

State Health Priorities: Making Indiana the Best at Getting Better


**Kris Box, MD, FACOG
State Health Commissioner
January 22, 2019**



**Indiana State
Department of Health**



Pressing Health Challenges

- Opioid epidemic
 - Infant mortality
 - Obesity and related health issues
 - Adult smoking
- 

2019 Priorities

GOVERNOR ERIC HOLCOMB 2019 NEXT LEVEL AGENDA

PUBLIC HEALTH & ATTACKING THE DRUG EPIDEMIC

TAKE CARE OF CHILDREN AND FAMILIES

- Adopt recommendations in the August 2018 school safety report that include more mental health tools, physical safety enhancements, and policy changes
- Department of Child Services will implement recommendations from The Child Welfare Policy and Practice Group's June 2018 report
- Establish an obstetrics navigator pilot program in the zip code areas with the highest infant mortality rates
- Reduce perinatal substance use disorder and Neonatal Abstinence Syndrome by requiring providers to use a verbal screening tool to assess substance use disorder in pregnancy
- Expand recovery housing for Hoosiers who are dealing with opioid use disorder
- Establish a medication-assisted treatment pilot program for jail inmates
- Provide \$2 million to initiate development of more evidence-based Family Recovery Courts, implement best practices, and serve more families in existing courts
- Ensure access to quality treatment by implementing standard requirements for office-based opioid treatment providers
- Improve the health care of state employees through a new partnership with OurHealth that offers more access to care and emphasizes engagement in wellness and clinic services



- Public health is a pillar of Governor Holcomb's 2019 agenda
 - Opioid epidemic
 - Infant mortality
 - OB navigators
 - Verbal screening for pregnant women
 - School safety legislation

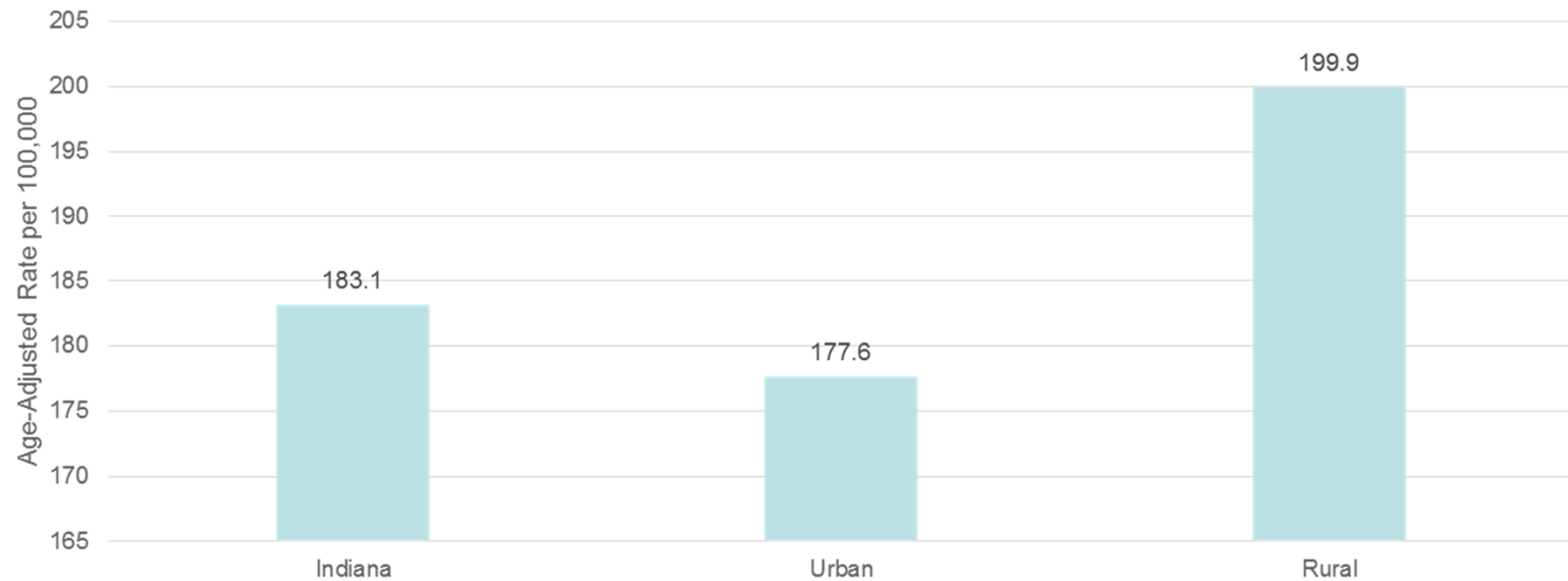


Rural Areas: Unique Challenges

- More likely to live in a medically underserved area or one with a shortage of primary care health professionals
 - 33 counties lack a hospital or have a hospital without OB services; many are rural
- Access to treatment for substance use disorder has traditionally been limited
 - New student loan repayment program offers incentive for psychiatrists, alcohol and substance use counselors and other practitioners to practice in region experiencing high numbers of opioid deaths.
 - Included counties: Blackford, Dearborn, Fayette, Franklin, Grant, Henry, Jay, Randolph, Switzerland, Union and Wayne
- Higher mortality rates for diabetes, cardiovascular disease
- Higher incidence of chronic lower respiratory disease
- More likely to smoke during pregnancy compared with urban residents

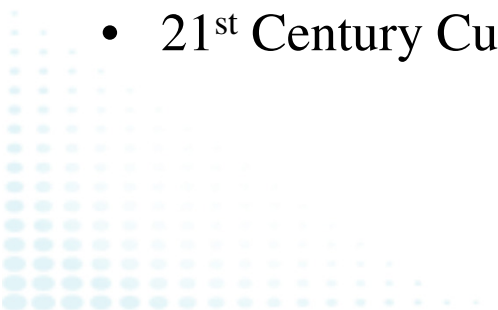
Heart Disease Mortality Rates

Urban/Rural Mortality Rates, Heart Disease, Indiana 2017

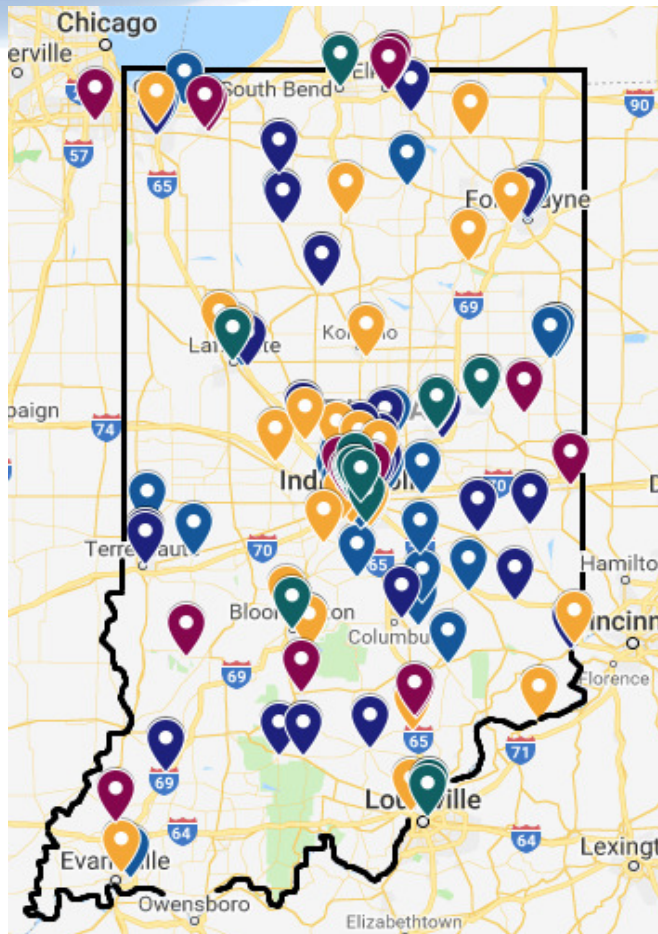




Rural Areas: Unique Solutions

- Paramedicine
 - Crawfordsville Fire Department OB program
 - Telemedicine
 - **Improved Access to care:** Improves access to patients and allows physicians and health facilities to expand their reach beyond their own offices.
 - **Cost Efficiency:** Reduces cost of healthcare and increases efficiency through better management of chronic diseases, reduced travel times and fewer hospital stays.
 - Project Echo
 - Indiana: Started with Hepatitis C focus
 - Partners community-focused primary care clinicians with specialists to develop treatment plans that will enhance the delivery of hepatitis C care.
 - Goal is to expand to other conditions
 - 21st Century Cures grant increasing treatment options
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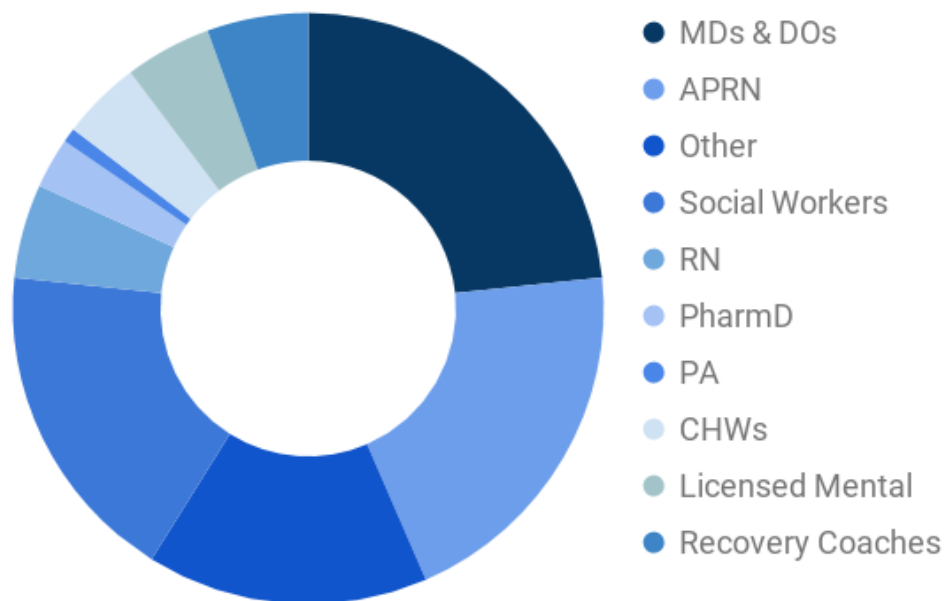
ECHO Participation across Indiana



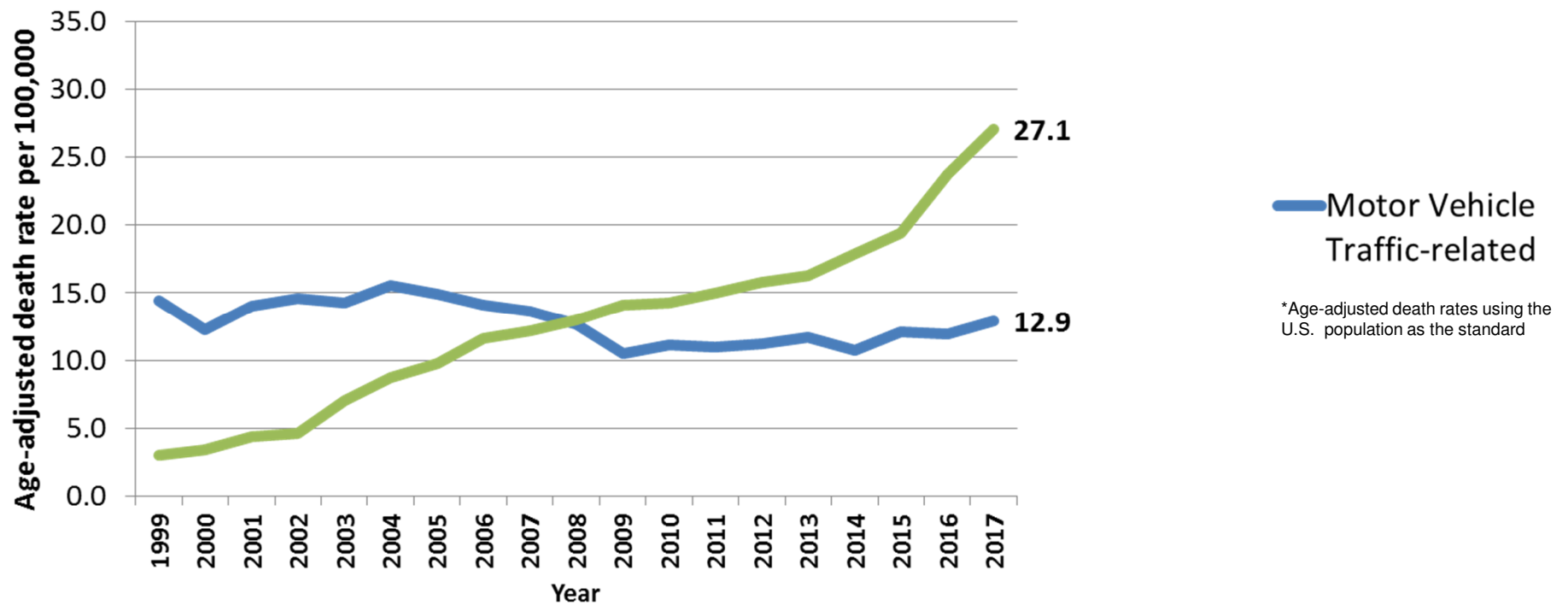
- OUD ECHO, Prescribers Track
- OUD ECHO, Behavioral Health Specialists
- OUD ECHO, Community Health Workers
- Hepatitis C (HCV) ECHO
- LGBTQ+ ECHO



Who's Participating in ECHO



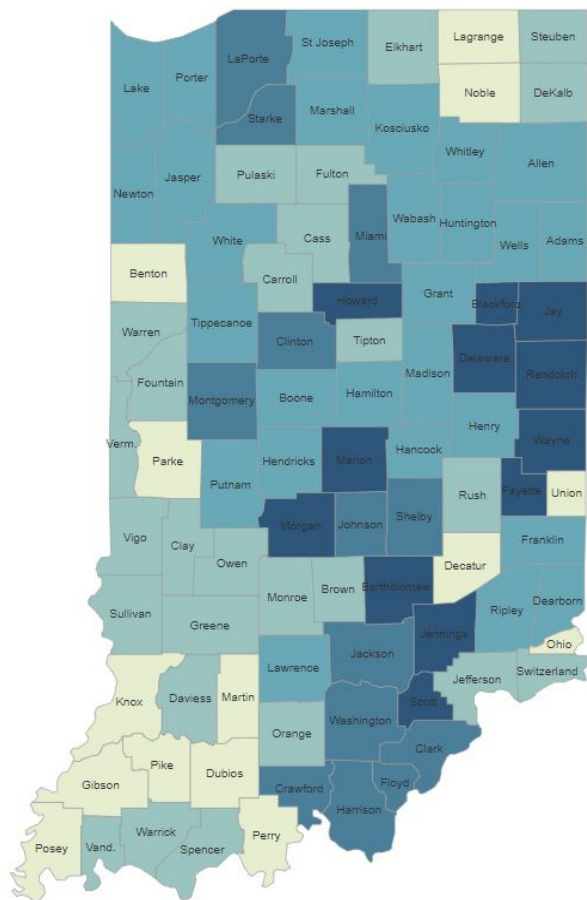
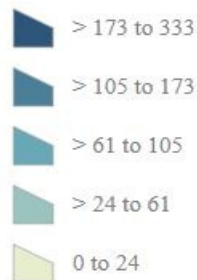
Drug Overdose Death Rates* Compared to Motor Vehicle-Related Death Rates, Indiana Residents, 1999-2017



Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team. Report prepared by ISDH Division of Trauma and Injury Prevention.

Non-Fatal Opioid-Involved Overdose ER Visits, Indiana Residents 2016 & 2017

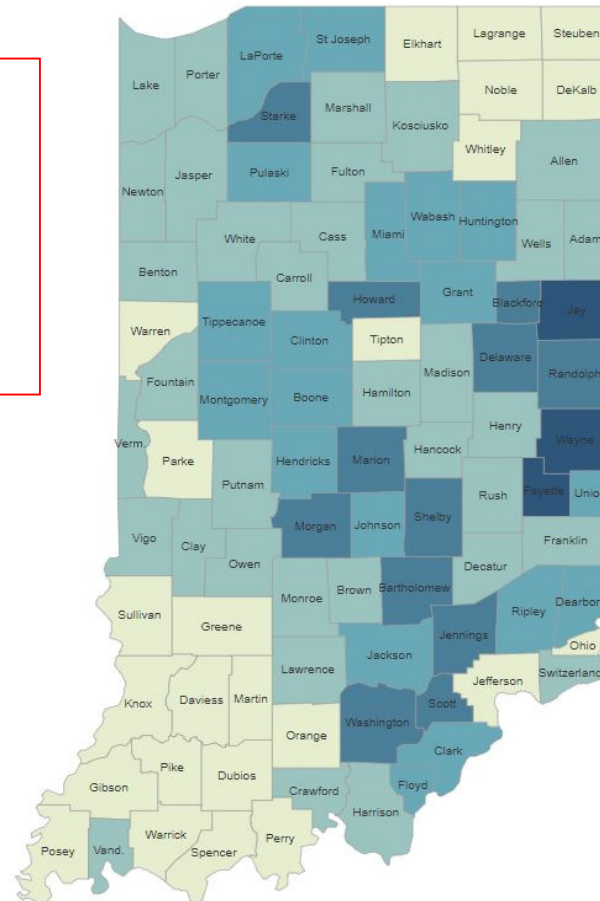
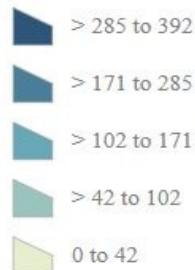
**Rate by
County of
Residence
2016**



2016 State Rate:
104.5 per 100,000
2017 State Rate:
122.5 per 100,000

A 17% increase from
2016-2017

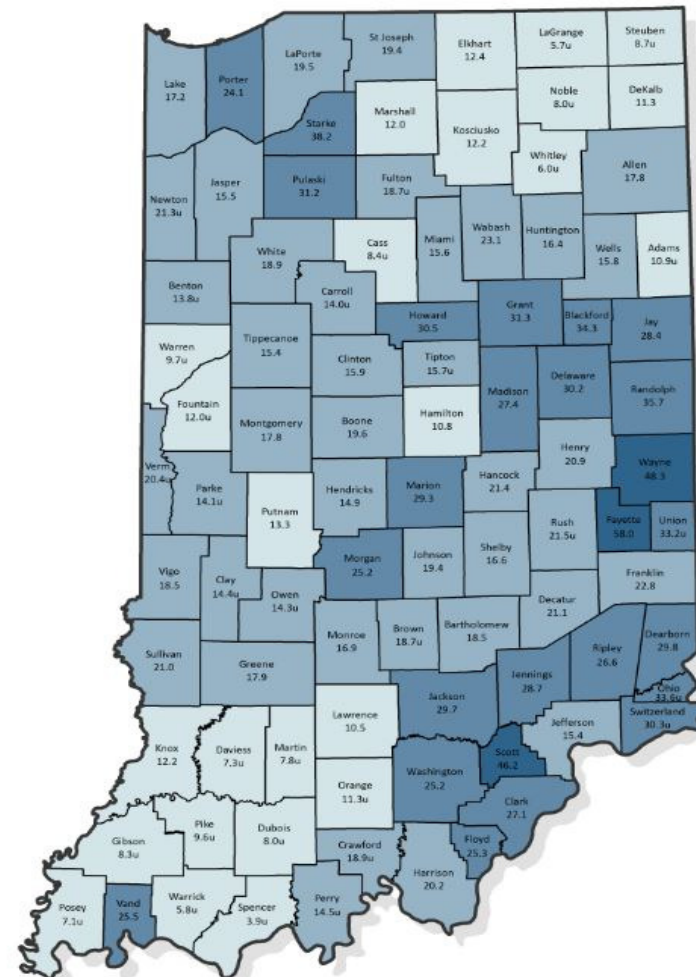
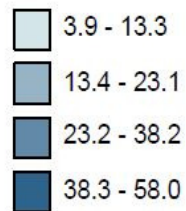
**Rate by
County of
Residence
2017**



Data Source: ISDH Stats Explorer

Drug Poisoning Deaths by County of Residence, 2013-2017

Crude Rate Per 100,000



Data Source: Indiana State Department of Health,
Epidemiology Resource Center, Data Analysis Team. Report
prepared by ISDH Division of Trauma and Injury Prevention.

Polysubstance Use Among Drug Overdose Deaths, 2017

- 42% of cocaine-involved deaths involved a synthetic opioid
- 44% of amphetamine-involved deaths involved a synthetic opioid
- 38% of benzodiazepine-involved deaths involved a synthetic opioid

Hepatitis C

Acute/Chronic Hepatitis C Rates* - Indiana, 2017

	Rural	Urban	Indiana
Rate All Ages	147.9	120.1	128.3
Rate Ages 18-39	612.6	371.0	433.2

*per 100,000 population

Note: Includes all probable/confirmed cases and IDOC cases.

Efforts to Combat the Opioid Epidemic

- Naloxone distribution and training
 - Naloxone grants to 49 rural counties; new grants available to local health departments, first responders
- Faith-based outreach
- Overdose Response Project/Toolkit
- Coroner Toxicology Program
- Overdose Fatality Review
- Syringe Service and Harm Reduction Sites
- Fresh Start Recovery Centers
- Syndromic surveillance for overdoses
- Workforce training programs in jail for people with SUD
- Businesses hiring individuals with SUD while participating in recovery
- Fayette Regional treatment unit
- Judicial conference to educate judges about pre-arrest diversion
- www.optIN.in.gov (naloxone locator)

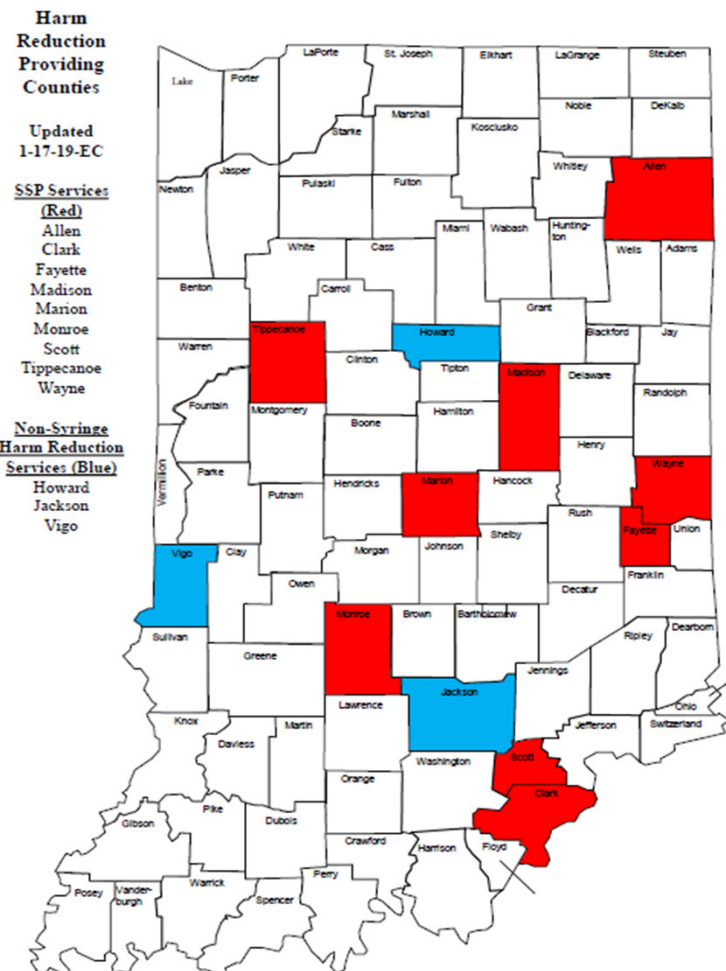
**SAVE A LIFE.
GET TRAINED
ON NALOXONE.**



Efforts to Combat the Opioid Epidemic: Other Agencies

- Jim McClelland, executive director for Drug Prevention, Treatment and Enforcement
- FSSA, Know the O Facts, expanded treatment
- Law enforcement
- Judicial branch
 - 2018 conference with 1,000 participants
 - Training in pre-arrest diversion, science of addiction, connecting people to care, jail-based treatment programs, workforce development, data sharing

Syringe Service Programs & Harm Reduction



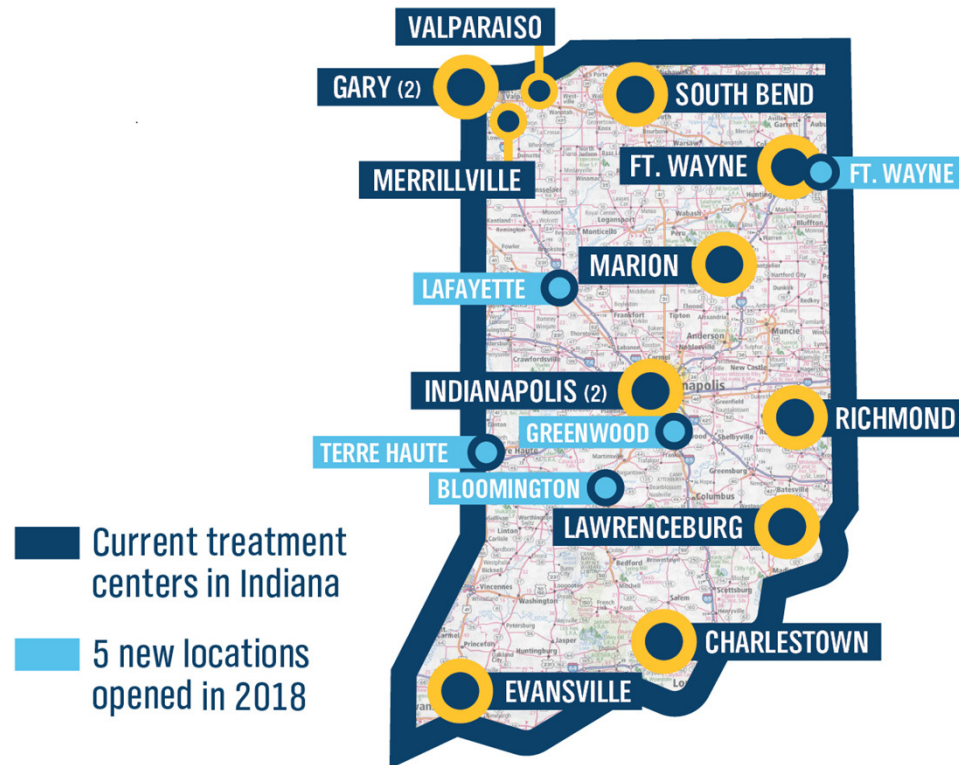


Expanding Treatment

Indiana Family & Social Services Administration
Division of Mental Health and Addiction
Opioid Treatment Programs



Expanding Treatment

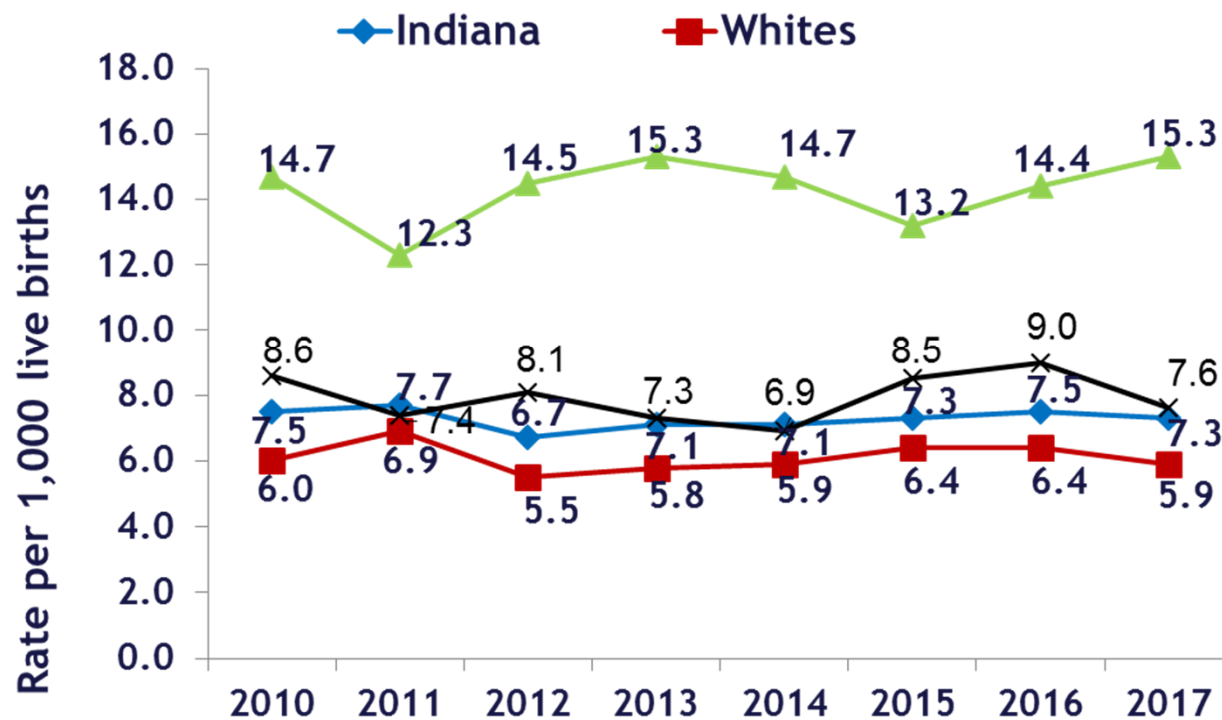


Infant Mortality Overview

- IN has 7th highest infant mortality rate in U.S.
- IN has 3rd highest maternal mortality rate in U.S.
- Significant disparities exist racially and ethnically
- Governor Holcomb has challenged us to be “The Best in the Midwest” for infant mortality by 2024



Infant Mortality Rates by Race & Ethnicity Indiana, 2010 - 2017

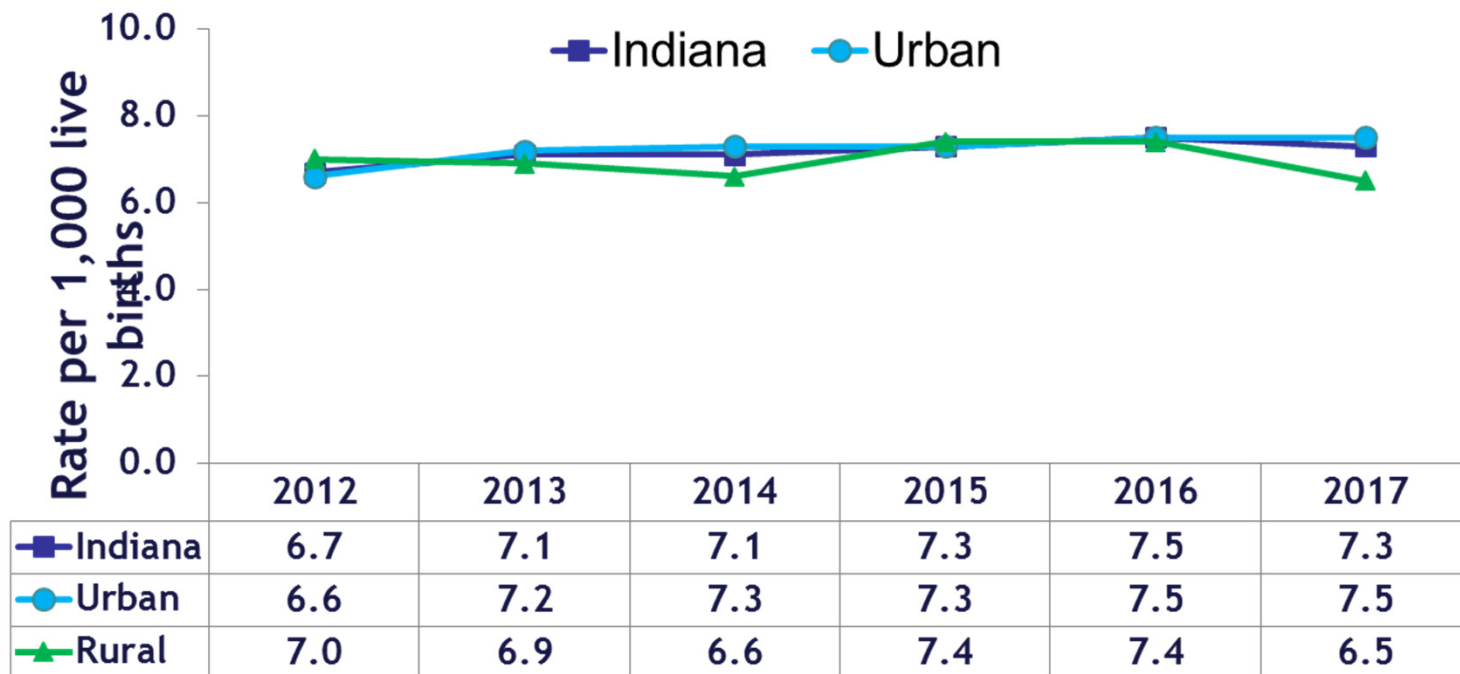


Note: Hispanic ethnicity can be of any race

Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [November 1, 2018]

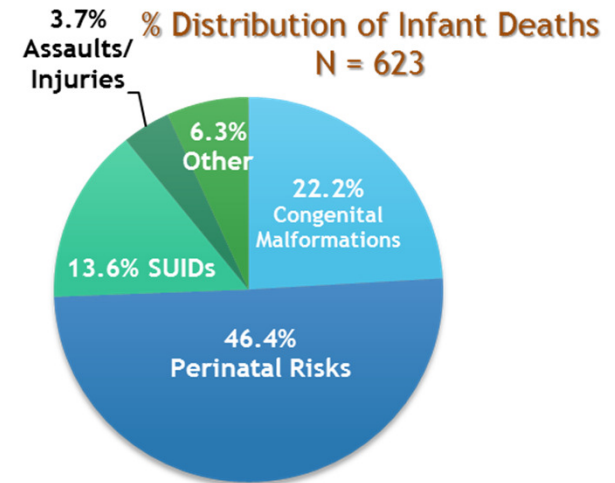
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Infant Mortality Rates Indiana, Urban, Rural 2012 - 2017



Factors Contributing to Infant Mortality

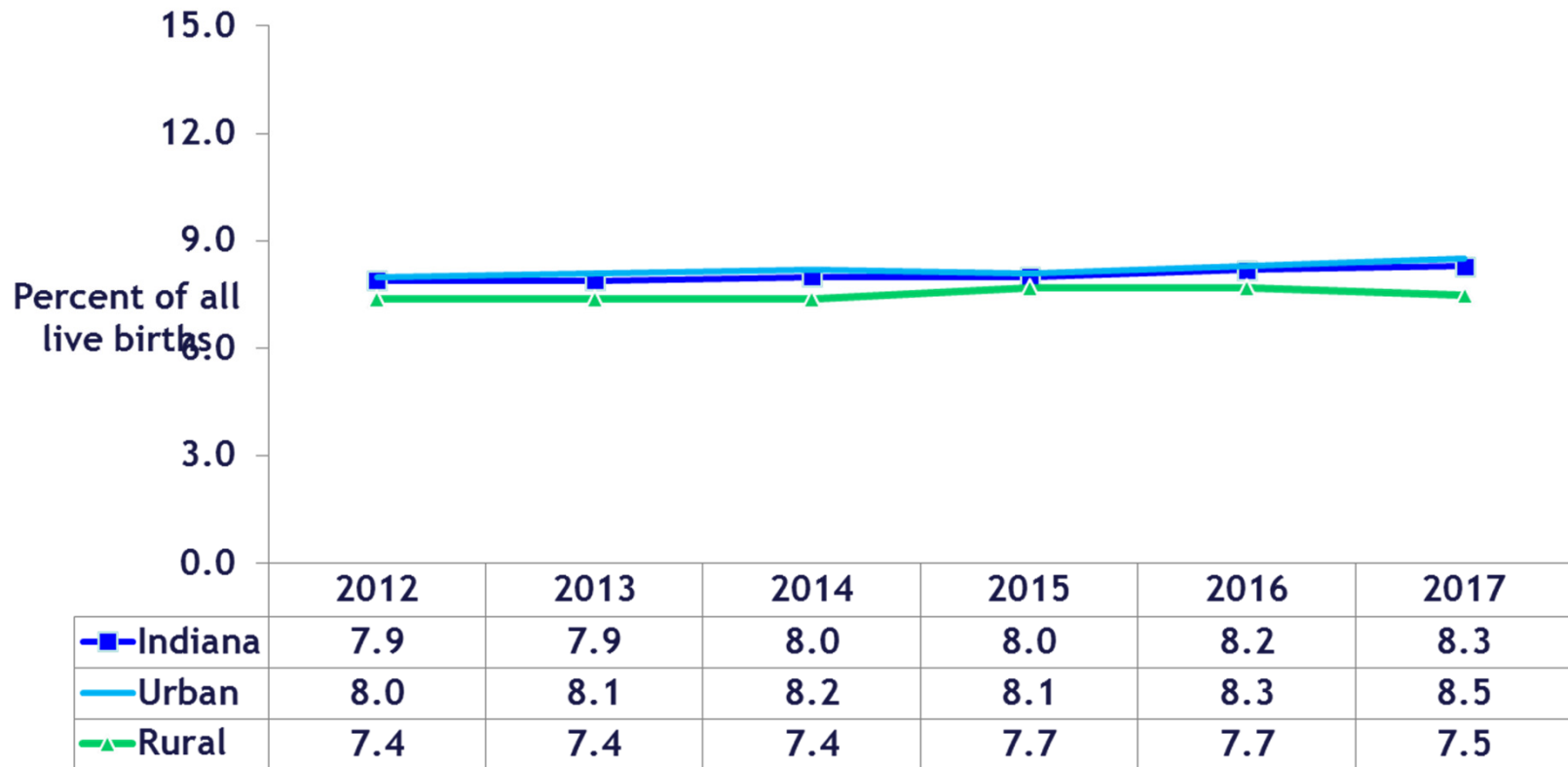
- Obesity
 - Obese=25% chance prematurity
 - Morbidly Obese= 33% prematurity
 - Indiana is 12th most obese state in US
- Smoking
 - 13.4% pregnant mothers smoke (2 x US avg)
- Limited prenatal care
 - Only 69.4% pregnant IN women receive PNC in 1st trimester (2016)
- Limited breastfeeding
- Elective deliveries before 39 weeks gestation
- Delivering at risk-appropriate facilities
- Unsafe sleep (13.6% of deaths 2016)



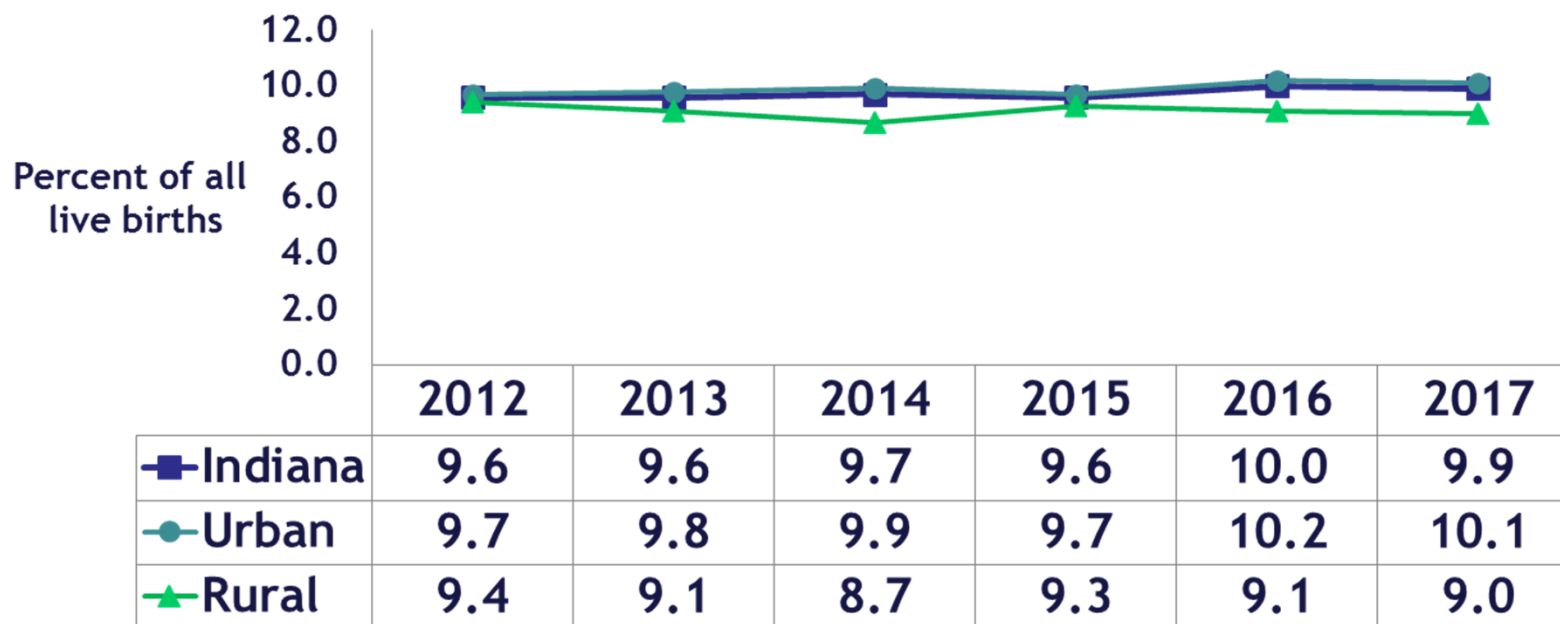
% Low Birthweight Births (<2,500 grams)

Indiana, Urban, Rural

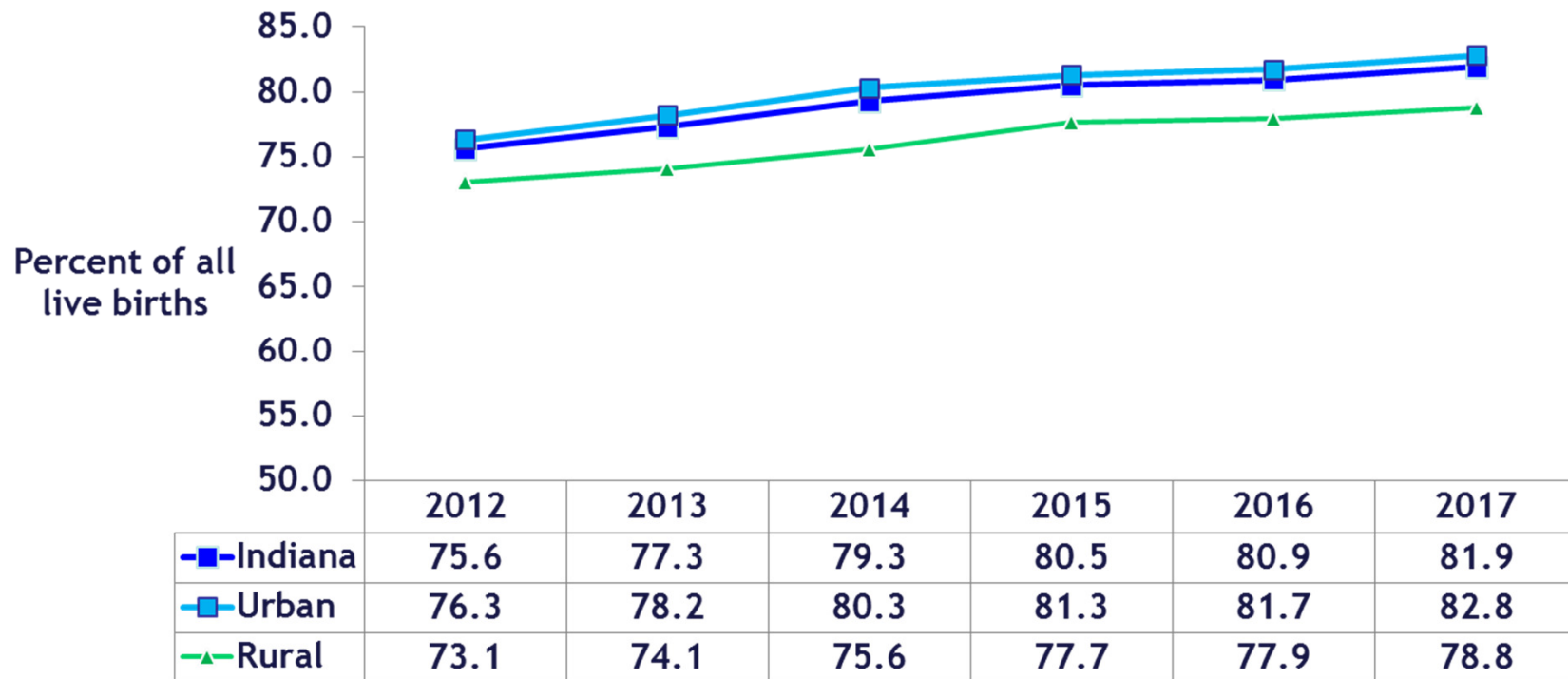
2012 - 2017



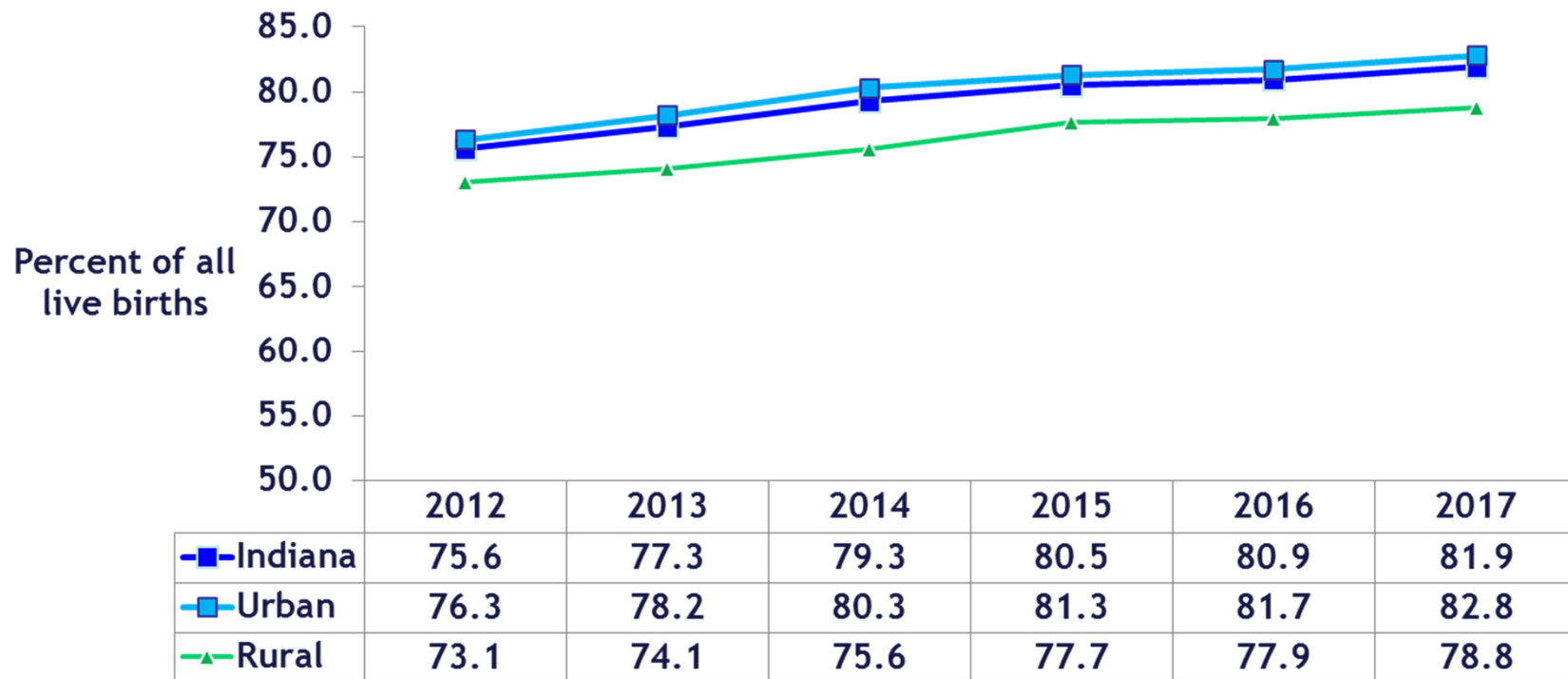
% Preterm Births (Obstetric Estimate) < 37 weeks gestation Indiana, Urban, Rural 2012 - 2017



% Women Breastfeeding at Hospital Discharge Indiana, Urban, Rural 2012 - 2017



% Women Breastfeeding at Hospital Discharge Indiana, Urban, Rural 2012 - 2017





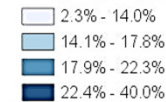
Smoking among Women of Childbearing Age & During Pregnancy

- 23.2% of women of childbearing age in Indiana (18-44 years) smoked in 2017
- 13.5% of pregnant women in Indiana smoked in 2017
- 11,100 Indiana births impacted by smoking
- Estimated annual cost of smoking-affected birth in Indiana is \$15 million

Smoking During Pregnancy Indiana Counties 2017

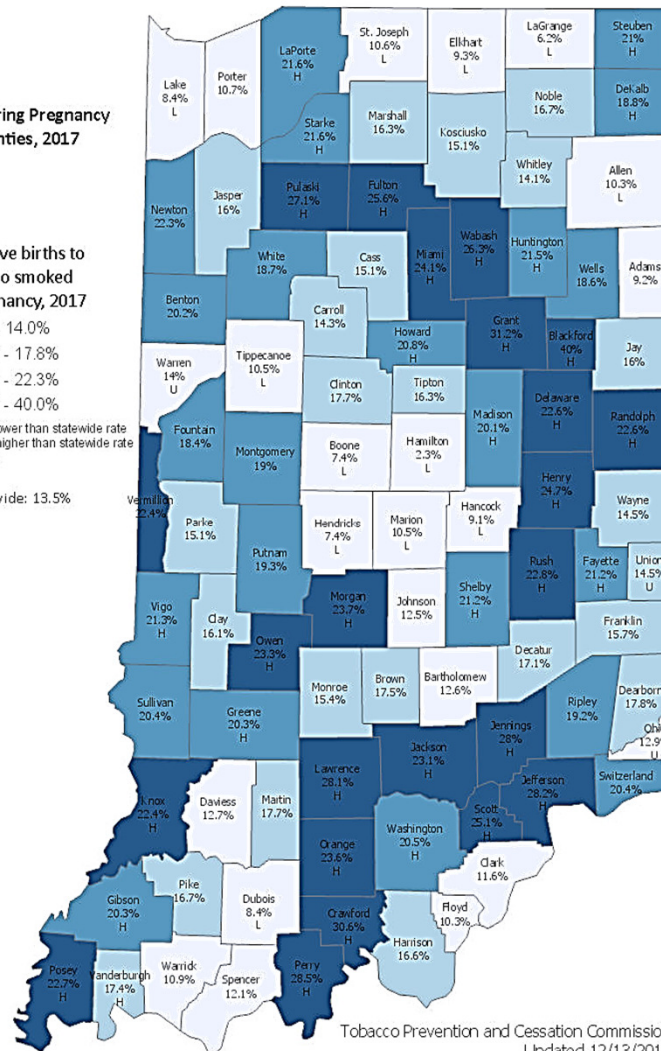
Smoking During Pregnancy
Indiana Counties, 2017

Percent of live births to
mothers who smoked
during pregnancy, 2017



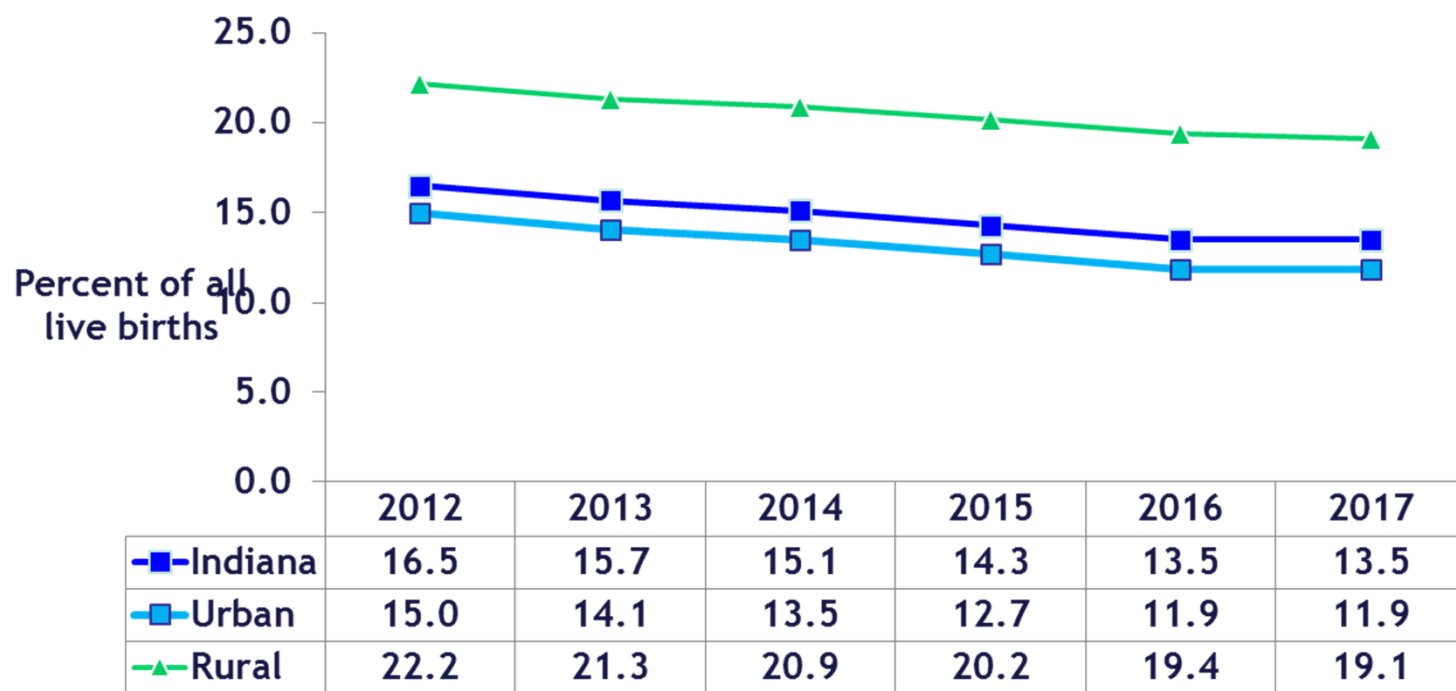
L= Significantly lower than statewide rate
H= Significantly higher than statewide rate
U= Unstable rate

Indiana statewide: 13.5%

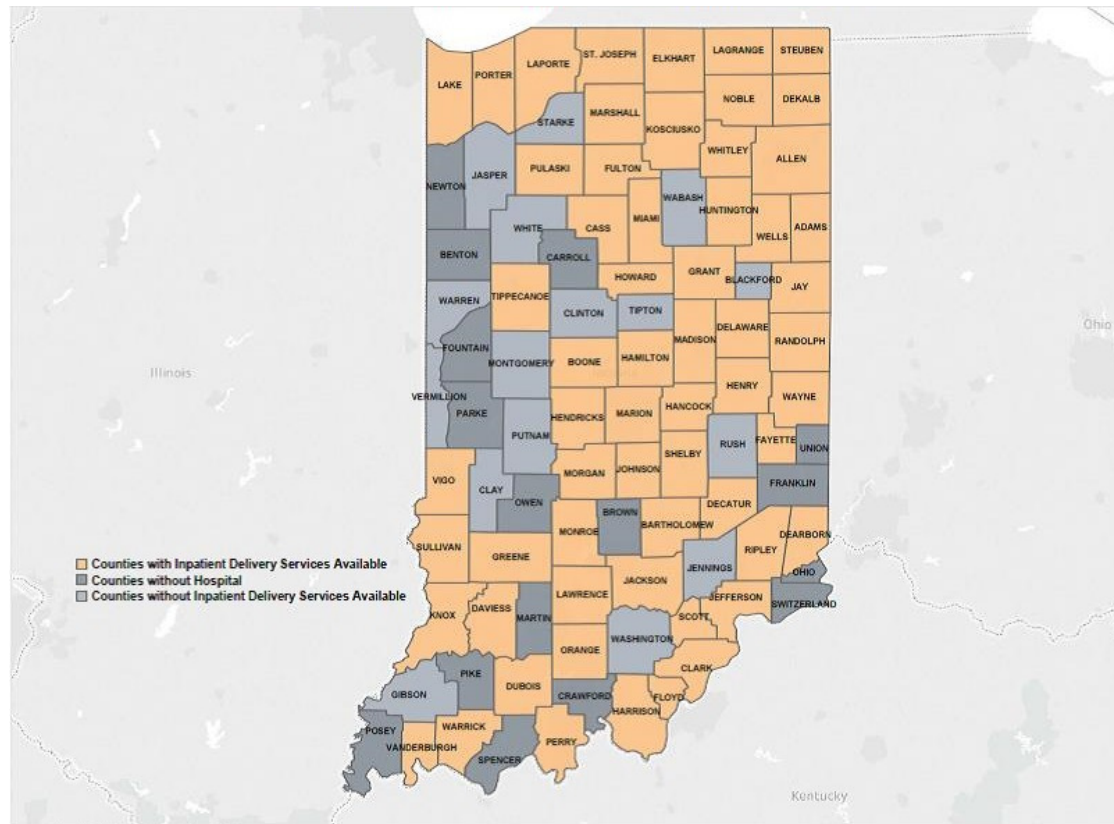


Tobacco Prevention and Cessation Commission
Updated 12/13/2018

% Women Smoking During Pregnancy Indiana, Urban, Rural 2012 - 2017



Inpatient Hospital Obstetric Services by Indiana County



Source: Indiana Hospital Association, February 2018

Infant Mortality: Roadmap to 2024



- Perinatal Levels of Care
- OB Navigator for at-risk populations through Medicaid
- Perinatal Substance Use/NAS
- Investment in APRN or CNM for rural areas, care closer to home
- Identify mothers with prior preterm birth/IM progesterone
- Hypertension pilot to decrease the risk of severe preeclampsia
- Decrease maternal smoking
- Safe Sleep Campaign
- Liv app
- Baby & Me-Tobacco Free



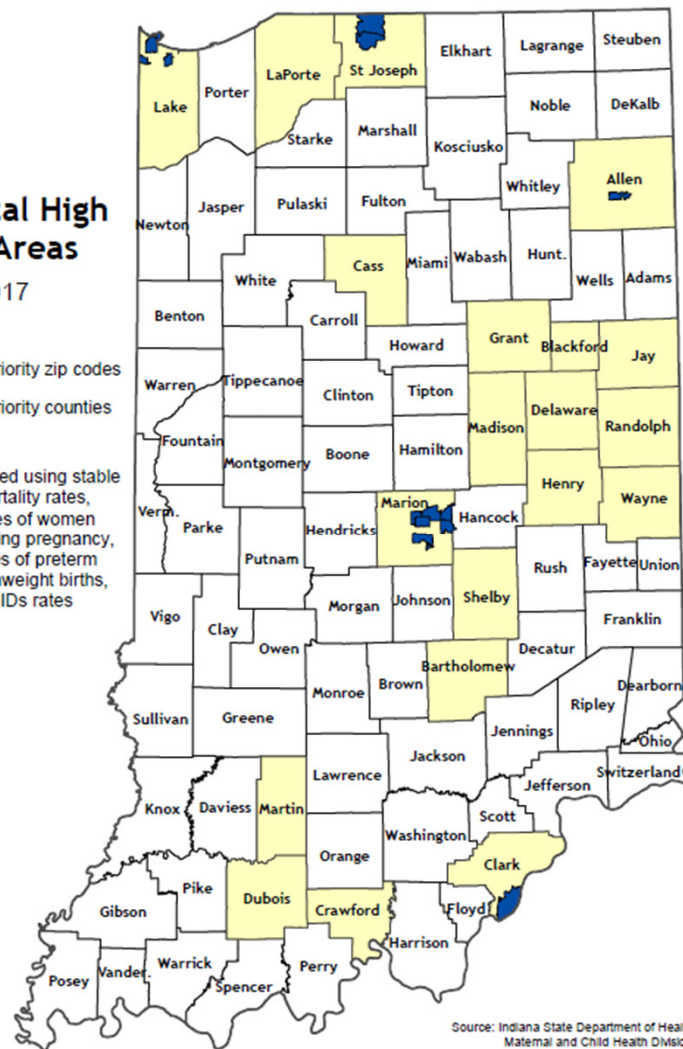
Perinatal High-Risk Areas

Perinatal High Risk Areas

2017


-  high priority zip codes
-  high priority counties

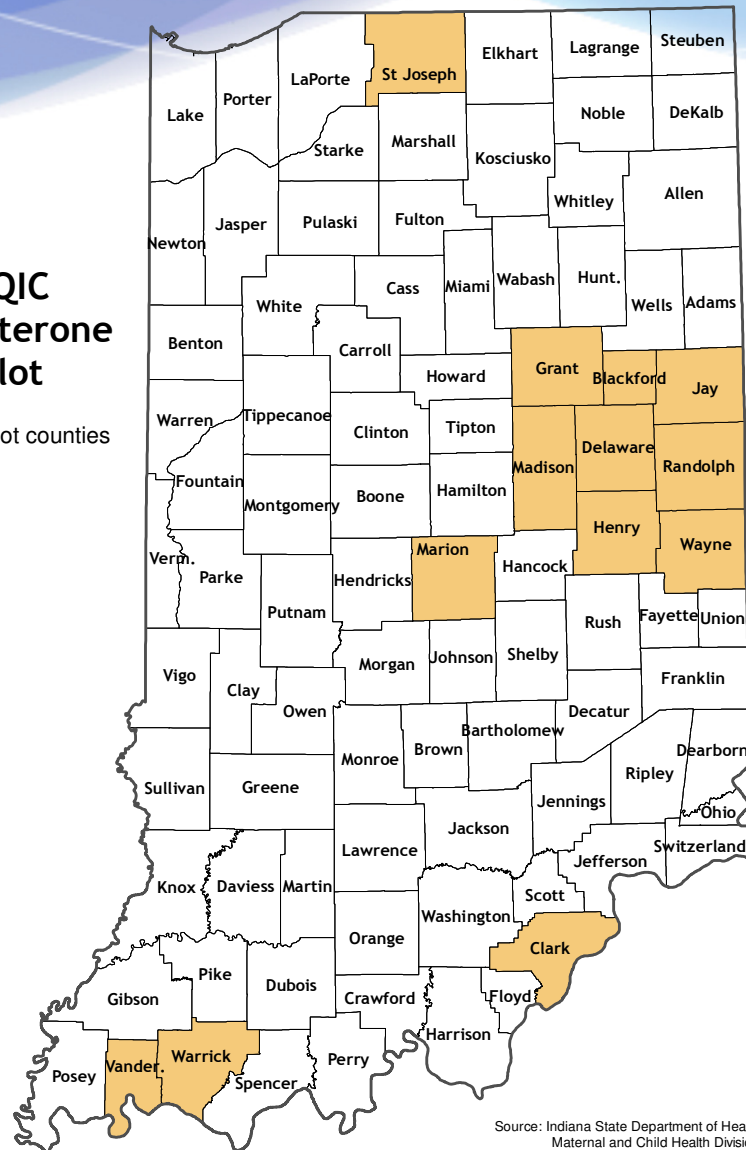
areas assessed using stable infant mortality rates, percentages of women smoking during pregnancy, percentages of preterm and low birthweight births, and SUIDs rates



Source: Indiana State Department of Health
Maternal and Child Health Division
Updated: January 2019




IPQIC Progesterone Pilot

 pilot counties

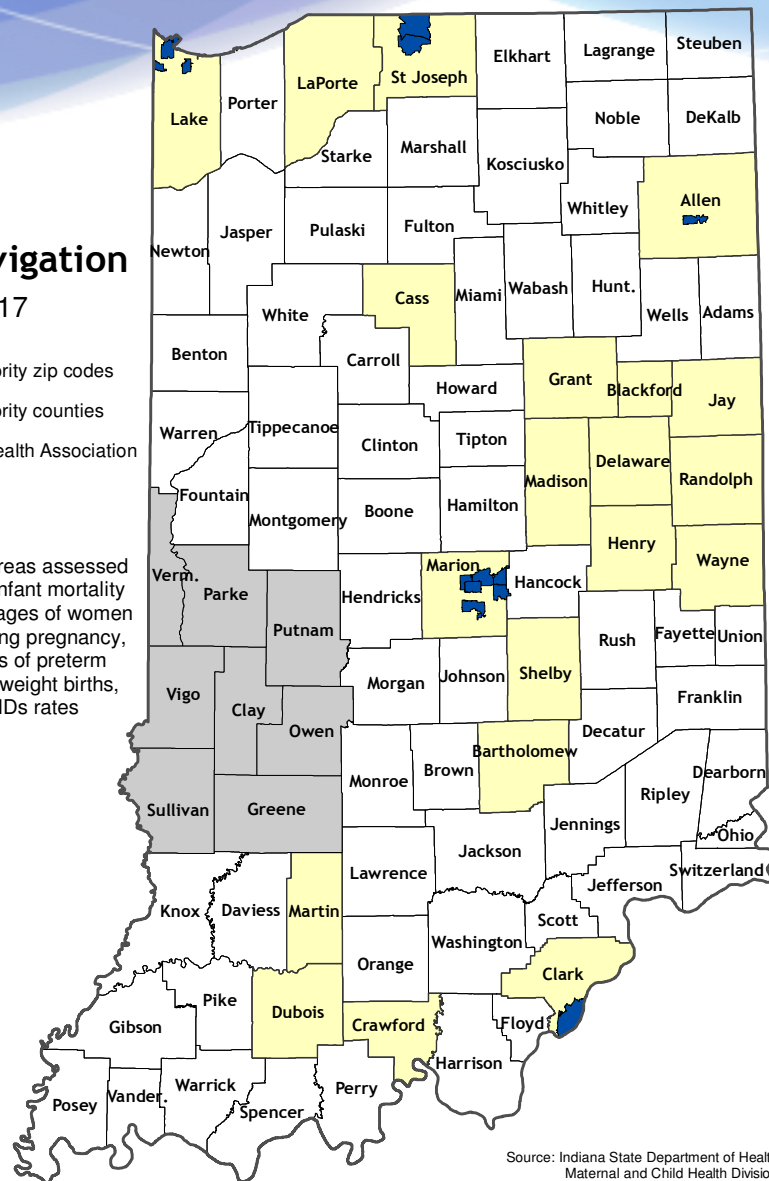


Source: Indiana State Department of Health
Maternal and Child Health Division
January 2019

OB Navigation 2017

-  high priority zip codes
-  high priority counties
-  Rural Health Association program

high priority areas assessed using stable infant mortality rates, percentages of women smoking during pregnancy, percentages of preterm and low birthweight births, and SUIDs rates



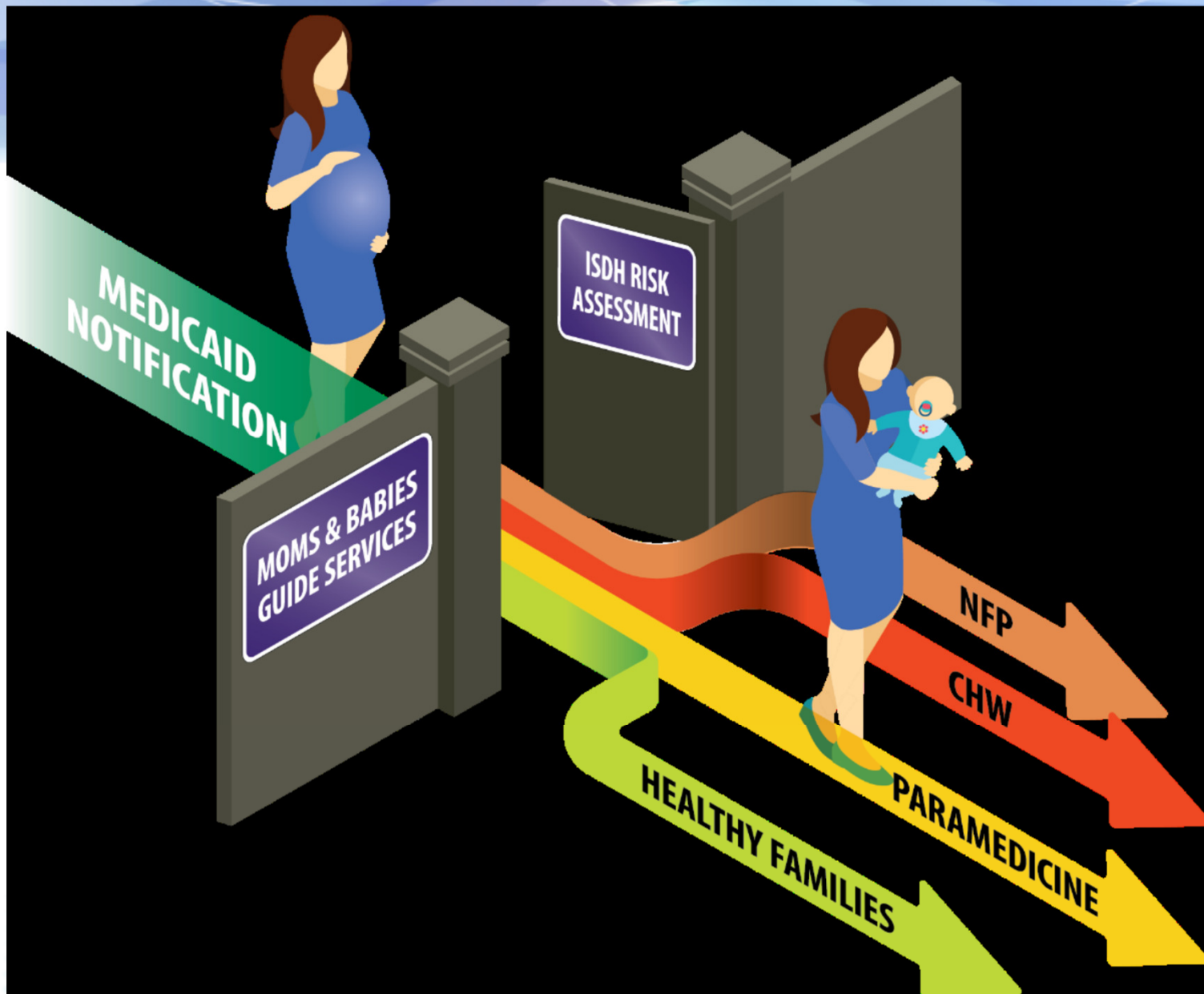
Source: Indiana State Department of Health
Maternal and Child Health Division
Updated: January 2019

What is an OB Navigator?

- Community-based healthcare provider, such as:
 - Nurse Family Partnership (NFP)
 - Community Health Worker (CHW)
 - Paramedicine
 - Healthy Families
- Paired with a high-risk OB patient who receives Medicaid
- Visits patients in home and provides education and support and helps remove barriers that prevent them from engaging in obstetrical and then pediatric care for their newborn in the first year of life.
- Assigned based on level of risk assessment and planned birthing hospital

OB Navigator Goals

- To identify high-risk Medicaid OB patients as early in pregnancy as possible
- Connect an OB Navigator to each patient to address issues that contribute to infant mortality, such as:
 - Lack of prenatal care in the first trimester
 - Medical problems: Smoking, substance use disorder, prior preterm birth, diabetes, high blood pressure, etc.
 - Social-economic factors, which are barriers to a woman seeking and following through with care
- Help deploy services in communities with limited access to care
 - Partner with counties offering OB services
 - Hire APRNs or RN midwives to give care in counties without OB services
 - OB navigation with rural health grant



Perinatal Substance Use

- Drug epidemic is contributing to our maternal and infant mortality
- 44% of Indiana's female overdose deaths were women aged 20-40 years
- Pregnancy is an important opportunity to identify and treat women with substance use disorder
- Women are more motivated to seek treatment when they are pregnant or have a newborn at home

Governor Holcomb Supports

- Early Universal Verbal Screening of all pregnant women for substance use disorder with a validated screening tool.
 - 5Ps screening questionnaire:
 - Parents –Did any of your parents have a problem with alcohol or other drug use?
 - Partner –Does your partner have a problem with alcohol or drug use?
 - Peers –Do you or your friends have a problem with alcohol or other drug use.
 - Past –In the past, have you had difficulties in your life because of alcohol, drugs or prescription medications?
 - Present –In the past month, have you drunk any alcohol or used other drugs?
 - NIDA quick screen
 - CRAFFT

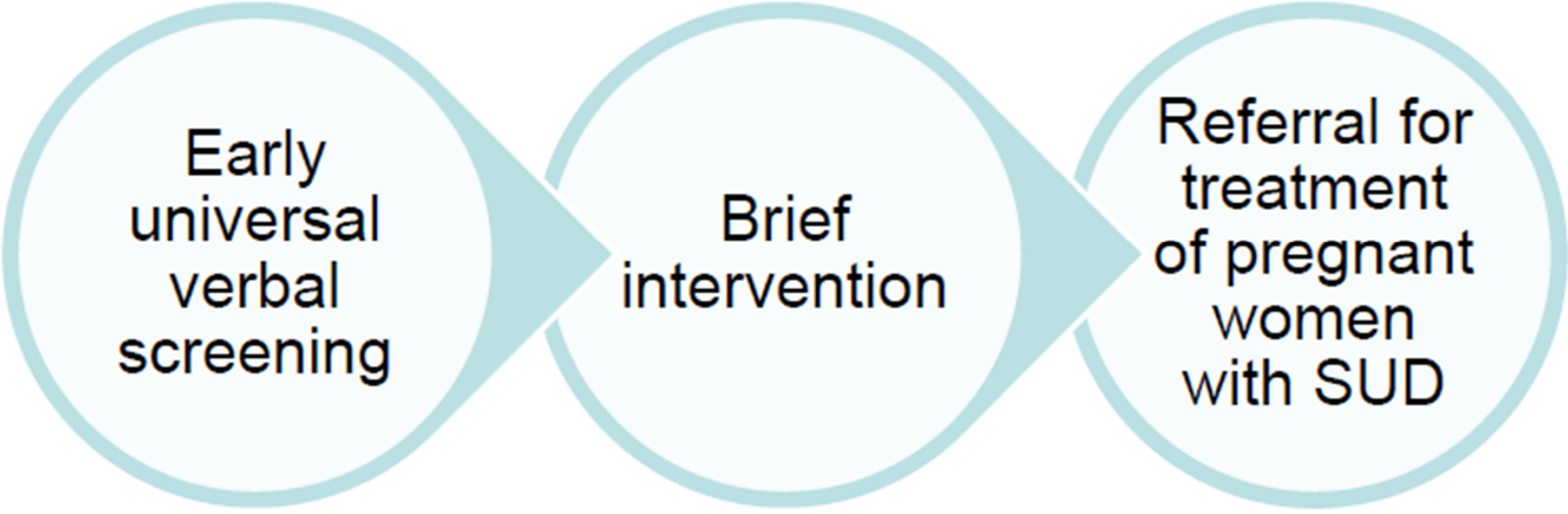

Perinatal Substance Use Study

- Launched in 2016
- 28 hospitals participating to date
- More than 7,000 umbilical cords tested
- Goal to better understand prevalence of babies born drug exposed

Indiana Using 10-Panel Screen of Umbilical Cords

- Amphetamine
- Cocaine
- Cannabinoids
- Barbiturates
- Methadone
- Benzodiazepine
- Oxycodone
- Buprenorphine
- Opiates
- Fentanyl

Alcohol blood spot test




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graph LR; A[Early universal verbal screening] --> B[Brief intervention]; B --> C[Referral for treatment of pregnant women with SUD]
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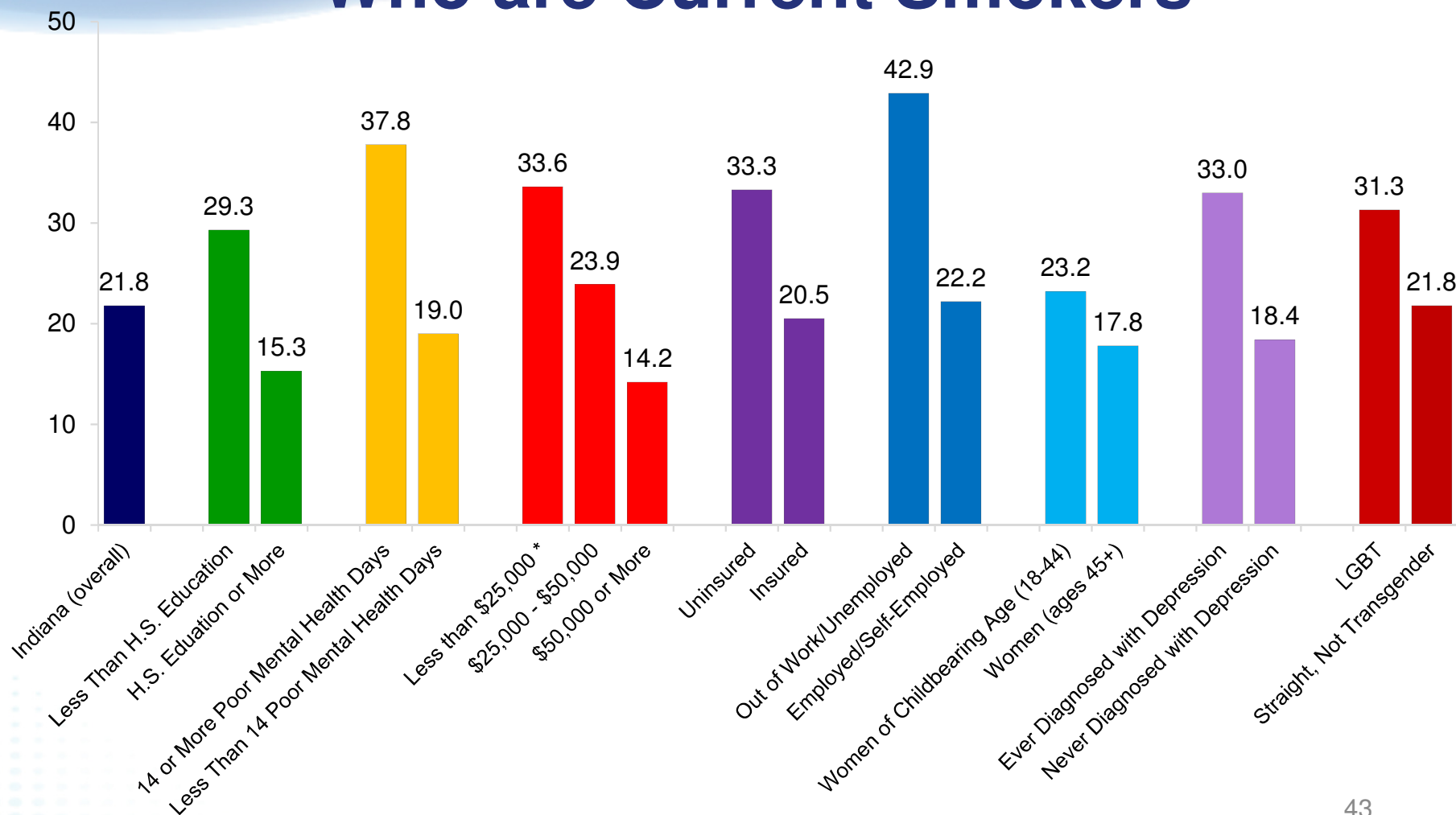
Early
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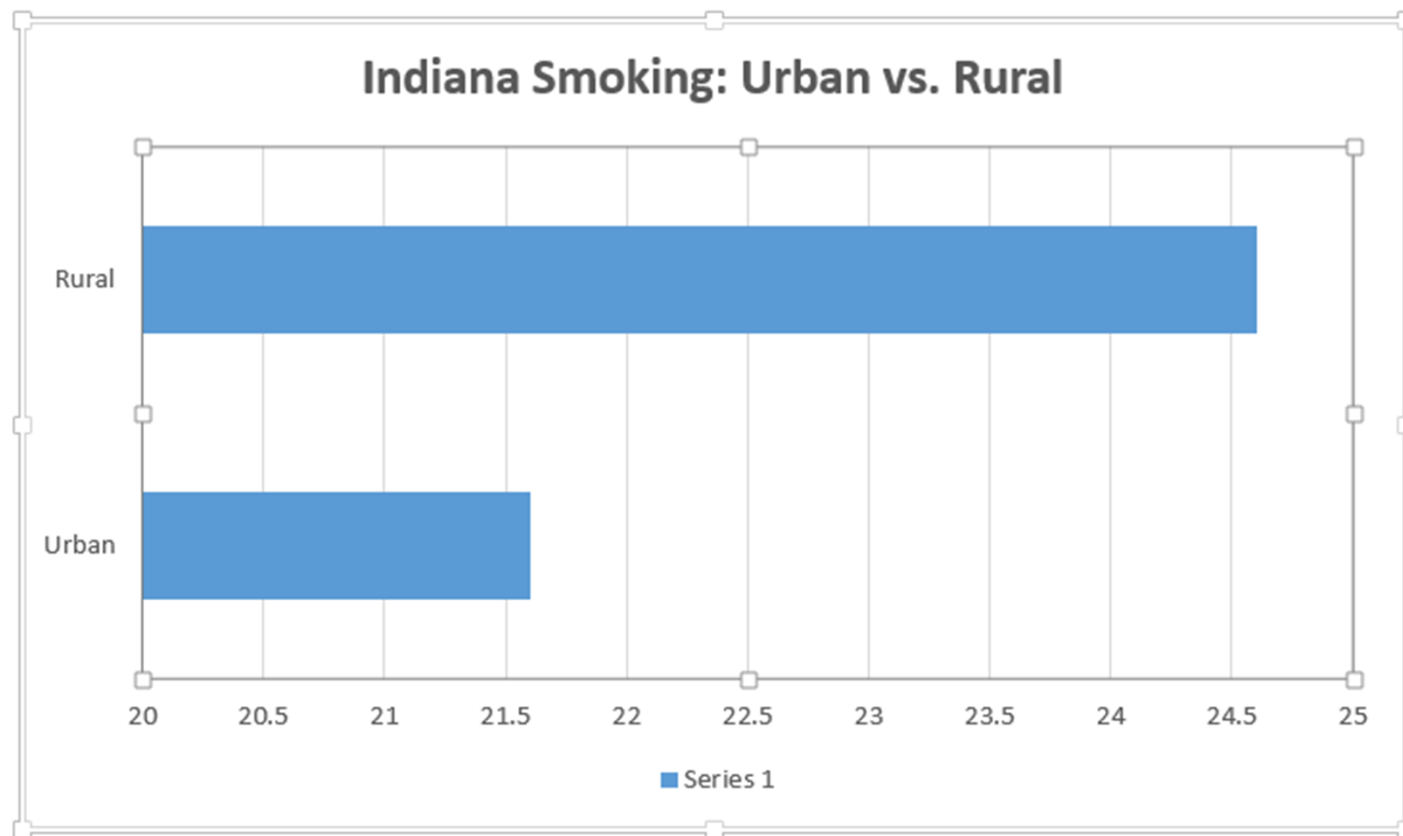


Percentage of Indiana Adults Who are Current Smokers



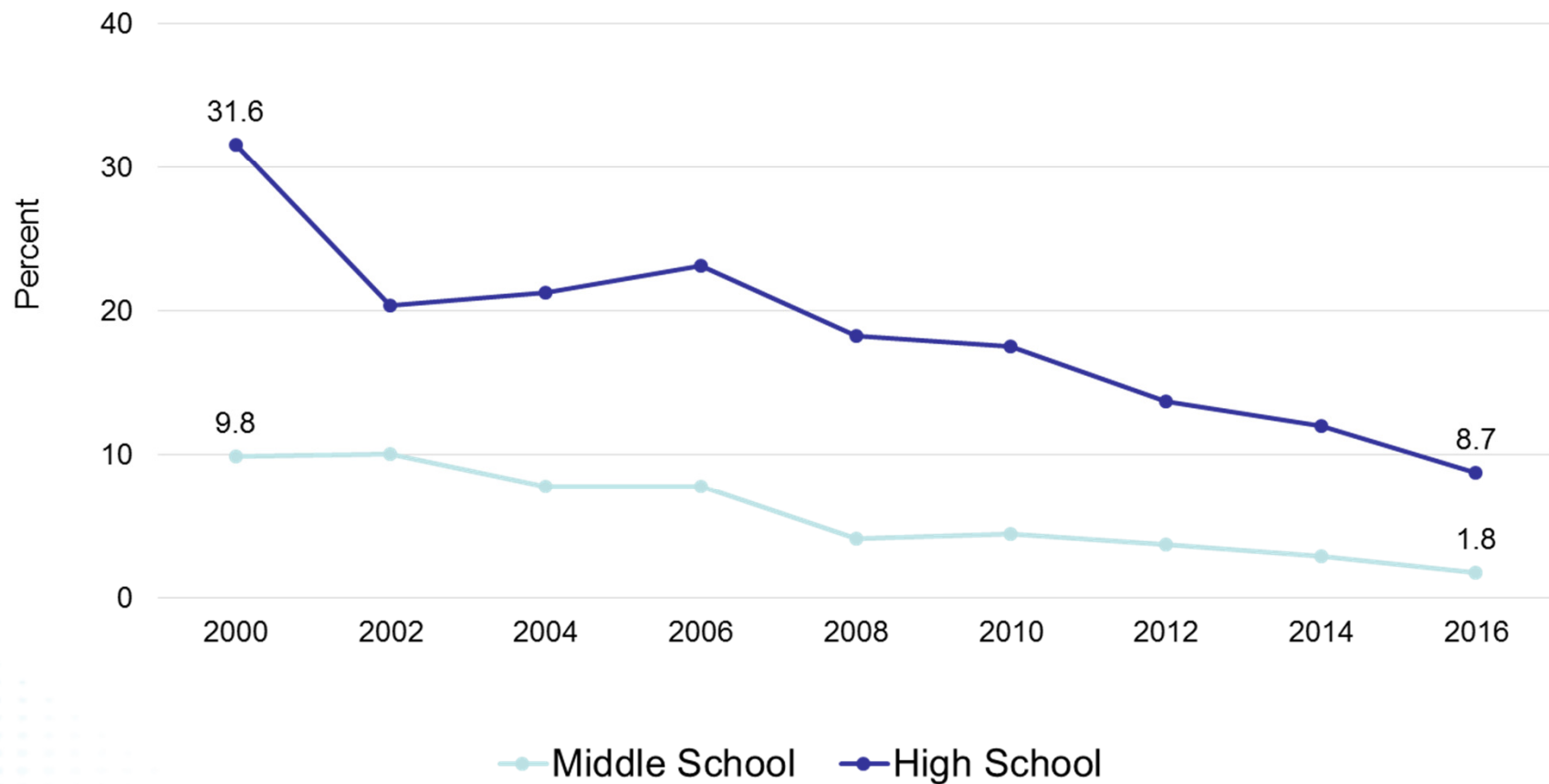
*Annual Household Income
SOURCE: BRFSS 2017

Smoking Urban v. Rural



Source: 2017 Behavioral Risk Factors Surveillance Survey

Current Smoking among Hoosier Youth 2000-2016



E-cigarettes and Youth

- Nationally, the use of e-cigarettes among youth have been declared an epidemic by the U.S. Surgeon General
 - 78% increase among high school students (2017-2018)
 - 48% increase among middle school students (2017-2018)
- JUUL is currently the fastest-growing e-cigarette brand in the U.S., and its popularity is suspected to have impacted the level of e-cigarette use
- Indiana is responding by taking the following actions:
 - Issued a letter to all principals and superintendents
 - E-cigarettes resources added to TPC website
 - Additional questions on e-cigarettes including JUUL were added to the 2018 Indiana Youth Tobacco Survey (data is being analyzed)

Help in Quitting Tobacco Addiction

- Indiana Tobacco Quitline
 - Served 10,000 in SFY 18 including over 2,100 women of childbearing age.
 - Extra support for pregnant women
 - Quit rate of 30% (goal for state quitlines); 95% would recommend the Quitline to others
- Baby & Me Tobacco Free
- Coverage by Medicaid for all FDA approved medications and counseling
- Partnerships with health systems and centers
- Community tobacco control coalitions



Obesity in Indiana

- 12th most obese state in the nation
- 2/3 Indiana adults are overweight or obese
- 1/3 Indiana children are overweight or obese
- Contributing Factors:
 - Eating more & worse
 - Moving less
 - Working longer hours, sitting more
 - Increased screen time
 - Less opportunity to engage in physical activity
- Obesity increases risk for hypertension and diabetes, thereby increasing heart disease and stroke

Obesity Costs to Indiana

- Hoosiers pay \$3.5 billion in obesity-related medical costs
- In Indiana, 7% of obesity-related costs are financed by Medicare and Medicaid
- Obese children miss more school than their normal weight peers
- Obese adults experience more absenteeism and presenteeism than their normal weight peers
 - Obesity-related absenteeism costs U.S. employers over \$6 billion/year
 - Healthcare costs for obese individuals \$1,400/ year higher

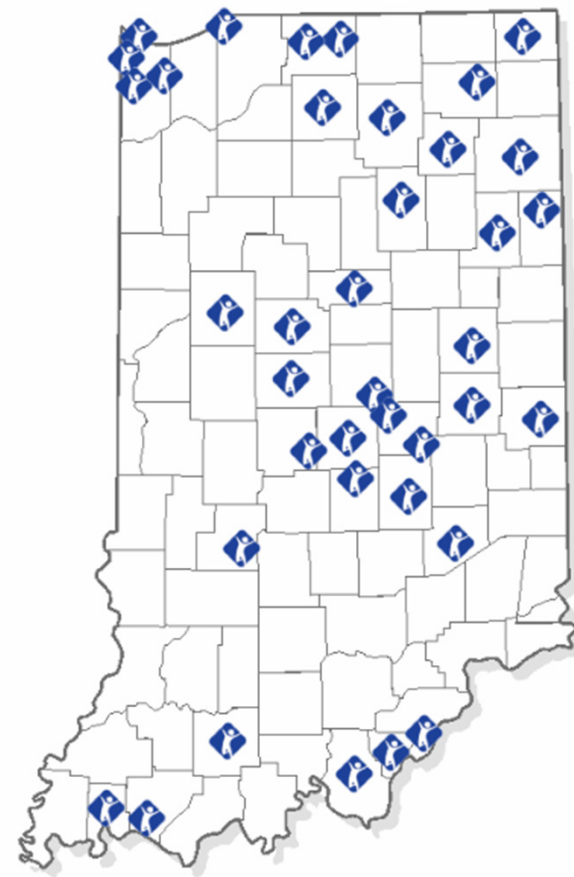
What We're Doing at ISDH

- State Diabetes Strategic Plan
- National Diabetes Prevention Programs
- WIC mobile app, collaboration with hospitals, farmers markets
- Train employers on worksite wellness best practices
 - Start at home with state employees
- Help schools to incorporate more physical activity, including for students with disabilities
- Increase access to healthy foods through SNAP education and encouraging farmers market managers to accept SNAP/WIC benefits
- Train community wellness coordinators on best practices for obesity prevention

Diabetes Prevention Programs

- Help people make necessary lifestyle changes.
- Proven to prevent and/or delay type 2 diabetes.
- Participants work with a trained "Lifestyle Coach" in a group-like setting to set personal goals, learn how to eat healthy, add daily physical activity, stay motivated, and problem solve issues that can get in the way of making healthy lifestyle changes.
- 12-month program
- Goals:
 - Lose 5 to 7 percent of your body weight if you are overweight (approximately 10-14 pounds for a 200-pound person) through basic nutrition education
- Achieve 150 minutes of physical activity each week.

Indiana Diabetes Prevention Network Locations



Current Disease Focuses

- Hepatitis A
 - 915 cases as of 1/18/19
 - 2 deaths
 - 50% hospitalization rate
 - Homeless, incarcerated, MSM, illicit drug use
 - Nearly 100,000 vaccines administered
- Influenza
 - Much lighter than this time last year
 - 4 deaths v. 50 as of same time last year
 - Most H1N1
 - Weekly report posted at <http://www.in.gov/isdh/22104.htm>

Improving Indiana's Health: Final Thoughts

- No one entity can do it alone.
- We need partnerships at the local, state and federal levels.
- Rural areas especially need to think outside the box and tap existing resources.
- Share your innovations and learn from one another.
- Don't be afraid to ask questions or ask for help.

