



2019 Community Health Needs Assessment Report

Cass County, Indiana

Prepared for:
Logansport Memorial Hospital

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Introduction



Project Overview

Project Goals

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

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

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

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

Methodology

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

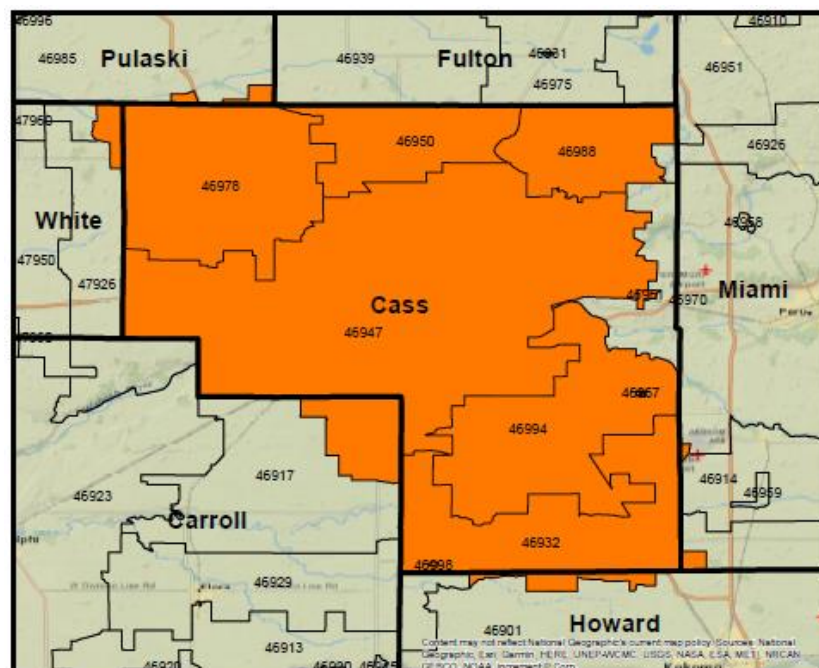
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

Logansport Memorial Hospital is a not-for-profit, county-owned, regional medical center serving people in Cass County and north central Indiana. Cass County is considered the primary service area and the area that the 2019 Community Health Needs Assessment will address. The study area for the survey effort is defined as each of the residential ZIP Codes comprising Cass County, including 46932, 46947, 46950, 46961, 46967, 46978, 46988, 46994, and 46998. This community definition is illustrated in the following map.



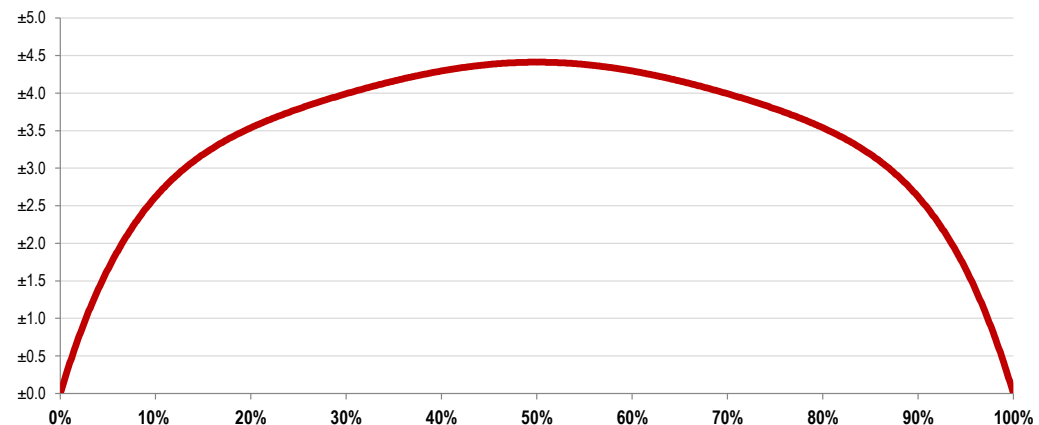
Sample Approach & Design

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

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

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



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 500 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% ($10\% \pm 2.6\%$) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% ($50\% \pm 4.4\%$) of the total population would respond "yes" if asked this question.

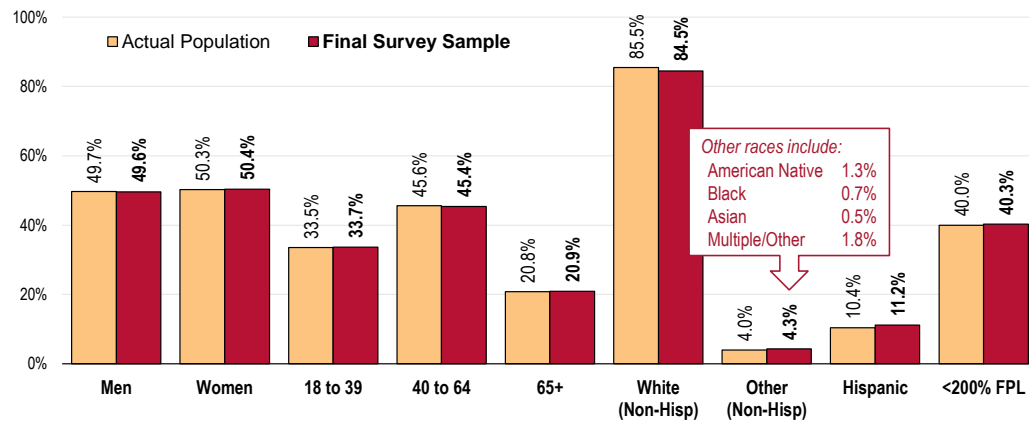
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw

data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of 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 & Survey Sample Characteristics (Cass County, 2019)



Sources:

- US Census Bureau, 2011-2015 American Community Survey.
- 2019 PRC Community Health Survey, PRC, Inc.

 Notes:

- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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 2019 guidelines place the poverty threshold for a family of four at \$25,750 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 87 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Physicians	1
Public Health Representatives	1
Other Health Providers	24
Social Services Providers	25
Other Community Leaders	36

Final participation included representatives of the organizations outlined below.

- Area Five Agency on Aging & Community Services
- Cass County Community Foundation
- Cass County Family YMCA
- Cass County Health Department
- Caston Junior/Senior High School
- Caston School Corporation
- City of Logansport
- Columbia Sixth Grade Academy
- Existential Media LLC, Cass County Communication Network
- Four County Counseling Center
- Guardian Angel Hospice
- Head Start, Area Five Agency on Aging & Community Services
- Immigrant Connection at The Bridge
- Indiana Health Centers
- Lewis Cass Schools
- Logansport City Council
- Logansport Community School Corporation (LCSC)
- Logansport High School
- Logansport Junior High School
- Logansport Memorial Hospital (LMH)

- Logansport State Hospital
- Logansport/Cass County Chamber of Commerce
- Miller's Health Systems
- Pioneer Junior/Senior High School
- Pioneer Regional School Corporation
- Project Matters, LLC
- Purdue Extension, Cass County
- Trinity Episcopal Church
- United Way of Cass County

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

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

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

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- INdiana Indicators. Indiana Department of Health, Indiana Hospital Association, and Indiana Business Research Center.
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

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

Indiana Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

US Peer Counties

To provide a benchmark for the survey data that is perhaps more comparable, this assessment also includes comparisons of Cass County survey data to US Peer counties. These US Peer counties reflect an urban-rural mix that is similar to that of Cass County, as determined by the 2013 Urban-Rural Classification Scheme of the National Center for Health Statistics. To accomplish this, data from the 2017 PRC National Health Survey are extracted for those US counties with a similar classification (“Micropolitan”) as Cass County, Indiana.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

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

Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad

picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

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

IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>	8
Part V Section B Line 3b <i>Demographics of the community</i>	35
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	187
Part V Section B Line 3d <i>How data was obtained</i>	8
Part V Section B Line 3e <i>The significant health needs of the community</i>	17
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	18
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>	11
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	193

Summary of Findings

Significant Health Needs of the Community

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

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

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ○ Inconvenient Office Hours ○ Lack of Transportation • Primary Care Physician Ratio • Specific Source of Ongoing Medical Care • Emergency Room Utilization
Cancer	<ul style="list-style-type: none"> • Leading Cause of Death • Colorectal Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ○ Including Lung Cancer and Colorectal Cancer • Cervical Cancer Screening [Age 21-65]
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths • Diabetes Prevalence • <i>Key Informants: Diabetes ranked as a top concern.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Leading Cause of Death • High Blood Pressure Prevalence
Infant Health	<ul style="list-style-type: none"> • Infant Deaths
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ○ Including Motor Vehicle Crash • Firearm-Related Deaths
Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Prevalence

—continued on the next page—

Areas of Opportunity (continued)	
Mental Health	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • Receiving Treatment for Mental Health • Stress • Suicide Deaths • <i>Key Informants: Mental health ranked as a top concern.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Food Insecurity • Overweight & Obesity [Adults] • Access to Recreation/Fitness Facilities • <i>Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</i>
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Alzheimer’s Disease Deaths • Caregiving
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Flu Vaccination [Age 65+]
Substance Abuse	<ul style="list-style-type: none"> • Illicit Drug Use • Personally Impacted by Substance Abuse (Self or Other’s) • <i>Key Informants: Substance abuse ranked as a top concern.</i>
Tobacco Use	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence • Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ◦ Including Among Households with Children • <i>Key Informants: Tobacco use ranked as a top concern.</i>

Community Feedback on Prioritization of Health Needs

On September 23, 2019, Logansport Memorial Hospital convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed. This process yielded the following prioritized list of community health needs:

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

Hospital Implementation Strategy

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

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

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Cass County, including trend data. These data are grouped by health topic.

Reading the Summary Tables

■ In the following tables, Cass County results are shown in the larger, blue column. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ ■ The columns to the right of Cass County column provide trending, as well as comparisons between local data and any available “peer county” data, state and national findings, and Healthy People 2020 objectives. Symbols indicate whether Cass County compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.

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

TREND SUMMARY





















(Current vs. Baseline Data)








Survey Data Indicators:















































Trends for survey-derived indicators represent significant changes since 2013 (or the year the indicator was first measured). Note that survey data reflect the ZIP Code–defined Cass County.












Other (Secondary) Data

































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

Social Determinants	Cass County	Cass County vs. Benchmarks			TREND
		vs. IN	vs. US Peer Counties	vs. US vs. HP2020	
Linguistically Isolated Population (Percent)	5.2	 1.8		 4.4	
Population in Poverty (Percent)	13.9	 14.6		 14.6	
Children in Poverty (Percent)	20.6	 20.4		 20.3	
No High School Diploma (Age 25+, Percent)	16.9	 11.7		 12.7	
Unemployment Rate (Age 16+, Percent)	4.6	 4.1		 4.1	 5.4
% Worry/Stress Over Rent/Mortgage in Past Year	26.8		 35.6	 30.8	 25.6
% Low Health Literacy	21.3		 30.5	 23.3	 21.6
			 better	 similar	 worse

Overall Health	Cass County	Cass County vs. Benchmarks			TREND
		vs. IN	vs. US Peer Counties	vs. US vs. HP2020	
% "Fair/Poor" Overall Health	26.5	 20.6	 29.7	 18.1	 12.5
			 better	 similar	 worse

Access to Health Services	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	10.3	 12.8	 11.3	 13.7	 0.0	 13.6
% Difficulty Accessing Healthcare in Past Year (Composite)	36.7		 34.6	 43.2		 28.3
% Difficulty Finding Physician in Past Year	9.2		 16.7	 13.4		 8.0
% Difficulty Getting Appointment in Past Year	10.5		 16.8	 17.5		 10.8
% Cost Prevented Physician Visit in Past Year	11.7		 9.6	 15.4		 8.4
% Transportation Hindered Dr Visit in Past Year	9.9		 8.3	 8.3		 3.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.5		 11.4	 12.5		 7.5
% Language/Culture Prevented Care in Past Year	1.9		 0.9	 1.2		 0.7
% Cost Prevented Getting Prescription in Past Year	13.1		 8.9	 14.9		 9.7
% Skipped Prescription Doses to Save Costs	9.8		 12.3	 15.3		 9.5
% Difficulty Getting Child's Healthcare in Past Year	4.8			 5.6		 2.1
Primary Care Doctors per 100,000	46.8	 75.9		 87.8		
% Have a Specific Source of Ongoing Care	65.7		 67.6	 74.1	 95.0	 68.7
% Have Had Routine Checkup in Past Year	77.9	 68.3	 64.2	 68.3		 71.0
% Child Has Had Checkup in Past Year	91.0			 87.1		 82.0

Access to Health Services (continued)	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Two or More ER Visits in Past Year	11.2					5.8
		18.4		9.3		
% Rate Local Healthcare "Fair/Poor"	14.5					14.4
		19.4		16.2		
						
		better	similar	worse		

Cancer	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	170.2					
		172.9		155.6	161.4	194.1
Lung Cancer (Age-Adjusted Death Rate)	44.9					
		48.8		38.5	45.5	38.5
Female Breast Cancer (Age-Adjusted Death Rate)	17.3					
		20.7		20.1	20.7	20.1
Colorectal Cancer (Age-Adjusted Death Rate)	22.0					
		15.4		13.9	14.5	13.9
Female Breast Cancer Incidence Rate	122.4					
		121.7		124.7		
Prostate Cancer Incidence Rate	95.2					
		92.7		109.0		
Lung Cancer Incidence Rate	85.7					
		72.8		60.2		
Colorectal Cancer Incidence Rate	52.9					
		42.9		39.2		
% Cancer (Other Than Skin)	8.7					
		7.2	7.1	7.1		5.6
% Skin Cancer	7.7					
		5.7	10.1	8.5		8.2




























Cancer (continued)	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% [Women 50-74] Mammogram in Past 2 Years	73.9	72.5		77.0	81.1	72.1
% [Women 21-65] Pap Smear in Past 3 Years	65.6	74.9		73.5	93.0	71.7
% [Age 50-75] Colorectal Cancer Screening	70.3	64.6	75.6	76.4	70.5	61.9
		better	similar	worse		











Diabetes	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)	46.7	26.5		21.3	20.5	24.4
% Diabetes/High Blood Sugar	17.5	11.8	18.2	13.3		14.4
% Borderline/Pre-Diabetes	7.3	1.4	12.1	9.5		6.9
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	56.0		46.6	50.0		53.9
		better	similar	worse		



































Heart Disease & Stroke	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	169.9	182.0		166.3	156.9	195.1
Stroke (Age-Adjusted Death Rate)	41.2	39.6		37.5	34.8	40.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	9.8		11.8	8.0		7.4















































Heart Disease & Stroke (continued)	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Stroke	5.5	3.6	4.2	4.7	4.6	
% Blood Pressure Checked in Past 2 Years	95.9		91.7	90.4	92.6	93.8
% Told Have High Blood Pressure (Ever)	44.3	35.2	46.5	37.0	26.9	43.6
% [HBP] Taking Action to Control High Blood Pressure	94.0		97.0	93.8		91.2
% Cholesterol Checked in Past 5 Years	89.1	83.4	81.3	85.1	82.1	90.9
% Told Have High Cholesterol (Ever)	32.4		41.9	36.2	13.5	29.5
% [HBC] Taking Action to Control High Blood Cholesterol	91.1			87.3		86.9
% 1+ Cardiovascular Risk Factor	90.5		95.2	87.2		90.0
		better	similar	worse		

Infant Health & Family Planning	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	26.8	31.4			22.1	32.0
Low Birthweight Births (Percent)	6.6	8.3			7.8	6.9
Infant Death Rate	13.4	7.3		5.8	6.0	11.6
Births to Adolescents Age 15 to 19 (Rate per 1,000)	37.4	22.8				54.3
		better	similar	worse		

Injury & Violence	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	50.3	 52.7		 46.7	 36.4	 37.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	13.9	 12.3		 11.4	 12.4	
[65+] Falls (Age-Adjusted Death Rate)	55.9	 42.1		 62.1	 47.0	
% [Age 45+] Fell in the Past Year	36.8		 46.6	 31.6		 33.6
Firearm-Related Deaths (Age-Adjusted Death Rate)	21.1	 14.3		 11.6	 9.3	
Violent Crime Rate	66.4	 384.0		 379.7		
% Victim of Violent Crime in Past 5 Years	2.0		 2.7	 3.7		 1.5
% Victim of Domestic Violence (Ever)	13.0		 22.9	 14.2		 9.3
		 better	 similar	 worse		

Kidney Disease	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	14.7	 18.6		 13.2		 16.0
% Kidney Disease	6.6	 3.2	 3.9	 3.8		 2.8
		 better	 similar	 worse		




















Mental Health	Cass County	Cass County vs. Benchmarks			TREND
		vs. IN	vs. US Peer Counties	vs. US	
% "Fair/Poor" Mental Health	16.2		 13.1	 13.0	 7.8
% Diagnosed Depression	25.0	 23.5	 25.8	 21.6	 14.6
% Symptoms of Chronic Depression (2+ Years)	35.8		 37.8	 31.4	 22.8
% Typical Day Is "Extremely/Very" Stressful	11.8		 12.0	 13.4	 7.1
Suicide (Age-Adjusted Death Rate)	25.7	 15.4		 13.6	 10.2
Mental Health Providers per 100,000	218.5	 149.9		 202.8	
% Taking Rx/Receiving Mental Health Trtmt	19.0		 13.4	 13.9	 13.2
% Have Ever Sought Help for Mental Health	32.0		 26.4	 30.8	 18.7
% [Those With Diagnosed Depression] Seeking Help	87.5			 87.1	
% Unable to Get Mental Health Svcs in Past Yr	2.3		 1.9	 6.8	 4.0
Alzheimer's Disease (Age-Adjusted Death Rate)	33.0	 34.4		 30.2	 25.1
			 better	 similar	 worse
































Nutrition, Physical Activity & Weight	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Food Insecure	23.2	 21.5	 27.9	 17.3		
% 5+ Servings of Fruits/Vegetables per Day	23.1	 23.8	 33.5	 26.6		
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.2	 25.8	 22.1	 18.5		
Population With Low Food Access (Percent)	3.2	 25.3	 22.4			
% No Leisure-Time Physical Activity	26.4	 26.8	 28.9	 26.2	 32.6	 42.8
% Meeting Physical Activity Guidelines	19.2	 17.2	 19.7	 22.8	 20.1	 21.2
Recreation/Fitness Facilities per 100,000	7.7	 9.3		 11.0		
% Healthy Weight (BMI 18.5-24.9)	24.5	 30.2	 21.2	 30.3	 33.9	 49.8
% Overweight (BMI 25+)	74.2	 68.0	 74.9	 67.8	 71.9	
% [Overweights] Trying to Lose Weight	55.2		 46.8	 61.3	 35.3	
% Obese (BMI 30+)	43.6	 33.6	 35.4	 32.8	 30.5	 31.4
% Medical Advice on Weight in Past Year	28.4		 15.5	 24.2	 25.2	
% [Overweights] Couseled About Weight in Past Year	34.1		 19.9	 29.0	 31.1	










Nutrition, Physical Activity & Weight (continued)	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Children [Age 5-17] Healthy Weight	54.7			☁️ 58.4		☁️ 49.8
% Children [Age 5-17] Overweight (85th Percentile)	32.9			☁️ 33.0		☁️ 32.0
% Children [Age 5-17] Obese (95th Percentile)	21.3			☁️ 20.4	☁️ 14.5	☁️ 16.4
% Child [Age 2-17] Physically Active 1+ Hours per Day	51.2			☁️ 50.5		☁️ 62.2
			☀️ better	☁️ similar	🌧️ worse	





























Oral Health	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Have Dental Insurance	68.8		☁️ 60.0	☀️ 59.9		☀️ 61.1
% [Age 18+] Dental Visit in Past Year	59.6	☁️ 61.9	☁️ 50.7	☁️ 59.7	☀️ 49.0	☁️ 60.4
% Child [Age 2-17] Dental Visit in Past Year	83.1			☁️ 87.0	☀️ 49.0	☀️ 70.7
			☀️ better	☁️ similar	🌧️ worse	


























Potentially Disabling Conditions	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Activity Limitations	21.1	☁️ 21.2	☁️ 21.4	☁️ 25.0		☁️ 19.2
% [50+] Arthritis/Rheumatism	39.8		☁️ 39.0	☁️ 38.3		☁️ 40.1
% [50+] Osteoporosis	12.0		☁️ 12.9	☁️ 9.4	🌧️ 5.3	☁️ 7.5

Potentially Disabling Conditions (continued)	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Sciatica/Chronic Back Pain	23.4					21.1
			23.2	22.9		
% Eye Exam in Past 2 Years	62.9					66.9
			52.0	55.3		
% 3+ Chronic Conditions	43.9					
			45.1	41.4		
% Caregiver to a Friend/Family Member	26.6					24.6
			19.8	20.8		
						
		better	similar	worse		

Respiratory Diseases	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	56.3					54.9
			55.1	41.0		
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.3					22.1
			14.0	14.8		
% [Adult] Currently Has Asthma	10.0					6.0
			10.0	12.0	11.8	
% [Child 0-17] Currently Has Asthma	5.8					5.0
				9.3		
% COPD (Lung Disease)	14.7					7.2
			8.6	11.4	8.6	
% [Age 65+] Flu Vaccine in Past Year	57.0					75.6
			54.5	76.8	70.0	
% [Age 65+] Pneumonia Vaccine Ever	78.0					63.7
			73.8	82.7	90.0	
						
		better	similar	worse		

Sexual Health	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
Chlamydia Incidence Rate	342.3	 466.0		 497.3		
Gonorrhea Incidence Rate	81.6	 142.8		 145.8		
HIV Prevalence Rate	75.6	 195.7		 362.3		
						
		better	similar	worse		

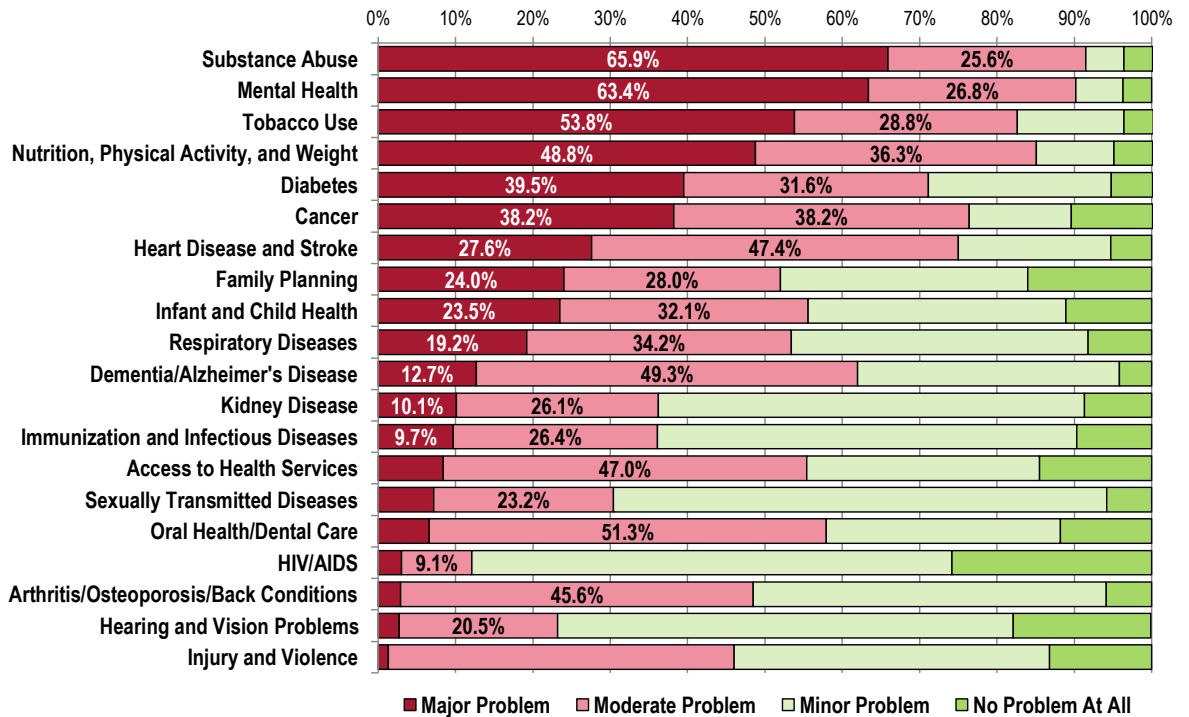
Substance Abuse	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	9.0	 9.9		 10.1	 8.2	
% Current Drinker	44.3	 51.6	 38.2	 55.0		 41.5
% Excessive Drinker	15.7		 19.3	 22.5	 25.4	 11.7
% Drinking & Driving in Past Month	2.2	 5.3	 0.9	 5.2		 1.6
% Illicit Drug Use in Past Month	3.3		 4.3	 2.5	 7.1	 0.6
% Ever Sought Help for Alcohol or Drug Problem	4.6		 6.0	 3.4		 3.4
% Personally Impacted by Substance Abuse	36.5		 37.4	 37.3		 28.9
						
		better	similar	worse		

Tobacco Use	Cass County	Cass County vs. Benchmarks				TREND
		vs. IN	vs. US Peer Counties	vs. US	vs. HP2020	
% Current Smoker	23.3	 21.8	 23.6	 16.3	 12.0	 15.1
% Someone Smokes at Home	19.8		 15.1	 10.7		 17.0
% [Nonsmokers] Someone Smokes in the Home	6.0		 1.9	 4.0		 8.0
% [Household With Children] Someone Smokes in the Home	15.1			 7.2		 9.6
% [Smokers] Have Quit Smoking 1+ Days in Past Year	41.6			 34.7	 80.0	 40.1
% [Smokers] Received Advice to Quit Smoking	79.3			 58.0		 74.9
% Currently Use Vaping Products	6.1	 6.0	 4.5	 3.8		 4.5
			 better	 similar	 worse	

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Population Characteristics

Total Population

Cass County, the focus of this Community Health Needs Assessment, encompasses 412.15 square miles and houses a total population of 38,248 residents, according to latest census estimates.

Total Population
(Estimated Population, 2013-2017)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Cass County	38,248	412.15	92.8
Indiana	6,614,418	35,825.56	184.63
United States	321,004,407	3,532,315.66	90.88

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

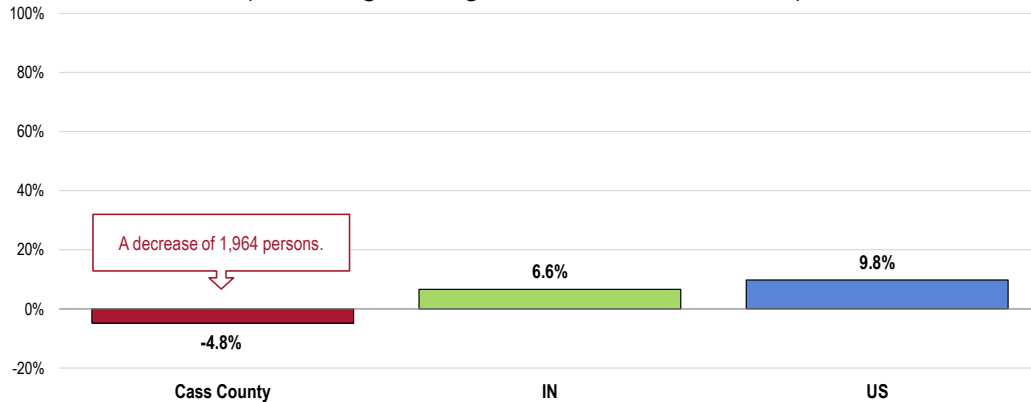
Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of Cass County decreased by 1,964 persons, or 4.8%.

- BENCHMARK:** Increases were noted statewide and nationally over the same period.

Change in Total Population
(Percentage Change Between 2000 and 2010)



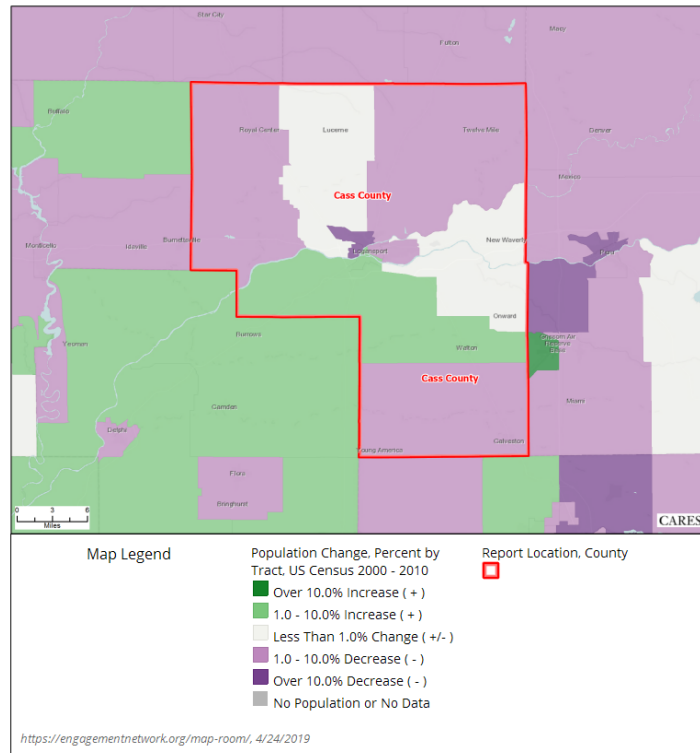
Sources:

- US Census Bureau Decennial Census (2000-2010).
- Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:

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

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.



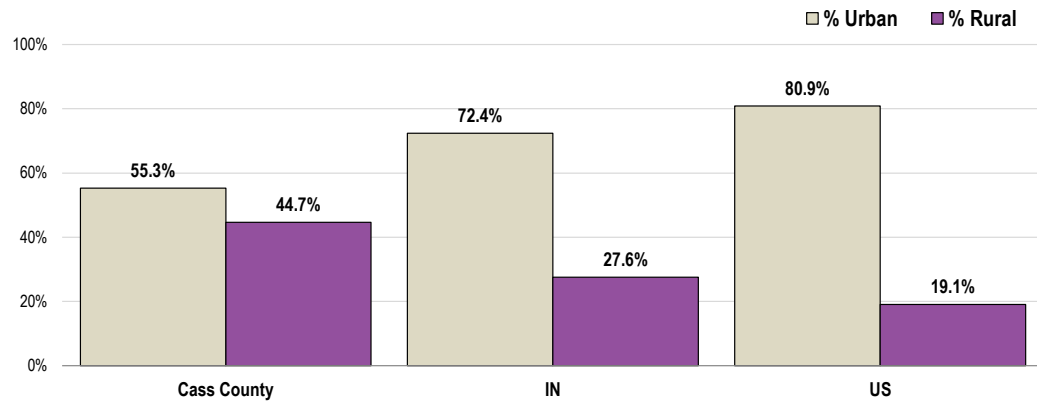
Urban/Rural Population

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

Over half of Cass County (55.3%) is designated as urban.

- **BENCHMARK:** The state and nation are notably more urban than Cass County.

Urban and Rural Population (2010)



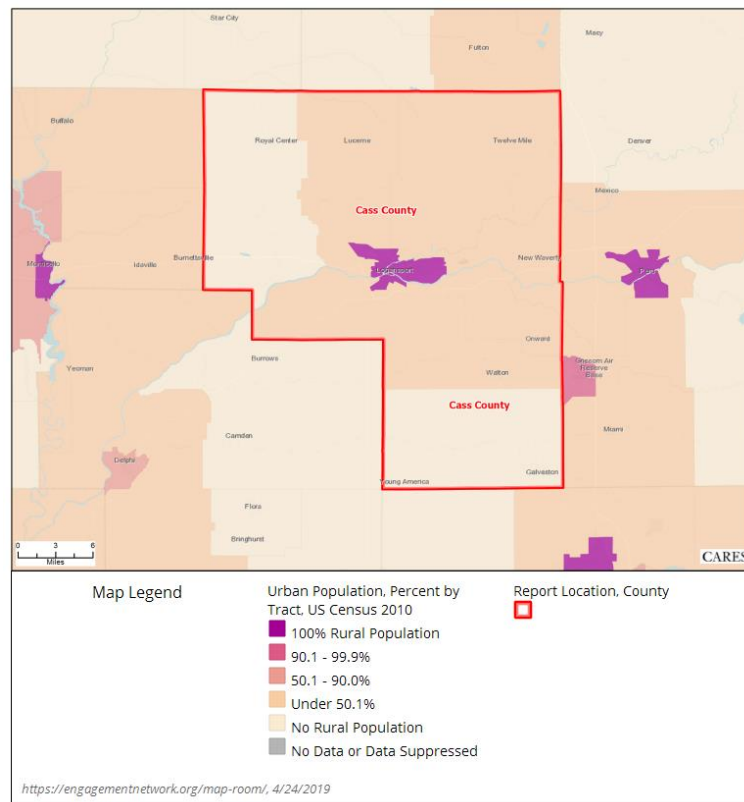
Sources:

- US Census Bureau Decennial Census.
- Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:

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

Note the following map outlining the urban population in Cass County census tracts as of 2010.



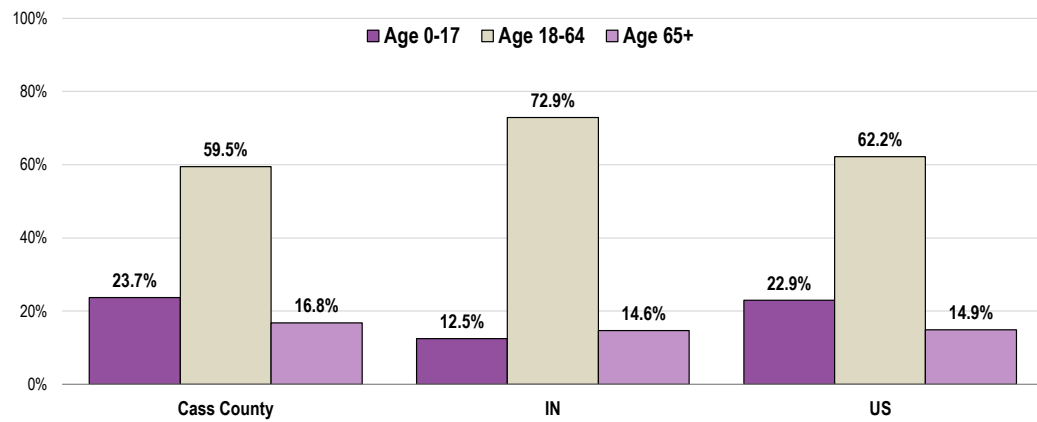
Age

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

In Cass County, 23.7% of the population are children age 0-17; another 59.5% are age 18 to 64, while 16.8% are age 65 and older.

- **BENCHMARK:** Statewide, the proportion of children is notably lower.

Total Population by Age Groups, Percent
(2013-2017)

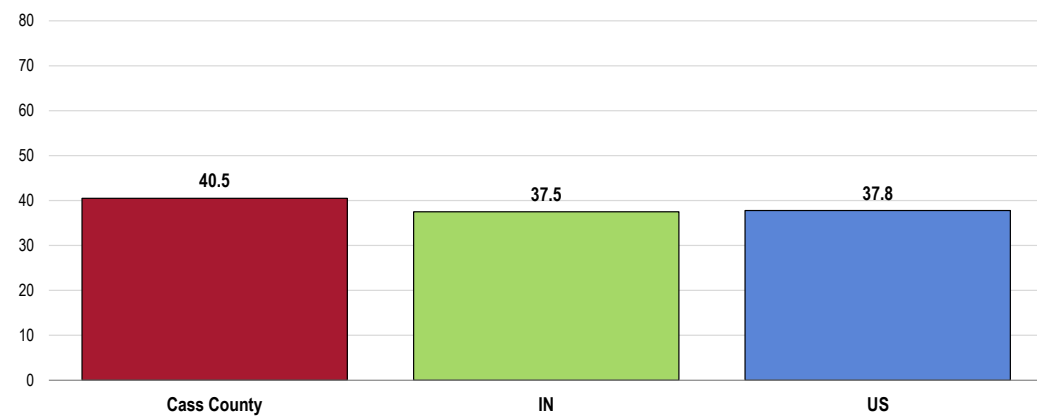


Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Median Age

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

Median Age
(2013-2017)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

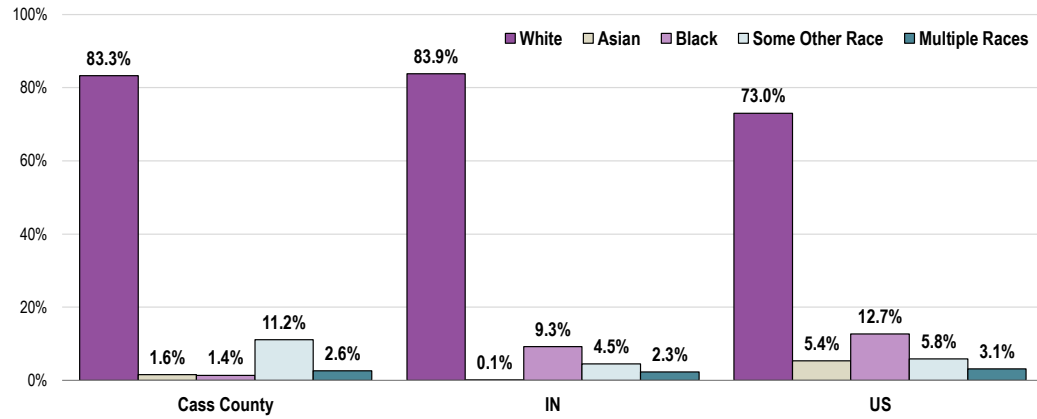
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 83.3% of residents of Cass County are White, 1.6% are Asian, and 1.4% are Black.

- **BENCHMARK:** Proportionally more Asian than the state (though lower than the nation). Notably less Black than the state and nation.

Total Population by Race Alone, Percent
(2013-2017)



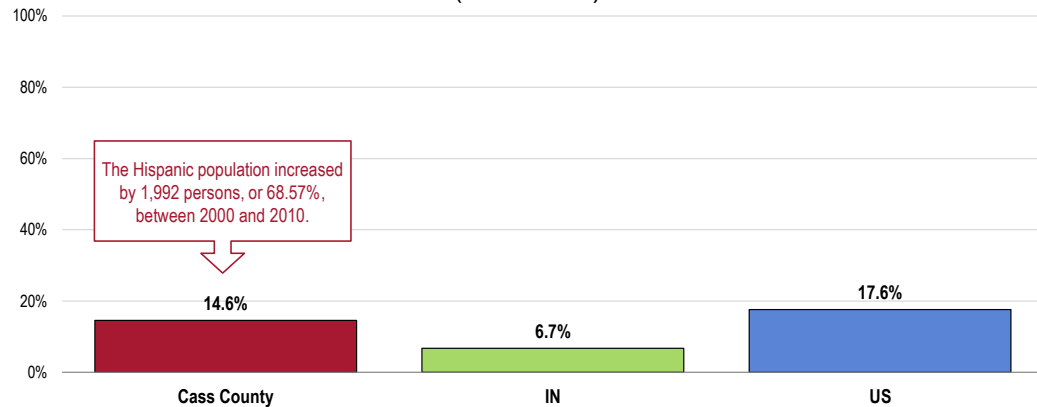
Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Ethnicity

A total of 14.6% of Cass County residents are Hispanic or Latino.

- **BENCHMARK:** Well above the state proportion but below the national proportion.

Hispanic Population
(2013-2017)



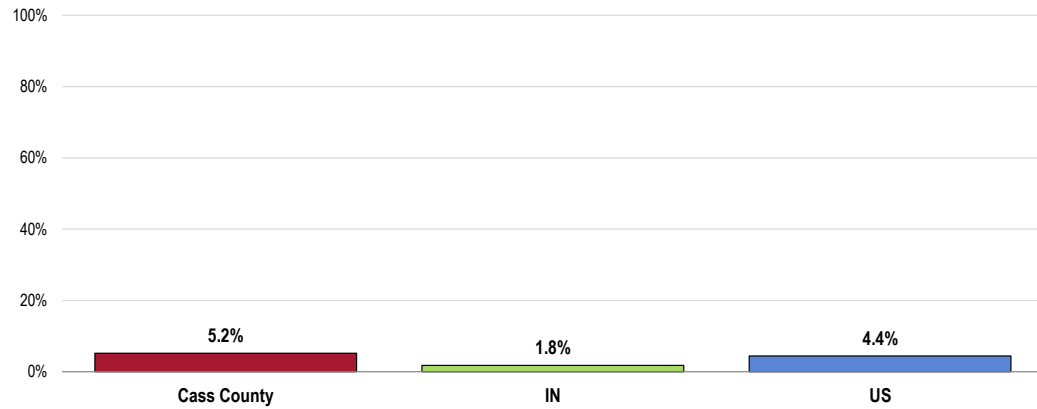
Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

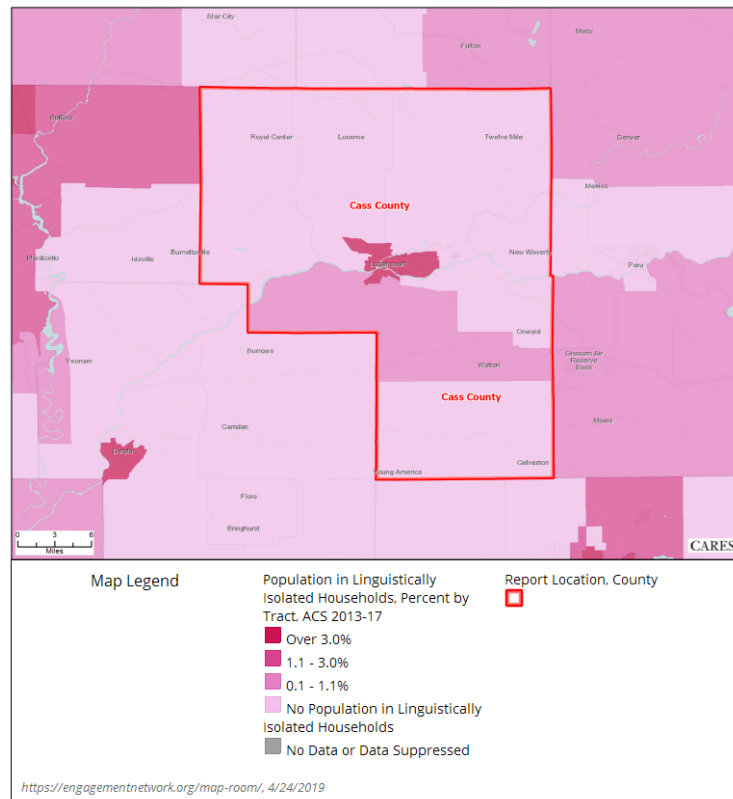
A total of 5.2 % of the county population (age 5+) live in a home in which no person age 14+ is proficient in English (speaking only English or speaking English “very well”).

- **BENCHMARK:** Less favorable than Indiana or the US.

Linguistically Isolated Population (2013-2017)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

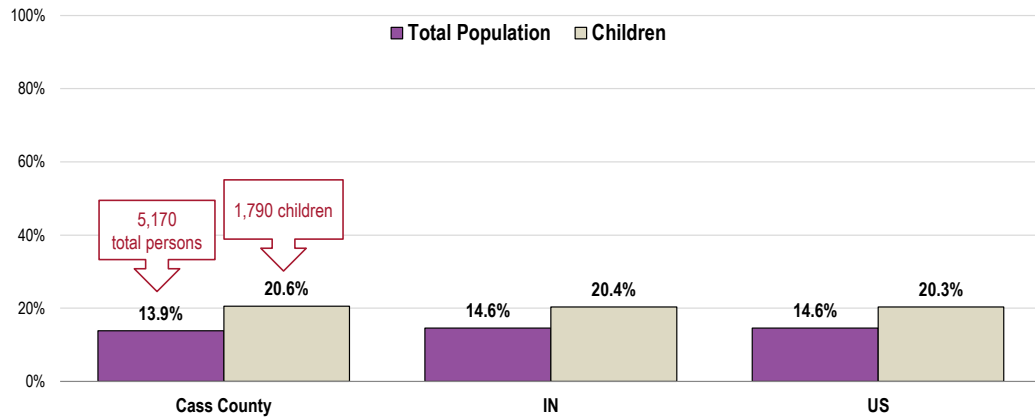
The latest census estimate shows **13.9%** of the Cass County total population living below the federal poverty level.

Among just children (ages 0 to 17), this percentage in Cass County is **20.6%** (representing an estimated 1,790 children).

- **BENCHMARK:** Neither proportion significantly differs from the state or nation.

Population in Poverty

(Populations Living Below the Poverty Level; 2013-2017)



Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

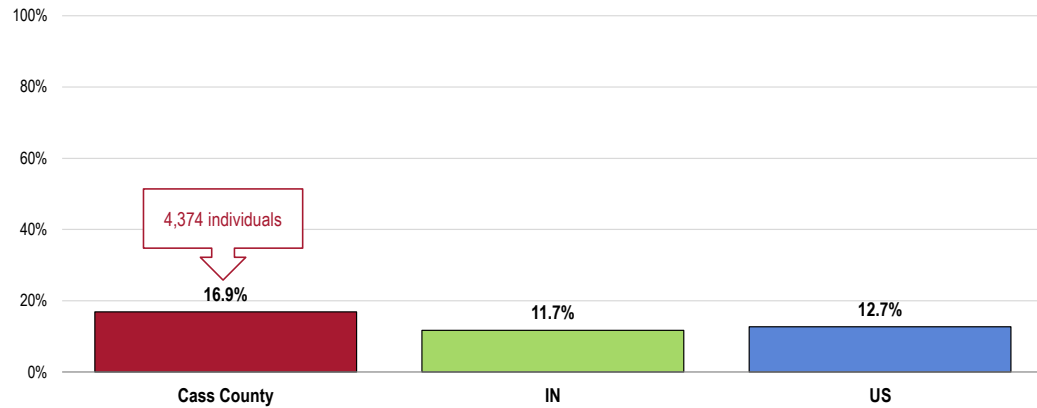
Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Education

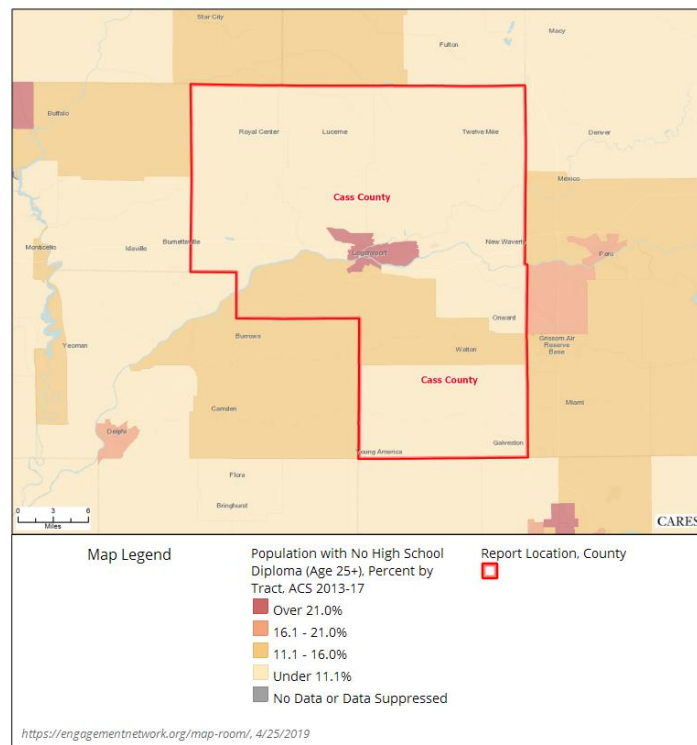
Among the Cass County population age 25 and older, an estimated 16.9% (over 4,300 people) do not have a high school education.

- **BENCHMARK:** Above the state and national percentages.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)



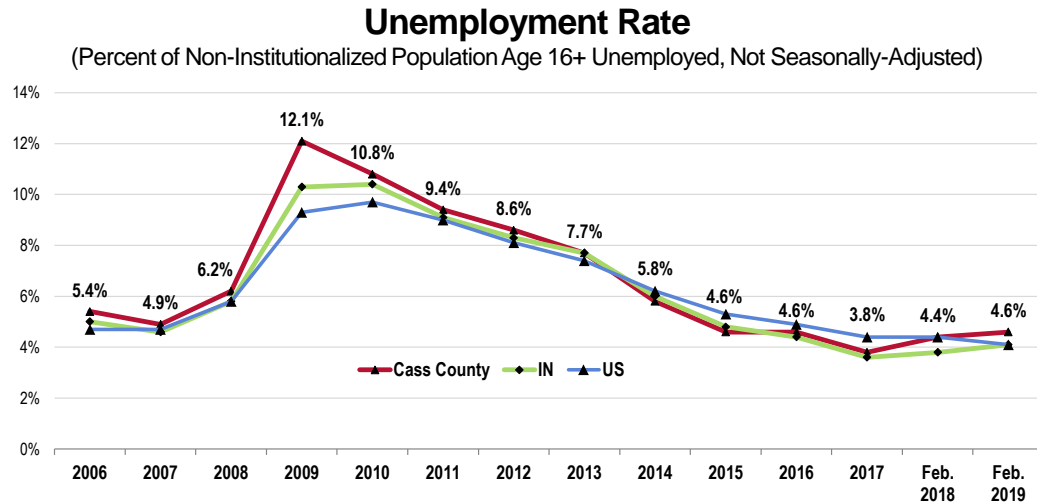
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the unemployment rate in Cass County as of February 2019 was 4.6%.

- **TREND:** Marks a significant decrease in unemployment since 2009.

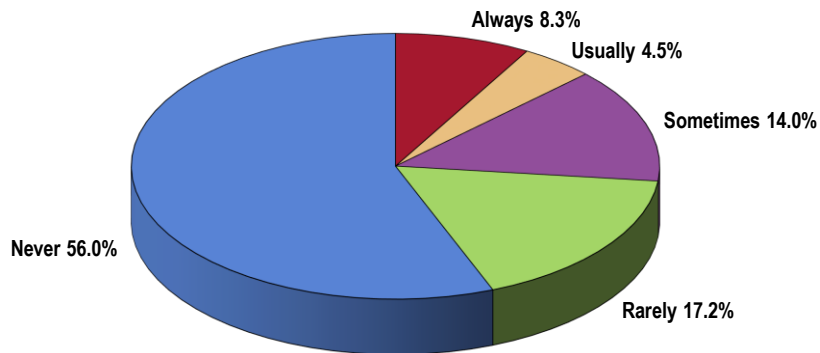


Sources: • US Department of Labor, Bureau of Labor Statistics.
 • Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

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

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 71]
 Notes: • Asked of all respondents.

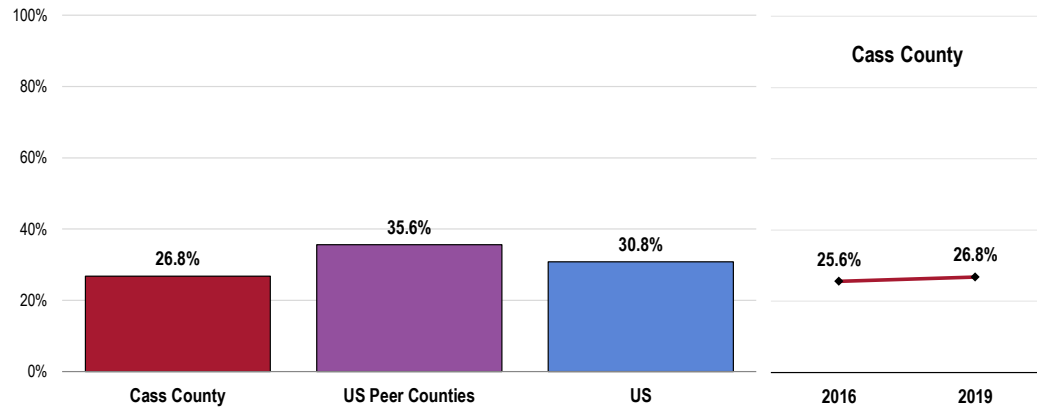
However, a considerable share (26.8%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

NOTE:

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

- **DISPARITY:** Prevalence correlates with age and is highest among adults in low-income households.

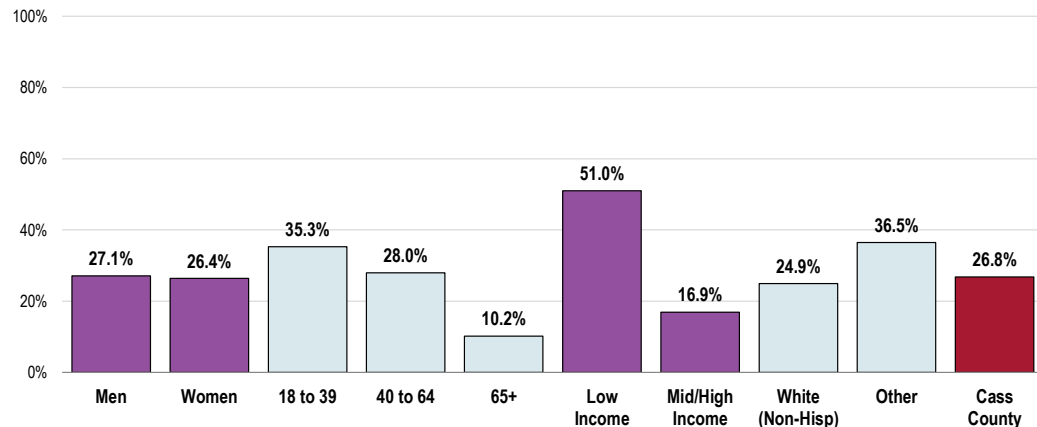
“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
 - 2017 PRC National Health Survey, PRC, Inc.
 - “US Peer Counties” represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County (“micropolitan” classification).
- Notes:
- Asked of all respondents

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

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Cass County, 2019)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Food Access

Low Food Access

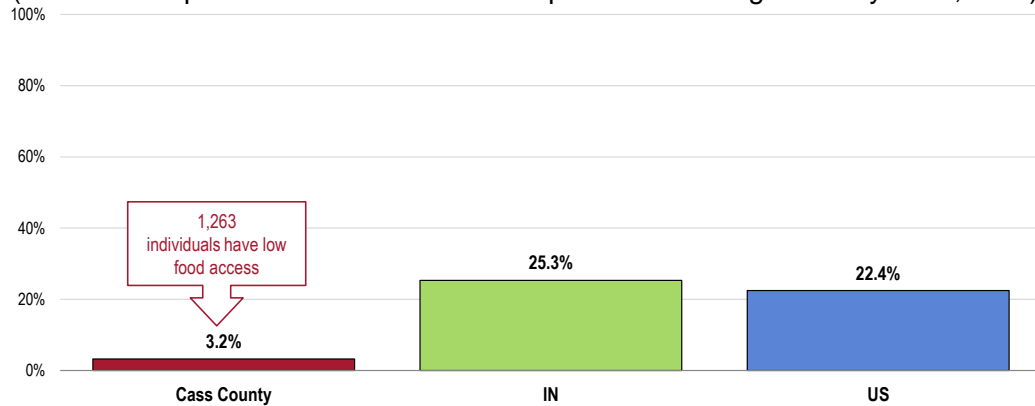
Low food access is defined as living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store.

US Department of Agriculture data show that 3.2% of the Cass County population (representing 1,263 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

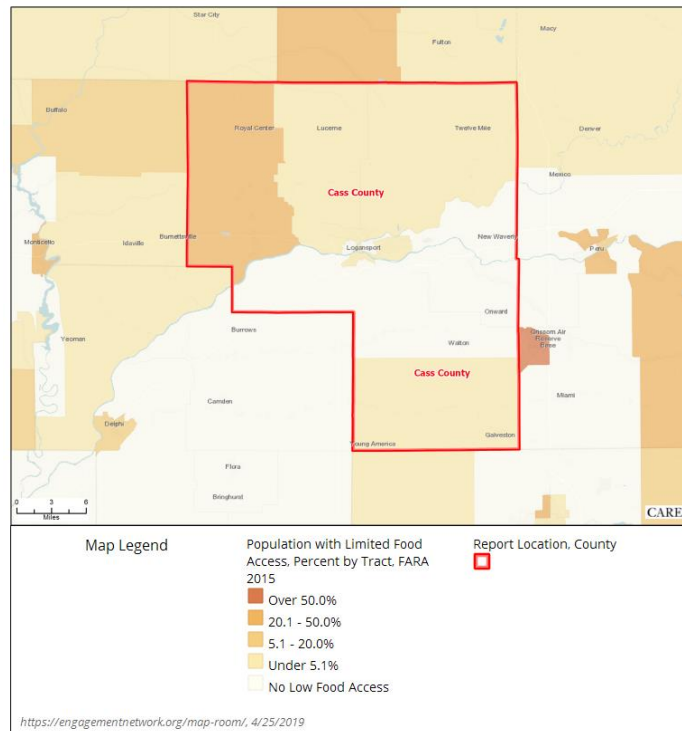
- **BENCHMARK:** Notably lower than Indiana or the US.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



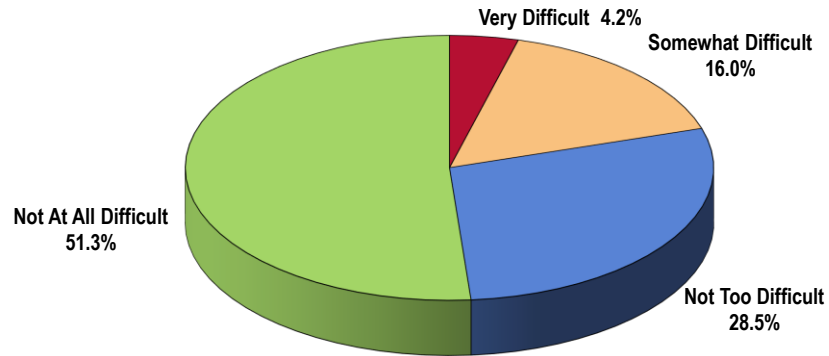
Difficulty Accessing Fresh Produce

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

Respondents were asked:

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

Level of Difficulty Finding Fresh Produce at an Affordable Price (Cass County, 2019)

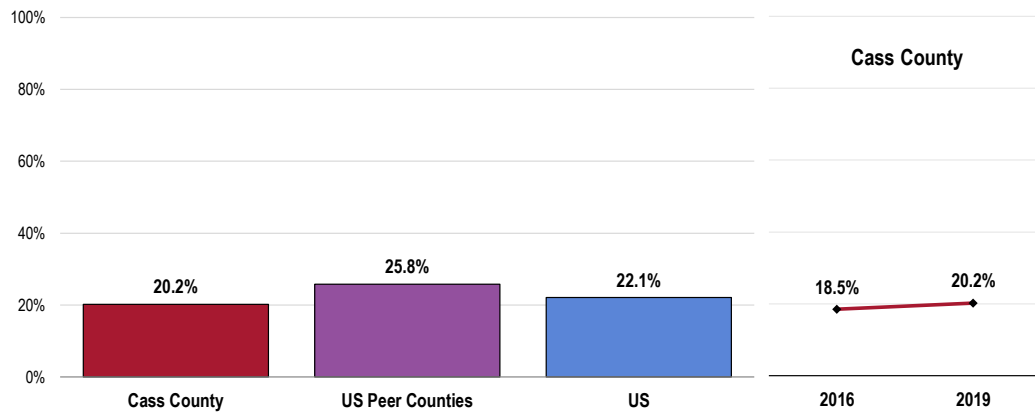


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 86]
 Notes: • Asked of all respondents.

However, 20.2% of Cass County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

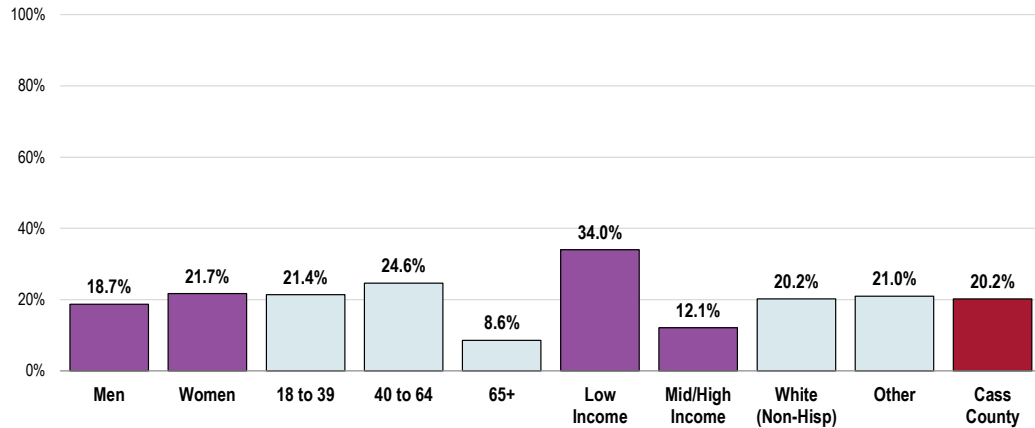
- **DISPARITY:** Highest among low-income residents and adults under 65.

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



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
 • 2017 PRC National Health Survey, PRC, Inc.
 • “US Peer Counties” represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County (“micropolitan” classification).
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Food Insecurity

Overall, 23.2% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

Surveyed adults were asked:

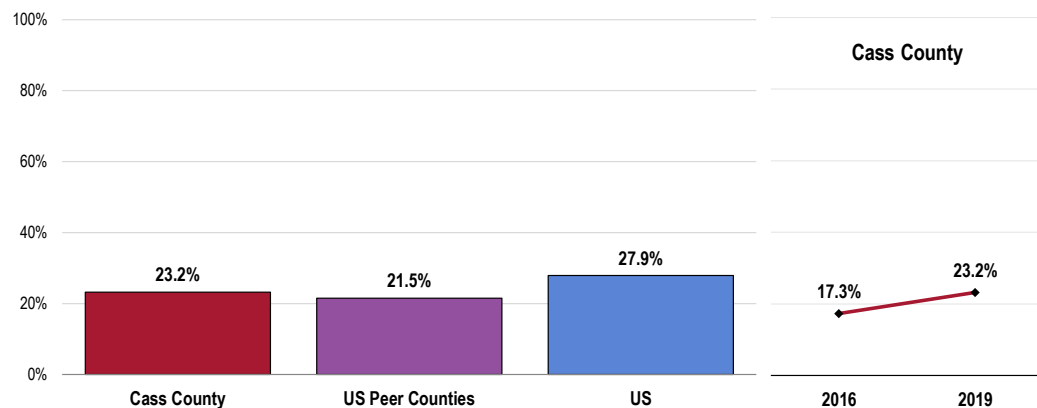
“Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

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

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

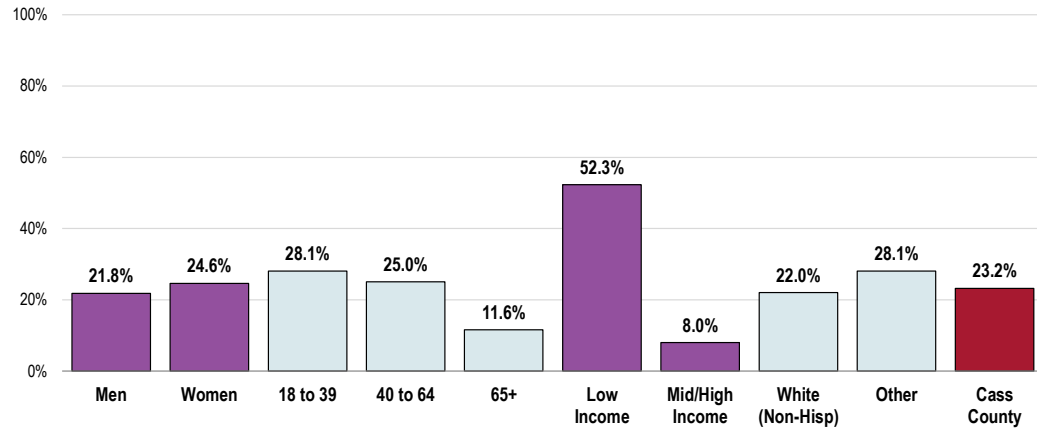
- **BENCHMARK:** Lower than the US prevalence.
- **TREND:** Marks a statistically significant increase since 2016.
- **DISPARITY:** Correlates with age and is highest among low-income respondents.

Food Insecurity



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
 • 2017 PRC National Health Survey, PRC, Inc.
 • “US Peer Counties” represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County (“micropolitan” classification).
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity (Cass County, 2019)



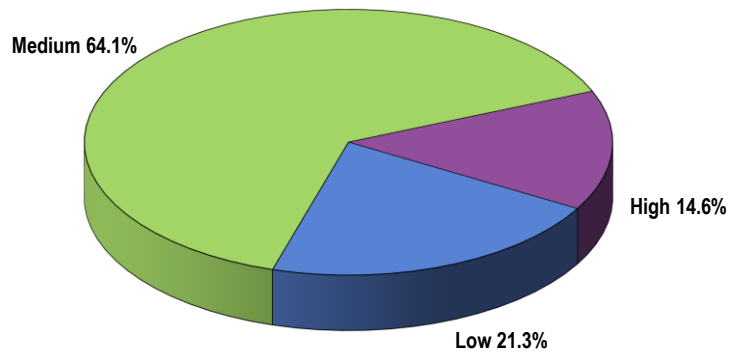
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income 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 adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

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

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Level of Health Literacy (Cass County, 2019)

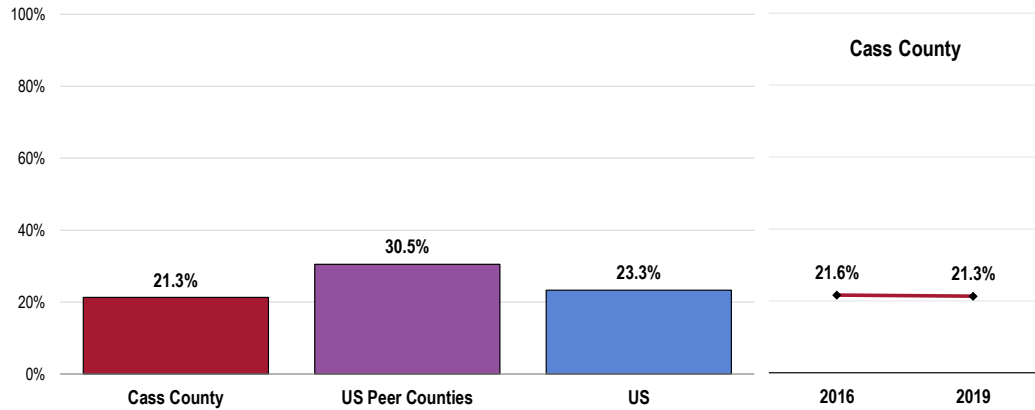


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

A total of 21.3% of Cass County residents are determined to have low health literacy.

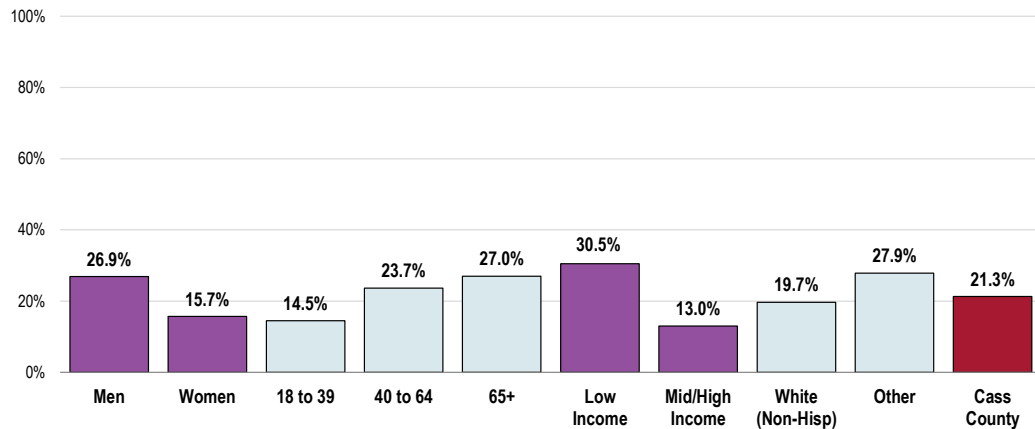
- **DISPARITY:** The prevalence correlates with age and is highest among men and low-income adults.

Low Health Literacy



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.
 - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy (Cass County, 2019)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

General Health Status



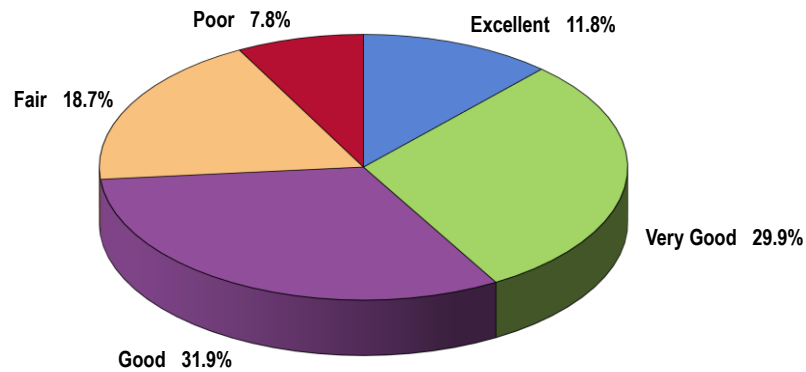
Overall Health Status

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?"

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

Self-Reported Health Status
(Cass County, 2019)

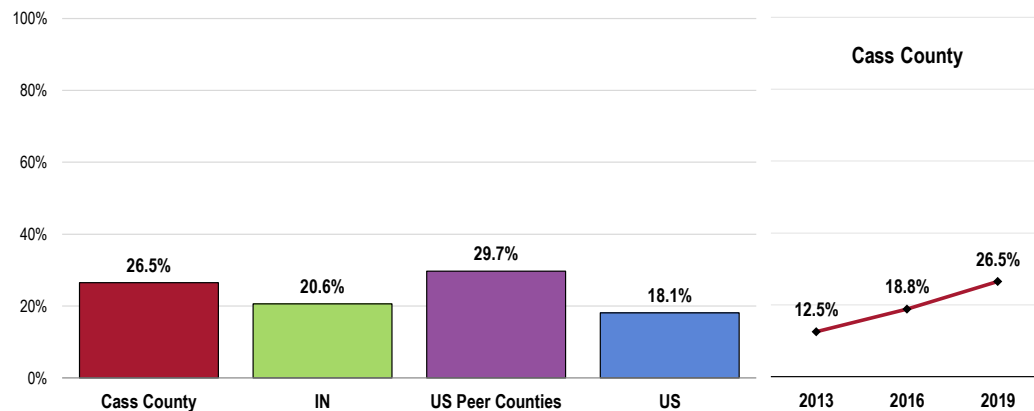


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 26.5% of Cass County adults believe that their overall health is "fair" or "poor."

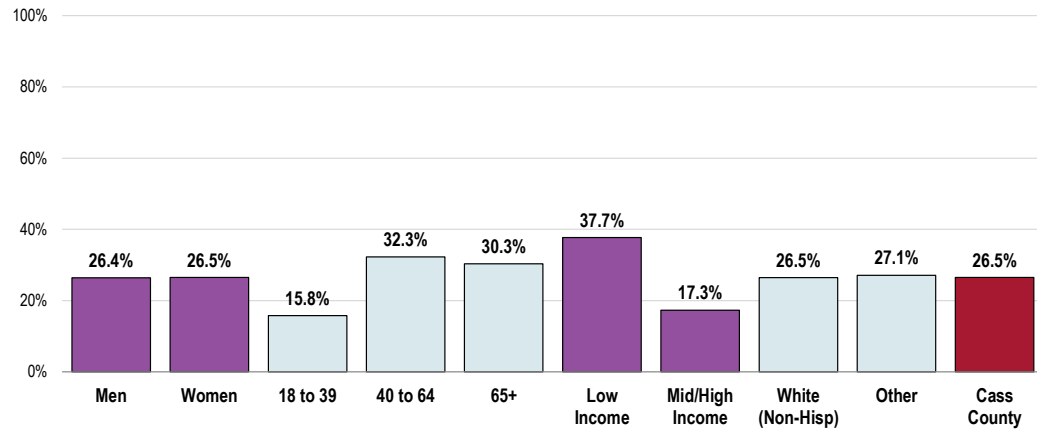
- **BENCHMARK:** Worse than state and US proportions.
- **TREND:** Denotes a statistically significant increase since 2013.
- **DISPARITY:** Highest among adults age 40+ and those in low-income households.

Experience "Fair" or "Poor" Overall Health



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
• 2017 PRC National Health Survey, PRC, Inc.
• "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health (Cass County, 2019)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Mental Health

About 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.

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 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 in 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.

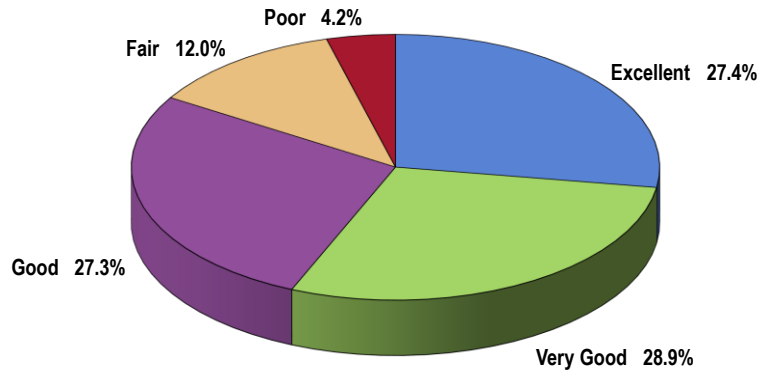
— Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

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

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

Self-Reported Mental Health Status
(Cass County, 2019)

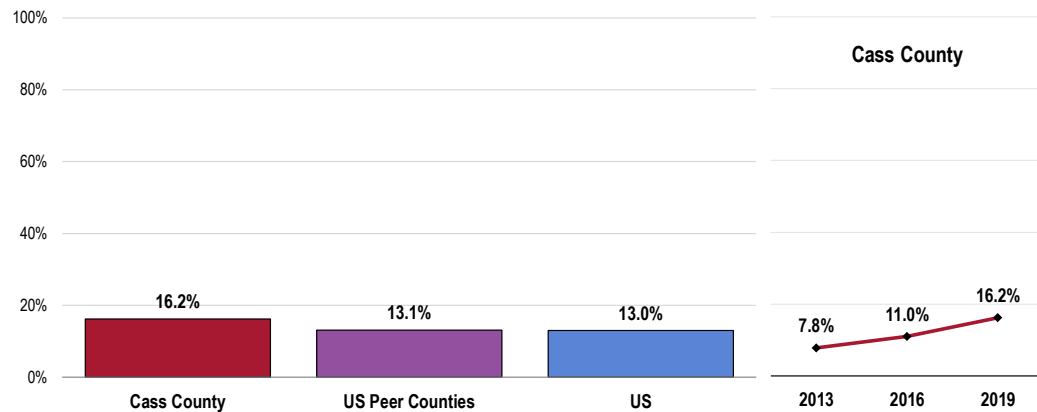


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: • Asked of all respondents.

However, 16.2% believe that their overall mental health is “fair” or “poor.”

- **TREND:** Marks a statistically significant increase since 2013.

Experience “Fair” or “Poor” Mental Health



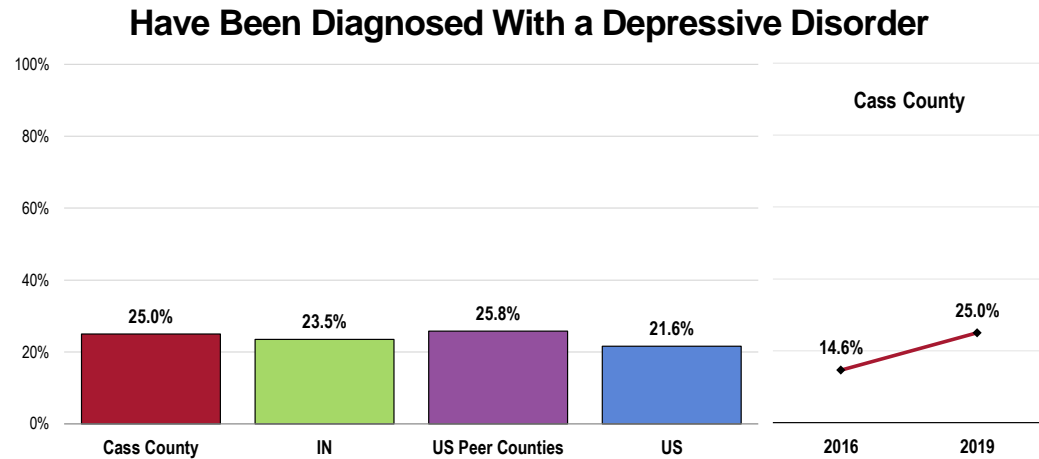
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
• 2017 PRC National Health Survey, PRC, Inc.
• “US Peer Counties” represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County (“micropolitan” classification).
Notes: • Asked of all respondents.

Depression

Diagnosed Depression

A total of 25.0% of Cass County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- **TREND:** Marks a statistically significant increase since 2016.



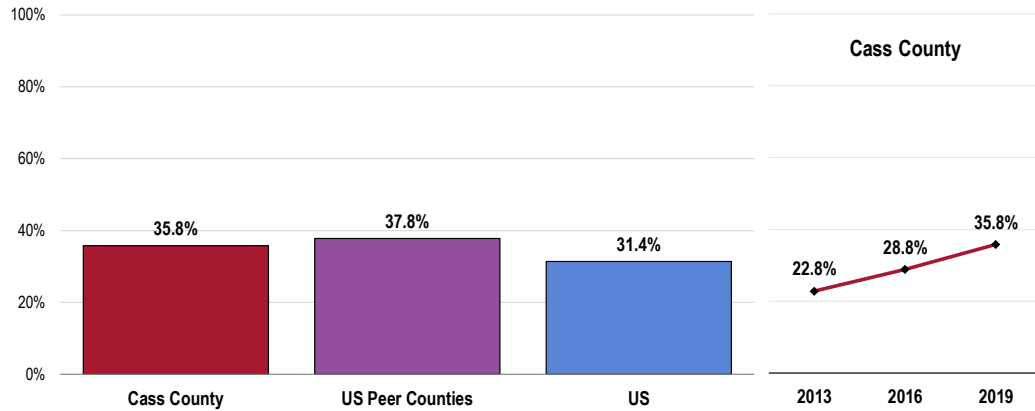
- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 102]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.
 - Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 35.8% 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 (symptoms of chronic depression).

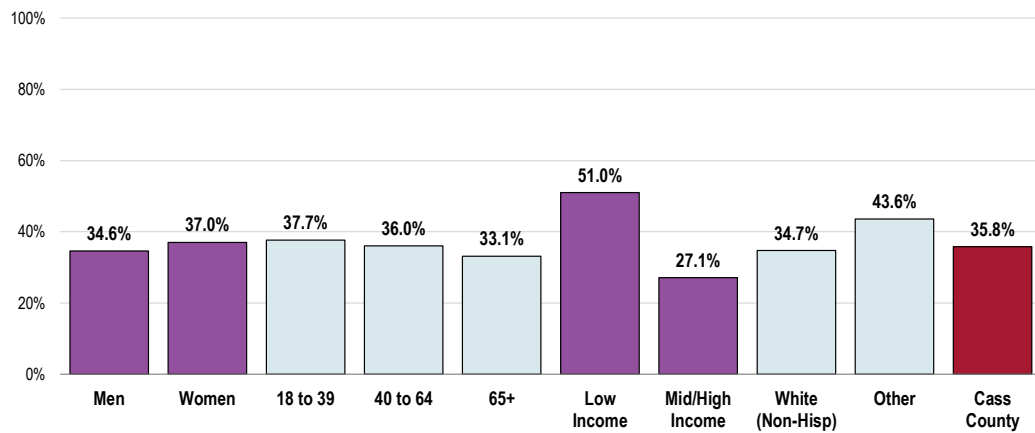
- **TREND:** Marks a statistically significant increase since 2013.
- **DISPARITY:** Unfavorably high in the low-income population.

Have Experienced Symptoms of Chronic Depression



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.
 - Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression (Cass County, 2019)

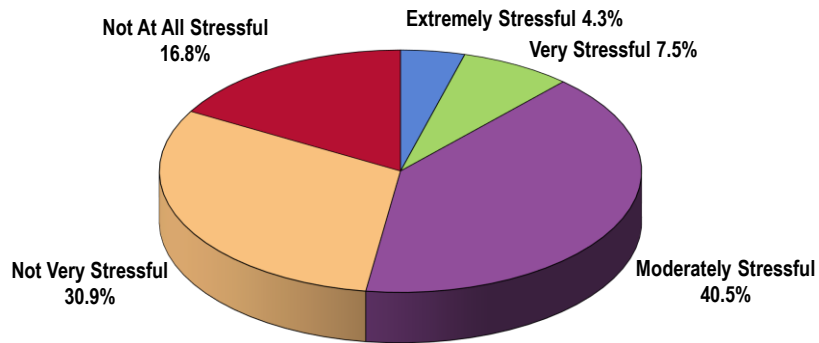


- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
- Notes:
- Asked of all respondents.
 - Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

A majority of surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day
(Cass County, 2019)

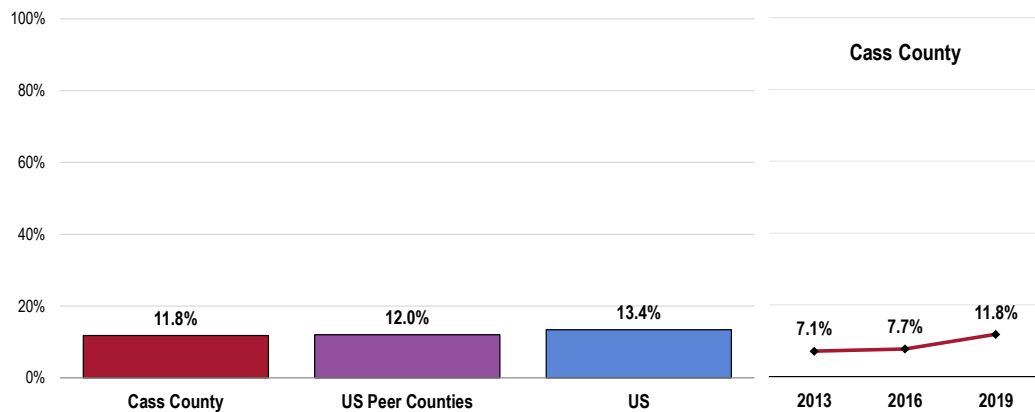


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 11.8% of Cass County adults feel that most days for them are “very” or “extremely” stressful.

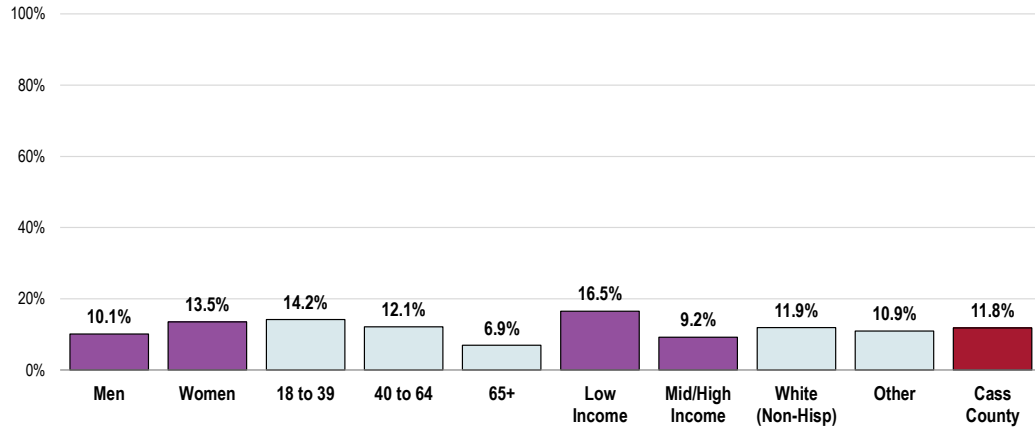
- **TREND:** A statistically significant increase from previous survey findings.
- **DISPARITY:** Correlates with age and is higher among low-income adults.

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



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 190]
• 2017 PRC National Health Survey, PRC, Inc.
• “US Peer Counties” represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County (“micropolitan” classification).
Notes: • Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful (Cass County, 2019)



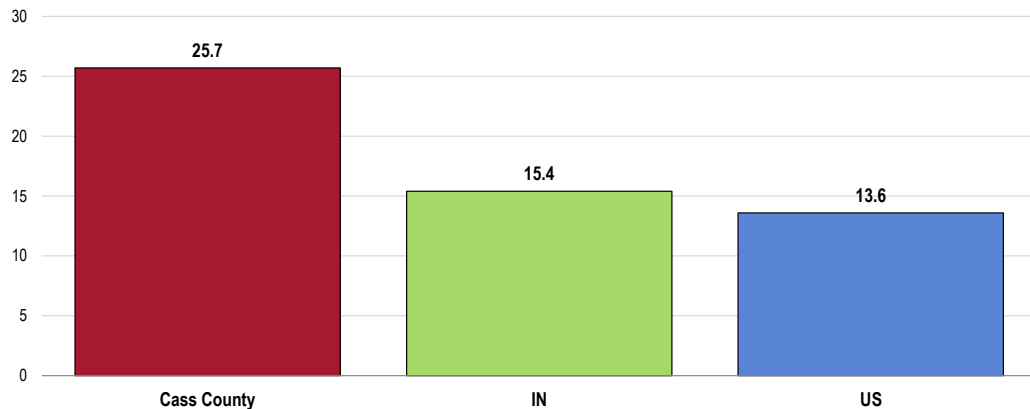
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 190]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income 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.

Suicide

Between 2015 and 2017, there was an annual average age-adjusted suicide rate of 25.7 deaths per 100,000 population in Cass County.

- **TREND:** Marks a significant increase in suicide mortality since 2013.
- **BENCHMARK:** Notably above state and national rates; fails to satisfy the related Healthy People 2020 objective.

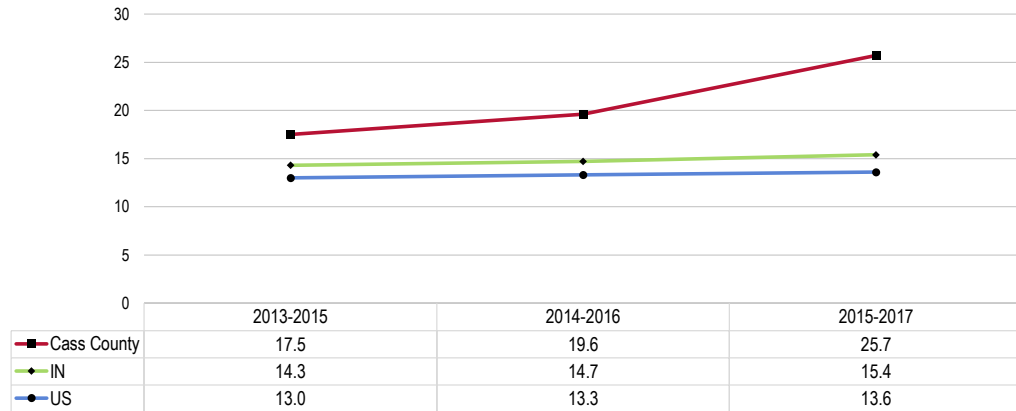
Suicide: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 10.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 • 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 US Standard Population.

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

Healthy People 2020 = 10.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
● 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 US Standard Population.

Mental Health Treatment

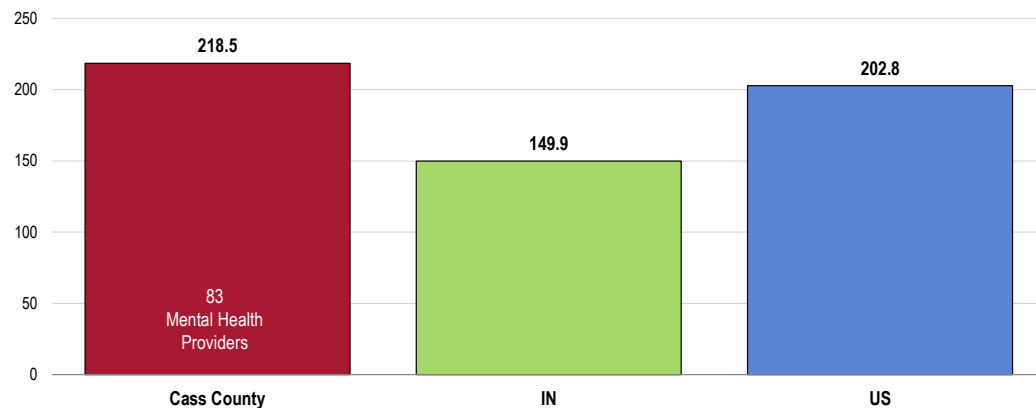
Mental Health Providers

In Cass County in 2017, there were 83 mental health providers for every 100,000 population.

- **BENCHMARK:** This is notably better than the state's rate.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2017)



Sources: ● University of Wisconsin Population Health Institute, County Health Rankings.
● Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

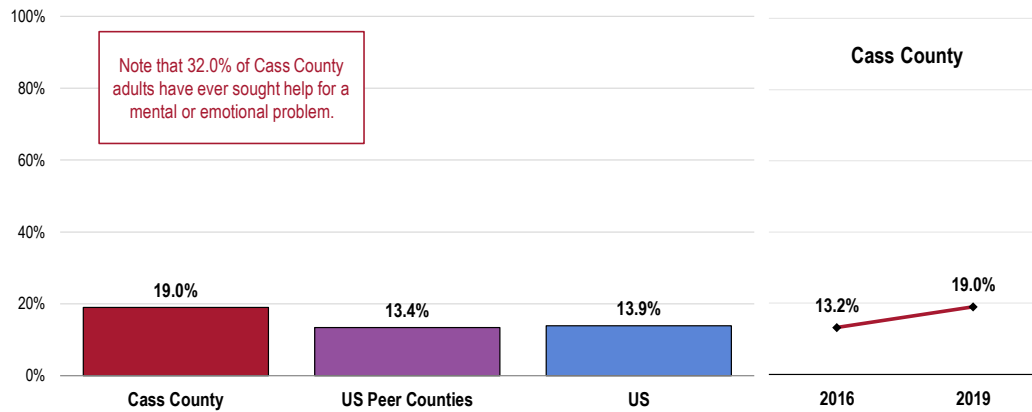
Notes: ● This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Treatment

A total of 19.0% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- **BENCHMARK:** Higher than the US prevalence.
- **TREND:** Denotes a statistically significant increase since 2016.

Currently Receiving Mental Health Treatment



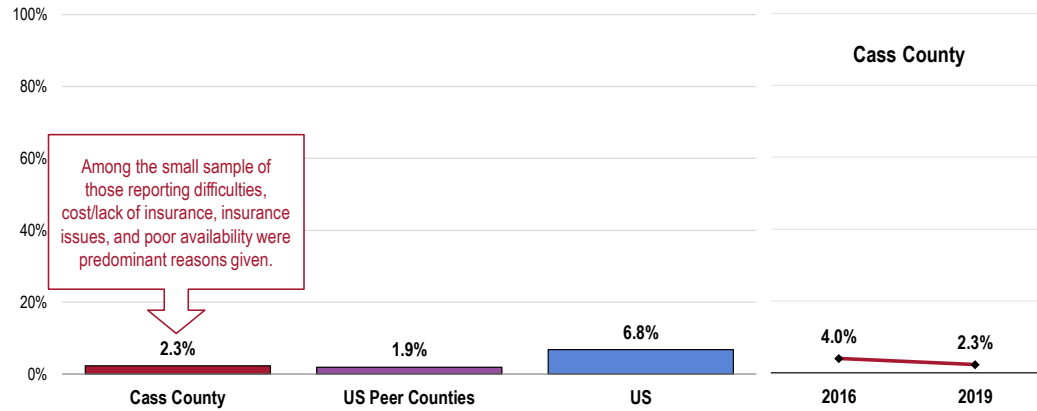
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 103-104]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.
 • "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 2.3% of Cass County adults report a time in the past year when they needed mental health services but were not able to get them.

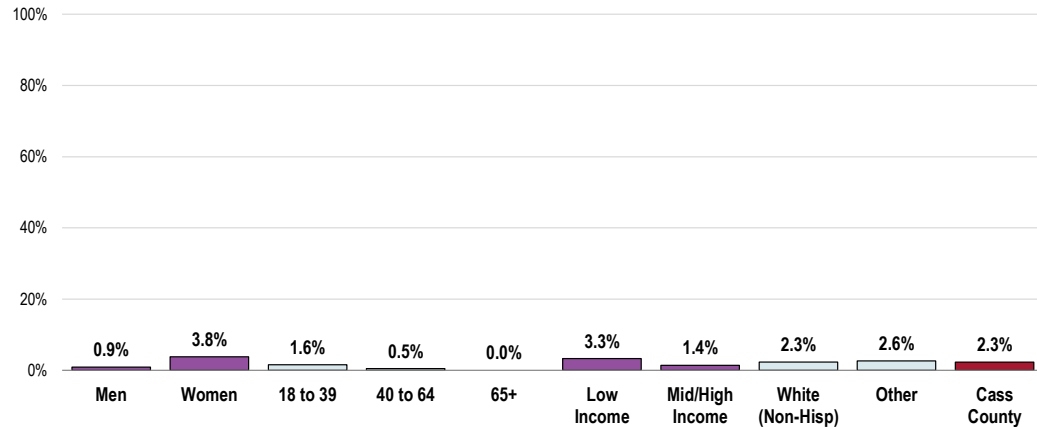
- **BENCHMARK:** Well below the US proportion.
- **DISPARITY:** Correlates with age and is higher among Cass County women.

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



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 105, 106]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Key Informant Input: Mental Health

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

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Access to Care/Services

Huge need for mental health services for our students. Many don't have access to providers; what we have available at school is only available to students with Medicaid, and the parents have to be willing to follow-through with taking them to the intake appointment at Four County. What about the students who don't have Medicaid but can't go? Still a stigma attached to needing help with mental health, especially in the Hispanic culture. School counselors don't have the time to address the social-emotional needs of their students to the extent that is needed. More resources needed! – Social Services Provider

Every year there are more and more students with mental health issues. We send them to be evaluated sometimes and there are not a lot of options in our community. If they need inpatient there isn't a facility for teens only. School nursing has gravitated towards dealing with a lot more mental health. I believe more education in elementary school on dealing with stress and emotions would help a lot. Students often don't see good examples of this at home, and therefore, do not know how to cope. They have unhealthy coping. – Other Health Provider

There is an abundant need for mental health services in our community, but there is a significant lack of available mental health services and providers. Those with the most need for mental health services are often low-income and uninsured or under-insured and lack payment options. – Social Services Provider

Availability of providers, stigma, opioid use disorder, ineffective youth prevention/intervention programs, alcoholism. Lack of coordination between providers of services. This is a very siloed community in this respect. – Other Health Provider

Severe lack of counseling, especially private practice counseling. We expect Four County to do everything and because of this they are stretched too far and can't possible meet all the needs we throw at them. – Community Leader

Lack of facilities for counseling. Lack of facilities for inpatient stays and assessments. System is restrictive with numerous barriers. Lack of financial resources. – Community Leader

Limited access to timely services. Appointments may not be available for months. – Other Health Provider

Lack of services available in our area. Wait lists/times to get an appointment, limited emergency services. – Community Leader

Long wait times for services. Poor communication with patients and clients. Stigma. – Social Services Provider

There are not enough facilities or providers to help with the number of people with mental health issues in our community. – Community Leader

The biggest problem is finding adequate staffing. Inadequate staff results in long wait times for people in need of service. Stigma continues to be an issue. – Community Leader

Access to home and school-based counseling services. – Community Leader

Access to ongoing support and affordability. – Community Leader

Inpatient access and lack of adequate providers to care for this population. – Community Leader

Limited resources and treatment programs. – Other Health Provider

No resources. – Other Health Provider

Comorbidities

So many school-aged individuals are struggling with mental health issues, anxiety, depression, suicidal ideations. – Social Services Provider

Many mental illnesses in this community and throughout the country. It affects lives/families/work production. – Community Leader

Opioid/meth treatment, adult housing for former patients released into the community. Connection between the court system/jail and the mental health community severely lacking. – Community Leader

Depression, suicide, lack of qualified mental health professionals. Mental health issues can lead to drug abuse. – Community Leader

Suicide and drug abuse are an ongoing issue in the community. – Community Leader

There have been many suicides in the past few years. Kids are depressed and anxious. – Other Health Provider

Youth depression and anxiety. – Social Services Provider

Denial/Stigma

The stigma and knowing what the resources are. They don't seek help, so they need a family member or friend to encourage them to seek help. – Social Services Provider

Acceptance, jobs, transportation, food, mental health services/counseling. – Public Health Representative

Our inability to make them feel welcome and a part of our community. – Social Services Provider

The stigma and the lack of hope to seek help. – Social Services Provider

Stigma, access to resources, lack of providers equals long wait times. – Community Leader

Social stigma, access to professional services. Lack of knowledge. – Other Health Provider

Diagnosis/Treatment

Many individuals with mental health issues go undiagnosed or untreated. There seem to be many instances of depression, anxiety, and bipolar disorder that we are seeing in young children in our schools. Families are often without options for treatment due to limitations of insurance or lack of qualification for services because of not being on Medicaid. Counselors are often hard to get into and/or have limited appointments available. Many times, treatment programs are cut short or are not followed through due to depletion of resources. – Community Leader

Identification and proper treatment. – Social Services Provider

Feels like it's spiraled into nothing but substance abuse treatment. – Other Health Provider

Lack of efficient and/or effective treatment. – Other Health Provider

There are so many people untreated and undertreated for mental illness here. – Other Health Provider

Care coordination. – Physician

Affordable Care/Services

More and more individuals suffer some sort of trauma. Access to affordable mental health services are not always possible for all. Seems to continue to be a stigma around getting help. – Community Leader

Cost of mental health care and lack of insurance coverage or limited insurance coverage. – Social Services Provider

No insurance or underinsured, waiting lists, lack of convenience, transportation, etc. – Other Health Provider

Lack of Providers

Lack of adequate health care professionals in this field in our area. If therapists or doctors come to town, they don't stay long. Insurance doesn't cover the costs for mental health many times and families have nowhere else to turn. Four County is an option for Medicaid patients, but quality of care for this population through Four County is not good. – Social Services Provider

We have a real shortage of mental health providers and mental health therapists. – Social Services Provider

Lack of providers, diagnosis. – Community Leader

Prevalence/Incidence

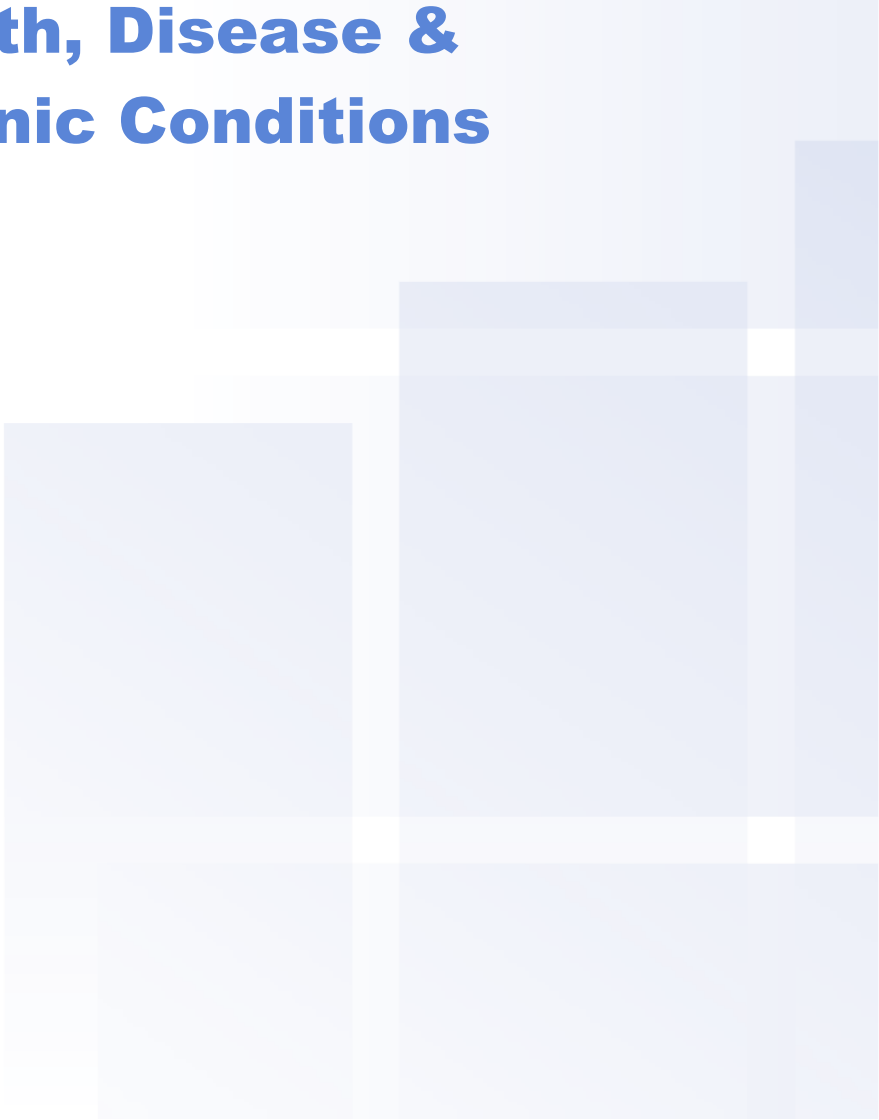
There is an increasing number of people including children who have mental health needs. – Community Leader

Disproportionate percentage of residents with mental health issues. Most under treated disease. – Other Health Provider

Disease Management

With the Logansport State Hospital located in our community, there can be instances of people being released or discharged with nowhere to go other than to stay in Logansport. A lack of formal programming and structured assistance for re-entry into the community can make it difficult to assimilate back into normal life. Additionally, the Four County Counseling Center is also here and may deal with similar issues. Four County does offer counseling and some programming to assist with mental health disorders but seems to be stretched thinly when compared with utilization and demand for the need of services and ongoing case management. – Community Leader

**Death, Disease &
Chronic Conditions**

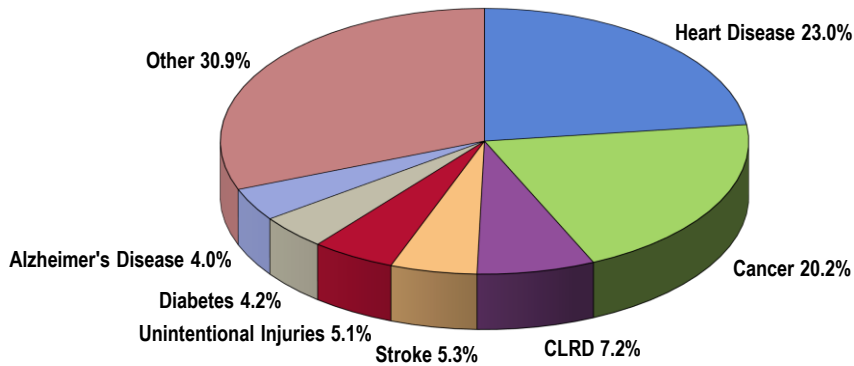


Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly half of all deaths in Cass County in 2017.

Leading Causes of Death
(Cass County, 2017)



- Sources:
 - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- Notes:
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

About Age-Adjusted Death Rates

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.

The following chart outlines 2015-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in Cass County.

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

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

Age-Adjusted Death Rates for Selected Causes (2015-2017 Deaths per 100,000 Population)

	Cass County	Indiana	US	HP2020
Malignant Neoplasms (Cancers)	170.2	172.9	155.6	161.4
Diseases of the Heart	169.9	182	166.3	156.9*
Chronic Lower Respiratory Disease (CLRD)	56.3	55.1	41.0	n/a
Unintentional Injuries	50.3	52.7	46.7	36.4
Diabetes	46.7	26.5	21.3	20.5*
Cerebrovascular Disease (Stroke)	41.2	39.6	37.5	34.8
Alzheimer's Disease	33.0	34.4	30.2	n/a
Intentional Self-Harm (Suicide)	25.7	15.4	13.6	10.2
Firearm-Related	21.1	14.3	11.6	9.3
Kidney Disease	14.7	18.6	13.2	n/a
Motor Vehicle Deaths	13.9	12.3	11.4	12.4
Pneumonia/Influenza	10.3	14	14.8	n/a
Cirrhosis/Liver Disease	9.0	9.9	10.1	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 July 2019.
- 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.

Cardiovascular Disease

About Heart Disease & Stroke

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

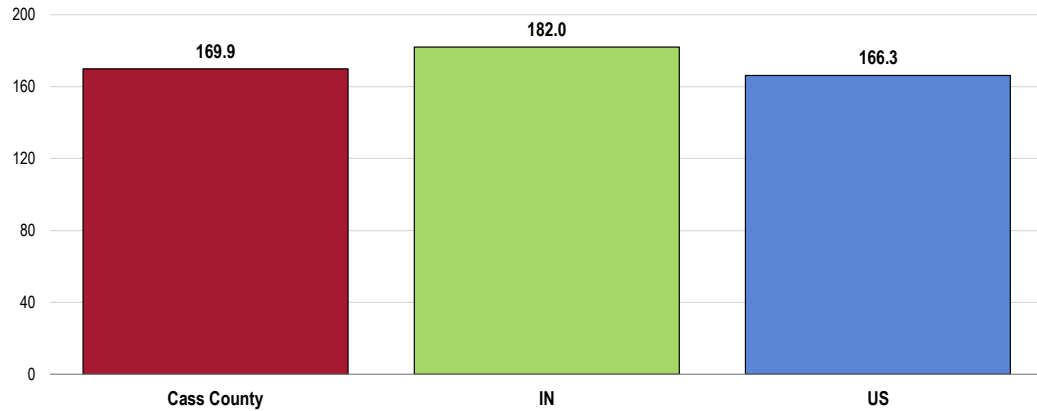
Heart Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 169.9 deaths per 100,000 population in Cass County.

- **TREND:** Heart disease mortality has overall trended downward over the past decade.

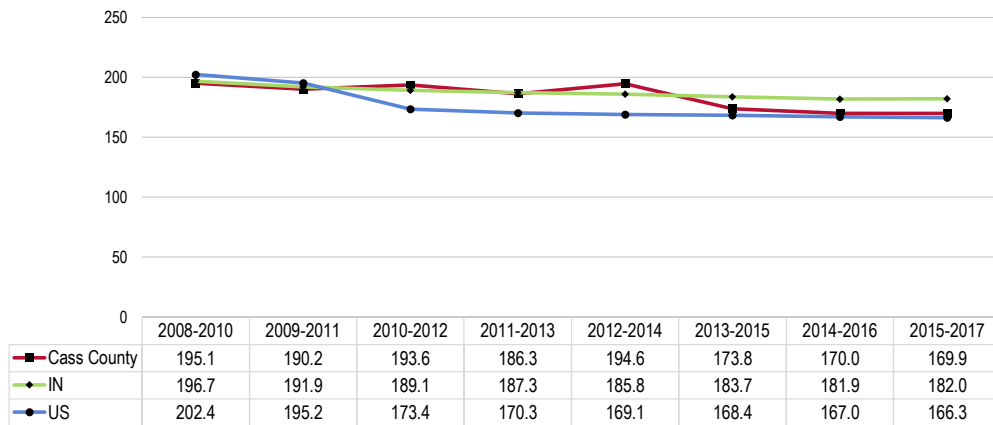
The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - 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 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 156.9 or Lower (Adjusted)



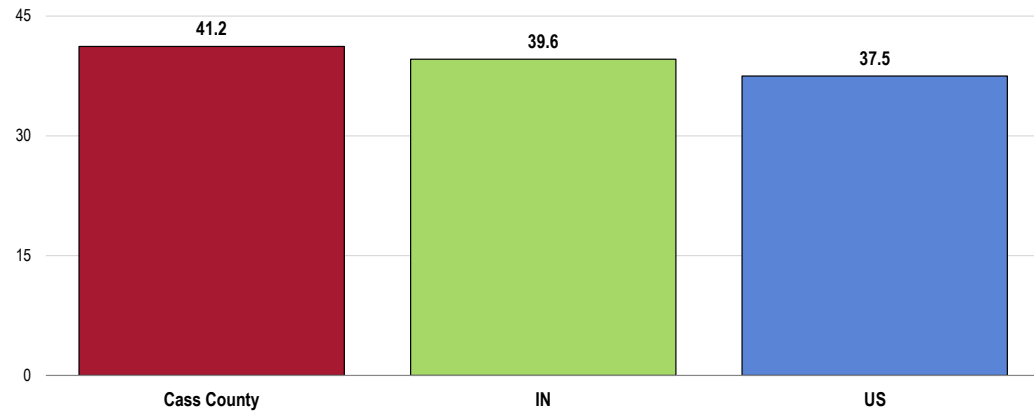
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2015 and 2017, there was an annual average age-adjusted stroke mortality rate of 41.2 deaths per 100,000 population in Cass County.

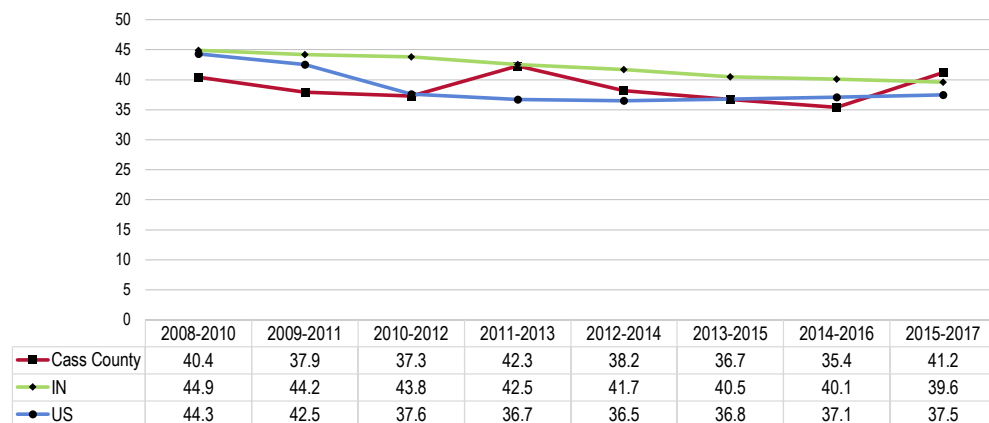
- **BENCHMARK:** Fails to satisfy the related Healthy People 2020 objective.

Stroke: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - 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 US Standard Population.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 34.8 or Lower



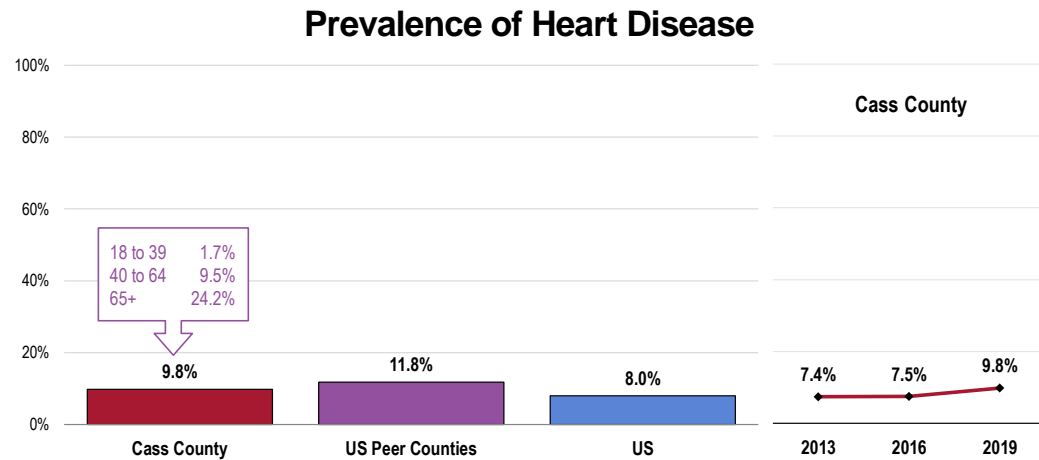
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- **DISPARITY:** The prevalence correlates with age among survey respondents.



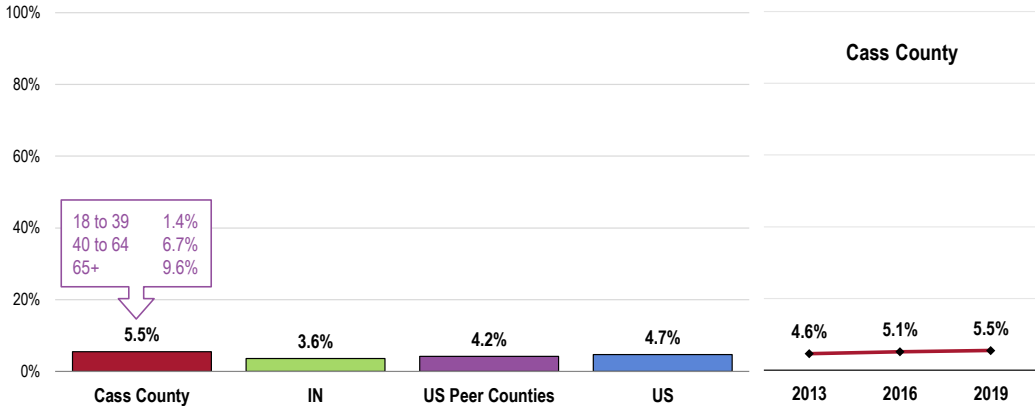
- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 128]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.
 - Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 5.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- **DISPARITY:** Correlates with age, as shown in the following chart.

Prevalence of Stroke



Sources:

- 2019 PRC Community Health Survey, PRC, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, PRC, Inc.
- "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Notes:

- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

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)

Blood Pressure & Cholesterol

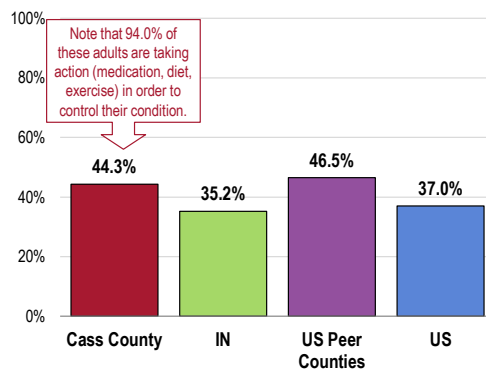
A total of 44.3% of Cass County adults have been told at some point that their **blood pressure** was high.

- **BENCHMARK:** Well above the state and US prevalence.
- **DISPARITY:** Correlates with age and is higher among men and Whites (not shown).

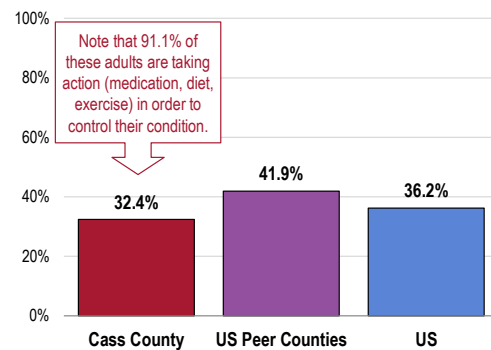
A total of 32.4% of adults have been told by a health professional that their **cholesterol level** was high.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 objective.
- **DISPARITY:** Correlates with age and is higher among Whites and low-income residents (not shown).

Prevalence of High Blood Pressure
Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol
Healthy People 2020 = 13.5% or Lower

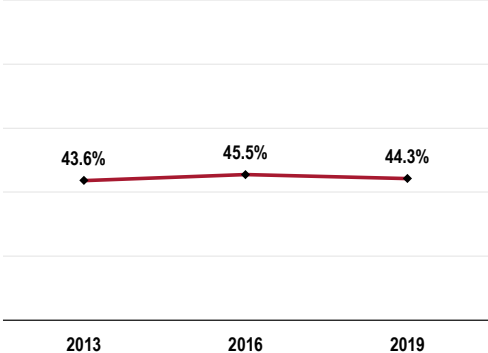


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • *US Peer Counties* represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1, HDS-7]

Notes: • Asked of all respondents.

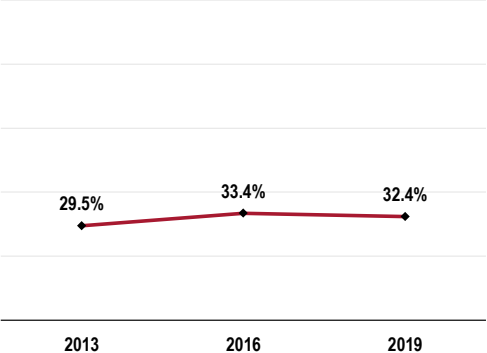
Prevalence of High Blood Pressure (Cass County)

Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol (Cass County)

Healthy People 2020 = 13.5% or Lower



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 129, 130]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1, HDS-7]
Notes: • Asked of all respondents.

Total Cardiovascular Risk

About Cardiovascular Risk

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.

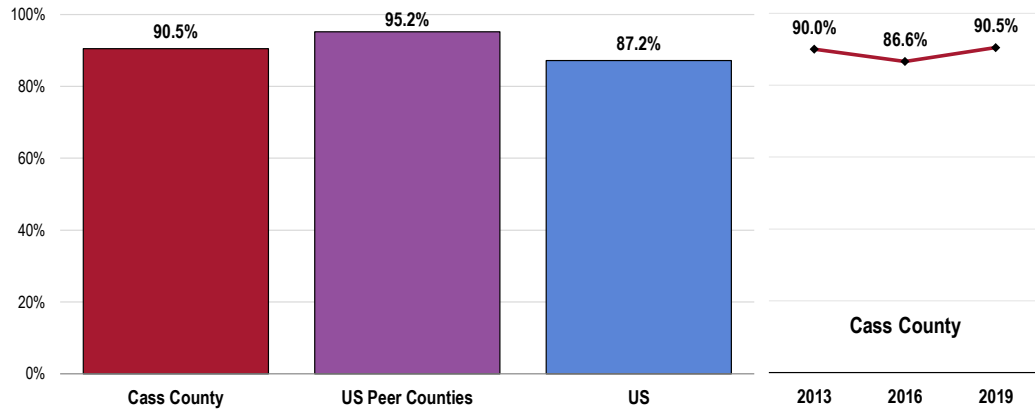
— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 90.5% 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.

- **DISPARITY:** Higher among men, seniors, and low-income residents.

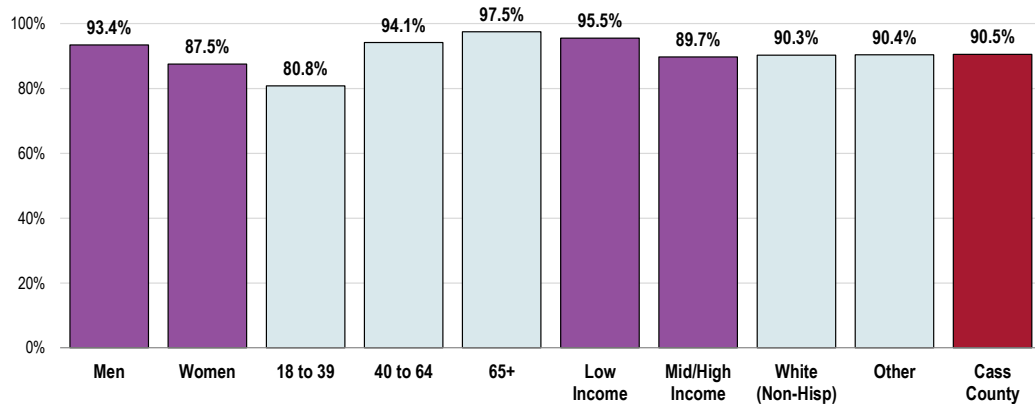
RELATED ISSUE:
See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Present One or More Cardiovascular Risks or Behaviors



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors (Cass County, 2019)



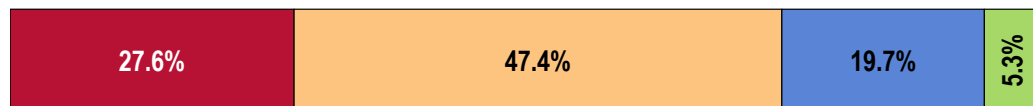
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Prevalence/Incidence

Younger individuals seem to be afflicted and strokes are becoming more prevalent and the debilitation that occurs with a stroke can be life changing for someone. – Social Services Provider

I've been aware of many instances of individuals that I know personally or others mention that have either passed away or had debilitating impacts on their lives based upon having some type of heart disease or stroke. It is evident that many suffer from some form of this disease. Additionally, many of the other major problems I've noted—these are things that contribute to heart disease or stroke—example, drug or tobacco use, overweight, etc. – Community Leader

I've had several friends and clients who have heart attacks early in life. – Community Leader

There is a high incidence of heart issues in our community. – Community Leader

Demographic data, cardiac rehab programs w/increasing enrollments. – Other Health Provider

It is a significant cause of death in Cass County. – Community Leader

Many people suffer from heart issues and strokes. – Community Leader

Seems to be a high rate of occurrence. – Community Leader

Obesity

I believe we have a high rate in our community because of the high level of obesity and because we have a high number of smokers. Vaping seems to have increased this number quite a bit in recent years. – Community Leader

The Indiana Health Profile shows that 34% of the population is obese and 29% are inactive and 22% smoke. – Social Services Provider

We have a population that is overweight and smokes. – Other Health Provider

Affordable Care/Services

There needs to be more free screenings for heart disease. If there are already, they aren't advertised. – Other Health Provider

Lack of free activities to do in the community. – Other Health Provider

Lifestyle

See lots of patients with preventable heart issues that are related to lifestyle and diet. – Other Health Provider

Lack of proper nutrition and exercise, high tobacco use. – Community Leader

Aging Population

Aging population, lack of physical activity. – Community Leader

Early Diagnosis/Prevention

This continues to be the number-one cause of death, yet we are not doing enough to prevent heart disease and stroke through diet. Consumption, promotion of heart healthy living. – Community Leader

Poverty

Socioeconomic issues, sedentary lifestyles, little motivation to make healthy decisions, lack of accountability for poor health decisions. – Other Health Provider

Cancer

About 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:

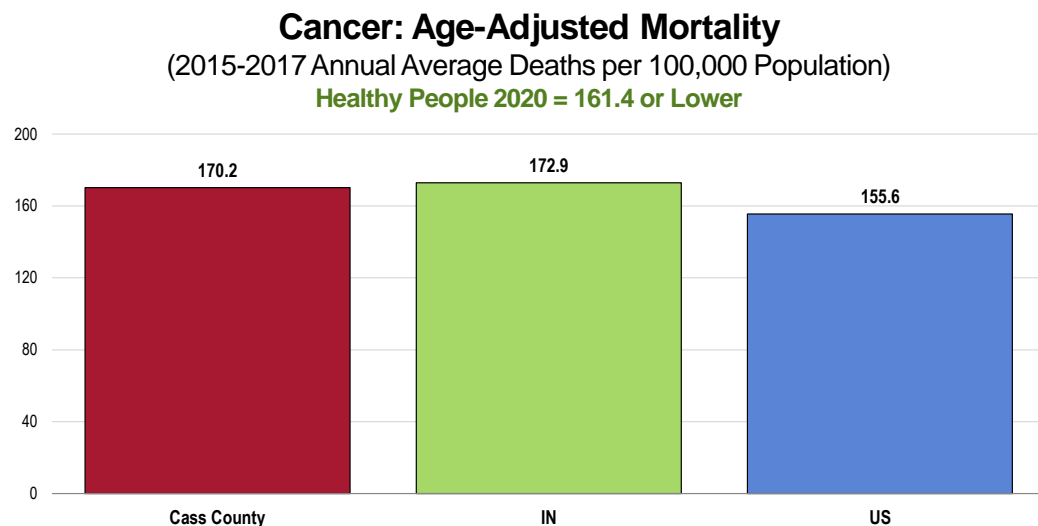
- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

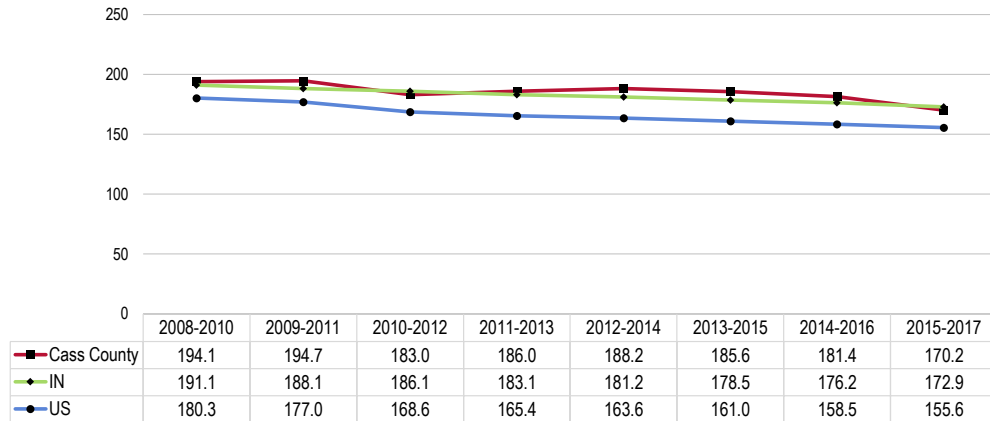
All Cancer Deaths

Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 170.2 deaths per 100,000 population in Cass County.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - 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 US Standard Population.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 161.4 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
● 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 US Standard Population.

Cancer Deaths by Site

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

Other leading sites include colorectal cancer (both sexes) and breast cancer among women.

BENCHMARKS: Based on 2015-2017 annual average age-adjusted cancer death rates by site, note the following unfavorable comparisons for Cass County:

- **Colorectal Cancer:** Higher than both state and national rates. Fails to satisfy the Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site (2015-2017 Annual Average Deaths per 100,000 Population)

	Cass County	Indiana	US	HP2020
ALL CANCERS	170.2	172.9	155.6	161.4
Lung Cancer	44.9	48.8	38.5	45.5
Colorectal Cancer	22.0	15.4	13.9	14.5
Female Breast Cancer	17.3	20.7	20.1	20.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

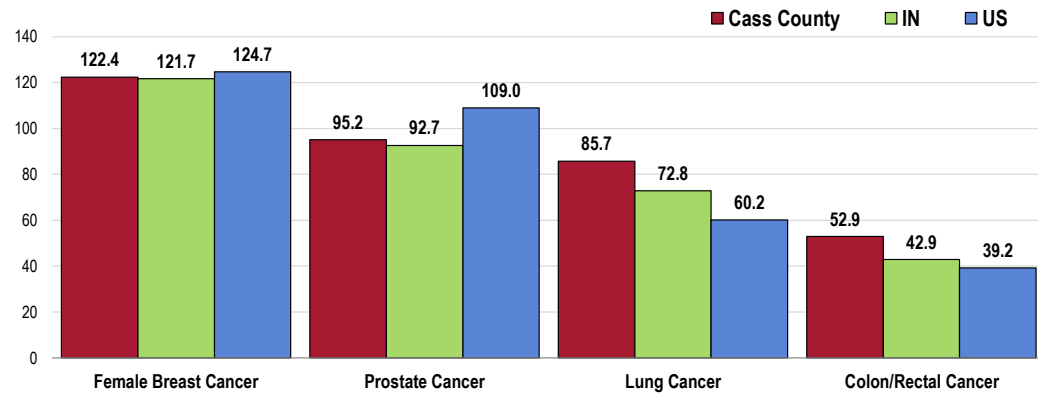
It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for breast cancer in women and prostate cancer in men.

BENCHMARKS: Based on 2011-2015 annual average incidence rates by site, note the following unfavorable comparisons for Cass County:

- **Lung Cancer:** Higher than both state and national rates.
- **Colorectal Cancer:** Higher than both state and national rates.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)



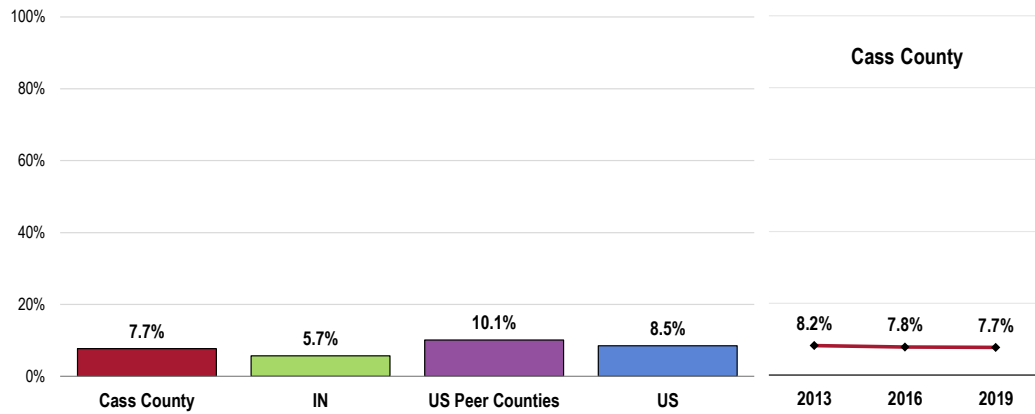
- Sources:
- State Cancer Profiles.
 - Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

Skin Cancer

A total of 7.7% of surveyed Cass County adults report having been diagnosed with skin cancer.

Prevalence of Skin Cancer



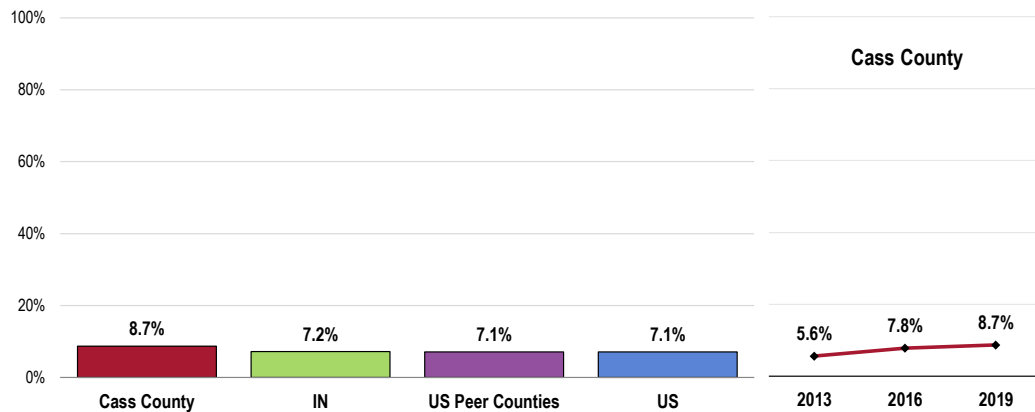
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 28]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Notes: • Asked of all respondents.

Other Cancers

A total of 8.7% of survey respondents have been diagnosed with some type of (non-skin) cancer.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 27]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Notes: • Asked of all respondents.

RELATED ISSUE:

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

Cancer Risk

About Cancer Risk

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

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

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

Cancer Screenings

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

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

Female Breast Cancer

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

Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.

Colorectal Cancer

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

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

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

Among women age 50-74, 73.9% have had a mammogram within the past 2 years.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 goal.

Among Cass County women age 21 to 65, 65.6% have had a Pap smear within the past 3 years.

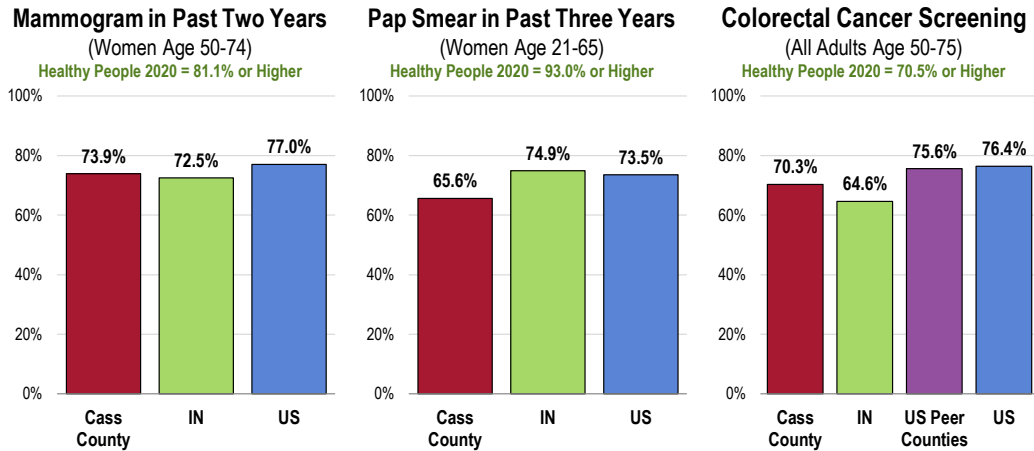
- **BENCHMARK:** Below the state and US percentages. Fails to meet the Healthy People 2020 objective.

Among all adults age 50-75, 70.3% have had appropriate colorectal cancer screening.

- **TREND:** Marks a statistically significant increase since 2013.

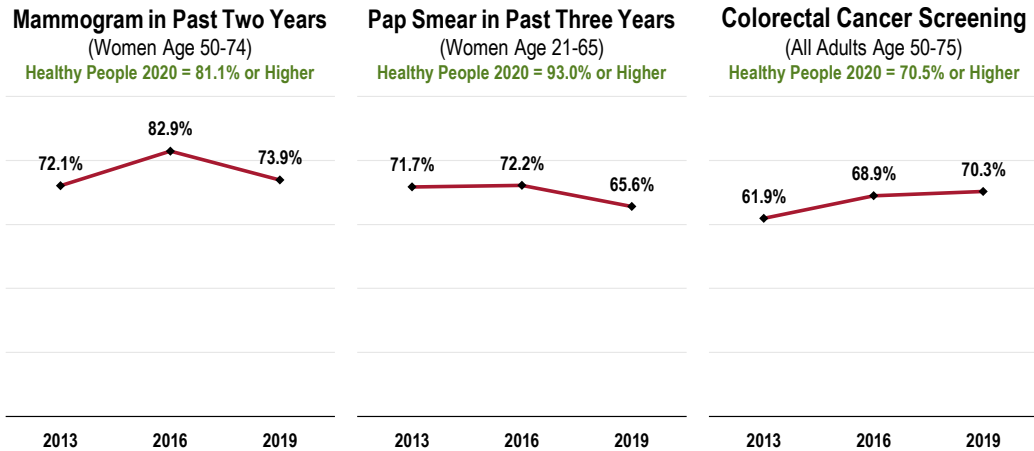
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Cancer Screenings



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]
 Notes: • Each indicator is shown among the gender and/or age group specified.

Cancer Screenings: Cass County Trends



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]
 Notes: • Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Key informants taking part in an online survey were equally likely to characterize **Cancer** as a “major problem” and a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Prevalence/Incidence

It seems the prevalence for patients with cancer is higher in this community than others I have worked in. – Social Services Provider

When I was diagnosed with breast cancer 5 years ago, I found it amazing to learn how many other people had cancer also. Even people with no family history. – Community Leader

I and several members of my family have cancer, and there is a large population in Cass County that has a form of cancer. The cancer center located at the hospital is a community blessing. – Other Health Provider

From what people say over the years, we have a higher than normal percentage of cancer in this county/city. – Community Leader

I know so many people who have been diagnosed or hear stories for friends or family members of these friends. – Community Leader

I know many people who have cancer or are currently in remission, but I don't know why. Many have seen their cancer return after being in remission. Chemotherapy and radiation are not always effective and may also damage the bodies of those seeking treatment for their cancer, often leaving them with new medical issues and problems. – Social Services Provider

LMH dedicated well over a million dollars in constructing/providing cancer care to our local community based on demographic data to support this need. That clearly indicates a major problem. – Other Health Provider

Many cases of cancer in our community and it seems the number of younger children and young adults are being diagnosed. – Social Services Provider

There seem to be an inordinate number of people in this community that are being diagnosed with cancer, and those who are diagnosed are younger and younger. – Other Health Provider

Rates seem to be increasing among this community, but that could simply be social sphere of influence. Patients must drive distances for treatment. – Social Services Provider

Everyone knows someone affected by cancer. Many diagnosed seem to be from the same area or areas of the community. – Social Services Provider

I believe we are high on the list for cancer in our county vs. other counties in the state. Therefore, it is an issue as it probably affects health insurance costs, etc. – Community Leader

There seems to be a large number of people who associate with our organization afflicted with cancer themselves or someone in their family. – Social Services Provider

Cancer impacts a lot of community members and continues to be a major factor for families in our small community. – Social Services Provider

Due to the growing number of individuals who are diagnosed with multiple types of cancer and having the physicians available for diagnosis and assist with treatment plans. – Community Leader

Cass County seems to have a very high incidence of cancer. – Community Leader

It just seems we have a high rate of occurrences. It's a shame. – Social Services Provider

There seems to be a high number of people diagnosed with cancer. – Community Leader

Increased young adults being diagnosed. – Social Services Provider

High occurrence rate for a variety of types of cancer. – Community Leader

Access to Care/Services

The rate that cancer affects our population is way above the national average and the ability to get into a primary care physician in a reasonable time is also difficult. Frustration with the first preventative step has a compounding affect and someone who may go to their doctor on a regular basis, has, like me, been frustrated with the ability to get in, or maintain a primary care doctor (I have had too many to count over the past ten years, due to them leaving). We know that an annual physical is the best way to head-off long-term health issues, and when this step in the process is difficult, it only compounds the issue. – Social Services Provider

Every year we have more and more students diagnosed with cancer. We need more options for minors with cancer. – Other Health Provider

Cost/Insurance Issues

Astronomical cost of treatment. Everybody knows someone who has or has had cancer. I feel there is already a cure and is not being investigated by a neutral panel. – Community Leader

Insurance not paying for treatment. – Other Health Provider

Environmental Issues

Agrichemicals, contaminated water, poor nutrition, and unhealthy lifestyles are major contributors. – Community Leader

Many individuals are diagnosed with some form of cancer. Noted in the news that Logansport water contains a cancer-causing substance. – Community Leader

Tobacco Use

High rates of smoking, other environmental exposures. – Physician

High tobacco use. – Community Leader

Lifestyle

Lifestyle choices, lack of screening. Cass County has resources available however not enough people seek suggested screenings. – Public Health Representative

Screening

Breast cancer awareness. I would like to see Memorial have the capability to purchase and offer 3D mammograms. – Community Leader

Respiratory Disease

About Asthma & COPD

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.

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)

Age-Adjusted Respiratory Disease Deaths

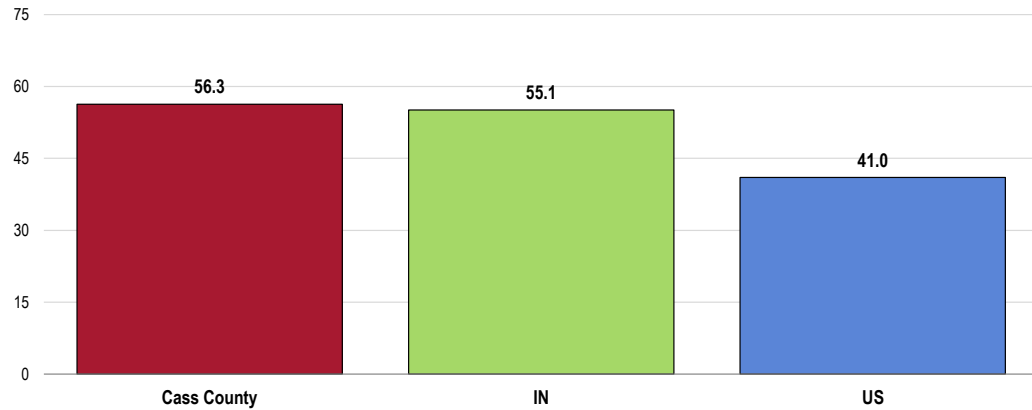
Chronic Lower Respiratory Disease Deaths (CLRD)

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

Between 2015 and 2017, there was an annual average age-adjusted CLRD mortality rate of 56.3 deaths per 100,000 population in Cass County.

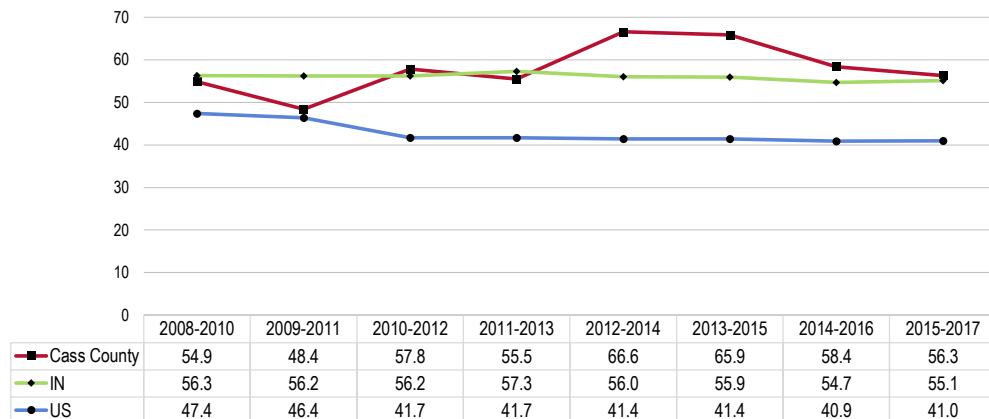
- **BENCHMARK:** Higher than the US rate.

CLRD: Age-Adjusted Mortality
(2015-2017 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 July 2019.
- 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 US Standard Population.
• CLRD is chronic lower respiratory disease.

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



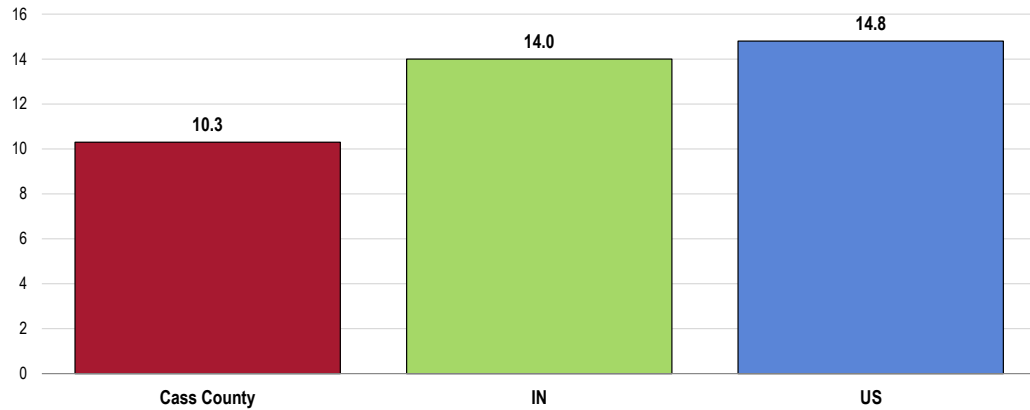
- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2015 and 2017, Cass County reported an annual average age-adjusted pneumonia influenza mortality rate of 10.3 deaths per 100,000 population.

- **BENCHMARK:** Notably lower than Indiana and US rates.
- **TREND:** Pneumonia/influenza mortality decreased between the 2008-2012 and the 2013-2017 reporting periods.

Pneumonia/Influenza: Age-Adjusted Mortality (2015-2017 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 July 2019.
- 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 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (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 July 2019.
- 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 US Standard Population.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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)

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 adults age 65 and older, 57.0% received a flu shot (or FluMist®) within the past year.

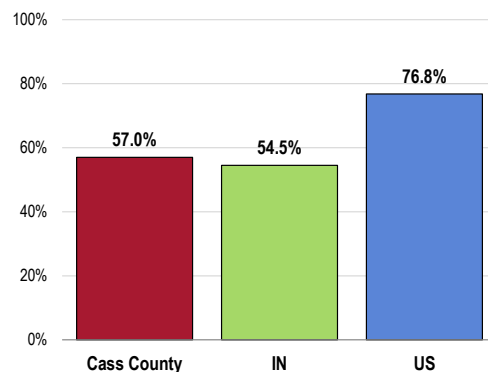
- **BENCHMARK:** Well below the US percentage. Fails to satisfy the Healthy People 2020 objective.
- **TREND:** Marks a statistically significant decrease since 2013 (not shown).

Among Cass County adults age 65 and older, 78.0% have received a pneumonia vaccination at some point in their lives.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 objective.
- **TREND:** Marks a statistically significant increase since 2013 (not shown).

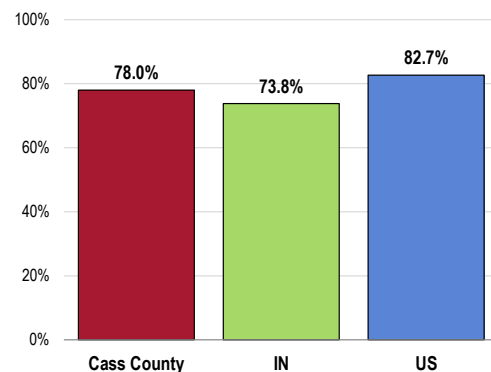
**Older Adults:
Flu Vaccination in the Past Year
(Adults Age 65+)**

Healthy People 2020 = 70.0% or Higher



**Older Adults:
Ever Had a Pneumonia Vaccine
(Adults Age 65+)**

Healthy People 2020 = 90.0% or Higher



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 144, 146]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Indiana data.
 ● 2017 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
 Notes: ● Reflects respondents 65 and older.

Prevalence of Respiratory Disease

Asthma

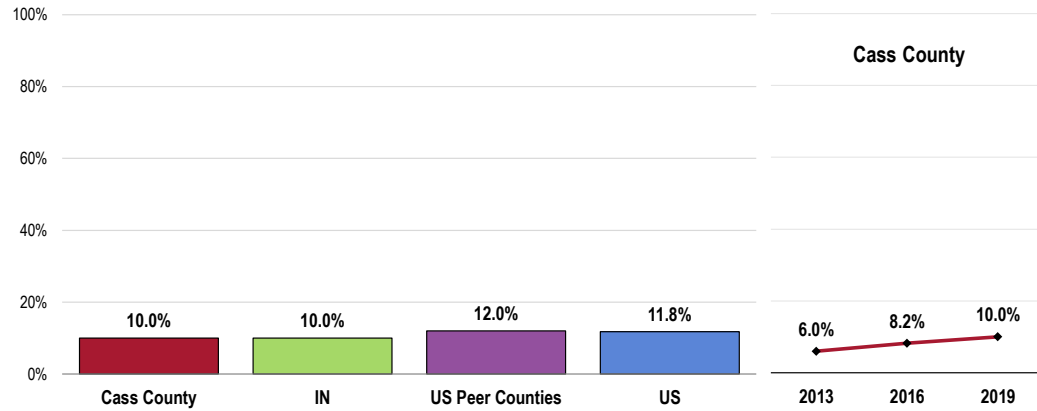
Adults

A total of 10.0% of Cass County adults currently suffer from asthma.

- **TREND:** Marks a statistically significant increase since 2013.
- **DISPARITY:** Unfavorably high among women and adults age 40 to 64.

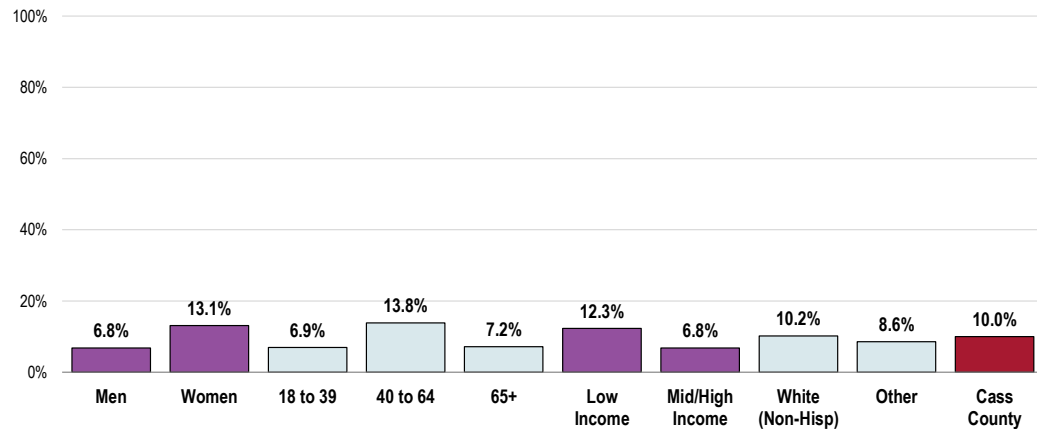
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Asthma



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Prevalence of Asthma (Cass County, 2019)

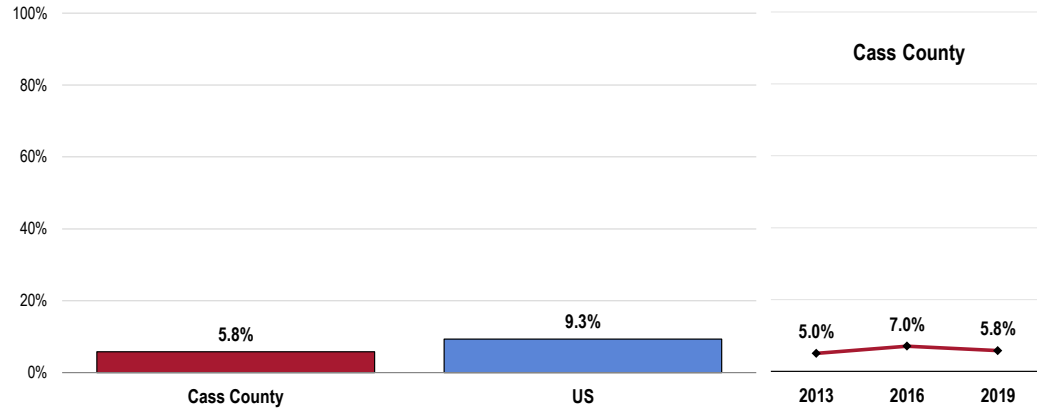


- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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, 5.8% currently have asthma.

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



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

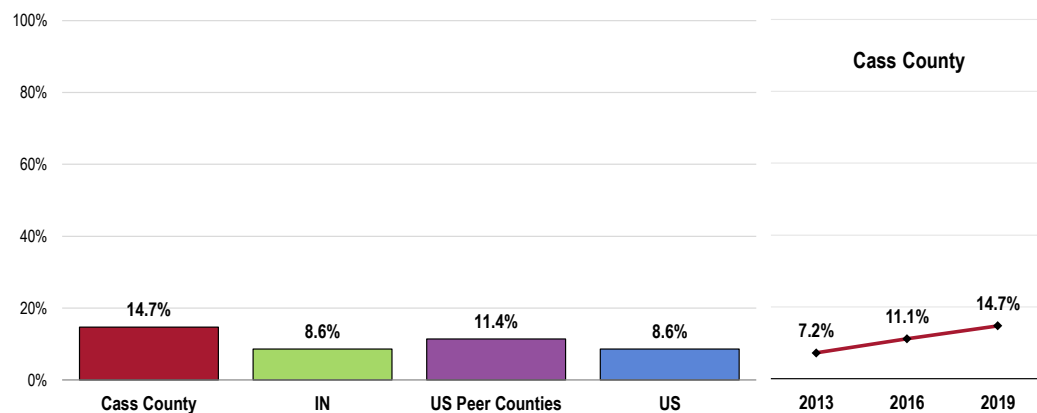
Chronic Obstructive Pulmonary Disease (COPD)

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

A total of 14.7% of Cass County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- **TREND:** The prevalence has doubled since 2013.
- **BENCHMARK:** Well above the state and US percentages.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

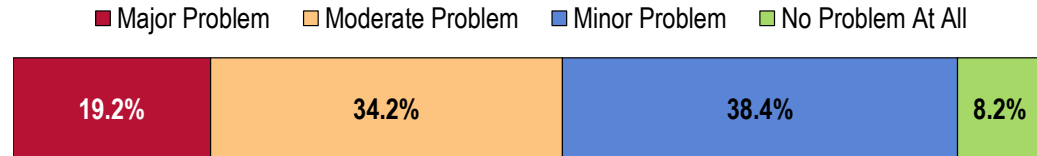


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • *US Peer Counties* represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • In 2013 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2019)



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

Top Concerns

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

Tobacco Use

- We are a community of smokers. There are people with oxygen tanks all over. – Other Health Provider*
- Long-term smoking population. – Other Health Provider*
- High level of smoking and tobacco use in the community. – Community Leader*
- Smoking remains popular in Cass County. – Community Leader*
- Smoking and air pollution. – Community Leader*
- Smoking, lack of education, pollution. – Other Health Provider*
- Smoking. – Physician*

Lack of Providers

- We no longer have a pulmonologist in town, and many people smoke or smoked in the past and now have COPD. – Other Health Provider*
- We are in the need for another physician in this area for respiratory issues. – Community Leader*

Asthma Diagnoses

- Increased children diagnosed with asthma. – Other Health Provider*

Injury & Violence

About 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)

Unintentional Injury

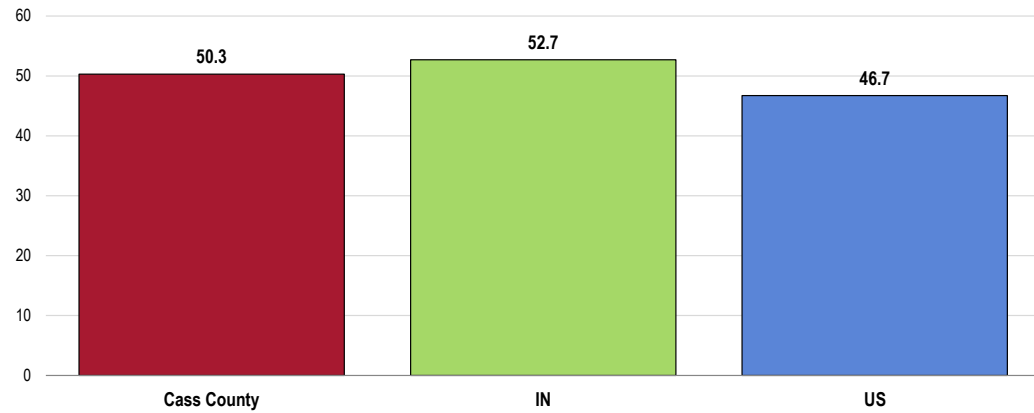
Age-Adjusted Unintentional Injury Deaths

Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 50.3 deaths per 100,000 population in Cass County.

- **BENCHMARK:** Fails to satisfy the related Healthy People 2020 objective.
- **TREND:** The rate has significantly increased since the 2008-2010 reporting period (and especially the 2011-2013 reporting period).

Unintentional Injuries: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population)

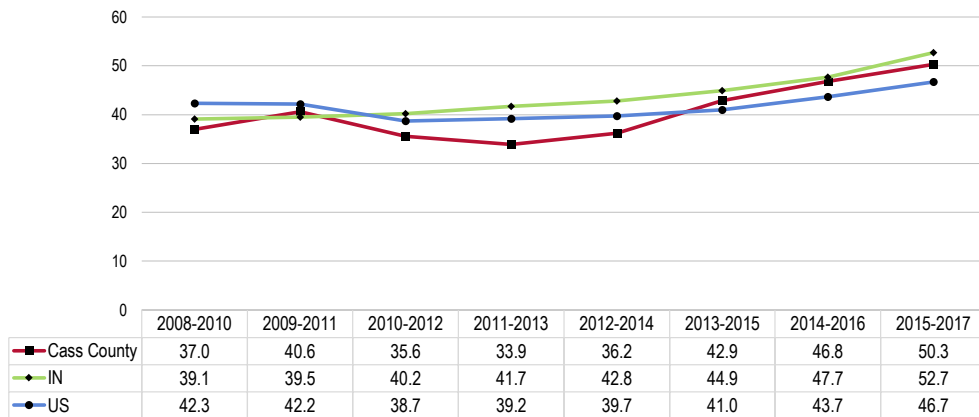
Healthy People 2020 = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - 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 US Standard Population.

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

Healthy People 2020 = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - 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 US Standard Population.

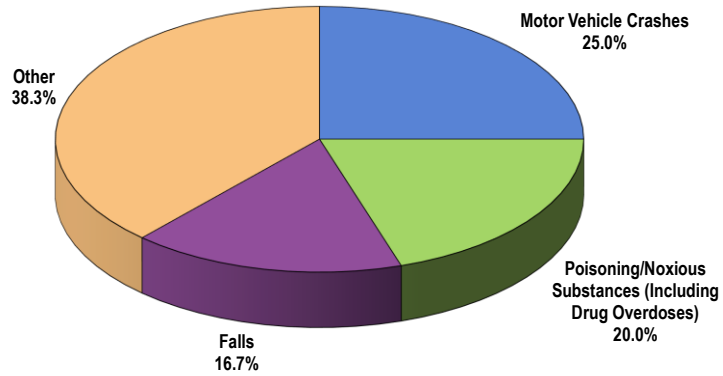
Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, poisoning (including unintentional drug overdose), and falls accounted for most unintentional injury deaths in Cass County between 2015 and 2017.

RELATED ISSUE:

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

Leading Causes of Unintentional Injury Deaths
(Cass County, 2015-2017)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

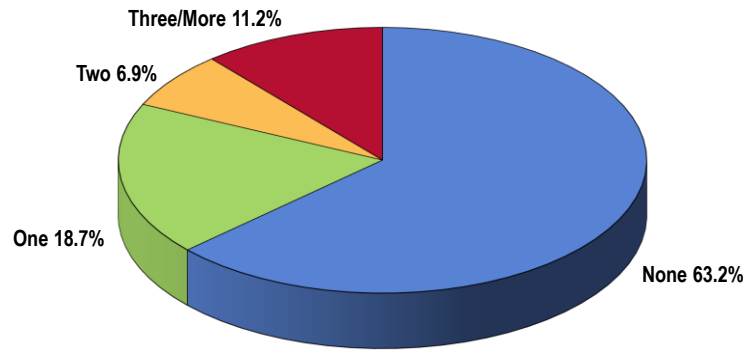
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

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

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

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

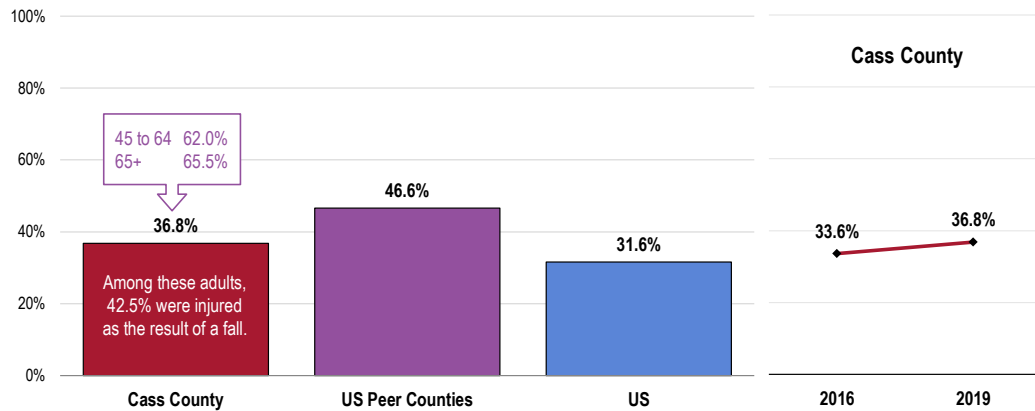
Number of Falls in Past 12 Months (Adults Age 45 and Older; Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

However, 36.8% have experienced a fall at least once in the past year.

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



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 107-108]
• 2017 PRC National Health Survey, PRC, Inc.
• "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
Notes: • Asked of those respondents age 45 and older.

Intentional Injury (Violence)

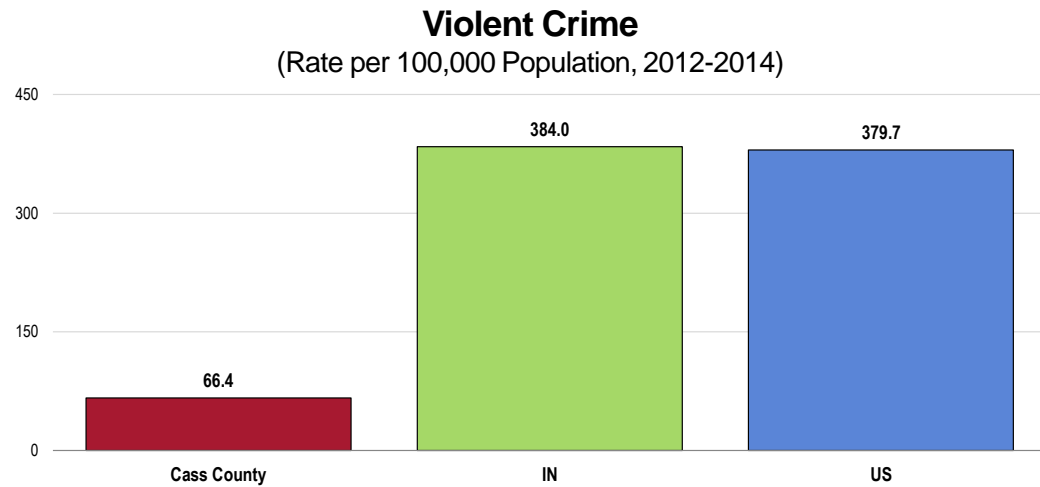
Violent Crime Rates

Between 2012 and 2014, there were a reported 66.4 violent crimes per 100,000 population in Cass County.

- **BENCHMARK:** Notably below state and national rates.

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

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



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

 Notes:

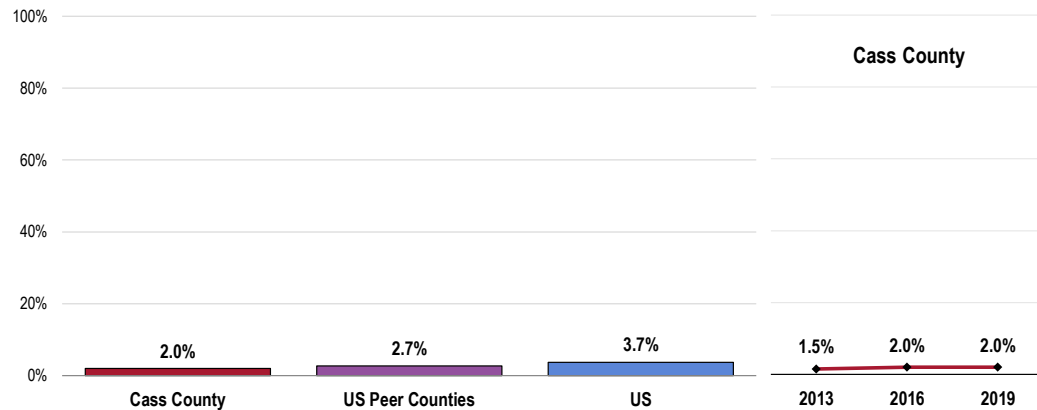
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 2.0% of surveyed Cass County adults acknowledge being the victim of a violent crime in the area in the past five years.

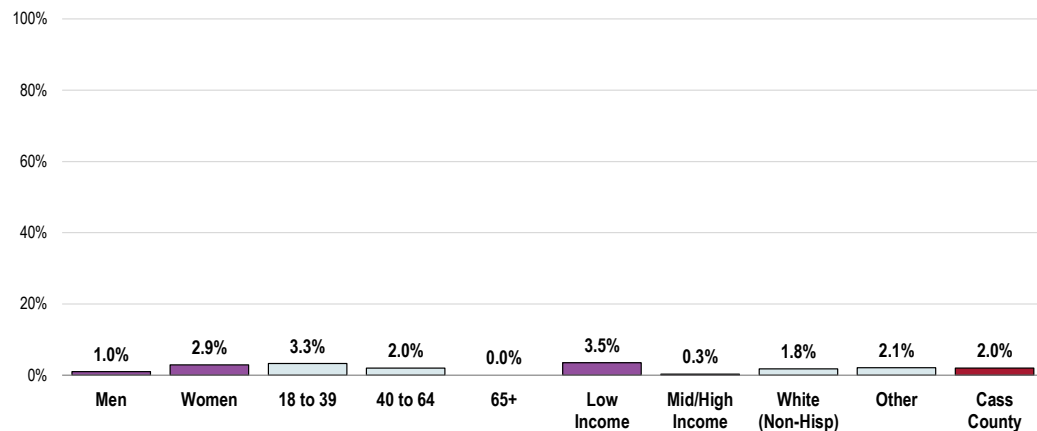
- **BENCHMARK:** Below the US prevalence.
- **DISPARITY:** Correlates with age and is higher in the low-income population.

Victim of a Violent Crime in the Past Five Years



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Family Violence

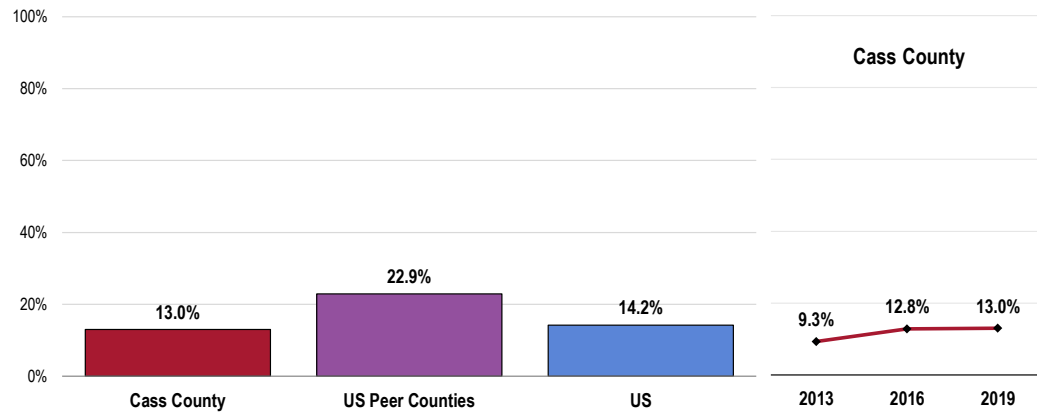
A total of 13.0% of Cass County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- **BENCHMARK:** Below what is found in similar (peer) counties throughout the US.

Respondents were read:

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

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

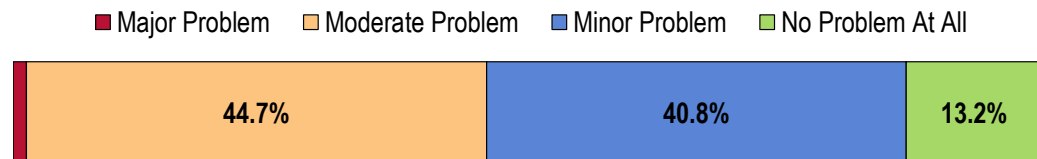


Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 47]
 ● 2017 PRC National Health Survey, PRC, Inc.
 ● "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

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

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2019)



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

Diabetes

About 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.

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.

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.

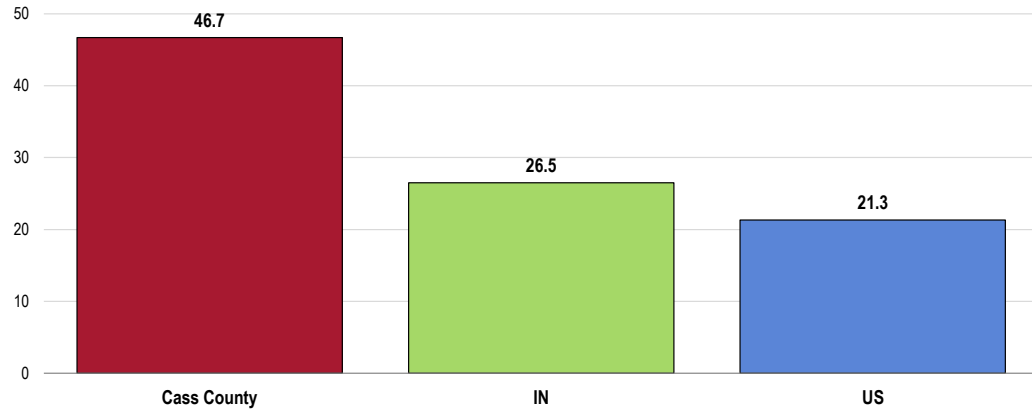
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 46.7 deaths per 100,000 population in Cass County.

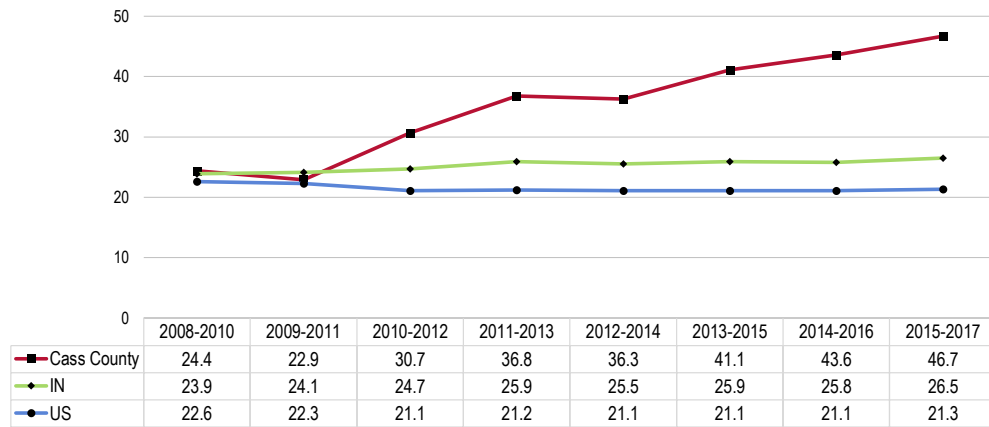
- **BENCHMARK:** Notably above state and national rates; more than double the related Healthy People 2020 objective.
- **TREND:** Marks a notable increase in mortality over the past decade.

Diabetes: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - 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 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 20.5 or Lower (Adjusted)



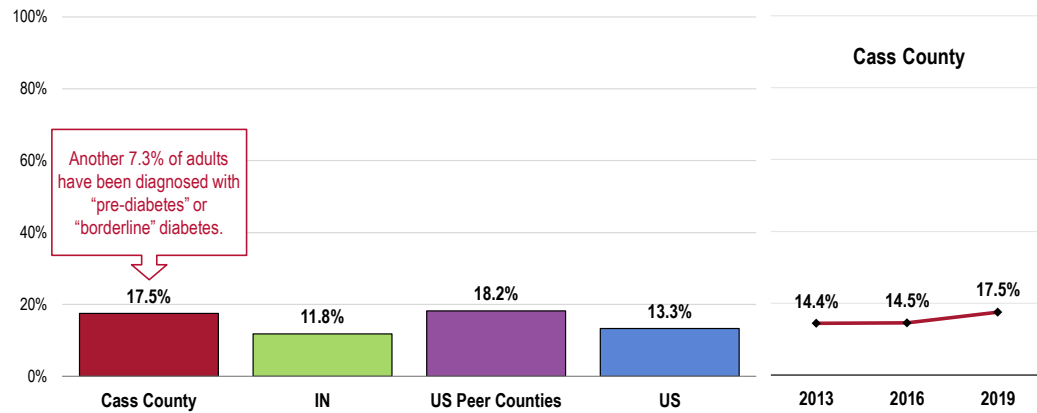
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 17.5% of Cass County adults report having been diagnosed with diabetes.

- **BENCHMARK:** Above the state and US proportions.
- **DISPARITY:** Correlates with age and is higher among low-income residents.

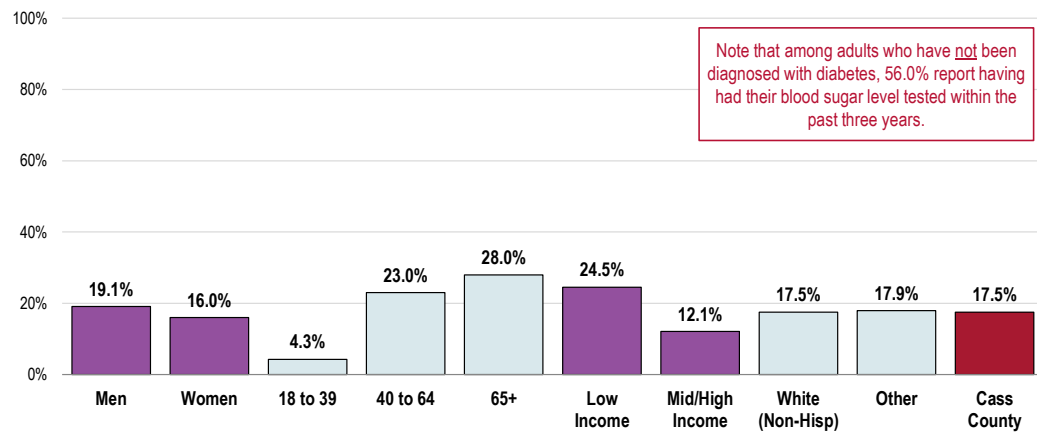
Prevalence of Diabetes



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 140]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Notes: • Asked of all respondents.

Prevalence of Diabetes (Cass County, 2019)



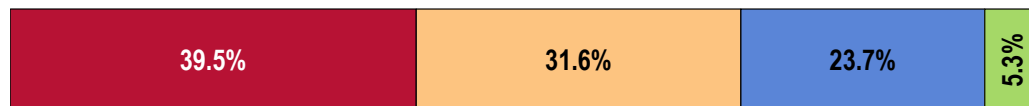
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household 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 gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

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

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Nutrition

Eating healthy is expensive. Approximately 50% of students enrolled in Logansport area schools are on Free or Reduced lunch, indicating a high level of poverty with limited resources for healthy food. Most restaurants and fast food chains contribute to the problem of diabetes and offer very few if any menu items for those who are diabetic or obese and need to lose weight. – Social Services Provider

Food insecurity; access to insulin and other medications due to high cost. Diabetes distress, mental/behavioral health, limited income to support healthy eating. Poor family support. – Other Health Provider

Cultural history of eating fatty, high caloric foods. Cost of medications, needles, testing devices. Lack of commitment of patients to change habits. – Other Health Provider

Overconsumption of sugar is a massive problem. – Community Leader

Nutrition. – Community Leader

Access to Medications/Supplies

Medication cost, access to services and resources to manage their condition. Our Care Coordination department does a great job of beginning to assist with this, but they can't reach everyone. How do we find the people who don't know about our services and who need the help, and get them connected with the right resources? – Community Leader

Access to necessary medicine and testing materials. Many are without adequate health care and insurance coverage. In addition, foods that are counterproductive to maintaining healthy/stable blood sugar levels are much more affordable than the healthy foods diabetics should be consuming. – Social Services Provider

Affordable prescriptions and little to no desire to control symptoms. – Other Health Provider

Affordability of medications. – Physician

Early Diagnosis/Prevention

There are many individuals in the community who are being untreated for diabetes; many of these individuals are immigrants. There is a need for primary, secondary and tertiary care that is culturally sensitive to help prevent and manage chronic diseases such as diabetes. – Community Leader

Preventing pre-diabetes from becoming an active case of diabetes. – Other Health Provider

Prevention. Eating healthy, exercise. – Community Leader

Lack of preventative solutions. – Community Leader

Lifestyle

Maintaining healthy lifestyle in order to address the condition. – Community Leader

The biggest challenge is learning to live a healthy lifestyle. Poor diet and not exercising. High obesity rate in our community. – Community Leader

The inability to change their lifestyle mostly due to their own decisions and effort. – Social Services Provider

Access to Care/Services

Access to endocrinology services. There are none in Logansport, and the specialist in Kokomo and Lafayette both have significant backlogs of patients. – Community Leader

Most patients choose to go out of town for care. – Other Health Provider

Awareness/Education

Prevention education, early onset diagnosis, following an early diagnosis treatment plan. – Other Health Provider

We have several students with diabetes. We find that they need more education. There are times students have difficulty getting medication due to insurance. – Other Health Provider

Obesity

Our community is extremely unhealthy, with obesity running rampant both in children as well as adults. Education and exercise are the biggest hurdles. – Other Health Provider

Obesity and the cost of diabetes medication. – Community Leader

Disease Management

Assistance for people diagnosed with diabetes to make life changes and programs or support for accomplishing improvements. – Community Leader

Vulnerable Populations

I just think we have a lot of people who are diabetic and it's growing especially among our Latino population. – Community Leader

Kidney Disease

About 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.

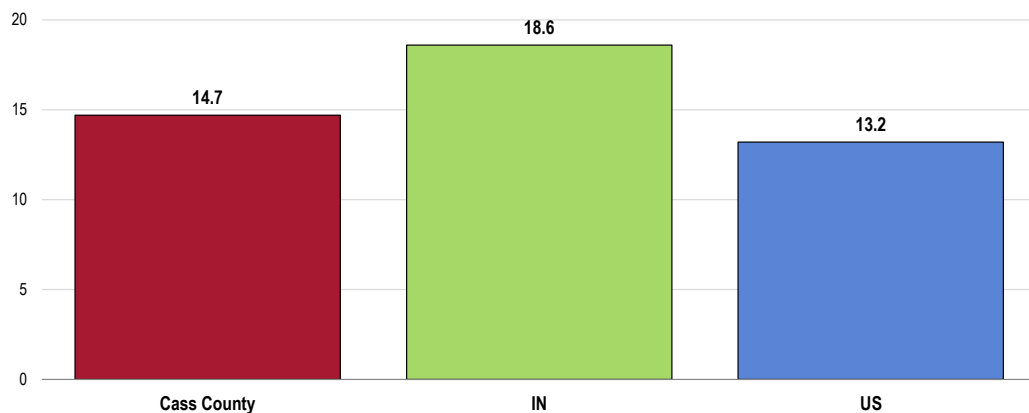
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 14.7 deaths per 100,000 population in Cass County.

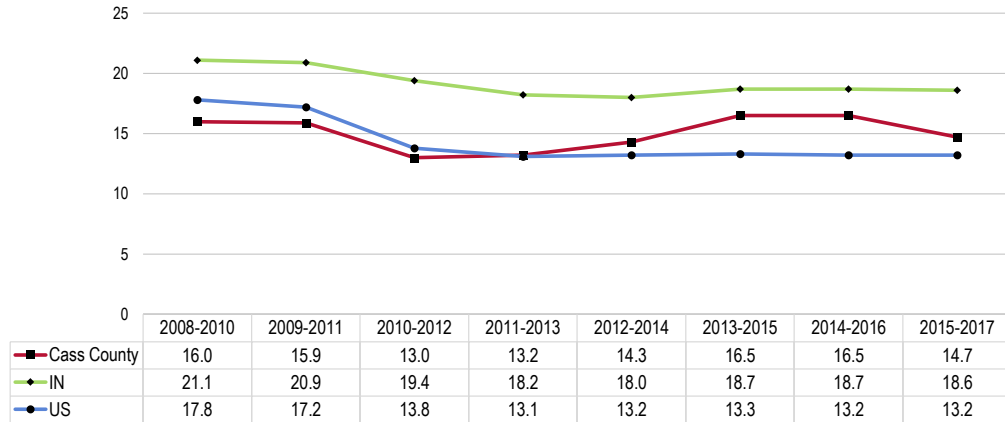
- **BENCHMARK:** Below the Indiana rate.

Kidney Disease: Age-Adjusted Mortality
(2015-2017 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 July 2019.
 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 US Standard Population.

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



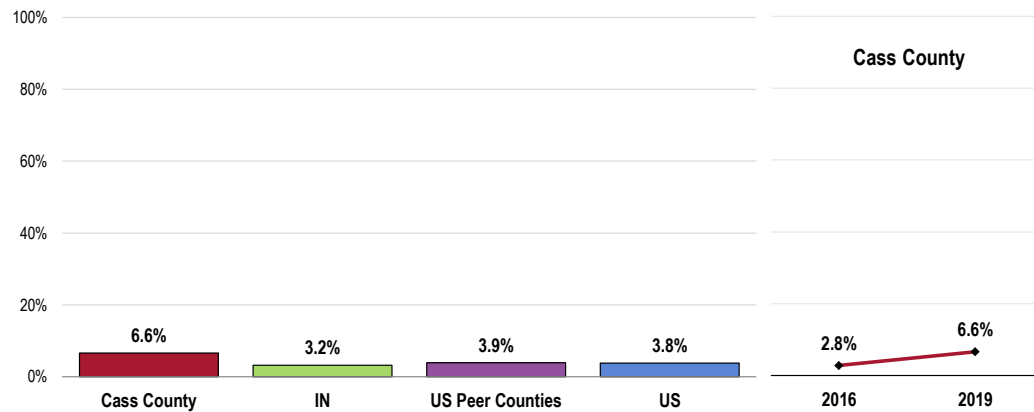
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 6.6% of Cass County adults report having been diagnosed with kidney disease.

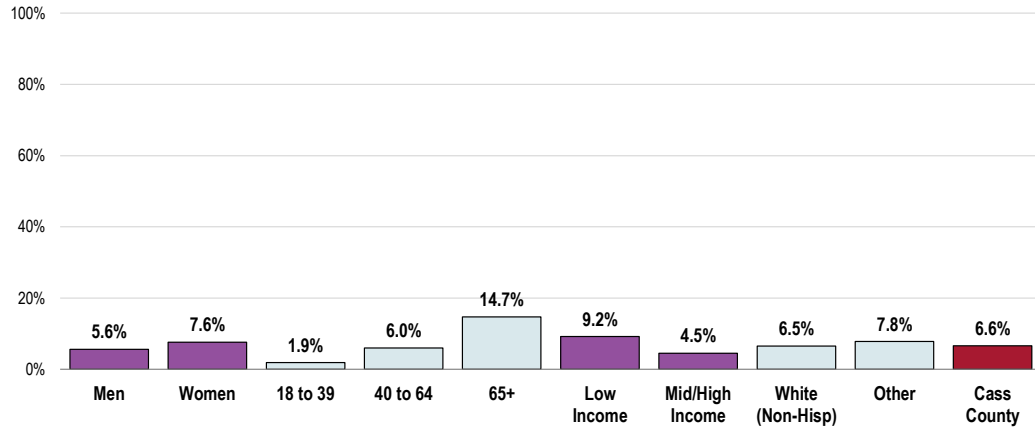
- **BENCHMARK:** Well above the state and national figures.
- **TREND:** Marks a statistically significant increase since 2016.
- **DISPARITY:** Correlates with age among survey respondents.

Prevalence of Kidney Disease



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 ● 2017 PRC National Health Survey, PRC, Inc.
 ● "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: ● Asked of all respondents.

Prevalence of Kidney Disease (Cass County, 2019)

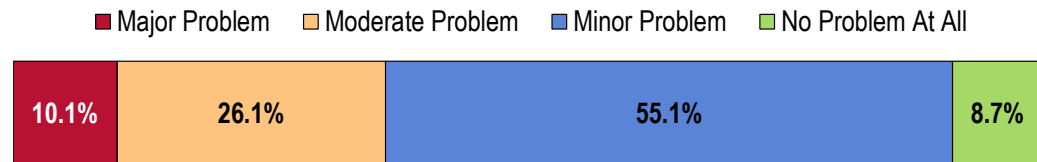


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income 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.

Key Informant Input: Kidney Disease

Over half of key informants taking part in an online survey characterized *Kidney Disease* as a "minor problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2019)



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

Top Concerns

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

Prevalence/Incidence

- Frequently see patients in Emergency Department with AKI (acute kidney injury) or chronic kidney issues, often requiring transfer for dialysis. – Other Health Provider*
- I have run across many people with kidney disease. – Other Health Provider*
- Dialysis centers are busy places. – Other Health Provider*

Access to Care/Services

- Lack of kidney donors leads to many people waiting on transplants. – Social Services Provider*

Obesity

- It is the long-term effects of obesity on the body. I believe our population has a disproportionate percentage of obese residents. – Other Health Provider*

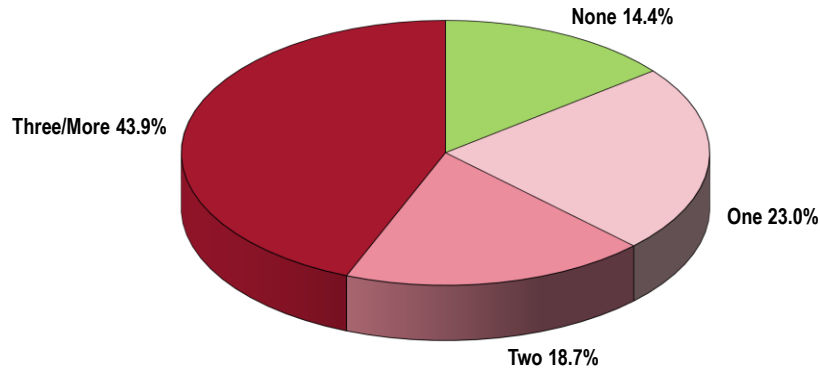
Potentially Disabling Conditions

Multiple Chronic Conditions

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

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(Cass County, 2019)

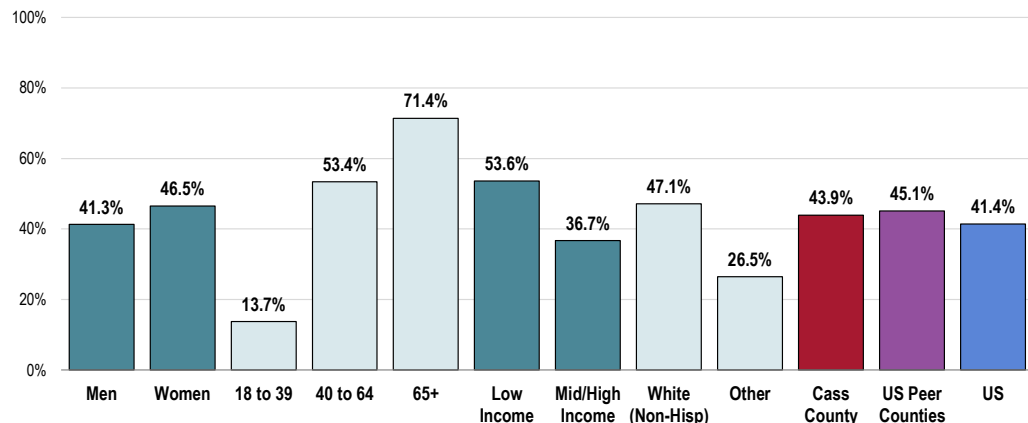


- Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 43.9% of Cass County adults report having three or more chronic conditions.

- **DISPARITY:** Correlates with age; higher among low-income residents and Whites.

Currently Have Three or More Chronic Conditions
(Cass County, 2019)



- Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

About Disability & Health

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.

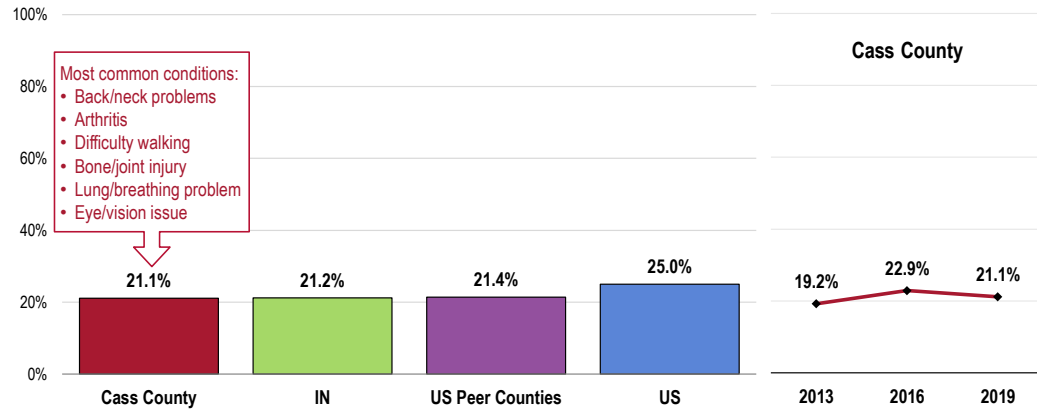
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **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 21.1% of Cass County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- **DISPARITY:** Higher among adults age 40+ and those in low-income households.

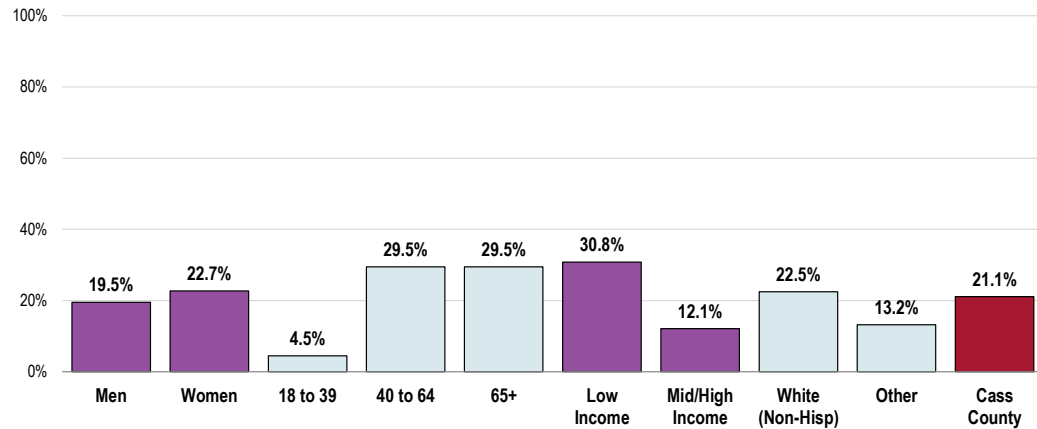
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 109]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back 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)

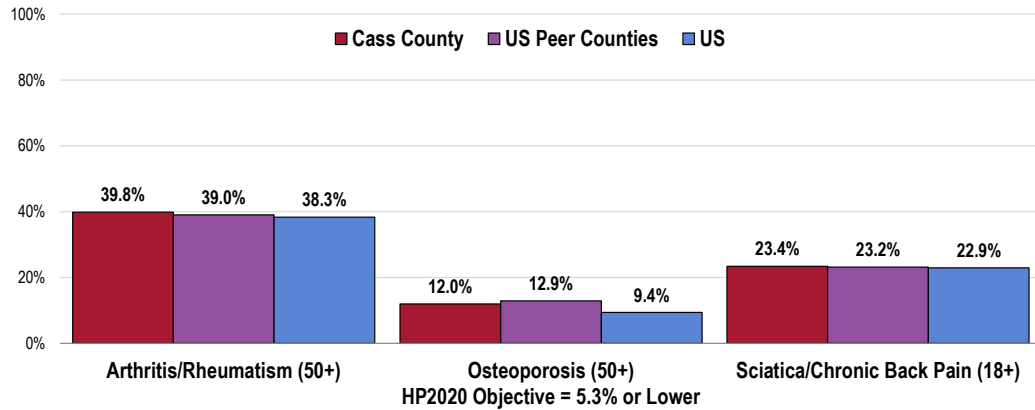
A total of 39.8% of Cass County adults age 50 and older report suffering from arthritis or rheumatism.

A total of 12.0% of Cass County adults age 50 and older have osteoporosis.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 objective.

A total of 23.4% of Cass County adults (18 and older) suffer from chronic back pain or sciatica.

Prevalence of Potentially Disabling Conditions



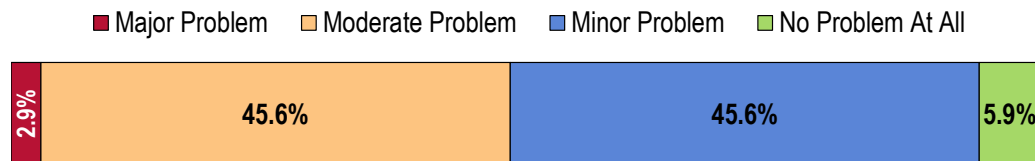
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey were equally likely to characterize *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” and a “minor problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2019)



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

Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

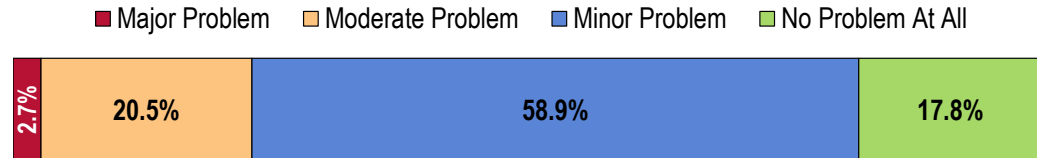
Awareness/Education

Little preventive education exists. With the current emphasis on competitive sports, concussion management or any back injuries are ignored or overlooked in our younger population. – Other Health Provider

Key Informant Input: Vision & Hearing

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

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2019)



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

Top Concerns

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

Insurance Issues

Vision insurance is a luxury many cannot afford or don't have access to. Hearing aids and batteries are incredibly expensive. – Social Services Provider

Lack of Providers

There is only one ear, nose, and throat specialist in our community, so when families need help in this area, they have to leave our community and go elsewhere. – Community Leader

Alzheimer’s Disease

About Dementia

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.

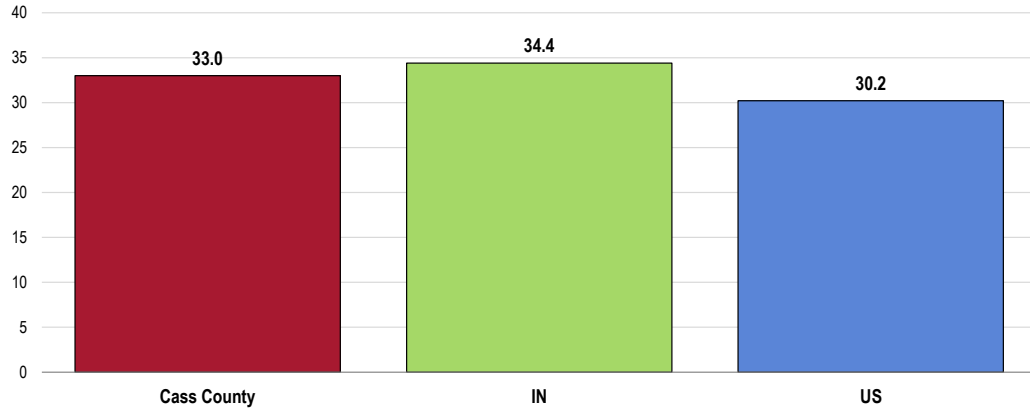
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 33.0 deaths per 100,000 population in Cass County.

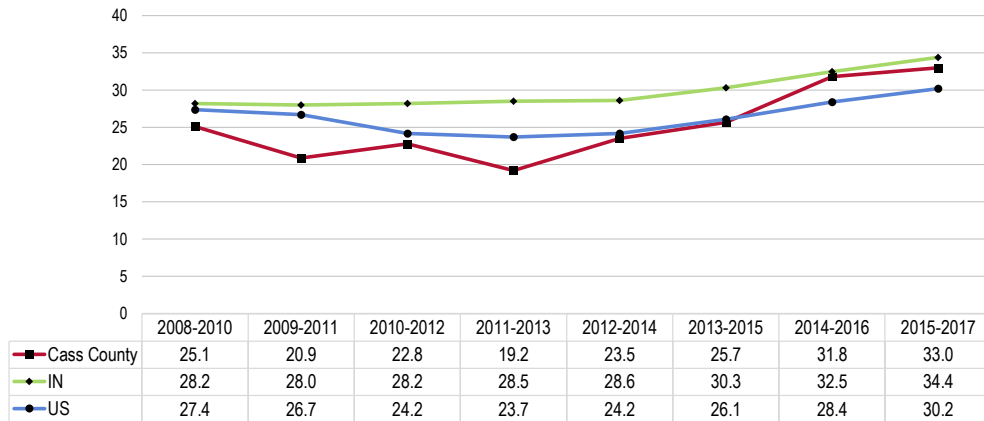
- **TREND:** An unfavorable increase over the past decade.

Alzheimer’s Disease: Age-Adjusted Mortality (2015-2017 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 July 2019.
- 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 US Standard Population.

Alzheimer’s Disease: Age-Adjusted Mortality Trends (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 July 2019.
- 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 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer’s Disease

The largest share of key informants taking part in an online survey consider *Dementias, Including Alzheimer’s Disease* to be a “moderate problem” in the community.

**Perceptions of Dementia/Alzheimer's Disease
as a Problem in the Community**
(Key Informants, 2019)

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



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

Top Concerns

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

Aging Population

Geriatric issues. Like most of the country, we’re dealing with longer lifespans, and the number of cases of dementia and Alzheimer’s is a growing concern. – Community Leader

We have an aging population, and it is a disease associated with older individuals. – Social Services Provider

We have an aging population with many assisted/long-term care facilities. I believe many have this disease within. – Community Leader

Awareness/Education

Sugar is a contributing factor to Alzheimer’s and dementia. There aren’t educational resources regarding prevention, and meals for the aging are lacking in nutrient density. – Community Leader

I don’t think there is enough education or support for this disease. – Other Health Provider

Prevalence/Incidence

Seems like a lot of people have dementia and Alzheimer’s. Although I realize that isn’t just a local problem, are we addressing prevention? Treatment? And especially watching for prescription drug interactions that may affect these patients more than others? – Community Leader

Know many who are affected. – Social Services Provider

Affordable Care

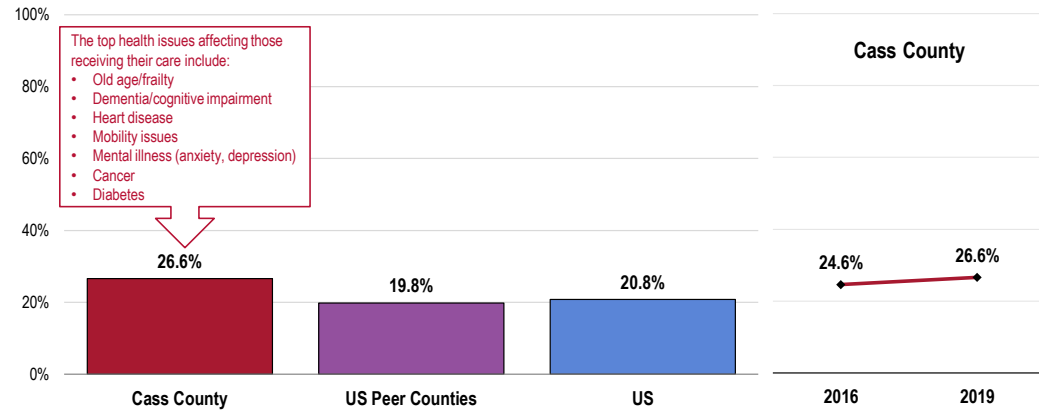
Many elderly people are afflicted, but many cannot afford the cost of facilities that provide Alzheimer Units or assisted living facilities that can provide assistance for those suffering from dementia. Nursing homes and assisted living facilities are extremely overpriced and often take everything valuable from those admitted into their facilities who are on Medicaid or Medicare. – Social Services Provider

Caregiving

A total of 26.6% of Cass County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- **BENCHMARK:** Well above the US prevalence.

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



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 111-112]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Over half of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Cultural/Personal Beliefs

There has been a large influx of immigrants, both legal and illegal. Often, these people are not properly immunized. This creates problems in public places such as schools. Also, the health department is sometimes months out with appointments. – Other Health Provider

We are a landing zone for people coming from many different countries and some children are arriving here without having been properly immunized. I am certain there are adults in our community, as well, that are not properly immunized. We have already had an outbreak of whooping cough in our community. Different countries, different requirements and, for whatever reason, many children arrive to us way behind on their immunization schedules. – Other Health Provider

Because anti-vaxxers exist at all. – Community Leader

Awareness/Education

Not only in our community, but throughout the country, disinformation is leading to a decline in immunizations and the resurgence of diseases like measles. – Social Services Provider

The flow of students into the schools is constant. There is little community monitoring or promotion of opportunities for families to get immunization from facilities such as the health clinic on Smith Street. – Community Leader

Access for Uninsured/Underinsured

We need more ways for uninsured to get vaccines. Our Health Department does a great job, they also do clinics at the schools. However, they do not have many walk-in dates. They also schedule so far out, that new students can't get in for immunizations in a timely manner. Many times, we have to send students to surrounding health departments for immunizations, because they can get them in within the week. Or they have to go to the pharmacy and pay out of pocket and a lot of times, they can't afford that. Several times we have told a student that they need immunizations, they go to the doctor's office, and they received the wrong vaccine, they don't get all the vaccines, or the doctor's office will disagree that they need them. I think the doctor's offices aren't all aware when there are changes in required immunizations at school. Or they aren't educated as to when a student is due for certain immunizations. More communication with school nurses would be beneficial. – Other Health Provider

Access to Medications/Supplies

In order to adjust status, all of my clients need to get immunizations, and it's quite costly to get needed immunizations through private practices. – Community Leader



Births



Prenatal Care

About Infant & Child Health

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)

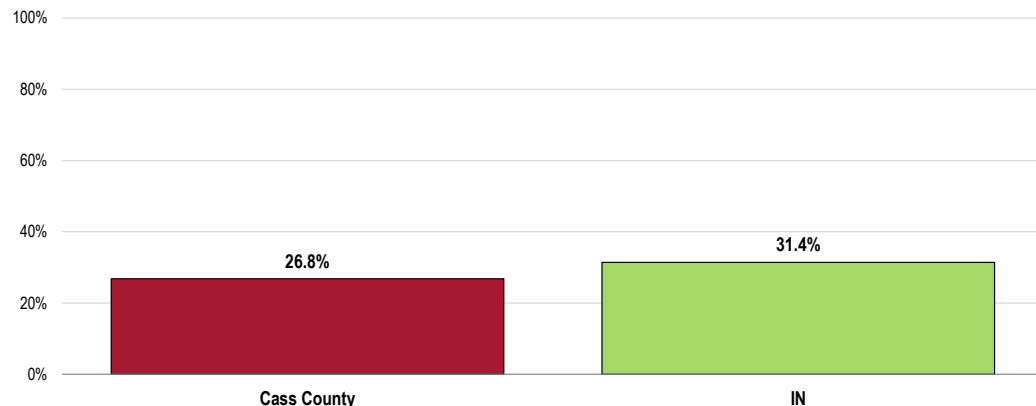
Early and continuous prenatal care is the best assurance of infant health.

A total of 26.8% of all 2017 Cass County births did not receive prenatal care in the first trimester of pregnancy.

- **BENCHMARK:** Lower than the state. Fails to satisfy the Healthy People 2020 goal.
- **TREND:** Marks a significant decrease since 2011, though especially from 2015.

Lack of Prenatal Care in the First Trimester (Percent of Live Births, 2017)

Healthy People 2020 = 22.1% or Lower



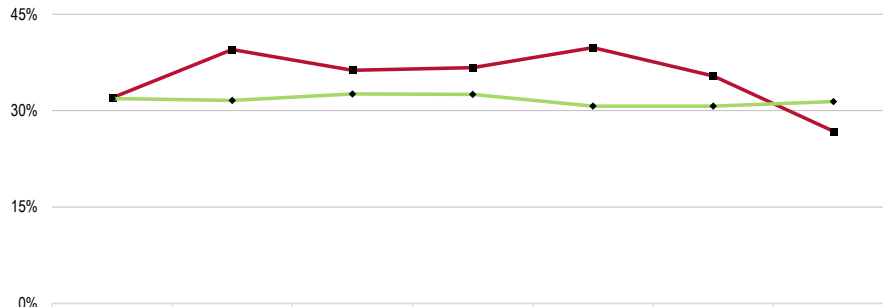
Sources: • Indiana Indicators. Indiana Department of Health, Indiana Hospital Association, and Indiana Business Research Center. Data retrieved July 2019 from <http://indianaicators.org/dash/comparison.aspx>.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Lack of Prenatal Care in the First Trimester (Percent of Live Births)

Healthy People 2020 = 22.1% or Lower



	2011	2012	2013	2014	2015	2016	2017
■ Cass County	32.0%	39.5%	36.3%	36.7%	39.8%	35.4%	26.8%
◆ IN	31.9%	31.6%	32.6%	32.5%	30.7%	30.7%	31.4%

- Sources:
- Indiana Indicators. Indiana Department of Health, Indiana Hospital Association, and Indiana Business Research Center. Data retrieved July 2019 from <http://indianaindicators.org/dash/comparison.aspx>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

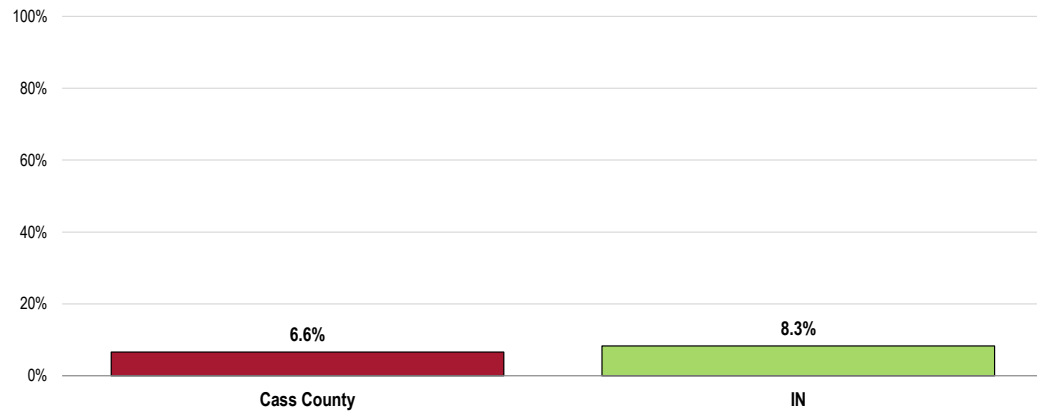
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 6.6% of 2017 Cass County births were low-weight.

- **BENCHMARK:** Significantly more favorable than Indiana. Satisfies the Healthy People 2020 objective (7.8% or lower).

Low-Weight Births
(Percent of Live Births, 2017)
Healthy People 2020 = 7.8% or Lower

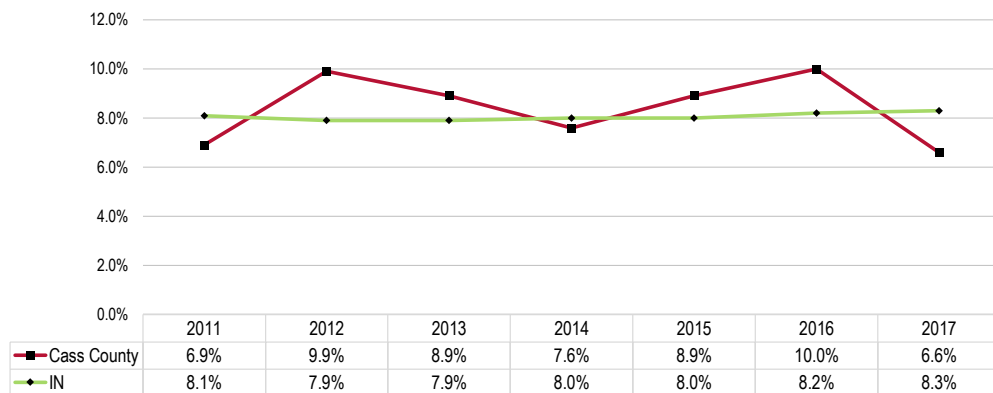


Sources: ● Indiana INdicators. Indiana Department of Health, Indiana Hospital Association, and Indiana Business Research Center. Data retrieved July 2019 from <http://indianaindicators.org/dash/comparison.aspx>.

● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Low-Weight Births
(Percent of Live Births)
Healthy People 2020 = 7.8% or Lower



Sources: ● Indiana INdicators. Indiana Department of Health, Indiana Hospital Association, and Indiana Business Research Center. Data retrieved July 2019 from <http://indianaindicators.org/dash/comparison.aspx>.

● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

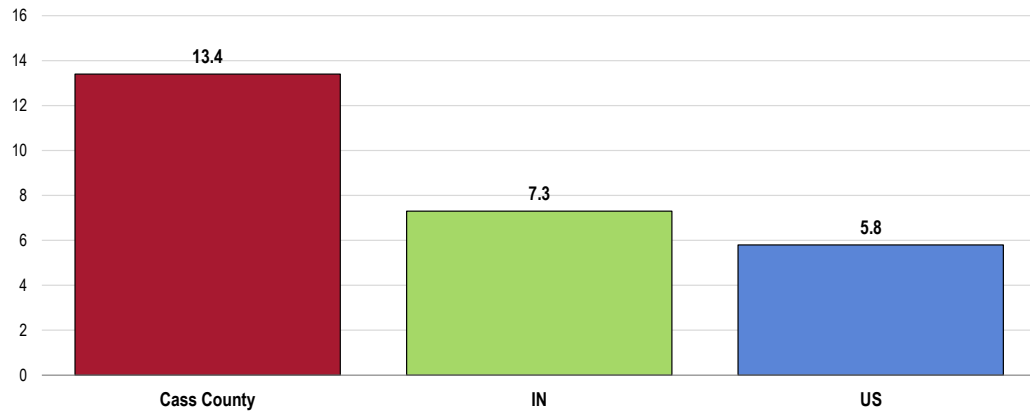
Infant Mortality

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

The county reported an annual average of 13.4 infant deaths per 1,000 live births.

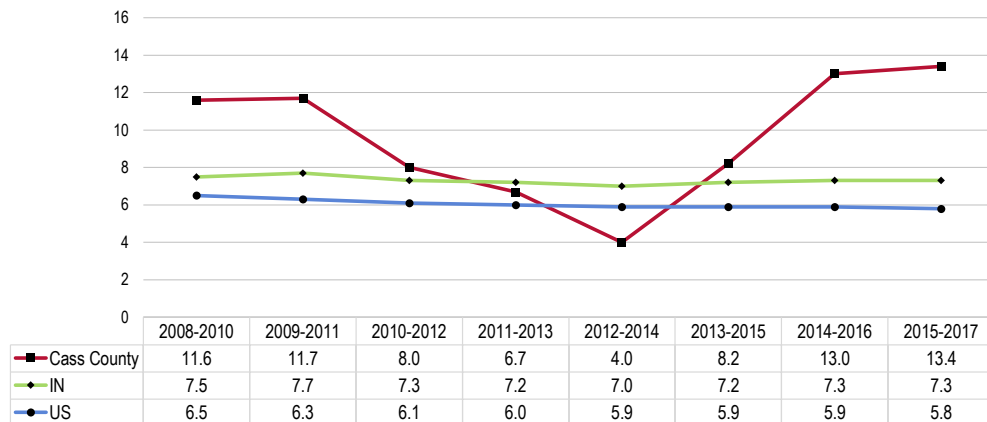
- **BENCHMARK:** Notably above state and national rates; more than double the related Healthy People 2020 objective.
- **TREND:** The county rate has increased substantially since the 2012-2014 reporting period, following a period of sharp decline.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)
Healthy People 2020 = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2019.
 - Centers for Disease Control and Prevention, National Center for Health Statistics.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey were almost equally likely to characterize *Infant & Child Health* as a “moderate problem” and a “minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2019)

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



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

Top Concerns

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

Infant Mortality

High rate of infant mortality, possibly due to lack of education and lack of financial resources. Let me be clear—the lack of education is not for lack of classes and educational opportunities available, but rather that the population of women having babies may not and often does not take advantage of the available offerings. Additionally, a Medicaid population illustrates that the financial resources are not always available to provide for infant necessities, like a crib for safe sleep practices if the mother has multiple children already. – Community Leader

We have a high infant mortality rate also. one of the highest in the state. – Social Services Provider
Indiana continues to struggle with infant mortality rates in comparison to other states. – Other Health Provider

Cass County is ranked first in the state for infant mortality. – Community Leader

Awareness/Education

Apathy on the part of the parents appears to play an enormous role; once again lack of education, lack of what was once common knowledge (ie you don't give ASA to a child with a fever; understanding & assessing a fever in your child); lack of education is also hitting our immunization rates. We need to educate non-judgmentally in concise, simple (3rd-4th grade level) terms. – Other Health Provider

Lack of parental education, understanding-mental and ability, economically or emotionally, to care for their babies and children. – Community Leader

Low education level of community, lack of adequate health care insurance and access to doctor's office. – Social Services Provider

Affordable Care/Services

I work in a school and feel like many families don't have affordable access or don't seek out a pediatrician. – Community Leader

Due to the lower-income level of the overall community, it is difficult for proper child health to be administered and afforded. – Community Leader

Access to affordable healthcare most deeply impacts children. – Community Leader

Early Diagnosis/Prevention

Lack of prenatal care. Lack of parenting skills concerning nutrition and early childhood development/brain growth. – Other Health Provider

Many children do not receive the proper care prior to birth and after. – Community Leader

Access to Care/Services

It was extremely difficult for our family to find a pediatrician that was accepting patients when we moved to Logansport. Most families I know don't have a pediatrician for their children that is local; many drive to Indy or Lafayette for infant and child health. – Community Leader

Lifestyle

Our community has very poor health habits, so if the mom and dad do not value their own health and limit their risk factors, then it passes down the child and infants. – Social Services Provider

Low Birth Weight

The number of Head Start children here typically has a waiting list to get into the program, single-parent homes, churn in the number of families who live here for a short period of time. – Community Leader

Contributing Factors

High tobacco use in pregnancy, child obesity. – Community Leader

Family Planning

Births to Adolescent Mothers

About Adolescent Births

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.

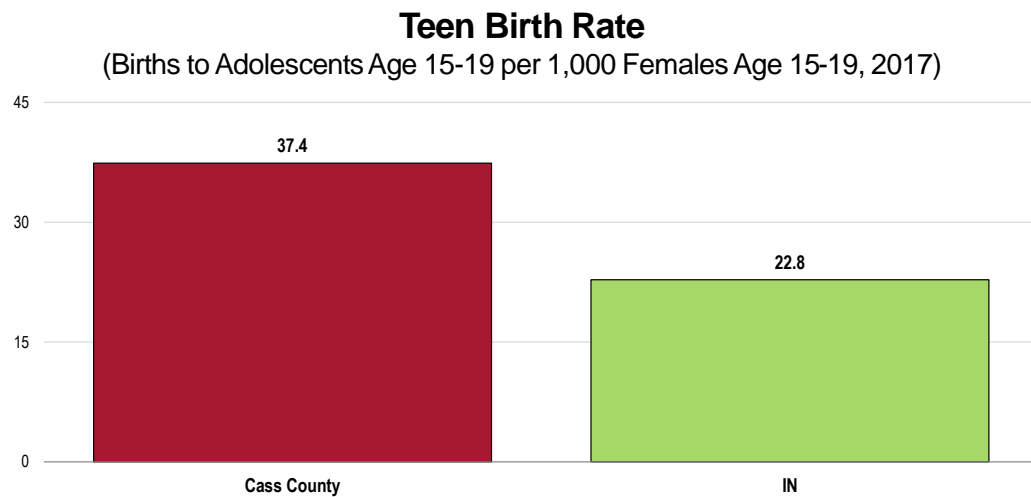
Similarly, early fatherhood is associated with lower educational attainment and lower income.

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)

In 2017, there were 37.4 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Cass County.

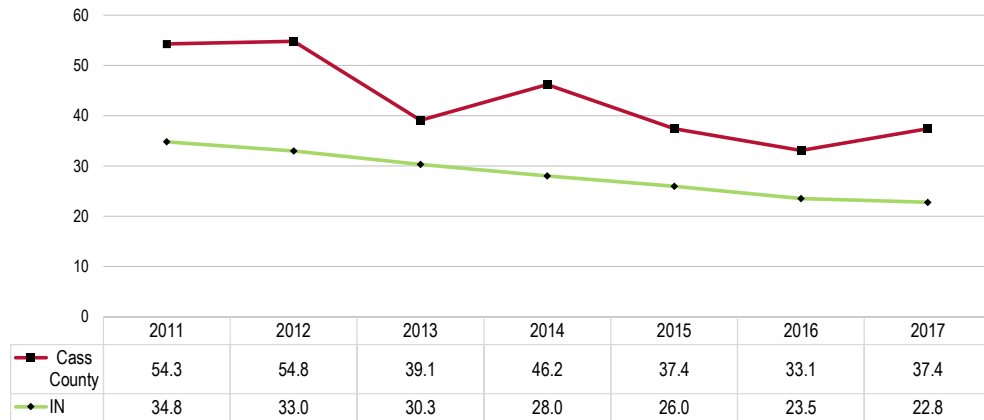
- **BENCHMARK:** Notably higher than the state.
- **TREND:** Despite some fluctuations, the local teen birth rate has decreased since 2011.



Sources: • Indiana Indicators. Indiana Department of Health, Indiana Hospital Association, and Indiana Business Research Center. Data retrieved July 2019 from <http://indianaindicators.org/dash/comparison.aspx>.

Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

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

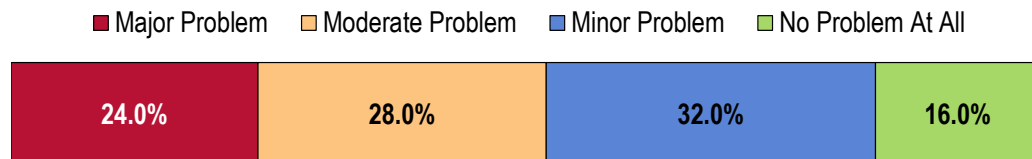


Sources: • Indiana Indicators. Indiana Department of Health, Indiana Hospital Association, and Indiana Business Research Center. Data retrieved July 2019 from <http://indianaindicators.org/dash/comparison.aspx>.
 Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

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

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2019)



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

Top Concerns

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

Access to Care/Services

- I personally can't think of what organization runs point when it comes to family planning education and outreach in our community. – Community Leader*
- I don't know if there is a facility in Cass County that helps with reproductive services. – Community Leader*
- There are no science-based family planning facilities in the area. – Community Leader*
- Lack of providers. – Community Leader*

Awareness/Education

Women lack knowledge related to birth control options, do not seek counsel or care. – Other Health Provider

When there are pregnant students, there needs to be more education with them. Sometimes there is a language barrier. – Other Health Provider

I have had staff not educated on why tests were being done and standard ACCOG tests not being ran. This has them seeking other providers out of town to meet their needs. They have complained that phones calls are not returned in a timely matter and again education not provided on why they are changing a medication or ordering a test. – Other Health Provider

Access to information and professional opinions. Pro-active approaches to family planning to start at a younger age. Also expand services for the ESL population prevalent in the county. – Other Health Provider

Socioeconomic Status

Lower-income individuals are not using family planning and are becoming pregnant without plans to become parents. Many unwed seniors/newly graduated individuals are having children without adequate means to support these children. – Social Services Provider

We lack high-paying jobs, so families are forced to live paycheck-to-paycheck and oftentimes do not have the ability to plan. However, we also have individuals that do not value the importance of planning, so they choose not to plan. – Social Services Provider

Socioeconomic status, repetitive behaviors for generations exhibit little desire to prevent pregnancy at early ages, single mothers, unknown or unwilling fathers, etc. – Other Health Provider

There are very large families that cannot afford multiple children. – Other Health Provider

Teenage Pregnancy

High rate of teen pregnancies, and high Medicaid population having multiple babies, unable to financially provide for or support them fully. – Community Leader

Young patients presenting pregnant at 14 years. Multiple children in low-income/transient families. – Other Health Provider

Teenage pregnancies, no father figure present, high tobacco use in mothers. – Community Leader

Access to Medications/Supplies

Not all families have access to effective birth control methods, adequate women's health care, etc. – Social Services Provider

Insurance Issues

Under/uninsured, cost, lack of education, age, lack of convenience and in some instances, confidentiality concerns. – Other Health Provider

Modifiable Health Risks



Nutrition

About Healthful Diet & Healthy Weight

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

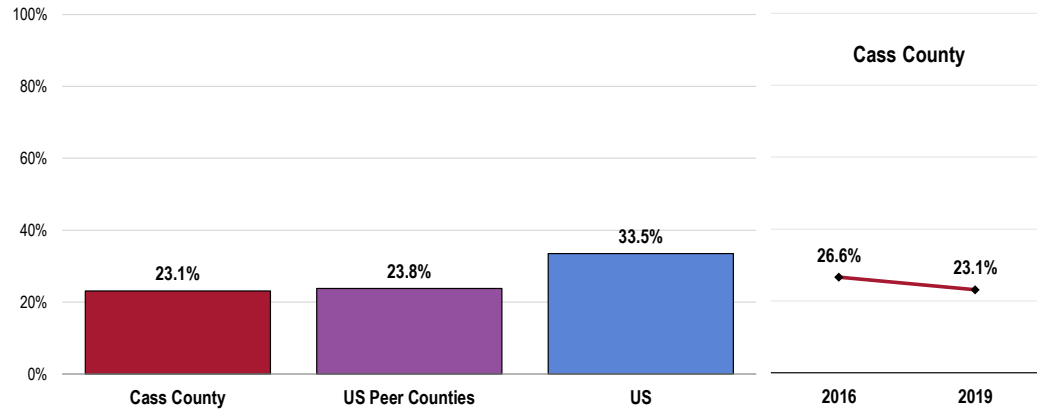
A total of 23.1% of Cass County adults report eating five or more servings of fruits and/or vegetables per day.

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.

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

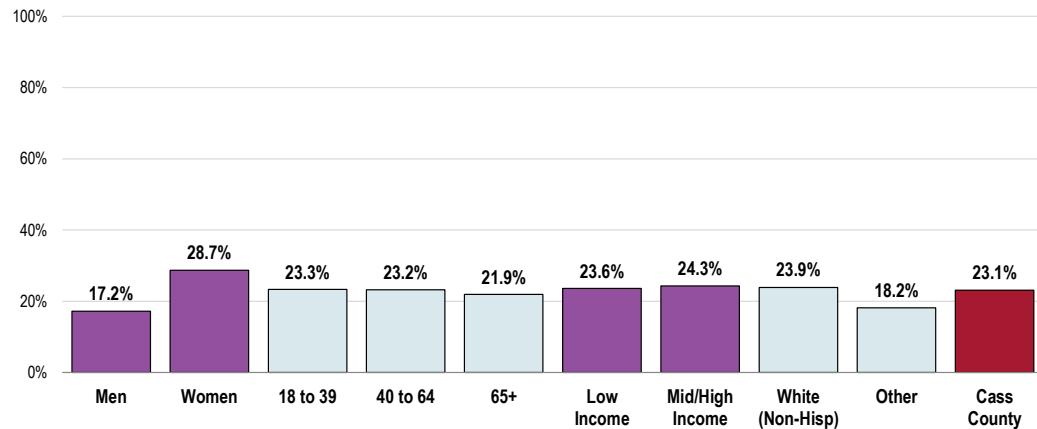
- **BENCHMARK:** Well below the US prevalence.
- **DISPARITY:** Significantly lower among male survey respondents.

Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day (Cass County, 2019)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 - For this issue, respondents were asked to recall their food intake on the previous day.

Physical Activity

About 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, 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); and 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); and 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)

Leisure-Time Physical Activity

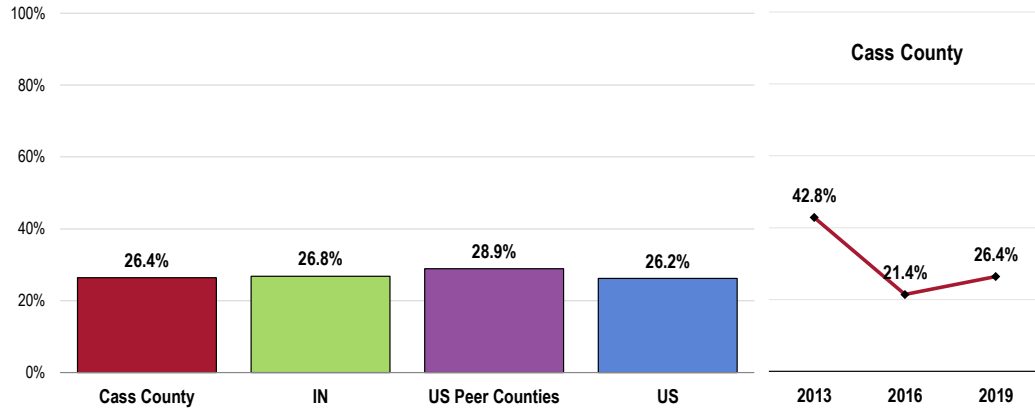
A total of 26.4% of Cass County adults report no leisure-time physical activity in the past month.

- **BENCHMARK:** Satisfies the Healthy People 2020 objective.
- **TREND:** Marks a statistically significant decrease (improvement) since 2013.

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

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower



Sources:

- 2019 PRC Community Health Survey, PRC, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Indiana data.
- 2017 PRC National Health Survey, PRC, Inc.
- "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

- Asked of all respondents.

Activity Levels

Adults

Recommended Levels of Physical Activity

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

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

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
 — Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

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

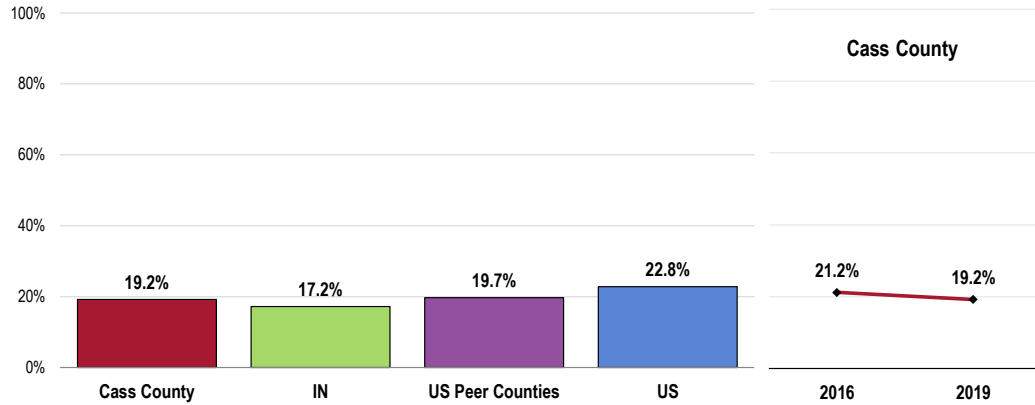
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

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

A total of 19.2% of Cass County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

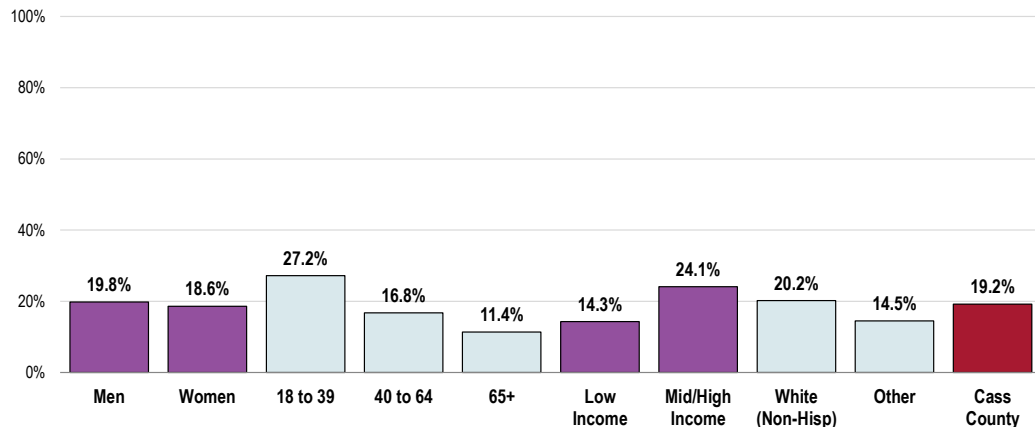
- **DISPARITY:** Correlates with age and is especially low in respondents with lower incomes.

Meets Physical Activity Recommendations Healthy People 2020 = 20.1% or Higher



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Indiana data.
 ● 2017 PRC National Health Survey, PRC, Inc.
 ● "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
 Notes: ● Asked of all respondents.
 ● Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations (Cass County, 2019) Healthy People 2020 = 20.1% or Higher



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 ● Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

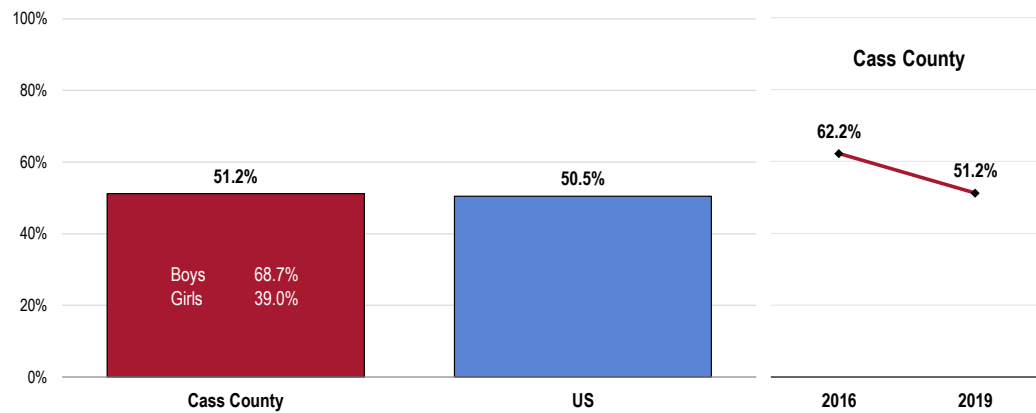
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Cass County children age 2 to 17, 51.2% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- **DISPARITY:** Much higher among county boys than girls.

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



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 124]

• 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.

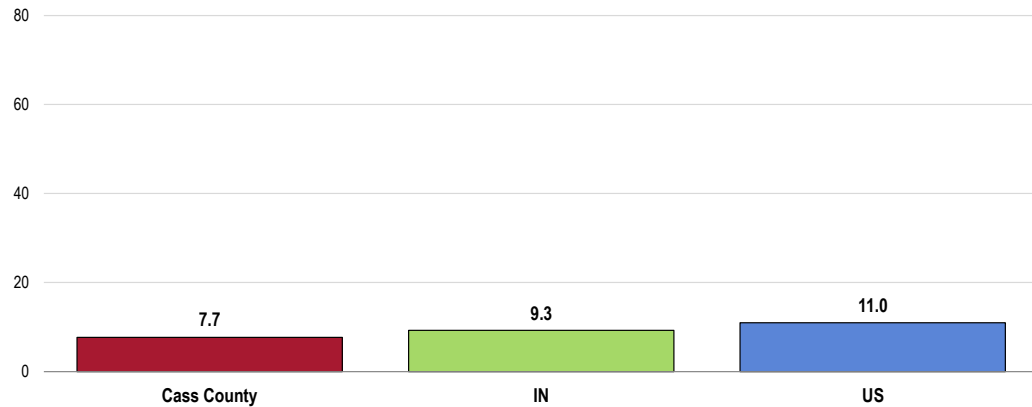
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2016, there were 7.7 recreation/fitness facilities for every 100,000 population in Cass County.

- **BENCHMARK:** Below state and national rates.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

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

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

Weight Status

About Overweight & Obesity

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: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥ 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 ≥ 30 kg/m^2 , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

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

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

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

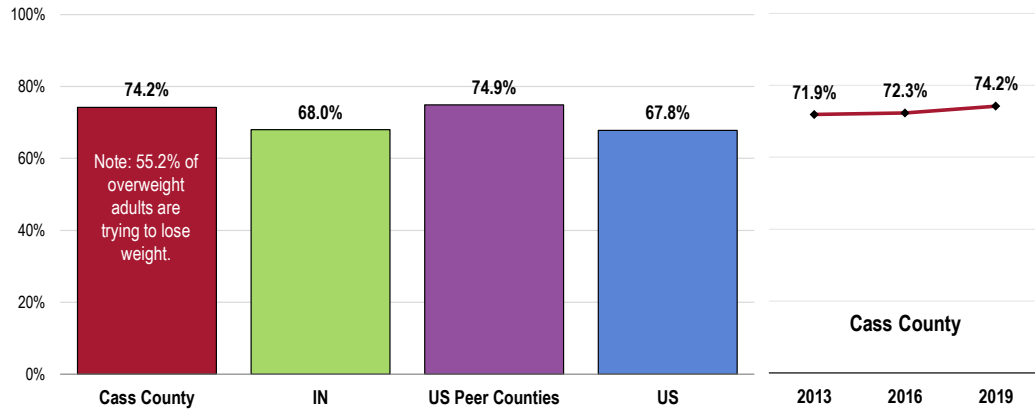
Overweight Status

Nearly three in four Cass County adults (74.2%) are overweight.

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

- **BENCHMARK:** Worse than state and US figures.

Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 155, 191]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Note that 34.1% of overweight adults have been given advice about their weight by a health professional in the past year (while two in three have not).

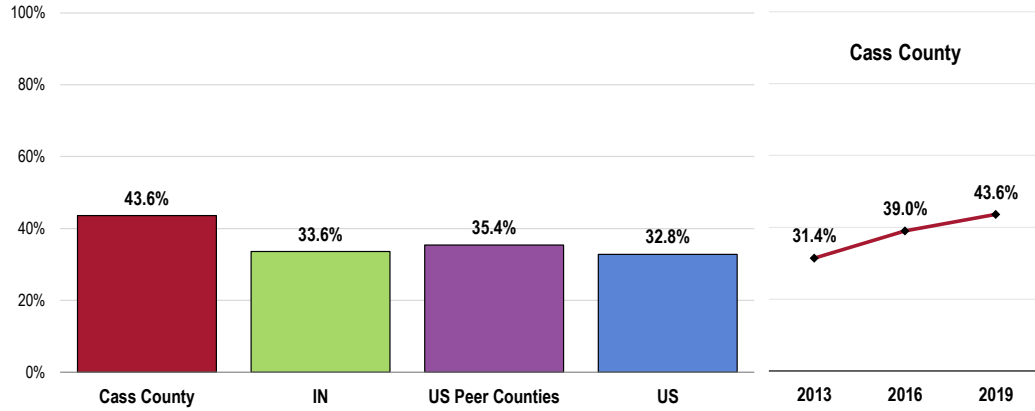
The overweight prevalence above includes 43.6% of Cass County adults who are **obese**.

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

- **BENCHMARK:** Well above the state and US figures. Fails to satisfy the Healthy People 2020 objective.
- **TREND:** Marks a statistically significant increase since 2013.
- **DISPARITY:** Especially high among adults age 40 to 64.

Prevalence of Obesity

Healthy People 2020 = 30.5% or Lower



Sources:

- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, PRC, Inc.
- "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

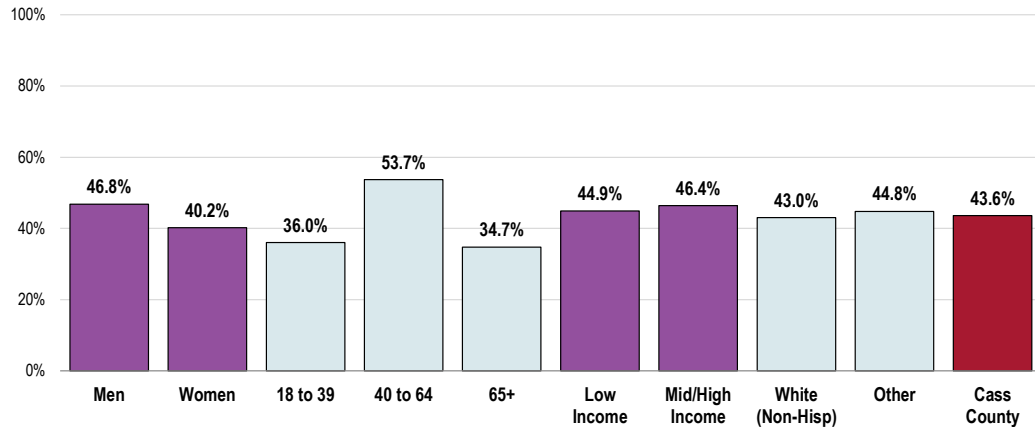
Notes:

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

Prevalence of Obesity

(Cass County, 2019)

Healthy People 2020 = 30.5% or Lower



Sources:

- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

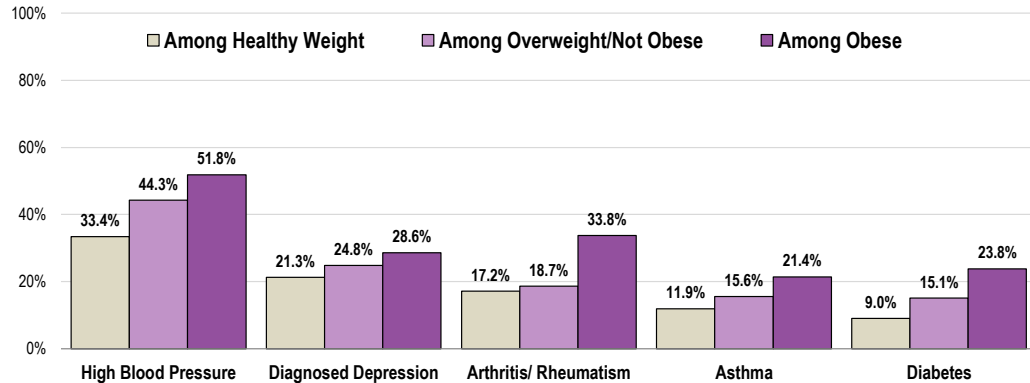
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty 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.

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, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
Notes: • Based on reported heights and weights, asked of all respondents.

Children’s Weight Status

About Weight Status in Children & Teens

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

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

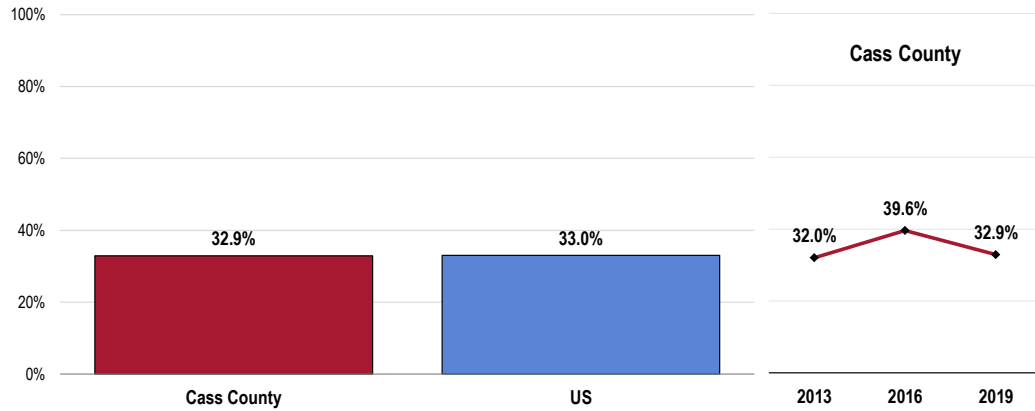
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

— Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 32.9% of Cass County children age 5 to 17 are overweight or obese (≥85th percentile).

- **TREND:** Similar to the 2013 prevalence.

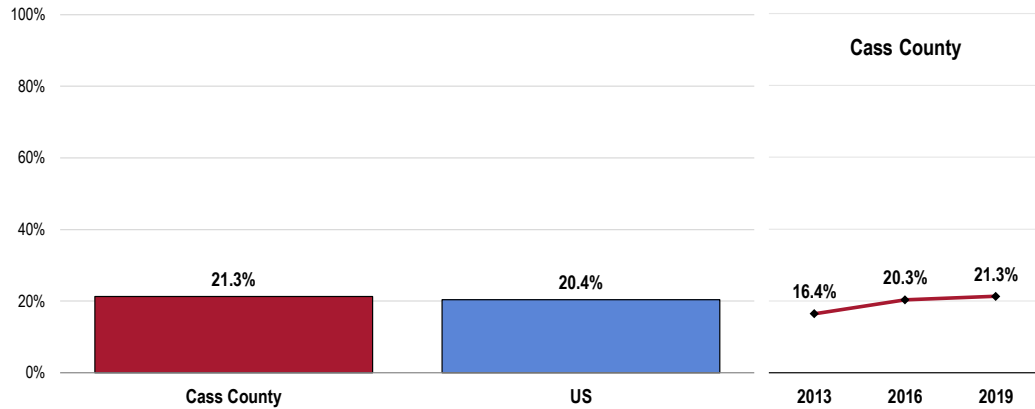
Prevalence of Overweight in Children (Parents of Children Age 5-17)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 192]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 21.3% of area children age 5 to 17 who are obese (≥95th percentile).

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2020 = 14.5% or Lower



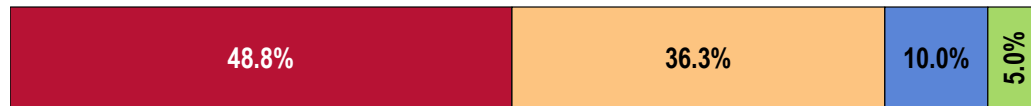
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 158]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 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.

Key Informant Input: Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Obesity

High obese population; I believe Cass County is pretty low on statewide health rankings. Food desert: Supermarkets have gone out of business, leaving central and Southwest parts of Logansport without a full-service market; two Dollar Trees were opened in these areas, and they offer no fresh foods. – Community Leader

We are seeing a high incidence of obesity in our younger populations of students. More and more students are being diagnosed with diabetes and this is often related to childhood obesity. We have families who struggle to provide healthy food for their kids (fresh fruit and vegetables), due to limited budgets, limited training to prepare fresh food, or lack of desire to eat in a healthy manner. Exercise is limited, due to sedentary lifestyles of many of our kids; screen time is much more popular than biking or running/playing outside. – Community Leader

We are an overweight community. People view healthy eating as expensive, and no one is willing to take the time to exercise. – Other Health Provider

Obesity and lack of physical activity leads to many health issues. – Community Leader

We absolutely have an obesity issue, as does most of America. – Social Services Provider

Population is becoming increasingly obese. This is due to lack of education, as well as cultural barriers. – Community Leader

Obesity is another continuing trend. – Community Leader

Obesity epidemic. – Other Health Provider

Awareness/Education

Lack of education regarding healthy foods/diet. Lack of affordable food options. More weight loss education through physician offices. YMCA needs affordable options for families. More farm-to-table options. More education health and wellness. Trails/parks under-utilized. Unless a child is directly involved in a team sport, limited after school physical activity options. Cost/availability/education. – Other Health Provider

Healthy eating is possible, even on a low budget. More education and programming is needed. – Community Leader

Lack of educational awareness, low socio-economic status. Unhealthy options, fast-food readily available. – Community Leader

Education, lack of community activities that promote exercise. – Social Services Provider

Lack of knowledge. – Other Health Provider

Nutrition

People live a fast-food lifestyle. High calorie food and drinks are more convenient than healthy nutrition. – Community Leader

Poor dietary choices, decreased physical exercise. – Physician

Healthy eating, particularly during the weekends. Salvation Army serves 38,000 meals annually, but there needs to be more coaching and opportunities for families to eat healthy. Specialized dietary services are needed. – Community Leader

We have many students that live in food deserts and required buddy bags to be sent home from school, so they have nourishment over the weekend. – Community Leader

People eat too much fast food and not enough vegetables and fruits. – Other Health Provider

Poverty

Low income seems to cause families to eat cheap, processed foods. Families are sedentary and on devices rather than spending time together doing outside activities. This all contributes to obesity and unhealthy ideas about nutrition and weight. – Social Services Provider

Safety, poverty, apathy, again lack of education on many fronts. Cooking, prepackaged, etc. Living in the here and with no long-term vision of the ramifications of poor health choices now. – Other Health Provider

We have a high percentage of people on some form of assistance. Because of this, they have no motivation to get a job, and no motivation to exercise. Eating healthy is more expensive than eating fast food, so those people tend to eat less healthy. All of these things combined contribute to a high obesity rate. – Community Leader

Probably the hardest hit sector is low-income individuals and lack of education or resources to address proper nutrition and exercise. Especially children. – Community Leader

Socioeconomic status and lack of motivation. – Other Health Provider

Access to Healthy Food

There is a food desert in the middle of the community, where a grocery store once was. No grocery store has yet replaced it. A lack of formalized public transportation makes it difficult to get to grocery stores that are positioned on opposite ends of the community. Additionally, a high low-income population that takes advantage of governmental subsidies and benefits doesn't always have financial access to purchasing the more expensive fruits and vegetables that can lead to healthier lifestyles. The parks are well-positioned. The YMCA is a great asset, but exercise is not a priority for many of the elderly in our aging population when they are dealing with other co-morbidities that make mobility difficult, like diabetes, smoking, etc. – Community Leader

Access to nutritious food. We have food pantries, but the food provided is not healthy and nutritious. Need companies and organizations to support physical activity. – Social Services Provider

Healthy food is much more expensive than overly-processed food. – Social Services Provider

Access to healthy food and affordable. Also, many folks know how to take better care of themselves and their family, they just choose not to act on it. – Community Leader

Insufficient Physical Activity

Children left alone in the evenings to sit in front of a device and eat whatever is available, usually chips, carbs, pop. Cultural foods high in fat and calories. Lack of buy in from families to change. – Other Health Provider

Getting individuals to be more active physically and control weight. – Community Leader

Limited activity opportunities, numerous fast food restaurants. – Public Health Representative

Lifestyle

Individuals ignoring doctor suggestions to eat healthier and increase physical activity. Lack of funds to eat healthy. – Community Leader

Individual's attitude and willingness to change. Laziness and uneducated, a lot of fast food restaurants. – Social Services Provider

Built Environment

Since I have lived in Logansport, I believe this has gotten somewhat better with the creation of the trail system, but the inherent danger of using the River Bluff due to who hangs out on the trail is a deterrent. There are not many health-conscious restaurants that use other means of preparing food other than deep frying it. If there is programming for nutrition, physical activity, and weight, it is not well advertised. – Community Leader

Substance Abuse

About Substance Abuse

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

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.

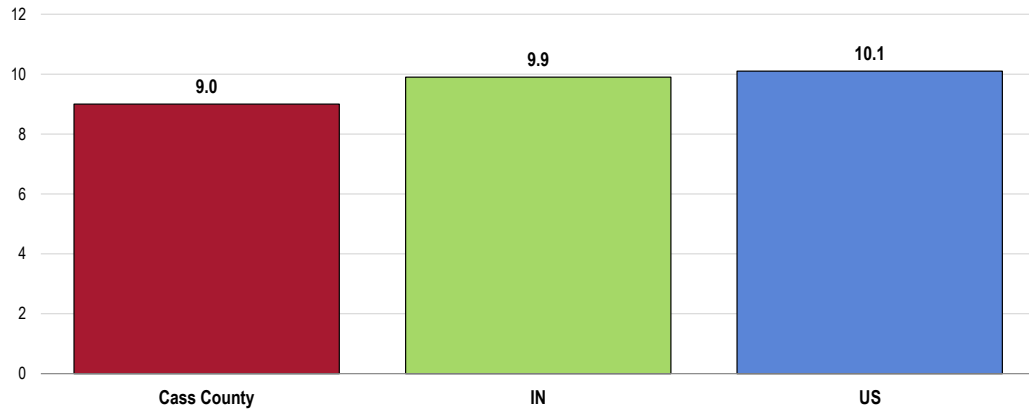
A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2017, Cass County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.0 deaths per 100,000 population.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2008-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 8.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2019.
 • 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 US Standard Population.

Alcohol Use

Excessive Drinking

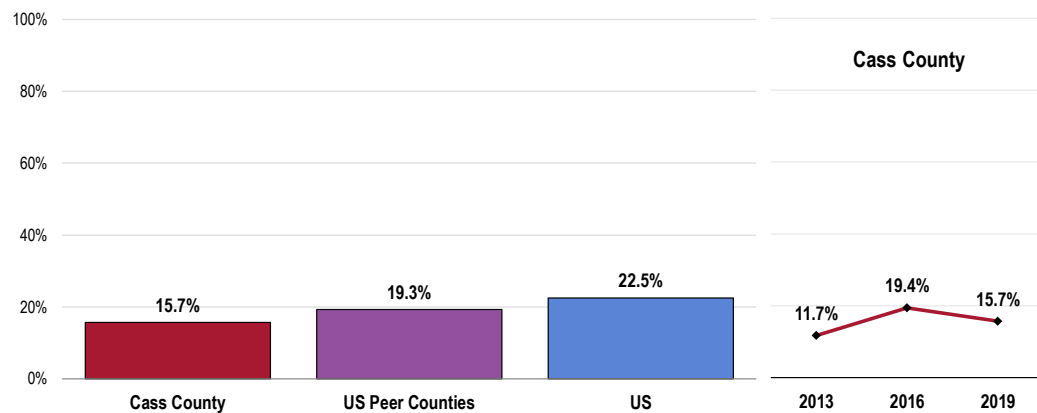
A total of 15.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

"Excessive drinking" includes heavy and/or binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

- **BENCHMARK:** Well below the US figure.
- **DISPARITY:** Note the significant disparity by each demographic characteristic shown.

Excessive Drinkers Healthy People 2020 = 25.4% or Lower

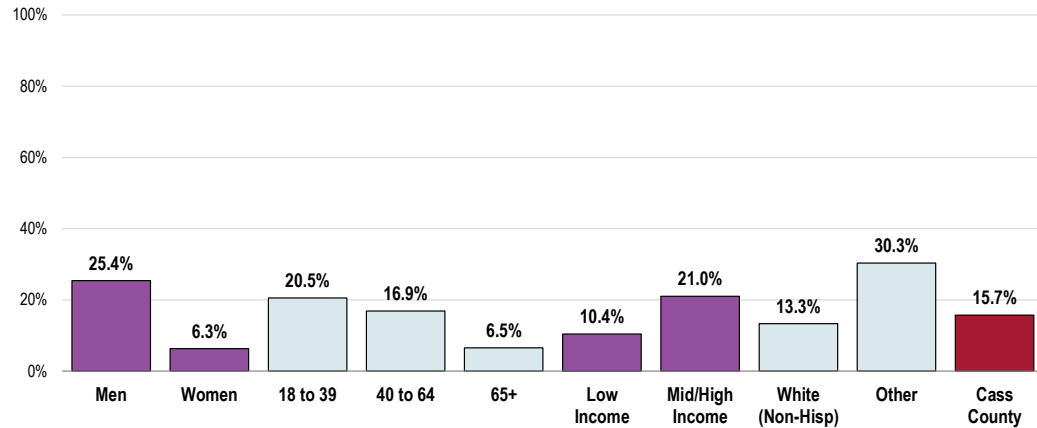


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
 Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinkers

(Cass County, 2019)

Healthy People 2020 = 25.4% or Lower



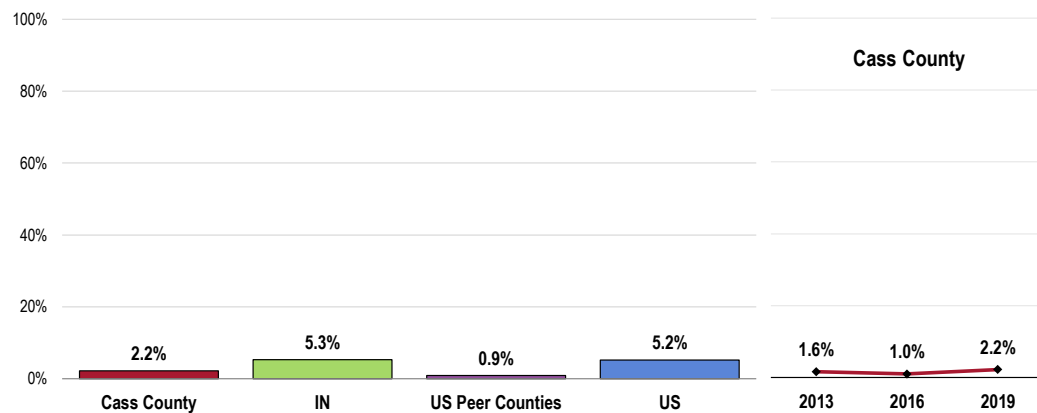
- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

A total of 2.2% of Cass County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- **BENCHMARK:** Well below the state and national percentages.

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



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 58]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Indiana data.
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.

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.

Illicit Drug Use

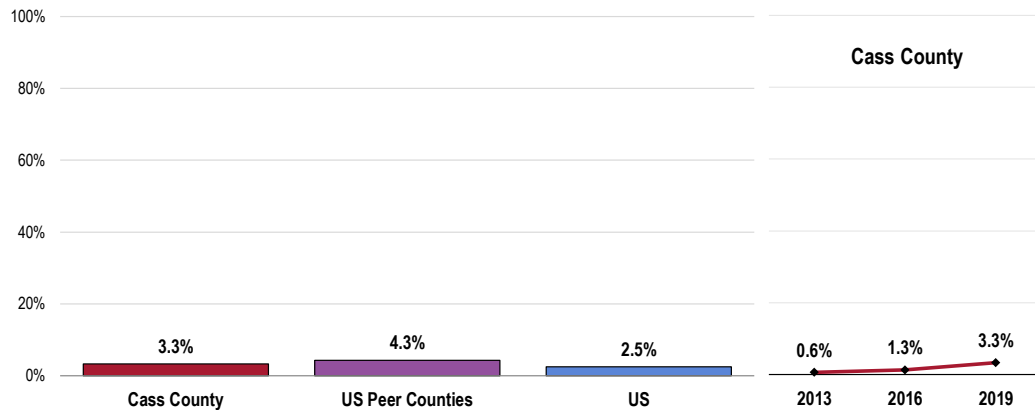
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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.

A total of 3.3% of county adults acknowledge using an illicit drug in the past month.

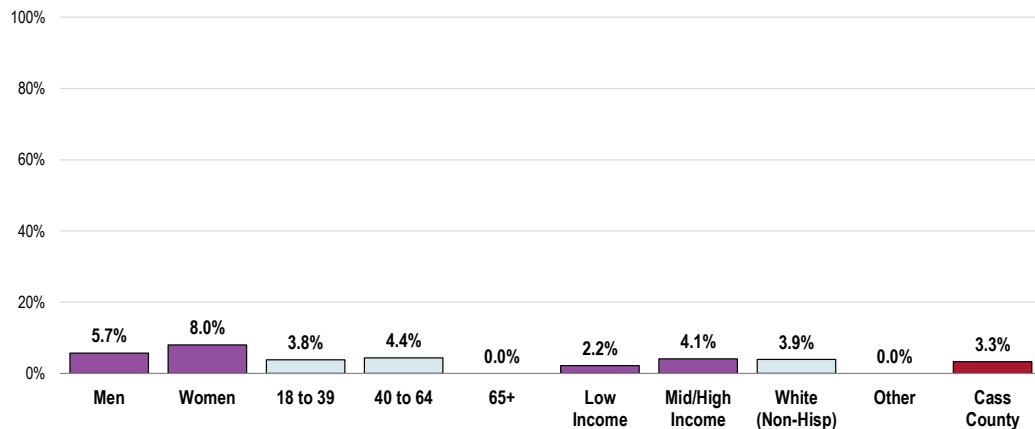
- **BENCHMARK:** Satisfies the Healthy People 2020 objective.
- **TREND:** Denotes a statistically significant increase since 2013.
- **DISPARITY:** Highest among Whites and respondents age 40 to 64.

Illicit Drug Use in the Past Month Healthy People 2020 = 7.1% or Lower



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

Illicit Drug Use in the Past Month (Cass County, 2019) Healthy People 2020 = 7.1% or Lower

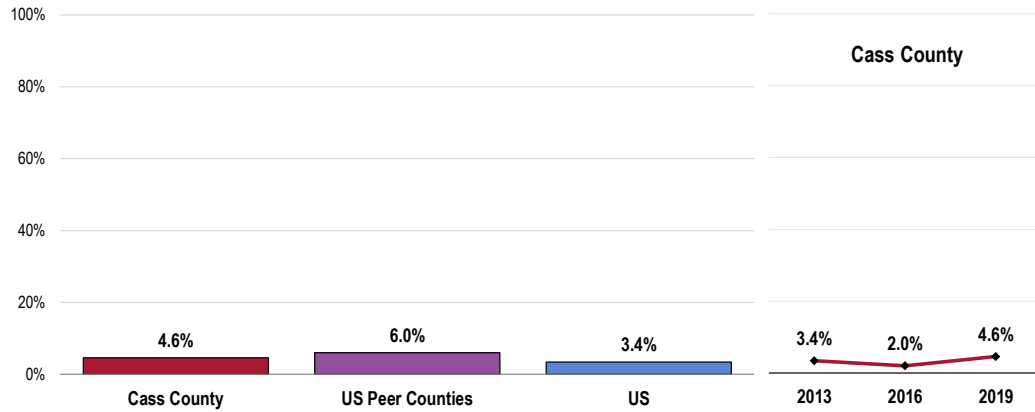


- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Alcohol & Drug Treatment

A total of 4.6% of Cass County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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



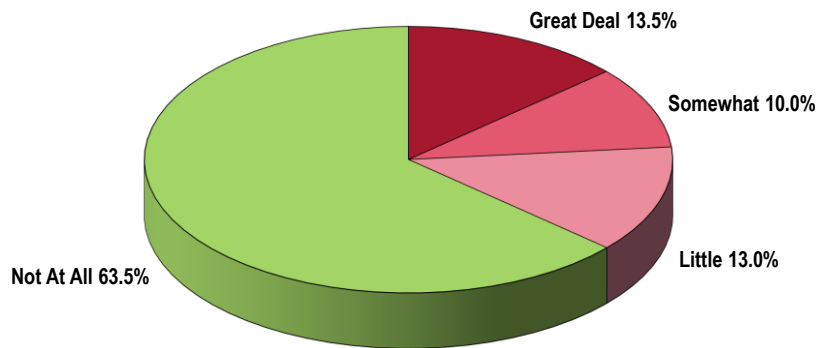
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 60]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Cass County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Cass County, 2019)

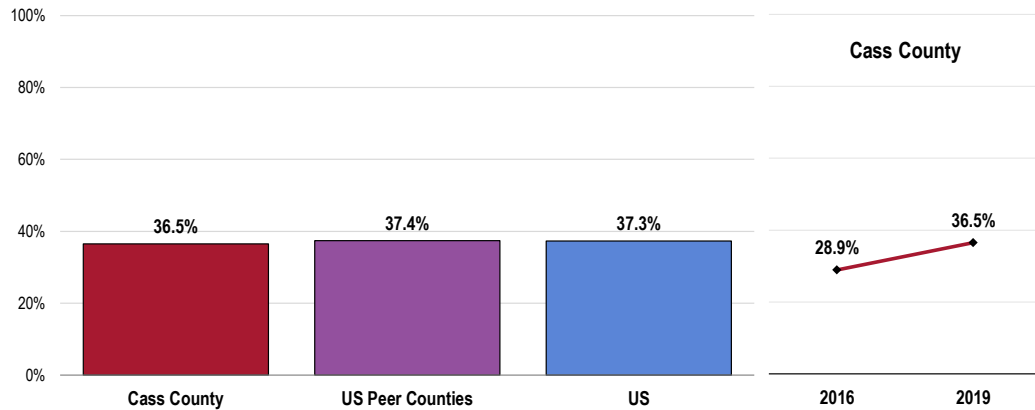


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 61]
 Notes: • Asked of all respondents.

However, 36.5% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

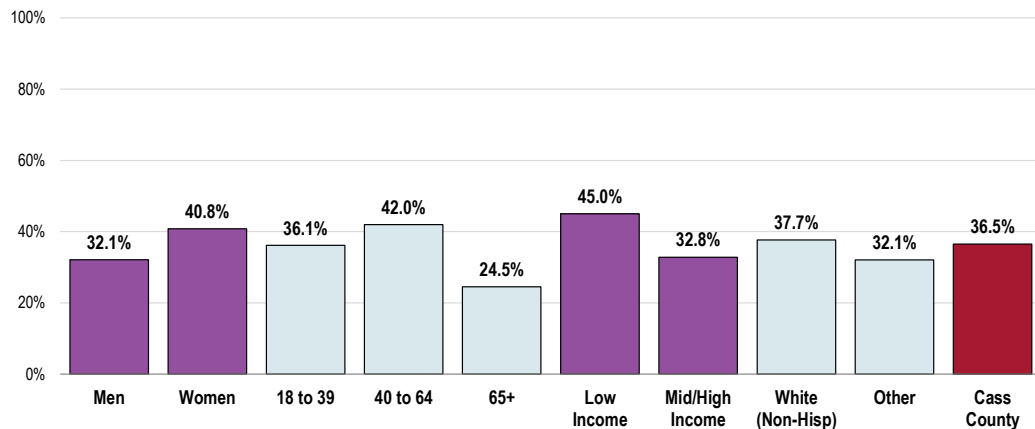
- **TREND:** Denotes a statistically significant increase since 2016.
- **DISPARITY:** Unfavorably high among women, adults age 40 to 64, and low-income residents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
 • 2017 PRC National Health Survey, PRC, Inc.
 • “US Peer Counties” represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County (“micropolitan” classification).
 Notes: • Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Key Informant Input: Substance Abuse

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

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Access to Care/Services

We have not residential facilities close for those needing to detox. We have one provider in the area that has a license to prescribe Suboxone. Individuals are admitted to ED at LMH or placed at Four County’s inpatient unit when the need is for substance treatment not acute mental illness. – Community Leader

As far as I know, the nearest facility to detox from opiates or heroin is Lafayette or Kokomo. I don’t know of any inpatient facilities in our community. We do have Intensive Outpatient Treatment (IOP) available, but sometimes that is not enough for long-time addicts and late-stage alcoholics. Also, with the high percentage of people living in poverty, many who need substance abuse treatment can’t afford it and do not have insurance. – Social Services Provider

Lack of treatment center. This community is in need of an inpatient substance abuse treatment center. This includes adult and juvenile. – Public Health Representative

Need a rehabilitation center. More support for our local AA and NA support groups. Transitional housing. – Social Services Provider

No formalized program or structured resources. Sober house, cessation program, etc. Stigma is attached to seeking help, same as with mental health. – Community Leader

There are not many if any effective substance abuse treatment facilities. There is a high opioid and meth epidemic in this area. – Social Services Provider

Lack of adequate resources to bring together comprehensive solutions. – Community Leader

Inpatient treatment. Long term treatment facilities. Lack of sober-living environments. Stigma of being viewed negatively as a substance abuser. – Social Services Provider

Lack of facilities for treatment both in and outpatient. – Community Leader

Availability of facilities, and physicians/counselors, cost. – Community Leader

Lack of options/programs, cost. – Social Services Provider

Mental health, lack of access to care. – Other Health Provider

Patients need inpatient long-term detox. – Physician

Facilities and caregivers. – Community Leader

Denial/Stigma

Admitting that someone needs treatment. Accessibility of treatment providers. Treatment is talked about in vague terms. If someone needs food, we're able to tell them how to access a food pantry and what that process looks like. Substance abuse treatment is a lot more mysterious. – Community Leader

The stigma of addiction keeps those who need help from coming forward, lack of trained substance abuse professionals, community fragmentation when it comes to treating addictions. – Community Leader

The addict themselves truly recognizing their problem and prioritizing their successful treatment above their next hit. – Other Health Provider

Likely stigma is a problem. Many individuals that have an issue may not reach out for help due to feeling they will be scrutinized or it may negatively impact their reputation, their job status, etc. In-house rehabilitation facilities are few and far between for someone needing this service. – Community Leader

The public stigma of addiction coupled with the large number of abusers in Cass County and lack of organized addictions and recovery programming. – Social Services Provider

Getting those who need help to go get it. – Community Leader

Stigma, addiction and resources. – Community Leader

Stigmatism, poverty. – Community Leader

Not wanting help and not knowing where to turn. – Social Services Provider

Stigma associated with help. – Social Services Provider

Affordable Care/Services

Insurance coverage that deals with substance abuse or addiction. – Social Services Provider

Cost and limited resources. – Other Health Provider

Money, care for children while seeking help, stigma. – Social Services Provider

Money. Getting an accurate picture of how widespread the problem is. – Community Leader

System is complicated with too many barriers, funding/financial barriers. – Community Leader

Cost, lack of resources, lack of insurance. – Other Health Provider

Prevalence/Incidence

In the last years, there have been several students that have been affected by substance abuse in some way. – Other Health Provider

There have been many deaths in the past several years due to substance abuse/overuse. – Other Health Provider

Opioid use is a serious issue. – Community Leader

Early Diagnosis/Prevention

We don't have enough prevention programs, don't have enough support groups, we don't have treatment programs, don't have recovery houses, etc. We need to stop providing additional funding to the usual organizations who use grants to create lists and rather provide funding to practitioners who will create real options and practical programs that make a difference in serving this need. – Community Leader

Awareness. – Community Leader

Employment

Better economy, better paying jobs, higher quality of living and standards and more affordable housing. – Community Leader

Lack of opportunities in career employment. Increase of poverty in area. Lack of awareness and education. – Social Services Provider

Lack of Providers

I believe we are currently lacking the needed professionals and the lack of funding. – Community Leader

Lack of providers, payment for services, and stigma regarding seeking treatment. – Social Services Provider

Home Life

Substance abuse; many of my students have parents that are incarcerated for drug abuse/illegal substance production/dealing in drugs. It is very difficult to address health concerns and expected student issues (sick days, supportive care at home, sports injuries, temporary mental health issues causing stress responses.) The remaining parent or guardian are often overwhelmed with care of finances/ work obligations and other children. – Other Health Provider

Poverty

Socioeconomic status, generational acceptance, lack of money for and/or lack of available treatment resources. – Other Health Provider

Easily Accessible

It's too easy to get a hold of. – Other Health Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **heroin/other opioids** as the most problematic substance abused in the community, followed by **methamphetamine/other amphetamines** and **alcohol**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Heroin or Other Opioids	40.0%	35.6%	15.9%	41
Methamphetamines or Other Amphetamines	28.9%	17.8%	29.5%	34
Alcohol	24.4%	15.6%	29.5%	31
Prescription Medications	4.4%	8.9%	13.6%	12
Marijuana	2.2%	15.6%	4.5%	10
Cocaine or Crack	0.0%	4.4%	2.3%	3
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	2.2%	2.3%	2
Inhalants	0.0%	0.0%	2.3%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. 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.

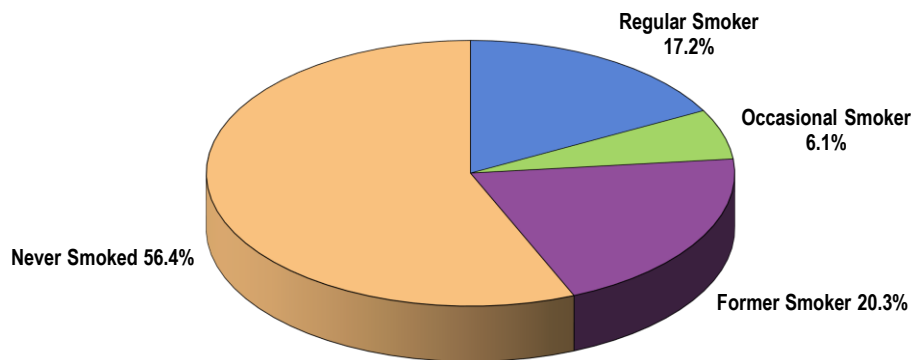
— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 23.3% of Cass County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Cass County, 2019)



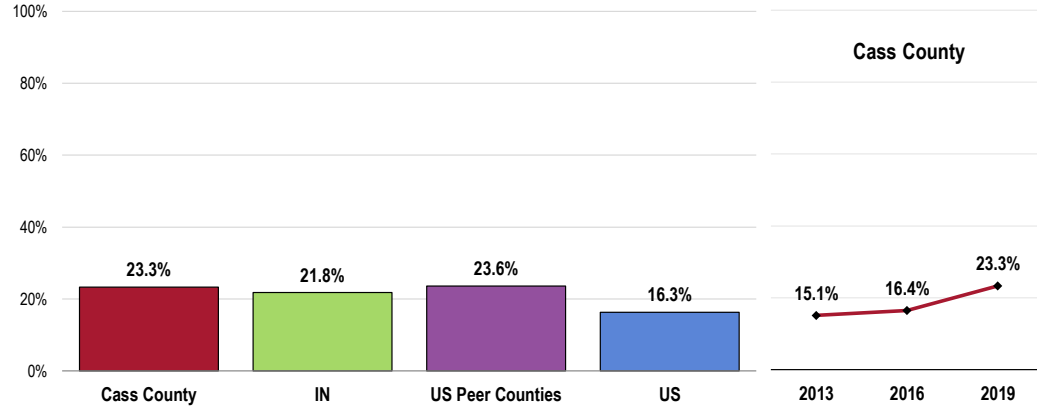
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Cass County.

- **BENCHMARK:** Worse than the US. Fails to satisfy the Healthy People 2020 goal.
- **TREND:** Marks a statistically significant increase since 2013.
- **DISPARITY:** Highest among adults age 40 to 64 and those in low-income households.

Current Smokers

Healthy People 2020 = 12.0% or Lower



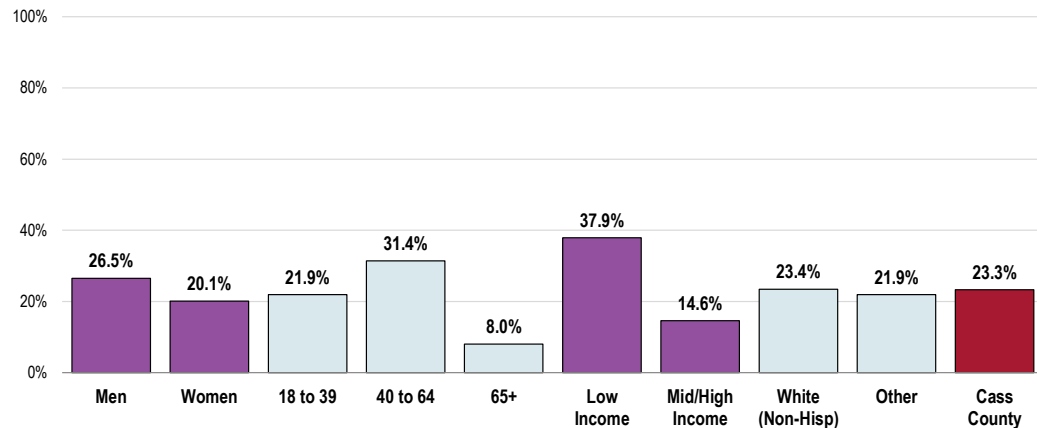
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 • 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 (those who smoke cigarettes every day or on some days).

Current Smokers

(Cass County, 2019)

Healthy People 2020 = 12.0% or Lower



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

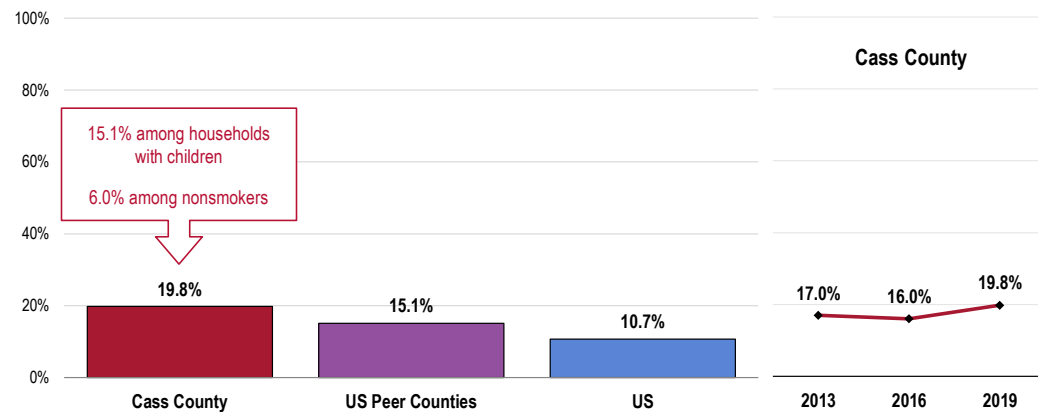
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household 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 (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in Cass County, 19.8% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

- **BENCHMARK:** Well above the US figure.

Member of Household Smokes at Home



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.

Smoking Cessation

About Reducing Tobacco Use

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)

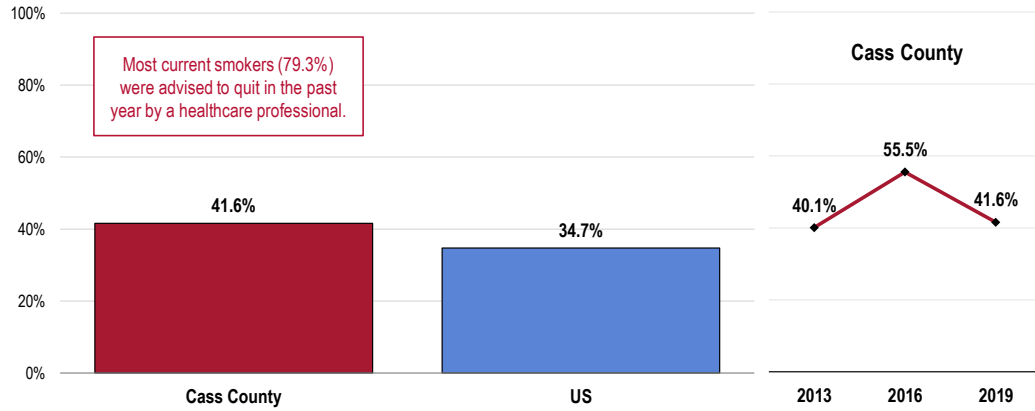
Smoking Cessation Attempts

Among regular smokers, 41.6% went without smoking for one day or longer in the past year because they were trying to quit smoking.

- **BENCHMARK:** Far from satisfying the Healthy People 2020 objective.

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

Healthy People 2020 = 80.0% or Higher



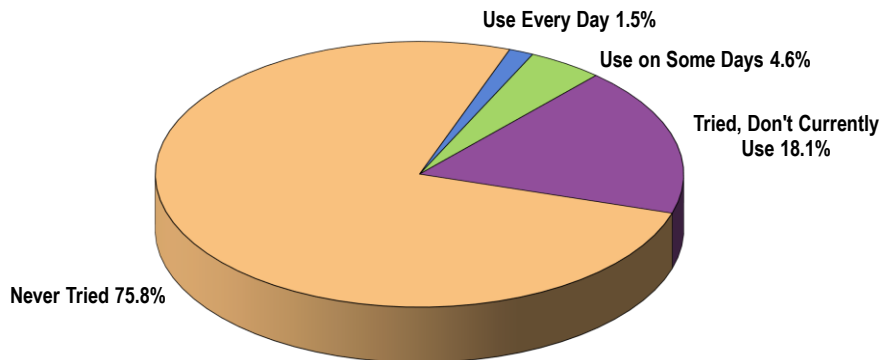
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 50-51]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most Cass County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Cass County, 2019)

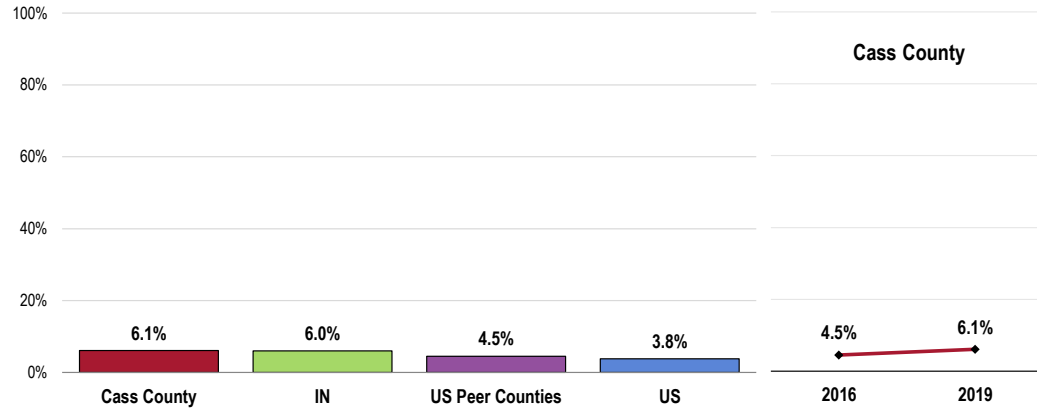


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 163]
 Notes: • Asked of all respondents.

However, 6.1% currently use vaping products either regularly (every day) or occasionally (on some days).

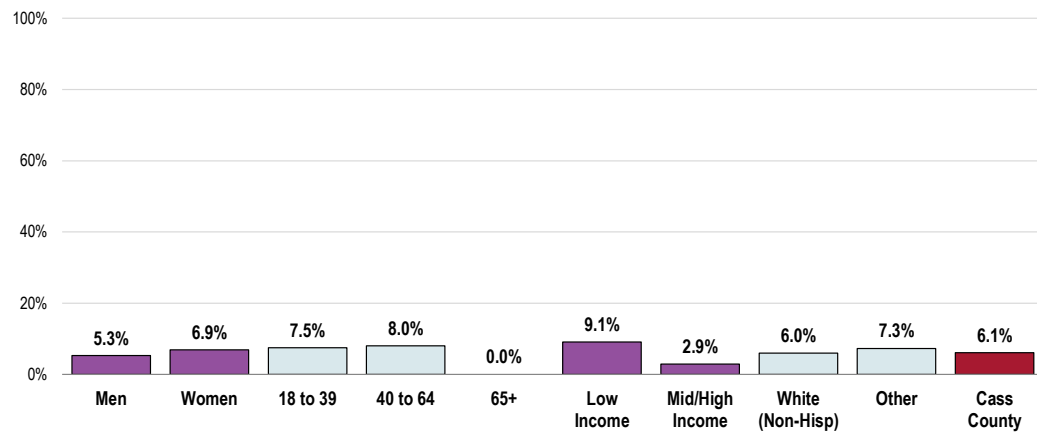
- **DISPARITY:** Higher among adults under 65 and low-income residents.

Currently Use Vaping Products (Every Day or on Some Days)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- Notes:
- Asked of all respondents.
 - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products (Cass County, 2019)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Prevalence/Incidence

Many people still smoke, and vaping has become even more rampant than smoking. – Community Leader

I don't know this for sure, but I'm guessing tobacco use is high in Cass County. We know that other drug use often stems from early tobacco use, so it's a problem. – Community Leader

I see and smell it everywhere. Vaping has also increased quite a bit recently. – Community Leader

Smoking still allowed in bars and public places. – Community Leader

Cass County is high in a state that is at the top of the list nationally. This factor contributes to many other afflictions. – Community Leader

We have a lot of individuals that smoke cigarettes. Our community still allows smoking in bars, etc. – Social Services Provider

Cigarette smoking, vaping, JUUL, etc., and smokeless tobacco are prevalent in our community. We have junior high students who have been disciplined for tobacco use and vaping on campus. – Social Services Provider

Studies have shown we have a large percentage of smokers in Cass County. Higher among low-income residents. – Community Leader

Many people smoke or vape, even teens which causes rise in cancers. – Social Services Provider

Tobacco use among adults is high and a growing number of youth vaping. – Social Services Provider

We have a high rate of tobacco use in Cass County. – Social Services Provider

There are still too many people smoking, and a higher use among youth. – Community Leader

High level of use in the community. – Community Leader

High rate of the population who smokes and is addicted to tobacco. – Community Leader

I see a lot of people smoking. – Other Health Provider

E-Cigarettes/Vaping

Students vaping has increased exponentially. They don't see the harm and don't make the connections between vaping and nicotine and smoking dangers. Flavors are targeted at younger populations: bubble gum, etc. Devices are hard to spot because they are so small, look like flash drives, etc. – Social Services Provider

Vaping has become an epidemic in our community. Students need more education on the dangers of this, along with tobacco. It is so easy for students to get access to vapes and vape products. It is easy to hide as well. Several students have been caught in the school with these devices. Some have marijuana and they don't understand that it is more potent. – Other Health Provider

We continue to see use in our younger populations. Recently smokeless tobacco is very popular with the kids, vaping and seems to be very accessible to them. Kids are also exposed to secondhand smoke in their homes, as many parents smoke. – Community Leader

There are smokers all over. Kids at the high school and junior high do not see the problem with vaping and many of their parents are purchasing the equipment if not sharing it with them. – Other Health Provider

Kids under 18 have access to tobacco. – Social Services Provider

Juul-ing, vaping and tobacco use is a major concern among middle and high school students as well as young adults. Vaping and juul-ing seems to be a very popular trend among millennials. – Public Health Representative

The problem seems to be shifting from tobacco cigarettes to vaping. We see this in our school students with a vast number and their parents shifting to Vaping because they believe it is safer. It is trendy, but those using are not educated about the potential dangers to the brain. – Social Services Provider

Comorbidities

Many still use, causes medical treatment and death. Higher health insurance rates, higher life insurance rates. Highly addictive and expensive. – Community Leader

Long-term health conditions/costs associated with tobacco use. – Other Health Provider

Despite the associated risks, some people still seem to view smoking as a privilege. Kids are still growing up with parents who smoke, so the cycle continues. – Community Leader

Many of our chronically ill patients are suffering from issues directly resulting from tobacco abuse and alcohol abuse. – Other Health Provider

Cancer, COPD, pneumonia. – Physician

Awareness/Education

Lack of education and lack of mental health resources. – Other Health Provider

Lack of knowledge and education, low socio-economic status. – Community Leader

Socially Acceptable

Generational acceptance and addiction, little to no motivation to break cycle of addiction, apathy and lack of accountability regarding health consequences. – Other Health Provider

Sexual Health

HIV

About Human Immunodeficiency Virus (HIV)

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.

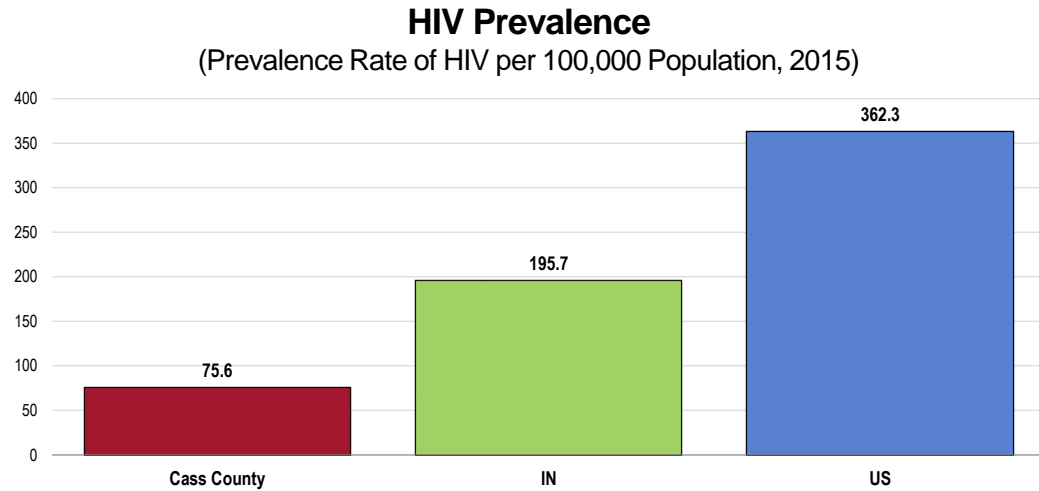
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

— Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2015, there was a prevalence of 75.6 HIV cases per 100,000 population in Cass County.

- **BENCHMARK:** Far below Indiana and US rates.



Sources:

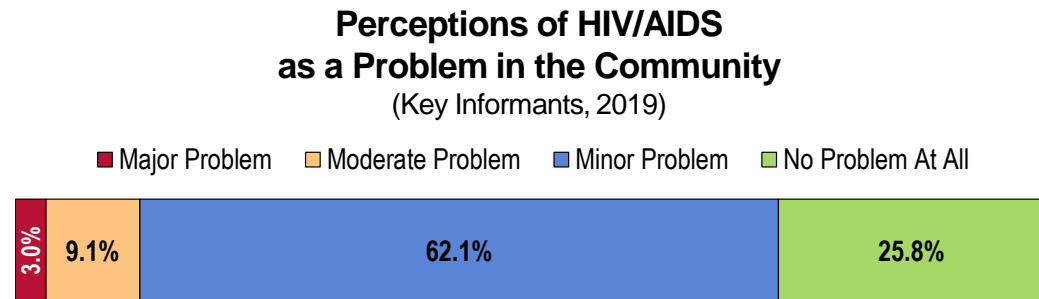
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

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



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Top Concerns

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

Alcohol/Drug Use

Increased drug use with needles. – Other Health Provider

Awareness/Education

Not having the knowledge basis of the resources or how to begin the process. – Social Services Provider

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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.

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. 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; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

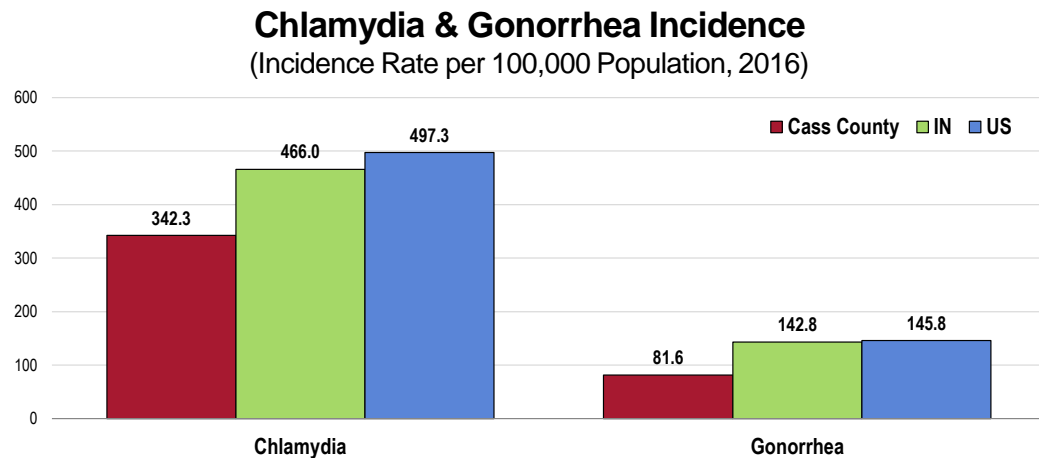
— Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2016, the chlamydia incidence rate in Cass County was 342.3 cases per 100,000 population.

The Cass County gonorrhea incidence rate in 2016 was 81.6 cases per 100,000 population.

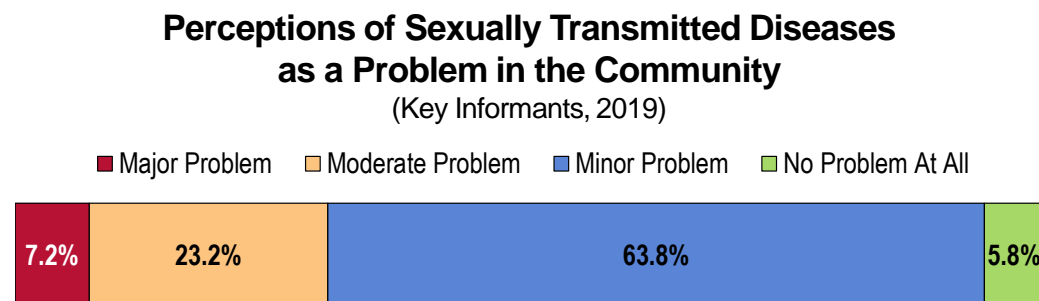
- **BENCHMARK:** Both rates are well below the related state and national rates.



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A majority of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.



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

Top Concerns

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

Awareness/Education

I personally cannot think of what organization is focused on education and prevention. – Community Leader

Lack of knowledge, low socio-economics status. – Community Leader

Prevalence/Incidence

Our clinic treats a lot of clients with STDs, sometimes multiple times. – Other Health Provider

Access to Health Services



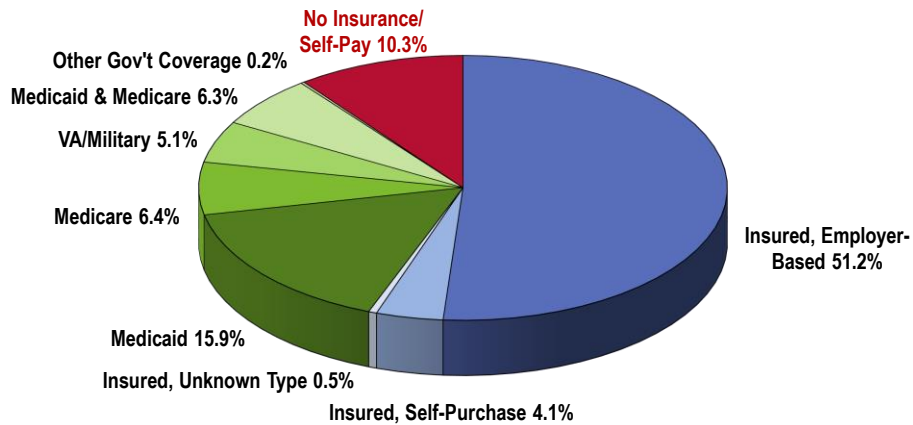
Health Insurance Coverage

Type of Healthcare Coverage

A total of 55.8% of Cass County adults age 18 to 64 report having healthcare coverage through private insurance. Another 33.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

Healthcare Insurance Coverage
(Adults Age 18-64; Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

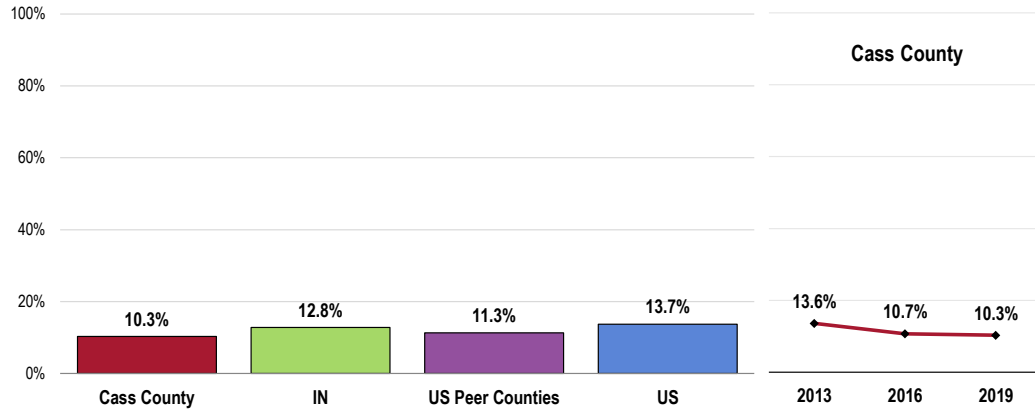
Among adults age 18 to 64, 10.3% report having no insurance coverage for healthcare expenses.

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).

- **BENCHMARK:** The Healthy People 2020 objective is universal coverage.

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

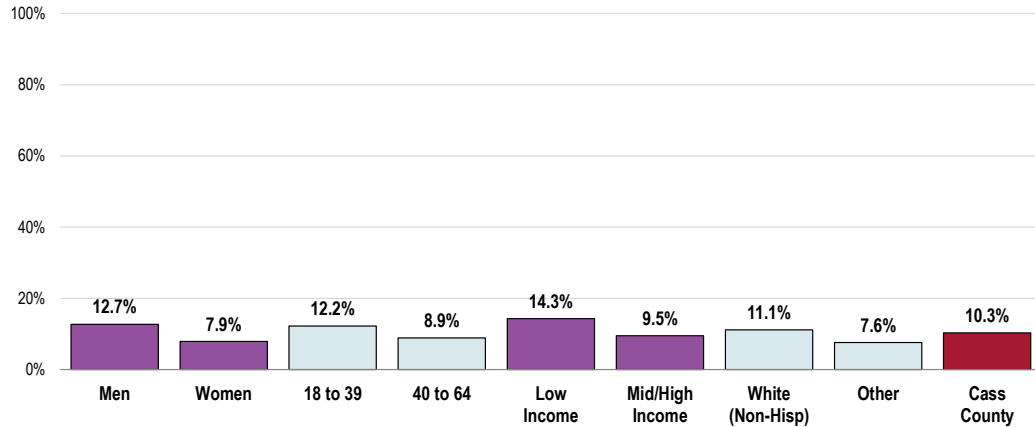
Healthy People 2020 = 0.0% (Universal Coverage)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 - 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.

Lack of Healthcare Insurance Coverage (Adults Age 18-64; Cass County, 2019)

Healthy People 2020 = 0.0% (Universal Coverage)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
 - 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.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Difficulties Accessing Healthcare

About Access to 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)

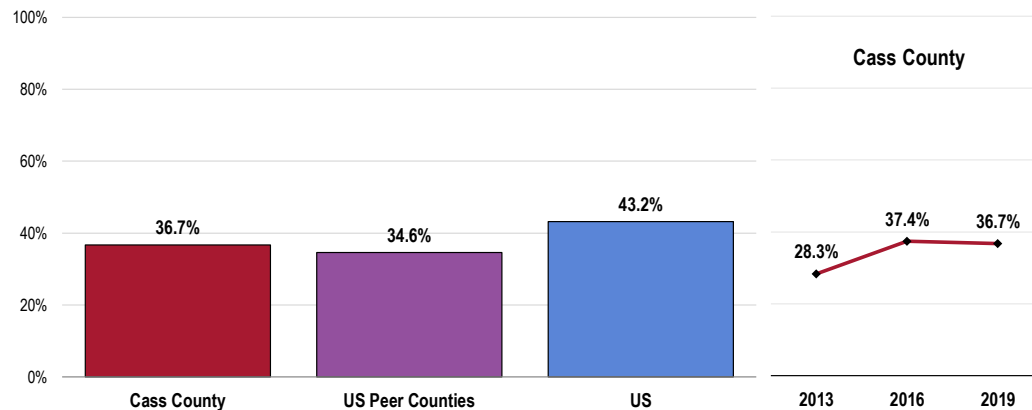
Difficulties Accessing Services

A total of 36.7% of Cass County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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. It is based on reports of the barriers outlined in the following section.

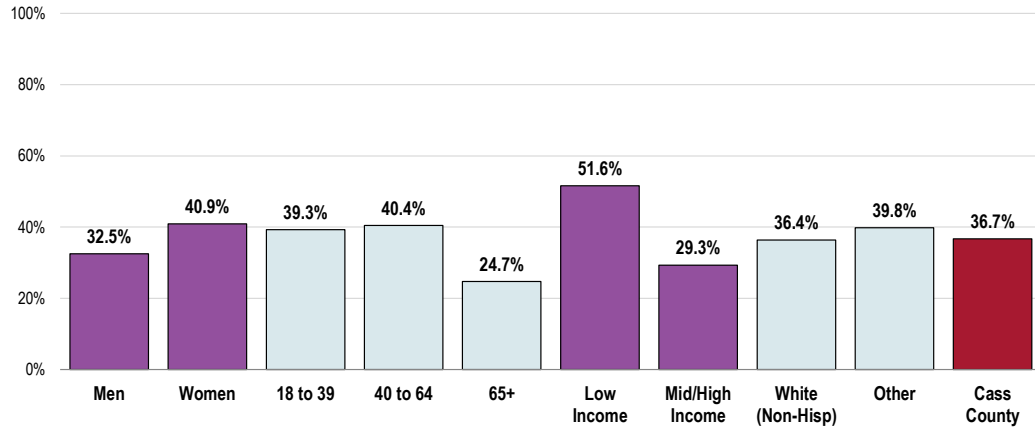
- **BENCHMARK:** Well below the national prevalence.
- **TREND:** Marks a statistically significant increase since 2013.
- **DISPARITY:** Higher among adults under 65 and those in low-income households.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
 - 2017 PRC National Health Survey, PRC, Inc.
 - "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
- Notes:
- Asked of all respondents.
 - Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Barriers to Healthcare Access

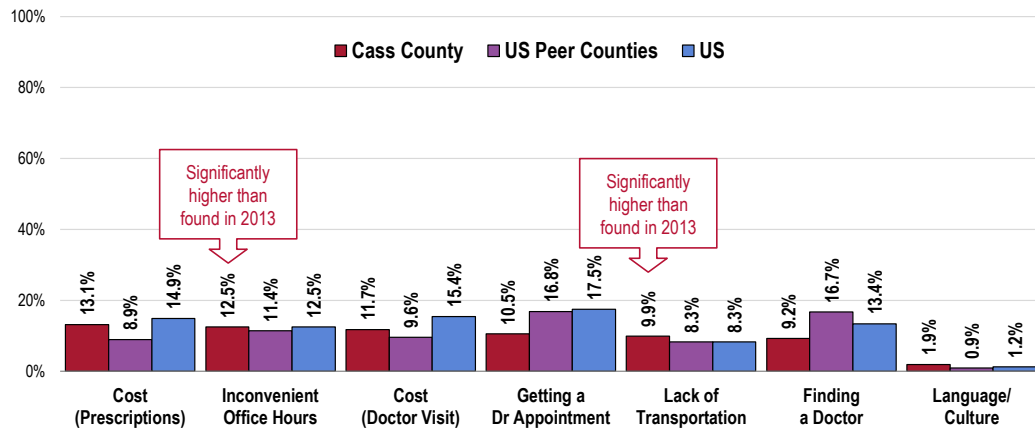
Of the tested barriers, cost of prescriptions and inconvenient office hours impacted the greatest shares of Cass County adults.

- **BENCHMARK:** Statistically more favorable than US figures for finding a **physician**, **appointment availability**, and **cost** of doctor visits.
- **TREND:** Note the statistically significant increases in the proportion of county adults affected by **transportation** and **office hours**.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micronnolitan" classification)

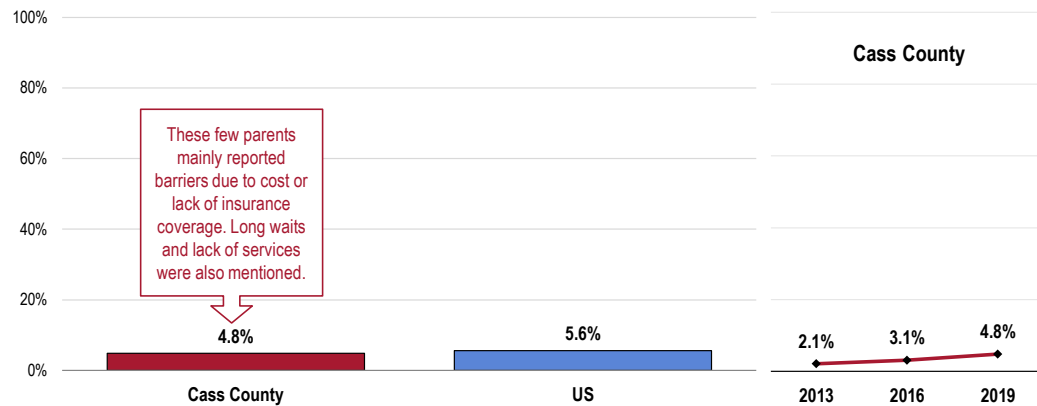
Note also that 9.8% of Cass County adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Accessing Healthcare for Children

A total of 4.8% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

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.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

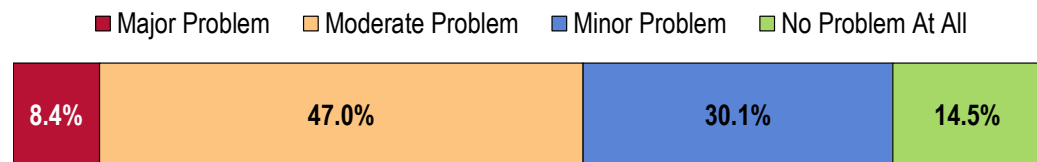


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 118-119]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

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

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2019)



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

Top Concerns

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

Affordable Care/Services

It's gets more expensive every year, but employees don't get significant raises to coincide with those increases. Health Savings Accounts (HSAs) are the most affordable but have high deductible costs, which quickly depletes the HSA account during an emergency or major health problem. It often takes years to build up the HSA account that may disappear in minutes during an emergency. – Social Services Provider

Lack of access to affordable primary care in the primary languages of our population. Due to this lack, our Emergency Room is overused for non-emergency services. We also need a free health care clinic for our most marginalized populations. – Community Leader

Cost and not having the knowledge of how to begin the process. – Social Services Provider

Access to Care/Services

If you are part of a group wellness clinic, you are at the mercy of their staffing/hours. Limited same-day visits for acute illness/minor injury. Express Med does not accept Medicaid, so the ER is used, instead. Language barriers, limited providers and a general lack of knowledge as to how to symptomatically treat an illness or minor injury at home. – Other Health Provider

Long wait-times for appointments within specialty services. Minimal-to-zero integration between mental and medical health services, in spite of the proximity. Lack of knowledge between mental and medical health regarding the scope of services each offers, which could improve referral and integrative care. Unfortunately, out-of-pocket health care costs continue to hinder access. – Community Leader

Awareness/Education

Lack of education, insurance, transportation, convenience, primary care providers. Lack of preventative/wellness mindset. Misunderstanding of purpose of Emergency Room vs. having an established primary care provider. – Other Health Provider

Language Barriers

Our community needs health care options in the primary languages of our immigrant and refugee populations. We also need to do outreach that is both linguistically and culturally translated. Right now, we simply translate things into Spanish, not realizing that- culturally- there are barriers and differences (more than just language). – Community Leader

Poverty

We have a very low-income community and several immigrants. Several of the students in our community do not have insurance. We don't have many options for them because of this. Also, more communication between doctor's offices and school nurses would be helpful. We can meet the needs of our community together. – Other Health Provider

Type of Care Most Difficult to Access

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

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Mental Health Care	28.6%	42.9%	28.6%	7
Substance Abuse Treatment	14.3%	42.9%	14.3%	5
Primary Care	28.6%	14.3%	0.0%	3
Pain Management	0.0%	0.0%	28.6%	2
Dental Care	14.3%	0.0%	0.0%	1
Elder Care	14.3%	0.0%	0.0%	1
Immunizations	0.0%	0.0%	14.3%	1
Urgent Care	0.0%	0.0%	14.3%	1

Primary Care Services

About Primary Care

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

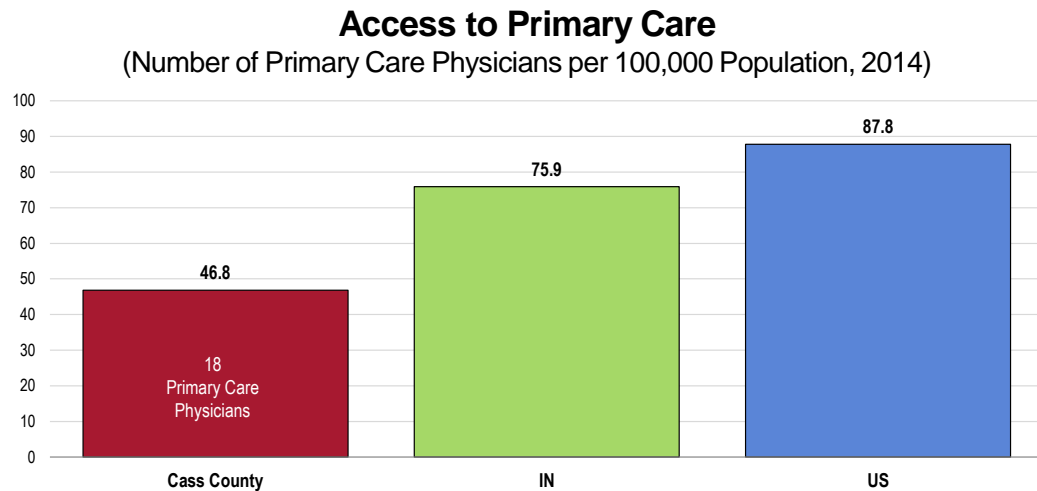
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2014, there were 18 primary care physicians in Cass County, translating to a rate of 46.8 primary care physicians per 100,000 population.

- **BENCHMARK:** Far below Indiana and US rates.



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 • Retrieved July 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: • Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 65.7% of Cass County adults were determined to have a specific source of ongoing medical care.

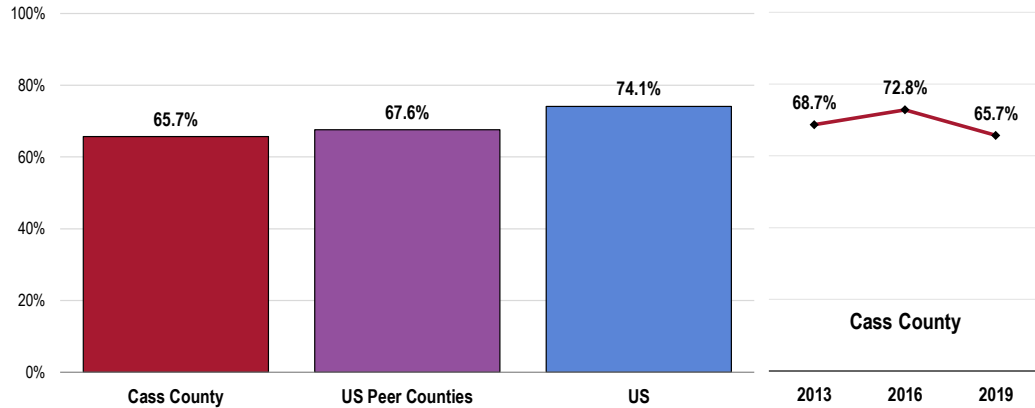
- **BENCHMARK:** Below the US figure. Fails to satisfy the Healthy People 2020 goal.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 = 95.0% or Higher



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 170]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.

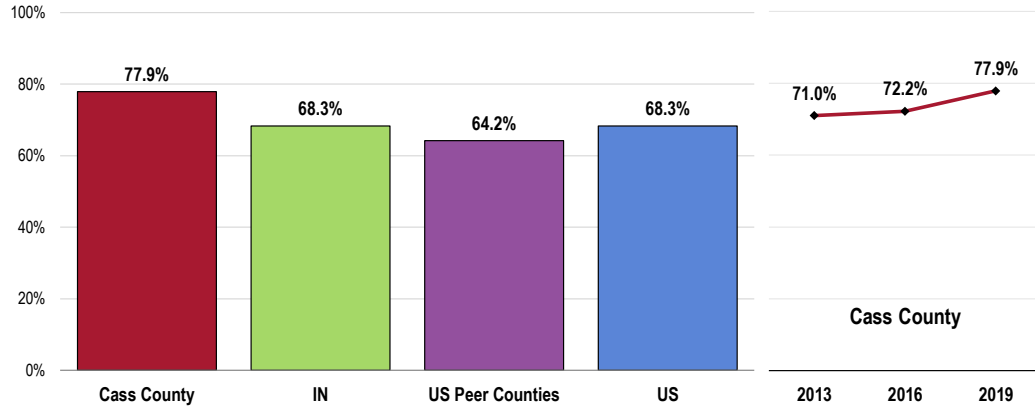
Utilization of Primary Care Services

Adults

Most respondents (77.9%) visited a physician for a routine checkup in the past year.

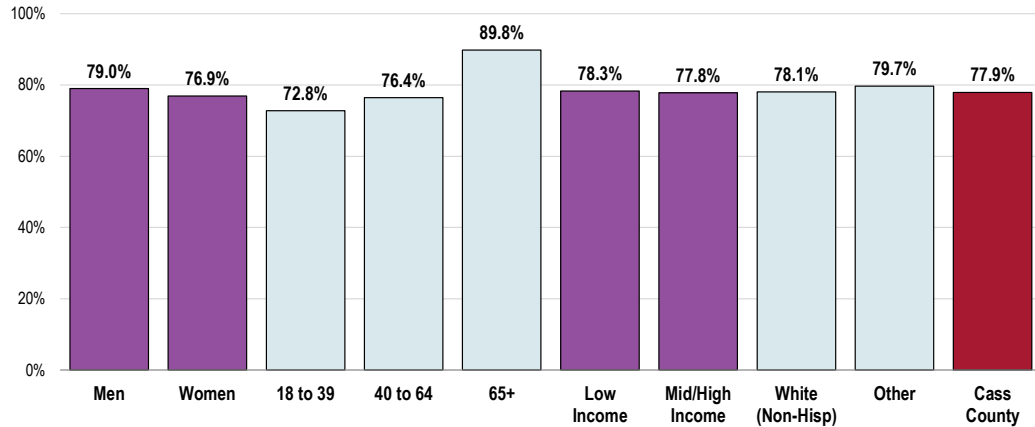
- **BENCHMARK:** Well above state and US figures. Also higher than found among peer counties throughout the US.
- **TREND:** Marks a statistically significant increase since 2013.
- **DISPARITY:** Correlates with age among survey respondents.

Have Visited a Physician for a Checkup in the Past Year



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Cass County, 2019)



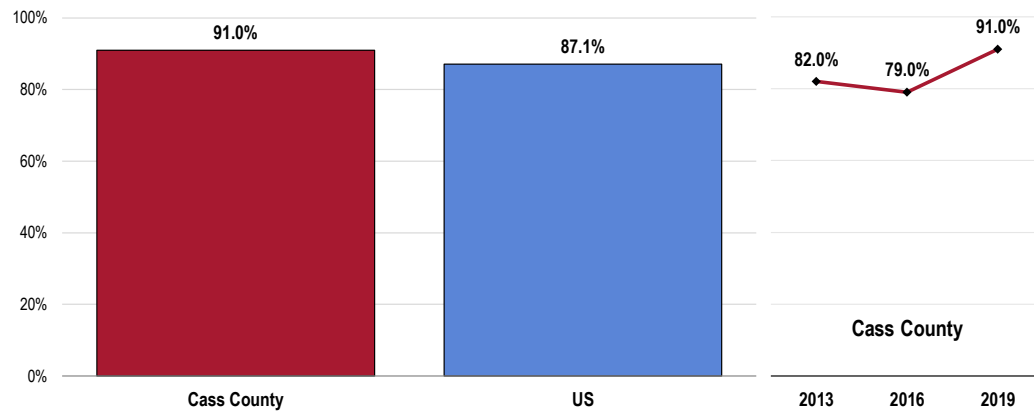
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income 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, 91.0% report that their child has had a routine checkup in the past year.

- **TREND:** Denotes a statistically significant increase since 2013.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Parents of Children 0-17)



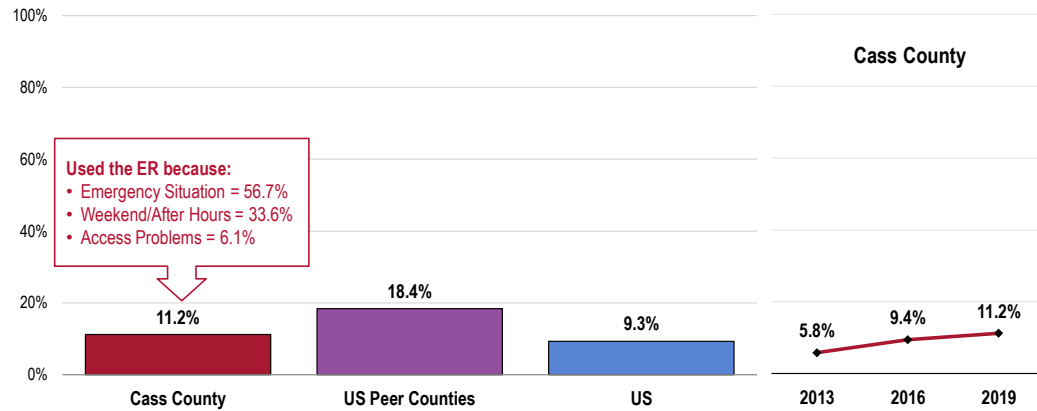
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 120]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 11.2% of Cass County adults have gone to a hospital emergency room more than once in the past year about their own health.

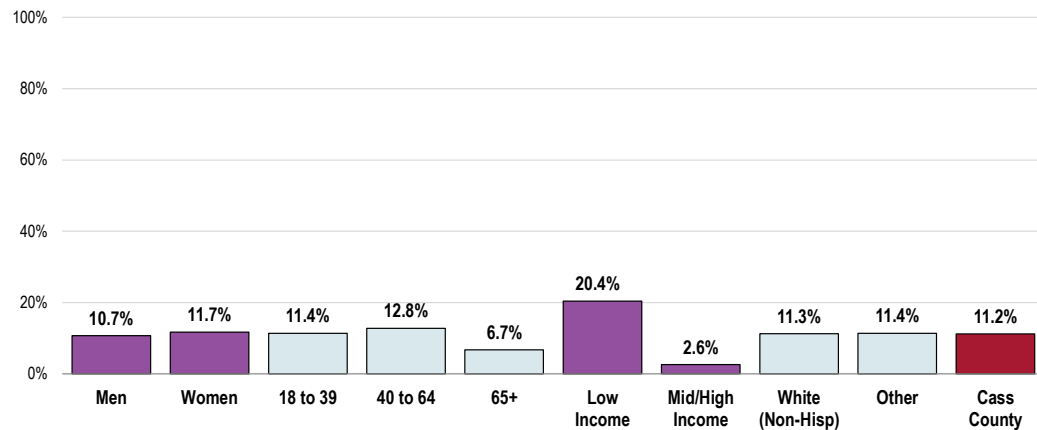
- **TREND:** Denotes a statistically significant increase since 2013.
- **DISPARITY:** Highest among adults age 40 to 64 and those in low-income households.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 22-23]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

About Oral Health

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**; and **poor dietary choices**.

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.

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; and 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.

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.

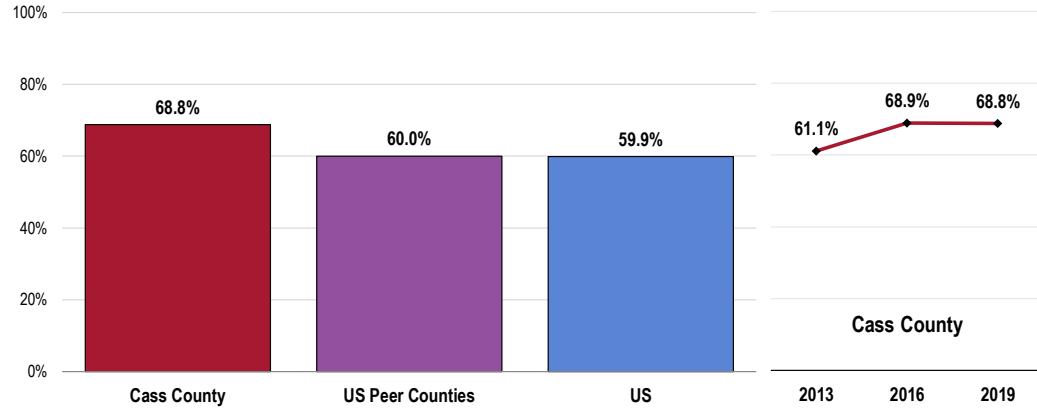
— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over two in three Cass County adults (68.8%) have dental insurance that covers all or part of their dental care costs.

- **BENCHMARK:** Above the US figure.
- **TREND:** Denotes a statistically significant increase since 2013.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 21]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).

Dental Care

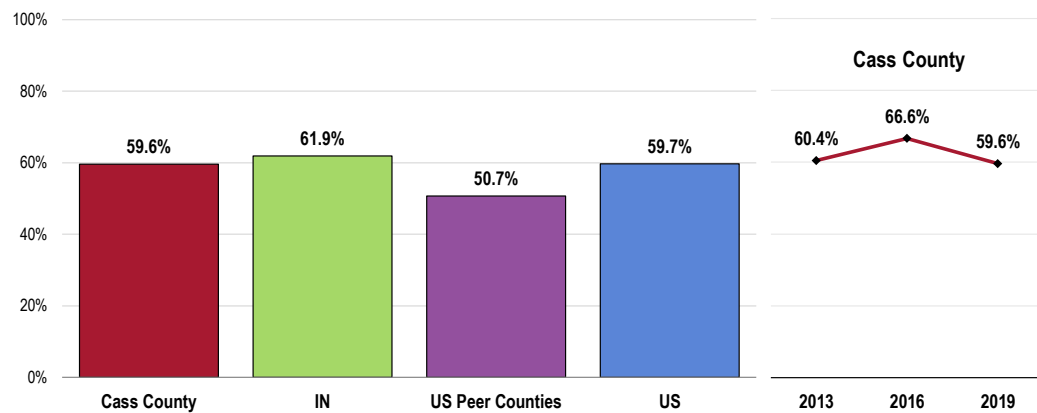
Adults

A total of 59.6% of Cass County adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK:** Easily satisfies the Healthy People 2020 objective.
- **TREND:** Though similar to the 2013 prevalence, decreasing since 2016.
- **DISPARITY:** Lowest among those without dental coverage and low-income adults.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 49.0% or Higher



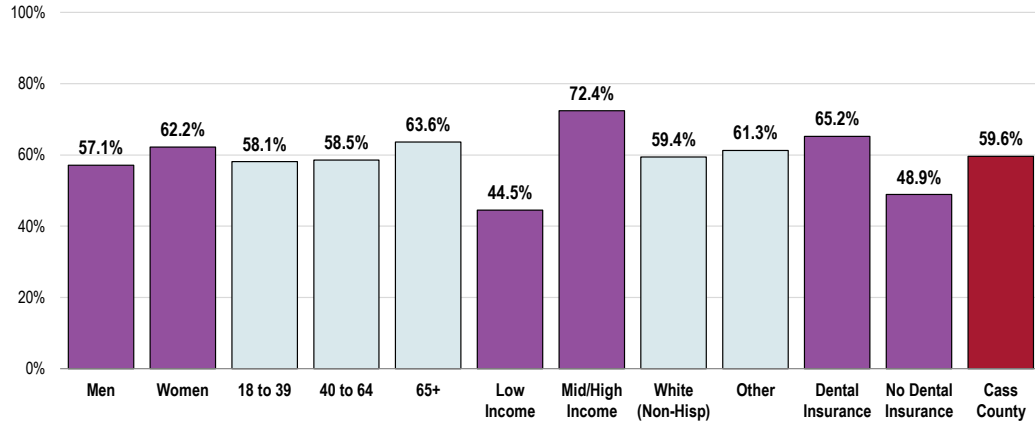
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Indiana data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Cass County, 2019)

Healthy People 2020 = 49.0% or Higher



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

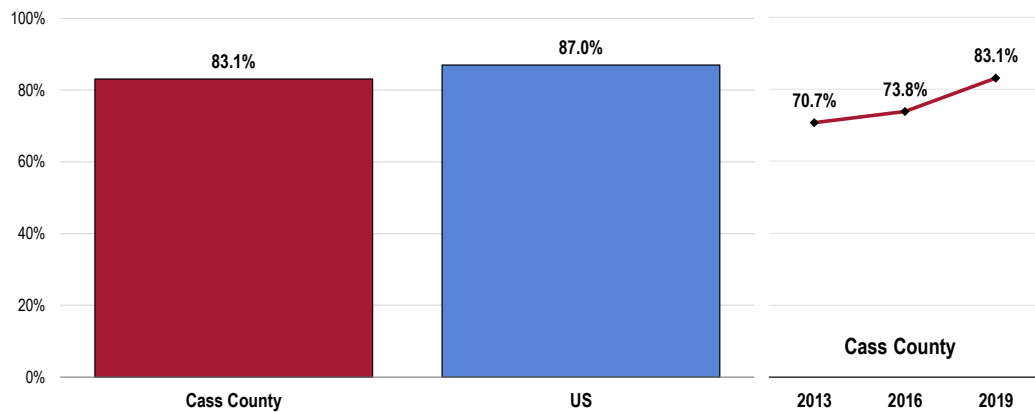
A total of 83.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **BENCHMARK:** Easily satisfies the Healthy People 2020 objective.
- **TREND:** Marks a statistically significant increase over time.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children Age 2-17)

Healthy People 2020 = 49.0% or Higher



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2017 PRC National Health Survey, PRC, 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.

Key Informant Input: Oral Health

Over half of key informants taking part in an online survey characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2019)

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



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

Top Concerns

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

Affordable Care/Services

I believe a great number of people in our community cannot afford the expenses associated with dental and oral health they fall in between the well insured and those who can utilize the state supplements. – Community Leader

Dental insurance is a luxury many can't afford. Dental care is hard to afford with coverage, let alone without. – Social Services Provider

Cost/Insurance Issues

No insurance, provider's, understanding of the importance of dental health, apathy, and on and on. With schools so focused on testing and not wanting to lose instructional time, teachers are very, very hesitant to lose instructional time for health care needs unless it's state-mandated. – Other Health Provider

Socioeconomic status, no insurance to cover dental care. – Other Health Provider

Early Diagnosis/Prevention

There are many parents in the school corporation who are missing multiple teeth. There are also students who need dental care that are not getting it. The pain caused by these oral conditions impedes learning. – Other Health Provider

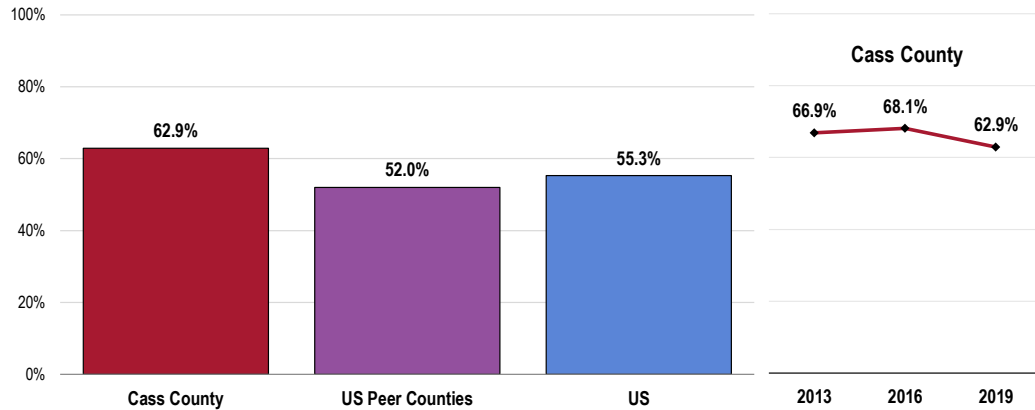
Logansport lacks comprehensive pediatric dental care locally. – Social Services Provider

Vision Care

A total of 62.9% of Cass County residents had an eye exam in the past two years during which their pupils were dilated.

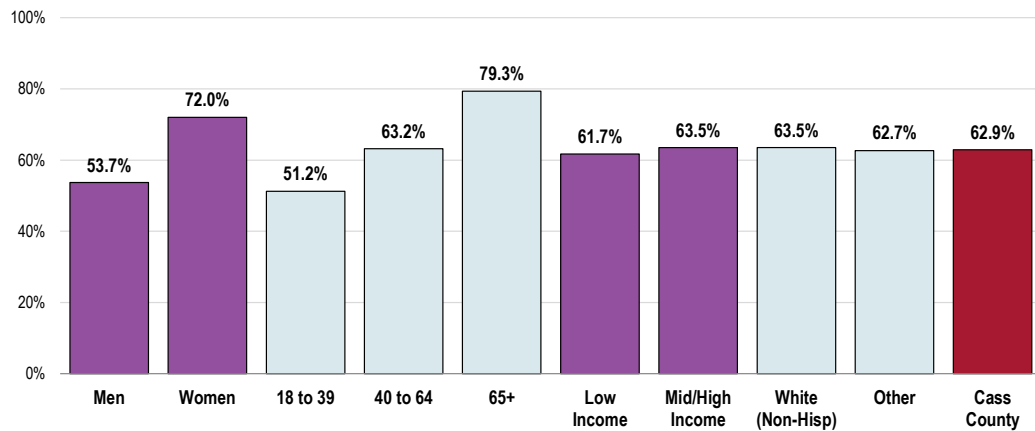
- **BENCHMARK:** Higher than the US prevalence, and specifically in peer counties.
- **DISPARITY:** Correlates with age and is much lower among men than women.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 19]
 • 2017 PRC National Health Survey, PRC, Inc.
 • "US Peer Counties" represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County ("micropolitan" classification).
 Notes: • Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Cass County, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 19]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

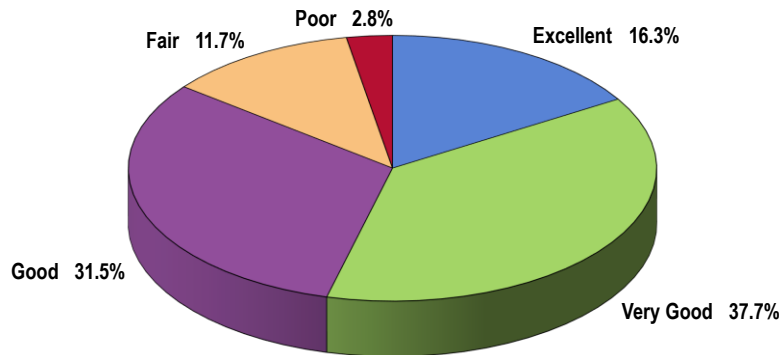
Local Resources



Perceptions of Local Healthcare Services

Most Cass County adults rate the overall healthcare services available in their community as “excellent” or “very good.”

Rating of Overall Healthcare Services Available in the Community
(Cass County, 2019)

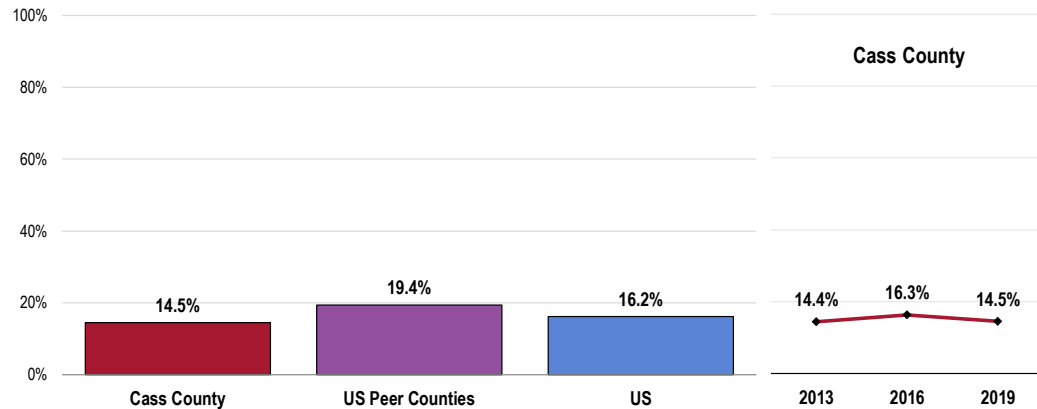


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 14.5% of residents characterize local healthcare services as “fair” or “poor.”

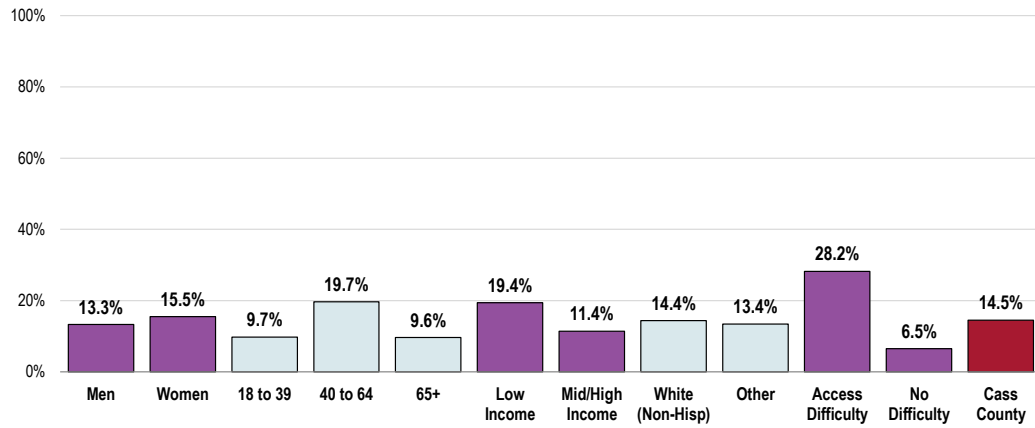
- **DISPARITY:** Adults more critical of local healthcare services include those age 40 to 64, those in low-income households, and those reporting access difficulties in the past year.

Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2017 PRC National Health Survey, PRC, Inc.
• “US Peer Counties” represents findings from PRC National Health Survey respondents living in counties with an urban/rural mix similar to that of Cass County (“micropolitan” classification).

Perceive Local Healthcare Services as “Fair/Poor” (Cass County, 2019)

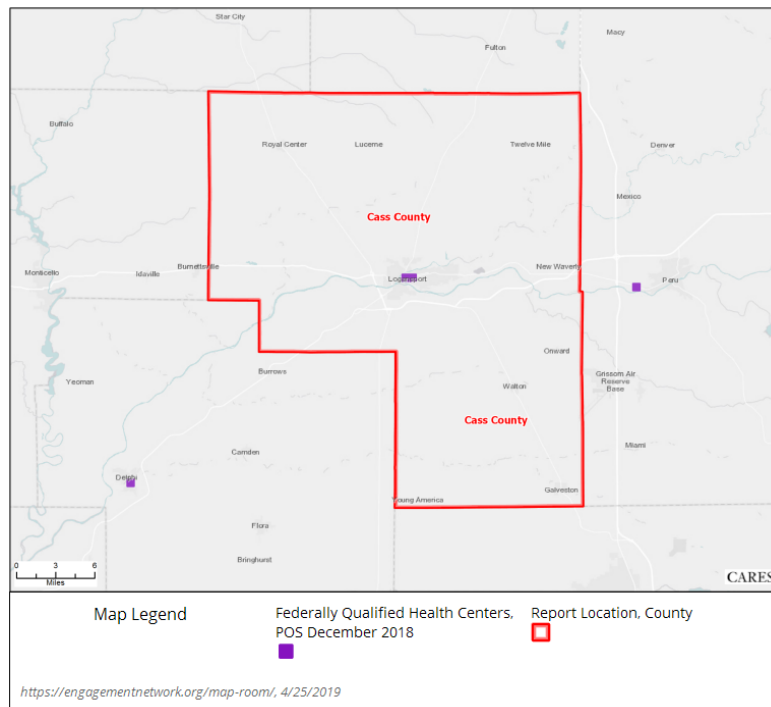


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income 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.

Healthcare Resources & Facilities

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Cass County as of December 2018.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- Cass County Community Health Clinic*
- Cass County Health Department*
- Dentist's Offices*
- Doctor's Offices*
- Express Medical Center*
- Four County Counseling Center*
- Health Department*
- Home Health and Hospice Services*
- Hospitals*
- Indiana Health Centers*
- Logansport Community School Corporation (LCSC) Health and Wellness Center*
- Lions Club*
- Logansport Memorial Hospital*
- School System*

Arthritis, Osteoporosis & Chronic Back Conditions

- Doctor's Offices*
- Massage Therapy*
- Physical Therapy*

Cancer

- American Cancer Society*
- Bodyworks Studio*
- Cancer Center*
- Cancer Support Groups*
- Cass County Government*
- Cass County Health Department*
- Chamber of Commerce*
- Churches*
- City of Logansport*
- Doctor's Offices*
- Fitness Centers/Gyms*
- Health Fairs*
- Home Health and Hospice Services*
- Hospitals*

- Logansport Community School Corporation (LCSC) Health and Wellness Center*
- Logansport Memorial Hospital*
- Senior Center*
- Support Groups*
- United Way*
- Urgent Care Center*

Dementias, Including Alzheimer's Disease

- Area Five Agency on Aging & Community Services*
- Chase Center*
- Educational Services*
- Four County Counseling Center*
- "Know Us Before You Need Us" Event*
- Logansport Memorial Hospital*
- Long-Term Care Facilities*
- McKinney Place*
- Miller's Merry Manor*
- Neal Home*
- Senior Center*
- Senior Helpers*

Diabetes

- Area Health Education Center (AHEC), North Central Indiana*
- All Saints Catholic Church*
- Area Five Agency on Aging & Community Services*
- Cass County Community Health Clinic*
- Diabetic Services*
- Doctor's Offices*
- Express Med*
- Food Pantries*
- Hospitals*
- Indiana Health Centers*
- Logansport Community School Corporation WeCare Clinic*
- Logansport Memorial Hospital*
- Logansport Memorial Physician Network*

Logansport Parks Department
 Memorial Hospital
 Nutrition Services
 Purdue Extension

Family Planning

Area Five Agency on Aging & Community Services
 Bona Vista
 Cass County Community Health Clinic
 Community Wellness Partners
 Doctor's Offices
 Four County Counseling Center
 Indiana Health Centers
 Labor and Delivery
 Logansport Memorial Hospital
 Planned Parenthood
 Purdue Extension
 School System
 The Family Birthing Center
 WIC
 Women's Health Center

Vision & Hearing

Logansport Memorial Hospital

Heart Disease & Stroke

American Heart Association
 Area Five Agency on Aging & Community Services
 Cass County Community Health Clinic
 Cass County Health Department
 Doctor's Offices
 Express Med
 Fitness Centers/Gyms
 Health Department
 Hospitals
 Indiana Health Centers
 Logansport Memorial Hospital
 Logansport, Caston and Lewis Cass School Corporations
 Memorial Hospital
 Purdue Extension
 Smoking Cessation Programs
 St. Francis Cardiology
 St. Vincent Heart Group

Immunization & Infectious Diseases

Cass County Board of Health
 Cass County Health Department
 City/County Employee Clinic

Community Health Center
 Community Health Leaders
 CVS
 Doctor's Offices
 Health Department
 Hospitals
 Logansport Memorial Hospital

Infant & Child Health

Area Five Agency on Aging & Community Services
 Cass County Board of Health
 Cass County Health Department
 Churches
 Community Partners
 Doctor's Offices
 Express Med
 Head Start
 Health Department
 Hospitals
 Indiana Health Centers
 Logansport Community School Corporation
 Logansport Memorial Hospital
 Logansport Parks Department
 Logansport Pediatrics
 Memorial Hospital
 Purdue Extension
 School System
 Social Services
 WIC

Kidney Disease

Cass County Community Health Clinic
 Dialysis Center
 Doctor's Offices
 Fresenius Kidney Care
 Hospitals

Mental Health

Area Five Agency on Aging & Community Services
 Bringing Hope Counseling
 Cass County Zero Suicide Taskforce
 Chamber of Commerce
 Churches
 Community Partners
 Doctor's Offices
 Four County Counseling Center
 Hospitals
 Howard County Behavioral

Indiana Family & Social Services Administration
Indiana Health Centers
Kokomo Behavioral Health
Logansport Memorial Hospital
Logansport State Hospital
Memorial Hospital
Mental Health Association
Mental Health Services
Outreach Centers
Pastoral Association
Peak Community Services
Purdue Extension
School System
Social Services
Steve Snyder Counseling Services
Trinity
Unity
YMCA

Nutrition, Physical Activity & Weight

Anytime Fitness
Area Five Agency on Aging & Community Services
Bodyworks
Buddy Bags
Cass County Board of Health
Cass County Community Health Clinic
Cass County Home Extension
Cass County Schools
Community at Large
Emmaus Mission Center
Farmer's Markets
Fitness Centers/Gyms
FoodFinders
Health Department
Hospitals
Indiana Health Centers
Logansport Community School Corporation
Logansport Memorial Hospital
Logansport Parks Department
Memorial Hospital
Nutrition Services
Parks and Recreation
Purdue Extension
Salvation Army
School System
Senior Center
Social Media

Summer Lunch Program
Support Groups
Walton Christian Church
Weight Watchers
WIC
Workout Anytime
Workplace Wellness Programs
YMCA

Oral Health

Dentist's Offices
Doctor's Offices
Hospitals

Respiratory Diseases

Doctor's Offices
Indiana Quit Line
Logansport Memorial Hospital
Smoking Cessation Programs

Sexually Transmitted Diseases

Board of Health
Community Health Center
Health Department
Hospitals
Indiana Health Centers

Substance Abuse

12 Step Program
AA/NA
Area Five Agency on Aging & Community Services
Cass County Jail
Cass County Sheriff's Department
Cass/Pulaski Community Corrections
Celebrate Recovery
Churches
Doctor's Offices
Drug Free Cass County
Employers
Fairbanks Alcohol & Drug Addiction Treatment Center
Four County Counseling Center
Fourth Dimension Recovery
Health Department
Hospitals
Law Enforcement
Logansport Community School Corporation
Logansport Memorial Hospital
Logansport Police Department

Logansport State Hospital
Mental Health Services
Police Department
School System
Social Agencies
Steve Snyder Counseling Services

Tobacco Use

Area Five Agency on Aging & Community Services
Cass County Community Health Clinic
Cass County Health Department
Community Health Center
Doctor's Offices
Drug Free Cass County
Four County Counseling Center
Health Department
Hospitals
Indiana Quit Line
Indiana Smoking Cessation Program
Logansport Community School Corporation
Logansport Memorial Hospital
School System
Smoking Cessation Programs
Social Services
Support Groups
Workplace Wellness Programs

Appendix



Evaluation of Past Activities

Based on the health needs priorities identified in the executive summary and implementation plan of the 2016 Community Health Needs Assessment (CHNA), this report card demonstrates measurable progress made through programs and service offerings that have since been established or pursued.

Priority #1 – Substance Abuse / Tobacco Use / Mental Health

Objective: To facilitate a coordinated and focused approach to identifying the physical, social, and mental health issues that lead to substance (drug and alcohol) abuse and tobacco abuse.

Strategy Goals (by 2019):

Increase access to local resources.

- Resource guide created and developed for businesses and organizations to use in directing individuals to appropriate agencies for treatment and/or support in battling substance use/abuse.
- Weekly orientation sessions established with Four County personnel for those looking to begin treatment for substance use/abuse.

Expand telemedicine program.

- Implemented a telehealth option at Four County.
- Implemented a telehealth clinic at Landis Elementary.

Open a local detox facility.

Expand early education intervention.

Priority #2 – Nutrition, Physical Activity, and Weight

Objective: To empower and engage participants in living healthy lifestyles, using education to demonstrate how those choices and behaviors lead to an improved quality of life.

Strategy Goals (by 2019):

Increase participation resources.

- School physicals provided to regional schools and student athletes: Logansport, Pioneer, Caston, Peru, and North Miami.
- Launched new digital marketing campaigns with content offers to educate patients on making healthy lifestyle choices in their specific health circumstances:
 - OB/GYN: “Having a Healthy Pregnancy”
 - Orthopedics: “Options for Living with Knee Pain”
 - Wound Care: “What to do for Wounds that won’t Heal”
- Implemented a telehealth option at Four County.
- Implemented a telehealth clinic at Landis Elementary.

Educate youth regarding nutrition.

- YMCA Kids Bootcamp Program with Suzy Wamsley engages kids in healthy activities and in healthy eating habits to burn calories and measure inches lost in healthy weight loss.
- Healthy Kids Day at the YMCA promotes healthy activities and nutrition in a family-oriented event to engage the whole family in healthy living and eating.

Promote family activities.

- Sims Family Connector Trail opened to connect the River Bluff Trail with Huston Park so that families can safely enjoy outdoor activities on both trails.

Improve collaborations between agencies.

****Additional Achievement:**

Implemented a Sports Medicine program with certified athletic trainers based in regional school corporations.

Priority #3 – Access to Care / Chronic Disease Management

Objective: To use a patient-centered approach in addressing the physical, financial, psychological, sociocultural, and educational barriers to accessing healthcare and managing chronic diseases.

Strategy Goals (by 2019):

Educate the community regarding A1C, Lipids, and Blood Pressure.

- Quarterly health fairs held at Tyson foods on various health topics, encouraging healthy lifestyles with special attention to A1C, Lipids, and Blood Pressure.

Organize a Community Walk.

Implement a community paramedicine program.

- Discussions and planning in progress for full implementation of a paramedicine program.

****Additional Achievement:**

Opened the Logansport Memorial Cancer Care Center to provide more access and coordination of services for one of the largest community health needs in Cass County.