



# GOVERNOR'S PUBLIC HEALTH COMMISSION

## Core Public Health Services



**Indiana**  
Department  
of  
**Health**

**Our goal:** To ensure that every Hoosier has access to the core public health services that allow them to achieve their optimal health and wellbeing.

- Public health services are most effective when provided by local health departments (LHDs) that are positioned to meet the needs of their communities. These core services outline the initiatives and activities at the heart of public health that are the critical framework of any local health department. Some are required by law, and some are offered by many health departments. Every Hoosier deserves access to these foundational public health services no matter where they live. IDOH supports additional evidence-based programs, with the goal of strengthening public health and safety.
- LHDs, with support from partners and community stakeholders, determine needs of the community, and implement health equity strategies, including addressing social determinants of health, in all aspects of planning, operations, and core services.
- By using data, appropriate infrastructure and trained staff, LHDs can plan, broaden their operations, improve decision-making and measure results to ensure better health and well-being for all Hoosiers.

### 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. Examples include child safety seat trainings, overdose education, and programs to prevent older adult falls,



##### 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



# GOVERNOR'S PUBLIC HEALTH COMMISSION

## Proposed Local Health Department Funding



**Indiana**  
Department  
of  
**Health**

**Our goal:** To ensure that every Hoosier has access to the core public health services that allow them to achieve their optimal health and wellbeing.

The proposed formula to fund the Governor's Public Health Commission recommendations was designed to give local health departments (LHDs) resources to provide core public health services (see other side) in their communities. The formula is based on an average of \$30 per capita. The most at-risk counties may receive additional funding based on life expectancy and the Social Vulnerability Index, which uses 16 U.S. census variables to help local officials identify communities in need of services.

Under the new financial model, LHDs will receive increased funding for five years and agree to use the funding for core services. This funding would be part of the state budget, not a grant.

The Indiana Department of Health (IDOH) recommends that counties and receive half of the funding in year one (January 2024) to start building their programming and infrastructure. They will receive the full amount in year two (January 2025).

### Local Choice

Local elected officials may opt in to five years of increased local public health funding. If they don't participate the first year, there will be an opportunity to reconsider and join year two.

#### Opt In

Counties that opt-in to receive increased local public health funding will receive:

- Every county and municipality will receive a base \$26 per capita
- Counties will contribute a minimum of 20% of the base amount. Most already provide more under their current funding. No additional fiscal commitment from the county or municipality is required.
- There will be a minimum amount for smaller LHDs so they are able to accomplish the core services. The minimum amount for counties with U.S.

Census population:

- o Greater than 15,000 residents is \$450,000
- o Between 10,000 and 15,000 residents is \$400,000
- o Fewer than 10,000 residents is \$350,000

#### Opt Out

- If a county or municipality decides to opt out, it will continue to receive the same amount of funds from the state (Local Health Department Maintenance Fund and Trust Account combined).

### Fast Facts

- The increased funding would be part of the state budget
- Local elected officials decide to receive the funding
- Funding is an average of \$30 per capita
- Each LHD would use the funding to provide core services locally

### County Funding Based on Life Expectancy and Social Vulnerability Index



There are two tiers of additional funding for high social vulnerability and low life expectancy

- Counties in the highest quartile of vulnerability and/or have a life expectancy more than four years lower than the Indiana average life expectancy will receive an additional \$5.50 per capita
- Counties in the second highest quartile of vulnerability and/or have a life expectancy 2-4 years lower than the Indiana average life expectancy will receive an additional \$3.50 per capita