

**Indiana FY 2011
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2011

Submitted by: Indiana

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Contents	Page
Executive Summary	3
Chronic Disease Prevention and Control	4
12-1 Coronary Heart Disease	4
Injury Prevention Program	22
15-13 Unintentional Injury Deaths	22
Public Health Performance Management	26
23-8 Competencies for Public Health Workers	25
Sexual Assault Services	32
15-35 Rape or Attempted Rape	32
State Health Data Center	37
8-27 Monitoring of Environmental Diseases or Conditions	37

Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2011. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

Funding Assumptions

The total award for the FFY 11 PHHSBG is \$1,308,717.00. This amount is based upon the final allocation table distributed for FFY 11 by the CDC.

Proposed Allocation for FY 2011

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2011 funding priorities are as follows:

Program	Health Objective	Funds
Chronic Disease Prevention & Control	12-1	\$355,000
Injury and Violence Prevention	15-7	\$200,000
Public Health Performance Management	23-8	\$489,818
Sexual Assault Services	15-35	\$148,899
State Health Data Center	8-27	\$115,000

Impacting other health objectives:

- Disability and Secondary Conditions 6-12

- Educational/Community-Based Programs 7-2, 3, 5, 6, 7, 9, 10, 11, 12
- Health Communication 11-1, 4, 5

- Injury and Violence Prevention 15-7, 8, 10
- Maternal, Infant, & Child Health 16-14
- Nutrition and Overweight 19-1, 2, 3, 5, 6, 8, 9, 16
- Oral Health 21-16
- Physical Activity and Fitness 22-1, 2, 6, 13, 14, 15
- Population-based Prevention Research 23-17
- Public Health Infrastructure 23-3, 4, 5, 9, 10, 11, 12, 15
- Tobacco Use 27-1, 2, 3, 4, 5, 6, 7, 11, 12, 13

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above for funding for FFY 2011.

State Program Title: Chronic Disease Prevention and Control

State Program Strategy:

Program Goal: The Indiana State Department of Health (ISDH) – Division of Chronic Disease Prevention and Control (CDPC) seeks to reduce the disparities and overall burden of chronic disease in Indiana. The Section on Cardiovascular Health and Diabetes within CDPC seeks to monitor and reduce cardiovascular health (CVH) and Diabetes (DM) disparities and overall burden in Indiana; the Cancer Section within CDPC seeks to monitor and reduce cancer disparities and overall burden in Indiana; the Chronic Respiratory Disease Section in CDPC seeks to monitor and reduce disparities and overall Indiana burden related to asthma and other chronic respiratory diseases. CDPC also seeks to address disparities and overall burden of all chronic disease in Indiana through both organizational and public policy initiatives, health systems strategies to improve clinical care, convening statewide partners to address chronic disease, and statewide health communications.

Program Priorities:

- o Improve surveillance, analysis, and communication of CVH, DM, Cancer, and Asthma indicators and risk factors in Indiana
- o Lead coordinated statewide efforts to improve CVH, DM, Cancer, and Asthma outcomes
 - Advance evidence based public health strategies to improve the chronic disease burden in community settings through systems-level change, policy, and health communications.

Primary Strategic Partnership(s):

- Internal: Division of Nutrition and Physical Activity; Tobacco Prevention and Cessation; Office of Primary Care and Rural Health
- External: Indiana Minority Health Coalition, Indiana Cardiovascular Health and Diabetes Coalition, Indiana Cancer Consortium, Indiana Joint Asthma Coalition, American Heart Association, Indiana Stroke Prevention Task Force, American Diabetes Association, American Cancer Association, American Lung Association, Indiana Public Health Association, Indiana Primary Health Care Association, and Indiana Rural Health Association.

Role of PHHSBG Funds: Strengthen state ability to provide statewide data surveillance and analysis related to chronic disease; support community-wide sodium reduction strategies to prevent and control high blood pressure; convene statewide organizational partners in order to address collaborative systems and policy initiatives to improve the state's chronic disease burden; assess initiatives related to community health workers and the role of community health workers in addressing chronic disease in Indiana; support implementation and evaluation of health systems strategies to address asthma control; and ensure evaluation methodology utilized by chronic disease public health staff address cost effectiveness of initiatives.

Evaluation Methodology:

CDPC follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease public health programs. Annual evaluation plans are utilized to monitor processes and impact of division and section initiatives. Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners. These evaluation methods are to include evaluation of cost-effectiveness of selected strategies to improve chronic disease prevention and control.

National Health Objective: 12-1 Coronary Heart Disease

State Health Objective(s):

Between 01/2011 and 12/2011, Increase data surveillance, analysis, and communication for CVH indicators and risk factors in Indiana to include an annual CVH Burden Report, Fact Sheet on CVH Health Disparities, and Fact Sheet on CVH and Risk Factors

State Health Objective Status

Met

State Health Objective Outcome

As a new initiative within the Division of Chronic Disease Prevention and Control, it was critical for the Cardiovascular Health (CVH) Program to establish an informational base for strategic planning, decision-making and resource allocation. During the period from 01/2011 to 12/2011, the CVH program was able to achieve its objective of increasing data surveillance, analysis and communication for relevant indicators and risk factors by producing a comprehensive burden report, fact sheets, presentation slide set, and a map series for the state of Indiana.

Reasons for Success or Barriers/Challenges to Success

The CVH program was able to comprehensively analyze available data from vital statistics, hospital discharge records, and the Behavior Risk Factor Surveillance System to produce the informational foundation for a cardiovascular burden report. This activity allowed the CVH program to inform, educate and empower the Indiana community on the burden of heart disease and stroke and the health behaviors and conditions that contribute to those outcomes. This success was achieved through diligent effort by the CVH program staff, and by strategic collaboration with partners within the Division of Chronic Disease Prevention and Control and the agency as a whole. Though not an insurmountable barrier, the lack of prior coordinated analysis increased the time required for this activity. However, analysis of previous years' data was important to properly describing the burden of cardiovascular disease in Indiana

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Conduct review of pertinent literature and current body of research associated with cardiovascular health
- 2) Conduct environmental scan and gap analysis of available data resources and those needed for the comprehensive analysis of cardiovascular disease in Indiana
- 3) Collect, clean and format available data
- 4) Prioritize analysis based upon data availability, community needs, and program capacity
- 5) Identify partners for collaboration
- 6) Identify resources for technical assistance
- 7) Coordinate efforts with the Chronic Disease Epidemiology Director and the Director of Chronic Disease Prevention and Control
- 8) Participate in Chronic Disease Epidemiology Integration Group, the agency working group for non-communicable disease epidemiologists
- 9) Analyze relevant data and incorporate into draft document
- 10) Identify any disparities that are evident with available data
- 11) Participate in available continuing education for statistical analysis
- 12) Participate in CDC/NACDD geographic information systems training
- 13) Apply geographic information system strategies to assess disparities associated with place
- 14) Combine findings into draft burden, factsheet, map and presentation documents
- 15) Work with extended partners to ensure accuracy and comprehensiveness of analysis and narrative
- 16) Have draft documents reviewed by Epidemiology Resource Center Peer Review Team
- 17) Have draft documents reviewed by Chronic Disease Prevention and Control Communications team
- 18) Disseminate burden report, fact sheets and maps in accordance with Chronic Disease Prevention and Control Communication plan
- 19) Deliver burden presentation to internal and external partners

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG supported staff time to develop all CVH burden materials and other initiatives related to objectives.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Assess the prevalence and mortality of Heart Disease and Stroke

Between 01/2011 and 12/2011, CVH Epidemiologist will analyze 2 separate sets of data relating to prevalence and mortality of heart disease and stroke.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, CVH Epidemiologist analyzed 3 separate sets of data relating to prevalence and mortality of heart disease and stroke.

Reasons for Success or Barriers/Challenges to Success

During FY2011, the Cardiovascular Health (CVH) program was able to analyze data from vital statistics, hospital discharges, and the Behavior Risk Factor Surveillance System. This activity allowed the CVH program to gain an understanding of the burden of heart disease and stroke mortality, the magnitude of the use of secondary and tertiary health system resources, and the health behaviors and conditions that contribute to those outcomes. This success was achieved through diligent effort by the CVH program, and by strategic collaboration with partners within the Division of Chronic Disease Prevention and Control and the agency as a whole. Though not an insurmountable barrier, the relative infancy of the program meant that no comprehensive analysis had been conducted prior to this effort. Consequently, analysis of previous years' data had to be undertaken to assess patterns and trends in all aspects of cardiovascular disease.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Prioritize analysis based upon data availability, community needs, and program capacity
- 2) Identify partners for collaboration
- 3) Identify resources for technical assistance
- 4) Coordinate efforts with the Chronic Disease Epidemiology Director and the Director of Chronic Disease Prevention and Control
- 5) Participate in Chronic Disease Epidemiology Integration Group, an agency working group for non-communicable disease epidemiologists
- 6) Participate in capacity development through statistical analysis and geographic information systems training
- 7) Analyze data based on best-practices associated with chronic disease surveillance and assessment
- 8) Identify any disparities that are evident with available data
- 9) Applied geographic information system strategies to assess disparities associated with place

Activity 1:

Determine the prevalence and mortality of Heart Disease and Stroke

Between 01/2011 and 12/2011, The section on Cardiovascular Health and Diabetes will collect, analyze and communicate data related to cardiovascular disease (heart disease and stroke) in the general population.

The data will include an assessment of health disparities and risk factors associated with cardiovascular disease. State data will be compared to national data and communicated to a variety of audiences – including external partners, public health professionals, general public, and policy-makers as appropriate.

Activity Status

Completed

Activity Outcome

During the project period the prevalence of heart disease and stroke, associated risk factors, and mortality were assessed by the Cardiovascular Health (CVH) Program. The most recent Indiana figures indicate that while mortality is trending down, disparities associated with race and ethnicity as well as socioeconomic status are evident. Additionally, major cardiovascular mortality in Indiana remains higher than national averages. Prevalence trends for heart attack, coronary artery disease and stroke are relatively flat, with current numbers remaining higher than national values. As with mortality, disparities associated with race and ethnicity as well as socioeconomic status are evident.

Reasons for Success or Barriers/Challenges to Success

The CVH program was able to analyze data from vital statistics and the Behavior Risk Factor Surveillance System. This activity allowed the CVH program to gain an understanding of the burden of heart disease and stroke mortality and morbidity, and the health behaviors and conditions that contribute to those outcomes. This success was achieved through diligent effort by the CVH program, and by strategic collaboration with partners within the Division of Chronic Disease Prevention and Control and the agency as a whole. Though not an insurmountable barrier, no comprehensive analysis had been conducted prior to this effort. Consequently, analysis of previous years' data had to be undertaken to assess patterns and trends in all aspects of cardiovascular disease.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Prioritized analysis based upon data availability, community needs, and program capacity
- 2) Identified partners for collaboration
- 3) Identified resources for technical assistance
- 4) Assess data according to best practices for public health analysis
- 5) Coordinated efforts with the Chronic Disease Epidemiology Director and the Director of Chronic Disease Prevention and Control
- 6) Participated in Chronic Disease Epidemiology Integration Group, an agency working group for non-communicable disease epidemiologists
- 7) Identified any disparities that are evident with available data
- 8) Applied geographic information system strategies to assess disparities associated with place

Activity 2:

Collect and analyze Hospitalization and Emergency Medical Services data

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes will expand its database. Hospitalization and Emergency Medical Services data will be collected and analyzed to increase our information on the burden of heart disease, stroke, and diabetes in the state.

Activity Status

Completed

Activity Outcome

During the project period the prevalence of heart disease and stroke associated hospitalization were assessed by the Cardiovascular Health (CVH) Program. The most recent figures indicate that associated hospitalization is trending down, but such hospitalization remains higher than national averages. These findings were incorporated into CVH fact sheets, public presentations, maps, and

the burden report.

Reasons for Success or Barriers/Challenges to Success

The CVH program was able to analyze data from the Indiana Hospital Association Hospital Discharge Data Set. This activity allowed the CVH program to gain an understanding of the burden that heart disease and stroke morbidity exerts on hospital resources. These findings provide part of the informational basis for public health planning, decision-making and resource allocation. This success was achieved through diligent effort by the CVH program, and by strategic collaboration with partners within the Division of Chronic Disease Prevention and Control and the agency as a whole. Though not an insurmountable barrier, no comprehensive analysis had been conducted prior to this effort. Consequently, analysis of previous years' data had to be undertaken to assess patterns and trends in hospitalization.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Prioritize analysis based upon data availability, community needs, and program capacity
- 2) Identify partners for collaboration
- 3) Identify resources for technical assistance
- 4) Coordinate efforts with the Chronic Disease Epidemiology Director and the Director of Chronic Disease Prevention and Control
- 5) Participate in Chronic Disease Epidemiology Integration Group, an agency working group for non-communicable disease epidemiologists
- 6) Collect, clean and format available data
- 7) Analyze data per best practices associated with public health surveillance
- 8) Identify any disparities that are evident with available data
- 9) Apply geographic information system strategies to assess disparities associated with place

Activity 3:

Collect and analyze BRFSS data

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes will expand Indiana's BRFSS survey questionnaire by adding new cardiovascular questions to the BRFSS Survey. The Program will also collect and analyze relevant Medicaid/Medicare data to determine the economic impact of cardiovascular disease in the state. This will advance our understanding of the burden of cardiovascular disease in the state so we may best implement evidence-based strategies to address this burden.

Activity Status

Completed

Activity Outcome

During the project period the prevalence of heart disease and stroke and associated risk factors were assessed. Prevalence trends for heart attack, coronary artery disease and stroke are relatively flat, with current numbers remaining higher than national values. Increasing rates of risk factors such as hypertension, diabetes, dyslipidemia and overweight and obesity, as well as high rates of tobacco use are problematic for improving cardiovascular health outcomes. Additionally, by adding supplemental BRFSS questions the Cardiovascular Health (CVH) program was able to assess health behaviors associated with specific risk factors, prevention activity, and management and prevention of complications. Based upon hospitalization data and current research, cardiovascular disease and its management continue to comprise a significant portion of healthcare spending. Additionally, disparities associated with race and ethnicity and socioeconomic status are evident.

Reasons for Success or Barriers/Challenges to Success

The CVH program was able to analyze data from vital statistics and the Behavior Risk Factor Surveillance System. This activity allowed the CVH program to gain an understanding of the burden of heart disease and stroke mortality, and the health behaviors and conditions that contribute to those outcomes. This success

was achieved through diligent effort by the CVH program, and by strategic collaboration with partners within the Division of Chronic Disease Prevention and Control and the agency as a whole. Though not an insurmountable barrier, no comprehensive analysis had been conducted prior to this effort. Consequently, analysis of previous years' data had to be undertaken to assess patterns and trends in all aspects of cardiovascular disease. Additionally, Medicare and Medicaid data were not available in a sufficient time-frame, so literature reviews were conducted to find a suitable informational basis for estimating the economic impact of cardiovascular disease.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Conduct review of pertinent literature and current body of research associated with cardiovascular health
- 2) Conduct environmental scan and gap analysis of available data resources and those needed for the comprehensive analysis of cardiovascular disease in Indiana
- 3) Find viable substitute for economic information in lieu of Medicaid/Medicare information
- 4) Collect, clean and format available data
- 5) Prioritize analysis based upon data availability, community needs, and program capacity
- 6) Identify partners for collaboration
- 7) Identify resources for technical assistance
- 8) Coordinate efforts with the Chronic Disease Epidemiology Director and the Director of Chronic Disease Prevention and Control
- 9) Participate in Chronic Disease Epidemiology Integration Group, the agency working group for non-communicable disease epidemiologists
- 10) Analyze relevant data and incorporate into draft documents
- 11) Identify any disparities that are evident with available data
- 12) Participate in available continuing education for statistical analysis
- 13) Combine findings into draft burden, fact sheets, and presentation documents
- 14) Work with extended partners to ensure accuracy and comprehensiveness of analysis and narrative
- 15) Have draft documents reviewed by Epidemiology Resource Center Peer Review Team
- 16) Have draft documents reviewed by Chronic Disease Prevention and Control Communications team
- 17) Disseminate burden report, fact sheets and maps in accordance with Chronic Disease Prevention and Control Communication plan
- 18) Deliver burden presentation to internal and external partners

Impact/Process Objective 2:

Develop Cardiovascular Health Burden Report

Between 01/2011 and 12/2011, CVH Epidemiologist will develop 1 Cardiovascular Health Burden Report.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, CVH Epidemiologist developed 1 Cardiovascular Health Burden Report.

Reasons for Success or Barriers/Challenges to Success

The Cardiovascular Health (CVH) program was able to comprehensively analyze available data from vital statistics, hospital discharge records, and the Behavior Risk Factor Surveillance System to produce the informational foundation for a cardiovascular burden report. This activity allowed the CVH program to inform, educate and empower the Indiana community on the burden of heart disease and stroke and the health behaviors and conditions that contribute to those outcomes. This success was achieved through diligent effort by the CVH program, and by strategic collaboration with partners within the Division of Chronic Disease Prevention and Control and the agency as a whole. Though not an insurmountable barrier, the lack of prior coordinated analysis increased the time required for this activity. However, analysis of previous years' data was important to properly describing the burden of cardiovascular disease in Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Conduct review of pertinent literature and current body of research associated with cardiovascular health
- 2) Conduct gap analysis of data needed for a comprehensive report and data currently available
- 3) Collect, clean and format available data
- 4) Prioritize analysis based upon data availability, community needs, and program capacity
- 5) Identify partners for collaboration
- 6) Identify resources for technical assistance
- 7) Coordinate efforts with the Chronic Disease Epidemiology Director and the Director of Chronic Disease Prevention and Control
- 8) Participate in Chronic Disease Epidemiology Integration Group, the agency working group for non-communicable disease epidemiologists
- 9) Analyze relevant data and incorporate into draft document
- 10) Identify any disparities that are evident with available data
- 11) Apply geographic information system strategies to assess disparities associated with place
- 12) Develop a burden report template to organize and prioritize information to be reported
- 13) Combine findings into initial draft document
- 14) Work with extended partners to ensure accuracy and comprehensiveness of analysis and narrative report
- 15) Have draft document reviewed by Epidemiology Resource Center Peer Review Team
- 16) Have draft document reviewed by Chronic Disease Prevention and Control Communications team
- 17) Disseminate burden report in accordance with Chronic Disease Prevention and Control Communication plan

Activity 1:

Develop Cardiovascular Health Burden Report

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes will develop a burden report for heart disease and stroke in Indiana, so that the scope and magnitude of the problem can be described as it applies to the state. The report will also describe the disparity of burden across various socioeconomic groups.

Activity Status

Completed

Activity Outcome

This activity has been completed by the Cardiovascular Health (CVH) Program. In addition to the production of a burden report, a cardiovascular health fact sheet, cardiovascular outcomes map series and public presentation have been created. These documents have been disseminated to internal and external stakeholders. Public presentations to the Indiana Stroke Prevention Task Force, Indiana Diabetes Advisory Council, and the Indiana State Department of Health Epidemiology Resource Center have been conducted in an effort to convey the findings of the analysis as well as the strategies employed to achieve them. Additionally, findings from this report have been used in the development of the Cardiovascular and Diabetes Coalition of Indiana.

Reasons for Success or Barriers/Challenges to Success

The CVH program was able to comprehensively analyze available data from vital statistics, hospital discharge records, and the Behavior Risk Factor Surveillance System to produce the informational foundation for a cardiovascular burden report. This activity allowed the CVH program to inform, educate and empower the Indiana community on the burden of heart disease and stroke, and the health behaviors and conditions that contribute to those outcomes. This success was achieved through diligent effort by the CVH program, and by strategic collaboration with partners within the Division of Chronic Disease Prevention and Control and the agency as a whole. Though not an insurmountable barrier, the lack of prior coordinated

analysis increased the time required for this activity. However, analysis of previous years' data was important to properly describing the burden of cardiovascular disease in Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Conduct review of pertinent literature and current body of research associated with cardiovascular health
- 2) Conduct gap analysis of data needed for a comprehensive report and data currently available
- 3) Collect, clean and format available data
- 4) Prioritize analysis based upon data availability, community needs, and program capacity
- 5) Identify partners for collaboration
- 6) Identify resources for technical assistance
- 7) Coordinate efforts with the Chronic Disease Epidemiology Director and the Director of Chronic Disease Prevention and Control
- 8) Participate in Chronic Disease Epidemiology Integration Group, the agency working group for non-communicable disease epidemiologists
- 9) Analyze relevant data and incorporate into draft document
- 10) Identify any disparities that are evident with available data
- 11) Apply geographic information system strategies to assess disparities associated with place
- 12) Develop a burden report template to organize and prioritize information to be reported
- 13) Combine findings into initial draft document
- 14) Work with extended partners to ensure accuracy and comprehensiveness of analysis and narrative report
- 15) Have draft document reviewed by Epidemiology Resource Center Peer Review Team
- 16) Have draft document reviewed by Chronic Disease Prevention and Control Communications team
- 17) Disseminate burden report in accordance with Chronic Disease Prevention and Control Communication plan

Impact/Process Objective 3:

Identify Community Health Worker initiatives throughout Indiana, including those initiated by local Between 01/2011 and 12/2011, the Section on Cardiovascular Health and Diabetes will identify **10** community health worker initiatives.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, the Section on Cardiovascular Health and Diabetes identified **10** community health worker initiatives.

Reasons for Success or Barriers/Challenges to Success

Converging economic, social and demographic forces have set the stage for the emergence of the community health worker (CHW) workforce as a viable strategy for cost management, quality improvement and community empowerment aimed at improving health care to the underserved. CHWs navigate local health care systems and attempt to facilitate the use of culturally relevant prevention and management services. Until recently the activities of CHWs were not coordinated. In an effort to further support community health, the Cardiovascular Health (CVH) Program is partnering with internal and external stakeholders, including CHWs, employers, health insurance providers, providers, healthcare systems, policy makers and social service agencies from across the state to assess the needs of CHWs in Indiana, and opportunities to support their activities. By incorporating a large number of partners from multiple sectors of the community into the CHW project, identification of local initiatives was facilitated. Although initial success was achieved in identifying initiatives, developing a novel system to assess and support the needs of communities and their CHWs will be challenging

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Conduct anecdotal assessment of CHW capacity in Indiana
- 2) Recruit internal and external partners
- 3) Use new partners to conduct a comprehensive environmental scan of CHWs in Indiana
- 4) Compile comprehensive list of CHW initiatives
- 5) Develop CHW Coalition
- 6) Review models of care incorporated by CHW initiatives
- 7) Update CHW Coalition on results of assessments
- 8) Communicate activities of CHW Coalition to other chronic disease associated coalitions

Activity 1:

Conduct a statewide assessment on the topic of Community Health Workers

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes implement a statewide assessment tool to identify community assets and resources related to community health workers that would support the state health department in promoting health and improving the state's burden of chronic disease.

Activity Status

Completed

Activity Outcome

The Section on Cardiovascular Health and Diabetes, in conjunction with the Division of Chronic Disease Prevention and Control and external partners have completed an initial assessment of community health workers (CHW) in Indiana. This initial assessment was primarily conducted to identify CHW initiatives in Indiana, to preliminarily assess CHW capacity, and to determine the need for and support the development of a CHW Coalition.

Reasons for Success or Barriers/Challenges to Success

Although coordinated CHW activity has not been present in Indiana, the large population of community health workers indicates that need is present. A primary factor in the success of the preliminary assessment and the development of the CHW coalition is the desire for a support system by existing CHWs, the need identified by disenfranchised communities, and the desire of the care delivery system to efficiently improve the quality of care. The quick formation of a diverse, energized coalition is another factor in the completion of the initial assessment. The development of the coalition is indicative of the desire to coordinate activity and provide support for the CHW initiatives that currently exist and the ones that are developing. Because of the complexity of the issue, and more detailed and audience specific assessment needs to be developed by the coalition. The new instrument need to determine the needs of providers, health systems, and the communities being served, in addition to the CHWs themselves. While not a direct challenge to these initial assessments, sustainability of CHW initiatives is a concern and will have to be addressed in the strategies of the developing coalition.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Conduct anecdotal assessment of CHW capacity in Indiana to aid in networking with interested stakeholders
- 2) Recruit internal and external partners
- 3) Use new partners to identify CHW initiatives in Indiana
- 4) Organize internal and external partners into a CHW Coalition
- 5) Develop comprehensive assessment to determine the needs of existing CHW initiatives and the potential for coordination, recognition and sustainability
- 6) Develop comprehensive assessment to determine community, provider, and health system needs in relation to CHWs

- 7) Update CHW Coalition on results of assessments
- 8) Communicate activities of CHW Coalition to other chronic disease associated coalitions

Activity 2:

Assess community health worker infrastructure, policy, and certification used by other states

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes assess state-based policies and certification for community health workers utilized in other states to better inform Indiana's efforts on the topic of Community Health Workers.

Activity Status

Completed

Activity Outcome

The Section on Cardiovascular Health and Diabetes, in conjunction with the Division of Chronic Disease Prevention and Control and external partners have completed an assessment of community health worker (CHW) infrastructure, policies, and certification used by other states. Policies and systems used in states with established and coordinated CHW workforces, such as Massachusetts and Minnesota, will be assessed to determine viability for adaptation to use in Indiana. Findings of the assessment were presented to the Indiana Community Health Worker Coalition.

Reasons for Success or Barriers/Challenges to Success

Although state coordinated CHW activity may not be evident consistently around the country, CHWs have been present in many communities for many years and have provided a strategy for addressing health disparities and improving the quality of care delivered. Consequently, a growing body of research has developed to describe the nature of CHW systems and to support sustainability. Finding the relevant publications was a matter of the diligent use of reference databases and networking with colleagues around the country. The primary barrier remains in the determination of whether existing policies and practices, that have proven to work elsewhere, can be adapted to work in Indiana, or if novel policies must be developed.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Conduct literature review on local, state, and national CHW activity
- 2) Network with colleagues in public health departments around the country
- 3) Incorporate CHW Coalition members into effort to determine local, state and national governmental policies on CHWs
- 4) Incorporate CHW Coalition members into effort to determine local, state and national health system policies on CHWs
- 5) Incorporate CHW Coalition members into effort to determine local, state and national payer policies on CHWs
- 6) Assess financial impact of CHWs and evidence of reimbursement policies
- 7) Determine current financial support and sustainability strategies for CHW activity
- 8) Review models of care incorporated by CHW initiatives
- 9) Communicate results of assessment to the CHW Coalition and to other chronic disease associated coalitions

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Support statewide coalitions to address large public health burdens related to chronic disease

Between 01/2011 and 12/2011, the Chronic Disease Prevention and Control Division will maintain **3** statewide coalitions of critical organizational partners in addressing chronic diseases such as cardiovascular health and diabetes, cancer, and asthma.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, the Chronic Disease Prevention and Control Division maintained **4** statewide coalitions of critical organizational partners in addressing chronic diseases such as cardiovascular health and diabetes, cancer, and asthma.

Reasons for Success or Barriers/Challenges to Success

ISDH is able to contract with Indiana Public Health Association (IPHA), the designated fiscal agent for four statewide chronic disease coalitions, to provide coordination support services and administrative management of the coalitions. IPHA was designated by each coalition as fiscal agent and charged with the responsibility to coordinate the coalition. Public health evidence demonstrates that coalitions are more sustainable and effective in addressing public health disease burdens when there is dedicated coalition coordination services in place.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies included working with each coalition to make a case for the need for a designated fiscal agent, dedicated coalition coordination services, and distinguish the role of the state department of health from that of a fiscal agent/coalition coordinator. Accomplishing the above allows for: 1) greater involvement in coalition mission by existing major organizational members as they feel more empowered to have impact; 2) increase in coalition membership as potential members see greater opportunity to contribute resources and ideas; and 3) state dept of health staff more effectively being able to deliver the needed technical assistance on evidence-based public health strategies, epidemiology, policy analyses, and evaluation.

Activity 1:**Support statewide chronic disease coalitions**

Between 01/2011 and 12/2011, The Chronic Disease Prevention and Control Division (CDPC) will support its statewide chronic disease coalitions, including those for cancer, asthma, and cardiovascular health and diabetes. CDPC will work closely with statewide and community-based partners to ensure that coalition activities are informed by current public health evidence; maximize the resources available to the coalition for purposes of coordination, communication, and effective work; and address long-term sustainability of effective chronic disease partnerships. CDPC will provide technical assistance to the coalitions on the areas of evidence-based public health programming, organizational and public policy to address the chronic disease burden in Indiana, and health systems initiatives to improve chronic disease outcomes. Additional technical assistance related to data needs and evaluation will also be provided to coalitions.

Activity Status

Not Completed

Activity Outcome

The Division of Chronic Disease Prevention and Control (CDPC) is continuing to support four major statewide chronic disease coalitions – the Indiana Cancer Consortium (ICC), Indiana Joint Asthma Coalition (InJAC), Cardiovascular and Diabetes Coalition of Indiana (CADI), and the Indiana Healthy Weight Initiative (IHWI). Via a contract with the Indiana Public Health Association (IPHA) - the designated fiscal agent for the four coalitions - the state is supporting coalition coordination support services. Additionally, state public health staff in the chronic disease categorical areas are providing strong technical assistance to the coalitions to encourage consideration of evidence based public health strategies in chronic disease prevention and control, epidemiology support, evaluation guidance, and support as appropriate with communications strategies.

Reasons for Success or Barriers/Challenges to Success

CDPC is able to contract with the IPHA to support four major statewide chronic disease coalitions - ICC, InJAC, IHWI, and CADI. Barriers encountered included time delays for each coalition to designate a fiscal agent that would handle coalition coordination services. However, CDPC worked with this barrier by encouraging each coalition to move through the process as established by its bylaws to make a decision and by presenting a case to each coalition that demonstrated the positive impact of acting quickly in this matter.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPC worked as previously described to address challenges encountered, and is continuing to address the time delays involved in getting solid organizational commitment by the coalitions. CDPC encouraged each coalition to establish a transition or sustainability planning team to make decisions on sustainability on behalf of the coalition; this has addressed somewhat the time delays without sacrificing coalition involvement in decision-making. Additional assistance will be needed in the future to continue support for coalition coordination services.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Collaborate with a local community to develop organizational policy and plans to support improved ca

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes will provide technical assistance and support to 1 local Indiana community in developing organizational policy and plans to address community-wide sodium reduction in efforts to improve blood pressure and overall cardiovascular health indicators.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes provided technical assistance and support to 1 local Indiana community in developing organizational policy and plans to address community-wide sodium reduction in efforts to improve blood pressure and overall cardiovascular health indicators.

Reasons for Success or Barriers/Challenges to Success

The success of this objective is largely due to the selection of an organized, energized, and committed partnership with the community knowledge and organizational capacity to achieve the state objectives as well as their own organizational goals. Partnership for a Healthier Johnson County is an established healthy community coalition with a broad base of partners, including local government, health systems, business leaders, social service agencies, and civic and faith-based organizations. Esperanza Ministries, the second member of the core grant partnership, works with key community partners to develop a network of local resources that effectively serves the needs of Johnson County's multicultural community. The activities chosen were based on the findings of an assessment conducted by the partnership to determine core health needs of at-risk communities, and supported with state and national statistics. Since obesity and cardiovascular health were leading concerns, community support was already developing for the sodium reduction strategies. Further supporting the success of this objective was the partnership's development of and fidelity to core goals and activities. Goals involved the development of culturally appropriate labeling, education of restaurant owners and staff, and improved consumer knowledge. Tactics to achieving these goals included focus groups, a sodium toolkit, policy changes in key businesses and changes in procurement policies. A significant challenge to the success of the initial phase of this project was the identification of grocery stores and businesses to engage in sodium reduction activities, which will impact the sustainability and expansion of these activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Identify appropriate grantees with the organizational capacity and community network to achieve success
- 2) Establish goals and activities that support the mission of the partnership
- 3) Identify and address barriers to implementation
- 4) Approach restaurants and groceries with ties to the community of interest, or with a prior history of partnerships with grant partners.
- 5) Capitalize on opportunities to empower community members
- 6) Deliver services that will support the efforts of the the community partners
- 7) Provide technical assistance to the grant partners
- 8) Evaluate the sodium-reduction process as well as short-term outcomes
- 9) Evaluate educational support programs
- 10) Research and share best practices to support grant partners
- 11) Communicate findings to internal and external partners
- 12) Develop opportunities for professional recognition for grant partners

Activity 1:

1. Work with a local community to develop organizational policy and plans to support improved cardio

Between 01/2011 and 12/2011, The Section on Cardiovascular Health and Diabetes will provide technical assistance and support to **1** local Indiana community in developing organizational policy and plans to address community-wide sodium reduction in efforts to improve blood pressure and overall cardiovascular health indicators. CDPC will inform initiative design, provide guidance on health communication needs, and coordinate local and statewide evaluation efforts for the initiative.

Activity Status

Completed

Activity Outcome

The Section on Cardiovascular Health and Diabetes successfully supported a community based intervention to support organizational change and individual behavior change associated with cardiovascular and sodium consumption. Specific outcomes included: culturally appropriate menus and advertisements supporting reduced sodium consumption, clear labeling of low-sodium products in groceries, recipe modification at partner restaurants, and increased consumer knowledge on sodium content in food and its influence on health.

Reasons for Success or Barriers/Challenges to Success

The success of this objective is largely due to the selection of an organized, energized, and committed partnership with the community knowledge and organizational capacity to achieve the state objectives as well as their own organizational goals. Partnership for a Healthier Johnson County is an established healthy community coalition with a broad base of partners, including local government, health systems, business leaders, social service agencies, and civic and faith-based organizations. Esperanza Ministries, the second member of the core grant partnership, works with key community partners to develop a network of local resources that effectively serves the needs of Johnson County's multicultural community. The activities chosen were based on the findings of an assessment conducted by the partnership to determine core health needs of at-risk communities, and supported with state and national statistics. Since obesity and cardiovascular health were leading concerns, community support was already developing for the sodium reduction strategies. Further supporting the success of this objective was the partnership's development of and fidelity to core goals and activities. Goals involved the development of culturally appropriate labeling, education of restaurant owners and staff, and improved consumer knowledge. Tactics to achieving these goals included focus groups, a sodium toolkit, policy changes in key businesses and changes in procurement policies. A significant challenge to the success of the initial phase of this project was the

identification of grocery stores and businesses to engage in sodium reduction activities, which will impact the sustainability and expansion of these activities. Additionally, literacy and reading comprehension may be challenges for novel dietary concepts.

Strategies to Achieve Success or Overcome Barriers/Challenges

- 1) Identify appropriate grantees with the organizational capacity and community network to achieve success
- 2) Establish goals and activities that support the mission of the partnership
- 3) Identify and address barriers to implementation
- 4) Approach restaurants and groceries with ties to the community of interest, or with a prior history of partnerships with grant partners.
- 5) Capitalize on opportunities to empower community members
- 6) Deliver services that will support the efforts of the the community partners
- 7) Provide technical assistance to the grant partners
- 8) Evaluate the sodium-reduction process as well as short-term outcomes
- 9) Evaluate educational support programs
- 10) Research and share best practices to support grant partners
- 11) Communicate findings to internal and external partners
- 12) Develop opportunities for professional recognition for grant partners

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Support implementation of health systems changes to improve access to and adherence with recommended

Between 01/2011 and 12/2011, The Section on Chronic Respiratory Disease will provide technical assistance and support to 1 Indiana health system of care.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, The Section on Chronic Respiratory Disease provided technical assistance and support to 1 Indiana health system of care.

Reasons for Success or Barriers/Challenges to Success

The Chronic Respiratory Disease Section (CRDS) has maintained an excellent working relationship with the Parkview Health System through regular reports/feedback on progress related to the Emergency Room Asthma Call Back Program. This past history has allowed for continued progress on this innovative intervention, as well as expansion of the initiative into other hospital settings.

Strategies to Achieve Success or Overcome Barriers/Challenges

CRDS set up regular technical assistance calls, meetings, and site visits to ensure a smooth working relationship with the health system and to address any technical challenges as they arose. CRDS contracted with an outside evaluation entity to provide cost effective analysis on the initiative in order to assist with expansion of the project to other hospital sites.

Activity 1:

Work with an Indiana hospital system to implement systems change linked to improved asthma contro

Between 01/2011 and 12/2011, The Section on Chronic Respiratory Disease will provide technical assistance and support to an Indiana health system in implementing systems change to identify a population with a barrier to continuity care related to asthma, facilitate effective entry into a coordinated

system of continuity clinical care, ensure provision of culturally appropriate and targeted health information/evaluation for an at risk population group, and implement evidence-based strategies to improve the system of care for asthma.

Activity Status

Not Completed

Activity Outcome

CRDS is continuing to provide technical assistance to the Parkview Health System on implementing the innovative Emergency Room Asthma Call Back Program. Additional expansion into other hospital sites is anticipated by September 30, 2012.

Reasons for Success or Barriers/Challenges to Success

The Parkview Emergency Department Asthma Call Back Program was developed in 2010 for the purpose of reducing the number of hospitalizations and emergency department visits due to asthma. All patients admitted to Parkview Hospital emergency department with a discharge diagnosis of asthma receive a follow up phone call from a Community Health Nursing Program asthma health educator. If there is not a valid phone number or no phone number listed, a letter is sent instead.

During the initial phone call, the asthma educator reviews discharge instructions and use of prescribed medication(s). They also discuss and record patient progress, answer any questions about the discharge plan, and refer them to appropriate resources for follow up care. The asthma educator is also available to visit the home and help the family reduce environmental triggers that might exist. During home visits, educators evaluate the home environment using the Asthma Home Environment Checklist from EPA and provide further asthma education.

During the pilot year, several unanticipated problems arose. Asthma educators were invited to fewer than 10 homes. Additionally, they were not able to keep patients engaged in the follow up plan for an entire year. (See Strategies To Achieve Success or Overcome Barriers below)

Technical assistance from the Indiana State Department of Health (ISDH) Chronic Respiratory Disease Section (CRDS) resulted in better participation rates by patients and significantly increased the number of home visits. Funding from the Block Grant allowed Parkview to improve its processes, especially data collection, and expand the program to a second Parkview Hospital location.

During 2011:

- 274 patients received follow up calls after ED visits

- 40 families (with 70 children) had home visits to reduce asthma triggers

- 96 patients completed a 1 year survey
- 82 fewer ED visits than the previous year were reported.

- The average ER visit cost per visit was \$2133, for a total savings of \$174,906
- There were 12 fewer hospitalizations than the previous year.
- The average hospitalization cost was \$39,110, for a total savings of \$469,320
- **Total first year cost savings were \$644,226.**

Additionally, Parkview Hospital will utilize Block Grant funds to develop a formal training presentation and protocol manual that will be used to implement the Call Back Program in other Parkview entities and non-Parkview organizations as well. The materials and manual will lay out how to develop, initiate, and maintain the initiative in detail, and coordinate with trainings offered by Parkview staff. Discussions about replication of the program by St. Vincent Frankfort and St. Mary's in Evansville are

currently in progress. Within the next few years, Parkview anticipates implementing the Asthma Call Back program in each of its 16 hospitals.

In addition to developing training materials, Parkview is developing a standardized protocol for pediatric asthma patients that will be used system-wide, including affiliated clinics and physician offices. It is anticipated that use of a standardized protocol based on NAEPP guidelines, will reduce asthma ED visits for children significantly across the Parkview system. The protocol will be available to other health care systems interested in implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Initially, Parkview attempted to follow up with patients by sending letters via US Postal Service. However, the letters were in envelopes that looked similar to those that were also used by the billing department. The ISDH Chronic Respiratory Disease Section encouraged Parkview to change the size and shape of the envelope and use contact information specific to the Community Nursing Program.

Additionally, the Chronic Respiratory Disease Section advised Parkview to conduct more follow-up by phone rather than mail, in order to avoid potential issues relating to low literacy or transience among the patient population they serve. The popularity of cell phones makes it likely that patients may be able to retain their phone numbers even if they move. We further advised them to make calls at the beginning of the month. People with limited resources may run out of cell phone minutes toward the end of the month and may not be able to purchase additional minutes until the first of the next month.

By locating additional nonfederal funding, Parkview was able to purchase items such as mattress and pillow encasements, vacuum cleaners, and asthma friendly cleaning supplies. These were given to families in need as an incentive to reduce asthma triggers in the home environment. Offering them to families as part of the home visit helped increase the number of home visits from fewer than 10 to 40.

Parkview staff will develop a system to integrate the NAEPP asthma guidelines into all Parkview hospitals, clinics and physician offices. MDs will have pull-down menus that will help them follow the NAEPP guidelines based on patients symptoms, similar to the system currently utilized at University of Michigan. After developing the system with IT and small group of MDs, they will need to train other MDs to use it correctly. The IT Department would then be able to pull data from the system to track MD compliance with NAEPP guidelines for asthma treatment and management. Additional training will be provided based on data obtained from the system.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Assess and improve evaluation competencies of existing CDPC public health staff in order to ensure c

Between 01/2011 and 12/2011, The Chronic Disease and Prevention Control Division will conduct 1 assessment of existing knowledge, competency, and application of cost analysis evaluation in current evaluation of chronic disease public health efforts.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The Division of Chronic Disease Prevention and Control (CDPC) has recently hired a Chronic Disease

Evaluation Director. This position, among other tasks, is responsible for assessing workforce competencies related to public health evaluation, including cost effective analysis. The assessment tool has been recently designed and will be launched by February 2012, at which time this workplan objective will have been met. The delay to meeting the objective is related to the delay in hiring the Chronic Disease Evaluation Director.

Strategies to Achieve Success or Overcome Barriers/Challenges

The delay to meeting the objective within the specified timeframe is related to the delay in hiring the Chronic Disease Evaluation Director. However, the assessment tool is now complete and ready to be launched by February 2012.

Activity 1:

1. Assess existing CDPC public health workforce for competency on public health cost analysis evaluation

Between 01/2011 and 12/2011, CDPC will conduct an assessment of existing knowledge, competency, and application of cost analysis evaluation in current evaluation of chronic disease public health efforts.

Activity Status

Not Completed

Activity Outcome

The public health competency assessment tool described in the activity objective has been developed and planned for launch in February 2012.

Reasons for Success or Barriers/Challenges to Success

A delay in hiring the Chronic Disease Evaluation Director, the position responsible for above assessment tool development and analysis, was the major challenge in fulfilling this objective within the stated timeframe. However, the position has now been filled, the assessment tool developed, and the tool will be launched and analyzed in February 2012.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies include hiring a Chronic Disease Evaluation Director with expertise in staff competency evaluation to assist with project deliverables. The objective will be completed in February 2012 as described above.

Activity 2:

2. Implement strategy to improve quality of cost analysis evaluation of chronic disease public health

Between 01/2011 and 12/2011, CDPC will implement training for its existing public health workforce on strategies to evaluate cost effectiveness of chronic disease public health initiatives.

Activity Status

Not Completed

Activity Outcome

CDPC has implemented an introduction training on cost effectiveness evaluation to its public health staff in August 2011. However, a more detailed training to followup the introduction is currently being negotiated with potential contractors to deliver the training. Additionally, CDPC is first conducting an assessment of staff competencies in order to tailor the training to staff needs and current knowledge/skill set.

Reasons for Success or Barriers/Challenges to Success

Challenge encountered included delays in hiring a Chronic Disease Evaluation Director to develop, implement, and analyze results of a staff competency assessment regarding cost effectiveness evaluation. Now that such position is hired and tool developed, the tool will be launched and analyzed in February

2012. Once this analysis is available, CDPC will launch the cost effectiveness evaluation training.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPC worked with the Washington University/St Louis Prevention Research Center to implement the introduction to cost effectiveness evaluation through the Evidence Based Public Health training course. At this time, CDPC is continuing with its strategies to implement an assessment of staff competency on cost effectiveness evaluation so a more detailed and tailored training can be implemented.

State Program Title: Injury Prevention Program

State Program Strategy:

Goal: To develop an Injury Prevention Program for the State of Indiana that will ultimately lead to a reduction in the number of preventable injuries and deaths.

Health Priorities: The Indiana State Department of Health does not currently have an organized Injury Prevention Program. The agency does publish an annual Fireworks Injury Report and, every 3 years, the Indiana Injury Report. However, contractors are generally utilized to produce these reports. Dr. Paul Halverson, President of ASTHO, has issued a challenge for states to increase efforts to reduce preventable injuries and death. The ISDH would like to prioritize the development of an Injury Prevention Program for its citizens.

Primary Strategic Partners:

Internal:

Epidemiology Resource Center
Vital Records
Maternal and Child Health
State Health Data Center
Trauma Program

External:

Indiana Child Fatality Review Team
Coroner's Association
Riley Hospital
Indiana Department of Education (IDOE)
Department of Natural Resources
Injury Prevention Task Force
IDOE School Safety Advisory Committee
Indiana Criminal Justice Institute
Department of Mental Health and Addiction
Indiana Poison Control
Indiana Hospital Association
Indiana Department of Homeland Security
Indiana Department of Labor
Purdue Extension Project

Evaluation Methodology: The development of a core Injury Prevention Program that will ultimately lead to acquisition of data, analysis, and development of appropriate activities.

National Health Objective: 15-13 Unintentional Injury Deaths

State Health Objective(s):

Between 01/2011 and 12/2011, begin the process of developing a comprehensive injury and violence prevention program at the state health department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources; hire core staff and draft a 5-year state plan; seek additional grant funding.

State Health Objective Status

Met

State Health Objective Outcome

ISDH has begun the process of developing a comprehensive trauma and injury prevention program. ISDH has worked with the Injury Prevention Advisory Council (IPAC) to coordinate and engage with injury prevention partners from other state agencies and private institutions. All participation in IPAC activities are voluntary contributions to the statewide injury prevention program. Core staff have been hired, and work has begun on drafting a five-year state plan. An application for CORE VIPP funding was submitted to the CDC Injury Prevention program, including the base integration component and data analysis funding. Unfortunately, Indiana was not selected to receive funds.

Reasons for Success or Barriers/Challenges to Success

Support by the Governor and the State Health Commissioner for an injury prevention program at the state level was critical. The funding provided by the PHHS block grant supported the further development of the injury prevention program. Lack of funding for infrastructure by the CDC will slow progress on the injury prevention program, but has not been insurmountable.

Strategies to Achieve Success or Overcome Barriers/Challenges

Insufficient capacity to conduct injury prevention programs by the State of Indiana was the reason our grant application was denied. To overcome that, the PHHS block grant has been used to help build capacity and advance injury prevention activities at the State level.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

A portion of the State Health Commissioner's time is devoted to the development of a trauma and injury prevention program, time which is paid for with state dollars. In addition, the ISDH medical director has been dedicated to the development of an injury prevention program. She has recruited and supervised an MPH student to help with injury prevention data analysis at no cost to PHHS grant or State funding. The medical director is funded entirely with State dollars. The medical director participates in the state mortality review committee work, the department of education school safety advisory committee, the state suicide prevention task force, the domestic fatality review team and the emergency services for children task force. In addition, the state Trauma Registry is funded from NHTSA dollars provided through the Indiana Criminal Justice Institute.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Establish Injury Prevention Program

Between 01/2011 and 12/2011, State will develop 1 comprehensive injury and violence prevention program.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, State developed 1 comprehensive injury and violence prevention program.

Reasons for Success or Barriers/Challenges to Success

Support from the Governor and State Health commissioner, as well as block grant funding, and partnerships with other state agencies and private institutions, all assisted in the effort to develop a program to advance injury prevention.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies included making injury prevention a priority, to network and collaborate with other state agencies and private injury prevention institutions, to capitalize on the resources available at the Indiana University MPH program, work with the Injury Prevention Advisory council to develop an injury prevention state plan, and the creation of job descriptions and the hiring of a trauma and injury prevention staff. The PHHS grant funding was essential in getting the Indiana injury prevention program to this point.

Activity 1:

Hire a director

Between 01/2011 and 12/2011, Hire a director to lead a new division at the ISDH for Injury and Violence Prevention.

Activity Status

Completed

Activity Outcome

A director was hired for the Division of Trauma and Injury Prevention on August 1, 2011.

Reasons for Success or Barriers/Challenges to Success

The allocation of PHHS Block Grant funds was necessary for the creation and hiring of this position.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Governor appointed the State Health Commissioner to lead the Trauma Care Committee. A priority of the Trauma Care Committee was the establishment of a Trauma and Injury Prevention program and hiring a Director to run the program.

Activity 2:

Draft a 5-year Injury Prevention Plan

Between 01/2011 and 12/2011, Core staff will be hired and the process of writing a 5-year state plan for further development of a state-wide injury prevention program will be started.

Activity Status

Completed

Activity Outcome

Core staff have been hired to support the Trauma and Injury Prevention program (a Director of the Trauma and Injury Prevention Division, an Injury Prevention epidemiologist, a Trauma Registry Manager and a Trauma Registry data analyst). The process of writing a 5-year state plan for further development of a statewide injury prevention program has begun.

Reasons for Success or Barriers/Challenges to Success

The allocation of PHHS block grant funds was necessary for the purpose of hiring the Trauma and Injury Prevention Division director and the Injury Epidemiologist. The Injury Prevention Advisory Council, together with the Trauma and Injury Prevention Division at ISDH, has coordinated an effort to analyze available data and identify top injury priorities for the state of Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges

Support for Injury Prevention at the highest levels of State government and the State Department of Health has been critical. In addition, collaboration between other state agencies and private institutions with interest in injury prevention has allowed for expansion of the Injury Prevention Advisory Council and progress towards the goal of developing a five-year state injury prevention plan.

State Program Title: Public Health Performance Management

State Program Strategy:

Goal: To improve the overall quality and capabilities of Indiana's public health system. There will be a specific focus on the 10 public health essential services for the purposes of future voluntary accreditation for public health agencies.

Health Priorities: In order to improve the competencies of Indiana's Public Health Sector, it is important for all public health agencies to assess current competencies and subsequently work to improve identified weaknesses.

In FFY 2007, the Indiana State Department of Health (ISDH) was granted advance access to version 2 of the National Public Health Performance Standards Program (NPHPSP) assessment tool. This tool has currently already been used by several local health departments in Indiana, and a state public health assessment workshop was conducted in August of 2007. In FFY 2008, public health agencies that had already started this process continued their respective activities, while other agencies were invited to begin with the assessment phase.

In FFY 2009, all previous agencies continued their respective activities, and mentored other communities by sharing ideas and their best practices. Twenty new public health agencies began the assessment phase of the quality improvement project.

For FFY 2010 approximately 18 new public health agencies and the state lab system will begin the assessment phase of the quality improvement project. Governance assessments will be conducted with 5 boards of health, and 14 public health agencies that began the process in the past will complete a comprehensive evaluation. Agencies that underwent the assessment phase previously will continue respective activities.

For FFY 2011, approximately 20 new public health agencies will begin the Local Public Health System Assessment. Five new Local Public Health Governance Assessments will be conducted. Three public health agencies that have already completed the initial assessment have volunteered to repeat the assessment since their previous assessment is older than three years. Approximately 18 Local Public Health Systems will be trained in Lean Six Sigma Yellow Belt for Public Health Systems.

Strategic partners: Indiana Public Health Association, Purdue University, local health departments, public health laboratories

National Health Objective: 23-8 Competencies for Public Health Workers

State Health Objective(s):

Between 01/2011 and 12/2011, conduct competency assessment at 22 local health departments in Indiana. The assessments will be based on the 10 essential public health services.

State Health Objective Status

Met

State Health Objective Outcome

22 assessments were conducted in local health departments

Reasons for Success or Barriers/Challenges to Success

The primary reason for success was the partnership with Purdue University Healthcare Technical Assistance Program. They provided all the technical assistance to local health departments; developed the relationships with LHDs and managed to bring system partners together to achieve success.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since this is the fourth year this work has been done, the key is having a system and protocol in place; making it firm yet flexible for each individual health department and allowing for uniformity and individuality to occur.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG dollars were leveraged for the Strengthening Public Health Infrastructure for health outcomes cooperative agreement with CDC. Quality Improvement efforts initiated under the PHHSBG at the local level are now being transferred to state-level activities with the new funding source. Without the initial support by PHHSBG, ISDH would not be as prepared for public health accreditation or quality improvement initiatives.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Communication Improvement

Between 01/2011 and 12/2011, ISDH will increase the number of participants on the monthly LHD webcasts from 40 to **60**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, ISDH increased the number of participants on the monthly LHD webcasts from 40 to **52 live viewers and 120 total views**.

Reasons for Success or Barriers/Challenges to Success

Creating a quality agenda and program requires experience and staff time. Viewership has increased and is due to engaging agendas and presenters.

Strategies to Achieve Success or Overcome Barriers/Challenges

One way to overcome the barrier of staff commitment is to increase the staff time dedicated to the webcasts and increase the ability to cover for staff members when they are unable to support the webcast. Archiving webcasts have allowed for greater viewership, making viewing more convenient for the viewer and their work schedule.

Activity 1:

Surveys

Between 01/2011 and 12/2011, Analyze the current users of webcasts and receive feedback on how to improve viewership

Receive updated staff contact information on an annual basis

Train on the use of Sharepoint site.

Activity Status

Completed

Activity Outcome

Staff continue to work with LHDs to utilize the information on the LHD Resource SharePoint website. Staff has been working to continually update LHD staff information and increase e-mail notifications of ISDH-LHD webcasts.

Reasons for Success or Barriers/Challenges to Success

We have not analyzed the survey data as staffing has been a challenge; one staff member was on maternity leave, one staff member on medical leave; and another staff member was out of the office during the final quarter. The Local Health Department Outreach Division will continue to analyze data to improve.

Strategies to Achieve Success or Overcome Barriers/Challenges

Our challenge is consistency of staff time, thus it is being proposed to increase the Local Health Department Outreach staff by one FTE.

Activity 2:

Public Health Modernization

Between 01/2011 and 12/2011, Promote shared services between local health departments by educating personnel on public health modernization and providing resources as needed.

Activity Status

Completed

Activity Outcome

Public Health Preparedness Districts (n=10) were convened to educate and discuss the opportunities for modernization of public health.

Reasons for Success or Barriers/Challenges to Success

The State Health Commissioner presented in each preparedness district to explore the opportunities of shared services and modernization of public health. Representatives from each county health department were asked to attend. The meetings were well attended, but met with some opposition. Indiana is a home-rule state and many are fearful that "shared services" is a code word for regionalization.

Strategies to Achieve Success or Overcome Barriers/Challenges

ISDH continues to address the barriers by providing technical support, educational opportunities, and funding. ISDH received the Strengthening Public Health Infrastructure for Health Outcomes cooperative agreement and is working with one preparedness district based on multi-jurisdictional public health accreditation.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Public Health System assessments

Between 01/2011 and 12/2011, Indiana State Department of Health and Contractors will identify **22** local public health agencies to address their needs and weaknesses.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, Indiana State Department of Health and Contractors identified 22 local public health agencies to address their needs and weaknesses.

Reasons for Success or Barriers/Challenges to Success

The contractor, Purdue University, was able to secure 17 new local health assessments and 5 assessments that were repeated in counties that had participated in the first year of the project. The contractors worked diligently with 30 counties to garner interested in conducting the NPHPS assessment, however, due to budget constraints and other time consuming issues, many health departments chose not to participate.

To date, Indiana has completed 70 local public health system assessments and one state system assessment. Indiana has 93 local health departments throughout the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary strategy to achieve success was the one-on-one contact Purdue University had with local health departments to walk through the process on a local level. Local health departments received a Resource Binder which contained a LPHS Assessment Planning Checklist; NPHPS User Guide; NPHPS Acronyms; Glossary and Reference Terms; Assessment planning Worksheet; sample invitation letters; agendas; media releases; an introductory NPHPS PowerPoint presentation; and a copy of the NPHPS Local Public Health System Performance Assessment Instrument. Also, participants received a customized brochure that served as an invitation to attend their respective LPHS assessments. The content of the customized brochures and additional materials that were provided to assessment participants were selected, designed and sent from Purdue University on behalf of the local health department. Assessments were conducted in three or four partial days, depending on the schedule determined by each county.

Activity 1:

Public Health System Assessments

Between 01/2011 and 12/2011, conduct assessments of local public health systems using the NPHPS assessment instrument and follow-up with Lean Six Sigma Yellow Belt in Public Health training

Activity Status

Completed

Activity Outcome

Purdue University Healthcare TAP conducted 14 Lean Six Sigma Yellow Belt for Public Health System Partners, which is a four-day training curriculum focusing on quality improvement. Two counties chose to complete a one day partner workshop development session to discuss next steps.

Reasons for Success or Barriers/Challenges to Success

The reason for the success in completing the 14 trainings is the push for communities to get to the root cause of numerous public health challenges in their communities. The training was a workforce development opportunity not only for local health departments but for public health system partners. As numerous hospitals and businesses are moving toward utilizing quality improvement for both a reduction of costs, but also improved business/health relationships, partners found this opportunity to be a major benefit to the community.

The Yellow Belt level of the curriculum introduced team building, leadership, problem solving, and performance improvement concepts using a team approach. At the completion of the course, trainees were to complete the course objectives and if attending all sessions were eligible to take the online Lean Six Sigma Yellow Belt Certification exam.

At the end of the training, each group received a written report (A3) reflecting the root cause analysis process for the issue selected for development of performance improvement plans. The A3 was to reflect the rationale and framework for the performance improvement plan, planning process, interventions, and timeline for implementation developed by each county completing training.

Strategies to Achieve Success or Overcome Barriers/Challenges

To achieve success, the course was comprised of four modules on team building and four modules on problem solving/performance improvement. The afternoon sessions were utilized to apply concepts to project team work. Additional objectives for trainees included: establishing a team that included a leader, coach and scribe; completion of team activities to demonstrate concepts as directed by the trainer/facilitator; selection of a public health or population health problem; application of concepts to develop one evidence-based project charter, demonstrating and documenting problem solving concepts.

Activity 2:

Other System Assessments

Between 01/2011 and 12/2011, public health system assessments will be conducted as identified (i.e., environmental state-wide public health system).

Activity Status

Completed

Activity Outcome

Five local board of health governance assessments were completed.

Reasons for Success or Barriers/Challenges to Success

The project was completed in three concurrent phases: first a methodology for providing technical assistance to participating counties in planning and implementing assessments was developed. Second, individual Governance Assessments were completed. Third, the assessment process and findings were statistically analyzed individually. Each governing body received a report of assessment findings which contained composite and overall performance scores for each essential service, rank -ordered performance scores for each essential service, the percentage of each essential service questions and sub-questions scored as no activity, minimal activity, moderate activity, significant activity, and optimal activity, and prioritization results for performance improvement. Each participant of the assessment received a Certificate of Participation and the each local health department received recognition for participation. Each Board of Health was also offered the equivalent of eight hours of strategic planning following the assessment, however no Board of Health opted to proceed with the strategic planning.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local Boards of Health face many issues in Indiana. Most meet on a quarterly basis. To undertake the Local Public Health Governance Assessment, Version 2 is a challenge. Counties declined participation due to low Board of Health interest or inadequate time and/or health department staff to support planning and participation. Those counties that did complete the assessment had a champion for improvement and the ability to move the Boards of Health toward the assessment. Also the push for public health accreditation became a leading factor of why Local Boards of Health were willing to complete the assessment. It was important for the contractor to identify those champions early on and realize who could make it possible for the assessments to move forward.

Impact/Process Objective 2:

Provide access to educational resources and trainings

Between 01/2011 and 12/2011, ISDH and contractors will maintain 4 opportunities for education and/or

training of the public health workforce.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, ISDH and contractors maintained 4 opportunities for education and/or training of the public health workforce.

Reasons for Success or Barriers/Challenges to Success

In May 2011, we successfully completed a 2-day conference for Public Health Nurses and offered CNEs. We are currently planning the next PHN conference for May 2012. In addition, we added a New Nurse Orientation for Public Health Nurses in December 2011. We plan to offer the orientation again and offer CNEs.

We successfully offered 2 live trainings for health officers and offered CMEs for each event. We were unable to complete the online training modules.

Strategies to Achieve Success or Overcome Barriers/Challenges

We had a successful planning committee and our division staff person was essential in the coordination, execution, and evaluation of these events. The primary challenge is funding, but the Local Health Outreach Division has learned to be successful on a smaller budget.

With a changeover in staff and technology changes, the challenge to complete the online training modules became a barrier. The goal is to continue this effort with future funding opportunities.

Activity 1:

Local health department trainings

Between 01/2011 and 12/2011, Continue conducting an annual conference for Public Health Nurses including providing CNEs.

Begin a health officer training program that has 2 live trainings per year and offers online training modules.

Activity Status

Completed

Activity Outcome

In May 2011, we successfully completed a 2-day conference for Public Health Nurses and offered CNEs. We are currently planning the next PHN conference for May 2012. In addition, we added a New Nurse Orientation for Public Health Nurses in December 2011. We plan to offer the orientation again and offer CNEs.

We successfully offered 2 live trainings for health officers and offered CMEs for each event. We were unable to complete the online training modules.

Reasons for Success or Barriers/Challenges to Success

We had a successful planning committee and our division staff person was essential in the coordination, execution, and evaluation of these events. Or challenge is always funding but we have found ways to be successful on a smaller budget.

We had a shortage of staff during May- 2011- January 2012 that left us down 25% of our staff. This made it difficult to complete the online training modules.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are building on last year's success and we hope to gain an additional staff person.

Activity 2:

Support opportunities for education and training for agency staff

Between 01/2011 and 12/2011, Continue access to the virtual library and other web-based and print resources. Provide funding availability to staff for otherwise unfunded travel to educational and/or training conferences.

Activity Status

Completed

Activity Outcome

Access to the virtual library was maintained for 25 ISDH staff.

ISDH provided in-house training to 183 staff members for Leadership at All Levels, a program developed by ISDH for ISDH employees; 111 employees attended the Core Class, 45 for the Intermediate class, and 27 for the Advanced class Books and other materials were provided for this workforce development opportunity.

Registration for 25 Environmental Health and Food Protection staff to attend the Indiana Environmental Health Association Annual Meeting.

Reasons for Success or Barriers/Challenges to Success

Indiana University Purdue University of Indianapolis, provided the virtual library opportunity to ISDH. It was a great partnership and many staff utilized the periodical access. The access to periodicals allowed staff to stay up to date on emerging and best practices. Upon the date for contract renewal, IUPUI determined they were no longer going to offer this service to any outside agency for 2012.

As out of state travel has been greatly reduced, ISDH is exploring more on-site opportunities or within the state. Partnerships have been developed to increase the number of staff learning opportunities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Reaching out to universities and other experts within the state has allowed for an increased opportunity of on-site trainings.

State Program Title: Sexual Assault Services

State Program Strategy:

Program Goal: To reduce the prevalence of rape and attempted rape of women age 12 and older.

Program Priorities: The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. Distribute Sexual Assault Services funds to various sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs with the ultimate goal of reducing the prevalence of rape or attempted rape. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to link people to services as part of efforts to reduce the rate of sexual violence among young adults and youth.

Contracts with each sub-grantee will include the following deliverables:

- To show an increase in services or coverage to underserved areas.
- To show an increase in focus on the targeted populations.
- To enhance the dissemination of information on treatment for sex offenders in Indiana.
- To show an increase in the number of youth receiving education on issues of sexual violence.

Primary Strategic Partnership: The Indiana Criminal Justice Institute has fostered collaborative partnerships with 21 external organizations around the state that provide sexual assault services.

Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations that provide sexual assault services.

Evaluation Methodology: Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by ICJI with statistical data and other anecdotal information to allow for rigorous evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream. ICJI and The Coalition against Sexual Assault will be working in a collaborative approach in regards to compliance monitoring for all grant funds awarded. Monthly reports will be required of each funded project. These reports are broken into the following categories:

- financial information to document accounting of SAS funding.
- statistical information to document sexual assault activities, programming efforts and victims served.
- narrative information to document attainment toward objectives.

Each organization that receives funding will also be required to establish its own mechanism of data collection and internal controls. The ICJI monthly reporting process establishes the guidelines and requires extensive data collection and maintenance information from each subgrantee organization.

National Health Objective: 15-35 Rape or Attempted Rape

State Health Objective(s):

Between 01/2011 and 12/2011, Provide services to victims of sexual violence and provide education about prevention to the general public.

State Health Objective Status

Met

State Health Objective Outcome

The State of Indiana is not alone in continuing to deal with the problem of sexual assault and how best to end sexual violence. A recent CDC national survey reports that nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) in the United States have been raped at some time in their lives, including completed forced penetration, attempted forced penetration, or alcohol/drug facilitated completed penetration. More than half (51.1%) of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance. This recent report ranked Indiana as having the 8th highest rate of interpersonal violence (which combines rape, physical violence and stalking) in the country which underscores the need for continued perseverance in supporting those at the front lines providing direct advocacy, intervention and prevention services.

This year's funding has allowed for 19 agencies to receive funds to support victims of sexual assault and to provide education regarding sexual violence and prevention to the general public. The main objective has been to provide intervention and advocacy services and to have advocates on staff trained and available at the time of crisis and to advocate with and for victims and their families. With these funds locally-based advocates have been able to advocate on behalf of 1,516 SA incidents.

Note: This funding is used to support existing rape crisis centers that provide the full continuum of care to survivors from the onset of crisis throughout the healing process; until such time that the survivor decides he/she no longer needs services.

Reasons for Success or Barriers/Challenges to Success

Success: Committed service providers such as Crisis Connection have strong programs in the schools and communities. Last year Crisis Connection provided education on the prevention of sexual violence to over 3,000 participants and reached many more through their newsletters and community activities.

Challenges: Of the 92 counties in Indiana there are 43 counties that lack services for victims of sex crimes. There is a disparity in the amount of funding available versus what is needed to provide adequate services. It is estimated that rape crisis centers are reaching only about 1/3 of the victims who have reported a sex crime.

Barriers continue to be the lack of funds, knowledgeable programs and trained advocate staff to provide for victims and their needs. Additionally, prevention strategies face de-funding in the coming years.

Strategies to Achieve Success or Overcome Barriers/Challenges

ICJI, the Indiana Coalition Against Domestic Violence and the Domestic Violence Prevention and Treatment Council are all working to secure more funding for rape crisis centers as well as increase the level of training for advocates. In 2010, a fee on convicted sex offenders ranging from \$250 to \$1,000 was established to generate a funding stream to support victim service providers. These funds are awarded annually to rape crisis centers. In 2011 the Domestic Violence Prevention and Treatment Council voted to include Sexual Assault data in their two-year state plan, thus expanding the scope and information that often domestic violence and interpersonal violence, including sexual assault and stalking, often occur in tandem.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Provide services to victims, and provide information about prevention to all

Between 01/2011 and 12/2011, Indiana Criminal Justice Institute will provide services to **1000** victims of sexual violence.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, Indiana Criminal Justice Institute provided services to **3016** victims of sexual violence.

Reasons for Success or Barriers/Challenges to Success

Between 01/2011 and 12/2011, Indiana Criminal Justice Institute provided services to 1,516 victims of sexual violence (plus an additional 1,500 who received services via phone and referral)

Success: During 2011, the 19 subgrantees receiving SAS funds continued to provide services and to increase the number of advocates receiving training. Reports indicate that nearly 1,600 sexual assault victims benefited from crisis intervention or case management services under the SAS funding stream. An additional estimated 1,500 received services solely through crisis hotline calls and referrals. Many of our SAS funded service providers are dual DV/SA centers who have developed partnerships and collaborations among other social services and criminal justice entities. Many of these are members of their county Sexual Assault Response Teams (SARTS) and have a process in place and know exactly who to contact to help victims of sex crimes.

Challenges: With 43 counties lacking services and the current cadre of service providers being at their limits with limited funding from SAS, the long-term solution for service expansion underserved and un-served counties requires more funding and more service providers.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is a two-fold effort underway in Indiana;

- 1) to expand services by encouraging domestic violence centers to become “dual” service providers and to have staff and crisis line helpers who have been trained in sexual assault protocols and can respond appropriately. As mentioned earlier, the Domestic Violence Prevention and Treatment Council voted to include Sexual Assault data in their two-year state plan, thus expanding the scope and information that domestic violence and interpersonal violence, including sexual assault and stalking, do not stand alone and separate, but rather, often occur in tandem.
- 2) Indiana state law requires that county prosecutors establish Sexual Assault Response Teams (SARTS) in their counties or to join with contiguous counties in a joint SART effort. INCASA has trained a number of these SART teams and that, alone, is raising awareness and need for consistent and effective services for victims of sexual assault.

Activity 1:

Extend coordinated, comprehensive sexual violence prevention programs within counties

Between 01/2011 and 12/2011, the programs would

- Educate youth about the role of drugs and alcohol in sexual violence.
- Encourage underserved regions and counties to develop a prevention curriculum.
- Encourage communities to provide programs in environments that will teach males as well as females.

Activity Status

Not Completed

Activity Outcome

There is ongoing collaboration and effort to meet the stated goals in the activity. Over 6,000 individuals received some form of prevention education under the SAS grant last cycle. Adolescent males and females were educated and topics included drug facilitated sexual assault as well as the risk factors of alcohol and drugs as contributors to sexual violence

Reasons for Success or Barriers/Challenges to Success

SAS recipient agencies attribute their success to being able to combine funding sources (including Rape Prevention Education Funding) to pay for staff and materials to provide training, run support groups and provide sexual assault prevention efforts in general.

Strategies to Achieve Success or Overcome Barriers/Challenges

Challenges for 2012 will be to continue to find ways to provide these services as funding decreases.

Activity 2:**Expand coordinated, comprehensive sexual offender treatment programs with the state**

Between 01/2011 and 12/2011, the programs would

- Disseminate informational materials on effective treatment programs in Indiana.
- Increase services to underserved regions, specifically in the Northwest and West Central regions of Indiana.
- Expand collaborative efforts with correctional re-entry programs targeting series for domestic violence offenders.

ICJI will also work the other state level partners to increase the percentage of prevention programming throughout the state.

Activity Status

Not Completed

Activity Outcome

Indiana is continuing to undergo a comprehensive study on offender programs and re-entry statewide. Prison reform legislation failed in the general assembly last year and neither ICJI nor INCASA has received enough information to pass through to SAS subgrantees.

Reasons for Success or Barriers/Challenges to Success

These goals are pending due to the re-entry study and further coordination at the state level between ICJI, the Department of Correction and INCASA.

Strategies to Achieve Success or Overcome Barriers/Challenges

The goal continues as a desired outcome but will be revised in 2012 when further information is received and coordination is in place.

Activity 3:**Improve and enhance services and response initiatives to victims of sexual assault.**

Between 01/2011 and 12/2011, the programs would

- Encourage and support current efforts to provide services through crisis intervention, hotlines, support groups, and other services.
- Encourage expansion of services and support to underserved counties.
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.

Activity Status

Completed

Activity Outcome

Indiana's 19 SAS funded programs use their funding to provide direct services to victims and their families, to staff crisis hotlines and support groups.

Reasons for Success or Barriers/Challenges to Success

This goal has been reached due in large part to the dedication of the programs and management and staff that do the actual work. Advocates often cross several county lines to get victims to hospitals with trained SANEs. In one case in a rural area, a very young teen tried to commit suicide following a violent sexual assault from her stepfather. She was taken to a large hospital three counties from where the assault occurred, but advocates traveled the distance to be with her and the rest of her family members through the crisis. The Indiana State Police brought a mobile recording instrument to the hospital and set up a special room so that a trained child forensic interviewer could do interview the young teen in a safe and non-threatening manner. She was surrounded by support although she was far from home.

Additionally, Indiana is fortunate in having a network of Sexual Assault Nurse Examiners (SANES) and a state coordinator that keeps them in communication via Listserv and briefed on current topics and case practices. Our SAS subgrantees benefit from having certified SANEs in their community hospitals and on their county SART teams. While not directly funded through SAS, this SANE network raises the level of competency and awareness throughout the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue with the coordination and education efforts as outlined above.

State Program Title: State Health Data Center

State Program Strategy:

Provide infrastructure to environmental health programs and vital records through the development of database. Partners include Tetra Tech and Indiana Vital Statistics.

National Health Objective: 8-27 Monitoring of Environmental Diseases or Conditions

State Health Objective(s):

Between 01/2011 and 09/2012, Increase monitoring of environmental diseases and/or conditions and encourage constructive uses of radiation to improve health, welfare and productivity of the public. control harmful effects of radiation

State Health Objective Status

In Progress

State Health Objective Outcome

To find a way to efficiently and realistically gather relative state-wide data to public swimming pool inspections and residential septic system inspections to improve the inspection programs and provide uniformity with the regulation of state rules.

Reasons for Success or Barriers/Challenges to Success

System created one central depository for data related to the health and safety status of public swimming pool inspection reports.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Environmental database

Between 01/2011 and 12/2011, contractor will develop 1 environmental database.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2011 and 12/2011, contractor developed 1 environmental database.

Reasons for Success or Barriers/Challenges to Success

Contracted for development of the database.

Strategies to Achieve Success or Overcome Barriers/Challenges

May need future funding to further develop and enhance the database.

Activity 1:

Develop environmental database

Between 01/2011 and 12/2011, A contractor will develop an environmental database

Activity Status

Not Completed

Activity Outcome

Database is 95% complete. Enhancements to data collection for septic systems, along with creation of an online database tool for public swimming pool programs, both to be used by the local health departments.

Reasons for Success or Barriers/Challenges to Success

System creates one central depository for data related to the health and safety status of public swimming pools inspection reports.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since public swimming pool and residential septic system inspections are conducted by local health departments based on state rules and guidelines there is was not a way to efficiently and realistically gather relative state-wide data. So by creating a web-based tool for the local health departments to use they won't have to purchase or maintain special software, it improves the local inspection program, provides better uniformity with the regulation of state rules, and creates a centralized data bank.

Activity 2:

Data entry

Between 01/2011 and 12/2011, Provide support for data entry

Activity Status

Completed

Activity Outcome

Data entry activities have commenced

Reasons for Success or Barriers/Challenges to Success

A position was identified and a staff person hired to conduct activities

Strategies to Achieve Success or Overcome Barriers/Challenges

Working with personnel to acquire position