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TO: Adam Horst, Director  
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SUBJECT: Agency Overview – Budget Transmittal Letter – FY 2014 to 2015

## INTRODUCTION

The Indiana State Department of Health (ISDH) promotes and provides essential public health services to protect Indiana communities and to provide for a healthier and safer Indiana.

The Indiana State Department of Health believes that the following agency priorities will have the most impact on the way it operates and on its ability to deliver on its Mission and Vision:

- Decrease disease incidence and burden
- Improve response and preparedness networks and capabilities
- Reduce administrative costs through improving operational efficiencies
- Recruitment, evaluation, and retention of top talent in public health
- Better use of information and data from electronic sources to develop and sponsor outcomes-driven programs
- Improve relationships and partnerships with key stakeholders, coalitions, and networks throughout the State of Indiana

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 trauma and injury prevention.

## STRUCTURE AND ORGANIZATION

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

The Indiana State Department of Health (ISDH) is divided into five Commissions plus a variety of operational support divisions that report directly to the Chief of Staff. The five Commissions include the Health and Human Services Commission, Health Care Quality and Regulatory Commission, Public Health and Preparedness Commission, Laboratory Services Commission, and the Tobacco Prevention and Cessation Commission. An Assistant Commissioner oversees the mission, goals, and programs of each Commission.

The **Health and Human Services (HHS) Commission** receives the agency's largest share of federal funding. This Commission includes the Chronic Disease Prevention and Control Division, the Division of Nutrition and Physical Activity, both the Office of Minority Health and the Office of Women's Health, the Oral Health program, Maternal and Child Health Services, Children's Special Health Care Services, and Women, Infants, and Children (WIC). The *INShape Indiana* initiative is also coordinated within the HHS Commission. The focus of most HHS program areas is on primary prevention strategies to achieve targeted health outcomes. This is achieved through building coalitions and mobilizing partners, working with community leaders, providing technical assistance at the local level, collecting and analyzing data, disseminating health promotion resources, and linking Hoosiers to health services.

The **Health Care Quality and Regulatory Commission's** mission is multifaceted. Beyond providing regulatory and quality oversight for licensed and/or certified healthcare facilities, agencies, centers, and clinics, it also sponsors and implements healthcare quality improvement projects and initiatives. Additionally, it provides patients and families with quality information on healthcare facilities, serves as a resource for addressing poor quality of care, provides vital records, and provides accredited state services for weights and measures. The Medicare/Medicaid Certification program licenses and certifies Acute and Long Term Care facilities to operate and receive Medicare and Medicaid funding. 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 vision of the **Public Health and Preparedness Commission** is to reduce the effects of communicable disease, chronic illness, and preventable injury in Indiana. The mission is to protect public health in Indiana through surveillance, investigation, data analysis, education, and collaboration. It is comprised of primary care, lead, HIV/STD, TB/Refugee, immunization, environmental public health, food protection, trauma and injury prevention, and local health department outreach. This Commission also handles the federal All-Hazards Preparedness Grants that fund the state's hospitals for preparedness and general federal preparedness. The Epidemiology Resource Center

provides disease surveillance services to detect and respond to disease outbreaks of public health significance.

The **Laboratory Services Commission** partners with other public health agencies to provide timely and accurate information needed for disease 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 vision of the **Tobacco Prevention and Cessation Commission** is simple: significantly improve the health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages. The Commission's mission is to prevent/reduce tobacco use, protect citizens and workers from secondhand smoke exposure, and coordinate and allocate resources towards grants and services that change the acceptability and culture relating to tobacco use. Indiana's tobacco control program is derived from the CDC's Best Practices for Comprehensive Tobacco Control Programs. The CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. The five program components are Community Based Programs, Statewide Public Education, Cessation Interventions, Evaluation and Surveillance and Administration and Management.

The operational support divisions, which report directly to the Chief of Staff, handle the daily operations of the agency such as administration, Information Technology, Public Affairs, Legal Affairs, Finance, Legislative Affairs, and the Office of Public Health Performance Management. These divisions strive to effectively and efficiently provide services in a high-quality and timely manner.

#### ACCOMPLISHMENTS DURING FY 12-13 BIENNIUM

- The Trauma and Injury Prevention Division was created and staffed. The Division worked with the EMS Commission to write and adopt the first triage and transport Administrative Rule directing ambulances to transport seriously injured patients to trauma centers when appropriate and timely. A state wide Trauma Listening Tour discussed and gathered input for the development of a state wide trauma system.
- Through the Tuberculosis Program's oversight of case management and directly observed therapy, 96% of TB cases completed treatment within one year, thus reducing the risk of secondary and multi-drug resistant TB cases in the future. Three large scale TB outbreaks were prevented through early identification,

prompt screening of contacts, and aggressive treatment of those infected. Initial domestic health screenings for refugees within 30 days of arrival increased to 70% ensuring that acute health care needs of newly arrived refugees are identified and treated while protecting the public from communicable disease.

- The Immunization Program launched MyVaxIndiana in July 2012 to all individuals to be able to access their Children and Hoosiers Immunization Registry Program (CHIRP) immunization record. As of Sept 17, 10,000 personal identification numbers had been issued to view records. ISDH has worked with a private company, VaxCare, to provide local health department's a method to vaccinate insured children and receive compensation from insurance companies. To date, over 14,000 doses of vaccine have been paid for by insurance companies. The latest National Immunization Survey shows that Indiana is second in the nation for Tdap coverage and first for meningococcal coverage. Indiana is first in the nation for Hepatitis B birth dose administration.
- Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020, more commonly called the Obesity Prevention Plan, was launched in January 2011. Created with the help of over 100 task force members from throughout the state, the Plan is a call to action for individuals and organizations to collaborate and coordinate efforts to reach a common vision—a state where all Hoosiers practice and enjoy a lifestyle of healthy eating and physical activity within an environment that supports health, wellness, and vitality. ISDH is leading implementation efforts throughout the state in various settings, including worksites, schools, health care and child care facilities, faith-based institutions, and the community. ISDH has been awarded several large, competitive grants from the Centers for Disease Control and Prevention (CDC) to engage in this work at the community level.
- The WIC program has increased access to fresh and frozen fruits and vegetables by increasing the number of WIC Farmers Market Vendors and authorizing healthier foods in participant food packages. Over 80% of WIC participants currently include fresh or frozen fruits and vegetables in their diets. WIC has also modified its operations to become virtually paperless, which has allowed the program to divert storage cost to other important public health interventions, such as breastfeeding education.
- During the past two years, through successful competitive grant applications, more than \$45 million of federal funding has been invested in Indiana's work to improve maternal and child health. Statewide collaboratives have been developed to address maternal and child health issues, Obstetrical and Neonatal Levels of Care Standards have been created, a new "State of the Young Hoosier

Child” report has been issued, and a state strategic plan for Indiana’s adolescents has been forged.

- Indiana reduced its adult smoking from 27% in 2001 to 21% in 2010. In 2011 and 2012, over 25,000 Hoosiers were served by the Indiana Tobacco Quitline. There are over 3,500 health care providers, employers and organizations promoting quitting in the Quit Now Indiana Preferred Network.
- The Tobacco Prevention and Cessation Commission was instrumental in the implementation and community education of the statewide smoke free air law, which has increased the percent of Indiana’s population living in a smoke free community to 100%.
- Our laboratory rapidly tested hundreds of people for measles disease or immunity during a measles outbreak, saving schools and workplaces from serious disruption and providing support for outbreak containment.
- Our Virology Laboratory was the first in the country to identify variant swine flu infections in both 2011 and 2012. We collaborated with the CDC and ISDH Epidemiologists to investigate the association of these infections and outbreaks with livestock shows at county and state fairs.
- The Health Care Quality and Regulatory Commission conducted four Healthcare Leadership Conferences on the topics of patient safety, healthcare quality improvement, improving nutrition for the elderly, and care coordination. They also completed all required State and Federal surveys of health care facilities in support of health care quality.
- The Office of Technology and Compliance (OTC) has implemented a number of solutions that have automated and streamlined business processes and provided public access to data within the Department of Health. These solutions have included MyVaxIndiana, which is an Immunization Portal that enables a person to access their vaccine records.

#### CHALLENGES DURING FY 12-13 BIENNIUM

- Federal agencies are beginning to require International Standards Organization (ISO) accreditation for food testing laboratories, which has significantly increased demands on laboratory staff time and funds.
- New tobacco products are being marketed at increasing promotional levels including flavored cigars, cigarillos, and spit tobacco products. New products and increased promotion of smokeless tobacco are undercutting our efforts to

help tobacco users quit. These products are an alternative for smokers to use where they cannot smoke, thus leading to fewer quit attempts and implications of dual use of spitless tobacco combined with smoking- health effects that we have little data on yet.

- One of the fastest growing segments of health center patients are people in the age range of 45 to 64, who are living in poverty and are chronically ill. In many communities, the state funded community health centers are the only primary health care providers for the uninsured, underinsured and working poor. Nationally, health center uninsured patient volume has increased by 62% since 2000. Many Indiana Health Centers have outgrown their existing facilities but lack funds for the capital improvement needed to accommodate increased patient numbers. Funding these centers helps defray the higher costs of deferred primary care that is often born by hospital emergency departments.

#### OBJECTIVES FOR THE FY 14-15 BIENNIUM

- The laboratory must move quickly from relying on federal grant support to cover public health testing costs to recovering testing costs by billing health insurance, since federal grant funding is expected to decline significantly as the Affordable Care Act is implemented. This requires building an effective and efficient billing infrastructure.
- The Food Microbiology and Chemistry Laboratories must become ISO accredited within the next two years to be able to continue providing regulatory testing required for Indiana farms/companies to engage in interstate commerce.
- Increase the percent of the population that is protected from secondhand smoke indoors by law.
- Increase percent of counties with a community-based tobacco control coalition to 75%.
- The Immunization Program will implement a new online vaccine ordering system that will reduce manual data entry and expedite the delivery of vaccine. The program will institute an assessment of vaccine wastage with a goal of maintaining wastage below 2%. The program will promote the use of the Children and Hoosier Immunization Registry Program.
- Food Protection Program will be establishing 2 positions to address food safety issues with farms. This effort is being undertaken to reduce risk of another food borne disease outbreak occurring from an Indiana farm as did with cantaloupes

in 2012. Food Protection will be implementing cooperative agreements with FDA to enhance the ability to monitor food processors.

- Develop a state-wide trauma system, specifically, promulgating Indiana's Trauma Center Level verification rules.
- Increase childhood immunization rates and develop a system for adult immunizations.
- Reduce the incidence of premature births in Indiana.
- Develop the WIC Electronic Benefit Transfer (EBT) system in compliance with federal requirements.
- Develop a Cardiovascular Health program based on the use of epidemiologic burden data driving the allocation of state resources to program areas that will have the greatest impact on the largest population.
- Continue the implementation and evaluation of the state's long-term obesity prevention plan.
- Improve the long term care facility licensing survey process.
- Identify quality of care metrics for Indiana nursing homes.
- Improve healthcare quality and prevention for pressure ulcers and healthcare-associated infections.

### ISDH'S KEY PERFORMANCE INDICATORS

The three key indicators for ISDH are:

- Decrease the prevalence of adult obesity in Indiana.
- Increase vaccinations for active patients in the Children and Hoosiers Immunization Registry Program (CHIRP) by increasing the percentage of children ages 19-35 months old who are compliant with the Advisory Committee on Immunization Practices (ACIP) standards.
- Decrease the adult (ages 18 and older) smoker percentage rates.

ISDH redeveloped its performance metrics in 2012 to meet both OMB requirements and the impending requirements for achieving Public Health Accreditation. The

performance metrics are based on the agency strategic plan and the Indiana State Health Improvement Plan. They are now part of an agency performance management system that will include quality improvement efforts and added to personnel performance work profiles. Along with the OMB performance metrics, each outcome measure has output indicators that will be tracked within the agency.

Attachment (ISDH Organizational Chart)