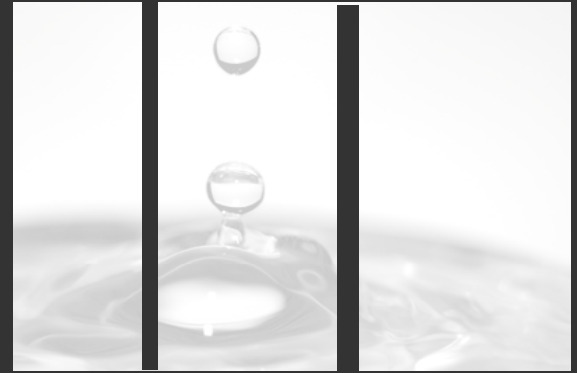


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## Shaping the Future

Division of Chronic Disease Prevention & Control · Division of Nutrition & Physical Activity · Tobacco Prevention & Cessation Commission

### Moving Forward

*“The quality of a leader is reflected in the standards they set for themselves.”*

- Ray Kroc

In late January, the ISDH Health and Human Services Commission announced the Division of Chronic Disease Prevention and Control (CDPC) would be moving forward under a new director, Ann Alley.

Ann epitomizes a leader with high professional and personal standards with a strong career in public health. She joined the CDPC from her current position as the ISDH Office of Primary Care Director. For the past six years, she has played a critical role in efforts to increase access and improve the quality of healthcare for rural Hoosiers.

Prior to joining the Office of Primary Care, Ann served the Office of Medicaid Policy and Planning as the Manager of Policy, Communications and Provider Relations, as well as, directed the Indiana Children’s Health Insurance Program.

Ann’s extensive resumé only reveals a small part of her abilities to lead and collaborate on multiple projects. Her dedication and work ethic has led to many achievements over the past several years. A few of these include:

- Developed and implemented a request for proposals for the Rural Hospital Flexibility Program funding to critical access hospitals and sought additional funds to meet the overwhelming needs of the critical access hospitals.
- Assisted in laying the foundation to integrate behavioral health into primary care.
- Sought and received funding for the State Loan Repayment Program for healthcare professionals who are willing to serve in Health Professional Shortage Areas or Medically Underserved Areas.
- Serves as the state liaison for the Indiana Area Health Education Center executive board.
- Provided recommendations and guidance to the Spinal and Brain Injury Research Board.

The CDPC is excited to move forward with Ann Alley as the new director.

#### Office of Primary Care and Rural Health

The CDPC is pleased to announce that the [Office of Primary Care](#) (OPC) and Rural Health will be joining the Division.

The OPC works to improve access to quality healthcare for all Hoosiers. Efforts focus on providing primary health care services through Nurse Managed Clinics, Rural Health Care/ Training Centers, Rural Health Clinics and Community Health Centers.

The State Office of Rural Health coordinates rural health care activities related to critical access hospitals and rural health clinics: researching innovative approaches to delivery, improving quality of care supporting health system development and community engagement.

Primary health care encompasses all of the life cycles and consists of five major components:

- Accessibility
- Accountability
- Comprehensive Care
- Coordinated/Continuous Care
- Health Promotion; Disease Prevention

We welcome the Office of Primary Care and State Office of Rural Health to the CDPC.

## Our “4-1-1”

Section	Director	Phone Number	E-mail
<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>Communities Partnerships</b> ...	JoBeth McCarthy-Jean ..	(317) 233-7816 ...	jmccarthy-jean@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> .....	Marcie Memmer .....	(317) 233-7726 ...	mmemmer@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> .....	Kathryn Jones .....	(317) 233-2170 ...	kajones@isdh.in.gov
<b>Tobacco Prevention &amp; Cessation Commission</b> .....	Miranda Spitznagle .....	(317) 234-1780 ...	mspitznagle@isdh.in.gov
<b>Office of Primary Care</b> .....	Ann Alley .....	(317) 233-7451 ...	aalley@isdh.in.gov

## Available Online/New Resources

### New ADA Online Continuing Ed Webinar

American Diabetes Association (ADA) and the Institute for Diabetes, Obesity and Cardiovascular Disease (iDOC) are offering two new, online continuing education programs for primary care providers that address practical approaches to managing obesity in individuals with type 2 diabetes.

Click the title below to register for these free educational programs.

[•Shared Decision-Making for Clinical Success in the Obese Person with Type 2 Diabetes](#)

[•Clinical Shared Decision-Making with the Obese Person with Type 2 Diabetes and a BMI >35](#)

### Type 2 Diabetes: Helping Patients Take Control

Online continuing education opportunity

#### You will learn to:

- Incorporate guideline recommendations into patient overall care plan.
- Integrate patient-centered strategies for intensifying therapy to reach established treatment goals.
- Summarize the clinical implications of comorbidities and approaches to prevent or delay their effects.
- Identify key resources for type 2 diabetes patient education and clinical management.

[Click to register.](#)

### Opportunities to Improve Outcomes in Patients with Pulmonary Arterial Hypertension (PAH)

*Three part Online/Mobile Series for credit*  
Review all three activities designed to address:

[•Guideline recommendations for the most appropriate tests to accurately diagnose PAH](#)

[•Treatment options for patients with PAH](#)

[•Monitoring the status and progression of PAH after treatment has begun](#)

## *Asthma Medication Use Among Children in Indiana's Medicaid Population*

by Amy Brandt, MPH, Chronic Respiratory Disease Epidemiologist

Asthma is a common chronic disease which causes lung airways to swell and constrict, leading to shortness of breath, wheezing and chest tightness. According to the 2011 Behavioral Risk Factor Surveillance System (BRFSS) data, an estimated 9.5% of children in Indiana currently have asthma.<sup>1</sup> The National Heart, Lung, and Blood Institute's *Guidelines for the Diagnosis and Management of Asthma* stress the importance of routine office visits and appropriate use of asthma medications for effective disease management.<sup>2</sup> In Indiana from 2006 to 2010, 24% of children with asthma did not see their health care provider for routine visits concerning their condition.<sup>3</sup> Asthma medications are an essential element in controlling daily asthma symptoms and in rescue situations. They are also indicators of asthma control and may predict poor health outcomes, such as emergency department (ED) visits, hospitalizations and, in rare cases, death. This analysis was conducted to assess medication use among Indiana children with asthma and how that influenced use of ED services.

Children aged 17 and younger were identified from Indiana's 2011 Medicaid administrative claims database. This study included children who were continuously enrolled in a Medicaid program for at least 11 months in the calendar year and met the definition of persistent asthma in 2010 and 2011. Persistent asthma was defined as having one or more of the following in the study period: four or more asthma medication dispensing events, one or more ED visit with asthma as the primary diagnosis, one or more hospitalization(s) with asthma as the primary diagnosis, or four or more asthma-related outpatient visits,

and two or more asthma medication dispensing events.

Most children with persistent asthma have symptom-free periods separated by asthma attacks. Successful management for these children typically involves using controller medications to manage the disease and prevent attacks and rescue medications for short-term relief when attacks do occur. The use of controller medications varies by asthma severity, type of medication and medication supply. Consequently, tracking the basic count of medications during a calendar year was not practical. To address this challenge, the Healthcare Effectiveness Data and Information Set (HEDIS) measure called the Asthma Medication Ratio was used.<sup>4</sup> The controller-to-total asthma medications ratio (AMR) was defined as the sum of controller prescription claims divided by the total number of controller and rescue prescription claims. For the purpose of this analysis, rescue medications were defined as short-acting beta<sup>2</sup>-agonist (SABA) prescription claims. Children with an AMR of 0.5 or more were classified as high ratio and those with an AMR of less than 0.5 were classified as low ratio. High ratio indicates a greater use of controller medications in relation to all asthma medications, while low ratio indicates a greater use of rescue medications in relation to all asthma medications. In most cases of persistent asthma, a higher rate of controller medication use relative to rescue medication use is expected.

During 2011, 16,825 Indiana children met the study definition of being continuously enrolled in Medicaid with persistent asthma. Of these children, 46.2% were classified as low ratio. Sex, race

and mean age were significantly different between the low and high ratio groups, with a higher proportion of low AMR children being male, black and younger. Low AMR children had a mean of 6.0 SABA prescriptions and high AMR children had 2.6 SABA prescriptions. The mean AMR for low ratio children was 0.21 compared to 0.68 for high ratio children.

Additionally, 3,017 children with persistent asthma had an asthma-related ED visit in 2011. Of these children, 55.9% were considered low ratio. Adjusting for demographic variables, low AMR children were almost twice as likely to have an asthma ED visit than high AMR children. Other predictors of an ED visit in the Medicaid population were being from a metropolitan area, a minority race and a younger age.

In 2011, almost half (46.2%) of Indiana's child Medicaid population used more rescue medications than long-term controller medications. Overusing rescue medications is an indicator of poor asthma-related health outcomes, which this analysis demonstrated. Having a low AMR nearly doubled the risk of having an asthma ED visit compared to children with a high AMR.

Nearly one out of four children in Indiana are not seeing a health care provider for routine asthma visits. Education and increased access to primary care can improve asthma self-management and help children stay out of the ED. Consistent access to prescription medications is another way to prevent poor health outcomes, as well as ensuring children are taking their medications as

- Continued on page 6

*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.*

### TPC Offers More Ways to Help Hoosiers Quit Smoking

by: Blake Vanderbosch, MPH  
TPC Policy and Research Specialist

Tobacco use remains the leading preventable cause of death and disease in the United States. This addictive product is responsible for nearly one out of five (443,000) annual deaths—more deaths than AIDS, alcohol, illegal drugs, auto accidents, homicides, and suicides combined.<sup>1</sup> Individuals who smoke are at increased risk for stroke, coronary heart disease and multiple cancers, as smoking harms nearly every organ of the body.<sup>2</sup> No form of tobacco is safe. Smokeless tobacco products also contain toxic and carcinogenic chemicals that are detrimental to health.<sup>3</sup> Not only is tobacco harmful to the user, nonsmokers exposed to secondhand smoke are also at risk for heart disease, cancer or other diseases caused by tobacco smoke.<sup>4</sup> Fortunately, many individuals want to quit and are capable of quitting.

The [Indiana Tobacco Quitline](#) is an evidence-based, telephone counseling service offering free cessation support and assistance to tobacco users in quitting tobacco for life. Cessation interventions including tobacco quitlines are among the public health interventions with the greatest return on investment.<sup>5</sup> Tobacco quitlines are cost effective and lead to increased quit attempts.<sup>6,7</sup> On average, about half of all Quitline callers in Indiana report having at least one chronic condition. During 2011, heavy smoking (21 or more cigarettes per day) was higher

among tobacco users reporting having at least one chronic condition (31.3%) compared to those without a chronic disease (24.5%).

The Indiana Tobacco Quitline, 1-800-QUIT-NOW (1-800-784-8669), is available seven days a week in more than 170 languages and for the hearing impaired (1-877-777-6534). It now offers more free services that will reach more tobacco users and further support quitting: a youth component, Web Coach and Text2Quit.

The youth component is available to youth aged 13 to 17. Each participant receives a series of calls from a Quit Coach. Youth callers will also receive age-appropriate educational materials and have unlimited access to a toll-free support line that is available at all times.

Web Coach ([www.eQuitNow.com](http://www.eQuitNow.com)) is a private website designed to help tobacco users quit. This service allows callers to register for Web Coach separately from phone-based counseling. The program is designed to work with Quit Coach sessions and offers online tools and resources to assist the participant in quitting tobacco and staying tobacco free. The Quit Coach will help participants develop a quit plan and manage nicotine cravings, among other helpful activities. Web Coach is available 24 hours a day.

Through Text2Quit, tobacco users can sign up to receive a series of text messages that are personalized to their Quit Plan. This service enables participants to use their mobile phones to connect with their Quit Coach and interact with Web Coach. Furthermore, Text2Quit

facilitates tobacco users in using medications correctly, managing urges and avoiding relapses.

Tobacco users can take advantage of these new free services to help quit tobacco use and stay tobacco free for life by calling 1-800-QUIT-NOW or visiting [www.QuitNowIndiana.com](http://www.QuitNowIndiana.com). Healthcare providers can join the Quit Now Preferred Provider Program by visiting [www.QuitNowIndiana.com](http://www.QuitNowIndiana.com), where they will be provided with free tobacco cessation services and materials that will aid in referring patients to the Indiana Tobacco Quitline.

<sup>1</sup>Centers for Disease Control and Prevention. (2012). Health effects of smoking. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm)

<sup>2</sup>Centers for Disease Control and Prevention. (2012). Health effects of smoking. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm)

<sup>3</sup>National Cancer Institute. (2010). Smokeless tobacco and cancer. Retrieved from <http://www.cancer.gov/cancertopics/factsheet/Tobacco/smokeless>

<sup>4</sup>U.S. Department of Health and Human Services. (2006). The health consequences of involuntary exposure to tobacco smoke: 6 major conclusions of the Surgeon General report. Retrieved from <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/factsheet6.html>

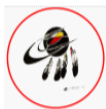
<sup>5</sup>American Lung Association. (2010). Smoking cessation: the economic benefits. Retrieved from <http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/states/united-states.html>

<sup>6</sup>McAlister, A.L., Rabi, V., Geiger, A., Glynn, T.J., Huang, P., Todd, R. (2004). Telephone assistance for smoking cessation: one year cost effectiveness estimations. *Tobacco Contro*, 13, 85-86. doi:10.1136/tc.2003.004515

<sup>7</sup>North American Quitline Consortium. (2009). Tobacco cessation quitlines: a good investment to save lives, decrease direct medical costs, and increase productivity. Retrieved from [http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/docs/naqc\\_issuepaper\\_tobaccocess.pdf](http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/docs/naqc_issuepaper_tobaccocess.pdf)

## Communities in Action

**Doug Poe**  
*The American Indian Center  
of Indiana, Inc.*



Indianapolis, IN - Doug Poe, Executive Director of the American Indian Center of Indiana, Inc. (AICI) was recently awarded the Community Partner of the Year honor at the Indiana National Association of Social Workers (NASW) Region 7 Annual Meeting.

This award is given out to an individual, that although not a social worker, epitomizes the values of the Indiana NASW by supporting their communities, at-risk populations and overall ethical excellence.

The Indiana NASW noted that "Under his leadership as Executive Director, AICI has forged partnerships with many local and statewide organizations to improve the quality of cultural education and awareness about Indiana's Native American population."

In Doug's four years as executive director, he has made every effort

to achieve the mission of AICI: "to promote unity and well being among Indiana's American Indians, Alaska Natives, and other people indigenous to the United States through personal, economic, social, health outreach and cultural education development; and to promote the strengthening of mutual understanding and respect among Indian and non-Indian people in Indiana."

Doug has expanded the AICI workforce and health programs. He has attended every POWWOW around the state for the last three seasons. This presence has allowed the AICI to increase their participants from 19 to 170 in two years. His dedication to attend these events has also allowed the AICI to offer free health screenings.

Over the past three years, the AICI has conducted over 700 glucose tests, blood pressure checks, and body mass index (BMI) screenings annually. He educates individuals on the importance of nutrition and physical activity in the prevention of chronic diseases, as well.

*"Thank you to all of the organizations that have partnered with me and gave me the opportunity to be involved."*

*- Doug Poe*

Doug's dedication to the health and well-being of the Native American population in Indiana has led him into many partnerships with the ISDH and other organizations. He actively works with the Cardiovascular and Diabetes Section of CDCP and the Office of Minority Health. In addition, he serves on the Cardiovascular and Diabetes Coalition of Indiana (CADI).

Doug and the AICI was awarded a State Master Research Plan Grant in 2011. This grant will assist them in determining the access to healthcare and the self-management practices of American Indian and their Family Caregivers living in Indiana with Type 2 diabetes and heart failure. These results will be very helpful in learning more about how to improve the health of our Indiana Native Americans.

Visit the [AICI website](#) to learn more about the American Indian Center of Indiana, Inc.

## Resources from the CDC

### Preventing Chronic Disease

View recently published articles on prevention in chronic disease

#### Articles include:

- Promoting Fruit and Vegetable Consumption Among Members of Black Churches, Michigan and North Carolina
- The Chronic Care Model and Diabetes Management in US Primary Care Settings: A Systematic Review
- HPV Vaccination Among Young Adult Women: A Perspective From Appalachian Kentucky

[View the March issue.](#)

### Science-in-briefs

#### Turning Science into Action

A concise, user-friendly publication that summarizes and enhances the understanding and application of current research findings.

#### [Read more on:](#)

- Hypertension
- Cardiovascular Disease
- Community Health Workers
- Economics of Cardiovascular Disease
- Patient Centered Medical Homes
- Smoking
- Worksite Wellness Programs
- Sodium

### New PSA Series about Type 2 Diabetes Prevention in American Indian and Alaska Native Communities

CDC's Division of Diabetes Translation (DDT) Native Diabetes Wellness Program (NDWP) and the Traditional Foods Project's tribal partners have released PSAs to promote health and prevent chronic diseases in American Indian and Alaska Native communities.

[View the PSAs.](#)

- [Learn more about the NDWP](#)
- [Learn more about the Traditional Foods Project](#)

April is  
**Minority Health Month**

In an effort to reduce health disparities and improve the health status of minority populations, the 107th Congress in H. Con. Res. 388 agreed on October 3, 2002 to establish a National Minority Health & Health Disparities Month.

Many states and organizations are celebrating National Minority Health and Health Disparities Month in April to raise awareness of minority health issues. The ISDH Office of Minority Health, along with its statewide partners, is planning activities for Minority Health Month in Indiana.

View the [calendar](#) to learn more about activities in Indiana during the month of April.

Attend the opening ceremony on April 1, 2013 from 1 p.m. to 2:30 p.m. at the ISDH Rice Auditorium, 2 N. Meridian Street, Indianapolis.

Learn more about the [ISDH Office of Minority Health](#)

**Asthma Medication**  
(continued from page 3)

directed. High levels of rescue medication use may reveal opportunities for reassessment and for further intervention. Health care providers, parents, school nurses, and day care instructors can all contribute to effective asthma management.

For more information, visit the [Chronic Respiratory Disease webpage](#).

References

1. Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team. (2012). *Behavioral Risk Factor Surveillance System, 2011*.
2. National Heart, Lung and Blood Institute. (2007). *Guidelines for the Diagnosis and Management of Asthma (EPR-3)*.
3. Centers for Disease Control and Prevention. (2012). *Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2006-2010*.
4. National Committee for Quality Assurance. (2011). *Proposed Measures for HEDIS 2012: Asthma Medication Ratio and Medication Management for People with Asthma*.

**State Coalition Updates**

**Indiana Cancer Consortium**

The Indiana Cancer Consortium (ICC) is pleased to announce our 2013 Annual Meeting and the Employer Gold Standard.

- Join ICC during National Cancer Control Awareness Month as we explore the past, present and future of cancer care and law in Indiana. Guest of honor and keynote speaker Otis Brawley, M.D., and others will make the case for evidence-based, scientifically justifiable cancer care from prevention through palliation. Attendees will learn to view cancer through a scientific lens and lead effectively by better navigating cancer guidelines, treatment and the Affordable Care Act. This year's meeting, "Navigating Cancer Care: What we know, what we don't know, and what we believe," takes place on April 25 from 9 a.m. to 4 p.m. in Indianapolis. There is no cost to attend. [Registration is now open.](#)

- The ICC invites Hoosier employers to join the [Employer Gold Standard Initiative](#). This certification program establishes the workplace as the primary setting to focus on early detection and appropriate screening for cancer. By joining this initiative, employers can mitigate the effects of cancer in the workplace and reduce the burden of cancer across Indiana. [Download the ICC Employer Gold Standard Information Packet.](#)

- March is Colorectal Cancer Awareness Month and April is Cancer Control Awareness Month. Please use these awareness opportunities to take advantage of the [ICC toolkits addressing the cancer burden in Indiana.](#)

Please visit the [ICC website](#) or [join the coalition](#) to learn more about the ICC.

**Cardiovascular and Diabetes Coalition of Indiana**

The Cardiovascular and Diabetes Coalition of Indiana (CADI) is moving forward with its mission to address the burden of diabetes, cardiovascular disease and stroke in Indiana. CADI is building structure and workgroups to carry out this mission through the development of evidence-based statewide programs to educate health care professionals and increase awareness. Recently, Bylaws were approved and officers elected. CADI is recruiting partners and volunteers to serve on workgroups. Workgroups are: systems of care, community linkages, advocacy and partnership, data, surveillance and evaluation and resource development. CADI meets quarterly; the next meeting is scheduled for June 12th from 1p.m.- 4p.m.

Contact: CADI Coordinator Temi Ekiran at [cadicoordinator@gmail.com](mailto:cadicoordinator@gmail.com) or 317-456-7567.

**Indiana Healthy Weight Initiative**

On March 14, the Indiana Healthy Weight Initiative (IHWI) held their Annual Task Force Meeting at the JCC Indianapolis. The group explored a new way of thinking about health, a new living and a new generation of communities. During breakout group discussions, representing the different settings in the Indiana Nutrition and Physical Activity Plan, the workgroup participants discussed what objectives would be their priority this year. By the end of the event, leadership from each setting shared their goals with the entire IHWI Task Force. These goals included collaborative strategies, best practices, success stories and critical factors necessary for sustainable change in healthy behavior, environmental factors and policy change.

Contact April Hammerand, Coalition Coordinator of the IHWI, to learn more about upcoming meetings and how to be involved. You can reach her at 317-456-7565 or email [ahammerand@inpha.org](mailto:ahammerand@inpha.org).

**Indiana Joint Asthma Coalition**

The Indiana Joint Asthma Coalition (InJAC) continues to build on our new structure in 2013. All of our workgroups are actively engaged in furthering our mission.

- **Register for the 2013 Statewide Asthma Conference.** Download registration forms at [InJAC.org](http://InJAC.org). Exhibitors and sponsors may still apply. Contact InJAC for details. The next meeting will be April 17 at 2 p.m.

- **Asthma Team-Based Care** is creating a standardized Asthma Action Plan. Professionals are needed to review and provide comments. This plan is completed by a healthcare provider and is designed for use at home, in schools and childcare centers. The next meeting will be May 21 at 8:30 a.m.

- **Tobacco-Free Living** continues their work on smoke-free multi-unit housing. If you are interested in tobacco policy issues, contact InJAC to participate in this workgroup.

For more details, email [IndianaAsthma@gmail.com](mailto:IndianaAsthma@gmail.com). Also, follow us on Facebook and Twitter!