

TRANSITION .....	1
OUR 4-1-1 .....	2
AVAILABLE ONLINE .....	2
EPIDEMIOLOGY REPORT .....	3
COMMUNITIES IN ACTION .....	4
CDC RESOURCES .....	5
UPCOMING EVENTS .....	6
COALITION UPDATES .....	6



## Shaping *the* Future

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

# Transition

**Transition** is always a challenge. It is a bittersweet time - as we find an end to one era and the beginning of another. The Division of Chronic Disease Prevention and Control (CDPC) hopes to embrace this time—as we experience the transition of Meena Garg, M.D., MPH and Morgan McGill, J.D. into their new roles.

### **Meena Garg, M.D., MPH**

For the past few years, the CDPC has found direction and guidance from Dr. Meena Garg. Her commitment and dedication to promote prevention and management of chronic disease has broadened partnerships, improved data and surveillance capacity, integrated communications and expanded funding resources.

Dr. Garg’s abilities and achievements have not gone unnoticed though, and in August she transitioned to the role of Medical Director for the ISDH Health and Human Services Commission.

A board certified physician in both family medicine and sports medicine, Dr. Garg has well over 10 years of professional experience directly related to health promotion of physical activity, nutrition, tobacco control and clinical management of chronic disease. She has coordinated group and individual wellness programs as an American College of Sports Medicine (ACSM) certified Health/Fitness Instructor; promoted physical activity and healthy weight management through local and federally-funded initiatives in occupational, clinical, and community settings; and has authored articles both in the media and medical literature on topics related to chronic disease prevention and control.

The CDPC would like to extend our gratitude and appreciation for Meena in this transition. We have all valued and benefited from her extensive experience and knowledge, her passion for public health, and her genuine care and concern for her constituents. **Thank you!**

### **Morgan McGill, J.D.**

The CDPC is delighted to announce Morgan McGill, J.D. as our new Director. Morgan comes to us from the Office of Women’s Health (OWH) where she has served as Director for the past few years.

Morgan has an extensive public health and legal background and began ISDH as a staff attorney in 2007.

Morgan’s ability to bring together partners and expand communications has propelled her to many successes. As the OWH Director, she brought about the creation of educational opportunities and screening events, such as **Make Lupus Matter: An Educational Forum, Healthy Women, Healthy Hoosiers Conference, and It’s Your Time!** on **National Women’s Checkup Day**.

Morgan’s focus on prevention and the promotion of positive behaviors to improve lives is appreciated. The CDPC is excited to welcome Morgan as our new Director.

# Our “4-1-1”

Cancer Section	Director	Phone Number	E-mail
Cancer Surveillance .....	Vacant .....	(317) 233-7424 ...	kwright@isdh.in.gov
Cancer Early Detection .....	Kathryn Tewanger .....	(317) 233-7901 ...	ktewanger1@isdh.in.gov
Cancer Control .....	Keylee Wright .....	(317) 234-2945 ...	kwright@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

## Available Online /New Resources

### Patient-Centered Primary Care Collaborative

View recent webinars on patient centered medical homes

- [New Approaches to Assess and Address Healthcare Disparities](#)
- [Successful Incorporation of Comprehensive Medication Management into PCMH and ACO Coordinated Care Models](#)
  - [And more ...](#)

### HHS Announces Next Steps to Promote Use of Electronic Health Records

View recent release from HHS and other materials

- [Press Release](#)
- [HealthIT.gov Meaningful Use Stage 2](#)
- [CMS Incentive Program](#)

### Influenza Vaccination Resources

Influenza Vaccine is recommended for many people with chronic diseases. Keep up to date on the 2012-2013 vaccine.

- [Seasonal Influenza Vaccination Resources for Health Professionals](#)
- [Real Talk About Influenza](#)
- [Vaccine Safety -- Be Informed & Be Prepared Webinar](#)
- [Patient Resources for Healthcare Providers](#)
- [Vaccination Recommendations](#)

### Community Health Worker Resources

This month’s Agency for Healthcare Research and Quality’s (AHRQ) *Health Care Innovations Exchange* features tools and resources related to CHWs.

The featured **QualityTools** include a toolkit to help rural communities evaluate opportunities for developing a CHW program, and an instruction manual for training CHWs.

[View these tools and resources.](#)

### Successful Storytelling

Communicating effectively through a story can impact a community to care about making healthy choices.

Find out more about storytelling and storybanking below.

- [Storytelling Toolkit](#)
- [Storytelling Resources](#)
- [Storybanking Slide Presentation](#)

## High Blood Pressure in Indiana

Champ Thomaskutty, MPH and Laura Heinrich

According to a recent policy statement from the American Heart Association, direct medical costs associated with cardiovascular disease in the United States are projected to reach \$818 billion a year by 2030. A major portion of this figure is associated with the treatment of high blood pressure, which the report predicts will increase to \$389 billion by 2030.<sup>1</sup>

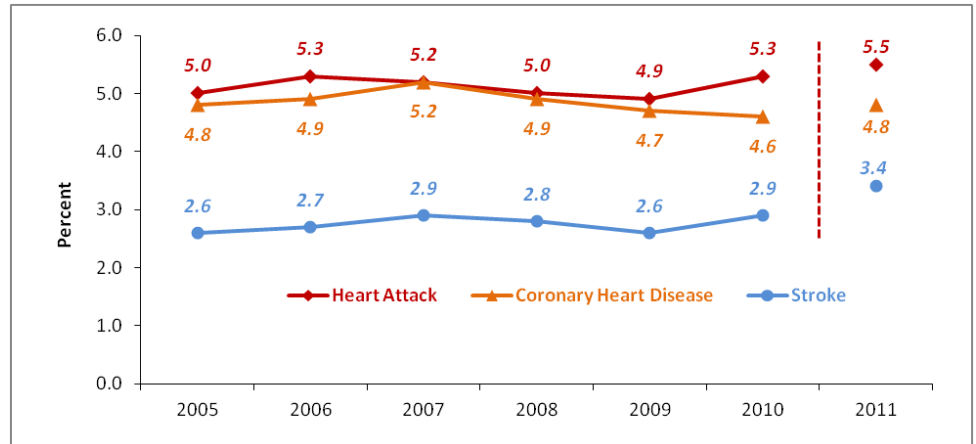
In 2011, one in three Indiana adults reported having high blood pressure, which is a major risk factor for heart disease and stroke.<sup>2</sup> Individuals with high blood pressure are at three times higher risk of dying of a heart attack and four times higher risk of dying of a stroke than individuals with normal blood pressure.<sup>3</sup> Prevalence of heart attack, coronary heart disease and stroke among adults in Indiana in 2011\* and prior years are depicted in **Figure 1**. Heart disease and stroke are the first and fourth leading causes of death in Indiana, respectively.<sup>4</sup>

In Indiana, almost 80% of people with high blood pressure are currently being treated with medication.<sup>2</sup> The National High Blood Pressure Education Program defines blood pressure control for individuals with high blood pressure is defined as having a systolic blood pressure of less than 140 mmHg and a diastolic blood pressure of less than 90 mmHg.<sup>5</sup> Research from the Centers for Disease Control and Prevention (CDC) indicates that more than half of the adults in the United States with high blood pressure do not have it under control.<sup>3</sup>

It is evident from current data that most individuals with uncontrolled high blood pressure know they have hypertension, see a health care provider, and take prescribed medicines. Additional vigilance is necessary for those with uncontrolled high blood pressure as well as those with comorbidities such as diabetes. While the burden may seem daunting, steps can be taken in order to prevent or delay the onset of complications.

**Recommendations** from the CDC for such action include steps for

**Figure 1. Prevalence of heart attack, coronary heart disease, and stroke in adults, Indiana, 2005–2011\***



\*Due to changes in BRFSS methodology, comparisons between 2011 and previous years should be avoided.

individuals, health care professionals, and health care systems. **Individuals** can improve their outcomes by learning to regularly monitor their blood pressure, taking medications as prescribed, and reducing risk by adopting healthy lifestyle habits, including the cessation of tobacco products. Individuals with high blood pressure need to visit their health care provider on a regular basis to monitor their blood pressure and have their medications adjusted as needed.

**Health care professionals** can prioritize hypertension at each visit, track performance, adopt a team-based approach to care, and simplify treatment as much as clinically practical. Health professionals also need to stress healthy habits, smoking cessation, and lower sodium diets to their patients with hypertension.

**Health care systems** can employ system-wide tactics such as including blood pressure control as a performance measure, automatic notices of past elevated readings, and systematic identification and follow-up for individuals with high blood pressure.<sup>3</sup> Health Care systems can also reduce out-of-pocket costs for smoking cessation to help more patients quit smoking and the use of tobacco,

promote smoke-free air policies and support efforts to reduce sodium in the food supply.

Controlling blood pressure reduces the risk of heart attacks and stroke. Opportunities to optimized management may often be missed. *Million Hearts* is a national initiative to prevent one million heart attack and strokes over five years. *Million Hearts* links communities, health systems, state and federal agencies, and private sector partners from around the country to fight cardiovascular diseases. Find out more about [Million Hearts](#).

For further information on Cardiovascular Health and Diabetes in Indiana, view the [Cardiovascular Health and Diabetes Section webpage](#) or email the [Indiana State Department of Health](#).

1. P Heidenreich et al. Forecasting the future of cardiovascular disease in the United States. *Circulation*. 2011;123:933–944.

2. Indiana State Department of Health. (2012). *Behavior Risk Factor Surveillance System*.

3. Centers for Disease Control. Vital Signs: Awareness and treatment of uncontrolled hypertension among adults—United States, 2003–2010. *MMWR*. 2012;61 (35):703–709.

4. Indiana State Department of Health. (2012). *Indiana Mortality Report—2010*.

5. National High Blood Pressure Education Program. (2003). *The seventh report on the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure*. Bethesda, MD: National Heart Lung and Blood Institute.



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.

## Complete Streets Indianapolis, Indiana Caleb Levell & Emily Erdmann

On Aug. 23, 2012, the Indianapolis City-County Council unanimously adopted the Complete Street Ordinance.

The streets of our cities and town should be for everyone of all ages and abilities, whether motorist, bicyclist, walker, bus rider or other. Instituting a Complete Streets Ordinance requires that all planners and engineers consistently consider every user when designing and operating the roadways.

The passing of this ordinance is an acknowledgment of what the Indiana Complete Streets Campaign partnership, planning, and persistence can achieve. For nearly three years, the Campaign initiated by [Health by Design](#), [AARP](#), [INDYCOG](#), grew to a group of more than 250 individuals and 75 organizations working together to accomplish this ordinance.

Over these past few years, the Indiana Complete Streets Campaign organized walkability assessments of statewide locations and the Indianapolis/Marion County area. The Campaign educated neighborhood associations and met with City-County Council members to increase awareness and enlist support. The Campaign worked with the Mayor's Office, the Department of Public Works, the Office of Sustainability, and others to develop language for the ordinance. All of this work was done in preparation of launching an advocacy campaign to change the way our city designs its streets and transportation system.

The Indiana Complete Streets Campaign continued on in their efforts, as they advocated for complete streets by submitting letters to the editor, holding meetings with the editorial boards of Indianapolis newspapers, reaching out to neighborhood associations, and circulating an online petition. The Campaign met with Council members, earned media attention, and gathered signatures for a sign-on letter that eventually drew support from 61 local and statewide organizations.

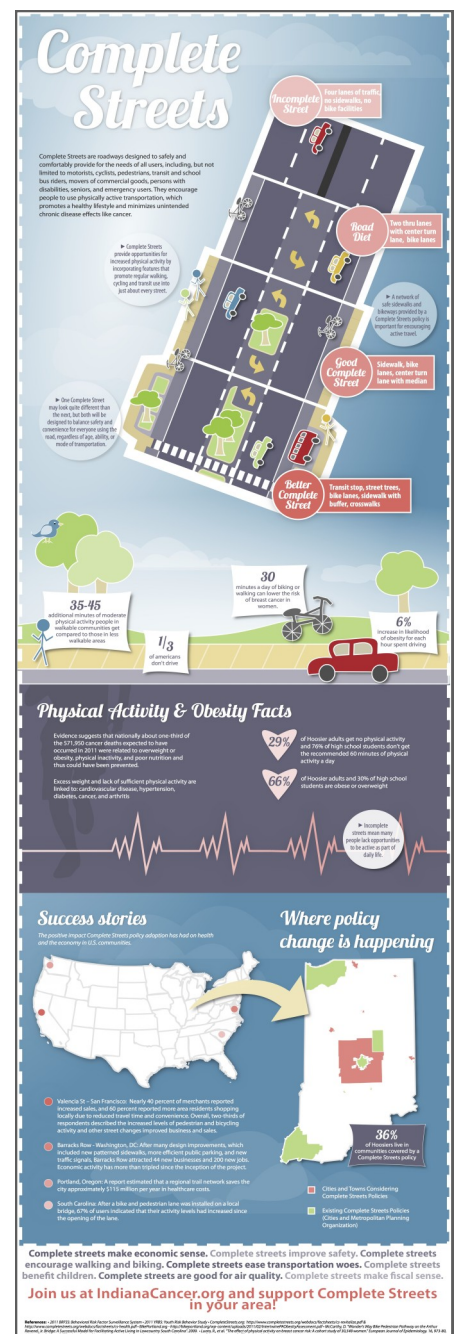
The passing of this ordinance could potentially improve the health of residents. More individuals may be inclined to walk or use bicycles, which could reduce pollution, road use and wear, and improve fitness.

The city will measure the success of the Complete Streets policy by noting changes such as miles of bike lanes, crosswalk and the number of intersection improvements, rates of crashes and injuries, estimated number of children bicycling to school, and the percentage of transit stops accessible by sidewalks and curb ramps.

The Indiana Cancer Consortium (ICC) created the *Complete Streets Infograph* in honor of the success of the Indiana Complete Streets Campaign and the passing of Indiana's sixth Complete Street ordinance. The *Infograph* details the health and economic benefit of active transportation, and illustrates how much of Indiana is now covered by a Complete Streets policy.

Click on the *Infograph* to view online and learn more about Complete Streets.

The ICC has released their latest infograph that models a Complete Street, details the health and economic benefit of active transportation, and illustrates how much of Indiana is now covered by a Complete Streets policy. Click on the picture below to view online.



## Diabetes Prevention Program Clinton County, Indiana



On October 1, 2012 the National Association of Chronic Disease Directors (NACDD) received a grant from the CDC to put the National Diabetes Prevention Program (DPP) into practice in community settings.

Clinton County, Indiana is one of 10 communities selected by the NACDD to implement the DPP. They will be a part of the national effort to reduce the number of new cases of type 2 diabetes through the use of this program.

The Healthy Communities of Clinton County Coalition has proven its ability to achieve their goals. The coalition, formed in 2006, is a partnership of healthcare providers, service care providers, educators and community leaders interested in addressing issues of health in their community. Since it has been established, the coalition has received

grants through several health organizations to address issues of safe routes to school, complete streets, tobacco cessation, asthma education, obesity prevention and minority health within the community.

The Coalition realizes that approximately 90 million people suffer from a chronic illness in our nation. Seven out of 10 deaths each year are attributed to a chronic condition, as well. Yet, many of these conditions could be prevented or delayed with lifestyle changes and screening programs for early detection.

Their past proven success and their interest in chronic disease prevention will provide them with the background needed to address diabetes prevention in Clinton County.

The CDC estimates 79 million have prediabetes, a condition of elevated

blood sugar that often leads to type 2 diabetes within a few years. The Diabetes Prevention Program is geared to those at risk of type 2 diabetes, which includes people that are overweight, age 45 years or older, have a family history of the disease, get little physical activity, developed gestational diabetes while pregnant, or are members of certain racial/ethnic groups.

The program is based on a research study which showed that people with prediabetes could reduce their risk of type 2 diabetes by making modest lifestyle changes that resulted in 5 to 7 percent weight loss and increasing physical activity to at least 150 minutes a week.

View the [Healthy Communities of Clinton County Coalition](#) website for more information.

## Resources from the CDC

### CDC Obesity Resources

Nationally, 35.7% of U.S. adults are obese. No state has a prevalence of obesity less than 20%.

Find more information:

- [Prevalence of Obesity in the U.S.](#)
- [State Obesity Map](#)

### Health, United States, 2011: In Brief

New Data Available! This annual release from CDC's National Center for Health Statistics highlights Births, Deaths, Insurance, and Access to Healthcare.

View the [Complete Report](#).  
View [State Data](#).

### CDC Worksite Health ScoreCard

This tool is designed to help employers assess and implement **evidence-based health promotion interventions or strategies** in their worksites to prevent heart disease, stroke, and related conditions such as hypertension, diabetes, and obesity.

[View the Manual.](#)

### October is Domestic Violence Awareness Month

View a [report and factsheet](#) noting the relationship between domestic violence and chronic disease.

### CDC VitalSigns Getting Blood Pressure Under Control

Each month, the CDC *Vital Signs* Program releases a call-to-action on an important public health topic using the latest available data. This month's release is related to blood pressure control. Hypertension is one of the leading causes of stroke and heart disease and a key contributor to diabetes complications.

Get more information:

[VitalSigns Fact Sheet](#)  
[VitalSigns Website](#)  
[Press Release](#)  
[MMWR](#)

### Community Health Workers Symposium

*Presented by: ISDH*

**Monday, Oct. 15, 2012**  
**Government Center South Auditorium**  
**402 W. Washington Street**  
**Indianapolis**

Register at <http://inchwsymposium.eventbrite.com>

or contact Andrea Priest at [apriest@isdh.in.gov](mailto:apriest@isdh.in.gov) or 317.233.7816

### Hospital Based Asthma Management: Promising Practices

*Presented by: Indiana Hospital Association and the ISDH Chronic Respiratory Disease Section*

**Thursday, Oct. 18, 2012**  
**Montage Center**  
**8580 Allison Pointe Blvd.**  
**Indianapolis**

Keynote address from Paul Garbe, Chief of the Air Pollution and Respiratory Health Branch, Division of Environmental Health and Hazard Effects, National Center for Environmental Health, at the Centers for Disease Control and Prevention (CDC).

“Promising Practices” in the field of asthma management will be highlighted and discussed. Additionally, an innovative local program piloted by Parkview Hospital, the Asthma Call Back Program, will be discussed.

For more information or to register:  
 Ellen Bloom, 317-234-7631  
[ebloom@isdh.in.gov](mailto:ebloom@isdh.in.gov)

### Evidence Based Public Health

*Presented by: IPHTC and ISDH*

**Nov. 7-9, 2012**  
**IU Ruth Lilly Medical Library at IUPUI**  
**975 W. Walnut Street, IB 100**  
**Indianapolis**

This national three day course was designed to assist public health practitioners in integrating new and existing skills to make evidence-based program and policy decisions. It takes a “hands-on” approach and emphasizes information that is readily available to busy practitioners.

**The course is \$100.**

Please fill out the online application at [www.publichealthconnect.org](http://www.publichealthconnect.org) and click on “IPHTC Events.” You will be sent a link for payment in mid-October.

### Indiana Healthy Weight Initiative Task Force

The Indiana Healthy Weight Initiative continues to ensure progress towards the implementation of the state obesity prevention plan and work with the ICC, InJAC, and CADI to ensure a coordinated approach to chronic disease prevention across the coalitions and their members.

The child-care work group will meet Oct. 17 from 10 a.m.-12 p.m. in Indianapolis; the State Breastfeeding Coalition will meet 9:30 a.m. at St. Vincent’s Hospital on Oct. 18.

For more information, contact April Hammerand [ahammerand@inpha.org](mailto:ahammerand@inpha.org) or visit: [www.inhealthyweight.org](http://www.inhealthyweight.org).

### Indiana Cancer Consortium (ICC)

The Indiana Cancer Consortium (ICC) has had a busy end to the summer.

In August, ICC representatives attended the 2012 CDC National Cancer Conference in Washington, D.C. A poster display titled “[Policy in Cancer Control in Indiana](#)” earned second place in the *Health Systems in a Changing Environment* category.

As September serves as Prostate Cancer Awareness Month, the ICC Prostate Cancer Coordinating Committee hosted a seminar titled “Life with Prostate Cancer.” Taking place in Fort Wayne, the ICC welcomed over 50 attendees including survivors and their loved ones to a very educational and successful session on the challenges men face after prostate cancer treatment.

Finally, after the city of Indianapolis unanimously passed Indiana’s sixth Complete Streets policy, the ICC released an informative infographic that models a Complete Street, details the health and economic benefit of active transportation, and illustrates how much of Indiana is now covered by a Complete Streets policy. [View and help us share our infographic >>>](#)

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

### Indiana Joint Asthma Coalition (InJAC)

Autumn has arrived and with the changing temperatures comes the flu season! Among InJAC’s many goals, we are working to remind every Hoosier that it’s time to get their flu shot! Nearly everyone six months of age and older should get vaccinated each year to protect against the seasonal flu. The risk for serious complications due to the influenza virus is especially high for those with chronic illnesses such as asthma. While asthma patients should all obtain the vaccine, so should those who live and work in close proximity to asthma patients, including their family, friends, coworkers and health care providers.

To read more about the flu vaccine or to learn about us, visit our [Flu Season is Here](#) page.

To receive more news and updates from InJAC, join us on [Facebook](#), [Twitter](#), or our [Website](#).

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

Cardiovascular and Diabetes Coalition of Indiana (CADI) is still in the process of transition and expansion as a coalition. The coalition is recruiting partners interested in cardiovascular health, diabetes and stroke. CADI is focused on reducing the burden of cardiovascular disease, diabetes, and stroke in Indiana through the development of evidence based state wide programs to educate health care professional and increase the awareness of cardiovascular disease, diabetes, and stroke in Indiana. CADI meets quarterly; the next meeting is scheduled for Dec.12, 2012 at 1p.m.

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