INDIANA UNIVERSITY
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# INDIANA'S HEALTHCARE CHALLENGES

Indiana citizens suffer from many health challenges that significantly impair their ability to achieve a quality of life that is on par with most other states. A Forbes Advisor 2023 study ranked Indiana 10th among the top unhealthiest states due to high healthcare costs and poor outcomes.[1] Its challenges are especially severe when looking at maternal and infant health and substance use disorders. In addition, lack of access to nutritious foods, secure housing, and equitable access to healthcare is both a cause and an aggravating circumstance of poor health outcomes, as well as substance use.

Low-income residents are less likely to be covered by health insurance. They are more likely not to have access to primary care or other medical services, and they encounter food and housing insecurity, which impacts health significantly. Lower-income Hoosiers experience more chronic conditions such as heart disease and diabetes and higher rates of infant and maternal mortality.[2]

A recent Commonwealth Fund report further demonstrated inadequate healthcare access and outcomes for many of Indiana's non-white citizens.[3] The study indicated significant disparities between white and non-white residents.

This policy brief examines how the social determinants of health affect the choices, behaviors, and health outcomes of individuals and families for a selection of health topics. The authors explore the current state of Indiana's maternal and infant health, food security, housing security, the state's opioid crisis, and Hoosier insurance coverage.

## THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

Modern practitioners define health as a comprehensive state of physical, mental, and social well-being, extending beyond merely the absence of disease or infirmity.[4] Healthcare, the organized provision of medical services, plays a pivotal role in maintaining, promoting, and restoring health. Health outcomes—including indicators like mortality rates (for example, the infant mortality rate), disease prevalence (for example, people with substance use disorders), and quality of life (for example, people covered by health insurance)—are measurable changes that result from healthcare interventions. The social determinants of health (SDOH) are conditions in which people are born, grow, live, work, and age.[5] These elements—including economic stability, education, access to healthcare, neighborhood and built environment, and social and community context—impact health outcomes significantly.[6]

Achieving health equity—the status where everyone has a fair and just opportunity to attain their highest level of health—requires addressing the disparities arising from social, economic, and environmental disadvantages. Health inequities refer to unfair differences in health status and the distribution of health resources between different population groups, often exacerbated by these disadvantages.[7]

Frameworks and models—such as the National Institute on Minority Health and Health Disparities (NIMHD) Research Framework and Healthy People 2030—emphasize the intricate interactions between individual, interpersonal, community, and societal factors in shaping health outcomes.[8,9] Inequities are pervasive within the structures of social determinants of health, leading to disparities in healthcare access, quality, and outcomes. Addressing these disparities is crucial to achieving health equity.

### Racial and ethnic disparities

Racial and ethnic disparities also affect health outcomes in the state. Poverty, trauma, and stress related to past experiences, unemployment, lack of access to culturally competent care, and limited access to health education

also play a significant role among these groups.[10] A recent report released by the Commonwealth Fund[11]—a private U.S. foundation that supports independent research on healthcare issues—collected data for 25 healthcare indicators "focusing on health outcomes, access to health care, and quality and use of health care services" for different racial groups—Black; white; Hispanic; American Indiana and Alaska Native; and Asian American, Native Hawaiian, and Pacific Islanders. Researchers used this data to produce health system performance scores for each state, which indicated that Indiana's healthcare system was worse than average for racial and ethnic disparities.[12]

In the Commonwealth Fund study, Indiana ranked highest for white people, with a score in the 64th percentile among all population groups nationally, and lowest for Black people, scoring in the 14th percentile. Among neighboring states, Ohio ranked highest, followed by Illinois and Michigan. Only Kentucky ranked lower than Indiana overall. Where calculation was possible, Indiana ranked better than average compared to other states for healthcare access. It did not fare as well for healthcare outcomes and quality. Indiana ranks worse than average in both these categories.[13]

### Disparities of place

Where one lives matters, especially for people of color.[14] Many live in communities with higher-than-average poverty rates and levels of pollution and crime. They also tend to live where housing affordability is a major issue and few green spaces can be accessed.[15] All contribute significantly to health and well-being.

In addition to differences within communities, whether one lives in a rural or metropolitan area also affects healthcare outcomes. Approximately 70% of Indiana's population lives in cities and 30% live in rural areas.[16] The Rural Health Association has reported that people living in rural communities experience higher rates of chronic illness, disability, and overall health issues.[17] These residents tend to be older than other Hoosiers—18% are over 65 compared to 15% of urban residents.[18] Additionally, while Indiana's poverty rate of 12.6% in 2022 exactly matched the nation's overall poverty rate,[19] rural Hoosiers were more likely to live below the poverty line.[20]

Improving accessibility to healthcare requires increasing the availability of healthcare resources. Transportation issues and a lack of providers and services also present challenges in rural areas. Over 70% of Indiana counties are designated as medically underserved. Several counties, like Pike and Crawford counties in southern Indiana, do not have hospitals, and many require extensive travel for trauma and specialty services.[21]

A shortage of physicians and hospital closures have reduced access to healthcare in those areas. A decline in obstetric care in rural communities is particularly severe, further threatening maternal and infant health. Thirty-seven Indiana counties lack hospitals with inpatient obstetric services,[A] resulting in long wait times and delays in care.[22] To combat this problem, the state created several initiatives to provide health services to pregnant women, including the Indiana Pregnancy Promise Program. It also launched the IDOH Obstetrical Navigator, My Healthy Baby, through a partnership between IDOH, the Indiana Family and Social Services Administration, and the Indiana Department of Child Services. This program provides pregnant women enrolled in Medicaid with free at-home guidance and support services, as well as referrals to community support organizations.[23,24]

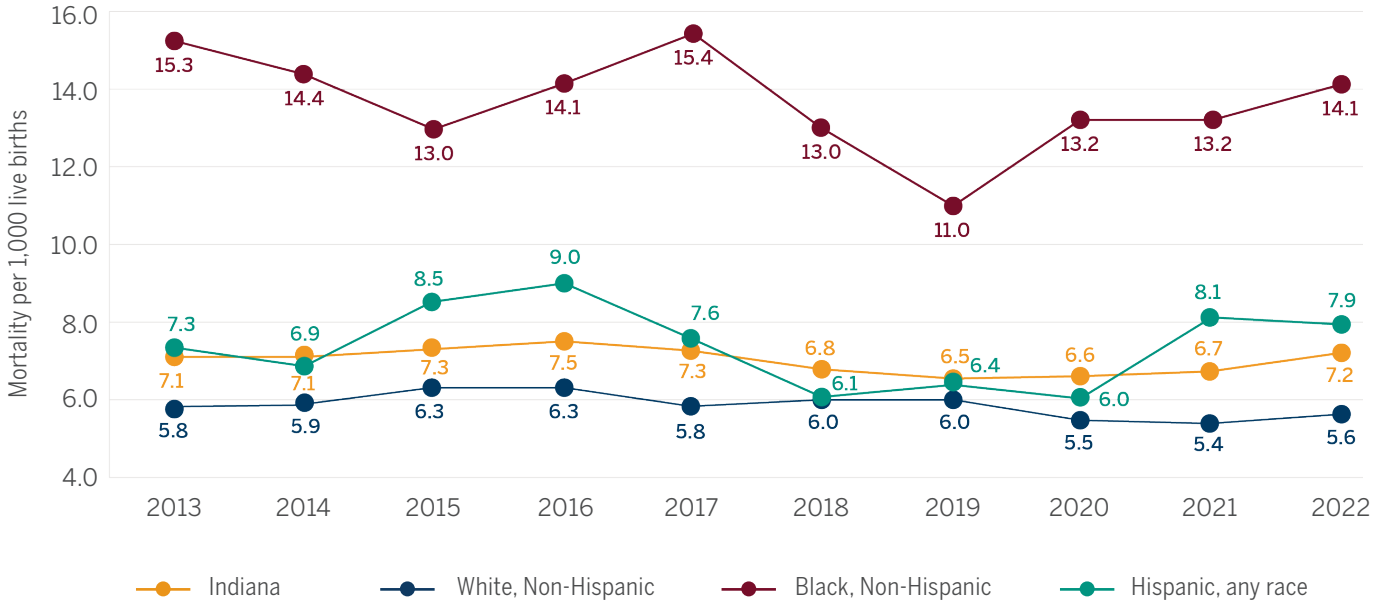
## MATERNAL AND INFANT HEALTH

Infant mortality serves as a critical indicator of a population's health.[25] This measure provides insight into maternal health and the quality and accessibility of healthcare for pregnant women and babies.[26] As of 2022, Indiana holds the seventh-highest infant mortality rate in the nation.[27] Indiana's infant mortality rate (7.2 deaths per 1,000 births in 2022) has been consistently higher than that of the nation for several years (5.4 deaths per 1,000 births in 2022).[28] Furthermore, Indiana's infant mortality rates unequally affect minority populations, with Black infants being almost three times more likely to die compared to white infants (Figure 1).[29]

According to the Indiana Department of Health (IDOH), perinatal risk factors are the leading indicators for infant mortality. These risk factors include pregnancy-

A For a map of these hospitals and their associated 30-minute drive-time radii, see page 15 of Indiana Department of Health. (2024). *Indiana Maternal Mortality Review Committee, 2023 Annual Report.* Retrieved from https://www.in.gov/health/safesleep/files/MMRC-Annual-Report-2023.pdf

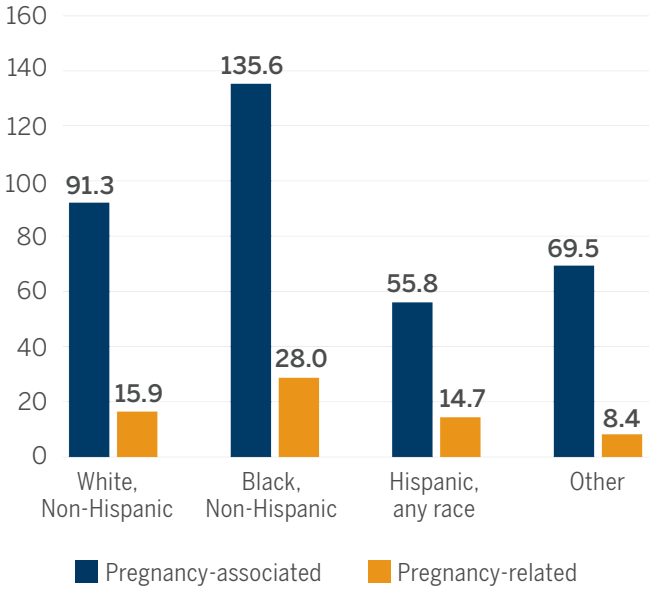
## Figure 1. Indiana infant mortality rate by race and ethnicity (2013–22)




Source: Indiana Department of Health

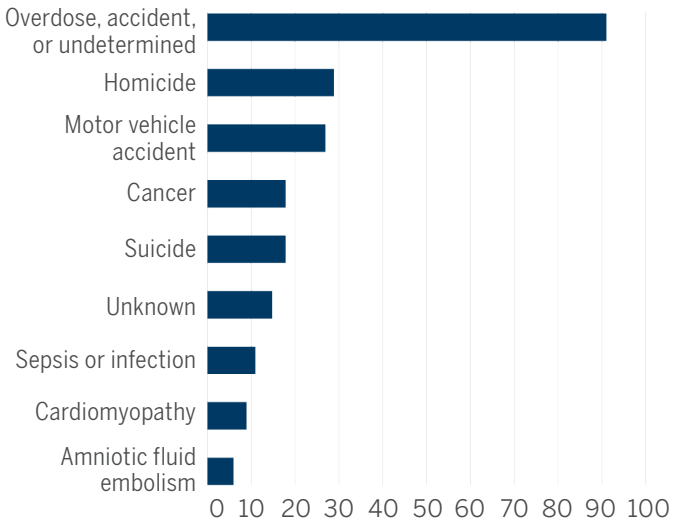
associated complications, maternal health, and infant health (for example, low birth weight and preterm birth).[30] In 2021, Indiana's maternal mortality rate was 80 deaths per every 100,000 births.[31] Similar to infant mortality rates, Indiana's maternal mortality for Black mothers outpaced the rate for white mothers (Figure 2).[32]

## Figure 2. Indiana average four-year rate of pregnancy-associated and related deaths per 100,000 live births, by race and ethnicity (2018–21)




Pregnancy-associated deaths were the leading cause of maternal mortality, regardless of race and ethnicity.[33] These deaths occurred during pregnancy or within one year of childbirth and were unrelated to the pregnancy.[34] According to the 2023 edition of Indiana's Maternal Mortality Review Committee's Annual Report, 71% of pregnancy-associated deaths were preventable. Figure 3 highlights that the leading cause of pregnancy-associated deaths was drug overdose (either accidental or undetermined).

## Figure 3. Overall top causes of death for pregnancy-associated deaths in Indiana (2018–21)



## FOOD SECURITY

Maintaining overall health and well-being requires access to plentiful and healthful food. Food insecurity—defined as the lack of consistent access to enough nutritious food—remains a major public health concern in Indiana, particularly for low-income populations.[35] Food insecurity is associated with adverse health outcomes, including higher rates of chronic diseases such as diabetes and hypertension. In 2023, 12% of Indiana households were food insecure—meaning[36] that they lack consistent access to enough nutritious food for a healthy life—and 5% were considered to have very low food security—meaning[37] they experience disrupted eating patterns and lowered food intake at times, because of a lack of resources.[38] Food security varies by race and ethnicity, with Black (26%) and Hispanic (22%) Hoosiers experiencing food insecurity at higher rates than white (12%) individuals in Indiana in 2022.[39]

Programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) perform critical roles in addressing this issue. SNAP comprises the largest federal nutrition assistance program. The program provides eligible low-income individuals with financial assistance to purchase food, reducing food insecurity and improving dietary intake. As of July 2024, over 600,000 Indiana residents participated in SNAP, representing about 9% of the state's population.[40] WIC focuses on pregnant women, new mothers, and young children, and offers nutritious food, education, and healthcare access. This improves birth outcomes and promotes healthy development. In Indiana, WIC serves approximately 150,000 participants monthly.[41] Despite the success of these programs, challenges remain in ensuring equitable access. Barriers such as stigma, lack of awareness, and complex application processes hinder participation.

## HOUSING SECURITY

Housing security has an outsized impact on well-being, making it another critical social determinant of health. Housing insecurity encompasses a range of challenges, such as high housing costs relative to income, poor housing quality, unstable neighborhoods, overcrowding, and homelessness. In Indiana, approximately 25% of households are cost burdened, meaning they spend more than 30% of their income on housing.[42] Housing cost burden is more prevalent among low-income households and disproportionately affects minority populations. Furthermore, renters are nearly three times more likely to be housing cost burdened (47%) than those who own their home (16%).[43] This large share of cost-burdened renters in Indiana—in conjunction with a lack of significant tenant protections in the state—led to over 70,000 eviction filings in Indiana in 2023.[44]

Homelessness manifests from severe housing insecurity. In 2020, an estimated 5,625 Hoosiers experienced homelessness on any given day, including families with children, veterans, and unaccompanied youth.[45] Housing insecurity and homelessness lead to adverse health outcomes, including increased risk of chronic diseases, mental health disorders, and higher rates of hospitalization. Substandard housing conditions, such as exposure to mold, lead, and other environmental hazards, contribute to health problems like asthma, lead poisoning, and other respiratory conditions. Furthermore, unstable housing can lead to stress and mental health issues, which exacerbate existing health disparities.[46]

Addressing housing insecurity requires a multifaceted approach. Implementing solutions such as increasing the availability of affordable housing, providing rental assistance programs, and implementing policies that protect tenants' rights can help people stay in their homes. Programs like the Housing Choice Voucher Program assist low-income families with securing safe and affordable housing, but these programs are often underfunded and have long waiting lists. Emergency rental assistance programs can help cost-burdened individuals retain their housing by providing one-time, lump-sum money to pay overdue and future rent. However, programs often run out of funding within months of it becoming available.

## SUBSTANCE USE AND THE OPIOID CRISIS

Opioid use continues to drive the crisis of substance use and dependence in Indiana and the United States.[47] Opioids are chemicals that bind to receptors in the body to reduce the intensity of pain signals to the brain and can be natural (for example, morphine) or synthetic (for example, fentanyl).[48] Doctors may prescribe opioids to treat pain. However, long-term or disordered use can lead to opioid tolerance,

dependence, or increased sensitivity to pain. Opioid use disorder (OUD) is defined[49] as "the chronic use of opioids causing clinically significant distress or impairment."

The annual number of drug overdoses in the U.S. has increased dramatically since 2000, from about 17,500 to over 106,000 people in 2021.[50] The next year, 107,941 people died from drug overdoses, with almost 76% involving an opioid.[51] In Indiana, the rate of opioid-related overdose deaths was 34.2 per 100,000 in 2021—significantly higher than the national average of 24.7 per 100,000.[52] In 2022, almost 9 million people in the U.S. reported misusing prescription opioids in the past year.[53] Synthetic opioids, which are illicitly trafficked and highly potent, are driving these recent increases in opioid overdose deaths.[54] While opioid-related overdose deaths declined by 6.4% in Indiana from 2021 to 2022, this slight decline followed a large spike in yearly overdose cases during the COVID-19 pandemic.[55]

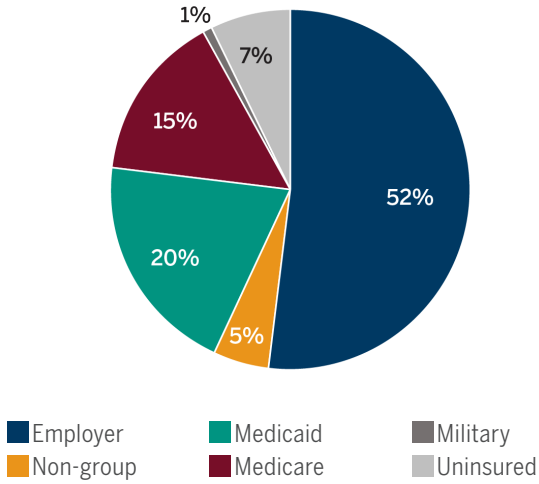
Indiana addresses the opioid epidemic in multiple ways. The state publishes the Next Level Recovery Data Dashboard as a tool to provide up-to-date data on drug overdose deaths, naloxone (also known by the brand name Narcan) administration, opioid prescriptions, and county-level programs.[56] Indiana has increased access to treatment by expanding Medicaid coverage to cover substance use disorder treatment and expanding treatment options. The state also has strengthened prevention efforts and participates in programs to boost naloxone distribution.

Additionally, the state has made evidence-based treatment programs available to people in jails and to pregnant people with OUD. One of these programs, the Indiana Pregnancy Promise Program (IPPP)—launched in July 2021—aims to reduce overdose-driven maternal mortality and improve overall health outcomes for mothers and infants in Indiana.[57] Since its inception, the program has enrolled over 540 mothers, helped over 450 infants, and made over 2,100 basic needs referrals on its participants' behalf.[58] IPPP also has guided those who have contacted the program toward participating in Medicaid and has helped many of these individuals submit their enrollment applications. The program has provided this service whether they engage in IPPP or not, thus increasing the number of Medicaid-insured individuals in the state.

## ACCESSIBILITY OF INSURANCE COVERAGE

Access to affordable healthcare and insurance fundamentally sustains individual and public health. As of 2022, roughly 93% of Hoosiers were enrolled in health insurance, with employer-sponsored health insurance coverage as the most common form of insurance coverage (Figure 4).[59]

### Figure 4. Distribution of insurance coverage in Indiana (2022)




During the COVID-19 pandemic, the U.S. Congress authorized Medicaid to be extended to a larger portion of the populace than authorized previously. As these waivers expired, about 47% of Hoosiers enrolled in Medicaid lost their coverage. However, a significant number secured insurance coverage through the Affordable Care Act (ACA) Health Insurance Marketplace.[60] As a result, Indiana saw the fourth-highest increase of any state (60% increase) in ACA marketplace enrollment between 2023 and 2024.[61]

Although the disenrollment process in Indiana has been completed, critics and advocates remain concerned that some Hoosiers remain at risk of losing their health insurance coverage.[62] Many Medicaid members who enrolled in HIP at the height of the COVID-19 pandemic had not been required to make premium payments.[63] As part of the unwinding plan, premium payments once again became required for Hoosiers on the Healthy Indiana Plan (HIP). In other words, HIP members had to begin contributing to a Personal Wellness and Responsibility (POWER) account monthly at a rate dependent on their household income.[64]

Reinstating these premium payments for Medicaid as part of Indiana's unwinding plan may be confusing and lessen affordability, especially among vulnerable populations.[65,66] Nonpayment into POWER accounts results in a loss of health insurance coverage or reduced coverage.[67] Federal regulators have allowed Indiana to collect these premium payments—going beyond the federal Medicaid statute—but the U.S. Department of Health and Human Services has expressed concerns about this practice. Evidence suggests that collecting these premiums may reduce Medicaid members' access to coverage and care because they may experience more coverage disruptions.[68] Furthermore, these disruptions or a lack of healthcare coverage make preventive care services against disease and other chronic health conditions inaccessible, resulting in poorer public health outcomes.[69,70]

Access to care and health insurance coverage remains a challenge for immigrant populations—a continuously growing population in Indiana. Although the state encourages healthcare coverage among immigrant communities, challenges persist. Immigrant populations face issues with being uninsured or underinsured either because they cannot afford private insurance or do not meet Medicaid or Children's Health Insurance Program (CHIP) eligibility requirements.[71,72]

## POLICY CHANGES AND OPPORTUNITIES

Several policy changes and opportunities exist to address these pressing health issues in Indiana. Improving health outcomes will require policies focusing on the social determinants of health—ensuring Hoosiers are properly housed and fed. Providing these basic needs will help prevent the onset of disease and mental health issues and reduce reliance on the medical system.

For example, reducing food insecurity by increasing outreach and simplifying the enrollment processes for SNAP and WIC would ensure that a larger share of eligible individuals can access these benefits. Furthermore, increasing benefit levels would allow participating individuals to better meet nutritional needs by offsetting inflation-driven food cost increases. Similarly, by investing in affordable housing initiatives, expanding rental assistance programs, and enforcing policies that protect tenants' rights, Indiana can reduce housing cost burdens and improve living conditions. This will reduce housing insecurity across the state.

Each health area also has numerous policy opportunities for improvement. To improve healthcare access and coverage, the state should consider reevaluating HIP premium and cost-sharing requirements to minimize financial barriers. Expanding telehealth services, particularly in rural areas, and enhancing support for healthcare providers in underserved communities can improve access. Connecting immigrant Hoosiers with healthcare navigators can ensure they are supported and cared for.

To combat the opioid crisis, the state must continue expanding access to evidence-based treatment for substance use disorders, including increasing the availability of naloxone. Implementing comprehensive prevention strategies to address underlying social and economic factors will also help stem the crisis.

Expanding access to quality prenatal and postnatal care and addressing the social determinants impacting maternal and infant health (such as food and housing access) can improve outcomes for parents and children. Strengthening initiatives, like the Indiana Pregnancy Promise Program, will prevent infant and maternal mortality. Additional funding should be allocated to address the other substance uses that drive poor maternal and infant health outcomes. For example, Hoosiers have reported using alcohol, tobacco, and marijuana more than opioids, all of which can have negative impacts on pregnancy and children.

Addressing these health inequities through targeted public health interventions remains essential for improving outcomes and achieving health equity in Indiana. Focusing on social determinants like food and housing security, as well as critical health concerns such as maternal and infant health, the opioid crisis, and healthcare accessibility, will help the state make substantial progress. Continued support for initiatives like HIP and the Indiana Pregnancy Promise Program—alongside new policies that reduce financial barriers and expand access to essential services—will be crucial to improving the health of all Hoosiers individually, and the state of Indiana as a whole.

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