

# ***The Interagency State Council on Black and Minority Health 2017 Annual Report***



Presented by  
The Interagency State Council on Black and Minority Health  
Members  
November 1, 2017

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# The Interagency State Council on Black and Minority Health

IC 16-46-6

**Chair:** Lynne Griffin, American Heart Association

**Vice-Chair:** Lynn Smith, Family Social Service Association

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November 1, 2017

The Interagency State Council on Black and Minority Health was established to assess, identify and address the status of minority health and the impact of health disparities upon the state of Indiana. Through collective impact and collaborative efforts with key strategic institutions and community based organizations, the mission and objectives of the Interagency State Council on Black and Minority Health is to recommend and promote the necessary systematic structure and actions to improve social determinants of health and overall health outcomes for racial, ethnic, and underserved populations within Indiana.

In addition to identifying and addressing health disparities, the Interagency Council is charged with the development of an Annual Report that provides the necessary data, and foundation to guide and direct health policy at every level

This report highlights Indiana's leading chronic illnesses, diseases and conditions that impact minority populations within the state as well as current state-wide effort and initiatives of community health partners to improve health literacy, create healthier environments and establish healthier lifestyles among Indiana's minority and underserved populations.

The interagency council encourages the legislative body to view this annual report as informative and helpful in addressing health related issues. This report also may serve as a resource guide to address health disparities and share initiatives that have impacted the health of all racial and ethnic residents.

Sincerely,



Lynne Griffin, MSW

Chairperson

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Utilities, RMM  
Commerce & Technology, RMM  
Ethics  
Joint Rules  
Local Government  
Tax & Fiscal Policy  
Family & Children Services  
Rules & Legislative Procedure

November 1, 2017

Dear Colleagues:

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

I would like to encourage you to take some time to review the following report. The report provides recommendations members of the council believe to be important in addressing some of the many disparities that continue to plague communities of color throughout Indiana.

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

Sincerely,



Jean D. Breaux  
Assistant Minority Leader  
Indiana Senate District 34

## **Executive Summary**

The Interagency State Council on Black & Minority Health has been mandated to provide an annual report on health disparities. This annual report demonstrates where Indiana stands in regards to the health and concerns of its underserved populations, specifically racial and ethnic minorities.

For your convenience, this annual report is presented in the form of an info graph. It offers a quick and clear representation of health disparities data. The report includes access to healthcare, infant mortality, chronic diseases such as heart disease, cancer and diabetes, as well as obesity and smoking. This presentation will allow you to see Indiana's rankings for the health areas compared to other states. The report also includes Indiana's health challenges and strength's, as well as statewide initiatives, programs and recommendations for reducing health disparities and increasing health equity.

The council will continue to monitor emergent topics that the state takes valued interest in but effects minorities at such disproportionate rates. Current issues such as the opioid epidemic, the safety pin grant addressing infant mortality, improving the chronic disease registry, increasing valuable immunizations, and leveraging access for all Indiana residents.

The Interagency State Council on Black and Minority Health urges a more broad-based and systematic approach to adequately addressing health disparities and health inequities in Indiana. Addressing the needs and concerns of those underserved, examining social determinants and working with traditional and nontraditional partners, people in all sectors of Indiana can come together to achieve the Healthy People 2020 objectives, eliminating health gaps and disparities.

**Interagency State Council on Black and Minority Health  
2017-2019 Members List**

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## Interagency State Council on Black and Minority Health Member Activity Report for Fiscal Year 2017

There are several active members and advisors that contribute in the efforts of improving minority health in Indiana. Addressing health disparities is at the core of what these entities do daily to meet the needs of their target audiences. The council wanted to share examples of what some of its members are doing and the number of individuals, families, and groups they are reaching.

The four areas of focus include: Improving Access, Improving Cultural and Linguistic Competency, Funding, and Improving the Mental Health Infrastructure.

<b>Goal 1: Improve Access to health and behavioral health care for minorities by coordinating collaboration and partnerships of resources and services</b>			
<b>Lead Agency Name</b>	<b>Program Name</b>	<b>Program Description</b>	<b>Number of People Reached</b>
<b>American Heart Association</b>	Change to Collective Impact and Reducing Health Disparities	<b>Advocating for legislative mandates and financial initiatives to improve access to healthy foods in urban and rural areas as well as designated food deserts.</b>	<b>250,000</b>
		<p>American Heart Association will encourage, promote and support making healthy opportunities accessible, affordable, and default for all Americans by working with coalitions, volunteers, and staff partners to change policies, systems and environments and utilizing the Empowered to Serve platform in local markets.</p> <p>American Heart Association will demonstrate impact via partnerships or coalitions focused on increasing health equity or reducing health disparities as evidenced by representation of Coalition or partnership members from within the highest priority communities.</p> <p>*Inclusion of Coalition or partnership that have identified highest priority zip codes, neighborhoods, or populations on which they are focusing their work. *Engagement of Coalition or partnership has agreed on policy, systems, or environmental Impact goals and measures to assess progress toward goals. *Engagement with Coalition or partnership has achieved measurable and meaningful progress toward meeting goals such as policy adoption, increased funding, or policy Implementation.</p>	

<b>Division of Family Resources</b>	Training for HIV Case Coordinators	Presented information on how to apply, HIP 2.0, authorized representatives, etc. to ISDH HIV Care Coordinators	Statewide
<b>Indiana State Department of Health/Office of Minority Health</b>	2017 INShape Indiana Black & Minority Health Fair	Indiana State Department of Health/Office of Minority Health coordinates one of the largest health fairs in the state which takes place during Indiana Black Expo Summer Celebration. Free transportation sponsored by Indiana Family & Social Services Administration was provided for seniors and those with disabilities on opening day. Seventy-four (74) sponsors and exhibitors provided health education, tests and over 4000 screenings to participants during the 4 day event.	16,698
	Annual Minority Health Conference	Each month the Indiana State Department of Health, Office of Minority Health meets with minority health partners to get feedback on what is going in minority communities throughout the state. These meetings also allow minority health leaders and individuals who serve minority communities to network and discuss collaborative efforts to eliminate health disparities in Indiana. It was out of these meetings that the idea for “What You Don’t Know Can Kill” Minority Health Conference was initiated. This particular conference was the first of its kind in Indiana. The purpose of the “What You Don’t Know Can Kill” Minority Health Conference is to educate, empower and equip those individuals who serve minority communities and / or members of minority communities on public health issues that are not necessarily the mainstream, but are important to community health and wellness just the same. The 8th annual “What You Don’t Know Can Kill” conference, highlighting innovations in minority health was held Wednesday, September 21, 2017 on the campus Ivy Tech Community College.	125
<b>Indiana Minority Health Coalition</b>	State Master Research Plan for Minority Health	The purpose of the <i>State Master Research Plan for Minority Health</i> project is to augment the work currently in progress to eliminate health disparities among minority populations in Indiana. The aim of the project is to guide minority health research to serve the needs of the racial and ethnic minority populations in Indiana. The project funded three community and academic partnerships to conduct health disparities research in Indiana in the priority areas of access to care, chronic disease, mental health and infant mortality.	659
<b>Indiana Minority Health Coalition /Indiana University School of Public Health - Bloomington</b>	HIV Stigma Study	This assessment of Indiana’s HIV care continuum by the Indiana Minority Health Coalition and Indiana University School of Public Health was designed to learn about pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) practices among providers who work in rural and community health clinics within Indiana. Respondents completed an online survey.	9



<b>Indiana Minority Health Coalition / Indiana University School of Public Health - Bloomington</b>	Sickle Cell Study	The Indiana Minority Health Coalition, community partners, and academic partners collaborated to conduct an assessment of sickle cell disease and sickle cell trait. The purpose of the study was to explore the level of awareness, perceptions, needs, resources, and services available to serve Sickle Cell populations in Indiana and their families. The study included an analysis of existing data and the collection of primary data through interviews, surveys, and listening sessions.	232
<b>Indiana Minority Health Coalition / Ball State University</b>	HPV Study	The Indiana Minority Health Coalition, community partners, and academic partners collaborated to study the human papilloma virus (HPV) and HPV vaccination in Indiana. The study was designed to conduct an assessment of HPV in Indiana to identify perceptions, issues and factors that affect HPV awareness, screening and vaccination practices among racial and ethnic minority populations in Indiana. The assessment aims to: understand the existing awareness of HPV, risk factors, and prevention; assess access and utilization of screening and vaccination; and determine health promotion components that may support HPV screening and vaccination in Indiana.	90
<b>Indiana Minority Health Coalition /University of Indianapolis</b>	Mental Health Curriculum Adaptation and Pilot	The Indiana Minority Health Coalition, community partners, and academic partners collaborated to conduct this research. The purpose of the study is to adapt Cognitive Behavior Therapy self-health materials into an educational intervention that focuses on the promotion of mental health awareness, referral, and screening. The partners pilot the educational intervention in the community and evaluate the program. This study will move into the next phase of program evaluation after the revision of the curriculum and materials as recommended.	61

***Goal 2: Improve cultural and linguistic competency and the diversity of the health-related workforce***

<b>Lead Agency Name</b>	<b>Program Name</b>	<b>Program Description</b>	<b>Number of People Reached</b>
<b>American Heart Association</b>	Target BP	Target: BP is a nationwide initiative to address high blood pressure (BP) in the United States. Brought to you by the American Heart Association (AHA) and the American Medical Association (AMA), Target: BP's goal is to reduce the number of Americans who have heart attacks and strokes by supporting physician practices and health systems in improving diagnosis and blood pressure control rates among patients with hypertension.  Target: BP provides access to supporting materials including fact sheets, podcasts and videos to help you understand and use the evidence-based best practices and standardized processes of the M.A.P. framework—measure accurately, act rapidly and partner with patients, families and communities	Projected: 1.5 million
	Hypertension	The AHA/ASA will work to reduce the high incidence of	100,000

	Initiative	high blood pressure (HBP) in the multicultural audience with HBP education and management HBP effects on cardiovascular and stroke risk factors	
<b>Indiana Division of Family Resources</b>	Township Trustee Annual Conference	Attended and presented information on SNAP and refugees and provided general eligibility information at the Township Trustee Annual Education Conference	Statewide
<b>Indiana Minority Health Coalition/ Prevent Child Abuse Indiana</b>	PCAIN Regional Retreat: BaFa BaFa Cultural Competency Training	Participants was introduced to the importance of being cultural aware and humble through a simulation activity. Participants were split into 2 groups to learn the language, values, beliefs, and social norms. Each person in one group went to the other group to experience their culture. Afterward both groups came together to process their experience identifying barriers, challenges, strengths, and opportunities of culture and the role it plays in one's professional life.	80
<b>Indiana Minority Health Coalition</b>	ASPIN Patient Navigator Program: Appalachian Culture Using the Purnell Model	Participants were provided insights on the following cultural nuisances associated with the Appalachian Culture: Communications, Family roles and organizations, Workforce, Biocultural ecology, High risk health behaviors, Death rituals, and Spirituality. Also, participants were provided strategies on how to culturally humble in engaging this population.	25
	ASPIN Patient Navigator Program: Mexican Heritage Using the Purnell Model	Participants were provided insights on the following cultural nuisances associated with the Mexican Culture: Communications, Family roles and organizations, Workforce, Biocultural ecology, High risk health behaviors, Death rituals, and Spirituality. Also, participants were provided strategies on how to culturally humble in engaging this population.	25
	ASPIN Patient Navigator Program: Children's Health	Participants were provided an overview of youth demographics in Indiana including but not limited to the following: gender, race, poverty status, family structure, and health insurance coverage. Adverse health effects and statuses were presented on this population and strategies for engaging families to address these effects	25
<b>Indiana Minority Health Coalition/ Indiana State Department of Health/ Indiana State Department of Mental Health and Addictions/ Community Health Network</b>	"Bridging Across Cultural Barriers" Cultural Competency Training Series: Unconscious Bias	The Office of Minority Health's goal is to help Indiana State Department of Health (ISDH) staff deliver culturally competent care in an effective, understandable and respectful manner, which includes being mindful of service recipients' preferred language and cultural beliefs. Culturally Competency training was provided to ISDH staff. Participants were provided what is unconscious bias, what factors contribute to bias, who has bias, how to identify bias, benefits to bias, and strategies to address bias.	65
<b>Goal 3: Appropriate adequate funding for education, early intervention, screening and prevention programs that target disease-specific conditions</b>			
<b>Lead Agency Name</b>	<b>Program Name</b>	<b>Program Description</b>	<b>Number of People Reached</b>

<b>American Heart Association</b>	Accelerator Funds Project	Make funds available to help drive our multicultural health impact efforts with a focus on African American, Hispanic/Latino and Native American populations (community gardens, food pantries, food deserts, healthy food access, hands only CPR, FAST stroke education) <b>Amount Funded 12,000</b>	25,000
<b>Indiana State Department of Health Office of Minority Health</b>	The State Partnership Initiative to Address Health Disparities or EMPOWERED (Enhancing Minority Partnership Opportunities; Working to Eliminate Disparities)	Indiana State Department of Health Office of Minority Health, with its internal and external partners, to improve access to racial and ethnic minority communities that suffer health disparities by fashioning culturally specific interventions that will help decrease infant mortality rate among racial and ethnic minorities, decrease tobacco use among racial and ethnic minorities, and decrease adult obesity within racial and ethnic minority populations. Our goals and objectives include but are not limited to 1) Provide a peer-education-based intervention to decrease the rate of infant mortality among African American adolescents and women of child bearing age. 2) Provide outreach and empowerment to educate racial and ethnic minorities on the importance of breastfeeding and how it affects infant mortality. 3) Provide interventions to focus on the improvement of nutritional and physical active health behaviors leading to decreased rates of obesity among racial and ethnic minority adults. Lastly, 4) Eliminate health disparities related to tobacco use among minorities and emphasize tobacco prevention and cessation among minorities and pregnant women promoting Indiana Quitline. <b>Amount Funded \$199867</b>	1500
<b>Indiana Minority Health Coalition</b>	Minority Health Initiative	Twenty-three agencies across Indiana was provided funding and technical assistance to render health programs and services to reduce disparities. These services included but was not limited to the following: health interventions, health presentations, health screenings, health outreach, health communications, advocacy, interpretation services, program enrollment services, and referrals. The programs and services targeted at least three of the following health conditions: cancer, diabetes, heart disease, infant mortality, mental health, obesity, and oral health. <b>Amount Funded \$1.6 Million</b>	86,537
	National Diabetes Prevention Program	A CDC-recognized lifestyle change program is a structured program—in person or online—developed specifically to prevent type 2 diabetes. It is designed for people who have prediabetes or are at risk for type 2 diabetes, but who do not already have diabetes. A trained lifestyle coach leads the program to help you change certain aspects of your lifestyle, like eating healthier, reducing stress, and getting more physical	100

		activity. The program also includes group support from others who share your goals and struggles. It's a year-long program focused on long-term changes and lasting results. <b>Amount Funded \$150,000.00</b>	
<b><i>Goal 4: Improve the mental health infrastructure to meet the growing needs of disparity populations in Indiana</i></b>			
<b>Lead Agency</b>	<b>Program Name</b>	<b>Program Description</b>	<b>Number of People Reached</b>
Indiana Minority Health Coalition/ University of Indianapolis	Strategies of Self Help	The purpose is to offer classes that build skills to manage stress and feelings, and handle challenges. The classes include hands-on activities and conversations. The research team will measure the helpfulness of the classes.	<b>18</b>
<b><i>Goal 5: Improve policy or legislation that will incorporate and support the existence of minority health entities as well as health equity opportunities and best practices to meet the growing needs of underserved populations in Indiana</i></b>			
<b>Lead Agency</b>	<b>Program Name</b>	<b>Program Description</b>	<b>Number of People Reached</b>
Indiana State Department of Health	Remove the sunset clause within IC 16-19-14 for the Indiana State Department of Health Office of Minority Health.	HB 1336 (ISDH bill) Repealed the expiration provision for the office of minority health. Removal of the sunset clause assures not only the longevity of the office but the full backing and support of the state in addressing health disparities and continuing to be a well-respected lead within the nation.	Statewide
Division of Family Resources	House Bill 1493	Attended hearing for House Bill 1493 and participated in the creation of the report to the general assembly along with Division of Aging. House Bill 1493 requested information on how to expand the scope and availability of home and community based services for individuals who are aged or disabled.	Statewide

## ***Recommendation from the Interagency State Council on Black & Minority Health***

The council has been in existence since 1993. Over the past 24 years, the state has experienced growth and vast advancements. However, Indiana's racial and ethnic minorities and underserved populations experience health disparities at great rates. It is the council's responsibility and due diligence to inform the Indiana legislative members of 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 makes it harder to work toward 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 2017 recommendations of the Interagency State Council on Black & Minority Health

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

Changing the current structure of the Interagency State Council on Black & Minority Health is imperative. With the landscape of Indiana changing, so should the council to 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 statute. Through set process steps, we can ensure that most of the demographic profile of Indiana is truly represented within the council.

Step 1: Propose legislative changes to current statute:

- a. The legislative representatives on the council will propose changes to current statute 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: Indiana Department of Environmental Management, Department of Education, Indiana Latino Institute, NAACP, ULAC, Fraternities and Sororities, Minority Mental Health Association, Statewide Business Associations, Universities and Colleges, Indiana State Police, etc.
- b. After extending an invitation, we will make those that accept advisors to the council until official change has taken place to the statute.
- c. Produce a strategic action plan on how Indiana can better address growing health disparities.

## **2. Improve cultural and linguistic competency and the diversity of the health-related workforce.**

With legislative support of mandated cultural competency trainings for health and behavioral health care professionals, Indiana's public health workforce will become more culturally sensitive to everyone they serve. The council also recommends making our public health workforce more diverse, ultimately reflecting the state's racial and ethnic composition.

## **3. Dedicate resources and funding to implement chronic disease registry.**

There is a lack of morbidity data collected for racial and ethnic minorities. Currently there are codes which legislatively mandate chronic disease registries. These registries are supposed to assemble key data. However, information is not being collected. The council recommends that the legislature consider providing sustainable funding and support for the creation or redesign and maintain a chronic disease registry system that collects chronic disease related data to measure and assess the health status of Indiana's high risk racial and ethnic minority populations.

Important issues such as

## **4. Assessing community needs in regards to health disparities.**

The council recommends a statewide needs assessment or collaboration to be conducted among racial and ethnic minority populations. This is to ensure the concerns and needs of Indiana residents, whose social determinants creates barriers, are being met. Also to help further guide Indiana in creating more health equitable outcomes and eliminating health disparities. This can be completed by using current models or programs who are actively doing community engagement sessions and are collecting key research.

## **5. The council will monitor emerging activities in public health that are inclusive of the statewide priorities**

After being made aware of the state's five main health priorities (Opioid epidemic, Infant Mortality, Obesity, Smoking Cessation, Preparedness, and promoting the state's HIP program) the council will take next steps of specifically honing in on those emergent health conditions. These include, but not limited to infant mortality, opioid use, heart disease, hypertension, barriers to access, etc.

The council wants to support and evaluative polices that create the social, environmental, and economic conditions to achieve health equity. This involves increase awareness of environmental factors that impact health conditions and evaluate the impact on introduced legislation that is tied to health equity.

## **Data Limitations**

Indiana State Department of Health, Public Health Protection and Laboratory Services Commission, Epidemiology Resource Center, Data Analysis Team follows the "Rule of Twenty" when examining rates. There should be at least twenty events in the numerator in order to produce a stable rate. When the numerator is less than 20, the rate is unstable, meaning that a small change in the numerator can lead to a large change in the rate from one year to the next. Unstable rates are not useful when making decisions and how data are interpreted is very important to the decision-making process. Misinterpretation of the data can lead to incorrect assumptions about health status. Therefore, there is limited published data on American Indians, Asians, and multiracial groups, due to their smaller numbers. American Indians and Asians and persons of multiple races are sometimes combined and reported under the category of "other". Data on these minority groups are often suppressed, because the cases/counts are so low, resulting in unstable rates. This is done to prevent misinterpretation of the data which can lead to incorrect assumptions about health status. Therefore, most of the data presented has been limited blacks or African-Americans and Hispanics, the largest minority groups in Indiana.

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# A Picture OF Minority Health IN Indiana

The 2017 Interagency State Council on Black and Minority Health Annual report is presented in an info graph format. Illustrated in this report are the differences in the burden of the following diseases and conditions among racial and ethnic minorities in Indiana: access to care, homicide, suicide, cancer, smoking, heart disease, diabetes, obesity, infant mortality and HIV.

America's Health Rankings (AHR) provides a year-to-year depiction of each state's health compared with that of all other states. According to America's Health Rankings (AHR), 2016 Annual Report, Indiana's Overall Health Ranking is 39 out of 50 states (1 being the best and 50 being the worst) for all health outcomes.



## ACCESS TO HEALTHCARE



## HIP ENROLLMENT OVER TIME

The Healthy Indiana Plan is a health insurance program for qualified adults offered by the State of Indiana. It pays for medical costs for members and could even provide vision and dental coverage. The plan covers Hoosiers ages 19 to 64 who meet specific income levels.

The Healthy Indiana Plan uses a proven, consumer-driven approach that was pioneered in Indiana. The program continues to build upon the framework and successes of the original Healthy Indiana Plan that started in 2008. HIP continues to improve health care access for Indiana residents.



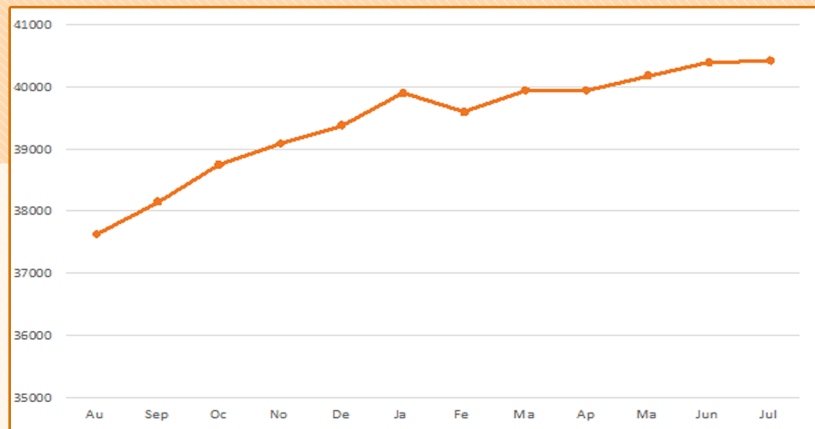
Source: Indiana Family and Social Services Administration, Healthy Indiana Plan,  
[www.in.gov/fssa/hip/index.htm](http://www.in.gov/fssa/hip/index.htm)

According to Healthy People 2020, limited access to health care impacts individuals' ability to reach their full potential and negatively affects their quality of life. Barriers to services include, but are not limited to the following factors: lack of availability, high cost and lack of insurance coverage. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services and hospitalizations that could have been prevented.



Sources: America's Health Rankings 2016 Annual Report  
[www.americashealthrankings.org](http://www.americashealthrankings.org),  
Healthy People, 2020  
[www.healthypeople.gov](http://www.healthypeople.gov)

August 2016 - July 2017



Source: Indiana Family and Social Services Administration, Secretary Jennifer Walthall, MD MPH  
Presentation: "Walking Ahead of the crowd: Women and Health"



## HIP ENROLLMENT BY AGE, RACE, AND ETHNICITY

As of August 23, 2017

	Basic	Plus	Total	Percent
<20	6,837	4,442	11,279	2.8%
20-29	54,587	65,635	120,222	30.0%
30-39	43,425	67,173	110,598	27.6%
40-49	21,369	54,273	75,642	18.9%
50-59	10,714	51,070	61,784	15.4%
60+	2,216	18,711	20,927	5.2%

	Basic	Plus	Total	Percent
Asian	1,581	7,420	9,001	2%
Black	37,037	38,956	75,993	19.1%
Hispanic	7,176	12,810	19,986	5.0%
White	91,439	196,398	287,837	72.2%
Other	1,915	5,720	7,635	2%
Total	139,148	261,304	400,452	100%



Source: Indiana Family and Social Services Administration, Secretary Jennifer Walthall, MD MPH  
Presentation: "Walking Ahead of the crowd: Women and Health"





## PRIMARY CARE PHYSICIANS

Indiana has 121.3 primary care physicians (including general practice, family practice, OB-GYN, pediatrics, and internal medicine) per 100,000 population. The ranking for this area is 38.

38

59.9% of Hispanic and 70.8% of black non-Hispanic adults indicated "Yes" they have a personal doctor or health care provider compared to 77.9% of white, non-Hispanic adults.

'How long has it been since you last visited a doctor for a routine checkup?'

52.1% of Hispanic adults indicated they had visited a doctor for a routine checkup in the past year compared to 71.4% of black, non-Hispanic and 68.1% of white, non-Hispanic adults.

Source: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org) Indiana, BRFSS 2016



## HEALTH INSURANCE

Indiana ranks 31 for lack of health insurance. 88.9% of Indiana's population have any kind of health care coverage.

31

62.5% of Hispanic and 85.3% of black, non-Hispanic adults indicated that they have health care coverage compared to 91.4% of white, non-Hispanic adults.

17.8% of black, non-Hispanic and 24.1% of Hispanic adults indicated that there was a time in the past 12 months when they needed to see a doctor but could not because of cost compared to 11.0% of white, non-Hispanic adults.



Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org) Indiana, BRFSS 2016



## FAMILY DENTIST

There are 47.7 dentists per 100,000 population, which gives Indiana a ranking of 45 for the number of dentist per 100,000 population.

45

'How long has it been since you last visited a dentist? (adults with visit to dentist or dental clinic within past year)'

48.9% of black, non-Hispanic and 50.2% of Hispanic adults indicated they have visited a dentist, dental hygienist or dental clinic in the past year compared to 64.3% of white, non-Hispanic adults.



Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org) Indiana, BRFSS 2016



## VIOLENT CRIME

Indiana ranks 31 for violent crimes which include homicides, rapes, robberies, and aggravated assaults per 100,000 population.

31

Homicide is the leading cause of death for black residents ages 15-34 with 190 deaths.

Homicide is the 5th leading cause of death for all blacks (263 deaths) and the 3rd leading cause of death for black males (230 deaths).

Homicide is the 4th leading cause of death for Hispanic males (26 deaths).

Source: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org) Indiana Mortality Report, 2016



## SUICIDE

Indiana ranks 24 for suicide. The number of deaths due to intentional self-harm per 100,000 population.

24

Suicide is the 11th leading cause of death for all Hispanics (26 deaths). It is the 8th leading cause of death for Hispanic males (21 deaths) compared to being the 7th leading cause of death among white males.

A higher percentage of Hispanic (15.5%) and black (14.5%) youth reported attempting suicide one or more times in the past 12 months compared to white youth (8.7%).



Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org) Indiana Mortality Report, 2016 Indiana Youth Risk Behavior Survey, 2015



## CANCER

Indiana ranks 42 for cancer. Cancer was the second leading cause of death for all populations in Indiana, during 2016. It was the leading cause of death among Hispanics and the second leading cause of death among blacks and whites.

42

From 2010-2014, the cancer incidence rate for blacks (453.7 cases per 100,000) was higher than that of whites (443.6 cases per 100,000). The cancer death rate for blacks was 217.1 death per 100,000 compared to 182.2 deaths per 100,000 for whites.

From 2010-2014, the overall cancer incidence rate for Hispanics was 310.6 cases per 100,000 and the cancer death rate was 97.4 deaths per 100,000.



Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org) Indiana Mortality Report, 2016 ISDH, Epidemiology Resource Center, Data Analysis Team



## SMOKING

Indiana ranks **39** for adult smoking prevalence. Smoking is more prevalent among black, non-Hispanic adults (23.0%) compared to white, non-Hispanic (21.0%) and Hispanic adults (17.8%).



Smoking is the most preventable cause of premature death in the U.S. and is responsible for about 30% of all cancer deaths. Smoking account for 87% of lung cancer deaths. Lung and bronchus cancers are the most common cause of cancer-related death among all blacks.

Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org)  
Indiana, BRFSS 2016  
Indiana Cancer Facts and Figures, 2015



## CARDIOVASCULAR DISEASE

Indiana ranks **38** for heart disease. During 2016, heart disease was the leading cause of death for all populations in Indiana. 13,954 Indiana residents died of heart disease.



"Has a doctor nurse or other health professional ever told you had angina or coronary heart disease?"

4.9% of Indiana adults responded "yes", when asked. A smaller percentage of black, non-Hispanic (4.2%) and Hispanic adults (2.2%) respond "yes" to the above question than white, non-Hispanic adults (5.1%).

Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org)  
ISDH, Indiana Mortality Report 2016  
Indiana, BRFSS 2016



## STROKE

Stroke was the 5th leading cause of death in Indiana during 2016. It was the 4th leading cause of death among Hispanics. Stroke was the 6th leading cause of death among blacks and whites. Indiana ranks **35** for stroke.



In 2015, one in three or 32.4% of Indiana adults reported that they have been told by a health professional they have **high blood pressure**. 33.9% of black, non-Hispanic and 33.2% white, non-Hispanic adults reported that they have been told by a health professional they have **high blood pressure** compared to 22.6% of Hispanic adults

Sources: ISDH, Indiana Mortality Report 2016  
America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org)  
Indiana, BRFSS 2015



## DIABETES

Indiana ranks **37** for diabetes prevalence. Diabetes increases with age and it increases the risk of premature death, functional disability, and other conditions such as coronary heart disease.



In 2016, 11.5% of Indiana's adult population reported having diabetes. 16.2% of black, non-Hispanic adults reported having diabetes compared to 11.4% of white, non-Hispanic and 8.8 % of Hispanic adults.

Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org)  
Indiana, BRFSS 2016

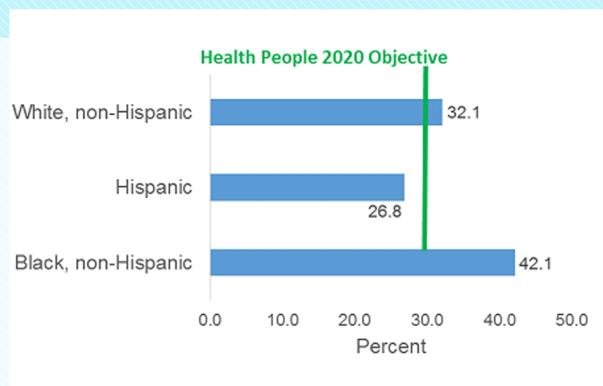


## OBESITY

Indiana ranks **36** for obesity. Nearly one-third (32.5%) of the adult population is obese. The Healthy People 2020 objective for obesity is 30.5% of the adult population.

Obesity increases the risk of developing a variety of chronic diseases and health problems.

Percent of Adults Who Reported Being Obese (BMI  $\geq$  30) by Race and Ethnicity



Sources: America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org)  
Healthy People 2020, [www.healthypeople.gov](http://www.healthypeople.gov)

Hispanic can be of any race  
BMI is calculated from self reported and weight  
Source: Indiana, BRFSS 2016



## INFANT MORTALITY



## INDIANA'S INFANT MORTALITY BY RACE AND ETHNICITY

Infant mortality is an accepted standard used to compare the health and well-being of racial and ethnic populations in the U.S. It is one of the most important health indicators of a population.



The Healthy People 2020 objective for infant mortality is 6.0 infant deaths per 1,000 live births.

Infant mortality is determined by the number of children who fail to survive to their first birthday per every 1,000 live births. Indiana ranks **43** for infant mortality.

**Low Birthweight (LBW)** refers to an infant weighing less than 2,500 grams (5 pounds, 8 ounces) at birth. The percentage of low birth weight infants is **higher among blacks** (12.4%) than Hispanics (7.1%) and whites (7.4%).

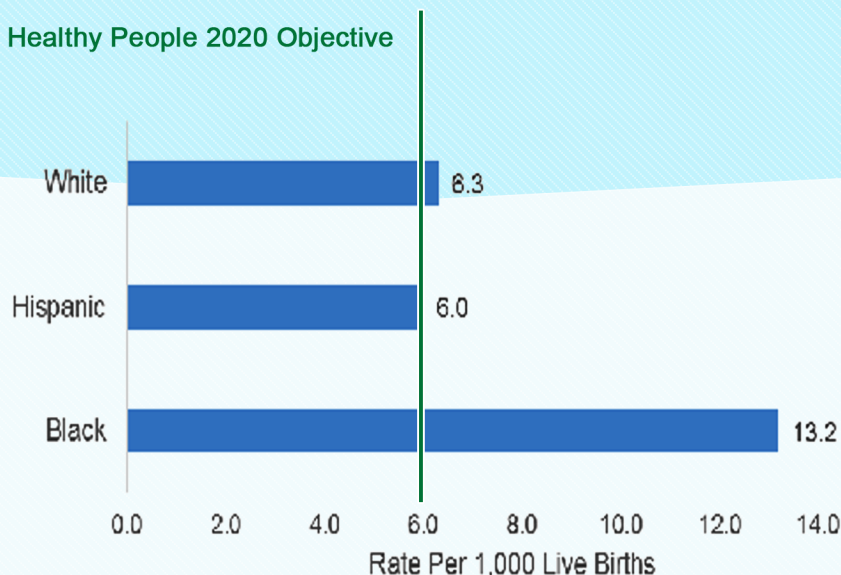
Birth weight is a major predictor of infant health. Infant mortality is highest for the smallest of babies and it decreases as birth weight increases.

**Premature or Preterm Birth** is defined as an infant born at less than 37 weeks gestation. **Blacks (12.8%) have the highest percentage of preterm births** compared to Hispanics (9.3%) and whites (9.2%). Infant mortality can be attributed to numerous factors. The gestational age of an infant is one of the most important predictors of survival and subsequent health.

**Prenatal care** **Black (59.4%) and Hispanic (58.0%) pregnant women are less likely than white pregnant women (71.5%) to receive prenatal care in the first trimester of pregnancy.** Early and continuous prenatal care helps identify conditions and behaviors that can result in low birth weight infants. Mothers who receive no prenatal care are three times more likely to give birth to low birth weight infants and five times more likely to die than mothers who receive prenatal care.

Sources: Indiana Natality Report – 2015 U.S. Department of Health and Human Services Fact Sheet *Preventing Infant Mortality*, [www.hhs.gov/news/factsheet/infant.html](http://www.hhs.gov/news/factsheet/infant.html) Ventura, S.J. Changing Patterns of Nonmarital Childbearing in the United States. NCHS Data Brief, No. 18. Hyattsville, MD. National Center for Health Statistics May 2009. America's Health Rankings 2016 Annual Report [www.americashealthrankings.org](http://www.americashealthrankings.org)

### Healthy People 2020 Objective



Sources: Healthy People 2020, [www.healthypeople.gov/](http://www.healthypeople.gov/) ISDH, Indiana Mortality Report 2015 \*Hispanic can be of any race

Indicator	Indiana's Rank	Most recent data	Best State
<b>Infant mortality</b> Infants whose age at death was 0 - 364 days	43	7.3 number of infant deaths per 1,000 live	4.3 MA number of infant deaths per 1,000 live births
<b>Low birth weight</b> Percentage of infants weighing less than 2,500 grams at birth	25	8.0%	5.9% AK
<b>Premature births</b> Percentage of infants born at less than 37 weeks gestation	29	9.6%	7.7% VT
<b>Prenatal care</b> Percentage of pregnant women who receive prenatal care in the first trimester	12	69.3%	97.8% VT



Sources: ISDH, Indiana Mortality Report - 2015 ISDH, Natality Report - 2015 America's Health Rankings, 2016 Annual Report, [www.americashealthrankings.org](http://www.americashealthrankings.org)



## HIV/AIDS



## HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

### Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome

As of December 2016, there were 5,981 total persons living with HIV (without an AIDS diagnosis) and 6,194 living with AIDS in Indiana.

#### Top graph:

Newly Reported Indiana HIV Cases by Race/Ethnicity and Gender, Reported January 1, 2016 – December 31, 2016

#### Bottom graph:

Newly Reported Indiana AIDS Cases by Race/Ethnicity and Gender, Reported January 1, 2016 – December 31, 2016



Sources: \*Hispanic can be of any race  
Indiana State Department of Health,  
Office of Minority Health, October 2017.  
Original data obtained from Spotlight on  
HIV/STD/Viral Hepatitis, 2016 Indiana  
Annual Report, February 2017.  
[www.in.gov/isdh/file/ATAGlance.pdf](http://www.in.gov/isdh/file/ATAGlance.pdf)

Race / Ethnicity	HIV at First Diagnosis			
	Male	%	Female	%
White	129	41%	34	36%
Black	144	45%	50	53%
Hispanic	33	10%	7	8%
Other	13	4%	3	3%
Total	319	100%	94	100%
Gender	77%		23%	

Race / Ethnicity	AIDS at First Diagnosis			
	Male	%	Female	%
White	42	51%	3	25%
Black	23	28%	5	42%
Hispanic	12	15%	1	8%
Other	5	6%	3	25%
Total	82	100%	12	100%
Gender	87%		13%	



## INDIANA'S HEALTH STRENGTHS

According to America's Health Rankings, 2016 Annual Report, Indiana has the following health strengths.

High percentage of high school graduation.

Low incidence of Salmonella.

Small disparity in health status by educational attainment.



Sources: America's Health Rankings  
2016 Annual Report  
[www.americashealthrankings.org](http://www.americashealthrankings.org)



## INDIANA'S HEALTH CHALLENGES

According to America's Health Rankings, 2016 Annual Report, Indiana has the following health challenges.

High levels of air pollution.

Lower number of dentists.

High infant mortality rate.



Source: America's Health  
Rankings 2016 Annual Report  
[www.americashealthrankings.org](http://www.americashealthrankings.org)



## PUBLIC HEALTH FUNDING



Indiana Ranks 49 for public health funding - state dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention and the Health Resources and Services Administration.



Sources: America's health  
Rankings 2016 Annual Report  
[www.americashealthrankings.org](http://www.americashealthrankings.org)

## ***Conclusion***

Indiana has shown strengths and challenges in health care over the year. With the full support of Indiana's legislature, we can make great strides and impacts in the lives of each Indiana resident. By utilizing the data provided in this report to show a need for changes, heeding the recommendations given and putting them into action, Indiana can continue to be a leader in the efforts of eliminating health disparities.