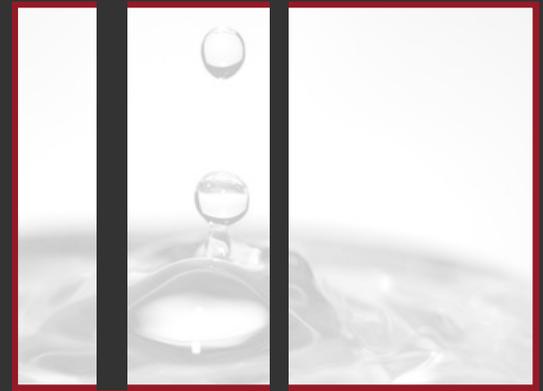


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Shaping *the* Future

Division of Chronic Disease Prevention & Control • Division of Nutrition & Physical Activity • Tobacco Prevention & Cessation Commission

The *First* Edition

In 2012, the Indiana State Department of Health (ISDH) Division of Chronic Disease Prevention and Control (CDPC), the Division of Nutrition and Physical Activity (DNPA), and the Tobacco Prevention and Cessation Commission (TPCC) are implementing new efforts to strengthen our internal communication and integrate our external communication to better serve our State.

Hoosiers and their communities are presented with many challenges. Indiana rates of smoking, overweight and obesity, heart disease, diabetes, cancer and chronic respiratory disease are all higher than the national averages. Clear and concise information about improved nutrition and increased physical activity, tobacco cessation, chronic disease screening and best practices in treatment is essential to help Indiana residents prevent and control chronic disease.

As we each take our place in supporting Hoosiers and improving the health of our State, the CDPC, DNPA and TPCC would like to note our mission and role.

The Mission

In support of the Indiana State Department of Health's mission to **"promote and provide essential public health services to protect Indiana communities,"** the CDPC, DNPA, and TPCC will work together with our partners to:

- **Promote** prevention, early screening and best practices in treatment to reduce the burden of chronic diseases in Indiana
- **Enhance** the health and quality of life of Hoosiers by promoting good nutrition, regular physical activity and a healthy weight.
- **Prevent** and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke.

Our Role

The CDPC, DNPA and TPCC will provide technical assistance to our partners on evidence-based public health strategies, including public and organizational policies, health systems initiatives and environmental changes by providing the following services:

- **Evaluate** the effectiveness, accessibility and quality of personal and population health.
- **Engage** with partners in education, government, planning and transportation, as well as the business and civic sectors.
- **Enhance** our State's capacity to implement evidence-based programs through stable funding mechanisms.
- **Empower** the population to make sustainable healthy changes in themselves and their communities.
- **Expand** application of health policy in addressing the chronic disease burden.

Our “4-1-1”

Cancer Section	Director	Phone Number	E-mail
Cancer Surveillance	Bridget Strong	(317) 233-7424 ...	bstrong@isdh.in.gov
Cancer Early Detection	Erin Triplett	(317) 233-7901 ...	etriplett@isdh.in.gov
Cancer Control	Keylee Wright	(317) 234-2945 ...	kwright@isdh.in.gov
Cardiovascular Health & Diabetes Section	Laura Heinrich	(317) 233-7449 ...	ltheinri@isdh.in.gov
Communities Partnerships ...	JoBeth McCarthy-Jean ..	(317) 233-7816 ...	jmccarthy-jean@isdh.in.gov
Chronic Respiratory Disease Section	Barbara Lucas	(317) 233-7299 ...	barlucas@isdh.in.gov
Division of Nutrition & Physical Activity	Marcie Memmer	(317) 233-7726 ...	mmemmer@isdh.in.gov
Tobacco Prevention Cessation Commission	Miranda Spitznagle	(317) 234-1780 ...	mspitznagle@isdh.in.gov

Available Online

Become a Preferred Provider.

Help your patients QUIT NOW.

The Quitline is available 7 days-a-week from 8 a.m.-3 p.m. EST.

Services are available in both English and Spanish. For other languages, translation is available through Interpretive Services. TTY services are also available for the hearing impaired.

Indiana Recommendations for Safe Needle Disposal

This document outlines the safe and proper disposal of syringes/sharps to assist communities and citizens. To view the guidelines:

[http://www.in.gov/isdh/files/Indiana Needle Disposal Recommendations.pdf](http://www.in.gov/isdh/files/Indiana_Needle_Disposal_Recommendations.pdf)

South Bronx Asthma Program

An online **step-by step** tutorial to assist you, the clinician, in applying the key concepts of the updated recommendations of the **National Asthma Education Program (NAEPP), Expert Panel Report -3 (EPR-3)** into your practice. CME credits available upon completion.

For more information on this training, visit:

<http://jeny.ipro.org/files/Asthma/>

CEASE

is a program to help child healthcare clinicians adjust their office setting to address family tobacco use in a routine and effective manner. Visit their website for more information at:

<http://www2.massgeneral.org/ceasetobacco/>

Indiana Healthy Weight Initiative Videos

A series created to educate and inspire communities into action against obesity in Indiana. To watch the following videos, visit:

<http://>

www.inhealthyweight.org/203.htm

- What are Complete Streets?
- Garden on the Go Improves Access to Fresh Fruits and Vegetables
- What Does a Healthy Workplace Look Like?
- Breastfeeding: A Healthy Decision
- What Does a Healthy School Look Like?
- What Does a Healthy Community Look Like?
- Indiana’s Comprehensive Nutrition & Physical Activity Plan 2010-2020

Gestational Diabetes

In Indiana

by Champ Thomaskutty, MPH
with assistance from Andrea Priest

Gestational diabetes mellitus (GDM) is high blood glucose that starts or is first diagnosed during pregnancy. While the exact mechanism for GDM is uncertain, it is thought that hormones produced by the placenta induce insulin resistance which leads to elevated blood glucose. In most pregnancies, the mother is able to produce enough additional insulin to overcome the effect of the pregnancy hormones. In 2008, 4.5 percent of all Indiana pregnancies involved diagnosed gestational diabetes.¹ Women have a greater risk of GDM if they are older than 25 years old when pregnant; have a family history of diabetes; have high blood pressure; have previously given birth to a baby that had a birth defect or weighed more than nine pounds; have had an unexplained stillbirth or miscarriage; were overweight prior to the pregnancy; have had GDM during a previous pregnancy; or are a member of an at-risk racial or ethnic group (Hispanic, Black, Native American or Asian).²

GDM usually starts in the latter half of a pregnancy, and is typically found during routine pregnancy screenings. Most women are asymptomatic and blood glucose levels will return to normal after pregnancy. Those who experience symptoms may experience blurred vision, fatigue, frequent infections, increased thirst, weight loss despite increased appetite, increase urination, or nausea and vomiting. GDM is managed by monitoring blood sugar and urine ketones*, eating a healthy diet, controlling high blood pressure,

exercising and if necessary, using insulin or other medications.²

Most women with GDM deliver healthy babies, but some complications do arise. These include excessive birth weight, chemical imbalances such as hypoglycemia, pre-term birth and respiratory distress syndrome and an increased risk of developing type 2 diabetes later in life. For the mothers, GDM increases the risk of high blood pressure, eclampsia[†] and pre-eclampsia.[‡] Additionally, women who have had GDM have a 60 percent increased risk of developing type 2 diabetes in the future, so follow-up screening at 6–12 weeks post-partum is recommended.²

For additional information, contact the Indiana State Department of Health Cardiovascular Health and Diabetes Section at diabetes@isdh.in.gov or visit the National Diabetes Education Program website at www.ndep.nih.gov.

* Ketones are a byproduct of metabolism which, when found in the urine, may indicate poorly controlled diabetes.

† Eclampsia is seizure disorder in pregnant women unrelated to pre-existing neurological conditions.

‡ Pre-eclampsia is a condition where a pregnant woman develops high blood pressure and protein in the urine during late 2nd or 3rd trimester of the pregnancy. It may lead to eclampsia.

1. Indiana State Department of Health Office of Vital Records. Indiana Birth Records. 2008.
2. American Diabetes Association. Standards of medical care in diabetes, 2012. *Diabetes Care*. 2012;35(supplement):s11-s63.

GDM At-A-Glance

- In 2008, 88,679 infants were born to Indiana residents (2008 Natality Report).
- 4.5% of all Indiana pregnancies involved diagnosed gestational diabetes (2008).
- Women who have had GDM have a 60% increased risk of developing type 2 diabetes in the future.
- Women who have had GDM should have recommended follow-up screenings at 6–12 weeks post-partum and every three years after that.
- Women who have had GDM can lower the risk of their children developing type 2 diabetes in the future by encouraging healthy food choices and physical activity.

Everyday, Hoosiers take action to change local policies, systems, and environments to improve the health of their neighbors. Their success can assist us in our own challenges by providing proven programs and ways to implement these in our own communities.

Parkview Hospital Asthma Education Program



FORT WAYNE, IN — The Parkview Hospital Emergency Department (ED) is celebrating the success of an Asthma Call Back Program that has reduced the number of ED visits and improved the lives of many local residents.

The increasing number of asthma patients being seen at the Parkview

Hospital ED in Fort Wayne, Indiana was a concern to their Community Nursing Department staff, Janet Moore and Deb Lulling.

Deb and Janet developed a plan to include initial assistance, educational follow-ups and in-home assessments for asthma triggers.

In the past two years, the Asthma Call Back Program has been recognized by various organizations for its success. Last year, the Centers for Disease Control and Prevention, noted the achievement of the program's ability to reduce repeat asthma ED visits and provide substantial cost savings to a

healthcare institution.

The Parkview staff has not rested in their accomplishments though. They continue in their effort to reach out and improve the lives of all Hoosiers with asthma.

Currently, they are working with ISDH to evaluate the program's effectiveness. Once the evaluation is complete, they will be creating a user manual for other sites to replicate the program.

Their goal is to encourage other hospitals to replicate the program by 2013!

To learn more about the program, please visit: <http://www.parkview.com>

Partnership for a Healthier Johnson County Sodium Reduction Program



GREENWOOD, IN — Many Hoosiers consume nearly twice the maximum USDA Recommended Daily Allowance for sodium and don't even realize it. Most of this sodium is "hidden" in processed and restaurant food.

The Partnership for a Healthier Johnson County and Esperanza Ministries, realizing a need in their community, implemented a plan to reduce the sodium content in food from participating local restaurants and grocers and educate the consumer.

"We successfully worked with several of our local retailers and restaurants to reduce the sodium content of the foods they sell," said Jane Blessing, Partnership for a Healthier Johnson County Coordinator.

Their ability to develop and expand partnerships enabled them to assist a number of Hispanic establishments in promoting lower sodium options, educate their staff and consumers about reducing the sodium content of their diets and establish organizational policy that promotes healthier options for the customer.

The Partnership and Esperanza Ministries will continue to press forward in policy change and expand their partnerships in Johnson County to reduce sodium.

The two organizations are currently looking at existing food procurement policies in the mental health and education sectors of Johnson County, as well as, reviewing other organizations purchasing agreements and nutrition standards.

After mapping the current situation and identifying successful role models to emulate, a Community Action Plan will be developed to assist community partners in policy and food procurement practices. The Partnership and Esperanza will also continue to assist their associates by increasing partnerships to expand procurement practices and nutrition standards.

For more information on the Partnership for a Healthier Johnson County please visit: www.healthierjc.org

Two Communities Putting Prevention to Work Bartholomew & Vanderburgh Counties by Erin Slevin, MPH, CHES



Bartholomew County

Through Reach Healthy Communities, Bartholomew County aspires to create an environment that allows residents to be more conscious of the nutrition and physical activity choices they make. The Columbus Regional Hospital Foundation, along with many key partners are leading these efforts. Some of their major successes include:

- A Thoroughfare Plan passed by the Columbus City Council that incorporates Complete Streets criteria, giving equal consideration to pedestrians, bicyclists and cars in future road improvements;
- Working with the Bartholomew Consolidated School Corporation Board as they unanimously approved an updated school wellness policy, making it a model school wellness policy in the state of Indiana;
- Healthy Child Care Policies were passed by three child care providers. These policies meet the Reach program and Let's Move Child Care standards and impact a total of 605 children in the county.

Vanderburgh County

The Welborn Baptist Foundation, with the support of many key partners, coordinates Vanderburgh County's efforts to support improved community health. There are two main initiatives – **move·ment**, which seeks to improve overall community health through supportive physical and social environments, and **HEROES**, which works to create school cultures that focus on health. Some of their major successes include:

- Working with Deaconess Hospital and St. Mary's Hospital to offer a 20 percent discount on a daily healthy meal, the "Upgrade of the Day."
- Launching Reality Bites, a new campaign in high schools that includes nutritional labeling of all ala carte items and signage to promote the school lunch.
- Working with the Evansville Vanderburgh School Corporation to pass their wellness and Safe Routes to School policy guidelines. This policy affects 46 schools and a total of 22,498 students.
- Collaborating with the Evansville Metropolitan Planning Organization to pass a Complete Streets Policy.

A lot can change in two years – just ask some of the people in Bartholomew and Vanderburgh Counties! Two years ago in March, these Indiana counties became two of 50 communities across the United States awarded Communities Putting Prevention to Work (CPPW) funding to support public health efforts to reduce obesity, increase physical activity, improve nutrition and decrease smoking over a two-year period. Since that time, these two Indiana counties have implemented evidenced-based strategies focused on policy, environmental and systems changes to help make healthy living easier in their communities.

For more information about the national Communities Putting Prevention to Work Community Initiative, please visit:

<http://www.cdc.gov/CommunitiesPuttingPrevention-toWork/communities/index.htm>

Resources from the CDC

[Chronic Disease Cost Calculator](#)

A downloadable tool to assist states in estimating the burden and financial impact of chronic diseases among their Medicaid beneficiaries.

[The Power of Prevention: Chronic Disease the Public Health Challenge of the 21st Century.](#)

As a nation, more than 75 percent of our health care spending is for people with chronic conditions. These diseases are the nation's leading causes of death and disability. This publication addresses concerns and provides vision for the future.

[Addressing Chronic Disease through Community Health Workers](#)

This brief discusses the Community Health Workers' (CHW) role and provides recommendations for comprehensive policies to integrate and sustain the CHW workforce.

[Promoting Policy and Systems Change to Expand Employment of Community Health Workers](#)

Free online course to provide state programs and other stakeholders a basic knowledge about CHWs.

Announcements

[Indiana Community Health Workers Initiative](#)

The Indiana Initiative, in partnership with private and public entities, has an opportunity to be at the forefront of improved community health, reduced health care associated costs, and access to quality care in turn for a marginal investment by supporting the unification of CHWs to encourage and ensure evidence-based practices are infused throughout our 92 counties.

For more information, contact:
JoBeth McCarthy-Jean
(317) 233-7816

Evidence-Based Public Health (EBPH): A Course in Chronic Disease Prevention

EBPH is a three day course developed for public health practitioners. A key aim is to increase the use of scientific approaches in “real world” public health programs and policies. Highlighting the linkages between data systems and program/policy initiatives, participants will learn how to access and interpret existing data systems and methods of using data to affect specific policies or decision-makers. The course is designed to assist participants in integrating new and existing skills to make evidence-based program and policy decisions. It takes a “hands-on” approach and emphasizes information that is readily available to busy practitioners.

The course will be **May 21-23** on the campus of IUPUI at the Ruth Lilly Medical Library in Indianapolis.

There is no cost to attend the training and parking and meals will be included. A short application is required due to limited seating. To submit your application to attend, visit www.publichealthconnect.org and click on “IPHTC Events” by April 25, 2012.

For more information, contact Kate Johnson, Indiana Public Health Training Center, at katlnich@iupui.edu or 317-274-3178.

Inside, Outside, All Around the Town

A rapidly aging population which expects to age like no generation before it. City centers left near-empty by suburban migration. A swelling demand for “green” living. These may seem like isolated issues, but a one-day workshop hosted by the University of Indianapolis Center for Aging & Community will dispel that myth. Aging-in-place and urban design experts will show participants that the three issues - and their solutions - are remarkably interwoven.

This workshop is designed for community planners, builders, architects, interior designers, neighborhood representatives, aging housing experts, aging services providers and anyone else interested in creating communities that will serve citizens at all ages of life. Participation will be limited to 75 attendees.

Tuesday, April 17, 2012

8:30 a.m. - 3:30 p.m. EST

Wheeler Arts Community - 1035 Sanders Street, Indianapolis, IN 46203

For more information, visit:

<http://cac-cont-ed-1.eventbrite.com/>

Indiana Healthy Weight Initiative Task Force

The Indiana Healthy Weight Initiative Task Force has recently named Chuck Gillespie and Carrie Maffeo as co-chairs. Mr. Gillespie is the Program Director for the Wellness Council of Indiana at the Indiana Chamber of Commerce. Dr. Maffeo is the Director of the Health Education Center and an Assistant Professor of Pharmacy Practice/College of Pharmacy/Health Science at Butler University. The co-chairs will provide leadership to the task force steering committee and workgroups to identify current activities and successes as well as next steps for 2012.

To learn more about the Indiana Healthy Weight Initiative and task force, visit www.inhealthyweight.org.

Indiana Joint Asthma Coalition (InJAC)

InJAC started 2012 with new leadership! Angela Goode, Coalition Coordinator at the Minority Health Coalition of Marion County, was elected President, and Marti Michel, IU Health, will continue providing assistance as Immediate Past President—a newly designated position. The Coalition has completed revision of the Indiana State Asthma Plan and will begin review and revision of bylaws and structure soon. All of the workgroups continue to work toward meeting the goals established in the revised State Asthma Plan.

InJAC meets quarterly. The next meeting will be June 18, 2012.

To learn more about InJAC, email Jena Grosser, jena@injac.org.

Cardiovascular Health & Diabetes Coalition of Indiana (CADI)

The newly established CADI is currently seeking new partners involved and interested in cardiovascular health and diabetes, as well as interested in uniting healthcare professionals and programs statewide to face the future of preventing and treating each patient, educating healthcare professionals, and increasing awareness of cardiovascular disease and diabetes.

CADI meets quarterly. The next meeting will be at ISDH on Wednesday, April 25, 2012.

For more information about CADI, email Jena Grosser, jena.grosser@gmail.com.

Indiana Cancer Consortium (ICC)

The ICC hosts their 2012 *Annual Meeting* entitled “Hot Topics in Cancer Control” on Friday, April 27 at Joseph Walther Hall on the IUPUI campus. The event will feature presentations on Indiana Cancer Facts and Figures 2012, ICC Policy Agenda update, an expert panel on “Tackling Controversy for Cancer Guidelines and Recommendations.” The expert panel includes keynote speakers from industry leading professionals. For a full agenda, visit: <http://iccannualmeeting2012.eventbrite.com> or contact Caleb Levell at caleb@indianacancer.org for more information.

Also, the ICC recently released an infographic on smoke-free air and secondhand smoke in Indiana. “[The Facts about Secondhand Smoke](#)” infographic will help smoke-free air supporters advocate for ordinances at the local level. This is the first of many infographics the ICC plans to raise awareness. Keep up with all the ICC infographics at the [ICC blog](#).