

ISDH Health Priorities: Impact on Rural Indiana

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State Health Commissioner
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Indiana State
Department of Health

Pressing Health Challenges

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

Rural Areas: Unique Challenges

- ❑ More likely to live in a medically underserved area or one with a shortage of primary care health professionals
- ❑ Higher mortality rates for diabetes, cardiovascular disease
- ❑ Higher incidence of chronic lower respiratory disease
- ❑ More likely to smoke during pregnancy compared with urban residents

Rural Areas: Unique Solutions

- ❑ 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 Jan. 18 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

ECHO vs. Telemedicine

TeleECHO™ Clinic



Expert hub team

ECHO supports
community based
primary care teams



Learners at spoke site

Patients reached with specialty
knowledge and expertise



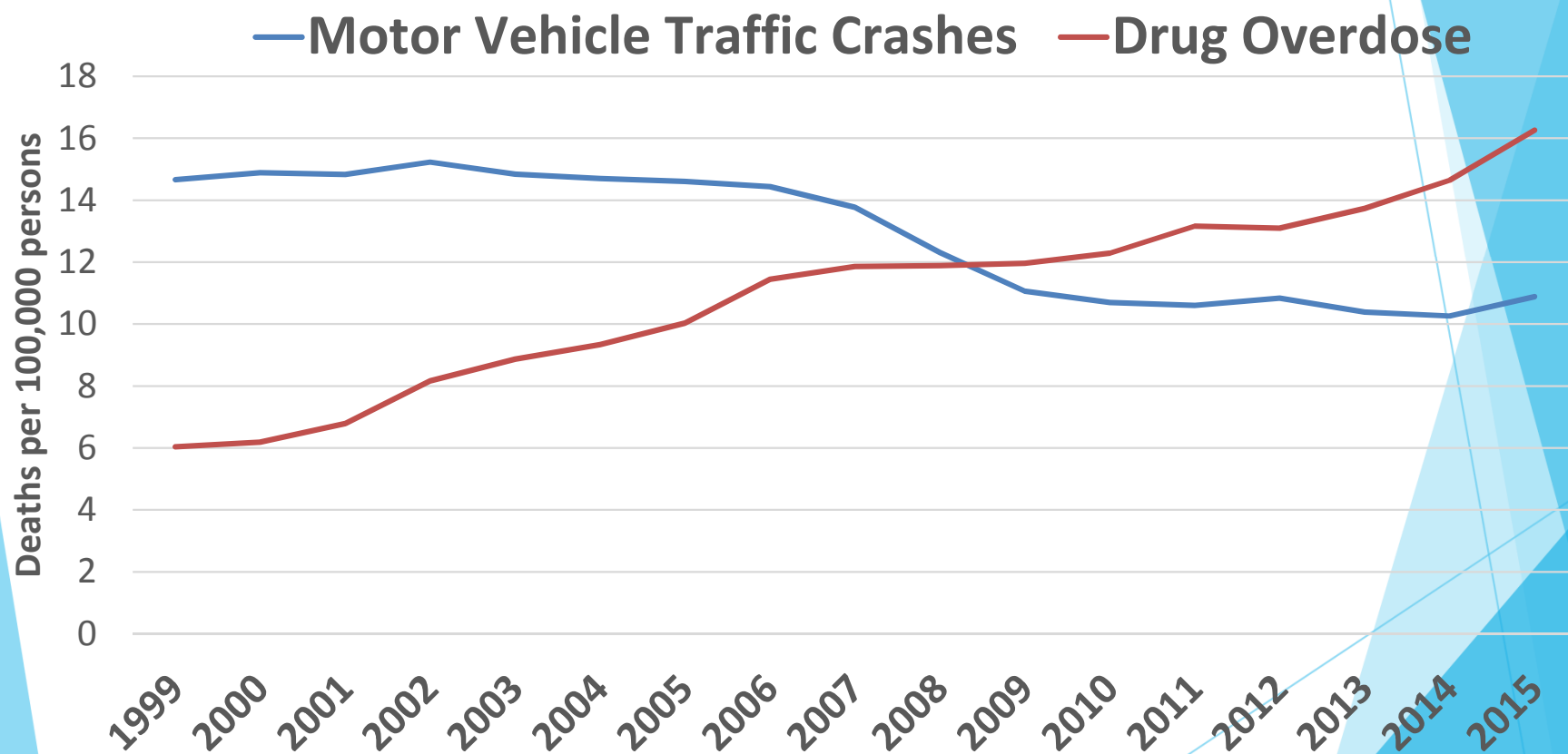
Traditional Telemedicine



Specialist manages patient remotely



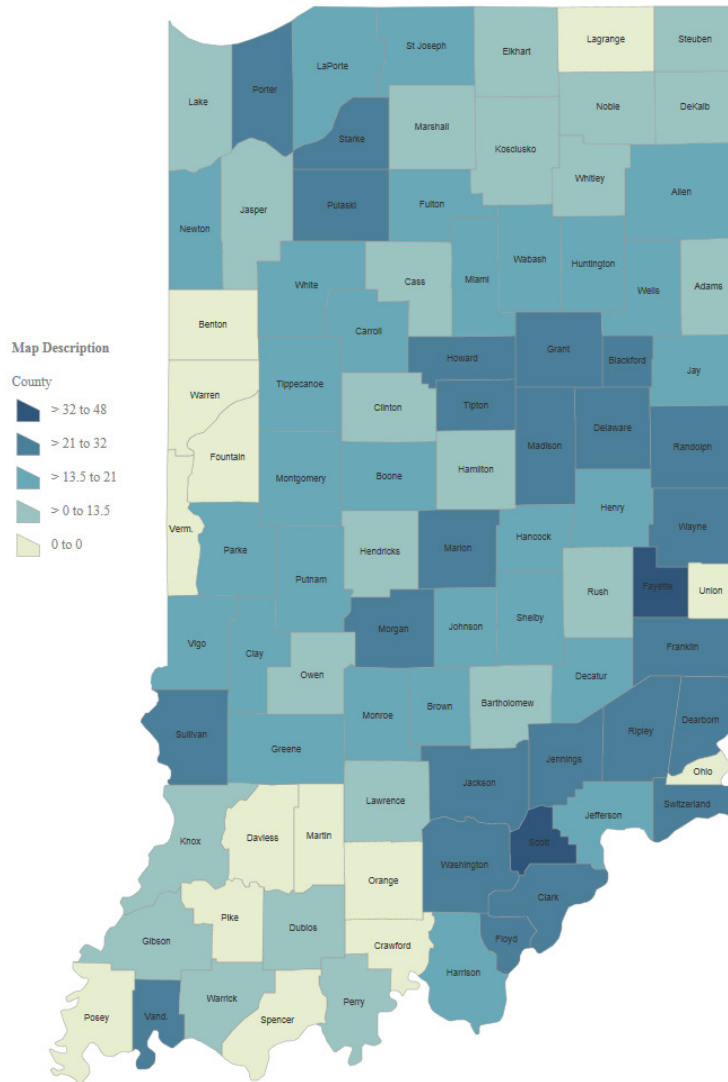
Rates of motor vehicle traffic and drug overdose deaths, United States, 1999-2015



Source: CDC WISQARS data

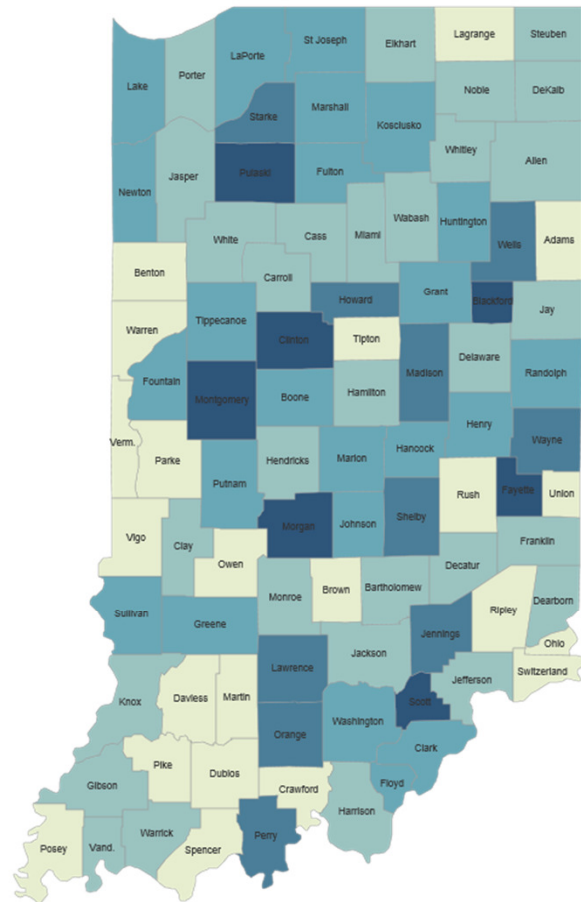
*Age-adjusted death rates using the U.S. population as the standard

Drug Overdose Death Rates, Indiana, 2012-2016



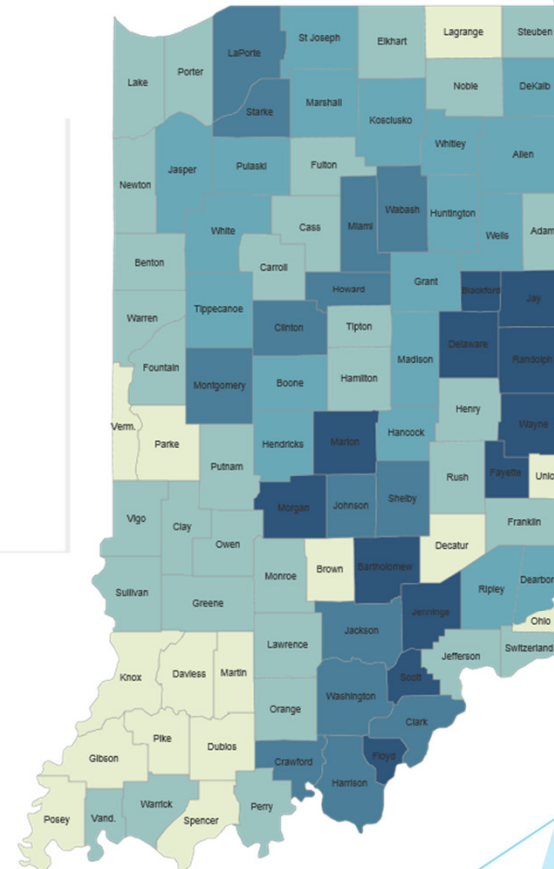
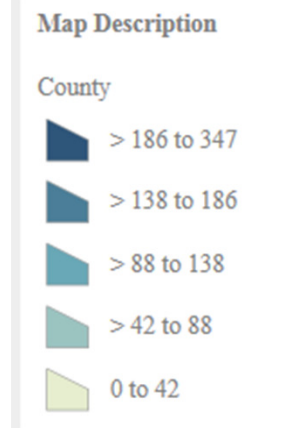
Source: ISDH Stats Explorer

Non-fatal ER Visits due to Opioid Overdose



2012

Source: ISDH Stats Explorer



2016

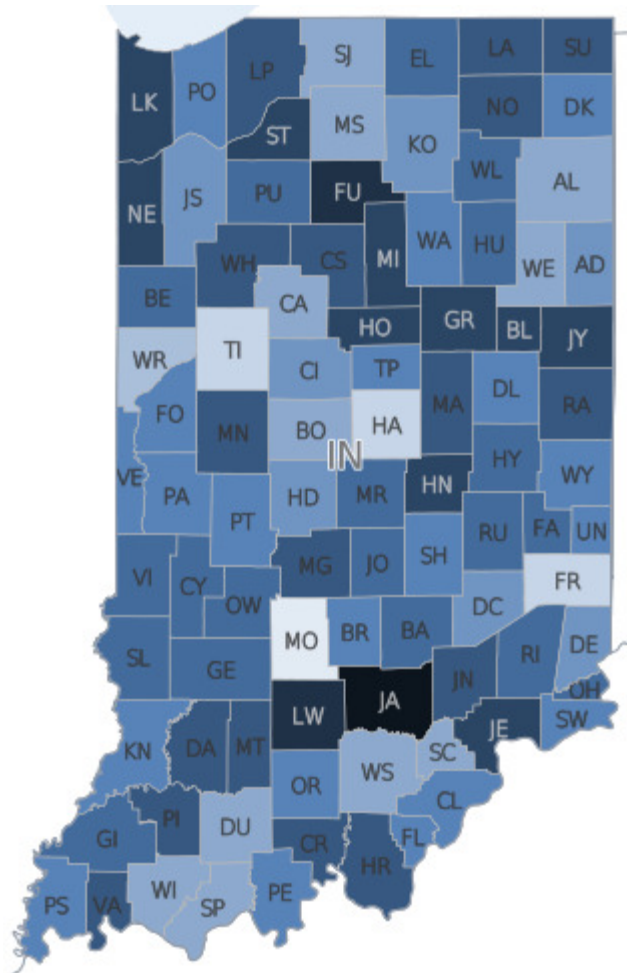
Ongoing ISDH Efforts

- ❑ Just one of many state agencies collaborating
- ❑ ISDH HIV division provided funding to Fayette Regional health system for additional treatment beds for people with HIV and substance use disorder
- ❑ ISDH Stats Explorer makes data more accessible:
https://gis.in.gov/apps/isdh/meta/stats_layers.htm
- ❑ Syndromic surveillance for overdoses
- ❑ Fresh Start treatment program
- ❑ Renewed statewide standing order for naloxone
- ❑ www.optIN.in.gov (naloxone locator)
- ❑ Naloxone grants to 49 rural counties

Obesity in Indiana

- ❑ Indiana is the 10th most obese state in the U.S.
- ❑ Over two-thirds (66.5%) of Indiana adults are overweight or obese.
 - ❑ 32.5% obese; 34.7% overweight
- ❑ One-third of Indiana children are overweight or obese.
- ❑ Contributing factors:
 - ❑ We're eating more & worse
 - ❑ We're moving less
 - ❑ Less opportunity to engage in physical activity
 - ❑ Working longer hours, sitting more
 - ❑ Increased screen time
- ❑ Obesity increases risk for hypertension and diabetes, thereby increasing heart disease and stroke

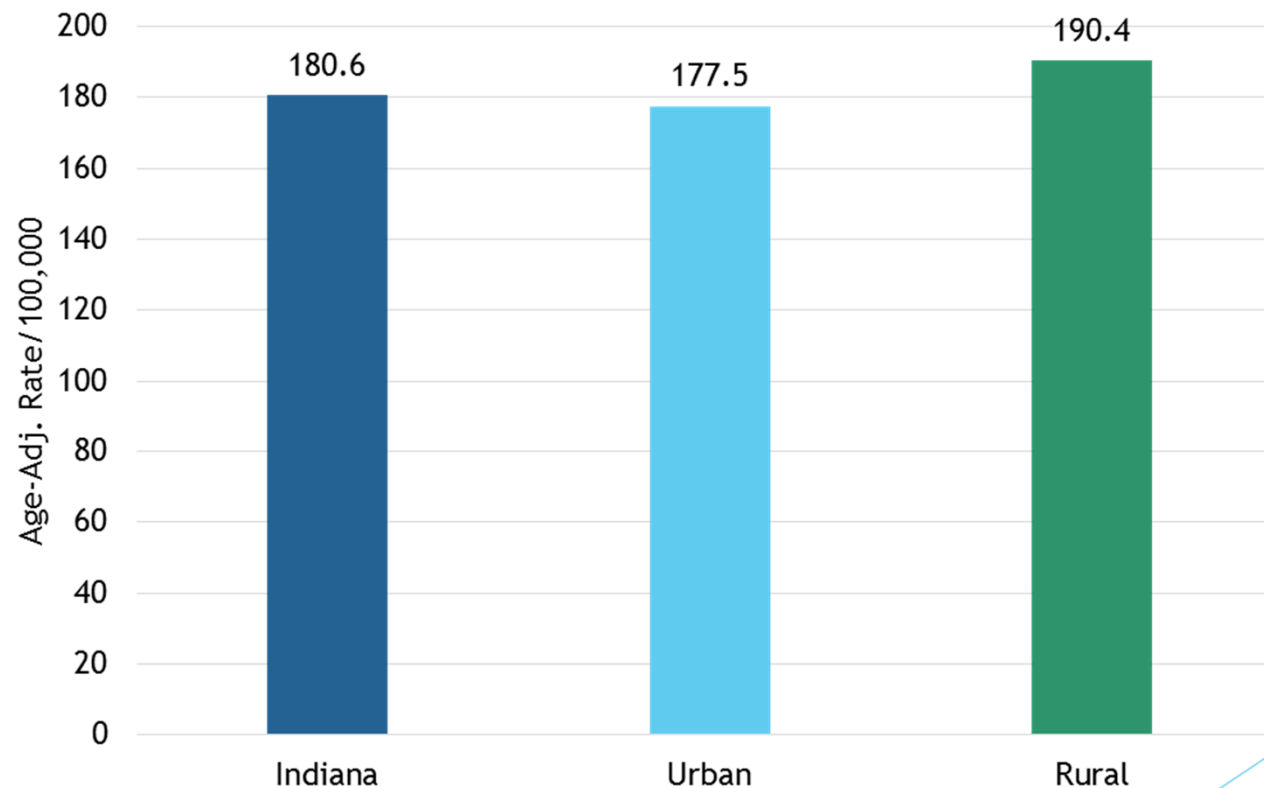
Adult Obesity in Indiana



Obesity Costs to Indiana

- ▶ Hoosiers pay \$3.5 billion in obesity-related medical costs
- ▶ In Indiana, 36.9% 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 employers over \$6 billion/year in US
 - ▶ Healthcare costs for obese individuals \$1,400/ year higher

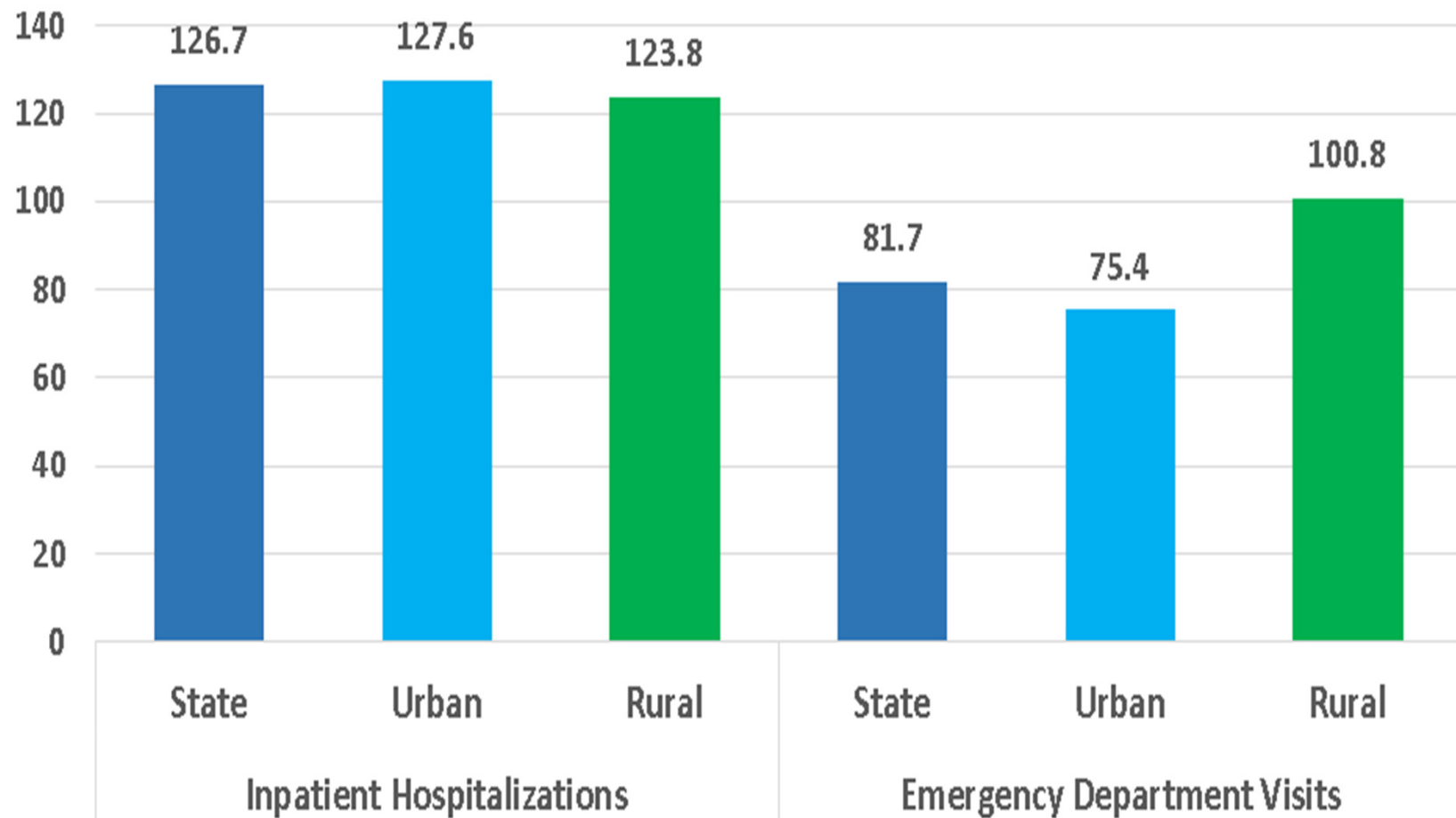
Urban/Rural* Mortality Rates: Heart Disease Indiana 2016



*Rural is defined by Rural-Urban Commuting Area codes for whole counties

Major Cardiovascular Disease Hospitalizations in 2015

Age-adjusted rates per 10,000



Source: 2015 Hospital Discharge Data. Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team. 2016.

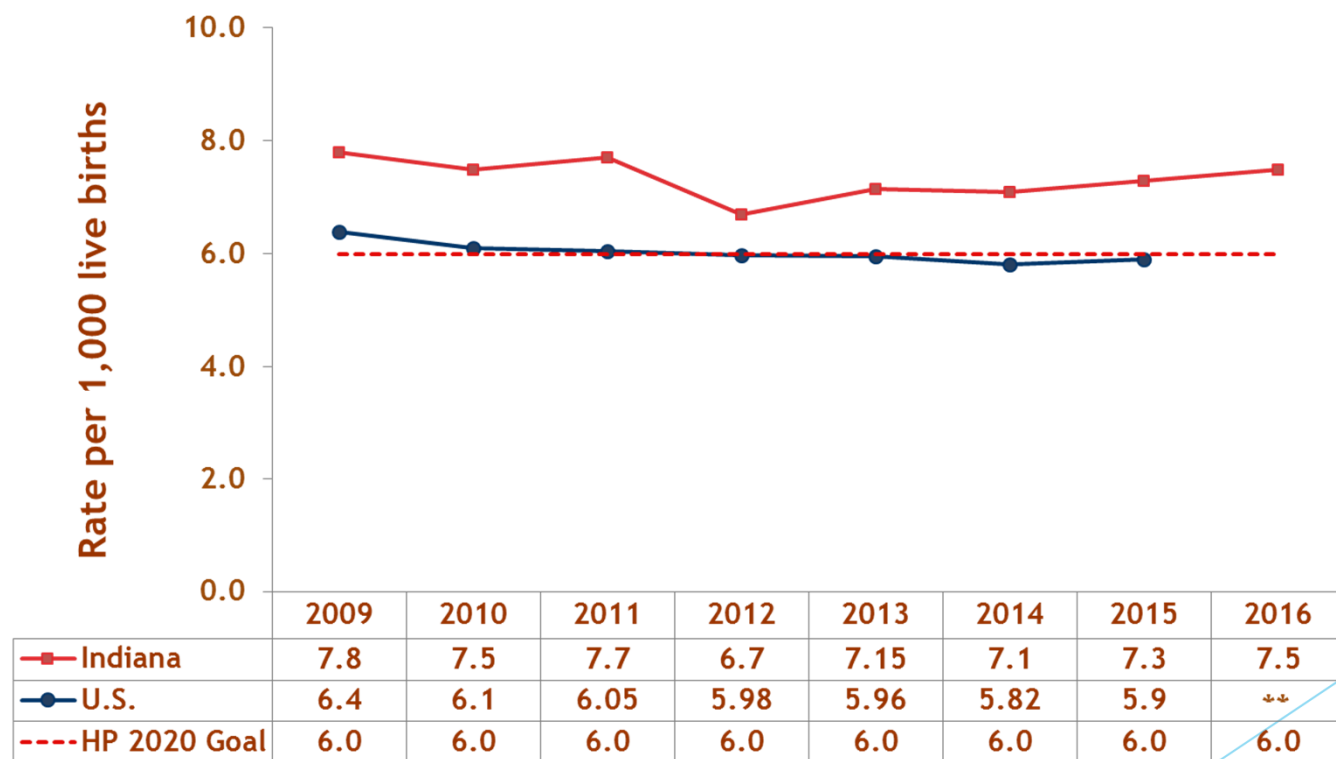
What We're Doing at ISDH

- ❑ Help schools find creative ways to incorporate more physical activity, including physical activity ideas for students with disabilities
- ❑ Facilitate Active Living Workshops in selected communities
- ❑ Help fund bicycle and pedestrian master plans in selected communities
- ❑ Train employers on worksite wellness best practices
- ❑ Encourage farmers' market managers to accept SNAP/WIC benefits
- ❑ Train community wellness coordinators on best practices for obesity prevention
- ❑ Fund physical activity trainings for child care program staff
- ❑ Collaborate with hospitals to support breastfeeding

Infant Mortality Rates

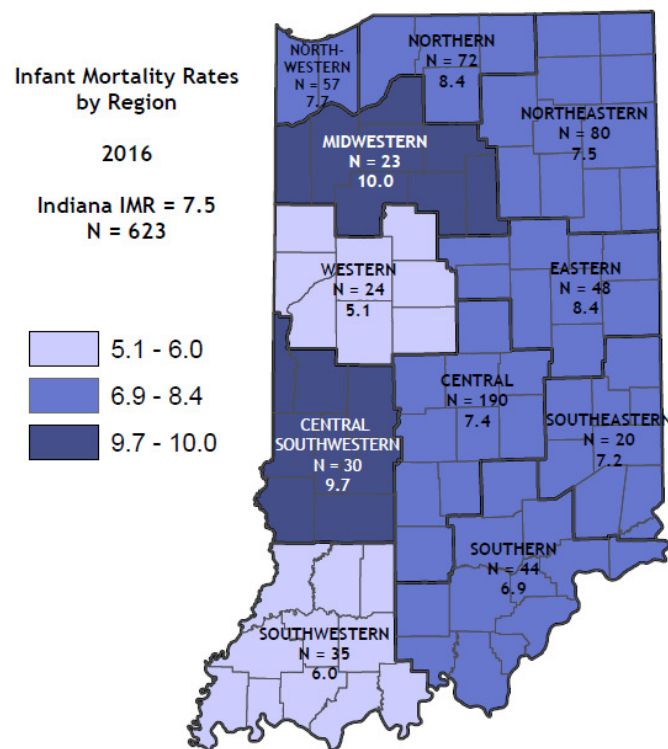
Indiana, U.S. & Healthy People 2020 Goal

2009 - 2016



Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [January 5, 2017]
 United States Original: Centers for Disease Control and Prevention National Center for Health Statistics
 Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Infant Mortality Rates by Region All Races. 2016



Source: Indiana State Department of Health, Division of Maternal and Child Health
Created: December 14, 2017
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Factors Contributing to Infant Mortality

❑ Obesity

- ❑ Obese=25% chance prematurity
- ❑ Morbidly Obese= 33% prematurity
- ❑ Indiana is 10th most obese state in US

❑ Smoking

- ❑ 13.4% pregnant mothers smoke (2 x US avg)

❑ Limited prenatal care

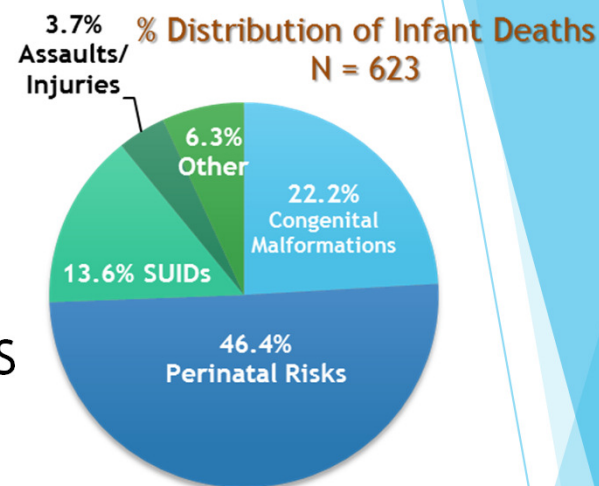
- ❑ Only 69.4% pregnant IN women receive PNC in 1st trimester (2016)

❑ Limited breastfeeding

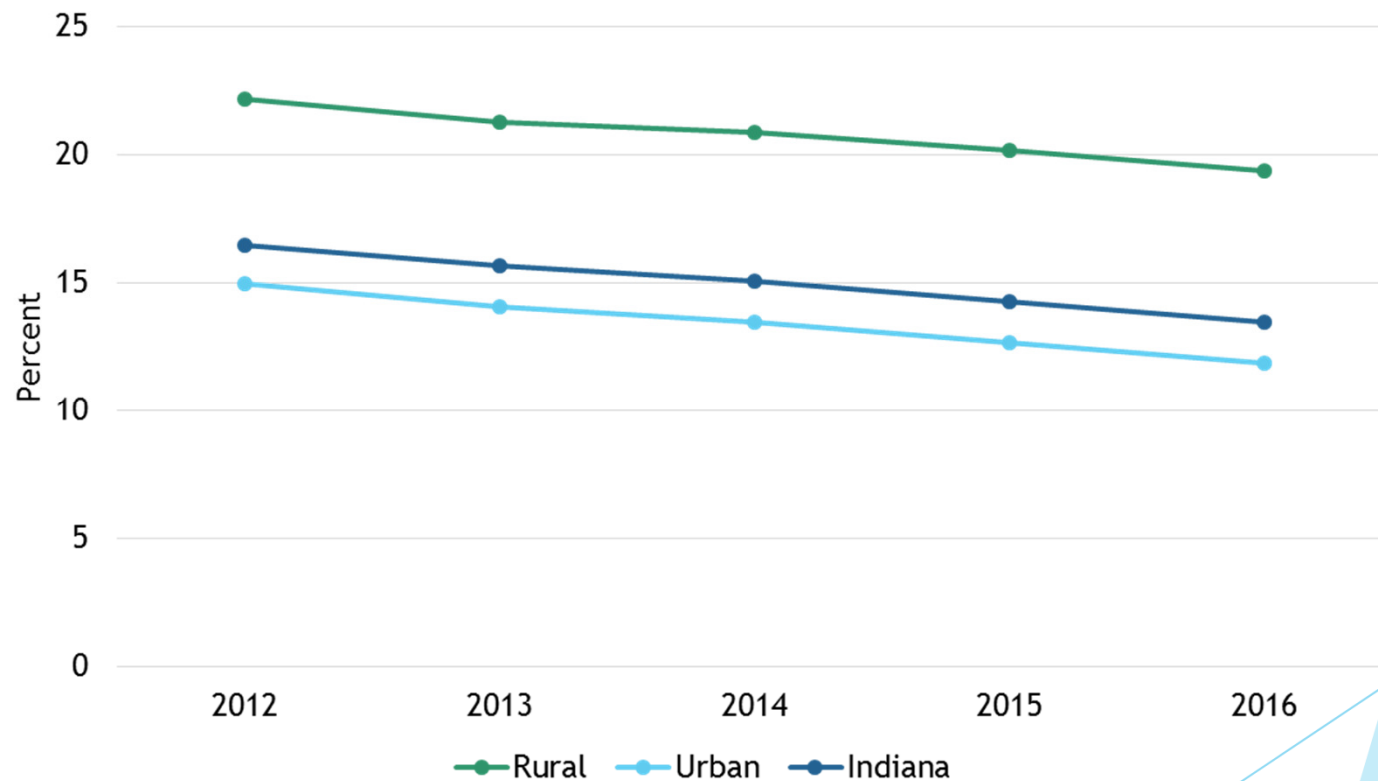
❑ Elective deliveries before 39 weeks gestation

❑ Delivering at risk-appropriate facilities

❑ Unsafe sleep (13.6% of deaths 2016)



Smoking During Pregnancy By Urban/Rural County of Residence Indiana 2012-2016

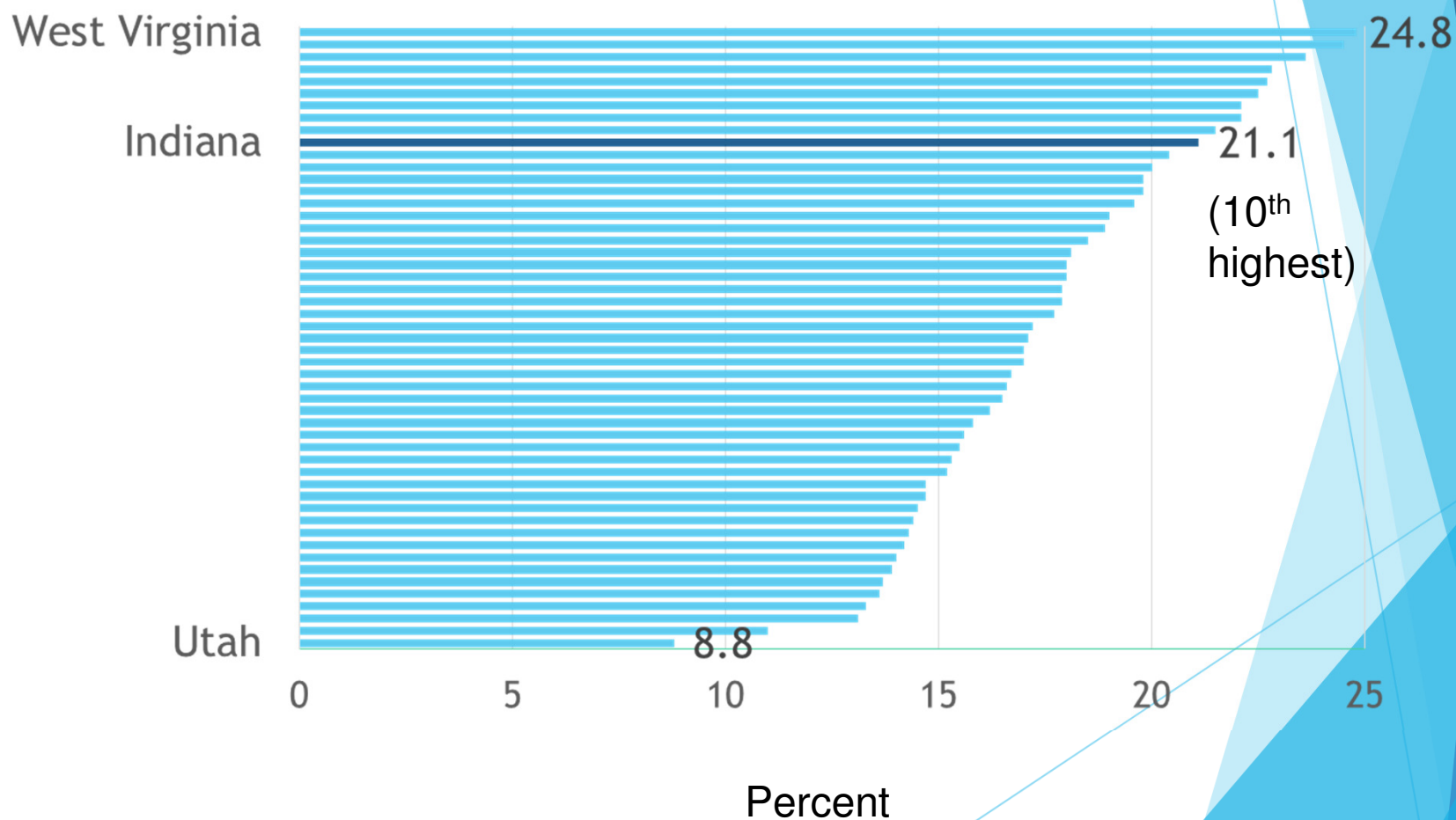


How Indiana is Addressing the Problem

- ❑ Statewide Infant Mortality Campaign
 - ❑ Labor of Love (laboroflove.in.gov)
 - ❑ Annual Labor of Love Summit
 - ❑ Liv mobile application (launched Nov. 15, 2017)
- ❑ WIC app and EBT = make WIC experience easier
- ❑ Neonatal abstinence syndrome (NAS) pilot
- ❑ Cribs for Kids program - more than 13,000 free cribs since October 2015, including nearly 1,400 in rural areas
- ❑ MOMS Helpline (1-844-MCH-MOMS)
- ❑ Working to expand Baby and Me-Tobacco Free programs
- ❑ Indiana Tobacco Quitline - additional supports for pregnant women
- ❑ Perinatal Levels of Care legislation

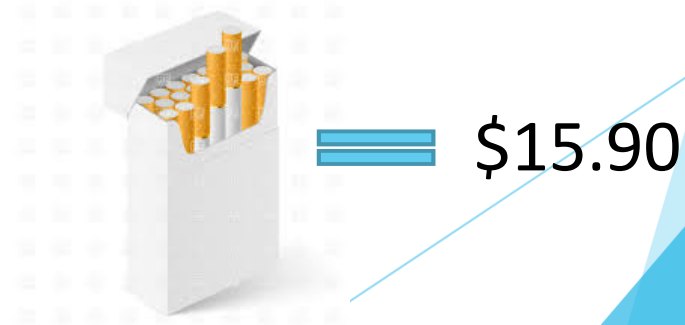
Adult Current Smoking Prevalence by State

2016 Behavioral Risk Factor Surveillance System



Burden of Tobacco Use in Indiana

- ▶ Single most preventable cause of death and disease
- ▶ 11,100 Hoosier lives lost due to tobacco use every year
- ▶ Nearly \$3 billion spent annually in medical expenditures; \$3.1 billion in lost productivity
- ▶ Everyone shares in the costs for smoking - at \$920 per Hoosier household per year
- ▶ For every pack of cigarettes sold in Indiana, it spends \$15.90 in health care costs, lost productivity and premature death related to tobacco





1-800-QUIT NOW

Indiana's Tobacco Quitline



➤ Quit rate of 72%*

- ❖ Core program components:
 - ☐ Provides 4 prenatal sessions
 - ☐ Monthly postpartum visits
- ☐ Provides **FREE** diapers:
 - ☐ Postpartum for up to one year
 - ☐ Tested at every visit with CO monitor

Current Disease Focuses

- ▶ Influenza
 - ▶ 79 deaths as of January 12
 - ▶ H3N2 predominant strain
 - ▶ Vaccine efficacy still unknown
 - ▶ Weekly report posted at <http://www.in.gov/isdh/22104.htm>
- ▶ Hepatitis A
 - ▶ Clark County Jail
 - ▶ Concern about outbreaks in neighboring states
 - ▶ Be aware and be proactive
- ▶ Measles
 - ▶ IU Bloomington outbreak involving international travel
 - ▶ Investigating contacts at Purdue related to Illinois case

Protecting Indiana's Health: Final Thoughts

- ▶ No one entity can do it alone.
- ▶ We need partnerships at the local, state and federal levels.
- ▶ Think outside of the box.
- ▶ Know what other states are doing.
- ▶ Share your innovations.
- ▶ Don't be afraid to ask questions or ask for help.

