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## Shaping the Future

Division of Chronic Disease Prevention & Control, Office of Primary Care & State Rural Health  
 Division of Nutrition & Physical Activity · Tobacco Prevention & Cessation Commission

### A Culture of Evaluation

by Cynthia Cunningham

For the past three years, the Indiana State Department of Health (ISDH) Division of Chronic Disease Prevention and Control (CDPC) has been working on the Coordinated Chronic Disease Prevention and Health Promotion Program Grant (Coordinated Chronic Disease Grant). The Coordinated Chronic Disease Grant was awarded to Indiana in support of the development and enhancement of the State Health Department leadership, coordination, expertise and direction across all targeted chronic disease and prevention program areas in our state.

The CDPC realized that to implement a grant within many different program areas it would be essential to emphasize the need for evaluation. Although the state is focused on assessing many different aspects of public health, Indiana felt this funding opportunity would make it possible to make the strides necessary to create and emphasize a “culture of evaluation.”

A culture of evaluation would indicate to all individuals involved with the programs the necessity of such things as: assessing the outcomes of a program, considering evaluation from the program start, recognizing the benefit of evaluation

results – those expected and not expected, as well as, sharing those results with others in our state.

Three key areas were determined to be essential in developing our “culture of evaluation.”

1. **Educate** staff on evaluation methods so they become good consumers of evaluation
2. **Include** evaluation concepts from the beginning of the planning process
3. **Utilize** evaluation results for program modification and new program development

**Educate:** Although not every staff person is going to become an evaluator, each team member should know the basics of evaluation so that they can assess quality evaluators and effectively communicate their specific evaluation needs. Over the past three years, group learning opportunities have been offered to CDPC staff and other stakeholders to teach them the basics of evaluation, as well as, the value of evaluation.

*For example: In your personal life, you may decide to employ a financial planner to help you invest for your future. You would research planners and choose a person that has the needed qualities to best meet your*

*criteria. You are the expert in your current finances and you know what you want your results to be - but you need an expert to evaluate what you are doing now and develop a plan to reach your goals. You must be an educated consumer, though, to hire a competent planner to assist you in being successful.*

**Include:** It is important to consider how a program will be evaluated as planning begins. Establishing a plan at the beginning allows evaluation data to be collected as the program is being implemented. Including evaluation in the initial program plan makes the information in the evaluation much richer and more informative. The CDPC has firmly established this step in their program efforts throughout the course of this grant. Program staff involves evaluators at the onset and determines the best ways to find the desired outcomes.

*For example: Considering the scenario above, evaluating your long term financial goals and what it takes to get there may modify your savings program. If your financial goal is to have a specific sum of money when you retire, the financial advisor may determine a certain amount of money from each pay period must be set aside and invested to reach your goal.*

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## Our “4-1-1”

	Director	Phone Number	E-mail
<b>Division of Chronic Disease Prevention &amp; Control, Office of Primary Care &amp; State Rural Health</b>	Ann Alley .....	(317) 233-7451 ...	aalley@isdh.in.gov
<b><u>Section</u></b>			
<b>Cancer Control Section</b> .....	Keylee Wright .....	(317) 234-2495 ...	kwright@isdh.in.gov
<b>Cancer Early Detection</b> .....	Kathryn Tewanger .....	(317) 233-7901 ...	ktewanger1@isdh.in.gov
<b>Cancer Surveillance</b> .....	Laura Ruppert .....	(317) 233-7424 ...	lruppert@isdh.in.gov
<b>Cardiovascular Health &amp; Diabetes Section</b> .....	Laura Heinrich .....	(317) 233-7449 ...	ltheinri@isdh.in.gov
<b>Chronic Respiratory Disease Section</b> .....	Barbara Lucas .....	(317) 233-7299 ...	barlucas@isdh.in.gov
<b>Division of Nutrition &amp; Physical Activity</b> .....	Vacant .....	(317) 233-7092 ...	tbarlow@isdh.in.gov
<b>Office of Minority Health</b> .....	Antoniette Holt .....	(317) 233-3006 ...	aholt@isdh.in.gov
<b>Office of Women’s Health</b> .....	Katie Jones .....	(317) 233-9156 ...	kajones@isdh.in.gov
<b>Tobacco Prevention &amp; Cessation Commission</b> .....	Miranda Spitznagle .....	(317) 234-1780 ...	mspitznagle@isdh.in.gov

## Available Online/New Resources

### **Partnerships for Environmental Public Health Evaluation Metrics Manual and Online Training**

The manual provides examples of tangible metrics that can be used for both planning and evaluation. Example logic models are used as a means to develop evaluation metrics for themes such as partnerships, leveraging, products and dissemination, education and training and capacity building.

[View the Manual.](#)

[View the Online Training.](#)

### **Patient Education Materials Assessment Tool (PEMAT) & Users Guide**

An instrument from Agency for Healthcare Research and Quality (AHRQ) to assess the understandability and actionability of print and audiovisual patient education materials.

Part of AHRQ’s effort to improve health literacy, this tool provides a systematic method to evaluate education materials. It is designed to help determine whether individuals will be able to understand and act on information.

[View the PEMAT Tool.](#)

### **Rural Health Day 2013 Recorded Webinars**

The National Organization of State Offices of Rural Health again joined forces with State Rural Health representatives to present a series of webinars highlighting the good work being done across the nation.

Click to view the recorded webinars on:

[AgriSafe - Protecting the People Who Feed America](#)  
[The Basics of Rural Health Population Based Health & Health Promotion in Rural Areas](#)  
[The Affordable Care Act in Rural America Resources for Recruitment, Networking, & Telehealth](#)

## America's Health Rankings 2013 A Look at Indiana

by Champ Thomaskutty, MPH

Indiana has high rates of inactivity, obesity, smoking and diabetes, and a high number of residents who die prematurely. According to the most recent version of *America's Health Rankings*, those measures, and many others, place Indiana 41<sup>st</sup> out of 50 states.

Annually, America's Health Rankings, a joint publication of United Health Foundation, the American Public Health Association and Partnership for Prevention, comprehensively assesses the nation's health on a state by state basis. The rankings combine health, environmental and socioeconomic data to determine national health benchmarks and create an overall score for the health of a state, relative to the other 49. Data for the report was obtained from many organizations, including the Centers for Disease Control and Prevention, National Center for Health Statistics, United States Departments of Commerce, Education and Labor, the Environmental Protection Agency and the American Medical Association.

Overall, compared to past performance, Indiana has made progress in some areas, but continues to lag in others. Levels of smoking and inactivity have decreased, but these measures are still in the bottom in relation to the other states. Indiana is in the top third of states for individuals with insurance coverage, but in the bottom third for the number of primary care physicians per



100,000 residents. In addition, the prevalence of children living in poverty and adults who are obese or who have diabetes has increased. Despite these trends, the rate of deaths from cardiovascular disease and number of premature deaths in Indiana has decreased.

The rankings were designed to highlight health opportunities in states. They also reinforce that health is a comprehensive issue, not solely the responsibility of public health practitioners or health care providers. Factors such as air pollution, violent crime, unemployment, household income, and graduation rates influence health outcomes and impact Indiana's profile.

Kristin Adams, PhD, Director of the Office of Public Health Performance Management at the Indiana State Department of Health says, "Public health starts in the neighborhood a resident lives. The rankings are not merely an Indiana State Department of Health issue, but rather a State of Indiana issue. Every business, school, public entity, nonprofit and community group plays a part in making Indiana a healthier place to live."

The full 2013 health rankings report can be accessed at [AmericasHealthRankings.org](http://AmericasHealthRankings.org). In addition to Indiana information, snapshots for all 50 states can be found on the site.

# Communities in Action

*Everyday, Hoosiers take action to change local policies, systems and environments to improve the health of their neighbors. Their success can assist us in our own challenges by providing proven programs and ways to implement these in our own communities.*

## Valley Professionals Community Health Center *Leading in Innovation*

CLINTON, Ind. -- Valley Professionals Community Health Center (VPCHC), formerly Vermillion-Parke Community Health Center, has been finding innovative ways to improve the health of those in their community since the doors opened in 2008.

Over the past five years, VPCHC has grown from serving 3,500 patients at one clinic to providing care to 30,000 patients at three health centers located in Clinton, Cayuga and Bloomingdale, as well as, a mobile school-based health center (MSBHC) that travels to the local five school corporations.

The MSBHC is one innovative way VPCHC leads the way to address health problems that may interfere in the education of their local students. The idea from Senator Lugar for the mobile health center initiated a partnership with VPCHC to make it a reality. In July 2011, VPCHC was awarded a School-Based Capital Program grant from the Department of Health and Human Services to collaborate with the five school corporations located in Parke and Vermillion counties to provide health services. The one-time grant purchased the fully equipped mobile unit to serve children attending these schools. VPCHC's MSBHC recently received the Project of the Year Award from the Indiana Primary Health Care Association in October of 2013 for their work to improve the health of children with this clinic on wheels.

VPCHC is dedicated to touching every need patients may have to

achieve better health and quality of life, though. Two other outreach programs were developed to meet those needs.

One innovative program integrates both primary and behavioral health. The VPCHC Board of Directors began this effort in direct response to the healthcare needs of their patients. This program has expanded over the last few years to meet the needs of over 3,600 patients each year. A psychologist, two behavioral health providers, a resource coordinator, three community health workers and countless behavioral health students on rotation at VPCHC provide support to each patient. The success of this effort is best expressed by the words of one VPCHC patient - "As a one-stop provider for everything from depression to diabetes, VPCHC delivers landmark services for rural Indiana, with caring and professional staff going the extra mile each time I visit. Truthfully, I wouldn't go anywhere else."

Educating patients about their overall health and care needs is a hot topic area in the nation. One nurse practitioner at VPCHC knew this would be a great benefit to the community and spearheaded the effort to provide the Patient Centered Medical Home (PCMH) Patient

Education Program.

The 56 staff members at the VPCHC needed assistance to implement a program that would provide one-on-one health education to patients. An innovative partnership with Indiana State University's Community Health Nursing Students made it possible. The nursing students complete education hours at VPCHC by providing education in smoking cessation assistance, diet and nutrition counseling and chronic disease management. The students work with each patient to develop self-management goals to allow each patient to have a true impact upon their own healthcare.

Although it can be challenging to start new and innovative programs in a rural community, the team is dedicated to working with patients and residents to see the great benefits of a clinic on wheels, integrating primary and behavioral health, and health education. Becky Holbert, VPCHC Board President states, "It takes a team of very dedicated, well-rounded individuals willing to work together to make great strides in healthcare."

To learn more about other innovative VPCHC projects - [click here](#).

## Adverse Childhood Experiences (ACE) Study

The ACE Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between Kaiser Permanente's Health Appraisal Clinic in San Diego and the Centers for Disease Control and Prevention (CDC).

The Study suggests that certain experiences are major risk factors for the leading causes of illness and death and poor quality of life in the United States.

[View the Study.](#)

### Decatur County Hospital

*Receives National Award*



GREENSBURG, Ind. - The Decatur County Memorial Hospital (DCMH) recently received an award for their commitment to serving those in their community.

The National Rural Health Resource Center recognized the DCMH for demonstrating excellence and innovation in their efforts to engage the community. DCMH has implemented many initiatives for improving population health, leadership engagement and communicating with patients, partners and others in the community. DCMH has also established methods for gathering data from the community and incorporating results into further project planning.

DCMH is one of Indiana's Critical Access Hospitals (CAH). As defined by the Health Resources and Services Administration (HRSA), a CAH is one that has no more than 25 inpatient beds, maintains a length of stay of no more than 96 hours for acute inpatient care, offers emergency care, and is located in a rural area that is at least 35 miles away from any other hospital.

This year, 16 CAHs were nominated for this national award. Terry Hill, Executive Director of the National Rural Health Resource Center, stated, "This year's recipients embody both outstanding commitment to their communities and meaningful innovation. They demonstrate that rural hospitals can lead the way in the rapidly changing health care industry."

DCMH is the first Indiana hospital to receive this award, and is one out of five hospitals

in the nation to receive the recognition this year. Linda Simmons, DCMH CEO and President stated, "Engaging our patients, partners and community members is crucial to understanding the needs of our patients and ensuring the continued success of our hospital." DCMH continues to provide quality health care in a rural area that is affordable, high quality and necessary to the good health of the entire community.

The Indiana State Office of Rural Health was pleased to present the award to the DCMH on behalf of the National Rural Health Resource Center on National Rural Health Day, November 21, 2013.

To learn more about the community outreach and educational programs being offered by the DCMH staff and volunteers - [click here](#).

## Resources from the CDC

### Disability and Health Data System

An interactive state-level disability data tool designed to assist partners, state health departments, national disability and health organizations, policymakers, researchers, educators, and others in the assessment of the health and wellness of people with disabilities.

The data on health and demographic indicators uses BRFSS and expenditure data.

[View State Data.](#)

### A Practitioner's Guide to Advancing Health Equity

A resource for public health professionals working to advance health equity through community health interventions.

While health disparities can be addressed at multiple levels, this guide focuses on policy, systems and environmental improvement designed to improve the places where people live, learn, work and play.

[View the Guide.](#)

### CDC Division of Adolescent & School Health 2012 School Health Profiles

The School Health Profiles is a system of surveys assessing school health policies and practices in states, large urban school districts, territories, and tribal governments. Profile surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers.

[View the 2012 Report.](#)

[View the 2012 Comprehensive Fact Sheet](#)

**Utilize:** To be worth the investment, evaluation results need to be used! Results may reveal a need to modify the program to make it more effective or culturally sensitive. An evaluation might show that a program is very successful in meeting expectations and goals and merits the replication and expansion of the program. Results might also show the need to stop a program. All of these actions require ongoing evaluation to assure that the program continues performing as desired. The greatest lesson learned by the CDPC over the past three years has been that all evaluation results are valuable and that all results should be utilized and communicated.

*For example: To continue with our scenario, you would not hire a financial consultant and follow their recommendations without having some expectation of continuing to work with that consultant to evaluate your savings program and how effectively it is performing. You would continue to work with that consultant to evaluate your savings program on a regular basis and make adjustments as necessary when life experiences, such as recession, marriage, child in college or a new job merit modifications.*

As the CDPC continues on with our efforts to reduce the burden of cancer, chronic respiratory diseases, cardiovascular disease and diabetes, a culture of evaluation will continue on as well. The past three years has made each staff member and stakeholder realize the value of evaluation and it will continue to be embraced and utilized as we move forward into 2014.

### Indiana Healthy Weight Initiative

To learn more visit [www.inhealthyweight.org](http://www.inhealthyweight.org) or email [ahammerand@inpha.org](mailto:ahammerand@inpha.org)

### Indiana Joint Asthma Coalition

Indiana Joint Asthma Coalition's (InJAC) three workgroups are moving forward with initiatives that work to decrease the burden of asthma and educate everyone affected by asthma.

**Conferences and Events Work Group:** The Second Annual Statewide Asthma Conference will be on Tuesday, May 13, 2014 at Valle Vista Golf Club and Conference Center in Greenwood, IN. Additional information coming.

**Asthma Team-Based Care:** The Asthma Management Plan is still in a pilot phase and being edited based on valuable input from the IDE, ISDH and medical professionals in the coalition. The goal is to have the plan active and in use for the 2014-2015 school year.

**Tobacco-Free Living:** Workgroup has been focusing on Smoke-Free Multi-Unit Housing (SFMUH) with the ALA. however, we are in the process of getting input from coalition members on a new focus for the group. Please check [injac.org](http://injac.org) in the near future to find out how the TFL work-group will focus efforts in 2014. Contact the ALA if interested in SFMUH effort.

For more details on InJAC's workgroups, or to become a member, email Kelli at [indianaasthma@gmail.com](mailto:indianaasthma@gmail.com) or visit [www.injac.org](http://www.injac.org).

Also follow us on Facebook and Twitter!

### Indiana Cancer Consortium

For more information on the [ICC](http://ICC) or to become a member, contact Caleb Levell at [caleb@indianacancer.org](mailto:caleb@indianacancer.org) or 317-520-9344

### Cardiovascular and Diabetes Coalition of Indiana

The Cardiovascular Disease and Diabetes Coalition of Indiana (CADI) announces that Coalition Coordinator Temi Ekiran, MPH, will be relocating to Maryland to join her husband and pursue a career in Public Health at the end of December 2013. CADI would like to thank Temi for all of her hard work and dedication in assisting CADI in efforts to reduce the burden of cardiovascular disease, diabetes and stroke. CADI wishes Temi the best in all of her future endeavors.

We are also delighted to announce that in moving forward into 2014 our new Coordinator will be Caitlin V. Neal, MPH, CPH, CHES, who was previously the Administrative Assistant to the Chronic Disease Coalitions, including CADI.

Currently, CADI's Systems of Care workgroup is collecting data and collaborating with partners to improve EMS-related outcomes in Indiana. CADI's Community Linkages workgroup is compiling a resource directory of diabetes, cardiovascular disease, and stroke-related prevention, treatment, and support programs throughout Indiana.

To learn more or join CADI, visit [inCADI.org](http://inCADI.org) or email [caitlin@incadi.org](mailto:caitlin@incadi.org).