

Indiana Public Health System Review: **Key Points**

“the extent and quality of public health services that are available in your community is entirely dependent on what county you live in. Because most individuals are often **not aware of what “good public health” looks like**, or when they might need it, they generally do not choose to live in a county based on the public health services available” **Page 4**

“**public health is focused on preventing illness and protecting the population** from injury, communicable diseases, and premature death whereas, the vast majority of the time, healthcare primarily serves to treat disease and injury and is focused on making people well again.” *in reference to the ability of stakeholders not being able to decipher the difference between healthcare and public health” **Page 5**

“Evidence shows that when communities **invest more in public health, they actually spend less on health care** and live longer” **Page 5**

“substantial changes are needed to improve the Indiana public health system, and it is clear that **stakeholders are ready and willing to get started**” **Page 7**

“The response to the COVID-19 pandemic has highlighted the **crucial role the public health system plays** in protecting populations and ensuring the health of our communities. It has also drawn attention to ways that the system is strained and limited” **Page 12**

“One thing that is consistent is that **public health investments in Indiana are consistently below US averages** and frequently among the lowest across neighboring, companion, and exemplar states” **Page 23**

“Indiana’s average per capita revenues across LHDs in the state are **low compared to national** NACCHO reported distributions” **Page 25**

“**The national median among LHDs is \$41 per capita and the 25th percentile is \$23. The vast majority of Indiana’s LHD budgets are far below both of these levels**. At least 37 of the 92 counties have a local public health per capita spending of less than \$10. Local per capita revenues across 2016 to 2018 range from a low of \$1.25 per person in Shelby County to a high of \$82.71 per person in Marion County” **Page 25**

“**Indiana is at least 10% worse than the US rates on adult smoking, adults with diabetes, and adults with cardiovascular diseases.** The percentage of adults with poor mental health is also high; Indiana is at least 5% worse than the US rate” **Page 28**

“Indiana ranks 41st in state public health rankings overall, which means that **Indiana is in the bottom 10 states on public health**” **Page 29**

“Historically, **Indiana has ranked in the bottom half of states** or among the bottom 10 states for the last 30 years” **Page 29**

“**Public health departments often collaborate with partners from a multitude of sectors**, including but not limited to academic partners, hospitals or hospital systems, other clinical organizations, nonprofits, businesses, and faith organizations” **Page 40**

“Researchers report that **successful collaborations can improve outcomes** such as reduced mortality rates due to preventable conditions, reduced disparities in life expectancy, better alignment of policy goals, increased policy expertise, and joint governance leading to collaborative action.” **Page 41**

“**Public health organizations have historically expanded and adapted** the scope of their activities in order to better serve the health needs of their communities and to address health disparities” **Page 43**

“Collaboration allows organizations to combine resources and expertise, and has historically been a **cornerstone of public health practice**” **Page 43**

“**Hospitals and health systems often partner with public health departments**, especially for community health needs assessments (CHNAs) that are required of nonprofit hospitals” **Page 43**

“Researchers examining the impact of public health partnerships with hospitals and/or health systems have **reported reductions in infant mortality rates and increased patient satisfaction** with expanded services and provision of holistic services” **Page 43**

“Relationships between social service organizations and local health departments (LHDs) are important and widespread, and assist communities **with addressing the effects of social determinants of health**” **Page 44**

“**Public health agencies most frequently partner with social service organizations** to address issues pertaining to housing and food assistance” **Page 44**

“**Academic health departments (AHDs) are typically established to increase the use of research and evaluation in support of public health**, create opportunities for access to continued education among the existing workforce and applied training for students, and provide service exchange opportunities for public health experts and academics” **Page 44**

“**Academic partnerships have been found to be mutually beneficial** for the local health department and the academic institution, resulting in impactful research, innovative programming, and public health policies” **Page 45**

“**the varying levels of public health funds available across communities are frequently insufficient** given the high need to focus on key services and population-based programs” **Page 47**

“In a study of Missouri local public health departments, researchers reported that local agencies that receive more from federal and state sources also raise more funds at the local level and **perform better**” **Page 47**

“Evidence indicates that there is a **strong relationship between public health funding and health outcomes** of communities” **Page 47**

“**Higher investment in public health also relates to reductions** in the incidence of chronic diseases and infant mortality and deaths from cardiovascular disease, diabetes, and cancer” **Page 47**

“**there is a general lack of understanding of the value of public health** and its role in protecting and ensuring the health of the population” **Page 56**

“**public health is not well understood and undervalued**” **Page 56**

“Participant insight about the issues of public health in Indiana focused on **funding as the root cause** of many of the other more specific issues” **Page 57**

“**Public health in Indiana is not a high priority.** When we start to prioritize where our limited dollars go, it does not appear to me that public health receives a sufficient amount of those dollars to be able to really have a meaningful impact on health overall in the state of Indiana.” **Page 57**

“that the current funding structure of dependency on local county governments and local taxes makes it **difficult to work together** on regional public health issues and initiatives.” **Page 60**

“**Indiana’s under-resourced public health system** contributes to higher levels of preventable disease and injury burden along with higher medical care costs, compared to many other states” **Page 64**

“Based on feedback from stakeholders, **Indiana’s communities are ready for change** and willing to work together to make improvements to the public health system” **Page 64**

“**Indiana’s public health system needs substantial funding increases** at both the state and local levels” **Page 64**

“Polling data supports the notion that **voters are generally favorable of an increase in tax on the sale of tobacco products** when the increased tax revenue is used to support health needs within the state” **Page 70**