SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS

INDIANA UNIVERSITY

Health Disparities

&

The YMCA of Greater Indianapolis

Final Project Report

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Executive Summary: Health Disparities & The YMCA OF Greater Indianapolis

The YMCA of Greater Indianapolis (YOGI) seeks to strengthen communities and improve the lives of its community members. This project, carried out by graduate students from Indiana University's School of Public & Environmental Affairs (SPEA) and advised by Professor Barry Rubin, answers the following four questions:

1. What are the health disparities in each of the YMCA communities?
2. What are the barriers to working with disparate populations?
3. How should this affect the services and programs that the YOGI offers as well as how it offers them?
4. How do we make this analysis sustainable and repeatable in the future?

Our four work teams, Quantitative Analysis, Qualitative Analysis, Program Evaluation, and Policy and Management, addressed these questions, focusing on cancer deaths, hypertension hospitalizations, diabetes diagnoses, asthma diagnoses, and heart disease diagnoses, and found the following:

Identifying Health Disparities and Barriers to Working with Disparate Populations

A health disparity is a difference in health outcomes between different groups of people. The Quantitative Analysis Team used trend analysis, analysis of variance tests, and correlation analysis to identify health disparities and barriers to working with disparate populations. The result of this work is a series of center-specific portraits describing how each center varies from Marion County averages—demonstrating that every center has a distinct population with unique needs.

The Qualitative Analysis Team conducted a membership survey and a community survey in the areas surrounding the Jordan and Pike centers. While the health status survey results were inconclusive, the team found that the major barriers to regular exercise in the Indianapolis community are lack of time, lack of motivation, and lack of physical energy.

Overall, YOGI members are proportionally more white and female than the overall population of Marion County. The most underrepresented groups in the YOGI membership are those making less than $49,999 a year and African-American and Hispanic community members. Athenaeum and Indy Bike Hub have the greatest difference between membership demographics and the centers' service area demographics of the ten centers analyzed. The center portraits also reveal that four centers (Athenaeum, Avondale Meadows, City Way, and Indianapolis Bike Hub) have a rate of diabetes diagnosis greater than the Marion County average while three centers (Baxter, Jordan, and Pike) have a diabetes diagnosis rate less than the average. Survey results show that YOGI members generally feel safe in the centers and in their neighborhoods, but feel less safe in YOGI parking lots.

Evaluation of YMCA Programming Addressing Health Disparities

The Program Evaluation Team researched three wellness programs—Diabetes Prevention Program, Enhance®Fitness, and LIVESTRONG®—by interviewing center and Association wellness staff and examining the relevant program data. The Policy and Management Team reviewed YOGI policies, procedures, and practices through extensive review of existing policies, interviews with staff, and site visits.

At the organizational level, the teams found two major strengths: first, that the staff are well connected to the mission and, second, that new YOGI staff members are introduced to the Association Strategic Plan during their orientation. These both help staff engage with YOGI's mission. However, we recommend YOGI involve its staff more in the strategic planning process and implementation. The team found that most of the center staff were unaware of YOGI's strategic plan and were not implementing it on a day-to-day basis. Better connection between the center staff to the wider YOGI organization is a major theme of this Capstone's recommendations.

The major organizational recommendations for YOGI are to:

- Provide a Framework for Staff Involvement in Creating the Strategic Plan
- Assign Individual Metrics to Broader Organizational Goals
- Develop New Membership Options to Accommodate Larger Families
- Provide Staff Trainings on Programs, Emphasizing the Importance of Program Data Collection and Entry

Based on the findings of the Community Survey conducted at the Jordan and Pike Centers, we make the following recommendations:

- Consider Offering ½ Hour Group Exercise Classes
- Consider Scheduling High-Use Equipment
- Consider Assisting Individuals in Finding Work-out Partners

Making this Analysis Sustainable

Repeating the analyses we have conducted over the past few months will allow YOGI to see the evolution of its organization and impact on the community over time. We have provided tools in the full report that will help make this analysis sustainable. These resources include data sources like savi.org, implementation steps for the member health survey and community interviews, questions used for staff interviews, data points to collect internally, and logic models to clarify the connection between the program activities and outcomes for the Diabetes Prevention Program, Enhance®Fitness, and LIVESTRONG®.

This Capstone team hopes that its investigation into health disparities, barriers to helping disparate populations, and wellness programming will help YOGI and the individual centers best serve their communities. Additionally, strategically using the tools produced by this project will allow YOGI to continue to adapt its programs to its environment and optimize its impact.

Introduction

YMCA of Greater Indianapolis

A vital community resource for over 150 years, the YMCA of Greater Indianapolis (YOGI) focuses on youth development, healthy living, and social responsibility. The YMCA's mission is "to put Christian principles into practice through programs that build healthy spirit, mind, and body for all." To achieve this goal, YOGI meets the community where it stands and engages community members with physical locations and off-site programming. Specifically, YOGI exists to create access to better lives by delivering programs and services that strengthen communities.

Health Disparities and the YMCA of Greater Indianapolis

Today, the YOGI is comprised of 12 YMCA facility centers, which serve more than 185,000 people from every age and walk of life. It provides over $6 million in scholarships, program subsidies, and underwritten programs in low-income communities. YOGI partners with four major hospitals, aiming to make healthcare more accessible in Indianapolis. It convened an initiative to make Indianapolis one of the top 25 healthiest cities by 2025. YOGI helps those diagnosed with pre-diabetes avoid the development of chronic disease, enriching their quality of life. All of YOGI's programs aim to strengthen the foundation of the Greater Indianapolis community.

There are nine physical YOGI centers within Marion County that are spread throughout the city, each nested in unique communities with diverse populations. With such a wide spectrum of members and communities to serve, delivering the correct service while still maintaining continuity throughout the Association is a challenge. While YOGI has found ways to combat the challenge of serving diverse communities, such as hiring skilled staff from various backgrounds and engaging its membership base, much work remains to be done. Despite its large size, YOGI's membership still represents only a fraction of the people who live in the service area surrounding a given center.

Graduate students from Indiana University's School of Public & Environmental Affairs (SPEA), in partnership with YOGI, aimed to address some of the challenges YOGI faces in their culminating capstone project. This report encapsulates the work done for the project and includes findings and recommendations surrounding four specific questions that YOGI posed to the capstone group:

Four Project Questions

1. What are the health disparities in each of the YMCA communities?
2. What are the barriers to working with disparate populations?
3. How should this affect the services and programs that YOGI offers as well as how it offers them?
4. How do we make this analysis sustainable and repeatable in the future?

Project Work Groups

Project tasks were divided across four working groups. The work of each of these groups was then integrated in order to answer the four major questions described above. Below is a brief description of the work conducted over the course of the project.

Quantitative Analysis Team

Jason Markzon, Ryan Shaver, Ruth Winecoff, and Scott Zellner

The Quantitative Analysis Team outlined the health disparities for all nine Marion County (and also Fishers) YMCA centers using existing data sources. Disparities are based on the incidence of five health issues: hypertension diagnoses, cancer deaths, heart disease diagnoses, diabetes diagnoses, and asthma diagnoses. The group was also responsible for looking at which populations are most at risk for these issues in each YMCA community. Additionally, the group reviewed the barriers to participation in health and wellness programs for vulnerable populations from a quantitative point of view. For example, it is not enough to know that X population is more at risk for asthma than other Y populations; we also want to know what stops X population from getting treatment (e.g., Do they not have a car? Is money an issue? Is there a place they are more comfortable than they Y?).

Qualitative Analysis Team

Chris Hampton, Caitlin Homenda, Sarah Horn, and Rachel Schoenian

The Qualitative Analysis Team focused on the collection and analysis of health disparity and barrier data that were not previously available. They developed and administered surveys and interviews that examined YOGI members' health status and community members' barriers to participation in health and wellness programs from a qualitative, self-reporting point of view.

Program Evaluation Team

Rachel Breck, Deborah Ernstes, Jennifer Healy, Jovana Ilic, and Kristen Richter

One goal of the project was to provide recommendations for program improvements to three wellness programs–the Diabetes Prevention Program (DPP), LIVESTRONG®, and Enhance®Fitness. The Program Evaluation Team worked to develop specific definitions of success for each program, including the development of logic models to demonstrate the connection between program activities, outputs, and outcomes. The Team interviewed program staff from a number of centers about their experiences implementing the three

programs and developed recommendations to strengthen YOGI's impact reporting and consistent program execution across centers.

Policy and Management Team

Kirsten Douglass, Leigh Anne Elliott, Roy Fillyaw, and Kelly Fraser

The Policy and Management Team conducted a broader analysis of YOGI policies and organizational structures to identify communication and implementation roadblocks that prevent the Y from effectively fulfilling its mission. The team reviewed current policies including strategic plans, implementation guides, program descriptions, and volunteer and staff handbooks; completed site visits and interviews to gather feedback from staff at multiple levels within the Association; and provided recommendations on improvements related to the themes of this project.

YMCA Centers Included in the Project

Table 1 below displays which centers were included in this project and which type of analysis each center received from each group.

Table 1: YMCA Centers Included in the Project

	Quantitative	**Qualitative**		**Program Evaluation**	**Policy and Management**
	Data Analysis	Member Survey	Community Interview	Interviews & Analysis	Interviews & Site Visits
Athenaeum	X			X	X
Avondale Meadows	X				X
Baxter	X				
Benjamin Harrison	X				
Bike Hub	X			X	X
City Way	X				
Jordan	X	X	X	X	X
Pike	X	X	X	X	X
Ransburg	X				

What are the health disparities in each of the YMCA communities? What are the barriers to working with disparate populations in those communities?

Background

Our analysis focused on identifying disparities in each of ten YOGI neighborhoods, the nine within Marion County and one within Fishers. In particular, we examined the disparities surrounding five health issues related to YOGI's targeted programming: cancer, heart disease, diabetes, asthma, and hypertension. We also identified barriers to participation in health and wellness programs from both a *quantitative* and *qualitative* point of view.

The term "disparity" is often associated strictly with racial and ethnic data. However, many dimensions of disparities exist in our country, and many of these disparities surround health. A person's race, ethnicity, sex, age, socioeconomic status, and geographic location are all social determinants that impact one's ability to access health and wellness programs and be healthy. A disparity exists when a health outcome—positive or negative—is associated with certain populations more than others. In working with these disparate populations, it is important to identify their perceived barriers to participation in regular exercise or health and wellness programming, in addition to the barriers identified through traditional quantitative analyses.

In this section of the report, you will find:

- Methodology
- Quantitative findings on disparities and barriers in a center-by-center format
- Qualitative findings on barriers

Methodology

The project uses both existing and project-generated data to address the questions posed above. The question of health disparities was mostly answered through traditional quantitative analyses of existing data, while the question about barriers was answered through a combination of existing quantitative data and project-generated qualitative data.[1]

Traditional Quantitative Analyses of Existing Data:

The Quantitative Analysis Team performed analysis of variance (ANOVA), correlation analysis, and trend analysis to identify health disparities and barriers to participation in each of the YMCA communities**.** Data for these analyses were primarily collected from the American Community Survey and the Marion County Health Department, as well as crime counts generated by the Indianapolis Metropolitan Police Department that were then submitted to the FBI's Uniform Crime Report. The data cover the years 2010-2014 for most variables.

- Appendix A includes a list of health indicators and demographic variables used for the analyses.
- Appendix B provides an explanation of why the Team chose the specific variables.
- Appendix C includes a description of the three types of analyses conducted.

Member Health Status Survey:

The Qualitative Analysis Team designed and implemented a one-page survey for YMCA members. The survey results were meant to augment the existing data analysis and determine if the health status (specifically, prevalence of diabetes, cancer, heart disease, asthma, and hypertension) of YMCA members resembled similar data collected through the quantitative analysis. Due to time constraints of the project, the survey was only implemented in the Pike and Jordan neighborhoods.[2]

- Appendix D includes a copy of the survey instrument.
- Appendix E includes an explanation of the survey constraints and a summary of preliminary results.
- Appendix F includes a representativeness comparison of survey respondents when compared to *YMCA membership demographic data.*
- Appendix G includes a representativeness comparison of survey respondents when compared to *wider community demographic data.*
- Appendix H is a flyer that was used to promote the member health status survey.

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[1] In the scope of this project, quantitative refers to numerical values that measure an aspect of the population (such as crime rate) and qualitative refers to how members of the community feel regarding that aspect (such as how safe community members feel).

[2] Existing data only included incidence (the number of new cases diagnosed during a particular year) of health issues, instead of prevalence (the total number of the population that has been diagnosed with the health condition). The little information that was collected through this method was not usable to complete the intended analysis.

Comparison Analysis of YMCA Membership Data

We compared pre-existing YMCA membership demographic data with wider community data to see how closely YOGI centers resemble the communities surrounding them. Four demographic areas of comparison were used: gender, age, race, and income less than $50,000. The Team selected these variables because YOGI already collects this information for its members. The center-by-center quantitative findings summary includes the center-level findings, and the quantitative analysis section includes the Association-level findings.

Community Interviews:

To provide a more robust analysis of barriers to participation in health and wellness programs, including those offered at the YMCA, the Qualitative Analysis Team asked Indianapolis residents in the Pike and Jordan neighborhoods about their personal barriers to regular exercise in a short (1-2 minute) face-to-face interview. Students trained volunteers to implement the interview in a non-suggestive manner so interviewers could capture community members' true self-reported barriers. Capstone members and volunteers conducted the interviews at public intercept points in the Pike and Jordan neighborhoods on Saturday, March 12th and Saturday, March 19th.

- The qualitative analysis section includes main findings from the community interviews.
- Appendix I includes a copy of the community interview format.
- Appendix J includes a longer report and discussion of findings.
- Appendix K includes a representativeness comparison of survey respondents when compared to *wider community demographic data.*
- Appendix L is a training guide for community interview volunteers.
- Appendix M is a volunteer description for community interview volunteers.
- Appendix N includes maps of the Jordan and Pike neighborhoods.

Findings

Quantitative Findings

Findings on both health disparities and barriers to participation in health and wellness programs from the *quantitative analysis* are summarized **center by center** starting on page 14. Also included in the center-by-center summaries is a graphical representation that compares center membership demographics to neighborhood demographics. These comparisons are useful in identifying underserved groups and seeing the extent to which YOGI centers looks like the wider community. Table 2 includes a comparison of Marion County demographic data with YOGI's Association-wide membership data.

Table 2: YMCA Membership Demographics vs. Marion County Demographics

Variables	YOGI Membership Demographics	Marion County	Difference	Representation
Gender				
Male	47.73%	48.25%	-0.52%	Underrepresented
Female	51.77%	51.75%	0.01%	Overrepresented
Age				
15-24	15.62%	14.33%	1.29%	Overrepresented
25-44	27.93%	29.44%	-1.51%	Underrepresented
45-64	17.81%	24.47%	-6.66%	Underrepresented
65+	8.29%	10.71%	-2.42%	Underrepresented
Race / Ethnicity				
Hispanic	3.13%	8.80%	-5.67%	Underrepresented
White	73.05%	64.38%	8.67%	Overrepresented
Black	18.05%	26.48%	-8.42%	Underrepresented
Native American	0.18%	0.23%	-0.05%	Underrepresented
Asian	2.57%	2.02%	0.55%	Overrepresented
Pacific Islander	0.05%	0.02%	0.03%	Overrepresented
Multiracial	2.97%	2.70%	0.27%	Overrepresented
Income				
≤$49,999	25.12%	56.69%	-31.57%	Underrepresented
$50-99,000		28.79%		
$100,000+		14.52%		

Note: The YMCA Membership Demographic data was incomplete for racial makeup of membership. Of 77,047 members included in the entire YOGI data, 22,189 members had missing racial data (or 28.8% of membership).

Key
> 20% Difference
15.01 - 20% Difference
10.01 - 15% Difference
5.01 - 10% Difference
0.001 - 5% Difference

Notes on Quantitative Analysis Team Findings: As seen above, households with annual income below $50,000 are significantly underrepresented in YOGI membership. Based on our analysis, YOGI membership has roughly 32% fewer households at this income level when compared to Marion County. Using a total membership figure of 77,047, we would expect YOGI to have 43,678 members earning below $50,000 if membership was representative of Marion County. However, only 19,356 members identified as living in a household earning less than $50,000. Since these data are self-disclosed by YMCA members, it could be that not all members that fall within this income bracket report their income levels to YOGI. However, it is unlikely that the entire 32% difference between YOGI and the wider Marion County community is related to insufficient self-disclosure from members.

Additionally, Table 2 shows that the racial demographics of YOGI members do not match those of Marion County as a whole. This might not actually be the case, because the demographic data collected by YOGI had a significant amount of missing information on members' race. Of the 77,047 members included in the analysis, 22,189 members (or roughly 29%) had missing racial data. In order to complete our analysis, we assumed that the racial breakdown of the missing values was similar to the reported membership racial data. However, it would significantly impact the results of the analysis if this assumption does not hold.

Qualitative Findings

By asking interviewees, "What are two to three things that make regular exercise and participation in health and wellness programs, difficult for you?," we found the following:

1. Lack of time is a major barrier to regular exercise in the Indianapolis community.

Survey respondents reported lack of time as a barrier that impacted their ability to participate in health and wellness programs. While it is unclear exactly what each respondent meant when they selected "lack of time," several people clarified that "lack of time" related to their work schedules, feeling too busy, or the number of hours they had in a day that were already occupied with other duties or responsibilities.

- **Within the Jordan YMCA community:**

  This self-identified barrier was common across all genders, ages, races, household income levels, and educational attainment levels (with the exception of Associate's degree earners). Additionally, respondents who identified any of the five health issues (diabetes, cancer, heart disease, asthma, and high blood pressure) frequently cited this as a barrier to participation.

- **Within the Pike YMCA community:**

  This self-identified barrier was most common among women and individuals between the ages of 25-44. However, it was consistently cited across ethnic and racial groups, household income levels, and educational attainment levels.

2. Lack of priority/motivation is a major barrier to regular exercise in the Indianapolis community.

Many respondents stated that they either do not prioritize exercising or participating in health and wellness programs or have a lack of motivation to participate.

- **Within the Jordan YMCA community:**

  This self-identified barrier was common across almost all demographic categories. Younger individuals (those between ages 18-44) and higher income earners (those households earning $100,000 or more) more frequently cited a lack of priority/motivation as a barrier to participation.

- **Within the Pike YMCA community:**

  A lack of priority/motivation was most common amongst women and individuals between the ages of 25-44. However, it was consistently cited across ethnic and racial groups, household income levels, and educational attainment levels.

3. Lack of physical energy is a major barrier to regular exercise in the Indianapolis community.

Here, respondents identified a lack of physical energy as a barrier preventing them from participating in health and wellness programs. "Lack of energy" could mean feeling exhausted after a long workday or relate to physical exhaustion from illness or injury.

- **Within the Jordan YMCA community:**

  This self-identified barrier was common across almost all demographic categories. However, most respondents who identified this barrier were white and non-Hispanic and lower income earners (those households earning less than $50,000).

- **Within the Pike YMCA community:**

  This barrier was common across almost all demographic categories. However, most respondents who identified this barrier were younger (between ages 18-44) and had higher levels of educational attainment (bachelor's or advanced degrees).

Recommendations for how these barriers can be incorporated into YOGI programming is included in our Recommendations Section.

Notes on Qualitative Analysis Team Findings: The self-identified barriers to regular exercise or participation in health and wellness programs found through the interviews did not align with the *quantitative* barriers identified in the center-by-center health disparity and barriers snapshots. This could be due to a variety of reasons surrounding design of the community interview and the fact that many rich, contextual data points cannot be identified through traditional quantitative variables.

Though both *qualitative* and *quantitative* analyses of barriers to health and wellness participation are necessary, we believe the interview results to be a better indicator of how to work with disparate populations. These findings represent respondents' beliefs of why they cannot or do not exercise and are valuable in shaping information or programming for those who do not currently participate in health and wellness programs.

Though findings only represent self-reported barriers of populations living within three miles of the Jordan and Pike YMCA, we are confident that similar findings would be identified if YOGI implemented the community interview process in other YMCA neighborhoods.

Center- Specific Findings

In the following section, we highlight key differences between each YOGI center and Marion County as a whole. Each center's results are divided into four subsections:

Summary

This section briefly describes the conclusions drawn from the data.

Differences from Marion County

We use Analysis of Variance (described in Appendix C) to estimate how the population living in the three-mile radius surrounding each center differs from the population of Marion County as whole. Only meaningful results are reported.

Correlations

We use correlation coefficients (described in Appendix C) to analyze the relationships between demographics and health outcomes for the population living within the three-mile radius surrounding each center.

Trend Analysis

We analyze the percentage of the population with the demographic characteristics and health outcomes used throughout our analysis over the 2010 to 2013 period. We analyze the trends for both the population living within the three-mile radius surrounding each center and the population of Marion County as a whole, allowing us to draw comparisons (methodology described in Appendix C). Only meaningful results are included in this report.

Comparison of YMCA Demographics and Membership Demographics

We present tables comparing the available demographic information of each center to the surrounding community. These figures are not necessarily directly comparable to the figures in the preceding parts of the analysis, because they come from different data sources. This includes internal YOGI data.

Key
> 20% Difference
15.01 - 20% Difference
10.01 - 15% Difference
5.01 - 10% Difference
0.001 - 5% Difference

Significant divergences between these populations are color coded according to the key on the left.

Potential Limitations

Please note that there were missing values for race/ethnicity in the membership demographic data. There was no information for 22,189 of 77,047 (or 29%) for YOGI overall, as described in an earlier section. Centers each had different proportions of missing racial data:

- 23% (5,133 of 21,989) for Fishers,
- 17% (2,603 of 14,936) for Baxter,
- 29% (2,298 of 7,943) for Ransburg,
- 38% (4,502 of 11,793) for Benjamin Harrison,
- 27% (281 of 1,040) for Indy Bike Hub,
- 21% (604 of 2,834) for Athenaeum,
- 63% (1,362 of 2,178) for Avondale Meadows,
- 37% (1,176 of 3,195) for Pike, and
- 38% (4,230 of 11,139) for Jordan.

We chose to use data for only those members with a known race/ethnicity so findings would not be significantly impacted by the missing values. This resulted in the total number of 54,858 members for YOGI overall, 16,856 for Fishers, 12,333 for Baxter, 5,645 for Ransburg, 7,291 for Benjamin Harrison, 759 for Indy Bike Hub, 2,230 for Athenaeum, 816 for Avondale Meadows, 2,019 for Pike, and 6,909 for Jordan.

Additionally, existing YOGI data sources only track income data for those members making $55,000 or less and these figures are self-reported by members. Since household income is not tracked for all YOGI members, there could be current members that fall within the category of a household earning $49,999 and less, but have not reported this to YOGI. When we completed our analysis of the portion of YOGI members that are in a household earning $49,999 and less, we used the total membership figures for the centers (77,047 for overall YOGI, 21,989 for Fishers, 14,936 for Baxter, 7,943 for Ransburg, 11,793 for Benjamin Harrison, 2,834 for Athenaeum, 2,178 for Avondale Meadows, 3,195 for Pike, and 11,139 for Jordan.)

Athenaeum

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Athenaeum is demographically distinct from Marion County overall and experiences more severe negative health outcomes. The population around the center is younger, with more Hispanic people and single mother households than the County. Cancer fatalities and diabetes and asthma diagnoses are higher than the County population.

The population surrounding the center is more likely to face several barriers to participation in YOGI programs than the County as a whole. There is a positive relationship between the percentage of the population that is under 24 and the percentage that speaks a language other than English or Spanish at home.

People aged 25-44 are overrepresented among Athenaeum's membership by roughly 19% when compared to county statistics as a whole. Additionally, those who identify as white are overrepresented by 15% while those who identify as African American are underrepresented by 14%.

Differences from Marion County

Table 3: Athenaeum Community and Marion County Comparisons

Athenaeum Comparison to Marion County	Athenaeum Rate	Marion Rate	Difference*
Demographics			
Persons 65 or Older	9.11%	16.72%	-7.61%
Single Mother Households	13.46%	11.04%	2.42%
Women	49.47%	51.53%	-2.06%
Hispanic	11.40%	8.79%	2.61%
Health			
New Asthma Diagnoses	0.287%	0.224%	0.063%
Cancer Death Rate	0.188%	0.141%	0.05%
New Diabetes Diagnoses	0.384%	0.25%	0.13%
Hypertension Hospitalizations	0.0524%	0.0046%	0.05%
Barriers			
Crime Rate (per capita)	0.171	0.107	6.40
Households with a primary language other than English or Spanish	1.16%	5.45%	-4.29%
People Without High School Diplomas	18.44%	11.17%	7.27%
Households Without a Car	23.02%	13.30%	9.72%
Poverty Rate	13.61%	20.75%	-7.14%
Differences are statistically significant at the 0.05 level*			

Correlations - There are no meaningful associations between variables to report.

Trend Analysis

Health Outcomes:

- New diabetes diagnoses for those around the center is higher than county rates
- New asthma diagnoses for those around the center is higher than county rates, though it decreased in 2013

Comparison of YMCA and Community Demographics

Table 4: Athenaeum Membership and Community Comparisons

Variables	Membership Demographics	Athenaeum	Difference	Representation
Gender				
Male	50.46%	50.87%	-0.41%	Underrepresented
Female	49.05%	49.13%	-0.09%	Underrepresented
Age				
15-24	12.53%	15.56%	-3.04%	Underrepresented
25-44	50.42%	31.65%	18.77%	Overrepresented
45-64	18.14%	23.51%	-5.37%	Underrepresented
65+	4.30%	8.90%	-4.60%	Underrepresented
Race / Ethnicity				
Hispanic	3.09%	11.96%	-8.86%	Underrepresented
White	78.83%	63.84%	15.00%	Overrepresented
Black	12.91%	26.92%	-14.00%	Underrepresented
Native American	0.09%	0.25%	-0.16%	Underrepresented
Asian	2.60%	1.23%	1.37%	Overrepresented
Pacific Islander	0.04%	0.00%	0.04%	Overrepresented
Multiracial	2.42%	2.92%	-0.49%	Underrepresented
Income				
≤$49,999	25.48%	72.24%	-46.76%	Underrepresented
$50-99,000		20.36%		
$100,000+		7.40%		

Avondale Meadows

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Avondale Meadows is demographically distinct from Marion County overall and experiences more severe and worsening negative health outcomes. The population around the center is younger and has more people of color—particularly African-Americans—than the County. Cancer fatalities and new asthma and diabetes diagnoses are higher than the County population as a whole. Furthermore, cancer fatalities and diabetes diagnoses are increasing over time and at a faster rate than the County overall.

Interestingly, those living around Avondale Meadows usually experience the same or fewer barriers to participation than the County as a whole, though those around the center are less likely to own a car. There is a positive relationship between the percentage of the population that is African American and the percentage of the population that faces several of the barriers to participation.

Avondale Meadows membership does not resemble the racial composition of the surrounding area. Specifically, white members are underrepresented by roughly 28% and African-American members are overrepresented by roughly 27%.[3] Additionally, this center has an underrepresentation of members aged 45-64 by roughly 12%.

Differences from Marion County

Figure 5: Avondale Meadows Community and Marion County Comparisons

Avondale Meadows Comparison to Marion County	Avondale Rate	Marion Rate	Difference*
Demographics			
Persons 65 or Older	11.81%	16.72%	-4.91%
African Americans	57.59%	29.68%	27.91%
Hispanic	3.45%	8.79%	-5.34%
Health			
New Asthma Diagnoses	0.315%	0.224%	0.091%
Cancer Death Rate	0.224%	0.141%	0.08%
New Diabetes Diagnoses	0.312%	0.251%	0.06%
Hypertension Hospitalizations	0.078%	0.0046%	0.073%
Barriers			
Households Without a Car	18.04%	13.3%	4.74%
Spanish Speaking Households	3.26%	7.37%	-4.11%
Non-English, Non-Spanish Speaking Households	0.385%	5.45%	-5.07%
Persons living in Poverty	11.45%	20.75%	-9.30%
Differences are statistically significant at the 0.05 level*			

[3]Please note that Avondale Meadows was missing a large proportion of data on members' race (63% unreported), so these results could be inaccurate if center members with missing race data do not have the same racial breakdown as those for whom the data was collected.

Correlations - There are no meaningful associations between variables to report.

Trend Analysis

Health Outcomes:

- Cancer fatalities are rising in the population both around the center and at the county level
- New diabetes diagnoses are rising faster for those around the center than county rates, though they are increasing at the county level as well
- Asthma diagnosis decreased among those around the center and at the county level in 2013

Comparison of YMCA and Community Demographics

Table 6: Avondale Meadows Membership and Community Comparisons

Variables	Membership Demographics	Avondale Meadows	Difference	Representation
Gender				
Male	49.08%	47.28%	1.80%	Overrepresented
Female	50.18%	52.72%	-2.53%	Underrepresented
Age				
15-24	20.39%	16.04%	4.34%	Overrepresented
25-44	25.07%	27.81%	-2.74%	Underrepresented
45-64	14.14%	26.09%	-11.95%	Underrepresented
65+	3.21%	12.01%	-8.80%	Underrepresented
Race / Ethnicity				
Hispanic	2.33%	3.46%	-1.13%	Underrepresented
White	13.97%	42.29%	-28.32%	Underrepresented
Black	79.29%	52.26%	27.03%	Overrepresented
Native American	0.12%	0.13%	-0.003%	Underrepresented
Asian	0.37%	0.88%	-0.51%	Underrepresented
Pacific Islander	0.00%	0.02%	-0.02%	Underrepresented
Multiracial	3.92%	3.03%	0.89%	Overrepresented
Income				
≤$49,999	42.15%	61.14%	-18.99%	Underrepresented
$50-99,000		24.09%		
$100,000+		14.77%		

Baxter

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Baxter is demographically distinct from Marion County overall and experiences less severe negative health outcomes. The Center population has substantially fewer African-Americans and fewer single mother households than the county. The population around Baxter has fewer asthma and diabetes diagnoses than the county, but there is a positive relationship between those the percentage of the population 65 or older and percentage of the population who die of cancer. Finally, the area around the Center has a lower crime rate and lower poverty levels than the county in its entirety.

Differences from Marion County

Table 7: Baxter Community and Marion Country Community Comparisons

Baxter Comparison to Marion County Proportions:	Baxter Rate	Marion Rate	Difference*
Demographics			
Single Mother Households	6.25%	11.04%	-4.79%
African Americans	3.50%	29.68%	-26.18%
Health			
New Asthma Diagnoses	0.13%	0.22%	-0.09%
New Diabetes Diagnoses	0.15%	0.25%	-0.10%
Hypertension Hospitalizations	0.03%	0.0046%	0.03%
Barriers			
Crime Rate (per captia)	7.10%	10.67%	-3.57
Poverty Rate	7.42%	20.75%	-13.33%
Differences are statistically significant at the 0.05 level*			

Correlations

Demographics & Health Outcomes:

- There is a 37% positive relationship between the percentage of the population 65 or older and the percentage of the population who die of cancer

Trend Analysis

Health Outcomes:

- Asthma diagnoses decreased in 2013 among those living around the center

Comparison of YMCA and Community Demographics

Table 8: Baxter Membership and Community Comparisons

Variables	Membership Demographics	Baxter	Difference	Representation
Gender				
Male	47.27%	47.94%	-0.67%	Underrepresented
Female	52.10%	52.06%	0.04%	Overrepresented
Age				
15-24	15.39%	13.34%	2.04%	Overrepresented
25-44	25.76%	29.50%	-3.75%	Underrepresented
45-64	17.38%	24.36%	-6.98%	Underrepresented
65+	9.88%	12.58%	-2.70%	Underrepresented
Race / Ethnicity				
Hispanic	2.82%	5.22%	-2.40%	Underrepresented
White	81.59%	78.98%	2.61%	Overrepresented
Black	7.56%	13.39%	-5.82%	Underrepresented
Native American	0.12%	0.19%	-0.07%	Underrepresented
Asian	4.67%	2.74%	1.93%	Overrepresented
Pacific Islander	0.07%	0.00%	0.07%	Overrepresented
Multiracial	3.17%	1.82%	1.35%	Overrepresented
Income				
≤$49,999	23.29%	48.04%	-24.76%	Underrepresented
$50-99,000		34.79%		
$100,000+		17.17%		

Benjamin Harrison

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Benjamin Harrison is demographically distinct from Marion County. The population surrounding Benjamin Harrison has fewer elderly individuals and a disproportionately large proportion of the households headed by a single mother with children under 18.

On most health measures, the area around Benjamin Harrison is comparable to county averages. One exception is that the rate of new diabetes diagnoses seems to be rising somewhat faster than the county's rate overall, though this difference is not large enough to show up as a systemic difference in our other statistical tests. This result may also be due to a data anomaly. As with most of the centers, the area around Benjamin Harrison also has a lower rate of hypertension-related hospitalizations than the county average.

Overall, those around Benjamin Harrison have somewhat fewer barriers to participation in YOGI programs. The area has fewer households that use a language other than English or Spanish as the primary language, a lower proportion of the population living in poverty, and a lower crime rate than Marion County overall.

While the proportion of nearby households that do not own a car seems to be somewhat higher than the county average in recent years, this difference is small enough that there does not seem to be a systematic difference between Benjamin Harrison and the rest of the county on this measure.

Differences from Marion County

Table 9: Benjamin Harrison Community and Marion County Comparisons

Benjamin Harrison Comparison to Marion County	Benjamin Harrison Rate	Marion Rate	Difference*
Demographics			
Persons 65 or Older	9.92%	16.72%	-6.80%
Single Mother Households	14.93%	11.04%	3.89%
Health			
Hypertension Hospitalizations	0.0426%	0.0046%	0.04%
Barriers			
Households with a primary language other than English or Spanish	4.49%	5.45%	-0.96%
Crime Rate (per capita)	0.0645	0.107	-4.25
Poverty Rate	9.57%	20.75%	-11.18%
Differences are statistically significant at the 0.05 level*			

Correlations

Demographics & Health Outcomes:

- There is a 38% correlation between the percentage of the population that are women and the percentage of the population with new asthma diagnoses
- There is a 41% negative relationship between the percentage of the population that are over 65 and the rate of cancer deaths

Trend Analysis

Health Outcomes:

- New diabetes diagnoses are increasing faster than the overall county rate, but level off in 2013

Comparison of YMCA and Community Demographics

Table 10: Benjamin-Harrison Membership and Community Comparisons

Variables	Membership Demographics	Benjamin Harrison	Difference	Representation
Gender				
Male	46.98%	48.00%	-1.02%	Underrepresented
Female	52.30%	52.00%	0.30%	Overrepresented
Age				
15-24	17.93%	14.39%	3.54%	Overrepresented
25-44	23.12%	28.14%	-5.02%	Underrepresented
45-64	18.83%	24.49%	-5.66%	Underrepresented
65+	10.44%	9.84%	0.60%	Overrepresented
Race / Ethnicity				
Hispanic	3.73%	11.12%	-7.39%	Underrepresented
White	52.68%	54.30%	-1.61%	Underrepresented
Black	39.34%	36.65%	2.69%	Overrepresented
Native American	0.22%	0.20%	0.02%	Overrepresented
Asian	0.99%	1.28%	-0.30%	Underrepresented
Pacific Islander	0.04%	0.00%	0.04%	Overrepresented
Multiracial	3.00%	3.54%	-0.54%	Underrepresented
Income				
≤$49,999	32.26%	53.36%	-21.10%	Underrepresented
$50-99,000		31.83%		
$100,000+		14.82%		

City Way

Summary

Our analysis suggests that the population living in the three-mile radius surrounding City Way differs from Marion County as a whole. A greater proportion of the population is Hispanic, there are somewhat more households led by a single mother, and a smaller portion is age 65 and older. This area around this center experiences more diabetes diagnoses per capita and substantially fewer hypertension diagnoses.

The population in the City Way service area seems to experience a range of barriers to participation compared to the whole of Marion County: more than a third of the population identifies Spanish as their primary household language, there is a 63% higher crime rate, and a 69% higher portion of households without a car.

Differences from Marion County

Table 11: City Way Community and Marion Country Community Comparisons

City Way Comparison to Marion County Proportions:	City Way Rate	Marion Rate	Difference*
Demographics			
Persons over 65	8.71%	16.72%	-8.01%
Single Mother Households	13.68%	11.04%	2.64%
Women	49.15%	51.53%	-2.38%
Hispanics	12.87%	8.80%	4.07%
Health			
New Diabetes Diagnoses	0.35%	0.25%	0.10%
Hypertension Hospitalizations	0.05%	0.46%	-0.41%
Barriers			
Spanish Speaking Households	10.17%	7.37%	2.80%
Households with a primary language other than English or Spanish	0.81%	5.45%	-4.64%
Persons without High School Diplomas	19.60%	11.18%	8.42%
Households Without a Car	22.49%	13.30%	9.19%
Crime Rate (per captia)	17.37%	10.67%	6.70
Poverty Rate	13.68%	20.75%	-7.07%
Differences are statistically significant at the 0.05 level*			

Correlations - There are no meaningful associations between variables to report.

Trend Analysis

Health Outcomes:

- Diabetes diagnoses rate and asthma diagnoses rate are trending above the county average but are not increasing at a significantly greater rate than the county

Comparison of YMCA and Community Demographics

Membership data not available.

Fishers

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Fishers is demographically distinct from Marion County overall and experiences similar health outcomes. The population around the center has substantially fewer African-Americans, people identifying as Hispanic, and households led by single mothers. There are also fewer hypertension hospitalizations. Additionally, there are negative relationships between the percentage of the population under 24 and the percentage of several health outcomes and positive relationships between the percentage of the population 65 or older and the percentage of several health outcomes. In other words, youth living around Fishers are healthier and those 65 and older are less healthy than county averages.

Barriers to participation seem to be somewhat lower relative to the rest of the county. There are fewer people with less than a high school education, a lower crime rate, and lower levels of poverty. When including racial or ethnic information in the analysis, however, there is a positive relationship between identifying as African-American or Hispanic in the area around Fishers and a number of barriers to YOGI participation.

Differences from Marion County

Table 12: Fishers Community and Marion Country Community Comparisons

Fishers Comparison to Marion County Proportions:	Fishers Rate	Marion Rate	Difference*
Demographics			
Single Mother Households	6.57%	11.04%	-4.47%
African Americans	11.03%	29.68%	-18.65%
Hispanics	4.54%	8.80%	-4.26%
Health			
Hypertension Hospitalizations	0.03%	0.46%	-0.43%
Barriers			
Persons without High School Diplomas	3.55%	11.18%	-7.63%
Crime Rate (per capita)	6.74%	10.67%	-3.93
Poverty Rate	6.20%	20.75%	-14.55%
Differences are statistically significant at the 0.05 level*			

Correlations

Demographics & Health Outcomes:

- Strong negative relationships between the percentage of the population under 24 and cancer fatality, heart disease diagnosis, asthma diagnosis, diabetes diagnosis, and cancer diagnosis
- Strong positive relationships between the percentage of the population 65 or older and cancer fatality, asthma diagnosis, diabetes diagnosis, and cancer diagnosis

Trend Analysis - There are no meaningful associations between variables to report.

Comparison of YMCA and Community Demographics

Table 13: Fishers Membership and Community Comparisons

Variables	Membership Demographics	Fishers	Difference	Representation
Gender				
Male	48.29%	47.74%	0.55%	Overrepresented
Female	51.43%	52.26%	-0.84%	Underrepresented
Age				
15-24	14.04%	12.17%	1.87%	Overrepresented
25-44	28.44%	28.83%	-0.39%	Underrepresented
45-64	16.60%	26.35%	-9.75%	Underrepresented
65+	6.00%	16.16%	-10.16%	Underrepresented
Race / Ethnicity				
Hispanic	2.82%	5.22%	-2.40%	Underrepresented
White	81.59%	78.98%	2.61%	Overrepresented
Black	7.56%	13.39%	-5.82%	Underrepresented
Native American	0.12%	0.19%	-0.07%	Underrepresented
Asian	4.67%	2.74%	1.93%	Overrepresented
Pacific Islander	0.07%	0.00%	0.07%	Overrepresented
Multiracial	3.17%	1.82%	1.35%	Overrepresented
Income				
≤$49,999	15.17%	45.11%	-29.94%	Underrepresented
$50-99,000		28.13%		
$100,000+		26.76%		

Indy Bike Hub

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Indy Bike Hub is demographically distinct from Marion County. It has a smaller proportion of people over 65, slightly fewer women, and a disproportionately large proportion of households headed by single mothers with children under 18. The population has an increasing rate of new diabetes diagnosis, higher rates of new asthma diagnoses, and more cancer deaths than the county as a whole. Surprisingly, this population has a lower rate of hypertension hospitalizations.

Those around Indy Bike Hub face higher barriers to participation than others in the county. The crime rate is higher, and the area has a larger—and growing—population with less than a high school education. It also has a larger number of households without access to a car. While the median income of the area is somewhat lower than the county average, it has a smaller proportion of the population living in poverty.

Indy Bike Hub membership is not reflective of the surrounding community. Whites are overrepresented by roughly 22%, while African-Americans are underrepresented by roughly 22%. Households earning less than $50,000 are underrepresented by a massive 50%, the most of all centers. Lastly, 25-44 year olds are overrepresented by roughly 26%; this is unsurprising given the target demographic of this center (bike commuters).

Differences from Marion County

Table 14: Indy Bike Hub Community and Marion County Comparisons

Indy Bike Hub Comparison to Marion County	IBH Rate	Marion Rate	Difference*
Demographics			
Persons 65 or Older	9.32%	16.72%	-7.40%
Women	50.01%	51.53%	-1.52%
Single Mother Households	14.29%	11.04%	3.25%
Health			
New Asthma Diagnoses	0.308%	0.224%	0.08%
Cancer Death Rate	0.21%	0.141%	0.07%
New Diabetes Diagnoses	0.395%	0.25%	0.15%
Hypertension Hospitalizations	0.0585%	0.0046%	0.054%
Barriers			
Households with a primary language other than English or Spanish	4.69%	5.45%	-0.76%
People Without High School Diplomas	19.25%	11.17%	8.08%
Crime Rate (per capita)	0.18	0.107	7.30
Households Without a Car	25.57%	13.30%	12.27%
Poverty Rate	14.47%	20.75%	-6.28%
Differences are statistically significant at the 0.05 level*			

Correlations - There are no meaningful associations between variables to report.

Trend Analysis

Demographics & Health Outcomes:

- The proportion of households headed by single mothers with children under 18 is trending higher than the county average, and the rate is rising
- The rate of new diabetes diagnoses is increasing, and slightly above the county average

Comparison of YMCA and Community Demographics

Table 15: Indy Bike Hub Membership and Community Comparisons

Variables	Membership Demographics	Indy Bike Hub	Difference	Representation
Gender				
Male	50.67%	50.46%	0.21%	Overrepresented
Female	49.04%	49.54%	-0.50%	Underrepresented
Age				
15-24	10.87%	14.50%	-3.64%	Underrepresented
25-44	56.83%	31.23%	25.60%	Overrepresented
45-64	20.87%	24.38%	-3.52%	Underrepresented
65+	1.92%	9.14%	-7.21%	Underrepresented
Race / Ethnicity				
Hispanic	3.56%	10.79%	-7.23%	Underrepresented
White	81.69%	59.83%	21.86%	Overrepresented
Black	10.28%	32.00%	-21.73%	Underrepresented
Native American	0.26%	2.54%	-2.27%	Underrepresented
Asian	1.98%	7.43%	-5.46%	Underrepresented
Pacific Islander	0.00%	0.00%	0.00%	Representative
Multiracial	2.24%	2.66%	-0.42%	Underrepresented
Income				
≤$49,999	25.10%	75.19%	-50.09%	Underrepresented
$50-99,000		17.86%		
$100,000+		6.95%		

Jordan

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Jordan is demographically distinct from Marion County. Overall, this center's surrounding area has health measures that are the same or better than Marion County overall. Specifically, the rate of new diabetes diagnoses is lower in this area, as is the rate of hypertension-related hospitalizations.

Demographically, the Jordan area has a small proportion of households led by single mothers. It also has a lower proportion of the population with less than a high school education and a lower proportion of the population that identify African-American. The crime and poverty rates in this area are also lower, suggesting that the population is relatively affluent and barriers to participation may be lower.

Differences from Marion County

Table 16: Jordan Community and Marion County Comparisons

Jordan Comparison to Marion County	Jordan Rate	Marion Rate	Difference*
Demographics			
Single Mother Households	7.07%	11.03%	-3.96%
African Americans	12.11%	29.68%	-17.57%
Health			
New Diabetes Diagnoses	0.16%	0.25%	-0.09%
Hypertension Hospitalizations	0.0267%	0.0046%	0.02%
Barriers			
Crime Rate (per capita)	0.072	0.107	-3.50
Persons Without a High School Diploma	3.64%	11.18%	-7.54%
Poverty Rate	6.67%	20.75%	-14.08%
Differences are statistically significant at the 0.05 level*			

Correlations - There are no meaningful associations between variables to report.

Trend Analysis - There are no meaningful associations between variables to report.

Comparison of YMCA and Community Demographics

Table 17: Jordan Membership and Community Comparisons

Variables	Membership Demographics	Jordan	Difference	Representation
Gender				
Male	47.87%	47.71%	0.15%	Overrepresented
Female	51.73%	52.29%	-0.56%	Underrepresented
Age				
15-24	14.71%	13.93%	0.79%	Overrepresented
25-44	30.70%	30.16%	0.55%	Overrepresented
45-64	20.00%	24.07%	-4.07%	Underrepresented
65+	9.12%	15.26%	-6.13%	Underrepresented
Race / Ethnicity				
Hispanic	2.63%	6.99%	-4.35%	Underrepresented
White	75.60%	76.82%	-1.23%	Underrepresented
Black	16.62%	14.61%	2.01%	Overrepresented
Native American	0.30%	0.11%	0.20%	Overrepresented
Asian	2.21%	3.22%	-1.00%	Underrepresented
Pacific Islander	0.00%	0.00%	0.00%	Representative
Multiracial	2.63%	1.74%	0.89%	Overrepresented
Income				
≤$49,999	21.03%	49.25%	-28.22%	Underrepresented
$50-99,000		26.88%		
$100,000+		23.87%		

Pike

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Pike is demographically distinct from Marion County. Overall, the Pike area has comparable or better health outcomes than Marion County averages, though there are some demographic differences. The area is generally younger and has slightly more women. It also has a larger proportion of the population that identify as African-American or Hispanic. Most health indicators are not meaningfully different from the county's averages, but both the rate of new diabetes diagnoses and the rate of hypertension-related hospitalizations are lower than the county overall.

In terms of potential barriers, a larger proportion of households use Spanish as the primary language in the home. The area around Pike also has fewer individuals without a high school diploma and a smaller share of the population living in poverty.

When comparing Pike membership to the surrounding community, Hispanic people are underrepresented by roughly 9% in Pike.

Differences from Marion County

Table 18: Pike Community and Marion Country Community Comparisons

Pike Comparison to Marion County Proportions:	Pike Rate	Marion Rate	Difference*
Demographics			
Persons Over 65	8.56%	16.73%	-8.17%
Women	53.76%	51.53%	2.23%
African Americans	45.06%	29.68%	15.38%
Hispanics	13.19%	8.80%	4.39%
Health			
New Diabetes Diagnoses	.16%	.25%	-0.09%
Hypertension Hospitalizations	.04%	.46%	-0.42%
Barriers			
Spanish Speaking Households	10.16%	7.37%	2.79%
Persons without High School Diplomas	7.46%	11.18%	-3.72%
Poverty Rate	8.60%	20.75%	-12.15%
Differences are statistically significant at the 0.05 level*			

Correlations - There are no meaningful associations between variables to report.

Trend Analysis - There are no meaningful associations between variables to report.

Comparison of YMCA and Community Demographics

Table 19: Pike Membership and Community Comparisons

Variables	Membership Demographics	Pike	Difference	Representation
Gender				
Male	44.91%	46.26%	-1.34%	Underrepresented
Female	54.40%	53.74%	0.65%	Overrepresented
Age				
15-24	15.99%	14.34%	1.65%	Overrepresented
25-44	29.67%	31.09%	-1.42%	Underrepresented
45-64	19.28%	22.95%	-3.67%	Underrepresented
65+	9.33%	8.34%	0.98%	Overrepresented
Race / Ethnicity				
Hispanic	4.01%	13.19%	-9.17%	Underrepresented
White	42.35%	40.55%	1.79%	Overrepresented
Black	47.35%	44.80%	2.55%	Overrepresented
Native American	0.35%	0.20%	0.14%	Overrepresented
Asian	2.48%	3.94%	-1.47%	Underrepresented
Pacific Islander	0.05%	0.02%	0.03%	Overrepresented
Multiracial	3.42%	3.23%	0.19%	Overrepresented
Income				
≤$49,999	38.12%	53.02%	-14.90%	Underrepresented
$50-99,000		30.75%		
$100,000+		16.23%		

Ransburg

Summary

Our analysis suggests that the population living in the three-mile radius surrounding Ransburg is different from Marion County overall. The population around the center has a larger share of people age 65 and older. The Ransburg service area experiences substantially higher cancer fatalities, but fewer hypertension hospitalizations, per capita.

The Ransburg service area does not experience any barriers to participation that are significantly different than the county as a whole. In fact, the percentage of the population in poverty in this area is half that of Marion County.

When comparing Ransburg membership demographics to the area around it, white members are underrepresented by roughly 15% and African-Americans are overrepresented by roughly 12%.

Differences from Marion County

Table 20: Ransburg Community and Marion Country Community Comparisons

Ransburg Comparison to Marion County Proportions:	Ransburg Rate	Marion Rate	Difference*
Demographics			
Persons over 65	12.29%	16.73%	-4.44%
Health			
Cancer Death Rate	0.20%	0.14%	0.06%
Hypertension Hospitalizations	0.05%	0.46%	-0.41%
Barriers			
Spanish Speaking Households	5.12%	7.37%	-2.25%
Households with a primary language other than English or Spanish	0.26%	5.45%	-5.19%
Poverty Rate	10.32%	20.75%	-10.43%
Differences are statistically significant at the 0.05 level*			

Correlations - There are no meaningful associations between variables to report.

Trend Analysis

Health Outcomes:

- Diabetes diagnoses are trending above Marion County, but they are not increasing any faster than county rates
- Asthma diagnoses are trending above Marion County, but they are not getting relatively better or worse
- Hypertension diagnoses are trending below Marion County and are fairly steady, though the rate in the county as a whole is falling

Comparison of YMCA and Community Demographics

Table 21: Ransburg Membership and Community Comparisons

Variables	Membership Demographics	Ransburg	Difference	Representation
Gender				
Male	47.39%	47.90%	-0.52%	Underrepresented
Female	52.05%	52.10%	-0.05%	Underrepresented
Age				
15-24	18.57%	13.14%	5.43%	Overrepresented
25-44	22.15%	27.27%	-5.13%	Underrepresented
45-64	17.24%	26.18%	-8.95%	Underrepresented
65+	10.47%	12.42%	-1.95%	Underrepresented
Race / Ethnicity				
Hispanic	4.18%	6.69%	-2.51%	Underrepresented
White	54.12%	68.91%	-14.79%	Underrepresented
Black	36.60%	24.82%	11.78%	Overrepresented
Native American	0.16%	0.26%	-0.10%	Underrepresented
Asian	0.58%	1.16%	-0.58%	Underrepresented
Pacific Islander	0.07%	0.02%	0.05%	Overrepresented
Multiracial	4.29%	2.46%	1.83%	Overrepresented
Income				
≤$49,999	41.27%	60.95%	-19.68%	Underrepresented
$50-99,000		28.97%		
$100,000+		10.08%		

How should this affect the services and programs that YOGI offers as well as how it offers them?

After analyzing the demographic disparities, barriers to health and wellness participation, organizational structures and policies, and YOGI programs, our team developed an understanding of the Association, centers, and communities. We outline some of YOGI's many strengths below, as well as describe several areas of opportunity for improved efficiency and effectiveness within the organization. We hope our recommendations will enhance YOGI's ability to serve the communities of Indianapolis. Suggestions to incorporate organizational recommendations into future strategic plans are in Appendix O.

In this section of the report, you will find:

Organizational Recommendations

- Communication
- Outreach
- Staff Development
- Data Collection, Reporting, and Analysis

Jordan and Pike Specific Recommendations

Program-Specific Recommendations

- Diabetes Prevention Program
- LIVESTRONG® and Enhance®Fitness

Organizational Recommendations

Over the course of our interviews with YOGI staffers some common themes for potential areas of opportunity emerged. The following section is divided by these broad topics, which are: communication, outreach, staff development, and data collection. Under each heading we have listed several strengths followed by areas of opportunities and concrete recommendations.

Communication

Through discussions with YOGI staff at both the Association and center levels, it became apparent that communication challenges pose a potential barrier to YOGI serving its communities. Given the large number of center staff, Association staff, and directors, communicating effectively within the organization is difficult. We identify some areas of opportunity for YOGI and offer several recommendations to improve communication.

Strength 1*: Staff Are Connected to the Mission*

Every employee we interviewed was familiar with, and firmly believed in, YOGI's mission. Staff members understand the purpose of work they do, and their alignment to the mission strengthens their commitment to the organization and their work. The New Employee Orientation materials we reviewed emphasize the Y mission and values. Clearly, this has been an effective method for communicating the information and may serve as a model for disseminating other important information across the Association.

Strength 2: *New YOGI Staff Members are introduced to Association Strategic Plans during Orientation*

All staff are required to complete an online New Employee Orientation in which some of YOGI's strategic goals are introduced. This is an excellent way to introduce all Y staff to the strategic plan in a cohesive and consistent way. The staff's firm understanding of YOGI's future direction is vital to achieving the mission.

Area of Opportunity A: *Engage Staff More with the Strategic Planning Process and Implementation*

In general, most of the center staff we interviewed were unaware of YOGI's current strategic plan, and were not actively implementing it in their day-to-day activities. If staff were more involved in forming the strategic goals, they would feel empowered by their direct input into the direction of the organization and would be encouraged to think about their impact beyond the day-to-day operations.

Recommendation 1: Provide a Framework for Staff Involvement in Strategic Planning (Association)

Involving staff in the strategic planning process ensures their buy-in to implement the plan, shows them that they have a voice in the decision-making process, and provides context for how their day-to-day activities contribute to the bigger picture.

There are many ways to do this that may complement existing structures and will not overburden staff.

Involving Staff in the Strategic Planning Process

For an example of how to do staff-driven strategic planning, the benefits of this process, and lessons learned, see: Staff-Driven Strategic Planning: Learning from the Past, Embracing the Future *http://www.ncbi.nlm.nih.gov/pmc/articles/PMC141191/*

Prior to the process:

- Provide training in using email, electronic calendars, Web searching, and other tools for staff to use during the strategic planning process. This includes both technical aspects of training and usage expectations (e.g. check email several times a day, schedule all desk shifts on calendar, etc.)
- Create an atmosphere that facilitates understanding of the staff-driven planning process. It is not a euphemism for "down-sizing" or getting more out of staff for less; it is an opportunity for them to shape their own workplace
- Have a plan in place to deal with the increased workload caused by strategic planning. Decide what other projects can be put on hold and which day-to-day functions are not essential - this will substantially reduce staff stress

During the process:

- Ensure that workload plans are actually followed
- Celebrate the completion of tasks and little victories as often as possible
- Keep the lines of communication open as much as possible. For example, post minutes from meetings, ask for suggestions, and follow up quickly on each and every suggestion.

Recommendation 2: Align Individual Metrics to Broader Organizational Goals (Association)

After the strategic planning process is over, it is important to encourage the effective implementation of the new plan by linking individual performance evaluation metrics to the Association's broader strategic goals.

Recommendation 3: Discuss the Strategic Plan Frequently and Report Progress (All Centers)

A good strategic plan should be a living document that is re-evaluated as necessary. Employees at all levels should periodically discuss the strategic goals and what they are doing to achieve relevant goals. YOGI already follows this model with the mission statement, and it seems to be very successful. By expanding this to include the strategic plan, YOGI can bridge the gap between the mission and the day-to-day activities, giving staff a means to measure progress and see their long-term impact on community health.

Area of Opportunity B: Connect Staff to Organization

Staff often reported feeling "disconnected" or "out of the loop" when it came to policy changes or developments happening at the Association level. Similarly, staff members were unaware of the funding changes and positive media attention surrounding the Diabetes Prevention Program.

Recommendation 4: Regularly Share Program Trends and Successes with Program Staff (All Centers)

Sharing trends or success stories with center staff would likely make them feel more invested in achieving the strategic goals of the programs they are responsible for implementing. We recommend regularly including program trends and successes in staff and cabinet meetings, the Association-wide newsletter, and on the Indy Y-Link. Staff reported that they regularly received these types of updates within their own centers, but they did not often hear about how the programs were operating in other centers.

Recommendation 5: Share Common Feedback from Annual Staff Survey and Courses of Action in Response (Association and All Centers)

Staff reported that both center leaders and Association executives were often receptive to their concerns, but follow-up to these concerns could be improved. To promote consistency, we recommend continuing to implement the annual staff survey. A special effort should be made to encourage part-time staff to take the survey to ensure all staff members are heard. YOGI should use the survey as another opportunity to increase dialogue between the Association and center staff.

"To me, great communication means keeping all employees involved - part time, full time, directors, associate directors, etc. It's not only about being able to communicate, but feeling that what you're saying is being heard and action is taken. I want to feel like I'm supported."

Staff member in 2014 Temperature Check Survey

Recommendation 6: Issue All Staff a YOGI Email Address and Improve Computing Accessibility (Association)

Communication with center staff can be improved by issuing all full- and part-time staff a YOGI email account that should be used for all work-related communication. Currently, many part-time staffers rely on a personal email account to receive work-related email communications. Announcements from both the center and Association should be directed to the Y email address, removing the threat of emails becoming lost, pushed aside, or flooding staff's personal accounts. This is also a way to better include part-time staff in the work of the organization, as a YOGI e-mail address provides access to Indy Y-Link.

Additionally, each center should provide access to a computer where staff can log on

at the beginning or end of their shifts. Supervisors should set the expectation that staff should regularly check their email. This can also be communicated during YOGI's New Employee Orientation.

Recommendation 7: Make Email Correspondence More Targeted (Association)

Association staff and center leadership should take care to target their emails. Senders should consider who needs to receive each message and only send an email to those staff members, rather than email everyone affiliated with that department. Non-critical mass e-mails should be avoided when possible. Announcements intended for all staff could be consolidated into a single newsletter to distribute to all staff at a consistent time each week or published on the homepage of the Indy Y-Link.

Recommendation 8: Create an Online Community for Wellness Program Staff (Association and All Centers)

We found a need to improve communication between and across Association and center staff implementing wellness programs. Resources such as Y Exchange and the Indy Y-Link may be overwhelming to some staff due to the amount of information within them and the complex nature of the sites. A quick, easy tool for communication would help solve this issue.

We recommend YOGI use an electronic or web-based organization-wide channel for each wellness program to create an online community. This would help to establish a channel of communication and develop an internal culture of sharing information, ideas, and best practices among staff implementing YOGI's wellness programs. YOGI could explore using free platforms such as Google Groups or Slack for this purpose.

Online and Mobile Platforms for Program Communication

Google Groups is a free platform that would allow YOGI to provide a rich experience for community conversations among center program staff through creation and participation in online forums and email-based groups. *https://groups.google.com*

Slack is another free platform that would allow YOGI to bring all of its programmatic communication together in one place. It is real time messaging that includes search capabilities and allows for multiple channels to keep communication organized and relevant to the specific program focus. *https://slack.com/*

These platforms also provide the flexibility of web and mobile use, as well as the capability to share documents and other resources among members.

Outreach

Generally, staff felt that their centers were very engaged in the surrounding communities, and, for the most part, understood their communities' needs. However, staff recognize YOGI can always strive to do more on this front. Outreach is highly dependent on available resources and this varies from center to center. Our recommendations try to balance centers' desire to be more engaged in the community with their differing access to resources.

Strength 3: Acknowledgement of Global Center of Excellence

This designation from YUSA recognizes YOGI for its diversity and inclusion activities. In the three years since YOGI became a Global Center of Excellence, the Association has undertaken a number of diversity and inclusion initiatives and increased staff training in these areas. Additionally, YOGI has a partnership with the YMCA in Liberia creating a global YMCA network.

Strength 4: Involvement in City-Wide Outreach Initiatives

YOGI works with other Indianapolis organizations during events like Welcoming Week to strengthen the Indianapolis community. These collaborative efforts are excellent ways to show that YOGI is an active member of the community, to build partnerships, and to introduce the Y to people who may not otherwise interact with it.

Areas of Opportunity C: Creating or Utilizing Existing Structures to Expand Inclusivity

There are many existing structures that could be utilized by the Association and centers to more effectively serve and engage with their communities.

Recommendation 9: Create Partnerships to Identify Underserved Populations and Their Needs (All Centers)

One of the most common responses during the staff survey when asked about serving community needs was a desire for more outreach to non-English speaking communities. Indianapolis is an increasingly diverse city with large pockets of ethnic communities scattered throughout many neighborhoods. Center staff are aware of these pockets around their centers and have the desire to reach out to these community members, but may not have the connections or resources to do so.

We have composed a list (located in Appendix P) of Indianapolis-based organizations that represent some of these groups and could help to identify their needs. We recommend that center staff reach out to these organizations to discuss the possibilities for joint programming or a welcome night to introduce these community members to the programs and services offered at their neighborhood's center.

Recommendation 10: Develop New Membership Options to Accommodate Larger Families (Association)

The addition of a "Plus" level to the membership structure or redefining "household" to include all individuals living in one single-family residence would make membership more accessible to underserved populations that frequently have multiple generations living together under the same roof. To aid in this effort, we identified the membership structures of several large organizations in Indianapolis with "Plus" or flexible membership options (described in Appendix Q).

We recommend that YOGI complete a series of focus groups to determine if there is interest for such memberships in the communities around the centers. YOGI should also conduct a feasibility study or cost-benefit analysis to determine viability of pricing options and revenue potential.

Recommendation 11: Implement "Lunch-N-Learn" Marketing Strategy (Association and All Centers)

YOGI should expand the "Lunch-N-Learn" marketing strategy used by Athenaeum's Enhance®Fitness program to all centers and other wellness programs in order to improve community outreach efforts and increase YOGI membership. A "Lunch-N-Learn" is an open house event that provides lunch, program information, and demonstrations of activities to the public. Based on Athenaeum's success, we recommend that other centers incorporate similar practices when recruiting for DPP, Enhance®Fitness, and LIVESTRONG®.

Recommendation 12: Offer More Activities for the Entire Family (All Centers)

Some centers already excel at offering activities that are welcoming to the entire family. However, some center staff were concerned that while YOGI offers activities for a wide array of age groups, there are fewer activities for all ages. For some members, full-family activities may better meet their needs. Opening these activities to the broader public may create outreach opportunities and embed the YOGI centers more deeply into their neighborhoods.

Staff Development

Overall, our team found that most staff take pride in the mission, value the professional development opportunities YOGI provides, and feel that center staff reflect the community they serve. We spoke with both full-time and part-time staff in many different departments in an effort to incorporate diverse staff perspectives in our recommendations.

Strength 5: Engaging with Members

Staff are trained to create a welcoming environment when engaging with members and visitors, and this helps build a sense of community within the center. The "Listen First" principle currently implemented at the Jordan, Athenaeum, and other centers allows staff to listen and show understanding when addressing complaints from members. Additionally, all centers emphasize making the first interaction welcoming to visitors, and staff feel they provide the same quality service to everyone.

Strength 6: Centers are a Reflection of the Community

Nearly every staff member we interviewed felt that their center was reflective of the community it served. YOGI should continue the efforts of the Diversity and Inclusion task forces to ensure centers are welcoming to all in the community.

"The Y is made up of people of all ages and from every walk of life working side by side to strengthen communities. Together we work to ensure everyone, regardless of gender, income, faith, sexual orientation, cultural background, gender identity, or disability has the opportunity to live life to its fullest."

From YOGI Diversity, Inclusion and Global Training

Strength 7: Professional Development

YOGI provides staff many professional development opportunities including online resources, certification opportunities, and in-person trainings. The multiple certification programs offer staff chances to learn skills to better serve their communities. The team leader certifications through YUSA courses and regional training events are a strength of the organization, and staff participation should be strongly encouraged. The mobility through certification levels and potential for internal promotions adds an incentive for employees to seek additional training. Supervisors throughout the organization should continue to alert staff about these opportunities, including the leadership competency assessment, whenever possible.

Areas of Opportunity D: Clearly Structured Roles with Defined Expectations

We consistently met staff going above and beyond what may be expected in their positions or juggling multiple roles in their centers. While this is often necessary in an organization like YOGI with a large number of programs and activities, it causes stress and communication issues among the center staff. More structured roles with clearly defined responsibilities may alleviate some of these issues.

Recommendation 13: Craft More Detailed Job Descriptions (Association)

Many of the postings for open jobs within the Association could include more detail in order to communicate the organization's expectations of the candidates. Listing specific information and expected duties would improve transparency and accountability measures. A detailed job description could aid staff in understanding the daily requirements of each position and help recruit capable talent, communicate responsibilities, and establish results the Association hopes to see.

Recommendation 14: Develop Well-Defined Staff Roles for Staff Working on Wellness Programs (Association and All Centers)

YOGI should examine job descriptions and evaluate wellness program staff on their existing interest, knowledge, and capacity to determine who is best and most appropriate for tasks such as fundraising or developing reports and using analysis to improve outcomes. Conversations with staff across YOGI revealed Association and center staff currently have different perceptions regarding who is responsible for certain functions. Association leadership should clarify who has specific responsibilities around fundraising, community outreach, and data analysis with center staff.

Many staff members reported that finding grants from foundations or local health care partners, reaching out to physicians' offices, and program data analysis are shared responsibilities between Association and center staff. Holding one another accountable in a structure of shared responsibility can be challenging. Conversations regarding who should be performing these tasks should focus on creating clear expectations and providing a system of accountability such that center and Association staff understand which people will do the activities discussed.

Data Collection, Reporting, and Analysis

Data collection, reporting, and analysis are central to the operation of YOGI centers and their programs. Many employees realize the importance of collecting and tracking member data to best serve their communities while implementing consistent practices is often a struggle. Our recommendations address how to improve data collection and improve understanding for why it is needed throughout the organization.

Strength 8: Reporting Changes Since 2014

Many long-time staff members remarked on the positive shift following the 2014 changes to the audit procedure and the revision of the Standards of Excellence. These staff members now feel more available to focus on members' needs throughout their day-to-day activities.

"For a while we were too caught up in details that didn't impact members."

YOGI center staff member

Areas of Opportunity E: Improving Existing Data Collection to Better Inform Decision-Making

While there is currently data being collected from all wellness programs, it is inconsistent and underutilized.

Recommendation 15: Provide Staff Trainings on Programs, Emphasizing the Importance of Program Data Collection and Entry (Association and Centers)

It is important for staff implementing wellness programs to understand the research and rationale as to why and how their programs must function. Understanding the evidence behind the programs will help center staff implement them more effectively. For example, Enhance®Fitness participants must attend two to three workouts per week according to a study performed by the program developers. If participants complete less than two classes per week, there is no improvement in their strength or agility. Understanding this may inspire staff to follow up with program participants that drop out and further emphasize the importance of attending all classes.

Emphasizing the importance of data collection and entry should be prioritized in all training and permanent resources. Based on program data we received, YOGI is already working toward tracking necessary data required for measuring program impact, but there are gaps in data entry that make evaluation impossible at this time. Focusing on proper data collection techniques and making sure that data is entered into the appropriate systems is crucial—ensuring that wellness program staff collect accurate data will ensure YOGI's ability to evaluate the impact of their wellness programs and remain accountable to participants, funders, and the community.

"Once we are aware [of the health data] we can be the hub for communities to enact positive change."

YOGI center staff member

Figuring out the most efficient and effective way to collect and enter data may take some trial and error. We recommend YOGI explore other ways to enter data into the different databases. For example, giving program staff iPads or other tablet devices would allow them to enter the measures directly into the system rather than having to write test data on paper, enter it into the system, and lock up or shred the document with personal health data. If purchasing tablets is not feasible, YOGI could work with YUSA to develop a mobile application so program staff could enter the data using their phones. Alternatively, trainers could request help from other staff on testing days so the lead trainer could perform the tests with clients and the assistant could directly enter the data via a laptop.

Recommendation 16: Train Center Staff to Run Reports, Interpret Data, and Incorporate Results into Decision-Making Processes (Association and All Centers)

To build capacity for improved data analysis, we recommend that YOGI train center staff in how to run reports, interpret data, and incorporate results into decision-making processes. This will alleviate some of the responsibility placed on Association executives and allow wellness program staff to play a vital role in oversight and accountability. We provide information about potential resources YOGI could use to implement this recommendation below.

Available Grants for Data Management and Analysis

A multitude of grants exist for organizations in the central Indiana area to help fund additional resources or services needed to train staff in data management and analysis.

We identified the following potential funders:

Ball Brothers Foundation: This foundation awards two types of grants to organizations in health and human services—program/project and operating grants. It also offers some short-term, rapid grants designed to fulfill immediate needs, such as professional development and buying equipment or materials for projects.
http://www.ballfdn.org/

Humana Foundation: This foundation provides funding to organizations that serve the needs of children, families, and seniors in their quest to build healthier lives and communities. Humana Foundation prioritizes projects that focus on health and fitness efforts leading to better lifestyles, improved health experiences, and development of tools and resources that lead to healthy communities.
https://www.humanafoundation.org/

Ackerman Foundation: This foundation focuses on central Indiana organizations benefiting various topical areas, including health and human services. Requests are considered for both operating funds and capital campaigns.
http://ackermanfoundation.com/

Jordan and Pike Center Recommendations

We formulated the following recommendations in response to the results of the community surveys implemented around the Pike and Jordan centers. The surveys allowed our team to interact with people living in the communities surrounding Jordan and Pike and identify several barriers hindering people from visiting those centers.

Recommendation 17: Consider Offering ½ Hour Group Exercise Classes

Centers should offer half-hour group exercise classes to encourage more participation among people who cited lack of time as a barrier to participation in health and wellness classes. Additionally, centers may want to consider offering a group exercise course between 12:15 – 12:45 for individuals wishing to exercise on lunch breaks.

Recommendation 18: Consider Scheduling High-Use Equipment

In order to address the barriers of lack of time and lack of priority/motivation, YOGI should consider allowing high-use equipment to be reserved by members during specific time-periods. While the logistics of this recommendation may not be feasible at this time, it may reduce the amount of time an individual takes to work out and increase motivation if he or she knew a desired piece of equipment was available only for them at a specific time.

Recommendation 19: Consider Offering More Light Activity Group Exercise Classes

Since lack of physical energy was a frequently cited barrier to participating in health and wellness programs, offering additional lower-impact exercise programs or increasing marketing efforts for existing low-impact programs may encourage individuals who have lower energy levels to participate.

Recommendation 20: Consider Assisting Individuals in Finding Workout Partners

Many people reported lack of priority/motivation as a consistent barrier to participating in health and wellness programs. We believe having a workout partner could encourage an individual with low motivation to participate. The YMCA could assist members in finding workout partners by offering social events for individuals interested in specific types of exercises or by developing either an electronic or physical bulletin board where members could find a workout partner.

Program-Specific Recommendations

We formulated these program-specific recommendations following conversations with wellness program staff working in four of YOGI's centers. General recommendations are included above while these will only apply to centers offering DPP, LIVESTRONG® and Enhance®Fitness.

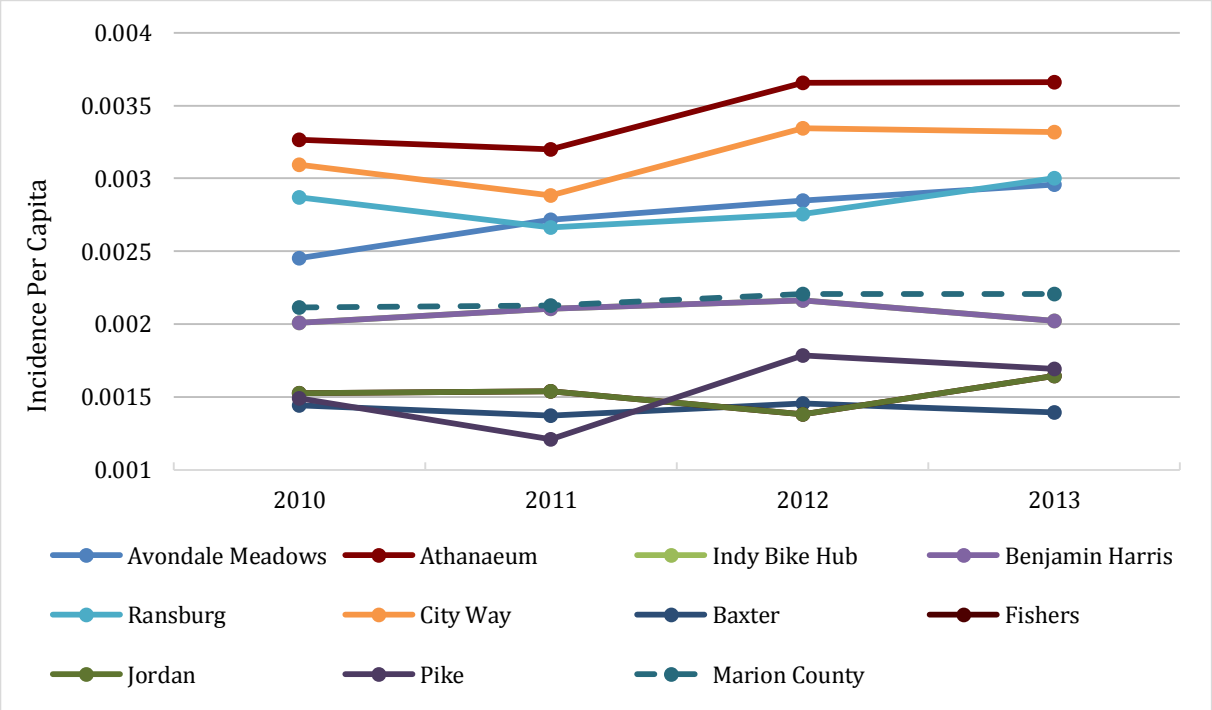
Diabetes Prevention Program (DPP)

Conversations with staff at different centers produced many insights concerning DPP. Aside from findings that incorporate diabetes incidence in the communities surrounding specific YOGI centers, recommendations apply to all centers examined by our team: Pike, Jordan, Athenaeum, and Indy Bike Hub.

Recommendation 21: Match the Needs of Center Communities (All Centers)

We recommend YOGI distribute more resources and support for the DPP to centers that serve communities with higher incidence of diabetes, such as Athenaeum and City Way. Table 22 shows diabetes incidence rates for all centers.

Table 22: Incidence of Diabetes in YMCA Communities



The trend analyses above shows that there is a lower incidence of diabetes around the Pike, Baxter, and Jordan centers when compared to Marion County as a whole. Therefore, it would be useful to allocate more resources, such as staff, marketing, and funding, to the Athenaeum, City Way, Ransburg, and Avondale Meadows centers in order to better meet the need in those communities for programs addressing diabetes.

Recommendation 22: Expand Internal and External Recruitment of DPP Participants (Association and All Centers)

Externally, Association staff should expand the direct referral process beyond St. Vincent and specifically target areas that have a high incidence and/or prevalence of diabetes. For example, YOGI could reach out to IU Health Methodist Hospital, which serves the area around Athenaeum.

Internally, centers should expand recruitment of existing members. First, centers could increase internal marketing practices through activities like distributing flyers or brochures. Second, staff could talk about DPP with members they believe would benefit from the program. Specifically, staff could schedule one-on-one conversations about the benefits of the program if a member meets these three criteria: 1) there is a significant chance the individual may be or could become pre-diabetic, 2) the member indicates they are interested in DPP, and 3) the individual has signed statements of release for HIPAA.

Recommendation 23: Update DPP Communication and Training for Staff (Association)

DPP is considered the most difficult wellness program to implement in terms of management, data collection, commitment to regulations and guidelines, and marketing. While successful implementation of any program relies on efficient and effective communication between the centers and the Association, YOGI faces many challenges when communicating about this complex program. For example, center staff did not know about the Health Care Innovation Award to fund DPP or YOGI's success in program implementation. Not understanding the funding structure and recent changes led center staff to question the overall future and sustainability of the program.

We recommend that YOGI update all DPP training materials and staff resources to include the following: a discussion of DPP funding sources, program marketing, the Health Care Innovation Award, YOGI's success with DPP, and the DPP logic model developed for this project (Appendix R). If training is not continuous, this information should be distributed in an organization-wide newsletter or press release. In addition, the DPP logic model developed for this project will be a crucial tool towards implementation, data collection, and overall program success, and we believe including this in training resources and materials will prove to be very beneficial.

LIVESTRONG® and Enhance®Fitness Programs

Many challenges experienced by those implementing LIVESTRONG® are because it is so new to most centers. Furthermore, program success is not quantified by an exact percentage of improvement in physical fitness, but rather is measured by the community and social aspect built into the program. Our recommendations seek to assist the growth and impact of LIVESTRONG® in the coming years.

Recommendation 24: Engage Stakeholders to Recruit, Fund, and Expand (Association and All Centers)

The communities surrounding multiple YOGI centers demonstrate high incidence of cancer.

By investing in relationships with treatment providers, the centers can increase enrollment and fund participation.

Seven of the communities around YOGI centers experience a higher incidence or mortality rate from cancer compared to the county average (Avondale Meadows, Athenaeum, Bike Hub, Ransburg, and Pike), but they do not currently offer LIVESTRONG®. To begin these programs we recommend connecting stakeholders—including hospitals, cancer treatment centers, and cancer support groups—to aid in the recruitment of participants, fundraising, and meeting the needs of the community.

In addition, by utilizing satisfaction surveys for data collection, YOGI centers can market the personal success and fulfillment which participants experience during the program. LIVESTRONG® program recruitment can benefit from greater integration of personal experience and statements from former participants. While the brochures and website share these personal experiences, recruitment within the community in-person is limited.

Center Spotlight: Jordan Center Partnership with St. Vincent Hospital

Currently the Jordan center partners with St. Vincent Hospital to receive referrals and funding for program expenses. By investing staff time into building relationships within the community, YOGI can work with others to recruit and fund the program so LIVESTRONG® will thrive and meet the needs to those who would benefit most.

Recommendation 25: Utilize YUSA's "Online Communities" For LIVESTRONG® and Enhance®Fitness (Association and All Centers)

YUSA's "Online Communities" could be useful for YOGI center staff. The online community would be particularly helpful for Enhance®Fitness and LIVESTRONG® as more centers begin offering the classes and staff develop ways to streamline fitness checks, data collections, recruitment, community outreach, and other potentially challenging aspects of implementation. In addition, all wellness staff, including part-time employees, would be included in the development and success of the program. While a Google Group or Slack account for YOGI center and Association wellness staff (described above) would facilitate the sharing of ideas locally, staff should also consider joining YUSA's Online Communities for Enhance®Fitness and LIVESTRONG® to gain access to a national network.

How Do We Make This Analysis Sustainable and Repeatable in the Future?

As YOGI continues to serve its community, repeating the analyses we conducted over the course of the project will assist the organization in examining how the health of communities around each center is evolving and how changes in programs impact the way community members view the centers that serve them. Further, interviewing staff members and reviewing policies again after implementing any changes will provide perspective on how policy choices impact YOGI as an organization. The objective of this section and its associated appendices is to provide YOGI the tools needed to make this analysis sustainable and repeatable.

In this section of the report, you will find:

Community Needs Assessment

- Quantitative Analysis
- Member Health Status Survey
- Community Interviews

Program Evaluation

- Logic Models and Impact Assessments
- Pre-and Post-Participation Data

Policy Review and Staff Interviews

Community Needs Assessment

Quantitative Analysis

The YMCA should continue to collect up-to-date information on the variables identified in this analysis (Appendix A). At the time of writing, the latest available data for the majority of the variables from the American Community Survey was from 2014. However, the U.S. Census Bureau releases new data each year, and the YMCA will be able to update this analysis as it becomes available. The Census Bureau data for this project was collected via the SAVI website (http://www.savi.org/). SAVI is a service run by The Polis Center housed in the IU School of Liberal Arts at Indiana University-Purdue University Indianapolis and in partnership with the United Way of Central Indiana. It collects and aggregates data on central Indiana communities from a number of sources, including the American Community Survey. Please see Appendix A for a full listing of the variables and their definitions.

Nearly every variable we used is available on SAVI, with the exception of the health indicators data. The Marion County Health Department provided the health indicator information at the zip-code level, as this level of specificity is not publically available, and YOGI should continue to work with the Health Department to collect these data in the future. We performed statistical analysis based on the census tracts around the centers. Changing the health indicator data from original zip-code level into usable census-tract level requires the use of GIS software. See Appendix C for notes on how this was done in ArcMap 10.3.

Member Health Status Survey

Implementation of the Member Health Status Survey is relatively simple. Improvements to consider if implemented again include:

- Having membership desk staff directly ask YOGI members to complete the survey as they arrive.
- Providing an in-center incentive to complete the survey.

Instead of conducting the survey through the membership desk, YOGI could include health information in the membership application form. These additional questions will not significantly lengthen the time to fill out the application and will provide YOGI with consistent health data for future use.

Resources to implement the survey are included in:

- Appendix D: Member Health Status Survey Instrument
- Appendix H: Flyer to Advertise the Member Health Status Survey

Community Interviews

Because of YOGI's interest in community outreach and talking directly with community members, continuing the process of community interviews could be very beneficial. In this section of the report, we provide recommendations for step-by-step implementation and improvements upon survey design, volunteer management, and community intercept selection.

Step-by-step Implementation

2-6 Months Prior
- Pick interview dates and times (with some flexibility)
- Begin volunteer recruitment (Volunteer Job Description is in Appendix M)

6 Weeks Prior
- Intensify volunteer recruitment
- Identify intercept points

1 Week Prior
- Confirm volunteers
- Confirm intercept points
- Gather materials
  - Clipboards
  - Nametags
  - Interviews (Appendix I)
  - Maps (Appendix N)
  - Pens
  - Training Guides (Appendix L)

Day of Interviews
- Train volunteers for 30 minutes prior to interviews
- Answer any questions for volunteers
- Split volunteers up and assign them intercept locations
- Conduct interviews (2 hours)
- Meet back at center to collect responses

After Interviews
- Input, organize, and analyze data
- Reflect upon interview format and make improvements

Survey Design

After we implemented the survey, we made improvements to the survey design in order to clarify responses and improve the process to make sure respondents do not skip questions. The following suggested changes depend upon YOGI's input and desired impact of the survey and the YOGI could choose to implement either strategy depending on what YOGI deems as most important:

1. *Exclude YOGI-specific barrier question*. If this option is selected, it will help respondents provide answers about barriers to exercise in general, which could clarify and enhance findings, or
2. *Have a separate YOGI-specific barrier question in addition to a general barrier question*. This will allow YOGI to collect information on why people do not participate in YOGI programming specifically while not confounding YMCA-specific responses with general responses.

Volunteer Management

We offer the following suggestions to help YOGI recruit, train, and otherwise manage volunteers for future surveys:

- *Emphasize that the "interview" process is very easy and quick when recruiting*

volunteers. The process is not intimidating to most respondents and each interview takes less than 3 minutes. This knowledge could relieve anxiety potential volunteers may have about conducting interviews and could increase the likelihood of volunteering.

- *Go through the interview question-by-question during volunteer training*. While the survey may seem straightforward, it is relatively easy for volunteers to accidentally skip questions or forget to follow up. Going through the interview slowly and deliberately during training will help the volunteers collect more complete responses during the interview phase.

Community Intercept Selection

YOGI could leverage its relationships with community partners to establish appropriate community intercept locations. Guidelines for the most ideal intercept locations include:

- *Choose places that will not be biased towards people who already exercise*. For example, a grocery store will provide a less biased sample than a park because most people visit a grocery store, but people who are active are more likely to visit a park.
- *Contact intercept locations well in advance*, as many businesses will have to check with several levels of management in order to acquire the necessary approval.
- *Understand that YOGI should not need permission if volunteers conduct interviews on public property*. For this reason, volunteers could stand in a parking lot of a business but not on the sidewalk in front of a business.

Resources to implement the community interviews are included in:

- Appendix I: Community Interview Instrument
- Appendix L: Training Guide for Community Interview Volunteers
- Appendix M: Volunteer Description
- Appendix N: Maps of Pike and Jordan neighborhoods

Program Evaluation

Because our research consisted mainly of phone calls with center and Association-level staff, future researchers could use the same question template to focus their conversations. Appendix S includes a template of the questions we asked each center. Note that we did not ask all questions of center staff, rather, we used the template as a starting point. Often, staff would answer more than one question with their responses, and we did not need to ask any more on the subject. Other times a new issue or topic arose that needed further clarification or elaboration if it was relevant to our research.

Other documents we found are housed in the Y Exchange. All YOGI staff should have access to those documents and be able to download the marketing materials, program implementation guides, etc.

Logic Models and Impact Assessments

YOGI intentionally offers evidence-based wellness programs, and we applaud this choice. While DPP, Enhance®Fitness, and LIVESTRONG® all proved to be successful when implemented by researchers, each center provides a different combination of inputs, participants, and social factors. For this reason, we believe YOGI should be committed to tracking the impact the classes have on those within their centers. That is, YOGI should not simply trust the programs will work because they worked in a randomized trial; it should seek to prove the programs work in *their* centers for *their* participants. Not only will this allow YOGI to hold itself accountable to its stated goals, it will also provide valuable information for community impact and successes to donors.

Our team drafted three logic models, one for each program, in an effort to clarify the connection between the activities of each program and the stated outcomes (see Appendix R). Logic models simplify reality in order to clarify the connection between a program's activities, immediate goals, and long-term outcomes. By creating a visual depiction of the key elements involved in reaching an organizational goal, logic models allow staff to explicitly state any assumptions they have about why and how a program will work.

Logic models also allow managers to agree on metrics for success. We included suggested metrics YOGI could use to gauge its success on each measure whenever possible. These are only suggestions, and we recommend YOGI facilitate a discussion among all relevant center and Association staff about which outcomes are most important. If it is useful, managers can then incorporate these program metrics into employee and organizational performance metrics in order to make it more likely the goals will be achieved. We believe program logic models will be a crucial tool for YOGI to use when illustrating the goals of its programs, what is necessary for their success, and what achievements it expects as a result.

Pre- and Post-Participation Data

YOGI already collects useful information on participants and members. We recognize this and do not want to overburden staff with unnecessary data collection and entry. However, we recommend that YOGI consider tracking a few additional pieces of information on

wellness program participants that would allow it to measure the programs' long-term impact. Suggested measures are included in each program logic model and are open to modification by YOGI staff.

In addition, we would like to stress the importance of collecting key metrics on participants before the program begins and at the same intervals for each participant. Having this information will greatly improve YOGI's ability to see if its programs are working for participants. Specifically, instructors must conduct the tests at regular intervals with all participants if YOGI hopes to make meaningful comparisons. For example, if one person is tested after 100 days but another is tested after 120 days, there is no way to know if the differences in their outcomes are because of an additional three weeks of classes or other factors not tracked or analyzed by the Y.

Once YOGI has data on participant performance before the program began and after the program is completed, staff can then compare this information across instructors, centers, and potentially with national averages. YOGI can then create its own benchmarks and craft new targets for improved performance in the future. Most importantly, YOGI will know its programs work and can better communicate its impact to donors and other stakeholders.

Program Resources

YOGI can learn more about the individual programs by accessing resources provided by the CDC and state websites. For example, YOGI might be interested in the following resources related to Enhance®Fitness, arthritis, and Diabetes Prevention Programs:

CDC-recommended physical activity programs for those with arthritis (including Enhance®Fitness): *http://www.cdc.gov/arthritis/interventions/physical-activity.html*

The official Enhance®Fitness website:
http://www.projectenhance.org/enhancefitness.aspx

Indiana State Department of Health's page on arthritis:
http://www.in.gov/isdh/files/ArthritisPlan.pdf

Indiana Arthritis Strategic Action Plan:
http://www.in.gov/isdh/files/ArthritisPlan.pdf

State-specific estimates of arthritis prevalence:
http://www.cdc.gov/arthritis/data_statistics/state-data-current.htm

Diabetes Prevention Program randomized clinical trial (full text):
http://care.diabetesjournals.org/content/25/12/2165.full

Policy Review and Staff Interviews

We worked with Association staff to select five of YOGI's centers to focus the scope of inquiry. The Policy and Management team began by collecting and reviewing current written documents including YOGI and center-level strategic plans, a staff survey, implementation guides, as well as staff and volunteer handbooks and training materials. A complete list of key documents in this review is included in Appendix T.

We conducted conference calls with center leadership at each of these centers. We then used our experience on these calls to craft a set of interview questions for center staff. In working with center executives to identify staff members to interview, we made a concentrated effort to include part-time staff, as they make up the majority of the YOGI workforce. This report include notes from each of our calls (Appendix U), notes from our staff interviews (Appendix V), and the complete list of questions we asked all center staff members (Appendix W) if the organization would like build upon these materials and extend these interviews to other centers.

We recommend hiring an external consulting firm to ensure objectivity and allow staff to candidly express their concerns should YOGI wish to complete a similar comprehensive assessment of organizational policies and structures. Alternatively, YOGI could incorporate some or all of these questions into the annual staff survey, which would also allow for anonymity. We received many positive responses to our questions and believe that we gained valuable insight from them. Some of the key questions we asked include:

- "What is central to the organization that should never change?
- "What should the organization focus on or pay more attention to?"
- "Why is the work you do important?"
- "What specific metrics do you report to the Association?"
- "How often do you hear from YOGI directly? Who informs you about a policy change?"

We hope that our interviews provided staff a forum to share their experiences and that the tools we developed for this project can easily be incorporated into YOGI's existing methods for soliciting staff input (e.g. the annual staff survey, task forces, and cabinet meetings).

Conclusion

This project was a comprehensive analysis of the YMCA of Greater Indianapolis's communities, members, organizational structure and policies, and programs. In order to identify the community's needs, we examined demographic and health indicators of the communities around each center. While we cannot make generalizations about these communities as each has different needs, we provide profiles for each center that may assist executives in targeting their programs to serve each of their unique communities. To understand the self-perceived barriers preventing people from living healthy lifestyles, we surveyed community members and current YMCA members. We found that lack of time, lack of motivation, and lack of energy were the most commonly identified barriers and offer recommendations based on these results.

To identify how well YOGI is currently serving its communities, we examined three YMCA wellness programs—Diabetes Prevention Program, LIVESTRONG®, and Enhance®Fitness**.** The analysis focused on program implementation at specific centers. We provide recommendations for improving program effectiveness through increased community partnerships and outreach, improved communication, and better utilization of available resources.

Finally, we examined internal barriers that may be limiting effectiveness for the organization as a whole. Based on this analysis, we crafted recommendations for improvement in the areas of communication, outreach, staff development, and data and reporting. We also include suggestions on how to incorporate these recommendations into future YOGI strategic plans.

This report also provides the necessary framework and materials to repeat the analysis and make it sustainable. We believe that this analysis will be of great value to YOGI and the centers in determining how to best serve their communities. We hope YOGI will continue to collect the data we outlined here and repeat this analysis in the future so it can adapt its programs to meet community needs and maximize its impact.

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Appendix A: Variable Key

Variable	Description	Source	Original Level
Census Tract ID Information			
Year	Year	American community survey/SAVI	2010 Census Tract
Center	Center	American community survey/SAVI	2010 Census Tract
Full ID	Full census tract ID (2010)	American community survey/SAVI	2010 Census Tract
County	County	American community survey/SAVI	2010 Census Tract
CT	Abbreviated census tract ID (2010)	American community survey/SAVI	2010 Census Tract
Demographics			
TotPop	Total Population (persons)	American community survey/SAVI	2010 Census Tract
Pop25ov	Population 25 and over (persons)	American community survey/SAVI	2010 Census Tract
Male	Males	American community survey/SAVI	2010 Census Tract
Female	Females	American community survey/SAVI	2010 Census Tract
Under15	age group <15 years old	American community survey/SAVI	2010 Census Tract
_15to24	ages 15 -24	American community survey/SAVI	2010 Census Tract
_25to44	ages 25 -44	American community survey/SAVI	2010 Census Tract
_45to64	ages 45 -64	American community survey/SAVI	2010 Census Tract
_65over	age group <65over years old	American community survey/SAVI	2010 Census Tract
HH	Number of households	American community survey/SAVI	2010 Census Tract
AvHH	Average household size	American community survey/SAVI	2010 Census Tract
FamHH	Family Households	American community survey/SAVI	2010 Census Tract
MedAge	Median Age	American community survey/SAVI	2010 Census Tract
Multi	Two or more races (persons)	American community survey/SAVI	2010 Census Tract
White	Caucasian population (persons)	American community survey/SAVI	2010 Census Tract
AfroAm	African American Population (persons)	American community survey/SAVI	2010 Census Tract
AmInd	American Indian population (persons)	American community survey/SAVI	2010 Census Tract
Asian	Asian Population (persons)	American community survey/SAVI	2010 Census Tract

HPI	Hawaiian and Pacific Islander (persons)	American community survey/SAVI	2010 Census Tract
Oth	Other Race population (persons)	American community survey/SAVI	2010 Census Tract
Hisp	Hispanic population (persons)	American community survey/SAVI	2010 Census Tract
NoHisp	Non-Hispanic population (persons)	American community survey/SAVI	2010 Census Tract
_49u	Households with income $49,999 and less	American community survey/SAVI	2010 Census Tract
_50to99	Households with income $50,000 to $99,999	American community survey/SAVI	2010 Census Tract
_100mo	Households with income $100,000 and more	American community survey/SAVI	2010 Census Tract
MedInc	Median Household income	American community survey/SAVI	2010 Census Tract
GINI	GINI coefficient	American community survey/SAVI	2010 Census Tract
SNAP	Households receiving SNAP benefits	American community survey/SAVI	2010 Census Tract
PAInc	Households receiving public assistance income (ex/ TANF, heating/lighting etc.)	American community survey/SAVI	2010 Census Tract
PovPop	Population living below the poverty line	American community survey/SAVI	2010 Census Tract
Education			
NoHSDip	Population 25 and over with no high school diploma	American community survey/SAVI	2010 Census Tract
HSDipOn	Population 25 and over with high school diploma only	American community survey/SAVI	2010 Census Tract
HSDipHi	Population 25 and over with high school diploma or higher	American community survey/SAVI	2010 Census Tract
AssDegHi	Population 25 and over with associate's degree or higher	American community survey/SAVI	2010 Census Tract
AssPC	Population 25+ With Associate Degree Only as % of Pop 25 and Over	American community survey/SAVI	2010 Census Tract
BachPC	Population 25+ With Bachelor Degree Only as % of Pop 25 and Over	American community survey/SAVI	2010 Census Tract
MastPC	Population 25+ With Master Degree Only as % of Pop 25 and Over	American community survey/SAVI	2010 Census Tract
Grad+PC10	Population 25+ With Graduate or Professional Degree as % of Pop 25 and Over	American community survey/SAVI	2010 Census Tract
Other Barriers			
HH18	Households with children under the age of 18	American community survey/SAVI	2010 Census Tract
SoloHH	Single households	American community survey/SAVI	2010 Census Tract

SMHH	Single male households	American community survey/SAVI	2010 Census Tract
SFHH	Single female households	American community survey/SAVI	2010 Census Tract
SM18	Single male households with children under 18	American community survey/SAVI	2010 Census Tract
SF18	Single female households with children under 18	American community survey/SAVI	2010 Census Tract
NoFamHH	Non-family households	American community survey/SAVI	2010 Census Tract
ForBorn	Foreign born population (persons)	American community survey/SAVI	2010 Census Tract
EngHH	Households where English is the language spoken at home	American community survey/SAVI	2010 Census Tract
SpanHH	Households where Spanish is the language spoken at home	American community survey/SAVI	2010 Census Tract
OthLang	Households where a language other than English or Spanish is spoken at home	American community survey/SAVI	2010 Census Tract
NonCar	Non car commuters (persons)	American community survey/SAVI	2010 Census Tract
HHNoCar	Households with no car (HH)	American community survey/SAVI	2010 Census Tract
Crimes	All Part 1 Crimes and Simple Assaults for the Year	Indianapolis Metropolitan Police Department collected for the FBI's Unifrom Crime Report/SAVI	2010 Census Tract
Crate	Crime Rate (Crimes / Population)	Calculated from Crimes	2010 Census Tract
NoIns	Population under 65 with no insurance	American community survey/SAVI	2010 Census Tract
NoInsPer	The percentage of people under the age of 65 without insurance	American community survey/SAVI	2010 Census Tract
Health Measures			
Disabl	Disable population (persons) diagnoses	American community survey/SAVI	2010 Census Tract
Diabetes	Diabetes Diagnosis	Marion County Health Department	Zip Codes
Cancer	Cancer Deaths	Marion County Health Department	Zip Codes
HD	Heart Disease Diagnoses	Marion County Health Department	Zip Codes
NeoPl	Neoplasm Diagnosis (abnormal tissue growth associated with cancer)	Marion County Health Department	Zip Codes
Asthma	Asthma Diagnosis	Marion County Health Department	Zip Codes
HyTen	Hospitalizations from Essential Hypertension and its complications	Marion County Health Department	Zip Codes

Appendix B: Explanation of Variables Chosen

A health disparity, as defined by the National Institute on Health, is a "difference between groups of people [that can] affect how frequently a disease affects a group, how many people get sick, or how often the disease causes death."[4] This section of the project seeks to identify differences in health outcomes between populations within each center service area in Indianapolis and Marion County overall.

Our analysis examines the health outcomes of cancer deaths, diabetes diagnoses, asthma diagnoses, and heart disease diagnoses. We selected these because YOGI has specific programs addressing each of them, and data were available at the zip code or census tract level. Recent research shows that disparities in health outcomes cannot be completely explained by genetics and individual behavior. Instead, "complex, integrated, and overlapping social structures and economic systems" referred to as social determinants of health (SDH)[5] are used to assess outcomes not related to demographic or behavioral patterns. To eliminate health disparities is to "[achieve] equity of health outcomes among subpopulations, particularly those with socioeconomic disadvantages."[6] Therefore, to effectively identify health disparities, we must examine how health outcomes are impacted by those overlapping social structures and economic systems.

The approach to identifying health disparities between those outcomes was derived from research conducted by the World Health Organization (WHO), the Center for Disease Control (CDC), Healthy People 2020, and Thrive. A 2003 World Health Organization (WHO) report titled Social Determinants of Health: The Solid Facts[7] listed the social determinants as: social gradients, stress, early childhood development, social inclusion and exclusion, unemployment, social support, addiction, availability of health food, and the availability of transportation. We narrowed this list to seven determinant areas as described below.

The first determinant area is **biological factors**. These are factors that are accepted to be invariant, such as age, sex, race or ethnicity. The CDC was one of the first organizations to conduct research into biological factors and their connection to health, and we believed that any study of a community should begin with its people. This area allows us to compare health differences within community demographics.

Our second determinant area, **socioeconomic status**, is comprised of characteristics that define an individual's place in society such as income or assessed value of their household.

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[4] "Health Disparities: MedlinePlus." U.S. National Library of Medicine. 6 Dec. 2013. Web.
[5] Song, Ruiguang, PhD, H. Irene Hall, PhD, Kathleen McDavid Harrison, PhD, Tanya Telfair Sharpe, PhD, Lillian S. Lin, PhD, and Hazel D. Dean, PhD. "Identifying the Impact of Social Determinants of Health on Disease Rates Using Correlation Analysis of Area-Based Summary Information." Public Health Reports, 2011 Supplement, 126 (2011): 70-80. p.71
[6] Song p.71
[7] Marmot, Michael. "Social Determinants of Health Inequalities." The Lancet (North American Edition) 365, no. 9464 (March 2005): 1099-104. EBSCOhost.

In the WHO's list, socioeconomic status is called the social gradient. Our analysis suggested that socioeconomic status has a large effect on health.

Educational attainment is our third determinant area, and it was discussed extensively throughout our literature review. Reports varied on which age bracket is the most important when measuring educational outcomes. The WHO and Thrive place a heavy emphasis on early childhood education. We would have preferred to use early childhood education data, but it was difficult to find. There was no early childhood metric that is scalable from a community level to the national level. Instead, we used educational attainment metrics from high school to college.

Household factors is an aggregation of characteristics that attempts to define what the social structure of a community could look like, such as the prevalence of married couples, families, and single men or women. Consequently, these factors give us a measurement of a community's support structure, which we found to be of high importance during our literature review.

Our choice to use **language and origin** as our fifth determinant area was driven by YOGI's goal of finding ways to serve an increasingly diverse community. Serving this community requires us to understand the types of health challenges they face. In our literature review, Thrive was the only source that listed language and origin as an important determinant of health. Our analysis concluded that it does not have a substantial effect on health outcomes.

Transportation was consistently listed as an important determinant of health. Access to forms of transportation allows individuals to commute and engage in everyday activities reliably. Unfortunately, we were unable to find a metric that satisfactorily measures transportation accessibility. However, we believe the absence of transportation could help explain the health disparities in our final analyses.

Public safety is our sixth determinant area. The CDC and Healthy People 2020 cite public safety as being important to the health of communities. Total crimes and crime rates were used to measure public safety.

Health and wellness is our final determinant area, and is comprised of small level and medium level health metrics. The number of individuals with no health insurance, the disabled population, and ratios describing the availability of fast food and grocery store locations are examples of these metrics. In the final analysis, we focused on disabilities at the representative of this area. This area is of considerable interest, and our results suggest the same health and wellness measures have different impacts across sex and race.

Our objective was to use variables from each of these determinant areas in order to describe disparities in health outcomes between populations. This paper identifies how those health outcomes are different for different populations. It also describes "barriers" that prevent the health disparities from being addressed. These barriers are taken from the determinant areas listed above.

The quantitative analysis is composed of three separate methodologies. First, we conducted trend analyses to see how individual variables change over time in different

center areas. Second, we used utilized analysis of variance (ANOVA) methods in order to identify which center areas had statistically different averages from Marion County for each variable. Third, we conducted correlation analyses to see which variables are related to one another. Each of these analysis methods is explained in more detail in the methodology sections below. Together, these analyses give YOGI a larger picture of the community each individual center operates in and what problems each center area might face.

Works Cited

"Health Disparities: MedlinePlus." U.S. National Library of Medicine. 6 Dec. 2013. Web.

Marmot, Michael. "Social Determinants of Health Inequalities." The Lancet (North American Edition) 365, no. 9464 (March 2005): 1099-104. EBSCOhost.

Song, Ruiguang, PhD, H. Irene Hall, PhD, Kathleen McDavid Harrison, PhD, Tanya Telfair Sharpe, PhD, Lillian S. Lin, PhD, and Hazel D. Dean, PhD. "Identifying the Impact of Social Determinants of Health on Disease Rates Using Correlation Analysis of Area-Based Summary Information." Public Health Reports, 2011 Supplement, 126 (2011): 70-80.

Appendix C: Methodologies

Geographic Information Systems

The majority of the data regarding community demographics and potential barriers to YMCA participation used in this report was collected from the American Community Survey. This data was available at the 2010 census tract level – this is our preferred unit of analysis because it is the smallest geographic area within the city for which reliable data is available. However, the health outcome data from the Marion County Health Department was only available at the zip code level. Zip codes are less useful for the analysis for a number of reasons. They are much larger, are often irregular shapes, and are primarily created as an administrative tool for the postal service, and shift over time. Thus, it was necessary to reconcile this disconnect between the zip code level data and the census tract level data. We chose to estimate a reasonable proportion of the health data that could be assigned to each census tract. This was done using a Geographic Information System (GIS) program called ArcMap 10.3.

We first collected publically available shapefiles of US county, zip code, and 2010 census tract boundaries, and then pared these filed down to just the area around Indianapolis. This included basic information on the square mileage of these boundaries. Shapefiles are a special type of file used in ArcMap and other GIS programs that pairs data on these geographic boundaries with a map. We then imported our health data from excel and associated it with the zip code boundaries in ArcMap based on the zip code's unique identifying number. We then overlaid the zip code boundaries on top of the census tracts and carried out a Split procedure on the zip code boundaries, using the census tracts and the dividing feature. This process divided the zip codes along those boundaries in order to create new shapes. Simultaneously, it estimated the proportion of the original zip code represented by the new shape, and then multiplied the values of our health variables based on that proportion. We then carried out a Dissolve procedure that consolidated these new shapes into units equivalent to the 2010 Census tract boundaries, and combined their data. We then carried out a Spatial Join to associate the correct Census tract identifier number with each of these new shapes. This data was then exported into Excel, reformatted, and then incorporated into our existing dataset.

Analysis of Variance (ANOVA)

We conducted Analysis of Variance (ANOVA) tests in order to compare the averages of our variables of interest across centers. Our ANOVA tests produced 200 test statistics that compare center populations. ANOVA tests use a numeric variable, such as the percentage of the population over 65, and one or more categorical variables. In this case, we created a variable that associates each census tract with one of the YMCA centers, and created an 11th category that was comprised on all the census tracts in Marion County. The test then evaluates whether or not the categorical variable has a significant impact on the averages of the numeric variable. In short, it evaluates whether or not those differences have been potentially caused by chance, or if there is a large systemic difference. In this context, for example, it assesses whether the percentage of the population over 65 is meaningfully

different between the centers and between each center and Marion County. In most cases, there was a meaningful difference in the averages for our health and demographic information for each center.

While ANOVA tests do not by themselves indicate which centers have meaningfully different averages, we used SAS's Bonferroni Test-option in order to identify those differences. This option causes the software to systematically compare each grouping's averages, and then calculates the differences between them and tests to see if that difference is statistically significant. We were then able to take the estimated difference between these averages, and convert it into the percentage difference between the two averages. This gives a somewhat more intuitive way to describe the relative sizes of the differences observed. For each center, we report significant differences between that center's health and demographic averages in percentage terms. Positive numbers indicate that this center has a higher proportion of the population with this characteristic, or a high rate of that health condition.

Correlation Analysis

Correlation coefficients describe the degree to which variation in one variable (for example, Hispanic) follows the same pattern as variation in another variable (for example, heart disease). We produced correlation coefficients to analyze two sets of relationships for each center: between demographic characteristics and health outcomes, and between barriers to YMCA participation and health outcomes. The correlation coefficient for Hispanic and heart disease would measure how many census tracts within a three-mile radius of a YMCA center have both high percentages of the population that are Hispanic and high percentages of the population with new diagnoses of heart disease, which have low percentages of each, and which differ.

The coefficients range between -1 and 1, with -1 meaning the two characteristics always vary in the opposite direction, 1 meaning the two characteristics always vary in the same direction, and 0 meaning there is no relationship between how the two characteristics vary. For ease of interpretation, we produced R^2 (pronounced R-squared) statistics by squaring the correlation coefficients so that they can be considered in percentage terms—when we report an R^2 of 60% between Hispanic and heart disease, we mean that the two variables have 60% of the way they change in common, with the relationship being positive (as one goes up in value the other does as well).

R^2 values greater than 36% in absolute value are generally considered to be moderately strong relationships. We restricted our reporting to reflect this decision criteria. Additionally, we have only reported those relationships that are statistically significant. Relationships between variables that may exist purely by chance are omitted, while correlations that we can be fairly confident describe systematic relationships are reported.

Trend Analysis

We performed a trend analysis of the selected health indicators and barriers to participation for the years 2010-2013, the years for which we had data. To do this, the average of the census tracts within a center's coverage is taken to produce an average per capita or per household figure. These resulting figures are plotted on a time graph for each year between 2010 and 2013. We compared center to center, and center to Marion County. This analysis identifies what health disparities and barriers to treatment are most prevalent in each center over time, if they are getting better or worse, and if the variable in question is more or less dominant in a particular center area compared to the county.

Appendix D: Member Health Status Survey

YMCA of Greater Indianapolis Member Health Status Survey

Membership

1. What type of YMCA membership do you have?

☐ Individual (Young Adult, Adult, or Senior Adult) ☐ One-Adult Household
☐ Two-Adult Household (With Children) ☐ Two-Adult (No Children) Household
☐ Senior Two-Adult Household

2. Do you receive a scholarship from the YMCA? ☐ Yes ☐ No

Demographics

3. What is your gender? ☐ Male ☐ Female ☐ Other: _____

4. What is your age?

☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65 and older

5. How many people, including yourself, live in your household for at least 6 months out of the year?

_____

6. What language is spoken at home?

☐ English ☐ Spanish ☐ Other: _____

7. Are you of Hispanic or Latino origin? ☐ Yes ☐ No

8. What is your race? Mark (X) in one or more boxes.

☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Asian ☐ Native Hawaiian or Pacific Islander
☐ Other: _____

9. What is the highest degree or level of school you have completed? Mark (X) in one box. If currently enrolled, mark the highest degree received.

☐ No high school diploma
☐ High school graduate (diploma, GED, or alternative credential)
☐ Some college credit, no degree
☐ Associate's degree
☐ Bachelor's degree
☐ Advanced degree (Master's, Professional, and/or Doctorate)

CONTINUE ON BACK →

10. In the past 12 months, did you or any member of your household receive benefits from SNAP (Supplemental Nutrition Assistance Program) and/or TANF (Temporary Assistance for Needy Families)?

☐ Yes ☐ No

Health Status

11. Would you say that in general your health is…

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Not Sure

12. Have you been told by a doctor, nurse, or other health professional that you have any of the following health conditions? If applicable, mark (X) in one or more boxes.

☐ Diabetes (not during pregnancy)
☐ Cancer
☐ Heart Disease
☐ Asthma
☐ Hypertension (High Blood Pressure)

13. Are you currently covered by any health insurance or health coverage plans (e.g. insurance through an employer, purchased directly from an insurance company, Medicare, Medicaid, TRICARE, VA, etc.)?

☐ Yes ☐ No

14. Do you have access to a personal car, truck, or van at your household?

☐ Yes ☐ No

15. Do you have a sensory, physical, and/or mental disability? ☐ Yes ☐ No

16. Within the past 12 months, how safe do you feel…

	Very Safe	Safe	Somewhat Safe	Somewhat Unsafe	Unsafe	Very Unsafe	Not Sure
In your neighborhood?	☐	☐	☐	☐	☐	☐	☐
Inside the YMCA?	☐	☐	☐	☐	☐	☐	☐
Directly outside the YMCA (including within the YMCA parking facilities)?	☐	☐	☐	☐	☐	☐	☐

17. If desired, use the below area to include additional comments regarding any of your responses to the questions on this survey:

Appendix E: Member Health Status Survey Findings Report

Format of this Report

- ***Overview***
- ***Preliminary Findings of Members' Health Status***
- ***List of Other Relevant Report Appendices Associated with the Member Health Status Survey***

Overview

To investigate if the health status of YMCA members from a particular center mirrored the health status of the neighborhood surrounding the YMCA center, we designed a Member Health Status Survey to be administered on paper at the front desk of each YMCA center. The specific questions were chosen to include whether or not respondents had been diagnosed with diabetes, cancer, heart disease, asthma, or hypertension at some point in their past. This survey was designed for implementation at the check-in desk at all YOGI centers, but due to timing and coordination constraints, was only implemented at the Jordan and Pike YMCAs. Jordan released the surveys on March 22, and Pike released the surveys March 28. No other centers had begun survey implementation by the writing of this report.

Unfortunately, the Jordan YMCA was only able to collect 23 responses to the Member Health Status Survey. After an analysis of those responses, we found that the survey sample was not representative of all Jordan YMCA members as the responses were primarily female and age 65 and older. Because the sample was not representative, we are unable to compare the results with the wider community data to reach any meaningful conclusions regarding how representative the Jordan YMCA members are of the larger Jordan community.

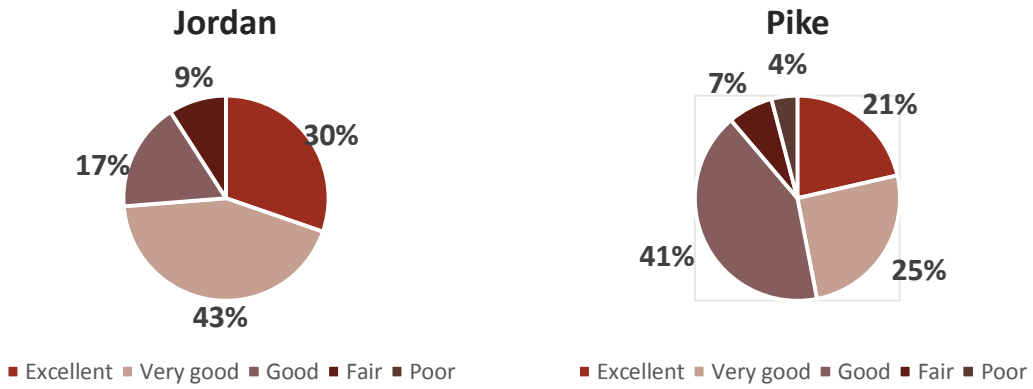
The Pike YMCA was able to obtain 56 survey responses. When we compared the demographics of the Pike survey respondents with the Pike YMCA membership demographic data, we found the survey sample to be fairly representative, although there was a reasonably significant overrepresentation of individuals between the ages of 25-64. Since the responses were more representative of Pike YMCA membership, we compared the survey responses with wider community data for the Pike neighborhood and educational attainment levels for Marion County. In this comparison, we found that Pike members are generally more educated than wider community members in Marion County. Assuming our survey sample is representative of the entire Pike YMCA membership, Pike YMCA has 21% more Bachelor's degree holders and 8% more advanced degree holders than the wider Marion County population. Unfortunately, while the member survey does provide a glimpse into how many members in each center have certain health issues,

because data collected on the survey using a different approach than the preexisting data (prevalence of diagnosis rather than hospitalizations or deaths), we cannot compare the health status of the YMCA members to the health status of the larger community in any meaningful way. Nevertheless, results are included below.

Preliminary Findings of Members' Health Status

	Diabetes	Cancer	Heart Disease	Asthma	High Blood Pressure
Jordan	21.7%	13.0%	4.4%	13%	26.1%
Pike	1.8%	0.0%	0.0%	10.7%	19.6%

Preliminary Findings of Members' Self-Ratings of Health Status



- 74% of Jordan YMCA members rated their general health as excellent or very good
- 17% of Jordan YMCA members rated their general health as good
- 9% of Jordan YMCA members rated their general health as fair
- 46% of Pike YMCA members rated their general health as excellent or very good
- 41% of Pike YMCA members rated their general health as good
- 11 % of Pike YMCA members rated their health as fair or poor

List of Other Relevant Appendices Associated with the Member Health Status Survey

- Appendix D includes a copy of the survey instrument.
- Appendix E includes an explanation of the survey constraints and a summary of preliminary results.
- Appendix F includes a representativeness comparison of survey respondents when compared to *YMCA membership demographic data.*
- Appendix G includes a representativeness comparison of survey respondents when compared to *wider community demographic data.*
- Appendix H is a flyer that was used to promote the member health status survey.

Appendix F: Representativeness Member Survey (YMCA Membership Data)

Member Health Status Survey: Marion County YMCA Membership Demographics Data vs. All Member Health Survey Data

Variables	Marion - Member Survey - (from Pike and Jordan)	Marion (Aggregate of 9 YMCAs) - Membership Demographics	Difference	Representation
Male	39.24%	47.73%	-8.49%	Underrepresented
Female	60.76%	51.77%	8.99%	Overrepresented
15-24	11.39%	15.62%	-4.23%	Underrepresented
25-44	35.44%	27.93%	7.51%	Overrepresented
45-64	32.91%	17.81%	15.10%	Overrepresented
65+	18.99%	8.29%	10.70%	Overrepresented
Hispanic	2.53%	3.13%	-0.60%	Underrepresented
White	56.96%	73.05%	-16.09%	Underrepresented
Black	34.18%	18.05%	16.13%	Overrepresented
AmInd	0.00%	0.18%	-0.18%	Underrepresented
Asian	6.33%	2.57%	3.76%	Overrepresented
PacIsland	0.00%	0.05%	-0.05%	Underrepresented
Multiracial	1.27%	2.97%	-1.70%	Underrepresented

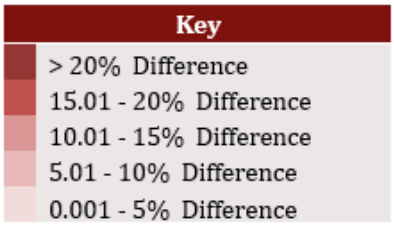
Note: The YMCA Membership Demographic data was incomplete for racial makeup of membership. Of 77,047 members included in the entire YOGI data, 22,189 members had missing racial data (or 28.8% of membership). In order to complete this analysis, we had to assume the racial breakdown of the null values is similar to the breakdown for the known values. If this assumption is incorrect, it could impact the results of this analysis.

Key
> 20% Difference
15.01 - 20% Difference
10.01 - 15% Difference
5.01 - 10% Difference
0.001 - 5% Difference

Member Health Status Survey: Jordan YMCA Membership Demographics Data vs. Jordan Member Health Survey Data

Variables	Jordan - Member Survey	Jordan - Membership Demographics	Difference	Representation
Male	30.43%	47.87%	-17.44%	Underrepresented
Female	69.57%	51.73%	17.84%	Overrepresented
15-24	0.00%	14.71%	-14.71%	Underrepresented
25-44	21.74%	30.70%	-8.96%	Underrepresented
45-64	26.09%	20.00%	6.09%	Overrepresented
65+	52.17%	9.12%	43.05%	Overrepresented
Hispanic	4.35%	2.63%	1.72%	Overrepresented
White	91.30%	75.60%	15.70%	Overrepresented
Black	4.35%	16.62%	-12.27%	Underrepresented
AmInd	0.00%	0.30%	-0.30%	Underrepresented
Asian	0.00%	2.21%	-2.21%	Underrepresented
PacIsland	0.00%	0%	0.00%	Representative
Multiracial	0.00%	2.63%	-2.63%	Underrepresented

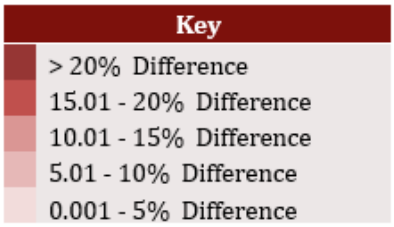
Note: The YMCA Membership Demographic data was incomplete for racial makeup of membership. Of 11,139 members included in the Jordan data, 4,230 members had missing racial data (or 37.9% of membership). In order to complete this analysis, we had to assume the racial breakdown of the null values is similar to the breakdown for the known values. If this assumption is incorrect, it could impact the results of this analysis.



Member Health Status Survey: Pike YMCA Membership Demographics Data vs. Pike Member Health Survey Data

Variables	Pike - Member Survey	Pike - Membership Demographics	Difference	Representation
Male	42.86%	44.91%	-2.05%	Underrepresented
Female	57.14%	54.40%	2.74%	Overrepresented
15-24	16.07%	15.99%	0.08%	Overrepresented
25-44	41.07%	29.67%	11.40%	Overrepresented
45-64	35.71%	19.28%	16.43%	Overrepresented
65+	5.36%	9.33%	-3.97%	Underrepresented
Hispanic	1.79%	4.01%	-2.22%	Underrepresented
White	42.86%	42.35%	0.51%	Overrepresented
Black	46.43%	47.35%	-0.92%	Underrepresented
AmInd	0%	0.35%	-0.35%	Underrepresented
Asian	8.93%	2.48%	6.45%	Overrepresented
PacIsland	0%	0.05%	-0.05%	Underrepresented
Multiracial	1.79%	3.42%	-1.63%	Underrepresented

Note: The YMCA Membership Demographic data was incomplete for racial makeup of membership. Of 3,195 members included in the Pike data, 1,176 members had missing racial data (or 36.81% of membership). In order to complete this analysis, we had to assume the racial breakdown of the null values is similar to the breakdown for the known values. If this assumption is incorrect, it could impact the results of this analysis.



Appendix G: Representativeness Member Survey (Community Data)

Member Health Status Survey: Marion County Data vs. All Member Health Survey Data

Variables	Member Survey - (from Pike and Jordan)	Marion	Difference	Representation
Male	39.24%	48.25%	-9.01%	Underrepresented
Female	60.76%	51.75%	9.01%	Overrepresented
15-24	11.39%	14.33%	-2.94%	Underrepresented
25-44	35.44%	29.44%	6.00%	Overrepresented
45-64	32.91%	24.47%	8.44%	Overrepresented
65+	18.99%	10.71%	8.28%	Overrepresented
Hispanic	2.53%	8.80%	-6.27%	Underrepresented
White	56.96%	64.38%	-7.42%	Underrepresented
Black	34.18%	26.48%	7.70%	Overrepresented
AmInd	0.00%	0.23%	-0.23%	Underrepresented
Asian	6.33%	2.02%	4.31%	Overrepresented
PacIsland	0.00%	0.02%	-0.02%	Underrepresented
Other	2.53%	4.18%	-1.65%	Underrepresented
English Speaking HH	98.73%	88.03%	10.70%	Overrepresented
Spanish Speaking HH	1.27%	7.34%	-6.07%	Underrepresented
Other Language HH	5.06%	4.63%	0.43%	Overrepresented
HH with No Car	2.53%	11.33%	-8.80%	Underrepresented
No HS diploma	1.27%	15.20%	-13.93%	Underrepresented
HS Diploma	6.33%	28.90%	-22.57%	Underrepresented
Some college, no degree	17.72%	21.20%	-3.48%	Underrepresented
Associates	8.86%	7.00%	1.86%	Overrepresented
Bachelors	39.24%	18.10%	21.14%	Overrepresented
Graduate/Prof	25.32%	9.60%	15.72%	Overrepresented
Diabetes	7.59%	0.25%	7.34%	~~Overrepresented~~
Cancer	3.80%	0.14%	3.66%	~~Overrepresented~~
Heart Disease	1.27%	1.18%	0.09%	~~Overrepresented~~
Asthma	11.39%	0.22%	11.17%	~~Overrepresented~~
High Blood Pressure	21.52%	0.46%	21.06%	~~Overrepresented~~

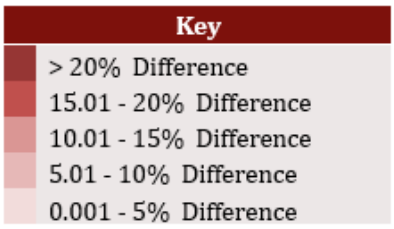
Note: The representativeness of the Health Barrier variables is unestablished because community-wide variables were collected using different methods (hospitalizations/deaths rather than prevalence).

Key
> 20% Difference
15.01 - 20% Difference
10.01 - 15% Difference
5.01 - 10% Difference
0.001 - 5% Difference

Member Health Status Survey: Jordan Neighborhood Data vs. Jordan Member Health Status Data

Variables	Jordan - Member Survey	Jordan	Difference	Representation
Male	30.43%	47.71%	-17.28%	Underrepresented
Female	69.57%	52.29%	17.28%	Overrepresented
15-24	0.00%	13.93%	-13.93%	Underrepresented
25-44	21.74%	30.16%	-8.42%	Underrepresented
45-64	26.09%	24.07%	2.02%	Overrepresented
65+	52.17%	15.26%	36.91%	Overrepresented
Hispanic	4.35%	6.99%	-2.64%	Underrepresented
White	91.30%	76.82%	14.48%	Overrepresented
Black	4.35%	14.61%	-10.26%	Underrepresented
AmInd	0.00%	0.11%	-0.11%	Underrepresented
Asian	0.00%	3.22%	-3.22%	Underrepresented
PacIsland	0.00%	0.00%	0.00%	Representative
Other	4.35%	3.51%	0.84%	Overrepresented
English Speaking HH	100.00%	86.73%	13.27%	Overrepresented
Spanish Speaking HH	4.35%	6.24%	-1.89%	Underrepresented
Other Language HH	4.35%	7.03%	-2.68%	Underrepresented
HH with No Car	0.00%	7.61%	-7.61%	Underrepresented
No HS diploma	0.00%		-15.20%	Underrepresented
HS Diploma	8.70%		-20.20%	Underrepresented
Some college, no degree	4.35%		-16.85%	Underrepresented
Associates	4.35%		-2.65%	Underrepresented
Bachelors	39.13%		21.03%	Overrepresented
Graduate/Prof	43.48%		33.88%	Overrepresented
Diabetes	21.74%	0.16%	21.58%	~~Overrepresented~~
Cancer	13.04%	0.18%	12.86%	~~Overrepresented~~
Heart Disease	4.35%	0.94%	3.41%	~~Overrepresented~~
Asthma	13.04%	0.16%	12.88%	~~Overrepresented~~
High Blood Pressure	26.09%	0.03%	26.06%	~~Overrepresented~~

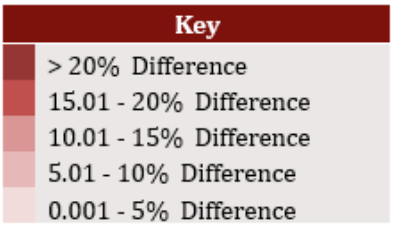
Note: The representativeness of the Health Barrier variables is unestablished because community-wide variables were collected using different methods (hospitalizations/deaths rather than prevalence). The representativeness of education variables are based on a comparison with Marion County data due to a lack of data available at the neighborhood level.



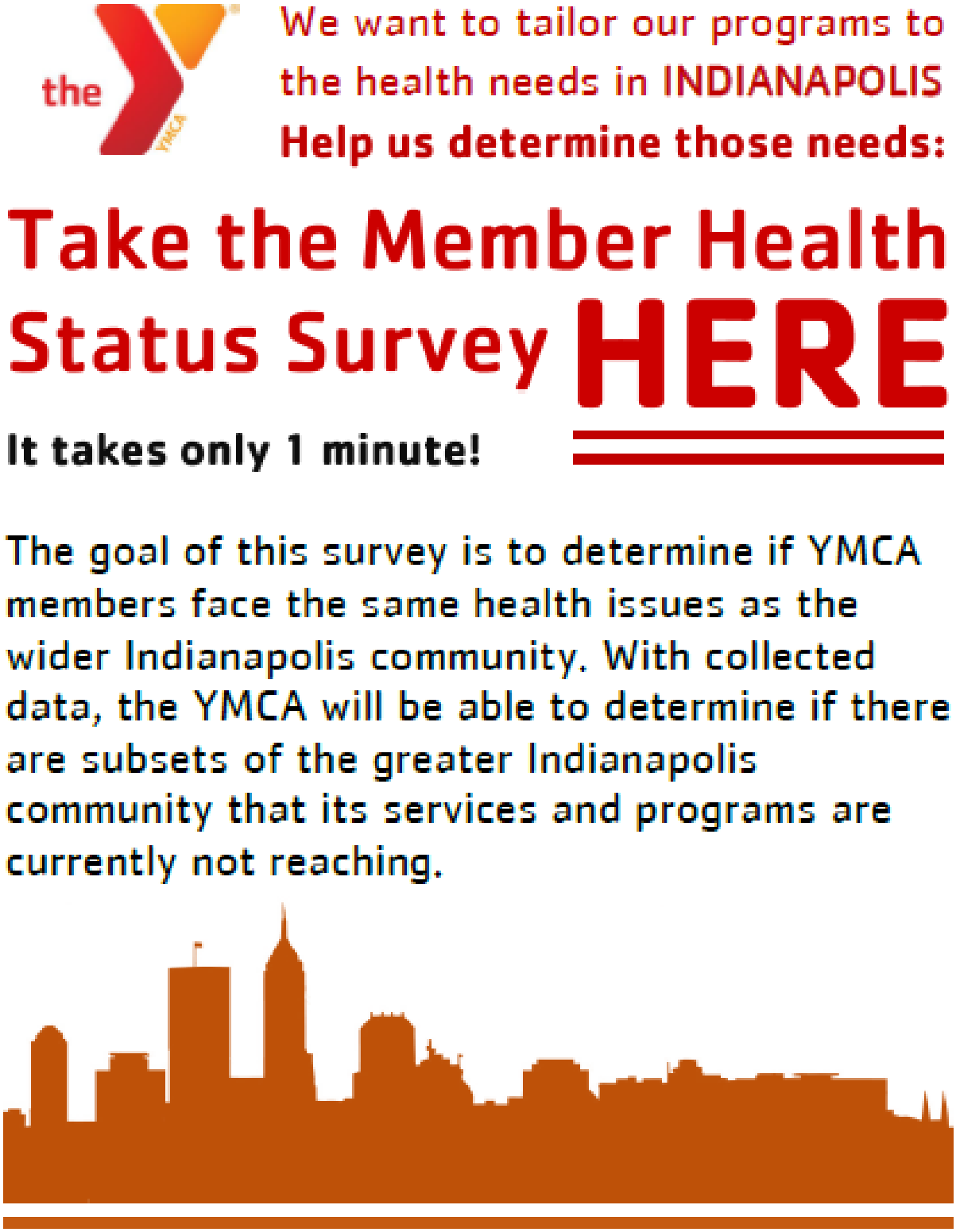
Member Health Status Survey: Pike Neighborhood Data vs. Pike Member Health Status Data

Variables	Pike - Member Survey	Pike	Difference	Representation
Male	42.86%	46.26%	-3.40%	Underrepresented
Female	57.14%	53.74%	3.40%	Overrepresented
15-24	16.07%	14.34%	1.73%	Overrepresented
25-44	41.07%	31.09%	9.98%	Overrepresented
45-64	35.71%	22.95%	12.76%	Overrepresented
65+	5.36%	8.34%	-2.98%	Underrepresented
Hispanic	1.79%	13.19%	-11.40%	Underrepresented
White	42.86%	40.55%	2.31%	Overrepresented
Black	46.43%	44.80%	1.63%	Overrepresented
AmInd	0%	0.20%	-0.20%	Underrepresented
Asian	8.93%	3.94%	4.99%	Overrepresented
PacIsland	0%	0.02%	-0.02%	Underrepresented
Other	1.79%	7.25%	-5.46%	Underrepresented
English Speaking HH	98.21%	81.76%	16.45%	Overrepresented
Spanish Speaking HH	0.00%	10.23%	-10.23%	Underrepresented
Other Language HH	5.36%	8.01%	-2.65%	Underrepresented
HH with No Car	3.57%	9.27%	-5.70%	Underrepresented
No HS diploma	1.79%		-13.41%	Underrepresented
HS Diploma	5.36%		-23.54%	Underrepresented
Some college, no degree	23.21%		2.01%	Overrepresented
Associates	10.71%		3.71%	Overrepresented
Bachelors	39.29%		21.19%	Overrepresented
Graduate/Prof	17.86%		8.26%	Overrepresented
Diabetes	1.79%	0.16%	1.63%	~~Overrepresented~~
Cancer	0.00%	0.15%	-0.15%	~~Underrepresented~~
Heart Disease	0.00%	1.55%	-1.55%	~~Underrepresented~~
Asthma	10.71%	0.18%	10.53%	~~Overrepresented~~
High Blood Pressure	19.64%	0.05%	19.59%	~~Overrepresented~~

Note: The representativeness of the Health Barrier variables is unestablished because community-wide variables were collected using different methods (hospitalizations/deaths rather than prevalence). The representativeness of education variables are based on a comparison with Marion County data due to a lack of data available at the neighborhood level.



Appendix H: Member Survey Flyer



Appendix I: Community Interview

YMCA of Greater Indianapolis
Community Assessment Interview
Pike and Jordan Neighborhoods

Location: _____
Interviewer: _____
Date: _____

Part 1: Qualification for Interview

1. **Are you at least 18 years old? AND Do you live in Indianapolis?**
   ___ Yes and Yes → *Proceed with survey*
   ___ No to either question → *Terminate survey*

2. **Have you ever been to the YMCA?**
   ___ Yes, I have been to the YMCA → *Go to Question 3*
   ___ No, I have never been to the YMCA → *Go to Question 4*

3. **How long has it been since you have been to the YMCA?**
   ___ Less than 1 month → *Go to Question 7*
   ___ 1-6 months → *Go to Question 7*
   ___ 7-12 months → *Go to Question 7*
   ___ More than 1 year → *Go to Question 6*

4. **Have you ever heard of the YMCA?**
   ___ Yes
   ___ No

5. **Where have you heard or learned about the YMCA?**
   ___ A family member, friend, or coworker
   ___ A doctor or medical institution
   ___ Online, including social media
   ___ Propaganda located in the community
   ___ Radio/television news
   ___ Child's school
   ___ Community organization
   ___ Childhood experience with the YMCA
   ___ Other: _____

6. **Do you know where the closest YMCA to here is?**
   ___ Yes
   ___ No

Part 2: Access to Health and Wellness Programs

7. **For many people, exercising regularly or participating in health and wellness programs can be difficult. Do you regularly exercise or participate in health and wellness programs at the YMCA or elsewhere?**
   ___ Yes ☐ YMCA ☐ Other gym/program ☐ Home/neighborhood
   ___ No

8. **What are 2-3 reasons that make regular exercise or participation in health and wellness programs (including those at the YMCA) difficult for you? (Ranking items is not necessary)**

YMCA-SPECIFIC REASONS

___ Membership cost

___ Location/transportation (regarding YMCA specifically)

___ Facilities/programs inadequate (including inconvenient hours)

___ Lack of awareness of YMCA

___ Childcare issue (regarding YMCA specifically)

___ Comfort/trust issue (regarding YMCA specifically)

___ No interest in YMCA

___ Other: _____

GENERAL REASONS

___ Lack of priority/motivation

___ Lack of physical energy

___ Lack of time

___ Health issue/disability

___ Cost issue in general

___ Location/transportation issue in general

___ Lack of awareness of health and wellness programs/gyms in general

___ Childcare issue in general

___ Comfort/trust issue in general

___ Other: _____

Comments/Explanations:

Part 3: Demographic Information

9. Look at this map. Do you live within the marked area?

___ Yes

___ No

10. What is your gender?

___Male
___Female
___Other: _____

11. What is your age?

___18-24 years old
___25-34 years old
___35-44 years old
___45-54 years old
___55-64 years old
___65-74 years old
___75 years or older

12. Are you of Hispanic or Latino origin?

____ Yes
____ No

13. What is your race? *Mark all that apply.*

____ White
____ Black or African American
____ American Indian or Alaska Native
____ Asian
____ Native Hawaiian or Pacific Islander
____ Other: _____

14. What is your total household income?

____ $49,999 or less
____ $50,000 to 99,999
____ $100,000 or more

15. What is the highest degree or level of school you have completed? *If currently enrolled, mark the highest degree received.*

____Some elementary or high school completed
____High school graduate (diploma, GED, or alternative credential)
____Some college credit, no degree
____Associate's degree
____Bachelor's degree
____Advanced degree (Master's, Professional, and/or Doctorate)

16. Have you been told by a doctor, nurse, or other health professional that you have any of the following health conditions? *Mark all that apply.*

_____Diabetes (not during pregnancy)
_____Cancer
_____Heart Disease
_____Asthma
_____High Blood Pressure

Appendix J: Community Interview Report

Format of this Report

- ***Overview***
- ***Barriers to Health and Wellness Identified in Interviews***
- ***Representation Concerns***
- ***Discussion of Findings***
- ***List of Other Relevant Report Appendices Associated with the Community Interview***

Overview

We were tasked with identifying the barriers the community perceives as being most influential in affecting their participation in health and wellness programs. These barriers include more qualitative considerations and most are not currently tracked by other pre-existing data sources. In order to obtain this information, we completed the following tasks:

1. Researched methods to obtain community feedback
2. Designed a Community Interview Survey with assistance from the IU Center for Survey Research. This Community Interview Survey included questions on:
    a. Previous knowledge and experience with the YMCA
    b. If community members regularly exercise or participate in health and wellness programs and where community members participate in these programs
    c. Barriers to regular exercise or participation in health and wellness programs
    d. General demographic information including:
    e. If the community member lives within a 3 mile radius of the YMCA center
    f. Gender
    g. Age
    h. Ethnicity
    i. Race
    j. Household Income
    k. Educational Attainment
    l. Health Status (e.g. previous diagnoses of diabetes, cancer, heart disease, asthma, and/or high blood pressure)
3. Composed a volunteer description for volunteer recruitment purposes
4. Created a training guide for implementation
5. Identified community intercept locations, or public areas within the local communities that are frequented by a wide variety of people, for implementation
6. Implemented the Community Interview Survey on Saturday, March 12th from 9:00AM – 12:00PM and Saturday, March 19th from 2:00PM – 5:00PM for the following community intercept locations for the Jordan and Pike YMCAs:
    a. Jordan Intercept Locations:

b. Broad Ripple Park
c. Monon Trail
d. Walmart at 7325 N. Keystone Ave.
e. Nora Library
f. Pike Intercept Locations:
g. Kroger at 5025 W. 71st St.
h. Northwestway Park
i. Central Canal Towpath

Barriers to Health and Wellness Identified in the Community Interview Survey

After implementing the Community Interview Survey, we uploaded the information into an electronic format and analyzed the results. The primary question our team was most interested in was: *"What are 2-3 reasons that make regular exercise or participation in health and wellness programs (including those at the YMCA) difficult for you?"*

The results for **survey respondents who identified as living within a 3 mile radius of the Jordan or Pike YMCA centers** to the aforementioned question are as follows:

Jordan YMCA	
General Reported Barriers	Frequency
Lack of Time	44
Lack of Priority/Motivation	21
Lack of Physical Energy	15
Health Issue/Disability	13
Cost Issue	5
Childcare Issue	3
Weather	3
Location/Transportation	1
Comfort/Trust Issue	1
Other*	1
YMCA-Specific Reported Barriers	Frequency
No Interest in the YMCA**	6
YMCA Membership Cost	5
YMCA Facilities/Programs Inadequate	2
YMCA Comfort/Trust Issue	1
YMCA Specific Other***	1

* Family commitments
** Prefer running outside/already exercise elsewhere
*** Convenience

Pike YMCA	
General Reported Barriers	Frequency
Lack of Time	36
Lack of Priority/Motivation	21
Lack of Physical Energy	11
Health Issue/Disability	6
Location/Transportation	5
Other*	5
Weather	2
Cost Issue	1
General Lack of Awareness of Gyms/Programs	1
Childcare Issue	1
YMCA-Specific Reported Barriers	Frequency
YMCA Facilities/Programs Inadequate	11
YMCA Membership Cost	4
Lack of Awareness of YMCA	4
YMCA Location/Transportation to YMCA	3
No Interest in the YMCA**	2
YMCA Childcare Issue	1

* Scheduling with work-out partner/Family commitments

** Home gym

For those individuals who identified as living within a 3 mile radius of the Jordan and Pike YMCA centers and indicated they do not regularly exercise, the barriers to participation in health and wellness programs are summarized below:

Jordan YMCA	
General Reported Barriers	Frequency
Lack of Time	11
Lack of Priority/Motivation	8
Lack of Physical Energy	8
Health Issue/Disability	1
Cost Issue	1
Childcare Issue	1
Other*	1
YMCA-Specific Reported Barriers	Frequency
YMCA Facilities/Programs Inadequate	1

* Family Commitments

Pike YMCA	
General Reported Barriers	Frequency
Lack of Time	15
Lack of Priority/Motivation	15
Lack of Physical Energy	7
Health Issue/Disability	2
Location/Transportation	2
Other* (e.g. Scheduling with work-out partner/Family commitments)	2
YMCA-Specific Reported Barriers	Frequency
YMCA Facilities/Programs Inadequate	3
YMCA Membership Cost	3
Lack of Awareness of YMCA	3
YMCA Location/Transportation to YMCA	2
YMCA Childcare Issue	1

*Scheduling with work-out partner/Family commitments

Representation Concerns

We compared the demographic data of the survey population with the wider community data to determine h**ow representative our respondents were of the overall community**. A summary of these results is included in Appendix K.

In general, our sample from the Community Interview Survey had an overrepresentation of higher income households and individuals with higher levels of educational attainment than the overall population. Additionally, for our Pike sample, we had an overrepresentation of female respondents. Since our sample population is not representative of the wider community, it is problematic to assume these results are truly

reflective of the entire population located within a 3 mile radius of the Jordan and Pike YMCA Centers.

In an attempt to reduce representation concerns with our sample subset, we decided to weight male responses in our Pike sample by two to increase the male response. However, this analysis did not significantly alter which factors were identified as most influential in impacting participation in health and wellness programs. Because of this, we have decided to use our original survey results without completing any weighting on any of the variables to account for misrepresentation.

Discussion of Findings

As identified above, the three most frequently cited barriers to participation in health and wellness programs based on the Community Interview Survey results for both centers were:

These variables remain the most frequently cited barriers to participation even when reviewing only those individuals who indicated they do not regularly exercise. A more thorough analysis of the barriers specific to each center is provided below.

Lack of Time

This variable signifies those individuals who identified that lack of time was a barrier that impacted their ability to participate in health and wellness programs. This is probably the variable in our Community Interview Survey that is the hardest to define, as its definition likely varies significantly between respondents. However, several survey respondents clarified that "lack of time" related to their work schedules, feeling too busy, or the number of hours they had in a day that were already occupied with other duties or responsibilities.

Jordan YMCA			
Demographics	All Respondents*	Lack of Time	% Respondents Identifying Lack of Time
Gender			
Male	41	22	54%
Female	36	21	58%
No Response	3	1	33%
Age			
18-24	4	3	75%
25-34	18	10	56%
35-44	15	9	60%
45-54	14	9	64%
55-64	14	6	43%
65-74	9	5	56%
75 and older	5	1	20%
No Response	1	1	100%
Ethnicity			
Hispanic	2	0	0%
Non-Hispanic	76	42	55%
No Response	2	2	100%
Race			
White	65	32	49%
Black or African American	9	7	78%
American Indian or Alaska Native	1	1	100%
Asian	3	2	67%
Native Hawaiian or Pacific Islander	0	0	N/A
Other Race	0	0	N/A
No Response	2	2	100%
Household Income			
$49,999 and less	32	16	50%
$50,000 - $99,999	19	12	63%
$100,000 and more	25	14	56%
No Response	4	2	50%
Educational Attainment			
Some elementary or high school completed	1	1	100%
High school graduate (diploma or equivalent)	9	7	78%
Some college credit, no degree	9	4	44%
Associate's degree	4	0	0%
Bachelor's degree	28	14	50%
Advanced degree	28	17	61%
No Response	1	1	100%
Health Status			
Diabetes	7	5	71%
Cancer	6	4	67%

Heart Disease	2	1	50%
Asthma	6	4	67%
High Blood Pressure	19	14	74%
No Response	1	1	100%

* Who identified as living within a 3 mile radius of the Jordan YMCA

Within the Jordan YMCA community, this response was common across all genders, ages, races, household income levels, and educational attainment levels (with the exception of Associate's degree earners). Additionally, respondents who identified any of the five health issues (diabetes, cancer, heart disease, asthma, and high blood pressure) frequently cited this as a barrier to participation. The complete demographic breakdown of all respondents who identified as living within a 3 mile radius of the Jordan YMCA and who identified lack of time as a barrier is as follows:

Lack of Priority/Motivation

This variable signifies those individuals who identified that they either do not prioritize exercising or participating in health and wellness programs or that they lack motivation to participate.

Jordan YMCA			
Demographics	**All Respondents ***	**Lack of Priority/ Motivation**	**% of Respondents Identifying Lack of Priority/Motivation**
Gender			
Male	41	11	27%
Female	36	9	25%
No Response	3	1	33%
Age			
18-24	4	3	75%
25-34	18	5	28%
35-44	15	7	47%
45-54	14	3	21%
55-64	14	2	14%
65-74	9	1	11%
75 and older	5	0	0%
No Response	1	0	0%
Ethnicity			
Hispanic	2	0	0%
Non-Hispanic	76	21	28%
No Response	2	0	0%
Race			
White	65	17	26%
Black or African American	9	2	22%
American Indian or Alaska Native	1	1	100%

Asian	3	1	33%
Native Hawaiian or Pacific Islander	0	0	N/A
Other Race	0	0	N/A
No Response	2	0	0%
Household Income			
$49,999 and less	32	5	16%
$50,000 - $99,999	19	4	21%
$100,000 and more	25	11	44%
No Response	4	1	25%
Educational Attainment			
Some elementary or high school completed	1	0	0%
High school graduate (diploma or equivalent)	9	3	33%
Some college credit, no degree	9	2	22%
Associate's degree	4	0	0%
Bachelor's degree	28	9	32%
Advanced degree	28	7	25%
No Response	1	0	0%
Health Status			
Diabetes	7	2	29%
Cancer	6	1	17%
Heart Disease	2	1	50%
Asthma	6	1	17%
High Blood Pressure	19	3	16%
No Response	1	0	0%

* Who identified as living within a 3 mile radius of the Jordan YMCA

Within the Jordan YMCA community, this response was common across almost all demographic categories. However, younger individuals (those between ages 18-44) and higher income earners (those households earning $100,000 or more) more frequently cited this variable as a barrier to participation. The complete demographic breakdown of all respondents who identified as living within a 3 mile radius of the Jordan YMCA and who identified lack of priority/motivation as a barrier is as follows:

Lack of Physical Energy

This variable signifies those individuals who identified that they lack the physical energy to participate in health and wellness programs. This variable includes feeling exhausted after a long work. For some respondents, this may also relate to physical exhaustion from illness or other injuries.

Jordan YMCA			
Demographics	All Respondents*	Lack of Physical Energy	% of Respondents Identifying Lack of Physical Energy
Gender			
Male	41	7	17%
Female	36	8	22%
No Response	3	0	0%
Age			
18-24	4	2	50%
25-34	18	2	11%
35-44	15	3	20%
45-54	14	2	14%
55-64	14	3	21%
65-74	9	2	22%
75 and older	5	1	20%
No Response	1	0	0%
Ethnicity			
Hispanic	2	0	0%
Non-Hispanic	76	15	20%
No Response	2	0	0%
Race			
White	65	14	22%
Black or African American	9	1	11%
American Indian or Alaska Native	1	0	0%
Asian	3	0	0%
Native Hawaiian or Pacific Islander	0	0	N/A
Other Race	0	0	N/A
No Response	2	0	0%
Household Income			
$49,999 and less	32	7	22%
$50,000 - $99,999	19	3	16%
$100,000 and more	25	4	16%
No Response	4	1	25%
Educational Attainment			
Some elementary or high school completed	1	1	100%
High school graduate (diploma or equivalent)	9	0	0%
Some college credit, no degree	9	3	33%
Associate's degree	4	1	25%
Bachelor's degree	28	7	25%
Advanced degree	28	3	11%
No Response	1	0	0%
Health Status			

Diabetes	7	2	29%
Cancer	6	1	17%
Heart Disease	2	1	50%
Asthma	6	2	33%
High Blood Pressure	19	6	32%
No Response	1	0	0%

* Who identified as living within a 3 mile radius of the Jordan YMCA

Within the Jordan YMCA community, this response was common across almost all demographic categories. However, most respondents who identified this barrier were white and non-Hispanic. Most were also lower income earners (those households earning less than $49,999). The complete demographic breakdown of all respondents who identified as living within a three-mile radius of the Jordan YMCA and who identified lack of physical energy as a barrier is as follows:

Lack of Time

This variable signifies those individuals who identified that lack of time was a barrier that impacted their ability to participate in health and wellness programs. This is probably the variable in our Community Interview Survey that is the hardest to define, as its definition likely varies significantly between respondents. However, several survey respondents clarified that "lack of time" related to their work schedules, feeling too busy, or the number of hours they had in a day that were already occupied with other duties or responsibilities.

Pike YMCA			
Demographics	**All Respondents***	**Lack of Time**	**% of Respondents Identifying Lack of Time**
Gender			
Male	20	7	35%
Female	47	27	57%
No Response	4	2	50%
Age			
18-24	5	2	40%
25-34	9	7	78%
35-44	14	9	64%
45-54	19	9	47%
55-64	14	6	43%
65-74	6	1	17%
75 and older	2	0	0%
No Response	2	2	100%
Ethnicity			
Hispanic	4	3	75%

Non-Hispanic	65	31	48%
No Response	2	2	100%
Race			
White	20	9	45%
Black or African American	40	19	48%
American Indian or Alaska Native	0	0	N/A
Asian	4	3	75%
Native Hawaiian or Pacific Islander	0	0	N/A
Other Race	2	1	50%
No Response	5	4	80%
Household Income			
$49,999 and less	25	10	40%
$50,000 - $99,999	30	17	57%
$100,000 and more	12	6	50%
No Response	4	3	75%
Educational Attainment			
Some elementary or high school completed	2	2	100%
High school graduate (diploma or equivalent)	11	7	64%
Some college credit, no degree	12	5	42%
Associate's degree	5	2	40%
Bachelor's degree	22	9	41%
Advanced degree	17	9	53%
No Response	2	2	100%
Health Status			
Diabetes	10	3	30%
Cancer	4	1	25%
Heart Disease	2	0	0%
Asthma	2	1	50%
High Blood Pressure	16	4	25%
No Response	2	2	100%

* Who identified as living within a 3 mile radius of the Pike YMCA

Within the Pike YMCA community, this response was most common amongst women and individuals between the ages of 25-44. However, this variable was consistently cited across ethnic and racial groups, household income levels, and educational attainment levels. The complete demographic breakdown of all respondents who identified as living within a three-mile radius of the Pike YMCA and who identified lack of time as a barrier is as follows:

Lack of Priority/Motivation

This variable signifies those individuals who identified that they either do not prioritize exercising or participating in health and wellness programs or that they lack motivation to participate.

Pike YMCA			
Demographics	All Respondents*	Lack of Priority/ Motivation	% of Respondents Identifying Lack of Priority/Motivation
Gender			
Male	20	3	15%
Female	47	17	36%
No Response	4	1	25%
Age			
18-24	5	2	40%
25-34	9	3	33%
35-44	14	5	36%
45-54	19	5	26%
55-64	14	4	29%
65-74	6	1	17%
75 and older	2	1	50%
No Response	2	0	0%
Ethnicity			
Hispanic	4	2	50%
Non-Hispanic	65	19	29%
No Response	2	0	0%
Race			
White	20	4	20%
Black or African American	40	14	35%
American Indian or Alaska Native	0	0	N/A
Asian	4	1	25%
Native Hawaiian or Pacific Islander	0	0	N/A
Other Race	2	1	50%
No Response	5	1	20%
Household Income			
$49,999 and less	25	11	44%
$50,000 - $99,999	30	7	23%
$100,000 and more	12	3	25%
No Response	4	0	0%
Educational Attainment			
Some elementary or high school completed	2	1	50%
High school graduate (diploma or equivalent)	11	3	27%
Some college credit, no degree	12	5	42%
Associate's degree	5	3	60%
Bachelor's degree	22	7	32%
Advanced degree	17	2	12%

No Response	2	0	0%
Health Status			
Diabetes	10	1	10%
Cancer	4	0	0%
Heart Disease	2	2	100%
Asthma	2	1	50%
High Blood Pressure	16	8	50%
No Response	2	0	0%

* Who identified as living within a 3 mile radius of the Pike YMCA

Within the Pike YMCA community, this response was common across almost all demographic categories. However, women and lower income earners (those households earning $49,999 and less) more frequently cited this variable as a barrier to participation. The complete demographic breakdown of all respondents who identified as living within a three-mile radius of the Pike YMCA and who identified lack of priority/motivation as a barrier is as follows:

Lack of Physical Energy

This variable signifies those individuals who identified that they lack the physical energy to participate in health and wellness programs. This variable includes feeling exhausted after a long work. For some respondents, this may also relate to physical exhaustion from illness or other injuries.

Pike YMCA			
Demographics	**All Respondents***	**Lack of Physical Energy**	**% of Respondents Identifying Lack of Physical Energy**
Gender			
Male	20	4	20%
Female	47	6	13%
No Response	4	1	25%
Age			
18-24	5	2	40%
25-34	9	2	22%
35-44	14	3	21%
45-54	19	1	5%
55-64	14	2	14%
65-74	6	0	0%
75 and older	2	0	0%
No Response	2	1	50%
Ethnicity			
Hispanic	4	1	25%
Non-Hispanic	65	9	14%
No Response	2	1	50%
Race			

White	20	5	25%
Black or African American	40	4	10%
American Indian or Alaska Native	0	0	N/A
Asian	4	0	0%
Native Hawaiian or Pacific Islander	0	0	N/A
Other Race	2	0	N/A
No Response	5	2	40%
Household Income			
$49,999 and less	25	2	8%
$50,000 - $99,999	30	6	20%
$100,000 and more	12	2	17%
No Response	4	1	25%
Educational Attainment			
Some elementary or high school completed	2	0	0%
High school graduate (diploma or equivalent)	11	2	18%
Some college credit, no degree	12	0	0%
Associate's degree	5	1	20%
Bachelor's degree	22	3	14%
Advanced degree	17	4	24%
No Response	2	1	50%
Health Status			
Diabetes	10	1	10%
Cancer	4	1	25%
Heart Disease	2	2	100%
Asthma	2	0	0%
High Blood Pressure	16	0	0%
No Response	2	1	50%

* Who identified as living within a 3 mile radius of the Pike YMCA

Within the Pike YMCA community, this response was common across almost all demographic categories. However, most respondents who identified this barrier were younger (between ages 18-44) and had higher levels of educational attainment (bachelor's or advanced degrees). The complete demographic breakdown of all respondents who identified as living within a three-mile radius of the Pike YMCA and who identified lack of physical energy as a barrier is as follows:

List of Relevant Appendices Associated with the Member Health Status Survey

- Appendix I includes a copy of the community interview format
- Appendix J includes a longer report and discussion of findings.
- Appendix K includes a representativeness comparison of survey respondents when compared to *wider community demographic data.*
- Appendix L is a training guide for community interview volunteers.
- Appendix M is a volunteer description for community interview volunteers.
- Appendix N includes maps of the Pike and Jordan neighborhoods

Appendix K: Community Survey Representativeness

Community Interview: Marion County Data vs. All Community Interview Data

Variables	Marion - Survey - All Respondents (Pike and Jordan)	Marion	Difference	Representation	Marion - Survey - Those in 3 Mile Radius (Pike and Jordan)	Marion	Difference	Representation
Male	40.18%	48.25%	-8.07%	Underrepresented	40.40%	48.25%	-7.85%	Underrepresented
Female	54.91%	51.75%	3.16%	Overrepresented	54.97%	51.75%	3.22%	Overrepresented
15-24	6.70%	14.33%	-7.63%	Underrepresented	5.96%	14.33%	-8.37%	Underrepresented
25-44	40.63%	29.44%	11.19%	Overrepresented	37.09%	29.44%	7.65%	Overrepresented
45-64	38.84%	24.47%	14.37%	Overrepresented	40.40%	24.47%	15.93%	Overrepresented
65+	11.16%	10.71%	0.45%	Overrepresented	14.57%	10.71%	3.86%	Overrepresented
Hispanic	4.02%	8.80%	-4.78%	Underrepresented	3.97%	8.80%	-4.83%	Underrepresented
White	58.04%	64.38%	-6.34%	Underrepresented	56.29%	64.38%	-8.09%	Underrepresented
Black	31.70%	26.48%	5.22%	Overrepresented	32.45%	26.48%	5.97%	Overrepresented
AmInd	0.89%	0.23%	0.66%	Overrepresented	0.66%	0.23%	0.43%	Overrepresented
Asian	3.57%	2.02%	1.55%	Overrepresented	4.64%	2.02%	2.62%	Overrepresented
PacIsland	0%	0.02%	-0.02%	Underrepresented	0.00%	0.02%	-0.02%	Underrepresented
Other	1.79%	4.18%	-2.39%	Underrepresented	1.32%	4.18%	-2.86%	Underrepresented
≤49,999	37.50%	56.69%	-19.19%	Underrepresented	37.75%	56.69%	-18.94%	Underrepresented
50-99	33.48%	28.79%	4.69%	Overrepresented	32.45%	28.79%	3.66%	Overrepresented
100+	22.77%	14.52%	8.25%	Overrepresented	24.50%	14.52%	9.98%	Overrepresented
No HS diploma	3.13%	15.20%	-12.07%	Underrepresented	1.99%	15.20%	-13.21%	Underrepresented
HS Diploma	12.95%	28.90%	-15.95%	Underrepresented	13.25%	28.90%	-15.65%	Underrepresented
Some college, no degree	14.29%	21.20%	-6.91%	Underrepresented	13.91%	21.20%	-7.29%	Underrepresented
Associates	4.46%	7.00%	-2.54%	Underrepresented	5.96%	7.00%	-1.04%	Underrepresented
Bachelors	35.71%	18.10%	17.61%	Overrepresented	33.11%	18.10%	15.01%	Overrepresented
Graduate/Prof	26.79%	9.60%	17.19%	Overrepresented	29.80%	9.60%	20.20%	Overrepresented
Diabetes	9.38%	0.25%	9.13%	~~Overrepresented~~	11.26%	0.25%	11.01%	~~Overrepresented~~
Cancer	4.46%	0.14%	4.32%	~~Overrepresented~~	6.62%	0.14%	6.48%	~~Overrepresented~~
Heart Disease	2.68%	1.18%	1.50%	~~Overrepresented~~	2.65%	1.18%	1.47%	~~Overrepresented~~
Asthma	7.14%	0.22%	6.92%	~~Overrepresented~~	5.30%	0.22%	5.08%	~~Overrepresented~~
High Blood Pressure	20.09%	0.46%	19.63%	~~Overrepresented~~	23.18%	0.46%	22.72%	~~Overrepresented~~

Note: The representativeness of the Health Barrier variables is unestablished because community-wide variables were collected using different methods (hospitalizations/deaths rather than prevalence).

Key
> 20% Difference
15.01 - 20% Difference
10.01 - 15% Difference
5.01 - 10% Difference
0.001 - 5% Difference

Community Interview: Jordan Community Data vs Jordan Community Interview Data

Variables	Jordan - Survey - All Respondents	Jordan	Difference	Representation	Jordan - Survey - Those in 3 Mile Radius	Jordan	Difference	Representation
Male	48.51%	47.71%	0.80%	Overrepresented	51.25%	47.71%	3.54%	Overrepresented
Female	48.51%	52.29%	-3.78%	Underrepresented	45.00%	52.29%	-7.29%	Underrepresented
15-24	5.97%	13.93%	-7.96%	Underrepresented	5.00%	13.93%	-8.93%	Underrepresented
25-44	43.28%	30.16%	13.12%	Overrepresented	41.25%	30.16%	11.09%	Overrepresented
45-64	38.06%	24.07%	13.99%	Overrepresented	35.00%	24.07%	10.93%	Overrepresented
65+	11.19%	15.26%	-4.07%	Underrepresented	17.50%	15.26%	2.24%	Overrepresented
Hispanic	2.99%	6.99%	-4.00%	Underrepresented	2.50%	6.99%	-4.49%	Underrepresented
White	77.61%	76.82%	0.79%	Overrepresented	81.25%	76.82%	4.43%	Overrepresented
Black	16.42%	14.61%	1.81%	Overrepresented	11.25%	14.61%	-3.36%	Underrepresented
AmInd	1%	0.11%	1.38%	Overrepresented	1.25%	0.11%	1.14%	Overrepresented
Asian	2.24%	3.22%	-0.98%	Underrepresented	3.75%	3.22%	0.53%	Overrepresented
PacIsland	0%	0.00%	-0.00%	Underrepresented	0.00%	0.00%	0.00%	Representative
Other	0.75%	3.51%	-2.76%	Underrepresented	0.00%	3.51%	-3.51%	Underrepresented
≤49,999	36.57%	49.25%	-12.68%	Underrepresented	40.00%	49.25%	-9.25%	Underrepresented
50-99	29.85%	26.88%	2.97%	Overrepresented	23.75%	26.88%	-3.13%	Underrepresented
100+	28.36%	23.87%	4.49%	Overrepresented	31.25%	23.87%	7.38%	Overrepresented
No HS diploma	3.73%		-11.47%	Underrepresented	1.25%		-13.95%	Underrepresented
HS Diploma	8.96%		-19.94%	Underrepresented	11.25%		-17.65%	Underrepresented
Some college, no degree	12.69%		-8.51%	Underrepresented	11.25%		-9.95%	Underrepresented
Associates	2.99%		-4.01%	Underrepresented	5.00%		-2.00%	Underrepresented
Bachelors	39.55%		21.45%	Overrepresented	35.00%		16.90%	Overrepresented
Graduate/Prof	30.60%		21.00%	Overrepresented	35.00%		25.40%	Overrepresented
Diabetes	6.72%	0.16%	6.56%	~~Overrepresented~~	8.75%	0.16%	8.59%	~~Overrepresented~~
Cancer	4.48%	0.18%	4.30%	~~Overrepresented~~	7.50%	0.18%	7.32%	~~Overrepresented~~
Heart Disease	2.99%	0.94%	2.05%	~~Overrepresented~~	2.50%	0.94%	1.56%	~~Overrepresented~~
Asthma	9.70%	0.16%	9.54%	~~Overrepresented~~	7.50%	0.16%	7.34%	~~Overrepresented~~
High Blood Pressure	17.91%	0.03%	17.88%	~~Overrepresented~~	23.75%	0.03%	23.72%	~~Overrepresented~~

Note: The representativeness of the Health Barrier variables is unestablished because community-wide variables were collected using different methods (hospitalizations/deaths rather than prevalence). The representativeness of education variables are based on a comparison with Marion County data due to a lack of data at the neighborhood level.

Key
> 20% Difference
15.01 - 20% Difference
10.01 - 15% Difference
5.01 - 10% Difference
0.001 - 5% Difference

Community Interview: Pike Community Data vs. Pike Community Interview Data

Variables	Pike - Survey - All Respondents	Pike	Difference	Representation	Pike - Survey - Those in 3 Mile Radius	Pike	Difference	Representation
Male	27.78%	46.26%	-18.48%	Underrepresented	28.17%	46.26%	-18.09%	Underrepresented
Female	64.44%	53.74%	10.70%	Overrepresented	66.20%	53.74%	12.46%	Overrepresented
15-24	7.78%	14.34%	-6.56%	Underrepresented	7.04%	14.34%	-7.30%	Underrepresented
25-44	36.67%	31.09%	5.58%	Overrepresented	32.39%	31.09%	1.30%	Overrepresented
45-64	40.00%	22.95%	17.05%	Overrepresented	46.48%	22.95%	23.53%	Overrepresented
65+	11.11%	8.34%	2.77%	Overrepresented	11.27%	8.34%	2.93%	Overrepresented
Hispanic	5.56%	13.19%	-7.63%	Underrepresented	5.63%	13.19%	-7.56%	Underrepresented
White	28.89%	40.55%	-11.66%	Underrepresented	28.17%	40.55%	-12.38%	Underrepresented
Black	54.44%	44.80%	9.64%	Overrepresented	56.34%	44.80%	11.54%	Overrepresented
AmInd	0%	0.20%	-0.20%	Underrepresented	0.00%	0.20%	-0.20%	Underrepresented
Asian	5.56%	3.94%	1.62%	Overrepresented	5.63%	3.94%	1.69%	Overrepresented
PacIsland	0%	0.02%	-0.02%	Underrepresented	0.00%	0.02%	-0.02%	Underrepresented
Other	3.33%	7.25%	-3.92%	Underrepresented	2.82%	7.25%	-4.43%	Underrepresented
≤49,999	38.89%	53.02%	-14.13%	Underrepresented	35.21%	53.02%	-17.81%	Underrepresented
50-99	38.89%	30.75%	8.14%	Overrepresented	42.25%	30.75%	11.50%	Overrepresented
100+	14.44%	16.23%	-1.79%	Underrepresented	16.90%	16.23%	0.67%	Overrepresented
No HS diploma	2.22%		-12.98%	Underrepresented	2.82%		-12.38%	Underrepresented
HS Diploma	18.89%		-10.01%	Underrepresented	15.49%		-13.41%	Underrepresented
Some college, no degree	16.67%		-12.69%	Underrepresented	16.90%		-4.30%	Underrepresented
Associates	6.67%		-2.99%	Underrepresented	7.04%		0.04%	Overrepresented
Bachelors	30%		11.90%	Overrepresented	30.99%		12.89%	Overrepresented
Graduate/Prof	21.11%		11.51%	Overrepresented	23.94%		14.34%	Overrepresented
Diabetes	13.33%	0.16%	13.17%	~~Overrepresented~~	14.08%	0.16%	13.92%	~~Overrepresented~~
Cancer	4.44%	0.15%	4.29%	~~Overrepresented~~	5.63%	0.15%	5.48%	~~Overrepresented~~
Heart Disease	2.22%	1.55%	0.67%	~~Overrepresented~~	2.82%	1.55%	1.27%	~~Overrepresented~~
Asthma	3.33%	0.18%	3.15%	~~Overrepresented~~	2.82%	0.18%	2.64%	~~Overrepresented~~
High Blood Pressure	23.33%	0.05%	23.28%	~~Overrepresented~~	22.54%	0.05%	22.49%	~~Overrepresented~~

Note: The representativeness of the Health Barrier variables is unestablished because community-wide variables were collected using different methods (hospitalizations/deaths rather than prevalence). The representativeness of education variables are based on a comparison with Marion County data due to a lack of data available at the neighborhood level.

Key
> 20% Difference
15.01 - 20% Difference
10.01 - 15% Difference
5.01 - 10% Difference
0.001 - 5% Difference

Appendix L: YMCA Community Interviewer Guide

Project Objectives

The interviews are part of a larger project by the YMCA of Greater Indianapolis that focuses on barriers to health and wellness in Indianapolis. The project is trying to answer:

- What are the health disparities in each of the Indianapolis YMCA communities?
- What are the barriers to working with disparate populations in health and wellness programs in those communities?
- How can the YMCA modify its services and programs to reduce the impact of these barriers?

Community Interview Objective

The interviews you are conducting today are aimed at answering these specific questions:

- Are the health status and barriers of current YMCA members the same as those in the wider community?
- What are the perceived barriers that exist within the community that prevent people from attaining improved health outcomes through participation in YMCA programs or other health and wellness programs?

Participant Selection

- We want to follow best practices in collecting data. We can do this with:
  Random Selection
  - We want to get unbiased responses.
  - Ask every person that passes by, even if they look busy.

  Voluntary Participation
  - Anyone can refuse to take the survey.
  - Anyone can refuse to answer any number of questions.
- Survey is anonymous. You will take no name, address, or contact information.
- Our society is heavily over-surveyed. Try using the following prompts to draw someone in:
  - Good morning/afternoon. Do you have a minute to complete a survey about health and wellness? It will only take 1 minute!
  - Hello. We are doing a 1-minute survey on health and wellness that will benefit the YMCA. Are you willing to participate?

Interview Process

Before starting:
Fill in the LOCATION (ex. Monon trail), your INITIALS, and today's DATE in the top right corner of the survey. You can do this ahead of time while waiting for respondents.

Part 1. Qualification for Interview (Straight forward/easy)

- If someone responds "no" to either part of Question 1 (Are you over 18/Do you live in Indy), thank them for their time and tell them that we are only surveying people over 18 who live in Indianapolis at this time.
- If someone responds "yes" to both parts of Question 1 (Are you over 18/Do you live in Indy), then follow the prompts to complete Questions 2-6.
- On Question 6, if someone does not know where the closest YMCA to here is, feel free to tell them.

Part 2. Access to Health and Wellness Programs (A little more complicated)
Ask for comments and take detailed notes. If necessary, take brief notes during the interview and once the respondent leaves, fill survey with more information.

- In #7, sometimes people will respond, "Well, I walk a lot." Clarify: "Do you consider that to be regular exercise? If so, we do as well."
- Use follow-up questions when answering #8
  - **Response: "It is hard to get to."**
  - Clarify. Is the YMCA specifically hard to get to? (The bus doesn't go to the YMCA, the route to get to the YMCA has too many transfers) OR Is it hard for the respondent to get around in general? (They don't have a car, they don't understand the bus routes, they don't like the bus in general)
  - **Response: "I don't have time to work out."**
  - Clarify: "Would you say that you don't have time because exercise is a low priority for you, because you are too tired to exercise in the time you do have, or because you don't actually have the free time?"

Part 3. Demographic Information

- The map will indicate if the respondent is within the target area for #9. Show the map to the respondent and ask if they live within the circle. If respondent is unsure about if they are within the targeted area, respond with "no."
- After Question #9, hand the survey and writing utensil to the respondent to ensure privacy.
- Privacy is key in this section. If the respondent doesn't want to answer part or all of this section, do not push the issue.

Conclusion

Thank the respondent for their time and ask if they want any info on the YMCA. If so, give them a brochure. You may also give them a token of appreciation (pen, etc.) if available.

Other Scenarios for Question #8

- **"It's too expensive."**
  - Clarify. "Is the YMCA too expensive or are health and wellness programs/gyms/exercise in general too expensive?"
- **"I have kids."**
  - Clarify. "Did you know there is childcare at the YMCA? Is the childcare at the YMCA insufficient or unsuited to your needs?" OR "Generally, does a lack of childcare prevent you from exercising?"
- **"I don't work out."**
  - Clarify. "Would you say that exercise is just not a priority for you, that you don't have the time or physical energy to exercise, or is it another issue?"
- **"I don't like the YMCA."**
  - Clarify. "Would you say that you don't feel comfortable at the YMCA, or that you don't feel safe at the YMCA? Is there something specific about the YMCA that you don't like?"

Appendix M: YMCA Community Survey Volunteer Descriptions

The YMCA is looking for 10 volunteers to help distribute surveys about health and wellness in the Pike community on **XX date, between the hours of XX and XX**. The survey will be administered orally, and volunteers will undergo a 1/2-hour training at the **XX YMCA** on how to ask the questions, before being paired with another volunteer to speak with passing community members at one public location within 3 miles of the Pike YMCA (coffee shop, grocery store, library, etc.). The survey only takes about 1-3 minutes per person to complete.

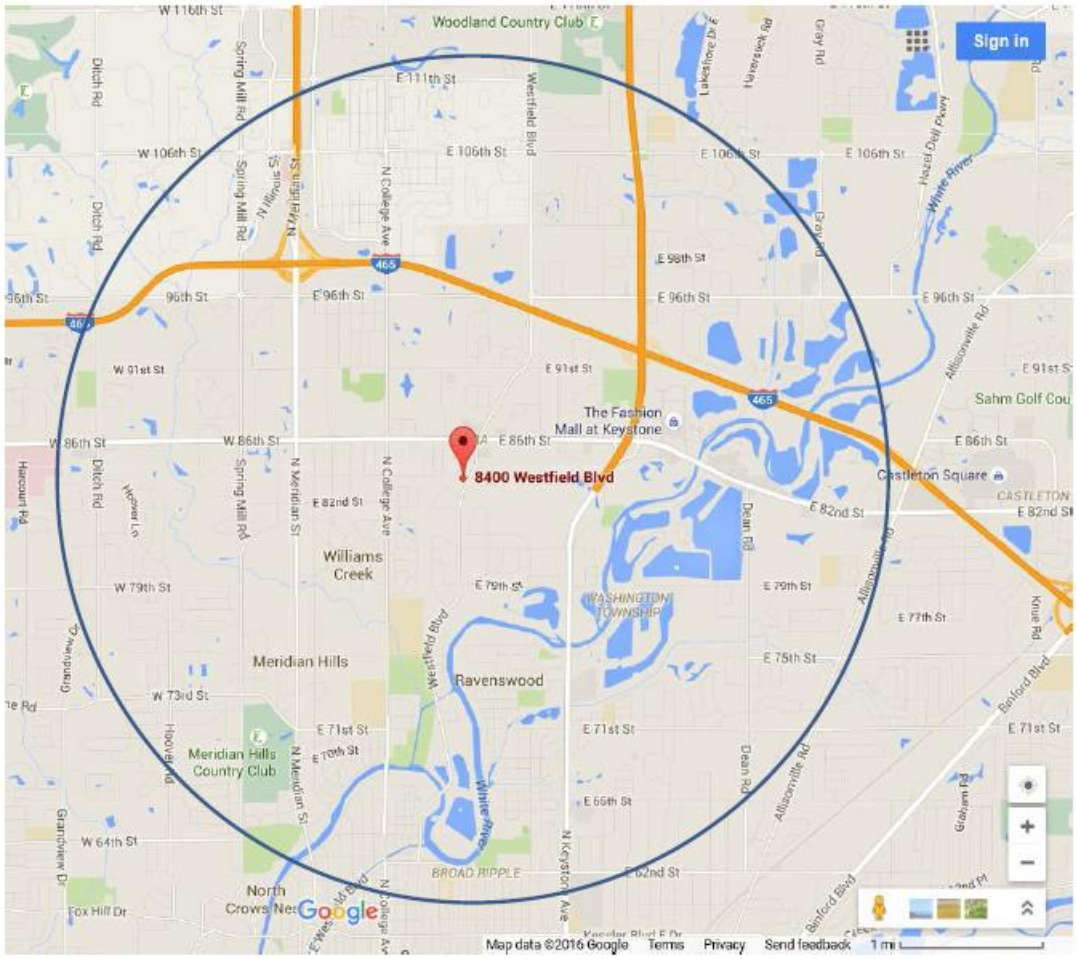
The goal of the survey is to learn more about community members in the **XX** community and determine if there are any community groups that YMCA services and programs are not currently reaching. Data collected will be used to help the YMCA to tailor its programs and services in order to meet the needs of the community.

Volunteers must meet the following requirements:

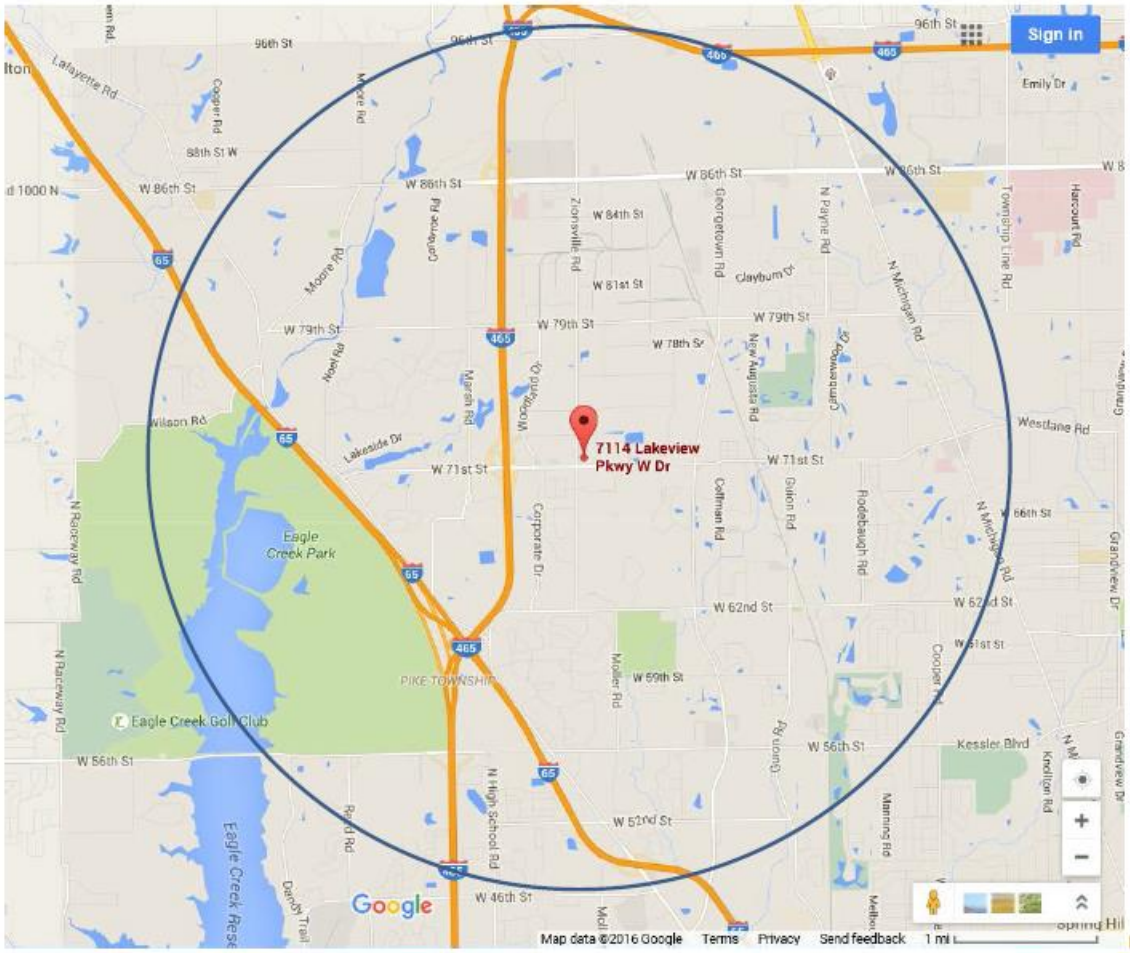
- Be at least 18 years of age;
- Be willing to talk informally with people of all backgrounds in a sensitive and professional manner that positively represents the YMCA of Greater of Indianapolis;

If interested, please contact …

Appendix N.1: Jordan YMCA Interview Map



Appendix N.2: Pike YMCA Interview Map



Appendix O: Incorporating Organizational Recommendations into Future Strategic Planning

Opportunity Area	Recommendation	Corresponding 2012-2016 Strategic Plan Goal	Strategic Plan Bullet or Suggested Language	Organizational Level	Staff Members Responsible
Communication: Engage More Staff in the Strategic Planning Process	1. Provide Framework for Staff involvement	Staff Development	**Suggestion:** Through work groups, focus groups, and surveys, involve current staff in identifying areas of focus for future strategic plans	Association	
	2. Assign Individual Metrics to Broader Organizational Goals	Staff Development	**Suggestion:** Once strategic targets are established, update the performance evaluation to reflect the Association's broader strategic goals.	Association	
	3. Discuss the Strategic Plan Frequently and Report Progress	Staff Development	**Suggestion:** Emphasize the role of strategic planning in YOGI throughout New Employee Orientation and on-site trainings.	All Centers	
Communication: Connect Staff to Organization	4. Share program trends and successes with program staff	Staff Development	**Suggestion:** Ensure that staff are kept informed of program successes and recognized for their efforts.	Association, All Centers	
	5. Share Feedback from and Create Action Plan in response to Annual Staff Survey	Staff Development	**From current Strategic Plan:** "Improve overall staff satisfaction score from 83% satisfied to 90% satisfied in 2016." **Suggestion:** Ensure that staff recognition efforts continue to motivate staff and improve morale.	Association, All Centers	

	6. Issue all Staff a YMCA Email Address and Improve Accessibility	Technology	**From current Strategic Plan:** "Determine systems to address technology needs." **Suggestion:** Ensure all Y staff have email addresses and accessibility to technology to receive electronic communications.	Association	
	7. Make Email Correspondence More Targeted	Technology	**Suggestion:** Target emails to the appropriate staff members to improve communication efficiencies.	Association	
	8. Create an Online Community	Technology	**From current Strategic Plan:** "Determine systems to address technology needs."	Association, All Centers	
Outreach: Creating or Utilizing Existing Structures to Expand Inclusivity	9. Create Partnerships to Identify Underserved Populations and Their Needs	Community Engagement, Diversity	**From current Strategic Plan:** "Establish new strategic partnerships to ensure progress toward long-range vision." "Partner with other organizations and entities to reach out to communities who are not yet connected with the Y, to expand services to meet the needs of all groups."	All Centers	

	10. Develop New Membership Options to Accommodate Larger Families	Social Responsibility, Diversity	**From current Strategic Plan:** "Extend programs into public housing and underserved neighborhoods at five locations in Indianapolis." "Expand programs to immigrant populations." "Create a more welcoming environment at all Y facilities and programs."	Association	
	11. Implement "Lunch-N-Learn" Marketing Strategy	Communication and Outreach	**Suggestion:** Expand Lunch-N-Learn marketing strategy to all centers offering Enhanced Fitness classes.	Association, All Centers	
	12. Offer More Activities for the Entire Family	Healthy Living: Membership and Family	**From current Strategic Plan:** "Add one new family program at each Center annually."	All Centers	
Staff Development: Clearly Structured Roles with Defined Expectations	13. Craft More Detailed Job Descriptions	Staff Development	**Suggestion:** Evaluate and delineate staff responsibilities at the programmatic level, and maintain accountability.	Association	
	14. Develop Well-Defined Staff Roles within the Wellness Program Organizational Structure	Staff Development	**Suggestion:** Evaluate and delineate staff responsibilities at the programmatic level, and maintain accountability.	Association, All Centers	
Data Collection, Reporting, and Analysis: Improving Existing Data Collection to Better Inform Decision-Making	15. Provide Staff Trainings on Programs, Emphasizing the Importance of Program Data Collection and Entry	Staff Development, Technology	**From current Strategic Plan:** "Improve online registration process for membership and program." **Suggestion:** Train all programmatic staff on collecting and utilizing health data.	Association, All Centers	
	16: Provide YOGI Administered Center Staff Training to Run Reports, Interpret Data, and Incorporate Results into Decision-Making Processes	Staff Development, Technology	**Suggestion:** Provide training to all programmatic staff on collecting and utilizing health data.	Association, All Centers	

Appendix P: Outreach List

While most of the Y center staff we talked with felt that their centers were diverse and reflective of their communities, they also noted that there were some segments of their communities that they were not reaching to the fullest extent. While the data we analyzed was not particularly useful in identifying some of these groups, as it only distinguished between speakers of English, Spanish, and 'Other,' we are confident that the center staff has a better idea of who these groups are. Below is a list of organizations in the Indianapolis area that represents some of these ethnic communities and may help the Y centers to identify the needs of these groups and create outreach opportunities.

African Community International Inc.
3737 N. Meridian St., Suite 507
317-927-9777
http://africancommunity.net/

American Indian Center of Indiana
2236 E. 10th Street
317-917-8000
http://www.americanindiancenter.org/

Asian Services of Indiana Inc.
1829 Cunningham Road
317-965-8806
http://www.asianservices.org/

Burmese American Community Institute
4925 Shelby Street #200
317-731-5537
http://www.baci-indy.org/

Burmese Community Center for Education
8600 N. College Ave. #127
317-569-0992
http://www.bcceindy.org/

Chin Community of Indiana
2524 E. Stop 11 Rd.
317-300-1078
http://www.chincommunityofindiana.com/

Exodus Refugee Immigration Inc.
1125 Brookside Ave, Suite C9
Phone: (317) 921-0836
https://exodusrefugee.org/

Immigrant Welcome Center
901 Shelby Street, Suite B300
317-808-2326
http://ww.immigrantwelcomecenter.org/

Indiana Latino Institute
401 W. Michigan St. Suite 100
317-472-1055
http://indianalatinoinstitute.org/

The International Center
One Indiana Square, Suite 2000
317-955-5150
http://www.internationalcenter.org/

La Plaza Inc.
8902 E. 38th St.
317-890-3292
http://www.laplazaindy.org/

Muslim Alliance of Indiana
1100 W. 42nd St., Ste. 125
765-577-1153
http://www.indianamuslims.org/

Appendix Q: Membership Levels and Eligibility

YMCA of Greater Indianapolis (Current Structure)

Individual:

- Adult--$51 per month
  An individual (age 30 and over) shall be eligible for an Adult membership.
- Youth---$21 per month
  Youth memberships shall be available to youth ages 18 and under. Those members under 6 years of age will not be issued a membership card.
- Senior Adult---$50 per month
  Senior Adult memberships shall be available to adults age 65 and older.
- Young Adult---$39 per month
  Young adult memberships shall be available to adults ages 19 to 29.
- Bike Locker & Shower---$45 per month
  An individual membership with access to a Bike locker at the Indy Bike Hub YMCA and shower usage only.

Household:

- Two-Adult Household---$84 per month
  Two adults and any children under age 19 or a full-time student (up to age 25) related to the adult(s) or living in the same household
- Two-Adult (No Children) Household---$69 per month
  Two adults (no children) living in the same household (i.e., living at the same address).
- One-Adult Household---$70 per month
  One adult and any children under age 19 or a full-time student (up to age 25) related to the adult or living in the same household)
- Senior Two-Adult Household---$76 per month
  Two adults both age 65 and older living in the same household and any children under age 19 or a full-time student (up to age 25) related to the adults or living in the same household

Indianapolis Organizations with "Plus" Membership Levels

Unless noted otherwise a family or household is defined as two adults and their minor children

The Children's Museum of Indianapolis

3000 N. Meridian Street | Indianapolis, IN 46208

317-334-4000

https://www.childrensmuseum.org/join

31,000 member households

- Basic Membership +2 Guests—$200.00
  Family or Grandparent household and the ability to bring two friends along for free.

Conner Prairie

13400 Allisonville Road | Fishers, IN 46038
(317) 776-6000
http://www.connerprairie.org/Membership/Family-Membership
3700 member households

- Family Plus---$130
  Family membership, plus two guests
- Family Voyager---$200-499
  Family membership, plus four guests

Indianapolis Museum of Art

4000 Michigan Road | Indianapolis, Indiana 46208-3326
317-923-1331
http://www.imamuseum.org/give-join/membership/join-renew

- Dual/Family Plus---$125
  Dual/Family Membership, plus two guests.

Indianapolis Zoo

1200 W. Washington St | Indianapolis, IN 46222
317-630-2001
http://www.indianapoliszoo.com/plan-your-visit/membership/become-a-member
35,000 member households

- Individual & Guest---$119
  Free admission for one named adult and one guest
- Individual Plus 4 ---$189
  Free admission for one named adult and four guests
- Family of Grandparent Plus 2---$189
  Free admission for two adults sharing the same household and all dependent children or grandchildren age 21 and under. PLUS two guests.

The Monon Center

1235 Central Park Drive East | Carmel, IN 46032
317.848.7275
http://carmelclayparks.com/monon-community-center/escape-pass/

- Household Membership---$99 a month
  "Household" to include all the people who reside in a single housing unit as their usual place of residence. Proof of residency may be required.

Two YMCAs with a "Plus Membership" Level

Great Miami Valley YMCA Association

105 North Second Street | Hamilton, OH 45011
513-887-0001
http://www.gmvymca.org/membership-information.html

- Young Adults---$35
  Ages 18-29 years old
- Individual---$49
  One person age 10 and up
- Individual Plus Dependents---$58
  One adult and their dependents
- Two Adult Household---$69
  Two adults living in the same household
- Family/Household---$75
  Two adults and their dependents living in the same household
- Family/Household Plus---$98
  Three or more adults living and their dependents living in the same household (proof of residency required)

Sonoma County YMCA

1111 College Avenue | Santa Rosa, CA 95404
707-545-9622
http://www.scfymca.org/main/rates-and-categories/#sthash.yKDklfKg.dpuf

- Adult (25+)---$55
- 2 Adult Household---$73
  "Household" is defined as two adults or seniors living at the same residence.
- 1 Adult Family*---$63
  *Family is defined as adult(s) plus children (age 24 and under) at the same residence.
- 2 Adult Family*---$81
- Family Plus** $93
  **Family Plus is defined as three adults plus children (ages 24 and under) at the same residence.
- Young Adult (18-24)---$48
- Senior Youth (15-17)---$22
- Youth (6-14)---$17
- Senior Citizen (65+)---$50
- Senior Household---$61

Appendix R: Wellness Program Report

Following extensive program research and interviews with wellness directors and relevant staff, the Program Evaluation Team produced this Wellness Program Report. The report includes program descriptions for Diabetes Prevention Program (DPP), Enhance®Fitness, and LIVESTRONG®. In addition, we report basic findings on the execution of these programs within the YOGI as highlighted by program staff at the Association level and the Athenaeum, Bike Hub, Jordan, and Pike centers..

Diabetes Prevention Program (DPP)

General Findings, Across all Centers

The Diabetes Prevention Program (DPP) is the most expansive wellness program of interest offered at YOGI and is currently administered at all YOGI centers. Its goal it to help pre-diabetic individuals pursue a lifestyle change through diet and exercise to increase health and avoid a full diabetic diagnosis. Success is defined by a 7% reduction in weight loss and an increase in physical activity to 150 minutes per week for those individuals who meet the CDC's definition of pre-diabetic. While successes among the participants are noted, DPP faces many issues including data collection, communication disconnect, and marketing. The DPP program requires data to be collected to within 24 hours or there are significant barriers to enter it. While it is less of an issue now than in the past, it is a challenge given all the responsibilities that wellness staff have. There is also a significant disconnect between centers offering DPP and YOGI administration, particularly in communication regarding funding sources. Lastly, in order to recruit, YOGI needs to communicate the impact that the program has within the community through publishing impact data.

Outstanding Problems:

DPP is considered the most difficult wellness program to implement in terms of management, data collection, guidelines and regulations, communication, and marketing. Centers are challenged with connecting DPP processes to outcomes and intentionally connecting the program to the community to match the needs of their clients. The current marketing strategies do not reach those at risk of diabetes. Changes in labor laws also restrict volunteers who formally assisted with recruitment and delivery. The impact data regarding the program are not marketed to the community. We believe partnerships with hospitals would further communicate the program and its goals well.

Communication regarding funding is also limited. Many staff at specific centers are under the impression that DPP will no longer exist because grant funding was lost; however, DPP *will* continue and was the result of an innovation award from the Centers for Medicaid & Medicare Services (CMS).

Funding:

Funding for DPP is dependent on the successful outcomes of participants and the need demonstrated by the community. The YMCA analyzes the outcomes and reports them to funders. YOGI has exceeded outcome goals in the delivery of DPP consistently, however

their outcome data are not available from all centers. Funding currently comes from hospital programs, community benefits and needs assistance through the Affordable Care Act. DPP instructors are paid hourly. The YMCA is reimbursed through 3rd party payers, Medicare, and United Health Care.

DPP received an award provided by Centers for Medicare & Medicaid (CMS). The award will facilitate the roll out the DPP and show cost savings to Medicare. The award ended after a 3-year cycle – YOGI *was successful* in showing cost savings. Results from the second year of the study will be available in the coming months. YOGI was essentially paid to implement the program, gather data, and track outcomes. CMS then took this data and partnered with the CDC to complete the study. DHHS Secretary Burwell signed an extension of Medicare coverage to provide funding for this program into law therefore it does not need approval from Congress

It should be noted that funding is currently only for those over 65, but during the comment section this may be extended to other enrollees of Medicare under 65 (disabled) and Medicare Part C recipients. YOGI hopes to include Medicaid and Private insurance funding as the program moves forward. In order to seek Medicaid funding, Indiana political support is critical. As Indiana is a conservative state, YOGI hopes to focus on the cost sharing benefits as it would be most influential. Lawmakers currently have low focus of providing funding for public health initiatives.

Recruitment/Marketing:

Marketing campaigns are typically "evidence based" to reach those who are pre-diabetic and overall recruitment is dependent on referrals from health care providers. Frequently fees are often waived for those participating by providers, Medicare, and insurance. Currently YOGI has partnerships for referrals with two hospitals in the Indianapolis area to secure enrollments over a secure email. Retroactive data is sent to the YMCA from these hospitals that indicates eligibility for cost-free admittance to the program (pre-diabetic and receiving Medicare) that includes contact information for the individual.

Administration:

Centers face challenges in driving program change, securing funding from within, and advancing staff training. Relationship building is the key factor in developing change and improving recruitment, however center staff may not have the resource and time to develop them. Wellness directors generally focus on reactive strategies and do not typically plan ahead.

Success/Measurement:

While each center has varying outcomes, the program aims for a 7% weight loss and 150 minutes of activity per week.

Communication:

Anne Graves acts as the program director from the Association and communicates with the National level YMCA advocating the success of all wellness programs. The communication challenges stem from a lack of open discussions from all centers and the Association.

Jordan and Pike Centers

General Findings:

Currently marketing and recruitment into DPP is inefficient, thus limiting the number of community partnerships that develop. The community is unaware of the program and its successes and the majority of participants are referred from medical centers and health partners and individuals do not seek out the program on their own. Staff cite that there are many potential community partners, however they do not have the resources to create and invest in those relationships.

Enhance®Fitness

General Findings, Across all Centers:

Recruitment and marketing is a major challenge for Enhance®Fitness. First, awareness of the programs' offering among physicians, members, and non-members is not strong given that it is relatively new for all centers offering it. The Athenaeum YMCA currently recruits and markets the program within its service area the best. The Jordan YMCA faces competition with the highly successful Silver Sneakers Program. Secondly, the general perception is that the program is for the elderly, and although that is the general demographic, it serves all people suffering from arthritis. There is additional difficulty in measuring the impact of the program as participants will start and go through a variety of life challenges including health barriers that reduce activity. Funding for the program is sourced by grants, thus limiting the expansion to offerings at all centers within YOGI. Lastly, those centers already offering Enhance®Fitness are not currently communicating best practices for implementation with each other.

The Pike Center, according to Senior Program Director Marvin Rowe, does not offer the program however plans on starting it soon.

Jordan Center

General Notes:

Jordan has been offering Enhance®Fitness for less than a year with the largest class being five adults. Their process is constrained by the activities the group and the program prescribe and the order in which they must perform them.

Outstanding Problems:

There are marketing and recruitment challenges leading to smaller class sizes. First, there is likely competition from the successful Silver Sneakers program. Second, physicians and the community are unaware that YOGI offers the program and sees the centers as simply as a gym and not as a place to improve overall wellness. Tracking wellbeing is difficult within the program as participants' physical capabilities may vary as their bodies age. In addition, funding to train staff to effectively administer the program is not available. The education from the basics of leading the class, adhering to HIPPA laws, usage of tracking systems and other requirements unique to the program, requires significant funding before the program can even begin being offered at the center.

Funding

Jordan originally received a $15,000 grant to cover start-up costs to offer Enhance®Fitness. This grant is shared with the Fishers center. The class requires special wrist weights, which were donated through a hospital partnership. Grants are the main source of funding and are taken care of at the Association level or through partnerships from local hospitals.

Recruitment/Marketing

Community partners and referrals from both the community and the Silver Sneakers program are the main sources of recruitment to the program. Few people from the Silver Sneakers program end up crossing over into Enhance®Fitness. Participants need to complete a needs assessment and waiver before entering the program, and retention is a problem. Classes start larger, however, participants drop out due to various reasons including limitations with health and completing the exercises. The largest class has been 5.

Administration

The goal is for every center to offer Enhance®Fitness by the end of 2016. The central YOGI administration is responsible for expansion of the program. Administrators are tasked with tracking attendance, with the expectation that participants attend 3 classes per week, and entering data that is originally collected on paper into a secure system.

Success/Measurement

Wellness staff record participant's initial physical assessments, which include a sit and stand test, bicep curl test, and a get up and go test. The assessments are recorded again at the middle and end of the program. Success is measured by progress made throughout the program. Participants report positive experiences with the program and instructors.

Communication

The Jordan center reports confusion about which centers are running Enhance®Fitness. With open communication of offering locations, centers could create more effective exchange of ideas, best practices, and advice.

Athenaeum and Bike Hub Centers

General Notes:

The Athenaeum center started offering Enhance®Fitness last fall. Its resources better suited Enhance®Fitness—rather than LIVESTRONG®—and thus the center chose to implement Enhance®Fitness. As Athenaeum is only five blocks from Bike Hub and 1 mile from City Way, it serves a large community. Leadership changes for the center with Bike Hub present challenges as Athenaeum moves forward. Implementing the program at Bike Hub is difficult due to the location's lack of parking which may deter older individuals from participating in programs designed for them.

Outstanding Problems:

Recruitment is a challenge due to parking and lack of marketing at Bike Hub. Karen Doe sees this as a major challenge in expanding Enhance®Fitness.

Funding

The center had a donor passionate about the health of older adults who was willing to make a large donation to implement the program, and some memberships are paid for through Silver Sneakers program.

Recruitment/Marketing

Bike Hub members are from two groups: young people living and working nearby and older individuals who retired and moved downtown so they can walk to the center. City Way and Athenaeum have more programing for older adults, and Bike Hub has the capacity to serve more older adults. The name gives people the idea that there is only biking-related things. People don't know that the center has other classes and things available.

While Bike Hub's Silver Sneakers program was not as popular as other centers, there is an administrative concern about starting new programs. Bike Hub hopes to recruit and diversify by scheduling Silver Sneakers and Enhance®Fitness at different times throughout the week to avoid competing times.

The strongest marketing event for Enhance®Fitness was offered by Athenaeum with the open house with lunch provided. A power point and demo of the class at the event resulted in a handful of people enrolling in the program. In addition, the Association office helped them do a direct mailing to two zip codes in town to target individuals by age. The staff recognizes that the clientele they are targeting are not as tech savvy as other generations and need to seek different marketing tools.

Administration

The Athenaeum center started Enhance®Fitness in the fall of 2015. Two wellness personnel are trained in the program, however one is more proficient than the other due to time spent in training. Additional funds are not readily available to address this issue.

Success/Measurement

Staff record participants completed fitness test at beginning, middle, and end of program to track progress. Again the results are recorded on paper and then subsequently entered into the database.

Communication

The Athenaeum center appears to be the most intentional and deliberate when implementing Enhance®Fitness and may be able to communicate their best practices to other centers.

LIVESTRONG®

General Findings, Across all Centers

The LIVESTRONG® program develops a strong sense of community among individuals diagnosed with cancer. It aims to increase endurance and strength no matter what stage of treatment. The program is currently offered at five of the YOGI centers: Baxter, Benjamin Harrison, Fishers, Hendricks Regional Health, and Jordan. The program began in 2014 with classes offered 3 times a week for 12 weeks. While five centers currently implement the

program, we interviewed the Jordan center wellness staff. The data regarding the program clearly shows that non-members are participating in the program and many are transitioning into YOGI members.

Outstanding Problems

The program is developing demand and has quickly expanded over 3 years. When Jordan began offering the program in the summer of 2015, St. Vincent's Health Center referred 12 participants. Expanding the program to all centers is seen as critical as the demand is present, however funding and training staff takes resources that may not be immediately available.

Funding

St. Vincent Health entirely funds the program at the Jordan center. This partnership attracts both current members and the outside community to the program. Pike is currently seeking to develop a similar cost-sharing partnership with a local cancer center when they start the program in the coming year.

Recruitment/Marketing

Recruitment to the LIVESTRONG® program is primarily provided through referrals from local hospitals, particularly St. Vincent's. The marketing efforts focus on the community and social aspects of the class with the strength and endurance as a meeting point for communication among participants. Participants report feeling a strong connection to one another.

Retention is an issue however the YMCA still has little ability to control this challenge. Due to the nature of the disease, participants may not attend every session or be forced to withdraw. Treatment status effects retention greatly, and thus participants may refrain from continuing the program.

Success/Measurement

At the start of each session, participants establish a medical history and goals to meet throughout the program. Because participants may be in treatment, their goal setting may not meet the abilities of their body. Success is based on any improvement in the strength and endurance categories such as: a six minute walk test, chest and leg presses, and arm reaches. There is not a specific goal for all participants due to the physical challenges that participants in treatment face. Personal satisfaction in the social aspect is currently not measured, however antidotal feedback is highly positive.

Communication

LIVESTRONG® offers significant communication opportunities in implementation among all centers. Benjamin Harrison is currently going through their trial phase and has reached out to the Jordan center for best practices and overall program development.

Appendix S: Program Logic Models

Diabetes Prevention Program:

<table>
<tr><td>Program Name:
Diabetes Prevention Program (DPP)</td><td colspan="5">Target Groups: Adults at high risk for developing type 2 diabetes or that have been diagnosed with prediabetes. Must be at least 18 years old and have a BMI equal to or greater than 25.
Mission: to help adults at high risk of developing the disease by take steps that will improve their overall health and well-being.</td></tr>
<tr><td>Program Objectives:</td><td>Activities:
What we do</td><td>Outputs:
Numbers we count</td><td>Outcomes:
Short-term changes</td><td>Indicators:
How we measure success</td><td>Impacts:
Hoped for, long-term changes in conditions, systems, and behavior</td></tr>
<tr><td rowspan="4">OBJECTIVE 1: participants lower their risk of type 2 diabetes and sustain long-term lifestyle changes that will improve their overall health and well-being</td><td>One-year program with 25 classroom based sessions; 19 sessions in first 6 months, 6 sessions in second half</td><td>Participant attendence in class sessions</td><td>Outcome 1.1: Increased physical activity to 150 minutes per week</td><td>Participants increase physical acitivity, working out more than prior to DPP program</td><td rowspan="4">Participants maintain healthy lifestyle long-term and report continued healthy eating, increased physical acitivity, and weight loss.</td></tr>
<tr><td rowspan="3">Lesson plans and discussons on healthier eating and increasing physical activity to reduce risk</td><td>Participant report of physically active days per week on DPP Fitness Check</td><td rowspan="2">Outcome 1.2: Reduced body weight by 7%</td><td>Participants improved BMI and weight loss; Participants report improved healthy eating habits due to program (not currently measured)</td></tr>
<tr><td>Participant report of BMI / weight on DPP Fitness Check</td><td>Participants report reduction in symptoms related to type 2 diabetes (not currently measured)</td></tr>
<tr><td></td></tr>
<tr><td rowspan="4">OBJECTIVE 2: YOGI improves the health of the Indianapolis MSA and becomes the largest enrolling YMCA in the country for DPP</td><td>Offer DPP at all YOGI YMCA centers</td><td>Participant attendence in class sessions</td><td>Outcome 2.1: Increase DPP participants</td><td>Expand DPP referrals to Indianapolis hospitals with higher prevalance of diabetes (not currently done)</td><td rowspan="4">Decrease Indianapolis MSA diabetes rate; Lower rates of individuals coming into YOGI with type 2 diabetes or risk of developing disease</td></tr>
<tr><td rowspan="3">Align membership and wellness staff to create a streamlined process to connect new members and community members to support systems and specific programming</td><td>% of members exercising 3 or more times a week in YOGI Annual Member Survey</td><td>Outcome 2.2: Increased healthy lifestyle maintenance among YMCA members and wellness program participants</td><td rowspan="3">Participants report improved healthy lifestype choices and behavior--such as healthy eating habits and increased physical activity--due to YOGI (not currently measured)</td></tr>
<tr><td>% of Y members meeting Health & Wellness goals in YOGI Annual Member Survey</td><td rowspan="2">Outcome 2.3: Increase YMCA member retention</td></tr>
<tr><td>% of members responding "The Y is seen as a leader in Health & Wellness" in YOGI Annual Member Survey</td></tr>
</table>

Enhance®Fitness:

Program Name: Enhance®Fitness	**Target Groups:** Older adults, particularly those with arthritis		**Mission:** to motivate older adults to stay active throughout their life as a result of participation in an evidence-based group exercise program including simple, easy to learn movements		
Program Objectives:	**Activities:** What we do	**Outputs:** Numbers we count	**Outcomes:** Short-term changes	**Indicators:** How we measure success	**Impacts:** Hoped for, long-term changes in conditions, systems, and behavior
OBJECTIVE 1: participants sustain long-term lifestyle changes that make them happier, healtheir, and more confident	Cardiovascular exercise	Participant attendence in class sessions; Participants self-report physically active days per week on EF Fitness Check	Outcome 1.1: Increased ability to manage arthritis	Participants live independently with arthritis, reduce pain medications taken *(not currently measured)*	Happier, healthier, more confident individuals; Paritipants maintain healthy lifesytle long-term and report continued physical activity
	Balance and flexibility training	Up & Go test	Outcome 1.2: Improved individual health and well-being	Increased flexibility and strength; enhanced balance; Participants report fewer falls and the class improved their physical abilities on EF Fitness Check	
	Strength training	Arm curl repititions and Chair stand		Participants report elevated mood and reduction in symptoms related to arthritis *(not currently measured)*	
OBJECTIVE 2: participants establishing meaningful connections and create a stronger community	Group exercise classes held 3x per week for at least 16 weeks	Participant attendence in class sessions	Outcome 2: Meaningful connections between participants	Participants report a sense of belonging *(not currently measured)*	Stronger communities with meaningful support systems
				Increased number of relationships or friendships among participants *(not currently measured)*	

LIVESTRONG®:

Program Name: Livestrong ™	**Target Groups:** Community members at any stage cancer diagnosis including remission, seeking to strengthen their bodies with a supportive		**Mission:** Provide individuals facing diminished physical capacity associated with a cancer diagnosis, strengthen their bodies and minds with others facing similar challenges		
Program Objectives:	**Activities:** What we do	**Outputs:** Numbers we count in our programs	**Outcomes:** Short-term changes	**Indicators:** How we measure success	**Impacts:** Hoped for, long-term changes in conditions, systems, and behavior
OBJECTIVE 1: Build a community of supportive indiviudals facing or having faced cancer	Attract community members with cancer diangosis	Number of cancer center and health care provider partnerships	Increase referring health care providers	Increase in number of participants	Long term social community built around those battling and in remission from cancer continuning to exist beyond the program
	Encourage discussion and relationship building among participants	Provide flexibility in exercises and discussions to meet group needs	Increasded verbal and physical participation and ability when in class	Positive feedback on participants on the sense of community	
OBJECTIVE 2: Participants establish a set of physical fitness goals they wish to reach	Train in a group environment to build strength and endurance	Help participants set physical fitness goals	Increase in weight and/or endurace to complete physical tasks	Increase in strength and endurance in measured fields	Increased physical health during and post cancer treatment
		Group exercise 3 times a week for 12 weeks	Rate of attendance		

Appendix T: Center Interview Notes – Program Evaluation Team

Questions for YOGI Centers [Template]:

1. Explain about the people on the call
2. DPP: General overview, implementation, success, status
    a. Overview
    b. Implementation
    c. How do they define success?
    d. How does recruitment work with community partners?
    e. How is the program doing at their center?
3. LIVESTRONG
    a. Overview
    b. Implementation
    c. How do they define success?
    d. How does recruitment work with community partners?
    e. How is the program doing at their center?
4. Enhance®Fitness
    a. Overview
    b. Implementation
    c. How do they define success?
    d. How does recruitment work with community partners?
    e. How is the program doing at their center?
5. How many participants are there?
6. What are the demographics of participants?
    a. (Age, gender, race/ethnicity, income)
7. Is the program growing? Shrinking? How are your tracking that?
8. How many staff people work on the program?
9. How do you recruit for the programs?
10. How much money does it cost to run the program? (annually, monthly, whatever level of detail they have)
11. How is the program implemented?
    a. Is there a person assigned at the Association or Center level to lead implementation?
12. Is it different or unique in any way from the generic project description?
13. Are you measuring program success some how right now? (e.g. cases of diabetes among participants, overall wellness ratings for LIVESTRONG® participants pre/post program, etc.)
    a. Does YOGI track all of the data suggested by the program developers? If so, can we access this data?
14. What would a successful program look like to you?
15. Does Senior Services have a logic model for the program?

    a. I saw a reference to the development of logic models for programs in one of the strategic plans as a goal for 2013. Do these exist some where?
16. Do you think the program is successful? Why or why not?
17. What could make the program be better? Ideas for programming, implementation changes, recruitment strategies, funding.
18. Are there other organizations in the area that are offering similar programs?
    a. Are those successful?
    b. Do you partner with them?
    c. What makes you distinct from them?
19. How do centers decide to offer programs?
20. I'm assuming they got the grant to cover initial program expenses. What is the funding plan moving forward?

Association Interview Notes:

Anne Graves, Executive Director of Healthy Living

Key Findings

The Program Evaluation Team learned that a lot of responsibility is placed on Anne and Chelsy Winters, who serve as liaisons for YOGI's Wellness Programs. In particular, the team gained insight on the disconnect and communication issues between Association and center level staff, particularly staff who don't necessarily understand the sustainability of the programs. For example, some staff we spoke with admitted issues understanding why certain data was tracked and keeping up with requirements and regulations of certain programs, such as DPP.

Interview Summary

- DPP is one of the hardest programs to implement for the following reasons: (1) it operates outside the model of most Y programs; (2) staff must track lots of outcomes; (3) instructors have to be trained extensively; (4) each center must examine billing and reimbursement; and, (5) DPP is pay for performance based.
- Center level staff are continuously calling Anne and Chelsy for help, particularly when programs aren't running as smoothly as needed.
- All three wellness programs use three different databases to track data. This often causes troubles for staff. There is a rumor that YUSA is building their own system at the national level, which should work at all three centers.
- There are executives like Ellie that truly understand the financial development side of their centers and how to sustain programs; however, center staff don't typically go to them for help or advice.
- Some center level staff don't understand where DPP funding comes from, particularly the Health Care Innovation Award and the accomplishments of YOGI through implementation of the diabetes prevention program.

Chelsy Winters, Associate Direction Of Health Partnership Programs

Key Findings

The implementation of programs is not driven solely by the Association but they are the product of the passions of the wellness directors. At the same time, the center seek the Association to lead funding and development. In addition, the community drives demand and programming in the centers leading to Association to apply for grants. The disconnect leads to the inefficient communication of program success and sharing among centers. In addition, Chelsy sees that the centers', bogged down with daily activities, are reactive and are not planning effectively.

Interview Summary

- Roles among the staff need to be more clearly defined to build a structure where all are involved in planning and development with programs
- The structures to share information among centers and up to the Association level are not present.
- Funding for programs is driven by multiple factors and expansion of programs is dependent on securing funding before they begin
- At the Association level, staf know that a significant amount of data is collected however they want evaluations on that data to be proactive rather than reactive in securing funding and developing wellness programs within the centers.

Center Interview Notes: Jordan

Laura Bates, Executive Wellness Director

*MANDY (LIVESTRONG®) and ANTHONY (Enhance®Fitness and DPP) also present on call

Key Findings

The Jordan Wellness staff interview was the first interview for the Program Evaluation Team and provided information on how all three programs of interest are delivered to within the centers. The interview revealed significant challenges with staff resources to record data, recruit and market the programs, and communication issues among the centers and the Association as a whole. These issues were thematic to all of the interviews with wellness staff across the Association. In addition success for all programs is outlined at a higher level than those delivering it to participants.

Interview Summary

- There is disconnect between Association staff and center wellness staff in the roles and responsibilities associated with program growth and funding.
- Staff is often concerned with the day to day responsibilities of delivering programs and recording data and cannot advance recruitment and marketing.

Center Interview Notes: Athenaeum and Bike Hub

Karen Doe, Associate Executive Director of Athenaeum

Key Findings

DPP began at this center two years ago and the general feeling of this staff member is that the program is going well at Bike Hub and Athenaeum. Data collection and entry seemed to be an issue for these centers as well. This staff member was under the impression that the Innovation Award was a grant that had run out. Promoting through an internal e-news letter was discussed and the most successful recruitment technique was an informal open house with lunch provided, demonstration of the program, and presentation for enhanced fitness.

Interview Summary

- A description of the programs, outcome measurements, funding, recruitment, and access to the programs were discussed
- Grant funding is the main issue with programs
- Communications with Association staff was a concern
- Recruitment comes down to getting people "through the door" and getting existing members to join programs
- Accountability of coming back once a month was a barrier to continuing membership in DPP
- Enhance®Fitness not at this center due to capacity issues, smaller membership, low number of elderly members, and existing program at a close center (Athenaeum). However, building structure at Athenaeum is inaccessible to the elderly in some ways and the urban landscape is not conducive to street parking.

Center Interview Notes: Pike

Marvin Rowe, Senior Program Director at Pike

Key Findings

DPP is seen as "very successful" from this staff's perspective. Retention is seen as "good" due to the same number of people in the program currently as what it began with, but there is no indication that these people are the same. Retention was considered synonymous to consistency in membership numbers. This staff also held the perspective that the Innovation Award was a grant that had run out and was concerned with the future of DPP. Program retention, outcomes, funding, recruitment, access, and challenges were discussed in this call. This center had a financing structure for participants that came from an annual funding campaign that based cost off of participant income. This center also had a unique partnership with a nearby cancer support center for families, patients, and relatives of those with cancer. The YMCA ran fitness classes for these participants in January and will soon be conducting cancer education programs alongside Pike.

Interview Summary

- 4-6 people enrolled in DPP and began with this
    - Retention is a main focus and attendance is tracked and heavily focused upon. 4-6 people began the program as well, so the perspective is that DPP's retention is good.
- Grant funding is the main issue with programs
- Difficulty in recruitment in connecting community awareness to the programs they offer
    - Knew that most membership in programs come from referral process
        - Was unclear of what that process entailed and if it was still happening because there haven't been participants from this form of recruitment
- Biggest barriers to entering the program is time conflicts with people's schedules along with the $129 cost without coverage
- Heavy focus on LIVESTRONG due to unique partnership with nearby cancer center
    - Most important component to this program from this staff's perspective: social. Fitness aspect is seen as less important and could be done without the program. Believed that the programming offered does not compete with anything offered elsewhere.

Appendix U: List of Key Documents Reviewed by Policy and Management Team

- 2014 "Temperature Check" Survey of Full-Time Staff
- 2012-2016 Center Strategic Plans
- 2012-2016 YOGI Strategic Plan
- YOGI Diversity, Inclusion, and Global Training
- YMCA New Employee Orientation Implementation Guide
- Standards of Excellence and Audit reports (2009-2015)
- 2016 Cabinet rosters
- Current YOGI job postings
- YOGI Membership Report (February 2015)
- Orientation checklists
- Membership policies
- YOGI Association organizational chart
- Center Quick Glance sheets

Appendix V: Phone Interviews – Policy & Management Team

Association Office

Anne Graves, Director of Health Partnership Initiatives
Friday, February 26, 2016

Key Findings

The conversation provided initial suggestions of possible directions the Policy and Management Team could pursue. Possible avenues she suggested that the team explore are related to volunteer policies, age in wellness and member benefit programs, and part-time staff development. Anne felt it was also necessary to evaluate possible policies limiting full staff inclusion. Hiring practices was also an area she mentioned we should consider. With regard to communication, she mentioned there may be issues in communicating beyond the cabinet both up to the Association and down to the center-level staff.

Interview Summary

- There is a staff temperature check survey from 2014 that she brought our attention to. She wanted us to evaluate the results of the survey, which will be helpful for our work.
- Anne agreed that we should mostly focus on health-related programs within the scope of this project. She did offer three policies that she felt were problematic. Volunteering policies, age in wellness programs compared to age in member benefit programs, and part-time staff development are areas of concern for her.
- Too few of the staff are focused on big picture goals, and she would like for us to address policies that may be limiting full staff inclusion.
- She supports us examining hiring practices and how to hire based on community needs. The hiring process is not streamlined in her opinion.
- It seemed that there could be issues in communicating beyond the cabinet both up and down.

Questions:

- Where do you perceive barriers and specific policies we should begin?
- One of our proposed tasks is to evaluate staff competencies and the internal ability to implement YOGI's long-range goals for 2025. We anticipate using interaction with the staff to ask about their roles within the organization. Do you have any concerns or suggestions regarding this direction?
- After evaluating staff implementing programs, an idea we have is to evaluate staff competencies through looking at job descriptions and a possible job analysis/design with program and community needs in mind. Do you think this is a good direction for us to pursue?
- Does the YMCA routinely collect job data? If so, when was the last time this was collected and can we access the data?

Avondale Meadows YMCA

LaShanda Lang, Senior Program Director
Tuesday, March 1, 2016

Key Findings

The interview with LaShanda Yang revealed many positives from the operations of the Avondale Meadows Center. Stemming from originally being a YMCA without walls, Avondale Meadows relies heavily on collaboration and partnerships to serve the community. The center's operations depend on the support of many part time staff and volunteers who are engaged with serving their community.

Interview Summary

- The Avondale Meadows Center was originally a YMCA without walls, and met in other locations around the community. The history of the center is one reason LaShanda thinks they do so well with relying on community partners and collaboration to operate.
- The center serves low-income, underserved community members well through outreach and the use of part time staff and volunteers.
- Communicating the goals and mission of the organization begins at orientation, as staff are trained on the mission.
- Overall, Avondale Meadows seems to be effectively serving its community by utilizing the help of people who are not performing work for money but to see positive change in their fellow community members.

Questions:

- Could you tell us a little bit about your role?
- What do Avondale Meadows programs excel in?
- What are some of your strategies for engaging staff? Do you think this is the most effective strategy, or would you change any of these methods?
- What are some of the techniques or training to communicate the goals of the org to part time staff? How are the mission and goals communicated to you? In your mind, is this process effective?
- Are there any Association level policies which make it difficult to best serve your community?

Arthur Jordan YMCA

Sara Noyed, Associate Executive Dir. & Matt Morwick, Senior Program Dir.
Friday, March 4, 2016

Key Findings

Jordan's location across from North Central High School, proximity to the Monan Trail, and established history in the community make it a busy and popular center. Staff and volunteers seem to receive consistent training and onboarding, but part-time staff can sometimes feel "out of the loop" when it comes to receiving Association-level updates.

Interview Summary

- Jordan is a well-established center with an engaged membership base.
- "Listen first" training is a key staff competency.
- Many part-time staff do not have a Y e-mail address, so they use their personal e-mail accounts, or receive updates from supervisors face-to-face or during staff meetings.

Questions:

- Could you tell us a little bit about your role?
- Where does your center excel? Are there certain things the center does exceptionally well through program implementation?
- Are there formal procedures for gathering community feedback?
- What are some of your strategies for engaging staff?
- How do you recruit and train volunteers for your center?
- Are there methods of communicating with the Association that seem to be more effective, and are there any noticeable roadblocks to communicating with the Association what is happening at the center level?
- Are there any segments of your community, which you are unable to reach to the full potential?

Athenaeum YMCA/Indy Bike Hub

Karen Doe, Associate Executive Director
Monday, March 7, 2016

Key Findings

Athenaeum and the Bike Hub are in very close proximity, but their different facilities and programs cater to different clientele. As a new branch, the Bike Hub is still learning its community's needs and adjusting its programs accordingly. The "Bike Hub" name makes it hard to break the perception that one can do yoga or other classes at Y; the name also doesn't seem welcoming for older adults.

Interview Summary

- Bike Hub has a unique clientele of commuters, young professionals and older adults. It does not offer many of the traditional Y staples, such as family programs and aquatics.
- Staff in leadership and full time positions are better aware of YOGI's strategic goals.
- There is opportunity to better engage part-time staff.

Questions:

- Could you tell us a little bit about your role?
- Where does your center excel? Are there certain things the center does exceptionally well through program implementation?

- How does the Association share long term goals and communicate these to you and staff at your center?
- What are some of your strategies for engaging staff? Particularly Part-time staff.
- Are there any segments of your community, which you are unable to reach to the full potential?

Pike YMCA

Marvin Rowe Jr., Senior Program Director
Thursday, March 31

Key Findings

Pike is one of the most diverse communities in the Indianapolis area, where over 70 languages are spoken. Marvin and his team are looking for ways to serve this diverse community without knowing specifically what their needs are. He wants to see the Y further embedded into the community to strengthen it. To do this, he wants to tell the story that the Y is more than a gym. He loves the mission and the community and is looking for ways to connect the two.

Interview Summary

- Marvin offered a suggestion that communication – especially via email - could be streamlined by including meaningful information for targeted audiences.
- He reaffirmed what we had heard in other interviews that most of the part time staff are using their personal emails.
- He feels that Pike staff has the desire to reach out to the segments they aren't currently reaching, but there are barriers in the capacity of the center as well as understanding what some of these diverse communities need. He said they were doing a lot of guessing and needed to better understand these needs.
- Marvin also suggested a more adaptable or flexible membership structure allowing for various different definitions of a household.

Questions for Center:

- Explain your role at the YMCA
- How could communication flow better? Within the center? Between centers? From the Association to the centers?
- What does Pike excel at?
- Are there segments of the community you feel you aren't reaching?
- What is central to the Y?
- What should the organization pay more attention to?
- How are volunteers recruited and trained?

Association Office – Human Resources

Jan L. Clark, Senior VP of Leadership Development and Human Resources
Friday, April 8, 2016

Key Findings

Jan is a long time employee of YOGI and oversees all Human Resource functions, including benefits, compensation, training, development, diversity, employee relations, affirmative action, recruiting, and talent management. She and her team have helped with YOGI's recent diversity and inclusion initiatives. The YUSA designation of YOGI as a Global Center of Excellence has encouraged accountability with regard to these initiatives. She also discussed the professional development opportunities available to full-time staff.

Interview Summary

- AO writes all job descriptions. There are standard templates for each position, and each time a position is re-hired the Association and center-level hiring manager review it.
- All open positions are posted on the YMCA website. Additional methods the Manager of Recruiting uses are: National Vacancy List (YUSA), Job Fairs, College campuses, Indy Urban League, Orgs for targeted recruiting, Newspapers.
- The Y has its own certification courses through YUSA, such as Team Leader, Intro to Voluntarism, and How to Supervise, all at various levels. Some trainings are functional such as CPR or Lifeguard certification. Sometimes these competencies will be required for internal promotions. There are also regional training events offered. Y employees create a professional development plan with their supervisors.
- There is an online orientation from YUSA and a YOGI Orientation, which is also online. There may also be trainings that are specific to the role, such as those working with children. Centers usually do onsite face-to-face training on specific job duties.
- Y has diversity initiatives task forces at the board level and Association level with representation from each center. The overall goal is to mirror the diversity communities in which YOGI is present. To this end, the Y uses census data to reflect external community, and they track representation of the membership and their board. Also federal contractor, the Y is required to do affirmative action programs and be an equal opportunity employer.

Questions:

- What is your role and how long have you been with the YMCA?
- Are the job descriptions standardized and who writes them?
- How often are job descriptions evaluated and updated?
- How does staff recruitment work? Where are vacancies advertised?
- What professional development tracks and opportunities are available to staff?
- Is there a standardized staff onboarding or orientation for all YOGI employees?
- Can you tell us about the YOGI's diversity initiatives?

Appendix W: Center Site Visits - Policy & Management Team

Avondale Meadows YMCA

Four Interviews, Tuesday, March 22

Key Findings

The staff of Avondale Meadows have a great sense of the Mission of the YMCA. They view the work they do as important to raise awareness of the possibilities of positive change among members. Staff aim to create a sense of community within the center. The center could be improved by offering more family-inclusive activities and having equitable facilities compared to other centers.

Interview Summary

- The interview took place in a group setting with all four participants contributing to each question. The staff participants have each had various roles with the center and experience ranged from 2.5 to 20 years.
- The staff talked in depth on reporting. The critical numbers of each member, which are obtained through engagement and conversation then given to the Association on the Y Drive are important to their operations. Reporting processes for each operation of the center looks different because of laws and functionality.
- Avondale Meadows staff feel and work to create a strong sense of community with members.
- The staff feel the center does a good job of engaging members, both through personal engagement and signage.
- Even though the center offers pockets of activities for each member of the family, there should be more opportunity for the families to participate in activities together. Family engagement could be improved at the center.
- The staff felt that equity of facilities should be something the Association should strive for. They feel certain people are limited to the activities they provide, as transportation to another center is not possible for some community members.

Arthur Jordan YMCA

Five Interviews, Tuesday, March 29, 2016

Key Findings

The Jordan YMCA serves a diverse, mixed income community with offerings for everyone. Staff are extremely mission-driven and feel that they reflect the community well. Training seems to be mostly on-the-job, but staff felt supported by their supervisors. Some longer term staff mentioned the changes since the 2014 Switch Team initiatives and felt that it allowed them to focus on their impact much more. However, there were some feelings of always being asked to do more, and some staff felt underappreciated.

Interview Summary

- Spoke with five staff members (two full-time and three part-time), in a variety of departments (wellness, member services, child care).

- Jordan has a particularly strong following for racquetball, swim lessons, and multi-fit (triathlon training group). Pick-up basketball after school is very popular with teens.
- All five staff members interviewed answered yes, they felt Jordan was reflective of the community. Most also mentioned that they appreciated that Jordan was a mixed-income, diverse community.
- Several staff members said the Y should pay attention to making sure all staff felt appreciated.
- Several staff members expressed appreciation for the Y's commitment to professional development, and spoke of their own professional development tracks.

Athenaeum YMCA/Indy Bike Hub

Five Interviews, Friday, April 1

Key Findings

The Athenaeum and Bike Hub Centers are very closely located, but serving distinct needs. The Bike Hub has been especially involved in finding its niche and creating programs that serve its community. Center staff from both are passionate and seek to fulfill the Y's mission in the work that they do. We did sense a disconnect from the center staff perspective between the centers that were doing all they could with the limited resources available and the Association.

Interview Summary

- Multiple interviewees cited the Listen First training received and its benefits to their work.
- There were different responses about the levels of training and how prepared staff felt for their positions.
- No staff we talked to - even in higher-level positions - were aware of YOGI's strategic plans or goals.
- Most staff mentioned a lot of communication between the Association and the centers – but didn't always feel that this was done effectively.
- All staff felt that the Y was highly involved in the community but could always do more.
- It was brought to our attention here and at other centers that some staff felt the organization could focus more on its employees. However, when asked how to do this there was no clear suggestion.
- Technology was also raised as an issue with one employee stating that the Y was "behind the times" and didn't encourage innovation when it came to its use of social media, outreach, exercise trends, and programming.

Appendix X: Staff Interview Questions

These will be the standard questions we ask of all staff (regardless of position in the center)

Thank you for taking the time to participate in this brief interview. The YMCA of Greater Indianapolis is partnering with graduate students from the School of Public and Environmental Affairs at Indiana University on this project analyzing the health disparities in communities surrounding the Ys, and ways the Ys can better serve these communities. As a part of this project, we would like to know a little bit about your experience implementing programs in your Y. We are interested in discussing what works well and what roadblocks exist that prevent you from doing your job to your fullest potential. Your responses will be confidential.

1. How long have you worked at the Y? What positions have you held at the Y?
2. What was the training process when you were hired?
    a. Do you feel like the training prepared you for the job?
    b. Is there a particular skill or training that you would like to obtain?
3. What specific metrics do you report to the Association?
    a. How do you report successes to the Association?
4. How often do you hear from YOGI directly? Who informs you about a policy change?
5. Are you from the community?
    a. How do you feel the staff reflects the community?
    b. How do you feel the staff serves the community's needs?
6. Why is the work you do important?
7. What makes the YMCA different or unique from its competitors?
8. Are you aware of YOGI's strategic goals/plan?
    a. If so, how where they communicated to you?
9. Do you try to incorporate these into your work? If so, how?
10. What is central to the organization that should never change?
11. What should the organization focus on or pay more attention to?
12. Is there anything else you would like to add?