2021 Community Health Needs Assessment

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Riley Hospital for Children
Indiana University Health

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Executive summary

Introduction

This Community Health Needs Assessment (CHNA) was conducted to identify significant community health needs and to inform development of an Implementation Strategy that addresses them.

Riley Hospital for Children at Indiana University Health (IU Health) ("the hospital") is located in downtown Indianapolis and serves the pediatric population of Marion County and the state of Indiana. As Indiana's largest and most skilled pediatric facility, Riley Hospital for Children at IU Health provides care in a wide variety of specialties, including pediatric trauma, thoracic surgery and neurosurgery. Riley Hospital for Children at IU Health is a Magnet-designated facility recognized by the American Nurses Credentialing Center for demonstrating excellence in nursing services and high-quality clinical outcomes for patients.

The hospital is part of IU Health, the largest and most comprehensive health system in the state of Indiana. IU Health, in partnership with Indiana University School of Medicine, one of the nation's leading medical schools, gives patients access to leading-edge medicine and treatment options that are available first, and often only at IU Health. Additional information about IU Health is available at: iuhealth.org/.

Each IU Health hospital is dedicated to the community it serves. Each hospital conducts a CHNA to understand current community health needs and to inform strategies designed to improve community health, including initiatives designed to address social determinants of health. The CHNAs are conducted using widely accepted methodologies to identify the significant needs of a specific community. The assessments also are conducted to comply with federal laws and regulatory requirements that apply to tax-exempt hospitals.

IU Health invites community members to review the Community Health Needs Assessments and provide comments to communitybenefit@iuhealth.org.

For copies of each IU Health CHNA report and implementation strategy, visit: iuhealth.org/in-the-community. Updated implementation strategies for each IU Health hospital are scheduled to be published by May 15, 2022.

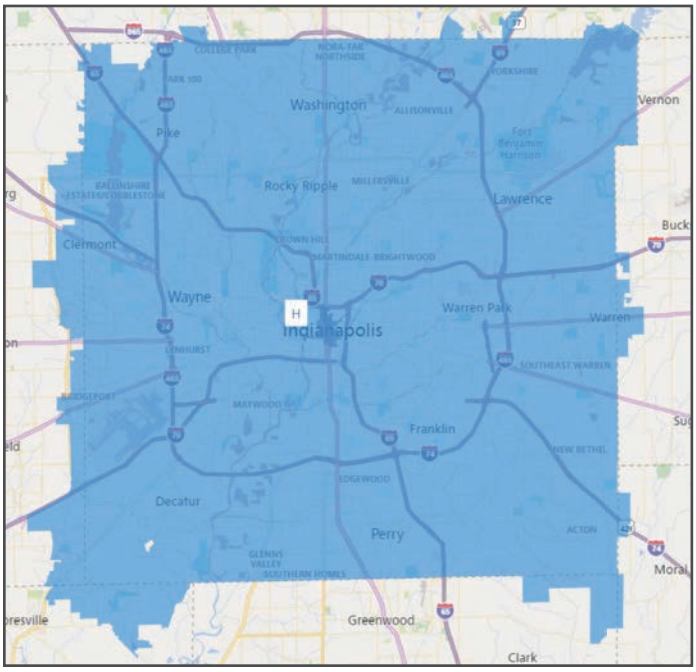
Community Definition

While Riley Hospital for Children at IU Health provides a range of services to children both locally and across the state of Indiana, for purposes of this CHNA, the hospital's "local community" is defined as Marion County, Indiana.

Children from Marion County accounted for approximately 37.7 percent of the hospital's inpatient cases in 2019. The total population of the county in 2019 was 954,670, and the total number of children (0 to 17 years of age) was 228,343.

Riley Hospital for Children at IU Health also serves the state of Indiana as a whole. The total population of the state in 2019 was 6,732,219, and the total child population was 1,754,451 (0 to 19 years of age).

The following map shows this community. For the local community, the map shows the county and the outer most ZIP code boundaries. Specific ZIP codes are included in analyses if any portion of the ZIP codes overlap with Marion County.



Source: Power BI and IU Health, 2021

Significant community health needs

Identifying significant community health needs is an important element of CHNAs. Several data sources were assessed to identify those needs, including:

- Secondary data (i.e., data collected by another entity or for a different purpose) including demographics, health status, access to care indicators and social determinants of health;
- Findings from other community health assessments of areas served by the hospital; and
- Input obtained from individuals who participated in one or more community meetings, interviews or surveys.

Access to Healthcare Services

- Census tracts throughout Marion County have been designated as Medically Underserved Areas and Populations (MUA/P) (Exhibit 27).

- Primary care, dental health and mental health care Health Professional Shortage Areas (HPSA) are prominent throughout Marion County (Exhibit 28A-C).
- Child mental health services are particularly difficult to access due to a lack of providers, financial barriers, insurance barriers and long waitlists (Interviews).
- The percent of Marion County mothers who received prenatal care in the first trimester is below state averages, and worsened between 2015 and 2020, indicating difficulties accessing care (Exhibit 21).
- The child uninsured rate in Marion County is significantly above state and national averages (Exhibit 16A).
- Poverty, financial constraints and health insurance all contribute to difficulties in accessing health services (Community meetings, Interviews).

Drug and substance abuse (including opioids and alcohol)

- Marion County ranked in the bottom quartile of Indiana counties for excessive drinking and alcohol-impaired driving deaths (Exhibit 18).
- Between 2015 and 2019, Indiana students reported an increase in the use of over-the-counter drugs (Exhibit 35).
- Interviewees identified substance abuse as a significant issue, closely related to mental health concerns and self-medication. Access to substance abuse services was also considered difficult by stakeholders (Community meetings, Interviews).
- Other recent assessments identified substance use disorders, access to substance abuse treatment services and the opioid epidemic as significant issues (Other assessments).

Food insecurity and healthy eating

- Marion County ranked 89th in Indiana counties for food environment index (Exhibit 18).
- Census tracts throughout Marion County – including in areas proximate to the hospital – are federally designated as food deserts (Exhibit 25).
- Food insecurity and access to affordable, healthy food was identified by community meeting attendees and a survey to internal IU Health providers as a significant community health need (Community meetings, Survey). Interviewees also identified food insecurity as a significant issue, with local food banks facing significant demand (Interviews).
- Several other assessments described food insecurity as a significant issue, as well as its disproportionate effect on racial/ethnic minorities and low-income households (Other assessments).

Health education and navigation

- Interviewees described health education as a need, impacting many aspects of health such as nutrition, accessing primary care services, preventive health and others. Hispanic (or Latino) populations are impacted due to language barriers, and health education disparities are leading to generational persistence of racial and ethnic health disparities (Interviews).
- Indiana ranked 46th among all states for childhood immunizations, indicating a need for improved education on child preventive health and healthcare navigation (Exhibit 36).
- More collaboration is needed for child development, bringing together providers, social services and others to achieve ideal outcomes, as many organizations are not coordinating plans to maximize effects (Interviews).

Maternal and infant health and child wellbeing

- Marion County compared unfavorably to Indiana for most maternal and infant health indicators, including infant mortality, low birthweight, prenatal care and preterm births (Exhibit 20).
- Between 2015 and 2020, Marion County saw a decrease in mothers who received prenatal care in first trimester, and an increase in low birthweight infants (Exhibit 21).
- Compared to national rates, Indiana compared unfavorably for infant mortality due to disorders related to short gestation and low birthweight and sudden infant death syndrome (Exhibit 22).
- Infant mortality continues to be an issue in Indiana, disproportionately affecting Black infants due to many reasons including additional barriers in accessing care (Interviews).
- The county was in the bottom quartile of Indiana counties for both child poverty and children in single-parent households (Exhibit 18).
- Interviewees identified infant and maternal mortality as significant issues, with social determinants of health impacting access to prenatal care and other needed services.
- Infant mortality and low birthweight were identified in a recent county health assessment as a significant need (Other assessments).
- Due to the COVID-19 pandemic, childhood vaccinations and other preventive care was believed to have been delayed by families, resulting in an increased risk of poor health (Interviews).

Mental health

- Mental health concerns, as well as access to mental health services, were identified by community meeting attendees and a survey to internal IU Health providers as significant community health needs. These issues were thought to be worsening in severity due to the COVID-19 pandemic impacts, such as social isolation, loneliness and economic impacts (Community meetings, Survey).
- Youth mental health was increasingly an issue, due to the nature of social media and online presence making bullying easier to occur, increased anxiety, depression and trauma due to community violence. Child mental health services are difficult to access due to a lack of providers, financial barriers, insurance barriers and long waitlists (Interviews).
- The COVID-19 pandemic was thought to impact the mental wellbeing of youth due to instability in schooling and social isolation (Community meetings, Interviews).
- The low-income population of Marion County has been

designated as a Mental Health Care shortage area (Exhibit 28C).
- Indiana youth (10th grade students) compared unfavorably to national averages for feeling sad two weeks in a row, considering attempting suicide and making a plan for attempting suicide. Hispanic (or Latino) youth had particularly high rates for all indicators (Exhibit 33).
- Indiana ranked in the bottom half of states for disconnected youth and Adverse Childhood Experiences (ACEs) (Exhibit 36).
- Other assessments also identified worsening mental health conditions as a significant concern (Other assessments).

Obesity, chronic conditions and physical inactivity
- Indiana compared unfavorably to national averages in overweight and obesity status for those aged 10 through 17 and obesity for high school students (Exhibit 33).
- A lack of proper nutrition and access to healthy foods was thought to contribute, with food deserts throughout the county and a low food environment index score (Exhibits 18 and 25).
- Childhood obesity is a significant concern and leads to poor health. Parents lack an understanding of childhood weight, often perceiving overweight children as normal weight. More youth activity programs are needed (Interviews).
- Other health assessments identified obesity and diabetes as a significant need in Marion County (Other assessments).
- Chronic disease (including youth diabetes) and asthma were identified as concerns by stakeholders (Interviews).
- Due to the COVID-19 pandemic, childhood vaccinations and other preventive care was believed to have been delayed by families, resulting in an increased risk of disease (Interviews).

Smoking, tobacco use and exposure to secondhand smoke
- Marion County ranked in the bottom quartile of Indiana counties for adult smoking, with an average exceeding the national smoking rate (Exhibits 18 and 19).
- Between 2017 and 2019, Indiana students reported an increase in the use of electronic vapor products (Exhibit 35).
- Tobacco and vaping were identified by stakeholders as issues, with a low cigarette tax in Indiana helping perpetuate the issue. Youth tobacco use, including the rise in e-cigarette usage, was identified as a significant concern (Interviews).
- Other health assessments identified smoking and tobacco use by youth, youth access to tobacco products, including the rise in e-cigarettes, as a significant need in Marion County (Other assessments).

Social determinants of health
- The percent of children in poverty is higher in Marion County than in Indiana and the United States. Data suggests rates are higher for Black and Hispanic (or Latino) residents. Low-income census tracts are present throughout much of the county (Exhibits 12, 13, 14, 19).
- The county was in the bottom quartile of Indiana counties for both child poverty and children in single-parent households (Exhibit 18).
- Poverty and income inequality were identified by stakeholders as a significant need and impacted a family's ability to access a variety of health resources (Community meetings, Survey).
- Racial and ethnic disparities for social determinants of health and for health outcomes were identified by community meeting participants and through surveys more often than any other need. Interviewees also identified health disparities as a significant issue, largely driven by historic and ongoing differences in social determinants of health and resources (Community meetings, Survey, Interviews).
- Violent crime rates in Marion County are well above Indiana-wide averages (Exhibits 17 and 19). Community violence is leading to trauma and ACEs for Marion County and Indiana youth, impacting mental and physical health (Interviews).
- A lower proportion of Marion County residents achieve high school graduation or attended some post-secondary education (Exhibit 19).
- Marion County ranked 91st out of 92 Indiana counties for severe housing problems (Exhibit 18). Community meeting participants also identified access to safe and affordable housing as a significant need (Community meetings). Interviewees state that old and inadequate housing was leading to poor health outcomes, including lead poisoning, arsenic poisoning and pediatric asthma (Interviews).
- Other assessments identified a variety of social determinant of health factors as significant concerns, including racial and ethnic disparities, income disparities, poverty, housing, education, transportation and others (Other assessments).

Data and analysis

Riley Hospital for Children at IU Health provides a range of services for patients from central Indiana and from across the state. Recognizing the hospital's local and statewide roles, two communities have been assessed: Marion County (the "local community") and the state.

Local community assessed

The community assessed by Riley Hospital for Children at IU Health was defined by the geographic origins of patients discharged from the hospital as well as the hospital's role in serving children. On that basis the "local community" was identified as Marion County, Indiana and the CHNA focused on assessing community health needs for children.

Children from Marion County accounted for 37.7 percent of the hospital's 2019 inpatient discharges (Exhibit 1).

Exhibit 1: Riley Hospital for Children at IU Health inpatient discharges from Marion County, 2019

County	Percent of inpatients
Marion County	37.7%

Source: Analysis of IU Health Discharge Data, 2019

In 2019, the next highest number of Riley Hospital for Children at IU Health inpatients originated in Johnson County (4.2 percent of discharges). Because the majority of inpatients originated from across Indiana and Riley Hospital for Children at IU Health plays a statewide role in providing specialty care, in training health professionals, advancing knowledge and in meeting other needs, this CHNA report also identifies and discusses statewide community health concerns.

The estimated population of Marion County in 2019 was 954,670 persons, while the child population (aged 0-17) was 228,343 (Exhibit 2).

Exhibit 2: Local community population, 2019

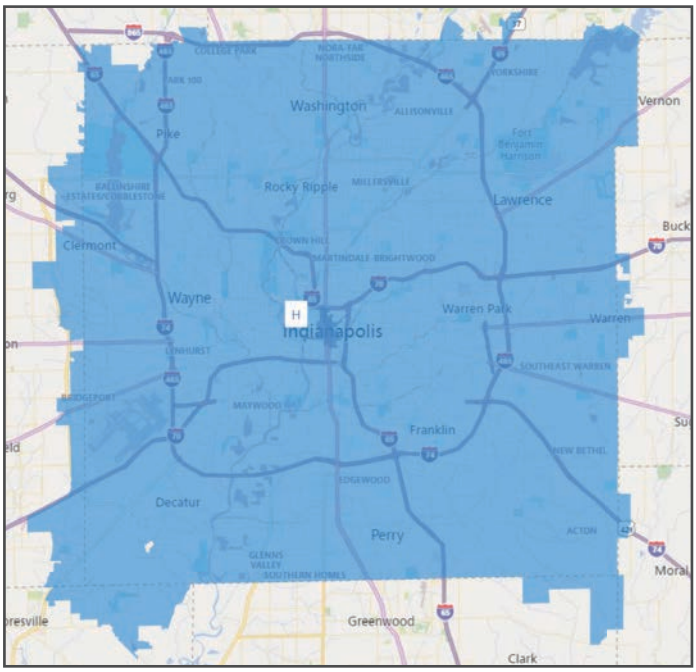
County	Estimated population
Marion County – Total population	954,670
Marion County – Children (Age 0-17)	228,343

Source: State of Indiana by the Indiana Business Research Center, 2019

The hospital is located in Marion County (the city of Indianapolis, Indiana, ZIP code 46202).

Exhibit 3 portrays the community. The map shows the county and the outer most ZIP code boundaries. Some ZIP codes overlap with Marion County and the adjacent counties, sharing the same boarder. The "H" logo marks the location of this hospital on the map.

Exhibit 3: Riley Hospital for Children at IU Health community



Source: Power BI and IU Health, 2021

Secondary data summary (Marion County)

The following section summarizes findings from secondary data analysis for Marion County. See Appendix B for more detailed information.

Demographics

Population characteristics and trends directly influence community health needs. The total population of Marion County is expected to grow 2.1 percent from 2020 to 2025. While the total population is expected to grow, the population aged 0-19 years is expected to decrease by 22.9 percent in Marion County between 2020 and 2025.

Significant racial and ethnic diversity is seen throughout the identified ZIP codes. In 2019, over 25 percent of residents in 12 Marion County ZIP codes were Black, and two ZIP codes had a percentage of Hispanic (or Latino) populations above 25 percent.

Economic indicators
Many health needs have been associated with poverty, as those in low-income households typically are less healthy than those in more prosperous areas. In Marion County, 19.3 percent of children under age five live in poverty, a figure below the Indiana and national average. However, 20.4 percent aged 5-17 live in poverty, a figure above state and national averages. Data suggest that poverty rates are higher in Black and Hispanic (or Latino) households. Low-income census tracts are prevalent in Marion County, particularly in the central area of the county and in areas proximate to the hospital.

Between 2015 and 2019, unemployment rates decreased in the county, state and nationally. In recent years, Marion County's unemployment rates have been similar to Indiana averages, but below national averages. Due to the COVID-19 pandemic, it is anticipated that unemployment rates will rise in 2020 data. The rise in unemployment is likely to affect children's health due to financial impacts on families.

The percentage of children uninsured in Marion County (7.6 percent) is above both state (6.6 percent) and national (5.2 percent) averages.

Crime rates in Marion County are higher than Indiana averages including violent crime and homicide. Rates of arson and robbery are significantly higher than state averages. These crime statistics may impact children in multiple ways, including physical harm and trauma.

Local health status and access indicators
In the 2019 *County Health Rankings*, Marion County ranked 76th for overall health outcomes and 91st for overall health factors, both in the bottom quartile out of 92 counties in Indiana.

Marion County ranked in the bottom quartile for several child-related indicators, including:
- Low birthweight;
- Adult smoking;
- Food environment index;
- Teen births;
- High school graduation;
- Children in poverty;
- Income inequality;
- Children in single-parent households;
- Injury deaths;
- Air pollution; and
- Severe housing problems.

According to the Indiana Department of Health (IDOH), Marion County compares unfavorably for a variety of infant and maternal health indicators, with unfavorable rates for infant mortality, low birthweight, teen births, prenatal care and preterm births.

Between 2015 and 2020, maternal and infant health indicators improved for several indicators, including infant mortality. However, mothers receiving prenatal care in the first trimester and low birthweight infants worsened.

For the state of Indiana, rates of infant deaths due to congenital malformations, deformations and chromosomal abnormalities; disorders related to short gestation and low birthweight; sudden infant death syndrome; accidents (unintentional injuries); neonatal hemorrhage; and respiratory distress of newborn were higher than national averages.

Community Need Index
Dignity Health, a California-based hospital system, developed and published a Community Need Index™ (CNI) that measures barriers to healthcare access. The index is based on five social and economic indicators:
- The percentage of elders, children and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

A CNI score is calculated for each ZIP code. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

The weighted average CNI score for Marion County was 3.6 – well above the national median of 3.0. Sixteen (16) of 38 ZIP codes scored in the "highest need" category.

Food Deserts
The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby.

Census tracts throughout Marion County have been designated as food deserts, including in areas near the hospital.

Medically Underserved Areas and Populations
Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice (Index)." The Index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level and percentage of the population age 65 or over. Areas with a score of 62 or less are considered "medically underserved."

Many census tracts throughout Marion County have been designated as Medically Underserved, particularly in areas proximate to the hospital.

Health Professional Shortage Areas
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care or mental health care professionals is found to be present.

Significant portions of Marion County have been designated as primary care HPSAs, and several census tracts in central Marion County as dental care HPSAs. Additionally, the low-income tracts in Marion County have been designated as a mental health care HPSA.

Relevant findings of other CHNAs
This CHNA also considered the findings of other recent, available assessments or reports conducted by community-based organizations or agencies, local health departments (LHDs) and the state of Indiana. These other assessments consistently identified the following needs as significant for Marion County.

- Health disparities
- Access to healthcare services
- Mental health
- Obesity and physical inactivity
- Maternal and child health, including infant mortality
- Tobacco use by youth
- Social determinants of health
  - Food insecurity
  - Poverty
  - Housing

Significant indicators
Exhibit 4 presents many of the indicators discussed in the above secondary data summary. An indicator is considered significant if it varies materially from a benchmark level (e.g., an average for Indiana or the United States). For example, while Indiana's child poverty rate (percent of children at or below 100 percent of the Federal Poverty Level) was 18.0 percent, the rate in Marion County was 25.0 percent. For Riley Hospital for Children at IU Health's local community, the overall child poverty rate is considered significant. The last column of Exhibit 4 identifies where more information regarding the data sources can be found in this report. The benchmarks include Indiana averages and national averages.

Exhibit 4: Significant indicators

Indicator	Area	Value	Benchmark	Exhibit
Population change, 2020-2025	Marion County	2.1%	2.2% – Indiana	8A
Child (0-19) population change, 2020-2025	Marion County	-22.9%	-23.1% – Indiana	8A
Poverty rate (Ages 5-17), 2015-2019	Marion County	20.4%	17.6% – Indiana	12
Poverty rate, Black, 2015-2019	Marion County	25.0%	26.9% – Indiana	13
Poverty rate, Hispanic, 2015-2019	Marion County	28.8%	22.4% - Indiana	13
Violent crime per 100,000	Marion County	954.7	750.2 – Indiana	17
Years of potential life lost per 100,000	Marion County	9,800.0	6,900.0 – U.S.	19
Percent of children in poverty	Marion County	25.0%	18.0% – U.S.	19
High school graduation rate	Marion County	75.9%	85.0% – U.S.	19
Percent of live births with low birthweight	Marion County	9.2%	8.1% – Indiana	19
Teen birth rate (15-19)	Marion County	38.5	25.0 – U.S.	19
Food environment index (higher is better)	Marion County	6.6	7.7 – U.S.	19
Particulate matter (PM 2.5) rate	Marion County	12.8	8.6 – U.S.	19
Childhood cancer (0-14)	Marion County	15.6	16.2 – Indiana	23
Overall Community Need Index	Marion County	3.6	3.0 – U.S. Median	24

Source: IU Health Analysis

Exhibit 4 suggests that based on available secondary data alone, the most significant community health issues in Marion County include:

- More years of potential life lost than the U.S. average (before age 75 per 100,000 population, on an age-adjusted basis)
- Social determinants of health, including poverty, educational achievement and violent crime
- Maternal and child health problems (low birthweight and teen pregnancy)
- Air pollution
- Community Need Index

As described in the next section, many of these child health-related issues are prevalent across Indiana too.

Secondary data summary (Indiana)

Riley Hospital for Children at IU Health also assessed community health needs across Indiana. The following section summarizes findings from that analysis (See Appendix C for more detailed information).

Demographics
The population aged 0-19 of Indiana is expected to increase 1.8 percent from 2020 to 2025. The highest growth rates in population aged 0-19 appears to be in Boone County (central Indiana) and Martin County (southwest Indiana).

Indiana health status and access indicators
Indiana Youth Survey from 2015 through 2019 shows that while the use of many substances has dropped in recent years, over-the-counter drugs and hallucinogens/ecstasy usage has increased in recent years.

America's Health Rankings Health of Women and Children Report provides state rankings for a number of health and social driver of health indicators. In the 2019 rankings, Indiana ranked in the bottom quartile of states nationally in the following indicators:

- Parent or guardian death
- Immunizations – children
- Smoking – female
- Flu vaccination – female
- Chronic obstructive pulmonary disease (COPD) – female
- Infant mortality
- Cardiovascular diseases – female
- Cholesterol check – female
- Physical inactivity – female
- Cancer deaths – female
- Heart attack – female
- Neighborhood amenities
- Exercise – female
- Multiple chronic conditions – female
- Asthma – female
- High blood pressure – female
- Stroke – female
- Population under 18 years

Relevant findings of other CHNAs
Several other health assessments and reports were reviewed regarding community health in Indiana, including the *State Health Assessment.* The plan will sunset at the end of 2021. A committee was convened in the summer of 2021 to coordinate an update to the plan that will span 2022-2026; however, the process was not far enough along to inform this CHNA. For this reason, the current assessment will be highlighted here.

In preparing its *State Health Assessment,* Indiana officials reviewed local health assessments conducted across the state to identify needs most frequently identified as significant. The ten needs most frequently identified were: access to care, mental and behavioral health, obesity, substance abuse disorders, nutrition and physical activity, diabetes, tobacco use, heart disease, cancer and maternal and infant health.

The Indiana State Health Improvement Plan (ISHIP) focused on the final "flagship public health priorities," which were:

- Improve birth outcomes and reduce infant mortality
- Address the opioid epidemic
- Reduce rates of chronic disease
- Improve the public health infrastructure

The Indiana Department of Health *Title V Block Grant Needs Assessment: Maternal and Child Health (MCH) & Children's Special Health Care Services (CSHCS)* and five-year action plan includes eight overarching priorities that the Indiana Department of Health (IDOH) and stakeholders will seek to address from 2020-2025.

- Reduce preventable deaths
- Strengthen mental, social and emotional wellbeing
- Promote physical activity
- Access to high-quality, family-centered, trusted care
- Prevent substance use
- Engage family and youth
- Reduce health disparities and inequities
- Ensure frequent surveillance, assessment and evaluation

Primary data summary

Riley Hospital for Children at IU Health obtained community input through focus groups of community stakeholders, a survey issued to stakeholders who were unable to attend the community meetings, a survey issued to internal providers and other team members from the hospital and key informant interviews with those possessing public health expertise.

Community meetings
In collaboration with other local health systems – Ascension St. Vincent (Indianapolis) and Community Health Network – four community meetings were held in May 2021 to receive input from stakeholders regarding the health needs in Marion County. Secondary data was presented, and a preliminary list of community health need priorities was presented. Each group was then asked questions about the preliminary list, including their reactions, additions to the proposed needs, thoughts regarding the causes of the needs, impacts of the COVID-19 pandemic and others.

After this discussion, participants were given the opportunity to make additional comments before being asked to vote on what they believed were the most significant needs in the county. Participants were asked to choose three to five significant health needs via an online poll during and after the meeting.

Preliminary needs identified include a wide array of topics related to children and youth, including the COVID-19 pandemic, food insecurity, prenatal care, infant mortality, child development, racial and ethnic disparities, mental health and access to mental health providers (including child psychiatrists), youth obesity and physical inactivity, poverty, housing, crime and community safety, public health funding and others.

In addition to these topics, participants focused discussion around several issues related to youth, including substance abuse and treatment, transportation barriers, culturally appropriate care and services (including language barriers), affordability of healthy food, smoking and tobacco use (including youth vaping), access to and cost of primary care, health insurance, preventive health services, lack of providers within high-need areas, childcare, dental health needs, children's health and development and social connectedness.

For those unable to attend community meetings, a separate survey was distributed to receive their input into the most significant needs. These findings were combined with those of the community meeting participants.

From this process, participants identified the following needs as most significant for Marion County:

- Racial and ethnic health disparities
- Access to mental and behavioral healthcare services
- Food insecurity and access to affordable, healthy food
- Access to safe and affordable housing
- Mental health
- Poverty and associated community need

While participants identified these needs for the entire population, their impact on infant and youth populations was discussed and each need impacts children and their families.

A survey was also issued to internal providers at Riley Hospital for Children at IU Health, asking them to identify priority needs among the patients they serve. Among 12 responses, the following issues were identified as the most significant:

- Food insecurity and nutrition
- Health disparities, particularly for racial and ethnic minority populations
- Mental health
- Poverty and income inequality

The survey also asked about the impacts of the COVID-19 pandemic. Issues most often selected as significant impacts include:

- Social isolation and loneliness
- Health disparities
- Digital divide (lack of internet or device access)
- Economic disparities
- Housing (inability to stay sheltered or pay rent/mortgage)

Interviews

Two interviews were conducted with representatives of local children's health and wellbeing organizations, with expertise in addressing childhood trauma and child development. The following issues were discussed as significant:

- Childhood obesity is a significant concern and leading to poor health outcomes. Parents also lack an understanding of childhood weight, often perceiving overweight children as normal weight.
- Access to healthy foods and youth activity programs is important in addressing weight concerns.
- Infant mortality continues to be an issue in Indiana, disproportionately affecting Black infants due to barriers in accessing care and other reasons.
- Mental health concerns among youth are increasingly significant, with the nature of social media and online presence making it easier for bullying to occur. Anxiety and depression among children have increased drastically during the COVID-19 pandemic due to isolation and lack of social interactions.
- Access to youth mental health providers is limited due to a lack of providers (exacerbated by strict licensure policies), financial barriers, insurance barriers and long waitlists for services.
- Grief and trauma are often long-lasting in youth, and the stigma against receiving mental healthcare still exists. The long-lasting trauma often leads to anxiety, depression and increased suicide risk throughout one's life, as well as physical health impacts.
- Homicide rates in Indianapolis continue to increase, creating more trauma and need for mental health and grief services.
- Health inequities are prominent and impact racial and ethnic minorities, often having worse child health outcomes and less access to services.
- LGBTQ+ youth are underserved with limited programs and providers for their needs.
- Immigrant children and youth are also underserved due to barriers such as language as well as cultural. Public policy also plays a role as immigrant children are often not considered in policy making.
- Due to the COVID-19 pandemic, preventive care (such as childhood vaccination) was delayed by many families.
- More collaboration is needed for child development, bringing together providers, social services and others to achieve ideal outcomes. Too many organizations are in "silos" and not coordinating plans and maximizing resources with others.
- Mental health discussions need to be introduced more for youth populations, such as teaching coping skills early in schools, having teachers trained to identify early signs of mental distress and others.
- Youth tobacco use, including the rise in e-cigarette usage, is still a concern.
- Housing is an issue for families and housing instability impacts children's health.

Two additional interviews were conducted with representatives of a local public health department and health equity organization to obtain subject-matter expertise into the health needs in Marion County. The following issues were discussed as significant:

- Poverty is a significant issue and impacts almost all areas of wellbeing, including housing, accessing health services, nutrition, stress and mental health, chronic disease, transportation and others. The need for a living wage for all residents is significant.
- Health disparities are significant, including large disparities in social determinants of health for racial and ethnic minority populations.
- Health insurance is a significant barrier to optimal health, with restrictions in coverage leading to a lack of preventive health.
- Mental health is a significant issue, with depression and anxiety both widespread. Self-medication through substance abuse is common.
- Obesity continues to be an issue, as well as diabetes, with rates increasing for adults.
- Infant and maternal mortality are significant issues, with social determinants of health impacting access to prenatal care and other needed services.
- HIV (human immunodeficiency virus) is still a concern, with some hope that the disease can be eradicate within the next decade through modern medicine and available tools such as PrEP (pre-exposure prophylaxis).
- Tobacco and vaping are issues, with a low cigarette tax in Indiana helping perpetuate the issue.
- Environmental health – including old housing and air pollution – is leading to poor health, including lead poisoning, arsenic poisoning and pediatric asthma. The need for safe and stable housing is significant.
- Health literacy is a need, particularly affecting Hispanic (or Latino) populations due to language barriers. Education disparities around health are also leading to generational persistence of health disparities for racial and ethnic minority populations.
- Food insecurity is significant, and food pantries may have irregular hours and face huge demand.
- Education needs better funding, including adequate teacher compensation.
- More community collaboration is needed, with health systems and social service providers sitting at the same table to talk about community improvement and planned interventions.

In regard to the COVID-19 pandemic, a wide array of impacts was noted, including:

- Testing was a large challenge throughout the beginning of the COVID-19 pandemic, due to inadequate federal resources and other limits.
- The COVID-19 pandemic highlighted the impact of social determinants of health, as homeless populations faced huge concerns due to inability to socially distance in shelters and access care. Hotels were turned into isolation areas for patients with COVID-19.
- Racial and ethnic disparities in testing, treatment and outcomes were highlighted by the COVID-19 pandemic. Elderly Black residents were particularly affected.
- Care was delayed for a lot of individuals due to fear of going to a provider and being exposed to the virus, leading to unmet needs and emergency situations.
- Community collaboration among providers led to a better response, including health systems offering testing and other aid to public health organizations. More collaboration and coordination will be needed in the future.
- Vaccination disparities are evident, with Black populations disproportionately unable to access the vaccine if desired.
- The COVID-19 pandemic highlighted the need for better health information sharing between organizations and health disparity information.

Other facilities and resources in the community

This section identifies other facilities and resources in Marion County that are available to address community health needs. The data sources identified below also have information about facilities and resources that are available statewide.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. FQHCs throughout the state can be found at: https://www.findahealthcenter.hrsa.gov/.

There are currently 79 FQHC sites operating in Marion County (Exhibit 5).

Exhibit 5: Federally Qualified Health Centers, 2021

Facility
Adult and Child
Adult and Child Health – Garfield Park
Adult and Child Health – Greenwood
Adult and Child Health – Northwood Plaza
Allison Elementary School
Anna Brochhausen School 88
Arsenal Tech High School
Avondale Meadows Academy – Charter
Avondale Meadows Middle School – Charter
Barrington Health & Dental Center
Brookside School 54
Care Center at the Tower
Carl Wilde School 79
Charles W. Fairbanks Elementary School 105
Clarence Farrington School 61
Dayspring Center Clinic
Eleanor Skillen School 34
Eskenazi Health Center 1650 College Avenue
Eskenazi Health Center Barton Annex
Eskenazi Health Center Blackburn
Eskenazi Health Center Forest Manor
Eskenazi Health Center Grassy Creek
Eskenazi Health Center North Arlington
Eskenazi Health Center Pecar
Eskenazi Health Center Pedigo
Eskenazi Health Center Primary Care
Eskenazi Health Center W. 38th Street
Eskenazi Health Center Westside
Fisher Elementary School
George Washington Community High School
Global Preparatory Academy
Harshman Middle School
Holy Family Shelter Clinic
Homeless Initiative Program (HIP) Northeast
Homeless Initiative Program (HIP) Northwest
Indianapolis Health Center & Deaf Services
Interfaith Hospitality Network
James A Garfield School 31
James Whitcomb Riley School 43
James Russell Lowell School 51
Jane Pauley Community Health Center at 16th Street
Jane Pauley Community Health Center at Arlington
Jane Pauley Community Health Center at Brook Park
Jane Pauley Community Health Center at Castleton
Jane Pauley Community Health Center at Post
Jane Pauley Community Health Center at Shadeland
Julian Center
KIPP Indianapolis College Preparatory School – Charter
KIPP Indianapolis Unite Elementary School – Charter
KIPP Indy Legacy High School – Charter
Lew Wallace School 107
Martindale-Brightwood Health Center
Matchbook Learning 63
Meridian Health Services
Newby Elementary School
Northeast Health Center
People's Health Center
Progress House
Ralph Waldo Emerson School 58
Raphael Health Center, Inc.
Salvation Army Family Shelter Clinic
Salvation Army Harbor Light Clinic
Shalom Health Care Center – 34th Street
Shalom Health Care Center – 56th Street
Shalom Health Care Center – Mobile Clinic
Shortridge High School
Southeast Health & Dental Center
Southwest Health & Dental Center
The PATH School 67
Thomas Gregg Neighborhood School 15
URBAN ACT Academy 14
Vision Academy – Charter
West Health Center

Wheeler Center for Men (Lighthouse) Clinic
Wheeler Shelter for Women and Children Clinic
Wheeler Elementary School
William McKinley School 38
Windrose Health Network – Countyline Center
Windrose Health Network – Epler Parke Center

Source: HRSA, 2021

Hospitals

Twenty-four hospitals (including Riley Hospital for Children at IU Health) are located in the community (Exhibit 6). Hospitals throughout the state can be found at: https://www.in.gov/isdh/reports/QAMIS/hosdir/.

Exhibit 6: Hospitals, 2021

County	Facility
Marion	Ascension St. Vincent Hospital
Marion	Ascension St. Vincent Hospital & Health Services
Marion	Ascension St. Vincent Seton Specialty Hospital
Marion	Assurance Health Psychiatric Hospital
Marion	Community Health Network Rehabilitation Hospital
Marion	Community Hospital East
Marion	Community Hospital North
Marion	Community Hospital South
Marion	Eskenazi Health
Marion	Community Fairbanks Recovery Center
Marion	Franciscan Health Indianapolis
Marion	Indiana Kidney Institute
Marion	IU Health Methodist Hospital
Marion	IU Health University Hospital
Marion	Kindred Hospital Indianapolis
Marion	Kindred Hospital Indianapolis North
Marion	Larue D. Carter Memorial Hospital
Marion	Midland House, Inc.
Marion	Neuropsychiatric Hospital of Indianapolis, LLC
Marion	Neurodiagnostic Institute
Marion	Options Behavioral Health System
Marion	OrthoIndy Hospital
Marion	Rehabilitation Hospital of Indiana
Marion	Riley Hospital for Children at IU Health

Source: Indiana Department of Health, 2021

Local Health Departments

Exhibit 7 presents information on LHDs that provide services in the Riley Hospital for Children at IU Health community. LHDs throughout the state can be found at: https://secure.in.gov/isdh/24822.htm/.

Exhibit 7: Local Health Departments, 2021

Public health department
Marion County Public Health Department

Source: Indiana Department of Health, 2021

Other community resources

A wide range of agencies, coalitions and organizations that provide health and social services, are available in the region served by the hospital. Indiana 211 is a free service that helps Indiana residents find health and human service agencies and resources in their local community. Indiana 211 is a division of the Indiana Family and Social Service Administration (FSSA). To get help, residents can visit the website (www.in211.org), call 2-1-1 or 1-866-211-9966 (available 24/7) or text their zip code to 898-211 (available Monday – Friday 8 am – 5 pm).

The other organizations and resources accessible through Indiana 211 provide the following types of services and resources:

- Housing and utilities
- Food, clothing and household items
- Summer food programs
- Healthcare and disability services
- Health insurance and expense assistance
- Mental health and counseling
- Substance abuse and other addiction treatment
- Support groups
- Tax preparation assistance
- Legal, consumer and financial management services
- Transportation
- Employment and income support
- Family support and parenting
- Holiday assistance
- Disaster services
- Government and community services
- Education, recreation and the arts
- Donations and volunteering opportunities

In addition to Indiana 211, Riley Hospital for Children at IU Health, along with other hospitals and organizations in the community, use Aunt Bertha to connect patients and the community with local organizations and resources that can help address their healthcare and social needs, including food, housing, transportation, health, clothing, household items, education and legal and employment services.

IU Health's branded Aunt Bertha public platform, *IU Health Connect*, is a free service found at http://www.iuhealthconnect.org.

Appendix A – Objectives and methodology

Regulatory requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[1] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined;
- A description of the methodology used to determine the health needs of the community; and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The focus on who is most vulnerable and where they live is important to identifying groups experiencing health inequities and disparities. Understanding why these issues are present is challenging, but is important to designing effective community health improvement initiatives. The question of how each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

[1] *IRS. (Aug. 3, 2021). Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3). Retrieved from: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3*

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged) and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease).[2]

This assessment was conducted by IU Health in collaboration with Verité Healthcare Consulting, LLC. See Appendix F for consultant qualifications.

Data from multiple sources was gathered and assessed, including secondary data published by others and primary data obtained through community input. See Appendix B and Appendix C for assessments of secondary data. Input from the community was received through key informant interviews, community meetings, a survey issued to stakeholders who were unable to attend the community meetings, and a survey issued to internal providers and other team members from Riley Hospital for Children at IU Health.

The informants participating in the community input process represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. See Appendix D.

Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following five data sources:

- Secondary data including demographics, health status and access to care indicators;
- Findings from other community health assessments of areas served by the hospital;
- Input obtained from individuals who participated in one or more community meetings;
- Input obtained from individuals who were interviewed; and
- A community survey conducted in collaboration with other Indiana health systems.

Collaborating organizations

For this assessment, Riley Hospital for Children at IU Health collaborated with other Indiana health systems on the community meetings and the key informant interviews for Marion County.

[2] *Ibid.*

Data sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health statuses, healthcare access and related indicators were analyzed, including data provided by local, state and federal government agencies, local community service organizations and IU Health. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from persons representing the broad interests of the community was taken into account through community meetings and key informant interviews. Participants included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives and members of medically underserved, low-income and minority populations.

Health equity

The CHNA process is an opportunity to research and expand health equity work for IU Health. Identifying significant community health needs involves continuing to recognize and understand every factor that impacts optimal health for all in a community. According to the Centers for Disease Control and Prevention (CDC), "Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability and death; severity of disease; and access to treatment."[3] These differences, or health disparities, may be seen by race/ethnicity, age, gender, income, insurance status, education, geographic location and other factors. A community's most vulnerable and marginalized populations experience health disparities more than others. Eliminating these disparities is key to achieving health equity.

Overall health and health disparities are strongly influenced by "the conditions in the environment where people are born, live, learn, work, play, worship and age."[4] These conditions, also referred to as social determinants of health, may have a greater impact on health outcomes than healthcare. Also, addressing social determinants of health reduces health disparities, thus advancing health equity in communities. Examples of social determinants of health include poverty, food insecurity, housing, social isolation, transportation, racism and other forms of discrimination. Healthy People 2030 groups social determinants of health into five domains: economic stability; education access and quality; healthcare access and quality; neighborhood and built environment; and social community context.[5] Determining the existence and extent of these conditions within a community is as important as knowing the health outcomes within a community.

Through the CHNA process, several steps were taken to work towards a better understanding of inequities in the community including analyzing data sources by demographic factors (if available) to identify disparities; inviting and engaging community members and community-based organizations representing certain populations or that offer services to certain populations to participate in the primary data collection process; and including social determinants of health data in the analysis.

Information gaps

This CHNA relies on multiple data sources and community input gathered in January through June of 2021. Several data limitations should be recognized when interpreting results. For example, some data (e.g., *County Health Rankings*, Community Health Status Indicators, mortality data and others) exist only at a county-wide level of detail. Those data sources do not allow the assessment of health needs at a more granular level of detail, such as by ZIP code or census tract.

Secondary data, upon which this assessment relies, measure community health in prior years and may not reflect current conditions. The impacts of recent public policy developments, changes in the economy and other community developments are not yet reflected in those data sets.

Not all existing data can be stratified by demographic indicators to identify health disparities and patterns of inequity. Often no or limited demographic data is collected as part of the surveillance process for some data sources. When health disparities are identified, the data may not provide a clear understanding of why they exist and may be beyond the scope of this CHNA. This CHNA does not capture the policies, laws, systems, environments, nor practices that cause health inequities. Additional data, analysis and community engagement are needed to identify the root causes of health disparities to best advance health equity in the community.

The availability of data sources, including indexes, capturing social determinants of health indicators and their impact on health continues to grow and may not all be reflected in this CHNA.

[3] *Centers for Disease Control and Prevention. (March 11, 2020). Health Equity. Retrieved from: https://www.cdc.gov/chronicdisease/healthequity/index.htm*

[4] *Healthy People 2030. (n.d.). Social Determinants of Health. Retrieved from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health*

[5] *Ibid.*

Relevant findings from other assessments or reports conducted by community-based organizations, agencies or local health departments (LHDs) may not be available for every county in the defined community. If available, assessments may have focused on the overall health and well-being of the county or region; specific health conditions, health behaviors or social determinants of health; or the health and well-being of certain populations in the community.

The findings of this CHNA may differ from those of others that assessed this community. Differences in data sources, geographic areas assessed (e.g., hospital service areas versus counties or cities), interview questions and prioritization processes can contribute to differences in findings.

Appendix B – Secondary data assessment (Marion County)

This section presents an assessment of secondary data regarding health needs in Marion County, the "local community" for Riley Hospital for Children at IU Health.

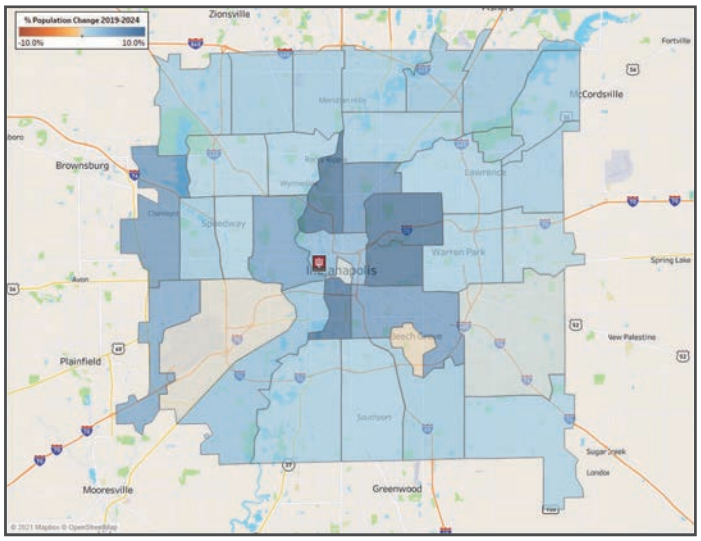
Demographics

Exhibit 8A: Percent change in community population (child and total), 2020-2025

County	Estimated population 2020	Estimated population 2025	Percent change 2020-2025
Marion County – total population	963,732	983,721	2.1%
Marion County – children (Age 0-19)	263,937	271,708	2.9%
Indiana – total population	6,738,573	6,889,552	2.2%
Indiana – children (Age 0-19)	1,754,451	1,786,582	1.8%

Source: State of Indiana by the Indiana Business Research Center, February 2021

Exhibit 8B: Percent change in total (child and adult) population by ZIP code, 2020-2025



Source: Advisory Board, 2020

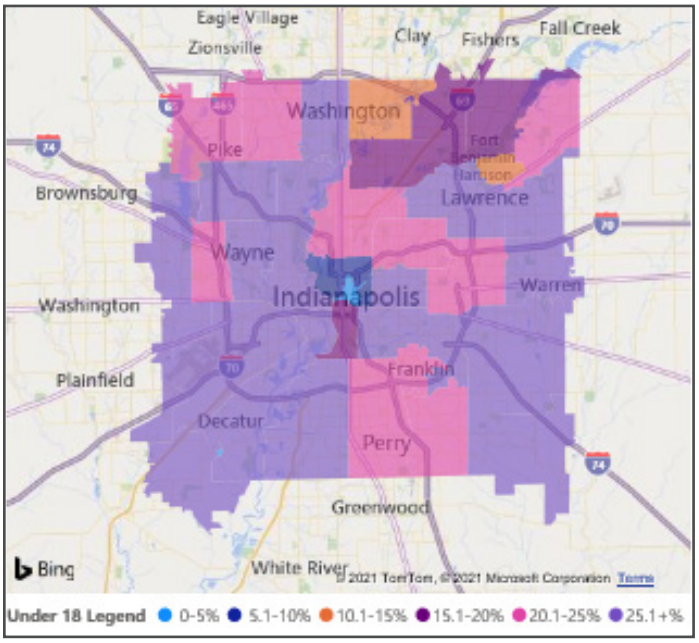
Description

Exhibit 8A shows the total and child population for Marion County and Indiana in 2020 and as projected in 2025. Exhibit 8B maps the percent change in Marion County's total population by ZIP code between 2020 and 2025.

Observations

- The child population (aged 0 to 19 years) is expected to increase by 2.9 percent in Marion County between 2020 and 2025.
- Population growth is projected in every Marion County ZIP code. The fastest growth rate is anticipated around downtown Indianapolis, as well as west of the city.

Exhibit 9: Percent of population aged 0-17 by ZIP code, 2019



Source: U.S. Census ACS 2019 5-year estimates and Power BI

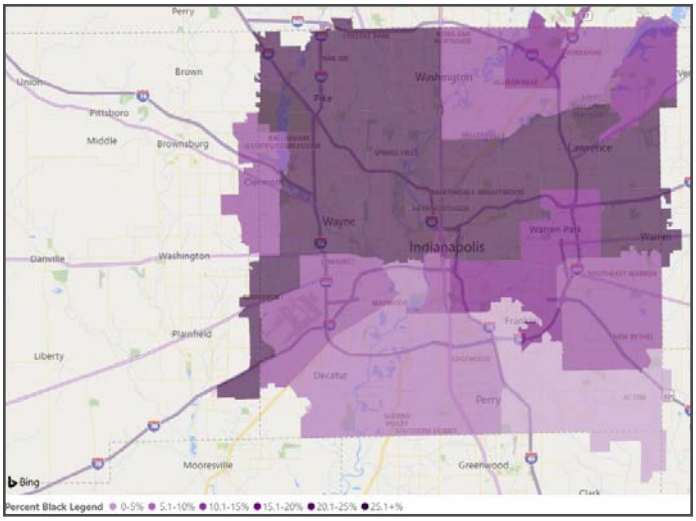
Description

Exhibit 9 portrays the percent of the population 0-17 years of age in Marion County by ZIP code.

Observations

- ZIP codes 46220 and 46256 (between Washington and Lawrence Townships near the north border of Marion County) in addition to ZIP code 46225 (just south of Indianapolis) have the highest proportion of the population 0-17 years of age in the community, between 15-20 percent.

Exhibit 10: Percent of total population – Black, 2019



Source: U.S. Census ACS 2019 5-year estimates and Power BI

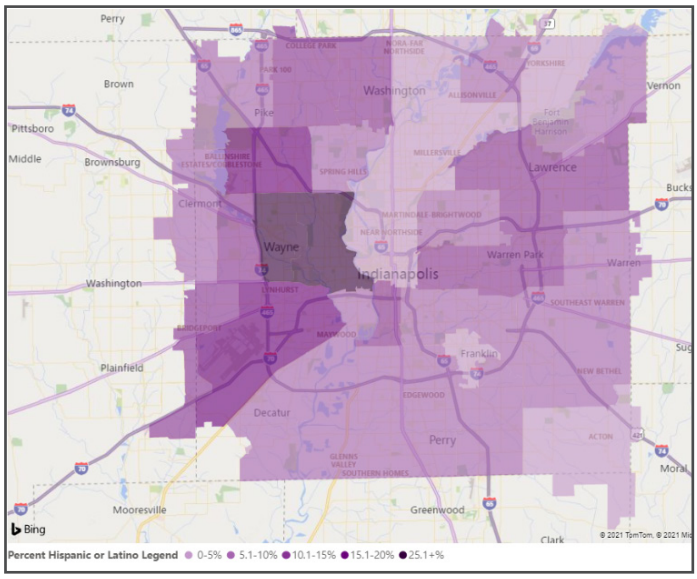
Description

Exhibit 10 portrays locations where the percentages of the total (child and adult) population that are Black were highest in 2019. Population diversity is important to recognize given the presence of health disparities and barriers to healthcare access experienced by different racial and ethnic groups.

Observations

- Over 25 percent of residents in twelve community ZIP codes (46218, 46235, 46226, 46254, 46208, 46205, 46278, 46268, 46260, 46229, 46224 and 46222) were Black in Marion County in 2019.

Exhibit 11: Percent of total population – Hispanic (or Latino), 2019



Source: U.S. Census ACS 2019 5-year estimates and Power BI

Description

Exhibit 11 portrays locations in Marion County where the percentages of the population (child and adult) that are Hispanic (or Latino) were highest in 2019. Population diversity is important to recognize given the presence of health disparities and barriers to healthcare access experienced by different racial and ethnic groups.

Observations

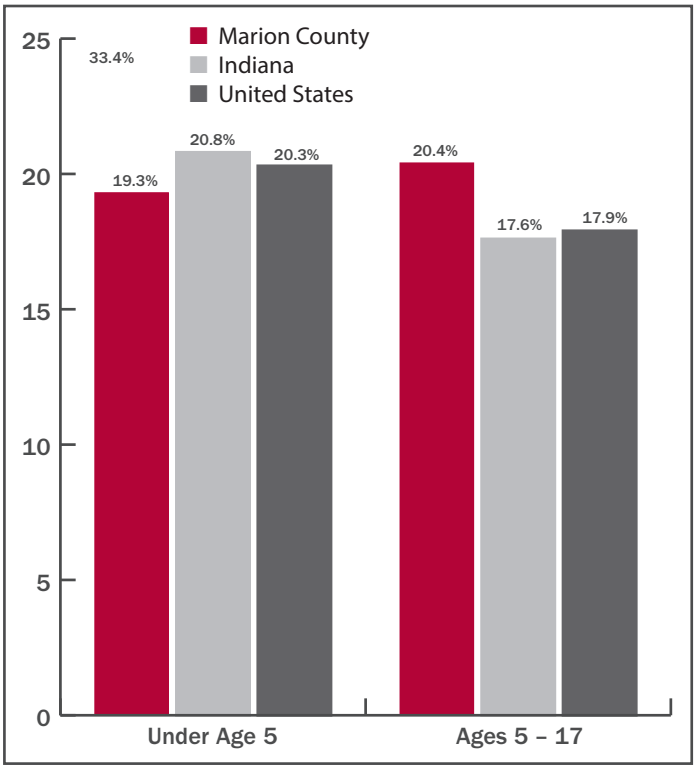
- The percentage of residents that are Hispanic (or Latino) in 2019 was highest in ZIP codes 46222 and 46224 at over twenty-five percent – both located west of the hospital.

Economic indicators

The following economic indicators with implications for child health were assessed: (1) children in poverty; (2) unemployment rates; (3) insurance status for children; and (4) crime rates.

Children in poverty

Exhibit 12: Percent of children in poverty by age group, 2015-2019



Source: U.S. Census, American Community Survey (ACS) 5-year estimates, 2020

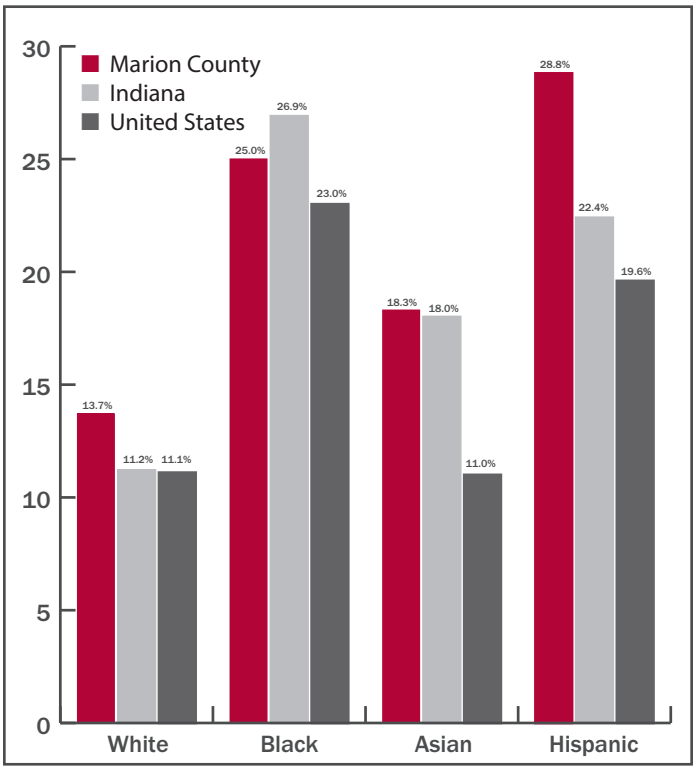
Description

Exhibit 12 portrays recent, average poverty rates for children in Marion County, Indiana and the U.S.

Observations

- The percent of children ages 5-17 in poverty in Marion County was above Indiana and U.S. averages from 2015-2019.

Exhibit 13: Poverty rates by race and ethnicity, 2015-2019



Source: U.S. Census, ACS 5-year estimates, 2020

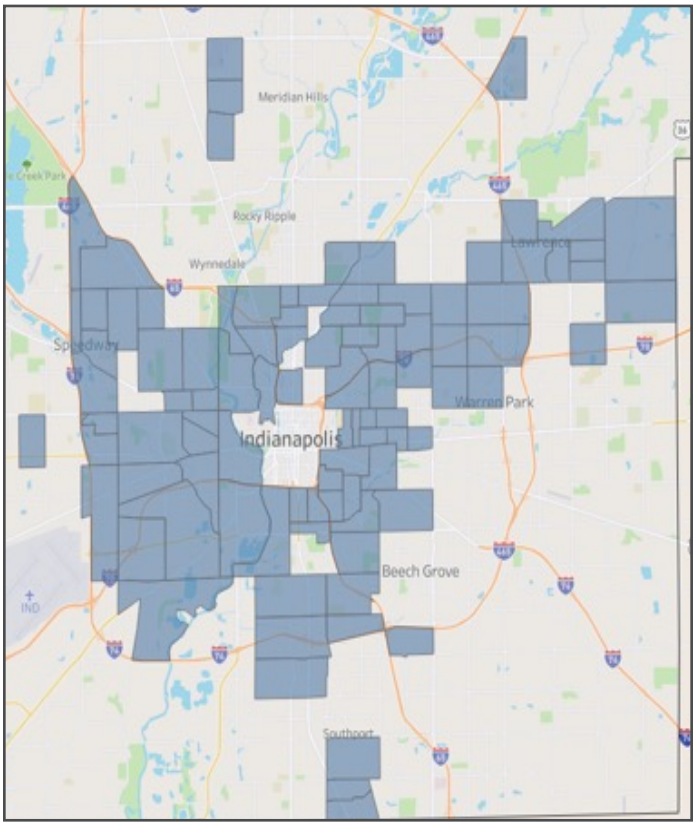
Description

Exhibit 13 portrays poverty rates in Marion County, Indiana and the U.S. by race and ethnicity.

Observations

- Poverty rates in Marion County have been higher than national averages for all population cohorts.
- Poverty rates for Black, Asian and Hispanic (or Latino) residents of Marion County have been much higher than rates for White residents.

Exhibit 14: Low income census tracts, 2021



Source: U.S. Department of Housing and Urban Development (HUD), Qualified Census Tracts, 2021

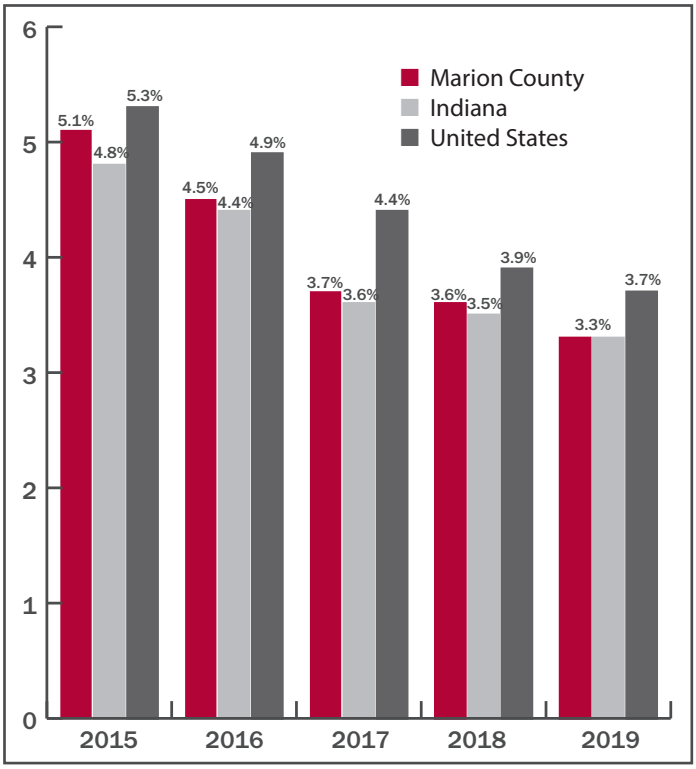
Description

Exhibit 14 portrays the location of federally designated low-income census tracts.

Observations

- Low-income census tracts are prevalent throughout Marion County and in areas surrounding the hospital.

Exhibit 15: Unemployment rates, 2015-2019



Source: U.S. Bureau of Labor Statistics, 2020

Description

Exhibit 15 shows unemployment rates for 2015 through 2019 for Marion County, with Indiana and national rates for comparison.

Observations

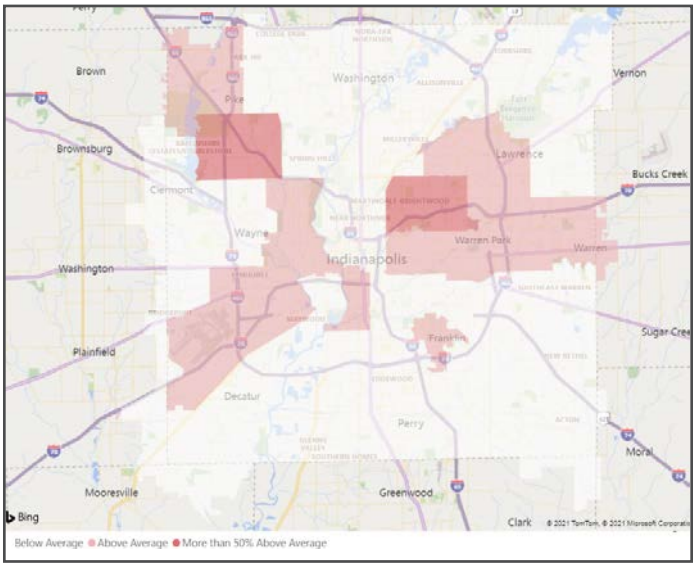
- Between 2015 and 2019, unemployment rates at the local, state and national levels declined significantly.
- Unemployment rates in Marion County have been at or slightly above Indiana averages, but below U.S. averages. While these indicators apply to all households, unemployment affects poverty and resources available for households with children.

Exhibit 16A: Percent of the children without health insurance, 2019

County	Population	Population uninsured	Percent uninsured
Marion County	**237,807**	**18,125**	**7.6%**
Indiana	1,612,859	106,332	6.6%
United States	75,996,420	3,942,743	5.2%

Source: U.S. Census, Small Area Health Insurance Estimates (SAHIE), 2019

Exhibit 16B: Percent of the children without health insurance, 2019



Source: U.S. Census, Small Area Health Insurance Estimates (SAHIE), 2019

Description

Exhibit 16A presents the estimated percent of children (ages 0-19) uninsured in Marion County, Indiana and the U.S. in 2019. Exhibit 16B maps the 2019 child uninsured rates in Marion County by ZIP code.

Observations

- In 2019, child uninsured rates were comparatively high in Marion County ZIP codes 46218, 46228 and 46254.
- The overall child uninsured rate in Marion county was above the Indiana and national averages.
- Hoosier Healthwise (HHW) was implemented statewide in 1997 and has been helpful in enhancing access to health services for children up to age 19 and pregnant women. The program covers medical care at little or no cost to the member or member's family. The Children's Health Insurance Program (CHIP) falls under the Hoosier Healthwise program for children up to age 19 whose families have slightly higher incomes. In CHIP, there is a low monthly premium and copays for certain services.
- Subsequent to the Affordable Care Act's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Indiana was one of the states that expanded Medicaid. Across the U.S., uninsured rates have fallen in most states that decided to expand Medicaid.[6]

[6] *Assistant Secretary from Planning and Evaluation, Office of Health Policy. Issue Brief No. HP-2021-13. Health Coverage Under the Affordable Care Act: Enrollment Trends and State Estimates. Retrieved from: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//200776/ASPE%20Issue%20Brief-ACA-Related%20Coverage%20by%20State.pdf*

Crime

Exhibit 17: Crime rates by type and jurisdiction, per 100,000 adults and children, 2019

Indicator	Marion County	Indiana
Aggravated assault	545.0	499.5
Arson	31.3	10.8
Burglary	755.4	664.2
Homicide	14.2	10.6
Larceny	2,638.4	2,992.9
Motor vehicle theft	539.2	423.7
Property crime	3,932.9	4,080.9
Rape	73.9	79.4
Robbery	292.4	160.8
Violent crime	954.7	750.2

Source: Federal Bureau of Investigation, 2020

Description

Exhibit 17 provides crime statistics. The light grey shading indicates rates above the Indiana averages; dark grey shading indicates rates more than 50 percent above the state averages.

Observations

- Crime rates in Marion County were significantly above the Indiana average for several types of crime.

Local health status and access indicators

This section assesses health status and access indicators for Marion County. Data sources include *County Health Rankings* and the Indiana Department of Health. Only indicators directly relevant to child health are presented – including statistics regarding social determinants of health and measures such as adult smoking rates (due to risks associated with second-hand exposure) and environmental conditions.

Throughout this section, data and cells are highlighted if indicators are unfavorable – because they exceed benchmarks (e.g., Indiana, peer group or U.S. averages). Where confidence interval data are available, cells are highlighted only if variances are unfavorable and statistically significant.

Exhibit 18: County Health Rankings, 2019

Measure	Marion County
Health outcomes	**76**
Health factors	**91**
Length of life	**74**
Premature death	74
Quality of life	**80**
Poor or fair health	69
Poor physical health days	32
Poor mental health days	61
Low birthweight	90
Health behaviors	**89**
Adult smoking	76
Adult obesity	24
Food environment index	89
Physical inactivity	23
Access to exercise opportunities	6
Excessive drinking	85
Alcohol-impaired driving deaths	92
Sexually transmitted infections	92
Teen births	78
Clinical care	**28**
Uninsured	92
Primary care physicians	1
Dentists	1
Mental health providers	2
Preventable hospital stays	55
Mammography screening	51
Social and Economic Factors	**92**
High school graduation	91
Some college	62
Unemployment	53
Children in poverty	88
Income inequality	87
Children in single-parent households	92
Social associations	64
Violent crime	63
Injury deaths	76
Physical environment	**84**
Air pollution	87
Severe housing problems	91
Driving alone to work	31
Long commute – driving alone	29

Source: County Health Rankings, 2019

Description

Exhibit 18 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, which incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." Health factors consists of summary composites that are grouped into the following categories: health behaviors, clinical care, social and economic factors and physical environment. Health outcomes consists of summary composites that are grouped by the categories, length of life and quality of life.[7] *County Health Rankings* are updated annually. *County Health Rankings* 2019 relies on data from 2007 to 2019.

The exhibit presents 2019 rankings for each available indicator category. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable).

Light grey shading indicates rankings in the bottom half of Indiana counties; dark grey shading indicates rankings in the bottom quartile of Indiana counties.

Observations

- In 2019, Marion County had 31 out of 41 indicators ranked in the bottom half of Indiana counties. Of those, 23 were in the bottom quartile: health outcomes, health factors, length of life, premature death, quality of life, low birthweight, health behaviors, food environment index, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, uninsured, social and economic factors, high school graduation, children in poverty, income inequality, children in single-parent households, injury deaths, physical environment, air pollution and severe housing problems.
- Marion County ranked last (92 out of 92 counties) in alcohol-impaired driving deaths, sexually transmitted infections, uninsured, social and economic factors and children in single-parent households.

[7] *County Health Rankings and Roadmaps. (2021). County Health Rankings Model. Retrieved from: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model*

Exhibit 19: County Health Rankings data compared to Indiana and U.S. Averages, 2019

Indicator category	Indicator	Marion County	Indiana	U.S.
Health outcomes				
Quality of life	Percentage of live births with low birthweight (<2500 grams)	9.2	8.1	8.0
Health factors				
Adult smoking	Percentage of adults who are current smokers	21.4	21.1	17.0
Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.6	7.1	7.7
Teen births	Number of births per 1,000 female population ages 15-19	38.5	28.4	25.0
Clinical care				
Primary care physicians	Ratio of population to primary care physicians	1,219:1	1,495:1	1,330:1
Dentists	Ratio of population to dentists	1,145:1	1,810:1	1,460:1
Mental health providers	Ratio of population to mental health providers	379:1	669:1	440:1
Social and economic factors				
High school graduation	Percentage of ninth-grade cohort that graduates in four years	75.9	83.8	85.0
Some college	Percentage of adults ages 25-44 with some post-secondary education	62.1	62.4	65.0
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	3.6	3.5	4.4
Children in poverty	Percentage of children under age 18 in poverty	25.0	17.8	18.0
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	4.4	4.9
Children in single-parent households	Percentage of children that live in a household headed by single parent	46.7	33.6	33.0
Violent crime	Number of reported violent crime offenses per 100,000 population	1,251.2	385.1	386.0
Injury deaths	Number of deaths due to injury per 100,000 population	89.4	74.1	67.0
Physical environment				
Air pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	12.8	11.8	8.6
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18.9	13.7	18.0

Source: County Health Rankings, 2019

Description

Exhibit 19 provides data for each underlying indicator of the composite categories in the *County Health Rankings*.[8] The exhibit also includes Indiana and national averages. Light grey shading highlights indicators found to be worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- Marion County benchmarks unfavorably to Indiana and U.S. averages for most of the indicators incorporated into *County Health Rankings.*
- Marion County's rate of violent crime offenses per 100,000 population was more than 50 percent higher than the Indiana average.

[8] *County Health Rankings provides details what each indicator measures, how it is defined, and data source at https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model*

Exhibit 20: Maternal and child health indicators, 2019

Indicator	Marion County	Indiana
Breastfeeding	87.1%	82.0%
Infant mortality rate (per 1,000 live births)	7.8	6.5
Low birthweight	9.6%	8.2%
Mothers on Medicaid	49.2%	38.5%
Mothers under 19 (per 1,000 mothers)	27.4	20.7
Prenatal care	61.3%	68.9%
Preterm births	11.0%	10.1%
Smoked during pregnancy	8.4%	11.8%
Unmarried mothers	53.7%	44.5%

Source: Indiana Department of Health, 2019

Description

Exhibit 20 presents various maternal and infant health indicators. Light grey shading highlights indicators worse than the Indiana average.

Observations

- In Marion County, most of the maternal and infant health indicators were worse than Indiana averages. Only percent breastfeeding and mothers who smoked during pregnancy compared favorably to Indiana.

Exhibit 21: Maternal and child health indicators, 2015 and 2020

Indicator	Marion County 2015	Marion County 2020	Indiana 2015	Indiana 2020
Infant mortality rate (per 1,000 live births)	8.0	7.8	7.3	6.5
Neonatal mortality rate (per 1,000 live births)	5.3	4.6	4.8	3.8
Post-neonatal mortality rate (per 1,000 live births)	2.8	3.3	2.5	2.7
Mothers receiving prenatal care in 1st trimester	66.9%	61.3%	69.3%	68.9%
Mothers who breastfed at discharge	77.9%	81.7%	80.5%	82.0%
Low birthweight infants	9.2%	9.6%	8.0%	8.2%
Very low birthweight infants	1.8%	1.6%	1.5%	1.3%
Mothers smoked during pregnancy	10.9%	8.4%	14.3%	11.8%
Preterm births	11.1%	11.0%	9.6%	10.1%

Source: Indiana Department of Health, 2020

Description

Exhibit 21 provides 2015 and 2020 maternal and infant health indicators for Marion County and Indiana. Light grey shading highlights indicators worse than the Indiana average.

Observations

- Indicators for infant mortality, neonatal mortality, mothers receiving prenatal care, very low birthweight infants and mothers who smoked during pregnancy all improved between 2015 and 2020 in Marion County and Indiana.
- Compared to Indiana, Marion County indicators compared unfavorably for most indicators, including infant mortality, neonatal mortality, post-neonatal mortality, prenatal care, mothers who breastfed at discharge, low and very low birthweight infants and preterm births.

Exhibit 22: Causes of infant deaths, 2017-2018

Causes of infant mortality	Indiana	U.S.
Congenital malformations, deformations, and chromosomal abnormalities	1.6	1.2
Disorders related to short gestation and low birth weight, not elsewhere classified	1.4	1.0
Sudden infant death syndrome	0.6	0.4
Accidents (unintentional injuries)	0.4	0.3
Newborn affected by maternal complications of pregnancy	0.3	0.4
Bacterial sepsis of newborn	0.2	0.2
Neonatal hemorrhage	0.2	0.1
Newborn affected by complications of placenta, cord and membranes	0.2	0.2
Respiratory distress of newborn	0.2	0.1
Assault (homicide)	0.1	0.1
Atelectasis	0.1	0.1
Diseases of the circulatory system	–	0.1
Hydrops fetalis not due to hemolytic disease	–	0.1
Intrauterine hypoxia and birth asphyxia	–	0.1
Necrotizing enterocolitis of newborn	–	0.1

Source: U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) and Division of Vital Statistics (DVS), 2017-2018

Description

Exhibit 22 depicts the causes of infant deaths for 2017-2018 in Indiana and the U.S. This data is the death rate per 1,000 births. Linked birth/infant death records are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program on CDC Wonder Online Database. Light grey shading highlights indicators worse than U.S. averages; dark grey shading highlights indicators more than 50 percent worse than U.S. averages.

Observations

- Rates of infant deaths due to congenital malformations, deformations, and chromosomal abnormalities, disorders related to short gestation and low birth weight, sudden infant death syndrome, accidents (unintentional injuries), neonatal hemorrhage and respiratory distress of newborn were higher in Indiana than the U.S.

Exhibit 23: Childhood cancer incidence rates per 100,000 population, 2013-2017

Indicator	Marion County	Indiana	U.S.
Childhood cancer (< age 15)	15.6	16.2	17.4
Childhood cancer (< age 20)	17.2	17.6	18.9

Source: Centers for Disease Control and Prevention, 2017

Description

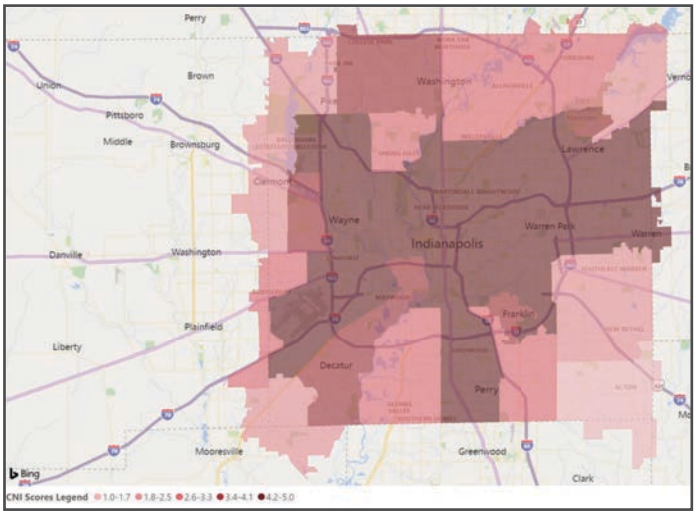
Exhibit 23 shows incidence rates for childhood cancer by age group for Marion County, with Indiana and U.S. averages for comparison.

Observations

- Rates of childhood cancer for both age groups in Marion County were lower than state and national averages.

Community Need Index, Food deserts and Social Vulnerability Index

Exhibit 24: Community Need Index, 2020



Source: Power BI and Dignity Health, 2020

Description

Exhibit 24 presents the Community Need Index™ (CNI) score for each ZIP code in Marion County. Higher scores (e.g., 4.2 to 5.0) indicate higher levels of community need. The national median score is calibrated to 3.0.

Dignity Health, a California-based hospital system, developed and published the CNI as a way to assess barriers to healthcare access. The index, available for every ZIP code in the United States, is derived from five social and economic indicators:

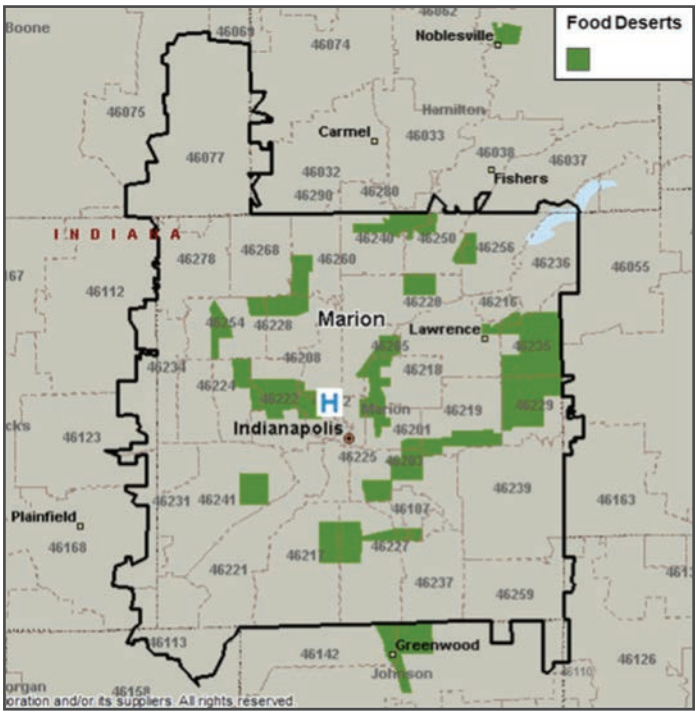
- The percentage of elders, children and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

CNI scores are grouped into "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0) categories

Observations

- Marion County scored a 3.6 on the CNI scale (on a weighted average bases), indicating that higher than average need exists in the county.
- Sixteen of 38 Marion County ZIP codes scored in the "highest need" category. Many of these are located in Indianapolis and proximate to the hospital.

Exhibit 25: Food deserts, 2017



Source: Microsoft MapPoint and U.S. Department of Agriculture, 2017

Description

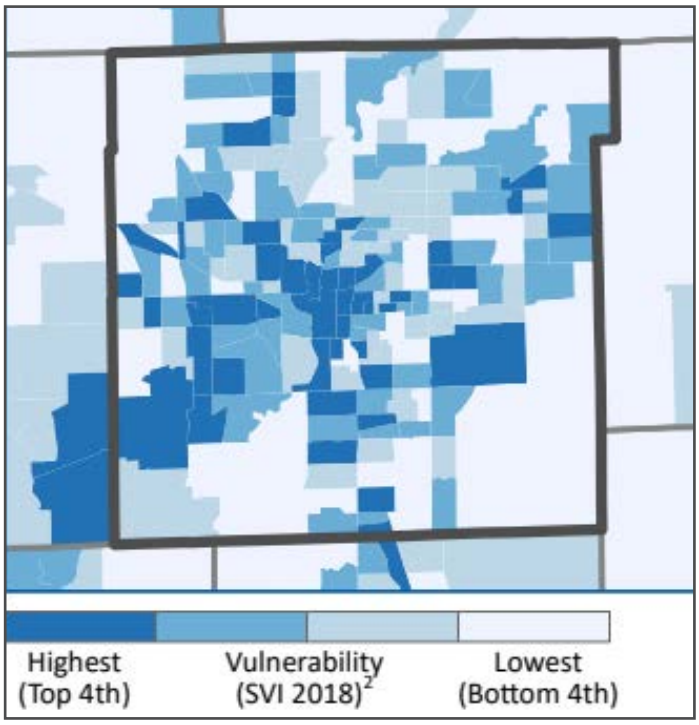
Exhibit 25 shows the location of "food deserts" in the community.

The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- Several census tracts in Marion County have been designated as food deserts, including several close to the hospital.

Exhibit 26: Social Vulnerability Index, housing type and transportation theme, 2019



Source: Centers for Disease Control and Prevention, 2019

Description

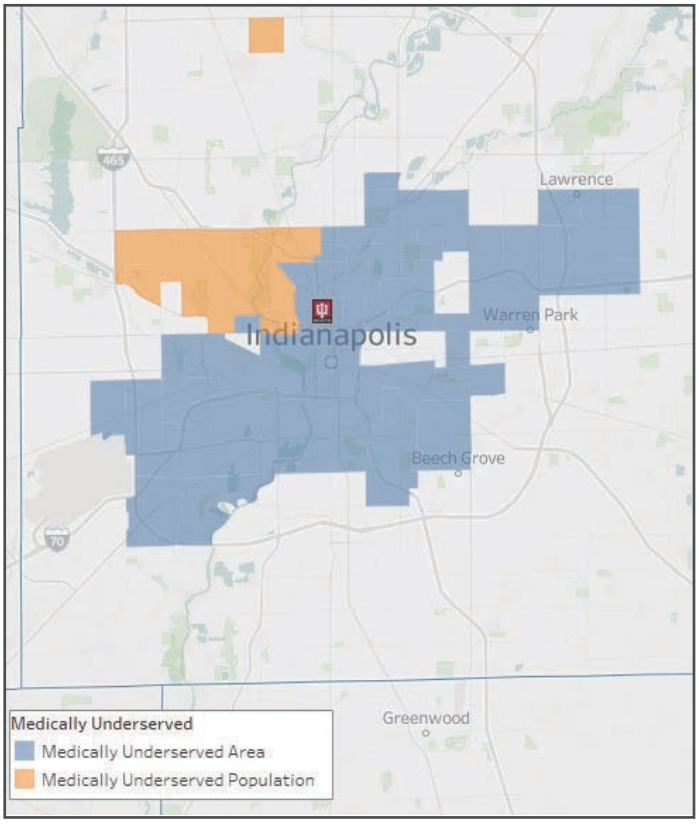
Exhibit 26 portrays Social Vulnerability Index (SVI) scores (for the housing and transportation theme only) for census tracts throughout Marion County. The SVI is derived from U.S. census data. Variables are grouped into four themes, including: socioeconomic status, household composition, race, ethnicity, and language, and housing and transportation.[9] The maps in this exhibit display the housing and transportation theme of SVI in the community.

Observations

- Thirty-nine (39) of Marion County's 224 census tracts (17.4 percent) rank in the bottom quartile nationally for the SVI Housing and Transportation theme. Most are in central and southwestern areas of Marion County.
- The 39 census tracts make up 18.1 percent of the county's population.

Medically Underserved Areas and Populations

Exhibit 27: Medically Underserved Areas and Populations, 2021



Source: HRSA, 2021

Description

Exhibit 27 illustrates the location of Medically Underserved Areas (MUAs) in the community.

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice (IMU)." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[10] Areas with a score of 62 or less are considered "medically underserved."

[9] *Agency for Toxic Substances and Disease Registry. (August 30, 2021). CDC/ATSDR SVI Fact Sheet. Retrieved from: https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html*

[10] *Health Resources & Services Administration. (Feb. 2021). What is Shortage Designation? Retrieved from: https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation*

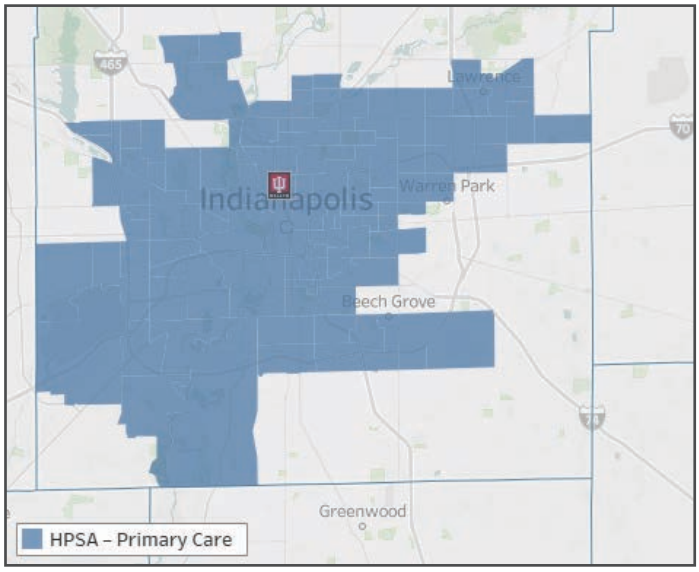
Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[11]

Observations

- Many census tracts throughout Marion County and Indianapolis have been designated as medically underserved, particularly in areas proximate to the hospital.

Health Professional Shortage Areas

Exhibit 28A: Primary care Health Professional Shortage Areas, 2021



Source: HRSA, 2021

Description

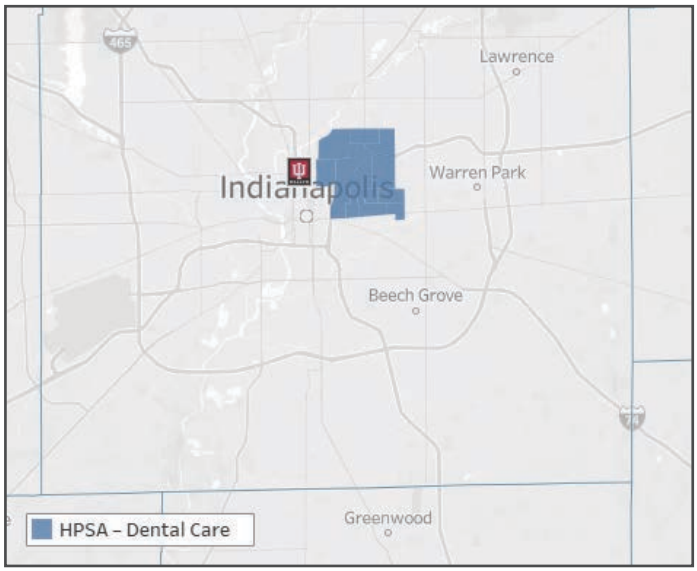
Exhibit 28A lists the locations of federally designated primary care Health Professional Shortage Areas (HPSA).

A geographic area can receive a federal HPSA designation if a shortage of primary medical care, dental care or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a healthcare facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services. HPSAs can be: (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.[12]

Observations

- Census tracts throughout Marion County have been designated as primary care HPSAs.

Exhibit 28B: Dental care Health Professional Shortage Areas, 2021



Source: HRSA, 2021

Description

Exhibit 28B shows the locations of federally designated dental care HPSA areas.

Observations

- Dental care HPSAs are present in central Marion County.

[11] *Ibid, 29.*

[12] *Ibid, 29.*

Exhibit 28C: Mental health care Health Professional Shortage Areas, 2021

County	HPSA	Type
Marion	Adult and Child Mental Health Center, Inc.	Federally Qualified Health Center
Marion	HealthNet, Inc.	Federally Qualified Health Center
Marion	Indiana Health Centers, Inc.	Federally Qualified Health Center
Marion	Indiana Women's Prison	Correctional Facility
Marion	Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center
Marion	Low Income – Central Indiana MHCAs	HPSA Population
Marion	Raphael Health Clinic	Federally Qualified Health Center
Marion	Shalom Health Care Center, Inc.	Federally Qualified Health Center
Marion	The Health and Hospital Corp. Of Marion County	Federally Qualified Health Center

Source: HRSA, 2021

Description

Exhibit 28C lists federally designated mental health HPSA geographic area, population and facilities in Marion County.

Observations

- The low-income population in mental health catchment areas (MHCA) and facilities in Marion County are experiencing a shortage of mental health professionals.

[13] *Marion County Public Health Department. (2019). MCPHD Data and Reports. 2019 Marion County Community Health Assessment Report. Retrieved from: https://marionhealth.org/programs/administration/epidemiology/*

[14] *Ibid.*

Findings of other community health needs assessments

2019 Marion County Community Health Assessment (CHA) Report

This report from the Marion County Public Health Department (MCPHD) highlighted priorities that were identified by community stakeholders and an analysis of health data.[13] An advisory board made of up of community organizations and/or members representing different sectors helped guide the CHA process by participating in a review, discussion and ranking of health needs in the community. The MCPHD Epidemiology staff gathered data covering multiple topics to present to the advisory board.

The goals of the CHA were to:

- Increase awareness of topics which affect community health their social determinates and risk factors.
- Compare the community health status of Marion County to urban peers and national standards.
- Engage coalitions, the public and health partners to provide their input to the process.
- Identify important health trends and disparities in the community.
- Identify significant causes of poor health.
- Prioritize the identified community health topics.
- Provide public information to drive future policy, program planning and the Community Health Improvement Plan.

Marion County was described as a diverse community with a health status that was more unfavorable when compared to Indiana and the U.S. on several health factors. For example, poverty, smoking and obesity were more common in the county when compared to Indiana or the U.S. Life expectancy and infant deaths differed throughout the county, depending on ZIP code, exposing several health disparities found in the county.

After starting with over 70 potential priorities, 11 priorities were prioritized as the most significant in Marion County.[14] Below is the list of priorities, ranked from highest significance by the advisory board members.

- Poverty
- Mental health
- Obesity and diabetes
- Food access
- Healthcare access
- Tobacco use (including e-cigarettes)
- Opioids and overdose
- Health equity
- Infant mortality and low birthweight
- Homelessness
- Violence and crime

Health Equity 2018 – The State of Health in Marion County

This report from the Marion County Public Health Department and its Department of Epidemiology highlighted health and healthcare disparities by multiple

demographics including race, ethnicity, income level, gender, age and geographic location in Marion County.[15]

Specific finding from the report included:[16]

- Black, Non-Hispanic residents appear to be burdened by the highest level of health inequity when compared to other racial/ethnic groups. On the majority of topic areas considered in this report (maternal and child health, chronic disease, infectious disease, injury and violence and mortality), Black, Non-Hispanic residents fared worse than their White, Non-Hispanic and Hispanic counterparts.
- White, Non-Hispanic residents had worse mental health and substance use outcomes than Black, Non-Hispanic and Hispanic (or Latino) residents.
- People living in high-poverty census tracts are more likely to have environmental hazards nearby. Those living in poverty are also faced with more chronic disease inequities.
- Men and women have different top causes of death. Men are far more likely to die by homicide, particularly by firearm, than women.
- Where one lives affects life expectancy. In different Marion County ZIP Codes, life expectancy ranges from a low of 70 years to a high of 86 years, which is a difference of 16 years.

The report also presented indicators for health conditions (e.g., sexually transmitted infections), health behaviors (e.g., smoking and overdose deaths) and social determinants of health for Marion County, Indiana and the United States. Often times Marion County fared worse in the comparison to Indiana and the United States for many of the indicators including population below federal poverty level; population with less than a high school diploma; percent of households that spend more than 35 percent of income on rent; low birthweight; prenatal care in first trimester; preterm births; infant mortality rate; adults who had a dental visit in the past year; adults without healthcare coverage; AIDS diagnosis; syphilis, chlamydia and gonorrhea diagnosis; overdose; and homicide and firearm death.

This CHNA also considered the findings of other recent, available assessments or reports conducted by community-based organizations or agencies, Local Health Departments (LHDs)and the state of Indiana. These other assessments consistently identified the following needs as significant for Marion County.

- Health and healthcare disparities
- Mental health
- Obesity and physical inactivity
- Maternal and child health, including infant mortality
- Tobacco use by youth
- Social determinants of health
  - Food insecurity
  - Access to healthcare services
  - Poverty
  - Housing

[15] *Marion County Public Health Department. (2018). MCPHD Data and Reports. Health Equity 2018, The State of Health in Marion County. Retrieved from: https://marionhealth.org/programs/administration/epidemiology/*

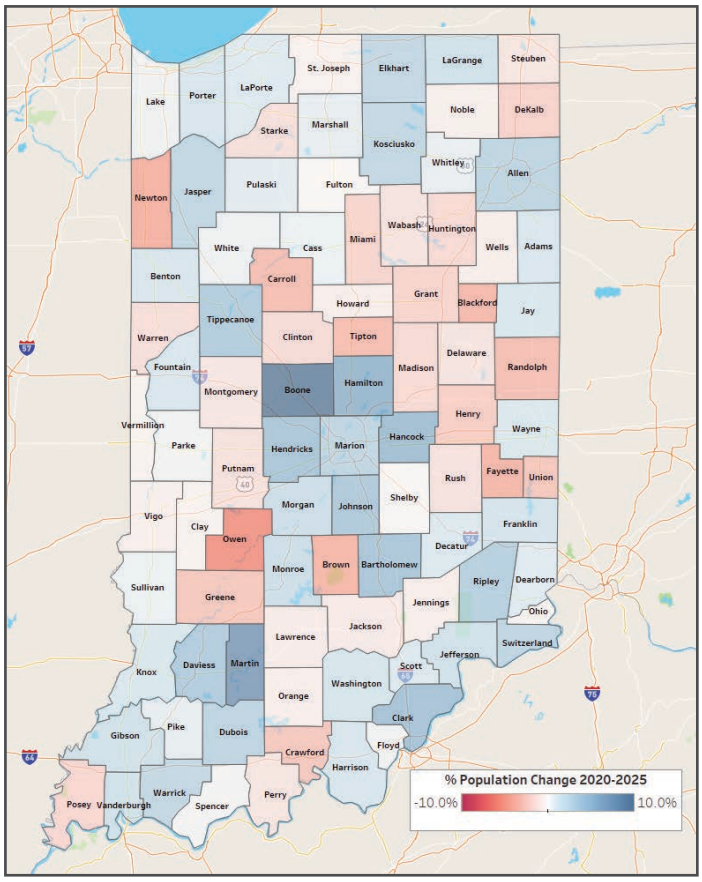
[16] *Ibid.*

Appendix C – Secondary data assessment (Indiana)

This section presents an assessment of secondary data regarding child health needs in the state of Indiana.

Demographics

Exhibit 29: Projected child population (aged 0-19) change, 2020-2025



Source: State of Indiana by the Indiana Business Research Center, 2021

Description

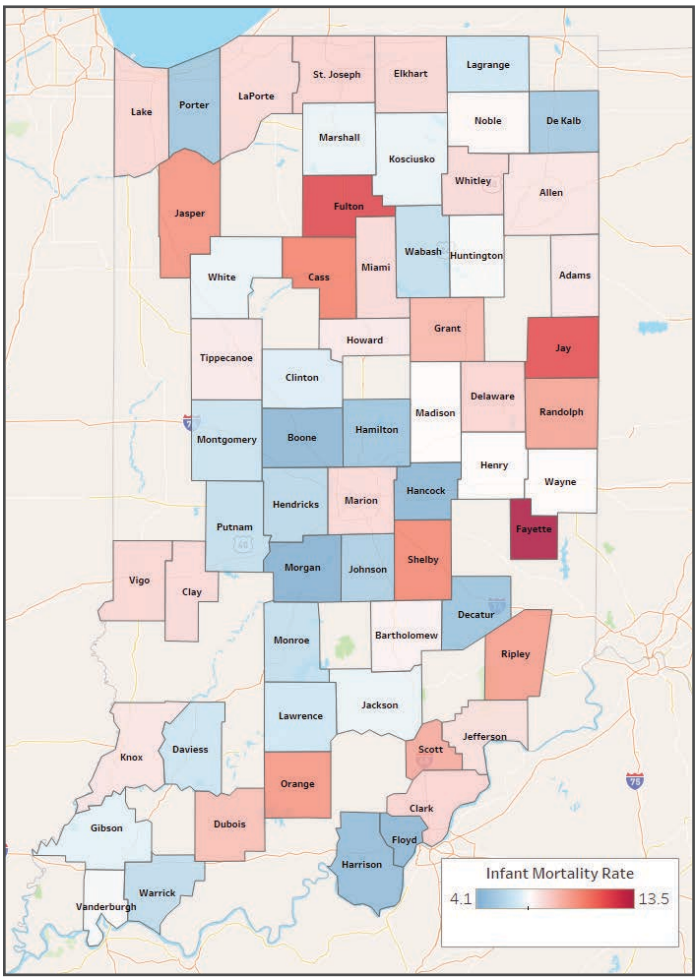
Exhibit 29 maps the percent change in the child population projected between 2020 and 2025. Overall, the Indiana aged 0-19 population is projected to increase by 1.8 percent during this time period.

Observations

- The highest growth rates in population aged 0-19 appears to be in Boone County (central Indiana) and Martin County (southwest Indiana).

Indiana child health status and access indicators

Exhibit 30: Infant mortality rate, 2014-2018



Source: Indiana Department of Health, 2019

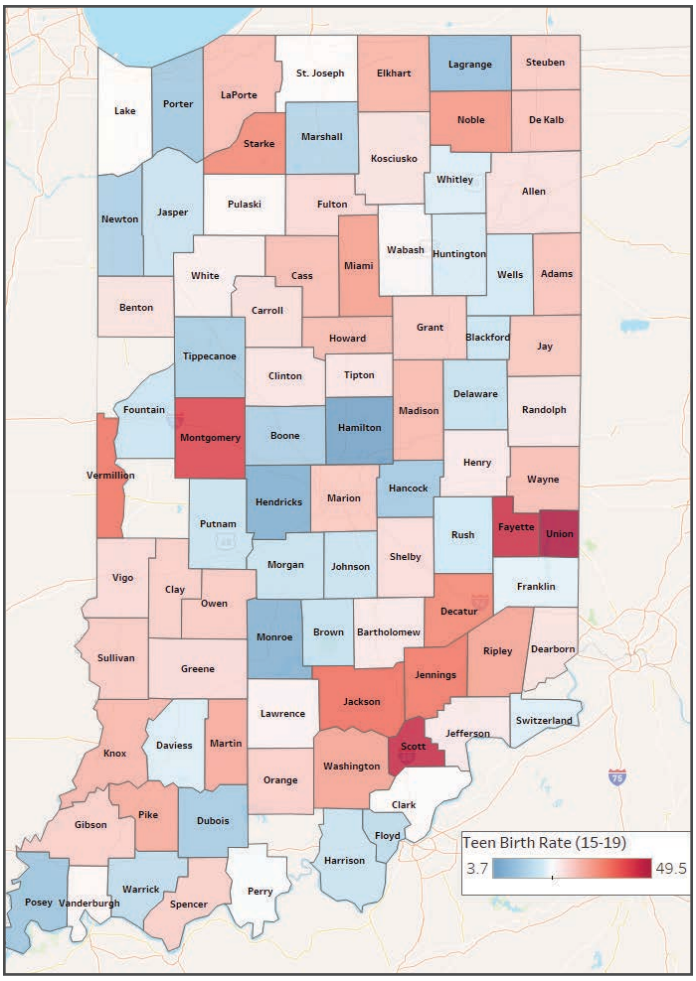
Description

Exhibit 30 maps infant mortality rates per 1,000 live births in Indiana for 2014-2018.

Observations

- Fayette, Fulton and Jay counties had the highest rates of infant mortality.

Exhibit 31: Teen birth rate, 2019



Source: Indiana Department of Health, 2019

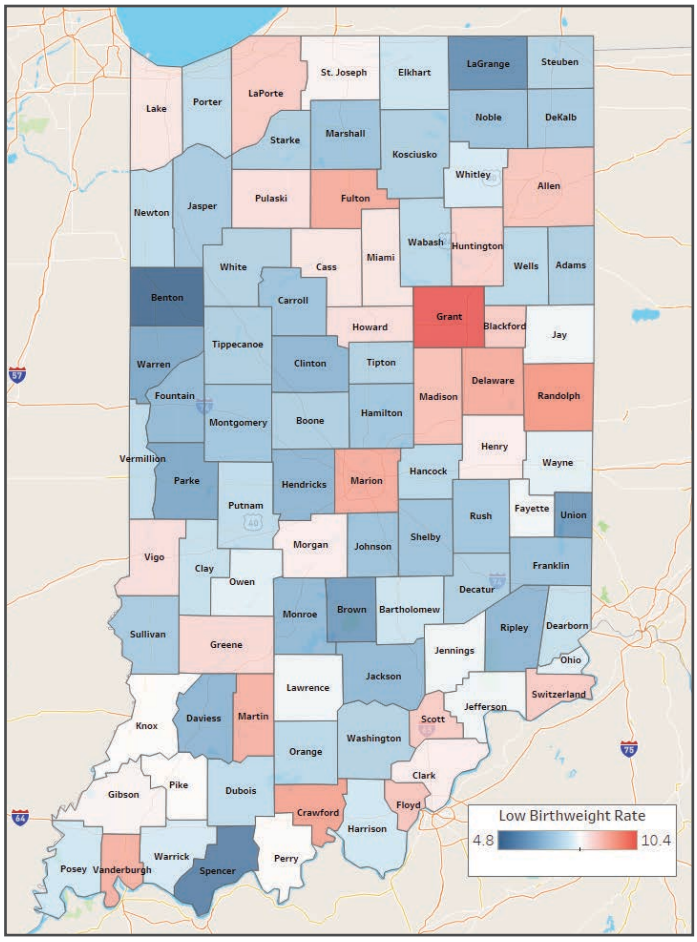
Description

Exhibit 31 maps the birth rate per 1,000 females aged 15-19 in 2019.

Observations

- Fayette, Montgomery, Scott and Union counties had the highest teen birth rates.

Exhibit 32: Low birthweight, 2013-2017



Source: Indiana Department of Health, 2018

Description

Exhibit 32 maps the percent of live births that were low birthweight in Indiana.

Observations

- Grant County had the highest percentage of low birthweight infants in the state, followed by Randolph and Marion counties.

Exhibit 33: Child obesity indicators, 2015-2019

Indicator	Indiana	U.S.	Indiana state rank	States ranked	Data year
Obesity – age 2-4 WIC participants	13.0%	13.9%	18	51	2016
Overweight and obesity – age 10-17	16.7%	15.5%	34	51	2018-2019
Obesity – high school students	13.6%	11.5%	19	37	2015

Source: State of Childhood Obesity, 2019

Description

Exhibit 33 shows childhood obesity indicators for Indiana with national rates for comparison. The exhibit also provides a rank for Indiana among all ranked states (including the District of Columbia).

Observations

- Indiana had a higher rate of overweight and obese children aged 0-17 than the national average, ranking 34th out of 51 ranked states. The percent of high school students obese in Indiana was also above the national average.

Exhibit 34: Indiana Youth Survey, prevalence of past 30-day use of substances among 10th grade students, 2020

Category	Indicator	Black	Hispanic (or Latino)	White	Indiana total	U.S. Total
Drug use	Alcohol use	17.2%	21.0%	19.7%	19.5%	N/A
	Marijuana use	16.6%	15.8%	11.0%	12.2%	N/A
	Vape use	12.9%	19.1%	17.5%	17.3%	N/A
	Cigarettes use	1.0%	3.9%	4.2%	3.8%	N/A
	Rx drugs use	1.7%	2.6%	2.6%	2.6%	N/A
	Binge drinking	7.0%	9.2%	7.5%	7.5%	N/A
Mental health	Felt sad 2+ weeks in a row	35.9%	44.8%	36.2%	39.2%	32.5%
	Considered attempting suicide	15.5%	19.3%	19.2%	19.3%	17.3%
	Made plan for attempting suicide	13.1%	14.0%	14.0%	14.3%	14.1%

Source: Institute for Research on Addictive Behavior at Indiana University-Bloomington, 2020

Description

Exhibit 34 provides statewide data among 10th grade students from the Indiana Youth Survey. The self-report survey asks students in grades 6-12 questions about substance use, mental health, gambling, and potential risk and protective factors for these behaviors. The survey is administered by the Institute for Research on Addictive Behavior at Indiana University-Bloomington. Light grey shading highlights indicators worse than the Indiana average. This data includes the following two categories: drug use and mental health. Data for the U.S. was available for the mental health indicators, but not the drug use indicators.

Observations

- Black students compared favorably for all indicators with the exception of marijuana use.
- Hispanic (or Latino) students compared unfavorably for most indicators, including alcohol use, marijuana use, vape use, cigarettes use, binge drinking and felt sad 2+ weeks in a row.
- White students compared favorably for all indicators with the exception of alcohol use, vape use and cigarettes use.
- Indiana compares unfavorably to the U.S. in each of the three mental health indicators.

Exhibit 35: Indiana Youth Survey, 10th grade substance use, 2015-2019

Indicator	2015	2017	2019	Percent change 2017-2019	Percent change 2015-2019
Alcohol	22.8%	22.4%	19.5%	-12.9%	-14.5%
Electronic vapor products	18.2%	14.0%	17.3%	23.6%	-4.9%
Marijuana	14.0%	14.1%	12.2%	-13.5%	-12.9%
Binge drinking	10.1%	9.5%	7.5%	-21.1%	-25.7%
Over the counter drugs	3.3%	3.4%	3.9%	14.7%	18.2%
Cigarettes	10.7%	8.0%	3.8%	-52.5%	-64.5%
Smokeless tobacco	5.3%	3.8%	2.2%	-42.1%	-58.5%
Cigars	4.8%	3.7%	2.0%	-45.9%	-58.3%
Hallucinogens/ecstasy	1.8%	1.6%	1.9%	18.8%	5.6%
Pipe	5.7%	3.0%	1.6%	-46.7%	-71.9%
Prescription drugs	4.4%	3.5%	1.5%	-57.1%	-65.9%
Synthetic marijuana	1.9%	1.2%	1.3%	8.3%	-31.6%
Inhalants	0.8%	0.7%	0.7%	0.0%	-12.5%
Cocaine/crack	0.7%	0.5%	0.6%	20.0%	-14.3%
Methamphetamines	0.5%	0.3%	0.3%	0.0%	-40.0%
Heroin	0.3%	0.2%	0.3%	50.0%	0.0%

Source: Indiana Youth Survey, 2019

Description

Exhibit 35 provides statewide data for the Indiana Youth Survey for 2015, 2017 and 2019, depicting 10th grade cohort use of substances during this time. Light grey shading highlights substances that have shown an increase in usage according to the survey. Data is based on answering "yes" to using each substance at least once within the past 30 days.

Observations

- Most of the indicators show a reduction in substance uses during the 2015-2019 time frame.
- Exceptions include over-the-counter (OTC) drugs and hallucinogens/ecstasy.

Exhibit 36: America's Health Rankings, health of women and children, 2019

Measure	Rank
Parent or guardian death	48
Immunizations – children	46
Smoking – female	45
Flu Vaccination – female	44
COPD – female	43
Infant mortality	43
Cardiovascular diseases – female	42
Cholesterol check – female	42
Physical inactivity – female	42
Cancer deaths –female	41
Heart attack – female	41
Neighborhood amenities	41
Exercise – female	40
Multiple chronic conditions – female	40
Asthma – female	39
High blood pressure – female	39
Stroke – female	39
Population under 18 years	38
Cardiovascular deaths – female	37
Chronic kidney disease – female	37
High cholesterol – female	37
Parent or guardian time in jail	37
Shingles vaccination – female	37
Drug deaths – female	36
Food and nutrition	36
Frequent mental distress – female	35
High health status – female	35
Low birthweight – White	35
Neighborhood violence	35
Cancer – female	34
High-risk HIV behaviors – female	34
Obesity – female	34
Arthritis – female	33
Dental visit – female	33
Diabetes – female	33
Frequent physical distress – female	33
Insufficient sleep – female	33
Parent or guardian divorce or separation	33
Colorectal cancer screening – female	32
Frequent physical distress	32
Injury deaths – ages 15-24	32
Low birthweight – mother ages 15-19	32
Seat belt use – female	32
Disconnected youth	30
Adverse childhood experiences	29
Children in poverty	29
Avoided care due to cost – female	28
Community and environment	28
Dependency	28
Low birthweight – mother ages 35-39	28
Households in poverty	27
Low birthweight – mother ages 20-24	27
Concentrated disadvantage	26
Depression – female	26
Low birthweight	25
Low birthweight – mother ages 25-29	25
Injury deaths – female	24
HPV immunization females	23
HPV immunization females – above poverty	23
Low birthweight – mother ages 30-34	23
Pneumonia vaccination – female	23
Immunizations – adolescents	22
Excessive drinking – female	20
Use of cannabis – female	19
Dedicated healthcare provider – female	18
HPV immunization females – White	17
Crowded housing	11

Source: America's Health Rankings, 2019

Description

Exhibit 36 depicts *America's Health Rankings Health of Women and Children* for the state of Indiana. Indiana was measured against all states in the nation and ranked for each indicator. Light grey shading indicates rankings in the bottom half of U.S. states; dark grey shading indicates rankings in bottom quartile.

Observations

- Within all states in the U.S., Indiana was ranked in the bottom half for more than three-fourths of the measures. The state ranked particularly unfavorably for:
  - Parent or guardian death
  - Immunizations – children
  - Smoking – female

- Flu vaccination – female
- Chronic obstructive pulmonary disease – female
- Infant mortality
- Cardiovascular diseases – female
- Cholesterol check – female
- Physical inactivity – female
- Cancer deaths – female
- Heart attack – female
- Neighborhood amenities
- Exercise – female
- Multiple chronic conditions – female
- Asthma – female
- High blood pressure – female
- Stroke – female
- Population under 18 years

Findings of other community health needs assessments

Indiana State Health Assessment and Improvement Plan
A State Health Assessment and Improvement Plan (SHA) was published in 2018 by the Indiana Department of Health.[17] The SHA was conducted in collaboration with over 100 partner organizations, key informants and health experts to identify and address Indiana's greatest health challenges.

The Indiana Health Improvement Partnership (IHIP) met three times during 2017 and early 2018 to develop key components of the SHA, including values, forces of change analysis and assessment of strengths, weaknesses, opportunities and threats. The process involved five steps:
1. Conducting a community health status assessment;
2. Assessing and analyzing prior assessments;
3. Reviewing other agency and coalition plans;
4. Interviewing key informants and gathering qualitative data; and
5. Identifying health needs.

State Health Assessment. The SHA had the following conclusions regarding state health needs:
- After reviewing local health assessments around the state, the IHIP observed that ten needs were most often identified as priorities:
  - Access to care
  - Mental and behavioral health
  - Obesity
  - Substance abuse disorders
  - Nutrition and physical activity
  - Diabetes
  - Tobacco use
  - Heart disease
  - Cancer
  - Maternal and infant health
- The initial prioritization of health needs by the IHIP steering committee focused on the following areas:
  - Social determinants of health and health equity
  - Improving public health infrastructure (funding and culture/equality of public health practices)
  - Improving health and reducing health disparities, particularly in the areas of chronic disease, birth outcomes and infant mortality, reduced injury and death due to opioid exposure and improved access to mental health services
- When asked about barriers to achieving optimal health in their communities, key informants indicated that low staffing levels, low funding levels, not being able to break cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare and medications, lack of available affordable housing, provider billing and limited local resources as major limitations.
- Social determinants of health were recognized as a key component to achieving optimal health in Indiana, with a recognition to improve population health, "the public health system must expand to include non-traditional partners such as transportation, workforce development and housing."

Related data points from the assessment supporting the above conclusions have not been included in this report. The data points in the report no longer reflect the most recent year of data available. The current SHA and ISHIP will sunset at the end of 2021. A committee was convened in the summer of 2021 to coordinate an update to the plan that will span 2022-2026; however, the process was not far enough along to provide updates for this CHNA.

State Health Improvement Plan. After the finalization of the state health assessment, the Indiana State Health Improvement Plan (ISHIP) was drafted to address the final priorities. These priorities were:
- Improve birth outcomes and reduce infant mortality
- Address the opioid epidemic
- Reduce rates of chronic disease
- Improve the public health infrastructure

Since the publication of the ISHIP, the priorities of the plan have not changed though some of the approaches to addressing the priorities have evolved according to the Indiana Department of Health. The SHA and ISHIP annual report did not have current targets on objectives. The annual report can be found on the Indiana Department of Health website at https://www.in.gov/health/phpm/tracking-public-health-performance/state-health-improvement-plan/.

[17] *Indiana Department of Health. (May 2018). Indiana Health Assessment and Improvement Plan, May 2018 – December 2021. Retrieved from: http://www.isdh.state.in.us/NewIntranet/pdfs/OPM/Indiana_State_Health_Plan_I-SHIP.pdf*

Title V Block Grant Needs Assessment: Maternal and Child Health (MCH) & Children's Special Health Care Services (CSHCS)

The Title V Maternal and Child Health Block Grant Program is a collaborative initiative between the Health Resources and Services Administration (HRSA) and states.[18] This program supports the health and well-being of mothers, children and families, including children with special healthcare needs, adolescents and their families. Each state conducts a needs assessment every five years to determine priorities and target funds to address priorities.

From January 2019 to September 2020, the Indiana Department of Health coordinated a statewide needs assessment as well as developed a 5-year action plan to address priorities and measure progress towards national, state and other performance measures.[19]

The needs assessment process focused on certain populations including women/maternal; perinatal/infant; children; adolescents; and children with special healthcare needs. Additional efforts were made to gather feedback from populations not already being served by the program; current partners and those populations already being served by the program; and harder to reach populations such as the Amish and refugees.

A steering committee coordinated the needs assessment process which included secondary data collection and primary data collection. The later activity involved an open-ended partner survey, community focus groups and a state-wide survey. After all the data was synthesized and vetted through a prioritization process, these eight overarching priorities will be the focus of the Indiana Department of Health and stakeholders from 2020-2025.

- **Reduce preventable deaths** in the maternal and child health population with a focus on reduction and elimination of inequities in mortality rates
- **Strengthen mental, social and emotional wellbeing** through partnerships and programs that build capacity and reduce stigma
- **Promote physical activity** through policy improvements and changes to the built environment
- **Access to high-quality, family-centered, trusted care** is available to all Hoosiers
- **Prevent substance use** including alcohol, tobacco and other drugs among pregnant women and youth
- **Engage family and youth** with diverse life experiences to inform and improve maternal and child health services
- **Reduce health disparities and inequities** in internal programs, policies and practices to improve maternal and child health
- **Ensure frequent surveillance, assessment and evaluation** of data drives funding, programming and system change

Indiana Tobacco Control 2025 Strategic Plan

The state plan was coordinated by the Tobacco Prevention and Cessation Commission (TPC) of the Indiana Department of Health with the guidance of a strategic planning committee.[20] The plan was the result of input and collaboration of many partners, from statewide organizations, healthcare organizations, tobacco prevention and cessation experts and community coalitions.

Specific findings from the plan included:

- Despite a decline in the rate of adult smoking in Indiana and falling just short of the target from the 2016-2020 plan, Indiana ranks in the top 10 states for adult smoking.
- Tobacco-related health disparities are experienced by vulnerable populations in our communities including pregnant women, African Americans, Latinos and among Medicaid members.
- Current smoking rates declined among middle school youth and high school youth between 2014-2018; however, the trends with other tobacco products (such as electronic cigarettes) are concerning. For example, current e-cigarette use among high school students increased from 15.6 percent in 2014 to 18.5 percent in 2018. In the same year, JUUL use was reported at nearly 25 percent among high school students.
- People who smoke are at a greater risk of severe illness from COVID-19.

The strategic plan established priority areas and measurable objectives for 2025.

- Decrease tobacco use rates among Indiana youth and young adults.
- Increase proportion of Hoosiers not exposed to secondhand smoke.
- Decrease Indiana adult smoking rates.
- Maintain state and local infrastructure necessary to achieve health equity by eliminating tobacco addiction and exposure to commercial tobacco products.

[18] *Health Resources & Services Administration. (July 2021). Maternal and Child Health. Title V Maternal and Child Health (MCH) Block Grant. Retrieved from: https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program*

[19] *Indiana Department of Health. (Jan. 14, 2021). Title V Block Grant Needs Assessment: MCH & CSHCS. Statewide Meeting. Retrieved from: https://www.in.gov/health/mch/files/Needs-Assessment-Slides_TitleV2020_1.14.2021.pdf*

[20] *Indiana Department of Health – Indiana Tobacco Control. (Feb. 2021). 2025 Strategic Plan. Retrieved from: https://www.in.gov/health/tpc/files/2025-Indiana-Tobacco-Control-Strategic-Plan-FINAL.pdf*

Coronavirus Disease (COVID-19) Pandemic and Vaccine

COVID-19 is a very contagious virus that has become a major threat to the health and well-being of all people around the world. In March 2020, the Indiana Department of Health confirmed the first case of COVID-19 in Indiana and the first reported death.[21,22] The coronavirus outbreak was declared a state, national and international public health emergency.[23,24,25] It has had tremendous health and economic impacts on Indiana and its residents. There have been 806,094 total positive cases of COVID-19 and 13,743 total deaths from COVID-19 in the state of Indiana (Exhibit 37). The virus has spread to every county in Indiana.

Exhibit 37: COVID-19 indicators – Marion County, Indiana and United States – results as of August 16, 2021

Indicator	Marion County	Indiana	United States
Total positive cases	110,865	806,094	36,951,181
Total case rate per 100,000	11,493.6	11,934.0	11,273.0
Total deaths	1,834	13,743	620,493
Total death rate per 100,000	190.1	210.0	187.0
Total population vaccinated	440,973	3,019,608	168,689,357
Percent of population vaccinated	55	51.5	50.8

Source: Indiana Department of Health Indiana COVID-19 Dashboard and Map, 2021; Centers for Disease Control and Prevention COVID Data Tracker, 2021; Indiana Department of Health COVID-19 Vaccination Dashboard, 2021; COVID-19 Data Tracker – Vaccinations in the United States, 2021.

Certain groups are particularly vulnerable to the effects of COVID-19 and are at greater risk of severe illness and outcomes, including hospitalization and death. The Centers for Disease Control and Prevention continues to review and update information on the groups most at risk.[26] The current groups, of which some are listed below, can all be found in communities throughout Indiana, including those served by IU Health hospitals. Of particular concern is that some of the underlying conditions and risk factors are significantly prevalent in Indiana.

- People aged 65 and older – risk increases with age
- Many racial and ethnic minority groups who have long been impacted by health and social inequities
- Adults with underlying medical conditions including:
  - Cancer
  - Cerebrovascular disease
  - Chronic kidney disease
  - Chronic lung disease, including COPD (chronic obstructive pulmonary disease) and asthma
  - Dementia or other neurological conditions
  - Diabetes
  - Down Syndrome
  - Heart conditions
  - HIV infection
  - Immunocompromised state (weakened immune system)
  - Liver disease
  - Overweight and obesity
  - Pregnancy and recent pregnancy
  - Sickle cell disease or thalassemia
  - Smoking, current and former
  - Solid organ or blood stem cell transplant
  - Stroke or cerebrovascular disease
  - Substance use disorders
- Children with underlying medical conditions including:
  - Children with medical complexity, with genetic, neurologic, metabolic conditions or with congenital heart disease
  - Obesity
  - Diabetes
  - Asthma or chronic lung disease
  - Sickle cell disease
  - Immunosuppression

The above conditions and risk factors were not the only threats to the health and well-being of people. Many lost jobs or income in 2020 because of temporary or permanent

[21] *Indiana Department of Health. (March 6, 2020). Press Release.* State Health Department Confirms 1st Case of COVID-19 in Hoosier with Recent Travel. *Retrieved from: https://events.in.gov/event/state-health-department-confirms-1st-case-of-covid-19–in-hoosier-with-recent-travel/*

[22] *Indiana Department of Health. (March 6, 2020). Press Release.* Health Department Announces 1st COVID-19 Death in Indiana. *Retrieved from: https://events.in.gov/event/isdh-news-release-health-department-announces-1st-covid-19-death-in-indiana*

[23] *State of Indiana, Executive Department Indianapolis. (March 6, 2020). Executive Order 20-02.* Declaration of Public Health Emergency for Coronavirus Disease 2019 Outbreak. *Retrieved from: https://www.in.gov/gov/files/20-02ExecutiveOrder DeclarationofPublicHealthEmergencyforCOVID-19FINAL.pdf*

[24] *U.S. Department of Health and Human Services. Public Health Emergency (Jan. 31, 2020).* Determination that a Public Health Emergency Exists. *Retrieved from: https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx*

[25] *World Health Organization. (March 1, 2020).* WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020. *Retrieved from: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020*

[26] *Centers for Disease Control and Prevention. (Aug. 20, 2021). People with Certain Medical Conditions. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html*

business closures due to stay-at-home orders or shutdowns to help reduce the spread of COVID-19 (e.g., Governor Holcomb issued a "Stay-at-Home" order that went into effect on March 24, 2020).[27] This made it difficult for individuals and families to cover the expenses for basic needs, such as food, housing, childcare and healthcare services. The Indiana unemployment rate in the first few months of 2020 averaged 3.2 percent but rose significantly in April 2020 to 16.9 percent.[28] The rate remained higher than the beginning of the year for the rest of 2020. The number of people unemployed in Indiana increased from 111,373 in March 2020 to 544,935 in April 2020, which was the highest for the year.[29] However, the number of people unemployed in Indiana from April to the end of 2020 never fell as low as March 2020. The Indiana Department of Workforce Development processed 7.8 million unemployment insurance (UI) claims in 2020 compared to about 1 million claims in 2019.[30]

Employment is just one factor influencing social determinants of health. In April 2020, the U.S. Census Bureau started measuring household experiences across the nation during the coronavirus pandemic through an experimental data system called the Household Pulse Survey.[31] These measures represent how people were managing across a range of social determinants of health. Below is a selection of metrics specific to Indiana, mostly from the period of April 23, 2020, to May 5, 2020 – shortly after COVID-19 was confirmed in Indiana.

- 37.8 percent of adults reported symptoms of anxiety or depressive disorder. This peaked at 43.7 percent later in 2020.
- 11.9 percent of adults reported they were uninsured. This peaked at 13.5 percent later in 2020.
- 34.2 percent of adults reported delaying or not getting medical care because of the COVID-19 pandemic in the last four weeks. This peaked at 44.9 percent later in 2020.
- 9.4 percent of adults reported there was either sometimes or often not enough to eat in the last seven days. This peaked at 13.2 percent in 2021.
- 21.2 percent of adults missed last month's rent or mortgage payment or were not confident they could pay next month's rent or mortgage on time. This peaked at 29.3 percent in 2020.
- 46.1 percent of adults reported the likelihood of eviction or foreclosure (period – August 19 – 31, 2020). This peaked at 54.0 percent almost a year later in 2021.
- 32.8 percent of adults reported that it was somewhat or very difficult to pay for usual household expenses in the last seven days (period – August 19 – 31, 2020). This peaked at 36.8 percent later in 2020.

There are multiple steps people can take to protect themselves from the virus, including getting a vaccine. Though people may not be able to receive a vaccine due to age, weakened immune system or underlying medical condition, it is widely available to people 12 years of age or older. In December 2020, the first vaccinations for COVID-19 were received and administered in Indiana. Out of an estimated 5.7 million people who are eligible for the vaccine in Indiana, as of August 16, 2021, 3,019,608 (51.5 percent) are fully vaccinated for COVID-19 (Exhibit 39).[32] In Indiana, 16.1 percent of those aged 18 and over reported being hesitant about receiving a COVID-19 vaccine when compared to 10.5 percent of the United States (data as of August 2, 2021).[33] The main reasons reported for the hesitancy in Indiana include concerned about side effects, don't trust the government and don't trust COVID-19 vaccines. These are the same top reasons reported across the U.S.[34]

[27] *State of Indiana, Executive Department Indianapolis. (March 23, 2020). Executive Order 20-08. Directive for Hoosiers to Stay at Home. Retrieved from: https://www.in.gov/gov/files/Executive_Order_20-08_Stay_at_Home.pdf*

[28] *Hoosiers by the Numbers. (n.d.). Local Area Unemployment Statistics (LAUS) – Seasonally Adjusted. Retrieved from: http://www.hoosierdata.in.gov/dpage.asp?id=54&view_number=2&menu_level=&panel_number=2*

[29] *Ibid.*

[30] *Indiana Department of Workforce Development. 2021.* 2021 State of the Indiana Workforce Report – Responding to the Pandemic. *Retrieved from: https://www.in.gov/dwd/files/2021-State-of-the-Indiana-Workforce-Report.pdf*

[31] *U.S. Census Bureau, Household Pulse Survey. (n.d.). Retrieved from: https://www.census.gov/data-tools/demo/hhp/#/*

[32] *Indiana Department of Health. (n.d.). Indiana COVID-19 Vaccination Dashboard. Retrieved from: https://www.coronavirus.in.gov/vaccine/2680.htm*

[33] *U.S. Census Bureau. (n.d.). Household Pulse Survey COVID-19 Vaccination Tracker – Vaccine Hesitancy. Retrieved from: https://www.census.gov/library/visualizations/interactive/household-pulse-survey-covid-19-vaccination-tracker.html*

[34] *Ibid.*

Appendix D – Interviewees and community meeting participants

Individuals from a wide variety of organizations and communities participated in the interview process and/or community meetings. Participants included representatives from the following organizations:

- Allen Chapel AME Church
- Anthem Medicaid
- Broadway United Methodist Church
- City of Indianapolis, Division of Community Nutrition and Food Policy
- Coalition for Our Immigrant Neighbors
- Concerned Clergy of Indianapolis
- Connections IN Health, Indiana Clinical and Translational Sciences Institute (CTSI), Indiana University School of Medicine
- Covering Kids & Families of Indiana
- Crossroads AME Church/Common Grounds Institute
- First Baptist Church North Indianapolis
- Gleaners Food Bank of Indiana
- Habitat for Humanity of Greater Indianapolis
- Health by Design
- Horizon House
- Immigrant Welcome Center
- Indiana Legal Services
- Indiana Native American Indian Affairs Commission
- Indiana Public Health Association
- Indiana Department of Health
- Indiana University Richard M. Fairbanks School of Public Health
- Indianapolis City Council
- Indianapolis Neighborhood Housing Partnership
- Indianapolis Urban League
- Indy Hunger Network
- Jump IN for Healthy Kids
- Marian University
- Marion County Public Health Department
- Managed Health Services (MHS)
- Neighborhood Christian Legal Clinic
- Nine13sports
- Nurse Family Partnership of Goodwill of Central and Southern Indiana
- Pathway to Recovery
- Playworks
- Raphael Health Center, Inc.
- Richard M. Fairbanks Foundation
- The Julian Center
- United States Congress, House of Representatives
- University of Indianapolis
- YMCA of Greater Indianapolis/Top 10 Coalition

Appendix E - Impact of actions taken since the previous CHNA

This appendix highlights Indiana University Health Academic Health Center's ("IU Health") initiatives and related impact, both expected and achieved, in addressing significant community health needs since its last CHNA report was conducted. This is not an inclusive list of all initiatives aligned with the 2018 CHNA. Many of the initiatives listed below will continue through 2021.

It is worth noting that the COVID-19 pandemic was declared a national and state public health emergency in early 2020. Federal, state and IU Health coronavirus response requirements limited or prohibited certain interactions and activities for safety reasons. From a community benefit perspective, the IU Health Academic Health Center had to limit, alter or postpone several initiatives in 2020 and 2021.

For purposes of this appendix, IU Health includes IU Health Methodist Hospital, IU Health University Hospital and Riley Hospital for Children at IU Health.

Access to healthcare services

- **Community Flu Clinics.** When IU Health's ability to offer health screenings was impacted by the COVID-19 pandemic, other community needs were identified including increasing the number of people receiving their vaccine for the flu, especially in underserved communities. From October to November 2020 eight drive-through flu shot events were conducted at six different locations. IU Health partnered with six different community-based and faith-based organizations that served and/or represented underserved communities. IU Health vaccinated a total of 788 individuals. Vaccinations were free to community members. IU Health donated 720 vaccines to clinics serving underinsured or uninsured communities. Also, free flu vaccine was offered to children and adults visiting The Children's Museum of Indianapolis on October 1 and November 5, 2020. Riley Hospital for Children at IU Health team members provided more than 431 vaccines to children and families. Future clinics are being considered in the fall of 2021.
- **Covering Kids and Families.** IU Health invested in Covering Kids and Families to help connect families to health insurance that met their needs. Over a 12-month period of time, 5,323 families were assisted with their applications in communities served by IU Health. Just over 4,000 of those application resulted in families receiving healthcare coverage. Also, during this time, when IU Health Navigators started applications but were

unable to locate or communicate with patients after leaving the hospital or an office, Covering Kids and Families was able to assist these patients. They supported just over 15,000 assists.

- **Indiana University Student Outreach Clinic (IUSOC).** IU Health provided a grant to support the purchase of supplies and technology needed for the clinic to provide primary care services to underserved patients in the near eastside community of Indianapolis. The IU-SOC has ten university department partners that provide specialty services: medicine, pharmacy, dental, law, physical therapy, occupational therapy, social work, nursing, physician assistants and undergraduate students with Timmy Global Health. From July 2019 to June 2020, they served 661 unique patients and had 1,207 patient encounters.
- **Automated External Defibrillators (AEDs).** The IU Health Cardiology Department donated 53 AEDs to multiple community organizations including St. Monica Catholic Church, Center Grove Youth Baseball organization and Bolt for the Heart – a non-profit organization that distributes AEDs to organizations and facilities throughout Indiana.
- **Indy Public Safety Foundation.** IU Health partnered with the Indy Public Safety Foundation to continue Operation Winter Ready. A "Winter-Ready Kit" includes a humanitarian-grade blanket, socks, gloves, hat and other items needed by homeless individuals and families, to keep them safe during the harsh Indiana winter, especially from frostbite. Over 2,000 kits were distributed to at-risk community members in 2019 and 2020 by the Indianapolis Metropolitan Police Department and the Indianapolis Fire Department. IU Health dedicated funding and staff time to execute this project.
- **Raphael Health Center.** IU Health awarded funding to this federally qualified health center to provide accessible and affordable outpatient health services in the community. Funds supported training for staff to use the EMR-integrated patient portal; 226 people received the flu vaccine at two Sunday clinics; a partnership with the Neighborhood Christian Legal Clinic to provide legal services to patients; and the purchase of equipment needed to successfully provide telehealth appointments.
- **LifeSmart Youth.** From 2019-2020, IU Health invested to support the launch of the organization's new initiative, *Tween Education & Access to Community Health (TEACH),* to advance racial health equity and access to care by providing culturally relevant, medically accurate reproductive health education to Black and Latinx youth ages 8-12 (grades 4-7) in Marion County schools and summer camps. In addition to health education, the TEACH initiative will assemble health experts to serve on a new TEACH Alliance to develop a culturally relevant linkage-to-care system for youth of color.

Behavioral health and substance abuse

- **Reach for Youth.** Grants were awarded to Reach for Youth in 2019 and 2020 to support their efforts to provide counseling, Teen Court and other prevention programs to youth and families, especially lower-income families. In 2020, the organization served 410 new youth and their parents that participated in 2,821 individual or family sessions to address essential mental health needs.
- **Volunteers of America, Ohio and Indiana – Fresh Start Recovery Center.** IU Health awarded funds to the family-focused residential addictions treatment program for mothers and their children between 2019 and 2020. These funds assisted with essential basic needs including transportation, housing, employment and childcare services to help ensure successful recovery and transition back to the community for program participants and their families. During the onset of the COVID-19 pandemic, the funds became critical in assisting mothers with rent and utilities due to job loss or other sources of income.
- **IU Health Behavior Collaborative.** Marion County, like many communities served by IU Health hospitals, is a U.S. Health Resources and Service Administration (HRSA) designated health professional shortage area for mental health due to low-income population, geographic location and facilities. IU Health has provided a subsidized Behavioral Health Collaborative since 2018 to increase capacity throughout the state and expand services to address mental health needs in the community. Such expansion has included increased intensive outpatient services, psychological assessments and integrated behavioral health both in primary care and pediatrics. Efforts have also included a focus on tobacco prevention and control. The Tobacco Treatment Collaborative was convened to assess the current state of tobacco control interventions within the IU Health system. From this work, the centralized tobacco treatment program was developed to provide providers, patients and families an easily accessible and equitable way to access education and resources to decrease tobacco use across the system.
- **2019 Look Up Faith Conference on Mental Health.** This event was for any pastor, ministry staff or congregation member wanting to increase their knowledge and awareness and provide resources to the faith community about mental health and the mental health needs of people connected to churches. IU Health grant funding was used to offer scholarships to 10 participants who would not have been able to attend otherwise. The grant also supported national speakers for the conference.
- **Goodwill of Central and Southern Indiana – GEI Resilience Initiative.** With grants from IU Health in 2019 and 2020, Goodwill launched efforts to address the mental health needs of Goodwill's Excel Center® students, teachers and staff. To prevent the onset of mental health problems, mitigate the effects of trauma and enhance student resilience, GEI started creating a trauma responsive culture through steps such as educating

persons served about the impact of trauma and connecting students with professional mental health services. Additionally, they were able to pilot a variety of professional development opportunities in select schools across the network for students, teachers and staff.

Maternal and infant health

- **Safe Sleep Practices.** IU Health partnered with Goodwill's Central Indiana Nurse-Family Partnership to host four safety baby showers that provided educational activities to learn about safe sleep, child protection and child passenger safety. In 2019, the trainings reached approximately 138 individuals (15 families per safety shower and 78 families from Fresh Start Recovery Center (residential addictions treatment program for mothers and their children). All the families in attendance received Cribs for Kids Cribettes and sleep sacks. In 2020, the offering of safe sleep classes was shifted to appointment-based consultations when person or family from the community was referred to IU Health.
- **Indianapolis Healthy Babies Fetal Infant Mortality Review (IHB-FIMR).** The Marion County Public Health Department coordinates this coalition with participation from a diverse group of stakeholders with knowledge and expertise in maternal and child health, including IU Health staff. A total of 152 cases were reviewed by the coalition in 2019 and 2020. The coalition made recommendations for systems changes and has coordinated community events for education and outreach with the community and supported maternal and child health leaders actively engaging with their communities on maternal and infant education.
- **Marion County Public Health Department – Beds and Britches (B.A.B.E.) Program.** IU Health granted funds to the Indianapolis, community-based incentive program that provided new and used clothing and supplies for pregnant women and children up to 5 years of age. The program purchased 38 full size cribs and crib sheets for clients in need.

Obesity and diabetes

- **Jump IN for Healthy Kids.** IU Health provided grants to Jump IN for Healthy Kids (Jump IN) from 2019-2020 to implement community-wide strategies to reverse childhood obesity in central Indiana. Jump IN's approach to changing polices, systems and environments focused on three primary areas: early childhood education, schools and healthy food access. Strategies included the public-facing messaging and engaging youth organizations with the 5-2-1-0 concept of healthy habits. Jump IN has worked with over two dozen organizations to integrate the programming and messaging into their curricula and communications for kids and families.
- **Playworks Partnership.** IU Health invested in Playworks to subsidize fee costs for schools receiving Playworks direct services and provided professional development training. Two Indianapolis Public Schools (IPS) received funding for school fees to support Playworks services. Playworks also hosted three one-day professional development trainings with a focus on Playworks fundamentals, Power of Play and Group Management for school and summer program staff. Nearly 90 individuals were trained from different organizations with the potential to impact 4,350 children.
- **Summer Youth Program Fund.** Collaborating with local funders, IU Health supported Indianapolis summer youth programs that aligned to community health priorities including food access, mental health services and physical activity. Between 2019 and 2020, IU Health funded 16 summer youth programs. The review of the 2021 grant application was not yet complete. IU Health invested funds, provided technical support and staff time to the Summer Youth Program Fund.
- **YMCA of Greater Indianapolis.** IU Health provided a grant to the organization to support the implementation strategies for a public awareness campaign that highlighted the relationship between sugary drinks and poor health outcomes. In collaboration with other community partners, the campaign was launched in the summer of 2021 with efforts to reach various stakeholder groups such as schools, childcare facilities, parents and others.

Smoking, tobacco use and exposure to secondhand smoke

- **Indiana Tobacco Tax.** In an effort to improve health outcomes and decrease smoking rates in Indiana, IU Health, along with other healthcare, public health and community-based organizations joined forces to urge the Indiana General Assembly to increase the tobacco tax by $2.00 in the 2021 Indiana Legislative Session. If passed, it would have been the 1st cigarette tax hike since 2007. The IU Health Government Affairs department led a charge to educate IU Health team members and community members on the importance of the tobacco tax to impact smoking rates and generate revenue for public health programs, including programs to help people who smoke, quit.
- **Rethink Tobacco Indiana.** IU Health provided funding for participant scholarships to the Rethink Tobacco Indiana's virtual *"Tobacco Treatment Specialist (TTS) Training Core Training"* in October 2020. There were 18 participants and nine scholarship applications for financial aid assistance to the TTS training program. Five financial aid scholarships were awarded to recipients who worked for four different community-based organizations. Each organization reached a diverse group of community members in need of tobacco prevention education and services.

Social determinants of health

- **Marion County Public Health Department – Fresh Bucks Initiative.** IU Health granted funds to MCPHD to support Fresh Bucks, a program that provided affordable access to fruits and vegetables for Supplemental Nutrition Assistance Program (SNAP) participants. For every $2 spent with a Hoosier Works card transaction at a participating farmers market, a match of $2 FREE was provided to buy more fruits and vegetables at the market (up to a $20 match per day). From November 2019 to October 2020, there were 393 participants that received 8,489 Fresh Bucks checks. Of those, 93% were redeemed at local farmers markets.
- **Gleaners Food Bank of Indiana.** This organization leads effort to fight hunger in Central Indiana and received funding from IU Health from 2019-2020 to develop and expand programs. In particular, in 2020 funding was used to support the Produce Hope Grant. The funding provided over 600,000 pounds of fresh produce to families in Marion County and 20 other Indiana counties. Produce continues to be one of the top three foods requested by community members seeking assistance from Gleaners.
- **Lawrence Community Gardens.** IU Health granted funds to support a youth farm in Indianapolis to empower young people with knowledge and skills to grow their own food. In the summer of 2020, 31 youth from the community completed the Next Generation Farmers Youth Program as well as earned their Junior Master Garden Certificates. The same youth learned information on canning, dehydrating, emergency preparedness, raising backyard chickens, cooking from a garden and other topics.
- **Indy Hunger Network.** IU Health granted funds to support Community Compass in 2021. This multi-platform technology connected Marion County residents to information about available food assistance, including both screening questions for federal nutrition programs and location information for charitable food assistance, WIC clinics and SNAP and WIC retail locations.
- **Coalition for Homelessness Intervention and Prevention (CHIP).** Funds were granted to support two CHIP initiatives, Street Reach Indy and the Youth Action Board. Street Reach Indy directly assisted individuals living on the streets or in emergency shelters by providing flexible resources to obtain permanent housing or substance abuse treatment. The Indianapolis Youth Action Board (YAB) served as a forum for youth and young adults to provide input, through lived experiences, to the Continuum of Care (CoC) on developing and improving solutions to end homelessness among young people ages 12-24.
- **Habitat for Humanity of Greater Indianapolis.** IU Health partnered with Habitat for Humanity of Greater Indianapolis to build safe and affordable housing and revitalize neighborhoods. Between 2019 and 2021, IU Health assisted in building homes that impacted multiple neighborhoods. IU Health dedicated funding, staff time and over 160 volunteers toward this partnership.
- **Family Promise of Greater Indianapolis (FPGI).** IU Health granted funding to support the Apartment Shelter Project. FPGI rented and furnished up to 20 apartments that were used to shelter families with children in 2021.
- **Indiana Diaper Bank.** IU Health provided a grant to the organization to assist with the significant need in diapers and baby essentials in the community, especially among community members impacted by the COVID-19 pandemic (e.g., mothers who have lost their jobs due lack of childcare options; low wage hourly workers who have lost jobs; refugee groups; and Black and Latino populations).
- **Medical-Legal Partnership (MLP).** In 2020, the IU Health Methodist/University/and Riley partnered with Indiana Legal Service, Inc. to launch two MLPs, one for Methodist/University and another for Riley Hospital for Children at IU Health. In its first year at Riley, the MLP completed 15 intake interviews, helping patients and families with their legal needs. The project continued to accept referrals and engage in off-site investigations and case-handling during the year with no physical presence at the hospital due to the COVID-19 pandemic. The challenges of the COVID-19 pandemic affected the rights of clients in the Indianapolis region and across the state, especially for children facing health-harming legal needs. Newly opened cases focused on landlord-tenant or housing matters; guardianship; and a Social Security appeal. In its first year at Methodist/University, the MLP completed 36 intake interviews. Of the newly opened cases, the legal type included private landlord/tenant cases; social security application/appeal cases; guardianship estates cases; domestic violence/protective orders cases; advance directives/Power of Attorney cases; last wills and testaments cases; social security benefit cases; minor guardianship cases; divorce cases; and custody/visitation cases. 1,103 hours were collectively attributable directly to the University-Methodist MLP projects.
- **Center for Interfaith Cooperation.** IU Health granted funds to support the Interfaith Enrichment Corps (IEC) member's service term to build capacity necessary to establish new Congregation Care Network teams to address social isolation in the community.
- **Days of Service (DOS).** Days of Service is an IU Health initiative involving team members from across the organization and from around the state of Indiana. It is one of many opportunities team members have to give back to their communities. During the 2019 and 2020 DOS, Indianapolis and its neighbors were impacted by the work accomplished by IU Health team members including rehabilitating city parks, creating safe routes to schools, revitalizing neighborhoods and empty lots and packing more than 10,000 healthy snack bags for students. IU Health has provided funding to accomplish these projects and technical assistance with over 2,100 employee volunteers per year.
- **Junior Achievement of Central Indiana – JA JobSpark.** In 2019 and 2020, IU Health made grants to Junior Achievement of Central Indiana (JA), in support of JA JobSpark, a two-day, hands-on career exposition for

Marion County 8th graders. In 2019, IU Health supplied and distributed healthy snack bags for students, stuffed and distributed student resource bags, served as student guides and volunteer leaders and led hands-on activities in the Health and Life Sciences Career Cluster, sharing the importance of health and wellness to career success. In 2020, the event was recreated in a virtual platform. Through participation in JA JobSpark, IU Health has educated over 20,000 eighth graders on careers and specifically healthcare opportunities.

- **Central Indiana Community Foundation.** In early 2021, through the Community Impact Investment (CII) Fund, funding was provided to support the Housing to Recovery Fund. This community-wide fund's purpose is to strengthen the permanent supportive housing system; build the capacity of organizations that provide wrap-around tenancy and other support services; and scale initiatives that result in long-term housing stability for the most vulnerable, chronically homeless individuals in Indianapolis.
- **United Way of Central Indiana.** In early 2021, through the CII Fund, funding was provided in response to the impact of the COVID-19 pandemic on the community. The funds would expand early childhood education in four areas: parent engagement, community partnerships, technology infrastructure and support and health and safety measures. Additional families, especially in high-poverty areas, would receive more wrap around services and have basic needs met.
- **Early Learning Indiana.** In early 2021, through the CII Fund, funding was provided along with matching funds contributed by Early Learning Indiana for early education and childcare efforts in Marion County and eastern and south-central Indiana.

Social needs – COVID-19

The social needs of individuals and families increased dramatically in 2020 due to the COVID-19 pandemic. For this reason, IU Health provided grants to the following community-based organizations in April 2020 to help increase their capacity to help community members access food, safe housing and healthcare services during the onset of the COVID-19 pandemic.

- Gleaners Food Bank of Indiana
- Indy Public Safety Foundation
- Flanner House
- CICOA Aging and In-home Solutions
- Lawrence Community Gardens
- HVAF (Helping Veterans and Families)
- Family Promise of Greater Indianapolis
- Horizon House
- Gennesaret Free Clinic
- Raphael Health Center

Public health infrastructure

- **Health by Design.** IU Health granted funding to the organization, who along with other presenting partners – the Indiana Public Health Association, the Marion County Public Health Department and the Indiana Department of Health – hosted the 2019 Health Equity Summit. Nearly 200 participants, representing more than 80 organizations, attended the event. The funding provided 16 registration scholarships too.
- **Child Advocates Inc.** IU Health provided a grant to support the Interrupting Racism for Children Program providing attendees with free admission into a full in-person two-day anti-racism workshop for leaders and employees of location community service organizations for non for profits.

Appendix F – Consultant qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted numerous needs assessments for hospitals, health systems and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations and policy makers with community benefit reporting, program infrastructure, compliance and community benefit-related policy and guidelines development. Verité is a recognized, national thought leader in community benefit and Community Health Needs Assessments.

Riley Hospital for Children
Indiana University Health