



Indiana
Department
of
Health

WAYS & MEANS BIENNIUM BUDGET PRESENTATION

Kris Box, MD, FACOG
State Health Commissioner

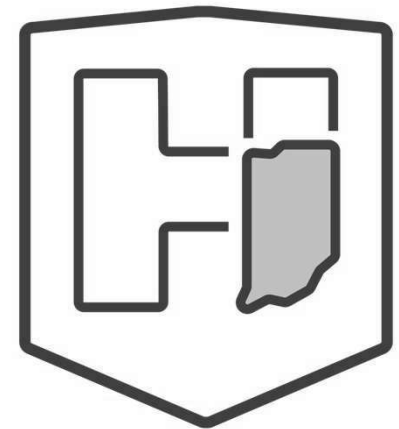
January 18, 2023

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.



Infant and Maternal Mortality Rates

- After reaching record lows in 2019, Infant Mortality Rate crept up in 2020 and 2021
 - 2021 preliminary figures show 6.7 deaths per 1,000 live births
 - Significant disparities within subpopulations still exist
- 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
 - Almost 80% were deemed preventable by the committee
 - Overdose accounts for 31% of pregnancy-associated deaths
 - Also seeing disparities among maternal deaths

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 connect 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



Infant & Maternal Health State Funds

My Healthy Baby - \$3.3 M 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

Safety PIN - \$5.5 M per year

- Historic funding being used to support home visiting programs across the state
- SEA 2 added \$5.5 M for SFY 23, which is being used to support counties without inpatient OB care.

Nurse Family Partnership - \$5 M per year

- SEA 2 added \$10 M for SFY 23 to expand NFP statewide

FSSA is using additional SEA 2 funding to explore sustainability for doulas and federally recognized home visiting programs like Healthy Families and Nurse Family Partnership

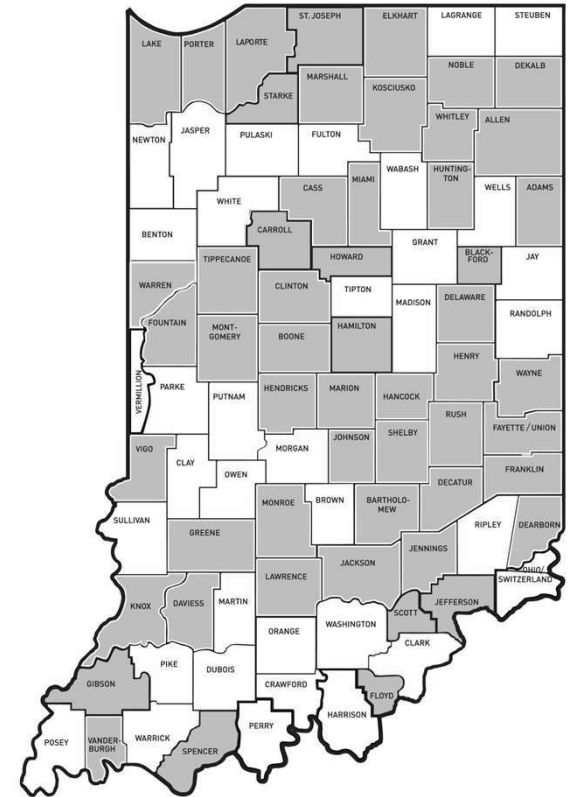
\$50M Health Issues and Challenges Grant

Round 1 (2022)

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

Round 2 (2023)

- \$7.9M balance remaining
- Reviewing 154 applications through Dec. 2022
- Award period to begin Jul. 1



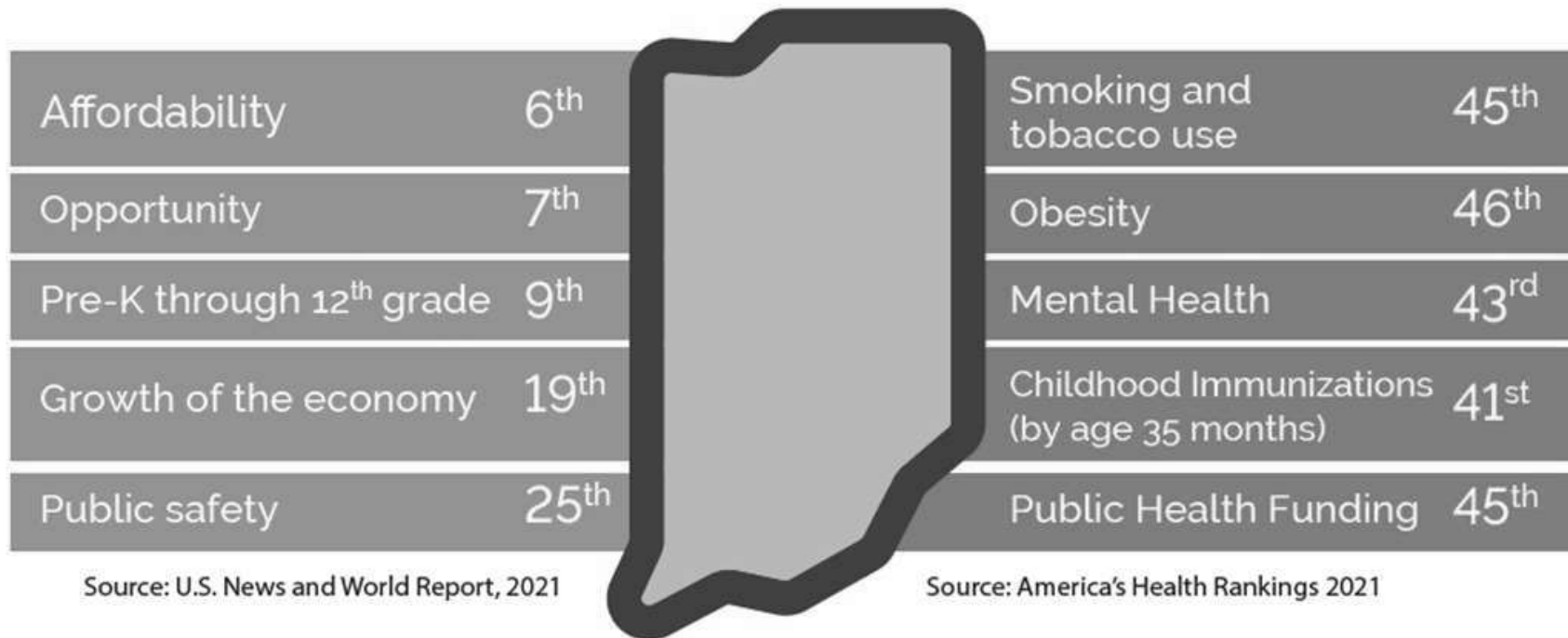


INDIANA GOVERNOR'S PUBLIC HEALTH COMMISSION



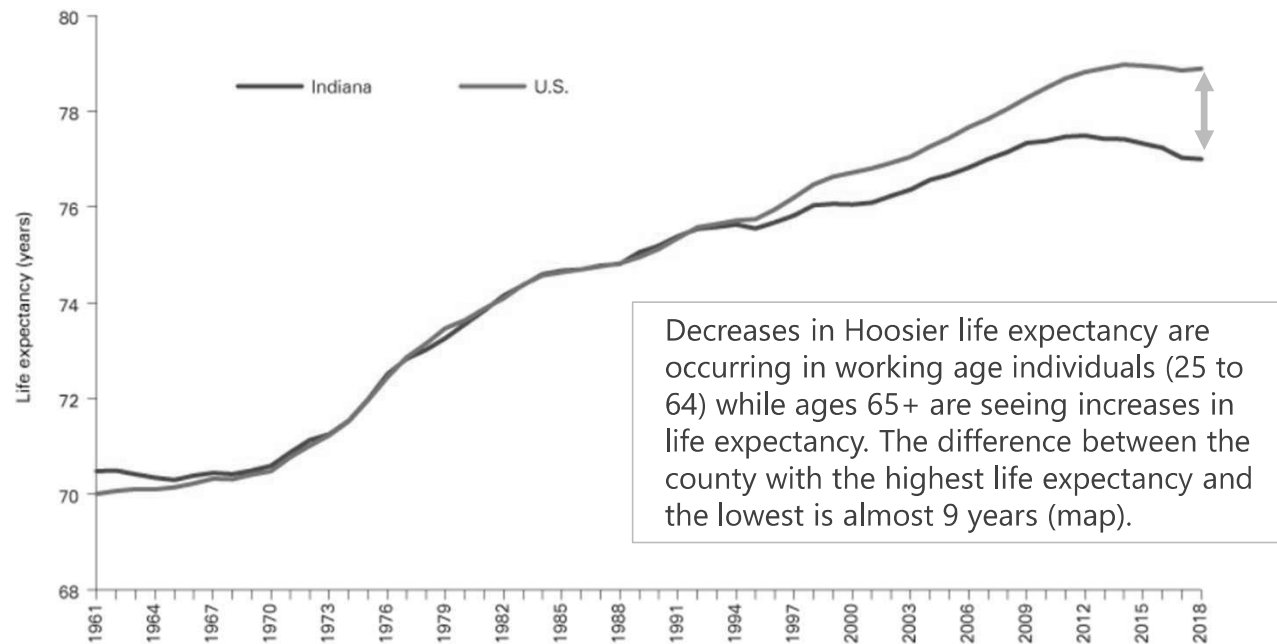
Report to the Governor in fulfillment of Executive Order 21-21
Submitted by the Staff of the Indiana Department of Health

How Indiana Ranks Nationally

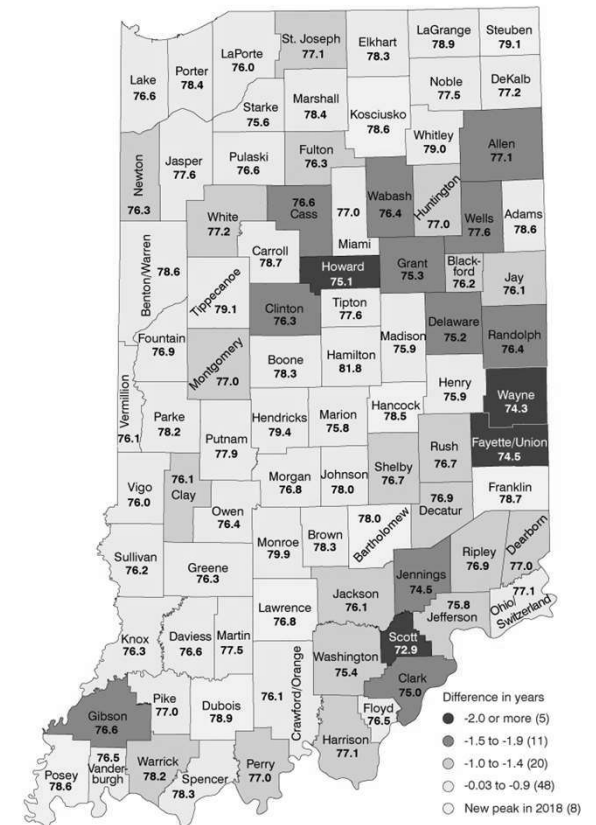


Life Expectancy in Indiana

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



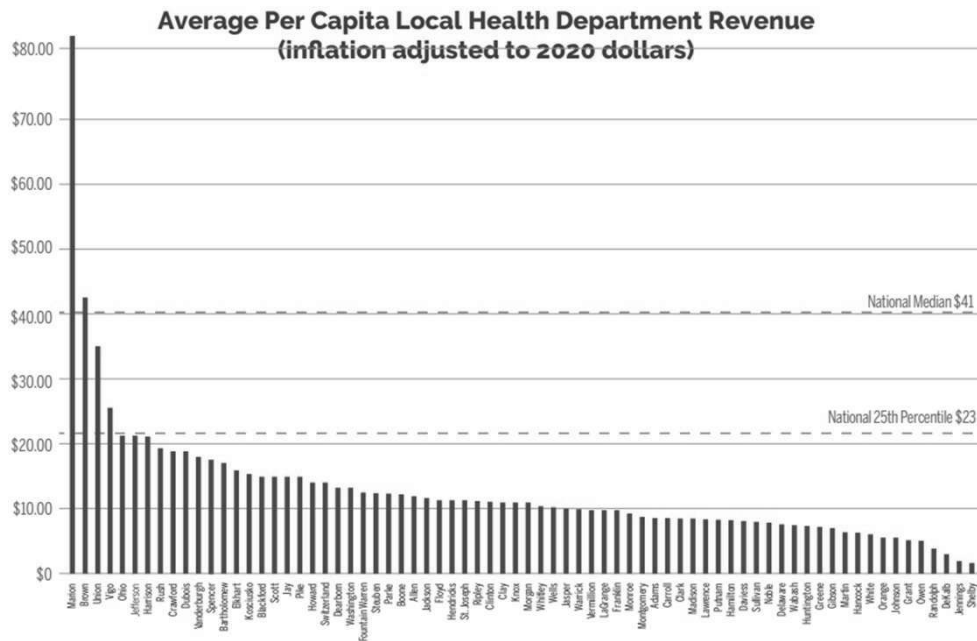
Source: United States Mortality Database. University of California, Berkeley (USA). Available at usa.mortality.org (data downloaded on 5/10/2021).



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 IndianaPublic 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).

- 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 a larger percentage 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

LHD Core Public Health Services

Current Required LHD Services

- **Vital Records (Birth and Death Records)**
- **Environmental Health**
- **Food Protection and Inspection**
- **Fatality Review**
- **Lead Case Manager and Risk Assessment**
- **Immunizations**
- **Infectious Disease Monitoring and Prevention**
- **Tuberculosis Control and Case Management**
- **Tattoo, Body Piercing, Eyelash Safety and Sanitation**
- **Health-Related Preparedness for Emergencies/Disasters**

Additional Local Public Health Services



Full Time Public Health Nurse

Clinical services, prevention, and linkage to care



School Health Liaison

Support school needs, including vision, hearing and dental screenings



Tobacco Prevention and Cessation

Support prevention for youth vaping and cessation for pregnant women or supporting a tobacco control coalition



Trauma and Injury Prevention

Promote safety to reduce harm, such as injury prevention initiatives



Maternal and Child Health

Provide linkage to care and promote safe sleep

PH Funding Recommendations

- Provide stable, recurring and accessible funding
- Local elected officials decide whether to opt-in to additional funding and agree 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 the first year will continue to receive state funding at their current (legacy) amount and have the option to opt-in in year two
- IDOH to provide technical assistance to local health departments
 - Grants writing, insurance billing, clinical consultation, and more.

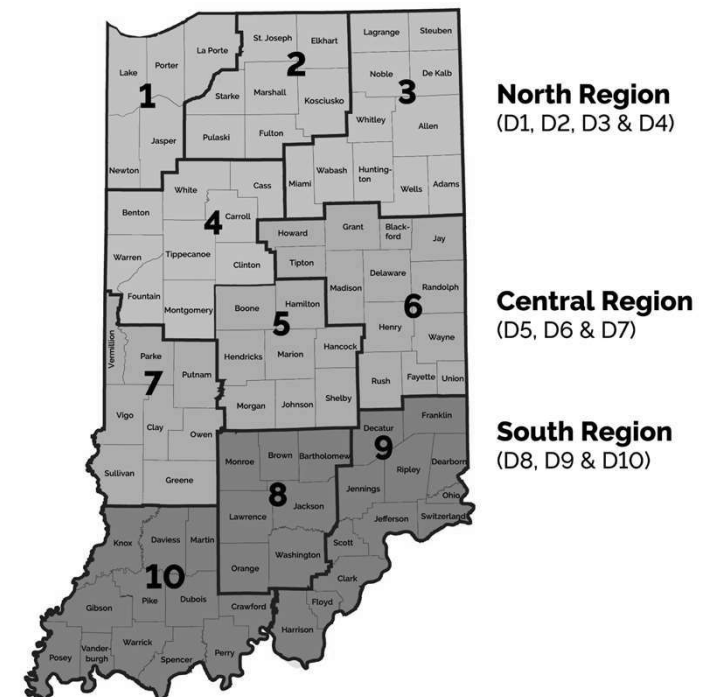
Opt-in County Funding Formula

- Establishes a base amount of funding for each county of either:
 - \$26 per capita; OR
 - Higher minimums for smaller counties (\$350,000 - \$450,000)
- Counties with higher vulnerability and resource needs will receive additional per capita dollars (\$5 or \$3) based on:
 - High Social Vulnerability Index (SVI); OR
 - County life expectancy (LE) lower than the state's average LE

**County's 20% local cost sharing calculated as 80/20 match to their \$26 per capita base amount*

LHD Support

- Three regions with staff to support LHDs and streamline agency collaboration
 - Ensuring access to expertise at regional level
 - These additional staff report to IDOH and serve in support role only—**do not direct** work of LHDs
- Key performance indicators for each of the core public health services will be reported on by LHD and tracked by region
 - Collaboratively developed with IDOH and LHDs



HB 1001 – Funding for LHDs

- Defines core public health services
- Consolidates two existing state funds
 - Repurposes the Local Health Maintenance Fund, renamed to Local Public Health Fund (changes to a reverting fund at the state level)
 - Repeals the Local Health Department Trust Account
- Establishes funding formula to allocate funds to each county
- Counties receive 50% of their allocation in their first year of voting to opt-in (whether year one or year two)
- Funding used only for the delivery of core public health services and other statutorily permitted activities for local health departments.
- Sets 10% cap for capital expenses (land, buildings, vehicles) from new funds
- Opt-out counties will receive amount allocated in SFY23 from Local Health Maintenance Fund and Local Health Department Trust Account

HB 1001 - Local Requirements

- Locals to set up two standardized non-reverting funds, one to deposit the county's maintenance of effort and any additional local funding and one to deposit state dollars
- New funds exist within current max levies (tax neutral) and are exempt from future TIF and Economic Development District capture to ensure that the funding identified for required maintenance of effort are not disrupted by TIF
- Counties may establish a New Maximum Levy Type for health, which sets aside a specific amount of funding from the civil max levy that could only be used for health.
- Grandfathers existing municipal health departments and amends state law to prevent the establishment of additional municipal health departments in the future.
- Enhanced funding will be distributed directly to counties. For counties with a municipal health department, the city and county must enter into an interlocal agreement.

HB 1001 - Accountability & Transparency

- Counties will be required to submit an annual financial report before funding is approved and dispersed each year
 - New county funds also include DLGF & SBOA oversight
- Local health departments will be required to submit an annual report demonstrating how dollars were spent and activities that occurred, which will be made available to the public
- Semi-annual reporting of key performance indicators to measure delivery of core public health services, to be displayed on an online dashboard
- If a county is found to be out of compliance, require corrective action, with the ability to suspend funding going forward

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

IDOH Change Packages: Non-GPHC

Program	SFY 24 Request	SFY 25 Request	Notes
Agency Operations	\$6,453,148	\$6,897,138	Salary study, equipment updates, and rate 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, 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)
Tobacco Use Prev. & Cess. *	\$1,500,000	\$1,500,000	Annual distribution from JUUL settlement
TOTAL	\$33,093,148	\$35,737,138	

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	\$263.6 million (\$119.95M GPHC Change Packages)
SFY 2025 Requested Budget	\$371.7 million (\$227.2M GPHC Change Packages)

Summary

- Every Hoosier deserves access to core 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 retention of a healthy, skilled workforce, emergency preparedness, and better health outcomes



Questions?



Indiana
Department
of
Health



Appendix



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

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Eldon Whetstone, JD
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Assist. Comm., Consumer & Health Care Regulation

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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



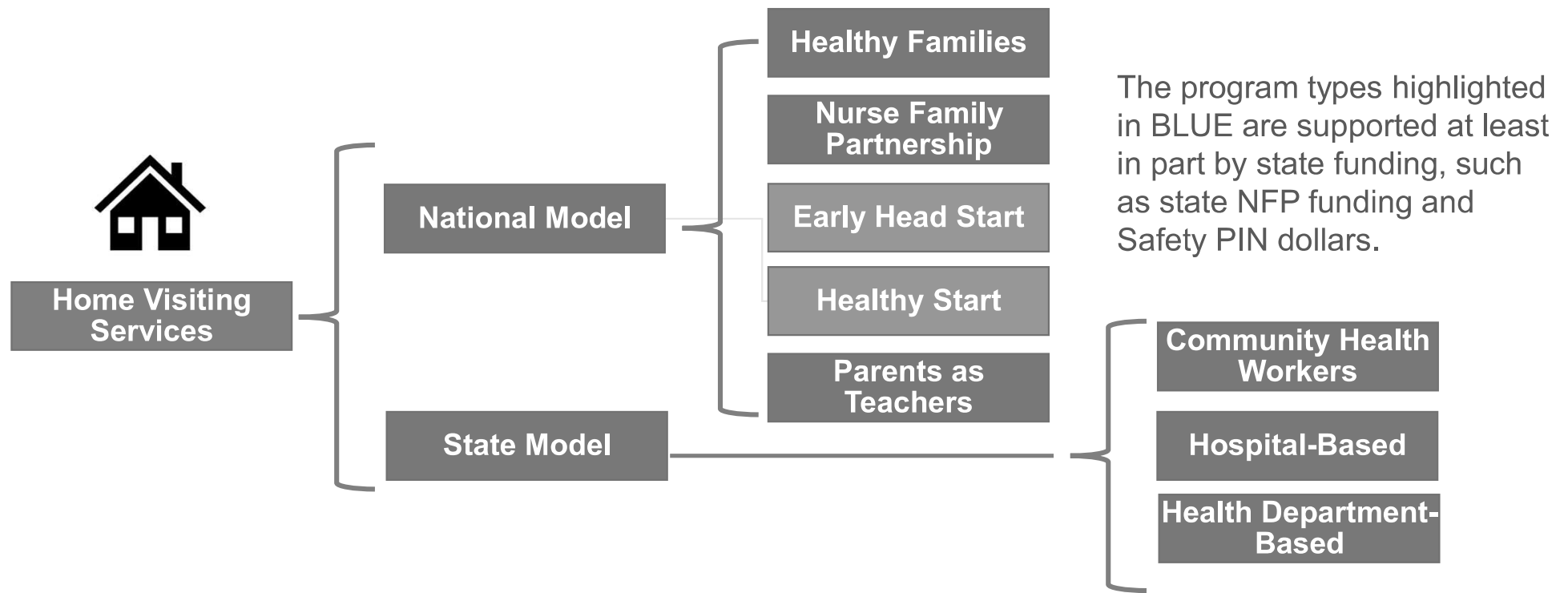
Indiana's Infant Mortality Rate

- 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

Home Visiting Services



Expanded Funding from 2022 Special Session

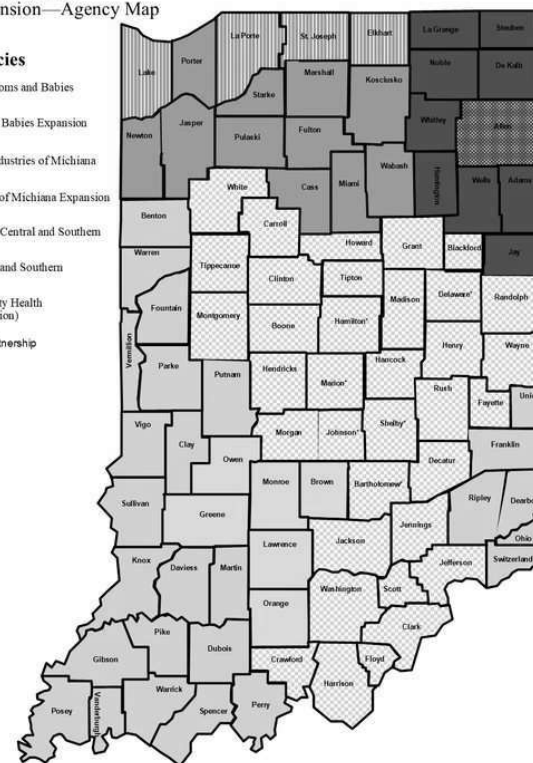
- \$10M for Nurse Family Partnership
 - Expanding NFP coverage statewide
- \$5.5M for Safety PIN
 - Granting money to organizations in counties with inpatient obstetrical services to hire advanced practice nurses to deliver women's health services in surrounding counties without these services
- \$2M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

IDOH Investment – Nurse Family Partnership

Total IDOH Investment in Direct Services for NFP				
Site <input type="text"/>	Funding Source <input type="text"/>	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

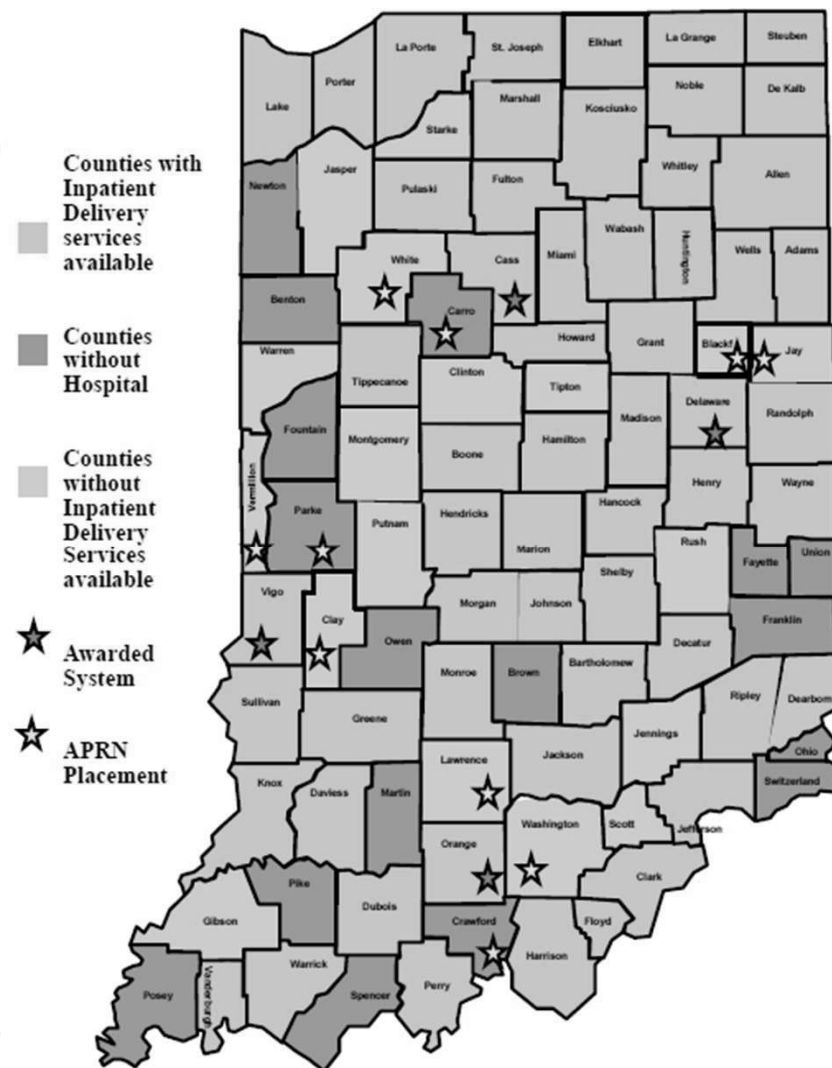
Nurse Family Partnership
in Indiana
2022 Expansion—Agency Map

- 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



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



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

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

Opt-In LHD Funding Formula

County to contribute local cost sharing of at least 20% match of state per capita funding in order to receive Opt-In funding amount

Base

Base per capita funding amount for every opt-in jurisdiction. Greater of:

\$26.00 per capita

OR

if population is...
≥ 15,000
10,000-14,999
< 10,000

Base is...
\$450,000
\$400,000
\$350,000

\$5.00 per capita for highest quartile of Social Vulnerability Index (SVI) or more than 2 years lower than the average life expectancy (LE) for Indiana

OR

\$3.00 per capita for second highest quartile of SVI or 1 to 2 years lower than average life expectancy for Indiana

SVI / LE
Multiplier

+

=

Annual State
Award for Local
PH Fund

Per capita calculations will use decennial census numbers for each jurisdiction and would be reindexed the year following the census to provide consistent funding over time.

2024 amounts will be 50% of the annual award to allow for sufficient ramp-up time and local budget adoption.

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.