The Express
A biweekly publication
Indiana State Department of Health
"Working for Hoosier Health – a Lifetime Investment"
Wednesday, October 15, 2003

APHA leader keynotes first Public Health Summit

"Improving the public's health is a mammoth job."

That was the message to the 158 people gathered Friday at Indiana's first Public Health Summit from the executive director of the American Public Health Association.

Georges Benjamin, M.D., who as Maryland's state health director successfully initiated a state health plan, was the Summit's keynote speaker. Representatives from local health departments, business, academia, private health care providers, hospitals, public health clinics, legislators, and various state agencies from all sectors of the state were meeting to establish goals and define objectives for a new state health plan.

"The public health system has been extraordinarily successful in saving lives," Dr. Benjamin said, noting the "sheer magnitude" of public health's impact – from convincing people to wash their hands to sponsoring programs for clean air and clean water.

Health programs are good for business, fostering economic development by keeping people healthy, he noted. "The question shouldn't be, 'What will it cost?', but 'What will it cost if we don't do this?'"

He stressed the importance of prevention and global thinking, explaining it's better to rid a building of rat infestation first rather than treating the problem rat bite by rat bite in the emergency room.

Behavior change also should be an underpinning of a state health plan, he suggested. Dr. Benjamin noted that half of the causes of death are related to behavior – smoking, alcohol, guns, drug use, diet, and exercise.

He told those assembled that the environment for public health has changed dramatically over the last few years. "No longer is public health a 9-to-5 business; it's now 24/7," Dr. Benjamin said. "Politics, with a capital P, is as important as science. Thoughtful, intuitive, back-for-revision science is giving way to rapidly evolving science. Time frames for investigation have been shortened – HIV was researched for years; SARS was identified in 10 days. We are in communication overload with television, e-mails, cell phones, blackberries, palm pilots, and computers."

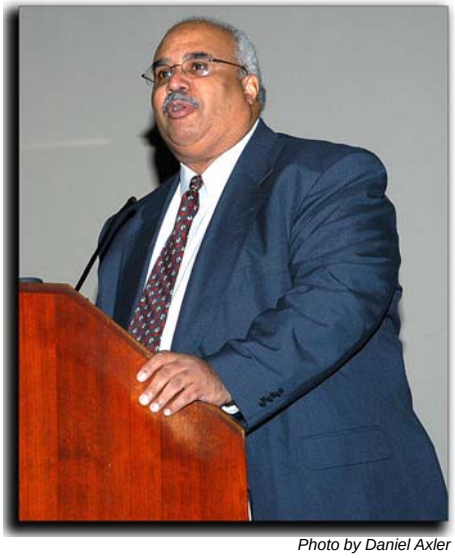

Photo by Daniel Axler

Georges Benjamin, M.D. gives the keynote address at Indiana's first Public Health Summit.

Partnerships, collaboration, community assessment, strategic planning,

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Improved breastfeeding rates goal of new statewide plan

Breastfeeding is the natural way to feed a baby, yet only one third of Indiana mothers breastfeed by the time their children are six months old, according to statistics from the Indiana State Department of Health. That figure is even lower for women enrolled in the Indiana Special Supplemental Nutrition Program for Women, Infants and Children (WIC) – 13 percent.

Photo by Daniel Axler

State Rep. Peggy Welch, D-Bloomington, co-author of HB1520, which makes breastfeeding legal, was honored during the workshop for her support of breastfeeding.

The Indiana State Department of Health and WIC plan to embark on a coordinated statewide campaign to improve breastfeeding rates, promote the benefits of breastfeeding, and improve support for breastfeeding moms.

Indiana WIC has been awarded a grant from the U.S. Department of Agriculture, Food and Nutrition Service to create a statewide plan for the campaign.

To lay the foundation for the campaign, approximately 50 representatives from various community partners, health care professions, and nonprofit organizations met in Indianapolis September 24 and 25 to begin developing a statewide breastfeeding plan and to learn effective and innovative ways to promote and carry out the plan.

Best Start Social Marketing, Inc. presented its program, "Using Loving Support to Build a Breastfeeding-Friendly Community," which has been developed for WIC to assist attendees develop a comprehensive community-based plan. The "Loving Support" program is an arm of the U.S. Department of Agriculture (USDA).

The Surgeon General's Healthy People 2010 report sets a goal of 75 percent of mothers breastfeeding at birth, 50 percent breastfeeding at six months, and 25 percent breastfeeding at one year.

Sharon Farrell, Indiana WIC breastfeeding coordinator, notes that breastfeeding is the basis for healthy growth and development. The benefits

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Soldiers' and Sailors' Home haven for at-risk youth

Eleven high school graduates. Eleven young people who previously had little hope of graduating from high school.

But these youngsters got a second chance. They were placed in the Indiana Soldiers' and Sailors' Children's Home, and through the structure of the program, the caring and dedication of the staff, and their own internal desires, they became the Morton Memorial High School graduating class of 2003.

Photo by Daniel Axler

Students cross the Soldiers' and Sailors' Home campus.

Each graduate told Children's Home Superintendent Paul Wilkinson that had it not been for the Home, they would not have graduated. Their futures looked bleak.

The Indiana Soldiers' and Sailors' Children's Home (ISSCH), located a few miles south of Knightstown, was established in 1867 by the state of Indiana as a home for children who lost their parents in the Civil War. Today, the state continues to provide a safe haven for children in need of a stable environment, and who otherwise might not succeed in life.

The young people are at ISSCH because they are at-risk socially, academically, or economically. The state provides funding for the Children's Home, with parents contributing on a sliding scale if budgets allow. Donations from the American Legion, American Legion Auxiliary, Sons of the American Legion, AMVETS, and other sponsors provide funds for special programming, renovations, equipment, items for the children, and other needs.

"Many of these kids are here because of their home environment," Wilkinson said. "And most of them will tell you they like being here most of the time."

Most of the youngsters come to the home as parent referrals.

"Some families simply want their kids out of a bad environment," Wilkinson explained.

"I hate to say it," he added, "but many of these kids probably would be in gangs or possibly would be dead by now if they weren't here."

Wilkinson says the young people come from broken homes and one-parent families – often with a single female as the head of the house.

"Male role models are at a premium," he said. "Because the single parent is working, the kids become latchkey kids at an early age. There's often little or no supervision. Or grandma may be trying to raise a teenager – not an easy thing to do."

At the ISSCH, the students get K – 12 education and some counseling. The youngsters can participate in activities from Junior ROTC to 4-H to a yearly carnival on Legion Day. They enjoy school athletic programs like basketball, track, cross country, and volleyball. They also participate in other recreational activities, including swimming, soccer, hiking, and football.

The Children's Home looks like a small college campus with a homey atmosphere. The maple, oak, ash, and willow trees dot the grass-covered campus. Geese wander about Lake Graham, the pond that separates the boys' living units from the girls' units. These brick units look more like 1930s-style homes than dormitories. There is a dress code – elementary students wear red shirts with khaki or blue slacks or skirts, middle schoolers wear blue and khaki, and high schoolers were gray and khaki.

The buildings – the living units, Morton Memorial School, Eder Vocational Center, Lincoln Hall Chapel, administration building, Brewer Activity Center, and recreation hall – sit on 35 of the Home's 360 acres. About 160 are rented out for agricultural use, and another 120 are woodlands, wilderness, and pastures. Forty-five acres are farmed by the school.

There are 119 young people from ages 8 to 18 living at the Home in 13 living units. Students stay an average of 18 months, although it's not uncommon for a student to live there for six or more years.

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BREASTFEEDING: Lower risk of SIDS

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of breastfeeding are numerous, Farrell says.

On average, breastfed infants develop fewer allergies and are less inclined to have gastroenteritis, immunologic disorders, and upper respiratory infections, she said. In addition, breastfed babies have a lower risk for Sudden Infant Death Syndrome (SIDS) and are less likely to be obese as adults.

Breastfeeding also benefits the mother by lowering the risk of the mother developing premenopausal breast cancer, as well as ovarian and cervical cancer.

The goals of the WIC National Breastfeeding Promotion Project are to increase the percentage of mothers who initiate breastfeeding, to increase the duration of breastfeeding, to increase public awareness/support for breastfeeding, and to increase referrals to WIC.

Indiana State Department of Health **Express**

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CHILDREN'S HOME: 'These are the lucky ones'

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Last year's graduating class averaged six years at the Home.

Wilkinson has been at ISSCH for 28 years. In 1975, Wilkinson did his student teaching at the Children's Home. He's been there ever since.

Wilkinson received his B.S. in industrial education and technology and his M.S. in secondary education from Ball State University and has administrative course work. He taught industrial education for 13 years before becoming director of vocational education in 1988. He was named acting superintendent in the fall of 2001 and superintendent in January 2003.

Wilkinson oversees the overall program, which includes residential, education, recreation, health care, and social services.

Photo by Daniel Axler

Paul Wilkinson checks over a student's classwork.

"This is a home and school atmosphere, not corrections," Wilkinson said. "We work from a motivational standpoint. These are kids who didn't see post-secondary education or gainful employment in their future. They get this opportunity, they clamp on to it, and they enjoy it."

Maria Sells, who has a Ph.D. in education administration, is the principal and superintendent of the education program. Her job is unique because all levels – elementary, middle school, and high school – are in one building, Morton Memorial.

Sells says that many of the students come to the school "far behind" in their academic readiness. They're behind in credits and fall short in their reading and math skills, which is why the focus at Morton Memorial is on reading and math.

"We have specialized reading classes for elementary, middle school, and high school. And we have Title I reading and math programs," she said. "If they can't read in their required classes, then they're not going to be able to succeed. We need to address the primary issue of not being able to read."

Sells added that students generally average about a two-year academic gain for every year in school, with some students making three or four years' gain. Small class size and individual attention are important factors.

Special teachers, called resource teachers, are available to help any student on a one-on-one basis.

Becky Horning is the math resource teacher, and she has been at the Children's Home for 29 years.

"I love it here," she said. "If any child from elementary, middle school, or high school needs math help, I'll be there. A lot of these kids need extra, extra attention. These are the lucky ones because someone sent them here. They have a second chance."

SUMMIT: Dr. Wilson presents state of Indiana health

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identifying priorities, and focus are keys to building a successful plan, he said, urging his audience to "start right now so we don't lose the momentum."

State Health Commissioner Greg Wilson, M.D. opened the Summit with a presentation on the state of health in Indiana.

Dr. Wilson noted that Indiana ranked 31st in the U.S. in adequacy of prenatal care, 32nd in infant mortality, and 22nd in percent uninsured.

Additionally, there is disparity of health care for minorities, he said. Minorities have a greater chance of dying from heart disease, cancer, stroke, and diabetes than whites. The Indiana infant mortality rate for African-Americans is more than two times that of whites, and the rate of dying from AIDS is three and a half to five times higher, he said.

As for the state of health of Indiana's children, Dr. Wilson said Indiana ranks 10th in the U.S. for children in poverty.

Photo by Daniel Axler

Kelly Alley, executive director of Smokefree Indiana, facilitates an afternoon focus session at the Summit.

Seventy-six percent of Indiana's children are immunized compared to 79 percent in the U.S. as a whole.

Dr. Wilson presented information on the country's obesity trend with year-by-year U.S. maps showing the rapidly growing obesity rates. Obesity rates for individual states in the mid-1980s ranged from less than 10 percent obesity to those in the 10-to 14-percent range.

Year by year, more states showed increased obesity rates. By 2001, categories of 15 to 19 percent, 20 to 24 percent, and over 25 percent were added. Indiana's obesity rate is 20 to 24 percent.

Dr. Wilson charged the group, "I'm asking you to be the directors of innovation."

In the afternoon, attendees broke into five focus areas for intensive discussion. They then determined the three or four major priorities within each area to include in a health plan. The focus areas were:

- Access to quality health care;
- Education and community-based programs;
- Public Health infrastructure;
- Child and adolescent health promotion; and
- Determinants of health/personal health management.

With priorities and focus now determined, the next goal is to have the plan written and in place by February 2004.

BMI is risk indicator for disease

Do you know your BMI? Do you know *what* BMI is?

BMI stands for Body Mass Index and is "another way of looking at an old problem," according to William Wishner, M.D. Dr. Wishner, who is a senior clinical research physician in endocrinology, is on loan as a special consultant to the Indiana State Department of Health from Eli Lilly to develop a strategic initiative on childhood and adolescent obesity.

BMI is another tool to use in the fight against obesity. BMI is a marker of body fat based on height and weight, and can be used as a predictor of risk for certain diseases.

Dr. Wishner points out that looking only at weight does not address risk factors. Traditional height and weight charts show results as percentiles, a comparison measure with the rest of the population.

"We focus so much on weight and the appearance of weight, but we haven't focused on risk," Dr. Wishner said. BMI is a mathematical formula that is a more standardized way to look at weight and relate it to risk factors for disease, he explained.

According to the Centers for Disease Control and Prevention (CDC), BMI figures can indicate risk for such conditions as diabetes, high blood pressure, cardiovascular disease, premature death, cancer, and osteoarthritis, conditions that also are associated with obesity.

"For example, a reduction of one BMI unit is associated with a 13 percent reduction in the risk of developing diabetes," Dr. Wishner said.

The chart below shows the four categories for BMI for people age 20 and over:

B MI	Weight status
Below 18.5	*Underweight*
18.5 – 24.9	*Normal*
25.0 – 29.9	*Overweight*
30.0 and above	*Obese*

Individuals may check their BMI on the CDC's BMI calculator at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm. There is also a BMI chart on the ISDH Web site at www.in.gov/isdh/programs/diabetes/guidlines/bmi_table_for_adults.htm.

Dr. Wishner says that BMI should be tracked from childhood. BMI figures for children and teens are gender and age specific and are referred to as BMI-for-age. Additionally, because body fat changes as children grow and because the percentage of body fat in boys and girls differs as they grow, BMI rates for children ages 2 to 20 are based on percentiles. The chart below shows BMI-for-age categories.

BMI-for-age:	
Underweight	<5th percentile
At-risk of overweight	85th to <95th percentile
Overweight	>95th percentile

BMI may change as a child grows because of the normal needs for body fat, but if the percentile remains high, the child could be at risk of becoming obese as an adult with the resultant risks for disease.

BMI-for-age charts can be found at www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm.

"We need public health programs to begin tracking BMI in children and to develop plans of action when the trend is greater than the 95th percentile over time," Dr. Wishner said. "Even with interventions starting now, it still may take two or three generations before we begin to stem the tide of childhood obesity."

"The concept of 'it's just baby fat' should be looked at carefully," he said. "If a child is continuously over the 95th percentile, that's not baby fat. That's a child at risk of becoming an obese adolescent and adult."

"While parents must track their child's BMI just as they do their child's height and weight, public health needs to track the population's BMI and encourage better nutritional and exercise habits. It's all part of our shared responsibility for combating childhood obesity," Dr. Wishner said.

October is National Breast Cancer Awareness Month

It is estimated that this year in Indiana, 4,600 women will be diagnosed with breast cancer, and 900 Hoosier women will die of this disease.

According to Sue Percifield, R.N., director of the Indiana State Department of Health Breast and Cervical Cancer Program, all women over age 40 should get a screening mammogram and a clinical breast exam each year.

A woman's lifetime risk of developing breast cancer is one in eight. A mammogram, an x-ray of the breast, is an important tool in finding breast cancer early, when it is easiest to treat.

Upcoming events to promote breast cancer awareness include:

- October 17th, National Mammography Day
- October 19th, Susan G. Komen Race for the Cure, Terre Haute
- October 21st, Angels Night Out, Notre Dame Joyce Center, South Bend.

Other events have included the October 4th YWCA of Greater Lafayette's Canines Against Cancer Dog Walk; October 5th Susan G. Komen Breast Cancer Foundation's Sing For the Cure in Zionsville; October 11th American Cancer Society's Making Strides Against Breast Cancer 5K Walk, Indianapolis; and the October 11th Pink Tie Ball, Indianapolis Marriott Downtown.

HIPAA Corner

The federal Department of Health and Human Services has mandated that programs be in compliance with the Transaction and Codes Set component of HIPAA on October 16. Transaction and code sets will be standardized nationwide. HIPAA transactions and code sets define how the medical community and payers of services communicate electronically with one another.

The State Department of Health's HIV/STD division will be in compliance in October; the Breast and Cervical Cancer Program and Children's Special Health Care Services will obtain compliance shortly afterwards.

The rule also mandates that data be transmitted through standardized Electronic Data Interchange (EDI) transactions. Testing for eligibility inquiries and enrollment transactions has been completed. This testing will show the current status of coverage with external trading partners such as hospitals, doctors, labs, and other health care entities.

We will begin final testing of EDI transactions this month with many of our 6,000 trading partners throughout the nation.

Contributed by Lisa Mani, ISDH Privacy Coordinator