The Interagency State Council on Black and Minority Health 2019 Annual Report

Presented by
The Interagency State Council on Black and Minority Health Members
November 1, 2019

2019 Interagency State Council on Black & Minority Health

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Black and Minority Health

IC 16-46-6

Chair: Lynne Griffin, American Heart Association

November 1, 2019

The Interagency State Council on Black and Minority health was established to identify and address health disparities, their impact upon the state of Indiana, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations. The Interagency State Council on Black and Minority Health seeks to establish and maintain collaborative efforts with key strategic institutions and community based organizations in order to our desired goal of improving the health the racial and ethnic minorities within the state.

In addition to identifying and addressing health disparities, the Interagency Council is charged with the development of an Annual Report that highlights priority state health concerns, identifies Indiana's health rankings, and provides policy and systems recommendations for improving the state of pubic and minority health across Indiana.

The Interagency Council encourages the legislative body to review this annual report and embrace it as an information and helpful tool in addressing health related issues in the state of Indiana. This report also may serve as a resource guide in addressing health disparities, related social determinants of health and gaps in services and policies that impact that health of residents within our state.

Respectfully,

Lynne Griffin, MSW

Chairperson

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Joint Rules
Rules & Legislative Procedure
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November 1, 2019

Dear Colleagues:

Before you is a copy of this year's annual report of the Interagency State Council on Black and Minority Health. Governed by State Statute, IC 16-46-6, the Interagency State Council on Black and Minority Health was legislatively introduced by Representative Charlie Brown and enacted into law in 1993. It's our honor to serve as members of this important initiative.

I would like to encourage you to take time to review the following report. The report provides recommendations that members of the council believe to be important in addressing some of the many disparities that continue to plague communities of color throughout Indiana, such as infant and maternal mortality highlighted by this year's report.

Thank you for your review and consideration of this document and the important information contained therein.

Sincerely,

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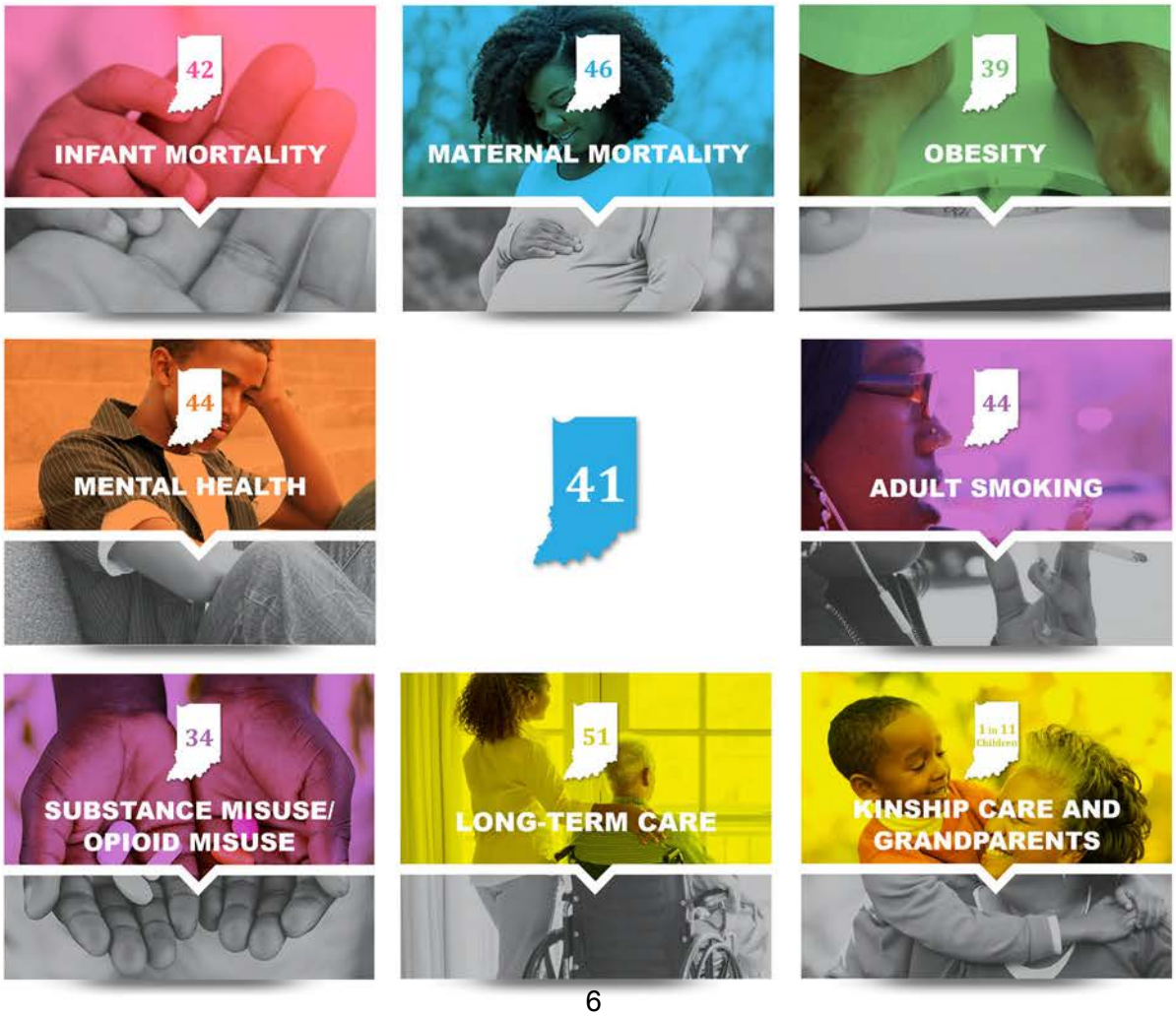
Health Data

The data in the 2019 Interagency State Council on Black and Minority Health Annual Report focuses on infant and maternal mortality, obesity, mental health, substance misuse, opioid misuse and adult smoking, long-term and kinship care. This report identifies areas of health disparities and includes recommendations to reduce the health gaps and increase health equity in the above mentioned areas.

When we work to improve the health of racial and ethnic minorities in Indiana, we improve the health of all of Indiana. According to the 2018 America's Health Rankings, Indiana ranked **41** out of 50 states (1 being the best and 50 being the worst) for all health outcomes. This is a decrease in ranking from 38 in 2017.



Indiana ranks **42**nd for infant mortality. Infant mortality is the death of a baby before his or her first birthday. When socioeconomic status and education are accounted for, infant mortality rates among Blacks remain significantly higher than Whites. Black infants (15.3 infant deaths per 1,000 live births) are more than twice as likely to die during infancy compared to White infants (5.9 infant deaths per 1,000 live births) Currently, the leading causes of infant mortality are perinatal risks, congenital abnormalities, sudden unexplained infant death, and accidents.

Infant Mortality by Race and Ethnicity, Indiana 2008 - 2017

Year/Population	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total Population	6.9	7.8	7.5	7.7	6.7	7.1	7.1	7.3	7.5	7.3
White	5.5	6.4	6.0	6.9	5.5	5.8	5.9	6.3	6.4	5.9
Black	14.9	16.1	14.7	12.3	14.5	15.3	14.7	13.2	14.4	15.3
Hispanic	7.8	7.4	8.6	7.4	8.1	7.3	7.7	8.5	9.0	7.6

*Hispanics can be of any race
Deaths per 1,000 live births

Healthy People 2020 Infant Mortality Objective:
Reduce the rate of infant mortality to 6.0 infant deaths per 1,000 live births.

Causes of Infant Mortality by Race, Indiana 2017

Perinatal Risks	All: 47.3%	Black: 52.1%	White: 45.3%
Congenital Malformations	All: 18.1%	Black: 10.3%	White: 20.7%
SUIDS	All: 16.6%	Black: 24.8%	White: 14.1%
Assaults and Injuries	All: 4.0%	Black: 4.2%	White: 4.1%
All Other	All: 14.0%	Black: 8.5%	White: 15.3%

Source: Indiana State Department of Health, Office of Minority Health, September 2019.
Original Sources: Indiana State Department of Health, Indiana Mortality Report, State and County Data 2017. Published November 2018. Retrieved from www.in.gov/isdh/19096.htm on September 6, 2019.

The Interagency Council has listed recommendations to improve infant mortality below:

- Increase programs like Speak Life, which advocate for mothers throughout the duration of pregnancy and up to 1-Year.
- Recognizing rights of mothers during their pregnancy and birthing process.
- Recognizing the birth plan of mothers.
- Increase partnerships between physicians, midwives, and doulas.
- Increase funding to support an infant mortality initiative targeting Black mothers, their babies and their social supports.
  - Convene a stakeholder group to develop and implement an Indiana specific Black Infant Mortality Reduction Campaign.
- Expand the availability and utilization of racial/ethnically diverse doulas in order to improve birth outcomes and post-care outcomes for infants.
- Provide continuity of care, including post-partum care for pregnant mothers on Medicaid.

Maternal mortality in Indiana is ranked **46**th in the United States and is among the top 10 states for poor maternal health outcomes. Maternal mortality is defined as the death of a woman while pregnant or up to 42 days after the end of pregnancy from health problems related to pregnancy. The leading causes of maternal mortality are cardiomyopathy, cardiovascular disease, preeclampsia, eclampsia, and embolism. Similar to infant mortality, maternal mortality plagues minority populations, more specifically Blacks at significantly higher rates, regardless of education and socioeconomic status.

Maternal Mortality by Race for Indiana, 2018

- Black women 53.4 deaths per 100,000.
- White women 41.6 deaths per 100,000.
- Total women in Indiana 41.4 deaths per 100,000.

Source: America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 09/11/2019.

Healthy People 2020 Maternal Mortality Objective: Reduce the rate of maternal mortality to 11.4 maternal deaths per 100,000 live births.

The Interagency Council has listed recommendations to improve maternal mortality below:

- Standardize maternal mortality and morbidity data collection across states, and authorize a designated federal agency to aggregate those data.
- Empower an existing federal agency to provide technical guidance and publish best shared maternal mortality and morbidity prevention practices.
- Authorize evidence-based national obstetric emergency protocol and best practices to save mothers' lives.
- Expand healthcare coverage through the full post-partum period for women who have given birth.

Obesity continues to plague the United States and Indiana is among one of the states with the highest rates. Currently, Indiana ranks **39**th for adult obesity.

Source: America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 10/21/2019.

In 2018, 34.1 percent of Indiana's adults were considered to be obese based on a BMI of >=30 calculated from self-reported height and weight. The prevalence of obesity varies by race, ethnicity , and gender..

- The prevalence of obesity among Black adults was 39.4% compared to White (33.6%) and Hispanic adults (39.3%).
- Black adult females (46.7%) had the highest prevalence of obesity.

Source: Indiana State Department of Health, 2018 Indiana Behavioral Risk Factor Surveillance System Accessed on October 21, 2019 from www.brfss-isdh.opendata.arcgis.com/pages/2018.

Healthy People 2020 Adult Obesity Objective:
Reduce the percent of adults who are obese to 30.6 percent.

The causes of obesity are a mixture of predispositions, food access, genetics, stress, and behavioral choices. There are communities in Indiana that have distant grocery stores or no grocery stores at all, or there are inequities of healthy food options. Low-access areas or food deserts are most commonly found in communities of color and low-income communities. They will likely have increased chronic health conditions and premature death.

Minorities and underserved populations need safer communities that provide opportunities to be active, including places to walk or be active outdoors. In 2015, less than 50% of Indiana adults met moderate physical activity recommendations. Research shows that people who live in car-dependent environments walk less, weigh more and suffer from related chronic diseases such as high blood pressure..

Source: Indiana State Department of Health, Division of Nutrition and Physical Activity.
Retrieved from www.in.gov/isdh/25141.htm.

The Interagency Council has listed recommendations to improve obesity below:

- Increase access to healthy and affordable food to all Indiana residents.
- Increase the number of farmers' markets statewide that accept Supplemental Nutrition Assistance Program (SNAP).
- Standardize the quality of food within all areas.
- Increase Healthy Food Financing Initiatives (HFFIs) that use financial incentives like tax credits, loans, grants, and development initiatives to attract supermarkets and other healthy food retailers to underserved areas.
- Establishment of a chronic disease registry

According to Mental Health America, Indiana ranks **44**th for adults with any mental illness. This ranking is an improvement over previous years. However, the stigma and accessibility of services continues to remain an issue.

Mental health access is defined as access to insurance, access to treatment, quality and cost of insurance and special education about mental health. If accessibility is low or non-existent, care and treatment become barriers to health. In Indiana, mental health providers are limited and currently, there is only 1 mental health professional per 500 people in the total population, and 1 mental health professional per 3,002 Black people.

Source: Maxey, Hannah L. and Norwood, Connor W. Indiana University School of Medicine, Department of Family Medicine, Health Workforce Studies Program, Policy Report, November 2014. Retrieved from www.in.gov/children/files/cisc-2014-1119-2012-Indiana-Mental-Health-Workforce-Report.pdf on September 26, 2018.

Barriers to accessing care exclude and marginalize individuals with a great need. These include the following:

1. Lack of insurance or inadequate insurance.
2. Lack of available treatment providers.
3. Lack of available treatment types (inpatient treatment, individual therapy, intensive community services).
4. Insufficient finances to cover costs – including, copays, uncovered treatment types, or when providers do not take insurance.

Source: www.mentalhealthamerica.net/issues/mental-health-america-access-care-data.

Nearly one quarter, 24.0% of adults in Indiana with a mental illness report they are not able to get the treatment they need, which shows an increasing disparity. www.mentalhealthamerica.net/issues/ranking-states.

Indiana ranks **22**nd for access to care for adults with mental illness. "The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance access to special education and workforce availability."

- 9.5% of adults in Indiana with any mental illness are uninsured.
- 53.8% of adults in Indiana with a mental illness received no treatment.
- One quarter, 25.2% of adults in Indiana with a mental illness report that they have unmet treatment needs.

Source: www.mentalhealthamerica.net/issues/ranking-states.

The Interagency Council has listed a recommendations to improve mental health below:

- Establishment of Unified data collection system inclusive of Department of Corrections, Department of Education and Department of Children Services.
- Reimbursement rate for mental health providers equal to physical health.
- Equal reimbursement rate for mental health providers.
- Improve inclusive tiered qualifications for mental health providers including revised licensing and QMHC provider credentials and qualifications.
- Funding for mental health access to care.
  - Develop a lay mental health support program that expands the capacity of mental health services offered to communities throughout Indiana or create a specialty focus for community health workers that would be reimbursable through insurance.
- Reduce stigma and increase education and awareness.

Indiana ranks **44**th for adult tobacco use and it is the most preventable cause of premature death in the United States. Tobacco use is responsible for approximately 30% of the all diagnosed cancers.

Source: America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 10/21/2019.

In 2018, 21.1% of adults in Indiana were current smokers. Smoking was higher among adult males (23.4%) compared to adult females (18.9%). The smoking prevalence among Black (20.8%) and White adults were similar. The current smoking prevalence among Hispanic adults (12.9%) was significantly lower.

Smoking is most prevalent among the following groups of adults:

- Black males (29.2%).
- Individuals 45-54 years of age (27.5%).
- With annual household incomes less than $15,000 annually (40.0%).
- With less than a high school education (38.4%).

Source: Indiana State Department of Health, 2018 Indiana Behavioral Risk Factor Surveillance System
Accessed on October 21, 2019 from www.brfss-isdh.opendata.arcgis.com/pages/2018.

Healthy People 2020 objective related to current cigarette smoking among adults:

Reduce percent of adults aged 18 years and older were current cigarette smokers to 12.0 percent.

The Interagency Council recommends changes to policies and increasing of tobacco cessation education below:

- Implement policies, systems, and environmental changes to minimize tobacco use.
  - Support the tobacco tax increase and create equitable taxation on all tobacco products.
  - Increase municipal and local smoke-free policies.
- Increase healthcare systems that have integrated the Indiana Quit Line referrals in electronic medical records in hospitals.
- Provide education for Indiana counties with the highest prevalence of tobacco use.
- Educate physicians, nurses, pharmacists, and other healthcare providers on tobacco cessation treatments for tobacco users, including pregnant women.

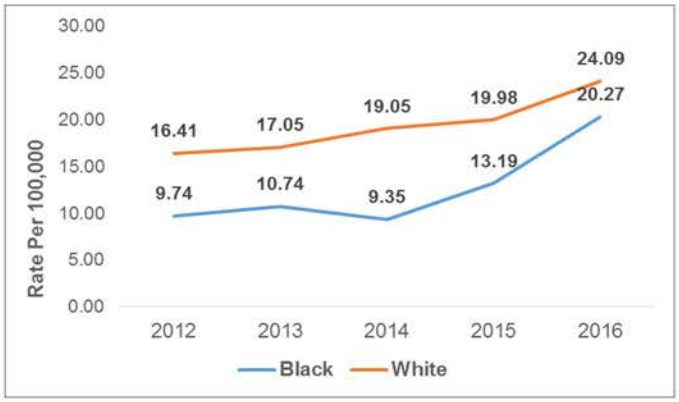
Indiana ranks **34**th in drug related deaths, according to the Alliance for a Healthier Indiana.

Source: Alliance for a Healthier Indiana, Battling Opioid Abuse
Retrieved from www.healthierindiana.org/battling-opioid-abuse.

Drug misuse and overdose deaths that have specifically involved opioids, have continued to rise in Indiana, as opioid misuse has disproportionally affected the Black population. Overdose deaths have affected 80% of the White population and 9% of the Black population in Indiana. The most aggressive rise in opioid death rates was the Black population. The drug overdose death rate for Blacks was 20.27 per 100,000 in 2016 compared to 13.19 per 100,000 in 2015. Though these rates were lower than the rates experienced by Whites, the overall rate increase of drug overdose deaths were higher among Blacks than Whites between 2015 and 2016.

Source: Indiana State Department of Health, Division of Trauma and Injury Prevention, Overdose Prevention
Retrieved from www.in.gov/isdh/27358.htm.

Rate of Opioid Deaths by Race and Ethnicity, Indiana 2012 – 2016.



Source: Indiana State Department of Health, Office of Minority Health, September 2019.
Original data obtained from Indiana State Department of Health, Epidemiology Resource Center,
Data Analysis Team

Disparities in Pain Treatment
Research shows the persistence of disparities in acute, chronic, cancer and palliative pain care across the lifespan and treatment settings, with racial and ethnic minorities receiving lesser quality pain care than non-Hispanic whites. The prescription of pain medications and the treatment of pain differs by race. Opioid prescription rates are lower among African Americans/Blacks than Whites. Pain intensity in African American/Black patients is more likely to be underestimated.

Social determinants such as unemployment, low income, poverty, debt, poor housing, food insecurity, discrimination and trauma are associated with substance abuse and poor mental health.

The Interagency Council has listed recommendations to improve opioid use below:

- Increase educating of physicians and pharmacists on dosages for opioid medications.
- Increase physician competency on patients' drug use history.
- Increase needle exchange programs to increase clean needle use.

According to the American Association of Retired Persons (AARP), Indiana ranks **51**st for long-term care services and supports.

Source: AARP, Accessed from www.longtermscorecard.org/databystate/state?state=IN.

Disparities in healthcare normally result from the interaction of insurance; healthcare access; health literacy and cultural disparities; and geographic distribution. The demographics of residents residing in nursing homes in the United States are now significantly different than in the past, especially in metropolitan and urban areas, which are home to an array of cultures. Facilities with a diverse population are now culturally influenced when determining compatible roommate's selections on the unit, the food that it serves, religious and holiday celebrations, and even the activities that are provided to our residents.

The aging of the Baby Boomer generation is having a significant impact on the nation and the state of Indiana by their numbers and cultural influence. By the year 2025, the entire generation will be age 60 years, with the biggest population growth occurring in Hoosiers 85 years and older. According to Indiana State Plan on Aging, there were 1,364,288 individuals over the age of 60 in Indiana during 2016.

Characteristics of Individuals Over the Age of 60 in Indiana.

- 7.87% living below poverty and 10.2% minorities.
- 1.0% Asian and Hawaiian/Pacific Islanders and 2.1% Hispanic.
- 15.4% of minorities age 60 or above are living below poverty level.
- 9.6% are age 85or above and 31.1% live in rural areas.
- 21.0% have mobility limitations (not including those residing in skilled nursing facilities).
- 2.8% are living in nursing homes or other institutions.

The Interagency Council has listed recommendations to improve long-term care below:

- Update Indiana Administrative Code 455 IAC 1, 2, and 3 and Family and Social Services Administration (FSSA), Division of Aging (DA) policy and procedure manual.
  - Develop and utilize Area Agency on Aging (AAA) performance "report cards" to increase transparency.
  - Develop and utilize Title III grant agreements that include more specific deliverables tied to individual AAA Area Plans on Aging. (FSSA).
- Implement CaMSS, a new data collection and care management system.
  - Evaluate existing network and funding structure to look for opportunities to improve efficiencies and effectiveness of the service delivery system.
  - Review existing planning and service area designations.
- Examine intrastate funding formula (IFF) used for Older Americans Act funding to ensure sufficient targeting of resources to those with greatest social and economic need. (FSSA)
- Increase pathways to information and support to ensure people have choices and options to meet their long-term care needs. Increase awareness of existing LTSS, such as Title III-B personal care, homemaker, adult day services, etc., which serve as supports for informal caregivers. Implement No Wrong Door Policy which is a policy where individuals can access information through various avenues.

Source: Indiana State Plan on Aging, Federal Fiscal Years 2019-2022, Indiana Family and Social Services Administration – Division of Aging, June 2019. Accessed from www.in.gov/fssa/files/2019-2022%20Indiana%20State%20Plan%20with%20Attachments%20A-D.pdf.

In the U.S., **1 in 11** children less than 18 years of age live in a kinship care setting. One in five Black children lives in kinship care. Kinship care is defined as a child living with a family member where their parent is not present.

Indiana's kinship care population:

- There were 59,000 children in kinship care in Indiana from 2016 -2018.
- Of those children in kinship care, only 3,814 were in state supervised kinship foster care, representing close to 31 percent of the foster care population.

Challenges facing families involved in kinship care:

- Financial challenges of caring for a child, as many kinship caregivers have low incomes, live on a fixed income, and may be unemployed.
- Social challenges may include trauma, substance abuse, and domestic violence.
- Health challenges may include lack of health insurance, disability, and chronic health conditions.
- Emotional challenges may include stress, shame, guilt, anger, and depression.

- Lack of awareness of services, programs, and support available to assist.
- Lack of legal guardianship of children.
- Lack of access to legal assistance.

The Interagency Council has listed recommendations to improve kinship care below:

- Improve financial stability of kinship families by making certain that they have access to financial assistance such as TANF, SNAP, School lunch programs, Social Security, Medicaid, CHIP, child care, housing, and foster care financial supports.
- Build a bridge for temporary reimbursement or pay for kinship care until guardians get licensed or trained (emergency reimbursement).
- Reimbursement or pay for Kinship Care until guardians get licensed or trained.
- Offer a kinship navigator program to assist kinship families in maneuvering through the system and enhance awareness of available resources, services, and referrals.
- Promote the involvement of government agencies and courts establish clear and reliable policies involved in placing children with kin and supporting guardianship.
- Align community-based, faith-based, legal, policy, and government organizations to design and cooperative in a network of coordinated and effective methods to serve kinship families.

Source: Grandparents and Kinship Care, Indiana Minority Health Coalition, Racial and Ethnic Minority Epidemiology Center, 2019.

Data Limitations

Blacks or African-Americans are the largest minority group in Indiana. Much of the data available is limited to this racial group. There is limited published data on American Indians, Asians, and Hispanics due to their smaller numbers. Data on these minority groups are often suppressed and referred to as "statistically insignificant" because the rates are so low. Therefore, much of the data in this report focuses on the disparities between whites and blacks or African-Americans.

The information contained in this document is based on 2018 mortality, 2017 natality and 2018 BRFSS data. This was most current data at the time of publication.
(See the following link for an explanation of processing birth and death data http://www.in.gov/isdh/23980.htm)

General Recommendations

The council has been in existence since 1993. Over the past 26 years, the state has experienced growth and vast advancements. However, Indiana's racial and ethnic minorities and underserved populations experience heath disparities at great rates. It is the council's responsibility and due diligence to inform the Indiana legislative members on the present state of minority health and those social determinants that are affecting each senator's or representatives most vulnerable populations in their perspective areas in Indiana. It is a known fact that racial and ethnic minorities suffer a greater burden of the majority chronic diseases. Funding for these items will have a great impact on the lives of minorities living in Indiana. Inadequate access to health care limits the ability to manage disease and create challenges to work towards elimination of disease, thereby decreasing wellness among all Hoosiers, specifically underserved populations. To effectively address health disparities for racial & ethnic minorities, there is a great need to promote and implement prevention services. Health disparities can be reduced by focusing on those social determinants that can cause barriers.

The following are the 2019 recommendations of the Interagency State Council on Black & Minority Health:

1. Revamping the Interagency State Council on Black & Minority Health

By changing the current structure of the council would be imperative. With the landscape of Indiana changing, the council should reflect the different populations and organizations that serve racial and ethnic minority communities, underserved populations, and address health disparities. In order to accommodate the growing needs and concerns of the diverse populations in the state, the council would like to make provisions for the future by making adjustments to the current Interagency State Council on Black and Minority Health statue. Through set process steps, we can ensure that most of the demographic profile of Indiana is truly represented within the council. Step1: Propose legislative changes to current statue: a. the legislative representatives on the council will propose changes to current statue to assist in moving forward the proposal to revamp. Step 2: Seek traditional and non-traditional partners that are representative of Indiana's growing minority population. a. The partners include, but are not limited to the Indiana Department of Environmental Management, Department of Education, Indiana Latino Institute, National Association for the Advancement of Colored People (NAACP), ULAC, Fraternities and Sororities, Minority Mental Health Association, Statewide Business Associations, Universities and Colleges, Indiana State Police, etc. After extending an invitation, we will make those that accept, advisors to the council until official change has taken place to the statue. c. Produce a strategic action plan on how Indiana can better address reducing health disparities.

2. Institutionalized regular disaggregation and analysis of data for health disparities

The health of Indiana's people could greatly benefit from institutionalized processes for local collection of diverse, demographic consumer data, and the disaggregation of behavioral health data, addiction data, and other types of health data. When data is able to be broken down into smaller groups or subpopulations, then often issues appear that were not apparent with comprehensive data. Disaggregated data can be very helpful for identifying issues that exist for

groups that have experienced disadvantage in regards to their race/ethnicity, tribal affiliation, immigrant status, socioeconomic status, gender, sexual orientation, gender identity, and expression. Ultimately, the goal is to build the infrastructure for equitable practices of access and use of services, as well as improved care and treatment, for all consumers to experience better health outcomes.

Conclusion

Indiana continues to make strides towards improving the health disparities of minority and underserved populations with the support of legislation. The Council plans to continue to provide current data to push Indiana in the direction of equitable change. Areas of infant and maternal mortality, obesity, mental health, adult smoking, and substance misuse and opioid misuse, long-term and kinship care are the most critical areas of health in Indiana. In this report, recommendations are given to advocate for change, in efforts to reduce the rates of health disparities in Indiana.