

Community Health Needs Assessment

Prepared for
REHABILITATION HOSPITAL OF INDIANA

By
VERITÉ HEALTHCARE CONSULTING, LLC



Approved by Authorized Governing Body: November 17, 2021
<https://www.rhirehab.com/about-us/rhi-in-the-community/>

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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, 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, 2022.

Community Assessed

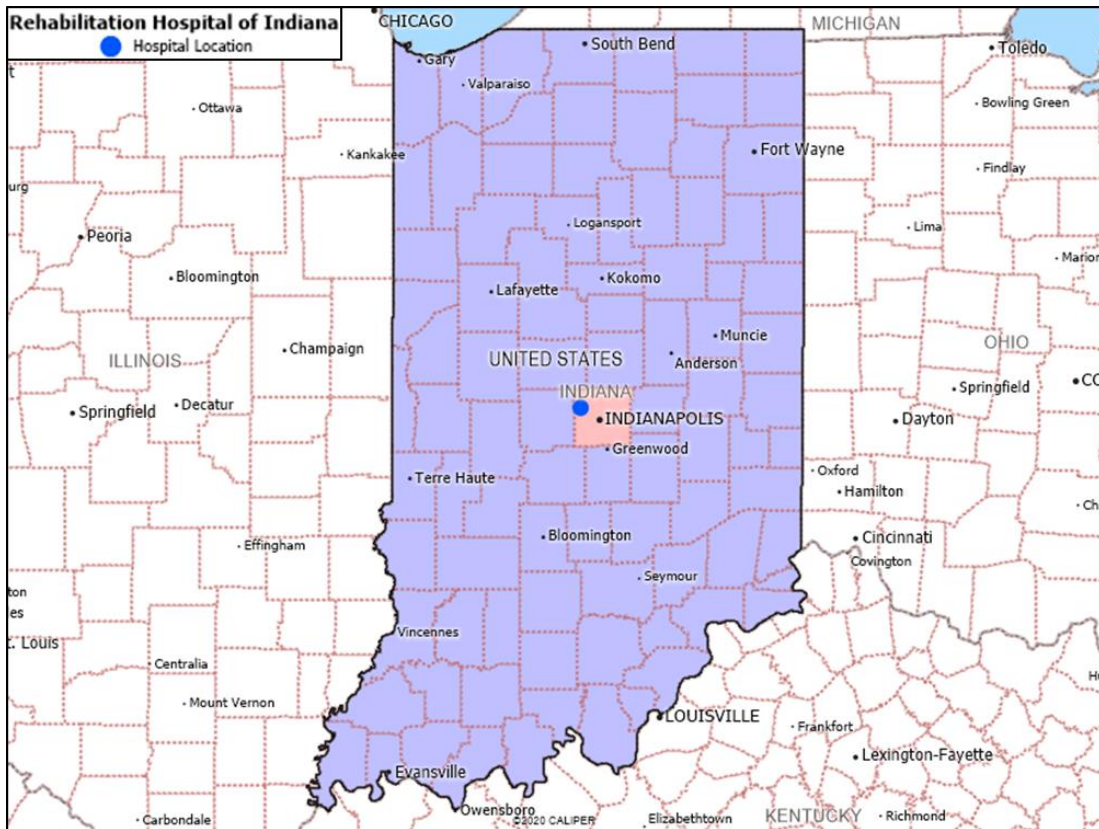
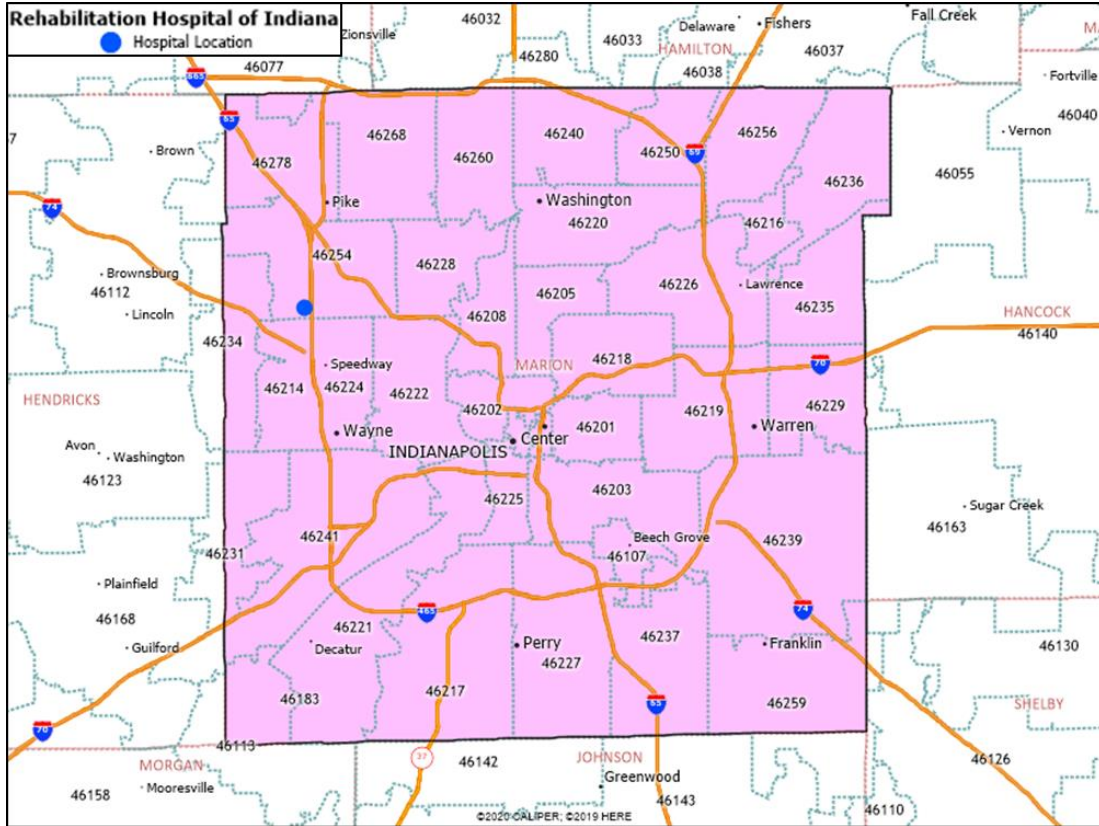
RHI provides a range of services for patients from central Indiana and across the State of Indiana. For purposes of this CHNA, RHI’s “local community” is defined as Marion County, Indiana. The total population of Marion County in 2019 was 951,869.

RHI also serves the State of Indiana as a whole. Accordingly, this CHNA also considers relevant community health needs across the entire state. The total population of Indiana in 2019 was 6,665,703.

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

The following maps portray these communities.

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Source: Caliper Maptitude, 2021.

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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 data¹ including demographics, health status, and access to care indicators,
- Findings from other community health assessments of areas served by the hospital and reports published by organizations like the Indiana State Department of Health that include information on injuries, strokes, and other issues that contribute to the need for rehabilitation services;
- Input obtained from individuals who participated in one or more internal hospital meetings; and
- Input obtained from one or more key stakeholders who were interviewed.

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

COVID-19 Pandemic

- The COVID-19 pandemic represents a public health emergency for Indiana and the United States, contributing to severe illness and death.
- COVID-19 patients utilized rehabilitation services after discharge from acute care facilities, and often presented with high debilitation, exhibiting high symptoms. Stroke related to COVID-19 was significant.
- Mental health status among patients and front-line workers worsened due to isolation, work demands, burnout, and stress.
- The Centers for Disease Control's (CDC) work related to COVID-19 included identifying populations that are most at risk for severe illness and death due to the pandemic, including older adults, people with certain underlying conditions, pregnant women, and members of racial and ethnic minority groups.
- The rates of COVID-19 cases and mortality per 100,000 in Marion County are above the U.S. averages, and rates of vaccination and vaccine hesitancy are unfavorable.
- Across Indiana, rates of COVID-19 cases and mortality are above national averages, as well as lower vaccination rates.

Mental Health Status

- Interviewees and internal hospital stakeholders both identified worsening mental health status, access to mental health services and resources, and isolation among the most significant needs.
- The COVID-19 pandemic has worsened mental health, and patients at RHI are increasingly exhibiting mental health issues. Isolation is a contributing factor.

¹ "Secondary data" refers to data published by others, for example the U.S. Census and the Indiana Department of Health.

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- Marion County's low-income population was designated as a mental health care Health Professional Shortage Area.
- Marion County compared unfavorably to peer counties and the United States for average number of mentally unhealthy days. Indiana also compared significantly worse to the United States for mentally unhealthy days.
- Indiana ranked in the bottom quartile of states for mental health providers and social support and engagement. The state was in the bottom half for frequent mental distress, depression, and suicide.
- The Indiana State Health Improvement Plan identified improved access to mental health services as a priority area.

Obesity and Diabetes

- Obesity and diabetes are known risk factors for stroke and contribute to risks associated with falls and other injuries.
- Individuals providing input identified obesity and diabetes as significant concerns, impacted by lack of health education and low access to affordable, healthy foods.
- Marion County and Indiana obesity rates are comparatively high.
- In America's Health Rankings, Indiana ranked 41st for diabetes and 40th for obesity. The diabetes mortality rate in Marion County is higher than the Indiana average.
- Marion County has a comparatively poor food environment index and census tracts designated as food deserts throughout, indicating that access to healthy food is more challenging in the county than in the U.S.
- Physical inactivity and a lack of access to exercise opportunities are contributing factors. Marion County compares unfavorably to peer counties for physical inactivity and access to exercise opportunities. Indiana ranks 43rd among states for physical inactivity.

Smoking

- Smoking is a known risk factor for stroke and contributes to the need for RHI services.
- The rate of smoking in Marion County and Indiana is above the United States average. The state ranks 41st for both smoking and for tobacco use, as well as in the bottom half of states for non-smoking regulations. Over 70 percent of Indiana counties were in the bottom quartile among peer counties nationally for smoking.
- Mortality rates related to tobacco use were higher in Marion County than state averages, including for chronic lower respiratory diseases and cancer. Indiana ranked 40th for COPD among all states.
- Other assessments have identified tobacco use as a significant concern and contributing to the need for rehabilitation services.

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Social Determinants of Health

- Poverty and Social Determinants of Health were identified as significant community health problems by nearly all stakeholders. These issues contributed to lower access to health services and worsened health conditions.
- Marion County's poverty rate is above the Indiana average and is particularly high for Black and Hispanic (or Latino) residents.
- Marion County ranked in the bottom quartile of Indiana counties for high school graduation, children in poverty, income inequality, and severe housing problems. The county ranked last for social and economic factors.
- Indiana ranked in the bottom half of states for a variety of Social Determinant of Health issues, including food insecurity, housing and transit, social and economic factors, high school education, economic hardship, economic resources, and poverty.
- Transportation was identified as a significant barrier to accessing care in Marion County and across Indiana. Low-income, elderly, and disabled populations were disproportionately impacted by transportation issues.
- Housing is a significant concern. Marion County ranks poorly for severe housing problems and percent of households rent burdened. Housing impacts the need for rehabilitation services due to unsafe housing conditions resulting in injury, such as falls among elderly populations.
- Educational achievement (high school graduation rate) in Marion County is below the U.S. average. A lack of educational achievement complicates efforts to assure community members are aware of stroke and injury prevention strategies.
- The Indiana State Health Improvement Plan identified addressing Social Determinants of Health as a priority area, and linked SDoH-related issues to unfavorable health outcomes and inequities, including chronic conditions that result in the need for rehabilitation services.

Substance Use Disorder

- Substance use disorder – including both drug and alcohol use – contributes to accidents and injuries. Alcohol use is a contributing factor to one out of every four spinal cord injuries.
- Substance use disorder, particularly opioid use, was identified by stakeholders as particularly significant and worsening as those with mental health concerns self-medicate through substance use.
- Mortality rates for drug poisoning deaths and alcohol-related causes were above Indiana averages in Marion County. Indiana ranked in the bottom half of states for drug deaths.
- Drug and substance abuse also have been identified as top concerns in Marion County and across Indiana in other assessments. The Indiana State Health Improvement Plan also prioritized the need to reduce injury and death due to opioid usage.
- Drug overdoses are known to be a factor in Traumatic Brain Injury.

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Violence and Injuries

- Violence and crime have been identified as causal factors for injuries, including Traumatic Brain Injury and Spinal Cord Injury.
- Violent crime rates in Marion County are well above peer county, Indiana, and national averages.
- Compared to Indiana, Marion County compares unfavorably for homicide mortality and injury mortality.
- Across Indiana, 40 of 92 counties (44 percent) were in the bottom quartile of peers for violent crime rate.
- Indiana ranked in the bottom half of states for occupational fatalities, premature deaths, community and family safety, and violent crime.
- Interview and hospital internal meeting participants discussed issues around trauma from community and family violence as a significant contributor to mental and physical health concerns.

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RHI provides a range of 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.

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. RHI provides a range of services for patients from central Indiana and across the State of Indiana. Accordingly, this CHNA also identifies applicable, significant community health needs in the entire state.

The estimated total population of Marion County in 2019 was 951,868 persons (**Exhibit 1**).

Exhibit 1: Local Community Population, 2019

County	Total Population 2019
Marion	951,869
Community Total	951,869

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

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 often are admitted to RHI because of stroke, Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), major trauma, cardiac events, amputations, other orthopedic conditions, and other issues for which rehabilitation services are medically necessary.
- About 94 percent of admissions to RHI are for patients transferred from an acute medical/surgical hospital. Many patients first are seen in hospital emergency rooms and trauma centers, then are admitted to acute medical/surgical hospitals, and then are transferred to RHI to receive intensive rehabilitation services.

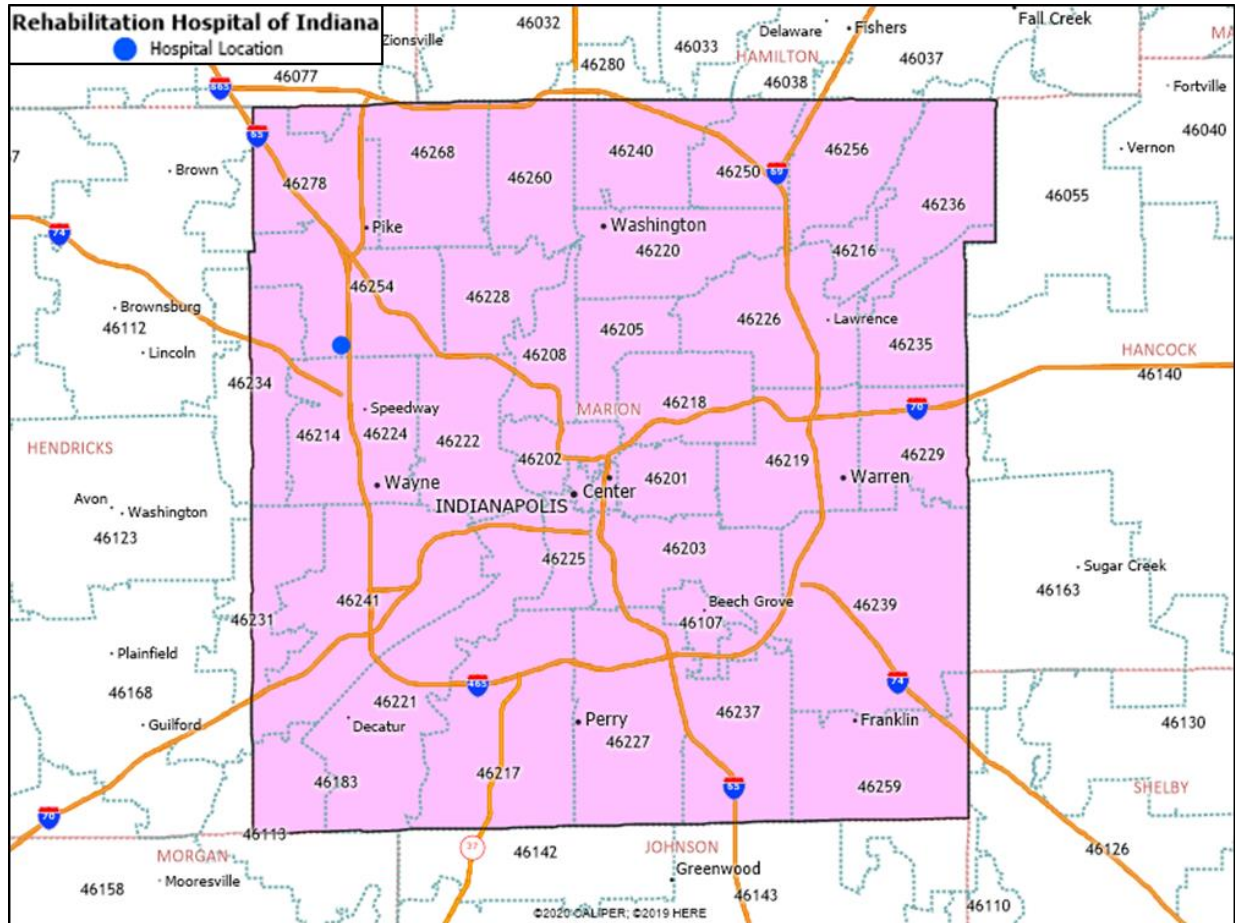
² 501(r) Final Rule, 2014.

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- RHI provides both inpatient and outpatient services. Outpatient care is provided at the main hospital site and at two other locations (Indianapolis and Carmel, Indiana).

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

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



The hospital is located in Marion County (City of Indianapolis, Indiana, ZIP code 46254).

Secondary Data Summary (Marion County)

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

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in Marion County is expected to grow by 5.5 percent between 2019 and 2025 (approximately 55,000 people).

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While the total community is expected to grow modestly, the population age 65 years and older is expected to increase by 12.8 percent over the same time period. This change should contribute to greater demand for health services, including rehabilitation services, as older individuals typically need and use more services than younger persons.

Marion County has substantial variation in demographic characteristics across community ZIP codes. Four ZIP codes (46218, 46235, 46254, and 46226) all had a proportion of the population that was Black above 50 percent. ZIP codes 46222 (28.5 percent) and 46224 (27.6 percent) had the highest proportion of Hispanic (or Latino) residents.

Residents without a high school diploma and experiencing linguistic isolation are more prevalent in the county than in Indiana as a whole. The proportion of the population disabled is above the national average, but below the Indiana average.

Socioeconomic Indicators

People living in low-income households generally are less healthy than those living in more prosperous areas. At 17.8 percent (over the 2015-2019 time period), Marion County's poverty rate has been above Indiana and United States averages of 13.4 percent. Low-income census tracts can be found throughout Marion County, including in areas proximate to the hospital. These areas correlate to ZIP codes categorized as "higher need" by Community Need Index™ and "higher vulnerability" according to the Social Vulnerability Index.

Poverty rates for Black (25 percent) and for Hispanic (or Latino) residents (29 percent) are substantially higher than rates for White residents (14 percent) in Marion County. Across both Marion County and Indiana, poverty rates have been higher for Black, Asian, and Hispanic (or Latino) populations than for White populations.

Between 2016 and early 2020, unemployment rates in Marion County, Indiana, and the United States fell significantly. However, due to the COVID-19 pandemic, unemployment rose substantially in 2020 in all areas. The rise in unemployment contributed to numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services. In recent years, Marion County's unemployment rates have been at or above Indiana averages, but below national averages.

The proportion of the population that did not have health insurance was higher in Marion County than in Indiana and the United States. However, unemployment related to COVID-19 likely resulted in an increase in uninsured community members and a corresponding reduction in access to health services.

Crime rates in the City of Indianapolis consistently have been significantly higher than Indiana averages.

The percent of households that spent more than 30 percent of income on housing, a measure of housing burdened, was above the Indiana and United States averages in Marion County. Areas with the highest proportion housing burdened correlate to areas in the bottom quartile nationally

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for social vulnerability, including for socioeconomic, household composition and disability, and minority status and language vulnerability.

Local Health Status and Access Indicators

In the 2020 *County Health Rankings*, Marion County ranked 72nd for health outcomes and 87th for health factors, both in the bottom quartile of 92 Indiana counties. Marion County ranked in the bottom quartile of Indiana counties for 17 of the 41 indicators assessed, including for food environment index, uninsured adults, high school graduation, children in poverty, and severe housing problems.

Compared to national averages, Marion County ranked poorly on several measures associated with stroke and injury risks, including smoking, obesity, physical inactivity, uninsured adults, high school graduation rates, post-secondary education, violent crime, injury deaths, and severe housing problems.

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 ranks in the bottom quartile for eight of the 34 indicators assessed, including years of potential life lost, obesity, access to exercise opportunities, teen births, violent crime, and air pollution.

This assessment was conducted throughout 2021 during the ongoing COVID-19 pandemic. Based on data available, Marion County had a higher rate of COVID-19 cases and deaths compared to rates in the United States. The county also had a lower proportion of the population vaccinated against COVID-19, and a higher percentage of adults hesitant about receiving the vaccine.

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 (e.g., an average value for Indiana, for peer counties, or for the United States). For example, 32.5 percent of Marion County’s adults are obese; the average among peer counties is 28.0 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

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Exhibit 3: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2019-2025	Marion County	12.8%	6.5%	Marion County, Total	7
Percent linguistically isolated, 2015-2019	Marion County	6.3%	3.2%	Indiana	11
Poverty rate, 2015-2019	Marion County	17.8%	13.4%	Indiana	12
Poverty rate, Black, 2015-2019	Marion County	25.0%	13.7%	Marion County, White	13
Poverty rate, Hispanic (or Latino), 2015-2019	Marion County	28.8%	13.7%	Marion County, White	13
Percent without health insurance, 2015-2019	Marion County	10.5%	8.4%	Indiana	16
Percent households cost burdened, 2015-2019	Marion County	33.0%	24.4%	Indiana	18
Percent households severe housing problems	Marion County	18.3%	13.2%	Indiana	27
High school graduation percentage	Marion County	75.9%	85.0%	United States	27
Violent crime rate per 100,000 population	Marion County	1,251	744	Peer counties	28
Homicide mortality per 100,000	Marion County	17.6	7.2	Indiana	30
Injury deaths per 100,000	Marion County	94.3	70.0	United States	27
Preventable hospital stays for ACSC conditions per 100,000 Medicare enrollees	Marion County	5,110	4,535	United States	27
Percent adults obese	Marion County	32.5%	28.0%	Peer counties	28
Percent adults physically inactive	Marion County	26.3%	23.0%	United States	27
Food environment index	Marion County	6.7	7.6	United States	27
Percent adults current smokers	Marion County	19.2%	17.0%	United States	27
Drug poisoning mortality per 100,000	Marion County	39.9	26.6	Indiana	31
Alcohol-related mortality per 100,000	Marion County	13.4	10.4	Indiana	30
COVID-19 cases per 100,000 population	Marion County	14,306	13,888	United States	29

Source: Verité Analysis.

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include lower-income persons without supermarkets or large grocery stores nearby. Census tracts throughout Marion County have been designated as food deserts. RHI staff indicates that a lack of access to healthy food is problematic for discharged patients, contributes to stroke risks, and is a factor in poor health in the county.

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 can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present.

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Census tracts throughout Marion County have been designated as Primary Care and Dental Care HPSAs, and the low-income population of Marion County has been designated a Mental Health HPSA.

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for Indiana and the United States. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Additionally, RHI staff indicates that COVID-19 has impacted the need for rehabilitation services significantly.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live in Marion County and Indiana. Populations most at risk include:

- Older adults;
- People with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;
- People who are obese and who smoke;
- Pregnant women; and,
- Black, Hispanic (or Latino), and American Indian or Alaska Native persons.

According to the CDC, “long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.”

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 total population of Indiana is expected to grow 6.2 percent from 2019 to 2025. However, the number of persons aged 65 years and older is projected to grow at a much faster rate of 14.5 percent. This should contribute to a growing need for health services, since older individuals typically need and use more services than younger persons.

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Local Health Status and Access Indicators

County Health Rankings 2020 contains health status and access indicators at a county, state, and national level. A majority of indicators for Indiana were worse than national averages, including (but not limited to):

- Average number of physically and mentally unhealthy days;
- Adult obesity rates;
- Percent of adults physically inactive and without access to exercise opportunities;
- Percent of adults that currently smoke;
- Rate of low-birth-weight births;
- Teen birth rate;
- Per-capita supply of physicians/providers (primary care, dental, and mental health);
- Preventable hospitalizations; and
- Years of potential life lost.

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:

- Average Daily PM2.5 (the average daily density of fine particulate matter in micrograms per cubic meter, a measure of air quality and pollution);
- Percent of adults who smoke;
- Frequency of mentally unhealthy days;
- Percent of adults with fair or poor health;
- Violent crime;
- Frequency of physically unhealthy days;
- Years of potential life lost;
- Teen births;
- Percent of adults who drive alone to work;
- Percent of adults who are physically inactive; and
- Percent of adults with some college education.

America's Health Rankings provides state rankings for a number of health and social issues. In the 2020 rankings, Indiana ranked particularly unfavorably for:

- HPV Vaccination;
- Immunizations – Annual;
- Public Health Funding;
- Air Pollution;
- Childhood Immunizations;
- Social Support and Engagement;
- Mental Health Providers;

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- Physical Inactivity;
- Providers – Annual;
- Residential Segregation;
- Voter Participation (Midterm);
- Dental Care Providers;
- Diabetes;
- Per Capita Income;
- Risk-screening Environmental;
- Smoking; and
- Tobacco Use – Annual.

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 had particularly high mortality rates for numerous causes, including diabetes, high blood pressure, and heart disease, and compared unfavorably for rates of low birthweight births, preventable hospitalizations, severe housing problems, teen births, children in poverty, and chlamydia.

Hispanic or Latino populations compared unfavorably for a variety of indicators, including chronic liver disease mortality, avoiding healthcare due to cost, children in poverty, crowded housing, high school graduation, non-medical drug use, and severe housing problems.

White populations compared unfavorably for mortality due to chronic lower respiratory disease, Alzheimer’s disease, and suicide, as well as incidence rates of arthritis, cancer, depression, and high cholesterol.

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

Relevant Findings of Other Assessments and Publications

Several other health assessments were reviewed regarding health in Indiana.

In 2018, the Indiana State Department of Health published State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The Department of Health staff produced the SHA with support from partners from Indiana, available epidemiological data, and key informant interviews. From this process, below are key issues identified for Indiana.

- Social Determinants of Health and health equity - “conditions in the environment that affect a broad range of health and quality of life outcomes;”
- Improving public health infrastructure (funding and culture/quality of public health practice); and

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- Improving health and reducing health disparities, specifically chronic disease, birth outcomes/infant mortality, reduced injury, and death due to opioid exposure, and improved access to mental health services.

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

- The *Indiana Tobacco Control 20025 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.
- *Brain Basics: Preventing Stroke*, published by a division of NIH, which highlights risk factors for stroke (e.g., hypertension, smoking, heart disease, diabetes, high cholesterol, and physical inactivity) and suggests that the majority of strokes are preventable.
- *Indiana State Department of Health 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.
- *Indiana State Department of Health Special Emphasis Report: Traumatic Brain Injury*, which includes data on TBI prevalence in Indiana.
- *Indiana State Department of Health 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 ten “injury topics.”
- *Governor’s Council for People with Disabilities, Five Year Strategic Plan (2022-2026) Draft*, which includes goals and strategies for to advance social and policy changes that lead to respect for and meaningful inclusion of people with disabilities and their families

Key points from these publications are summarized in *Appendix C*.

Primary Data Summary

Primary data were gathered through online meetings with hospital staff and administration, and key stakeholder interviews. Two internal meetings were conducted – one comprised of hospital front-line staff, and another comprised of leadership and administration. Interviews were conducted by phone or online video conferences, and meetings were conducted by online video conferences.

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

Internal Hospital Meetings

Two internal hospital stakeholder meetings were held in September 2021 to receive input from providers regarding the health needs in Marion County and related to the need for rehabilitation services. Eighteen (18) stakeholders participated in the two hospital meetings, with participants representing front line-staff, case workers, discharge planners, administration, and executive leadership.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the stakeholder meetings. Next, secondary data were presented, along with a summary of the most unfavorable community health indicators from this data. Each group was then asked questions about the preliminary list, including their reactions, additions to the proposed needs, thoughts regarding the causes of the needs, impacts of the COVID-19 pandemic, and others.

After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through an online survey process to identify “three to five” they consider the most significant. From this process, participants identified the following needs as most significant for Marion County:

- Social Determinants of Health, with the following specified:
 - Poverty, food insecurity, housing, transportation, and educational achievement;
- Mental health, mental health education, and isolation;
- Obesity and diabetes; and
- Substance Use Disorder.

Participants were also asked to describe the impacts of the COVID-19 pandemic on the hospital, its patients, and surrounding community. The following significant points were discussed:

- Patients were sent to RHI after contracting and being treated for COVID-19 at local hospitals, and often came very debilitated, often needing oxygen, exhibiting high heart rates, and other symptoms;
- Stroke related to COVID-19 has increased substantially;
- Many patients treated after contracting COVID-19 exhibit cognitive issues;
- Due to lack of inpatient beds at acute hospital facilities, RHI has felt demand pressure for rehabilitation services;
- Individuals admitted are often not physically able to work and losing eligibility for health insurance benefits yet not qualifying for Medicaid;

DATA AND ANALYSIS

- Mental health status among patients has worsened significantly, and hospital staff are experiencing mental health strains from increased demands.

Preliminary needs identified include a wide-array of topics, including the COVID-19 pandemic, housing, accidents and resulting injuries, access to healthy food, obesity, poverty, substance use disorder, and violence.

In addition to these topics, participants focused discussion on the effects of debilitation from COVID-19 and recovery, mental health, isolation, access to mental health resources and education, transportation barriers to accessing resources, screening for cardiac risks and blood pressure, and others.

Key Stakeholder Interviews

Seven (7) interviews were conducted to learn about community health issues in Marion County. Participants included individuals representing public health departments, health equity organizations, legal services, educators and schools, family violence advocacy, aging population needs, and disabled population needs.

Questions focused first on identifying and discussing health issues in the community before the COVID-19 pandemic began, with a particular focus on needs that would drive the need for rehabilitation services. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Stakeholders most frequently identified the following issues as significant before the COVID-19 pandemic began.

- Mental health is a significant and worsening issue, with stress, depression, and anxiety all widespread. Isolation is amplifying issues around mental health, with elderly, youth, and disabled populations particularly vulnerable. Trauma is common among residents due to violence, poverty, and other issues. Self-medication through substance use is common.
- Access to mental health providers and resources is a significant issue. Long wait times for limited spots are common. While all mental health providers are difficult to access, those who will serve low-income residents and that provide trauma care for children are especially limited.
- Poverty is a significant issue and impacts almost all areas of life, including access to health services and numerous Social Determinants of Health – housing, healthy foods, transportation, and education. Disparities are common throughout Social Determinants of Health, with Black populations disproportionately affected.
 - Many residents had few options for transportation, with the issue disproportionately affected low-income, elderly, and disabled populations.

DATA AND ANALYSIS

- Food insecurity and the lack of access to healthy foods were significant issues, related to poor health outcomes such as obesity and related chronic conditions. Many residents do not know where to find affordable, healthy options or how to cook available food in a healthy manner.
- Safe and affordable housing is limited, impacting many population groups. Housing costs are increasing. Many do not feel safe in their homes due to poor conditions, aging in place concerns, and domestic issues.
- Health education and literacy is a need, as many people struggle understanding the healthcare system and what resources are available to them. A need for events such as health fairs was highlighted. Health education around healthy living topics – nutrition, physical activity, and others – is also a significant need.
- A lack of adequate health insurance coverage is a significant barrier to optimal health, with coverage restrictions leading residents to not pursue preventive health measures such as checkups and screenings. Lapses in Medicaid coverage and gaps in coverage (particularly for older adults not yet qualified for Medicare) result in limited access.
- Cultural competency among providers is lacking, and language barriers are resulting in various cultural groups not being served. While Spanish-speakers continue to be particularly vulnerable to cultural barriers, growing Haitian, Nigerian, and other cultural groups are also underserved.
- An improved continuum of care in the health system is needed, as patients often need help navigating their care between multiple providers and services. Case management services are needed.
 - Continuum of care issues exist across a variety of interactions, including acute hospitals to rehabilitation and primary care to mental health care.

Interviewees were also asked to discuss the impacts of the COVID-19 pandemic. The following impacts were discussed:

- Mental health status worsened significantly due to isolation, disruptions in routines, fear, financial concerns, and other instability resultant from the pandemic. A lack of support systems – both formal and informal – was common and worsened.
- Flexibility in the healthcare system was necessary to address the pandemic and done to a great success. More flexibility will be needed in the future to address needs.
- The expansion of telehealth and other technological solutions to provide services was a large success, including online education. However, a “digital divide” formed as populations that struggled with accessing technology had additional barriers, including elderly and disabled populations, and low-income residents.
- The COVID-19 pandemic highlighted and amplified disparities in health access and Social Determinants of Health, disproportionately affecting Black populations, elderly residents, and others.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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 Located in Community, 2021

Hospital	Address	City	ZIP Code	County
Ascension St Vincent Hospital	2001 W 86Th St	Indianapolis	46260	Marion
Ascension St Vincent Seton Specialty Hospital	8050 Township Line Rd	Indianapolis	46260	Marion
Assurance Health Psychiatric Hospital	900 North High School Road	Indianapolis	46214	Marion
Community Fairbanks Recovery Center	8102 Clearvista Parkway	Indianapolis	46256	Marion
Community Health Network Rehabilitation Hospital	7343 Clearvista Drive	Indianapolis	46256	Marion
Community Hospital East	1500 N Ritter Ave	Indianapolis	46219	Marion
Community Hospital North	7150 Clearvista Dr	Indianapolis	46256	Marion
Community Hospital South	1402 E County Line Rd S	Indianapolis	46227	Marion
Eskenazi Health	720 Eskenazi Avenue	Indianapolis	46202	Marion
Franciscan Health Indianapolis	8111 S Emerson Ave	Indianapolis	46237	Marion
Indiana Kidney Institute	1420 N Senate Ave Suite A	Indianapolis	46202	Marion
Indiana University Health	1701 N Senate Blvd	Indianapolis	46202	Marion
Indiana University Health Transplant	1701 North Senate Blvd	Indianapolis	46206	Marion
Kindred Hospital Indianapolis	1700 W 10Th St	Indianapolis	46222	Marion
Kindred Hospital Indianapolis North	8060 Knue Road	Indianapolis	46250	Marion
Midland House	3940 E 56Th St	Indianapolis	46220	Marion
Neurodiagnostic Institute	5435 E 16Th St	Indianapolis	46218	Marion
Neuropsychiatric Hospital of Indianapolis	6720 Parkdale Place, Suite 100	Indianapolis	46254	Marion
Options Behavioral Health System	5602 Caito Drive	Indianapolis	46226	Marion
Orthoindy Hospital	8400 Northwest Blvd	Indianapolis	46278	Marion
Rehabilitation Hospital of Indiana	4141 Shore Dr	Indianapolis	46254	Marion
St Vincent Hospital	2001 W 86Th St	Indianapolis	46260	Marion

Source: Indiana Department of Health, 2021.

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 populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. FQHCs throughout the state can be found at: <https://www.findahealthcenter.hrsa.gov/> .

There currently are 87 FQHC sites operating in Marion County.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Exhibit 5: Federally Qualified Health Centers Located in Community, 2021

Name	
Adult and Child Health	IPS School 79 - Carl Wilde
Adult and Child Health - Admin Only	IPS School 88 - Anna Brochhausen
Adult and Child Health - Garfield Park	James Russel Lowell IPS School 51
Adult and Child Health - Greenwood	Jane Pauley Community Health Center Administrative Offices
Allison Elementary School	Jane Pauley Community Health Center at 16th Street
Arlington Community High School Based Clinic - IPS	Jane Pauley Community Health Center at Arlington
Aspire Indiana Health - Progress House Main	Jane Pauley Community Health Center at Castleton
Aspire Indiana Health - Willowbrook	Jane Pauley Community Health Center at Post
Avondale Meadows Academy School-Based Health Center	Jane Pauley Community Health Center at Shadeland
Barrington Health Center	Kindezi Academy - Charter School
Care Center at the Tower	Kipp Indy Legacy Clinic
Charles W. Fairbanks IPS School 105	KIPP School Based Health Center
Dayspring Center Clinic	Louis B. Russell #48
Enlace Academy	Martindale Brightwood Health Center
Eskenazi Health Center 1650 College Avenue	Matchbook Learning at No 63
Eskenazi Health Center Barton Annex	Meridian Health Services - Suite 102A
Eskenazi Health Center Blackburn	Newby Elementary School
Eskenazi Health Center Forest Manor	Northeast Health Center
Eskenazi Health Center Grassy Creek	Path School (67)
Eskenazi Health Center North Arlington	Peoples Health Center
Eskenazi Health Center Pecar	Ralph Waldo Emerson IPS School 58
Eskenazi Health Center Pedigo	RAPHAEL HEALTH CENTER
Eskenazi Health Center Primary Care	Salvation Army Family Shelter Clinic (for women and children)
Eskenazi Health Center W 38th Street	Salvation Army Harbor Light Center Clinic
Eskenazi Health Center Westside	Sankofa at Arlington Woods#99
FARRINGTON MIDDLE SCHOOL	Shalom 56th Street - New Access Point
Fisher Elementary School	Shalom Health Care Center PHC Mobile Clinic
George Washington Community School	SHALOM HEALTH CARE CENTER, INC.
Global Preparatory Academy - Charter School	SHALOM PRIMARY CARE CENTER
Harshman Middle School	Shortridge High School
HealthNet Administration	Southeast Health Center
Holy Family Shelter Clinic	Southwest Health Center
Homeless Initiative Program (HIP) Northeast	Tech Teen Clinic
Homeless Initiative Program (HIP) Northwest	The Julian Center Clinic
Indiana Health Centers, Inc.	Thomas D. Gregg School 15
Indiana Math and Science Academy North	Vision Academy at Riverside School-Based Health Center
Indiana Math and Science Academy West	Washington Irving School 14
Interfaith Hospitality Network	West Health Center
IPS 31 School Base Clinic - James A. Garfield	Wheeler Elementary School
IPS 54 School Based Clinic - Brookside Academy	Wheeler Shelter for Women and Children Clinic
IPS School 107 - Lew Wallace	William McKinley School 39
IPS School 27 - Center for Inquiry	Windrose Health Network - Countyline
IPS School 34 - Eleanor Skillen	Windrose Health Network - Epler Parke
IPS School 43 - James Whitcomb Riley	

Source: HRSA, 2021.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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:

- Children and family
- Education and employment
- Food and clothing
- Health care
- Housing and utility assistance
- Mental health and addiction
- Tax assistance

Additional information about these resources and participating providers can be found at: <https://in211.communityos.org/>.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.³ In conducting a CHNA, each tax-exempt hospital facility must:

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

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

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

Methodology

CHNAs seek to identify significant health needs for 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?

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

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

³ Internal Revenue Code, Section 501(r).

APPENDIX A – OBJECTIVES AND METHODOLOGY

facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”⁴ 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 data⁵ 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; and
- 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 hospitals in data collection. Several interviews were also conducted in collaboration with IU Health, Community Health Network, and Ascension St. Vincent.

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 persons representing the broad interests of the community was taken into account through key informant interviews (7 participants) and community meetings (18 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local

⁴ 501(r) Final Rule, 2014.

⁵ “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

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.

RHI posts CHNA reports and Implementation Plans 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 located 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 100 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, the “local community” for RHI.

Demographics

Exhibit 6: Change in Community Population by County, 2019 to 2025

County	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Marion	951,869	1,006,918	5.5%
Community Total	951,869	1,006,918	5.5%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

Description

Exhibit 6 portrays the estimated population by county in 2019 and projected to 2025.

Observations

- Between 2019 and 2025, Marion County is expected an increase in population of 5.5 percent, or approximately 55,000 people.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 7: Change in Community Population by Age Cohort, 2019 to 2025

Age Cohort	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Age 0 - 19	258,176	274,306	5.9%
Age 20 - 44	348,940	361,854	3.6%
Age 45 - 64	227,947	248,117	8.1%
Age 65 and Older	116,806	133,970	12.8%
Community Total	951,869	1,018,247	6.5%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

*Note: Difference in projected total population from Exhibit 7 due to age projection methodology differing than total population methodology.

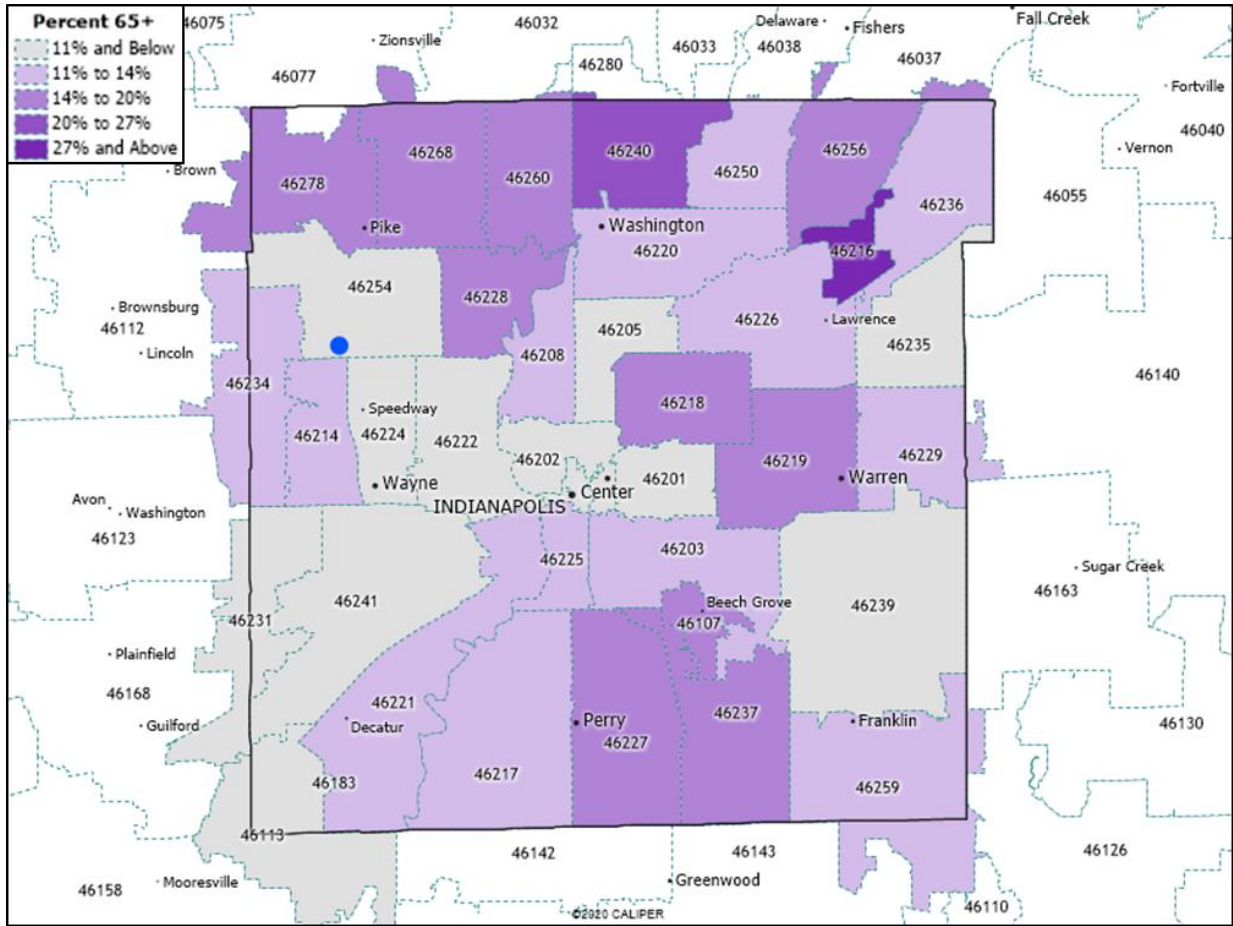
Description

Exhibit 7 shows Marion County's population for certain age cohorts in 2019, with projections to 2025.

Observations

- While the total population is expected to increase by 6.5 percent, the population aged 65 and older is expected to increase by 12.8 percent during the time period.
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger persons.

Exhibit 8: Percent of Population – Aged 65+, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

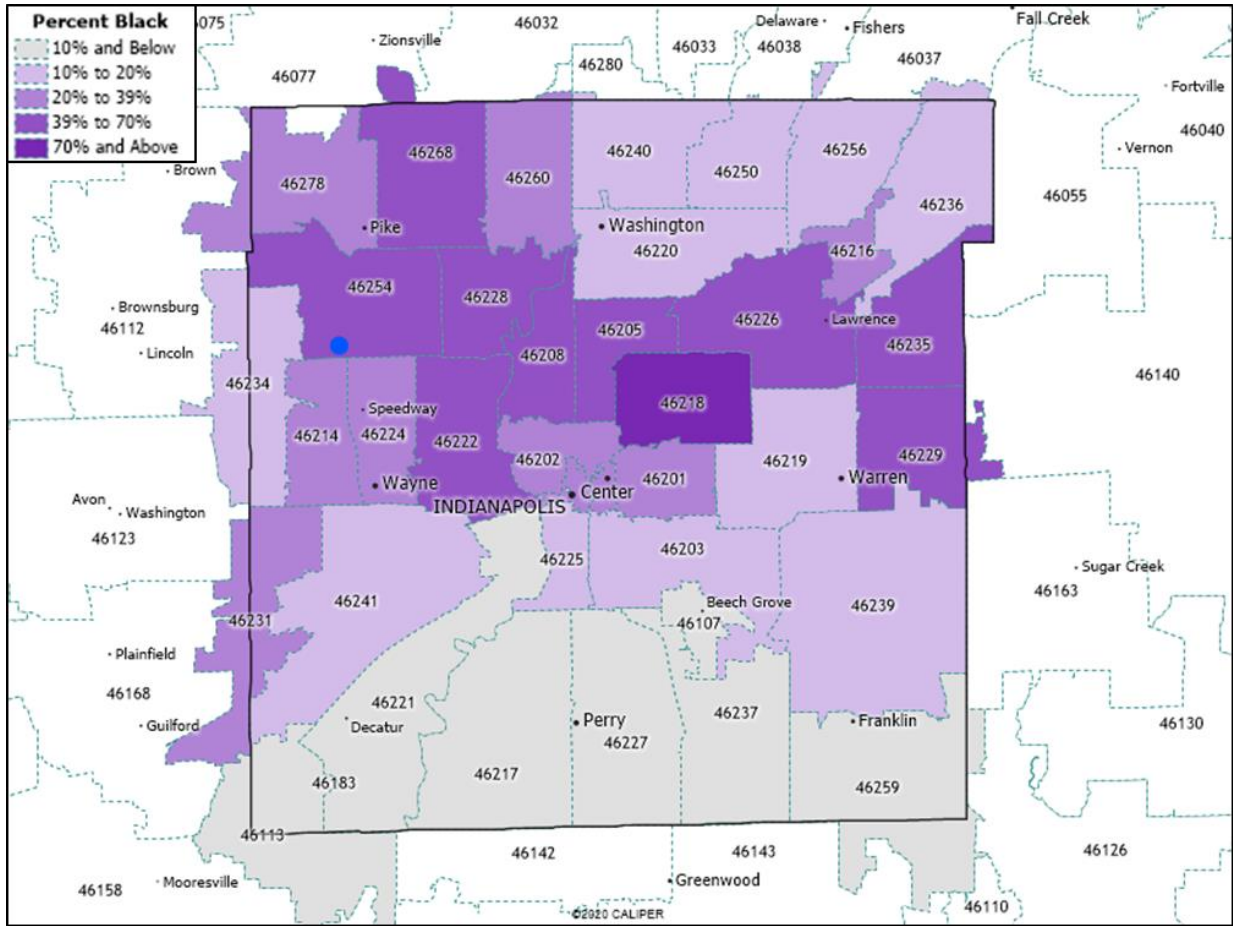
Description

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

Observations

- ZIP code 46216 had the highest proportion of the population aged 65 and older at 27.6 percent. No other ZIP code had a proportion greater than 22 percent.
- ZIP codes 46202 and 46204 had the lowest proportions, both below 8 percent.

Exhibit 9: Percent of Population – Black, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

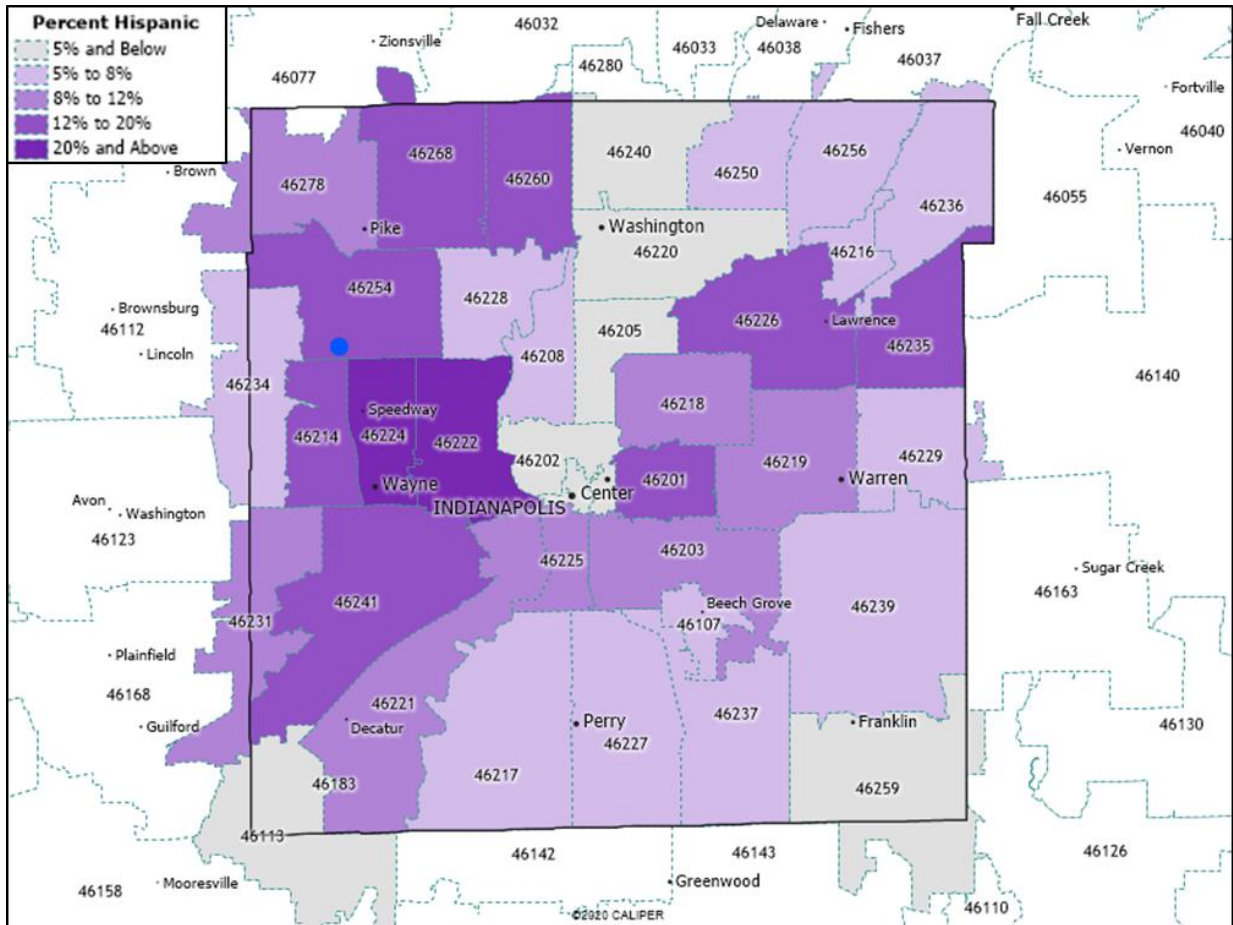
Description

Exhibit 9 portrays the percent of the population – Black by ZIP code.

Observations

- ZIP code 46218 has the highest proportion of Black residents at 72.5 percent. ZIP codes 46235, 46254, and 46226 each have a proportion above 50 percent.
- For all of Marion County, the proportion of Black residents is 27.6 percent.

Exhibit 10: Percent of Population – Hispanic (or Latino), 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

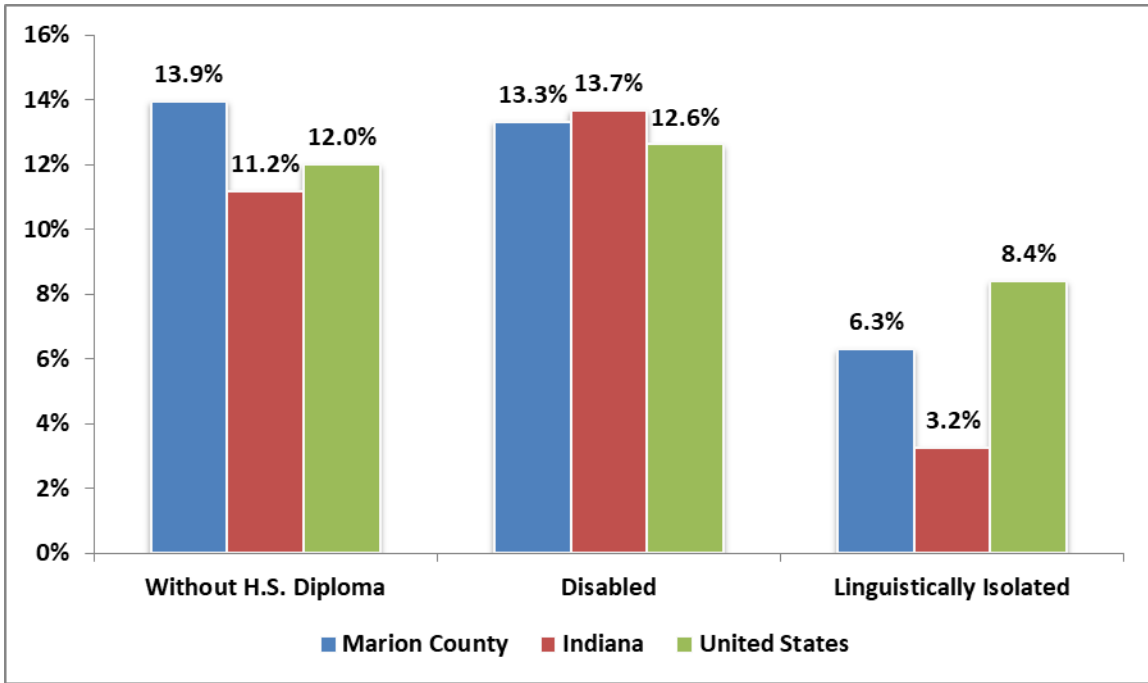
Description

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

Observations

- ZIP codes 46222 (28.5 percent) and 46224 (27.6 percent) had the highest proportion of Hispanic (or Latino) residents.
- For all of Marion County, the proportion of Hispanic residents is 10.4 percent.

Exhibit 11: Selected Socioeconomic Indicators, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

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

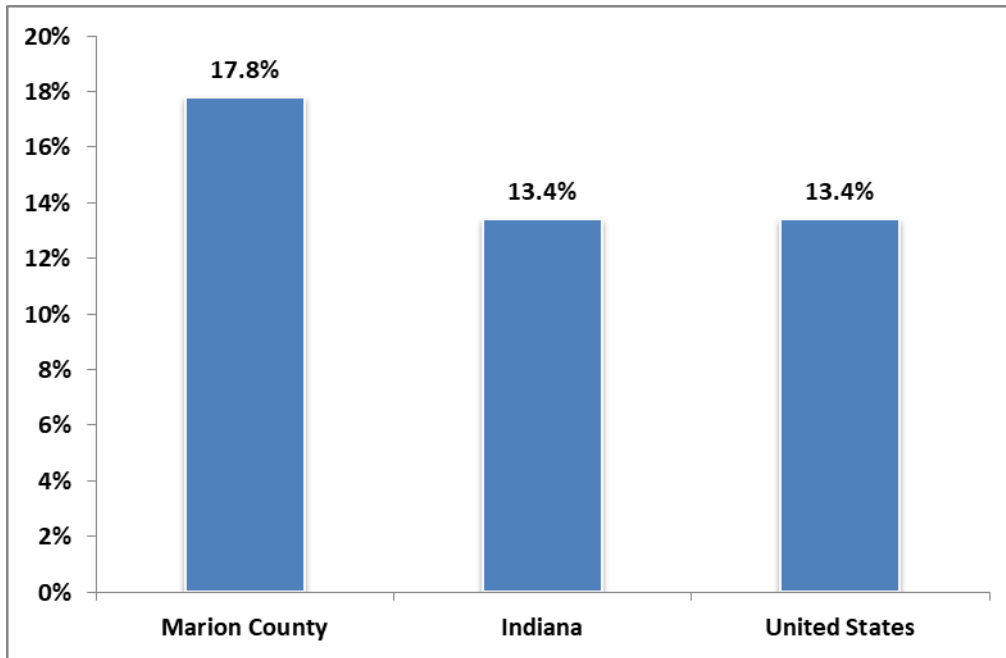
- Marion County had a higher percentage of residents aged 25 years and older without a high school diploma than the Indiana and U.S. averages from 2015-2019.
- Marion County also had a higher percentage of the population with a disability compared to the national average, but a lower percentage compared to the Indiana average.
- Compared to the Indiana, proportionately more people in Marion are linguistically isolated.

Socioeconomic indicators

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

People in Poverty

Exhibit 12: Percent of People in Poverty, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

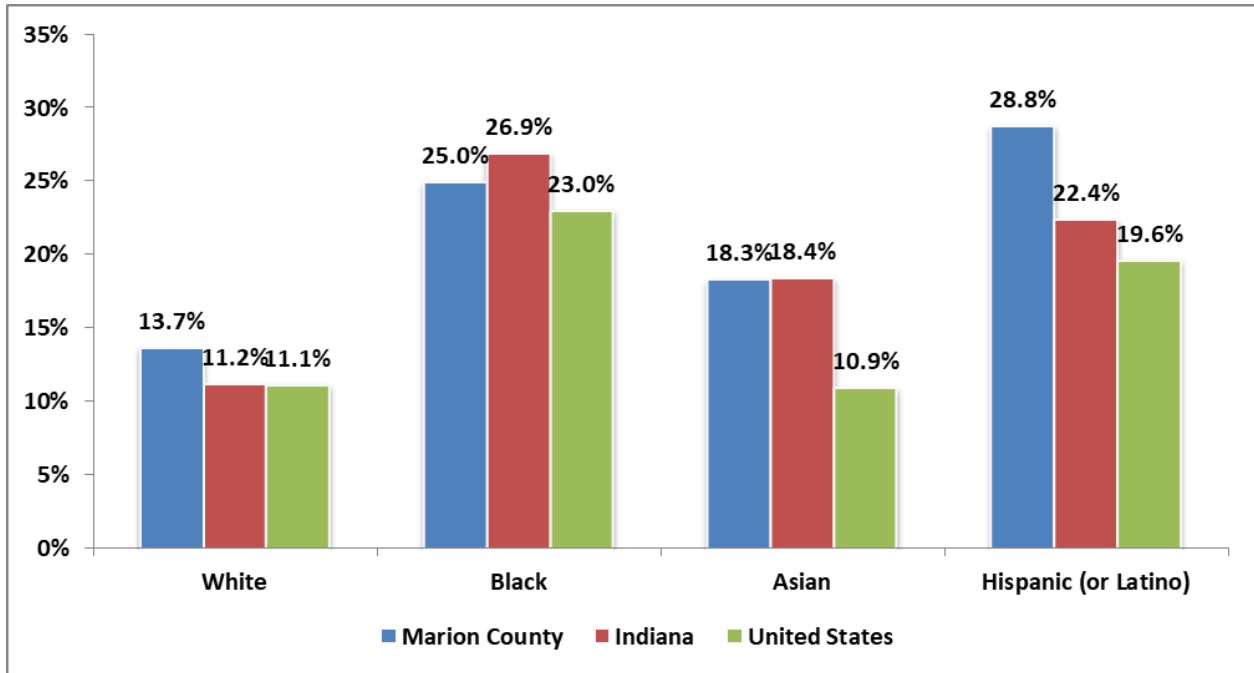
Description

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

Observations

- The poverty rate in Marion County was well above Indiana and United States averages.

Exhibit 13: Poverty Rates by Race and Ethnicity, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

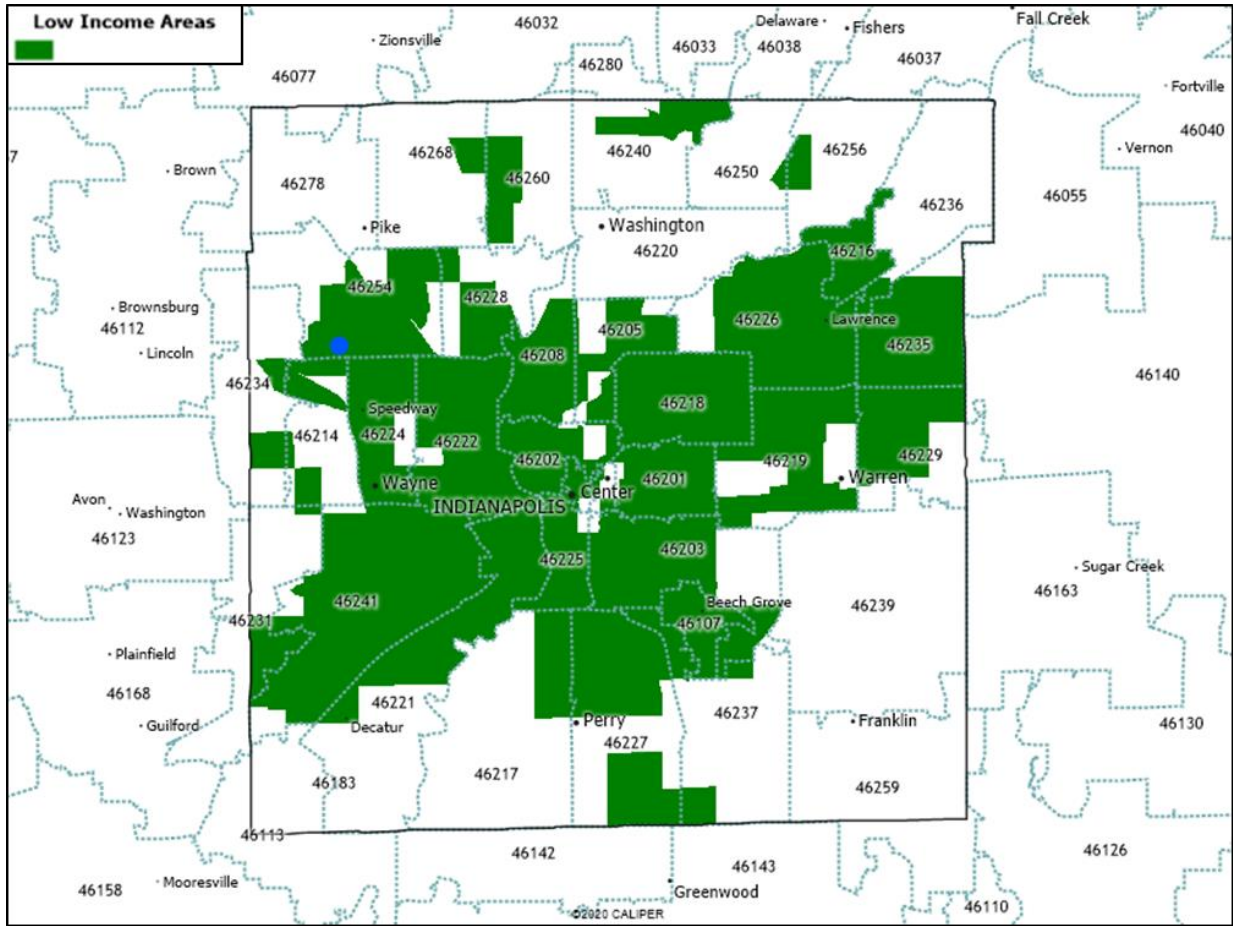
Description

Exhibit 13 portrays poverty rates by race and ethnicity.

Observations

- In Marion County, poverty rates were higher for Black, Asian, and Hispanic (or Latino) populations than for White populations.
- Proportionately more Marion County White and Hispanic (or Latino) residents were in poverty compared to state and national averages.

Exhibit 14: Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

Description

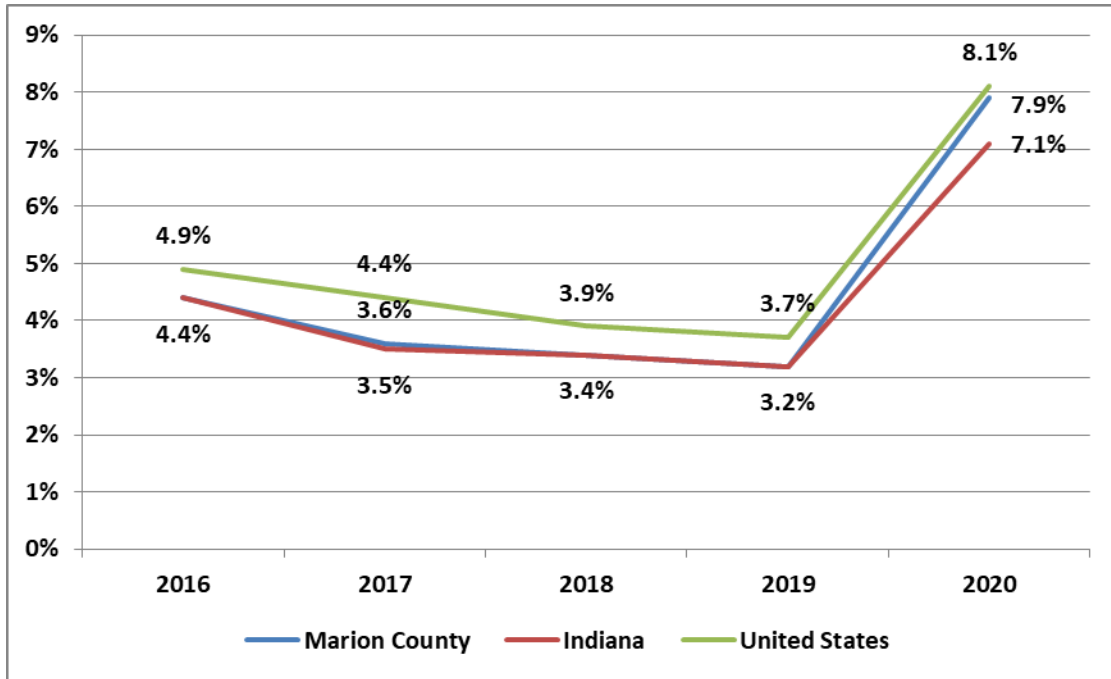
Exhibit 14 portrays the location of federally designated low-income census tracts.

Observations

- Low-income census tracts were prevalent throughout Marion County, including in areas proximate to the hospital.

Unemployment

Exhibit 15: Annual Unemployment Rates, 2016 to 2020



Source: Bureau of Labor Statistics, 2021.

Description

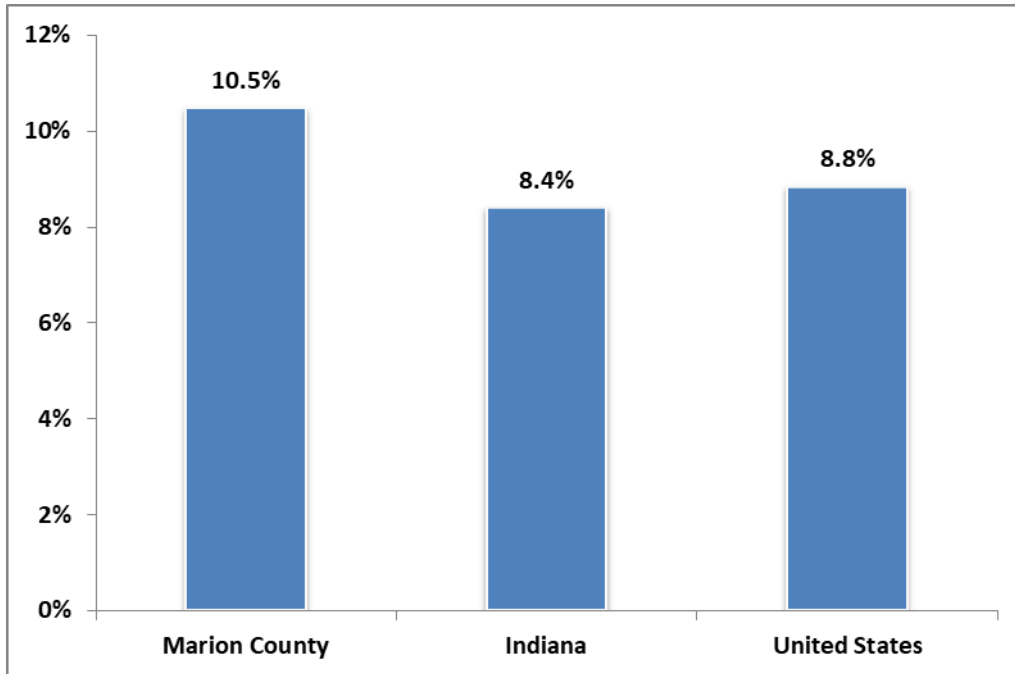
Exhibit 15 shows annual unemployment rates compared to Indiana and the United States for 2016 through 2020.

Observations

- Unemployment rates declined steadily from 2016 through 2019. Due to fallout from the COVID-19 pandemic, unemployment rates rose substantially in 2020.
- In 2020, the unemployment rate in Marion County was above the Indiana average, but below the national average.
- The rise in unemployment contributed to numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Health Insurance Status

Exhibit 16: Percent of Population without Health Insurance, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

Description

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

Observations

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

Crime Rates

Exhibit 17: Crime Rates by Type, Per 100,000, 2018

Crime Type	City of Indianapolis	Indiana
Violent Crime	1,272.8	382.3
Murder and Non-Negligent Manslaughter	18.5	6.5
Rape	77.1	35.4
Robbery	351.1	88.7
Aggravated Assault	826.1	251.6
Property Crime	4,129.2	2,179.3
Burglary	893.6	377.6
Larceny - Theft	2,671.9	1,572.7
Motor Vehicle Theft	563.7	229.1

Source: Federal Bureau of Investigation, 2019.

Description

Exhibit 17 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 Indiana average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- Crime rates in Indianapolis were more than 50 percent higher than state rates for all crime types.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

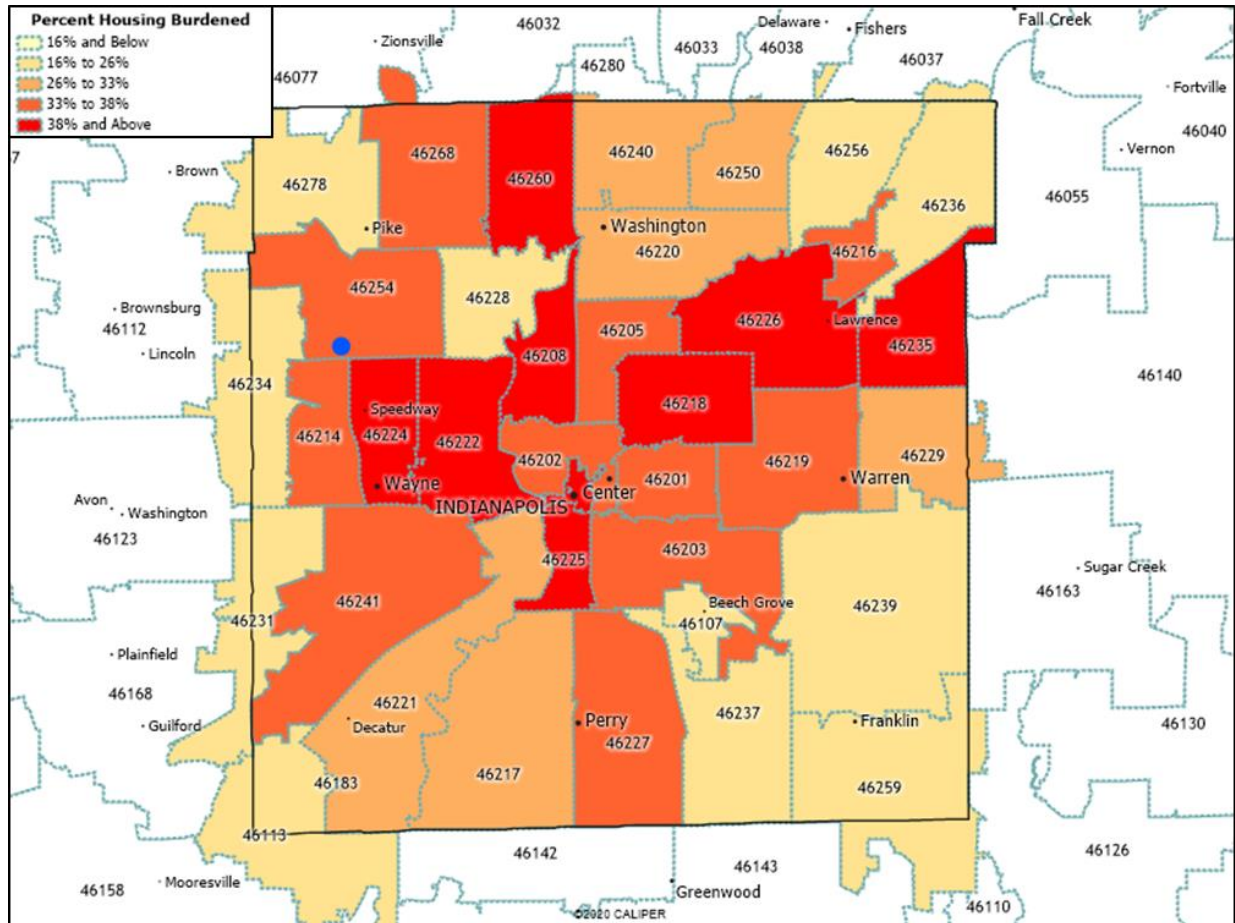
Housing Affordability

Exhibit 18: Percent of Households – Housing Burdened, 2015-2019

Area	Occupied Housing Units	Excessive Housing Costs (30%+ of Income)	Percent Housing Burdened
Marion County	372,358	122,920	33.0%
Indiana	2,570,419	626,325	24.4%
United States	120,756,048	37,249,895	30.8%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

Exhibit 19: Map of Percent of Housing Burdened Households, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Description

The U.S. Department of Health and Human Services (“HHS”) identifies “housing burdened” as those spending more than 30 percent of income on housing and as a contributor to poor health outcomes.⁶ Exhibits 18 and 19 portray the percent of household spending on housing in Marion County.

Observations

As stated by the Federal Reserve, “households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation.”⁷

- In Marion County, 33 percent of households have been designated as “housing burdened,” a level above both the Indiana and United States averages.
- The percentage of occupied households cost burdened was above 40 percent in four ZIP codes – 46225, 46218, 46208, and 46226.

⁶ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

⁷ *Ibid.*

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

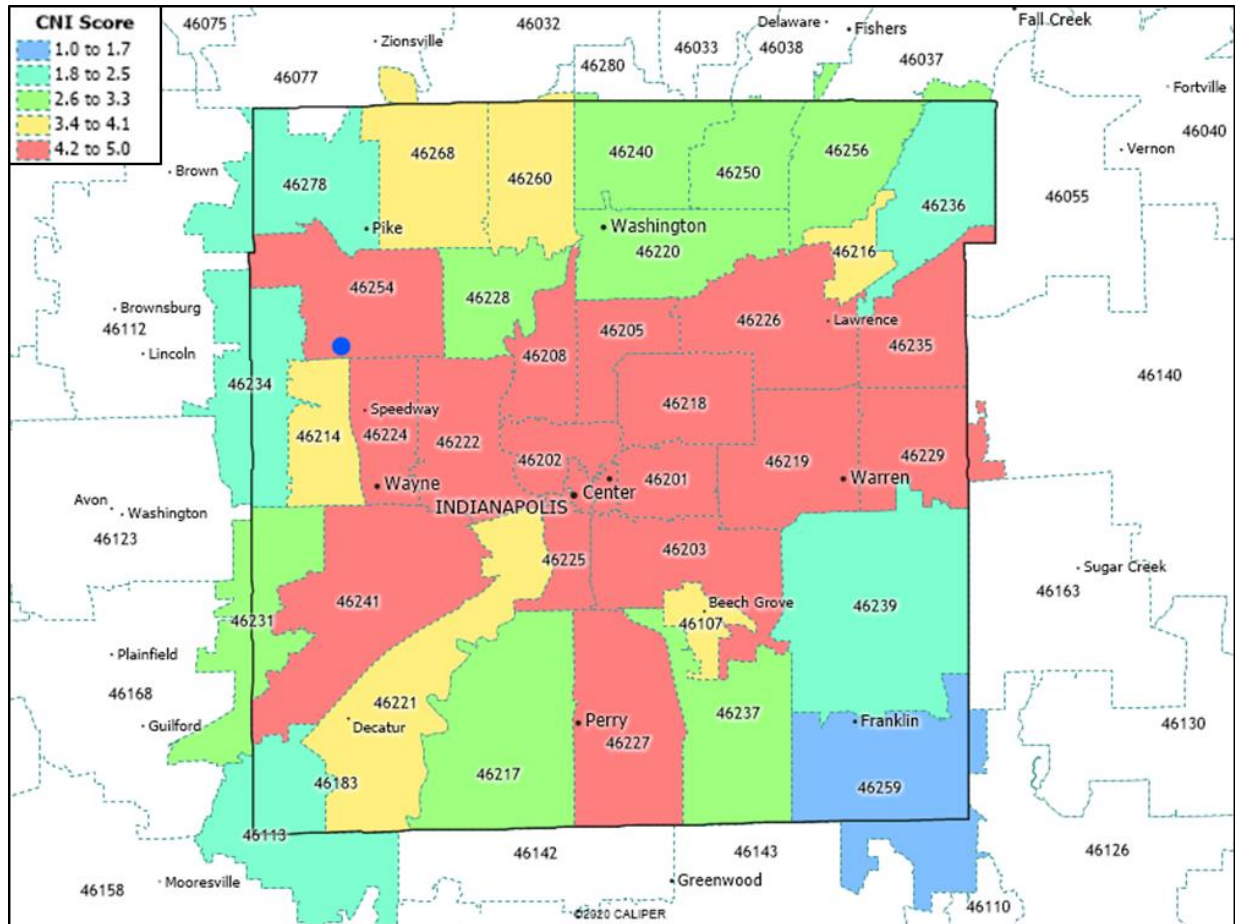
Dignity Health Community Need Index™

Exhibit 20: Weighted Average Community Need Index™ Score by County, 2021

Area	CNI Score
Marion County	3.8
United States	3.0

Source: CommonSpirit Health, 2021.
 Note: CNI scores weighted by the number of people living within each area.

Exhibit 21: Community Need Index, 2021



Source: CommonSpirit Health, 2021, and Caliper Maptitude.

Description

Exhibits 20 and 21 present *Community Need Index™* (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

CommonSpirit Health (formerly Dignity Health) developed the CNI to assess barriers to health care access. The index, available for every ZIP code in the United States, consists of five social and economic indicators:

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

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

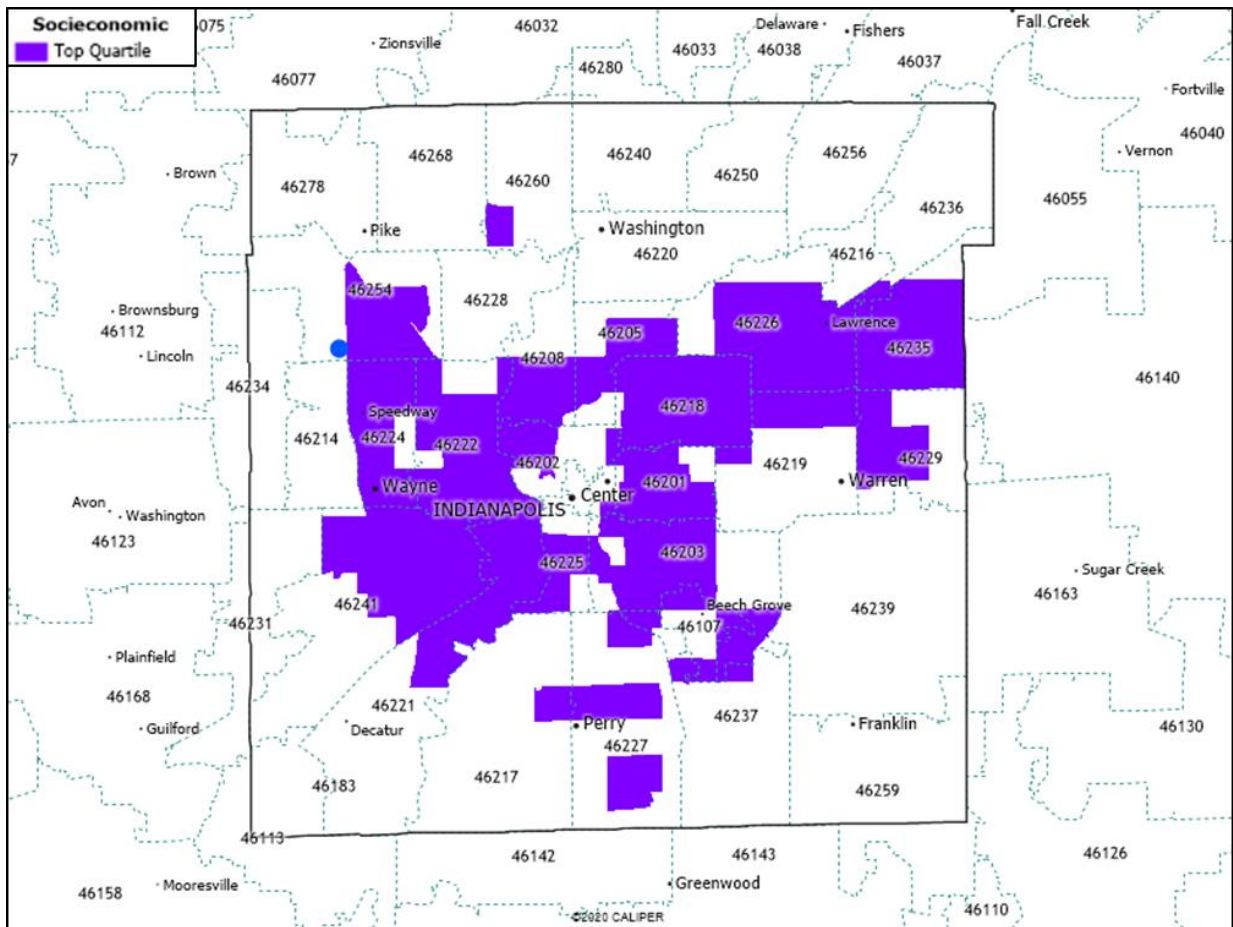
CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

Observations

- Marion County scored a 3.8 on the CNI scale (on a weighted average basis), indicating that higher than average need exists in the county.
- Seventeen (17) of 38 Marion County ZIP codes scored in the “highest need” category. Many of these are located in Indianapolis and proximate to the hospital.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 22: Socioeconomic Index – Top Quartile Census Tracts



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

Description

Exhibits 22 through 25 are maps that show the Center for Disease Control and Prevention’s *Social Vulnerability Index* (SVI) scores for census tracts throughout the community. Highlighted census tracts are in the top quartile nationally for different indicators on which the SVI is based.

The SVI is based on 15 variables derived from U.S. census data. Variables are grouped into four themes, including:

- Socioeconomic status;
- Household composition;
- Race, Ethnicity, and Language; and
- Housing and transportation.

Exhibits 22 through 25 highlight SVI scores for each of these themes.

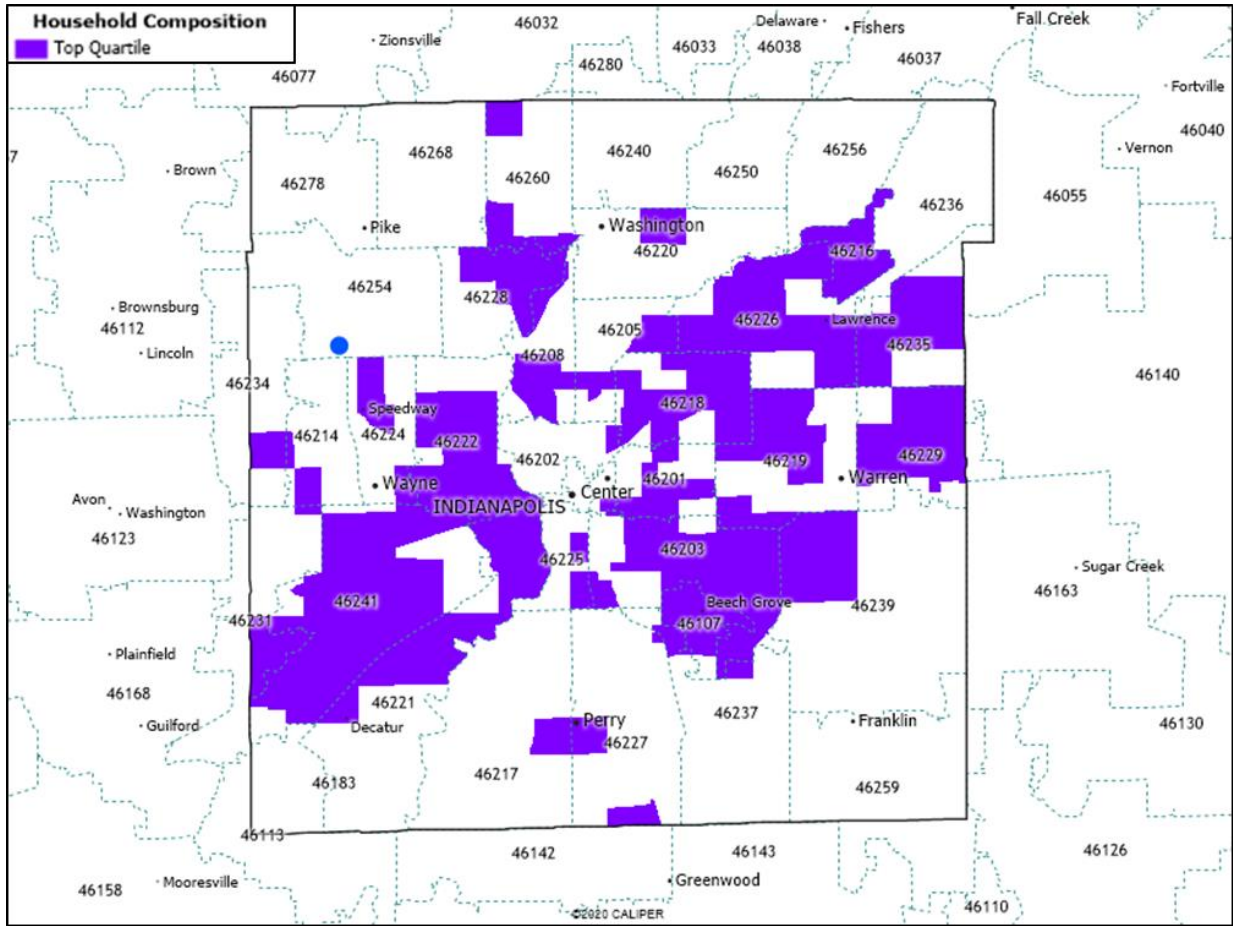
APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 22 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

Observations

- Census tracts with the highest levels of socioeconomic vulnerability are located throughout Marion County, particularly near the center and in areas near the hospital.

Exhibit 23: Household Composition and Disability Index – Top Quartile Census Tracts



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

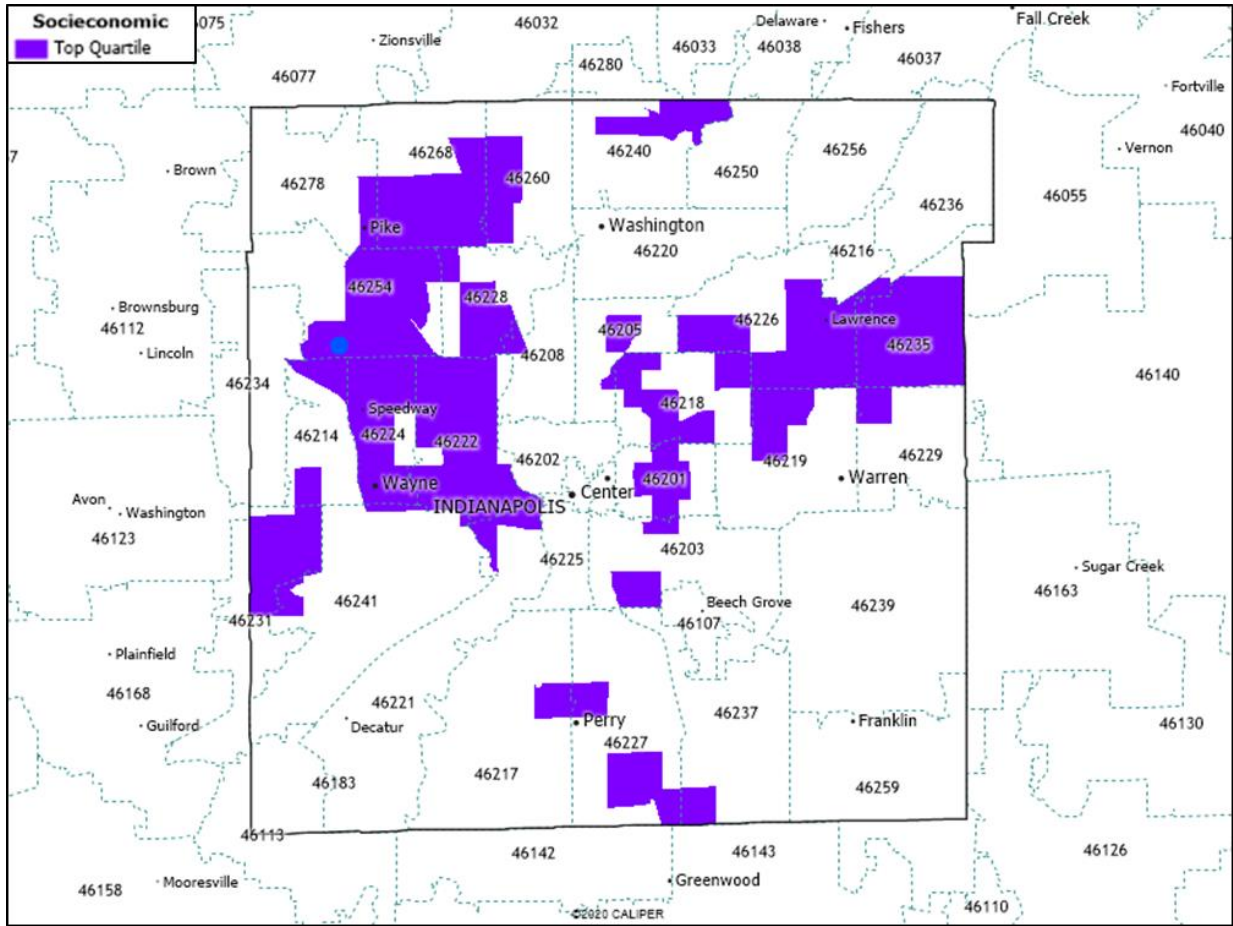
Description

Exhibit 23 identifies census tracts in the top quartile nationally for household composition and disability vulnerability.

Observations

- Census tracts throughout Marion County are in the top quartile for household composition and disability vulnerability.

Exhibit 24: Minority Status and Language Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

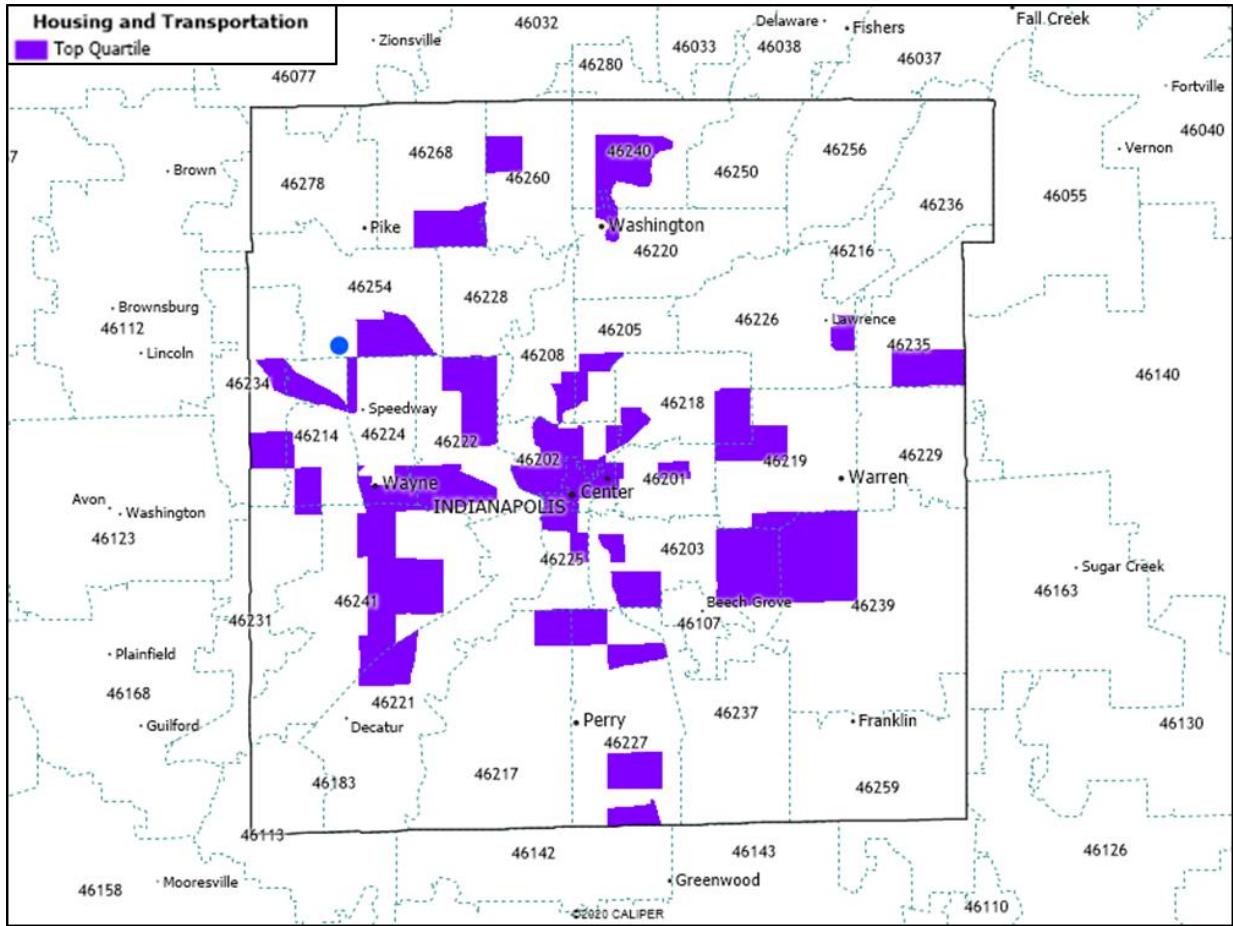
Description

Exhibit 24 identifies census tracts in the top quartile nationally for minority status and language vulnerability.

Observations

- Census tracts throughout Marion County, including in areas proximate to the hospital, are in the top quartile for minority status and language vulnerability.

Exhibit 25: Housing Type and Transportation Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibit 25 identifies census tracts in the top quartile nationally for housing type and transportation vulnerability.

Observations

- Census tracts throughout Marion County are in the top quartile for housing and transportation vulnerability.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 26: County Health Rankings, 2020

Measure	Marion County
Health Outcomes	72
Health Factors	87
Length of Life	76
Quality of Life	69
Poor or fair health	63
Poor physical health days	28
Poor mental health days	12
Low birthweight	89
Health Behaviors	68
Adult smoking	34
Adult obesity	31
Food environment index	89
Physical inactivity	25
Access to exercise opportunities	4
Excessive drinking	66
Alcohol-impaired driving deaths	39
Sexually transmitted infections	92
Teen births	75
Clinical Care	36
Uninsured	84
Primary care physicians	12
Dentists	1
Mental health providers	2
Preventable hospital stays	52
Mammography screening	38
Flu Vaccinations	37
Social & Economic Factors	92
High school graduation	91
Some college	21
Unemployment	51
Children in poverty	85
Income inequality	88
Children in single-parent households	92
Social associations	52
Violent crime	63
Injury deaths	74
Physical Environment	88
Air pollution - particulate matter	87
Severe housing problems	91
Driving alone to work	31
Long commute - driving alone	29

Source: County Health Rankings, 2020.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Description

Exhibit 26 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” 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 2020* relies on data from 2012 to 2018. Most data are from 2015 to 2019.

The exhibit presents 2020 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 92 counties in Indiana. The lowest numbers indicate the most favorable rankings.

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

Observations

- In 2020, Marion County ranked in the bottom half of Indiana counties for 25 of the 41 indicators assessed. Of those, 17 were in the bottom quartile, including:
 - Health outcomes;
 - Health factors;
 - Length of life;
 - Low birthweight births;
 - Food environment index;
 - Sexually transmitted infections;
 - Teen births;
 - Uninsured;
 - Social and economic factors;
 - High school graduation;
 - Children in poverty;
 - Income inequality;
 - Children in single-parent households;
 - Injury deaths;
 - Physical environment;
 - Air pollution; and

⁸A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

⁹A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

- Severe housing problems.
- Marion County ranked poorly on several measures associated with stroke and injury risks, including excessive drinking, high school graduation rates, violent crime, injury deaths, and severe housing problems.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 27: County Health Rankings Data Compared to State and U.S. Averages, 2020

Indicator Category	Data	Marion County	Indiana	United States
Health Outcomes				
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,933	8,306	6,900
Quality of Life	Percent of adults reporting fair or poor health	19.0%	19.8%	17.0%
	Average number of physically unhealthy days reported in past 30 days	3.9	4.2	3.8
	Average number of mentally unhealthy days reported in past 30 days	4.2	4.7	4.0
	Percent of live births with low birthweight (<2500 grams)	9.2%	8.0%	8.0%
Health Factors				
Health Behaviors				
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	19.2%	21.8%	17.0%
Adult Obesity	Percent of adults that report a BMI >= 30	32.5%	33.4%	29.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.7	7.1	7.6
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	26.3%	26.7%	23.0%
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	88.9%	75.2%	84.0%
Excessive Drinking	Binge plus heavy drinking	17.7%	17.6%	19.0%
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	17.0%	19.7%	28.0%
STDs	Chlamydia rate per 100,000 population	1,109.0	514.2	524.6
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	36.0	26.5	23.0
Clinical Care				
Uninsured	Percent of population under age 65 without health insurance	11.7%	9.6%	10.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,253:1	1,511:1	1,330:1
Dentists	Ratio of population to dentists	1,126:1	1,777:1	1,450:1
Mental Health Providers	Ratio of population to mental health providers	350:1	623:1	400:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,110	5,006	4,535
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	41.0%	42.0%	42.0%
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	49.0%	49.0%	46.0%

Source: County Health Rankings, 2020.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Exhibit 27: County Health Rankings Data Compared to State and U.S. Averages, 2020 (continued)

Indicator Category	Data	Marion County	Indiana	United States
Health Factors				
Social & Economic Factors				
High School Graduation	Percent of ninth-grade cohort that graduates in four years	75.9%	83.8%	85.0%
Some College	Percent of adults aged 25-44 years with some post-secondary education	62.3%	62.7%	66.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	3.5%	3.4%	3.9%
Children in Poverty	Percent of children under age 18 in poverty	24.5%	17.5%	18.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	4.4	4.9
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	47.1%	33.9%	33.0%
Social Associations	Number of associations per 10,000 population	11.6	12.3	9.3
Violent Crime	Number of reported violent crime offenses per 100,000 population	1,251.2	385.1	386.0
Injury Deaths	Injury mortality per 100,000	94.3	77.1	70.0
Physical Environment				
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	12.8	11.8	8.6
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18.3%	13.2%	18.0%
Driving Alone to Work	Percent of the workforce that drives alone to work	82.6%	83.0%	76.0%
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	29.4%	31.1%	36.0%

Source: County Health Rankings, 2020.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Description

Exhibit 27 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; and
- Social associations rate.

Observations

- Marion County benchmarks unfavorably to United States averages for most of the indicators incorporated into County Health Rankings.
- The following indicators compared particularly unfavorably:
 - Chlamydia rate;
 - Teen birth rate; and
 - Violent crime rate.
- Marion County ranked poorly on several measures associated with stroke and injury risks, including smoking, obesity, and physical inactivity.

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)

Community Health Status Indicators

Exhibit 28: Community Health Status Indicators, 2020
 (Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Marion County	Peer Counties
Length of Life	Years of Potential Life Lost Rate	9,933.5	7,777.6
Quality of Life	% Fair/Poor Health	19.0%	18.9%
	Physically Unhealthy Days	3.9	3.9
	Mentally Unhealthy Days	4.2	4.2
	% Births - Low Birth Weight	9.2%	9.5%
Health Behaviors	% Smokers	19.2%	16.6%
	% Obese (BMI >30)	32.5%	28.0%
	Food Environment Index	6.7	7.4
	% Physically Inactive	26.3%	24.1%
	% With Access to Exercise Opportunities	88.9%	95.7%
	% Excessive Drinking	17.7%	19.5%
	% Driving Deaths Alcohol-Impaired	17.0%	24.9%
	Chlamydia (per 100,000 population)	1,109.0	850.8
Clinical Care	Teen Births (per 1,000 females ages 15-19)	36.0	25.4
	% Uninsured	11.7%	10.8%
	Per capita supply of primary care physicians	79.8	86.1
	Per capita supply of dentists	88.8	83.5
	Per capita supply of mental health providers	286.0	302.7
	Preventable Hospitalizations (per 100,000 Medicare Enrollees)	5,110.0	5,172.6
	% Mammography Screening	41.0%	39.1%
Social & Economic Factors	% Flu Vaccination	49.0%	43.4%
	% High School Graduation	75.9%	80.8%
	% Some College	62.3%	66.4%
	% Unemployed	3.5%	4.2%
	% Children in Poverty	24.5%	24.6%
	Income Ratio	4.8	5.8
	% Children in Single-Parent Households	47.1%	44.9%
	Social Association (per 10,000 population)	11.6	9.0
Physical Environment	Violent Crime (per 100,000 population)	1,251.2	743.5
	Injury Deaths (per 100,000 population)	94.3	73.9
	Average Daily PM2.5	12.8	10.5
	% Severe Housing Problems	18.3%	23.7%
	% Drive Alone to Work	82.6%	64.7%
	% Long Commute - Drives Alone	29.4%	41.7%

Source: County Health Rankings and Verité Analysis, 2020.

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

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

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 28 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 eight of the 34 indicators, including years of potential life lost, obesity, access to exercise opportunities, teen births, violent crime, air pollution, driving alone to work, and long commute – drive alone.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

COVID-19 Incidence and Mortality

Exhibit 29: COVID-19 Incidence, Mortality, and Vaccination (As of November 1, 2021)

Indicator	Marion County	Indiana	United States
Total Confirmed Cases	136,578	1,018,638	45,311,576
Confirmed Cases (per 100,000 Population)	14,306	15,222	13,888
Total Deaths	2,147	16,134	711,856
Deaths (per 100,000 Population)	224.9	241.1	218.2
Percent of Adults Fully Vaccinated	62.6%	60.5%	65.1%
Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	12.2%	11.9%	10.0%

Source: Sparkmap, 2021.

Description

Exhibit 29 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

- The rates of COVID-19 cases and mortality per 100,000 in Marion County are above the U.S. averages, but below the Indiana averages.
- Compared to the United States, Marion County has a lower proportion of adults fully vaccinated and a higher proportion hesitant about receiving the COVID-19 vaccine.

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

Mortality Rates

Exhibit 30: Causes of Death (Age-Adjusted, Per 100,000), 2019

Indicator	Marion County	Indiana
Major Cardiovascular Disease	234.8	237.5
Diseases of Heart	178.5	178.7
Malignant Neoplasms (Cancer)	166.6	163.3
Ischemic Heart Disease	83.9	93.1
Accidents (Unintentional Injuries)	71.1	56.1
Chronic Lower Respiratory Diseases	57.5	56.1
Cerebrovascular Disease (Stroke)	40.0	41.5
Alzheimers Disease	26.8	31.7
Drug Poisoning	39.9	26.6
Accidental Poisoning And Exposure To Noxious Substances	39.3	25.4
Diabetes Mellitus	25.4	25.0
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	19.3	17.1
Septicemia	13.2	14.3
Intentional Self-Harm (Suicide)	13.0	14.1
Motor Vehicle Accidents	12.6	12.6
Alcohol Related Causes	13.4	10.4
Assault (Homicide)	17.6	7.2

Source: Indiana Department of Health, 2020.

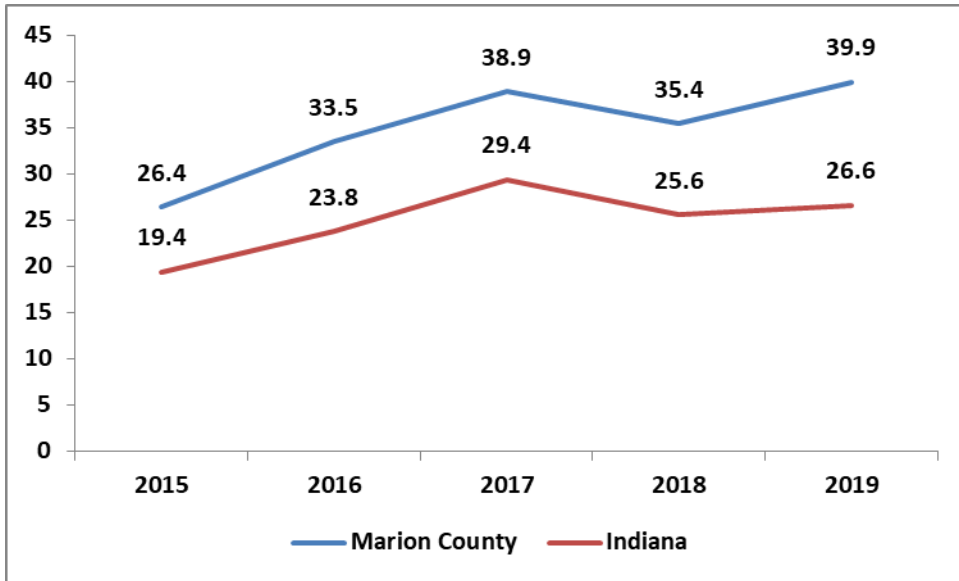
Description

Exhibit 30 provides age-adjusted mortality rates from 2019 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

- Rates of mortality for accidental poisoning and exposure to noxious substances and assault (homicide) were more than 50 percent worse than the Indiana averages.

Exhibit 31: Drug Poisoning Mortality per 100,000, 2015 through 2019



Source: Indiana Department of Health, 2020.

Description

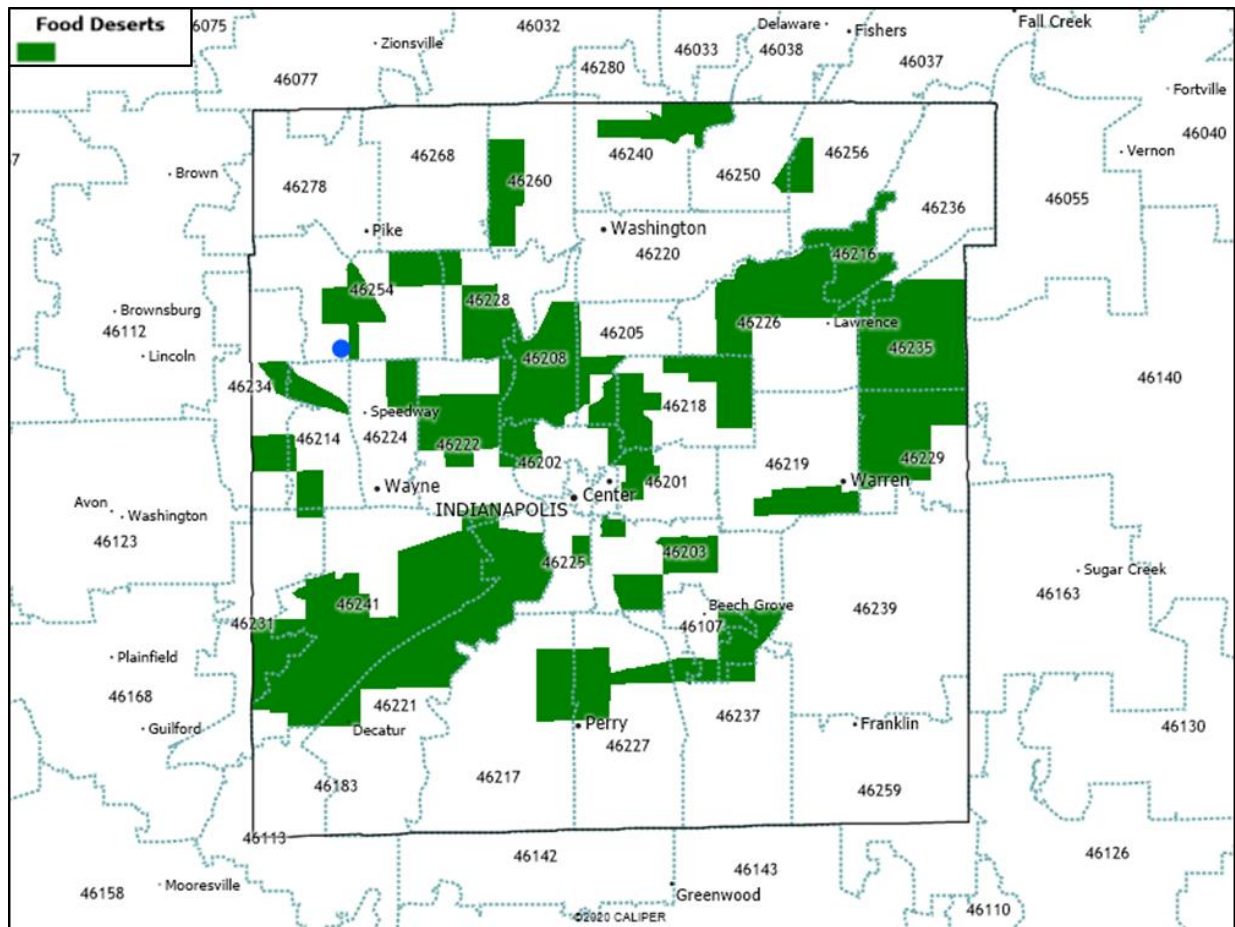
Exhibit 31 provides age-adjusted mortality rates for drug poisoning for 2015 through 2019 for Marion County and Indiana.

Observations

- Between 2015 and 2019, drug overdose and poisoning deaths increased in Marion County and Indiana. Marion County rates have been higher than Indiana rates for each year.

Food Deserts

Exhibit 32: Locations of Food Deserts, 2019



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

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.

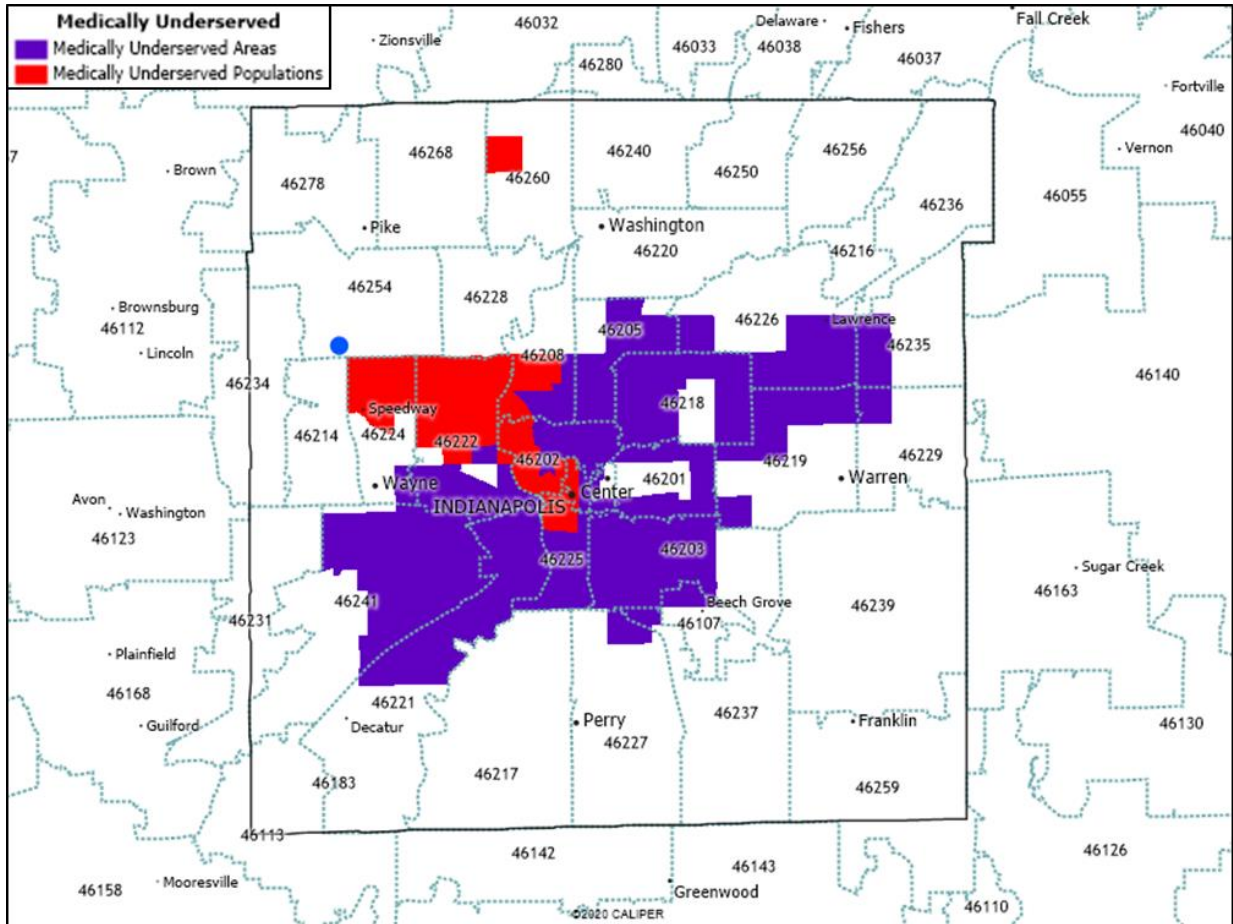
Exhibit 32 identifies where food deserts are present in Marion County.

Observations

- Food deserts are found throughout Marion County, including in areas near the hospital.

Medically Underserved Areas and Populations

Exhibit 33: Medically Underserved Areas and Populations, 2021



Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

Description

Exhibit 33 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.¹¹ 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

¹¹ Heath Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

APPENDIX B – 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.”¹²

Observations

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

¹²*Ibid.*

APPENDIX B – SECONDARY DATA ASSESSMENT (MARION COUNTY)

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.”¹³

Exhibit 34 provides a map of census tracts federally designated as primary care HPSAs.

Observations

- Census tracts throughout Marion County have been designated as Primary Care HPSAs, particularly in central and southwestern areas.

¹³ 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>

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Exhibit 36: Mental Health Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Low Income - Marion County	Low Income Population HPSA	Marion County
Adult and Child Mental Health Center Inc	Federally Qualified Health Center Look-alike	Marion County
Aspire Health Center	Federally Qualified Health Center Look-alike	Marion County
Healthnet, Inc.	Federally Qualified Health Center	Marion County
Indiana Health Centers Incorporated	Federally Qualified Health Center	Marion County
Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center	Marion County
Meridian Services Corp	Federally Qualified Health Center	Marion County
Raphael Health Clinic	Federally Qualified Health Center	Marion County
Shalom Health Care Center, Inc.	Federally Qualified Health Center	Marion County
The Health & Hospital Corp of Marion County	Federally Qualified Health Center	Marion County
Windrose Health Network, Inc.	Federally Qualified Health Center	Marion County
Indiana Women's Prison	Correctional Facility	Marion County

Source: Health Resources and Services Administration, 2021.

Description

Exhibit 36 provides a list of federally designated mental health HPSAs.

Observations

- The low-income population of Marion County is designated as a Mental Health Care HPSA.
- Several FQHCs, FQHC look-alikes, and correctional facilities have been designated as Mental Health Care HPSAs.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

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

Demographics

Exhibit 37: Change in Indiana Population by Age, 2019 to 2025

Age Cohort	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Age 0 - 19	1,759,860	1,818,750	3.2%
Age 20 - 44	2,161,788	2,202,486	1.8%
Age 45 - 64	1,720,467	1,887,444	8.8%
Age 65 and Older	1,023,588	1,196,568	14.5%
Community Total	6,665,703	7,105,249	6.2%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

Description

Exhibit 37 portrays the estimated population in Indiana by age in 2019 and projected to 2025.

Observations

- Between 2019 and 2025, Indiana is expected an increase in population of 6.2 percent, or approximately 440,000 people.
- While the total population is expected to increase by 6.2 percent, the population aged 65 and older is expected to increase by 14.5 percent during that time period.
- 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 38: Indiana County Health Rankings Data Compared to U.S. Averages, 2020

Indicator Category	Data	Indiana	United States
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	8,306	6,900
Quality of Life	Percent of adults reporting fair or poor health	19.8%	17.0%
	Average number of physically unhealthy days reported in past 30 days	4.2	3.8
	Average number of mentally unhealthy days reported in past 30 days	4.7	4.0
	Percent of live births with low birthweight (<2500 grams)	8.0%	8.0%
Health Factors			
Health Behaviors			
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	21.8%	17.0%
Adult Obesity	Percent of adults that report a BMI >= 30	33.4%	29.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	7.6
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	26.7%	23.0%
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	75.2%	84.0%
Excessive Drinking	Binge plus heavy drinking	17.6%	19.0%
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	19.7%	28.0%
STDs	Chlamydia rate per 100,000 population	514.2	524.6
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	26.5	23.0
Clinical Care			
Uninsured	Percent of population under age 65 without health insurance	9.6%	10.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,511:1	1,330:1
Dentists	Ratio of population to dentists	1,777:1	1,450:1
Mental Health Providers	Ratio of population to mental health providers	623:1	400:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,006	4,535
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	42.0%	42.0%
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	49.0%	46.0%

Source: County Health Rankings, 2020.

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

Exhibit 38: Indiana County Health Rankings Data Compared to U.S. Averages, 2020 (continued)

Indicator Category	Data	Indiana	United States
Health Factors			
Social & Economic Factors			
High School Graduation	Percent of ninth-grade cohort that graduates in four years	83.8%	85.0%
Some College	Percent of adults aged 25-44 years with some post-secondary education	62.7%	66.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	3.4%	3.9%
Children in Poverty	Percent of children under age 18 in poverty	17.5%	18.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.9
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	33.9%	33.0%
Social Associations	Number of associations per 10,000 population	12.3	9.3
Violent Crime	Number of reported violent crime offenses per 100,000 population	385.1	386.0
Injury Deaths	Injury mortality per 100,000	77.1	70.0
Physical Environment			
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.8	8.6
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	13.2%	18.0%
Driving Alone to Work	Percent of the workforce that drives alone to work	83.0%	76.0%
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	31.1%	36.0%

Source: County Health Rankings, 2020.

Description

Exhibit 38 provides statewide data for each underlying indicator of the composite categories in the County Health Rankings for Indiana, with national averages for comparison.¹⁴ 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 list;
 - Percent of adults reporting poor or fair health;
 - Average number of physically unhealthy days;
 - Average number of mentally unhealthy days;
 - Smoking;
 - Obesity;
 - Physical inactivity and access to exercise opportunities;
 - Rate of primary care, dentists, and mental health providers; and
 - Injury deaths.

¹⁴ 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

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Exhibit 39: Indiana-Wide Community Health Status Indicators, 2020

Indicator	Counties Ranked in Bottom Quartile	Percent in Bottom Quartile
Average Daily PM2.5	68	73.9%
% Smokers	65	70.7%
Mentally Unhealthy Days	59	64.1%
% Fair/Poor Health	46	50.0%
Violent Crime Rate	40	43.5%
Physically Unhealthy Days	38	41.3%
Years of Potential Life Lost Rate	36	39.1%
Teen Birth Rate	34	37.0%
% Drive Alone to Work	32	34.8%
% Physically Inactive	32	34.8%
% Some College	31	33.7%
% Mammography Screening	29	31.5%
Primary Care Physicians Rate	28	30.4%
Dentist Rate	26	28.3%
% Obese	22	23.9%
% With Access to Exercise Opportunities	22	23.9%
% Children in Single-Parent Households	21	22.8%
% Uninsured	21	22.8%
Injury Death Rate	21	22.8%
Preventable Hosp. Rate	21	22.8%
% Long Commute - Drives Alone	20	21.7%
Mental Health Professionals Rate	20	21.7%
Chlamydia Rate	18	19.6%
% Children in Poverty	16	17.4%
% Births - Low Birth Weight	15	16.3%
Social Association Rate	14	15.2%
Food Environment Index	12	13.0%
High School Graduation Rate	12	13.0%
Income Ratio	12	13.0%
% Flu Vaccination	10	10.9%
% Severe Housing Problems	10	10.9%
% Unemployed	7	7.6%
% Driving Deaths Alcohol-Impaired	4	4.3%
% Excessive Drinking	2	2.2%

Source: County Health Rankings and Verité Analysis, 2020.

Description

Exhibit 39 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 their respective peer counties for each CHSI indicator. For further information on CHSI methodology, see Exhibit 28.

Observations

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- The CHSI data indicate that Indiana counties rank particularly unfavorably for the following indicators:
 - Average daily PM2.5 (a measure of air quality and pollution);
 - Percent adults who smoke;
 - Average number of mentally unhealthy days;
 - Percent of adults with fair or poor health;
 - Violent crime;
 - Average number of physically unhealthy days;
 - Years of potential life lost;
 - Teen births;
 - Percent drive alone to work;
 - Percent adults physically inactive;
 - Percent of adults with some post-secondary education.

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Exhibit 40: America’s Health Rankings, 2020

Measure Name	Rank	Measure Name	Rank	Measure Name	Rank
HPV Vaccination	49	Chronic Kidney Disease	36	Children in Poverty	29
Immunizations - Annual	48	Climate Change Policies	36	Chlamydia	29
Public Health Funding	48	Frequent Physical Distress	36	Economic Resources - Annual	29
Air Pollution	46	Health Outcomes	36	Uninsured	29
Childhood Immunizations	44	High Blood Pressure	36	Asthma	28
Social Support and Engagement	44	Multiple Chronic Conditions	36	Low Birthweight Racial Gap	28
Mental Health Providers	43	Adverse Childhood Experiences	35	Dependency	27
Physical Inactivity	43	All Determinants	35	Physical Environment	27
Providers - Annual	42	Drive Alone to Work	35	Poverty	27
Residential Segregation	42	Exercise	35	Transportation Energy Use	27
Voter Participation (Midterm)	42	Frequent Mental Distress	35	Violent Crime	27
Dental Care Providers	41	Neighborhood Amenities	35	Suicide	26
Diabetes	41	Physical Health - Annual	35	Avoided Care Due to Cost	25
Per Capita Income	41	Quality of Care	35	Dedicated Health Care Provider	25
Risk-screening Environmental	41	Nutrition and Physical Activity	34	Premature Death Racial Inequality	24
Smoking	41	Primary Care Providers	34	Air and Water Quality - Annual	23
Tobacco Use - Annual	41	Access to Care - Annual	33	Low Birthweight	23
COPD	40	Colorectal Cancer Screening	33	Non-medical Drug Use	23
High Health Status	40	Depression	33	Cancer	20
Obesity	40	Drug Deaths (1-year)	33	Drinking Water Violations	20
Preventable Hospitalizations	40	Housing and Transit - Annual	33	Unemployment	20
Risk Factors - Annual	40	Housing With Lead Risk	33	Volunteerism	19
Voter Participation (Presidential)	40	Non-smoking Regulation	33	Behavioral Health - Annual	15
Community and Family Safety - Annual	39	Arthritis	32	High School Graduation	14
Teen Births	39	Insufficient Sleep	32	Excessive Drinking	13
Cardiovascular Diseases	38	Sexual Health - Annual	32	High School Graduation Racial Gap	13
Clinical Care	38	Social and Economic Factors	32	Income Inequality	12
Food Insecurity	38	Education - Less Than High School	31	Cannabis Use	10
Occupational Fatalities	38	Flu Vaccination	31	Water Fluoridation	10
Premature Death	38	High-risk HIV Behaviors	31	Education - Annual	9
Dental Visit	37	Economic Hardship Index	30	Fruit and Vegetable Consumption	8
High-speed Internet	37	High Cholesterol	30	Severe Housing Problems	7
Behaviors	36	Mortality - Annual	30	Crowded Housing	2

Source: County Health Rankings and Verité Analysis, 2020.

Description

Exhibit 40 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 U.S. states; dark grey shading indicates rankings in bottom quartile.

Observations

- Within all states in the U.S., Indiana was ranked in the bottom quartile or half for more than two-thirds of the measures. The state ranked particularly unfavorably for:
 - HPV Vaccination;
 - Immunizations – Annual;
 - Public Health Funding;

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

- Air Pollution;
- Childhood Immunizations;
- Social Support and Engagement;
- Mental Health Providers;
- Physical Inactivity;
- Providers – Annual;
- Residential Segregation;
- Voter Participation (Midterm);
- Dental Care Providers;
- Diabetes;
- Per Capita Income;
- Risk-screening Environmental;
- Smoking; and
- Tobacco Use – Annual.

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Indiana Data by Race and Ethnicity

Exhibit 41: Causes of Death by Race/Ethnicity per 100,000, Indiana, 2017-2019

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Heart Disease	216.5	92.1	181.8	178.8
Cancer (Malignant Neoplasms)	183.6	91.5	168.8	163.4
Chronic Lower Respiratory Disease (CLRD)	45.4	14.1	58.5	56.1
Accidents / Unintentional Injuries	60.5	34.0	59.3	56.0
Stroke / Cerebrovascular Disease	51.5	29.2	39.8	41.4
Alzheimer's Disease	29.5	16.1	34.2	31.6
Diabetes	48.4	24.1	24.5	25.0
Kidney Disease (Nephritis, Nephrosis)	34.1	16.4	16.6	17.1
Septicemia	21.6	11.9	14.9	14.3
Suicide	8.7	7.0	17.3	14.2
Chronic Liver Disease / Cirrhosis	8.9	12.9	12.5	12.0
Influenza / Pneumonia	11.9	6.7	13.4	11.6
High Blood Pressure / Related Kidney Disease	18.5	5.6	9.6	10.4
Parkinson's Disease	4.7	N/A	10.0	9.9
Homicide	36.8	6.6	3.4	7.2
Pneumonitis (Lung Inflammation)	6.1	N/A	6.3	6.0
Nutritional Deficiencies	3.9	3.9	3.4	4.3
Neoplasms (Abnormal Growth)	3.4	N/A	4.2	4.1
Birth Defects	4.5	2.9	3.7	4.0
Condition Originating Around Time of Birth	8.9	4.3	3.6	3.6

Source: Indiana Department of Health, 2020.

Description

Exhibit 41 provides mortality rates from 2017-2019 for a variety of causes by race and ethnicity for the state of Indiana. 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 had particularly high mortality rates for a variety of causes, including diabetes, kidney disease, septicemia, high blood pressure, homicide, and conditions originating in the time of birth. Black populations also had higher rates of mortality for heart disease, cancer, accidents, stroke, and others.
- Hispanic or Latino population compared unfavorably for mortality due to chronic liver disease and conditions originating in the time of birth.
- White populations compared unfavorably for mortality due to chronic lower respiratory disease, Alzheimer’s disease, suicide, Parkinson’s disease, and influenza/pneumonia.

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Exhibit 42: America’s Health Rankings, Underlying Data by Race/Ethnicity, 2020

Indicator	Black	Hispanic (or Latino)	White	Indiana
Arthritis	22.0%	8.8%	28.9%	27.0%
Asthma	12.7%	5.1%	9.8%	9.8%
Avoided Care Due to Cost	13.3%	23.7%	11.2%	12.6%
Cancer	3.6%	N/A	7.9%	7.2%
Cardiovascular Diseases	11.2%	3.8%	10.1%	9.9%
Children in Poverty	37.8%	27.2%	13.7%	18.0%
Chlamydia Rate	1,864.1	559.5	279.4	523.9
Chronic Kidney Disease	4.1%	N/A	3.3%	3.4%
Chronic Obstructive Pulmonary Disease	6.5%	N/A	9.5%	8.7%
Colorectal Cancer Screening	70.0%	42.2%	69.2%	68.2%
Crowded Housing	1.5%	4.7%	1.2%	1.5%
Dedicated Health Care Provider	78.4%	54.3%	80.0%	77.9%
Dental Visit	55.6%	60.8%	65.6%	64.4%
Depression	14.6%	11.1%	22.8%	21.0%
Diabetes	17.9%	9.0%	12.1%	12.4%
Drug Deaths (1-year) Rate	27.0	7.3	27.3	24.9
Education - Less Than High School	12.3%	30.1%	8.7%	10.4%
Excessive Drinking	17.5%	20.9%	16.3%	16.5%
Exercise	21.7%	16.7%	21.1%	21.1%
Flu Vaccination	33.3%	35.7%	44.0%	42.1%
Frequent Mental Distress	13.3%	8.2%	14.5%	14.3%
Frequent Physical Distress	13.4%	12.8%	13.7%	13.8%
Fruit and Vegetable Consumption	8.1%	6.6%	9.1%	9.1%
High Blood Pressure	44.5%	20.5%	35.1%	34.8%
High Cholesterol	30.9%	25.9%	34.9%	33.8%
High Health Status	40.4%	35.5%	49.1%	47.3%
High School Graduation	79.4%	84.3%	90.0%	88.1%
High-speed Internet	79.0%	85.2%	87.2%	86.4%
Insufficient Sleep	47.4%	37.8%	35.4%	36.9%
Low Birthweight	13.7%	7.1%	7.1%	8.1%
Multiple Chronic Conditions	10.6%	5.2%	12.2%	11.7%
Non-medical Drug Use	12.2%	16.7%	10.1%	10.8%
Obesity	36.7%	46.2%	34.9%	35.3%
Per Capita Income	21,824	18,721	33,653	30,988
Physical Inactivity	33.9%	38.0%	30.3%	30.9%
Preventable Hospitalizations	7,542	5,186	4,626	4,810
Severe Housing Problems	24.5%	22.1%	10.9%	12.9%
Smoking	19.6%	13.8%	19.5%	19.2%
Suicide Rate	8.6	6.9	18.2	16.3
Teen Births Rate	37.5	31.5	18.4	21.8
Unemployment	8.7%	4.7%	3.7%	4.3%
Voter Participation (Midterm)	47.2%	36.5%	50.1%	49.3%
Voter Participation (Presidential)	51.6%	46.0%	58.9%	58.3%

Source: America’s Health Rankings, 2020.

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Description

Exhibit 42 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 worse than state averages for many indicators, with particularly unfavorable rates of children in poverty, chlamydia, low birthweight births, preventable hospitalizations, severe housing problems, teen births, and unemployment.
- Hispanic populations compared worse for a variety of indicators, with significantly unfavorable rates for avoiding healthcare due to cost, children in poverty, crowded housing, high school diploma, non-medical drug use, and severe housing problems.
- White populations compared unfavorably for several indicators, including arthritis, cancer, COPD, depression, mental distress, high cholesterol, and suicide.

Findings of Other Assessments

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues. Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. To date, the CDC's work has yielded the outlined below.

Underlying medical conditions may contribute. People with certain underlying medical conditions are at increased risk for severe illness and outcomes from COVID-19, including the following:¹⁵

- Cancer;
- Chronic kidney disease;
- Chronic obstructive pulmonary disease (COPD);
- Immunocompromised state from organ transplant;
- Obesity;
- Serious heart conditions, including heart failure, coronary artery disease, or cardiomyopathies;
- Sickle cell disease; and
- Type 2 diabetes mellitus.

Based on what is known at this time, people with other conditions might be at an increased risk for severe illness and outcomes from COVID-19, including:¹⁶

- Asthma (moderate-to-severe);
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Cystic fibrosis;
- Hypertension or high blood pressure;
- Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
- Neurologic conditions, such as dementia;
- Liver disease;
- Pregnancy;
- Pulmonary fibrosis (having damaged or scarred lung tissues);
- Smoking;
- Thalassemia (a type of blood disorder); and
- Type 1 diabetes mellitus.

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

¹⁶ Ibid.

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Older adults are at-risk. Older adults and the elderly are disproportionately at risk of severe illness and death from COVID-19. Risks increase with age, and those aged 85 and older are at the highest risk. At present time, eight out of 10 COVID-19 deaths have been in adults aged 65 or older.¹⁷

Men are at-risk. Data thus far indicate that men are more likely to die from COVID-19 than women. While the reasons for this disparity are unclear, a variety of biological factors, behavioral influences, and psychosocial elements may contribute.¹⁸

Racial and ethnic minorities are at-risk. According to the CDC, “Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.” Evidence points to higher rates of hospitalization or death among racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians or Alaska Natives.¹⁹

- Non-Hispanic American Indian or Alaska Native persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Non-Hispanic Black persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Hispanic or Latino persons - incidence rate is approximately four times greater than non-Hispanic White persons.

In explaining these differences of COVID-19 incidence rates, the CDC states: “Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations.”²⁰

Indiana State Health Assessment and Improvement Plan – 2018-2021

In 2017, the Indiana Department of Health (formerly the Indiana State Department of Health) began the process of revising the State Health Assessment and State Health Improvement Plan in collaboration with over 100 partner organizations, key informants, and subject matter experts.

The 2018 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 priority health issues for the State of Indiana:

- Social Determinants of Health and health equity
 - “Conditions in the environment that affect a broad range of health and quality of life outcomes”

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

¹⁸ https://www.cdc.gov/pcd/issues/2020/20_0247.htm

¹⁹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

²⁰ *Ibid.*

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- Improving public health infrastructure
 - Funding and culture/quality of public health practice
- Improving health outcomes and reducing health disparities
 - Reduce rates of chronic disease
 - Address the opioid epidemic (reduced injury and death due to opioid exposure)
 - Improve birth outcomes and reduce infant mortality
 - Improved access to mental health services

Other Relevant Studies and Publications

A number of 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:

- 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

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- 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
- Adverse Childhood Experiences (ACEs) increase the likelihood of smoking, alcoholism, and drug use, and negatively impact opportunities associated with educational attainment and employment

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 2030.²¹
- America’s Health Insurance Plans (AHIP) issues reports regarding physician workforce supply and found that Indiana’s per-capita supply of psychiatrists is 58 percent of the national rate.²² Indiana is one of seven states to have an overall supply of physicians (primary care, psychiatry, OBGYN, and general surgeons) below 80 percent of the national rate.
- The Robert Graham Center also studies primary care physician workforce needs across the U.S.²³ 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., the ratio of population to primary care physicians is 1,463:1; Indiana’s ratio is 1,659:1 – indicating a comparatively low supply of these professionals.

²¹ <http://www.insideindianabusiness.com/story/35524534/to-meet-todays-health-care-needs-close-the-nursing-shortage>

²² https://www.ahip.org/wp-content/uploads/2016/07/Workforce_DataBrief_7.14.16.pdf

²³ <https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Indiana.pdf>

ThinkFirst Traumatic Brain Injury Fast Facts

The ThinkFirst National Injury Prevention Foundation, among other initiatives, publishes information about injury, including Traumatic Brain Injury (TBI). Traumatic Brain Injury *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.”²⁴ Such injuries “can lead to life-long effects in cognition (thinking) and body functions, such as movement.”²⁵ 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 5.4 million people in the United States have long-term or life-long disabilities resulting from a TBI.
- Concussions are a mild form of TBI. TBI accounts for 30 percent of all injury-related deaths in the U.S.
- Adults 65 years of age and older have the highest rates of TBI-related deaths. Children 0-14 and adolescents/adults 15-24 are the most likely to visit an emergency room for a TBI-related injury.
- Most TBI cases are due to:
 - Falls (47 percent),
 - Being struck by or against an object (15 percent),
 - Motor vehicle crashes (14 percent), and
 - Other reasons, including intentional self-harm.
- Prevention tips include:
 - Wearing appropriate, certified helmets for sports, recreational, and transportation activities,
 - Safe driving: avoiding impairment by alcohol and drugs, avoiding cell phone use or texting while driving, using seatbelts
 - Clearing hazards that might contribute to falls,²⁶
 - Supervising infants and young children to prevent falls,
 - Avoiding violence, and
 - Avoiding unnecessary roughness in sports and activities.

ThinkFirst Spinal Cord Injury Fast Facts

ThinkFirst also publishes information 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

²⁴ <https://www.thinkfirst.org/facts/81>

²⁵ *Ibid.*

²⁶ *Ibid.*

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spinal cord.”²⁷ Such injuries “can result in lasting motor and/or sensory deficits.”²⁸ 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).
- Average inpatient hospital stays following an SCI is 11 days, followed by an additional 31 days in a rehabilitation center.
- Prevention tips include:
 - Driving safe and sober,
 - Use of seat belts and child seats/restraints,
 - Avoiding violence and assuring firearm safety,
 - Avoiding diving into shallow water,
 - Taking precautions while playing sports, and
 - Clearing hazards that might contribute to falls.²⁹

Brain Basics: Preventing Stroke

The National Institutes of Health’s National Institute of Neurological Disorders and Stroke (NINDS) published *Brain Basics: Preventing Stroke*.³⁰ This publication states that a stroke occurs “when blood circulation to the brain fails. Brain cells can die from decreased blood flow and the resulting lack of oxygen.” “A blockage of a blood vessel in the brain or neck, called an ischemic stroke... is responsible for about 80 percent of strokes.”³¹

The publication indicates that two key steps will lower risk of death or disability from stroke:

- Control stroke’s risk factors, and
- Know stroke’s warning signs.

²⁷ <https://www.thinkfirst.org/facts/458>

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Preventing-Stroke>

³¹ *Ibid.*

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Risk factors include age (with risk increasing with age), gender (men have a higher risk for stroke, but more women die from stroke), race (the age-adjusted incidence of stroke is about twice as high in African Americans and Hispanic Americans as in Caucasians), and family history (family members may have a genetic tendency for stroke risk factors such as hypertension or diabetes).³²

Treatable risk factors for stroke include:

- High blood pressure (hypertension), which is “by far the most potent risk factor for stroke.”
- Cigarette smoking, which “causes about a two-fold increase in the risk of ischemic stroke and up to a four-fold increase in the risk of hemorrhagic stroke.”
- Heart disease.
- Diabetes, which causes “destructive changes in the blood vessels throughout the body, including the brain.”
- Warning signs or history of Transient Ischemic Attack (TIA) or stroke (risk of having another stroke is many times greater if one already has occurred).
- Cholesterol imbalance (excess LDL).
- Physical inactivity and obesity.

NINDS scientists predict that “with continued attention to reducing the risks of stroke and by using currently available therapies and developing new ones, Americans should be able to prevent 80 percent of all strokes.”

Indiana Department of Health: Special Emphasis Report: Fall Injuries among Older Adults, 2018

In 2018, the Indiana Department of Health (formerly ISDH) published *Special Emphasis Report: Fall Injuries among Older Adults, 2018*. 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 2018, 455 Indiana residents aged 65 and older died due to an unintentional fall, and more than 56,000 falls resulted in treatment at hospitals and emergency departments.
- Falls are increasingly becoming an issue, as the age-adjusted rate of fall deaths increased from 32.9 to 45.3 per 100,000 between 2009 and 2018.

³² *Ibid.*

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- Falls are the leading cause of traumatic brain injury (TBI) in Indiana residents 65 years of age and older, accounting for 55 percent of TBI deaths and 53 percent of TBI hospitalizations.
- Of all fall hospitalizations, 54.3 percent were discharged to a skilled nursing facility and 11.9 percent were discharge to rehabilitation units or facilities.

Indiana Department of Health: Special Emphasis Report: Traumatic Brain Injury, 2020

IDOH published *Special Emphasis Report: Traumatic Brain Injury, 2018* to highlight the serious public health issue of Traumatic Brain Injury (TBI). This report included the following information:

- During 2018, more than 33,000 people in Indiana sustained a TBI.³³ In 1,313 cases, TBI was reported as a cause of death. TBI led or contributed to 6,501 hospitalizations and 24,502 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, 56 percent were due to unintentional falls, 23 percent from motor vehicle, and 7 percent due to assault.
- The CDC’s “Heads Up” program provides free tools to help providers, school administrators, and others recognize and respond to a TBI.³⁴

Indiana State Department of Health Division of Trauma and Injury Prevention Injury Prevention Resource Guide

In 2017, ISDH published its Indiana Injury Prevention Resource Guide. Following a public health approach, for ten “injury topics,” the guide (1) describes the problem, (2) identifies causes and risk and protective factors, (3) develops and implements/evaluates prevention strategies, and (4) disseminates information to ensure widespread adoption.³⁵ The injury topics in the guide are:

- Alcohol and Injury,
- Child Maltreatment,
- Distracted Driving,
- Prescription Drug Overdose,

³³ https://www.in.gov/health/trauma-system/files/TBI_Special_Emphasis_Report_2020.pdf

³⁴ <https://www.cdc.gov/headsup/index.html>

³⁵ <https://www.in.gov/isdh/files/Preventing%20Injuries%20in%20Indiana.pdf>

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

- Infant Safe Sleep,
- Older Adult Falls,
- Sexual Violence,
- Suicide Prevention,
- Trauma and Trauma System, and
- Traumatic Brain Injury.

Governor’s Council for People with Disabilities, Five Year Strategic Plan (2022-2026) Draft

The Indiana Governor’s Council for People with Disabilities publishes a strategic plan every five years (State Plan). The 2022-2026 State Plan covers the time period October 1, 2021 to September 30, 2021.³⁶ The plan is currently in draft form. This plan calls for (among other initiatives):

- Goal 1 – Intersectionality and Diversity
 - Identify and address barriers that cause inequities and disparities in access to services and supports resulting from low income, rural/urban status, racial and ethnic identity, sexual orientation, and/or gender identity
 - Ensure that people with disabilities, especially people with the most significant disabilities, have opportunities to make choices that lead to a good life
 - Undertake an initiative to improve the diversity of organizations providing advocacy, supports, and services, as well as internal and external Council programs, grants, and activities
- Goal 2 – Leadership and Advocacy
 - Provide opportunities for skills development and education to people with disabilities, their families, and allies that will improve access to inclusive supports and services and enhance efforts to work with policymakers to advocate for improvements in policies and programs
 - Support *Self Advocates of Indiana* (Indiana’s statewide self-advocate-led organization) and work with them to develop leadership training and to promote self-advocates as respected leaders with influence and knowledge whose input is recognized as a critical resource for state and local organizations in multiple areas of responsibility

³⁶ <https://www.in.gov/gpcpd/state-plan/>

APPENDIX C – SECONDARY DATA ASSESSMENT (INDIANA)

- Goal 3 – Employment
 - Support changes in policy and practice that remove barriers to and promote the opportunity for people with disabilities to achieve competitive, integrated employment as the first and preferred outcome, regardless of the level of disability
 - Support programs to educate various audiences, remove barriers, and promote key concepts that support competitive, integrated employment, including career pathways, model employer policies, transition from school to work, work incentives, and options for self-employment and remote work
- Goal 4 – Home and Community Supports and Health
 - Support changes in how services and supports are provided that ensure people with disabilities have choice and control over their lives and opportunities to access typical community options, explore their interests, and live the lives of their choosing
 - Work to improve health and mental health care services for people with disabilities including providing education on healthy lifestyles, healthcare decision-making, prevention, and wellness; enhancing health care literacy and system navigation; and improving the ability of health care providers to provide respectful services and effective treatment
- Goal 5 – Community Inclusion
 - Conduct activities to promote the public’s understanding and respect for people with disabilities through providing information, training, and outreach to combat ableism
 - Advocate to improve and expand transportation options for people with disabilities, including coordinating services that provide accessibility, reliability, affordability, timeliness, and accountability of transportation providers
 - Support public policy that leads to the expansion of accessible, affordable, housing options, including options for home modifications, home improvements, and smart home technology
 - Work to improve the ability of organizations and communities to provide accessible information including plain language and alternative formats, accessible buildings and infrastructure and accessible programs and services

APPENDIX D – COMMUNITY INPUT PARTICIPANTS

Exhibit 43: Interviewee Organizational Affiliations

Organization or Affiliation
CICOA Aging & In-Home Solutions
Easterseals Crossroads
Indiana Minority Health Coalition
Indiana Supreme Court - Family Violence
Indianapolis Public Schools 109
Marion County Public Health Department
RHI Board of Directors

Exhibit 44: Internal Hospital Meeting Participants

Department or Specialization
Account Executive
Brain Injury Continuum Outreach
Business Development
Care Transitions
Nursing Program
Occupational Therapy
Office of the Chief Executive Officer
Office of the Chief Financial Officer
Patient Navigation
Physical Therapy
Resource Facilitation, Neuropsychology, and the Research and Training Center
RHI Sports Program
Speech Therapy
Strategy and Business Development
Therapy Operations

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 45** lists peer counties for Marion County, IN.

Exhibit 45: CHSI Peer Counties

Marion County, Indiana	
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 (DC)	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.

The impact of the coronavirus (COVID-19) pandemic, a declared national and state public health emergency, has been felt by all individuals on both personal and professional levels. From a community benefit perspective, RHI had to cancel or postpone several of our outreach initiatives for 2020 and 2021. The state of Indiana and RHI coronavirus response requirements have limited or completely prohibited certain interactions between individuals for safety reasons. Schools were forced to shut their doors and students were not allowed to attend in classroom instruction. Our hospital staffing was limited due to many staff members out with COVID related illnesses. As with many hospitals, RHI has (and continues) to experience a high rate of vacancies in our clinical positions leaving less staff available to assist with non-clinical functions such as community benefit opportunities. A number of our community initiatives were forced to be placed on temporary hold because program success is built on in-person interactions. Some of these initiatives include:

- Blessings in a Backsack
- Volunteer Reading Programs
- Drug Takeback for Expired Medications
- Education on Safe Medicine Best Practices
- Community Fitness Program

We look forward to resuming implementation of these targeted initiatives when safe and appropriate or planning other initiatives that both meet significant health needs in the community and follow coronavirus response requirements.

This appendix provides an overview of impacts from RHI’s community benefit activities during 2019-2021 in addressing the identified community health needs and key areas of focus for our hospital since the last CHNA was conducted in 2018.

Obesity and Diabetes

RHI team members involved in the development of the Health and Wellness Program volunteered their time to provide education sessions to 4th through 6th graders at Jonathan Jennings Elementary School 109. These sessions covered education on how physical activity can reduce the risk and prevent Obesity, Type II Diabetes, and Heart Disease. The team members incorporated activities within the education to help the students understand the correlation between different physical activities, activity minutes and steps. The activities

APPENDIX F – Impact Evaluation

consisted of jogging in place, jump rope, and dance. Weekly exercise charts were created and distributed to the students during the education sessions for a 3-month activity challenge with their teachers. The students were instructed to record their daily activity minutes on the chart and turn them in weekly to their teacher. The classroom winners, including teachers, were allowed to wear gym clothes/active wear for one day at the end of each month. In February 2020, 165 pedometers were provided for students and staff to incorporate and monitor steps for the activity challenge.

RHI team members annually volunteered at Shortridge and George Washington High Schools as we partnered with IU Health to provide free sports physicals for IPS students from local schools from 2019 to 2021. Volunteer activities included screening for vision and measuring the height, weight, and blood pressure of 212 students. Because of these collaborative efforts, we have helped many Marion County high school students stay active by passing their physicals that will allow them to participate in sports activities.

RHI Sports Community Fitness Program occurs twice weekly at our main hospital location. In recognizing that an individual with a disability needs to continue leading a healthy lifestyle, RHI makes the therapy gym and specialized equipment available at no cost to all members of the community that have a physical disability. Over the course of 2019 until beginning of March 2020, the program had a total attendance of 850 for the 106 sessions conducted. Due to the COVID pandemic, this program has been placed on hold since March 2020.

Social Determinants of Health

RHI has partnered with Junior Achievement of Central Indiana and numerous industry leaders to support the annual JA JobSparks event. The focus of the annual two-day event is to offer Marion County students insights on what industries interest them, what specific jobs are like, and what education is required to perform them successfully. Research has shown that when a student has a real idea of what they want to do after high school, they are much more likely to stay in school and graduate. While the 2019 event was conducted in-person, the COVID pandemic forced a shift for the 2020 and 2021 events to a student focused, virtual, online platform. Because of the efforts of our employees, we have joined other industry leaders in providing a career “spark” in more than 10,000 Indianapolis students each year by sharing with them our clinical expertise and providing insights into physical, occupational and speech therapy careers.

Over one million people in Indiana face food insecurity, and in Indianapolis the number is approaching nearly 175,000—or more than 18 percent of the population. The federal definition of food insecurity is having limited or uncertain access to adequate food. RHI’s Community Benefit Committee is working with Jonathan Jennings Elementary School to fight food insecurity in our local community by providing backpacks of ready to eat and easy to prepare food to students over extended school breaks. In the months of October, November, and December of 2019, RHI staff delivered a total of 164 backpacks to support students over Fall, Thanksgiving and Christmas breaks.

RHI employees demonstrated commitment to education while participating in the 2019 and 2020 Fall and Winter Volunteer Reading Program sessions at Jonathan Jennings Elementary School

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109. The 8-week sessions were a community benefit initiative that focused on supporting the local school to improve educational opportunities for students. Our volunteers committed to spending an hour each Thursday afternoon assisting teachers and the students that comprise the 2nd and 3rd grade classrooms with reading, journaling, and other lesson planning activities. Among the 4 classrooms, total students were 86 for the Fall 2019 program and 85 for the Winter 2020 program. Reading volunteers truly make a difference. Educational research supports the idea that children who are involved in programs with adult reading volunteers improve their school success including increased school attendance, a major predictor of graduation rates.

RHI was proud to implement the Student Book Gifting Program in 2020 with the 5th and 6th grade students and teachers at Jonathan Jennings Elementary School 109. Research suggests that students who read have increased success both inside and out of the classroom. The focus is to ensure that children, regardless of family income levels, have access to new books that can promote positive home literacy environments, children’s attitudes toward reading, and early literacy skills. RHI purchased a total of 256 new, age-appropriate books for the 82 students and 3 teachers that comprise the 5th and 6th grades at IPS School 109. These are books that they can call their own. Our hospital looks forward to continuing our support of the various reading and educational programs that facilitate academic achievement in Marion County.

In 2021, Team RHI members partnered with Greater Indianapolis Habitat for Humanity to sponsor a day build on the East side of Indianapolis. The goal was to help provide housing to low-income families here in Indianapolis. Our volunteers did an incredible job of working together to successfully perform a number of key activities including painting and caulking. RHI continues to welcome the opportunity to serve our community through our partnership with Habitat for Humanity.

In June 2019, RHI partnered with several local hospitals and health care organizations to co-sponsor the fifth annual “Strike Out Stroke” event at Victory Field. The focus of this event was to educate the public about the prevalence and symptoms of stroke and send the message that quick action in the event of a suspected stroke can save lives. RHI volunteer efforts included distributing promotional giveaways and providing stroke education information to attendees prior to the game. Stroke education information centered on the BE FAST acronym (Balance loss, Eyesight changes, Face drooping, Arm weakness, Speech difficulty, Time to call 911) for identifying acute stroke symptoms. As an added bonus, some previous RHI patients were nominated to participate in throwing out first pitch and doing an in-game interview discussing stroke and recovery for the event.