Indiana State Department of Health: 2017 Overview

Senate Health & Provider Services Committee

Jerome Adams, MD, MPH State Health Commissioner January 11, 2017



Governor Eric Holcomb 2017 Next Level Legislative Agenda



Cultivate a strong and diverse economy by growing Indiana as a magnet for jobs

Create a 20-year plan to fund roads and bridges

Develop a 21st century skilled and ready workforce

Attack the drug epidemic

Deliver great government service

ISDH Top Priorities

- #1. Address the opioid epidemic
- #2. Reduce infant mortality rates
- #3. Reduce adult obesity rates
- #4. Reduce adult smoking rates
- #5. Ensure preparedness for infectious disease
- #6. Get people enrolled in HIP!!!

My areas of emphasis...

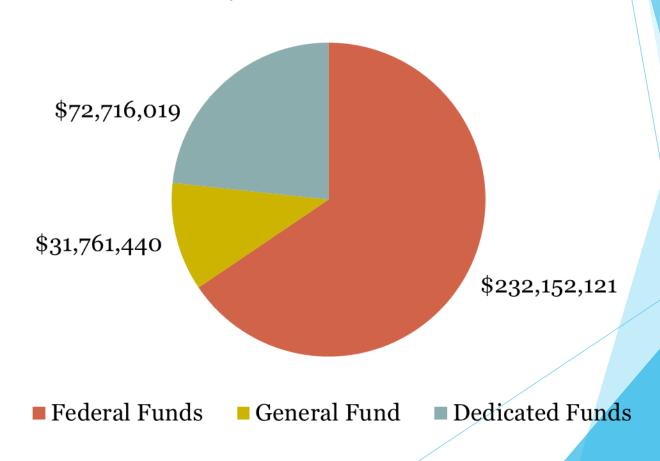
- 1) Addressing Health Disparities (racial, rural, language, military, etc)
- 2) Community Health (Where we live, work, play, go to school
- 3) Employer and Business Engagement

Agency Structure

- Headed by the State Health Commissioner
- Deputy Commissioner and State Epidemiologist,
 Chief Medical Officer, Chief of Staff
- ► Four Commissions, ~ 800 employees
 - Health and Human Services
 - Health Care Quality and Regulatory
 - Public Health Preparedness & Laboratory Services
 - Tobacco Prevention and Cessation

ISDH Funding Allocation Sources FY 2017

FY 17-18 As Submitted

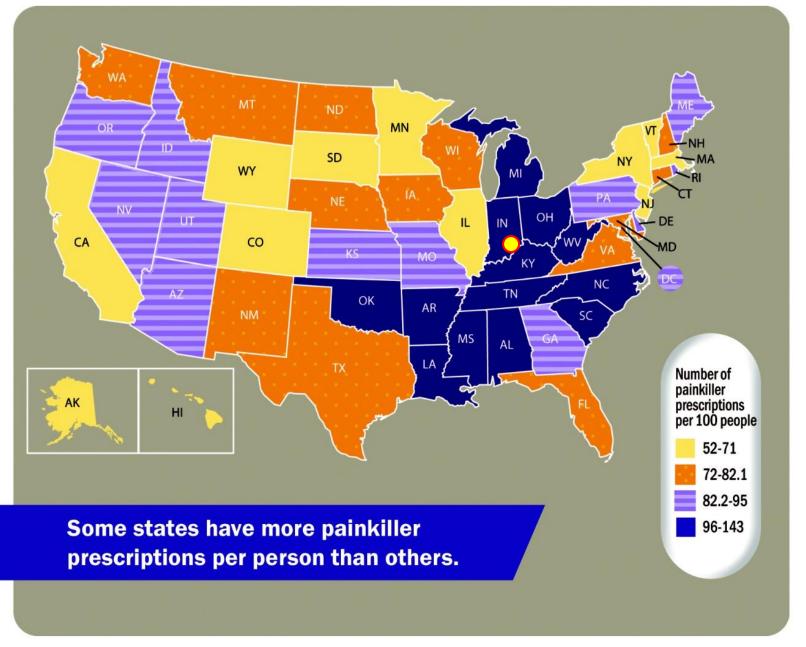


ISDH Activities & Accomplishments

- Infant mortality efforts
 - Prematurity rates declining, Labor of Love, Safety PIN grants
- First time IN not in bottom 10 states for smoking
- Managed multiple infectious disease investigations, outbreaks and public health responses
 - MERS-CoV, measles, EVD-68, Ebola, TB, HIV/HCV, influenza, Bird flu, Zika, mumps, lead
- ► HIP 2.0
- Governor's opioid task force, Aaron's Law/ OptIN

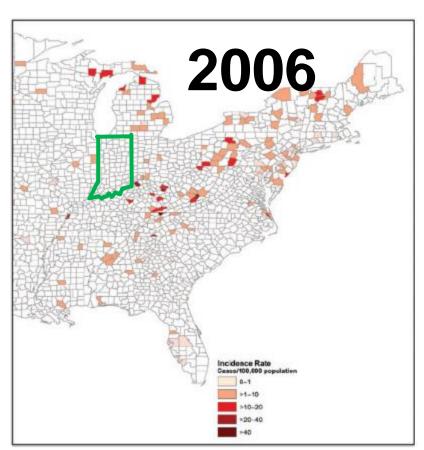
Opioid Epidemic

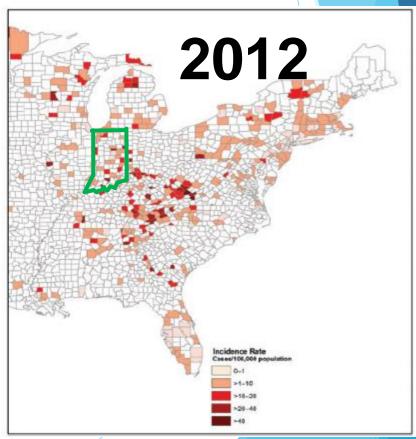
ISDH Priority #1



Prescribing correlates with IDU, unsafe injection practices

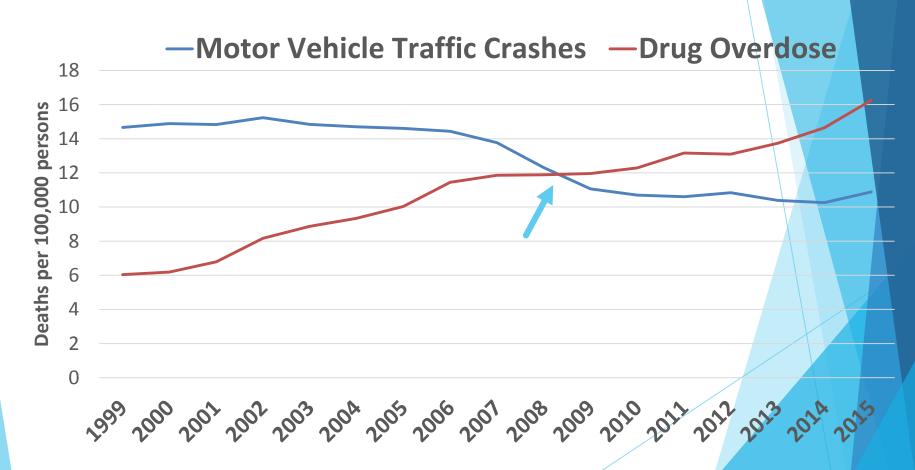
Expanding epidemic of injection drug use heralded by dramatic increase in acute HCV infections...





Survaprasad Clin Infect Dis; 2014, 59(10):1411-1419

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

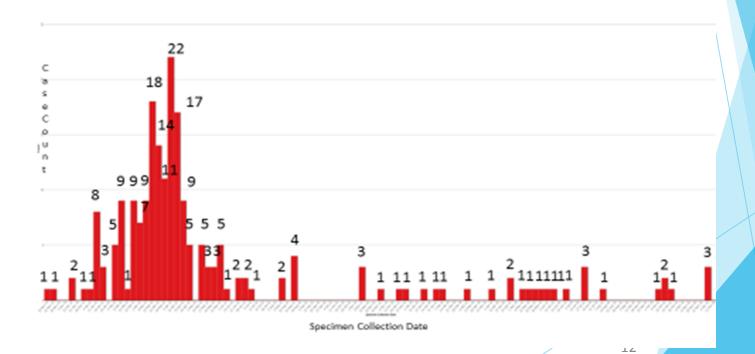
Scott County HIV Outbreak

- Rural injection of Rx oral opioid = largest ever HIV outbreak in IN, largest IDU HIV outbreak in US
- 213 confirmed HIV cases in a rural county that never had more than 3 in one year
- All cases report injection of the opioid analgesic oxymorphone (<u>Opana® ER</u> and generic ER)
- Male = female, <u>all white</u>, significant poverty (19.0%), unemployment (8.9%), lack of education (21% no high school), and lack of insurance



Bending the Transmission Curve...

Epidemic Curve 12.15.2016



Be Aware

- INSPECT
- Need to do state and local vulnerability assessments
 - CDC recently released, but can and should supplement
 - ► ISDH county profiles (http://www.in.gov/isdh/26680.htm)
 - People don't believe you unless you can show them local data, compared to peers
- Hepatitis rates are an indicator of IDU and harbinger of potential HIV outbreak

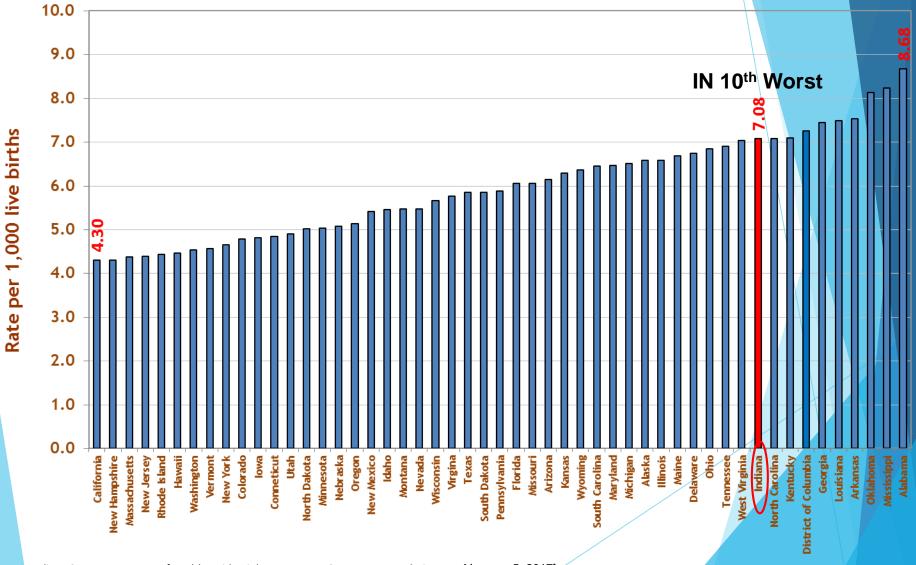
Identify Partners, Convene, and Intervene

- Local Health Department, Hospitals, Prescribers, Schools, Law enforcement, Judicial System, Faith Community, Employers/ Business
- Community Meetings
 - Scott County (Fort Wayne, Madison, Vanderburgh, etc.
- Testing
- Addiction and Recovery Options
- Diversion Programs
- SEPs (Scott, Clark, Madison, Fayette, Wayne, Lawrence, Monroe, Allen, Tippecanoe)
 - Scott= 530 enrolled, 373,000 supplied vs 360,000 collected
 - = 96% exchange rate

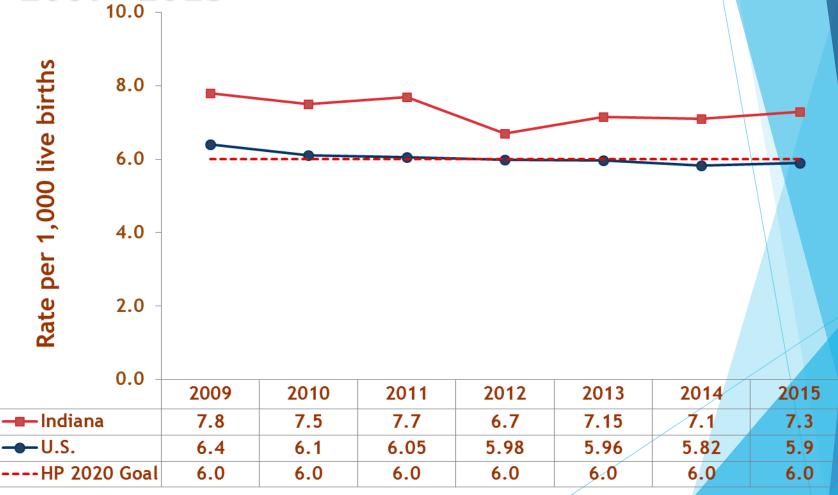
Infant Mortality

ISDH Priority #2

Infant Mortality Rates United States, 2014

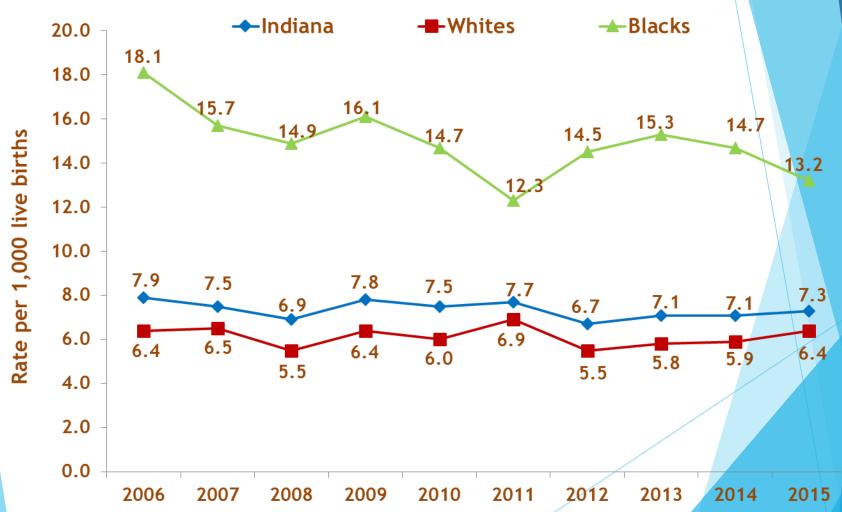


Infant Mortality Rates Indiana, U.S. & Healthy People 2020 Goal 2009 - 2015



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 Race Indiana, 2006 - 2015

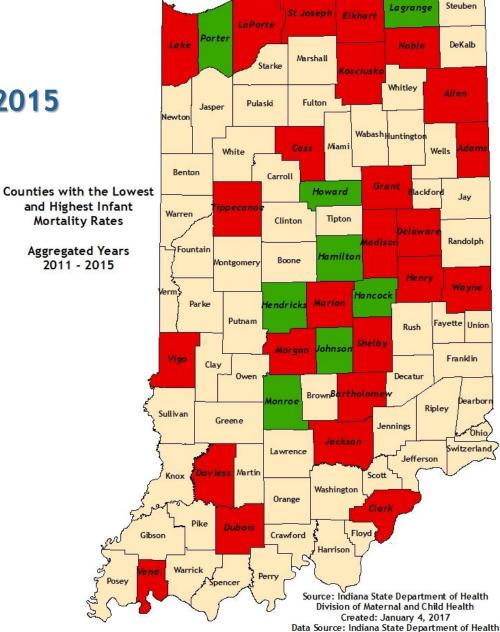


Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [January 4, 2017] Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

fant Mortality Rates ounty Level, All Races, 2011 - 2015

HIGHEST Infant Mortality Rates in Indiana

- Bartholomew, 10.7
- Grant, 9.5
- Wayne, 9.0
- Daviess, 8.6
- Marion, 8.6
- LaPorte, 8.5
- Cass, 8.4
- Delaware, 8.4
- Henry, 8.4
- Lake, 8.3
- Shelby, 8.3
- Kosciusko, 8.1



Epidemiology Resource Center Data Analysis Team

2011 - 2015 Infant Mortality Rates by ZIP Code

Zip Code	County	Births	Deaths	Infant Mortality Rate (IMR)	White IMR	Black IMR
46312	Lake	2,479	41	16.5	12.8*	25.2
46953	Grant	1,392	20	14.4	14.9*	**
46806	Allen	2,372	34	14.3	9.0*	21.9
46324	Lake	1,478	21	14.2	17.0*	16.5*
46226	Marion	3,488	49	14.1	7.0*	16.9
46229	Marion	1,997	27	13.5	7.3*	16.1*
46218	Marion	2,498	33	13.2	**	15.9
47302	Delaware	1,858	24	12.9	12.9	**
46205	Marion	2,404	28	11.7	9.2*	13.7*
46805^	Allen	1,765	20	11.3	9.8*	26.5*
46203	Marion	3,319	37	11.2	9.1	10.6*
46201	Marion	2,909	32	11.0	5.3*	19.8*
47374^	Wayne	2,750	28	10.2	8.0*	36.9*

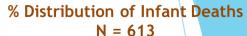
*Numerator less than 20, the rate is unstable.

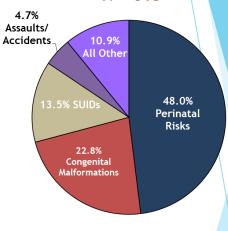
^{**}Rate has been suppressed due to five or fewer outcomes.

^{^ =} Zip code did not have an IMR above 10.0 for the combined years 2010 - 2014

Factors Contributing to Infant Mortality

- Obesity
 - ▶ Obese=25% chance prematurity
 - Morbidly Obese= 33% prematurity
 - Indiana is 15th most obese state in US
- Smoking
 - ▶ 14.3% pregnant mothers smoke (2 x US avg)
 - > 30% Medicaid Moms smoke!!!
 - Indiana has 12th-highest smoking rate in US
- Limited prenatal care
 - Only 69.3% pregnant IN women receive PNC in 1st trimester (2015)
- Limited breastfeeding
- Elective deliveries before 39 weeks gestation
- Delivering at risk-appropriate facilities?
- Unsafe sleep (15.8% of deaths 2012)





Indiana's Plan: Promote Good Health in Women and Infants

- Statewide Infant Mortality Campaign
 - Labor of Love (laboroflove.in.gov)
 - Annual Labor of Love Summit
- Expansion of Home Visiting Programs
 - Nurse-Family Partnership
- Safe sleep promotion
 - Cribs for Kids distribution
 - ► Education, sleep sack
- MOMS Helpline (1-844-MCH-MOMS)
- Baby and Me-Tobacco Free programs

Obesity

ISDH Priority #3

Obesity in Indiana

- Indiana is the 15th most obese state in the U.S.*
- Indiana is also the 2nd worst for not meeting the physical activity recommendation of 150 mins/week*
- Over two-thirds (66.5%) of Indiana adults are overweight or obese.*
 - ▶ 31.3% obese; 35.2% overweight
 - ► Enough to populate the state of Iowa
- Obesity rates are higher in minority populations and rural areas.

Addressing Contributing Factors

- We're eating more & worse
 - Easy access to cheap, fast food
 - ► Fast, less nutritious food on every corner
 - Supersize me!
 - Lack of access to fresh, affordable healthy options
 - Low income and/or low access
- We're moving less
 - Less opportunity to engage in physical activity
 - Working longer hours, sitting more
 - Increased screen time
 - Students spending 3+ hrs/day using screens increased significantly from 19.4% (2007) to 37.6% (2015)

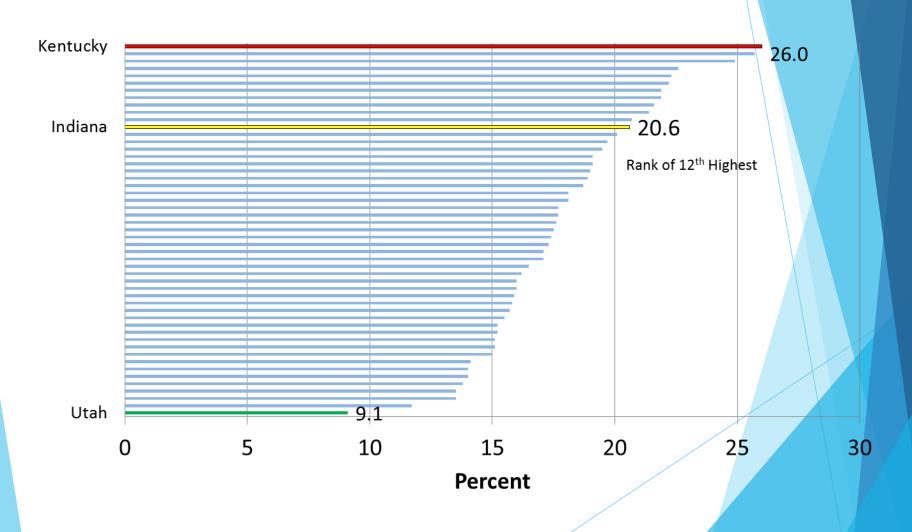
Reducing Adult Obesity Division of Nutrition & Physical Activity

- Providing school leaders training on culinary skills, walking and bicycling to school and creative ways to incorporate more physical activity throughout the school day
- ▶ Help fund bicycle and pedestrian master plans in selected communities
- Train employers on worksite wellness best practices
- Develop and disseminate guidance documents, such as the Indiana Healthy Worksites Toolkit, Indiana Healthy Schools Toolkit, and Safe Routes to School Guidebook
- Encourage farmers' market managers to accept SNAP/EBT at their markets
- 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

Tobacco

ISDH Priority #4

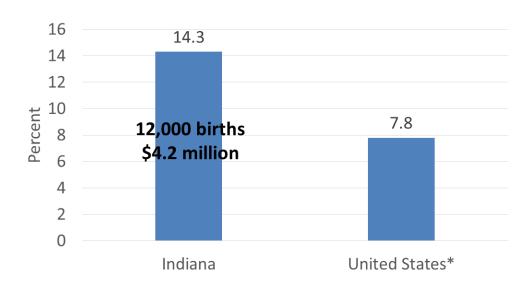
Adult Current Smoking by State 2015 BRFSS



Tobacco Costs 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 \$903 per Hoosier household per year
- For every pack of cigarettes sold in Indiana, the state spends \$15.90 in health care costs, lost productivity and premature death

Rates of smoking during pregnancy IN versus US, 2015



^{*48} states and the District of Columbia utilizing the 2003 US Standard Certificate of Live Birth

Indiana Tobacco Quitline

- Telephone counseling
- Text program option
- Web based program
- 2 weeks medication (if eligible)
- QUIT COACH™









WEB COACH™ QUIT GUIDES
Fully Integrated Stage Based

- ✓ Tailored, evidence-based, confidential
- Available to anyone age 13 and older
- Extra support for pregnant women



Preparedness

ISDH Priority #5

Infectious Diseases

2014-2015

- Chikungunya
- MERS-CoV
- Measles
- EVD-68
- Ebola
- TB
- HIV/HCV

2016

- Human and avian influenza (H7N8)
- Zika virus
- Mumps
- TB
- Antibiotic Resistant Organisms/CRE

Antibiotic Resistance

- According to the CDC "Antibiotic Resistance Threats in the United States, 2013" report:
 - More than 2 million infections each year
 - 23,000 people die as a result
 - Antibiotics are among the most commonly prescribed drugs yet up to 50 % are not needed or are not optimally effective as prescribed
- Antibiotic Resistance Advisory Committee
- Get Smart About Antibiotics Week

Zika Virus

- As of January 6, 52 cases reported in Indiana, all among travelers to affected areas
- ▶ 46 counties identified with *A. albopictus* populations in 2016—all in expected range
- ISDH Laboratory conducts testing for human specimens
- ISDH reports any positive pregnant women to the US Zika Birth Defects Registry
- Received almost \$4 million to support surveillance, mosquito control, testing, birth defects registry
- Risk of widespread local transmission is low but do expect to see additional travel-related cases

Response to Lead Concerns

High Levels of Lead found in Public Water Supplies



The Lab tests > 1000 drinking water samples for School Systems and Indiana Citizens

Environmental Tests



Lead Contaminates soil of East Chicago EPA Superfund Site



Lab tests homes for Lead Dust

Pop-Up Blood Lead Testing Clinics deployed in three cities



Clinical Testing

Lab screened >2500 people for Lead Poisoning because of contaminated water or soil



Environmental Lead Exposure

Increasing incidence of lead exposure to sensitive populations, specifically young children and pregnant women, leading to local requests for state and federal support.

- February 2016 Eastern Howard County School Cooperation
- Analysis indicated elevated levels of lead in drinking water in two schools
- Total of 635 students and staff tested; fewer than 5 had confirmed EBLL
- March 2016 Indiana School for the Deaf
- Elevated levels of lead in one drinking water sample
- Total of 158 students and staff tested; no confirmed elevated blood lead levels
- June 2016 USS Lead Superfund Site, East Chicago, Lake County
- August 8, 2016, ISDH establishes Incident Command; efforts are ongoing
- As of 1/11/17 ISDH has conducted 30 blood lead testing clinics
- State agencies, including ISDH, BMV, FSSA, IOT, and DWD, conducted 11 one-stopshops
- A total of 1,640 individuals tested in East Chicago, including 336 children < 7 y/o
- Of 336 children < 7 y/o, 17 have confirmed elevated lead levels

HIP 2.0

ISDH Priority #6



Healthy Indiana Plan 2.0 ISDH Priority #6







HIP = A Healthier Indiana...

- > 397,453 members (BASIC/PLUS and Conditional)
- 65% of all first year members participated in the HIP Plus program
 - ▶ 51.7% of enrollees fall into the lowest FPL category (<5% FPL) and of those members 60.2% are opting into PLUS
- 80% of HIP 2.0 members surveyed were either very or somewhat satisfied with their experience
- HIP Plus members are 93 percent more likely than HIP Basic members to have had a primary care visit
- 75 percent of members enrolled for the entire year had received preventive care services, including 86 percent of HIP Plus members
- 40% reduction in ER utilization

Senator Ed Charbonneau, Chair (Pulaski, Portions of Jasper, La Porte, Porter & Starke)

Pulaski - Dr. Rex Allman

Jasper - Dr. Marianne Nelson

La Porte - Dr. Sandra Deausy

Porter - Dr. Maria Stamp

Starke - Dr. Thomas Browne

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Elkhart - Dr. Daniel Nafziger

Kosciusko - Dr. William Remington

Marshall - Dr. Byron Holm

St. Joseph - Dr. Luis Galup

Senator Vaneta Becker (Vanderburgh and Warrick)

Vanderburgh - Dr. Kenneth Spear

Warrick - Dr. Ricky Yeager

Senator Liz Brown (Allen)

Allen- Dr. Deborah McMahan

Senator Michael Crider (Hancock, Marion and Shelby)

Hancock - Dr. Sandra Aspy

Marion - Dr. Virginia Caine

Shelby - Dr. Chris Loman

Senator Ronald Grooms (Clark and Floyd)

Clark - Dr. Kevin Burke

Floyd - Dr. Thomas Harris

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Floyd - Dr. Thomas Harris

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Cass - Dr. Don Ditty

Fulton - Dr. Craig Bugno

Kosciusko - Dr. William Remington

Marshall - Dr. Byron Holm

Miami - Dr. Rafik Farag

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Fayette - Dr. Wayne White

Franklin - Dr. Michael Fain

Henry - Dr. John Miller

Ripley - Dr. David Welsh

Rush - Dr. Dorothy Boersma

Shelby - Dr. Chris Loman

Senator John Ruckelshaus (Hamilton and Marion)

Hamilton - Dr. Charles Harris

Marion - Dr. Virginia Caine

Senator Jean Breaux (Marion)

Marion - Dr. Virginia Caine

Senator Frank Mrvan (Lake)

Lake - Dr. Chandana Vavilala

Senator Mark Stoops (Monroe)

Monroe - Dr. Thomas Sharp

Thanks!!!!

