



# Public Health and Mental Health Care Intersection

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Indiana State  
Department of Health

# Civics 101

- US Constitution – judicial, executive, and legislative
- The 10th Amendment enunciates the plenary power retained by the states: “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”
- Indiana constitution delegates authority to county health departments (home rule)



# Federal Public Health - A History Lesson

- "An Act for the Relief of Sick and Disabled Seamen" in 1798
- Philadelphia yellow fever outbreak in 1793 - first quarantine station and hospital in America was built
- National Quarantine Act 1878
- National Communicable Disease Center
- Public Health Services Act 1944
  - Title X Family Planning Services - 1970
  - Health Insurance Portability and Accountability Act of 1996
  - Patient Protection and Affordable Care Act of 2010



# Department of Health and Human Services



# Health Resources and Services Administration

- Title 330 funded clinics ('Federally Qualified Health Centers or FQHC)
- 340B Drug Discount Program
- Ryan White
- Title V Maternal Child Health Block Grant (Social Security Act)
- Affordable Care Act (ACA) - Community Health Center Fund (CHCF)
- Scholarship and loan repayment programs





# Substance Abuse and Mental Health Services Administration

- Increase access to behavioral health services
- Funding through Title V of the PHSA
- Title XIX Part B Community Mental Health Services block grant



# Indiana State Department of Health

- Established by IC 16-19
- Executive Board
- State Health Commissioner
- Medicaid office under Family and Social Services Administration (FSSA)
- Funding for ISDH comes from various federal grants and state general funds
- ISDH proposes rule changes related to health to the state legislature



# Local Health Departments

- **Outreach to 93 local health departments**
  - 90 counties
  - Two municipal (Gary, East Chicago)
  - One combined (Fountain-Warren)
- **Powers and Duties of Local Health Departments**
  - Indiana Code IC 16-20-1 and 16-20-2
  - Local Board of Health
  - Chairman of the Board
  - Local Health Officer





The background of the slide features a photograph of the Indiana State Capitol building, showing its iconic green dome and classical architectural details. The image is partially obscured by a large, diagonal blue graphic element that runs from the bottom left towards the top right. In the upper left corner, there is a small yellow icon of a speech bubble with three horizontal lines inside.

# Indiana State Health Assessment and Improvement Plan

**May 2018 - December 2021**

## **Flagship Priority 1:**

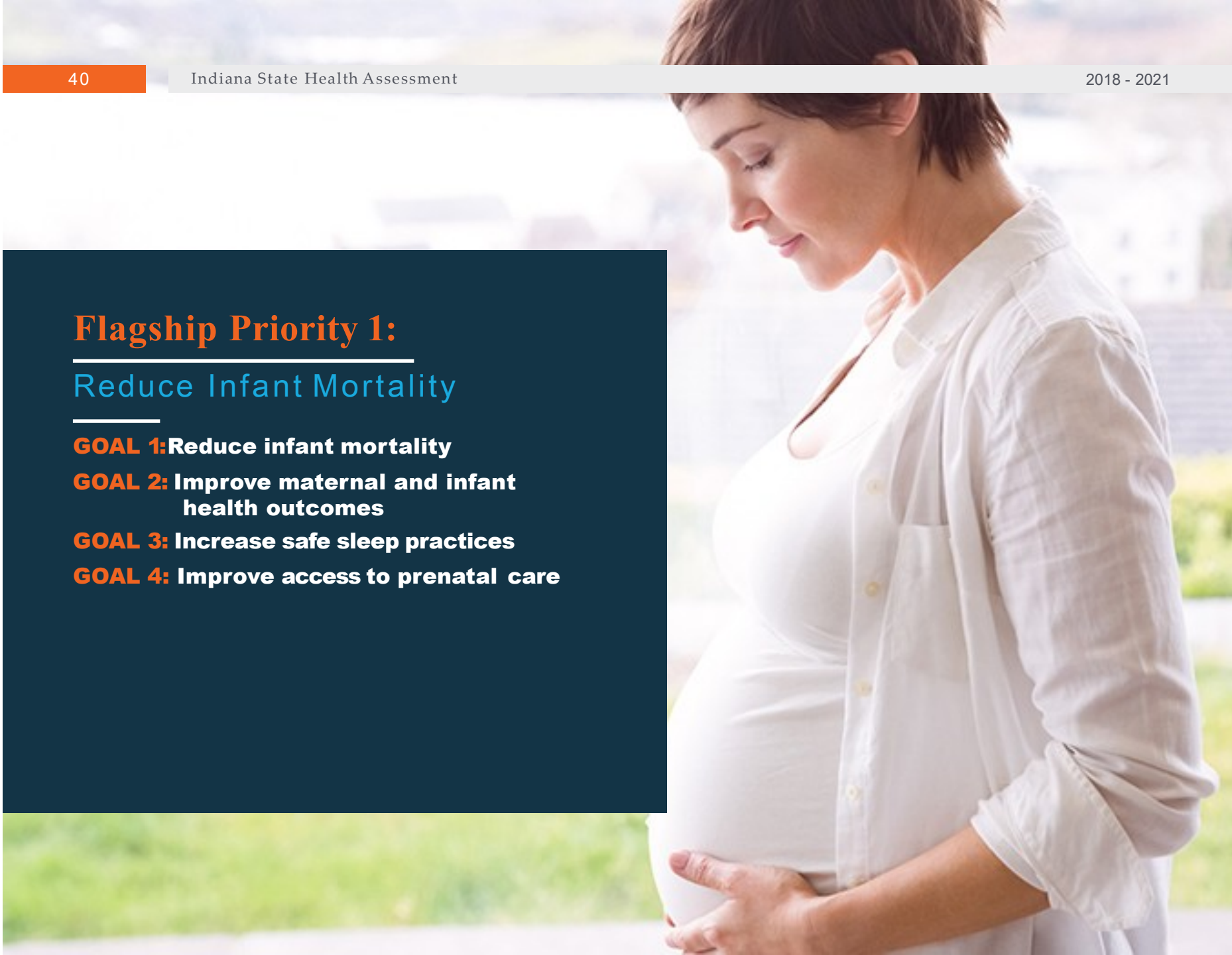
### **Reduce Infant Mortality**

**GOAL 1:** Reduce infant mortality

**GOAL 2:** Improve maternal and infant health outcomes

**GOAL 3:** Increase safe sleep practices

**GOAL 4:** Improve access to prenatal care



# Infant Mortality Defined

- The death of a baby before his/her first birthday
- The Infant Mortality Rate (IMR) is an estimate of the number of infant deaths for every 1,000 live births
- Large disparities in infant mortality in Indiana and the United States exist, especially among race and ethnicity

*Infant Mortality is the #1  
indicator of health status  
in the world*







# Factors Contributing to Infant Mortality in Indiana

- Obesity
  - If woman is obese = 25% chance of delivering premature infant
  - If woman is morbidly obese = 33% chance of delivering premature infant
  - Indiana is 12<sup>th</sup> most obese state in U.S.
- Smoking
  - 13.5% of mothers smoke during pregnancy (*Nearly TWICE the U.S. average*)
  - 23.6% of mothers on Medicaid smoke
- Limited Prenatal Care
  - Only 68.6% of mothers receive prenatal care during the 1<sup>st</sup> trimester
- Unsafe Sleep Practices
  - 16.6% of infant deaths in 2017 can be attributed to *SUIDs*

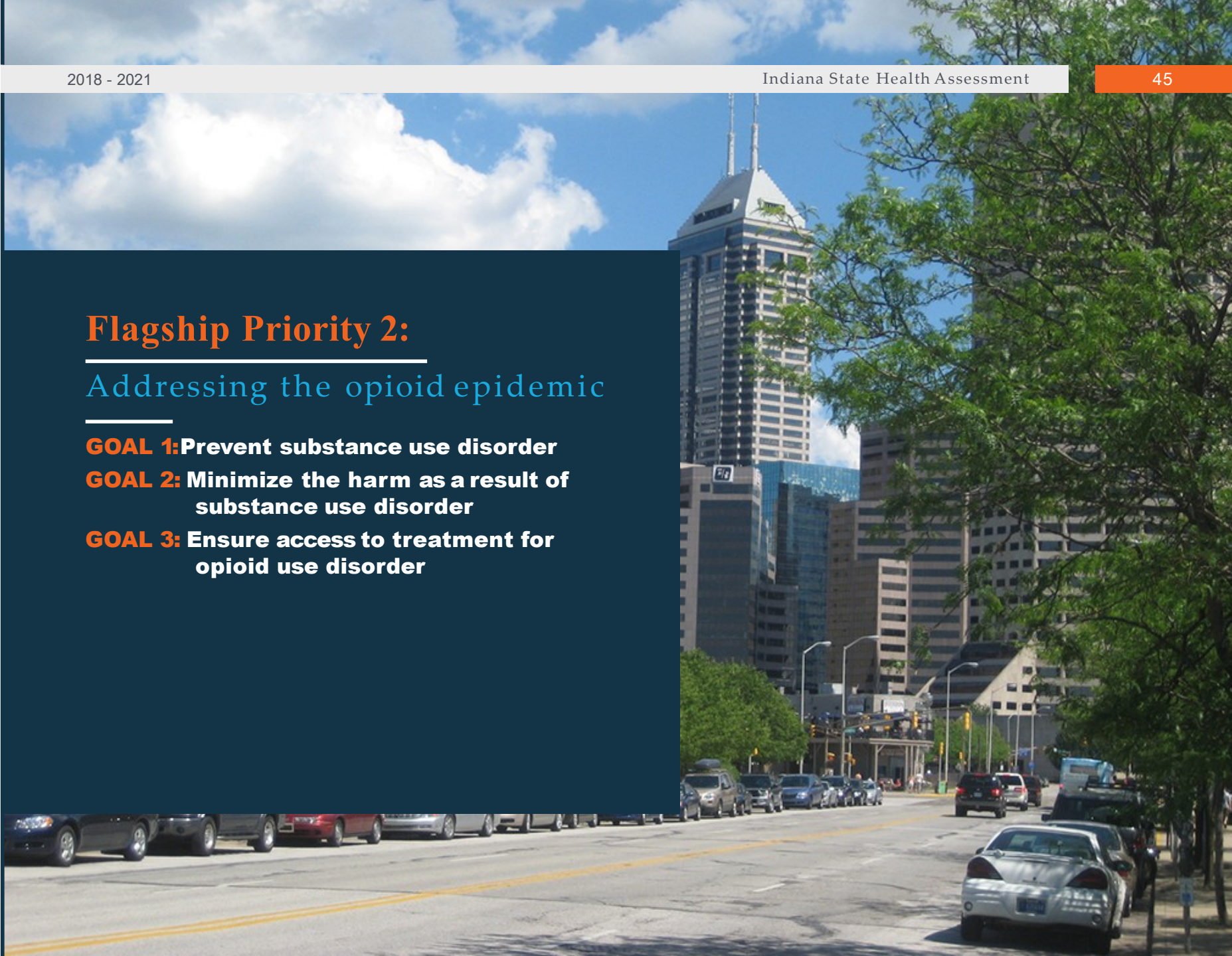
## **Flagship Priority 2:**

### **Addressing the opioid epidemic**

**GOAL 1:** Prevent substance use disorder

**GOAL 2:** Minimize the harm as a result of substance use disorder

**GOAL 3:** Ensure access to treatment for opioid use disorder



## Goal 3: Ensure Access to Treatment for Opioid Use Disorder

- Expand access to supportive environments for people in recovery to live while transitioning back into the community, such as recovery or sober living houses
- Decrease stigma of substance use disorder by spreading awareness with the Next Level Recovery Know the “O” Facts website and resources

## Flagship Priority 3:

### Reduce chronic disease

**GOAL 1:** Reduce the burden of obesity living in Indiana

**GOAL 2:** Increase opportunities for active living in Indiana

**GOAL 3:** Increase opportunities for healthy eating in Indiana

**GOAL 4:** Decrease the burden of tobacco use in Indiana

**GOAL 5:** Decrease the burden of cardiovascular disease and diabetes in Indiana and encourage chronic disease self-management

**GOAL 6:** Reduce the burden of asthma on Indiana adults and children

**GOAL 7:** Ensure all Hoosiers are appropriately screened for cancer





# Reducing Chronic Disease and Health Disparities

- Chronic diseases are illnesses and health conditions that have a prolonged impact on a person's health
- Leading causes of death and disability in Indiana, with heart disease, cancer, and stroke representing the top three killers for Hoosiers
- Many chronic diseases can be prevented or managed through early detection, improved nutrition, increased physical activity



# Reducing Chronic Disease and Health Disparities

## Obesity

- Over two-thirds (67.2%) of Indiana adults are overweight (34.7%) or obese (32.5%).
- Obesity disproportionately affects low-income and rural communities, as well as the African American population.
- Obesity rates have increased from 13.0% of adult Hoosiers in 1990 to nearly a third (32.5%) in 2016.

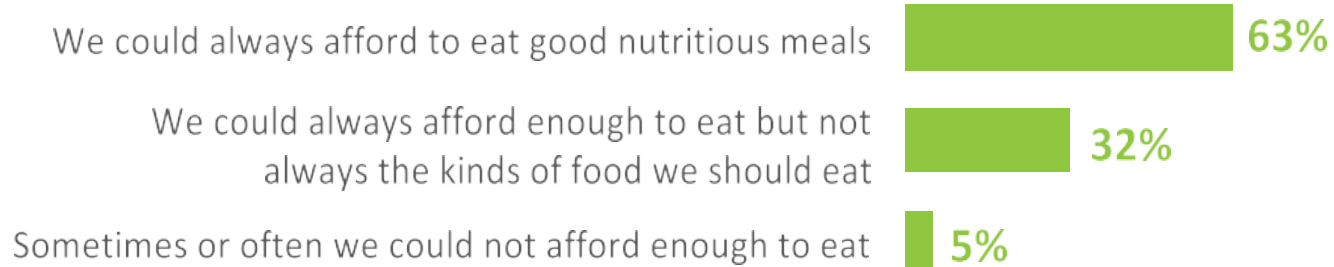
## Indiana is the 10th most obese state in the U.S.

For Every 100 Adults: ● 32 Are Obese ● 35 Are Overweight

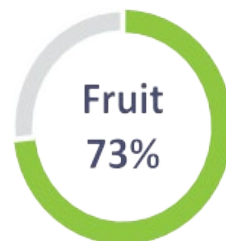


# Healthy Foods and Beverages

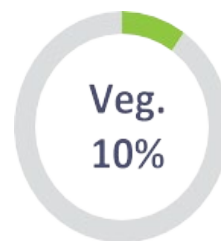
*Describe the food situation in your household...*



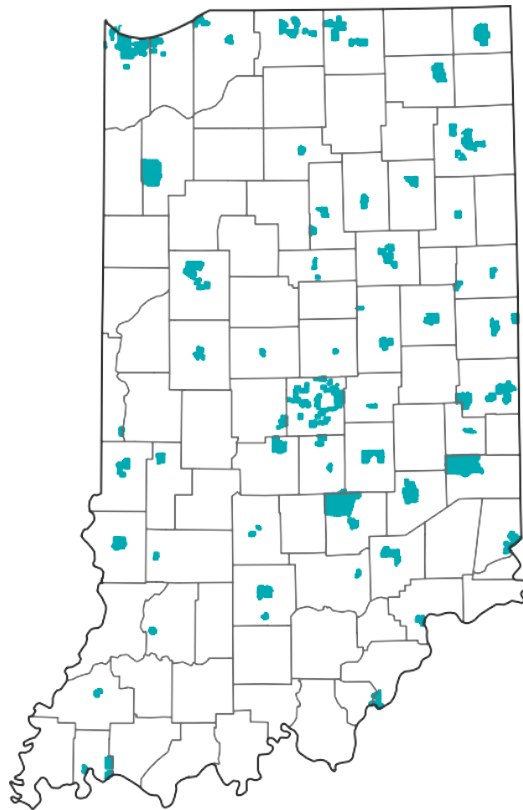
Adults consuming 1 or more servings per day



High school students consuming 3 times per day



# Healthy Foods and Beverages



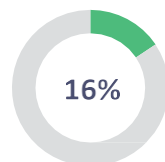
## Food Deserts

- Lack of access to affordable, healthy food
- Absence of grocery stores within reasonable traveling distance
- Access to healthy foods associated with positive health outcomes
- Disproportionately affects minority populations

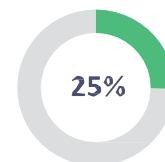
# Physical Activity

- Helps individuals maintain healthy weight
- Reduces risk for cancers
- Reduces risk of progression of existing chronic conditions
- Improves quality of life
- The 2008 Physical Activity Guidelines recommend that adults should participate in 150 minutes of physical activity a week.
- Only 15.6% of adults in Indiana meet both the aerobic and muscle strengthening recommendations.
- According to the 2015 YRBS, just over a quarter (25.3%) of high school students achieved the national recommendation of 60 minutes or more of physical activity per day.

Adults with 150 minutes of  
physical activity per week




Youths with 60 minutes of  
physical activity per day






# 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 – over \$900 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 related to tobacco
- 



# Tobacco Cessation

- FDA-approved smoking cessation treatments
    - Five forms of nicotine replacement therapy (NRT): the patch, gum, inhaler, nasal spray, and lozenge
    - Bupropion SR
    - Varenicline
  - Three types of counseling
    - Individual
    - Group
    - Telephone
- 

## Flagship Priority 4:

### Improve the public health infrastructure

- GOAL 1:** Develop new and foster existing partnerships to improve the public's health
- GOAL 2:** Increase the availability of timely and accurate data to communities across the state
- GOAL 3:** Build the capacity of local health departments, the public health workforce, and community partners to provide quality and equitable public health services

# How Community Mental Health Centers Can Help

- Vaccination
- Screening for infectious diseases
- Case management and team work
- Partnering with community organizations
- Quality improvement in population health



# HEPATITIS A: CASE STUDY

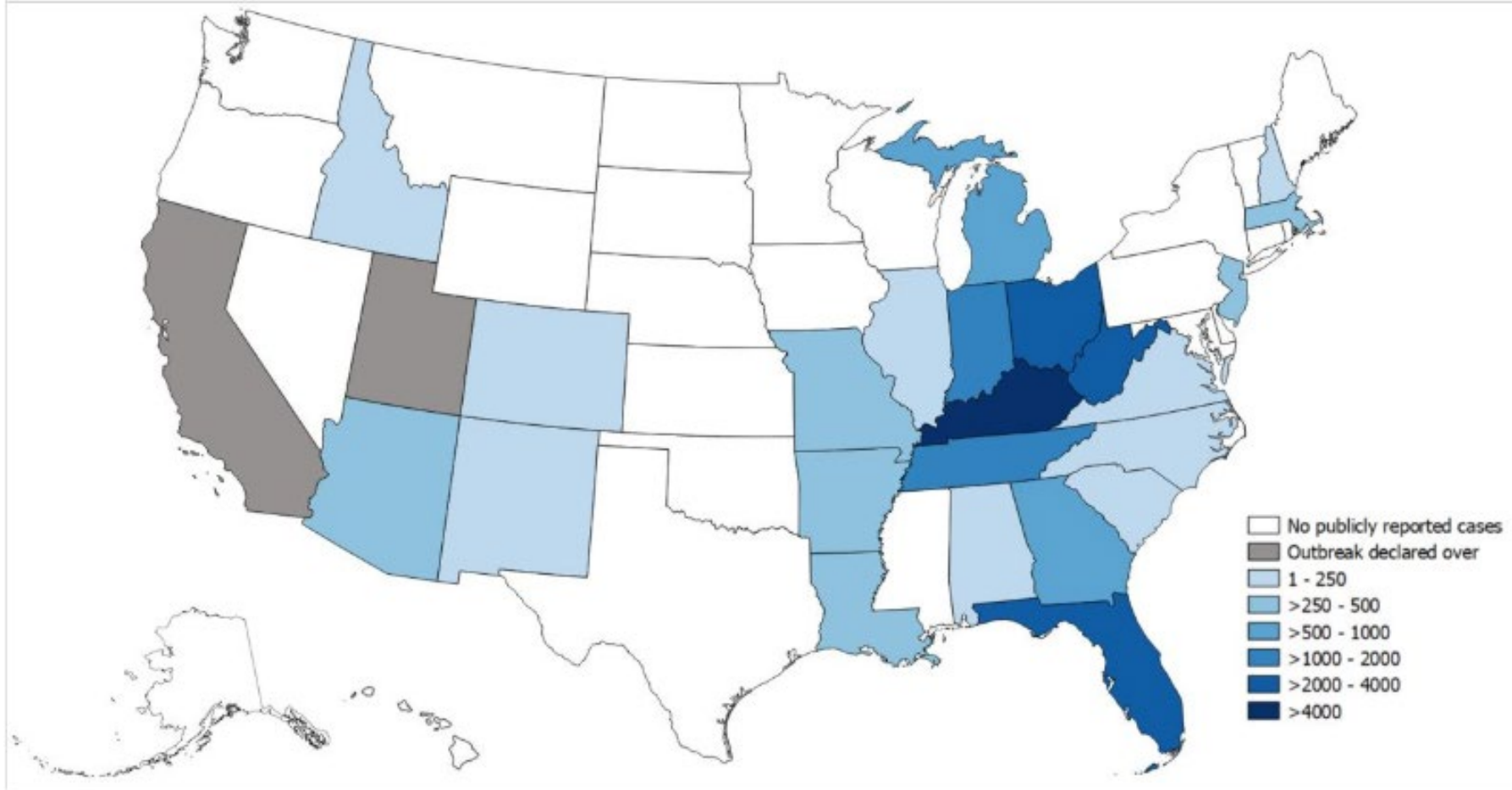
# National Hepatitis A Outbreak

- First cases in 2016 – Michigan and San Diego, CA
- Transmission: person-to-person through contact with fecally-contaminated environments
- Population: mostly homeless and/or persons who use injection or non-injection drugs
- HAV Genotype: 1B



# National Hepatitis A Outbreak

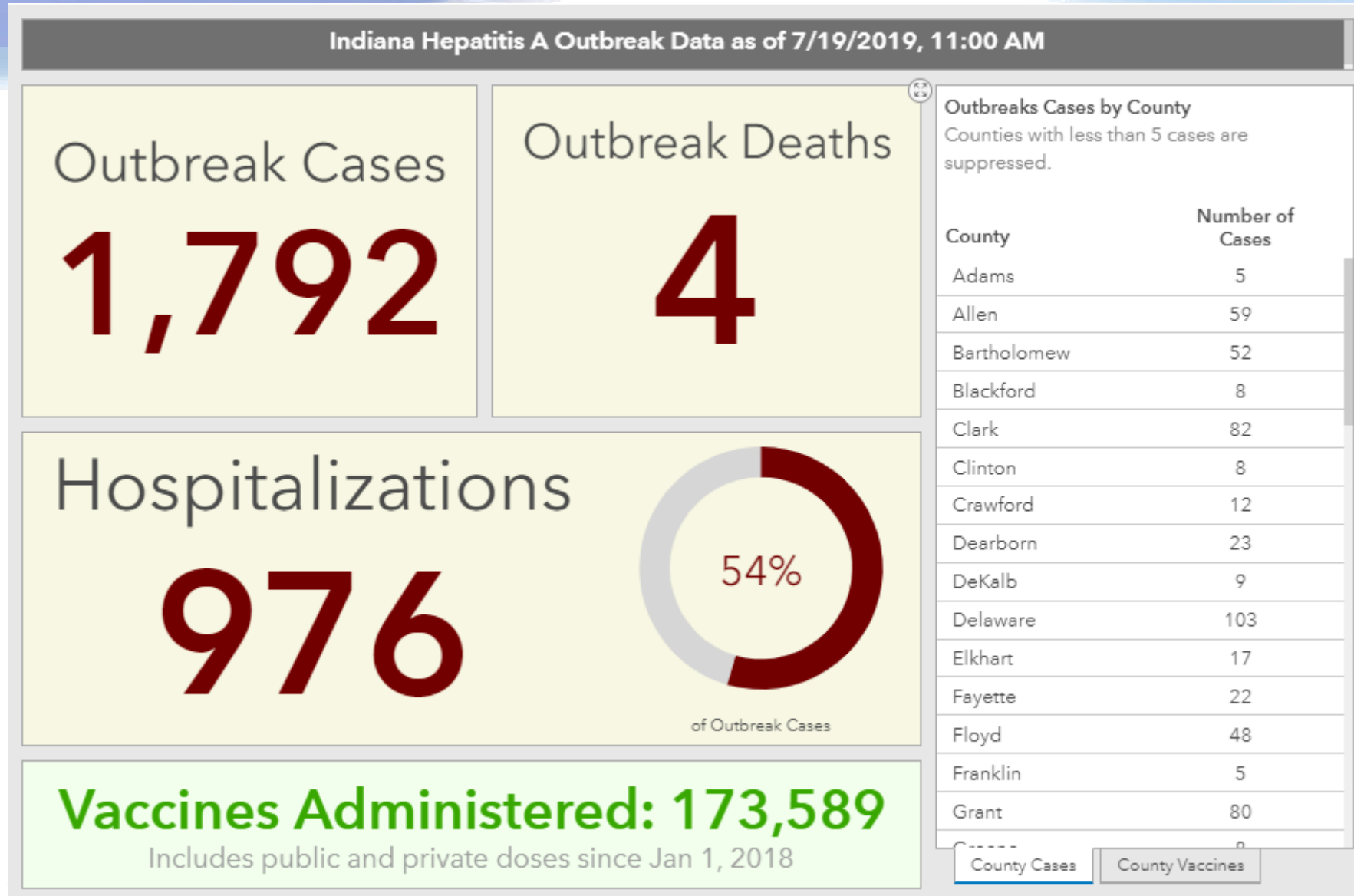
State-Reported Hepatitis A Outbreak Cases as of July 19, 2019



# Indiana Hepatitis A Outbreak

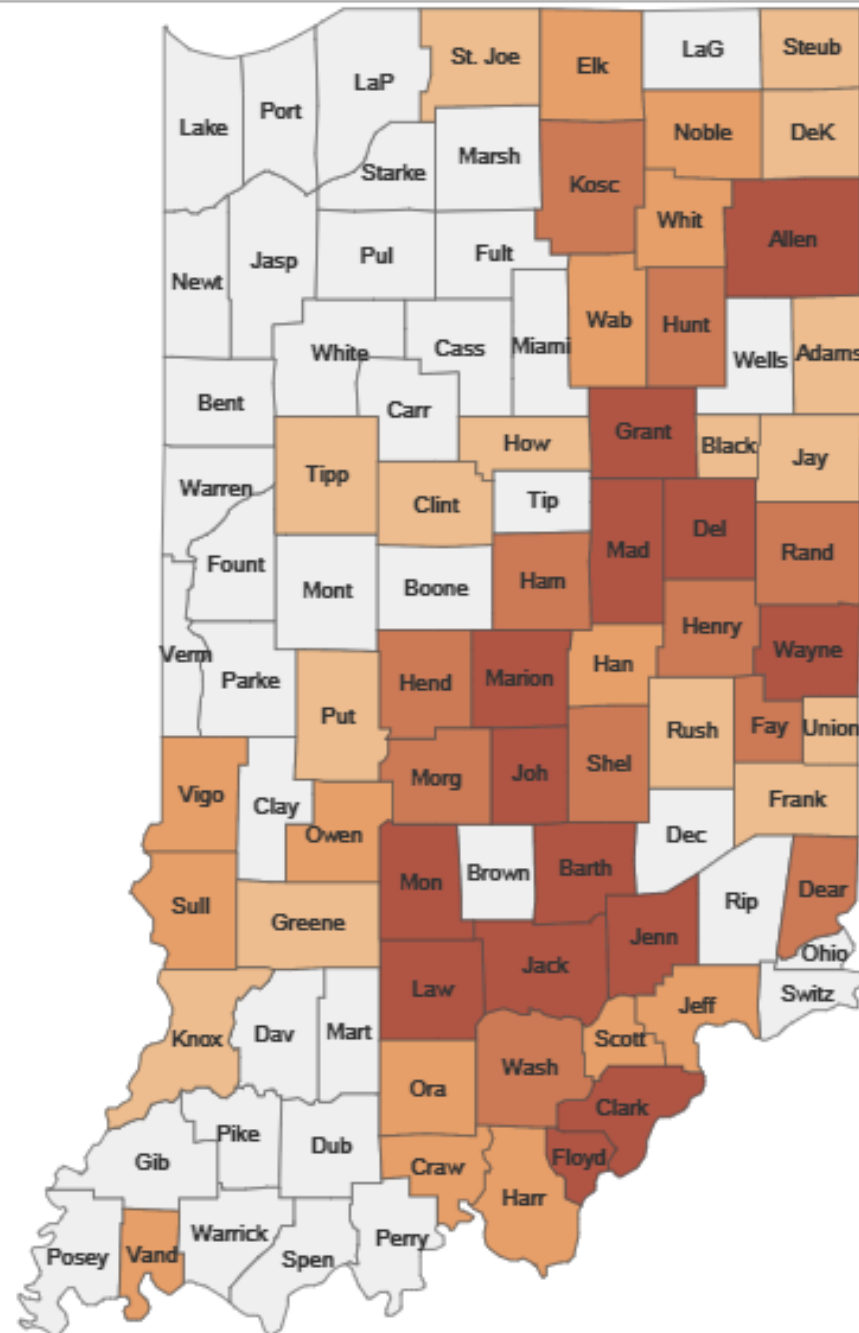
- Active surveillance in August 2017
- Outbreak-related cases beginning December 2017, many linked to Jefferson County, Kentucky
- Increase in cases statewide, some counties are post-outbreak
- Many Indiana cases meet the risk factors:
  - Homelessness
  - Illicit drug use
  - Jail visit
  - Contact with an ill individual

# Indiana Outbreak-Related Cases



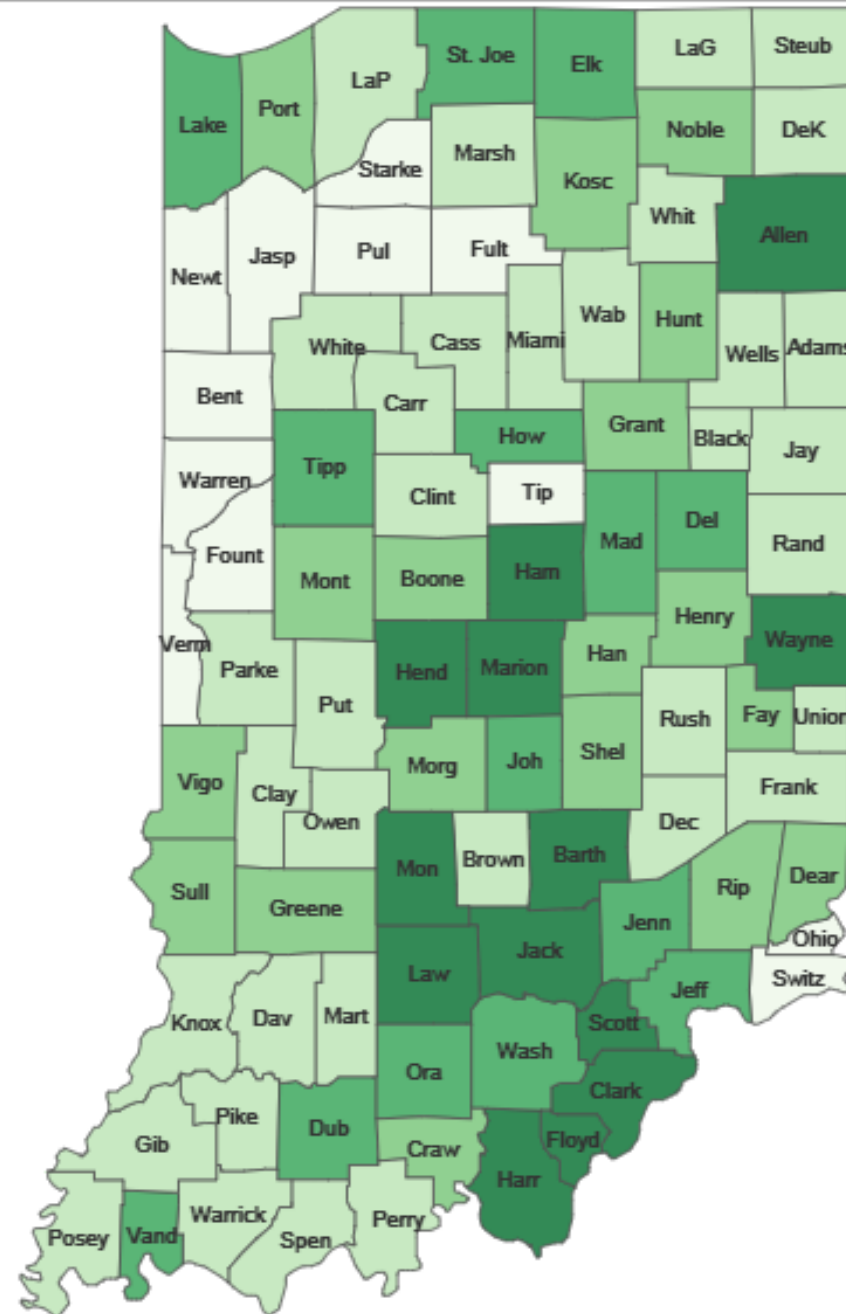
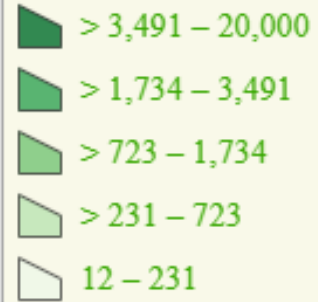
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### Number of Hepatitis A Outbreak Cases by County



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**Number of Vaccines  
Administered by County**







# Thank You!

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