza mortality rate of 9.6 deaths per 100,000 population.**

**BENCHMARK** ▶ More favorable than state and national rates.





## Pneumonia/Influenza: Age-Adjusted Mortality (2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 144, 146]  
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

## Prevalence of Respiratory Disease

### Asthma

#### Adults

**A total of 11.1% of Cass County adults currently suffer from asthma.**

**TREND** ▶ Denotes a significant increase over time.

**DISPARITY** ▶ More prevalent among women, lower-income adults, and White respondents.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

### Prevalence of Asthma

Cass County

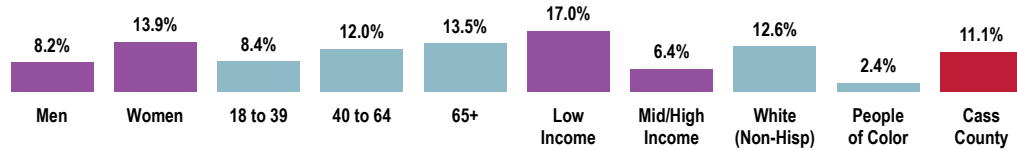


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 138]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.



## Prevalence of Asthma (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 138]  
 Notes: • Asked of all respondents.  
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

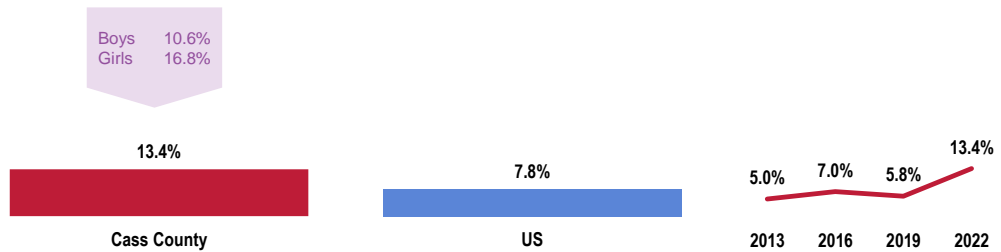
### Children

Among Cass County children under age 18, 13.4% currently have asthma.

**TREND** ▶ Represents a significant increase from previous surveys.

## Prevalence of Asthma in Children (Parents of Children Age 0-17)

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 139]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Includes children who have ever been diagnosed with asthma and are reported to still have asthma.



## Chronic Obstructive Pulmonary Disease (COPD)

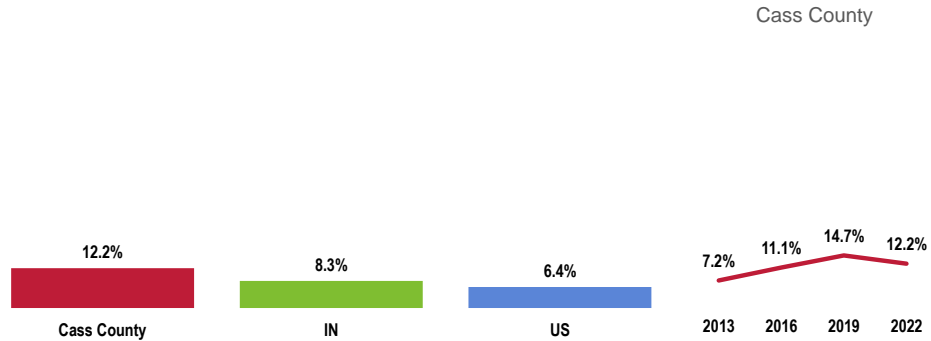
A total of 12.2% of Cass County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

**BENCHMARK** ▶ Higher than found across Indiana and the US.

**TREND** ▶ Marks a significant increase since 2013.

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

### Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 24]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.

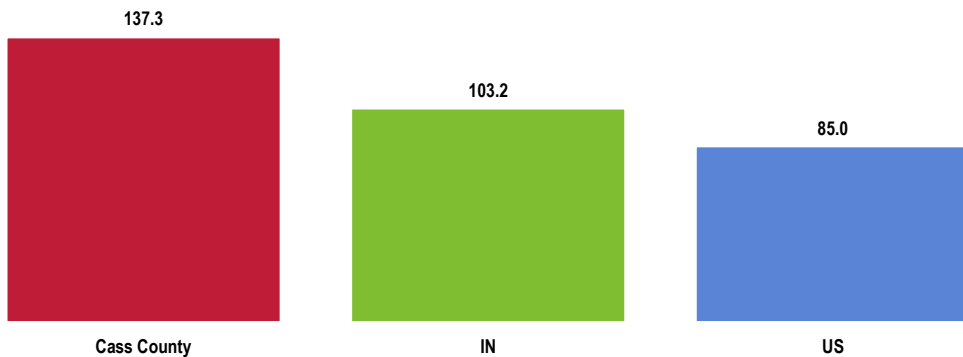
Notes: • Asked of all respondents.  
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

## Coronavirus Disease/COVID-19

In 2020, Cass County reported an annual average age-adjusted Coronavirus Disease/COVID-19 mortality rate of 137.3 deaths per 100,000 population.

**BENCHMARK** ▶ Higher than found across Indiana and the US.

### COVID-19: Age-Adjusted Mortality (2020 Annual Average Deaths per 100,000 Population)

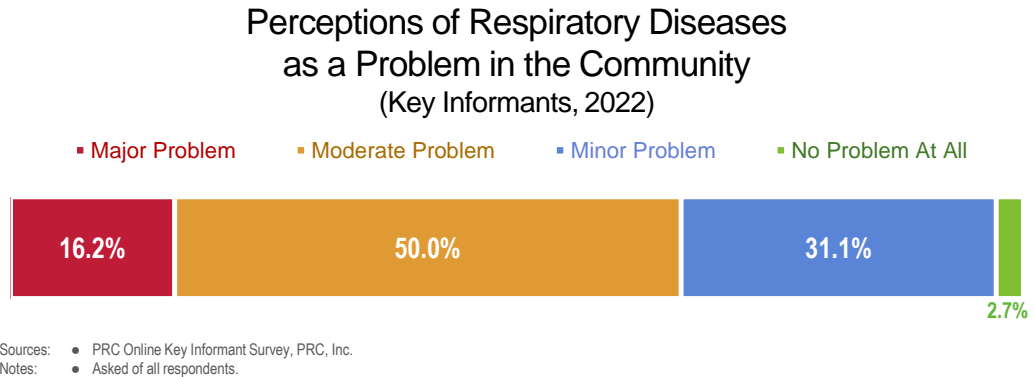


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.



# Key Informant Input: Respiratory Disease

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



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

## Incidence/Prevalence

- Know of many with respiratory issues. – Community Leader
- Many community members diagnosed with COPD, asthma, and other respiratory diseases. They are disabled and unable to work. – Community Leader
- Many people with COPD, emphysema, and asthma. – Other Health Provider
- Many people diagnosed with issues. – Community Leader

## Tobacco Use

- Everyone smokes cigarettes and/or marijuana or vapes. We have minimal pulmonology appointments available. – Other Health Provider
- We have a higher population that smokes. – Community Leader
- Smoking and environmental exposure. – Physician
- Smoking. – Social Service Provider

## Due to COVID-19

- The number of patients that had COVID, as well as the number of emergency room and urgent care visits. – Other Health Provider

## Lack of Specialty Providers

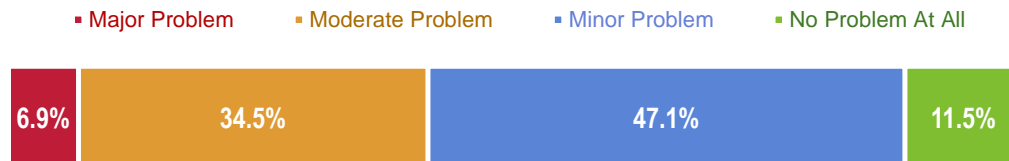
- The hospital does not have pulmonologist regularly. – Community Leader



# Key Informant Input: Coronavirus Disease/COVID-19

Key informants taking part in an online survey generally characterized *Coronavirus Disease/COVID-19* as a “minor problem” in the community.

## Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2022)



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

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

### Awareness/Education

People not taking it seriously, false information, people bothered by masks, politics being more important than health to people. Local leadership not doing its part to educate the public on why measures are necessary. Local funders (community foundation, for example) shy away from “controversial” issues so were not helpful here. The loudest shouts got the most attention, and those shouts came from people believing their rights were being violated and scientists and doctors were lying to them. – Other Health Provider

### Lack of Adherence to Public Health Mitigation Measures

We have many companies that tend to harbor this virus. – Other Health Provider

### Language Barriers

The number of non-English speaking in the community, with lack of interpreters available to educate regarding healthcare. – Other Health Provider

### Vaccination Rates

Low vaccination rates in the county. – Community Leader



# INJURY & VIOLENCE

## ABOUT INJURY & VIOLENCE

**INJURY** ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

**VIOLENCE** ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

**Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 71.5 deaths per 100,000 population in Cass County.**

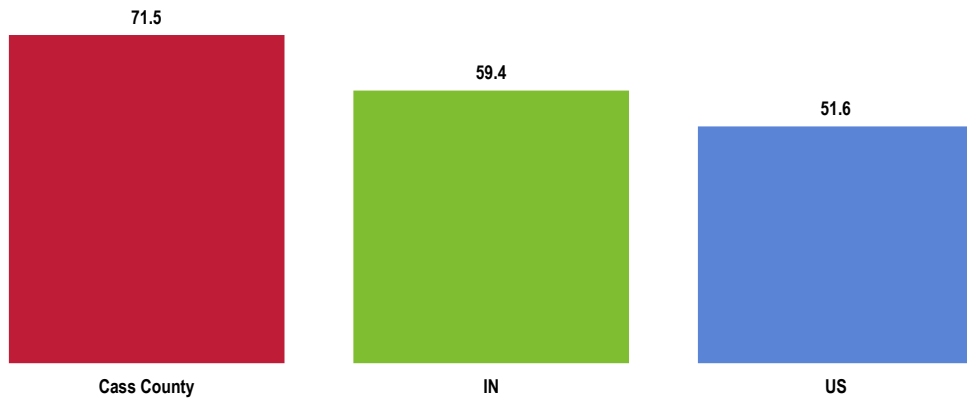
**BENCHMARK** ► Worse than state and national rates. Far from satisfying the Healthy People 2030 objective.

**TREND** ► Increasing significantly to the highest level recorded within the service area in the past decade.



## Unintentional Injuries: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

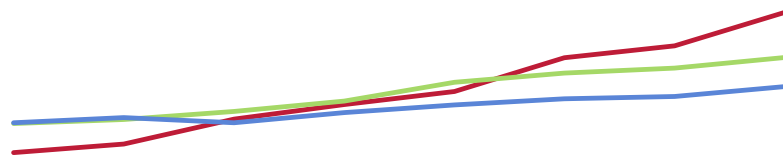
Healthy People 2030 = 43.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

## Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
<span style="color: red;">—</span> Cass County	33.9	36.2	42.9	46.8	50.3	59.3	62.5	71.5
<span style="color: green;">—</span> IN	41.7	42.8	44.9	47.7	52.7	55.2	56.6	59.4
<span style="color: blue;">—</span> US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

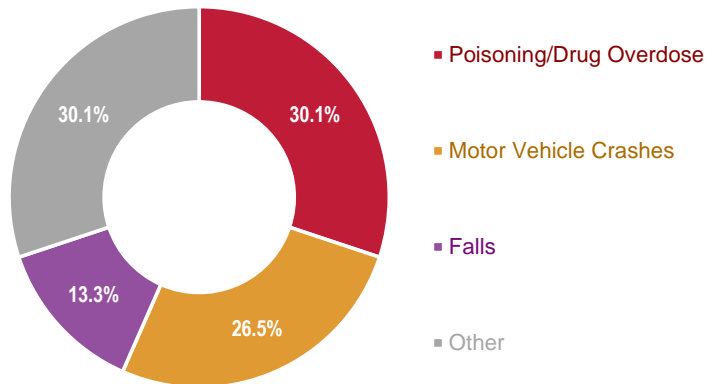


## Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, and falls accounted for most unintentional injury deaths in Cass County between 2018 and 2020.

**RELATED ISSUE**  
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Leading Causes of Unintentional Injury Deaths  
(Cass County, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

## Falls

### ABOUT FALLS

Falls are the leading cause of fatal and nonfatal injuries for persons aged  $\geq 65$  years .... Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

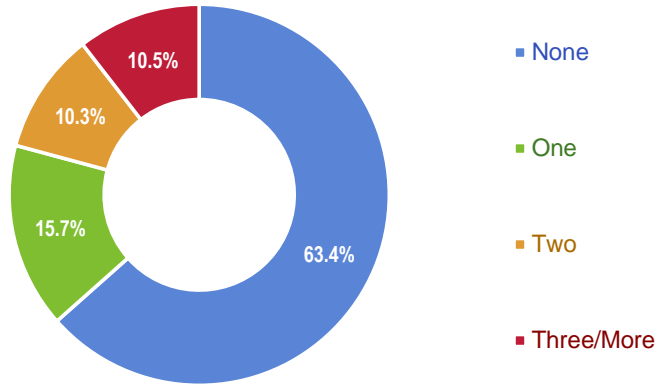
– Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC





Among surveyed Cass County adults age 45 and older, most have not fallen in the past year.

### Number of Falls in Past 12 Months (Adults Age 45 and Older; Cass County, 2022)

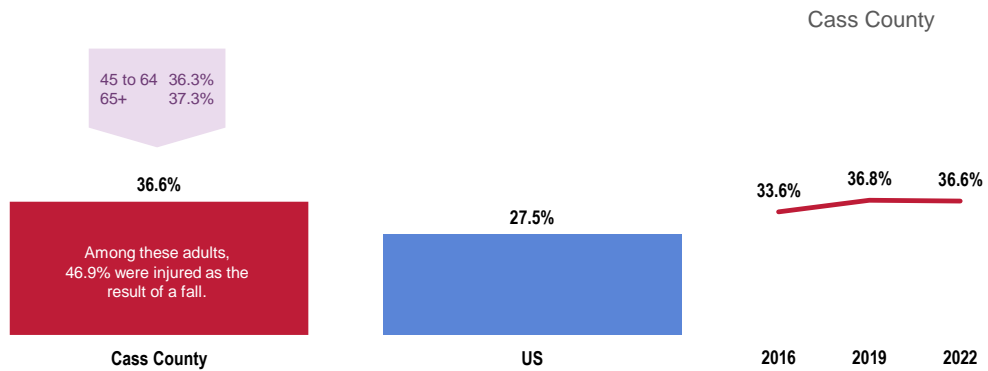


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 107]  
Notes: • Asked of all respondents age 45+.

However, 36.6% have experienced a fall at least once in the past year.

BENCHMARK ► Worse than the national finding.

### Fell One or More Times in the Past Year (Adults Age 45 and Older)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 107-108]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of those respondents age 45 and older.



# Intentional Injury (Violence)

## Violent Crime

### Violent Crime Rates

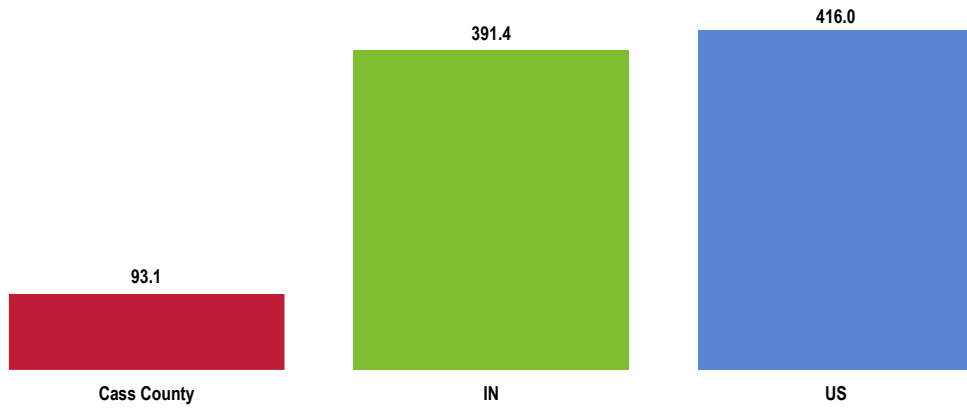
**Between 2014 and 2016, there were a reported 93.1 violent crimes per 100,000 population in Cass County.**

**BENCHMARK** ► Considerably lower than found across the state and US.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

**Violent Crime**  
(Rate per 100,000 Population, 2014-2016)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
  - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

## Community Violence

**A total of 2.1% of surveyed Cass County adults acknowledge being the victim of a violent crime in the area in the past five years.**

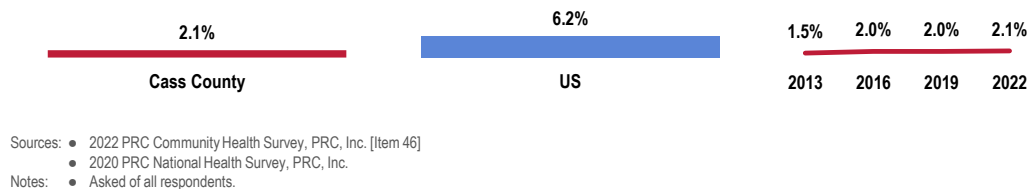
**BENCHMARK** ► Lower than found across the US.

**DISPARITY** ► More often reported among women and adults younger than 65.

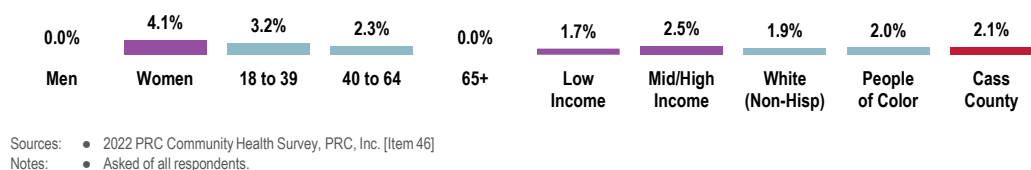


## Victim of a Violent Crime in the Past Five Years

Cass County



## Victim of a Violent Crime in the Past Five Years (Cass County, 2022)



### Intimate Partner Violence

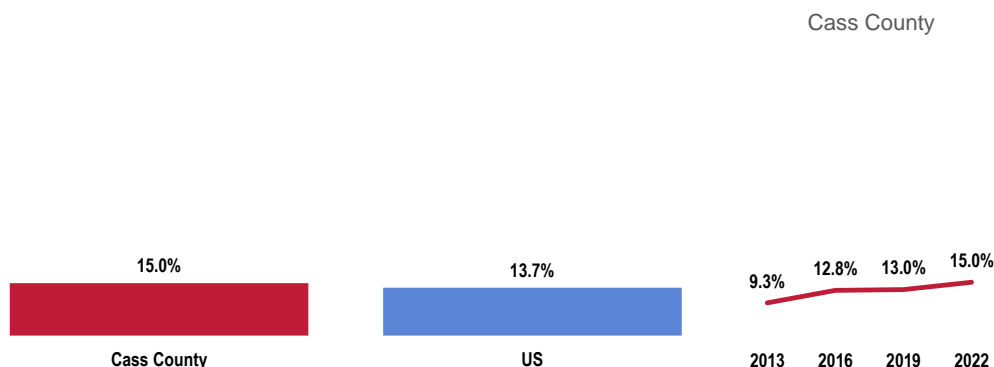
**A total of 15.0% of Cass County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

**TREND** ▶ Denotes a significant increase over time.



## Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

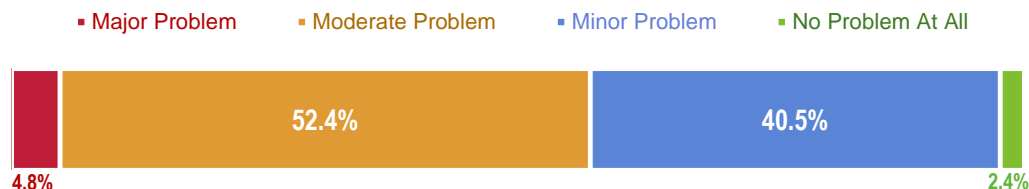


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 47]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Key Informant Input: Injury & Violence

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

### Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2022)



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

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

### Drug Use

I feel the Logansport area has a major drug issue. – Social Service Provider

### Due to COVID-19

Physical and emotional injury have increased substantially since the pandemic. Loneliness and isolation for adults and children, and children not being in school caused increased adverse effects on families. – Other Health Provider

### Incidence/Prevalence

I just read in the paper that there is a lot of violence. – Other Health Provider

### Teen/Young Adult

Our youth are even being violent; they are doing what they are seeing. I think stress and mental health issues are leading to violence. – Social Service Provider

### Child Abuse

Child abuse. – Physician



# DIABETES

## ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

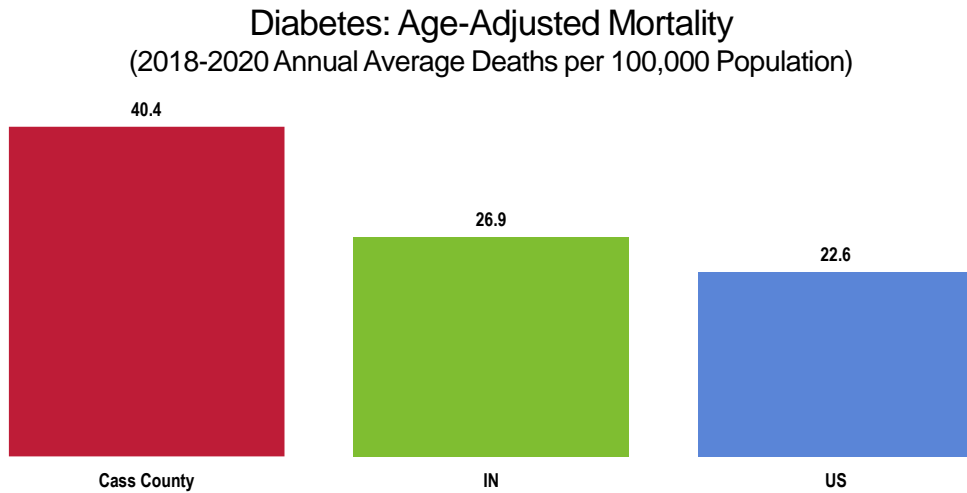
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Diabetes Deaths

**Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 40.4 deaths per 100,000 population in Cass County.**

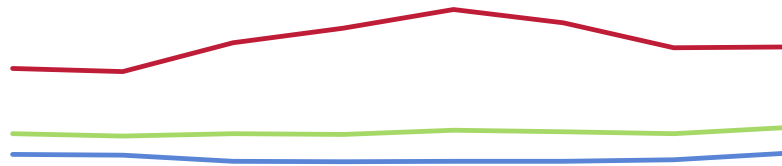
**BENCHMARK** ▶ Less favorable than state and national rates.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.



## Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
<span style="color: red;">—</span> Cass County	36.8	36.3	41.1	43.6	46.7	44.5	40.3	40.4
<span style="color: green;">—</span> IN	25.9	25.5	25.9	25.8	26.5	26.2	25.9	26.9
<span style="color: blue;">—</span> US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

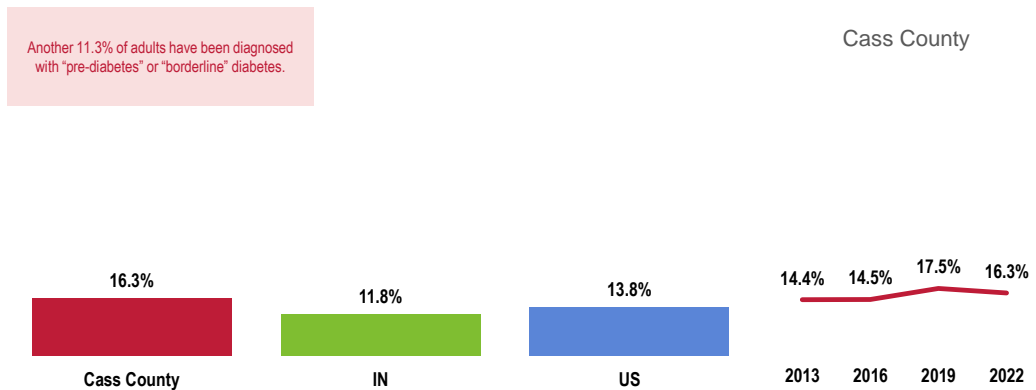
## Prevalence of Diabetes

**A total of 16.3% of Cass County adults report having been diagnosed with diabetes.**

**BENCHMARK** ► Higher than found across Indiana.

**DISPARITY** ► More prevalent among adults age 40+ (especially seniors), lower-income respondents, and White residents.

## Prevalence of Diabetes



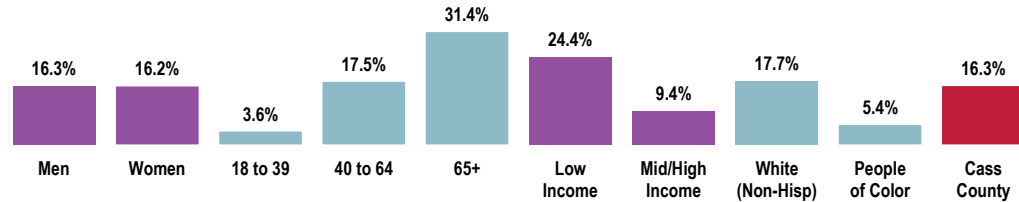
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).



## Prevalence of Diabetes (Cass County, 2022)

Note that among adults who have not been diagnosed with diabetes, 47.7% report having had their blood sugar level tested within the past three years.

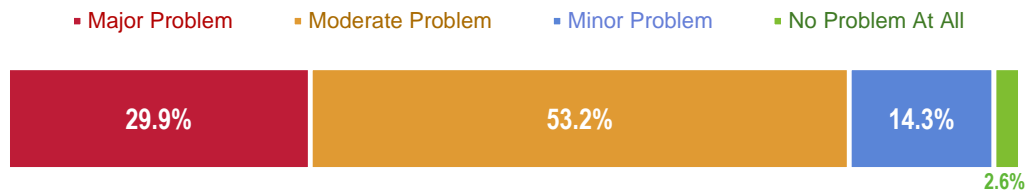


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 37, 140]  
 Notes: • Asked of all respondents.  
 • Excludes gestational diabetes (occurring only during pregnancy).

## Key Informant Input: Diabetes

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

### Perceptions of Diabetes as a Problem in the Community (Key Informants, 2022)



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

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

#### Affordable Medications/Supplies

- Affordable medication options. – Physician
- Affordable medications and access to healthcare and medication. – Other Health Provider
- Getting insulin that is affordable. – Social Service Provider
- Paying for their insulin. – Community Leader

#### Awareness/Education

- Education. People are not getting wellness exams annually to keep track of their numbers. Obesity is a big contributing factor for diabetes, and there are several overweight people in our community. – Community Leader
- Access to proper nutrition education, primary care. – Community Leader
- Support groups, having available diabetes educators, family practice shortage. – Community Leader
- Knowing what foods to eat and having access to good education. – Social Service Provider



## Access to Affordable Healthy Food

Minimal access to good nutritional food resources. Ones that are available are costly compared to unhealthy choices. Also, limited access to nutrition education, unless they are seeking it out. – Community Leader

Especially for adults with type 1 diabetes, lack of healthy options for meals when dining out. Costs of managing/treating. Access to equipment to monitor. No specialists in that area. – Community Leader

My thought is just that it is a symptom of a bigger problem. Access to healthy food, cost, access to physical activity, etc. – Community Leader

## Disease Management

Uncontrolled diabetes and people not taking their type 2 diabetes seriously. – Other Health Provider

Learning how they can help themselves manage their disease through exercise, diet, and life choices. – Community Leader

I think the biggest challenge is getting people to take diabetes seriously. – Community Leader

## Obesity

Obesity. – Other Health Provider

Obesity is the biggest problem, and it is trending up. – Social Service Provider

## Access to Care/Services

Access to care coordination, getting their medications and other accessories they need, screenings to check their sugars, education on how to take care of themselves and live in a new way/live a new lifestyle. – Community Leader

The access to healthcare that is available in a diverse way, culture or language. – Other Health Provider

## Nutrition

Lack of good dietary practices, not just here, but Indiana in general. Cost of insulin. – Other Health Provider

## Incidence/Prevalence

We seem to have a large percentage of our population with this disease. I think Lafayette is the easiest access to dialysis. – Community Leader

## Income/Poverty

Low income. – Social Service Provider





# KIDNEY DISEASE

## ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

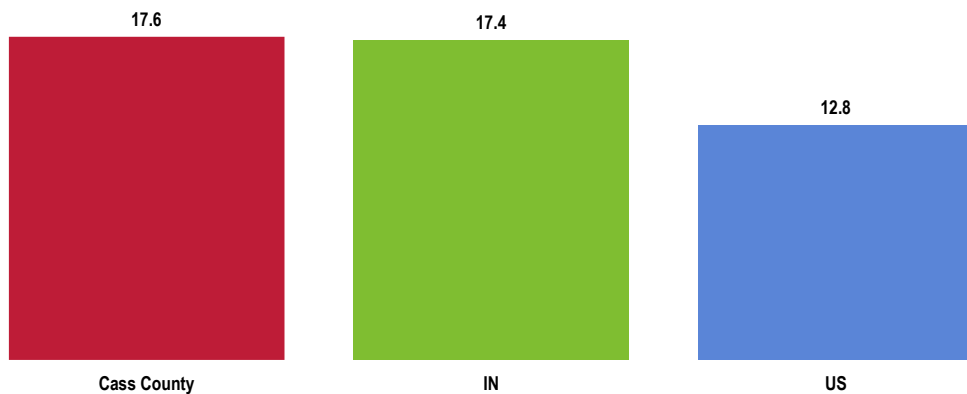
## Age-Adjusted Kidney Disease Deaths

**Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 17.6 deaths per 100,000 population in Cass County.**

**BENCHMARK** ▶ Less favorable than the US rate.

**TREND** ▶ Marks a significant increase within the service area over time.

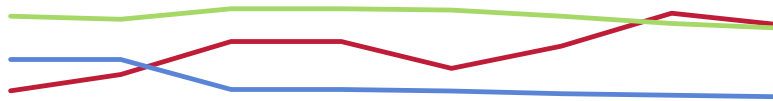
**Kidney Disease: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.



## Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cass County	13.2	14.3	16.5	16.5	14.7	16.2	18.4	17.6
IN	18.2	18.0	18.7	18.7	18.6	18.2	17.7	17.4
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

## Prevalence of Kidney Disease

**A total of 5.4% of Cass County adults report having been diagnosed with kidney disease.**

**BENCHMARK** ▶ Higher than the statewide prevalence.

**TREND** ▶ Represents a significant increase since 2016.

**DISPARITY** ▶ More prevalent among seniors (age 65+) than among younger adults.

## Prevalence of Kidney Disease

Cass County

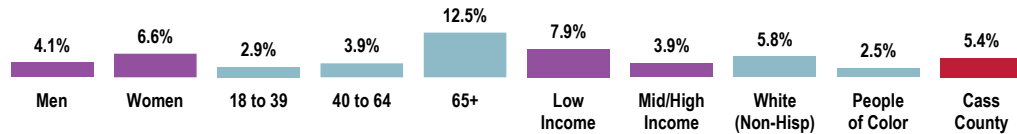


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 30]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



## Prevalence of Kidney Disease (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 30]  
Notes: • Asked of all respondents.

## Key Informant Input: Kidney Disease

Key informants taking part in an online survey most often characterized *Kidney Disease* as a “minor problem” in the community.

### Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2022)



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

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

#### Disease Management

The number of hypertensive patients that are noncompliant with medications or do not understand that taking the medication is a lifelong condition. – Other Health Provider

#### Incidence/Prevalence

Know of several people diagnosed. – Community Leader



# SEPTICEMIA

## ABOUT SEPSIS

Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have — in your skin, lungs, urinary tract, or somewhere else — triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

When germs get into a person's body, they can cause an infection. If that infection isn't stopped, it can cause sepsis. Anyone can get an infection and almost any infection can lead to sepsis. Certain people are at higher risk:

- Adults 65 or older
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
- People with weakened immune systems
- Children younger than one

– Centers for Disease Control (<https://www.cdc.gov/sepsis/what-is-sepsis.html>)

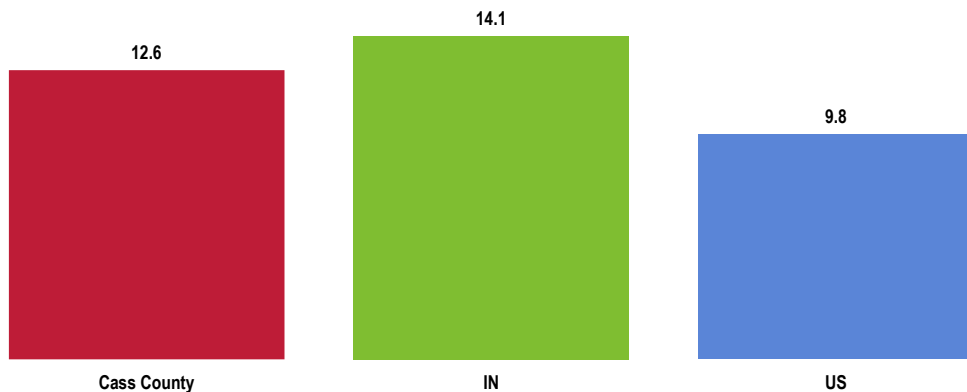
## Age-Adjusted Septicemia Deaths

**Between 2018 and 2020, Cass County reported an annual average age-adjusted septicemia mortality rate of 12.6 deaths per 100,000 population.**

**BENCHMARK** ▶ Less favorable than the national rate.

**TREND** ▶ Marks a significant decrease within the county over time.

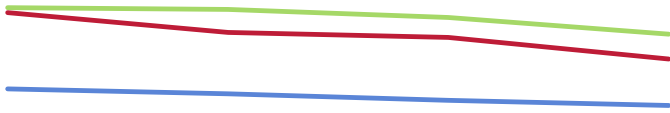
**Septicemia: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.



## Septicemia: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2015-2017	2016-2018	2017-2019	2018-2020
— Cass County	15.4	14.2	13.9	12.6
— IN	15.7	15.6	15.1	14.1
— US	10.8	10.5	10.1	9.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.



# POTENTIALLY DISABLING CONDITIONS

## Multiple Chronic Conditions

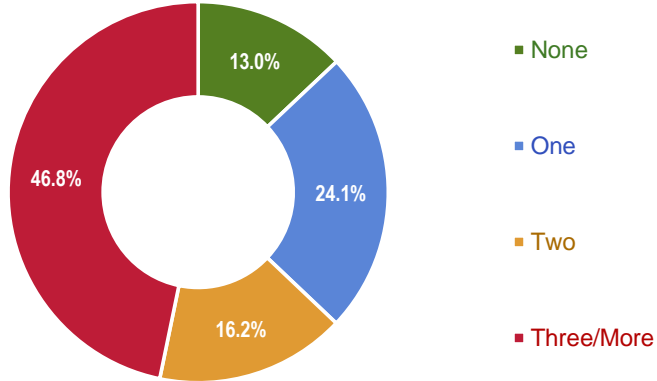
Among Cass County survey respondents, most report currently having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include:

- Arthritis
- Asthma
- Cancer
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Osteoporosis
- Sciatica
- Stroke

Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions  
(Cass County, 2022)



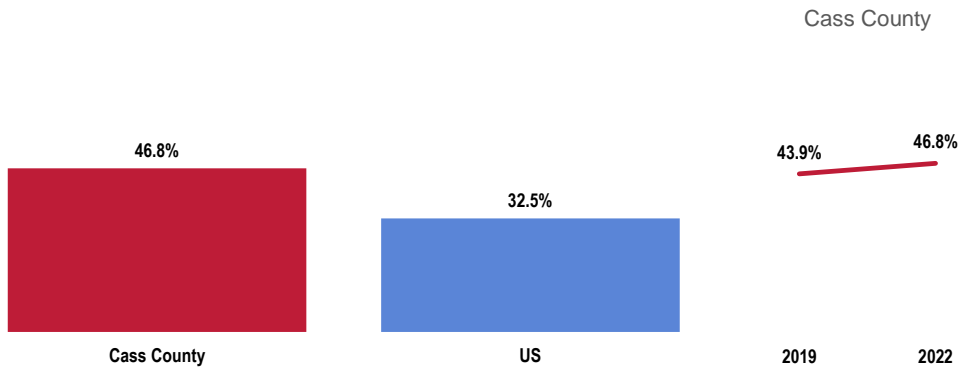
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 143]  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 46.8% of Cass County adults report having three or more chronic conditions.

**BENCHMARK** ► Worse than found across the US.

**DISPARITY** ► More often reported among lower-income adults and White respondents. Note the correlation with age.

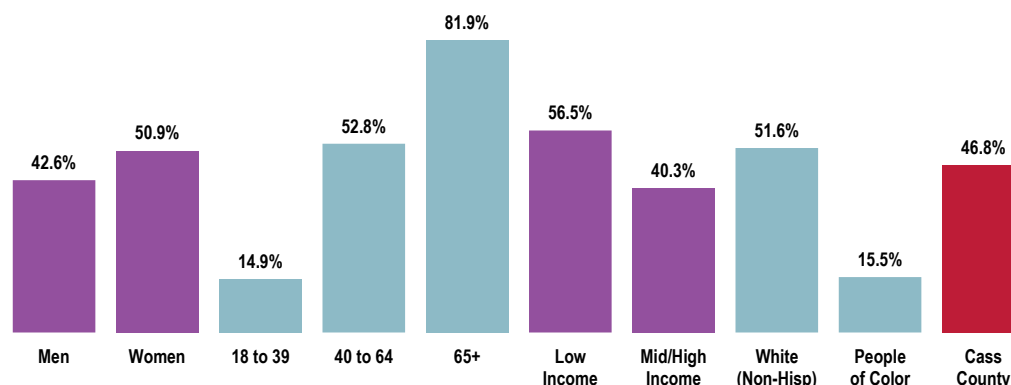
### Currently Have Three or More Chronic Conditions



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 143]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.



## Currently Have Three or More Chronic Conditions (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 143]

Notes: • Asked of all respondents.

• In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

## Activity Limitations

### ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

**A total of 26.0% of Cass County adults are limited in some way in some activities due to a physical, mental, or emotional problem.**

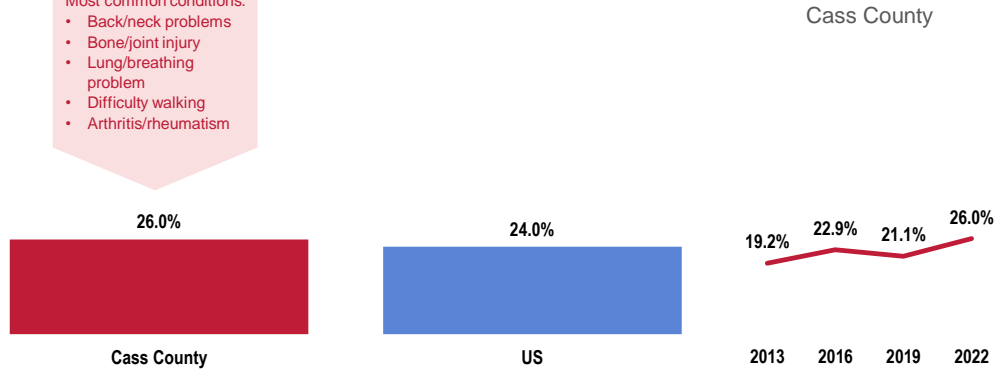
**TREND** ► Marks a significant increase over time.

**DISPARITY** ► More often reported among White respondents.



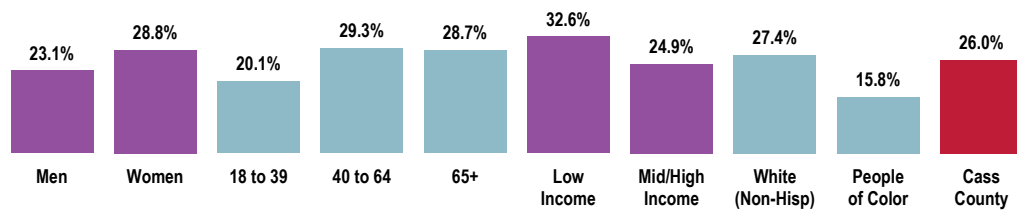
## Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem

- Most common conditions:
- Back/neck problems
  - Bone/joint injury
  - Lung/breathing problem
  - Difficulty walking
  - Arthritis/rheumatism



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 109-110]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 109]  
 Notes: • Asked of all respondents.





# Arthritis, Osteoporosis & Chronic Back Conditions

Four of every 10 Cass County adults age 50 and older (42.0%) report suffering from arthritis or rheumatism.

**BENCHMARK** ▶ Higher than the national percentage.

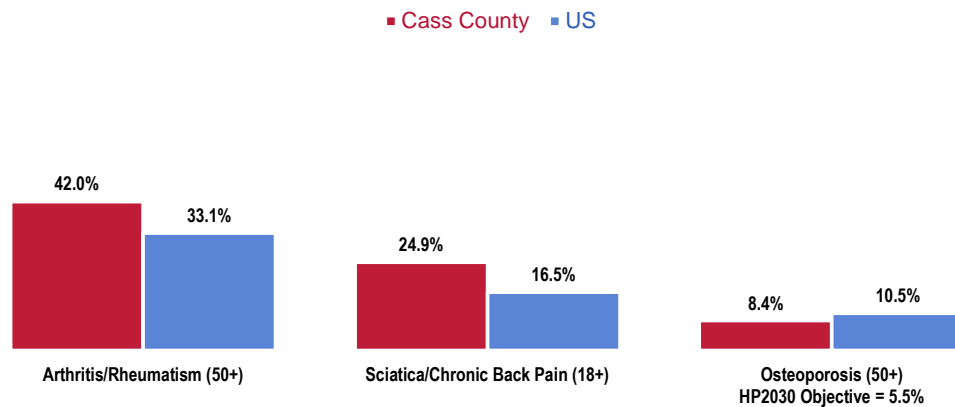
A total of 24.9% of Cass County adults (18 and older) suffer from chronic back pain or sciatica.

**BENCHMARK** ▶ Higher than the national percentage.

A total of 8.4% of Cass County adults age 50 and older have osteoporosis.

**BENCHMARK** ▶ Similar to the Healthy People 2030 objective.

## Prevalence of Potentially Disabling Conditions



Sources: 

- 2022 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

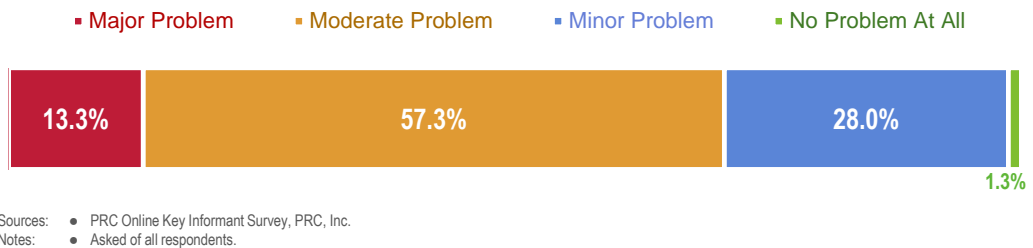
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.



# Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

## Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2022)



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

### Incidence/Prevalence

- I believe that disability and chronic pain are major problems due to the amount of people I have been in contact with that have these issues. Through our line of work, we encounter many people whose only income is from disability (SSI). I do think that there are many people who have been able to work with their disability, especially through Peak’s work. – Social Service Provider
- It seems that there are several in our community who are on government disability. I do not know the reasons why. – Community Leader
- I see many patients who are on disability and have chronic pain. – Other Health Provider
- Community members have these diseases and seek care frequently, or they have these issues and do not seek care until it’s too late. – Community Leader
- Affecting a lot of people for a lot of different reasons. Lifestyle issues, mobility limitations. – Community Leader
- Seems like many are people are on disability in the community. – Social Service Provider
- There is a lot of chronic pain in patients. I believe we need resources that can help patients with this. – Other Health Provider

### Awareness/Education

- Chronic pain appears to be an issue in light of the opioid crisis and looking at it from that standpoint, I feel that more education is needed from an addict’s (in recovery) perspective in order for doctors and others who are involved in the healthcare community to truly understand what we are up against in terms of long-term care for people who are addicted to opioids. It appears to be a piece of the puzzle that is missing. Most addicts do not have a PhD but are very informative about the things that the health care community experiences when working with addicts who are in active addiction but not in recovery. – Other Health Provider

### Multiple Factors

- We are heavier nowadays. Jobs require a lot of lifting, standing, and pulling. Wear and tear from sports when we were children. – Social Service Provider

### Quality of Care

- Poor practices. – Social Service Provider



# Alzheimer's Disease

## ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.<sup>1</sup> Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

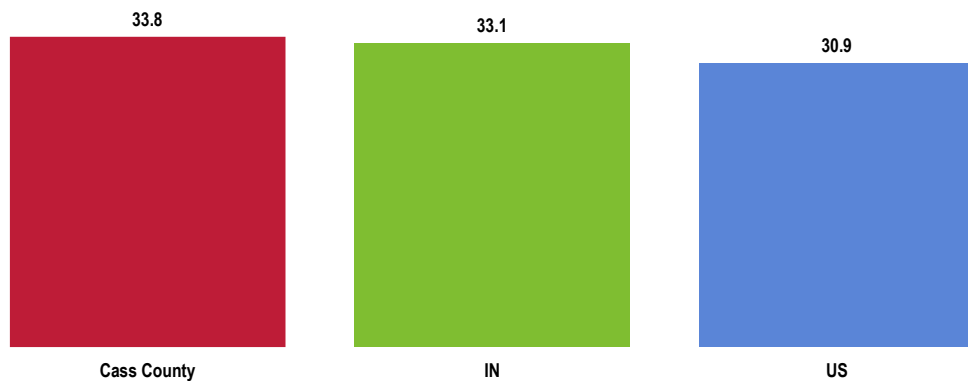
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Alzheimer's Disease Deaths

**Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 33.8 deaths per 100,000 population in Cass County.**

**TREND** ► Increasing significantly to the highest level recorded within the county in the past decade.

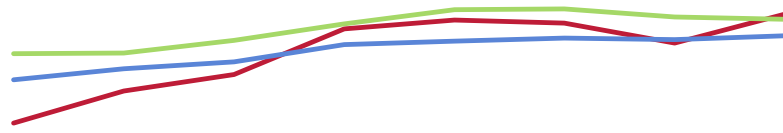
Alzheimer's Disease: Age-Adjusted Mortality  
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.



## Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



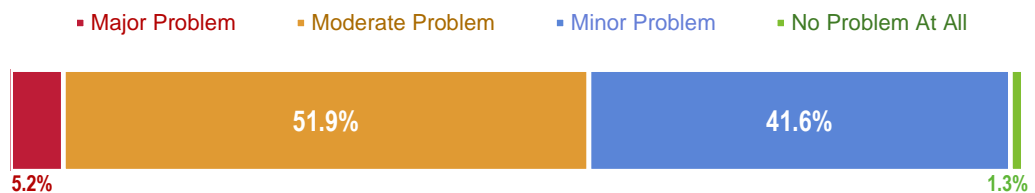
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Cass County	19.2	23.5	25.7	31.8	33.0	32.6	29.9	33.8
— IN	28.5	28.6	30.3	32.5	34.4	34.5	33.4	33.1
— US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

## Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/Alzheimer's Disease* a “moderate problem” in the community.

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2022)



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

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

#### Incidence/Prevalence

I hear of more and more people getting this disease. In addition to having several friends' parents having it, I hear about it a lot more than I used to. – Community Leader

It appears to be very prevalent in Cass County. I do not know the reason why. – Other Health Provider

I believe it is a problem in all communities. Affordable access is difficult for most families. – Community Leader

#### Access to Care/Services

Many of the units at facilities are full. – Other Health Provider

#### Aging Population

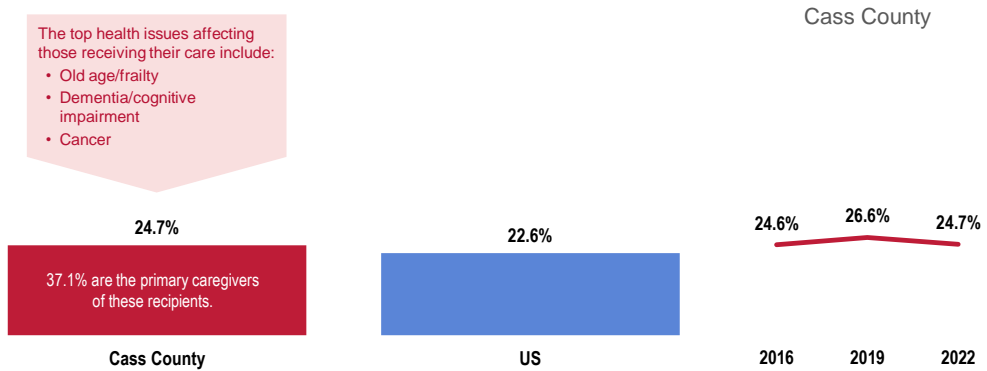
We have an aging population in Cass County, resulting in more needs related to these diseases. – Community Leader



# Caregiving

One-fourth (24.7%) of Cass County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

## Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 111-113]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.





# BIRTHS

# BIRTH OUTCOMES & RISKS

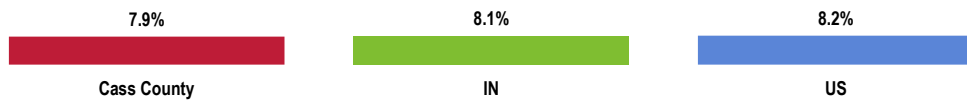
## Low-Weight Births

A total of 7.9% of 2014-2020 Cass County births were low-weight.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births  
(Percent of Live Births, 2014-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.  
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

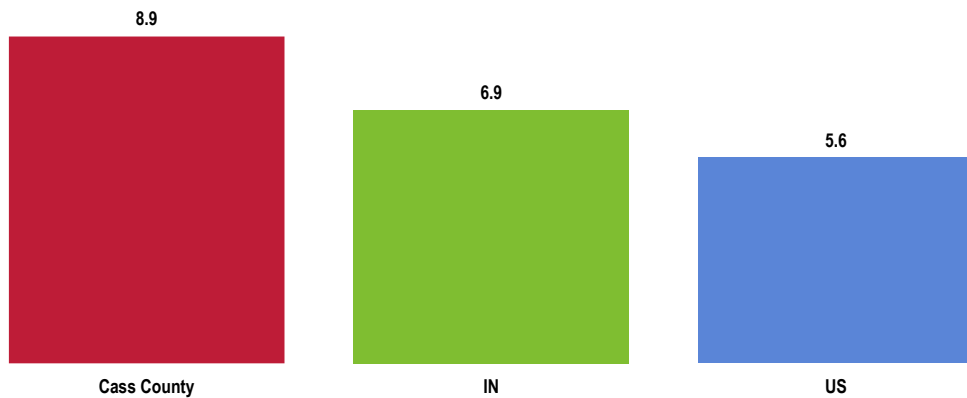
## Infant Mortality

Between 2016 and 2020, there was an annual average of 8.9 infant deaths per 1,000 live births.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

**BENCHMARK** ► Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

Infant Mortality Rate  
(Annual Average Infant Deaths per 1,000 Live Births, 2016-2020)  
Healthy People 2030 = 5.0 or Lower



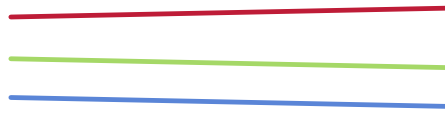
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
Notes: • Infant deaths include deaths of children under 1 year old.  
• This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



## Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2015	2016-2020
<span style="color: red;">—</span> Cass County	8.6	8.9
<span style="color: green;">—</span> IN	7.2	6.9
<span style="color: blue;">—</span> US	5.9	5.6

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.





# FAMILY PLANNING

## ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

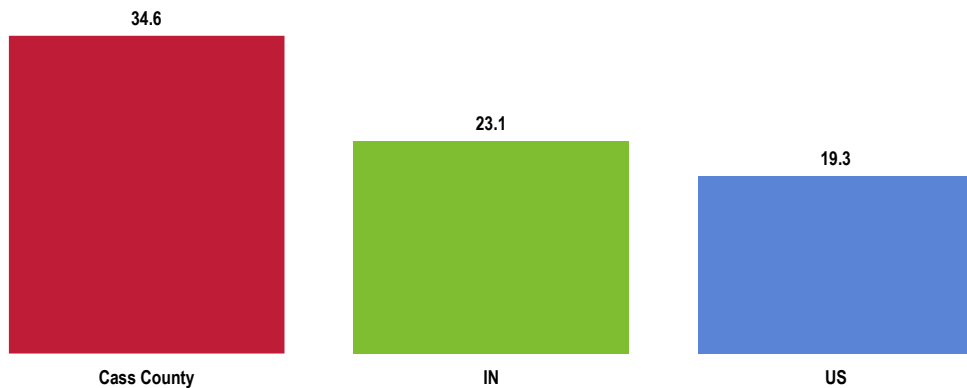
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Births to Adolescent Mothers

**Between 2014 and 2020, there were 34.6 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Cass County.**

**BENCHMARK** ▶ Higher than found across Indiana and the US.

**Teen Birth Rate**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



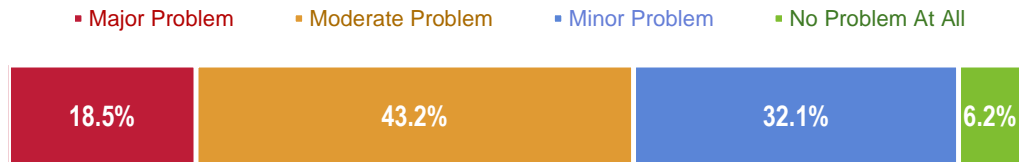
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



# Key Informant Input: Infant Health & Family Planning

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

## Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2022)



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

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

### Infant Mortality

- We have many infants passing away in our community. We also have far too many addicted to drugs or exposed to drugs when they are born. – Social Service Provider
- Both Indiana, and Cass County specifically, have rights of infant mortality with children dying before they are one. I also feel like we have a higher population of single-parent families and teen parents, which maybe showcases a lack of family planning education and prevention. – Other Health Provider
- Cass County is one of the highest counties in the state for our infant mortality rate. – Community Leader
- Infant mortality is very high in our community. I feel that we have a lack of education in our community and not enough people to provide the education in a culturally specific way. – Other Health Provider

### Teen Pregnancy

- We have several teenagers having babies. We also have a very diverse population, such as Haitians and Guatemalans in our community, and we don't have translators, so they don't seek prenatal care or family planning. – Social Service Provider
- We have a lot of young students having children. – Social Service Provider
- Teen pregnancy is an issue. There needs to be more education on sex and birth control. There also needs to be more education for having a healthy baby and being a parent. – Other Health Provider

### Income/Poverty

- Our families who are in financial need is rising each year and the physical health of these families is going down. Parents need to be taught how to help their children out and provide good meals, support them, and be a parent. Abuse is on the rise. – Community Leader
- Many community members do not get prenatal care and show up in the emergency room with problems. Low socioeconomic individuals who are unable to get health care for financial or behavioral reasons. – Community Leader

### Multiple Factors

- As I work in a public office that assists people with financial assistance (rent, utilities, etc.), I see families who do not know how to budget themselves. They have 3-5 kids but do not work. And a lot of the families do not have insurance, so the infant health probably doesn't get addressed by a physician. – Other Health Provider

### Quality of Care

- Many young mothers without adequate support. Pediatric offices with frequent change of staff. Many medical assistants replacing nurses, and the quality of care is not as it should be. – Other Health Provider

### SIDS

- SIDS. – Other Health Provider





# MODIFIABLE HEALTH RISKS

# NUTRITION

## ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Daily Recommendation of Fruits/Vegetables

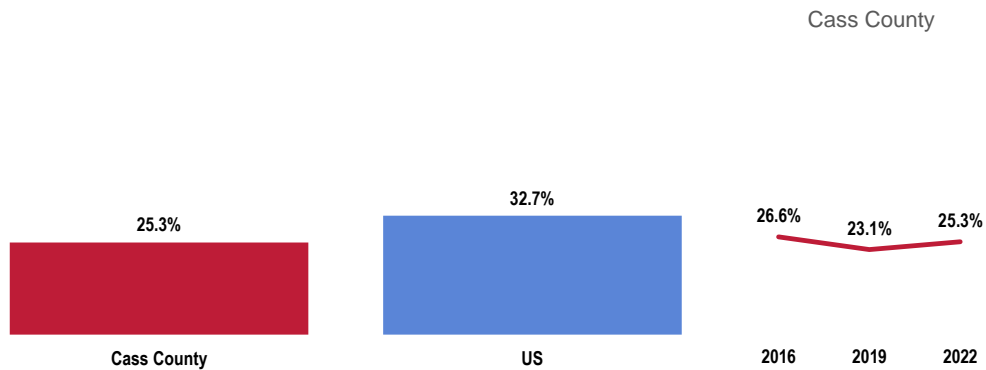
**A total of 25.3% of Cass County adults report eating five or more servings of fruits and/or vegetables per day.**

**BENCHMARK** ▶ Less favorable than the US finding.

**DISPARITY** ▶ Those less likely to report eating fruits and vegetables include lower-income adults and people of color.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

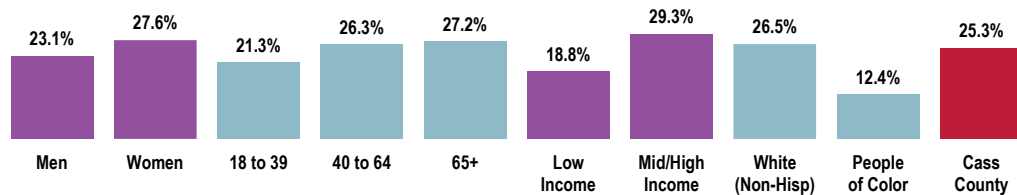
### Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 148]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• For this issue, respondents were asked to recall their food intake on the previous day.



## Consume Five or More Servings of Fruits/Vegetables Per Day (Cass County, 2022)

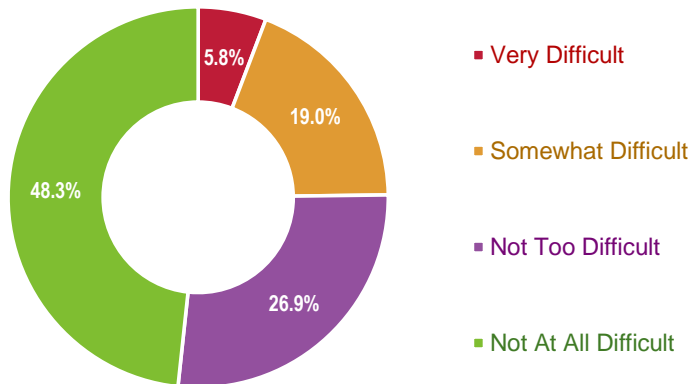


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 148]  
 Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

## Difficulty Accessing Fresh Produce

**Most Cass County adults report little or no difficulty buying fresh produce at a price they can afford.**

### Level of Difficulty Finding Fresh Produce at an Affordable Price (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 86]  
 Notes: • Asked of all respondents.

Respondents were asked: "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

**RELATED ISSUE**  
 See also *Food Access* in the **Social Determinants of Health** section of this report.

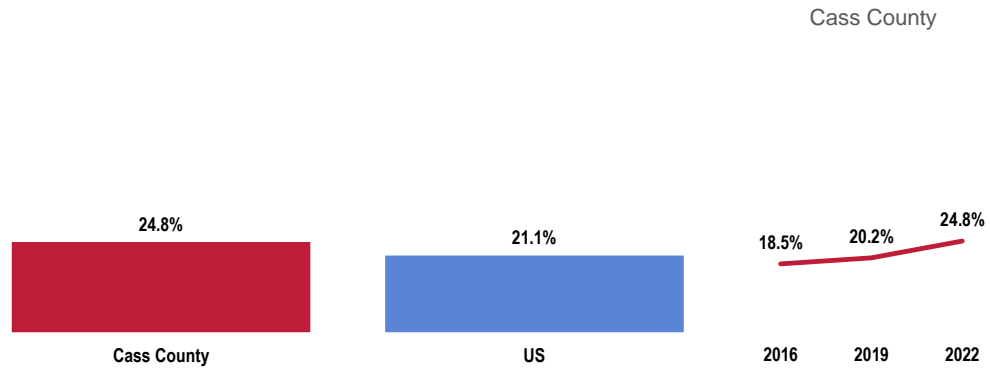


However, 24.8% of Cass County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

TREND ► Marks a significant increase over time.

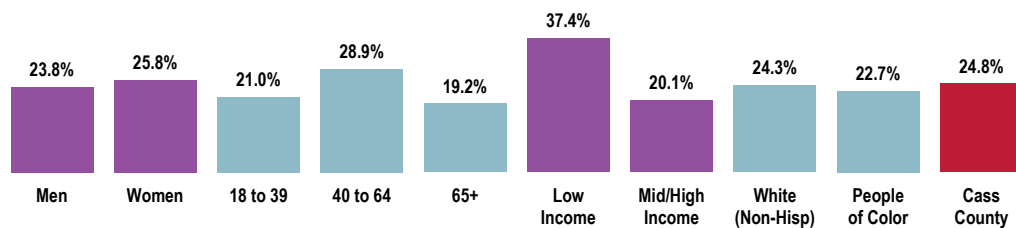
DISPARITY ► More often reported among adults age 40 to 64 and lower-income residents.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 86]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 86]  
 Notes: • Asked of all respondents.



# PHYSICAL ACTIVITY

## ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Leisure-Time Physical Activity

**A total of 33.0% of Cass County adults report no leisure-time physical activity in the past month.**

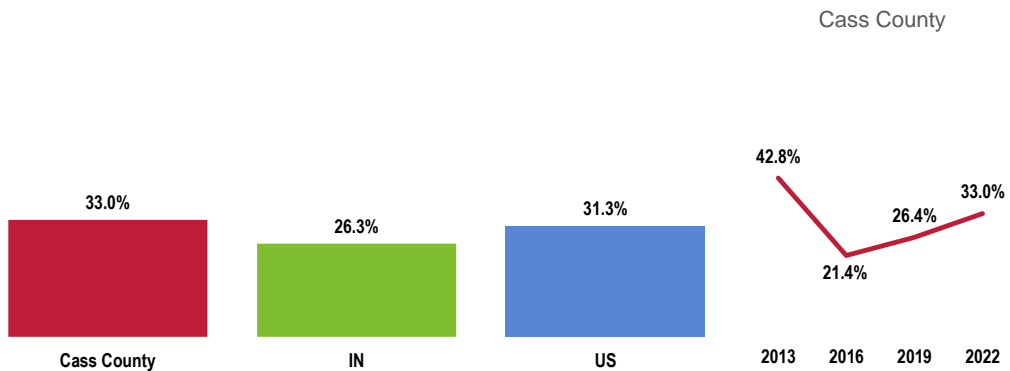
**BENCHMARK** ▶ Less favorable than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

**TREND** ▶ Although this represents a significant decrease since the 2013 benchmark, it denotes a significant increase since 2016.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

### No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 89]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.



# Activity Levels

## Adults

### ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**A total of 18.5% of Cass County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ Those less likely to report meeting the recommendations include women, adults age 40+, and lower-income respondents.

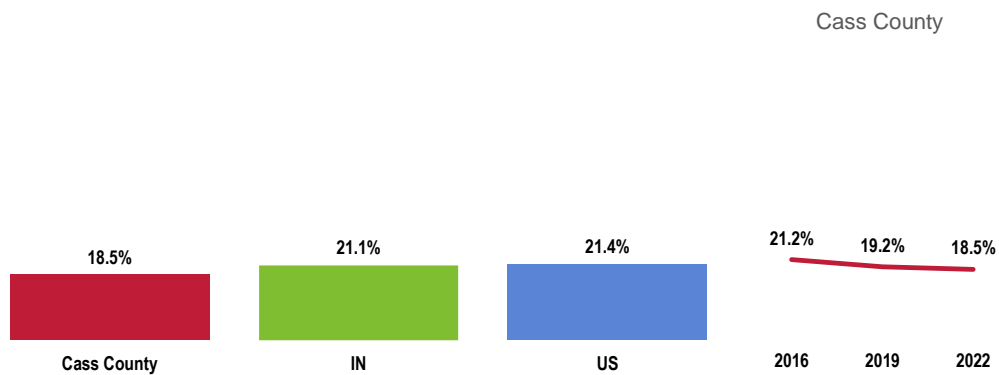
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

**Aerobic** activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

**Strengthening** activity is at least 2 sessions per week of exercise designed to strengthen muscles.

### Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher



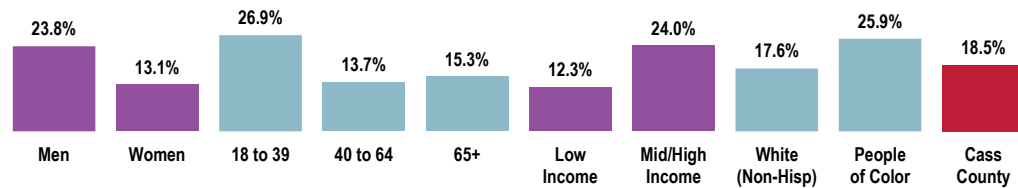
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 152]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Indiana data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.





## Meets Physical Activity Recommendations (Cass County, 2022)

Healthy People 2030 = 28.4% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 152]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.  
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

## Children

### CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

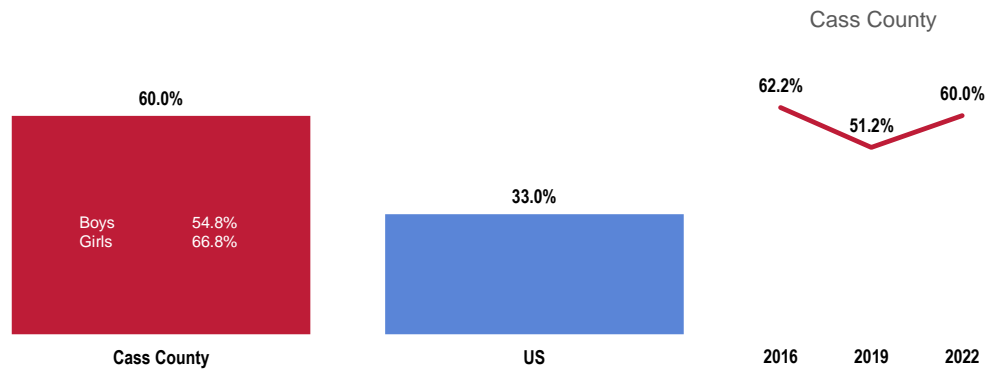
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.  
[www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Among Cass County children age 2 to 17, 60.0% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

**BENCHMARK** ▶ Much better than the national percentage.



## Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



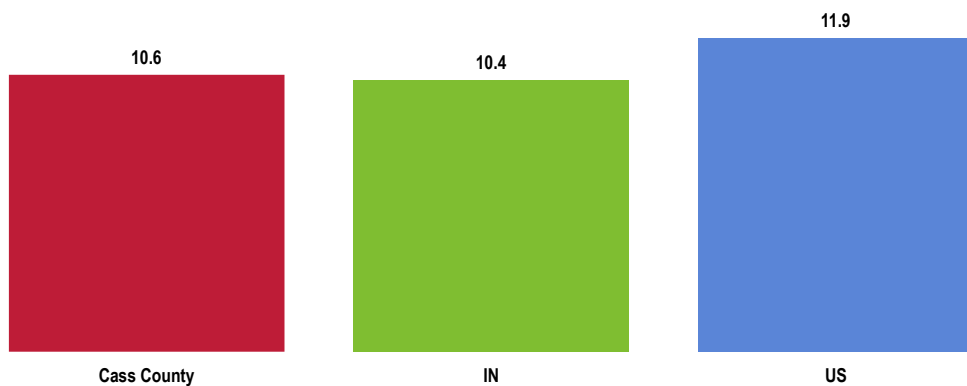
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 124]  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.  
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

## Access to Physical Activity

In 2020, there were 10.6 recreation/fitness facilities for every 100,000 population in Cass County.

### Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2020)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.



# WEIGHT STATUS

## ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ( $m^2$ ). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI ( $kg/m^2$ )
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



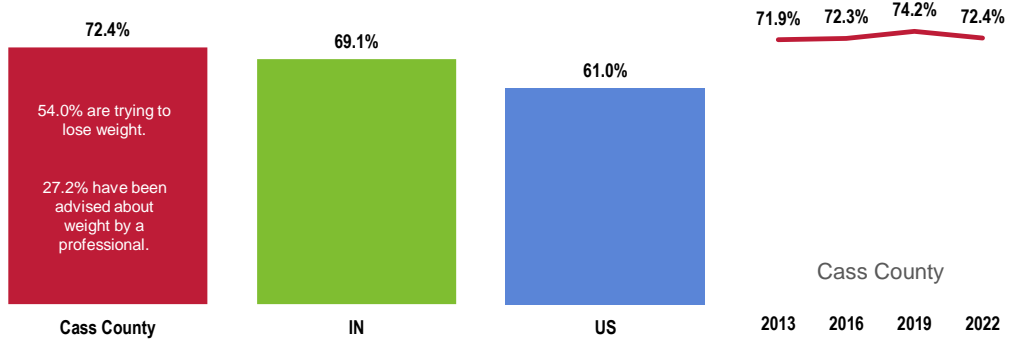
## Overweight Status

A total of 7 in 10 Cass County adults (72.4%) are **overweight**.

**BENCHMARK** ► Worse than found across the US.

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

### Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 154-156]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Note that 27.2% of overweight adults have been given advice about their weight by a health professional in the past year (while nearly three-fourths have not).

The overweight prevalence above includes 44.1% of Cass County adults who are **obese**.

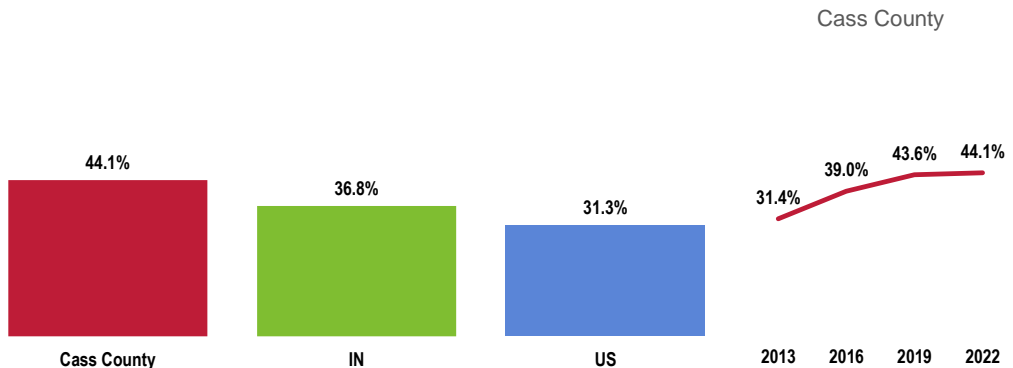
**BENCHMARK** ► Worse than found across the state and US. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Marks a significant increase over time.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

### Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

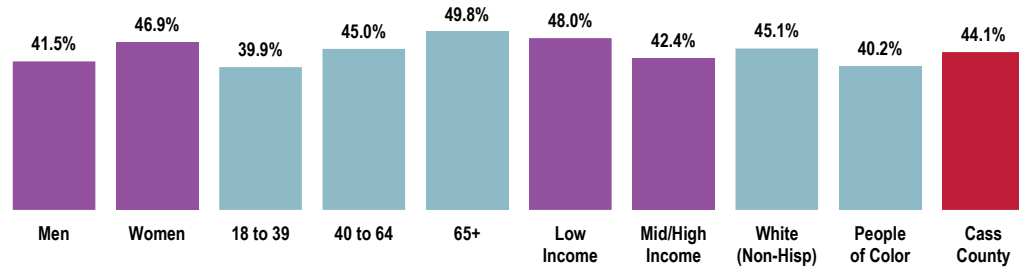


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 154]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



## Prevalence of Obesity (Cass County, 2022)

Healthy People 2030 = 36.0% or Lower



Sources: 

- 2022 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

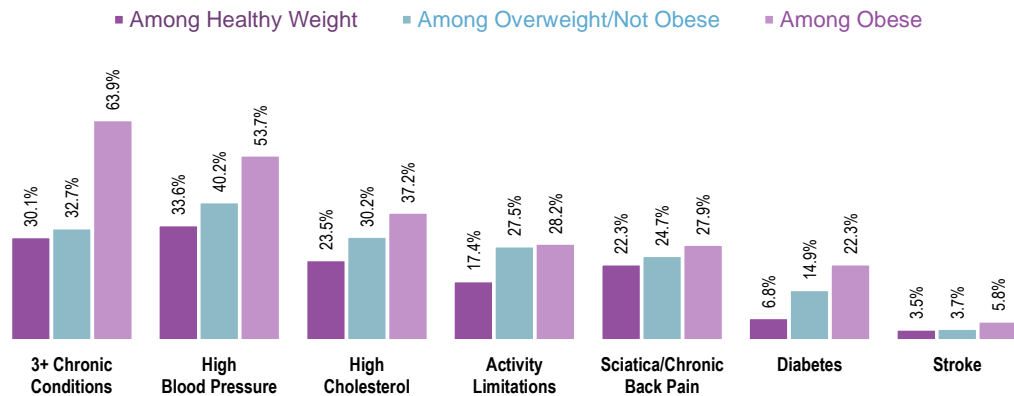
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

## Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

### Relationship of Overweight With Other Health Issues (Cass County, 2022)



Sources: 

- 2022 PRC Community Health Survey, PRC, Inc. [Item 154]

Notes: 

- Based on reported heights and weights, asked of all respondents.



# Children's Weight Status

## ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

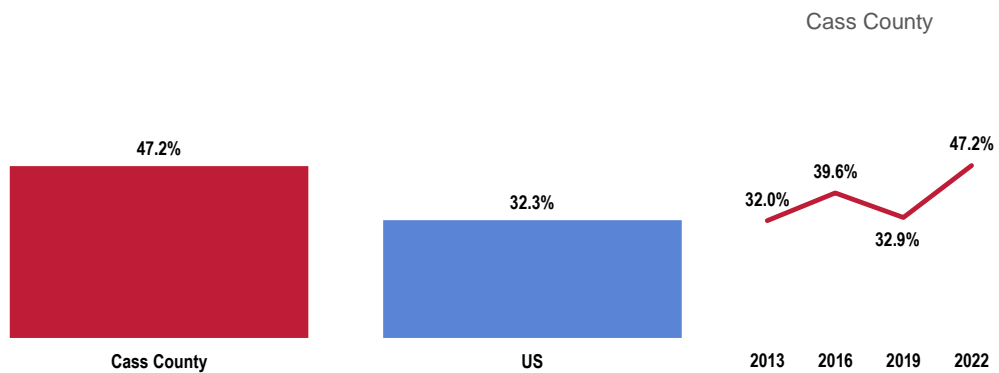
– Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 47.2% of Cass County children age 5 to 17 are overweight or obese (≥85th percentile).**

**BENCHMARK** ▶ Worse than the national finding.

**TREND** ▶ Denotes a significant increase over time.

### Prevalence of Overweight in Children (Parents of Children Age 5-17)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 192]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Overweight among children is determined by children's Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.

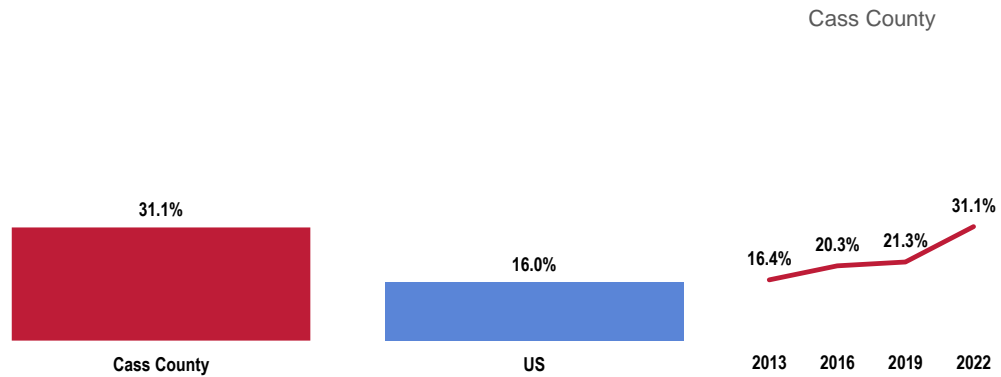


The childhood overweight prevalence above includes 31.1% of area children age 5 to 17 who are obese (≥95th percentile).

**BENCHMARK** ▶ Nearly two times the national percentage. Far from satisfying the Healthy People 2030 objective.

**TREND** ▶ Represents a significant increase over time.

### Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher) Healthy People 2030 = 15.5% or Lower

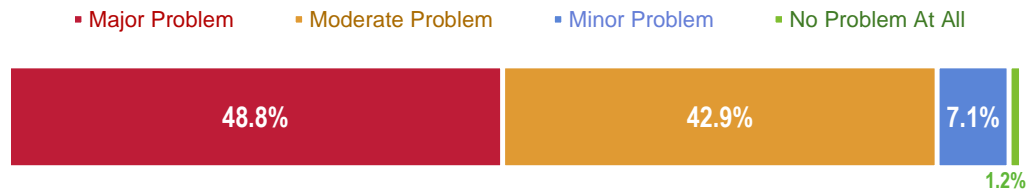


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 158]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

## Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often 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, 2022)



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



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

## Access to Affordable Healthy Food

Cost of food that is nutritious and the convenience of the numerous fast-food restaurants in our community. I also feel that parents are not cooking for their families due to single-parent homes, busy lives, and stressful jobs. – Social Service Provider

Many times, health foods are more costly, so individuals choose less healthy foods. Joining a health club used to be quite costly, but we do have Planet Fitness now, which is only \$10/month. However, that may not be the only barrier for people. Getting to the gym, having childcare, as well as time, play into the lack of people working out. A lot of people work two jobs or work a lot of hours at their one job. People not feeling comfortable going to the gym I also believe is a barrier. Maybe they don't know what to do so they're nervous about going and fitting in. There are a lot of things that keep people from becoming healthy and losing weight. – Community Leader

Access to healthy food. People depend on fast food and purchase pre-packaged items, soda, etc. – Community Leader

We do not have many healthy options, such as restaurants. We do have parks that encourage getting out and exercising. – Other Health Provider

Cost of healthy food and access to gym membership due to cost and transportation. – Social Service Provider

I think cost of healthy food vs. junk food is one driving factor. We are a very poor community. I think mental health drives a lot of the obesity/lack of physical activity issues. When you don't feel you have a purpose, this cycle of depression starts, and people become more sedentary and “stress eat” unhealthy foods. – Community Leader

For nutrition, I think what you can afford and if you are by a grocery store plays a role in it. Lower-income families buy what is most affordable, which probably isn't always a healthy option. If you are in a spot where you don't have a grocery store close and don't have means of commuting, then you go to what is accessible, which might be a Dollar Tree or Dollar General. You won't find many nutritious or fresh foods there. So, you get what you can get. I feel like as a community and population as a whole, we are probably unhealthier and struggle with obesity more than not. – Other Health Provider

## Awareness/Education

Sometimes for POC, the information and the lack of access to it is a major barrier. – Social Service Provider

Lack of education and available cost-effective resources. – Other Health Provider

People understanding the importance and having the education around the importance. The other issue is having consistent support to keep their nutrition and physical activity constant. – Other Health Provider

Low socioeconomic community members that are uneducated about proper health. Financial struggles and mental abilities also play a factor. – Community Leader

Lack of nutritional education. – Other Health Provider

There's a lack of education in terms of how to live a healthy lifestyle. If people use the internet to educate themselves, it can be overwhelming due to all the different perspectives. There are different people who say that keto is the best, others who say low-fat diets are the best, etc. For someone who isn't sure how to weed through the sources to find an appropriate plan for themselves, it can be hard to move forward with a healthy lifestyle. I know that there are resources within the community to have a meal plan made for you or for educating the community, but I don't know much about them or how accessible they are in terms of when this education is offered and/or financially accessible. – Social Service Provider

A free program to support and educate people on how to get started and lack of accountability groups. – Social Service Provider

## Lifestyle

People do not want to take the extra step to take care of their health. Taking the time. – Community Leader

What ARE the challenges to getting people to pay better attention to their nutrition and weight? They can receive free food and be offered every opportunity to join facilities for free or at a reduced price and they don't take advantage. Changing a mindset is very difficult. Many workplaces have equipment and time available on the clock to exercise and very few employees take part in it on a regular basis. In our facility, we offer morning and afternoon time on the clock to exercise. Out of 180 employees, we have about 5% who take advantage. Obesity is rampant, and changing that will take much more than offering new programs. – Social Service Provider

We are on the go, eat lots of fast food. Too tired to exercise after a long day. – Social Service Provider

Most people in our community do not eat the recommended amounts of fruits and vegetables and they do not get the recommended amount of physical activity daily and are overweight or obese. – Social Service Provider

Being in the community, it appears more and more that people do not eat right based on the ratio of people who are overweight. Exercise and being healthy is not a priority for people. – Community Leader





## Nutrition

Overall poor population health. No focus on nutrition, exercise, etc. People on the lower end of the economic spectrum have a harder time purchasing, preparing, eating healthier foods and are more unlikely to exercise or be around peers/family who do have a healthy lifestyle to model. This is an area where the people you spend the most time around have a big impact. – Community Leader

## Insufficient Physical Activity

We have a lot of access to exercise but underutilize those. We do not have great access to locally sourced nutrition at a reasonable cost. – Community Leader

Sedentary lifestyles. – Social Service Provider

Lack of exercise and poor eating habits. Our socioeconomic status has decreased over the past several years, which is a direct correlation to poor nutrition, lack of physical activity, and weight gain. Jobs are more sedentary than in the past. – Community Leader

## Obesity

Overcoming the obesity crisis. – Physician

So many people are out of shape, overweight, and have poor nutrition. – Other Health Provider

We have a significant number of obese people in Cass County. – Social Service Provider

## Income/Poverty

Poverty feeds into this issue. Healthy foods are more expensive. Busy lifestyles that lend themselves to fast food for meals. Education on nutrition, activity, and weight management. – Community Leader

Economic demographics and education. – Community Leader

## Affordable Fitness Options

Access to fitness centers, even the cheapest of them, can be cost-prohibitive for many people/families. – Social Service Provider

## Built Environment

I think the community is moving in the right direction with their additions of bike lanes, walking paths and the upgrading of park facilities. The city needs continue along this course and try to grow more initiatives like these. – Social Service Provider

## Co-Occurrences

Patients are drowning in mental health disorders, and it is hard to take care of your nutrition, physical activity, and weight when you are actively depressed and anxious or have other disorders. – Other Health Provider

## Disease Management

Getting people to feel these three things are a priority and something that they must do to feel better and age well. – Community Leader

## Immigrant Populations

We have a community where there are a lot of immigrants and refugees. When coming to our country, often it is hard to adjust. I have seen several of these students join a sport and then have issues because they aren't eating right. We need more education on the importance of being hydrated and eating right. – Other Health Provider

## Prevention/Screenings

People don't care about preventative steps either because they are uneducated about it or just don't care. Our community has the facilities and programs for people, but in the end, it's their choice and choices. – Social Service Provider



# SUBSTANCE ABUSE

## ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

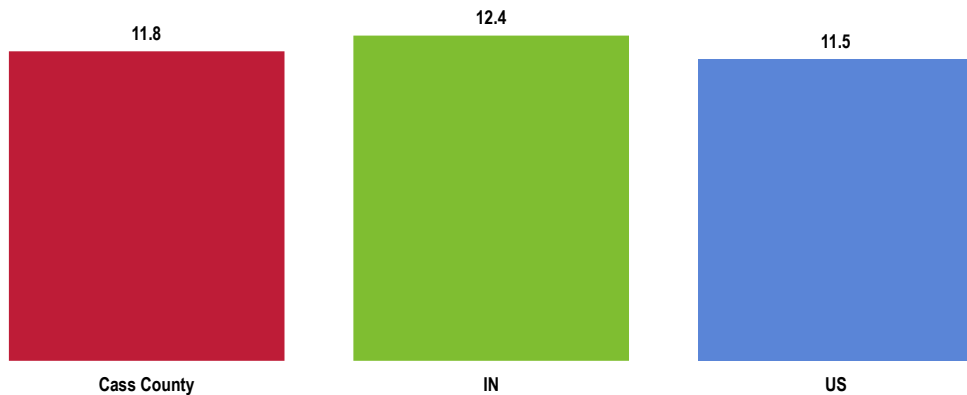
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2016 and 2020, Cass County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.8 deaths per 100,000 population.**

**Cirrhosis/Liver Disease: Age-Adjusted Mortality**  
(2016-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



# Alcohol Use

## Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

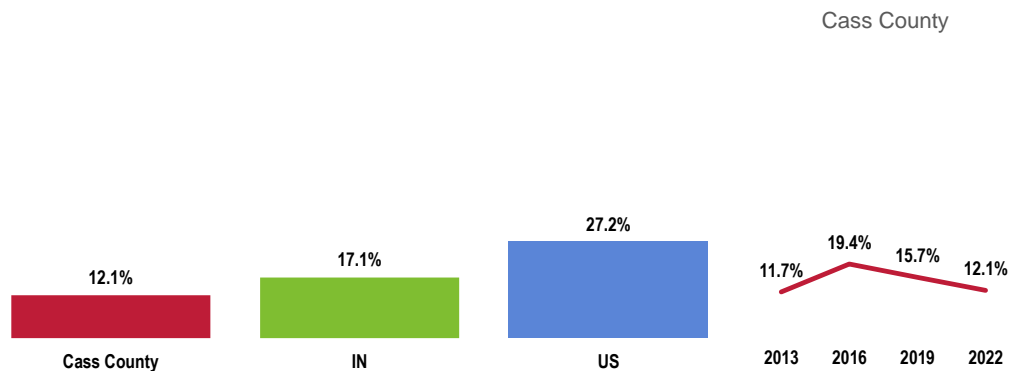
- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

**A total of 12.1% of area adults are excessive drinkers (heavy and/or binge drinkers).**

**BENCHMARK** ► Better than found statewide and nationally.

**DISPARITY** ► More prevalent among adults younger than 65 (especially young adults).

### Excessive Drinkers

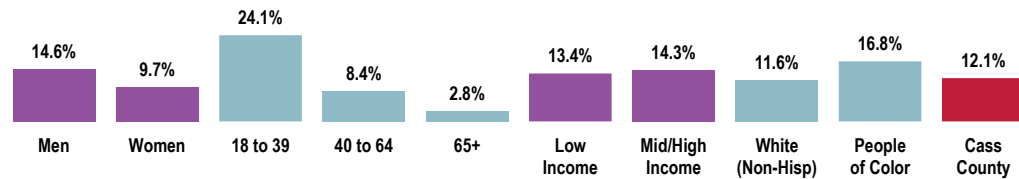


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 168]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



## Excessive Drinkers (Cass County, 2022)



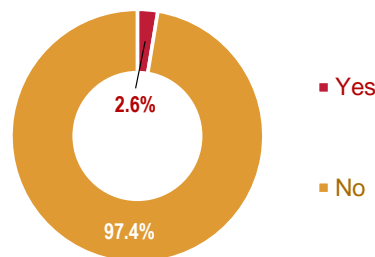
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 168]  
 Notes: • Asked of all respondents.  
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

## Drinking & Driving

**A total of 2.6% of Cass County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.**

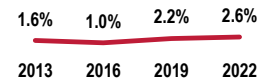
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

### Have Driven in the Past Month After Perhaps Having Too Much to Drink



Cass County

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 58]  
 Notes: • Asked of all respondents.

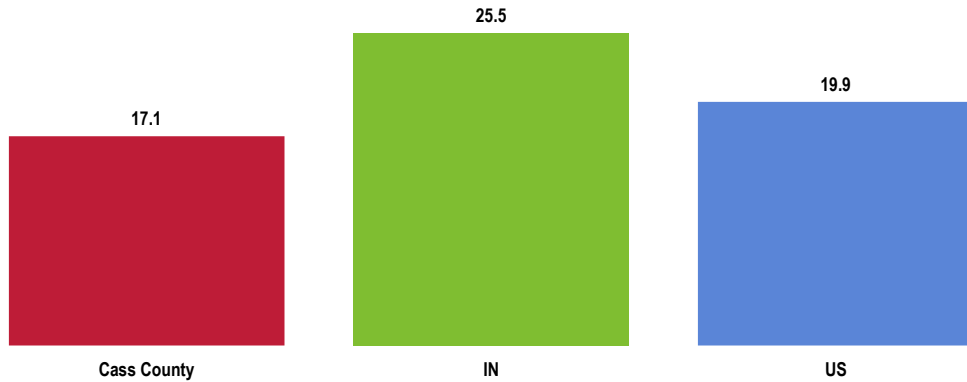


# Age-Adjusted Unintentional Drug-Related Deaths

Between 2011 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 17.1 deaths per 100,000 population in Cass County.

**BENCHMARK** ▶ More favorable than state and national rates.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality  
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

# Illicit Drug Use

A total of 3.0% of Cass County adults acknowledge using an illicit drug in the past month.

**BENCHMARK** ▶ Satisfies the Healthy People 2030 objective.

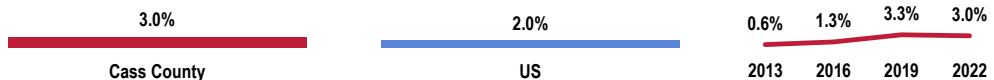
**TREND** ▶ Marks a significant increase over time.

**DISPARITY** ▶ More often reported among adults younger than 65 and White respondents.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.  
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month  
Healthy People 2030 = 12.0% or Lower

Cass County

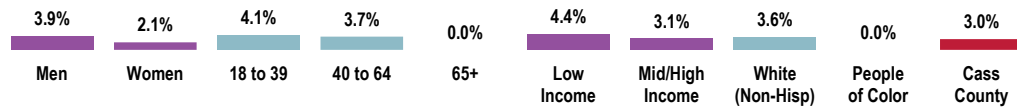


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 59]  
• 2020 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
Notes: • Asked of all respondents.



## Illicit Drug Use in the Past Month (Cass County, 2022)

Healthy People 2030 = 12.0% or Lower



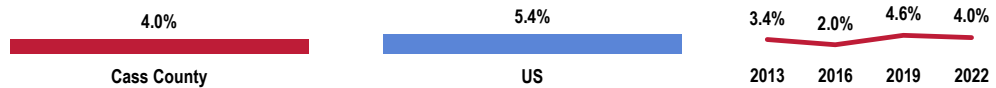
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 59]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.

## Alcohol & Drug Treatment

A total of 4.0% of Cass County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 60]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

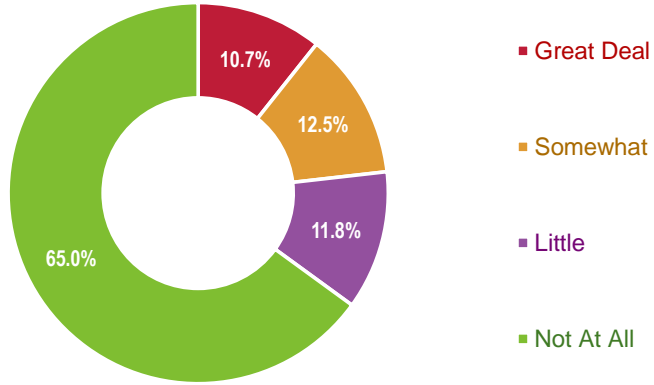


# Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Cass County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)  
(Cass County, 2022)

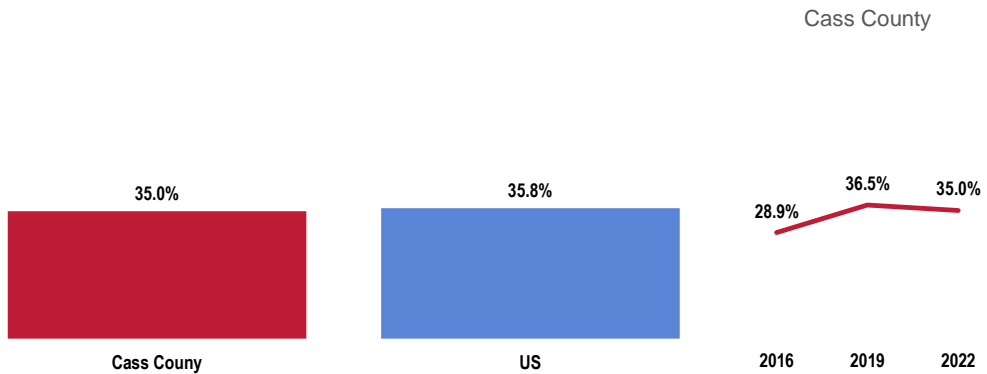


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 61]  
Notes: • Asked of all respondents.

However, 35.0% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

DISPARITY ► More often reported among adults age 40 to 64.

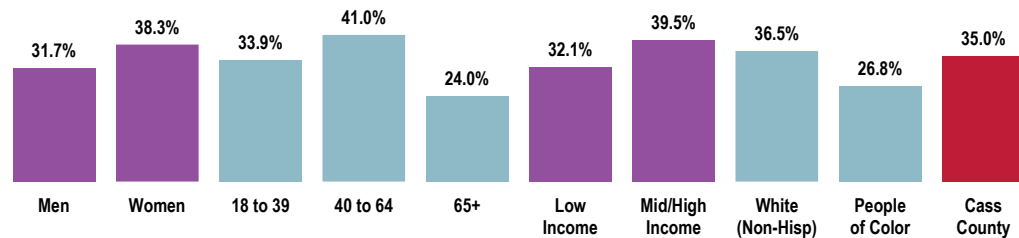
Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 61]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• Includes response of “a great deal,” “somewhat,” and “a little.”



## Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 61]  
 Notes: • Asked of all respondents.  
 • Includes response of "a great deal," "somewhat," and "a little."

## Key Informant Input: Substance Abuse

The greatest share of 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, 2022)



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

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

#### Access to Care/Services

I have heard concerns about the lack of inpatient facilities to treat drug and alcohol addiction in Cass County. Anyone seeking that type of treatment must travel to a neighboring county to get the help they need. Drug and alcohol arrests are listed in the arrest reports and the police logs almost daily, so this is an issue that affects a decent number of residents. It could be worth evaluating whether an inpatient treatment facility would be beneficial overall for Cass County residents. – Community Leader

Lack of support and rehabilitation resources. – Community Leader

Lack of treatment options. There is a stigma to seeking treatment. Employers don't allow extended treatment options. – Social Service Provider

We have one recovery home. I feel many are very negative and judgmental about people seeking treatment or help. – Social Service Provider





Inpatient facilities with immediate access. When an addict decides they want help but has nowhere to go immediately, it often results in continued substance abuse. – Social Service Provider

Lack of local accessibility to substance abuse treatment and lack of mental health resources for youth to help prevent substance use. – Social Service Provider

Patients lack insurance or money to pay for care. Lack of specialty care for substance abuse. – Other Health Provider

No good treatment options. – Physician

Not having a community substance abuse health agency that really cares about addicts' health. – Social Service Provider

There is a huge lack of available programs for substance abuse issues. Logansport has very few facilities that address this. – Other Health Provider

Four County is so backed up and overloaded, our students cannot get in to receive the services needed in a timely manner. Monthly programs that are scheduled get canceled and either not rescheduled or rescheduled for a month later, which gives kids time to start using again. – Community Leader

There are no local facilities for treatment, although there may be groups that meet. – Community Leader

We have definitely improved, but we still need resources to rehabilitate those that have recently completed a program for both men and women. We are also needing more counselors that can provide treatment. Tyson and Four County have partnered to create a group counseling that has been very successful. – Community Leader

## Awareness/Education

Guidance towards the correct treatment programs, availability of the correct treatment programs. – Social Service Provider

Not knowing what's available. – Community Leader

Lack of knowledge about treatment programs available and the financial means to take part in them. – Social Service Provider

Lack of understanding of the depth of the problem. – Community Leader

Lack of health literacy, lack of insurance to pay for treatment, lack of available service providers, few providers available are not easily accessible. – Social Service Provider

## Denial/Stigma

There is still a stigma about being an addict. All people really know about as a resource is AA or NA. I also think there should be resources for students whose parents have an addiction. – Other Health Provider

Stigma. Fear of being arrested. Denial by addicts. Acceptance of marijuana, vaping and alcohol as safe, even though they are not and are gateway drugs. – Community Leader

Stigma and those who aren't ready to get help. Many people don't understand addiction, so they are quick to judge those struggling with it. There's also only so much the community can do for those who aren't willing to get help. We have a lot of resources but can't force anyone to get the treatment. – Social Service Provider

Stigma and available local resources. – Community Leader

## Incidence/Prevalence

The individual with the substance abuse problem. – Social Service Provider

Many drug-related injuries and accidents reported. County statistics are high. – Community Leader

I have not needed to explore this. I just know there is a lot of drug abuse in our area. – Community Leader

Fentanyl overdoses and a lack of readily available testing. – Community Leader

## Lack of Providers

The greatest barrier is that the people who are willing to work in these positions are paid very little and can't afford to take care of their own families. So they leave to seek better pay. Our nation as a whole has a huge mental health/substance abuse problem and rather than putting money where it would most help, we continue to do the same old thing we have and pay people at the top instead of those who do all the footwork. – Social Service Provider

Lack of experienced, certified counselors. – Social Service Provider

Lack of providers that specialize in substance abuse. Mental health providers also now would benefit from having healthcare providers that are trained to prescribe for medication-assisted treatment programs, but Cass County is currently lacking those providers as well. – Other Health Provider

## Affordable Care/Services

Dollars. – Social Service Provider

Cost, lack of facilities. – Other Health Provider



## Co-Occurrences

I think mental health is a big issue for this. People are turning to substances for lack of feeling like they can go anywhere else to get actual help. I think it's probably easy to find substances in this community, and there is probably not enough education about the dangers involved with substance use. – Other Health Provider

People are using to remedy other issues. It helps them remove themselves from their reality, pain, etc. Again, this is a problem everywhere. But barriers are access and addition to drugs or alcohol. There is no way to really control access but maybe some programs to help change their life or reaction to life so they don't turn to substance abuse – Community Leader

## Easy Access

I believe that the physicians are doing a good job at prescribing narcotics at a minimal amount. However, people are able to get many medications from other sources. We need to get this stopped. Stronger penalty for those who sell and buy. – Other Health Provider

When they return to their lives, the drugs are still there and available. – Social Service Provider

## Follow-Up/Support

I am aware that we have almost NO help for people moving from the DOC back into society. Offenders are offered no support and generally fall back into the same patterns of behavior. We have a great need and a total lack of qualified professionals. Our wraparound services to totally support an addict are nonexistent. I assume there is not enough funding. However, doing nothing only allows the problem to grow, which it has and continues to do. I believe with a unified effort within the county between ALL entities involved, a more solid provision can be made for those who are struggling with addiction. Recovery is more than an Rx and a few days of chatting about what's bothering a person. It's a lifelong effort that addicts need to be helped to achieve, not thrown to the dogs and expected to do it themselves. We need to invest communitywide and work together, not let egos and recognition get in the way of real progress. – Social Service Provider

Treatment is only one step. Another problem is getting these patients back into the workforce at a level that won't drive them back into using. Of course, identifying this as a health crisis instead of criminal behavior would help fight the stigma that exists in the general public. Tough issue to sell as a health issue instead of a social issue. Much work needed in this area. – Community Leader

## Confidentiality/Privacy

Many people think it is not confidential. – Other Health Provider

## Fear of Retribution

Likely financial and fear of law enforcement involvement. Fear of CPS involvement. Fear of losing one's job. – Social Service Provider

## Insurance Issues

Access to insurance. – Other Health Provider

## Lack of Unified Effort

A unified effort. – Community Leader

## Lifestyle

Nobody wants to get clean, and if they do, they cannot access to care quickly. – Other Health Provider

## Transportation

Lack of reliable transportation. – Social Service Provider



## Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **methamphetamine/other amphetamines** as causing the most problems in the community, followed by **alcohol** and **heroin/other opioids**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
METHAMPHETAMINE OR OTHER AMPHETAMINES	26.8%
ALCOHOL	22.5%
HEROIN OR OTHER OPIOIDS	22.5%
MARIJUANA	13.8%
PRESCRIPTION MEDICATIONS	7.2%
COCAINE OR CRACK	2.2%
OVER-THE-COUNTER MEDICATIONS	2.2%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	1.4%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	0.7%
INHALANTS	0.7%



# TOBACCO USE

## ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

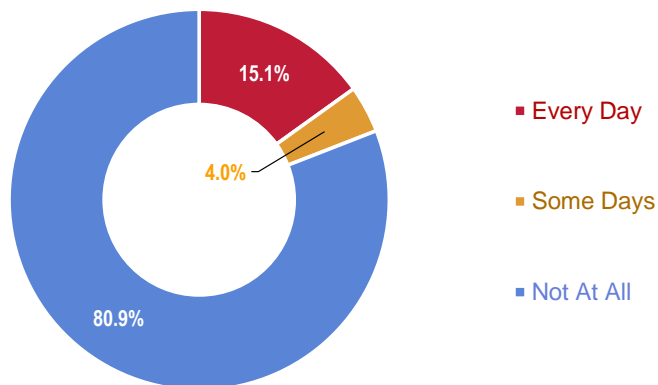
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cigarette Smoking

### Cigarette Smoking Prevalence

**A total of 19.1% of Cass County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**

Cigarette Smoking Prevalence  
(Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]  
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in Cass County.

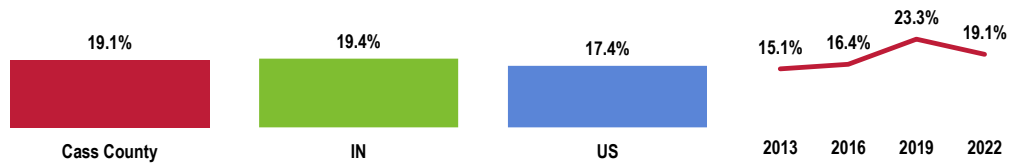
**BENCHMARK** ► Far from satisfying the Healthy People 2030 objective.

**DISPARITY** ► Adults age 40 to 64 and lower-income respondents are more likely to report smoking cigarettes.

## Current Smokers

Healthy People 2030 = 5.0% or Lower

Cass County



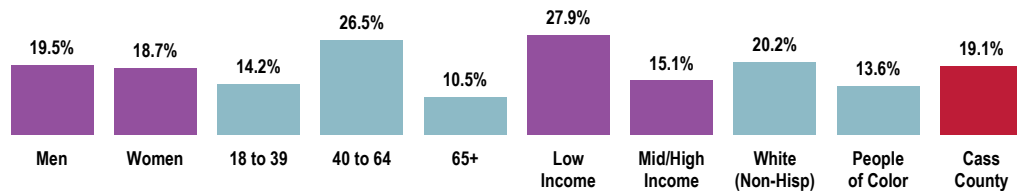
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.  
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

## Current Smokers

(Cass County, 2022)

Healthy People 2030 = 5.0% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

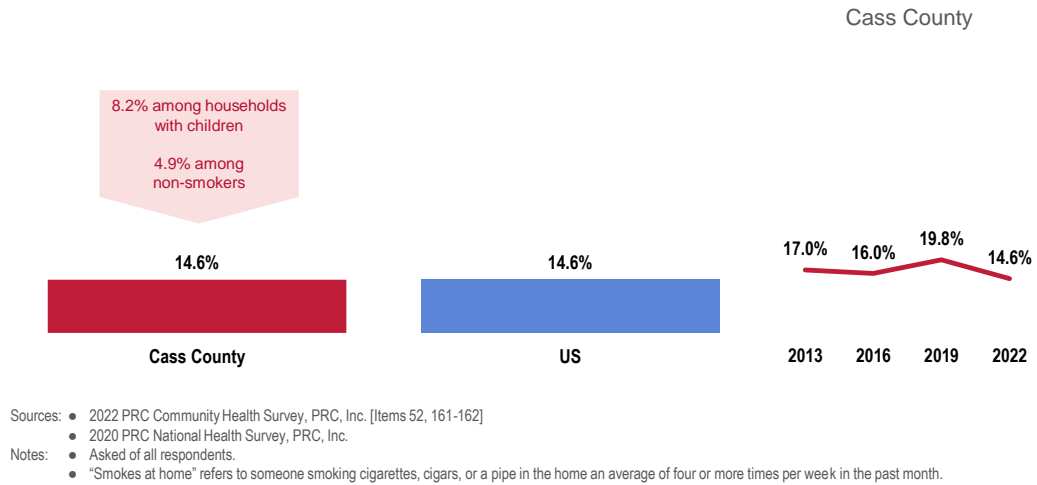
Notes: • Asked of all respondents.  
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).



## Environmental Tobacco Smoke

Among all surveyed households in Cass County, 14.6% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

### Member of Household Smokes at Home



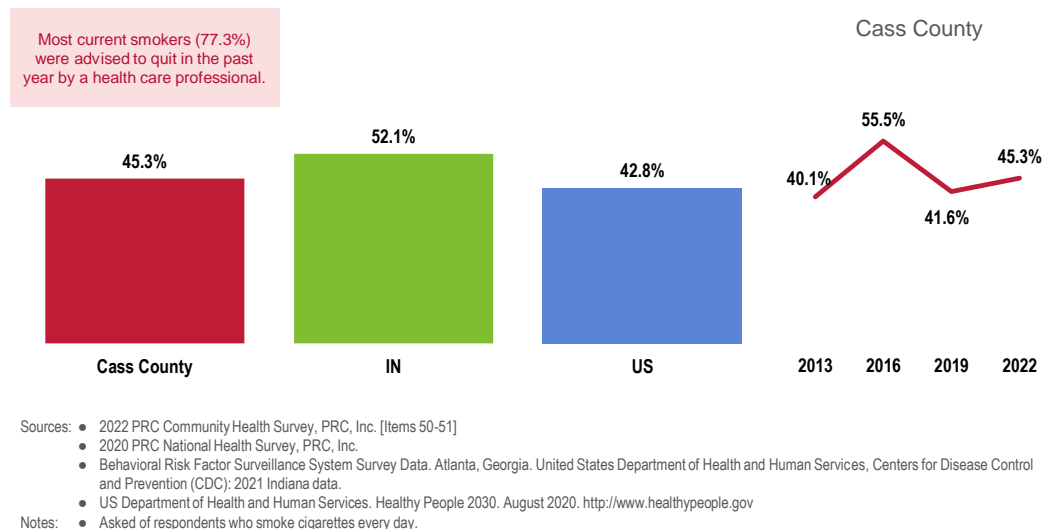
## Smoking Cessation

A total of 45.3% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

**BENCHMARK** ► Fails to satisfy the Healthy People 2030 objective.

### Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2030 = 65.7% or Higher

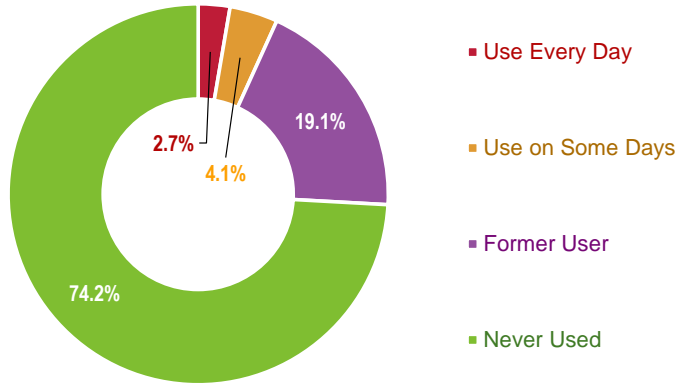


# Other Tobacco Use

## Use of Vaping Products

Most Cass County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products  
(Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 163]  
Notes: • Asked of all respondents.

However, 6.8% currently use vaping products either regularly (every day) or occasionally (on some days).

DISPARITY ► More prevalent among adults younger than 65 (especially young adults).

Currently Use Vaping Products  
(Every Day or on Some Days)

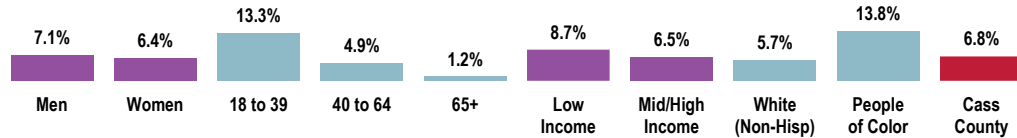
Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 163]  
• 2020 PRC National Health Survey, PRC, Inc.  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Indiana data.  
Notes: • Asked of all respondents.  
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



## Currently Use Vaping Products (Cass County, 2022)

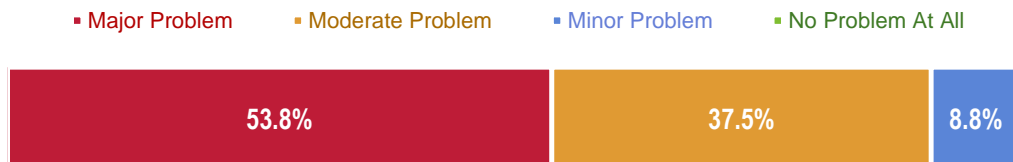


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 163]  
 Notes: • Asked of all respondents.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

## Key Informant Input: Tobacco Use

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

### Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2022)



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

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

### Incidence/Prevalence

- High number of smokers in this county, based on statistics. – Community Leader
- I still see many people smoking and I’m seeing more and more young people vaping. – Social Service Provider
- High smoking rate. – Community Leader
- A lot of people still are smoking and spending money on that rather than feeding themselves and their families. – Social Service Provider
- I have seen the rate of tobacco use data in the past. – Community Leader
- Too many people still smoke. It is so harmful to the person smoking and to the family unit, especially young kids who develop respiratory issues from secondhand smoke. – Other Health Provider
- I just see a large number of people within the community using tobacco and I know how bad it is for the direct smoker, as well as the secondhand smoke. – Social Service Provider
- A lot of smokers. – Physician





Until this community goes smoke-free, and that includes the night life, you will never be able to alleviate the tobacco use. – Other Health Provider

So many of our patients smoke, even during pregnancy. Patients come in reeking of smoke, as do their children, unfortunately. – Other Health Provider

High rates of smoking and chewing tobacco usage. – Other Health Provider

Still heavy smoking population. Statewide also. – Other Health Provider

Witness many in the community using tobacco. – Community Leader

## E-Cigarettes

Not so much tobacco as vaping products. There are a lot of teens that have started using these products. – Community Leader

Vape pens have been marketed towards teenagers. Easy access. – Community Leader

Vaping is on the rise in the teenagers. – Other Health Provider

People have turned to vaping in our community. Children are using these because they are small and easy to disguise or hide, and they contain highly toxic substances. – Social Service Provider

Kids and adults are vaping at alarming rates – they don't see the harm in it. There are no regulations either. People are vaping in public places like the skating rink and bowling alley. – Social Service Provider

Vaping is happening down to the grade school. It is getting younger and younger. Marketed as if healthier than cigarettes, and it is more accessible to high school kids. – Social Service Provider

The problem is actually vaping. Vaping has become so prominent. Kids are starting to vape in elementary school. It is so easy for them to access vapes with nicotine or cannabis. Kids are having more breathing issues when they are sick because of this. – Other Health Provider

There are issues with vaping that are not recognized. It can lead to the use of marijuana. Vaping is considered safe. – Community Leader

Too many people doing it and vaping. The number of people who come into our office and smell like a cigarette is disgusting. We are constantly cleaning and spraying. I cannot imagine what it's doing to their bodies. I think a lot of the time it's generational, just like many other problems people face. They don't know how to stop it. It's just part of their life. – Community Leader

I am aware of several adults and teenagers that use vapes. – Community Leader

## Awareness/Education

A lot of lower-educated people in our community. – Social Service Provider

Lack of education. Lack of enforcement of laws and regulations. Parents who smoke and don't discourage children from smoking. Lack of proper medical and mental support to help people addicted to nicotine. – Social Service Provider

Uneducated, as well as educated smoke-free resources, few if any. – Other Health Provider

## Social Norms/Community Attitude

The attitude that it is acceptable and cool in society. More likely to occur in people with mental health issues. Lack of education, easy access to purchase. – Other Health Provider

It has always been accepted to smoke and our demographic makeup. – Other Health Provider

## Teen/Young Adult Usage

This has become a major issue with the youth and younger generations. Many kids vape during school, and even some at the elementary level have been caught with vapes. – Social Service Provider

It is a problem in the public school system as students from elementary age through junior high to high school are rapidly increasing tobacco vaping use. Some vaping devices are even being used with marijuana/THC. Junior high students have even shared vaping devices with elementary students, which is quite concerning. What is more alarming is how easy it is for minors to gain possession of vaping devices. It is also concerning that the perception among some junior high and high school students is that vaping is not as harmful (or even harmful at all) as smoking tobacco. Students cite websites that are readily available to provide misinformation about vaping. Adults who vape may be misinformed of the danger and risks of vaping, as well, and therefore pass along this view to their children. – Social Service Provider

## Addiction

Smoking is a choice at first, then becomes an addiction. I think the environment you're in sets the stage. Then, if marijuana is introduced, I strongly believe pot is a gateway to other more seriously addictive substances that can kill you. – Community Leader



## Aging Population

The older generation is more likely to be a tobacco user, and our population is an older population. – Community Leader

## Co-Occurrences

The cases of COPD. – Social Service Provider

## Generational

Generational use, ease of access to tobacco, vape, and Juul products. – Community Leader

## Impact on Quality of Life

Tobacco is a detriment to a person's health and financial situation. – Social Service Provider



# SEXUAL HEALTH

## ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

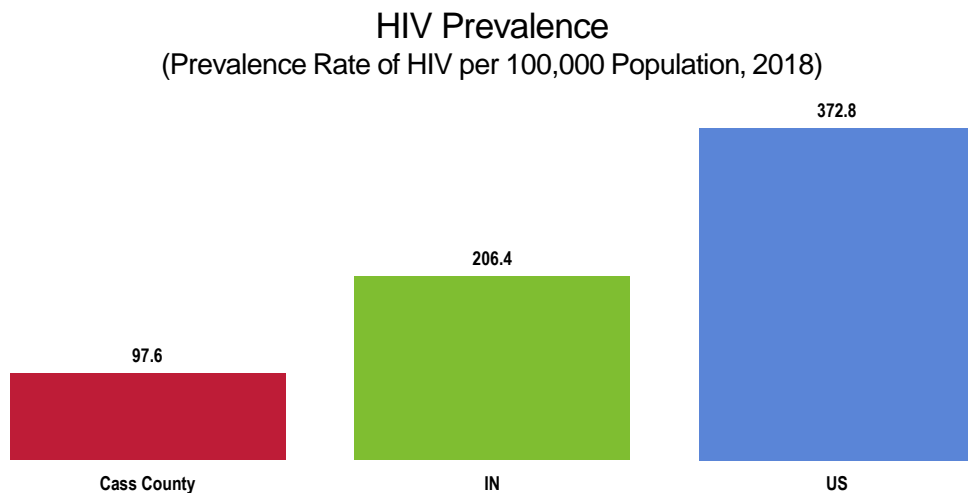
– Healthy People 2030 (<https://health.gov/healthypeople>)

## HIV

### HIV Prevalence

In 2018, there was a prevalence of 97.6 HIV cases per 100,000 population in Cass County.

**BENCHMARK** ▶ Considerably lower than state and national rates.



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



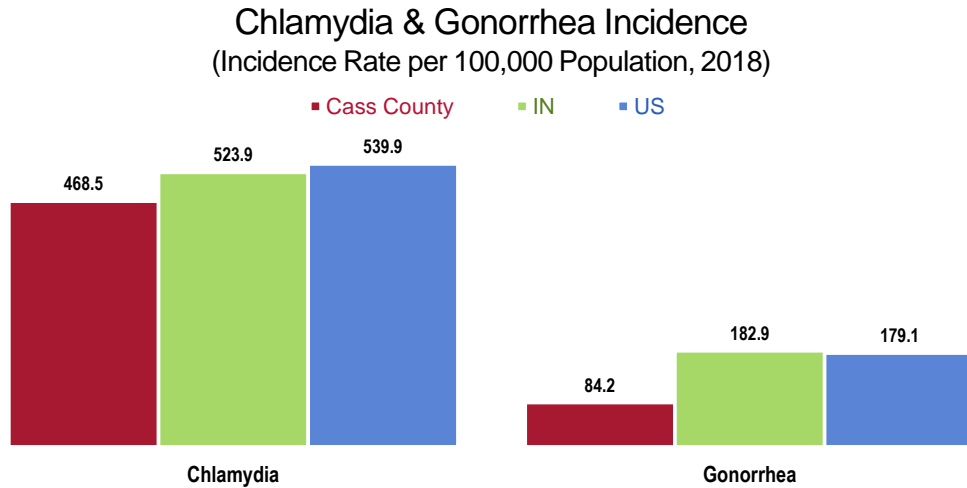
# Sexually Transmitted Infections (STIs)

## Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in Cass County was 468.5 cases per 100,000 population.

The Cass County gonorrhea incidence rate in 2018 was 84.2 cases per 100,000 population.

**BENCHMARK** ► Each is more favorable than the corresponding US rate. Gonorrhea incidence also is more favorable than the statewide rate.



Sources: 

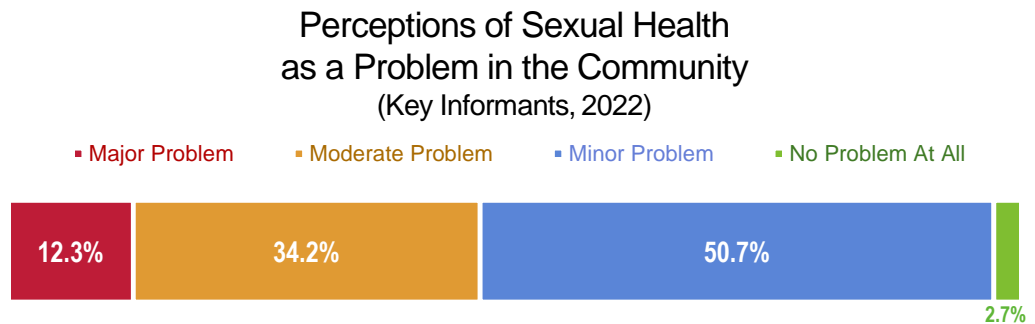
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes: 

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

## Key Informant Input: Sexual Health

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



Sources: 

- PRC Online Key Informant Survey, PRC, Inc.

Notes: 

- Asked of all respondents.



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

### Incidence/Prevalence

The number of sexually transmitted infections. – Other Health Provider

Large number of community members with STDs. One of the highest in the state. – Community Leader

STDs being transmitted throughout the community. – Social Service Provider

Cass County is one of the highest-rated counties in Indiana for sexually transmitted diseases/infections. I think that there is not a lot of education available about safe sex or resources for birth control, protection, etc. Without education, you have people doing things they might not even realize are dangerous and have potential to spread sexual infections. I don't think people know where they can go or what they can do if they have an STD. – Other Health Provider

### Awareness/Education

Children are now learning from the internet, YouTube, television, and movies about sex. This is often inappropriate and unhealthy. – Social Service Provider

We have a huge lack of education on sexual disease and a high rate of STI in our area. – Other Health Provider

### Denial/Stigma

It has a stigma, and people may be afraid to address it. Widespread problem. – Community Leader

### Income/Poverty

Money and having insurance. – Other Health Provider

### Parental Influence

Lack of moral leadership by parents. In today's society, there should never be an unplanned pregnancy or STD. Those resources are more readily available than food. Condoms, birth control education, and STD testing are everywhere. Laziness produces issues with sexual health in our community. Lack of education is not an issue with this. Schools are very open, as are many other institutions regarding this topic. – Social Service Provider





# ACCESS TO HEALTH CARE

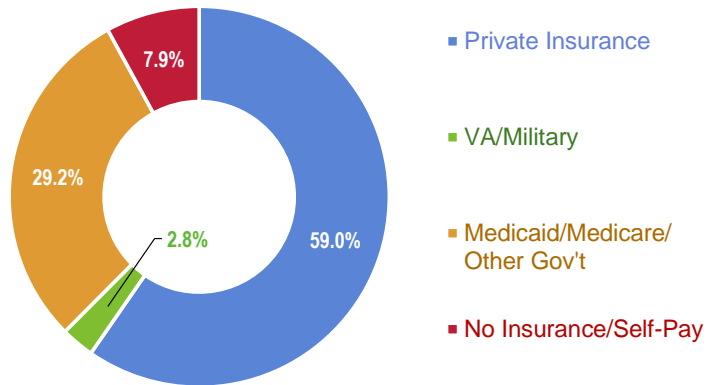
# HEALTH INSURANCE COVERAGE

## Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 59.0% of Cass County adults age 18 to 64 report having health care coverage through private insurance. Another 32.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage  
(Adults Age 18-64; Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 169]  
Notes: • Reflects respondents age 18 to 64.

## Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 7.9% report having no insurance coverage for health care expenses.

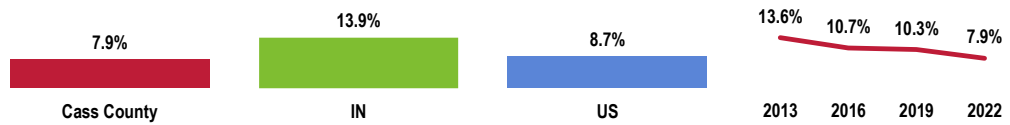
- BENCHMARK** ▶ Better than the statewide percentage.
- TREND** ▶ Marks a significant decrease over time.
- DISPARITY** ▶ People of color are more likely to report being without insurance.



## Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

Cass County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 169]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.

## Lack of Health Care Insurance Coverage (Adults Age 18-64; Cass County, 2022)

Healthy People 2030 = 7.9% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 169]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.





# DIFFICULTIES ACCESSING HEALTH CARE

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Difficulties Accessing Services

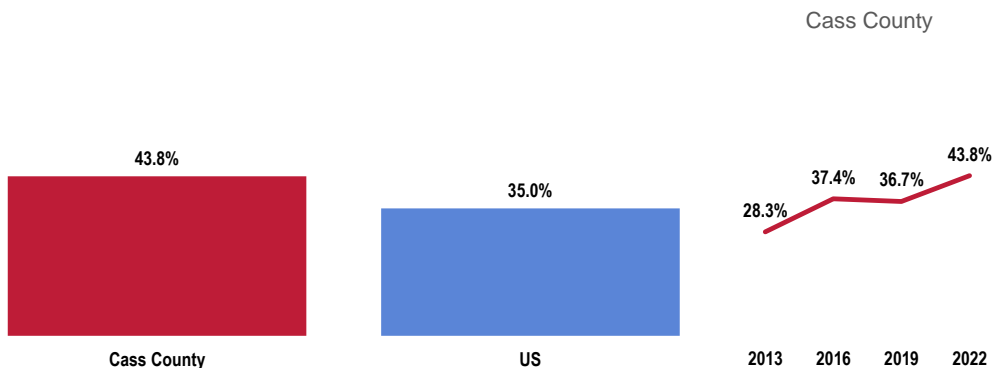
**A total of 43.8% of Cass County adults report some type of difficulty or delay in obtaining health care services in the past year.**

**BENCHMARK** ▶ Worse than found across the US.

**TREND** ▶ Denotes a significant increase over time.

**DISPARITY** ▶ Adults younger than 65 are more likely to report experiencing difficulties or delays.

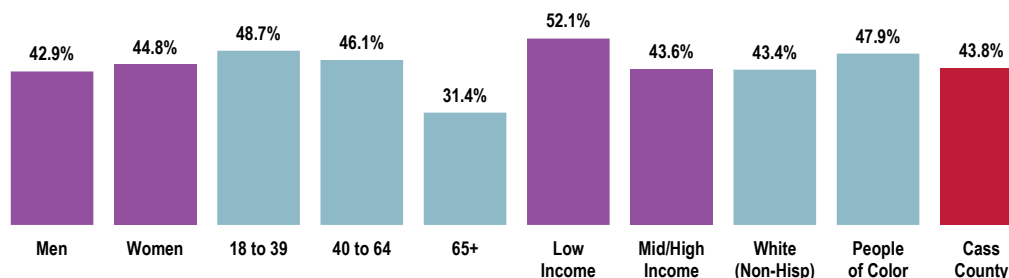
### Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 171]  
● 2020 PRC National Health Survey, PRC, Inc.  
Notes: ● Asked of all respondents.  
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



## Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 171]  
 Notes: • Asked of all respondents.  
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

## Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of area adults.

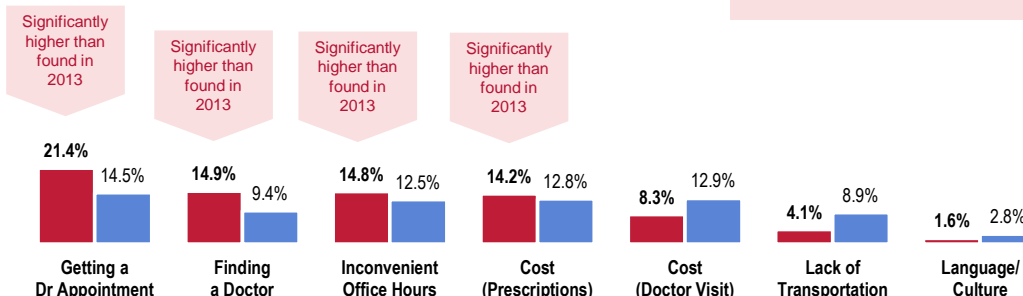
**BENCHMARK** ► **Appointment availability** and **difficulty finding a physician** are more impactful for Cass County residents than Americans overall. Meanwhile, **cost of doctor visits** and **transportation** were less likely to be barriers.

**TREND** ► Within Cass County, four barriers have increased significantly since the 2013 survey: **appointment availability**, **difficulty finding a physician**, **inconvenient office hours**, and **cost of prescriptions**.

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

## Barriers to Access Have Prevented Medical Care in the Past Year

■ Cass County ■ US



In addition, 12.6% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 7-14]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

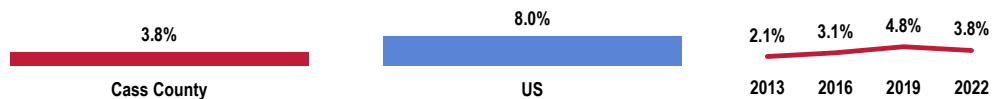


## Accessing Health Care for Children

A total of 3.8% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

### Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

Cass County

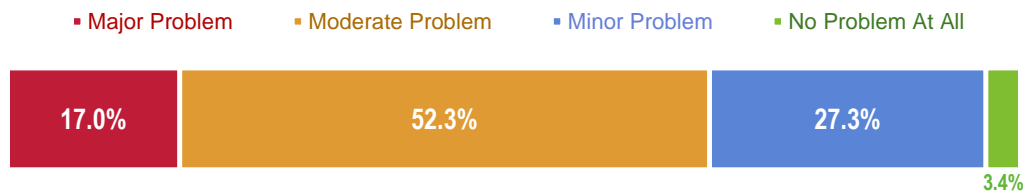


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 118]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents with children 0 to 17 in the household.

## Key Informant Input: Access to Health Care Services

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

### Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2022)



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

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

#### Access to Care/Services

People have difficulty finding a doctor, and a lot of the time when they do find one, they leave, and they have to start over again. Getting to/from appointments is a challenge for many individuals. Paying for services causes issues with people not going. Individuals many times don't know how to gain access, so they go to the ER for things they should not be going there for. – Community Leader

Our students are struggling with mental health, and it is a struggle to get them proper services. – Community Leader



Diversity in the accessible health care services. – Other Health Provider

The biggest challenge for our community when it comes to access is the availability of appointments for PCP, especially physicians. There is access with mid-levels, but a large portion of our population has multiple comorbidities and/or prefers a physician. We also have a problem with transportation, the lack of community transportation, and serving a rural and elderly population. – Other Health Provider

There's not always a clear process, and it takes too long to access services, so people get frustrated and don't get the care they need. – Community Leader

There is a major lack of community resources to help individuals with the care they require. Logansport, as a whole, has many members of its community without insurance or a clear path to proper healthcare. I, personally, see this every day with children. If a child doesn't have insurance or a healthcare provider, getting them seen for a minor healthcare issue is nearly impossible. I spend hours of my day working through this. The last place a child needs to be is the ER for an ear infection. However, this is what happens with the lack of healthcare resources accessible to a vast majority of members of our community. – Other Health Provider

## Lack of Providers

Primary care doctors continue to be in short supply. Med schools keep graduating specialists when primary care services are most needed. LMH has helped by recruiting and assisting PC doctors get established here. More community support should be given to the community health center (IHC) to serve uninsured, Medicaid, and difficult populations because that's what they are good at. Medical transportation is also a problem and likely to get worse. Persons unable to drive to and from appointments, especially those having procedures restricting their ability to drive, must rely on others for help. Sometimes that help isn't available, which leads to the appointment being canceled. – Other Health Provider

Shortage of available family practice physicians and nurse practitioners. – Community Leader

Doctors continue to not stay in our community. Many that are here, especially the ones established, do not accept patients. – Other Health Provider

Doctors seem too often leave, and that creates an issue for patients. Also, it is difficult to get in with long wait times for most physicians. A few weeks at most should be a reasonable wait time for an appointment. – Community Leader

I love many people who work at LMH. But the constant revolving door of physicians creates an environment which causes people to STOP going to the doctor. This is a fact. If I didn't have a doctor out of town, I wouldn't go. I had four doctors in the course of five years here. No one wants to have to recreate a relationship with a health care professional and start from scratch every couple of years. That creates a situation where one feels as if they are less significant and more like a "number" instead of a person. Patients want to have a doctor on which they can count and with whom they can create a relationship. I am not sure anyone realizes just how much this affects people NOT seeking health care. – Social Service Provider

Little choice of physicians to choose from in the community. When a physician is chosen, they don't stay long, therefore leading to a break in the continuity of care for the patient. – Other Health Provider

## Awareness/Education

Language barriers, lack of basic health care education, the processes involved in scheduling appointments, along with the educational attainment of most make access a very real and difficult situation for Cass County. – Social Service Provider

Historically, education has always been the greatest roadblock to any services offered in our community. Healthcare services are difficult to navigate for many people. Having any form of diminished mental capacity or lack of understanding can cause people to avoid health care altogether. We can have health fairs and distribute literature, but if no one comes to the fair or literature isn't read AND EXPLAINED, it does no good. I have long felt that "in-house" educational forums where professionals with GOOD TEACHING SKILLS can go to businesses or places where people gather for regular meetings and have the basics explained. Sometimes, when a professional understands a concept and is very knowledgeable, they don't realize they are "talking over others' heads." The fact that we have so many new people in our community with a variety of languages is another large issue. Translation is difficult and expensive for any organization, especially a hospital. No solution to offer there. – Social Service Provider

## Insurance Issues

We have residents foregoing coverage if it is not made available to them through an employer. Our immigrants may have no coverage and no idea where to receive services. – Social Service Provider

## Cultural Barriers

Language and cultural barriers. Lack of trust in the healthcare system. Transportation. Educating on proper use of emergency room services. However, still need more access to walk-in care for minor illness and injury. – Other Health Provider



## Quality of Services

Poor quality of services. Poor to low practices. – Social Service Provider

## Access to Emergency Care

Emergency care seems to be an issue whether it be for extreme emergencies or a somewhat minor accident. Timeliness and access to the proper medical treatment seem to be lacking. – Community Leader

## Aging Population

Medical transportation. We have an aging population, and many medical procedures require someone to drive them to and from the hospital. – Other Health Provider



# PRIMARY CARE SERVICES

## ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

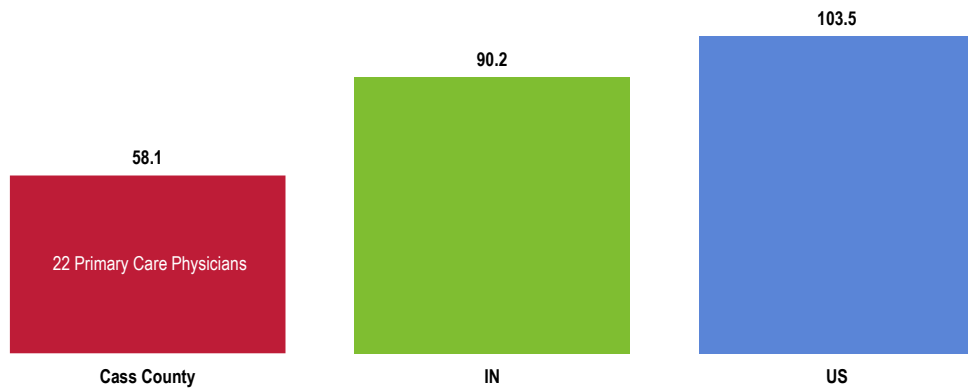
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Access to Primary Care

In 2021, there were 22 primary care physicians in Cass County, translating to a rate of 58.1 primary care physicians per 100,000 population.

**BENCHMARK** ► Considerably lower than found across the state and nation.

Access to Primary Care  
(Number of Primary Care Physicians per 100,000 Population, 2021)



Sources: 

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



## Specific Source of Ongoing Care

A total of 62.4% of Cass County adults were determined to have a specific source of ongoing medical care.

**BENCHMARK** ▶ Less favorable than the US percentage. Fails to satisfy the Healthy People 2030 objective.

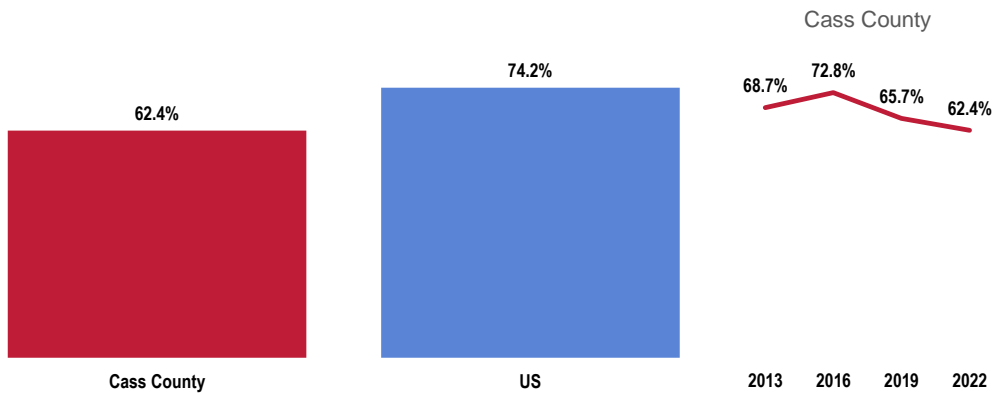
**TREND** ▶ Denotes a significant decrease over time.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

### Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 170]
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.

## Utilization of Primary Care Services

### Adults

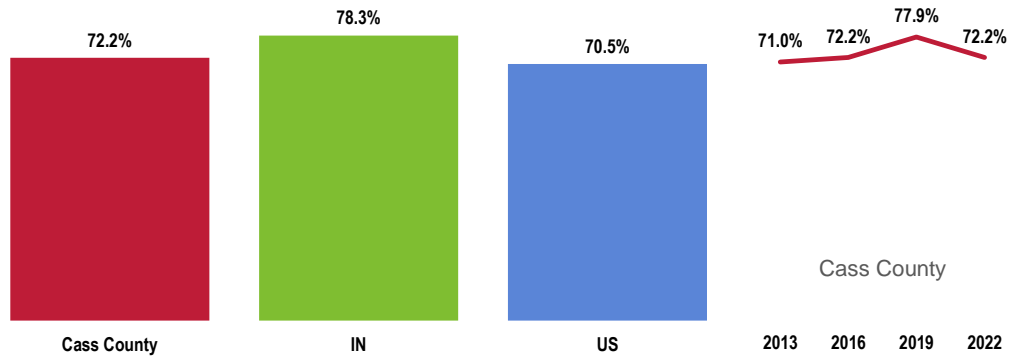
Seven in 10 area adults (72.2%) visited a physician for a routine checkup in the past year.

**BENCHMARK** ▶ Less favorable than the Indiana percentage.

**DISPARITY** ▶ Those less likely to have had a checkup include adults younger than 65 (especially young adults) and people of color.



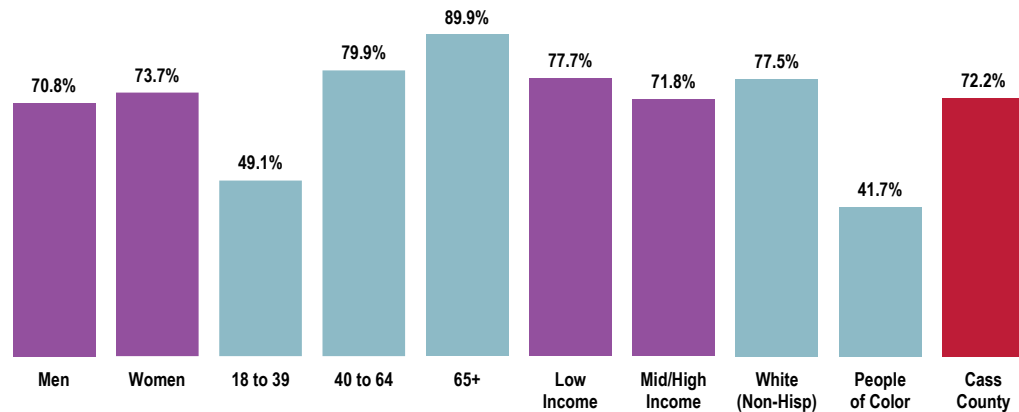
## Have Visited a Physician for a Checkup in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Have Visited a Physician for a Checkup in the Past Year (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]  
 Notes: • Asked of all respondents.

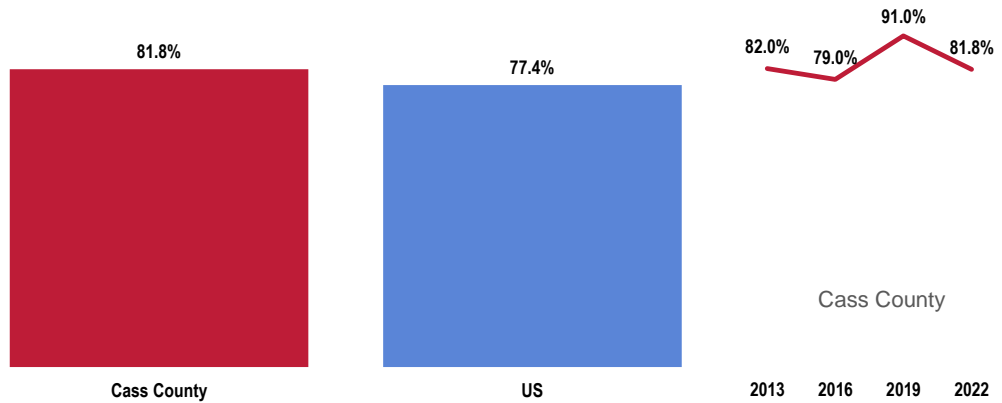




## Children

Among surveyed parents, 81.8% report that their child has had a routine checkup in the past year.

Child Has Visited a Physician  
for a Routine Checkup in the Past Year  
(Parents of Children 0-17)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 120]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents with children 0 to 17 in the household.



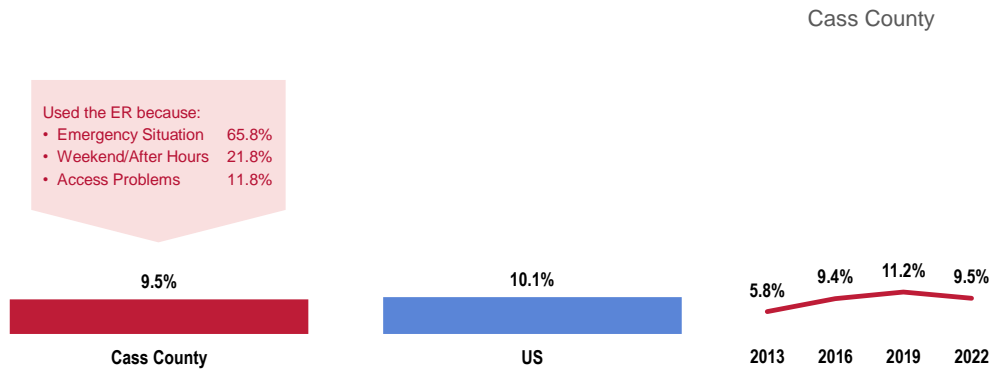
# EMERGENCY ROOM UTILIZATION

A total of 9.5% of Cass County adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Represents a significant increase since 2013.

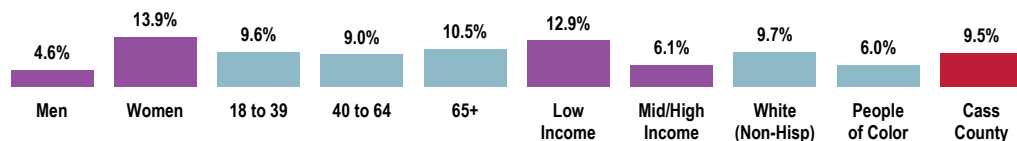
DISPARITY ► Women and lower-income adults are more likely to report having used the ER.

## Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 22-23]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 22]  
 Notes: • Asked of all respondents.



# ORAL HEALTH

## ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Dental Insurance

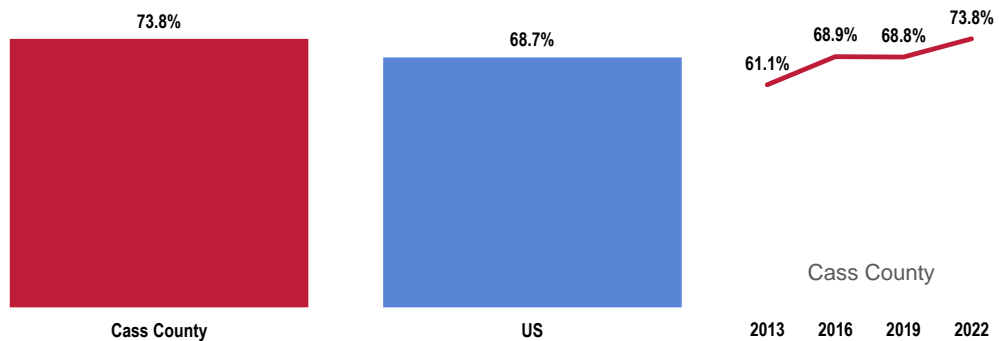
**Nearly three-fourths of Cass County adults (73.8%) have dental insurance that covers all or part of their dental care costs.**

**BENCHMARK** ▶ More favorable than the national finding. Satisfies the Healthy People 2030 objective.

**TREND** ▶ Marks a significant increase over time.

### Have Insurance Coverage That Pays All or Part of Dental Care Costs

Healthy People 2030 = 59.8% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 21]  
• 2020 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
Notes: • Asked of all respondents.



# Dental Care

## Adults

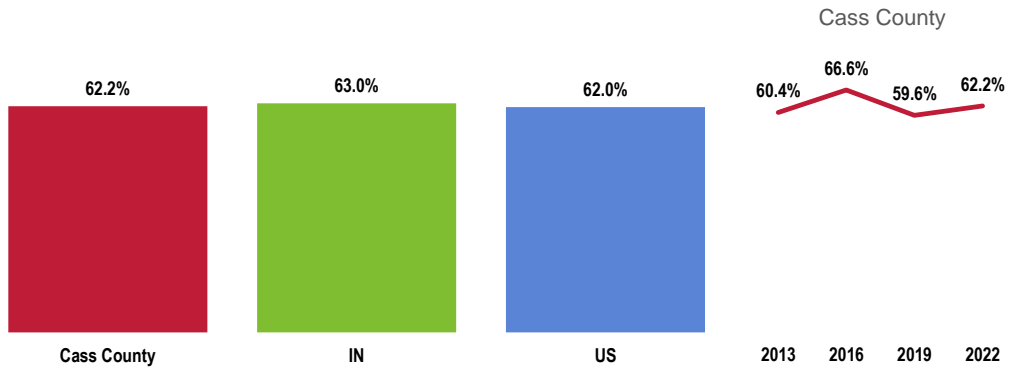
**A total of 62.2% of Cass County adults have visited a dentist or dental clinic (for any reason) in the past year.**

**BENCHMARK** ▶ Satisfies the Healthy People 2030 objective.

**DISPARITY** ▶ Those with lower incomes are much less likely than those with higher incomes to report having received dental care.

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

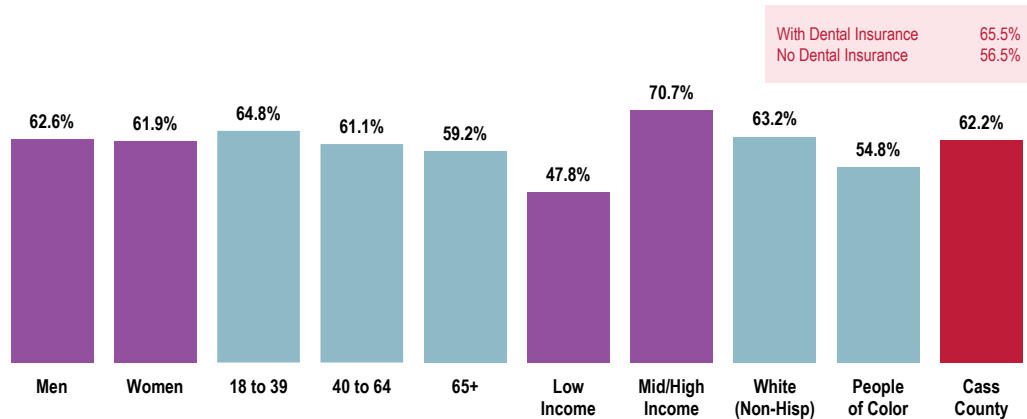


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 20]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Indiana data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

### Have Visited a Dentist or Dental Clinic Within the Past Year (Cass County, 2022)

Healthy People 2030 = 45.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 20]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



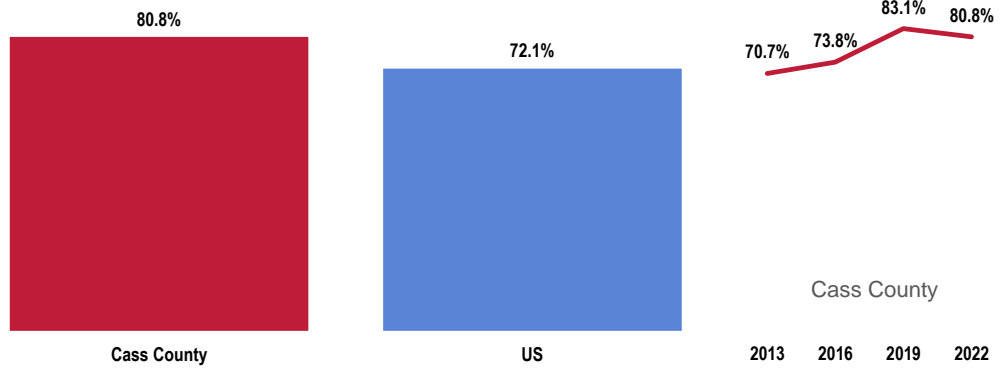
## Children

A total of 80.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

**BENCHMARK** ▶ Satisfies the Healthy People 2030 objective.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher

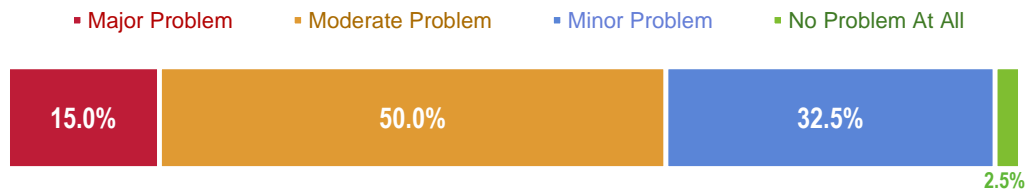


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents with children age 2 through 17.

## Key Informant Input: 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, 2022)



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

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

#### Access for Medicaid Patients

Lack of providers that accept Medicaid. – Other Health Provider

Many dentists do not accept any Medicaid patients. Many people do not have dental insurance. Most dentists are closed Fridays. Little compassion from the dental community for people. – Other Health Provider



Not enough dentists take Medicaid. – Social Service Provider

### Access to Care for Uninsured/Underinsured

Due to the lack of health insurance or not being able to pay for it. – Social Service Provider

Many adults lack dental insurance, and there are no pediatric dental specialists in our immediate service area. – Social Service Provider

### Alcohol/Drug Use

I see a large number of young residents within our community that have poor oral health. It's definitely a correlation to the drug problem we see in our community. – Community Leader

### Generational

It's a product of bad habits passed down by generations. Plus, with the higher use of methamphetamine, there are higher numbers who are afflicted with lost teeth. You see it in the shopping places and community events. – Community Leader

### Tobacco Use

I know numerous smokers and tobacco users that don't put the same efforts toward their oral health as they do spending money on tobacco products. – Social Service Provider



# VISION CARE

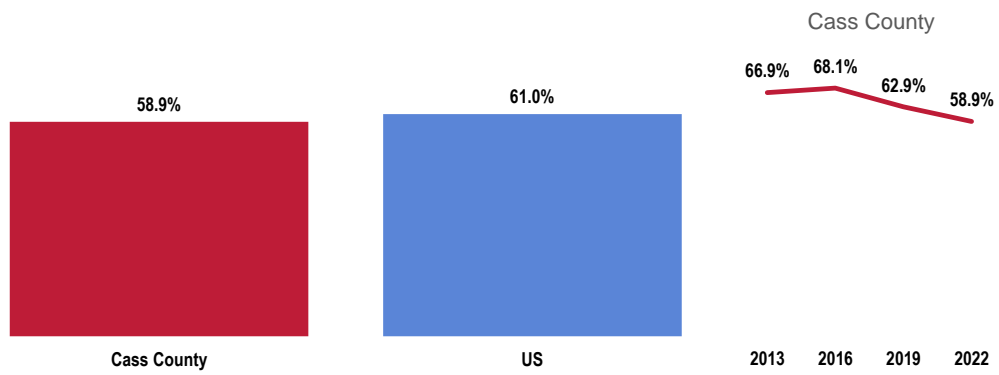
A total of 58.9% of Cass County residents had an eye exam in the past two years during which their pupils were dilated.

**TREND** ▶ Marks a significant decrease over time.

**DISPARITY** ▶ Those less likely to report having received vision care include adults younger than 65 and people of color.

## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

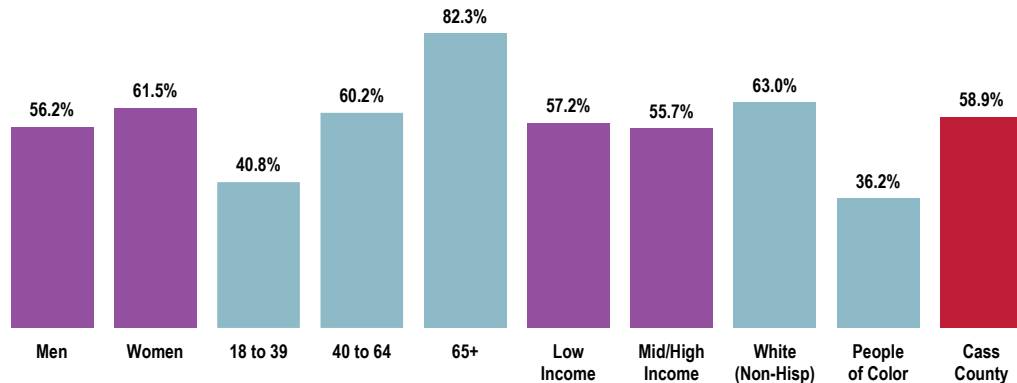
Healthy People 2030 = 61.1% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 19]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.

## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Cass County, 2022)

Healthy People 2030 = 61.1% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 19]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.





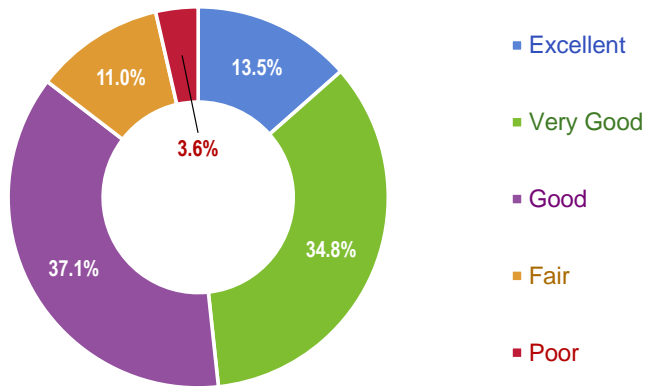
# LOCAL RESOURCES



# PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Nearly one-half of Cass County adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community  
(Cass County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]  
Notes: • Asked of all respondents.

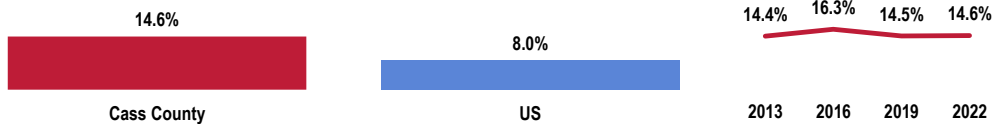
However, 14.6% of residents characterize local health care services as “fair” or “poor.”

**BENCHMARK** ► Worse than the US percentage.

**DISPARITY** ► More often reported among White residents and those who experienced difficulties accessing services.

## Perceive Local Health Care Services as “Fair/Poor”

Cass County

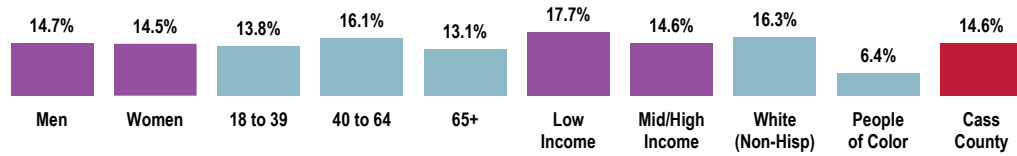


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## Perceive Local Health Care Services as “Fair/Poor” (Cass County, 2022)

With Access Difficulty 23.7%  
No Access Difficulty 7.3%



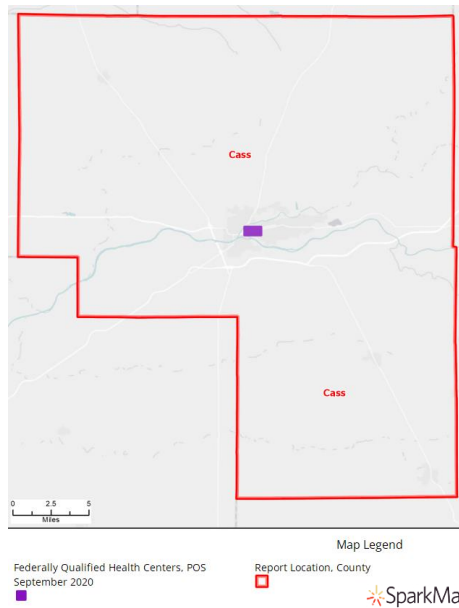
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]  
 Notes: ● Asked of all respondents.



# HEALTH CARE RESOURCES & FACILITIES

## Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Cass County as of September 2020.



# Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

## Access to Health Care Services

- Area Five Agency on Aging & Community Services
- Cass Area Transit
- Cass County Board of Health
- Cass County Council on Aging
- Cass County Health Department
- City/County Government
- Doctor's Offices
- Educational Programs
- ExpressMed
- Four County
- GoodRx
- Hospitals
- Indiana Health Centers
- Indiana Immunization Coalition
- Logansport Memorial Hospital
- MedExpress
- Medicaid
- Pharmaceutical Companies
- Salvation Army
- School System
- United Way
- Women, Infants, and Children (WIC)
- Women's Health Center
- Zionsville Lions Club

## Coronavirus Disease/COVID-19

- Area Five Agency on Aging & Community Services
- City/County Government
- Health Center
- Health Department
- Hospitals
- Indiana State Vaccine Website
- Logansport Memorial Hospital
- Pharmacies
- Walgreens

## Dementia/Alzheimer's Disease

- Adult Daycares
- Alzheimer's Support Groups
- Area Five Agency on Aging & Community Services
- Doctor's Offices
- Home Health
- Hospice
- Memory Care Units
- Mental Health Services
- Senior Helpers Logansport
- Skilled Nursing Facilities

## Cancer

- Cancer Center
- Cass County Health Department
- Doctor's Offices
- Hospice
- Indiana Health Centers
- Logansport Memorial Hospital
- Logansport Memorial Hospital Cancer Care Center
- Smoking Cessation Programs

## Diabetes

- Bodyworks
- Care Coordination
- Diabetes Awareness Events
- Diabetic Education Programs
- Doctor's Offices
- ExpressMed
- Health Department
- Indiana Health Centers
- Logansport Memorial Hospital
- Low-Cost Supplies
- Parks and Recreation
- Pharmaceutical Companies
- Planet Fitness
- Primary Care Services
- Salvation Army



SingleCare Prescription Cards  
VA Clinic  
Workout Anytime  
Young Men's Christian Association

### Disability & Chronic Pain

Cass County Board of Health  
Cass County Council on Aging  
ExpressMed  
Four County  
Health Department  
Logansport Community Schools  
Logansport Memorial Hospital  
Pain Control Clinic  
Peak Community  
Physical Therapy  
Salvation Army  
Self-Medicating  
Supplemental Security Income  
Young Men's Christian Association

### Heart Disease & Stroke

Boy Scouts  
Care Coordination  
Doctor's Offices  
Educational Programs  
Health Department  
Indiana Health Centers  
Logansport Memorial Hospital  
Planet Fitness  
Walking Trails  
Workout Anytime  
Young Men's Christian Association

### Infant Health & Family Planning

Area Five Agency on Aging & Community Services  
Birthright  
Community Doula  
Fire Station Boxes for Babies  
Four County  
Health Department  
Hospitals  
Indiana Health Centers  
Logansport Memorial Hospital  
Purdue Extension  
School System  
Women, Infants, and Children (WIC)  
Women's Health Center

### Injury & Violence

Cass County Sheriff's Department  
Department of Child Services  
Four County  
Indiana Health Centers  
Logansport City Police Department  
Logansport Memorial Hospital  
Logansport State Hospital  
Police Department

### Kidney Disease

Care Coordination

### Mental Health

4th Dimension Recovery Homes  
AA/NA  
Area Five Agency on Aging & Community Services  
Bowen Center  
Bringing Hope Counseling  
Cass County Crisis Helpline  
Cass County Foundation  
Cass County Mental Health Association  
Celebrate Recovery  
Churches  
Clear Skies Counseling Services  
Company EAP Programs  
Counselors  
Crisis Management Team  
Doctor's Offices  
Four County  
Friends Counseling Center  
Health Department  
Hope Behavioral Services  
Hospitals  
Indiana Health Centers  
LMPN Behavioral Health Office  
Logansport Community Schools  
Logansport Memorial Hospital  
Logansport State Hospital  
Mental Health America  
Mental Health Association  
Mental Health Services  
Peak Community  
Region IV Mental Health Services  
Salvation Army  
School System  
State Hospital  
Substance Abuse Prevention Coalition  
Sycamore Springs



- Therapists
- Trinity
- United Way
- Young Men's Christian Association
- Youth Service Alliance

- Logansport Family Dentistry
- Maple Family Dentistry
- Parker Family Dentistry

### Nutrition, Physical Activity, & Weight

- Anytime Fitness
- Area Five Agency on Aging & Community Services
- Bodyworks
- Boy Scouts
- Cass County Health Department
- City/County Government
- Diabetic Education Programs
- Doctor's Offices
- Emmaus Mission
- Farmer's Market
- Fast Food Restaurants
- Fitness Centers/Gyms
- Food Pantries
- Four County
- France Park
- Grocery Stores
- Health Department
- Hospitals
- Logansport Community Schools
- Logansport Memorial Hospital
- Nutritional Stores
- Parks and Recreation
- Planet Fitness
- Purdue Extension
- Salvation Army
- School System
- Senior Center
- Shrine Club
- Tyson
- Weight Management Places
- Weight Watchers
- Women, Infants, and Children (WIC)
- Workout Anytime
- Young Men's Christian Association
- Youth Groups

### Respiratory Disease

- American Cancer Society
- American Lung Association
- Area Five Agency on Aging & Community Services
- Doctor's Offices
- Health Department
- Hospitals
- Logansport Memorial Hospital
- Pulmonary Rehab
- School System
- Smoking Cessation Programs
- Smoking Cessation Support Groups
- Young Men's Christian Association

### Sexual Health

- Churches
- Health Department
- Indiana Health Centers
- Logansport Memorial Hospital
- School System
- Urgent Care

### Substance Abuse

- 4th Dimension Recovery Homes
- AA/NA
- Area Five Agency on Aging & Community Services
- Bowen Center
- Cass County Jail
- Celebrate Recovery
- Church of the Brethren
- Churches
- Criminal System
- Critical Care Registered Nurse
- Educational Programs
- Father's House
- Four County
- Health Department
- Hospitals
- Jail
- Lafayette Police Department
- Logansport City Police Department
- Logansport Memorial Hospital
- Police Department
- School System

### Oral Health

- Area Five Agency on Aging & Community Services
- Be Gentle Dentistry
- Dental Plus
- Dentist's Offices
- Doctor's Offices



- Snyder Counseling Services
- State Hospital
- Strict Laws for Those Who Buy/Sell Drugs
- Substance Abuse Prevention Coalition
- Support Groups
- The Father's House
- Therapists
- Turning Point

### **Tobacco Use**

- American Cancer Association
- American Lung Association
- Cass County Community Coalition
- Companies/Chamber
- CVS
- Educational Programs
- Four County Counseling Center
- Health Department
- Indiana Health Centers
- Indiana Quit Now
- Logansport Community Schools
- Logansport Memorial Hospital
- Logansport School Corporation
- Medications
- Partners for a Drug-Free Cass County
- School System
- Smoking Cessation Programs
- Substance Abuse Prevention Coalition
- United Way
- YMCA
- Youth Groups
- Youth Service Alliance





# APPENDIX



# EVALUATION OF PAST ACTIVITIES

## CHNA Report Card

Based on the health needs priorities identified in the executive summary and implementation plan of the 2019 Community Health Needs Assessment (CHNA), this report card demonstrates measurable progress made through programs and service offerings that have since been established or pursued.

### **COVID-19 Pandemic**

The unforeseen, unprecedented COVID-19 pandemic hit during the window between completing these Community Needs Assessments. Much of the work that would have been done in collaboration with other organizations and community partners was not possible because of the social distancing and public gathering restrictions in place.

Virtual collaboration was a priority, however, and one of the most significant achievements for the Cass County community were the Community Conference calls that began in response to COVID-19. These calls convened community leaders and organizations together by phone and virtual conference to share updates on how everyone was working to address needs created or exacerbated by COVID-19. The Community Conference calls were so successful that they continue today, convening community members every two months for new updates. Logansport Memorial Hospital also looks forward to resuming more normal, community-based work on identified community health needs as the world emerges safely from this pandemic.

### **Priority #1 –Mental Health**

**Objective:** To promote mental, emotional, and behavioral well-being.

#### **Strategy Goals + Implementation Strategies (by 2022):**

*Increase the number of PHQ-9 depression screenings.*

##### **Increase depression management education to Cass County residents.**

- Screenings implemented in Women’s Health and Pediatrics offices.

##### **Increase depression screenings.**

- Screenings implemented in Women’s Health and Pediatrics offices.

##### **Develop and distribute a referral guide and materials for local assistance with chronic depression and mental health.**

- A substance use resource guide was compiled as part of the Systems of Care taskforce to help individuals, families and community organizations know what was available for help with substance abuse.
- Creating a guide specifically for chronic depression and mental health may be duplicative of that, but opportunity exists to determine where resources overlap to assist in both areas – chronic depression and substance abuse.
- Marketed “Be Well Indiana” website as a resource for mental health issues.

##### **Develop a nurturing, resilient and trauma-informed community by providing ACES (Adverse Childhood Experiences) training to educators and school systems, parents and caregivers, healthcare providers, foster parents, legal and law enforcement professionals, social service providers, and the faith community.**

- A training was held in June 2022. It was delayed due to COVID recommendations against large, public gatherings.



## Priority #1 –Mental Health

**Objective:** To promote mental, emotional, and behavioral well-being.

### Strategy Goals + Implementation Strategies (by 2022):

*Improve the number of adults who characterize most days as no more than “moderately stressful.”*

#### **Conduct community-wide awareness campaigns or events aimed at reducing stress and reducing stigma.**

- Four County provides ongoing Mental Health First Aid and QPR community trainings.

#### **Explore ways to address the immigrant population who live with the possibility of deportation.**

- Immigrant Connection, a local not-for-profit founded in Logansport, provides immigration legal services.

#### **Develop and distribute a referral guide and materials for local assistance with chronic depression and mental health.**

- A resource guide was compiled as part of the Systems of Care taskforce to help individuals, families and community organizations know what was available for help with substance abuse.
- Creating a guide specifically for chronic depression and mental health may be duplicative of that, but opportunity exists to determine where resources overlap to assist in both areas – chronic depression and substance abuse.

#### **Create and distribute educational materials to the general population, as well as targeted groups such as First Responders, postpartum mothers, etc.**

- Safety Pin grant awarded to Logansport Memorial Hospital in 2021 to work with prenatal and postnatal mothers.
- The first annual “Climb out of Darkness” event was held in May 2022 to promote local resources and organizations that can help postpartum mothers battling symptoms of postpartum depression.

#### **\*\*Additional Achievement(s):**

- The Systems of Care taskforce is still meeting periodically in the community. This taskforce’s primary objective is supporting recovery through prevention, intervention, connection and community for all individuals in recovery.



## Priority #1 –Mental Health

**Objective:** To promote mental, emotional, and behavioral well-being.

### **Strategy Goals + Implementation Strategies (by 2022):**

#### *Decrease suicide deaths in Cass County.*

#### **Partner with mental health organizations to improve identification and treatment of mental health issues that may lead to suicide.**

- The Suicide Prevention Taskforce was formed in 2015. It was created as a resource for suicide loss survivors. Public events were paused during COVID. In September 2021, the first public event was held since COVID – a Lantern Release and Walk on the River Bluff Run trail. Planning is underway for 2022-23 events.
- Four County created and mobilized a Mobile Crisis Unit that is available to first responders and the Emergency Room as needed.

#### **Support QPR Training (Question, Persuade, and Refer).**

- Four County provided community QPR training.
- Logansport State Hospital providing QPR training to staff and then will make available to the community.

#### **Support ACES Training (Adverse Childhood Experiences).**

- Four County has one certified “ACE” trainer.

**Identify ways to partner with the Suicide Taskforce on new initiatives such as Loss Training, and implement post-vention activities to reduce risk and promote healing after suicide.**



## Priority #2 – Substance Abuse

**Objective:** To reduce the incidence of illicit drug use.

### Strategy Goals + Implementation Strategies (by 2022):

*Decrease illicit drug use.*

#### **Implement Life Skills Training (LST) curriculum in all county schools.**

- Implemented social and emotional prevention curriculum in Logansport Community School Corporation.

#### **Develop a nurturing, resilient and trauma-informed community by providing ACES (Adverse Childhood Experiences) training to educators and school systems, parents and caregivers, healthcare providers, legal and law enforcement professionals, social service providers, and the faith community.**

- A training was held in June 2022. It was delayed due to COVID recommendations against large, public gatherings.

#### **Support community Naloxone (NARCAN) training.**

- Four County implemented Narcan training for all associates and trained 5-8 trainers to provide community training.
- Logansport State Hospital coordinated the purchase and distribution of 8000 cartons of Naloxone, which was distributed to recovery hubs throughout Indiana by partnering with Overdose Lifeline, Inc.

#### **Incorporate screening, brief intervention, and referral treatment (SBIRT) training into primary care settings.**

- Updates here

#### **Reduce written prescriptions of opioids.**

- Logansport Memorial Hospital revised opioid policies and trained providers and staff.

#### **Support Medication Assisted Treatment (MAT) for substance use.**

- Logansport Memorial Hospital implemented the Medication Assisted Treatment program in early 2020, right before the COVID-19 pandemic. The program includes medication, counseling, and support from family and friends to help individuals enrolled in the program regain a healthy, productive life.

#### **\*\*Additional Achievement(s):**

- The Logansport Memorial Hospital Foundation held its first annual Drug Take Back Day in April of 2021. The event was so successful that it has become an annual event observed and appreciated by the community at large to safely remove and dispose of unused or unnecessary drugs from the home.
- The Youth Services Alliance received a Drug-Free Communities grant in 2021.



## Priority #2 – Substance Abuse

**Objective:** To reduce the incidence of illicit drug use.

### **Strategy Goals + Implementation Strategies (by 2022):**

*Increase the number of people who are able to obtain professional help for substance use.*

#### **Increase health insurance navigation.**

- Four County established a team of navigators that were placed [where] to assist individuals in signing up for affordable coverage options.

#### **Support recovery housing options.**

- Two new facilities were opened and are in use by the community – The Father’s House, and 4<sup>th</sup> Dimension Recovery House.

#### **Research expansion of Quick Response Team (QRT) community paramedicine programs.**

- The Four County Mobile Crisis Team was implemented and is being utilized by community partners and agencies when needed.

#### **Increase the number of peer recovery coaches that provide services in the community.**

- Four County hired two peer recovery coaches who primarily focus their efforts on serving the jail population at this time.

#### **Increase treatment options for pregnant women with substance use disorders.**

- Dr. Timothy Hall from the Logansport Memorial Women’s Health Center is a certified Medication Assisted Treatment (MAT) provider, to help pregnant women battling substance use disorders when they need prenatal care.

#### **Promote 211 Open Beds Program.**

- This tool helps Indiana residents seeking substance use disorder treatment to connect with available treatment beds and represents a model that is as close as possible to "treatment-on-demand". Indiana residents can access the Indiana 2-1-1 Open Beds program by phone, online, or text to obtain information on inpatient or outpatient drug or alcohol treatment and be matched with available treatment slots. Online information on each treatment provider includes contact information and website address, services provided, hours of operation, cost and payment options, and eligibility requirements.



## Priority #2 – Substance Abuse

**Objective:** To reduce the incidence of illicit drug use.

### Strategy Goals + Implementation Strategies (by 2022):

*Decrease substance use.*

#### **Support community Naloxone (NARCAN) training.**

- Four County implemented Narcan training for all associates and trained 5-8 trainers to provide community training.
- Logansport State Hospital coordinated the purchase and distribution of 8000 cartons of Naloxone, which was distributed to recovery hubs throughout Indiana by partnering with Overdose Lifeline, Inc.

#### **Promote sober events and activities.**

#### **Develop and promote a de-stigmatization awareness campaign.**

#### **Create positive social hubs for youth.**

#### **Create a youth peer mentoring program.**

#### **Facilitate a youth advisory committee.**

- The Youth Services Alliance added youth to its Drug-Free Communities taskforce, to gain insight and perspective that would help their efforts be relevant for this target population.



### **Priority #3 – Nutrition, Physical Activity, and Weight**

**Objective:** To empower and engage participants in living healthy lifestyles, using education to demonstrate how those choices and behaviors lead to an improved quality of life.

#### **Strategy Goals + Implementation Strategies (by 2022):**

*Increase the health literacy of Cass County.*

**Develop an initiative to promote healthy food donations to food pantries and create a guide for distribution.**

- Grants were received during the COVID-19 pandemic to help supplement food insecurity for the community at-large. The United Way of Cass County and Food Finders organizations distributed funding and food through the Emmaus Mission Center to continue providing much needed access to healthy food options.

**Provide opportunities for families to learn about the nutrition value of fresh produce and to engage in physical activity.**

**Distribute a list of food resources/pantries with location, hours, and general information.**

- Provided via Cass County Calendar and Cass County Online announcements

**Develop educational materials and recipe cards related to nutrition and physical activity for distribution in backpacks and at feeding programs.**

**Create materials in English and Spanish.**

- Announcements made related to food distribution during COVID was translated into English and Spanish.



### **Priority #3 – Nutrition, Physical Activity, and Weight**

**Objective:** To empower and engage participants in living healthy lifestyles, using education to demonstrate how those choices and behaviors lead to an improved quality of life.

#### **Strategy Goals + Implementation Strategies (by 2022):**

*Reduce the obesity rate in Cass County.*

**Educate the community at events throughout the year about obesity and childhood obesity.**

- Cass County Y Youth Boot camp.

**Promote physical activities with sponsorships of items given that promote activity: jump ropes, chalk, balls, Frisbees, trackers.**

**Develop a campaign and activities to promote the use of the trail system.**

**Partner with the Cass County Family YMCA and the Logansport Parks Department to promote activities.**

- Logansport Memorial Hospital and the Logansport Memorial Hospital Foundation partnered with the Logansport Parks Department to implement a new National Fitness Court and Activity Center at Riverside Park. Activities include a full outdoor gym with seven training zones for bodyweight exercises, as well as new basketball and pickleball courts.

**Implement an unclaimed bikes initiative for individuals in need of transportation.**

- City of Logansport implemented a Scooter program as an additional mode of transportation in the community.

**Promote LMH health and wellness programs, such as the HMR Program, St. Vincent Bariatric program partnership, and Workplace Wellness class offerings and services.**

- Marketing through the LMH Marketing Department is ongoing for these various hospital programs and services, helping to make individuals, organizations, and businesses aware of localized options for weight loss and/or wellness.

#### **\*\*Additional Achievement(s):**

- Despite COVID-19, the Logansport Memorial Hospital Foundation still held its annual River Bluff Run for Breast Cancer Awareness, modifying it to an individualized, virtual participation. Activity was still encouraged and celebrated while funds were still raised for a worthy, local cause.

