

**Indiana FY 2013
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2013

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Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2013. 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 13 PHHSBG is \$1,217,314. This amount is based upon the final allocation table distributed for FFY 13 by the CDC.

Proposed Allocation for FY 2013

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 2013 funding priorities are as follows:

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

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

The Oral Health Program will develop a report based on the work done in FY 12 to obtain valid estimates of the prevalence of dental decay and dental sealants in children 8-9 years old in Indiana. The Oral Health Program, in collaboration with the Division of Nutrition and Physical Activity, recruited participating schools, provided trainings and safeguards for systematic data collection, and conduct the assessments. Valid estimates of the prevalence of dental decay and dental sealants in children 8-9 years old in Indiana.

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

health improvement plans.

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

Program	Funds
Chronic Disease Prevention & Control	\$300,000
Injury and Violence Prevention	\$225,000
Oral Health	\$ 10,000
Public Health Performance Management	\$498,342
Sexual Assault Services	\$144,972

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above for funding for FFY 2013.

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:

- 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; 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 will be operationalized in the following manner:

IO 1. 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. Additionally, web-analytics will be used to assess convenience and effectiveness of internet-based resources and

learning platforms.

IO 2. The division will work with an external partner to evaluate the ongoing community-level intervention and the effectiveness of community-level policies in driving health improvement, as well as the scope and reach of associated communication strategies.

IO 3. The division will conduct surveys and key informant interviews with community health workers on capacity, training needs, and opportunities for expansion of services and reimbursement. The primary partner in the disabilities initiative will assess health needs and outcomes in the target population, evaluate process activity in the ongoing improvement of systems and environments to address and support the health, improved quality of life, and reduction of inequities among Indiana's disabled citizen. Monthly conference calls, quarterly progress reports and a formal evaluation summary will facilitate oversight of the projects.

IO 4. The division will provide technical assistance to 4 community partnerships to assess progress associated with their respective disease state strategic plans, including the development of a summary report on current health status for these disease areas, a communications platform for the information resulting from the evaluation, strategies to further progress towards long-term strategic objectives, and surveillance of participants on the work being conducted as well as the quality of the technical assistance by the division.

IO 5. 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.

National Health Objective: HDS-1 Cardiovascular Health

State Health Objective(s):

Between 01/2013 and 09/2013, 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; identifying previously unclassified health disparities; and providing technical assistance and support to local communities in population-based sodium reduction strategies.

State Health Objective Status

Met

State Health Objective Outcome

With the support of the PHHS Block Grant the Division of Chronic Disease Primary Care and Rural Health was able to develop three strategic health improvement plans (cardiovascular disease, diabetes and individuals with disabilities); provide training and support services to the community health workforce in Indiana; support four statewide chronic disease or risk factor coalitions; finalize a needs assessment, mobilize a task force, and engage a comprehensive audience of stakeholders to address chronic disease disparities among individuals with disabilities; support local-level policy change to address risk factors for heart disease and stroke; and deliver technical assistance to multiple levels of community partners, which included training on scientific writing, data collection, economic analysis, proposal development and grant writing, organizational policy development, and Evidence-Based Public Health.

Reasons for Success or Barriers/Challenges to Success

While much of the success of these projects was due to strategies discussed in the next section, a constant contributor to the success was also the collective participation of individuals from multiple divisions within ISDH. Expertise was identified and mobilized from programs in asthma, cancer, cardiovascular

disease, diabetes, Epidemiology Resource Center Data Analysis Team, maternal and child health, obesity, primary care, rural health, tobacco, trauma and injury, Women Infants and Children (WIC), and women's health. These individuals were able to provide assistance to the community partners on concepts including: budgets, data collection and analysis, evaluation, economic evaluation, structured literature review, grant writing, writing for publication, health communication, education and promotion, and policy development. For projects that have since proven the capacity to be independently sustainable, technical support continues. Willingness to shift from silo-specific content contributed to natural connections and intersections that had not been leveraged previously.

Strategies to Achieve Success or Overcome Barriers/Challenges

All project activity involved collaboration with community based coalitions or individual organizations. With all projects, stakeholder engagement occurred through all aspects of activity and along the entire timeline, including development and evaluation. Evaluation results were disseminated to insure that necessary changes could be made to activities to maximize the potential for spread and sustainability. Effort was made to work across content areas to leverage opportunities for collective action. Additionally, strategies integrated the results or findings from previous PHHS Block Grant supported activities to guarantee continuity.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

While PHHS Block Grant dollars were not specifically leveraged, effort was made to engage in activity that would eventually be self-sustaining. Work with the community health workers, led to their independent formation of a working group to continue the work begun under the block grant. Communities engaged in sodium reduction continue to do so without further financial support from block grant funds. In both cases technical assistance continues to be offered by chronic disease staff. Additionally, the chronic disease coalitions are being trained to develop financial independence through grant writing and gift development training.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Address health disparities and outcomes by preparing health workforce through e-learning (ES8)

Between 01/2013 and 09/2013, ISDH CDPC will provide a web-based learning platform and support materials to **30** community health workers working with community-based health systems to address the chronic disease needs of at-risk patient populations.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2013 and 09/2013, ISDH CDPC provided a web-based learning platform and support materials to **34** community health workers working with community-based health systems to address the chronic disease needs of at-risk patient populations.

Reasons for Success or Barriers/Challenges to Success

While the letter of the objective was reached, the spirit was not. A web-based platform was developed, but much of the audience it was intended to serve did not have sufficient technology capacity to make full use of the content. Training and continuing education material was incorporated into the service, but many of the targeted participants experienced long load or buffering times, rendering the service ineffective for many.

Strategies to Achieve Success or Overcome Barriers/Challenges

As outlined in the the activity outcomes, the web-based platform has been replaced with a comprehensive series of conference calls, webinars, and video-conferences, as well as a SharePoint site, where all content is archived. These strategies along with additional conferencing capacity within ISDH served to replace the web-based service and better address the continuing education and training needs of the audience.

Activity 1:

Develop a web-based learning resource and materials

Between 01/2013 and 09/2013, The Division of Chronic Disease Prevention and Control will work with (6) community based organizations, health providers and community health workers to develop, convey, and document materials and learning activities via an online learning system.

Activity Status

Completed

Activity Outcome

A web-based platform was developed to engage community partners in ongoing continuing education, serve as a resource repository, and house success stories and evidence of best- and promising- practices. Five community health systems and two community coalitions used this service in its pilot phase.

Reasons for Success or Barriers/Challenges to Success

Initially, the platform appeared to be an ideal means of pushing out data, training tools, general communication, and flat content. Effort was made to generate content that would be comprehensible by all job category strata in community health systems, while adhering to evidence-based rigor for the material. Effort was also made to keep content file size as small as possible to minimize buffering or load times.

Strategies to Achieve Success or Overcome Barriers/Challenges

Understanding that the technological capacity of each system would vary, initial strategies focused on providing content and communication platforms that could be accessed and used on a wide range of options: smart phones, traditional PCs, laptops and pads through WiFi or 3G and 4G services, and other commonly used information technologies.

Activity 2:

Assessment of the web-based learning system

Between 01/2013 and 09/2013, The DPCP will work with (6) community based organizations, health providers and community health workers to evaluate the web-based learning system; improve the resource; and develop capacity to expand the use of the learning system by CHWs

Activity Status

Completed

Activity Outcome

The result of the evaluation was that the service was not a useful resource for several of the pilot entities. Variability among the sites' respective computer capacity was too great to create a system that everyone could use effectively. Even with small files, some participants stated that load times were consistently long and interactive resources would not run properly. Needless to say video segments were only useful for systems with updated hardware and faster digital communication services. As these sites represented a snapshot of the larger body of health systems with which the Division of Chronic Disease Primary Care and Rural Health maintains partnerships and supportive relationships, it was not practical to expand this platform for broader use.

Reasons for Success or Barriers/Challenges to Success

Since the limited technological capacity at many of the safety net health systems was the primary issue, not the platform itself, it only made practical sense to shift strategies to address the needs of the clinics. The coalitions found the platform useful. However, without the demand driven by a potential audience of 45 clinics, their staffs, partners and associated community health workers, it did not make practical or financial sense to continue with the product.

Strategies to Achieve Success or Overcome Barriers/Challenges

Several strategies had to be undertaken to fill the void left by the limited success of the services expected from the web-based platform. Conference calls, video conferences, webinars and use of a SharePoint site have served to replace the original platform. These services are more readily accessible to all the levels of technological capacity evident in the the pilot participants as well as the larger group involved with our ongoing quality improvement projects. While the Division of Chronic Disease Primary Care and Rural Health was moving away from the pilot training platform, ISDH built a second tele- and video-conferencing resource to address local health department communication. This allowed for more consistent internal access to such features, which smoothed the transition away from the the web-based training resource.

Impact/Process Objective 2:

Collaborate with local communities/organizations to develop organizational policy (ES5)

Between 01/2013 and 09/2013, ISDH Chronic Disease Prevention and Control (CDPC) will provide technical assistance and support to **4** Indiana communities or statewide community organizations in developing organizational policy and plans to address efforts to improve blood pressure, diabetes management and overall improvement in cardiovascular health indicators.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2013 and 09/2013, ISDH Chronic Disease Prevention and Control (CDPC) provided technical assistance and support to **4** Indiana communities or statewide community organizations in developing organizational policy and plans to address efforts to improve blood pressure, diabetes management and overall improvement in cardiovascular health indicators.

Reasons for Success or Barriers/Challenges to Success

Each of the activities proved to yield fruitful outcomes that have been sustained and spread within the respective communities and sectors of care. Two strategic plans for health improvement were developed, one addressing disparities and one addressing comprehensive engagement to improve outcomes in diabetes, heart disease and stroke. Two communities engaged in comprehensive system and organizational policy change surrounding sodium consumption. As with many of the other activities within the PHHS block grant supported activities of the Division of Chronic Disease Primary Care and Rural Health, effort was made to accommodate collaborative opportunities. The disabilities strategic plan development was linked with PHHS supported activity in diabetes, heart disease, stroke, cancer, obesity and tobacco. Sodium policy efforts were supported by the Indiana Healthy Weight Initiative and the Cardiovascular Health and Diabetes Coalition of Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges

Key factors for success: engagement of partners at all levels of activity and across the entire timeline, getting the appropriate partners to the table, conducting body of evidence research on all topics to support legitimacy of efforts (including information on economic impact of strategies and practices), leverage past activities to demonstrate long-term commitment to the outcomes, adapt processes to be as inclusive as feasible, development of comprehensive evaluation plans, and using internal staff expertise to provide technical assistance at all stages of each project.

Activity 1:**Organizational policy development and evaluation of policies to improve CVD and Diabetes outcomes**

Between 01/2013 and 09/2013, The CDPC will provide technical assistance and support to 2 local Indiana communities in developing organizational policy and plans to address community-wide sodium reduction 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

Two Indiana communities, St. Joseph County and Johnson County developed multilevel health improvement plans around the issue of healthy consumption of sodium, with the ultimate goal of improving community wellness and reducing morbidity and mortality due to diabetes, heart disease and stroke. Among the approaches they are undertaking are procurement in the school and county government settings; improved labeling in supermarkets and restaurants; organizational policies on vending, and increased health promotion on the topic.

Reasons for Success or Barriers/Challenges to Success

Broad based community participation was a primary reason for success. Another factor was the foundational research conducted by agency staff in conjunction with community partners. This identified potential strategies that had worked in similar settings in other communities. Stakeholders from business and government sectors appreciated the preliminary "legwork" which served to reinforce to them that the intent of this process was to yield positive health and economic outcomes, and that scientific and economic evidence existed to support these strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Engaging stakeholders from numerous sectors—local business, local government, schools, health care and general community—was critical to developing any meaningful change. Having this representation made the process of identifying barriers and practical solutions and proposals, that could be incorporated into standard practices, more transparent and better informed. One barrier that was not overcome was the attempt to implement sodium procurement strategies in hospital systems. Ultimately, the sites did not have sufficient local control or sufficient buy-in to change existing contracts and policies. Future efforts will target system central administration and systems that have a more vested interest in sodium reduction policies (e.g. "heart hospitals", joint commission accredited facilities, or locations whose community assessment specifically identified sodium as a health challenge).

Activity 2:**Development of strategic plans for diabetes and cardiovascular disease prevention and control.**

Between 01/2013 and 09/2013, CDPC will work with 1 statewide community organization to publish a diabetes plan and develop a cardiovascular health improvement plan, including communications and evaluation workplans, for the coordinated prevention and control of these conditions and associated risk factors, and the improvement of health outcomes in Indiana.

Activity Status

Completed

Activity Outcome

From support through the PHHS Block Grant, the Indiana Diabetes Council evolved into the Cardiovascular

Health and Diabetes Coalition of Indiana (CADI). The new group developed a strategic plan to improve prevention, detection and management of diabetes and cardiovascular disease. They developed a comprehensive communications plan which includes print content, e-newsletters, webinars and conference calls to share burden information, best practices and evidence-based practices, and success stories. An evaluation plan was developed to include network mapping, process assessment, membership satisfaction and health outcome progress.

Reasons for Success or Barriers/Challenges to Success

A key factor for success was the addition of expertise in heart disease, stroke and health systems. The broader focus of the coalition led to growth in the number of partners participating, from about 40 with the diabetes advisory group to over 80 with the new coalition. Much of the growth in partners was from areas outside of central Indiana, as well from rural areas which had both been under represented in the previous version of the coalition. The broader mission provided potential partners with greater justification to their respective internal leadership teams for participation in coalition activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

One strategy that aided the expansion of the coalition, which provided greater input for informing the strategic plan, was making all meetings remotely accessible. This addressed a significant barrier associated with travel, expenses and short-term drops in productivity. Additionally, shared learning opportunities with the other chronic disease coalitions identified areas of intersection between coalitions and helped to forge new partnerships that refined the final strategic plan. Of particular note was partnerships between CADI and the Indiana Healthy Weight Initiative. Also, as emergency services factor into the continuum of care for these conditions, linkages with our Trauma division (supported by PHS Block Grant funds) provided added value for strategies addressing stroke, heart attack and cardiac arrest recognition, response and resolution in accredited emergency departments.

Activity 3:

Strategic workplan to improve the health outcomes of individuals with disabilities

Between 01/2013 and 09/2013, ISDH CDPC will work with 1 statewide community organization to use information developed from the individuals with disabilities surveillance project to prioritize chronic health needs, identify barriers to the quality delivery of care, and to develop a strategic workplan to reduce health inequities and improve health outcomes in this population.

Activity Status

Completed

Activity Outcome

This activity was not completed as of the 9/30/13 target, but has been as of the submission of this annual report. From the findings of the needs assessment, a Task Force on Chronic Disease and Disability has been created to develop strategies to address the barriers to care and prevention that were identified in the assessment. Among the issues being addressed are adaptive services, integration of primary care and behavioral health services, general wellness and prevention services and access. The final strategic workplan has not been released but is in the vetting process as of this submission.

Reasons for Success or Barriers/Challenges to Success

Working from an assessment developed by key stakeholders in the disabilities community served to provide the partnership with appropriate data for decision-making and strategic planning. Additionally, the assessment process served to engage a larger audience who were able to identify critical competencies necessary for an effective Task Force.

Strategies to Achieve Success or Overcome Barriers/Challenges

In addition to a global effort to cross-collaborate between content experts and community coalitions, this

project was designed to leverage the root-cause analysis conducted during a previous PHHS funding cycle. Providing consistent and long-term engagement served to improve communication between the project team and community level stakeholders, who in the past, as indicated by the assessment, felt marginalized by established advocacy groups such as the chronic disease coalitions.

Impact/Process Objective 3:

Identify health disparities and health system initiatives used to improve outcomes (ES1)

Between 01/2013 and 09/2013, ISDH CDPC will provide technical assistance and support to 2 statewide community organizations to support identification and reduction of health disparities and improved patient outcomes.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2013 and 09/2013, ISDH CDPC provided technical assistance and support to 2 statewide community organizations to support identification and reduction of health disparities and improved patient outcomes.

Reasons for Success or Barriers/Challenges to Success

Success was achieved and barriers were removed for this objective because the stakeholders identified through the support of PHHS funds involved individuals and organizations who had identified chronic disease needs at a grassroots level and were empowered to seek support through technical assistance and partnership. These partners held first hand knowledge of issues germane to their constituents, which facilitated the environmental scans and databases developed as a result of the activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary strategy used to address barriers has been applied to all collaborative projects supported by PHHS funds. Primary partners and key stakeholders are involved throughout the process, from development to implementation to evaluation. This ensured that activities stayed on mission, outcomes reflected objectives and that resources would be in place for spread and sustainability once the projects were completed.

Activity 1:

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

Between 01/2013 and 09/2013, 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

Over 175 community health workers and providers using their services responded to the assessment. Barriers to use of community health workers were identified, as well as opportunities to support clinical management outside the clinic setting. A self-sustaining grassroots organization developed as a result of the communication involved during the assessment process.

Reasons for Success or Barriers/Challenges to Success

Prior to 2012, there was minimal coordinated engagement of community health workers in Indiana,

especially for those working to address primary prevention and management of chronic diseases such as cardiovascular disease and diabetes. Success resulted from incorporating focus groups and peer networks into the assessment process, as well as using them to identify potential respondents. By identifying key informants and conveying the merits of the assessment, additional survey respondents volunteered to participate.

Strategies to Achieve Success or Overcome Barriers/Challenges

The identification of individuals who could act as regional contacts and resources for other community health workers helped to develop a meaningful sample for the survey. Additionally, natural alliances developed as individual community health workers learned that they had peers within their own, or nearby communities. Additionally, technical assistance from agency staff served to provide community health workers with information on resources, best practices, and evidence-based practices to address cardiovascular disease, diabetes, obesity, tobacco use and cancer screening, as well as toolkits to support their daily activities.

Activity 2:

Update statewide database of community health worker organizations and individuals in Indiana

Between 01/2013 and 09/2013, The Division of Chronic Disease Prevention and Control will create and update a statewide database of community health worker organizations and individuals in Indiana that are addressing chronic disease prevention and control; link this database to community health center, federally qualified health center and rural health clinic systems throughout the state; and use this information resource to leverage team-based care in the community setting to improve patient health outcomes.

Activity Status

Completed

Activity Outcome

The database has been developed and undergoes regular updating by agency staff on behalf of members of the community health worker (CHW) coalition. Approximately 150 CHWs are in the database. Additionally, several of these CHWs were linked with the five community health system referenced in IO 5.1. These individuals served to provide community-clinic linkages and extend the reach of clinical management strategies into the community setting. An example of such linkages includes one CHW who identified lack of healthy food access as a barrier to compliance with dietary guidance from health care providers, so she connected clinic patients with a mobile food bank service that began hosting a bi-monthly food day at the clinic site.

Reasons for Success or Barriers/Challenges to Success

While the support of agency staff served to address the technical needs required to compile this database, the desire of local level CHWs to connect and engage with peers was the true reason this activity was completed and has proven to be successful. The desire of this audience for training and provide meaningful services has served to keep the database current and viable.

Strategies to Achieve Success or Overcome Barriers/Challenges

Including actively practicing community health workers in the development and data collection process served to empower the CHWs and resulted in a more comprehensive database which includes contact information, critical skills, educational achievement, training needs and service area.

Activity 3:

Identify chronic health needs of individuals with disabilities.

Between 01/2013 and 09/2013, ISDH will work with a statewide community organization to assess the health needs and barriers to access to services of the population of Indiana residents with disabilities by developing and implementing a surveillance tool for responses from individuals with disabilities, their family members, and care providers; assessing the responses; disseminate findings to primary care providers,

public health professionals and the Governor's Council on People with Disabilities.

Activity Status

Completed

Activity Outcome

The assessment was completed, and will be repeated in future years. Findings led a group of stakeholders to work with the agency to develop a task force on chronic disease and disability. The new group is currently in the formative stages, focusing on recruiting key members and training current members on the use of data systems, the resource registry created in an earlier project supported by PHHS Block Grant funds, and in developing communication platforms for ongoing engagement of primary care and mental health providers, public health professionals and other stakeholders who can influence the health and wellness of this population.

Reasons for Success or Barriers/Challenges to Success

By partnering with the Indiana Institute on Disability and Community (IIDC), the agency identified the ideal stakeholder to develop and administer an assessment of individuals with disabilities, their care givers, and health care providers. Most of the agency's population level surveillance systems don't adequately identify the burden of chronic conditions among individuals with disabilities. IIDC's status as the Center of Excellence in this sector bridged many potential barriers associated with identifying an audience to contribute to the assessment, which gave us a more complete picture of the conditions impacting the population, barriers to care, availability of adaptive services and barriers to prevention and preventive services.

Strategies to Achieve Success or Overcome Barriers/Challenges

As is a running theme through our work involving PHHS Block Grant funds, the Division of Chronic Disease Primary Care and Rural Health engaged stakeholders at every step of the process. Additionally, staff expertise was available for technical assistance across the spectrum of the 10 Essential Public Health Services. Opportunities for this group to engage with all of the chronic disease coalitions supported by PHHS funds served to identify additional resources and prospects for shared learning.

Impact/Process Objective 4:

Support statewide coalitions to address critical health burdens related to chronic disease (ES4)

Between 01/2013 and 09/2013, ISDH CDPC will provide technical assistance and support to 4 statewide coalitions of critical organizational partners in addressing chronic diseases including asthma, cancer, cardiovascular health and diabetes, and obesity, and populations experiencing health inequities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2013 and 09/2013, ISDH CDPC provided technical assistance and support to 5 statewide coalitions of critical organizational partners in addressing chronic diseases including asthma, cancer, cardiovascular health and diabetes, and obesity, and populations experiencing health inequities.

Reasons for Success or Barriers/Challenges to Success

Five coalitions benefited from the coordinated activity of this project. Through collaborative activity, shared communication and strategic planning the Division of Chronic Disease Primary Care and Rural Health, in partnership with the Division of Nutrition and Physical Activity, Division of Maternal and Child Health and the Tobacco Cessation Commission, fostered effective activity of the Cardiovascular and Diabetes Coalition of Indiana, Indiana Comprehensive Cancer Consortium, Indiana Disabilities Coalition, Indiana Healthy Weight Initiative and the Indiana Joint Asthma Coalition. Collectively the coalitions represent over 200 local, regional

and statewide organizations. Common communication platforms, such as regularly scheduled newsletters; shared learning opportunities, such as technical and grant writing and economic analysis; and coordinated leadership engagement served to ensure that individual missions were met and opportunities for cross-collaboration were taken.

Strategies to Achieve Success or Overcome Barriers/Challenges

As new coordinated strategies and missions were developed, some portions of coalition membership in each sector determined that the new direction was not in synch with their individual organizational missions. Consequently, new members and partners had to be recruited. Cross-collaborative communication and network mapping led to the expansion of the combined membership of the coalitions from approximately 175 organizations to over 200, despite numerous departures. Additionally, attempts were made to re-energize groups, who perceived that their missions were being marginalized, by demonstration of potential sustainable impact of the revamped organizations.

Activity 1:

Provide technical assistance to statewide chronic disease coalitions to improve disease outcomes in

Between 01/2013 and 09/2013, The CDPC will provide technical assistance to 4 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 activities are informed by scientific research 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 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

This activity is completed in that technical assistance has been provided to what is now 5 statewide coalitions, but as these efforts have proven fruitful work continues and has expanded to include a disabilities coalition in addition to the ones addressing asthma, cancer, cardiovascular disease and diabetes, and obesity. Work with the asthma coalition has resulted in a new epidemiologic data communications platform and new processes for data dissemination (which have been embraced by other agency chronic disease programs). Work with the cardiovascular health and diabetes coalition has resulted in new evaluation plans and surveillance strategies as well as support for the health systems engagement involved in a separate section of this report. The obesity coalition has launched new activities supporting active living in Indiana communities, improved breast feeding support systems and broader engagement by farmer's market networks with food safety-net programs. The cancer coalition has been able to develop interventional capacity at a sub-regional level, mobilizing grassroots organizations to support systems and environmental changes and organizational policies that enhance wellness opportunities in local municipalities. The disabilities coalition has developed a system for assessing the needs of caregivers, providers and individuals with physical, mental or developmental disabilities.

Reasons for Success or Barriers/Challenges to Success

The primary reason for success in delivering technical assistance was the availability of comprehensive services from content area specialists within Chronic Disease, Maternal and Child Health, Women Infants and Children, Nutrition and Physical Activity and Tobacco. Specific competencies addressed data, surveillance and analysis; economic analysis; evaluation; geographic information systems; organizational

behavior; health promotion; and clinical management. Effort was made to provide shared learning opportunities through webinars, conference calls, training workshops and through the use of toolkits developed by agency staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Technical assistance needs were driven in part by evaluation findings as well as an environmental scan of the coalitions and their partners. TA content was prioritized based on the findings of this activity and the available expertise to address these needs. One strategy that was implemented was the delivery to coalition partners of the Evidence Based Public Health course. Indiana embraced this course to develop public health capacity with local partners after being trained by the staff of the Prevention Resource Center in St. Louis. So far roughly 25% of our partner organizations have participated in the process, with our expectation that the remainder will be addressed over the next three years. The course served to improve the capacity of staff working in community settings, and a positive result was that they became more savvy consumers of public health information and more effective partners in addressing population health. Other strategies involved comprehensive communication, epidemiologic and evaluation support. The epidemiologic engagement supported efforts to use evidence-based or best- practices for public health interventions, while the evaluation activity served to ensure accountability and determine the success of the efforts. Information sharing is a key aspect of all activity, so comprehensive dissemination of burden data, process measures, outcome measures and success stories served to engage stakeholders and empower them to act effectively.

Activity 2:

Evaluation of progress associated with chronic disease strategic plans in asthma, cancer and obes

Between 01/2013 and 09/2013, Division of Chronic Disease Prevention and Control will provide technical assistance to 3 community partnerships to assess progress associated with their respective disease state strategic plans, including the development of a summary report on current health status for these disease areas, a communications platform for the information resulting from the evaluation, and strategies to further progress towards long-term strategic objectives.

Activity Status

Completed

Activity Outcome

Evaluations of community partnerships in asthma, cancer, cardiovascular disease, and obesity were developed, implemented and completed. Additionally, in each case findings led to specific organizational actions to improve community health outcomes. Asthma's evaluation led to an improved data communication process. The cardiovascular disease evaluation led to community level engagement in food policy. The cancer and obesity evaluations resulted in efforts to improve the technical capacity of the partnership members, including economic analysis, epidemiology and technical writing.

Reasons for Success or Barriers/Challenges to Success

The primary reason for success was the collaborative structure of the evaluative process. Internal and external stakeholders and partners were engaged along the entire timeline of the process. Agency staff were engaged in the process, but were not the leads. Facilitators and external evaluation experts served to foster communication, prioritize topics and coordinated the collection of evaluable data. Technical support was provided by agency staff to address data collection, data management and statistical analysis, which allowed community partners to maintain mission focus. Some of the data included primary sources such as birth, death and hospitalization records. Others resulted from surveys, focus groups and key informant interviews.

Strategies to Achieve Success or Overcome Barriers/Challenges

Once the decision was made to conduct a six-step evaluations (engagement, program description, focused

design, credible evidence, justification of conclusions, and putting the findings to use among all partners) with four standards of focus (utility, feasibility, propriety, and accuracy), the only major challenge was organizing the activity. The desire to evaluate was largely driven by the community partners who sought agency participation, consequently everyone "at the table" was enthusiastic about contributing. A testimony to the success was the actionable items that were undertaken based upon evaluation findings.

Impact/Process Objective 5:

Systems change to improve access to quality care and team-based management (ES7)

Between 01/2013 and 09/2013, ISDH CDPC will provide technical assistance and support to 5 Indiana community health systems addressing the health needs of populations with high burdens of chronic diseases, with high proportions of chronic disease risk factors, or who experience health disparities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2013 and 09/2013, ISDH CDPC provided technical assistance and support to 5 Indiana community health systems addressing the health needs of populations with high burdens of chronic diseases, with high proportions of chronic disease risk factors, or who experience health disparities.

Reasons for Success or Barriers/Challenges to Success

These systems achieved positive improvements in process and outcome measures addressing diabetes (lower Hemoglobin A1c), obesity (increased rates of BMI screening and documentation and follow-up counseling, tobacco cessation (increased rates of screening, referral to QuitLine and counseling), and cancer screenings (increased rates of breast, cervical and colorectal cancer screening). Using an evidence-based protocol for planned and coordinated team-based care, community engagement and effective use of electronic systems helped to ensure success of this project. Supplemental benefit was gained by the support of community health workers, whose training and support was part of a separate objective within this work plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

Engaging agency staff to serve as practice coaches to support the systems ability to manage the change that occurred with the implementation of the chronic care model and the model for improvement. Additionally, mobilizing subject matter expertise from throughout the agency helped to guide systems through the change process. This expertise came from ISDH's Division of Maternal and Child Health, Division of Nutrition and Physical Activity, Tobacco Cessation Commission and Office of Public Health Performance Management.

Activity 1:

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

Between 01/2013 and 09/2013, ISHD CDPC will implement a quality improvement initiative within 5 partner health systems to improve population level identification of chronic disease risk factors, screening for chronic conditions, management of chronic conditions and overall health outcomes; facilitate execution of the chronic care model and integration of team-based care into the standard of care for adult patient panels; develop methodologies to use electronic records to assess aggregate outcomes for targeted conditions; provide technical assistance to support these activities, and develop a model framework for expansion of this intervention to other community health systems within the state.

Activity Status

Completed

Activity Outcome

The five systems engaged in this initiative demonstrated tremendous capacity to embrace quality improvement, enhance internal processes, deliver evidence based prevention and management services, and improve patient outcomes. While only functioning under the strategies of the chronic care model for a short period of time, the systems collectively reduced the percentage of diabetic patients with hemoglobin A1c above 9, increased the number of smoking patients referred to the Indiana Tobacco QuitLine for cessation support services, and increased percentage of patients in appropriate risk categories for screening for breast, cervical, and colorectal cancers. Additionally, the systems increased their rates for screening for above healthy BMI and subsequent counseling on healthy eating and physical activity.

Reasons for Success or Barriers/Challenges to Success

Ongoing technical assistance was a key component of success. Staff in addition to previously identified practice coaches worked with systems on methods of adapting EHRs to meet population health needs, connecting with community-based resources that would support the clinical strategies, and identifying evidence-based practices to achieve optimal outcomes. Additionally, formal training in topics such as brief motivational interviewing, process mapping and data mining served to develop skills to improve the day to day incorporation of tenets of the chronic care model. Perhaps the most beneficial strategy was the use of the Model for Improvement's PDSA (Plan,Do,Study,Act) process for mini-experimentation and assessment of changes in protocols to achieve improvements in care quality and outcomes.

Strategies to Achieve Success or Overcome Barriers/Challenges

The biggest barrier to address was convincing clinics that a QI process could benefit their practices, their patients, and not cost more time or money. Efforts were made to ensure that out-of-clinic time was minimized and would provide tangible benefit to the chronic care strategies. Results from previous projects was used to demonstrate long-term efficiency and outcome improvement. Communication was shared vertically and horizontally to maximize team engagement and to prepare the systems for spread and sustainability. Because these settings include populations with many economic and social challenges, the engagement of community health workers to extend the reach of the clinical team without impacting internal system resources

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: IVP-11 Unintentional Injury Deaths

State Health Objective(s):

Between 01/2013 and 09/2013, 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

The Division has begun work on a 5-year state plan for injury prevention and trauma. The work began with an assessment of our current injury prevention capacity and initial data analysis to identify the top priority areas for injury prevention programming in Indiana.

Reasons for Success or Barriers/Challenges to Success

Hiring a full time injury prevention epidemiologist has made it possible for our division to analyzed injury data in our state. Having this person to review all of the data sets that exist that contain injury data has given the division the ability to focus on data driven results as opposed to previous methods such as survey and stakeholder comments. difficulties have been found in the existing advisory committee on which the division relies for guidance. Part of the state plan will address how to organize and utilize this advisory committee moving forward.

Strategies to Achieve Success or Overcome Barriers/Challenges

Our division utilized a strategic method of reviewing data sets that exist within the agency to determine how useful each one would be for our injury prevention purposes. After initial analysis was performed, adding an epidemiologist to our staff allowed us to utilize software to start analyzing our useful data more effectively. We began writing reports and sharing data with partners for feedback. Our division has taken control of a failing advisory committee with plans to turn it back into a useful organization of injury prevention experts who can advise our division on future goals and objectives.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant dollars have paid for our full time injury prevention epidemiologist and for the director of the division of Trauma and Injury Prevention. These two employees have used their time and equipment to expand the amount of injury data that is being collected in Indiana. Both work to bring new money into the division with which injury prevention programming and data collection can be done. The block grant dollars have also gone to support the spinal cord and brain injury board, which now gives out \$1.6 million in research grants. The division has recently applied and been awarded funding due to our efforts in injury prevention.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Injury communication

Between 01/2013 and 09/2013, 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 01/2013 and 09/2013, ISDH and Indiana Public Health Association developed **Started** 5 year injury prevention plan.

Reasons for Success or Barriers/Challenges to Success

This plan is in the works. It is not complete yet, but we have begun the process. We lost our injury prevention epidemiologist, and it was very difficult trying to hire another qualified person. We have a replacement, and she is working very hard to get us caught up on this plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

Assessing the available data and evaluating our state's current injury prevention infrastructure was our first strategy. This was necessary before a plan could be written. We have found the data sets that will help us accomplish our goal setting and we have a fairly good read on our infrastructure. The assessment is finished, and a plan we will begin writing the plan. Hiring another person to carry some of the other duties

related to registry issues and data collection should help. We have two staff coming on soon which will give us the ability to focus more time and attention on writing the plan.

Activity 1:

Injury Surveillance Data communication

Between 01/2013 and 09/2013,

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
 - Trauma and EMS data accuracy report

Activity Status

Completed

Activity Outcome

We have expanded our data collection to include not only motor vehicles but all EMS data, trauma data and rehabilitation data. We have even begun looking at HRSA traffic data from other state agencies. We have had discussions with school insurers, but have not identified a solid data source yet. All other data sets have been mined, and we have found very valuable data that we have used to compile various reports that we share with injury prevention partners and the public.

Reasons for Success or Barriers/Challenges to Success

Hiring new staff and utilizing the new data sources that we now collect have given us a wealth of information that we never had before. Cleaning up the data sets has also made a big difference in the quality of our work and reports. Dedicating a full time epidemiologist to these reports and analysis has paid dividends in the work product that she has produced.

Strategies to Achieve Success or Overcome Barriers/Challenges

Having the funding to be able to collect the type of data that we need is important. The block grant has given us software and man power to be able to achieve our research 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: Oral Health

State Program Strategy:

The main 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 Oral Health Program, in collaboration with 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: OH-16 Oral and Craniofacial State-Based Health Surveillance System

State Health Objective(s):

Between 10/2012 and 09/2013,

- 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

Met

State Health Objective Outcome

Introduction

In 2013 the Oral Health Program (OHP) at the Indiana State Department of Health (ISDH) conducted a statewide survey of participating third grade students enrolled in public elementary schools to determine their oral health status according certain nationally recognized parameters. The screenings associated with this survey were conducted by licensed dental hygienists (LDH) in 59 schools distributed throughout Indiana. The LDH screened 1,482 students whose data indicated that Indiana dental health professionals and their partners are doing a good job at preventing dental decay among this population of children in

Indiana.

Decrease incidence and burden

During the screenings, the LDH identified signs of dental decay and completed a letter to the parents/guardians of these students that indicated their current oral status. This information should allow the children that were screened and had signs of dental decay to see their dentists in a timely fashion and obtain any needed treatment which will reduce the burden of dental decay among these children in Indiana. Furthermore, the data from this survey can serve as baseline data to help direct resources to those in most need and to evaluate the effectiveness of any such directed resources.

Electronic sources of data

Although this survey did not use electronic sources of data, this survey provided many practical ideas on how to develop a potentially more efficient surveillance system. Such a system is in the early stages of development with pediatric dentists in Indiana, which should allow electronic surveillance data to be transmitted to the state more efficiently and more often than with surveys.

Partnerships

During the planning and conduct of this survey, as will be discussed later, many existing and new partners helped with the survey. The relationship with all of these partners was improved and strengthened.

Reasons for Success or Barriers/Challenges to Success

Decrease incidence and burden

The independent consultant was very helpful in recruiting schools and replacement schools so the survey could proceed, and so a large number of third grade children could be screened. During the screenings, the LDH looked carefully for signs of decay and provided information to the children and their parents/guardians that should allow any children with signs of decay to see a dentist, avoid more serious decay and reduce the burden of severe decay among this sample of children.

Furthermore, since Indiana has not conducted such a survey in over 20 years, the results from this survey can serve as the basis for projects to further reduce dental decay in Indiana among this population and evaluate the effectiveness of any such projects.

Electronic sources of data

This survey was conducted with paper data forms. The OHP staff had to enter the data on these forms into an electronic worksheet to allow analysis. The OHP's experience with this survey reinforces the need to develop an efficient electronic surveillance system, that is more cost-effective than a survey and which will allow periodic submission of surveillance data. The OHP is currently working on such a systems with pediatric dentists in Indiana.

Partnerships

Indiana has a long history of various organizations partnering with the OHP to promote oral health in Indiana. During this survey existing partners were very helpful. However, because of the complexity of this survey, it became evident to the OHP that new partnerships would need to be developed in order for the survey to be a success. The OHP program was able to develop these new partnerships, which will be discussed in more detail later in this document.

Strategies to Achieve Success or Overcome Barriers/Challenges

Decrease incidence and burden

Several challenges presented that had to be addressed prior to and during the conduct of this survey. The OHP talked to other states and reviewed their surveys. Initially the OHP thought the survey might be able to be conducted as a public health activity, but the Department of Education required written permission from parents/guardians and the Indiana State Department of Health required a protocol to be

reviewed and approved by an institutional review board, prior to conducting the survey. This required much extra work to fulfill these requirements, and still stay on schedule.

The other major challenge was recruiting enough schools and students. Initially, when the OHP thought it might be able to use passive consent, it didn't consider this to be an issue. However, the complexity of obtaining written permission and verbal assent likely caused some schools and students to not participate. The OHP and its independent contractor worked diligently to find replacement schools and encourage these schools to help recruit students.

Electronic sources of data

The budget did not allow the use of laptops to collect data, nor could the OHP be sure that all schools had internet access. So, this survey was conducted with the use of paper screening forms. The LDH were trained in the use of this form and provided good data from their screenings. In the future, the OHP anticipates developing online electronic abstraction forms that will allow the OHP to obtain more cost-effective and timely surveillance data.

Partnerships

Fortunately, with the history of collaboration between various organizations in Indiana to promote the oral health of children, finding partners to help with this survey was not much of a challenge. Basically, the OHP either got help from existing partners or relied on its existing partners to recommend any new partners that might be needed to conduct the survey. This worked well and all needed partnerships for the survey were developed. Details on these partnerships will be discussed later in this document.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Conduct examinations for dental decay

Between 10/2012 and 09/2013, ISDH and field staff will conduct **3,600** 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 Met

Impact/Process Objective Outcome

Between 10/2012 and 09/2013, ISDH and field staff conducted **1,482** examinations of a representative sample of 3rd grade students from the state to obtain estimates of the prevalence of untreated and treated dental decay.

Reasons for Success or Barriers/Challenges to Success

The survey was completed in 2013 with 59 elementary schools throughout the state participating, which allowed 1,482 children to be successfully screened for their oral health status. This allowed the OHP to obtain estimates for the prevalence of treated and untreated decay among third graders in Indiana

There were many reasons offered by the consultant helping recruit the schools for the lack of participation

by the schools and students. However, chief among them seemed to be the need for written permission, something that is required by the Indiana Department of Education.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OHP was able to complete the survey with an adequate number of participants due in large part to the extra effort exerted by its partners, especially the epidemiologist from the Association of State and Territorial Dental Directors (ASTDD) and the independent consultant who was responsible for recruiting the schools.

The issue of participation by schools and their students is a difficult issue in Indiana, given some of the constraints for conducting such a survey in the state. This will require more thought and consideration before workable and pragmatic solutions can be found.

Activity 1:

Student examinations for dental decay

Between 10/2012 and 09/2013, Conduct screenings of the representative group of 3rd grade students. This will be done by develop a sampling methodology that will allow for an adequate description of the burden of dental decay among a representative group of Indiana 3rd graders. ISDH and partners will recruit schools to participate in the screenings on a voluntary basis.

Screeners will be trained on obtaining accurate and reliable measures of dental decay. The trained screeners will conduct screenings at the school for dental decay and dental sealants of the representative group of 3rd grade students. All students must have parental permission.

Activity Status

Completed

Activity Outcome

The Association of State and Territorial Dental Directors (ASTDD) collaborated with the Oral Health Program at the Indiana State Department of Health to select a sample of schools from which 3rd grade students would be recruited.

Written permission and verbal assent was obtained prior to screening these students.

Licensed dental hygienists were trained and performed screenings on 1,482 3rd grade students for treated and untreated dental decay, and for dental sealants.

Reasons for Success or Barriers/Challenges to Success

In general, the survey was successful in that a reasonable number of schools and children participated, which allowed an estimate of various parameters of the oral health status of third graders in Indiana.

However several major challenges were encountered.

One early challenge was that Department of Education required written permission from parents/guardians, which likely influenced the response rate of the students.

Because of this requirement for written permission, the Indiana State Department of Health (ISDH) required that the Oral Health Program obtain the review and approval of a protocol by an Institutional Review Board (IRB). Since the ISDH does not have its own IRB, the OHP obtained this review and approval from the

Indiana University IRB.

The main challenge to the validity of this survey was that less than anticipated schools and students participated. The number of schools and students that did participate provided reasonable point estimates of the measured oral health parameters. However, these estimates had wider confidence intervals than desired, and may have been influenced by selection bias.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OHP accepted the requirement of the Department of Education for written permission and proceeded with developing such a permission document.

The OHP accepted the requirement of the Indiana State Department of Health to obtain IRB review and approval and proceeded to obtain such from the Indiana University IRB.

Replacement schools were recruited which resulted in an adequate number of participating schools. Furthermore, the independent consultant working to recruit schools produced a report with strategies to consider for recruiting schools in future surveys.

The challenge of successfully recruiting students when written permission is required will be a difficult issue to address, and more thought is needed before proposing possible solutions for future surveys.

Impact/Process Objective 2:

Develop partnerships

Between 10/2012 and 09/2013, ISDH will develop 2 partnerships.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2012 and 09/2013, ISDH developed 9 partnerships.

Reasons for Success or Barriers/Challenges to Success

The staff of the Oral Health Program at the Indiana State Department of Health was the lead on this survey, but the success of the survey depended on many partners.

The **Department of Education** provided initial guidance in how the Oral Health Program might survey third grade students for their oral health status, within public elementary schools

The **Association of State and Territorial Dental Directors (ASTDD)** provided invaluable help throughout the study, from helping select the schools all the way through helping analyze the data and offering many

suggestions for publishing a Data Brief with the major results from the survey.

The **Institutional Review Board at Indiana University** reviewed and approved a protocol.

The **Indiana State Board of Dentistry** reviewed the protocol and helped insure that the screening activities of the licensed dental hygienists complied with existing state law.

An **independent contractor** with experience in conducting surveys in public schools help recruit the schools that would participate in the survey.

Various **Divisions** within the Indiana State Department of Health (ISDH) provided many valuable administrative responsibilities, including, but not limited to, helping develop a budget and developing contracts. A purchase order was also developed with a dental supply company to supply the necessary supplies and equipment.

The **Dental Hygiene Program at Indiana University South Bend** and the **Marion County Public Health Department** contracted with the ISDH. These organizations subcontracted with regional managers and dental hygienists to travel to the various participating schools throughout the state, transport the supplies and equipment and conduct the screenings.

Finally, many people at the participating **Public Elementary Schools** in Indiana provided support that allowed this survey to be conducted. Of course, the students and their parents/guardians were generous in participating in this survey.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Oral Health Program reviewed recent surveys conducted by other states in order to help plan the survey in Indiana. From this review, it became obvious that many partners would be needed to help with the survey.

The Oral Health Program called on established partners and developed other needed partners.

Many of the other partners were identified by consulting with other Divisions within the ISDH that had done similar surveys, and by consulting with existing partners. This helped the OHP find the other needed partners in a timely fashion.

Activity 1:

Developing partnerships

Between 10/2012 and 09/2013,

- 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.

These partnerships will be developed through a variety of work groups. Each partner has an interest in children's oral health and have the connections to make the assessment possible. They have the expertise to strengthen the assessment design. ISDH OHP will conduct a meeting of these key stakeholder and incorporate their feedback into the implementation of the program/project. Once the data are collected, the partners will be consulted to provide analyses and interpretation of the data. ISDH will incorporate their feedback into the implementation data report.

Activity Status

Completed

Activity Outcome

The Oral Health Program (OHP) successfully developed the partnerships that were needed to conduct the survey.

Although the OHP did have discussions with the Indiana Oral Health Coalition and the Indiana Dental Association, and these organizations did provide valuable feedback, the other partners discussed previously contributed the most to the survey.

The ASTDD was the most important partner from the standpoint of helping write the initial data report (Data Brief).

Reasons for Success or Barriers/Challenges to Success

The OHP needed several partners to conduct various aspects of the survey.

The OHP chose partners with knowledge and experience in the areas in which they were asked to participate. This kept the survey moving relatively smoothly and contributed to the survey being completed on schedule.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OHP explained to the partners that we needed their help and that we wanted the benefit of their collective experiences in the form of comments and advice throughout the project.

The OHP did its best to let all the partners know that they were respected, valued and appreciated.

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 2013, Workforce Development will be a priority by offering webinars to local health departments regarding strategic planning; monthly support calls for public health issues; and the development of a new learning management system to enhance training opportunities to a wider audience while also tracking assessment data to determine impact of trainings.

Strategic partners: Indiana University, Purdue University, local health departments,

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

State Health Objective(s):

Between 01/2013 and 12/2013, Increase the workforce development and training opportunities for Public Health workers in Indiana.

State Health Objective Status

Exceeded

State Health Objective Outcome

ISDH provided numerous training opportunities to ISDH staff and local health department staff. The goal was to provide 6 training opportunities and that goal was exceeded as the end result was more than double those

events.

Reasons for Success or Barriers/Challenges to Success

Due to the overwhelming success of the number of training and education opportunities, ISDH did not experience any barriers.

The reason for success is due to new partnership opportunities with the Indiana University School of Public Health. In addition, leadership of the agency has continued to support the need and desired for continuing education opportunities. Finally the addition of a Workforce Development Coordinator has helped identify trainings for local health department staff 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 PHHS Block Grant funded a staff person to work on expanding training opportunities for the agency and the local health departments. In addition, ISDH requested and received permission from CMS to fund the to purchase the Public Health Foundation's TRAIN learning management system. This system will allow 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 01/2013 and 12/2013, ISDH and contractors will conduct 6 opportunities for education and/or training of the public health workforce.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 01/2013 and 12/2013, ISDH and contractors conducted 16 opportunities for education and/or training of the public health workforce.

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.

Opportunities offered within ISDH included Quality Improvement 101 (2 trainings), registration for the Indiana Environmental Health Association annual meeting for 39 staff members, Leadership at all Levels, (4 trainings; 2 practicum sessions); and Team Building exercises for a division of 40 staff members.

ISDH not only hosted training opportunities for its own staff but also provided it for local health officers (2

trainings), public health nurses (1 conference) and an introductory meeting for public health nurses and environmentalist for people new to their positions (1 meeting). ISDH also partnered with the Indiana University School of Public Health to offer a 5 part series on agency strategic planning.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary challenge has been in determining the trainings needed for 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. Another resource OPHPM has identified is the partnership with the Indiana Centralized HR system (State Personnel Department). SPD has identified additional trainings to address supervisor and managerial issues.

Activity 1:

Local health department trainings

Between 01/2013 and 12/2013, Continue conducting an annual conference for Public Health Nurses including providing CNEs.

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

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

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

Develop new training opportunities for strategic planning for local health departments.

Activity Status

Completed

Activity Outcome

The Public Health Nurse Orientation was offered and included CNEs to those who needed/wanted them. Two (2) LHD health officer trainings were offered with CMEs. In addition, ISDH coordinated the public health nurses conference. Finally, a 5 part series on strategic planning was created with the Indiana University School of Public Health. The sessions were part of a webinar series that was offered live, but also recorded so staff who could not attend live, could watch it own their own.

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 training opportunity, 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 future meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

Most of the barriers are staff time commitment issues, but those issues have never delayed the implementation of training or course offerings.

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2012 and 10/2013, Increase the capacity for local health departments and nonprofit hospitals conduct community health assessments and improvement plans by creating a data dashboard for county level data.

State Health Objective Status

Met

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 data so both nonprofit hospitals and local health departments could access data for the required community health (needs) assessments and community health improvement plans. The site was launched was successfully launched and utilized by over 6,000 people.

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 to achieve success was pre-planning. The ISDH and IHA team identified the need for the website, established the purpose of the website, and identified who the end users of the website were. With these factors in place, it was easy to identify the vendor to use and the overall functionality of the final product.

Leveraged Block Grant Dollars

Yes

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 Development

Between 10/2012 and 09/2013, ISDH, Indiana Hospital Association, Indiana Business Research Center will develop 1 data dashboard website.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2012 and 09/2013, ISDH, Indiana Hospital Association, Indiana Business Research Center developed 1 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 the dashboard website and was familiar with working with Indiana data and ISDH.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategies for 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.

Activity 1:

Data Development Research

Between 10/2012 and 09/2013, Develop a data plan for appropriate data to be included on the website

Create a website name

Partner with appropriate agencies to ensure policies and procedures

Launch the website

Evaluate the website

Activity Status

Completed

Activity Outcome

The data website was completed and launched. The partnership with the Indiana Hospital Association determined the indicators that were to be included and the overall structure of the website. In partnership with IHA, the name and host location was selected to be www.Indianalndicators.org. Based on Google Analytics, through September 30, 2013, there were 10,306 visits, of which 6,502 were unique visitors. Over half (62.8%) were new visitors to the website.

ISDH hosted a meeting with both internal and external users to determine what was working and what wasn't working. It was determined most of the indicators needed by the partners were included on the website. It has been decided to had approximately 3 new indicators. Additionally, the inclusion of trend data and other design changes will be planned for the future development.

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 also allowed for a small committee and team to work on the website. The strength the vendor brought to both ISDH and IHA was invaluable. They provided guidance and research of what is a best website design to display data.

The primary barrier was time commitment. Most of the staff time was in-kind to this project. The volume of data was anticipated, but the time commitment to set up and view of the project was not foreseen.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary strategy that proved successful was the planning meetings ISDH and IHA had prior to selecting a vendor. The vision of what the website was going to do and not do has allowed for the prevention of scope creep. It was clearly decided this was not going to be a website where anything could be posted to it--the documents and data have to have meaning and purpose to enhance the website. It also needs to be applicable to the entire state.

State Program Title: Sexual Assault Services

State Program Strategy:

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

Program Priorities:

The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. Funding awards are competitive and are reviewed by staff, by the members of the Domestic Violence Prevention Treatment Council (the Indiana Coalition Against Sexual Assault is a member of this Council) and the ICJI Board of Trustees. The role of the Victim Services Division is to distribute, monitor and provide technical assistance to selected sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs. The ultimate goal is reducing the prevalence of rape or attempted rape. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to link people to services as part of efforts to reduce the rate of sexual violence among young adults and youth.

Grant awards packages with each sub-grantee will include the following deliverables:

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

Primary Strategic Partnership: The Indiana Criminal Justice Institute has fostered collaborative partnerships with 21 external organizations around the state. We also collaborate on a policy and planning level with the Indiana Coalition Against Sexual Assault and the ISDH Office of Women's Health in regard to the RPE grant.

Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations focus on sexual assault awareness.

Evaluation Methodology:

Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by ICJI with statistical data and other anecdotal information to allow for evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream. ICJI and The Coalition against Sexual Assault will continue to work collaboratively in regards to compliance monitoring for all grant funds awarded.

Monthly reports will be required of each funded project. These reports are broken into the following categories:

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

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

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

State Health Objective(s):

Between 01/2013 and 09/2013, ICJI will provide services to victims of sexual violence and provide education about prevention to the general public.

State Health Objective Status

Met

State Health Objective Outcome

Number of youth and adults reached through prevention education funded through this grant 10,000 - total reached with this plus RPE funding is 35,121 (mostly youth and college age)

Reasons for Success or Barriers/Challenges to Success

SAS funds are a good leveraging tool. Indiana's subrecipients of SAS funding who have developed expertise are then able to apply for and receive other funding sources such as STOP, RPE, SASP to continue and expand the work.

Challenges to success include the lack of good statistical data on sexual violence. Indiana is not a UCR reporting state. There is no central repository for consistent data at this point in time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to coordinate with other programs and the Indiana Coalition Against Sexual Assault

Continue to collaborate with other allied funders and continue to work to leverage SAS activities with similar funding streams managed by this agency such as STOP and SASP.

Continue to encourage local subgrantees in rural areas to obtain training, to coordinate with and provide training for local law enforcement, and to collaborate with others on prevention education.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

SAS coordinator worked in collaboration with the CDC Rape Prevention Education Act funds administered by the Indiana State Department of Health and the Indiana Coalition Against Sexual Assault.

SAS coordinator works in a division which also manages STOP, SASP, VOCA and FVPSA. This division is focusing on making the best use of all of these funding streams by awarding grants to subrecipients who leverage the funds themselves. An agency may provide direct service to victims of sexual assault via STOP or VOCA funds, but can then share that expertise by providing relevant prevention training in their community. This is particularly important near college campuses.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide information about prevention to all

Between 01/2013 and 09/2013, Indiana Criminal Justice Institute will provide Information to **1000** victims of sexual violence.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 01/2013 and 09/2013, Indiana Criminal Justice Institute provided Information to **1800** victims of

sexual violence.

Reasons for Success or Barriers/Challenges to Success

Subgrantees received more technical assistance in providing prevention education 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 efforts. Additionally the Indiana Coalition Against Sexual Assault has provided excellent training sessions for prevention education via their RPE grant and this has benefited recipients of SAS funds as well.

Activity 1:

Extend coordinated, comprehensive sexual violence prevention programs within counties

Between 01/2013 and 09/2013,

In order to accomplish the objective, centers in rural areas will provide community and school presentations. Crisis Connection, for example, presents Teen Dating and Healthy Relationships, Predatory Drugs, and Love is Respect programs at middle and high schools on a regular basis. They also provide workshops and presentations on a wide variety of topics tailored specifically toward the audience's need. Presentations are available to the following:

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

*Note: innovative way to reach an appropriate audience

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

Activity Status

Completed

Activity Outcome

Reached over 10,000 youth and adults via prevention presentations

SAS subrecipient programs:

- Educated youth about the role of drugs and alcohol in sexual violence.
- Provided presentations on sexual violence awareness on college campuses

The state SAS coordinator:

- Encouraged underserved regions and counties to develop a prevention curriculum
- Encouraged communities to provide programs in environments that will teach males as well as females.
- Coordinated closely with the state coalition

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.

ICJI's SAS coordinator will also work the other state level partners to increase the percentage of prevention programming throughout the state, including the new annual State Victims Assistance Academy which was introduced in June 2013.

Activity 2:

Expand coordinated, comprehensive sexual offender treatment programs with the state

Between 01/2013 and 09/2013, To date, advocates at the front line have traditionally worked directly with victims and their families rather than with offenders. Efforts to work with offenders have been at the state level and have included developing relationships with Department of Correction and Court staff in regard to their programs.

In order to better inform Indiana practitioners, the Indiana Coalition Against Sexual Assault (INCASA) held their conference jointly with the Midwest Regional Network for Intervention of Sex Offenders (MRNISO). At this conference sexual assault advocates, probation officers, Dept. of Correction workers and sex offender therapists were brought together for a two day conference. Keynote speakers included nationally known therapist, Dr. Eric Hickey, a specialist on sex offenders. Workshops included "Incorporating Victims in Re-entry and Supervision", "Effective Training for Sex Offenders", "Understanding Risk-based Supervision and Best Practices in Sex Offender Community Supervision".

The attendance at this conference was well over 400 and evaluations and feedback were extremely positive, ensuring that this joint meeting and further collaboration will continue in 2014.

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 hold a joint conference in March, 2013; called the Indiana State Conference to End Sexual Violence. Over 425 local service providers, corrections and probation officers attended. Several workshops and one keynote speech focused on sexual offender treatment programs within the state. Additional collaboration has occurred with the Indiana Department of Corrections Director of Victim Services who also manages the sex offender re-entry program.

Reasons for Success or Barriers/Challenges to Success

This has been done for the most part 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. Additionally, SAS subgrantees always receive other funding such as STOP and VOCA which prohibit services to offenders, therefore staff time and services, along with facility and resources cannot be leveraged with SAS.

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 response initiatives to victims of sexual assault.

Between 01/2013 and 09/2013, Indiana's 22 SAS subgrantees are at various levels of ability and experience in providing response initiatives to victims of sexual assault. The goal of this program is to build capacity with the eventual goal of having advocates trained in sexual assault services available on a 24 hour on-call basis. Funding will be used to provide:

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

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

Activity Status

Completed

Activity Outcome

Provided information to 1,800 victims of sexual violence (female adults over the age of 18, children and males).

Reasons for Success or Barriers/Challenges to Success

SAS funds were awarded to 21 subgrantees to promote prevention through educational programs and partnerships and to serve victims of sexual violence. Some subrecipients are DV shelters which also provide dual sexual assault services, and some are non-residential counseling services.

Subrecipients report they have been successful due to clearly outlined expectations and technical assistance from their ICJI SAS coordinator as well as 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