

# Community-Based Health Services

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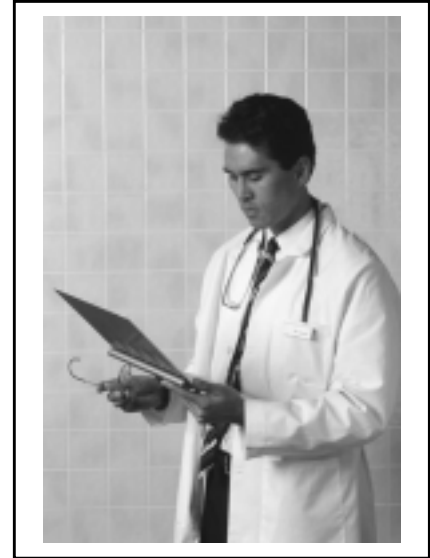
## Mission

To provide effective, community-based health services that address the health needs and concerns of specific individuals and populations in all areas of need.

## Summary of Activities

The **Indiana State Department of Health (ISDH)** administers a variety of programs that promote health care services in local communities. Services provided include physician services, nurse practitioner services, health education, drug assistance, counseling, supportive services, case management, nutrition education, and immunization, as well as comprehensive primary and preventive health care services for all age groups. Community-based health services are focused on *primary* rather than institutional or acute care. Much of this care is provided by nurses and physicians' assistants under the supervision and guidance of a physician.

ISDH funds help support 24 community health centers (CHCs) across the state. CHCs are often located in rural and other communities that lack access to primary care health services. They focus on providing health care access and improving the health status of uninsured, low-income working persons, as well as other underserved populations. Other ISDH funds help local health departments provide public health services.



The ISDH works to eradicate or reduce the number of cases of Vaccine Preventable Diseases (VPDs), such as measles, mumps, rubella, diphtheria, tetanus, influenza, and hepatitis, by providing vaccine to immunization providers, and by conducting outbreak control activities when such diseases are reported.

The HIV Care Coordination program provides specialized case management and coordination services to ensure continuity of care and enhanced quality of life for persons living with HIV, while the HIV/AIDS Prevention Program administers counseling, testing, referral, and partner notification services. The ISDH laboratory also performs blood screening for HIV.

Other community-based health programs administered by the ISDH involve maternal and child health, medical nursing, prevention of childhood exposure to lead, breast and cervical cancer, primary health care, water fluoridation, sexually transmitted disease prevention, nurse-managed clinics/primary health care clinics, and critical access hospitals.

## External Factors

Community-based health services are closely linked to the local community in which the program services are provided. This requires ongoing promotion of consumer awareness and community support & collaboration.

The long-term viability and sustainability of community health programs are impacted by communities' ability to identify needs, locate and secure funding sources, participate in governance, and actively utilize ISDH programs and services. Collaboration among federal, state, and local agencies is a key component for successful and effective management of these programs.

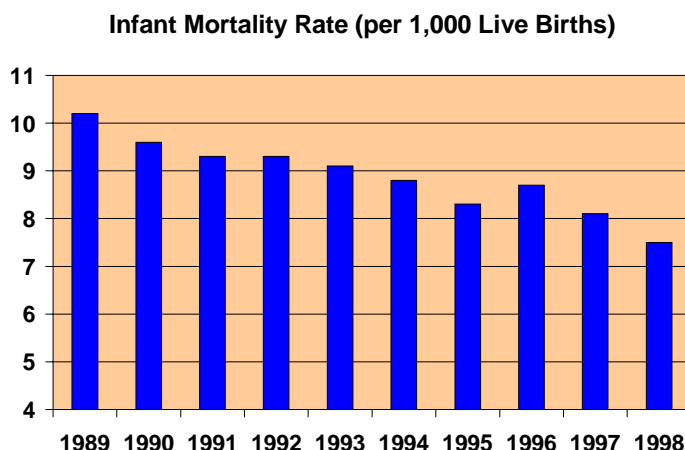
The majority of providers at the local level are able to use a variety of sources of funding as revenue to sustain operations. This revenue may include federal sources, more than one state or local source, some local private foundation sources, and possibly the use of such funds to leverage donations or gifts from members of the community.

Health services change as new treatments and medications are developed. For example, “Prevnar” is the newest vaccine on the market. It is 98% effective against streptococcus pneumoniae which causes pneumonia, meningitis and bacteremia. Infants and small children are especially at risk in contracting these diseases.

## Evaluation and Accomplishments

The health of Indiana citizens has improved, and health care access has greatly improved. This has been accomplished through the establishment of additional medical homes throughout Indiana, as well as expanded services from established agencies and clinics that address local health needs. Other positive health indicators include:

- ◆ The immunization rate of 2-year olds increased from 72% in 1994 to 78% in 1998.
- ◆ Teenage suicides declined from 11.5 per 100,000 in 1989 to 8.1 per 100,000 in 1998.
- ◆ Deaths from Sudden Infant Death Syndrome declined from 143 in 1989 to 63 in 1998.
- ◆ Child mortality, ages 1-14, declined from 33.6 per 100,00 in 1989 to 26.2 in 1998.



## Plans for the Biennium

The ISDH will continue to collaborate with communities throughout Indiana to assure appropriate health care access and identify local needs and health concerns. Particular focus will be given to improving the health status of specific populations, such as the uninsured, the homeless, pregnant women, and those with HIV/AIDS.

<i>Program: 0375</i>	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
<b>Appropriation (All Funds)</b>	\$16,983,719	\$16,452,251	\$16,339,852	\$31,813,484	\$46,813,484
<b>Expenditures</b>	\$17,865,440	\$16,937,654	\$44,956,802		

**Sources of Funds  
FY 2001 (Approp)**

■ General   
 ■ Dedicated   
 ■ Federal   
 ■ Other

78%      22%

**Uses of Funds  
FY 2001 (Approp)**

■ Personal Services   
 ■ Distributions   
 ■ Capital   
 ■ Other

63%      25%      12%