

# Ensuring that everyone in Indiana has access to core public health services

Tracking the successful collaboration between Health First Indiana and the Indiana Hospital Association.



## Improving health through collaboration

Health First Indiana (HFI) seeks to tackle Indiana's chronically poor health rankings by focusing on the local level. This effort starts with providing counties with data on their health issues and giving health departments resources to address their most pressing local needs. It continues through partnerships with stakeholders, including local elected officials, hospitals, clinics, and schools.

HFI knows that in order to succeed, counties need autonomy to determine their unique health needs and implement evidence-based programs focused on prevention. That's why HFI supports hospitals and local health departments in working together on 15 core public health services.

**Because when health care and public health partners work together, everyone wins.**

As a response to the recommendation on public health funding, [legislation passed](#) in 2023 created the "Health First Indiana" initiative, which included \$225 million in funding for counties and local communities to provide core public health services, including trauma and injury prevention, chronic disease prevention, maternal and child health, childhood lead screening, and more.

## The history of Health First Indiana

HFI was born out of the 2021 Governor's Public Health Commission to study and better understand Indiana's public health systems and related challenges. The Commission was co-chaired by former state Sen. Luke Kenley, who spent decades managing complex issues and budgets for the state, and Dr. Judy Monroe, who served as Indiana's state health commissioner from 2005 to 2010 and is the current president and CEO of the CDC Foundation.

From September 2021 through June 2022, the Commission identified six areas of focus for the state:

-  **Governance, Infrastructure, and Services**
-  **Workforce**
-  **Emergency Preparedness**
-  **Public Health Funding**
-  **Data Information Integration**
-  **Child and Adolescent Health**

Previously, local health departments were funded primarily by local property taxes with a limited appropriation from the state. Under HFI, health departments are eligible to receive additional state funding. Local officials vote whether to take this funding and, by accepting, agree to have their health department provide the core public health services.

This structure underscores a key tenet of HFI:

**Local health departments determine how the funding is spent because they know best how to improve the health of their communities.**

Members of the Indiana Hospital Association (IHA) like [Rush Memorial Hospital](#) were integral in informing how HFI approaches hospital-health department collaboration. In November 2023, the IHA Board of Directors confirmed its commitment to support HFI, asking all member hospitals to pledge to improve public health outcomes in the counties they serve. In response, as of October 2024 over 120 hospitals have taken the pledge. HFI and IHA are moving into the next phase of reviewing the pledge data, convening members, and sharing best practices related to their commitments.



**Over 120 hospitals** have pledged to collaborate and communicate with **local health departments** on pressing issues, focusing first on some of the **most pressing issues** that impact people's everyday lives: infant and maternal mortality, obesity, and smoking cessation.

## What's next

HFI is focused on year two funding and initiatives, which all 92 counties in Indiana have opted in to receive. Look for more qualitative and quantitative success stories from local health departments, hospitals, and partners.

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## The tangible, mutual benefits when hospitals and local health departments work together



**Improved communication.** After a hospital signs the pledge to support HFI, it identifies one point of contact for all public health initiatives. This process results in streamlined, timely communication for all partners, thus resulting in faster, more efficient delivery of information and action.



**Streamlined common goals.** Hospitals and local health departments are collaborating on priority issues and working to meet key performance metrics together. For example, to improve Indiana's infant mortality rate, HFI partners are identifying the number of families who are referred to services like contraceptive care, home visiting, prenatal care, substance use disorder treatment, and more. They are also documenting and working to increase the number of counties implementing an evidence-based program to improve birth outcomes. By understanding the causes of infant mortality, this work can drive education and prevent deaths.



**New initiatives.** As a result of HFI, the [Indiana Trauma Care Commission](#) was created in 2023 to strengthen the trauma system in Indiana. The Commission consists of 13 members from the state who will help make a trauma system plan focusing on integration between hospitals (trauma and non-trauma) and EMS. For people in Indiana, this will mean faster, more cohesive emergency services.



**Increased transparency and information sharing.** The HFI website includes an interactive map with county-level funding and budget information and current programs and priorities. This transparency helps to build trust between organizations and also with the public.

### Interested in doing this work in your own community?

As a first step, do an inventory of your current relationships and partnerships between health care and public health organizations in your community. Where can these relationships be codified or made more "turnover proof" through formal agreements, funding, or joint initiatives around shared goals? Next, engage with local, county, and state leaders to share information about HFI as a potential model from which to learn.

And of course, head to [CommonHealthCoalition.org](#) for more examples and resources on how health care and public health can work together to improve outcomes.