

August 15, 2014

TO: Brian Bailey, Director
State Budget Agency

FROM: William C. VanNess II, MD
State Health Commissioner

SUBJECT: Agency Overview – Budget Transmittal Letter – FY 2016 to 2017

INTRODUCTION

The Indiana State Department of Health (ISDH) promotes and provides essential public health services with a goal 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 prenatal 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. The Chief of Staff and Chief Financial Officer report directly to the Commissioner.

Prior to 2013, the ISDH had five commissions. In November of 2013, we consolidated commissions from 4 to 3 by assigning responsibilities covered by the then Public Health and Preparedness Commission, re-designating them to Health and Human Services Commission and the newly renamed Public Health Preparedness and Laboratory Services Commission.

The three commissions, plus a variety of operational support divisions, report directly to the Chief of Staff. The three commissions include the Health and Human Services Commission, Health Care Quality and Regulatory Commission and Public Health Preparedness and Laboratory Services Commission. An assistant commissioner oversees the mission, goals, and programs of each commission. The Director of the Tobacco Prevention and Cessation Division also reports directly to the Chief of Staff.

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 Division, Children's Special Health Care Services, HIV/STD, Trauma and Injury Prevention, Local Health Department Outreach, Immunization, 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 Preparedness and Laboratory Services 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 Lead, Environmental Public Health, TB/Refugee, and Food Protection. 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 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 Laboratory 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 Division** 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: Information Technology, Public Affairs, Legal Affairs, Legislative Affairs, and the Office of Public Health Policy and Performance Management. These divisions strive to effectively and efficiently provide services in a high-quality and timely manner.

ACCOMPLISHMENTS DURING FY 2014 - 2015 BIENNIUM

Good to Great

ISDH held a Good to Great retreat with executive staff on February 4, 2013. ISDH developed an agency strategic plan in 2012 to prepare for public health accreditation. The Good to Great retreat allowed leadership to review the plan, make edits and establish the future of ISDH.

During this retreat, the KPI goals were developed: reduce adult obesity rates, reduce adult tobacco rates, and reduce the infant mortality rate. In addition, the mission statement was modified to read: *to promote and provide essential public health services*. Core business functions were also identified during this meeting.

ISDH Dashboards and Performance Management

In preparation for public health accreditation, ISDH has developed an agency performance management system. There are four key components to a performance management system: performance standards, performance measurement, quality improvement, and reporting of progress. A component of performance measurement is the development of dashboards—a reporting mechanism that allows for leadership to view the performance of any particular indicator. ISDH has developed an intricate internal dashboard system to view performance and to also determine when rapid cycle quality improvement needs to be implemented.

Smoking Numbers Dropped

ISDH saw a collaboratively successful implementation of the state's smoke free air law that included a consumer friendly website, www.breatheindiana.com. Over 8,500 toolkits were distributed to businesses statewide. Compliance with the law is high with 97% of venues sampled were compliant with the no smoking provision of the law.

Indiana's adult smoking rate has decreased to 21.9 percent in 2013. This is a statistically significant decrease from 25.6 percent in 2011.

Infant Mortality Summit

ISDH hosted the first Indiana Infant mortality summit (over 500 in attendance) and will award \$1 million in grants to reduce infant mortality. ISDH also hosted regional infant mortality visits across the state with Dr. VanNess in conjunction with regional hospital district meetings.

The agency received the Virginia Apgar award from March of Dimes for decreasing prematurity by 8% in 2013.

Decline in Infant Deaths

In 2011, Indiana had 7.7 deaths per 1,000 live births. In 2012, Indiana had 6.7 deaths per 1,000 live births. With any rates calculated on an annual basis, we anticipate a certain amount of natural fluctuation. We will not be satisfied until the Infant Mortality rate is consistently below 6.0 deaths per 1,000 live births and not just reaches or drops below 6.0 deaths per 1,000 live births for one year. However, it is hard to believe that natural fluctuation alone could account for such a dramatic drop especially since preliminary 2013 numbers are suggesting the infant mortality rate will be greater than 7.0 deaths per 1,000 live births. That is why we are currently looking into the quality and timeliness of the data we are receiving. In addition to the recent legislative change that decreased the amount of time that individuals had to submit a birth certificate from four years down to one year, MCH is supporting a quality improvement effort to examine the timeliness and quality of birth certificate and death certificate data.

Nurse –Family Partnership (NFP) Pilot

As of August 11, the NFP in Marion County is at 90% capacity and actively service 560 clients. Their first baby was born in late January 2012 (first client enrolled November, 2011). Of those who graduated the program in April 2014 (2 years -15 clients):

- 100% babies were normal weight at birth
- 87% were full-term pregnancies
- 14 were breast fed
- 7 clients were enrolled in post high school education
- 8 clients were enrolled in high school or a GED program

As of June 2014:

- 97% of babies born in the program were fully immunized at 18 months
- 88% of clients initiated breastfeeding their infants
- Clients enrolled in 2012 to July 2014 sought prenatal care at an average of 10 weeks gestation.

MERS CoV

- Effective coordinated response between ISDH Laboratory, Epidemiology, Preparedness, and Public Affairs resulted in identification and containment of the first MERS infection in the United States.

- ISDH's laboratory was first point of contact with Community Hospital of Munster Laboratory and rapidly linked them to our Epidemiologists, who coordinated communication between CDC, ISDH divisions, Lake County Health Department, and the hospital and disseminated information and messaging to providers, public, and other state health departments.
- Our laboratory performed MERS testing over the weekend, putting in long hours, to provide accurate test results and rapid turnaround time for the hundreds of specimens submitted for testing as well as performed follow up testing and shipped specimens to CDC for further testing.
- Epidemiology performed state-level epidemiologic investigation, requested CDC Epi-Aid, developed algorithms for testing & specimen submission, conducted contact investigations, provided education on disease, transmission.
- Preparedness served a communication role, collecting and disseminating up to date information around the clock and provided guidance for state preparedness districts.

Consolidation of Engineering plan review

- In April of 2013, ISDH's Engineering Plan Review Department identified up to a nine month backlog on engineering plans submitted. The division director produced a report with recommendations on how to solve this problem that included transferring school plan review exclusively to IDHS and removing ISDH from plan review afforded to day care centers. (We worked collaboratively with IDHS and conveyed two staff positions to their program to deal with the consolidated work). Along with bringing in contractors to help eliminate the backlog, those consolidation efforts were embraced by the Administration. Today, there is no backlog in Engineering Plan Review. From the time plans are received to the time the initial review is completed = average of 14 days (goal is within 30 days). The data represents 153 project submissions through 8/5/14.
- This collaborative consolidation has gained informal praise from the Indiana Builders Association.

Division of Nutrition and Physical Activity (DNPA) Grant

- In 2013, DNPA and the Chronic Disease Prevention and Control Division wrote and were awarded a CDC grant totaling \$1.8 million per year for five years. Of that grant, over \$400,000 was dedicated to DNPA. An additional \$200,000 of federal funding comes from USDA and INDOT.
- USDA funding:
 - Implemented a Farm to School program for Indiana
 - Linked food growers to food hubs, schools and procurement
 - Provided education to food service professionals on fresh food procurement and preparation
 - Provided 'double up fresh bucks' to increase the purchasing power of individuals on public assistance for fruit and vegetables
 - Trained farmers market managers on how to accept SNAP/EBT at their markets
- CDC funding:
 - Partnered with DOE to create better nutrition and physical activity environments in schools
 - Working intensively with 18 school corporations to provide professional development for staff:

- Playworks (guided recess activities to encourage physical activity)
 - Chef Cyndi (a training for food service professionals on procurement and preparations)
 - CDC trainings for school health guidelines and physical activity in the school day
- Working with Indiana Association of Childcare Resources and Referrals on incorporating best practices for physical activity and nutrition in day care centers.
- Working with the Wellness Council of Indiana to incorporate best practices for employers.
- Providing trainings with local active living coalitions on how to incorporate built environment changes to make communities healthier and more accessible to physical activity.
- Actively evaluating school wellness policies and providing constructive feedback for school corporations.
- INDOT/Safe Routes to School:
 - Created a safe routes to school guidebook
 - Grant dollars will be distributed (in October 2014) to local governments to start a pilot project for non-infrastructure planning for safe routes to school
 - ISDH has contracted with the National Safe Routes to School Organization to provide three safe routes to school trainings here in Indiana

Mobile Hospital

- The 2008 flood indicated a need to have a mobile hospital in Indiana, to help with medical surge or to support inoperable medical facilities such as the Columbus Hospital. In 2012, the Henryville Tornado was again a reminder of the natural hazards that exist throughout Indiana which might require such a facility.
- Using federal preparedness grant funds, a mobile hospital was purchased, which is a scalable resource. When set up as a Hospital, it can be set up as small as a 5-patient clinic to a full 50+ bed Emergency Room. Medical capabilities consist of basic triage, treatment, stabilization and care. The shelter itself, is not limited to a hospital, but as a resource for all public health and medical missions.

Data Analytics

- The ISDH in collaboration with IOT have made great strides in improving the State's Infant Mortality and Child Fatality rates through the use of data analytics. The ISDH has provided historical data to IOT to make predictions and better decisions on unfolding events that could be used to reduce the number of infant deaths in the state.
- ISDH's goal is to utilize analytics to provide additional information as to the contributing factors and causes associated with infant mortality and child fatality and provide a clearer idea of possible solutions to address the issue.

Empowering Commissions, Epidemiology and IT Responsibilities - Agency Reserve

- ISDH met its 4.5% agency reserve in FY14 and is on target to meet its target for FY 15.

Integrated Public Safety Commission (IPSC) Collaboration

- ISDH Preparedness Division has worked collaboratively with OMB, IDHS and IPSC.
- Identified and committed CDC Preparedness partnership dollars to statewide rollout.

Food Protection Outreach

- Completed and launched the non-profit training for volunteer food handlers called "Cooking for Groups". This was developed collaboratively between ISDH, non-profits and the Indiana Restaurant & Lodging Association.
- Completed the recommendations as a result of Senate Enrolled Act 51 regarding food handling laws and suggested changes.
- Recipient of the Association of Food & Drug Officials (AFDO) *Elliot O. Grosvenor Food Safety Award*. The award recognizes outstanding achievement by a food safety program within a state department of Agriculture, Natural Resources agencies, Public Health, or Environmental Health in the United States or Canada. In 2006, ISDH embarked on a project to determine the current state of food safety and defense of food in transit in interstate commerce. As a result, ISDH has continued to monitor and conduct food transportation assessment projects with local, state, and federal partners. The focus of the surveillance includes temperatures, cross contamination potential, food sources, labeling, packaging, pet activity, sanitation, security, and drive knowledge of food safety and defense.
- Recipient of the John J. Guzewich Environmental Public Health Team Award for the combined response to the multi-state Salmonella Outbreak linked to cantaloupes from Chamberlain Farms in 2012.

501(c)(3)

- The ISDH was given the opportunity to form a non-profit foundation by act of the General Assembly in 2013. The ISDH Healthy Hoosiers Foundation (ISDH HHF) is being created to engage community-minded partners who share the ISDH vision of a healthier and safer Indiana. The ISDH HHF will add flexibility in carrying out the goals of the ISDH, specifically, to lower infant mortality, lower adult obesity and lower adult smoking rates. With a foundation arm in place, the ISDH will be better positioned to convey information and program awareness related to making Indiana healthier.
- Concurrent with making Indiana a healthier state to work and raise a family, ISDH leadership sought to make its foundation meet or exceed state ethics guidelines and make its operations open and transparent. The ISDH has regulatory arms and ISDH leadership wanted to make sure a complete firewall of separation be in place to prevent the appearance of conflicts of interest. To that end, in August 2013, the State Ethics Commission voted to approve ISDH HHF ethics guidelines.
- Articles of Incorporation have been filed along with bylaws.
- 501(c)(3) IRS paperwork is being filed as of this writing. An Executive Director will be hired, along with building out a statewide Board of Directors.

OBJECTIVES FOR THE FY 2014 – 2015 BIENNIUM

- Reduce Infant Mortality
- Reduce Adult Smoking
 - Our Tobacco Prevention and Control Division has consistently delivered results in a cost containment/cutting environment. Adult smoking went down in Indiana

from almost 25% at the start of the biennium, to a little over 21% for calendar year 2013. This clearly puts TPC in the Green category and demonstrates the effectiveness of smoke free air laws and authentic media directing smokers who want to quit to the quit-line for services.

- Reduce Adult Obesity
- 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.
 - Contracts with two consecutive billing agents have allowed ISDH to successfully bill some insurance providers, including some Medicaid networks, for blood lead testing. ISDH is attempting to become credentialed with additional insurance companies. ISDH is working on a contract with a different third-party billing agent to allow ISDH to more efficiently bill insurance for eligible testing.
- The Food Microbiology and Chemistry Laboratories must become International Standards Organization (ISO) accredited within the next two years to be able to continue providing regulatory testing required for Indiana farms/companies to engage in inter-state commerce.
 - Federal funding has allowed progress towards ISO accreditation, which is on track to be complete by 2015, and the food laboratories are deemed equivalent to USDA laboratories for interstate regulatory purposes.
- Increase the percent of the population that is protected from secondhand smoke indoors by law.
 - Now that the statewide smoke-free air law is in effect, 100% of all Hoosiers are protected from secondhand smoke by a local smoke-free air law that covers workplaces and restaurants. However, only 27.6% of Indiana residents are protected by a local law that covers workplaces, restaurants and bars. This is a slight decrease due to the Evansville ordinance being overturned by the Indiana Supreme Court.
- Increase percent of counties with a community-based tobacco control coalition to 75%.
 - During FY 13 to 15, 46% of Indiana's counties had a community-based tobacco control coalition.
- Improve data security, data infrastructure and reduction of ISDH applications.
- ISDH continues to prepare for National Public Health Accreditation.
- ISDH will continue preparing and implementing ACA changes
- The Immunization Program will implement a new on-line 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 (CHIRP).
 - The Immunization Division currently has 952 providers enrolled in the publicly funded vaccine program. As of December 2013, all providers are using the CDC on-line ordering system, VTrckS.
 - With the implementation of the on-line ordering system, providers are checking inventory on a regular basis and due to the quick response time, are more closely aligning themselves with the "no more than six weeks worth of vaccine on hand at any one time" recommendation.
 - To date, there are 7,834 facilities with 1,084 facilities being added in 2014 and more than 70% of the data entering the registry is being sent electronically.
- Increase childhood immunization rates and develop a system for adult immunizations.

- Numerous outreach events targeted to increasing childhood immunization rates based on CDC best practices for increasing immunization rates have occurred. These include:
 - A reminder recall project based on Hoosier children that had not received their fourth dose of DTaP and PCV13.
 - A reminder recall project based on Hoosier children that had not received two doses of Hepatitis A.
 - A reminder recall project based on Hoosier children that had started the HPV series but not received all four doses.
 - A reminder recall project based on Hoosier children that needed a booster dose of MCV4 for proper protection.
 - A, on-going, weekly, project sending birth announcements to new parents reminding them of the importance of having their children receive vaccines in a timely manner.
- The Immunization Division also enhanced the communication and systems surrounding the adult immunization program. These include:
 - Increasing the number of adult providers enrolled in the publicly funded vaccine program.
 - Expand the number of vaccines that are eligible for adults to receive under the adult immunization program, including HPV.
 - Promote the Tdap (Tetanus and Whooping Cough) “cocooning” concept with new parents, family members and caregivers to protect the baby against pertussis.
- Reduce the incidence of premature births in Indiana.
 - ISDH has had success in decreasing the preterm birth rate. In 2006, the rate of preterm deliveries was 13.2%. This rate dropped to 11.8% in 2009. For 2012, the most recent data, the rate fell again to 10.7%, placing Indiana below the Healthy People 2020 goal of 11.4%. This is the first time Indiana has ever bettered the Healthy People national goal.
- 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.
 - The positions were created and staffed. In addition to protecting the food supply, ISDH continues to work on the FDA food safety modernization grant. The Food Protection Program, in partnership with Purdue University, has also developed on-line training modules for non-profit volunteers who serve food at their events.
- Develop a state-wide trauma system, specifically, promulgating Indiana’s Trauma Center Level verification rules.
 - The Trauma program successfully promulgated a Trauma Registry Rule, which requires all EMS providers, hospitals with emergency departments (EDs), and the state’s 7 rehabilitation hospitals to report trauma data to the ISDH Trauma Registry. After only one year of working at it, the program now has more than 450,000 EMS runs in the Registry.
 - Two years ago, the EMS Commission adopted a rule authorizing the development of “in the process” trauma centers. These facilities aspire to be American College of Surgeons-verified (ACS) trauma centers but need some assistance from the

state—and experience collecting trauma data and treating trauma patients—to be able to meet the strict ACS standards. Indiana received the first “in the process” application in August 2013 and as of August 2014, the EMS Commission will be asked to approve Indiana’s 10th “in the process” trauma center, which is in addition to the 11 ACS-verified trauma centers now operating in the state.

- The Indiana State Trauma Care Committee has been asked for recommendations as to where it thinks the trauma system should direct future efforts, and the trauma center designation rules will be among the first things we tackle. In fact, the “in the process” provisions now contained in the EMS Commission triage and transport rule will likely be folded into the ISDH designation rule.
- Develop the WIC Electronic Benefit Transfer (EBT) system in compliance with federal requirements.
 - Significant progress has been made on implementing an EBT system for Indiana WIC. An implementation plan including design, development, testing, piloting, and statewide rollout has been developed by ISDH and approved by the United States Department of Agriculture (USDA). The Request for Proposals (RFP) for selection of an EBT processor will be released by October 1, 2014. It is anticipated that 2015 will include selection process, contract negotiations, and system development. WIC will begin the pilot in January 2016 and complete statewide rollout by October 2016.
- 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.
 - In July 2013, ISDH was awarded a five-year CDC cooperative agreement, CDC DP13-1305 *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (both Basic and Enhanced Components)*. This funding is being utilized to continue and expand the activities that were begun under the CDC Coordinated Chronic Disease grant within the Office of Primary Care and Rural Health and within the Cardiovascular Health and Diabetes Section. The focus of the grant is to support state-level and/or statewide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors.
- Continue the implementation and evaluation of the state’s long-term obesity prevention plan.
 - ISDH is actively engaged in addressing the plan’s objectives. Activities conducted by ISDH include:
 - Increasing the purchasing power of low-income Hoosiers to buy fruits and vegetables through SNAP EBT.
 - Providing technical assistance to communities working to build environments more conducive to health.
 - Helping hospitals achieve the ‘Baby Friendly’ designation.
 - Working with 18 school districts in the state to provide professional development and other resources to create better nutrition and physical activity environments in schools.
 - Contracting with early childcare groups to train educators on best practices;
 - Partnering with the Wellness Council of Indiana on worksite wellness targets.

- Each of these activities is being carefully evaluated. Other objectives in the state plan are being addressed by work groups associated with the Indiana Healthy Weight Initiative, not funded by ISDH. The obesity plan will be re-evaluated at the statewide Indiana Healthy Weight Initiative task force meeting in September to gauge progress and assess objectives and targets.
- Improve the long term care facility licensing survey process.
 - Between 2006 and 2008, Indiana had the fourth highest number of immediate jeopardy level deficiencies nationally (80, 75, and 54, respectively). To improve collaboration on reducing deficient practices, the ISDH began monthly meetings with long term care provider associations. In 2012, the ISDH began providing the associations with copies of all surveys with immediate jeopardy or substandard quality of care. The associations then set up quarterly provider compliance meetings with their members to review the findings and recommend best practices. In 2013, only 20 deficiencies were reported.
- Identify quality of care metrics for Indiana nursing homes.
 - CMS Region V has published annual reports that include quality indicators for the survey process and specific deficient practices. CMS is now collecting quality data on the use of antipsychotic drugs in nursing homes as part of a national initiative to reduce drug use.
- Improve healthcare quality and prevention for pressure ulcers and healthcare-associated infections.
 - The ISDH conducted a large pressure ulcer initiative from 2008 to 2010. The initiative provided nursing homes with best practices aimed at the prevention of pressure ulcers. Subsequent to the initiative, the ISDH increased focus on deficient practices involving pressure ulcers and continued efforts to implement best practices. The number of pressure ulcers occurring in nursing homes in 2008 was 176 and in 2013 was 110.
 - The ISDH conducted a healthcare associated infection initiative in 2010 – 2012. The initiative provided nursing homes with best practices aimed at the prevention of healthcare associated infections. Subsequent to the initiative, the ISDH increased focus on deficient practices involving infections and continued efforts to implement best practices. The number of healthcare associated infections from 2010 to 2012 was 200, 239 and 260, respectively.

ANTICIPATED CHALLENGES DURING FY 2016 - 2017 BIENNIUM

Federal Funding

Two-thirds (2/3) of ISDH funding comes from federal sources. The national government is sporting a 17.7 trillion dollar debt and annual deficits in excess of ½ trillion dollars. At some point, our federal partners, USDA, HRSA, HHS, and CDC may experience constriction in excess of previous sequestration.

Personnel

ISDH is concerned that potential retirements will continue into the new biennium. With many of these positions, institutional knowledge and experience will be lost. ISDH lost valued employees with the recent round of retirements.. In the 2016-17 biennium, ISDH will be challenged to replace that institutional knowledge. Also, if the economy significantly improves, ISDH will face increased competition for these employees from the private and not for profit sectors.

Affordable Care Act (ACA)

As the ACA continues to be implemented, ISDH will continue to monitor the impact financially on current Federal Grant awards and current populations serviced by programs.

Addressing Inadequate and Antiquated Technology

ISDH needs to modernize and upgrade its IT applications. To address this problem, ISDH will require an investment of \$500,000 dollars in FY 2016. In addition, the Agency will need to replace the software housing vital records information. The cost of this project will be \$1.5 million for 2016 and \$1.4 million for 2017.

ISDH'S KEY PERFORMANCE INDICATORS

The three key indicators for ISDH are:

- Reduce Infant Mortality
- Reduce Adult Obesity
- Reduce Adult Smoking