

GOVERNOR'S PUBLIC HEALTH COMMISSION

FINAL RECOMMENDATIONS



INDIANA

GOVERNOR'S PUBLIC HEALTH COMMISSION

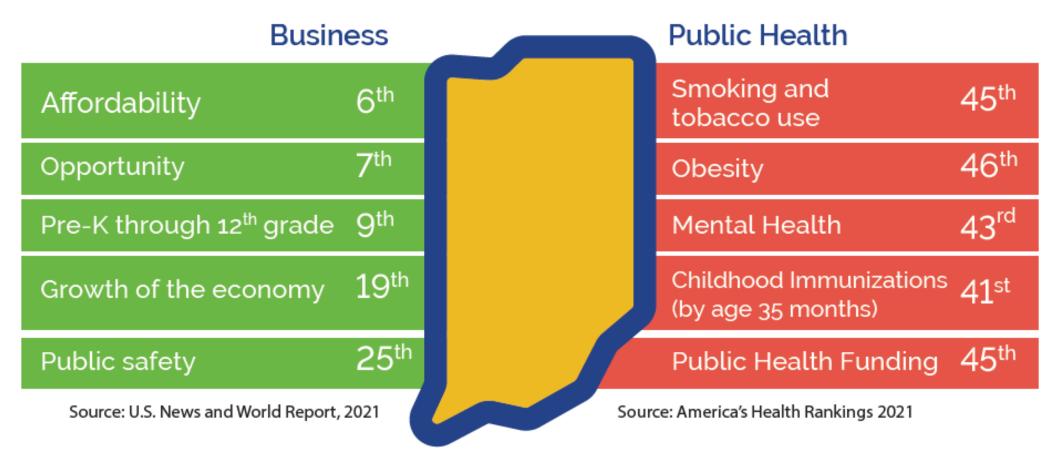


Report to the Governor in fulfillment of Executive Order 21-21

Submitted by the Staff of the Indiana Department of Health



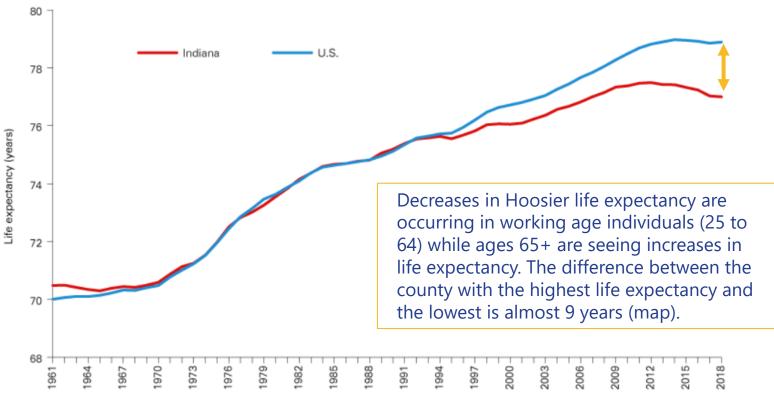
How Indiana Ranks Nationally





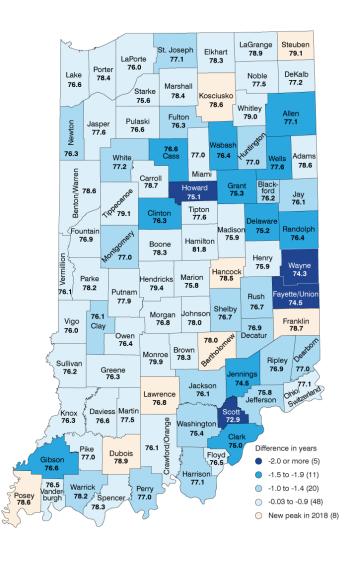
Life Expectancy in Indiana

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



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

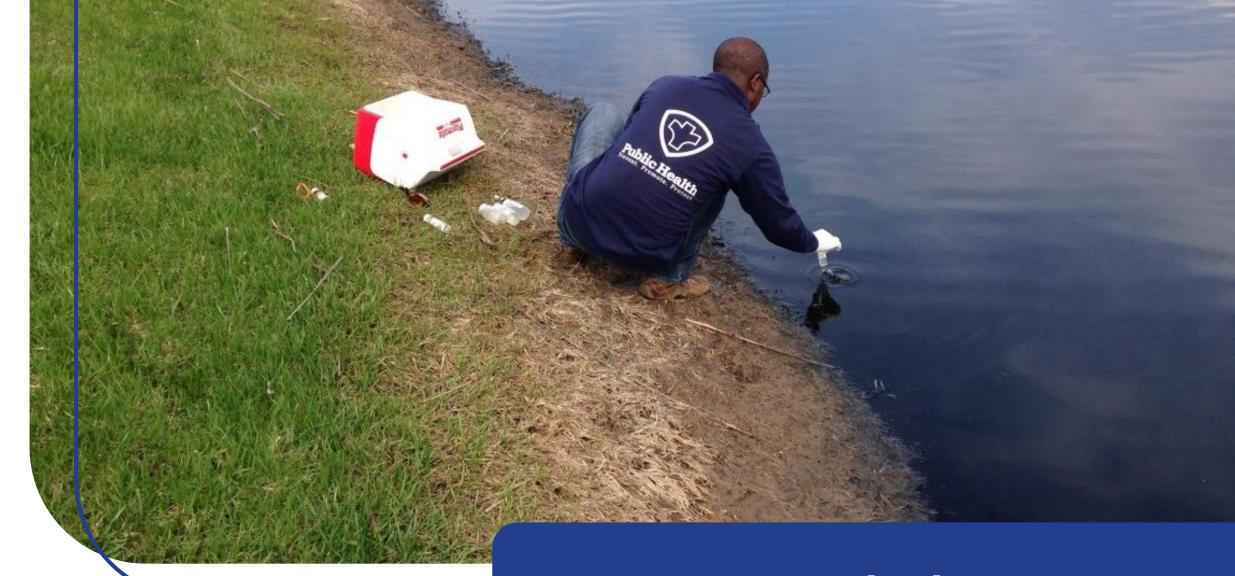




Public Health Funding Findings

- Indiana ranked 45th for state government public health expenditures (2018 Census Bureau)
- The revenue of 90 of our 94 local health departments is below the National 25th percentile
- 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.
- Funding per capita ranges from \$1.25 to \$83 (Marion Co) across our state







Recommendations

Governance, Infrastructure, and Services Recommendations

- IDOH will work with Local Health Department (LHD) partners to define the core public health services to be available in each county
- IDOH will provide additional staff and resources at regional / district level to support local public health
- Ensure representation of municipalities on local health boards and allow for greater citizen and local elected official engagement
- Expand personnel eligible to serve as LHOs
- Promote LHD engagement with local businesses, health providers, schools, and other governmental and non-governmental organizations
- Provide financial and technical assistance to LHDs pursuing accreditation or reaccreditation



Currently Required Core Services



Vital records

Birth and death certificates



Environmental services



Food protection and inspection



Fatality review



Lead assessment and case management



Immunizations



Infectious disease surveillance 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.





Additional Services



Tobacco Prevention and Cessation



্ৰ Maternal and Infant Mortality

Safe sleep education and sleep sacks



Health Equity



Harm Reduction for Trauma and Injury Prevention

Child safety seat education



School Health Liaison

Vision, hearing and dental screenings



Full-time Public Health

Clinical services and prevention



PH Funding Recommendations

- Provide LHDs with stable, recurring and accessible funding
- Increase funding to achieve consistent per capita spending at 2019 national average of \$91/person as compared to Indiana's \$55/person
- Local elected officials would agree to provide core public health services by voting to opt in every five years and maintain 20% local cost sharing.
- IDOH to provide technical assistance to local health departments to leverage all available funding sources
 - Insurance billing for direct clinical services
 - Grant procurement





Local Public Health Funding

Increase direct funding to local health departments:

- Add approx. \$30 per capita funding through the Local Health Maintenance Fund
 - New funding formula based on population size and other factors such as SVI, life expectancy and minimum needs to support core services
- No one-size fits all approach to dictate how funding is spent by each county to achieve core
 public health services, flexibility needed to meet community needs and not create duplication of
 services
 - O Potential funding uses: school liaisons, full time public health nurses, other staffing needed to meet core service requirements, purchase needed equipment, technology/security upgrades, etc.
- County opt-in will include performance measures and metrics for tracking delivery of core public health services
- Counties that opt-out will be able to opt-in the next year. Opt-out counties will continue to receive funding at the current level
- Phase-in funding to allow build out of infrastructure over year one and year two.



State Funding to Support Local Activities

- Develop Regional and District infrastructure to support local services and collaboration across county borders
 - Most of this will be supported for through SFY24-25 through the CDC Public Health Infrastructure Grant
 - IDOH already has some key field staff available across districts
- IDOH is working on an RFP for a scheduling, documentation and insurance billing platform that can be utilized by LHDs and IDOH
 - The platform will ensure the secure documentation of services and the ability to bill insurance for services rendered
- Funding to support Emergency Preparedness such as EMS, Trauma System, State Strategic Stockpile



Workforce Recommendations

- Identify clinical and public health workforce shortages and develop a state health care workforce plan
- Enhance recruitment, training and retention to ensure workforce capacity and skills are sufficient to support Hoosier health
- Ensure representation of public health on Indiana workforce initiatives





Workforce

- ☐ Complete comprehensive local and state public health workforce assessments
 - External assessment with local health departments, complete Q1 2023
 - Internal assessment (IDOH) to start in March/April 2023, complete in June 2023
- ☐ Establish a State Health Workforce Council co-chaired by IDOH & FSSA to coordinate and plan workforce programs & initiatives



Emergency Preparedness Recommendations

- Establish a state strategic stockpile for personal protective equipment and medical counter measures
- Increase equipment and trained Emergency Medical Services personnel to fill gaps in workforce across the state
- Enhance Trauma System
- Increase utilization of EMResource and participation in CDC Public Health Emergency Preparedness grant
- Improve public health emergency preparedness through enhanced regional coordination



Data and Information Integration Recommendations

- Ensure coordination of healthcare data governance and privacy protections at the state level via a state Public Health Data System Advisory Committee
- Formalize and strengthen the state's relationship with a local Health Information Exchange
- Enhance data analytics tools and resources for local public health
- Maintain state-led digital transformation efforts to modernize public health systems and paper-based processes.



Childhood & Adolescent Health Recommendations

- Improve the school nurse-to-student ratio and increase access to services that support whole child wellness
- Improve access to required school screenings such as visual and hearing screenings across the state, explore opportunities to add oral health education and screening
- Support evidenced-based health education, nutrition and physical activity in schools





Spread the Word

- Toolkit with talking points, brief PPT (5-10 slides), and one page handouts
 Grassroots approach
- Encourage local op-eds
- Local leaders engage legislators leading up to and during session
- 2023 Legislative Session
 - Coalition of businesses, local government, educational institutions (K-12 & higher ed), health care and public health to support key priorities
 - Public Health Day at the Statehouse January 26
 - Funding request



Conclusion

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

Full report and recommendations posted at www.in.gov/gphc

