

The COVID-19 pandemic has cast a spotlight on the importance of high-quality public health systems, particularly states' capabilities to conduct contact tracing and vaccine distribution. Even beyond the pandemic, Indiana's ability to prevent illness and lead our communities through public health emergencies will have a dramatic impact on the well-being of Hoosiers. Evidence shows that investing in public health is correlated with longer lifespans and lower spending on health care. **But Indiana's public health system is ranked among the lowest in the country,** and our people are suffering the consequences.

The Richard M. Fairbanks Foundation commissioned a study from Indiana University's Richard M. Fairbanks School of Public Health at IUPUI to examine the state's current public health system and provide recommendations for restructuring it to achieve better outcomes. The research found that **a lack of state-level oversight and coordination and chronic underfunding has led to gaps in public health infrastructure, particularly in rural and less affluent communities.**

A major cause of Indiana's low ranking is the decentralization of its public health system. The lack of state-level oversight for local health departments (LHDs) results in inconsistent capabilities across Indiana's districts, and most LHDs in the state have limited capabilities. Additionally, since 1980, Indiana has been a "Home Rule" state, which gives counties autonomy in handling local public health affairs. This creates further variations in how LHDs in the state operate, with differences in financing, size, and health official expertise. Although Indiana Code includes requirements for the appointment of local health officials and states that local health officials must be medical doctors, there is no minimum level of public health training or expertise required across the state.

Another important factor is the underfunding of the state's public health system. Unlike most states, which rely equally on state, federal, and local funding, most of Indiana's 94 LHDs are primarily funded by local sources, which limits the amount of necessary services and efficient care community members can receive. The national median funding among LHDs is \$41 per capita, but over a third of Indiana's LHDs have budgets of less than \$10 per capita. According to the report, Indiana communities not only receive less public health funding compared to neighboring states, but they are

also less likely to implement nationally recommended public health activities.

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The consequences are striking. The state's rate for preventable mortality, such as infant deaths, accident deaths, and alcohol, drug and suicide deaths, is at least 10% worse than the U.S. average, and our state's low vaccination rates (for diseases other than COVID-19) only exacerbate the problem. Indiana also scores near the bottom tier for public health preparedness, and with one of the highest rates of adult smokers in the nation, Hoosiers face a greater risk of preventable disease and cancers resulting from tobacco use. What's more, when COVID-19 struck Indiana, some LHDs shut down and were not able to function as part of a focused, statewide response.

WE CAN BUILD THE PUBLIC HEALTH SYSTEM THAT HOOSIERS DESERVE BY FOLLOWING KEY RECOMMENDATIONS:

- Create a uniform approach to deliver Foundational Public Health Services across the state.
- Create a district-level mechanism to enable resource sharing among LHDs.
- Strengthen the State Health Department's oversight and capacity to support the local public health delivery system.
- Under the auspices of the state board of health, create a multi-disciplinary state-wide implementation committee tasked with executing recommended steps, including training Local Health Officials, adding district level offices to the existing structure, and more.

With these structural changes, we can support a more robust, consistent and resilient public health system. This will ensure all Hoosiers have access to quality health services and strengthen our communities.