Creating Healthier Communities

Indiana Rural Health Association

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State Health Commissioner
June 18, 2019

Indiana State Department of Health

Indiana's Challenges

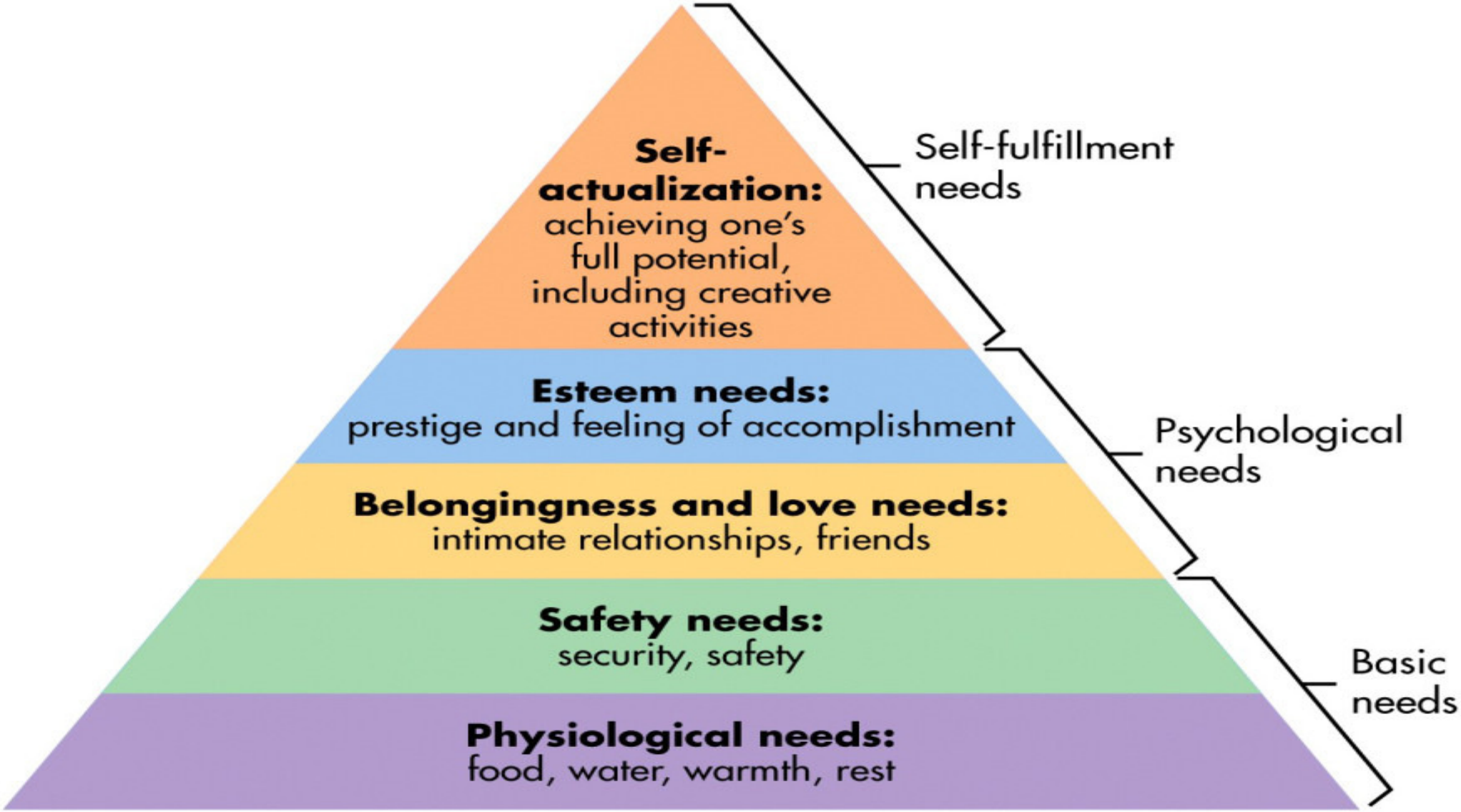
- High infant and maternal mortality rates
  - 7th worst infant mortality rate in US, 602 babies in 2017
  - 3rd highest maternal mortality rate
- High rate of obesity
  - 2/3 of adults are overweight or have obesity
- High smoking rate
  - More than 21% of adults smoke; e-cigarette use among teens rising
- Drug epidemic fueling disease outbreaks
  - Hepatitis A, HIV, Hepatitis C

Impact on Rural Areas

- Higher rates of some diseases
  - More likely to die from diabetes, cardiovascular disease
  - Increased incidence of chronic lower respiratory disease
  - More likely to smoke during pregnancy compared with urban residents
    - Even higher among pregnant women in some counties
- Less access to care
  - More likely to live in a medically underserved area or one with a shortage of primary care health professionals
  - Shortages impact many conditions, especially maternal and infant health
- Opioid epidemic impacting economy, stressing already limited resources

Healthy Communities = Healthy State

- Poor health costs us physically, societally and financially
  - Obesity alone costs Indiana $3.5 billion in related medical costs
  - Obesity-related absenteeism costs U.S. employers more than $6 billion a year
  - For every pack of cigarettes sold in Indiana, we spend $15.90 in health care costs, lost productivity and premature death related to tobacco
- Businesses won't move here, companies can't find workers, chronic disease rates increase, healthcare burden rises
- 2019 ASTHO President's Challenge: Building Healthy & Resilient Communities
  - Place-based approach
  - Everyone in every community has the opportunity to be as healthy as possible.

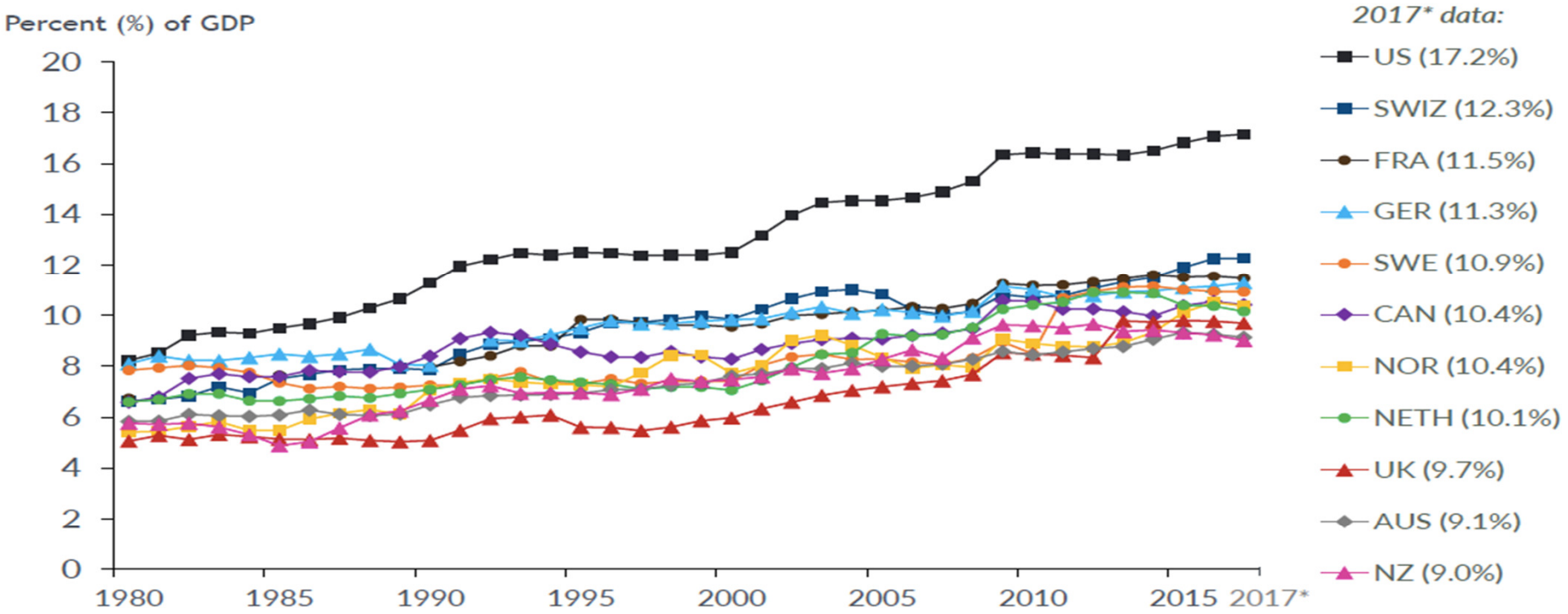

Self-actualization:
achieving one's full potential, including creative activities
Esteem needs:
prestige and feeling of accomplishment
Belongingness and love needs:
intimate relationships, friends
Safety needs:
security, safety
Physiological needs:
food, water, warmth, rest
Self-fulfillment needs
Psychological needs
Basic needs

Good Health Is More Than Medicine

SPENDING & COSTS

Health Care Spending as a Percent of GDP, 1980–2017

Adjusted for Differences in Cost of Living



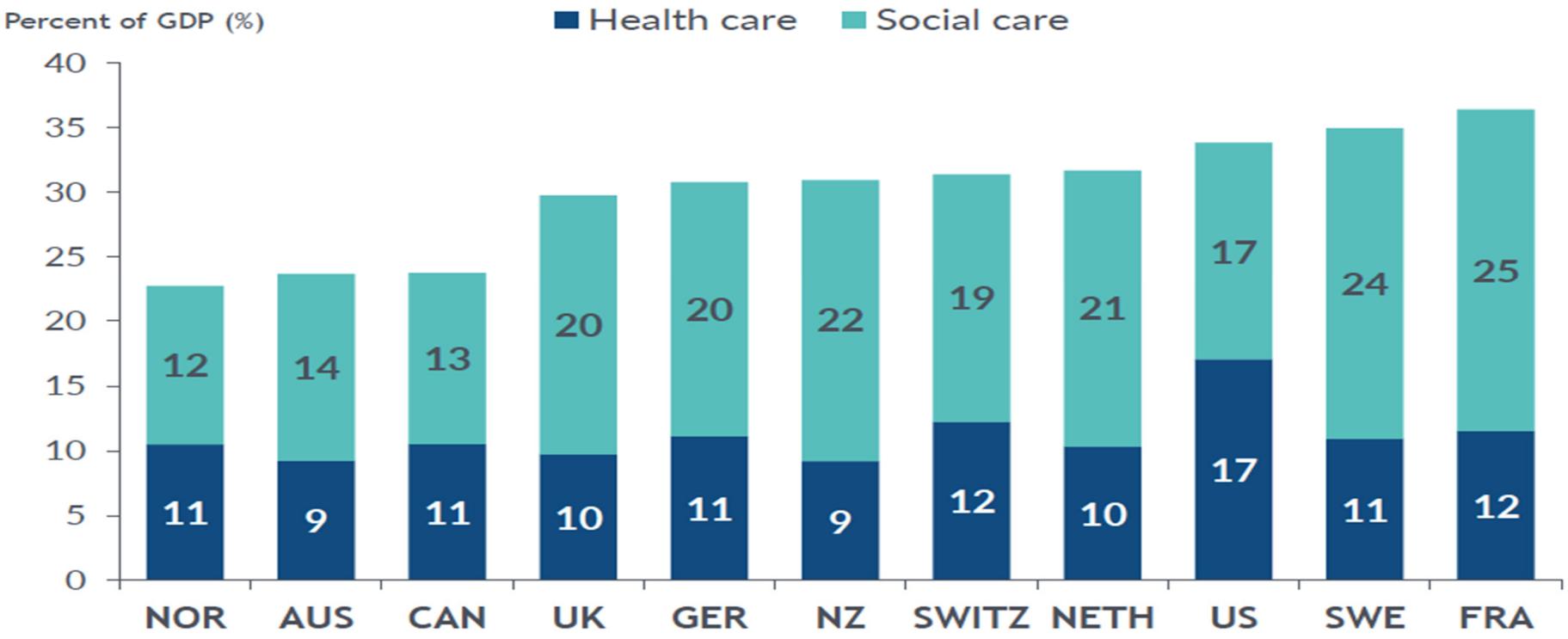
The Commonwealth Fund

Notes: Current expenditures on health per capita, adjusted for current US$ purchasing power parities (PPPs). Based on System of Health Accounts methodology, with some differences between country methodologies (Data for Australia uses narrower definition for long-term care spending than other countries). *2017 data are provisional or estimated.

Source: OECD Health Data 2018.

SPENDING & COSTS

Health and Social Care Spending as a Percent of GDP, 2016 or Latest Available Year



The Commonwealth Fund

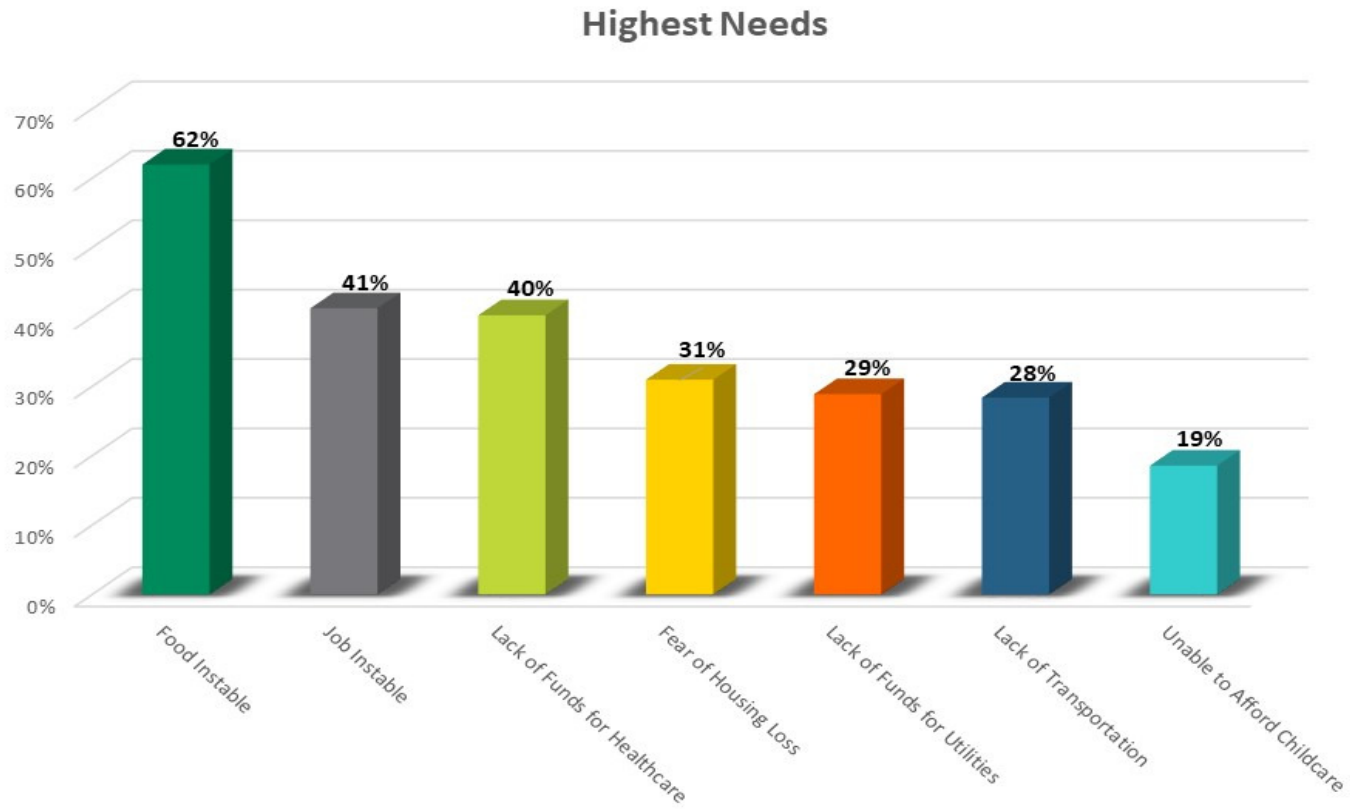
Source: OECD Social Expenditures database (SOCX), OECD Health data 2018.

Data: Expenditures reflect the latest (2013-2016) available data for combined public and private spending. To avoid double counting, social care expenditures reflect total social spending in SOCX excluding health spending included in SOCX, while health care expenditures reflect total health spending in OECD Health Data excluding long-term care (social), health promotion with multi-sectoral approach, and gross fixed capital formation.

Social Context Screening Deployed 8/18

Healthy Opportunities Assessment Tool	Yes / No / NA
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	
In the last 12 months, has your utility company shut off your service for not paying your bills?	
Are you worried that in the next 2 months, you may not have stable housing?	
Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	
In the last 12 months, have you needed to see a doctor but could not because of cost?	
In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	
Do you ever need help reading hospital materials?	
Are you afraid you might be hurt in your apartment building or house?	
During the last 4 weeks, have you been actively looking for work?	
In the last 12 months, other than household activities or work, do you engage in moderate exercise (walking fast, jogging, swimming, biking or weight lifting) at least three times per week?	

Key Learnings: ~95K Respondents*



*16% Response Rate

*As of 3/25/19

Strategies to Address Challenges

- Community assessments
- Think outside the box
- Find non-traditional partners
- Gather your data & make sure it's good
  - Coroner toxicology program

New Landscape

- Health on wheels concept
  - Meet people where they are with partners they trust
- Faith-based organizations
  - Infant mortality luncheons, opioid epidemic
- First responders/paramedicine
- Jails
- Community health workers
- New roles for established organizations like WIC
  - Lead testing pilot at WIC clinics, access to fresh foods at farmers' markets

Place-based Approaches: Urban Areas

- **Evansville Promise Zone:** Works to create and design a community that boosts economic activity, improves educational opportunities and reduces crime.
- **Greater Lawrence Healthy Families Healthy Children:** Creates healthy environments so children & families have the opportunity to make healthy choices and children can achieve and maintain a healthy weight.
- **BTCC Bloomington:** Convenes community organizations to create a common language around trauma and trauma-sensitive practices to improve the trajectories of children, families, neighborhoods and communities.
- **Indiana Healthy Weight Initiative:** Helps create and support policy, systems and environment changes across Indiana as they relate to nutrition, physical activity and obesity.

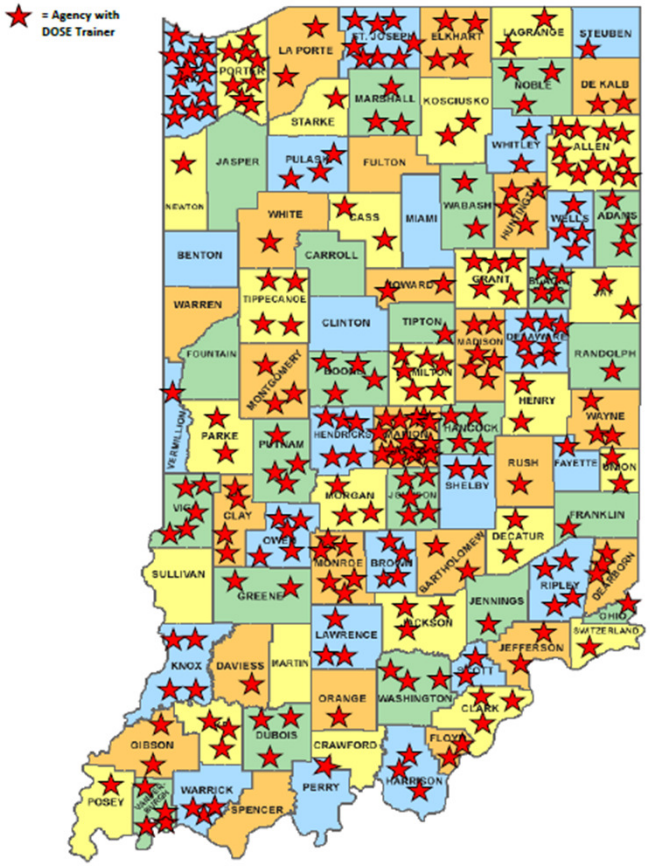
Placed-based Approaches: Rural Areas

- IU Tipton partnership with Four County Counseling to provide training for doctorate education process for psychologists
- Rush Memorial embedded LCMSW in ED, implemented SMART process to help address youth suicide
- Healthy Start Initiative in Greene, Daviess, Martin & Dubois Counties to help women navigate pregnancy
- Crawfordsville paramedicine program
- Scott County Partnership
  - Addressing socioeconomic issues, bringing partners together

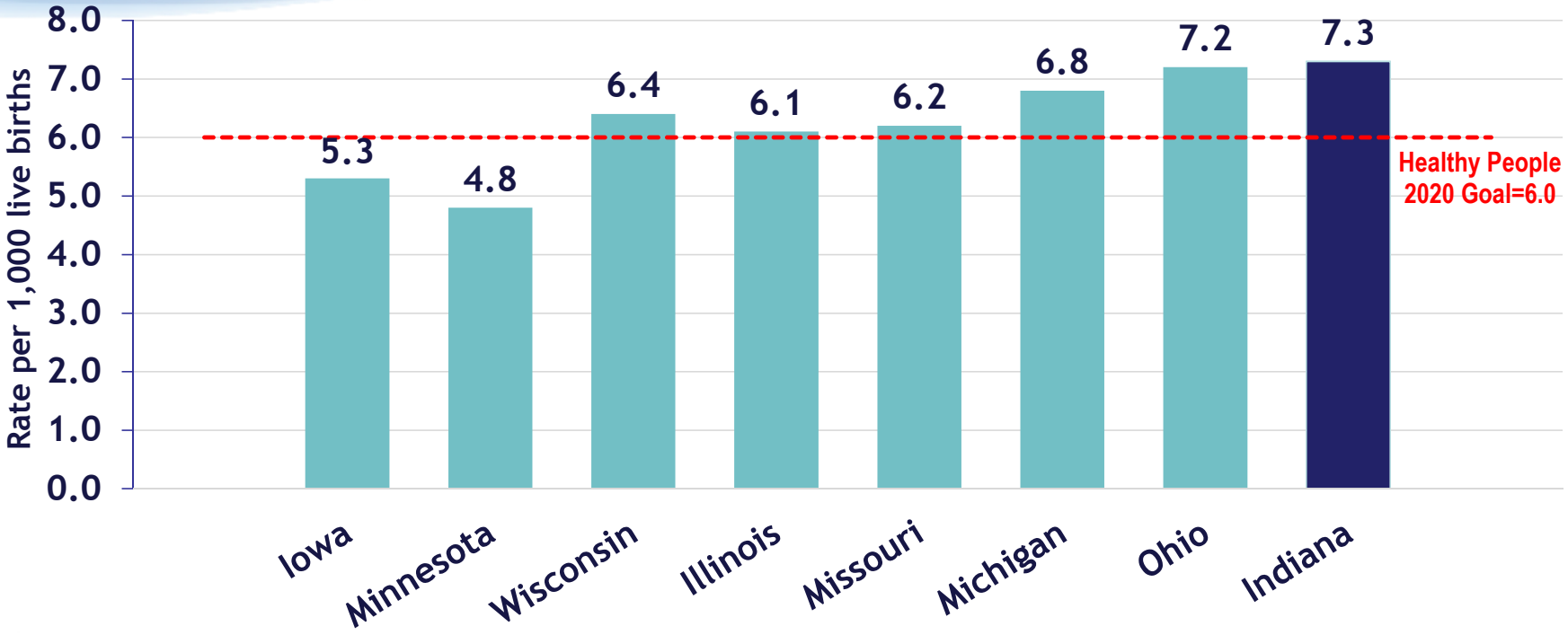
Infant Mortality Partnerships

- Community health workers
  - Nurse-Family Partnership
  - Healthy Families
  - Doulas
  - Population-specific (Daviess Co. Haitian community)
- First responders
  - Safe sleep education through D.O.S.E.
- Churches
  - First ladies luncheons
  - Safe sleep

D.O.S.E. Trainees



Preliminary Infant Mortality Rates
Midwest, 2017



Source: Indiana State Department of Health, Division of Maternal and Child Health [February 21,2019]
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Stats of the States, 2019

Indiana State Department of Health

Infant Mortality Rates County Level, All Races 2013 - 2017

HIGHEST Infant Mortality Rates in Indiana

- Jay, 13.2
- Grant, 9.2
- Shelby, 9.2
- Cass, 9.1
- St. Joseph, 8.7
- Clark, 8.5
- Delaware, 8.5
- Dubois, 8.5
- Lake, 8.5

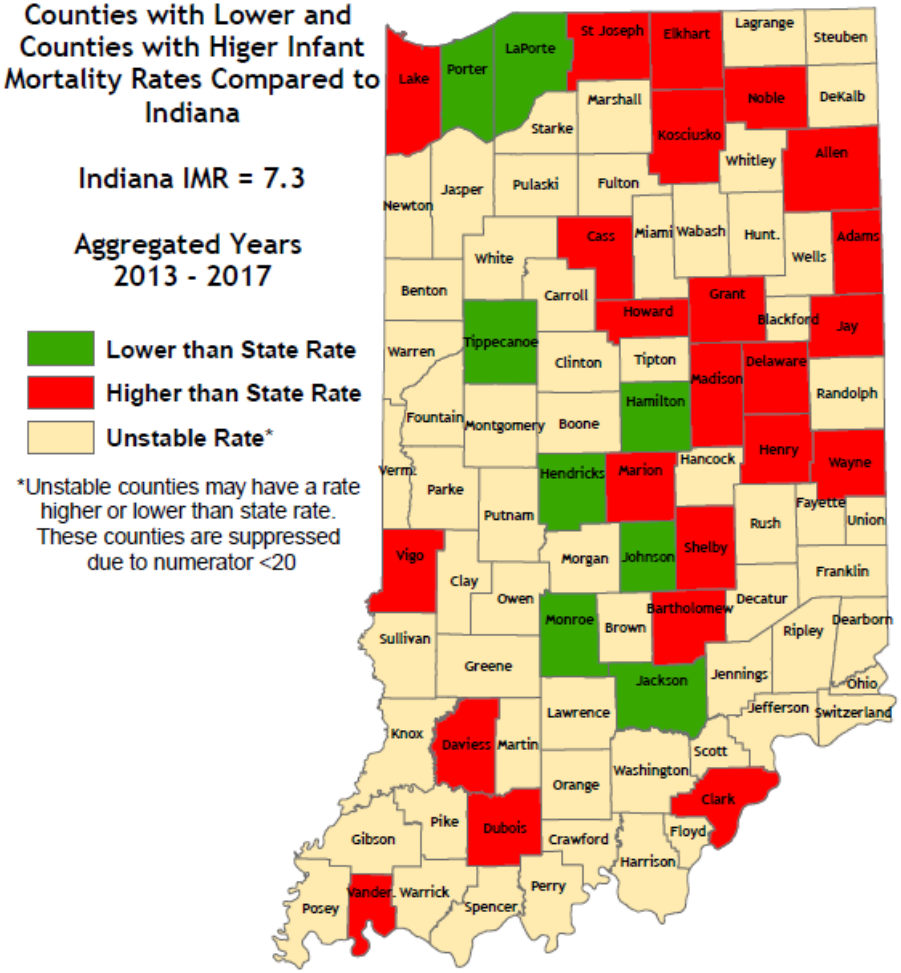
Counties that have *REACHED HP2020* Goal

- Hamilton, 4.9
- Johnson, 5.0
- Porter, 5.3
- Hendricks, 5.8

Counties with Lower and Counties with Higer Infant Mortality Rates Compared to Indiana

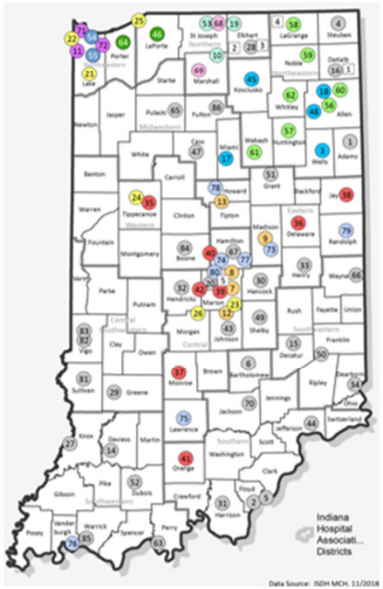
Indiana IMR = 7.3

Aggregated Years 2013 - 2017

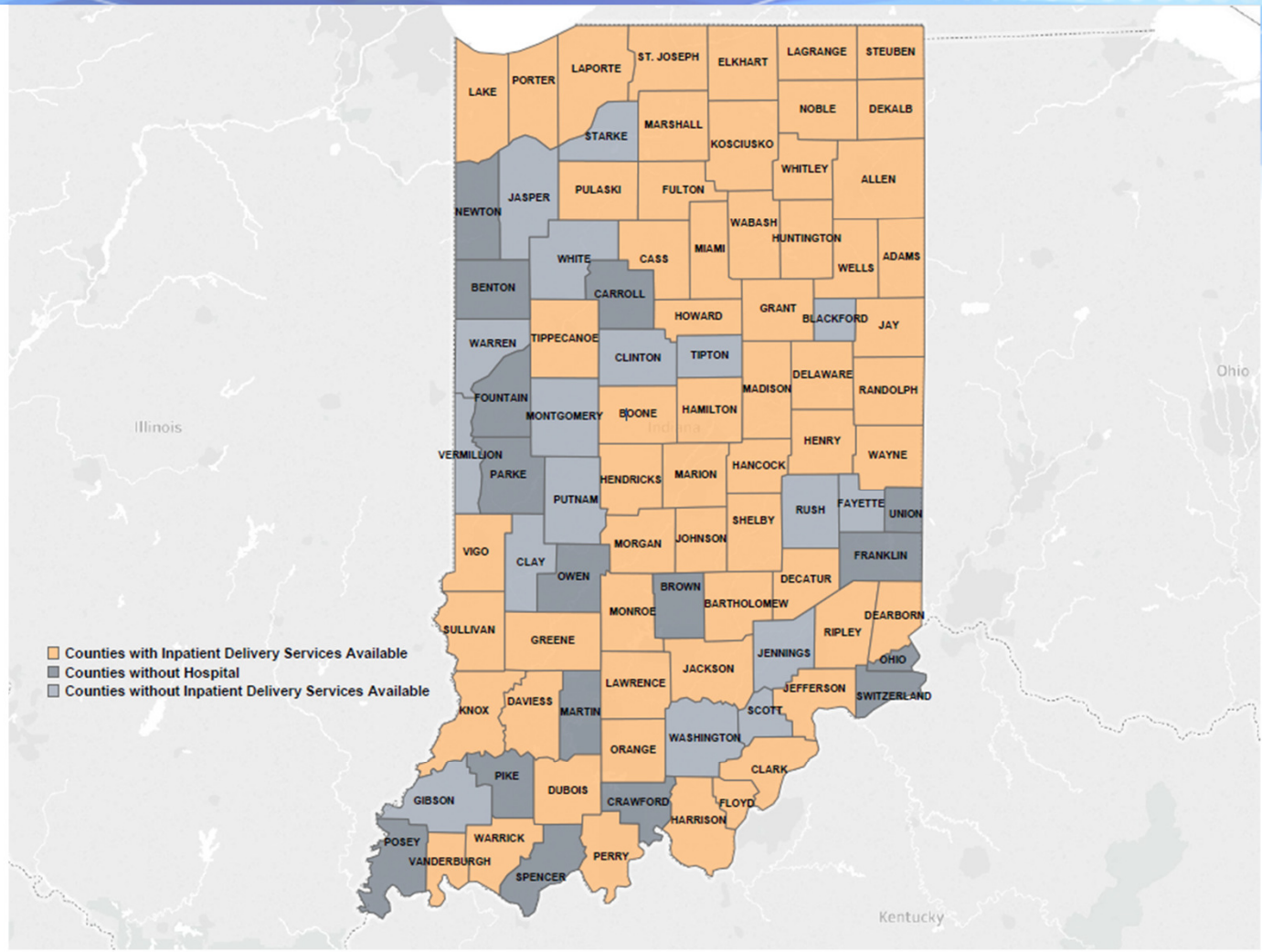


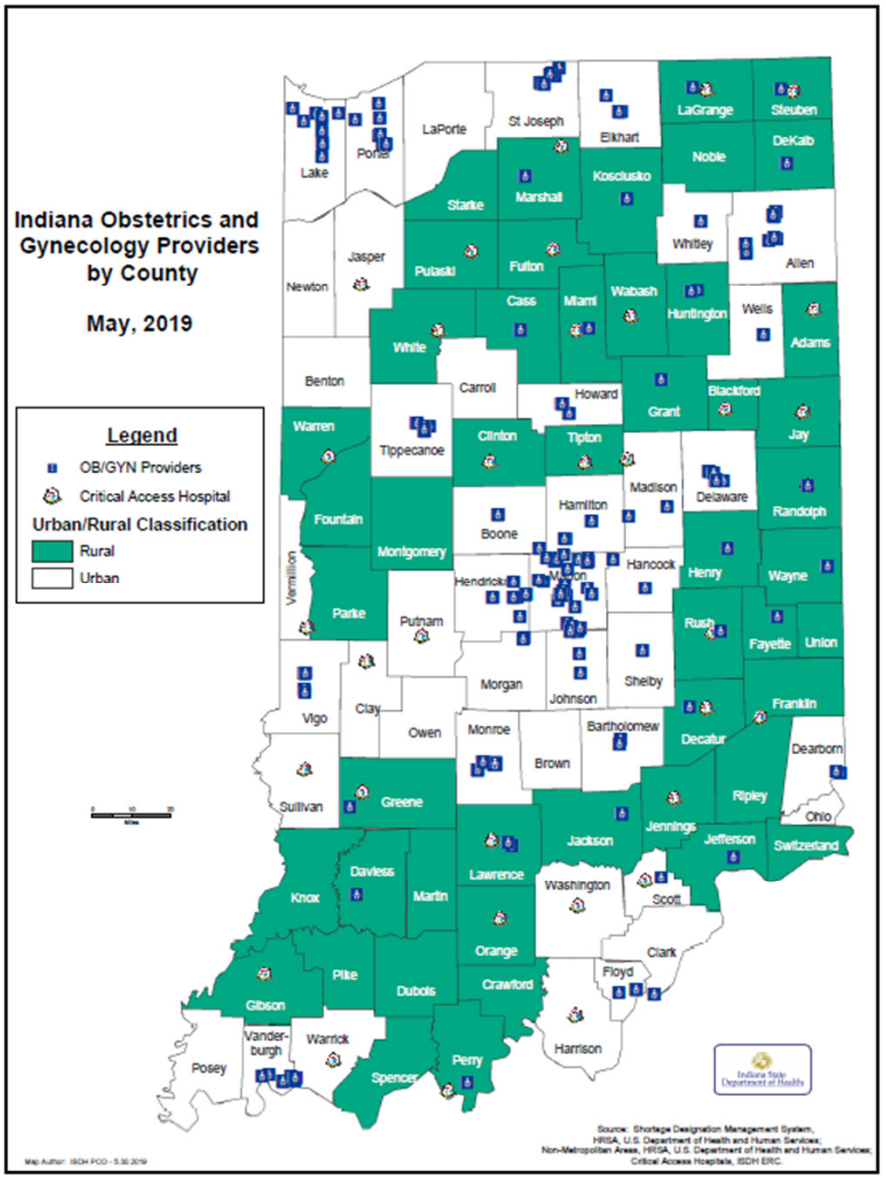
*Numerator less than 20, the rate is unstable
Source: Indiana State Department of Health Division of Maternal and Child Health
Created: November 15, 2018
Data Source: Indiana State Department of Health Epidmiology Resource Center Data Analysis Team

Indiana
BIRTHING HOSPITALS

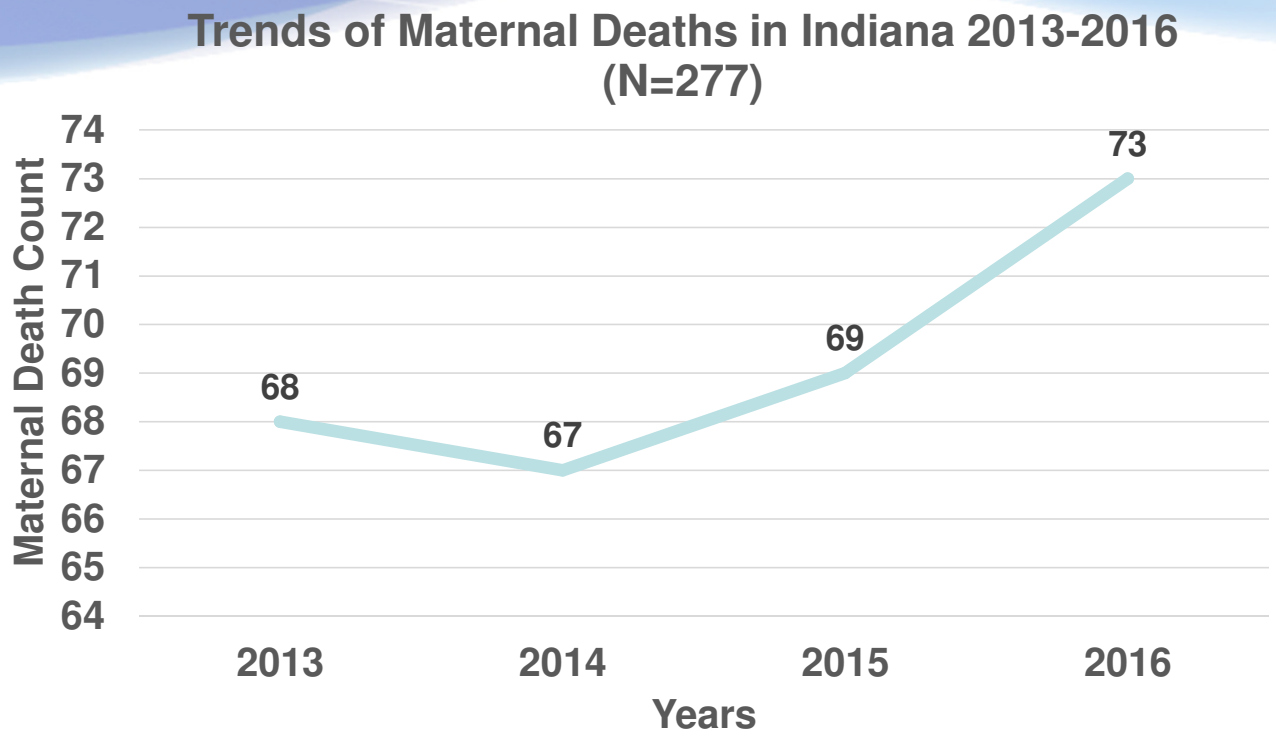


- **Thirty-three** of Indiana's 92 counties are considered a maternity care desert.
- When appropriate perinatal care is unavailable, pregnant women and newborns may experience **increased morbidity and mortality.**



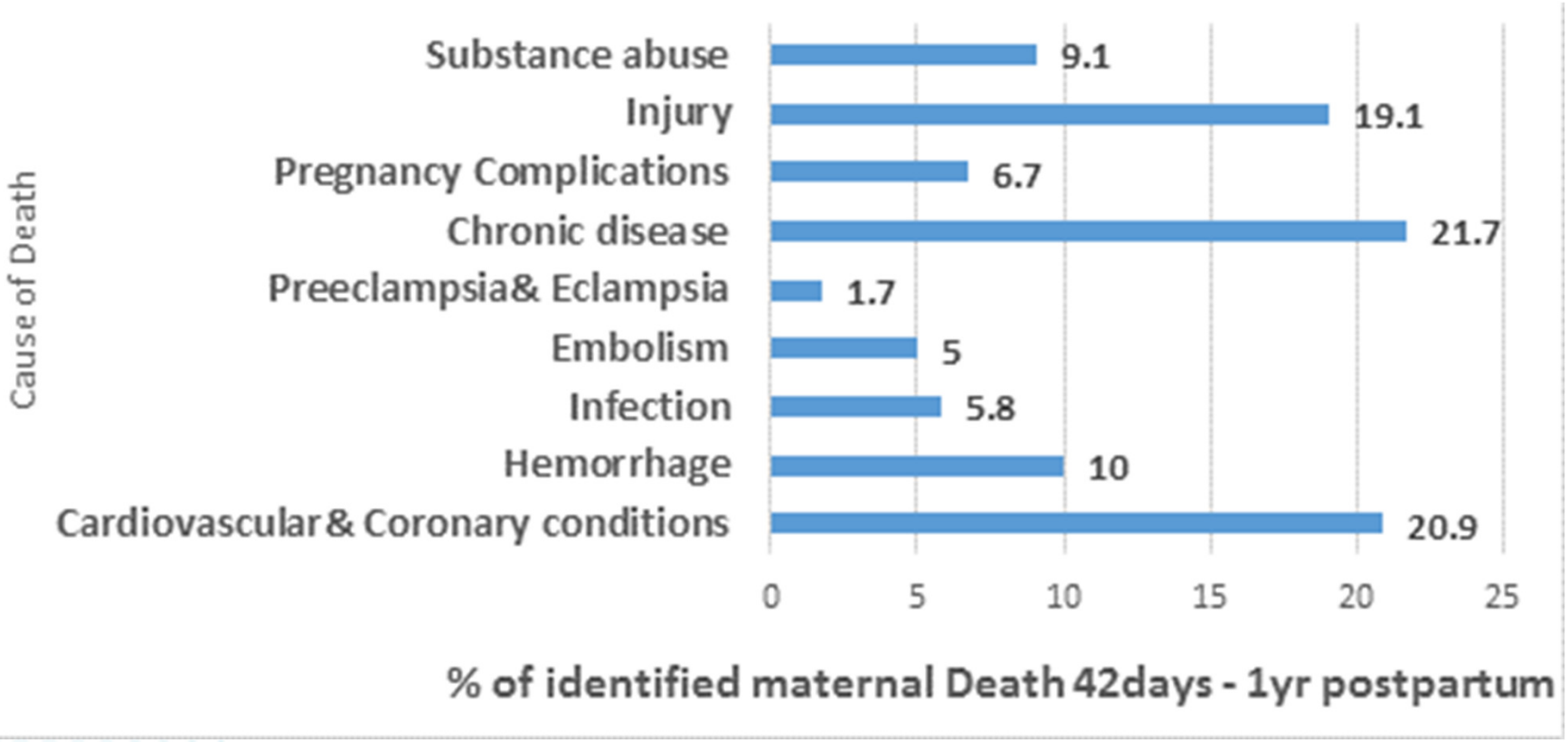

Indiana Obstetrics and Gynecology Providers by County
May, 2019
Legend
OB/GYN Providers
Critical Access Hospital
Urban/Rural Classification
Rural
Urban
Lake
Porter
LaPorte
St Joseph
Elkhart
LaGrange
Steuben
Noble
DeKalb
Starke
Marshall
Kosciusko
Whitley
Allen
Newton
Jasper
Pulaski
Fulton
Cass
Miami
Wabash
Huntington
Wells
Adams
White
Benton
Carroll
Howard
Grant
Blackford
Jay
Warren
Tippecanoe
Clinton
Tipton
Madison
Delaware
Randolph
Fountain
Boone
Hamilton
Henry
Wayne
Vermillion
Montgomery
Hendricks
Marion
Hancock
Parke
Putnam
Rush
Fayette
Union
Morgan
Johnson
Shelby
Vigo
Clay
Owen
Monroe
Bartholomew
Decatur
Franklin
Brown
Dearborn
Sullivan
Greene
Ripley
Ohio
Jackson
Jennings
Jefferson
Switzerland
Daviess
Lawrence
Washington
Scott
Knox
Martin
Orange
Clark
Floyd
Pike
Dubois
Crawford
Gibson
Harrison
Vander-burgh
Warrick
Posey
Perry
Spencer
Indiana State Department of Health
Source: Shortage Designation Management System, HRSA, U.S. Department of Health and Human Services; Non-Metropolitan Areas, HRSA, U.S. Department of Health and Human Services; Critical Access Hospitals, ISDH ERC.
Map Author: ISDH FCO - 5.30.2019

Maternal Mortality in Indiana



Source:https://gis.in.gov/apps/isdh/meta/stats_layers.htm

Causes of Maternal Death
42 days-1 yr Postpartum, 2013-2016 (N=120)



Maternal Mortality Indiana, 2013-2017

MATERNAL MORTALITY 2013-2017

2013	2014	2015	2016	2017	5-year total
65	60	66	70	63	324

Maternal Mortality Strategies

- AIM safety bundles
- Maternal Mortality Review Committee
  - 11 cases reviewed so far, another 8 scheduled in August
  - Annual report to be issued later this year
  - Goal is to review all cases and identify trends/prevention strategies
- Perinatal Levels of Care

Key Opportunities for Improving Access

- Increase access to affordable preconception, prenatal, and postpartum care.
- Provide logistical support and financial assistance to women so they can travel to receive care.
- Expand innovative, proven models of supportive and preventive care, including group prenatal care.
- Share resources across systems and settings by regionalizing care.
- Quality improvement initiatives in hospitals can improve care.
- Incentivize providers to work in underserved areas.

Rural Maternity Medical Home
Outreach Program

Improving health outcomes for moms and babies

- Pregnant women enrolled early in pregnancy.
- Thorough, robust screening tools used to identify needs, gaps and barriers and provide follow-up to continually monitor referrals and progress throughout pregnancy and postpartum.
- Follow up throughout pregnancy and postpartum up to baby's first birthday.
- Develop relationships with pregnant women.
- Provide referrals, including but not limited to: lactation consulting, behavioral health, tobacco cessation, prenatal and parenting classes, nutrition, financial and social services support, safe sleep practices.
- Healthy, happy pregnancy.
- Deploying perinatal navigators in rural setting.
- Connecting women to resources in rural communities.
- Identifying at risk and high risk pregnancies and providing support throughout.
- Pilot programs implemented January 2019.
- Other partners joined June 2019.
- Servicing pregnant women within CSW to promote early entry into enhanced perinatal care.
- Connecting partners with local, regional, state and federal resources for participants.
- Providing social support

OB Navigation

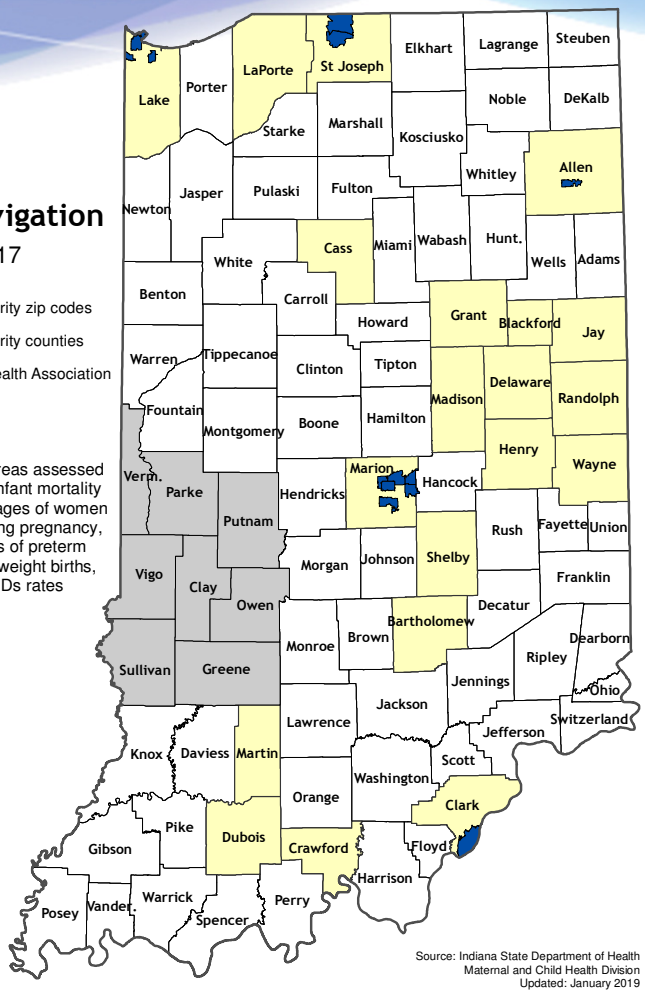
2017

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

Opioid Crisis Partnerships

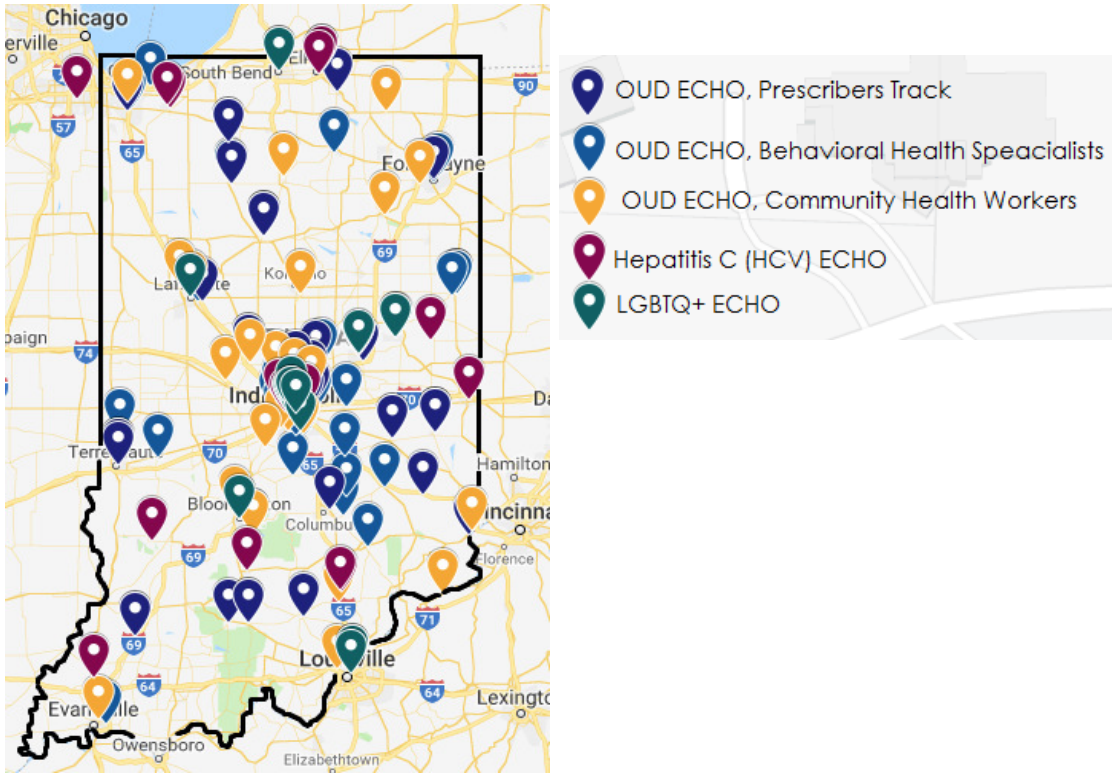
- First responders
  - Naloxone
  - Community paramedicine in Crawfordsville
- Jails
  - Indiana Sheriff's Association/Hepatitis A vaccinations
- Coroners
  - Toxicology testing
- Physicians
  - Mandatory universal verbal screen for substance use disorder in pregnancy
- Hospitals
  - ED testing for HIV, hepatitis C

Opioid Crisis Partnerships

- Student loan repayment program for addiction professionals
  - Announced January 2019
  - Designed to help attract mental health providers to underserved rural areas
  - Provides incentive for psychiatrists, alcohol and substance use counselors and practitioners to practice in a specific, federally designated Indiana region experience high numbers of opioid deaths
  - Counties include Blackford, Dearborn, Fayette, Franklin, Grant, Henry, Jay, Randolph, Switzerland, Union and Wayne
  - 13 of 30 of the practitioners so far are located in high-risk counties
  - Working on another round of funding that will be available 9/1/2019.

Opioid Crisis Partnerships

- New treatment facilities
- Continue to use telemedicine, Project ECHO



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

Primary Care Behavioral Health Integration (PCBHI)
Integrated Care Entities (ICE)

PCBHI ICE Cohort I Launch
5 AGENCIES (6 SITES)

1. **Aspire Indiana**:
   a. Aspire Anderson:
      215 W. 19th St.
      Anderson, IN 46016
   b. Aspire Elwood:
      10731 SR 13
      Elwood, IN 46036
2. **Community Healthnet**:
   1021 West 5th Avenue
   Gary Indiana 46402
3. **Four County Counseling Center**:
   Reach Center, 421 12th Street
   Logansport, Indiana 46947
4. **Regional (Southlake)**:
   3903 Indianapolis Blvd
   East Chicago, IN 46312
5. **Porter Starke Services**:
   Starke County Office
   1003 S Edgewood Dr
   Knox, IN 46534

PCBHI ICE Cohort II Launch
6 AGENCIES (7 SITES)

1. **Meridian Health Services**:
   100 N. Tillotson Ave.
   Muncie, IN 47304
2. **Edgewater Health**:
   Edgewater Health
   1100 W. 6th Ave.
   Gary, IN 46402
3. **Hamilton Center Inc.**:
   620 8th Ave.
   Terre Haute IN 47804
4. **Southwestern Behavioral Health care, Inc.**:
   309 N. Sawmill St.
   Mt. Vernon, IN 47620
5. **Adult and Child Mental Health Center**:
   a. 222 East Ohio St.
      Indianapolis, IN 46204
   b. 8320 Madison Ave.
      Indianapolis, IN 46227
6. **Centerstone**:
   Spencer Integrated Health
   35 Bob Babbs Ave.
   Spencer, IN 47403

12/11/17

Rural Challenge: Pharmacy Deserts

- Many smaller communities may lack a pharmacy
- Telepharmacy is a strategy that's starting to take hold
- Indiana legislation in 2018 allowed telepharmacy
- Greenfield-Morristown example: Pharmacy in Greenfield opens small shop in Morristown staffed by pharmacy technician.
  - Consult is done via video
  - Lower costs, higher access

Creating Healthy Communities: Recap

- No one entity can do this alone
- Need to take a health in all policies approach
- Understand that good health is good for communities
- Focus on disparities and implement health equity policies
- Community health assessments are key
- Multisector partnerships are needed
- We must understand the populations impacted
- We have to think outside the box and look at health through a new lens
- Relationships matter

Questions

- What's working in your community?
- How can we learn from each other?
- What's missing?

THANK YOU!