**Indiana FY 2015
Preventive Health and Health Services
Block Grant**

Annual Report

**Annual Report for Fiscal Year 2015
Submitted by: Indiana
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Executive Summary

- On June 8 the Advisory Committee reviewed and recommended programs for funding, contingent upon the receipt of funding for FY2015.
- On June 15, the Public Hearing was convened.
- On August 10 the Advisory Committee reviewed and approved additional activities and objectives added to the Work Plan for FY2015.
- This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2015. It is submitted by the Indiana State Department of Health as the designated state agency for the allocation and administration of PHHSBG funds.
- **Funding Assumptions**: The total award for the FY2015 PHHSBG is $2,540,710. This amount is based on an allocation table distributed by CDC.
- Funding for FY2015 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan: $144,972 of this total is a mandatory allocation to the Indiana Criminal Justice Institute (ICJI) which provides this funding to reduce the prevalence of sexual assault and attempted sexual assault among residents of the State of Indiana, particularly youth through sexual violence outreach and education and direct services. Funds will be used by 16 Subrecipients to provide prevention outreach and education as well as direct services.
- **Program Title**: Chronic Disease, Primary Care and Rural Health
    - HD5-1 Cardiovascular Health, $529,818 of this total will be utilized 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.
- **Program Title**: Food Protection Program
    - FS-6 Food Preparation Practices in Food Service and Retail Establishments, $120,243 of this total will be utilized to measure and improve the compliance of fast-food and full service restaurants in Indiana with food safety sanitation requirements. Further develop use and import of data into CodePal, the electronic system to capture and evaluate food safety inspection and investigation information.
- **Program Title**: Injury Prevention Program
    - IVP-11 Unintentional Injury Deaths, $155,071 of this total will be utilized to 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. Start developing plans to apply for CDC Injury Center Core Violence and Injury Prevention Program (Core VIPP) Grant Funding and start providing evidence-based primary prevention programs in Indiana.
    - IVP-4 Child Fatality Review of Child Deaths Due to External Causes, $67,791 of this total will be utilized to gain an understanding of the circumstances causing a child's death which will help prevent other deaths, poor health outcomes, and injury or disability in other children.
- **Program Title**: Office of Public Health & Performance Management
    - PHI-2 Continuing Education of Public Health Personnel, $207,585 of this total will be utilized to increase the workforce development and training opportunities for Public Health workers in Indiana utilizing the Indiana IN-TRAIN web-based training system and other eLearning tools.
    - PHI-13 Epidemiology Services, $108,103 of this total will be utilized to increase analytical capacity of epidemiologists and data analysts using SAS through a SAS expert and increasing the number of surveys of BRFSS. $100,000 (Direct Assistance) will also be used to analyze and interpret data to assess the burden of chronic disease, provide information on the distribution and risk

factors for chronic diseases necessary for public health program planning and implementation, and assist in evaluating the success of public health programs.

- • PHI-15 Health Improvement Plans, $230,956 of this total will be utilized to continue to increase the capacity for local health departments and nonprofit hospitals to conduct community health assessments and improvement plans by improving access to county level secondary data to all 92 counties in Indiana through the Indiana Indicators data dashboard website and by hiring contract staff to provide technical assistance.
- • PHI-16 Public Health Agency Quality Improvement Program, $319,069 of this total will be utilized to enhance the capability of Indiana health departments in the area of agency performance management and quality improvement utilizing Lean Six Sigma through a contract with Purdue and by hiring contract staff at ISDH to provide trainings.
- • **Program Title**: TB/Refugee Control Program
    - • IID-31 Treatment for Latent TB, $120,210 of this total will be utilized to increase the percentage of contacts to sputum smear-positive tuberculosis cases that complete treatment after being diagnosed with latent tuberculosis infection and initiated treatment.
- • **Program Title**: Water Fluoridation Program
    - • OH-13 Community Water Fluoridation, $202,967 of this total will be utilized monitor water fluoridation programs in communities and schools on a regular basis.
- • Administrative costs: associated with the Preventive Health block Grant total $233,915 which is less than 10% of the grant. These costs include funding for the Office of Contracts and Grants Management at ISDH.
- • The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention objectives in Healthy People 2020.

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

State Program Strategy:

Goal: Between October 2015 and September 2016, 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. Targets in burden reduction include increasing the percentage of individuals in targeted settings with their asthma, diabetes and hypertension under control to decrease morbidity and mortality associated with these conditions. Efforts to increase primary screenings for breast, cervical and colorectal cancers should reduce colorectal and cervical cancer incidence and mortality associated with these cancers. Additionally, clinical quality improvement activity will serve to reduce dependence on emergency department care for individuals with ambulatory sensitive conditions, specifically asthma, diabetes and hypertension.

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 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.

National Health Objective: HDS-1 Cardiovascular Health

State Health Objective(s):

Between 09/2014 and 10/2015, Reduce hospitalizations and emergency room admissions and increase self management and prevention of cardiovascular disease, diabetes, asthma, and cancer and chronic obstructive pulmonary disease by mobilizing statewide chronic disease partners, including subject matter coalitions and a 7-county hospital system. Five coalitions will develop and update plans to address Indiana's chronic disease burden and a hospital system will design and implement a training program for paramedics and emergency services personnel to serve nursing home and home-bound individuals with chronic diseases in non-emergent settings.

State Health Objective Status
Not Met

State Health Objective Outcome
For the period outcome data for Indiana's PHHSBG will be available at the hospital level after project completion. The current state of the targeted outcome discussion follows. People with chronic illness are at greater risk for potentially preventable hospitalizations than people without chronic illness. Ambulatory

sensitive admissions in Indiana in 2001 were 86.5 per 1,000 and 63.2 in 2015 for Medicare Beneficiaries which would capture the population with the highest incidence of chronic diseases including diabetes and cardiovascular disease. In 2013, there were 31,307 emergency room visits and 7,200 hospitalizations with asthma listed as the primary diagnosis and children accounted for 37% of emergency room visits and 22.6% of hospitalizations (ISDH DAT, 2014. Indiana Hospital Discharge Data Files, 2013). Hospital emergency room visits per 1,000 in Indiana has trended upward from 1999 (357) through 2014 (494) (http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/#graph).

The Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (http://indianacancer.org/) and the Indiana Joint Asthma Coalition (INJAC) (http://injac.org/) have all begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (http://www.inhealthyweight.org/215.htm) has also been active and has restructured its organizational approach to include collective impact organizations with common agendas, shared measurement systems, mutually reinforcing activities, continuous communication with the Healthy Weight Initiative acting as the backbone organization.

Reasons for Success or Barriers/Challenges to Success
All supported chronic disease coalitions have hired coordinators, have begun or are updating statewide, disease specific plans in consultation with community representatives and industry experts. The policy, systems and environmental changes resulting from their work do not have a measure standardized beyond health outcomes for which data is delayed beyond the project end date. However, process measures such as regular meetings, increased membership participation, and coalition staffing can represent incremental success expected to result in demonstrable improved chronic disease outcomes for the state.
Success in the paramedicine arena includes the interest level of local governments and providers in the outcome of the pilot project; establishing a training regimen and selecting participants for the program. Barriers for the program include establishing a measure for impact that can be shared statewide and that will use existing reported measures in order to align with other state and federal data.

Strategies to Achieve Success or Overcome Barriers/Challenges
The strategy for collective impact across coalitions is to create an overarching chronic disease plan that unifies measures.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
PHHSBG dollars have leveraged state tobacco settlement funds that are being used to support quality improvement models for addressing care at the population level in community health centers and hospitals for patients with chronic diseases, including diabetes, hypertension, asthma, and associated risk factors.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Advanced workforce development (ES8)

Between 10/2014 and 09/2015, Parkview Health Network will conduct **2** trainings for paramedics and nursing home personnel in the rapid response method to identify and respond to asthma, cardiac events, chronic obstructive pulmonary disease, and sepsis.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Parkview Health Network conducted **0** trainings for paramedics and nursing home personnel in the rapid response method to identify and respond to asthma, cardiac events, chronic obstructive pulmonary disease, and sepsis.

Reasons for Success or Barriers/Challenges to Success
Parkview Health Systems has succeeded in developing a community paramedicine curriculum and protocols for each disease state; aligning the curriculum with the Indiana Emergency Medical Services objectives, and identifying staff qualified to participate in the trainings and program. Barriers included not being able to purchase equipment needed and finding available trainers which caused a delay in starting the clinical training required.

Strategies to Achieve Success or Overcome Barriers/Challenges
State funds were used to purchase equipment and a qualified trainer has been found and employed.

Activity 1:
Community paramedicine protocol and evaluation platform
Between 10/2014 and 09/2015, 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.

Activity Status
Not Completed

Activity Outcome
The CDPCRH's work with Parkview Health Systems led to other organizations including municipal units of government to make use of their ready workforces to improve health outcomes and reduce hospitalizations in their communities. As a result the Crawfordsville, Indiana Fire Department has begun working with CDPCRH to develop a pilot similar to Parkview's. Data from both systems will provide a basis for comparison between a public service and hospital based approach to community paramedicine (CP). In both models home visitation and hospital decrease in readmission is the aim with hospitals reaping the financial benefit through deferred readmission penalties. In addition, the CDPCRH collected information through the Rural Health Innovation Consortium regarding CP programs – perceptions, activities, roles, scope of practice, legal implications, medical oversight and direction in order to establish a context for this project.

Reasons for Success or Barriers/Challenges to Success
A barrier to statewide utility of a model rests in the organization pursuing CP. Different local considerations of what entity should own a service should drive the planning and implementation of a CP program in order to have broad applicability. The Parkview model represents a hospital owned system that does not require collaboration outside its network, making training, data collection and exchange less problematic than for systems that may be municipally owned, and not contained within a hospital network.

State internal administrative barriers included a grants office staff turn-over resulting in contract and project implementation delays.

Strategies to Achieve Success or Overcome Barriers/Challenges
 The need for a non-hospital system model inspired a state-funded companion project with the City of Crawfordsville Fire Department in which St. Elizabeth Hospital will participate, but will not own the operation.

Impact/Process Objective 2:
Chronic Disease Coalitions (ES4)
Between 10/2014 and 09/2015, 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.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, 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 provided 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 **200** 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.

Reasons for Success or Barriers/Challenges to Success
For the period, The Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (http://indianacancer.org/) and the Indiana Joint Asthma Coalition (INJAC) (http://injac.org/) have all begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (http://www.inhealthyweight.org/215.htm) has also been active.

Strategies to Achieve Success or Overcome Barriers/Challenges
aaa

Activity 1:
Provide technical assistance to statewide chronic disease stakeholders to improve disease outcomes
Between 10/2014 and 09/2015, CDPCRH will convene and support community-based coalitions to provide technical assistance to **5** community-level stakeholder groups including those for cancer, asthma, obesity, cardiovascular health and diabetes, and disabilities. 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.

Activity Status
Not Completed

Activity Outcome
For the period, The Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (http://indianacancer.org/) and the Indiana Joint Asthma Coalition (INJAC) (http://injac.org/) have all begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (http://www.inhealthyweight.org/215.htm) has also been active and has restructured its organizational approach to include collective impact organizations with common agendas, shared measurement systems, mutually reinforcing activities, continuous communication with the Healthy Weight Initiative acting as the backbone organization.
ISDH is providing diabetes, cardiovascular, asthma, cancer and community health system epidemiologists as needed for coalition support. Sometimes the ISDH staff lead data subcommittees as well as supporting the overall coalition with webinars, guest expert speakers, and regular one-on-one meetings with coordinators and members.

Reasons for Success or Barriers/Challenges to Success
ISDH has developed productive relationships with academics and practitioners in the field of chronic disease and has been able to broker these relationships to benefit supported coalitions. In addition, ISDH is fortunate to have epidemiologists on staff.

Strategies to Achieve Success or Overcome Barriers/Challenges
Few barriers beyond keeping talented staff employed exist. Strategies to enrich staff experience by providing peer support and engaging staff in activities they find fulfilling is one way to job satisfaction.

Activity 2:
Evaluation of progress associated w/ chronic disease strategic plans in asthma, cancer & obesity
Between 10/2014 and 09/2015, CDPCRH will provide technical assistance to 5 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 or special populations (disabled) impacted by these diseases, 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).

Activity Status
Not Completed

Activity Outcome
A statewide chronic disease plan process has begun through the Indiana Public Health Association IPHA). Coalition coordinators met with ISDH staff to discuss evaluating individual plans for inclusion in an

over-arching state plan.

Phase 1 – Foundation Building

1. Research & Plan Development
2. Chronic Disease Plan Guidance
3. Analysis of State Chronic Disease Plans in other states
4. Analysis Needs Assessments (Coalitions & Hospitals)
5. Informational Interviews with Key Stakeholders
6. Role for academia defined

Phase 2 – Finalize & Identify Priorities for Social Marketing & Outreach

1. Implementation & Strategic Realignment

Phase 3 – Launch Social Marketing & Outreach

1. Social Marketing, Education & Outreach Campaign
2. Technical Assistance & Capacity Building to Local Public Health
3. Creation & Distribution of Health Education Tools & Promotional Items
4. Public Health, health care professionals, providers
5. Lay Persons
6. Policy Makers Education & Outreach
7. Public Health Policy Leadership Development
8. Capacity Building, Seed Grants
9. Phase 4 – Assessment & Evaluation
10. Values & Expectations to Incorporate
11. IPHA coordination that includes ISDH partnership
12. Meaningful public involvement
13. Community input, non-traditional partners
14. Easily read & understood by public
15. Relevance for elected, business & civic leadership re: policy direction

More than cross-walk of existing plans

1. Process that identifies issues and strategies across or without respect to disease areas
2. Key/strategic issues rise to the top
3. Coordinated action recommendations that break out of silos
4. Reconvene and utilize Chronic Disease Advisory Group (CDAG)
5. Interest groups & partners outside of Chronic Disease Coalitions

Process & Architecture

1. Statewide multi-faceted data gathering built on coalitions
2. Goal, Objectives & Strategies
3. Include strategic action recommendations for public involvement Arranged by:

• Disease areas/ Critical nodes
• Types of interventions
• Combination of areas, nodes or types of interventions

All supported chronic disease coalitions have hired coordinators, have begun or are updating statewide, disease specific plans in consultation with community representatives and industry experts. The policy, systems and environmental changes resulting from their work do not have a measure standardized beyond health outcomes for which data is delayed beyond the project end date. However, process measures such as regular meetings, increased membership participation, and coalition staffing can represent incremental success expected to result in demonstrable improved chronic disease outcomes for the state.

Reasons for Success or Barriers/Challenges to Success
Indiana has never had a statewide chronic disease plan partly due to a reticence of disease specific coalition leaders to over-tax volunteers and professional members with additional meetings. The issue of diluting support, both for monetary and human resources was also a fear.

Strategies to Achieve Success or Overcome Barriers/Challenges
The strategy for overcoming the over-taxing support and diluting resources is for coalition coordinators to use segments of their members as reviewers and advisors only a few times during the statwide planning process. Because all coalitions are currently writing new or updating existing disease specific plans, the coordinators will be able to discern and address common goals, objectives and activities that can be elevated in a general chronic disease plan. This plan will serve as a keystone for driving action for collective impact.

Activity 3:
Strategic Planning
Between 10/2014 and 09/2015, CDPCRH will work with 5 coalitions of statewide community organizations to publish or update 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), as well as special populations impacted by these conditions (disabilities). Included in this activity will be comprehensive surveillance, communication, and evaluation activity, with special focus on public access dashboards such as Indiana Indicators.

Activity Status
Not Completed

Activity Outcome
The Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (http://indianacancer.org/) and the Indiana Joint Asthma Coalition (INJAC) (http://injac.org/) have all begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (http://www.inhealthyweight.org/215.htm) has also been active and has restructured its organizational approach to include collective impact organizations with common agendas, shared measurement systems, mutually reinforcing activities, continuous communication with the Healthy Weight Initiative acting as the backbone organization.

Reasons for Success or Barriers/Challenges to Success
Because there is a combined planning effort for diabetes, stroke and cardiovascular diseases, additional funding was required to hire a consultant to plan and execute the process that used a regional meeting of community gatherings to obtain local viewpoints. These regional meetings became very popular and averaged 40-50 attendees with over 100 attending a meeting held in Indianapolis.

Strategies to Achieve Success or Overcome Barriers/Challenges
Holding regional meetings has been successful and will be attempted by other coalitions if funding allows.

State Program Title: Food Protection

State Program Strategy:

Goal: Between October 2015 and September 2016, continue the development of CodePal, a software applications that captures food inspection data electronically. The application allows users to document any violations or deficiencies found during an inspection and activities related to investigations of foodborne illness cases. This electronic system reduces the reliance of paper for reporting if inspections and investigations. Data, such as food establishment demographics, violations, complaints, and recall and outbreak investigations, 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. The program's goal is to continue to enlist local health departments to utilize CodePal as their inspection software. For those jurisdictions that are utilizing another application, CodePal is being designed to accept their food inspection data electronically through Dyna Sync to import data into the CodePal system. The Dyna Sync process will allow the building of a state-wide database of food inspection data, and will be implemented with the development and use of standardized templates.
Program Priorities: The Senior Level Application System Analyst/Developer will develop standardized templates to realize the Dyna Sync import process of food safety information to the CodePal system. As time permits, this position will also support users in their installation and use of this inspection software.
Primary Strategic Partnerships(s):
• **Internal:** ISDH's Food Protection Program and Office of Technology & Compliance
• **External:** Indiana local health departments and universities
Evaluation Methodology: Included in the ISDH strategic plan, strategic priorities include decreasing disease incidence and burden; improving response and preparedness networks and capabilities; better use of information and data from electronic sources to develop and sponsor outcomes-driven programs; and improving relationships and partnerships with key stakeholders, coalitions, and networks throughout the State and the nation. The development of a state-wide database of food inspection and investigation data will aid in addressing these priorities, and progress is tracked in Dashboard metrics reports. These metrics reports include specific objectives related to the functionality and growth of the CodePal system, and quarterly reports are submitted to agency leadership to monitor the progress of annual goals.

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

State Health Objective(s):
Between 10/2014 and 09/2015, measure and improve the compliance of fast-food and full service restaurants in Indiana with food safety sanitation requirements. Further develop use and import of data into CodePal, the electronic system to capture and evaluate food safety inspection and investigation information.

State Health Objective Status
Not Met

State Health Objective Outcome
The ISDH Food Protection Program and Office of Technology & Compliance worked during this period to continuously address the development of CodePal and incorporate additional local health department users to increase the scope of the database.

Reasons for Success or Barriers/Challenges to Success
We are in the process of designing import file specifications and configuration of DynaSYnc tool to our environment, which will be used to import the data from Local Health Departments systems into CodePal. We have had a few technical issues with the DynaSync tool and are working closely with the vendor, Sybatech, to fix these issues.

Strategies to Achieve Success or Overcome Barriers/Challenges
We are identifying the required and non-required fields as per CodePal system in designing the import file specification. There have been a few challenges encountered along the way to make the Dynasync tool work without issue in our environment. We are working with the vendor to fix these issues to get us to the next phase of the project i.e. to map the DynaSync tool in sync with the import file specifications.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Eli Shebanov has been assigned to work on gathering requirements to design a standardized template towards import file specifications and working towards creation of auto process steps in loading the files received from counties and the creation of a SFTP environment. Eli has also been working in installation and configuring the DynaSync tool to meet import file specifications i.e. mapping the import file specs with back-end database mapping.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
CodePal
Between 10/2014 and 09/2015, Senior Level Application System Analyst/Developer will increase the number of Local health departments from 27 to **47**.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Senior Level Application System Analyst/Developer increased the number of Local health departments from 27 to **35**.

Reasons for Success or Barriers/Challenges to Success
Reasons the objective has not been met with the total count on board is due to Websync issues with the CodePal system. The vendor has given us a new solution to implement i.e. web services methodology to address the issue. This has slowed down the process of bringing the counties on board with CodePal system. A few counties who have been on list to come on board have dropped out due to other priorities.

Strategies to Achieve Success or Overcome Barriers/Challenges
The vendor has given us a new solution to implement i.e. web services methodology to address the issue. The CodePal software has been rolled out to all the counties using CodePal to address web sync and other system issues.

Activity 1:
Develop CodePal system with local health departments to build statewide database
Between 10/2014 and 09/2015, Increase the capacity from 27 to 42 local health departments directly using or importing information into CodePal by September 2016. Continue to enlist local health departments to utilize CodePal as their inspection software. For those jurisdictions that are utilizing another application, CodePal is being designed to accept their food inspection data electronically through Dyna Sync to import data into the CodePal system. The Dyna Sync process will allow the building of a state-wide database of food inspection data, and will be implemented with the development and use of standardized templates. A long term electronic data collection system in Indiana will allow for more comprehensive and current data that can be effectively used by state and local food protection programs. The CodePal system can aid in the identification of potential disease causing conditions, thereby helping the regulatory authority mitigate these situations of public health concern more expeditiously.

Activity Status
Not Completed

Activity Outcome
We are in the process of designing the import file specifications and configuration of the DynaSync tool to our environment, which will be used to import the data from Local Health Departments' (LHD) systems into CodePal. We have had a few technical issues with the DynaSync tool and are working with the vendor, Sybatech, to fix these issues.

Reasons for Success or Barriers/Challenges to Success
We have had challenges in the configuration stage of the DynaSync tool to work with the entire scenario towards import specifications. Those are now addressed by the vendor. There are lots of scenario needs to be tested in order to receive the files from the LHD's vendor systems before we can bring on any counties' data into the CodePal system.

Strategies to Achieve Success or Overcome Barriers/Challenges
Eli Shebanov has been assigned to work on gathering requirements to design a standardized template towards import file specifications and working towards the creation of auto-process steps in loading the files received from counties and the creation of an SFTP environment. Eli has also been working in installation and configuring the DynaSync tool to import file specifications i.e. mapping the import file specs with back-end database mapping.

State Program Title: Injury Prevention Program

State Program Strategy:

Goal: Between October 2015 and September 2016, 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 has maintained an 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:
Child Fatality Review
Epidemiology Resource Center
Indiana Violent Death Reporting System Program
Maternal and Child Health
Office of Women's Health
Trauma Program
Vital Records
External:
Attorney General's Prescription Drug Abuse Prevention Task Force
Bi-weekly Health User Group GIS
CDC Injury Center
Great Lakes and Mid-Atlantic Regional Network
Indiana Criminal Justice Institute
Indiana Department of Homeland Security
Midwest Injury Prevention Alliance
Indiana Hospital Association
Indiana Poison Control
Indiana State Trauma Care Committee
Indiana Trauma Network
Safe Kids
Safe States
Senator Head's Substance Abuse and Child Safety Task Force
Indiana Injury Prevention Advisory Council
State and Local Child Fatality Review Teams
State Epidemiology Outcomes Workgroup

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

The Indiana Child Fatality Review Program will monitor the success of the projects activities by:

• the number of trainings held, as well as the number of individuals trained
• the number of cases entered into the Child Death Review database accurately
• the decrease in time from child death to case review to entry into the Child Death Review database
• the number of prevention activities that result from thorough case reviews across the state
The ultimate measure of the success of this program will be in a decrease in the number of preventable child deaths in Indiana. However, this will be long-term trend data and might not reflect within the 12-month grant period described here.

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

State Health Objective(s):

Between 10/2014 and 09/2015, Prevent an increase of death and hospitalization of children due to external causes through implementing best-practices needed to meet the National Center for the Review and Prevention of Child Deaths (NCRPCD) data quality standards which include reporting of timely and complete review, data entry, and quality assurance procedures so Child Fatality Review (CFR) data may be included in pediatric injury prevention and improved health outcomes.

State Health Objective Status

Not Met

State Health Objective Outcome

This objective has not been met because of the inability of CFR staff to access vital records data. The lack of vital records data has made it difficult to improve data quality in the NCRPCD Case Reporting System.

Reasons for Success or Barriers/Challenges to Success

A barrier that has hindered achieving this goal has been a lack of access to vital records data at the state level. CFR staff was granted access to vital records in December 2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

Prior to access to vital records data, program staff was working to improve the Indiana interface of the NCRPCD Case Reporting system by updating the data fields to reflect the current Indiana Child Fatality Review jurisdictions and end-users and scrubbing the current cases for precision, duplication and completion. Upon execution of the data sharing agreement with the state vital records division, program staff immediately began comparing death certificate data to the cases currently logged in the NCRPCD Case Reporting System. By ensuring the accuracy of existing cases, as well as working to immediately initiate new cases with the death certificates, the data system will become increasingly more reliable as a data source.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

CFR program staff have focused on infant safe sleep as a prevention priority, in order to maximize the impact of programs initiated with PHHSBG funds. This emphasis has allowed staff to rally internal and external partners and stakeholders to work together and share resources to improve outcomes. An example of this has been utilizing infant safe sleep materials and education messages to encourage a statewide network of team members from social services, EMS, law enforcement, Coroners, local health, hospitals, home-visiting programs and mental health agencies who are all working together, aware of and focused on the same goals of infant health and safety. Staff has also researched programs that, when implemented, have the ability to be self-sustaining. For example, DOSE is a train-the-trainer program, whereby we are providing the education and training resources to one first responder, who is then encouraged to return to their station/agency and train 10 others.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
First Responders Direct on Scene Education

Between 10/2014 and 09/2015, The Indiana State Child Fatality Review staff will provide train-the-trainer Direct on Scene Education (DOSE) to identify unsafe infant sleep environments, remove hazards and provide education while on scene during emergency and non-emergency calls to **150** First Responders.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
The direct on scene education will be provided to first responders at the Indiana Emergency Response Conference and Indiana Law Enforcement Training Academy in August 2016. Planning and contract process has begun and is on schedule.

Strategies to Achieve Success or Overcome Barriers/Challenges
 Implementation process has just begun and no barriers have been identified at this time.

Activity 1:
Collaborate with the Indiana first responder agencies.
Between 10/2014 and 09/2015, The Indiana State Child Fatality Review staff will work with Indiana Department of Child Services, Indiana Safe Sleep Collaborative, Indiana Fire Chiefs Association, Indiana Volunteer Fire Chief's Association, Indiana Law Enforcement Academy, and the Indiana Emergency Medical Services Commission to provide training opportunities for First Responders to participate in the DOSE train-the-trainer program. This collaboration will also help ensure data collection from DOSE education, and referrals to the Safe Sleep Collaborative by First Responders to help ensure all caregivers in need of safe sleep environment for their infant have access to a crib along with safe sleep education

Activity Status
Not Completed

Activity Outcome
Collaboration has begun with first responder agencies to provide DOSE training, data collection and partnerships with the Safe Sleep Collaborative. The Indiana Department of Child Services is a valuable partner in this effort by funding 100% of the infant survival kits that are provided at safe sleep distribution sites throughout the state. The Indiana Fire Chiefs and Volunteer Fire Associations have committed to supporting DOSE training and the Safe Sleep Collaborative by bringing the national DOSE trainer/founder to their annual EMS conference where he will provide train-the-trainer education and present as a key note speaker. The Indiana Law Enforcement Academy has also contracted to offer this training as a continuing education class. There are EMS agencies that have already formed formal partnerships with the Safe Sleep Collaborative by agreeing to serve as infant survival kit distribution sites and provide safe sleep education any time of the day or night.

Reasons for Success or Barriers/Challenges to Success
Forming the collaborative partnerships has been very successful. All of the partners are dedicated and passionate about the project, including EMS, Law Enforcement and their associated training boards. Standardizing the data collection associated with this project has been challenging. EMS agencies utilize different data reporting systems, and adding data collection components can be difficult.

Strategies to Achieve Success or Overcome Barriers/Challenges
A potential solution to the problem of standardizing the data collection associated with this project has been identified. The Indiana State Department of Health Trauma and Injury Prevention Division and the Indiana Department of Homeland Security have both been responsible for managing the mandatory state EMS registry. By working with these agencies, we hope to be able to utilize data fields already included in the registry to collect DOSE data.

Activity 2:
Collaborate with Maternal and Child Health application developers to improve data.
Between 10/2014 and 09/2015, Child Fatality Review Staff will work with MCH application staff to develop a web-based data entry portal that will allow DOSE trained First Responders to enter information regarding the education provided while directly after the call. This data will be linked to the Safe Sleep Collaborative data and birth and death records, which will help track outcomes associated with providing

safe sleep education and crib resources.

Activity Status
Not Started

Activity Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
Data-collection is a required activity of EMS, law enforcement and firefighter agencies. However, the methods and systems used to report varies widely across Indiana. Program staff is pursuing a data-collection strategy whereby accurate, consistent data can be gathered, but will not place an undue burden on these professionals.

Strategies to Achieve Success or Overcome Barriers/Challenges
Brainstorming sessions will be held with representatives from various law enforcement and emergency response agencies, as well as Indiana Homeland Security. Program staff is confident that, given the level of interest in the DOSE program, as well as the general consensus about the importance of high-quality data collections in outcomes tracking, experts will be able to assist with a suitable solution.

Impact/Process Objective 2:
Provide statewide training on improving child death investigation.
Between 10/2014 and 09/2015, Child Fatality Review Teams will provide child death investigation training to to **74** of Indiana's coroners.

Impact/Process Objective Status
Not Started

Impact/Process Objective Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
Planning to achieve this objective has begun and not barriers have been encountered.

Strategies to Achieve Success or Overcome Barriers/Challenges
Planning meetings have begun with the Coroner's Training Board and Association, and both organizations are excited to partner and provide the subject matter experts to improve death investigations, collaboration and data collection. At this time, no barriers have been encountered, so the planning strategy will continue.

Activity 1:
Statewide Trainings
Between 10/2014 and 09/2015, The Indiana State Fatality Review staff, will collaborate with the Indiana Coroner's Training Board, Indiana Coroner's Association, Indiana Prosecuting Attorney's Council, and the Indiana Law Enforcement Academy to provide subject matter experts on the topics of standardizing child death/injury investigations, improving collaboration and the multidisciplinary team process, and improved evidence and data collection.

Activity Status
Not Started

Activity Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
All of the professional boards and associations have expressed interest in partnering to provide training to improve death investigations, collaboration and data collection. No barriers have been encountered.

Strategies to Achieve Success or Overcome Barriers/Challenges
All of the boards and associations approached have expressed interest and intent to collaborate and provide the needed subject matter experts. For this reason, the planning strategy will continue.

Impact/Process Objective 3:
Support injury prevention efforts resulting from Child Fatality Review at the local level.
Between 10/2014 and 09/2015, Child Fatality Review staff will conduct **2** funding opportunities for the local child fatality review teams to support injury prevention efforts resulting from child fatality review at the local level.

Impact/Process Objective Status
Not Started

Impact/Process Objective Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
Program staff has begun the process of writing request for proposals, and plan to finalize the documents and initiate the funding opportunities within the next few months. A barrier encountered has been agency staff turnover which has limited access to technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges
Within the last few months, the agency has brought on new staff that are able to provide the technical assistance needed to ensure success.

Activity 1:
Request for Proposal
Between 10/2014 and 09/2015, Child Fatality Review staff will develop a request for proposal process to distribute to the local teams. Funding to the local teams will be based on evidence of need, approach, activities, expected outcomes and evaluation process.

Activity Status
Not Completed

Activity Outcome
Program staff have developed a request for proposals form that will be provided to the local teams. The form is being reviewed and should be sent out to teams by the end of February 2016.

Reasons for Success or Barriers/Challenges to Success
A barrier encountered has been agency staff turnover which has limited access to technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges
Within the last few months, the agency has brought on new staff that is able to provide the technical assistance needed to ensure success.

National Health Objective: IVP-11 Unintentional Injury Deaths

State Health Objective(s):

Between 10/2014 and 09/2015, The division of trauma and injury prevention will work towards reducing the number of unintentional injury deaths in Indiana by 10% through the continued development of a comprehensive injury and violence prevention program at the state health department. The program will provide prevention partners focus and direction from the state to maximize injury and violence prevention resources. The program will also start developing plans to apply for CDC Injury Center Core Violence and Injury Prevention Program (Core VIPP) Grant Funding.

State Health Objective Status
Met

State Health Objective Outcome
The Division has continued to develop a comprehensive injury and violent prevention program to maximize injury and violence prevention resources. The Division is finalizing a state plan for injury prevention and trauma. The Division has also been instrumental in providing statewide injury and violence prevention resources and focused on prevention partners. The Program is preparing for the upcoming CDC Injury Center Core Violence and Injury Prevention Program (Core VIPP) Grant Funding to be released in 2016.

Reasons for Success or Barriers/Challenges to Success
The full time injury prevention epidemiologist has made it possible for our division to analyze injury data in our state to direct and promote prevention efforts. This staff analyzes injury data to give the division the ability to focus on data driven results and informed decision-making. The injury prevention program coordinator focuses on maximizing injury and violence prevention resources statewide. Part of the state plan will address how to organize and utilize the Injury Prevention Advisory Council to move forward. The injury director continues to manage the National Violent Death Reporting System, which will brings additional grant funding to the division.

Strategies to Achieve Success or Overcome Barriers/Challenges
We have completed several reports, include special emphasis reports and the Injury Prevention Resource Guide. The Division continue to share data with partners for feedback. The division continues to host quarterly meetings for the Indiana Injury Prevention Advisory Council with injury prevention experts who can advise our division on future goals and objectives. The division also hosted the first Injury Prevention 101 educational opportunity for injury workers.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Block grant dollars have paid for a full time injury prevention epidemiologist, injury prevention program coordinator and for the director of the division of Trauma and Injury Prevention. These employees have used their time and equipment to expand the amount of injury data that is being collected in Indiana and the expanse of injury prevention programming. Disseminating this data has helped to identify specific areas where there is a need for injury prevention programming.
Staff have expanded capacity by pursuing additional funding for injury prevention programming and data collection. The block grant dollars have also gone to support the Indiana Spinal Cord and Brain Injury Research Fund Board, which grants out $1.6 million per year in research grants. The division continues to utilize funds for the CDC National Violent Death Reporting System to expand efforts in injury and violence prevention. Staff are also preparing for the upcoming Core VIPP funding opportunity announcement.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Injury Prevention Primary Programming

Between 10/2014 and 09/2015, Injury Prevention Program Coordinator will implement **2** primary prevention programs in the state of Indiana focusing on older adult falls and child passenger safety.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Injury Prevention Program Coordinator implemented **2** primary prevention programs in the state of Indiana focusing on older adult falls and child passenger safety.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator is becoming master trainers in both these injury areas, thus obtaining the training needed to successfully implement evidence-based programs. Challenges to success include implementing programs in communities with limited resources.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Injury Prevention Program Coordinator became a child passenger safety technician and extend her reach as a child passenger safety tech to include special populations through the Safe Travels for All program. The incumbent has been able to implement a program and is currently developing strategies to obtain car seats through the MCH Title V grant (additional funds the division leveraged). The Injury Prevention Program Coordinator has become familiar with the CDC STEADI toolkit and is implementing this program in rural clinics. The successes of these programs will heavily rely upon partners and the Indiana Injury Prevention Advisory Council members.

Activity 1:
Injury Prevention Primary Programming - Master Trainer status
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will achieve "Master Trainer" status in a variety of evidence-based prevention programs to reduce injury in Indiana's leading causes of injury by attending master trainer education events in areas focused on older adult falls and child passenger safety.

Activity Status
Not Completed

Activity Outcome
The Injury Prevention Program Coordinator is in progress of achieving Master Trainer status for a variety of evidence-based prevention programs, including completing training to be a Certified Child Passenger Safety Technician through Safe Kids. The Injury Prevention Program Coordinator has also completed "Safe Travel for All Children: Transporting Children with Special Health Care Needs." The incumbent is working towards becoming an instructor of the certification training course for child passenger safety technicians but has not been able to obtain this status due to a time requirement between becoming a certified technician and the ability to sign up for an instructor (master trainer) course. The incumbent is currently pursuing an instructor course.
In terms of an evidence-based program for falls prevention, the Injury Prevention Program Coordinator is currently setting up a training to become a master trainer but has not yet completed the course.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator has been able to undergo training successfully to become a certified child passenger safety technician and participate in several car seat clinics to maintain her certification. She was also able to undergo training for Safe Travel for All Children for child passenger safety related to children with special healthcare needs. The time restraint has been a barrier to successfully obtain master trainer status for instructing child passenger safety courses. Additionally, the incumbent is still researching the most appropriate evidence-based master trainer program for certification.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Injury Prevention Program Coordinator signed up for child passenger safety technician courses as soon as a local course was offered and was able to complete the course on her first attempt. She was also able to extend her reach as a child passenger safety tech to include special populations, which will allow her to become a better instructor (master trainer) for child passenger safety techs in Indiana. In order to become a master trainer as soon as she can due to the time barrier, the incumbent will investigate instructor course locations and participate as soon as she can. This research will heavily rely upon partners and the Indiana Injury Prevention Advisory Council members.

Activity 2:
Injury Prevention Primary Programming - Technical Assistance
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will work with the injury prevention coordinators around Indiana by providing technical assistance on their various projects, activities.

Activity Status
Completed

Activity Outcome
The injury prevention program coordinator has been able to network with fellow child passenger safety technicians and injury prevention coordinators to provide technical assistance to local programs. The incumbent also completed the American Trauma Society's Injury Prevention Coordinator Course to obtain skills to provide technical assistance to those developing and implementing programs in Indiana.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator became a child passenger safety technician and completed the Safe Travels for All program. She has been able to provide technical assistance to Safe Kids and local car seat clinics because of her trainings and education, as well as to hospitals and trauma centers though the ATS Injury Prevention Coordinator Course.

Strategies to Achieve Success or Overcome Barriers/Challenges
The dedicated injury prevention program coordinator allows the division to have its reach and foster collaborations at the local level through providing technical assistance. The Injury Prevention Program Coordinator became a child passenger safety technician and extend her reach as a child passenger safety tech to include special populations through the Safe Travels for All program. She has been able to provide technical assistance to Safe Kids and local car seat clinics.

Activity 3:
Injury Prevention Primary Programming - Collaboration
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will participate in coalitions and work groups to help foster collaboration at the local level with the statewide goals and initiatives in injury prevention. The Injury Prevention Program Coordinator will also assist the division in planning the 2nd Annual Injury Prevention conference that will further enhance collaborative learning and educational initiatives that will feature the topics of older adult falls and child passenger safety.

Activity Status
Completed

Activity Outcome
Through numerous partner organizations, including the Indiana Falls Prevention Coalition and the Indiana Injury Prevention Advisory Council, the Division staff, including the Injury Prevention Program Coordinator, has been able to research and share information on effective evidence-based falls

prevention programs. The Division hosted the first annual injury prevention conference in the spring and is currently planning the second conference. The conference was a great educational initiative for statewide injury prevention and control efforts.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator has been able to participate in multiple work groups, including the Indiana Lifelong Coalition, Safe Kids/ Automotive Safety Program Advisory Board, Midwest Injury Prevention Alliance, Safe States Alliance, and the Indiana Injury Prevention Advisory Council in order to advance the Division's reach for attaining goals and initiatives. These organizations are the avenue for the Division to support injury prevention program coordinator and organizations delivering fall prevention and child passenger safety programs.

Strategies to Achieve Success or Overcome Barriers/Challenges
The injury prevention program coordinator has aligned speakers for future Indiana Injury Prevention Advisory Council meetings and the second annual conference to discuss effective falls prevention programs and child passenger safety. The dedicated injury prevention program coordinator allows the division to have its reach and foster collaborations at the local level.

Activity 4:
Injury Prevention Primary Programming - Continuing Education
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will attend conferences such as Safe States as a representative of Indiana. Attending these continuing education events will give the coordinator the opportunity to bring back findings to the local coalitations and work groups that can be implemented at the local level.

Activity Status
Completed

Activity Outcome
The injury prevention program coordinator has been able to attend numerous conferences as a representative for Indiana. Through these experiences, the incumbent has been able to network with fellow child passenger safety technicians and injury prevention coordinators to be able to provide technical assistance to local Indiana programs. The incumbent also completed the American Trauma Society's Injury Prevention Coordinator Course to obtain skills to provide technical assistance to those developing and implementing programs in Indiana.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator has been able to undergo training successfully to become a certified child passenger safety technician and attend several conferences related to injury prevention programming. She was also able to undergo training for Safe Travel for All Children for child passenger safety related to children with special healthcare needs. The time restraint has been a barrier to successfully obtain master trainer status for instructing child passenger safety courses and attend instructor only conferences.

Strategies to Achieve Success or Overcome Barriers/Challenges
The block grant has been able to support the Injury Prevention Program Coordinator position and education in order to represent Indiana at national and local conferences. Without this funding, the incumbent would not be able to obtain this continuing education.

Activity 5:
Injury Prevention Primary Programming - Social Media Outreach
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will increase social media activities via twitter and facebook by creating actionable content that can be utilized at the local level by

coalitations and work groups.

Activity Status
Completed

Activity Outcome
The Division maintains several health communication channels, including a website, twitter account, newsletters, and GovDelivery digital communication system. The Divison's @INDTrauma Twitter account is separate from the main ISDH handle develop our own presence on social media. Through this channel, the Injury Prevention Program Coordinator develops and delivers public health education to trauma stakeholders, grantees, partners, and the general public, especially targeting local coalitions and work groups. .

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator has a background in journalism and health education, so she is equipped with the skills to effectively communicate health messages through social media. The Office of Public Affairs also assists the division in sending out Division communications in social media. The Division utilizes the Office of Public Affairs' Facebook page.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Division maintains diverse platforms for health communication to ensure that injury and trauma prevention messages are captured by a variety of populations and stakeholders. The division also develops some of its own Indiana- specific messages that are consistent with national organizations to ensure it is applicable to the desired audience. The Division also relies upon partners to share their communications through reading, forwarding, and engaging on social media.

<u>**Activity 6:**</u>
Injury Prevention Primary Programming - Health Communications
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will create communications-working to update our website, distribute and share information with partners, grantees and the CDC.

Activity Status
Completed

Activity Outcome
The Division maintains several health communication channels, including a website, twitter account, newsletters, and GovDelivery digital communication system. The Divison's @INDTrauma Twitter account separate from the main ISDH handle, monthly *Trauma Times* newsletter to trauma stakeholders, and formal ISDH press releases. In addition, the DTIP uses GovDelivery Digital Communication System to send email messages with bulletin detail reports to measure the impact of the digital communication. Through these channels, the Injury Prevention Program Coordinator develops and delivers public health education to trauma stakeholders, grantees, partners, and the general public.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator has a background in journalism and health education, so she is equipped with the skills to effectively communicate health messages. The Office of Public Affairs also assists the division in sending out Division communications through formal agency press releases, social media, and newsletters.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Division maintains diverse platforms for health communication to ensure that injury and trauma prevention messages are captured by a variety of populations and stakeholders. The division also develops some of its own Indiana- specific messages that are consistent with national organizations to ensure it is applicable to the desired audience. The Division also relies upon partners to share their communications through reading and forwarding electronic communications.

Activity 7:
Injury Prevention Primary Programming - Reporting
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will help in the writing of any CDC-required report.

Activity Status
Completed

Activity Outcome
The Injury Prevention Program Coordinator works with the Division Director and the Injury Prevention Epidemiologist with the development of injury prevention reports, including CDC-required reports. The incumbent has prepared additional materials to disseminate to stakeholders and the general public for injury programming.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Program Coordinator has a background in journalism and health education, so she is equipped with the skills to complete reports. The incumbent works with the injury prevention epidemiologist to finalize reports for grantees and stakeholders. The Injury Prevention Program Coordinator has been able to assist the Indiana Violent Death Reporting System staff in preparing annual reports and also documenting and evaluating successes of programs funded through block grant.

Strategies to Achieve Success or Overcome Barriers/Challenges
The block grant has been able to support the Injury Prevention Program Coordinator position and education in order to complete reports and required documents. Without this funding, the Division may have difficulty completing grant deliverables

Activity 8:
Injury Prevention Primary Programming - Grant Activities
Between 10/2014 and 09/2015, The Injury Prevention Program Coordinator will identify injury prevention grants and lead application process.

Activity Status
Completed

Activity Outcome
The Injury Prevention Program Coordinator, Injury Prevention Epidemiologist, Division Director, and other staff have been able to identify additional sources of funding for injury programming, including successfully applying to the Child Safety Collaborative Innovation and Improvement Network and focusing on developing an application for the Core State Violence and Injury Prevention funding opportunity. The Division is also pursuing funds for child passenger safety activities from the Heath Hoosier Foundation, a non-profit that provides funding for programs at the ISDH.

Reasons for Success or Barriers/Challenges to Success
The Division is gaining momentum to be successful in applying for diverse funding opportunities. The Injury Prevention Program Coordinator has been able to utilize partners through the Indiana Injury Prevention Advisory Council as well as other collaborations to apply for the CS COIIN and develop an application for the upcoming Core State VIPP funding opportunity.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Division is working closely with partners and the ISDH Office of Grants Management to coordinate existing grant activities and also identify grant partners outside and inside of ISDH. The Division is also documenting Division activities and building infrastructure to be more competitive for future grants.

Impact/Process Objective 2:
Injury Prevention Resource Guide
Between 10/2014 and 09/2015, ISDH and the Injury Prevention Advisory Council (IPAC) will distribute the ISDH Injury Prevention Resource Guide to **250** injury prevention workers, specialists, health care workers, Indiana IPAC, Indiana Department of Child Services, and emergency departments in Indiana.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, ISDH and the Injury Prevention Advisory Council (IPAC) distributed the ISDH Injury Prevention Resource Guide to **250** injury prevention workers, specialists, health care workers, Indiana IPAC, Indiana Department of Child Services, and emergency departments in Indiana.

Reasons for Success or Barriers/Challenges to Success
The Injury Prevention Resource Guide was widely publicized and easily accessible for use. Injury prevention workers, specialists, and others were open to receiving the guides and using the information.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Division staff met with researchers at the Indiana University- Purdue University Indianapolis Department of Communication Studies in order to develop strategies to distribute the ISDH Injury Prevention Resource Guide to appropriate target audiences, including the Indiana Injury Prevention Advisory Council, managers in Indiana's 121 emergency departments, and case workers and managers at the Indiana Department of Child Services. The guide was widely publicized via a formal press release and easily accessible on the ISDH website.

Activity 1:
Conducting Injury Surveillance
Between 10/2014 and 09/2015, The State will conduct injury surveillance by expanding its data collection systems to include: EMS (includes collecting naloxone/narcan use), hospital, INVDRS and rehabilitation facility databases. The injury prevention epidemiologist will provide analysis for motor vehicle injuries, fall-related injury data in collaboration with other State agencies, intentional injury data collected in the INVDRS database and poisoning and overdose data.

Activity Status
Completed

Activity Outcome
The Division has expanded injury surveillance through additional collection systems including the EMS registry to collect naloxone/narcan use, hospital discharge, rehabilitation and trauma data, and the Indiana Violent Death Reporting System (INVDRS) registry. The injury prevention epidemiologist in conjunction with other program staff, are able to compile data into various reports that we share with injury prevention partners and public focusing on our top injury prevention priorities.

Reasons for Success or Barriers/Challenges to Success
Full time staff dedicated to analyzing and interpreting meaningful data has allowed the Division to complete reports and disseminate injury data for the purposes of informing prevention efforts. This staff analyzes injury data to give the division the ability to focus on data informed decision-making. The partnership with Indiana Department of Homeland Security has allowed for better EMS surveillance. The INVDRS project is funded through CDC National Violent Death Reporting System and staff work closely with the injury prevention epidemiologist to conduct additional violent death surveillance.

Strategies to Achieve Success or Overcome Barriers/Challenges
Dedicated staff funded by the block grant allow the Division to conduct injury surveillance through multiple databases. The injury prevention epidemiologist and Division's experience with the data providers and

injury prevention partners allows for additional surveillance abilities.

Activity 2:
Maintain Partnerships in Support of Injury Prevention

Between 10/2014 and 09/2015, Maintain partnerships with local community coalitions or organizations to promote safety, injury prevention, or violence prevention to develop injury prevention plan. The Indiana Injury Prevention Advisory Council's goal is to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The goal is through improved collection and dissemination of data and coordination of injury prevention and control efforts, the Indiana State Department of Health will reduce injury-related morbidity and mortality in Indiana.

Activity Status
Completed

Activity Outcome
The Division is working to finalize the state plan for injury prevention and trauma. The Division has relied upon partnerships with local community coalitions or organizations to promote injury and violence prevention, including the Indiana Injury Prevention Advisory Council as the main partnership to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The Indiana Injury Prevention Advisory Council hosted the first Injury Prevention 101 conference in the Spring to improve collection and dissemination of data and coordinate injury prevention efforts.

Reasons for Success or Barriers/Challenges to Success
The Indiana Injury Prevention Advisory Council (IPAC) is made up of approximately 75 individuals who are dedicated to injury prevention promotion in the state of Indiana. This council meets quarterly and had two subcommittees, one to develop the state injury plan, and the other to plan an injury prevention conference. The injury epidemiologist is currently chairing the council and also participates in other councils and coalitions, including Dr. Jennifer Walthall's Injury Work group, the Indiana Safe Kids Advisory Board / Automotive Safety Program, Indiana State Epidemiology Outcomes Workgroup, the Great Lakes and Mid-Atlantic Regional Network, and the Midwest Injury Prevention Alliance.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Indiana Injury Prevention Advisory Council quarterly meetings include time to network and have open collaboration in order to coordinate injury prevention and control efforts statewide. Additionally, the Division continues posting injury and violence prevention information on social media through the State Department of Health Facebook and Twitter pages to disseminate data and information to the public. The Indiana Injury Prevention Advisory Council was a main target for disseminating the Injury Prevention Resource Guide.

Activity 3:
Yielding injury surveillance data

Between 10/2014 and 09/2015, The injury surveillance will yield data which we will use to drive the 5-year Injury Prevention Plan, 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 and publish epidemiologic reports related to injury such as: a tri-annual report on injuries in Indiana, an annual Fireworks Injuries report, trauma data accuracy report, etc.

Activity Status
Completed

Activity Outcome
We continue to expand our data collection to include motor vehicles, EMS runs, trauma data and rehabilitation data. We have found and utilized other valuable data to compile various reports that we

share with injury prevention partners and public through fact sheets and reports. We completed monthly and quarterly trauma reports, an annual Fireworks report, an Injury Prevention Resource Guide (containing injury data), published several epidemiological reports related to injury, and communicated with injury prevention experts to drive the development of the injury prevention plan.

Reasons for Success or Barriers/Challenges to Success
Full time injury prevention epidemiologist staff dedicated to analyzing and interpreting meaningful data has allowed the Division to complete reports and disseminate injury data for the purposes of informing prevention efforts. This staff analyzes injury data to give the division the ability to focus on data informed results to inform decision-making.

Strategies to Achieve Success or Overcome Barriers/Challenges
Dedicated funds to collecting and analyzing injury data is imperative for the Division. The Block grant continues to fund software and staff to be able to achieve our injury surveillance goals. Without this data, and without the manpower to put in the time that it takes to evaluate data sets, mine new data and analyze it, we would not be able to create the quality reports and share the volume of information that we have been sharing with the public.

State Program Title: Public Health Performance Infrastructure

State Program Strategy:

Goal: Between 10/2015 and 09/2016, continue to improve the overall quality and capabilities of Indiana's public health system through training events. 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.

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

Evaluation Methodology: Number of trainings, attendance at trainings, pre- and post-evaluations to compare and record knowledge gained from trainings,

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

State Health Objective(s):
Between 10/2014 and 09/2015, increase the workforce development and training opportunities for Public Health workers in Indiana.

State Health Objective Status
Met

State Health Objective Outcome
ISDH provided numerous training opportunities to ISDH staff and local health department staff. The goal was to provide 10 training opportunities for the public health workforce by ISDH and contractors and that goal was met.

Reasons for Success or Barriers/Challenges to Success
The ISDH continued to build upon partnership opportunities with the Indiana University School of Public Health. Also, the agency leadership continued to be supportive of the need and desire for continuing education opportunities. The ISDH has established the Workforce Development Coordinator role and that has helped identify training needs and opportunities for local health department and ISDH staff.

Strategies to Achieve Success or Overcome Barriers/Challenges
The strategies to achieve success included use of technology to expand continuing education opportunities; new partnerships in developing webinars; and more regional training opportunities

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
The PHHSBG funded a staff person to work on expanding training opportunities for the agency and the local health departments. The ISDH also purchased the Public Health Foundation's TRAIN learning management system. This system has allowed ISDH to provide more distance education opportunities to outside partners and allow a better tracking system to determine number of people reached through training.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Provide access to educational resources and trainings
Between 10/2014 and 09/2015, ISDH and contractors will conduct **10** trainings/education opportunities for public health workforce.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, ISDH and contractors conducted **15** trainings/education opportunities for public health workforce.

Reasons for Success or Barriers/Challenges to Success
The IN-TRAIN platform allows for ease of online training utilizing a variety of methodologies, including webinar, narrated lecture, etc. The Local Health Department Outreach Division's monthly webcast allows for resources to be sent in a standard manner. Also, many ISDH partners actively participate in on-site trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges
Barriers to ongoing success are being addressed actively including hiring a full time IN-TRAIN administrator in late 2015 which will greatly augment capacity for this tool.

Activity 1:
Annual Public Health Nurses Conference
Between 10/2014 and 09/2015, Continue conducting an annual conference for Public Health Nurses including providing CNEs.

Activity Status
Completed

Activity Outcome
The ISDH Local Health Department Outreach Division hosted an annual conference for Public Health Nurses, including providing CNEs.

Reasons for Success or Barriers/Challenges to Success
The primary reason for success is the strength of the training, commitment of staff, and the desire from the Local Health Departments. After each conference, LHD staff are asked what they would like to see in future trainings. The Local Health Department Outreach Division utilizes the feedback to plan for the next year's conference.

Strategies to Achieve Success or Overcome Barriers/Challenges
Most of the barriers are staff time commitment issues, but those have never delayed the implementation of the conference.

Activity 2:
New Public Health Nurse Orientation
Between 10/2014 and 09/2015, Continue the New Public Health Nurse Orientation and offer CNEs for participants.

Activity Status

Completed

Activity Outcome
The Public Health Nurse Orientation was offered.

Reasons for Success or Barriers/Challenges to Success
The primary reason for success is the strength of the training, commitment of staff, and the desire from the Local Health Departments.   The Local Health Department Outreach Division utilizes the feedback from each orientation session to plan for the next group orientation.

Strategies to Achieve Success or Overcome Barriers/Challenges
Most of the barriers are staff time commitment issues, but those have never delayed the implementation of the orientation program. Costs are also a challenge to be able to host the meeting in an adequate space while not being excessive in expense.

Activity 3:
Health Officer Training Program
Between 10/2014 and 09/2015, 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 Local Health Department (LHD) website.

Activity Status
Completed

Activity Outcome
The health officer training program held 2 live training events and archive presentations and publish presentations on the Health Officer Training Section of the LHD website.

Reasons for Success or Barriers/Challenges to Success
The team collected data from training participants to determine success of the training and assess gaps in training that will be addressed in future educational events.

Strategies to Achieve Success or Overcome Barriers/Challenges
Most of the barriers are staff time commitment issues, but those have never delayed the implementation of the training program. Costs are also a challenge to be able to host the meeting in an adequate space while not being excessive in expense.

Activity 4:
Continuing Medical Education Support
Between 10/2014 and 09/2015, Continue to provide Continuing Medical Education (CMEs) for the live meetings.

Activity Status
Completed

Activity Outcome
ISDH continues to provide CME for live events. The largest event hosted this year was the annual Perinatal Summit, which hosted multidisciplinary groups and offered free CME for each. There were more than 900 attendees for this full day event. Additionally, CNE were offered at the Conference for Public Health Nurses and the Nurse Orientation.

Reasons for Success or Barriers/Challenges to Success
Providing CME for large events and trainings is a great incentive for businesses and organizations to send employees. Providing this free service enhances attendance and allows for oversight of content.

Strategies to Achieve Success or Overcome Barriers/Challenges
ISDH will continually reassess the financial pros and cons of CME provision. At this point, this is deemed a valuable service by our constituents.

Activity 5:
Analyze training data
Between 10/2014 and 09/2015, 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.

Activity Status
Not Completed

Activity Outcome
IN-TRAIN programs for oral health, tuberculosis, and food safety are currently in the process of analyzing participant outcomes.

Reasons for Success or Barriers/Challenges to Success
The added feature of quizzes/assessments enhances our ability to identify gaps for future training.

Strategies to Achieve Success or Overcome Barriers/Challenges
This is ongoing work and data collected from training participants will be used to determine success of the training and assess gaps in training that will be addressed in future educational events.

Activity 6:
E-Learning modules
Between 10/2014 and 09/2015, Develop E-Learning position to work with internal ISDH to create online learning modules to be hosted on ISDH LMS, IN-TRAIN.

Activity Status
Not Completed

Activity Outcome
The E-Learning Position was filled following the grant period.

Reasons for Success or Barriers/Challenges to Success
Changes in the support structure for the position within the Office of Public Health Performance Management delayed the hiring of a part time individual to fill this role.

Strategies to Achieve Success or Overcome Barriers/Challenges
E-learning position will be a part of the Office of Public Health Performance Management team and work with the other staff to create learning modules focusing on objectives needed throughout the LHDs, ISDH, and requirements for Public Health Accreditation Board accreditation efforts.

Activity 7:
Local Health Departments and IN-TRAIN
Between 10/2014 and 09/2015, Identify new training opportunities for LHDs through the IN-TRAIN learning management system and collect evaluation and assessment data.

Activity Status

Not Completed

Activity Outcome
The IN TRAIN Coordinator was implemented following the grant period closure.

Reasons for Success or Barriers/Challenges to Success
Determining needs of training opportunities for LHDs is underway and will increase as the IN TRAIN coordinator becomes more versed in the program and is able to proactively reach out to LHDs for desired topics of training. Additionally, as more LHDs seek accreditation through the Public Health Accreditation Board, the need for training opportunities for LHDs will increase.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies to Achieve success will include utilizing the LHD monthly webcast to identify training needs of LHDs and put them in place through the IN TRAIN program and ensure an evaluation and assessment piece is included with each course to optimize training courses and needs for LHDs.

Activity 8:
Support continuing education events
Between 10/2014 and 09/2015, Public Health conference registration fees, including events such as the Indiana Environmental Health Association, for ISDH employees. Provide continuing education opportunities, such as Leadership At All Levels, for ISDH employees.

Activity Status
Not Completed

Activity Outcome
The leadership at all levels courses resume in spring 2016 (basic) and fall 2016 (advanced).
The curriculum has been modified and updated and speakers invited. This course will be provided free of charge for 8 week sessions.

Reasons for Success or Barriers/Challenges to Success
Barriers to starting included lack of executive staff dedicated time and budget constraints. These have been overcome and the course will be augmented by outside speakers and multiple facilitators.

Strategies to Achieve Success or Overcome Barriers/Challenges
ISDH employees had opportunities to attend continuing education opportunities including the Indiana Environmental Health Association Conference by having their registrations paid.

Activity 9:
Workforce Development and Public Health Accreditation
Between 10/2014 and 09/2015, Domain 8 is focused on workforce development and is a requirement for Public Health Accreditation. ISDH is one of the primary resources for LHDs to receive continuing education and workforce development activities.

Activity Status
Not Completed

Activity Outcome
Continue to build and provide high quality continuing education offerings through the IN TRAIN program.

Reasons for Success or Barriers/Challenges to Success
The success for providing educational resources was based on the work toward Public Health Accreditation. Demonstrating a workforce development plan and opportunities for continuing education in

public health is a requirement ISDH is striving to achieve. The administration is dedicated in having the most up-to-date workforce possible.

Strategies to Achieve Success or Overcome Barriers/Challenges
The challenge has been in determining the trainings needed for the public health workforce. The Office of Public Health and Performance Management has a very small staff and the Workforce Development Coordinator (funded through PHHS Block Grant) is limited in the amount of time she has for training opportunities. The future opportunities will be expanded as ISDH has become a member of the Public Health Foundation TRAIN network, allowing for partnerships to identify additional training opportunities.

Activity 10:
Educational Resources and Training that Address the ISDH Priority Areas
Between 10/2014 and 09/2015, The Office of Public Health and Performance Management (OPHPM) will provide educational resources, training and events that focus on the agency's top priorities: infant mortality, adult obesity and adult smoking.

Activity Status
Completed

Activity Outcome
Via IPQIC (Indiana Perinatal Quality Improvement Collaborative), ISDH provided multiple courses, resources, trainings, and a large full day Perinatal Summit to address the infant mortality KPI.
 Additionally, the ISDH and Labor of Love website and social media accounts update the general public on the key strategies for reduction of risk factors associated with infant death.

Reasons for Success or Barriers/Challenges to Success
Infant mortality programming has enjoyed incredible partnership and momentum in 2015 with a statewide media campaign, increased state funding, a safe sleep coordinator, and maturing work of IPQIC.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Tobacco Prevention and Cessation Commission conducted 203 training events (Conference call trainings, webcasts, large and small group in-person trainings) during the reporting period. Some of the topics included cessation systems outreach; use of the Indiana Tobacco Quitline; education on secondhand smoke, including multiunit housing; youth prevention strategies; outreach for public education campaigns, as well as overall tobacco control interventions. These audiences included local tobacco control coalitions and community organizations, state partners, health care providers, apartment property owners, school administrators, and well as other ISDH public health programs areas.

The Division of Nutrition and Physical Activity provided a series of events and trainings aimed to reduce adult obesity in Indiana. These events included: five Active Living Workshops; informational sessions at conferences and events aimed to increase the awareness of the importance of the built environment; informational sessions regarding increasing the acceptance of Supplemental Nutrition Assistance Program (SNAP) at farmers markets and direct market farms; work to increase the number of SNAP dollars 'doubled' at farmers markets and direct market farms; training events regarding the work local communities can undertake to improve their local nutrition and physical activity environment; session regarding the intersection of primary care physicians and obesity treatment and prevention; training events highlighting the disparate impact obesity has on minorities; training events regarding the impact worksites have on the health of their employees and employees' families. Audience members included: public health professionals, planning professionals, coalition members, general public, health care providers, farmers, market managers, businesses, local governments, policy makers and other ISDH staff.

National Health Objective: PHI-13 Epidemiology Services

State Health Objective(s):
Between 10/2014 and 09/2015, Increase analytical capacity of epidemiologists and data analysts using Statistical Analysis Software (SAS).

State Health Objective Status
Met

State Health Objective Outcome
Direct SAS support to epidemiologists and data analysts as requested (e.g., removing duplicates from a lead dataset, name matching and formatting for Injury Program and table production for annual BRFSS report).

Reasons for Success or Barriers/Challenges to Success
Matt Kaag, contract Senior Data Analyst, often provides technical assistance at the office of the requestor, and is able to provide hands-on problem-solving for SAS questions.

Strategies to Achieve Success or Overcome Barriers/Challenges
Matt Kaag reminds all epidemiologists and data analysis of the assistance he can provide to resolve SAS issues and questions. He is readily available and provides detailed explanations.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
Matt Kaag, contract Senior Data Analyst through PHHSBG funds, provides technical assistance at the office of the requestor, and is able to provide hands-on problem-solving for SAS questions.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Epidemiological Consultation and Assistance
Between 10/2014 and 09/2015, LCDR Michelle Sandoval will provide general epidemiological consultation and assistance to **1** Chronic Disease division within the ISDH.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, LCDR Michelle Sandoval provided general epidemiological consultation and assistance to **1** Chronic Disease division within the ISDH.

Reasons for Success or Barriers/Challenges to Success
LCDR Michelle Sandoval provided epidemiologic consultation and assistance through coordination of Ebola traveler monitoring, development of county profiles for HIV/HCV/STD/drug overdose data, assisting with HIV and TB outbreak investigations, providing assistance to epidemiologists in Chronic Disease, MCH, and Tobacco Cessation with assessment, evaluation, report generation, data analysis, database development, developing studies and interventions for migrant farm workers, mental health, and veterans health, and leading the ISDH Epidemiology Integration and Collaboration Group. She co-led and implemented the first annual ISDH Epidemiology Open House to facilitate collaboration among ISDH epidemiologists and increase awareness among agency staff of the role of epidemiologists.

Strategies to Achieve Success or Overcome Barriers/Challenges
LCDR Michelle Sandoval focused her efforts primarily on chronic diseases and MCH activities, and the ISDH provided her with a variety of opportunities to leverage her skills and talents regarding interpersonal communication and collaboration, SAS and data analysis, report writing and review, and infectious disease knowledge.

Activity 1:
Ensuring collaboration with surveillance and evaluation activities at ISDH.
Between 10/2014 and 09/2015, LCDR Michelle Sandoval will provide general epidemiological consultation and assistance to the Chronic Disease divisions within the Indiana State Department of Health and ensure collaboration with surveillance and evaluation activities among ISDH divisions. Periodic travel may be necessary to ensure efficient collaboration, education, and support. Sandoval will provide assistance to analyze and interpret data to assess the burden of chronic disease, provide information on the distribution and risk factors for chronic diseases necessary for public health program planning and implementation, and assist in evaluating the success of public health programs. She will encourage collaboration and linkage among the ISDH Chronic Disease Division and other divisions in the use of data collection tools and development of various reports.

Activity Status
Completed

Activity Outcome
LCDR Michelle Sandoval provided direct assistance to the following ISDH programs: WIC, MCH, Office of Women's Health, Chronic Disease/Primary Care/Rural Health, Minority Health, Trauma and Injury Prevention, HIV/STD, Local Health Department Outreach, and Epidemiology Resource Center. LCDR Sandoval developed and implemented a needs assessment to evaluate depression and anxiety indicators among Burmese refugees; collaborated with a partner agency to implement primary care and behavioral health integration into selected Federally Qualified Health Centers; implemented and led an assessment of reproductive health needs among migrant farm workers; analyzed 2014 reported Indiana STD data and presented results; developed and distributed county profiles containing HIV/HCV/drug overdose data; led the development and implementation of monitoring protocols for travelers arriving from Ebola-affected countries to Indiana; led focus groups with injection drug users and HIV+ individuals to evaluate a new needle exchange program and identify additional needs and priorities for the community, including chronic diseases and tobacco cessation programs; developed an Access database to track refugee health; and co-led and implemented the first annual ISDH Epidemiology Open House. LCDR Sandoval submitted six abstracts that were accepted for presentation and was authoring two publications. LCDR Sandoval's efforts provided the ISDH much greater epidemiology capacity, especially in areas where epidemiology support is low or unavailable. Her efforts allowed much faster response, data distribution to inform partners, and greater community services and awareness of public health issues.

Reasons for Success or Barriers/Challenges to Success
 LCDR Sandoval's efforts provided the ISDH much greater epidemiology capacity, especially in areas where epidemiology support is low or unavailable. Her efforts allowed much faster response, data distribution to inform partners, and greater community services and awareness of public health issues.

Strategies to Achieve Success or Overcome Barriers/Challenges
LCDR Michelle Sandoval focused her efforts primarily on chronic diseases and MCH activities, but the ISDH provided her with a variety of opportunities to leverage her skills and talents regarding interpersonal communication and collaboration, SAS and data analysis, report writing and review, and infectious disease knowledge.

Impact/Process Objective 2:
Expand data analytics and decrease time required to produce final reports and datasets
Between 10/2014 and 09/2015, Matt Kaag, contract Senior Data Analyst, along with DAT staff, will decrease the number of months it takes to produce the final mortality and natality datasets from 15 to **12**.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Matt Kaag, contract Senior Data Analyst, along with DAT staff, decreased the number of months it takes to produce the final mortality and natality datasets from 15 to **Time to produce the 2014 final natality dataset decreased from 24 months to 12 and from 24 months to 13 months for the final mortality dataset.**.

Reasons for Success or Barriers/Challenges to Success
The natality programs used to generate the final natality dataset were completely reworked to increase efficiency and clarity. Matt Kaag also implemented a scheduled download that provides critical data to programs such as MCH within a month rather than approximately a year as previously done.

Strategies to Achieve Success or Overcome Barriers/Challenges
For resident out-of-state births and deaths, which typically take a significant period of time to capture, we now have all 50 states participating in the State and Territorial Exchange of Vital Events (STEVE) system after an inquiry and assistance from our agency's IT staff and Matt Kaag to the Michigan Department of Health – Vital Records. This provides much faster data capture into our mortality dataset for information on all residents who died.

Activity 1:
Expand data analytics produce mortality and natality reports and datasets
Between 10/2014 and 09/2015, ISDH Data Analysis Team (DAT) will continue to expand the information available from our natality, mortality, hospitalization and BRFSS datasets to agency program areas and the general public (HP2010 PHI-7, -8, -14, -15).

This activity will be accomplished by providing descriptions of tables added to our annual mortality and natality reports, published tables using hospital discharge data by county, monthly datasets provided to specific program areas, and BRFSS newsletters topics. Examples: (1) the DAT provided additional data in the 2013 Indiana natality report, published in June 2015. The tables for outcome indicators (counties and select cities), births by age of mother, and reported pregnancies by age of mother had previously been provided for the total, white and black populations. The 2013 natality report added tables to provide that information by ethnicity of mother to greater assist program areas working to improve the health of this growing population. (2) Up-to-date files of out-of-state Indiana births and deaths are now sent on a monthly basis to MCH to monitor infant deaths. (3) The BRFSS Coordinator will also continue to collaborate with chronic disease staff to produce BRFSS newsletters that provide additional information on these conditions, especially those affecting populations at risk.

Activity Status
Completed

Activity Outcome
DAT staff added a table on the percent of deaths by disposition of body by county of residence to the 2013 mortality report; staff also added a five-year (2010-2014) infant mortality by race, Hispanic origin, and county of residence trend table to the 2014 mortality report. The 2014 final BRFSS dataset, codebook, tables for core variables and modules, and formats were posted for internal use by epidemiologists and data analysts within six weeks of receipt from CDC. The BRFSS coordinator worked with Chronic Disease staff to provide BRFSS data for newsletters and fact sheets and also published a BRFSS newsletter on the prevalence of chronic obstructive pulmonary disease in Indiana. Matt Kaag (contract Senior Data Analyst) also prepared the 2014 Indiana hospital discharge (inpatient and outpatient) datasets for posting on the agency's website as well as more detailed datasets posted for internal use by our epidemiologists and data analysts.

Reasons for Success or Barriers/Challenges to Success
DAT staff added tables to vital statistics reports as a result of input from program staff and the general public.

Strategies to Achieve Success or Overcome Barriers/Challenges
DAT staff will continue to monitor the need to include additional tables to the natality and mortality reports.

Activity 2:
Reduce time to produce mortality and natality reports and datasets
Between 10/2014 and 09/2015, ISDH DAT will provide annual natality and mortality datasets 12 months after year end (e.g., December 2015 for 2014 data). Annual mortality and natality reports will be published 14 months after year end.

Activity Status
Completed

Activity Outcome
The 2014 natality dataset was finalized and the natality report was published 12/2015 (12 months); the 2014 mortality dataset was finalized and will be published in January 2016 (13 months).

Reasons for Success or Barriers/Challenges to Success
The natality programs used to generate the final natality dataset were completely reworked to increase efficiency and clarity. Matt Kaag also implemented a scheduled download that provides critical data to programs such as MCH within a month rather than approximately a year as previously done.

Strategies to Achieve Success or Overcome Barriers/Challenges
We will continue to work on any issues or programming that will result in a reduction of time needed to provide final mortality and natality datasets.

Impact/Process Objective 3:
Increase Analytic Capacity of Epidemiologists and Data Analysts
Between 10/2014 and 09/2015, Matt Kaag, contract Senior Data Analyst, will maintain **2** training seminars.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Matt Kaag, contract Senior Data Analyst, maintained **Matt Kaag provided two one-hour training courses (25 attendees) and also recorded a class for the web (Proc Tabulate and ODS for HTML).** training seminars.

Reasons for Success or Barriers/Challenges to Success
The courses were comprehensive and well explained –there is wide interest in the use and expanded use of Proc Tabulate and ODS by epidemiologists and data analysts for reporting on data and producing tables.

Strategies to Achieve Success or Overcome Barriers/Challenges
Agency epidemiologists and data analysts expressed a need for training on Proc Tabulate and ODS for HTML for data reporting and analysis. We will continue to monitor the SAS training needs of staff.

Activity 1:
Increase analytic capacity of epidemiologists and data analysts in the use of SAS
Between 10/2014 and 09/2015, ISDH DAT will continue to conduct a series of training seminars for agency epidemiologists and data analysts on data management, analysis and presentation using SAS as the software platform.

Activity Status
Completed

Activity Outcome
Matt Kaag provided two training courses on Proc Tabulate and ODS for HTML for 25 attendees. Step-by-step instructions were provided along with detailed notes and explanation.

Reasons for Success or Barriers/Challenges to Success
Epidemiologists and data analysts are interested in learning and expanding their knowledge of these two SAS topics. Using PROC Tabulate and ODS for HTML greatly increases the capacity of epidemiologists and data analysts to manage and analyze data and produce tables.

Strategies to Achieve Success or Overcome Barriers/Challenges
Continue to create trainings on SAS topics that are needed by epidemiologists and data analysts to enhance data analysis and presentation.

Activity 2:
Provide consultation for epidemiologists and data analysts
Between 10/2014 and 09/2015, The Senior Data Analyst will also provide individual consultation/assistance to epidemiologists and data analysts regarding SAS programming and analysis.

Activity Status
Completed

Activity Outcome
Matt Kaag, contract Senior Data Analyst, regularly provides individual SAS consultation and assistance to epidemiologists and data analysts. While some of this occurs over the telephone, Matt will also work with the requestor at their desk for more complex issues that require viewing of the program, dataset and output.

Reasons for Success or Barriers/Challenges to Success
Matt has advanced knowledge of SAS which he uses to provide assistance to epidemiologists and data analysts when they have SAS issues or want to know how to enhance their work in SAS to better serve their program area.

Strategies to Achieve Success or Overcome Barriers/Challenges
Continue to provide consultation and assistance as needed by epidemiologists and data analysts.

Impact/Process Objective 4:
Increase number of surveys completed in the 2016 Indiana BRFSS survey
Between 10/2014 and 09/2015, Linda Stemnock and contractor will conduct **580** surveys for the 2016 Indiana BRFSS.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Linda Stemnock and contractor conducted **602 additional surveys added in 2015; 628 in 2016 with PHHSBG funding.** surveys for the 2016 Indiana BRFSS.

Reasons for Success or Barriers/Challenges to Success
To keep the length of the BRFSS survey to no more than 23 minutes, several program areas agreed to postpone the inclusion of their modules and state-added questions.

Strategies to Achieve Success or Overcome Barriers/Challenges
The data from the optional modules included will benefit several program areas in their health planning and monitoring.

Activity 1:
Increase number of BRFSS surveys completed to increase data availability and demographic detail
Between 10/2014 and 09/2015, An estimated 580 landline and cell phone interviews will be added to the Indiana 2016 BRFSS survey via contract with Clearwater Research, Inc. (BRFSS contractor for Indiana). The percent of cell phone interviews will be determined in the fall of 2015 (30% is the baseline established by CDC, and this will most likely increase). These additional surveys will aid in the tracking of risk factors and preventive actions, identify health disparities, and support strategic health improvement plans (HP2020 PHI-7, 8, 14, 15). The Advisory Committee voted to approve funding to be allocated for BRFSS data collection.

Activity Status
Completed

Activity Outcome
Through funding from PHHSBG, the BRFSS program was able to add 433 landline and 169 cell phone surveys to the 2015 Indiana BRFSS survey, a total of 602 additional surveys. For the 2016 Indiana BRFSS, an additional 405 landline and 223 cell phone surveys were added for January-December, a total of 628 surveys. The additional surveys will greatly enhance the prevalence estimates to determine changes from previous years and to identify disparities. With reduced funding from CDC/BRFSS, the additional surveys completed through this funding were vital to preserve a good sample size.

Reasons for Success or Barriers/Challenges to Success
The number of surveys completed in 2015 (602) and 2016 (628) exceeded the 580 estimated during the planning phase. The cost of conducting cell phone interviews decreased slightly, and our data collection contractor passed the cost savings on to our agency, which resulted in more surveys than expected.

Strategies to Achieve Success or Overcome Barriers/Challenges
Additional funding from other ISDH program areas added some additional surveys to the BRFSS. ISDH program areas and other partners will utilize the data from the BRFSS for planning and measuring improvements in the health of Indiana residents.

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):
Between 10/2014 and 09/2015, Continue to increase the capacity for local health departments and nonprofit hospitals to conduct community health assessments and improvement plans by improving

access to county level secondary data to all 92 counties in Indiana through the Indiana Indicators data dashboard website.

State Health Objective Status
Exceeded

State Health Objective Outcome
The partnership with ISDH and the Indiana Hospital Association created a website that allowed for the drill down of state data into county level so both nonprofit hospitals and local health departments could access data for the required community health (needs) assessments and community health improvement plans. This site continues to be managed successfully and a vital resource for data collection for these purposes.

Reasons for Success or Barriers/Challenges to Success
The success for the website was the collaboration between ISDH, IHA and the vendor IBRC. It was the decision between these parties that the data were best displayed at the county level and not the hospital service area that deemed the most important requirement to meet the needs of all stakeholders in Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges
The strategy for success continues to be planning. The team continues to collaboratively seek feedback from end users about desired outcomes from the website as well as improvements in the way data is presented.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
The PHHS Block grant was utilized by providing funding for the staffing of the project manager for the development of the contracts, deliverables, and committee chair. The project manager was already funded by PHHS Block grant prior to this project. The work being done with this work funded by PHHS Block Grant has also leveraged work for the NPHII funding through CDC.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Data Warehouse Maintenance
Between 10/2014 and 09/2015, ISDH, Indiana Hospital Association, Indiana Business Research Center will update **1** data dashboard website.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, ISDH, Indiana Hospital Association, Indiana Business Research Center updated **NEED TO UPDATE** data dashboard website.

Reasons for Success or Barriers/Challenges to Success
The success of this site was due to a partnership with the Indiana Hospital Association and choosing a vendor who had the infrastructure in place to host the dashboard website and was familiar with working with Indiana data and ISDH.

Strategies to Achieve Success or Overcome Barriers/Challenges
The strategies of success included numerous meetings between partners; having a goal and objective of the website prior to the development; continual assessment of the website once it was launched. The

team has had ongoing discussion about ways to improve the ease of interpreting the data and will continue to work with the partners and potentially seek additional partners to incorporate geographic data.

Activity 1:
Community Health Assessments
Between 10/2014 and 09/2015, Community Health Assessments are required by both nonprofit hospitals to demonstrate community benefit for the IRS requirements under the Patient and Protection Affordable Care Act. Local health departments are required to do a local health assessment for public health accreditation. In addition, both the state department of health and the local health departments are required to have a data profiles report for public health accreditation (Domain 1). Local health departments will utilize the Indiana Indicators website to provide the data needed to do their local health assessment for public health accreadiation. This website will assist all interested parties in accomplishing their goals while also reducing staff time at ISDH for individual data requests.

Activity Status
Completed

Activity Outcome
The data website with host location www.indianaindicators.org continues to be the venue for the partnership with the Indiana Hospital Association. The website continues to be evaluated on a regular bases with the partners to ensure features are meeting the needs of the end users.

Reasons for Success or Barriers/Challenges to Success
The success for the website has been strong partnerships with both internal and external partners. The detailed planning prior to the development of the site was crucial. Finding the key partners and stakeholders allows for a small committee and team to work on the website. The strength the vendor brought to both ISDH and IHA was invaluable. They continue to provide guidance and research of what is best in website design to display data.

Strategies to Achieve Success or Overcome Barriers/Challenges
The vision of the website and not allowing scope creep to happen continues to be a measure of success and a challenge all at the same time. There is a desire to have a more traceable and meaningful way to look at the data. The data display will continue to be updated as this project continues into 2016.

Activity 2:
Partner meetings
Between 10/2014 and 09/2015, Conduct quarterly meeting with partners and partner with appropriate agencies to ensure policies and procedures.

Activity Status
Not Completed

Activity Outcome
Quarterly meetings were started but not maintained due to staff changes with the ISDH.

Reasons for Success or Barriers/Challenges to Success
Changes in the Office of Public Health Performance Management team presented barriers to maintaining the quarterly meetings with partners as ISDH is the organizing entity of the meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges
The partners agree that quarterly meetings would be beneficial and a plan has been put in place to schedule those in the future.

Activity 3:
Indiana Indicators data plan
Between 10/2014 and 09/2015, Develop a data plan for appropriate data to be included on the website

including enhancements on the website that will allow for downloadable PDF data spreadsheets, maps, and other tools to increase transparency of data between counties. Website enhancements include: updating the website with new tools and data layout, update data and evaluate the website.

Activity Status
Completed

Activity Outcome
Website enhancements were completed in regards to the website being able to produce PDF data files.

Reasons for Success or Barriers/Challenges to Success
There are some barriers to the geographical drill down of the data. However there are still upgrades to features that include county by county break down of data and PDF file capabilities.

Strategies to Achieve Success or Overcome Barriers/Challenges
Continuing to engage additional partners to the website continues to be key to achieving the success and vision of the website.

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

State Health Objective(s):
Between 10/2014 and 09/2015, Enhance the capability of Indiana health departments in the area of agency performance management and quality improvement utilizing Lean Six Sigma.

State Health Objective Status
Met

State Health Objective Outcome
Through a partnership with Purdue University Healthcare Advisors, 81 local health department staff members participated in quality improvement training. Twenty-one of those individuals completed an in introductory level of training and certification in performance management and quality improvement tools utilizing Lean Six Sigma Methodologies.

Reasons for Success or Barriers/Challenges to Success
The partnership with Purdue University Healthcare Advisors brought a positive reputation to the curriculum as well as resources to be able to facilitate the learning groups and effectively manage travel to the local health departments to enhance opportunities for participation.

Strategies to Achieve Success or Overcome Barriers/Challenges
Offering multiple courses provided opportunities to help accommodate staff schedules.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
The PHHS Block Grant dollars were leveraged through a partnership with Purdue University Healthcare Advisors to be able to provide the training courses for LHDs. This was a cost effective way to provide training from content experts as well as resources for project facilitation.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
LSS QI Skill Building Training

Between 10/2014 and 09/2015, ISDH, Purdue Healthcare Advisors will implement **3** LSS QI Skill Building Workshops at ISDH.

Impact/Process Objective Status
Not Started

Impact/Process Objective Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
Purdue Healthcare Advisors was not utilized to implement 3 LSS QI Skill Building Workshops during this time frame. They did however complete a revision to the Indiana State Health Improvement Plan (I-SHIP). This work was completed with the leadership team and revised the previously drafted I-SHIP. Barriers to the success of this initiative included turnover in the Office of Public Health Performance Management and lacking oversight of the QI Skill Building Workshops.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Office of Public Health Performance Management is now fully staffed.

Activity 1:
Training ISDH staff in Quality Assurance/Quality Improvement (QA/QI)
Between 10/2014 and 09/2015, Train 200 state health department staff in Quality Assurance (QA)/Quality Improvement (QI) skills. The QA/QI training series is a multi-week program that provides the opportunity for staff to obtain their QI green and yellow belts based on the Lean Six Sigma methodology.
Quality Improvement is a key foundation for public health accreditation and is required for each domain and is the key component for Domain 9. To achieve accreditation ISDH must demonstrate quality improvement implementation and trained staff.

Activity Status
Not Started

Activity Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
Purdue Healthcare Advisors was not utilized to implement Quality Assurance (QA)/Quality Improvement (QI) skills workshops during this time frame. Barriers to the success of this initiative included turnover in the Office of Public Health Performance Management and lacking oversight of the QA/QI work initiatives.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Office of Public Health Performance Management is now fully staffed.

Impact/Process Objective 2:
Performance Management Training
Between 10/2014 and 09/2015, ISDH will implement **4** Performance Management Trainings.

Impact/Process Objective Status
Not Started

Impact/Process Objective Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
ISDH did not implement 4 Performance Management Trainings during this time frame. Barriers to the

success of this initiative included turnover in the Office of Public Health Performance Management and lacking oversight of the Performance Management Program.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Office of Public Health Performance Management is now fully staffed.

Activity 1:
LHD Training
Between 10/2014 and 09/2015, Reach a total of 180 LHD staff members on agency performance management through in-person trainings and also the use of the new learning management system, IN-TRAIN. The performance management system training will support the quality improvement training. The impact of these trainings will result in a more knowledgeable, informed workforce in Indiana.

Activity Status
Not Completed

Activity Outcome
Purdue Healthcare Advisors completed QI training with 81 LHD staff members. Performance Management is a part of Domain 9 with the PHAB standards. Performance Management Training was not optimized through the IN-Train system as the staff was not in place to facilitate the development of an IN-Train course.

Reasons for Success or Barriers/Challenges to Success
Barriers to the success of this initiative included turnover in the Office of Public Health Performance Management and lacking oversight of the IN-Train System.

Strategies to Achieve Success or Overcome Barriers/Challenges
 The Office of Public Health Performance Management is now fully staffed.

Activity 2:
ISDH Training
Between 10/2014 and 09/2015, Implement trainings at ISDH for Agency Performance Management system, reaching a total of 100 ISDH staff members. Performance management systems are supportive of the agency strategic plan, the agency dashboards, and quality improvement. The impact of these trainings will result in a more knowledgeable, informed workforce in Indiana.

Activity Status
Not Started

Activity Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
Performance Management Training was not conducted with the ISDH as the staff was not in place to facilitate the training of 100 ISDH staff members. Barriers to the success of this initiative included turnover in the Office of Public Health Performance Management and lacking a skilled employee to facilitate the training.

Strategies to Achieve Success or Overcome Barriers/Challenges
 The Office of Public Health Performance Management is now fully staffed.

Activity 3:
Workforce Development Training
Between 10/2014 and 09/2015, provide workforce development plan trainings to local health departments interested in public health accreditation. Developing a workforce development plan is supportive of

developing an agency performance management system. The impact of these trainings will result in a more knowledgeable, informed workforce in Indiana.

Activity Status
Completed

Activity Outcome
Opportunities offered with LDH included a Skills Training Workshop as well as a Yellow Belt Six Sigma Workshop. The trainings were provided in partnership with Purdue University and was provided to 10 districts across the state over a 6 month period. Each skills training was a total of three days to distributed one day a week for three consecutive weeks. Each training was available to 25 participants. The training was free to local health departments outside of their cost of travel. The Yellow Belt Training was offered as a 2 day course or 4 day course.

61 staff members registered for the Skills Training Workshop within the counties while 20 participants registered for the Yellow Day Workshop opportunities. Some barriers/challenges with the workshops included participation. The trainings were offered to 10 districts however 2 districts did not participate in the Skills Training Workshop and only 6 counties participated in the Yellow Belt Training Opportunities. Two reasons for the lack of participation could include lack of staff that would be available to continue the daily operations of the local health department as well as lack of understanding or knowledge of who either trainings could assist in more efficient daily processes.

Reasons for Success or Barriers/Challenges to Success
Successes in the workshops include 80% of the districts participated in the Skills Training Workshop. Evaluations were requested by the 61 participants of this training. Out of the 61 participants 40 participants responded in completing their evaluations in which 82% felt that the course was excellent or outstanding. The Yellow Belt Workshop also showed outstanding response with 100% of the participants scoring the training at least at a "Good" level of satisfaction. This response comes from 12 out of the 20 participants.

Strategies to Achieve Success or Overcome Barriers/Challenges
Efforts of overcoming challenges were continual communication with the local health department by sending multiple emails by different sources. Team offered the trainings at no cost to the local health departments and attempted to overcome the constraint of time and staff by offering the course one day a week for three weeks as an alternative to three consecutive days. An evaluation was sent out in 2014 when a skills training workshop was offered and adjustments were made which showed an approved overall satisfaction from the participants.   Team also offered the skills trainings in each district to assist participants in the amount of travel they would need to incur.

State Program Title: Sexual Assault Services - Education and Outreach

State Program Strategy:

Goal: Between 10/15 and 09/2016, continue to reduce the prevalence of rape and sexual violence in the State of Indiana.
Program Priorities: Local victim service providers awarded SAS funds will provide sexual violence prevention outreach and education to targeted audiences in their local communities and also provide direct services to victims of sexual violence.
Primary Strategic Partnerships(s):
• **External:** ISDH and 16 service providers in all areas of the state.
Evaluation Methodology: Evaluation methodology includes presentation evaluations and data on numbers reached through outreach and education and through direct victim services. These numbers include: number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group; number of contacts with victims of sexual violence broken out by gender and age; and how victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services).

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

State Health Objective(s):
Between 10/2014 and 09/2015, The purpose of the SAS program is to reduce the prevalence of sexual assault and attempted sexual assault among residents of the State of Indiana, particularly youth through sexual violence outreach and education and direct services. Funds will be used by 16 Subrecipients to provide prevention outreach and education as well as direct services.

State Health Objective Status
Met

State Health Objective Outcome
Plans include lowering the rate of sexual assault by providing prevention information and education to the general public as well as services to victims of sexual violence Funds were awarded to 18 subrecipients.

A part of this objective includes supporting the newly formed statewide coalition against sexual assault, Indiana Coalition to End Sexual Assault (ICESA). In April 2014, Indiana's long time coalition closed due to financial difficulties leaving the state without a guiding coalition to provide direct training to practitioners and to participate with the Indiana State Department of Health (ISDH) in the Rape Prevention and Education (RPE) initiative. In October 2015 the new organization was formed and has received some support from this agency to get up and running. A part of the overall objective will be to see the new coalition up and running and providing more direct contact with front line practitioners.

Reasons for Success or Barriers/Challenges to Success
Data indicate that Indiana achieved a lower rate of sexual assault in the previous program year.
• **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
2013	N/A	
2014	N/A	2,594
2015		2,106

• **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%.

Reasons for success may be the media attention to sexual violence and the federal emphasis, through grant programming, to address victims and perpetrators as well as through prevention activities.

Barriers include the difficulty in tracking sexual assaults, given the non-standard methodology of data collection on sexual assault cases in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges
ICJI, as the administrator for SAS funds, has the ability to leverage efforts against sexual assault through multiple funding streams for the same subrecipients. In the 2014-15 program year subrecipients were able to address needs in their areas through grant awards from ICJI of Office on Violence Against Women Services*Training*Officers*Prosecutors (STOP) and Sexual Assault Services Program (SASP) dollars as well as Office for Victims of Crime Act (VOCA) dollars to serve victims of sexual assault of all ages. Two of these funds provide for prevention services (SAS and STOP) while SASP and VOCA provide for direct services. It is an underlying premise in the practitioner community that providing quality direct services to victims (including counseling and case management) will empower victims to heal and build self- esteem which provides a natural defense against repeat victimization in the future.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
PHHSBG SAS funds do not provide for administrative funds, so launching statewide health initiatives remain the purview of the Indians State Department of Health's Office of Women's Health. The ICJI SAS coordinator participates with the Office of Women's Health primary prevention initiative in a collaborative role. More than half of ICJI's SAS funded subrecipients are also grant award recipients of the CDC primary prevention RPE grant which represents excellent leveraging of funding and effort.

In addition to collaboration with RPE ICJI, as the administrator for SAS funds, leverages efforts against sexual assault through multiple funding streams for the same subrecipients, including STOP, SASP and VOCA. More information is provided in #4.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Extend coordinated, audience-appropriate sexual violence prevention outreach and education programs.
Between 10/2014 and 09/2015, Subrecipient prevention outreach education presenters will provide presentations to **8000** students and adults in Indiana.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Subrecipient prevention outreach education presenters provided presentations to **28325** students and adults in Indiana.

Reasons for Success or Barriers/Challenges to Success
Leveraging funds and staff time with RPE and SAS prevention funds allowed more adults, youth and children to be reached with prevention information and education.

Strategies to Achieve Success or Overcome Barriers/Challenges
Success was achieved through leveraging of funds and clearly specifying expectations for prevention-based activities in the SAS application distributed to all potential subrecipients. This year ICJI had fewer

subrecipients than last year but they were better prepared to do prevention work.

Activity 1:
Provide sexual violence prevention outreach and education.
Between 10/2014 and 09/2015,
- Provide current and generally accepted sexual violence prevention programs within local area, ensuring coordination with current RPE (Rape Prevention) program providers when appropriate. Examples include Teen Dating and Healthy Relationships, Love is Respect, Campus Sexual Assault and Relationship Violence Prevention program, and others which incorporate behavior and social change theories into the programs.
- Provide workshops and training that meet the needs of the community including training for athletic teams, EMS first responders, law enforcement, prosecutors, etc.
- Provide prevention and intervention information on an informal basis to individuals; during a counseling session, on a crisis line call, etc.

PERFORMANCE MEASURES
Below are examples of performance measures that will be included in SAS reports at the end of each quarter:
1. Number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group.

2. Number of contacts with victims of sexual violence broken out by gender and age.

(a) How victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services):
- Number of hotline crisis calls.
- Individual counseling hours broken out by age and gender.
- Group session counseling hours broken out by age and gender.

Activity Status
Completed

Activity Outcome
1. Number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group.
 Outcome: total participants 28,325
Adult participants: 17,025 (includes college students)
Youth participants: 11,300 (school and youth groups)

Adult presentations: 1,217
Youth(including college) presentations: 4,323
2. Number of contacts with victims of sexual violence broken out by gender and age.
Service provider contact with adults reporting sexual assault 2,853
Women 2,776   Men 20 Not Reported 57
Service provider contact with children reporting sexual assault 513
 (a) How victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services):
- Number of hotline crisis calls: An estimated 19,167 hotline crisis calls were taken regarding sexual assault, teen dating violence, etc. This number is an estimate derived from the total number of hotline calls taken per year (63,892) and assuming that 30% were related to sexual violence in some fashion.
- Individual counseling hours broken out by age and gender
Service provider adult and child individual counseling hours 3,065 Not broken out by gender
- Group session counseling hours broken out by age and gender.
Service provider adult and child group session hours 1,408 Not broken out by gender

During this time period, SAS subrecipient programs educated youth about the role of drugs and alcohol in sexual violence, provided presentations on sexual violence awareness on college campuses, provided training to community groups and high school and local college sports teams. The state SAS coordinator encouraged subrecipiernts in underserved regions and counties to develop a prevention curriculum based on local needs and to provide programs in environments that will teach males as well as females.

Reasons for Success or Barriers/Challenges to Success
All SAS subgrantees did some form of outreach and training, but several have extraordinarily knowledgeable and dedicated prevention experts who addressed school groups, sports teams and community groups.

Strategies to Achieve Success or Overcome Barriers/Challenges
Our strategy to expand this success will be to share best practices with other subgrantees and to continue collaboration with the ISDH Office of Women's Health primary prevention initiative.

Impact/Process Objective 2:
Improve and enhance service and response initiatives to victims of sexual violence.
Between 10/2014 and 09/2015, Sub awards will be administered by state staff in the Indiana Criminal Justice Institute's Victim Services Division. Direct victim services will be provided by qualified staff of ICJI's sixteen SAS funded Subrecipients. Some are rape crisis centers and others are dual Domestic Violence/Sexual Assault centers. They will provide services to **225** victims of sexual violence.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Sub awards will be administered by state staff in the Indiana Criminal Justice Institute's Victim Services Division. Direct victim services will be provided by qualified staff of ICJI's sixteen SAS funded Subrecipients. Some are rape crisis centers and others are dual Domestic Violence/Sexual Assault centers. They provided services to **3366** victims of sexual violence.

Reasons for Success or Barriers/Challenges to Success
The ICJI SAS coordinator believes that the above figures represent services funded by all funding sources not just SAS which may have inflated the count.

The SAS coordinator encouraged and supported efforts to provide services through crisis intervention, hotlines, support groups, and other services. Additionally, ICJI encouraged expansion of services and support to underserved counties.

Strategies to Achieve Success or Overcome Barriers/Challenges
During this time period ICJI went from monthly paper reporting for SAS to quarterly reporting in ICJI's Egrants system. The numbers reported are a combination of paper and electronic reporting and may be somewhat inflated. Additionally, it may be difficult for subrecipients to determine if an activity, such as a hotline call is SAS funded on VOCA funded, resulting in duplicate counts.

Continue with the aforementioned technical assistance and close contact. Continue to send information and training opportunities out via email to SAS subgrantees and continue to share best practices. Work with ISDH on reporting issues and correct Egrants to collect data as necessary.

Activity 1:

Provide direct service to victims of sexual violence.
Between 10/2014 and 09/2015, Trained educators or counselors will provide a variety of trauma-informed care from emergency response to a hospital to meet with a victim, to explaining the rape examination process to further medical and legal education as needed. Services may be provided to any victim of sexual violence at any point in the life span continuum.

Activity Status
Completed

Activity Outcome
Indiana's rape crisis centers and dual DV/sexual assault services centers continued to serve victims of sexual assault with trauma-informed care including advocacy, counseling and therapeutic counseling. Trained advocates may provide on-site advocacy at the hospital and may continue on providing medical and legal counseling. Through other funding sources, ICJI funds therapeutic counseling for victims.

Reasons for Success or Barriers/Challenges to Success
Success has come in the form of additional funding for rape crisis centers and dual shelters from VOCA, SASP and STOP. While Indiana was negatively impacted by the closing of our statewide sexual assault coalition, the statewide domestic violence coalition, ICADV, stepped in (ICADV) to take up the slack while the new coalition was being planned. ICJI funded ICADV to provide a 40 hour training course for 60 sexual assault victim advocates in July 2015. Having additional trained advocates increased the numbers during the 4th quarter.

Strategies to Achieve Success or Overcome Barriers/Challenges
ICJI plans to continue funding training for sexual assault victim advocates in the future and will continue encouraging new and innovative ways of providing prevention and direct services to victims.

State Program Title: TB Control Program/Refugee

State Program Strategy:

Goal: Between 10/2015 and 09/2016, the goal of the TB Control, Prevention and Elimination Program is to oversee, manage, and facilitate activities that assure early identification and proper treatment of persons with tuberculosis; prevent transmission of *Mycobacterium tuberculosis* to others; increase the percentage of newly diagnosed infection (Latent TB Infection) cases that start and complete treatment; and provide education to both the public and health care workers.

Program Priorities:
1. Early diagnosis of TB disease and infection
2. Completion of appropriate therapy for all cases of TB disease and infection
3. Prompt identification and evaluation of high and medium risk contacts through effective contact investigation activities
4. Screening and treatment of TB infection in persons in targeted high-risk populations

Primary Strategic Partnerships(s):
- **Internal:** Indiana State Department of Health Laboratories
- **External:** Local Health Departments

Evaluation Methodology:
By Indiana administrative code, all counties report TB cases and contact investigation data to ISDH using a standard case report and contact investigation worksheet. Reported cases are verified according to the TB case definition for public health surveillance. Treatment for latent TB infection reduces the risk that TB infection will progress to disease. Being a recent contact of an infectious TB case is one of the high-risk of progressing to disease.

Therefore contacts with TB infection that start and complete treatment will decrease the number of cases that progress to TB disease reducing the incidence of TB in Indiana.   Having a user-friendly computerized contact investigation worksheet that collects all needed information and provides space for notes on each contact will make data gathering more timely and complete and data analysis more accurate. Success of progress goals will include the completion of enhancements to the current computer application to make it more user-friendly, provide space for notes and all inclusion of all needed variables.

The overall success of the project will be evaluated by an increase in the number of contacts with TB infection that complete their recommended therapy. The numerator will be the number of persons completing treatment for latent tuberculosis infection (LTBI) who, during the contact investigations of AFB sputum-smear positive TB cases, have been found to have LTBI and initiated treatment. The denominator will be Number of persons who, during the contact investigations of AFB sputum-smear positive TB cases, have been found to have LTBI and initiated treatment.

National Health Objective: IID-31 Treatment for Latent TB

State Health Objective(s):
Between 01/2014 and 12/2017, Increase the percentage of contacts to sputum smear-positive tuberculosis cases that complete treatment after being diagnosed with latent tuberculosis infection and initiated treatment to 64% for cohort year 2013, 73% for cohort year 2014 and 79% for cohort year 2015.

State Health Objective Status
Met

State Health Objective Outcome
While not everyone with LTBI will develop TB disease, about 5 – 10% of infected people will develop TB disease if not treated; this is why LTBI treatment is important to the goal of TB control and elimination.

The risk of transmission of TB disease depends on many factors including infectiousness of the TB patient (especially smear positive cases). Therefore, ensuring that these contacts, not only initiate, but also complete the recommended treatment is very important in the fight against TB. The outcome was met with 46% for 2013 but 81.9% for 2014.

Reasons for Success or Barriers/Challenges to Success
Several challenges were encountered in meeting the objective for cohort year 2013, including staff turnover of the TB epidemiologist position and issues with data collection methods that inhibited accuracy of data reported. Successes in increased data collection, greater surveillance, and better record keeping led to increased data accuracy for 2014 that better reflects the true level of treatment completion for contacts.

Strategies to Achieve Success or Overcome Barriers/Challenges
In order to overcome challenges seen with the 2013 cohort year, the TB epidemiologist made several changes to increase data accuracy. First, she increased surveillance of contact investigations and created a supplemental tracking log to verify data entered into the current TB SWIMSS system. To increase accuracy, all data submitted was individually reviewed and any issues were discussed directly with the reporting LHD. In addition, increased focus during education and outreach activities, such as the TB Regional Nurses Conference, were placed on the importance to treatment completion for contacts and accurate data gathering, as well as step-by-step clarification on reporting standards.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Although some of the projects intended have not begun, partial funding was used on training, supplies, and travel time to educate the LHD nurses on contact investigations and TB case management. We hope to continue these projects through 2017.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Enhancement of computer application for contact investigations
Between 10/2014 and 09/2015, Contract program developer--Swamy Buddha; TB epidemiologist--Kelly Richardson; chief nurse--Midia Fulano; regional nurses--Dawn Sipes and Jill Brock will develop **2** areas in the current application which are logical flow of variables and information, and clearly defined variables such as outcomes of contact investigation. Completion of the two new areas which are addition of notes field option for each contact entered and a search function so that the database can be searched to see if a new TB patient has ever been a contact to an active case of TB before. Provision of a webinar to local health department nurses on how to use the enhanced contact investigation module.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, Contract program developer--Swamy Buddha; TB epidemiologist--Kelly Richardson; chief nurse--Midia Fulano; regional nurses--Dawn Sipes and Jill Brock developed **The development of the enhancements is ongoing and although more than 2 areas have development complete the changes have not yet been implemented.** areas in the current application which are logical flow of variables and information, and clearly defined variables such as outcomes of contact investigation. Completion of the two new areas which are addition of notes field option for each contact entered and a search function so that the database can be searched to see if a new TB patient has ever been a contact to an active case of TB before. Provision of a webinar to local health department nurses on how to use the enhanced contact investigation module.

Reasons for Success or Barriers/Challenges to Success

Despite staff turnover and unexpected large projects, the TB staff have been able to conduct multiple meetings to plan and finalize the enhancements for the contact investigation module. However, the implementation of these changes is behind schedule due to several factors. First, loss of additional programming staff and reassignment to OTC has changed the priorities and workload of Swamy Buddha, the program developer. Unforeseen issues and delays in other higher priority projects and issues with server migration has severely limited the amount of time that has been attributable to the contact investigation project.

Strategies to Achieve Success or Overcome Barriers/Challenges
Resolution of unforeseen issues and focus on filling empty positions has occurred to ensure higher priority projects are successfully managed to allow time for work on the contact investigation module.

Activity 1:
Review logical flow of variables and business rules in the contact investigation module
Between 10/2014 and 09/2015, The TB/Refugee Epidemiologist, chief nurse and focus group from local health departments will review the contact investigation module and make recommendations on how to make the application more user-friendly. Example: have contacts listed alphabetically, open the second page of the application and begin data entry without needing to go to the first page and then go out of the module and then reenter to access the second page.

Activity Status
Not Completed

Activity Outcome
The TB epidemiologist, Chief Nurse, and other TB staff have met several times to discuss the enhancements to the contact investigation module, including ease of use. Recommendations and finalization of these enhancements have been communicated to the TB programming staff for implementation in the system.

Reasons for Success or Barriers/Challenges to Success
Due to staff turnover and unexpected large projects, there has not been adequate time for use of formal focus groups to gain insight into end-user requests for enhancements to the contact investigation module.

Strategies to Achieve Success or Overcome Barriers/Challenges
Although formal focus groups have not been conducted, the TB epidemiologist has gathered informal requests from local health department staff on enhancements to the module and used that information in the decision making process on enhancements. In order to get formal feedback from local stakeholders, it is planned to work with a pilot group to test the new system and help mold future guidance and training activities.

Activity 2:
Identification of variables that will accurately portray the outcomes of the contact investigation
Between 10/2014 and 09/2015, The TB/Refugee Epidemiologist with identify independent outcomes along with the definitions of the outcomes so that end users can easily identify which outcome is the appropriate outcome for that contact when the record is closed. Example: evaluation completed, treatment started, treatment completed, lost while on treatment, lost before evaluation completed, never contacted etc.

Activity Status
Completed

Activity Outcome
The TB Epidemiologist created a guidance document providing definitions and scenarios for each outcome with the contact investigation module and distributed to end-users. This guidance will be

updated with the implementation of enhancements to the contact investigation module.

Reasons for Success or Barriers/Challenges to Success
No issues were encountered in meeting this objective.

Strategies to Achieve Success or Overcome Barriers/Challenges
The TB Epidemiologist used feedback from local and state users and a review of the current use of the outcome variable to help determine the best guidance and definitions for each outcome. To increase adherence to the updated guidelines, the guidance document was presented and explained during the TB Regional Nurses Conference and a copy was included in attendee's take-home packets. In order to reach the audience not in attendance at the conference, the document was emailed to all LHD nurses and is available on the TB website along with the rest of the conference materials.

Activity 3:
Build the enhanced functionality of logical flow of information, etc.
Between 10/2014 and 09/2015, The IT programmer will develop a more logical flow of information, outcome variables and business rules recommended by the staff on the development server and then test it's functionality on the test server and finally move the new functionality to the production server.

Activity Status
Not Completed

Activity Outcome
The build of enhancements for the contact investigation has begun, starting in January 2016. At this time, no testing has been done and it has not been moved to production.

Reasons for Success or Barriers/Challenges to Success
The implementation of changes to the CI module is behind schedule due to several factors. First, loss of additional programming staff and reassignment to OTC has changed the priorities and workload of Swamy Buddha, the program developer. Unforeseen issues and delays in other higher priority projects and issues with server migration has severely limited the amount of time that has been attributable to the contact investigation project.

Strategies to Achieve Success or Overcome Barriers/Challenges
Resolution of unforeseen issues and focus on filling empty positions has occurred to ensure higher priority projects are successfully managed to allow time for work on the contact investigation module.

Activity 4:
Build the new functionality of a note field, search option, & the related business rules
Between 10/2014 and 09/2015, The IT programmer will develop the note fields for each contact where additional information about the contact can be recorded and saved. Example: phone numbers, directions, times available, relation to the TB case, where they had contact with the case, etc. The search option and related business rules will make it possible for the regional nurses and the epidemiologist nurses to search for and identify if a current patient or contact has been named in prior contact investigations. This will help identify potential places of transmission resulting in better identification of contacts that may have TB infection and need to be treated.

Activity Status
Not Completed

Activity Outcome
The build of the note field, search option, and related business rules for the enhanced CI module has begun, dating to January 2016. At this time, no testing has been done and it has not moved to production.

Reasons for Success or Barriers/Challenges to Success
As mentioned above, the implementation of changes to the CI module is behind schedule due to several factors. First, loss of additional programming staff and reassignment to OTC has changed the priorities and workload of Swamy Buddha, the program developer. Unforeseen issues and delays in other higher priority projects and issues with server migration has severely limited the amount of time that has been attributable to the contact investigation project

Strategies to Achieve Success or Overcome Barriers/Challenges
Resolution of unforeseen issues and focus on filling empty positions has occurred to ensure higher priority projects are successfully managed to allow time for work on the contact investigation module.

Activity 5:
Provide training on use of new functionality in the contact investigation module
Between 10/2014 and 09/2015, Via a webinar to be broadcast to all county health departments, the epidemiologist and the IT programmer will provide training on the new module so that local health department nurses will be able to easily use the newly enhanced module and comply with timely and accurate reporting of contact outcomes including completion of treatment.

Activity Status
Not Completed

Activity Outcome
Due to the delay in the implementation of the changes, the project is not at a point that training can begin. Training will be conducted as planned when the enhancements have been implemented, tested, and placed into production.

Reasons for Success or Barriers/Challenges to Success
As mentioned previously, staff turnover, unexpected high-priority projects, and unexpected issues out of the control of the TB program has led to an overall delay in the project.

Strategies to Achieve Success or Overcome Barriers/Challenges
Resolution of unforeseen issues and focus on filling empty positions has occurred to ensure higher priority projects are successfully managed to allow time for work on the contact investigation module and in turn, the training of LHD staff.

State Program Title: Water Fluoridation Program

State Program Strategy:

Goal: Between 10/2015 and 09/2016, the goal of the Water Fluoridation Program is to promote water fluoridation and monitor water fluoridation systems across the state to assure that the majority of the population of the state of Indiana continue to receive the benefits of water fluoridation
Program Priorities:
> Inspect water fluoridation systems in communities and schools across the state to ensure they maintain optimum fluoride levels.
>Educate mayors, town councils, water system boards and citizens as to the benefits, cost effectiveness and safety of water fluoridation to prevent the elimination of water fluoridation in communities.
Primary Strategic Partnerships(s):
• **Internal:** ISDH Oral Health
• **External:** Indiana Dental Association, Indiana Dept. of Environmental Management Drinking Water
   Division, Centers for Disease Control and Prevention
Evaluation Methodology: The field staff is expected to make at least 260 inspections of water fluoridation systems per year and to respond to any high fluoride levels (2.0ppm or above) within five business days. Field staff is expected to train any new water fluoridation system operators within 10 business days of being notified of the new operator and to retrain existing operators as needed. Field staff is also required to attend at least two professional water treatment operators meetings in order to keep up with water treatment technology and network with water fluoridation operators. The staff is also required to input up to date data into the Water Fluoridation Reporting System (WFRS). The program will evaluate progress through regular reports to the program director.

National Health Objective: OH-13 Community Water Fluoridation

State Health Objective(s):
Between 10/2014 and 09/2015, monitor water fluoridation programs in communities and schools on a regular basis.

State Health Objective Status
Met

State Health Objective Outcome
We continue to monitor all water fluoridation programs in Indiana. During that time period, over 663 surveillance calls and 700 consultations were made at community water systems that fluoridate. We also attended several water professional meetings during that time which allows us to network with water system operators throughout the state. This often helps us to become informed of or even prevent a problem with a community water fluoridation system.

Reasons for Success or Barriers/Challenges to Success
We are successful because we have a very well trained and professional staff. We have, however, been challenged during this time period because of the loss of one field staff position.

Strategies to Achieve Success or Overcome Barriers/Challenges
We have been able to compensate somewhat by spreading out the work load among the supervisor and remaining field staff and using the former field staff for special projects as long as they do not conflict with his new position within the division. We should be able to maintain our success if we can continue to utilize the former field staff member to assist in our program as needed.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
The State Lab provides much of the needed data in the form of lab results that drive this program. They are not funded by this block grant for this particular activity. Also, any work that the Division Director does for this program is not funded by the block grant.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Maintain Water Systems with Optimal Fluoride Levels
Between 10/2014 and 09/2015, James Powers will maintain **95%** - the percentage of people in Indiana on public water supplies that have access to fluoridated water.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2014 and 09/2015, James Powers maintained **95%** - the percentage of people in Indiana on public water supplies that have access to fluoridated water.

Reasons for Success or Barriers/Challenges to Success
The frequent surveillance and consultation have helped maintain this percentage of access to water fluoridation that is much higher in Indiana than overall nationally (76%). The field staff have developed very good working relationships with the water plant operators and are therefore able to work well with them to trouble shoot and prevent problems with community water fluoridation systems.

Strategies to Achieve Success or Overcome Barriers/Challenges
The primary threat to this percentage is the elimination of water fluoridation programs in communities due to anti-fluoridation activity and budget cuts. Again, the frequent surveillance calls and relationships forged with water plant operators as well as with local dentists, the Indiana Dental Association, local health departments and IDEM often allow us to find out about attempts to eliminate fluoridation systems early enough to work to prevent that from happening.

Activity 1:
Monitor Fluoride Samples
Between 10/2014 and 09/2015, Staff will monitor fluoride samples from all water supplies for optimal levels. Staff will respond when out of range by reviewing, on a weekly basis, the test results from all the fluoride samples sent in to the state lab for that period. When a community's test results indicate that the fluoride level is out of range, the fluoridation field staff schedule a visit or contact the community water plant operator to resolve the issue as soon as possible.

Activity Status
Completed

Activity Outcome
The monitoring of fluoridation sample results from the State Lab is an integral part of this program. Without these sample results, it would be much more difficult to accurately assess the fluoridation of communities in Indiana.

Reasons for Success or Barriers/Challenges to Success
By monitoring the weekly printout we get from the State Lab, we are able to detect potential problems and trends with water fluoridation systems and visit the communities often before the water operator is aware of a problem.

Strategies to Achieve Success or Overcome Barriers/Challenges
Continued testing of water fluoridation samples by the State Lab and our access to that data is essential to the success of the program.

Activity 2:
Consultations with town/city official or waste district board members
Between 10/2014 and 09/2015, When city/town officials or a water district board is considering the discontinuation of fluoridation, staff will meet with them to discuss the public health benefits of continuing. Staff will also recruit local dentists in the area to help.

Activity Status
Not Completed

Activity Outcome
This is an ongoing effort that will, no doubt, always be part of this program. During this time period we were very successful in preventing communities from discontinuing water fluoridation.

Reasons for Success or Barriers/Challenges to Success
Frequent contact with water operators, council/board members, dentists, and health departments in towns considering the discontinuation of water fluoridation helped prevent some communities helped keep some communities in the program.

Strategies to Achieve Success or Overcome Barriers/Challenges
Our primary strategy has been to provide education materials to town councils/boards, attend meetings if necessary and work with local dentists, health departments and the Indiana Dental Association. Strong local support is essential. This has been very successful overall, but must be maintained if fluoridation is to be preserved at the present level. In the time period in question, we sent out 168 information packets to town councils/boards, local dentists and health departments as well as private citizens. These packets are constantly reviewed, updated, and customized to the situation.