

**Indiana FY 2012  
Preventive Health and Health Services  
Block Grant**

**Annual Report**

**Annual Report for Fiscal Year 2012**

**Submitted by: Indiana**

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## Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2012. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

### *Funding Assumptions*

The total award for the FFY 12 PHHSBG is \$1,199,440.00. This amount is based upon the final allocation table distributed for FFY 12 by the CDC.

### *Proposed Allocation for FY 2012*

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2012 funding priorities are as follows:

<b>Program</b>	<b>Health Objective</b>	<b>Funds</b>
Chronic Disease Prevention & Control	12-1	\$200,000
Injury and Violence Prevention	15-7	\$250,000
Oral Health		
Public Health Performance Management	23-8	\$429,468
Sexual Assault Services	15-35	\$144,972
State Health Data Center	8-27	\$75,000

Impacting other health objectives:

- Disability and Secondary Conditions 6-12
  
- Educational/Community-Based Programs 7-2, 3, 5, 6, 7, 9, 10, 11, 12
- Health Communication 11-1, 4, 5
  
- Injury and Violence Prevention 15-7, 8, 10
- Maternal, Infant, & Child Health 16-14
- Nutrition and Overweight 19-1, 2, 3, 5, 6, 8, 9, 16
- Oral Health 21-16
- Physical Activity and Fitness 22-1, 2, 6, 13, 14, 15
- Population-based Prevention Research 23-17
- Public Health Infrastructure 23-3, 4, 5, 9, 10, 11, 12, 15
- Tobacco Use 27-1, 2, 3, 4, 5, 6, 7, 11, 12, 13

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above for funding for FFY 2012.

## **State Program Title: Chronic Disease Prevention and Control**

### **State Program Strategy:**

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

### **Program Priorities:**

- o Improve surveillance, analysis, and communication of CVH, DM, Cancer, and Asthma indicators and risk factors in Indiana
- o 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; Tobacco Prevention and Cessation; Office of Primary Care and Rural Health
- External: Indiana Minority Health Coalition, Indiana Cardiovascular Health and Diabetes Coalition, Indiana Cancer Consortium, Indiana Joint Asthma Coalition, American Heart Association, Indiana Stroke Prevention Task Force, American Diabetes Association, American Cancer Association, 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 community-wide sodium reduction strategies to prevent and control high blood pressure; convene statewide organizational partners in order to address collaborative systems and policy initiatives to improve the state's chronic disease burden; assess initiatives related to community health workers and the role of community health workers in addressing chronic disease in Indiana; support implementation and evaluation of health systems strategies to address asthma control; and ensure evaluation methodology utilized by chronic disease public health staff address cost effectiveness of initiatives.

### **Evaluation Methodology:**

CDPC 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 are to include evaluation of cost-effectiveness of selected strategies to improve chronic disease prevention and control.

## **National Health Objective: 12-1 Coronary Heart Disease**

**State Health Objective(s):**

Between 01/2012 and 12/2012, Increase by four new state department of health led chronic disease public health initiatives addressing burden of cardiovascular disease, asthma, or cancer by: addressing utilization of community health workers in Indiana's health system; mobilizing statewide chronic disease partners; supporting clinical programs demonstrated to be evidence-based in chronic disease prevention and control; and providing technical assistance and support to local communities in population-based sodium reduction strategies.

**State Health Objective Status**

Met

**State Health Objective Outcome**

- 1) The Indiana State Department of Health (ISDH) has developed or expanded five statewide health coalitions addressing—asthma, cancer, cardiovascular disease and diabetes, community health workers (CHW), and healthy weight.
- 2) ISDH has identified the CHW population in Indiana, established a CHW database, established a CHW coalition, and surveyed workers, employers, and payers to determine training, reimbursement, and credentialing needs, as well as scope of work.
- 3) Chronic Disease Prevention and Control (CDPC) provided comprehensive technical assistance in the development, implementation and evaluation of an emergency department (ED) based community health intervention.
- 4) CDPC has aided a community in their efforts to improve cardiovascular outcomes and reduce disparities by targeting organization policy and procurement policy as they pertain to wellness and sodium.

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

- 1) Ability to leverage block grant funding to kickstart evidence-based support systems and inventions
- 2) Coordinated support and technical assistance from CDPC staff for all four outcomes.
- 3) Strategic assessment, decision-making and planning for all for outcomes
- 4) Dedicated coalition coordinators facilitated the expansion and development of all five coalitions by providing single points of contact and enhanced communication, recruitment and development capacity
- 5) Support from ISDH leadership for coordinated activity across content areas
- 6) Coordination of evaluation activity through Chronic Disease Evaluation Director
- 7) Coordination of public health communications through CDPC communications team
- 8) Coordination of data and surveillance activity through Chronic Disease Integration Group
- 9) Incorporation of additional analytic techniques, including geographic and economic analysis for the ED intervention, community health worker activity, and the coalitions.

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

- 1) As community partners and the membership of each coalition have different levels of core public health competencies, ISDH offered Evidence-Based Public Health as a shared training opportunity to provide a basic background in community assessment, data, surveillance, program development and evaluation. It was offered once in 2012 and will be offered again in 2013.
- 2) An ongoing challenge that will be addressed in 2013 is sustainability of many of these programs. The coalition coordinators and their respective constituents will address much of this issue for the five coalitions. The community-based interventions are looking for methods of organic sustainability through cost-savings and return on investment, in addition to further grant funding through partnerships and external sources.

**Leveraged Block Grant Dollars**

Yes

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

The PHHSBG supported the Asthma ED callback project (ES-7) which attempted to improve primary management of asthma, and reduce dependence on emergency services by individuals with asthma. The comprehensive analysis of the intervention by CDC identified significant cost per discharge reductions with subsequent reduction in ED visits and hospitalizations, while improving overall asthma outcomes and quality of life in those individuals. The health system expanded the project from pilot site to a second facility, with plans to expand to all of its sites through 2013 and 2014. Because of the measurable success of the pilot and the portability of the intervention, state chronic disease dollars have been allocated to expand the pilot to a different health system in a different region of the state.

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

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

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

##### **Identify initiatives utilized by health care providers for improving health outcomes in patients**

Between 01/2012 and 12/2012, ISDH will identify **10** community health worker initiatives currently utilized by healthcare providers in Indiana for improving patient outcomes.

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

Exceeded

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

Between 01/2012 and 12/2012, ISDH identified **12** community health worker initiatives currently utilized by healthcare providers in Indiana for improving patient outcomes.

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

By surveying employers, payers, and community health workers (CHW), Chronic Disease Prevention and Control was able to identify a flourishing CHW community in Indiana that lacked coordination. Numerous initiatives were identified that included CHWs serving as patient navigators, lay-health workers, peer support, care-coordinators, lay educators, and members of the direct care team. By linking these individuals through an organized network and growing coalition, issues such as scope of practice, reimbursement barriers, training needs, and interest in credentialing and certification have been identified.

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

- 1) Survey of CHWs in Indiana assessed presence, training needs, scope of practice and interest in credentialing
- 2) Environmental scan of CHW employers, payers, and potential employers through surveys, key informant interviews, and panel interviews to assess training needs, sustainability concerns, current penetration of CHWs, and current reimbursement policies.
- 3) Coordinated efforts between Chronic Disease Prevention and Control, Office of Primary Care and Rural Health, Office of Maternal and Child Health, and Division of Nutrition and Physical Activity provided technical support for the initial assessment of CHWs in Indiana.

#### **Activity 1:**

##### **Assess current use of and need for Community Health Workers (CHWs) by Indiana health care providers**

Between 01/2012 and 12/2012, **Assess current use of and need for Community Health Workers (CHWs) by Indiana health care providers to assist with chronic disease management and prevention**

Division of Chronic Disease Prevention and Control will implement one statewide assessment tool to identify current health care provider utilization of and need for community health workers in promoting the health of their patients.

**Activity Status**

Completed

**Activity Outcome**

Through use of the survey instrument over 400 community health workers (CHW) representing over three dozen organizations in Indiana have been identified and have joined the Indiana CHW Network. Since the dissemination of the original survey, spanish and burmese versions of the survey have been developed and administered, which will increase the identified community of CHWs.

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

- 1) Environmental scan of CHW employers, payers, and potential employers through surveys, key informant interviews, and panel interviews
- 2) Survey of CHWs in Indiana assessed presence, training needs, scope of practice and interest in credentialing.
- 3) Development of statewide CHW coalition
- 4) Partnership with Department of Mental Health and Addiction to develop criteria for credentialing, develop training curriculum, and maximize value of CHWs in Indiana

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

- 1) Ongoing challenge of securing and sustaining reimbursement for CHWs being met by ensuring that scope of practice and training meets needs of key payers, such as Office of Medicaid Policy and Planning
- 2) Development of training curriculum and train-the-trainer curriculum also addresses sustainability concerns.

**Activity 2:****Create statewide database of community health worker organizations and individuals in Indiana**

Between 01/2012 and 12/2012, the Division of Chronic Disease Prevention and Control will create one statewide database of community health worker organizations and individuals in Indiana that are addressing chronic disease prevention and control.

**Activity Status**

Completed

**Activity Outcome**

By the end of 2012, 100 individuals had joined the Indiana Community Health Worker Coalition. Additionally, over 400 community health workers (CHW) representing over three dozen organizations have joined the CHW Network.

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

- 1) Survey of CHWs in Indiana assessed presence, training needs, scope of practice and interest in credentialing.
- 2) Spanish and burmese versions of survey instrument developed to meet unique population needs.
- 3) Monthly meetings to maintain momentum of coalition.
- 4) Use of social media has linked existing audience and provides multiple points of contact for new or previously unidentified CHWs.

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

- 1) As reimbursement was determined to be a significant barrier to the use of CHW, the coalition worked with

employers, payers, and potential payers to assess reimbursement and sustainability, as well as potential barriers to use of CHW.

2) A task force worked with Indiana Medicaid to ensure that the scope of practice and training standards of Indiana CHWs met the needs of Medicaid providers.

3) Multiple social media platforms have been employed to connect and recruit CHWs into the network.

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

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

#### **Support statewide coalitions to address large public health burdens related to chronic disease**

Between 01/2012 and 12/2012, ISDH will provide technical assistance to 4 statewide coalitions of critical organizational partners in addressing chronic diseases such as cardiovascular health and diabetes, cancer, asthma, and obesity.

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

Exceeded

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

Between 01/2012 and 12/2012, ISDH provided technical assistance to 5 statewide coalitions of critical organizational partners in addressing chronic diseases such as cardiovascular health and diabetes, cancer, asthma, and obesity.

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

- 1) Through coordinated activity between staff in Chronic Disease Prevention and Control, Division of Nutrition and Physical Activity, and Office of Primary Care and Rural Health, the Indiana State Department of Health (ISDH) was able to support the development and expansion of five statewide health coalitions in asthma, cancer, cardiovascular health and diabetes, community health workers, and healthy weight.
- 2) Coordinated evaluation and evaluation plans
- 3) Comprehensive burden data and epidemiologic services
- 4) Dedicated coalition coordinators for each coalition

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

- 1) To ensure that consistent strategies were employed, the Chronic Disease Advisory Group (CDAG) was developed. It consists of the leadership of each coalition, coalition coordinators, and ISDH staff.
- 2) Through CDAG, learning opportunities, best-practices, and sustainability strategies have been shared.
- 3) Effort has been made to for these coalitions to be community-based but grounded in evidence. The Evidence-Based Public Health curriculum was offered to all coalition members as part of a four-day training event, 21 coalition members participated.
- 4) The membership of each coalition have been included in communications and media training, and have received primers on disease burden and surveillance systems.

### **Activity 1:**

#### **technical assistance to four statewide chronic disease coalitions**

Between 01/2012 and 12/2012, The Division of Chronic Disease Prevention and Control (CDPC) will provide technical assistance to four statewide chronic disease coalitions, including those for cancer, asthma, obesity, and cardiovascular health and diabetes. CDPC will work closely with statewide and community-based partners to ensure that coalition activities are informed by current public health evidence; maximize the resources available to the coalition for purposes of coordination, communication, and effective work; and address long-term sustainability of effective chronic disease partnerships. CDPC will provide technical assistance to the coalitions on the areas of evidence-based public health programming, organizational and public policy to address the chronic disease burden in Indiana, and health systems

initiatives to improve chronic disease outcomes. Additional technical assistance related to data needs and evaluation will also be provided to coalitions.

### **Activity Status**

Completed

### **Activity Outcome**

During 2012, three coalitions (Indiana Cancer Consortium, Indiana Joint Asthma Coalition, and Indiana Healthy Weight Initiative) have expanded their respective partnerships and coordinated community level prevention efforts. The former Diabetes Advisory Council has evolved into the Cardiovascular health and Diabetes Coalition of Indiana, which expands its scope of work to now include the number source of mortality in Indiana and three of the top seven causes of death in the state. Additionally, the Indiana Community Health Workers Coalition has developed as a result of other activities supported by this block grant. The resulting collective includes over 900 health professionals and community health advocates who represent over 250 organizations.

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

- 1) Each coalition has developed a evaluation plan to assess coalition activity and impact on health mission
- 2) Each coalition's membership has been surveyed to ensure that the coalitions are meeting the needs of their respective constituencies.
- 3) Each coalition has received comprehensive technical assistance on best practices, burden, communications, data, disparities, evaluation, health education and surveillance from the Indiana State Department of Health (ISDH) staff
- 4) Through the coalition coordinators in conjunction with ISDH staff, each coalition publishes a newsletter which informs the respective memberships on educational activities, training events, updates in disease burden and health risk-behavior, and best-practices for improving community health

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

- 1) Linking large-scale volunteer groups was simplified by the addition of dedicated coalition coordinators, who act as point of contact for all aspects of coalition activity and serve to recruit new members and expand partnerships to better achieve coalition objectives.
- 2) To ensure optimal synergy, the coalitions are working toward a comprehensive state health plan that will coordinate the activities and goals of all five coalitions and act in congress with the Indiana State Health Improvement Plan.

## **Essential Service 5 – Develop policies and plans**

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

#### **Collaborate with a local community to develop organizational policy and plans to support improved ca**

Between 01/2012 and 12/2012, ISDH will provide technical assistance and support to 1 local Indiana community in developing organizational policy and plans to address community-wide efforts to improve blood pressure and overall cardiovascular health indicators.

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

Met

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

Between 01/2012 and 12/2012, ISDH provided technical assistance and support to 1 local Indiana community in developing organizational policy and plans to address community-wide efforts to improve blood pressure and overall cardiovascular health indicators.

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

- 1) Worked with community, Johnson County, IN with groups, Partnership for a Healthier Johnson County and Esperanza Ministries that supported successful phase one of pilot intervention and who have a commitment to improving cardiovascular outcomes in the general population, as well as high-risk populations
- 2) The strong reputations and track record of success of our partners facilitated success.
- 3) Using CDC CHANGE Tool to assess community needs and engaging stakeholders
- 4) Focused efforts on one school corporation (Greenwood Community Schools) and one health care system (Valle Vista Health System). Both have demonstrated commitments to a culture of health and overall wellness, as well as to incremental strategies to reaching these goals.
- 5) Provided policy development, evaluation, and epidemiologic assistance to community partners.
- 6) Augmented assistance of program staff with that of the community partnerships liaison.

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

- 1) Implemented best- and promising-practices from other communities to further sodium and cardiovascular health efforts in Johnson County.
- 2) Both organizations developed or augmented existing wellness plans and made modification to organizational policies. The health system had more autonomy and flexibility to incorporate larger scale modifications to policy than the school system. While the school system saw value in changes in procurement and wellness policies, they were not able to move quickly on such measures. Additional evidence on benefits, including cost and return on investment, partners, and sustainable long-term strategies will be needed to facilitate change in the school system.

### **Activity 1:**

#### **Work with a local community to evaluate ongoing efforts in the development of organizational policy**

Between 01/2012 and 12/2012, The Section on Cardiovascular Health and Diabetes will provide technical assistance and support to 1 local Indiana community in developing organizational policy and plans to address community-wide sodium reduction in efforts to improve blood pressure and overall cardiovascular health indicators. CDPC will inform initiative design, provide guidance on health communication needs, and coordinate local and statewide evaluation efforts for the initiative.

### **Activity Status**

Completed

### **Activity Outcome**

As a third phase of community-wide cardiovascular wellness, community partners developed sodium reduction and cardiovascular wellness strategies for organizational policy change. One organization adopted both a wellness policy and a modified procurement policy, while the other adopted a wellness policy and is researching changes in procurement policy.

As a follow-up to the phase one and two activities, of individuals who participated in the health center based intervention, 60% saw a decrease in systolic blood pressure by 10mmHg or more and 80% saw a decrease in diastolic pressure by 12 mmHg or more.

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

- 1) Intervention efforts focused on organization wellness policies and procurement policy, using best practices from other communities and states.
- 2) Coordinated technical assistance from Chronic Disease Prevention and Control, including aid in policy development and evaluation.

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

- 1) Since targeted community level cardiovascular risk-reduction is a relatively new concept for this community, best- and promising-practices from other communities were implemented. The practices selected were chosen to augment existing healthy sodium use and cardiovascular risk-reduction efforts in Johnson County.
- 2) Both organizations developed or augmented existing wellness plans and made modification to organizational policies. The health system had more autonomy and flexibility to incorporate larger scale modifications to policy than the school system. While the school system saw value in changes in procurement and wellness policies, they were not able to move quickly on such measures. Additional evidence on benefits, including cost and return on investment, partners, and sustainable long-term strategies will be needed to facilitate change in the school system.

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

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

#### **Support implementation of health systems changes to improve access to and adherence with recommended**

Between 01/2012 and 12/2012, The Section on Chronic Respiratory Disease will provide technical assistance and support to 1 Indiana health system of care.

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

Met

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

Between 01/2012 and 12/2012, The Section on Chronic Respiratory Disease provided technical assistance and support to 1 Indiana health system of care.

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

- 1) Developed internal case-definitions and protocols for management of identified individuals based on evidence-based practices
- 2) Epidemiologist provided economic evaluation of project which supported expansion of project within the system
- 3) Asthma educator was able to standardize health messaging for individuals with asthma and coordinate asthma education
- 4) Asthma's environmental specialist was able to supplement clinical management and health education with protocols for home, school, and workplace
- 5) Evaluator was able to structure an assessment of project to ensure that objectives were met and outcomes were measured.

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

- 1) Employed evidence-based practices to reduce dependence of individuals with asthma on emergency services
- 2) Worked with hospital finance staff to determine average cost per discharge and average charge per discharge which allowed for development of average cost to charge ratio.

#### **Activity 1:**

#### **Work with an Indiana hospital system to implement systems change linked to improved asthma contro**

Between 01/2012 and 12/2012, Implementing a systems initiative to: identify a population with a barrier to continuity care related to asthma; facilitate effective entry into a coordinated system of continuity clinical

care for members of this population; ensure provision of culturally appropriate and targeted health information for a population group at risk for uncontrolled asthma, and implement evidence-based strategies to improve the system of care for asthma.

### **Activity Status**

Completed

### **Activity Outcome**

The Division of Chronic Disease Prevention and Control, led by the Chronic Respiratory Disease Section successfully coordinated an emergency department (ED) asthma intervention with Parkview Randalia Hospital Community Nursing staff in Ft. Wayne, IN. The intervention was found to improve quality of life and outcomes of individuals with a history of multiple visits to the ED to manage exacerbations of asthma. Additionally, the intervention was found to be cost-effective—the average cost to treat per ED encounter dropped from \$3,763 in 2009 to \$1,393 in 2012. An associated benefit of the asthma intervention was that individuals were linked with a medical home that could better coordinate all aspects of primary care. In a survey of participants, 45.5% reported no additional ED or urgent care visits within the past year for asthma, and 84.0% reported having no additional hospitalizations within the past year for asthma.

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

- 1) Employed evidence-based practices to reduce dependence of individuals with asthma on emergency services
- 2) Developed internal case-definitions and protocols for management of identified individuals based on evidence-based practices
- 3) Value of project was reinforced with economic analysis
- 4) Communication of project findings was enhanced through geographic analysis.
- 5) Support of the health educator, environmental specialist, evaluator and epidemiologist with the design, implementation, and evaluation of project

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

- 1) Intervention was designed to be adapted to any integrated health system. The project was expanded to Parkview Regional Medical Center and will eventually expand to all Parkview facilities.
- 2) Culturally competent care was key to success across all populations encountered
- 3) In-depth analysis of project activity aided in decision-making of health system in relation to location of system supported community health center.
- 4) Project will be implemented in St. Mary's Hospital in Evansville, IN

**State Program Title: Injury Prevention Program**

**State Program Strategy:**

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

**Health Priorities:** In the past year, the Indiana State Department of Health has taken the initial steps to develop an organized Injury Prevention Program. As promised in last year's Block Grant application, the agency hired a director to lead the new Trauma and Injury Prevention Division, and 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:**

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

**External:**

Indiana Child Fatality Review Team  
Coroner's Association  
Riley Hospital  
Indiana Department of Education (IDOE)  
Department of Natural Resources  
Injury Prevention Task Force  
IDOE School Safety Advisory Committee  
Indiana Criminal Justice Institute  
Department of Mental Health and Addiction  
Indiana Poison Control  
Indiana Hospital Association  
Indiana Department of Homeland Security  
Indiana Department of Labor  
Purdue Extension Project

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

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

**State Health Objective(s):**

Between 01/2012 and 12/2012, Continue the process begun in 2011 of developing a comprehensive injury and violence prevention program at the state health department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources; begins the drafting of a 5-year state plan; and seeks additional grant funding.

**State Health Objective Status**

Met

**State Health Objective Outcome**

Injury prevention epidemiologist was first retained as a contractor, then when she showed great potential, was made a state employee. Unfortunately, she chose to leave state employment shortly after that. Injury prevention grants were sought out, but none were awarded. Coordination was begun between the Indiana Injury Prevention Advisory Committee and ground work was laid to renew a working relationship and begin

drafting a 5 year plan. Coordination has also begun between ISDH and a new group looking to start a Center for Injury Prevention in Indiana.

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

Much progress was made due to the work of the Injury epidemiologist during the year, however, due to that employee leaving the agency, work has stalled out until a new epidemiologist can be hired. The epidemiologist's relative inexperience in injury prevention and government in general made it difficult to apply prior experience to current opportunities.

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

A job posting has been submitted and approved for posting. We intend to continue to work with community injury prevention partners in the interim until an epidemiologist can begin to work on the data component of the objective.

**Leveraged Block Grant Dollars**

No

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

N/A

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

**Essential Service 3 – Inform and Educate**

**Impact/Process Objective 1:**

**Injury communication**

Between 01/2012 and 12/2012, ISDH and Indiana Public Health Association will develop 1 5 year injury prevention plan.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 01/2012 and 12/2012, ISDH and Indiana Public Health Association developed 0 5 year injury prevention plan.

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

Difficulty accessing agency health data and employee responsible for the project left state employment prior to completion.

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

The job position for the injury epidemiologist has been posted and leadership is working on making necessary data more accessible.

**Activity 1:**

**Injury Surveillance Data communication**

Between 01/2012 and 12/2012,

1. The State will conduct injury surveillance by--
  - Expanding its data collection and analysis for motor vehicle injuries
  - Exploring the collection of school injury data from school insurers
  - Analyzing data for workforce safety
  - Analyzing home care data for falls in collaboration with other State agencies

- Analyze poisoning data in collaboration with the Indiana Poison Center

The injury surveillance will yield data which we will use to—

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

### **Activity Status**

Not Completed

### **Activity Outcome**

The state has expanded data collection and analysis through the trauma registry to include more non-trauma hospitals and rehab hospitals. This will continue to expand as we move forward with a recently installed piece of software that will collect and analyze data from EMS providers. This new software will eventually be merged with the trauma registry data to provide a much more thorough understanding of traumatic injury from pre-hospital to rehabilitation or discharge.

ISDH was also instrumental in using the State Legislature to enact a deadline by which hospitals must report external cause of injury codes. These codes will be reported through our hospital discharge data system and will provide a more detailed description of how a patient was injured. These codes are currently expected to begin being used Oct. 1, 2013.

The Fireworks Injuries report and the bi-annual Suicide report were both finished. The report on injuries in Indiana was not finished due to our epidemiologist leaving state employment.

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

Successes in the way of data collection were made possible through a legislative provision giving ISDH the authority to create rules. A rule was recently proposed that will require providers to send more data to the state. This data will assist in our injury surveillance efforts and potentially with future reports and programming.

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

Hiring a new epidemiologist will ensure that data analysis is continued and that future reports are published as required. Supplemental grant funding could be sought for further research and programming possibilities. External cause of injury codes should provide a valuable set of data in the coming years to expand the injury surveillance capabilities and give us better picture of how injuries occur in Indiana.

**State Program Title: Oral Health**

**State Program Strategy:**

The goal of the Oral Health Program is to obtain valid estimates of the prevalence of dental decay and dental sealants in children 8-9 years old in Indiana. The Division of Nutrition and Physical Activity will recruit participating schools, provide trainings and safeguards for systematic data collection, and conduct the assessments.

Program priorities:

- Monitor the burden of oral diseases
- Emphasize the prevention of oral diseases
- Evaluate programs to ensure cost-effectiveness
- Collaborate with others to achieve these goals

Strategic Partners:

Internal  
Nutrition and Physical Activity

External  
Indiana Department of Education  
Indiana Institutions of Higher Education  
Indiana Oral Health Coalition  
Indiana Dental Association  
Indiana Medicaid  
Indiana Healthy Weight Initiative

The validity of these estimates will be evaluated, based on the percentage of selected schools that participate and the percentage of eligible children within these schools that participate. This project's ability mobilize partners will be evaluated based on the degree to which the partners actually participate.

**National Health Objective: 21-1 Dental Caries Experience**

**State Health Objective(s):**

Between 01/2012 and 12/2012,

- Decrease disease incidence and burden;
- Better use of information and data from electronic sources to develop and sponsor outcomes-driven programs; and
- Improve relationships and partnerships with key stakeholders, coalitions and networks throughout the State of Indiana.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

- Have not worked on decreasing incidence or burden
- Have not used information and data to develop outcomes-driven programs
- Have established relationships and partnerships

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

The Oral Health Program and the Division of Nutrition and Physical Activity at the ISDH formed a team to develop a survey to screen for the oral health status and weight and height of 3<sup>rd</sup> graders in Indiana.

Subsequent to forming this team, we approached the Association of State and Territorial Dental Directors (ASTDD) to help us design the survey. This organization has extensive experience in this area and has a consultant epidemiologist that helped us design the survey. Once we had a basic design, we took several steps (see below) that lead us to applying for expedited review by the Indiana University (IU) Institutional Review Board (IRB), which approved our application.

To get to the point of obtaining IRB approval took more time than we originally anticipated. Since it had been about twenty years since 3<sup>rd</sup> graders were screened for their oral health status in Indiana, we decided it would be prudent to approach the Office of Legal Affairs at the ISDH to review the legal and regulatory requirements for such a survey. The Office of Legal Affairs suggested that we have an early discussion with the Indiana Department of Education. The Department of Education stated that they would require prior written permission from a parent/guardian for any of their students to participate in the survey. Because of this requirement, and on the advice of the Office of Legal Affairs, we decided to submit an application to the IU Institutional Review Board (IRB) for formal review and approval. This application and approval process went very smoothly, in a large part because the ISDH had already established a working relationship with the IU IRB.

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

The next step in the process is to recruit organizations to help build the infrastructure to actually perform the oral health and obesity screenings associated with the survey. This will involve writing project descriptions and budgets for these organizations and then writing contracts between the ISDH and these various organizations.

### **Leveraged Block Grant Dollars**

No

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

Not applicable

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

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

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

#### **Conduct examinations for dental decay**

Between 01/2012 and 12/2012, ISDH and field staff will conduct **3,000** examinations of a representative sample of 3rd grade students from the state to obtain estimates of the prevalence of untreated and treated dental decay.

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

Not Started

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

N/A

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

We initially considered our survey a public health activity. However, a representative of the Indiana Department of Education stated they require prior permission from a parent/guardian for a student in a public school to participate in the survey. Given this requirement, the Office of Legal Affairs at the ISDH suggested we go through a formal IRB review.

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

Many of the challenges during the preparation phase have been met. We anticipate developing and executing contracts/grants and then conducting the actual screenings in 2013.

**Activity 1:**

**Student examinations for dental decay**

Between 01/2012 and 12/2012, 1. Develop a sampling methodology that will allow for an adequate description of the burden of dental decay among a representative group of Indiana 3<sup>rd</sup> graders.

2. Recruit schools to participate in the screenings
3. Train screeners on obtaining accurate and reliable measures of dental decay.
4. Conduct screenings of the representative group of 3<sup>rd</sup> grade students.
5. Weight and analyze the data to appropriately character the burden of dental decay among Indiana 3<sup>rd</sup> graders.
6. Stratify the analyses to describe the burden among specific populations of Indiana 3<sup>rd</sup> graders.

**Activity Status**

Not Completed

**Activity Outcome**

The methodology has been developed and the survey has been approved by the IRB.

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

We initially considered our survey a public health activity. However, a representative of the Indiana Department of Education stated they require prior permission from a parent/guardian for a student in a public school to participate in the survey. Given this requirement, the Office of Legal Affairs at the ISDH suggested we go through a formal IRB review.

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

Many of the challenges during the preparation phase have been met. We anticipate developing and executing contracts/grants and then conducting the actual screenings in 2013.

**Impact/Process Objective 2:**

**Student examinations for oral health and obesity**

Between 01/2012 and 12/2012, ISDH and field staff will analyze **3000** 3<sup>rd</sup> grade students for oral health (dental sealants) and obesity and oral health.

**Impact/Process Objective Status**

Not Started

**Impact/Process Objective Outcome**

N/A

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

We initially considered our survey a public health activity. However, a representative of the Indiana Department of Education stated they require prior permission from a parent/guardian for a student in a public school to participate in the survey. Given this requirement, the Office of Legal Affairs at the ISDH suggested we go through a formal IRB review.

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

Many of the challenges during the preparation phase have been met. We anticipate developing and executing contracts/grants and then conducting the actual screenings in 2013.

### **Activity 1:**

#### **Student examinations for oral health and obesity**

Between 01/2012 and 12/2012, Objectives:

- Determine the prevalence of oral health (dental sealants) and overweight and obesity among a representative group of Indiana 3<sup>rd</sup> graders.
- Determine the prevalence of oral health (dental sealants) and overweight and obesity among specific populations of Indiana 3<sup>rd</sup> graders, including schools that have high percentages of children getting free or reduced lunches, by racial and ethnic groups, by sex, and by geographic region (e.g., Indiana Public Health Preparedness Districts 1–10).
- Better understand the correlation between BMI and oral health.

#### **Activities:**

1. Develop a sampling methodology that will allow for an adequate description of oral health (dental sealants) and the burden of overweight and obesity among a representative group of Indiana 3<sup>rd</sup> graders.
2. Recruit schools to participate in the screenings.
3. Train screeners on obtaining accurate and reliable oral health (dental sealants) and height and weight measures of students.
4. Conduct screenings of the representative group of 3<sup>rd</sup> grade students.
5. Analyze the data to appropriately character the burden of overweight and obesity among Indiana 3<sup>rd</sup> graders and determine any correlation between BMI and oral health.
6. Stratify the analyses to describe the burden among specific populations of Indiana 3<sup>rd</sup> graders.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

The methodology has been developed and the survey has been approved by the IRB.

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

We initially considered our survey a public health activity. However, a representative of the Indiana Department of Education stated they require prior permission from a parent/guardian for a student in a public school to participate in the survey. Given this requirement, the Office of Legal Affairs at the ISDH suggested we go through a formal IRB review.

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

Many of the challenges during the preparation phase have been met. We anticipate developing and executing contracts/grants and then conducting the actual screenings in 2013.

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

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

##### **Develop partnerships**

Between 01/2012 and 12/2012, ISDH will develop 5 partnerships.

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

Not Met

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

Between 01/2012 and 12/2012, ISDH developed 3 partnerships.

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

The partnerships were successfully developed to help plan for the survey. The formation of these partnerships was facilitated by prior relationships between the ISDH and each of these organizations. We

anticipate the development of more partnerships as the survey progresses

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

Many of the challenges during the preparation phase have been met. We anticipate developing and executing contracts/grants with other partners and then conducting the actual screenings in 2013.

#### **Activity 1:**

##### **Developing partnerships**

Between 01/2012 and 12/2012,

- Develop partnerships to collect burden (prevalence) data on the oral health status of Indiana children. The OHP in collaboration with the Division of Nutrition and Physical Activity (DNPA) will work with the Indiana Department of Education, Indiana Institutions of Higher Education, Indiana Oral Health Coalition, Indiana Dental Association and Indiana Medicaid.
- Team with the ISDH's OHP to foster partnerships with Indiana Department of Education, Indiana Institutions of Higher Education, Indiana Oral Health Coalition, Indiana Dental Association and Indiana Medicaid

##### **Activities:**

1. Provide information to the above groups about the purpose and process of the project
  2. Incorporate their feedback into the implementation of the program/project.
  3. Provide analyses and interpretation of the data back to the partners.
- Provide information to the above groups about the purpose and process of the project.
5. Incorporate their feedback into the implementation of the program.
  6. Provide analyses and interpretation of the data back to the partners.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

The Oral Health Program and Division of Nutrition and Physical Activity have worked with the ASTDD, the ISDH Office of Legal Affairs, the Indiana Department of Education and the Indiana University Institutional Review Board. We have begun to approach institutions of higher education requesting their help with the survey. The Indiana Oral Health Coalition and the Indiana Dental Association have also expressed their support. We have provided information to all of these groups about the purpose and process of this project and have incorporated feedback into the design and protocols that will be used in this project.

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

The Oral Health Program was fortunate that the ASTDD has a long history of working with state oral health programs to help design, conduct and analyze oral health surveys. The ISDH also has an established working relationship with the Indiana Department of Education, which facilitated our discussions with them. Also, the ISDH had already established a relationship with the IU IRB, which helped us prepare and submit an application for expedited review to the IRB in a timely fashion, which was approved.

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

Many of the challenges during the preparation phase have been met. We anticipate developing and executing contracts/grants with other partners and then conducting the actual screenings in 2013.

### **Essential Service 5 – Develop policies and plans**

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

**Future Plans for surveillance of oral health**

Between 01/2012 and 12/2012, ISDH will develop 1 plan for conducting this project and for conducting future periodic surveillance projects on the oral health status of Indiana children.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 01/2012 and 12/2012, ISDH developed 1 plan for conducting this project and for conducting future periodic surveillance projects on the oral health status of Indiana children.

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

The development of the plan to conduct this project and the preliminary plans for conducting future surveillance projects was made possible by the cooperation of the partners.

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

Many of the challenges during the preparation phase have been met. We anticipate developing and executing contracts/grants with other partners and then conducting the actual screenings in 2013 and refining the preliminary plans for future surveillance projects.

**Activity 1:****Planning Development**

Between 01/2012 and 12/2012, Objectives:

- Analyze the data and implement targeted, evidence-based initiatives throughout the state that decrease the burden of dental decay and overweight and obesity among elementary-aged children in Indiana.
- Develop initiatives to decrease dental decay and obesity
- Use the findings of this project to possibly support ongoing efforts to collect this type of data, whether it be via this or another mechanism, like having schools report student these data annually

**Activities:**

1. Use data to establish baselines and drive the implementation of evidence-based initiatives.
2. Use the data to measure the effect of interventions and policy, environmental and system changes.
3. Continue to explore how to collect this type of data in a longitudinal fashion.
4. Use data to establish baselines and drive the implementation of evidence-based initiatives.
5. Use the data to measure the effect of interventions and policy, environmental and system changes.
6. Continue to explore how to collect this type of data in a longitudinal fashion.

**Activity Status**

Not Started

**Activity Outcome**

N/A

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

We needed to assure the Indiana Department of Education that we could and would conform with their policy of obtaining prior written permission from a parent/guardian for a student to participate in a screening of oral health status and height and weight. We incorporated prior written approval in our application to the IU IRB, which was approved.

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

Many of the challenges during the preparation phase have been met. We anticipate developing and

executing contracts/grants with other partners and then conducting the actual screenings in 2013 and refining the preliminary plans for future surveillance projects.

## **State Program Title: Public Health Performance Management**

### **State Program Strategy:**

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

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

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

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

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

For FFY 2011, over 20 new public health agencies completed the Local Public Health System Assessment. Five new Local Public Health Governance Assessments were conducted. Local Public Health Systems were trained in Lean Six Sigma Yellow Belt for Public Health Systems.

For FFY 2012, approximately 10 public health agencies will complete training in Lean Six Sigma Green and Yellow Belt for Public Health Departments.

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

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

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

Between 01/2012 and 12/2012, Conduct Lean Six Sigma for Public Health training in local public health agencies.

### **State Health Objective Status**

Not Met

### **State Health Objective Outcome**

No LSS trainings were offered due to high demands of staff time. However, local health officer trainings occurred, the public health nursing conference was held and additional webinar opportunities were developed

offered on strategic planning.

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

One of the major challenges in Indiana this year was the number of wide-spread outbreaks and investigations faced by local health departments. Indiana also faced a minimum of 2 natural disasters that had many health departments assisting in the recovery efforts. It was deemed an inappropriate time to offer Lean Six Sigma training in the midst of everything. The amount of staff time required and successful deliverables would not be feasible.

Other trainings were offered since they were short term and didn't require as much staff time as the LSS training did. Attendance was achieved and opportunities were expanded due to improved technology and newly developed partnerships.

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

Realizing that staff were consumed with numerous public health issues, ISDH offered up a different opportunity for training/education. ISDH offered new webinars on strategic planning for local health departments. This was identified as a gap for public health accreditation. ISDH partnered with a School of Public Health to provide these webinars.

Additionally, ISDH continued to offer the Leadership at all Levels course that was developed with funds from previous years of PHHS Block Grant. Over 100 ISDH staff participated in the courses.

### **Leveraged Block Grant Dollars**

Yes

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

ISDH leveraged PHHS Block Grant dollars by allowing the Director of Public Health Performance Management to participate in a committee that developed a new public health website that tracks all the indicators for the State of Indiana. Partnerships included the Indiana Hospital Association, ISDH and the Indiana Business Research Center. PHHS Block grant dollars were utilized to develop this website which will help improve the public health workforce information about public health issues in their communities. The data can be used for community health assessments, community health improvement plans, and the agency strategic plans. The new website is [www.INdianaIndicators.org](http://www.INdianaIndicators.org)

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

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

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

#### **Communication Improvement**

Between 01/2012 and 12/2012, ISDH will increase the number of participants on the monthly LHD webcasts from 60 to 80.

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

Met

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

Between 01/2012 and 12/2012, ISDH increased the number of participants on the monthly LHD webcasts from 60 to 80.

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

Collaborative efforts to create relevant and timely agendas with dynamic speakers. Challenge remains on

documenting actual viewers. Many LHDs watch the monthly webcasts on a central monitor with multiple staff members so it shows as one viewer based on IP address.

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

Worked with internal and external partners to provide credible and dynamic speakers on a variety of public health issues facing local health departments. ISDH invited outside experts to present on topics that are new and emerging to LHDs in the face of health care reform. With the numerous outbreaks Indiana has experienced during the reporting year, this was an opportunity to keep all LHDs up to date on the information.

### **Activity 1:**

#### **Surveys**

Between 01/2012 and 12/2012, Analyze data collected in 2011 to determine how to improve viewership, either live or viewing the archived webcasts.

#### **Activity Status**

Completed

#### **Activity Outcome**

Local health departments were surveyed and qualitative data was collected. Data were used to inform monthly webcast agendas.

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

LHD input was increased viewership due to increased interest in material. In a decentralized state, LHDs have need for education and information the state department of health is not always aware of what is needed. By having their input utilized, viewership and a vested interest increases.

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

It is important to take into consideration feedback people provided or they will wonder why we asked for their opinion. The use of the data provided increased viewership of the webcasts.

### **Impact/Process Objective 2:**

#### **Health Officer News Letters**

Between 01/2012 and 12/2012, Indiana State Department of Health will publish **12** Health Officer Newsletters.

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

Met

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

Between 01/2012 and 12/2012, Indiana State Department of Health published **12** Health Officer Newsletters.

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

Collaboration with internal and external customers to provide timely and relevant articles created successful newsletters. Challenges arise when collecting, editing and approving articles before article are considered dated. The Local Health Department Outreach Division worked with the ISDH Office of Public Affairs to streamline process for editing, approval and delivery.

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

Setting timelines in January for due dates for each monthly newsletter including due dates for article and target dates for delivery. The LHD Outreach Division also provided tips to different divisions on writing the articles to appear. This helped with the editing and final acceptance of the news articles.

**Activity 1:**

**Newsletter development**

Between 01/2012 and 12/2012, Seek articles for the newsletter from both local health departments and the State Department of Health staff.

**Activity Status**

Completed

**Activity Outcome**

A total of 12 newsletters were completed and distributed to local health departments.

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

Active participation from local health departments and ISDH staff allowed for this measure to be a success. Positive relationships improved processes and increased responsiveness.

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

Continual communication and collaborative goal setting helped make sure all the newsletters were circulated in a timely manner. Without the collaborative effort on everyone's behalf, this goal would not have been met.

**Impact/Process Objective 3:**

**Food Borne Illness Education Campaign**

Between 01/2012 and 12/2012, ISDH will develop 1 media campaign.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 01/2012 and 12/2012, ISDH developed 0 media campaign.

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

The process of developing a media campaign is much more complex than we could have imagined and has many more stakeholders to consider than initially anticipated. This has made progress much slower than we had predicted. However, with the input of many people we have finalized the basic look and feel of the campaign and have started seeking additional input from various outside groups, such as local health departments.

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

Now that a clear message has been identified, we will continue to move forward in seeking support from critical groups such as local health departments. Once we have finished gathering their insights and suggestions, we will incorporate this into the final design and will complete and distribute the media campaign.

**Activity 1:**

**Media Campaign development**

Between 01/2012 and 12/2012, The media campaign will educate healthcare providers and local health department staff on foodborne outbreaks and proper actions during suspected foodborne outbreaks. ISDH will examine best methods to educate healthcare workers—whether it is via radio/tv or print materials. The campaign will help increase readiness to receive reports of foodborne illness and improve positive investigation outcomes by local health department staff and medical providers.

**Activity Status**

Not Completed

**Activity Outcome**

The ISDH Lab Outreach Team has met multiple times with the ISDH Office of Public Affairs, internal stakeholders such as the Surveillance and Investigation Division and the Local Health Department Outreach Division, as well as external stakeholders such as local health departments. A plan for the media campaign has been developed, including the creation of a hotline (phone and e-mail) for the general public to use to report foodborne illness and a small brochure/magnet to publicize and encourage the use of the hotline. These efforts will be combined with other media outlets such as the ISDH website, ISDH social media, and a news release. Additional input is needed from local health departments before the plan and message can be finalized and the actual campaign can be designed and distributed.

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

The process of developing a media campaign is much more complex than we could have imagined and has many more stakeholders to consider than initially anticipated. This has made progress much slower than we had predicted. However, with the input of many people we have finalized the basic look and feel of the campaign and have started seeking additional input from various outside groups, such as local health departments.

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

Now that a clear message has been identified, we will continue to move forward in seeking support from critical groups such as local health departments. Once we have finished gathering their insights and suggestions, we will incorporate this into the final design and will complete and distribute the media campaign.

**Essential Service 8 – Assure competent workforce****Impact/Process Objective 1:****Lean Six Sigma Training**

Between 01/2012 and 12/2012, Indiana State Department of Health and Contractors will identify **10** local public health agencies to participate in training.

**Impact/Process Objective Status**

Not Started

**Impact/Process Objective Outcome**

N/A

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

One of the major challenges in Indiana this year was the number of wide-spread outbreaks and investigations faced by local health departments. Indiana also faced a minimum of 2 natural disasters that had many health departments assisting in the recovery efforts. It was deemed an inappropriate time to offer Lean Six Sigma training in the midst of everything. The amount of staff time required and successful deliverables would not be feasible.

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

ISDH will examine if this training is a possibility in 2013. If not, we will examine offering strategic planning opportunities for LHDs to prepare for public health accreditation.

**Activity 1:**

**Quality Improvement Training**

Between 01/2012 and 12/2012, Conduct training in Lean Six Sigma Green belt for Public Health Departments and Lean Six Sigma Yellow Belt for Public Health Departments.

**Activity Status**

Not Started

**Activity Outcome**

N/A

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

Finding a public health preparedness district that could participate and who were able to give up 32 hours of staff time for training proved to be challenging. The wide-spread public health outbreaks and natural disasters incurred in 2012 were more than most LHDs could handle on their own.

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

ISDH will attempt to offer the training again 2013. If not, strategic planning opportunities will be offered for local health departments.

**Impact/Process Objective 2:**

**Provide access to educational resources and trainings**

Between 01/2012 and 12/2012, ISDH and contractors will maintain 4 opportunities for education and/or training of the public health workforce.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 01/2012 and 12/2012, ISDH and contractors maintained 7 opportunities for education and/or training of the public health workforce.

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

New webinar technology and a partnership with a new School of Public Health has allowed ISDH to increase workforce development opportunities outside the standard practice. ISDH continued to offer in person trainings too.

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

A survey conducted for public health accreditation gaps allowed for a partnership with a newly accredited School of Public Health to develop a webinar series for strategic planning. Also, a presentation was done focusing on utilizing public health interns to complete projects that full time staff don't have time to focus.

**Activity 1:**

**Local health department trainings**

Between 01/2012 and 12/2012, Continue conducting an annual conference for Public Health Nurses including providing CNEs.

Continue the New Public Health Nurse Orientation and offer CNEs for participants.

Continue the health officer training program that has 2 live trainings per year and archive presentations and publish presentations on the Health Officer Training section of the LHD website. Continue to provide CMEs for the live meetings.

Continue to collect data from training participants to determine success of the training and assess gaps in training gaps that will be addressed in future educational events.

Create and maintain a Continuing Education Planning Manual. Manual will provide guidance on planning continuing education activities and will be continually evaluated and updated to reflect experience and knowledge gained at each event.

**Activity Status**

Completed

**Activity Outcome**

Public Health Nurse Training – Annual Conference and Orientation successfully completed. CNE provided at annual conference.

Health Officer Education - Bi-annual meetings completed successfully and CME provided. Publications and training materials published on Health Officer Training section of LHD Sharepoint website

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

Robust communication and marketing plan for activities led to high attendance at meetings. Utilizing evaluation data from past trainings to inform events also led to high attendance. Continuing education credits also helps legitimize the importance of all trainings provided.

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

ISDH will continue collecting and monitoring evaluation data to address target audience educational needs are met. Attendance will also continue to be monitored to determine if attendance rates increase at each meeting.

## **State Program Title: Sexual Assault Services**

### **State Program Strategy:**

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

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

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

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

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

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

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

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

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

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

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

Between 01/2012 and 12/2012, Between 1/2012 and 12/2012, provide services to victims of sexual violence and provide education about prevention to the general public.

### **State Health Objective Status**

Exceeded

**State Health Objective Outcome**

Contact with adults reporting sexual assault 1,243

Contact with children reporting sexual assault 520

Contact with men reporting sexual assault 69

Adult and child individual counseling hours 4,275

Adult and child group session hours 2,405

Number of youth and adults reached through prevention education 10,000

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

SAS funding provided counselor and advocate time to case manage and work with victims of sexual assault.

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

Assist local subgrantees in rural areas in obtaining the services of trained counselors to work with victims of sexual assault.

**Leveraged Block Grant Dollars**

No

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

N/A

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES****Essential Service 7 – Link people to services****Impact/Process Objective 1:**

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

Between 01/2012 and 12/2012, Indiana Criminal Justice Institute will provide services to **950** victims of sexual violence.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 01/2012 and 12/2012, Indiana Criminal Justice Institute provided services to **1,832** victims of sexual violence.

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

Subgrantees received more technical assistance in providing services this year.

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

Closer communication with the grant manager and on-site technical assistance and monitoring visits resulted in improved services to victims

**Activity 1:**

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

Between 01/2012 and 12/2012, the programs would

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

**Activity Status**

Completed

**Activity Outcome**

Reached over 10,000 youth and adults via prevention presentations

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

All SAS subgrantees did 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. ICJI will also work with the other state level partners to increase the percentage of prevention programming throughout the state, including the new State Victims Assistance Academy.

**Activity 2:****Expand coordinated, comprehensive sexual offender treatment programs with the state**

Between 01/2012 and 12/2012, the programs would

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

ICJI will also work the other state level partners to increase the percentage of prevention programming throughout the state, including the new State Victims Assistance Academy.

**Activity Status**

Not Completed

**Activity Outcome**

This activity took place at the state level to a greater extent than at the local level. For example, the Indiana Coalition Against Sexual Assault (INCASA) partnered with the Indiana Department of Correction Comprehensive Approaches to Sex Offender Management (CASOM) and the Midwest Regional Network for Intervention With Sex Offenders (MRNISO) to plan a joint conference in March, 2013; called the Indiana State Conference to End Sexual Violence.

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

This has been done to a small extent at the state level, but has not been fully implemented at the local subgrantee level due to lack of expertise and hesitancy to work with offender re-entry programs.

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

Lead the way by sharing best practices, allowing INCASA and their partners to lead this initiative.

**Activity 3:****Improve and enhance services and response initiatives to victims of sexual assault.**

Between 01/2012 and 12/2012, the programs would

- Encourage and support current efforts to provide services through crisis intervention, hotlines, support

- groups, and other services.
- Encourage expansion of services and support to underserved counties.
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.

**Activity Status**

Completed

**Activity Outcome**

Provided services to 1,832 victims of sexual violence (female adults over the age of 18, children and males)

Services included:

Hotline crisis calls: 2,962

Individual counseling hrs: 4,275

Group counseling hours: 2,405

Shelter nights provided for victims of sexual assault in need of shelter: 1,188

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

SAS funds were awarded to 21 subgrantees to serve victims of sexual violence and to promote prevention through educational programs and partnerships. Some of them are DV shelters which also provide sexual assault services, and some are non-residential counseling services. They have been successful due to clearly outlined expectations and technical assistance from their ICJI grant manager and training by the Indiana Coalition

Against Sexual Assault.

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

Continue with the aforementioned technical assistance and close contact. Continue to send information and training opportunities out via email to SAS subgrantees.