

Indiana

State Health Assessment & Improvement Plan

2022-2026



Table of Contents

Letter from the State Health Commissioner	3
Public Health Background	4
Social Determinants of Health	5
Indiana's 2022 Governor Pillars	6
Indiana Governor's Public Health Commission	7
Reader's Guide	8
Creating the 2022-2026 State Health Assessment	11
2021 SHA-SHIP Committee	12
Community Partner Assessment Data.....	16
Community Context Assessment Data.....	19
Indiana by the Numbers	23
Crises in the Environment	24
State Health Assessment	25
Demographics	26
Indiana's Leading Causes of Death.....	28
County Health Rankings: Outcomes & Factors.....	29
Social Determinants of Health Data.....	31
Preparedness District Data.....	44
2022-2026 State Health Improvement Plan	54
Improvement Plan Priorities.....	55
Improvement Plan Strategic Goals.....	57
Static State Health Improvement Metrics.....	64
Appendices	67
Partner Organizations	68
Resources	70
Questionnaire Template.....	71



Letter from the State Health Commissioner

Dear Hoosiers,

It is with great pleasure that I present Indiana's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). Over the past year, Indiana Department of Health staff, in conjunction with partners from across the state, gathered epidemiological data and key informant interviews to paint a picture of the health of Indiana's residents. The findings from our SHA highlight many significant challenges; however, the SHA also revealed many assets and positive changes in communities across Indiana. This data informed the development of the SHIP, which provides strategies and objectives for improving Indiana's health over the next five years. Themes from previous plans, such as reducing chronic disease and infant mortality, have been carried forward to this new plan, while emerging public health threats, such as the COVID-19 pandemic, are new. In addition, we recognize in this SHA/SHIP the importance of the social determinants of health, as well as the disparate impacts that poor health has on certain populations.

"Implementing the SHIP will require an alignment of efforts throughout Indiana, using the data gathered in this assessment to start the process and measure success."

The 2022-2026 SHIP also includes objectives for improving the infrastructure of the public health system in Indiana. Implementing the SHIP will require an alignment of efforts throughout Indiana, using the data gathered in SHA to start the process and measure success. I want to sincerely thank all of the partners and stakeholders across Indiana who contributed to this report and ask for your continued engagement in the future.

Yours in health,



Kris Box, MD, FACOG
State Health Commissioner



KRISTINA BOX, MD, FACOG





Indiana

Public Health Background

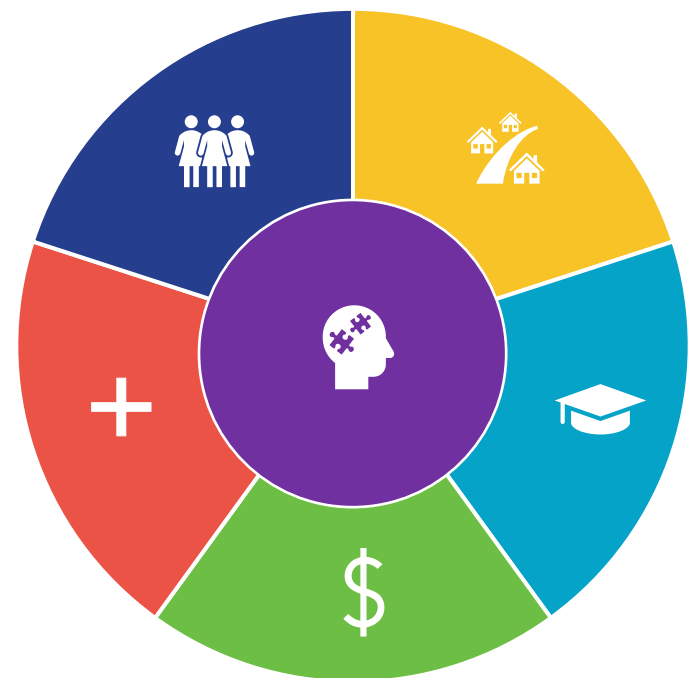
Social Determinants of Health

During the committee's time reviewing Community Health Assessments and other applicable research, the committee worked to make sure that social determinants of health and Mental Health and Wellness were used as a lens within their analyses. According to Healthy People 2030, social determinants of health "are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." These determinants have a major impact on our Hoosier's health and influence our health factors and outcomes throughout the state.

There are 5 domains of social determinants of health are:

-  Economic Stability
-  Education Access & Quality
-  Health Care Access and Quality
-  Neighborhood and Built Environment
-  Social & Community Context
-  Mental Health and Wellness

Healthy People 2030:
Social Determinants of Health



Indiana's 2022 Governor Pillars

Since the instatement of Governor Holcomb in 2016, he has annually released what is referred to as his Next Level Agenda for Indiana. Despite the evolving demands of the pandemic and shifting climate across Indiana, the Governor highlighted how we can support the new changes and challenges facing Indiana in the coming years. The 2022 Agenda can be accessed [using this link](#).

The 2022 Next Level Agenda, which focuses on strengthening the state's economy and focusing on areas that support that growth, including workforce training expansion, improving early childhood education efforts, advancing infrastructure projects, and increasing access to public health services.

Economic Development ●●●●

Education, Training, Workforce Development ●●●●

Public Health and Wellness Development ●●●●

Community Development ●●●●●●

Good Government ●●●●

***Each colored dot corresponds to its associated social determinant of health.*

“The 2022 Next Level Agenda builds a foundation for a healthier state. These priorities will cultivate a more competitive environment to attract new economic development opportunities, establish better access to public health resources and help connect Hoosiers to better employment and training opportunities. Our efforts will advance Indiana’s reputation as a state Hoosiers want to live, work, play, study and stay.”

Governor Eric Holcomb

Governor's Public Health Commission

On August 18, 2021, Governor Eric J. Holcomb established, by executive order 21-21, the Governor's Public Health Review Commission to study Indiana's public health system. Indiana's public health system has evolved significantly since it was created, yet the statutes governing the structure of the public health system have not been substantially updated over the past 30 years. With Indiana ranking 41st overall in the nation on public health measures per Trust for America's Health Rankings, this commission will lead a comprehensive review and evaluation of Indiana's existing public health system to recognize strengths and recommend improvements that will attribute to improved efficiency and efficacy in the public health system. The Governor's Public Health Commission is co-chaired by former state Senator Luke Kenley, who has spent decades managing complex issues and budgets for the state, and Dr. Judy Monroe, who served as Indiana's state health commissioner from 2005 to 2010. State Health Commissioner Kris Box is appointed the Commission's secretary. Congresswoman Susan Brooks, who formerly represented the Fifth Congressional District, serves as a non-voting citizen advisor, and brings a wealth of federal experience in preparedness, public health workforce, and more. The commission is currently hosting meetings every third Thursday of the month and in early 2022, they will conduct several listening tours across the state to hear from communities on ways we can promote, protect, and improve the health and safety of all Hoosiers.

“We all know, a healthy Indiana depends first and foremost on the health of our people.” – Gov. Holcomb, 2018 State of the State Address

Commission Leadership

Judith A. Monroe, MD, FAAFP; former State Health Commissioner, Co-Chair

Luke Kenley, JD; former State Senator, Co-Chair

Kristina M. Box, MD, FACOG, current State Health Commissioner, Secretary

Susan Brooks, JD; Citizen Advisor

Commission Members

Virginia Caine, MD; Director and Chief Medical Officer, Marion County Public Health Department

David J. Welsh, MD, MBA; Ripley County Health Officer

Mindy Waldron, REHS; Administrator, Allen County Public Health

Paul K. Halverson, DrPH, FACHE; Founding Dean, Indiana University Fairbanks School of Public Health

Hannah L. Maxey, PhD, MPH, RDH; Associate Professor and Director of Bowen Center for Health Workforce Research & Policy

Brian C. Tabor; President, Indiana Hospital Association

Carl Ellison; President and Chief Executive Officer, Indiana Minority Health Coalition

Cara Veale, DHS, OTR, FACHE; Chief Executive Officer, Indiana Rural Health Association

Kim Irwin, MPH; Administrator, Indiana Public Health Association

Mark Bardsley; Commissioner, Grant County

Bob Courtney, CPA; Mayor, City of Madison

Dennis Dawes, MHA; Commissioner, Hendricks County



Readers Guide

Assessment Organization & Statistical Methods

This assessment was generated with reference to the 2018-2021 State Health Assessment in addition to quantitative and qualitative analysis of population data specific to Indiana and its public health system in its current state. Trends were consolidated into thematic public health statistics with key points on health factors pertaining to Indiana; Crises in the Environment; Health Outcomes; Mental Health and Wellness; Family, Women, Infants, and Children; Healthy Aging; Public Health Systems and Workforce; and Social Determinants of Health.

Information not included

Indiana's SHA/SHIP Committee made a conscious effort to reference reports created by organizations within the public health system rather than duplicate their analysis. When reports are referenced within this plan there will be a reference to their location within the appendices.

Data displayed and source reference

The committee opted to use a variety of data visualizations such as descriptive text, quotations, bar graphs, pie charts, tables, and trend lines to highlight health indicators and data priorities for Hoosiers. Any data pulled from a secondary source is referenced and linked to the original source. See page 48 for a list of data sources.

Abbreviations

- AIAN – American Indian and Alaskan Native
- API – Asian Pacific Islander
- IDOH – Indiana Department of Health
- SDOH – Social Determinants of Health
- SHA – State Health Assessment
- SHIP – State Health Improvement Plan

Key Data Notes

Identifying as Hispanic was defined as identifying as "Mexican", "Puerto Rican", "Cuban", "Central or South American", or "Other/Unknown Hispanic".

Race and ethnicity fields are not mutually exclusive. For example, a person can identify as both "White" and "Hispanic".

The age adjusting of the death rate is intended to standardize death rates among populations with varying age distributions..

COVID-19 does not currently belong to a C113 grouping for ICD mortality codes. For the purposes of this request, it was established as its own grouping.



Health Indicators

Behaviors

The modifiable actions people take that can affect their health. In this report, you will see both behaviors that increase risk for disease (morbidity) or death (mortality), and behaviors that protect against disease or death

Morbidity

A diseased state, or poor health due to any cause. It can refer to the existence of any form of disease, or to the degree that the health condition affects a person. Co-morbidity is the simultaneous presence of two or more medical conditions, such as heart disease and diabetes. Prevalence is often used to measure morbidity

Mortality

Refers to death; A mortality rate is a measure of the number of deaths in general, or due to a specific cause for a population over a period of time. For purposes of this report, deaths are counted per 100,000 people to allow comparisons between groups of different sizes

Demographics

Characteristics of people that tend not to change (i.e., birth date, age, gender, race, ethnicity, and place of birth). Education level and poverty status are measures of socioeconomic status, which can change over time but are grouped with demographics

Systems

Features of health care facilities, organizations, housing, transportation, the natural environment, or communities.

Data Presentation within this Plan



Text

A descriptive analysis of a report's and/or assessment's results to promote understanding of the data



Tables

Grouping of related variables arranged in labeled rows and columns used to record information



Quotes

Textual references to exact word of key partners who participated in the creation of this plan



Trend Lines

Regression lines connecting points in a series depicting trends in data over a series of time



Bar Graphs

A chart or graph that presents categorical data with rectangular bars with heights or lengths proportional to the values that they represent.



Maps

Scaled representation of the regions within Indiana with lines indicative of county boundaries or shading

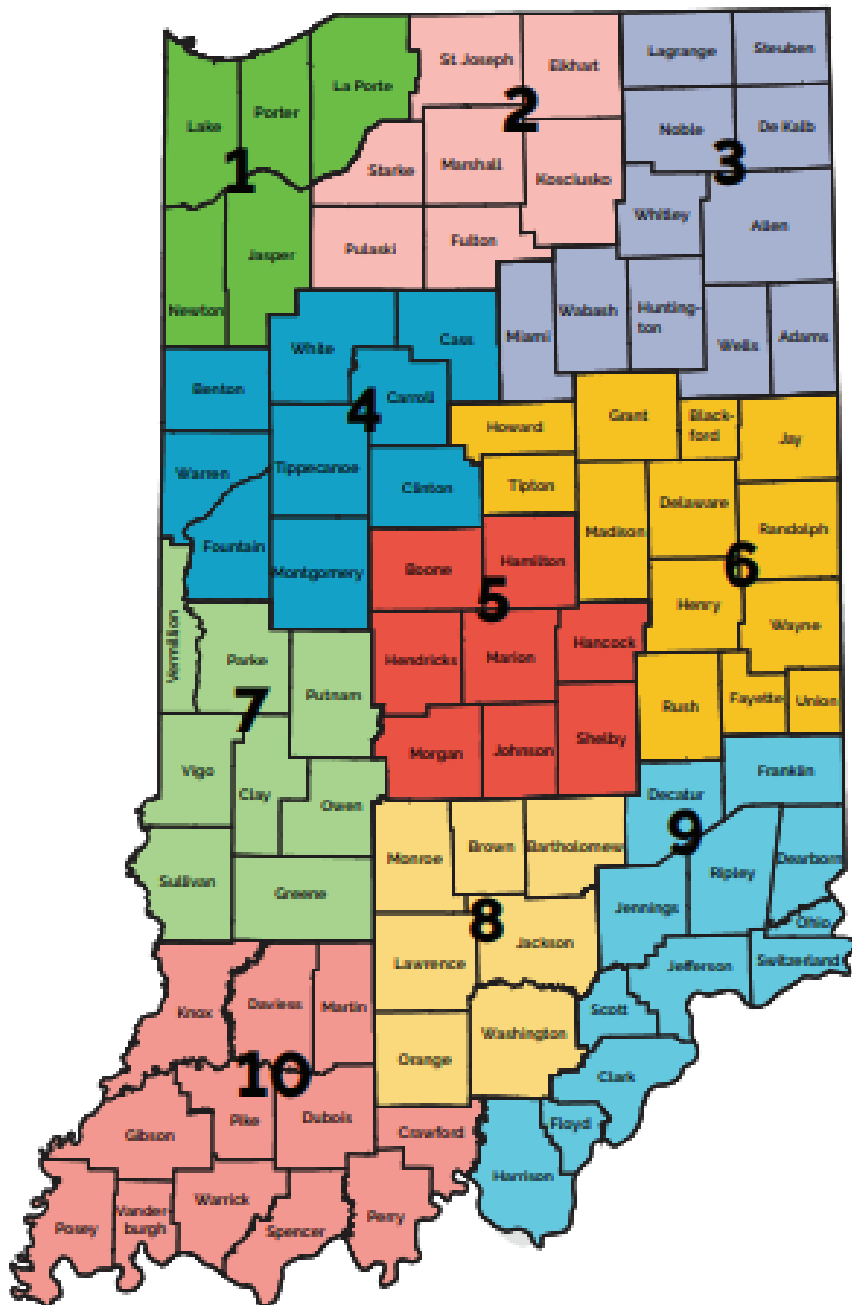


Pie Charts

a circular statistical graphic, which is divided into slices to illustrate numerical proportion

Indiana Emergency Preparedness Districts

The following districts are identified by IDOH's Division of Emergency Preparedness and are also aligned with the Department of Homeland Security. Each district consists of counties grouped within a specific region of the state.



District #1 - Jasper, Lake, LaPorte, Newton, Porter

District #2 - Elkhart, Fulton, Kosciusko, Marshall, Pulaski, St. Joseph, Starke

District #3 - Adams, Allen, DeKalb, Huntington, LaGrange, Miami, Noble, Steuben, Wabash, Wells, Whitley

District #4 - Benton, Carroll, Cass, Clinton, Fountain, Montgomery, Tippecanoe, Warren, White

District #5 - Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby

District #6 - Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union, Wayne

District #7 - Clay, Greene, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo

District #8 - Bartholomew, Brown, Jackson, Lawrence, Monroe, Orange, Washington

District #9 - Clark, Dearborn, Decatur, Floyd, Franklin, Harrison, Jennings, Jefferson, Ripley, Scott, Switzerland

District #10 - Crawford, Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick

Please use this link for a downloadable file.

Committee Process

In May of 2021, the committee was reviewed the process for development of the 2018-2021 State Health Assessment and State Health Improvement Plan, and the broad steps of the Mobilizing for Action through Planning and Partnerships (MAPP) Framework. The committee then worked in small focus groups to think critically about vision statements and values to guide the SHA/SHIP. Each focus group proposed vision and value statements. Their submissions were then thematically analyzed for similarities and unique identifiers that were used to drafted three vision statements and twelve potential value statements to select. The purpose of developing a shared vision was to keep the committee centered on a long-term goal that encompasses transformative behavior and change for the purposes of all Hoosiers to have opportunities for optimal health and wellbeing.

Vision A community-centered, collaborative public health infrastructure that supports equitable opportunities for all Hoosiers to thrive and be healthy.

Values



Transparency

We will analyze the data with integrity so that readers can collect, access, and interact.



Equity

We place equity at the center of our work to ensure every Hoosier, regardless of individual characteristics historically linked to discrimination or exclusion, has access to social and physical supports needed to promote health from birth through end of life.



Sustainability

We will be intentional about evaluating ongoing public health initiatives and when implementing new programs ensure that the longevity of tangible resources are available to maintain the program.



Accountability

We continue to learn, research, and be open to new methods, ideas, and products that will help build and expand upon the public health services we provide within Indiana.



Access

We work with partners, stakeholders, and the community to provide a fair and just opportunity for all Hoosiers to receive what they need for them to obtain their optimal health.



Collaboration

We will capitalize upon the identified strengths of our committee members partners, and leadership to achieve high quality public health and safety services, while continuously striving to improve how those services are delivered.



Evidence-Based

We will provide the public accurate and up to date scientific data and provide education and resources to promote its utilization.

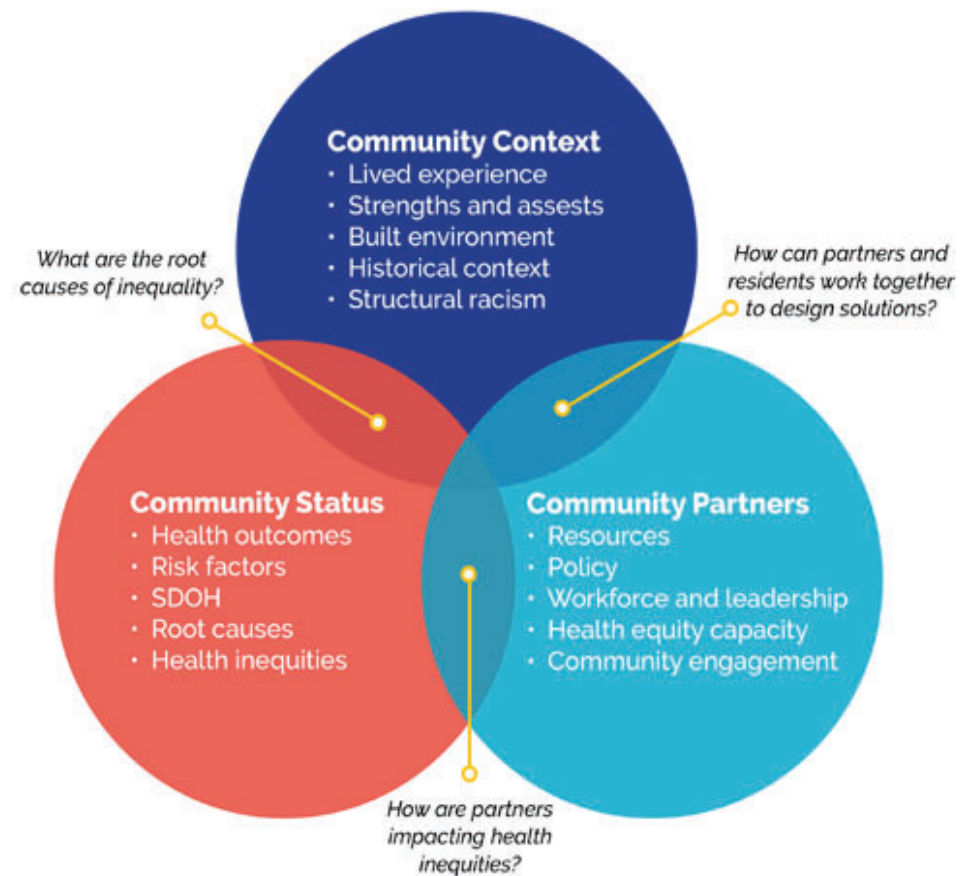
Purpose of the SHA/SHIP Committee

In the beginning of 2021, the Indiana Department of Health began laying the foundation to develop a committee of individuals to assist in the creation of the 2022-2026 State Health Assessment and State Health Improvement Plan (SHA/SHIP). Beginning in March 2021, the IDOH contacted internal and external stakeholders to help them identify committee members from all walks of life throughout Indiana who would be willing to serve on the 2020 SHA/SHIP Committee. This plan is designed to provide Hoosiers a comprehensive statewide plan regarding the Health of Indiana and increase coordination and communication across internal and external organizations within the public health system while addressing core issues identified for action by our communities and service providers. The communities and people of the state of Indiana reflect unique environments and geography and exhibit the state's perseverance and resilience in the face of public health crises, challenging economic times, and other events. Many environmental and social characteristics of Indiana directly impact the health of our communities.

Achieving the goal of healthy people in healthy communities is a difficult and complex task that cannot be accomplished through a single plan of action or by a single governmental agency or non-governmental entity. The committee maintained an open-door policy so anyone could join during the process and in total, the committee was comprised of 75 individuals who represented 51 unique organizations. Please reference page 46-47 within the appendices for a list of all partners involved within the creation of the 2022-2026 SHA/SHIP. These members were asked to provide their subject matter expertise and continuous feedback as the committee members navigated the data collection process, identified public health priorities, and volunteered to assist in sustaining this work throughout the plan's life cycle. The SHA/SHIP committee used a systems approach to inform the assessment and improvement plan with the intentions to capture community representatives, partners, and stakeholders lived experiences and ensure the representation of various sectors within the public health system when developing this new statewide plan dedicated to improving the health of all Hoosiers. The committee meetings were facilitated in partnership with the IDOH and Chamberlin Dunn LLC.

The SHA/SHIP Committee followed the Mobilizing for Action through Planning and Partnership (MAPP) Process. The MAPP process is recognized as a community-driven approach and “provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. It emphasizes the integral role of broad stakeholders and community engagement; the need for policy, systems, and environmental change and the alignment of community resources toward shared goals.” One of the first items the committee worked on was the development of a common vision and identified values for their work. MAPP facilitated the groups progress in following their community-driven process through its strategic planning process that helped the committee prioritize public health issues and the resources that could be used to address them through qualitative and quantitative review. This data reviews was completed through 3 assessments: the Community Status Assessment, the Community Context Analysis, and Community Partner Analysis.

Using this lens, the committee followed the below timeline that interweaved in the review of existing qualitative and quantitative data pertaining to the Health of Indiana and used this information to directly inform the identification of what public health priorities the plan will focus on. The committee members came together in October to create focus groups that would brainstorm possible goals and objectives for each priority. To help ensure that health equity, disparities, and inclusion remained the center of our work, a separate group of individuals reviewed all the work of each focus group to ensure that marginalized and oppressed populations remain a focus. In addition, other state plans were reviewed to ensure that the work is aligned across organizations and the state. A final draft of the plan was reviewed and dispersed to the committee and the community in November for final comments before final review and publication.



Community Status Assessment

The Community Status Assessment quantitatively describes the state of Indiana and our communities through the analysis of primary and secondary data. The Community Status Assessment helps answer the question, “How healthy is Indiana?” In doing so, the IDOH accumulated a variety of different data points from various sources such as the Census Bureau, the Centers for Disease Control and Prevention, the Department of Housing and Urban Development, and the Family and Social Services Administration. IDOH also utilized internal data sets and registries, such as Division of Vital Records birth and death data, National Violent Death Reporting System (NVRDS), and Indiana Stats Explorer. Specifically for this assessment, the SHA/SHIP Committee reviewed health outcomes, health risk factors, social determinants of health, root causes, and health inequities. The committee used this information to identify key demographics pertinent to Indiana, identify key data indicators, and conduct an initial gap analysis. The data resulting from this assessment can be found on pages 16 to 33. For alignment purposes, the Community Status Assessment was historically referred to as the Community Health Status Assessment in the 2018-2021 SHA/SHIP.

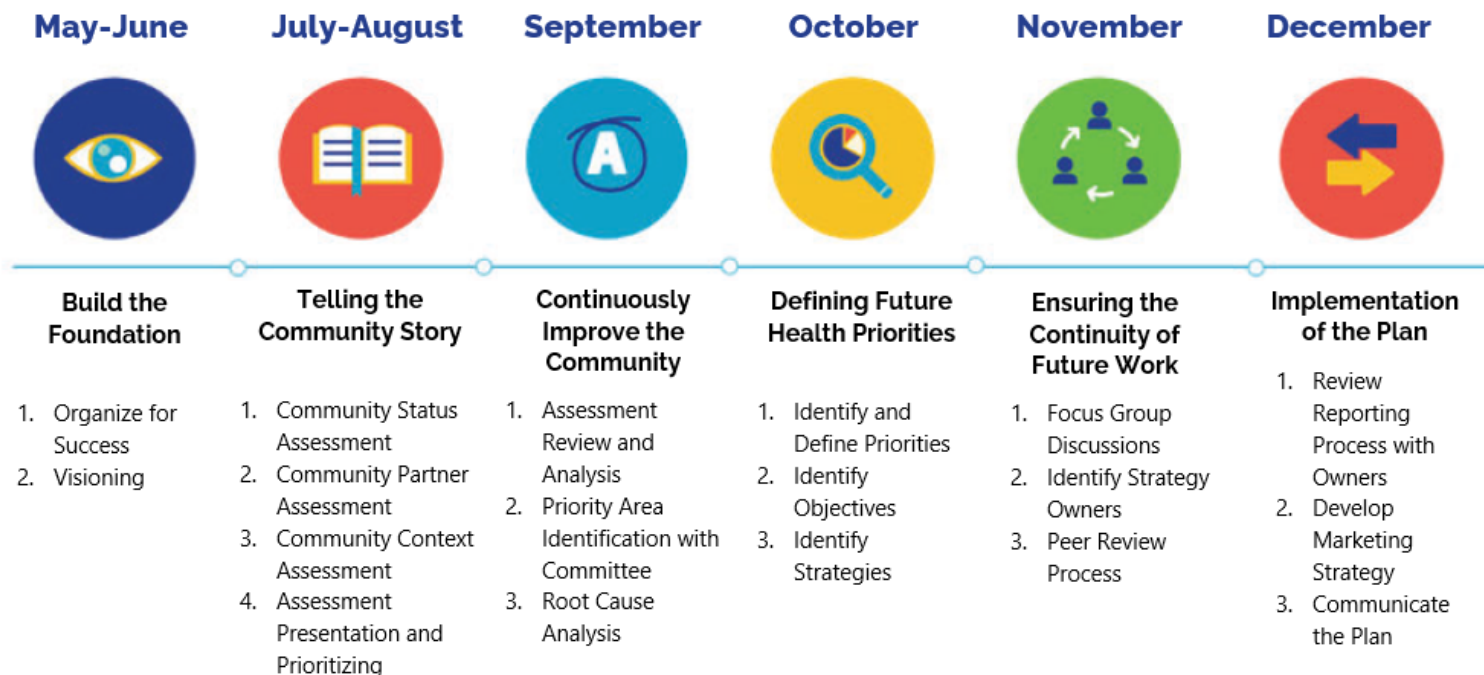
Community Context Analysis

For alignment purposes, the Community Context Analysis was historically referred to as the Community Themes & Strengths Assessment in the 2018-2021 SHA/SHIP. This assessment examines lived experiences and helps provide insight into systemic and structural barriers. A public survey was released to Indiana residents via an online survey collection tool. The committee received over 500 responses from a variety of populations across Indiana including stratification across age, race, ethnicity, income, and zip codes. Additionally, several independent assessments included qualitative insight into lived experiences from specific populations such as women, infants, children, and individuals who are struggling with HIV/STD/Hepatitis C diagnoses. The arising COVID-19 pandemic brought to light many facets of the public health infrastructure and highlighted opportunities for reflection and change throughout Indiana, the county, and our world. While Figure 2 included to the right lists general themes, it is important to understand that a threat or a weakness can become a strength and opportunity given the right resources.



Community Partners Assessment

The SHA/SHIP Committee used the Community Partners Assessment to examine the state health ecosystem. To maximize those who participated, the committee sent this assessment to a wide range of organizations that contribute to improving outcomes for social determinants of health, those tackling issues affecting health equity, and other key partners and contributors. The committee administered this questionnaire in August 2021, with participating partners being provided a structured outline to reflect on the current state of the state’s health needs at micro and macro levels. This assessment resulted in additional primary data collection with insight into the perceptions of the state’s health and wellbeing specifically referencing strengths, areas of opportunity, and threats. For alignment purposes, the Community Partners Assessment was historically referred to as the Local Public Health Assessment in the 2018-2021 SHA/SHIP. In total, 86 individuals across Indiana provided insight into the types of public health services they offer, target populations, access to resources, community interaction, and additional needs they may have. All ten emergency preparedness districts were represented in this response, and nine individuals stated their services were provided state-wide.

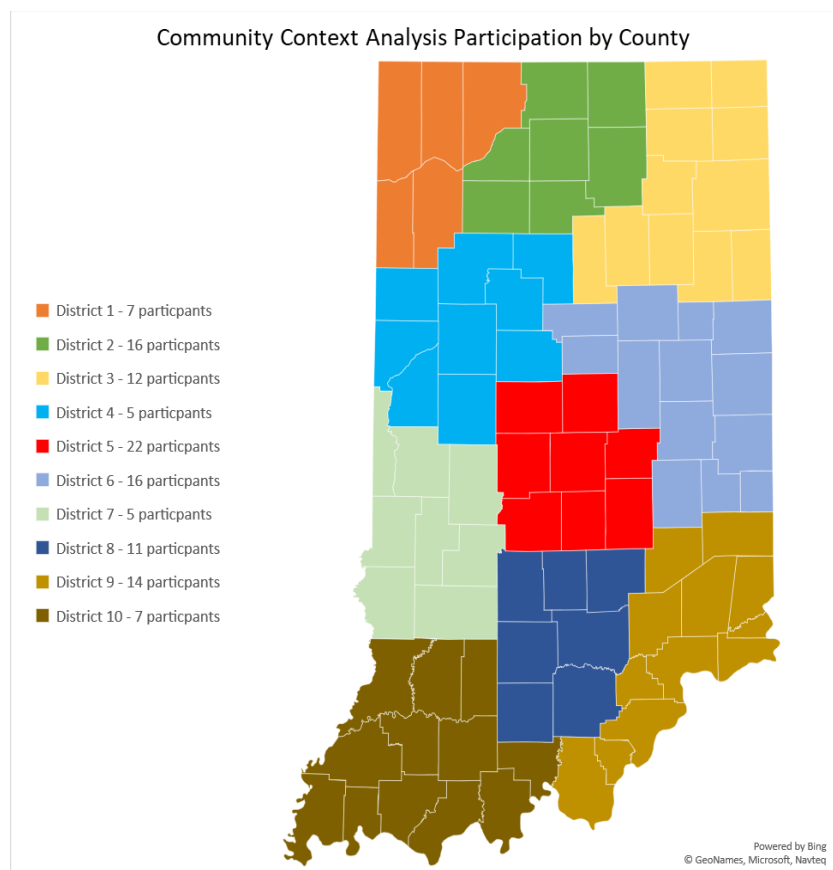


Community Partner Assessment

This assessment had partners look internally at their own system and processes to reflect on what their role is in addressing health in their communities. This accounted for factors of capacity, best practices, and services related to public health and social determinants of health.

Participating partners were categorized into the Emergency Response Districts that the organization was located in.

Out of 86 participants, all participants responded to every question but 9.



The following themes were identified within the Community Partner Assessment as areas of focus for partners across the Indiana public health system.

Needs

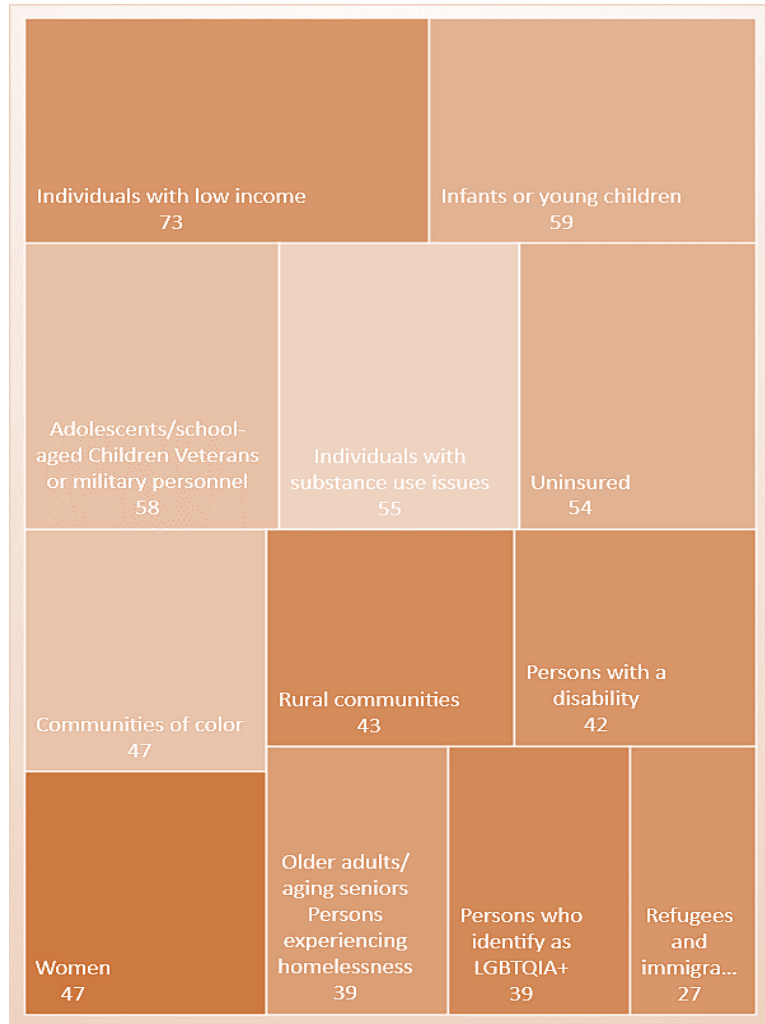
- More collaboration and availability of partners
- More flexibility on local priorities
- Funding
- Workforce capacity
- Infrastructure changes
- Training
- Community engagement
- Public Health Education
- Transportation services
- Increased pediatric dental care
- Increase utilization in health screenings

External Threats & Opportunities

- Funding through Medicaid
- Political climate
- State funding
- Misinformation on social platforms
- Low availability of mental health service providers
- Access to healthier products and health care
- Pandemic and outbreaks
- Social determinants of health
- Smoking rates
- Not enough placement options for children that need to be removed from the home
- Healthcare cost
- Workforce capacity

Target Populations of Partners

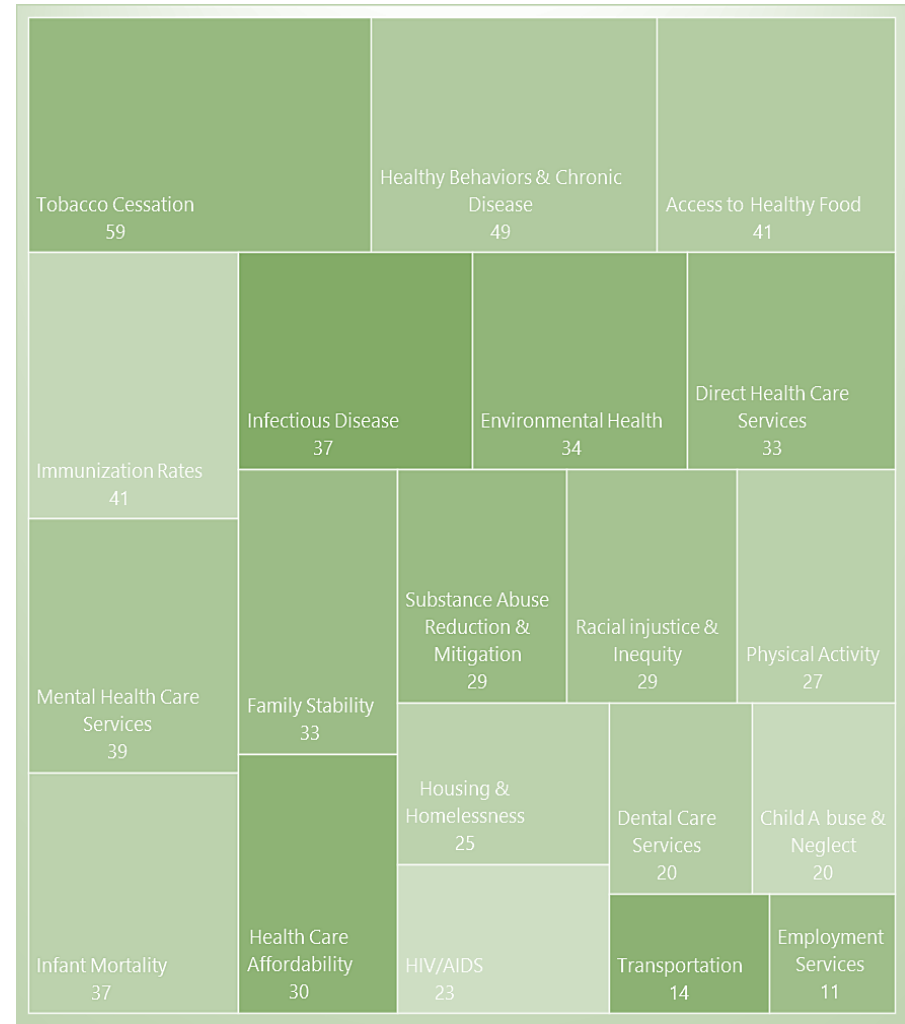
Partners were asked if they provided services, products, or programs, or activities designed or targeted towards specific subpopulations. The tree map below depicts the populations our partners are providing services to.



Out of 86 participants, 85 participants responded.

Social Determinants of Health Addressed by Partners

Partners were asked if they provided services, products, or programs, or activities designed to address any of the following social determinants of health (SDOH). The tree map below depicts the specific segments of SDOH that our partners are providing services to.



Out of 86 participants, 85 participants answered.

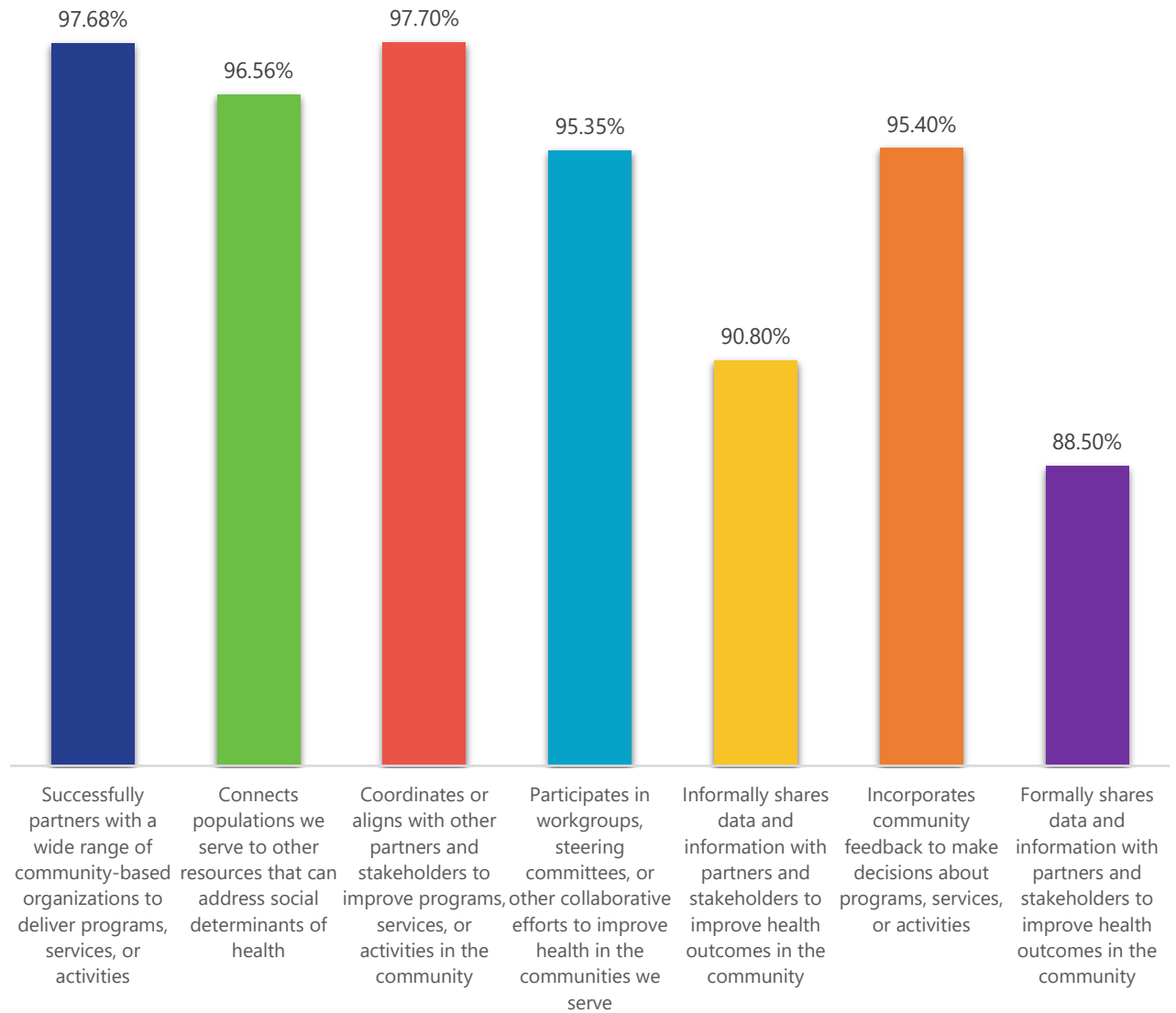
Cross-Sector Partnerships with the Community

As part of the 2021 Indiana State Health Assessment (SHA), the SHA committee asked partners to partake in a self-assessment from the organizational and agency perspective. We distributed this across the state to ensure a wide and diverse input from all agencies and organizations involved in public health.

Specifically, partners were asked about their capacity, practices, and services related to health and social determinants of health. Results from this Community Partner Self-Assessment were used to inform the priorities and goals found in the Indiana State Health Improvement Plan.

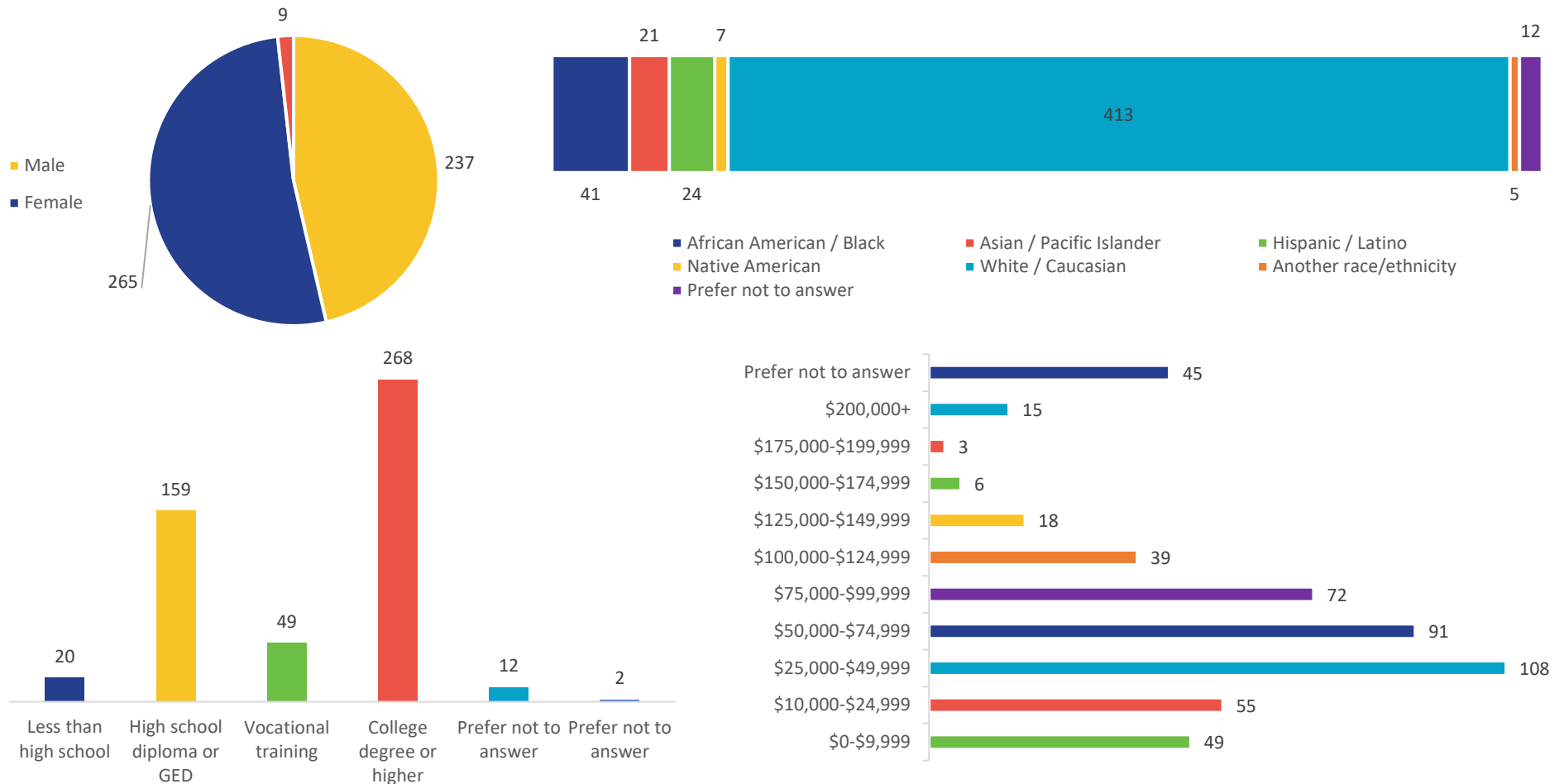
To determine the scope and magnitude of services provided by our partners across the state, participating partners were asked to indicate their level of agreement to the statements outlined on the right. The lowest scoring data points and an area of opportunity identified amongst our partners was pertaining to health outcome data-sharing and data dissemination amongst partners and stakeholders.

Out of 86 participants, all participants answered.



Community Context Assessment

This portion of the assessment explores the lived experiences and historical and structural context for health inequities and disparities. It ensures community voice and influence in the State Health Assessment, which then influences the State Health Improvement Plan. The facilitators worked with committee members to define priority communities for which the gathering of perspectives and experiences should be prioritized and identified outreach champions within the committee who helped provide connections and access to these prioritized populations. Working with the committee, supplemental information was introduced through existing studies, reports, or datasets that already contain this information. This use of secondary data saved time and cost, as well as burden on communities, by incorporating work already performed throughout the state. A public survey was released to the public via online resources. The committee received over 500 responses from a variety of populations across age, race, ethnicity, income, and zip codes with general demographic information for this sample included below. *Out of 510 individuals that took the survey, 8 participants did not answer. Some individuals may not live in Indiana but receive health services and/or work in Indiana.*

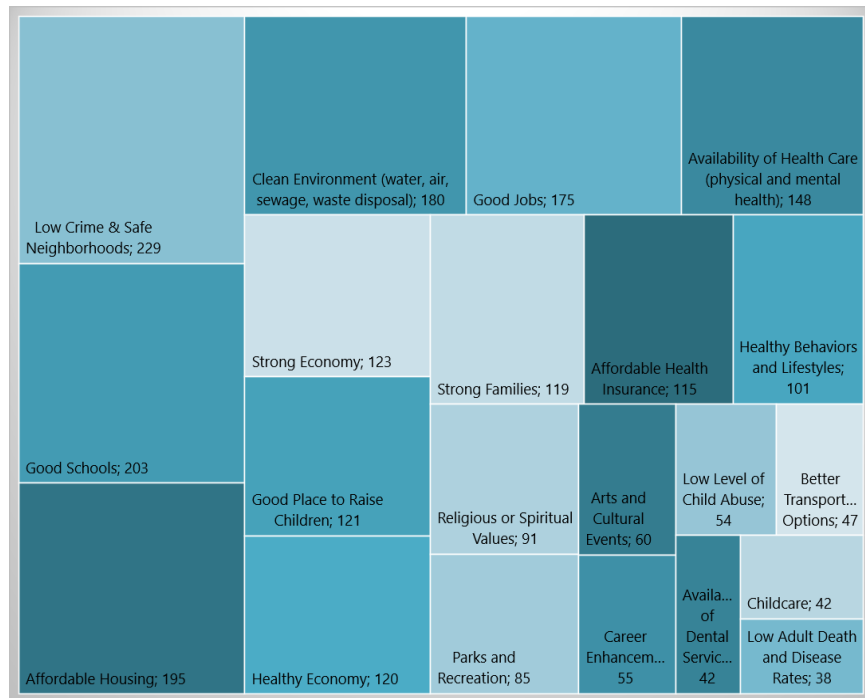


Factors Contributing to Community Quality of Life

Community members were given a list of health factors that they consider contributors to a high quality of life. All 510 individuals who participated in the survey answered this question. Results are proportioned based on the highest selected factors to lowest.

The top five health factors attributed to a high quality of life are

1. Low Crime & Safe Neighborhoods
2. Good Schools
3. Affordable Housing
4. Clean Environment (Water, Air, Sewage, Waste Disposal, etc.)
5. Strong Economy

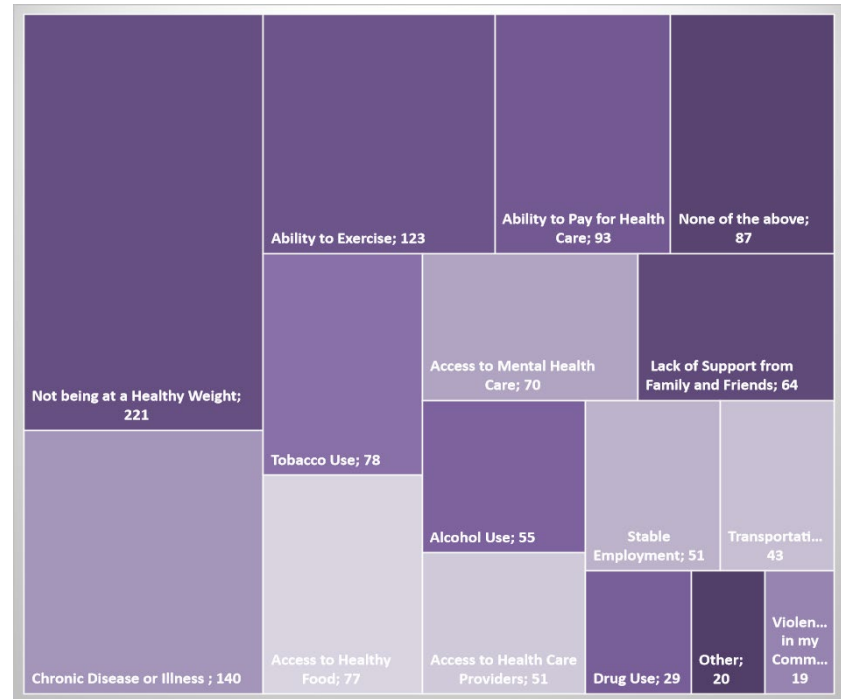


Community Health Barriers

Community members were then asked to identify the top five health factors that keep them (i.e., Hoosiers) from being as healthy as possible. Individuals were allowed to select multiple answers. Out of 510 individuals that took the survey, 3 participants did not select any factors.

The top five factors keeping Hoosiers from living a healthy life are

1. Not Being at a Healthy Weight
2. Chronic Disease or Illness
3. Ability to Exercise
4. Ability to Pay for Health Care
5. Access to Mental Health Care

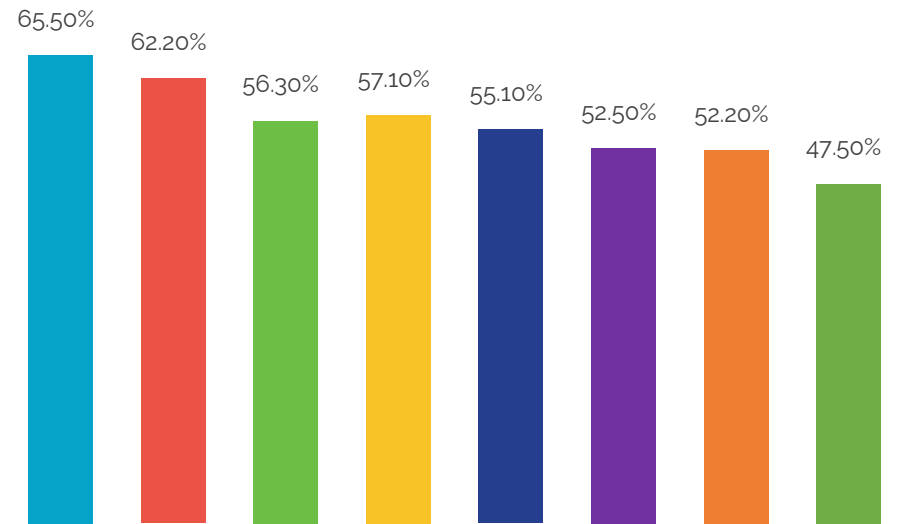


Community Health Perceptions

Participants were then asked to rate the following based on their overall opinion of the health and quality of life in their community. This data is representative of 510 individuals who participated in the survey. The results shown below indicate community member's health perceptions on the health and quality of life within their communities.

An important aspect of gathering community input was identifying what health needs are impacting communities across Indiana. For the purpose of this analysis, we defined Community Health Needs as factors that impact an individual's ability to reach optimal health regardless of where they live, learn, work, and play. Working with committee members, we then identified specific health factors within these health needs to identify factors adding to quality of life and health barriers.

Participants were then asked to rank the top five issues facing their entire community with 1 representing the most important and selecting from 33 variables. This data is representative of 510 individuals who participated in the survey.

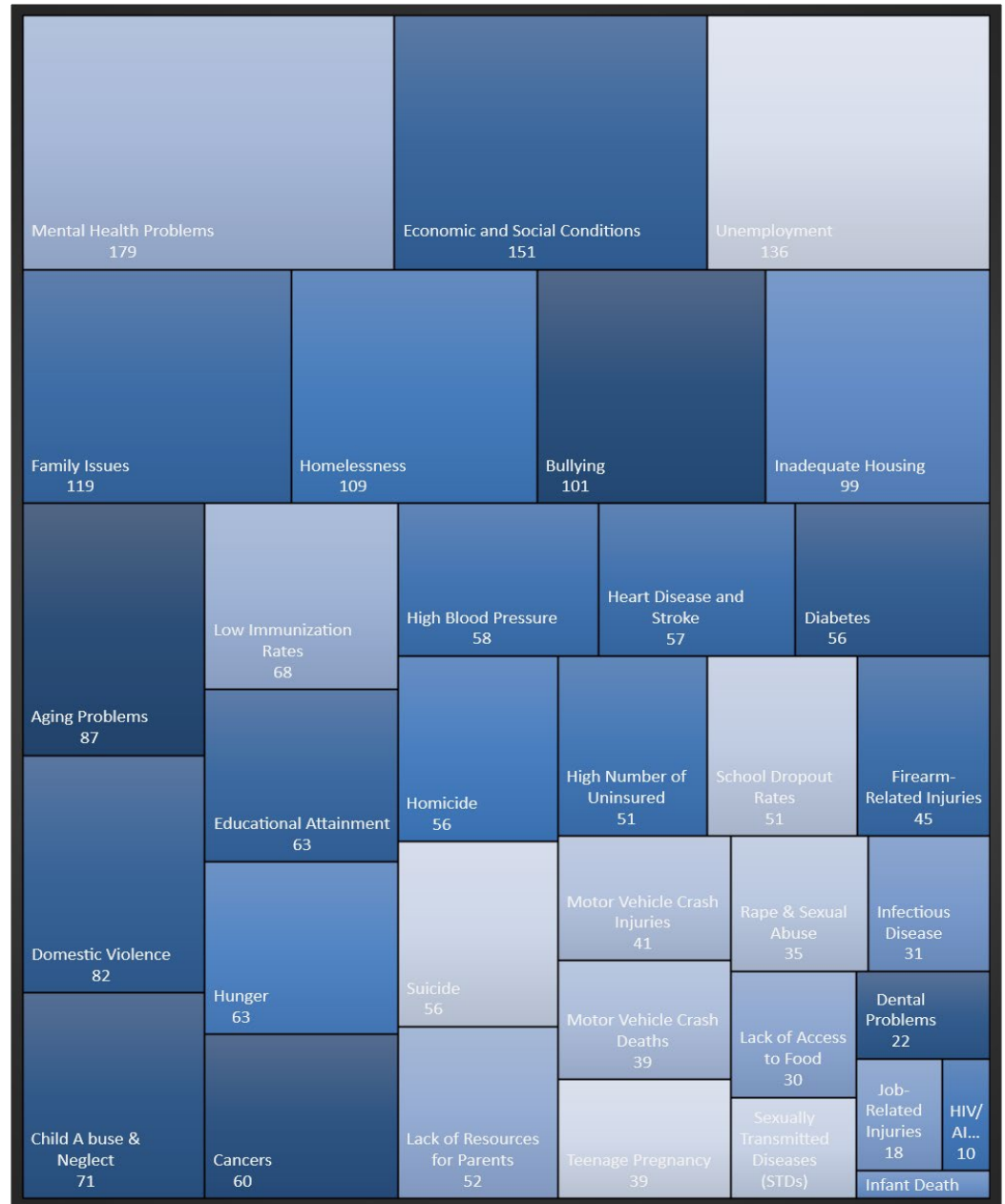


- I feel safe in my community
- My community is a good place to raise children
- My community is a good place to grow old
- I am satisfied with the quality of life in my community
- All individuals and groups can contribute and participate in my community
- There are networks of support for individuals and families during times of need
- There is economic opportunity in my community
- I am satisfied with the health care system in my community



The results shown below represent the top 15 selections amongst the variables with the bullet color representing the associated social determinants of health.

- **Mental health problems**
- **Economic and social conditions**
- **Unemployment**
- **Family issues**
- **Homelessness**
- **Bullying**
- **Inadequate housing**
- **Aging problems**
- **Domestic violence**
- **Child abuse/neglect**
- **Low immunization rates**
- **Hunger**
- **Educational attainment**
- **Cancers**
- **High blood pressure**



Indiana Health Highlights

From 2018 until present, Indiana has experienced significant strides in addressing health outcomes and through this analysis has also identified areas of opportunities such as obesity, tobacco usage, lead exposure, chronic disease, and various morbidities. Any data referenced on this page was pulled from America's Health Rankings by the United Health Foundation.



Severe housing insecurity affects 12.7% of Hoosiers



High prevalence of frequent mental distress in 15.3% of individuals 18+



21.3% of homes in Indiana may have Lead exposure risks

Households below the poverty level decreased by 8% to 11.9%



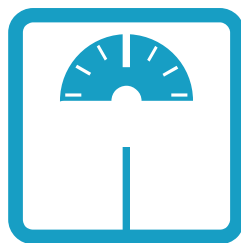
The prevalence of excessive drinking affected 17.6% of individuals 21+



Exercise increased to 23% from 21.1% of adults



Adults who avoided health care due to cost decreased 28% between to 12.6%



4 people per 100,000 are living under the federal poverty line in Indiana



Diabetes increased 22% to 12.4% of adults



Obesity increased 9% to 36.8% of adults



High prevalence of cigarette smoking affecting 19.4% of adults



Premature death increased 10% to 8,693

Indiana's Ongoing Health Threats

For several years, Indiana has been fighting high rates of various chronic disease conditions, obesity, smoking, infant mortality, and other health issues. These health threats have created barriers and hardships to Hoosiers and continue to challenge several resources. Some of these threats include:

1

COVID-19

On March 6, 2020, Indiana confirmed its first case of COVID-19. Throughout 2020 and 2021, Indiana continues to work to ensure the safety of every Hoosier. New variants of the virus have been identified, and vaccines are available for all people aged 5 and older.

2

Hepatitis C

In 2016 Indiana faced an outbreak of Hepatitis C. Syringe programs were developed to assist in harm reduction. Many programs are still available today. Indiana is currently ranked highest in the country for acute cases per 100,000 for the past few years.

3

Infant Mortality

Infant mortality, defined as the death of a baby before the first birthday, has been a state health priority since 2014. The Healthy People 2030 goal is 5.0 deaths per 1,000 live births, and the national average is 5.6 infant deaths per 1,000 live births. Indiana's infant overall mortality rate was 6.5 deaths per 1,000 live births in 2020 .

4

Lead

Indiana is committed to ensuring that all children can live in healthy, lead-safe environments. In 2022, the state legislature voted to decrease the reference value of lead in blood levels to obtain services to match the recommendations by the CDC. Levels are measured as micro-grams of lead per deciliter of blood ($\mu\text{g}/\text{dL}$) and the reference decreased from 10 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$.

5

Obesity

Obesity in Indiana has increased among adults from 13.0% of adult Hoosiers in 1990 to 36.8% in 2020. Obesity disproportionately affects low-income and rural communities, specifically in our American Indian/Alaskan Native and African American populations.

6

Opioid Abuse

In 2016, Indiana's Governor Eric Holcomb prioritized addressing the opioid epidemic. This included creating a multi-agency commission to coordinator efforts.

7

Tobacco Use

Tobacco use is linked to several health risks. With new products, such as E-cigarettes and flavored product shifting the market over recent years, Indiana is seeing an increase in use of tobacco and electronic nicotine delivery systems (ENDS) among older youth and younger adults despite policy changes to discourage usage.

8

Violence

Indiana continues to address homicides, suicides, gun violence, and sexual assaults against Hoosiers. These tragic acts are some of the leading causes of death among some vulnerable populations, such as children.



Indiana

State Health Assessment

Demographics

Indiana has grown 3.8% from April 2010 to a total of 6,754,953 residents as of June 2020.

Domestic Migration

1,323 are attributed to domestic migration

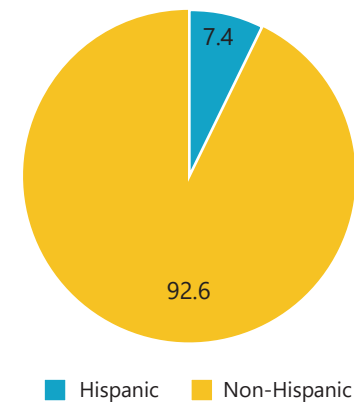
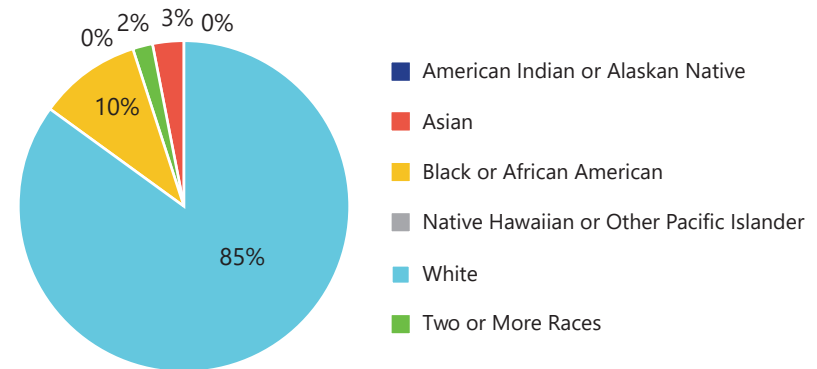
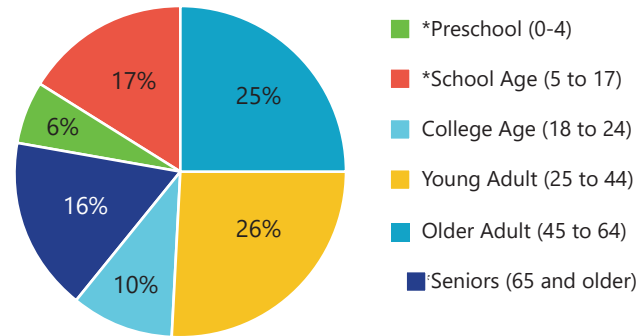
International Migration

8,743 are attributed to international migration

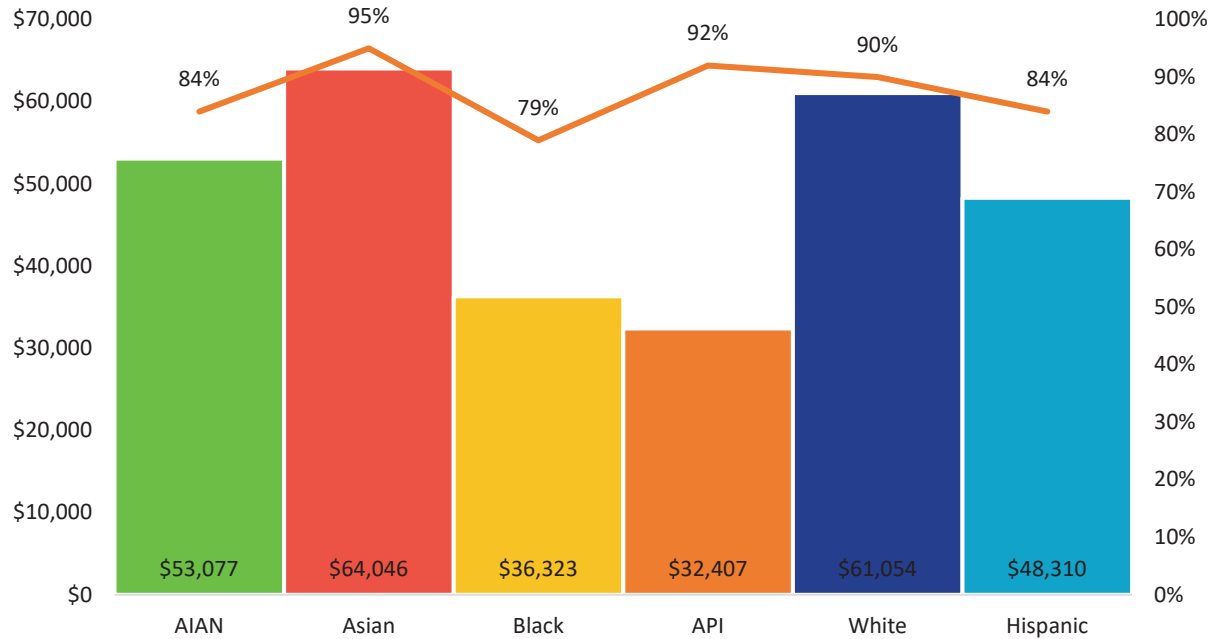
Natural Increases

13,740 are attributed to natural increases (births minus deaths)

Indiana Age Projections



Graduation Rates x Household Income



“Education typically leads to better jobs, more money and many other benefits, including better health insurance, which leads to better access to quality health care. Higher earnings also allow workers to afford homes in safer neighborhoods as well as healthier diets.”

Robert Lee, M.D.



On average **7,036** families receive monthly welfare

624,959 families participate in SNAP

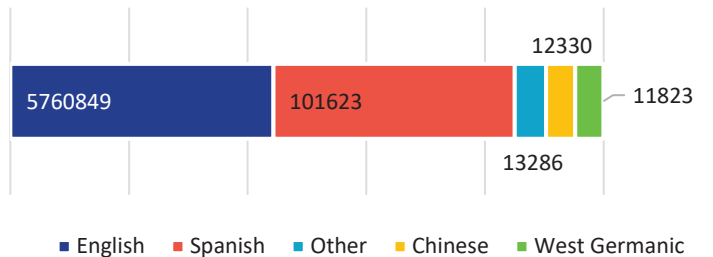
595,717 children receive Free and Reduced Fee Lunch



11.9% of Indiana residents are considered to be in poverty

15.2% of that 11% accounts for children under the age of 18

English is the predominant language spoken in Indiana coming in at the 91st percentile.



The Indiana Workforce is estimated to be **3,319,010** residents

Indiana has an unemployment rate of **7.1%** amounting to 236,028 Hoosiers



2020 Leading Causes of Death of Indiana Residents by Race, Ethnicity, and Age Group

Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic	0-24 Deaths
1	Diseases of Heart	15,141	13,662	1,302	10	77	252	38
2	Malignant Neoplasms (Cancer)	13,645	12,437	1,035	7	84	229	51
3	Accidents (Unintentional Injuries)	4,559	3,886	554	8	38	181	502
4	Chronic Lower Respiratory Diseases	4,527	4,245	261	10	4	37	6
5	Cerebrovascular diseases	3,308	2,933	323	1	34	42	6
6	Alzheimer Disease	2,799	2,613	164	0	13	33	0
7	Diabetes Mellitus	2,446	2,034	368	6	16	71	12
8	Nephritis, Nephrotic Syndrome And Nephrosis (Kidney Disease)	1,442	1,226	195	1	9	28	7
9	Chronic Liver Disease And Cirrhosis	1,139	1,045	76	3	4	45	1
10	Septicemia	1,106	973	111	1	10	25	12

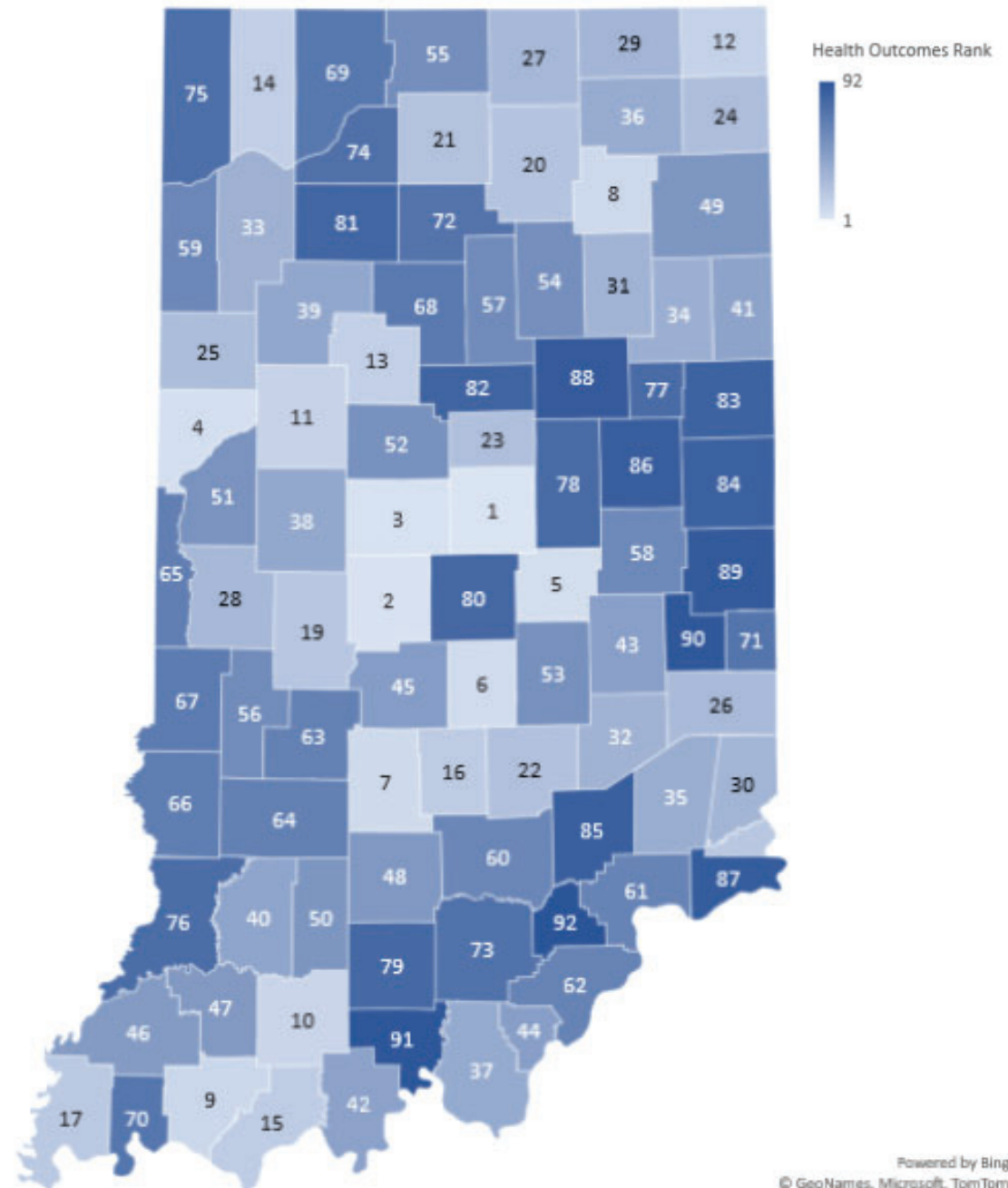
COVID-19 2020 Mortality Rates								
COVID-19	Total Deaths	White	Black	AIAN	API	Hispanic	0-24	
	8,515	7,384	896	14	84	316	9	

County Rankings for Health Outcomes

County Health Rankings conducts an annual assessment of all states and their associated regions which takes into account where Hoosiers live, how much money they make, race and ethnicity, and other preidentified health factors shared [within this report](#). One of the direct results of this assessment is Indiana's county level rankings for health outcomes, pictured on the right.

Health outcomes are derived from a culmination of health factors that equate to how healthy a county and its residents are. Health outcomes are linked directly to length of life (i.e. premature death and life expectancy) and quality of life (i.e. measures of physical, socioeconomic, and mental health). What researchers have found is that health outcomes will vary based on location because of the varying the impacts of policies and social determinants. Factors such as arising health crises, the quality of medical care, job availability, housing affordability, and county level policies and ordinances all play a role in Hoosier's health outcomes.

The highest ranked county for Health Outcomes is Hamilton county and is located in Preparedness District #5. The lowest ranked county is Scott county in Preparedness District #9.

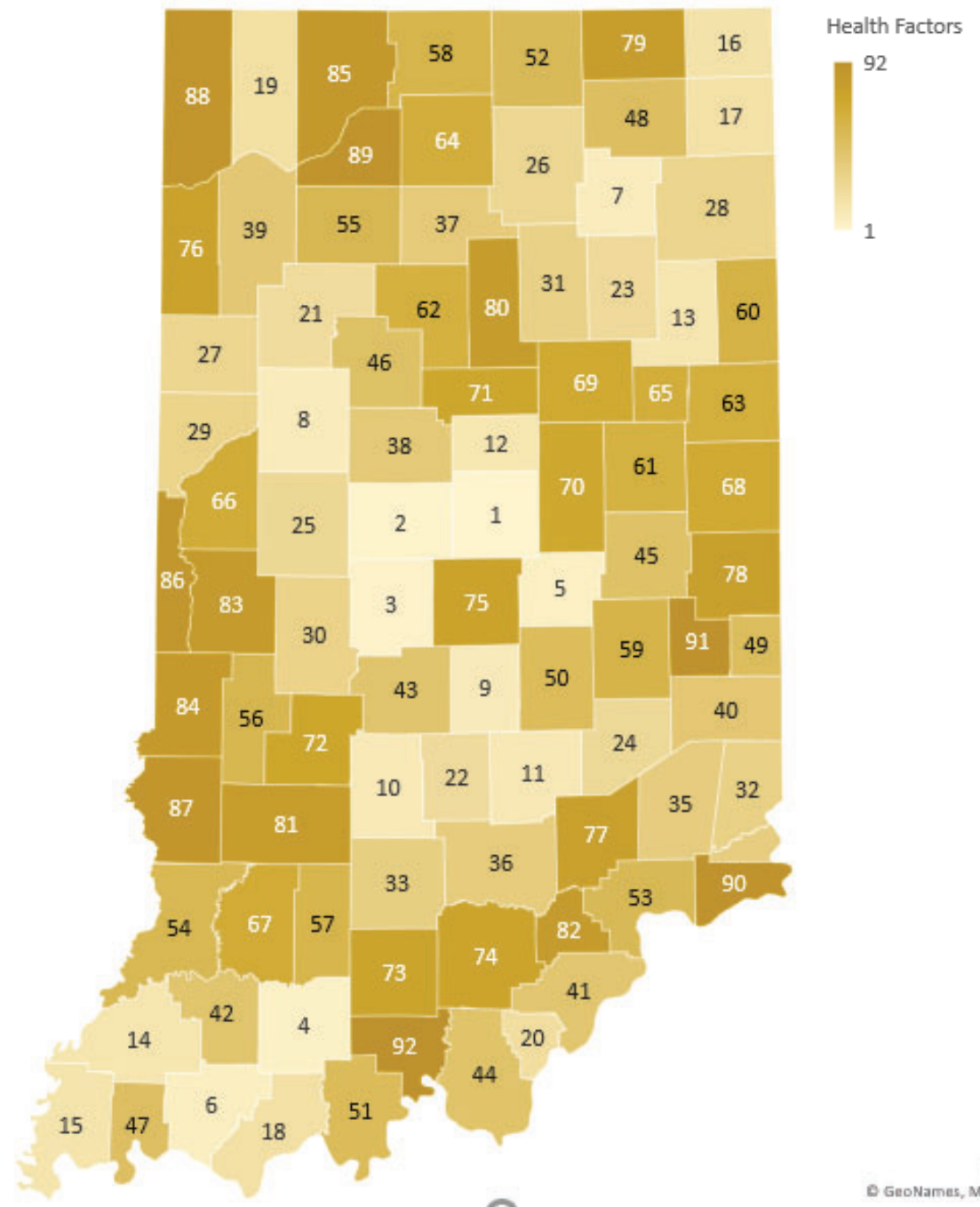


County Rankings for Health Factors

During the County Health Rankings annual assessment they analyze not only where Hoosiers live but the intersectionality of income, race and ethnicity, and other factors related to Health behaviors, Clinic Care, Social and Economic Factors, and Physical Environment. Individual health factors and their associated date can be found [within this report](#). One of the direct results of this assessment is Indiana's county level rankings for health factors, pictured on the right.

Health factors are variables that can be adapted and changed but that play a role in length of life and quality of life. These factors can be grouped into categories, all of which are derived from the Social Determinants of Health. Programs and policies introduced by the state can directly impact these factors and play a key role in how health factors interact with the public health system.

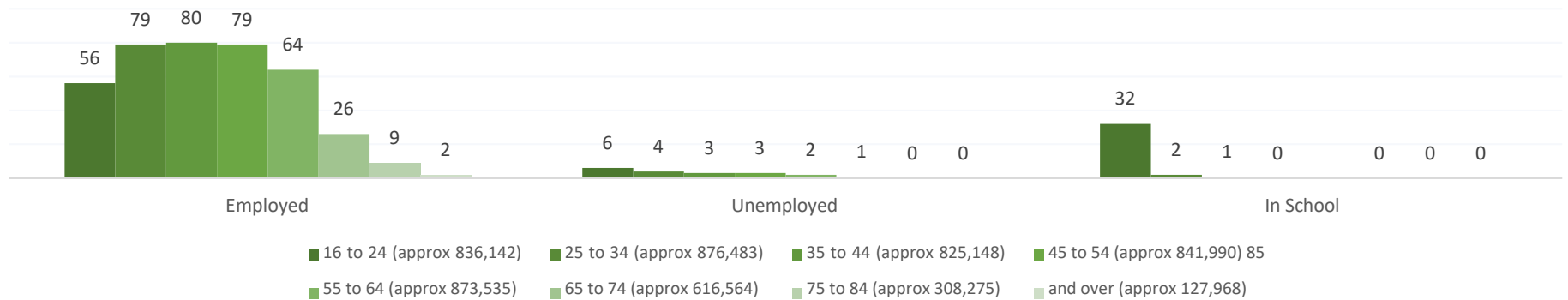
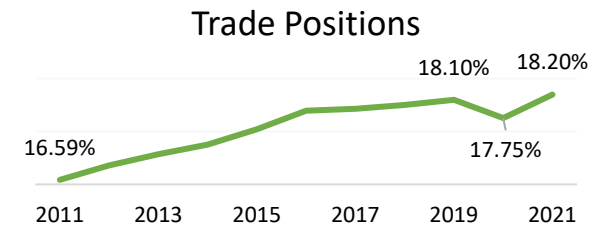
The highest ranked county for Health Outcomes is Hamilton county and is located in Preparedness District #5. The lowest ranked county is Crawford county in Preparedness District #10.



Economic Stability

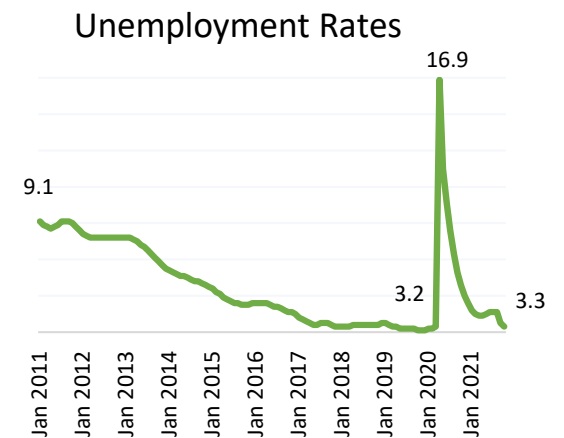
Indiana Workforce:

Including seasonal adjustments, as of November 2021 Indiana has a workforce of 3,319,801 Hoosiers. Of those, 256,000 Hoosiers are members of their sectors union. Indiana also has seen a significant increase in employees in the trade field, approximately 604,100 Hoosiers, with a 1.61% growth within the field from 2011 to 2021 according to the National Bureau of Labor Statistics.



Unemployment:

Indiana's unemployment rate was in a steady decline over the past ten years beginning at 9.1% in 2011 and sitting at 3.2% at the end of 2019. The state did see a significant increase in this number beginning in 2020 with the highest rate being 16.9% in April 2020 due to the impact of business closures from the pandemic and we started to see and a steady decline down to 3.3% in October 2021. The unemployment rate is calculated by dividing the number of unemployed residents by the total number of residents in the workforce. Individuals who are unemployed at no fault of their own are eligible to collect unemployment which is a governmental program that provides supplemental pay and resources to assist in finding a new job. This program recognizes an individual's ability to pay for their essential resources such as housing and food yields limitations and increases one's risk of experiencing social vulnerabilities.



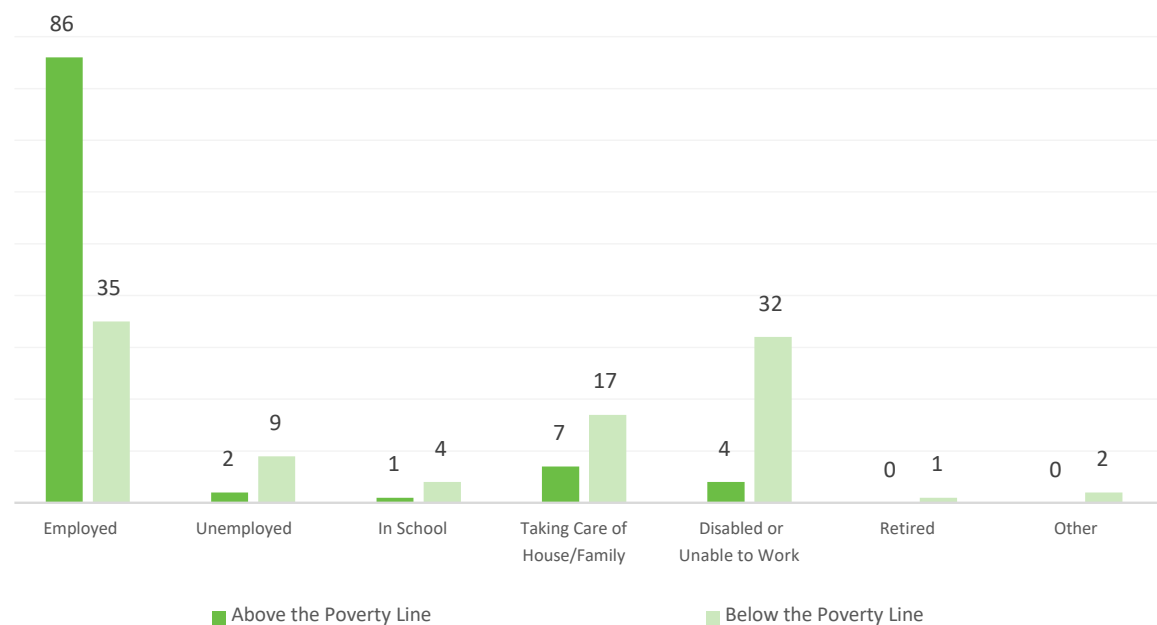
Food Insecurity:

Indiana ranks 38th in the U.S. of food security in the U.S. with about 13.5% of their households unable to provide adequate food for one or more members of their household. Indiana has been above the national average since around 2013. Healthy People of 2030 has created an objective around household food insecurity and hunger to have a goal of no more than 6% of households going hungry. Many families who struggle with food uncertainty are also likely to struggle with affordable housing, medical cost, and low wages. Children are impacted by food insecurities differently than that of an adult because their bodies and minds are still developing. Children suffering from these insecurities are more likely to struggle with anemia, asthma, depression, anxiety, and cognitive behavior issues.

Poverty

In Indiana there are many factors that can influence resident's socioeconomic status. In particular we see the intersection of factors such as total family income, educational attainment, marital status, and geographic location and how they attribute to someone's gross income. The median household income (i.e., the total income of all people within a household), was \$56,303 as of 2019 while the per capita income (i.e., an individual's total income) throughout 2019 was \$29,777. Considering these factors, the 2020 Census estimates that 11.7% of Hoosiers are living and/or experiencing poverty. Pictured to the right, are the population makeup of Indiana for those above and below the poverty line.

Poverty Status by Employment Status

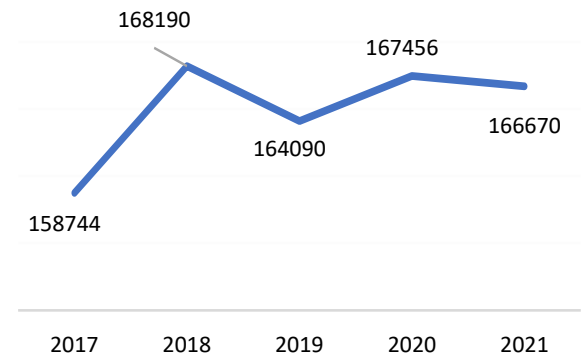


Education Access & Quality

Learning Disabilities

According to the Indiana Department of Education Corporation Enrollment data during the 2020-2021 school year, 166,670 students were reported as receiving additional education services across the state. This was a decrease in the number of students receiving an IEP (i.e., Individualized Education Program) from the 2019-2020 school year. Multiple school districts have also taken initiatives to try implementing learning interventions with students, such as monitoring and collecting individualized student data on growth strategies which includes Tier 2 programs such as MTSS and when Title 1 program support when available, prior to reporting a student as eligible for an IEP with their resource teams. There also are a majority of schools offering virtual learning as the primary delivery of education which has reduced the amount of time and manner in which teachers can effectively evaluate students and their needs.

Annual IEPs



Graduation Rates

According to the 2020 America's Health Rankings, Indiana ranked 14th for high school graduation rates and 31st in the country for educational attainment of a high school diploma. In addition to the fact that individuals who do not graduate are more likely to experience incarceration, educational attainment is a strong predictor of health outcomes in Indiana. Specifically, Indiana is observing health factors around obesity, mental health, cardiovascular disease, lung disease, and even premature death. Addressing barriers such as poverty, chronic stress, homelessness, and teen pregnancy while aiming to increase school-based health centers, vocational or alternative schooling, social-emotional skills, community service opportunities, can increase high school graduation rates. Indiana's graduation rates remained steady between 2019 and 2020 despite the challenges the seniors faced during the pandemic and with the majority of the state moving to e-learning platforms.



As of the 2021 Teacher Statistics Report released by the Indiana Department of Education, there are **67,120 teachers** in Indiana

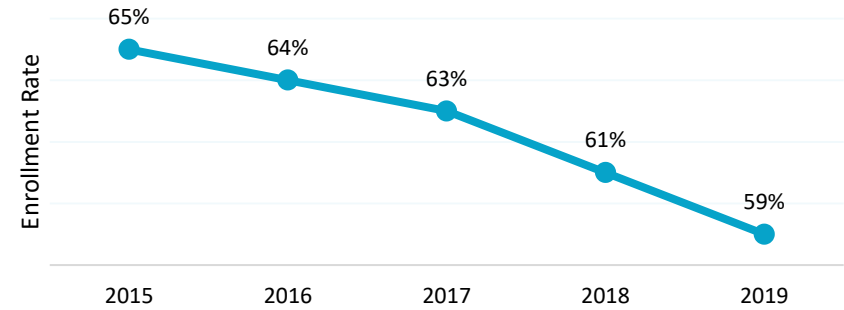


88.8% of persons 25 years+ are high school graduates

Higher Education Obtainment

The 2021 Indiana College Readiness Report issued by the Indiana Commission for Higher Education states that 59% of high school graduates went on to attend a two-to-four-year college. Since 2015, there has been a gradual decline in college attendance from graduating high school students (*depicted below*). Post-secondary attainment is measured by counting those that have both enrolled in college and obtained a degree.

Graduating High School Seniors Attending College



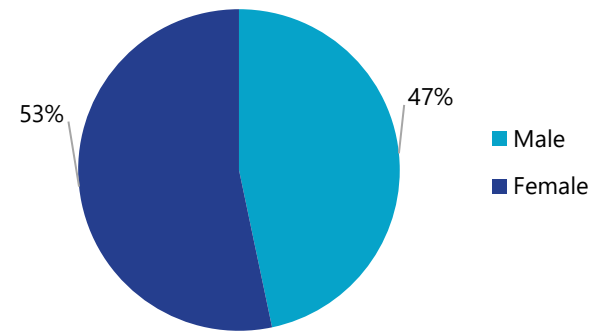
92% of Hoosiers with a college degree rated their health status as “good or better” compared to more than **65%** of Hoosiers without education greater than high school, who rated their health status as “fair or poor.”

Indiana Residents with no college filed **two-thirds** of all unemployment claims over the past 10 years.

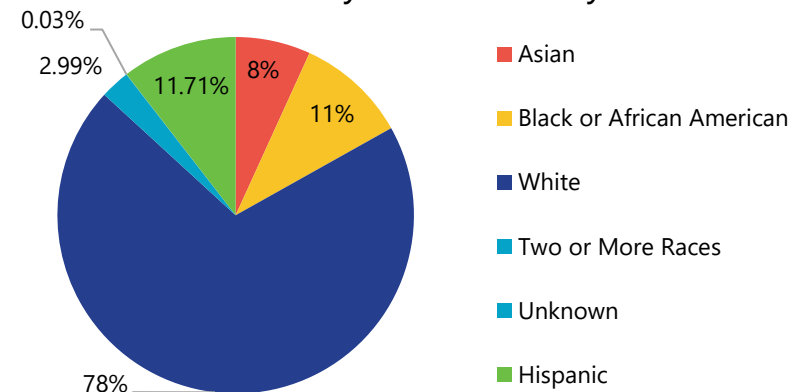


59% of students graduate with debt with the average statewide debt upon graduation equaling **\$23,684**

Secondary Attainment by Gender



Post-Secondary Attainment by Race



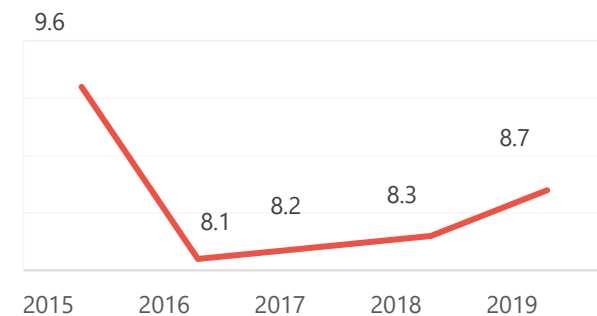
Health Care Access and Quality

Access to Care

Uninsured

Access to care has continually been a concern for Hoosiers with specific focuses being dedicated to addressing preventive care, focusing on community prevention, and health insurance coverage. While the introduction of expanded Medicaid care services has caused a decrease in uninsured rates there are populations who are still unable to reap the health benefits of the Affordable Care Act. Indiana does offer public health insurance through the Healthy Indiana Plan (i.e., HIP). This program provides health insurance for qualified adults which includes cost coverage for medical, vision, and dental. Indiana's Family and Social Services Administration offers Navigators for the HIP program in almost every county in Indiana and has the ability to provide translational services if needed. Aligning with Healthy People 2030, Indiana is choosing to track the proportion of individuals with health insurance to address matters of access to care. As per America's Health Rankings, Indiana has shown a decrease in the population not covered by private or public health insurance.

Uninsured Rate of Indiana

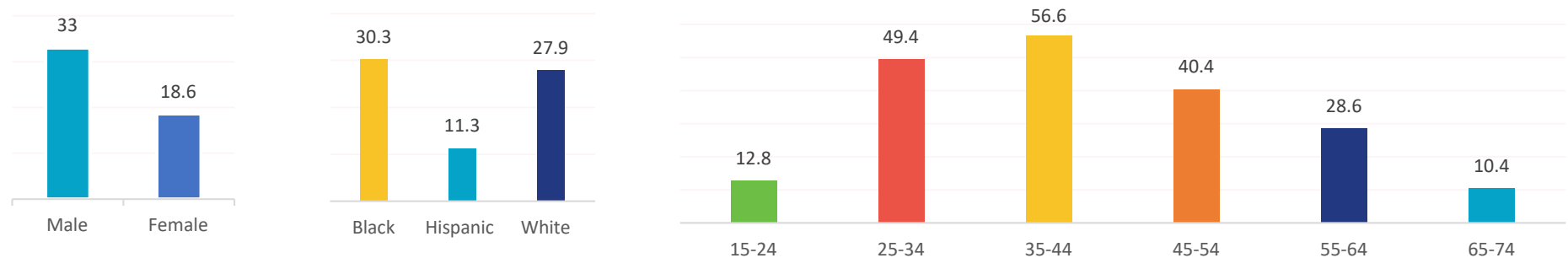


Preventative Care

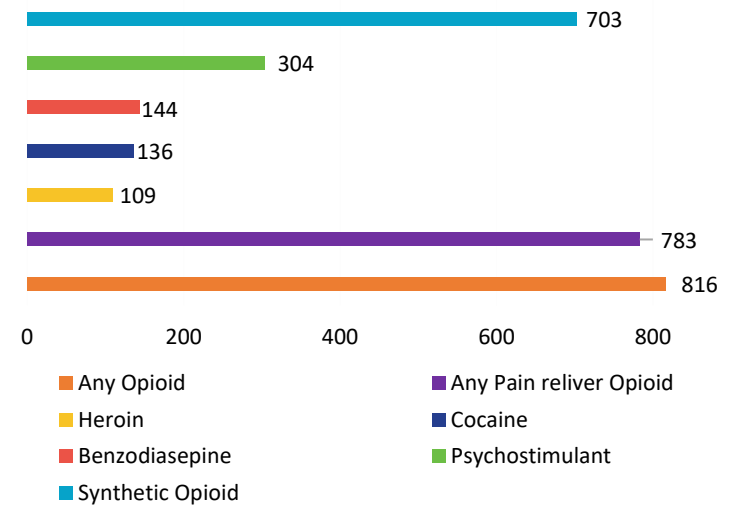
Indiana, like many other states sees hospital admissions pertaining to chronic disease and other preventable morbidities that could have been avoided should preventive care measures been available and utilized. This statistic represents that there is an overuse of emergency hospitalizations due to many Hoosiers not having access to a primary care physician, outpatient services, or even health education. Hospitalizations for the following would be considered preventative: diabetes, pulmonary diseases, heart disease, symptoms of anxiety, asthma, pneumonia, and urinary tract infections. Unnecessary hospitalizations also pose an economic risk to Hoosiers when variables such as insurance, income level, and household sizing impact their ability to incur medical expenditures. Indiana has seen a slight decrease in preventable hospitalizations with 4,040 discharges per 100,000 in 2015 decreasing to 3,770 in 2019.

Substance use treatment

Between 2019 and 2020, multiple Indiana counties saw a large increase in overdose deaths, pictured to the right. At the state level, Indiana also saw a state-wide increase in the use of Naloxone, also known as Narcan, which is an emergency treatment used to reverse the overdosing process. This increased utilization is attributed to Indiana's implementation of Aaron's Law, SEA 406-2015. This law allows for any Hoosier to obtain a prescription for Naloxone if they believe they know someone who may be at risk of an opioid overdose. Drug related deaths in Indiana are ranked 33rd in the nation per America's Health Rankings with a slight peak in 2019 to 25.8 per 100,000 but still declining from 28.4 in 2017. Below are depictions of the population demographics of deaths reported in 2019. The data has indicated that those identifying as male, black, and ages 35-44 are more at risk of premature death due to drug use.

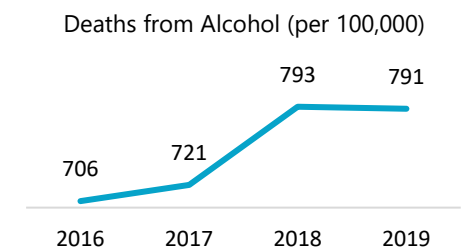


Overdose Deaths by Drug



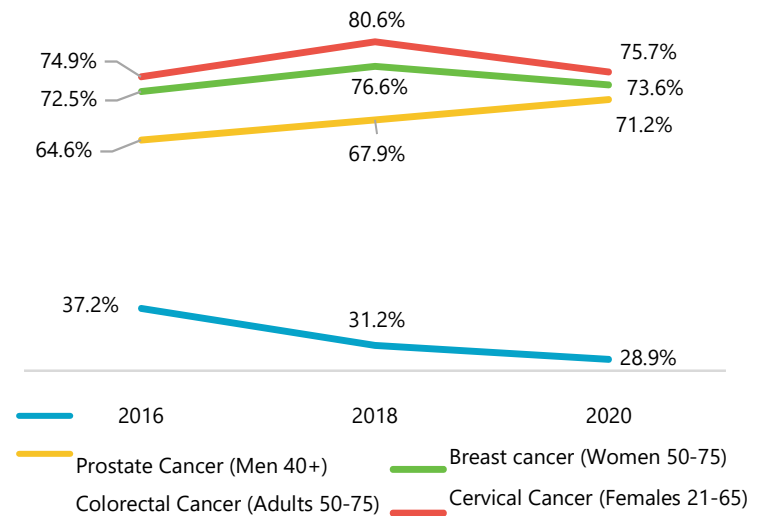
Deaths from Alcohol

From 2016 to 2019 there has been an increase in the mortality rate of individuals who have died from alcohol. In the state of Indiana those considered multiracial (includes Asian, AIAN, API, and Two or more races) account for 28.2% of excessive drinkers with those identifying as Hispanic accounting for 19%. Males were identified as making up 21.5% of excessive drinkers with those aged 18-44 amounting for 23.2% of them. Education also plays a role in alcohol consumption with those without a high school education accounting for 22.7% of excessive drinkers.



Screening for Cancers

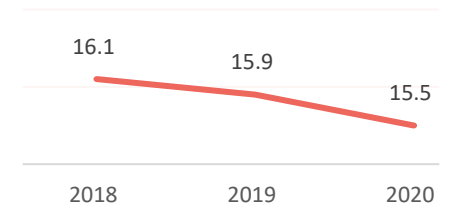
Cancer is the second leading cause of death across the nation and in the state of Indiana. Healthy People 2030 has created multiple goals around cancer, all with the intention of decreasing cancer related morbidities and mortalities. One of the best avenues to address cancer is preventative care. Prevention, especially for at risk populations, is critical to early detection, intensity, and quality of care and for the reduction in risk of mortality. Indiana specifically focuses on encouraging prevention for Men 40+ to screen for Prostate cancer, Women ages 21-65 for cervical cancer, Women 50-75 to screen for Breast Cancer, and adults aged 50-75 for Colorectal cancer. Preventive screening rates per the applicable population are depicted to the right.



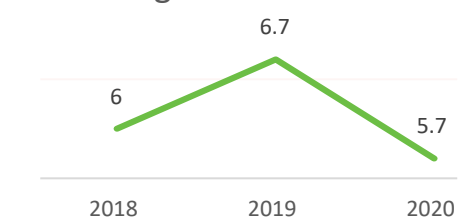
Tobacco

Commercial tobacco control is an ever-changing field in public health as new policy strategies and program recommendations adapt to the changing product environment. New tobacco and nicotine products, coupled with targeted marketing, have driven an increase in tobacco and nicotine use among youth. Quitting tobacco use is one of the best ways to improve health. Tobacco use screening and brief intervention for treatment is one of the most effective clinical preventive services with respect to health impact and cost effectiveness yet is underutilized. Organizations and coalitions must continue to be targeted in outreach and engagement with marginalized populations that are most impacted. Indiana organizations work collectively on strategic action for tobacco prevention and cessation and work together to inform the Indiana Tobacco Control Plan. Utilizing the evidence-based strategies, the Indiana Tobacco Control Plan will seek to achieve health equity for all Hoosiers.

Cigarette Use Rate



E-cigarette Use Rate



In 2019, **11.8%** of pregnant women in Indiana smoked during pregnancy



Unless smoking rates are further reduced, an estimated **151,000** Indiana youth will ultimately die prematurely of smoking



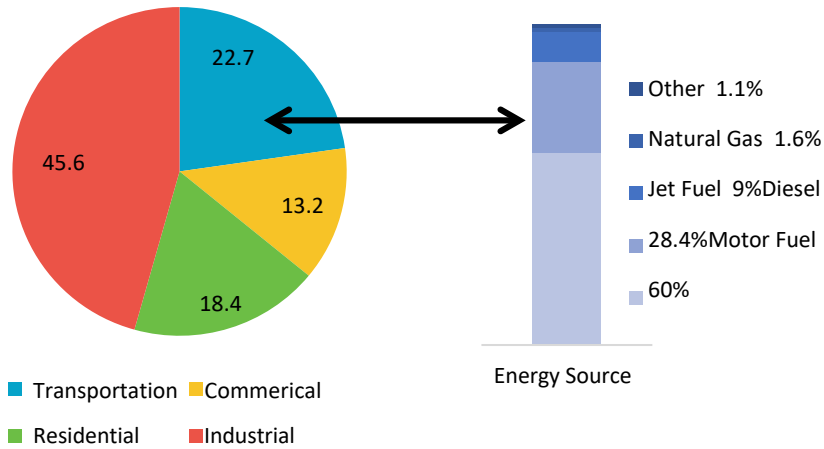
Smoking costs Hoosiers an estimated **\$2.93 billion** in medical expenses each year

Neighborhood and Built Environment

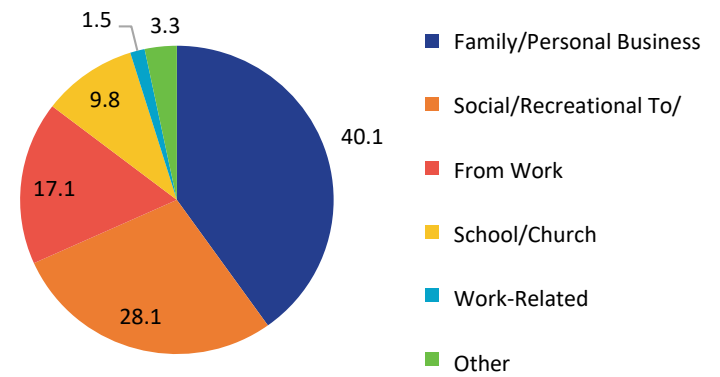
Transportation

Transportation plays a critical role in how Hoosier's access educational opportunities, healthcare services, social services, and employment. If residents do not have access to resources this directly impedes their ability to live a healthy lifestyle. The Indiana Department of Transportation issues an [report called Indiana by the Numbers](#) that outlines how transportation intersects with Indiana residents' daily functions. Some of their key findings from the 2020 report can be found below. Indiana also ranked 21st in the U.S. for transportation energy which is defined as the burning of fossil fuels that releases greenhouse gases such as carbon dioxide. These gases lead to the warming of the atmosphere and can impact the quality of our air, water, and ground.

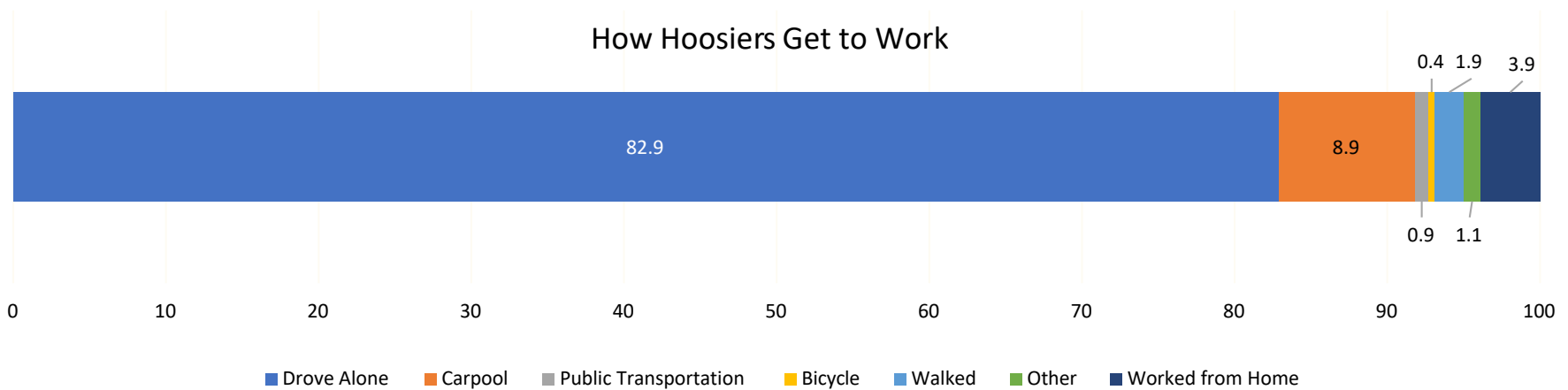
Energy Use by Sector



Passenger Travel by Trip Purpose



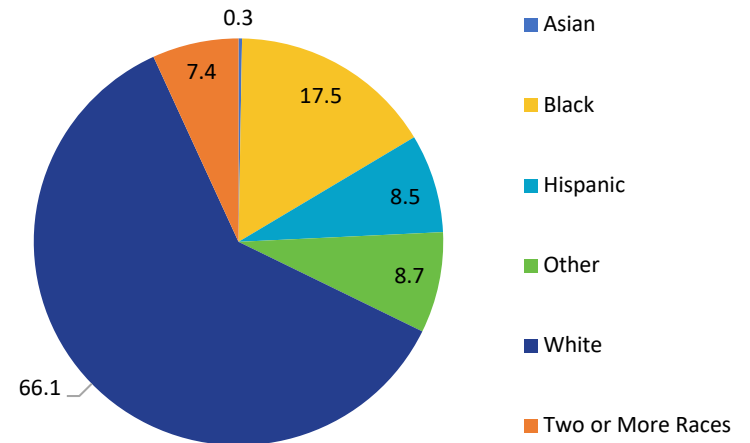
How Hoosiers Get to Work



Violent crimes:

Indiana ranked 27th in the U.S. for violent crimes according to the 2030 America's Health Rankings. Violent crimes can lead to social and emotional distress. In addition to lifelong effects to the victim(s), violent crimes are a financial burden to the hospital and health care system. Trend data from 2015-2019 show that Homicide is a leading cause of death for children over the age of one year, and Suicide is the second leading cause of death for children ages 10-17. Recent findings indicate that firearm deaths among children demonstrated an overall increase since 2015, while suicides showed a major spike in 2018 with an average of 20 deaths over the 5-year period. To assist in preventing these violent deaths among this demographic, Child Fatality Review teams are required in every Indiana County. Over the next five years, the IDOH Division of Fatality Review will continue its ongoing work to reduce pediatric deaths due to violence with evidence-based programs including supporting Child Fatality Review Teams, that make data-driven prevention recommendations and work with Community Action Teams that promote prevention in local communities throughout Indiana

Percent of Child Victims in the Welfare System by Race & Ethnicity



Broadband Internet:

Indiana is ranked 37th in the U.S. for having high-speed internet. High-speed internet is important especially in this digital age for accessing education, work, and maintaining continued communication. When remote work and learning became critical to maintaining public safety during the pandemic, some Hoosiers were strained by the lack of access to these resources, specifically in our rural and minority communities.

Climate Change:



Indiana is ranked **46th** in the nation for Air Pollution



Nationally Indiana is ranked **20th** for Drinking Water Violations



Indiana is ranked **10th** in the nation for Water Fluoridation



Nationally Indiana is ranked **36th** on Climate Change Policies

Lead levels:

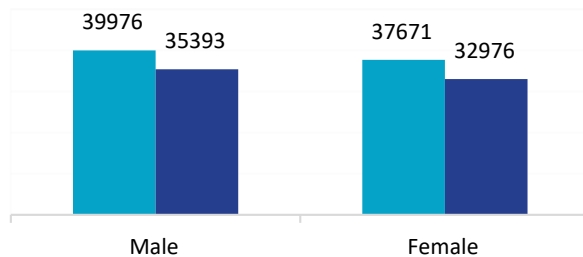
In 2020, the state legislatures voted to decrease the reference value of lead in blood levels to obtain services to match the recommendations by the CDC. Levels are measured as micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$) and the reference decreased from $10 \mu\text{g}/\text{dL}$ to $5 \mu\text{g}/\text{dL}$. As we compare children going forward, Indiana should expect to see a spike in the numbers of children referred to services now that more children will be eligible for services. For additional information on Lead, please reference this [Lead Risks Map](#).

From 2019-2020, an average of 73,121 have been tested. The demographic breakdowns by year are included below with 2019 values on the left and 2020 values on the right of each cluster.

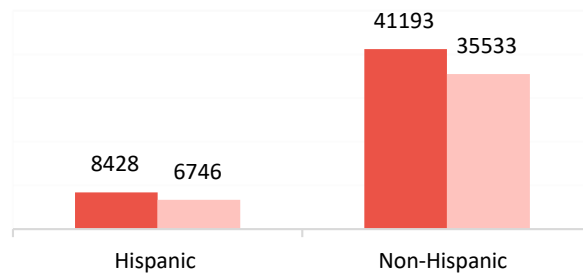
Over the next five years, the Indiana Department of Health is committed to ensuring that all children have the opportunity to live in healthy, lead-safe environments. This will include reducing the level at which lead in a child's bloodstream is considered elevated, and provision of holistic case-management support to the families of children with elevated blood lead levels. It will also include targeting new funding at increasing lead abatement and remediation to ensure lead issues in homes don't pass from generation to generation

*– Paul Krievins,
Director of Lead and Healthy Homes*

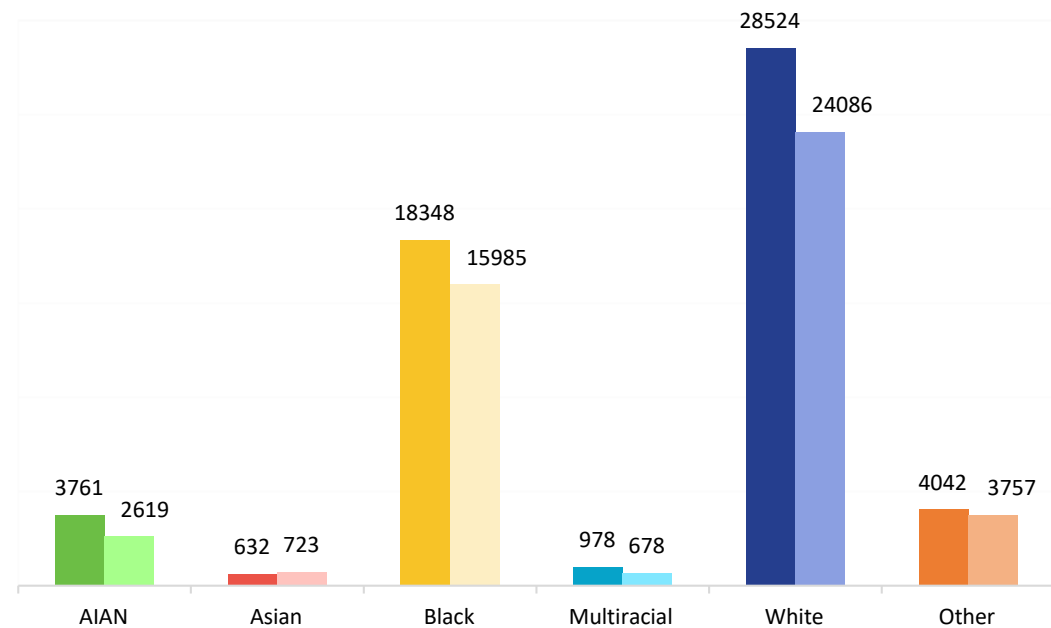
Testing by Gender



Testing by Ethnicity



Testing by Race



Social & Community Context

Nutrition & Physical Activity

Indiana is ranked 35th in the U.S. in exercise and 43rd in physical activity. It is recommended that individuals engage in regular moderate physical activity for at least 150 minutes a week. Doing so will reduce risks of cardiovascular disease, type 2 diabetes, some cancers, dementia, anxiety, and depression. In addition to staying active, diets with high fruit and vegetable consumption will also assist in reducing the risks of several chronic diseases. Hoosiers have slightly decreased their consumption of fruits and vegetables over the last two years but remain above the national average. Indiana currently ranks 8th in the U.S. America's Health Rankings for healthy foods consumption.

Living Arrangements

Hoosiers live in a variety of settings. In Indiana, households are defined as any individuals who occupy a home as a primary form of residence. This residence could include a home, rental unit, or mobile home. Households are also counted as a singular residency while persons per household accounts for anyone residing in the home. 2019 Census data reports that there are approximately 2,921,032 housing units available.



There are
2,570,419
households
in Indiana

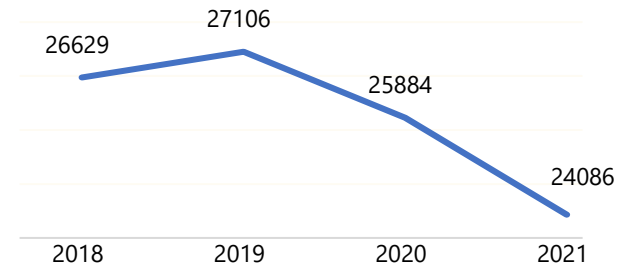


On average
2.52 persons
reside in each
household



8.8% of households
speak a language
other than English in
the home

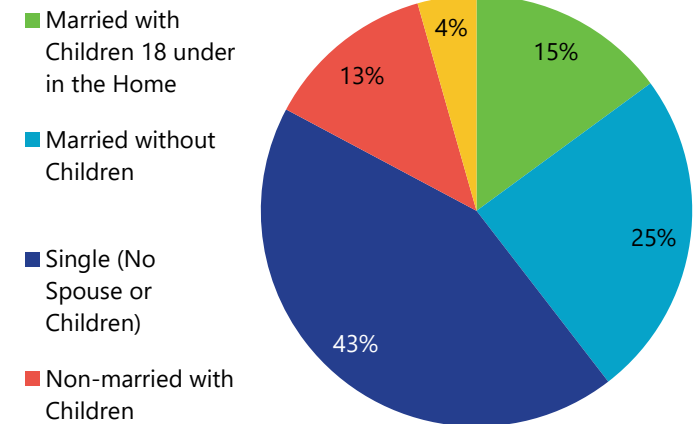
Annual Incarceration Rates



Eligible Voter Participation



Household Living Arrangements



Veterans:

Veterans are considered individuals who have served in the active military, naval, or air services and were either released or honorably discharged from service. The Indiana Department of Veteran Affairs conducts an annual report detailing resources, statistics, agency contacts, and available programs. The highest population density of veterans is located in Marion County Indiana totally 49,103 Veterans and our lowest population density is in Ohio County at 490 Veterans. County Veteran populations are also depicted in the statewide map to the lower right-hand side.



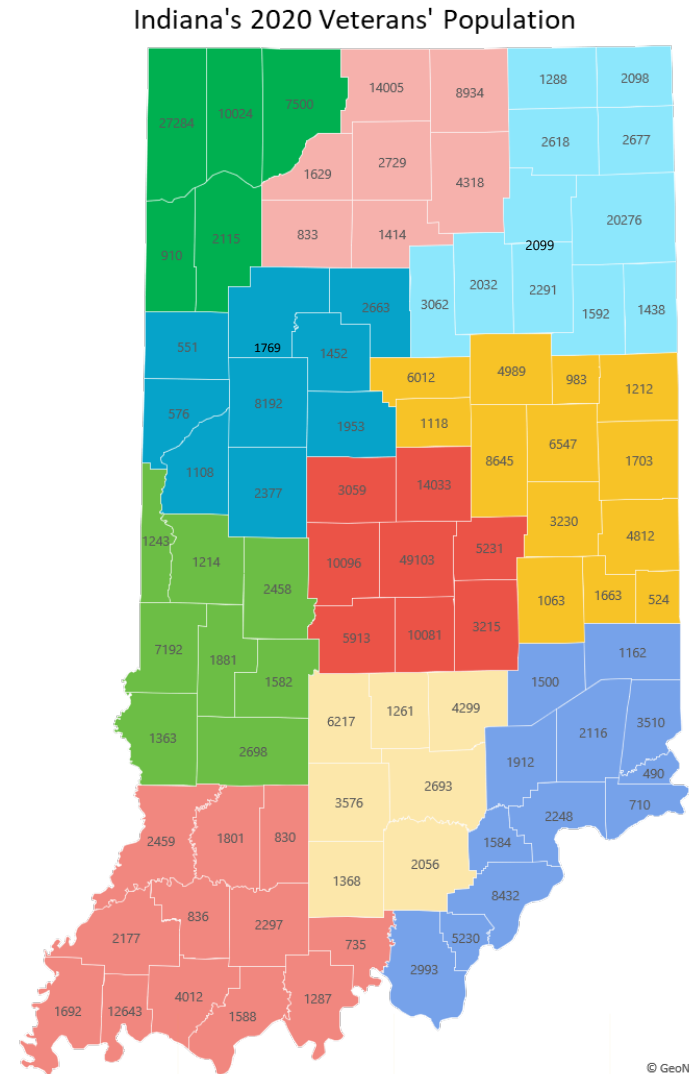
In total there are approximately **429,317 Veterans** in Indiana as of



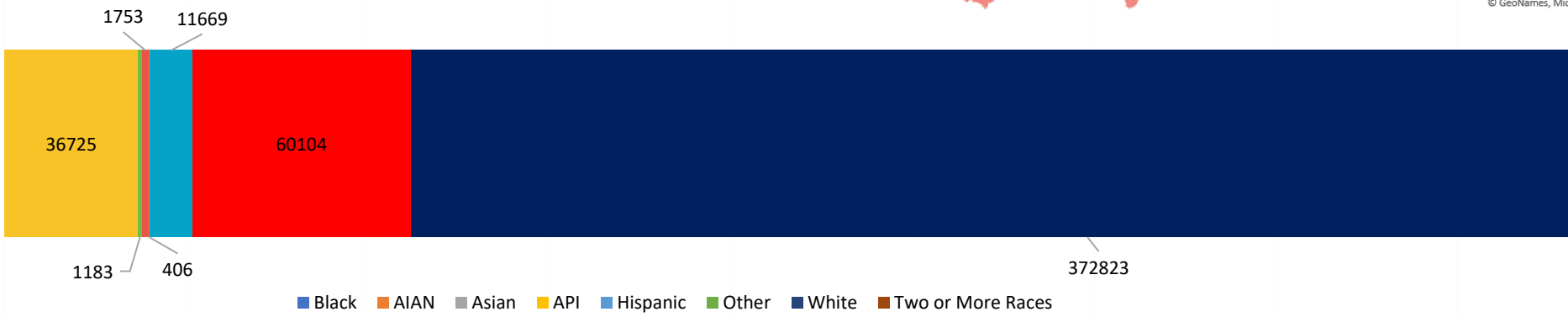
There are currently **34** Veteran Affairs facilities within their Indiana Health Network



In 2018, Veterans accounted for **139 suicides** with the highest age group being **35-54 and 55-74** and predominately **male**.



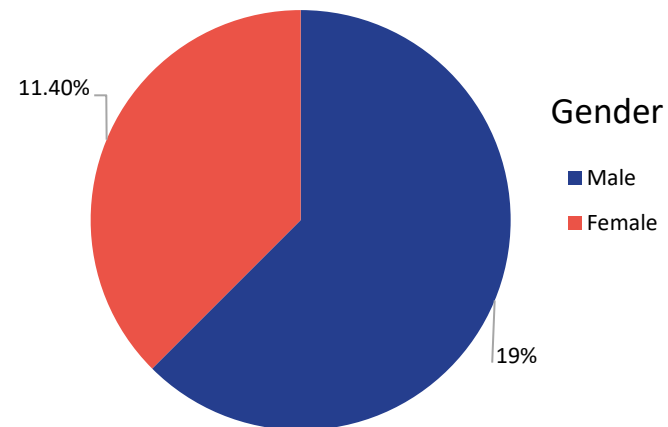
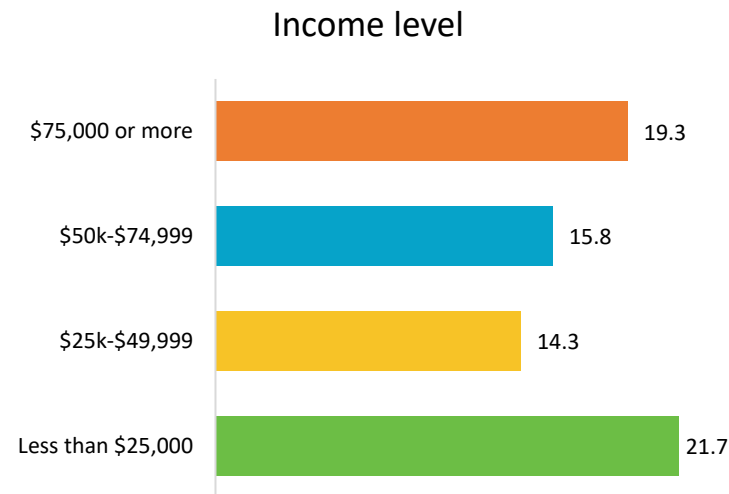
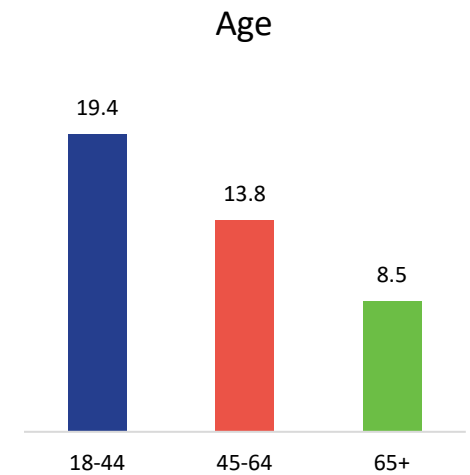
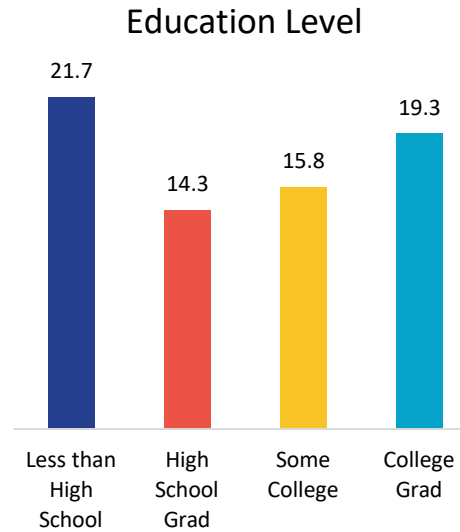
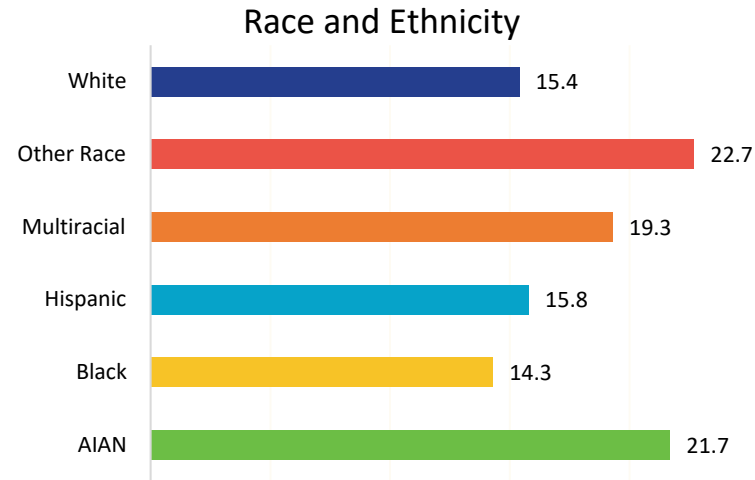
Powered by Bing © GeoNames, Microsoft, Navteq



■ Black ■ AIAN ■ Asian ■ API ■ Hispanic ■ Other ■ White ■ Two or More Races

Mental Health and Wellness

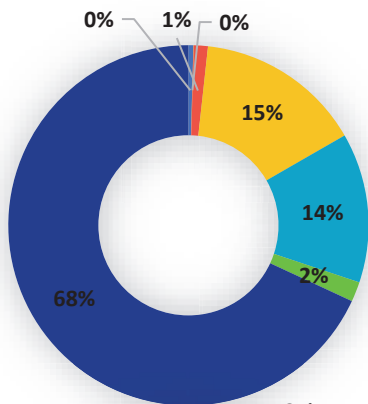
According to Healthy People 2030, Indiana is ranked 40th based on our percentage of adults who reported their mental health was 'not good' 14 or more days in the past 30 days. America's Health Ranking report that a total of 15.3% of Indiana residents experience mental distress throughout the month which is 2.1% higher than the national average. The following is the demographic data that informed the 15.3% of the population experiencing mental distress throughout the month.



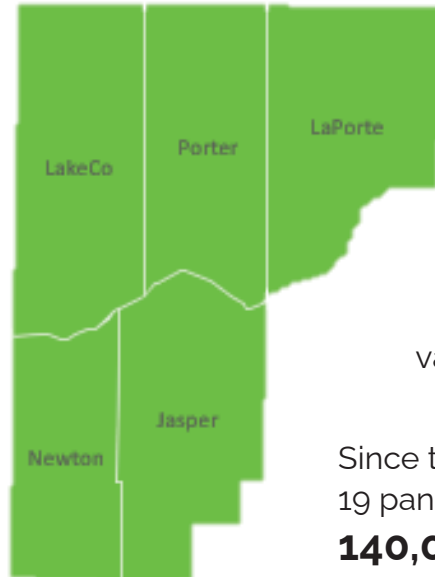
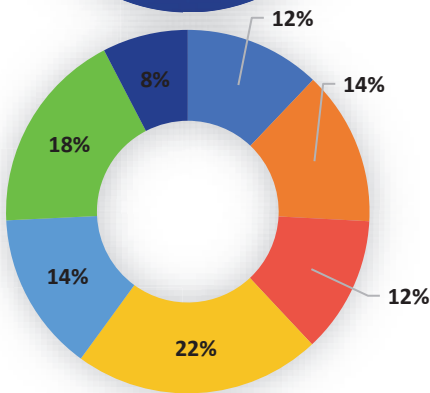
Preparedness District #1



Population Makeup by Race**



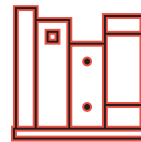
Poverty Impact by Race**



District #1 is located in North-West Indiana and consists of Jasper, Lake, LaPorte, Newton and Porter County

50.74% of District #1 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **140,044** confirmed cases



89% of students are graduating from high school



7% of households do not have access to personal transportation

COVID-19 Death	
Race	Total Deaths
White	748
Black	219
AIAN	1
API	7
Hispanic	100

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

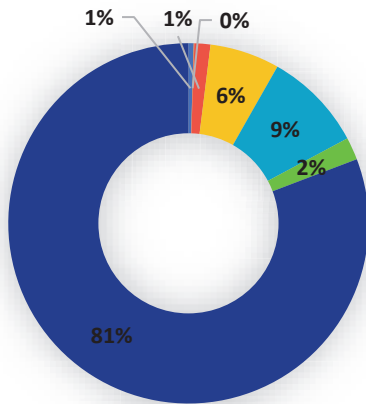
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	2,149	1,687	427	1	15	127
2	Malignant Neoplasms (Cancer)	1,757	1,445	282	3	6	97
3	Accidents (Unintentional Injuries)	576	576	454	104	2	4
4	Chronic Lower Respiratory Diseases	539	539	464	73	0	0
5	Cerebrovascular diseases	369	369	267	93	0	4

**Pie Chart values may not total 100% due to rounding

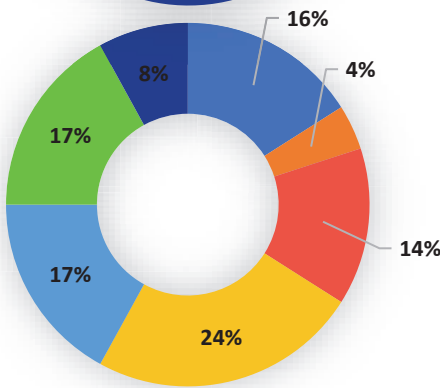
Preparedness District #2



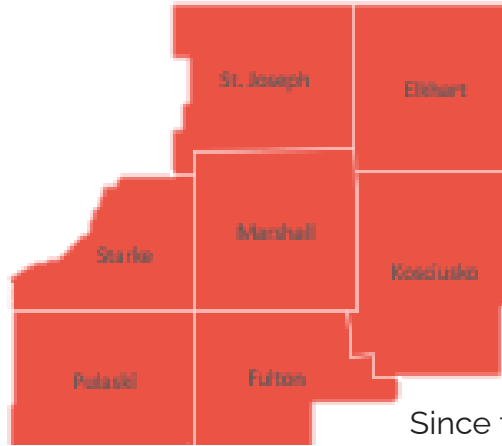
Population Makeup by Race**



Poverty Impact by Race**



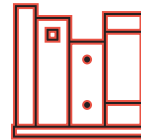
■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White



District #2 is located in North-Central Indiana and consists of Elkhart, Fulton, Kosciusko, Marshall, Pulaski, St. Joseph, and Starke County

46.76% of District #2 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **137,124** confirmed cases



88% of students are graduating from high school



7% of households do not have access to personal transportation

COVID-19 Death	
Race	Total Deaths
White	847
Black	75
AIAN	3
API	5
Hispanic	56

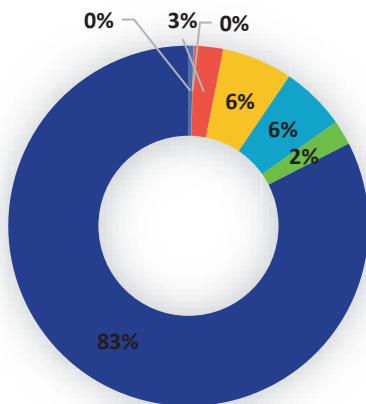
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,459	1,367	81	1	3	31
2	Malignant Neoplasms (Cancer)	1,287	1,191	79	1	4	26
3	Chronic Lower Respiratory Diseases	434	403	29	2	0	4
4	Accidents (Unintentional Injuries)	393	344	42	2	1	15
5	Cerebrovascular diseases	389	355	26	0	5	6

**Pie Chart values may not total 100% due to rounding

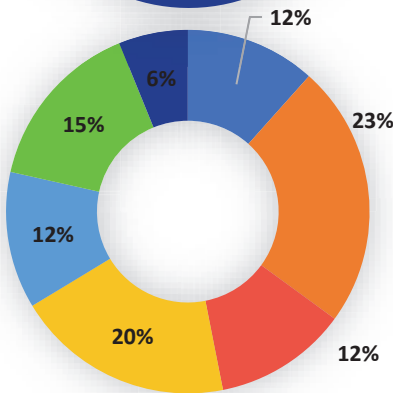
Preparedness District #3



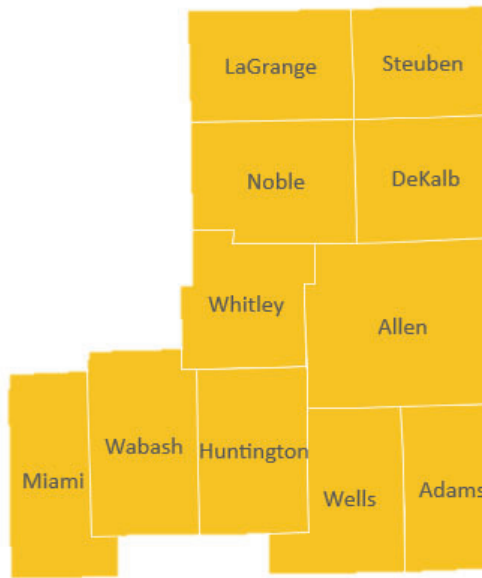
Population Makeup by Race**



Poverty Impact by Race**



■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

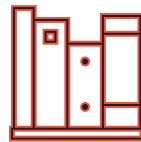


District #3 is located in North-East Indiana and consists of Adams, Allen, DeKalb, Huntington, LaGrange, Miami, Noble, Steuben, Wabash, Wells, and Whitley County

49.53% of District #3 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **149,985** confirmed cases

COVID-19 Death	
Race	Total Deaths
White	812
Black	60
AIAN	0
API	15
Hispanic	14



88% of students are graduating from high school



7% of households do not have access to personal transportation

Top 5 Causes of Death

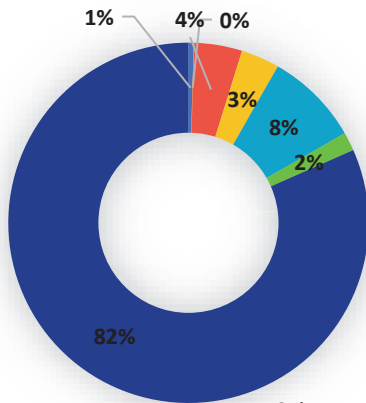
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,562	1,458	87	1	11	22
2	Malignant Neoplasms (Cancer)	1,516	1,414	88	0	13	21
3	Chronic Lower Respiratory Diseases	514	486	21	4	2	3
4	Accidents (Unintentional Injuries)	455	404	37	1	10	24
5	Cerebrovascular diseases	392	364	20	0	7	2

**Pie Chart values may not total 100% due to rounding

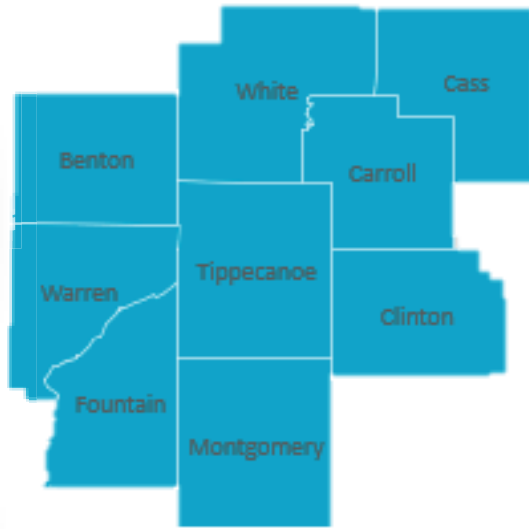
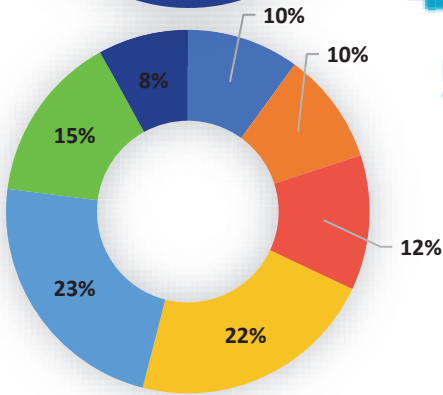
Preparedness District #4



Population Makeup by Race**



Poverty Impact by Race**



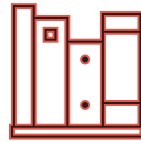
District #4 is located in West Indiana and consists of Benton, Carroll, Cass, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White County with a population of **381,913**

49.54% of District #4 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **76,043** confirmed cases

90% of students are graduating from high school

6% of households do not have access to personal transportation



COVID-19 Death	
Race	Total Deaths
White	339
Black	1
AIAN	2
API	5
Hispanic	11

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

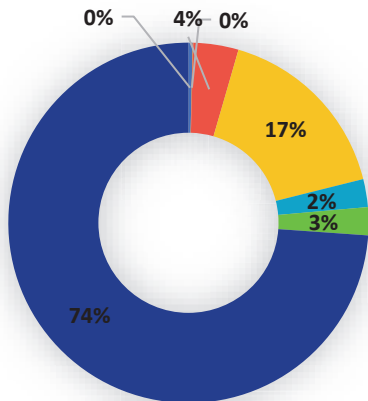
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Malignant Neoplasms (Cancer)	738	720	11	0	3	13
2	Diseases of Heart	737	723	7	0	4	5
3	Chronic Lower Respiratory Diseases	256	252	3	1	0	1
4	Accidents (Unintentional Injuries)	222	207	9	0	3	8
5	Cerebrovascular diseases	141	136	3	0	1	2

**Pie Chart values may not total 100% due to rounding

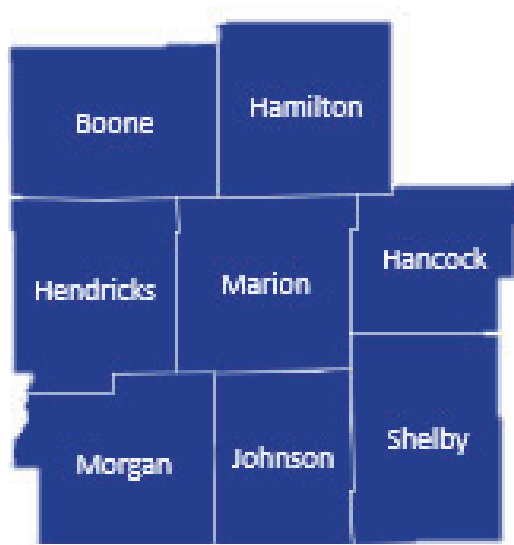
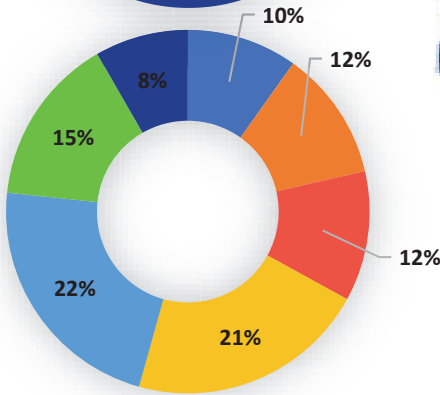
Preparedness District #5



Population Makeup by Race**



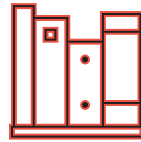
Poverty Impact by Race**



District #5 is located in Central Indiana and consists of Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby County with a population of **1,908,757**

58.07% of District #5 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **340,376** confirmed cases



87% of students are graduating from high school



6% of households do not have access to personal transportation

COVID-19 Death	
Race	Total Deaths
White	1712
Black	440
AIAN	3
API	41
Hispanic	94

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

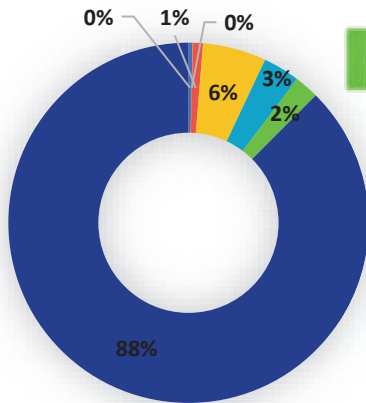
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	3,243	2,675	505	4	26	36
2	Malignant Neoplasms (Cancer)	3,226	2,707	449	1	37	52
3	Accidents (Unintentional Injuries)	1,331	1,002	279	1	17	53
4	Chronic Lower Respiratory Diseases	978	877	95	2	2	7
5	Cerebrovascular diseases	750	607	127	1	12	6

**Pie Chart values may not total 100% due to rounding

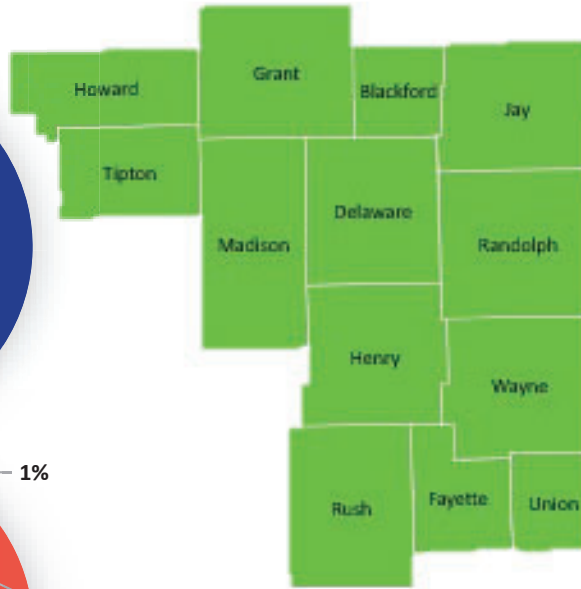
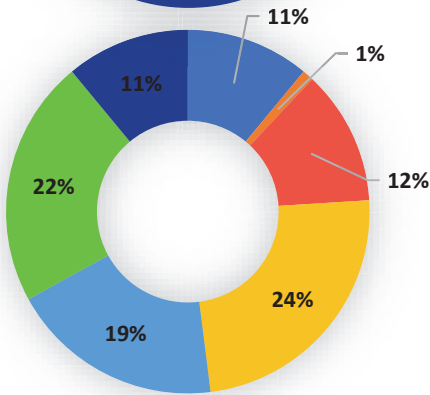
Preparedness District #6



Population Makeup by Race**



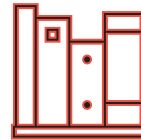
Poverty Impact by Race**



District #6 is located in Eastern Indiana and consists of Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union, and Wayne County with a population of **815,526**

35.03% of District #6 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **166,099** confirmed cases



88% of students are graduating from high school



7% of households do not have access to personal transportation

COVID-19 Death	
Race	Total Deaths
White	961
Black	41
AIAN	1
API	3
Hispanic	11

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

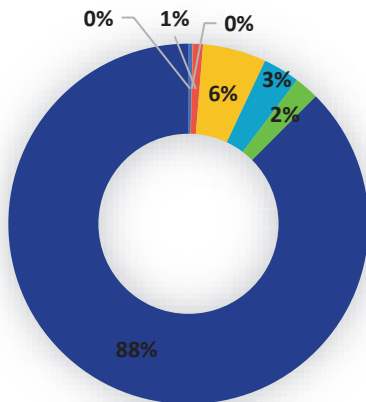
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,852	1,739	97	1	7	11
2	Malignant Neoplasms (Cancer)	1,544	1,480	54	0	5	7
3	Chronic Lower Respiratory Diseases	641	618	21	0	0	3
4	Accidents (Unintentional Injuries)	580	530	44	0	0	6
5	Cerebrovascular diseases	413	380	30	0	1	2

**Pie Chart values may not total 100% due to rounding

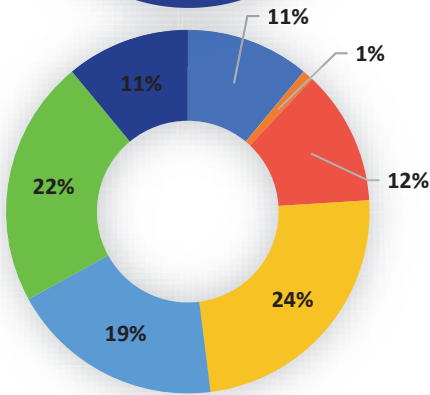
Preparedness District #7



Population Makeup by Race**



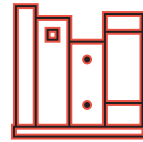
Poverty Impact by Race**



District #7 is located in Western Indiana and consists of Clay, Greene, Owen, Parke, Putnam, Sullivan, Vermillion, and Vigo County with a population of **276.137**

44.14% of District #7 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **52,998** confirmed cases



88% of students are graduating from high school



6% of households do not have access to personal transportation

COVID-19 Death	
Race	Total Deaths
White	340
Black	12
AIAN	1
API	1
Hispanic	0

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

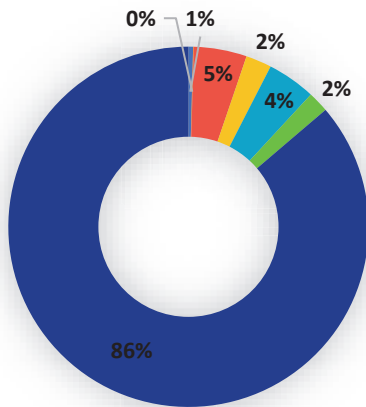
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	853	832	18	0	1	1
2	Malignant Neoplasms (Cancer)	665	651	11	0	1	2
3	Chronic Lower Respiratory Diseases	251	249	2	0	0	0
4	Cerebrovascular diseases	162	161	1	0	0	0
5	Accidents (Unintentional Injuries)	135	133	1	0	0	1

**Pie Chart values may not total 100% due to rounding

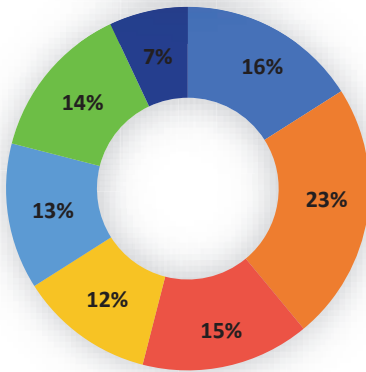
Preparedness District #8



Population Makeup by Race**



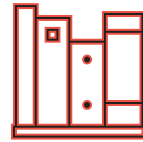
Poverty Impact by Race**



District #8 is located in Southern Indiana and consists of Bartholomew, Brown, Jackson, Lawrence, Monroe, Orange, and Washington County with a population of **385,360**

52.98% of District #8 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **61,215** confirmed cases



90% of students are graduating from high school



6% of households do not have access to personal transportation

COVID-19 Death	
Race	Total Deaths
White	407
Black	2
AIAN	2
API	2
Hispanic	6

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

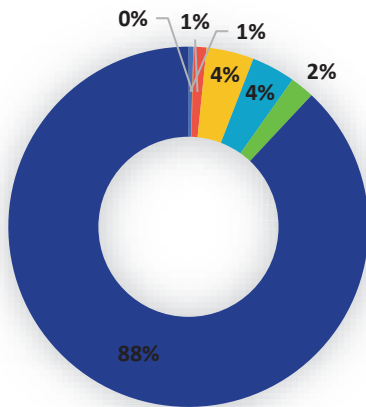
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	856	839	9	0	5	5
2	Malignant Neoplasms (Cancer)	748	731	9	1	6	3
3	Accidents (Unintentional Injuries)	223	213	6	0	2	4
4	Chronic Lower Respiratory Diseases	220	219	1	0	0	0
5	Cerebrovascular diseases	167	164	1	0	2	1

**Pie Chart values may not total 100% due to rounding

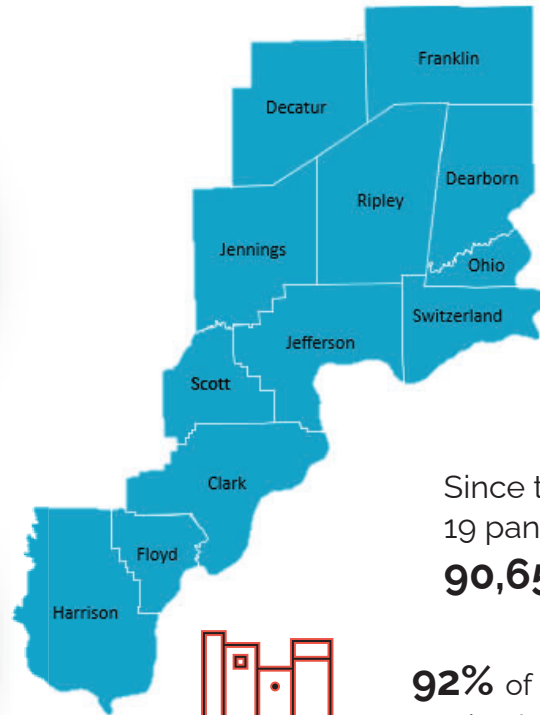
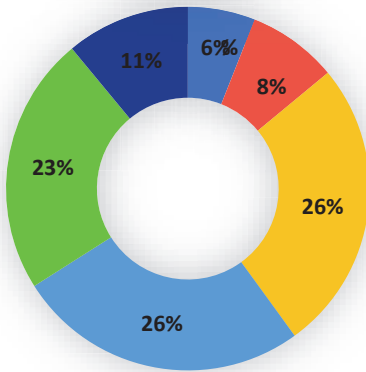
Preparedness District #9



Population Makeup by Race**



Poverty Impact by Race**



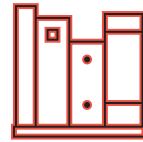
District #9 is located in Southeast Indiana and consists of Clark, Decatur, Floyd, Franklin, Harrison, Jefferson, Jennings, Ohio, Ripley, Scott, and Switzerland County with a population of **466,530**

49.18% of District #9 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **90,655** confirmed cases

92% of students are graduating from high school

5% of households do not have access to personal transportation



COVID-19 Death	
Race	Total Deaths
White	555
Black	19
AIAN	0
API	2
Hispanic	9

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

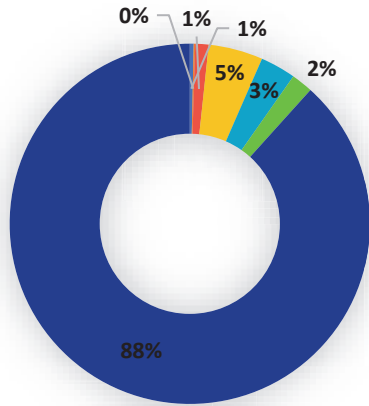
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,149	1,122	21	1	1	5
2	Malignant Neoplasms (Cancer)	1,061	1,041	16	1	0	3
3	Accidents (Unintentional Injuries)	391	366	17	1	0	6
4	Chronic Lower Respiratory Diseases	363	357	6	0	0	0
5	Cerebrovascular diseases	227	214	10	0	1	2

**Pie Chart values may not total 100% due to rounding

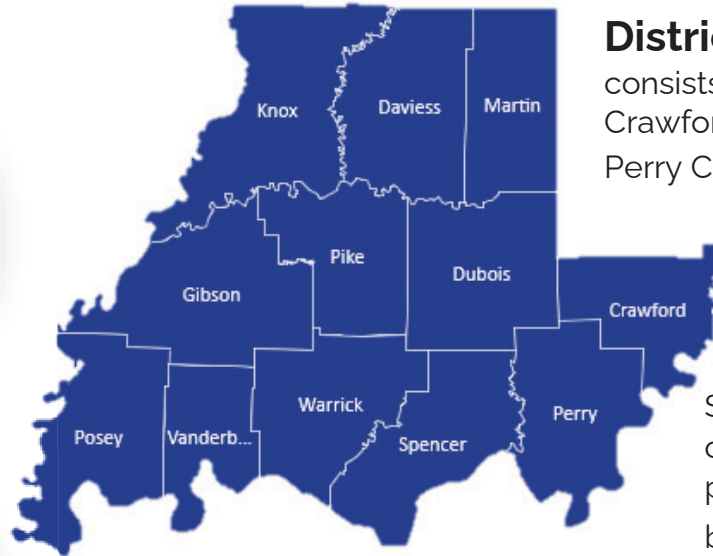
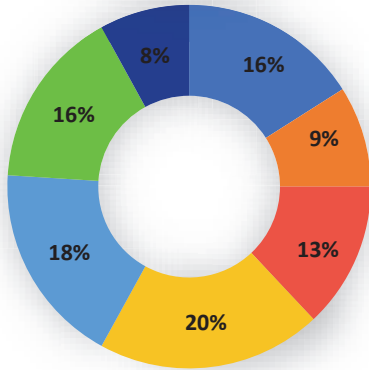
Preparedness District #10



Population Makeup by Race**



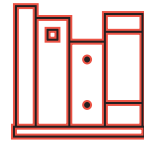
Poverty Impact by Race**



District #10 is located in Southeast Indiana and consists of Knox, Daviess, Martin, Gibson, Pike, Dubois, Crawford, Posey, Vanderburgh, Warrick, Spencer, and Perry County with a population of **466,530**

33.17% of District #9 Residents have been fully vaccinated against COVID-19

Since the beginning of the COVID-19 pandemic there have been **103,910** confirmed cases



88% of students are graduating from high school



7% of households do not have access to personal transportation

COVID-19 Death	
Race	Total Deaths
White	663
Black	27
AIAN	1
API	3
Hispanic	15

■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White

Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,281	1,220	50	1	4	9
2	Malignant Neoplasms (Cancer)	1,103	1,057	36	0	9	5
3	Chronic Lower Respiratory Diseases	331	320	10	1	0	0
4	Alzheimer Disease	317	312	5	0	0	0
5	Cerebrovascular diseases	298	285	12	0	1	0

**Pie Chart values may not total 100% due to rounding



Indiana
**State Health
Improvement Plan**

2022-2026 State Health Improvement Plan Priorities

The Committee established six focus groups after a thematic review of the qualitative and quantitative data found within the State Health Assessment. When developing the priorities for each focus group, the committee leads considered the following:

Magnitude - Does the health indicator affect a large number of the population?

Seriousness - Does the health indicator reflect health issues with a high severity, such as a high mortality or morbidity rate?

Community Focus - Is the indicator a concern for the community via legislation action?

Social Determinant - Does the issue affect multiple health outcomes?

During each focus group, the participants were asked to consider one guiding *question*. ***What objectives, if achieved over the next five years, would have the greatest impact on this issue?*** After each session, Chamberlin Dunn and the IDOH reviewed, reorganized, and assembled the groups feedback into thematic goals, objectives, and strategies. The focus group then identified potential metrics that could be associated with each priority and its subsequent objectives.

On behalf of the SHA/SHIP committee, the IDOH procured a performance management system that all committee participants will be able to access and will house the SHA/SHIP metrics. This system will track preidentified metrics in the form of a scorecard for each priority and will also serve as a tracking mechanism for activities conducted by committee partners. Utilizing this platform will allow Indiana to track our progress towards addressing key health factors and outcomes and provide the public with annual progress reports.



Health Outcomes and Risk Factors



Mental Health and Wellness



Family, Women, Infants, and Children



Healthy Aging



Public Health Systems and Workforce



Social Determinants of Health

Health Priorities in Action

When conducting focus groups to identify the 2022-2026 Health Priorities, the committee felt it was important to recognize existing work and build the foundation to capture new work dedicated to addressing the six public health priorities. The outcome of this was the identification of existing key performance indicators for each public health priority and the development of five strategic goals to advance public health across the state.

Performance Management of this plan's key performance indicators will be represented in two scorecards to be updated annually. The existing key performance indicators are captured on page 64. The Improvement Plan Strategic Goals start on page 57. When reviewing the goals, objectives, and strategies it is important to note that the committee recognized that the strategies associated with a goal impact more than one of our key health priorities. To capture this, the committee opted to utilize a dotting system that identifies what priorities are applicable to each strategy. This allows us to highlight the areas in which partners could work together and understand the role that everyone plays within the public health system. Each dot correlates to the color of the icon associated with the health priority.



Beginning in 2022, IDOH in partnership with key partners within the public health system will continually engage with the 2021 State Health Assessment and Improvement Plan Committee to capture any metrics that will inform the future work scorecard. Both of these scorecards will be published on the [OPHPM Tracking Public Health Performance](#) page.

Improvement Plan Strategic Goals

Goal 1: Increase Hoosier's Access to Care

Provide services to Hoosier's when they are needed and ensure they are easily accessible, affordable, and coordinated.

Goal 2: Improve Communication and Education within the Public Health System

Provide technical and tangible supports to the workforce on services, prevention, and health outcomes that are both culturally appropriate and sustainable.

Goal 3: Promote Preventative Care and Overall, Health for Hoosiers

Encourage prevention for the reduction of disease and illness in Indiana.

Goal 4: Bolster Community Connections and Built Environment

Ensure community and environmental support that will provide equitable access in all conditions to create optimal health.

Goal 5: Expand Public Health Infrastructure Capacity

Build upon current resources and strengths and expanding areas of health support and public health capacity

Goal 1: Increase Hoosier's Access to Care

Provide services to Hoosier's when they are needed and ensure they are easily accessible, affordable, and coordinated.

Objectives

Ensure individuals have access to health insurance

Connecting individuals to the care

Expand alternative options to care

Collaboration of programs and wrap services

Strategies

Identify primary care providers "deserts" ●●🔗

Decrease time to access primary and specialized care ●●●●●

Increase opportunities for telehealth ●●●●●🔗

Increase care coordinators (e.g..school nurses, school medical clinics, mental health services inside schools) ●●●●●🔗

Enhance the intake process to identify memberships in a specific population that may have access to additional or specialized services they may not be aware of (e.g. military-connected populations, low-income) ●●●●●

Expand number of mental health providers and services ●●●●●🔗

Increase placement of eligible Hoosiers for Medicaid coverage including comprehensive services ●●●●●🔗

Build upon collaboration of services or wrap services ●●●●●

Expand the use and integration of community health workers, patient navigators, community paramedics, etc. ●●●●●

Expand home visitation programs (statewide) including but not limited to OB, chronic disease, and Aging in Place. ●●●●●🔗

Strategies Continued

Increase mental health screenings of mothers during prenatal and perinatal care ●●🧩

Ensure community health workers and patient navigator services are reimbursable ●●●●●🧩

Increase access to adequate insurance coverage for substance use disorder treatment ●●●🧩

Identify areas of Indiana with a lack in services and explore opportunities for expanding services to those regions ●●●●●🧩

Ensure that individuals are referred to social services programs for which they may be eligible ●●●●●🧩

Goal 2: Improve Communication and Education Within the Public Health System

Provide technical and tangible supports to the workforce on services, prevention, and health outcomes that are both culturally appropriate and sustainable.

Objectives

Communicate with patients effectively and in a culturally competent manner

Increase awareness of existing programs

Ensure accurate and timely communication

Strategies

Increase translation and interpretation services statewide ●●⊞

Increase marketing and use of findhelp.org, Mom's Helpline, and 211 ●●⊞

Conduct a campaign on identifying health misinformation ●●●●⊞

Increase patient self-management education ●●●●●⊞

Conduct a campaign focused on reducing stigma and awareness around mental wellness and substance abuse ●●●●⊞

Bring mental health trainers to the communities (e.g., QPR, Mental Health First Aid) ●●●●●⊞

Increase marketing of Next Level Recovery of the Know the O Facts website and materials ●●⊞

Raise awareness of elder abuse ●●●●⊞

Increase awareness and use of elder rights in institutional care in collaboration with partners ●●●●⊞

Goal 3: Promote Preventative Care and Overall Health for Hoosiers

Encourage prevention for the reduction of disease and illness in Indiana.

Objectives

Increase screenings for preventative diseases that in our top 10 causes of deaths

Increase intake of fruits and vegetables

Increase vaccination rates in children and adults

Increase the use of primary care physicians

Decrease the number of suicides

Decrease those struggling with substance abuse

Strategies

Increase public involvement in strategy development patient navigators, community paramedics, etc. ●●●●

Expand incentives and coverage for screenings and services ●●●●●

Increase the use of farmer market vouchers utilized by SNAP and WIC participants ●●●

Increase the number of schools participating in farm-to-school activities and providing other fresh food options ●●●

Increase the number of sites that send health meals home for children during school breaks ●●●

Expand integrative mental health models ●●●●

Proactive education and monitoring of pain medications and other high-risk medications that could be misused ●●●●

Provide access to professional and peer support for breastfeeding ●●●

Increase the number of fresh food options in Indiana ●●●

Increase breastfeeding rates and increase access to breastfeeding friendly environments ●●●

Goal 4: Bolster Community Connections and Built Environment

Ensure community and environmental support that will provide equitable access in all conditions to create optimal health.

Objectives

Increase air quality

Build more emotional and mental health supports in communities

Increase water quality

Decrease lead exposure

Increase physical activity

Support aging Hoosiers

Increase high school graduation rates

Strategies

Create guidance and provide technical assistance to include more questions about social determinants of health ● 🧩

Increase public safety for trails and other outdoor spaces ● ● ● 🧩

Provide technical assistance to communities that are or want to design neighborhoods for active living ● ● ● ● ● 🧩

Increase physical activity in Pre-K and K-12 schools ● ● ● ● 🧩

Expanding transportation options (public and for those that need assistance in getting to medical appointments) ● ● ● ● ● 🧩

Educating family and the public about the impact of disease on elderly populations ● ● ●

Connecting families to supports while caring for elderly family members ● ● ● ● ● 🧩

Increase resources and opportunities for Hoosiers to discuss estate planning, living wills, and other end of life planning ● ● ● 🧩

Increase the rate of post secondary enrollments for graduating high school seniors ● ● ● ● 🧩

Increase the enrollment rate of students enrolled in Pre-K programs ● ● ● ● 🧩

Goal 5: Expand Public Health Infrastructure Capacity

Build upon current resources and strengths and expanding areas of health support and public health capacity

Objectives

Enhance emergency preparedness and response

Increase awareness and support for mental wellness in our first responders

Build upon collaborations and alignment with joint efforts

Build the workforce in specialized areas of need (with the elderly, social work, and public health)

Strategies

Train providers in trauma-informed care ●●●●●

Build a communication hub for various coalitions who focus on similar initiatives ●●●●●

Build the capacity of the ILEA and IMPD Behavioral Health Unit ●●●●●

Identify champions in each service area to raise awareness of social work and case management services and needs ●●●●●

Provide cultural competence training for the public health system ●●●●●

Provide technical assistance around accreditation readiness, quality improvement, and performance management ●●

Work with universities about having more intern or on-job experience ●●●●●

Diversify funding streams for local health departments diverse and sustainable public health funding model ●●

Conduct regional and local grant writing workshops for local public health systems ●●

Increase state funding for local health departments ●●

Identify and capitalize on a more diverse and sustainable public health funding model ●●

Objectives Continued

Increase funding and investment throughout Indiana for public health activities

Sharing complete, accurate, and timely data

Increase workforce capacity on data access, analysis, and resources

Strategies Continued

Promote the use of websites providing regional and local data such as Stats Explorer and Indiana Indicators ●●●●●

Increase social determinants of health data at a community-level ●●●●●

Build a better health equity surveillance system ●●●●●

Support and expand shared use agreements between schools and local organizations community coalitions ●●●●●

Increasing the number of health departments with an emergency operation plan ●●●●●

Utilize the after-action planning process to identify gaps and strengthen response ●●●●●

Provide technical assistance and work with local health departments to become accredited ●●●●●

Make public health system partners aware of existing plans ●●●●●

Increase support and care for first responders and medical professional ●●●●●

Create communication plans of statewide and local strategies ●●●●●

Implement and hold regular meetings and measure current plans ●●●●●

Establish train-the-trainer models inside agencies ●●●●●

Increase the diversity of the Indiana public health workforce ●●●●●

State Health Improvement Metrics

Access to care:    

Metric	Baseline Metric (Date)	Data Source
Decrease the number of individuals who do not have health insurances (uninsured)	8.7% (2020)	America's Health Rankings
Decrease the number of individuals who do not seek care due to cost	10.4% (2020)	America's Health Rankings
Increase the number of individuals with a primary care physician	73.2 (2020)	BRFSS
Increase the number of mental health providers, per 100,000	268.6 (2020)	America's Health

Health Outcomes    

Metric	Baseline Metric (Date)	Data Source
Decrease in Alzheimer Disease deaths per 100,000	2,799 (2020)	IDOH Vital Records
Decrease in asthma related deaths per 100,000	1.2 (2020)	IDOH Vital Records & Division of Chronic Disease
Decrease in cerebrovascular disease deaths per 100,000	3,308 (2020)	IDOH Vital Records
Decrease in chronic liver disease and Cirrhosis per 100,000	1,139 (2020)	IDOH Vital Records
Decrease in covid-19 deaths per 100,000	8,515 (2020)	IDOH Vital Records
Decrease inpatient hospitalizations age-adjusted incident rate per 100,000	3.6 (2020)	IDOH Division of Chronic Disease
Decrease the number of individuals diagnosed with HIV/AIDS per 100,000	448 (2019)	Census Bureau
Decrease the number of males diagnosed with HIV/AIDS per 100,000	361 (2019)	Census Bureau
Increase number of counties that provide harm reduction services	12 (2021)	HIV/STD
Increase number of counties that provide syringe service programs	9 (2021)	HIV/STD
Number of deaths related to "any" opioid as defined by the IDOH overdose per 100,000	816 (2020)	IDOH Overdose Prevention
Number of deaths related to a synthetic opioid per 100,000	703 (2020)	IDOH Overdose Prevention
Number of deaths related to alcohol per 100,000	791 (2019)	Stats Explorer
Number of deaths related to opioid pain reliever per 100,000	783 (2020)	IDOH Overdose Prevention
Reduce accidental deaths for teens and young adults (ages 0-24) per 100,000	502 (2020)	IDOH Vital Records
Reduce cancer deaths per 100,000	13,645 (2020)	IDOH Vital Records
Reduce chronic lower respiratory disease related deaths	4,527 (2020)	IDOH Vital Records
Reduce diabetes mellitus mortality per 100,000	2,446 (2020)	IDOH Vital Records

Reduce heart disease per 100,000	15,141 (2020)	IDOH Vital Records
Reduce infant mortality in infants who are black/African American	13 per 1,000 live births	MCH
Reduce infant mortality in infants who are Hispanic	51 (2020)	IDOH Vital Records
Reduce kidney disease mortality per 100,000	1442 (2020)	IDOH Vital Records
Reduce mortality rates of someone who overdosed on opioids	1875 (2020)	IDOH Vital Records
Reduce number of mothers who smoke during pregnancy	10.9% (2020)	Indiana Birth Records
Reduce the number of reports of binge drinking, 18+ years of age	15.7% (2020)	America's Health Rankings
Reduce septicemia related deaths per 100,000	1106 (2020)	IDOH Vital Records
Reduce suicides	972 (2019)	CDC
Reduce suicide in veterans	125 (2019)	Veterans Affairs
Reduce the number of accidental deaths per 100,000	4,559 (2020)	IDOH Vital Records
Reduce the number of adults (18+) reporting the existence of a depressive disorder	21.9% (2020)	America's Health Rankings
Reduce the number of ER visits related to overdoses	7,191 (2020)	Drug Overdoses Dashboard
Reduce the number of individuals with diabetes	12.4% (2020)	BRFSS
Reduce the number of infants with Neonatal Abstinence Syndrome (NAS) per 1,000 live births	11.8 (Q3 2021)	MCH

Infrastructure 

Metric	Baseline Metric (Date)	Data Source
Increase public health funding to Indiana	\$76/person (2020)	America's Health Rankings
Increase the number of local health departments that participate in the PHWINS survey	17 (2021)	De Beaumont Foundation
Increase the number of local health departments that are accredited	4 - Nationally (2020)	PHAB
Increase the number of local health departments with a community health assessment	18 (2021)	Indiana Indicators
Increase the number of care givers who are trained and provide services to individuals with dementia, per 1,000	215 (2021)	Alzheimer's Association Special Report
Increase the number of local health departments with a community improvement plan	18 (2021)	Indiana Indicators

Social Determinants of Health 

Metric	Baseline Metric (Date)	Data Source
Air pollution	8.7 (2020)	America's Health Rankings
Public transportation options	63	Indiana Department of Transportation
Broadband national ranking	87.4% (2020)	America's Health Rankings
Drinking water violations	0.4% (2020)	America's Health Rankings
Number of children exposed to increase lead levels	226 (2020)	IDOH Lead and Healthy Homes
Number of children living in poverty rate	230,725 (2019)	Census Bureau
Number of children who are in foster care (based on CHINS cases)	14,381 (10/2021)	Dept of Child Services
Number of foster youths who have a high school diploma or equivalent	55% (2019)	Foster Success Report
Number of people with a high school diploma or equivalent	87.2% (2020)	America's Health Rankings
Number of violent crime incidents per 100,000	371 (2020)	America's Health Rankings

Preventative Care 

Metric	Baseline Metric (Date)	Data Source
Decrease the number of emergency room visits due to asthma for adults per 100,000	39.3%	Hospital Discharge Data
Decrease the number of emergency room visits due to asthma for children ages 5-17 per 100,000	49.7%	Hospital Discharge Data
Decrease the number of individuals who have not received a routine checkup less than	11.7%	BRFSS
Decrease the number of men who have do not received a routine checkup less than 2 years ago but more than a year ago	11.6%	BRFSS
Increase in colorectal cancer screening for adults 50-75	71.2% (2020)	BRFSS
Increase in breast cancer screening for females 50-75	73.6% (2020)	BRFSS
Increase in cervical cancer screening for women 21-65	75.7% (2020)	BRFSS
Increase in prostate cancer screening for men 40+	28.9% (2020)	BRFSS
Increase the number of dental care providers per 100,000	51.5 (2020)	America's Health Rankings
Increase the number of mental health providers per 100,000	183 (2020)	America's Health Rankings
Increase the number of women breastfeeding at the hospital discharge	82% (2020)	Indiana Birth Records
Increase the number of women who are provided mental wellness check after birth	69.3% (2020)	Indiana Birth Records
Reduce the number of ER visits related to injuries	905,363 (2019)	Trauma & Injury Prevention



Appendices

Appendix I: State Health Committee Partner Organizations

Thank you for your participation!

American Health Association

Blackford County Health Department

Bowen Center for Health Workforce Research and Policy

BraunAbility

Building Healthy Military Communities

Cardiovascular Disease and Diabetes Coalition of Indiana

Clark County Health Department

Connections IN Health

Decatur County Health Department

Elkhart County Health Department

Fisher's Health Department

Floyd County Health Department

Family Social Services Administration (FSSA)

Goodwill Industries of Michiana Nurse-Family Partnership of Northern Indiana

Goodwill of Central and Southern Indiana

Greene County Health Department

Hamilton Southeastern Schools

Harrison County Health Department

Health by Design

Healthier Moms and Babies

Henry County Health Department

Home Healthcare Workers of America

Hoosier Health and Wellness Alliance

Indiana Alliance of YMCAs

Indiana Association of School Nurses

Indiana Cancer Consortium

Indiana Clinical and Translational Sciences Institute (CTSI)

Indiana Department of Education

Indiana Department of Health (Various Divisions and Programs)

Indiana Health Information Exchange

Indiana Joint Asthma Coalition

Indiana Medicaid

Indiana National Guard

Indiana Public Health Association

Indiana University

Indiana University – Kokomo

Indiana University Health

Indiana University Health Community Health Team

Indiana University Health Bloomington

Indiana University- Fairbanks School of Public Health

Indiana University School of Public Health – Bloomington

Indiana University Simon Comprehensive Cancer Center

Indiana WIC

Indy Hunger Network
Kosciusko Community YMCA
Life Spring Health Systems
Live Well Kosciusko
Marshall County Health Department
Members of the public (multiple)
Mental Health America of Indiana
Meridian Health Services
Milk Bank, The
Noble County Health Department
Nurse Family Partnership
Parke County Health Department
Parkview Health
Prime Movement Healthcare
Pulaski County Sheriff's Office – 911 Center

Purdue Extension
Purdue Extension Jay County
Purdue Extension Marion County
Purdue Healthcare Advisors
Purdue University
Putnam County Health Department
QSource
Richard M Fairbanks Foundation
Ripley County Health Department
St. Joseph County Health Department
Top 10 Coalition
Vanderburgh County Health
Department Welborn Baptist Foundation
Whitley County Health Department
YMCA of Greater Indianapolis

Appendix II: Resources

Age-Friendly Communities: Fort Wayne

Age-Friendly Communities: Indianapolis

America's Health Rankings 2020 Annual Report

Community Health Priorities: Rural Indiana 2020

Covid-19 Impact Survey: 2021 Indiana Results Report

Foster Success 2021-2023 Strategic Plan

Foster Students in Indiana 2020

Health by Design 2020 Plan

Healthy People 2030

Household Food Security in the United States in 2019

HIV Prevention in the United States: Mobilizing to End the Epidemic

Indiana Birth to 5 Strategic Plan 2020-2022

Indiana Child and Family Services Plan 2020-2024

Indiana Community Needs Assessment 2018 Report (IHCDA)

Indiana Department of Transportation 2019 Strategic Plan

Indiana Family and Social Services Administration 2017

Indiana Governor's Council for People with Disabilities Five-Year State Plan 2022-2026 (Draft)

Indiana Health Coverage Programs 2021 Quality Strategy Plan

Indiana Indicators

Indiana Peer Support Strategic Plan 2020

Indiana's Public Health Commission

Indiana State Plan on Aging – Federal Fiscal Years 2019-2022

Indiana State Sexual Violence Primary Prevention Plan 2016-2020

Indiana Stats Explorer

Indiana STEM 2019-2025

Indiana Tobacco Control Strategic Plan 2021-2025

Indiana Youth Survey 2020

Preparing for the Future: Indiana's Preschool Development Grant

State of Indiana Prevention Strategic Plan SFY2019-SFY2023

The State of Obesity: Better Policies for a Healthier America 2020

The State of Obesity: Better Policies for a Healthier America 2021

Title V Block Grant Needs Assessment: MCH and CSHCS

Zero is Possible: Indiana's Plan to End HIV and Hepatitis C

Appendix III: Questionnaire Templates

2021 Indiana State Health Assessment Community Partner Self-Assessment

Introduction and Purpose

This self-assessment tool is designed to gauge the capacity of health system organizations and agencies in Indiana to contribute to better health and quality of life for all Hoosiers. It aligns to the National Association of County and City Health Officials (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) framework, which is the guiding framework for the 2021 Indiana State Health Assessment. Results from this Community Partner Assessment will be used to identify priorities and goals for the 2022-2024 Indiana State Health Plan.

1. Organization/agency name: [blank]

2. Please indicate your level of agreement with the following statements about your organization or agency:

[internal note: covers MAPP sections Community Linkages, Community Engagement, Data]

My agency/organization...	Strongly agree 5	Agree 4	Disagree 2	Strongly disagree 1	Unsure/ Don't know
incorporates community feedback to make decisions about programs, services, or activities					
successfully partners with a wide range of community-based organizations to deliver programs, services, or activities					
connects populations we serve to other resources that can address social determinants of health					
coordinates or aligns with other partners and stakeholders to improve programs, services, or activities in the community					
participates in workgroups, steering committees, or other collaborative efforts to improve health in the communities we serve					
<u>informally</u> shares data and information with partners and stakeholders to improve health outcomes in the community					
<u>formally</u> shares data and information with partners and stakeholders to improve health outcomes in the community					

3. Please indicate your level of agreement with the following statements about your organization or agency:

[internal note: covers MAPP sections Health Equity and Resources]

My agency/organization...	Strongly agree 5	Agree 4	Disagree 2	Strongly disagree 1	Unsure/ Don't know
provides services, products, programs, or activities specifically aimed at improving health equity in Indiana					
devotes sufficient resources to the needs of sub-populations experiencing health inequities					
disaggregates and analyzes our data by sub-populations, to measure impact on improving health equity (e.g., gender, age, race/ethnicity, at-risk populations)					
has substantial <u>internal</u> work to do to improve health equity in Indiana (e.g., additional policies, change in organizational culture, etc.)					
has substantial <u>external</u> work to do to improve health equity in Indiana (e.g., additional services, products, programs, or activities; deepening outreach to various communities, etc.)					

2021 Indiana State Health Assessment Community Partner Self-Assessment

4. Please indicate your level of agreement with the following statements about your organization or agency:
[internal note: covers Leadership and Workforce Capacity]

My agency/organization...	Strongly agree 5	Agree 4	Disagree 2	Strongly disagree 1	Unsure/ Don't know
implements formal continuous improvement processes					
has formal policies that promote health equity					
formally includes health equity in our mission, vision, values, and/or strategic plan					
has enough workers with the skills and expertise to promote health in Indiana					
has a staff that reflects the demographics of the community/communities we serve (e.g., gender, race/ethnicity)					

5. What external forces (e.g., disease outbreaks/public health emergencies, political climate, market shifts, funding, etc.) represent the greatest threats to the ability of Hoosiers to improve their health? [blank]

6. What would your organization need (e.g., resources, policies, people, partners) to further increase its positive impact on the ability of Hoosiers to improve their health? [blank]

7. Do you provide services, products, programs, or activities *specifically designed for or targeted to any of the following subpopulations?* Select all that apply.

- | | | |
|------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Individuals with low income | <input type="checkbox"/> Persons experiencing homelessness | <input type="checkbox"/> Veterans or military personnel |
| <input type="checkbox"/> Communities of color | <input type="checkbox"/> Persons who identify as LGBTQIA+ | <input type="checkbox"/> Women |
| <input type="checkbox"/> Rural communities | <input type="checkbox"/> Infants or young children | <input type="checkbox"/> Refugees and immigrants |
| <input type="checkbox"/> Persons with a disability | <input type="checkbox"/> Adolescents/school-aged Children | <input type="checkbox"/> Individuals with substance use issues |
| <input type="checkbox"/> Uninsured | | |
| <input type="checkbox"/> Older adults/aging seniors | | |

8. Do you provide services, products, programs, or activities *specifically designed to address any of the following issues or determinants of health?* Select all that apply.

- | | | |
|------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Violence reduction or mitigation | <input type="checkbox"/> Chronic disease |
| <input type="checkbox"/> Direct health care services | <input type="checkbox"/> Racial injustice/inequity | <input type="checkbox"/> Family stability |
| <input type="checkbox"/> Patient/participant transportation | <input type="checkbox"/> Tobacco cessation | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Patient/participant employment services | <input type="checkbox"/> Physical activity | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Mental health care services | <input type="checkbox"/> Health care affordability | <input type="checkbox"/> Housing/homelessness |
| <input type="checkbox"/> Substance abuse recovery services | <input type="checkbox"/> Dental care services | <input type="checkbox"/> Infant mortality |
| | <input type="checkbox"/> Environmental health | <input type="checkbox"/> Infectious disease |
| | <input type="checkbox"/> Healthy behaviors/lifestyles | <input type="checkbox"/> Immunization rates |

9. In what ZIP code is your organization/agency's main headquarters located? [blank, validate number]

10. Which of the following Indiana Public Health Preparedness Districts does your organization/agency serve? Include regions where you serve at least one county in that region. Select all that apply. Click [here](#) for a region map.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby Counties) | <input type="checkbox"/> District 8 (Bartholomew, Brown, Jackson, Lawrence, Monroe, Orange, Washington Counties) |
| <input type="checkbox"/> District 1 (Jasper, La Porte, Lake, Newton, Porter Counties) | <input type="checkbox"/> District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, | <input type="checkbox"/> District 9 (Clark, Dearborn, Decatur, Floyd, Franklin, Harrison, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland Counties) |
| <input type="checkbox"/> District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, St. Joseph, Starke Counties) | | |

2021 Indiana State Health Assessment Community Partner Self-Assessment

- District 3** (Adams, Allen, De Kalb, Huntington, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley Counties)
- District 4** (Benton, Carroll, Cass, Clinton, Montgomery, Tippecanoe, Warren, White Counties)
- District 5** (Adams, Allen, De Kalb, Huntington, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley Counties)
- District 6** (Adams, Allen, De Kalb, Huntington, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley Counties)
- District 7** (Clay, Greene, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo Counties)
- District 8** (Adams, Allen, De Kalb, Huntington, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley Counties)
- District 9** (Adams, Allen, De Kalb, Huntington, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley Counties)
- District 10** (Crawford, Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick Counties)

11. How many full-time equivalent staff does your organization employ? [note: aligns with Census ranges]

- 1-9
- 10-19
- 20-49
- 50-99
- 100-249
- 250-499
- 500-999
- 1,000 or more
- Don't know/Unsure

2021 Community Context Assessment Indiana Health and Quality of Life Community Member Survey

Introduction and Purpose

Thank you for taking the time to provide your opinions. Your responses will help state and local health organizations throughout Indiana focus on the things that result in better health and wellness for all Hoosiers

1. Which of the following things, if any, keep you from being as health as possible? (Select all that apply)

- | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> A chronic disease/illness (physical or mental) | <input type="checkbox"/> Stable employment | <input type="checkbox"/> Alcohol use |
| <input type="checkbox"/> Ability to pay for health care | <input type="checkbox"/> Lack of support from family and friends | <input type="checkbox"/> Not being at a healthy weight (overweight or underweight) |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Ability to exercise | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Access to health care providers (e.g., doctors, nurses, dentists) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Violence in my community | | |

2. Please rate the following based on your overall opinion of the health and quality of life in your community.

	Strongly agree 5	Agree 4	Disagree 2	Strongly disagree 1	Unsure/ Don't know
There is economic opportunity in my community					
I feel safe in my community					
All individuals and groups can contribute and participate in my community					
There are networks of support for individuals and families during times of need					
I am satisfied with the health care system in my community					
My community is a good place to grow old					
My community is a good place to raise children					
I am satisfied with the quality of life in my community					

3. In the following list, what do you think are the 1 to 5 most important factors that would contribute to a high quality of life in this community? (Choose up to 5)

- | | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Availability of health care (physical and mental health) | <input type="checkbox"/> Strong families | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Clean environment (water, air, sewage, waste disposal) | <input type="checkbox"/> Availability of dental services | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Career enhancement | <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Low adult death and disease rate | <input type="checkbox"/> Affordable health insurance | <input type="checkbox"/> Lower level of child abuse |
| <input type="checkbox"/> Religious or spiritual values | <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Good place to raise children |
| <input type="checkbox"/> Healthy economy | <input type="checkbox"/> Good jobs | <input type="checkbox"/> Strong economy |
| | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Better transportation options |
| | <input type="checkbox"/> Childcare | |

2021 Community Context Assessment Indiana Health and Quality of Life Community Member Survey

4. Of the following issues, what do you think are the 1 to 5 most important issues in your community?

- | | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Lack of access to food |
| <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Low immunization rates | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Family issues | <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> School dropout rates | <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Rape/sexual abuse |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Sexually transmitted diseases (STDs) | <input type="checkbox"/> Cancers |
| <input type="checkbox"/> Economic and social conditions | <input type="checkbox"/> High number of uninsured | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Job-related injuries | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Lack of resources for parents | <input type="checkbox"/> Infant death | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Infectious Disease (e.g., hepatitis, TB, etc.) | <input type="checkbox"/> Dental problems | <input type="checkbox"/> Education Attainment |

Your responses to the following questions help the Indiana Department of Health know the survey is reaching diverse groups of people across Indiana. Responses are appreciated, but you may choose not to respond.

5. Please choose the Indiana county where you live:

6. Your age:

- | | | |
|-----------------------------------|-----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18-24 | <input type="checkbox"/> 25-34 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 65+ | <input type="checkbox"/> Prefer not to answer | |

7. Annual household income:

- | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$30,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$75,000+ | <input type="checkbox"/> Prefer not to answer |

8. Race/Ethnicity you most identify with (choose all that apply):

- | | | |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Another race/ethnicity |
| <input type="checkbox"/> Prefer not to answer | | |

9. Your highest level of education completed

- | | | |
|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> College degree or higher | <input type="checkbox"/> Prefer not to answer | |