

Indiana

State Health Assessment & Improvement Plan

Executive Summary
2022-2026



Table of Contents

Letter from the State Health Commissioner	3
Governor's Public Health Commission	4
State Health Assessment Process and Reader's Guide	5
Key Components	11
History & Purpose	
Indiana by the Numbers	14
Demographics	
Crises in the Environment	
Community Engagement Data	37
Community Partner Assessment	
Community Context Assessment	
State Health Improvement 2022-2026 Priorities	40
2022-2026 State Health Improvement Metrics	49
Appendices	54
List of Partner Organizations	
Resource Page	



Letter from the State Health Commissioner

Dear Hoosiers,

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

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

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

Yours in health,



Kris Box, MD, FACOG
State Health Commissioner



KRISTINA BOX, MD, FACOG





Indiana

Public Health Background

Governor's Public Health Commission

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



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



Commission Leadership

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

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

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

Susan Brooks, JD; Citizen Advisor

Commission Members

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

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

Mindy Waldron, REHS; Administrator, Allen County Public Health

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

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

Brian C. Tabor; President, Indiana Hospital Association

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

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

Kim Irwin, MPH; Administrator, Indiana Public Health Association

Mark Bardsley; Commissioner, Grant County

Bob Courtney, CPA; Mayor, City of Madison

Dennis Dawes, MHA; Commissioner, Hendricks County



Readers Guide

Assessment Organization & Statistical Methods

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

Information not included

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

Data displayed and source reference

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

Abbreviations

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

Key Data Notes

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

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

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

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



Health Indicators

Behaviors

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

Morbidity

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

Mortality

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

Demographics

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

Systems

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

Data Presentation within this Plan



Text

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



Tables

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



Quotes

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



Trend Lines

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



Bar Graphs

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



Maps

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

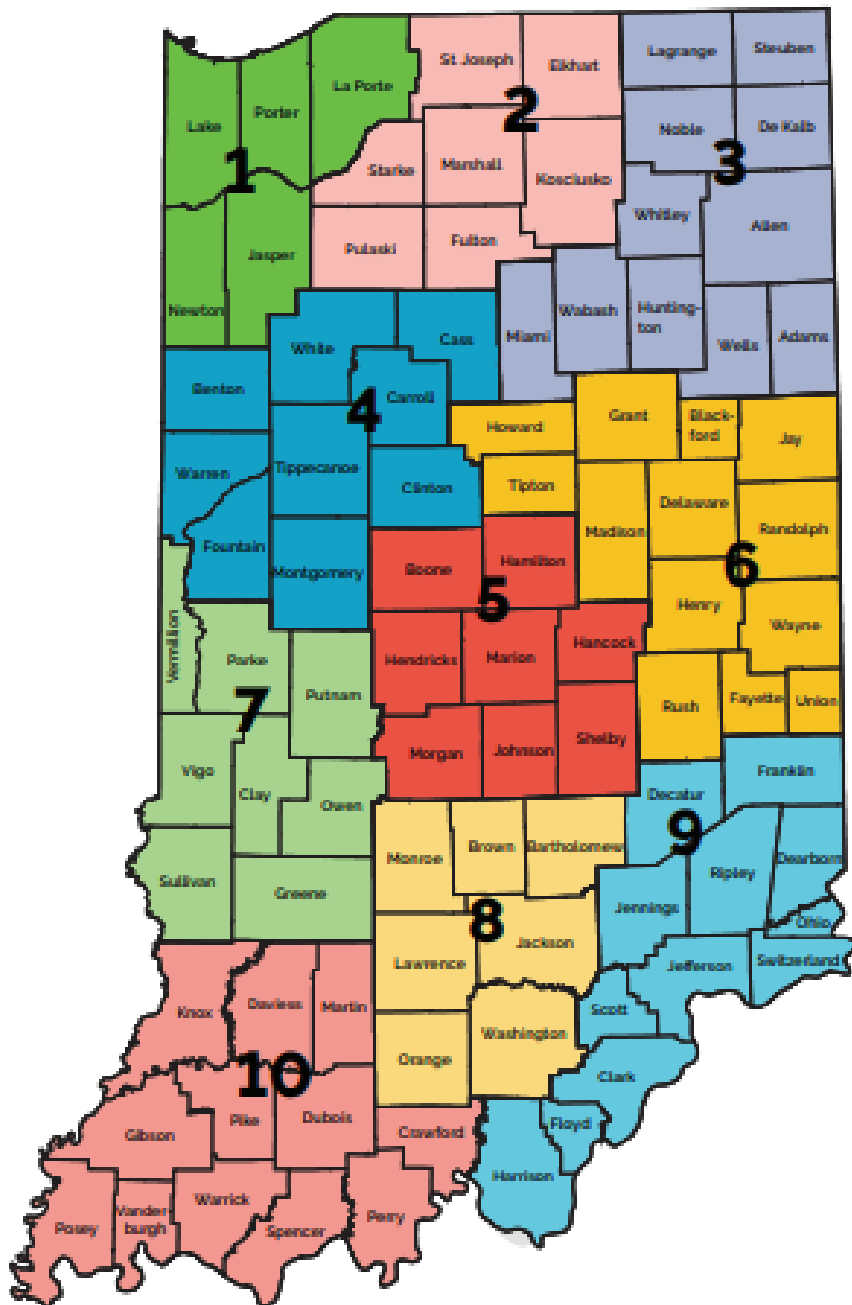


Pie Charts

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

Indiana Emergency Preparedness Districts

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



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

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

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

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

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

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

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

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

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

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

Please use this link for a downloadable file.

Committee Process

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

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

Values



Transparency

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



Equity

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



Sustainability

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



Accountability

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



Access

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



Collaboration

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



Evidence-Based

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

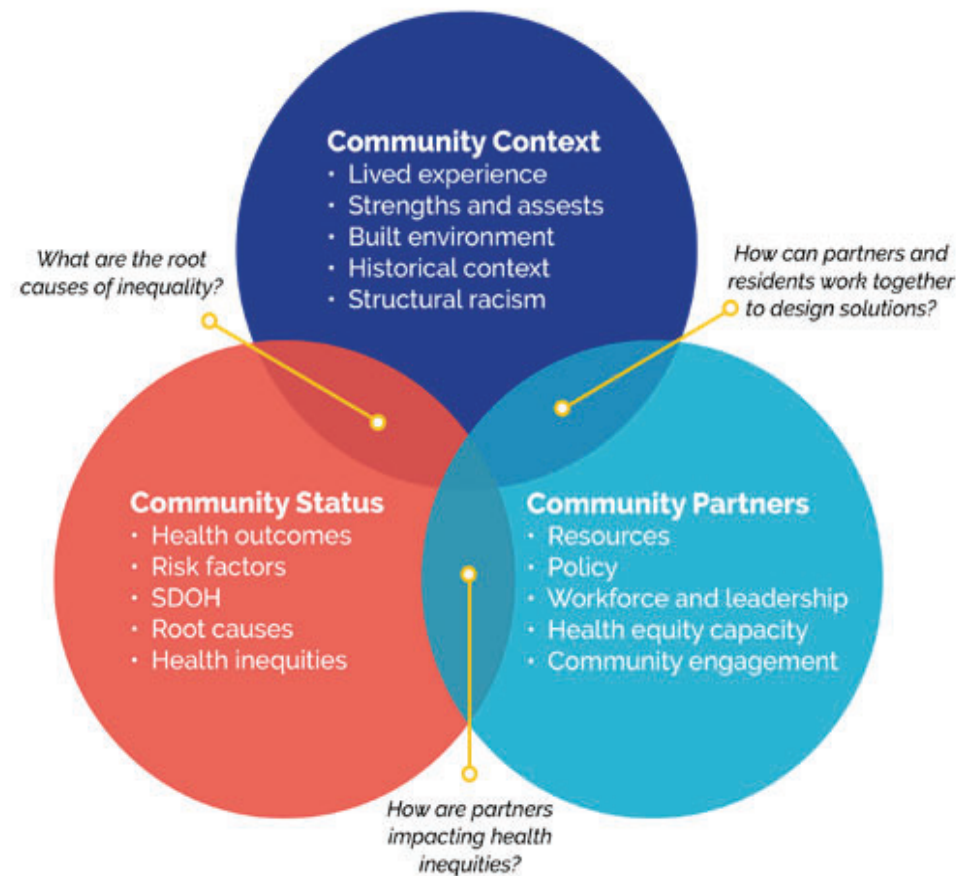
Purpose of the SHA/SHIP Committee

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

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

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

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



Community Status Assessment

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

Community Context Analysis

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



Community Partners Assessment

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



Indiana Health Highlights

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



Severe housing insecurity affects 12.7% of Hoosiers



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



21.3% of homes in Indiana may have Lead exposure risks

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



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



Exercise increased to from 21.1% of adults to 23%



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



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



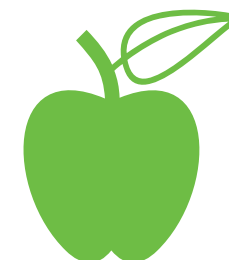
Diabetes increased from 12.4% of adults to 22%



Obesity increased 9% to 36.8% of adults



High prevalence of cigarette smoking affecting 19.4% of adults



Premature death increased 10% to 8,693

Indiana's Ongoing Health Threats

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

1

COVID-19

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

2

Hepatitis C

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

3

Infant Mortality

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

4

Lead

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

5

Obesity

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

6

Opioid Abuse

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

7

Tobacco Use

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

8

Violence

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



Indiana

State Health Assessment

Demographics

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

Domestic Migration

1,323 are attributed to domestic migration

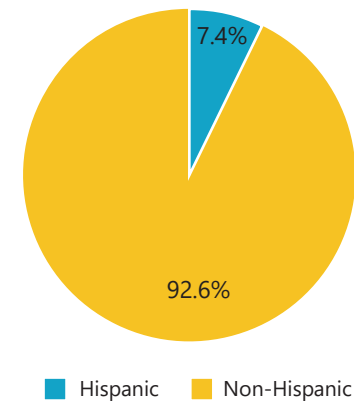
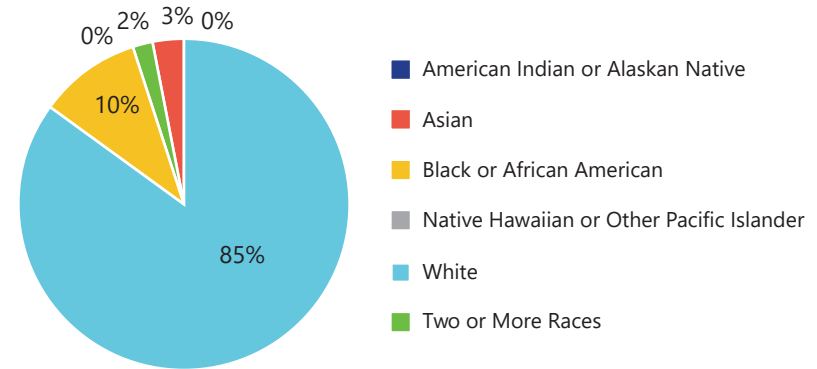
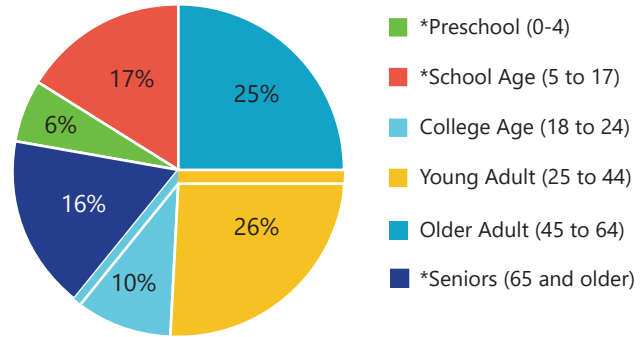
International Migration

8,743 are attributed to international migration

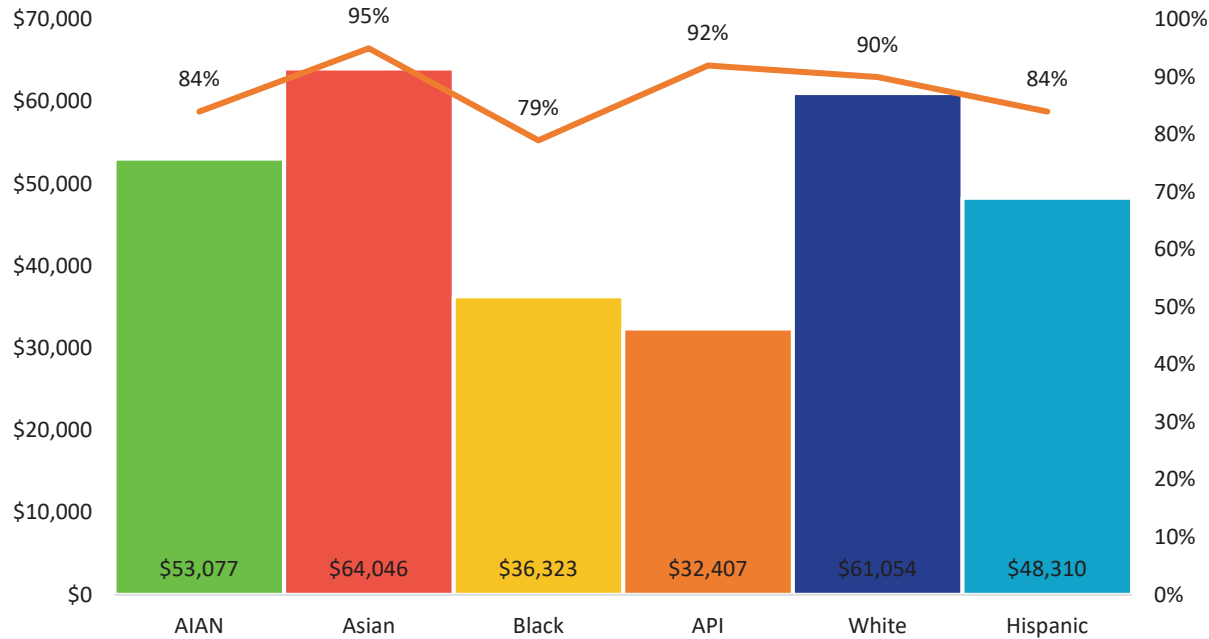
Natural Increases

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

Indiana Age Projections



Graduation Rates x Household Income



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

Robert Lee, M.D.



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

624,959 families participate in SNAP

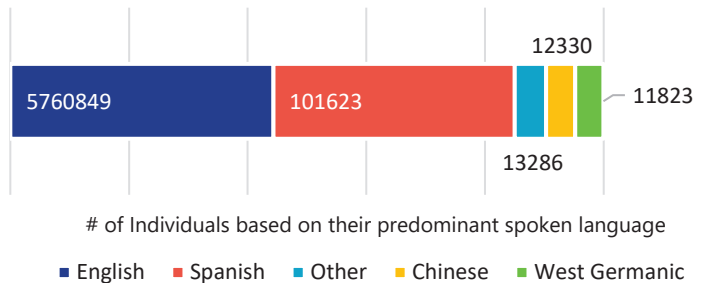
595,717 children receive Free and Reduced Fee Lunch



11.9% of Indiana residents are considered to be in poverty

15.2% of that 11.9% accounts for children under the age of 18

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



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

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



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

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

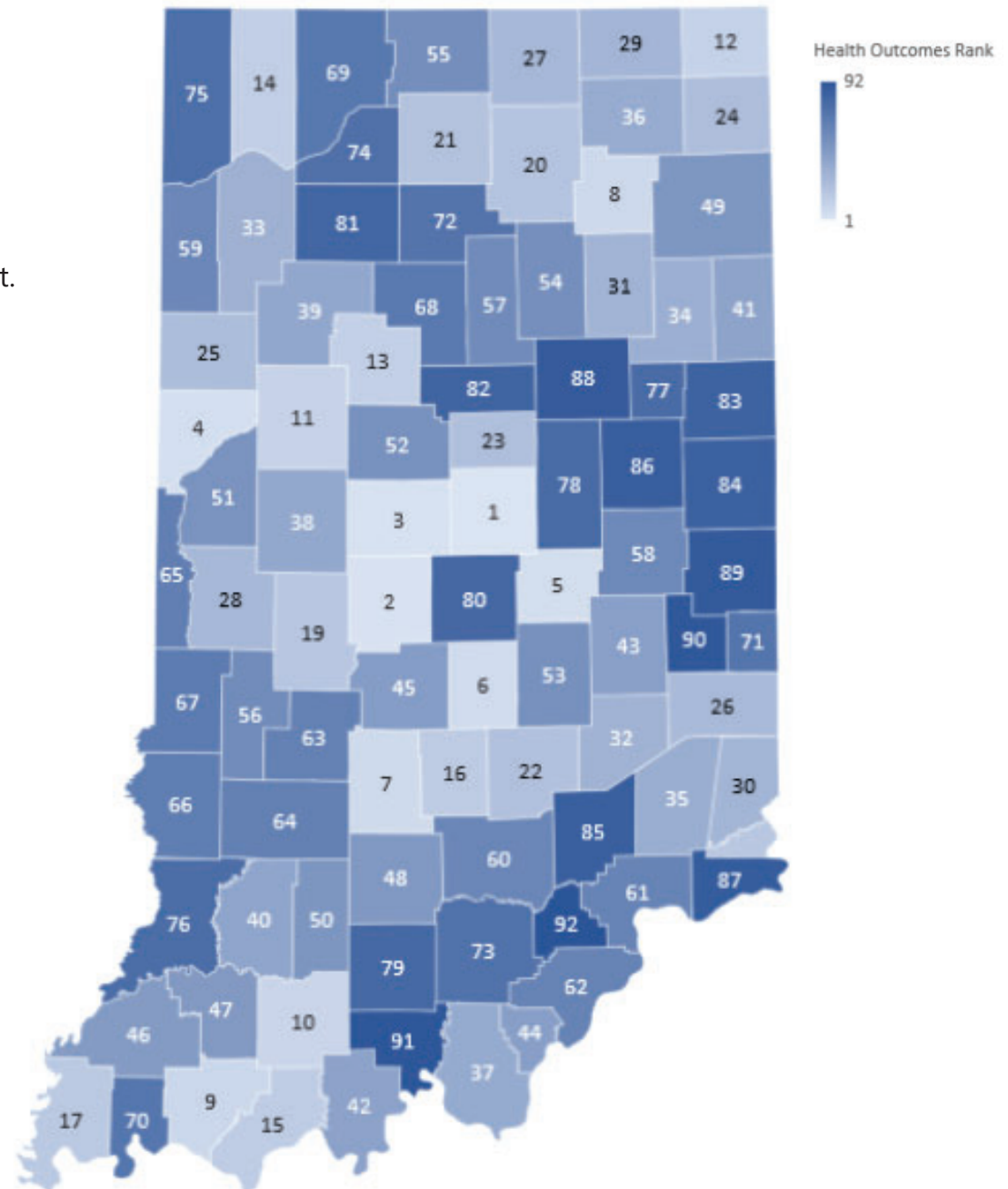
COVID-19 2020 Mortality Rates								
COVID-19	Total Deaths	White	Black	AIAN	API	Hispanic	0-24	
	8,515	7,384	896	14	84	316	9	

County Rankings for Health Outcomes

County Health Rankings conducts an annual analyses of all states and their associated regions which takes into account where Hoosiers live, how much money they make, race and ethnicity, and other preidentified health factors shared [within this report](#). One of the direct results of this assessment is Indiana's county level rankings for health outcomes, with the 2021 results pictured on the right.

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

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

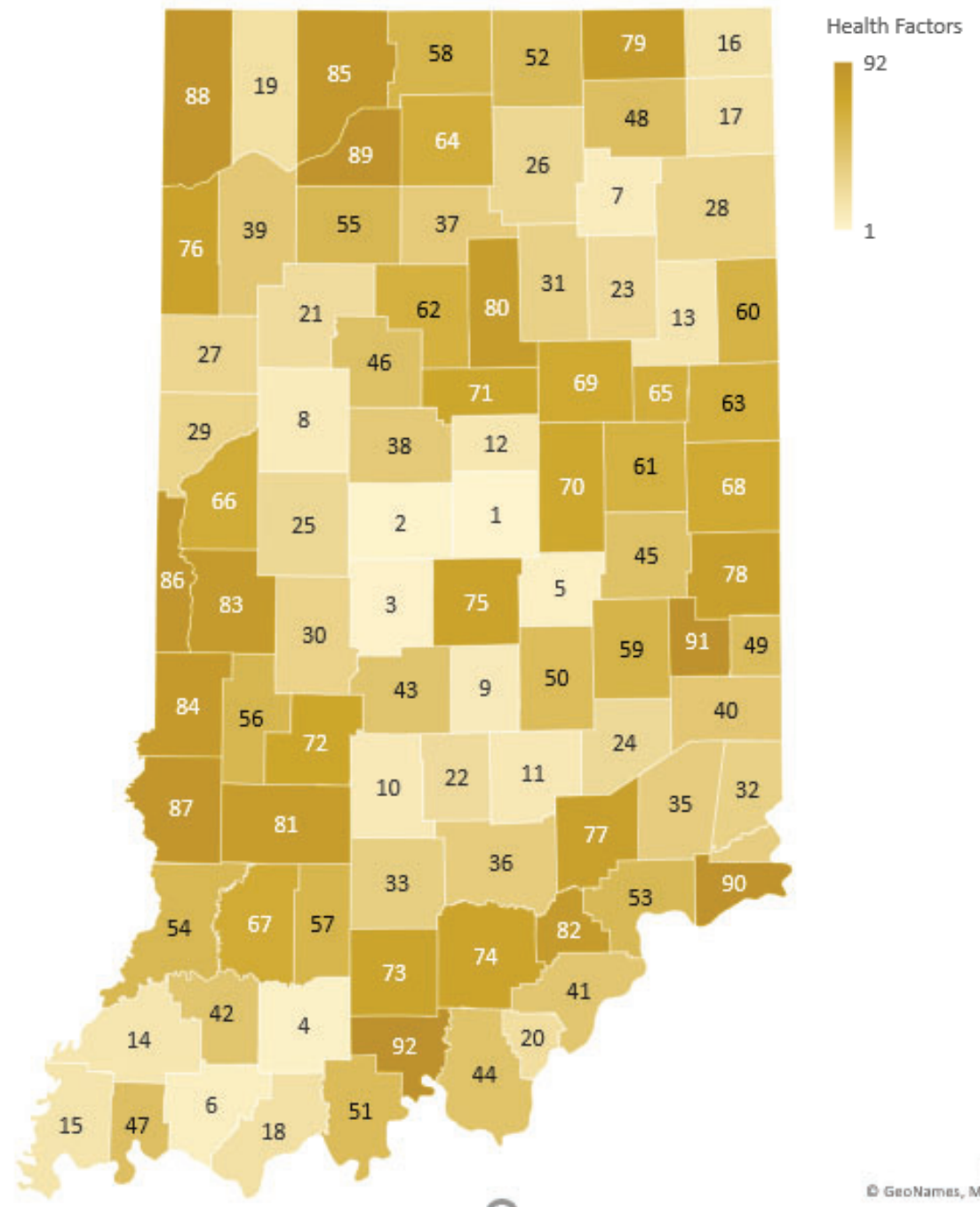


County Rankings for Health Factors

During the County Health Rankings annual review of state data they analyze not only where Hoosiers live but the intersectionality of income, race and ethnicity, and other factors related to Health behaviors, Clinic Care, Social and Economic Factors, and Physical Environment. Individual health factors and their associated data can be found [within this report](#). One of the direct results of this analysis is Indiana's county level rankings for health factors, with the 2021 results pictured on the right.

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

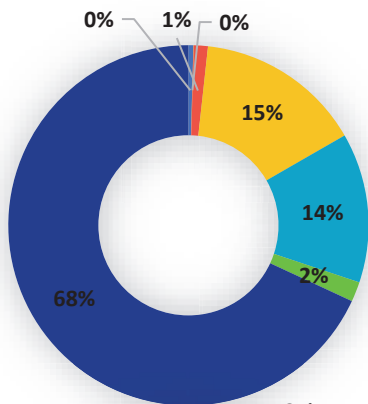
The highest ranked county for Health Factor is Hamilton county and is located in Preparedness District #5. The lowest ranked county is Crawford county in Preparedness District #10.



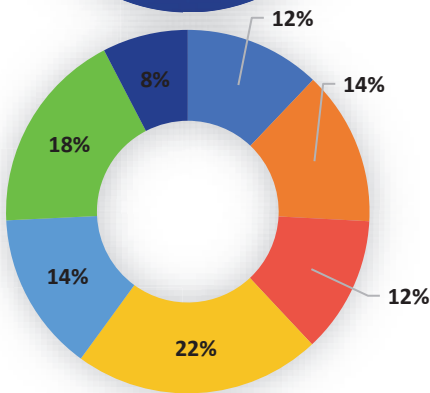
Preparedness District #1



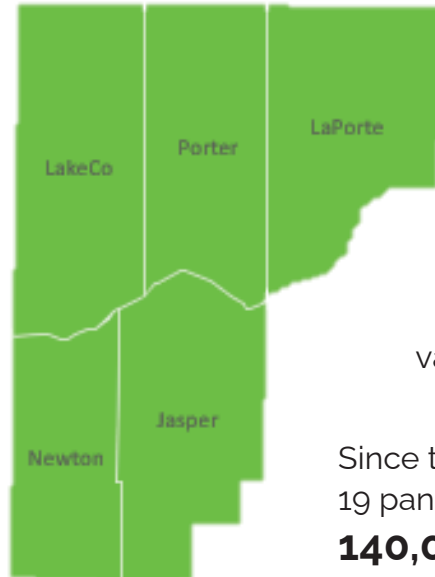
Population Makeup by Race**



Poverty Impact by Race**



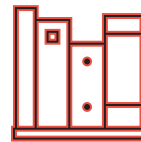
■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White



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

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

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



89% of students are graduating from high school



7% of households do not have access to personal transportation

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

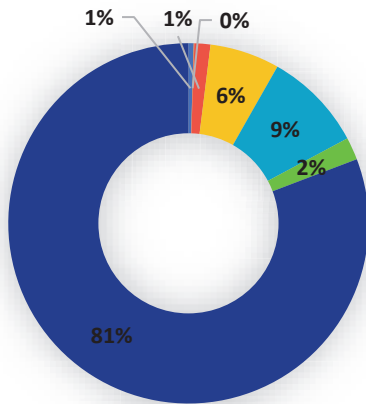
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	2,149	1,687	427	1	15	127
2	Malignant Neoplasms (Cancer)	1,757	1,445	282	3	6	97
3	Accidents (Unintentional Injuries)	576	576	454	104	2	4
4	Chronic Lower Respiratory Diseases	539	539	464	73	0	0
5	Cerebrovascular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

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

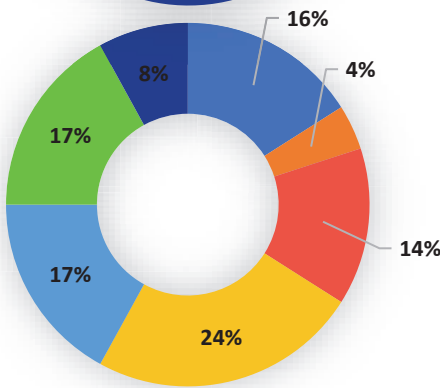
Preparedness District #2



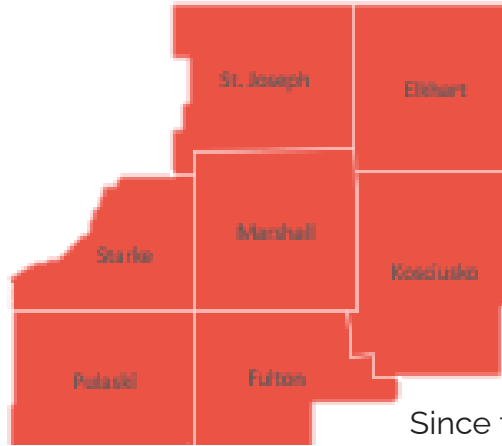
Population Makeup by Race**



Poverty Impact by Race**



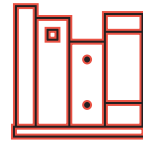
■ AIAN ■ API ■ Asian ■ Black ■ Hispanic ■ Two or More Races ■ White



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

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

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



88% of students are graduating from high school



7% of households do not have access to personal transportation

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

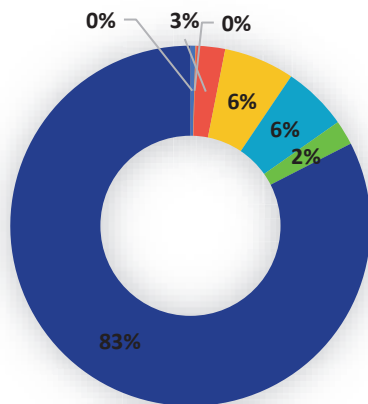
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,459	1,367	81	1	3	31
2	Malignant Neoplasms (Cancer)	1,287	1,191	79	1	4	26
3	Chronic Lower Respiratory Diseases	434	403	29	2	0	4
4	Accidents (Unintentional Injuries)	393	344	42	2	1	15
5	Cerebrovascular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

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

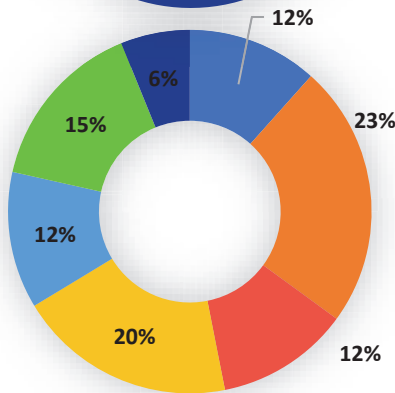
Preparedness District #3



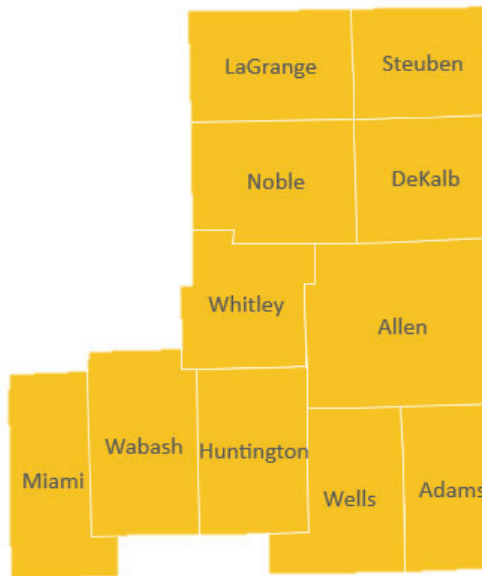
Population Makeup by Race**



Poverty Impact by Race**



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

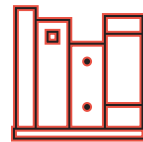


District #3 is located in North-East Indiana and consists of Adams, Allen, DeKalb, Huntington, LaGrange, Miami, Noble, Steuben, Wabash, Wells, and Whitley County

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

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

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



88% of students are graduating from high school



7% of households do not have access to personal transportation

Top 5 Causes of Death

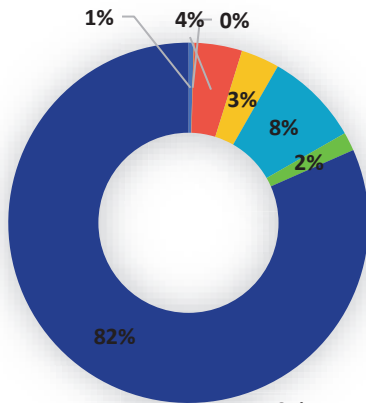
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,562	1,458	87	1	11	22
2	Malignant Neoplasms (Cancer)	1,516	1,414	88	0	13	21
3	Chronic Lower Respiratory Diseases	514	486	21	4	2	3
4	Accidents (Unintentional Injuries)	455	404	37	1	10	24
5	Cerebrovascular diseases	392	364	20	0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

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

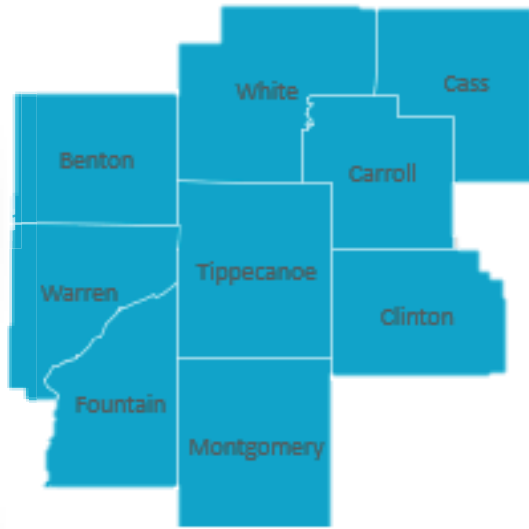
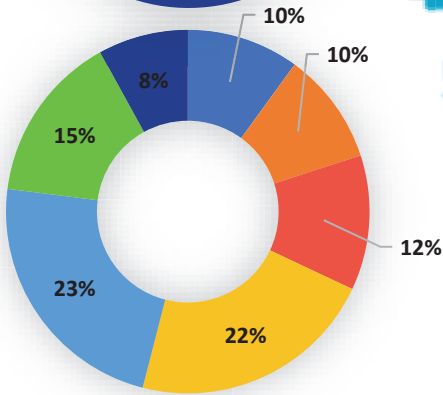
Preparedness District #4



Population Makeup by Race**



Poverty Impact by Race**



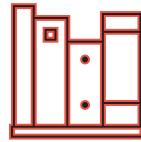
District #4 is located in West Indiana and consists of Benton, Carroll, Cass, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White County with a population of **381,913**

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

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

90% of students are graduating from high school

6% of households do not have access to personal transportation



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

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

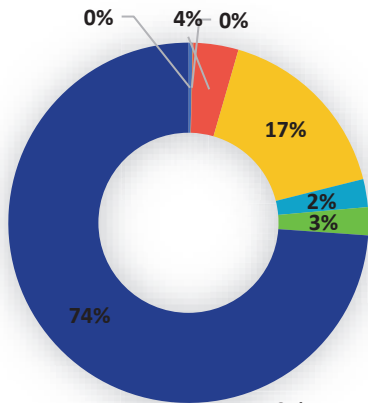
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Malignant Neoplasms (Cancer)	738	720	11	0	3	13
2	Diseases of Heart	737	723	7	0	4	5
3	Chronic Lower Respiratory Diseases	256	252	3	1	0	1
4	Accidents (Unintentional Injuries)	222	207	9	0	3	8
5	Cerebrovascular diseases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

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

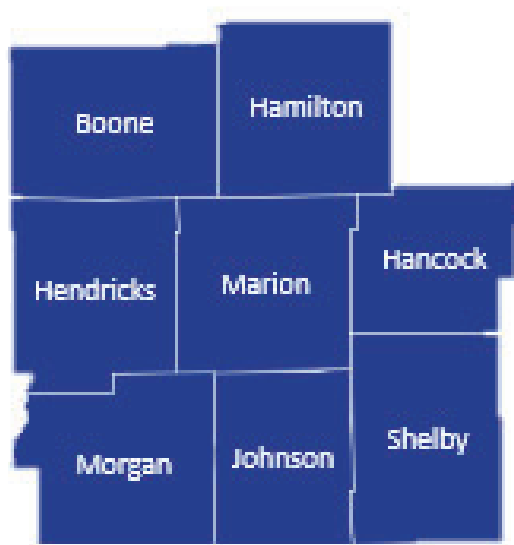
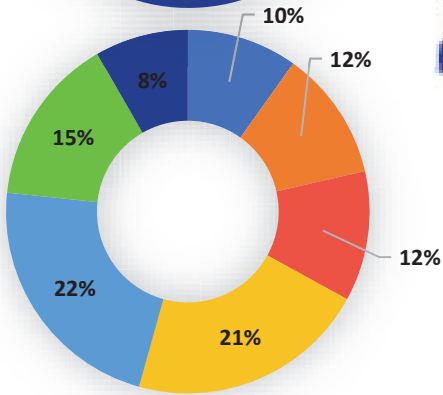
Preparedness District #5



Population Makeup by Race**



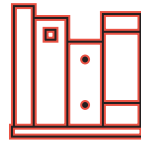
Poverty Impact by Race**



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

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

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



87% of students are graduating from high school



6% of households do not have access to personal transportation

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

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

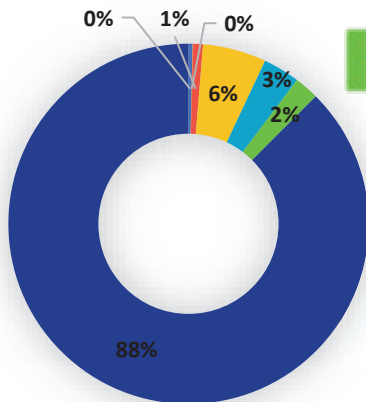
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	3,243	2,675	505	4	26	36
2	Malignant Neoplasms (Cancer)	3,226	2,707	449	1	37	52
3	Accidents (Unintentional Injuries)	1,331	1,002	279	1	17	53
4	Chronic Lower Respiratory Diseases	978	877	95	2	2	7
5	Cerebrovascular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

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

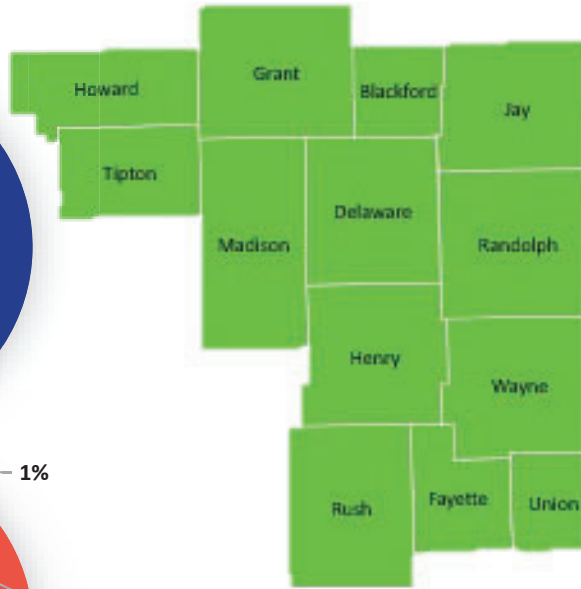
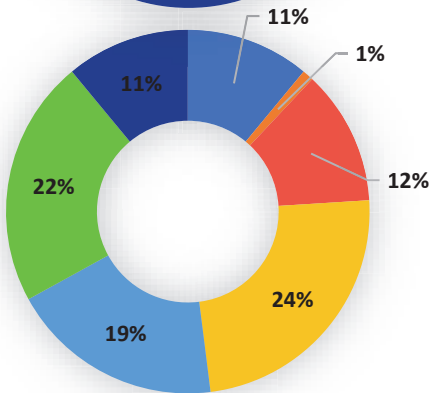
Preparedness District #6



Population Makeup by Race**



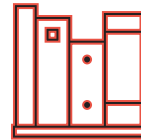
Poverty Impact by Race**



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

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

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



88% of students are graduating from high school



7% of households do not have access to personal transportation

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

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

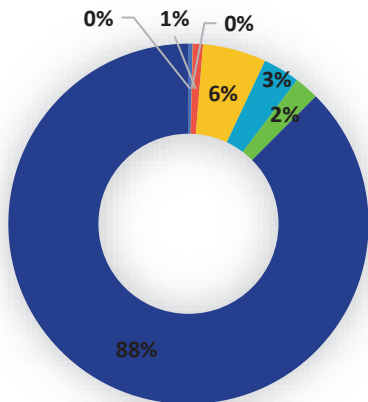
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,852	1,739	97	1	7	11
2	Malignant Neoplasms (Cancer)	1,544	1,480	54	0	5	7
3	Chronic Lower Respiratory Diseases	641	618	21	0	0	3
4	Accidents (Unintentional Injuries)	580	530	44	0	0	6
5	Cerebrovascular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

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

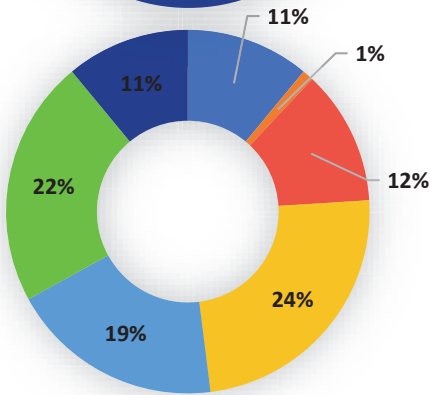
Preparedness District #7



Population Makeup by Race**



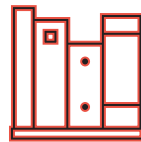
Poverty Impact by Race**



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

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

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



88% of students are graduating from high school



6% of households do not have access to personal transportation

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

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

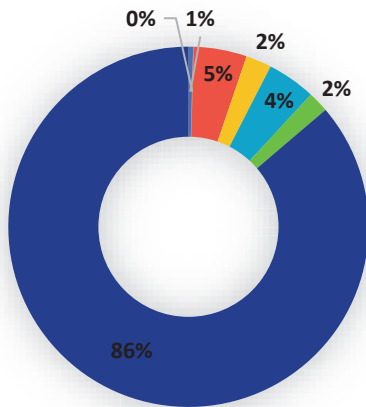
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	853	832	18	0	1	1
2	Malignant Neoplasms (Cancer)	665	651	11	0	1	2
3	Chronic Lower Respiratory Diseases	251	249	2	0	0	0
4	Cerebrovascular diseases	162	161	1	0	0	0
5	Accidents (Unintentional Injuries)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

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

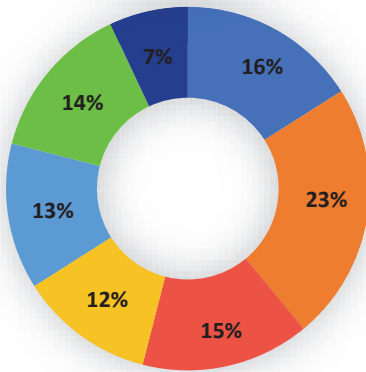
Preparedness District #8



Population Makeup by Race**



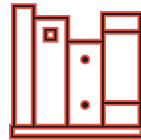
Poverty Impact by Race**



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

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

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



90% of students are graduating from high school



6% of households do not have access to personal transportation

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

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

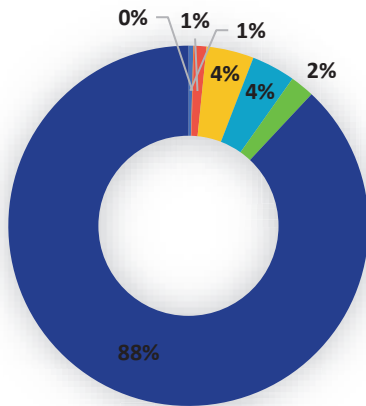
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	856	839	9	0	5	5
2	Malignant Neoplasms (Cancer)	748	731	9	1	6	3
3	Accidents (Unintentional Injuries)	223	213	6	0	2	4
4	Chronic Lower Respiratory Diseases	220	219	1	0	0	0
5	Cerebrovascular diseases	167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

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

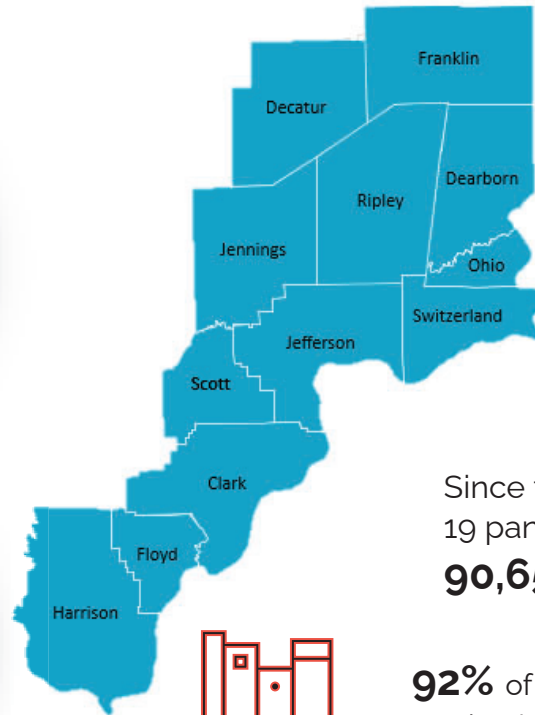
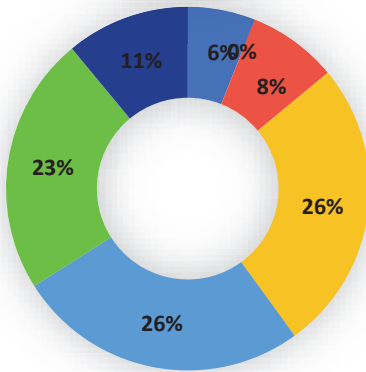
Preparedness District #9



Population Makeup by Race**



Poverty Impact by Race**



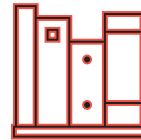
District #9 is located in Southeast Indiana and consists of Clark, Decatur, Floyd, Franklin, Harrison, Jefferson, Jennings, Ohio, Ripley, Scott, and Switzerland County with a population of **466,530**

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

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

92% of students are graduating from high school

5% of households do not have access to personal transportation



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

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

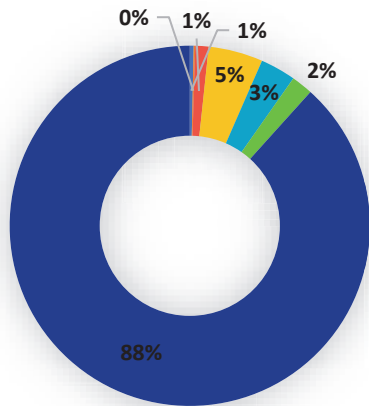
Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	1,149	1,122	21	1	1	5
2	Malignant Neoplasms (Cancer)	1,061	1,041	16	1	0	3
3	Accidents (Unintentional Injuries)	391	366	17	1	0	6
4	Chronic Lower Respiratory Diseases	363	357	6	0	0	0
5	Cerebrovascular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

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

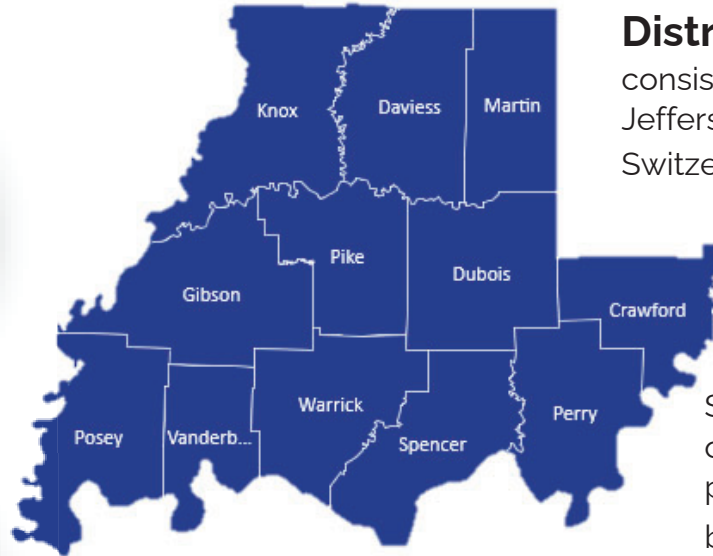
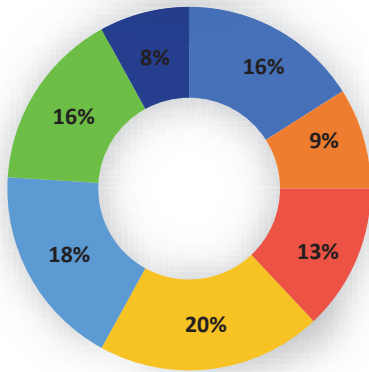
Preparedness District #10



Population Makeup by Race**



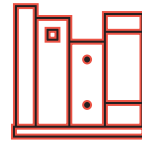
Poverty Impact by Race**



District #10 is located in Southeast Indiana and consists of Clark, Decatur, Floyd, Franklin, Harrison, Jefferson, Jennings, Ohio, Ripley, Scott, and Switzerland County with a population of **466,530**

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

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



88% of students are graduating from high school



7% of households do not have access to personal transportation

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

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

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

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



Indiana

**State Health
Improvement Plan**

2022-2026 State Health Improvement Plan Priorities

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

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

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

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

Social Determinant - Does the issue affect multiple health outcomes?

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

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



Health Outcomes and Risk Factors



Mental Health and Wellness



Family, Women, Infants, and Children



Healthy Aging



Public Health Systems and Workforce



Social Determinants of Health

Goal 1: Increase Hoosier's Access to Care

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

Objectives:

Ensure individuals have access to health insurance

Connecting individuals to the care

Expand alternative options to care

Collaboration of programs and wrap services

Strategies:

Identify primary care providers "deserts"

Decrease time to access primary and specialized care

Increase opportunities for telehealth

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

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

Expand number of mental health providers and services

Increase placement of eligible Hoosiers for Medicaid coverage including comprehensive services

Build upon collaboration of services or wrap services

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

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

Strategies Continued:

Increase mental health screenings of mothers during prenatal and perinatal care

Ensure community health workers and patient navigator services are reimbursable

Increase access to adequate insurance coverage for substance use disorder treatment

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

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

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

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

Objectives:

Communicate with patients effectively and in a culturally competent manner

Increase awareness of existing programs

Ensure accurate and timely communication

Strategies:

Increase translation and interpretation services statewide

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

Conduct a campaign on identifying health misinformation

Increase patient self-management education

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

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

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

Raise awareness of elder abuse

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

Goal 3: Promote Preventative Care and Overall Health for Hoosiers

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

Objectives:

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

Increase intake of fruits and vegetables

Increase vaccination rates in children and adults

Increase the use of primary care physicians

Decrease the number of suicides

Decrease those struggling with substance abuse

Strategies:

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

Expand incentives and coverage for screenings and services

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

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

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

Expand integrative mental health models

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

Provide access to professional and peer support for breastfeeding

Increase the number of fresh food options in Indiana

Increase breastfeeding rates and increase access to breastfeeding friendly environments

Goal 4: Bolster Community Connections and Built Environment

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

Objectives:

Improve air quality

Build more emotional and mental health supports in communities

Increase water quality

Decrease lead exposure

Increase physical activity

Support aging Hoosiers

Increase high school graduation rates

Strategies:

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

Increase public safety for trails and other outdoor spaces

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

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

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

Educating family and the public about the impact of disease on elderly populations
Connecting families to supports while caring for elderly family members

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

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

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

Goal 5: Expand Public Health Infrastructure Capacity

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

Objectives:

Enhance emergency preparedness and response

Increase awareness and support for mental wellness in our first responders

Build upon collaborations and alignment with joint efforts

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

Strategies:

Train providers in trauma-informed care

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

Build the capacity of the Indiana Law Enforcement Academy and Indianapolis Metropolitan Police Department Behavioral Health Unit

Identify champions across service areas to raise awareness of social work and case management services and needs

Provide cultural competence training for the public health system

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

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

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

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

Increase state funding for local health departments

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

Objectives Continued:

Increase funding and investment throughout Indiana for public health activities

Sharing complete, accurate, and timely data

Increase workforce capacity on data access, analysis, and resources

Strategies Continued:

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

Increase social determinants of health data at a community-level

Build a better health equity surveillance system

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

Increasing the number of health departments with an emergency operation plan

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

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

Make public health system partners aware of existing plans

Increase support and care for first responders and medical professional

Create communication plans of statewide and local strategies

Implement and hold regular meetings and measure current plans

Establish train-the-trainer models inside agencies

Increase the diversity of the Indiana public health workforce

State Health Improvement Plan Metrics

Access to care:    

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

Health Outcomes   

Metric	Baseline Metric (Date)	Data Source
Decrease the number of Alzheimer Disease deaths (per 100,000)	2,799 (2020)	IDOH Vital Records
Decrease the number of asthma related deaths (per 100,000)	1.2 (2020)	IDOH Vital Records & Division of Chronic Disease
Decrease the number of cerebrovascular disease deaths (per 100,000)	3,308 (2020)	IDOH Vital Records
Decrease the number od chronic liver disease and Cirrhosis (per 100,000)	1,139 (2020)	IDOH Vital Records
Decrease the number of Covid-19 deaths (per 100,000)	8,515 (2020)	IDOH Vital Records
Decrease the percent of inpatient hospitalizations (age-adjusted incident rate per 100,000)	3.6 (2020)	IDOH Division of Chronic Disease
Decrease the number of individuals diagnosed with HIV/AIDS (per 100,000)	448 (2019)	Census Bureau
Decrease the number of males diagnosed with HIV/AIDS (per 100,000)	361 (2019)	Census Bureau
Increase the number of counties that provide harm reduction services	12 (2021)	HIV/STD
Increase the number of counties that provide syringe service programs	9 (2021)	HIV/STD
Decrease the number of deaths related to "any" opioid overdose (per 100,00)	816 (2020)	IDOH Overdose Prevention
Decrease the number of deaths related to a synthetic opioid (per 100,000)	703 (2020)	IDOH Overdose Prevention
Decrease the number of deaths related to alcohol (per 100,000)	791 (2019)	Stats Explorer
Decrease the number of deaths related to opioid pain reliever (per 100,000)	783 (2020)	IDOH Overdose Prevention
Reduce accidental deaths for teens and young adults (ages 0-24, per 100,000)	502 (2020)	IDOH Vital Records
Reduce the number of cancer related deaths (per 100,000)	13,645 (2020)	IDOH Vital Records
Reduce the number of chronic lower respiratory disease related deaths	4,527 (2020)	IDOH Vital Records
Reduce diabetes mellitus mortality (per 100,000)	2,446 (2020)	IDOH Vital Records

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

Infrastructure   

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

Social Determinants of Health 

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

Preventative Care 

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

Appendix I: State Health Committee Partner Organizations

Thank you for your participation!

American Health Association

Blackford County Health Department

Bowen Center for Health Workforce Research and Policy

BraunAbility

Building Healthy Military Communities

Cardiovascular Disease and Diabetes Coalition of Indiana

Clark County Health Department

Connections IN Health

Decatur County Health Department

Elkhart County Health Department

Fisher's Health Department

Floyd County Health Department

Family Social Services Administration (FSSA)

Goodwill Industries of Michiana Nurse-Family Partnership of Northern Indiana

Goodwill of Central and Southern Indiana

Greene County Health Department

Hamilton Southeastern Schools

Harrison County Health Department

Health by Design

Healthier Moms and Babies

Henry County Health Department

Home Healthcare Workers of America

Hoosier Health and Wellness Alliance

Indiana Alliance of YMCAs

Indiana Association of School Nurses

Indiana Cancer Consortium

Indiana Clinical and Translational Sciences Institute (CTSI)

Indiana Department of Education

Indiana Department of Health (Various Divisions and Programs)

Indiana Health Information Exchange

Indiana Joint Asthma Coalition

Indiana Medicaid

Indiana National Guard

Indiana Public Health Association

Indiana University

Indiana University – Kokomo

Indiana University Health

Indiana University Health Community Health Team

Indiana University Health Bloomington

Indiana University- Fairbanks School of Public Health

Indiana University School of Public Health – Bloomington

Indiana University Simon Comprehensive Cancer Center

Indiana WIC

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

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

Appendix II: Resources

Age-Friendly Communities: Fort Wayne

Age-Friendly Communities: Indianapolis

America's Health Rankings 2020 Annual Report

Community Health Priorities: Rural Indiana 2020

Covid-19 Impact Survey: 2021 Indiana Results Report

Foster Success 2021-2023 Strategic Plan

Foster Students in Indiana 2020

Health by Design 2020 Plan

Healthy People 2030

Household Food Security in the United States in 2019

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

Indiana Birth to 5 Strategic Plan 2020-2022

Indiana Child and Family Services Plan 2020-2024

Indiana Community Needs Assessment 2018 Report (IHCDA)

Indiana Department of Transportation 2019 Strategic Plan

Indiana Family and Social Services Administration 2017

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

Indiana Health Coverage Programs 2021 Quality Strategy Plan

Indiana Indicators

Indiana Peer Support Strategic Plan 2020

Indiana's Public Health Commission

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

Indiana State Sexual Violence Primary Prevention Plan 2016-2020

Indiana Stats Explorer

Indiana STEM 2019-2025

Indiana Tobacco Control Strategic Plan 2021-2025

Indiana Youth Survey 2020

Preparing for the Future: Indiana's Preschool Development Grant

State of Indiana Prevention Strategic Plan SFY2019-SFY2023

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

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

Title V Block Grant Needs Assessment: MCH and CSHCS

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