



**Indiana**  
**Department**  
**of**  
**Health**

# Governor's Public Health Commission

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State Health Commissioner

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# WHO definition of Health - 1998

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Health is the dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.

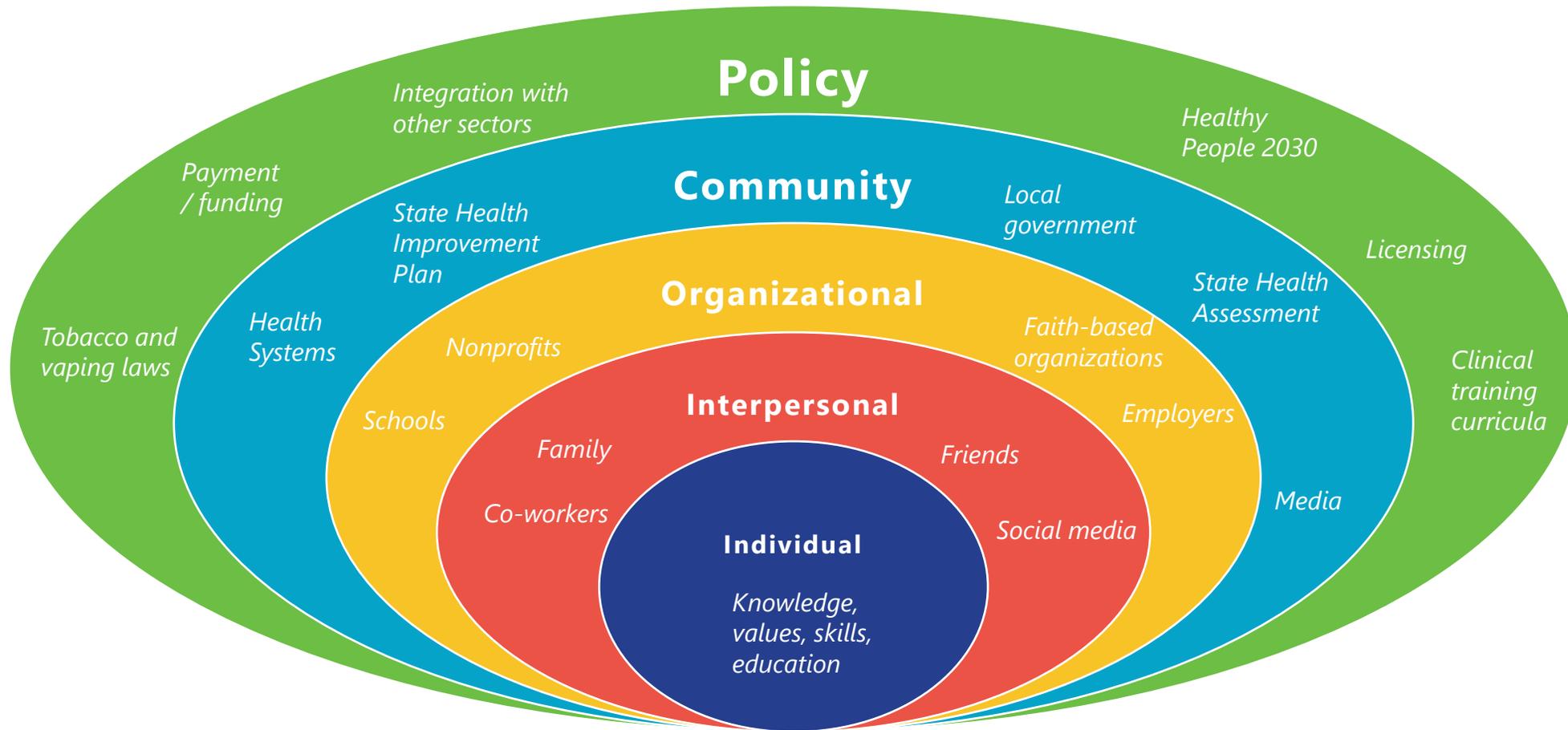
# Public Health vs. Health Care

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Health care or clinical care refers to treating injuries or disease with the goal of restoring people to wellness.

Public health has an upstream focus to prevent illness and injury and premature deaths and treat communicable diseases and prevent their spread.

# Socio-ecological Model of Health



# Public Health and Health Outcomes

To drive down the costs of health care, investments in public health must be made – this is where the greatest effect of interventions lies.

A holistic restructuring of public health will ensure resources are consistent and efficient.

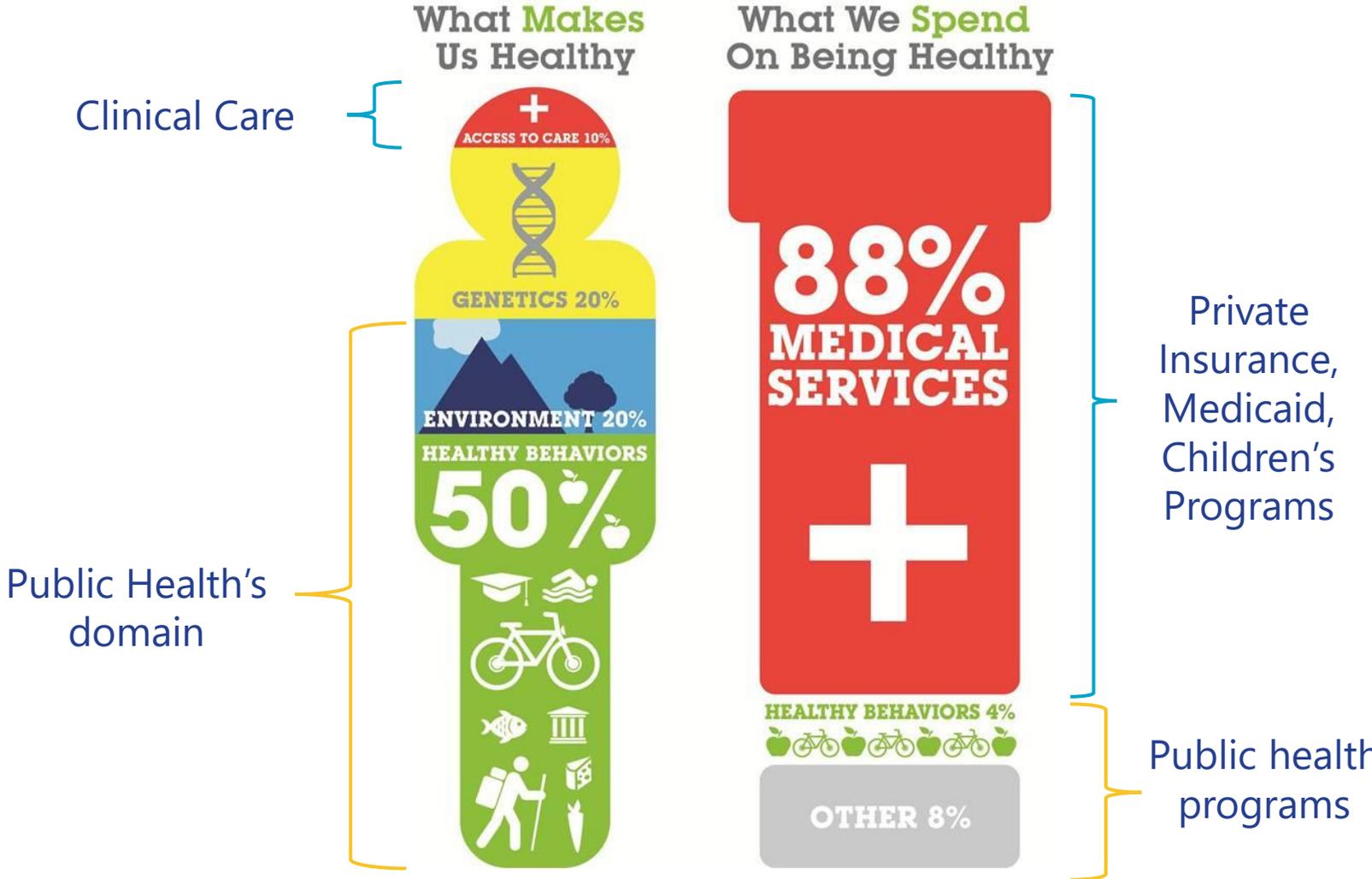


Figure from Bipartisan Policy Center. (2012). What Makes Us Healthy vs. What We Spend on Being Healthy. Retrieved from <https://bipartisanpolicy.org/report/what-makes-us-healthy-vs-what-we-spend-on-being-healthy/>

# Cost of Poor Health in Indiana

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- Obesity: accounts for more than \$3.5 billion in medical costs in Indiana
- Chronic disease
  - **\$53.3 Billion** – indirect cost **including lost productivity** of major chronic diseases
  - **\$22.4 Billion** – direct cost of major chronic diseases
  - **\$75.5 Billion** - total direct and indirect cost of major chronic disease
- Smoking
  - Nearly \$3 billion in annual health care costs, including \$590 million in Medicaid costs
  - Indiana taxpayers pay over \$900 per household in smoking-caused expenditures
  - Smoking during pregnancy resulted in an estimated \$3.37 million in healthcare costs in 2019
- Cervical cancer: More than \$54 million in estimated direct healthcare costs

# US News & World Report

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From the Best States Ranking, Indiana ranks 32<sup>nd</sup> out of 50 states

- Assessment of 71 metrics reviewed across 8 categories

health care

infrastructure

crime / corrections

education

fiscal stability

natural environment

economy

opportunity

- Scores in education, the economy, crime and corrections, and opportunity all placed Indiana in the top 25 states.
- Our health scores , specifically public health scores, consistently placed Indiana in the bottom 20 states, often in the bottom 10 states.

# US News & World Report – Health Scores

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Workforce (mental health 43<sup>rd</sup>, primary care 42<sup>nd</sup>, oral health 41<sup>st</sup>)

Public health funding 48<sup>th</sup>

Immunizations 48<sup>th</sup> / Childhood immunizations 44<sup>th</sup>

Smoking 41<sup>st</sup>

Obesity 40<sup>th</sup>

Diabetes 41<sup>st</sup>

Chronic obstructive pulmonary disease 40<sup>th</sup>

# Our Current Public Health Infrastructure

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- Indiana Department of Health
- Local public health decentralized with local control (home rule)
- Extensive geographic disparities in funding, staffing and resources to support essential public health functions required by the state.
- 94 local health departments with exclusive jurisdiction for delivery of public health services in their respective area (county, city, or two counties combined)
  - 90 individual counties
  - 1 combined counties (Warren and Fountain)
  - 3 cities (Gary, East Chicago and Fishers)

# LHD Functions

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Every local health department, regardless of size, must perform dozens of statutory and regulatory functions. Some key activities include:

- Immunizations
- Vital Records
- Case management (TB, lead, STIs, etc.)
- Public Health Emergency Preparedness
- Monitor outbreaks (epidemiology)
- Septic permitting, pool monitoring, and other response to environmental concerns
- Inspect and license restaurants, lodging, festivals/gatherings, and other facilities
- Administration (Board, local health officer, and public health administrator)

# Governor's Public Health Commission

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- Executive Order 21-21 established a 15-member commission to study public health, hear testimony, and make recommendations.
- Dr. Judy Monroe and Sen. Luke Kenley are Co-Chairs, Congresswoman Susan Brooks serves as Citizen Advisor, and Dr. Box serves as Secretary
- Our mandate is to generate a report by late next summer that:
  1. Analyzes Indiana's current public health system, including strengths and weaknesses;
  2. Makes recommendations to improve the delivery of public health services, address funding challenges, promote health equity, and ensure the sustainability of our local health departments;
  3. Analyzes the performance of state and LHDs during the 2019 Coronavirus Pandemic and make recommendations to ensure Indiana is well positioned for future emergencies; and,
  4. Proposes draft bill language for future legislation to address these recommendations for 2023 sessions.

# Designated Policy Advisors

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- The Governor's Public Health Commission will recognize that the Department has offered to perform policy analysis and bring back recommendations to the Commission on the following areas. The Department, through the Chief of Staff, will task the following individuals to function as DPAs.
- The DPA will perform necessary research on assigned topic. This may include soliciting feedback from groups of individuals in working sessions.
- The DPA will present findings at the monthly commission meetings for consideration and deliberation.
- There will be no formal taskforces, no chartering of the work from the Commission. The DPAs will report to the Chief of Staff, who will be the Department's designated lead for the Commission. The Chief of Staff will set assignments for the DPAs and manage the work.

# Designated Policy Advisors (cont'd)

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The workstreams and advisors are:

- Emergency preparedness (DHS Executive Director Stephen Cox)
- Governance/structure (IDOH Deputy State Health Commissioner Pam Pontones)
- Funding (IDOH Chief of Staff Shane Hatchett)
- Data and information integration (IDOH Chief Medical Officer Dr. Lindsay Weaver)
- Healthcare and public health workforce (Bowen Center)
- Childhood and adolescent health integration (FSSA Chief Medical Officer Dr. Maria Finnell)