



Eric J. Holcomb

Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

MEMORANDUM

Date: December 3, 2024
To: Joseph M. Habig
Acting State Budget Director
From: Lindsay Weaver, MD, FACEP
State Health Commissioner
Subject: Agency Overview and Biennial Budget Transmittal – State Fiscal Years 2026-27

The Indiana Department of Health (IDOH) promotes, protects, and improves the health and safety of all Hoosiers, with the goal of every Hoosier reaching their optimal health regardless of where they live, learn, work or play. In collaboration with Indiana's 95 locally controlled health departments, our work spans the entire state and impacts every single Hoosier and the thousands of people who visit the Crossroads of America for conferences, work, sporting events, and so much more. In a given year, the Department's funding comprises roughly one-third state funds (including user fees that go to the state general fund) and two-thirds federal grants. Local health departments (LHDs) receive some grants from the state but have been predominantly funded by local property taxes and user fees until 2024. In the last biennium the Indiana General Assembly made a significant investment in local public health. This has allowed the state to distribute \$75 million in January 2024 to counties who opted in and with all counties now opting in, the state will distribute \$150 million in January 2025. Counties provide a 20 percent match, which ensures engagement from local government and net increases in programs, services and grants available to communities and community-based organizations.

The Department believes that the following agency priorities will have the most impact on the delivery of its mission and vision, which are aligned with the current strategic plan:

- **Decrease disease incidence and burden** by implementing evidence-based policies and collaborative approaches across the state that support comprehensive prevention and treatment solutions.

To **promote, protect, and improve** the health and safety of all Hoosiers.



- **Ensure access to high quality, evidence-based, and continuously improving services and resources** that provide everyone with access to the tools and opportunities they need to be healthy.
- **Improve staff, customer, and partner experiences** with consistent, efficient, effective, and data-driven services and work processes that prioritize prevention and early intervention.
- **Attract and retain a dedicated, and knowledgeable workforce** to support strong public health outcomes and prevention efforts in Indiana.
- **Improve financial infrastructure**, management and data-informed decision making.

The common adage in our line of work is that when public health is going well, people are unlikely to notice it. Public health activities encompass an extensive array of programming, from cancer monitoring to prenatal care, laboratory analyses of food and water to registering birth and death records, emergency preparedness to nutrition vouchers, and healthcare facility inspections to substance use disorder prevention programs.

Renewed focus on public health and its relationship to community vitality has been at the core of our efforts to support long-term economic development and growth. These efforts were born out of findings issued by the Indiana Business Research Center in 2022 that found life expectancy in Indiana peaked at 77.5 years at the time of birth in 2010 and has since been declining. Further analysis indicates that the biggest contributor to this decline is in the 25- to 64-year-old population and is related to increased incidence of preventable deaths and injuries, including overdose and suicide. The loss of life expectancy for this population represents a significant impact to Indiana's ability to maintain solid footing as an economic contender and the long-term sustainability of communities as a hollowing out of its population means fewer people to be engaged civically, socially, and economically. The Department views its role as providing data and evidence-based practices to raise awareness and support prevention and education strategies with local partners that ensure every community in Indiana is a healthy and safe place to live, learn, work, and play.

Structure and Organization Chart

The IDOH is staffed by 954 full-time employees (excluding contractors). The agency is led by the State Health Commissioner, who by state statute must be a physician in good standing with an unrestricted license to practice medicine. Dr. Lindsay M. Weaver is the 28th person to occupy that position, having been appointed the agency head in June 2023. The Deputy Commissioner for Local Public Health Services, Chief of Staff, Chief Strategy Officer, Chief Medical Officer, Chief Communications Officer, and Assistant Commissioners report directly to the Commissioner. Each Assistant Commissioner leads a Commission, which consists of divisions and programs with a similar focus. During the current biennium, we have reorganized our



commissions and created the Local Health Services Commission to support and provide technical assistance to the counties under Health First Indiana. Separately, in recognition of the opportunity to better serve Hoosier families and maximize resources, we also created the Women, Children and Families Commission to focus on our longstanding and complex problems such as infant and maternal mortality, congenital syphilis, and more. The current IDOH organizational chart can be found [here](#).

The **Local Health Services Commission** is comprised of three regional teams of staff who live within their respective regions (North, Central, and South). Their focus is delivering technical assistance to LHDs, ensuring efficient support, facilitating partnerships, and fostering community health initiatives. LHDs have historically requested additional support and assistance from the Department, but until recently we have not had the resources to provide this kind of in-depth training and collaboration. The net result is that more LHDs are forming connections with community partners, sharing best practices across their region and all over the state, and working more closely with their elected leaders to better understand the needs of their communities to provide more robust public health service delivery. The Commission also brings together programs and divisions within IDOH that issue grants and technical assistance to a variety of stakeholders, including community-based organizations and educational institutions.

The **Public Health Protection Commission** performs a variety of health safety and emergency response functions. Many of its divisions and programs are externally recognized and partner with LHDs, community organizations, and others to deliver direct services and technical assistance as requested. The Commission includes the divisions of: Environmental Public Health; Emergency Preparedness; Food Protection; Lead & Healthy Homes; Immunization; and HIV, STI, and Viral Hepatitis. In addition to the staff located at IDOH central offices, some of the Commission's divisions also perform operations at the Indiana Department of Administration warehouse on East 30th Street or in the field on assignment.

The **Laboratory Services Commission** safeguards Hoosiers' health and safety through top-tier lab services. It's a state-of-the-art facility, leading the way in quality, technology, and education. Their work detects environmental and foodborne hazards, identifies communicable diseases, and combats emerging threats. The staff and activities are supported by federal and state funding. In recent years the public health lab has invested time and resources to become a leader in quality, testing technology, and education.

The Laboratory Services Commission provides critical direct services in the form of environmental testing, child blood lead testing, HIV/STI/hepatitis testing, tuberculosis testing, biothreat and chemical threat testing, outbreak/pandemic testing, microbial culturing, and sampling. As a reference laboratory, the IDOH public health labs often perform specialized tests



and assays that are found nowhere else in the state. To ensure the highest quality of care and clinical information, the labs maintain numerous accreditations and certifications. These include, but are not limited to: CLIA certification, ISO 17025 testing and calibration facility accreditation, and regular compliance audits by multiple federal entities such as the Environmental Protection Agency, Nuclear Regulatory Commission, Centers for Disease Control and Prevention, Food and Drug Administration, and Department of Agriculture.

The Commission is comprised of six laboratory divisions: Environmental Microbiology; Virology & Biological Preparedness; Clinical Microbiology; Chemistry; Quality Assurance; and Advanced Molecular Detection. Since 2007, the Lab has been located at 16th and Martin Luther King, Jr. streets.

The **Consumer Services and Healthcare Regulation Commission** focuses on ensuring the safety and improvement of healthcare quality for Hoosiers. The Commission serves as the State Survey Agency on behalf of the Centers for Medicare and Medicaid Services (CMS) and the FSSA Office of Medicaid Policy and Planning. The Medicare/Medicaid Certification program licenses and/or certifies approximately 2,250 health care facilities that bill Medicare and Medicaid funding, including hospitals, nursing homes, home health, surgical centers, and laboratories. It also provides engineering plan review for several facility types to ensure patient safety. The program provides patients and families with quality information on healthcare facilities and serves as a resource for addressing poor quality of care. The Commission is responsible for the licensing of over 19,500 radiology professionals and the certification of over 51,000 nurse aides, 7,700 qualified medication aides, and 20,000 home health aides. In addition to its regulatory function, the Commission provides healthcare quality leadership through the development and implementation of healthcare quality improvement projects and engagement with providers to generate better healthcare outcomes.

The **Women, Children and Families Commission** brings together our programs focused on the health and well-being of mothers, children, and families. These programs promote healthy pregnancies, childbirth, and early childhood development – all of which are recognized as critical components of a comprehensive public health system that ensures every Hoosier has the best opportunity at a long, healthy life. In partnership with sister agencies, such as the Family and Social Services Administration, School for Deaf and Hard of Hearing, and others, the Commission helps bring together critical early interventions and existing social services programs. The Commission includes the divisions of: Maternal and Child Health; Center for Deaf and Hard of Hearing Education; Women, Infants and Children; Children's Special Health Care Services; and Family Health Data and Fatality Prevention.

The **Health and Human Services (HHS) Commission** addresses non-communicable diseases, injury prevention, primary care, rural health, and clinician recruitment programs to address provider shortage areas. The Commission includes these divisions: Chronic Disease, Primary



Care & Rural Health; Nutrition & Physical Activity; Trauma & Injury Prevention; Oral Health; and Tobacco Prevention and Cessation. The programs are multi-sectoral and promote coalition building and mobilizing partners, working with community leaders, providing technical assistance at the local level, collecting and analyzing data, disseminating health promotion resources, and linking Hoosiers to health services. The HHS commission is predominantly funded by federal grants.

Infectious Disease Epidemiology and Prevention serves as the powerhouse for combating communicable diseases, swiftly identifying outbreaks, and managing crucial programs such as those addressing zoonotic threats. Led by the Assistant Commissioner/State Epidemiologist, this team boasts seasoned experts, each specializing in their unique fields within epidemiology. Formerly the Epidemiology Resource Center, this revamped and empowered division guarantees rapid identification of public health concerns, ensuring prompt and effective responses. Funding for their work comes from primarily federal grants and some program-specific state line items (e.g., infectious disease, tuberculosis treatment, etc.).

Accomplishments during FY 2024-2025 Biennium

Health First Indiana

Health First Indiana (HFI) is more than a motto or program to the Department of Health. It has reframed how IDOH delivers public health services. HFI is a historic, first of its kind investment in our public health system. This shift in thinking allowed IDOH to restructure the agency to align with LHDs and the goals to move the needle on public health outcomes. HFI focuses on prioritizing the health of Hoosiers to ensure we have healthy, thriving communities across the state. It allowed LHDs to convene elected officials, public health, clinical health and community partners to create innovative solutions tailored to address local health needs. Building on the momentous achievement of the SEA 4-2023, 86 counties voted to opt-in to the enhanced funding in year one. Building on that success, all 92 counties voted to opt-in to the enhanced funding for year two.

Our team is working diligently to bring stakeholders together and remove barriers to a healthier Indiana. The Local Health Services Regional Teams (Regional Teams) provide top notch customer service and technical assistance to the 95 LHDs. Divided into Northern, Central and Southern regions, they reside within their respective regions to prioritize understanding the communities they serve. The Regional Teams have successfully provided technical assistance to all 95 LHDs and their community partners through the opt-in process and compliance. Additional successes include collecting data from all LHDs to understand gaps and priorities, enhancing program connection through monthly regional calls, and developing the quarterly district workshop initiative to improve collaboration with IDOH subject matter experts, LHDs and community partners.



The vision is a healthy Indiana, where Hoosiers put health first so they can thrive in their community, employment, and education. IDOH has strategized a path to get there and those principles, displayed on the next page, are how the agency thinks about, plans, and does its work every day. Future success will be measured through improvement in Indiana's Health Outcome metrics, such as reduced infant mortality (the number one indicator of the health of a community), reduced rates of chronic diseases, and improved life expectancy (which has been decreasing for a decade).

Health Workforce Council

IDOH and FSSA have partnered to create the Health Workforce Council, resulting from recommendations of the Governor's Public Health Commission. The Health Workforce Council brings together state government representatives and other stakeholders who are focused on practical and innovative solutions to grow the health workforce capacity of our state. The Council works to coordinate initiatives and leverage existing programs throughout the state, seek to expand recruitment, training, placement, and retention of health workforce into areas of need, and identify and collaborate on incentive programs and strategies to target those areas of need.

Indiana Trauma Care Commission

The Indiana Trauma Care Commission (TCC) officially adopted Indiana's first ever trauma system plan in August 2024 and will now move to implementing priorities and objectives associated with the following core strategies: comprehensive engagement; accountability; trauma care access; emergency medical services; data and performance improvement; and prevention, education and outreach. TCC has also awarded more than \$4 million in system development grants with primary focuses on education and training, regional care coordination, trauma/non-trauma center engagement, and injury prevention. Additionally, the trauma system is expanding its time-sensitive emergency footprint by taking steps to implement the Cardiac Arrest Registry to Enhance Survival (CARES) system throughout the state with the goal of increasing cardiac arrest survival rates.

State Public Health Data Advisory Committee

The State Public Health Data Advisory Committee has been meeting on a regular basis since November 2023 and is comprised of data driven individuals who represent healthcare systems, local health departments, other state agencies and research partners that rely on comprehensive public health data. With more robust, accessible data, public health can better inform decision makers and healthcare providers.

Lead and Healthy Homes

The Lead and Healthy Homes division has achieved two of the most significant milestones within the last 20 years in the ongoing battle against lead poisoning. First, by reducing the elevated blood lead level from 10 µg/dL to 3.5 µg/dL, Indiana is now in line with most states'



lead reduction programs. This change also reinforces Indiana's strong belief that our youth deserve the best chance to a thriving future. Since the 1970s, lead has been identified as a neurotoxin with no safe exposure limit. Children with elevated blood lead levels can develop behavioral and cognitive disabilities. Preventing exposure through testing, remediation, and abatement is critical to ensuring our young Hoosiers and pregnant moms stay healthy.

House Enrolled Act 1007-2021 enabled LHDs statewide to offer crucial financial assistance for clinical case management and environmental risk assessment, which empowers families with education and support through their LHDs. As a result, by the end of 2022, there was a notable (but expected) 440% increase in the percentage of lead cases receiving LHD support due to the lowered threshold. This work is bolstered by the passage of HEA 1313-2022, which removed the screening criteria for testing 1- and 2-year-old children for lead exposure. It replaced a series of complex screening questions for healthcare providers with a simplified requirement to test all children at the ages of 1 and 2, or as soon as possible before the age of 7, if they hadn't been previously tested. Early analysis of 2023 data reveal a 62% increase in the number of children screened and a nearly 12% increase in statewide screening among children under age 3 years compared to 2022, underscoring the positive impact of these proactive measures on public health outcomes. In late 2023, the FDA identified elevated levels of lead in a specific brand of cinnamon applesauce pouches and subsequently issued a voluntary recall. In April, 2024, product was discovered as being sold in Indiana. The IDOH Food Protection Division, in partnership with Local Health Departments, were able to visit all stores carrying product to ensure it was no longer available for purchase. Additionally, the IDOH Lead & Healthy Homes Division successfully followed up on any and all individuals that may have had potential exposure as reported by the CDC.

IDOH Laboratory

Recognizing the need to identify unusual diseases and prepare for future emerging pathogens, the IDOH public health laboratories have invested time and resources to ensure that the COVID-related funding and other equipment grants helped position the laboratory for future innovation. In particular, we have built out a lab section focused on whole genome sequencing that can be used to detect variant strains of *Salmonella* in the food supply. We have specifically developed testing methods for Mpox, wastewater testing, and other novel methods for ensuring Hoosiers have access to the latest clinical laboratory services when they need them most.

In addition to expanding our capabilities, we have maintained a consistent laboratory operation with near 24/7 status. Below are several of our other accomplishments and highlights.

- From July 2022 to the current year, the laboratory has seen a steady increase in bacterial culture submissions to identify infectious and possible antibiotic resistance. The



laboratory received 822 isolates in 2022, 1246 isolates in 2023, and 446 isolates in the first quarter of 2024.

- The virology laboratory has consistently maintained preparedness for testing highly pathogenic avian influenza (HPAI) for people exposed to infected poultry and cattle. The virology laboratory performed after hours testing on four priority measles specimens where a high risk of exposure was present.
- In 2023, the IDOH Rabies Lab tested more than 1,600 animal specimens, detecting the rabies virus in eleven bats and one skunk collected from nine different Indiana counties.
- Lead testing demand has tripled in volume due to legislative changes and overall increasing awareness of the dangers of lead exposure.
- In response to contamination concerns from the East Palestine train derailment, the Legislative Residential Testing Fund was established at \$25,000 per year for FY24-25. Originally estimated as 100 samples by the legislature, the laboratory will analyze 600-800 water samples for 10 metals and 120 organic analytes before the end of 2024, as residents have responded positively to the offer of state-funded testing of their well water through the state lab
- During the 2023 – 2024 influenza season the virology laboratory tested 432 specimens for influenza surveillance to determine the level of influenza activity and what strains were circulating.

Maternal Child Health Initiatives

In July 2024, the Birth Outcomes and Infant Mortality Dashboard was launched and made available to the public. The dashboard features data as recent as 2022 for infant mortality and birth outcomes, including preterm birth, low birth weight, breastfeeding, early prenatal care, mothers receiving Medicaid, teen birth rate, overall birth rate, infant mortality rate, and Sudden Unexpected Infant Death rate. Data are available by state, county, preparedness district, year, and race and ethnicity.

The Women, Children, and Families (WCF) Commission was also able to release new 2023 infant mortality rate (IMR) information in July as part of the Labor of Love infant mortality summit. The overall IMR for Indiana in 2023 was 6.6 infant deaths per 1,000 live births with 524 infant deaths. This is a decrease from the Indiana IMR of 7.2 in 2022 (577 infant deaths). This data was obtained, analyzed and released a full 8 months earlier. This will provide more real time interventions and assistance for the Department and its partners.

The team was also able to identify that the rates for Hispanic, Non-Hispanic Black, Non-Hispanic White, and Additional and Unknown Races and Ethnicities all experienced decreases from 2022 to 2023. While all groups saw decrease in their infant mortality rates, Non-Hispanic Black infants experienced the smallest reduction in rate (from 14.1 to 13.9), compared to



Hispanic, Non-Hispanic White, and Additional and Unknown Races and Ethnicities (from 7.9 to 7.0, 5.6 to 5.1, and 10.1 to 8.4, respectively).

Fatality Review and Prevention

The Fatality Review and Prevention program within WCF works to prevent deaths in Indiana through state and local level comprehensive reviews and surveillance of risk factors. This information is shared with community partners and used to move data to action. WCF assists teams as they conduct high quality reviews and build connections with local health departments, social services agencies, and healthcare providers.

Fetal-Infant Mortality Review

Local Fetal-Infant Mortality Review (FIMR) teams review deaths that occur during pregnancy and deaths that occur within 12 months following delivery. Since October 2023, the FIMR program has expanded to 25 teams (up from 16) covering 71 counties (up from 36). Having FIMR teams in more counties enables the Department and local communities to identify systems gaps, barriers, and factors that contribute to the state's high infant and fetal mortality rates. Through increased FIMR programming, IDOH is successfully empowering local communities to implement prevention initiatives that are informed by the fatality review process and implemented by Community Action Teams. FIMR teams work to increase awareness of the importance of future pregnancy planning (especially for high-risk patients), provide education about the importance of monitoring fetal movement, and make bereavement care and follow-up support after a loss a standard of care.

Child Fatality Review

Local Child Fatality Review (CFR) teams are required to review all deaths of Indiana children under the age of 18 that are sudden, unexpected, or unexplained, all deaths that are assessed by the Indiana Department of Child Services, and all deaths that are determined to be the result of homicide, suicide, accident, or are undetermined. Because of changes to legislation in 2022, Indiana now has 67 local teams covering all 92 counties. This is the first time that all counties have had local CFR teams since the program was moved to IDOH in 2013. Local teams throughout the state review between 300 and 400 child deaths each year and implement prevention in local communities. These initiatives include water safety and drowning prevention, infant safe sleep, and pediatric suicide prevention.

Maternal Mortality Review Committee

The Statewide Maternal Mortality Review Committee (MMRC) reviews deaths of women who were pregnant at the time of death or within one year postpartum, regardless of cause. As of August 2024, the MMRC completed its reviews of all identified maternal



deaths from 2018-2022 and released its fourth report with 2018-2021 data. For the 367 deaths that occurred in 2018 through 2022, the Committee determined the top cause of maternal death in Indiana was overdose (unintentional and undetermined intent). The MMRC also identified substance use disorder and mental health conditions as the most common contributing factors to Indiana's pregnancy-associated deaths. In the most recent report, the MMRC identified 271 individual recommendations to improve maternal health and safety, including fully utilizing the Indiana Pregnancy Promise Program for mothers with a history of opioid use.

Suicide and Overdose Fatality Review

Suicide and Overdose Fatality Review (SOFR) teams review deaths of adults who have died by suicide or accidental drug poisoning. There are currently 32 local SOFR teams covering 33 counties in Indiana, with eight new teams developed during 2023 and 2024. The program continues to expand to more counties through collaborations with local health departments. In the past year, SOFR teams have implemented several recommended prevention strategies, such as providing loss support for children whose parents died by suicide or overdose, raising awareness about 988, and educating adolescents and parents on social media and technology safety.

Challenges during the FY 2024 – 2025 Biennium

Supporting New Opt-in Counties

In May 2024, six counties opted in to receive HFI funding, totaling all 92 counties. In addition to support for the 86 counties opting in during 2023, the Regional Teams also provided robust assistance to the six new opt-in counties to ensure they met requirements of the legislation, including the same level of resources and connections to partners and Department staff. These new counties had a slightly longer deadline to submit budget plans, but the same deadline to submit local key performance indicators, requiring significant time and expertise from Department teams.

Flatlined Federal Funding for Healthcare Regulatory Commission

The Consumer Services and Health Care Regulation Commission is funded by a combination of federal and state dollars that are allocated for Medicare surveys (Title 18 of the Social Security Act), Medicaid surveys (Title 19 of the Social Security Act), and state licensure surveys. Since 2016, federal Medicare funding has been flatlined at \$7,313,057. This budget is not adequate to cover current costs because of salary adjustments made as a result of the 2022 salary study and increased staffing needs in the Home and Community Based Care division.



Salary and fringe adjustments in 2022 for each of the approximately 200 survey staff exceeded \$21,000 per position on average, with smaller increases for the remainder of the commission's staff. In 2023, federal CARES Act funds were used to reduce this shortfall, but those funds are no longer available.

Additionally, because of the state and federal emphasis on reducing our nursing home populations and moving our aging population to home and community-based settings, the number of Home Health Agency licensees has increased substantially. To meet the survey needs of these agencies, 17 additional staff were added in 2019 to the Home and Community Based Care division.

Increased-Complexity Healthcare Engineering Reviews

The healthcare engineering team reviews construction, renovation, and remodeling plans for various types of healthcare facilities to ensure that plans are compliant with state rules, building codes and guidelines, and, for some facility types, federal life safety code provisions. Over the past several years, the complexity of plans submitted to the IDOH has increased while staffing has remained stagnant for over a decade.

In 2024 alone, IDOH expects 6 replacement hospitals to be submitted for plan review. Each replacement hospital takes an extraordinary amount of time to review. For example, one replacement hospital that was reviewed in 2023 took four engineers (80% of the current staff) 20 working days to review and approve plans covering approximately 662,000 square feet. During that timeframe, only one reviewer was available to review any of the other 250 projects submitted for review in 2023. This year, one replacement hospital review is expected to cover approximately two million square feet. Roughly extrapolating the expected time to review this project based on the speed and square footage of the IU-Bloomington hospital, it will take the engineering team three months to review this single project.

Sunsetting of COVID-19 Grants

The Department has historically received significant federal grant funding, receiving nearly \$500 million annually to support essential public health services and drive innovation. These grants have been instrumental in funding various programs, from disease prevention and health promotion to maternal and child health initiatives. In addition, this funding has allowed for the development and implementation of new and innovative approaches to addressing public health challenges in the state.

With the onset of the COVID-19 pandemic, IDOH received an additional \$500 million in federal grants since 2020. This funding had been crucial in providing key epidemiological resources to communities, enhanced testing and vaccination efforts, and other essential public health interventions. It enabled us to invest in sustainable infrastructure, not only to expand our capacity to respond to the evolving needs of the pandemic, but to better position our state to



respond to any future emergencies and enhance public health service delivery to protect the health of Hoosiers.

However, as the pandemic subsided and federal funding priorities shift, these additional funds are sunsetting, and overall federal grant allocations have diminished. IDOH worked hard to ensure that the level of service we provide has not diminished, and we are actively working to streamline our operations and have found innovative ways to do more with less.

Objectives for FY 2026 – 2027 Biennium

Key Focus: Building on Success and Transforming Public Health

The agency is committed to using the successful foundation of Health First Indiana (HFI) as a springboard to revolutionize the public health system. The focus extends beyond simply maintaining the status quo; it's about enacting meaningful, data-driven change that has a tangible impact on the health and well-being of every Indiana resident.

Empowering Local Communities: Putting Decision-making in the Hands of Those Who Are Closest to the Issues

The agency recognizes that local communities are uniquely positioned to identify and address their specific health challenges. The plan is to empower these communities by offering resources, technical assistance, and data-driven insights. By collaborating closely with local partners and health departments, the agency aims to foster a sense of ownership and encourage solutions tailored to each community's distinct needs.

Data-Informed Approach: Making Informed Decisions

Data will be the cornerstone of every decision the agency makes. This means analyzing both state-level and local data to identify trends, understand challenges, and track progress. The goal is to equip local communities with the information they need to make informed choices about health initiatives and resource allocation.

Measuring Success: Tracking Progress and Ensuring Transparency

Key performance indicators (KPIs) will act as a compass, guiding the agency and communities towards measurable progress. These KPIs will be focused on crucial health areas like obesity, youth tobacco use, and maternal and infant health. Real-time data dashboards will serve as a window into the state's health, allowing citizens to track progress and hold decision-makers accountable.



Strengthening Partnerships: Working Together to Achieve Shared Goals

Collaboration is key to achieving meaningful change. The agency is committed to strengthening partnerships with local stakeholders, including healthcare providers, community organizations, and businesses. By fostering open communication and mutual trust, the agency aims to create a network of support that enables everyone to contribute to the collective goal of improved public health.

Overall Vision: A Data-Informed, Locally Empowered Public Health System

The agency envisions a future where Health First Indiana is more than just a program; it is a driving force behind a completely revitalized public health system. This system will be rooted in data, empowered by local communities, and focused on measurable health improvements. Trust in the Department of Health will be cultivated through transparency and a demonstrated commitment to improving the quality of life for all Indiana residents. This vision is supported by a commitment to fiscal responsibility, ensuring that the agency remains a responsible steward of public resources while driving meaningful change.

Agency Key Performance Indicators (KPIs)

The key performance indicators for the Indiana Department of Health are:

- **Enhance Maternal and Infant Health:** Achieve a reduction in infant mortality rates across Indiana.
- **Promote Trauma and Injury Prevention:** Decrease the incidence of preventable injuries resulting in death among individuals aged 1-44 years.
- **Expand Lead Exposure Screening:** Increase the number of unique children in Indiana tested for elevated blood lead levels.
- **Advance Tobacco Prevention and Cessation:** Lower the rates of e-cigarette and nicotine product use among youth in Indiana.
- **Combat Obesity:** Reduce the prevalence of obesity among Hoosiers in Indiana.
- **Boost Utilization of Infectious Disease Testing and Treatment:** Increase the utilization of HIV, HCV, and syphilis testing and treatment services.

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