



Indiana
Department
of
Health

STATE BUDGET COMMITTEE BIENNIUM BUDGET PRESENTATION

Kris Box, MD, FACOG
State Health Commissioner

December 14, 2022

OUR MISSION

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

OUR VISION

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Agency Structure

- State Health Commissioner
 - Deputy Health Commissioner of Local Health Services
 - Chief of Staff
 - Chief Strategy Officer
 - Chief Medical Officer
 - Chief Communications Officer
 - State Epidemiologist
 - Assistant Commissioners (4)
- Four Commissions
 - Health and Human Services
 - Consumer Services & Health Care Regulation
 - Laboratory Services
 - Public Health Protection

Lindsay Weaver, MD
Chief Medical Officer

Kristina Box, MD
State Health Commissioner

Jeni O'Malley
Chief Communications Officer

Pam Pontones, MA
Deputy Comm., Local
Public Health Svcs

Amy Kent
Chief Strategy Officer

Shane Hatchett, MS
Chief of Staff

Eldon Whetstone, JD
Assist. Comm.,
Health & Hum Svcs

Amy Kent (interim)
Assist. Comm.,
Consumer & Health
Care Regulation

Lixia Liu, PhD
Assist. Comm. &
State Lab Director

Megan Lytle
Assist. Comm., Pub.
Health Protection

Eric Hawkins, MS
State
Epidemiologist

- Northern Region HO/Administrator
- Central Region HO/Administrator
- Southern Region HO/Administrator
- Health Issues and Challenges Division
- Local Health Dept. Outreach Division
- CDC Infrastructure Grant
- School Health Liaison

- Legislative and External Affairs
- Healthy Hoosiers Foundation
- Public Health Performance Management/CQI
- Data Analytics
- Governor's Public Health Commission

- Admin Services
- Finance
- Technology & Cybersecurity
- Legal Affairs
- Human Resources
- Workforce Development
- Minority Health

- Women, Infants, & Children
- Maternal & Child Health
- Children's Special Healthcare
- Women's Health
- Chronic Disease & Rural Health
- Nutrition & Physical Activity
- Trauma & Injury Prevention
- Fatality Review & Prevention
- Center for Deaf & Hard of Hearing
- Oral Health
- Tobacco Prevention and Cessation

- Long-term Care
- Survey Support and Guidance
- Acute & Continuing Care
- Complaints & Incidents
- Program Performance & Development
- Radiology, Weights, & Measures

- Chemistry
- Clinical Microbiology
- Environmental Microbiology
- Virology & Serology
- Biological Preparedness & Outreach
- Quality Assurance

- Environmental Health
- Food Protection
- Emergency Preparedness
- Lead & Healthy Homes
- Immunizations
- HIV/STD/Viral Hepatitis

- Infectious Disease Epidemiology & Prevention



Agency Priorities



Indiana
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Indiana's Infant Mortality Rate

- 2019 infant mortality data showed 6.5 infant deaths per 1,000 live births, **lowest rate since 1900** (2017 IMR was 7.3)
 - Non-Hispanic Black rate decreased to 11 (from 13)
 - Latino/Hispanic rate increased slightly to 6.4 (from 6.1)
- 2020 infant mortality data 6.6 infant deaths/1,000 live births
 - Non-Hispanic Black rate went back up to 13.2 (from 11)
 - Latino/ Hispanic and Non-Hispanic White rates both declined
 - Non-Hispanic Black IMR is 2.4 times higher than Non-Hispanic White IMR
- Preliminary data show that the 2021 IMR is 6.7

Indiana's Maternal Mortality

- Indiana's Maternal Mortality Review Committee has completed review of maternal deaths for 2018, 2019 and 2020 and released the 2020 report this past fall
- When averaging the three years of maternal mortality rates by race and ethnicity for pregnancy-associated deaths, disparities exist with:
 - Non-Hispanic White women experiencing 91.6 deaths/100,000 live births
 - Non-Hispanic Black women experiencing 128.8 deaths/100,000 live births
- Overdose accounts for 31% of pregnancy-associated deaths
- Almost 80% were deemed preventable by the committee

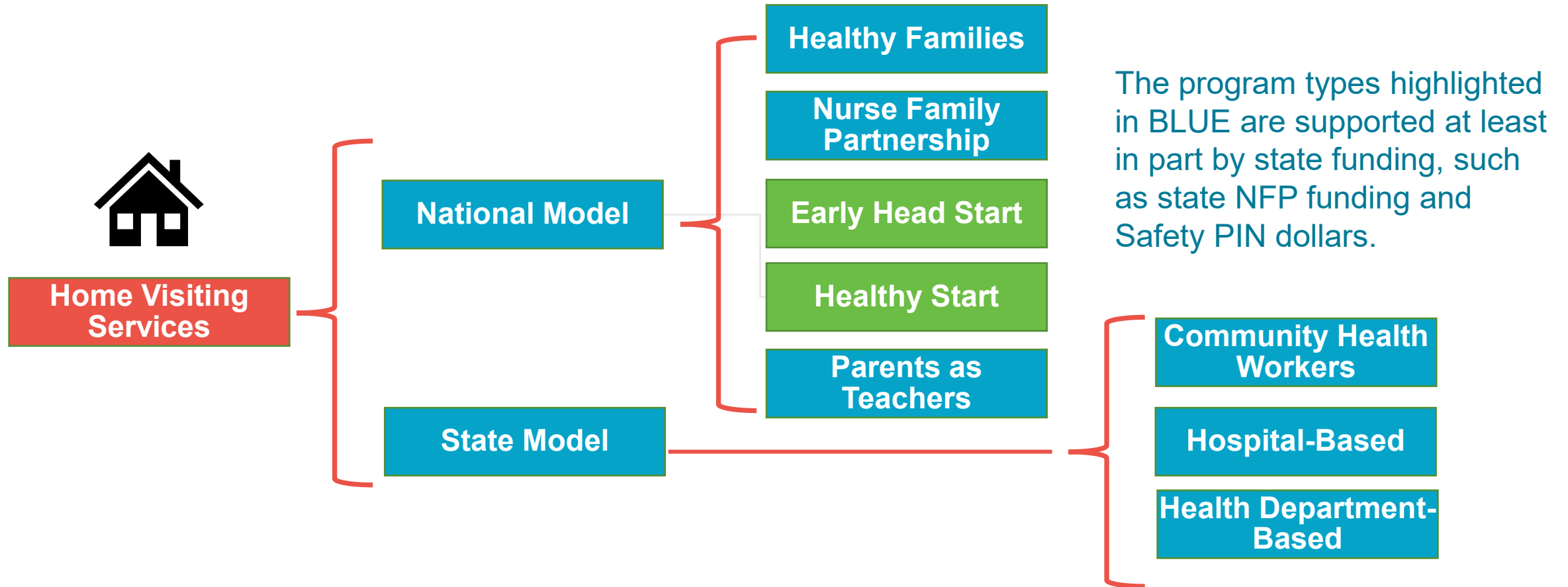
My Healthy Baby

- OB Navigator program, now known as My Healthy Baby was established by the General Assembly in 2019 and officially went live in January 2020
- This program is a collaboration between IDOH, FSSA and DCS
- Statewide implementation will be completed the first week of May 2023
- The goal of this program is to connects pregnant women to a family support provider (home visitor) to support women through their pregnancy and at least the first year of the baby's life, connecting them to early prenatal care and wraparound services

My Healthy Baby State Funds

- MHB state funds are \$3.3M per year
 - State fiscal year 2022 total spend: \$2,940,504
 - State fiscal year 2023 total spend: \$3,300,000
- MHB uses federal match wherever possible
- FSSA is using SEA 2 funding to explore sustainability for doulas and federally recognized home visiting programs like Healthy Families and Nurse Family Partnership

Home Visiting Services



Expanded Funding from 2022 Special Session

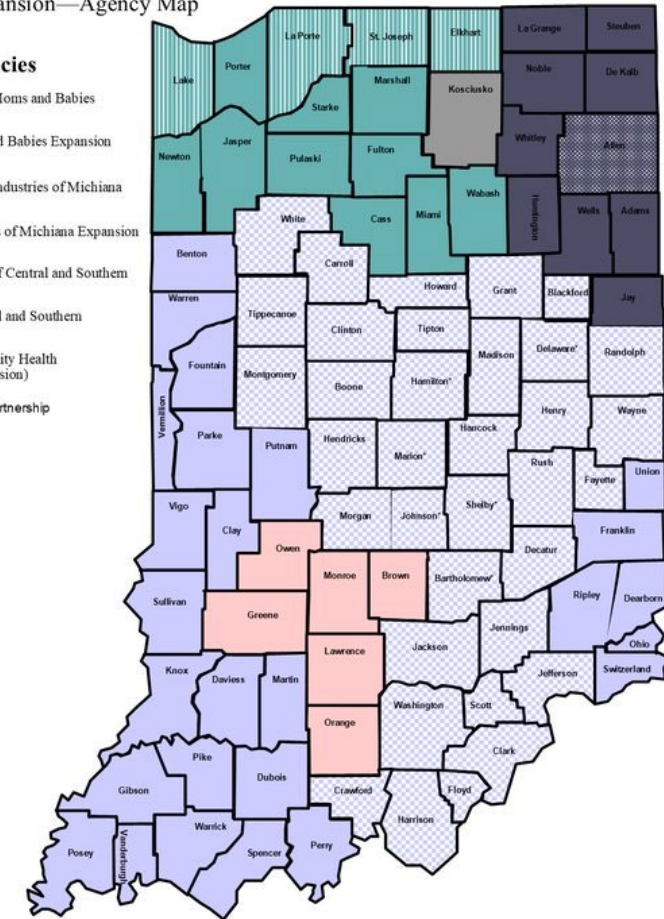
- \$10M for Nurse Family Partnership
 - Expanding NFP coverage statewide
- \$5.5M for Safety PIN
 - Granting money to organizations in counties with inpatient obstetrical services to hire advanced practice nurses to deliver women's health services in surrounding counties without these services
- \$2M for Real Alternatives
 - Pregnancy and parenting support services

IDOH Investment – Nurse Family Partnership

Total IDOH Investment in Direct Services for NFP				
Site	Funding Source	Budget Period	Annual Funded Capacity	Annual Investment of funds by IDOH
GIM	Title V	10/1/2022-9/30/2023	150	\$867,368.00
GIM	TANF	10/1/2022-9/30/2023	50	\$214,000.00
GIM	MIECHV	10/1/2022-9/30/2023	200	\$1,135,477.00
GCSI	MIECHV	10/1/2022-9/30/2023	400	\$2,001,201.00
GIM	MIECHV ARP 2	10/1/2022-9/30/2023	75	\$356,693.00
		Total Federally Funded NFP	875	\$4,574,739.00
GCSI	State NFP	7/1/2022-6/30/2023	625	\$3,220,340.00
IUHB	State NFP	7/1/2022-6/30/2023	163	\$765,840.00
HMB	State NFP	7/1/2022-6/30/2023	200	\$848,310.00
GCSI	State NFP Expansion	12/1/2022-6/30/2024	925	\$5,113,400.00
IUHB	State NFP Expansion	12/1/2022-6/30/2024	38	\$210,064.00
HMB	State NFP Expansion	12/1/2022-6/30/2024	200	\$1,105,600.00
GIM	State NFP Expansion	12/1/2022-6/30/2024	525	\$2,902,200.00
		Total State Funded NFP	2676	\$14,165,754.00
		Total IDOH funded NFP	4426	\$18,740,493.00

Nurse Family Partnership
in Indiana
2022 Expansion—Agency Map

- NFP Agencies**
- Current Healthier Moms and Babies
 - Healthier Moms and Babies Expansion
 - Current Goodwill Industries of Michiana
 - Goodwill Industries of Michiana Expansion
 - Current Goodwill of Central and Southern Indiana
 - Goodwill of Central and Southern Indiana Expansion
 - IU Health Community Health (Current and Expansion)
 - GIM and HMB—partnership

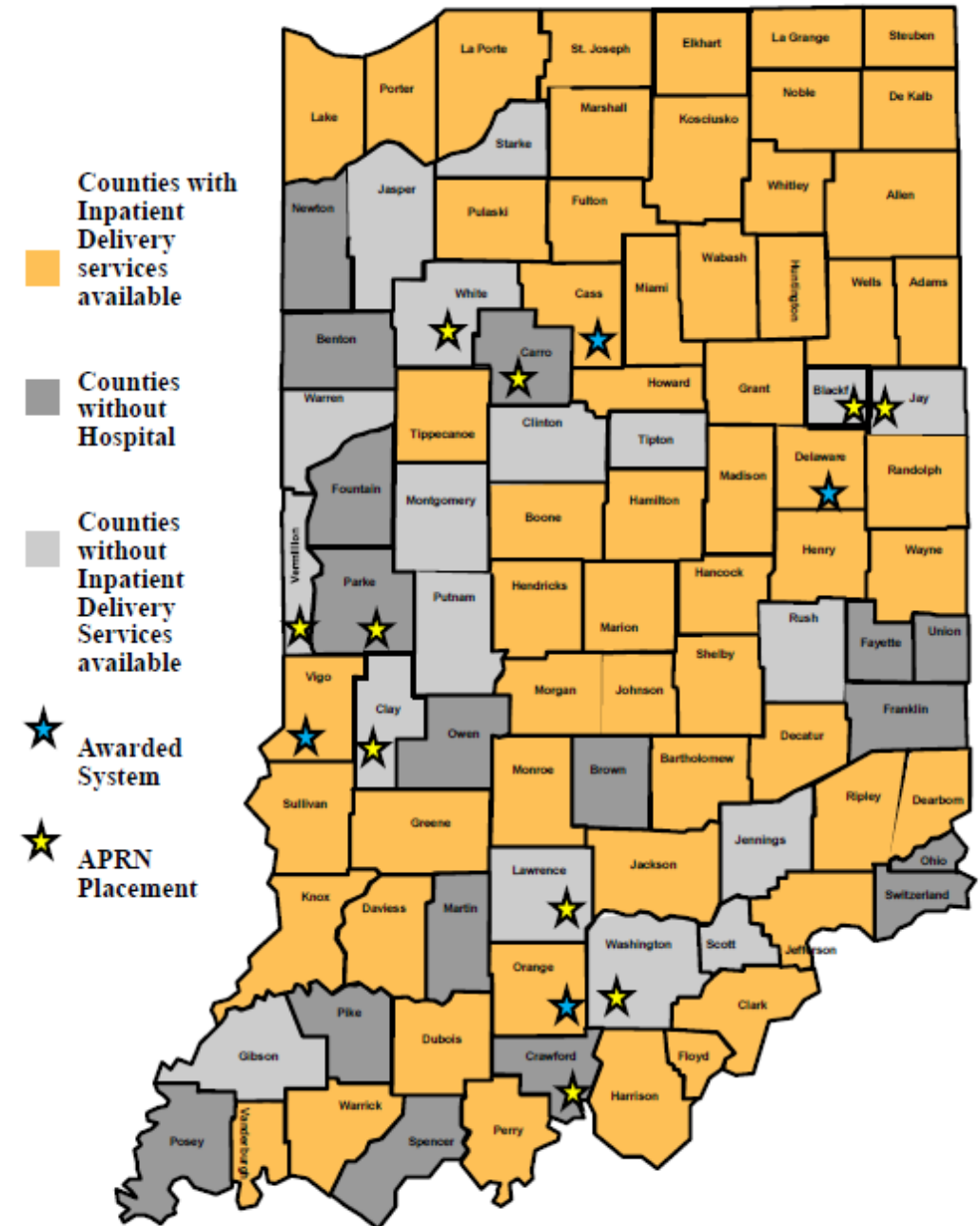


Safety PIN

- Statewide funding for grantees providing doula services, home visiting, parent education, safe sleep promotion, fetal infant mortality reviews, and statewide hospital implementation of programs to address most common causes of infant and maternal mortality.
- Access to prenatal care (expanding 2022)
 - Logansport Memorial
 - IU Health
 - Union Hospital
 - Southern Indiana Community Health Care

Access to Prenatal Care

- In 2021, four agencies received two-year grants (total of \$1,498,662) to support advance practice nurses in OB deserts:
 - **Logansport Memorial**
 - **Union Hospital**
 - **IU Health**
 - **Southern Indiana Community Health Care**
- Successes have included:
 - Earlier prenatal care, closer to home
 - Collaborative care models (physicians, APRNs, community health workers)
 - Innovations in mental health care and support
 - Implementation of a care-in-the-home option
- Next steps:
 - All four agencies plan to continue the work after the grants end
 - Indiana Department of Health intends to offer the grant opportunity new partners using SafetyPIN



\$50M Health Issues and Challenges Grant

Round 1 (2022)

- \$34.5M awarded to 120 organizations for 147 programs
- \$4M for state support in case management and lead abatement
- \$3.6M allocated for grant administration

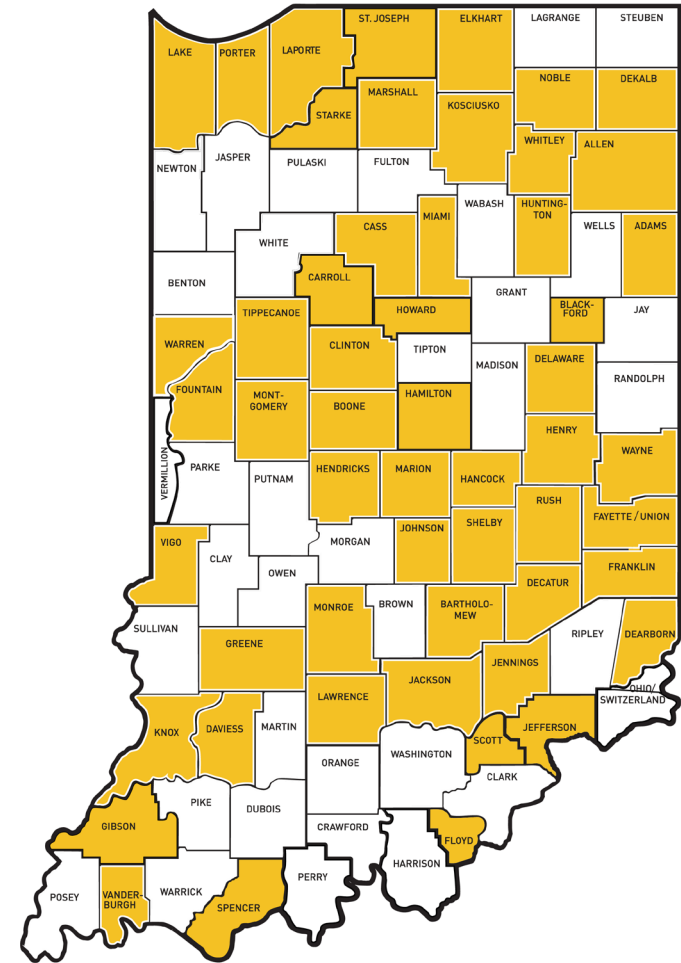
Round 2 (2023)

- \$7.9M balance remaining
- Reviewing 154 applications through December 2022
- Award period to begin July 1

Round 1 Health Issues and Challenges Awards

Category	Number of Awards*
Asthma	3
Cancer	6
Cardiovascular health	9
Diabetes	8
Community health workers	29
Community paramedicine	11
Tobacco prevention/cessation	5
Hepatitis C	1 (1 grantee, 1 subrecip.)
Elevated blood lead levels	44
Food insecurity	31

* Some organizations received multiple awards



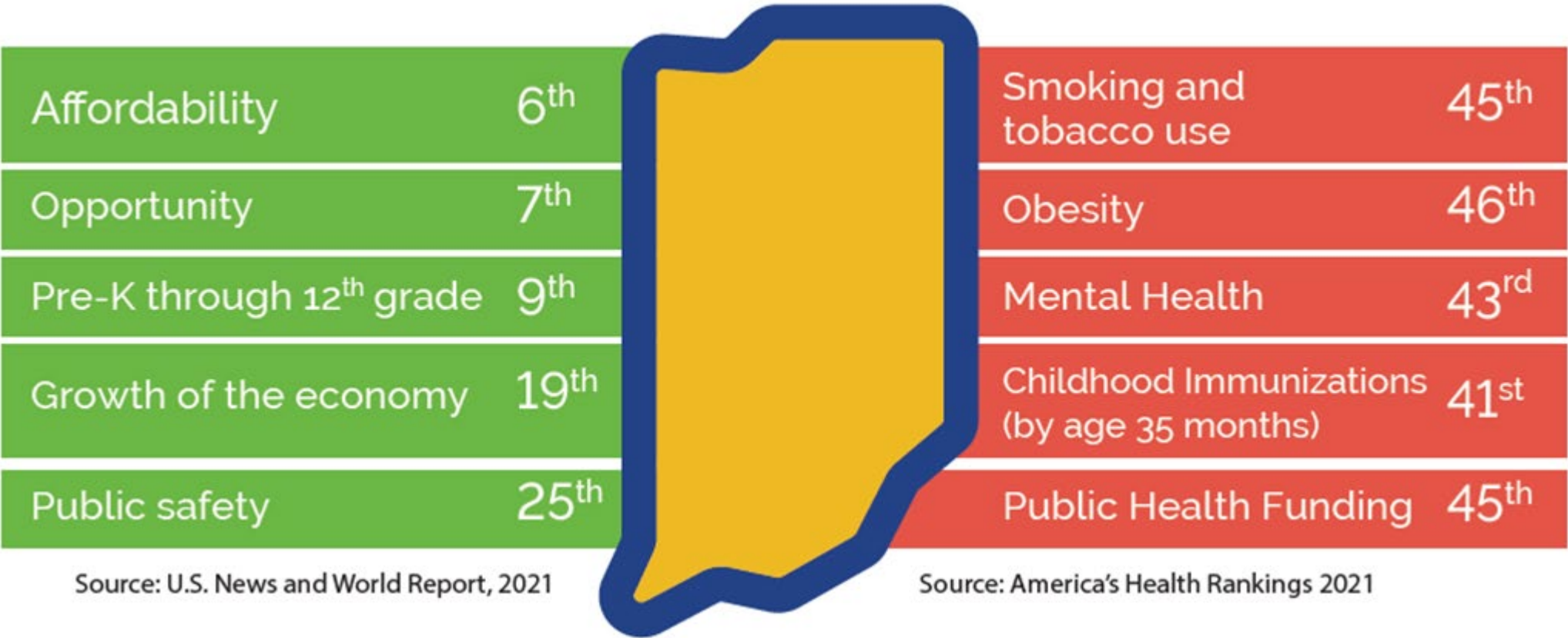


INDIANA GOVERNOR'S PUBLIC HEALTH COMMISSION



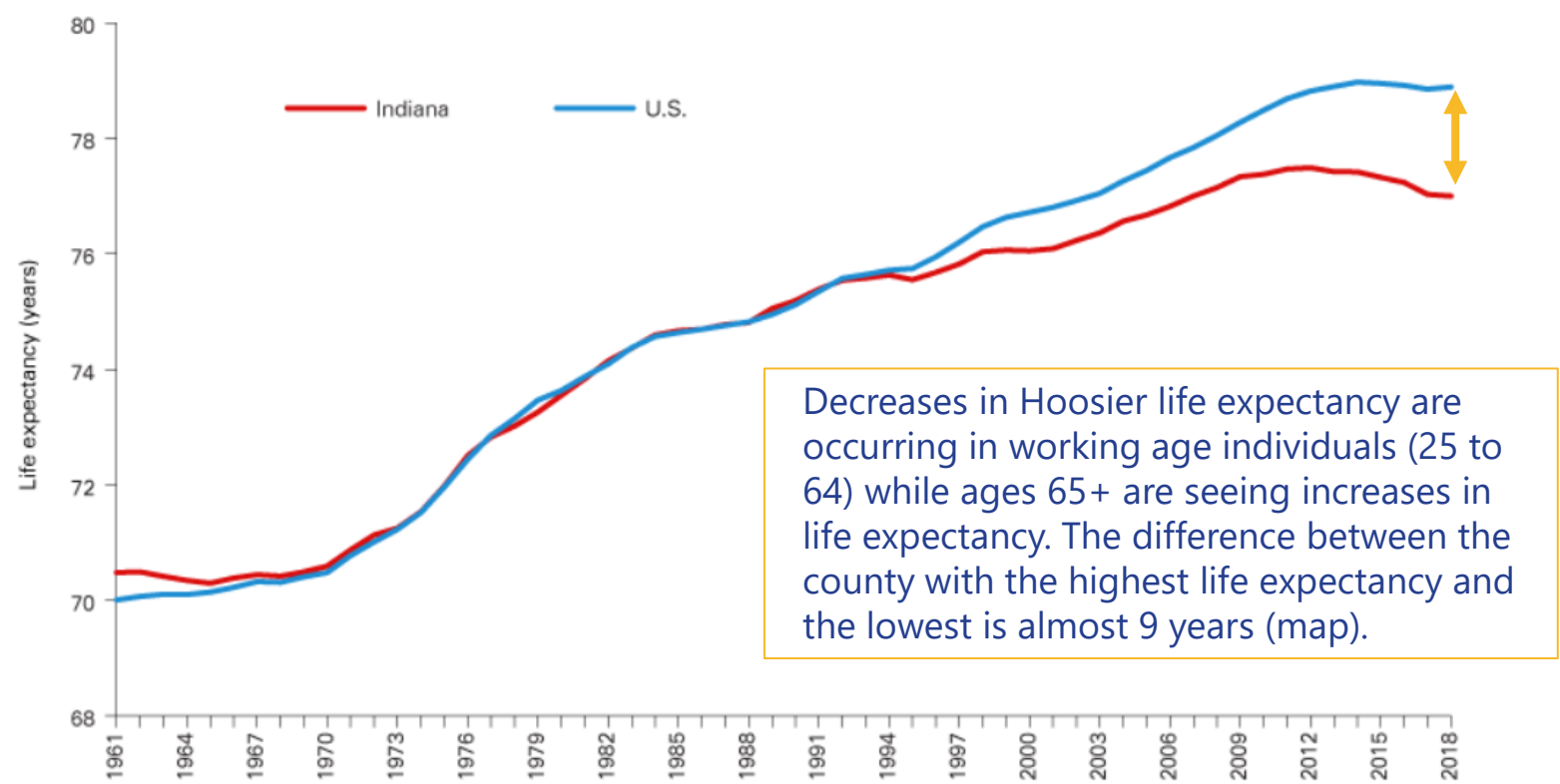
Report to the Governor in fulfillment of Executive Order 21-21
Submitted by the Staff of the Indiana Department of Health

How Indiana Ranks Nationally

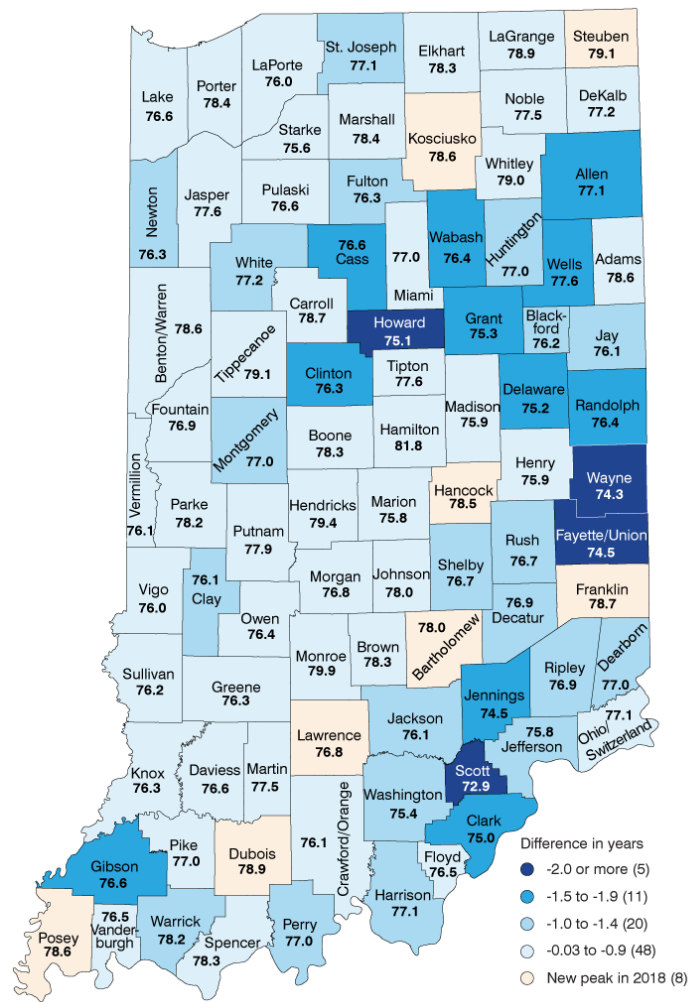


Life Expectancy in Indiana

Figure 1: Life expectancy at birth, three-year moving average



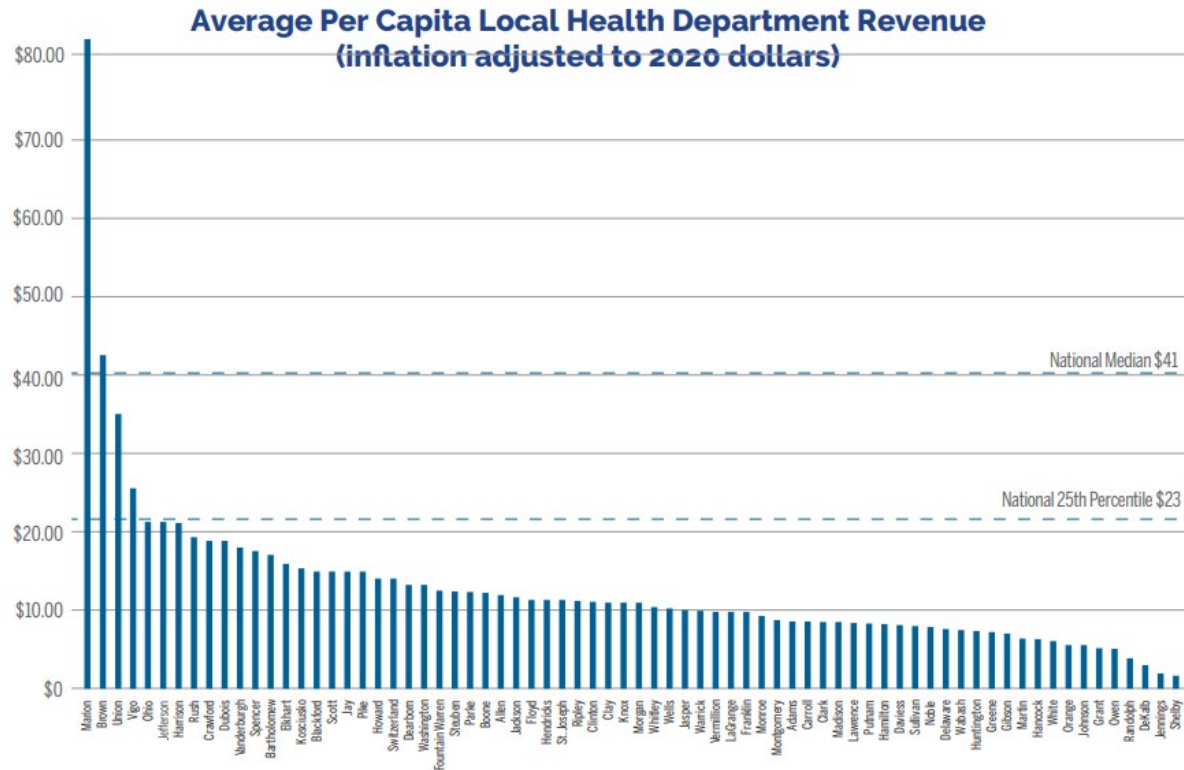
Source: United States Mortality Database. University of California, Berkeley (USA). Available at usa.mortality.org (data downloaded on 5/10/2021).



GPHC Reviewed Six Public Health Areas

1. Governance, Infrastructure and Services
 - Define core public health services available in every jurisdiction, regional support team model, credentials for local health officers and representatives to local health boards
2. Public Health Funding
 - Increase public health funding, sustainable public health investments, and maximize all funding sources
3. Workforce
 - Establish State Health Workforce Council and develop public health and healthcare workforce plan
4. Data Information Integration
 - Maintain the IDOH Office of Data and Analytics to securely analyze public health data for quality improvement and disease prevention and support local health departments
5. Emergency Preparedness
 - Invest in a State Strategic Stockpile, State Trauma System and trauma care, EMS training and readiness, access to emergency medical services
6. Child and Adolescent Health
 - Support current school health screenings and support oral health programs

Public Health Funding Findings



Source: Fairbanks School of Public Health Indiana Public Health System review, December 2020

Marion County Health and Hospital Corporation (MCHHC)

MCHHC is the only county-based LHD organized, by statute, as a municipal corporation. In addition to operating an LHD, MCHHC operates inpatient and outpatient facilities, long term care facilities, and Indianapolis Emergency Medical Services (EMS).



- Indiana ranked **45th for state government public health expenditures** (America's Health Rankings, 2021)
- Most of our local public health funding comes from the local government, ~70% , many times from property taxes.
- Across the nation this is reversed in many states, where the State government is the bulk of the funding for a local public health department.
- The revenue of **90 of our 94** local health departments **is below the National 25th percentile**
- Funding per capita ranges from \$1.25 to \$83 (Marion Co) across our state

Current Required LHD Services



Vital records

- Birth and death certificates



Environmental services



Food protection and inspection



Fatality review



Lead assessment and case management



Immunizations



Infectious disease monitoring and prevention



Tuberculosis control and case management



Tattoo, body piercing, and eyelash safety



Health-related areas during emergencies/ disasters

**On average,
LHDs have
implemented
about half of 20
recommended
public health
activities.**



SOURCE: Fairbanks School of Public Health Indiana
Public Health System Review, December 2020

Future of Public Health

- Additional funding would support consistent delivery of core public health services, including those currently require
- Increased coordination and collaboration at regional and local levels with additional state support for local health departments
- Recognition that services best support Hoosiers when delivered locally

LHD Core Public Health Services



Vital Records

- Provide timely certificates through trained on-staff registrar



Communicable Disease Control

Food Protection

- Conduct inspections, foodborne illness investigations



Immunizations

- Provide access and clinics



Infectious Disease Surveillance and Prevention

- Review data, identify and investigate outbreaks



Tuberculosis Control and Case Management

- Coordinate clinical needs and provide education



Tattoo, Body Piercing, Eyelash Safety and Sanitation

- Respond to complaints and apply the state rule



Access and Linkage to Clinical Care

- Include at least one full-time public health nurse on staff and after-hours access



Health-Related Areas during Emergencies/Disasters

- Staff includes dedicated preparedness coordinator on staff, and ensure resources are available in an emergency



Chronic Disease and Injury Prevention

Tobacco Prevention and Cessation

- Promote prevention and cessation, such as cessation programs or supporting a tobacco control coalition



Trauma and Injury Prevention

- Promote safety to reduce harm, such as injury prevention initiatives



Screenings and referrals

- Screen for chronic diseases such as obesity, diabetes and cancer.



Environmental Public Health

- Investigate complaints, help ensure well water quality and inspect swimming pools



Maternal, Child and Family Health

Fatality Review

- Participate in review teams and develop prevention strategies



Maternal and Child Health

- Provide linkages to care and promote safe sleep



School Health Liaison

- Support school needs, including vision, hearing and dental screenings
- Partner with schools to promote whole child health



Lead Case Manager and Risk Assessment

- Identify exposure risk and ensure no-cost testing for children younger than 7 years



PH Funding Recommendations

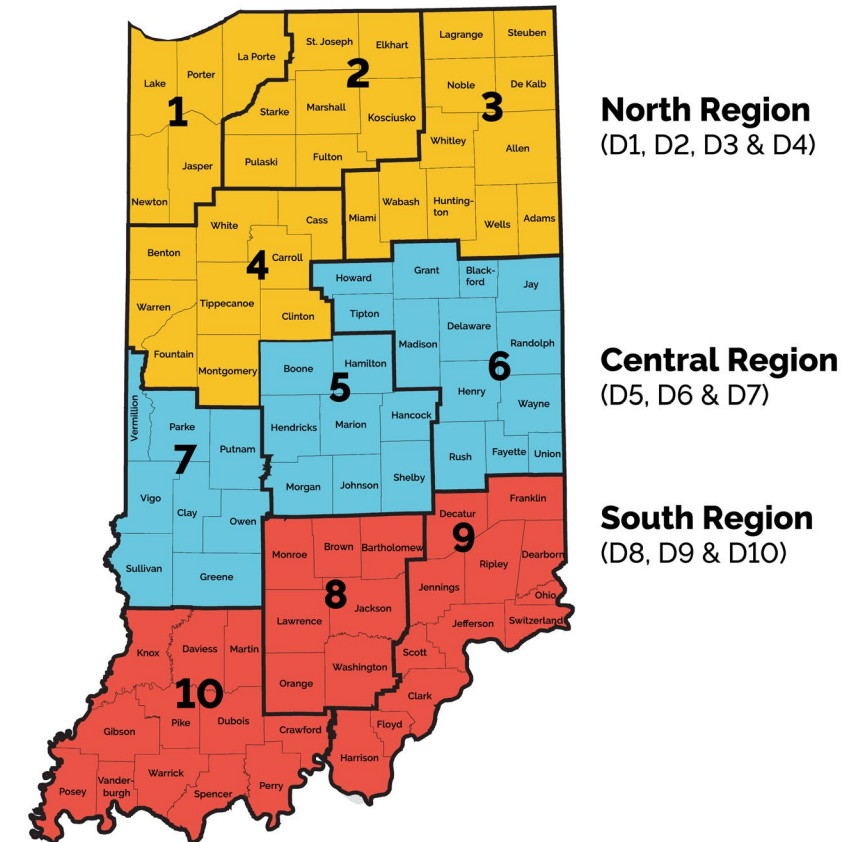
- Increased state investment in public health
 - Provide LHDs with stable, recurring and accessible funding
 - Increase on average of approximately \$30 per capita
- Local elected officials in each jurisdiction get to decide whether to opt-in to additional funding and agree to provide core services would agree to provide core public health services
 - Vote to opt in every five years and maintain at least 20% local cost sharing
- Local officials who opt-out will continue to get state funding at their current amount and can choose to opt-in in one year
- IDOH to provide technical assistance to local health departments

LHD Funding Formula

- \$26 per capita for every county/municipality that opts-in
- County to contribute local cost sharing of at least 20%
- Counties with higher vulnerability will receive additional funding:
 - \$5.00 per capita for highest quartile of Social Vulnerability Index (SVI) or more than 2 years lower than the average life expectancy for Indiana
 - \$3.00 per capita for second highest quartile of SVI or 1 to 2 years lower than average life expectancy for Indiana
- Established minimums for smaller counties (less than 15,000) to provide the required core services

LHD Support and Review

- IDOH requests additional funding for regional personnel to support LHDs in establishing and auditing initiatives to address core public health services
- These additional staff report to IDOH and serve in support role only—**do not direct** work of LHDs
- IDOH will work with LHDs to develop and publicly report on key performance indicators for each of the core public health services



GPHC Funding

GPHC Funding	SFY 2024	SFY 2025
Funding for local public health <ul style="list-style-type: none"> Direct funding to LHDs to provide core public health services 	\$100 M	\$200 M
State level GPHC funding to support local initiatives <ul style="list-style-type: none"> Regional staff to support LHD services Data Analytics Public Health & Healthcare Workforce Planning Oral Health Program FTE & Programming 	\$6.2 M \$3 M \$2.1 M \$900,000 \$200,000	\$9.2 M \$6 M \$2.1 M \$900,000 \$200,000
Emergency Preparedness <ul style="list-style-type: none"> State Strategic Stockpile Trauma System Improvement <i>Emergency Medical Services (*Dept of Homeland Security)</i> 	\$13.75 M \$4 M \$3.3 M \$6.45 M	\$18 M \$4 M \$5.8 M \$8.2 M
TOTAL	\$119.95 M	\$227.2 M

CDC Public Health Infrastructure Grant

- Received notice of award on November 29 for \$50,641,041
- Funding period: December 1, 2022-November 30, 2027
- Funds required grant positions and a portion of regional support teams for local health departments, internships, and public health workforce placements

GPHC Summary

- Every Hoosier deserves access to the foundational public health services
- Local health departments will benefit from additional state support at a regional level
- Investing in public health today assures economic security and prosperity tomorrow through skilled workforce retention, emergency preparedness, and better health outcomes



Budget Request FY2024-25



Indiana
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Budget Request 2024-25

State Fiscal Year	Total Appropriation (General & Dedicated)
SFY 2023 Appropriation	\$142.4 million
SFY 2024-25 Base Budget	\$142.4 million
SFY 2024 Requested Budget	\$262.1 million
SFY 2025 Requested Budget	\$370.2 million

IDOH Change Packages: Non-GPHC

Program	SFY 24 Request	SFY 25 Request	Notes
Agency Operations	\$6,453,148	\$6,897,138	Salary study and rates changes
Lead & Healthy Homes	\$0	\$2,200,000	Beginning SFY 2025 for universal testing
HIV/AIDS Services	\$900,000	\$900,000	Testing and case management for individuals with SUD
CMS Certification	\$140,000	\$140,000	State match for hospice surveyors
Center for Deaf & HH	\$200,000	\$200,000	Staffing to capacity, audiology equipment.
Cancer Registry	\$400,000	\$400,000	Upgrading to new system
Maternal, Child & Infant Health	\$23,500,000	\$23,500,000	Safety PIN (\$5.5M), Nurse Family Partnership (\$10M), Perinatal Systems of Care (\$4M), Title X expansion (\$4M)
TOTAL	\$31,593,148	\$34,237,138	



Questions?



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Appendix



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HIV/Hepatitis C

HIV

- In 2021, Indiana was home to just over 13,036 people living with HIV, with 519 newly diagnosed.
- Average cost for HIV care is \$24,000 per year or up to \$500,000 in medical costs over and individual's lifespan.
- Indiana's HIV viral suppression is 69% compared to the national average of 65%

Hepatitis C (HCV)

- From 2019 to 2021, Indiana saw a 45% decrease in newly confirmed acute HCV cases from 325 to 179.
- In 2021, Indiana's acute HCV rate decreased to 2.6 cases/100,000 (was 4.8/100,000 in 2019).
- Curative treatment for HCV can cost between \$30,000 and \$94,000 per person and average cost billed for a liver transplant is \$577,000.

End the Epidemics (EtE)

- Implemented a 10-year statewide roadmap to eliminate HIV and HCV through collaboration with healthcare and community partners across the state
 - Aligns with the national initiative Ending the HIV Epidemic: A Plan for America
- Four pillars of Indiana's plan:
 - Diagnose as early as possible
 - Treat quickly and effectively
 - Prevent new transmissions through proven interventions, such as PrEP and syringe service programs
 - Respond quickly to potential outbreaks
- Cross-cutting strategies include: Reducing Stigma, Building the Workforce, Whole-Person Centered Approach to Care, Inclusion of People With Lived Experience
- Developed and implemented a 5-year division strategic plan to align with EtE priorities

Smoking Cessation and Vaping

Smoking cessation

- Approximately 3,600 people quit smoking in FY 2022 as result of Indiana Tobacco Quitline for an estimated ROI of \$16 million
- Adult smoking rate dropped from 25.6% in 2011 to 17.3% in 2021, resulting in more than 430,000 fewer adults that smoke; future health cost savings from these declines is \$3.7 billion.

Vaping

- *Behind the Haze* campaign (focused on youth at risk for vaping) has conducted 8 message campaigns; 71% awareness among youth surveyed and 75% awareness among vape users/likely to use; Message effectiveness scores were strong at 3.6 (benchmark is 3.0)
- Partnership with IHSAA is reaching schools, parents and students with the *Don't Puff This Stuff* campaign generating 23 million impressions to date
- Vape Free Indiana Schools Toolkit provides schools with resources; 92% of Indiana's students in public schools have a tobacco free/vape free campus policy.
- VOICE, Indiana's youth empowerment movement promoting tobacco-free lifestyles, has more than 500 active youth.

Lead Testing

- On July 1, IDOH lowered the Elevated Blood Lead Level (EBLL) threshold to match the new recognized threshold set forth by CDC. This change has resulted in a nearly 300% increase in the number of children receiving case management support.
- To support the EBLL drop, IDOH awarded \$4.7M in funding to local health departments to support case management and home inspections for lead.
- In March, HEA 1313 was signed into law, requiring providers (effective Jan. 1, 2023) to screen all children ages one and two years old for lead.
- In January 2023, IDOH will be using \$1.8M to launch 18-month campaigns both statewide and specifically in high-risk communities targeted at getting children lead tested.