Indiana State Department of Health
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September 17, 2010

TO: Adam Horst, Director
State Budget Agency

FROM: Gregory N. Larkin, MD, FAAFP
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SUBJECT: Agency Overview – Budget Transmittal Letter – FY 2012 to 2013

INTRODUCTION

The Indiana State Department of Health (ISDH) supports Indiana's economic prosperity and quality of life by promoting, protecting, and providing for the health of Hoosiers in their communities. To accomplish our mission we must rise to ever increasing challenges. The health of Indiana is the summation of the health of our communities as determined by a wide array of public health services and measures.

Public health activities encompass a staggering variety of activities: from cancer monitoring to pre-natal care, from laboratory analyses to birth and death record-keeping, from all hazards preparedness preparations to nutrition vouchers, and from immunizations to healthcare regulation.

STRUCTURE AND ORGANIZATION

The Indiana State Department of Health is headed by the State Health Commissioner and the Deputy State Health Commissioner.

The Indiana State Department of Health (ISDH) is divided into five Commissions. They are the Health and Human Services Commission, Health Care Quality and Regulatory Commission, Public Health and Preparedness Commission, Laboratory Services Commission and Operational Services Commission. An Assistant Commissioner oversees the mission, goals, and programs of each Commission.

The **Health and Human Services Commission** has the agency's largest share of federal funding. Programs within this Commission focus on not only specific populations (i.e. children), but also specific acute and chronic diseases such as diabetes and heart disease. This Commission consists of the Children's Special Health Care Services, Chronic Disease Prevention and Control Division, Division of Nutrition and Physical Activity, Maternal and Child Health, Office of Women's Health, and Women, Infant and Children (WIC). The Commission also receives both state and federal funding targeted to specific diseases such as hemophilia. The cancer registry and other cancer programs are within this commission.

The **Health Care Quality and Regulatory Commission** provides regulatory functions and leadership for promoting health care quality. The Medicare/Medicaid Certification program licenses and certifies Acute and Long Term Care facilities to operate and receive Medicare and Medicaid funding. The Division of Healthcare Education and Quality develops and implements quality improvement programs for health care providers to improve risk assessment and root cause analysis of quality of care. The Division of Healthcare Engineering and Measurement provides services to Indiana businesses in support of public health. The Motor Fuel Inspection Program inspects fuel pumps statewide to verify that the amount pumped is accurate and of a correct grade. The Weights and Measures Program regulates and certifies the accuracy of the scales used for commercial hauling. The Indiana State Metrology lab is one of only 16 certified facilities in the United States and serves to assist Indiana businesses engaged in commerce transactions. The Healthcare Engineering Program reviews plans for schools, health facilities and new hospitals or additions to hospitals to verify that the facilities will meet federal physical plant requirements for federal certification and funding.

The mission of the **Public Health and Preparedness Commission** is to prepare and respond to any public health emergency. This Commission handles the federal All Hazards Preparedness Grants which provide funding to the state's hospitals for preparedness and general federal preparedness funding. The Commission is comprised of primary care, lead, HIV/STD, TB/Refugee, immunization, environmental public health, food protection and local health department outreach. The Commission has programs that are community-based and include our Community Health Services clinics as well as urban and rural public health clinics. The Epidemiology Resource Center provides disease surveillance services to detect and respond to disease outbreaks of public health significance. The State Health Data Center promotes improving the accuracy and timeliness of health data to assess and respond to public health issues in Indiana.

The mission of the **Laboratory Services Commission** is to partner with other public health agencies to provide timely and accurate information needed for surveillance and outbreak investigations to protect and improve Hoosier health. The Commission is comprised of four Divisions: Environmental Microbiology, Virology and Emergency Preparedness, Clinical Microbiology, and Chemistry. These divisions support the ISDH public health programs as well as programs of other State agencies, local health departments, and private citizens.

The **Operational Services Commission**, as the name implies, handles the daily operations of the agency such as administration, Information Technology, Minority Health, Public Affairs, Legal, security, safety and Vital Records. All of the financial functions of the agency are processed in this Commission such as the preparation of the biennial budget, federal grant reporting, contract preparation, and submission of all claims and purchase orders for payment.

PRIORITY FOCUS OF THE HEALTH DEPARTMENT

The primary charge to the ISDH is to create a state of the health environment where our citizens are inclined to make healthier choices leading to individual and community improved health and disease outcomes. To improve both the health and behavior choices, the ISDH will:

a) Utilize credible and validated intervention tools to lower the rate of tobacco usage, obesity, infectious diseases and avoidable care complications. The continuance of advocacy anti-smoking campaigns based on evidence-based outcomes per the CDC is deemed vital in a state which ranks as one of the highest users of tobacco. An Indiana State 10-Year Obesity Plan has been crafted by dozens of experts from the many areas that directly impact body weight: education, nutrition, community programs, exercise, etc.

In the first quarter of 2011, this plan will be issued in its final format for implementation. Both with preparedness and daily service delivery, infectious diseases will be contained and where possible eliminated. H1N1, influenza, HIV/AIDS and TB all present problematic challenges to Hoosiers which can only be addressed with education, early detection, direct intervention and immunological protection where possible. Immunization is the foundation of reducing or eliminating many severe societal diseases. The ISDH, by partnering with local county health departments, will continue to assist in both the provision of vaccinations but also the maintenance of a statewide immunization data base to best identify populations at risk. To continue to advocate for best care outcomes, the ISDH will develop and implement patient safety policies and facility evaluations (e.g. long term care, clinics, hospitals). Additionally, ISDH, via the Indiana State Trauma Care Committee, will identify areas of concern and proven solutions for the initial care, transportation and high level trauma care for severely injured citizens.

b) Increase the effectiveness, efficiency and standardization of public health care in Indiana. ISDH will offer forums and tools for local health departments. Indiana is a home rule state which hosts 93 (3 in Lake County) local health departments. Fountain-Warren counties entered into a shared health department agreement in 1967. Although all departments assume the same basic charge of the provision of the many public health services, most vary on their delivery capabilities due to resources or local priorities. Other home rule states have noted that for some county health departments and for some commonly provided services, counties can join together to reduce redundancy or improve services. This is called Modernization of Public Health Services. Experience in other states has demonstrated better resource usage, broader services and improved grant acquisition with local departments sharing some programs and services. ISDH will encourage consideration of shared services where such provides improved operations and citizen service.

c) Leverage Health Information Technology. Community health improvement depends on the dynamic integration of validated health-related patient/community data. The ISDH is currently revamping its massive data base that has been assembled over decades and built on various different and poorly interactive platforms. In 2011, to improve appropriate access for the health care community, the ISDH will develop a "user friendly" and privacy compliant singular data portal which existing and expanding data bases can be employed for better care decisions and outcomes. Also, ISDH will engage with the state's health information organizations (HIO) to both capture and disseminate health data. The ISDH's children immunization data base, CHIRP, will be significantly enhanced by developing data transfer interfaces with the HIOs and major electronic medical record applications.

d) Continue to focus on aggressive investigation and competitive submissions of grant funding which provide the majority of ISDH's budget.

e) In anticipation of the implementation of the Healthcare Reform Act in 2014, ISDH will be evaluating how existing services will be impacted. Additionally, the ISDH will assemble representatives of the various organizations involved in the provision of primary care. The Healthcare Reform Act, when fully funded and implemented, will create access to primary care for citizens currently underserved or are low care utilizers. Noting the expected massive expansion of primary care need in 2011, it will be important for the state's primary care system to begin to anticipate needs and identify existing barriers.

PRIORITY FOCUS ACCOMPLISHMENTS

To list but a few of the Department's accomplishments over the last two years:

- Governor Daniels' health initiative, *INShape Indiana,* encourages Hoosiers to eat better, move more, and avoid tobacco, in an effort to reduce Indiana's overweight/obesity and smoking prevalence and the incidence of associated chronic disease. Over the past two years:

  INShape has continued to provide a web-based clearinghouse of information on nutrition, physical activity, and tobacco cessation/prevention (www.inshape.in.gov).

  INShape has conducted quarterly, short-term programming (8-10 weeks in duration) via e-mail to a list that has grown, without paid promotion activities, from 73,000 to more than 86,000 participants in all 92 counties.

  INShape has held annual statewide health summits in partnership with state universities and other statewide organizations and supported by outside sponsorships.

  INShape launched the Indiana Worksite Wellness Partnership to share best practices aimed at improving employee health and creating a healthy work environment.

  INShape provided the foundation of work upon which ISDH successfully applied for a 5-year grant from the Centers for Disease Control and Prevention (CDC) to develop and implement a long-term state obesity prevention plan.

- Building upon the earlier work of the Community Nutrition and Obesity Prevention program (which was renamed and refocused to include *physical activity* along with nutrition), the Division of Nutrition and Physical Activity (DNPA) applied for and was awarded a 5-year grant from the CDC to develop and implement a long-term state obesity prevention plan called the Indiana Healthy Weight Initiative (IHWI).

- The Division of Chronic Disease Prevention and Control (CDPC) has provided statewide leadership in public health efforts to address cardiovascular disease, cancer, diabetes, kidney disease, and asthma. The Division has developed statewide coalitions representing partners in the private and public sector dedicated to improving the burden of chronic disease through initiatives in a variety of settings - communities, healthcare systems, schools, and worksites. CDPC has also provided statewide surveillance, analysis, and communication of data related to chronic disease in Indiana; this then ensures that public health efforts in the state are data-driven and evaluated for impact. Accomplishments include increased collaborative efforts among CDPC program areas and external partners to improve effectiveness and efficiency, launching a Communities Partnership initiative to directly support local Indiana communities in implementing chronic disease prevention public health efforts at the community level, implementing the Chronic Disease Self-Management Program throughout the state in a cooperative effort with FSSA/Division of Aging, addressing health disparities in prostate cancer and other chronic diseases, asthma training for childcare providers and school personnel, improving data processes at the ISDH through the Chronic Disease Epidemiology Integration initiative which helps ensure that chronic disease initiatives are data-driven, evidence-based, and evaluated.

- The Maternal and Child Health Division Newborn Screening Program was one of four states who received a three-year, $1.2 million HRSA grant entitled *Effective Long-term Follow-up in Newborn Screening* beginning September 1, 2009. Funding from this grant has been used to develop the Indiana Newborn Screening Tracking and Education Program (INSTEP), which includes implementation of a web-based application for collecting, managing, and sharing health information (including that related to short- and long-term follow-up health outcomes) with improved access to integrated, population-based, real-time data for state birthing facilities, primary care providers, state-contracted newborn screening follow-up care providers, and federal, regional, state, and local agencies. INSTEP will also provide trainings and technical support to INSTEP users, utilize data within INSTEP to assess and improve current standards of care for children diagnosed with newborn screening conditions, and provide newborn screening education to families and health care providers.

- The ISDH developed and implemented the Indiana Pressure Ulcer Initiative aimed at the prevention of pressure ulcers. Participating in the 18-month initiative were 244 health care facilities and agencies. Regional education sessions were provided for all participants. Online education modules on pressure ulcer prevention were developed and made available to all health care workers and patients. The outcomes included a reduction in the state nursing home pressure ulcer rate from 8.3% to 7.3% over a one year period. This equated to 300-400 fewer pressure ulcers in nursing homes per quarter. At a cost of over $10,000 per ulcer to heal, there was a health care cost reduction for nursing homes of over $12 million for the year. Hospitals and home health agencies had a similar outcome resulting in a total initiative health care cost savings of over $20 million.

- The ISDH developed a State Plan for the Prevention of Healthcare Associated Infections 2010-2012 and is now implementing a statewide prevention initiative for 200 health care facilities.

- The ISDH published its fourth medical error report. As a result of the report, state and regional patient safety coalitions have been created to promote collaboration on healthcare quality. The fourth report showed a decrease in medical errors from the preceding two years.

- The ISDH coordinated with the public health and medical community to vaccinate over one million individuals in Indiana against the H1N1 influenza virus between October 5, 2009 and January 2, 2010. This was achieved despite a limited amount of vaccine available to our state in the first several weeks of distribution. The ISDH managed individual H1N1 vaccination clinics at the Indiana Government Center, the State House, at the Indianapolis, South Bend, Evansville, and Ft. Wayne airports, and at various private sector businesses. ISDH also offered H1N1 vaccinations daily to the general public on-site at the health department. The ISDH expanded the number of sentinel influenza surveillance providers from 30 to 65, created and distributed a weekly comprehensive influenza surveillance report that included the most current surveillance data on the 2009 H1N1 pandemic, developed an Influenza Like Illness (ILI) and pneumonia-related hospitalization surveillance system allowing ISDH to collect data on hospitalizations to help determine frequency due to pandemic 2009 H1N1, age groups affected, and potential severity of disease.

- The ISDH launched the Indiana National Electronic Disease Surveillance System (I-NEDSS) to local health departments and hospitals and added hospitals to the Public Health Emergency Surveillance

System (PHESS), investigated numerous disease outbreaks and now conduct investigations on vaccine-preventable diseases, and revised and distributed *Communicable Disease Reporting Rule*.

- The latest National Immunization Survey (07/2008-06/2009) shows overall immunization rates in Indiana among children ages 19-35 months (71.1%) are among the highest in the nation. Indiana currently ranks 6th in the nation for completion of the childhood immunizations measured by the survey.

- Health care services provided at Indiana Community Health Centers (CHCs) are less costly than health care services provided at other outpatient provider settings. In Indiana, expenditures per CHC patient were $1,529 compared with $2,924 at other outpatient settings, resulting in a savings of $1,395 per patient. Lower medical costs resulted in savings of $473 million for Indiana's health care system; these savings were realized through the lower cost of health care in ambulatory health center settings as well as reduced spending on hospital emergency room utilization and a lower rate of inpatient hospital admission.

- In the past 2 years, the Local Health Department Outreach Division has undergone a reorganization to improve and increase work performance. The Division has become a training hub for local health departments (LHDs) by coordinating a public health nurse conference with attendance of over 225 annually and two health officer meetings each year for the 93 physicians who serve in that capacity. In 2009, the division was tasked with organizing three regional summits across the state to begin the state-wide H1N1 response. In less than a month, three summits were coordinated for over 600 invited guests from local health departments, emergency management agencies, local government, state legislature, the Indiana Department of Homeland Security, and the ISDH.

- In the past 2 years, the Laboratory Services Commission quickly developed the capability and received certification to perform pandemic H1N1 Influenza A testing for diagnosis and surveillance and detected viruses from individuals exhibiting vaccine failure. The Bioterrorism laboratory was commissioned and provides Indiana with in-state capabilities to detect biothreat agents.

- The Laboratory Services Commission partnered with ISDH tuberculosis control program with CDC support to monitor a TB outbreak among the Marion county homeless population and also worked with the TB program to develop laboratory policies that resulted in cost savings; partnered with ISDH surveillance program to detect and monitor food-borne outbreaks in the community as well as performed molecular epidemiology testing to monitor food-borne pathogen transmission patterns in cooperation with federal partners; and partnered with ISDH immunization and surveillance programs to detect and monitor pertussis (whooping cough) outbreaks in the community. Vaccine effectiveness was also monitored through laboratory testing.

- The ISDH Chemistry Laboratories' Chemical Threat Lab was asked to attend the highest level national meetings because they have "proven to be analytically excellent and have made contributions to the Laboratory Response Network-Chemistry (LRN-C)". Only 10 State laboratories received this invitation.

- ISDH laboratory worked with IDEM assistance and funding to provide required drinking water testing at no cost to approximately 860 Public Water Suppliers that have been designated by IDEM as serving less than 100 customers and are non-profit. This is the Small System Lab Assistance Program (SSLAP).

- In 2008, ISDH transferred management of the Indiana Veterans' Home (IVH) to the Department of Veterans' Affairs in order to establish a greater connection between the state agency responsible for providing state services to Hoosiers who served our country. Today, Indiana is home to nearly 550,000 veterans. 52,000 veterans and survivors collect disability compensation or pension payments. The Department of Veterans' Affairs has a vested interest in the residents at IVH, and have been serving them in some capacity since 1945.

- The ISDH is adapting to the new ENCOMPASS Finance system. Currently, processes for contracts, procurement, payables and receivables are well aligned with the use of ENCOMPASS as the State financial record. ISDH Finance is now aggressively pursuing full implementation from the Projects module standpoint, in cooperation with GMIS, SBA and AOS. ISDH funds management is especially complex since we deal with a significant number of federal grants, state matching funds tracking, Memoranda of Understanding and pass-through funds. Also, in cooperation with the State goal of recording and tracking all financial transactions in ENCOMPASS for FY11, a project is underway to align the ISDH Finance Division organizational structure with ENCOMPASS processes. This change will be implemented during 3Q FY 11 and will provide the basis for more timely and efficient handling of fiscal issues in the next biennium. Cost benefits are expected to be realized and reported during FY12-13.

UPCOMING CHALLENGES

Optimizing the state of public health in Indiana has historically been and will continue to be challenging. Decades of national trend statistics demonstrate Indiana's near resilience to significantly improving foundational major health risk choices and behaviors. Although national state rankings on important community and individual health risk behaviors and outcomes are multiple and many, conclusively, Indiana remains one of the most challenged states regarding alterable risk factors and with resultant poor outcomes. Over $2.2 billion dollars annually is spent in Indiana for tobacco related illnesses, 61% of Hoosiers are considered overweight and nearly 26% are obese. Subsequently, Indiana has higher incidence of various tobacco related cancers, respiratory failures and an ever expanding diabetes population. As in 2010, the recurrence of a pandemic or bioterrorism remains real and a constant level of preparedness is required. Coordination of basic response and supply capabilities within 93 local county health offices remains complex due to a high level of coordination of many facets.

HOW WE WILL MEET THESE CHALLENGES

a) Competitively seeking grants and other funding resources that align with our greatest challenges. Currently, two counties are engaged in creating a community-wide assault on obesity (HHS Communities Putting Prevention to Work/Community Initiative, Awarded to ISDH - $5,362,958 of which we then gave $2,502,000 to Wellborn Baptist Foundation (Vanderburgh Co) and $2,156,582 to Columbus Regional Hospital Foundation (Bartholomew Co).

b) In partnership with INShape, the ITPC and ISDH will combine educational programs, cessation services and provide epidemiological support verifying the Indiana tobacco usage, effects (both direct and indirect smoke exposure) and successful evidence-based interventions.

c) Continue to direct or partner with vital and effective organizations that promote healthier populations: CDC, Purdue Extension Offices, Indiana Minority Health Coalition, Indiana University School of Medicine, Indiana Black Expo, INSight Youth Corps, Regenstrief Informatics Institute, Indiana State Medical Association, and the Indiana Hospital Association, etc.

d) Encourage the identification of improved efficiency and outcomes within all local county health departments with ISDH leading a Task Force for Functional Regionalization (FR). This task force will be comprised of a broad representation of rural and urban county leadership charged with identifying which county service and policy practices would be enhanced if resources were shared between two or more counties in one of the state's 10 Preparedness Districts.

e) Initiate and monitor an internal evaluation of all ISDH's programs to assure that ISDH resources are prioritized by best practice public health principles and fully compliant with statutes and mandates. Each ISDH program will be evaluated based on its purpose (Core vs. Essential), population impact, uniqueness and severity impact if altered or discontinued. Although Public Health services primarily target total population interventions or specific populations at high risk, it also serves as a "safety net" of last resort for individuals when no other appropriate alternatives are available.

Attachment (ISDH Organizational Chart)