

Indiana State Department of Health

Senate Health & Provider Services Committee

January 9, 2019

Kris Box, MD, FACOG
State Health Commissioner



**Indiana State
Department of Health**

Pressing Health Challenges

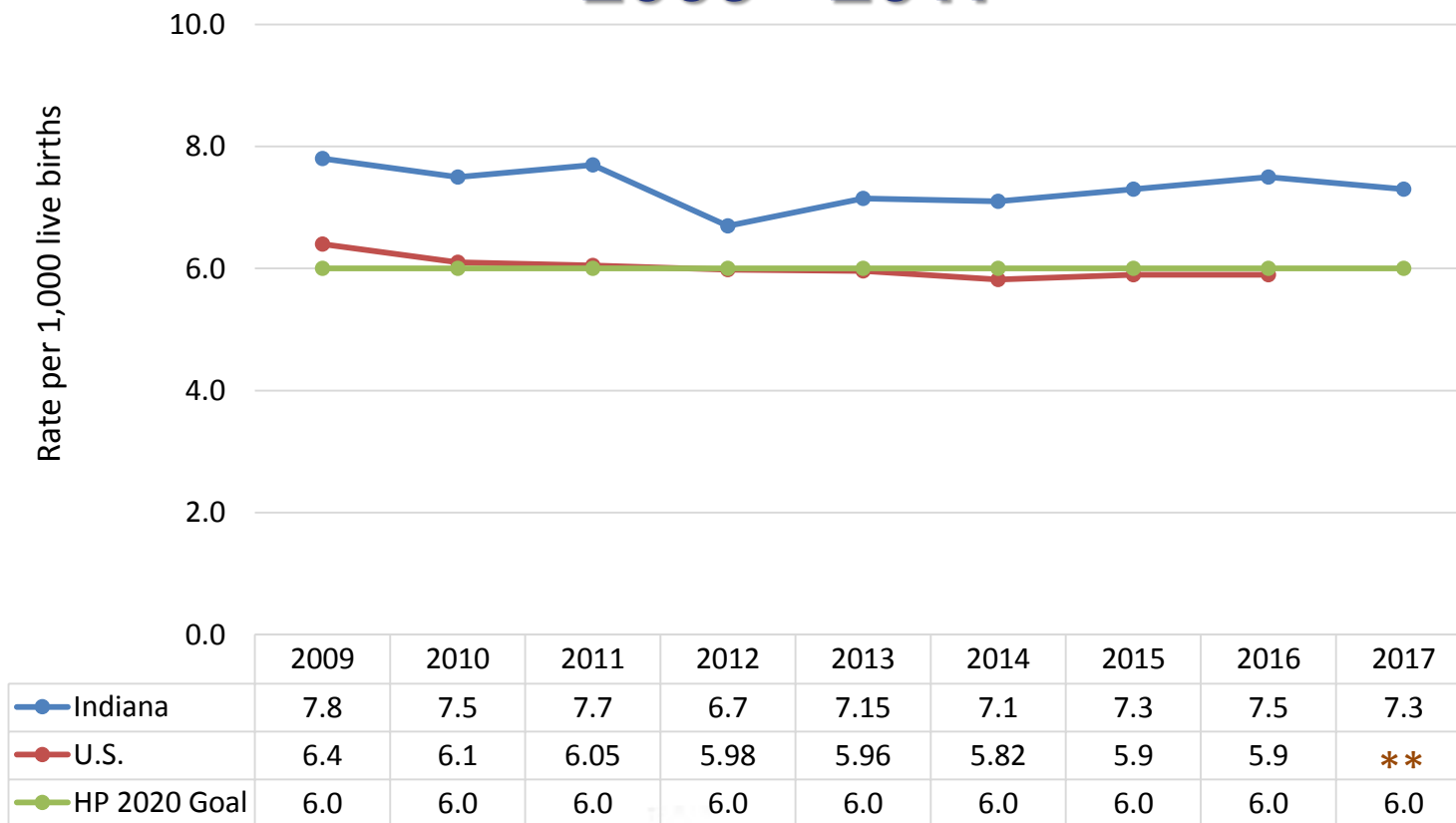
- Infant Mortality
- Opioid Epidemic
- Smoking Cessation
- Obesity/Chronic Disease

Infant Mortality

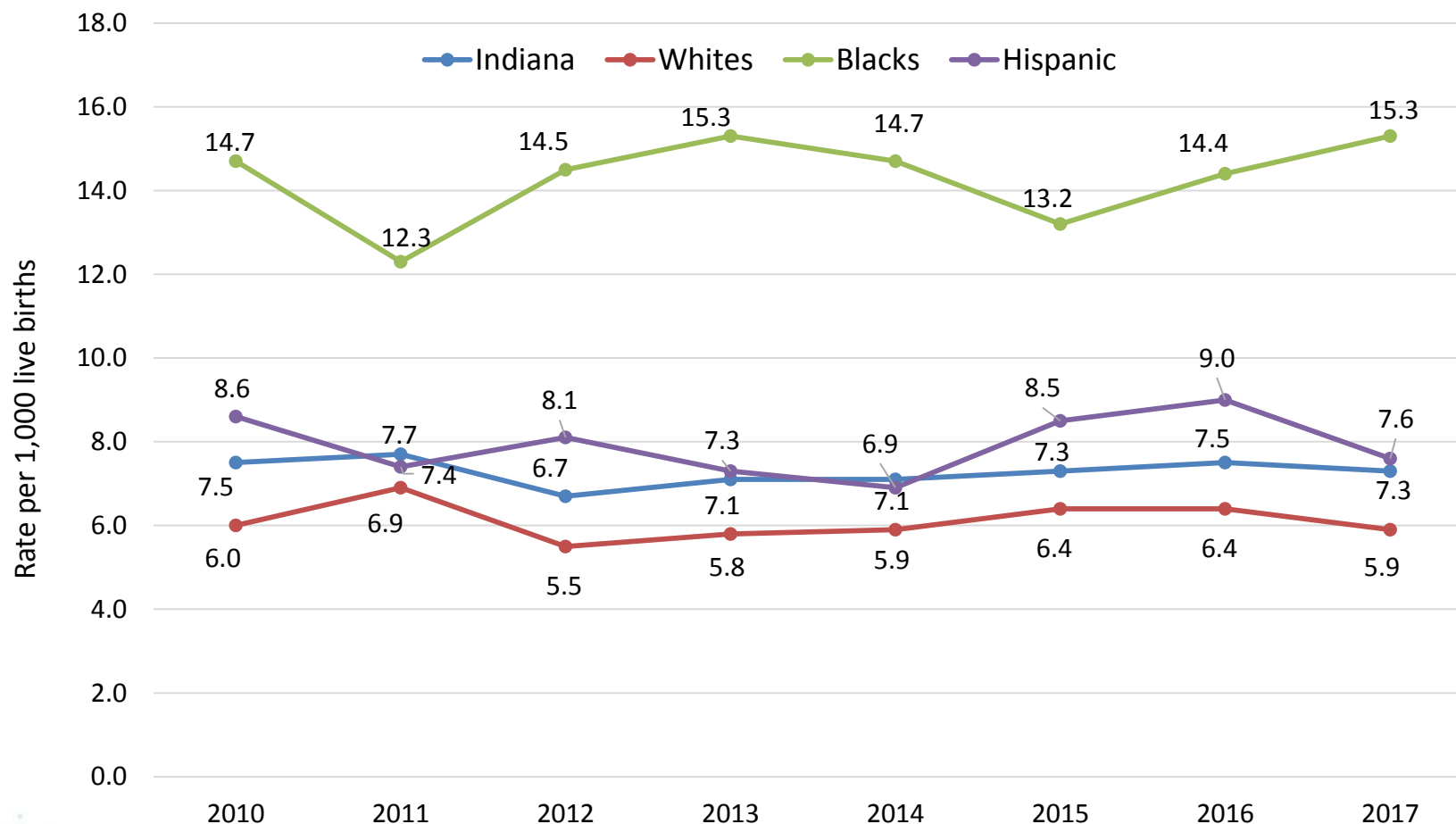
Infant Mortality Rates

Indiana, U.S. & Healthy People 2020 Goal

2009 - 2017



Infant Mortality Rates by Race and Ethnicity Indiana, 2006 - 2017



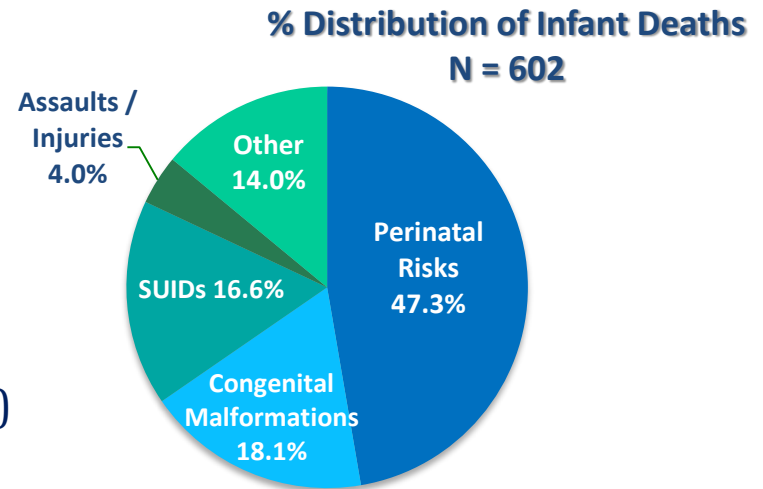
Note: Hispanic ethnicity can be of any race

Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [November 1, 2018]

Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

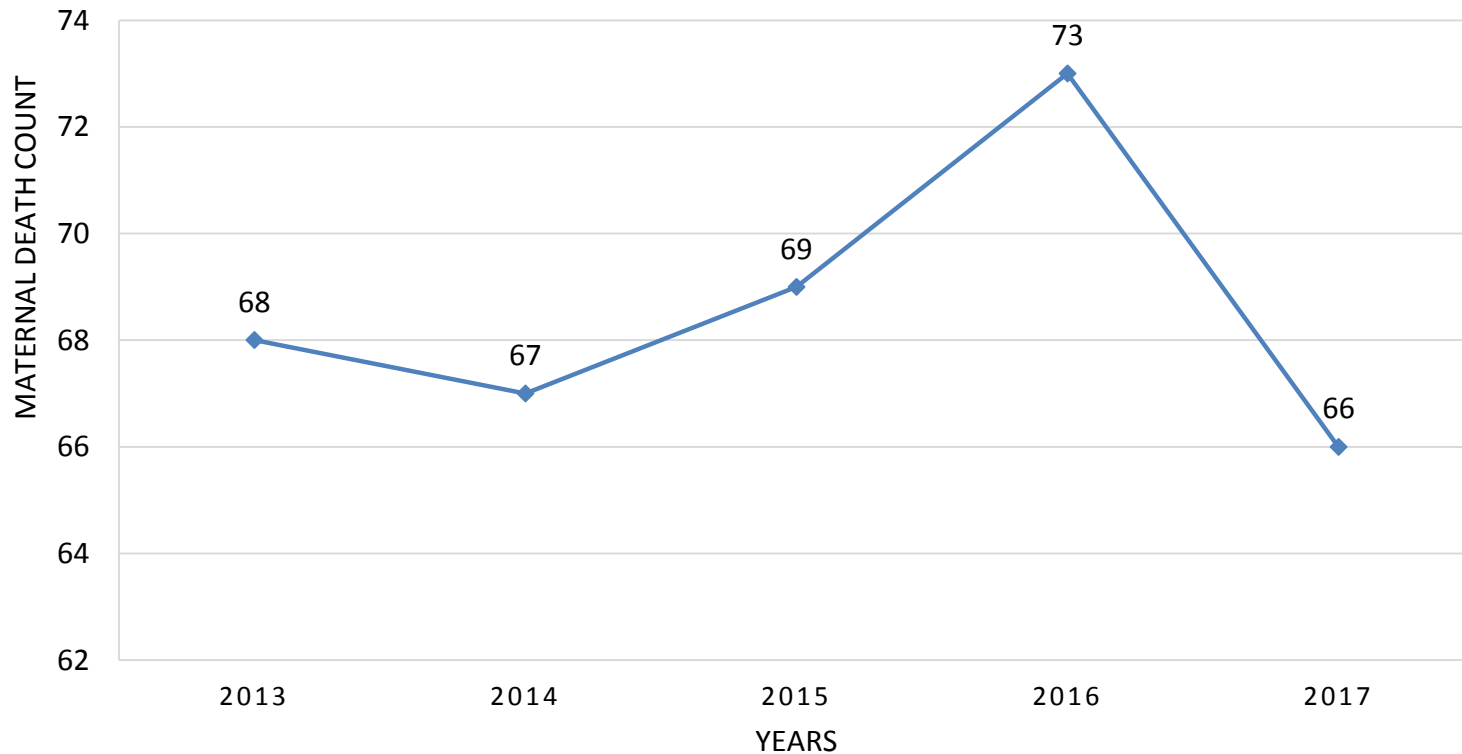
Factors Contributing to Infant Mortality

- Obesity
 - Obese=25% chance prematurity
 - Morbidly Obese= 33% prematurity
 - Indiana is 12th most obese state in US
- Smoking
 - 13.5% pregnant mothers smoke (2 x US avg)
- Limited prenatal care
 - Only 68.6% pregnant IN women receive PNC in 1st trimester (2017)
- Limited breastfeeding
- Delivering at risk-appropriate facilities
- Unsafe sleep (16.6% of deaths in 2017)



Maternal Mortality in Indiana

**TRENDS OF MATERNAL DEATHS IN INDIANA 2013-2016
(N=277)**



Infant Mortality: Roadmap to 2024

- Perinatal Levels of Care
- OB Navigator for at-risk populations through Medicaid
- Investment in APRN or CNM for rural areas, care closer to home
- Identify mothers with prior preterm birth/IM progesterone
- Hypertension Pilot to decrease the risk of severe preeclampsia
- Decrease maternal smoking
- Safe Sleep Campaign
- Perinatal Substance Use/NAS

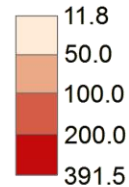


The key to a healthy baby and a happy mom

Opioid Epidemic

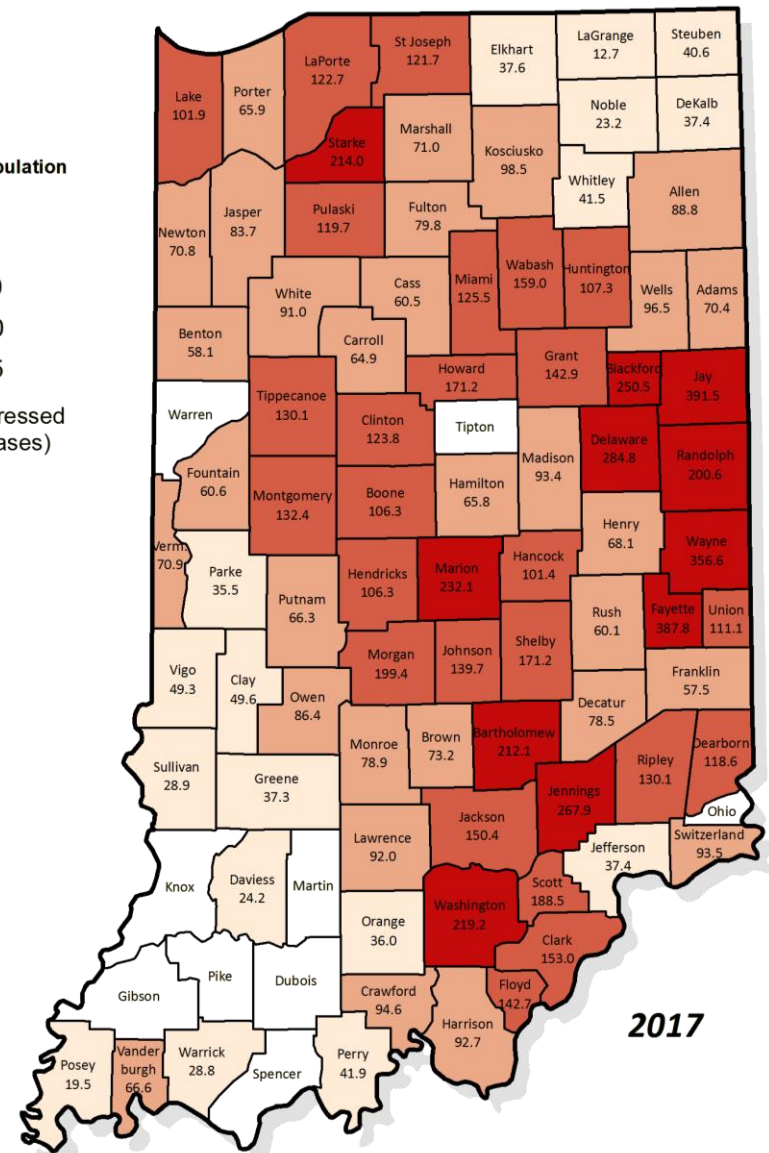
Non-Fatal Opioid-Involved Overdose ER Visit Rates, Indiana Residents 2012 & 2017

Rate Per
100,000 Population

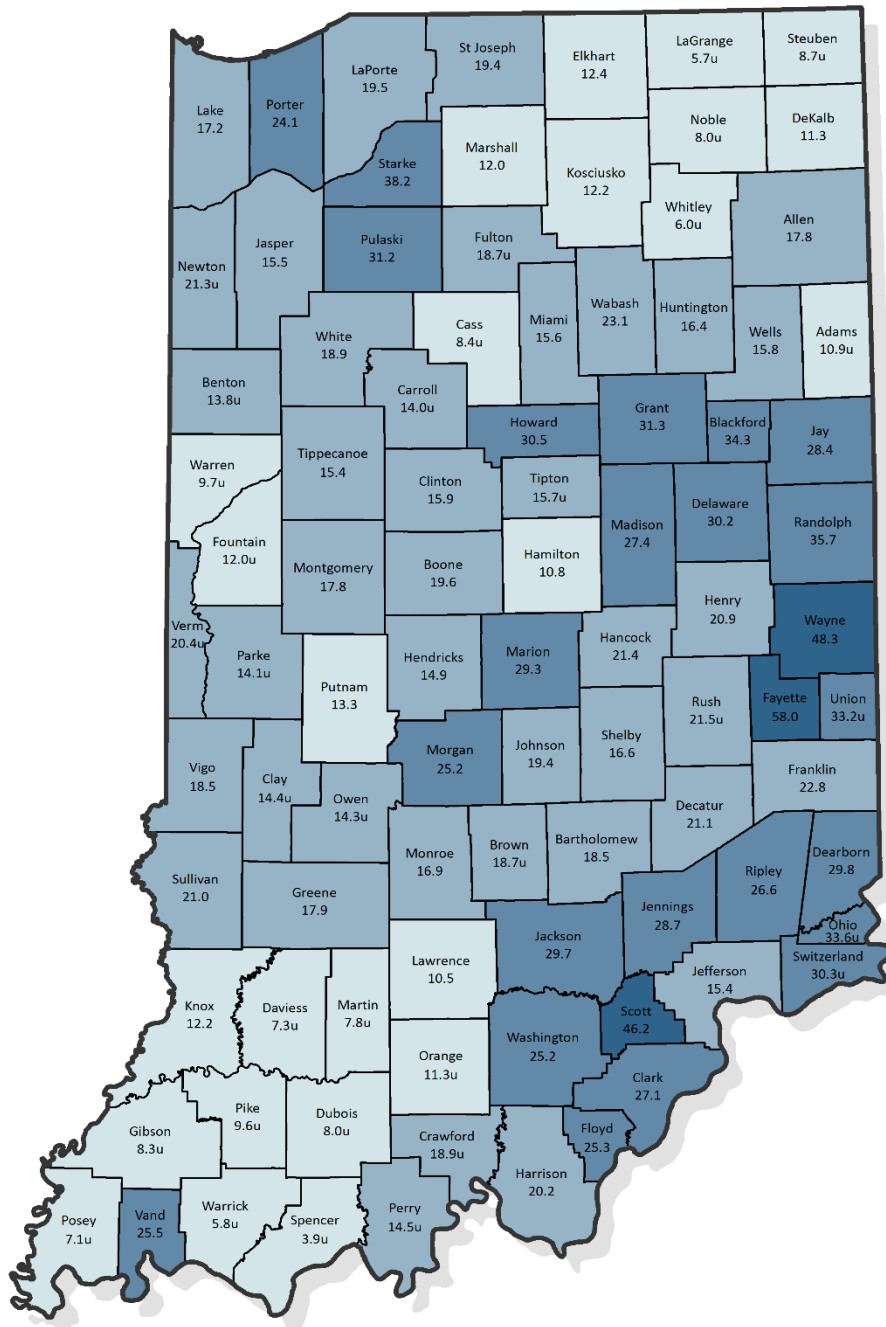


Suppressed
(<5 cases)

**Placeholder for updated map from ERC



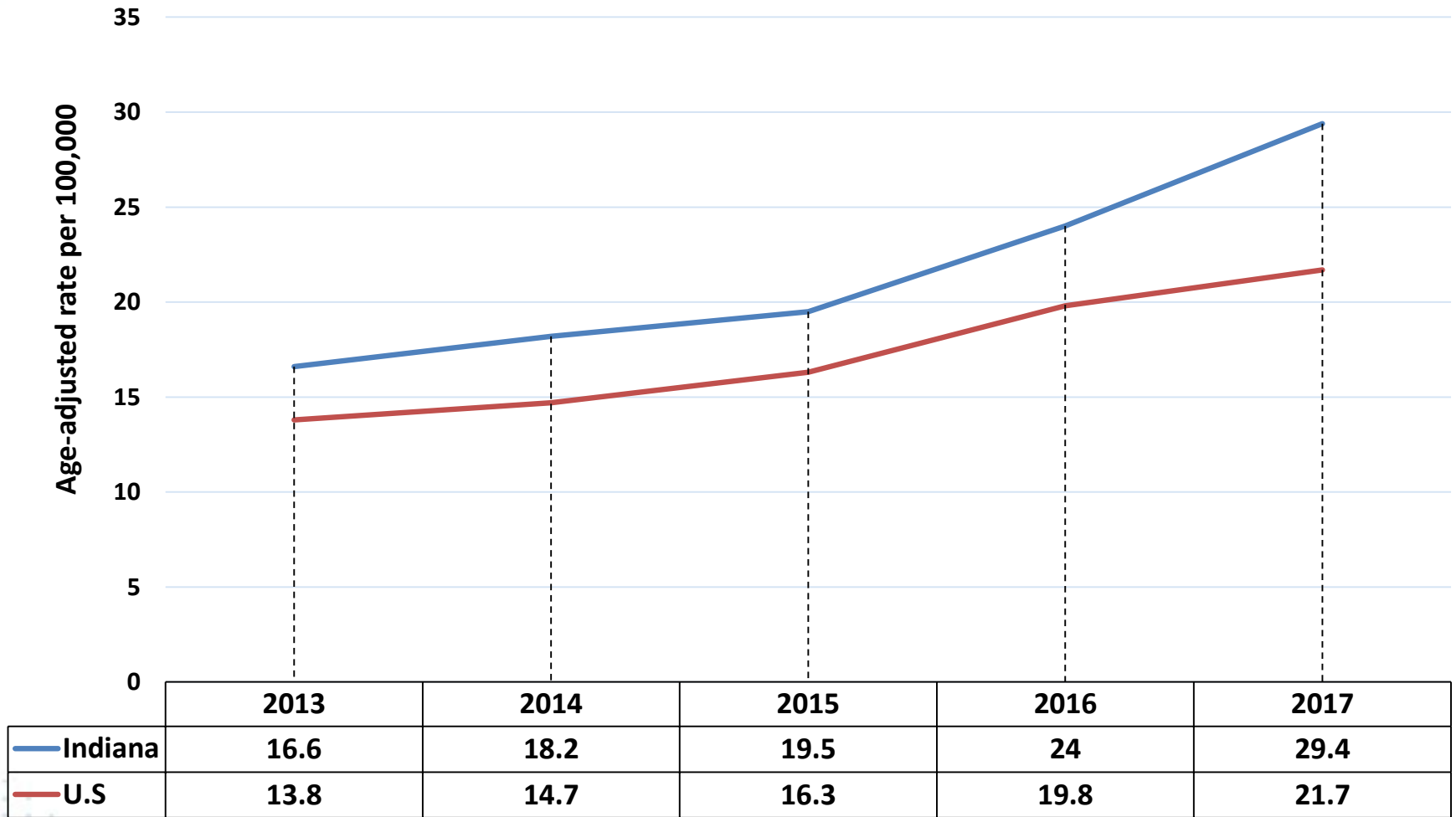
2013-2017 Drug Poisoning Death Rates by County of Residence



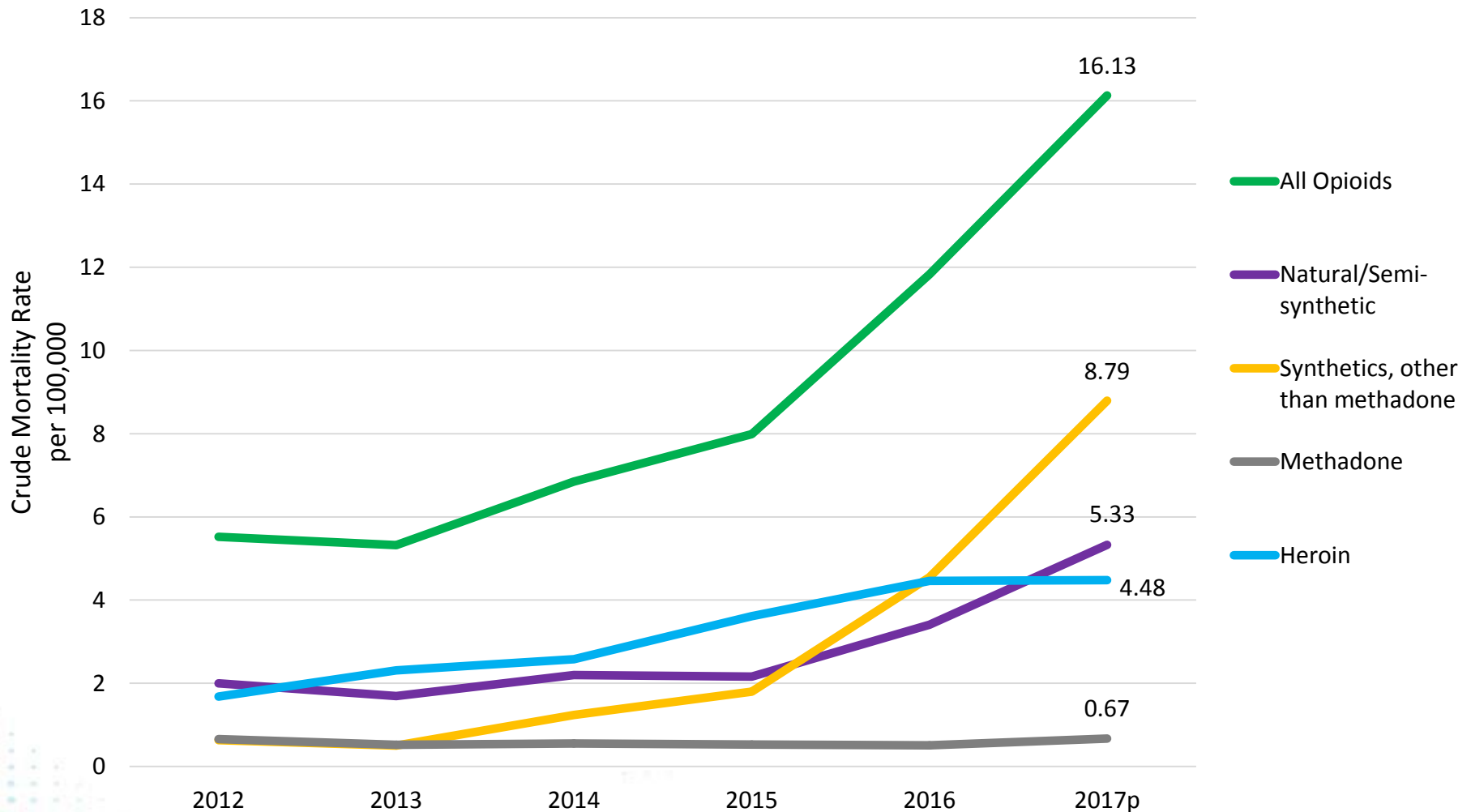
Map Author: ISDH ERC PHG, October 2018

Data Source: ISDH ERC Data Analysis Team, Division of Trauma and Injury Prevention, ISDH Vital Records

Drug Overdose Death Rates Indiana and the United States, 2013-2017



Death Rates by Opioid Drug Type, 2012-2017



Data Source: Indiana State Department of Health (ISDH), Vital Records
Mortality data set: ISDH Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH, Division of Trauma and Injury Prevention

Polysubstance Use Among Drug Overdose Deaths, 2017

- 42% of cocaine-involved deaths involved a synthetic opioid
- 44% of amphetamine-involved deaths involved a synthetic opioid
- 38% of benzodiazepine-involved deaths involved a synthetic opioid

Efforts to Combat the Opioid Epidemic

- Naloxone distribution and training
- Faith-based Outreach
- Overdose Response Project/Toolkit
- Coroner Toxicology Program
- IU Hospital pilot to analyze drug trends
- Overdose Fatality Review
- Syringe Service and Harm Reduction Sites
- Fresh Start Recovery Centers

**SAVE A LIFE.
GET TRAINED
ON NALOXONE.**

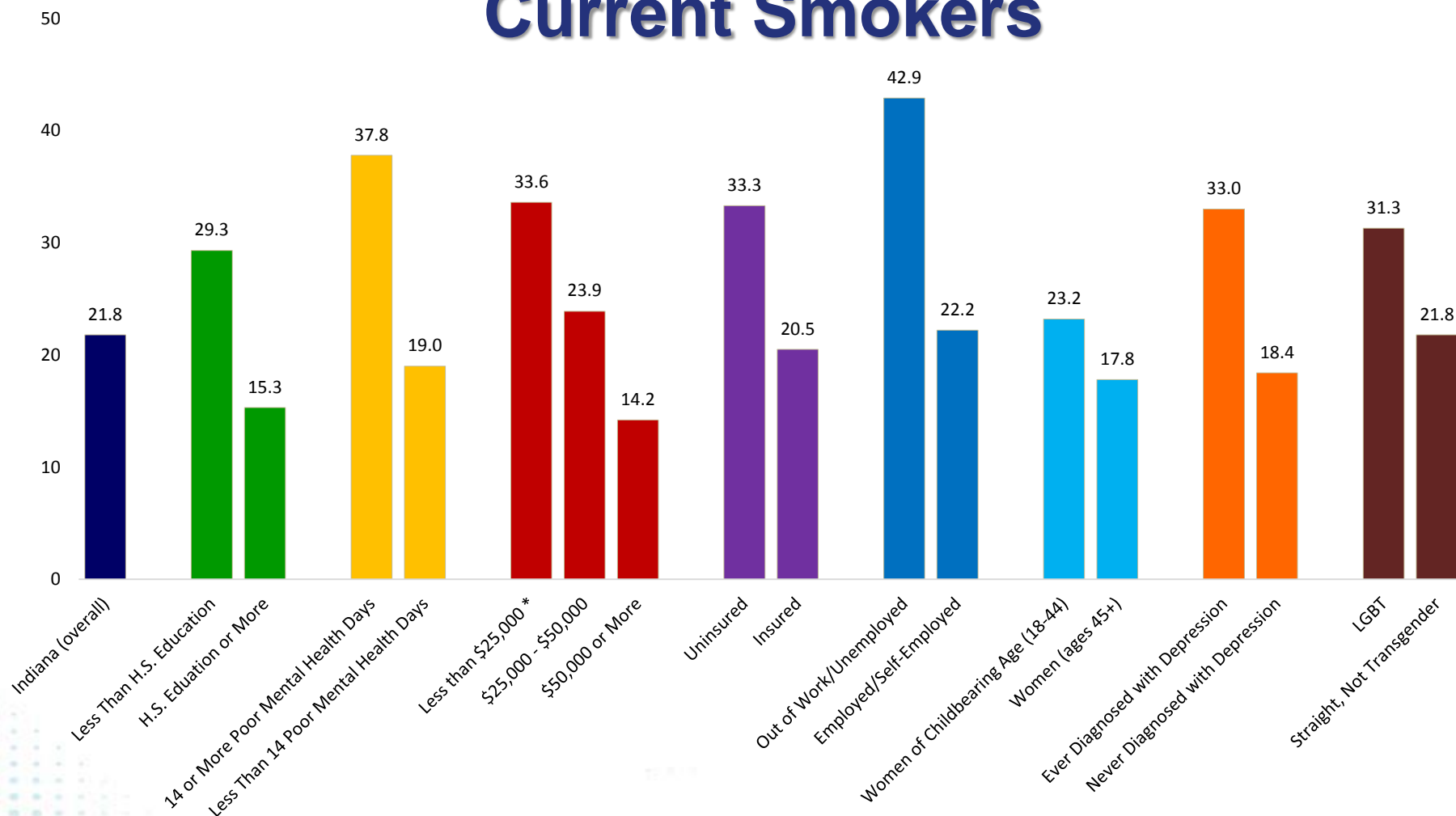


Smoking & Tobacco Use

Tobacco Use in Indiana

- 8th highest smoking rate in the nation - 22% of adults
- Single most preventable cause of death and disease
- 11,100 Hoosier lives lost due to tobacco use every year
- Everyone shares in the costs for smoking – over \$900 per Hoosier household per year
- Nearly \$3 billion annually in medical expenditures/\$3.2 billion annually in lost productivity
- 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

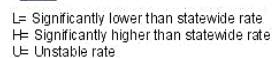
Percent of Indiana Adults Who are Current Smokers



Smoking among Women of Childbearing Age and During Pregnancy

- 23.2% of women of childbearing age in Indiana (18-44 years) smoked in 2017
- 13.5% of pregnant women in Indiana smoked in 2017
- 11,100 Indiana births impacted by smoking
- Estimated annual cost of smoking-affected births
 - \$15 million in Indiana

Percent of live births to mothers who smoked during pregnancy, 2017

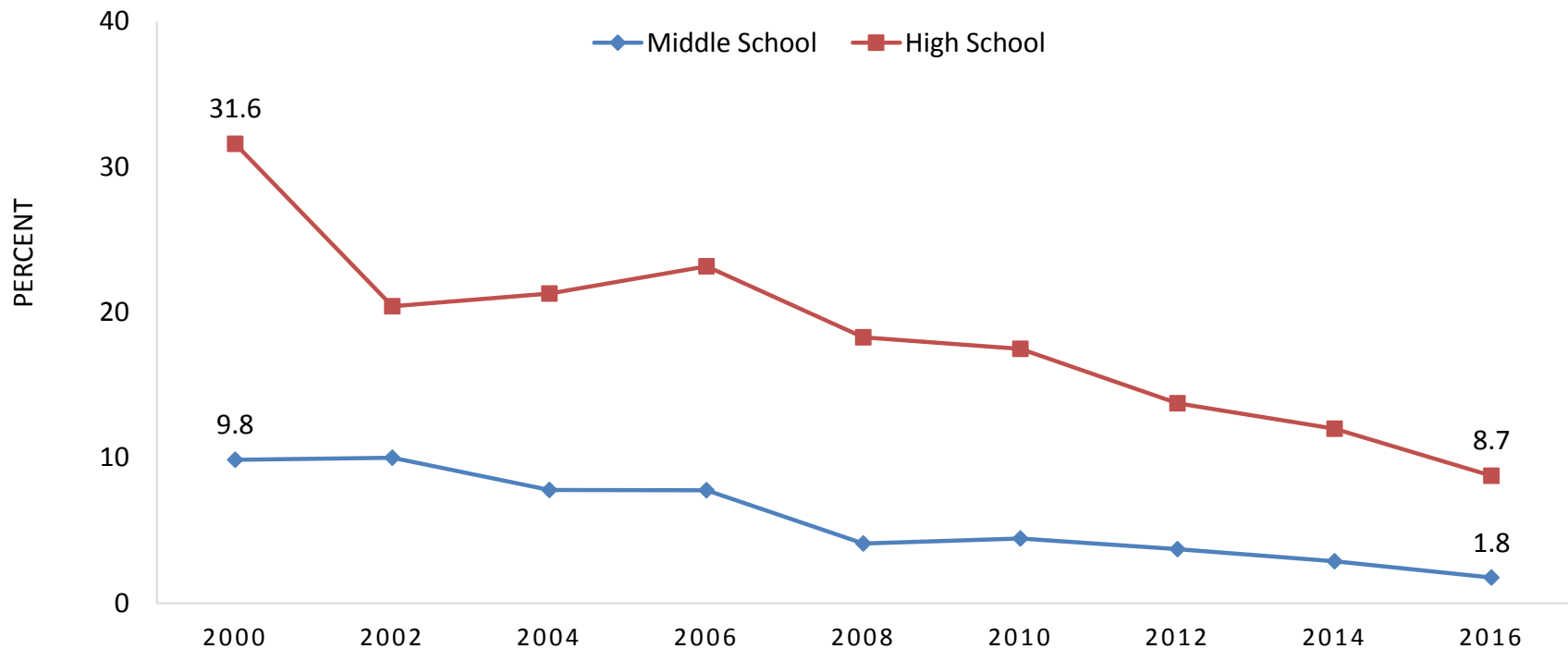


Indiana Live Births to Mothers Who Smoked During Pregnancy, 2017

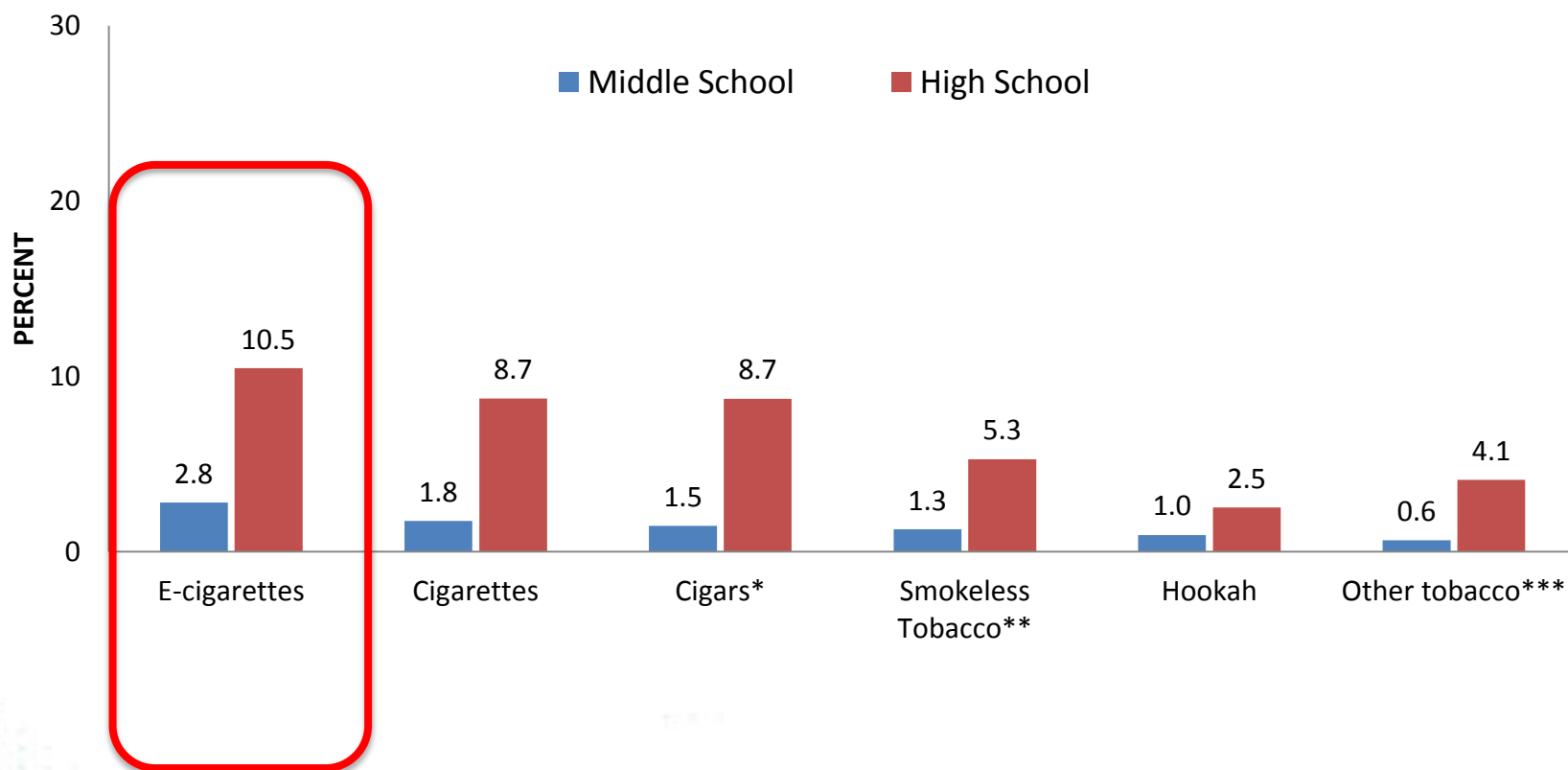
County	Percentage (%)	Category
Lake	8.4%	L
Porter	10.7%	
LaPorte	21.6%	H
St. Joseph	10.6%	L
Elkhart	9.3%	L
LaGrange	6.2%	L
Steuben	21%	H
Noble	16.7%	
Dekalb	18.8%	H
Kosciusko	15.1%	
Whitley	14.1%	
Allen	10.3%	L
Newton	22.3%	
Jasper	16%	
Pulaski	27.1%	H
Fulton	25.6%	H
Miami	24.1%	H
Wabash	26.3%	H
Huntington	21.5%	H
Wells	18.6%	
Adams	9.2%	
Benton	20.2%	
Cass	15.1%	
Grant	31.2%	H
Blackford	40%	H
Jay	16%	
Warren	14%	U
Tipton	16.3%	
Clinton	17.7%	
Howard	20.8%	H
Delaware	22.6%	H
Randolph	22.6%	H
Tippecanoe	10.5%	L
Boone	7.4%	L
Hamilton	2.3%	L
Madison	20.1%	H
Henry	24.7%	H
Wayne	14.5%	
Fountain	18.4%	
Montgomery	19%	
Vermillion	22.4%	
Parke	15.1%	
Hendricks	7.4%	L
Marion	10.5%	L
Hancock	9.1%	L
Shelby	21.2%	H
Rush	22.8%	H
Fayette	21.2%	H
Union	14.5%	U
Putnam	19.3%	
Owen	23.3%	H
Morgan	23.7%	H
Johnson	12.5%	
Bartholomew	12.6%	
Brown	17.5%	
Monroe	15.4%	
Decatur	17.1%	
Franklin	15.7%	
Sullivan	20.4%	
Greene	20.3%	H
Clay	16.1%	
Vigo	21.3%	H
Owen	23.3%	H
Dearborn	17.8%	
Ripley	19.2%	
Ohio	12.9%	U
Switzerland	20.4%	
Jackson	23.1%	H
Jennings	28%	H
Jefferson	28.2%	H
Scott	25.1%	H
Clark	11.6%	
Washington	20.5%	H
Orange	23.6%	H
Lawrence	28.1%	H
Martin	17.7%	
Daviess	12.7%	
Knox	22.4%	H
Pike	16.7%	
Dubois	8.4%	L
Gibson	20.3%	H
Perry	28.5%	H
Crawford	30.6%	H
Harrison	16.6%	
Floyd	10.3%	
Spencer	12.1%	
Warwick	10.9%	
Vanderburgh	17.4%	H
Posey	22.7%	H

Source: Tobacco Prevention and Cessation Commission
Updated 12/14/2019

Current Smoking among Hoosier Youth 2000-2016



Current Tobacco Use among Hoosier Youth (2016)



E-cigarettes and Youth

- Electronic cigarettes were the most commonly used tobacco product among Hoosier youth (2016 Indiana Youth Tobacco Survey).
- Nationally, there was a 78% increase in e-cigarette use among high school students and a 48% increase among middle school students between 2017-2018 (2017-18 National Youth Tobacco Survey).
- JUUL is currently the fastest-growing e-cigarette brand in the U.S., and its popularity is suspected to have spurred the epidemic level of e-cigarette use identified in the 2018 NYTS and by the U.S. Surgeon General.
- Indiana is responding by taking the following actions:
 - Issued a letter to all principals and superintendents
 - E-cigarettes resources added to TPC website
 - Additional questions on e-cigarettes including JUUL were added to the 2018 IYTS (data is being analyzed)

Help in Quitting Tobacco Addiction

- Indiana Tobacco Quitline
 - Served 10,000 in SFY 18 including over 2,100 women of childbearing age.
 - Extra support for pregnant women
 - Quit rate of 30% (goal for state quitlines); 95% would recommend the Quitline to others
- Baby & Me Tobacco Free
- Coverage by Medicaid for all FDA approved medications and counseling
- Partnerships with health systems and centers
- Community tobacco control coalitions



Obesity/Chronic Disease

Obesity in Indiana

- 12th most obese state in the nation
- 2/3 Indiana adults are overweight or obese
- 1/3 Indiana children are overweight or obese
- Contributing Factors:
 - Eating more & worse
 - Moving less
 - Working longer hours, sitting more
 - Increased screen time
 - Less opportunity to engage in physical activity
- Obesity increases risk for hypertension and diabetes, thereby increasing heart disease and stroke

Obesity Costs to Indiana

- Hoosiers pay \$3.5 billion in obesity-related medical costs
- In Indiana, 7% 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 U.S. employers over \$6 billion/year
 - Healthcare costs for obese individuals \$1,400/ year higher

What We're Doing at ISDH

- Help fund bicycle and pedestrian master plans in selected communities
- Fund physical activity trainings for child care program staff
- Help schools find creative ways to incorporate more physical activity, including physical activity ideas for students with disabilities
- Increase access to healthy foods through SNAP education and encouraging farmers market managers to accept SNAP/WIC benefits
- Train employers on worksite wellness best practices
- Train community wellness coordinators on best practices for obesity prevention
- WIC collaboration with hospitals
- National Diabetes Prevention Program
- State Diabetes Strategic Plan

Additional Updates

Other Top Priorities

- Ensure preparedness for infectious disease outbreaks and other public health emergencies
- Strategic partnerships
- Quality improvement
 - PHAB Accreditation
 - ISDH Strategic Plan
 - State Health Improvement Plan

Agency Updates

- Hepatitis A Outbreak Response
- Cervical Cancer Strategic Plan
- Maternal Mortality Review
- Vital Records System Upgrade
- New Electronic Disease Surveillance System

Questions



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