

2013 PRC Community Health Needs Assessment Report

Cass County, Indiana

Sponsored by
Logansport Memorial Hospital



Professional Research Consultants, Inc.

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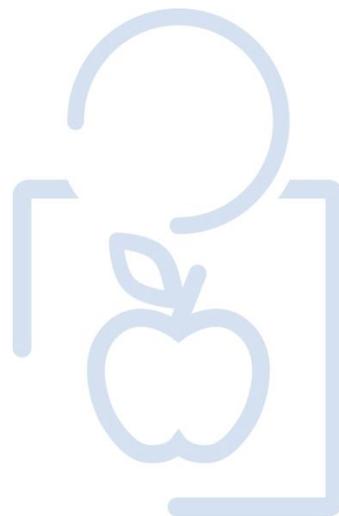
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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Cass County. 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 which have historically 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 Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the Community Health Survey conducted by PRC) and secondary research (vital statistics and other existing health-related data collected by Logansport Memorial Hospital); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a Key Informant Focus Group conducted by PRC.

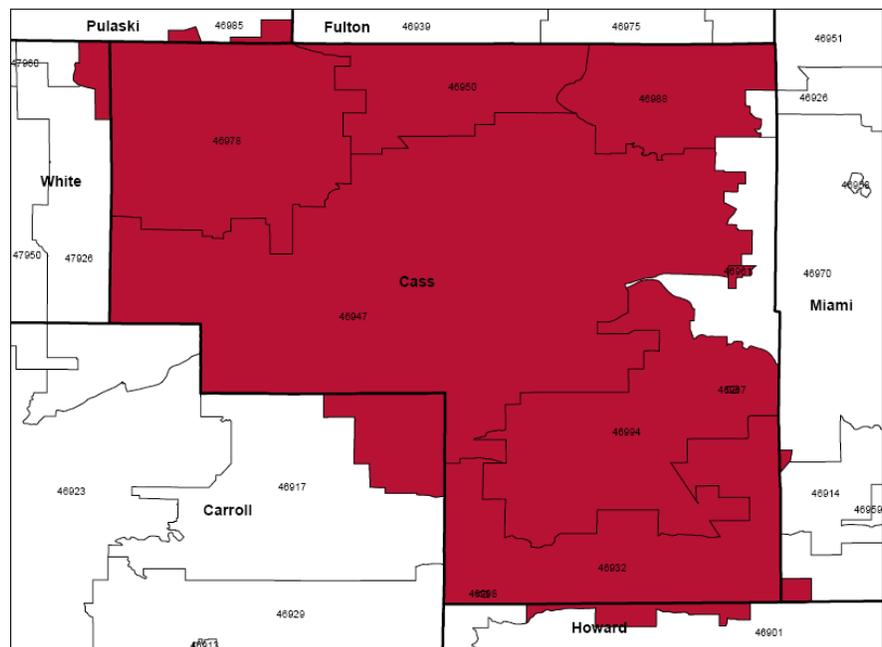
PRC Community Health Survey

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 the Logansport Memorial Hospital and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Cass County” in this report) is defined as each of the residential ZIP Codes comprising the county, including 46932, 46947, 46950, 46961, 46967, 46978, 46988, 46994, and 46998. This community definition is illustrated in the following map.



Sample Approach & Design

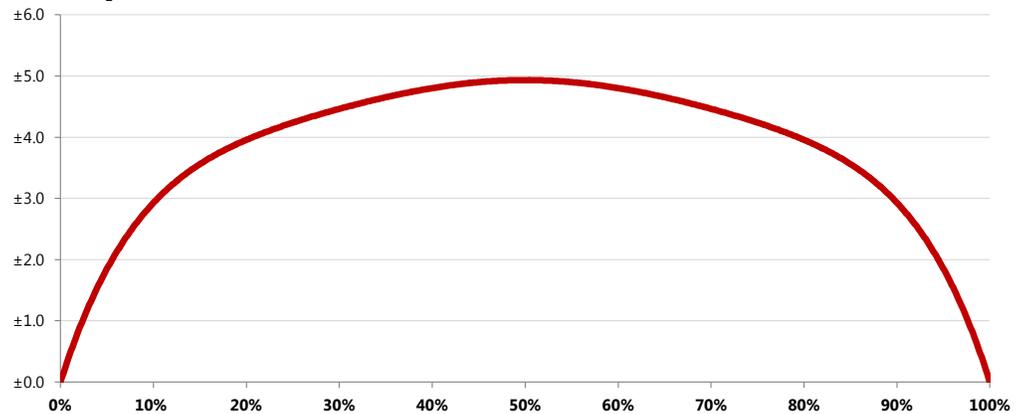
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. 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 400 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 Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



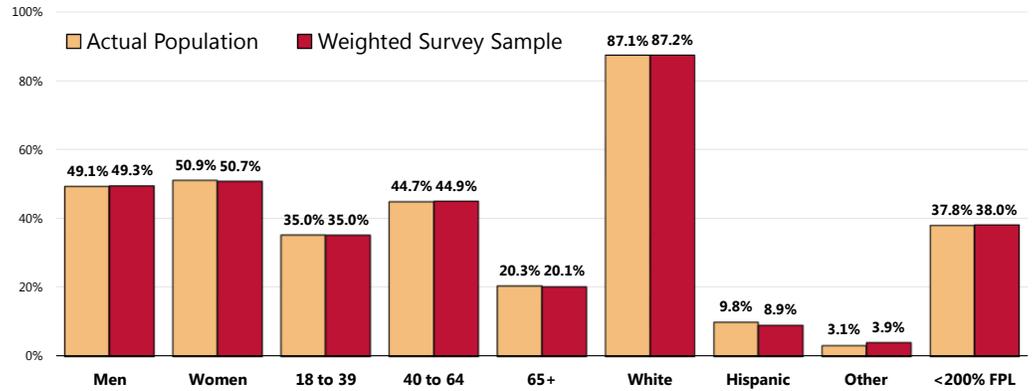
- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
 - A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) 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 45.1% and 54.9% ($50\% \pm 4.9\%$) 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. And, 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 gender, 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 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 healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics (Cass County, 2013)



Sources:
 • Census 2010, Summary File 3 (SF 3), U.S. Census Bureau.
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the 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 2012 guidelines place the poverty threshold for a family of four at \$23,050 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 the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more the federal poverty level.

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.

Key Informant Focus Group

As part of this Community Health Needs Assessment, a focus group was held on April 11, 2013. The focus group participants included 16 local key informants: physicians, a public health representative, other health professionals, social service providers, business leaders and other community leaders.

A list of recommended participants for the focus groups was provided by Logansport Memorial Hospital. 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. Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to ensure a reasonable turnout.

Final participation included representatives of the organizations outlined in the following table. Through this process, input was gathered from a representative of public health, as well as several individuals whose organizations work with low-income, minority (including African American, Hispanic, Burmese, and Asian residents), or other medically underserved populations (specifically, the elderly, the disabled, uninsured/underinsured residents, those with Medicaid, and non-English speakers).

Community Leaders

Thursday, April 11, 11:30am to 1:30pm

Organization	Populations Served		
	Medically Underserved	Low-Income Residents	Minority Populations
Caston Elementary School	X	X	X
Logansport Memorial Hospital	X	X	X
Roeing Corporation	X	X	X
Peak Community	X	X	
Logansport Community School Corporation			X
Logansport Parks Department	X	X	X
Logansport High School	X	X	X
Hope Hospice	X	X	X
United Way	X	X	X
Cass County Department of Health	X	X	X
Area Five Agency of Aging	X	X	X

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

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. The majority of these secondary data were collected and provided to PRC by Logansport Memorial Hospital for inclusion; however, some data (e.g., age-adjusted death rates) were collected by PRC to supplement the overall set of indicators. In all, data for Cass County were obtained from the following sources (with specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- Indiana State Department of Health
- Indiana Youth Institute
- Logansport Community School Corporation (LCSC) Youth Risk Behavior Survey
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services

Benchmark Data

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 are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of

Health & Human Services. 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 *2011 PRC National Health Survey*; the methodological approach for the national study is identical 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 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has

established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

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 a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of Cass County, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. 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).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Specific Source for Care (“Medical Home”) • Ranked as #2 top concern among focus group participants; they emphasized: <ul style="list-style-type: none"> ○ Barriers to Access ○ Poverty ○ Limited Number of Physicians
Cancer	<ul style="list-style-type: none"> • Cancer Deaths (Including Lung Cancer) • Cervical Cancer Screenings • Colorectal Cancer Screenings
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths • Prevalence of Diabetes
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease Deaths • Hypertension • Cardiovascular Risk Factors
Injury & Violence Prevention	<ul style="list-style-type: none"> • Motor Vehicle Crash Deaths • Use of Seat Belts (Adults) • Use of Bicycle Helmets (Children 5-17) • Firearms in the Home (Including Homes w/Children)
Maternal, Infant & Child Health	<ul style="list-style-type: none"> • Lack of Prenatal Care • Births to Teens
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Seeking Help for Emotional Health • Disparities for Low-Income Residents • Ranked as #4 top concern among focus group participants; they emphasized: <ul style="list-style-type: none"> ○ Limited Resources (Providers & Services) ○ Stigma ○ Cost/Insurance Issues

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Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Overweight Prevalence • Fruit/Vegetable Consumption <ul style="list-style-type: none"> ○ Medical Advice About Nutrition • Lack of Leisure-Time Physical Activity • Meeting Physical Activity Guidelines (Moderate/Vigorous Exercise) <ul style="list-style-type: none"> ○ Medical Advice About Physical Activity • <i>Ranked as #1 top concern among focus group participants; they emphasized:</i> <ul style="list-style-type: none"> ○ <i>Poor Nutrition</i> ○ <i>Lack of Education</i> ○ <i>Sedentary Lifestyles</i> ○ <i>Youth Participation in Athletics</i>
Oral Health	<ul style="list-style-type: none"> • Dental Visits (Adults)
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease Deaths • Pneumonia/Influenza Deaths
Tobacco Use	<ul style="list-style-type: none"> • Lung Cancer Deaths • Smoking Cessation • Smoking During Pregnancy • Use of Smokeless Tobacco • <i>Ranked as #3 top concern among focus group participants; they emphasized:</i> <ul style="list-style-type: none"> ○ <i>High Smoking Prevalence</i> ○ <i>Lack of Cessation Programs</i>

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Cass County, grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Cass County results are shown in the larger, blue column.
- The columns to the right of Cass County column provide comparisons between the county and any available state and national findings, and Healthy People 2020 targets. 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.

Access to Health Services	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	13.6	 23.6	 14.9	 0.0
% [65+] With Medicare Supplement Insurance	78.2		 75.5	
% [Insured] Insurance Covers Prescriptions	92.2		 93.9	
% [Insured] Went Without Coverage in Past Year	6.6		 4.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	28.3		 37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	7.5		 14.3	
% Cost Prevented Getting Prescription in Past Year	9.7		 15.0	
% Cost Prevented Physician Visit in Past Year	8.4		 14.0	
% Difficulty Getting Appointment in Past Year	10.8		 16.5	
% Difficulty Finding Physician in Past Year	8.0		 10.7	
% Transportation Hindered Dr Visit in Past Year	3.4		 7.7	
% Skipped Prescription Doses to Save Costs	9.5		 14.8	
% Difficulty Getting Child's Healthcare in Past Year	2.1		 1.9	
% [Age 18+] Have a Specific Source of Ongoing Care	68.7		 76.3	 95.0
% Have Had Routine Checkup in Past Year	71.0		 67.3	
% Child Has Had Checkup in Past Year	82.0		 87.0	
% Two or More ER Visits in Past Year	5.8		 6.5	

Access to Health Services (continued)	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Rate Local Healthcare "Fair/Poor"	14.4		 15.3	
		 better	 similar	 worse

Arthritis, Osteoporosis & Chronic Back Conditions	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	40.1		 35.4	
% [50+] Osteoporosis	7.5		 11.4	 5.3
% Sciatica/Chronic Back Pain	21.1		 21.5	
% Migraine/Severe Headaches	13.2		 16.9	
% Chronic Neck Pain	8.5		 8.3	
		 better	 similar	 worse

Cancer	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	193.9	 191.1	 174.2	 160.6
Lung Cancer (Age-Adjusted Death Rate)	74.4	 59.9	 48.5	 45.5
Colorectal Cancer (Age-Adjusted Death Rate)	14.8	 17.0	 16.1	 14.5
% Skin Cancer	8.2	 5.4	 8.1	
% Cancer (Other Than Skin)	5.6	 6.3	 5.5	
% [Men 50+] Prostate Exam in Past 2 Years	64.9		 70.5	
% [Women 50-74] Mammogram in Past 2 Years	72.1	 74.7	 79.9	 81.1

Cancer (continued)	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Women 21-65] Pap Smear in Past 3 Years	71.7	 80.2	 84.7	 93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	59.6	 62.8	 72.0	
% [Age 50+] Blood Stool Test in Past 2 Years	33.1	 15.8	 28.3	
% [Age 50-75] Colorectal Cancer Screening	61.9			 70.5
		 better	 similar	 worse

Chronic Kidney Disease	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	16.0	 21.1	 15.2	
		 better	 similar	 worse

Diabetes	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	24.4	 23.9	 21.3	 19.6
% Diabetes/High Blood Sugar	14.4	 10.2	 10.1	
		 better	 similar	 worse

Dementias, Including Alzheimer's Disease	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	25.1	 28.1	 25.0	
		 better	 similar	 worse

Educational & Community-Based Programs	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Attended Health Event in Past Year	22.0		 22.2	
		 better	 similar	 worse

Family Planning	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Teenage Birth Rate (15-19)/1,000	27.3	 20.5		
		 better	 similar	 worse

General Health Status	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	12.5	 18.9	 16.8	
% Activity Limitations	19.2	 24.4	 17.0	
		 better	 similar	 worse

Hearing & Other Sensory or Communication Disorders	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Deafness/Trouble Hearing	11.6		 9.6	
		 better	 similar	 worse

Heart Disease & Stroke	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	195.0	 196.7	 184.6	 152.7
Stroke (Age-Adjusted Death Rate)	41.1	 44.9	 40.2	 33.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.4		 6.1	

Heart Disease & Stroke (continued)	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Stroke	4.6	 3.4	 2.7	
% Blood Pressure Checked in Past 2 Years	93.8		 94.7	 94.9
% Told Have High Blood Pressure (Ever)	43.6	 32.8	 34.3	 26.9
% [HBP] Taking Action to Control High Blood Pressure	91.2		 89.1	
% Cholesterol Checked in Past 5 Years	90.9	 72.8	 90.7	 82.1
% Told Have High Cholesterol (Ever)	29.5	 39.0	 31.4	 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	86.9		 89.1	
% 1+ Cardiovascular Risk Factor	90.0		 86.3	
		 better	 similar	 worse

HIV	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18-44] HIV Test in the Past Year	9.7		 19.9	 16.9
		 better	 similar	 worse

Immunization & Infectious Diseases	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 65+] Flu Shot in Past Year	75.6	 60.6	 71.6	 90.0
% [High-Risk 18-64] Flu Shot in Past Year	55.0		 52.5	 90.0
% [Age 65+] Pneumonia Vaccine Ever	63.7	 70.5	 68.1	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	41.4		 32.0	 60.0

Immunization & Infectious Diseases (continued)	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Ever Vaccinated for Hepatitis B	30.8		 38.4	
% Received Tdap Vaccine in Past 12 Months	15.2			
% [Insured] Insurance Does Not Cover Vaccines	4.5			
% [Age 60+] Have Received the Shingles Vaccine	12.4			
% Home is On a Septic System	59.1			
% [Septic Owners] Septic System is Routinely Pumped	58.3			
		 better	 similar	 worse

Injury & Violence Prevention	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	37.0	 39.1	 38.2	 36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	15.5	 12.1	 11.9	 12.4
% "Always" Wear Seat Belt	79.2	 93.9	 85.3	 92.4
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	89.8		 91.6	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	12.2		 35.3	
% Firearm in Home	44.9		 37.9	
% [Homes With Children] Firearm in Home	48.6		 34.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	11.3		 16.9	
% Victim of Violent Crime in Past 5 Years	1.5		 1.6	

Injury & Violence Prevention (continued)	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Ever Threatened With Violence by Intimate Partner	8.2		 11.7	
% Victim of Domestic Violence (Ever)	9.3		 13.5	
Child Abuse Offenses per 1,000 Children	12.0	 15.0		
		 better	 similar	 worse

Maternal, Infant & Child Health	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% No Prenatal Care in First Trimester	37.8	 33.4		 22.1
% of Low Birthweight Births	7.1	 8.4	 8.2	 7.8
		 better	 similar	 worse

Mental Health & Mental Disorders	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	7.8		 11.7	
% Major Depression	9.2		 11.7	
% Symptoms of Chronic Depression (2+ Years)	22.8		 26.5	
Suicide (Age-Adjusted Death Rate)	11.6	 12.8	 11.8	 10.2
% Have Ever Sought Help for Mental Health	18.7		 24.4	
% Typical Day Is "Extremely/Very" Stressful	7.1		 11.5	
% Child [Age 5-17] Takes Prescription for ADD/ADHD	4.0		 6.5	
		 better	 similar	 worse

Nutrition & Weight Status	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	37.4		 48.8	
% Medical Advice on Nutrition in Past Year	35.7		 41.9	
% Healthy Weight (BMI 18.5-24.9)	26.9		 31.7	 33.9
% Overweight	71.9	 65.6	 66.9	
% Obese	31.4	 30.8	 28.5	 30.6
% Medical Advice on Weight in Past Year	25.2		 25.7	
% [Overweights] Couseled About Weight in Past Year	31.1		 30.9	
% [Obese Adults] Couseled About Weight in Past Year	45.6		 47.4	 31.8
% [Overweights] Trying to Lose Weight Both Diet/Exercise	35.3		 38.6	
% Children [Age 5-17] Overweight	32.0		 30.7	
% Children [Age 5-17] Obese	16.4		 18.9	 14.6
		 better	 similar	 worse

Oral Health	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	60.4	 68.8	 66.9	 49.0
% Child [Age 2-17] Dental Visit in Past Year	70.7		 79.2	 49.0
% Have Dental Insurance	61.1		 60.8	
		 better	 similar	 worse

Physical Activity	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Employed] Job Entails Mostly Sitting/Standing	50.5		 63.2	
% No Leisure-Time Physical Activity	42.8	 29.2	 28.7	 32.6
% Meeting Physical Activity Guidelines	34.3		 42.7	
% Moderate Physical Activity	18.8		 23.9	
% Vigorous Physical Activity	25.8	 28.2	 34.8	
% Medical Advice on Physical Activity in Past Year	41.6		 47.8	
% Child [Age 5-17] Watches TV 3+ Hours per Day	21.2		 19.7	
% Child [Age 5-17] Uses Computer 3+ Hours per Day	12.9		 9.9	
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	49.9		 43.4	
		 better	 similar	 worse

Respiratory Diseases	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	54.9	 56.3	 43.2	
Pneumonia/Influenza (Age-Adjusted Death Rate)	30.3	 17.9	 16.4	
% Nasal/Hay Fever Allergies	19.9		 27.3	
% Sinusitis	15.1		 19.4	
% Chronic Lung Disease	7.2		 8.4	
% [Adult] Currently Has Asthma	6.0	 9.6	 7.5	

Respiratory Diseases (continued)	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Child 0-17] Currently Has Asthma	5.0		 6.8	
		 better	 similar	 worse

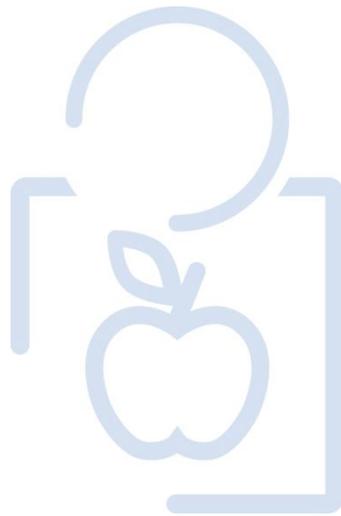
Sexually Transmitted Diseases	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	7.4		 7.1	
% [Unmarried 18-64] Using Condoms	24.9		 18.9	
		 better	 similar	 worse

Substance Abuse	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	6.1	 8.1	 9.2	 8.2
% Current Drinker	41.5	 51.6	 58.8	
% Chronic Drinker (Average 2+ Drinks/Day)	2.5	 6.0	 5.6	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	10.5	 17.8	 16.7	 24.3
% Drinking & Driving in Past Month	1.6		 3.5	
% Driving Drunk or Riding with Drunk Driver	2.9		 5.5	
% Illicit Drug Use in Past Month	0.6		 1.7	 7.1
% Ever Sought Help for Alcohol or Drug Problem	3.4		 3.9	
		 better	 similar	 worse

Tobacco Use	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Current Smoker	15.1	 25.6	 16.6	 12.0
% Someone Smokes at Home	17.0		 13.6	
% [Non-Smokers] Someone Smokes in the Home	8.0		 5.7	
% [Household With Children] Someone Smokes in the Home	9.6		 12.1	
% [Smokers] Received Advice to Quit Smoking	74.9		 63.7	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	40.1		 56.2	 80.0
% Smoke Cigars	3.0		 4.2	 0.2
% Use Smokeless Tobacco	6.8		 2.8	 0.3
% Smoking During Pregnancy	25.4	 18.5		
		 better	 similar	 worse

Vision	Cass County	Cass County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Blindness/Trouble Seeing	7.1		 6.9	
% Eye Exam in Past 2 Years	66.9		 57.5	
		 better	 similar	 worse

GENERAL HEALTH STATUS



Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

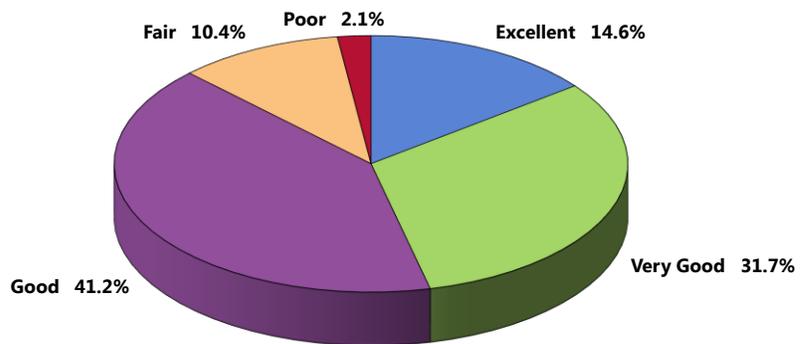
"Would you say that in general your health is: excellent, very good, good, fair or poor?"

Self-Reported Health Status

A total of 46.3% of Cass County adults rate their overall health as "excellent" or "very good."

- Another 41.2% gave "good" ratings of their overall health.

Self-Reported Health Status
(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

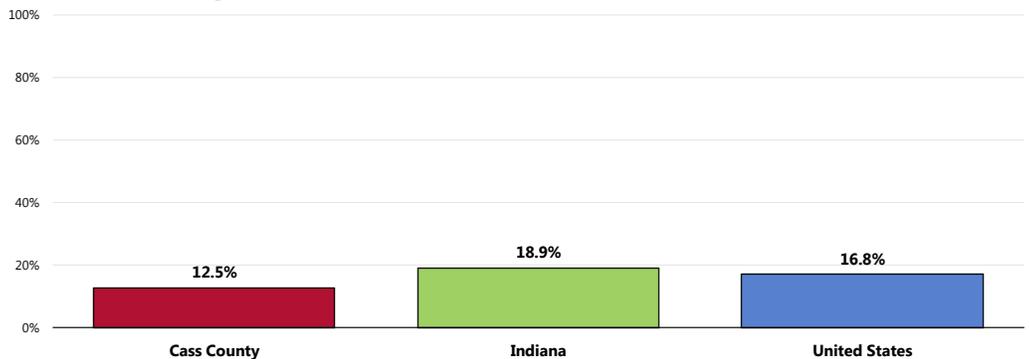
However, 12.5% of Cass County adults believe that their overall health is "fair" or "poor."

- Better than statewide findings.
- Better than the national percentage.

NOTE:

• Differences noted in the text represent significant differences determined through statistical testing.

Experience "Fair" or "Poor" Overall Health



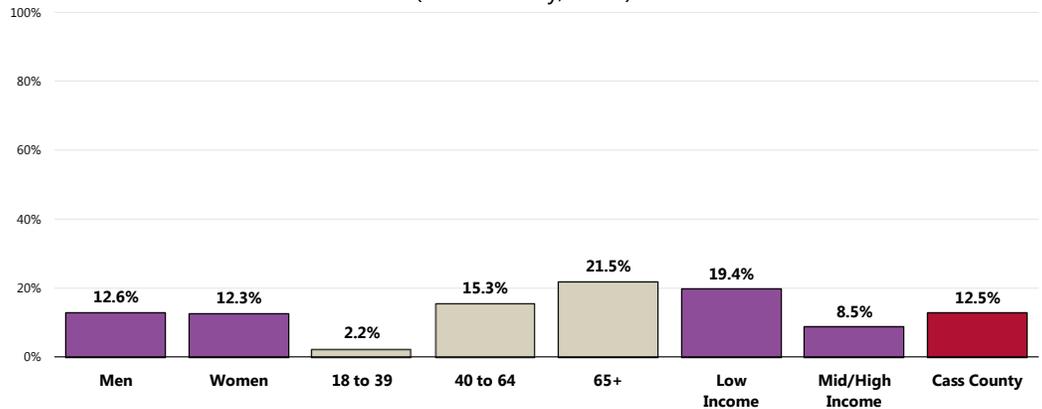
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Those age 40 and older (note the positive correlation with age).
- Residents living at lower incomes.

Experience “Fair” or “Poor” Overall Health

(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

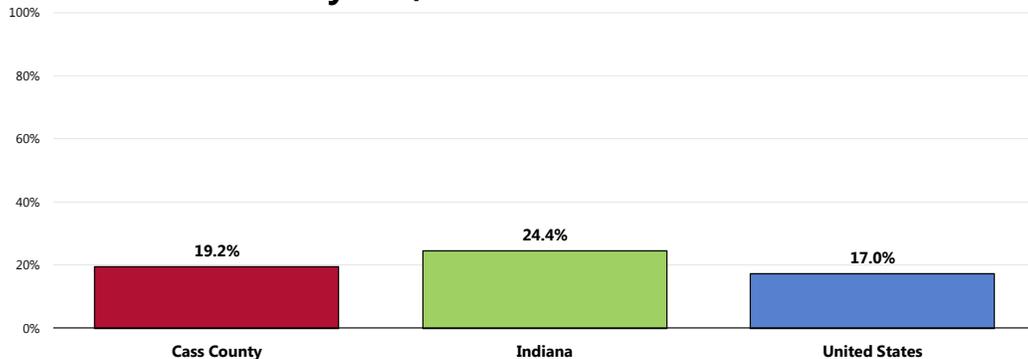
- Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

– Healthy People 2020 (www.healthypeople.gov)

A total of 19.2% of Cass County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than the prevalence statewide.
- Statistically similar to the national prevalence.

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

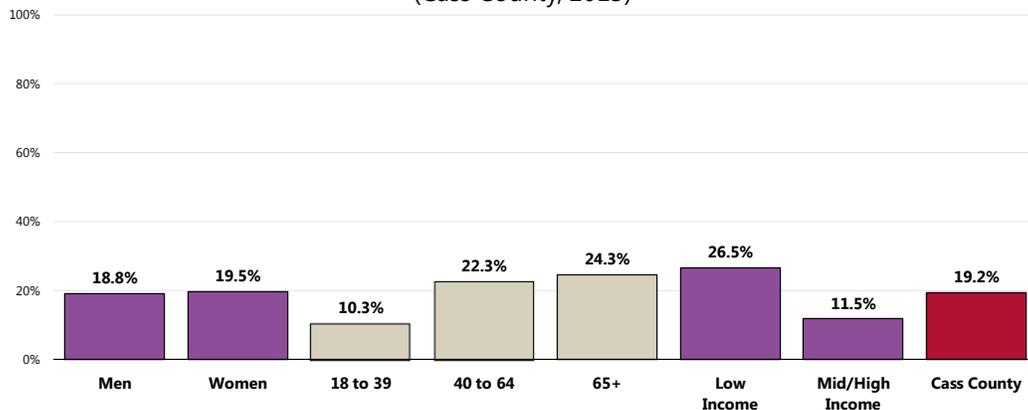


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Indiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities.
- Residents in households with lower incomes are more likely than those with higher incomes to report activity limitations.

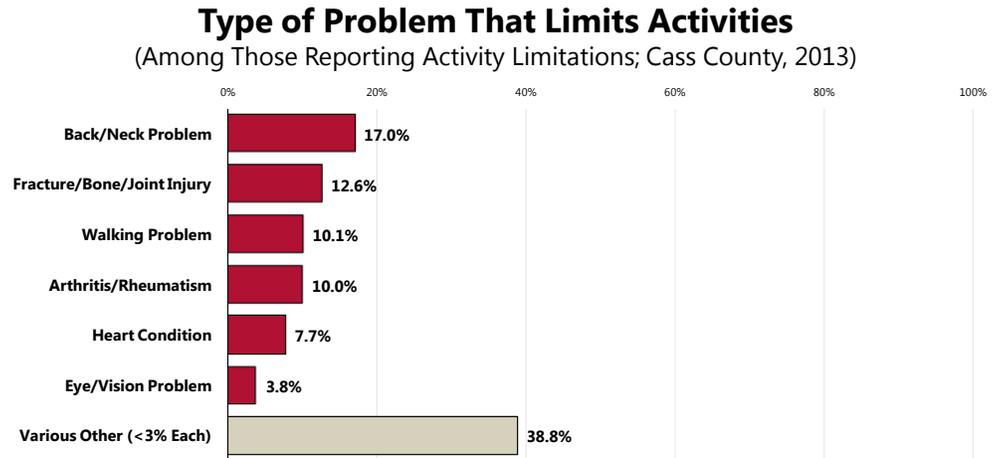
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

RELATED ISSUE:
 See also
*Potentially Disabling
 Conditions* in the **Death,
 Disease & Chronic
 Conditions** section of this
 report.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, fractures or bone/joint injuries, difficulty walking, or arthritis/rheumatism.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes: • Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Self-Reported Mental Health Status

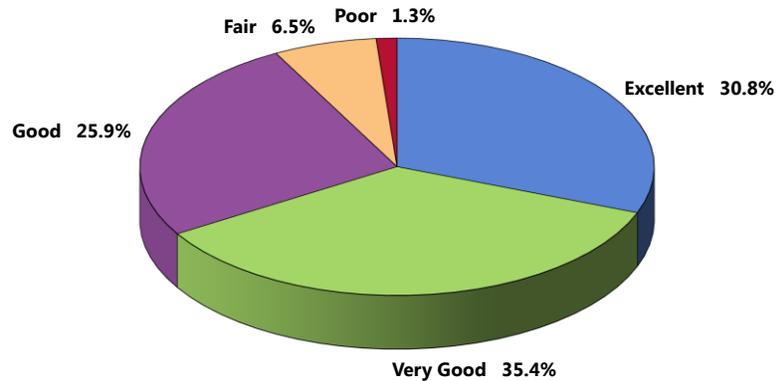
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Two in three Cass County adults (66.2%) rate their overall mental health as "excellent" or "very good."

- Another 25.9% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Cass County, 2013)

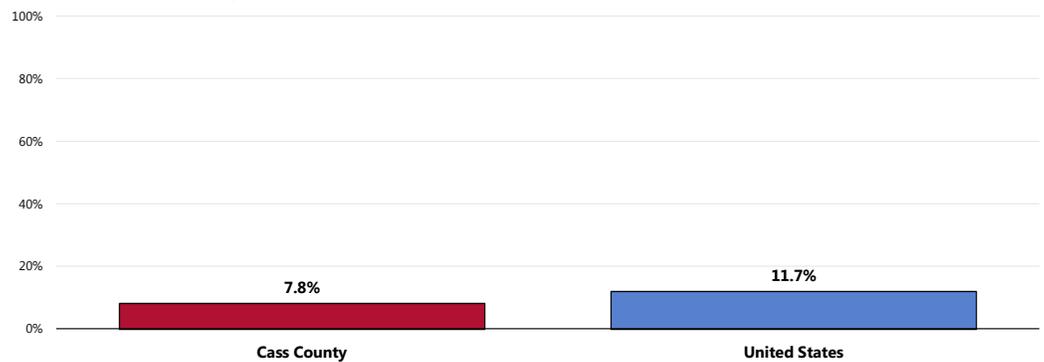


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of all respondents.

A total of 7.8% of Cass County adults, however, believe that their overall mental health is "fair" or "poor."

- More favorable than the "fair/poor" response reported nationally.

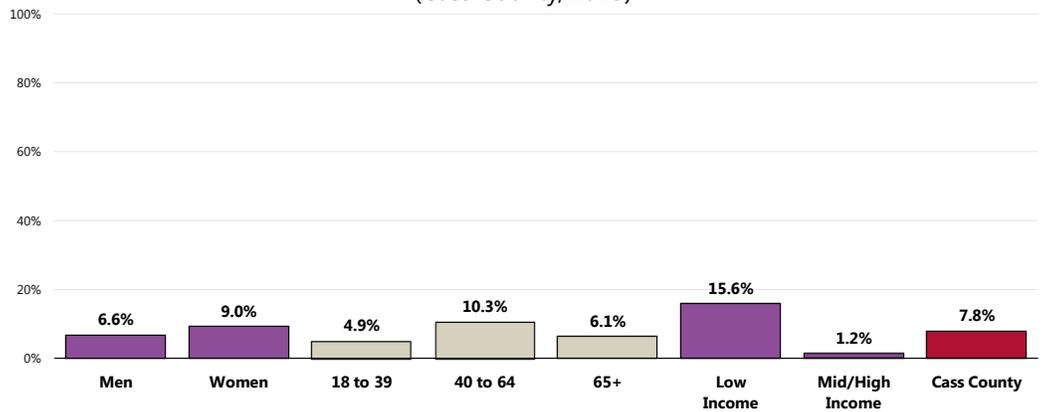
Experience "Fair" or "Poor" Mental Health



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👥 Note the negative correlation between poor mental health and income.

Experience “Fair” or “Poor” Mental Health (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

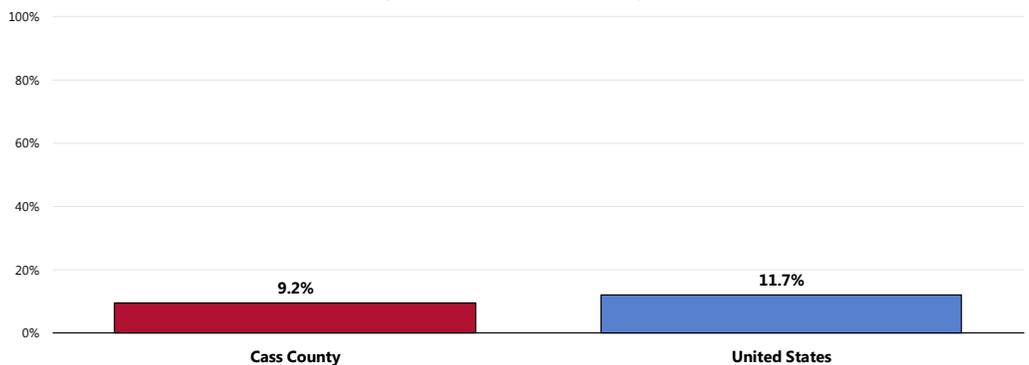
Depression

Major Depression

A total of 9.2% of Cass County adults have been diagnosed with major depression by a physician.

- Similar to the national finding.

Have Been Diagnosed With Major Depression



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

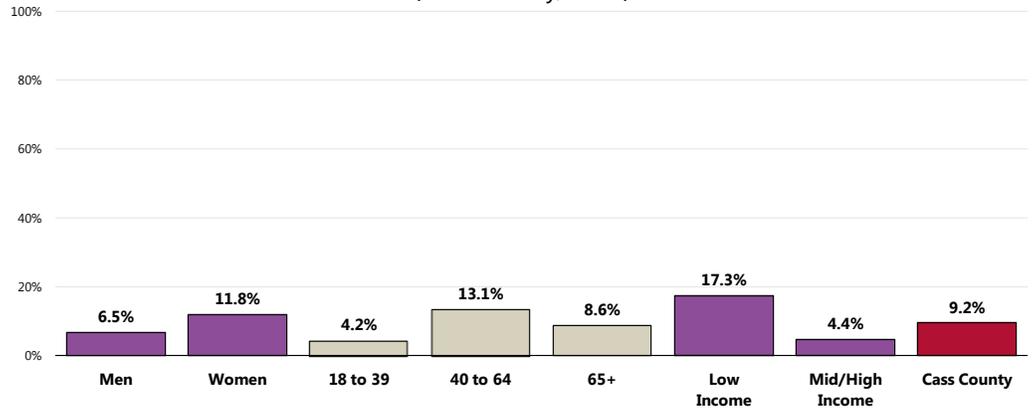
Notes: • Asked of all respondents.

The prevalence of major depression is notably higher among:

👤 Adults between the ages of 40 and 64.

👤 Community members living at lower incomes.

Have Been Diagnosed With Major Depression (Cass County, 2013)



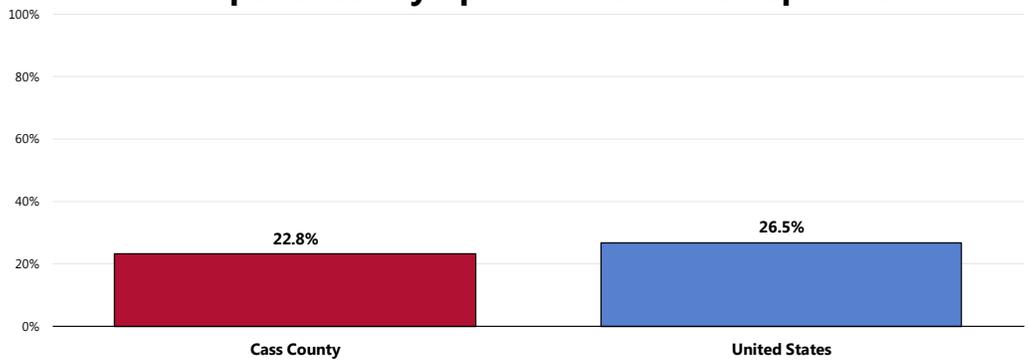
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 22.8% 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 (chronic depression).

- Comparable to national findings.

Have Experienced Symptoms of Chronic Depression



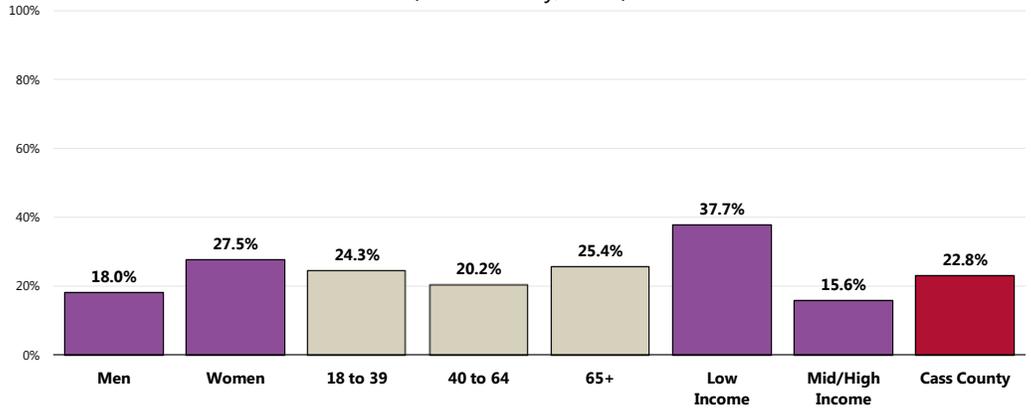
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

-  Women.
-  Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression

(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

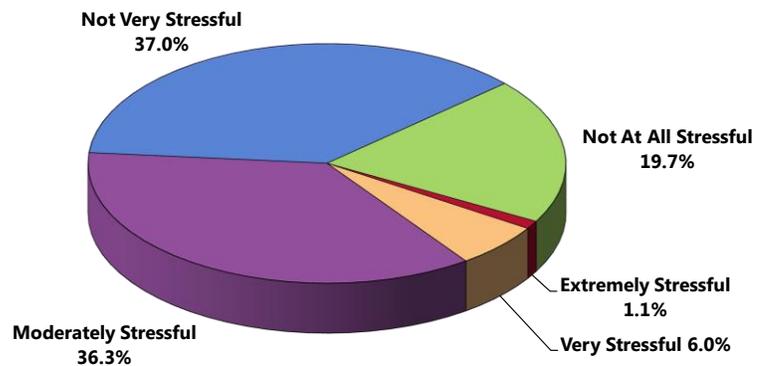
Stress

More than one-half of Cass County adults consider their typical day to be "not very stressful" (37.0%) or "not at all stressful" (19.7%).

- Another 36.3% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Cass County, 2013)



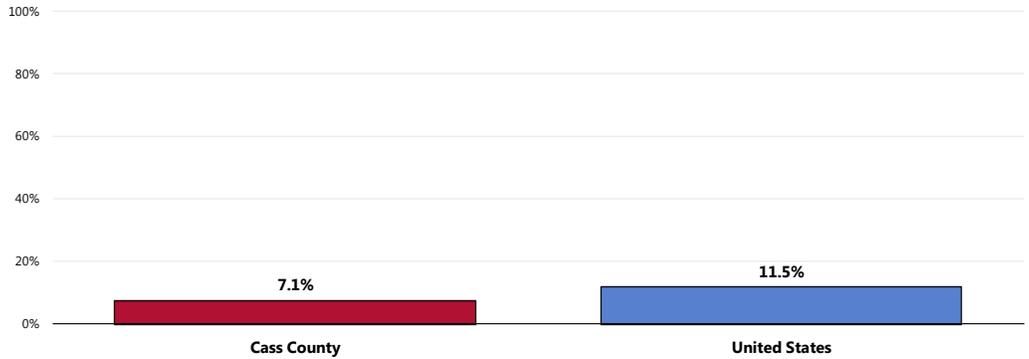
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
 Notes: • Asked of all respondents.

RELATED ISSUE:
 See also *Substance Abuse* in
 the **Modifiable
 Health Risks** section
 of this report.

In contrast, 7.1% of Cass County adults experience “very” or “extremely” stressful days on a regular basis.

- More favorable than national findings.

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

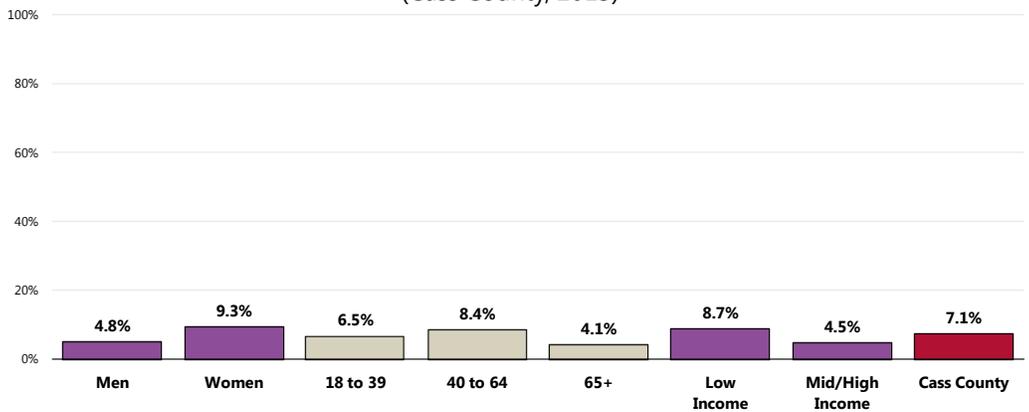


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👥 Note that high stress levels do not vary significantly by demographic characteristic.

Perceive Most Days as “Extremely” or “Very” Stressful (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
 • Asked of all respondents.

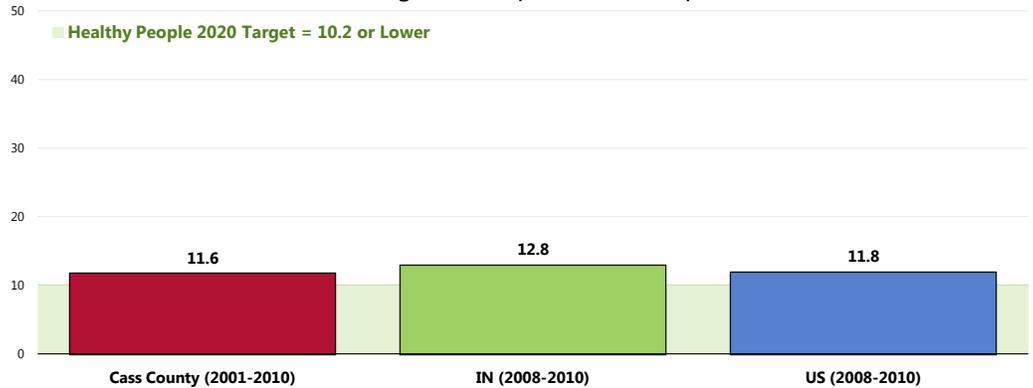
Notes: • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2001 and 2010, there was an annual average age-adjusted suicide rate of 11.6 deaths per 100,000 population in Cass County.

- Lower than the statewide rate (2008-2010 data).
- Comparable to the national rate (2008-2010 data).
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

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



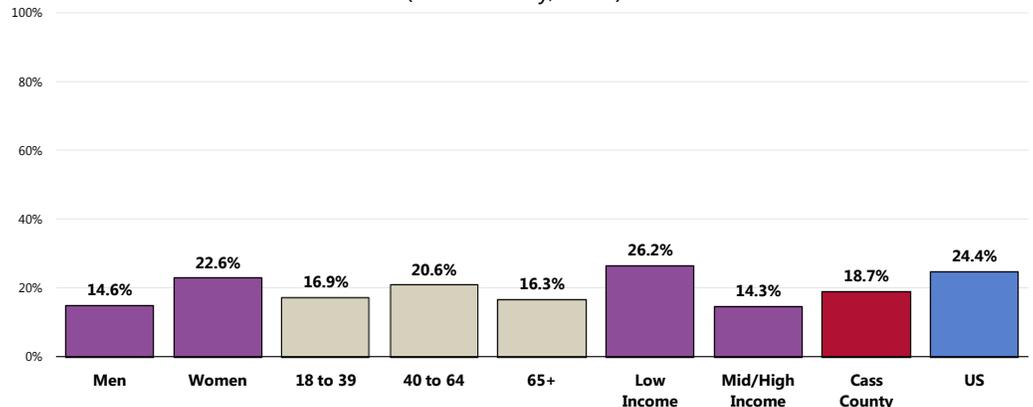
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2013.
 • Indiana State Department of Health
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • 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 U.S. Standard Population.

Mental Health Treatment

Among the total sample of respondents, 18.7% acknowledge that they have sought professional help for a mental or emotional problem.

- Lower than the national figure.
- 👥 Statistically higher in women and low-income residents.

Sought Help for a Mental or Emotional Problem (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

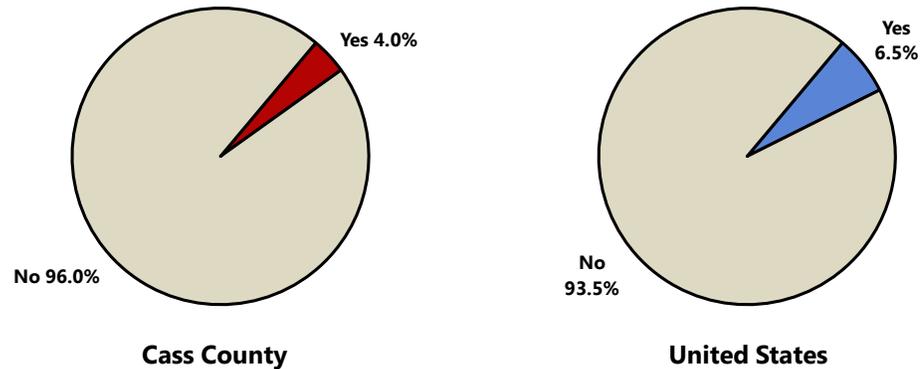
Children & ADD/ADHD

Among Cass County adults with children age 5 to 17, 4.0% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.

Child Takes Medication for ADD/ADHD

(Among Parents of Children 5-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17.

Related Focus Group Findings: Mental Health

Many focus group participants discussed mental health in the community, with emphasis on the following items:

- Limited number of behavioral health providers and services
- Four County Counseling Center
- Stigma
- Cost of treatment and insurance restrictions

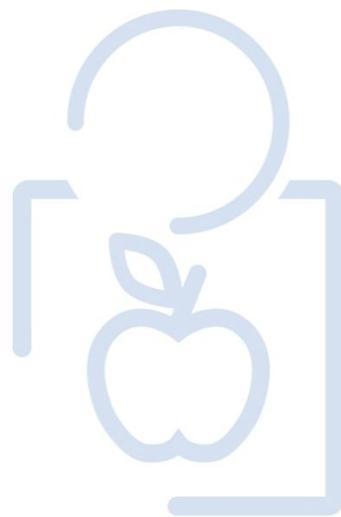
During the focus group, issues surrounding mental health care coverage came up several times. Focus group members discussed at length the **limited number of behavioral health providers and services** available in the community. The **Four County Counseling Center** represents the main behavioral health option for residents; however, key informants believe that the perception of care is poor. Many times, new patients have several months' waiting periods and language barriers can also impact ability to obtain care.

Participants also feel that **stigma** impacts residents' willingness to access behavioral healthcare. Some parents will never seek treatment for their child because they do not want the child "labeled." Logansport Memorial Hospital has a psychologist on-site and participants would like to see more behavioral health providers located in physician offices to reduce potential stigma.

"I've been here at the hospital setting for ten years, and I worked with a family physician's office, which is very nice because they already have the trust in the physician. So if the physician says, 'Oh, I have this person that you could go see,' that's already – he or she is saying, 'I trust them.' And so then they can also, when they're coming in, 'Well, I'm just going to see the doctor.' They don't have to say, 'I'm going to see the counselor.' So it does take away a lot of that stigma, you're right." — Key Informant

The **cost of treatment and insurance restrictions** can also negatively impact a community member's access to mental healthcare. Participants think that insurance coverage really affects the younger population and agree that for young residents, no local residential facilities exist so families must travel for services. Many times insurance does not cover an adequate amount of treatment days, so a vicious cycle occurs due to early termination and the young person being returned to the original environment without adequate coping skills or proper medications.

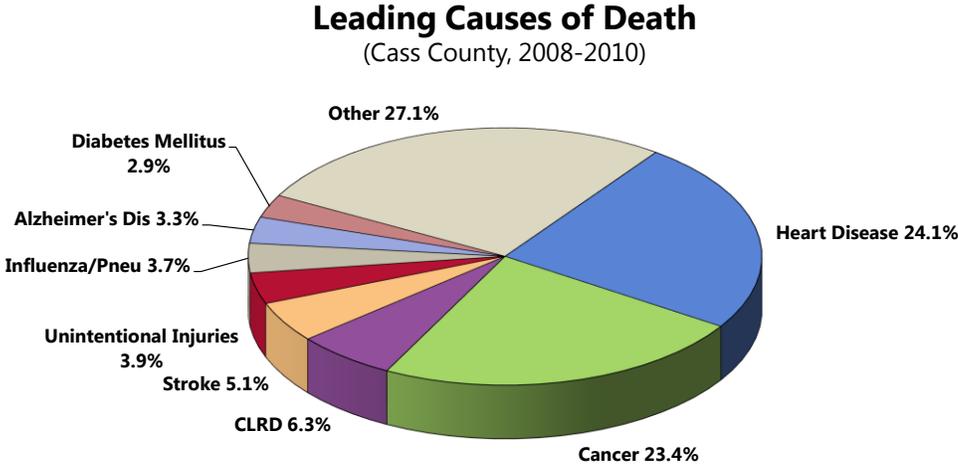
DEATH, DISEASE & CHRONIC CONDITIONS



Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in Cass County between 2008 and 2010.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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 2020* targets.

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

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

Age-adjusted mortality rates in Cass County are worse than national rates for heart disease, cancer, chronic lower respiratory disease (CLRD), pneumonia/influenza, motor vehicle accidents, diabetes mellitus, and kidney disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Cass County rates fail to satisfy the related goals for suicide, heart disease, stroke, cancer, motor vehicle accidents, and diabetes mellitus.

Age-Adjusted Death Rates for Selected Causes
(2008-2010 Deaths per 100,000)

	Cass County	Indiana	US	HP2020
Diseases of the Heart	195.0	196.7	184.6	152.7*
Malignant Neoplasms (Cancers)	193.9	191.1	174.2	160.6
Chronic Lower Respiratory Disease (CLRD)	54.9	56.3	43.2	n/a
Cerebrovascular Disease (Stroke)	41.1	44.9	40.2	33.8
Unintentional Injuries	37.0	39.1	38.2	36
Pneumonia/Influenza	30.3	17.9	16.4	n/a
Alzheimer's Disease	25.1	28.1	25.0	n/a
Diabetes Mellitus	24.4	23.9	21.3	19.6*
Intentional Self-Harm (Suicide)	11.6**	12.8	11.8	10.2
Kidney Diseases	16.0	21.1	15.2	n/a
Motor Vehicle Deaths	15.5**	12.1	11.9	12.4
Cirrhosis/Liver Disease	6.1**	8.1	9.2	8.2

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2013.
- Indiana State Department of Health
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- **County rate reflects 2001-2010 data.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

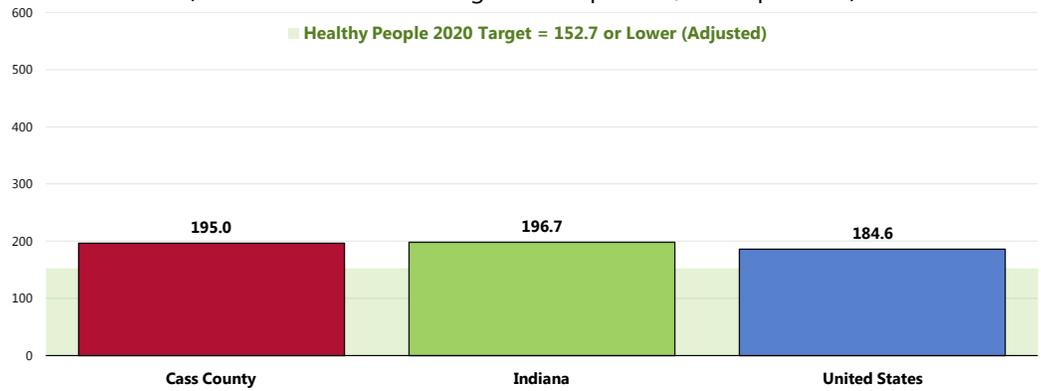
Heart Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted heart disease mortality rate of 195.0 deaths per 100,000 population in Cass County.

- Comparable to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (as 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 (2008-2010 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 April 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

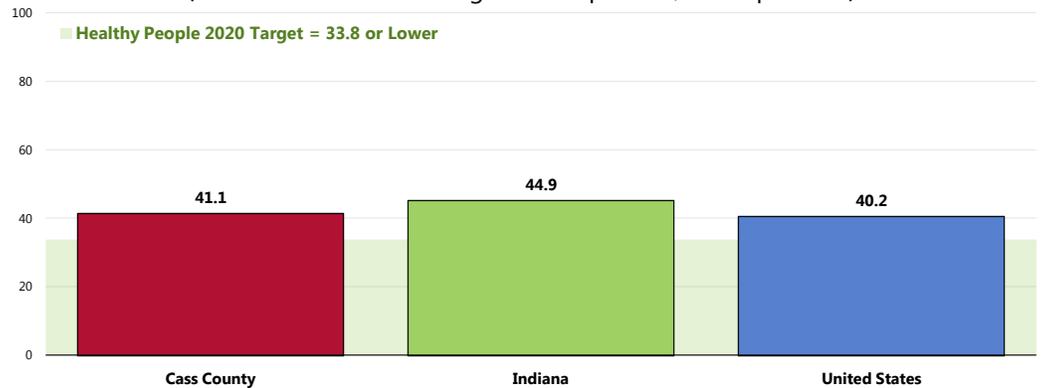
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.
 • The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 41.1 deaths per 100,000 population in Cass County.

- More favorable than the Indiana rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality (2008-2010 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 April 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

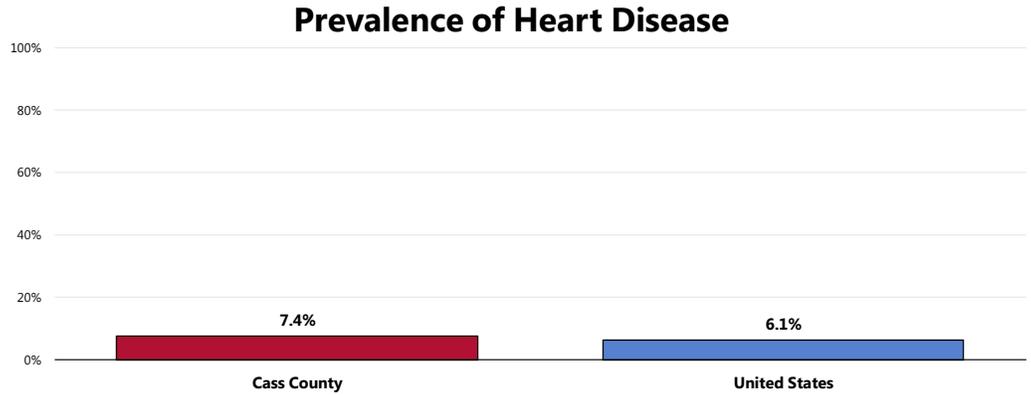
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.

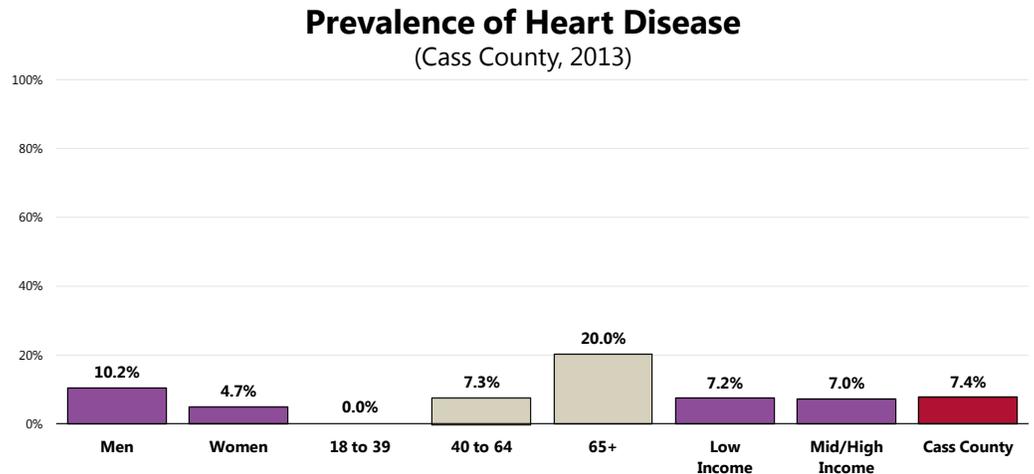


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

👤 Men.

👤 Older adults (note the positive correlation with age).

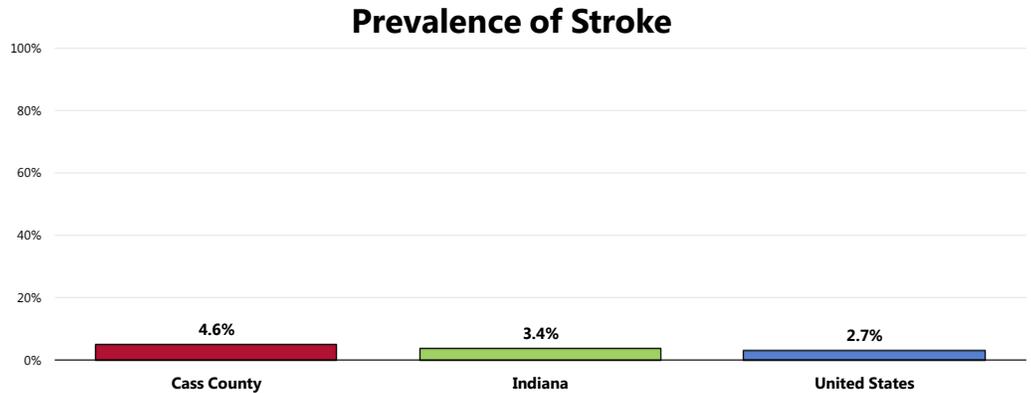


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 4.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

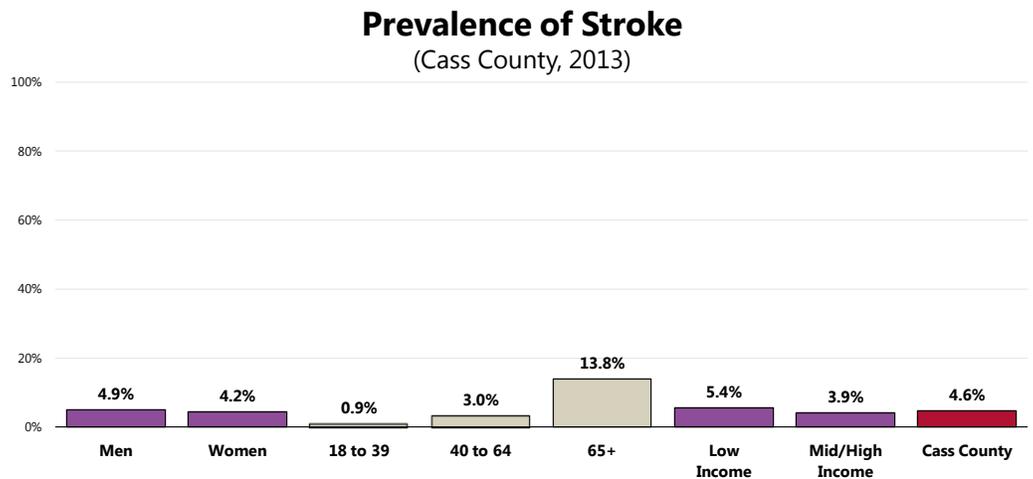
- Similar to statewide findings.
- Similar to national findings.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 • 2011 PRC National Health Survey, Professional Research Consultants, 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); 2011 Indiana data.

Notes: • Asked of all respondents.

Seniors (age 65+) are much more likely to have been diagnosed with stroke.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

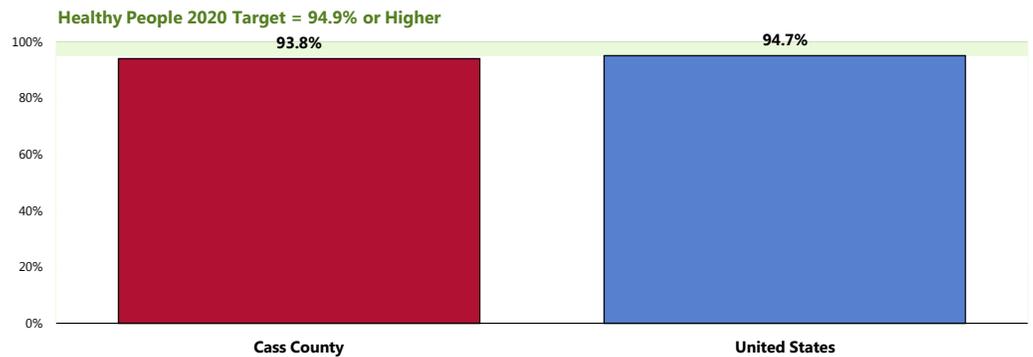
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 93.8% of Cass County adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).

Have Had Blood Pressure Checked in the Past Two Years



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
Notes: • Asked of all respondents.

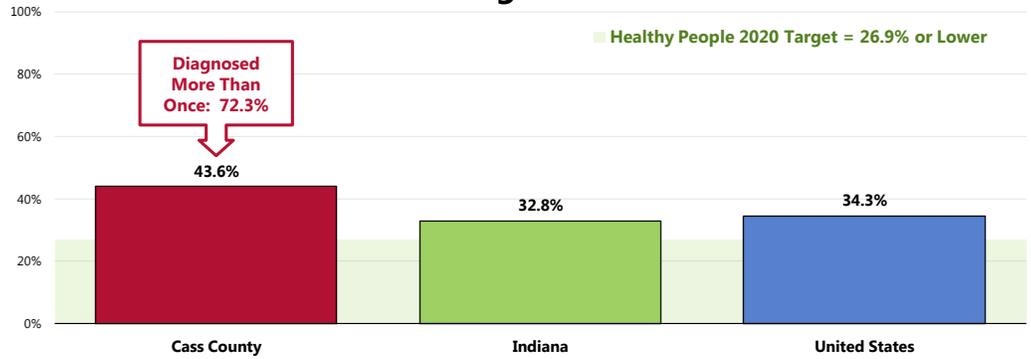
Prevalence of Hypertension

A total of 43.6% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Indiana prevalence.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

 Among hypertensive adults, 72.3% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

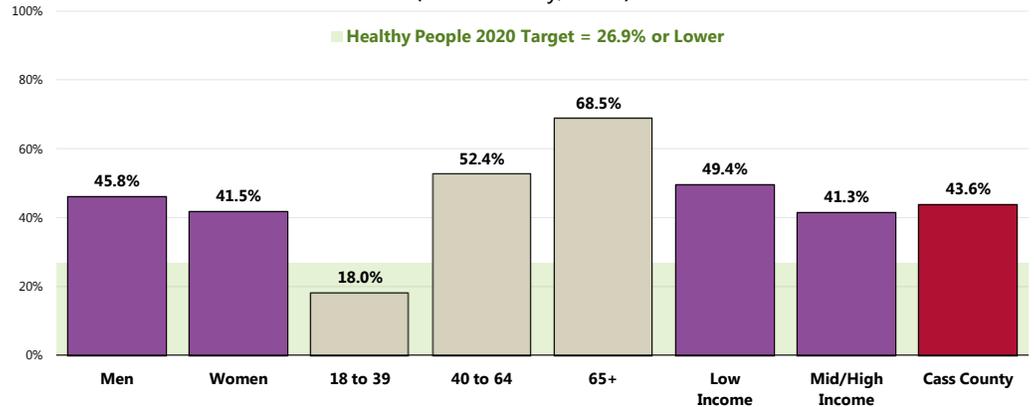


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 47, 147]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Indiana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
- Notes:
- Asked of all respondents.

👥 Hypertension diagnoses are higher among adults age 40 and older, and especially those age 65+.

Prevalence of High Blood Pressure

(Cass County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respondents reporting high blood pressure were further asked:

“Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

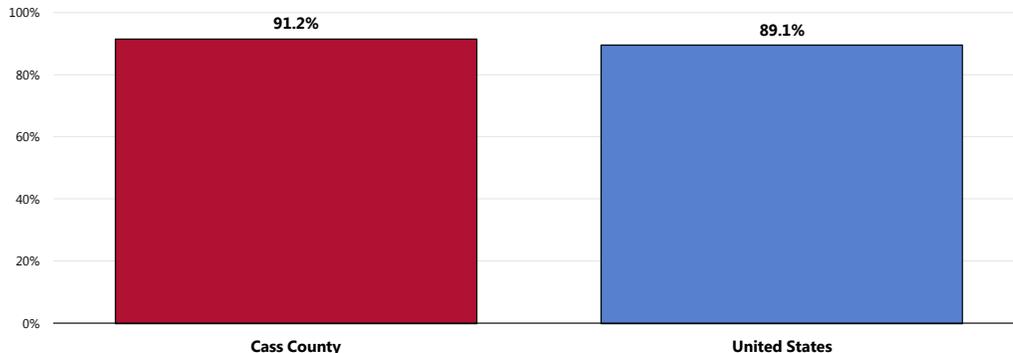
Hypertension Management

Among respondents who have been told that their blood pressure was high, 91.2% report that they are currently taking actions to control their condition.

- Similar to national findings.

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
 - In this case, the term “action” refers to medication, change in diet, and/or exercise.

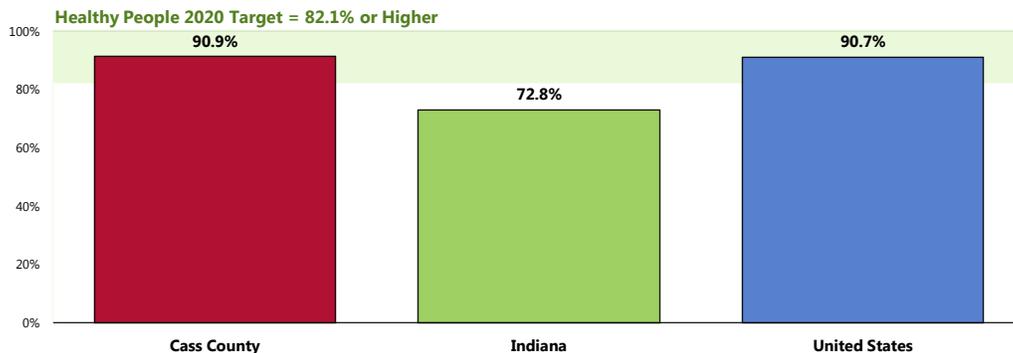
High Blood Cholesterol

Blood Cholesterol Testing

A total of 90.9% of Cass County adults have had their blood cholesterol checked within the past five years.

- More favorable than Indiana findings.
- Nearly identical to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).

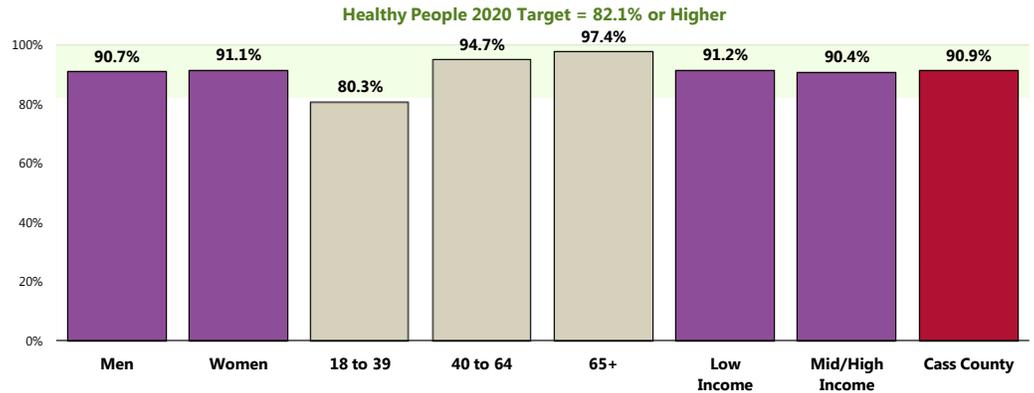
Have Had Blood Cholesterol Levels Checked in the Past Five Years



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
- Notes:
- Asked of all respondents.

👤 Adults under age 40 report lower screening levels.

Have Had Blood Cholesterol Levels Checked in the Past Five Years (Cass County, 2013)



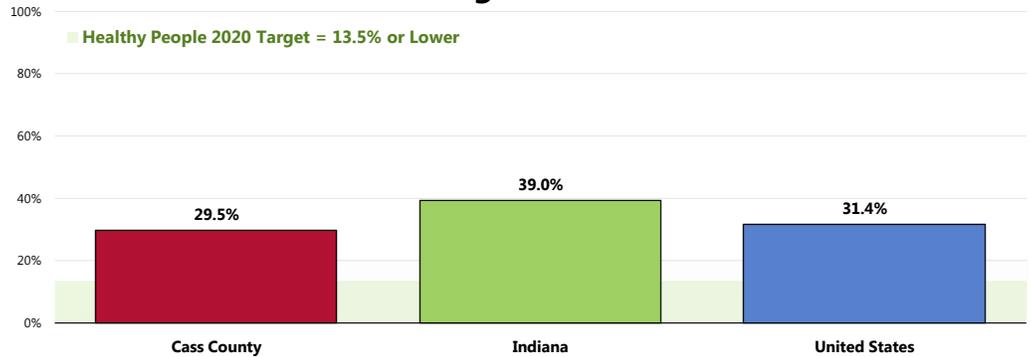
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 29.5% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Indiana findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Cholesterol



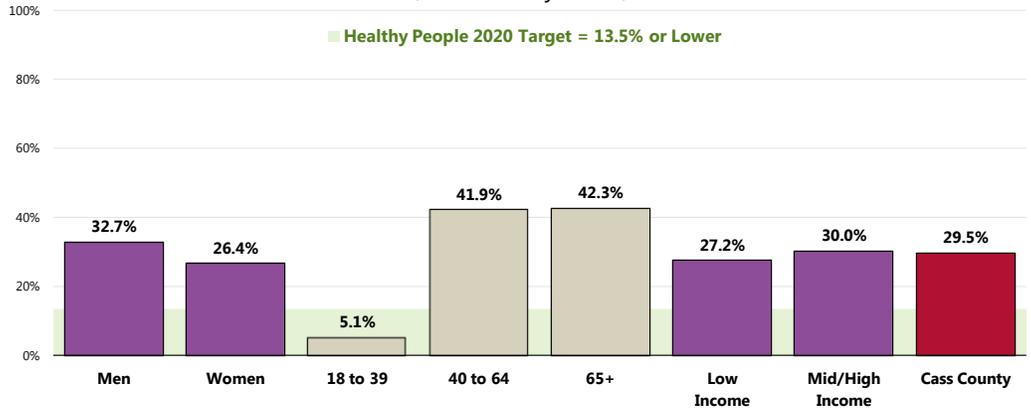
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Indiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • *The Indiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 17.9% of Cass County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

👥 Note that high blood cholesterol diagnoses are much higher among adults age 40+.

👥 Keep in mind that “unknowns” are relatively high in young adults.

Prevalence of High Blood Cholesterol (Cass County, 2013)



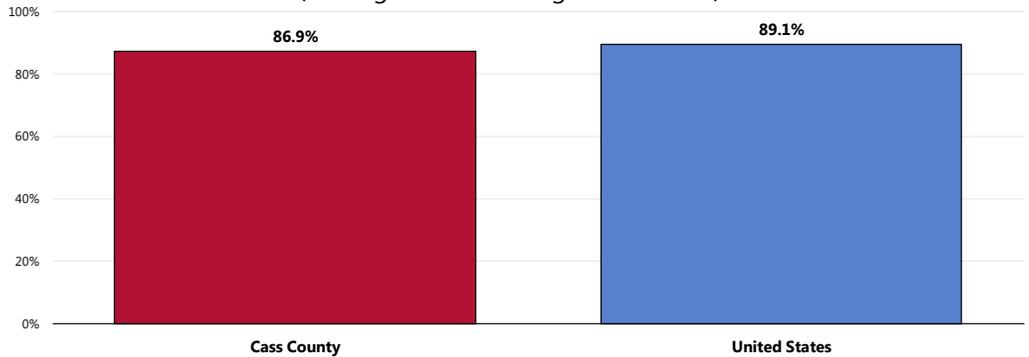
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 86.9% report that they are currently taking actions to control their cholesterol levels.

- Similar to the percentage found nationwide.

Taking Action to Control High Blood Cholesterol Levels (Among Adults with High Cholesterol)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

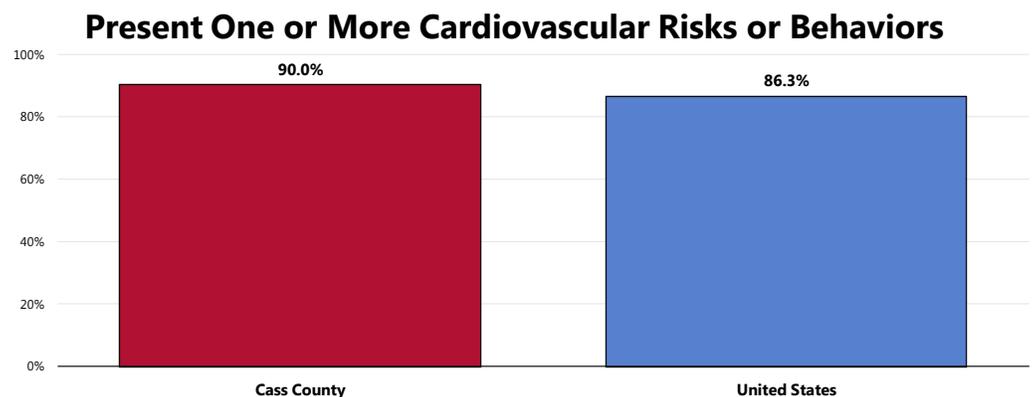
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

A total of 90.0% 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.

- Higher than national findings.



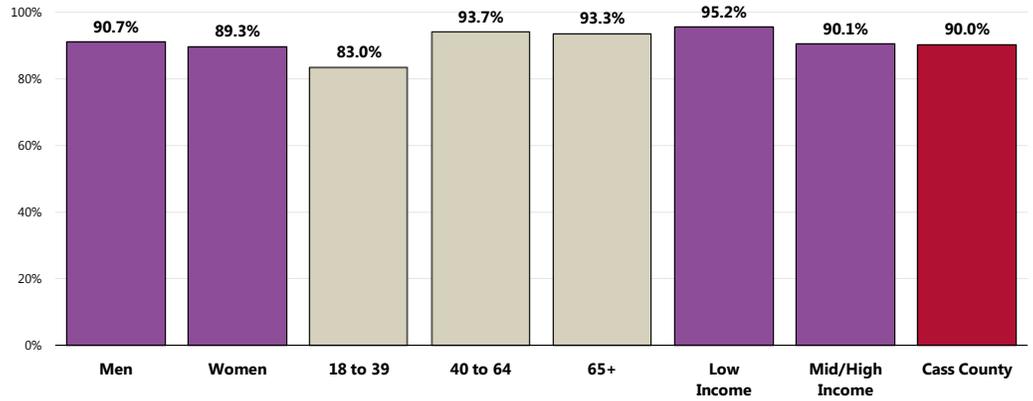
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of 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) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity & Fitness
and Tobacco Use* in the
Modifiable Health Risk
section of this report.

👥 Adults age 40 and older are more likely to exhibit cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors (Cass County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- Notes:
- Asked of 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) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

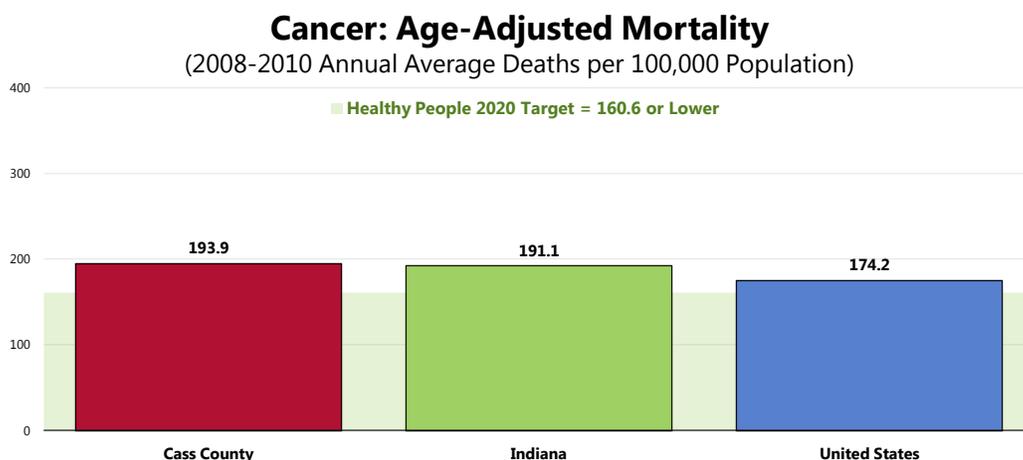
- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 193.9 deaths per 100,000 population in Cass County.

- Comparable to the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 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 April 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- 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 U.S. Standard Population.
 - Local, state and national data are simple three-year averages.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Cass County, with an age-adjusted death rate of 74.4 per 100,000 population.

As can be seen in the following chart (referencing 2008-2010 annual average age-adjusted death rates):

- The Cass County **lung cancer** death rate is higher than both the state and national rates.
- In contrast, the Cass County **colorectal cancer** death rate is lower than both the state and national rates.

Note that while the colorectal cancer death rate is similar to the related Healthy People 2020 target, the county's lung cancer death rate fails to satisfy the Healthy People 2020 goal.

Age-Adjusted Cancer Death Rates by Site (2008-2010 Annual Average Deaths per 100,000 Population)

	Cass County	Indiana	US	HP2020
Lung Cancer	74.4	59.9	48.5	45.5
Colorectal Cancer	14.8	17.0	16.1	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

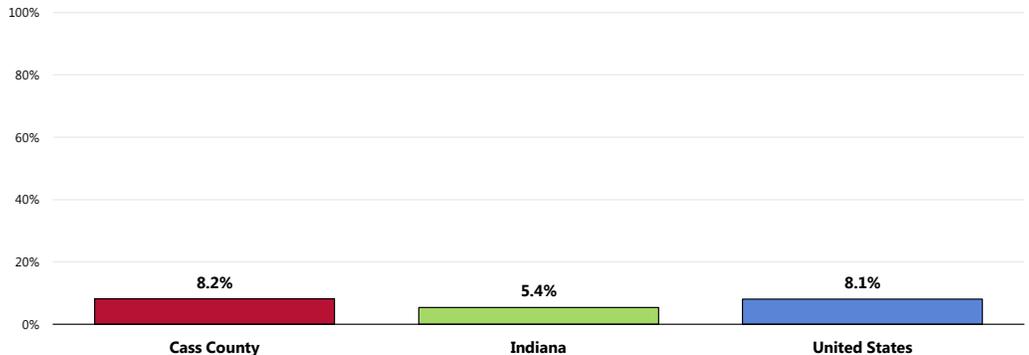
Prevalence of Cancer

Skin Cancer

A total of 8.2% of county adults report having been diagnosed with skin cancer.

- Higher than the Indiana prevalence.
- Nearly identical to the national average.

Prevalence of Skin Cancer

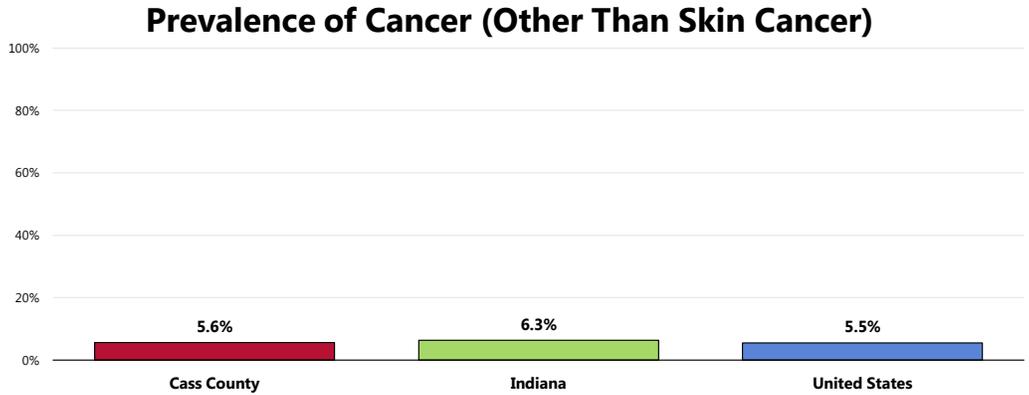


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Indiana data.
Notes: • Asked of all respondents.

Other Cancer

A total of 5.6% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the state prevalence.
- Similar to the national prevalence.



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- 2011 PRC National Health Survey, Professional Research Consultants, 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); 2011 Indiana data.

Notes:

- Asked of all respondents.

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

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 four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity &
Fitness and Tobacco Use*
in the **Modifiable
Health Risk** section of
this report.

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– 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.

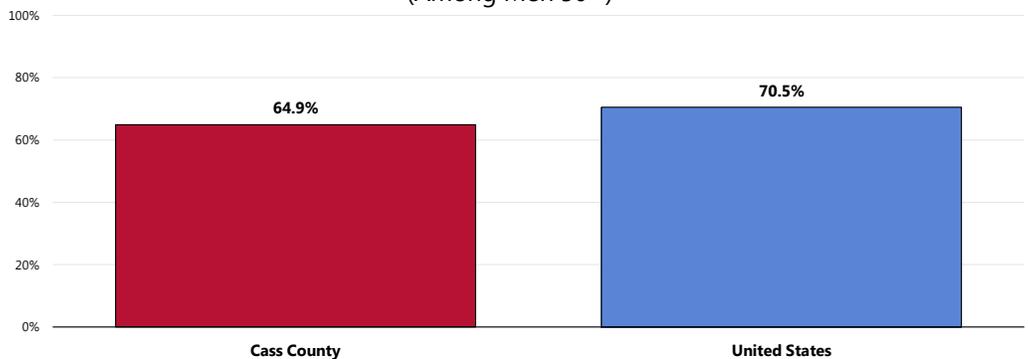
Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, nearly two in three (64.9%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings.

Have Had a Prostate Screening in the Past Two Years (Among Men 50+)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all male respondents 50 and older.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– 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.

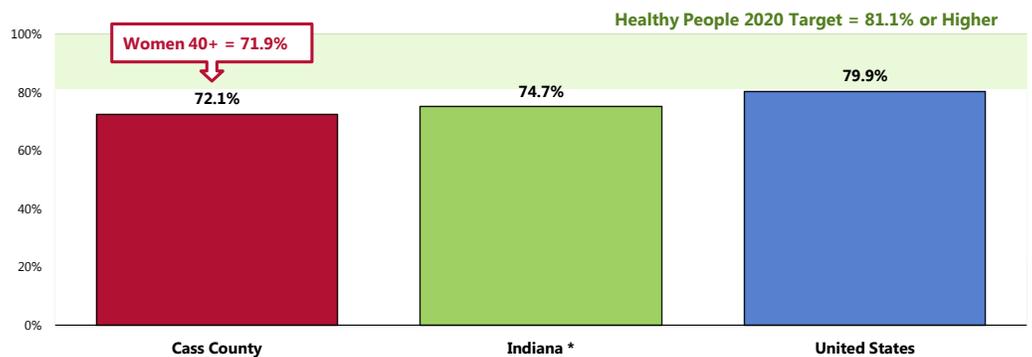
Mammography

Among women age 50-74, 72.1% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).

👥 Among women 40+, 71.9% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years (Among Women 50-74)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 150-151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Indiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes:

- Reflects female respondents 50 to 74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

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

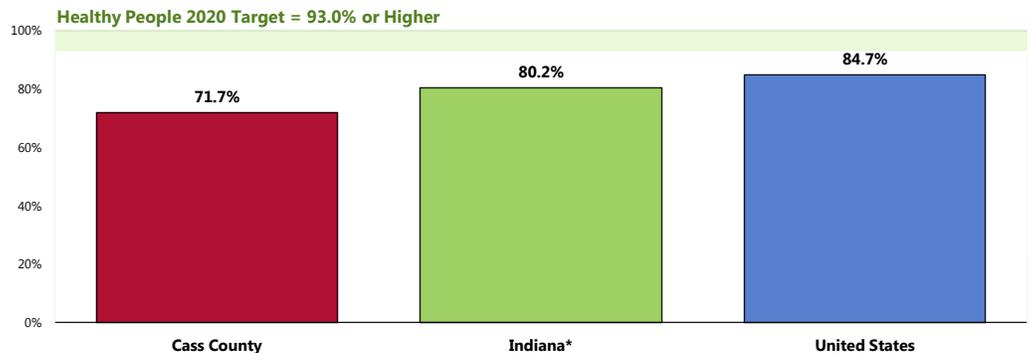
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 71.7% had a Pap smear within the past three years.

- Lower than Indiana findings (which represent all women 18+).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past Three Years (Among Women 21-65)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, 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); 2010 Indiana data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
Notes: ● Reflects female respondents age 21-65.
● *Note that the Indiana percentage represents all women 18 and older.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- 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.

Colorectal Cancer Screening

Among adults age 50-75, 61.9% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/ colonoscopy [lower endoscopy] within the past 10 years).

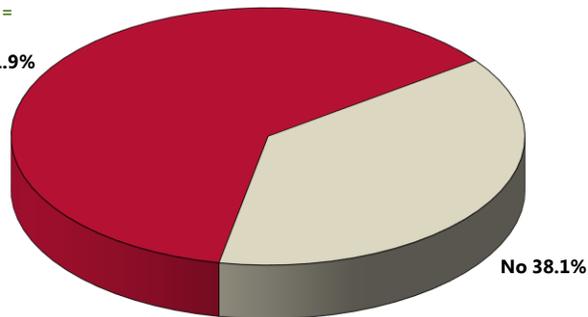
- Fails to satisfy the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening

(Among Cass County Adults 50-75, 2011)

Healthy People 2020 Target =
70.5% or Higher

Yes 61.9%



No 38.1%

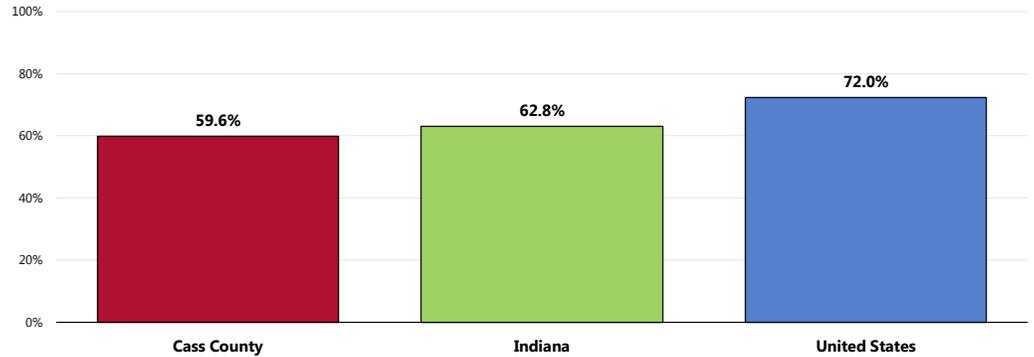
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
 - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, 59.6% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Similar to Indiana findings.
- Less favorable than national findings.

Have Ever Had a Lower Endoscopy Exam (Among Adults 50+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, 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): 2010 Indiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

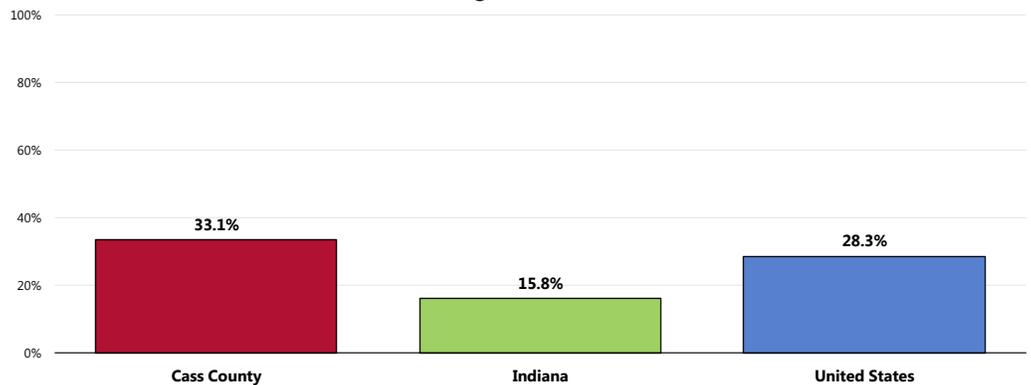
Notes: • Asked of all respondents 50+.
• Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 33.1% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Much higher than Indiana findings.
- Similar to national findings.

Have Had a Blood Stool Test in the Past Two Years (Among Adults 50+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents 50+.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

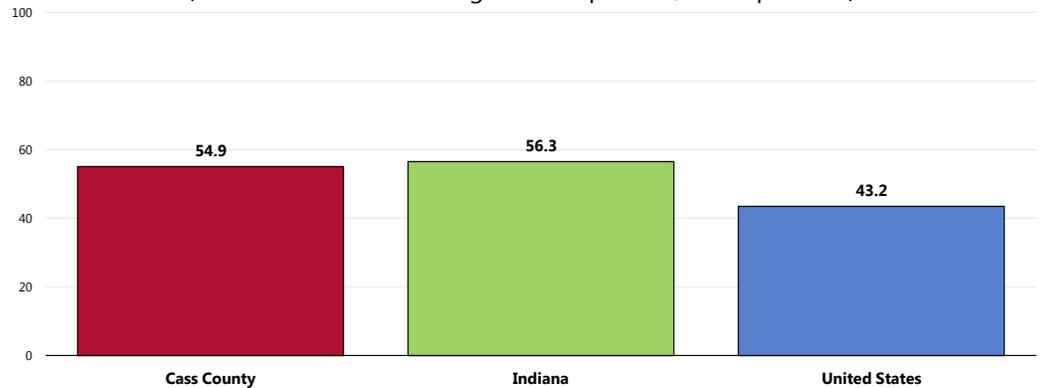
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 54.9 deaths per 100,000 population in Cass County.

- Similar to that found statewide.
- Higher than the national rate.

CLRD: Age-Adjusted Mortality

(2008-2010 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 April 2013.
Notes: • 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.
• CLRD is chronic lower respiratory disease.

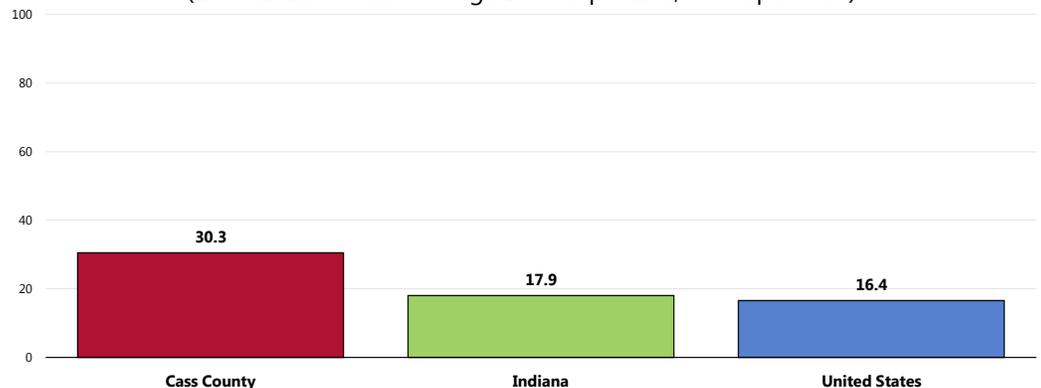
Pneumonia/Influenza Deaths

Between 2008 and 2010, there was an annual average age-adjusted pneumonia influenza mortality rate of 30.3 deaths per 100,000 population in Cass County.

- Higher than found statewide.
- Higher than the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

(2008-2010 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 April 2013.
Notes: • 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

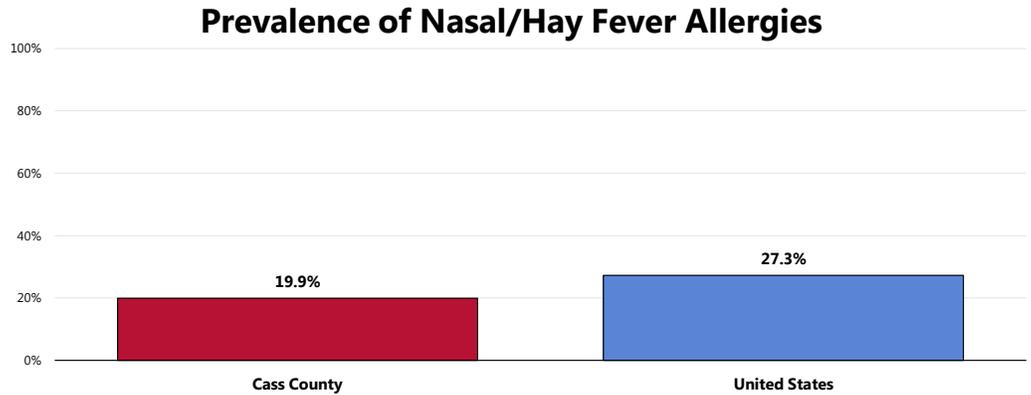
Prevalence of Respiratory Conditions

Nasal/Hay Fever Allergies

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

One-fifth (19.9%) of Cass County adults currently suffers from or has been diagnosed with nasal/hay fever allergies.

- Better than the national prevalence.



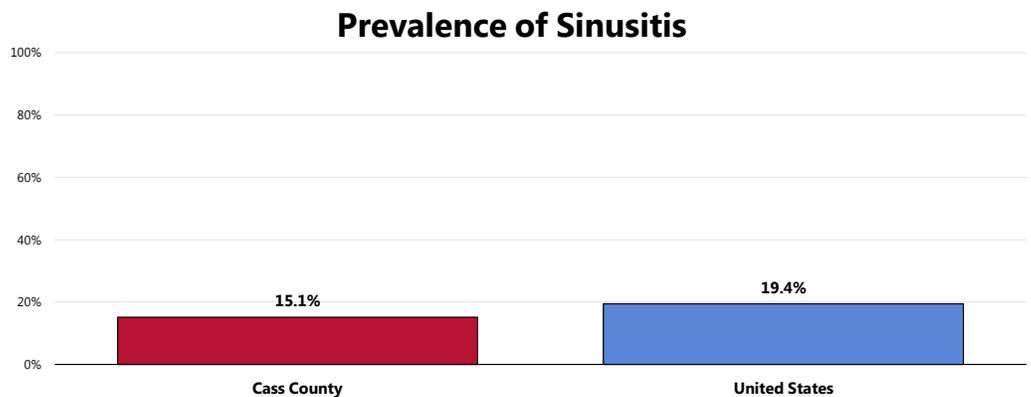
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Sinusitis

A total of 15.1% of Cass County adults suffer from sinusitis.

- More favorable than the national prevalence.



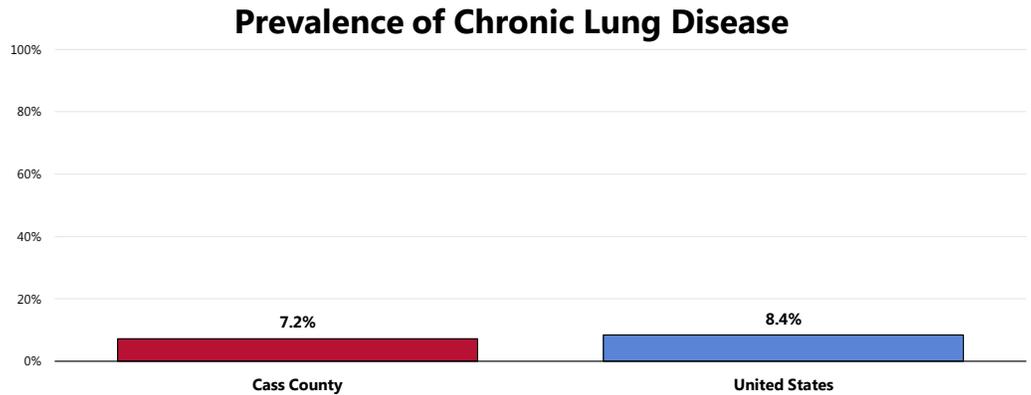
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Chronic Lung Disease

A total of 7.2% of Cass County adults suffer from chronic lung disease.

- Similar to the national prevalence.



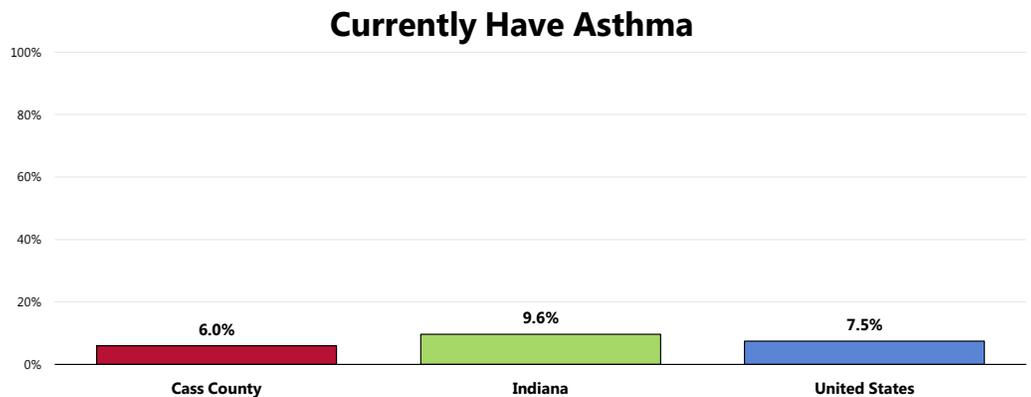
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Asthma

Adults

A total of 6.0% of Cass County adults currently suffer from asthma.

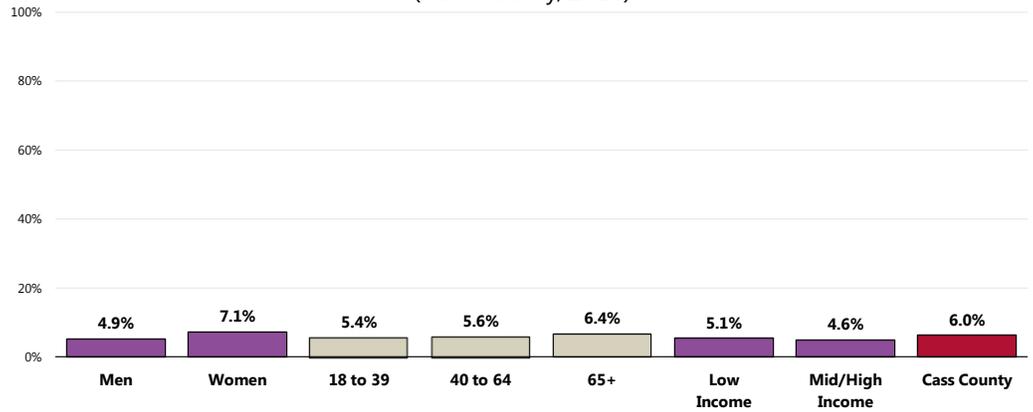
- Lower than the statewide prevalence.
- Comparable to the national prevalence.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
• 2011 PRC National Health Survey, Professional Research Consultants, 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): 2011 Indiana data.
Notes: • Asked of all respondents.

 The prevalence of current asthma does not vary significantly by demographics in Cass County adults.

Currently Have Asthma (Cass County, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]

Notes:

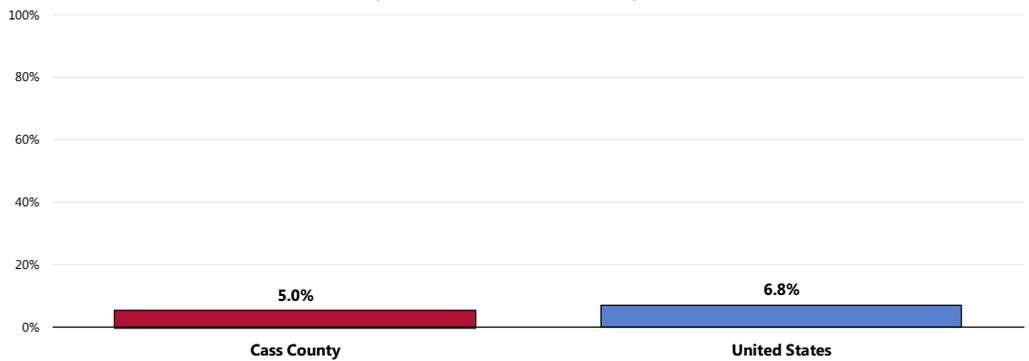
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Cass County children under age 18, 5.0% currently have asthma.

- Comparable to national findings.

Child Currently Has Asthma (Among Parents of Children Age 0-17)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents with children 0 to 17 in the household.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Between 2008 and 2010, motor vehicle accidents accounted for 30.4% of accidental deaths in Cass County.

Unintentional Injury

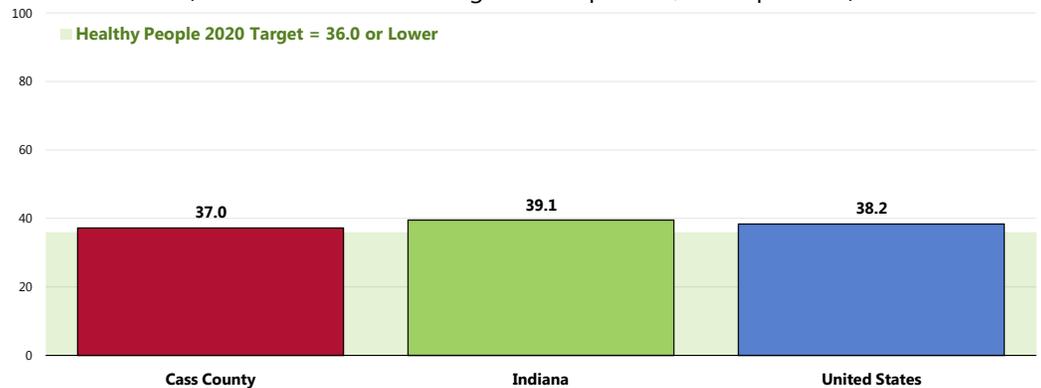
Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 37.0 deaths per 100,000 population in Cass County.

- More favorable than the Indiana rate.
- Similar to the national rate.
- Similar to the Healthy People 2020 target (36.0 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2008-2010 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 April 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- 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 U.S. Standard Population.
 - Local, state and national data are simple three-year averages.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 15.5 deaths per 100,000 population in Cass County.

- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

(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 April 2013.
- Indiana State Department of Health
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]

Notes:

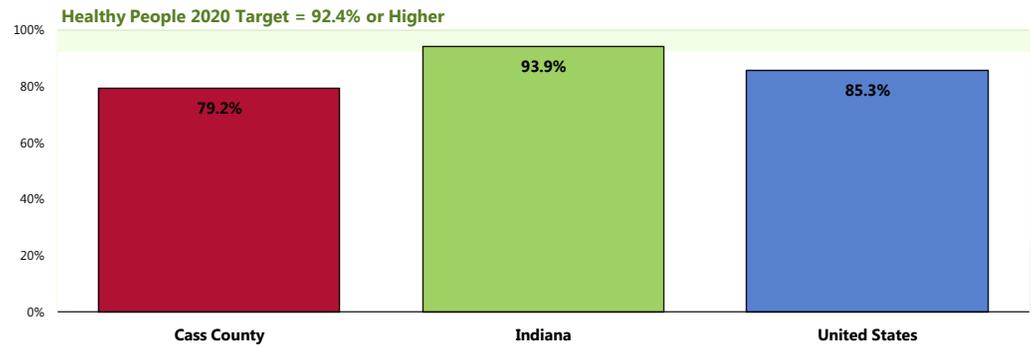
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Seat Belt Usage - Adults

Most Cass County adults (79.2%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Worse than the Indiana prevalence.
- Worse than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
- 2011 PRC National Health Survey, Professional Research Consultants, 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): 2011 Indiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

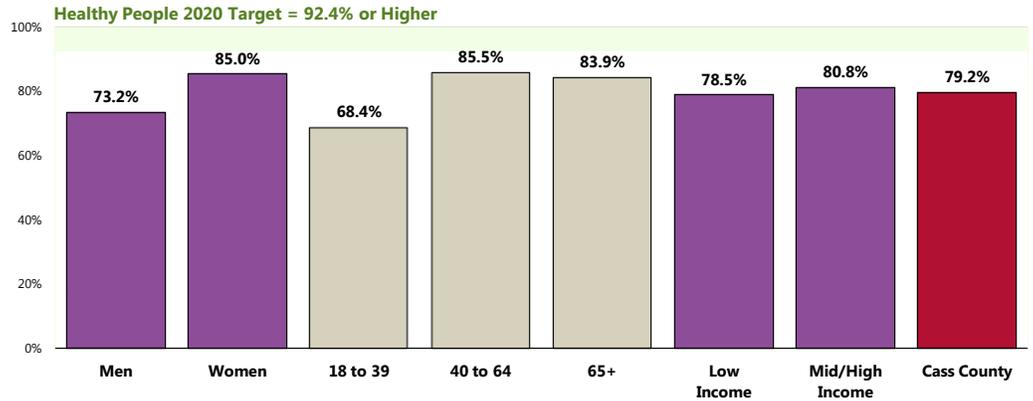
Notes:

- Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

-  Men.
-  Young adults.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Cass County, 2013)



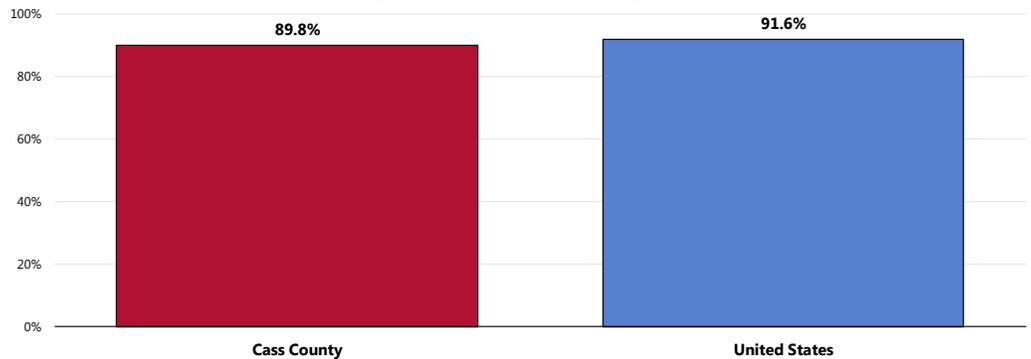
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 89.8% of Cass County parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Similar to what is found nationally.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



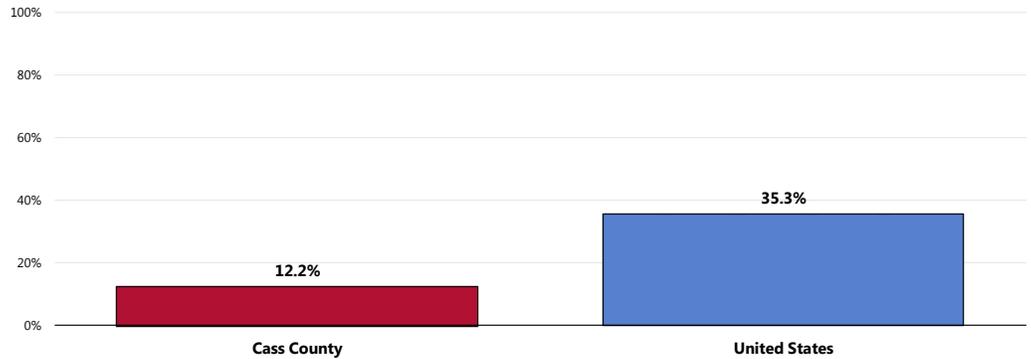
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

Just 12.2% of Cass County children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Much lower than the national prevalence.

Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17 at home.

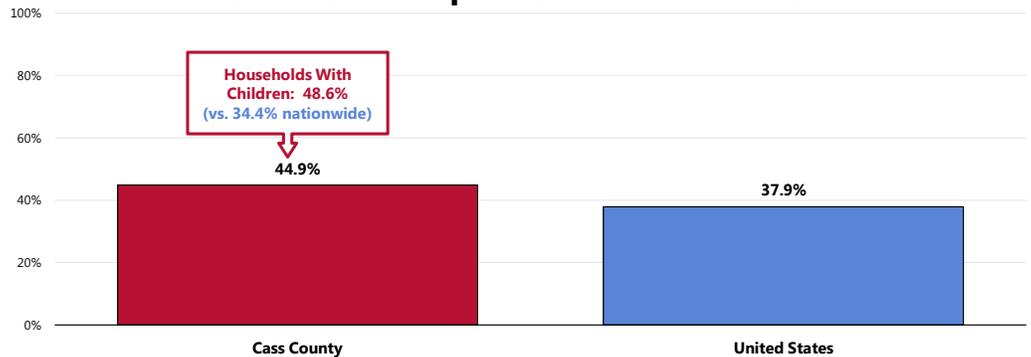
Presence of Firearms in Homes

A total of 44.9% of Cass County adults have a firearm kept in or around their home.

- Higher than the national prevalence.

👤 Among Cass County households with children, 48.6% have a firearm kept in or around the house (higher than reported nationally).

Have a Firearm Kept in or Around the Home



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57,159]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

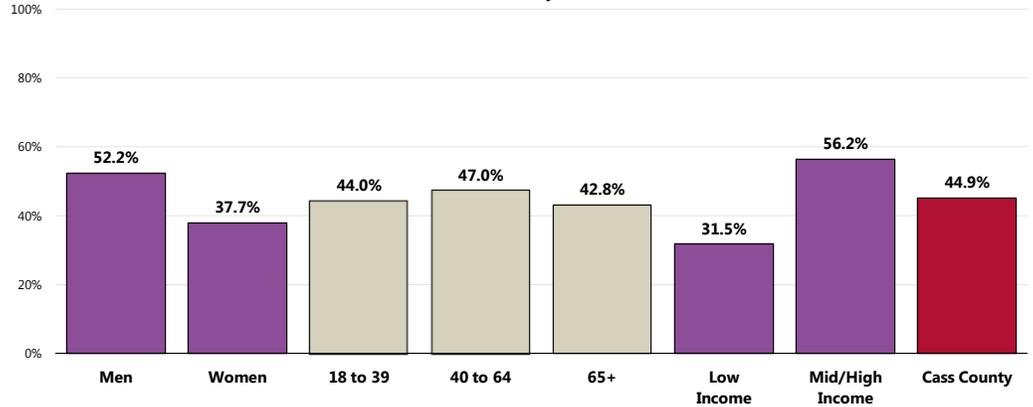
Survey respondents were further asked about the presence of weapons in the home:

“Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, ‘firearms’ include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.”

Reports of firearms in or around the home are more prevalent among the following respondent groups:

-  Men.
-  Higher-income households.

Have a Firearm Kept in or Around the House (Cass County, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]

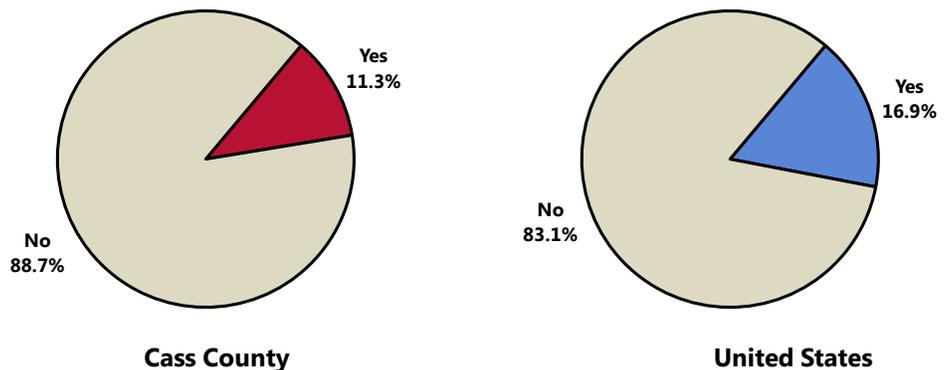
 Notes:

- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Cass County households with firearms, 11.3% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

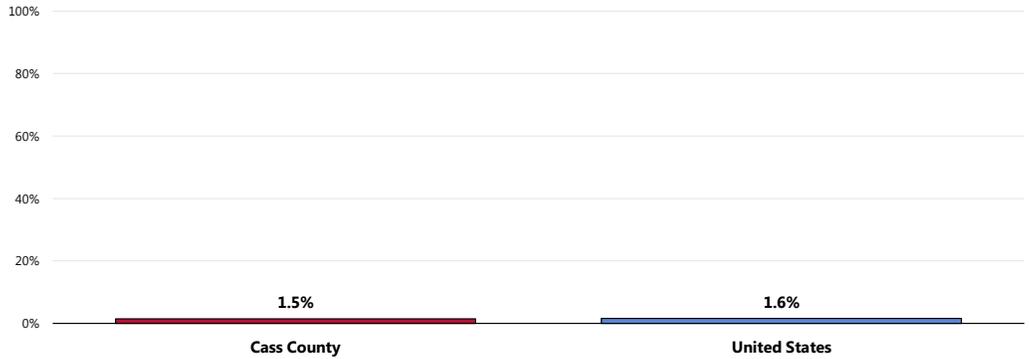
Intentional Injury (Violence)

Self-Reported Violence

A total of 1.5% of Cass County adults acknowledge being the victim of a violent crime in the past five years.

- Almost identical to national findings.

Victim of a Violent Crime in the Past Five Years



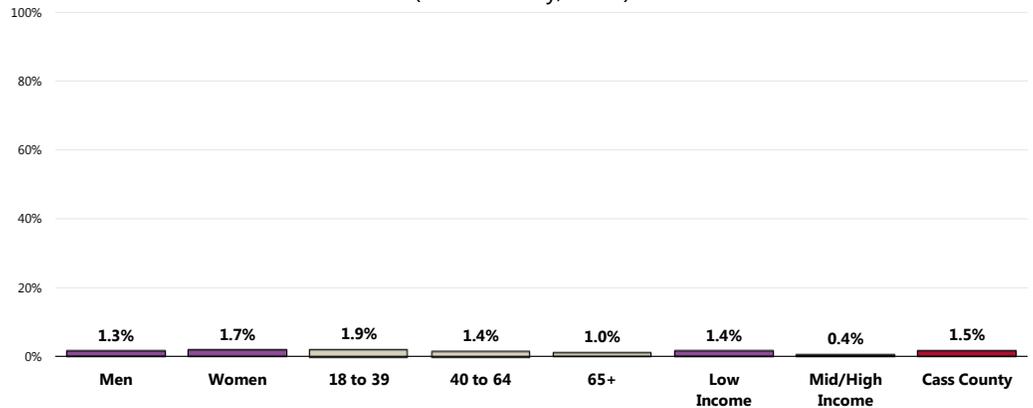
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Reports of violence do not vary significantly by demographics in Cass County.

Victim of a Violent Crime in the Past Five Years

(Cass County, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]

Notes: ● Asked of all respondents.

● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

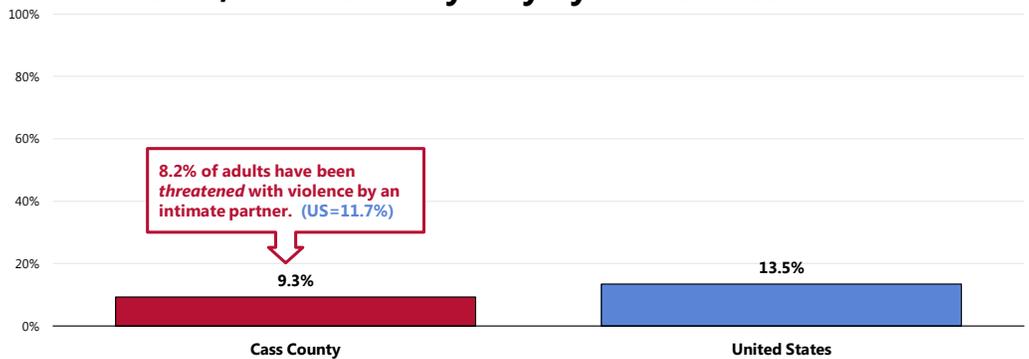
A total of 8.2% of Cass County adults report that they have ever been threatened with physical violence by an intimate partner.

- More favorable than that reported nationally.

A total of 9.3% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.

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



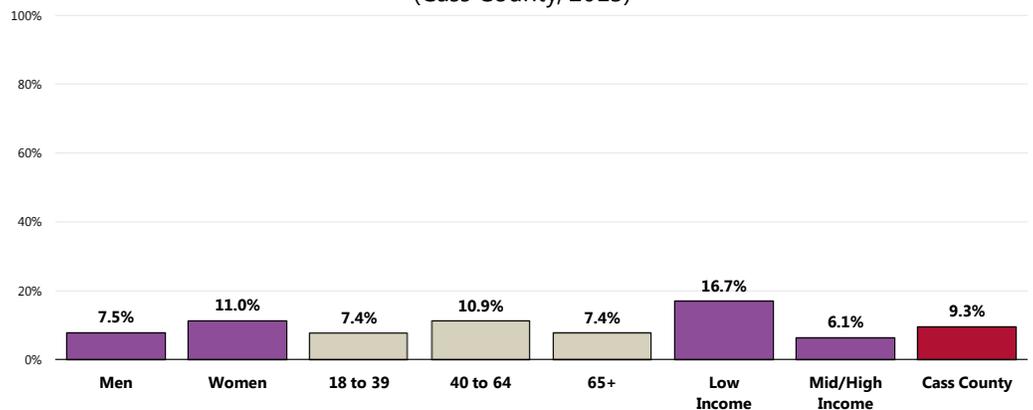
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 55-56]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👤 Reports of domestic violence are also notably higher among respondents with lower incomes.

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

(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

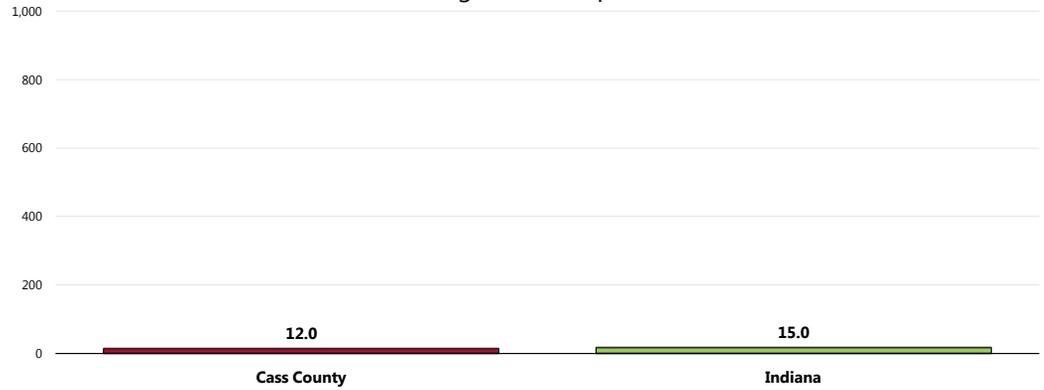
Child Abuse Rates

In 2010, there was an annual average child abuse offense rate of 12.0 offenses per 1,000 children in Cass County.

- Lower than the Indiana rate for the same period.

Keep in mind that these data only reflect those incidents reported to law enforcement.

Reported Child Abuse Rates (2010 Annual Average Offenses per 1,000 Children)



Sources: • Indiana Youth Institute
Notes: • Rates are reports of child abuse per 1,000 children.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

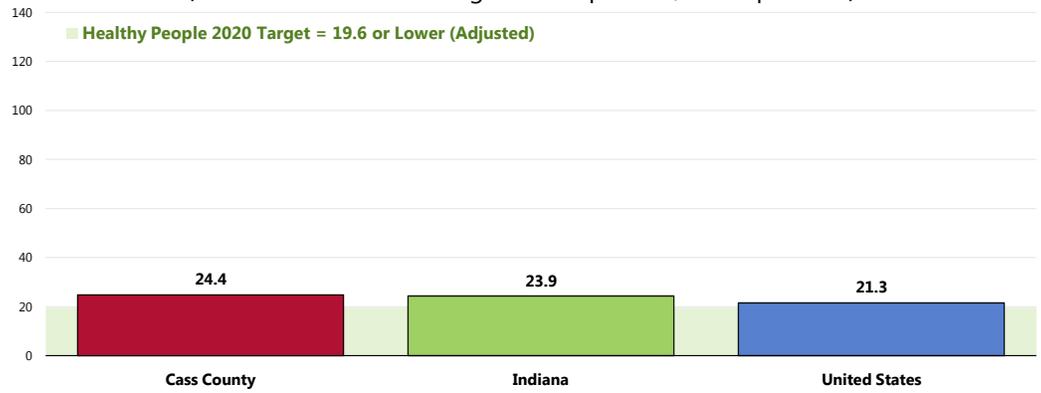
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 24.4 deaths per 100,000 population in Cass County.

- Comparable to that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).

Diabetes: Age-Adjusted Mortality (2008-2010 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 April 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]

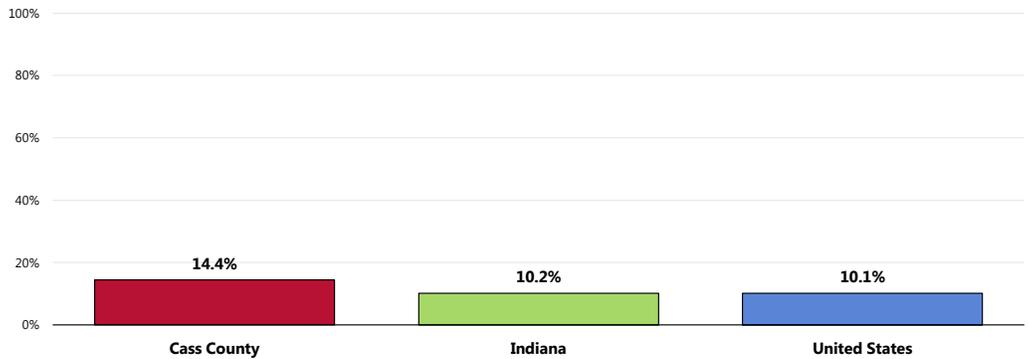
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 14.4% of Cass County adults report having been diagnosed with diabetes.

- Worse than the proportion statewide.
- Worse than the national proportion.

Prevalence of Diabetes

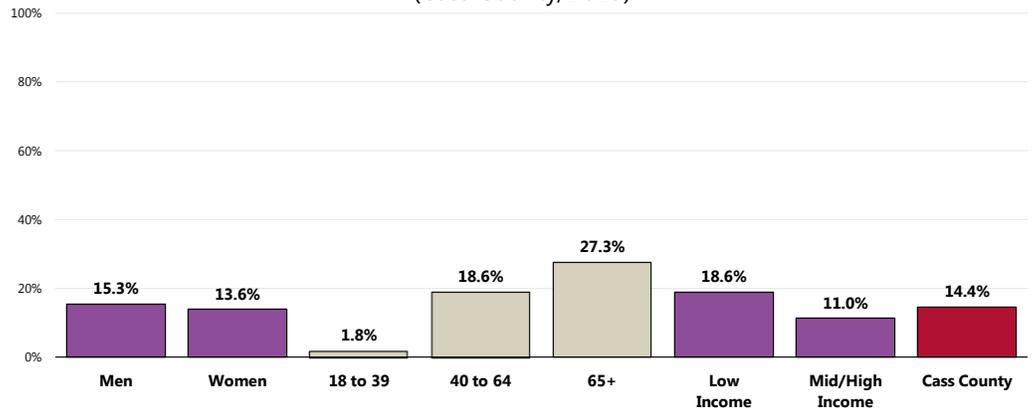


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Indiana data.

Notes: • Asked of all respondents.
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).

👥 Note the positive correlation between diabetes and age (with 27.3% of seniors with diabetes).

Prevalence of Diabetes (Cass County, 2013)

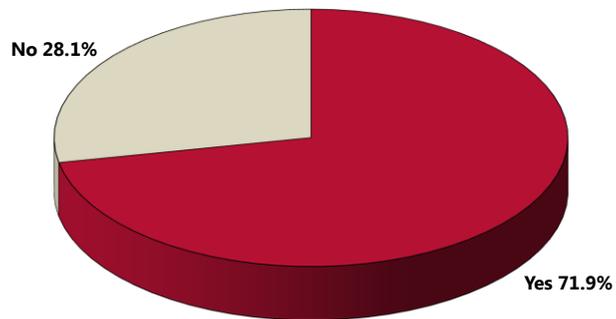


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Treatment

Among adults with diabetes, most (71.9%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes (Among Cass County Diabetics)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: • Asked of all diabetic respondents.

Alzheimer's Disease

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

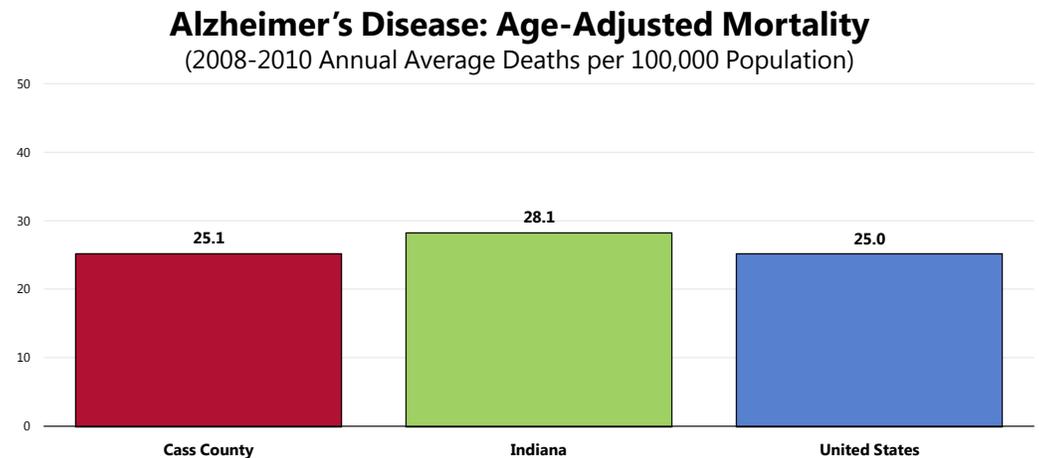
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 25.1 deaths per 100,000 population in Cass County.

- More favorable than the statewide rate.
- Nearly identical to the national rate.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2013.
Notes: • 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

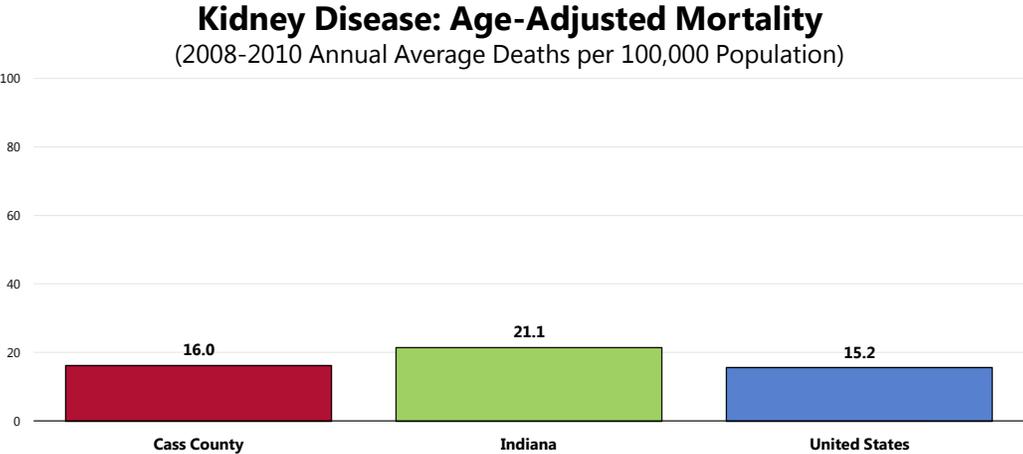
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted kidney disease mortality rate of 16.0 deaths per 100,000 population in Cass County.

- More favorable than the rate found statewide.
- Just above the national rate.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2013.
Notes: • 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

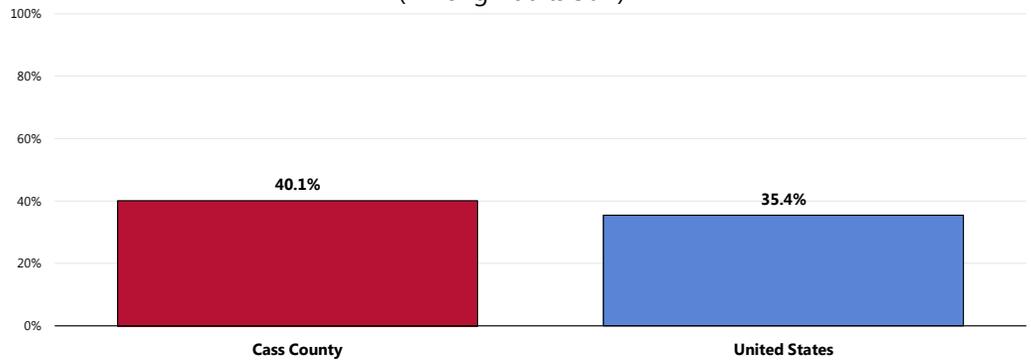
Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

A total of 40.1% of Cass County adults age 50+ suffer from arthritis or rheumatism.

- Statistically similar to that found nationwide.

Prevalence of Arthritis/Rheumatism (Among Adults 50+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

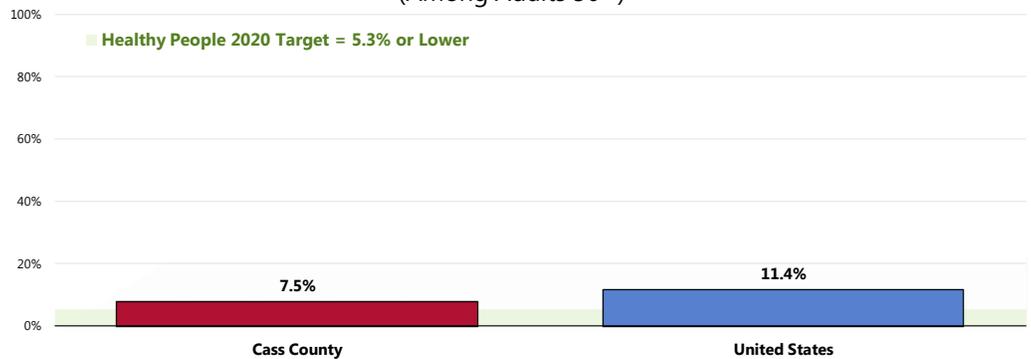
Notes: • Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 7.5% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Similar to the Healthy People 2020 target of 5.3% or lower.

Prevalence of Osteoporosis (Among Adults 50+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

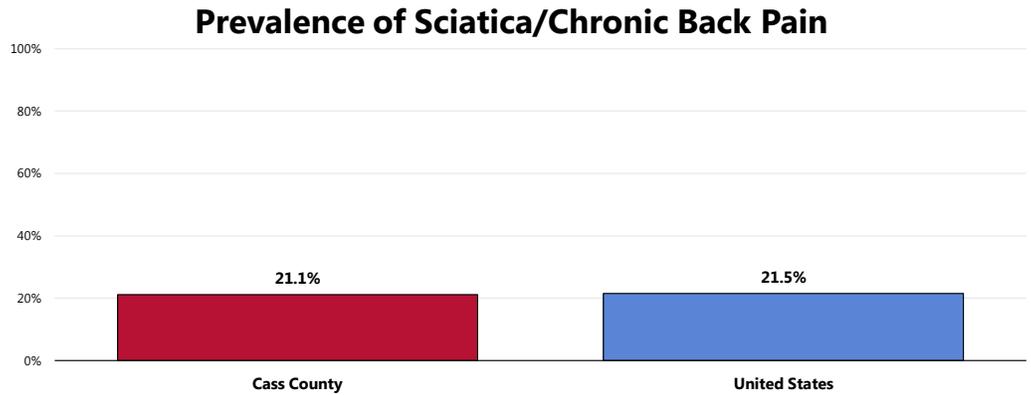
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

Notes: • Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 21.1% of survey respondents suffer from chronic back pain or sciatica.

- Almost identical to that found nationwide.



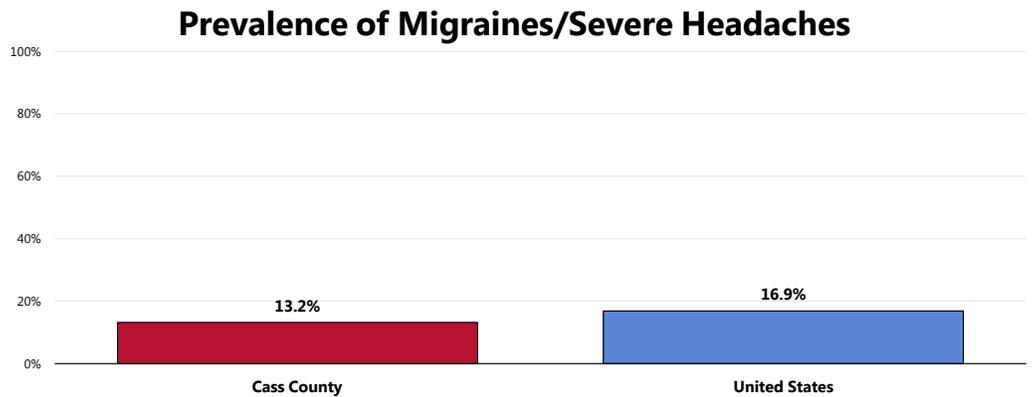
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 13.2% of survey respondents report suffering from migraines or severe headaches.

- Similar to that found nationwide.



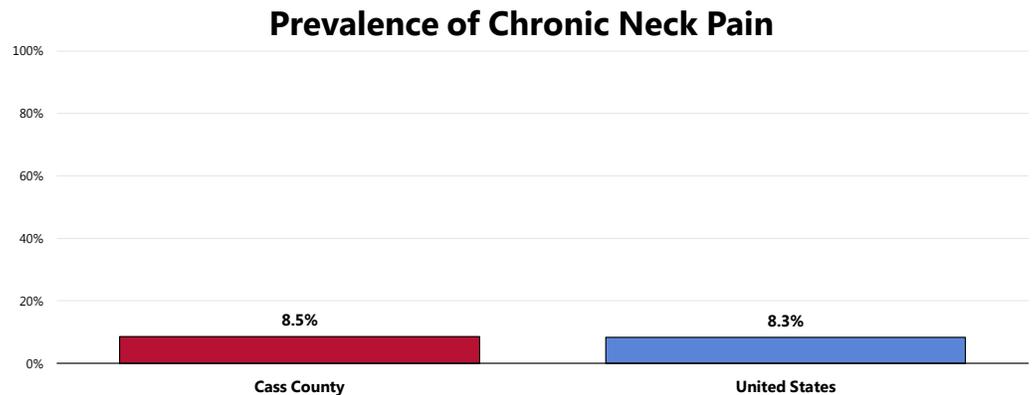
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 8.5% of survey respondents currently suffer from chronic neck pain.

- Comparable to that found nationwide.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

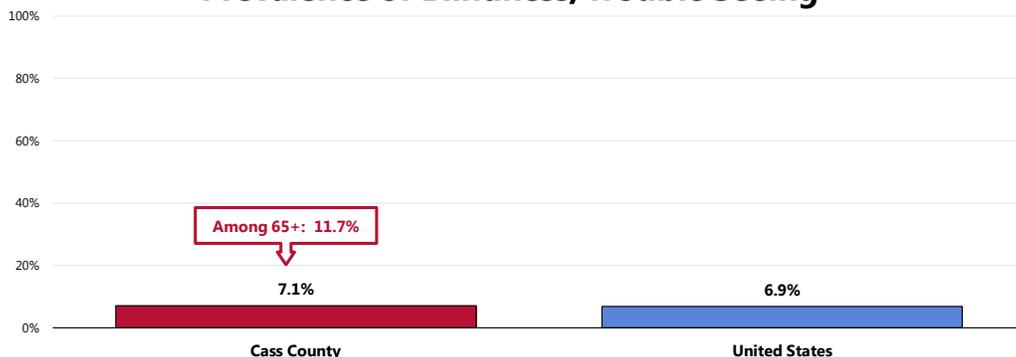
Vision Trouble

A total of 7.1% of Cass County adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to that found nationwide.
- 👤 Among Cass County adults age 65 and older, 11.7% have vision trouble.

RELATED ISSUE:
See also *Vision Care* in
the **Access to Health
Services** section of this
report.

Prevalence of Blindness/Trouble Seeing



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

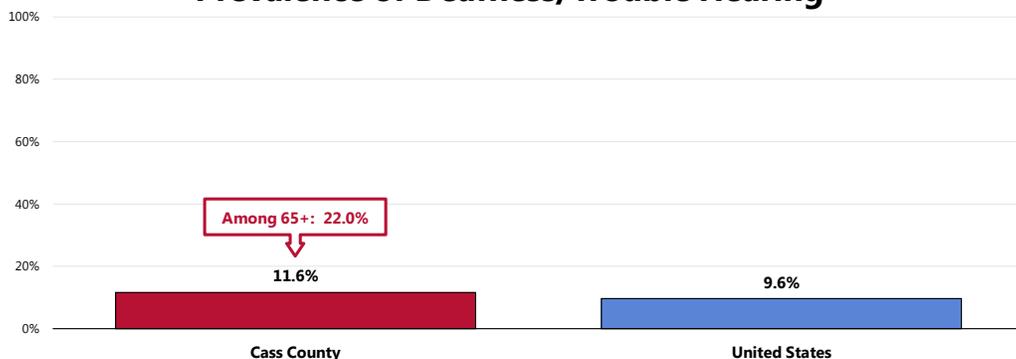
– Healthy People 2020 (www.healthypeople.gov)

In all, 11.6% of Cass County adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.

👥 Among county seniors, 22.0% have partial or complete hearing loss.

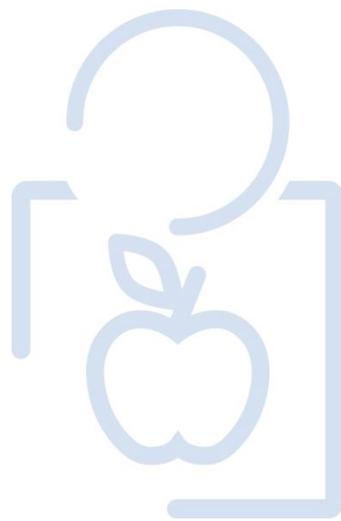
Prevalence of Deafness/Trouble Hearing



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

INFECTIOUS DISEASE



Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

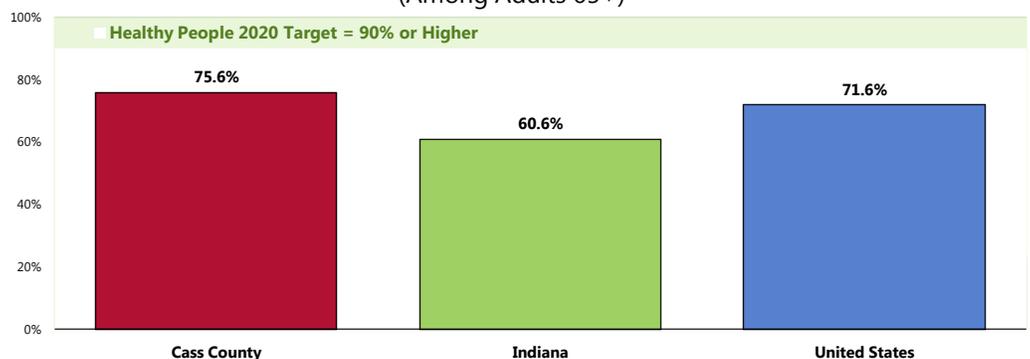
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Cass County seniors, 75.6% received a flu shot (or FluMist®) within the past year.

- Statistically higher than the Indiana finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year

(Among Adults 65+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
• 2011 PRC National Health Survey, Professional Research Consultants, 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): 2011 Indiana data.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]

Notes: • Reflects respondents 65 and older.
• Includes FluMist as a form of vaccination.

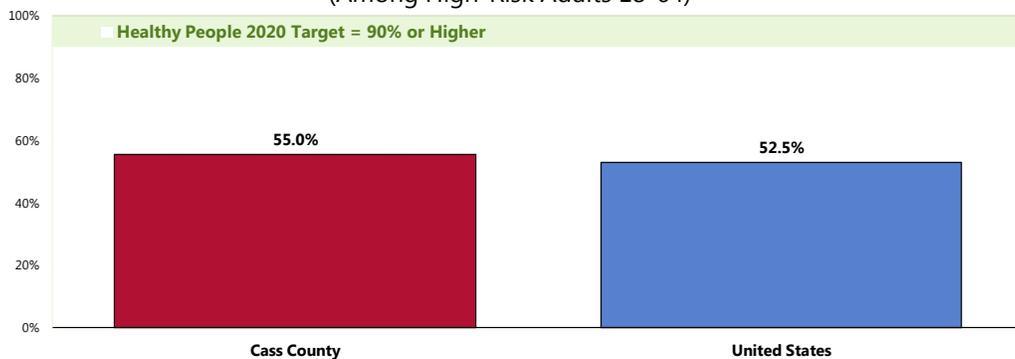
High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 55.0% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults 18-64)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.6]

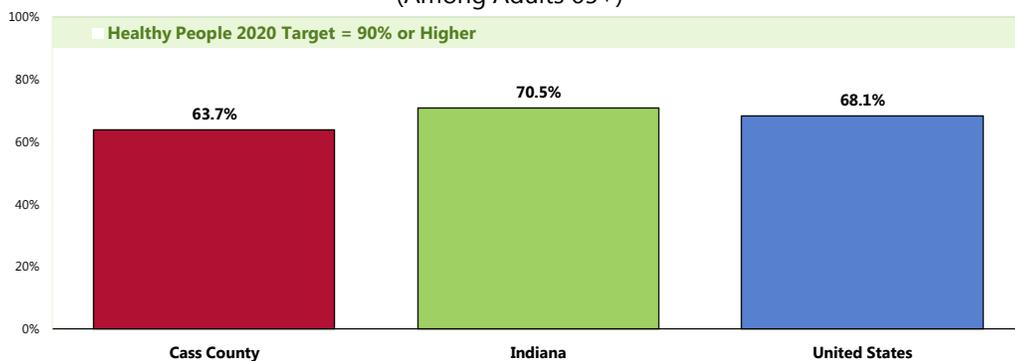
Notes: • Reflects high-risk respondents age 18-64.
 • Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 63.7% have received a pneumonia vaccination at some point in their lives.

- Comparable to the Indiana finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Have Ever Had a Pneumonia Vaccine (Among Adults 65+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
 • 2011 PRC National Health Survey, Professional Research Consultants, 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): 2011 Indiana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]

Notes: • Reflects respondents 65 and older.

High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 41.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults 18-64)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]
- Notes:
- Asked of all high-risk respondents under 65.
 - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

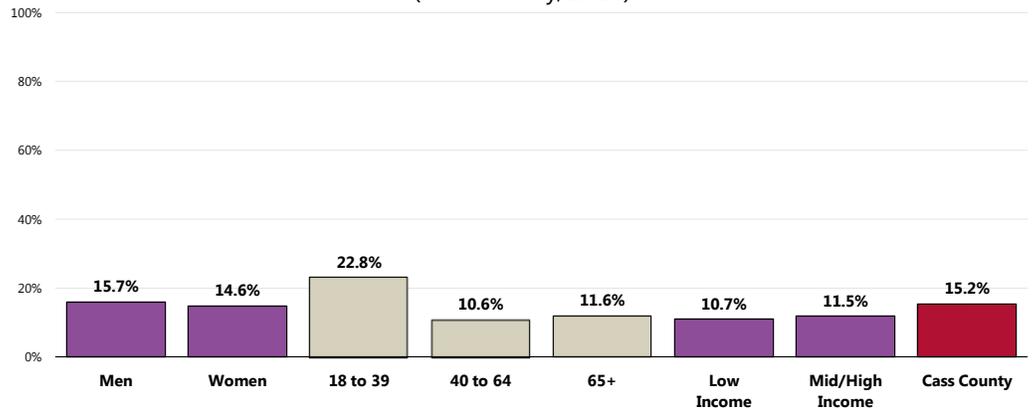
Tdap Vaccination

The Tdap vaccine protects against tetanus, diphtheria, and pertussis.

Among survey respondents, 15.2% have received the Tdap vaccination within the past 12 months.

Notably lower in adults aged 40 and older.

Received the Tdap Vaccine in the Past 12 Months (Cass County, 2013)



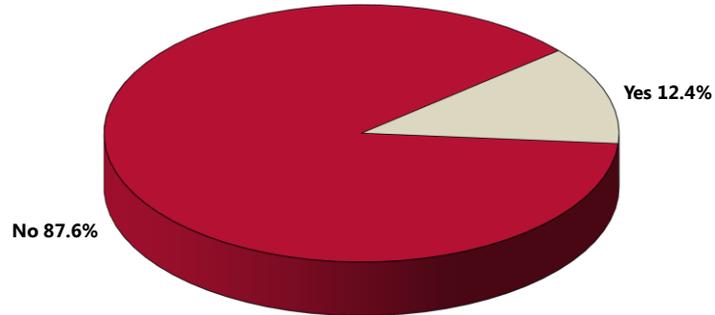
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 - The Tdap vaccine protects against tetanus, diphtheria, and pertussis.

Shingles Vaccination

According to the CDC, the shingles vaccine is recommended by the Advisory Committee on Immunization Practices (ACIP) to reduce the risk of shingles and its associated pain in people 60 years and older.

In Cass County residents aged 60 and older, 12.4% have ever been vaccinated against shingles.

Have Ever Received the Shingles Vaccine
(Among Adults Aged 60+; Cass County, 2013)



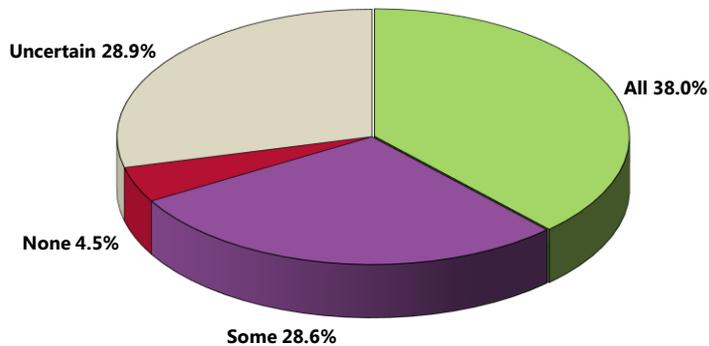
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Asked of all respondents age 60+.
• According to the CDC: Shingles vaccine is recommended by the Advisory Committee on Immunization Practices (ACIP) to reduce the risk of shingles and its associated pain in people 60 years and older.

Insurance Coverage for Vaccines

Among insured respondents, 38.0% report that their plan covers all recommended vaccinations, while 28.6% are reportedly covered for some vaccinations.

- A total of 4.5% of insured respondents indicate that their plan does not cover **any** vaccinations.
- Note that 28.9% were uncertain.

Amount of Recommended Vaccines Covered by Insurance
(Among Insured Adults; Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: • Asked of all insured adults.

Related Focus Group Findings: Immunization Coverage

Focus group respondents feel that the community has always had excellent immunization coverage, but worry now that the regulations have changed. **New regulations are negatively affecting insurance coverage rates.** Under the new insurance billing rules, the health department cannot go into the schools and vaccinate every child. Parents now must take time off work to bring the child to the doctor, or health department, to receive a vaccination. This barrier has caused the immunization rates to decrease, according to one participant:

“We used to win the record all the time for the number of kids that we would start with immunizations and finish two years later, and we would hit rates of somewhere between 90 and 100 percent. But the more barriers you put into doing something that the family may not be fully into anyway, the more you make it harder to happen...Now it's like pulling teeth to get some of those kids immunized, and we're seeing more and more parents doing religious exemptions and all of the little loopholes that they can do to just get around their kids being immunized.” — Key Informant

Environmental Health Risks

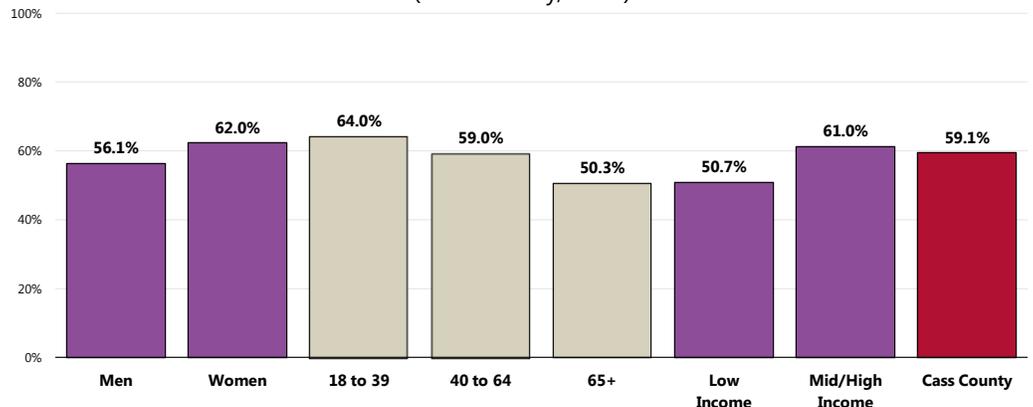
Septic Systems

Septic tank systems are the largest of all contributors of wastewater to the ground and are the most frequently reported sources of groundwater contamination in the US. Bacteria, viruses, and parasites (including worms and protozoans) are the types of pathogens in wastewater that are hazardous to humans. Fungi that can cause skin, eye, and respiratory infections also grow in sewage and sewage sludge. These bacteria and viruses may be transported very rapidly and could contaminate nearby drinking water supplies or recreational surface water.

A majority of Cass County residents (59.1%) live in homes with septic systems.

 The prevalence does not vary significantly by key demographic characteristics.

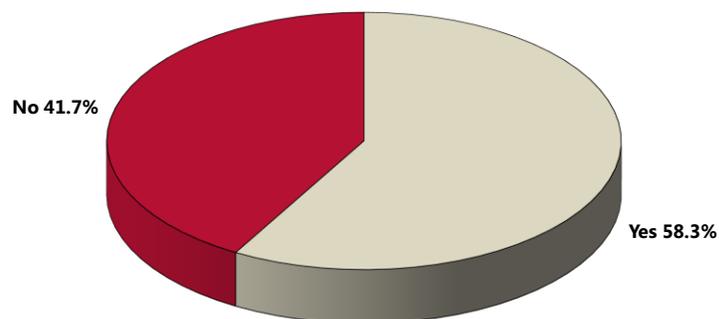
Home Is On a Septic System
(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of those respondents with septic systems, 58.3% report that the system is routinely pumped for maintenance; however, 41.7% report that it is not.

Home Septic System is Routinely Pumped
(Among Households w/Septic Systems; Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: • Asked of all respondents whose home is on a septic system.

HIV & STDs

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

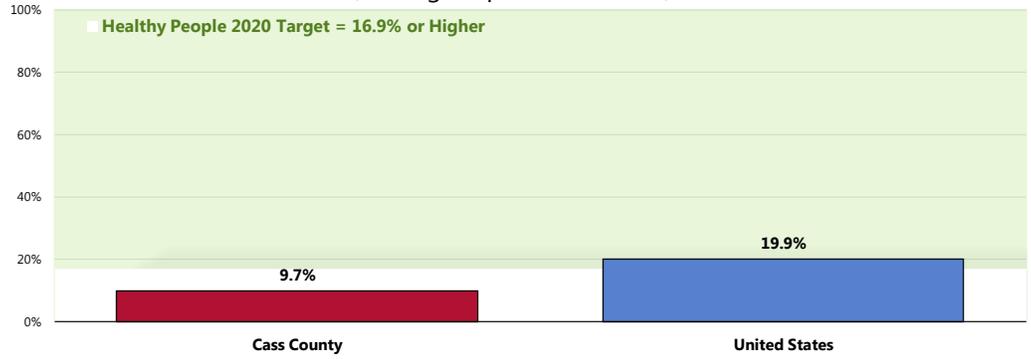
– Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among Cass County adults age 18-44, 9.7 % report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Half the proportion found nationwide.
- Fails to satisfy the Healthy People 2020 target of 16.9% or higher.

Tested for HIV in the Past Year (Among Respondents 18-44)



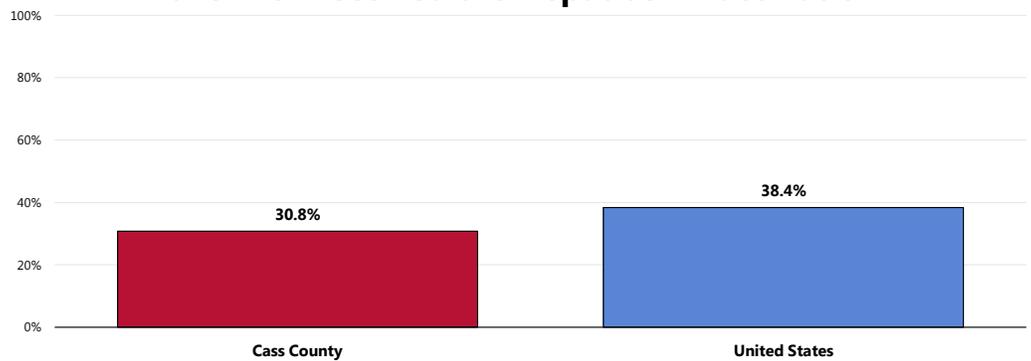
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
 Notes: • Reflects respondents age 18 to 44.
 • Note that the Healthy People 2020 objective is for ages 15-44.

Hepatitis B Vaccination

Based on survey data, a total of 30.8% of residents report having received the hepatitis B vaccine.

- Lower than what is reported nationwide.

Have Ever Received the Hepatitis B Vaccination

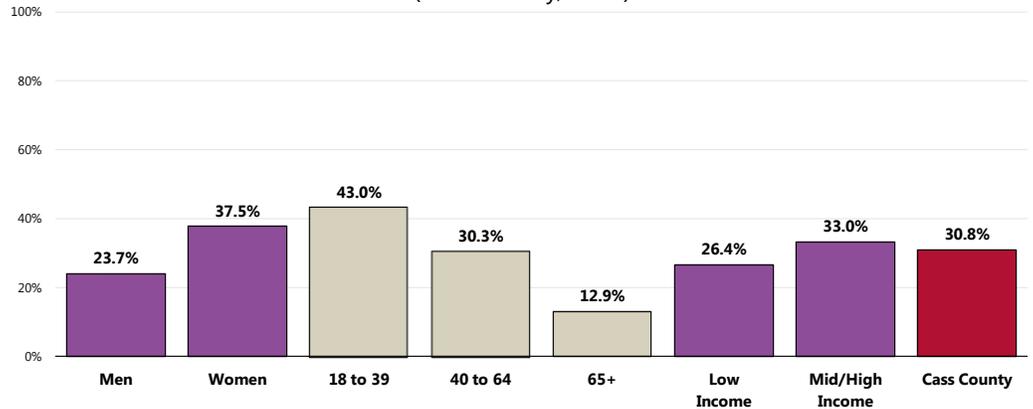


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👤 Note the negative correlation between age and hepatitis B vaccination.

👤 In addition, men are much less likely than women to have received the hepatitis B vaccine.

Have Ever Received the Hepatitis B Vaccination (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social

and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

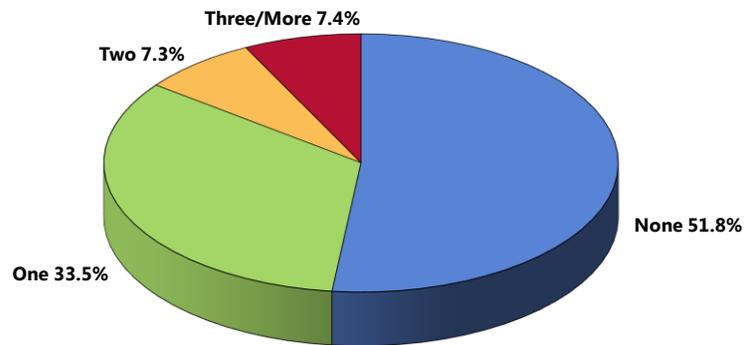
- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

Sexual Partners

Among unmarried Cass County adults under age 65, the vast majority cites having one (33.5%) or no (51.8%) sexual partners in the past 12 months.

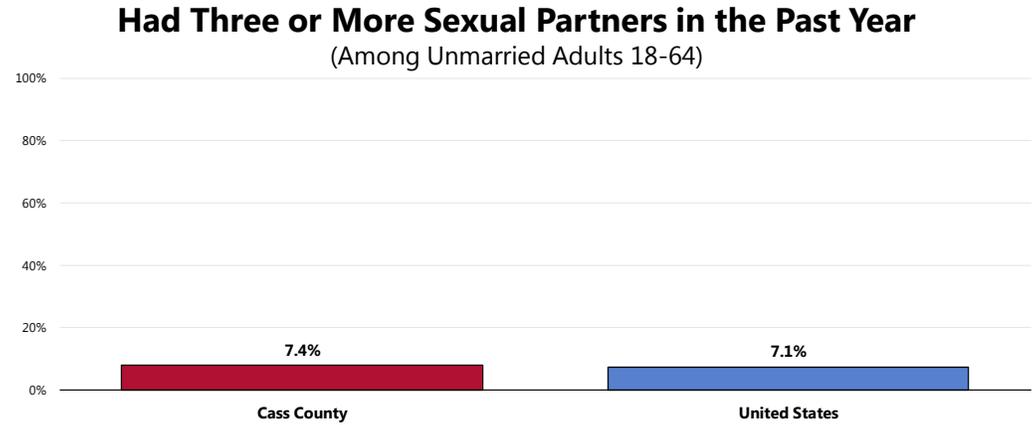
Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults 18-64; Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 7.4% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

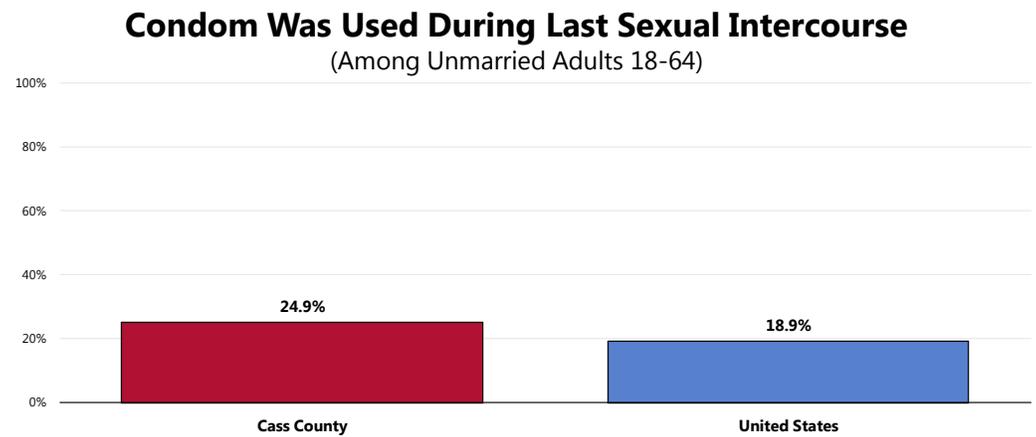


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Condom Use

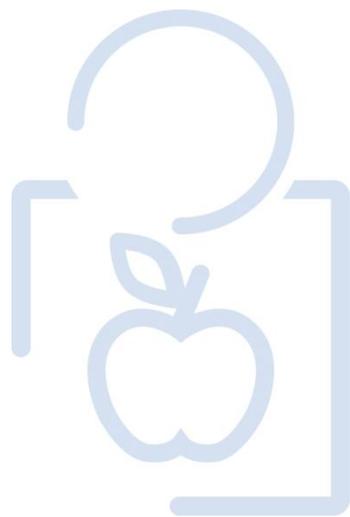
Among Cass County adults who are under age 65 and unmarried, 24.9% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

BIRTHS



Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

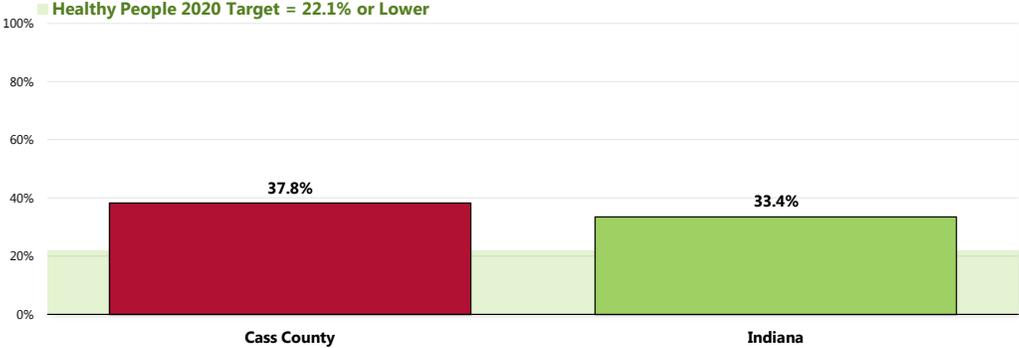
- Healthy People 2020 (www.healthypeople.gov)

In 2008, 37.8% of all Cass County births did not receive prenatal care in the first trimester of pregnancy.

- Less favorable than the Indiana proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Early and continuous prenatal care is the best assurance of infant health.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2008)



Sources: • Indiana Youth Institute (www.iyi.org) County Snapshots
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
 Note: • Numbers are a percentage of all live births within each population.

Birth Outcomes & Risks

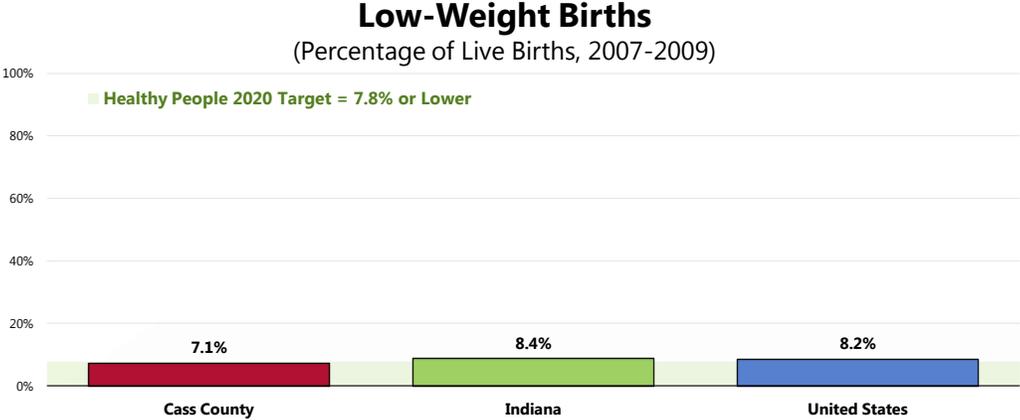
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

Low-Weight Births

A total of 7.1% of 2007-2009 Cass County births were low-weight.

- Better than the Indiana proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).



Sources: • Indiana State Department of Health Natality Reports
• Centers for Disease Control and Prevention, National Vital Statistics System.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
Note: • Numbers are a percentage of all live births within each population.
• Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

Smoking During Pregnancy

Tobacco use [during pregnancy] can cause premature birth, low birth weight, stillbirth, and infant death

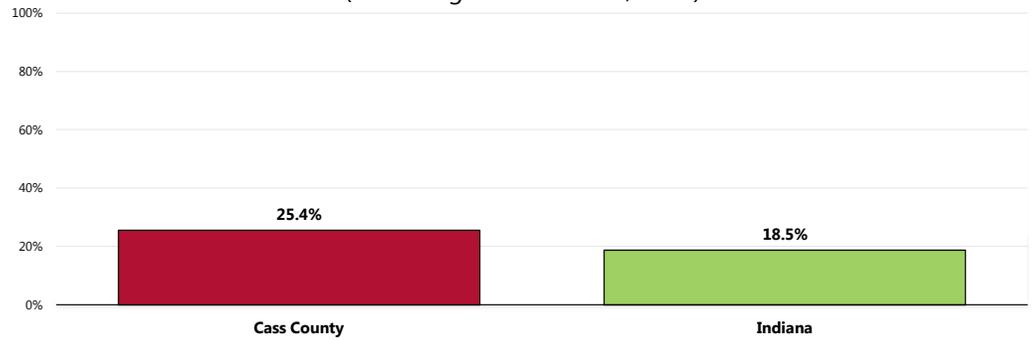
- Healthy People 2020 (www.healthypeople.gov)

Among 2008 Cass County births, 25.4% were to a woman who smoked during pregnancy.

- Higher than the percentage reported statewide.

RELATED ISSUE:
See also *Tobacco Use* in the
**Modifiable
Health Risks** section
of this report.

Smoking During Pregnancy (Percentage of Live Births, 2008)



Sources: • Indiana Youth Institute (www.iyi.org) County Snapshots
Note: • Numbers are a percentage of all live births within each population.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

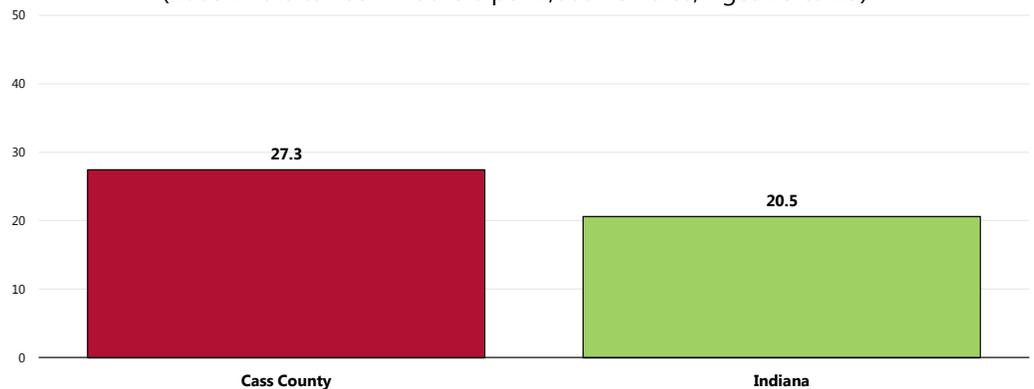
– Healthy People 2020 (www.healthypeople.gov)

The 2008 Cass County teen birth rate (births to females age 15-19 per 1,000) was 27.3.

- Higher than found statewide.

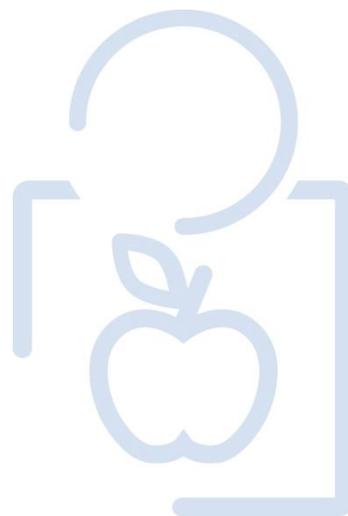
Teen Birth Rate

(2008 Births to Teen Mothers per 1,000 Females, Ages 15 to 19)



Sources: • Indiana Youth Institute (www.iyi.org) County Snapshots
Notes: • Rates are birth to teens age 15 to 19 per 1,000 females.

MODIFIABLE HEALTH RISKS



Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

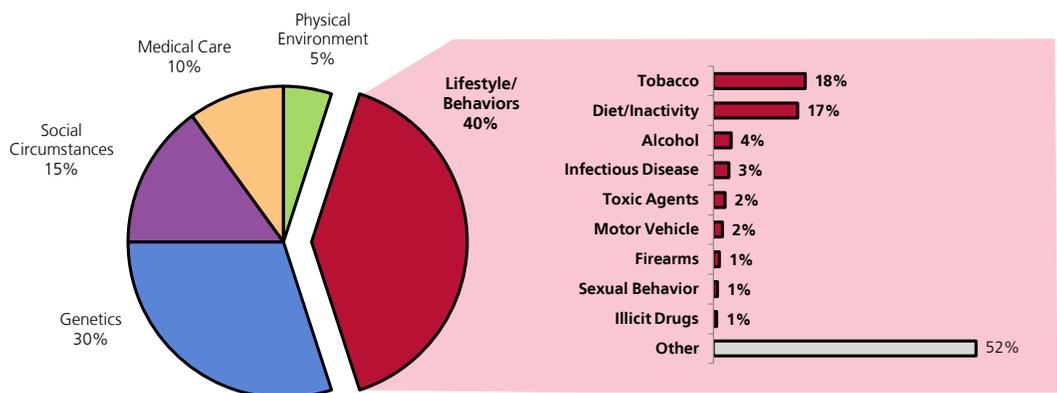
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

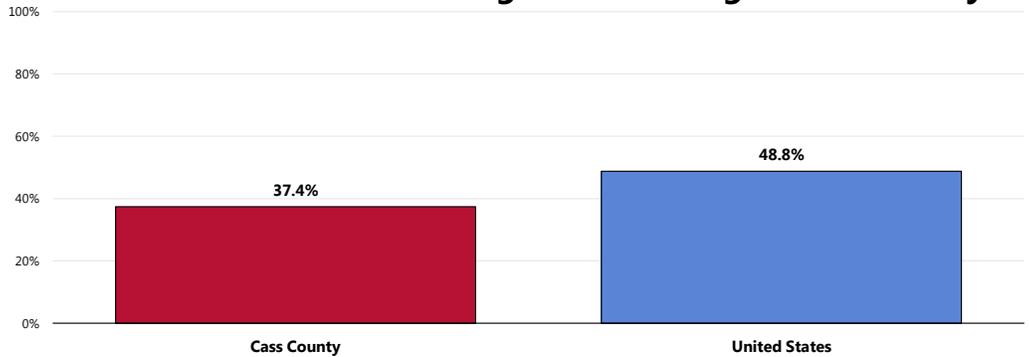
Daily Recommendation of Fruits/Vegetables

A total of 37.4% of Cass County adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

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.

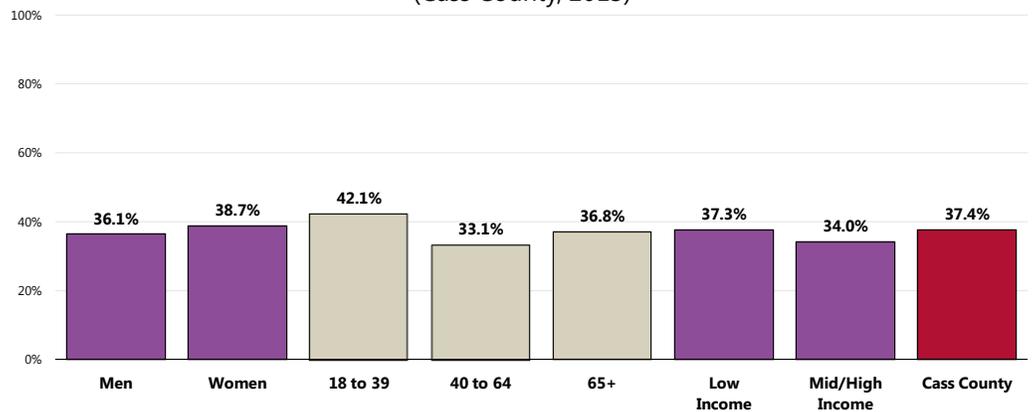
Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake on the previous day.

 Daily consumption does not vary significantly by demographic characteristics in Cass County.

Consume Five or More Servings of Fruits/Vegetables Per Day (Cass County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
 - Asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - For this issue, respondents were asked to recall their food intake on the previous day.

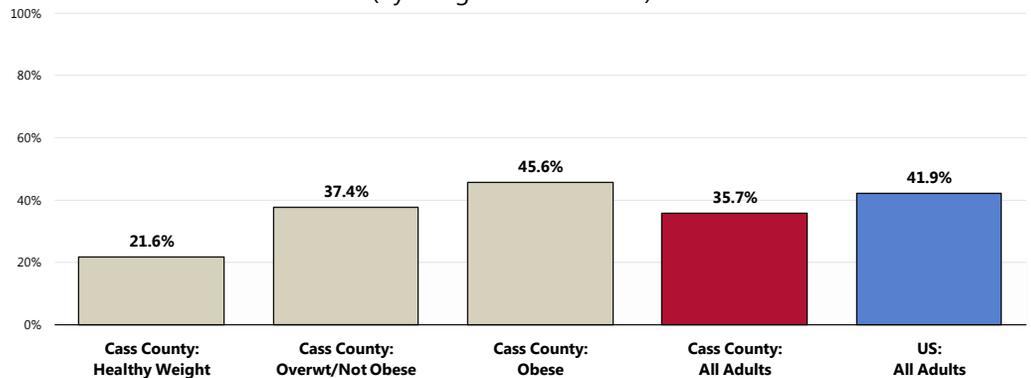
Health Advice About Diet & Nutrition

A total of 35.7% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Lower than the national figure.

 Note: Among obese respondents, 45.6% report receiving diet/nutrition advice (meaning that over one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Related Focus Group Findings: Obesity & Nutrition

Many group participants discussed nutrition and exercise, with conversation focusing on:

- Poor nutrition leading to obesity
- Fast food establishments or microwavable meals
- Nutrition education

Focus group attendees believe that residents have **poor nutrition** which contributes to the high prevalence of **obesity** in the community. Participants think that poor nutrition habits stem from a variety of sources in the community. Many community members rely on **fast food establishments or microwavable meals** because of their busy lifestyles. Fast food represents the quick and easy option for families who do not have time to make dinner. Even the grocery stores in the communities do not sell good quality produce. These factors may cause children to grow up not knowing about healthier options.

“So all they know is McDonald's. All they know is microwave. None of them are going to sit down and cook a meal. None of them are going to cook anything healthy. None of them are going to eat anything green. So what's going to happen? They're going to be unhealthy, especially if they don't do anything besides what they're going to eat. So the eating habit is horrendous at best.” — Key Informant

Respondents also think that families no longer communicate with one another. No more do families sit around the table and enjoy dinner together. Instead everyone goes into different rooms, or watches television.

"I'm not in restaurants much, but when I am or when I see families, the parents are on their cell phones and not even talking to their kids. And I see it everywhere ... No one's talking to each other. They go off to sit in front of the TV and eat. They go into their own room. I've had kids come to my house and say, 'I've never sat at a table and eaten.' And I'm like, 'Where do you eat?' 'Well, we all just get our food and go sit wherever we want to,' and I just can't comprehend that."
— Key Informant

Focus group attendees feel that **nutrition education** needs to occur more frequently in the community because many households lack basic knowledge about fresh produce, preparing nutritious meals, and/or making healthy food choices.

"Most people in the county believe that corn and potatoes are a good vegetable. And all those families that have food stamps, you'll see their carts full of hot dogs, potato chips, all those kind of foods." — Key Informant

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

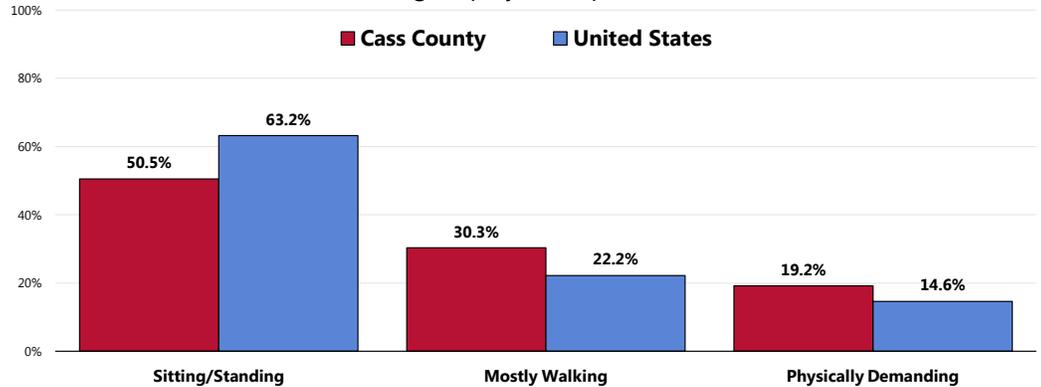
Level of Activity at Work

Cass County employed respondents are less likely to report sedentary work than their national counterparts.

- A total of 50.5% of employed respondents reports that their job entails mostly sitting or standing, lower than the US figure.
- 30.3% report that their job entails mostly walking (higher than that reported nationally).
- 19.2% report that their work is physically demanding (higher than the US).

Primary Level of Physical Activity At Work

(Among Employed Respondents)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 108]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

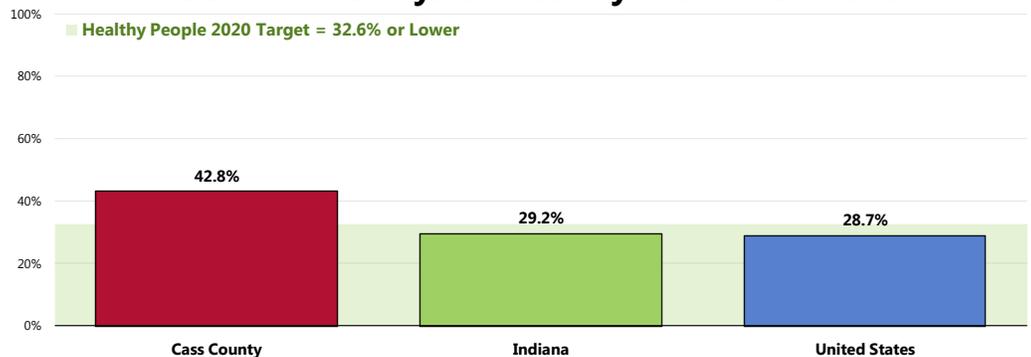
Notes: • Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

A total of 42.8% of county adults report no leisure-time physical activity in the past month.

- Much less favorable than statewide findings.
- Much less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month



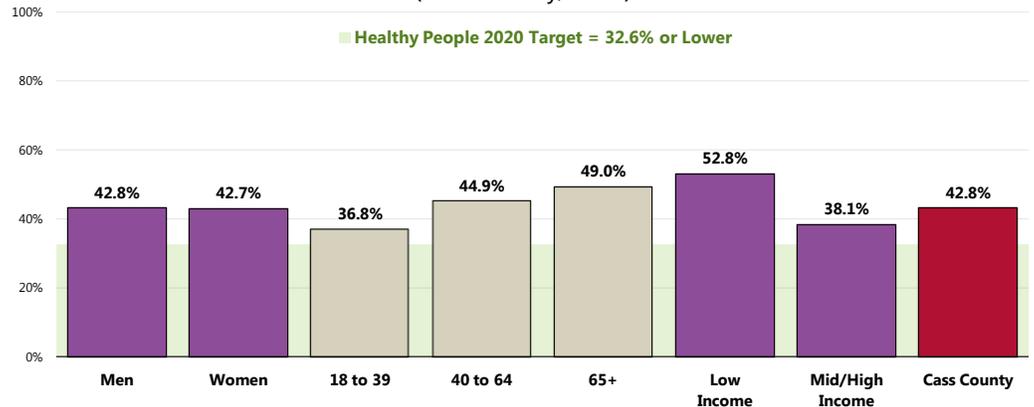
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

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.

👥 Lack of leisure-time physical activity in the area is higher among lower-income residents.

No Leisure-Time Physical Activity in the Past Month (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

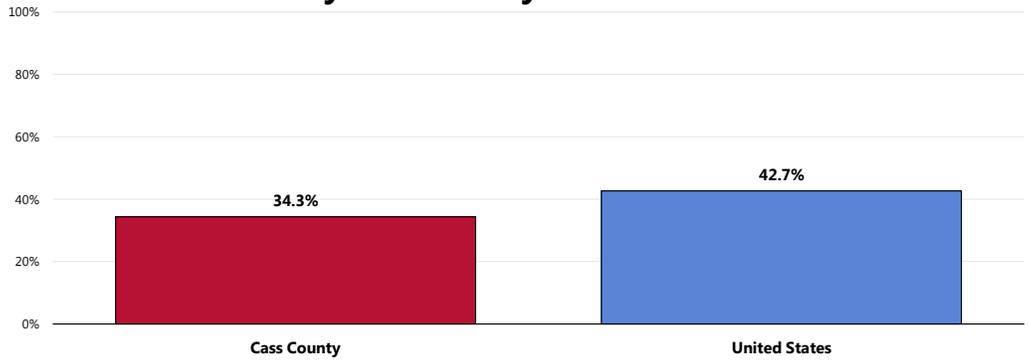
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 34.3% of Cass County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than national findings.

Meets Physical Activity Recommendations



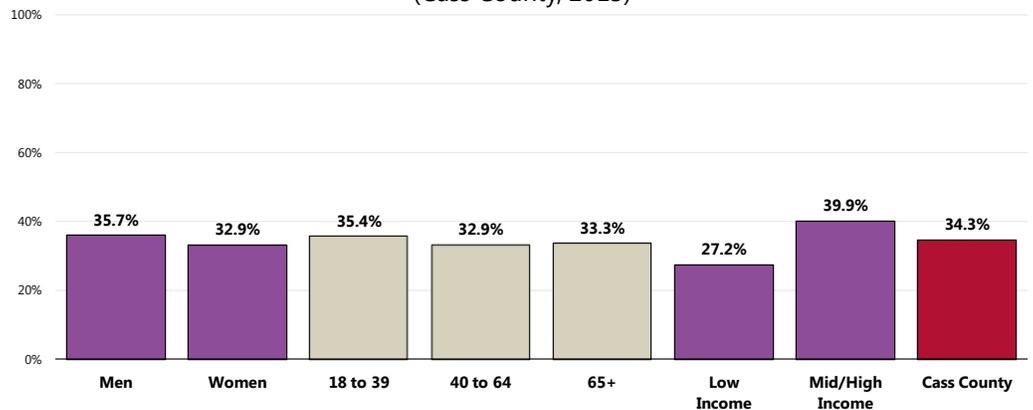
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Residents in low-income households are less likely to meet physical activity requirements.

Meets Physical Activity Recommendations

(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
 • Asked of all respondents.

Notes: • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

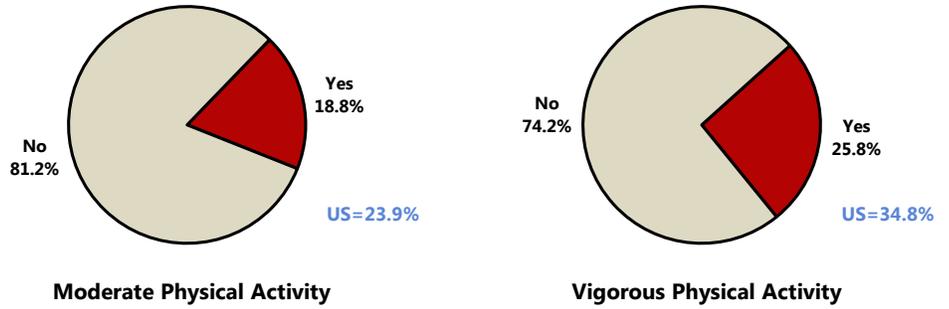
A total of 18.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Less favorable than the national level.

A total of 25.8% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the statewide figure (not shown).
- Less favorable than the nationwide figure.

Moderate & Vigorous Physical Activity (Cass County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 179-180]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 - Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

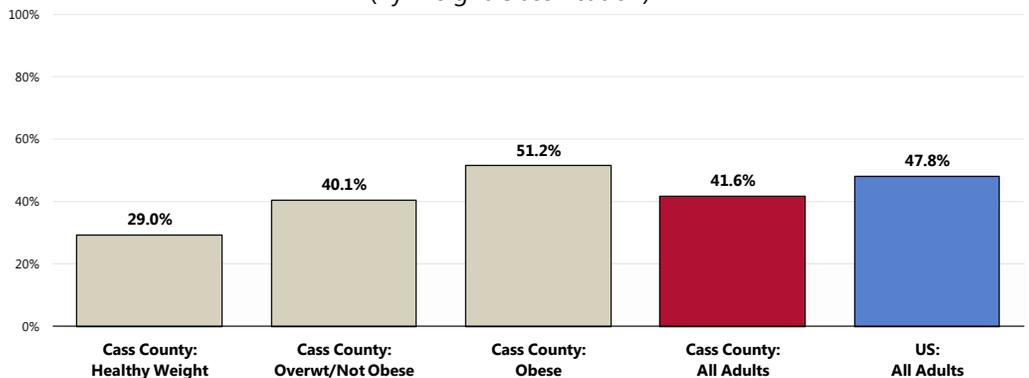
Health Advice About Physical Activity & Exercise

A total of 41.6% of Cass County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Less favorable than the national average.

 Note: 51.2% of obese Cass County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Children's Screen Time

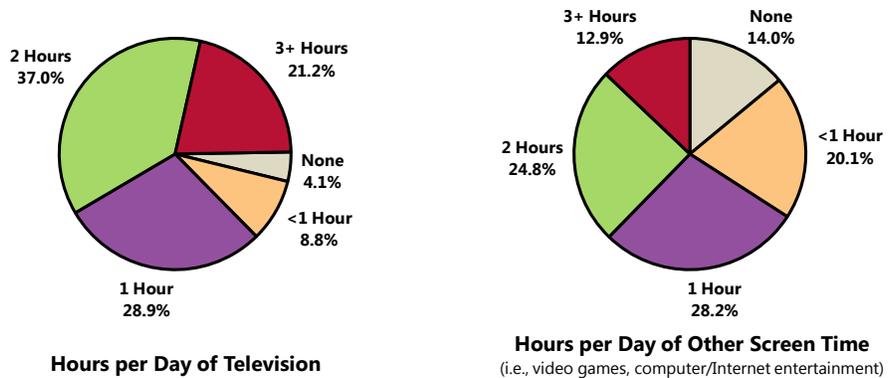
Television Watching & Other Screen Time

Among children aged 5 through 17, 21.2% are reported to watch three or more hours of television per day; 12.9% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- Both percentages are comparable to US findings (not shown).

Children's Screen Time

(Among Parents of Children Ages 5-17; Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 143-144, 181-182]
 Notes: • Asked of respondents with a child aged 5 to 17 in the household

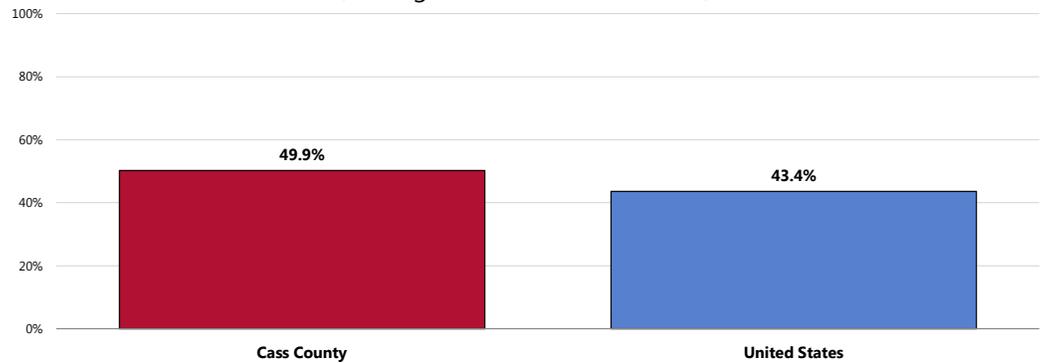
Total Screen Time

When combined, one-half (49.9%) of Cass County children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Statistically similar to that found nationally.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]

(Among Parents of Children 5-17)



Sources: • 2013 Professional Research Consultants, Inc. PRC Community Health Survey. [Item 183]
 Notes: • Asked of all respondents with children 5-17 at home.
 • For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
 • "Three or more hours" includes reported screen time of 180 minutes or more per day.

Related Focus Group Findings: Physical Activity

Many focus group participants discussed physical activity in the community. The main discussion centered on:

- Sedentary lifestyle
- Youth participation in athletics

Focus group attendees feel that Cass County residents have opportunities to participate in physical activity, but the number of residents who do not partake remains high. The county has a great park and trail system, two private pay gyms and a YMCA. Many residents lead a **sedentary lifestyle** and the large amount of time spent in front of the television, computer, or video games may contribute.

Participants believe that the community should have more **youth athletes**. Currently, the younger populations do not participate in sports, or other physical activity. Some respondents think that the lack of involvement stems from parental complacency, or not prioritizing physical activity. Other families do not have means of transportation, or ability to take time off work to shuttle their child to practices or games. School fundraisers are designed to help offset the financial burden; however, the expense of organized athletics can still be a barrier. A focus group member explains:

“Well, no matter what sport the kid plays, they still have to provide their own cleats; they still have to provide their own socks; in addition to what the school may pay, you might have to pay to play for the referees' or umpires' work.” — Key Informant

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

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 (inches²)] 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.

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	≥ 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.

Adult Weight Status

Healthy Weight

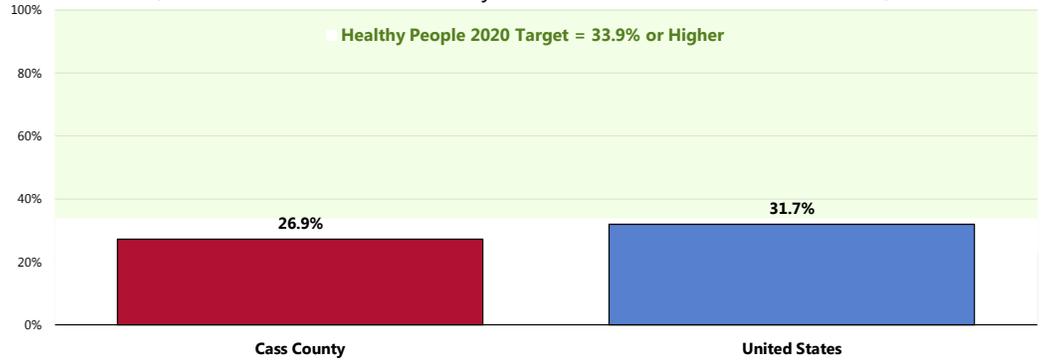
“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 26.9% of Cass County adults are at a healthy weight.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

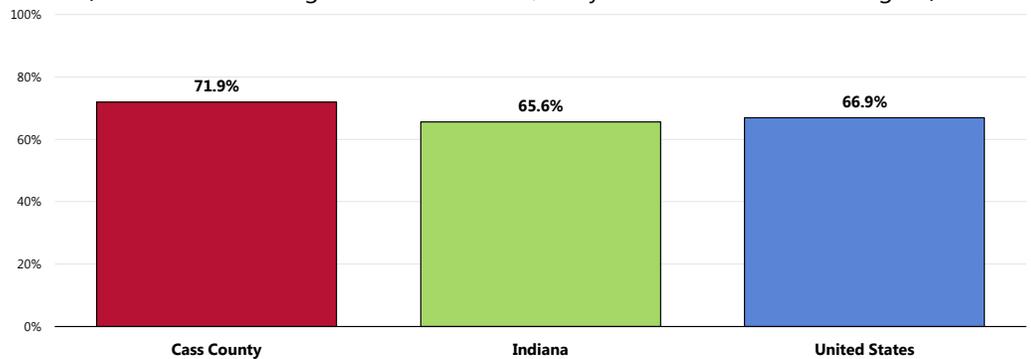
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Just over 7 in 10 Cass County adults (71.9%) are overweight.

- Worse than the Indiana prevalence.
- Statistically similar to the US overweight prevalence.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
 - 2011 PRC National Health Survey, Professional Research Consultants, 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): 2011 Indiana data.
- 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.

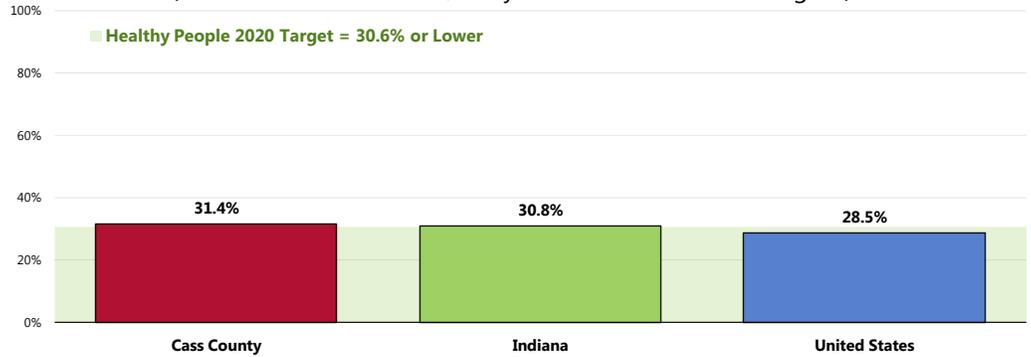
“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Further, 31.4% of Cass County adults are obese.

- Comparable to Indiana findings.
- Comparable to US findings.
- Comparable to the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

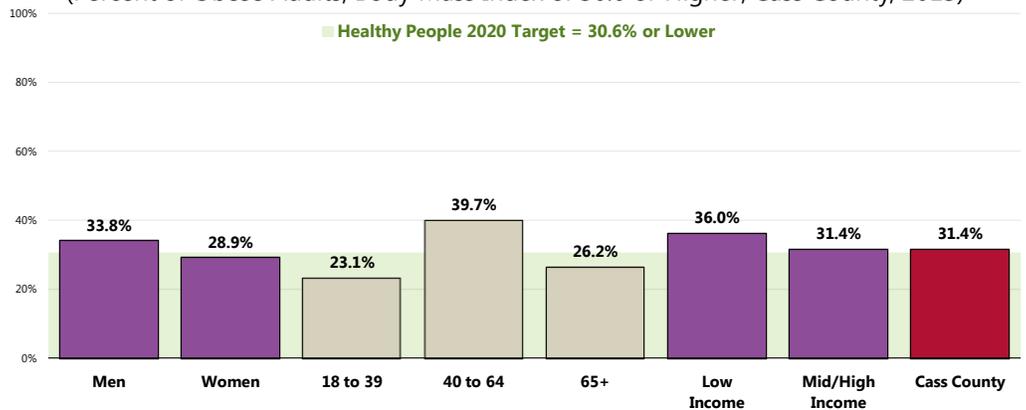


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
- 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.

👤 Obesity is notably more prevalent among adults between the ages of 40 and 64.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Cass County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - 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.

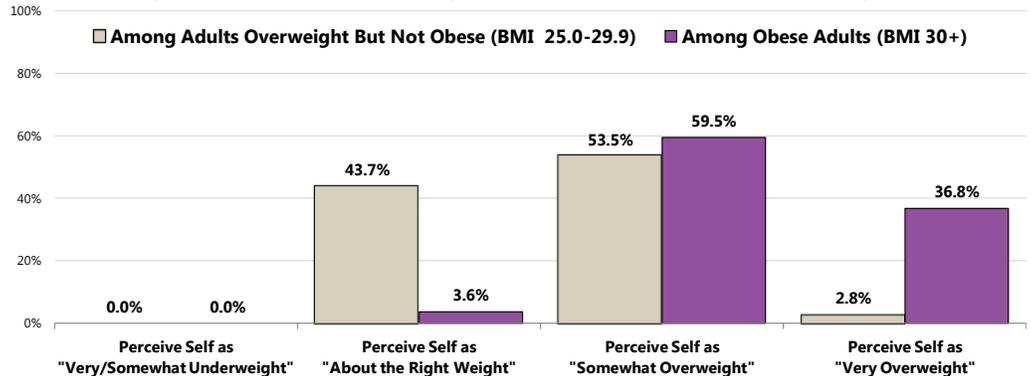
Actual vs. Perceived Body Weight

A total of 3.6% of obese adults and 43.7% of overweight (but not obese) adults feel that their current weight is “about right.”

- 53.5% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 36.8% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status

(Among Adults Who Are Overweight/Obese Based on BMI; Cass County, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: ● BMI is 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.

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

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

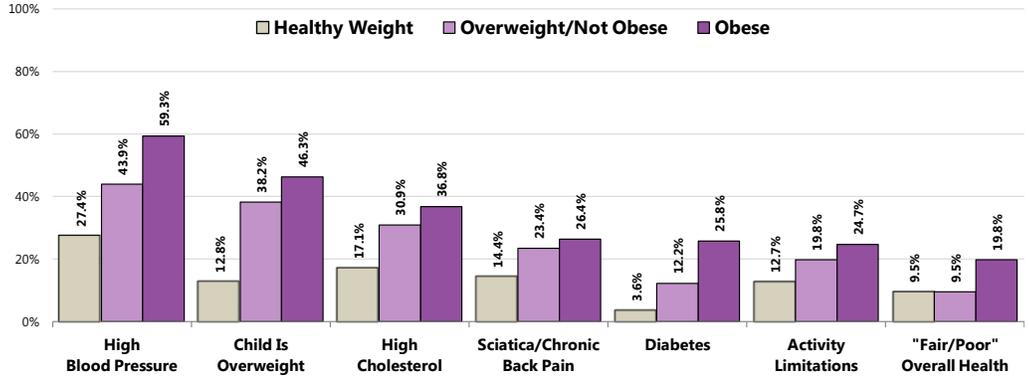
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Sciatica/chronic back pain.
- Diabetes.
- Activity limitations.
- “Fair” or “poor” overall health.

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 29, 34, 44, 121, 146-148, 189]
 Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 25.2% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Almost identical to the national findings.

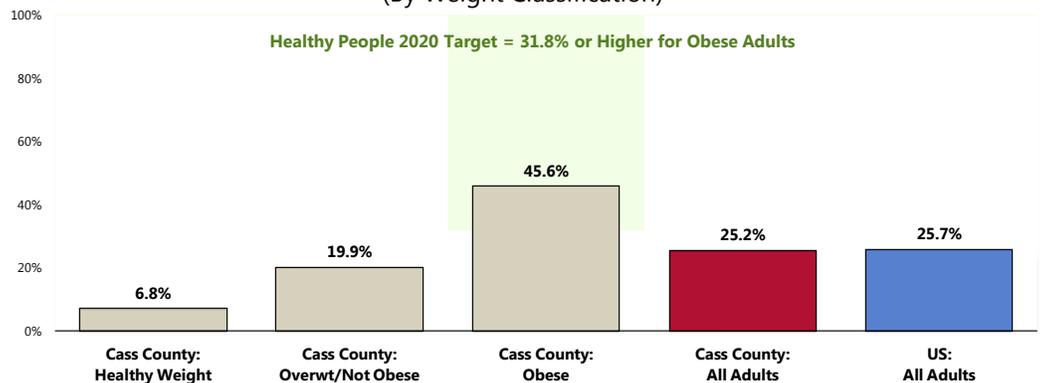


Note that 45.6% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half have not).

- This satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 115, 188]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

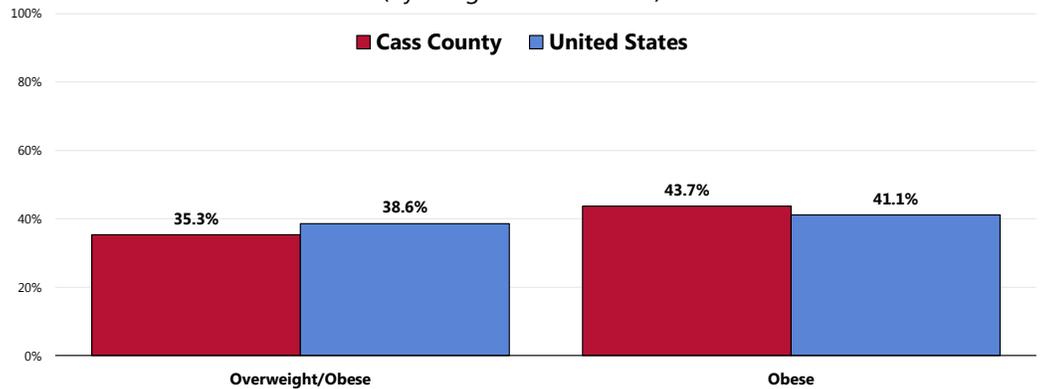
– Healthy People 2020 (www.healthypeople.gov)

A total of 35.3% of Cass County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

👥 Note: 43.7% of obese Cass County adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

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 <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

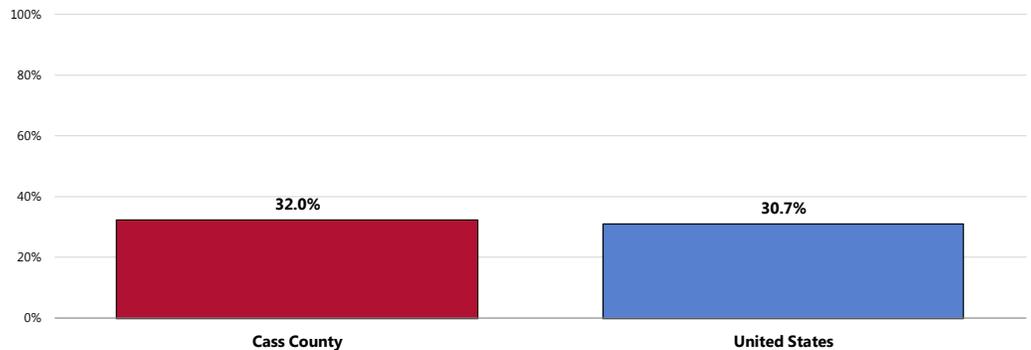
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 32.0% of Cass County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to the national prevalence.

Child Total Overweight Prevalence

(Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

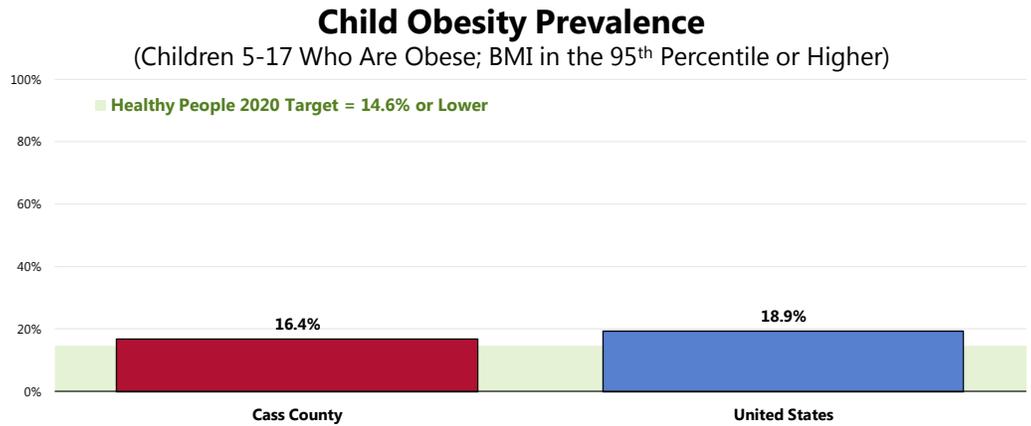
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children age 5-17 at home.

● Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 16.4% of Cass County children age 5 to 17 are obese (\geq 95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
- 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 95th percentile of US growth charts by gender and age.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

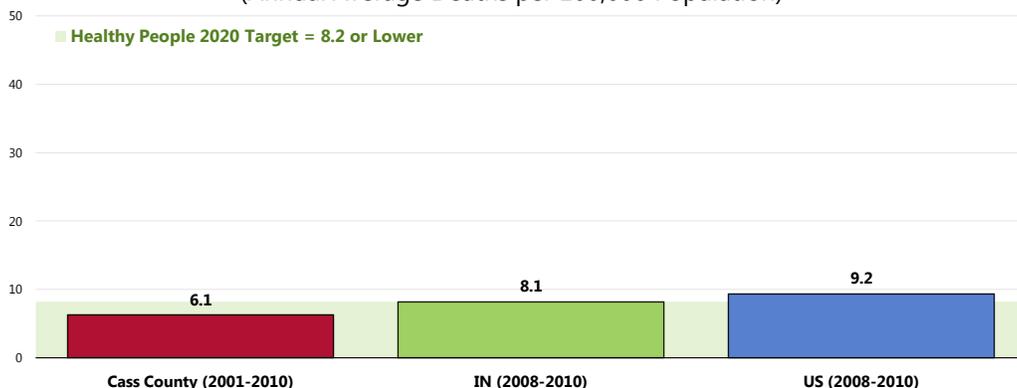
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2001 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 6.1 deaths per 100,000 population in Cass County.

- Better than the statewide rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality (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 April 2013.
 • Indiana State Department of Health
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: • 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 U.S. Standard Population.

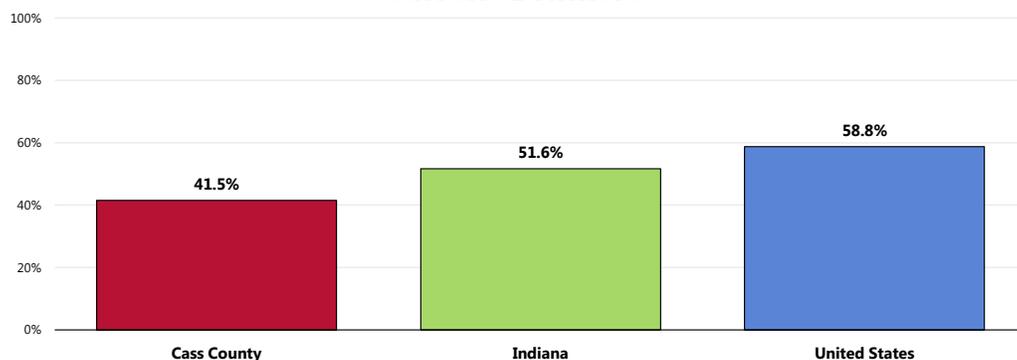
High-Risk Alcohol Use

Current Drinking

A total of 41.5% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Lower than the statewide proportion.
- Lower than the national proportion.

Current Drinkers

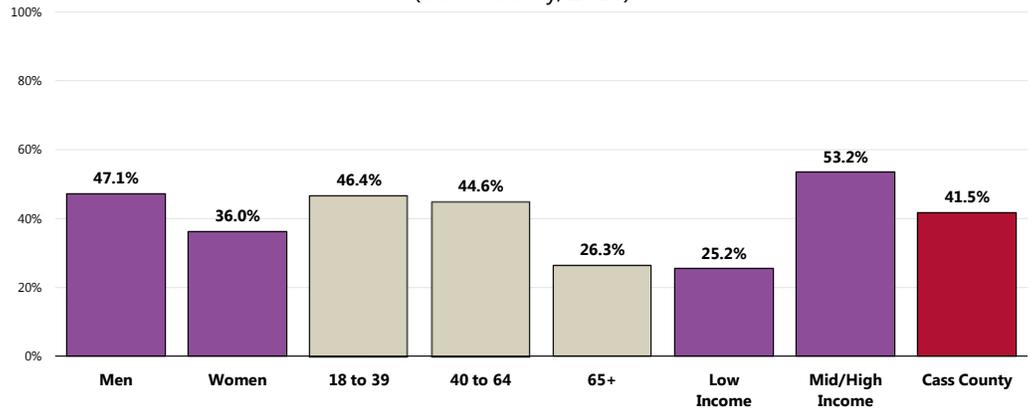


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Indiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Current drinkers had at least one alcoholic drink in the past month.

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

👤 Current drinking is more prevalent among men, adults under 65, and those in mid/high-income households.

Current Drinkers (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Current drinkers had at least one alcoholic drink in the past month.

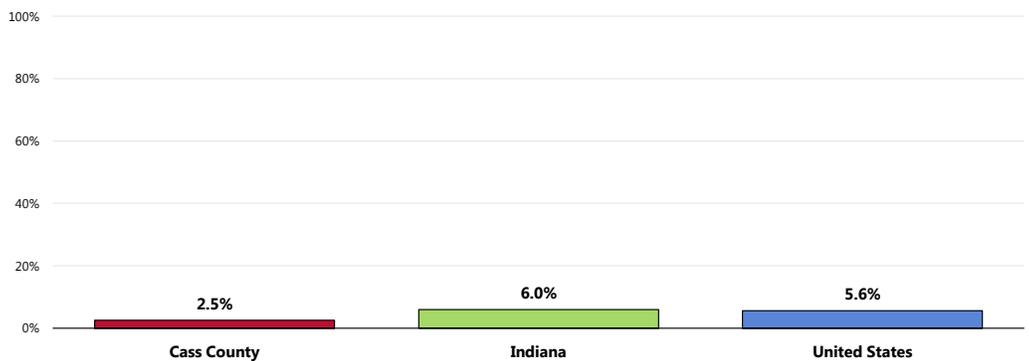
Chronic Drinking

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

A total of 2.5% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Lower than the statewide proportion.
- Lower than the national proportion.

Chronic Drinkers

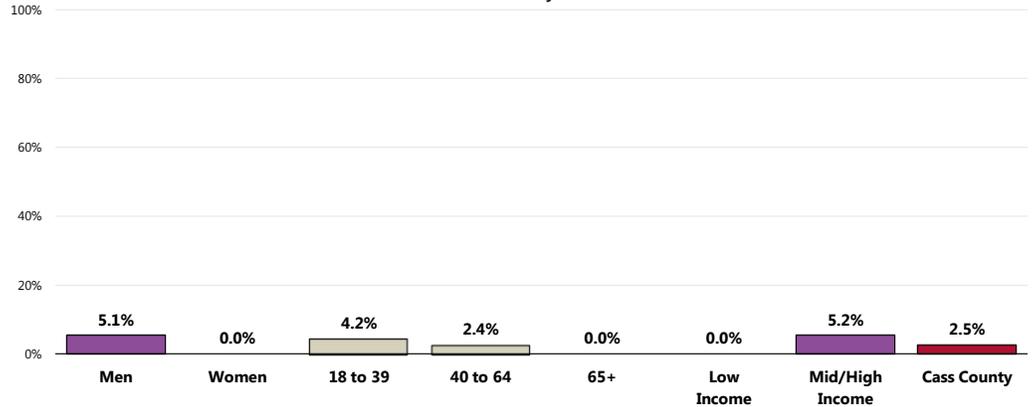


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Indiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
 • *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

RELATED ISSUE:
 See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

👤 Chronic drinking is more prevalent among men, young adults, and higher-income residents.

Chronic Drinkers (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

"Binge drinkers" include:

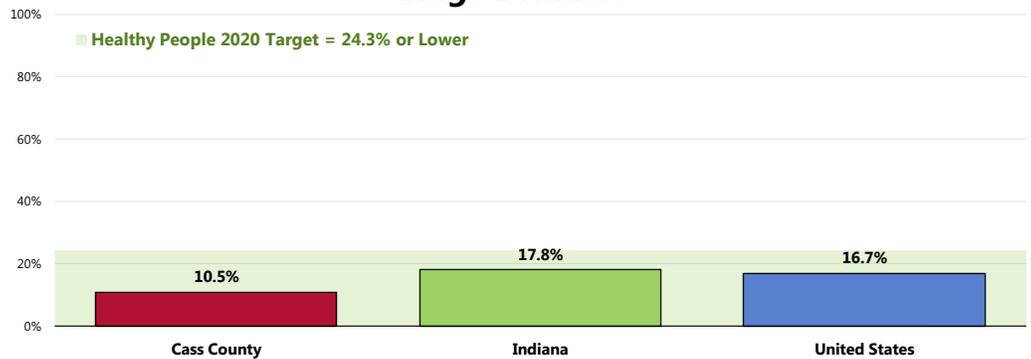
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 10.5% of Cass County adults are binge drinkers.

- Well below Indiana findings.
- Well below national findings.
- Easily satisfies the Healthy People 2020 target (24.3% or lower).

Binge Drinkers

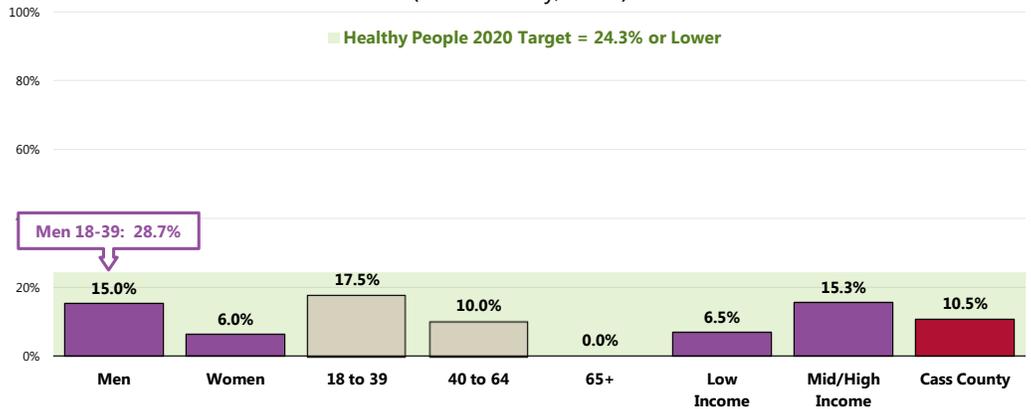


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Indiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- ☺☺☺ Men (especially those under age 40).
- ☺☺☺ Adults under age 40 (note the negative correlation with age).
- ☺☺☺ Upper-income adults.

Binge Drinkers (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

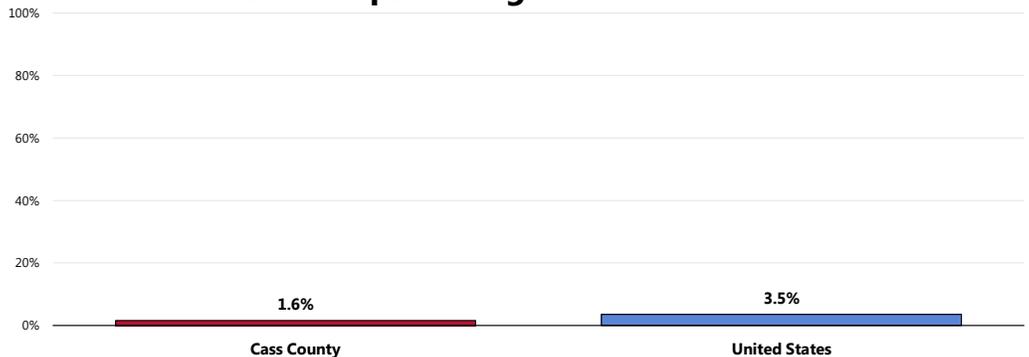
Drinking & Driving

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.

A total of 1.6% of Cass County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Half the national findings.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

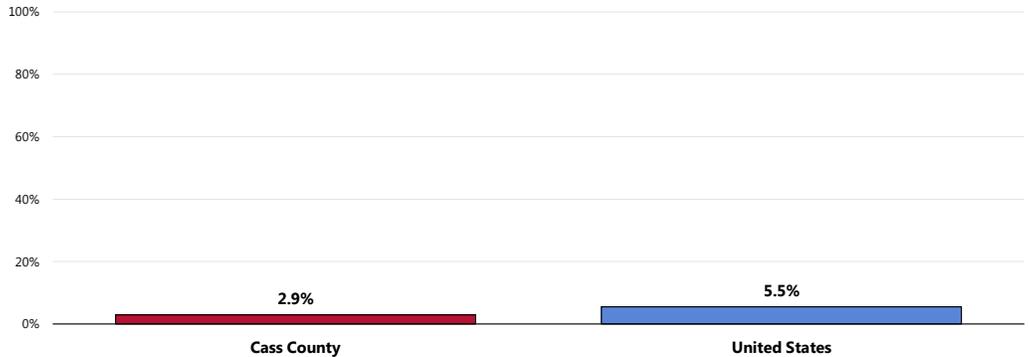


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

A total of 2.9% of Cass County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- More favorable than the national findings.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



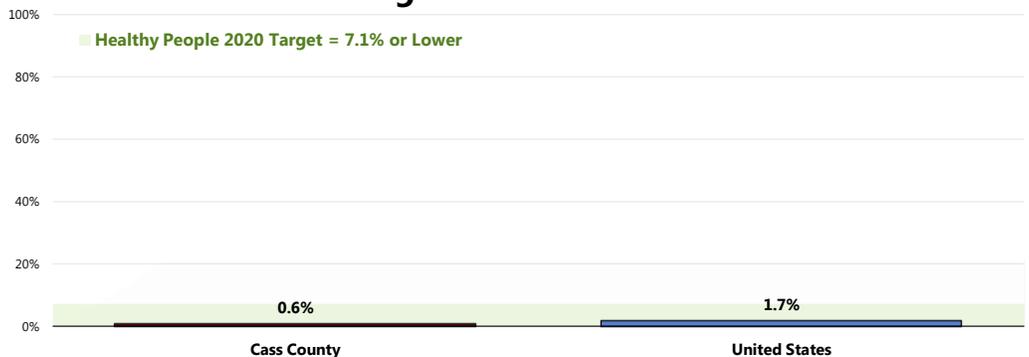
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Illicit Drug Use

Just 0.6% of Cass County adults acknowledge using an illicit drug in the past month.

- Statistically similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.

Illicit Drug Use in the Past Month



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all 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.

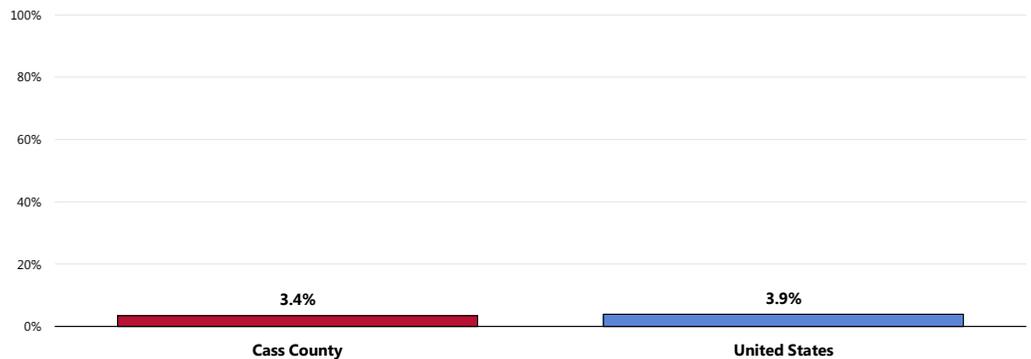
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Alcohol & Drug Treatment

A total of 3.4% of Cass County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Related Focus Group Findings: Substance Abuse

A number of focus group participants are concerned with substance abuse in the community. The main issues discussed include:

- Prevalence of substance use and abuse
- Prescription drug misuse
- Inadequate number of substance abuse treatment facilities

A number of focus group participants express concern with the **prevalence of substance use and abuse** in the community, especially methamphetamines, marijuana, spice, alcohol abuse, and **prescription drug misuse**. Attendees worry about the number of family members who steal prescription medication from their relatives. A respondent explains his fear:

"I've had multiple patients that are older that have had to hide their medication because their kids come in and steal them. Prescription drugs are a huge problem in our community. Huge."
— Key Informant

The community also possesses an **inadequate number of substance abuse treatment facilities**. Four County Counseling Center and the probation department represent the main options for residents.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

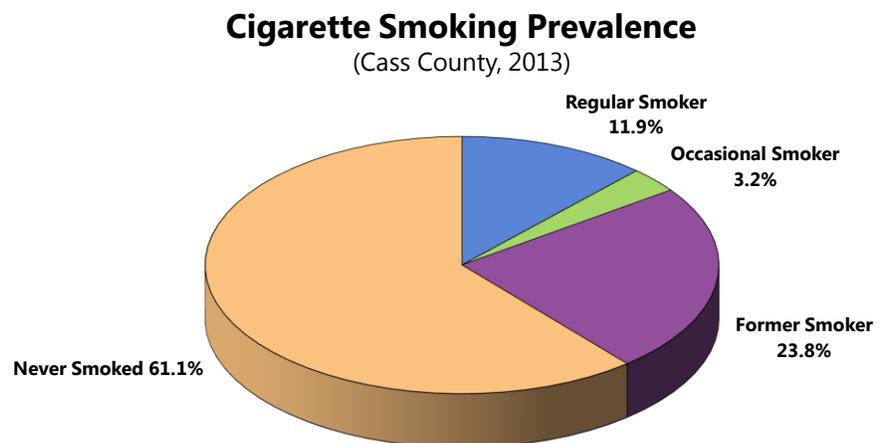
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

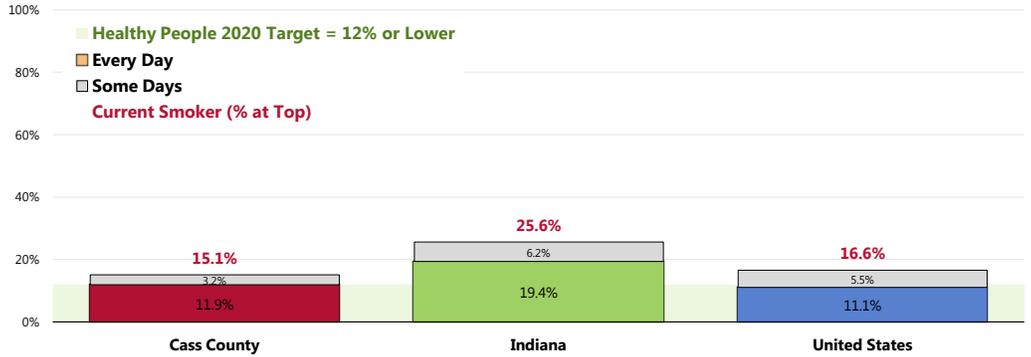
A total of 15.1% of Cass County adults currently smoke cigarettes, either regularly (11.9% every day) or occasionally (3.2% on some days).



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
Notes: • Asked of all respondents.

- Better than statewide findings.
- Comparable to national findings.
- Comparable to the Healthy People 2020 target (12% or lower).

Current Smokers



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- 2011 PRC National Health Survey, Professional Research Consultants, 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). 2011 Indiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

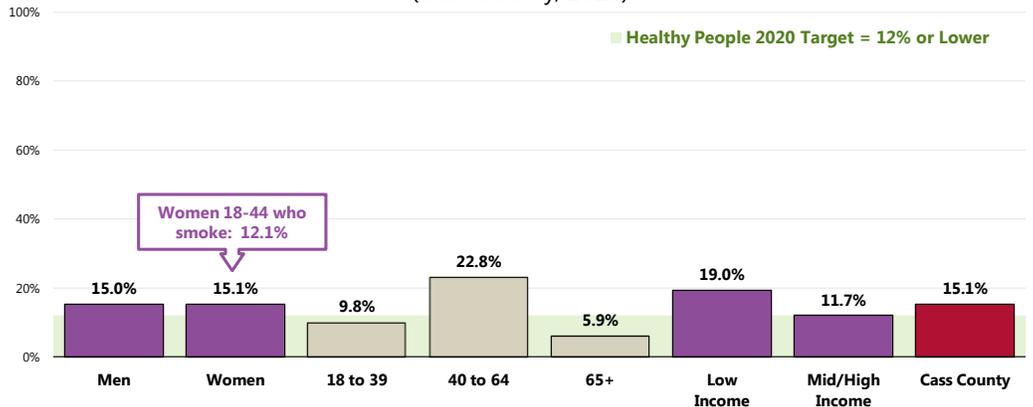
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

👤 Cigarette smoking is more prevalent among adults age 40 to 64.

Note also:

👤 12.1% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers (Cass County, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 190-191]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

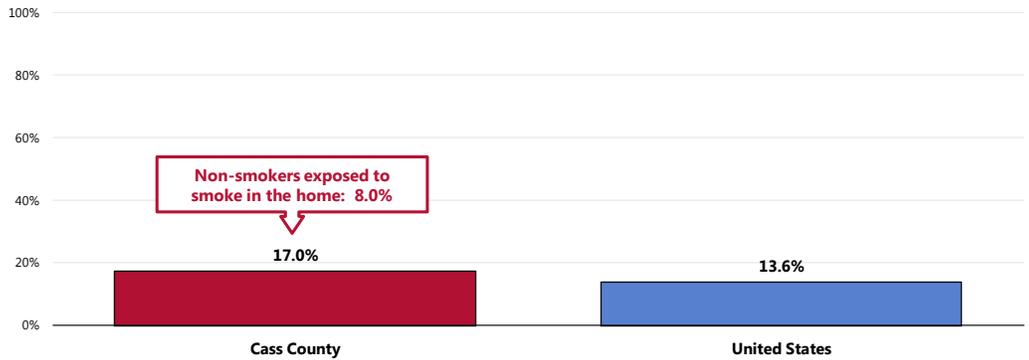
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

A total of 17.0% of Cass County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of four or more times per week over the past month.

- Comparable to national findings.

 Note that 8.0% of Cass County non-smokers are exposed to cigarette smoke at home.

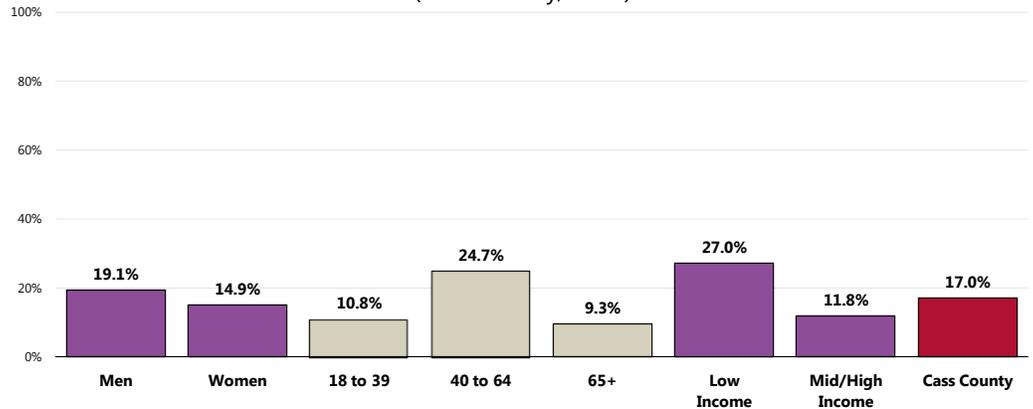
Member of Household Smokes at Home



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 64, 192]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

 Notably higher among adults age 40 to 64 and residents with lower incomes.

Member of Household Smokes At Home (Cass County, 2013)

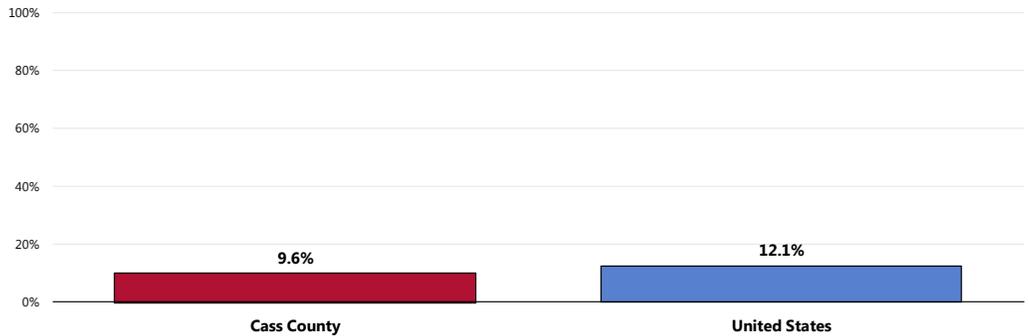


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 9.6% have someone who smokes cigarettes in the home.

- Lower than national findings.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked among parents of children age 0-17.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

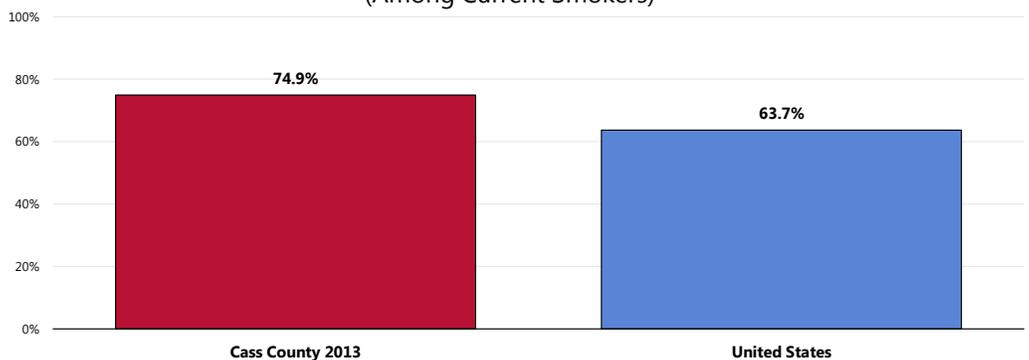
– Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 74.9% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



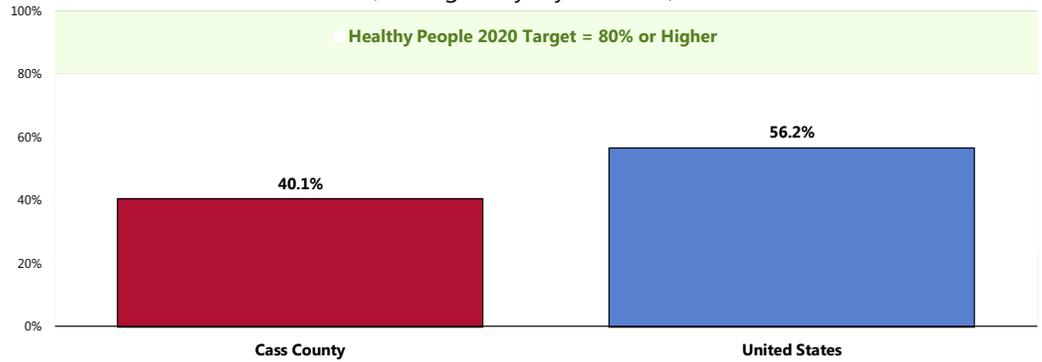
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all current smokers.

Smoking Cessation Attempts

A total 40.1% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Much lower than the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

Have Stopped Smoking for One Day or Longer In the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
Notes: • Asked of respondents who smoke cigarettes every day.

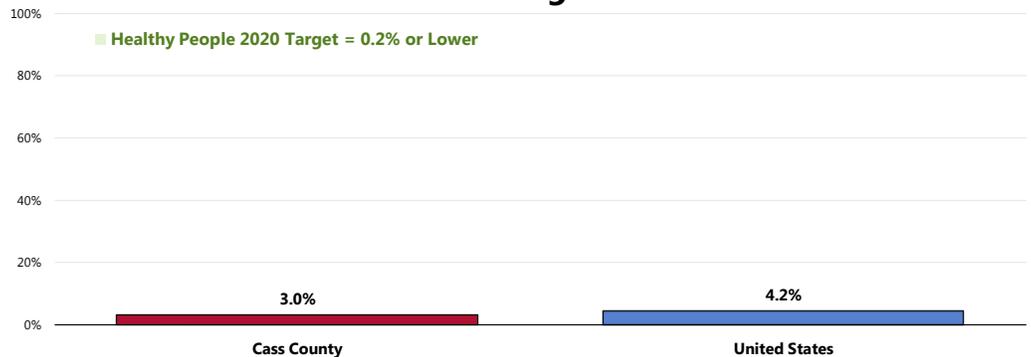
Other Tobacco Use

Cigars

A total of 3.0% of Cass County adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

Use of Cigars



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
Notes: • Asked of all respondents.

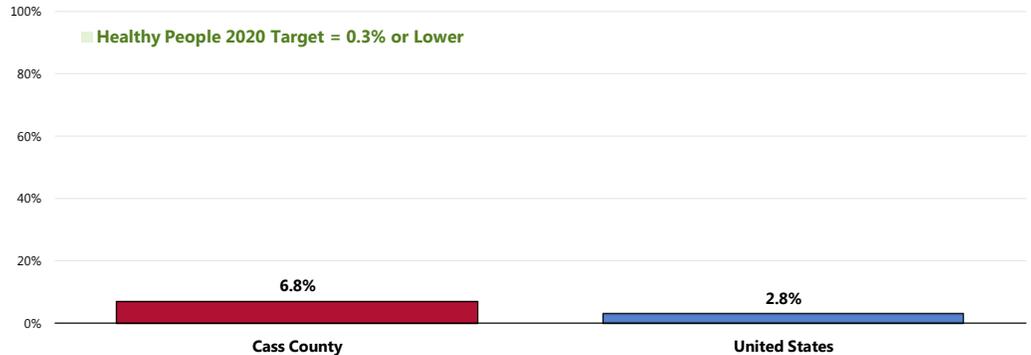
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Smokeless Tobacco

A total of 6.8% of Cass County adults use some type of smokeless tobacco every day or on some days.

- Much higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

Use of Smokeless Tobacco



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
Notes: ● Asked of all respondents.
● Smokeless tobacco includes chewing tobacco or snuff.

Adolescents & Smoking

According to Youth Risk Behavior Survey results among Logansport high school students, 18.0% of adolescents smoked cigarettes in the month preceding the survey.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community. The main issues discussed included:

- Prevalence across community
- Smoking cessation programs

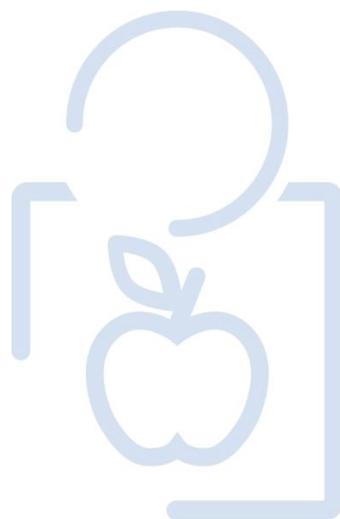
Focus group participants believe that tobacco use is **prevalent across the community** and worry about the negative health consequences of tobacco use. Attendees feel that the rate among high school students remains high. The increased tax on cigarettes has not deterred smoking; instead, some smokers roll their own cigarettes because it represents a less expensive option.

Attendees also recognize the addictive nature of tobacco products and the difficulty with engaging adults to stop smoking.

"We have people on service (hospice) who will pull their oxygen cannula out of their nose and set it aside and light up a cigarette. Even when they're to the point where they're using our service, they still want a cigarette. That's the behavioral thing. They're not going to quit unless they want to." — Key Informant

Logansport Memorial Hospital and the Cass County Health Department offers **smoking cessation programs**, but the classes are not well attended.

ACCESS TO HEALTH SERVICES



Health Insurance Coverage

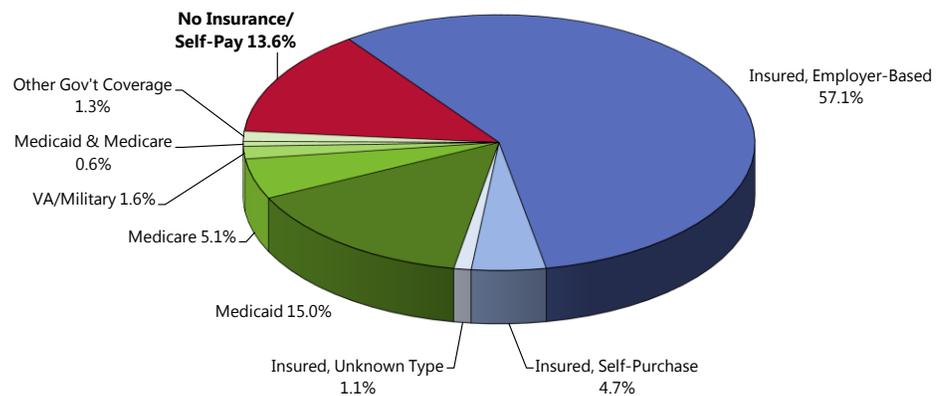
Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 62.9% of Cass County adults age 18 to 64 report having healthcare coverage through private insurance. Another 23.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults 18-64; Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
 Notes: • Reflects respondents age 18 to 64.

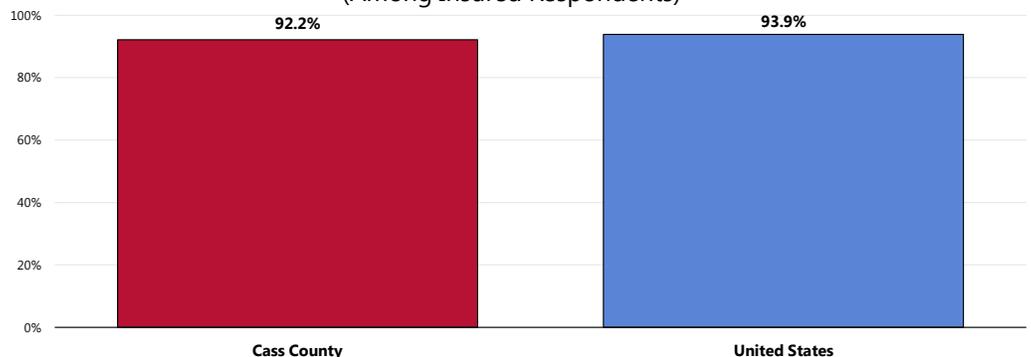
Prescription Drug Coverage

Among insured adults, 92.2% report having prescription coverage as part of their insurance plan.

- Comparable to the national prevalence.

Health Insurance Covers Prescriptions at Least in Part

(Among Insured Respondents)



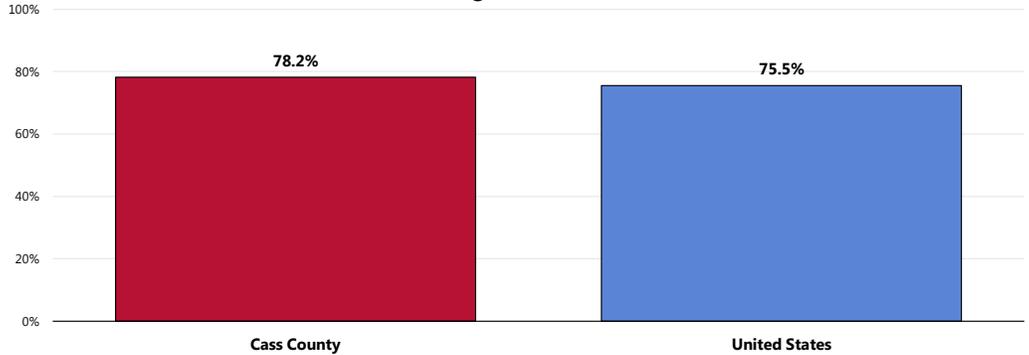
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with healthcare insurance coverage.

Supplemental Coverage

Among Medicare recipients, the majority (78.2%) has additional, supplemental healthcare coverage.

- Comparable to that reported among Medicare recipients nationwide.

Have Supplemental Coverage in Addition to Medicare (Among Adults 65+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

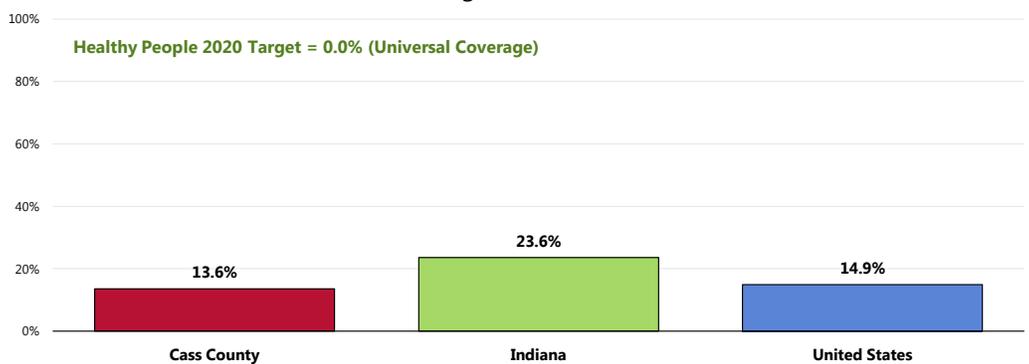
Notes: • Asked of respondents age 65+.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 13.6% report having no insurance coverage for healthcare expenses.

- Much lower than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage (Among Adults 18-64)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Indiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

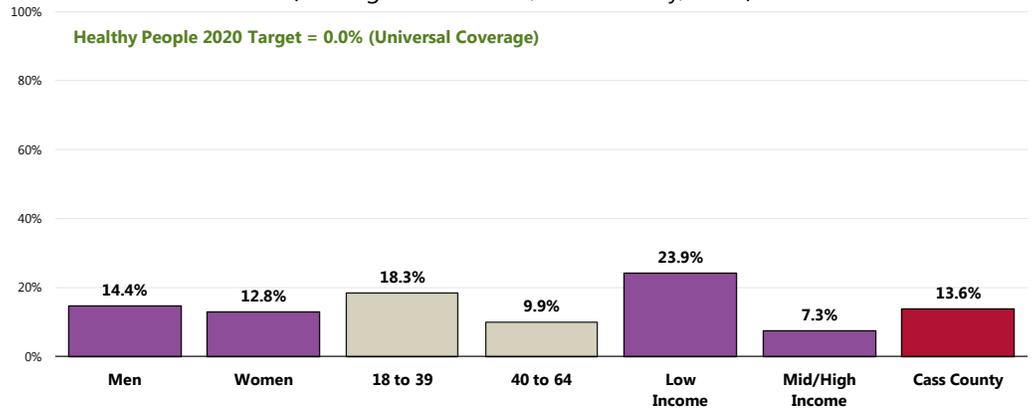
Notes: • Asked of all respondents under the age of 65.

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 healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

👥 Residents living at lower incomes are much more likely to be without healthcare insurance coverage (note the 23.9% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage

(Among Adults 18-64; Cass County, 2013)

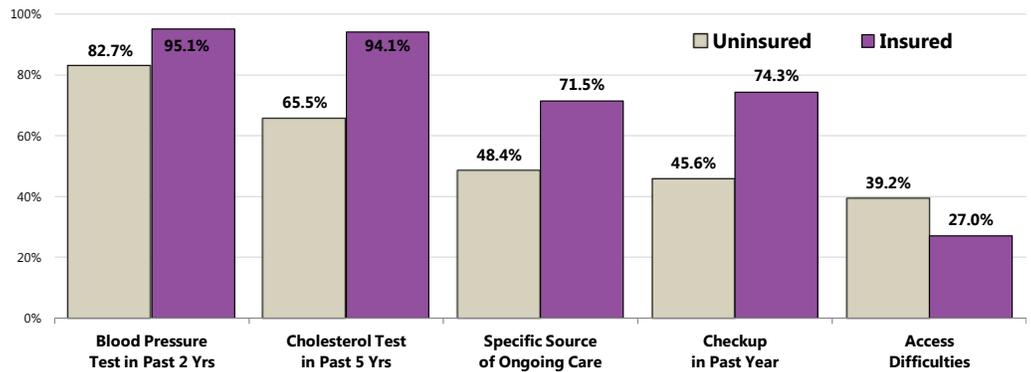


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

👥 As might be expected, uninsured adults in Cass County are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare

(By Insured Status; Cass County, 2013)



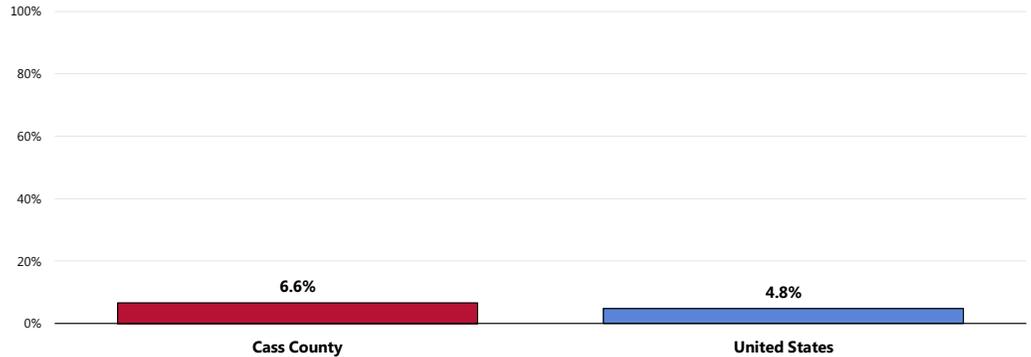
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 49, 52, 199, 202]
 Notes: • Asked of all respondents.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in Cass County, 6.6% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

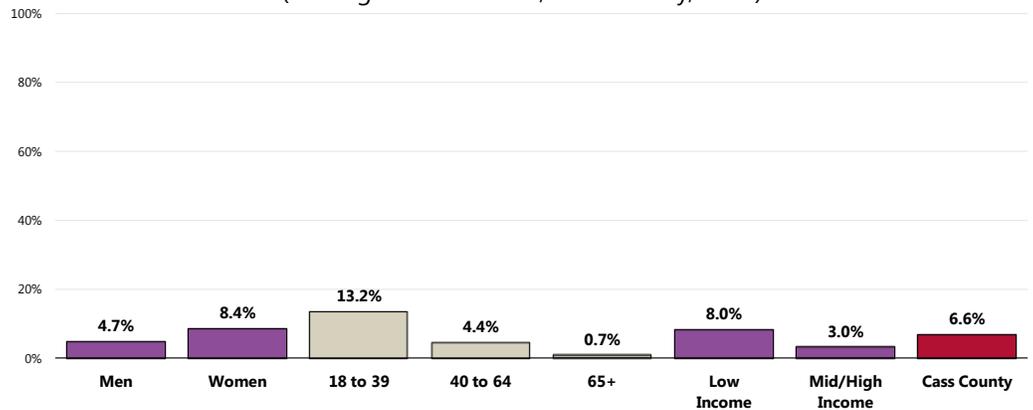


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all insured respondents.

- Among insured adults, young adults are more likely to have gone without healthcare insurance coverage at some point in the past year.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
• Asked of all insured respondents.

Notes: • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

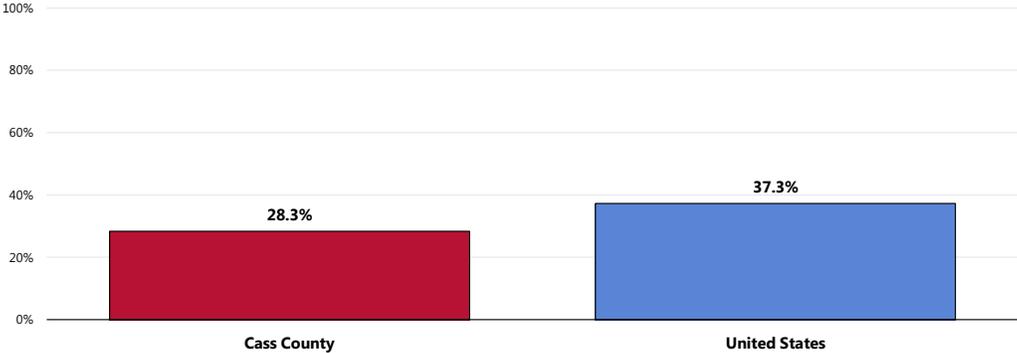
Difficulties Accessing Services

A total of 28.3% of Cass County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

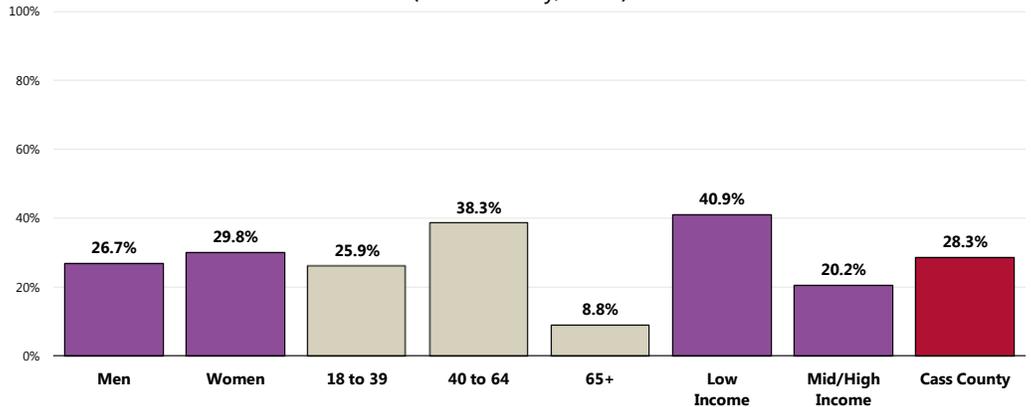
Note that the following demographic groups more often report difficulties accessing healthcare services:

👤 Adults under the age of 65.

👤 Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

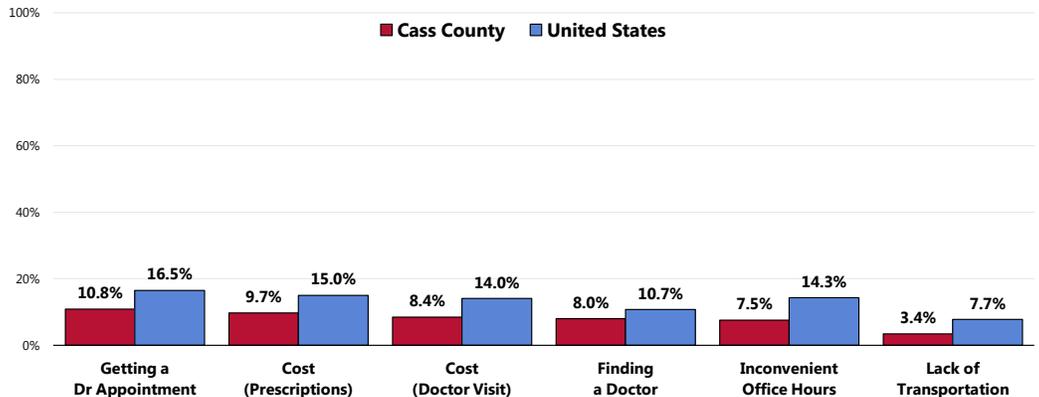
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, obtaining a doctor's appointment impacted the greatest share of Cass County adults (10.8% say that difficulty getting an appointment prevented their medical care in the past year).

- The proportion of Cass County adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year

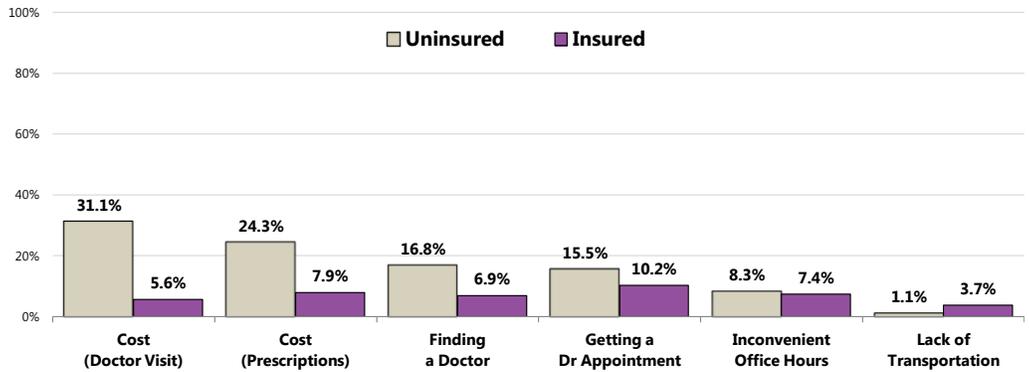


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👥 Cass County adults without health insurance are more likely to report access barriers when compared to the insured population, particularly those related to cost (lack of transportation actually affected the insured more often).

Barriers to Healthcare Access

(By Insured Status, Adults 18+; Cass County, 2013)



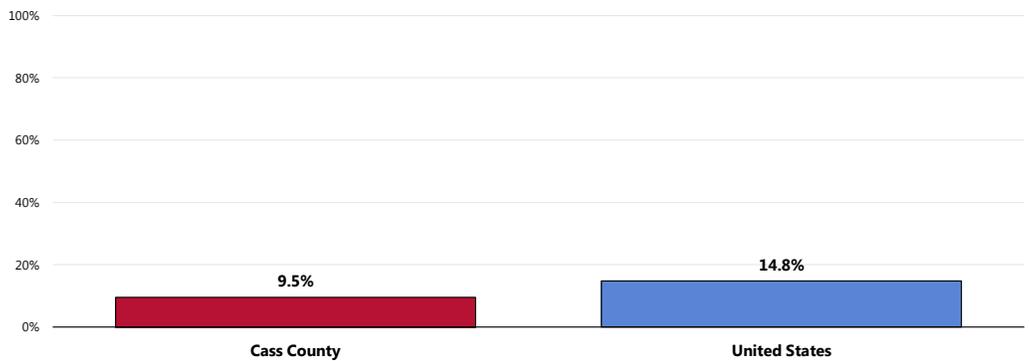
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 Notes: • Asked of all respondents.

Prescriptions

Among all Cass County adults, 9.5% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



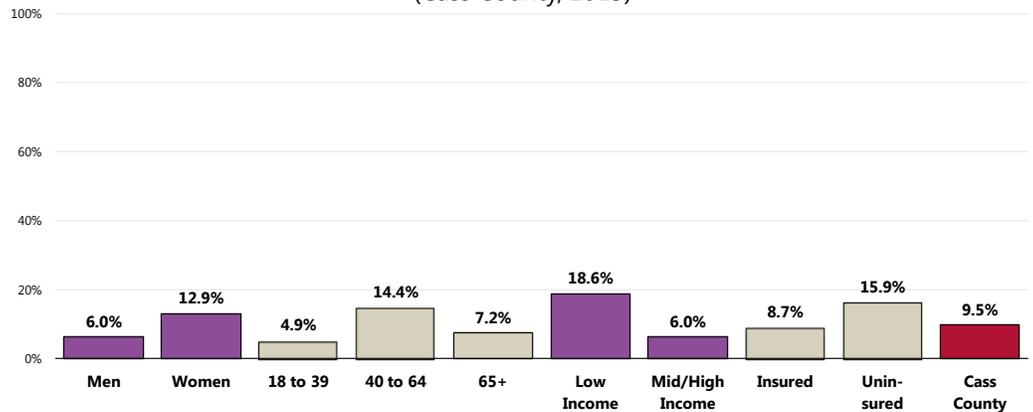
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

-  Women.
-  Adults age 40 to 64.
-  Respondents with lower incomes.
-  Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

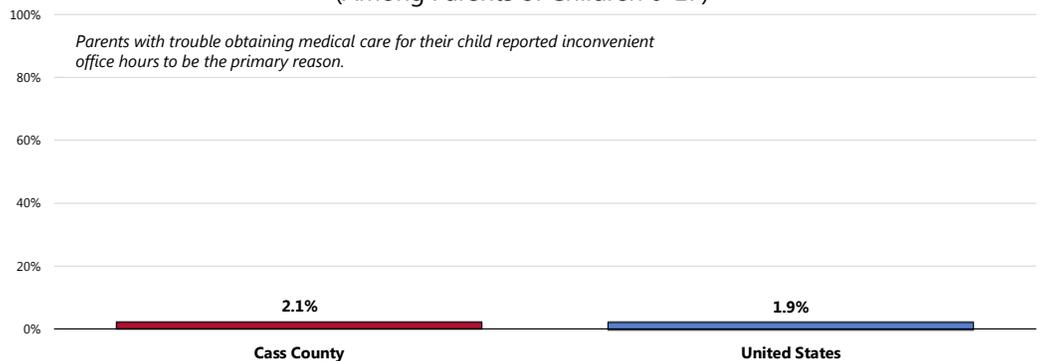
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 2.1% 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.

- Statistically similar to what is reported nationwide.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **inconvenient office hours** as the primary reason.

Related Focus Group Findings: Access to Healthcare Services

Many of the key informants participating in the focus groups are concerned with access to healthcare, discussing such issues as:

- Barriers to accessing healthcare
- Poverty
- Transportation
- Limited hours of operation
- Interpretive services
- Limited number of physicians

Many residents do not think about long-term health consequences or the importance of preventative healthcare. Key informants would like to see more preventative health education occur in the area.

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in the community. A large number of residents live in **poverty**, or are unemployed, which impacts their ability to obtain healthcare services. Residents with limited, fixed, or no income cannot afford to see a physician, obtain medication, or purchase insurance, as several participants describe:

"We have a large unemployment rate. We don't have industry here, high-paying jobs or normal-wage jobs, what I consider normal-wage jobs. And when you have to cut expenses in order to put food on the table, healthcare is something that suffers from that." — Key Informant

"The economic divisions of our county are really leading people to make very tough decisions. And with the tendency to go more toward high deductibles, people are going to spend more out of pocket for preventative and for maintenance. That's my major concern. So it's hard for people that are barely making it to see a doctor. Unfortunately, they see their maintenance drugs or they see their time for exercise or buying food that's healthy a challenge." — Key Informant

Logansport Memorial Hospital and affiliated health clinics do not turn away any patients, but residents still have to get to the physical location and **transportation** can be a barrier to care. The community lacks a general public transit system, but Cass Area Transit provides services for a very low fee. The elderly ride free and Medicaid recipients ride at no cost during transit for a medical reason. Overall, participants feel that this service represents a good, reliable option, but do note that some days the van is running late, or trips can take several hours.

Limited physician hours of operation can also affect a resident's ability to access care. Most offices are open only Monday through Friday until 5 p.m. Because employers have strict absenteeism rules, community members do not want to take time off work for fear of losing their wages, or even their jobs. A respondent recalls a recent experience trying to get a parent to pick up an ill child:

"I've called parents to come in and get their kid because, like, she was having this throbbing ear pain. And the parent reluctantly, after about an hour, came in to get the kid and still probably didn't take her to the doctor...The parent doesn't want to miss time off work to come take care of this kid that needs these services right now. So you can imagine the preventative side of that. That's definitely not a priority if the emergency side isn't very important to them." — Key Informant

Key informants describe Cass County as an ethnically diverse community with a fair number of Burmese and Hispanic immigrants. These residents may struggle accessing care due to inadequate **interpretive services**. Participants note that there are translation services available through a phone system, but not every dialect is easily reached. Many times younger family members have to act as interpreters for their parents; therefore, communication remains a challenge.

"The other factor in my mind is just the language challenges still in this community, because there has been a change on the demographics over the last ten years. I think it's getting better with the Spanish-speaking because there are enough translators there now. We're getting a lot of second-generation, and so the kids are helping. But Burmese is still first-generation in its dialects that are really difficult to get a good translator for them. It's a challenge to communicate with a patient and communication is how you take care of something." — Key Informant

Overall, a **limited number of physicians** operate in Cass County and the small number of providers means even those residents with insurance may have difficulties locating a doctor. Key informants believe that the hospital struggles to recruit and retain young professionals because of the area's rural nature. A respondent describes the difficulties retaining providers:

"Unfortunately, this community is predominantly blue-collar or below blue-collar incomes, and to retain young professionals is a real challenge for us. I've had two really good physicians in the last six months who are leaving the community, and both cases – one case I offered to hire the husband. I offered to increase the salaries. I mean, it's the community. I think that one of their husbands grew up here and it was really frustrating to me. And when I try to recruit, I take them by Wal-Mart show them that's the shopping. I mean, I'm trying to show them the real community." — Key Informant

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

A total of 68.7% of Cass County adults were determined to have a specific source of ongoing medical care.

- Lower than national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

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 also known as a "medical home."

A hospital emergency room is not considered a source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
Notes: • Asked of all respondents.

- 👥 When viewed by demographic characteristics, lower-income residents are less likely to have a specific source of care.
- 👥 Among adults age 18-64, 68.5% have a specific source for ongoing medical care, less favorable than national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

👥 Among adults 65+, 70.9% have a specific source for care, less favorable than the percentage reported among seniors nationally.

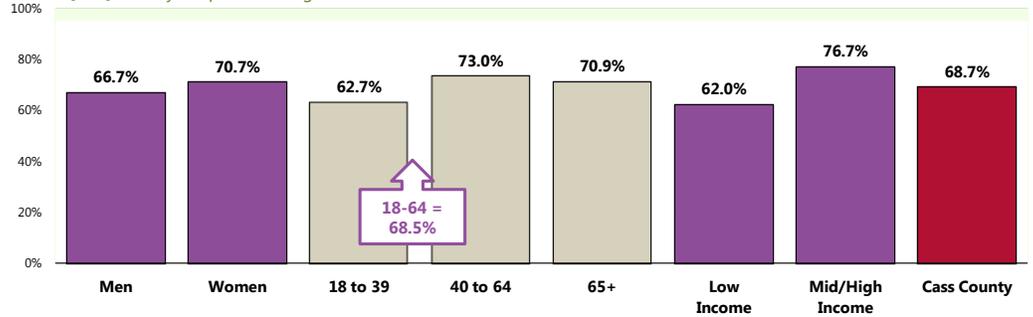
- Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care (Cass County, 2013)

[All Ages] Healthy People 2020 Target = 95.0% or Higher

[18-64] Healthy People 2020 Target = 89.4% or Higher

[65+] Healthy People 2020 Target = 100%



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 199-201]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]

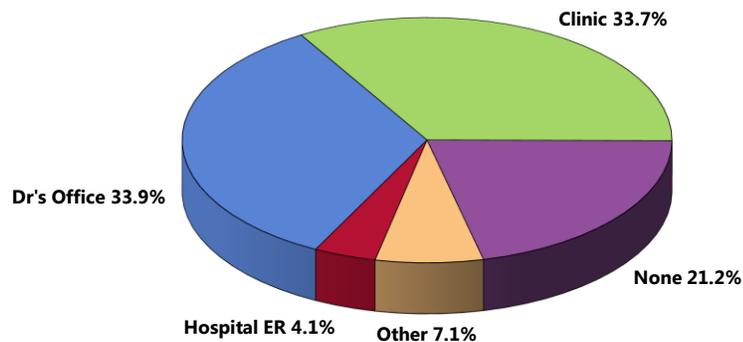
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, one-third of respondents (33.9%) identified a particular doctor's office and another one-third (33.7%) say they usually go to some type of clinic. Note that 4.1% rely on a hospital emergency room.

Particular Place Utilized for Medical Care (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]

Notes: • Asked of all respondents.

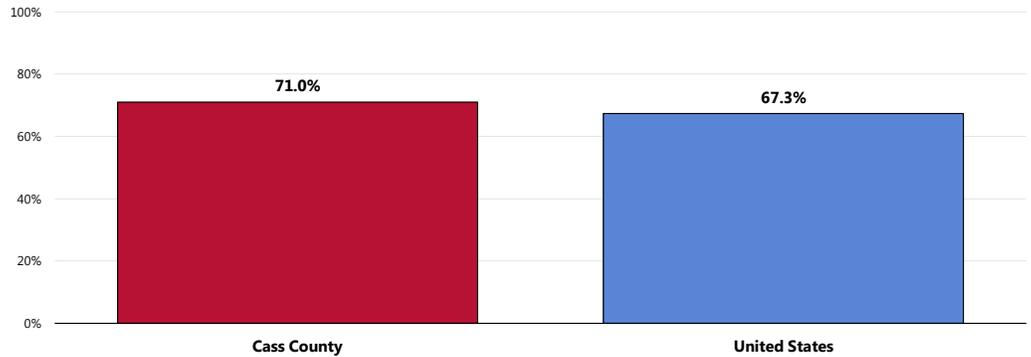
Utilization of Primary Care Services

Adults

A total of 71.0% of adults visited a physician for a routine checkup in the past year.

- Comparable to national findings.

Have Visited a Physician for a Checkup in the Past Year



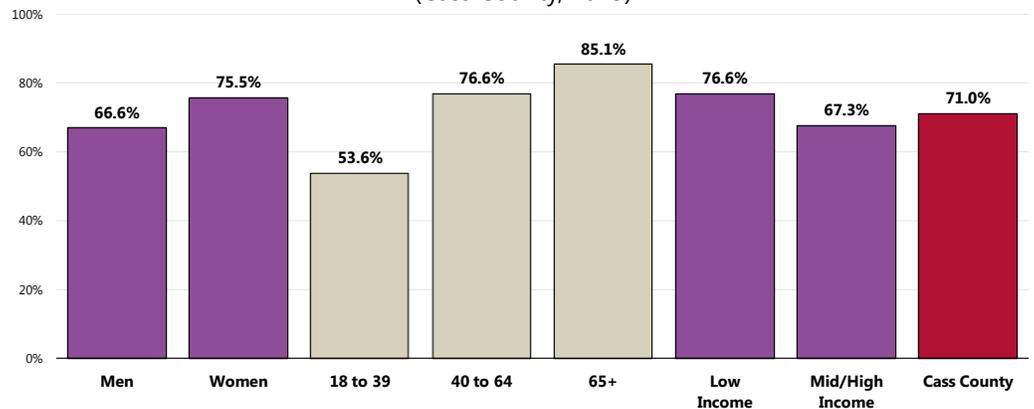
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👥 Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes: • Asked of all respondents.

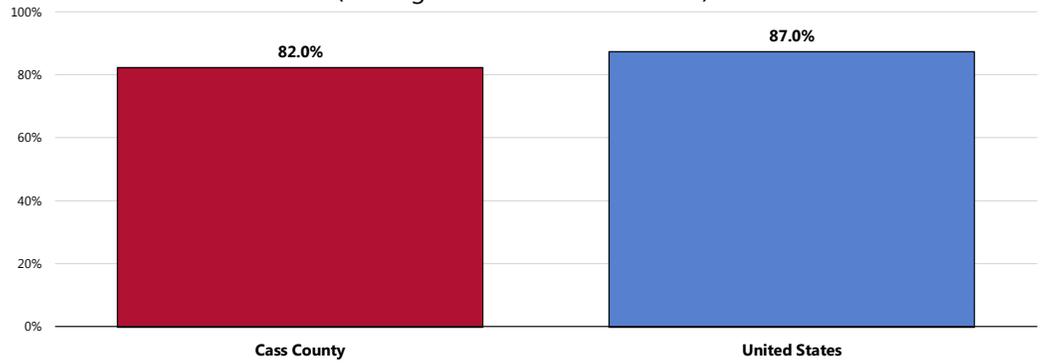
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 82.0% report that their child has had a routine checkup in the past year.

- Similar to national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 132]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

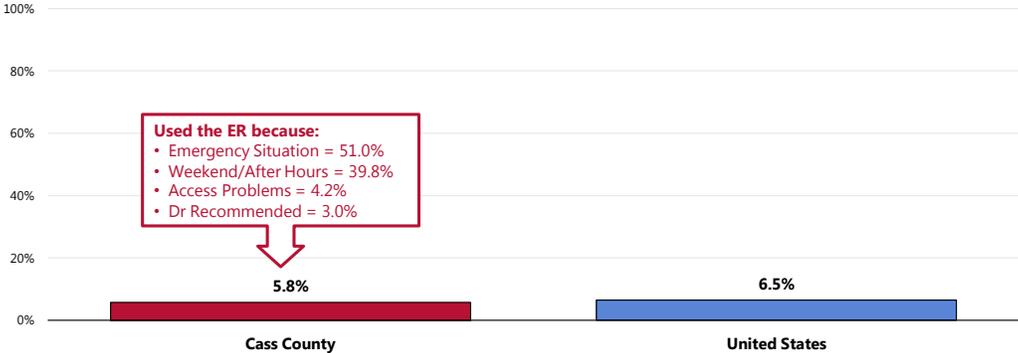
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 5.8% of Cass County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year



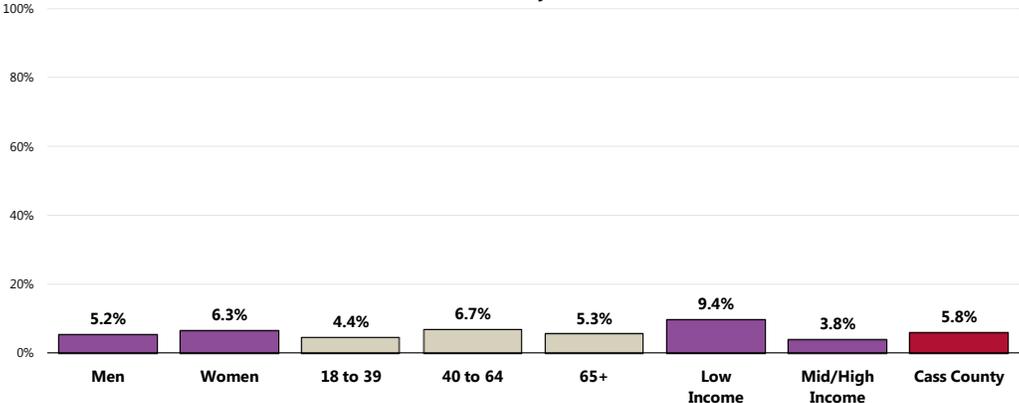
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Of those using a hospital ER, 51.0% say this was due to an **emergency or life-threatening situation**, while 39.8% indicated that the visit was during **after-hours or on the weekend**. A total of 4.2% cited **difficulties accessing primary care** for various reasons, and 3.0% were following a **physician recommendation**.

👤 No statistical differences in ER use when viewed by demographic characteristics.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

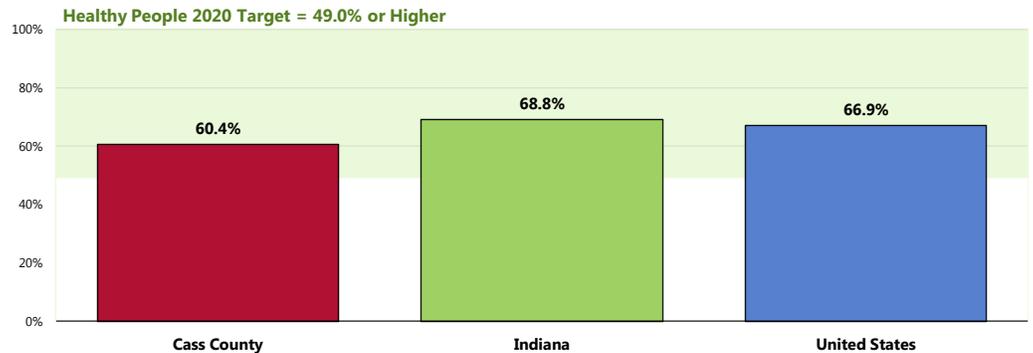
Dental Care

Adults

A total of 60.4% of Cass County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.
- Lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year



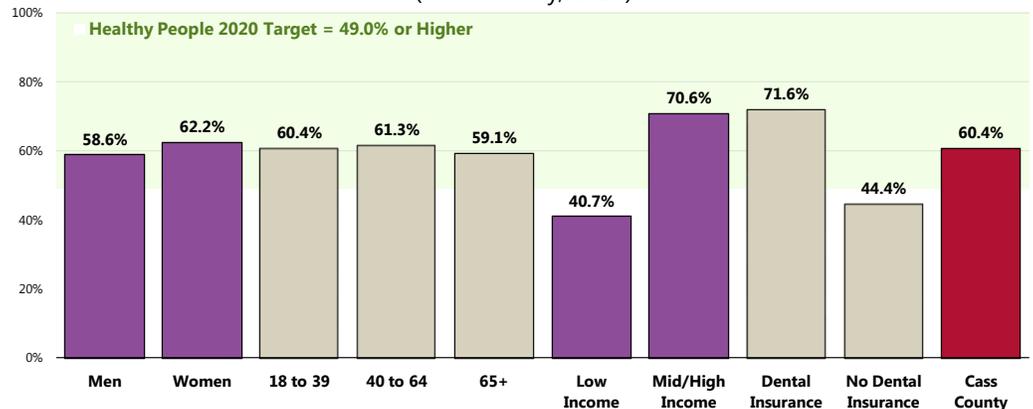
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
- Notes:
- Asked of all respondents.

👤 Persons living in the higher income category report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).

👤 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Cass County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

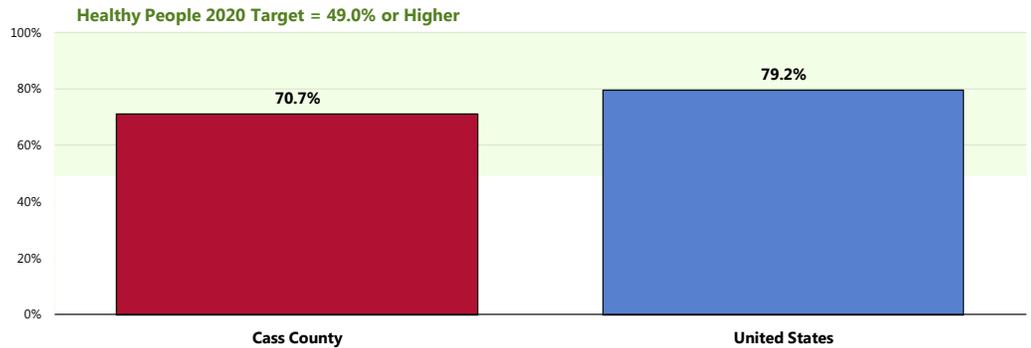
Children

A total of 70.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



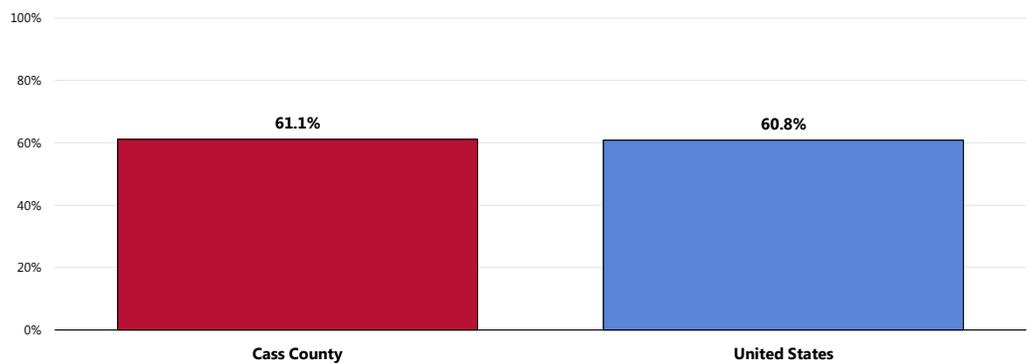
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance

A total of 61.1% of Cass County adults have dental insurance that covers all or part of their dental care costs.

- Comparable to the national finding.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed include:

- Few oral health resources
- Limited hours of operation, transportation constraints, or inadequate interpretive services
- Mobile dental unit

According to focus group participants, there are **few oral health resources** available in the community, and virtually no options for uninsured adults. There are two dentists who will accept Medicaid recipients. However, residents may still struggle to access dental care because of the **limited hours of operation, inability to take time off work, transportation constraints, or inadequate interpretive services**. One attendee describes the issues she encounters when trying to obtain dental care for local families:

"The other thing is that I had to take the kids to the dentist. We were going to pay – the school, the grants were going to pay, but they're like, 'I can't go.' First of all, they don't speak Spanish in the dentist's office, and so often I hear 'I work' or 'Could you take my kids?' so I'll have to get a paper signed to allow me to take their kids, because those kids are suffering during the school day with a toothache. It's just painful." — Key Informant

A **mobile dental unit** also travels to the school once a year, so school-aged children can obtain a routine cleaning for a nominal fee. If a child needs additional treatment, the mobile unit will refer the child to a local dentist.

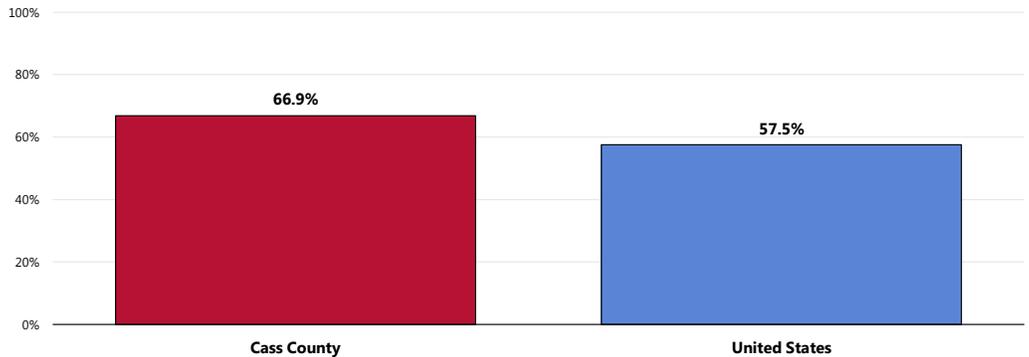
Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in
the **Deaths & Disease**
section of this report.

Two-thirds (66.9%) of residents had an eye exam in the past two years during which their pupils were dilated.

- Higher than national findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



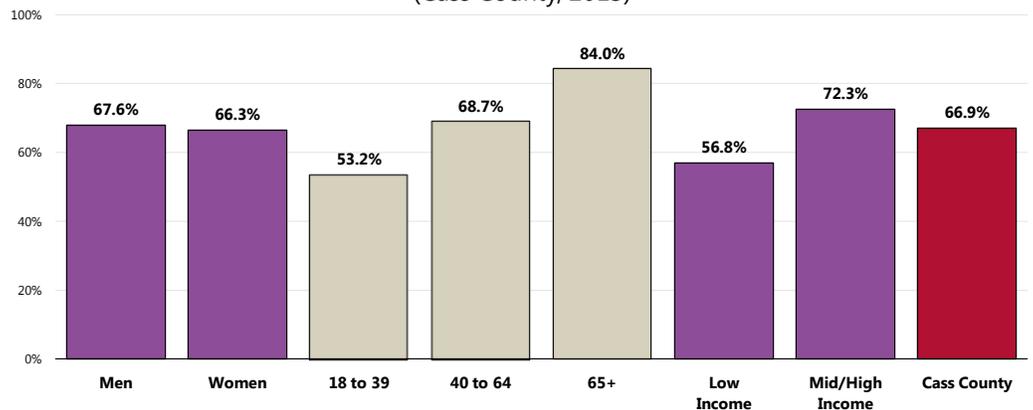
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👤 Recent vision care in Cass County is more often reported among residents with higher incomes.

👤 Note also the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Cass County, 2013)

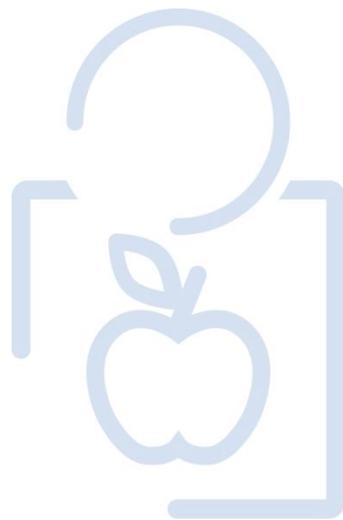


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

HEALTH EDUCATION & OUTREACH

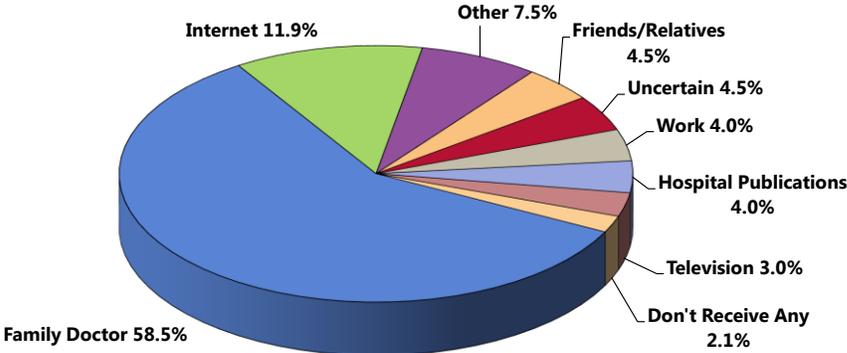


Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 58.5% of Cass County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 11.9%.
 - Other sources mentioned include friends and relatives (4.5%), work (4.0%), hospital publications (4.0%), and television (3.0%).
- Just 2.1% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

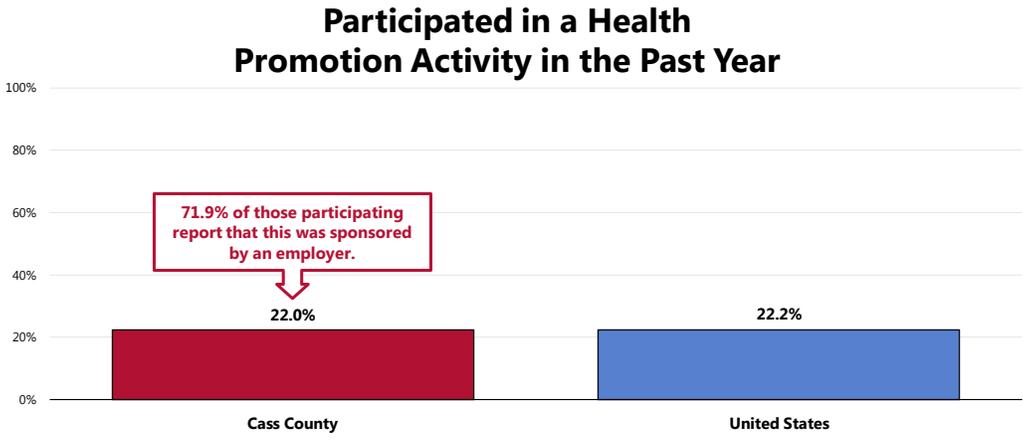
Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 22.0% of Cass County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Almost identical to the national prevalence.
- 👥 Note that 71.9% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.



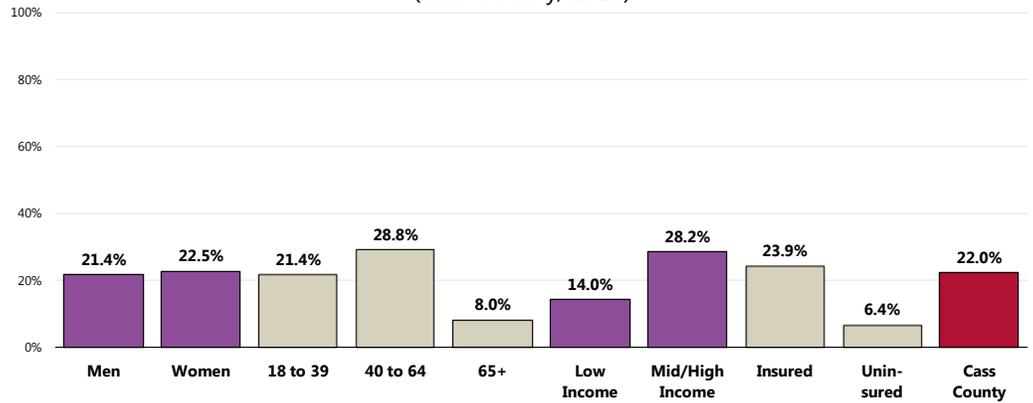
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 124-125]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

 Note that adults under 65, residents with higher incomes, and those with healthcare coverage more often report participation in health promotion activities.

Participated in a Health Promotion Activity in the Past Year

(Cass County, 2013)



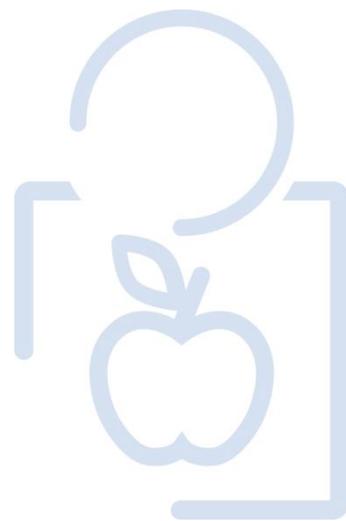
Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

PERCEPTIONS OF LOCAL HEALTHCARE

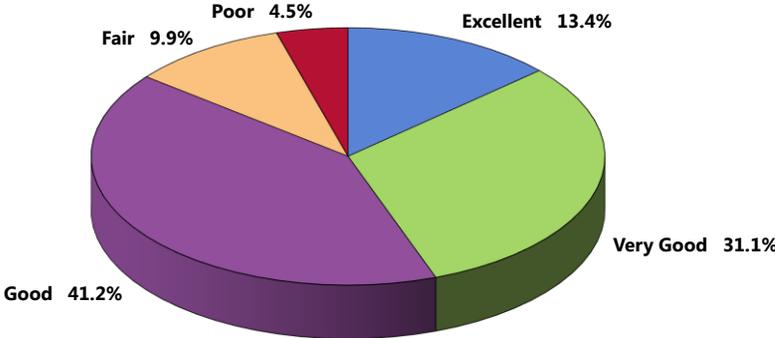


Perceptions of Local Healthcare Services

Just under one-half of Cass County adults (44.5%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 41.2% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Cass County, 2013)



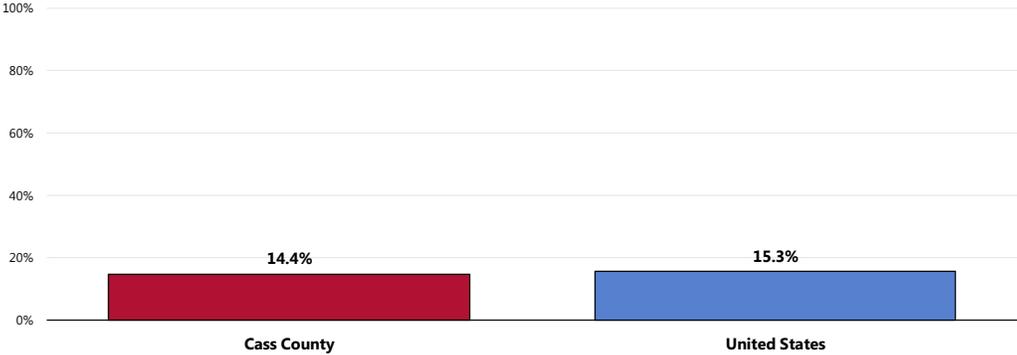
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

However, 14.4% of residents characterize local healthcare services as “fair” or “poor.”

- Similar to the US figure.

Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

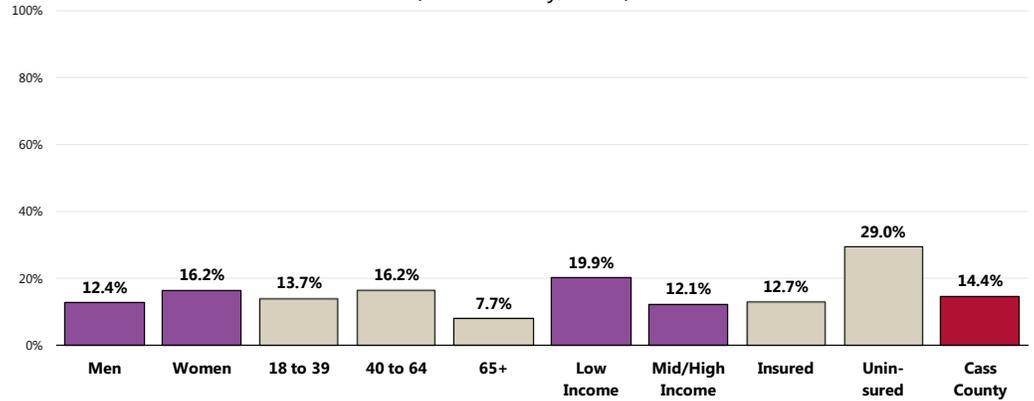
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

👤 Adults age 40 to 64.

👤 Uninsured adults.

Perceive Local Healthcare Services as “Fair/Poor” (Cass County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

Measures & Resourced Identified Through This CHNA

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

- Area Five Agency on Aging & Community Services
- Better Health for Cass County Task Force
- Business & Other Government Entities
- Business Development Agency
- Cass County Health Center
- Cass County Probation
- Cass County Resource Network
- Cass Transit
- Chamber of Commerce
- Community Gardens
- Community Mental Health Center
- Emmaus Mission Center
- Faith-based Organizations
- Food Bank
- Four County Counseling Center
- Grocery Stores
- Health Department
- Logansport Memorial Hospital
- Logansport Memorial Hospital Smoking Cessation Program
- Mobile Dentist
- Parks and Recreation Department
- Planned Parenthood
- Primary Care Physicians
- Purdue Exchange Programs
- Salvation Army
- School Districts

- Senior Living Facilities
- Social Service Agencies
- United Way
- Wal-Mart & Sears Optical
- YMCA

Collaboration

Related Focus Group Findings

Focus group participants agree that there is good collaboration happening in the community between schools, non-profit organizations, government agencies and healthcare facilities. The main ideas surrounding collaboration included:

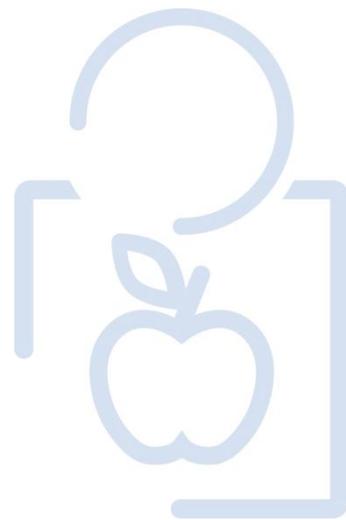
- United Way
- Cass County Resource Network
- Better Health for Cass County

Focus group participants describe solid collaborations and open communication occurring in the community between schools, non-profit organizations, government agencies and healthcare facilities. Key informants feel that the **United Way** helps to facilitate the communication. Two coalitions also operate in the community: the United Way's **Cass County Resource Network (CCRN)** and **Better Health for Cass County (BHCC)**, which respondents describe as two complimentary coalitions. The CCRN brings together over 40 organizations and has six task forces: child care/preschool, employment, neighborhood initiative, family stability and food security. BHCC has four task forces: teenage pregnancy, obesity, reduce health care costs and tobacco cessation.

Attendees also describe a great relationship between the parks department and Logansport Memorial Hospital. These two organizations have worked well together and their collaborative efforts helped create the new walking trails. A member describes:

"The parks department and the hospital have worked really hand in hand to do trails in the community. The hospital itself built a 1.3-mile trail, plus an additional walking area, the Hervey Preserve. And along with that, then they have worked with our efforts to build more trails in the community and support it and come out and helped us in committees. And so I think that that's a major collaboration that has helped make that happen for our community." — Key Informant

OTHER ISSUES



Special Populations

Elderly

Related Focus Group Findings

Many focus group participants discussed services for elderly residents in the community. The main issues included:

- Aging population
- Need for assistance
- Fixed income concerns

According to focus group participants, the **number of seniors in the community will continue to increase in the coming years**. Proper planning needs to occur in order to best meet the needs of this growing population. Currently, the community has several local agencies servicing elderly residents, which include nursing homes, home health agencies, Hope Hospice and Meals-on-Wheels programming.

Key informants worry that many elderly residents do not have adequate support during medical appointments. Seniors may have multiple physicians, but the medical system is fractured and communication gaps occur. These breaks in communication can negatively impact a senior's health. In addition, some senior citizens **need assistance** at appointments articulating information about their condition and/or medications. Attendees believe that many seniors do not want to ask for help because of their pride and reluctance to rely on others. A focus group member explains:

"And with that, with the older generation, they don't want to give up that control. They want to do it all. They still feel that they can do it all and don't understand when they can't." — Key Informant

Focus group members also worry that senior citizens live on **fixed incomes**, which means that some may struggle to afford medications; elderly residents may then take lower doses than prescribed in order to make the prescription last longer.

"Economics affects that population probably as much or more than everybody else. And then they take lesser doses than what they're supposed to, so they're not getting the whole benefits of the medication, or not taking it at all because they simply can't afford it, even with Medicare and the assistance they receive." — Key Informant