

# Indiana

## State and Local Health Equity Policy Checklist

APRIL 2021

### KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

### Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		In October 2020, the City of Bloomington released a <a href="#">Plan to Advance Racial Equity</a> with preliminary recommendations that include implementing racial equity impact assessments for decisions about city policies, practices, programs and budgets. <sup>1</sup> As of April 2021, the recommendations have yet to be adopted.
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		

### State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <i>One or more cities/counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.</i>	The <a href="#">Evansville City Council</a> , <a href="#">Indianapolis City-County Council</a> and <a href="#">St. Joseph County Board of Health</a> declared racism a public health crisis and are taking steps to address it. <sup>2</sup> The <a href="#">City of Bloomington</a> also declared racism a public health crisis and released a detailed Plan to Advance Racial Equity, which led to the formation of two task forces to evaluate and propose recommendations to address racism and other forms of discrimination in the city. <sup>3</sup>
Develop a 'Health in All Policies' strategy at the state or local level.		According to the 2018-2021 <a href="#">State Health Assessment and Improvement Plan</a> , Indiana will pilot a state-level Health-In-All-Policies taskforce to identify and promote ways to incorporate health considerations in new and existing state agency plans. <sup>4</sup>
Establish Health Equity Zones to better address social determinants of health.		

Summary and scoring methodology reports are available at [www.HealthValueHub.org/Health-Equity-Checklist](http://www.HealthValueHub.org/Health-Equity-Checklist).

If you know of a policy we overlooked, please contact [hubinfo@altarum.org](mailto:hubinfo@altarum.org).

**State Health Planning & Programs** *(continued)*

POLICY	SCORE	NOTES
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**Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.**



The state of Indiana, through the Department of Health and its Minority Health Advisory Committee, proposed a collaboration with public and private partners to eliminate racial and ethnic health disparities in Indiana. **Healthy Indiana – A Minority Health Plan for the State of Indiana** focuses on four overarching strategic goals to advance a minority-specific health plan for the state:

- Prepare evidence-based documentation of racial and ethnic health disparities in Indiana.
- Develop a plan of interventional strategies designed to eliminate racial and ethnic health disparities in Indiana.
- Identify and solidify effective public/private, community-based partnerships to help develop, implement, evaluate and assess outcomes of the proposed interventional strategies.
- Reduce disparities in health based on race or ethnicity among Indiana residents such that the “gap effect” for any focus area is less than five percent.<sup>5</sup>

Additionally, Indiana’s 2018-2021 **State Health Assessment and Improvement Plan** outlined objectives and strategies for reducing health disparities, such as decreasing the burden of obesity among non-Hispanic Black adults and addressing racial and ethnic disparities in premature infant deaths.<sup>6</sup>

**Fund community-driven health equity action plans.**



**Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.**



Bloomington allocated \$15,000 in its 2019 budget to a **youth participatory budgeting** initiative. Youth were invited to submit project proposals that benefit the general public and voted on the final project.<sup>7</sup>

**Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.**



Indiana’s 2018-2021 **State Health Assessment and Improvement Plan** prioritized health equity and social determinants of health. Priority health indicators were selected based on whether the indicator measures issues that disproportionately affect population subgroups and whether the issues affect multiple health outcomes.<sup>8</sup>

**Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.**



*The state utilizes funding from the Community Services Block Grant to reduce disparities and/or provide culturally competent health-related supports within the state.*

Indiana uses the **Community Services Block Grant** from the U.S. Department of Health and Human Services to provide funding for several community action agencies that address local poverty issues through services like transportation and food and nutrition assistance that ultimately impact health.<sup>9</sup>

Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.



Indiana’s 2018-2021 [State Health Assessment and Improvement Plan](#) identified strategies to address health outcomes related to social determinants of health, such as obesity, asthma and infant mortality.<sup>10</sup>

The Enhancing Minority Partnership Opportunities; Working to Eliminate Racial and Ethnic Disparities ([EMPOWERED](#)) program provides health education-based initiatives to promote healthier lifestyles among Indiana’s minority adolescents, young adults and adults. Objectives include providing “interventions to [improve] nutritional and physical active health behaviors leading to decreased rates of obesity among racial and ethnic minority adults” and eliminating “health disparities related to tobacco use among minorities and [emphasizing] tobacco prevention and cessation among minorities and pregnant women by promoting the Indiana Tobacco Quitline.” The communities of focus chosen for this initiative are Lake, Marion and Allen Counties.<sup>11</sup>

Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.



South Bend and Marion County [participate in GARE](#).<sup>12</sup>

## Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		

Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.



The [Interagency State Council on Black and Minority Health](#) was established in 1993 by the legislature 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 council is charged with developing an annual report that provides the necessary data and foundation to guide and direct health efforts aimed at reducing health disparities and improving health of minority populations in Indiana.<sup>13</sup>

Preparing evidence-based documentation of racial and ethnic health disparities in Indiana is a core component of [Healthy Indiana – A Minority Health Plan for the State of Indiana](#).<sup>14</sup> Indiana’s 2018-2021 [State Health Assessment and Improvement Plan](#) also summarizes health disparities in race, ethnicity and gender for a variety of health indicators, including maternal health and infant birth outcomes, obesity and other chronic diseases.<sup>15</sup>

## Data & Reporting *(continued)*

POLICY	SCORE	NOTES
Require non-profit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		According to the APCD council, Indiana is <b>in the process of creating</b> an APCD. A timeline of when the APCD will be implemented and available to the public is not available as of April 2021. <sup>16</sup>

## Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Indiana implemented <b>Medicaid expansion</b> on Feb. 1, 2015. <sup>17</sup>
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		
Provide one-year continuous eligibility for Medicaid and CHIP.		Indiana only provides <b>one-year continuous eligibility</b> to children under three years of age. <sup>18</sup>
Provide coverage options to undocumented and recent immigrants.		Medicaid covers <b>emergency services</b> for individuals who meet all eligibility criteria for Medicaid except that they are undocumented or do not meet qualifying immigration criteria; however, this option provides coverage only in extreme situations. <sup>19</sup>

Health Reform – Delivery		
POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.		
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.		Indiana <b>does not have ACOs or CCOs</b> in the Medicaid program. <sup>20</sup>
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.		Indiana has used <b>1915 waivers</b> to address social determinants of health for individuals who are dual eligible or have autism, developmental disabilities, physical disabilities, intellectual disabilities or traumatic brain injury. These waivers provide services such as transportation, rent and food for caregivers, environmental modifications and workplace assistance. <sup>21</sup> The state is in the process of implementing a <b>1115 waiver</b> called the Maternal Opioid Misuse Indiana Initiative, which will provide care management support for new mothers with opioid use disorder. <sup>22</sup>
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.		
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.		
Create or expand Accountable Communities for Health with a focus on increasing health equity.		The Community Health Network Foundation in Indianapolis is participating in CMS' <b>Accountable Health Communities Model</b> . Over a 5-year period (2017-2022), the model provides federal funding to link high-risk beneficiaries with community-based resources. <sup>23</sup>

### Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.		Indiana established the <a href="#">Next Level Connections Broadband Grant Program</a> in 2019, which provided approximately \$70 million of funding for projects that increase broadband service in underserved areas. <sup>24</sup>
Subsidize internet access to expand opportunities for telehealth.		
Expand coverage for telehealth services.		Indiana has a <a href="#">coverage parity requirement</a> that requires insurers to cover telemedicine services using the same clinical criteria as in-person healthcare services <sup>25</sup>
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.		
Establish cost-sharing parity for telehealth services.		Indiana has a <a href="#">cost-sharing parity requirement</a> that prohibits insurers from having a dollar limit, deductible or coinsurance program that is less favorable for telemedicine compared to the same healthcare service delivered in person. <sup>26</sup>
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		In 2021, legislators introduced a bill ( <a href="#">HB 1333</a> ) that would require all healthcare professionals to complete two hours of cultural awareness and competence training every year. <sup>27</sup> As of April, the bill had not been passed.

### COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Indiana collects and reports <a href="#">COVID-19 case data</a> and <a href="#">vaccine administration data</a> by age, gender, race and ethnicity. <sup>28,29</sup>

COVID-Specific Reforms <i>(continued)</i>		
POLICY	SCORE	NOTES
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Indiana Medicaid <b>suspended cost sharing</b> for all healthcare services for the duration of the public health emergency, including premium payment requirements. <sup>30</sup>
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		Indiana covers COVID-related treatment for undocumented immigrants through <b>Emergency Medicaid</b> . <sup>31</sup>
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		<b>Executive Order 20-05</b> requested that private insurers cover COVID-19 testing, waive prior authorization requirements and not increase prices or coverage costs for COVID-19 treatment; however, this is not required. <sup>32</sup>
Provide COVID-19 testing to residents free of charge.		Indiana partnered with Optum/Logistics Health Incorporated (LHI) to provide <b>free COVID-19 testing sites</b> across the state. <sup>33</sup>

## Notes

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