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## Shaping the Future

Division of Chronic Disease Prevention & Control · Division of Nutrition & Physical Activity · Tobacco Prevention & Cessation Commission

# Indiana State Department of Health Top Priorities - 2013

The Indiana State Department of Health (ISDH) entered into 2013 under the direction of a new State Health Commissioner, Dr. William VanNess. In an effort to improve overall population health, he renewed the ISDH mission and vision and established four top priority areas.

The top priorities areas are:

1. Reduce Infant Mortality
2. Increase Childhood Immunizations (19-35 months old primary focus)
3. Reduce Adult Obesity
4. Reduce Adult Smoking

In support of the ISDH mission and vision and these priority areas, the Division of Chronic Disease Prevention and Control (CDPC) and Division of Nutrition and Physical Activity (DNPA) and Tobacco Prevention and Cessation Commission (TPC) want to strengthen their efforts to assist in achieving the State's goals.

In the following paragraphs, the four priorities, Indiana's current rate and the State's goals are outlined, as well as the ways in which CDPC, DNPA and TPC are able to contribute to these areas. In future newsletters, projects touching on these priority areas will be featured.

### **1. Infant Mortality**

**Current:** Indiana's current infant mortality rate is 7.7 deaths per 1,000 infants. This is higher than the national rate of 7.0 deaths per 1,000 infants.

**Goal:** In order to reach the Healthy People 2020 goal of 6.0 deaths per 1,000 infants, Indiana has established a series of benchmarks. The goal is to reduce the rate of deaths per 1,000 infants to 7.4 by January 2014, 7.3 by 2015, and 6.9 by January 2016.

Infant mortality is the number one indicator of health status in the world. It reflects the overall state of maternal health, as well as the quality and accessibility of primary healthcare available to pregnant women and infants. Infant mortality is defined as the number of babies that die within the first year of life per 1,000 live births based on the birth cohort\*.

The top three causes of infant deaths among all races are: disorders related to short gestation and low birth weight, congenital anomalies, and Sudden Infant Death Syndrome (SIDS).

[View the Infant Mortality Fact Sheet.](#)

One of the leading indicators for infant mortality is smoking while

pregnant. Approximately 17.1% of Hoosier women smoke while pregnant, ranking Indiana among the worst 10 states in the nation. For women on Medicaid, the rate increases to approximately 30%. TPC is actively involved in education and cessation efforts with pregnant women. The **10 Call Protocol** is a Quitline initiative that offers 10 calls to pregnant women with behavioral support and postpartum contacts to prevent relapse. The "Baby and Me Smokefree" program will assist mothers, as well as refer them to the Quitline.

[View more facts and information.](#)

The ISDH plan will also provide education on SIDS, interconception care\*\* and improve access to better infant nutrition. CDPC promotes the education of women with diabetes and women that develop gestational diabetes to encourage the health of the mother and baby. Ensuring follow-up care for women with gestational diabetes and their babies is important to the health of both and for the mother's next pregnancy, as well.

*- continued on page 5*

*\*Cohort is a group of individuals sharing a common characteristic.*

*\*\*Interconception care refers to care and interventions occurring between pregnancies to ensure health of mother.*

## Our “4-1-1”

Section	Director	Phone Number	E-mail
<b>Cancer Control Section</b> .....	Keylee Wright .....	(317) 234-2495 ...	kwright@isdh.in.gov
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<b>Tobacco Prevention &amp; Cessation Commission</b> .....	Miranda Spitznagle .....	(317) 234-1780 ...	mspitznagle@isdh.in.gov

## Available **Online**/New Resources

### **Gestational Diabetes Toolkit**

Written by: Charleston Area Medical Center Health Education and Research Institute staff members; Publication made possible by: CDC, Division of Diabetes Translation, the NACDD Women’s Health Council Gestational Diabetes Collaborative and the West Virginia Gestational Diabetes Project.

Designed for Health Care Practitioners to use the Plan, Do, Study, Act Method to better care for patients with gestational diabetes.

[View the toolkit.](#)

### **Working More Effectively with the Education Sector around School Health**

This NACDD archived webinar identifies strategies for communicating and working more effectively with the education sector, describes the education system’s top priorities, and discusses ways public health professionals can overcome challenges when working with educators and effectively collaborating.

[View the webinar.](#)  
[View the slides.](#)

### **NACCHO and CDC Communications Webinar Series**

NACCHO and the CDC have joined forces in an unprecedented effort to help strengthen communications capacity. Explore marketing and branding, message clarity, new media and evaluation.

[View the webinar schedule and register:](#)

- Communicating Public Health: Why Do We Have to Market Something Everyone Should Already Want?
- You Know What You’re Talking About, but Does Your Audience?
  - New Communication Channels: What They Are, Why They Are Here to Stay and Why You Need to be There.
  - Building Our Understanding of Health Communication Evaluation

## NSAIDS & Cardiovascular & Gastrointestinal Risk

by Joan Duwve, MD and Greg Budney, MPH

In Indiana, 27.5% of adults indicate that they have some form of arthritis<sup>1</sup>. Of those adults, 49.6% report that pain or stiffness due to an affected joint limits their regular activities<sup>1</sup>. Many may use over-the-counter or prescription medications to reduce inflammation and alleviate discomfort due to arthritis. A recent study published in *The Lancet* entitled, "Vascular and upper gastrointestinal effects of non-steroidal anti-inflammatory drugs: Meta-analyses\* of individual participant data from randomized trials," found that certain non-steroidal anti-inflammatory drugs (NSAIDs) such as painkillers can increase the risk of heart attacks and other cardiovascular problems as well as gastrointestinal complications such as bleeding<sup>2</sup>. Just as the prevalence of arthritis increases with age, so does the presence of risk factors for cardiovascular events. Consequently, it is important to quantify any increased risk associated with the management of arthritic conditions.

This study, a meta-analysis of 754 clinical trials, found that prolonged use of the coxibs or high dose diclofenac, both NSAIDs, increase the risk of major vascular events, and on average causes about three extra major vascular events each year for every 1,000 patients, one of which would be fatal. High doses of ibuprofen also increased the risk of vascular events and gastrointestinal complications, but did not significantly increase the risk of death from vascular

complications. The effects of coxibs and NSAIDs appeared similar in patients with all levels of risk of major vascular events. Naproxen at doses of 500 mg twice daily did not significantly increase major vascular events.

The study also found that all NSAIDs, including naproxen, double the risk of hospitalization for heart failure. The study found no evidence of an increased risk of stroke for any of the NSAIDs studied. All coxibs and traditional NSAIDs reviewed increased upper gastrointestinal risks.

Some questions left unanswered by this meta-analysis include defining the cardiovascular risk of short-term use of NSAIDs, the change in risk with use of NSAIDs for longer than one year, the residual risk of cardiovascular events after stopping NSAID therapy, and whether the risks are dose-dependent. The authors of this study, however, emphasize the risks are mainly relevant to people who need to take coxibs or high doses of other NSAIDs for longer than six months.

To read this article's abstract, please visit:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60900-9/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60900-9/abstract).

For more information on cardiovascular disease risk, please contact Greg Budney at [gbudney@isdh.in.gov](mailto:gbudney@isdh.in.gov) or 317-233-7960.

*\*A meta-analysis is a systematic analysis that pools the results of separate research studies on similar topics in order to obtain a quantitative estimate of the overall effect of an intervention or variable on a defined outcome.*

**People with arthritis can benefit from exercise.**

Contact your local [Area on Aging](#) to learn more about [Living a Healthy Life with a Chronic Condition](#), [Enhance Fitness](#), Matters of Balance, Walk with Ease and other programs in our area.

- Arthritis is the leading cause of disability in the United States.
- 31.6% of adult women in Indiana report having some form of arthritis, gout, lupus or fibromyalgia, compared to 23.1% of men.
- 53.5% of adult women in Indiana indicate limitations in normal activities due to arthritis or joint symptoms
- 50.5% of adults with arthritis reported activity limitations, compared to only 14.5% of those without arthritis.
- 37.0% of adults in Indiana indicate that arthritis or joint symptoms affect their ability to work, as well as the type and amount of work they are able to do.

1. ISDH Epidemiology Resource Center: Data Analysis Team. (2012). Behavioral Risk Factor Surveillance System, 2011.

2. Coxib and traditional NSAID Trialists' Collaboration. (2013). Vascular and gastrointestinal effects of non-steroidal anti-inflammatory drugs: Meta-analyses of individual participant data from randomised trials. *Lancet*, 6736(13), 60900–60909.

## Communities in Action

*Everyday, Hoosiers take action to change local policies, systems and environments to improve the health of their neighbors. Their success can assist us in our own challenges by providing proven programs and ways to implement these in our own communities.*

### St. Mary's Medical Center "Asthma Care for Kids" Program

Evansville, IN  
by Jackie Richards



Evansville, IN - In April 2012, the St. Mary's Medical Center decided to take action to prevent the increasing number of readmissions of asthma patients in the emergency room (ER).

A team of individuals vested in improved care of their local children with asthma gathered for the first meeting. Members included people from Case Management, Respiratory Care, Community Outreach Services, Pediatrics, Quality Management, Pastoral Care, Pharmacy, Durable Medical Equipment, Emergency Department, Convenient Care, Physician Subspecialty Clinic, Echo Clinic and Anthem brainstormed ways to most efficiently implement a solution.

Through the efforts of this team, a new program - "Asthma Care for Kids" - began to take shape. The program was designed to initiate when a pediatric patient is seen in the ER, in-house, convenient care, or a physician's office. Each of these patients and their family members are offered

asthma education from a certified asthma educator. After this relationship with the patient is established with the educator, the parents and patients are referred to the Community Outreach Respiratory Therapist. The therapist calls or visits the parents in the hospital and introduces the next step in the program. A home visit is then scheduled.

Home visits are an essential part of the program. The "teach back" method is used to ensure understanding. The visit begins with a pretest given to the parents and additional asthma education. An environmental assessment is then conducted using the Environmental Protection Agency (EPA) Asthma Environmental checklist. This checklist notes those things in the patient's home and surroundings that might be asthma triggers. The family is able to contact the therapist for follow up visits when needed.

When the team is asked about their greatest accomplishments, they do not emphasize the 151 referrals to the program, the grant award from Indiana State Department of Health, or the database established to evaluate the program - but the team reflects on the children they have had the opportunity to serve.

One young patient entered the program after she had been hospitalized many times

because of her asthma. After the initial asthma education, the family had several follow-up home visits with the therapist. The therapist's visits assisted the family to control her asthma triggers. The patient was instructed on how to remember to take her controller medications. She was given mattress encasements for her bed to assist with triggers. The therapist also worked with the family to arrange transportation to physician appointments.

The success of their efforts was noted when this young patient volunteered at the asthma camp this spring as a Jr. Camp Counselor. She was overheard teaching another child, "try not to get upset - because your emotions can make your asthma worse."

To learn more about the Asthma Care for Kids Program, visit the [St. Mary's Medical Center website](#) for contact information.

***"Our greatest challenge continues to be exposure to second hand smoke. Two-thirds of the families we visit have at least one smoker who lives in the home. We offer smoking cessation referrals to Vanderburgh County Health Department."***

- Jackie Richards,  
Registered Respiratory Therapist

# Indiana State Department of Health Top Priorities - 2013

## ISDH Top Priorities (continued from page 1)

Other chronic diseases, such as cancer, cardiovascular disease, high blood pressure, chronic respiratory diseases and asthma can also have an effect on a mother's ability to have a full-term birth and the weight of the baby. As CDPC advances into 2013 more resources will be promoted to assist in achieving the state's goal. [Learn more about CDPC.](#)

DNPA is involved in better nutrition for the mother and child. Obesity can effect pregnancy and contribute to the health of the baby. DNPA efforts extend to improve nutrition as they work to promote breastfeeding, as well.

[Learn more about DNPA.](#)

### **2. Increase Childhood Immunizations**

**Current:** Only 48.1% of Indiana's children are age appropriately immunized.

**Goal:** In attempt to increase this rate, Indiana is enrolling 600 new providers in the Child and Hoosier Immunization Registry Program (CHIRP) by January 2014. In addition, the state is conducting an assessment of vaccination rates by county to identify county performance by January 2014.

CDPC, DNPA and TPC are not actively involved in the area of childhood immunizations. CDPC does promote the appropriate immunizations of people with chronic diseases.

The final two goals are to help Hoosiers develop healthy lifestyles.

### **3. Decrease Adult Obesity**

**Current:** Indiana's obesity rate of 30.8% is higher than the U.S. rate of 27.8%.

**Goal:** The state's goal of reducing the obesity rate to 30.3% by January of 2014 will account for an estimated 25,200 adults who have changed their weight status from obese to overweight or healthy weight.

DNPA is focused on increasing healthy eating and physical activity and decreasing obesity. CDPC is involved in these efforts as well. Poor nutrition and sedentary behaviors are threats linked to an increased risk for chronic disease.

DNPA launched the [State Obesity Prevention Plan](#) on January 28, 2011. This plan outlines Indiana's action plan to combat obesity including proven strategies to

improve nutrition and physical activity in the following settings: communities, early childhood/child care, faith-based, health care, schools and worksites. These worksites will include state agencies as ISDH employees take part in efforts to improve healthy lifestyles.

### **4. Decrease Adult Smoking**

**Current:** Indiana's adult smoking rate is 25.6%. This is higher than the national rate of 21.2%.

**Goal:** By January 2014, decrease Indiana's adult smoking rate to 24.0%.

Tobacco use is the single most preventable cause of death and disease. TPC's efforts lead the way in decreasing adult smoking. CDPC promotes these efforts in the prevention of chronic disease, as well.

The Smoke Free Air Law in Indiana went into effect on July 1, 2012. As TPC celebrates the anniversary, efforts continue to strengthen this law.

TPC engages in local and statewide programs that work in promoting tobacco cessation, decreasing second hand smoke exposure and evaluating the impact of increased cigarette prices.

[Learn more about TPC's mission, vision, and 2015 Priorities.](#)

## Resources from the CDC

### **Tips from Former Smokers**

CDC's Office on Smoking and Health (OSH) is expanding its campaign efforts. The Tips 2013 campaign will continue to raise awareness of the negative health effects caused by smoking, encourage smokers to quit, and encourage nonsmokers to protect themselves and their families from exposure to secondhand smoke.

[View the website and commercials](#)  
[View the "Tips" Campaign Resources](#)

### **CDC Stacks**

Looking for CDC publications? Search the CDC Stacks, an online library of free, full-text public health publications based on CDC scientific research on a range of public health topics.

Find up-to-date resources for the public, public health professionals, health care providers, educators, policy makers, businesses and private sector organizations.

[View the website.](#)

### **Public Health Grand Rounds**

#### **Hypertension: Detect, Connect, Control Webinar**

Explore hypertension and the increased risk for cardiovascular disease. View this webinar to learn about public health and clinical approaches to better identify, treat and control high blood pressure.

[View the website  
and archived webinar.](#)

## Upcoming Events

### Good Health for All Generations

Come & join us for the 28th annual INShape Indiana Black & Minority Health Fair

**July 18-July 21, 2013**

Indiana Convention Center, Hall D  
Indianapolis, Indiana

Over \$1,000 worth of free health screenings, free health education/information, keynote speakers, cooking demonstrations, healthy entertainment and so much more.

[View the schedule.](#)

For more information,  
call 317-233-7685.

### Make a Difference in 2013!

*The Division of Chronic Disease Prevention and Control, the Division of Nutrition and Physical Activity and Tobacco Control Prevention and Cessation would like to invite you to participate in one of the coalitions working toward improving the lives of all Hoosiers.*

#### Cardiovascular and Diabetes Coalition of Indiana (CADI)

Contact: Temi Ekiran  
cadi coordinator@gmail.com

#### Indiana Cancer Consortium (ICC)

Contact: Caleb Levell,  
caleb@indianacancer.org or visit  
[www.indianacancer.org](http://www.indianacancer.org)

#### Indiana Healthy Weight Initiative (IHWI)

Contact: April Hammerand  
ahammerand@inpha.org or visit  
[www.inhealthyweight.org](http://www.inhealthyweight.org)

#### Indiana Joint Asthma Coalition (InJAC)

Contact: Kelli McCrary  
kelli@injac.org  
or visit [www.injac.org](http://www.injac.org)

[Find a local tobacco coalition.](#)

## State Coalition Updates

### Indiana Joint Asthma Coalition

2013 has been a positive year for The Indiana Joint Asthma Coalition (InJAC) with the implementation of a new coalition coordinator and a successful statewide conference.

Kelli McCrary joined InJAC as their coordinator on April 8. She can be reached at [kelli@injac.org](mailto:kelli@injac.org).

InJAC's first Statewide Asthma Conference was held on May 14 at the Ritz-Charles in Carmel. Over 90 attendees were educated about second- and third-hand smoke, inconsistencies in inhaler usage and new developments in asthma research among other topics. Featured speakers included Mary-Beth McClarney, JD, MPH, from the George Washington University School of Public Health and Health Services and Ronald Balkissoon, M.D. from the National Jewish Medical and Research Center Pulmonary Division.

The Asthma Management Plan is currently being piloted in several school districts, daycares and medical facilities across the state; however we are still accepting feedback. If you would like to review it, please contact Kelli.

For more details on InJAC's workgroups, or to become a member, email [kelli@injac.org](mailto:kelli@injac.org) or visit [www.injac.org](http://www.injac.org).

Also follow us on Facebook and Twitter!

### Cardiovascular and Diabetes Coalition of Indiana

Cardiovascular and Diabetes Coalition of Indiana (CADI) has made much progress in building its structure and moving forward with its mission to address the burden of diabetes, cardiovascular disease and stroke in Indiana. CADI currently has a steering committee and five working committees (community linkage, resource development, systems of care, advocacy and partnership, and data, evaluation and surveillance). These committees will carry out this mission through the development of the state plan and evidence based statewide programs to educate health care professionals, and increase the awareness of cardiovascular disease, diabetes and stroke in Indiana.

CADI is still recruiting partners and volunteers either as an organization member or as an individual member to join the coalition and its workgroups.

If you are interested in learning more or participating in CADI,  
contact: CADI Coordinator Temi Ekiran at [cadi coordinator@gmail.com](mailto:cadi coordinator@gmail.com) or 317-456-7567

### Indiana Cancer Consortium

The Indiana Cancer Consortium (ICC) has had a busy Spring.

• The 2013 ICC Annual Meeting was held on April 25 during National Cancer Control Awareness Month. Guest of honor and keynote speaker Otis Brawley, MD and others made the case for evidence-based, scientifically justifiable cancer care from prevention through palliation. Over 120 attendees gathered to learn how to lead more effectively by better navigating cancer guidelines, treatment and the Affordable Care Act. The ICC Steering Committee also released the 2012 Annual Report during the meeting.

• On June 14, the ICC Prostate Cancer Committee hosted the 2013 Prostate Cancer Health Summit. The event took place during men's health week, and was titled, *Empowering Patients through Emerging Research and Informed Decision Making*. Speakers provided an overview of the informed decision making process, as well as prostate cancer prevention, early detection and treatment.

• The ICC invites Hoosier employers to join the Employer Gold Standard Initiative. This certification program establishes the workplace as the primary setting to focus on early detection and appropriate screening for cancer. By joining the Employer Gold Standard initiative, employers can mitigate the effects of cancer in the workplace and reduce the burden of cancer across Indiana. [Download the ICC Employer Gold Standard Information Packet.](#)

• May was National Skin Cancer Awareness Month. To help partners prepare their awareness campaigns, the ICC released a toolkit addressing the skin cancer burden in Indiana. Other toolkits address Lung, Breast, Cervical, Colorectal and Prostate cancer. Each toolkit contains information and statistics on cancer in Indiana including who is at greatest risk, common signs and symptoms, early detection, prevention and resources.

Please visit the [ICC website](#) to learn more or join the ICC.

### Indiana Healthy Weight Initiative

To learn more about IHWI, please visit [www.inhealthyweight.org](http://www.inhealthyweight.org) or email [ahammerand@inpha.org](mailto:ahammerand@inpha.org)