Indiana State Department of Health

Senate Health & Provider Services Committee
January 9, 2019

Kris Box, MD, FACOG
State Health Commissioner
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000 live births</th>
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</thead>
<tbody>
<tr>
<td>2009</td>
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<tr>
<td>2010</td>
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</tbody>
</table>

- **Indiana**
- **U.S.**
- **HP 2020 Goal**

**Source:** Indiana State Department of Health, Maternal & Child Health Epidemiology Division (December 28, 2018)

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 and Ethnicity
Indiana, 2006 - 2017

Rate per 1,000 live births

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)

Source: https://gis.in.gov/apps/isdh/meta/stats_layers.htm
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
Opioid Epidemic
Non-Fatal Opioid-Involved Overdose ER Visit Rates, Indiana Residents 2012 & 2017

**Placeholder for updated map from ERC**
2013-2017 Drug Poisoning Death Rates by County of Residence
Drug Overdose Death Rates Indiana and the United States, 2013-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Indiana</th>
<th>U.S.</th>
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Data Sources: The National Center for Health Statistics; Centers for Disease Control and Prevention
Prepared by: ISDH, Division of Trauma and Injury Prevention
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
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

*Annual Household Income

SOURCE: BRFSS 2017
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

*48 states and the District of Columbia utilizing the 2003 US Standard Certificate of Live Birth
Current Smoking among Hoosier Youth 2000-2016
Current Tobacco Use among Hoosier Youth (2016)

- **E-cigarettes**: 2.8% (Middle School), 10.5% (High School)
- **Cigarettes**: 1.8% (Middle School), 8.7% (High School)
- **Cigars***: 1.5% (Middle School), 8.7% (High School)
- **Smokeless Tobacco****: 1.3% (Middle School), 5.3% (High School)
- **Hookah**: 1.0% (Middle School), 2.5% (High School)
- **Other tobacco*****: 0.6% (Middle School), 4.1% (High School)
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