



Madison County Health Department



Core Public Health Services Funding and Activity Plan Health First Indiana Initiative 2024

Overview

Established by Executive Order by Governor Eric J. Holcomb in August 2021, the Governor's Public Health Commission (GPHC) was charged with studying the strengths and weaknesses of Indiana's public health system and making recommendations for improvements.

The commission's report released in July 2022 focuses on six workstreams: funding; governance, infrastructure, and services; emergency preparedness; workforce; data and information integration; and childhood and adolescent health.

The centerpiece of the recommendations is a state investment in local public health to support consistent delivery of local public health services across the state, to ensure that every Hoosier has access to the core public health services that allow to achieve optimal health and well-being. Good health is the foundation of our ability to thrive, from schools to the economy.

Health First Indiana is an initiative created by Senate Enrolled Act 4, legislation passed by the 2023 Indiana General Assembly that transforms public health. The legislation provides funding so counties can determine the health needs of their community and implement evidence-based programs focused on prevention. Health First Indiana establishes a public health infrastructure through a state and local partnership where services are delivered at the county level. Counties decide whether to opt-in to the new funding and providing the core public health services (<https://www.in.gov/healthfirstindiana/quick-facts/>).

While the Madison County Health Department (MCHD) provides many services outlined by Health First Indiana, with support from local officials and community partnerships and collaboratives, MCHD now has resources to strengthen the public health system and become more impactful in Madison County's health.

2024 Core Public Health Services Plan

The Indiana Department of Health gathered a team of state and local public health partners to form both a Core Public Health Services Committee and a Core Public Health Leadership Committee. The “Services” committee developed the minimum core public health services that should be conducted by local health departments in Indiana – and these include duties already required by statute as well as new activities aimed at offering a more comprehensive body of preventive services. The “Leadership” committee assisted with developing the key performance measures for the first year of the Health First Indiana (HFI) initiative and continues to advise the state on various facets of the overall development and deployment of HFI.

The Core Public Health Services Committee created the following list of Core Public Health Services local entities will need to provide (many exist in the statutes currently, and many were added in the 2023 legislative session):

Infectious Disease Prevention and Control Vital Records Student Health Liaison
Tobacco and Vaping Cessation and Prevention Fatality Review Immunizations
Maternal and Child Health Health-Related Areas During Emergencies/Disasters
TB Prevention and Case Management Access to and Linkage to Clinical Care
Chronic Disease Prevention Trauma and Injury Prevention Food Protection
Lead Case Management and Risk Assessment Environmental Public Health

The plan for MCHD core public health services delivery in Madison County in 2024 will be comprised of internal services discernment and expansion, as well as support for external community partners’ programs and projects. MCHD has taken the list of required core public health services, key performance indicators and initiatives for growth, in consideration to ensure Health First Indiana funds are utilized most efficiently and impactfully.

Funding

To drive down healthcare spending, investments in public health must be made. This is where the greatest effect of intervention lies. A restructuring of public health will ensure resources are consistent and efficient.

Indiana is ranked 45th nationally for state government public health spending in 2021. Pre-pandemic, (2018-2019) state and CDC spending per person in Indiana was \$55 versus \$91 nationally. Through SB4, \$225 million has been allocated to public health from 2024 through 2025, as opposed to \$7 million previous years. Most federal public health funding coming to Indiana consists of grants tied to specific diseases or categories, which limits how local public health agencies can use those dollars. In addition to grant opportunities, most of the Madison County Health Department's funding derives from property taxes.

Health First funds are made to Indiana local health departments by an "opt-in" process through the executive body, the County Commissioners. After Madison County Commissioners opted-in June 2023, in exchange for the funding, MCHD must commit to providing, or ensuring the provision by community partners, the core public health services outlined in the statute. With funding amounts based on the county's population, Madison County was set to receive approximately \$1.5 million in 2024, and \$3 million in 2025.

MCHD has developed and submitted the required budget for use of 2024 funds. Please note, this first year will be a building year in many ways. While MCHD will grow to accommodate Madison County's need and build capacity, progress made now may take years to be reflected in data

(<https://www.countyhealthrankings.org/explore-health-rankings/measuring-progress-change>).

Capacity-building includes developing and strengthening skills, instincts, skills, processes and resources organizations and communities need to adapt and thrive (<https://www.un.org/en/academic-impact/capacity-building>). MCHD will utilize the tools provided by the Indiana Department of Health to identify county and community initiatives to answer 1) what services are needed to address prevention of prevalence and incidence, 2) how can MCHD best support community partners to strengthen existing evidence-based programming to maximize resources, and 3) how can MCHD best fill gaps in providing services and programming through departmental growth?

MCHD currently receives funding from limited, multiple sources. These include local property taxes, grant funds, and fees. With such funding mechanisms, particularly funds that are not guaranteed and/or annually unstable, capacity-building has been limited.

2024 Health First Budget – 60%-100% on Preventive Services, up to 40% on Regulatory Services

**This funding breakdown only reflects 2024 Health First Indiana Funding*

<https://www.in.gov/healthfirstindiana/your-community-info/>

Personnel (salaries and fringe - 16 positions, 10 existing and 6 new)	\$1,321,590.00
Other/Supplies (lab, office, projects, promotion/advertising)	\$ 97,414.21
Capital Expenses/Equipment	\$ 151,275.00
<i>*Per statute, 10% may be set aside for capital expenses, upon need</i>	
Total Health First Funds ONLY	\$1,570,279.21

Staffing

Per the Indiana Local Health Department Workforce Development Assessment, conducted by the IU Richard M. Fairbanks School of Public Health in 2022, the national average local health department averages 4.1 full time employees per 10,000 residents. Ideally, at a population of 130,000 residents, the Madison County Health Department would employ 57.8 full time employees to adequately address the needs of Madison County (Public Health Center for Innovation’s [Public Health Workforce Calculator](#)). Currently, there are currently 35 full time employees, and two contractual employees.

Madison County Health Department plans to utilize Health First Indiana funding to increase the public health workforce gradually and intentionally. MCHD has plans to implement new, evidence-based programming aimed specifically in areas of most need, and key positions to deliver those services. These positions and programs will be assessed in the coming months and years to determine additional needs to deliver and measure new and existing public health services adequately and efficiently.

Key Performance Indicators

Local Health Departments will be required to submit Key Performance Indicators (KPIs) semi-annually to the Indiana Department of Health (IDOH). The KPIs are baseline measures and activities that IDOH has put forth to work toward consistency in programming across the state. Local health departments have been given the autonomy to utilize funds in a manner that best suits Madison County needs, provided attempts to achieve the baseline are demonstrated.

It is important to note that IDOH has informed local health departments that it is unlikely all KPIs will be achieved in Year 1. The intention is to develop plans for continued growth and community health improvement.

The minimum state-required KPIs:

Tobacco Prevention and Cessation

- KPI: Number of counties that through a tobacco prevention and cessation coalition have a comprehensive program to address youth tobacco and addictive nicotine prevention

Chronic Disease Prevention

- KPI: Number of counties that through a healthy community coalition have a comprehensive, evidence-based program to address obesity and obesity-related disease prevention

Trauma and Injury Prevention

- KPI: Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence-based program or activity for prevention

Fatality Review

- KPI: Number of counties that participate in local CFR, FIMR, and SOFR teams and provide birth certificates, stillbirth certificates, and death certificates to local fatality review teams
- KPI: Number of counties that identified a leading cause of fatality in their community and implemented an evidence-based or promising prevention program or activity

Maternal and Child Health

- KPI: Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation
- KPI: Number of counties that identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome

School Health Liaison

- KPI: Number of counties partnering with schools, based on community need, to implement wellness policies and comprehensive strategies to promote student health

Lead Case Management and Risk Assessment

- KPI: Number of counties with access to a trained or licensed case manager and risk assessor in the county and offering weekly lead testing at a location in the county

Access to and Linkage to Care

- KPI: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community
- KPI: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services

Tuberculosis (TB) Control and Case Management

- KPI: Number of counties with established partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection in their communities

Health-Related Areas during Emergencies/Disasters

- KPI: Number of counties that have updated* public health emergency response plans. *"Updated" is defined as conducting research on latest national and state best practices, incorporation of lessons learned and areas of improvement from real world events and exercises, and inclusion of preparedness and response partners in content validation.

Immunizations

- KPI: Number of counties that can vaccinate all individuals at time of service regardless of insurance status
- KPI: Number of counties with extended vaccination hours beyond routine business hours to meet the needs of the community/jurisdiction through the LHD or community partners

Infectious Disease Surveillance and Prevention

- KPI: Number of counties that initiated a public health investigation within 24 hours for 95% of the immediately reportable conditions reported to them and within two business days for 85% of non-immediately reportable conditions reported to them

Vital Records

- KPI: Number of counties implementing birth certificates to all Hoosiers irrespective of their county of birth once the IDOH DRIVE system has appropriate functionality
- KPI: Number of counties able to offer Vital Records services without disruption to business continuity during natural disasters/emergencies

Food Protection

- KPI: Number of counties that have developed a timely and professional risk-based food inspection standard operation procedure

Environmental Public Health

- KPI: Number of counties responding to all housing and nuisance complaints within a timeframe determined by urgency or risk
- KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints

Tattoo, Body Piercing, Eyelash Safety and Sanitation

- KPI: Number of counties with trained staff who can respond to tattoo, body piercing, and eyelash extension complaints

MCHD has begun to gather baseline data to be tracked. **The completed Planning Workbook will be available June 30, 2024, with Madison County-specific baseline data regarding the KPIs.**

The Madison County Health Department looks forward to the changes and opportunities in the Indiana Public Health system funding and support. MCHD will continue to partner and collaborate to leverage all resources to expand, provide new programming and support current community initiatives that contribute to the health and wellness of Madison County residents.