

Investing in Indiana's Public Health Infrastructure Through Community-Driven Policy Change

In summer 2021, with COVID-19 case rates declining, Indiana State Health Commissioner Kris Box approached Governor Eric Holcomb with several options to leverage lessons learned during the pandemic to improve Indiana's public health system. Recognizing the unique opportunity to improve Hoosiers' health, Gov. Holcomb established the [Governor's Public Health Commission](#) (the Commission) in August 2021. Co-chaired by former State Senator Luke Kenley and former State Health Commissioner Judy Monroe, the Commission included individuals from state and local public health, healthcare partners, local elected officials, and a citizen representative. The Commission was charged with assessing Indiana's public health system and making recommendations for improvement.

Gathering Input from the Community

Indiana has a strong ethos of community collaboration and decision-making, with many communities looking to preserve local control. Because of this, those involved in the Commission worked with communities to ensure that the resulting governmental public health system was tailored to what each community needed, keeping community choice and local control central throughout the process.

To begin its effort of listening to communities, the Commission held [10 public meetings](#) from September 2021 – June 2022, with all meetings available to the public via Indiana Department of Health's (IDOH) YouTube channel. Over the course of the meetings, Commission members gathered information from subject matter experts and key stakeholders. A crucial part of the Commission's work was its [listening tour](#), where the Commission visited seven areas of the state and received public comments on what Hoosiers wanted to see from their public health system. Additionally, Commissioner Box and Sen. Kenley met with more than 50 organizations across the state, engaging them in the process and building relationships with groups (e.g., schools and business executives) beyond typical public health partners.

Through these meetings Commission members heard from communities that had watched their healthcare system weaken in recent years. Like other similar communities nationwide, many rural Indiana communities had seen their [hospitals close](#) or change to outpatient facilities, making it more difficult for residents to access care. With these concerns in mind, Commission members were able to talk with community members about the potential benefits of investing in public health programs to improve their overall health and lower their barriers to accessing healthcare.

This extensive outreach and community engagement aimed to allow people to feel truly heard by their leaders, who in turn could better understand the needs and concerns of their residents. For example, these conversations highlighted community concerns surrounding public health data and privacy, providing health agency leaders the opportunity to educate the public and partners that data privacy and security was a shared value that public health leaders cared about deeply. Another theme that arose from the conversations was the desire for a public health system based on local control, empowering each community to tailor solutions to fit their unique needs.

Synthesizing and Publishing Recommendations

In June 2022, the Commission adopted its draft report, which was [finalized and submitted](#) to Gov. Holcomb on Aug. 1, 2022. The report outlined the following six core areas of improvement for the state public health system:

1. *Governance, Infrastructure, and Services*: The state should establish baseline services for all Indiana local public health departments and expand IDOH resources to support them through funding and technical assistance.
2. *Public Health Funding*: The state should increase public health funding from \$55/person to \$91/person (the 2019 national average of per person public health spending), adjusting for inflation for long-term investment and providing transparency and accountability for monies spent.
3. *Workforce*: The state should establish a health workforce council, co-chaired by the state health commissioner and secretary of family and social services, to coordinate and plan workforce programs and initiatives. This workforce council should also provide a framework for developing a state health workforce plan.
4. *Data and Information Integration*: The state should modernize public health systems and processes while ensuring data coordination across state health and human services entities, maintaining privacy protections and appropriate consents for data use.
5. *Emergency Preparedness*: The state should require all local health departments to seek available federal funding to support public health emergency preparedness and increase their use of existing emergency management tools across the healthcare and public health systems, including expanding the emergency medical services workforce and improving regional coordination for emergency response.
6. *Child and Adolescent Health*: The state should improve early childhood education and school-based health education, prevention, and wellness activities by increasing services and staffing.

Once the Commission released the report, IDOH leaders prepared to implement the report recommendations by assessing internal agency systems and processes and making necessary changes. For example, some programmatic teams began working more closely with local health agency staff to achieve their program objectives.

Cultivating Support for Legislative Action

Over the course of the Commission's tenure, the extensive community engagement helped generate support from a wide range of organizations, leaders, and advocates for the Commission's recommendations. Commission leaders worked to educate the public and policymakers about both the Commission's work and the need to implement reform, holding additional meetings and [publishing opinion pieces](#) in prominent state publications.

Additionally, IDOH leaders worked closely with the governor's office and other leaders to educate legislators about the Commission's findings and recommendations, reaching out to leadership in the Indiana House and Senate to garner early feedback and gauge legislative appetite for the effort. This outreach successfully gained support from the Indiana General Assembly, particularly in the Senate, where leadership made implementing the Commission recommendations a policy priority for the 2023

legislative session. IDOH and other partners worked with state House leadership and committee chairs to keep them informed and engaged throughout the legislative process.

Communicating and Engaging Stakeholders

Public health funding depends on state resources, with additional support provided by the federal government. Often, people living in jurisdictions with high poverty and suffering from significant health disparities are also skeptical of the actions of the government and political leaders. Nationwide, efforts to improve public health have been met with such resistance, requiring leaders to work with community-based organizations to create innovative solutions for improving trust in public health.

As the pandemic entered its third year, America's trust in government agencies and elected leaders alike declined significantly. And while the erosion of trust started many decades ago, the challenges of the pandemic magnified the growing tension between public health experts and the people they serve. According to [a study by Harvard's T.H. Chan School of Public Health](#), lower trust in public health was related primarily to beliefs that health recommendations were politically influenced and inconsistent. Declining trust in public health is rooted in many dynamics, particularly public health communication and outreach.

“Indiana has long received accolades for its economic and business prowess. Our state’s reputation suffers, however, when we look at public health metrics.”

—Governor’s Public Health Commission Co-Chairs

Driven largely by these realities, IDOH aimed to rebuild trust in public health, educate Hoosiers about the importance of public health policies and guidance, and showcase the benefits and values of the state’s public health system.

From the onset, IDOH embraced the notion that to gain support for significant increases in state dollars to local health departments in a politically charged state, they would need to build relationships with key stakeholders by tailoring communication to the needs of local communities. They also realized that to build public confidence, they would need to create an effective communications plan that referenced the economic impact of an ineffective public health system.

IDOH established four simple goals:

1. Collaborate on ways to address issues of mistrust with diverse audiences, such as the state’s K-12 school districts, colleges and universities, the private sector, and faith-based communities.
2. Develop responsive, inclusive, transparent, and consistent communication that resonates with all stakeholders.
3. Foster a sense of inclusion and understanding of the proposed public health reform initiative.
4. Create campaigns to promote awareness around the role, authority, and benefits of public health.

Over the three-month period, the team rolled out a three-pronged strategic communications strategy:

- Provide stakeholders with accurate and timely message points, data, fact sheets, and other communication educational resources.

- Actively engage stakeholders using social media channels such as X (formerly known as Twitter) and Facebook.
- Engage the media to reach a large cohort of people. (This included radio, television, print, and digital media.)

They found early success in their communications strategy. The team created a digital communications hub that provided support and resources to state and local elected officials, community groups, public health advocates, academics, and other key stakeholders. The hub also served to counter misinformation and disinformation. Local health departments were able to configure and customize the resources and brand them using their local health department's logos.

The team also implemented a process for directly communicating with local public health leaders, as IDOH staff would receive and answer questions about the reform efforts through emails, phone calls, and face-to-face meetings. By doing so, they were able to quickly provide reliable, clear, timely, and consistent communication.

As a part of their commitment to be inclusive, IDOH prioritized their engagement activities for groups traditionally left out of decision-making. For example, the team conducted targeted outreach to local groups representing people of color, immigrants, people with disabilities, and older adults to effect awareness and support. In addition, they prioritized using language that was accurate, transparent, and empathetic. Messages were tested and revamped to meet the needs of the local community. Further, in response to criticism by stakeholders about past or current decisions or mistakes, the team “took the hits, learned from them, and kept moving forward” with engagement activities. Finally, the Commission had a public comment form available online that anyone could use to submit feedback. The synthesis of these were read into the record and shared with members.

2023 Legislative Session

IDOH leaders worked with legislative leadership and the Indiana Senate Health and Provider Services Committee to [introduce Senate Bill 4](#) (SB 4) on Jan. 9, 2023. As introduced, SB 4 defined core public health services for the state, reimagined the relationship between IDOH and local health departments, and authorized the health commissioner's use of statewide standing orders to stock emergency medication in schools.

Following the bill's introduction, IDOH and other leaders held a partner call—bringing together the diverse leaders and organizations that helped inform the Commission's findings and support the implementation of the Commission's recommendations—to provide information on SB 4 and talking points for communicating with legislators. Among Commission and IDOH leaders, there was a strong desire for advocacy supporting SB 4 from partner organizations, such as the [Indiana Chamber of Commerce](#).

Commissioners and IDOH leaders engaged with legislators directly, holding one-on-one meetings with legislators to discuss the goals of the legislation and answer questions. Grassroots supporters of SB 4 also met individually with legislators, with many able to connect with legislators of similar backgrounds and frame the need to pass SB 4 in a way that resonated with the legislators. Many of the conversations IDOH

and other supporters centered on building a strong and healthy workforce, noting data on [decreased life expectancy](#) among prime-age workers (individuals ages 25-64) and the impact trauma has on overall health. These messages, coupled with information from local economic development leaders that showed that businesses look at the health of a population when choosing a location, helped gain support in the legislature.

The bill was unanimously passed out of the Senate Health and Provider Services Committee and was referred to and passed out of the Appropriations Committee. On Feb. 23, 2023, an [amended SB 4](#) that included an increase in state public health funding passed the Senate by a 41-7 vote. The House Public Health Committee and Committee on Ways and Means then considered the bill, resulting in several additional amendments to the legislation before it [passed the chamber](#) on April 17, 2023, by a 78-21 vote. A conference committee worked to resolve differences between the bill versions, and the [final version of the bill](#) passed the legislature on April 27, 2023 and was signed by Gov. Holcomb on May 4, 2023, becoming Senate Enrolled Act 4.

Throughout the legislative process, IDOH thoughtfully considered and addressed concerns expressed by residents and interested parties. Some of these concerns included the tension between increased investment in state public health, the ability to maintain local control of public health services, and some individuals' desire to not grow the size of government. Addressing these tensions resulted in several compromises throughout the process, such as determining the minimum qualifications for a person to be appointed as a local health officer. It ultimately strengthened SB 4 and Indiana's public health system by providing guidance to local health agencies accompanied with flexible funding to achieve the core public health services in a manner best suited for the local jurisdiction.

Implementation

Under the enacted budget ([HEA 1001-2023](#)), local public health agencies receive higher base public health funding, with additional funding available for localities with a high [social vulnerability index score](#) and lower life expectancies. Localities are now also able to collaborate with other jurisdictions in their region to provide core public health services to their jurisdictions, enabling smaller jurisdictions to pool their limited funds to contract or hire personnel to support these services. The new law places local public health agencies at the center of service delivery and helps them partner with local organizations to fill in program gaps. Through this shift, IDOH has become a hub of best practices that can provide technical assistance to local agencies with dedicated resources.

Maintaining local control was a central factor in passing SB 4, one aspect of which was requiring local jurisdictions to opt in to the increased public health funding. As of October 2023, 86 of Indiana's 92 counties opted in to receive additional funding. To provide technical assistance to local health departments, IDOH is leveraging funding from the [Public Health Infrastructure Grant](#) to develop regional teams to provide support and resources (e.g., sample press releases or a guide to the legal public health framework in the state) for local health departments.

Key Takeaways

IDOH and the members of the Governor's Public Health Commission have learned a lot from their efforts to improve public health in Indiana. Some of their key findings include:

- It was crucial to engage with a group of leaders with diverse viewpoints (especially elected officials) early in the process and to maintain engagement throughout.
- Centering community voices and decision-making helped create a system tailored to those communities, creating a stronger foundation for public health to succeed.
- This was a collaborative effort with leaders working together to create a bill and implement it in a way that worked for all. In this state, that included a strong need for local agencies to retain local control of public health and for funding to flow to local government.
- Focusing the message on the community needs (e.g., a strong and healthy workforce) helped demonstrate the need for the bill and get support, especially for more rural communities.
- IDOH invested significant staff time and resources to supporting this effort, and having established roles and responsibilities for agency staff was a key element of success in supporting the Commission, working with partners to create a bill, and supporting the bill's passage and implementation.
- It was essential to reframe messages to find similar and shared values (e.g., an interest in long-term economic security) among different groups of stakeholders.
- IDOH did not get everything it initially proposed but was still successful. It's important to change the definition of success as your constraints change.

Appendix A

The following is a snapshot of the news coverage of Indiana's public health reform efforts:

- Blanchard P. "Funding for education, public health expected to dominate 2023 Legislature." *Indianapolis Business Journal*, December 9, 2022. <https://www.ibj.com/articles/whats-on-tap-for-2023-legislature>
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- Redding A. "Column: Will Indiana finally do the right thing on public health?" *South Bend Tribune*. September 11, 2022. <https://www.southbendtribune.com/story/opinion/2022/09/11/column-indiana-has-a-map-to-better-public-health-will-we-follow-it/66959109007/>
- Sparer M, Brown L. "Two red states show how the nation's public health system can be fixed." *Boston Globe*. September 8, 2022, <https://www.bostonglobe.com/2022/09/08/opinion/two-red-states-show-how-nations-public-health-system-can-be-fixed/>
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