Indy Health District

2025 Community Survey Report

Indy Health District

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EXECUTIVE SUMMARY

SURVEY CONTEXT

The Indy Health District (hereafter the 'District') is a geographic area stretching from the north end of downtown Indianapolis to Crown Hill Cemetery. The 1,500-acre area includes the historic neighborhoods of Crown Hill, Historic Flanner House Homes, Highland Vicinity, Meridian Highland, and Ransom Place. To support a coordinated and collaborative approach to improvements in the District, the Indy Health District nonprofit entity (hereafter the 'IHD') was established in 2024 with a diverse set of partners including IU Health, The Children's Museum of Indianapolis, Ivy Tech Community College, Citizens Energy Group, and the IU School of Medicine. The IHD is dedicated to reducing health inequities across Indianapolis by focusing on access to health-supporting resources like housing, childcare, food access, job training, and more.

In November and December of 2025, the 5,187 households located within the District were invited to participate in the Indy Health District Community Survey. The IHD Community Survey was designed to collect District resident perceptions about their sense of community and belonging, attraction to the neighborhood, sense of safety, and social support and civic engagement among neighbors. It also collected information on how residents rate the quality of key resources in the community that the IHD is working to improve (e.g. housing, quality food, childcare), alongside other important resources like schools. Understanding what residents think about their neighborhood's strengths, weaknesses, and opportunities for improvement is valuable input for planning and for gauging progress or challenges over time.

PARTICIPANTS

A total of 203 participants across the District completed the survey. While the responses provide valuable information about resident perspectives, the responses represent a small percentage of the adults living in the District and as such, results reported here are not statistically representative of the District's adult residents on the whole. Note that survey responses have generally been declining over time across the U.S; thus, this is not unique to the District. Compared to the overall population of the District, survey participants were more often female, more likely to be college-educated, and slightly more likely to identify as a racial/ethnic minority. The residents who chose to participate are more likely to be attuned to changes and conditions affecting the quality of life and health in the District, and thus they represent a key group of stakeholders.

RESIDENTIAL CONTEXT

A few questions were asked to provide an understanding of residents' living situations, as

well as length of time and experiences living in their current neighborhood. Slightly more participants rent their home rather than own it. More than half of the participants have lived in their neighborhood for *less than* 5 years, while a third of participants have lived in their neighborhood for *10 or more years*.

When asked to rate their community as a place to live, more than half rated it favorably (good or excellent). Community ratings varied somewhat based on the length of time participants had spent living in the area, with new residents being the least likely to rate the community favorably.

CONNECTION TO COMMUNITY

When a community is built on connection, trust and a sense of belonging—known as social cohesion—residents experience a higher quality of life, greater well-being, and improved health outcomes. The IHD is committed to fostering these connections and to maintaining and facilitating social cohesion among residents. The majority of participants said they feel very or somewhat closely "connected to their neighborhood and the people who live there." The percentage who feel connected steadily increased with time of residency, peaking among long-term residents living in the District for 10 or more years.

To gauge residents' perceptions of their neighborhood's social cohesion, the survey included a series of 8 items from the Neighborhood Social Cohesion index. Generally speaking, the higher the percentage of residents who agree/strongly agree with these statements, the better their view is of the neighborhood's social cohesion. The purpose of measuring social cohesion in the District is to assess changes *within* the District over time, not to compare to perceptions of social cohesion in other areas (for which this is not known). On average across the 8 items of the index, 54.4% agreed or strongly agreed with these expressions of social cohesion. This signals moderate cohesion, but it also means that cohesion can be strengthened.

When residents have a stronger sense of connection to the neighborhood, they are more likely to band together to work on issues of common concern. More than half of the participants said that people in their community were likely (a great deal/fair amount) "to work together to make the community a better place to live." Less than half of the participants said that people in their community were likely "to actively participate in community or civic organizations" or "to identify an issue in the community and figure out how to address it."

COMMUNITY RESOURCES

To thrive and be healthy, people need access to basic resources and services in their community that are of good quality, affordable, and safe. We asked participants to rate 12 key resources from 0 (worst possible) to 10 (best possible). These ratings are based on resident's perceptions of resource quality, not any objective assessment of that resource compared to a set standard. Averaging participant responses, all resources were rated as moderate quality. Health care services were the highest-rated resource of the 12, followed next by public transportation. Childcare was the lowest-rated resource with access to affordable groceries rated the second lowest.

HEALTH

The main aim of the IHD is to improve the community's health and quality of life by working in close partnership with residents. Participants were asked to rate their physical and mental health to provide an understanding of their perceived quality of health.
For both physical and mental health, most participants considered themselves to be in good, very good, or excellent health. Far more participants rated their physical health as excellent than poor. Similarly, far more participants rated their mental health as excellent than poor. Note that there is a documented relationship between educational attainment and physical health status. In general, physical health status steadily improves as one's level of education increases. Given the high percentage of college graduates who participated in this survey, these physical health ratings are likely more positive among survey participants than among District adults on the whole. There is also a strong relationship between age and health; physical health tends to worsen with age, while mental health tends to improve with age. However, since many respondents did not report age, survey results examining relationships with age were limited.

COMMUNITY VOICES

We invited District residents to share their thoughts on the community by asking the following two questions: "What do you like most about your neighborhood or community?" and "What would you most like to see changed in your neighborhood or community?" A total of 147 respondents from the District provided their input to one or both questions.

Residents value:

- Proximity to downtown
- History and character of the neighborhood
- Greenspace and outdoor areas
- Connectedness
- Public transportation (red and purple line bus routes)

- Healthcare access and options
- Specific places, including the Children's Museum, Ivy Tech, Cleo's Bodega, and the public library

Residents want to see improvements in:

- Access to grocery store(s)
- Crime and public safety
- Property management
- Social events and activities
- Road safety and sidewalk conditions
- Bus route options
- Amenities

INTRODUCTION

The Indy Health District (hereafter the 'District') is a geographic area stretching from the north end of downtown Indianapolis to Crown Hill Cemetery. The 1,500-acre area includes the historic neighborhoods of Crown Hill, Historic Flanner House Homes, Highland Vicinity, Meridian Highland, and Ransom Place, and parts of additional neighborhoods. To support a coordinated and collaborative approach to improvements in the District, the Indy Health District nonprofit entity (hereafter the 'IHD') was established in 2024 with a diverse set of partners including IU Health, The Children's Museum of Indianapolis, Ivy Tech Community College, Citizens Energy Group, and the IU School of Medicine. The IHD is dedicated to reducing health inequities across Indianapolis. Again, throughout the report we will use the short-hand terms 'District' when referring to the place and 'IHD' when referring to the nonprofit organization.

The Indiana University (IU) Indianapolis Fairbanks School of Public Health (FSPH) supports the IHD in evaluating the impacts of the collective work within the District along with two evaluation partners including the Polis Center at IU Indianapolis and Health by Design. As a component of the collective evaluation and at the request of the IHD, the IU FSPH team conducted the Indy Health District Community Survey in the fall of 2025. Insights from the survey provide a baseline understanding of resident perceptions about the neighborhood as early IHD initiatives are underway.

SURVEY CONTEXT AND APPROACH

In November and December of 2025, **all 5,187 households located within the District were invited to participate in the Indy Health District Community Survey.**

Drawing from previously validated survey instruments, IU FSPH designed the survey to collect District resident perceptions about their sense of community and belonging, attraction to the neighborhood, sense of safety, and social support and civic engagement among neighbors. We also sought to learn how residents rate the quality of key resources in the community that the IHD is working to improve (e.g. housing, quality food, childcare), alongside other important resources like schools. Understanding what residents think about their neighborhood's strengths, weaknesses, and opportunities for improvement is valuable input for planning and for gauging progress or challenges over time.

An initial postcard invitation was mailed to each of the 5,187 households in the District on November 5th, 2025. Two additional reminder postcards were subsequently mailed at two-week intervals over the following month. The postcard explained the purpose of the survey,

how responses would be used, and how to access the online survey. It also provided an option to request a paper survey be mailed to any households that preferred to complete the survey in paper form. A single $10 incentive was provided in the form of a Walmart gift card per household upon receipt of their completed survey and was distributed by mail or email based on participant preference. Lastly, to ensure all opportunities were provided for households to respond, paper surveys were available at the December 2nd, 2025 in-person IHD event at the Mosaic Center. Following the receipt of all survey responses, we checked to ensure there was only one survey received per household.

PARTICIPANTS

A total of 203 participants across the District completed the survey, with the majority of surveys being completed online. A small subset of participants submitted paper surveys through the mail. In addition, 4 paper surveys were submitted at the in-person IHD community event on December 2nd, 2025. Note that while the responses provide valuable information about resident perspectives, the responses represent a small percentage of the adults living in the District and as such, results reported here are not statistically representative of the District's adult residents on the whole.[1] **However, the residents who chose to participate are likely more attuned to changes and conditions affecting the quality of life and health in the District, and thus represent a key group of stakeholders.**

Residents from all five core neighborhoods (bolded in **Table 1**) and an additional five neighborhoods that partially overlap with the District participated. Participants from the 5 core neighborhoods comprised 59% of the total. **Figure 1** displays the response rates by neighborhood on the District map.

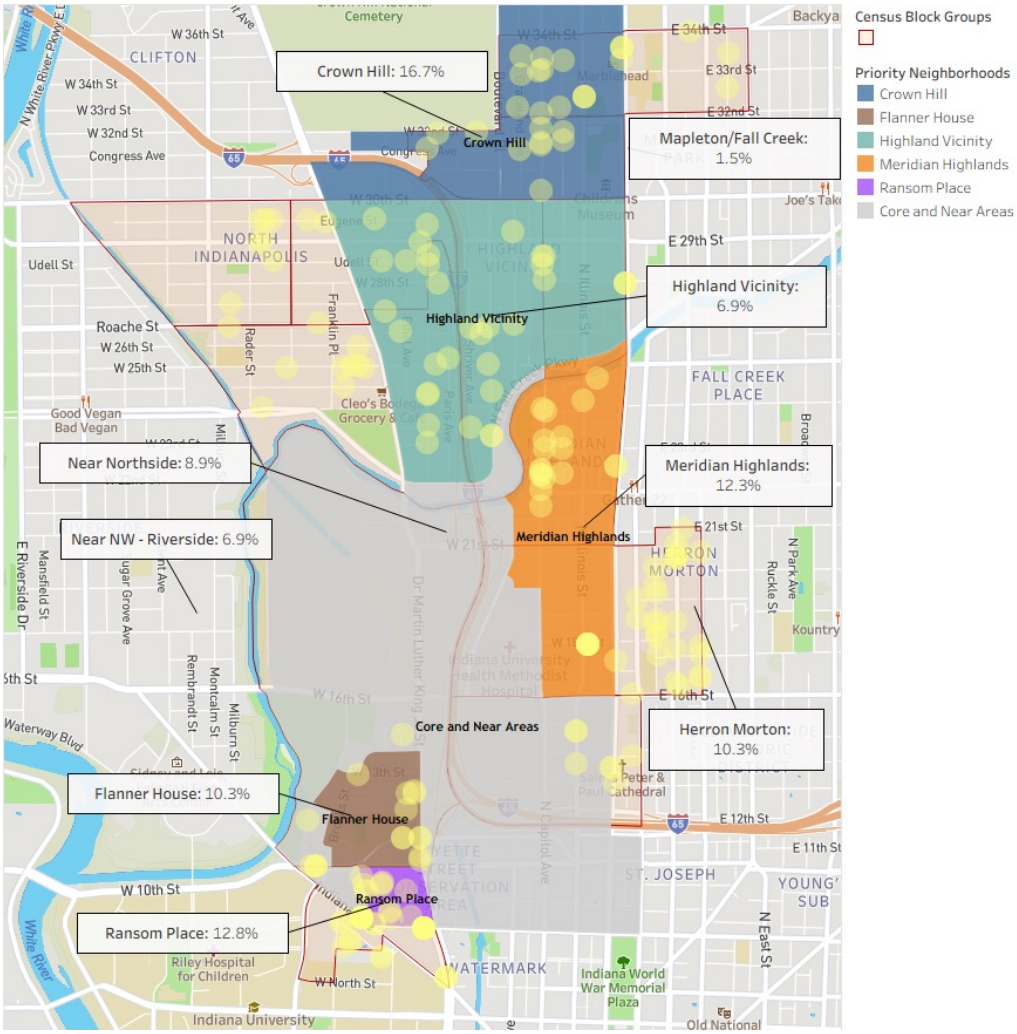
[1]*We planned to statistically 'weight' the survey results by gender, race, age, and education level to correct for anticipated imbalances between participants and the overall District population and to better represent the population on the whole. The survey team considered the value of both raw and weighted results. Given that we were unable to include age in weighting due to a high percentage who did not report their age and observing sufficient minority racial representation among participants, the survey team utilized raw/unweighted results for this report.*

Table 1. Distribution of Participants by Neighborhood

Neighborhood	Participants	Percentage
Crown Hill	34	16.7%
Downtown	27	13.3%
Ransom Place	26	12.8%
Meridian Highland	25	12.3%
Historic Flanner House Homes	21	10.3%
Herron Morton	21	10.3%
Near Northside	18	8.9%
Highland Vicinity	14	6.9%
Near NW - Riverside	14	6.9%
Mapleton/Fall Creek	3	1.5%

Note: Neighborhood-specific results are provided for the core neighborhoods that are bolded in the Supplement to this report.

Figure 1. Map of Participants by Neighborhood



In **Table 2** we summarize demographic characteristics of the 203 participants in comparison to the District residents overall.

- Participants were more often female (64.4%) than male, although females make up about half of the district's adult population overall. This higher response rate among women is not unusual as women are generally more likely to participate in surveys for most topics across the U.S.
- Participants were more likely to have a Bachelor's degree or higher education level (55.4%), far exceeding their representation in the District's adult population (35.3%). Again, this is somewhat expected as individuals with higher educational attainment generally tend to participate in surveys more often than lesser-educated individuals.
- Participants were slightly more likely to identify as a racial/ethnic minority (60.3%) than their estimated representation in the District's population (57.6%). Often surveys have low minority group participation, but **this survey's strong participation among minorities is a positive reflection on the IHD's ongoing community outreach and engagement.**
- Nearly half of the participants (97 of 203) did not report their age. Note that this was the question most often unanswered in the survey. Among participants who did report their age, the distribution was similar between participants and the general population for those age 35 and up. While 25-34 year-olds were over-represented among participants, the youngest adults (18-24) were under-represented. This may be the result of the survey approach as only one member of the household could complete the survey.
- About one in five participants (21.1%) reported having children who live in the household. A population comparison is not readily available for this measure in the District.

Table 2. Demographic Comparison of Survey Participants to District Population

Demographics	District Population (2023)[1]	Survey Participants[2] (n=203)
Sex	**All Ages**	**Adults**
Male	50.5%	34.0%
Female	49.5%	64.4%
Non-binary	--	1.5%
Educational Attainment	**Adults Age 25+**	**Adults**
No HS Diploma	10.1%	6.7%
HS Diploma (only)	22.2%	10.8%
Some college	32.3%	27.2%
Bachelor's Degree or Higher	35.3%	55.4%

Table 2. Demographic Comparison of Survey Participants to District Population (continued)

Demographics	District Population (2023)[1]	Survey Participants[2] (n=203)
Race/Ethnicity	**All Ages**	**Adults**
White, non-Hispanic	42.4%	39.7%
Black, non-Hispanic	42.3%	44.3%
Other	15.3%	16.0%
Hispanic	8.8%	2.1%
Asian	3.7%	6.7%
Remainder: AIAN, NHPI, Multiracial	2.8%	7.2%
Age Distribution	**Adults**	**Participants (n=106)**
18-24	20.7%	12.3%
25-34	19.6%	28.3%
35-44	12.8%	16.0%
45-54	11.6%	8.5%
55-64	18.8%	15.1%
65+	16.6%	19.8%
Missing age		***47.8%***

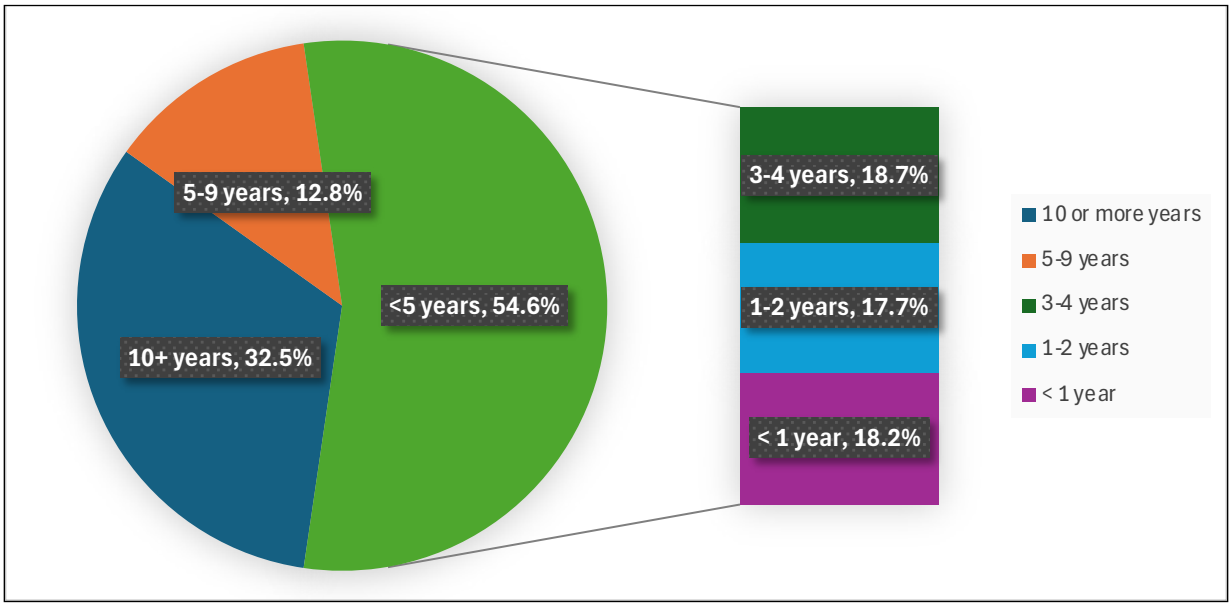
[1]Per SAVI Custom Community Profile for the Indy Health District (12 Block Groups), ACS 2023;
[2] Percentages may not total to 100.0% due to rounding. "AIAN" is an abbreviation for American Indiana and Alaska Native. "NHPI" is an abbreviation for Native Hawaiian or Pacific Islander.

RESIDENTIAL CONTEXT

A few questions were asked to provide insight about residents' living situations, as well as their length of time and experiences living in their current neighborhood.

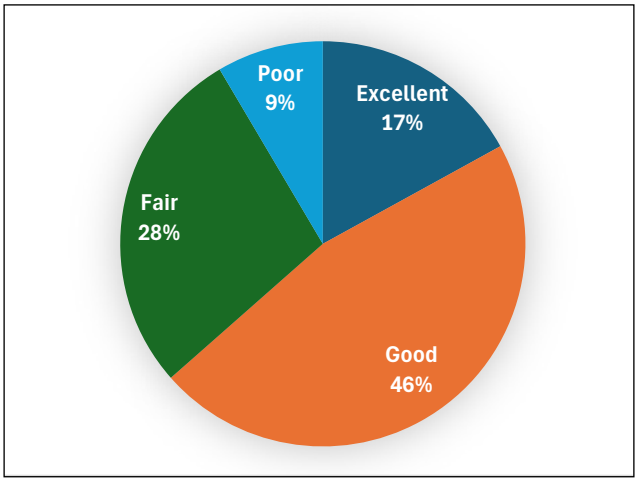
- Participants were slightly more likely to rent (47.5%) than to own their home (42.1%). About one in ten (10.5%) were living with someone else who owned or rented or were in another living situation.
- More than half of the participants (54.6%) have lived in their neighborhood for less than 5 years, while a third of participants (32.5%) have lived in their neighborhood for 10 or more years. Relatively few (12.8%) lived in their neighborhood for a moderate time span of 5-9 years. Thus, participants are primarily split between relatively short-term residents (<5 years) and very long-term residents (10+ years) (see **Figure 2**).

Figure 2. Participants by Time Lived in Neighborhood



- Among those who lived in the neighborhood for less than one year, we asked where they had lived before their current home. Most (55.6%) had moved from another home in Indianapolis outside any of the five core District neighborhoods. Many (38.9%) moved from another place outside of Indianapolis, while very few (5.6%) had made a move from one home to another within the District neighborhoods.
- Again, among those who had lived in the neighborhood less than one year (37), 41.7% said their last move was one that made their life situation "better," compared to 22.2% who said it made their situation "worse." The remaining 36.1% said it was "about the same."
- Of the eight who said the last move made their life situation "worse," they cited these issues:
  - *"very noisy and crime ridden"*
  - *"the constant sirens and extreme violence"*
  - *"broken roads and sidewalks"*
  - *"older home needs some major repairs (but) I don't qualify for any financial help..."*
  - *"no sidewalks to get out and go"*
  - *lack of a gym nearby which they previously had in an apartment*
  - *"Landlord"*
  - *"Lost car, furniture, clothes, everything"*
- When asked to rate their community as a place to live, more than half rated it favorably (good or excellent), with more rating it as "good" than any other category (see **Figure 3**).

Figure 3. Participants' Rating of their Community as a Place to Live



- Community ratings varied somewhat based on the length of time participants had spent living in the area, with new residents being the least likely to rate the community favorably. Per **Figure 4** below, participants who have lived in the District for less than a year are evenly split between favorable (good/excellent) and unfavorable (fair/poor) perspectives of the community. A higher proportion of 5-9 year residents reported favorable ratings of their community than other groups (73.0%).

Figure 4. Participants' Community Rating by Length of Time Living in Area

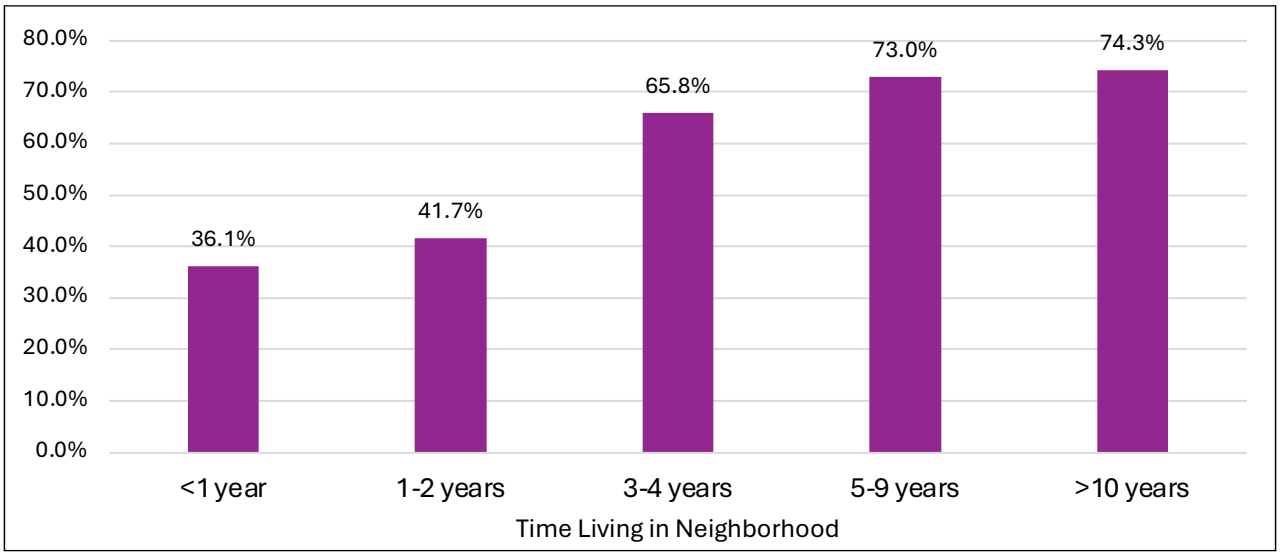
- When asked to look back to this time last year, far more participants thought the community had improved (40.2%) rather than worsened (10.8%), while most thought it stayed about the same (49.0%).

CONNECTION TO COMMUNITY

When a community is built on connection, trust and a sense of belonging—known as social cohesion—residents experience a higher quality of life, greater well-being, and improved health outcomes. The IHD is committed to fostering these connections and to maintaining and facilitating social cohesion among residents.

- Most participants (74.3%) said they "feel welcome pretty much everywhere" in the community. Similarly high rates of feeling welcome were reported by participants no matter how long they had lived in the area. In comparison, just 22.8% said they "do not feel welcome in certain places," and just 3.0% say they "do not feel welcome in most places."
- The majority of participants (59.9%) said they feel very or somewhat closely "connected to their neighborhood and the people who live there." The percentage who feel connected steadily increased with time of residency, peaking at 74.3% among long-term residents (10+ years) (**Figure 5**). Those who feel connected are more likely to remain in the District, further increasing their sense of connection; while those who do not feel connected are more likely to move out.

Figure 5. Participants Who Feel Very or Somewhat 'Closely Connected to Their Neighborhood and the People Who Live There'

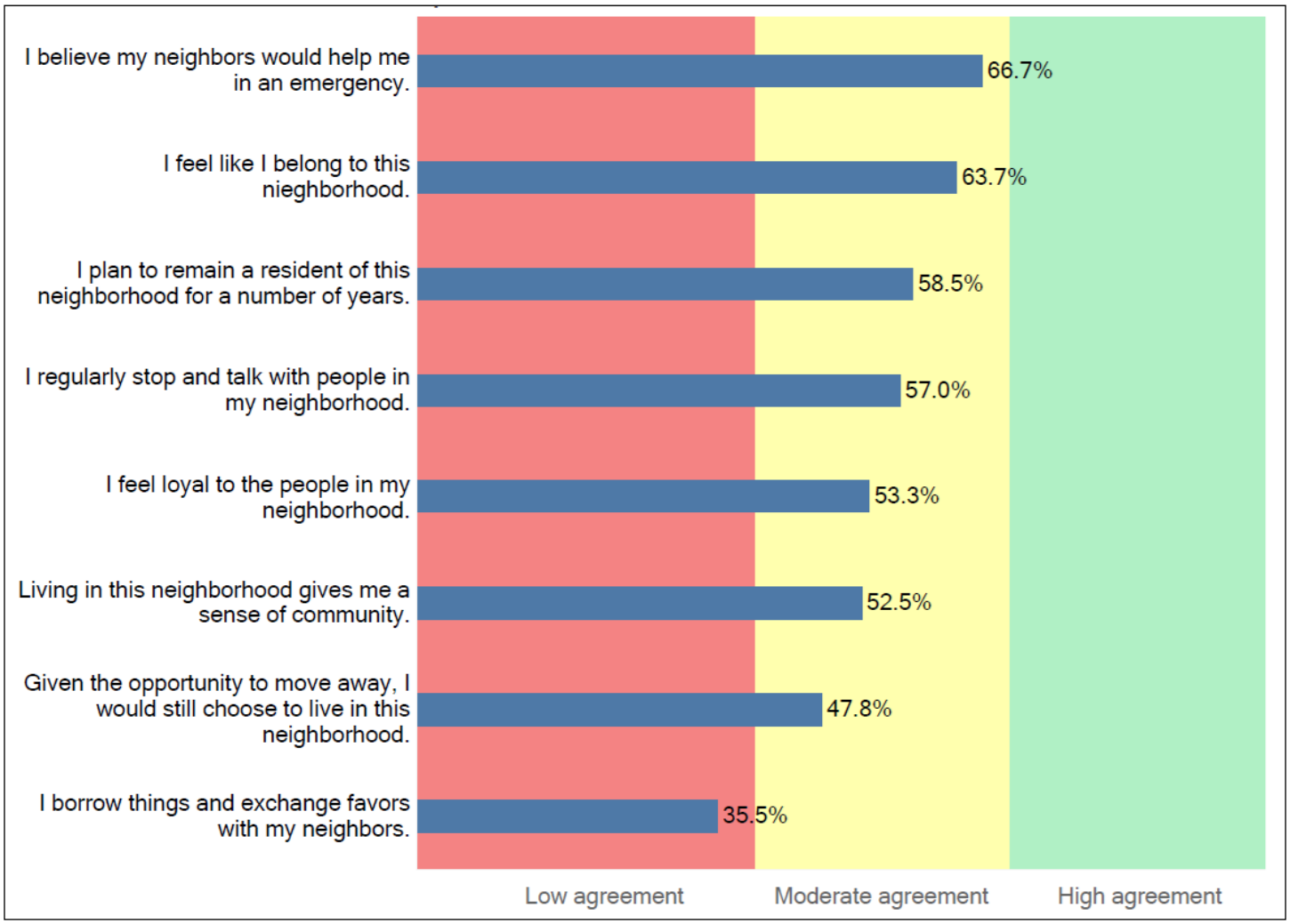


To gauge residents' perceptions of their neighborhood's social cohesion, the survey included a series of 8 items from the Neighborhood Social Cohesion index. **Figure 6** shows the percentage of residents who *agreed* or *strongly agreed* with each of the 8 statements of the index. These are shown in order from highest to lowest, revealing relative strengths and weaknesses in their sense of connection, trust and belonging. **Generally speaking, the**

higher the percentage of residents who agree/strongly agree with the statement, the better their view of the neighborhood's social cohesion is for that particular criterion.

Strongest agreement (66.7%) comes on the issue of neighbors helping in an emergency. The weakest agreement is on the issue of borrowing things or exchanging favors with neighbors (35.5%). On average across the 8 items of the index, 54.4% agreed or strongly agreed with these expressions of social cohesion. This signals moderate cohesion, but it also means that cohesion could be strengthened. **The purpose of measuring social cohesion in the district is to assess changes *within* the district over time, not to compare to other places (for which this is not known).**

Figure 6. Indy Health District participants (%) who agree/strongly agree with these expressions of social cohesion



When residents have a stronger sense of connection to the neighborhood, they are more likely to band together to work on issues of common concern. Many participants (42.2%) feel they have no say at all 'in decisions about what happens' in their neighborhood or the area where they live. Three survey questions shed light on residents' readiness to engage in neighborhood actions.

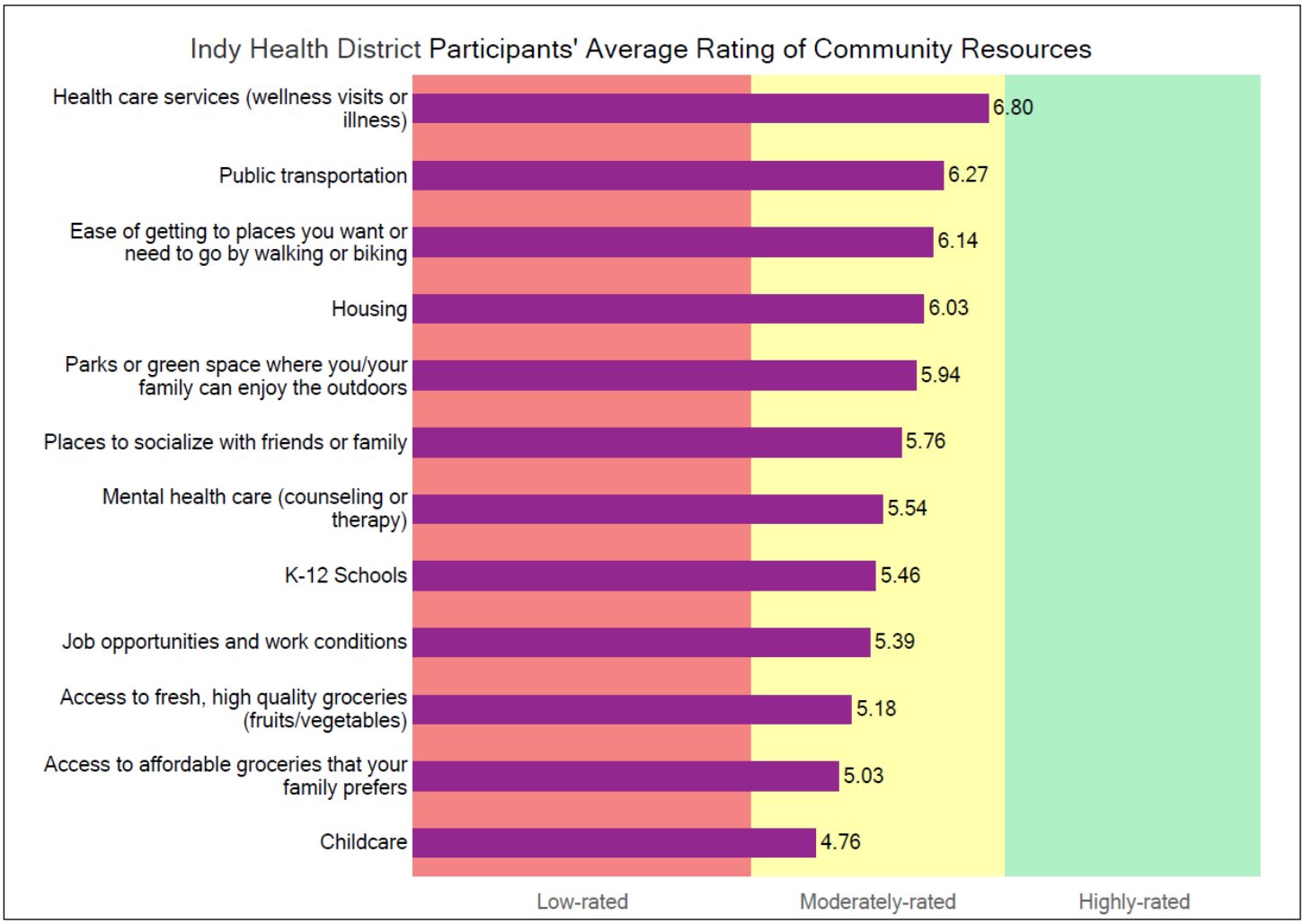
- 58.8% said that people in their community were likely (a great deal/fair amount) "to work together to make the community a better place to live."
- 46.5% said that people in their community were likely "to actively participate in community or civic organizations."
- 44.7% said that people in their community were likely (a great deal/fair amount) "to identify an issue in the community and figure out how to address it."

COMMUNITY RESOURCES

To thrive and be healthy, people need access to basic goods and services in their community that are of good quality, affordable, and safe. **We asked participants to rate 12 key resources from 0 (worst possible) to 10 (best possible)**. The average rating for each of the 12 resources is shown in **Figure 7** below in order from highest (best) to lowest (worst), so that relative strengths and needs can be identified and prioritized for action. **The quality of a resource is considered 'high' when the residents' average rating is between 7.0-10, 'moderate' when between 4.0-6.9, and 'low' when the average rating is 0-3.9. Please note that these ratings are based on resident's perceptions of resource quality, not any objective assessment of that resource compared to a set standard.**

- All resources were rated as moderate quality on this scale, with none rated within the high quality or low-quality range.
- Health care services were the highest-rated resource (6.80), while childcare was the lowest-rated (4.76).

Figure 7. Indy Health District Participants' Average Rating of Community Resources

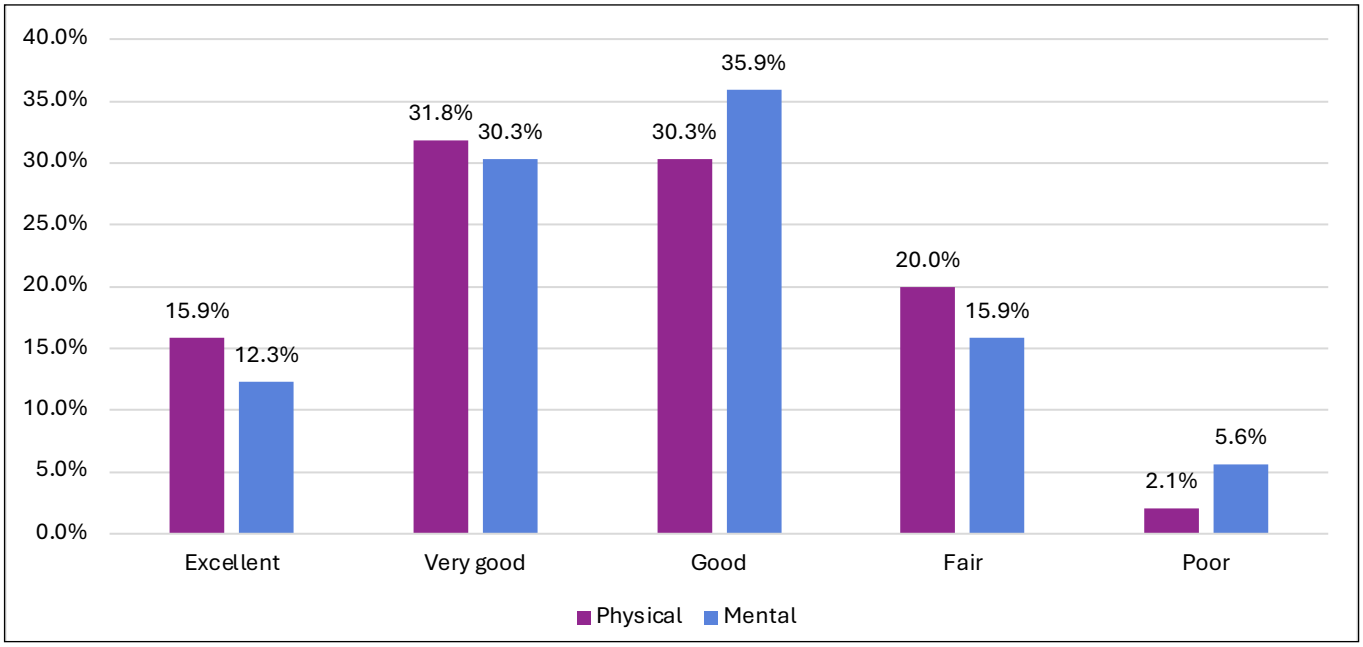


HEALTH

The main aim of the IHD is to improve the community's health and quality of life by working in close partnership with residents. Participants were asked to rate their physical and mental health to provide an understanding of their perceived quality of health.

- For both physical and mental health, most participants considered themselves to be in good, very good, or excellent health (**Figure 8**). Far more participants rated their physical health as excellent (15.9%) than poor (5.6%). Similarly, far more participants rated their mental health as excellent (12.3%) than poor (2.1%).

Figure 8. Participants' Rating of their Physical and Mental Health



There is a documented relationship between educational attainment and physical health status. In general, physical health status steadily improves as one's level of education increases. Given the high percentage of college graduates who participated in this survey, these health ratings are likely more positive among survey participants than among District adults on the whole. **Table 3** below shows a cross-tabulation of education level by physical health status among survey participants. Among participants this educational gradient to physical health status is evident.

- The percentage of participants who are in good/very good/excellent health steadily rises as educational attainment rises, from 38.5% among those who did not complete high school to 91.7% among those with 4-year college degrees.
- The inverse of those who are in fair/poor health is perhaps more striking. While only 8.3% of 4-year college graduates report fair/poor health, that jumps to >30.0% among those who completed (only) high school or some college, and then this doubles to 61.5% among those who did not complete high school.

Table 3. Participants' Physical Health Status by Educational Attainment

Educational Attainment (Highest Level Completed)	Physical Health Status	
	Good/Very Good/ Excellent	Fair/Poor
Some elementary or high school (Grades 1-12)	38.5%	61.5%
High school diploma or GED	70.0%	30.0%
Some college or technical school	62.3%	37.7%
Bachelor' degree or more	91.7%	8.3%

There is also a documented relationship between age and health; physical health tends to worsen with age, while mental health tends to improve with age. Table 4 below shows both physical and mental health status by age groups among just those participants who reported age (n=105). However, since many respondents did not report age, survey results analyzed by age may not provide a complete picture of the relationship between age and health among respondents.

- Physical health follows the anticipated pattern where the proportion in fair/poor health rises steadily with age, while those in good/very good/excellent health decreases with age.
- Mental health also follows the anticipated pattern when comparing the youngest adults to the oldest adults. Older participants aged 55+ reported much lower rates of fair/poor mental health than the youngest participants aged 18-34. However, middle-aged participants are not consistent with expectations, reporting even higher rates of fair/poor mental health than the youngest age group.

Table 4. Participants' Physical and Mental Health Status by Educational Attainment

Age Group	Physical Health Status	
	Good/Very Good/ Excellent	Fair/Poor
Ages 18-34	90.5%	9.5%
Ages 35-54	80.8%	19.2%
Ages 55 and older	59.5%	40.5%
Age Group	**Physical Health Status**	
	Good/Very Good/ Excellent	**Fair/Poor**
Ages 18-34	74.4%	25.6%
Ages 35-54	61.5%	38.5%
Ages 55 and older	86.5%	13.5%

COMMUNITY VOICES

District residents were invited to share their thoughts on the community by asking the following two questions: **"What do you like most about your neighborhood or community?"** and **"What would you most like to see changed in your neighborhood or community?"** A total of 147 survey participants provided their input to one or both questions.

What Residents Value

A total of 130 residents provided input for the question, **"What do you like most about your neighborhood or community?"** Major themes included:

- **Proximity to downtown**. Residents felt good about the location of their neighborhood within the District and its proximity to Downtown Indianapolis.

- **History and character of the neighborhood**. Residents indicated a sense of pride living in a historic community, surrounded by significant buildings, historic sites, and unique "old" character.

> *I love the history here, the age of the homes, and access to my favorite museums." (Crown Hill respondent)*

> *I really appreciate the historic buildings and homes in the area. I also enjoy that I can walk to some amenities even if limited, that increases my quality of life a lot. Lastly, I really appreciate the mature trees in my neighborhood (cannot overstate this)!" (Near Northside)*

> *Fall Creeks runs behind my property and the serenity is great..." (Ransom Place respondent)*

- **Greenspace and outdoor areas**. The availability of greenspace, the proximity of Fall Creek and the abundance of trees were valued among many residents who responded to our survey. In addition, residents across all neighborhoods highlighted the benefits and accessibility of the Cultural Trail.

- **Connectedness**. Several respondents positively noted the connectedness to the community and bonds to their neighbors, for example:

> *The neighbors look out for one another." (Crown Hill respondent)*

- **Public transportation (Red and Purple Line bus routes)**. Access to public transportation (IndyGo) was generally viewed mostly positively by residents within the District. Survey respondents cited overall availability of bus stops and convenient routes of the Red and Purple lines.

- **Healthcare access and options**. In general, residents noted that they felt good about having multiple options for access to hospitals, medical care, and pharmacies.

Residents also positively noted the following **geographic locations**:

- The Indianapolis Children's Museum (Crown Hill)
- Ivy Tech Community College (Crown Hill)
- Cleo's Bodega (Flanner House/Near Northwest – Riverside)
- Residents reported positive feelings about living near the Public Library (Downtown)

What Residents Want to See Improved

A total of 122 District residents provided input for the question, **"What would you most like to see changed in your neighborhood or community?"** Major themes included:

- **Limited grocery stores**. The need for additional grocery store options was a commonly cited concern across all priority neighborhoods within the District. The Residents noted that the existing Kroger store downtown was good, but too small. Some residents identified specific locations where communities could benefit from a grocery store:
  - The intersection of 34th Street and Illinois Street (Crown Hill)
  - The area inside formed by 16th–22nd Streets, and Illinois–Central Streets. (Meridian Highland/Herron Morton)

- **Crime and public safety concerns**. Several residents suggested a need for more streetlights and increased police presence due to general crime and safety concerns in the neighborhood.

- **Property management concerns**. Residents cited concerns about property management. Residents specifically had concerns about derelict buildings in the area that they viewed were not being managed well or taken care of.

- **Limited social events and activities**. Across all neighborhoods of the District, residents wanted additional opportunities for community gathering places (e.g., restaurants, places for entertainment, pubs, coffeehouses, etc.), but many wanted collective activities (street festivals, neighborhood events) for neighbors to connect or bond with each other in existing places (parks, gathering etc.). A hindrance to the ability to engage in social events was mentioned as the lack of adequate/safe places where residents can do these activities with their families.

- **Poor road safety and sidewalk conditions**. Poor road and sidewalk conditions were commonly detailed in all areas. Other common areas of concern regarding road hazards and infrastructure included noise from I-65 and issues with motorists driving too fast. Poor conditions of alleyways (potholes and trash) were also commonly cited. Residents suggested more streets with 1-way only traffic, speedbumps, and regular use of street clean up services. Residents voiced concerns overall about the amount of construction work from current hospital projects.

- **Bus line route limitations**. While the IndyGo Red and Purple lines were praised for providing transportation to downtown, some residents noted that there is still limited public transportation within the district.

> ***All the primary bus stops to go downtown were moved out of our neighborhood to over a mile away to more upscale neighborhoods." (Highland Vicinity)***

> ***We need a city bus to drive down Capitol Ave." (Meridian Highlands)***

- **Lack of amenities**. Among multiple residents, there was a general sense that many amenities are unavailable in neighborhoods inside the District, forcing people to seek those outside of their local communities. As one resident notes:

> *[The neighborhood] needs more things that keep us in the neighborhood. If we need groceries, we have to leave the neighborhood. If we want to go to the park, we have to leave the neighborhood. If we want to go a restaurant, we have to leave the neighborhood. We have no reason (or ability) to stay in the neighborhood." (Highlands Vicinity)*

Residents noted the following **geographic locations of concern:**

- Vicki's Liquor (30th Street and Capitol Street) was a common concern for crime (Crown Hill)
- Many residents recommended adding a grocery store at 34th and Illinois/Meridian. They also noted this area commonly had trash and littering (Crown Hill)
- Residents desired better traffic control on 16th Street & Delaware and Pennsylvania Streets, primarily due to speeding motorists (Herron Morton)
- Residents noted the need for a sound and visual barrier from Interstate I-65 (Highland Vicinity)

KEY HIGHLIGHTS

PARTICIPANTS

A total of 203 participants across the District completed the survey. While the responses provide valuable information about resident perspectives, the responses represent a small percentage of the adults living in the District and as such, results reported here are not statistically representative of the District's adult residents on the whole. Compared to the overall population of the District, survey participants were more often female, more likely to be college-educated, and slightly more likely to identify as a racial/ethnic minority. The residents who chose to participate are more likely to be attuned to changes and conditions affecting the quality of life and health in the District, and thus they represent a key group of stakeholders.

RESIDENTIAL CONTEXT

- Slightly more participants rent their home rather than own it.
- More than half of the participants have lived in their neighborhood for *less than* 5 years, while a third of participants have lived in their neighborhood for 10 *or more years*.
- When asked to rate their community as a place to live, more than half rated it favorably (good or excellent). Community ratings varied somewhat based on the length of time participants had spent living in the area, with new residents being the least likely to rate the community favorably.

CONNECTION TO COMMUNITY

When a community is built on connection, trust and a sense of belonging—known as social cohesion—residents experience a higher quality of life, greater well-being, and improved health outcomes. The IHD is committed to fostering these connections and to maintaining and facilitating social cohesion among residents.

- The majority of participants said they feel very or somewhat closely "connected to their neighborhood and the people who live there." The percentage who feel connected steadily increased with time of residency, peaking among long-term residents living in the District for 10 or more years.

To gauge residents' perceptions of their neighborhood's social cohesion, the survey included a series of 8 items from the Neighborhood Social Cohesion index. Generally speaking, the higher the percentage of residents who agree/strongly agree with these statements, the better their view is of the neighborhood's social cohesion. The purpose of measuring social cohesion in the district is to assess changes *within* the district over time, not to compare to perceptions of social cohesion in other areas (for which this is not known).

- On average across the 8 items of the index, 54.4% agreed or strongly agreed with these expressions of social cohesion. This signals moderate cohesion, but it also means that cohesion could be strengthened.

When residents have a stronger sense of connection to the neighborhood, they are more likely to band together to work on issues of common concern.

- More than half of the participants said that people in their community were likely (a great deal/fair amount) "to work together to make the community a better place to live."
- Less than half of the participants said that people in their community were likely "to actively participate in community or civic organizations" or "to identify an issue in the community and figure out how to address it."

COMMUNITY RESOURCES

To thrive and be healthy, people need access to basic goods and services in their community that are of good quality, affordable, and safe. We asked participants to rate 12 key resources from 0 (worst possible) to 10 (best possible). These ratings are based on resident's perceptions of resource quality, not any objective assessment of that resource compared to a set standard.

- Averaged across participants, all resources were rated as moderate quality; none had an average rating within the high-quality or low-quality range.
- Health care services were the highest-rated resource of the 12, followed next by public transportation.
- Childcare was the lowest-rated resource, with access to affordable groceries rated the second lowest resource.

HEALTH

The main aim of the IHD is to improve the community's health and quality of life by working in close partnership with residents. Participants were asked to rate their physical and mental health to provide an understanding of their perceived quality of health.

- For both physical and mental health, most participants consider themselves to be in good, very good, or excellent health. Far more participants rated their physical health as excellent than poor. Similarly, far more participants rated their mental health as excellent than poor.
- There is a strong relationship between educational attainment and physical health status. In general, physical health status steadily improves as one's level of education increases. Given the high percentage of college graduates who participated in this survey, these physical health ratings are likely more positive among survey participants than among District adults on the whole.
- There is also a strong relationship between age and health; physical health tends to worsen with age, while mental health tends to improve with age. However, since many respondents did not report age, survey results examining relationships with age were limited.

COMMUNITY VOICES

District residents were invited to share their thoughts on the community by asking the following two questions: "What do you like most about your neighborhood or community?" and "What would you most like to see changed in your neighborhood or community?" A total of 147 survey participants from the District provided their input to one or both questions. Residents value:

- Proximity to downtown
- History and character of the neighborhood
- Greenspace and outdoor areas
- Connectedness

- Public transportation (red and purple line bus routes)
- Healthcare access and options
- Specific places, including the Children's Museum, Ivy Tech, Cleo's Bodega, and the public library

Residents want to see improvements in:

- Access to grocery store(s)
- Crime and public safety
- Property management
- Social events and activities
- Road safety and sidewalk conditions
- Bus route options
- Amenities