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## Shaping the Future

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

### Success in Small Investments

In the first edition of the Indiana State Department of Health (ISDH) Chronic Disease Newsletter, Chronic Disease Prevention and Control (CDPC), Division of Nutrition and Physical Activity (DNPA), and Tobacco Prevention and Cessation Commission (TPC) began an effort to coordinate and improve internal and external communication. In that issue, we outlined our role in statewide efforts to improve the health of Hoosiers. The issue detailed our commitment to provide technical assistance to our partners on evidence-based public health strategies, including public and organizational policies, health systems initiatives and environmental changes by providing the following services:

- Evaluate** the effectiveness, accessibility and quality of personal and population health.
- Engage** partners in education, government, planning and transportation, as well as business and civic sectors.
- Enhance** our State’s capacity to implement evidence-based programs through stable funding mechanisms.
- Empower** the population to

make sustainable healthy changes in themselves and their communities.

•**Expand** adoption of health approaches in addressing the chronic disease burden.

In 2010, ISDH received the Coordinated Chronic Disease Grant from the Centers for Disease Control and Prevention (CDC). This provided funds to begin these efforts and invest in new partners. In the last two years, CDPC, DNPA and TPC have had the opportunity to act on our commitment to provide small investments in our communities.

These small investments of evaluation of promising programs acting on evidence-based health strategies, enhancing our state’s capacity and providing stable funding, engaging new partners and empowering those communities to make healthy changes do not look so technical in everyday. As CDPC, DNPA and TPC provided limited financial support, time, technical assistance and program evaluation support, each community and program became a name and a face and we all celebrated their success.

In the next few pages of this issue, we hope to celebrate with

two of those small investments, as well as a new investment that promises success to improve Indiana’s public health.

CDPC and DNPA are also pleased to note that these efforts will continue through two new grants received in the last few months.

The **Well-Integrated Screening for Evaluation for Women across the Nation (WISEWOMAN) Program** will provide low-income, under-insured or uninsured women, who are enrolled in the existing Indiana Breast and Cervical Cancer Program, with standard cardiovascular disease screening services including blood pressure, cholesterol and diabetes, as well as support and education if found to have a health risk.

The receipt of the **State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health** will enable our efforts to be expanded in the areas of diabetes, heart disease, obesity and school health in our communities.

We are very excited to spend this issue celebrating the success of our partners and anticipating the future.

## Our “4-1-1”

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## Available **Online**/New Resources

### **Cardiovascular Risk Reduction in People with Type 2 Diabetes**

This webinar is archived and available from *The Guideline Advantage*.

Cardiometabolic risk factors are good indicators of a patient’s overall risk for developing type 2 diabetes and heart disease.

Presenters will share how interactions between these factors significantly increase risk, as well as some approaches a physician can take to reduce risk for future disease and complications.

[View the webinar.](#)

### **Improving Care Coordination for Stroke Survivors to Improve Quality of Life and Reduce Hospital Readmissions**

This webinar on October 10, 2013 at 3 p.m. EST gives an opportunity to learn more about improving care coordination for stroke survivors to improve the quality of life and reduce hospital readmissions.

[Register for the webinar.](#)

### **Using an Electronic Health Record to Create Patient Problem Lists**

This webinar from Health Resources and Services Administration (HRSA) will focus on how safety net primary care providers can meaningfully use electronic health records (EHR) to create and maintain patient problem lists.

This function serves as a powerful tool for maintaining a patient’s medical history while also helping to engage patients to better track and manage their health care.

[View the webinar.](#)

## Chronic Disease & Mental Illness

by Champ Thomaskutty, MPH

Although often overlooked, mental illness is an important public health problem - both in its own right and because of its association with other chronic diseases and their resulting morbidity and mortality. According to the World Health Organization, mental illnesses account for more disability in developed countries than any other group of illnesses, including cancer and heart disease.<sup>1</sup> The burden of mental illness in the United States is among the highest of all diseases. Mental disorders and chronic conditions, such as arthritis, are among the most common causes of disability in the United States. Mental health disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of common chronic diseases, including diabetes, heart disease and cancer.<sup>2</sup>

As chronic diseases and depressive disorders are increasingly recognized as major barriers to achieving an ideal quality of life, understanding the connection between them is critical to optimal population health. One common finding is that people who suffer from a chronic disease are more likely to also suffer from depression.<sup>2</sup> Many examples exist of individuals with a chronic condition or risk factor and an increased risk for mental illness, such as the risk for tobacco use is about twice as high for those with mental illness compared to the general population.<sup>3</sup> Additionally, some types of medical therapy for mental illness can increase the risk of developing chronic conditions, such as diabetes or hypertension.

Both mental health disorders and chronic diseases are common and disabling. These conditions can affect anyone, regardless of age, culture, race/ethnicity, gender or income.

Almost half of all residents of the United States live with a chronic condition. Additionally, approximately 26% of American

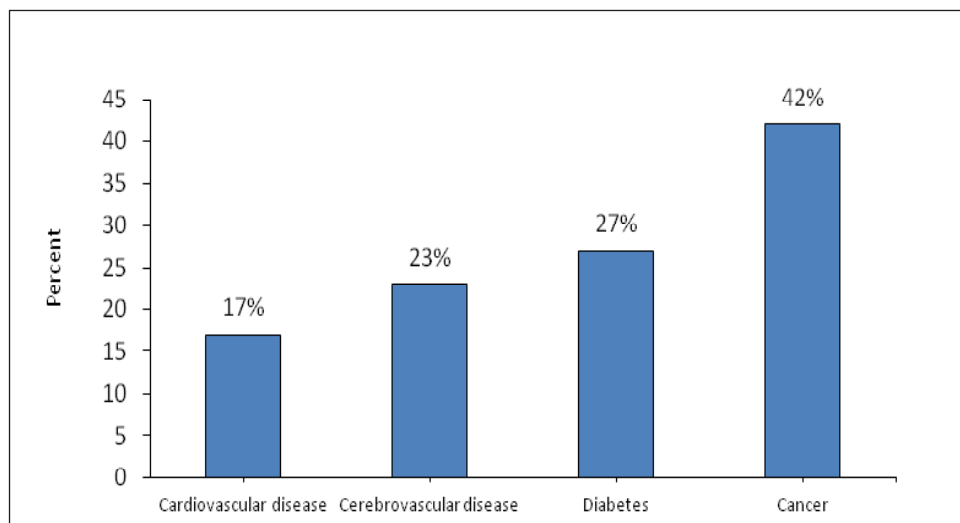


Figure 1. Prevalence of major depressive disorder in chronic conditions, United States, 2009.

adults aged 18 years and older suffer from a diagnosable mental disorder in a given year. In 2012, an estimated 19.5% of Indiana adults indicated that they have been diagnosed with a depressive disorder.<sup>2,4</sup>

Many associations exist between mental illness and chronic conditions such as cardiovascular disease, diabetes, obesity, asthma and arthritis. For example, Figure 1 shows the prevalence of major depressive disorder and common chronic diseases. Depression is found to co-occur in 17% of cardiovascular cases, 23% of cerebrovascular cases, and with 27% of diabetes patients and more than 40% of individuals with cancer.<sup>2,5</sup>

Mental health and physical health are closely linked. Evidence has shown that mental health disorders—most often depression—are strongly associated with the risk, development, management, progression and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease and cancer. This association appears to be caused most often by mental health disorders that precede chronic disease, but the

diagnosis or progression of a chronic condition may lead to the development of a mental disorder, such as depression. Chronic disease can also intensify the symptoms of mental health disorders—in effect creating a cycle of poor health. This cycle decreases a person's ability to participate in the treatment of and recovery from mental health disorders and chronic disease. Therefore, while efforts are underway to reduce the burden of death and disability caused by chronic disease in the United States, simultaneously improving mental health nationwide is critical to improving the health of all Americans.<sup>2,5</sup>

1. World Health Organization. Promoting mental health: concepts, emerging evidence, practice (summary report). Geneva, Switzerland: World Health Organization; 2004.

2. Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Preventing Chronic Disease. Atlanta, GA: Centers for Disease Control and Prevention; 2005.

3. Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: a population-based prevalence study. JAMA. 2000; 284(20):2606–10.

4. Data Analysis Team. Behavioral Risk Factor Surveillance System, 2012. Indianapolis, IN: Indiana State Department of Health; 2013.

5. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV Disorders in the National Comorbidity Survey Replication. Arch Gen Psych. 2005;62:617–27.

# 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.*

## **Parkview Health Asthma Education**

FORT WAYNE, IN - The care and compassion of Parkview Health and their Integrated Community Nursing Program has made a profound impact on their community and the health of its residents for over 10 years.

A brief look at the history of the program notes their efforts to help children and adults in the areas of improved school health, safety trainings and resources, access to medication and healthy lifestyle education.

For two of their staff though, improving the lives of those with asthma, became a passion. Jan Moore, RRT-NPS, and Deb Lulling, RN, BSN, had noticed

the increasing number of asthma patients being seen at the Parkview Health Emergency Department (ED) and the two began to develop a plan. Their plan included initial assistance, educational follow-up and in-home assessments for asthma triggers.

Their plan slowly evolved into the "Asthma Call Back Program." Jan and Deb were dedicated for the next few years to achieve their initial goal to reduce repeat asthma ED visits and improve the lives of those with asthma.

Although the two had noted success, they did not rest in their accomplishment. A new partner was needed to assist Deb and Jan in fully evaluating the program. The ISDH Chronic Respiratory Disease Section partnered with the two and the promising program to assist

with expertise and a small amount of funds to aid with their evaluation.

This partnership has expanded further over the last several years and has benefited both the Integrated Community Nursing Program and ISDH. The program has been introduced to other hospitals in the state to be replicated as they improve lives, reduce ED visits and provide substantial cost savings to the healthcare system.

As they continue on, we all celebrate their recent awards. They received the National Environment Leadership Award in Asthma Management from the Environmental Protection Agency (EPA) this Spring and will receive the EPA Crystal Award on October 1, 2013 in Chicago. Please join us in celebrating their accomplishments.

## **Healthy Communities Clinton County ACHIEVE to Today**

FRANKFORT, IN - Healthy Communities Clinton County became an Action Communities for Health, Innovation and Environment (ACHIEVE) community in 2011. The grant was received to develop and implement solutions preventing chronic diseases and related risk factors (obesity, tobacco use, etc.).

Carol Price, ACHIEVE coordinator, knew their community had many health issues; but she also knew the coalition's strong partners were all ready to work hard to improve the lives of those in their county.

In the past two years, Healthy Communities Clinton County has accomplished many of their goals to improve their community and the health of their county.

The coalition's efforts were recently recognized by the County Health Ranking Report. Since 2010, Clinton County has been steadily moving up the rankings from 51 to 47 to 44. In 2013, Clinton County sits in the 34th rank - 17 places above that initial marker.

Healthy Communities Clinton County Coalition has worked hard to bring about these great improvements in overall county health. Carol is quick to point out that work has been made possible by the partners that have invested time and effort into the health of their community.

Carol stated that partner interest, expertise and agreement in the areas of policy, systems and environmental changes have made it possible to accomplish

massive projects, such as the Frankfort Complete Streets ordinance. This ordinance and a substantial grant from Indiana Department of Transportation has made possible a \$4 million complete streets project.

The coalition has also written a Community Action Plan for Health which has been adopted into the Clinton County Comprehensive Plan.

These plans for health in the community have involved many projects to assess the community needs with the help of ISDH Communities Partnership. ISDH has provided support to the coalition to improve asthma, as well. The coalition continues to work on Tobacco Cessation with support and funding from TPC.

Learn more about the [Healthy Communities Clinton County](#).

### Workplace Cancer Screening Pilot Initiative

by Dawn Swindle

The impact of cancer is tremendous. Cancer is the second leading cause of death for adults in Indiana and in the United States. About 2.4 million Hoosiers, or two in five people now living in Indiana, will eventually develop cancer. The American Cancer Society estimates that approximately 35,550 Indiana residents will be diagnosed with cancer in 2013, amounting to four new cases of cancer diagnosed every hour of every day.

The workplace is an important setting for cancer screening interventions. In March 2008, 63 percent of the non-institutionalized adult population (145,969,000 adults) in the U.S. was employed; therefore, large proportions of the age-eligible, average-risk populations for breast, cervical or colorectal cancer screening can be reached via the workplace. Also consider that for every employee without cancer, employers spend an average of \$3,000 per year in direct medical costs; when an employee is diagnosed with cancer, that number jumps to an estimated \$16,000 per year.

To mitigate the effects of cancer in the workplace, employers are increasingly implementing workplace health promotion strategies. Although these efforts

have primarily focused on lifestyle behaviors such as nutrition, physical activity and tobacco use, there is a growing interest in the workplace as a site for promoting the use of clinical preventive services, particularly for improving cancer screening. For example, the Indiana Cancer Consortium (ICC) has developed the ICC Employer Gold Standard Initiative to accredit and recognize employers that implement best practices aimed at increasing cancer screening and other cancer-preventive behaviors.

The Cancer Control Section developed a two-phase workplace cancer screening pilot to assess, implement and evaluate workplace cancer screening interventions to increase cancer screening rates for breast, cervical or colorectal cancer. The Guide to Community Preventive Strategies (commonly referred to as the Community Guide) provides best practice intervention strategies to improve cancer screening via four avenues: health insurance benefits, workplace policies, workplace programs and workplace communications.

Three participants were identified to participate in the pilot through a Request For Proposal (RFP) process. Butler University's Healthy Horizons Program, Grace Schools Inc. and IU Health LaPorte Hospital began Phase I in January 2013 to develop an in-depth assessment of cancer incidence and mortality, along with current workplace

cancer screening rates, policies and employee attitudes, knowledge and behaviors. This data was used to develop a customized screening strategy for either breast, cervical or colorectal cancer.

Based on the baseline assessment and employee demographics, all three pilot participants are implementing strategies to increase colorectal cancer screenings during Phase II of the pilot. Pilot participants will use one-on-one education sessions, public awareness campaigns, free fecal occult blood tests and health benefit incentives to remove barriers and increase access and demand for colorectal screenings.

At the conclusion of Phase II, an employee assessment and review of data from health insurance providers will help determine the success of strategies. Although an increase in screening rates is desirable, due to the short pilot period, other measures will help determine program successes – for example, an increase in employee knowledge about colorectal cancer screening guidelines as measured by the employee assessment.

In addition, each of the pilot participants is working to develop and implement a cancer screening policy into existing work place health programs. This, ultimately, will improve cancer screening rates long term.

Cancer in Indiana is a burden we all share. By working together, we can reduce Indiana's cancer incidence and mortality rates.

## Resources from the CDC

### Sodium Reduction Toolkit: A Global Opportunity to Reduce Population-Level Sodium Consumption

Available in English & Spanish

The toolkit is designed to provide government agencies and public health organizations with a brief overview, tools and information for developing and implementing sodium reduction programs, policies and initiatives aimed at lowering sodium intake.

[View the Toolkit.](#)

### Do It For Them! But For You, Too.

During Hispanic Heritage Month and National Diabetes Month, talk to your family about whether there is a history of diabetes and how you can prevent diabetes in your family. A new fotonovela and other tools are available from the CDC.

[View the Fotonovela.](#)  
[View the 3-part Videonovela.](#)  
[Find a New Tasty Recipe for People with Diabetes and Their Families.](#)

### State of Aging & Health in America 2013

The sixth volume of a series presents an overview of the health and aging landscape in the U.S. This series presents the most current information and statistics on the health of older adults and provides a snapshot of our nation's progress in promoting prevention, improving the health and well-being of older adults, and reducing behaviors that contribute to premature death and disability.

[View the Document.](#)

## Upcoming Events

### Cancer Prevention Study-3 (CPS-3)

The purpose of the latest nationwide research study of the American Cancer Society (ACS) is to better understand the factors (lifestyle, environmental and genetic) that cause or prevent cancer.

During November and December 2013, the Indianapolis community will have a chance to participate in this once in a generation research opportunity. To participate, individuals must make a long-term commitment to study (follow-up surveys over 20 to 30 years), be between the ages of 30 and 65 years old and have never been diagnosed with cancer.

The ACS has partnered with the ISDH Cancer Control Section (CAS) to support enrollment efforts. To learn more and/or enroll in the study, contact Emily Eerdman; eerdmann@isdh.in.gov, (317) 234-2883 or attend the meeting to sign up:

**November 20, 2013**  
**ISDH**  
**Rice Auditorium (basement)**  
**2 N. Meridian Street**  
**Indianapolis, IN 46204**

## State Coalition Updates

### Indiana Healthy Weight Initiative

The Indiana Healthy Weight Initiative (IHWI) has had a busy summer. In the past few months, the leadership of the IHWI has completed an evaluation process conducted by the evaluation committee. The steering committee will integrate those recommendations into the organizational structure and current planning processes. The steering committee's new communication policy and operating structure document will ensure communication from IHWI is consistent, coordinated, effectively managed and responsive to the diverse needs of IHWI stakeholders and partners.

The coalition has strengthened and maintained key relationships with partners thanks to the support of intern Caitlin Engel. Caitlin is completing a MS in Health Promotion from IU Bloomington.

The 2013 IHWI Biannual Task Force Meeting was held on September 12. ISDH DNPA Director, Marcie Memmer, presented a brief history of ISDH's involvement in the coalition and the focus of the new CDC grant: creating cohesive and synergistic approaches to address chronic disease, strengthening environmental approaches, using health systems interventions, and community clinical linkages. Over 75 attendees gathered from all nine settings (breastfeeding, built environment, child care, faith based, food system, health care, older adults, schools and worksites) to discuss best practices in obesity prevention through environmental and policy strategies. The results from this meeting and the evaluation will determine the direction the steering committee takes with the IHWI in the coming year.

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

### Cardiovascular and Diabetes Coalition of Indiana

No update at this time.

If you are interested in learning more or participating in CADI, contact: CADI Coordinator Temi Ekiran at [cadicoordinator@gmail.com](mailto:cadicoordinator@gmail.com) or 317-456-7567

### Indiana Cancer Consortium

No update at this time.

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

### Indiana Joint Asthma Coalition

No update at this time.

For more details on InJAC's workgroups, or to become a member, email [kelli@injac.org](mailto:kelli@injac.org) or visit [www.injac.org](http://www.injac.org). Also follow us on Facebook and Twitter!

### Make a Difference in 2013!

*The Division of Chronic Disease Prevention and Control, the Division of Nutrition and Physical Activity and Tobacco Control Prevention and Cessation would like to invite you to participate in one of the coalitions working toward improving the lives of all Hoosiers.*

#### Cardiovascular and Diabetes Coalition of Indiana (CADI)

Contact: Temi Ekiran  
[cadicoordinator@gmail.com](mailto:cadicoordinator@gmail.com)

#### Indiana Cancer Consortium (ICC)

Contact: Caleb Levell  
[caleb@indianacancer.org](mailto:caleb@indianacancer.org)  
or visit [www.indianacancer.org](http://www.indianacancer.org)

#### Indiana Healthy Weight Initiative (IHWI)

Contact: April Hammerand  
[ahammerand@inpha.org](mailto:ahammerand@inpha.org)  
or visit [www.inhealthyweight.org](http://www.inhealthyweight.org)

#### Indiana Joint Asthma Coalition (InJAC)

Contact: Kelli McCrary  
[kelli@injac.org](mailto:kelli@injac.org)  
or visit [www.injac.org](http://www.injac.org)

[Find a local tobacco coalition.](#)