



2026 COMMUNITY HEALTH NEEDS ASSESSMENT

Northwest Indiana

Sponsored by



**UChicago
Medicine**

Northwest Indiana

TABLE OF CONTENTS

INTRODUCTION	5
PROJECT OVERVIEW	6
Project Goals	6
Methodology	6
IRS FORM 990, SCHEDULE H COMPLIANCE	12
SUMMARY OF FINDINGS	13
Significant Health Needs of the Community	13
Summary Tables: Comparisons With Benchmark Data	16
COMMUNITY DESCRIPTION	30
DEMOGRAPHIC SUMMARY	31
SOCIAL DRIVERS OF HEALTH	32
Poverty, Education & Unemployment	32
Financial Resilience	33
Housing	35
Food Insecurity	37
Key Informant Input: Social Drivers of Health	38
HEALTH STATUS	39
OVERALL HEALTH STATUS	40
MENTAL HEALTH	42
Mental Health Status	42
Anxiety & Depression	43
Stress	45
Suicide	46
Mental Health Treatment	47
Key Informant Input: Mental Health	49
DEATH, DISEASE & CHRONIC CONDITIONS	50
LEADING CAUSES OF DEATH	51
CARDIOVASCULAR DISEASE	52
Heart Disease & Stroke Deaths	52
Prevalence of Heart Disease & Stroke	53
Cardiovascular Risk Factors	54
Key Informant Input: Heart Disease & Stroke	55
CANCER	56
Cancer Deaths	56
Prevalence of Cancer	58
Cancer Screenings	59
Key Informant Input: Cancer	60
RESPIRATORY DISEASE	61
Respiratory Disease Deaths	61
Prevalence of Respiratory Disease	62
Key Informant Input: Respiratory Disease	65

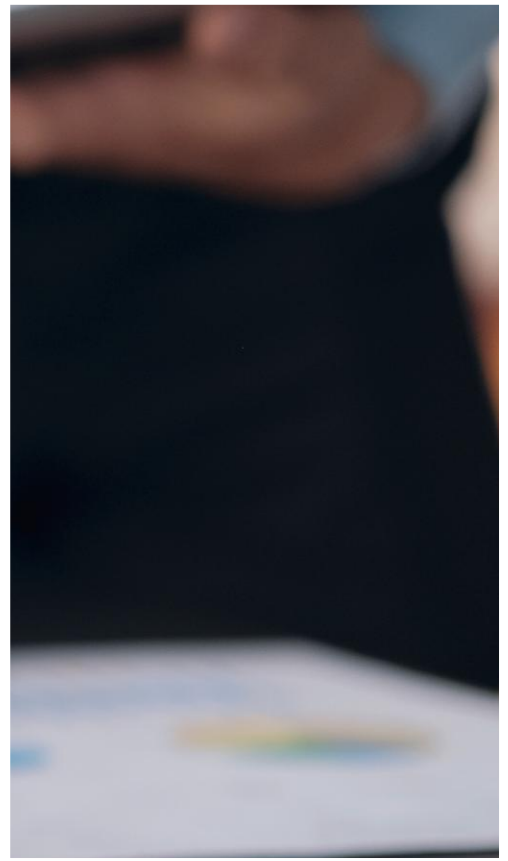


INJURY & VIOLENCE	66
Unintentional Injury	66
Intentional Injury	67
Key Informant Input: Injury & Violence	70
DIABETES	71
Diabetes Deaths	71
Prevalence of Diabetes	72
Kidney Disease Deaths	73
Key Informant Input: Diabetes	74
DISABLING CONDITIONS	75
Multiple Chronic Conditions	75
Activity Limitations	76
Chronic Pain	78
Alzheimer's Disease	79
Caregiving	80
Key Informant Input: Disabling Conditions	80
BIRTHS	81
PRENATAL CARE	82
BIRTH OUTCOMES & RISKS	83
Low-Weight Births	83
Infant Mortality	83
FAMILY PLANNING	84
Births to Adolescent Mothers	84
Key Informant Input: Infant Health & Family Planning	85
MODIFIABLE HEALTH RISKS	86
NUTRITION	87
Difficulty Accessing Fresh Produce	87
PHYSICAL ACTIVITY	89
Leisure-Time Physical Activity	89
Activity Levels	90
WEIGHT STATUS	92
Adult Weight Status	92
Children's Weight Status	95
Key Informant Input: Nutrition, Physical Activity & Weight	96
SUBSTANCE USE	97
Substance-Related Deaths	97
Excessive Drinking	98
Drug Use	99
Alcohol & Drug Treatment	101
Personal Impact From Substance Use	101
Key Informant Input: Substance Use	103
TOBACCO USE	104
Cigarette Smoking	104
Use of Vaping Products	106
Key Informant Input: Tobacco Use	108



SEXUAL HEALTH	109
HIV	109
Sexually Transmitted Infections (STIs)	110
Key Informant Input: Sexual Health	111
ACCESS TO HEALTH CARE	112
HEALTH INSURANCE COVERAGE	113
Type of Health Care Coverage	113
Lack of Health Insurance Coverage	113
DIFFICULTIES ACCESSING HEALTH CARE	115
Difficulties Accessing Services	115
Barriers to Health Care Access	116
Accessing Health Care for Children	117
Key Informant Input: Access to Health Care Services	117
PRIMARY CARE SERVICES	118
Access to Primary Care	118
Specific Source of Ongoing Care	119
Utilization of Primary Care Services	120
EMERGENCY ROOM UTILIZATION	122
ORAL HEALTH	123
Lack of Dental Insurance	123
Dental Care	124
Key Informant Input: Oral Health	125
LOCAL RESOURCES	126
PERCEPTIONS OF LOCAL HEALTH CARE SERVICES	127
HEALTH CARE RESOURCES & FACILITIES	129
Federally Qualified Health Centers (FQHCs)	129
Resources Available to Address Significant Health Needs	130
APPENDIX	132
EVALUATION OF PAST ACTIVITIES	133





INTRODUCTION



PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of UChicago Medicine Northwest Indiana. 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.
- To reduce the health disparities among residents.
- To increase accessibility to preventive services for all community residents.

This assessment was conducted on behalf of UChicago Medicine NWI by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

PRC Community Health Survey

Survey Instrument

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

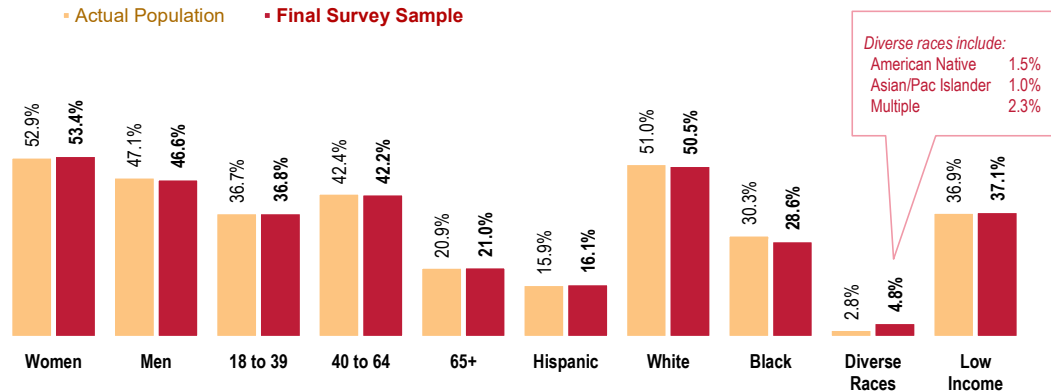
Community Defined for This Assessment

The study area for the survey effort (referred to as "UChicago Medicine NWI Service Area" or "Service Area" in this report) reflects the hospital's service area in portions of Lake County in Northwest Indiana, encompassing the communities of Crown Point, Gary, Hammond, Hobart, and Merrillville. This ZIP Code-based community definition is illustrated in the following map.



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

Population & Survey Sample Characteristics (UChicago Medicine NWI Service Area, 2026)



Sources:

- US Census Bureau, 2016-2020 American Community Survey.
- 2026 PRC Community Health Survey, PRC, Inc.

Notes:

- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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 UChicago Medicine NWI; 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. Note that, while physicians were invited to participate, none ultimately took part in the survey.

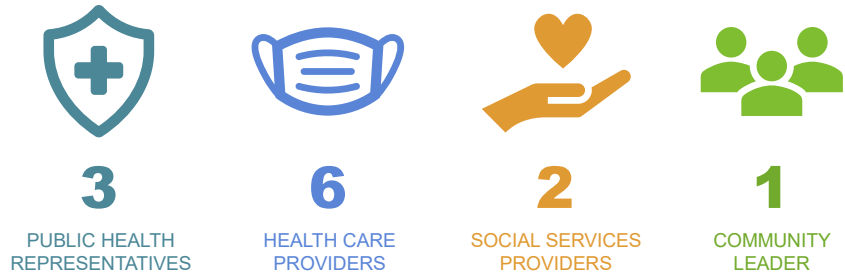


KEY INFORMANT PARTICIPATION

In all,

12

community
representatives
took part in the
Online Key
Informant
Survey.



Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the following organizations:

- American Cancer Society
- Greater Grace Church
- HealthLinc Community Health Center
- Indiana University
- Lake County Health Department
- Legacy Foundation
- Northshore Health
- UChicago Medicine NWI

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.

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 the UChicago Medicine NWI Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- 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

Note that secondary data reflect county-level data (Lake County, Indiana).

Benchmark Comparisons

Indiana Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2026 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives (<https://health.gov/healthypeople>).

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 unhoused persons, 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, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample 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

As a new facility, this is the first Community Health Needs Assessment conducted for UChicago Medicine NWI. The hospital will post this assessment online and 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 nonprofit 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	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	31
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	130
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	13
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	14
Part V Section B Line 3h The process for consulting with persons representing the community's interests	8
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	N/A (see page 133)



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); 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 key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Barriers to Access ▪ Cost of Prescriptions ▪ Primary Care Physician Ratio ▪ Emergency Room Utilization ▪ Lack of Financial Resilience
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths ▪ Including Female Breast Cancer and Colorectal Cancer Deaths
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Kidney Disease Deaths
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ High Blood Pressure Prevalence ▪ <i>Key Informants ranked this issue as a top concern.</i>
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Prenatal Care ▪ Infant Deaths ▪ <i>Key Informants ranked this issue as a top concern.</i>
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Homicide Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Mental Health Provider Ratio ▪ <i>Key Informants ranked this issue as a top concern.</i>
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Food Insecurity ▪ Overweight & Obesity [Adults] ▪ Overweight & Obesity [Children]

— continued on next page —



AREAS OF OPPORTUNITY (continued)

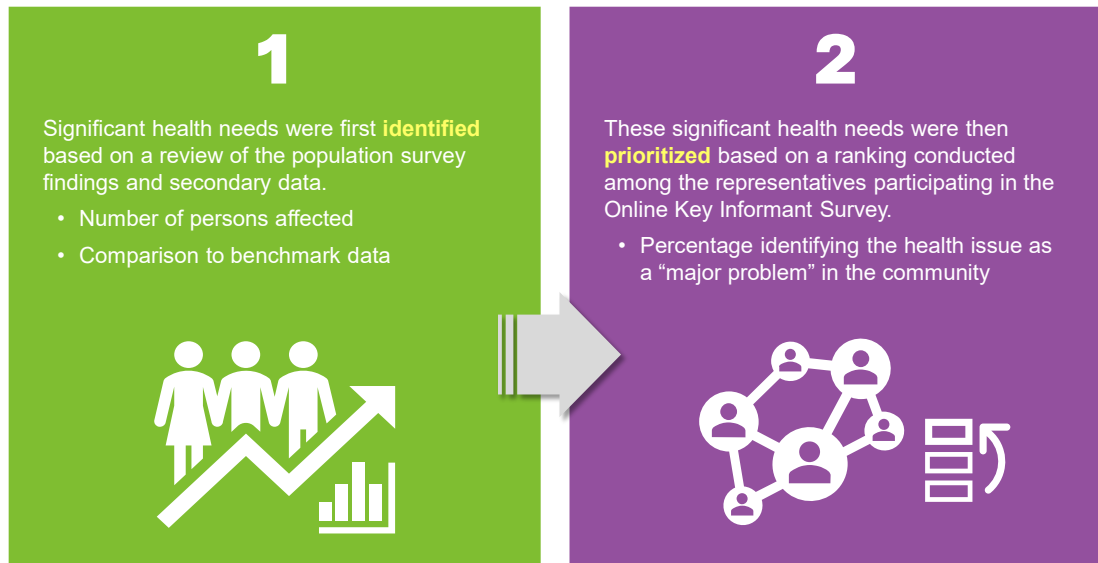
ORAL HEALTH	<ul style="list-style-type: none">▪ Regular Dental Care [Adults]▪ Regular Dental Care [Children]
RESPIRATORY DISEASE	<ul style="list-style-type: none">▪ Lung Disease Deaths
SEPTICEMIA	<ul style="list-style-type: none">▪ Septicemia Deaths
SUBSTANCE USE	<ul style="list-style-type: none">▪ Unintentional Drug-Induced Deaths▪ <i>Key Informants ranked this issue as a top concern.</i>
TOBACCO USE	<ul style="list-style-type: none">▪ Cigarette Smoking



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

IDENTIFICATION & PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS



In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

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

Note that **septicemia**, which also emerged as an Area of Opportunity, was not evaluated by participating key informants.

Keep in mind that the **social drivers of health** are an important lens through which to understand and address all of these issues.



Hospital Implementation Strategy

UChicago Medicine NWI 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.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables





















- In the following tables, UChicago Medicine NWI Service Area results are shown in the larger, gray column.
- The columns to the left of the service area column provide comparisons among the five community areas, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the UChicago Medicine NWI Service Area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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

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







DISPARITY AMONG SUBAREAS

SOCIAL DRIVERS OF HEALTH	Crown Point	Gary	Hammond	Hobart	Merrillville
Population in Poverty (Percent)					
Children in Poverty (Percent)					
No High School Diploma (Age 25+, Percent)					
Unemployment Rate (Age 16+, Percent)					
% Unable to Pay for a \$400 Emergency Expense	 26.5	 42.8	 40.2	 25.8	 33.1
% Worry/Stress Over Rent/Mortgage in Past Year	 27.9	 47.9	 40.0	 25.4	 30.3
% Unhealthy/Unsafe Housing Conditions	 6.9	 24.3	 19.7	 9.9	 8.1
% Food Insecure	 24.8	 49.0	 49.5	 28.7	 27.5






Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

 better  similar  worse

SERVICE AREA vs. BENCHMARKS



Service Area	vs. IN	vs. US	vs. HP2030
14.6 [County-Level Data]	 12.2	 12.4	 8.0
21.8 [County-Level Data]	 15.7	 16.3	 8.0
9.8 [County-Level Data]	 9.8	 10.6	
4.4 [County-Level Data]	 3.3	 4.3	
35.4		 21.3	
36.6		 31.0	
15.2		 14.0	
37.9		 29.3	

DISPARITY AMONG SUBAREAS

OVERALL HEALTH	Crown Point	Gary	Hammond	Hobart	Merrillville
% "Fair/Poor" Overall Health	 16.2	 31.2	 24.6	 26.1	 20.1




































Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS










Service Area	vs. IN	vs. US	vs. HP2030
24.0	 20.9	 21.4	

 better  similar  worse






DISPARITY AMONG SUBAREAS

ACCESS TO HEALTH CARE	Crown Point	Gary	Hammond	Hobart	Merrillville
% [Age 18-64] Lack Health Insurance	 9.6	 8.1	 7.3	 10.1	 4.6
% Difficulty Accessing Health Care in Past Year (Composite)	 51.8	 47.6	 52.6	 48.6	 50.7
% Difficulty Finding Physician in Past Year	 17.6	 20.3	 15.4	 24.3	 18.6
% Difficulty Getting Appointment in Past Year	 33.0	 23.9	 24.6	 27.8	 25.6
% Cost Prevented Physician Visit in Past Year	 21.3	 20.1	 21.3	 17.1	 16.5
% Transportation Hindered Dr Visit in Past Year	 5.7	 22.6	 15.9	 9.4	 10.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	 22.8	 22.1	 25.3	 23.3	 18.5

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
7.8	 8.9	 8.5	 7.6
50.2		 50.4	
18.8		 20.6	
26.6		 26.6	
19.6		 16.4	
14.1		 13.3	
22.4		 21.9	

DISPARITY AMONG SUBAREAS

CANCER	Crown Point	Gary	Hammond	Hobart	Merrillville
Cancer Deaths per 100,000					
Lung Cancer Deaths per 100,000					
Prostate Cancer Deaths per 100,000					
Female Breast Cancer Deaths per 100,000					
Colorectal Cancer Deaths per 100,000					
% Cancer	 13.9	 8.9	 9.3	 11.2	 15.5
% [Women 40-74] Breast Cancer Screening					
% [Women 21-65] Cervical Cancer Screening					
% [Age 45-75] Colorectal Cancer Screening					

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
198.9 [County-Level Data]	 204.1	 182.5	
43.7 [County-Level Data]	 52.3	 39.8	
22.5 [County-Level Data]	 20.3	 20.1	
30.7 [County-Level Data]	 26.4	 25.1	
19.3 [County-Level Data]	 18.6	 16.3	
11.5	 12.3	 10.7	
78.1		 78.0	 80.3
70.4		 74.9	 79.2
76.8		 77.5	 72.8


better


similar


worse

DISPARITY AMONG SUBAREAS

DIABETES	Crown Point	Gary	Hammond	Hobart	Merrillville
Diabetes Deaths per 100,000					
% Diabetes/High Blood Sugar	15.3	16.9	18.4	20.3	14.5
% Borderline/Pre-Diabetes	15.5	16.6	13.6	13.0	14.4
Kidney Disease Deaths per 100,000					

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
37.9 [County-Level Data]	36.5	30.5	
16.8	14.3	15.4	
15.0		13.2	
26.0 [County-Level Data]	21.7	16.9	

better similar worse






DISPARITY AMONG SUBAREAS

DISABLING CONDITIONS	Crown Point	Gary	Hammond	Hobart	Merrillville
% 3+ Chronic Conditions	39.0	50.5	44.3	45.6	38.6
% Activity Limitations	17.8	30.4	28.9	31.0	25.8
% High-Impact Chronic Pain	15.2	25.3	21.3	24.3	18.0
Alzheimer's Disease Deaths per 100,000					

SERVICE AREA vs. BENCHMARKS


Service Area	vs. IN	vs. US	vs. HP2030
44.0		39.9	
26.7		32.0	
20.8		23.2	6.4
24.1 [County-Level Data]	32.9	35.8	

DISPARITY AMONG SUBAREAS

DISABLING CONDITIONS (continued)	Crown Point	Gary	Hammond	Hobart	Merrillville
% Caregiver to a Friend/Family Member	 20.8	 33.9	 25.5	 29.9	 33.1


























Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
28.9		 28.1	

 better  similar  worse

DISPARITY AMONG SUBAREAS

HEART DISEASE & STROKE	Crown Point	Gary	Hammond	Hobart	Merrillville
Heart Disease Deaths per 100,000					
Stroke Deaths per 100,000					
% Heart Disease	 5.5	 13.0	 11.2	 10.5	 12.1
% Stroke	 3.9	 6.3	 5.6	 4.4	 2.1
% High Blood Pressure	 47.2	 53.2	 41.1	 48.2	 42.9
% High Cholesterol	 36.9	 34.7	 31.9	 39.9	 32.2
% 1+ Cardiovascular Risk Factor	 88.7	 90.9	 91.7	 89.0	 86.3

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
252.5 [County-Level Data]	 224.0	 209.5	
53.0 [County-Level Data]	 50.6	 49.3	
10.7	 8.2	 9.5	
4.7	 4.2	 5.6	
46.9	 37.6	 41.5	 41.9
34.6		 36.2	
89.5		 86.7	

 better  similar  worse

DISPARITY AMONG SUBAREAS

INFANT HEALTH & FAMILY PLANNING	Crown Point	Gary	Hammond	Hobart	Merrillville
No Prenatal Care in First 6 Months (Percent of Births)					
Low Birthweight (Percent of Births)					
Infant Deaths per 1,000 Births					
Teen Births per 1,000 Females 15-19					

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
7.4 [County-Level Data]	6.3	6.1	
8.9 [County-Level Data]	8.3	8.4	
7.3 [County-Level Data]	6.7	5.5	5.0
18.0 [County-Level Data]	19.0	15.5	

better similar worse






DISPARITY AMONG SUBAREAS

INJURY & VIOLENCE	Crown Point	Gary	Hammond	Hobart	Merrillville
Unintentional Injury Deaths per 100,000					
Motor Vehicle Crash Deaths per 100,000					
Homicide Deaths per 100,000					
% Victim of Violent Crime in Past 5 Years	 3.5	 8.2	 6.0	 5.6	 3.2

SERVICE AREA vs. BENCHMARKS


Service Area	vs. IN	vs. US	vs. HP2030
70.9 [County-Level Data]	74.1	67.8	
12.5 [County-Level Data]	14.1	13.3	
17.7 [County-Level Data]	8.5	7.6	
5.5		7.1	

DISPARITY AMONG SUBAREAS

INJURY & VIOLENCE (continued)	Crown Point	Gary	Hammond	Hobart	Merrillville
% Victim of Intimate Partner Violence	 19.1	 25.6	 25.7	 19.9	 11.7































Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
21.0		 20.8	

 better  similar  worse











DISPARITY AMONG SUBAREAS

MENTAL HEALTH	Crown Point	Gary	Hammond	Hobart	Merrillville
% "Fair/Poor" Mental Health	 22.7	 27.2	 28.0	 17.0	 21.9
% Diagnosed Depression	 30.7	 27.4	 30.8	 27.8	 21.8
% Diagnosed Anxiety	 27.9	 27.0	 32.5	 40.2	 29.3
% Symptoms of Chronic Depression	 40.4	 47.0	 51.6	 34.2	 36.8
% Diagnosed Anxiety and/or Depression	 37.2	 35.1	 39.3	 43.8	 31.8
% Typical Day Is "Extremely/Very" Stressful	 12.7	 18.5	 16.7	 15.8	 16.2
Suicide Deaths per 100,000					

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
24.4		 20.0	
27.7	 24.5	 30.7	
30.1		 31.6	
43.3		 40.1	
36.6		 40.2	
16.2		 17.9	
15.5 [County-Level Data]	 16.8	 14.7	





DISPARITY AMONG SUBAREAS

MENTAL HEALTH (continued)	Crown Point	Gary	Hammond	Hobart	Merrillville
Mental Health Providers per 100,000					
% Receiving Mental Health Treatment	 22.8	 18.3	 22.9	 28.7	 22.6
% Unable to Get Mental Health Services in Past Year	 4.2	 15.4	 11.8	 7.3	 10.1


























Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

 better  similar  worse














SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
219.2 [County-Level Data]	 210.4	 337.1	
22.0		 23.2	
10.5		 9.1	

DISPARITY AMONG SUBAREAS




NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Crown Point	Gary	Hammond	Hobart	Merrillville
% "Very/Somewhat" Difficult to Buy Fresh Produce	 18.0	 25.3	 29.1	 15.7	 18.5
% No Leisure-Time Physical Activity	 20.7	 30.3	 27.3	 19.6	 24.6
% Meet Physical Activity Guidelines	 28.6	 23.7	 30.6	 31.5	 28.5
% [Child 2-17] Physically Active 1+ Hours per Day					
% Overweight (BMI 25+)	 70.9	 69.5	 76.4	 64.6	 73.4
% Obese (BMI 30+)	 41.4	 39.2	 45.1	 32.0	 43.0

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
22.4		 25.4	
25.5	 24.6	 22.3	 21.8
27.9	 29.3	 29.2	 29.7
45.6		 35.8	
71.5	 59.7	 66.4	
40.9	 38.4	 37.5	 36.0

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG SUBAREAS				
	Crown Point	Gary	Hammond	Hobart	Merrillville
% [Child 5-17] Overweight (85th Percentile)					
% [Child 5-17] Obese (95th Percentile)					

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Service Area	SERVICE AREA vs. BENCHMARKS		
	vs. IN	vs. US	vs. HP2030
43.2		 32.2	
29.3		 21.0	 15.5













better










similar



worse

ORAL HEALTH	DISPARITY AMONG SUBAREAS				
	Crown Point	Gary	Hammond	Hobart	Merrillville
% Lack of Dental Insurance	 20.2	 24.6	 25.0	 23.7	 24.7
% Dental Visit in Past Year	 68.3	 49.4	 50.8	 65.0	 59.4
% [Child 2-17] Dental Visit in Past Year					

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Service Area	SERVICE AREA vs. BENCHMARKS		
	vs. IN	vs. US	vs. HP2030
23.7		 24.8	 25.0
57.1	 63.1	 63.5	 45.0
77.6		 85.1	 45.0



better













similar



worse

DISPARITY AMONG SUBAREAS

RESPIRATORY DISEASE	Crown Point	Gary	Hammond	Hobart	Merrillville
Lung Disease Deaths per 100,000					
Pneumonia/Influenza Deaths per 100,000					
% Asthma	 21.0	 24.0	 20.9	 15.6	 11.1
% [Child 0-17] Asthma					
% COPD (Lung Disease)	 6.9	 12.3	 15.6	 12.7	 7.1

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
53.2 [County-Level Data]	 64.3	 43.5	
13.0 [County-Level Data]	 11.9	 13.4	
19.3	 11.0	 17.2	
15.0		 15.2	
10.9	 8.9	 8.7	



 better
  similar
  worse




DISPARITY AMONG SUBAREAS

SEPTICEMIA	Crown Point	Gary	Hammond	Hobart	Merrillville
Septicemia Deaths per 100,000					

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
21.8 [County-Level Data]	 12.8	 12.5	

 better
  similar
  worse

DISPARITY AMONG SUBAREAS

SEXUAL HEALTH	Crown Point	Gary	Hammond	Hobart	Merrillville
HIV Prevalence per 100,000					
Chlamydia Incidence per 100,000					
Gonorrhea Incidence per 100,000					

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
272.9 [County-Level Data]	223.0	386.6	
567.7 [County-Level Data]	491.0	492.2	
163.4 [County-Level Data]	144.0	179.0	

better similar worse
















DISPARITY AMONG SUBAREAS

SUBSTANCE USE	Crown Point	Gary	Hammond	Hobart	Merrillville
Alcohol-Induced Deaths per 100,000					
Unintentional Drug-Induced Deaths per 100,000					
% Excessive Drinking	 25.1	 22.6	 23.7	 21.0	 16.6
% Used Marijuana/THC in Past Year	 14.2	 23.8	 24.8	 14.4	 21.5
% Used an Illicit Drug in Past Month	 2.8	 5.3	 10.1	 1.7	 2.1

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
13.5 [County-Level Data]	16.3	15.7	
37.0 [County-Level Data]	35.9	29.7	
22.0	15.9	25.1	
20.7		26.4	
4.8		3.9	
















DISPARITY AMONG SUBAREAS

SUBSTANCE USE (continued)	Crown Point	Gary	Hammond	Hobart	Merrillville
% Used a Prescription Opioid in Past Year	 15.2	 13.9	 16.0	 20.7	 17.8
% Ever Sought Help for Alcohol or Drug Problem	 2.1	 7.4	 10.4	 6.2	 5.1
% Personally Impacted by Substance Use	 33.8	 37.0	 37.2	 33.9	 31.5

Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

 better  similar  worse




DISPARITY AMONG SUBAREAS

TOBACCO USE	Crown Point	Gary	Hammond	Hobart	Merrillville
% Smoke Cigarettes	 19.0	 29.7	 30.3	 16.1	 14.9
% Someone Smokes at Home	 7.5	 28.6	 26.1	 15.4	 16.5
% Use Vaping Products	 7.2	 19.4	 23.0	 13.2	 6.4








Note: In the section above, each subarea is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

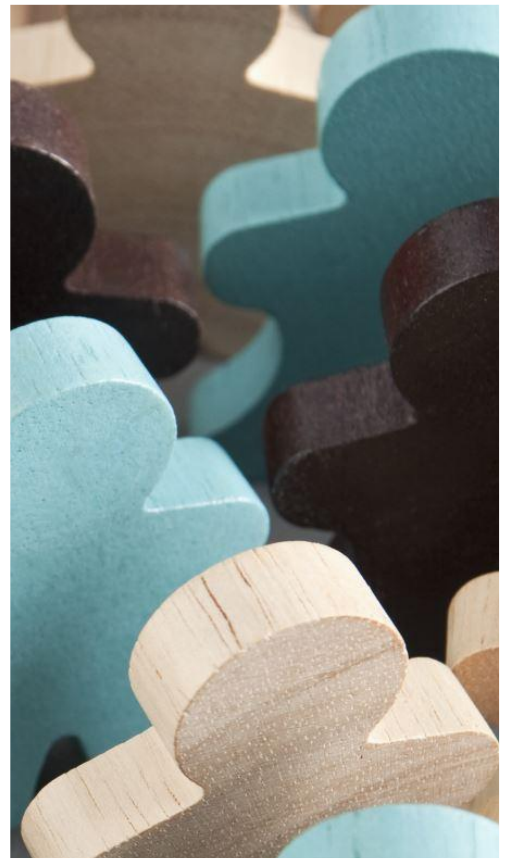
 better  similar  worse

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
16.0		 16.0	
6.4		 8.2	
35.0		 46.8	

SERVICE AREA vs. BENCHMARKS

Service Area	vs. IN	vs. US	vs. HP2030
23.4	 13.9	 20.5	 6.1
20.1		 15.9	 7.1
14.6	 9.2	 15.3	



COMMUNITY DESCRIPTION



DEMOGRAPHIC SUMMARY

The following table outlines the core demographic characteristics of Lake County, Indiana, which encompasses the UChicago Medicine NWI Service Area. Note that:

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.
- 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.
- Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- 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.

Core Demographic Summary

		Lake County	Indiana	US
Total Population		498,990	6,811,752	332,387,540
% Population Change, 2010-2020		+0.5	+4.7	+7.1
Age	0-17 (%)	23.4	23.4	22.2
	18-64 (%)	59.2	60.2	61.0
	65+ (%)	17.4	16.4	16.8
Ethnicity	Hispanic (%)	20.5	8.4	19.0
Race	White (%)	57.2	78.5	63.4
	Black (%)	23.2	9.3	12.4
	Asian (%)	1.6	2.5	5.8
	American Indian or Alaska Native (%)	0.4	0.3	0.2
Percent of Population Living in Areas Designated as Urban (%)		92.7	69.5	75.2

Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).

 Note:

- People who identify their origin as Hispanic may be of any race.
- 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.



SOCIAL DRIVERS OF HEALTH

ABOUT SOCIAL DRIVERS OF HEALTH

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

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

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

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

– Healthy People 2030

Poverty, Education & Unemployment

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

Poverty, Education & Unemployment

	Lake County	Indiana	US
% of Total Population Living Below 100% of the Federal Poverty Level	14.6	12.2	12.4
% of Children (<Age 18) Living Below 100% of the Federal Poverty Level	21.8	15.7	16.3
% of Population Age 25+ Without a High School Diploma	9.8	9.8	10.6
Unemployment Rate (November 2025)*	4.4	3.3	4.3

Sources:

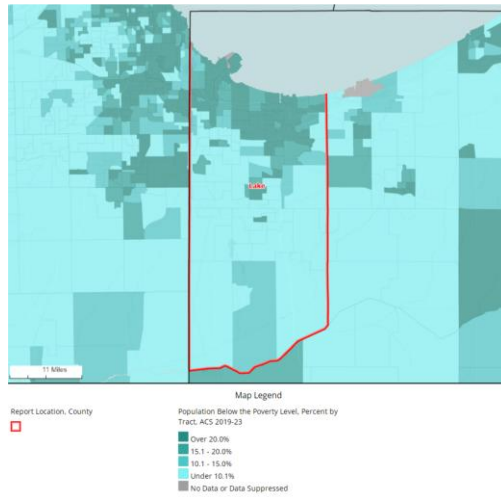
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).

 Notes:

- *Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

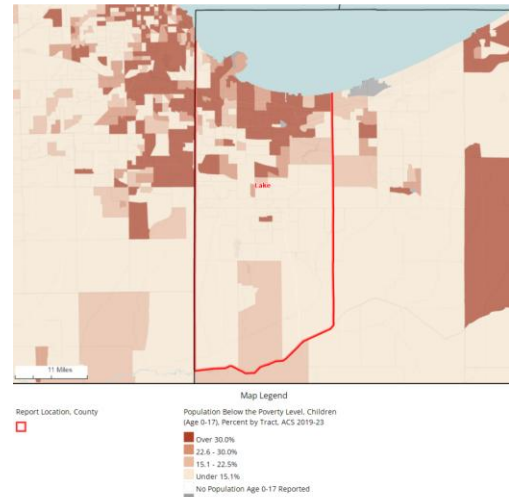


Population Below the Poverty Level (All Ages)



SparkMap

Children (Age 0-17) Below the Poverty Level



SparkMap

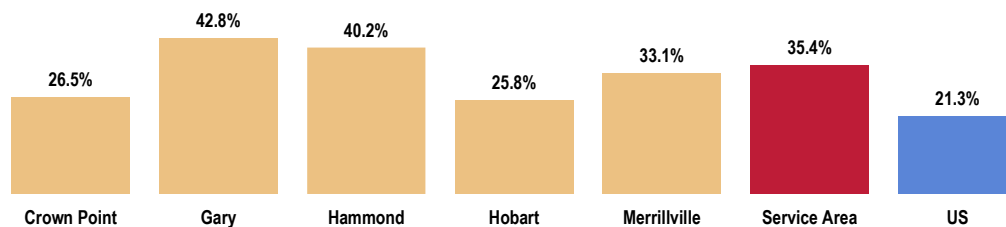
Financial Resilience

A total of **35.4%** of service area residents would not be able to afford an unexpected \$400 expense without borrowing, using credit, or otherwise going into debt.

BENCHMARK ► Well above the national prevalence.

DISPARITY ► Highest among respondents in Gary. Reported more often among women, young adults, and (especially) those with lower household incomes.

Do Not Have Funds on Hand to Cover a \$400 Emergency Expense



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:

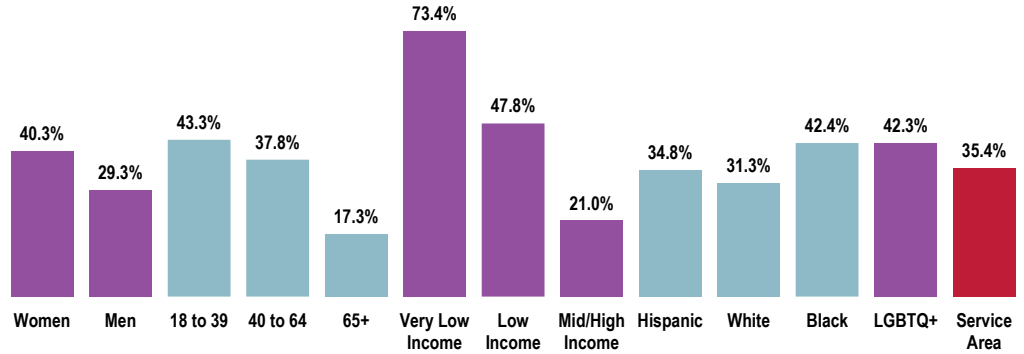
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.



Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

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.

Do Not Have Funds on Hand to Cover a \$400 Emergency Expense (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes: • Asked of all respondents.

• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data 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 2025 guidelines place the poverty threshold for a family of four at \$32,150 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category (White or Black/African American), without Hispanic origin.

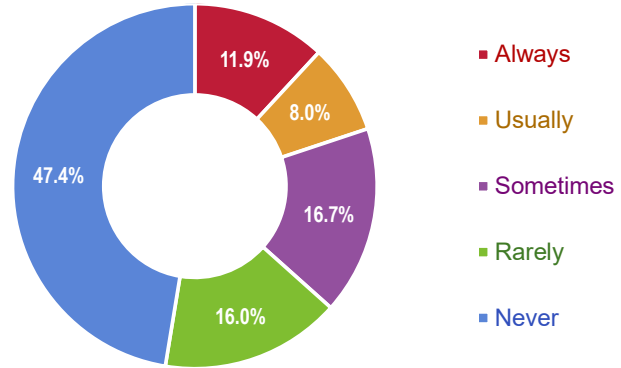


Housing

Housing Insecurity

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

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year (Service Area, 2026)



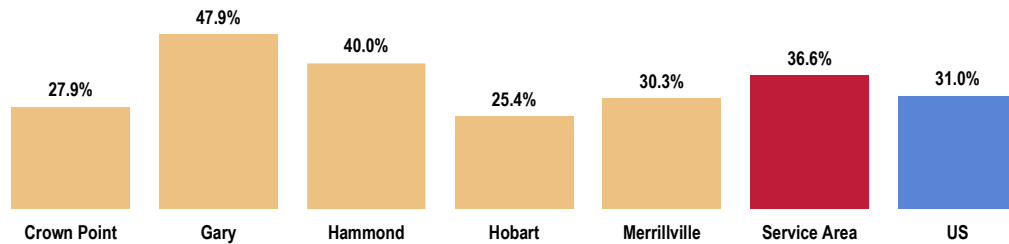
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: • Asked of all respondents.

However, 36.6% report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Higher than the US percentage.

DISPARITY ▶ Highest among Gary residents. Reported more often among young adults, those living in households with lower incomes, Black respondents, and those who rent their homes.

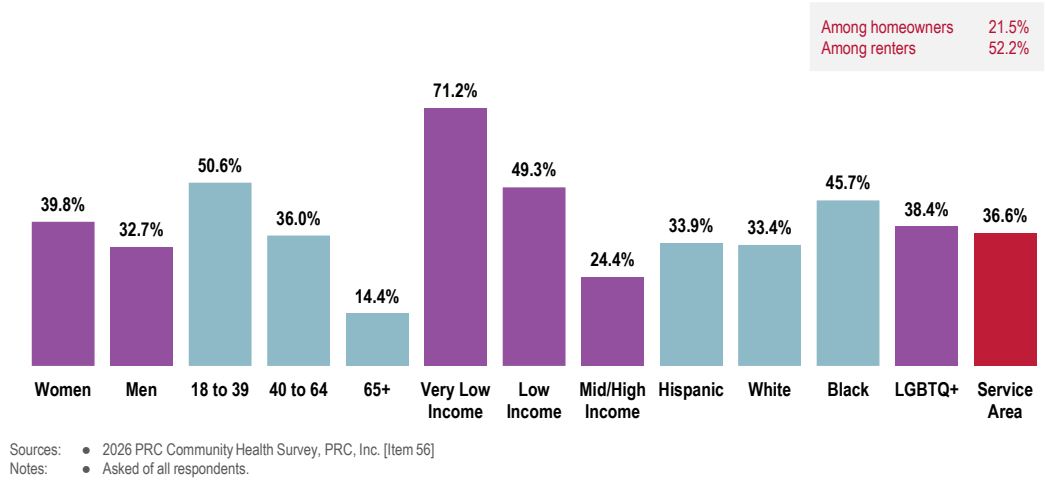
“Always/Usually/Sometimes” Worried About Paying Rent/ Mortgage in the Past Year



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 56]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Service Area, 2026)

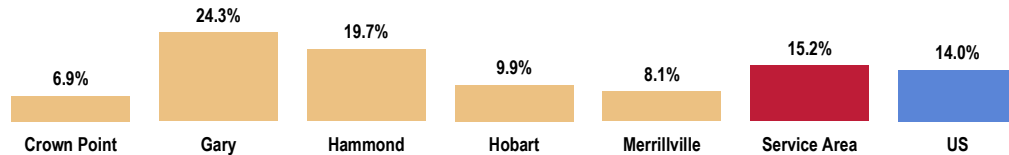


Unhealthy or Unsafe Housing

A total of 15.2% of service area residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► Highest among respondents in Gary.

Unhealthy or Unsafe Housing Conditions in the Past Year



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 55]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



Food Insecurity

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."

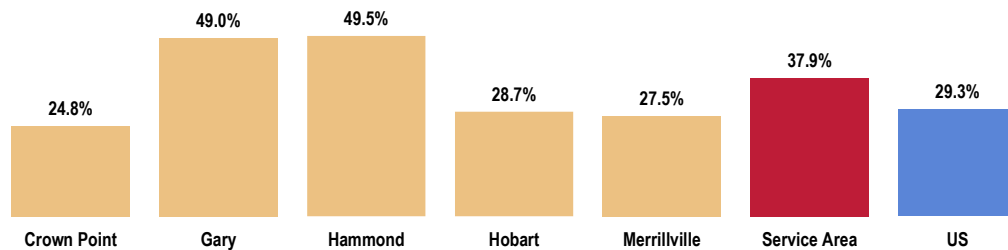
Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Overall, 37.9% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ▶ Higher than the national figure.

DISPARITY ▶ Highest in the Gary and Hammond communities. Affecting these respondents more often: women, young adults, those with lower incomes (especially), and LGBTQ+ adults.

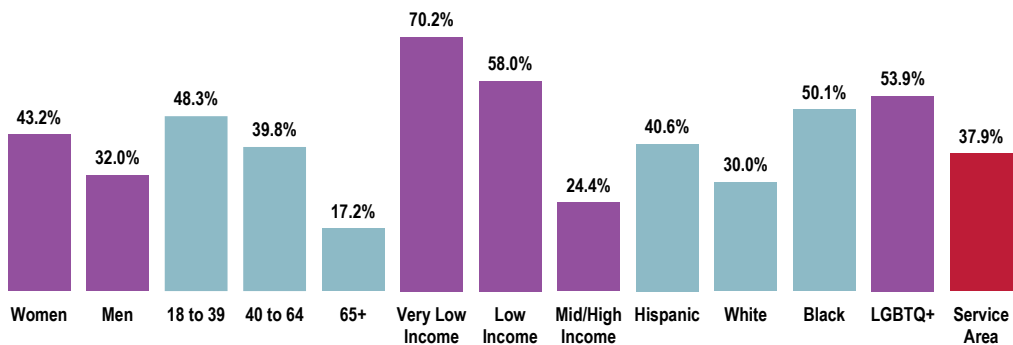
Food Insecure



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 98]
 • 2026 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecure (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 98]

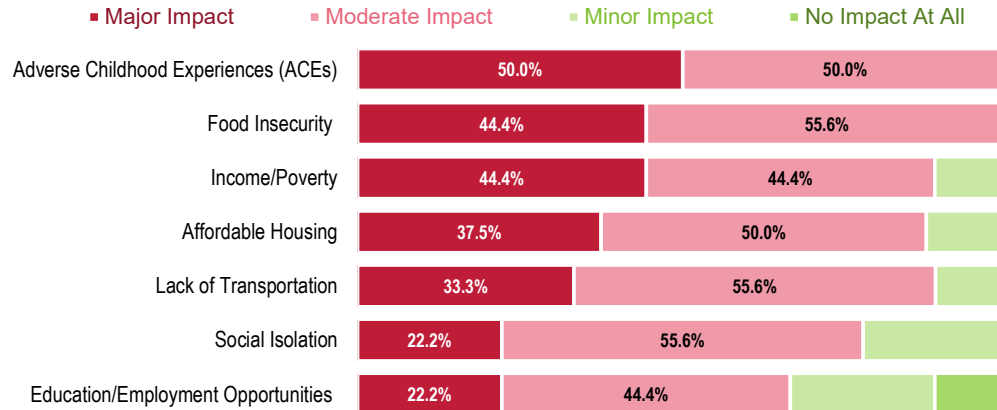
Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



Key Informant Input: Social Drivers of Health

Key informants taking part in the Online Key Informant Survey acknowledge that various social drivers of health have significant impact on community health.

Perceived Impact of Social Drivers on Health in the Community (Key Informants; Service Area, 2026)



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

When asked what social driver of health is most important for community organizations to address, respondents shared the following:

Transportation

Public transportation. — Public Health Representative

Transportation. — Social Services Provider

HealthLinc does provide transportation services to and from their doctor appointments. UBER — but many people cannot afford it. There are also other local medical clinics that provide transportation for their patients. — Health Care Provider

Income/Poverty

Living wages to support themselves and their families. — Health Care Provider

Poverty. — Public Health Representative

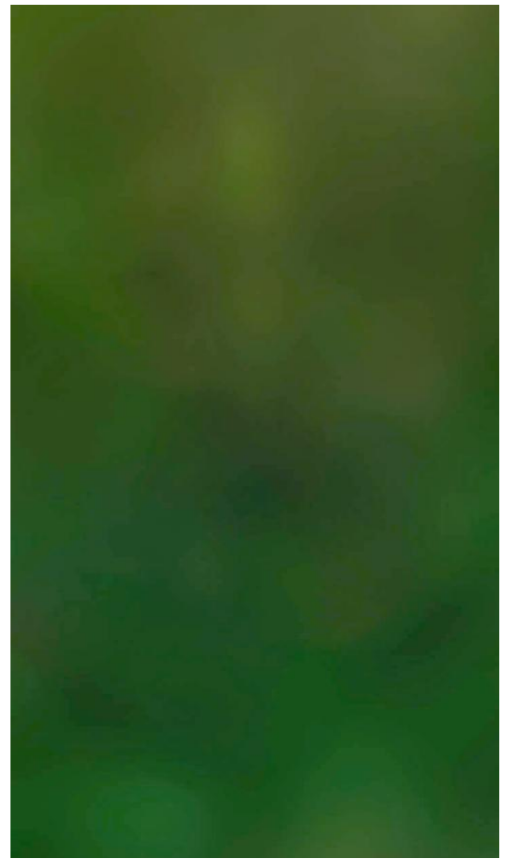
Access to Basic Needs

Access: food, transportation, and health services. Access to food, housing, transportation, and health services. Without access, improvements in education, employment, or health cannot take root. — Social Services Provider

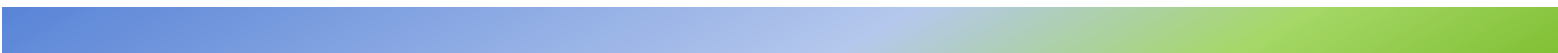
Adverse Childhood Events

Adverse childhood events. — Public Health Representative





HEALTH STATUS

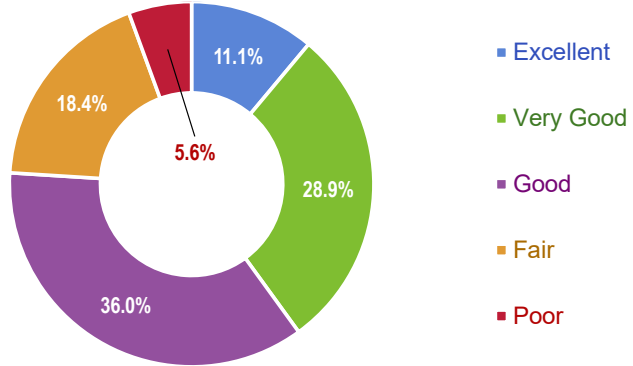


OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

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

Overall Health Status
(Service Area, 2026)

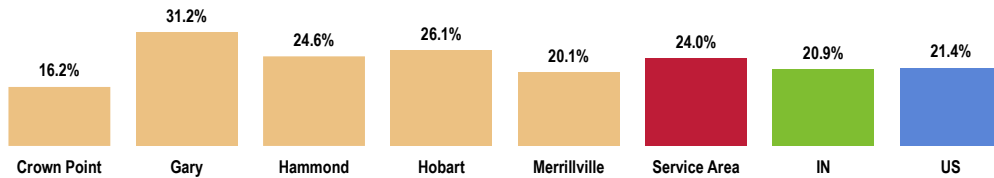


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 24.0% of service area adults believe that their overall health is "fair" or "poor."

DISPARITY ► Highest in Gary. Reported more often among older adults (age 65+) and people living at the lower income levels.

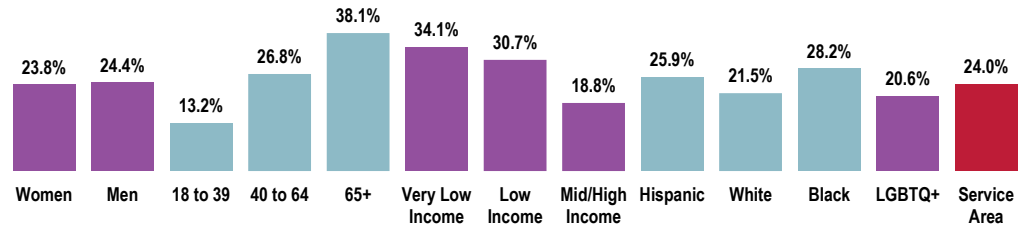
Experience "Fair" or "Poor" Overall Health



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

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

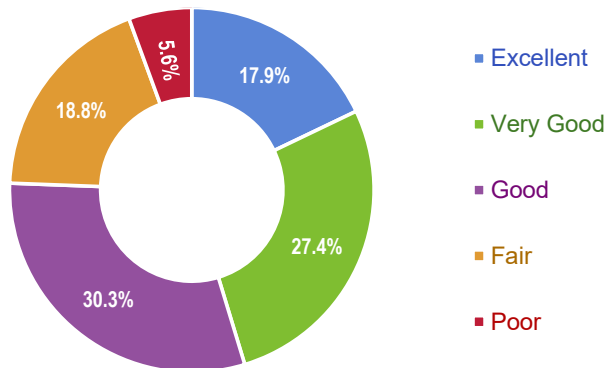
– Healthy People 2030

Mental Health Status

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

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

Mental Health Status
(Service Area, 2026)



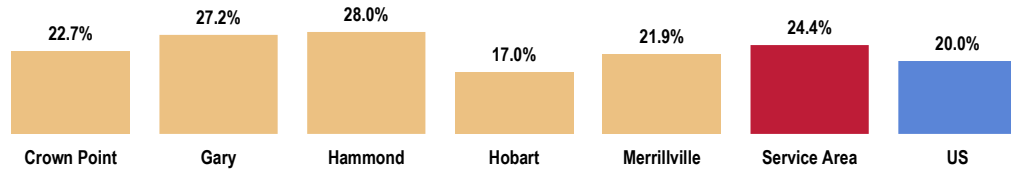
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.



However, 24.4% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Higher than the national percentage.

Experience “Fair” or “Poor” Mental Health



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 77]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

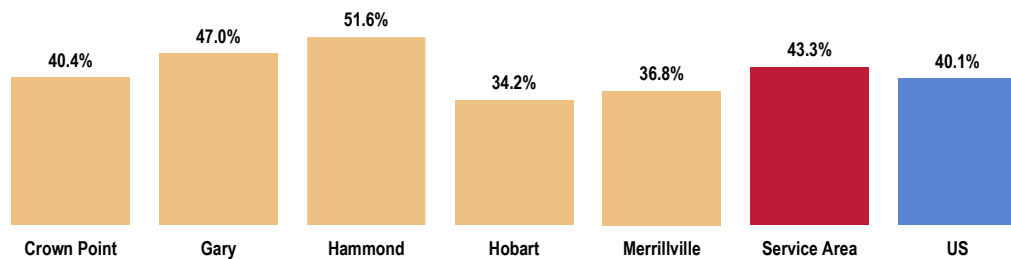
Anxiety & Depression

Symptoms of Chronic Depression

A total of 43.3% of service area 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).

DISPARITY ► Reported more often in Hammond.

Have Experienced Symptoms of Chronic Depression



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 78]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Diagnosed Anxiety & Depression

Anxiety was described to respondents as including conditions such as acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder.

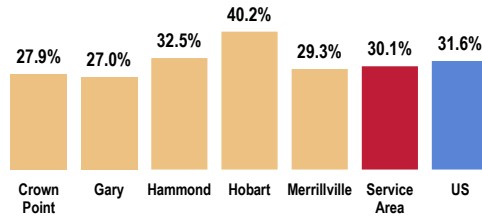
Depressive disorders were described as including depression, major depression, dysthymia, or minor depression.

A total of 30.1% of service area adults have been diagnosed by a physician or other health professional as having **anxiety**.

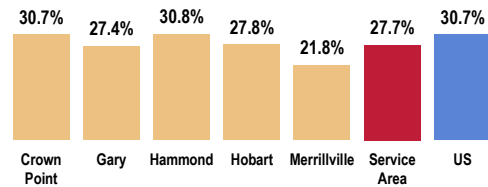
DISPARITY ► Highest in Hobart.

A total of 27.7% of service area adults have been diagnosed by a physician or other health professional as having a **depressive disorder**.

Have Been Diagnosed With an Anxiety Disorder



Have Been Diagnosed With a Depressive Disorder



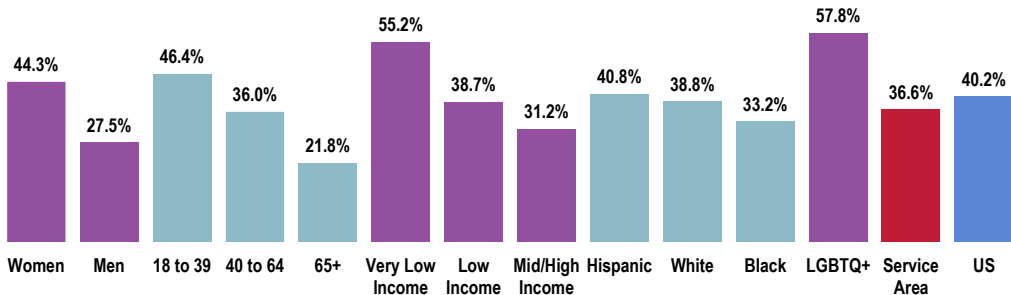
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 80-306]
• 2026 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Anxiety disorders include acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.

Among survey respondents, 36.6% have been diagnosed with either anxiety or depression (or both).

DISPARITY ► Highest among women, young adults, those with very low incomes, and those who identify as LGBTQ+.

Diagnosed With Anxiety and/or Depression (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 307]
• 2026 PRC National Health Survey, PRC, Inc.

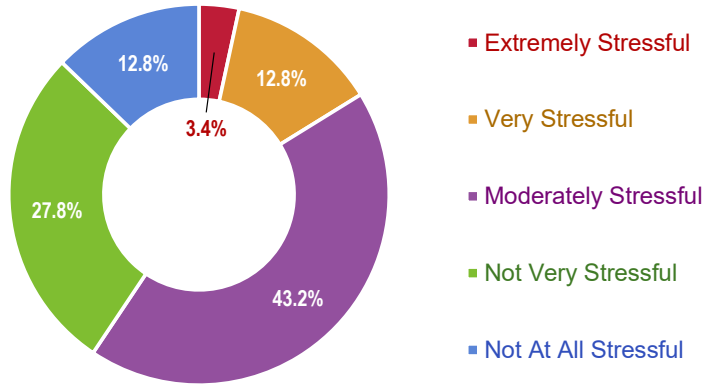
Notes: • Asked of all respondents.
• Anxiety disorders include acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder; depressive disorders include depression, major depression, dysthymia, or minor depression.



Stress

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

Perceived Level of Stress On a Typical Day
(Service Area, 2026)

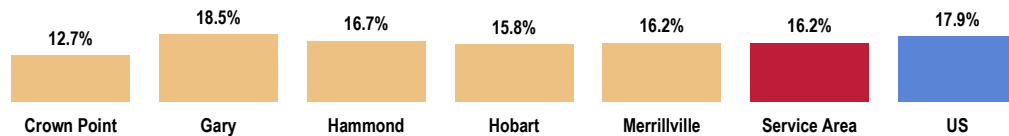


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

In contrast, 16.2% of service area adults feel that most days for them are “extremely” or “very” stressful.

DISPARITY ► Reported more often among women, adults under 65, those living below the federal poverty level, and LGBTQ+ respondents.

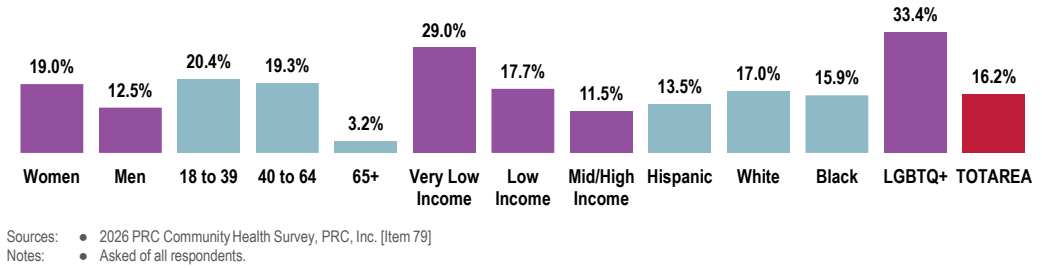
Perceive Most Days as “Extremely” or “Very” Stressful



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Service Area, 2026)

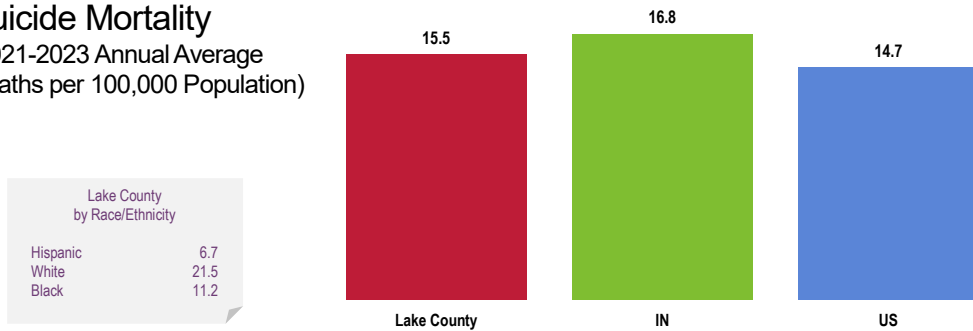


Suicide

In Lake County, there were 15.5 suicides per 100,000 population (2021-2023 annual average rate).

DISPARITY ► Highest among White residents in the county.

Suicide Mortality (2021-2023 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 January 2026.
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.
● Race categories reflect individuals without Hispanic origin.



Mental Health Treatment

Mental Health Providers

As of January 2026, there were 1,093 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) in Lake County, translating to a rate of 219.2 per 100,000 population.

BENCHMARK ▶ Well below the US ratio.

Number of Mental Health Providers per 100,000 Population (January 2026)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).

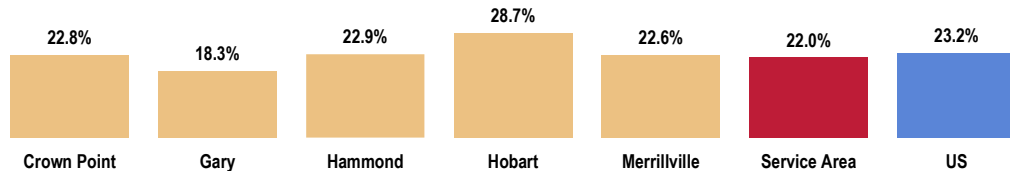
 Notes:

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

Currently Receiving Treatment

A total of 22.0% of service area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

Currently Receiving Mental Health Treatment



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2026 PRC National Health Survey, PRC, Inc.

 Notes:

- Asked of all respondents.
- Includes individuals now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Note that this indicator only reflects providers practicing in Lake County and residents in Lake County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

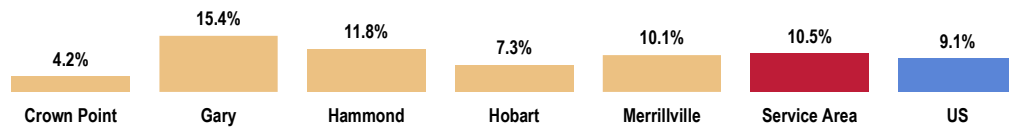


Difficulty Accessing Mental Health Services

A total of 10.5% of service area adults report a time in the past year when they needed mental health services but were not able to get them.

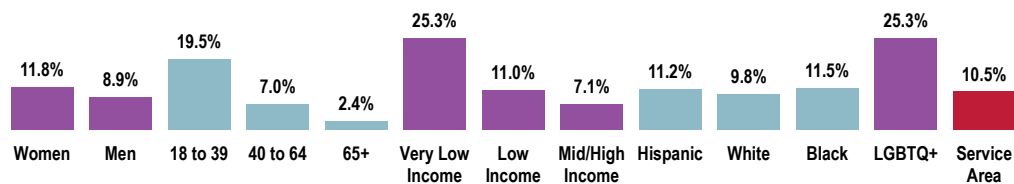
DISPARITY ► Highest among Gary respondents. Reported more often among young adults, those with very low incomes, and LGBTQ+ adults.

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



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 82]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 82]
 Notes: • Asked of all respondents.



Key Informant Input: Mental Health

Most 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; Service Area, 2026)

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



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access to Care/Services

Mental health is on the rise and access to services is not easy. — Health Care Provider

The biggest challenge for mental health in Lake County is access to care. We have a mental health provider desert. It can take 90 days to six months for an initial appointment. — Public Health Representative

Incidence/Prevalence

Many issues with mental health and substance abuse disorders are happening in the region. During my time at the Indiana Department of Health, Lake County continues to have a population that was suffering from addictions and overdoses. — Social Services Provider

Lack of Providers

People in NWI deal with provider shortages, insurance obstacles, systemic inequities and limited crisis resources. Residents in underserved communities struggle to get consistent, affordable and culturally competent mental health care. — Social Services Provider

Awareness/Education

There are many resources for mental health here in NWI. I think a concern is, are everyday folks familiar with what and where they are? Do they have transportation? Childcare? — Public Health Representative

Government/Policy

Stress. The political climate in this country is horrible. People don't seek treatment for mental illnesses. — Health Care Provider

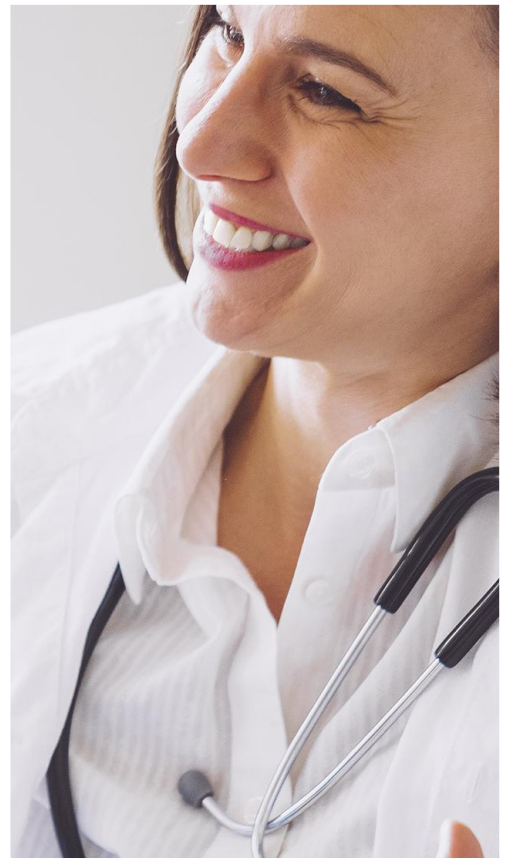
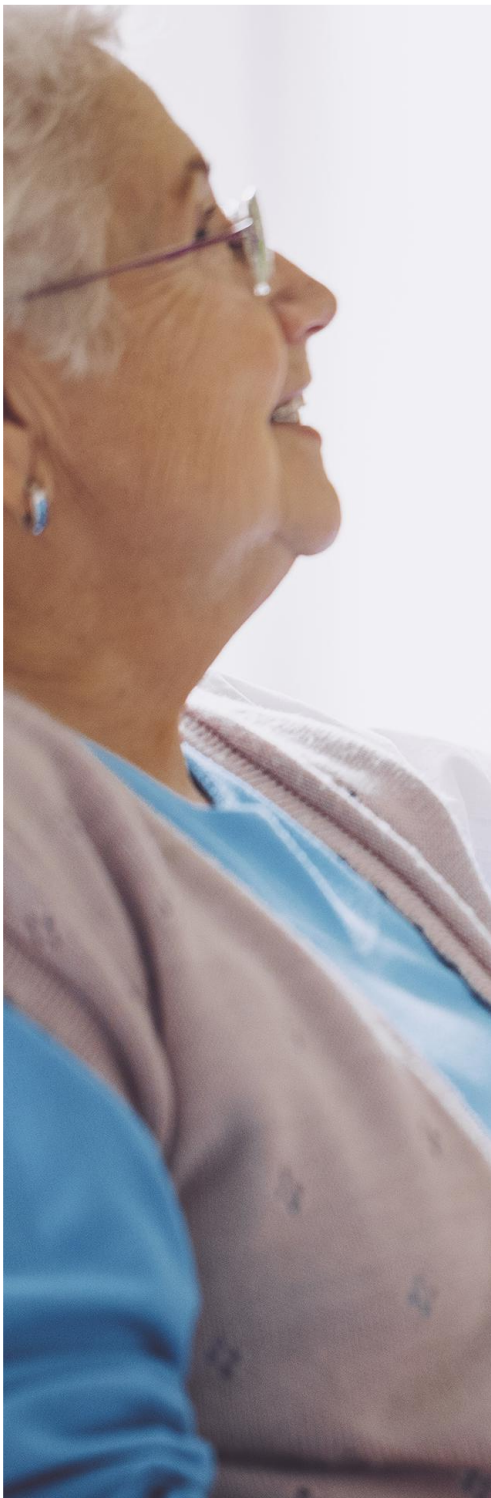
Alcohol/Drug Use

Substance use among adults, bullying and self-esteem with youth. — Public Health Representative

Discrimination

Discrimination, poverty, communication, and bullying. — Health Care Provider





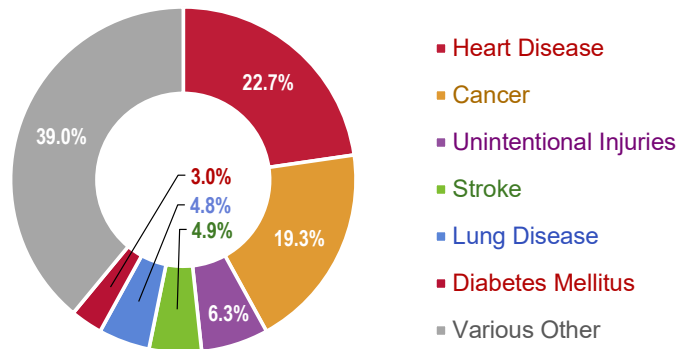
DEATH, DISEASE & CHRONIC CONDITIONS



LEADING CAUSES OF DEATH

Together, heart disease and cancers accounted for the largest share of all 2023 deaths in Lake County.

Leading Causes of Death (Lake County, 2023)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.

Notes: • Lung disease includes deaths classified as chronic lower respiratory disease.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

– Healthy People 2030

Heart Disease & Stroke Deaths

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

Between 2021 and 2023, Lake County reported an annual average **heart disease** mortality rate of **252.5 deaths per 100,000 population**.

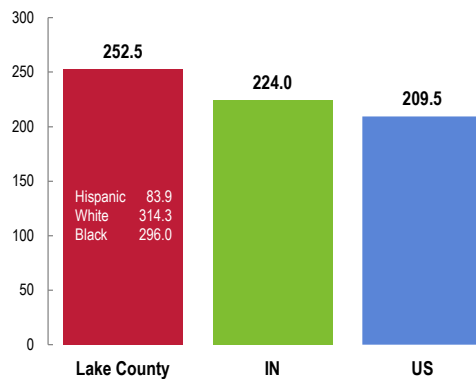
BENCHMARK ▶ Higher than the US rate.

DISPARITY ▶ Highest among White residents and Black residents.

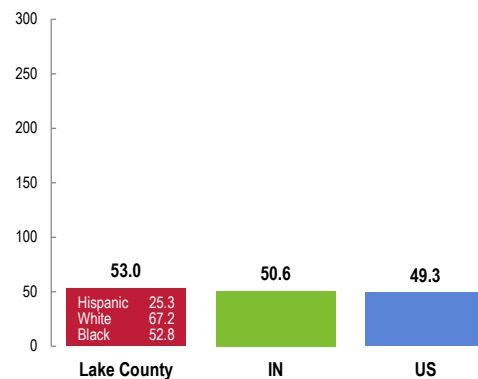
There was an annual average **stroke (cerebrovascular disease)** mortality rate of **53.0 deaths per 100,000 population** in Lake County for the same reporting period.

DISPARITY ▶ Highest among White residents and Black residents.

Heart Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Stroke Mortality
(2021-2023 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 January 2026.

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.
● Race categories reflect individuals without Hispanic origin.



Prevalence of Heart Disease & Stroke

A total of 10.7% of surveyed adults report that they suffer from or have been diagnosed with **heart disease**, such as heart attack or myocardial infarction, angina, or coronary heart disease.

BENCHMARK ▶ Higher than the state prevalence.

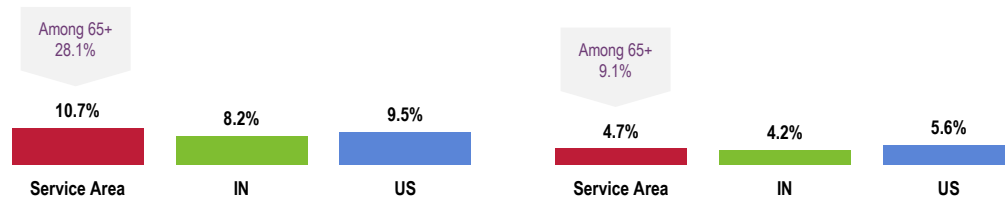
DISPARITY ▶ Much higher among older adults.

A total of 4.7% of surveyed adults report that they suffer from or have been diagnosed with a **stroke**.

DISPARITY ▶ Nearly twice as high among seniors (age 65+).

Prevalence of Heart Disease

Prevalence of Stroke



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 22-23]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 ● 2026 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.
 ● Heart disease includes diagnoses of heart attack, angina, or coronary heart disease.



Cardiovascular Risk Factors

Blood Pressure & Cholesterol

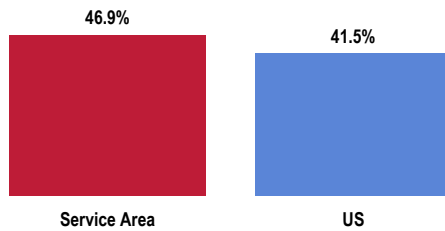
A total of 46.9% of service area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ▶ Higher than the US figure.

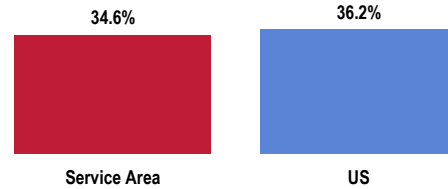
DISPARITY ▶ Highest among residents of Gary (not shown).

A total of 34.6% of adults have been told by a health professional that their **cholesterol level** was high.

Prevalence of
High Blood Pressure
Healthy People 2030 = 41.9% or Lower



Prevalence of
High Blood Cholesterol



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 29-30]
● 2026 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030.
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

A total of 89.5% of area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

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



Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease & Stroke as a Problem in the Community (Key Informants; Service Area, 2026)

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



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Incidence/Prevalence

Lake County has a higher incidence of stroke hospitalizations compared to the state average. State average (which is already poor compared to other states) is 2.98%, Lake County average is 3.69%. The state prevalence of high blood pressure in Indiana is 31.85%, Lake County's prevalence percentage is 33.3%. Our Black and Hispanic men have among the highest rates of heart disease in Indiana. Our Black and Hispanic females have among the highest rates of stroke death in Indiana. — Public Health Representative

NWI has a very high rate of hypertension, diabetes and obesity. We are a very industrialized area and issues of air quality, economic stressors, limited access to walkable areas and fresh foods exacerbate the problem. — Social Services Provider

Access to Care/Services

Access to services for this are a big problem. Long wait times to get in for help. Access to care for major events. — Health Care Provider

Lifestyle

Poor diet and healthy options for people with busy lives. Stress is a big factor. — Health Care Provider

Obesity

Obesity, hypertension, smoking, and poor diet. — Public Health Representative



CANCER

ABOUT CANCER

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

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

– Healthy People 2030

Cancer Deaths

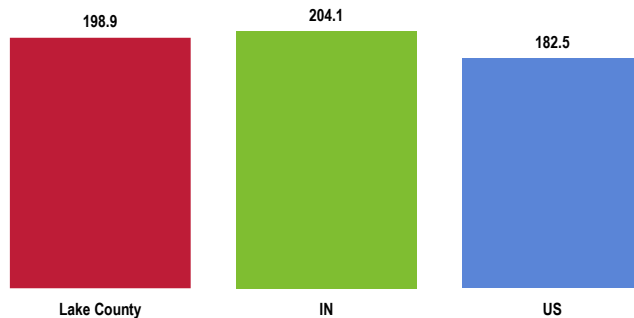
All Cancer Deaths

Between 2021 and 2023, there was an annual average cancer mortality rate of 198.9 deaths per 100,000 population in Lake County.

DISPARITY ► Much higher among White residents and Black residents in the county.

Cancer Mortality
(2021-2023 Annual Average
Deaths per 100,000 Population)

Lake County by Race/Ethnicity	
Hispanic	78.1
White	256.5
Black	199.4



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.
- 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.
 - Race categories reflect individuals without Hispanic origin.



Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Lake County.

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

BENCHMARK

Lung Cancer ▶ Lower than the state rate.

Female Breast Cancer ▶ Higher the national rate.

Colorectal Cancer ▶ Higher than the US rate.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Lake County	Indiana	US
ALL CANCERS	198.9	204.1	182.5
Lung Cancer	43.7	52.3	39.8
Female Breast Cancer	30.7	26.4	25.1
Prostate Cancer	22.5	20.3	20.1
Colorectal Cancer	19.3	18.6	16.3

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.

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.

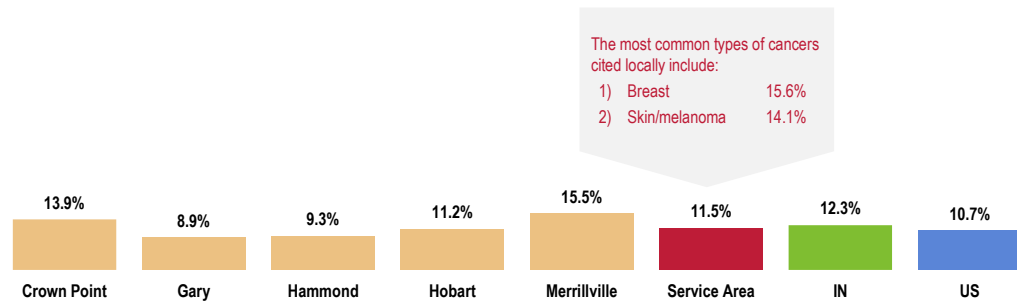


Prevalence of Cancer

A total of 11.5% of surveyed adults report having ever been diagnosed with cancer.

DISPARITY ► The prevalence increases with age and is much higher among White respondents.

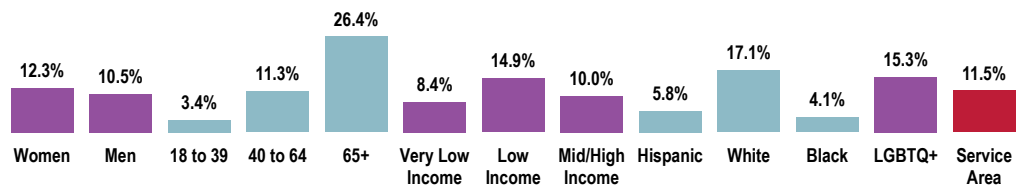
Prevalence of Cancer



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 24-25]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 • 2026 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Cancer (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 24]
 Notes: • Asked of all respondents.



Cancer Screenings

Cancer screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years (Grade B recommendation). The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years or older.

CERVICAL CANCER

The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years (Grade A recommendation). The USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with hrHPV testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing) in women age 30 to 65 years (Grade A recommendation). The USPSTF recommends against screening for cervical cancer in women younger than 21 years (Grade D recommendation). The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer (Grade D recommendation). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion or cervical cancer (Grade D recommendation).

COLORECTAL CANCER

The USPSTF recommends screening for colorectal cancer in all adults age 50 to 75 years (Grade A recommendation). The USPSTF recommends screening for colorectal cancer in adults age 45 to 49 years (Grade B recommendation). The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults age 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences (Grade C recommendation).

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

Among service area women age 40 to 74, 78.1% have had a mammogram within the past 2 years.

Among service area women age 21 to 65, 70.4% have had appropriate cervical cancer screening.

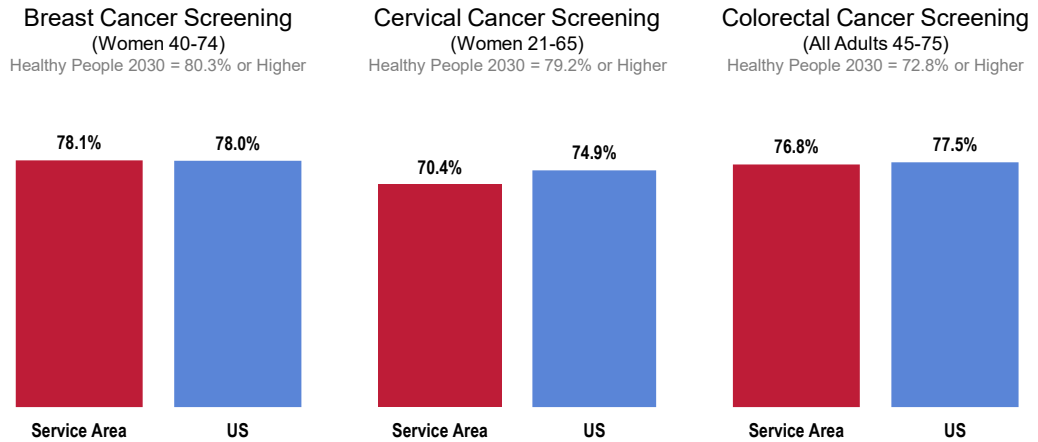
BENCHMARK ► [Fails to satisfy the Healthy People 2030 objective.](#)



Among all adults age 45 to 75, 76.8% have had appropriate colorectal cancer screening.

“Appropriate colorectal cancer screening” reflects individuals receiving any of the following:

- Colonoscopy/ sigmoidoscopy in the past 10 years;
- CT colonography/ virtual colonoscopy in the past 5 years;
- FIT DNA in the past 3 years; or
- Fecal occult blood testing/FIT (non-DNA) in the past year.

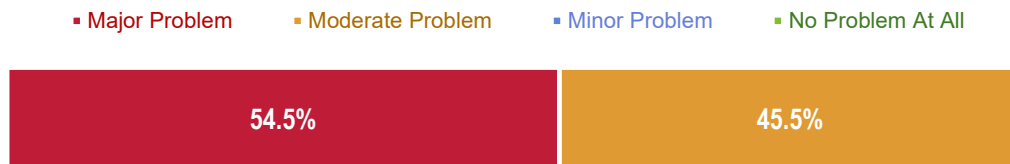


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • 2026 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030.
 Notes: • Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Just over half of key informants taking part in an online survey characterized *Cancer* as a “major problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants; Service Area, 2026)



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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

Environmental Contributors

I think the industries in the area contribute to the rise in cancer instances. Patients are also reluctant to go see physicians when symptoms arise, so they delay their own diagnosis and treatment. — Health Care Provider
 NWI has high levels of industrial toxic pollution (in fact we lead the nation), we still have a high percentage of our population that smokes and a high percent that are obese. Partner this with Indiana’s limited access to health care insurance and wellness care availability. — Social Services Provider

Incidence/Prevalence

A strong incidence of new patients in our community. — Health Care Provider

Prevention/Screening

Screening rates continue to be very low among vulnerable populations. — Social Services Provider



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

– Healthy People 2030

Respiratory Disease Deaths

Lung Disease Deaths

Between 2021 and 2023, the county reported an annual average lung disease mortality rate of 53.2 deaths per 100,000 population.

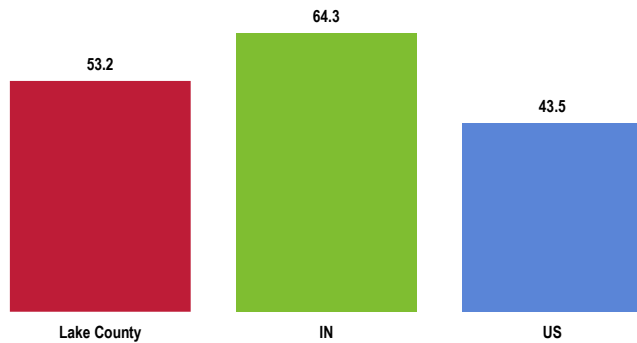
BENCHMARK ▶ Lower than the Indiana rate but higher than the US rate.

DISPARITY ▶ Highest among White residents.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)

Lake County by Race/Ethnicity	
Hispanic	16.6
White	75.0
Black	48.5



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.
- Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
 - 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.
 - Race categories reflect individuals without Hispanic origin.



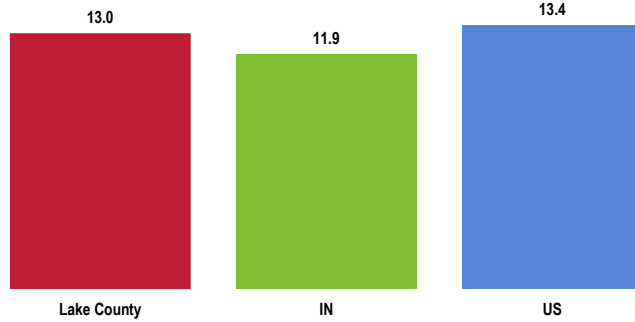
Pneumonia/Influenza Deaths

Between 2021 and 2023, Lake County reported an annual average pneumonia/influenza mortality rate of 13.0 deaths per 100,000 population.

DISPARITY ▶ Higher among White residents and Black residents.

Pneumonia/Influenza Mortality (2021-2023 Annual Average Deaths per 100,000 Population)

Lake County by Race/Ethnicity	
Hispanic	7.7
White	15.7
Black	13.5



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.
- 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.
 - Race categories reflect individuals without Hispanic origin.

Prevalence of Respiratory Disease

Asthma

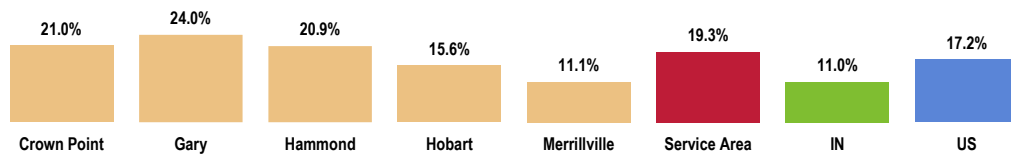
Adults

A total of 19.3% of service area adults have asthma.

BENCHMARK ▶ Much higher than the Indiana prevalence.

DISPARITY ▶ Reported more often among women, young adults, those with lower incomes, and Hispanic respondents.

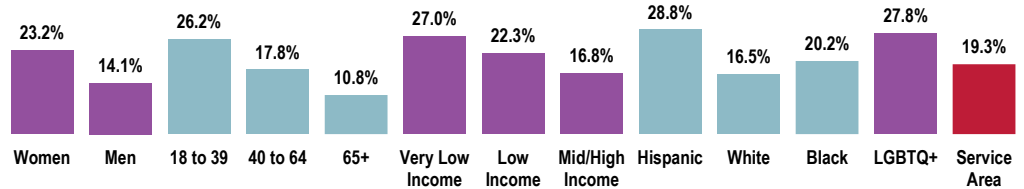
Prevalence of Asthma



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 26]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 - 2026 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Prevalence of Asthma (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: • Asked of all respondents.

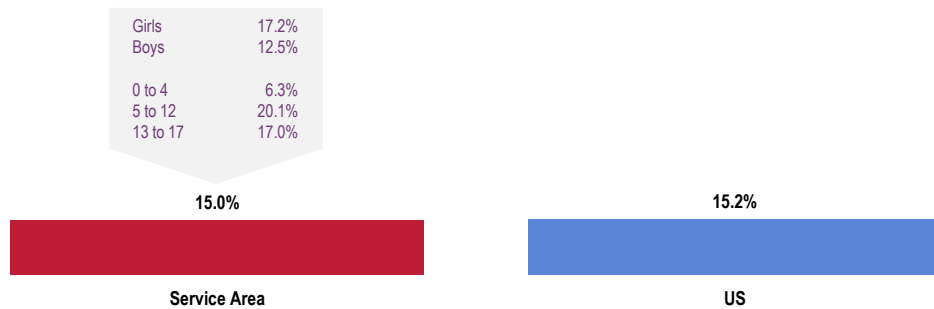
Children

Among service area children under age 18, 15.0% have been diagnosed with asthma.

DISPARITY ► Higher among children age 5 to 17.

For households with more than one child under the age of 18, questions were asked about the child with the most recent birthday. This random selection process allows for the best representation of children by age and gender.

Prevalence of Asthma in Children (Children 0-17)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

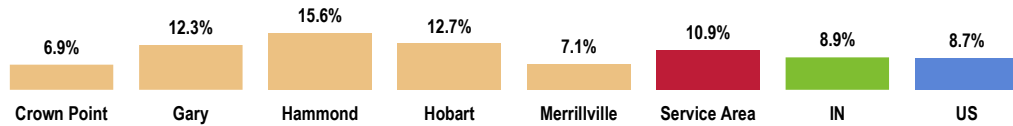


Chronic Obstructive Pulmonary Disease (COPD)

A total of 10.9% of service area adults suffer from chronic obstructive pulmonary disease (COPD).

DISPARITY ► Highest among Hammond residents.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 21]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 - 2026 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes conditions such as chronic bronchitis and emphysema.



Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Disease as a Problem in the Community (Key Informants; Service Area, 2026)

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



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Industry

We live in an area with toxic industries. — Health Care Provider

Asthma prevalent in grammar schools. Many cases of bronchitis, asthma, and emphysema in adults in NWI as well. We have a lot of air pollution from the steel mills and oil refineries. Many smokers and a great number of vape shops. — Public Health Representative

We are a heavy industrialized area. The corridor along 80 and 94 is one of the most air polluted areas in the country. — Social Services Provider

Steel mills and the impact on workers. — Social Services Provider

Asthma/Allergies

High asthma and lung cancer rates, pollution. — Public Health Representative



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

– Healthy People 2030

Unintentional Injury

Unintentional Injury Deaths

Between 2021 and 2023, there was an annual average unintentional injury mortality rate of 70.9 deaths per 100,000 population in Lake County.

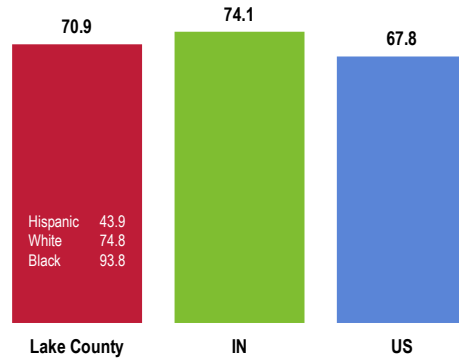
DISPARITY ► Highest among Black county residents.

Poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths in the county between 2021 and 2023, followed by motor vehicle crashes and falls.

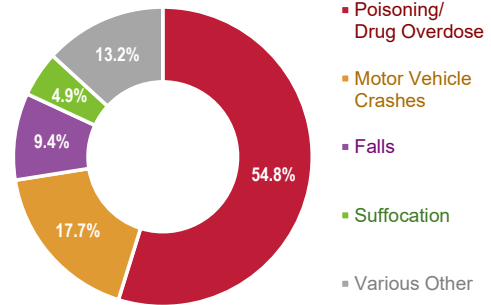
RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.



Unintentional Injury Mortality (2021-2023 Annual Average Deaths per 100,000 Population)



Leading Causes of Unintentional Injury Deaths (Lake County, 2021-2023)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.
 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.
 ● Race categories reflect individuals without Hispanic origin.

Intentional Injury

Homicide

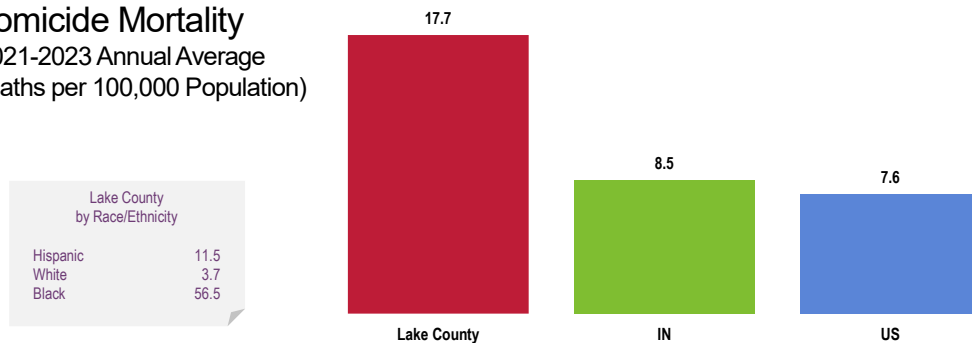
In Lake County, there were 17.7 homicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► Well above the Indiana and US rates.

DISPARITY ► Considerably higher among Black residents.

RELATED ISSUE
 See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Homicide Mortality (2021-2023 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 January 2026.
 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.
 ● Race categories reflect individuals without Hispanic origin.

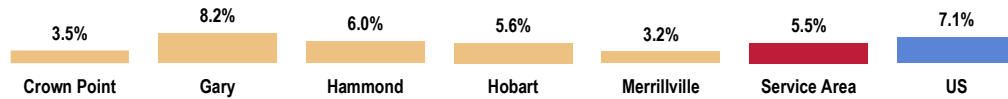


Community Violence

A total of 5.5% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

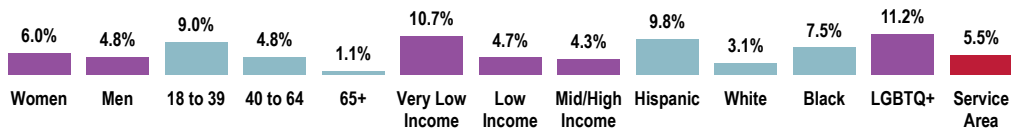
DISPARITY ▶ Reported more often among adults under age 40 and those living at the lowest income level.

Victim of a Violent Crime in the Past Five Years



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 32]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Service Area, 2026)



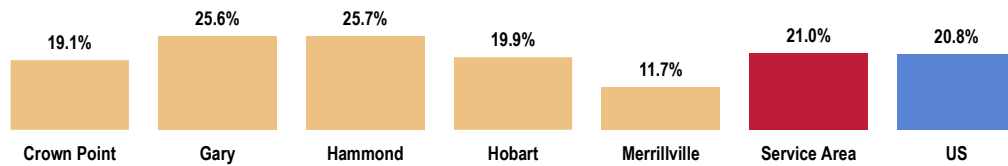
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 32]
 Notes: • Asked of all respondents.



Intimate Partner Violence

A total of 21.0% of service area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Key Informant Input: Injury & Violence

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

Perceptions of Injury & Violence as a Problem in the Community (Key Informants; Service Area, 2026)

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



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Income/Poverty

Economic and social conditions contribute to the on-going crime rates for assaults, robberies, and other violent offenses. Although Lake County is slightly below national average on some measures, certain areas experience much higher violent crime rates than others. Such as, Gary and East Chicago, Indiana. Lake County has higher rates of poverty and limited economic opportunity correlate with greater exposure to violence and injury risk.

— Public Health Representative

Poverty, lack of education, exposure to trauma, especially in childhood. This creates psychological impacts.

— Health Care Provider

Suicide Rates

Suicide rates are one of the leading causes of fatality in trauma and injury here in Lake County, next to overdose fatalities. We have seen an uptick and unfortunate number of teen suicides to bullying. Several in the last two weeks alone. — Public Health Representative

Domestic/Family Violence

Domestic violence is an ongoing problem in NWI, along with bullying and gun violence.

— Social Services Provider



DIABETES

ABOUT DIABETES

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

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

– Healthy People 2030

Diabetes Deaths

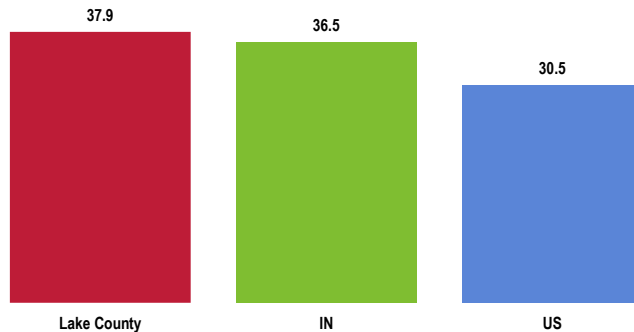
Between 2021 and 2023, there was an annual average diabetes mortality rate of 37.9 deaths per 100,000 population in Lake County.

BENCHMARK ▶ Higher than the national rate.

DISPARITY ▶ Much higher among Black residents in the county.

Diabetes Mortality
(2021-2023 Annual Average
Deaths per 100,000 Population)

Lake County by Race/Ethnicity	
Hispanic	25.3
White	32.7
Black	63.4



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.
- 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.
 - Race categories reflect individuals without Hispanic origin.

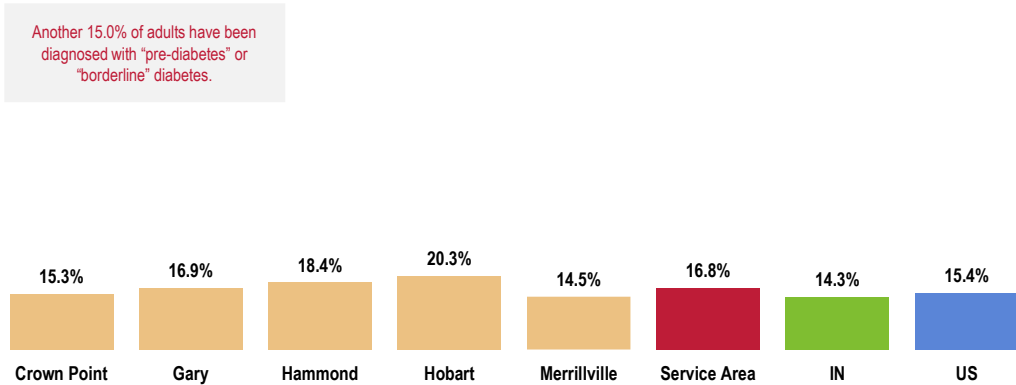


Prevalence of Diabetes

A total of 16.8% of service area adults report having been diagnosed with diabetes.

DISPARITY ► Highest among older adults, those living just above the federal poverty level, and Hispanic residents.

Prevalence of Diabetes

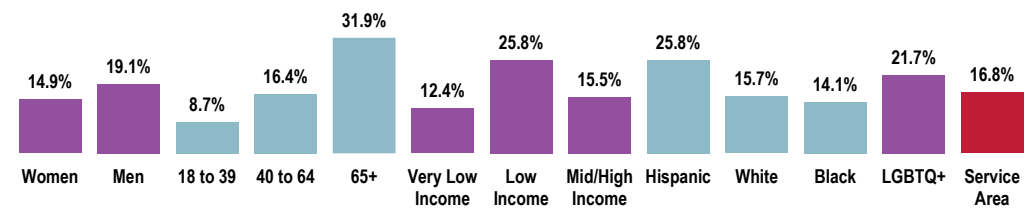


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 • 2026 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes (Service Area, 2026)

Note that 42.4% of respondents with diabetes are currently taking a GLP-1 agonist medication.



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 106, 301]

Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).
 • GLP-1 agonists were defined for respondents as a class of drugs prescribed for weight loss or to treat diabetes, cardiovascular disease, and/or sleep apnea. These often involve daily or weekly injections. Common brand names mentioned were Trulicity, Ozempic, Mounjaro, Zepbound, and Wegovy.



Kidney Disease Deaths

Diabetes is the leading cause of kidney disease. About one out of three adults with diabetes has kidney disease.

– National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

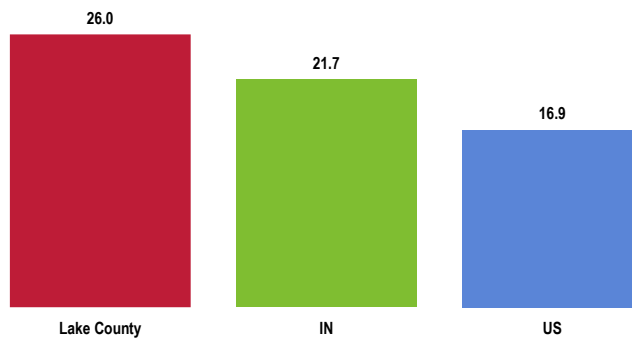
Between 2021 and 2023, there was an annual average kidney disease mortality rate of 26.0 deaths per 100,000 population in Lake County.

BENCHMARK ▶ Higher than the Indiana and US rates.

DISPARITY ▶ Particularly high among Black residents.

Kidney Disease Mortality (2021-2023 Annual Average Deaths per 100,000 Population)

Hispanic	14.1
White	26.9
Black	37.0



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.
- 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.
 - Race categories reflect individuals without Hispanic origin.



Key Informant Input: Diabetes

Over half 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; Service Area, 2026)

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



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Nutrition

- Poor diet and busy lifestyles. High cost of food. — Health Care Provider
- Diet control related to income and/or education. — Public Health Representative

Access to Affordable Healthy Food

- Limited access to healthy and affordable food. The federal government cancelled all food as medicine grants that supported these programs and also cancelled programs that will feed kids who are on free school lunches during summer break. We have a large number of food deserts in NWI. Limited access to specialty care and high rates of co-existing health issues that partner with diabetes (hypertension, elevated cholesterol, and heart disease), insurance gaps and language barriers also play a part. — Social Services Provider



DISABLING CONDITIONS

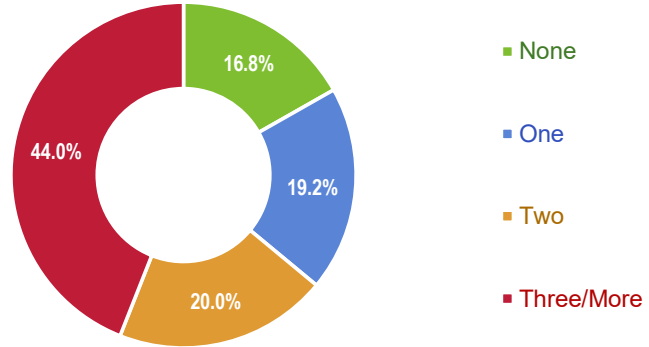
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed anxiety
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among service area survey respondents, most report having at least one chronic health condition.

Number of Chronic Conditions (Service Area, 2026)

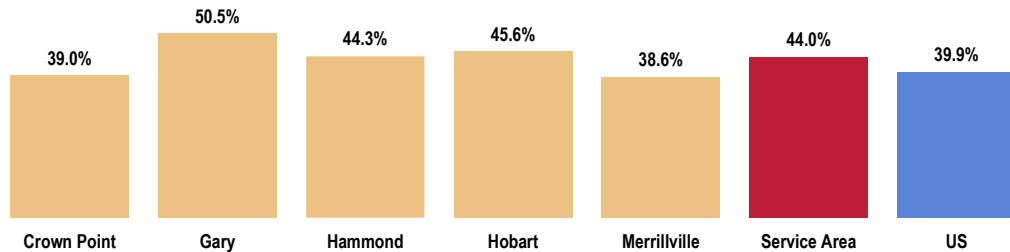


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 107]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed anxiety, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 44.0% of area adults report having three or more chronic conditions.

DISPARITY ► Highest in Gary. The prevalence increases with age and is reported more often among respondents with lower household incomes.

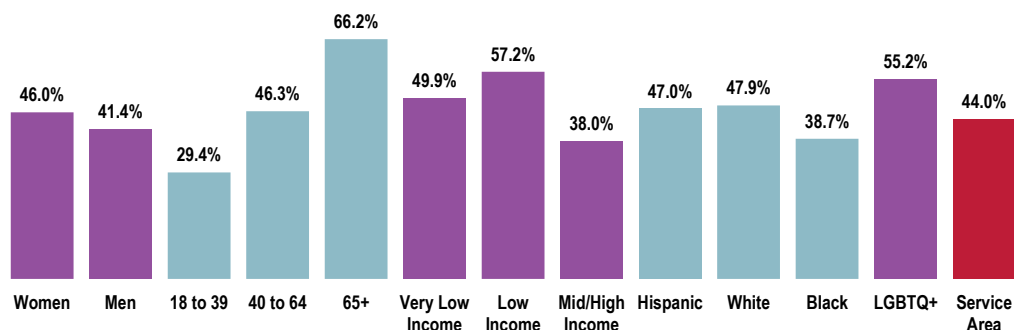
Have Three or More Chronic Conditions



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 107]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed anxiety, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.



Have Three or More Chronic Conditions (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 107]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed anxiety, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

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

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

– Healthy People 2030

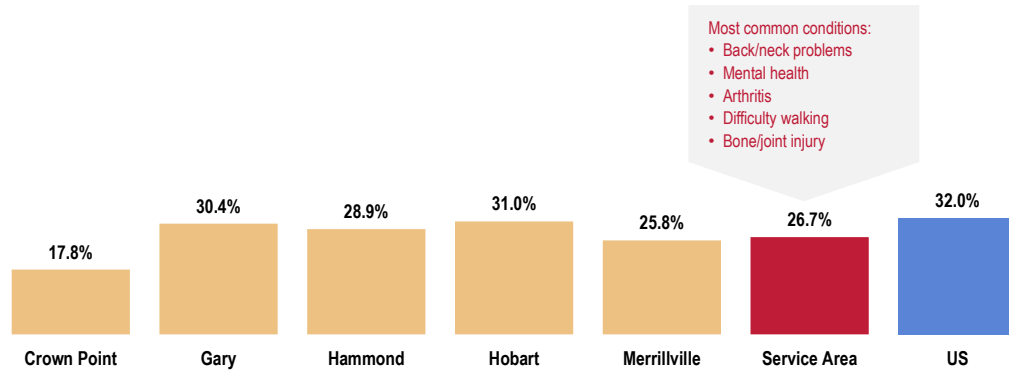
A total of 26.7% of service area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Lower than the national figure.

DISPARITY ► Reported more often among adults age 40 and older, those with lower income levels, and White respondents.

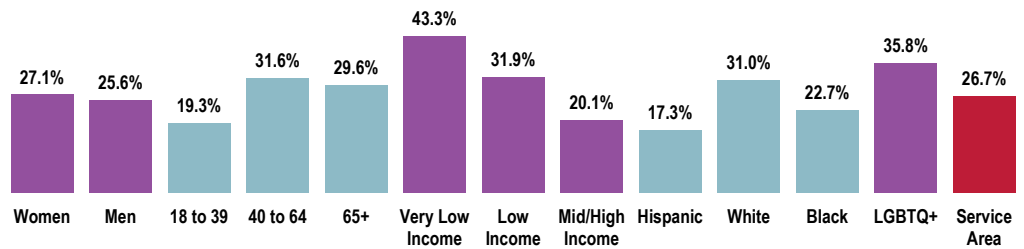


Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 83-84]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 83]
 Notes: • Asked of all respondents.



Chronic Pain

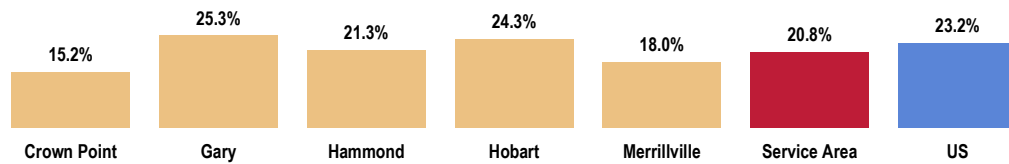
A total of 20.8% of service area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ▶ Far from satisfying the Healthy People 2030 objective.

DISPARITY ▶ Reported more often among adults age 40+ and respondents in the lower income breakouts.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower

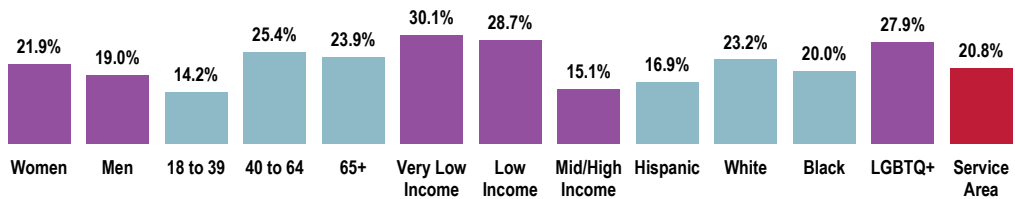


- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 31]
 - 2026 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030.
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Experience High-Impact Chronic Pain

(Service Area, 2026)

Healthy People 2030 = 6.4% or Lower



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 31]
 - US Department of Health and Human Services. Healthy People 2030.
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Alzheimer's Disease

ABOUT DEMENTIA

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

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

– Healthy People 2030

Alzheimer's Disease Deaths

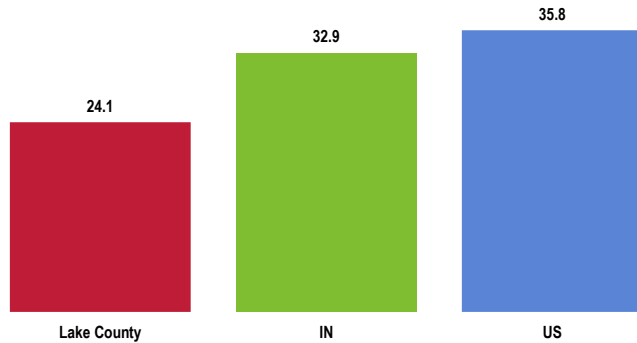
Between 2021 and 2023, there was an annual average Alzheimer's disease mortality rate of 24.1 deaths per 100,000 population in Lake County.

BENCHMARK ▶ Lower than state and national rates.

DISPARITY ▶ Higher among White county residents.

Alzheimer's Disease Mortality (2021-2023 Annual Average Deaths per 100,000 Population)

Lake County by Race/Ethnicity	
Hispanic	8.3
White	33.6
Black	19.2



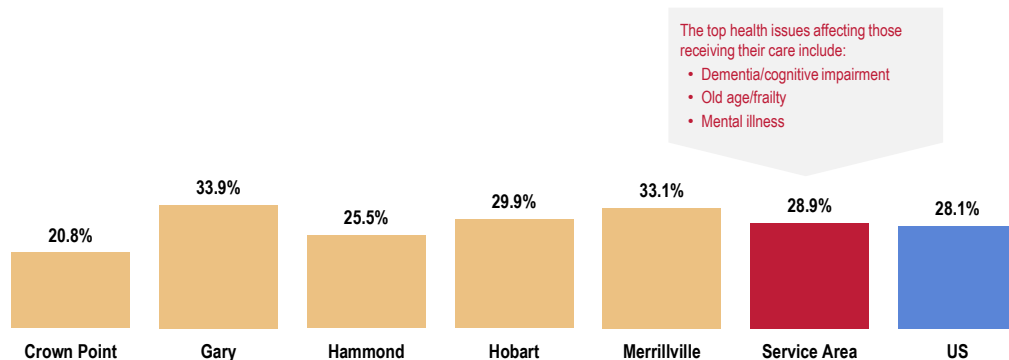
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2026.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.
 - Race categories reflect individuals without Hispanic origin.



Caregiving

A total of 28.9% of area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

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

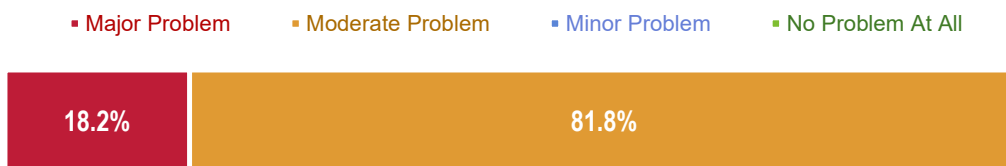


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 85-86]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Disabling Conditions

Most key informants taking part in an online survey characterized *Disabling Conditions* as a “moderate problem” in the community.

Perceptions of Disabling Conditions as a Problem in the Community (Key Informants; Service Area, 2026)



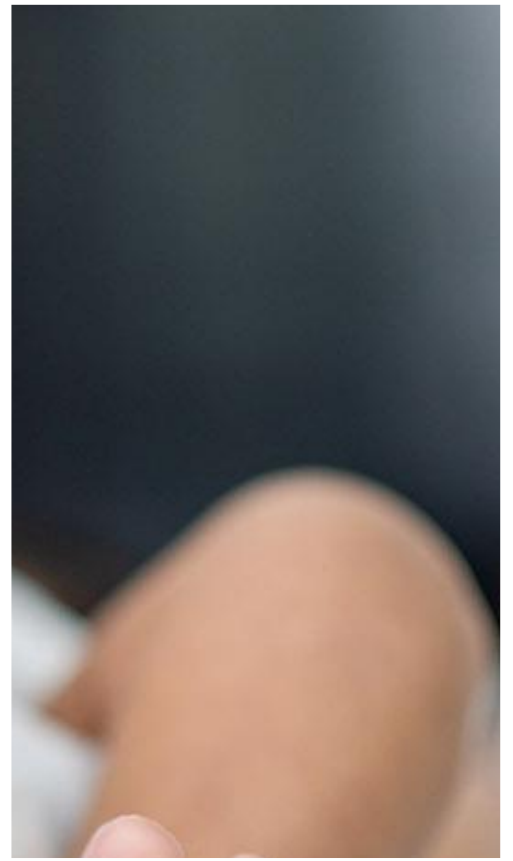
Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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

Diagnosis/Treatment

There are a lot of undiagnosed chronic conditions that people don't have a lot of support or resources for.
 — Health Care Provider





BIRTHS



PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social drivers of health is critical for reducing these disparities.

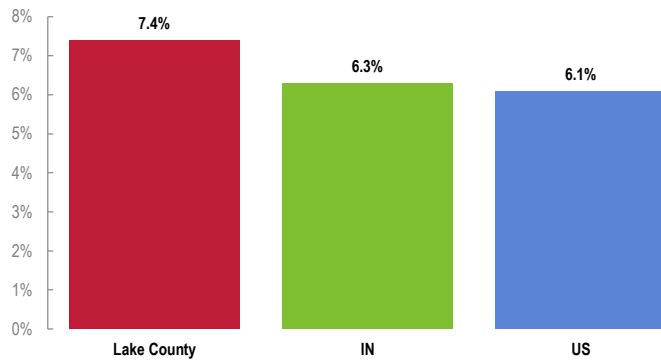
– Healthy People 2030

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

Between 2017 and 2019, 7.4% of all Lake County births did not receive prenatal care in the first six months of pregnancy.

BENCHMARK ► Higher than the national prevalence.

Lack of Prenatal Care in the First Six Months of Pregnancy
(Percentage of Live Births, 2017-2019)



Sources: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).
Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first six months of pregnancy, if at all.



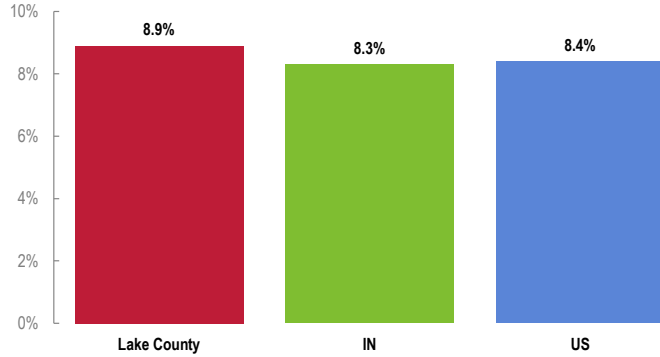
BIRTH OUTCOMES & RISKS

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.

A total of 8.9% of 2017-2023 Lake County births were babies with low birthweight.

Low-Weight Births
(Percent of Live Births, 2017-2023)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).
 Note: • This indicator reports the percentage of total births that are low birthweight (Under 2500g).

Infant Mortality

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

Between 2018 and 2020, there was an annual average of 7.3 infant deaths per 1,000 live births in Lake County.

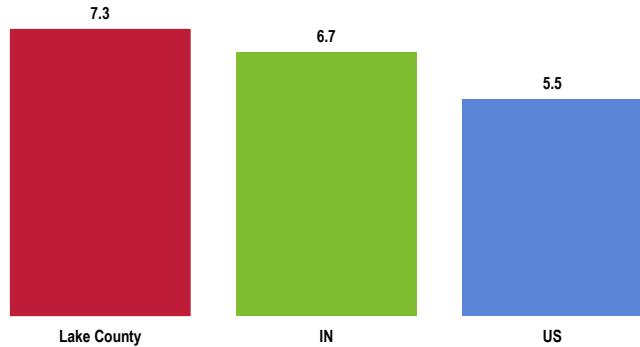
BENCHMARK ► Higher than the national rate and failing to satisfy the Healthy People 2030 objective.

DISPARITY ► The rate is more than twice as high among Black infants as among White infants.

Infant Mortality
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 2030 = 5.0 or Lower

Lake County by Race/Ethnicity	
Hispanic	6.1
White	5.2
Black	11.4



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2026.
 • US Department of Health and Human Services. Healthy People 2030.
 Notes: • Infant deaths include deaths of children under one year old.
 • Race categories reflect individuals without Hispanic origin.



FAMILY PLANNING

ABOUT FAMILY PLANNING

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

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

– Healthy People 2030

Births to Adolescent Mothers

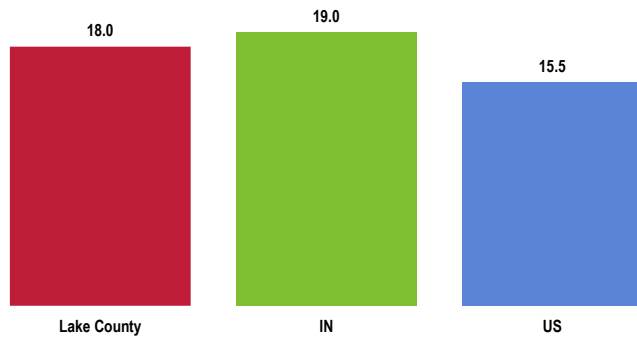
Between 2017 and 2023, there were 18.0 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Lake County.

DISPARITY ▶ Notably higher among Black teens.

Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2017-2023)

Lake County by Race/Ethnicity	
Hispanic	18.2
White	9.8
Black	30.5



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.
 - Race categories reflect individuals without Hispanic origin.



Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health & Family Planning as a Problem in the Community (Key Informants; Service Area, 2026)

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



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

Families may not have the means to take their children to Chicago or Indianapolis for care.
— Health Care Provider

There are prenatal and maternal healthcare deserts in NWI and a high incidence of racial and economic disparity due to poverty and lack of insurance, lower access to comprehensive family planning resources which compounds risks for infants and mothers. Food access, substance use, and lack of health education reinforce one another. — Social Services Provider

Affordable Care/Services

Infant health and family planning are major problems in my community because many families face barriers that affect both maternal and child well-being. Access to affordable healthcare is limited, which means some mothers do not receive consistent prenatal or postnatal care, increasing the risk of complications for infants.
— Health Care Provider

Poor Infant Outcomes

Lake County has among the highest rates of poor infant outcomes counties in Indiana. Preterm birth: State-10.9%, Lake Co-11.2%. Rates are over 14% for Back infants. Infant mortality: State-6.7/1000, Lake Co-7/1000. We also have a high number of deaths caused by poor infant safe sleep conditions due to co-sleeping.
— Public Health Representative

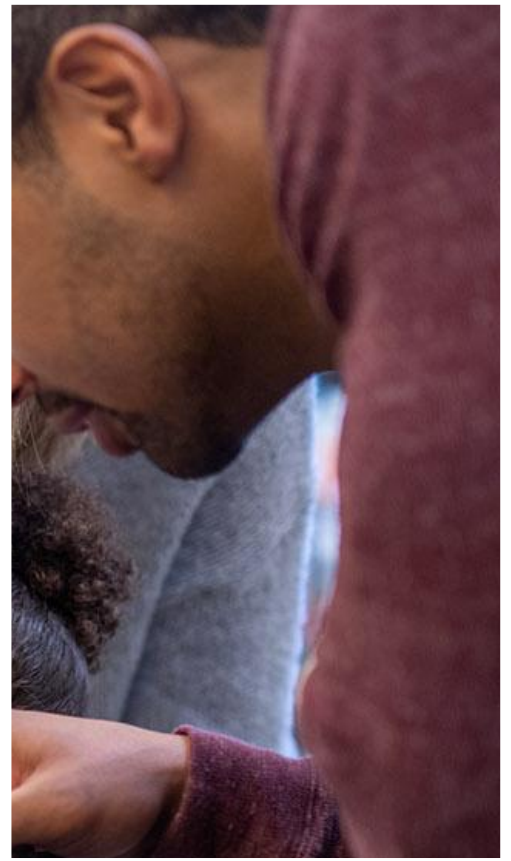
Infant Safe Sleep

Many do not adhere to the Back to Sleep safety sleeping, or the fact that the baby should be in its own crib. Some in the area do not plan their families; 'what happens, happens.' — Public Health Representative

Infant Mortality

Infant mortality rate continues to be high in this very populated county. — Social Services Provider





MODIFIABLE HEALTH RISKS



NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

– Healthy People 2030

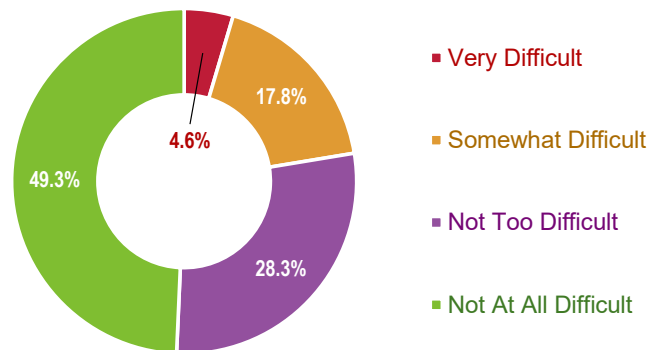
Difficulty Accessing Fresh Produce

Most service area 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?”

RELATED ISSUE
See also *Food Insecurity* in the **Social Drivers of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Service Area, 2026)



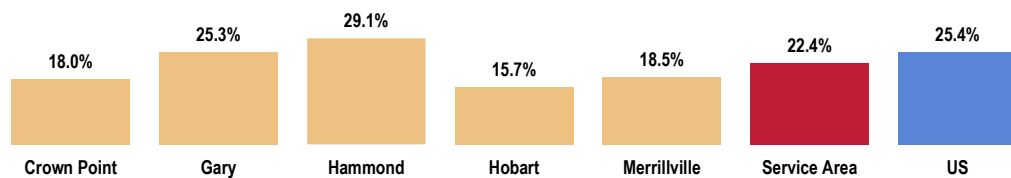
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.



However, 22.4% of service area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

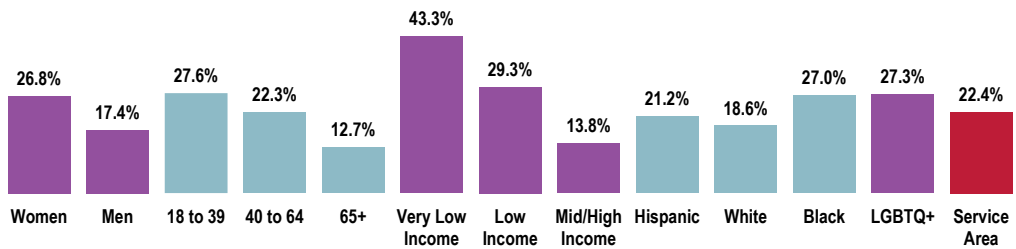
DISPARITY ► Highest among Hammond residents. Reported more often among women, adults under age 40, and respondents living at lower incomes.

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



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
 Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

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

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

– Healthy People 2030

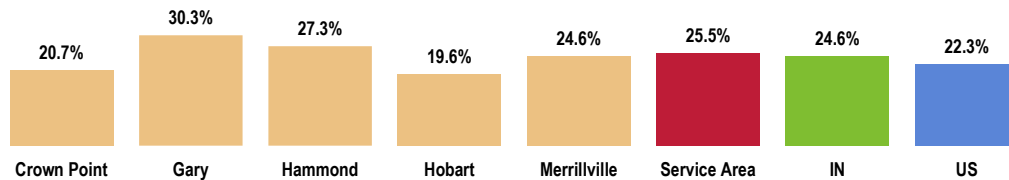
Leisure-Time Physical Activity

One in four (25.5%) service area adults reports no leisure-time physical activity in the past month.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 69]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 - 2026 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030.
- Notes:
- Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

- **Aerobic Activity** — For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.

Additional health benefits are gained by engaging in physical activity beyond the equivalent of 300 minutes (5 hours) of moderate-intensity physical activity a week.

- **Strengthening Activity** — Adults should also do muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits.

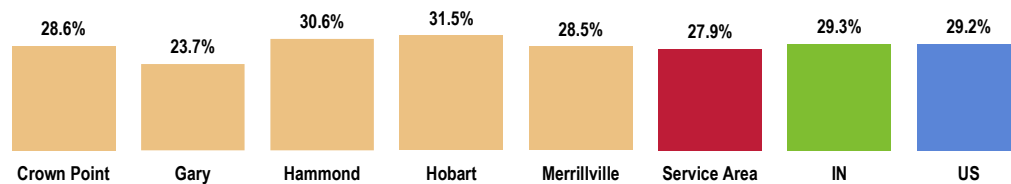
– 2018 Physical Activity Guidelines for Americans, US Department of Health and Human Services

A total of 27.9% of area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

DISPARITY ► Reported less often among women, older residents, and those with lower incomes.

Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 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): 2023 Indiana data.
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

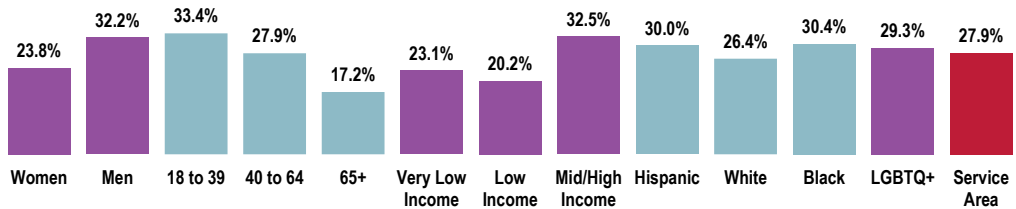
Notes:

- 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 who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Service Area, 2026)

Healthy People 2030 = 29.7% or Higher



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 110]
 • US Department of Health and Human Services. Healthy People 2030.

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 who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

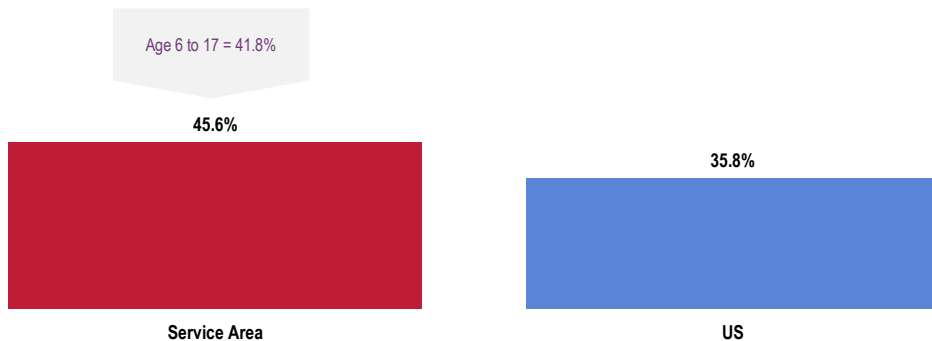
Children and adolescents age 6 through 17 years should do 60 minutes (one hour) or more of moderate-to-vigorous physical activity daily.

– 2018 Physical Activity Guidelines for Americans, US Department of Health and Human Services

Among service area children age 2 to 17, 45.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview.

BENCHMARK ► Higher than the national figure.

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



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 94]
 • 2026 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.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

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

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

– Healthy People 2030

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

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

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

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	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” includes those respondents with a BMI value ≥ 25 .

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

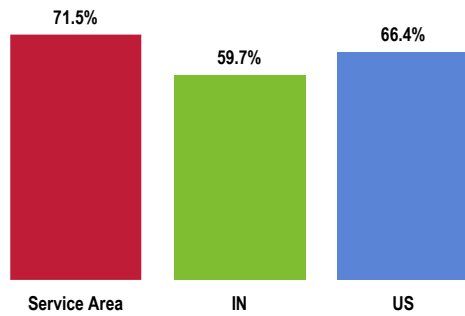
Most UChicago Medicine NWI Service Area adults (71.5%) are overweight.

BENCHMARK ▶ Higher than the state and national figures.

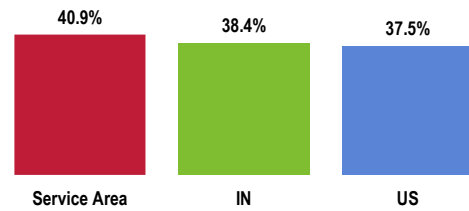
The overweight prevalence above includes 40.9% of service area adults who are obese.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

Prevalence of Total Overweight (Overweight and Obese)



Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower



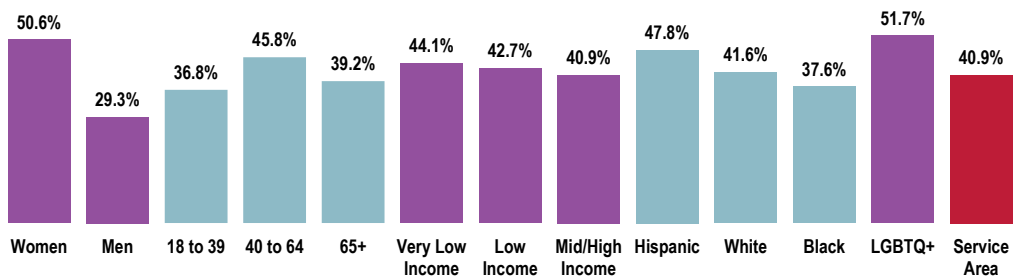
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 112]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 ● 2026 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030.

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. The definition for obesity is a BMI greater than or equal to 30.0.

DISPARITY ▶ Obesity is reported among half of female respondents in the service area (and is relatively high among adults age 40 to 64 as well).

Prevalence of Obesity (Service Area, 2026)

Healthy People 2030 = 36.0% or Lower



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 112]
 ● US Department of Health and Human Services. Healthy People 2030.

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.



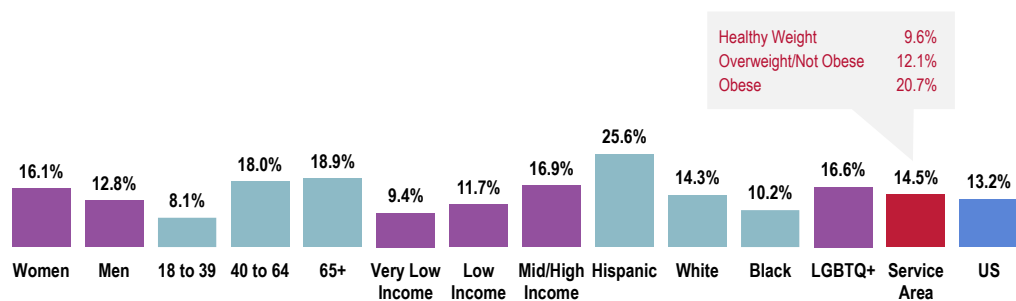
Use of GLP-1 Agonists

A total of 14.5% of respondents report that they are taking some type of GLP-1 agonist medication, which may be prescribed for weight loss or to treat diabetes, cardiovascular disease, and/or sleep apnea.

DISPARITY ▶ Higher among respondents age 40+, those living in the highest income category, Hispanic residents, and adults who are obese.

Respondents were provided with the following description: A class of new prescription drugs called GLP-1 agonists are being prescribed to treat diabetes and/or for weight loss. These often involve giving oneself daily or weekly injections. Common brand names include Trulicity, Ozempic, Mounjaro, Zepbound, and Wegovy.

Currently Taking a GLP-1 Agonist Medication (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 301]
• 2026 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

- GLP-1 agonists were defined for respondents as a class of drugs prescribed for weight loss or to treat diabetes, cardiovascular disease, and/or sleep apnea. These often involve daily or weekly injections. Common brand names mentioned were Trulicity, Ozempic, Mounjaro, Zepbound, and Wegovy.
- 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. The definition for obesity is a BMI greater than or equal to 30.0.



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, 43.2% of service area children age 5 to 17 are overweight or obese (≥85th percentile).

BENCHMARK ▶ Higher than the US figure.

The childhood overweight prevalence above includes 29.3% of area children age 5 to 17 who are obese (≥95th percentile).

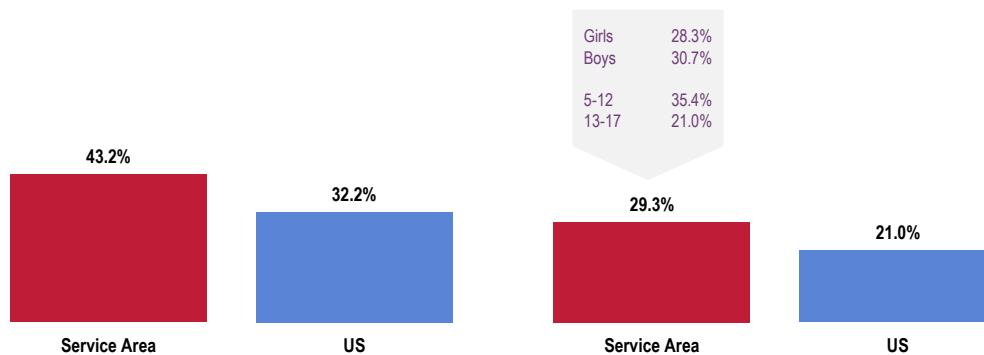
BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Higher among service area children age 5 to 12.

Prevalence of Overweight in Children (Children 5-17)

Prevalence of Obesity in Children (Children 5-17)

Healthy People 2030 = 15.5% or Lower



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 113]
 ● 2026 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030.

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.



Key Informant Input: Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Key Informants; Service Area, 2026)

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



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access to Affordable Healthy Food

Nutrition, access to healthy foods, and education on diets. Physical activity, screen time. Weight, chronic disease, and inactivity. — Public Health Representative

Limited access to affordable healthy food, nutrition challenges, affordable fitness facilities, and lack of education to make better eating habits and choices. — Health Care Provider

Lifestyle

People are too busy just trying to survive and don't think about how to eat healthy when they are so stressed out and on the go. People are exhausted financially, mentally, and physically. — Health Care Provider

It goes back to food access limitations, poor diet quality, and low physical activity resulting in high obesity rates. Add the economic strain and the limited number of places in underserved communities.
— Social Services Provider



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030

Substance-Related Deaths

Between 2021 and 2023, Lake County reported an annual average mortality rate of **13.5 alcohol-induced deaths per 100,000 population**.

BENCHMARK ▶ Lower than the Indiana and US rates.

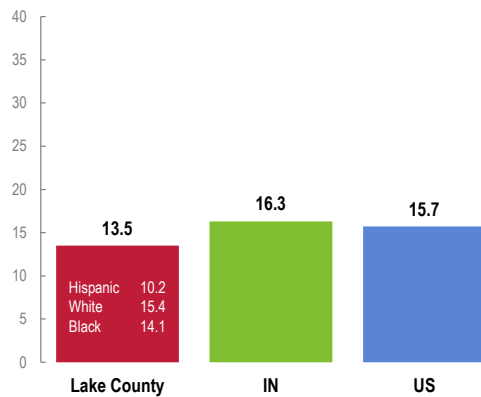
DISPARITY ▶ Higher among White residents and Black residents.

The county reported an annual average mortality rate of **37.0 unintentional drug-induced deaths per 100,000 population (2021-2023 reporting period)**.

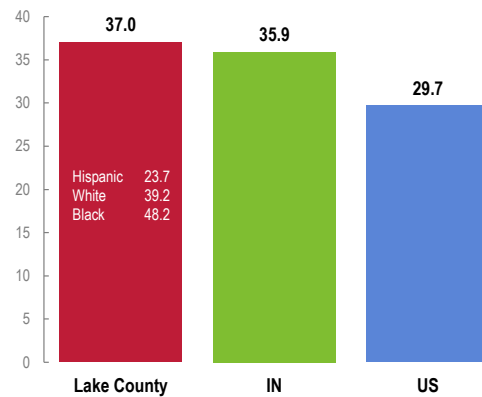
BENCHMARK ▶ Well above the national rate.

DISPARITY ▶ Higher among White residents and Black residents.

Alcohol-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Unintentional Drug-Induced Mortality
(2021-2023 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 January 2026.

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.
● Race categories reflect individuals without Hispanic origin.



Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

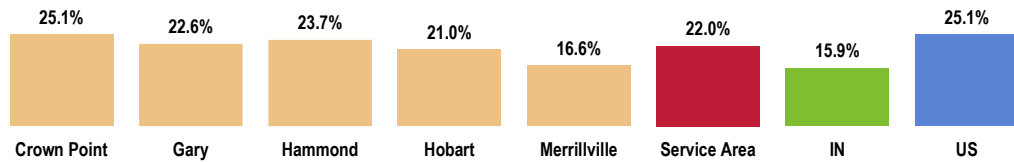
- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 22.0% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Above the Indiana prevalence.

DISPARITY ► Reported more often among men, young adults, and residents living below the poverty level.

Engage in Excessive Drinking



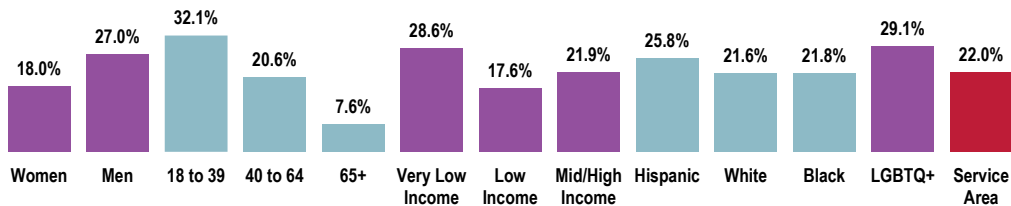
Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2024 Indiana data.
- 2026 PRC National Health Survey, PRC, Inc.

 Notes:

- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.

Engage in Excessive Drinking (Service Area, 2026)



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 116]
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.



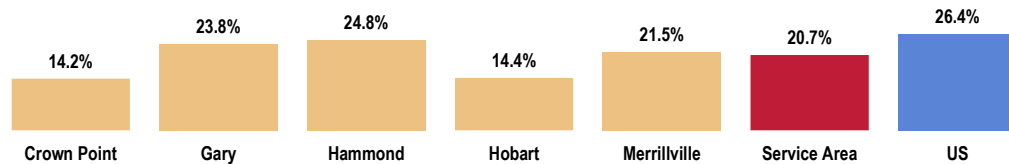
Drug Use

Marijuana/THC Use

In the past 12 months, 20.7% of service area adults used marijuana or products containing THC in any form (including traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter).

BENCHMARK ▶ Lower than the US prevalence.

Marijuana/THC Use in the Past Year



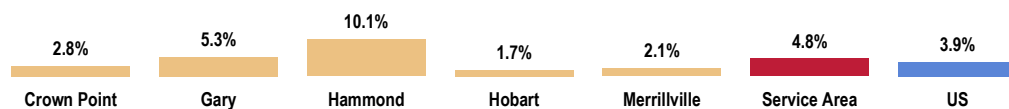
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 302]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter (does not include CBD oils).

Illicit Drug Use

A total of 4.8% of service area adults acknowledge using an illicit drug in the past month.

DISPARITY ▶ Highest among Hammond residents. Reported more often among young adults, those with the lowest incomes, and Hispanic respondents.

Illicit Drug Use in the Past Month



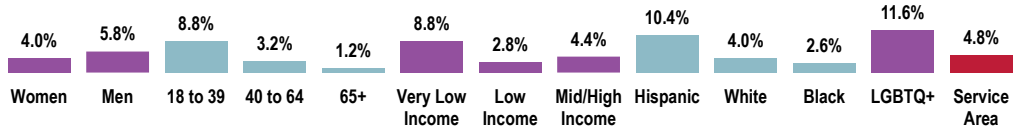
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 40]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

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



Illicit Drug Use in the Past Month (Service Area, 2026)

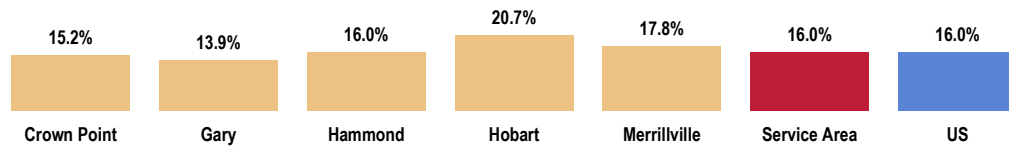


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 40]
 Notes: • Asked of all respondents.

Use of Prescription Opioids

A total of 16.0% of service area adults report using a prescription opioid drug in the past year.

Used a Prescription Opioid in the Past Year



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 41]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

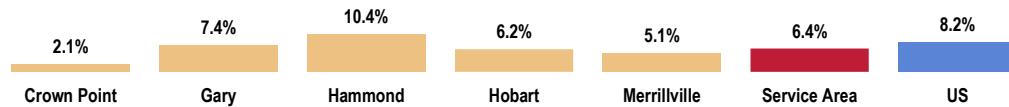


Alcohol & Drug Treatment

A total of 6.4% of service area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► Lowest in the Crown Point community (highest in Hammond).

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



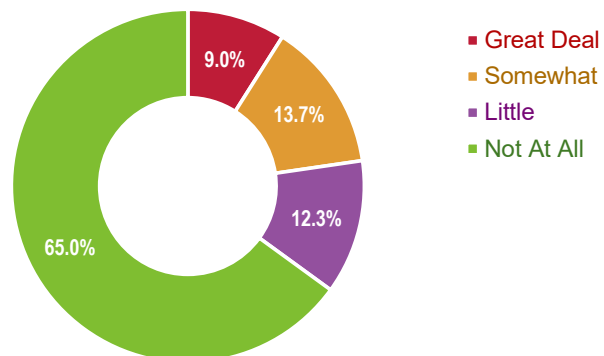
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 42]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Use

Most service area residents' lives have not been negatively affected by substance use (either their own or someone else's).

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

Degree to Which Life Has Been Negatively Affected by Substance Use (by Self or Others) (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 43]
 Notes: • Asked of all respondents.

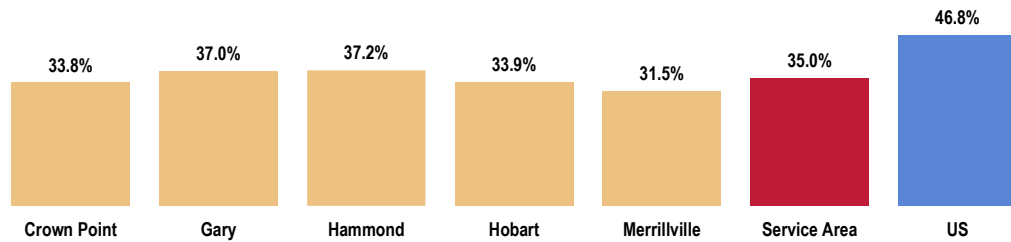


However, 35.0% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Below the national prevalence.

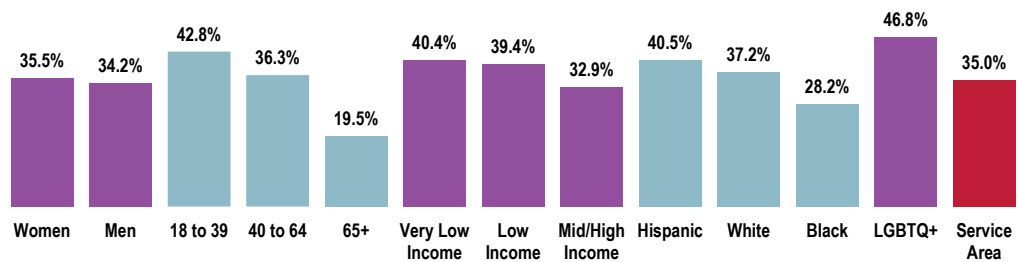
DISPARITY ▶ Reported more often among young adults and Hispanic residents.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 43]
 ● 2026 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Includes those responding “a great deal,” “somewhat,” or “a little.”

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (Service Area, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 43]
 Notes: ● Asked of all respondents.
 ● Includes those responding “a great deal,” “somewhat,” or “a little.”



Key Informant Input: Substance Use

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

Perceptions of Substance Use as a Problem in the Community (Key Informants; Service Area, 2026)

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



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Affordable Care/Services

Cost and lack of insurance. Rehab facilities have waitlists, fragmented services, and complicated intake processes. — Social Services Provider

Financial and/or insurance or lack of insurance, especially around the drug courts/ inmates, etc. Individuals may not have insurance and are unable to afford treatment and or access to treatment centers. Additionally, housing is a huge need in this area for recovery. — Public Health Representative

Awareness/Education

Knowledge of where to turn, especially safe, culturally appropriate spaces. Transportation to appointments and recovery services. — Public Health Representative

Education and access to resources, like harm-reduction kits and clean syringes. — Social Services Provider

Denial/Stigma

Denial by the public, refusal by those affected. There are plenty of resources. — Public Health Representative

Denial, lack of social support, possible previous unsuccessful attempts so you become discouraged. Also, the fear of withdrawal, not able to afford it due to financial struggles, loss of a job. — Health Care Provider

Addiction

People are addicted and don't seek treatment. — Health Care Provider



TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

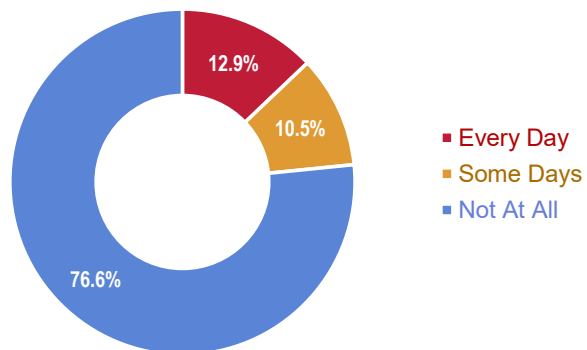
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030

Cigarette Smoking

A total of 23.4% of area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of
Cigarette Smoking
(Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 33]
Notes: • Asked of all respondents.



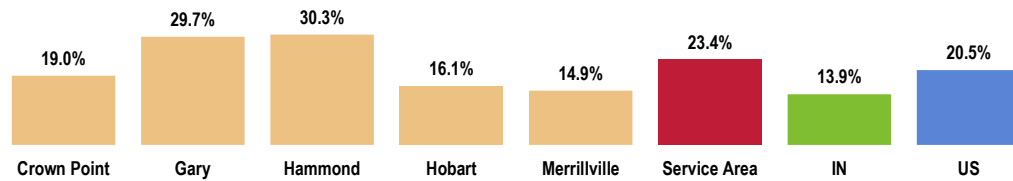
Note the following findings related to cigarette smoking prevalence in the service area.

BENCHMARK ▶ Well above the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest in the Gary and Hammond communities. Reported more often among men, young adults, and especially those with lower incomes.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

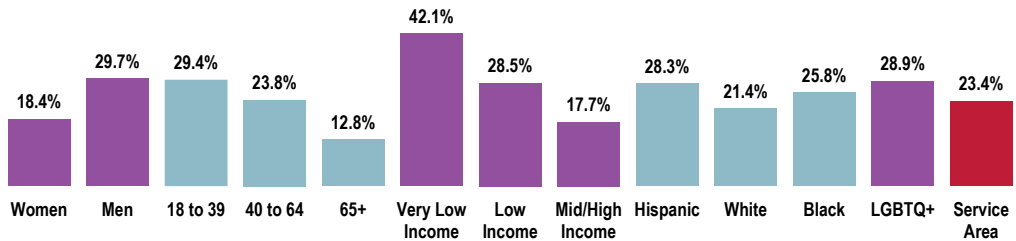


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 • 2026 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030.

Notes: • Asked of all respondents.
 • Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes (Service Area, 2026)

Healthy People 2030 = 6.1% or Lower



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
 • US Department of Health and Human Services. Healthy People 2030.

Notes: • Asked of all respondents.
 • Includes those who smoke cigarettes every day or on some days.



Environmental Tobacco Smoke

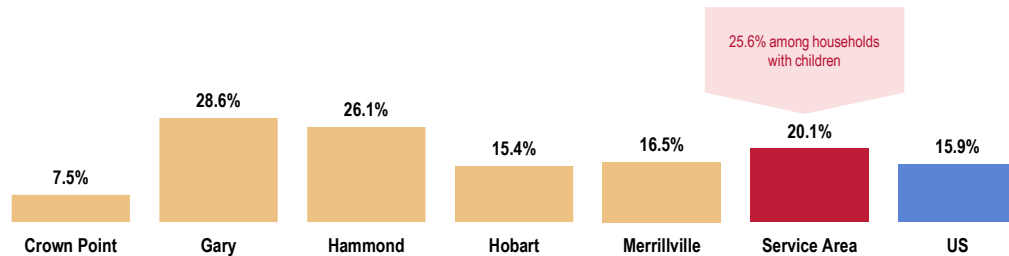
Among all surveyed households in the service area, 20.1% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

BENCHMARK ▶ Higher than the US percentage and far from satisfying the Healthy People 2030 objective.

DISPARITY ▶ Highest in Gary and Hammond.

Member of Household Smokes at Home

Healthy People 2030 = 7.1% or Lower

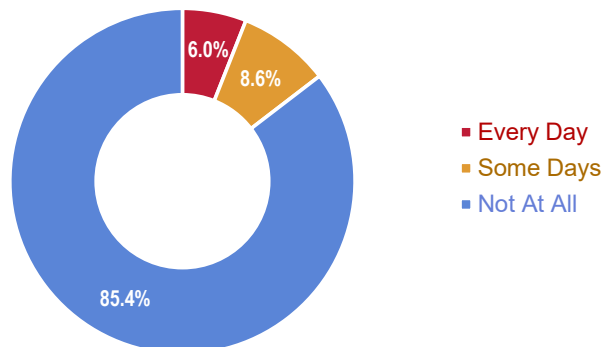


- Sources:
- PRC Community Health Survey, PRC, Inc. [Items 35, 114]
 - PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
 - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most service area adults do not use electronic vaping products.

Use of Vaping Products (Service Area, 2026)



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 36]
- Notes:
- Asked of all respondents.

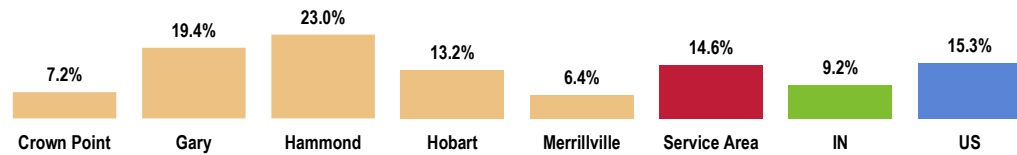


However, 14.6% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Higher than the Indiana prevalence.

DISPARITY ▶ Highest in the Gary and Hammond areas. Reported more often among adults under age 40, those living at the lowest income levels, Hispanic residents, and LGBTQ+ respondents.

Currently Use Vaping Products



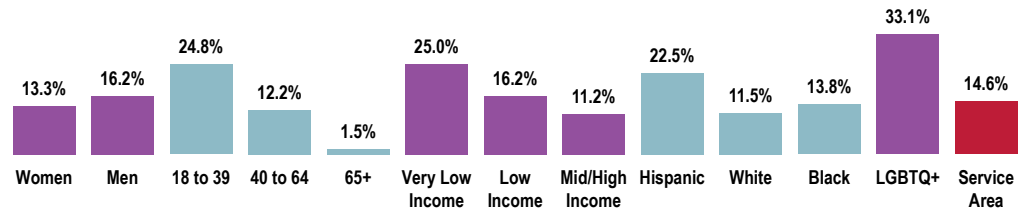
Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products (Service Area, 2026)



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:

- Asked of all respondents.
- Includes those who use vaping products 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; Service Area, 2026)

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



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Incidence/Prevalence

Tobacco use remains a major problem in NWI because it sits within a region of high smoking prevalence, faces significant health consequences, suffers from weak statewide policy protections, and bears substantial economic and community-level burdens. — Social Services Provider

Environmental Tobacco Smoke

When I moved here every restaurant allowed smoking. It was horrible. I have emphysema, not a good idea. That has improved. The new problem is vaping. Almost every gas station has them and they are marketed to children by color, toys, etc. Lately we've heard of 2nd graders vaping! — Public Health Representative

Leading Cause of Death

Lung cancer is the number-one cancer killing residents of this region. — Social Services Provider

Addiction

It's just a habit or addiction for most. — Health Care Provider



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs (sexually transmitted infections). And people who have an STI may be at higher risk of getting HIV (human immunodeficiency virus). Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

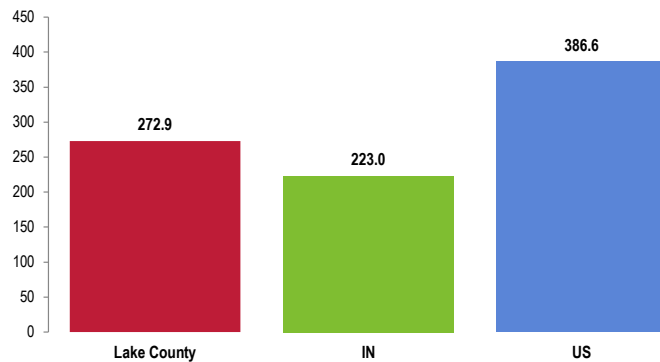
– Healthy People 2030

HIV

In 2022, there was a prevalence of 272.9 HIV cases per 100,000 population in Lake County.

BENCHMARK ▶ Higher than the Indiana rate but lower than the US rate.

HIV Prevalence
(Prevalence Rate per 100,000
Population, 2022)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).

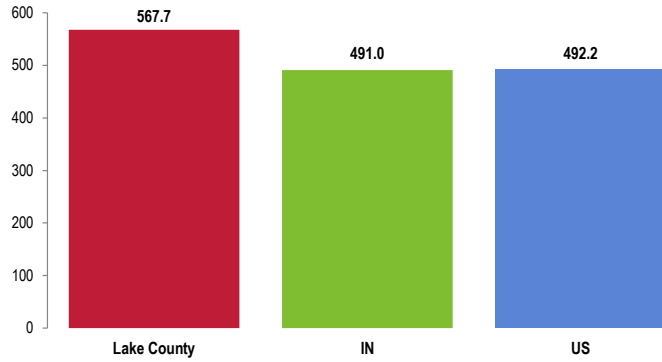


Sexually Transmitted Infections (STIs)

Chlamydia

In 2023, the chlamydia incidence rate in Lake County was 567.7 cases per 100,000 population.

Chlamydia Incidence
(Incidence Rate per 100,000 Population, 2023)



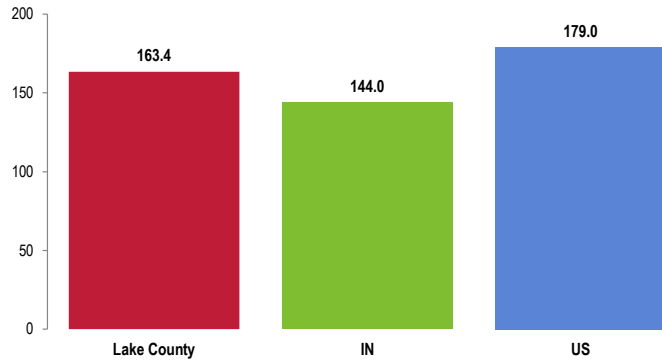
Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).

Gonorrhea

The county's gonorrhea incidence rate in 2023 was 163.4 cases per 100,000 population.

Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2023)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).



Key Informant Input: Sexual Health

Nearly all key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community.

Perceptions of Sexual Health as a Problem in the Community (Key Informants; Service Area, 2026)

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



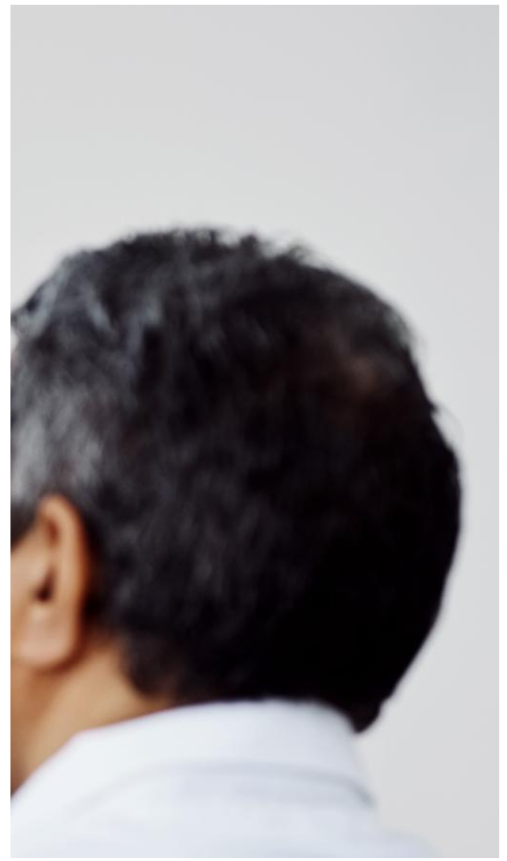
Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Incidence/Prevalence

The region continues to have a high number of new cases of HIV and Hepatitis C, mostly tied to the SUD and health disparities the community faces. — Social Services Provider





ACCESS TO HEALTH CARE



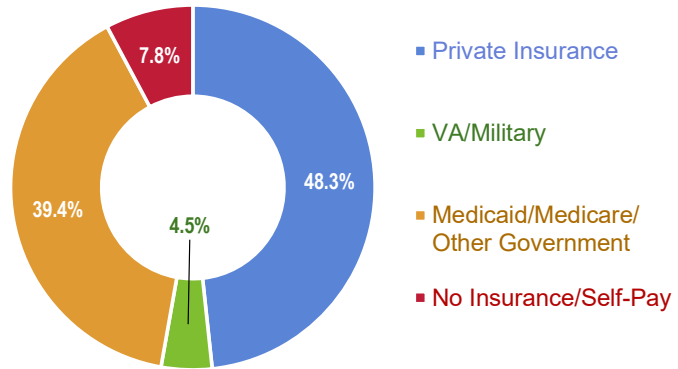
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 48.3% of UChicago Medicine NWI Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 43.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

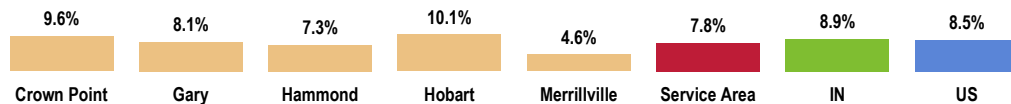
Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 7.8% report having no insurance coverage for health care expenses.

Lack of Health Care Insurance Coverage
(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

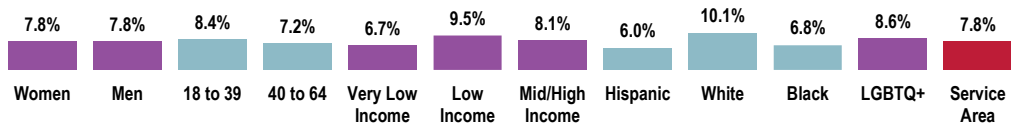


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 117]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2024 Indiana data.
• 2026 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030.
Notes: • Reflects respondents age 18 to 64.



Lack of Health Care Insurance Coverage (Adults 18-64; Service Area, 2026)

Healthy People 2030 = 7.6% or Lower



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030.

Notes:

- Reflects respondents age 18 to 64.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

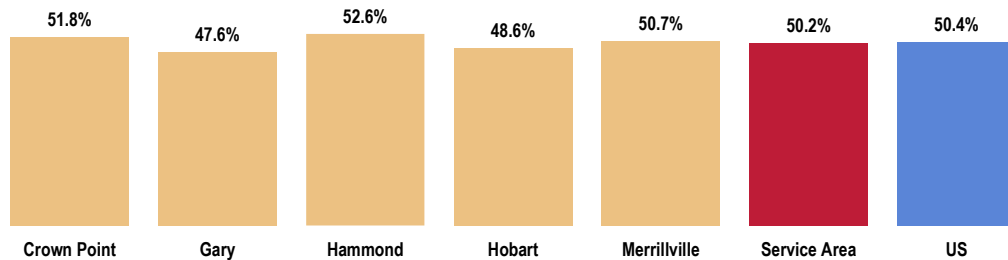
– Healthy People 2030

Difficulties Accessing Services

Half (50.2%) of service area adults report some type of difficulty or delay in obtaining health care services in the past year.

DISPARITY ▶ Reported more often among women, adults under age 65, and those who identify as LGBTQ+.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:

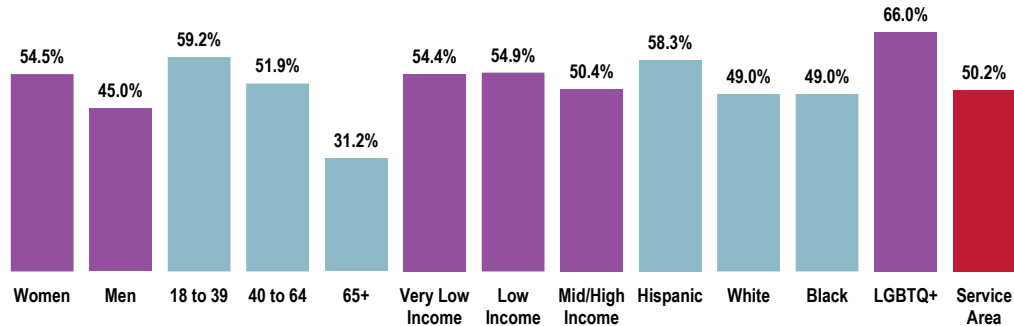
- 2026 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

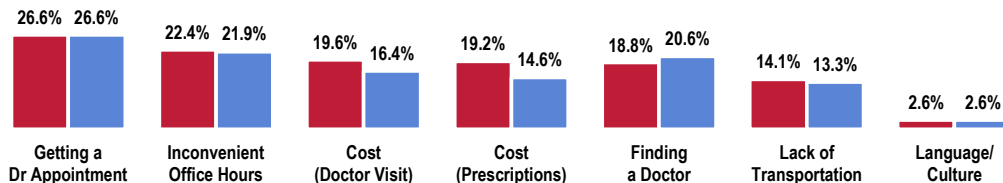
Barriers to Health Care Access

Of the tested barriers, appointment availability and inconvenient office hours impacted the greatest shares of service area adults.

BENCHMARK ► The local percentage impacted by the **cost of prescription medication** is higher than found nationally.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Service Area ■ US



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 6-12]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

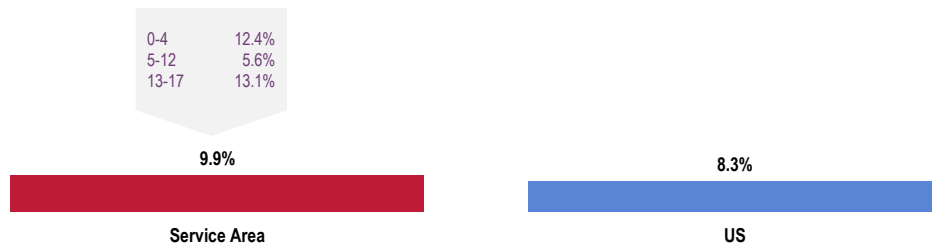
In a separate inquiry, 16.7% of respondents report skipping or stretching a prescription medication in the past year in order to save money.



Accessing Health Care for Children

A total of 9.9% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Had Trouble Obtaining Medical Care for Child in the Past Year (Children 0-17)

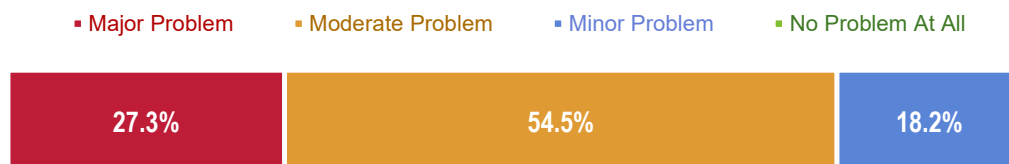


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

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

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants; Service Area, 2026)



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Local Access to Specialty Care

There are many specialties that are lacking in the community, as well as access to quality care close to home. Especially for certain populations where they have to travel far for in-state care. — Health Care Provider

Access to Care/Services

Provider shortages, transportation difficulties, financial strain, hospital service reductions, especially maternal care, and high infant mortality. Largest challenges seem to be for low income, seniors and rural residents. — Social Services Provider



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

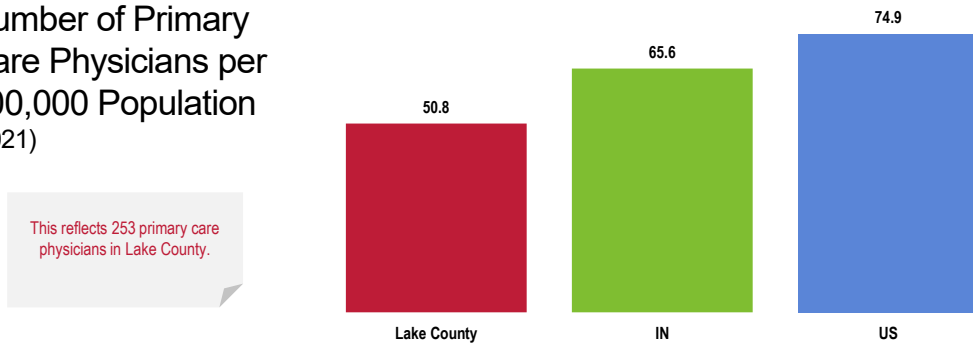
– Healthy People 2030

Access to Primary Care

In 2021, there were 253 primary care physicians in Lake County, translating to a rate of 50.8 primary care physicians per 100,000 population.

BENCHMARK ▶ Well below the Indiana and US rates.

Number of Primary Care Physicians per 100,000 Population (2021)



Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2026 via SparkMap (sparkmap.org).
Notes: • Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Note that this indicator takes into account *only* primary care physicians. It does *not* reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Note that this indicator only reflects providers practicing in Lake County and residents in Lake County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



Specific Source of Ongoing Care

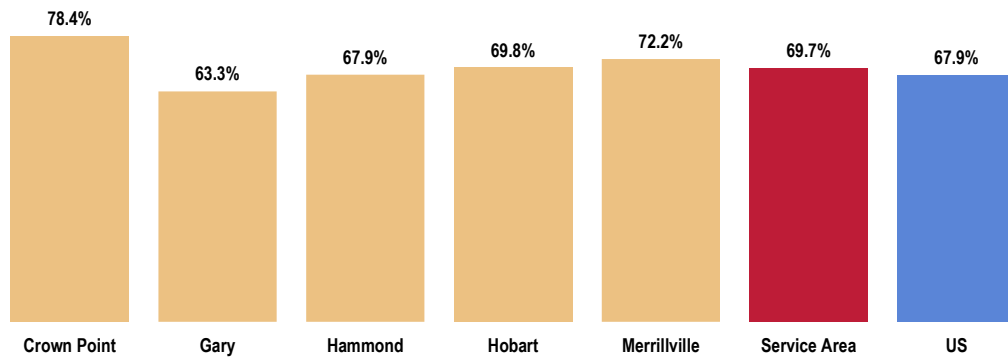
A total of 69.7% of service area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Far from satisfying the Healthy People 2030 objective.

DISPARITY ▶ Lowest in the Gary area.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 95.1% or Higher



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 118]
 - 2026 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030.
- Notes:
- Asked of all respondents.

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health.

A hospital emergency room is not considered a specific source of ongoing care in this instance.



Utilization of Primary Care Services

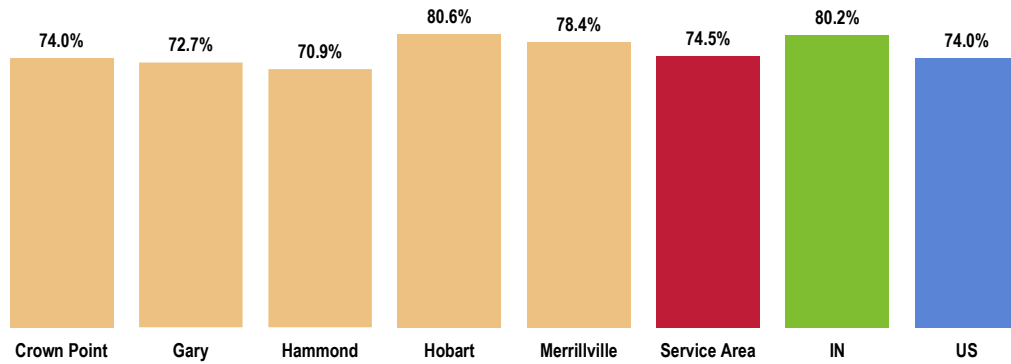
Adults

Three in four respondents (74.5%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Lower than the statewide prevalence.

DISPARITY ▶ Reported less often among young adults and those with lower incomes.

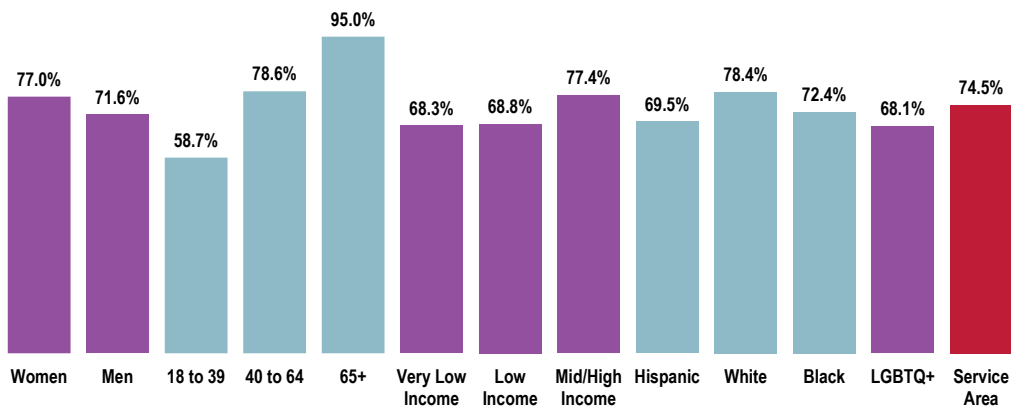
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Indiana data.
 • 2026 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 16]
 Notes: • Asked of all respondents.

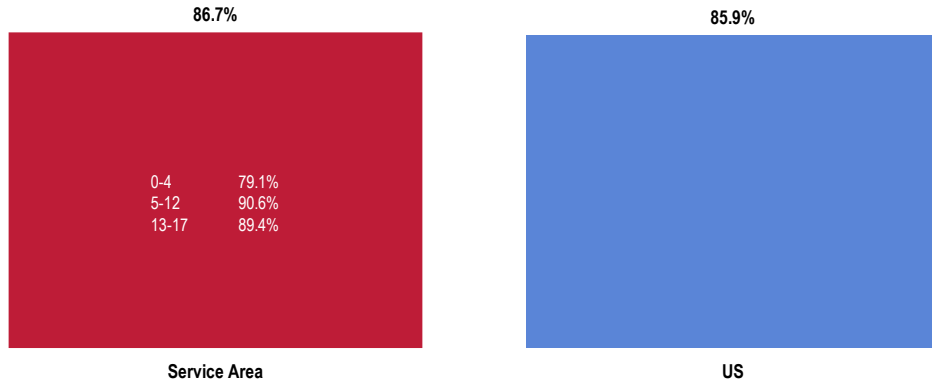


Children

Among surveyed parents, 86.7% report that their child has had a routine checkup in the past year.

DISPARITY ► The prevalence is lowest among children under age 5.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0-17)



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:

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



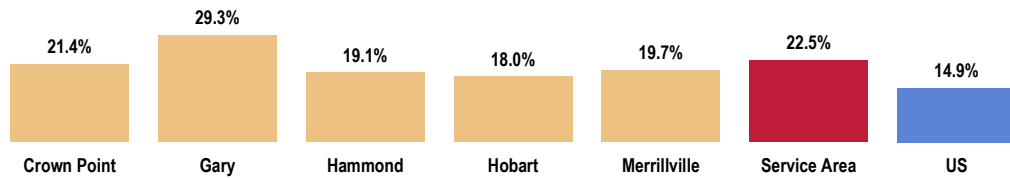
EMERGENCY ROOM UTILIZATION

A total of 22.5% of area adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ▶ Much higher than the US percentage.

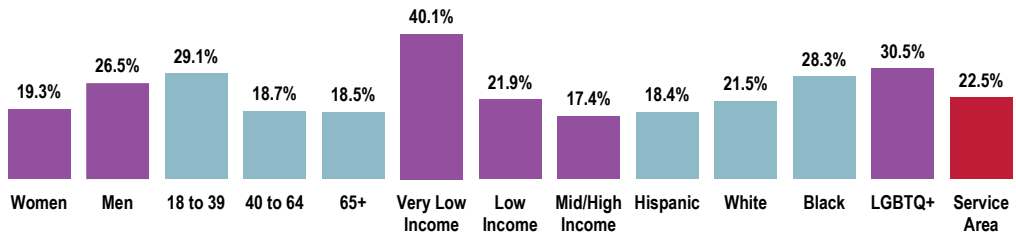
DISPARITY ▶ Highest among residents in the Gary area. Reported more often among men, young adults, and respondents with very low incomes.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 19]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Service Area, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 19]
 Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

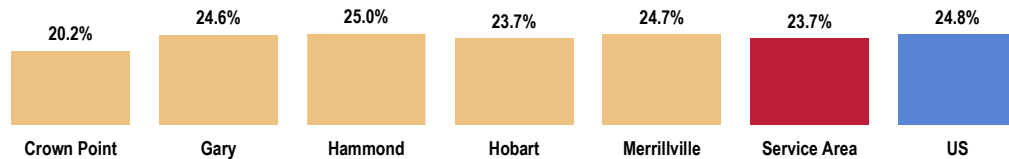
– Healthy People 2030

Lack of Dental Insurance

Among surveyed adults, 23.7% do not have any insurance coverage that pays for all or part of their dental care costs.

Lack of Dental Insurance Coverage

Healthy People 2030 = 25.0% or Lower



Sources:

- 2026 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:

- Asked of all respondents.



Dental Care

Adults

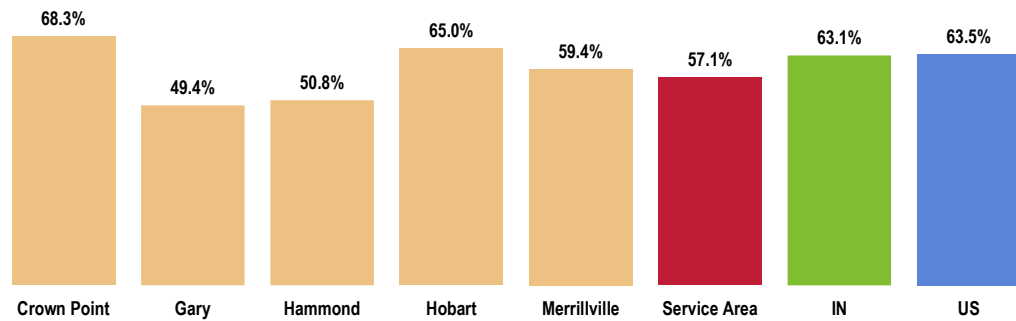
A total of 57.1% of service area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Lower than the state and US figures (but satisfies the Healthy People 2030 objective).

DISPARITY ▶ Lowest in the Gary community. Reported less often among men, young adults, those in the lower income breakouts, Hispanic residents, and people without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

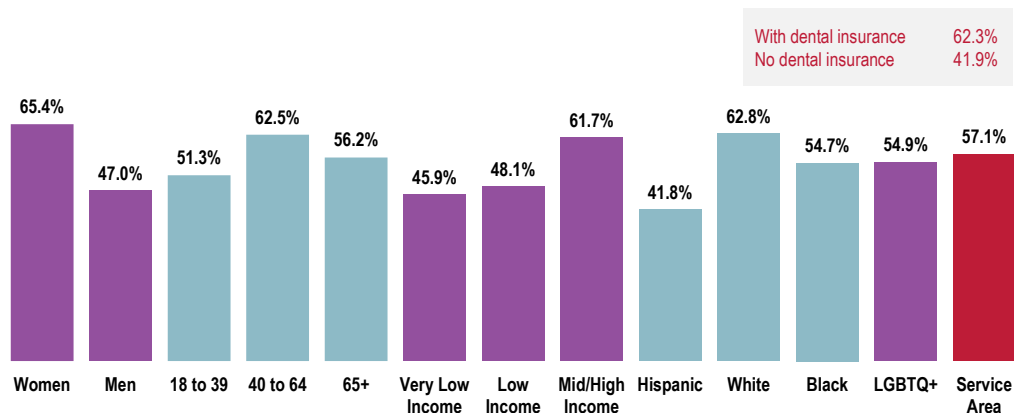
Healthy People 2030 = 45.0% or Higher



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Indiana data.
 - 2026 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030.
- Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year (Service Area, 2026)

Healthy People 2030 = 45.0% or Higher



- Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
 - US Department of Health and Human Services. Healthy People 2030.
- Notes:
- Asked of all respondents.



Children

A total of 77.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Below the US figure but easily satisfies the Healthy People 2030 objective.

DISPARITY ▶ Lower among children age 2 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Children 2-17)

Healthy People 2030 = 45.0% or Higher



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 93]
 • 2026 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030.
 Notes: • Asked of all respondents with children age 2 to 17.

Key Informant Input: Oral Health

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

Perceptions of Oral Health as a Problem in the Community (Key Informants; Service Area, 2026)

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



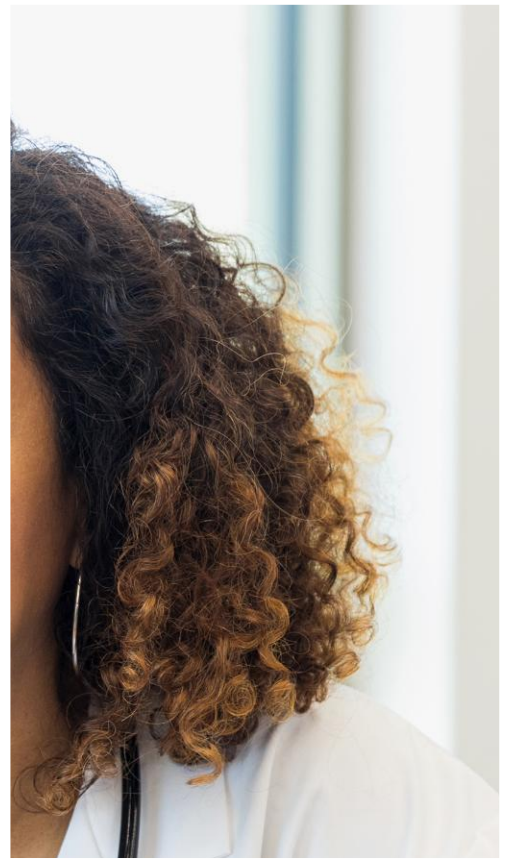
Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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

Affordable Care/Services

Limited access to affordable dental care along with a high rate of poverty and dental insurance. There is a very low access to preventative care for children. — Social Services Provider





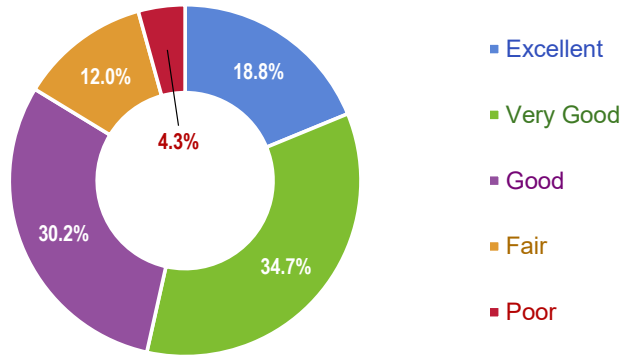
LOCAL RESOURCES



PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most UChicago Medicine NWI Service Area adults rate the overall health care services available in their community as “excellent,” “very good,” or “good.”

Rating of Overall Health Care Services Available in the Community (Service Area, 2026)

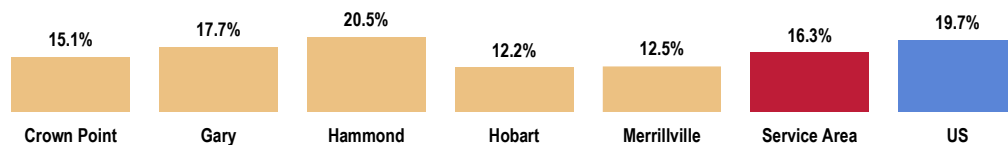


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.

However, 16.3% of residents characterize local health care services as “fair” or “poor.”

DISPARITY ► Reported more often among young adults, those with lower incomes, and those with recent health care access difficulty.

Perceive Local Health Care Services as “Fair/Poor”

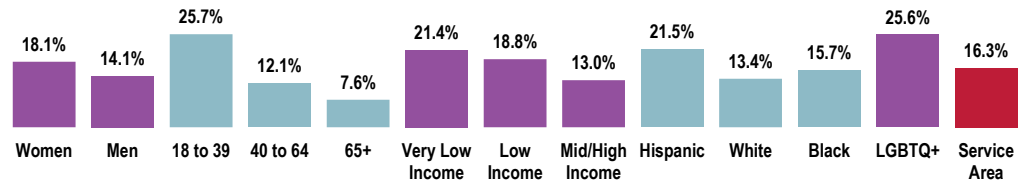


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
 • 2026 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Service Area, 2026)

With access difficulty	27.5%
No access difficulty	4.9%



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.

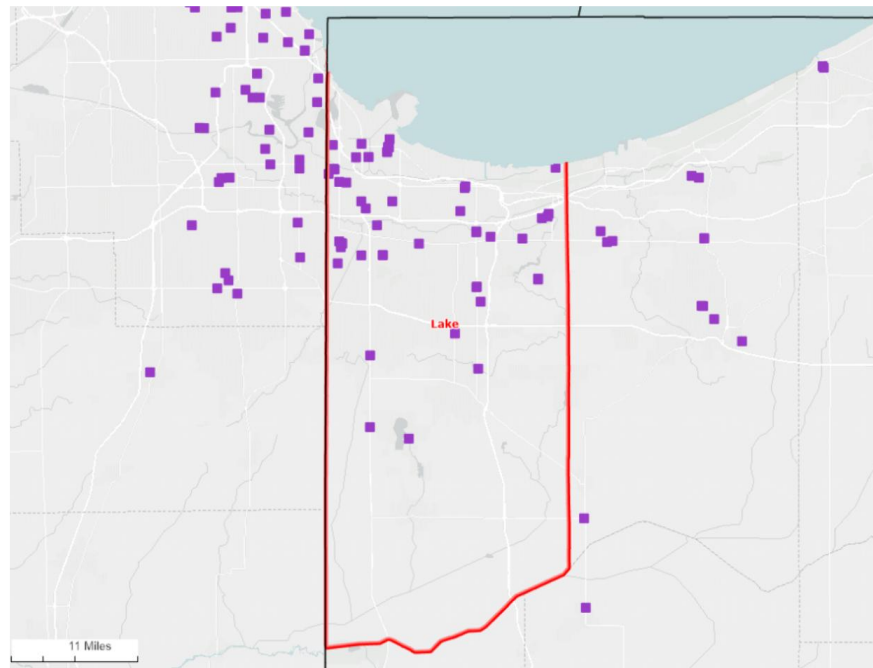


HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Lake County as of June 2025.

Federally Qualified Health Centers (FQHCs)



Map Legend

Report Location, County



Federally Qualified Health Centers, POS June 2025



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Co-Action
- Federally Qualified Health Centers
- Geminus
- Lake Co Community and Economic Development Council
- Lake County Health Department
- Township Trustees

Cancer

- ACS – Road to Recovery Program
- Citizens Action Coalition
- Environmental Protection Agency
- Franciscan Health
- Gary Advocates for Responsible Development (GARD)
- HealthLinc, Inc
- Hope Alliance
- Northwest Cancer
- Parks and Recreation
- Phil's Friends
- Powers Health
- Shot 219
- South Shore Clean Cities
- The Aliveness Project of Northwest Indiana
- UChicago Medicine

Diabetes

- Community Health Needs Assessment
- Food Pantries
- Franciscan Health
- Hospitals
- Northshore Health
- Powers Health
- School System
- UChicago Medicine

Disabling Conditions

- Franciscan Health
- Methodist Hospital
- Powers Health
- UChicago Medicine

Heart Disease & Stroke

- American Heart Association
- Boys and Girls Clubs
- Doctors' Offices
- Faith CDC Farms
- Franciscan Health
- Gatehouse Recovery
- Methodist Hospital
- Powers Health
- Purdue Extension
- UChicago Medicine
- Victory for Kids

Infant Health & Family Planning

- Community Advocates of Northern Indiana (CANI)
- Community Health Network
- Franciscan Health
- Geminus
- Healthy Families Program
- Hope Alliance
- Hospitals
- Lake County Health Department
- Marram Health
- Mental Health of America
- Methodist Hospital
- Nurse-Family Partnership
- Powers Health
- Prenatal Well – Early Connect
- St. John Fire Department Mobile Integrated Health
- UChicago Hospital
- Women, Infants and Children



Injury & Violence

- Fair Haven Rape Crisis Center
- Gatehouse Recovery
- Geminus
- Hope Alliance
- Lake County Health Department
- Mental Health of America
- Police Department
- Sounds of Sarah
- St. Jude House
- Young Ladies With a Purpose

Respiratory Diseases

- American Cancer Society
- American Lung Association
- Catch My Breath
- Environmental Protection Agency
- Franciscan Health
- Methodist Hospital
- Powers Health
- Tobacco Coalition
- UChicago Medicine

Mental Health

- 211
- 988
- Churches
- Crisis Center
- Edgewater
- For the Love of Arts
- Franciscan Health
- Franciscan Health Crown Point
- Geminus
- Hope Alliance
- Mental Health of America
- Methodist Hospital
- Mid-America Group Merrillville
- National Alliance on Mental Illness
- Operation Charlie Bravo
- Powers Health
- Purdue University Northwest Counseling Center
- Regional Health
- St. Jude House
- Suicide and Crisis Lifeline
- The Aliveness Project of NWI

Substance Use

- AA/NA
- Edgewater
- Emergency Medical Services
- For the Love of Arts
- Franciscan Health
- Franciscan Health Crown Point
- Gary Harm Reduction
- Gatehouse Recovery
- Geminus
- Hope Alliance
- Hospitals
- Methodist Hospital
- Police Department
- Regional Health
- Rehabilitation Treatment Programs
- Sounds of Sarah
- Supporting Addiction Free Environments

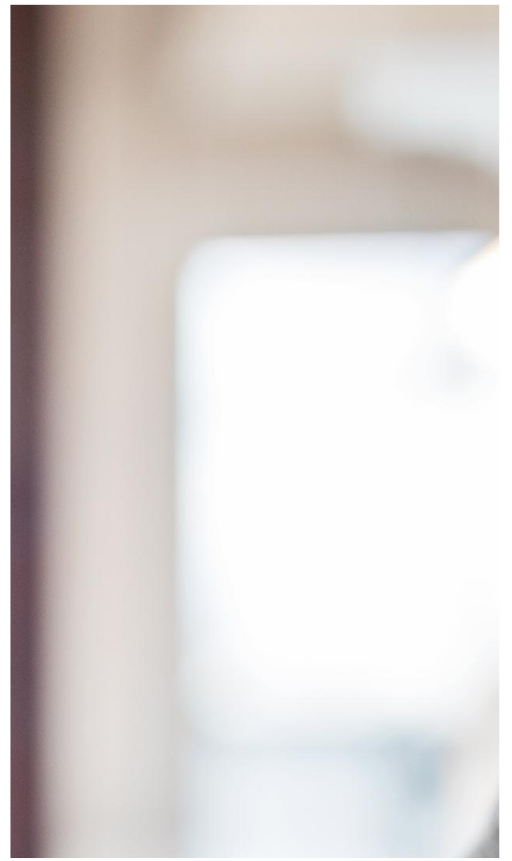
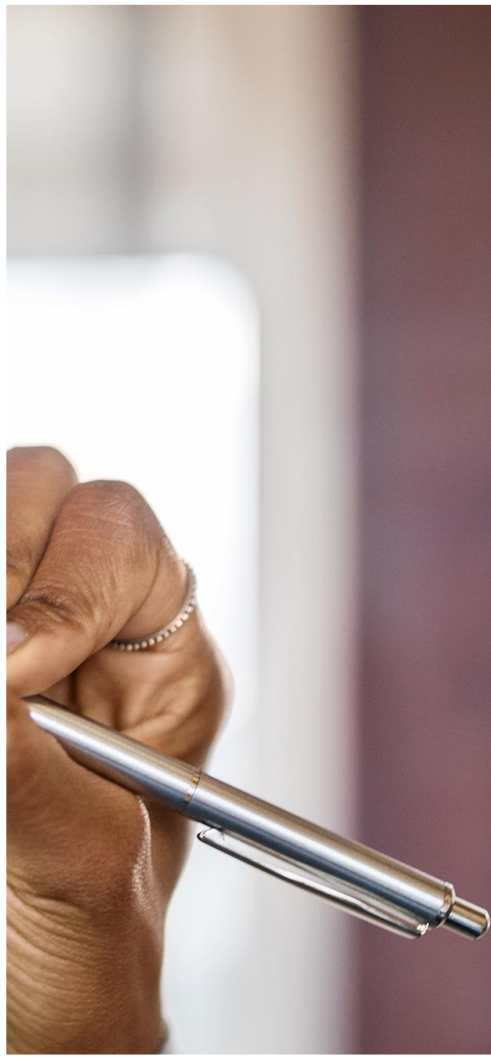
Tobacco Use

- American Cancer Society
- Geminus
- Hospitals

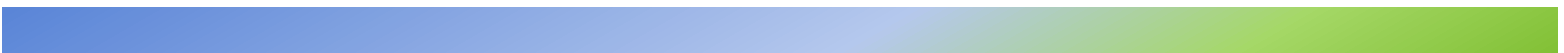
Nutrition, Physical Activity & Weight

- Boys and Girls Clubs
- Doctors' Offices
- Hospitals
- Lake County Health Department
- Nutrition.gov
- Parks and Recreation
- Purdue Extension
- Weight Watchers
- YMCA/YWCA





APPENDIX



EVALUATION OF PAST ACTIVITIES

As a new facility, this is the first Community Health Needs Assessment (CHNA) completed for UChicago Medicine NWI. Thus, there are not yet hospital-based community health activities to evaluate in this Northwest Indiana area.

The hospital will use the information from this inaugural Community Health Needs Assessment to develop its first Implementation Strategy to guide community health improvement efforts in the area for the coming years, along with plans to evaluate those efforts (to be reported in future CHNAs).

