

A Case Study of Indiana's Public Health Investment



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INTRODUCTION

The world's governmental public health workforce is deployed in health departments at national, provincial, and county levels of government. Public health departments are underfunded in almost every country at every level. This case study examines one particular US state that took a close look at public health funding and made a decision to increase it. The path that Indiana took offers a chance to achieve the following learning objectives:

LEARNING COMPETENCIES

1. Identify strategies to advocate successfully about budgetary issues that affect public health
2. Develop a list of stakeholders and understand the interests and power of each of them in order to strategically achieve the advocacy objective.
3. Demonstrate how population health data be combined with spending data to tell a motivating story that leads to policy change
4. Explain how one can achieve direction, alignment, and commitment across the many disorganized public health partners to lead towards shared goals of better funding.

STAKEHOLDER ANALYSIS

If you are unfamiliar with stakeholder analysis, review this short guide from the WHO which is available at this [link](#)

Setting

Indiana is a Midwestern state in the US with a business-friendly environment. In presidential elections since 1900 Indiana has voted for the Republican candidate in 26 of 31 elections. Indiana is like most places on earth as business leaders and policy makers fail to differentiate between the roles of public health in preventing illness and protecting populations and the role of the medical care system in treating illness and injury one patient at a time. Not knowing what public health departments can do for human well-being has nothing to do with party politics—it is a near universal condition of both voters and elected officials everywhere.

This case study helps show that changing this is possible.

PROBLEM STATEMENT

For over two decades Indiana's state and county public health departments faced a major problem of underfunding. Indiana ranked low in per capita public health investments. This led to poor overall health outcomes - high smoking rates, higher than expected infant and maternal mortality, and high rates of chronic health conditions.

The problem is to correct the underspending on state and local public health departments.

CAST OF CHARACTERS

- Richard M Fairbanks Foundation-and Indiana philanthropic organization
- State officials
 - [Eric Holcomb, Governor.](#)
 - [Dr. Kristina M. Box,](#) Health Commissioner.
 - [Luke Kenley,](#) Co-Chair and Former State Senator.
 - [Hannah L. Maxey,](#) Director of Indiana University Bowen Center for Health Workforce Research and Policy.
 - [Judith A. Monroe,](#) Co-Chair, former State Health Commissioner and President of the CDC Foundation.
 - [Brian C. Tabor,](#) President.
 - [Susan W. Brooks,](#) Citizen Advisor.
- [Nir Menachemi,](#) Dean, Professor, and Fairbanks Endowed Chair at Indiana University Fairbanks School of Public Health
- [Paul K. Halverson](#) Professor Emeritus and Founding Dean of Fairbanks School of Public Health, Professor and Dean of [OHSU School of Public Health.](#)

Background

December 2020 the Richard M Fairbanks School of Public Health released a [report](#) funded by the Richard M Fairbanks Foundation. The report exposed problems in Public Health Workforce, Funding, Health outcomes, and it compared Indiana to benchmark states.

Workforce: The data on per capita public health funding in Indiana showing how Indiana's local health departments had average staffing of 3 public health workers per 10,000 which was 25% lower than the national average of 4 public health workers per 10,000 and in some cases as low as 0.8 public health workers per 10,000. (See Appendix 1).

There are 93 Local Health Departments (LHDs) in Indiana. LHDs provide direct support to Indiana's local healthcare sector and respective boards of health. They carry out [essential public health services](#). LHDs play a key role in safeguarding and promoting both public physical and mental health, and preventing disease, injury and disability, within its jurisdiction. LHDs are responsible for disease control and prevention.

The report showed:

Funding:

Public health spending per capita in Indiana as of 2020 was well below US averages. Local public health spending was in the bottom 17 states having less than \$30 per capita whereas the median is around \$50 per capita. The majority of Indiana local county health department funding comes from county general funds and not from the State Treasury. (See Appendix 1 and 2)

Health Outcomes:

Indiana ranks number 41 out of 50 for worst health rankings and it has been in the bottom 20 since 1994. In Indiana 21.8% of people smoke compared to 17.1% in USA. (See Appendix 3)

Comparisons to other states:

Indiana is a Midwestern State and should be compared to other similar states like Illinois, Kentucky, Michigan, and Ohio all of who are ranked higher. The age adjusted mortality rate in Indiana is ranked 41 whereas the ranking is 5, 37, 18, and 11 in like Illinois, Kentucky, Michigan, and Ohio respectively.

Lessons and Reflections

[Interview with Paul Halverson and Nir Menachemi on reasons for Indiana's success](#)
[Interview with Glen Mays on reasons for Indiana's success](#)

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It is now January of 2021 and you are called in to design the next steps in the strategy that will follow the [report's](#) release.

You are aware that history is full of white papers and reports like this that get shelved. You are determined to do better by forming an effective advocacy strategy tuned to local context. You will start with a stakeholder map and then create effective ways to engage the stakeholders in the map to create advocacy.

Discussion Prompts

- A) Complete the table of important stakeholders for the problem you are facing. You can refer to Appendices.

A. Name	B. Role	C. Interests and concerns	D. Power and Influence (High/Medium/Low)

- B) Make a stakeholder map by writing the name of each of your stakeholders.

High Influence	Type 3 Keep satisfied	Type 4 Manage closely
	A.	A.
	B.	B.
Low Influence	Type 1 Monitor	Type 2 Keep informed
	A.	A.
	B.	B.
	Low Stake in Issue	High Stake in Issue

- C) Now focus on Type 4 and list the key messages you need to relate to each Type 4 Stakeholder. For each message, devise a plan to acquire facts to support it and a delivery method so that the stakeholder will trust the message. Sometimes the facts will be available in the Appendix material or [references](#). The delivery methods could include naming and sending a trusted messenger, sending an email, making a Tik-Tok, etc.

Type 4 Stakeholder	Appealing Message	Facts for this message and delivery method
Example: State Health Director	A higher budget will allow more staff to work in the department	Examining Appendix Table 1a and Figure 2a. Deliver by making a PowerPoint and having a professor talk to them.

- D) Design an action plan to motivate all of the message development and delivery that is needed. Who will do what? What will motivate them? How will they be held accountable?

- E) What key lessons on implementation did you learn from the video interviews with Prof Halverson and Menachemi and the interview with Prof Mays.
(List a total of 3 key lessons).

APPENDIX 1

References:

Tables 1a, 1b, 1c

Indiana Local Health Department Workforce Assessment (Fall 2022)

IU Richard M. Fairbanks School of Public Health

<https://fairbanks.indianapolis.iu.edu/doc/research-centers/indiana-local-health-department-workforce-assessment2022.pdf>

Workforce counts of health departments in Indiana

- Total number of reported employees: 2,086
- On a per capita level, Indiana LHDs have had fewer employees on average than LHDs nationwide
 - average (across the state of Indiana): 3.0 local public health FTE for every 10,000 residents
 - national average: 4.1 FTEs per 10,000 people employed in LHDs in 2019

• **Table 1a - Indiana Local Health Department Workforce Enumeration by County**

LHD Name	Total Number of FTE Employees	Full Time Employees	Part Time Employees	Employees with Any Grant Funding	Employees 100% Funded by grants	Population Served by LHD	LHD FTE per capita
		n (%)	n (%)	n (%)	n (%)		
Adams County	6.5	6 (86%)	1 (14%)	1 (14%)	1 (14%)	35,809	1.8
Allen County	64.5	62 (94%)	4 (6%)	7 (11%)	6 (9%)	385,410	1.7
Bartholomew County	22.4	19 (76%)	6 (24%)	6 (24%)	4 (16%)	82,208	2.7
Benton County	4.9	4 (67%)	2 (33%)	4 (67%)	2 (33%)	8,719	5.6
Blackford County	5.5	5 (71%)	2 (29%)	2 (29%)	2 (29%)	12,112	4.6
Boone County	14.1	13 (76%)	4 (24%)	3 (18%)	3 (18%)	70,812	2.0
Brown County	7.8	7 (88%)	1 (13%)	3 (38%)	0 (0%)	15,475	5.0
Carroll County	3.0	3 (75%)	1 (25%)	1 (25%)	1 (25%)	20,306	1.5
Cass County	8.5	7 (70%)	3 (30%)	3 (30%)	3 (30%)	37,870	2.2
Clark County	31.9	27 (61%)	17 (39%)	29 (66%)	26 (59%)	121,093	2.6
Clay County	3.8	3 (60%)	2 (40%)	3 (60%)	2 (40%)	26,466	1.4
Clinton County	7.6	5 (50%)	5 (50%)	3 (30%)	3 (30%)	33,190	2.3
Crawford County						10,526	
Daviess County	11.3	9 (60%)	6 (40%)	6 (40%)	3 (20%)	33,381	3.4
DeKalb County	8.3	7 (70%)	3 (30%)	2 (20%)	-	43,265	1.9
Dearborn County	10	9 (82%)	2 (18%)	2 (18%)	2 (18%)	50,679	2.0

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LHD Name	Total Number of FTE Employees	Full Time Employees	Part Time Employees	Employees with Any Grant Funding	Employees 100% Funded by grants	Population Served by LHD	LHD FTE per capita
		n (%)	n (%)	n (%)	n (%)		
Decatur County	6.5	5 (71%)	2 (29%)	2 (29%)	2 (29%)	26,472	2.5
Delaware County	11.4	11 (92%)	-	5 (42%)	1 (8%)	111,903	1.0
Dubois County	15.4	14 (61%)	9 (39%)	3 (13%)	3 (13%)	43,637	3.5
East Chicago	8.3	7 (78%)	2 (22%)	1 (11%)	1 (11%)	26,099	3.2
Elkhart County	73.2	65 (82%)	14 (18%)	30 (38%)	27 (34%)	207,047	3.5
Fayette County	8.8	6 (43%)	8 (57%)	12 (86%)	9 (64%)	23,398	3.8
Fishers	23.0	12 (29%)	30 (71%)	29 (69%)	29 (69%)	101,171	2.3
Floyd County	16.4	13 (72%)	5 (28%)	-	-	80,484	2.0
Fountain County	4.0	4 (100%)	-	-	-	16,479	2.4
Franklin County	3.7	4 (80%)	1 (20%)	1 (20%)	1 (20%)	22,785	1.6
Fulton County	6.9	5 (63%)	3 (38%)	4 (50%)	-	20,480	3.4
Gary County	28.9	26 (79%)	2 (6%)	25 (76%)	22 (67%)	68,325	4.2
Gibson County	7.1	6 (60%)	4 (40%)	6 (60%)	4 (40%)	33,011	2.2
Grant County	11.0	10 (71%)	4 (29%)	7 (50%)	4 (29%)	66,674	1.6
Greene County	7.8	6 (67%)	3 (33%)	2 (22%)	-	30,803	2.5
Hamilton County	28.7	25 (81%)	6 (19%)	3 (10%)	3 (10%)	246,296	1.2
Hancock County	7.1	7 (88%)	1 (13%)	7 (88%)	-	79,840	0.9

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LHD Name	Total Number of FTE Employees	Full Time Employees	Part Time Employees	Employees with Any Grant Funding	Employees 100% Funded by grants	Population Served by LHD	LHD FTE per capita
		n (%)	n (%)	n (%)	n (%)		
Harrison County	14.5	12 (63%)	7 (37%)	6 (32%)	5 (26%)	39,654	3.6
Hendricks County	27.2	27 (96%)	1 (4%)	10 (36%)	8 (29%)	174,788	1.6
Henry County	10.5	7 (50%)	7 (50%)	6 (43%)	6 (43%)	48,914	2.1
Howard County	17.0	13 (65%)	7 (35%)	5 (25%)	4 (20%)	83,658	2.0
Huntington County	7.1	6 (67%)	3 (33%)	4 (44%)	1 (11%)	36,662	1.9
Jackson County	10.1	9 (60%)	6 (40%)	7 (47%)	6 (40%)	46,428	2.2
Jasper County	7.2	7 (78%)	2 (22%)	3 (33%)	1 (11%)	32,918	2.2
Jay County	6.1	4 (33%)	8 (67%)	6 (50%)	6 (50%)	20,478	3.0
Jefferson County	11.0	11 (100%)	-	6 (55%)	-	33,147	3.3
Jennings County	6.2	5 (71%)	2 (29%)	-	-	27,613	2.2
Johnson County	20.3	18 (78%)	5 (22%)	4 (17%)	3 (13%)	161,765	1.3
Knox County	9.2	6 (60%)	4 (40%)	2 (20%)	2 (20%)	36,282	2.5
Kosciusko County	12.6	11 (79%)	3 (21%)	4 (29%)	2 (14%)	80,240	1.6
LaGrange County	8.1	8 (100%)	-	1 (13%)	-	40,446	2.0
Lake County	31.5	30 (94%)	2 (6%)	4 (13%)	4 (13%)	404,134	0.8
LaPorte County	27.7	26 (81%)	6 (19%)	9 (28%)	8 (25%)	112,417	2.5

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LHD Name	Total Number of FTE Employees	Full Time Employees	Part Time Employees	Employees with Any Grant Funding	Employees 100% Funded by grants	Population Served by LHD	LHD FTE per capita
		n (%)	n (%)	n (%)	n (%)		
Lawrence County	9.5	6 (43%)	8 (57%)	7 (50%)	7 (50%)	45,011	2.1
Madison County	25.7	25 (96%)	1 (4%)	4 (15%)	4 (15%)	130,129	2.0
Marion County	665.2	649 (95%)	32 (5%)	273 (40%)	236 (35%)	977,203	6.8
Marshall County	7.0	7 (100%)	-	3 (43%)	3 (43%)	46,095	1.5
Martin County	2.3	1 (17%)	2 (33%)	4 (67%)	2 (33%)	9,812	2.4
Miami County	4.8	4 (80%)	1 (20%)	1 (20%)	-	35,962	1.3
Monroe County	30.0	27 (79%)	7 (21%)	13 (38%)	13 (38%)	139,718	2.2
Montgomery County	9.0	9 (100%)	-	4 (44%)	3 (33%)	37,936	2.4
Morgan County	14.8	12 (75%)	4 (25%)	4 (25%)	3 (19%)	71,780	2.1
Newton County	4.0	4 (80%)	1 (20%)	3 (60%)	-	13,830	2.9
Noble County	7.9	7 (70%)	2 (20%)	2 (20%)	2 (20%)	47,457	1.7
Ohio County	3.5	3 (60%)	2 (40%)	3 (60%)	1 (20%)	5,940	5.9
Orange County	3.0	2 (50%)	2 (50%)	2 (50%)	2 (50%)	19,867	1.5
Owen County	6.9	3 (38%)	1 (13%)	4 (50%)	4 (50%)	21,321	3.3
Parke County	2.5	1 (25%)	3 (75%)	3 (75%)	1 (25%)	16,156	1.6
Perry County	5.1	5 (83%)	1 (17%)	2 (33%)	2 (33%)	19,170	2.7
Pike County	4.0	3 (50%)	3 (50%)	3 (50%)	2 (33%)	12,250	3.2

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LHD Name	Total Number of FTE Employees	Full Time Employees	Part Time Employees	Employees with Any Grant Funding	Employees 100% Funded by grants	Population Served by LHD	LHD FTE per capita
		n (%)	n (%)	n (%)	n (%)		
Union County	3.7	1 (20%)	4 (80%)	4 (80%)	2 (40%)	7,087	5.2
Vanderburgh County	64.0	58 (85%)	10 (15%)	40 (59%)	33 (49%)	180,136	3.6
Vermillion County	4.7	3 (50%)	3 (50%)	1 (17%)	1 (17%)	15,439	3.1
Vigo County	25.0	25 (100%)	-	2 (8%)	2 (8%)	106,153	2.4
Wabash County						30,976	
Warren County	5.0	5 (100%)	-	-	-	8,440	5.9
Warrick County	12.2	10 (71%)	3 (21%)	1 (7%)	1 (7%)	63,898	1.9
Washington County	6.6	5 (63%)	3 (38%)	1 (13%)	1 (13%)	28,182	2.3
Wayne County	26.8	13 (45%)	4 (14%)	17 (59%)	17 (59%)	66,553	4.0
Wells County	4.0	4 (100%)	-	-	-	28,180	1.4
White County	7.0	7 (100%)	-	-	-	24,688	2.8
Whitley County	7.7	7 (70%)	3 (30%)	3 (30%)	-	34,191	2.2
State Totals/ Averages	1,897.6	1,696 (71.3%)	390 (31.1%)	796 (38.4%)	633 (29.1%)	6,785,386	2.6

Notes: LHD is Local Health Department. FTE is Full Time Equivalent. A total of 93 LHDs among 95 LHDs in Indiana are included in this table. Workforce assessment data was not provided for Crawford and Wabash counties. Dashes (-) denote zeros reported for that category. Blank boxes denote missing data.

- **Table 1b - Indiana Local Health Department Workforce Enumeration by size of population served**

Size of Population Served	Number of FTEs of Positions	Average Number of FTE Positions	FTE of Positions per capita	Average Full Time Employees per LHD	Average Part Time Employees per LHD	Sum of Population Served	Count of LHDs
<10,000	23.8	4.0	4.8	3.0	2.0	49,735	6
10,000-24,999	128.6	5.4	2.8	4.2	2.5	451,743	24
25,000-49,999	287.0	8.7	2.4	7.0	3.1	1,185,514	33
50,000-99,999	183.3	15.3	2.1	13.0	3.8	865,151	12
100,000-249,999	469.5	33.5	2.2	27.9	8.5	2,152,082	14
250,000+	911.2	227.8	4.5	199.8	13.3	2,039,659	4
Total	2003.5	21.5	3.0	18.2	4.2	6,743,884	93

Notes: LHD is the Local Health Department. Data was unavailable for Crawford and Wabash Counties. A total of 93 LHDs among 95 LHDs are included in this table. Total population in the district does not include counties of LHDs that did not participate. "Positions" (n=2266) include current employees (n=2086) and vacancies (actively recruiting, n=180). FTE per capita is per 10,000 population. Contractors hired by an external agency are not included in this data.

• **Table 1c - Indiana Local Health Department Workforce by Race, Ethnicity, Gender, and Age**

Characteristics	Indiana Population Overall (6,805,985)	Indiana Statewide LHD Workforce (2,034)	Region 5 LHD Workforce (n=19,071 weighted)	National LHD Workforce (n=132,394 weighted)
	n (%)	n (%)	n (%)	n (%)
Race				
Asian	162,321 (2.4%)	31 (1.5%)	599 (3.1%)	10,450 (7.9%)
American Indian/Alaska Native	19,174 (0.3%)	7 (0.3%)	149 (0.8%)	2,394 (1.8%)
Black/African American	601,428 (8.8%)	304 (14.6%)	2,380 (12.5%)	24,884 (18.8%)
Native Hawaiian/Pacific Islander	1,687 (0.0%)	1 (0.1%)	27 (0.1%)	779 (0.6%)
White	5,308,520 (78.0%)	1,578 (75.7%)	14,875 (78.0%)	81,734 (61.7%)
Two or more races	502,019 (7.4%)	45 (2.2%)	820 (4.3%)	11,190 (8.4%)
Some other race alone	210,836 (3.1%)	-	-	-
Prefer not to respond/No response	-	120 (5.8%)	569 (3.0%)	5,846 (4.4%)
Ethnicity				
Hispanic/Latino	518,001 (7.6%)	139 (6.7%)	1,418 (7.4%)	26,964 (20.4%)
Non-Hispanic	6,287,984 (92.4%)	1,859 (89.1%)	17,319 (90.8%)	102,801 (77.6%)
Prefer not to respond/No response	-	88 (4.2%)	333 (1.8%)	2,628 (2.0%)
Gender				
Female	3,431,054 (50.4%)	1,573 (75.4%)	15,444 (81.0%)	104,314 (78.8%)
Male	3,374,931 (49.6%)	475 (22.8%)	3,111 (16.3%)	24,270 (18.3%)
Non-binary	-	2 (0.1%)	300 (1.6%)	2,177 (1.6%)
Prefer not to respond/No response	-	36 (1.7%)	215 (1.1%)	1,631 (1.2%)
Age				
<21		8 (0.4%)	22 (0.1%)	301 (0.2%)
21-30		360 (17.3%)	2,741 (14.4%)	16,672 (12.6%)
31-40		390 (18.7%)	4,441 (23.3%)	28,864 (21.8%)
41-50		433 (20.8%)	4,384 (23.0%)	30,028 (22.7%)
51-60		452 (21.7%)	3,802 (19.9%)	29,026 (21.9%)
61+		344 (16.5%)	1,921 (10.1%)	14,454 (10.9%)
Prefer not to respond/No response		99 (4.7%)	1,757 (9.2%)	13,044 (9.9%)

Notes: Data on national LHD workforce characteristics and Health and Human Services (HHS) Public Health Region 5 LHD Workforce are from the 2021 Public Health Workforce Interests and Needs Survey (PH WINS) 2021 dataset. HHS Region 5 includes Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Indiana state population characteristics are from the American Community Survey (ACS). *The ACS census age categories differed from PH WINS age categories.

APPENDIX 2

References:

Tables 2a, 2b

Indiana Local Health Department Workforce Assessment (Fall 2022)

IU Richard M. Fairbanks School of Public Health

<https://fairbanks.indianapolis.iu.edu/doc/research-centers/indiana-local-health-department-workforce-assessment2022.pdf>

Funding levels of health departments in Indiana

- **Table 2a - Indiana Local Health Department Grant Funded Workforce by Size of Population Served**

Size of Population Served	Employees Funded by Grants	Employees 100% Funded by Grants	Sum of Population Served	Count of LHDs
<10,000	17 (59.4%)	10 (35%)	49,735	6
10,000-24,999	65 (36.9%)	40 (19.7%)	451,743	24
25,000-49,999	105 (30.6%)	71 (19.9%)	1,185,514	33
50,000-99,999	63 (31.4%)	44 (18.6%)	865,151	12
100,000-249,999	198 (35%)	173 (29.1%)	2,152,082	14
250,000+	324 (29.5%)	272 (23%)	2,039,659	4
Total	772 (37.0%)	610 (29.2%)	6,743,884	93

Notes: LHD is the Local Health Department. Data was unavailable for Crawford and Wabash Counties. A total of 93 LHDs among 95 LHDs are included in this table. Total population in the district does not include counties of LHDs that did not participate. "Positions" (n=2266) include current employees (n=2086) and vacancies (actively recruiting, n=180). FTE per capita is per 10,000 population. Contractors hired by an external agency are not included in this data.

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- Table 2b - Local Health Department Workforce Salaries among Full Time Employees**

PH WINS Job Classifications	Indiana Statewide LHD Workforce - Full Time			
	Count	Average of Annual Income	Min of Annual Income	Max of Annual Income
Administrative	430	\$44,620	\$8,000	\$160,320
Accountant/Fiscal	32	\$44,073	\$28,776	\$77,000
Administrator	83	\$63,798	\$26,851	\$131,310
Business Support Services-Coordinator	26	\$52,194	\$31,824	\$87,068
Clerical Personnel-Administrative Assistant	149	\$38,538	\$14,620	\$69,867
Health Officer	21	\$43,408	\$8,000	\$160,320
Medical/Vital Records Staff	113	\$37,299	\$23,700	\$82,784
Public Information Specialist	6	\$60,934	\$41,954	\$79,000
Clinical and Lab	381	\$56,401	\$18,200	\$227,356
Community Health Worker	59	\$41,112	\$31,019	\$67,059
Laboratory Staff	22	\$52,550	\$37,440	\$93,205
Nutritionist or Dietitian	8	\$57,713	\$48,256	\$73,819
Clinical Providers	36	\$104,588	\$38,694	\$227,356
Health Professional/Clinical Support Staff	39	\$41,836	\$31,200	\$60,000
Other Nurse-Clinical Services	29	\$46,417	\$35,000	\$63,700
Public Health Nurse	188	\$58,064	\$18,200	\$105,976
Public Health Sciences	768	\$49,874	\$22,281	\$125,777
Data or Research Analyst	7	\$54,630	\$46,000	\$61,422
Disease Intervention Specialist/Contact Tracer	83	\$45,537	\$32,760	\$100,963
Emergency Preparedness/Management Worker	20	\$50,489	\$22,281	\$89,352
Environmental Health Worker	401	\$47,798	\$27,158	\$104,915
Epidemiologist	11	\$62,843	\$55,000	\$72,613
Health Educator	105	\$45,301	\$32,000	\$111,675
Health Navigator	8	\$47,314	\$41,600	\$54,184

PH WINS Job Classifications	Indiana Statewide LHD Workforce - Full Time			
	Count	Average of Annual Income	Min of Annual Income	Max of Annual Income
Peer Counselor	4	\$34,534	\$33,565	\$37,440
Program Director	54	\$62,827	\$35,745	\$125,777
Public Health Manager or Program Manager	60	\$65,086	\$43,014	\$97,864
Other program staff	15	\$49,744	\$31,750	\$93,600
Social Services and all other	117	\$49,261	\$25,350	\$98,821
Social Worker/Social Service Professional	108	\$49,259	\$26,857	\$98,821
Other	9	\$49,281	\$25,350	\$69,181

Notes: Given the small numbers of individuals classified as Laboratory Quality Control Workers and Laboratory Technicians, these individuals were combined with Laboratory Scientists/Medical Technologists for this salary table and relabeled as "Laboratory Staff".

APPENDIX 3

Burden of Disease in Indiana

References:

Source: CDC/National Center for Health Statistics

Figure 3a Heart Disease Mortality by State

https://www.cdc.gov/nchs/pressroom/sosmap/heart_disease_mortality/heart_disease.htm

Figure 3b Diabetes Mortality by State

https://www.cdc.gov/nchs/pressroom/sosmap/diabetes_mortality/diabetes.htm

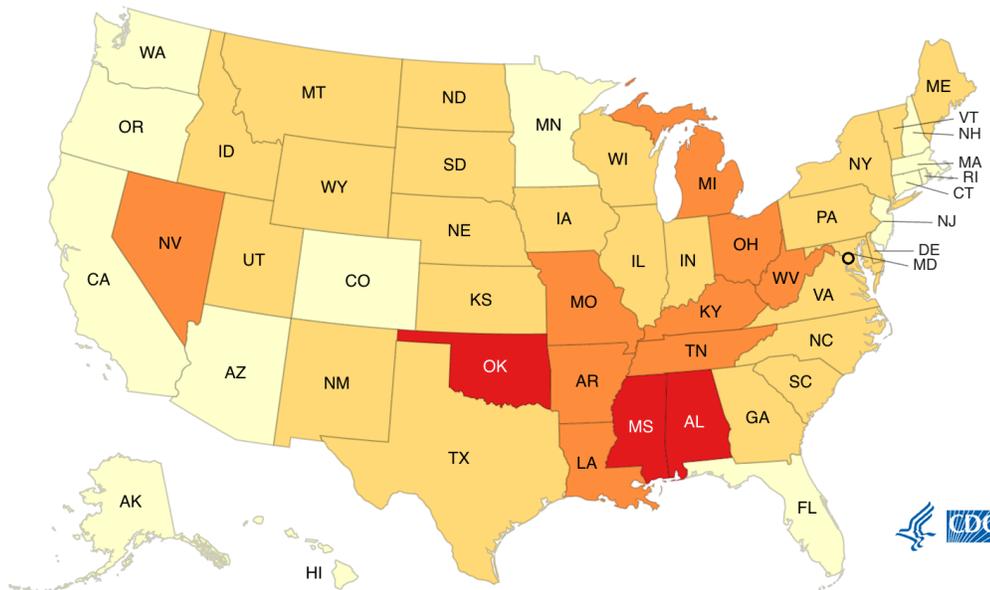
Figure 3c Cancer Mortality by State

https://www.cdc.gov/nchs/pressroom/sosmap/cancer_mortality/cancer.htm

- **Figure 3a - Burden of Heart Disease in Indiana in 2022**
-> leading cause of death

Years

2022



Age-Adjusted Death Rates¹

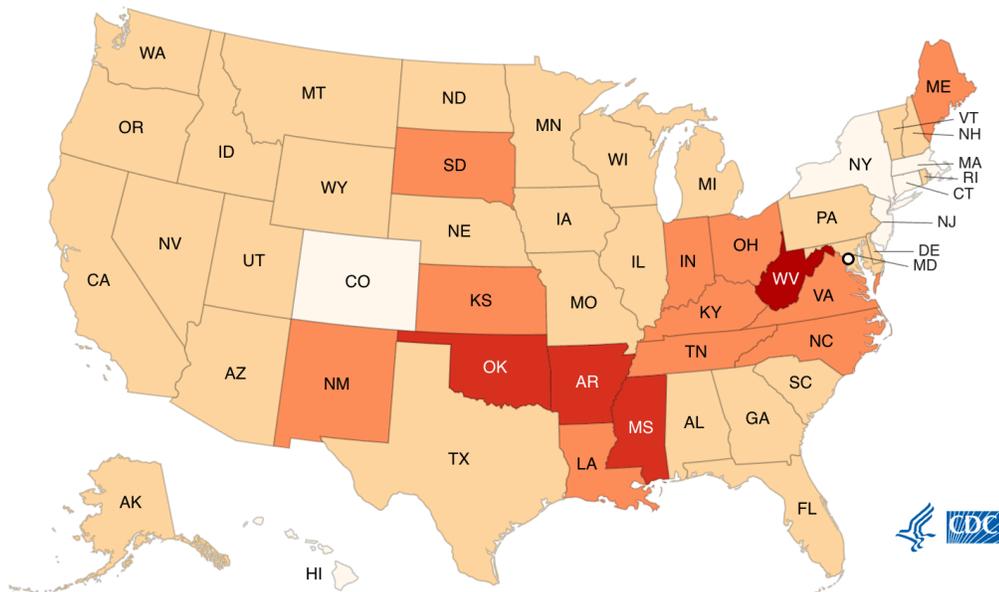


*Indiana (IN)
Death Rate: 185 (Rank 13th)

- Figure 3b – Burden of Diabetes in Indiana in 2022

Year

2022



Age-Adjusted Death Rates¹



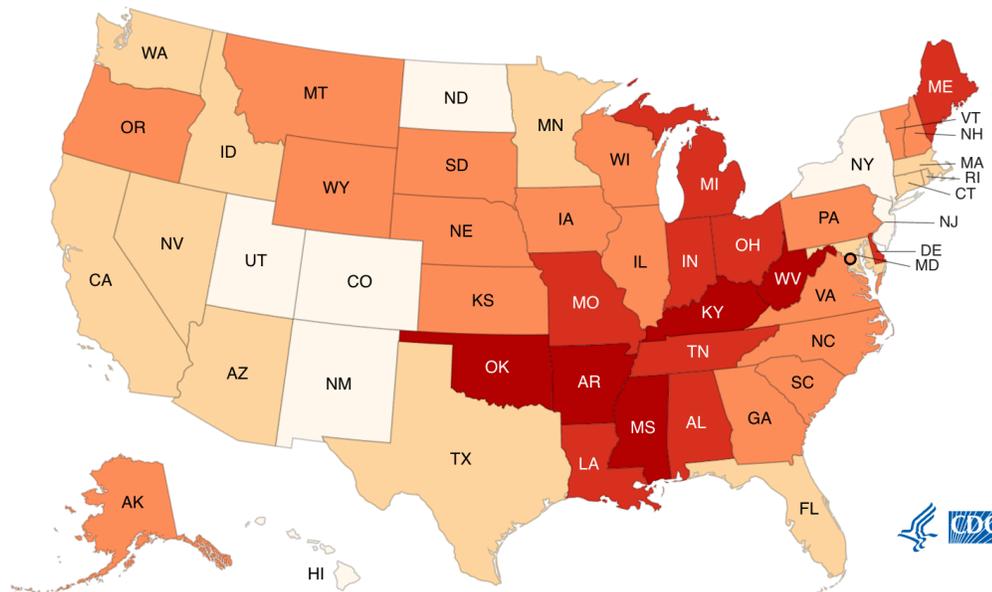
*Indiana (IN)

Death Rate: 29.8 (Rank 8th)

- Figure 3c – Burden of Cancer in Indiana in 2022

Year

2022



Age-Adjusted Death Rates¹



*IN: Indiana

Death Rate: 162.5 (Rank 6th)

APPENDIX 4

Indiana State Budget

References:

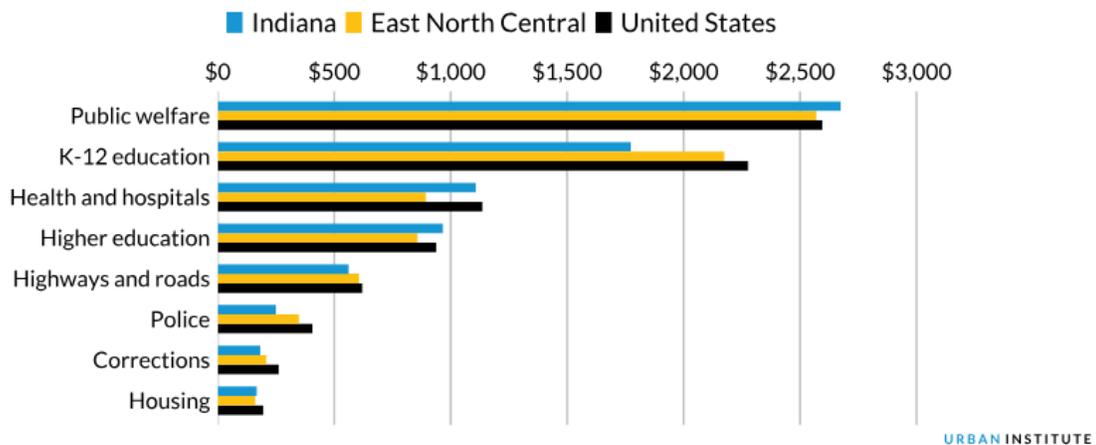
Figure 4

<https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/projects/state-fiscal-briefs/indiana>

- **Figure 4 – Indiana State Expenditure in 2021**

Indiana's State and Local Per Capita Expenditures, Fiscal Year 2021

Compared with national and regional averages



Source: US Census, Fiscal Year 2021.

Note: Medicaid spending is allocated to both public welfare and health and hospitals, with the majority of dollars allocated to the former. "Housing" includes both housing and community development expenditures. Census's definition of the East North Central region includes Illinois, Indiana, Michigan, Ohio, and Wisconsin.

APPENDIX 5

Indiana interest groups and government officials

- **Table 5 - Indiana interest groups and government officials**
 - leaders from business, health, and academia and locally elected officials

Category	Name	Description
Government Agencies	<u>Indiana State Department of Health (ISDH)</u>	Responsible for public health policy, disease control and health promotion initiatives.
	<u>Indiana Family and Social Services Administration (FSSA)</u>	<ul style="list-style-type: none"> - To consolidate and better integrate the delivery of human services by state government. - Manages Medicaid and social services. - <u>Healthy Indiana Plan (HIP)</u> - A health insurance program for qualified adults which covers medical costs including dental, vision and chiropractic services.
Interest Groups	<u>Indiana Public Health Association</u>	<ul style="list-style-type: none"> - Advocates for public health policies and initiatives. - Allowing capacity for public health professionals and partners to achieve health equity and ensure well-being for all people and communities in Indiana.

<p><u>Indiana Health Care Association (IHCA)</u></p>	<ul style="list-style-type: none"> - Indiana's largest trade association - Represents long-term care providers and advocates for policies affecting them. - To educate, inform, and advocate on behalf of health care providers, consumers, and those who care for Indiana's geriatric and developmentally disabled citizens.
<p><u>Indiana Hospital Association</u></p>	<p>Aims to provide Indiana hospitals with leadership, representation, and support to improve the health of all Indiana citizens.</p>
<p><u>Indiana Primary Health Care Association (IPHCA)</u></p>	<p>Advocates for quality health care in Indiana and supports the development of community-oriented primary care initiatives such as Community Health Centers (CHCs).</p>
<p><u>Indiana Chapter of the American Academy of Pediatrics (INAAP)</u></p>	<p>A nonprofit organization focusing on issues related to the health and well-being of children in Indiana.</p>
<p><u>Indiana Medical Association</u></p>	<p>Helps the state's physicians provide the best possible health care for their patients</p>
<p><u>Mental Health America of Indiana</u></p>	<ul style="list-style-type: none"> - Indiana's leading mental health and substance use advocacy organization. - To ensure mental health wellbeing and improve mental health awareness. - To promote behavioral health advocacy and public policy.

Healthcare Providers	<u>Indiana University Health</u>	Indiana's largest healthcare system, offering a range of services from preventive care to specialized treatments.
	<u>Community Health Network</u>	Offers the most comprehensive behavioral healthcare system in Indiana.
	<u>Franciscan Health</u>	A 12-hospital health system including clinics, home health services and doctors serving Indiana and Illinois.
Educational Institutions	<u>Indiana University School of Medicine</u>	<ul style="list-style-type: none"> - The largest medical school in the United States. - Trains healthcare professionals and conducts research.
	<u>Purdue University College of Health and Human Sciences</u>	<ul style="list-style-type: none"> - Nurtures future health professionals, educators and business leaders - Focuses on health education and research initiatives.
Insurance	<u>Anthem Blue Cross Blue Shield</u>	A major health insurer in Indiana offering a variety of health plans and advocating for healthcare accessibility.
	<u>UnitedHealthcare</u>	Offers a variety of health insurance plans.

APPENDIX 6

Indiana Governor's Public Health Commission

Luke Kenley, Co-Chair, Former State Senator skeptical of expanding public funding. Experienced in legislature's appropriation politics.

Hannah L. Maxey, Director, Indiana University Bowen Center for Health Workforce Research and Policy

Judith A. Monroe, Co-Chair, former State Health Commissioner and President of the CDC Foundation

Carl Ellison, President and CEO, Indiana Minority Health Coalition

Kristina M. Box, Indiana State Health Commissioner

Brian C. Tabor, President, Indiana Hospital Association

Susan W. Brooks, Citizen Advisor, former U.S. Representative from Indiana

Cara Veale, CEO, Indiana Rural Health Association

Virginia A. Caine, Marion County Local Health Officer

Kimberly L. Irwin, Administrator, Indiana Public Health Association

David J. Welsh, Ripley County Local Health Officer

Mark E. Bardsley, Grant County Commissioner

Mindy Waldron, Allen County Health Administrator

Dennis W. Dawes, Hendricks County Commissioner

Paul K. Halverson, Founding Dean, Indiana University Fairbanks School of Public Health

Bob G. Courtney, Mayor, City of Madison

References:

- <https://fairbanks.indianapolis.iu.edu/doc/research-centers/indiana-local-health-department-workforce-assessment2022-update.pdf>
- <https://news.iu.edu/live/news/35949-indianas-historic-public-health-funding-increase#:~:text=In%202023%2C%20the%20Indiana%20General,2024%20and%202025%20fiscal%20years.>
- [Indiana State Budget 2019](#)

APPENDIX 7: GRADING RUBRICS

Criteria	Excellent	Good	Satisfactory	Pass	Fail
Analysis of key stakeholders	Identify key stakeholders and description of their level of power, interest, and their ability to influence the outcome of policy	Identify most key stakeholders and power-interest and influence are described but not all parts are done well	Identify most key stakeholders but incomplete description	Identify some and weak description for each stakeholder	Fails to identify stakeholders
Proposed strategies and plan	Strategies are on point and conform with analysis to contribute to the success of the adoption of the proposed policy	Strategies are identified but do not address the concerns of all stakeholders especially with negative views	Strategies are relevant but incomplete and may not fully address the concerns of stakeholders	Some strategies are relevant and do not address the concerns of stakeholders	Fails to identify strategies for each stakeholder to overcome opposition and ensure success of the advocacy

Indiana's Public Health
Investment

Zoe Chan

Originality	Stakeholders' analysis and strategies are sufficiently different from one another and key messaging are well-thought	Stakeholders identified and respective strategies are not sufficiently different from one another and key messaging are well-thought	Some stakeholders are unique, but some are no different from the others and key messaging are generic	All identified stakeholders are obvious and not different from one another and key messaging are generic	Fails to identify unique stakeholders and key messaging does not make sense
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