



2024 Community Health Needs Assessment

Prepared for

REHABILITATION HOSPITAL OF INDIANA

By

VERITÉ HEALTHCARE CONSULTING, LLC

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<https://www.rhirehab.com/about-us/rhi-in-the-community/>

Table of Contents

| | |
|---|----|
| EXECUTIVE SUMMARY | 5 |
| Introduction | 5 |
| Community Assessed | 5 |
| Significant Community Health Needs..... | 7 |
| Access to Health and Preventive Services..... | 7 |
| Mental Health Status | 9 |
| Nutrition, Physical Activity, and Chronic Conditions..... | 9 |
| Social Determinants of Health..... | 11 |
| Smoking..... | 10 |
| Substance Use Disorder..... | 12 |
| Violence and Injuries..... | 13 |
| DATA AND ANALYSIS | 14 |
| Community Assessed | 14 |
| Secondary Data Summary (Marion County, Indiana)..... | 15 |
| Demographics | 15 |
| Socioeconomic Indicators..... | 16 |
| Local Health Status and Access Indicators..... | 17 |
| Medically Underserved Areas and Populations..... | 18 |
| Health Professional Shortage Areas | 18 |
| Secondary Data Summary (State of Indiana)..... | 19 |
| Demographics | 19 |
| Local Health Status and Access Indicators..... | 19 |
| Findings of Other Assessments and Publications..... | 21 |
| Community Input Summary..... | 22 |
| Internal Hospital Staff and Leadership Meetings | 22 |
| External Community Partner and Stakeholder Interviews | 25 |
| OTHER FACILITIES AND RESOURCES IN THE COMMUNITY | 27 |
| Hospitals | 27 |
| Federally Qualified Health Centers | 28 |
| Other Community Resources..... | 28 |
| APPENDIX A – OBJECTIVES AND METHODOLOGY..... | 30 |
| Regulatory Requirements..... | 30 |
| Methodology | 30 |

| | |
|---|----|
| Collaborating Organizations..... | 31 |
| Data Sources..... | 31 |
| Consultant Qualifications | 32 |
| APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY) | 33 |
| Demographics..... | 33 |
| Socioeconomic Indicators | 39 |
| People in Poverty..... | 39 |
| Unemployment | 42 |
| Health Insurance Status | 43 |
| Medical Debt | 44 |
| Crime Rates | 45 |
| Housing Affordability..... | 46 |
| Food Insecurity | 48 |
| LGBT Socioeconomic Characteristics | 50 |
| Area Deprivation Index | 51 |
| Centers for Disease Control and Prevention Social Vulnerability Index | 52 |
| Other Health Status and Access Indicators | 56 |
| County Health Rankings..... | 56 |
| Community Health Status Indicators..... | 62 |
| COVID-19 Incidence and Mortality..... | 64 |
| Mortality Rates | 65 |
| Centers for Disease Control and Prevention PLACES..... | 69 |
| Medically Underserved Areas and Populations..... | 80 |
| Health Professional Shortage Areas | 82 |
| APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA) | 83 |
| Demographics..... | 83 |
| Indiana Health Status and Access Indicators..... | 84 |
| Indiana Data by Race and Ethnicity | 91 |
| Findings of Other Assessments | 97 |
| Indiana State Health Assessment and Improvement Plan, 2022-2026..... | 97 |
| Other Relevant Studies and Publications | 97 |
| Indiana Tobacco Control 2025 Strategic Plan..... | 97 |
| Indiana Workforce Issues | 98 |
| ThinkFirst Traumatic Brain Injury Fast Facts | 99 |

| | |
|--|-----|
| ThinkFirst Spinal Cord Injury Fast Facts | 100 |
| Living with Paralysis & Caregiver National Survey, 2022 | 100 |
| Know Stroke: Take Preventive Action..... | 101 |
| IDOH, Special Emphasis Report: Fall Injuries among Older Adults..... | 101 |
| IDOH, Special Emphasis Report: Traumatic Brain Injury, 2020..... | 102 |
| IDOH, Division of Trauma and Injury Prevention, Injury Prevention Resource Guide | 102 |
| Governor’s Council for People with Disabilities, Five-Year State Plan, 2022-2026..... | 102 |
| APPENDIX D – COMMUNITY INPUT PARTICIPANTS..... | 104 |
| APPENDIX E – CHSI PEER COUNTIES..... | 105 |
| APPENDIX F – IMPACT EVALUATION | 106 |

EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by the Rehabilitation Hospital of Indiana (RHI or “the hospital”) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

RHI is an acute care rehabilitation hospital that provides inpatient and outpatient rehabilitation services. RHI, located in Indianapolis, specializes in brain injury, spinal cord injury, stroke, transplant, and comprehensive medical rehabilitation for injuries resulting in loss of function. RHI has 91 licensed beds and is a community collaboration between Indiana University Health (IU Health) and Ascension St. Vincent. Additional information about RHI is available at: <https://www.rhirehab.com/>.

RHI is dedicated to the community it serves. The hospital conducts a CHNA every three years to understand current community health needs and to inform strategies designed to improve community health. This CHNA is conducted using widely accepted methodologies to identify the significant needs of the community served by the hospital. The assessment also is conducted to comply with federal laws and regulatory requirements that apply to tax-exempt hospitals.

RHI invites community members to review the Community Health Needs Assessments and provide comments to info@rhin.com. The hospital’s Implementation Strategy is scheduled to be published by May 15, 2025.

Community Assessed

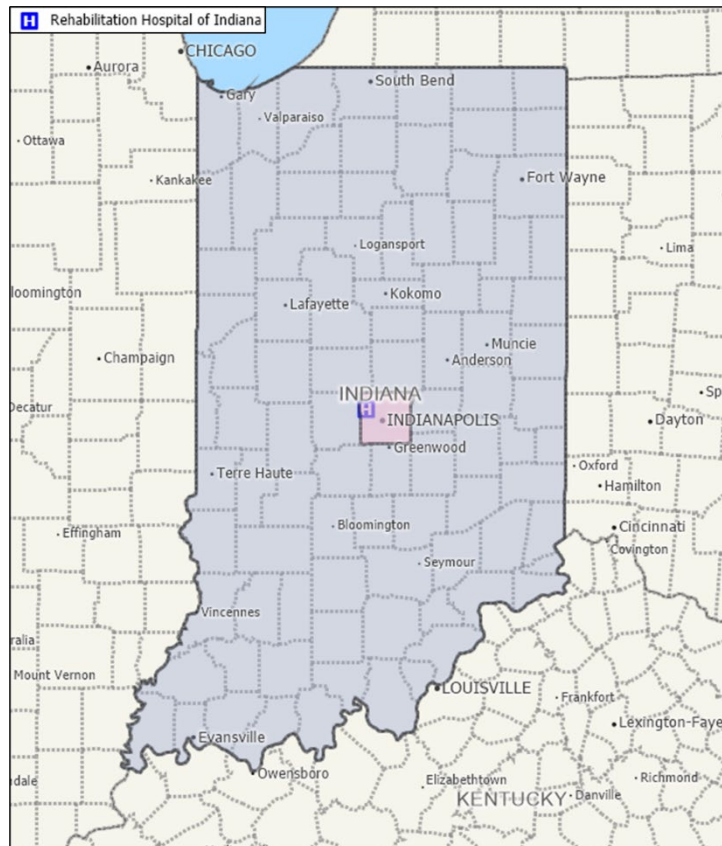
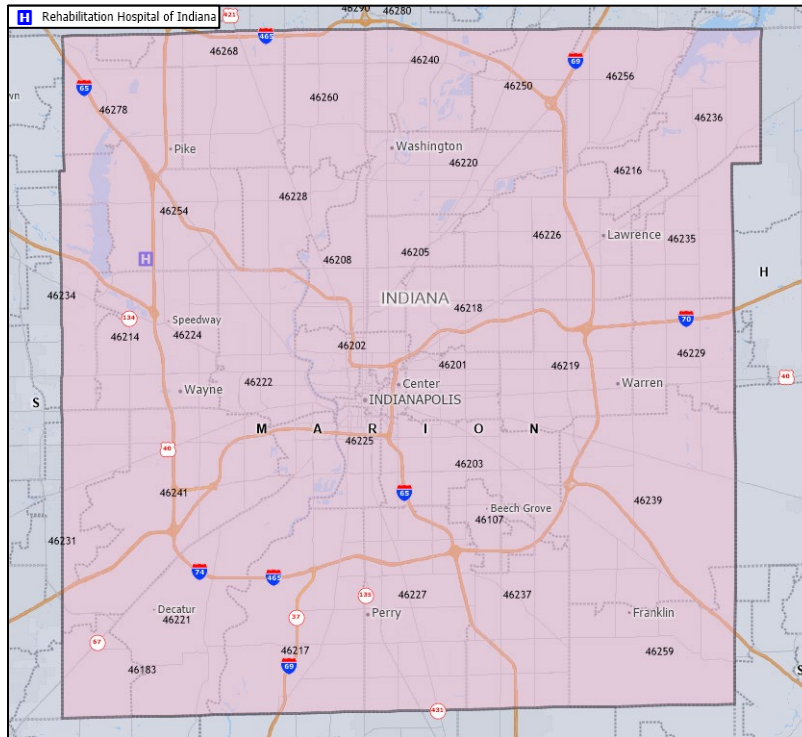
RHI provides services for patients from central Indiana and across the State of Indiana. For purposes of this CHNA, RHI’s “local community” is defined as Marion County, Indiana. The total population of Marion County in 2023 was 968,460.

RHI also serves patients from across the state of Indiana. Accordingly, this CHNA considers relevant community health needs across the state. The total population of Indiana in 2023 was 6,862,199.

As permitted by federal regulations, this CHNA focuses on community health issues relevant to rehabilitation services.

The following maps portray these communities.

EXECUTIVE SUMMARY



Source: Caliper Maptitude, 2024.

EXECUTIVE SUMMARY

Significant Community Health Needs

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

- Secondary data including demographics, health status, and access to care indicators.
- Findings from other community health assessments and reports published by organizations such as the Indiana State Department of Health which include information on injuries, strokes, and other conditions contributing to the need for rehabilitation services.
- Input obtained from hospital leaders and staff.
- Input obtained from community partner and stakeholder interviews.

Based on the assessment of the above data sources, the following health needs have been identified as significant in the community served by RHI (presented in alphabetical order):

- Access to Health and Preventive Services
- Mental Health Status
- Nutrition, Physical Activity, and Chronic Conditions
- Smoking
- Social Determinants of Health
- Substance Use Disorder
- Violence and Injuries

Access to Health and Preventive Services

Accessing health care and preventive services is challenging for some community members, especially those who are uninsured or underinsured, have limited resources, have limited English proficiency, and need disability support services.

Secondary data indicated access to health and preventive services as a significant health need, including the following:

- The per capita supply of primary care physicians was lower in Marion County compared to peer counties and the per capita supply of primary care physicians, dentists, and mental health providers was lower in Indiana compared to the United States.
- Areas and populations in Marion County have been federally designated as medically underserved.
- The low-income population of Central Indiana was designated a Health Professional Shortage Area (HPSA) for mental health and the low-income population of Indianapolis Center Township was designated as a primary care HPSA.
- A greater percentage of Marion County residents, 6.4 percent, were linguistically isolated (report speaking English “less than well”) compared to Indiana, 3.3 percent.
- A greater percentage of Marion County residents were uninsured, 9.5 percent compared to 7.8 percent in Indiana and 8.7 percent in the United States.

EXECUTIVE SUMMARY

- The rate of preventable hospitalizations was higher in Marion County, compared to Indiana and the United States.
- Utilization of preventive services related to risk factors for stroke and other conditions contributing to the need for rehabilitation services, such as cholesterol screening, compliance with high blood pressure medication, and routine check-ups, was lower in many Marion County ZIP Codes compared to national averages.
- The 2022-2026 Indiana State Health Assessment and Improvement Plan prioritized increasing access to care and promoting preventive care, including ensuring services are accessible, affordable, and coordinated, and encouraging prevention to reduce illness and disease burden.
- Several other studies and publications indicated a need for access to health and preventive services addressing risk factors and conditions that lead to the need for rehabilitation services.
 - The National Institute of Neurological Disorders and Stroke (NINDS) identified stroke as a leading cause of death and disability, and specified ways to lower risk by treating high blood pressure, being physically active, eating healthy, controlling cholesterol, managing diabetes, and not smoking.
 - In 2021, the Indiana Department of Health published two Special Emphasis Reports, one on fall injuries among older adults and another covering traumatic brain injury, identifying the need for prevention efforts related to unintentional falls, suicide, motor vehicle accidents, and homicide.
 - The Indiana Department of Health maintains the Injury Prevention Resource Guide describing prevention strategies for common sources of injury including alcohol use, child maltreatment, distracted driving, prescription drug/drug poisoning overdose, sexual violence, suicide prevention, and trauma.

Community representatives who provided input into this CHNA indicated the following:

- There is an undersupply of providers, both primary care and some specialty care, including physical therapy, neuropsychology, neurology, and physical medicine and rehabilitation.
- Poverty, prevalence of uninsured residents, cost of care, transportation issues, limited health literacy, a lack of awareness of available resources, and language and cultural barriers exacerbate access to care issues.
- Insurance restrictions limit choice of providers and facilities and limit access by requiring approval and authorization prior to treatment, disproportionately affecting residents with disabilities.
- Long-term care is difficult to access and is costly.
- Navigating the complex healthcare system is challenging, especially for those with limited English proficiency, disabilities, mental illness, and cognitive issues.
- Healthcare workforce shortages have had an impact on wait times for appointments, time spent with patients, and overall care.
- Transportation is an access barrier with private and public options being limited, unreliable, and costly.
- There is a need for specialized transportation for people with mobility issues, especially individuals using walkers, wheelchairs, and power wheelchairs.

EXECUTIVE SUMMARY

- There is a lack of support and resources for older adults to age in place.
- Access to in-home care, both healthcare and support services, is limited.
- Low health literacy prevents individuals from accessing needed preventive care and managing chronic conditions leading to worsened health outcomes.
- Rules and regulations can prevent access to care across county lines making post-discharge care very challenging, especially for those living in rural areas.
- Pharmacies have closed in some rural areas leaving patients with limited access to prescriptions and supplies post-discharge.

Mental Health Status

Poor mental health status affects many residents and can exacerbate other health concerns and social issues.

Secondary data indicated mental health status as a significant health need, including the following:

- The number of mentally unhealthy days in Marion County (5.4) compared unfavorably to the United States (4.8) and peer counties (5.1).
- Suicide deaths were higher in Marion County (15.1 per 100,000) and Indiana (15.8) compared to the U.S. average (14.5).
- Depression rates were higher in every Marion County ZIP Code compared to United States averages.
- Most Marion County ZIP Codes compared unfavorably to U.S. averages for mental health not good for 14 days or more.
- The low-income population of Central Indiana has been designated a Health Professional Shortage Area for mental health.
- Indiana ranked in the bottom quartile nationally for frequent mental distress (40 of 50 states).

Community representatives who provided input into this CHNA indicated the following:

- There is an undersupply of mental health providers and limited resources to meet the demand, leading to long wait times for appointments and other access concerns.
- Mental health conditions are a primary concern and have been increasing in recent years.
- Risk for suicide increases with cognitive and physical challenges.
- Untreated mental illness leads to more injuries, greater vulnerability, and social issues.
- Adequate treatment for co-occurring mental health issues and traumatic brain injury (TBI) is limited.
- There is a need for trauma-based counseling for victims of violence.
- Mental health, overdose, and suicide are often interrelated.

Nutrition, Physical Activity, and Chronic Conditions

Obesity, diabetes, and other chronic conditions are risk factors for stroke and contribute to risks associated with falls and other injuries.

EXECUTIVE SUMMARY

Secondary data indicated nutrition, physical activity, and chronic conditions as significant health concerns, including the following:

- Federally designated food deserts were located throughout Indianapolis and Marion County.
- In Marion County, food insecurity rates for Black (21.0 percent) and Hispanic residents (17.0 percent) have been above rates for White residents (11.0 percent) and the overall U.S. rate (13.5 percent).
- Indiana residents who identify as LGBT had higher rates of food insecurity (27 percent) compared to Indiana and U.S. residents who identify as straight (15 percent).
- Marion County was in the bottom quartile of peer counties for obesity, adequate access to locations for physical activity, and food environment index.
- Indiana and Marion County mortality rates for diabetes and heart disease compared unfavorably to United States averages.
- Most Marion County ZIP Codes had higher rates of no leisure-time physical activity compared to U.S. averages.
- Indiana ranked in the bottom quartile nationally for physical activity (43 of 50 states), obesity (40 of 50 states), and multiple chronic conditions (39 of 50 states).

The following community input supports nutrition, physical activity, and chronic conditions as significant community needs:

- Access to healthy food is challenging due to high food prices and availability of quality grocery stores, especially in the city.
- Convenience, cost, and other basic needs often take priority over nutrition and healthy food choices.
- Chronic disease management programs are limited.
- Untreated and unmanaged obesity, diabetes, heart disease, and COPD often lead to the need for inpatient services.
- Diabetes is prevalent and often leads to serious complications including loss of limbs.

Smoking

Smoking and tobacco use is a risk factor for stroke and contributes to the need for RHI services.

Secondary data indicated smoking and tobacco use as a significant health need, including the following:

- The rate of smoking in Marion County (19.6 percent) and Indiana (18.0 percent) was above the United States average (15.0 percent).
- Marion County ranked in the bottom quartile of peer counties for adult smoking.
- Mortality rates related to tobacco use were higher in Marion County and Indiana than national averages, including for chronic lower respiratory diseases, cardiovascular diseases, and cancer.
- Rates of COPD were higher in many Marion County ZIP Codes compared to national averages.

EXECUTIVE SUMMARY

- Over 54 percent of Indiana counties were in the bottom quartile among peer counties for smoking rates.
- Indiana ranked in the bottom quartile nationally for smoking rates (42 of 50 states).
- The 2025 Indiana Tobacco Control Strategic Plan identified tobacco use as a significant concern and as a contributing factor to multiple chronic conditions related to the need for rehabilitation services, including, cancer, heart disease, stroke, asthma, and respiratory problems.

Community input indicated smoking as a concern in Marion County and Indiana and as a factor contributing to stroke and heart disease.

Social Determinants of Health

Social determinants of health (SDOH) are conditions in the environment 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.¹ Social determinants of health play an important role in health equity.

Secondary data indicated mental SDOH as a significant health need, including the following:

- A higher percentage of Marion County residents lived in poverty, 15.4 percent, compared to 12.3 percent in Indiana and 12.5 percent in the U.S.
- In Marion County and Indiana, poverty rates for Black, Asian, and Hispanic (or Latino) residents were higher than rates for White residents and the U.S. average for all people.
- Many census tracts throughout Marion County were designated as low-income by the federal government.
- In Marion County, over 50 percent of households were designated as rent burdened (paying more than 30 percent income on housing), higher than state and national averages.
- Federally designated food deserts were present throughout Marion County.
- Food insecurity rates for Black and Hispanic residents were significantly higher compared to the U.S. rate for all people.
- Neighborhoods in Indianapolis and central Marion County were identified as having high levels of socioeconomic disadvantage, according to the University of Wisconsin's Area Deprivation Index.
- Census tracts throughout most of Marion County were in the bottom half and bottom quartile nationally for socioeconomic status vulnerability, according to the CDC Social Vulnerability Index.
- Census tracts dispersed throughout Marion County ranked in the bottom quartile nationally for housing type and transportation vulnerability.

Community informants indicated the following:

¹ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

EXECUTIVE SUMMARY

- Poverty and SDOH were frequently identified as significant community health concerns and as contributing to access to care issues and poor health outcomes.
- Access to safe and affordable housing was noted as a significant need by most community input participants.
- Many patients do not have suitable housing to accommodate their needs post-discharge from rehabilitation. Structural modifications, such as ramps, are expensive and not possible if the home is rented.
- Patients who are unhoused face special challenges with follow-up care post-discharge and there is a lack of medical shelters.
- Access to quality grocery stores is limited in Marion County and the high cost of healthy food is a barrier to good nutrition.
- Public transportation and ride-share options are limited, unreliable, and expensive, especially in rural and medically underserved areas. Patients often wait hours for transportation to and from outpatient appointments.
- There is a need for specialized transportation for those with wheelchairs and powerchairs.
- Infrastructure problems, such as lack of sidewalks, deteriorating sidewalks, and lack of handrails and wheelchair ramps, create barriers for residents with disabilities and mobility issues.
- Patients often need a lot of support after discharge which is stressful for families and caregivers and can complicate social issues due to loss of work and health insurance.

Substance Use Disorder

Substance use disorders, including both drug and alcohol use, contribute to accidents and injuries and the need for RHI services.

Secondary data indicated substance use disorder as a significant health need, including the following:

- Drug poisoning mortality rates were significantly higher in Marion County (71.5 per 100,000) compared to Indiana (40.8 per 100,000).
- Binge drinking rates were higher in most ZIP Codes in Marion County compared to U.S. averages.
- Indiana ranked in the bottom half of U.S. states for non-opioid/cannabis drug use, dependency, and cannabis use.
- Black residents in Indiana have had significantly higher rates of drug deaths compared to other races/ethnicities and Indiana overall.
- Hispanic residents in Indiana have had higher rates of binge drinking compared to Indiana overall.
- According to the National Injury Prevention Foundation, drug and alcohol use are contributing factors in one of every four brain and spinal cord injuries.

Community input representatives indicated the following:

- Opioid overdose is a significant concern.

EXECUTIVE SUMMARY

- Substance use is often used to cope (or self-medicate) with violence, PTSD, emotional, and mental health issues.
- Treatment is hard to access, and very limited for cooccurring disorders.

Violence and Injuries

Violence and crime have been identified as causal factors for injuries, including brain and spinal cord injuries, and can contribute to the need for rehabilitation services.

Secondary data indicated violence and injuries as a significant health need, including the following:

- Violent crime rates in Indianapolis (1,027.6 per 100,000) were more than three times the Indiana rate (306.2) and well over double the national average (369.8).
- Murder rates in Indianapolis (23.5 per 100,000) were almost four times Indiana (6.2) and U.S. rates (6.3).
- Injury mortality rates were significantly worse in Marion County (121.6 per 100,000) compared to Indiana (90.2), the United States (80.0), and peer counties (90.6).
- Death due to assault was significantly higher in Marion County (14.1 per 100,000) compared to state (5.1) and national averages (4.3).
- Across Indiana, 28 of 92 counties (30 percent) were in the bottom half of peer counties for injury mortality.
- Indiana ranked in the bottom quartile nationally for occupational fatalities (44 of 50 states), domestic violence (39 of 50 states), and homicide (38 of 50 states).
- The National Injury Prevention Foundation identified traumatic brain injury (TBI) and spinal cord injury (SCI) as preventable conditions that can have lifelong detrimental effects and recommends the following prevention efforts: firearm safety, avoiding driving under the influence, practicing non-distracted driving, using safety helmets during sports and recreational activities, and falls prevention.

Community representatives who provided input into this CHNA indicated the following:

- Injuries caused by firearm and gun violence have been increasing in recent years and contribute to the need for inpatient services due to TBI.
- Domestic violence is a major concern.
- Texting and driving contribute to motor vehicle accidents.
- Suicide and homicide are concerning and result in people dying much younger than anticipated.
- Traumatic injuries and falls are often related to substance use.

DATA AND ANALYSIS

Rehabilitation Hospital of Indiana (RHI) provides services for patients from central Indiana and from across the state. Recognizing the hospital’s local and state-wide roles, two communities have been assessed: Marion County (the “local community”) and the state of Indiana.

Community Assessed

The community assessed by RHI was defined by the geographic origins of patients discharged from the hospital. On that basis the “local community” was identified as Marion County, Indiana. Because RHI also provides services for patients from across the state of Indiana, this CHNA identifies applicable, significant community health needs in the entire state.

The estimated total population of Marion County in 2023 was 968,460 people (**Exhibit 1**).

Exhibit 1: Local Community Population, 2023

| Area | Total Population 2023 |
|------------------------|--------------------------|
| Marion (IN) | 968,460 |
| Community Total | 968,460 |

Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates Subject Tables, 2023

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).² Accordingly, this CHNA focuses on community health issues relevant to rehabilitation services.

In assessing community health needs relevant to RHI, the following statistics are important to understand:

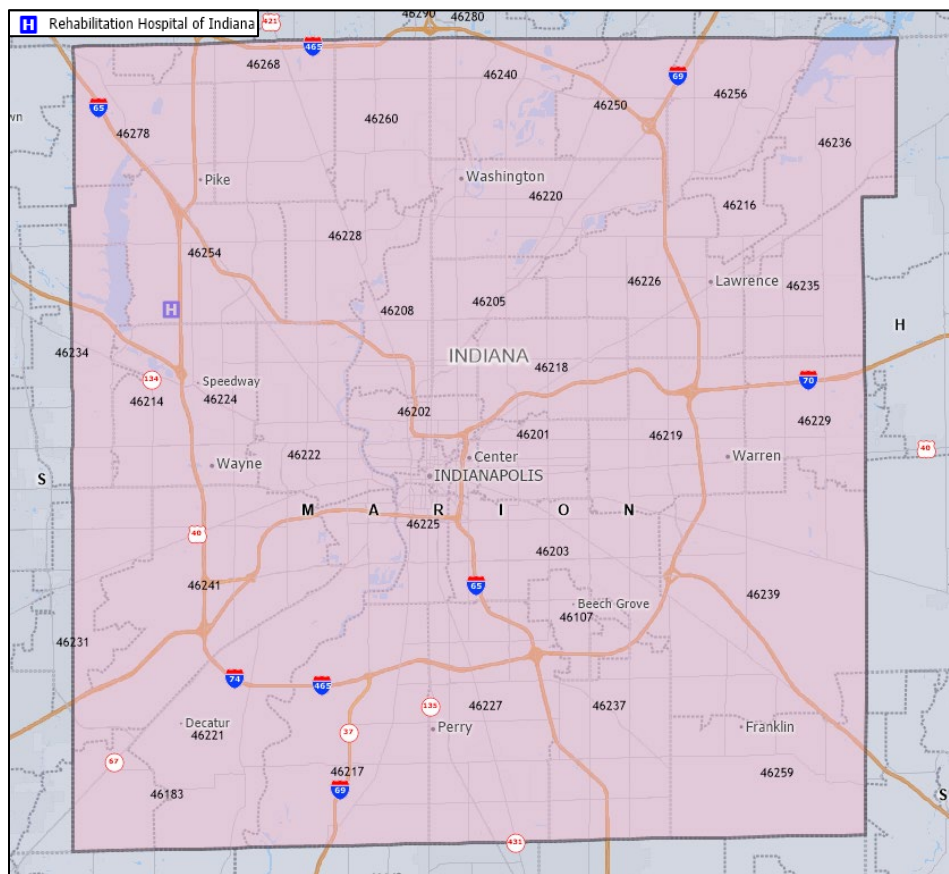
- Patients are most frequently admitted to RHI due to stroke, traumatic brain injury, spinal cord injury, major trauma, cardiac event, amputation, orthopedic condition, neurological disorder, transplant, and other issues for which rehabilitation services are medically necessary.
- About 95 percent of admissions to RHI are for patients transferred from an acute medical/surgical hospital. Many patients are first seen in hospital emergency rooms and trauma centers, then admitted to acute medical/surgical hospitals, and subsequently transferred to RHI to receive intensive rehabilitation services.
- RHI provides both inpatient and outpatient services.

² 501(r) Final Rule, 2014.

DATA AND ANALYSIS

Exhibit 2 portrays the local community. The map shows county and ZIP Code boundaries.

Exhibit 2: RHI Local Community (Marion County, Indiana)



Source: Caliper Maptitude, 2024.

The hospital is in Marion County, Indiana (city of Indianapolis, ZIP Code 46254).

Secondary Data Summary (Marion County, Indiana)

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

Demographics

Demographic characteristics and trends directly influence community health needs.

The estimated population in Marion County is expected to have an average growth of under 2.0 percent between 2020 and 2035. While the total community is expected to grow modestly, the population aged 65 years and older is expected to increase at a much more rapid rate during this time (21.2 percent from 2020-2030 and 11.8 percent from 2025-2035). This change is likely to contribute to greater demand for health services, including rehabilitation services, as older individuals typically utilize healthcare services more than younger people.

DATA AND ANALYSIS

Demographic characteristics, such as age, race, ethnicity, and income levels, vary across the county. Over 29 percent of residents in ZIP Code 46216 were age 65 or older in 2022 while this proportion was below 7 percent in ZIP Codes 46183 and 46204. Five ZIP Codes (46218, 46226, 46229, 46235, and 46254) each had a proportion of the population identified as Black above 50 percent while ZIP Codes with the lowest proportions were 5 percent and below. ZIP Codes 46222 and 46241 had the highest proportion of Hispanic (or Latino) residents, over 24 percent, and the overall proportion of Hispanic residents in Marion County was 11.1 percent.

The proportion of residents living with a disability was slightly higher in Marion County and Indiana than the nation.

Socioeconomic Indicators

Poverty is correlated with negative health outcomes and people who live in poverty tend to have higher disease burden.³

In 2018-2022, 15.4 percent of Marion County residents lived in poverty, above Indiana and U.S. averages (12.3 percent and 12.5 percent).

Poverty rates for Marion County Black residents (23.4 percent), Asian residents (15.1 percent), and Hispanic residents (18.9 percent) have been well above rates for White residents (10.9 percent). Many census tracts in Marion County have been federally designated as “low-income”.

Due to the COVID-19 pandemic, unemployment rates rose sharply from 2019 through 2020. From 2021 to 2023, unemployment rates fell to pre-pandemic levels. In 2023, unemployment rates in Marion County and Indiana were lower than the United States.

At 9.5 percent, Marion County has had a higher percentage of the population without health insurance than Indiana (7.8 percent) and the United States (8.7 percent).

Proportionately more households have had medical debt in collections in Marion County and Indiana than in the nation. Medical debt has been much more prevalent in communities of color.

Crime rates in Indianapolis have been significantly higher than Indiana and U.S. averages.

The percentage of households designated as rent burdened in Marion County has been above state and national averages. Several ZIP Codes (46218, 46259, 46225, and 46219) had the highest percentage of households designated as rent burdened with a rate greater than 60 percent.

Census tracts designated as urban “food deserts”, low-income areas more than a mile from a large grocery store, are present throughout Marion County. In Marion County and Indiana, food insecurity rates for Black and Hispanic residents were higher than rates for White residents and overall food insecurity rates in the United States.

³ <https://nationalhealthcouncil.org/blog/limited-access-poverty-and-barriers-to-accessible-health-care/>

DATA AND ANALYSIS

Disparities in socioeconomic indicators exist between the LGBT community and the straight/heterosexual community. Indiana residents who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have low-income than residents who identified as straight/heterosexual.

The Area Deprivation Index ranked neighborhoods throughout Marion County, with areas concentrated in Indianapolis, Wayne, Speedway, and Lawrence, as having high levels of socioeconomic disadvantage, including factors for income, education, employment, and housing quality. These areas correlate to census tracts scored in the bottom half and bottom quartile nationally by the CDC's Social Vulnerability Index.

Local Health Status and Access Indicators

In the 2024 *County Health Rankings*, Marion County was assessed as worse than the average county in Indiana and the nation for Health Outcomes and Health Factors. Marion County compared unfavorably to the United States for 19 of the 33 County Health Rankings indicators. Compared to national averages, Marion County ranked poorly on several measures associated with stroke and injury risks, including smoking, obesity, physical inactivity, high school graduation rates, post-secondary education, and injury deaths.

Community Health Status Indicators ("CHSI") compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics. Among peer counties, Marion County ranked in the bottom quartile for 12 of the 34 indicators assessed, including years of potential life lost, number of physically unhealthy days, smoking, obesity, access to exercise opportunities, food environment index, chlamydia, teen births, post-secondary education, injury deaths, and air pollution.

Sources of other secondary data assessed include the Indiana Department of Health, the Centers for Disease Control and Prevention, America's Health Rankings, the Health Resources and Services Administration, and the United States Department of Agriculture. Based on an assessment of available secondary data, the indicators presented in **Exhibit 3** appear to be most significant in Marion County.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic, such as the average value for Indiana, peer counties, or for the United States. For example, the injury mortality rate in Marion County was 121.6 per 100,000 population and the U.S. rate was 80.0 per 100,000 population. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

DATA AND ANALYSIS

Exhibit 3: Significant Indicators

| Indicator | Geographic Area | Area Value | Benchmark Value | Benchmark Area | Exhibit |
|--|-----------------|------------|-----------------|------------------------|---------|
| 65+ population change, 2020-2035 | Marion County | 19.5% | 1.7% | Community total | 7 |
| Percent linguistically isolated, 2018-2022 | Marion County | 6.4% | 3.3% | Indiana | 11 |
| Poverty rate, 2018-2022 | Marion County | 15.4% | 12.5% | United States | 12 |
| Poverty rate, Black, 2018-2022 | Marion County | 23.4% | 10.9% | Marion County, White | 13 |
| Poverty rate, Asian, 2018-2022 | Marion County | 15.1% | 10.9% | Marion County, White | 13 |
| Poverty rate, Hispanic (or Latino), 2018-2022 | Marion County | 18.9% | 10.9% | Marion County, White | 13 |
| Medical debt in collections, 2022 | Marion County | 20.9% | 12.6% | United States | 17 |
| Medical debt in collections, people of color, 2022 | Marion County | 25.6% | 12.6% | United States | 17 |
| Percent households rent burdened, 2018-2022 | Marion County | 50.9% | 46.9% | Indiana | 20 |
| Food insecurity, Black, 2022 | Marion County | 21.0% | 13.5% | United States, overall | 22 |
| Food insecurity, Hispanic, 2022 | Marion County | 17.0% | 13.5% | United States, overall | 22 |
| Unemployment, LGBT population, 2019 | Indiana | 10.0% | 5.0% | Straight Indiana | 23 |
| Income <\$24K, LGBT population, 2019 | Indiana | 29.0% | 18.0% | Straight Indiana | 23 |
| Preventable hospital stays per 100,000 Medicare | Marion County | 3,372 | 2,681 | United States | 30 |
| Injury mortality per 100,000 | Marion County | 121.6 | 80.0 | United States | 30 |
| Years of potential life lost (<75 years) per 100,000 | Marion County | 11,768 | 9,064 | Peer Counties | 31 |
| Adequate access to locations for physical activity | Marion County | 91.3% | 95.6% | Peer Counties | 31 |
| Percent of adults obese (BMI>30) | Marion County | 37.2% | 32.4% | Peer Counties | 31 |
| Diabetes mortality per 100,000, 2011-2020 | Marion County | 25.9 | 21.7 | United States | 33 |
| Heart failure mortality per 100,000, 2011-2020 | Marion County | 29.2 | 19.4 | United States | 33 |
| Assault mortality per 100,000, 2011-2020 | Marion County | 16.6 | 5.9 | United States | 33 |
| Drug poisoning mortality per 100,000, 2022 | Marion County | 71.5 | 40.8 | Indiana | 34 |
| Current smoking, 2023 | Marion County | 19.5% | 13.5% | United States | 38 |
| Physical inactivity, 2023 | Marion County | 27.4% | 23.7% | United States | 38 |

Source: Verité Analysis, 2024.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an “Index of Medical Underservice.” Many census tracts throughout Marion County have been designated as Medically Underserved, particularly in areas near the hospital and throughout the center of Marion County.

Health Professional Shortage Areas

A geographic area, population, or a healthcare facility can receive a federal Health Professional Shortage Area (HPSA) designation if shortages of primary medical care, dental care, and/or mental health care professionals are present. The low-income population of Central Indiana has been designated as a mental health HPSA and the low-income population of Indianapolis Center Township was designated a primary care HPSA.

Secondary Data Summary (State of Indiana)

RHI also assessed community health needs across Indiana. The following section summarizes findings from that analysis (*See Appendix C for more detailed information*).

Demographics

The estimated population in Indiana is expected to have an average growth of under 3.5 percent between 2020 and 2035. While the total community is expected to grow modestly, the population aged 65 years and older is expected to increase at a much more rapid rate during this time (22.2 percent from 2020-2030 and 12.8 percent from 2025-2035). This change is likely to contribute to greater demand for health services, including rehabilitation services, as older individuals typically utilize healthcare services more than younger people.

Local Health Status and Access Indicators

County Health Rankings 2024 contains health status and access indicators at a county, state, and national level. Many indicators for Indiana were worse than national averages, including (but not limited to):

- Years of potential life lost before age 75
- Average number of physically and mentally unhealthy days
- Percent of adults who smoke
- Adult obesity
- Physical inactivity and inadequate access to exercise opportunities
- Binge plus heavy drinking
- Per-capita supply of physicians/providers (primary care, dental, and mental health)
- Preventable hospitalizations
- Injury mortality

Community Health Status Indicators were assessed for every county in Indiana. This analysis thus establishes the frequency with which certain community health problems benchmark unfavorably across Indiana's counties in comparison with peer counties across the United States. Based on this analysis, Indiana counties most frequently ranked in the bottom quartile of their peers for the following community health problems:

- Percent of adults who smoke
- Average daily measure of fine particulate matter (air pollution)
- Teen birth rate
- Post-secondary education
- Adult obesity
- Physical inactivity
- Percent of adults who drive alone to work
- Average number of physically and mentally unhealthy days

America's Health Rankings provides state rankings for health and social issues. In the 2023 rankings, Indiana ranked in the bottom quartile nationally for:

DATA AND ANALYSIS

- Voter participation
- Public health funding
- Parent or guardian death
- Occupational fatalities
- Mental health providers
- Physical inactivity
- Parent or guardian in jail
- Preventable hospitalizations
- Smoking
- Per capita income
- Air pollution
- Dental care providers
- COPD
- Frequent mental distress
- Obesity
- Domestic violence
- Substance misuse in home
- Drug deaths
- Multiple chronic conditions
- Cardiovascular diseases
- Homicide
- High health status
- Chronic kidney disease

Indiana data were also assessed across racial and ethnic cohorts to identify potential disparities in mortality, health conditions, and social determinants of health.

Black populations compared unfavorably to state averages for many indicators, with significantly unfavorable rates of chlamydia, crowded housing, drug deaths, firearm deaths, fourth grade reading proficiency, home ownership, low birth weight babies, preventable hospitalizations, severe housing problems, teen births, and unemployment.

Hispanic populations compared unfavorably for a variety of indicators, with significantly unfavorable rates for avoiding healthcare due to cost, crowded housing, less than high education, non-medical drug use, severe housing problems, teen births, and lack of health insurance.

White populations compared unfavorably for many indicators, including arthritis, cancer, cardiovascular diseases, kidney disease, COPD, depression, diabetes, drug deaths, excessive drinking, frequent physical and mental distress, obesity, smoking, and suicide. No indicators were significantly worse than Indiana overall rates for White populations.

These and other differences indicate the presence of racial and ethnic health inequities and disparities throughout Indiana and in the community.

DATA AND ANALYSIS

Findings of Other Assessments and Publications

Several other health assessments were reviewed relevant to Indiana.

In 2021, the Indiana Department of Health published the 2022-2026 State Health Assessment and State Health Improvement Plan (SHA/SHIP) in collaboration with 75 individuals who represented 51 unique organizations. The SHIP identified the following strategic goals for the State of Indiana:

- Increase access to care by providing services when they are needed and ensure they are easily accessible, affordable, and coordinated.
- Improve communication and education with the public health system.
- Encourage preventive care for the reduction of disease and illness.
- Ensure community and environmental support that will provide equitable access in all conditions to create optimal health.
- Expand public health infrastructure capacity.

Other studies and publications are informative regarding community health needs relevant to services provided by RHI. These include:

- *The Indiana Tobacco Control 2025 Strategic Plan* described the state of tobacco use in Indiana and provided strategies to help lower tobacco use in the state by 2025. The Plan prioritized decreasing tobacco use among youth, decreasing secondhand smoke, decreasing adult smoking rates, and maintaining infrastructure to achieve health equity by eliminating tobacco addiction and exposure to products.
- *Fast Facts* published by ThinkFirst regarding Traumatic Brain Injury and Spinal Cord Injury, which include data on TBI and SCI prevalence, causal factors (e.g., falls, motor vehicle accidents, playing sports without appropriate helmets, alcohol use, and violence), and prevention tips.
- *Living with Paralysis & Caregiver National Survey*, released by the Christopher and Dana Reeve Foundation in 2022, serves to educate and inform families, business leaders, advocates, policymakers, and the public about improving quality of life for those living with, or impacted by, paralysis.
- *Know Stroke, Take Preventive Action*, published by the National Institute of Neurological Disorders and Stroke (NINDS) which identifies stroke as a leading cause of death and disability and highlights ways to lower risk through health behaviors.
- *IDOH Special Emphasis Report: Fall Injuries Among Older Adults*, which states that falls are the leading cause of TBI in Indiana residents 65 years of age and older and describes federal and state prevention initiatives.
- *IDOH Special Emphasis Report: Traumatic Brain Injury*, which includes data on TBI prevalence in Indiana.

DATA AND ANALYSIS

- *IDOH, Division of Trauma and Injury Prevention Resource Guide*, which includes prevalence data, identifies risk factors, discusses prevention strategies, and seeks widespread adoption of initiatives to address “injury topics.”
- *Governor’s Council for People with Disabilities, Five Year Strategic Plan (2022-2026)*, which includes goals and strategies to advance social and policy changes that lead to respect for and meaningful inclusion of people with disabilities and their families.

These publications are summarized in *Appendix C*.

Community Input Summary

Community input was gathered through online meetings with internal hospital staff and leadership, and external community partner and stakeholder interviews. Three internal hospital meetings were conducted, two with front-line staff and another with leadership and administration. External community partner and stakeholder interviews were conducted with ten individuals representing eight unique community organizations.

See Appendix D for information regarding those who participated in the community input process.

Internal Hospital Staff and Leadership Meetings

Three internal hospital meetings were held September 18-19, 2024, to receive input from staff and leadership regarding the health needs in Marion County and relevant to the need for rehabilitation services. Thirty-three (33) individuals participated in the three hospital meetings, with participants representing case management, nursing, nutrition, patient navigation, pharmacy, physical therapy, physicians, respiratory, speech therapy, and executive leadership.

Each meeting began with a presentation that discussed the CHNA process and purpose, an overview of secondary data, and a preliminary summary of unfavorable community health indicators. Meeting participants were then prompted to discuss reactions to the secondary data, any changes or additions to the proposed list of health needs, and what is needed to improve prevention efforts, recovery, and post-discharge coordination of care for rehabilitation patients.

The RHI staff and leadership discussions focused on several key topics including access to care, mental health, health literacy, preventive care, and social determinants of health.

Access to care issues include an undersupply of providers and healthcare services, specifically primary care, home health, physical therapy, and some specialty providers, including neurology and physical and rehabilitation medicine. Referrals to home healthcare are challenging due to agencies not accepting patients based on social characteristics and restrictions on service area. Access to vocational training and rehabilitation is limited and patients often need an advocate to obtain services. Language barriers and access to translators for some languages/dialects is limited.

DATA AND ANALYSIS

Transportation is a concern, limiting the ability to access medical services, particularly outpatient rehabilitation services. Affordable public and private options are inadequate, especially for people requiring specialized transport due to wheelchairs and powerchairs. Rideshare options, such as Uber and Lyft, are expensive, particularly for patients with multiple appointments per week. Medicaid transportation services are often unreliable, leaving patients waiting for hours, compounding health and safety concerns. Older adults and low-income populations are most affected by transportation issues.

Other access issues noted were pharmacy closures in rural areas, challenges with insurance restrictions and pre-authorization requirements, cost of care, a need for in-home and caregiver support, rules/regulations restricting care and services across county lines, and improved adult day care options.

Mental health status and access to mental health services are indicated as significant and rising concerns. There are not enough resources to meet the demand and quality, and the timeliness of care is inadequate. An undersupply of providers and facilities leads to long wait-times and lower quality of care. Substance use, suicide, and mental health are seen as inseparable. Untreated mental health issues often lead to physical injuries and exacerbate health and social problems.

Preventive services and health literacy were frequently identified as significant needs by RHI staff and leadership. Most patients would benefit from more education and training on caring for themselves post-discharge; however, provider and staff time is limited for provision of education and training. Patients often need assistance navigating the healthcare system and coordination of care after leaving the hospital; however, social work and navigator services are limited. There is a widespread need for preventive services such as education on diet and lifestyle, resource fairs, and health screenings and a focus on health literacy and prevention for children and young people.

Social determinants of health (SDOH) create barriers and contribute to poor health outcomes. Specific SDOH related needs in the RHI community are family and caregiver support, transportation issues, housing, and healthy food access.

- Families and caregivers are often strained to provide supervision and care, and in-home support is limited and expensive. Some residents distrust having outsiders in their home and will not accept home health services, even when costs are covered.
- Transportation is a significant challenge as public options are limited, unreliable, and costly. Specialized transportation for people with powerchairs and wheelchairs is extremely limited.
- There is limited availability of safe and affordable housing. Many patients need structural modifications to accommodate their needs post-discharge from rehabilitation. Structural modifications, such as ramps and widened entries, are expensive and may not be possible if the home is rented.
- Discharging patients without suitable housing or those who are unhoused is particularly problematic as there is a lack of medical shelters and skilled nursing facilities may be the only option.

DATA AND ANALYSIS

- Infrastructure problems, such as lack of sidewalks, uneven sidewalks, and lack of handrails and wheelchair ramps create barriers for residents with disabilities and mobility issues.
- Access to fresh, healthy food is a challenge for many residents, particularly those with low-income and the unhoused. The high cost of nutritious food is noted as a significant barrier.

After the group discussion, participants were asked to choose the “top five” most significant community health needs via an online survey.

The table below presents the number and percentage of prioritization votes, from participants who attended internal hospital meetings, in the selection of “top five” most significant health issues impacting the RHI community.

| Health Need | Number of RHI Staff and Leadership Votes (N=30) | Percent of RHI Staff and Leadership Votes |
|--|---|---|
| Access to Health Services | 23 | 76.7% |
| Social Determinants of Health | 23 | 76.7% |
| Preventive Health Services and Health Literacy | 19 | 63.3% |
| Mental Health | 16 | 53.3% |
| Nutrition and Physical Activity | 13 | 43.3% |
| Chronic Conditions | 13 | 43.3% |
| Substance Use | 11 | 36.7% |
| Health Equity Concerns | 6 | 20.0% |
| Injury and Violence | 5 | 16.7% |
| Environment Exposures | 0 | 0.0% |
| Tobacco | 0 | 0.0% |

DATA AND ANALYSIS

External Community Partner and Stakeholder Interviews

Ten individuals from eight unique community organizations participated in interviews to share insight on significant health needs in Marion County and Indiana. Participants included individuals representing public health departments, health equity organizations, legal services, educators and schools, family violence advocacy, veteran needs, Neuro-Resource Facilitation (NRF) programs, disability rights, and needs of older adults.

Questions focused on identifying and discussing health issues in the community, with a particular focus on concerns that would contribute to the need for rehabilitation services, recovery, and coordination of care post-discharge. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues.

External community partners and stakeholders most frequently identified the following issues as most significant:

- **Access to care** issues related to an undersupply of providers, both primary care and some specialty care, including physical therapy, neuropsychology, neurology, and physical medicine and rehabilitation. An undersupply of providers and workforce shortages has led to long-wait times for appointments and less patient-provider interaction.
- A lack of adequate **health insurance coverage** is a significant barrier to accessing needed services. Coverage restrictions and pre-authorization requirements make it difficult for residents to pursue preventive care and access needed services. Many rehabilitation patients lose employment due to injuries and disabilities and therefore lose benefits of commercial health insurance coverage.
- The **needs of older adults** are significant as the population ages. Older adults tend to have an increasing number of health conditions and therefore an increased demand for services. Social isolation impacts older adults as they may have mobility and transportation concerns. Long-term care is difficult to access and is costly. Resources and support are limited for older adults to age in place.
- **Poverty and SDOH** are significant community health concerns and exacerbate access to care issues and poor health outcomes. SDOH related needs include housing, healthy food access, financial resources, and transportation. Disparities are common throughout SDOH related needs, with non-White populations disproportionately affected.
 - Access to safe and affordable housing is a concern, especially after discharge from rehabilitation services. Many patients' living environments are suboptimal and cannot accommodate individuals with disabilities. The unhoused face special challenges with follow-up care post-discharge.
 - Food insecurity and lack of access to healthy food are significant problems. Barriers include lack of quality grocery stores, high cost of nutritious food, and transportation issues. Inadequate nutrition is noted as contributing to obesity, chronic conditions, and slower recovery post-discharge.
 - Transportation is a challenge for many residents. Public transportation and ride-share options are limited, unreliable, and expensive, especially in rural and

DATA AND ANALYSIS

medically underserved areas. Patients often wait hours for transportation to and from outpatient appointments. There is a need for specialized medical transportation services.

- **Mental health** is a significant issue and presents as depression, anxiety, and severe and persistent mental illness. Many residents experience trauma related to violence, poverty, substance use, and other issues. Access to mental health providers and resources is limited, especially for those with co-occurring conditions and brain injury. Suicide risk increases with cognitive and physical challenges. There is a need for trauma-based counseling and support services for victims of violence.
- **Low health literacy and lack of knowledge of resources** result in poor health outcomes. A need for more intensive health education, chronic disease management, health and resource fairs, screenings, and preventive services is highlighted.
- **Obesity, diabetes, and other chronic conditions** are risk factors for stroke and contribute to risks associated with falls and other injuries. Health education around topics such as nutrition, diabetes, and other healthy living topics is a significant need. Untreated and unmanaged obesity, diabetes, heart disease, and COPD often lead to the need for inpatient services. Diabetes is prevalent and often leads to very serious complications such as loss of limbs.
- **Navigating the complex healthcare system** is challenging, especially for those with limited English proficiency, disabilities, mental illness, and cognitive issues. Many patients need assistance coordinating care between multiple providers.
- **Lack of cultural competency** among providers and **language barriers** leave some populations and groups underserved. There is a need for improved translation services for those with limited English proficiency.
- **Injury and violence** are rising concerns. Injuries caused by firearm and gun violence have been increasing in recent years and contribute to the need for services due to brain injuries. Domestic violence is a major concern and meeting the needs of domestic violence survivors is challenging. Traumatic injuries and falls are often related to substance use.
- **Smoking and tobacco use** is a concern in Marion County and Indiana and is a contributing factor to stroke, heart disease, and other conditions leading to the need for rehabilitation services.
- **Substance use disorders**, including both drug and alcohol use, contribute to accidents and injuries and the need for RHI services. Opioid overdose is a significant concern. Substance use is often used to cope with violence, PTSD, emotional, and mental health issues. Treatment for substance use disorders is hard to access, and very difficult for cooccurring disorders.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Hospitals

Exhibit 4 presents information on hospital facilities located in Marion County.

Exhibit 4: Hospitals Facilities, 2024

| Hospital Name | Street Address | ZIP Code |
|--|--------------------------------|----------|
| Indianapolis, Indiana (Marion County) | | |
| Ascension St. Vincent Hospital | 2001 W 86 th Street | 46260 |
| Ascension St. Vincent Seton Specialty Hospital | 8050 Township Line Road | 46260 |
| Assurance Health Psychiatric Hospital | 900 N High School Road | 46214 |
| Community Hospital East | 1500 N Ritter Avenue | 46219 |
| Community Hospital South | 1402 E County Line Road S | 46227 |
| Eskenazi Health | 720 Eskenazi Avenue | 46202 |
| Franciscan Health Indianapolis | 8111 S Emerson Avenue | 46237 |
| Hickory Treatment Center at Meridian | 2102 S Meridian Street | 46225 |
| Indiana University Health | 1701 N Senate Boulevard | 46202 |
| Indiana University Health Transplant | 1701 N Senate Boulevard | 46206 |
| Kindred Hospital Indianapolis | 1700 W 10 th Street | 46222 |
| Midland House | 3940 E 56 th Street | 46220 |
| Neurodiagnostic Institute | 5435 E 16 th Street | 46218 |
| Neuropsychiatric Hospital of Indianapolis | 6720 Parkdale Place, Suite 100 | 46254 |
| Options Behavioral Health System | 5602 Caito Drive | 46226 |
| Rehabilitation Hospital of Indiana | 4141 Shore Drive | 46254 |

Source: Indiana Department of Health, 2024.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

Exhibit 5 provides a list of FQHCs in Marion County. The majority of FQHCs listed operate multiple clinics throughout the community totaling over 100 sites in Marion County. More information can be found about locations and services via the web address listed for each.

Exhibit 5: Federally Qualified Health Centers, 2024

| FQHC Name | Website Address |
|-------------------------------------|---|
| Marion County, Indiana | |
| Adult and Child Health | https://adultandchild.org/our-services/ |
| Aspire Indiana Health | https://www.aspireindiana.org/ |
| Damar Health Services | https://www.damar.org/ |
| Dayspring Center Clinic | https://dayspringindy.org/ |
| Eskenazi Health Center | https://www.eskenazihealth.edu/ |
| HealthNet | https://www.indyhealthnet.org/ |
| Indiana Health Centers | https://indianahealthonline.org/ |
| Jane Pauley Community Health Center | https://janepauleychc.org/ |
| Meridian Health Services | https://www.meridianhs.org/ |
| Outreach | https://www.outreachindiana.org/ |
| Raphael Health Center | https://raphaelhc.org/ |
| Shalom Health Care Center | https://www.shalomhealthcenter.org/clinic- |
| The Damien Center | https://damien.org/ |
| Windrose Health Network | https://www.windrosehealth.net/ |

Source: Health Resources and Services Administration, 2024.

Other Community Resources

Many social services and resources are available throughout Indiana to assist residents. The State of Indiana Family and Social Services Administration maintains the IN211 database, a free service that connects Hoosiers with help and answers from thousands of health and human service agencies and resources. 211 services are available 24/7 and maintain information of resources for the following categories:

- Aging Services
- Criminal Justice and Legal
- Disability Services
- Early Learning/Child Care
- Education and Employment
- Financial

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

- Food and Personal Household Items
- Housing and Utility Assistance
- Medicaid/Health Plans
- Mental Health and Substance Use
- Public Health
- Tax Assistance
- Transportation

Additional information about these resources and participating providers can be found at:
<https://www.in.gov/fssa/indiana-211/>.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.⁴ In conducting a CHNA, each tax-exempt hospital facility must:

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

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

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

Methodology

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

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

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

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”⁵

⁴ Internal Revenue Code, Section 501(r).

⁵ 501(r) Final Rule, 2014.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data⁶ published by others and primary data obtained through community input. *See* Appendix B and Appendix C for assessments of secondary data. Input from the community was received through key informant interviews and internal hospital meetings.

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

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

- Secondary data including demographics, health status, and access to care indicators.
- Findings from other community health assessments of areas served by the hospital.
- Input obtained from individuals who participated in internal hospital meetings.
- Input obtained from individuals who were interviewed.

In addition, data were gathered to evaluate the impact of various services and programs identified in RHI's previous CHNA process. *See* Appendix F.

Collaborating Organizations

For this community health assessment, RHI collaborated with IU Health, Community Health Network, and Ascension St. Vincent to obtain community input.

Data Sources

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

Input from people representing the broad interests of the community was considered through community partner and stakeholder interviews (10 participants) and hospital leadership and staff meetings (33 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; representatives of legal organizations; representatives of local schools; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

⁶ “Secondary data” refers to data published by others, for example the U.S. Census and the Indiana Department of Health. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

APPENDIX A – OBJECTIVES AND METHODOLOGY

RHI posts CHNA reports and Implementation Strategies online at:
<https://www.rhirehab.com/about-us/rhi-in-the-community/> .

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 150 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit, 501(r) compliance, and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

This section presents an assessment of secondary data regarding health needs in Marion County, Indiana, the “local community” for RHI.

Demographics

Exhibit 6: Change in Community Population by County

| Area | Total Projected Population 2020 | Total Projected Population 2030 | Percent Change 2020-2030 | Total Projected Population 2025 | Total Projected Population 2035 | Percent Change 2025-2035 |
|------------------------|---------------------------------|---------------------------------|--------------------------|---------------------------------|---------------------------------|--------------------------|
| Marion (IN) | 976,631 | 982,759 | 0.6% | 965,874 | 993,607 | 2.9% |
| Community Total | 976,631 | 982,759 | 0.6% | 965,874 | 993,607 | 2.9% |

Source: Indiana Business Research Center, Indiana University Kelley School of Business, July 2024.

Description

Exhibit 6 portrays the estimated population change in Marion County from 2020 to 2030 and 2025 to 2035.

Observations

- Between 2020 and 2035, Marion County is expected to have a modest growth in population, an average growth of under 2.0 percent.

Exhibit 7: Change in Community Population by Age Cohort

| Marion (IN) | Projected Population Percent Change | |
|------------------------|-------------------------------------|-------------|
| Age Group | 2020-2030 | 2025-2035 |
| 0 to 24 | -2.4% | -0.2% |
| 25 to 44 | 2.3% | 2.4% |
| 45 to 64 | -8.5% | 2.3% |
| 65 and older | 21.2% | 11.8% |
| Community Total | 0.6% | 2.9% |

Source: Indiana Business Research Center, Indiana University Kelley School of Business, July 2024.

Description

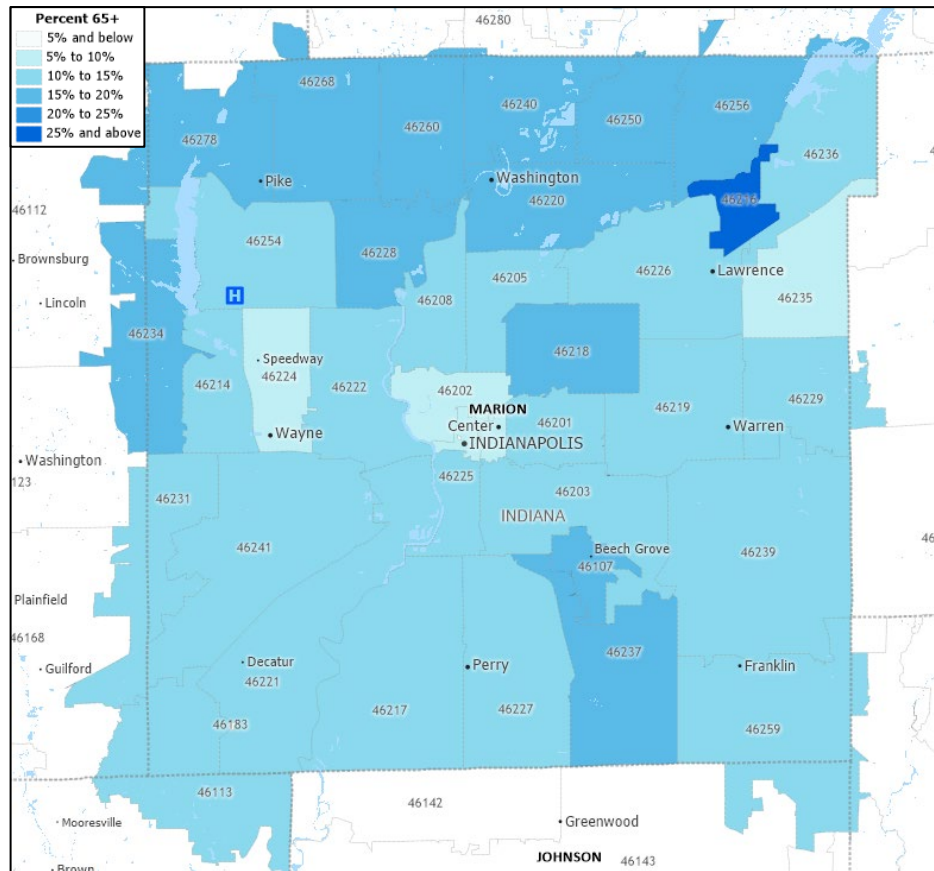
Exhibit 7 shows estimated population change for certain age cohorts in Marion County between 2020 to 2030 and 2025 to 2035.

Observations

- In Marion County, the total population is expected to increase modestly from 2020 to 2030 (0.6 percent) and from 2025 to 2035 (2.9 percent).
- The population aged 65 and older is expected to increase at a much more rapid rate, 21.2 percent between 2020 and 2030, and over 11.8 percent from 2025-2035.
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically utilize more healthcare services.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 8: Percent of Population – Aged 65+, 2018-2022



Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

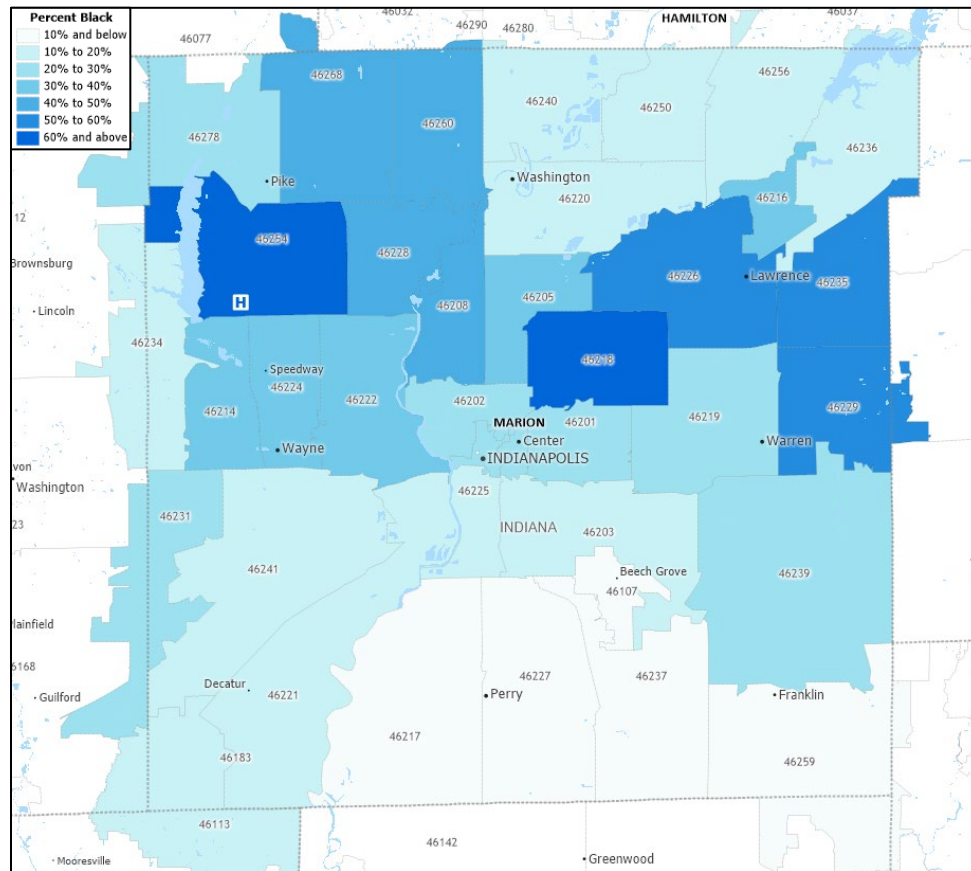
Description

Exhibit 8 portrays the percent of the population 65 years of age and older by ZIP Code.

Observations

- In 2018-2022, ZIP Code 46216 had the highest proportion of the population aged 65 and older at 29.4 percent.
- ZIP Codes 46183 and 46204 had the lowest proportions, both below 7 percent.

Exhibit 9: Percent of Population – Black, 2018-2022



Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

Description

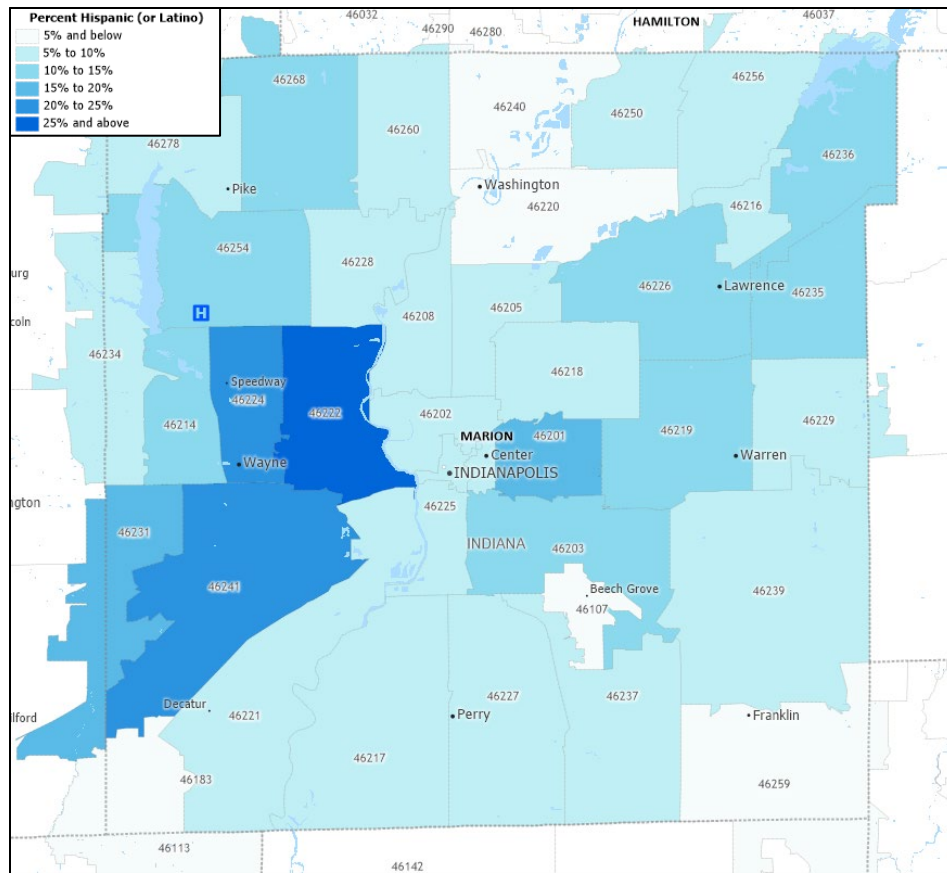
Exhibit 9 portrays the percentage of the population – Black by ZIP Code.

Observations

- In 2018-2022, ZIP Code 46218 had the highest proportion of Black residents at 68.6 percent. ZIP Codes 46254, 46235, 46226, 46229 each had a proportion above 50 percent.
- For all of Marion County, the proportion of Black residents was 28.2 percent.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 10: Percent of Population – Hispanic (or Latino), 2018-2022



Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

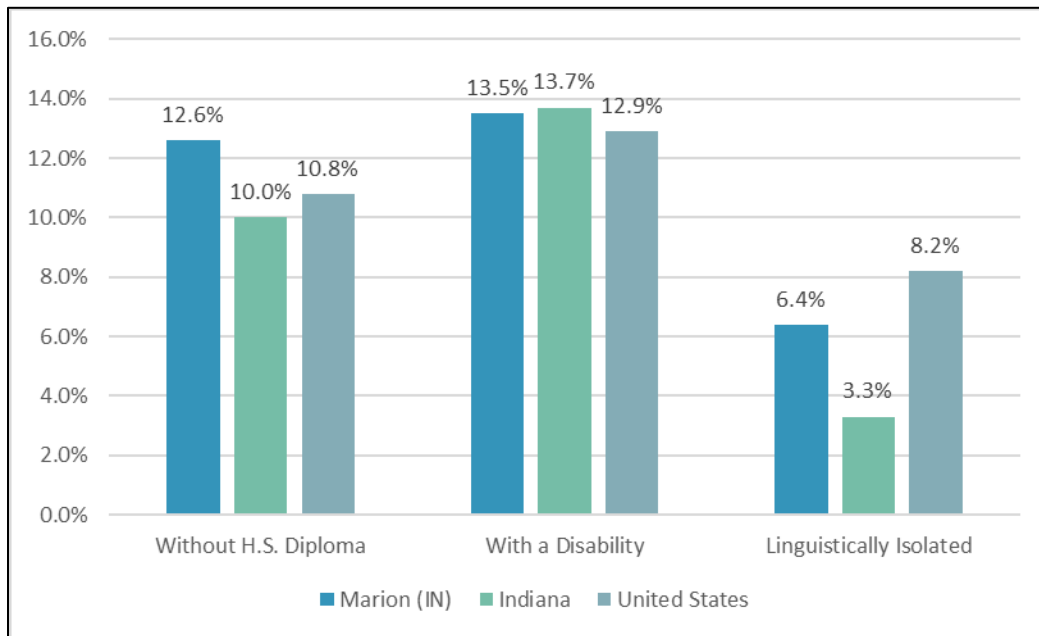
Description

Exhibit 10 portrays the percent of the population – Hispanic (or Latino) by ZIP Code.

Observations

- In 2018-2022, ZIP Codes 46222 (27.2 percent) and 46241 (24.5 percent) had the highest proportion of Hispanic (or Latino) residents.
- For all of Marion County, the proportion of Hispanic residents was 11.1 percent.

Exhibit 11: Selected Socioeconomic Indicators, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Description

Exhibit 11 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in Marion County, Indiana, and the United States. Linguistic isolation is defined as residents who speak a language other than English and speak English less than “very well.”

Observations

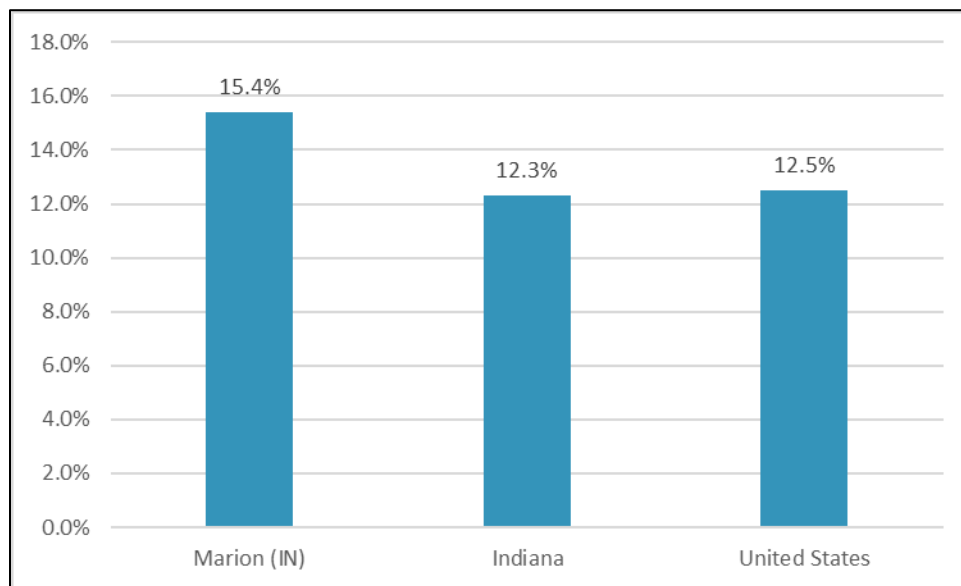
- In 2018-2022, Marion County had a higher percentage of residents aged 25 years and older without a high school diploma than Indiana and U.S. averages from 2018-2022.
- Marion County and Indiana had a higher percentage of the population with a disability compared to the national average.
- Compared to Indiana, proportionately more people in Marion County were linguistically isolated.

Socioeconomic Indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, food insecurity, and “social vulnerability.” All have been associated with health status.

People in Poverty

Exhibit 12: Percent of People in Poverty, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

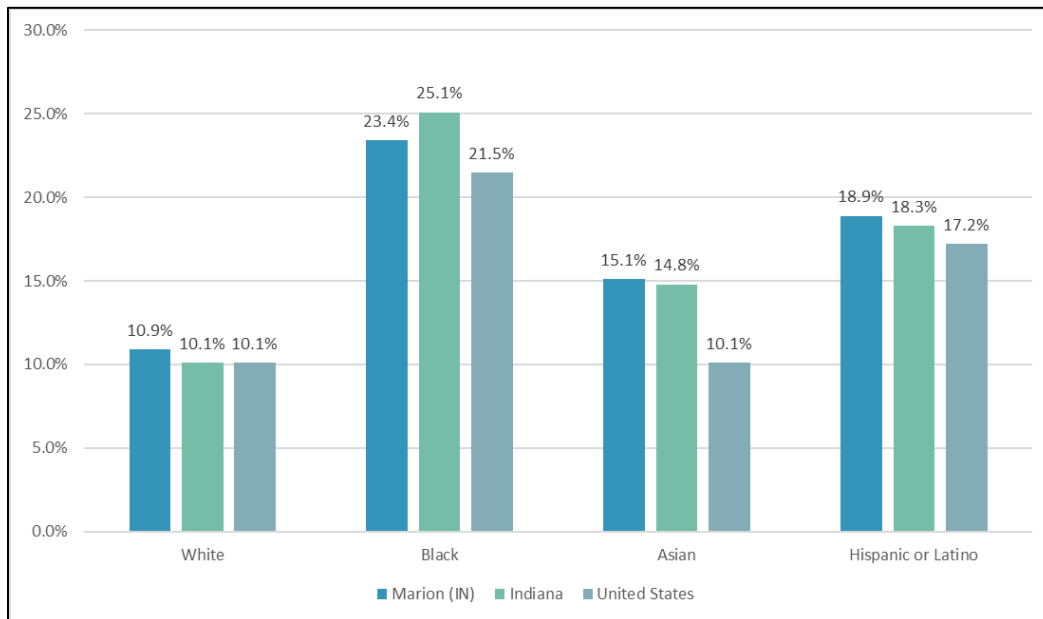
Description

Exhibit 12 portrays poverty rates in Marion County, Indiana, and the United States.

Observations

- In 2018-2022, the poverty rate in Marion County was well above Indiana and United States averages.

Exhibit 13: Poverty Rates by Race and Ethnicity, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

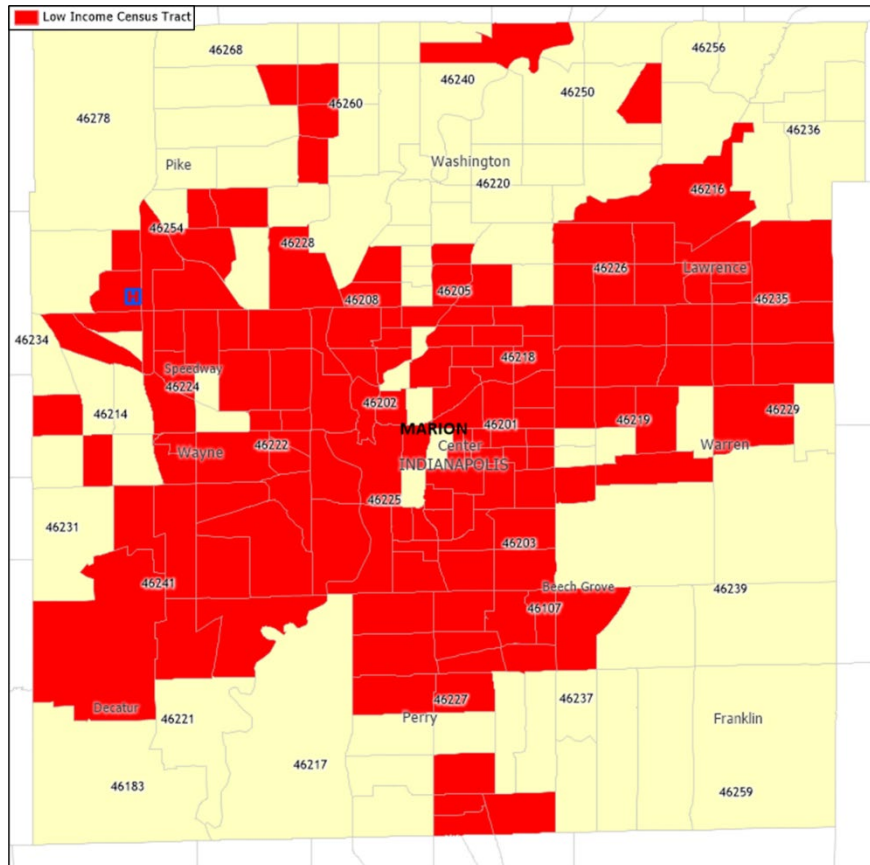
Description

Exhibit 13 portrays poverty rates by race and ethnicity.

Observations

- In 2018-2022 and in Marion County, poverty rates were higher for Black, Asian, and Hispanic (or Latino) populations than for White populations.
- Poverty rates were higher in Marion County for all races and ethnicities compared to national averages.

Exhibit 14: Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021, and Caliper Maptitude, 2024.

Description

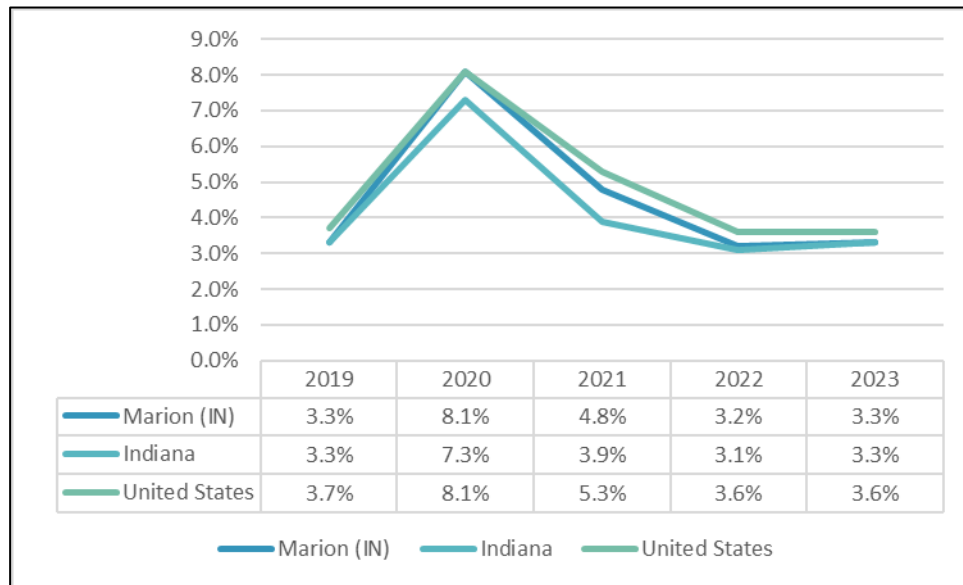
Exhibit 14 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, low-income census tracts were prevalent throughout Marion County.

Unemployment

Exhibit 15: Annual Unemployment Rates, 2019 to 2023



Source: Bureau of Labor Statistics, 2023.

Description

Exhibit 15 shows annual unemployment rates in Marion County, Indiana, and the United States from 2019 through 2023.

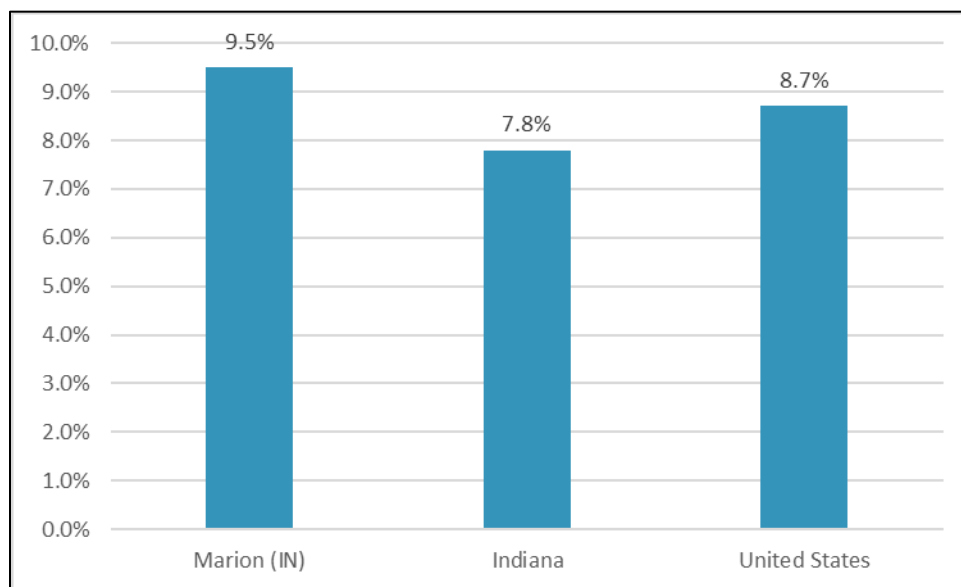
Observations

- Unemployment rates declined steadily from 2016 through 2019. Unemployment rates rose substantially in 2020 due to the COVID-19 pandemic; however, have returned to pre-pandemic levels as of 2022.
- In 2023, unemployment rates in Marion County and Indiana were lower than the United States.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Health Insurance Status

Exhibit 16: Percent of Population without Health Insurance, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Description

Exhibit 16 presents the estimated percentage of the population without health insurance.

Observations

- In 2018-2022, Marion County had a higher percentage of the population without health insurance than Indiana and the United States.

Medical Debt**Exhibit 17: Share of People with a Credit Bureau Record with Medical Debt in Collections, 2022**

| Area | Medical Debt in Collections | Medical Debt in Collections (POC) | Medical Debt in Collections (Majority White) |
|----------------------|-----------------------------|-----------------------------------|--|
| Marion (IN) | 20.9% | 25.6% | 17.4% |
| Indiana | 16.0% | 25.2% | 14.9% |
| United States | 12.6% | 14.6% | 11.4% |

Source: Jennifer Andre, Miranda Santillo, Kassandra Martinchek, Breno Braga, and Signe-Mary McKernan. 2023. Debt in America 2023. Accessible from <https://datacatalog.urban.org/dataset/debt-america-2023>.

Description: Exhibit 17 portrays the estimated share of the people with a credit bureau record who have medical debt in collections in Marion County, Indiana, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average of 12.6 percent for all persons. Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2022 and in Marion County, the estimated share of the population with medical debt in collections has been higher for all populations compared to the U.S. overall average.
- The estimated prevalence of medical debt has been significantly higher for communities of color in Marion County and Indiana compared to U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Crime Rates

Exhibit 18: Crime Rates by Type, Per 100,000, 2022

| Area | Indianapolis | Indiana | United States |
|---------------------|--------------|---------|---------------|
| Violent Crime | 1,027.6 | 306.2 | 369.8 |
| Murder | 23.5 | 6.2 | 6.3 |
| Rape | 63.7 | 32.8 | 40.0 |
| Robbery | 183.2 | 43.0 | 66.1 |
| Assault | 757.2 | 224.2 | 268.2 |
| Property Crime | 3,376.6 | 1,544.2 | 1,954.4 |
| Burglary | 541.9 | 226.1 | 269.8 |
| Larceny Theft | 2,307.1 | 1,118.6 | 1,401.9 |
| Motor Vehicle Theft | 527.6 | 199.4 | 282.7 |

Source: Federal Bureau of Investigation, 2022.

Description

Exhibit 18 provides crime statistics and rates per 100,000 for the City of Indianapolis and state. Crime data were not available at the county-wide level. Light grey shading indicates rates above the national average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- In 2022, crime rates in Indianapolis were more than 50 percent higher than Indiana and U.S. rates for all crime types.
- Indiana rates were lower than national averages for all crime types.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

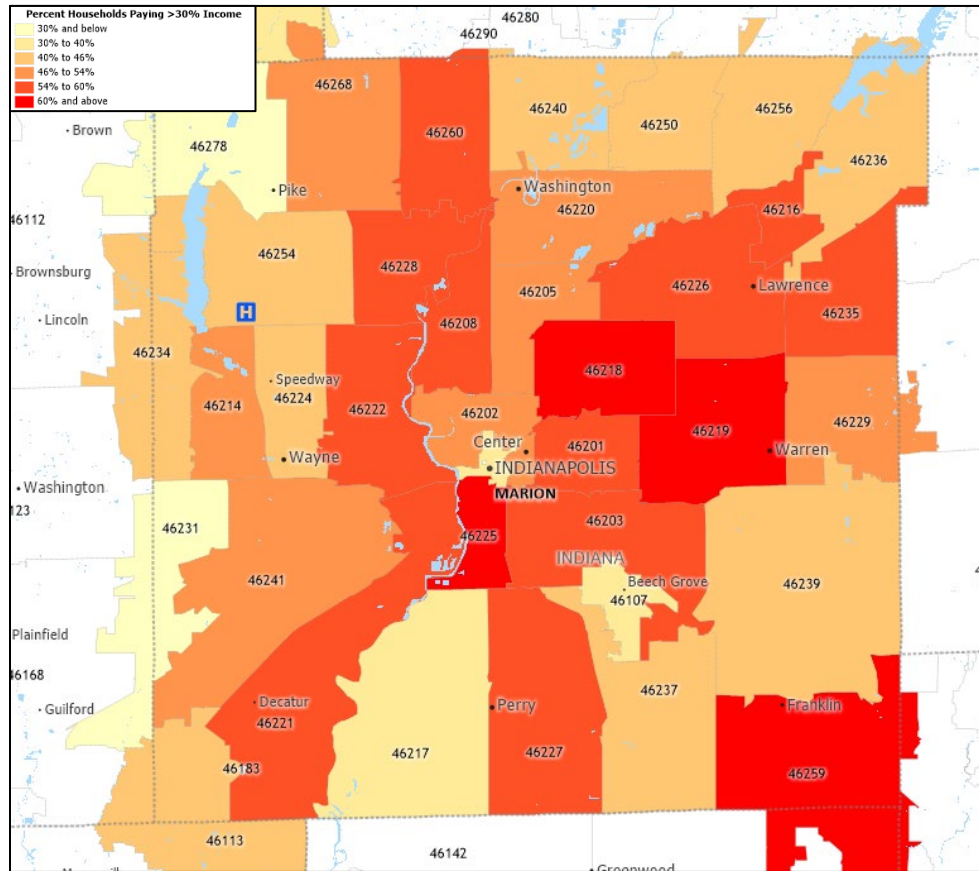
Housing Affordability

Exhibit 19: Percent of Rented Households Rent Burdened, 2018-2022

| Area | Households Paying Rent | Households Paying >30% of Income for Rent | Percent of Households Rent Burdened |
|----------------------|------------------------|---|-------------------------------------|
| Marion (IN) | 165,492 | 84,315 | 50.9% |
| Indiana | 730,254 | 342,371 | 46.9% |
| United States | 41,167,877 | 20,547,938 | 49.9% |

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Exhibit 20: Percent of Households Rent Burdened by ZIP Code, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Description

The U.S. Department of Housing and Urban Development has defined “rent burdened” households as those spending more than 30 percent of income on housing.⁷

Exhibits 19 and 20 portray the percentage of rented households that meet this definition. ZIP Codes highlighted in red are where over 60 percent of households have been designated as rent burdened.

Observations

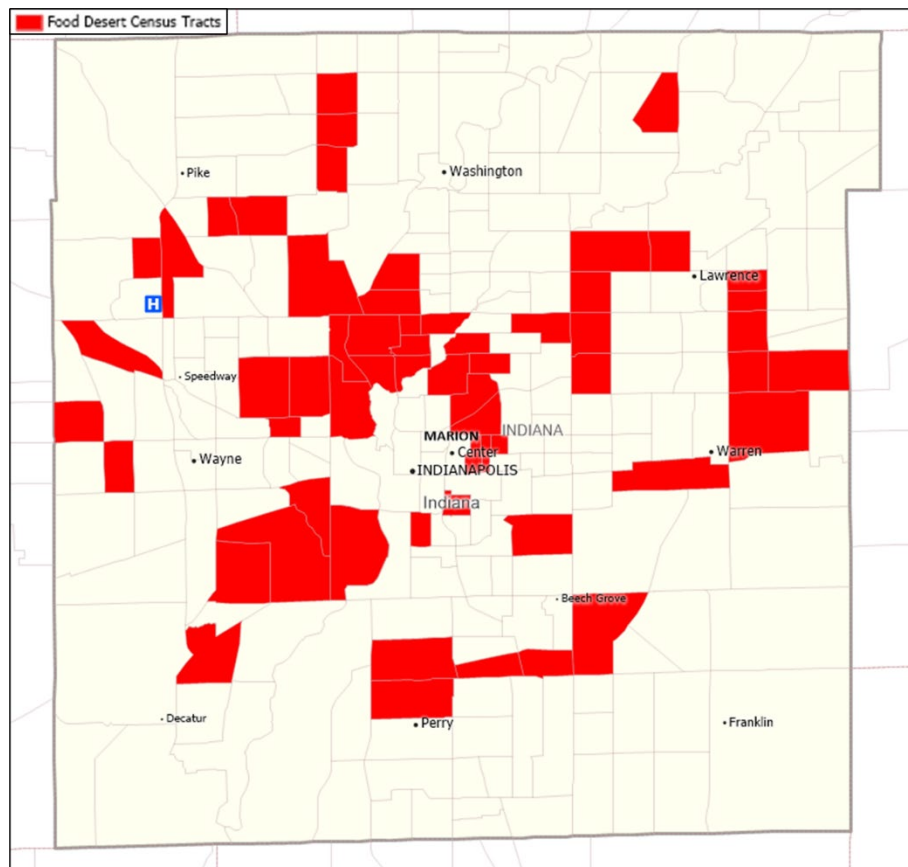
- In 2018-2022, 50.9 percent of households in Marion County were designated as “rent burdened,” higher than state and national averages.
- The percentage of occupied households rent burdened was highest in ZIP Codes 46218, 46259, 46225, and 46219, all greater than 60 percent.

⁷ <https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm>

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Food Insecurity

Exhibit 21: Locations of Food Deserts, 2019



Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2024.

Description

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

Exhibit 21 identifies where food deserts are present in Marion County.

Observations

- In 2019, federally designated food deserts were present throughout Marion County.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 22: Food Insecurity by Race and Ethnicity, 2021-2022

| Area | Overall Food Insecurity Rate | Food Insecurity Rate (Black, all Ethnicities) | Food Insecurity Rate (Hispanic, any race) | Food Insecurity Rate (White, non-Hispanic) |
|----------------------|------------------------------|---|---|--|
| Marion (IN) | 11.3% | 21.0% | 17.0% | 11.0% |
| Indiana | 10.7% | 21.0% | 16.0% | 10.0% |
| United States | 13.5% | 23.0% | 21.0% | 10.0% |

Source: Dewey, A., Harris, V., Hake, M., & Engelhard, E. (2024). Map the Meal Gap 2024: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2022. Feeding America.

Note: County and state data (2021); national data (2022).

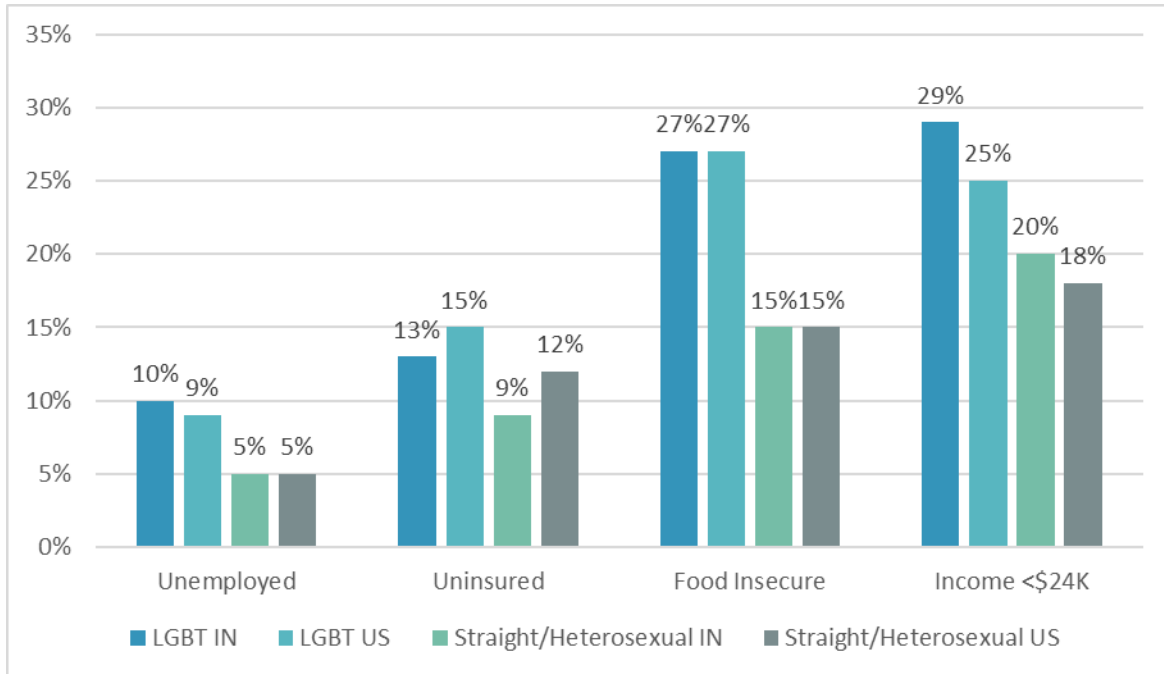
Description: Exhibit 22 portrays food insecurity estimates disaggregated by race and ethnicity and overall food insecurity rates for children in Marion County, Indiana, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S.-wide average of 13.5 percent for all persons. Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2021-2022, the overall food insecurity rates and rates for White, non-Hispanic residents in Marion County and Indiana were lower than the national average for all people.
- Food insecurity rates for Black and Hispanic residents were significantly higher compared to the U.S.-wide rate for all people.

LGBT Socioeconomic Characteristics

Exhibit 23: Select Socioeconomic Characteristics, Indiana, Lesbian, Gay, Bisexual, or Transgender, 2019



LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

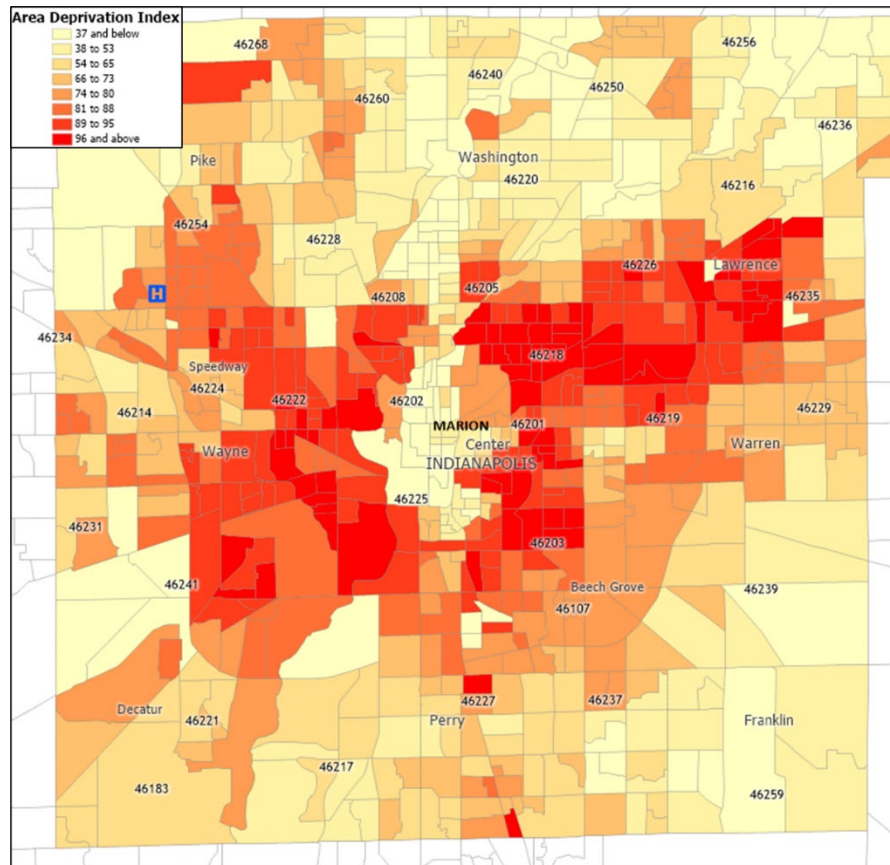
Description: Exhibit 23 portrays select socioeconomic indicators for Lesbian, Gay, Bisexual, or Transgender (LGBT) and straight/heterosexual people in Indiana and the United States.

Observations

- In 2019, Indiana residents who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have lower incomes than Indiana and U.S. residents who identified as straight/heterosexual.

Area Deprivation Index

Exhibit 24: Area Deprivation Index by Census Block Group, 2020



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2021. Downloaded from <https://www.neighborhoodatlas.medicine.wisc.edu/>, March 21, 2024, and Caliper Maptitude, 2024.

Description: Exhibit 24 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research’s Area Deprivation Index (ADI). The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

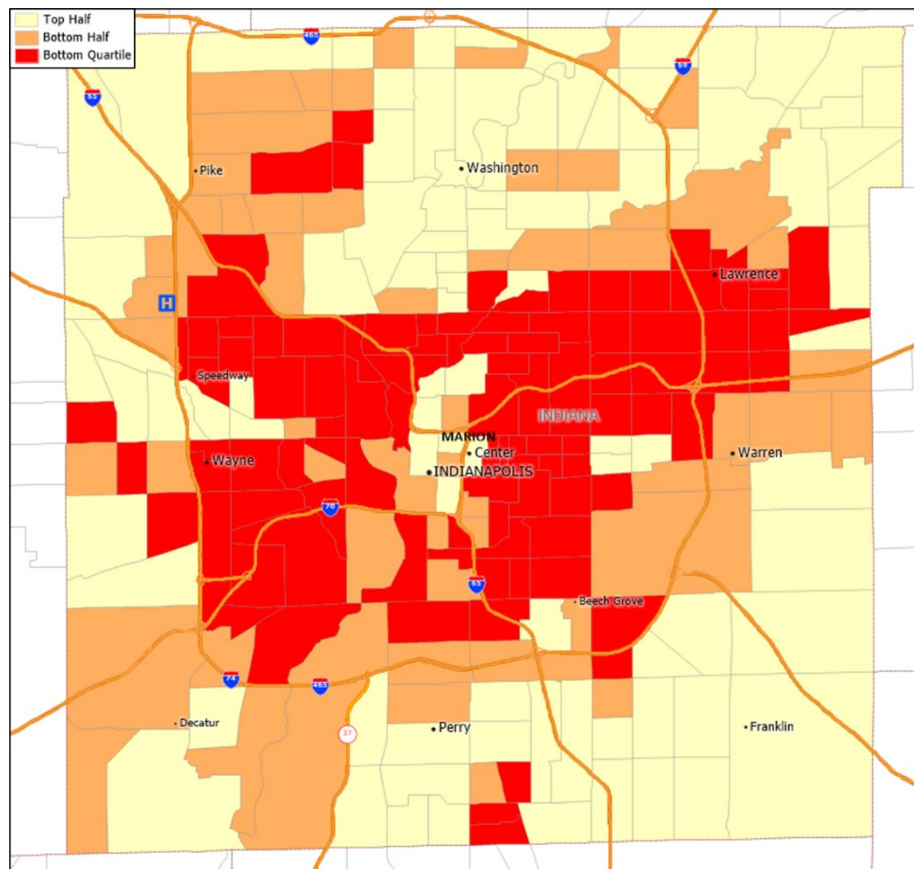
ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Observations

- In 2020, neighborhoods throughout Marion County experienced high levels of socioeconomic disadvantage.

Centers for Disease Control and Prevention Social Vulnerability Index

Exhibit 25: Socioeconomic Status - Bottom Quartile Census Tracts, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2024.

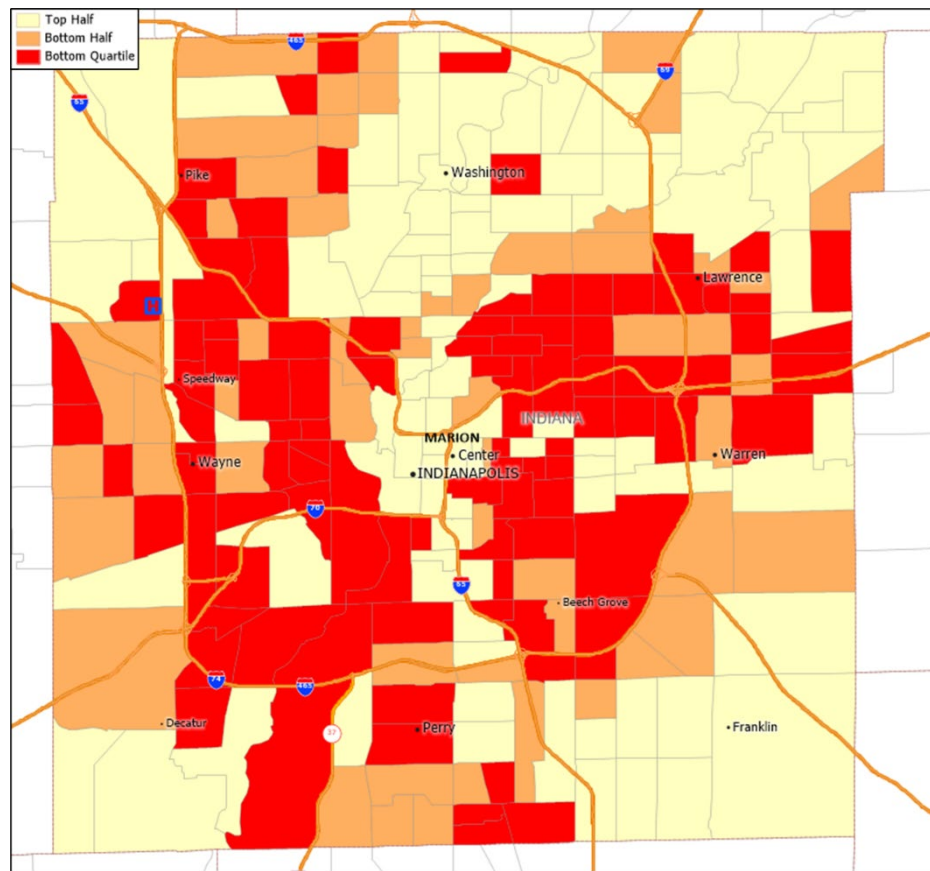
Description: Exhibits 25 through 28 are maps that show the CDC’s Social Vulnerability Index (SVI) scores by census tract. Red highlighted census tracts indicate scores that are in the bottom quartile nationally. The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation.

Exhibit 25 identifies census tracts in the bottom half and bottom quartile for “socioeconomic characteristics,” specifically below 150 percent of poverty, unemployment, housing cost burden, no high school diploma, no health insurance.

Observations

- In 2020, census tracts with the highest socioeconomic vulnerability were present in most of Marion County, with areas concentrated in Indianapolis, Wayne, Speedway, and Lawrence.

Exhibit 26: Household Characteristics – Bottom Quartile Census Tracts, 2020



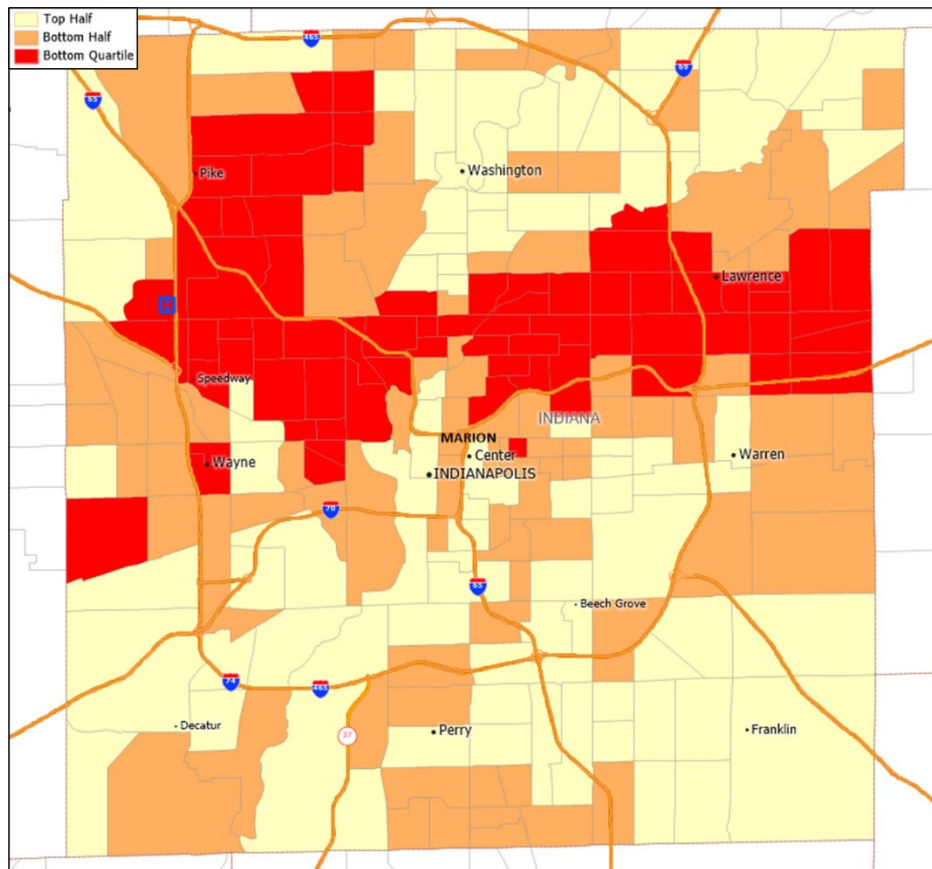
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2024.

Description: Exhibit 26 identifies census tracts in the bottom half and bottom quartile nationally for “household characteristics,” specifically percent of people 65 years of age or older, 17 years of age or younger, civilian with a disability, single-parent households, and with Limited English Proficiency (LEP).

Observations

- In 2020, census tracts with the highest household characteristics vulnerability were present in most of Marion County and concentrated in Indianapolis, Pike, Wayne, Speedway, Perry, Lawrence, and Washington.

Exhibit 27: Racial and Ethnic Minority Status – Bottom Quartile Census Tracts, 2020



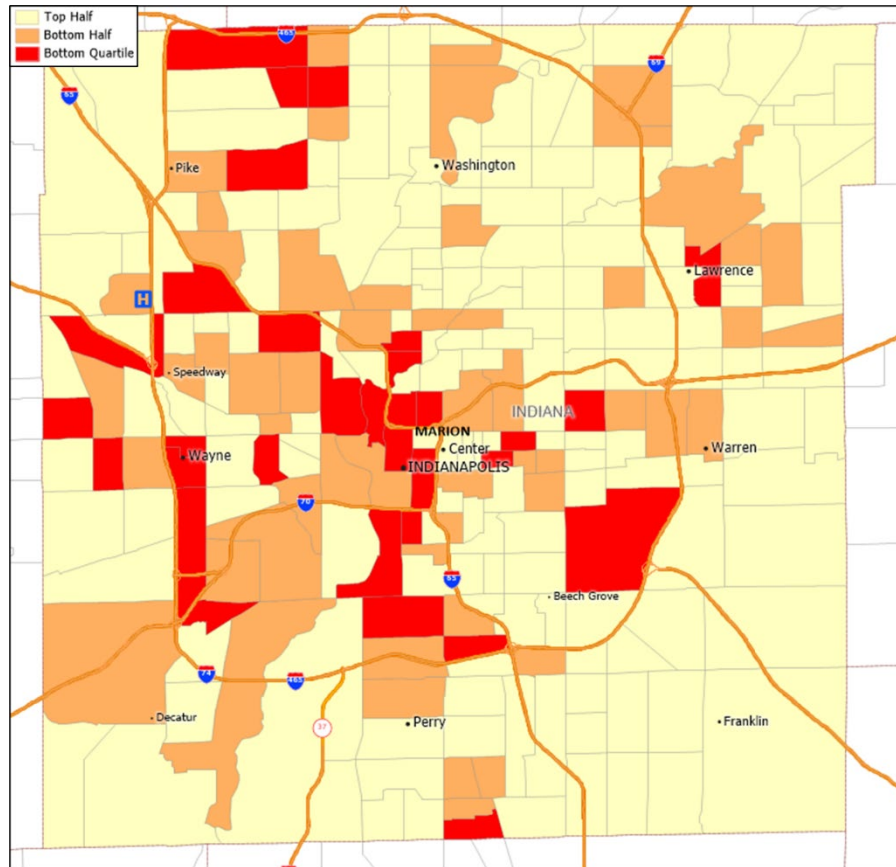
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2024.

Description: Exhibit 27 identifies census tracts in the bottom half and bottom quartile for “racial and ethnic minority status,” specifically percent of people non-White.

Observations

- In 2020, census tracts with racial and ethnic minority status vulnerability were concentrated in northern Marion County, including Wayne, Speedway, Pike, and Lawrence.

Exhibit 28: Housing Type and Transportation – Bottom Quartile Census Tracts, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2024.

Description: Exhibit 28 identifies census tracts in the bottom half and bottom quartile nationally for “housing type and transportation vulnerability,” specifically people living in multi-unit structures, in mobile homes, in crowded households, in group quarters, and with no vehicle.

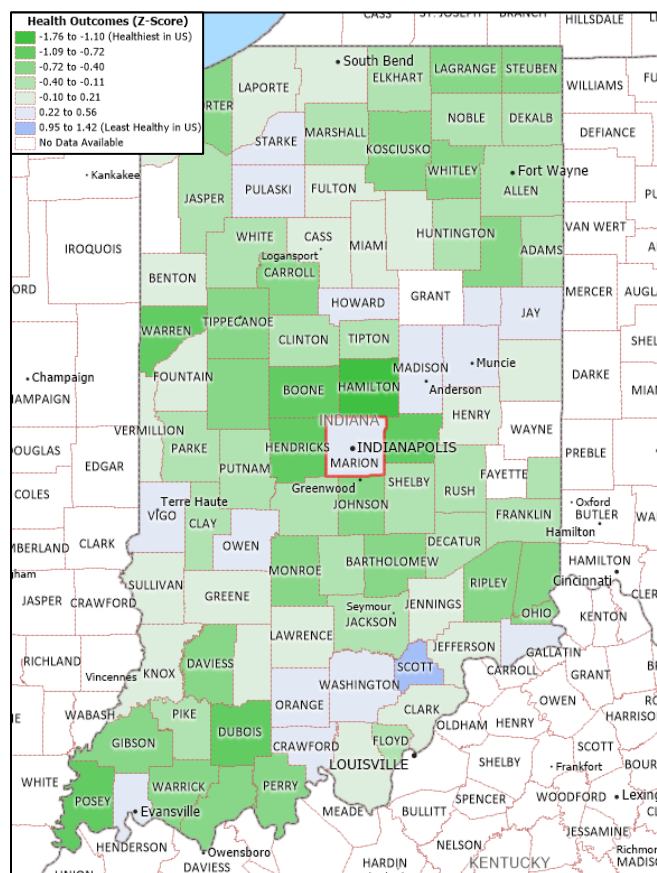
Observations

- In 2020, census tracts designated as vulnerable for housing type and transportation were present throughout Marion County.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 29: County Health Rankings, Health Outcomes, 2024



Source: County Health Rankings, 2024 and Caliper Maptitude, 2024.

Description: Exhibit 29 presents data from *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of indicators to assess “health factors” and “health outcomes” of counties across the United States. The health factors and outcomes are composite measures based on several variables grouped into the following categories: Health behaviors, clinical care,⁸ social and economic factors, and physical environment.⁹ *County Health Rankings* is updated annually. *County Health Rankings 2024* relies on data from 2015 to 2023. Most data are from 2018 to 2022. The exhibit presents “health outcomes” assessments for Indiana counties relative to other counties across the United States.

⁸A composite measure of Access to Care, which examines the percentage of the uninsured population and ratios primary care physicians, dentists, and mental health providers and Quality of Care, which examines preventable hospitalization rates, mammography screening, and flu vaccination rates.

⁹A composite measure that examines Environmental Quality, which measures air pollution and drinking water violations, and Built Environment, which measures severe housing problems and driving alone to work.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Observations

- In 2024, the “Health Outcomes” measure for Marion County was worse than the average county in Indiana and worse than the average county in the nation.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 30: County Health Rankings Data Compared to State and U.S. Averages, 2024

| Indicator Category | Data | Marion (IN) | Indiana | United States |
|----------------------------------|---|----------------|---------|---------------|
| Health Outcomes | | | | |
| Length of Life | Years of potential life lost before age 75 per 100,000 population | 11,769 | 9,317 | 8,000 |
| Quality of Life | % adults reporting fair or poor health | 19.2% | 16.1% | 14.0% |
| | Ave number of physically unhealthy days past 30 days | 3.9 | 3.5 | 3.3 |
| | Ave number of mentally unhealthy days past 30 days | 5.4 | 5.2 | 4.8 |
| | % live births with low birthweight (<2500 grams) | 9.8% | 8.3% | 8.0% |
| Health Factors | | | | |
| Health Behaviors | | | | |
| Adult Smoking | % adults smoking >= 100 cigarettes & currently smoking | 19.6% | 18.0% | 15.0% |
| Adult Obesity | Percent of adults that report a BMI >= 30 | 37.2% | 36.7% | 34.0% |
| Food Environment Index | Index of factors contributing to a healthy food environment, 0 (worst) to 10 (best) | 7.2 | 6.8 | 7.7 |
| Physical Inactivity | % adults aged 20 and over reporting no leisure-time physical activity | 27.5% | 25.1% | 23.0% |
| Access to Exercise Opportunities | % population with adequate access to locations for physical activity | 91.3% | 76.5% | 84.0% |
| Excessive Drinking | Binge plus heavy drinking | 17.1% | 18.2% | 18.0% |
| Alcohol-Impaired Driving Deaths | % driving deaths with alcohol involvement | 23.2% | 18.3% | 26.0% |
| STDs | Chlamydia rate per 100,000 population | 1,102.7 | 510.7 | 495.5 |
| Teen Births | Teen birth rate per 1,000 female population, ages 15-19 | 27.8 | 20.2 | 17.0 |

Source: County Health Rankings, 2024.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 30: County Health Rankings Data Compared to State and U.S. Averages, 2024 (continued)

| Indicator Category | Data | Marion (IN) | Indiana | United States |
|------------------------------------|---|--------------|---------|----------------|
| Clinical Care | | | | |
| Uninsured | % population under age 65 without health insurance | 10.0% | 8.9% | 10.0% |
| Primary Care Physicians | Ratio of population to primary care physicians | 1,283:1 | 1,524:1 | 1,330:1 |
| Dentists | Ratio of population to dentists | 1,063:1 | 1,681:1 | 1,360:1 |
| Mental Health Providers | Ratio of population to mental health providers | 274:1 | 500:1 | 320:1 |
| Preventable Hospital Stays | Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees | 3,372 | 3,135 | 2,681 |
| Mammography Screening | % female Medicare enrollees, ages 67-69, that receive mammography screening | 44.0% | 45.0% | 43.0% |
| Flu Vaccinations | % Medicare enrollees that had an annual flu vaccination | 51.0% | 50.0% | 46.0% |
| Social and Economic Factors | | | | |
| High School Graduation | % adults ages 25 and over with a high school diploma or equivalent | 87.3% | 90.0% | 89.0% |
| Some College | % adults aged 25-44 years with some post-secondary education | 63.2% | 63.1% | 68.0% |
| Unemployment | % population age 16+ unemployed but seeking work | 3.2% | 3.0% | 3.7% |
| Children in Poverty | % children under age 18 in poverty | 21.0% | 15.4% | 16.0% |
| Income Inequality | Ratio of household income at the 80th percentile to income at the 20th percentile | 4.6 | 4.3 | 4.9 |
| Single-Parent Households | % children that live in a household headed by single parent | 34.0% | 24.1% | 25.0% |
| Social Associations | Number of associations per 10,000 population | 11.4 | 11.8 | 9.1 |
| Injury Deaths | Injury mortality per 100,000 | 121.6 | 90.2 | 80.0 |
| Physical Environment | | | | |
| Air Pollution | Average daily measure of fine particulate matter in mcg per cubic meter (PM2.5) | 12.6 | 8.8 | 7.4 |
| Severe Housing Problems | % households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities | 16.5% | 12.2% | 17.0% |
| Driving Alone to Work | % workforce that drives alone to work | 75.9% | 78.7% | 72.0% |
| Long Commute – Drive Alone | Among workers who commute alone, the % that commute more than 30 minutes | 30.9% | 32.2% | 36.0% |

Source: County Health Rankings, 2024.

Description

Exhibit 30 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.¹⁰ Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index
- Percent with access to exercise opportunities
- Percent receiving mammography screening
- Percent receiving flu vaccination
- High school graduation rate
- Percent with some college
- Social associations rate

Observations

- Marion County benchmarks unfavorably to United States averages for many of the indicators including:
 - Years of potential life lost before age 75
 - Adults reporting fair or poor health
 - Physically and mentally unhealthy days
 - Low birth weight babies
 - Adult smoking
 - Obesity
 - Physical inactivity
 - Preventable hospitalizations
 - Educational attainment
 - Children living in poverty
 - Children living in a single parent household
 - Workforce that drives alone to work
- In Marion County, the following indicators were more than 50 percent above U.S. averages:
 - Chlamydia rate
 - Teen birth rate
 - Injury mortality
 - Air pollution

¹⁰ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

- Marion County and Indiana ranked poorly compared the U.S. averages on several measures associated with stroke and injury risks, including smoking, obesity, and physical inactivity.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Community Health Status Indicators

Exhibit 31: Community Health Status Indicators, 2024

| Category | Indicator | Marion (IN) | Peer Counties |
|--------------------------------------|--|-----------------|----------------|
| Length of Life | Years of potential life lost before age 75 per 100,000 population | 11,768.7 | 9,064.2 |
| Quality of Life | Percent of adults reporting fair or poor health | 19.2% | 17.6% |
| | Average number of physically unhealthy days | 3.9 | 3.6 |
| | Average number of mentally unhealthy days | 5.4 | 5.1 |
| | Percent of live births with low birthweight (<2500 grams) | 9.8% | 9.6% |
| Health Behaviors | Percent adults smoking >= 100 cigarettes & currently smoking | 19.6% | 15.6% |
| | Percent of adults that report a BMI >= 30 | 37.2% | 32.4% |
| | Healthy food environment, 0 (worst) to 10 (best) | 7.2 | 7.9 |
| | Percent adults reporting no leisure-time physical activity | 27.5% | 25.9% |
| | Percent with adequate access to locations for physical activity | 91.3% | 95.6% |
| | Binge plus heavy drinking | 17.1% | 17.9% |
| | Percent of driving deaths with alcohol involvement | 23.2% | 23.5% |
| | Chlamydia rate per 100,000 population | 1,102.7 | 817.3 |
| | Teen birth rate per 1,000 female population, ages 15-19 | 27.8 | 18.4 |
| Clinical Care | Percent of population under age 65 without health insurance | 10.0% | 10.2% |
| | Ratio of population to primary care physicians | 1,283:1 | 1,129:1 |
| | Ratio of population to dentists | 1,063:1 | 1,093:1 |
| | Ratio of population to mental health providers | 274:1 | 256:1 |
| | Preventable hospital stays per 100,000 Medicare enrollees | 3,372.0 | 3,275.4 |
| | Percent of female Medicare enrollees with mammography screening | 44.0% | 40.2% |
| | Medicare enrollees that had an annual flu vaccination | 51.0% | 44.9% |
| Social & Economic Factors | Percent adults ages 25+ with a high school diploma or equivalent. | 87.3% | 87.2% |
| | Percent of adults (25-44) with some post-secondary education | 63.2% | 69.0% |
| | Percent of population age 16+ unemployed but seeking work | 3.2% | 4.1% |
| | Percent of children under age 18 in poverty | 21.0% | 21.9% |
| | Income equality ratio | 4.6 | 5.5 |
| | Percent of children that live in a household headed by single parent | 34.0% | 35.3% |
| | Number of associations per 10,000 population | 11.3 | 9.0 |
| | Injury mortality per 100,000 population | 121.6 | 90.6 |
| Physical Environment | Fine particulate matter in mcg/cubic meter (PM2.5) | 12.6 | 9.4 |
| | 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities | 16.5% | 22.0% |
| | Percent of the workforce that drives alone to work | 75.9% | 60.4% |
| | Workers who commute alone and more than 30 minutes | 30.9% | 42.2% |

Source: County Health Rankings and Verité Analysis, 2024.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Description

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators Project* (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 31 compares Marion County to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics also are provided.

See Appendix E for a list of Marion County’s peer counties.

Observations

- Marion County ranked in the bottom quartile of peer counties for twelve (12) of the thirty-four (34) indicators, including years of potential life lost, number of physically unhealthy days, adult smoking, obesity, food environment, access to exercise opportunities, sexually transmitted infections, teen births, post-secondary education, injury mortality, air pollution, and workforce who drive alone to work.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

COVID-19 Incidence and Mortality

Exhibit 32: COVID-19 Incidence and Mortality, 2023

| Indicator | Marion (IN) | Indiana | United States |
|--|-------------|-----------|--------------------|
| Total Confirmed Cases | 268,696 | 2,051,104 | 101,470,604 |
| Confirmed Cases (per 100,000 population) | 28,145 | 30,650 | 31,100 |
| Total Deaths | 3,238 | 25,841 | 1,102,319 |
| Deaths (per 100,000 population) | 339 | 386 | 337 |

Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Last update 3/10/23.

Description

Exhibit 32 presents data regarding COVID-19 incidence, mortality, and vaccination. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators 50 percent or worse than the national average.

Observations

- As of March, 2023, Marion County and Indiana had slightly higher mortality rates due to COVID-19 compared to U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Mortality Rates

Exhibit 33: Causes of Death (Age-adjusted, per 100,000), 2011-2020

| Cause of Death | Marion (IN) | Indiana | United States |
|--|-------------|---------|---------------|
| Major cardiovascular diseases | 242.6 | 241.4 | 219.9 |
| Diseases of heart | 184.1 | 183.3 | 167.2 |
| Malignant neoplasms | 183.0 | 173.5 | 156.1 |
| All other diseases (Residual) | 116.4 | 106.7 | 87.9 |
| Ischemic heart diseases | 98.2 | 102.9 | 96.8 |
| Other forms of chronic ischemic heart disease | 70.0 | 63.6 | 66.1 |
| Other heart diseases | 67.2 | 68.3 | 55.9 |
| Chronic lower respiratory diseases | 60.8 | 55.7 | 40.3 |
| Accidents (unintentional injuries) | 59.9 | 50.6 | 45.4 |
| Other chronic lower respiratory diseases | 56.5 | 51.3 | 37.1 |
| All other forms of chronic ischemic heart disease | 53.9 | 56.1 | 49.6 |
| Malignant neoplasms of trachea, bronchus and lung | 53.4 | 48.9 | 38.9 |
| Non-transport accidents | 47.2 | 37.5 | 33.1 |
| Cerebrovascular diseases | 41.0 | 40.9 | 37.3 |
| All other forms of heart disease | 37.0 | 44.2 | 35.8 |
| Accidental poisoning and exposure to noxious substances | 31.6 | 20.9 | 16.9 |
| Heart failure | 29.2 | 23.4 | 19.4 |
| Acute myocardial infarction | 27.7 | 38.4 | 29.6 |
| Alzheimer disease | 27.4 | 31.8 | 28.3 |
| Diabetes mellitus | 25.9 | 26.2 | 21.7 |
| Nephritis, nephrotic syndrome and nephrosis | 20.9 | 18.1 | 13.1 |
| All other and unspecified malignant neoplasms | 20.5 | 20.0 | 18.7 |
| Renal failure | 20.4 | 17.8 | 12.8 |
| Assault | 16.6 | 6.7 | 5.9 |
| Malignant neoplasms of lymphoid, hematopoietic and related tissue | 16.5 | 16.9 | 15.4 |
| Other & unspecified infectious and parasitic diseases and their sequelae | 16.4 | 13.1 | 11.3 |
| Atherosclerotic cardiovascular disease, so described | 16.1 | 7.4 | 16.5 |
| Malignant neoplasms of colon, rectum and anus | 15.2 | 15.5 | 14.0 |
| Septicemia | 15.2 | 14.4 | 10.4 |
| Intentional self-harm (suicide) | 14.8 | 14.8 | 13.3 |
| Hypertensive heart disease | 14.8 | 9.0 | 11.9 |
| Assault | 14.1 | 5.1 | 4.3 |
| COVID-19 | 14.0 | 11.1 | 9.3 |

Source: Centers for Disease Control and Prevention, National Center for Health Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Accessed at wonder.cdc.gov on 4/22/24.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

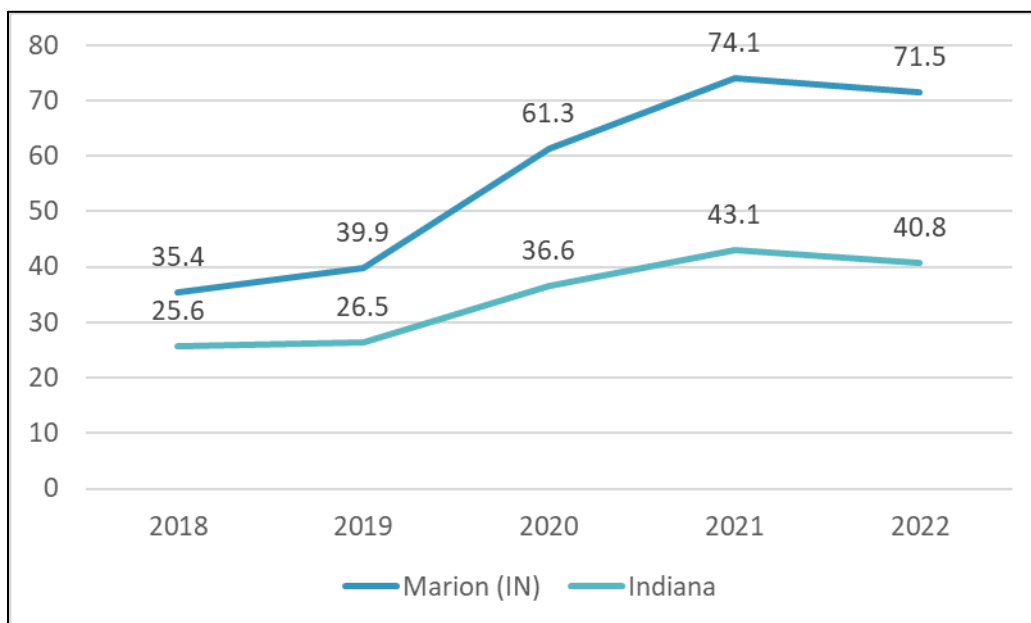
Description

Exhibit 33 provides age-adjusted mortality rates from 2011-2020 for a variety of causes in Marion County and Indiana. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- From 2011-2020, mortality rates for chronic lower respiratory diseases, accidental poisoning and exposure to noxious substances, heart failure, nephritis, renal failure, assault, and COVID-19 were more than 50 percent higher in Marion County compared to U.S. averages.

Exhibit 34: Drug Poisoning Mortality per 100,000, 2018-2022



Source: Indiana Department of Health, 2023.

Description

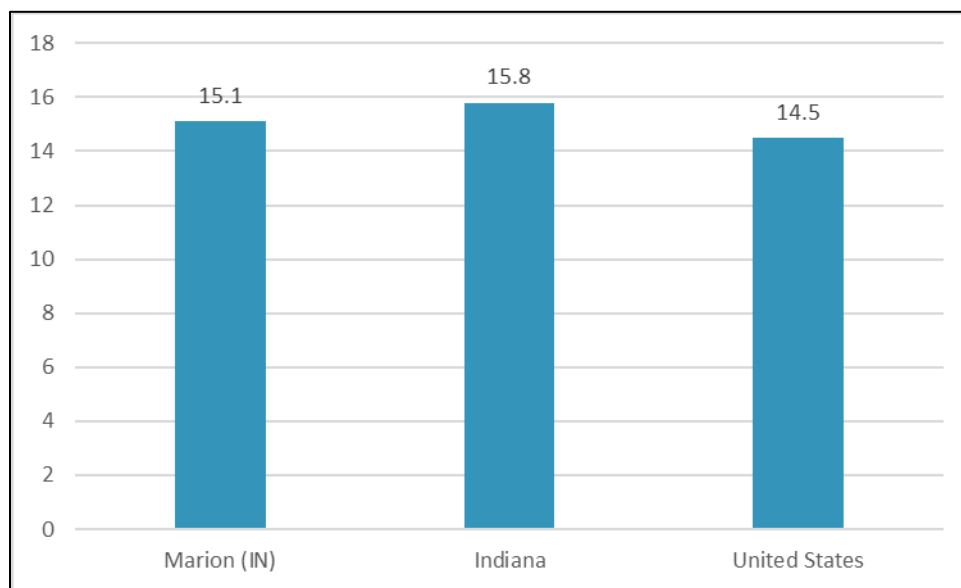
Exhibit 34 provides age-adjusted mortality rates for drug poisoning for 2018 through 2022 for Marion County and Indiana.

Observations

- Between 2018 and 2021, drug poisoning deaths steadily increased in Marion County and Indiana.
- Between 2021 and 2022, drug poisoning deaths declined slightly in both Marion County and Indiana.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 35: Suicide Deaths (per 100,000 population), 2018-2022



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

Description: Exhibit 35 portrays mortality rates for suicide for 2018-2022 in Marion County, Indiana, and the United States.

Observations

- In 2018-2022, suicide rates were slightly higher in Marion County and Indiana, compared to U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Centers for Disease Control and Prevention PLACES

Exhibit 36: CDC PLACES, Health Outcomes Measure, 2023

| Location | All Teeth Lost 65+ | Arthritis | Cancer | Chronic Kidney Disease | COPD | Coronary Heart Disease | Current Asthma | Depression | Diagnosed Diabetes | High Blood Pressure | High Cholesterol | Obesity | Stroke |
|----------|-----------------------|-----------|--------|------------------------------|--------------|------------------------------|-------------------|--------------|-----------------------|---------------------------|---------------------|---------|-------------|
| 46107 | 19.9% | 28.6% | 7.7% | 3.3% | 9.1% | 6.8% | 10.9% | 27.7% | 11.2% | 33.7% | 36.2% | 34.9% | 3.5% |
| 46113 | 14.0% | 22.2% | 5.5% | 2.3% | 6.2% | 4.3% | 10.5% | 26.5% | 8.3% | 27.3% | 30.4% | 35.2% | 2.2% |
| 46183 | 13.9% | 21.3% | 5.5% | 2.3% | 6.0% | 4.5% | 10.2% | 27.2% | 7.9% | 26.2% | 31.5% | 32.2% | 2.2% |
| 46201 | 27.7% | 25.8% | 5.3% | 3.2% | 10.3% | 6.4% | 12.3% | 28.6% | 13.7% | 35.2% | 33.9% | 42.0% | 3.6% |
| 46202 | 19.5% | 18.1% | 4.2% | 2.4% | 5.1% | 4.1% | 10.8% | 24.4% | 9.5% | 27.5% | 27.6% | 33.5% | 2.5% |
| 46203 | 27.2% | 27.2% | 6.2% | 3.3% | 10.6% | 6.9% | 12.0% | 29.1% | 13.0% | 34.6% | 35.3% | 39.2% | 3.7% |
| 46204 | 13.6% | 16.0% | 3.7% | 1.9% | 4.4% | 3.3% | 10.1% | 23.8% | 7.7% | 25.2% | 26.5% | 33.6% | 1.9% |
| 46205 | 20.2% | 23.5% | 5.3% | 3.1% | 6.5% | 5.0% | 11.8% | 23.6% | 12.9% | 35.0% | 30.8% | 39.7% | 3.4% |
| 46208 | 27.0% | 24.2% | 5.3% | 3.6% | 7.8% | 5.9% | 12.4% | 25.1% | 14.8% | 36.2% | 31.2% | 39.0% | 4.2% |
| 46214 | 19.1% | 23.8% | 6.1% | 2.9% | 7.0% | 5.3% | 11.3% | 25.6% | 10.3% | 31.4% | 31.7% | 36.2% | 3.0% |
| 46216 | 19.5% | 34.3% | 9.5% | 4.7% | 9.6% | 8.7% | 11.2% | 23.1% | 16.7% | 43.6% | 39.0% | 37.7% | 5.0% |
| 46217 | 15.7% | 24.4% | 6.4% | 2.7% | 7.2% | 5.3% | 10.6% | 27.3% | 9.3% | 29.4% | 33.5% | 33.6% | 2.7% |
| 46218 | 34.9% | 32.0% | 6.3% | 4.8% | 11.8% | 8.5% | 13.6% | 23.9% | 21.5% | 47.9% | 36.5% | 48.2% | 6.1% |
| 46219 | 22.4% | 29.0% | 7.5% | 3.6% | 9.5% | 7.2% | 11.2% | 26.1% | 13.0% | 36.3% | 36.4% | 37.3% | 3.9% |
| 46220 | 10.2% | 21.2% | 6.2% | 2.4% | 4.6% | 4.1% | 9.7% | 24.1% | 7.6% | 26.5% | 30.7% | 30.5% | 2.1% |
| 46221 | 23.7% | 25.8% | 6.0% | 2.9% | 9.4% | 6.1% | 11.4% | 29.3% | 11.1% | 31.6% | 34.1% | 37.3% | 3.2% |
| 46222 | 34.6% | 25.7% | 4.9% | 3.6% | 10.5% | 6.8% | 13.1% | 27.7% | 15.9% | 37.5% | 33.2% | 44.6% | 4.2% |
| 46224 | 24.4% | 23.8% | 5.4% | 3.2% | 8.5% | 5.9% | 11.8% | 26.3% | 12.7% | 33.2% | 32.4% | 39.9% | 3.4% |
| 46225 | 25.0% | 24.5% | 5.4% | 2.9% | 9.3% | 5.9% | 11.7% | 28.8% | 11.4% | 31.9% | 33.3% | 38.4% | 3.1% |
| 46226 | 25.7% | 28.2% | 6.0% | 3.8% | 9.6% | 6.8% | 12.9% | 24.7% | 16.5% | 41.1% | 34.5% | 44.0% | 4.4% |
| 46227 | 19.7% | 24.4% | 6.4% | 2.9% | 8.1% | 5.8% | 11.0% | 27.5% | 10.2% | 30.3% | 33.6% | 33.8% | 3.0% |
| 46228 | 17.0% | 27.0% | 6.7% | 3.5% | 6.9% | 5.9% | 11.2% | 22.2% | 13.5% | 37.7% | 34.7% | 37.8% | 3.7% |
| 46229 | 19.1% | 25.6% | 6.1% | 3.1% | 7.7% | 5.5% | 11.7% | 25.2% | 12.0% | 34.6% | 33.0% | 39.1% | 3.2% |

Source: CDC, 2023, and Verité analysis.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 36: CDC PLACES, Health Outcomes Measure, 2023 (continued)

| Location | All Teeth Lost 65+ | Arthritis | Cancer | Chronic Kidney Disease | COPD | Coronary Heart Disease | Current Asthma | Depression | Diagnosed Diabetes | High Blood Pressure | High Cholesterol | Obesity | Stroke |
|---------------|--------------------|-----------|--------|------------------------|-------|------------------------|----------------|------------|--------------------|---------------------|------------------|---------|--------|
| 46231 | 14.7% | 21.5% | 5.3% | 2.5% | 6.1% | 4.3% | 10.6% | 24.3% | 9.6% | 29.5% | 31.5% | 35.9% | 2.4% |
| 46234 | 14.8% | 23.1% | 6.3% | 2.6% | 6.2% | 4.9% | 10.3% | 24.2% | 9.3% | 30.1% | 33.0% | 34.5% | 2.6% |
| 46235 | 26.4% | 22.9% | 4.4% | 3.0% | 8.0% | 4.9% | 13.1% | 26.1% | 13.2% | 34.8% | 29.9% | 43.9% | 3.3% |
| 46236 | 12.8% | 23.4% | 6.4% | 2.5% | 5.5% | 4.5% | 10.0% | 23.9% | 8.9% | 29.3% | 32.9% | 33.1% | 2.4% |
| 46237 | 14.2% | 22.7% | 6.2% | 2.5% | 6.1% | 4.6% | 10.1% | 26.1% | 8.3% | 27.4% | 32.0% | 32.0% | 2.4% |
| 46239 | 13.4% | 22.5% | 5.9% | 2.4% | 6.0% | 4.4% | 10.3% | 25.6% | 8.6% | 28.3% | 31.8% | 33.8% | 2.4% |
| 46240 | 9.9% | 24.2% | 7.7% | 2.8% | 5.3% | 5.1% | 9.5% | 23.0% | 8.7% | 29.5% | 33.8% | 29.7% | 2.6% |
| 46241 | 27.8% | 26.6% | 5.9% | 3.2% | 10.6% | 6.7% | 12.1% | 29.9% | 12.4% | 33.5% | 34.8% | 39.2% | 3.5% |
| 46250 | 9.2% | 19.7% | 5.9% | 2.2% | 4.2% | 3.8% | 9.7% | 24.1% | 7.0% | 25.0% | 29.4% | 29.7% | 2.0% |
| 46254 | 19.8% | 21.0% | 4.5% | 2.7% | 6.0% | 4.1% | 11.9% | 24.0% | 11.3% | 31.7% | 29.0% | 39.9% | 2.8% |
| 46256 | 9.8% | 23.5% | 6.9% | 2.5% | 5.0% | 4.5% | 9.7% | 23.2% | 8.6% | 29.1% | 33.4% | 31.2% | 2.3% |
| 46259 | 11.1% | 23.0% | 6.4% | 2.3% | 5.5% | 4.3% | 9.6% | 25.0% | 7.8% | 27.4% | 32.8% | 32.1% | 2.2% |
| 46260 | 14.1% | 25.1% | 6.9% | 3.2% | 6.4% | 5.5% | 10.9% | 23.6% | 11.3% | 33.6% | 33.4% | 35.7% | 3.2% |
| 46268 | 14.2% | 23.0% | 6.1% | 2.9% | 5.7% | 4.8% | 10.9% | 23.0% | 10.4% | 31.7% | 31.2% | 35.4% | 2.9% |
| 46278 | 8.7% | 23.4% | 6.5% | 2.5% | 4.7% | 4.2% | 9.8% | 21.7% | 9.3% | 30.7% | 33.4% | 33.0% | 2.4% |
| Marion (IN) | 15.1% | 25.4% | 6.3% | 3.2% | 7.5% | 5.9% | 11.1% | 24.7% | 12.2% | 34.2% | 33.9% | 37.1% | 3.3% |
| United States | 13.4% | 25.2% | 7.0% | 3.1% | 6.4% | 6.1% | 9.7% | 19.5% | 11.3% | 32.7% | 36.4% | 33.0% | 3.3% |

Source: CDC, 2023, and Verité analysis.

Description: Exhibits 36 through 40 present CDC’s PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Thirty measures are grouped into five categories: Health Outcomes (13 measures), Prevention (10 measures), Health Risk Behaviors (4 measures), Health Status (3 measures), and Disability (7 measures). Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 34 provides data that underlie the Health Outcomes Measure and compares indicators to national averages.¹¹

Observations

- In 2023, health outcomes measures were comparatively worse than U.S. averages throughout ZIP Codes in Marion County.
- Depression rates were higher in every ZIP Code in Marion County compared to U.S. averages.
- The following health outcomes measures compared unfavorably to national averages in most ZIP Codes in Marion County:
 - All teeth lost 65+
 - COPD
 - Current Asthma
 - Depression
 - Diabetes
 - High Blood Pressure
 - Obesity
 - Stroke

¹¹ <https://www.cdc.gov/places/methodology/index.html>

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 37: CDC PLACES, Prevention Measure, 2023

| Location | Cervical Cancer Screening | Cholesterol Screening | Current Lack of Health Insurance | Colon Cancer Test | Mammo-gram | Preventive Services in Men | Preventive Services in Women | High Blood Pressure Rx | Dental Visit | Routine Checkup |
|----------|---------------------------|-----------------------|----------------------------------|-------------------|------------|----------------------------|------------------------------|------------------------|--------------|-----------------|
| 46107 | 80.4% | 82.1% | 9.8% | 69.7% | 74.9% | 46.3% | 40.7% | 80.4% | 60.6% | 72.9% |
| 46113 | 83.4% | 81.8% | 8.2% | 70.5% | 73.9% | 45.2% | 41.1% | 73.8% | 64.1% | 70.1% |
| 46183 | 79.8% | 80.3% | 8.1% | 69.5% | 74.7% | 47.5% | 43.6% | 74.7% | 65.7% | 69.4% |
| 46201 | 77.8% | 76.6% | 16.7% | 63.7% | 75.9% | 39.3% | 37.4% | 76.9% | 48.0% | 71.2% |
| 46202 | 78.9% | 78.0% | 8.4% | 72.4% | 81.5% | 42.6% | 40.1% | 74.2% | 62.5% | 71.2% |
| 46203 | 78.0% | 78.0% | 14.8% | 65.8% | 74.9% | 40.8% | 38.1% | 78.3% | 51.4% | 71.4% |
| 46204 | 81.1% | 78.4% | 8.9% | 71.7% | 81.7% | 46.1% | 44.0% | 69.9% | 63.1% | 69.2% |
| 46205 | 83.4% | 82.7% | 9.3% | 73.1% | 82.1% | 42.0% | 41.4% | 79.0% | 59.7% | 75.3% |
| 46208 | 79.3% | 78.8% | 10.7% | 71.3% | 81.6% | 38.3% | 36.3% | 80.6% | 56.3% | 75.1% |
| 46214 | 81.2% | 81.8% | 10.2% | 71.1% | 77.4% | 46.0% | 41.1% | 77.3% | 61.0% | 73.6% |
| 46216 | 82.4% | 86.8% | 8.4% | 73.3% | 79.2% | 43.8% | 38.3% | 86.2% | 60.3% | 79.3% |
| 46217 | 81.9% | 82.1% | 8.8% | 71.4% | 76.3% | 48.6% | 45.9% | 77.2% | 63.7% | 71.3% |
| 46218 | 79.7% | 81.1% | 16.0% | 68.4% | 80.2% | 33.2% | 32.9% | 83.6% | 43.4% | 78.5% |
| 46219 | 81.2% | 82.7% | 11.6% | 69.4% | 76.2% | 44.2% | 39.2% | 81.0% | 57.9% | 74.1% |
| 46220 | 85.4% | 85.1% | 5.4% | 75.3% | 79.6% | 52.6% | 48.0% | 76.7% | 72.5% | 72.4% |
| 46221 | 79.7% | 78.8% | 12.5% | 67.4% | 74.8% | 43.2% | 40.3% | 77.0% | 55.7% | 70.4% |
| 46222 | 76.8% | 74.9% | 20.3% | 63.4% | 77.6% | 34.7% | 32.9% | 77.6% | 43.0% | 72.5% |
| 46224 | 78.3% | 77.4% | 17.8% | 66.8% | 77.1% | 42.3% | 38.4% | 76.4% | 51.2% | 71.9% |
| 46225 | 78.2% | 77.1% | 14.0% | 65.1% | 75.9% | 41.5% | 38.1% | 76.0% | 52.8% | 70.1% |
| 46226 | 80.5% | 80.9% | 14.6% | 69.9% | 79.9% | 38.9% | 37.8% | 81.0% | 49.8% | 76.4% |
| 46227 | 77.5% | 78.6% | 11.8% | 69.5% | 75.4% | 46.3% | 41.5% | 77.4% | 58.6% | 71.2% |
| 46228 | 84.3% | 86.2% | 8.4% | 74.7% | 80.6% | 44.7% | 43.5% | 82.3% | 63.5% | 77.0% |
| 46229 | 82.2% | 82.4% | 10.7% | 70.4% | 77.3% | 44.6% | 41.5% | 78.6% | 58.3% | 74.8% |
| 46231 | 83.1% | 82.8% | 9.3% | 70.7% | 76.8% | 46.7% | 44.9% | 75.6% | 63.1% | 72.1% |
| 46234 | 84.1% | 84.7% | 7.5% | 72.7% | 77.1% | 48.3% | 44.9% | 77.5% | 67.0% | 72.9% |

Source: CDC, 2023, and Verité analysis.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 37: CDC PLACES, Prevention Measure, 2023 (continued)

| Location | Cervical Cancer Screening | Cholesterol Screening | Current Lack of Health Insurance | Colon Cancer Test | Mammo-gram | Preventive Services in Men | Preventive Services in Women | High Blood Pressure Rx | Dental Visit | Routine Checkup |
|----------------------|---------------------------|-----------------------|----------------------------------|-------------------|--------------|----------------------------|------------------------------|------------------------|--------------|-----------------|
| 46235 | 80.0% | 77.7% | 16.2% | 67.2% | 79.0% | 39.2% | 38.2% | 75.4% | 48.5% | 73.8% |
| 46236 | 85.9% | 86.3% | 6.9% | 73.1% | 78.8% | 50.9% | 46.8% | 78.1% | 70.1% | 73.4% |
| 46237 | 82.9% | 83.2% | 7.6% | 72.6% | 76.7% | 49.7% | 46.0% | 76.5% | 67.4% | 71.3% |
| 46239 | 84.0% | 83.6% | 8.1% | 72.4% | 77.2% | 50.4% | 47.8% | 76.1% | 66.2% | 71.7% |
| 46240 | 83.7% | 85.6% | 7.0% | 76.6% | 78.9% | 54.2% | 48.3% | 79.9% | 71.5% | 74.1% |
| 46241 | 77.6% | 77.0% | 15.2% | 64.7% | 74.4% | 40.3% | 37.6% | 77.1% | 50.4% | 70.5% |
| 46250 | 83.5% | 83.7% | 6.1% | 76.7% | 79.5% | 53.8% | 48.9% | 75.4% | 72.1% | 72.0% |
| 46254 | 82.6% | 81.0% | 12.2% | 70.8% | 80.8% | 42.5% | 41.2% | 75.4% | 57.2% | 73.7% |
| 46256 | 85.5% | 86.8% | 5.7% | 75.5% | 79.2% | 53.4% | 49.1% | 78.8% | 72.7% | 74.3% |
| 46259 | 85.9% | 86.0% | 6.1% | 73.9% | 76.7% | 52.4% | 49.5% | 76.6% | 71.3% | 71.9% |
| 46260 | 82.8% | 83.7% | 10.1% | 74.2% | 79.5% | 49.3% | 44.7% | 79.7% | 63.3% | 75.3% |
| 46268 | 83.8% | 83.7% | 9.5% | 73.4% | 79.8% | 47.6% | 42.6% | 78.3% | 64.1% | 74.6% |
| 46278 | 87.2% | 88.9% | 5.3% | 75.3% | 80.0% | 52.7% | 51.0% | 79.5% | 73.1% | 75.3% |
| Marion (IN) | 81.3% | 82.4% | 10.7% | 73.0% | 74.8% | 44.5% | 42.5% | 79.5% | 59.3% | 74.0% |
| United States | 82.8% | 86.4% | 10.8% | 72.4% | 78.2% | 43.7% | 37.9% | 78.2% | 64.8% | 73.6% |

Source: CDC, 2023, and Verité analysis.

Description: Exhibit 37 provides data that underlie the Prevention Measure and compares indicators to national averages.

Observations

- In 2023, numerous indicators for routine screenings including cervical cancer screening, cholesterol screening, colon cancer test, mammogram, dental visit, and routine check-up measures were worse than national averages in many ZIP Codes in Marion County.
- Current lack of health insurance was more than 50 percent above the national rate in several ZIP Codes (46201, 46222, and 46224).

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 38: CDC PLACES, Health Risk Behaviors Measure, 2023

| Location | Binge Drinking | Current Smoking | No Leisure-Time Physical Activity | Sleeping Less Than 7 Hours |
|----------|----------------|-----------------|-----------------------------------|----------------------------|
| 46107 | 17.2% | 21.2% | 27.8% | 34.7% |
| 46113 | 20.4% | 18.4% | 22.8% | 34.7% |
| 46183 | 21.8% | 18.0% | 21.6% | 33.8% |
| 46201 | 16.6% | 29.1% | 34.7% | 40.2% |
| 46202 | 19.3% | 15.4% | 21.9% | 35.8% |
| 46203 | 16.8% | 27.1% | 32.9% | 37.8% |
| 46204 | 21.3% | 15.6% | 20.0% | 35.8% |
| 46205 | 16.6% | 18.9% | 26.5% | 39.8% |
| 46208 | 16.1% | 20.1% | 29.8% | 39.4% |
| 46214 | 17.4% | 18.7% | 26.2% | 37.2% |
| 46216 | 12.4% | 17.5% | 30.5% | 36.0% |
| 46217 | 18.8% | 19.2% | 23.6% | 34.2% |
| 46218 | 12.1% | 29.4% | 41.5% | 45.7% |
| 46219 | 16.0% | 22.0% | 29.9% | 36.4% |
| 46220 | 20.1% | 12.0% | 17.2% | 31.8% |
| 46221 | 18.4% | 25.3% | 29.4% | 36.9% |
| 46222 | 15.1% | 29.7% | 39.2% | 42.6% |
| 46224 | 16.3% | 23.6% | 33.1% | 39.0% |
| 46225 | 18.0% | 25.8% | 30.5% | 37.5% |
| 46226 | 13.9% | 25.5% | 35.3% | 42.6% |
| 46227 | 17.5% | 20.7% | 27.8% | 35.3% |
| 46228 | 15.3% | 16.9% | 25.6% | 37.7% |
| 46229 | 16.2% | 21.5% | 28.7% | 39.1% |
| 46231 | 18.0% | 18.7% | 24.6% | 37.6% |
| 46234 | 18.0% | 16.8% | 22.6% | 35.4% |
| 46235 | 15.6% | 26.2% | 34.5% | 43.6% |
| 46236 | 18.8% | 14.8% | 20.1% | 33.6% |
| 46237 | 19.7% | 16.8% | 21.4% | 33.5% |
| 46239 | 19.5% | 17.9% | 22.0% | 35.2% |
| 46240 | 17.7% | 11.9% | 19.3% | 31.0% |
| 46241 | 17.2% | 28.2% | 33.2% | 38.3% |
| 46250 | 20.1% | 11.6% | 17.3% | 31.8% |

Source: CDC, 2023, and Verité analysis.

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 38: CDC PLACES, Health Risk Behaviors Measure, 2023 (continued)

| Location | Binge Drinking | Current Smoking | No Leisure-Time Physical Activity | Sleeping Less Than 7 Hours |
|----------------------|----------------|-----------------|-----------------------------------|----------------------------|
| 46254 | 16.8% | 20.0% | 27.9% | 40.7% |
| 46256 | 18.4% | 12.4% | 18.3% | 31.9% |
| 46259 | 20.2% | 15.6% | 19.0% | 32.8% |
| 46260 | 16.1% | 16.1% | 25.0% | 35.8% |
| 46268 | 17.0% | 15.9% | 24.1% | 36.8% |
| 46278 | 17.9% | 12.6% | 18.3% | 34.0% |
| Marion (IN) | 16.3% | 19.5% | 27.4% | 37.7% |
| United States | 15.5% | 13.5% | 23.7% | 32.7% |

Source: CDC, 2023, and Verité analysis.

Description: Exhibit 38 provides data that underlie the Health Risk Behaviors Measure and compares indicators to national averages.

Observations

- In 2023, smoking rates were comparatively higher in most ZIP Codes in Marion County and were more than 50 percent above national averages in many ZIP Codes.
- Rates of all health risk behaviors indicators compared unfavorably for Marion County compared to U.S. averages.

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 39: CDC PLACES, Health Status Measure, 2023

| Location | Fair or poor self-rated health status | Mental Health not good >=14 days | Physical health not good >=14 days |
|---------------|---------------------------------------|----------------------------------|------------------------------------|
| 46107 | 19.2% | 17.6% | 12.8% |
| 46113 | 13.8% | 16.8% | 9.9% |
| 46183 | 14.1% | 17.1% | 9.9% |
| 46201 | 26.6% | 21.1% | 15.4% |
| 46202 | 15.3% | 17.1% | 9.1% |
| 46203 | 24.6% | 20.2% | 14.9% |
| 46204 | 13.5% | 16.2% | 8.3% |
| 46205 | 19.4% | 17.2% | 11.1% |
| 46208 | 22.7% | 19.2% | 12.5% |
| 46214 | 17.8% | 17.6% | 11.2% |
| 46216 | 22.2% | 15.2% | 13.6% |
| 46217 | 15.9% | 16.9% | 10.9% |
| 46218 | 33.5% | 20.3% | 17.5% |
| 46219 | 21.8% | 17.3% | 13.5% |
| 46220 | 11.0% | 13.9% | 7.9% |
| 46221 | 21.1% | 19.5% | 13.5% |
| 46222 | 30.5% | 22.3% | 16.4% |
| 46224 | 24.3% | 19.6% | 13.7% |
| 46225 | 22.5% | 20.0% | 13.7% |
| 46226 | 27.1% | 19.4% | 14.8% |
| 46227 | 19.0% | 18.5% | 12.0% |
| 46228 | 18.5% | 15.0% | 11.2% |
| 46229 | 20.0% | 17.9% | 12.2% |
| 46231 | 15.7% | 16.3% | 10.2% |
| 46234 | 14.4% | 15.1% | 9.9% |
| 46235 | 25.4% | 21.2% | 13.7% |
| 46236 | 13.3% | 14.1% | 9.3% |
| 46237 | 13.7% | 15.8% | 9.7% |
| 46239 | 14.3% | 16.0% | 9.8% |
| 46240 | 12.4% | 13.4% | 8.6% |
| 46241 | 24.7% | 20.9% | 15.0% |
| 46250 | 10.6% | 14.3% | 7.5% |
| 46254 | 19.5% | 18.1% | 11.0% |
| 46256 | 11.7% | 13.4% | 8.5% |
| 46259 | 11.9% | 14.3% | 8.9% |
| 46260 | 17.4% | 15.8% | 10.6% |
| 46268 | 16.2% | 15.7% | 9.9% |
| 46278 | 11.9% | 12.7% | 8.4% |
| Marion (IN) | 19.3% | 16.8% | 11.7% |
| United States | 16.1% | 14.7% | 10.9% |

Source: CDC, 2023, and Verité analysis.

Description: Exhibit 39 provides data that underlie the Health Status Measure and compares indicators to national averages.

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Observations

- In 2023, eight (8) of Marion County’s thirty-eight (38) ZIP Codes were more than 50 percent above the U.S. average for self-rated fair or poor health.
- Most ZIP Codes compared unfavorably to national averages for mental health not good for 14 days or more.
- ZIP Codes 46218 and 46222 had rates of poor physical health (>14 days) more than 50 percent above national averages.

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 40: CDC PLACES, Disability Measure, 2023

| Location | Any Disability | Cognitive Disability | Hearing Disability | Independent Living Disability | Mobility Disability | Self-Care Disability | Vision Disability |
|----------|----------------|----------------------|--------------------|-------------------------------|---------------------|----------------------|-------------------|
| 46107 | 31.4% | 14.5% | 7.2% | 9.3% | 15.8% | 4.2% | 5.4% |
| 46113 | 24.7% | 12.5% | 4.7% | 6.6% | 10.3% | 2.7% | 3.5% |
| 46183 | 24.5% | 12.6% | 5.0% | 6.6% | 10.0% | 2.7% | 3.6% |
| 46201 | 36.4% | 19.7% | 6.4% | 12.9% | 18.2% | 6.5% | 8.8% |
| 46202 | 24.7% | 12.9% | 3.9% | 7.5% | 10.3% | 3.4% | 4.8% |
| 46203 | 35.5% | 18.4% | 7.0% | 12.0% | 17.9% | 5.8% | 7.7% |
| 46204 | 22.1% | 12.0% | 3.5% | 6.3% | 8.1% | 2.7% | 3.8% |
| 46205 | 28.0% | 13.7% | 4.2% | 9.2% | 14.2% | 4.7% | 6.2% |
| 46208 | 32.4% | 16.4% | 4.9% | 11.5% | 17.0% | 6.0% | 8.2% |
| 46214 | 28.4% | 14.0% | 5.4% | 8.7% | 13.3% | 3.7% | 5.2% |
| 46216 | 34.7% | 13.1% | 8.1% | 10.8% | 20.8% | 5.6% | 7.4% |
| 46217 | 26.4% | 12.9% | 5.5% | 7.6% | 12.0% | 3.3% | 4.3% |
| 46218 | 41.9% | 20.1% | 6.5% | 16.0% | 25.7% | 9.3% | 12.2% |
| 46219 | 32.8% | 15.1% | 7.2% | 10.4% | 17.3% | 5.0% | 6.7% |
| 46220 | 20.1% | 9.1% | 4.3% | 5.2% | 8.7% | 2.2% | 2.9% |
| 46221 | 32.0% | 16.7% | 6.4% | 10.2% | 15.3% | 4.7% | 6.2% |
| 46222 | 40.0% | 21.9% | 6.3% | 15.0% | 20.5% | 7.7% | 10.9% |
| 46224 | 34.3% | 18.0% | 6.1% | 11.7% | 16.4% | 5.6% | 8.2% |
| 46225 | 33.0% | 17.7% | 6.1% | 10.9% | 15.5% | 5.1% | 6.8% |
| 46226 | 36.3% | 17.9% | 5.9% | 12.8% | 19.9% | 6.7% | 9.0% |
| 46227 | 30.6% | 15.5% | 6.2% | 9.4% | 13.9% | 3.9% | 5.6% |
| 46228 | 27.5% | 11.8% | 5.0% | 8.1% | 14.8% | 4.2% | 5.4% |
| 46229 | 30.0% | 14.7% | 5.3% | 9.5% | 14.8% | 4.4% | 5.9% |
| 46231 | 24.6% | 12.5% | 4.5% | 7.1% | 11.0% | 3.1% | 4.1% |
| 46234 | 23.7% | 11.2% | 5.0% | 6.6% | 11.1% | 2.9% | 3.8% |
| 46235 | 34.2% | 19.0% | 4.6% | 12.5% | 16.4% | 5.8% | 8.4% |
| 46236 | 22.0% | 10.0% | 4.6% | 6.0% | 10.3% | 2.7% | 3.5% |
| 46237 | 23.7% | 11.5% | 5.0% | 6.5% | 10.4% | 2.7% | 3.6% |
| 46239 | 23.6% | 11.6% | 4.6% | 6.6% | 10.4% | 2.8% | 3.7% |
| 46240 | 22.8% | 9.5% | 5.4% | 5.7% | 10.2% | 2.4% | 3.4% |
| 46241 | 35.7% | 19.0% | 6.8% | 12.0% | 17.5% | 5.6% | 7.5% |
| 46250 | 20.0% | 9.4% | 4.2% | 5.1% | 8.0% | 2.0% | 2.8% |
| 46254 | 27.9% | 14.7% | 3.8% | 9.2% | 12.9% | 4.3% | 6.1% |
| 46256 | 20.9% | 9.1% | 4.6% | 5.4% | 9.5% | 2.3% | 3.1% |

Source: CDC, 2023, and Verité analysis.

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 40: CDC PLACES, Disability Measure, 2023 (continued)

| Location | Any Disability | Cognitive Disability | Hearing Disability | Independent Living Disability | Mobility Disability | Self-Care Disability | Vision Disability |
|----------------------|----------------|----------------------|--------------------|-------------------------------|---------------------|----------------------|-------------------|
| 46259 | 21.1% | 9.7% | 4.6% | 5.4% | 9.2% | 2.3% | 2.8% |
| 46260 | 27.8% | 12.6% | 5.5% | 8.3% | 13.4% | 3.8% | 5.3% |
| 46268 | 26.0% | 12.0% | 4.8% | 7.6% | 12.2% | 3.4% | 4.7% |
| 46278 | 19.7% | 8.4% | 4.1% | 5.0% | 9.4% | 2.4% | 3.0% |
| Marion (IN) | 29.2% | 13.7% | 5.6% | 8.7% | 14.4% | 4.1% | 5.6% |
| United States | 28.3% | 12.4% | 6.9% | 7.4% | 13.5% | 3.9% | 5.0% |

Source: CDC, 2023, and Verité analysis.

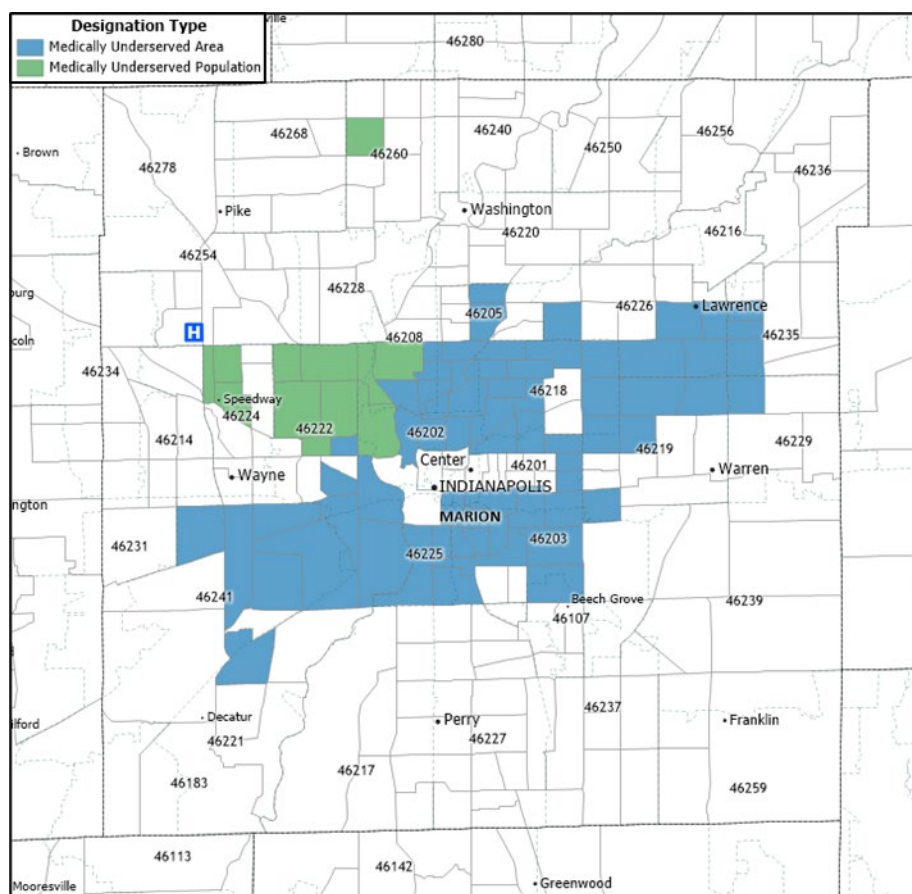
Description: Exhibit 40 provides data that underlie the Disability Measure and compares indicators to national averages.

Observations

- In 2023, ZIP Codes 46107, 46203, 46216, and 46219 had higher disability rates for all disability types compared to national averages.
- Many ZIP Codes had rates more than 50 percent above U.S. averages for cognitive disability, independent living disability, self-care disability, and vision disability.

Medically Underserved Areas and Populations

Exhibit 41: Medically Underserved Areas and Populations, 2024



Source: Health Resources and Services Administration, 2024, and Caliper Maptitude, 2024.

Description

Exhibit 41 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.¹² Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP

¹² Health Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”¹³

Observations

- Census tracts throughout Marion County have been designated as medically underserved, particularly around the center of the county.

¹³*Ibid.*

APPENDIX C – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Health Professional Shortage Areas

Exhibit 42: Population and Facility HPSA Designations, 2024

| HPSA Name | HPSA Type Description | Primary Care | Mental Health | Dental Health |
|---|-----------------------------------|--------------|---------------|---------------|
| Marion County, Indiana | | | | |
| Adult and Child Mental Health Center | Federally Qualified Health Center | • | • | • |
| HealthNet, Inc. | Federally Qualified Health Center | • | • | • |
| Indiana Health Centers Incorporated | Federally Qualified Health Center | • | • | • |
| Indiana Women’s Prison | Correctional Facility | • | • | • |
| Jane Pauley Community Health Center | Federally Qualified Health Center | • | • | • |
| Low Income – Central Indiana MHCAs | HPSA Population | | • | |
| Low-Income – Indianapolis Center Township | HPSA Population | • | | |
| Raphael Health Center | Federally Qualified Health Center | • | • | • |
| Shalom Health Care Center | Federally Qualified Health Center | • | • | • |
| The Health and Hospital Corp of Marion County | Federally Qualified Health Center | • | • | • |

Source: Health Resources and Services Administration, 2024.

Description: Exhibit 42 identifies the locations of federally designated Health Professional Shortage Areas (HPSAs) for primary care, dental care, and mental health.

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision, and which is a rational area for the delivery of health services), (2) a population group, or (3) a public or nonprofit private medical facility.¹⁴

Observations

- The low-income population of Central Indiana MHCA has been designated a mental health HPSA.
- The low-income population of Indianapolis Center Township has been designated a primary care HPSA.
- Eight medical facilities in Marion County have been designated HPSAs for primary care, mental health, and dental health.

¹⁴ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

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

Demographics

Exhibit 43: Change in Indiana Population by Age Cohort

| Indiana | Projected Population Percent Change | |
|------------------------|-------------------------------------|-------------|
| Age Group | 2020-2030 | 2025-2035 |
| 0 to 24 | -2.0% | -2.3% |
| 25 to 44 | 6.3% | 3.3% |
| 45 to 64 | -4.9% | 0.2% |
| 65 and older | 22.2% | 12.8% |
| Community Total | 3.3% | 2.4% |

Source: Indiana Business Research Center, Indiana University Kelley School of Business, July 2024.

Description

Exhibit 43 portrays the estimated population change for certain age cohorts in Indiana between 2020 to 2030 and 2025 to 2035.

Observations

- From 2020-2030 and from 2025-2035, Indiana is projected to have modest increases in total population.
- The population aged 65 and older is expected to increase by 22.2 percent between 2020-2030 and 12.8 percent from 2025-2035.
- The growth of older populations is likely to lead to greater demand for health services statewide, since older individuals typically need and use more services than younger persons.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Indiana Health Status and Access Indicators

Exhibit 44: Indiana County Health Rankings Data Compared to U.S. Averages, 2024

| Indicator Category | Data | Indiana | United States |
|----------------------------------|---|---------|---------------|
| Health Outcomes | | | |
| Length of Life | Years of potential life lost before age 75 per 100,000 population | 9,317 | 8,000 |
| Quality of Life | % adults reporting fair or poor health | 16.1% | 14.0% |
| | Ave number of physically unhealthy days past 30 days | 3.5 | 3.3 |
| | Ave number of mentally unhealthy days past 30 days | 5.2 | 4.8 |
| | % live births with low birthweight (<2500 grams) | 8.3% | 8.0% |
| Health Factors | | | |
| Health Behaviors | | | |
| Adult Smoking | % adults smoking >= 100 cigarettes & currently smoking | 18.0% | 15.0% |
| Adult Obesity | Percent of adults that report a BMI >= 30 | 36.7% | 34.0% |
| Food Environment Index | Index of factors contributing to a healthy food environment, 0 (worst) to 10 (best) | 6.8 | 7.7 |
| Physical Inactivity | % adults aged 20 and over reporting no leisure-time physical activity | 25.1% | 23.0% |
| Access to Exercise Opportunities | % population with adequate access to locations for physical activity | 76.5% | 84.0% |
| Excessive Drinking | Binge plus heavy drinking | 18.2% | 18.0% |
| Alcohol-Impaired Driving Deaths | % driving deaths with alcohol involvement | 18.3% | 26.0% |
| STDs | Chlamydia rate per 100,000 population | 510.7 | 495.5 |
| Teen Births | Teen birth rate per 1,000 female population, ages 15-19 | 20.2 | 17.0 |

Source: County Health Rankings, 2024.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Exhibit 44: Indiana County Health Rankings Data Compared to U.S. Averages, 2024 (continued)

| Indicator Category | Data | Indiana | United States |
|------------------------------------|---|---------|----------------|
| Clinical Care | | | |
| Uninsured | % population under age 65 without health insurance | 8.9% | 10.0% |
| Primary Care Physicians | Ratio of population to primary care physicians | 1,524:1 | 1,330:1 |
| Dentists | Ratio of population to dentists | 1,681:1 | 1,360:1 |
| Mental Health Providers | Ratio of population to mental health providers | 500:1 | 320:1 |
| Preventable Hospital Stays | Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees | 3,135 | 2,681 |
| Mammography Screening | % female Medicare enrollees, ages 67-69, that receive mammography screening | 45.0% | 43.0% |
| Flu Vaccinations | % Medicare enrollees that had an annual flu vaccination | 50.0% | 46.0% |
| Social and Economic Factors | | | |
| High School Graduation | % adults ages 25 and over with a high school diploma or equivalent | 90.0% | 89.0% |
| Some College | % adults aged 25-44 years with some post-secondary education | 63.1% | 68.0% |
| Unemployment | % population age 16+ unemployed but seeking work | 3.0% | 3.7% |
| Children in Poverty | % children under age 18 in poverty | 15.4% | 16.0% |
| Income Inequality | Ratio of household income at the 80th percentile to income at the 20th percentile | 4.3 | 4.9 |
| Single-Parent Households | % children that live in a household headed by single parent | 24.1% | 25.0% |
| Social Associations | Number of associations per 10,000 population | 11.8 | 9.1 |
| Injury Deaths | Injury mortality per 100,000 | 90.2 | 80.0 |
| Physical Environment | | | |
| Air Pollution | Average daily measure of fine particulate matter in mcg per cubic meter (PM2.5) | 8.8 | 7.4 |
| Severe Housing Problems | % households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities | 12.2% | 17.0% |
| Driving Alone to Work | % workforce that drives alone to work | 78.7% | 72.0% |
| Long Commute – Drive Alone | Among workers who commute alone, the % that commute more than 30 minutes | 32.2% | 36.0% |

Source: County Health Rankings, 2024.

Description

Exhibit 44 provides statewide data for each underlying indicator of the composite categories in the County Health Rankings for Indiana, with national averages for comparison.¹⁵ Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- Indiana compared unfavorably to national averages for a majority of indicators, many of which are associated with stroke and injury risks, including:
 - Years of potential life lost
 - Percent of adults reporting poor or fair health
 - Average number of physically and mentally unhealthy days
 - Smoking
 - Obesity
 - Healthy food environment index
 - Physical inactivity and access to exercise opportunities
 - Binge plus heavy drinking
 - Sexually transmitted infections
 - Teen births
 - Rate of primary care, dentists, and mental health providers
 - Injury deaths

¹⁵ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at <https://www.countyhealthrankings.org/health-data/county-health-rankings-measures>.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Exhibit 45: Indiana-Wide Community Health Status Indicators, 2024

| Indicator | Counties Ranked in Bottom Quarter (N=92) | Percent in Bottom Quartile of Peer Counties |
|--|--|---|
| Percent current smokers | 50 | 54.3% |
| The average daily measure of fine particulate matter (PM2.5) | 41 | 44.6% |
| Teen birth rate per 1,000 female population, ages 15-19 | 39 | 42.4% |
| Percent of adults aged 25-44 years with some post-secondary education | 38 | 41.3% |
| Percent of adults that report a BMI >= 30 | 33 | 35.9% |
| Percent of adults aged 20 and over reporting no leisure-time physical activity | 32 | 34.8% |
| Percent of the workforce that drives alone to work | 31 | 33.7% |
| Average number of physically unhealthy days reported in past 30 days | 30 | 32.6% |
| Average number of mentally unhealthy days reported in past 30 days | 30 | 32.6% |
| Years of potential life lost rate | 29 | 31.5% |
| Ratio of population to dentists | 29 | 31.5% |
| Preventable hospitalization | 29 | 31.5% |
| Mammography screening | 29 | 31.5% |
| Percent adults with a high school diploma or equivalent. | 29 | 31.5% |
| Percent of adults reporting fair or poor health | 28 | 30.4% |
| Injury mortality per 100,000 | 28 | 30.4% |
| Workers who commute alone for more than 30 minutes | 28 | 30.4% |
| Index of factors that contribute to a healthy food environment | 26 | 28.3% |
| Percent of population with adequate access to locations for physical activity | 26 | 28.3% |
| Ratio of population to mental health providers | 23 | 25.0% |
| Chlamydia rate per 100,000 population | 21 | 22.8% |
| Ratio of population to primary care physicians | 21 | 22.8% |
| Percent of live births with low birthweight (<2500 grams) | 19 | 20.7% |
| Percent of children that live in a household headed by single parent | 19 | 20.7% |
| Percent of population under age 65 without health insurance | 18 | 19.6% |
| Percent of children under age 18 in poverty | 16 | 17.4% |
| Ratio of household income | 14 | 15.2% |
| Number of associations per 10,000 population | 13 | 14.1% |
| Severe housing problems | 13 | 14.1% |
| Flu vaccination rate | 12 | 13.0% |
| Binge plus heavy drinking | 7 | 7.6% |
| Percent of driving deaths with alcohol involvement | 6 | 6.5% |
| Percent of population age 16+ unemployed but seeking work | 3 | 3.3% |

Source: County Health Rankings and Verité Analysis, 2024.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Description

Exhibit 45 provides statewide data for the Community Health Status Indicators, depicting how many Indiana counties (out of 92) were ranked in the bottom quartile compared to peer counties for each CHSI indicator. For further information on CHSI methodology, see Exhibit 28.

Observations

- The following indicators were significantly worse compared to peer counties:
 - Percent current smokers
 - Air pollution (average daily measure of fine particulate matter, PM2.5)
 - Teen birth rate
 - Adults with post-secondary education
 - Obesity
 - Physical inactivity
 - Workforce that drives alone
 - Average number of physically and mentally unhealthy days

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Exhibit 46: America’s Health Rankings, Indiana vs. Other States, 2023

| Measure Name | Rank | Measure Name | Rank | Measure Name | Rank |
|-------------------------------|------|------------------------------|------|---|------|
| Voter Participation (Midterm) | 49 | HPV Vaccination | 36 | Suicide | 28 |
| Voter Participation (Average) | 48 | Teen Births | 36 | Dependency (Ages <18 or >64) | 26 |
| Public Health Funding | 47 | Diabetes | 36 | Food Insecurity | 26 |
| Parent or Guardian Death | 45 | Housing With Lead Risk | 35 | Mental Illness in Household | 26 |
| Occupational Fatalities | 44 | Premature Death | 35 | Cancer Screenings | 26 |
| Mental Health Providers | 43 | Frequent Physical Distress | 35 | Cannabis Use | 26 |
| Physical Inactivity | 43 | Arthritis | 35 | Cancer | 26 |
| Parent or Guardian in Jail | 42 | Asthma | 35 | Flu Vaccination | 25 |
| Preventable Hospitalizations | 42 | Firearm Deaths | 34 | Low Birth Weight (LBW) | 25 |
| Smoking | 42 | No High School Diploma | 34 | LBW Racial Disparity | 24 |
| Per Capita Income | 41 | High School Completion | 34 | High Cholesterol | 24 |
| Air Pollution | 41 | Physical Environment | 34 | Breast Cancer Screening | 23 |
| Dental Care Providers | 41 | Exercise | 34 | Avoided Care Due to Cost | 21 |
| COPD | 41 | Drugs (not opioid/cannabis) | 34 | Early Death Racial Disparity | 20 |
| Frequent Mental Distress | 40 | Economic Hardship Index | 33 | 4 th Grade Reading Proficiency | 19 |
| Obesity | 40 | Poverty | 33 | Dedicated Healthcare Provider | 19 |
| Domestic Violence | 39 | Own Home Racial Disparity | 33 | Volunteerism | 18 |
| Substance Misuse in Home | 39 | Clinical Care | 33 | Transportation Health Risks | 17 |
| Drug Deaths | 39 | Dental Visit | 33 | Fruit and Veg Consumption | 16 |
| Multiple Chronic Conditions | 39 | Health Outcomes | 33 | Unemployment | 15 |
| Cardiovascular Diseases | 39 | High Blood Pressure | 33 | Homeownership | 14 |
| Homicide | 38 | Depression | 32 | Climate Risks | 11 |
| High Health Status | 38 | Neighborhood Violence | 31 | Water Fluoridation | 10 |
| Chronic Kidney Disease | 38 | Parent Divorce or Separation | 31 | Excessive Drinking | 10 |
| Drive Alone to Work | 37 | Drinking Water Violations | 31 | Binge Drinking | 10 |
| Childhood Immunizations | 37 | Chlamydia | 31 | Income Inequality | 9 |
| Behaviors | 37 | Primary Care Providers | 30 | Crowded Housing | 8 |
| Insufficient Sleep | 37 | Colorectal Cancer Screening | 30 | Housing Cost Burden | 8 |
| Social and Economic Factors | 36 | Renewable Energy | 29 | Heavy Drinking | 8 |
| Adverse Childhood Experiences | 36 | Transportation Energy Use | 28 | Severe Housing Problems | 6 |
| Climate Policies | 36 | Uninsured | 28 | High School Graduation | 5 |

Source: County Health Rankings and Verité Analysis, 2023.

Description

Exhibit 46 depicts America’s Health Rankings for the State of Indiana. Indiana was measured against each state in the nation and ranked for each indicator. Light grey shading indicates rankings in the bottom half of 50 states; dark grey shading indicates rankings in bottom quartile.

Observations

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

- Indiana was ranked in the bottom quartile or bottom half for approximately 75 percent of measures. The state ranked particularly unfavorably for:
 - Voter participation
 - Public health funding
 - Parent or guardian death
 - Occupational fatalities
 - Mental health providers
 - Physical inactivity
 - Parent or guardian in jail
 - Preventable hospitalizations
 - Smoking
 - Per capita income
 - Air pollution
 - Dental care providers
 - COPD
 - Frequent mental distress
 - Obesity
 - Domestic violence
 - Substance misuse in home
 - Drug deaths
 - Multiple chronic conditions
 - Cardiovascular diseases
 - Homicide
 - High health status
 - Chronic kidney disease

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Indiana Data by Race and Ethnicity

Exhibit 47: America's Health Rankings by Race and Ethnicity, 2023

| Measure Name | Black | Hispanic | Multiracial | White | Indiana Overall |
|---------------------------------------|---------|----------|-------------|-------|-----------------|
| Arthritis | 27.9% | 11.7% | 27.4% | 31.7% | 29.3% |
| Asthma | 13.8% | 7.3% | 15.7% | 10.9% | 11.0% |
| Avoided Care Due to Cost | 11.7% | 19.6% | 14.6% | 8.4% | 9.8% |
| Breast Cancer Screening | 76.4% | 70.5% | 0.0% | 73.0% | 72.6% |
| Cancer | 4.4% | 2.2% | 0.0% | 9.7% | 8.4% |
| Cancer Screenings | 53.8% | 41.7% | 45.3% | 57.3% | 55.6% |
| Cardiovascular Diseases | 8.2% | 5.5% | 11.6% | 11.2% | 10.5% |
| Chlamydia | 1,329.1 | N/A | 478.8 | 218.7 | 510.7 |
| Chronic Kidney Disease | 4.6% | 3.9% | 0.0% | 4.3% | 4.2% |
| Chronic Obstructive Pulmonary Disease | 8.7% | 3.8% | 11.4% | 9.4% | 8.9% |
| Colorectal Cancer Screening | 58.0% | 39.5% | 56.2% | 62.7% | 60.8% |
| Crowded Housing | 3.3% | 6.4% | N/A | 1.1% | 1.7% |
| Dedicated Health Care Provider | 81.9% | 66.1% | 81.2% | 87.1% | 84.4% |
| Dental Visit | 55.4% | 55.4% | 48.2% | 65.4% | 63.1% |
| Dependency | 38.2% | 40.6% | N/A | 39.9% | 39.9% |
| Depression | 15.2% | 18.9% | 33.5% | 23.9% | 22.8% |
| Diabetes | 16.7% | 10.2% | 10.4% | 12.8% | 12.7% |
| Discrimination | N/A | N/A | N/A | N/A | N/A |
| Drive Alone to Work | N/A | N/A | N/A | N/A | 75.7% |
| Drug Deaths | 72.3 | 23.2 | - | 42.6 | 42.1 |
| E-Cigarette Use | 6.9% | 8.2% | 14.0% | 8.1% | 8.1% |
| Education - Less Than High School | 12.9% | 28.1% | N/A | 7.9% | 9.8% |
| Excessive Drinking | 13.9% | 19.7% | 15.7% | 16.1% | 15.8% |
| Exercise | 21.7% | 16.7% | 23.0% | 21.1% | 21.1% |
| Firearm Deaths | 50.6% | 9.7% | 0.0% | 15.1% | 18.5% |
| Flu Vaccination | 37.7% | 30.2% | 36.2% | 48.2% | 45.6% |
| Fourth Grade Reading Proficiency | 14.7% | 26.2% | N/A | 37.7% | 32.9% |
| Frequent Mental Distress | 16.9% | 13.9% | 24.7% | 16.9% | 16.8% |
| Frequent Physical Distress | 12.5% | 11.8% | 19.3% | 13.6% | 13.4% |
| Fruit and Vegetable Consumption | 7.7% | 8.3% | 9.0% | 8.7% | 8.7% |
| High Blood Pressure | N/A | N/A | N/A | N/A | 34.5% |
| High Cholesterol | N/A | N/A | N/A | N/A | 35.6% |
| High Health Status | 40.4% | 39.5% | 41.9% | 49.2% | 47.7% |
| High School Completion | 87.1% | 71.9% | 82.9% | 92.1% | 90.2% |
| High School Graduation | 84.5% | 88.1% | N/A | 92.5% | 90.9% |

Source: America's Health Rankings, 2023.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Exhibit 47: America’s Health Rankings by Race and Ethnicity, 2023 (continued)

| Measure Name | Black | Hispanic | Multiracial | White | Indiana Overall |
|------------------------------|--------|----------|-------------|--------|-----------------|
| High-Risk HIV Behaviors | 6.4% | 10.1% | 9.8% | 5.0% | 5.6% |
| High-Speed Internet | 91.5% | 94.0% | 94.9% | 91.9% | 92.2% |
| Homeownership | 38.9% | 58.4% | 60.4% | 75.9% | 70.8% |
| Homicide | 51.0% | 8.4% | 0.0% | 4.3% | 9.2% |
| HPV Vaccination | N/A | N/A | N/A | N/A | 59.6% |
| Insufficient Sleep | 49.1% | 39.7% | 50.3% | 35.7% | 37.7% |
| Low Birth Weight | 14.3% | 8.1% | 10.0% | 7.3% | 8.4% |
| Multiple Chronic Conditions | 11.7% | 5.4% | 16.3% | 13.6% | 12.8% |
| Non-Medical Drug Use | 17.7% | 25.2% | N/A | 13.8% | 15.6% |
| Obesity | 42.2% | 40.7% | 28.9% | 38.2% | 37.7% |
| Per Capita Income | 25,414 | 22,779 | N/A | 39,117 | 35,984 |
| Physical Inactivity | 31.8% | 35.1% | 25.8% | 26.4% | 27.5% |
| Premature Death | 13,434 | 5,405 | N/A | 9,449 | 10,952 |
| Preventable Hospitalizations | 5,510 | 3,078 | N/A | 2,981 | 3,111 |
| Residential Segregation | N/A | N/A | N/A | N/A | 69.0% |
| Severe Housing Problems | 23.2% | 18.9% | N/A | 10.3% | 12.2% |
| Smoking | 17.2% | 11.8% | 19.9% | 16.6% | 16.2% |
| Suicide | 10.3% | 6.7% | 0.0% | 19.0% | 16.8% |
| Teen Births | 30.1% | 27.2% | 21.6% | 13.5% | 17.0% |
| Unemployment | 8.0% | 4.2% | N/A | 3.0% | 3.6% |
| Uninsured | 8.4% | 15.0% | 9.0% | 5.9% | 7.0% |

Source: America’s Health Rankings, 2023.

Description

Exhibit 47 presents Indiana data from America’s Health Rankings for racial and ethnic cohorts, with Indiana overall for comparison. America’s Health Rankings provides an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental and socioeconomic data to determine national health benchmarks and state rankings. Light grey shading highlights indicators found to be worse than the overall state average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- Black populations compared unfavorably to state averages for many indicators, with significantly unfavorable rates of chlamydia, crowded housing, drug deaths, firearm deaths, fourth grade reading proficiency, home ownership, low birth weight babies, preventable hospitalizations, severe housing problems, teen births, and unemployment.
- Hispanic populations compared unfavorably for a variety of indicators, with significantly unfavorable rates for avoiding healthcare due to cost, crowded housing, less than high

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

school education, non-medical drug use, severe housing problems, teen births, and lack of health insurance.

- White populations compared unfavorably for many indicators, including arthritis, cancer, cardiovascular diseases, kidney disease, COPD, depression, diabetes, drug deaths, excessive drinking, frequent physical and mental distress, obesity, smoking, and suicide. No indicators were significantly worse than Indiana overall rates for White populations.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Exhibit 48: Indiana BRFSS Indicators by Race and Ethnicity, 2021-2022

| Category | Indicator | White, non-Hispanic | Black, non-Hispanic | Hispanic | Indiana Overall |
|-----------------------------|--|---------------------|---------------------|----------|-----------------|
| Alcohol Consumption | At least one drink of alcohol within the past 30 days | 51.0% | 46.5% | 45.5% | 49.5% |
| | Binge drinking | 14.7% | 12.3% | 18.2% | 14.5% |
| | Heavy drinkers | 5.6% | 6.1% | 6.9% | 5.6% |
| Cholesterol Awareness | Never had cholesterol checked* | 9.9% | 12.0% | 18.6% | 11.2% |
| | Not checked in past 5 years* | 4.6% | 2.9% | 4.8% | 4.6% |
| | Ever been told have high cholesterol* | 37.5% | 30.5% | 22.0% | 35.6% |
| Chronic Health Indicators | Told they have arthritis | 31.7% | 27.9% | 11.7% | 29.3% |
| | Usual activities limited because of arthritis* | 12.3% | 12.3% | 3.8% | 11.6% |
| | Affect work - Have arthritis and have limited work* | 9.7% | 11.1% | 5.0% | 9.5% |
| | Told currently have asthma | 10.9% | 13.8% | 7.3% | 11.0% |
| | Ever been told have asthma | 15.5% | 18.2% | 12.6% | 15.7% |
| | Ever told have COPD | 9.4% | 8.7% | 3.8% | 8.9% |
| | Ever told have a form of depression | 23.9% | 15.2% | 18.9% | 22.8% |
| | Ever told had angina or coronary heart disease | 5.9% | 2.9% | 2.0% | 5.2% |
| | Ever had coronary heart disease or myocardial infarction | 8.4% | 4.9% | 4.4% | 7.8% |
| | Ever told had a heart attack (myocardial infarction) | 5.3% | 3.7% | 3.4% | 5.1% |
| | Ever told had a stroke | 4.2% | 3.9% | 2.4% | 4.0% |
| | Ever told have pre-diabetes or borderline diabetes | 1.4% | 2.8% | 3.0% | 1.7% |
| | Ever told have diabetes | 12.8% | 16.7% | 10.2% | 12.7% |
| | Ever told have pregnancy-related diabetes | 0.8% | N/A | N/A | 0.9% |
| | Ever told have kidney disease | 4.3% | 4.6% | 3.9% | 4.2% |
| | Ever told had skin cancer | 6.3% | N/A | N/A | 5.1% |
| | Ever told had any other types of cancer | 9.7% | 4.4% | 2.2% | 8.4% |
| Colorectal Cancer Screening | Aged 50-75 have never had a blood stool test | 83.4% | 85.6% | 93.8% | 84.3% |
| | Aged 50-75 have never received recommended CRC tests | 22.2% | 26.0% | 47.2% | 24.1% |
| | Aged 50-75 have not received CRC tests on time | 6.6% | 5.8% | N/A | 6.4% |
| Demographics | Reported being deaf | 8.0% | 4.0% | 4.7% | 7.2% |
| | Blind or have serious difficulty seeing, even with glasses | 5.0% | 8.0% | 8.8% | 5.6% |
| | Have serious difficulty concentrating/remembering | 12.6% | 16.0% | 12.3% | 13.1% |
| | Have serious difficulty walking or climbing stairs | 15.0% | 16.8% | 10.8% | 14.6% |
| | Have difficulty doing errands alone | 7.6% | 8.4% | N/A | 7.4% |
| | Have difficulty dressing or bathing | 3.3% | 5.3% | 4.4% | 3.6% |

Source: Behavioral Risk Factor Surveillance System, 2022.

Note: *2021 BRFSS Data; **2020 BRFSS Data.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Exhibit 48: Indiana BRFSS Indicators by Race and Ethnicity, 2021-2022 (continued)

| Category | Indicator | White, non-Hispanic | Black, non-Hispanic | Hispanic | Indiana Overall |
|------------------------------|---|---------------------|---------------------|--------------|-----------------|
| E-Cigarette Use | Current E-cigarette user | 8.1% | 6.9% | 8.2% | 8.1% |
| | Current E-cigarette user - every day | 4.4% | N/A | N/A | 4.2% |
| | Current E-cigarette user - some days | 3.7% | 4.4% | 5.4% | 3.9% |
| Fruits and Vegetables | Consumed fruit less than one time per day* | 43.6% | 41.7% | 33.0% | 42.7% |
| | Consumed vegetables less than one time per day* | 19.2% | 28.2% | 35.0% | 20.9% |
| Health Care Access/Coverage | Never visited a doctor for a routine checkup | 0.6% | N/A | 3.0% | 0.8% |
| | Routine checkup within 5 years | 5.4% | 3.5% | 6.3% | 5.3% |
| | Adults aged 18-64 without health insurance | 6.6% | 11.1% | 25.0% | 8.8% |
| | Have no health care coverage | 5.2% | 9.3% | 24.1% | 7.0% |
| | Avoided care due to cost in the past year | 8.4% | 11.7% | 19.6% | 9.8% |
| | Do not have personal doctor or health care provider | 12.8% | 18.1% | 33.9% | 15.6% |
| Health Status | Fair or Poor Health | 18.8% | 22.7% | 20.6% | 19.3% |
| | Poor Health | 4.7% | 4.0% | 3.6% | 4.6% |
| | Fair Health | 14.1% | 18.7% | 17.0% | 14.7% |
| HIV-AIDS | Never been tested for HIV | 70.3% | 48.3% | 59.5% | 67.3% |
| Hypertension | Told they have high blood pressure* | 35.8% | 42.8% | 15.6% | 34.5% |
| Immunization | Flu shot within the past year (65+) | 31.2% | 39.8% | 43.0% | 32.4% |
| | Never had a pneumonia vaccination (65+) | 26.7% | 37.6% | 56.9% | 28.6% |
| Injury | Do not always or nearly always wear a seat belt** | 6.3% | 6.7% | N/A | 6.2% |
| | Reported having driven after drinking too much** | 2.3% | N/A | N/A | 2.1% |
| Oral Health | No dental visit within the past year | 34.6% | 44.6% | 44.6% | 36.9% |
| | Had any permanent teeth extracted | 44.7% | 48.1% | 43.3% | 44.5% |
| | Aged 65+ who have had all their natural teeth extracted | 17.7% | 26.0% | N/A | 18.8% |
| Overweight and Obesity (BMI) | Obese (BMI 30.0 - 99.8) | 38.2% | 42.2% | 40.7% | 37.7% |
| | Overweight (BMI 25.0-29.9) | 33.8% | 30.0% | 32.4% | 33.3% |
| Physical Activity | No physical activities in past month | 26.4% | 31.8% | 35.2% | 27.5% |
| Prostate Cancer | Men 40+ with no PSA test within the past two years** | 69.7% | 76.9% | 86.7% | 71.1% |
| Tobacco Use | Current smokers | 16.6% | 17.2% | 11.8% | 16.2% |
| | Smoke everyday | 13.1% | 11.1% | 5.2% | 12.2% |
| | Smoke some days | 3.5% | 6.2% | 6.6% | 4.0% |
| | Use chewing tobacco, snuff, or snus every day | 2.3% | N/A | N/A | 2.0% |
| | Use chewing tobacco, snuff, or snus some days | 1.4% | N/A | N/A | 1.4% |
| Women's Health | Women 40+ with no mammogram past 2 years | 28.9% | 25.1% | 29.2% | 29.2% |
| | Women 50-74 with no mammogram past 2 years | 21.7% | 20.8% | N/A | 21.9% |
| | Women 21-65 with no Pap test past 3 years** | 24.6% | 13.9% | 27.6% | 24.3% |

Source: Behavioral Risk Factor Surveillance System, 2022.

Note: *2021 BRFSS Data; **2020 BRFSS Data.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Description: Exhibit 48 presents Indiana-wide BRFSS data by race and ethnicity. Light grey shading indicates rates above the Indiana average (all races and ethnicities); dark grey shading indicates rates more than 50 percent above the Indiana average.

Observations

- In 2021-2022, many indicators were comparatively worse for White Indiana residents compared to Indiana overall.
- Prediabetes rates and tobacco use were significantly higher for Black residents compared to Indiana overall.
- Many indicators were significantly worse for Hispanic residents compared to Indiana overall, including, cholesterol screening, prediabetes, colon cancer screening, blindness or serious difficulty seeing, vegetable consumption, routine checkup, lack of health insurance, avoiding care due to cost, older adults with pneumonia vaccination, and tobacco use.

Findings of Other Assessments

Indiana State Health Assessment and Improvement Plan, 2022-2026

In 2021, the Indiana Department of Health (IDOH) began the process of creating the 2022-2026 State Health Assessment and State Health Improvement Plan (SHA/SHIP) in collaboration with 75 individuals who represented 51 unique organizations.

The 2021 Indiana State Health Assessment (SHA) provides an overview of the health and social wellbeing of Hoosiers and the issues impacting the public health system. This assessment provides the foundation for the Indiana State Health Improvement Plan (SHIP), which identified the following strategic goals for the State of Indiana:

- 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 support 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.

Other Relevant Studies and Publications

Several studies and publications are informative regarding community health needs relevant to services provided by RHI.

Indiana Tobacco Control 2025 Strategic Plan

The 2025 Indiana Tobacco Control Strategic Plan is a state plan coordinated by the Tobacco Prevention and Cessation (TPC) division of the Indiana Department of Health. TPC launched its 2025 strategic planning process with the formation of a strategic planning committee in summer 2020. The goal of the planning process was to create a blueprint for Indiana organizations to work collectively on strategic action for tobacco prevention and cessation

Specific findings and priority areas from the plan are described below:

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

- Priority Area 1 – Decrease Tobacco Use Rates among Indiana Youth and Young Adults
 - Throughout Indiana, 2,300 youth become regular, daily smokers annually
 - Electronic cigarette usage continues to be a concern, as 18.5 percent of Indiana high school youth reported usage in the past 30 days
- Priority Area 2 – Increase Proportion of Hoosiers Not Exposed to Secondhand Smoke
 - Secondhand smoke has been shown to cause multiple chronic diseases related to the need for rehabilitation services, including cancer, heart disease, stroke, asthma, respiratory problems, and others
 - Exposure to secondhand smoke is a leading cause of preventable death, with approximately 2.5 million deaths among nonsmokers from health problems caused by secondhand smoke since 1964
 - Despite smoking rates declining, approximately 25 percent of nonsmokers are exposed to secondhand smoke in the United States
- Priority Area 3 – Decrease Indiana Adult Smoking Rates
 - Indiana ranks among the top 10 states in adult smoking and is in the “Tobacco Nation,” a group of states in a report by the Truth Initiative that has grouped Midwest and Southern states who have high smoking rates and poor health outcomes similar to those of developing countries
 - Treating tobacco use doubles the rate of those who successfully quit and while quitting smoking at any age can improve health, smokers who quit by the time they are 35- 44 avoid most of the risk of dying from a smoking-related disease
- Priority Area 4 – Maintain State and Local Infrastructure Necessary to Achieve Health Equity by Eliminating Tobacco Addiction and Exposure to Commercial Tobacco Products
 - Indiana ranks 41st among all states on public health and is at least 10 percent below the U.S. average rate for preventable mortality such as infant deaths, accidental deaths, and alcohol, drug, and suicide deaths.

Indiana Workforce Issues

Several studies have shown that Indiana has a current and growing undersupply of health professionals.

- The Indiana Department of Workforce Development, for example, forecasts that Indiana will have a shortage of about 9,000 registered nurses by 2030.¹⁶
- The Robert Graham Center also studies primary care physician workforce needs across the U.S.¹⁷ Its most recent study indicates that Indiana will need 20 percent more physicians by 2030 to maintain “the status quo.” Population growth and aging, along with higher levels of insurance coverage are contributing to this need. Across the U.S.,

¹⁶ <http://www.insideindianabusiness.com/story/35524534/to-meet-todays-health-care-needs-close-the-nursing-shortage>

¹⁷ <https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Indiana.pdf>

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

the ratio of population to primary care physicians is 1,330:1; Indiana’s ratio is 1,520:1 – indicating a comparatively low supply of these professionals.

ThinkFirst Traumatic Brain Injury Fast Facts

The National Injury Prevention Foundation, among other initiatives, publishes information about injury, including traumatic brain injury (TBI). Traumatic Brain Injury, ThinkFirst, *Fast Facts* includes a definition of TBI which is “an alteration in brain function, or other evidence of brain pathology, caused by an external force.”¹⁸ Such injuries “can lead to life-long effects in cognition (thinking) and body functions, such as movement.”¹⁹ Other information is as follows:

- In the U.S., an estimated 2.87 million emergency room visits, hospitalizations or deaths were associated with TBI in 2014.
- An estimated 3.2 to 5.3 million people in the United States have long-term or life-long disabilities resulting from a TBI.
- TBI accounts for 30 percent of all injury-related deaths in the U.S.
- About half of patients with a severe head injury will need surgery to remove or repair brain bleeding or bruising.
- Adults 75 years of age and older have the highest rates of TBI-related deaths.
- Children 0-4 and adolescents/adults 15-24 are the most likely to visit an emergency room for a TBI-related injury.
- The risk of motor vehicle crashes is higher among 16–19-year-olds than any other age group.
- Violence is the third leading cause of death amongst 15–19-year-olds.
- Prevention tips include:
 - Wear appropriate, certified helmets during sports and recreational activities such as biking, skating, and skiing.
 - Wear a certified motorcycle helmet when riding a motorcycle.
 - Safe driving: avoiding impairment by alcohol and drugs, avoiding cell phone use or texting while driving, using seatbelts.
 - Clear hazards that might contribute to fall.
 - Supervising infants and young children to prevent falls.
 - Solve disputes in a non-violent way.
 - Avoid unnecessary roughness in sports and activities.

¹⁸ [ThinkFirst TBI Fast Facts 2020](#)

¹⁹ *Ibid.*

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

ThinkFirst Spinal Cord Injury Fast Facts

The National Injury Prevention Foundation also publishes ThinkFirst *Fast Facts* about spinal cord injury. Spinal Cord Injury *Fast Facts* includes a definition of SCI which is “any occurrence of acute trauma to neural elements of the spinal cord.”²⁰ Such injuries “can result in lasting motor and/or sensory deficits.”²¹ Other information is as follows:

- In the U.S., there are approximately 17,810 new cases of SCI annually.
- Alcohol use is a contributing factor to one out of every four spinal cord injuries.
- Males account for 78 percent of new cases, which are most prevalent in two age groups: 16-30 years of age (people in this group are more likely to engage in risky behavior) and seniors over 65 years of age (who are more likely to fall).
- Most SCI cases are due to preventable, traumatic causes:
 - Motor vehicle crashes (39 percent),
 - Falls (32 percent),
 - Acts of violence (14 percent), and
 - Sports and recreation (8 percent).
- Prevention tips include:
 - Wear a certified helmet and don’t wear headphones when biking.
 - Always wear a seatbelt in a vehicle.
 - Children 12 years and under should ride in the backseat.
 - Lock firearms away when not in use.
 - Avoid driving under the influence of drugs or alcohol.
 - Clear hazards that may contribute to falls.

Living with Paralysis & Caregiver National Survey, 2022

Released in 2022, the Christopher and Dana Reeve Foundation survey, “Living with Paralysis & Caregiver National Survey” found that most Americans underestimate the prevalence of those living with paralysis; however, one in three Americans says they know someone who is paralyzed. The *Living with Paralysis & Caregiver National Survey* serves to educate and inform families, business leaders, advocates, policymakers, and the public about improving quality of life for those living with, or impacted by, paralysis.

Other key findings included:

- About one-third of Americans know someone living with paralysis.
- Most Americans (79 percent) believe that a family member providing long-term care for someone who is paralyzed should have some form of compensation from the

²⁰ [ThinkFirst SCI Fast Facts 2020](#)

²¹ *Ibid.*

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

government, with half believing they need the financial help, or they are unable to work/work full time.

- Concerning compensation, women are more likely to be concerned about the need for money/income from a job versus men. Gen Z is twice as likely than other generations (33 percent versus about 15 percent) to believe that the government can/should financially help.
- Most Americans (77 percent) do not serve as a caregiver. However, of those who are caregivers to a family member (18 percent) and regularly assist with daily living activities of someone who is disabled, sick or elderly, two-thirds are unpaid.
- Many American's (65 percent) believe that some form of insurance (Medicare/Medicaid), or health/disability insurance would be the main source of funds to cover the cost of day-to-day living if they were to become paralyzed.

Know Stroke: Take Preventive Action

The National Institutes of Health's National Institute of Neurological Disorders and Stroke (NINDS) published Know Stroke: Take Preventive Action.²² Stroke occurs when blood flow to the brain is stopped leading to a lack of oxygen and nutrients for brain cells. This publication identifies stroke as one of the leading causes of death and disability and states that the best way to prevent stroke, a leading cause of disability and death, is by lowering one's risk.

The publication indicates six ways to lower stroke risk:

- Treat high blood pressure
- Exercise and be physically active
- Eat healthy
- Control cholesterol
- Manage diabetes
- Quit smoking

IDOH, Special Emphasis Report: Fall Injuries among Older Adults

In May 2021, the Indiana Department of Health published *Special Emphasis Report: Fall Injuries among Older Adults, 2019*.²³ This report included the following information:

- Unintentional falls are the leading cause of injury, including fatal injuries, in the United States and Indiana among older adults. In 2019, 440 Indiana residents aged 65 and older died due to an unintentional fall, and more than 64,000 falls resulted in treatment at hospitals and emergency departments.

²² [NIH Stroke Prevention Publication May 2024](#)

²³ https://www.in.gov/health/trauma-system/files/SER_Older_Adult_Falls_2021.pdf

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

- Unintentional falls are the leading cause of death for older adults in Indiana. Indiana residents 65 and older account for 75.2 percent of all fall deaths and 56.4 percent of nonfatal hospitalizations in Indiana.
- Falls are the leading cause of TBI in Indiana residents 65 years of age and older, accounting for 50.9 percent of TBI deaths and 39.3 percent of TBI hospitalizations.

IDOH, Special Emphasis Report: Traumatic Brain Injury, 2020

In March 2021, the Indiana Department of Health published *Special Emphasis Report: Traumatic Brain Injury, 2019* to highlight the serious public health issue of TBI.²⁴ This report included the following information:

- During 2019, more than 43,000 people in Indiana sustained a TBI. In 1,242 cases, TBI was reported as a cause of death. TBI led or contributed to 6,900 hospitalizations and 32,853 emergency department visits.
- Causes of TBI death included: suicide, unintentional falls, motor vehicle accidents, homicide, struck by/against an object, and other reasons.
- Among TBI hospitalizations, 61 percent were due to unintentional falls, 23 percent from motor vehicle, and 6 percent due to suicide, and 6 percent due to assault.

IDOH, Division of Trauma and Injury Prevention, Injury Prevention Resource Guide

The Indiana Department of Health maintains the Indiana Injury Prevention Resource Guide and app. The app features buttons for common sources of injury. Each category includes a description of the scope of the problem in Indiana and the United States, discusses how the problem is being addressed and includes links to resources. The guide includes the following topics:

- Alcohol and Injury
- Child Maltreatment
- Distracted Driving
- Prescription Drug/Drug Poisoning Overdose
- Sexual Violence
- Suicide Prevention
- Trauma and Trauma System
- Traumatic Brain Injury

Governor's Council for People with Disabilities, Five-Year State Plan, 2022-2026

In 202, The Indiana Governor's Council for People with Disabilities published a strategic plan, outlining goals and objectives that will be implemented over the five-year period (2022-2026). The Mission of the Indiana's Governor's Council for People with Disabilities is to advance

²⁴ https://www.in.gov/health/trauma-system/files/TBI_Special_Emphasis_Report_2021.pdf

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

social and policy changes that lead to respect for and meaningful inclusion of people with disabilities and their families.

Goal Area 1: Leadership and Advocacy

Increase leadership and advocacy among culturally and linguistically diverse people with intellectual and developmental disabilities (ID/DD) and families.

- Objective 1.1: Self-advocacy organization(s) led by people with ID/DD across Indiana have increased reach and capacity.
- Objective 1.2: Opportunities for skill building among people with ID/DD that is provided by others with ID/DD expand.
- Objective 1.3: More people with ID/DD are engaged in cross-disability and culturally diverse leadership coalitions.
- Objective 1.4: There is an increase in families across the lifespan engaged in personal and systems level advocacy.

Goal Area 2: Community Inclusion and Belonging

Systemic barriers are addressed to facilitate increased community inclusion and belonging on the part of people with intellectual and developmental disabilities.

- Objective 2.1: Improve policy, practice, and programs to support people with ID/DD at the intersection of Home and Community Based Services and Social Drivers of Health.
- Objective 2.2: Black/African Americans with ID/DD and those with the most significant support needs will see greater representation and equity within disability related services and organizations.
- Objective 2.3: Increase community capacity for understanding, inclusion and belonging.

APPENDIX D – COMMUNITY INPUT PARTICIPANTS

Exhibit 49: Interviewee Organizational Affiliations

| Organization or Affiliation |
|---|
| IPS School District 109 |
| Direct Care Alliance, IU Health |
| IU Physical Medicine and Rehabilitation |
| Indiana Department of Health |
| Indiana Supreme Court |
| Indiana Disability Rights |
| Indiana Coalition Against Domestic Violence |
| Ascension PACE (Program All-Inclusive Care for the Elderly) |

Exhibit 50: Hospital Staff and Leadership Focus Group Participants

| Department or Specialization |
|------------------------------|
| Administration |
| Admissions |
| Case Management |
| Human Resources |
| Nursing |
| Nutrition |
| Patient Navigation |
| Pharmacy |
| Physical Therapy |
| Physician |
| Respiratory |
| RHI Foundation |
| Speech Therapy |

APPENDIX E – CHSI PEER COUNTIES

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators Project* (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 51** lists peer counties for Marion County, IN.

Exhibit 51: CHSI Peer Counties

| Marion County (IN) | |
|--|-----------------------------------|
| Jefferson County, Alabama | Essex County, New Jersey |
| Los Angeles County, California | Hudson County, New Jersey |
| Riverside County, California | Union County, New Jersey |
| Sacramento County, California | Bronx County, New York |
| District of Columbia, District of Columbia | Kings County, New York |
| Duval County, Florida | New York County, New York |
| Hillsborough County, Florida | Queens County, New York |
| Miami-Dade County, Florida | Cuyahoga County, Ohio |
| Orange County, Florida | Hamilton County, Ohio |
| Fulton County, Georgia | Philadelphia County, Pennsylvania |
| Cook County, Illinois | Providence County, Rhode Island |
| Marion County, Indiana | Shelby County, Tennessee |
| Orleans Parish, Louisiana | Dallas County, Texas |
| Baltimore City, Maryland | Harris County, Texas |
| Suffolk County, Massachusetts | Norfolk City, Virginia |
| Wayne County, Michigan | Richmond City, Virginia |
| St. Louis City, Missouri | Milwaukee County, Wisconsin |

APPENDIX F – IMPACT EVALUATION

RHI follows federal guidelines for reporting community benefit – programs designed to improve health and increase access to healthcare services – and other community investments. As defined by these guidelines, community benefit includes charity care, unreimbursed costs of government-sponsored programs and support for medical research and other healthcare services that provide care to promote health and wellness in response to identified community needs.

RHI's community benefit focus is to reach largely underserved communities by reducing health disparities and/or improve quality of life for individuals living within those communities.

This appendix provides an overview of the impact RHI's community benefit activities had from 2022-2024 in addressing the identified community health needs and key areas of focus for our hospital since the last CHNA was conducted in 2021.

Obesity and Diabetes

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| Goal: Increase awareness of students in the community of the importance of healthy lifestyle choices. |
| Initiative: Encourage healthy lifestyles of school-age children |
| Strategies: RHI will provide education in surrounding schools on food, nutrition, and physical activity related to health and wellness. |
| Activities and Impact: <ul style="list-style-type: none"> • In 2023-2024, RHI team members sponsored a Health and Wellness Program, focused on the prevention and reduction of type 2 diabetes and obesity, for 4-6th graders at Jonathan Jennings Elementary School 109. • A total of 150 students each year were educated on recommendations for physical activity and nutrition. • Students learned how to prepare simple, and cost-effective healthy snacks from foods available in local stores, including Dollar General and Meijer. Students were also able to sample some of these snack items as they learned how to prepare them. • Students were provided with goodie bags including recipes and educational materials (in English and Spanish) to take home for their families. • RHI provided 150 pedometers and engaged students in a step challenge in PE classes to promote physical activity. |
| Goal: Support healthy lifestyles by promoting access to physical activity for high school students in the community. |
| Initiative: Indianapolis Public Schools (IPS) Students Sports Physical Screening |
| Strategies: Volunteers will partner with IPS and IU Health to provide free physical screenings of student's vision, height, weight, and blood pressure. |
| Activities and Impact: <ul style="list-style-type: none"> • In 2022-2024, RHI partnered with IU Health to promote physical activity amongst high schoolers by providing free sports physicals to students at various IPS schools including Shortridge, Crispus Attucks, and George Washington High Schools. • A total of 286 students received the vision, height, weight, and blood pressure screenings that are required to participate in sports activities. |

APPENDIX F – IMPACT EVALUATION

Social Determinants of Health

| | |
|---|--|
| Goal: Impact community food insecurity by providing ready to eat food options to children when school is not in session. | |
| Initiative: Blessings in Backsacks | |
| Strategies: Collaboration with local schools to fight food insecurity by providing healthy, ready to eat food for students over extended school breaks. | |
| Activities and Impact: <ul style="list-style-type: none"> • In 2023-2024, RHI provided 250 backpacks of ready to eat and easy to prepare food to students at Jonathan Jennings Elementary School. • “Blessings in Backsacks” provided critical nutrition for food insecure children during extended breaks from school over the extended Spring, Fall, and Holiday breaks. | |
| Goal: Increase the health and well-being of the community by addressing the impact of social, economic, physical, and/or environmental factors on health. | |
| Initiative: Volunteer Reading Program | |
| Strategies: Volunteers commit to assisting students and teachers with reading, journaling, and other lesson planning activities. | |
| Activities and Impact: <ul style="list-style-type: none"> • Since 2022, RHI employees have demonstrated commitment to education while participating in the Fall and Winter Volunteer Reading Program sessions at Jonathan Jennings Elementary School 109. • RHI volunteers spent an hour each Thursday afternoon assisting teachers and students, comprising 2nd and 3rd grade classrooms, with reading, journaling, and other lesson planning activities. • Among the 4 classrooms, RHI served a total of 268 students (112 students in 2022, 102 students in 2023, and 54 students in 2024). • RHI sponsored two additional initiatives promoting reading. An annual Book Gifting Program, providing books to over 300 students, and funding for the school’s book vending machine, used to reward student successes. | |
| Initiative: Junior Achievement (JA) JobSpark Career Expo | |
| Strategies: Support the two-day career expo with efforts to include sharing education, expertise, and job specific activities related to careers in rehabilitation. | |
| Activities and Impact: <ul style="list-style-type: none"> • RHI partnered with Junior Achievement of Central Indiana, a coalition of educators, organizations, and representatives of over 120 companies to support the JA JobSparks event at the Indiana State Fairgrounds. • RHI collaborated with other local hospitals supporting the Health and Life Sciences cluster, informing students on healthcare career paths. • This multi-day career expo impacted over 11,000 Indianapolis eight graders annually by providing hands on learning experiences meant to “spark” an interest in students and provide them with a greater understanding of the coursework and skills required to be successful in a wide range of careers. | |
| Initiative: Support and strengthen housing stability and safety in Marion County. | |
| Strategies: Sponsor Habitat Day Build and Servants at Work | |
| Activities and Impact: <ul style="list-style-type: none"> • In 2023, RHI partnered with Greater Indy Habitat for Humanity on the West side of Indianapolis to support build day by landscaping two new homes for local families. • In 2023-2024, RHI volunteers collaborated with Servants at Work (SAW) to improve in-home safety and mobility by sponsoring and building ramps for local, low-income residents. | |

APPENDIX F – IMPACT EVALUATION

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| Goal: Increase the health and well-being of the community by addressing the impact of social, economic, physical, and/or environmental factors on health. (Continued) |
| Initiative: Strike Out Stroke |
| Strategies: Cosponsor annual stroke awareness and education event. |
| Activities and Impact: <ul style="list-style-type: none">• In 2023, RHI partnered with other local hospitals and healthcare organizations to cosponsor the annual “Strike Out Stroke” event at Victory Field.• With a total attendance of over 5,500 community members, RHI team members provided stroke education on the BE FAST acronym (Balance loss, Eyesight changes, Face drooping, Arm weakness, Speech difficulty, Time to call 911) for identifying acute stroke symptoms. |