Indiana FY 2014
Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2014
Submitted by: Indiana
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Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2014. 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 14 PHHSBG is $2,431,674. This amount is based upon the final allocation table distributed for FFY 14 by the CDC.

Proposed Allocation for FY 2014
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 2014 funding priorities are as follows:

The Indiana State Department of Health (ISDH) – Division of Chronic Disease Prevention and Control (CDPC) seeks to reduce the disparities and overall burden of chronic disease in Indiana. The Section on Cardiovascular Health and Diabetes within CDPC seeks to monitor and reduce cardiovascular health (CVH) and Diabetes (DM) disparities and overall burden in Indiana; the Cancer Section within CDPC seeks to monitor and reduce cancer disparities and overall burden in Indiana; the Chronic Respiratory Disease Section in CDPC seeks to monitor and reduce disparities and overall Indiana burden related to asthma and other chronic respiratory diseases CDPC also seeks to address disparities and overall burden of all chronic disease in Indiana through both organizational and public policy initiatives, health systems strategies to improve clinical care, convening statewide partners to address chronic disease, and statewide health communications.

The Division of Trauma and Injury Prevention will continue to build upon its infrastructure to make it competitive for future funding opportunities. Primary objectives include The State will conduct injury surveillance by, expanding its data collection and analysis for motor vehicle injuries; exploring the collection of school injury data from school insurers; analyzing data for workforce safety; analyzing home care data for falls in collaboration with other State agencies; and analyzing poison data in collaboration with the Indiana Poison Center.

The Office of Public Health Performance Management works with a variety of stakeholders within the State Department of Health and external to the agency. Workforce Development will be a priority of the Performance Management Infrastructure section as it plans to offer webinars to local health departments; monthly support calls for public health issues; and the implementation of a new learning management system to enhance training opportunities to a wider audience while also tracking assessment data to determine impact of trainings. In addition, the updating of www.IndianaIndicators.org will help local health departments, community stakeholders including hospitals, NGOs, and other business partners to access public health data and community profiles to prepare for community health assessments and health improvement plans.

Additional infrastructure work will be the implementation of the CodePal system which is an electronic system for food establishment inspections. Currently 7 local health departments have implemented the system. The TB division will be focusing on electronic monitoring of TB drugs prescribed and DOT, missed doses and held doses. The real time information will allow for increased treatment completion rate.

The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. Distribute Sexual Assault Services funds 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.

Program	**Funds**
Chronic Disease Prevention & Control	$824,714
Injury and Violence Prevention	$275,000
Public Health Performance Infrastructure $1,231960	
Sexual Assault Services	$144,972

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 for funding for FFY 2014.

Funding Priority: State Plan (2014), Under or Unfunded, Data Trend

Statutory Information

Advisory Committee Member Representation:

College and/or university, Community-based organization, County and/or local health department, Hospital or health system, State health department

Dates:

Public Hearing Date(s):	**Advisory Committee Date(s):**
	3/10/2014

Current Forms signed and attached to work plan:

Certifications: Yes
Certifications and Assurances: Yes

Budget Detail for IN 2014 V0 R0	
Total Award (1+6)	$2,576,646
A. Current Year Annual Basic	
1. Annual Basic Amount	$2,431,674
2. Annual Basic Admin Cost	$0
3. Direct Assistance	($100,000)
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$2,331,674
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$144,972
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$144,972
(9.) Total Current Year Available Amount (5+8)	$2,476,646
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$2,476,646

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$2,331,674
Sex Offense Set Aside	$144,972
Available Current Year PHHSBG Dollars	$2,476,646
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$2,476,646

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Chronic Disease, Primary Care and Rural Health	HDS-1 Cardiovascular Health	$824,714	$0	$824,714
Sub-Total		**$824,714**	**$0**	**$824,714**
Injury Prevention Program	IVP-8 Trauma Care Access	$137,500	$0	$137,500
	IVP-11 Unintentional Injury Deaths	$97,500	$0	$97,500
	IVP-23 Deaths from Falls	$40,000	$0	$40,000
Sub-Total		**$275,000**	**$0**	**$275,000**
Public Health Performance Infrastructure	FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments	$140,000	$0	$140,000
	IID-30 Curative Therapy for TB	$140,000	$0	$140,000
	IVP-4 Child Fatality Review of Child Deaths Due to External Causes	$75,000	$0	$75,000
	PHI-2 Continuing Education of Public Health Personnel	$438,480	$0	$438,480
	PHI-15 Health Improvement Plans	$50,000	$0	$50,000
	PHI-16 Public Health Agency Quality Improvement Program	$388,480	$0	$388,480
Sub-Total		**$1,231,960**	**$0**	**$1,231,960**
Sexual Assault Services	IVP-40 Sexual Violence (Rape Prevention)	$144,972	$0	$144,972
Sub-Total		**$144,972**	**$0**	**$144,972**
Grand Total		**$2,476,646**	**$0**	**$2,476,646**

State Program Title: Chronic Disease, Primary Care and Rural Health

State Program Strategy:

Program Goal: The Indiana State Department of Health (ISDH) – Division of Chronic Disease, Primary Care, and Rural Health (CDPCRH) seeks to reduce the disparities and overall burden of chronic disease in Indiana, and improve the quality of life of those individuals affected by chronic diseases. The Section on Cardiovascular Health and Diabetes within CDPCRH seeks to monitor and improve cardiovascular health (CVH) and Diabetes (DM) outcomes, and implement effective strategies for prevention; the Cancer Section within CDPCRH seeks to monitor and reduce cancer disparities and overall burden in Indiana, and improve prevention and screening behaviors; the Chronic Respiratory Disease Section seeks to monitor and reduce disparities and overall burden related to asthma and other chronic respiratory diseases. The CDPCRH also seeks to address disparities and overall burden of chronic diseases in Indiana through both organizational policies, health systems strategies to improve clinical care, convening of statewide partners to address chronic disease, and statewide health communications.

Program Priorities:

- Improve surveillance, analysis, and communication of CVH, DM, Cancer, and Asthma indicators and risk factors in Indiana
- Lead coordinated statewide efforts to improve CVH, DM, Cancer, and Asthma outcomes.
- Advance evidence based public health strategies to improve the chronic disease burden in community settings through systems-level change, policy, and health communications.

Primary Strategic Partnership(s):

- Internal: Division of Nutrition and Physical Activity; and Tobacco Prevention and Cessation

- External: Indiana Minority Health Coalition, Indiana Cardiovascular Health and Diabetes Coalition, Indiana Cancer Consortium, Indiana Joint Asthma Coalition, American Heart Association, Indiana Institute on Disability and Community, American Diabetes Association, American Cancer Society, American Lung Association, Indiana Public Health Association, Indiana Primary Health Care Association, and Indiana Rural Health Association.

Role of PHHSBG Funds:

Strengthen state ability to provide statewide data surveillance and analysis related to chronic disease; support strategies to prevent and control high blood pressure and diabetes; convene statewide organizational partners in order to develop collaborative systems and policy initiatives to improve the state's chronic disease burden; assess initiatives related to non-provider health professionals and their role in addressing chronic disease in Indiana; support implementation and evaluation of strategies to address disease prevention and control, medication therapy management, health systems quality improvement, and complex care management; and ensure evaluation methodology utilized by chronic disease public health staff address cost effectiveness of initiatives.

Evaluation Methodology:

CDPCRH follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease public health programs. Annual evaluation plans are utilized to monitor processes and impact of division and section initiatives. Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners. These evaluation methods will be operationalized in the following manner:

IO 1. Address health disparities and improve outcomes by preparing workforce: Evaluation will occur via process and health indicator reporting, in-person learning sessions, process mapping and key-informant interviews. Outcomes and economic data will be collected and assessed. Projects involving complex care

management, medication therapy management and non-provider community based interventions are being conducted as pilots so evaluation will focus on identifying best-practices, determining generalizability and portability of processes, and on developing an evaluation protocol for post-pilot implementation, spread and sustainability. Additionally, web-analytics will be used to assess convenience and effectiveness of internet-based resources and learning platforms.
IO 2. Analytic capacity development and expansion: Evaluation will focus on measuring improvements in staff analytic skills, technical capacity and productivity. CDPCRH will work with internal partners (Maternal and Child Health, Tobacco Prevention and Cessation, Women, Infants and Children, and the Epidemiology Resource Center) to develop assessment instruments informed by Council of State and Territorial Epidemiologists and CDC competency standards. Findings will be reported to agency leadership with review by partners with the capacity to support ongoing staff development. Feedback processes will be put in place to act on the findings and further advance staff development. FTE supported through this objective will participate in agency performance evaluation processes.

IO 3. Convene and mobilize state-level stakeholders to address critical health burdens related to chronic disease: Evaluation will be tailored for each stakeholder group and will address process and outcome assessment, as well as effectiveness of partnerships. The division will conduct surveys and key informant interviews with stakeholder organizations to assess reach, scope and effectiveness of activity. Stakeholder activity will be linked to, and performance measures will be based on, HP2020 strategies and objectives. Success stories will be tracked for each organization represented. Monthly conference calls, quarterly progress reports and a formal evaluation summaries will facilitate oversight of the respective groups.
IO 4. Identify health disparities and initiatives to improve outcomes: Evaluation will occur via monthly training and support sessions with participating stakeholders representing community audiences. The development of a health improvement plan for communities with physical, emotional or intellectual disabilities and maintenance of a targeted resource database will be key deliverables. Participating partners will be surveyed on overall process and strategic planning activity. Key informant interviews will guide next steps of activity, including implementation of health improvement plan strategies.
IO 5. Systems change to improve access to quality care and team-based management: Evaluation will occur via monthly process and health indicator reporting, quarterly in-person learning sessions with group reporting segments, process mapping and key-informant interviews. Organizational storyboards and video diaries will be incorporated into evaluation activity. Organizations will present summary findings of activity at a public Outcomes Congress. Evaluation findings will be used to inform ongoing activity with new cohorts of comparable organizations, and spread and sustainability within current participants. Additionally, web-analytics will be used to assess convenience and effectiveness of internet-based resources and learning platforms.

State Program Setting:
State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Senior Data Analyst
State-Level: 70% Local: 0% Other: 0% Total: 70%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.70

National Health Objective: HO HDS-1 Cardiovascular Health

State Health Objective(s):

Between 10/2013 and 09/2014, To address Indiana's higher than national levels of chronic conditions and risk factors, CDPCRH will engage in coordinated public health initiatives to address the burden of cardiovascular disease, diabetes, asthma, and cancer by: maximizing the reach of clinical systems through the coordinated engagement of non-provider healthcare professionals, including community health workers, community paramedics, community nursing programs and school nurses; mobilizing statewide chronic disease partners; supporting evidence-based clinical quality improvement programs; identifying and developing strategic improvement plans for previously unclassified health disparities; providing technical assistance and support to local communities in population-based chronic disease prevention and control; and enhancing surveillance systems to assess chronic conditions and risk-factors within the Indiana population.

Baseline:

At baseline, approximately 1,450,000 individuals in Indiana are at increased risk of negative health outcomes due to health disparities associated with income, education, geography, disability or race/ethnicity. Overall, Indiana adults have high rates of factors predictive of negative health outcomes with an estimated 1.9 million with high cholesterol, 1.6 million with hypertension, 1.2 million who smoke, 1.5 million who are obese, and approximately 500,000 with diabetes. Such factors have resulted in over 240,000 heart attacks, 270,000 cases of coronary heart disease, 167,000 strokes, 440,000 cases of asthma, 370,000 cases of COPD, and 330,000 cases of cancer among the state's living adult population. Chronic diseases make-up 7 of the top 10 causes of death for all Indiana residents, including heart disease (13,394 deaths), cancer (13,142), chronic lower respiratory disease (4,107), stroke (3,147), diabetes (1,787) and kidney disease (1,360). Additionally, almost 50 percent of Indiana adults have at least one chronic condition; half of those have more than one. Effectively managing this level of morbidity challenges a health care system with limited resources. This block grant award will support improving the quality of care, increasing the efficiency of delivery, and maximizing health outcomes.

Data Source:

ISDH records: BRFSS, hospital discharge data, mortality data, natality data, census

State Health Problem:

Health Burden:

Chronic diseases such as heart disease, stroke, cancer and diabetes are the leading causes of death in Indiana. In 2011, more than 55% of all deaths were attributed to these four diseases. The financial impact of chronic diseases on Indiana's economy is substantial. In its milestone report, "An Unhealthy America: The Economic Impact of Chronic Disease," the Milken Institute (MI) illustrates the enormous economic cost of chronic diseases in the United States. Based on the 2013 America's Health Rankings by United Health Foundation and the American Public Health Association, Indiana is ranked 41 out of 50 states for overall health.

Economic Impact of Major Chronic Diseases in Indiana: 2014 (Annual estimated costs in billions)
Treatment Expenditures: **$9.6**
Lost Productivity: **$36.8**
Total Costs: $46.4

Common Chronic Diseases in Indiana:
Heart Disease and Stroke
-Heart disease was the leading cause of death (13,394 deaths) in Indiana in 2011
-Stroke was the fourth leading cause of death (3,147 deaths) in Indiana in 2011
-In 2011, more than 32% of Indiana residents reported having high blood pressure

-In 2011, nearly 40% of those screened reported having high blood cholesterol, a risk factor for developing heart disease and stroke

Cancer

-Cancer was the second leading cause of death (13,142 deaths) in Indiana in 2011.
-More than 31,000 new cancer cases were diagnosed in Indiana in 2011, which includes 4,356 new cases of breast cancer among women and about 2,944 new cases of colorectal cancer.
-Early detection for breast and colorectal cancer improves long-term outcomes, but in populations 50 and older, only 14% have had a blood stool test and 62% have had a sigmoidoscopy or colonoscopy within the recommended time frame. Additionally, only 69% of women 50 and older have had a mammogram within two years.

Diabetes

-Diabetes was the seventh leading cause of death (1,787 deaths) in Indiana in 2011. Although diabetes is considered to be under-reported as the primary cause of death, risk of death among people with diabetes is about twice as high as people of similar age without diabetes. In the same year, over 4,500 additional deaths in Indiana listed diabetes as a contributing cause.
-In 2012, 10.9% of adults, over 540,000 individuals 18 and older, reported being diagnosed with diabetes.

Asthma

-Asthma affects an estimated 23 million people every year in the United States. In Indiana, an estimated 435,000 adults (age 18 years or older) reported having asthma in 2012.
-There were more than 31,000 emergency room visits related to asthma in 2011 – an increase of nearly 3,000 (9.8%) from 2010.
-Nearly 9,100 hospitalizations were recorded due to asthma in 2011, which increased by 6.6 percent from 2010.

Disabilities

-Over one million adults in Indiana are estimated to have some form of physical, mental or emotional disability. Research indicates that these individuals typically have a higher prevalence of chronic conditions, either as a root cause of the disability or as a result of it. Part of the work funded by the PHHS block grant will support identifying the conditions and circumstances that most impact the health of this population, and developing strategies to improve health outcomes for these individuals.

Target Population:

Number: 6,570,902
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 1,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state

Target and Disparate Data Sources: US Census Bureau; BRFSS; hospital discharge; mortality records; natality records; Indiana Primary Care Learning Collaborative

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Glynn LG, Murphy AW, Smith SM, Schroeder K, Fahey T. Interventions used to improve control of blood pressure in patients with hypertension. Cochrane Database of Systematic Reviews 2010, Issue 3.

Guide to Clinical Prevention Services (for screening); Health Affairs November 2010 issue: Designing Insurance To Improve Value In Health Care

How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's* Evidence-Based Toolbox and Guide 2008: http://www5.cancer.org/aspx/pcmanual/default.aspx; http://www.cancer.org/acs/groups/content/documents/document/acspc-024588.pdf

NCI Patient Navigator Research Program http://crchd.cancer.gov/pnp/pnrp-index.html

Community Health Workers National Workforce Study. U. S. Department of Health and Human Services Resources and Services Administration Bureau of Health Professions. Community Health Worker National Workforce Study. 2007.
http://bhpr.hrsa.gov/healthworkforce/chw/

Asthma: A Business Case for Employers and Health Care

The Asheville Project http://www.pharmacytimes.com/files/articlefiles/TheAshevilleProject.pdf

Surgeon General's Call to Action to Promote Healthy Homes (www.surgeongeneral.gov/topics/healthyhomes/calltoactiontopromotehealthyhomes.pdf

Bodenheimer T, Wagner EH, Grumbach K. Improving Primary Care for Patients with Chronic Illness. JAMA. 2002;288(14)1775-9.

Bodenheimer T, Wagner EH, Grumbach K. Improving Primary Care for Patients with Chronic Illness-Part Two. JAMA 2002;288(15)1909-14. 2002.

Flex Monitoring Team. Briefing Paper No. 34—The Evidence for Community Paramedicine in Rural Areas: State and Local Findings and the Role of the State Flex Program. Portland, ME. 2014.

Community Paramedicine Evaluation Tool. 2012. U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy: Rockville, MD.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $824,714
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Address health disparities and improve outcomes by preparing workforce (ES8)

Between 10/2013 and 09/2014, ISDH CDPCRH will provide a comprehensive series of web-based, in-person trainings and coaching services to address chronic disease prevention, screening and management; medical therapy management; and expanded services by non-provider health professionals to **37** teams from community health centers (30), EMS teams (3), community nursing teams (3) and a pharmacist team (1) who work with community-based health systems to address the chronic disease needs of at-risk patient populations.

Annual Activities:

1. Community paramedicine protocol and evaluation platform

Between 10/2013 and 09/2014, CDPCRH will work with community based emergency medical service organizations to create protocols, establish best practices, and develop evaluation processes for community paramedicine activity. Community paramedicine will capitalize on the healthcare capacity of paramedics and EMTs during non-emergent periods to maximize the reach of clinical practices and support self-management behaviors and serve as health coaches and physician extenders for targeted panels of patients to improve blood-sugar management in diabetics, improve compliance in hypertensive individuals, support pre-natal care, mitigate fall risk in seniors, and reduce re-admission for conditions such as CHF and COPD.

2. Medication Therapy Management in Community Pharmacy

Between 10/2013 and 09/2014, As individuals age and their number of conditions increases, the number of providers and prescriptions typically increase as well. Individuals with multiple chronic conditions typically have multiple prescriptions to address their health needs. If an effective medical home with a team-based care approach is not employed, polypharmacy could lead to drug interactions, negative health events, emergency or inpatient hospital care, and even death. This has been proven especially concerning in individuals with mental health needs as well as multiple chronic conditions. CDPCRH will work with local schools of pharmacy to create protocols, establish best practices, develop evaluation processes, and conduct economic analysis for Medication Therapy Management services delivered by community-based pharmacists. Activity will be integrated into the complex care pilot (referenced in IO5-A2) for proof of concept. The resulting toolkit will be offered to all state-funded health clinics as enhanced support for the team-based care component of the chronic care model.

Objective 2:

Analytic capacity development

Between 10/2013 and 09/2014, Indiana State Department of Health, Data Analysis Team (DAT) will provide enhanced analysis of BRFSS, hospital discharge, mortality and natality data, and SAS training for chronic disease planning, decision-making, and tracking. Additionally, ISDH DAT will develop a web-based training platform to automate and memorialize and codify training content and analytic standards to **12** epidemiologists and data analysts within the Health and Human Services Commission of ISDH.

Annual Activities:

1. Increase analytic capacity of epidemiologists and data analysts

Between 10/2013 and 09/2014, Conduct a series of training seminars for agency epidemiologists and data analysts on data management, data analysis and data presentation, using SAS, ArcGIS and Excel as software platforms. Additionally, a web-based training platform (IN-Train) will be developed to memorialize

training content and codify best-practices for analytic methodology. (HP2020 PHI-7,-8,-13)

2. Expanded data analytics
Between 10/2013 and 09/2014, ISDH DAT will expand the agency's analysis of natality, mortality, hospitalization and BRFSS data, and the collection of this data, in order to support internal accountability and quality improvement, to aid in tracking of risk factors and outcomes, to identify health disparities, and to support strategic health improvement plans. (HP2020 PHI-7,-8,-14,-15)

Objective 3:
Convene statewide stakeholders to address critical health burdens related to chronic disease (ES4)
Between 10/2013 and 09/2014, The Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRH will provide technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to **5** groups of community-level stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

Annual Activities:
1. Provide technical assistance to statewide chronic disease stakeholders to improve disease outcomes
Between 10/2013 and 09/2014, CDPCRH will convene and support community-based coalitions to provide technical assistance to **4** community-level stakeholder groups including those for cancer, asthma, obesity, and cardiovascular health and diabetes. CDPCRH will work closely with statewide and community-based partners to ensure that strategic plans and activities are informed by scientific research, current surveillance evidence and represent best- or evidence-based practices; maximize the resources available to the coalition for purposes of coordination, communication, and effective work; and address long-term spread and sustainability of effective chronic disease partnerships. CDPCRH will provide technical assistance to the coalition partners in the areas of evidence-based public health programming, organizational policy to address the chronic disease burden in Indiana, and health systems initiatives to improve chronic disease outcomes. Additional technical assistance related to data and surveillance, evaluation and geospatial analysis will be provided to coalitions.

2. Evaluation of progress associated with chronic disease strategic plans in asthma, cancer and obes
Between 10/2013 and 09/2014, CDPCRH will provide technical assistance to 4 community partnerships to support their capacity to assess statewide progress associated with their respective disease state strategic plans, including the development of a summary report on current health status for these disease areas, a communications platform for the information resulting from the evaluation, and strategies to further progress towards achieving long-term strategic objectives. Specific topics to be addressed include asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14) and heart disease (HP2020 HDS-7,-12,-24).

3. Strategic Planning
Between 10/2013 and 09/2014, CDPCRH will work with 4 coalitions of statewide community organizations to publish or update strategic health improvement plans for strategic health improvement plans associated with asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14) and heart disease (HP2020 HDS-7,-12,-24). Included in this activity will be comprehensive surveillance, communication, and evaluation activity, with special focus on public access dashboards such as Indiana Indicators.

Objective 4:

Identify health disparities and improve outcomes (ES1)

Between 10/2013 and 09/2014, ISDH CDPCRH in conjunction with the Task Force on Health and Disability will provide technical assistance, training, to **1** coalition of statewide community partners, to support identification of health disparities, health access and utilization barriers, and strategies for health improvement in Indiana's population of individuals with disabilities, with emphasis on chronic diseases, wellness and prevention, and screening.

Annual Activities:

1. Convene community stakeholders addressing physical, emotional and intellectual disabilities

Between 10/2013 and 09/2014, Identify gaps in surveillance systems, barriers to wellness and preventive care, barriers to access and disparities in health outcomes in Indiana's population of individuals with physical, intellectual and emotional disabilities, and develop a report to use as an evidence base for strategic planning (HP2020 AHS-5,-7; DH-4,-8; MHMD-11)

2. Update statewide resource database and directory

Between 10/2013 and 09/2014, CDPCRH will create and update a statewide database of resources to support the needs of Indiana's population of individuals with physical, intellectual or emotional disabilities to prevent or manage chronic conditions. Additionally, the resource directory will included linkages to community health center, federally qualified health center and rural health clinic systems throughout the state that have participated in the Indiana Primary Care Learning Collaborative in an effort to identify a medical home optimally prepared for the management of primary health needs of this population (HP2020 AHS-5).

3. Health Improvement Plan Development

Between 10/2013 and 09/2014, CDPCRH will work with a statewide community organization to develop a strategic health improvement plan for Indiana's population of individuals with physical, intellectual or emotional disabilities. This plan will be disseminated to health care providers, agency leadership, community-level health advocates and statewide partners, in an effort to improve health and wellness behaviors, prevention, detection and disease management in this population.

Objective 5:

Systems change to improve access to quality care and team-based management

Between 10/2013 and 09/2014, ISDH CDPCRH will provide technical assistance, practice coaching and collaborative learning to **30** Indiana community health systems addressing the health needs of populations with high burdens of chronic diseases, high proportions of chronic disease risk factors, or health disparities in an effort to improve health behaviors (weight management and tobacco cessation), increase preventive screenings (breast, cervical and colorectal cancers), and improve outcomes (diabetes and hypertension).

Annual Activities:

1. Community-based health systems change to improve disease prevention, screening, and management

Between 10/2013 and 09/2014, ISHD CDPCRH will implement a quality improvement initiative within **30** partner health systems to improve population level identification of chronic disease risk factors, screening for chronic conditions, management of chronic conditions and overall health outcomes; facilitate execution of the chronic care model and integration of team-based and coordinated care into the standard of practice for patient panels within the safety-net system of community clinics in Indiana; develop methodologies to use electronic records to assess aggregate outcomes for targeted conditions; provide technical assistance to support these activities, and develop a model framework for expansion of this intervention to other community health systems within the state.

2. Complex Care Management

Between 10/2013 and 09/2014, ISDH CDPCRH will engage in a pilot quality improvement effort with 1 health system to facilitate improving and implementing a complex care management program for individuals with multiple chronic conditions, limited functional status, and/or psychosocial needs, who account for a disproportionate share of health care costs and utilization in Indiana's safety-net primary care clinic system. Activity will included training, technical support to manage electronic record systems, practice coaching, patient navigation support, community clinic linkages and medication therapy management (HP2020 objectives to include C-15,-16,-17,-18; DH-4,-8; MHMD-11,-; NWS-5,-6)

State Program Title: Injury Prevention Program

State Program Strategy:

Goal: To continue developing 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 has continued to develop an organized Injury Prevention Program. The agency hired a new injury epidemiologist to conduct injury surveillance, prepare epidemiologic reports related to injury and serve as a subject matter expert of injury incidence and risk factors. The ISDH will continue to prioritize the efforts needed to more fully develop an Injury Prevention Program for its citizens.

Primary Strategic Partners:

Internal:	**External:**
Epidemiology Resource Center	Indiana Child Fatality Review Team
Vital Records	Coroner's Assocation
Maternal and Child Health	IU Health - Riley Hospital for children
Office of Women's Health	Indiana Department of Education (IDOE)
Trauma Program	Attorney General prescription drug abuse task force
	Injury Prevention Advisory Council
	IDOE School Safety Advisory Committee
	Indiana Criminal Justice Institute
	Department of Mental Health and Addiction
	Indiana Poison Control
	Indiana Hospital Association
	Indiana Department of Homeland Security
	Indiana Department of Labor
	Purdue Extension Project
	Midweset Injury Prevention Alliance

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

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Trauma and Injury Prevention Division Director
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Injury Epidemiologist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 2.00

National Health Objective: HO IVP-8 Trauma Care Access

State Health Objective(s):

Between 10/2013 and 09/2014, Continue the process begun in 2011 of developing a comprehensive injury and violence prevention program at the state health department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources; begins the drafting of a 5-year state plan; and seeks additional grant funding.

Baseline:
The Indiana State Department of Health (ISDH) did not have a comprehensive injury and violence prevention program responsible for providing leadership and coordination for injury and violence prevention in the state until the second half of 2011 when a division director and an injury epidemiologist were hired and began work. The division was without an injury epidemiologist from November 2012 to May 2013. The new injury epidemiologist has completed the previous epidemiologists projects and is now establishing ideas for a strategic plan. The trauma care access percentage for Indiana in 2014 was 71.0%. The Healthy People 2020 goal is 91.4%. The division of trauma and injury prevention hopes to improve this rate by 10%.

Data Source:
Indiana Trauma Registry
Indiana Hospital Discharge Database
Indiana Vital Records

State Health Problem:

Health Burden:
Injuries are a serious public health problem in Indiana. Injuries often result in trauma, possible lifelong disabilities, or even death. In Indiana, unintentional injury is the leading cause of death among persons 1 to 34 years of age and the fifth leading cause of death overall following heart disease, cancer, stroke, and chronic lower respiratory disease. Fatality rates and hospitalization rates are highest among persons over the age of 75. In addition, injury fatalities caused by intentional acts, such as homicide or suicide were among the top four causes of death in Indiana in all age groups from age 5 to 54. Unfortunately, prior to 2011, Indiana lacked the resources to support a program devoted to injury prevention.

Target Population:
Number: 6,537,334
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,426,436
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.s. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $137,500
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Increase trauma center care access.
Between 10/2013 and 09/2014, Division of Trauma and Injury Prevention will increase the number of verified trauma centers from 9 to **11**.

Annual Activities:
1. Provide support to provisional trauma centers.
Between 10/2013 and 09/2014, The division of Trauma and Injury Prevention will provide support and assistance to hospitals working on becoming a verified trauma center in order to increase the number of trauma centers in Indiana.

National Health Objective: HO IVP-11 Unintentional Injury Deaths

State Health Objective(s):
Between 10/2013 and 09/2014, Continue the process begun in 2011 of developing a comprehensive injury and violence prevention program at the state health department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources; begins the drafting of a 5-year state plan; and seeks additional grant funding.

Baseline:
The Indiana State Department of Health (ISDH) did not have a comprehensive injury and violence prevention program responsible for providing leadership and coordination for injury and violence prevention in the state until the second half of 2011 when a division director and an injury epidemiologist were hired and began work. The division was without an injury epidemiologist from November 2012 to May 2013. The new injury

epidemiologist has completed the previous epidemiologists projects and is now establishing ideas for a strategic plan. The age-adjusted mortality rate for Indiana in 2011 was 40.4. The Healthy People 2020 goal is 36.0. The division of trauma and injury prevention hopes to improve this rate by 10%.

Data Source:
An assessment of the Indiana State Department of Health Injury Prevention Program conducted June 7-11, 2010 by the Safe States Alliance (formerly the State and Territorial Injury Prevention Directors Association).

State Health Problem:

Health Burden:
Injuries are a serious public health problem in Indiana. Injuries often result in trauma, possible lifelong disabilities, or even death. In Indiana, unintentional injury is the leading cause of death among persons 1 to 34 years of age and the fifth leading cause of death overall following heart disease, cancer, stroke, and chronic lower respiratory disease. Fatality rates and hospitalization rates are highest among persons over the age of 75. In addition, injury fatalities caused by intentional acts, such as homicide or suicide were among the top four causes of death in Indiana in all age groups from age 5 to 54. Unfortunately, prior to 2011, Indiana lacked the resources to support a program devoted to injury prevention.

Target Population:
Number: 6,537,334
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,426,436
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $97,500
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Injury communication
Between 10/2013 and 09/2014, ISDH and the Injury Prevention Advisory Council will develop **1** 5 year injury prevention plan.

Annual Activities:
1. Injury Surveillance Data communication
Between 10/2013 and 09/2014,
1. The State will conduct injury surveillance by--
   - Expanding its data collection and analysis for motor vehicle injuries
   - Analyzing home care data for falls in collaboration with other State agencies
   - Analyze poisoning data in collaboration with the Indiana Poison Center

The injury surveillance will yield data which we will use to—
1. Drive much of the 5-year Injury Prevention Plan
2. Communicate with injury prevention professionals and the general public through the development and publication of fact sheets regarding specific types of injuries, and be reported on the Trauma and Injury Prevention website of the ISDH
3. Publish epidemiologic reports related to injury such as:
   - A tri-annual report on injuries in Indiana
   - An annual Fireworks Injuries report
   - Trauma and EMS data accuracy report

National Health Objective: HO IVP-23 Deaths from Falls

State Health Objective(s):
Between 10/2013 and 09/2014, Prevent an increase in fall-related deaths among adults aged 65 years and older.

Baseline:
Indiana 2011: 39.6 deaths per 100,000 population aged 65 years and older were caused by unintentional falls in 2011 (crude, age-specific rate)

Data Source:
Indiana ERC-DAT

State Health Problem:

Health Burden:
Injuries are a serious public health problem in Indiana. Injuries often result in trauma, possible lifelong disabilities, or even death. In Indiana, unintentional injury is the leading cause of death among persons 1 to 34 years of age and the fifth leading cause of death overall following heart disease, cancer, stroke, and chronic lower respiratory disease. Fatality rates and hospitalization rates are highest among persons over

the age of 75. In addition, injury fatalities caused by intentional acts, such as homicide or suicide were among the top four causes of death in Indiana in all age groups from age 5 to 54. Unfortunately, prior to 2011, Indiana lacked the resources to support a program devoted to injury prevention.

Target Population:
Number: 6,537,334
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,426,436
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Census Bureau Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $40,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Investigate Evidence-Based Programs to Reduce Elderly Falls
Between 10/2013 and 09/2014, Injury Prevention Epidemiologist, Jessica Skiba
Interim Director, Division of Trauma and Injury Prevention, Katie Gatz will investigate
4 evidence-based programs.
Annual Activities:
1. Research Evidence-Based Programs

Between 10/2013 and 09/2014, The division of trauma and injury prevention will research evidence-based programs to identify the most impactful fall prevention programs to bring to Indiana and establish ways to support Injury Prevention coordinators and organizations in delivering these programs around the state.

State Program Title: **Public Health Performance Infrastructure**

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 quality improvement, performance management, workforce development, and other data and system infrastructure activities to support the work for public health and public health accreditation

Health Priorities: To improve the health of Indiana, the public health infrastructure is a critical component. Improved technology for electronic reporting systems for food safety and TB; a learning management system to improve the education and flow of information to public health professions; electronic display of public health data in Indiana; and the goal of improving health outcomes through quality improvement are the foundations of public health in the 21st Century.

Strategic partners: Indiana University, Purdue University, local health departments, NGOs, and other state universities

Evaluation Methodology: Public Health Accreditation Standards and Measures Documentation

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Director-Office of Public Health Performance Mgmt
State-Level: 70% Local: 10% Other: 20% Total: 100%
Position Title: Workforce Development Coordinator
State-Level: 95% Local: 5% Other: 0% Total: 100%
Position Title: Vital Records Clerk
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Administrative Assistant
State-Level: 95% Local: 5% Other: 0% Total: 100%
Position Title: IT Developer
State-Level: 50% Local: 50% Other: 0% Total: 100%
Position Title: It Devloper
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Performance Improvement Manager
State-Level: 90% Local: 10% Other: 0% Total: 100%

Total Number of Positions Funded: 7
Total FTEs Funded: 7.00

National Health Objective: **HO FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments**

State Health Objective(s):

Between 10/2013 and 09/2014, Continue the development of CodePal, a software application that captures food inspection data electronically. The application allows users to document any violations or deficiencies found during an inspection. Staff can print violation reports onsite or email them to the food establishment. This reduces the reliance of paper for inspections. Data, such as food establishment demographics, violation, complaint, recall and outbreak investigation, can be used on a broader state wide level to better understand the problems and direct resources toward those issues once they become known through this data collection system.

Baseline:

There are 93 local health departments in Indiana and currently 7 are utilizing CodePal. The goal is to increase the capacity to 27 LHDs by 2015.

Data Source:
ISDH Food Protection Program

State Health Problem:

Health Burden:
Every resident of Indiana is impacted by food safety practices. The implementation of CodePal will allow ISDH to track safety, violations, and inspections. The software also enables ISDH to collect food sample information which will allow for better investigations, more timely response, and notice of recalls.

Target Population:
Number: 6,400,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,400,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: PHAB--electronic reporting guidelines

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $140,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

CodePal

Between 10/2013 and 09/2014, ISDH will increase the number of local health departments utilizing CodePal from 7 to **27**.

Annual Activities:

1. Develop the CodePal System for each local health department

Between 10/2013 and 09/2014, As each local health department enlists to utilize CodePal as their inspection software, appropriate software applications are required to be developed between ISDH and the local health department. Each health department may request database features thus those applications must be established.

National Health Objective: HO IID-30 Curative Therapy for TB

State Health Objective(s):

Between 10/2013 and 09/2014, The goal is to increase the real time information on tuberculosis drugs prescribed, real time information on DOT, missed doses, and held doses through electronic systems.

Baseline:

ISDH has implemented real time data for reporting of cases, case closures, contact investigations, and laboratory results

Data Source:

ISDH TB State Wide Investigating and Monitoring Surveillance System.

State Health Problem:

Health Burden:

The number of TB cases are decreasing in Indiana, however, ISDH is seeing an increase in the foreign-born cases of TB. In addition, the treatment of TB is becoming more complex and laborious as non-compliant patients are creating the possibility of multi-drug resistant TB.

Target Population:
Number: 20,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 10,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: ISDH state wide investigating and monitoring surveillance system, CDC Mortality and Morbidity rates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: CDC treatment of TB
Controlling TB in the United States

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $140,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Real Time Information on TB drug administration
Between 10/2013 and 09/2014, ISDH will increase the number of cases in the State Wide Investigating and Monitoring Surveillance System Medication management Module from 0 to **50**.

Annual Activities:

1. Implement the Medication Module

Between 10/2013 and 09/2014, Development of the module creates the programming for drugs, dosage, frequency, start and stop dates; directly observed therapy log with date , drugs, how administered, site and initials of staff; temporary notes for LHD staff to use as "electronic sticky note".

National Health Objective: HO IVP-4 Child Fatality Review of Child Deaths Due to External Causes

State Health Objective(s):

Between 10/2013 and 09/2014, Develop and provide educational opportunities for investigators of infant and child deaths and members of the local child fatality review teams.

Baseline:

In 2011, Indiana had an infant mortality rate of 7.7 deaths per 1,000—45th worst in the country.

Data Source:

Indiana State Department of Health, CDC, National Center for the Review and Prevention of Child Deaths

State Health Problem:

Health Burden:

In Indiana, infants die at a higher rate than any other age group. Indiana's infant mortality rate is consistently one of the worst in the country. In 2010, the 3rd leading cause of death for infants in Indiana was Sudden Infant Death Syndrome (SIDS)/Sudden Unexplained Infant Death (SUID). According to the CDC, "inconsistent practices in the investigation and cause-of-death determination of infant deaths, hampers the ability to monitor trends, ascertain risk factors, and design and evaluate programs to prevent these deaths". It is impossible to know the true nature of Indiana's infant mortality crisis without improving the data collection and cause and manner of classification in reported SUID deaths.

Target Population:

Number: 95,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 95,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: ISDH Vital Statistics

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: CDC's Division of Reproductive Health--Sudden Unexplained Infant Death Initiative

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $75,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Provide access to educational resources and trainings
Between 10/2013 and 09/2014, ISDH will conduct **4** trainings.

Annual Activities:
1. Regional Trainings
Between 10/2013 and 09/2014, Provide regionally-based trainings to the investigative teams who respond to the scene of infant and child deaths. The teams might be comprised of child welfare workers, law enforcement representatives, county coroners, county prosecuting attorneys, emergency medical services representatives, pathologists, etc.
Provide continuing education units to professional participants as able.
Collect data from participants to determine success of the training and assess gaps in the training that will be addressed in future educational events.
Collect data from local child fatality review teams to determine if there has been an increase in use of the training materials, by the infant and child death scene investigators, in those cases reviewed by the local child fatality review teams.

2. State Training
Between 10/2013 and 09/2014, Provide a statewide training for members of the local child fatality review teams.
Record, publish, and archive the statewide training for reference by local teams and use by future child fatality team members.
Collect data from participants to determine success of the training and assess gaps in the training that will be addressed in future educational events.

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

Between 10/2013 and 09/2014, Increase the workforce development and training opportunities for Public Health workers in Indiana.

Baseline:

The U.S. Department of Health and Human Services 2010 report on *Priority Areas for Improvement of Quality in Public Health* cited Workforce Development as a priority area to improve public health. Numerous challenges continue to face the public health workforce, including job cuts, non-competitive wages, and lack of education opportunities. Increasing opportunities through distance education, partnerships, and required trainings focusing on public health, health care regulation, and public health accreditation related activities.

Data Source:

US Department of Health and Human Services

State Health Problem:

Health Burden:

The public health workforce in Indiana currently lacks many of the core competencies necessary to fully and positively impact the health of the populations they serve. While the majority are competent in their own individual duties, most are not competent in the 10 essential public health services and how their duties fit in to the overall provision of these services. This is not an issue that is unique to Indiana. The National Academy for Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited figures released jointly by the CDC and the Agency for Toxic Substances and Disease Registry in 2001 which indicated that "80% of the current public health workforce lacks formal training in public health."

This lack of basic public health competencies is widespread. It is seen in both small, rural local health departments and in large, urban local health departments. The problem continues to worsen in many areas because new employees are often only trained in their day-to-day functions and are not provided with the complete picture of public health. Subsequently, most public health agencies in Indiana do not operate at full efficiency.

Therefore, the target population is the workforce of local health departments in Indiana as well as the Indiana State Department of Health. The workforce will include the workforce in public health as well as local boards of health.

The workplan includes offering continuing education opportunities to local health departments through health officer meetings, monthly webcasts, and public health nurses meetings. Additional opportunities will be developed through the new partnership with the Public Health Foundation and the purchase of TRAIN (leveraged through other funds). The Workforce Development Coordinator, who is funded through PHHS Block Grant will be launching this system and developing future learning opportunities with both internal and external partners for public health in Indiana.

Target Population:

Number: 93

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:

Number: 65

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Standards and Measures

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $438,480
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Provide access to educational resources and trainings
Between 10/2013 and 09/2014, ISDH and contractors will conduct **10** opportunities for education and/or training of the public health workforce.

Annual Activities:
1. Local health department trainings
Between 10/2013 and 09/2014, Continue conducting an annual conference for Public Health Nurses including providing CNEs.
Continue the New Public Health Nurse Orientation and offer CNEs for participants.
Continue the health officer training program that has 2 live trainings per year and archive presentations and publish presentations on the Health Officer Training section of the LHD website. Continue to provide CMEs for the live meetings.
Continue to collect data from training participants to determine success of the training and assess gaps in training that will be addressed in future educational events.
Develop new training opportunities for LHDs through the IN-TRAIN learning management system

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2013 and 10/2014, Increase the capacity for local health departments and nonprofit hospitals conduct community health assessments and improvement plans by creating a data dashboard for county level data. Update the website annually

Baseline:

ISDH and the Indiana Hospital Association have developed a central location for hospitals, local health departments to access county level data in one central location (www.indianaindicators.org). This website will house public health data, SES data and other resources for those doing health improvement plans to access best practices.

Data Source:
BRFSS, Hospital Discharge Data, County Health Rankings, vital records, census data, community economic data

State Health Problem:

Health Burden:
Many communities do not know the overall health burden of their community based on solid data. They also don't know what best practices are to address those health issues. This dashboard will provide national, state and local data to make the best improvement plan possible.

Target Population:
Number: 6,000,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Disparate Population:
Number: 1,000,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $50,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Data Warehouse Development
Between 10/2013 and 09/2014, ISDH, Indiana Hospital Association, Indiana Business Research Center will update **1** data dashboard website.

Annual Activities:
1. Data Development Research
Between 10/2013 and 09/2014, Develop a data plan for appropriate data to be included on the website

Conduct quarterly meeting with partners
Partner with appropriate agencies to ensure policies and procedures

Update the website with new tools and data layout

Update data

Evaluate the website

National Health Objective: HO PHI-16 Public Health Agency Quality Improvement Program

State Health Objective(s):

Between 10/2013 and 09/2014, Enhance the capability of Indiana health departments in the area of agency performance management and quality improvement utilizing Lean Six Sigma

Baseline:

ISDH has worked toward an agency wide performance management system that also includes Lean Six Sigma quality improvement methodology. Through the National Public Health Improvement Initiative, ISDH has trained 20 Green Belts in Lean Six Sigma for Public Health and 80 Yellow Belts in Lean Six Sigma for Public Health. The goal is to expand training within ISDH and LHDs throughout Indiana for basic LSS skills.

Data Source:

ISDH documentation
Purdue Healthcare Advsiors Lean Six Sigma for Public Health
Public Health Accreditation Board
Public Health Foundation

State Health Problem:

Health Burden:
Improving efficiency and effectiveness through improved business processes and health outcomes is a priority of public health accreditation. ISDH has worked with reducing pressure ulcers, increasing services to BCCP enrollees, and HIV duty to warn law.

Target Population:
Number: 93
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 93
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board
Public Health Foundation

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $388,480
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
LSS QI Skill Building Training
Between 10/2013 and 09/2014, ISDH, Purdue Healthcare Advisors will implement **10** LSS QI Skill Building Workshops in LHD Preparedness districts.

Annual Activities:
1. Implementation of LSS QI Projects
Between 10/2013 and 09/2014, Implement 2 QI projects at ISDH

Objective 2:
Performance Management Training
Between 10/2013 and 09/2014, ISDH will implement **5** Performance Management Trainings.

Annual Activities:
1. LHD Training
Between 10/2013 and 09/2014, Implement 2 trainings for LHDs regarding Agency Performance Management.

2. ISDH Training
Between 10/2013 and 09/2014, Implement 3 trainings at ISDH for Agency Performance Management

3. Strategic Planning
Between 10/2013 and 09/2014, Provide strategic planning workshops to 4 local health departments interested in public health accreditation

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. Funding awards are competitive and are reviewed by staff, by the members of the Domestic Violence Prevention Treatment Council (the Indiana Coalition Against Sexual Assault is a member of this Council) and the ICJI Board of Trustees. The role of the Victim Services Division is to distribute, monitor and provide technical assistance to selected sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs. The ultimate goal is 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.
Grant awards packages 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. We also collaborate on a policy and planning level with the Indiana Coalition Against Sexual Assault and the ISDH Office of Women's Health in regard to the RPE grant.
Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations focus on sexual assault awareness.

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 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 continue to work collaboratively 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.

State Program Setting:
Community based organization, Rape crisis center, Schools or school district, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2013 and 09/2014, ICJI will provide services to victims of sexual violence and provide education about prevention to the general public.

Baseline:
Over 2,000 forensic evidence rape kits are processed in Indiana each year. UCR raw data reflect smaller numbers and formulated numbers are higher. Based on the fact that not every victim reports for (or allows completion of) a rape kit, it is estimated that in Indiana is significantly higher.

Data Source:
ICJI Victims Compensation area – processes payments for rape kits (forensic medical exam evidence collection). UCR reporting is not mandatory in Indiana, however under 40% of our counties do report and those counties represent 85% of the population of Indiana.

State Health Problem:

Health Burden:
Practitioners and researchers estimate only three in ten victims actually report a sexual assault. Anecdotal evidence comes in from across the state of victims seeking counseling months and sometimes years following an unreported assault. However, for planning and funding purposes some sort of hard data is required. In that regard, the fact that Indiana is one of only two states without mandatory UCR data reporting somewhat handicaps our ability to provide quantitative hard data as other states can provide. Our data analysis center reports that approximately40% of our 92 counties report and those cover more than 85% of the population of Indiana.

In order to most accurately reflect the number of rape/sexual assaults in the state, our researchers look at two numbers: 1) the available UCR data (raw data; not formulized by the FBI to fill in missing data) and 2) the number of forensic medical exam claims submitted by hospitals for payment by the state Victims Compensation area.

- **Reported rapes/sexual assaults**

Year	Available UCR- (raw data not formulized)	Sexual Assault Claims submitted
2009	1,604	2,357
2010	1,634	1,761
2011	1,601	2,357
2012	N/A	2,349

- **Non-reports**

Since non-reports cannot be tracked it is difficult to provide these numbers. Estimates on the number presenting to a hospital emergency room for a forensic medical exam and/or reporting to the police are between 25 to 47%. Using a 31% - 47% reporting rate, it can be *estimated* that 3,664 to 5,730 rapes could occur annually in Indiana.

On December 14, 2011, the Center for Disease Control released the National Intimate Partner and Sexual Violence Survey which listed Indiana as having the **8th highest rate of interpersonal violence in the country**. IPV combines rape, physical violence and stalking. Indiana continues to deal with the serious problem of sexual violence. Anecdotally we hear from hospital staff and Sexual Assault Nurse Examiners (SANEs) that the number of child sexual assault cases is "exploding", to quote one SANE in the Indianapolis area.

Economic Costs: In 2008, National Institute of Justice researchers estimated that each **rape costs** approximately. $151,423 (DeLisi **....** Hidden **costs** in health care). The costs to the state of this public health problem include the following:

- potential costs of hospital/ER visits for exam
- rape kit
- testing and prophylactic medications
- cold storage of rape kits and evidence for one year
- transportation of evidence
- advocacy services
- therapeutic counseling
- loss of income if the victim misses work or loses her job

There continues to be problems of sexual violence in Indiana and the need for prevention, intervention, and treatment programs is ever pressing. With the continuation of funding from the Sexual Assault Services grant, the number of sexual assaults can be further reduced with the overall goal of total eradication of sexual violence.

Target Population:
Number: 3,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 2,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: RAINN, NCVS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Best Practice Initiative (U.S. Department of Health and Human Service)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $144,972
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $144,972
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Provide information about prevention to all
Between 10/2013 and 09/2014, Indiana Criminal Justice Institute will provide Information to **1000** victims of sexual violence.

Annual Activities:
1. Extend coordinated, comprehensive sexual violence prevention programs within counties
Between 10/2013 and 09/2014,
In order to accomplish the objective, centers in rural areas will provide community and school presentations. Crisis Connection, for example, presents Teen Dating and Healthy Relationships, Predatory Drugs, and Love is Respect programs at middle and high schools on a regular basis. They also provide workshops and presentations on a wide variety of topics tailored specifically toward the audience's need. Presentations are available to the following:

Schools (daycare to university)
Civic Organizations
Faith Communities
Employers
Law Enforcement
Prosecutors
Judges
Medical Personnel
First Responders
EMTs
Girl & Boy Scouts
Community Fairs
Health Fairs
Social Service Providers
Child Protective Services
Religion Classes
Athletic Teams
*Prom Planning Committees**
School Clubs

*Note: innovative way to reach an appropriate audience

Several other centers report that they particularly encourage sexual violence prevention efforts in environments that will inform males as well as females; including working with coaches and sports teams.

2. Expand coordinated, comprehensive sexual offender treatment programs with the state
Between 10/2013 and 09/2014, To date, advocates at the front line have traditionally worked directly with victims and their families rather than with offenders. Efforts to work with offenders have been at the state level and have included developing relationships with Department of Correction and Court staff in regard to their programs.

In order to better inform Indiana practitioners, the Indiana Coalition Against Sexual Assault (INCASA) held their conference jointly with the Midwest Regional Network for Intervention of Sex Offenders (MRNISO). At this conference sexual assault advocates, probation officers, Dept. of Correction workers and sex offender therapists were brought together for a two day conference. Keynote speakers included nationally known therapist, Dr. Eric Hickey, a specialist on sex offenders. Workshops included “Incorporating Victims in Re-entry and Supervision”, “Effective Training for Sex Offenders”, “Understanding Risk-based Supervision and Best Practices in Sex Offender Community Supervision”.
The attendance at this conference was well over 400 and evaluations and feedback were extremely positive, ensuring that this joint meeting and further collaboration will continue in 2014.

3. Improve and enhance response initiatives to victims of sexual assault.
Between 10/2013 and 09/2014, Indiana’s 22 SAS subgrantees are at various levels of ability and experience in providing response initiatives to victims of sexual assault. The goal of this program is to build capacity with the eventual goal of having advocates trained in sexual assault services available on a 24 hour on-call basis. Funding will be used to provide:

- Travel to INCASA’s 40 hour Sexual Assault training and to various one day trainings held around the state
- Involvement on local Sexual Assault Response Teams (SARTS) and collaboration with hospitals in their areas
- Crisis lines
- Support groups
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.

Subgrantees receive technical assistance on improving and enhancing services to SA victims from both ICJI program managers and INCASA staff.