

## **Indiana State Department of Health**

### **Mission:**

To promote and provide essential public health services.

### **Vision:**

A healthier and safer Indiana

The ISDH Core Values include health promotion and injury/disease prevention with a focus on traditional public health practices such as vital records, immunizations, outbreak investigation, food safety, environmental health, and laboratory services; health equity; data collection, analysis, and dissemination; and regulatory services. To do this, ISDH relies on collaboration with the 93 independent local health departments, hospitals and health care providers from across the state, other state agencies, and public and private partnerships with an array of agencies interested in promoting a healthier and safer Indiana.

Our agency has prioritized the following public health needs in Indiana for the next four years:

1. Reduction in Infant Mortality rates
2. Reduction in Adult Obesity rates
3. Reduction in Adult Smoking rates
4. Improvement in Infant and Toddler Immunization rates

Indiana SB 125 defines "Vulnerable youth" as a child served by:

- (A) the department of child services;
- (B) the office of the secretary of family and social services;
- (C) the department of correction; or
- (D) a juvenile probation department.

Through its direct services, and indirectly through other state and community partnerships and the support given to local health departments, community health centers, and grantees, the ISDH supports the health and safety of all children in Indiana, including those served by the above departments and offices.

Following is a list of services impacting vulnerable youth which are directly or indirectly supported by the ISDH. The top five items are priorities the ISDH would like to see addressed by this commission.

### **ISDH Service to Vulnerable Youth**

#### **1. Immunizations**

- The Immunization Division is the main conduit for federal (Vaccines for Children) and state funded immunizations for Indiana's youth. Through a network of approximately 950 providers, including the juvenile justice system and state Medicaid providers, over 88 million dollars of vaccine is distributed to children that are Medicaid eligible, under-insured or uninsured. The Immunization Division works with providers to deliver all vaccines as recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).
- The ISDH, working closely with the Indiana Department of Education and local health departments, recommends school immunization requirements to protect children from vaccine-preventable diseases, thereby preventing lapses in school

attendance and promoting learning. School immunization requirements vaulted Indiana adolescents into 1<sup>st</sup> in the nation for adolescent immunizations, and deaths due to meningitis decreased by 2/3rds.

## 2. Tobacco Prevention and Cessation

- 8,200 Indiana youth become smokers each year. One in three will eventually die from smoking. This year the Indiana Tobacco Quitline began serving youth tobacco users with Youth Quit Coaches® who provide personalized counseling and motivational support specifically tailored to youths, age- appropriate educational materials, and additional help via unlimited access to a toll- free support line that is available 24/7. The ISDH works with Medicaid to promote Quitline services.

## 3. Suicide prevention

- Suicide is the 3<sup>rd</sup> leading cause of death among children 10-14 years of age, and the 2<sup>nd</sup> leading cause of death among youth 15-24 years. From 2006-2010, 220 youth ages 10-19 took committed suicide. 19% of Indiana high school students report seriously considering suicide and incarcerated youth are at even higher risk for suicide. The ISDH has partnered with the Division of Mental Health and Addiction to co-lead a state suicide prevention advisory committee. The committee published the Indiana State Suicide Prevention Plan September of 2012 and is hosting a statewide symposium September of 2013. Work from the committee led to the requirement for suicide prevention training for licensure of new teachers in Indiana.

## 4. Prescription drug abuse prevention

- Drug overdose fatalities in Indiana have increase by over 500% between 1999 and 2009. Most of these deaths are attributable to unintentional opioid overdose. In 2011, 21% of Hoosier high school students reported using controlled substances such as OxyContin, Ritalin, or Xanax without a doctor's prescription. The ISDH has partnered with the Indiana Office of the Attorney General to lead a statewide task force including representatives from state and local agencies, universities, hospitals and medical professional agencies, law enforcement, legislators, and concerned citizens.

## 5. Rape Prevention and Education (RPE)

- Youth are especially vulnerable to sexual violence victimization, and risk factors for perpetration begin in youth. In 2011, 14.5% of Indiana high school females reported they were forced to have sexual intercourse. The ISDH RPE program contracts with 3 organizations to provide sexual violence primary prevention education and activities, engaging nearly 76,000 participants across the state in educational activities targeting youth at risk of sexual violence victimization and perpetration.

## 6. Lead poisoning prevention

- There is no known safe level of lead, and lead exposure in early childhood predisposes children to irreversible developmental and learning problems, including lower IQs, Attention Deficit and Hyperactivity Disorder, and higher rates

of incarceration. The ISDH works with local health departments to screen children for exposure to lead hazards, and identify sources of lead contamination in homes and yards so they can be mitigated. Although numbers of lead poisoned children have decreased in Indiana over the past 10 years, the number of children diagnosed with lead poisoning in Indiana remains higher than the national average. In 2012, 277 children were newly diagnosed with lead poisoning. Medicaid-eligible children are at higher risk for lead poisoning, yet despite the federal requirement for lead testing in the Medicaid population, only 14% of the Medicaid-eligible population received age-appropriate testing in 2010.

#### 7. HIV/STD screening

- In 2011, youth 15-19 years of age accounted for 34% of the state's reported cases of Chlamydia and 27% of the state's reported cases of gonorrhea. The ISDH provides testing kits and funding to STD clinics to assist with the diagnosis and treatment of STDs. These clinics also do contact investigation and offer immunization against STDs such as hepatitis B and human papilloma virus. In addition, the ISDH provides case management and financial support for medical care and treatment of persons diagnosed with HIV who are otherwise unable to pay for services.

#### 8. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

- WIC served 9,030 women under the age of 19 and their babies in calendar year 2012. All WIC eligible women are living in a household with income at or below 185% of the poverty level. In addition to breastfeeding and nutritional support, WIC staff provides referrals for drug and alcohol education, tobacco cessation, community and social services agencies, and mental health providers to meet the immediate needs of clients. WIC staff refers children and families to Department of Child Services as required by Indiana Code.

#### 9. Child Home Visiting program

- Through the Maternal, Infant, and Early Childhood Home Visiting grant of the Affordable Care Act, the ISDH administers over \$11 million a year until September 2016 through two home visiting programs:
  - **Nurse Family Partnership** identifies vulnerable low-income first-time moms and provides ongoing home visits by registered nurses to support prenatal care and developmentally appropriate care after delivery through the child's 2<sup>nd</sup> birthday. The NFP model has been proven through three decades of research and evidence based results. The following outcomes have been observed in at least one of the program trials:
    - 48% reduction in child abuse and neglect
    - 56% reduction in emergency room visits for accidents and poisonings
    - 67% reduction in behavioral/intellectual problems at age six
    - 59% reduction in child arrests at age 15
    - 46% increase in father's presence in household

ISDH is partnering with Goodwill Industries of Central Indiana to implement this program as an important part of Goodwill's approach to reducing generational poverty in central Indiana.

- **Healthy Families Indiana** is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services including child development, access to health care and parent education implemented through the DCS with partnership from the ISDH. The program serves families identified as at-risk, with children 0-5 years. Program goals include prevention of negative birth outcomes (low birth weight, substance abuse, criminal activity, child abuse and neglect); improved parenting skills; healthy pregnancy practices; and the use of social systems. Assessments are conducted either prenatally or at the time of birth. Home visiting can begin either prenatally or within 90 days after birth. The Family Support Worker (FSW) visits at least once a week for up to one year. The FSW helps establish support systems, teaches problem-solving skills, enhances positive parent-child interaction, and provides information, education and referrals to community resources. Families are eligible to receive services for up to 5 years.

#### 10. Refugee Health

- An average of 1,600 refugees resettle in Indiana each year, 40% of which are children. Secondary migration of refugees from other states to Indiana has made Indiana home to one of the largest Burmese populations in the country with estimates of 14,000-16,000 Burmese refugees. Refugee children are at great risk of, and many have already experienced, abuse, neglect, violence, exploitation, trafficking or forced military recruitment overseas. Refugees are eligible for Medicaid services for up to 9 months after arriving in the United States.

#### 11. Reducing infant mortality

- With an infant mortality rate of 7.7 per 1,000 live births in 2011, Indiana currently ranks 47<sup>th</sup> in the nation. Indiana's rate is significantly higher than the national average of 6.1. As a top priority, the ISDH developed a plan to reduce infant mortality which includes standards of care for hospital OB and NICU practices and elective deliveries prior to 39 weeks, and reduction of suffocation and sudden unexplained infant deaths (SUIDs) deaths and smoking during pregnancy. The ISDH will host an Infant Mortality Summit this fall to increase public awareness of factors which contribute toward Indiana's high infant mortality rate.

#### 12. Nutrition and Physical Activity

- Nutrition and physical activity are the cornerstones of childhood physical wellness. In 2011, only 15% of Indiana high school students ate at least 5 servings of fruits and vegetables per day. More than 30% self-reported their weight as overweight or obese. Although rates of participation in physical activity are increasing among teenagers, 27% reported spending 3 or more hours each day watching television. The ISDH, together with IDOE and FSSA are using available data to plan and implement strategies to improve nutrition and increase physical activity in at risk school.

#### 13. Chronic Disease Prevention and Control

- Low socio-economic status is a risk factor for asthma. In 2011, over 25,000 children with “Persistent Asthma” were enrolled in Medicaid. The ISDH Asthma division provides training and resources for school nurses and school indoor air quality coordinators. The ISDH provides training of trainers to expand the population of school personnel who are trained to improve the management of children with asthma in the school setting.

#### 14. Children with Special Health Care Needs (CSHCN)

- The CSHCN program helps families obtain funding for children with unmet medical needs. Families must demonstrate financial need, and the child must have at least one of 23 qualifying conditions to meet medical eligibility. Many eligible children are also served by Medicaid and/or DCS.

#### 15. Oral Health Care

- The Oral Health Program currently helps administer two programs that provide preventive dental services to low-income children in Indiana. The Oral Health Program also works with Environmental Public Health at the ISDH to assist local communities with their community water fluoridation programs, which helps prevent dental decay among all youth of Indiana, including vulnerable youth.

### **Issues or challenges serving vulnerable youth**

- 1) Lack of medical providers, particularly in rural areas of the state
- 2) Lack of mental health providers, particularly in rural areas of the state.
- 3) Lack of mental health providers trained in addiction
- 4) Lack of mental health providers trained to work with children
- 5) Lack of school personnel trained to recognize signs and symptoms of children who are suicidal
- 6) Difficult to ensure medical and mental health providers are trained to provide evidence-based care or best practice.
- 7) Schools without full-time school nurses
- 8) Schools without adequate numbers of counselors/social workers
- 9) Limited funding for interpretation services for clients not proficient in English
- 10) Lack of Medicaid reimbursement for interpretation services
- 11) Lack of funding for injury prevention
- 12) Decreased funding for lead poisoning prevention

### **Data Available at ISDH**

#### Surveillance

1. Environmental testing (I-lead, water quality, mosquito pools)
2. Emergency Department Syndromic Surveillance
3. Infectious Diseases Reporting System (INEDDS)
4. Lead poisoned children database (STELLAR)
5. Newborn screening results

## 6. Children and Hoosiers Immunization Registry (CHIRP)

### State Databases and Surveys

1. Vital Statistics (birth and death records)
2. Hospital discharge data
3. Emergency department data
4. Youth Risk Behavior Survey
5. Behavior Risk Factor Surveillance System
6. Trauma Registry
7. WIC database
8. Indiana Youth Tobacco Survey
9. WISQARS injury data
10. NHANES National Health and Nutrition Examination Survey
11. National Immunization Survey

Most of the above data is available to the public on our website and also at [www.indianaindicators.org](http://www.indianaindicators.org)