

**Indiana FY 2010  
Preventive Health and Health Services  
Block Grant**

**Annual Report**

**Annual Report for Fiscal Year 2010**

**Submitted by: Indiana**

**DUNS: 824799407**

**Printed: 9/8/2015 8:09 AM**

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**Based on Work Plan: IN 2010 V0 R1 Approved 8/30/2010**

**Annual Report Created on: 1/4/2011**

**Annual Report Submitted on: 1/24/2011**

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## Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2010. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

### *Funding Assumptions*

The total award for the FFY 10 PHHSBG is \$1,692,929.00. This amount is based upon the final allocation table distributed for FFY 10 by the CDC.

### *Proposed Allocation for FY 2010*

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2010 funding priorities are as follows:

<b>Program</b>	<b>Health Objective</b>	<b>Funds</b>
Sexual Assault Services	15-35	\$150,306
Public Health System Quality Improvement	23-8	\$215,094
Public Health Education/Training	23-10	\$ 100,000
State Health Data Center	23-2	\$642,500
Social marketing	7-10	\$ 2,000
State Office of Rural Health	1-11	\$118,029
Indoor Air Program	8-16	\$ 40,000
Oral Health Program	21-8	\$ 75,000
Injury Prevention Program	15-13	\$250,000

Impacting other health objectives:

- Access to Quality Health Services 1-7
- Disability and Secondary Conditions 6-12
- Educational/Community-Based Programs 7-2, 3, 5, 6, 7, 9, 11, 12
- Health Communication 11-5
  
- Heart Disease and Stroke 12-1
- Injury and Violence Prevention 15-7, 8, 10
- Maternal, Infant, & Child Health 16-14
- Nutrition and Overweight 19-1, 2, 3, 5, 6, 8, 9, 16
- Physical Activity and Fitness 22-1, 2, 6, 13, 14, 15
- Public Health Infrastructure 23-3, 4, 5, 9, 11, 12, 15
- Respiratory Diseases 24-1, 2, 3, 4, 5
- Sexually Transmitted Diseases 25-1, 2
- Tobacco Use 27-1, 2, 3, 4, 5, 6, 7, 11, 12, 13

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above the funding for FFY 2010.



**State Program Title: Indoor Air Program**

**State Program Strategy:**

**Goal:** To identify indoor air pollutants that are asthma triggers or have other adverse effects on health and to investigate mercury spills in order to reduce indoor air allergen levels.

**Health Priorities:** Many indoor air pollutants are asthma triggers and/or cause allergies. Asthma and allergic reactions contribute to school and work absences. By conducting investigations of air pollutants at schools and in homes, deficiencies can be cited and improvements made in removing the source of pollutants in an effort to improve the health of those individuals that are in the polluted environments.

**Primary Strategic Partners:** School systems, local health departments

**Role of PHHSBG Funds:** Funds will be utilized to purchase equipment to allow for more thorough inspections. Equipment that will be purchased will include: IAQ CO2/CO Replacement meter with calibration adaptor; thermal imaging to locate moisture in walls; particle counter to evaluate the cleanliness of buildings; gas meters; formaldehyde instruments; gear bags; mercury meter upgrade to meet EPA guidelines for clearance in homes; battery packs for MSA ELF pumps; low flow sampling pumps to sample for VOCs. Additional funds will be used to pay for calibration of existing equipment.

**Evaluation Methodology:** Improve the quality of inspections with the use of appropriate indoor air testing equipment. Current equipment is outdated and does not provide quality results. The new equipment will allow for more thorough investigations and allow the program to better meet EPA guidelines.

**National Health Objective: 8-16 Indoor Allergens**

**State Health Objective(s):**

Between 01/2010 and 12/2010, Reduce indoor allergen levels through investigation at schools and homes when complaints of indoor air allergens or mercury spills are reported.

**State Health Objective Status**

Met

**State Health Objective Outcome**

When follow-up inspections have been performed in schools, improvements in IAQ have been measured.

**Reasons for Success or Barriers/Challenges to Success**

Success can be attributed to new sampling equipment that has expanded our capabilities and lowered our detection limits for parameters of concern. Challenges arise due to the fact that IAQ standards are voluntary instead of being requirements.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The agency is writing a new Rule to regulate IAQ in Schools. This will include requirements that the agency can cite during investigations.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

N/A

## ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

### **Essential Service 2 – Diagnose and Investigate**

#### **Impact/Process Objective 1:**

##### **Investigate complaints**

Between 01/2010 and 12/2010, State agency will investigate **100%** of complaints regarding indoor air quality in schools and mercury spills in homes.

##### **Impact/Process Objective Status**

Met

##### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, State agency investigated **100%** of complaints regarding indoor air quality in schools and mercury spills in homes.

##### **Reasons for Success or Barriers/Challenges to Success**

Part of the success can be attributed to the fact that state law requires the ISDH to investigate IAQ complaints in schools, so schools cannot refuse us access. In addition, we find that School Administrators want a healthy environment for their students and in most cases welcome us into their building. With the mercury in homes, once we are notified of a mercury spill in a home, we contact the occupants and offer our services emphasizing that this is a free service and there are no fines or penalties for what we find.

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

When we contact school administrators we make sure they understand we are a free resource for them to use to aid in improving the IAQ at the school. With mercury in homes, we collaborate with other state agencies so they know to refer homeowners to us when they receive a call regarding a mercury spill in a home.

#### **Activity 1:**

##### **Investigate indoor air complaints at schools**

Between 01/2010 and 12/2010, Program will purchase equipment and conduct investigations of all complaints received regarding indoor air quality in schools.

##### **Activity Status**

Completed

##### **Activity Outcome**

New equipment has been purchased and that equipment has been used in the investigation of IAQ complaints in schools. Twenty three complaints regarding IAQ in schools were received and investigated between 01/2010 and 12/2010

##### **Reasons for Success or Barriers/Challenges to Success**

Grant funds allowed the ISDH to purchase needed instrumentation and equipment for IAQ investigations. Some of this equipment expanded the agency's capabilities, allowing the agency to measure parameters that previously had not been addressed.

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The ISDH looked at EPA's IAQ guidelines to identify parameters where ISDH's existing instrumentation was

lacking. The agency used that information to determine what new or replacement instrumentation and equipment to purchase.

**Activity 2:**

**Investigate mercury spills in homes**

Between 01/2010 and 12/2010, program will purchase equipment and conduct investigations of all reports of mercury spills in homes.

**Activity Status**

Completed

**Activity Outcome**

A new Lumex mercury meter was purchased and used to conduct investigations of all reported mercury spills in homes. The ISDH investigated 8 reports of mercury spills in homes, and one in a school. In situations where mercury was detected above the Environmental Protection Agency's recommended clearance limit for homes, recommendations were made to reduce the level in the home.

**Reasons for Success or Barriers/Challenges to Success**

Success is primarily due to two actions: 1) This is a free service offered to the public. 2) Occupants contact the ISDH and request assistance in investigating the mercury spill with the understanding this is not an enforcement activity and they will not be fined or charged by the state agency for the spill.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Collaboration with the Indiana Poison Control center and with the Indiana Department of Environmental Management's Emergency Response Unit, where they encourage the home's occupants to contact the state agency (ISDH) when they get a report of a mercury spill in a home.

**Essential Service 6 – Enforce laws and regulations**

**Impact/Process Objective 1:**

**Enforce State Indoor Air Laws**

Between 01/2010 and 12/2010, State agency will investigate 100% of complaints regarding indoor air quality in schools.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, State agency investigated 100% of complaints regarding indoor air quality in schools.

**Reasons for Success or Barriers/Challenges to Success**

Many deficiencies found regarding IAQ in schools are based on guidelines and not written into law. In these situations recommendations and suggestions can be made for improvement but ultimately it is the school's decision to act on the recommendations.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The state agency is currently writing rules for IAQ in schools that will have requirements setting minimum standards for IAQ.

**Activity 1:****Investigate complaints**

Between 01/2010 and 12/2010, pursuant to Indiana Code 16-41-37.5, the ISDH shall investigate complaints regarding the quality of air in schools and assist schools in developing reasonable plans to improve air quality conditions found during these investigations. The Indoor Air program will use the equipment purchased with PHHSBG funds to fulfill the requirements of this state law.

**Activity Status**

Completed

**Activity Outcome**

ISDH has gone on site and investigated all complaints regarding IAQ in Schools received during CY 2010. All schools investigated have received reports outlining the agency's findings along with recommendations and or suggestions for improvements when deficiencies were identified.

**Reasons for Success or Barriers/Challenges to Success**

The two main challenges are that 1) Schools are encouraged to ask for assistance in developing plans to improve the air quality but it is up to the school to make that request, and 2) Schools do not have funding to make any improvements that adversely impact their budgets.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The agency is writing a rule for IAQ in schools. This rule will have minimum requirements for IAQ in schools. The rule will require schools to develop written procedures addressing various IAQ issues.

**State Program Title: Injury Prevention Program**

**State Program Strategy:**

**Goal:** To develop an Injury Prevention Program for the State of Indiana that will ultimately lead to a reduction in the number of preventable injuries and deaths.

**Health Priorities:** The Indiana State Department of Health does not currently have an organized Injury Prevention Program. The agency does publish an annual Fireworks Injury Report and, every 3 years, the Indiana Injury Report. However, contractors are generally utilized to produce these reports. Dr. Paul Halverson, President of ASTHO, has issued a challenge for states to increase efforts to reduce preventable injuries and death. The ISDH would like to prioritize the development of an Injury Prevention Program for its citizens.

**Primary Strategic Partners:**

**Internal:**

Epidemiology Resource Center  
Vital Records  
Maternal and Child Health  
State Health Data Center  
Trauma Program

**External:**

Indiana Child Fatality Review Team  
Coroner's Association  
Riley Hospital  
Family & Social Services Agency  
Department of Natural Resources  
Injury Prevention Task Force  
School Safety Advisory Committee  
Suicide Prevention Task Force

**Evaluation Methodology:** The development of a core Injury Prevention Program that will ultimately lead to acquisition of data, analysis, and development of appropriate activities.

**National Health Objective: 15-13 Unintentional Injury Deaths**

**State Health Objective(s):**

Between 01/2010 and 12/2010, establish an Injury Prevention Program with a mission to reduce deaths caused by intentional injuries.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

Approval was received late 2010 to hire an Injury Prevention Program Director. A hiring request has been made, and at the time of this report we are awaiting approval to extend an offer. This is the final step toward establishing an Injury Prevention Program at ISDH.

**Reasons for Success or Barriers/Challenges to Success**

Historically, injury prevention has not been a priority at ISDH. Our ability to create an Injury Prevention Program was due to the support from upper management within ISDH and the strength of our collaborative relationships with internal and external injury prevention partners, who kept injury prevention efforts on the radar. The expert guidance provided by Safe States and the State Technical Assistance Team visit, possible only through the start-up funding provided via this grant, has allowed us to move this initiative forward this year.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Injury is a major cause of death and disability among all age groups in Indiana. Focusing attention on injury as an important preventable cause of death and disability, the economic impact of injury on the state, and the numbers of state and private partners state-wide with an interest in injury prevention was instrumental in overcoming the resistance to make injury prevention a priority. Block Grant funding during a period of decreasing state revenue provided the means to move the priority forward.

### **Leveraged Block Grant Dollars**

No

### **Description of How Block Grant Dollars Were Leveraged**

N/A

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

### **Essential Service 1 – Monitor health status**

#### **Impact/Process Objective 1:**

#### **Evaluate Injury-related Child Mortality**

Between 01/2010 and 12/2010, State agency and contractors will develop 1 database for data regarding injury-related child fatalities in Indiana.

#### **Impact/Process Objective Status**

Met

#### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, State agency and contractors developed 1 database for data regarding injury-related child fatalities in Indiana.

#### **Reasons for Success or Barriers/Challenges to Success**

Prior to 2010, Child Fatality Review Team only had access to data on child deaths investigated by the Department of Child Services (DCS). Many child deaths (eg sleep deaths) go unreported to DCS; therefore, in order to understand the magnitude of the problem, data was needed on all injury-related child deaths, not only those investigated by DCS. Between 01/2010 and 12/2010, death certificate data permitted the State Child Fatality Review Team to understand the impact of injury-related deaths in children. Access to identifiable death certificate data through the state Registrar's office, and the assistance of a data analyst were critical to this success.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The formal procedure for accessing identifiable death certificate data was initially a barrier. The Registrar's office, and data analyst, along with ISDH legal division was very helpful during this process.

#### **Activity 1:**

#### **Develop Database**

Between 01/2010 and 12/2010, the ISDH will develop a database that will gather, from multiple sources, the pertinent injury-related child mortality data so that circumstances surrounding the fatal injury can be better understood.

#### **Activity Status**

Completed

### **Activity Outcome**

Between 01/2010 and 12/2010, Death Certificate Data queries for injury-related child fatalities during years 2006-2008 were completed and shared with the State Child Fatality Review Team. Prior to 2010, Child Fatality Review Team only had access to data on child deaths investigated by the Department of Child Services (DCS). Many child deaths (eg sleep deaths) go unreported to DCS; therefore, in order to understand the magnitude of the problem, data was needed on all injury-related child deaths, not only those investigated by DCS. Between 01/2010 and 12/2010, death certificate data permitted the State Child Fatality Review Team to understand the impact of injury-related deaths in children.

### **Reasons for Success or Barriers/Challenges to Success**

Access to identifiable death certificate data through the state Registrar's office, and the assistance of a data analyst were critical to this success.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The formal procedure for accessing identifiable death certificate data was initially a barrier. The Registrar's office, and data analyst, along with ISDH legal division was very helpful during this process.

## **Essential Service 3 – Inform and Educate**

### **Impact/Process Objective 1:**

#### **Injury Prevention Training**

Between 01/2010 and 12/2010, State agency, contractors will conduct 1 training for the Injury Prevention Training Institute.

#### **Impact/Process Objective Status**

Not Started

#### **Impact/Process Objective Outcome**

N/A

### **Reasons for Success or Barriers/Challenges to Success**

Although a Injury and Violence Prevention Core Competency Training Course was planned for 2010, this was put on hold in order to prepare for the State Technical Assessment Team Visit. Lack of staff, resource, and time prevented completion of this objective.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

As a result of the STAT visit, priorities for 2010 shifted to creation of an injury prevention program infrastructure.

### **Activity 1:**

#### **Create web-based resource tool**

Between 01/2010 and 12/2010, incorporate a web-based resource site for those involved in injury prevention activities within Indiana.

#### **Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

The Injury Prevention Advisory Committee began reviewing available data sources with the hopes of developing a web-based resource for our community injury prevention partners. This activity was put on hold to prepare for the STAT visit, and will be resumed once the Injury Prevention Program Director has the necessary human resources to continue. Lack of staff, resource, and time prevented completion of this objective.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

As a result of the STAT visit, priorities for 2010 shifted to creation of an injury prevention program infrastructure.

**Activity 2:****Provide basic training**

Between 01/2010 and 12/2010, the program will provide basic training in injury prevention principles to government agencies, public health workers, health care workers, and others whose work involves some aspects of injury prevention.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Although a Injury and Violence Prevention Core Competency Training Course was planned for 2010, this was put on hold in order to prepare for the State Technical Assessment Team Visit. Lack of staff, resource, and time prevented completion of this objective.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

As a result of the STAT visit, priorities for 2010 shifted to creation of an injury prevention program infrastructure.

**Essential Service 9 – Evaluate health programs****Impact/Process Objective 1:****Assess Needs for Injury Prevention Program**

Between 01/2010 and 12/2010, State agency, contractors will conduct **1** needs assessment to establish appropriate focus areas for an Injury Prevention Program.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, State agency, contractors conducted **1** needs assessment to establish appropriate focus areas for an Injury Prevention Program.

**Reasons for Success or Barriers/Challenges to Success**

In preparation for creation of an Injury Prevention Program at ISDH, ISDH hosted a national team of injury prevention experts for a technical assistance site visit (STAT visit). The team met with 53 representatives from injury prevention programs, policy, and state government over a 5 day period. They prepared and presented a report of their findings, including ideas for creating a sustainable injury prevention program at ISDH.

Participation of 53 representatives from state and private injury prevention initiatives, and also policy makers presented a broad overview of injury prevention activities in the state. The primary outcome was the determination that, although individual programs had varying success, there was no coordinated injury prevention effort to help nudge injury prevention forward in a meaningful and effective way.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Conduct needs assessment**

Between 01/2010 and 12/2010, Conduct a needs assessment to establish the appropriate focus areas for an Injury Prevention Program in Indiana to focus its resources.

**Activity Status**

Completed

**Activity Outcome**

Needs assessment was conducted and completed in June of 2010/

**Reasons for Success or Barriers/Challenges to Success**

In preparation for creation of an Injury Prevention Program at ISDH, ISDH hosted a national team of injury prevention experts for a technical assistance site visit (STAT visit). The team met with 53 representatives from injury prevention programs, policy, and state government over a 5 day period. They prepared and presented a report of their findings, including ideas for creating a sustainable injury prevention program at ISDH.

Participation of 53 representatives from state and private injury prevention initiatives, and also policy makers presented a broad overview of injury prevention activities in the state. The primary outcome was the determination that, although individual programs had varying success, there was no coordinated injury prevention effort to help nudge injury prevention forward in a meaningful and effective way.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Hire professionals**

Between 01/2010 and 12/2010, Hire appropriately experienced professionals in the area of Injury Prevention to assess and develop the program for the State of Indiana.

**Activity Status**

Not Completed

**Activity Outcome**

The quarter-time epidemiologist position has been expanded to full-time. An injury prevention program director position has been approved, and an applicant has been selected, pending approval by the state strategic hiring office.

### **Reasons for Success or Barriers/Challenges to Success**

For economic reasons, the state has been cautious about expanding the pool of state employees. This position was initially denied, and only approved on appeal from the State Health Commissioner and with Block Grant Funding.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Working with outside partners to raise the profile of Injury Prevention in Indiana was helpful in demonstrating the need for additional Injury Prevention Staff.

## **State Program Title: Oral Health Program**

### **State Program Strategy:**

**Goal:** Increase the number of children who have received dental sealants on their molar teeth through the IU School of Dentistry's program, SEAL INDIANA, which will provide leadership in creating satellite school-based sealant programs in counties that lie far outside Indianapolis. The program will work with a local health department, a community health center, and a regional campus of Indiana University to establish a program in these areas. The program will offer consultation and expertise to enable new programs to begin while SEAL INDIANA continues to provide services for children throughout the state.

**Health Priorities:** On average, 52% of Indiana children examined have untreated dental decay; 35% have non-urgent dental decay, and 17% have decay in urgent need of immediate follow-up, some including pain and/or infection. The quality of life and ability to concentrate in school are surely adversely affected for this 17% of children. SEAL INDIANA is targeting and reaching the population of children most in need of care.

**Primary Strategic Partners:** Indiana University School of Dentistry, local health departments, community health centers

**Evaluation Methodology:** Over the past six years, SEAL INDIANA has placed over 24,000 sealants on the permanent teeth of Indiana children from low-income families. Evidence-based research indicates that dental caries are effectively prevented by dental sealants, and therefore the Healthy People 2010 objectives state the goal of at least 50% of eight and fourteen year old children having sealants. Support of this program will allow for the placement of more sealants on the teeth of children, thus helping Indiana to make strides toward reaching this goal.

## **National Health Objective: 21-8 Dental Sealants**

### **State Health Objective(s):**

Between 01/2010 and 12/2010, increase the number of children with dental sealants

### **State Health Objective Status**

Met

### **State Health Objective Outcome**

Between 01/2010 and 12/2010, Indiana University School of Dentistry saw 2,123 children. Of these, 1,600 were children 6 to 18 years old, and SEAL INDIANA provided dental sealants to **874** of these children.

Among the 1,600 children that were 6 to 18 years old, 1,050 were children seen for the first time and 666 of these received a new dental sealant (63%). Among the 1,600 children, 550 were children who had been seen previously by SEAL INDIANA and 208 of these received a new dental sealant (38%). Thus, in total, 874 of 1,600 children received dental sealants (55%).

### **Reasons for Success or Barriers/Challenges to Success**

SEAL INDIANA was able to increase the number of children with dental sealants through the continued effort of its team working 131 days at 106 sites. SEAL INDIANA tried to establish a new dental sealant program in Elkhart County, IN, but was unsuccessful because of lack of adequate funding.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The main goal of SEAL INDIANA in 2011 will be to pursue the addition of new sites and schools, and to increase the number of children receiving dental sealants per site or school. This combination should allow an increase in the number of children receiving dental sealants.

As a secondary goal, SEAL INDIANA will continue to provide leadership to local health departments, community health centers, and regional campuses of Indiana University to pursue funding opportunities for satellite dental sealant programs in major counties and areas that are more than 120 miles (and/or 2 hours driving time) from Indianapolis.

#### **Leveraged Block Grant Dollars**

No

#### **Description of How Block Grant Dollars Were Leveraged**

SEAL INDIANA did not report receiving any leveraged block grant dollars. However, SEAL INDIANA did receive additional funding during 2010 from the following:

A Community Service Program Grant Application, funded by the National Children's Oral Health Foundation (NCOHF): America's Toothfairy Grant and in-kind matching funds for \$15,000 through the Binational/Cross-Cultural Health Enhancement Center (BiCCHEC) to allow SEAL INDIANA to provide care to underserved children in 2010; and

A Delta Dental Grant for \$50,000.

### **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

#### **Essential Service 7 – Link people to services**

##### **Impact/Process Objective 1:**

##### **Dental Sealants for Children**

Between 01/2010 and 12/2010, Indiana University School of Dentistry will provide dental sealants to **2000** children.

##### **Impact/Process Objective Status**

Not Met

##### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Indiana University School of Dentistry provided dental sealants to **874** children.

##### **Reasons for Success or Barriers/Challenges to Success**

Between 01/2010 and 12/2010, Indiana University School of Dentistry saw 2,123 children. Of these, 1,600 were children 6 to 18 years old, and SEAL INDIANA provided dental sealants to **874** of these children.

Among the 1,600 children that were 6 to 18 years old, 1,050 were children seen for the first time and 666 of these received a new dental sealant (63%). Among the 1,600 children, 550 were children who had been seen previously by SEAL INDIANA and 208 of these received a new dental sealant (38%). Thus, in total, 874 of 1,600 children received dental sealants (55%).

SEAL INDIANA was able to provide dental sealants to a substantial number of children in Indiana through its continued efforts at established sites. However, an inability to establish new sites partially contributed to

fewer children receiving dental sealants than originally anticipated.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

SEAL INDIANA will strive to increase the number of children receiving dental sealants by targeting schools in underserved areas in Indiana that are within reasonable time and driving distance from the Indiana University School of Dentistry (Indianapolis).

SEAL INDIANA will strive to further increase its production by increasing the number of children seen per school. Strategies in place include proactively seeking an increased participation per school by children who have received consent from their parent/guardian. SEAL INDIANA will strive to achieve this objective by increasing communication with parents and school staff.

SEAL INDIANA will provide leadership to local health departments, community health centers, and regional campuses of Indiana University to pursue funding opportunities for satellite dental sealant programs in outlying counties. (Previously established relationships with remote schools will be honored.)

### **Activity 1:**

#### **SEAL INDIANA**

Between 01/2010 and 12/2010, SEAL INDIANA has served over 17,000 children at over 800 Title I schools (lowest income), community health centers, Head Start programs, including those for children of migrant farm workers, and homeless shelters that house children. Among the children examined, on average, 52% have untreated dental decay; 35% have non-urgent dental decay, and 17% have decay in urgent need of immediate follow-up, some including pain and/or infection. The quality of life and ability to concentrate in schools are surely adversely affected for this 17% of the children.

The IU School of Dentistry's program, SEAL INDIANA, will provide leadership in creating satellite school-based sealant programs in counties that lie far outside Indianapolis. The program will work with local health departments, community health centers, and a regional campus of Indiana University to establish programs in these areas. The program will offer consultation and expertise to enable new programs to begin while SEAL INDIANA continues to provide services for children throughout the state.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

Among the children examined by SEAL INDIANA in 2010, on average, 41% had untreated dental decay; 32% had non-urgent dental decay, and 9% had decay in urgent need of immediate follow-up, some including pain and/or infection. Although this is an improvement over previous years, the quality of life and ability to concentrate in schools are surely adversely affected for this 9% of the children. This is why preventing dental decay, through programs like SEAL INDIANA is so important.

Between 1/1/2010 to 12/31/2010 SEAL INDIANA saw a total of 2,123 children (all ages); 1,478 were first time visits and 645 were rechecks of children who had been seen by SEAL INDIANA previously. These activities were conducted in 106 Title I schools (lowest income), community health centers, and homeless shelters that house children. Among these children a total of 3,395 dental sealants were placed, with some children receiving a dental sealant on more than one tooth. (About 500 of these sealants replaced sealants that had been previously placed by SEAL INDIANA or other providers.)

Of the 2,123 children, 1,600 were 6 to 18 years old. Of these 1,600 children, 1,050 were seen by SEAL INDIANA for the first time, and 550 had been seen by SEAL INDIANA previously and were being rechecked.

Of these 1,600 children, 874 children received dental sealants (55%).

SEAL INDIANA provided leadership to try to create a dental sealant program in Elkhart County, IN. This effort proved unsuccessful.

**Reasons for Success or Barriers/Challenges to Success**

The success of providing dental sealants for many children in Indiana was accomplished through the continued hard work of SEAL INDIANA. The attempt to create a dental sealant program in Elkhart County, IN proved unsuccessful due to lack of funding.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In 2011 SEAL INDIANA will pursue the addition of new sites and schools to place dental sealants, and will provide leadership for counties that lie far outside Indianapolis to pursue new funding opportunities.

## **State Program Title: Public Health Education and Training**

### **State Program Strategy:**

**Goal:** To increase the development and availability of various forms of education and training opportunities for Indiana's public health workforce.

**Health Priorities:** In order to maximize the effectiveness of Indiana's public health sector, appropriate levels of continuing education and training must be provided in a cost-effective and convenient manner. The Indiana State Department of Health (ISDH) will lead efforts to provide these opportunities through a variety of approaches. A key goal is to continue preparing the public health sector for voluntary national accreditation, which is expected to be available in 2011. The agency will offer scholarships for public health workforce members to obtain education and trainings that would otherwise be unavailable due to funding constraints. Continued work on the agency's leadership in public health program will occur and be furthered by the development of partnerships with local health departments. Programs will be afforded the opportunity to educate the public and the public health workforce on target health areas, i.e., breastfeeding, prenatal health, etc. Educational conferences will be organized and/or supported to afford the public health workforce further opportunities for education. Electronic access and development of materials will continue to be a priority as the agency seeks partnerships for electronic journals, creates electronic trainings, and seeks a cost-effective method for delivery of health information via a learning management system.

Collectively, these activities will help assure a competent public health workforce in Indiana.

**Primary Strategic Partners:** Local health departments, Indiana University School of Medicine, Indiana University Office of Public Health Practice

**Evaluation Methodology:** Increased opportunities will lead to an increase in the numbers of public health workforce who will obtain continued education in the area of public health.

## **National Health Objective: 23-10 Continuing Education and Training**

### **State Health Objective(s):**

Between 01/2010 and 12/2010, continue the development of opportunities for Indiana's public health workforce to obtain continued education and training.

### **State Health Objective Status**

Met

### **State Health Objective Outcome**

Opportunities were provided for Indiana's public health workforce to obtain continued education and training.

### **Reasons for Success or Barriers/Challenges to Success**

A system was created for Indiana State Department of Health employees to request PHHS Block Grant funds for education and training opportunities. PHHS Block Grant funds were only allowed to be utilized if there were no other funds available.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

An application system was created for easy submission of requests.

### **Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

Not applicable.

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

**Essential Service 8 – Assure competent workforce**

**Impact/Process Objective 1:**

**Increase Availability of opportunities for learning**

Between 01/2010 and 12/2010, State Employees will identify **8** opportunities for continuing education and training for members of Indiana's public health workforce.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, State Employees identified **8** opportunities for continuing education and training for members of Indiana's public health workforce.

**Reasons for Success or Barriers/Challenges to Success**

An application process for state employees to obtain education and training through PHHS block grant funds was successfully implemented.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

An application process for state employees to obtain education and training through PHHS block grant funds was successfully implemented.

**Activity 1:**

**Provide web-based opportunities for education**

Between 01/2010 and 12/2010, promote electronic opportunities for education and training by creating web-based resources and providing continuing education credits to public health professionals as appropriate. Obtain access to virtual library resources such as electronic journals.

**Activity Status**

Completed

**Activity Outcome**

A contract with Indiana University School of Medicine was executed to allow 125 ISDH employees to gain access to electronic journals through a virtual library.

**Reasons for Success or Barriers/Challenges to Success**

Contract was successfully negotiated and executed.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Contact with the appropriate persons at Indiana University School of Medicine was made. Negotiations allowed for individually priced access. A survey was conducted to determine the appropriate number of staff that would need access. A contract was negotiated to allow for 250 staff to use the virtual library resources.

**Activity 2:**

**Support education to local health departments**

Between 01/2010 and 12/2010, The local health department outreach office is charged with providing information and educational opportunities to local health department personnel throughout Indiana. This office will continue to provide support by organizing an annual public health nurse conference, providing regional trainings, and supporting a "scholarship" initiative to allow local health department personnel to attend conferences and educational seminars both in-state and out-of-state as appropriate. Additional contracted personnel may be added to the outreach office to allow for better quality customer service in this area as well.

**Activity Status**

Completed

**Activity Outcome**

A contract staff member was added to the local health department outreach office to assist with meeting this objective. The 2010 Public Health Nurse Conference educated approximately 250 public health nurses from all over Indiana.

**Reasons for Success or Barriers/Challenges to Success**

The addition of a contracted staff member was invaluable in allowing the office to focus on workforce development activities for local health departments.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A staff member was hired through a temp agency that has a contract with the state of Indiana.

**Activity 3:****Education opportunities for public health workforce**

Between 01/2010 and 12/2010, Provide funding for ISDH agency staff to attend conferences, trainings, seminars, and continuing education in their respective fields. Support the ISDH Leadership at All Levels program to further educate the public health workforce on leadership skills.

**Activity Status**

Completed

**Activity Outcome**

Funding was provided for staff to attend: vital records training, environmental health trainings, HIPAA trainings, and SAS trainings. The Leadership at All Levels initiative of the agency was supported.

**Reasons for Success or Barriers/Challenges to Success**

The opportunity for funding was communicated to appropriate staff.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Emails were sent to division directors and an application process was implemented.

**Activity 4:****Workforce training initiative**

Between 01/2010 and 12/2010, Support the advisory committee on workforce development by providing funding for initiatives such as the Local Health Department Workforce Development Toolkit and other activities as appropriate.

**Activity Status**

Completed

**Activity Outcome**

The Local Health Department Workforce Development Toolkit was completed and is now being implemented throughout the state of Indiana.

**Reasons for Success or Barriers/Challenges to Success**

A contract was established to support the development and printing of the toolkit. A contract staff member was hired to provide trainings to local health departments.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Executing a contract for development and hiring staff to provide training.

## **State Program Title: Public Health System Quality Improvement**

### **State Program Strategy:**

**Goal:** To improve the overall quality and capabilities of Indiana's public health system. There will be a specific focus on the 10 public health essential services for the purposes of future voluntary accreditation for public health agencies.

**Health Priorities:** In order to improve the competencies of Indiana's Public Health Sector, it is important for all public health agencies to assess current competencies and subsequently work to improve identified weaknesses.

In FFY 2007, the Indiana State Department of Health (ISDH) was granted advance access to version 2 of the National Public Health Performance Standards Program (NPHPSP) assessment tool. This tool has currently already been used by several local health departments in Indiana, and a state public health assessment workshop was conducted in August of 2007. In FFY 2008, public health agencies that had already started this process continued their respective activities, while other agencies were invited to begin with the assessment phase.

In FFY 2009, all previous agencies continued their respective activities, and mentored other communities by sharing ideas and their best practices. Twenty new public health agencies began the assessment phase of the quality improvement project.

For FFY 2010 approximately 18 new public health agencies and the state lab system will begin the assessment phase of the quality improvement project. Governance assessments will be conducted with 5 boards of health, and 14 public health agencies that began the process in the past will complete a comprehensive evaluation. Agencies that underwent the assessment phase previously will continue respective activities.

**Strategic partners:** Indiana Public Health Association, Purdue University, local health departments, public health laboratories

## **National Health Objective: 23-8 Competencies for Public Health Workers**

### **State Health Objective(s):**

Between 01/2010 and 12/2010, conduct competency assessment at 18 local health departments in Indiana. The assessments will be based on the 10 essential public health services.

### **State Health Objective Status**

Not Met

### **State Health Objective Outcome**

No competency assessments occurred.

### **Reasons for Success or Barriers/Challenges to Success**

Due to staffing changeover, this objective was not met. Staffing both at ISDH and the contractor assigned to do this work had significant changeover to complete this work during the current year.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH will explore an opportunity to determine other opportunities to conduct the assessments and trainings via an electronic method.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

No Block Grant dollars were leveraged for this activity.

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES****Essential Service 5 – Develop policies and plans****Impact/Process Objective 1:****Development of Strategic Plans**

Between 01/2010 and 12/2010, Indiana State Department of Health and consultants will develop 1 strategic health plans for agency commissions.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Indiana State Department of Health and consultants developed 1 strategic health plans for agency commissions.

**Reasons for Success or Barriers/Challenges to Success**

The Health & Human Services Commission contracted with TSI Consulting to complete a strategic plan for the commission.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Health & Human Services Commission contracted with TSI Consulting to complete a strategic plan for the commission.

**Activity 1:****Strategic Planning for Agency Commissions**

Between 01/2010 and 12/2010, Agency will work towards developing a strategic plan for continued improvement in public health programs focusing on the Human Health Services Commission and possibly other commissions as appropriate

**Activity Status**

Completed

**Activity Outcome**

A strategic plan for continued improvement in public health programs was completed. The plan focused on the Health & Human Services Commission.

**Reasons for Success or Barriers/Challenges to Success**

The agency was able to contract with TSI Consulting that specializes in strategic planning for public health agencies.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The agency was able to contract with TSI Consulting that specializes in strategic planning for public health

agencies.

## **Essential Service 8 – Assure competent workforce**

### **Impact/Process Objective 1:**

#### **Public Health System assessments**

Between 01/2010 and 12/2010, Indiana State Department of Health and Contractors will identify **20** local public health agencies to address their needs and weaknesses.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Indiana State Department of Health and Contractors identified **15** local public health agencies to address their needs and weaknesses.

#### **Reasons for Success or Barriers/Challenges to Success**

During 2010, local health departments were stretched to the limit to provide H1N1 vaccines in addition to the newly required vaccination schedules for school aged children. LHDs felt they could not do the local public health assessment during the current year. They have asked to participate in 2011

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Although 20 LHDs had committed to the public health assessment in 2010, they have since asked to move it to 2011. ISDH and its contractor will complete those assessments in 2011.

### **Activity 1:**

#### **Public Health System Assessments**

Between 01/2010 and 12/2010, conduct assessments of local public health systems using the NPHPSP assessment instrument and follow-up with teambuilding and project charter training.

#### **Activity Status**

Completed

#### **Activity Outcome**

Fifteen local health departments completed the local public health systems assessment using the NPHPSP instrument. Ten counties completed training on team building and project charter training.

#### **Reasons for Success or Barriers/Challenges to Success**

The challenge to complete this work was related to H1N1 vaccinations and a new Indiana law requiring additional vaccinations for school aged children. LHD staff did not have time to participate or organize the assessments

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The counties that could not complete the NPHPSP assessments have asked to complete the process in 2011.

### **Activity 2:**

#### **Other System Assessments**

Between 01/2010 and 12/2010, public health system assessments will be conducted as identified (i.e., environmental state-wide public health system).

**Activity Status**

Completed

**Activity Outcome**

The ISDH State Public Health Laboratory System Assessment was completed utilizing the American Public Health Laboratories Laboratory System Improvement Program State Public Health Laboratory System Assessment Instrument

**Reasons for Success or Barriers/Challenges to Success**

The success included having 74 Indiana partners and 22 ISDH staff identified, of which 36 individuals attended and participated. Strengths identified in the statewide public health system included the following Essential Services: Monitoring health status to identify health problems (1); and, Assuring a Competent Public and Personal Healthcare Workforce (8).

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Twenty four of the respondents indicated in the Post Assessment Evaluation that the Assessment process identified potential areas for performance improvement. Participants recommended "defining the systems" and formalizing the system with an Advisory Body as critical first steps to performance improvement activities in the future.

**Essential Service 9 – Evaluate health programs****Impact/Process Objective 1:****Evaluation of Public Health Programs**

Between 01/2010 and 12/2010, Contractor and local health departments will evaluate **12** project charter counties to determine local public health system performance improvement, completion of project charter objectives, impact and contribution on the local public health system, and areas for improvement.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Contractor and local health departments evaluated **12** project charter counties to determine local public health system performance improvement, completion of project charter objectives, impact and contribution on the local public health system, and areas for improvement.

**Reasons for Success or Barriers/Challenges to Success**

Assessment data were collected in a systematic manner by means of an online survey that offered participating counties the opportunity to respond. The survey was designed to gain feedback from representatives of participating counties as to document current charter activities, position projects for future funding opportunities, inform decision-making and policy development, and ensure effectiveness of project and program management.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The success to completion was based on an online survey with a designated time to reply. Counties were provided enough notice that this survey was going to occur prior to the actual implementation of the survey.

**Activity 1:****Evaluate Project Charter Counties**

Between 01/2010 and 12/2010, Contractor will evaluate project charter counties.

**Activity Status**

Completed

**Activity Outcome**

Contractor completed 12 project charter evaluations from county health projects.

**Reasons for Success or Barriers/Challenges to Success**

Assessment data were collected in a systematic manner by means of an online survey that offered participating counties the opportunity to respond. The survey was designed to gain feedback from representatives of participating counties as to document current charter activities, position projects for future funding opportunities, inform decision-making and policy development, and ensure effectiveness of project and program management.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The success to completion was based on an online survey with a designated time to reply. Counties were provided enough notice that this survey was going to occur prior to the actual implementation of the survey.

**State Program Title: Sexual Assault Services**

**State Program Strategy:**

**Program Goal:** To reduce the prevalence of rape and attempted rape of women age 12 and older.

**Program Priorities:** The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. In FFY 2010, Sexual Assault Services funds will be distributed to various sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs with the ultimate goal of reducing the prevalence of rape or attempted rape. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to link people to services as part of efforts to reduce the rate of sexual violence among young adults and youth.

Contracts with each sub-grantee will include the following deliverables:

- To show an increase in services or coverage to underserved areas.
- To show an increase in focus on the targeted populations.
- To enhance the dissemination of information on treatment for sex offenders in Indiana.
- To show an increase in the number of youth receiving education on issues of sexual violence.

**Primary Strategic Partnership:** The Indiana Criminal Justice Institute has fostered collaborative partnerships with 21 external organizations around the state that provide sexual assault services.

**Role of PHHSBG Funds:** PHHSBG funds will be used to provide direct funding for programs at organizations that provide sexual assault services.

**Evaluation Methodology:** Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by ICJI with statistical data and other anecdotal information to allow for rigorous evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream. ICJI and The Coalition against Sexual Assault will be working in a collaborative approach in regards to compliance monitoring for all grant funds awarded. Monthly reports will be required of each funded project. These reports are broken into the following categories:

- financial information to document accounting of SAS funding.
- statistical information to document sexual assault activities, programming efforts and victims served.
- narrative information to document attainment toward objectives.

Each organization that receives funding will also be required to establish its own mechanism of data collection and internal controls. The ICJI monthly reporting process establishes the guidelines and requires extensive data collection and maintenance information from each subgrantee organization.

**National Health Objective: 15-35 Rape or Attempted Rape**

**State Health Objective(s):**

Between 01/2010 and 12/2010, Provide services to victims of sexual violence and provide education about prevention to the general public.

**State Health Objective Status**

Met

### **State Health Objective Outcome**

The funding distribution under the Sexual Assault Services supported 20 programs to provide direct services to victims of sex crimes and provide education regarding sexual violence and prevention to the general public. This funding is used to support existing rape crisis centers that provide the full continuum of care to survivors from the onset of crisis throughout the healing process; until such time that the survivor decides he/she no longer needs services. Services are provided by trained and qualified sexual assault victim advocates. Through these funds advocates were able to provide crisis intervention to over 3,000 victims. Over 820 victims received one on one services including case management services. Over 6,000 individuals benefited from education in the respective local communities.

### **Reasons for Success or Barriers/Challenges to Success**

Success: Committed service providers like Alternatives, Inc. have strong programs in the schools and communities. Last year Alternatives alone provided education on the prevention of sexual violence to 3,415 participants. According to the evaluation Alternatives conducted, 75% of program participants noted an increase in knowledge.

Challenges: In the 92 counties in Indiana there are 43 counties that lack services for victims of sex crimes. There is a disparity in the amount of funding available versus what is needed to provide adequate services. It is estimated that there are over 15,000 victims annually that have reported a sex crime; rape crisis centers are reaching only about 1/3 of that population. This does not even include those victims that elect not to report to law enforcement or choose to make anonymous reports.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ICJI and the State Coalition are working to secure more funding for rape crisis centers as well as increase the level of training for advocates. A fee on convicted sex offenders ranging from \$250 to \$1,000 was established to generate a funding stream to support victim service providers.

### **Leveraged Block Grant Dollars**

No

### **Description of How Block Grant Dollars Were Leveraged**

N/A

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

### **Essential Service 7 – Link people to services**

#### **Impact/Process Objective 1:**

#### **Provide services to victims, and provide information about prevention to all**

Between 01/2010 and 12/2010, Indiana Criminal Justice Institute will provide services to **1000** victims of sexual violence.

#### **Impact/Process Objective Status**

Exceeded

#### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Indiana Criminal Justice Institute provided services to **3000** victims of sexual violence.

### **Reasons for Success or Barriers/Challenges to Success**

Success: Over three thousand victims benefited from crisis intervention or case management services under the SAS funding stream. The majority of victims were through crisis intervention hotline calls and

referrals. Many service providers have long standing reputations in their communities with strong partnerships and collaborations among other social services and criminal justice entities. In many communities, hospitals know exactly who to contact to help victims of sex crimes.

Challenges: The unfortunate situation for victims of sex crimes in counties where services are non-existent is that there is not a short-term solution to find services and support from them. With 43 counties lacking services and the current cadre of service providers being at their limits with limited funding from SAS the long-term solution for service expansion into underserved and unserved counties requires more funding and more service providers.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

There is an effort underway with the Indiana Criminal Justice Institute and the state domestic violence and the state sexual assault coalitions to encourage dual service providers in areas where services are lacking. Additionally non-traditional funding streams such as a special recognition license plate have been established to increase funding for victim services. Dialogues with communities and with service providers are ongoing to encourage expansion into unserved areas.

### **Activity 1:**

#### **Extend coordinated, comprehensive sexual violence prevention programs within counties**

Between 01/2010 and 12/2010, the programs would

- Educate youth about the role of drugs and alcohol in sexual violence.
- Encourage underserved regions and counties to develop a prevention curriculum.
- Encourage communities to provide programs in environments that will teach males as well as females.

### **Activity Status**

Not Completed

### **Activity Outcome**

There is ongoing collaboration and effort to meet the stated goals in the activity. Over 6,000 individuals received education under the SAS grant last cycle. Adolescent males and females were educated and topics included drug facilitated sexual assault as well as the risk factors of alcohol and drugs as contributors to sexual violence. One of the most successful programs was through Sheltering Wings, Sheltering Wings was able to engage a group of men to take up leadership in sexual violence prevention through the Coaching Boys Into Men program. They were able to identify eleven men who expressed an interest in the program. In the end, eight men will lead the sexual assault prevention efforts. They include the athletic director at Avon Middle Schools, the assistant principal at Speedway High School, a retired businessman, a police officer, a former Athletic Director, a former football coach at Brownsburg and two former athletes. Since February, about 1400 teens have been educated on Teen Dating Abuse in a total of 25 trainings. As a part of these trainings, mostly in Hendricks County Schools, pre and post tests were administered to see if knowledge increased after the education.

### **Reasons for Success or Barriers/Challenges to Success**

Local service providers have been successful in this area because they have been able to combine funding to accomplish these goals. Many of the SAS funded programs also receive the Rape Prevention Education Funding from the CDC to provide education and awareness in their communities. These communities are engaged in required training as well as a priority focus on addressing males as well as females.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Challenges continue to be enhancing services and finding funding to support the increased needs in communities. In Indiana we are definitely not meeting the needs of educating our students in the areas of sexual violence prevention.

### **Activity 2:**

#### **Expand coordinated, comprehensive sexual offender treatment programs with the state**

Between 01/2010 and 12/2010, the programs would

- Disseminate informational materials on effective treatment programs in Indiana.
- Increase services to underserved regions, specifically in the Northwest and West Central regions of Indiana.
- Expand collaborative efforts with correctional re-entry programs targeting series for domestic violence offenders.

ICJI will also work the other state level partners to increase the percentage of prevention programming throughout the state.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

Indiana is undergoing a comprehensive study on offender programs and re-entry statewide. This has limited the ability to focus on increasing services in underserved areas as these goals may be inconsistent with future recommendations from the study.

#### **Reasons for Success or Barriers/Challenges to Success**

These goals are pending in many ways due to the Re-Entry study currently underway for the state.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

This goal continues to be a desired outcome but will be revised as needed when the full report comes out with the direction to be taken for the state with respect to offenders and community re-entry.

### **Activity 3:**

#### **Improve and enhance services and response initiatives to victims of sexual assault.**

Between 01/2010 and 12/2010, the programs would

- Encourage and support current efforts to provide services through crisis intervention, hotlines, support groups, and other services.
- Encourage expansion of services and support to underserved counties.
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.

#### **Activity Status**

Completed

#### **Activity Outcome**

SAS funded programs use their funding to provide crisis intervention, hotlines, and support groups. ICJI has made consistent strides to encourage outreach to underserved communities.

#### **Reasons for Success or Barriers/Challenges to Success**

The funding remains the ongoing barrier to reaching and expanding in to underserved communities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The non-traditional funding strategies will be the long-term solution to helping service providers expand into underserved communities.

**State Program Title: Social Marketing**

**State Program Strategy:**

**Goal:** To utilize existing and new partnerships to create and disseminate educational information and materials on a public health topic as the need arises.

**Health Priorities:** The current priority is to have funds available for immediate use when the need would arise in an emergency situation or alternate programs that need marketing and are just beginning their work. The Adolescent State Health Plan, which makes Indiana one of a handful of states with such a plan, needs resources to market and grow this program area. Another potential use would be public service announcements to counterattack harmful, medically misleading information.

**Primary Strategic Partners:** The ISDH has fostered many collaborative relationships and strategic partnerships both internally and externally. They include:

**Internal:**

Nutrition and Physical Activity  
Chronic Disease Division  
Office of Women's Health  
Governor's Council for Phys. Fitness/Sports

**External:**

Asher Agency  
Indiana Tobacco Prevention/Cessation  
American Lung Association  
Anthem Blue Cross/Blue Shield  
Cabello & Associates

**National Health Objective: 7-10 Community Health Promotion Programs**

**State Health Objective(s):**

Between 01/2010 and 12/2010, expand community health promotion programs aimed at educating the public and raising awareness about select public health issues.

**State Health Objective Status**

Met

**State Health Objective Outcome**

Community health promotion programs were expanded in an effort to educate the public and raise awareness about public health issues.

**Reasons for Success or Barriers/Challenges to Success**

Community health promotion programs were expanded in an effort to educate the public and raise awareness about public health issues.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Community health promotion programs were expanded in an effort to educate the public and raise awareness about public health issues.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

Not applicable.

## ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

### **Essential Service 3 – Inform and Educate**

#### **Impact/Process Objective 1:**

##### **Just-In-Time Education**

Between 01/2010 and 12/2010, Indiana State Department of Health and Partners will identify **1** marketing opportunity in the event a need for communication to the general public is necessitated by a public health event.

##### **Impact/Process Objective Status**

Exceeded

##### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Indiana State Department of Health and Partners identified **4** marketing opportunity in the event a need for communication to the general public is necessitated by a public health event.

##### **Reasons for Success or Barriers/Challenges to Success**

Community health promotion programs were expanded in an effort to educate the public and raise awareness about public health issues.

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Community health promotion programs were expanded in an effort to educate the public and raise awareness about public health issues.

#### **Activity 1:**

##### **Education**

Between 01/2010 and 12/2010, The Indiana State Department of Health will distribute information in the form of public service announcements (radio, tv, and news campaigns) and other methods to all Hoosiers as a responsive mechanism to potentially medically misleading information; as a response to a public health emergency; and as a method of growing and expanding public health programs of the agency.

##### **Activity Status**

Completed

##### **Activity Outcome**

The following campaigns were identified and implemented: lactation training for breastfeeding, Sunny Start materials for parents of age 0-5 were printed in Spanish, One Test Two Lives PSAs were created and put out in target communities, and the adolescent health program developed PSAs for a target audience.

##### **Reasons for Success or Barriers/Challenges to Success**

Community health promotion programs were expanded in an effort to educate the public and raise awareness about public health issues.

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Community health promotion programs were expanded in an effort to educate the public and raise awareness about public health issues.

**State Program Title: State Health Data Center**

**State Program Strategy:**

**Program Goal:** To increase the quality and quantity of data collected by the Indiana State Department of Health.

**Program Priorities:** With previous PHHS Block Grant funds, the State Health Data Center at the Indiana State Department of Health (ISDH) has improved the use of data with an end result of overall improvement in public health access to information and surveillance data. The agency would like to continue this work and increase the amounts and types of data acquired.

The agency will replace a current software program with an improved program to allow for the collection of demographic and inspection data of food establishments; expand the BRFSS collection; enhance the online septic system program management and data collection tool; explore the possibility of adding components to existing data collection systems to include swimming pool inspections; increase electronic lab reporting through the continued development of the agency's disease reporting exchange program. Electronic reporting forms will also be developed for standardized data collection among prenatal care coordination programs and possibly other program areas as the need is determined.

An additional priority for data collection will be a collaboration between the state public health laboratory and the STD program. An additional 2900 people from selected target groups will be tested for Chlamydia and gonorrhea in order for the program area to obtain improved data for these groups.

This project would require the purchase of various software and equipment; the hiring of contractors to complete the work; and the purchase of lab test kits.

**Primary Strategic Partners:** The ISDH has fostered collaborative relationships and strategic partnerships both internally and externally. They include:

**Internal:**

Data Analysis Division  
Epidemiology Resource Center  
ISDH Laboratory  
Preparedness division  
STD division  
Maternal and Child Health division  
Food protection division  
Environmental Health division  
Information technology division  
Acute Care Services division  
Cancer Registry program

**External:**

Indiana Health Information Exchange  
Local Health Departments  
Multiple labs  
Indiana Women's Prison  
Indiana Juvenile Facility  
Southern Indiana Pediatrics  
Indiana Restaurant and Hospitality Association  
Indiana Grocers and Convenience Store Association  
Indiana Dept. of Environmental Management  
Indiana Department of Natural Resources  
Clearwater Research

**Evaluation Methodology:** Increased quantity and quality of data collected by the agency.

**National Health Objective: 23-2 Public Health Access to Information and Surveillance Data**

**State Health Objective(s):**

Between 01/2010 and 12/2010, Increase the quantity and quality of public health data.

**State Health Objective Status**

Met

**State Health Objective Outcome**

Increased the amount of electronic lab reports for the cancer registry, began development of a database for environmental data, started the development of a food protection database, and had successful collaboration between the STD program and the state lab to increase testing for chlamydia and gonorrhea.

**Reasons for Success or Barriers/Challenges to Success**

Activities were started and will continue as funding permits.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Seek additional funding opportunities and increase partnerships to continue the development of data collection activities.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

N/A

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

**Essential Service 1 – Monitor health status**

**Impact/Process Objective 1:**

**Increase the quantity and quality of data**

Between 01/2010 and 12/2010, Indiana State Department of Health Software Developers, IT contractors, Clearwater Research, state laboratory will maintain 2 sources of data.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Indiana State Department of Health Software Developers, IT contractors, Clearwater Research, state laboratory maintained 2 sources of data.

**Reasons for Success or Barriers/Challenges to Success**

Activities were started that allowed for the collection of electronic lab reports for the cancer registry and for development of a database for environmental information.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Technology continues to grow and change making it difficult to keep up in a tough economy. ISDH continues to work with partners to expand abilities in this area.

**Activity 1:**

**Obtain Environmental Health Data**

Between 01/2010 and 12/2010, The Environmental Health Division currently partners with the Department of Natural Resources to utilize a database that collects data regarding on-site sewage disposal systems. The program will expand this database to obtain more data. In addition, the program will explore the possibility of adding a component to the database that will allow the collection of data on public swimming pool inspections.

**Activity Status**

Not Completed

**Activity Outcome**

Enhancements to our data collection system for septic systems, along with the creation of an online database tool for public swimming pool programs, both to be used by the local health departments.

**Reasons for Success or Barriers/Challenges to Success**

State-wide, centralized, web-based data collection systems, which means that no software needs to be purchased or maintained, and no data storage or back-up concerns, by the local health departments.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

System testing by select local health departments to determine bugs and/ or other items needed to be tweaked with the program. Use of webinars to roll-out finished products to the local health departments.

**Activity 2:****Disease Reporting Exchange**

Between 01/2010 and 12/2010, The program will expand the number of labs that submit lab reports to the agency's Disease Reporting Exchange and make the needed technological modifications to allow other agency programs (i.e., cancer registry, STD, lead) to receive the data in a usable format.

**Activity Status**

Not Completed

**Activity Outcome**

This activity continues to be ongoing as advances are made technologically. We have made contact with nearly all of the laboratories and offices sending information not electronically. Our contractor has been instrumental in working with our software system, a Centers for Disease Control product entitled E-MARC, and feeding the information in from places that are capable of using the electronic system. As more and more places come online with their own electronic records, we are ready to assist them in feeding us their information electronically via the Disease Reporting Exchange.

**Reasons for Success or Barriers/Challenges to Success**

Many of the larger pathology laboratories have electronic records already in place, and thus were able to get started sending laboratory data to us electronically much faster. These six pathology laboratories represent the larger number of cases that were still coming via paper or other non-electronic methods, and there are three more that are almost ready to report electronically. However, there are many smaller laboratories and personal doctors' offices that have not made the change to an electronic records method. Thus, those individuals are not able to send data electronically. Another delay in getting the data to the program in an acceptable format relates to changes made on a national scale to reporting data to the cancer registry. The software used by the Indiana State Cancer Registry had to be updated to a new version to reflect new standards for reporting information; thus, once the information was initially working in version 11 of the software, changes had to be made for version 12.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We have made contact with nearly all of the laboratories and offices sending information not electronically. Our contractor has been instrumental in working with our software system, a Centers for Disease Control product entitled E-MARC, and feeding the information in from places that are capable of using the electronic system. As more and more places come online with their own electronic records, we are ready to assist

them in feeding us their information electronically via the Disease Reporting Exchange.

**Activity 3:**

**Obtain additional prevalence data**

Between 01/2010 and 12/2010, Expand Indiana's BRFSS survey by adding prevalence data to the surveys in new and/or expanded areas.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Alternative funding located.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Alternative funding used.

**Activity 4:**

**Develop web-based form to enter data**

Between 01/2010 and 12/2010, A web-based prenatal care coordination outcome reporting form will be developed to allow for the timely entering of data by care coordinators in all program and allow for timely reporting of results.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Alternative funding identified.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Alternative funding will be utilized.

**Impact/Process Objective 2:**

**Food Protection Program Database**

Between 01/2010 and 12/2010, ISDH and contractors will update **1** software program used to collect demographic and inspection data of food establishments under the regulatory control of the program.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, ISDH and contractors updated **1** software program used to collect demographic and inspection data of food establishments under the regulatory control of the program.

**Reasons for Success or Barriers/Challenges to Success**

The Food Protection Program (FPP) did not update its current system. The FPP chose to lease the CodePal system with the option to purchase that system at a later date due to the findings in the Business and Functional requirements, and the program's limited funding. The FPP determined that an off-the-shelf application with the option for modifications best fit the program's needs and limitations. The FPP conducted an in depth search for a software product that would solve the needs of the Program and not involving another repair or patch to an existing flawed system already in use.

The FPP determined that leasing an off-the-shelf system was more beneficial.

One of the continuing challenges to success is the FPPs long term limited funding. Since the program area does not have a guaranteed amount of funds going forward, choices were limited to those systems that could offer the most benefits at a marginal cost. The FPP continues to search for funding for future expenditures and long term sustainability as they pertain to the chosen software application.

A major reason the chosen software will be a success to the FPP is that the FPP was able to negotiate unlimited license use to the software during the lease. Any number of users can plug into the system and reap its benefits, including the Local Health Departments and other program areas in the agency. Agency-wide and state-wide data sharing could be made possible via the software application. The CodePal software provides for a much needed flexibility in information development with the FFP area and will include complaint intake and redirect, online registration for the food industry, eventual inspection data results searchable by consumers and mass notification of emergency alerts, etc. to the industry among a few of its many capabilities.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The FPP and Office of Technology and Compliance (OTC) developed business and functional requirements documents that outlined the needs and wants of the program area prior to selecting or developing a software system. These documents explicitly show the current state of the Food Protection system and outline a future system that will take the program in an appropriate direction.

#### **Activity 1:**

##### **Replace FIRMS database with Digital Inspector**

Between 01/2010 and 12/2010, The IT contractors, under the supervision of the OTC (Office of Technology and Compliance) Program and with the agreement of the Food Protection Program, will use a new program, i.e. the IDEM (Indiana Department of Environmental Management) Digital Inspector, as a basis for developing the needed tool. They will follow the work plan created by the OTC Program and will be completed, with documentation, in one year. The scope of the project will be clearly spelled out prior to beginning work, however it will be similar to existing needs already in place.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

After further investigation, the FPP, along with the OTC, determined the Digital Inspector system did not fully meet the needs of the program area. The FPP determined that a different system, CodePal, did in fact meet the program's needs. The business and functional requirements showed how necessary it was for the FPP to adopt the CodePal software. The software (developed by Sybotech, Inc.) provides the FPP with easy to use options to collect the demographic and inspection data for food establishments as well as provide management, etc. with options to produce accurate and flexible reporting. Additionally, the FPP negotiated

with Sybotech unlimited license use so that any number of participants can use and benefit from the system. The CodePal system is already in use by many different fire and building code officials across the country and it was a logical fit to adapt it to food code officials.

The CodePal system was installed on 1-4-2011 and database analysis and training are in progress. Thus far, there have been no issues with the CodePal software.

### **Reasons for Success or Barriers/Challenges to Success**

The project is on time and within budget at this point, and there are no unforeseen issues that will cause the project to fail. This project has been successful thus far due to collaboration between the FPP the OTC. Both groups have been committed to the success of this project from the beginning. However, there have been challenges due to long term sustainable funding and both groups have had to forego some needs in order to stay within budget.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The FPP and OTC have collaborated in the hopes that this project will be successful and not fail due to unforeseen challenges. To stave off barriers and challenges, both groups present options, not road blocks, to overcome issues that arise. Thus far, this simple strategy has worked extremely well. The FPP has done outreach with the Indiana Food Safety and Defense Task Force which has membership of well over 150 food industry, regulatory and academia to create an ad hoc committee to study the needs for long term funding for this project. The committee was created and there has been one working meeting as of 12-31-10. The "Licensing Proposal Workgroup" as it is called for now has developed a initial conceptual proposal to establish a "license" requirement for those food establishments directly regulated by the FPP. The license would have an annual collected fee that would be deposited in a dedicated non-reverting fund to be used solely for the purpose of sustaining the new software system annual hosting and OTC costs as well as future upgrades. The funds would also cover future equipment and software training needs of the FPP staff. The future is still uncertain for this project but it will continue to be developed.

Another positive development is the passage of the FDA Food Safety Modernization Act of 2010 that was signed into law in early January 2011. The Act calls for capacity building for state and local health departments through funding streams from the FDA. Once it is known how this will be handled there is a strong likelihood that funding may become available from the FDA to provide for long term sustainability of the FPP software.

### **Impact/Process Objective 3:**

#### **STD Testing**

Between 01/2010 and 12/2010, State agency will increase the number of at risk groups tested for Chlamydia and gonorrhea from 36% to 41.6%.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, State agency increased the number of at risk groups tested for Chlamydia and gonorrhea from 36% to 37%.

### **Reasons for Success or Barriers/Challenges to Success**

We experienced significant difficulty in meeting our target throughout 2010 that we tried repeatedly but unsuccessfully to resolve.

First, we were misinformed about the level of chlamydia screening occurring among young incarcerated women. We believed screening was not occurring on a routine basis in the state's prison system but learned later that it was, so there was no need to use our resources to test this population. Secondly, when we attempted to institute screening in similar groups at increased risk, for example, females incarcerated at a high-morbidity county juvenile facility (Lake County), we were refused due to lack of medical staff to collect specimens and lack of "time". Third, we experienced logistical difficulties within the state health department having to do with shipping envelopes which would allow providers to mail samples to the state Laboratory without paying postage. Our request for a special, postage-paid envelope for this purpose was in development from June through December of 2010 when we finally cancelled the order after learning it would take perhaps three more months to complete. This lack of an easy, free-of-cost-to-provider method of sending samples for processing resulted in confusion and frustration for our community partners as well as a burden on state staff to transport specimens from the main ISDH office over to the state Lab several times a week. Fourth, testing could not begin at either facility until late summer due to delays ordering test supplies, training of providers in use of LIMSnet for electronic requisitioning, and sample collection. Data presented represents only approximately five months of testing for the pediatric practice and three months for the jail.

We also attempted to institute screening at another high-morbidity county jail (Allen County) for offenders under age 30 but were never able to secure local administrative permission even though jail medical staff were supportive.

We had two successful locations, Southern Indiana Pediatrics, and Lake County Jail (adult).

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to overcome these challenges have been described in the section above, but can be summarized by our attempting to find similar groups at risk for chlamydia who were not receiving testing and to offer this testing to them.

#### **Activity 1:**

##### **Provide Chlamydia and gonorrhea testing**

Between 01/2010 and 12/2010, The ISDH lab and STD control programs will collaboratively provide Chlamydia and gonorrhea testing (using a combined test) to selected groups who are currently not served but who are at high risk of having these infections. Groups will include: young women at Indiana Women's Prison; young women at the Indiana Juvenile Detention Facility; and young men and women at a pediatric practice in Monroe County.

#### **Activity Status**

Completed

#### **Activity Outcome**

A total of 651 chlamydia and gonorrhea tests were performed at Southern Indiana Pediatrics and 78 tests were performed at Lake County Jail. Southern Indiana Pediatrics tested for approximately five months in 2010 with testing ongoing into 2011 until supplies are depleted, and Lake County Jail tested for three months between September 1 and November 30, 2010. They will not continue testing due to administrative changes in policy (newly elected Sheriff put a hold on activities until he can determine where to allocate resources).

At Southern Indiana Pediatrics, 20 females and 7 males tested positive for Chlamydia for an overall positivity rate of 4%. Two females and one male tested positive for gonorrhea for an overall positivity rate of 0.5%. At

Lake County Jail 16 chlamydia positives were received, for a 16% positivity rate and 2 gonorrhea tests were positive for a 3% positivity rate at this site.

**Reasons for Success or Barriers/Challenges to Success**

Reasons for success can be summarized by provider motivation to implement chlamydia testing. At both testing venues the providers themselves were committed to providing this service to their patients or offenders, respectively.

Reasons for barriers were mostly logistic or administrative/political in nature and are described in previous section(s).

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We made every attempt we could to identify appropriate groups at increased risk for chlamydia and to offer this testing to them.

## **State Program Title: State Office of Rural Health**

### **State Program Strategy:**

**Goal:** To improve access to comprehensive, high-quality health care services.

**Health Priorities:** Health indicators for rural citizens of Indiana are consistently worse than those of its metropolitan counterparts. In order to assist hospitals located in rural areas of Indiana, the program will fund projects designed to improve health outcomes of the rural community served and to educate the community on signs and symptoms of stroke and benefits of seeking prompt treatment. A Computerized Physician Order Entry program will be implemented to enable a hospital to attain certification of electronic health records. Participation in the Stroke Care Now Network will educate hospital staff. A telemedicine initiative will assess, plan, implement, and evaluate a comprehensive tele-stroke program that will improve response and treatment of acute ischemic stroke patients.

**Primary Strategic Partners:** The Lugar Center; Perry County Memorial Hospital; Pulaski Memorial Hospital; Union Hospital; Sullivan County Community Hospital; Clinton County Hospital; St. Vincent Hospital; Greene County General Hospital.

**Evaluation Methodology:** Reduced process-related medication errors and adverse drug events; replace written, faxed, and verbal orders with legible electronic orders; reduce costs by reducing length of stay and need for repeat tests. The telemedicine initiative will close geographic gaps by coordinating among 4 hospitals and allowing quicker access to time-sensitive, appropriate treatment.

## **National Health Objective: 1-11 Emergency Medical Services**

### **State Health Objective(s):**

Between 01/2010 and 12/2010, Assure a prompt response for emergency services by implementing a well-coordinated system of care with components that include public awareness and education, reliable electronic medical records, and coordination of systems.

### **State Health Objective Status**

Met

### **State Health Objective Outcome**

Several activities were undertaken and completed to varying degrees with all contributing to a well-coordinated system of care.

- Education of one hospital's staff occurred and public awareness regarding actions to take in the event of a stroke has begun in targeted geographic areas.
- Computerized Physician Order Entry software was purchased by one hospital which will aid electronic health record certification—a component to increasing record reliability and portability.
- A consortium of 4 hospitals assessed, revised and implemented new protocols regarding stroke treatment and began an educational campaign to increase stroke awareness.

Six critical access hospitals in rural areas conducted projects that will contribute to improved health outcomes once fully implemented and measured. The software, hardware and processes that were added will become part of new hospital-level systems in response to community-wide system improvements.

### **Reasons for Success or Barriers/Challenges to Success**

The projects were successful in moving all hospitals toward lasting system change in part because the change has previously proven successful (GWTG stroke project/tele-stroke), and is demanded by Meaningful Use requirements (CPOE). Barriers resulted from participants encountering unknown technology in one case and unique legal requirements in another.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

More front end investigation of technology requirements will be employed.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

N/A

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

**Essential Service 1 – Monitor health status**

**Impact/Process Objective 1:**

**Improve Health Outcomes**

Between 01/2010 and 12/2010, Critical Access Hospitals will implement 1 certification of electronic health records.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Critical Access Hospitals implemented 0 certification of electronic health records.

**Reasons for Success or Barriers/Challenges to Success**

The production of certifiable software took longer than anticipated. The industry standard for this application is complicated by new Meaning Use criteria newly employed by the federal government. These standards are often not clearly understood by providers, especially those in rural settings who do not have staffs dedicated to information technology. Perry County Hospital did install a computerized physician order entry system but the system has not led to the certification of electronic health records.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Share hospital experience with other hospitals needing to implement CPOE.

**Activity 1:**

**Implement CPOE software**

Between 01/2010 and 12/2010, Implement Computerized Physician Order Entry (CPOE) software to enable the hospital to attain certification of its electronic health records that will result in improved health outcomes of the patient community served via: reduced process-related medication errors and adverse drug events, □ replacing most written, faxed and verbal orders with legible electronic orders,; improved pharmacy, radiology and laboratory turnaround times □; increased patient outcomes because of faster decision-making tools; reduced costs by reducing length of stay and the need for repeat tests.

**Activity Status**

Not Completed

### **Activity Outcome**

Although the hospital purchased the computerized physician order entry (CPOE) software, it learned that additional items and processes needed to be in place before the software integrating various and separate hospital systems would become fully activated. These include upgrading the hospital's server (already approved by the Board) and waiting for HMS to release an updated, "certifiable" version of the software (i.e., Release 9.0) within which CPOE will operate. The hospital also needed to train staff on the newly-certified software before beginning CPOE training.

During its October 27, 2010 meeting, the hospital's Board of Trustees approved the purchase of CPOE software from our current software vendor (HMS). The hospital purchased the software, for a cost, not including installation or monthly maintenance fees of \$36,017.

### **Reasons for Success or Barriers/Challenges to Success**

The hospital's initial strategy was to purchase CPOE software from our current vendor. We discovered early in 2010, however, that it was important for us to examine CPOE products offered by other vendors before making a final purchase decision. That process took many months and involved a significant investment of time and energy on the part of our IT department, the administrative team and several department managers/clinicians. After careful consideration, we ultimately decided to remain with our current software vendor.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The hospital took several steps to help make a final decision to purchase CPOE software from HMS. These included hiring a consultant to assess current status, reviewing the software products provided by other vendors, meeting regularly with impacted departments and sending staff to other facilities to assess the CPOE products used by those facilities.

## **Essential Service 3 – Inform and Educate**

### **Impact/Process Objective 1:**

#### **Educate health care workers and public**

Between 01/2010 and 12/2010, Critical access hospital will update **1500** Hospital staff and rural community members.

### **Impact/Process Objective Status**

Not Met

### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, Critical access hospital updated **25** Hospital staff and rural community members.

### **Reasons for Success or Barriers/Challenges to Success**

Lack of certain technology impeded a part of the training.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

A checklist of system readiness by type of application could be developed and shared among rural hospitals.

### **Activity 1:**

#### **Educate health care workers and public**

Between 01/2010 and 12/2010, Participation in the Stroke Care Now Network by educating the hospital staff on current standards of stroke care and educating the community on signs and symptoms of a stroke and

the benefits from seeking prompt treatment.

### **Activity Status**

Not Completed

### **Activity Outcome**

- Pending the completion of the T-3 line the ED staff and the Medical Staff will be trained on the use of the robotic equipment.
- Community education began in February of 2010. Radio announcements were done with three area radio stations. Due to the delay in the T-3 line completion, the second round of advertisement was postponed until December 2010. In December of 2010, radio announcements were repeated with four area radio stations. Community education was also accomplished in December 2010 with newspaper articles in two local newspapers and direct mailings of a postcard with a magnet defining the symptoms of a stroke.
- A link to the Stroke Care Now Network was also added to the hospital web-site.
- **Fifteen** Emergency Department nurses completed the National Institute of Health (NIH) Stroke Scale on-line course.
- Stroke Protocol was reviewed and revised based on information provided by the Stroke Care Now Network.
- Emergency Department (ED) staff and Pulaski County Emergency Response received training on the Stroke Protocol.
- The ED nurses received training on proper administration of thrombolytic medication from Genetech on 3-18-2010.
- Information on contacting the Stroke Care Now Network is posted in the Emergency Department.
- **Ten** neurologists from the Stroke Care Now Network have been credentialed for tele-neurology consults.

### **Reasons for Success or Barriers/Challenges to Success**

The Hospital's T-1 line would not accommodate images on the telecommunication system (robot).

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Pulaski Memorial Hospital worked with Pulaski White Rural Telephone Company for the installation of a T-3 line. This process took longer than anticipated. Transition to fiber is scheduled for 1/17/11

## **Essential Service 4 – Mobilize Partnerships**

### **Impact/Process Objective 1:**

#### **Coordinate telemedicine initiative**

Between 01/2010 and 12/2010, The Lugar Center will identify **4** critical access hospitals.

### **Impact/Process Objective Status**

Met

### **Impact/Process Objective Outcome**

Between 01/2010 and 12/2010, The Lugar Center identified **4** critical access hospitals.

### **Reasons for Success or Barriers/Challenges to Success**

Participating hospitals were successful because the coordinating entity was able to discover, correct and act upon protocol deficiencies common to all participants. One hospital was not able to participate in a segment of the activity due to internal legal requirements.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Increase eligibility (patient needs to be admitted for treatment within 3 hours of symptoms) for stroke treatment through public education.

#### **Activity 1:**

##### **Coordinate telemedicine initiative**

Between 01/2010 and 12/2010, The Lugar Center will coordinate among 4 critical access hospitals for a telemedicine initiative which will assess, plan, implement, and evaluate a comprehensive tele-stroke program that will improve the response and treatment of acute ischemic stroke patients in an effort to close the geographic gaps that separate rural providers and patients from accessing time-sensitive, appropriate treatment.

#### **Activity Status**

Completed

#### **Activity Outcome**

As a result of the Get with the Guidelines baseline data abstraction, it was noted that less than 1% of patients arriving to the ED met eligibility for recombinant tissue plasminogen activator (t-PA) administration. Due to this phenomenon, senior leadership at each hospital site agreed to initiate a public awareness campaign to enhance their community's awareness of the signs and symptoms of stroke, as well as the importance of calling 911. Some of the action items as part of this initiative are as follows:

1. Placing F.A.S.T. (Face, Arm, Speech, Time) stickers on prescriptions filled at local pharmacies.
2. Placing F.A.S.T. table tents on tables at local restaurants.
3. Placing F.A.S.T. stickers on programs handed out at local high school athletics programs.
4. Placing F.A.S.T. materials at key hospital areas (admitting, waiting rooms, etc.).
5. Hosting luncheons with key community stakeholders to raise awareness.
6. Initiating public service announcements provided by the American Heart Association.
7. Providing stroke education materials at local 4-H Fairs and other community events that hospital personnel participate in throughout the year.
8. Collaborating with home health agencies, the local community mental health center, as well as family physician offices to disseminate stroke education materials.

Union Hospital's Richard G. Lugar Center for Rural Health assessed, planned, implemented, and evaluated a comprehensive tele-stroke program at Greene County General Hospital, St. Vincent Clay Hospital, Sullivan County Community Hospital, and Union Hospital Clinton, in an effort to improve the response and treatment of acute stroke patients. This initiative was designed to reduce the geographic barriers that separate rural providers and patients from accessing time-sensitive, evidence-based stroke treatment.

Throughout the planning phase of this project, multiple meetings were held among key project stakeholders including local neurologists, hospital and pre-hospital care personnel, as well as the medical staff at each hospital site. A needs assessment was completed through an interview process. Key initiatives that were determined as a result of this process included the creation of standardized treatment protocols for pre-hospital care, standardized hospital-based order sets, standardized clinician education regarding stroke assessment and treatment, and the creation of a community awareness campaign designed to enhance the recognition of stroke.

## II. Process Implementation

A. Pre-Hospital Care Personnel: Data collected as part of this initiative indicated that less than 29% of patients with signs and symptoms of stroke accessed their initial medical care via local Emergency Medical Systems (EMS). This statistic confirmed that pre-hospital care personnel play a critical role in the “chain of survival” to promote optimal stroke outcomes. During the planning phase of this project, it was noted that there were no standardized protocols in place for the care and treatment of patients suffering from stroke or stroke-like symptoms. The following action items were completed as a result of these findings:

1. Standardized stroke protocols were developed and implemented at each critical access hospital site.
2. Stroke education regarding general stroke assessment, evidence-based interventions, and the new protocols was completed by the Project Manager to approximately 45 pre-hospital care personnel.
3. A pre-hospital care t-PA eligibility checklist was developed to promote early Emergency Department (ED) notification of a stroke patient.
4. A pre-hospital t-PA infusion guideline was also developed and implemented to assist Paramedics in managing t-PA infusions during transport to tertiary care centers.

### B. Hospital Personnel:

During the planning phase of this project, it was noted that there were no standardized stroke protocols or order sets at any of the regional hospitals. Two hospitals had stroke order sets dating back to 2001, while two hospitals had no existing stroke orders. As a result of this initiative, standardized stroke orders were developed, educated, and implemented at each of the critical access hospital sites. All order sets were approved and adopted by the Medical Executive Committees at each site. The foundation of the stroke order sets was determined by the evidence-based guidelines set forth by the American Heart Association, as well as the Centers for Medicare and Medicaid Services (CMS) comparative outcome profile data for stroke care. The Project Manager also assisted each CAH site with the exception of St. Vincent Clay Hospital,\* collect and enter baseline stroke performance data as part of the Get with the Guidelines Stroke Care Management program for this initiative. Thirty stroke records were abstracted at each participating hospital site. This process was completed in November, 2010. Ongoing data collection and entry will be completed by designated personnel at each CAH site to determine process effectiveness through June 2011. Collaborative efforts were also initiated between network sites and InSRHN to share stroke data performance measures in an effort to form a larger, state-based data pool. Each participating hospital was also provided the option to take advantage of continued funding to sustain the Get with the Guidelines data management system through InSRHN. General stroke education was provided to all nursing personnel at each site through either on-line assisted instruction or in-person. The National Institute of Health Stroke Scale (NIHSS) education and subsequent certification were also completed by all nursing personnel at each site via on-line computer assisted instruction. Table 1 indicates the number of staff trained at each site as well as the major activities completed by each site.

\*Ascension Health would not permit contract initiation with Outcome due to legal issues concerning the contract.

<b>Intervention</b>	<b>Greene County General</b>	<b>Sullivan County Community</b>	<b>Union Ho</b>
# of staff receiving stroke education (including s/s, t-PA administration)	40	32	46
# of staff receiving NIHSS education and certification	40	32	46
# of staff receiving t-PA administration training	40	32	46
Policy/Procedure/Protocol adoption*	Yes	Yes	Yes
GWTG Baseline Data Entry (30 charts per site)	Yes	Yes	Yes

### Reasons for Success or Barriers/Challenges to Success

The success of this program was largely due in part to the overwhelming support provided by the site coordinators at each critical access hospital site. The coordinators led the initiative to ensure that all required hospital-based and prehospital-based education was scheduled and completed. Lea Ann Camp, CNO at Greene County General Hospital and Jan Weust, CNO at Sullivan County Community Hospital, led a bi-county stroke awareness campaign in their communities. Greene County General Hospital and Union Hospital Clinton also incorporated key stroke assessment tools into their electronic medical record (EMR) documentation system to ensure optimal process flow among hospital personnel. Purple-colored packets were also deployed at each of the CAH sites to ensure that ED personnel had easy access to all stroke-related materials. This process minimized confusion of seeking out order sets, protocols, and other documentation forms necessary to ensure an expeditious treatment time.

Barriers encountered throughout this project included the pre-conceived ideas and beliefs regarding t-PA administration among ED physicians. Many emergency physicians reported that they hesitated to administer t-PA to their ischemic stroke patients because of the risks associated with medication administration, and the fear that they would be sued for potentially adverse outcomes. In response to this issue, inclusion and exclusion criteria were established and integrated into the ED Stroke Protocol to assist ED physicians in determining t-PA eligibility. These criteria were adopted from the American Heart Association, National Stroke Association, as well as the t-PA package insert information/instructions.

The next barrier was a lack of funding to purchase synchronous telemedicine devices for the neurology practice location in Terre Haute, Indiana. The neurology practice utilized for this project employs three neurologists (two dedicated to the office setting and one dedicated to hospital duties at Union Hospital in Terre Haute). As a result, the ability to provide synchronous tele-stroke call to each of the four CAH project sites is limited to only the time frame in which the hospital based neurologist might be available for consultation. This barrier prohibits the provision of 24/7 tele-stroke consultation activities. To overcome this challenge other options were explored to adjunct regional tele-stroke care with a nationally-based specialty provider group. This option proved to be too cost prohibitive, costing approximately \$10,000 per CAH site, per year.

The final barrier involved the neurologist's perceptions regarding the lack of reliability and validity for conducting a neurological examination via synchronous telemedicine. The neurologists reported that spoke site personnel would need to be "well versed" in conducting cranial nerve assessments, as well as other neurological examination techniques to ensure an appropriate diagnosis was rendered. To overcome this challenge, a variety of evidence-based sources were consulted, which supported no negative evidence regarding the safety or efficacy of telemedicine for rendering an acute stroke diagnosis. Ongoing efforts to overcome this barrier will be taken to enhance the comfort level of specialty providers who participate in synchronous telemedicine consultations. Although synchronous neurology consultation is limited, the store-and-forward neuroimaging exchange that has been implemented as a result of this project has provided neurologists additional information to formulate effective treatment plans in collaboration with the ED physician.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

To overcome the barriers associated with the limited availability of neurology care via synchronous telemedicine, a webbased application is currently being explored as part of Union Hospital's Telehealth Network Grant Program to provide specialty physicians with connectivity options beyond the traditional telemedicine devices located in their practice settings. This solution will potentially provide a more economical solution that will facilitate connectivity to spoke site hospitals from anywhere an Internet connection is available, while promoting seamless interoperability across all network devices.

Without this funding none of these opportunities would have been possible. To ensure the ongoing success of all of the objectives set forth by this proposal, ongoing data evaluation regarding the effectiveness of

stroke care interventions will be monitored through the previously established clinical meetings that are conducted on a quarterly basis at each of the CAH sites. Ultimately, all Network performance measures are reported to the Network Advisory Board which is comprised of senior-level leadership from each Network partner site. This process facilitates the incorporation of the Plan, Do, Check, Act performance improvement methodology to ensure project sustainability and success.