OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Infant Mortality

Indiana Department of Health

Data details

- 2023 infant mortality by the numbers
  - Based on death records from 2023
  - These deaths encompass births that could have taken place in 2022 or 2023
  - These deaths encompass pregnancies that could have taken place from 2021-2023
- Infant mortality is calculated by taking the number of infant deaths divided by the number of live births for a given calendar year
- Both birth and infant death records are reported to the Indiana Department of Health Vital Records Division
- These data are based on residency rather than location of occurrence

Indiana Department of Health

Birth Outcomes

Infant mortality rates (IMRs)
2014-Preliminary 2024
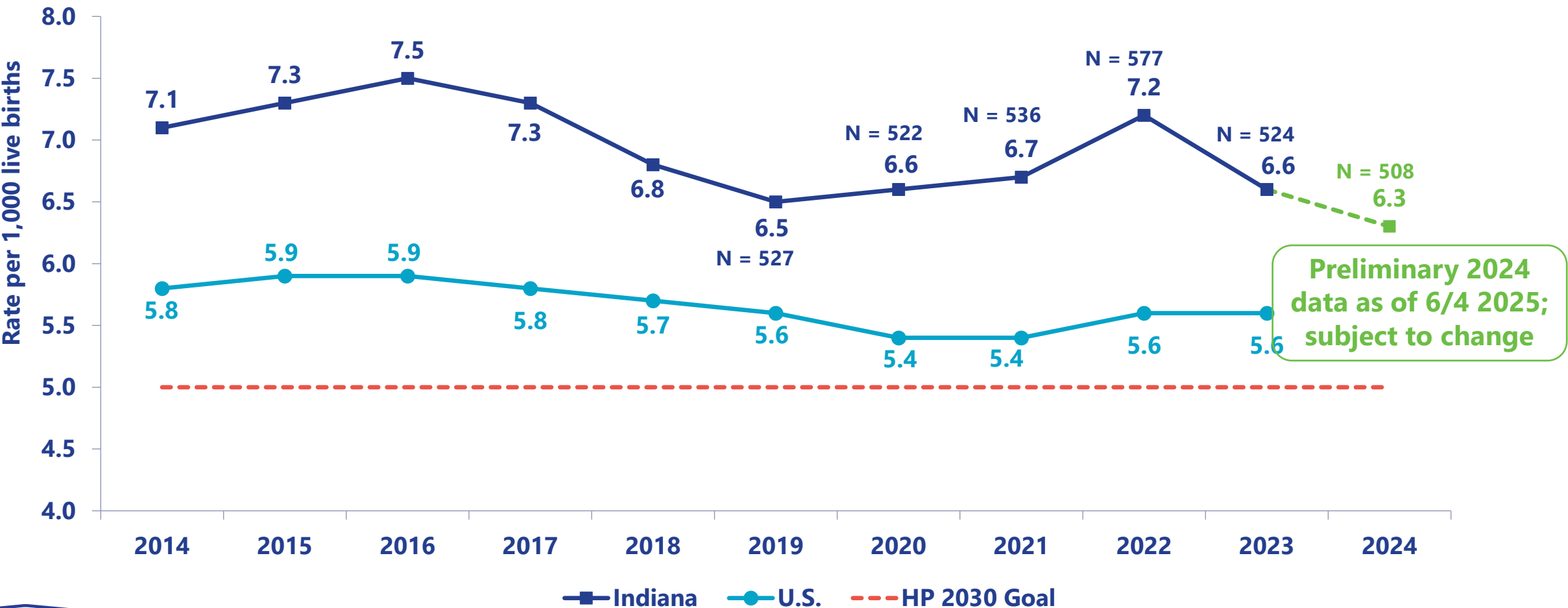
Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [April 29, 2025]
United States Original Source: Centers for Disease Control and Prevention National Center for Health Statistics
Indiana Original Source: Indiana Department of Health, Vital Records, ODA

6

Indiana IMRs by race/ethnicity
2014-2023

Legend: ◆ Indiana ■ Non-Hispanic White ▲ Non-Hispanic Black ● Hispanic

Y-axis: Rate per 1,000 live births (4.0 to 16.0)

X-axis years: 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023

Non-Hispanic Black: 14.4, 13.0, 14.1, 15.4, 13.0, 11.0 (N = 118), 13.2 (N = 139), 13.2 (N = 144), 14.1 (N = 140), 13.8 (N = 135)

Indiana: 7.1, 7.3, 7.5, 7.3, 6.8, 6.5 (N = 527), 6.6 (N = 522), 6.7 (N = 536), 7.2 (N = 577), 6.6 (N = 524)

Hispanic: 6.9, 8.5, 9.0, 7.6, 6.1, 6.4 (N = 54), 6.0 (N = 51), 8.1 (N = 71), 7.9 (N = 78), 7.0 (N = 74)

Non-Hispanic White: 5.9, 6.3, 6.3, 5.8, 6.0, 6.0 (N = 342), 5.5 (N = 309), 5.4 (N = 312), 5.6 (N = 309), 5.1 (N = 271)

Indiana Department of Health

County-level Indiana infant mortality rates
2019-2023, stable rates

10 highest stable infant mortality rates

Noble, 10.1

Grant, 9.7

LaPorte, 9.2

St. Joseph, 8.7

Adams, 8.6

Cass, 8.3

Marion, 8.2

Madison, 8.2

Bartholomew, 7.7

Kosciusko, 7.7

Stable rates achieving Healthy People 2030 Goal (IMR<5.0)

Porter, 3.0

Hamilton, 4.5

Hendricks, 4.6

Indiana Department of Health

**Infant Mortality Rates (IMRs) are per 1,000 live births.
Stable rates are based on counts of at least 20.**

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Causes of Indiana infant mortality

6.5 (2019)
- 0.8 Other
- 0.3 Assaults/Injuries
- 1.2 SUIDs
- 1.6 Congenital Anomalies
- 2.6 Perinatal Risks

6.6 (2020)
- 0.6 Other
- 0.3 Assaults/Injuries
- 1.3 SUIDs
- 1.6 Congenital Anomalies
- 2.8 Perinatal Risks

6.7 (2021)
- 0.8 Other
- 0.3 Assaults/Injuries
- 1.1 SUIDs
- 1.6 Congenital Anomalies
- 2.9 Perinatal Risks

7.2 (2022)
- 0.9 Other
- 0.3 Assaults/Injuries
- 1.2 SUIDs
- 1.3 Congenital Anomalies
- 3.6 Perinatal Risks

6.6 (2023)
- 0.7 Other
- 0.2* Assaults/Injuries
- 1.2 SUIDs
- 1.3 Congenital Anomalies
- 3.2 Perinatal Risks

Legend:
- Other
- Assaults/Injuries
- SUIDs
- Congenital Anomalies
- Perinatal Risks

Infant Mortality Rates (IMRs) are per 1,000 live births.

Cause-specific IMRs may not add up to the overall IMR for each year due to rounding.

Indiana Department of Health

*Rates based on counts less than 20 are considered unstable and should be interpreted with caution.

2023 Indiana infant deaths by age

N = 524
Total neonatal = 329
Total post-neonatal = 195

62.8%

of Indiana infant deaths occurred during the neonatal (0-27 days) period

5.7%	**Over 6 Months**
31.5%	**28 Days – 6 Months**
12.8%	**8 Days – 27 Days**
9.7%	**25 Hours – 7 Days**
40.3%	**Birth – 1 Day**
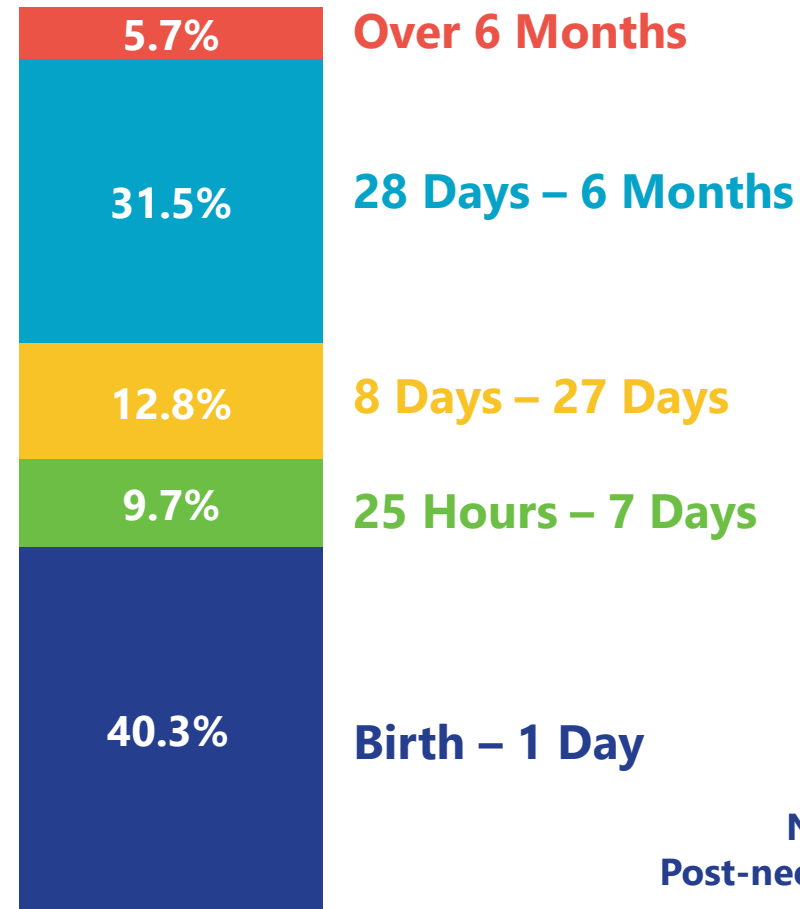
Neonatal = 0-27 days
Post-neonatal = 28-364 days

Time-specific percentages may not add up to 100% due to rounding.

Indiana Department of Health

PSA from the Indiana Child Fatality Review Team

Indiana Department of Health

Indiana Child Fatality Review

- Statewide Child Fatality Review Committee and Local Child Fatality Review Teams conduct reviews of child deaths that are:
  - o Sudden, unexpected, or unexplained or
  - o Assessed by the Indiana Department of Child Services or
  - o Undetermined, homicides, suicides or unintentional (accidents).
- There are 67 local Child Fatality Review teams covering all 92 counties.
- All pediatric drownings are reviewed each year.
- **In 2018 through 2023, 127 children ages 0-17 years died by drowning (Indiana residents).**
- Every year, **drowning is the leading cause of death for Indiana children ages 1 through 4** years.

Indiana Department of Health

Facts about drowning

- Drowning is a leading cause of unintentional injury-related death in children ages 14 years and younger

- Nearly half of drowning deaths are among infants and toddlers

- Infants (0 to 12 months) are most likely to drown in bathtubs

- Most drowning deaths among children ages 1 through 4 years occur in residential swimming pools

- The likelihood of drowning in open water sites (such as lakes, rivers and oceans) increases with age

Indiana Department of Health

Source: Centers for Disease Control and Prevention, 2024

Facts about drowning

- Two-thirds of drowning deaths occur between May and August
- Boys account for three out of four child drowning deaths
- Most children who drowned in swimming pools:
    o Were last seen inside the home
    o Had been missing for less than five minutes
    o Were in the care of one or both parents

Indiana Department of Health

Source: Centers for Disease Control and Prevention, 2024

Drowning and near drowning

For every child who fatally drowns, **five more** children are treated in the emergency department.

Drowning:

Death from suffocation by submersion in water

Near drowning:

Survival, at least temporarily, after submersion in water

Indiana Department of Health

Source: Indiana Hospital Association, 2022

Example of water safety messaging:
Swimsuit color test in a dark pool

SWIM SUIT COLOR TEST RESULTS - DARK POOL

Indiana Department of Health

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Source: Alive Solutions, 2023

Example of water safety messaging:
Swimsuit color test in a lake
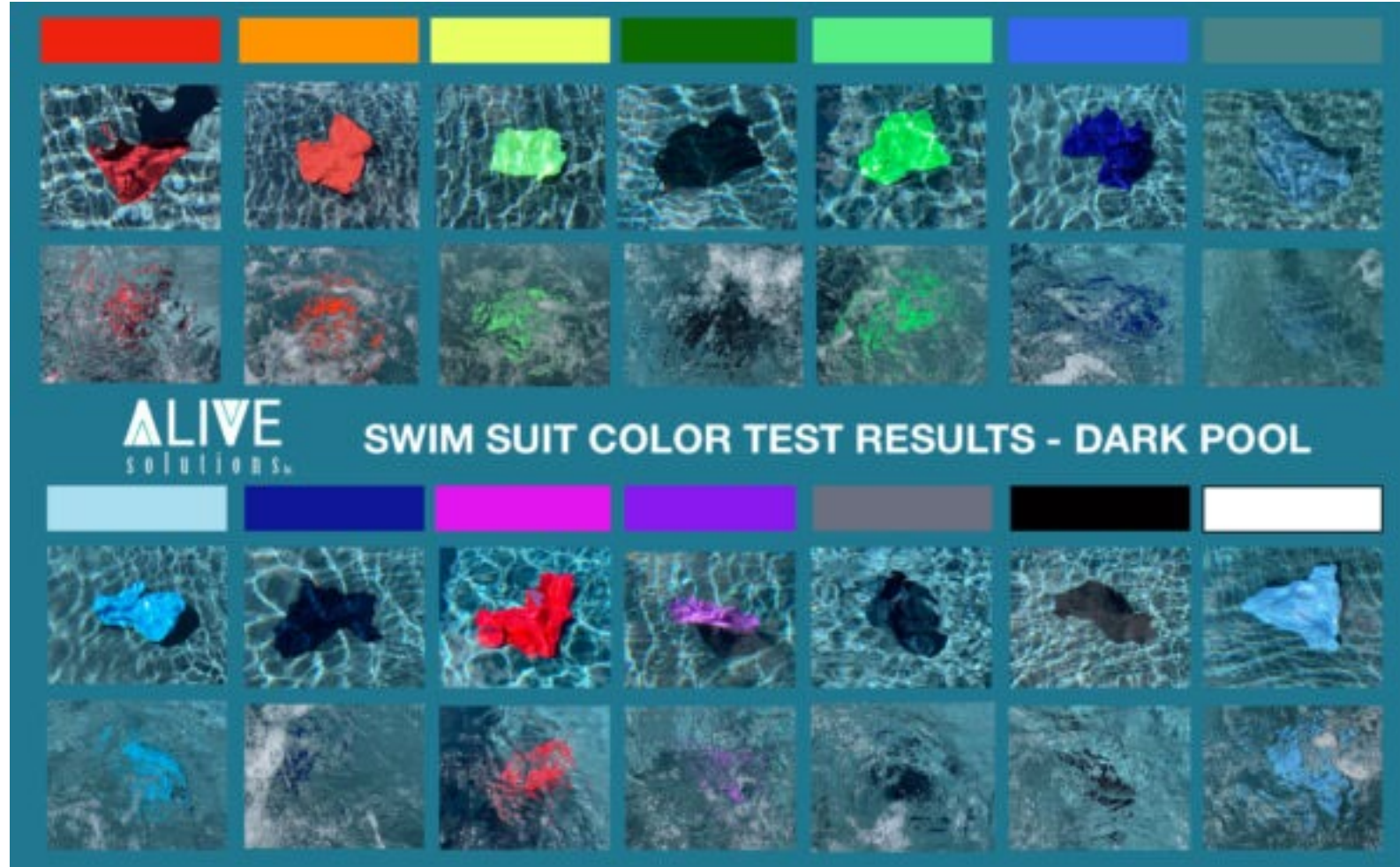
SWIMSUIT COLOR TEST RESULTS - LAKE
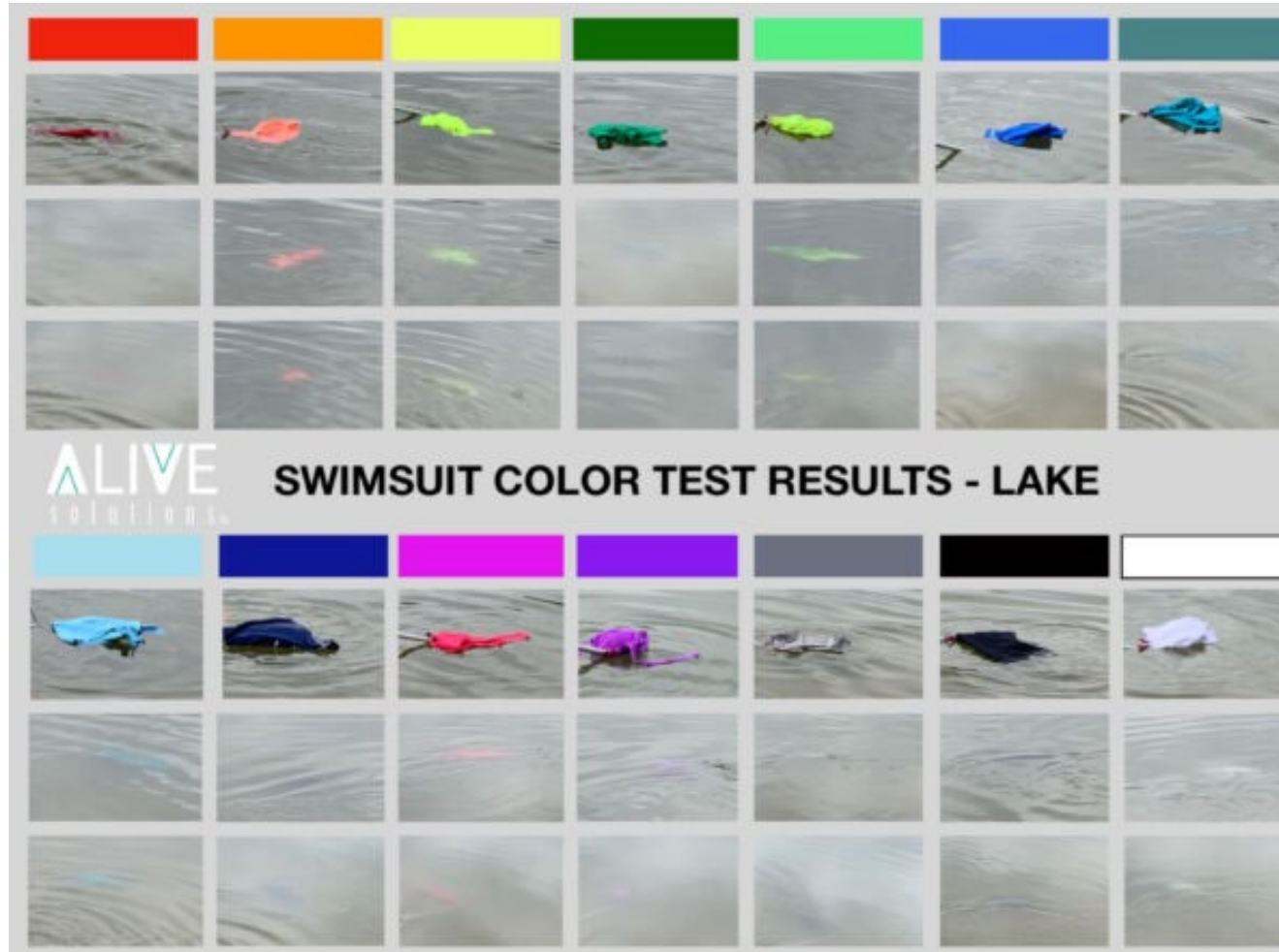
Scan the QR code to learn more!

Source: Alive Solutions, 2023

Indiana Department of Health

Barriers to water safety

- Common barriers faced by families include:
  - Not being able to afford swim lessons
  - Lack of transportation to attend swim lessons
  - Cultural or religious circumstances
  - Communities not having access to a public pool to host lessons
  - Caregivers' work schedules
  - Not realizing the risks of drowning
  - Changing/locker room is an intimidating environment for children
- How do we make swim lessons more accessible and address these barriers?

Indiana Department of Health

Drowning prevention mini-grants

In September 2024, the Division of Family Health Data and Fatality Prevention released a request for applications for local organizations to apply for funds to implement water safety programming in their communities. An element of each application required connecting with their local health departments to ensure cross collaboration. A total of nine grantees were selected and awarded funds for water safety programming and activities.

Grantees:

- Crawfordsville Fire Department
- Firefly
- Indiana University
- Jameson Camp
- LaGrange County Parks and Recreation Department

- The Villages, Prevent Child Abuse
- YMCA of Clay County
- YMCA of Greater Indianapolis
- St. John Fire Department

Indiana Department of Health

Drowning prevention mini-grants

Photos from a water safety event hosted by the Indiana University grantee in April.

Indiana Department of Health

LHDs trained in WARN

The Division of Family Health Data and Fatality Prevention offers a free training for local partners to learn more about how to promote water safety in their communities.

- Water Awareness in Residential Neighborhoods

- This training is typically 30 minutes with time for conversation and questions at the end.

- Certificates are sent to all participants for proof of completion following all trainings.

Interested in being trained in WARN?

Email Olivia Hesler at ohesler@health.in.gov!

LHDs trained in WARN

Since the relaunch of WARN in October 2024, staff from 19 local health departments have been trained and certified in water safety through IDOH.

Local Health Departments trained:

- Cass County
- Huntington County
- Wabash County
- Dekalb County
- Montgomery County
- Lake County
- Floyd County
- Pulaski County
- Pike County

- Monroe County
- Floyd County
- Washington County
- Bartholomew County
- Decatur County
- Miami County
- Posey County
- Owen County
- Clay County

Indiana Department of Health

Youth Tobacco

Indiana Department of Health

Current Use of Tobacco Products Among Middle & High School Students, IYTS 2024
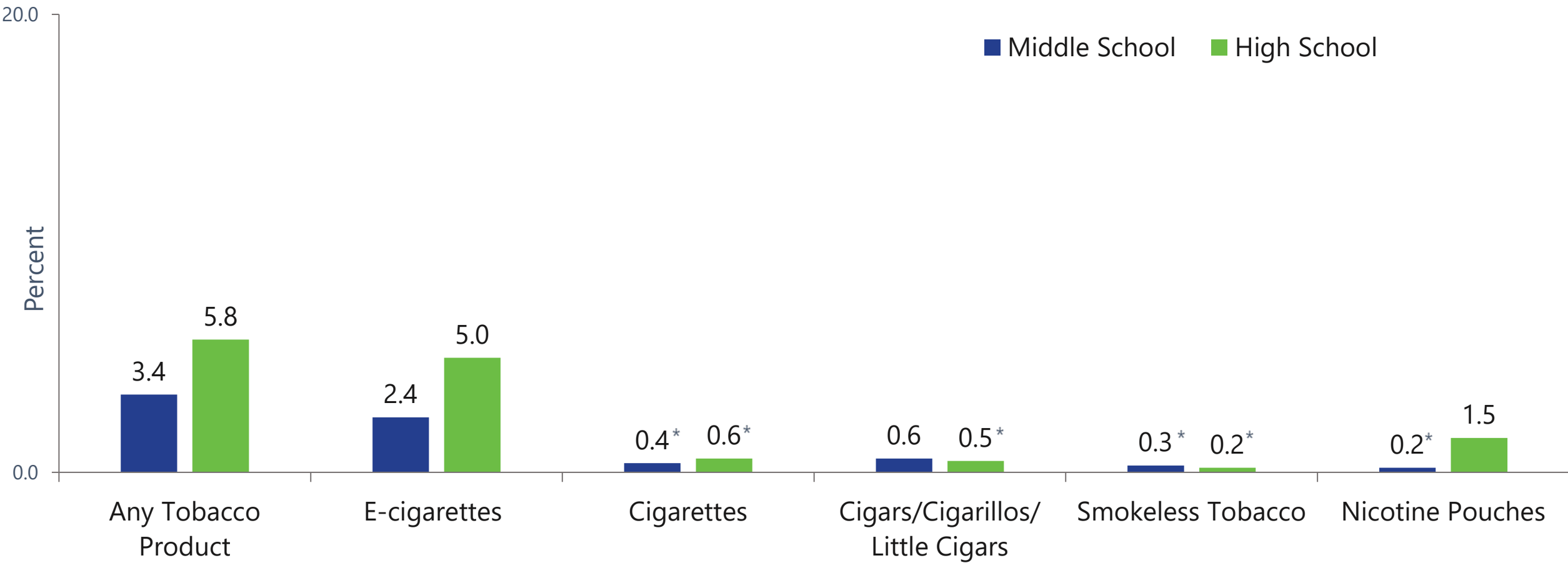
Percent

■ Middle School   ■ High School

Product	Middle School	High School
Any Tobacco Product	3.4	5.8
E-cigarettes	2.4	5.0
Cigarettes	0.4*	0.6*
Cigars/Cigarillos/Little Cigars	0.6	0.5*
Smokeless Tobacco	0.3*	0.2*
Nicotine Pouches	0.2*	1.5

Indiana Department of Health

High School: Current use of cigarettes, cigars, smokeless tobacco, pipe, hookah, snus, dissolvable tobacco, nicotine pouches, e-cigarettes or heated tobacco products.
Middle School: Current use of cigarettes, cigars, smokeless tobacco, pipe, hookah, snus, dissolvable tobacco, nicotine pouches, or e-cigarettes
*Unstable estimates. Interpret with caution.

Trends in Current Use of Any Tobacco, Middle & High School, IYTS 2012-2024

High School: Current use of cigarettes, cigars, smokeless tobacco, pipe, hookah, snus, dissolvable tobacco, nicotine pouches, e-cigarettes or heated tobacco products.
Middle School: Current use of cigarettes, cigars, smokeless tobacco, pipe, hookah, snus, dissolvable tobacco, nicotine pouches, or e-cigarettes
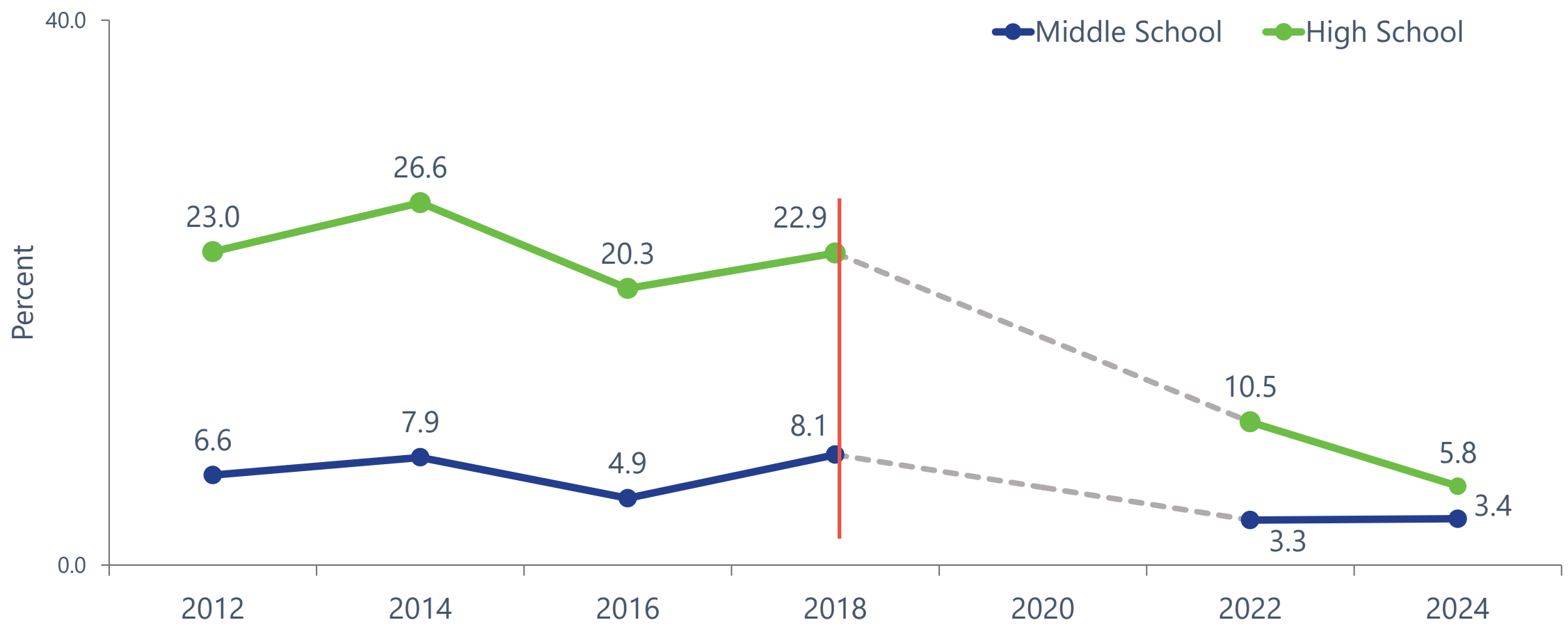
Trends in Current E-Cigarette Use, Middle & High School, IYTS 2012-2024
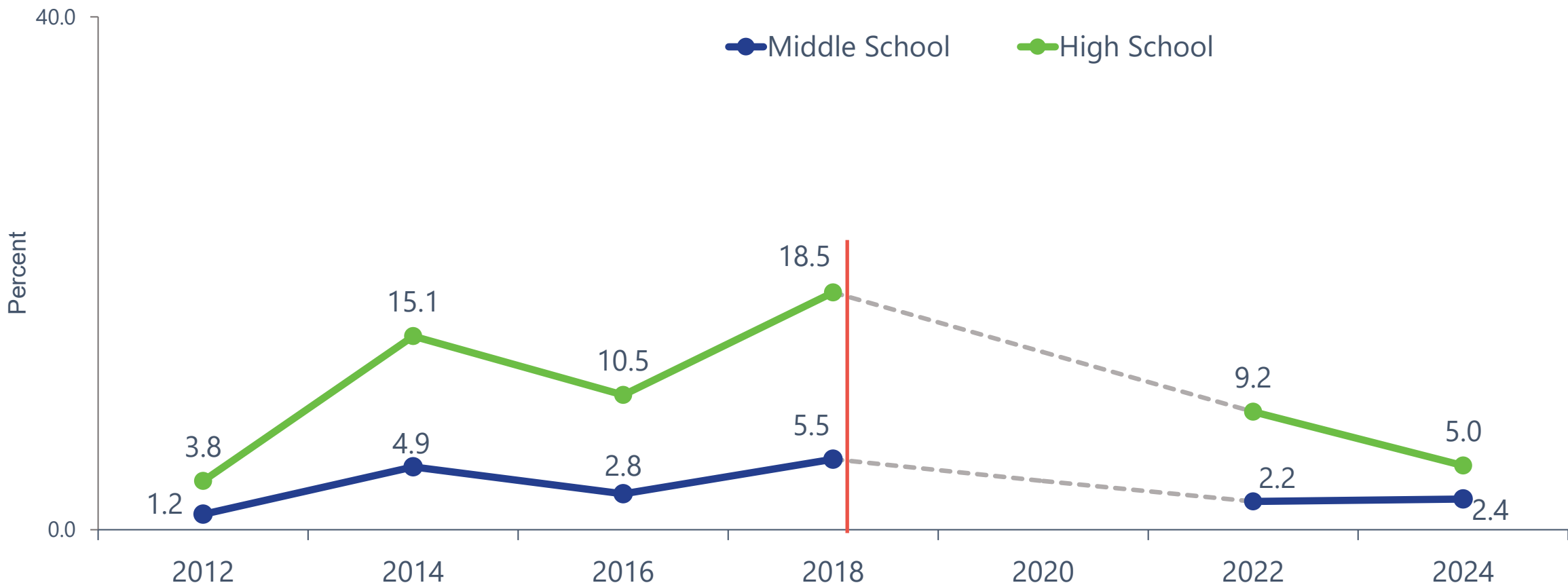
Trends in Current E-Cigarette Use

Estimated number of Indiana students who currently use e-cigarettes, 2018, 2022 & 2024 IYTS

High school: 64,483
Middle school: 14,277

High school: 14,654
Middle school: 5,237

2022

2018

2024

High school: 27,498
Middle school: 4,893

Indiana Department of Health

SMART Vapes

Smart vapes are e-cigarettes or vapes equipped with technology, nicotine, and harmful flavors that provides users with features like smartphone connectivity, real – time usage monitoring when puffing and reward systems for vaping.

S - Social integration, young users are using tobacco products as a social trend.

M – Mobile connectivity, smart vapes have mobile integration to provide users a personalized experience like adding wallpapers, track puffing, and touchscreen lighting effects.

A – Affordable, In June, e-cigarette dollar sale totaled $488.9 million with the 10-top selling brands were Vuse, JUUL, Geek bar pulse, Breeze.

R – Rewards, some devices also have video games, animations, and rewards systems for vaping such as points and rankings. *"Geek bar encourages collection of their devices via an ongoing "Pulse Collection Award!" promotion via their social media platforms."*

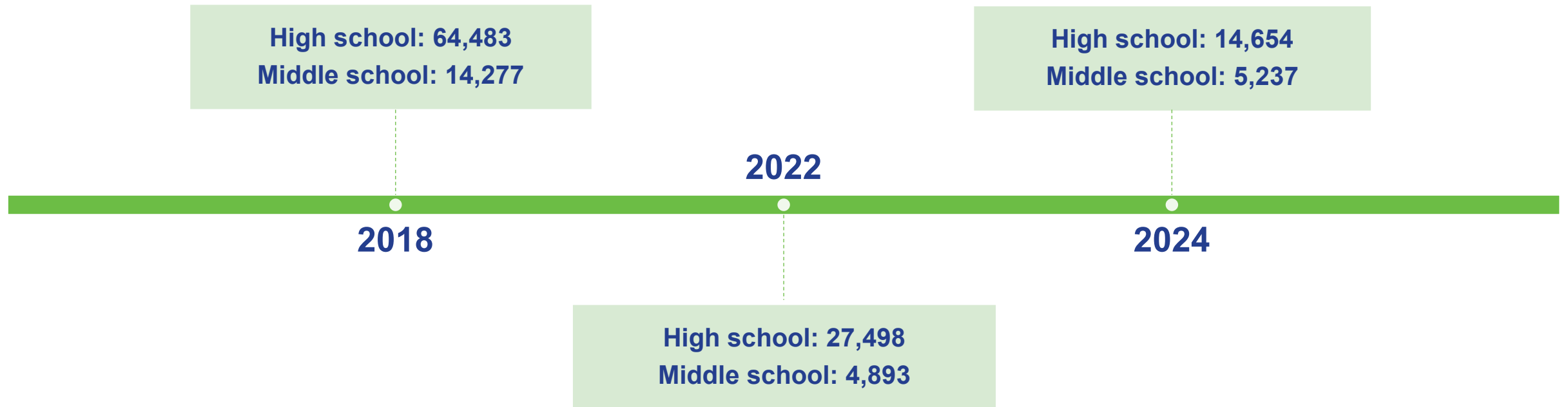**T** – Toxic, Nicotine is highly addictive and can harm brain development, which continues until about age 25. Most e-cigarettes contain nicotine along with heavy metals, chemicals, and youth appealing flavors.

Sources: National Center for Chronic Disease Prevention and Health Promotion; Office on Smoking and Health
E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General
Monitoring Tobacco Sales: National Trends
Notes from the Field: E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024 | MMWR

Geek Bar Pulse X
Source: Product purchased by underage buyer in NJ, July 2024.

Source: https://x.com/geekbarvape/status/1795287331454509399

Indiana Department of Health

Letter to editor in JAMA : Vaping

A recent letter to the editor in the Journal of American Medical Association highlighted,

- Multiple e-cigarette brands with smart vape features are currently illegally marketed in the US without US Food and Drug Administration (FDA) authorization.

- The smart vape brands Geek Bar Pulse and Raz, which debuted in October 2023, emerged as the third and sixth top-selling e-cigarettes as of June 2024.

- **These inexpensive, appealingly flavored products intersect nicotine addiction with two potentially addicting behaviors—screen use and gaming.**

- The authors called for action such as education, messaging, cessation support, enforcing existing regulations and ensuring compliance from retailers and distributors

Indiana Department of Health

VAPE-FREE INDIANA

Indiana's **Multi-Pronged Approach** to addressing the youth vaping epidemic

PREVENTION & INTERVENTION	PUBLIC EDUCATION	CESSATION
School Programming	Mass-Media Campaigns	Quitting Services

Prevention

CATCH MY BREATH
YOUTH E-CIGARETTE PREVENTION PROGRAM

Vaping: Know the Truth
Empowering Students with the Facts on E-cigarettes & Tools to Quit

Stanford
MEDICINE | Tobacco Prevention Toolkit

Alternative to Suspension

Public Health Law Center
STUDENT COMMERCIAL
TOBACCO USE IN SCHOOLS
Alternative Measures

Stanford
MEDICINE | Tobacco Prevention Toolkit

American Lung Association.
INDEPTH.

EVERY VAPE HIT COMES
WITH A RISK
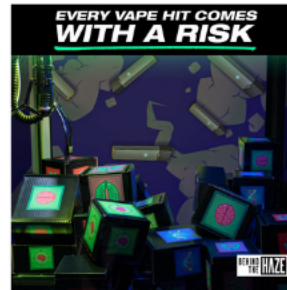
Behind the Haze
Youth Campaign

@BehindtheHazeIN
BehindtheHaze.com

Don't Puff This Stuff
Youth Campaign

@IHSAA
dontpuffthisstuff.com

Live Vape Free
LiveVapeFree.com

Quit Now Indiana
Text READY to 34191

EX Program:
Text EXPROGRAM to 88709

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in.gov/VapeFreeIndiana

School and Youth Resources

Prevention

- CATCH My Breath
  - https://catch.org/program/vaping-prevention/

- Vaping: Know the Truth
  - https://everfi.com/courses/k-12/vaping-programs-for-high-school-students/

- You & Me Together Vape Free
  - https://med.stanford.edu/tobaccopreventiontoolkit.html

Cessation

- Quit Now Indiana - Youth Program
  - https://www.quitnowindiana.com/teens
  - Youth can text READY to 34191

- Live Vape Free
  - Youth & young adults can visit: https://www.livevapefree.com

- Truth Initiative's EX Program
  - https://truthinitiative.org/exprogram
  - Youth & young adults can text EXPROGRAM to 88709

Indiana Department of Health

Those Making Quit Attempts in the Past Year, Among those Currently Using Tobacco, IYTS 2024

Middle School ■ High School ■

Percent

90.0

70.3

50.5

0.0

Middle School   High School
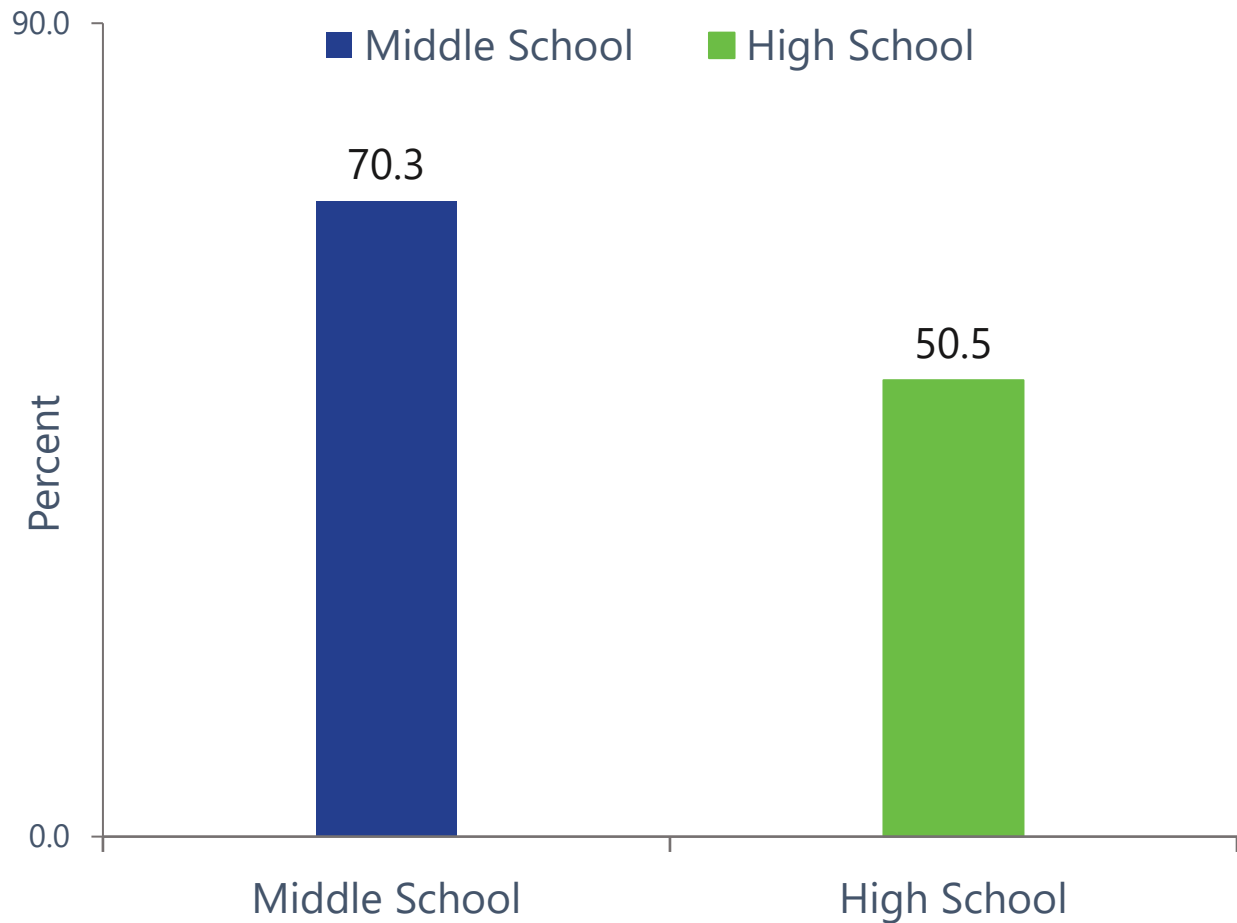
2 in 3 Middle School Students Who Use Tobacco Tried to Quit
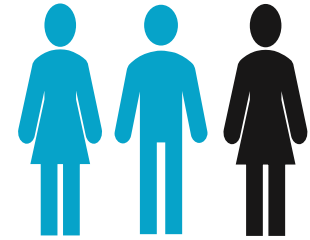
1 in 2 High School Students Who Use Tobacco Tried to Quit
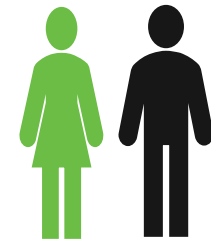
Indiana Department of Health

High School: Current use of cigarettes, cigars, smokeless tobacco, pipe, hookah, snus, dissolvable tobacco, nicotine pouches, e-cigarettes or heated tobacco products.
Middle School: Current use of cigarettes, cigars, smokeless tobacco, pipe, hookah, snus, dissolvable tobacco, nicotine pouches, or e-cigarettes

Quit Now Indiana

1-800-Quit-Now (784-8669)
1-855-DÉJELO-YA (Spanish)
1-877-777-6534 (TTY)
Text READY to 34191
Text LISTO to 34191 (Spanish)
quitnowindiana.com

NO LECTURES. NO PRESSURE. NO JUDGMENTS.
JUST FREE HELP.

Quit Now Indiana

Quit Rate and Satisfaction

Research shows that **only 4–7%** of people who use tobacco who try to quit smoking on their own are successful.
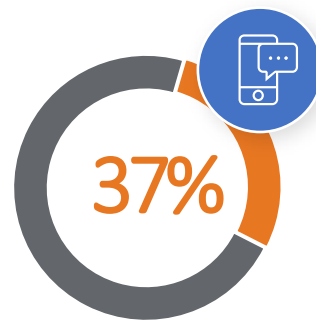
37% had quit 7 months after receiving treatment
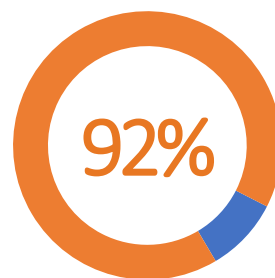
92% would recommend the program to others

Behavioral Health Program - 38% quit rate & 83% satisfaction rate

Indiana Department of Health

Make Indiana Health Again

Indiana Department of Health

Make Indiana Healthy Again Executive Orders

- 25-56: Increasing Consumer Transparency Related to Food Dyes and Additives
  - IDOH will conduct a comprehensive assessment on the health impacts of artificial food dyes and additives
  - IDOH Food Protection Division leading efforts and will coordinate workgroup
- 25-57: Development of A Comprehensive Diet-Related Chronic Disease Plan
  - IDOH will lead – work already underway as a result of foundational work done by the Obesity Innovation Team
  - The IDOH Obesity Innovation team will transition to a workgroup to support development of this plan
- 25-58: Increasing Hoosier Access to Local Foods
  - ISDA will lead, with IDOH supporting, development of a comprehensive study related to Hoosiers' access to local foods
  - The DNPA will coordinate internal workgroup to support this effort
- 25-59: Promoting the Health and Wellness of Hoosier Students
  - IDOE will lead, with IDOH supporting, set of recommendations to encourage healthier, local food options in schools, and several other school health-related directives
  - The DNPA and IDOH School Health Innovation Team will lead internal workgroup

Indiana Department of Health

What is "Good Nutrition"?

The U.S. Dietary Guidelines recommend:

- A variety of fruits and vegetables
- Whole grains
- Fat-free and low-fat dairy products
- A variety of proteins
- Oils
- Limiting solid fats and added sugars
- Reducing sodium intake

Indiana Department of Health
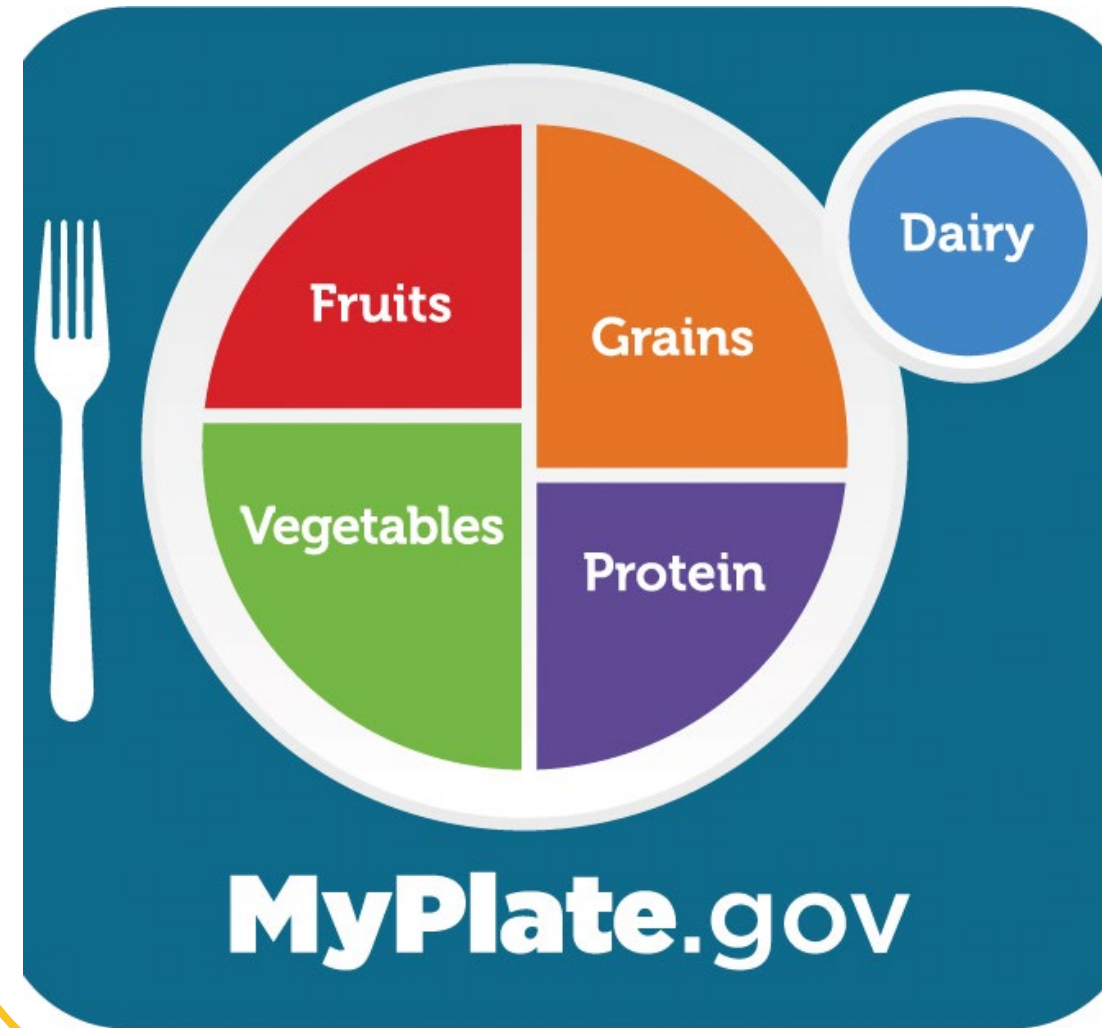
Eating Behaviors of Young People

2023 Indiana Youth Risk Behavior Survey Data:

- Only **31.4%** of students reported eating vegetables one or more times per day in the 7 days before the survey
- **24.5%** of students reported eating at least one meal or snack from a fast food restaurant on three or more days in the 7 days leading up to the survey

Indiana Department of Health

Physical Health

Healthy eating can:

- Ensure key nutrients are consumed
- Promote and maintain a healthy body weight
- Reduce the risk of developing chronic diseases
  - Dental cavities
  - Heart disease
  - Type 2 diabetes
  - High blood pressure
  - Some forms of cancer

Indiana Department of Health

Brain Health

Healthy dietary patterns have been linked to improved:

- Symptoms of mood disorders, including depression
- Cognition (including memory)
- Executive function (making plans, problem solving, and adapting)
- Academic success among children and adolescents

Fruit & Vegetable Consumption – 2023 Results

Percentage of students who ate fruit one or more times per day*

90.9%

Percentage of students who ate vegetables one or more times per day*

31.4%

*One or more times during the 7 days before the survey

Percentage of students who did not eat fruit
(one or more times during the 7 days before the survey)

Legend: All — White — Black — Hispanic

	2011	2015	2021	2023
Black	15.2%	18.2%	24.7%	13.2%
All	13.0%	12.6%	13.0%	9.1%
White		12.4%	11.8%	9.2%
Hispanic	11.7%		11.7%	7.6%
	12.8%	12.1%		

Indiana Department of Health
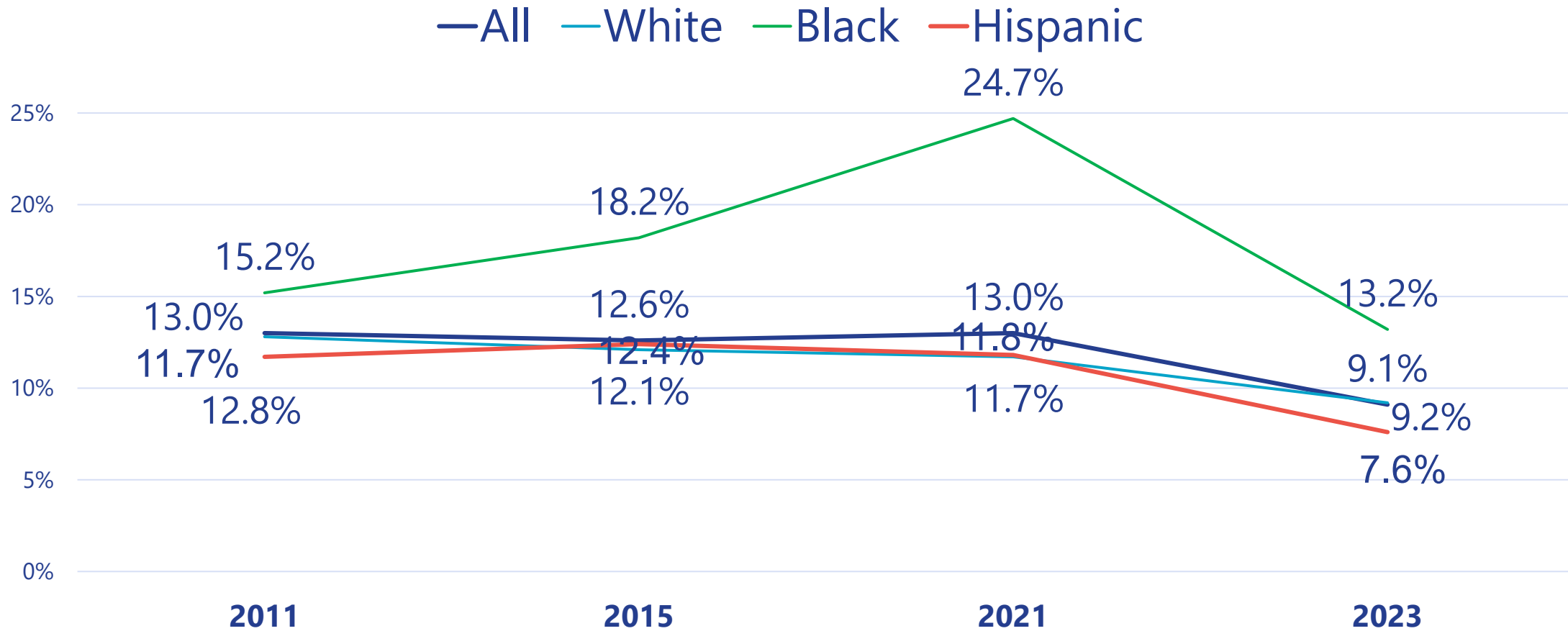
Soda & Fast Food Consumption – 2023 Results
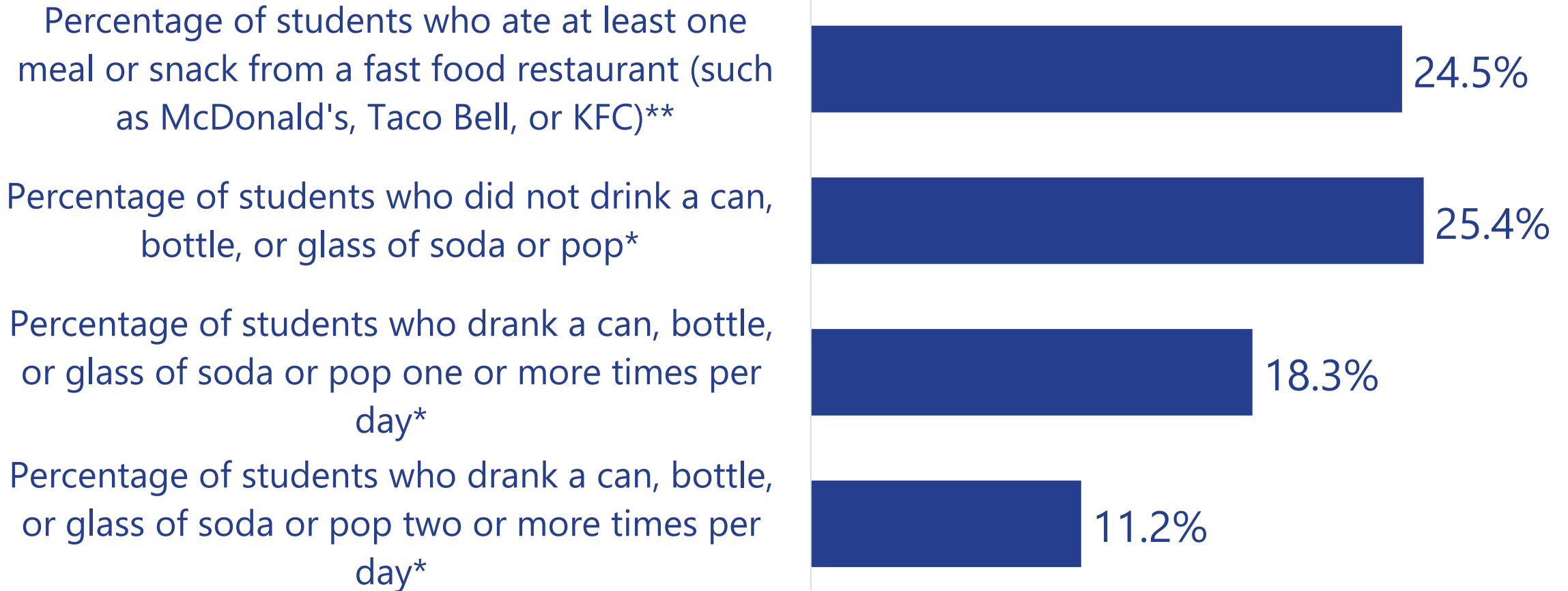
Percentage of students who ate at least one meal or snack from a fast food restaurant (such as McDonald's, Taco Bell, or KFC)** — 24.5%

Percentage of students who did not drink a can, bottle, or glass of soda or pop* — 25.4%

Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day* — 18.3%

Percentage of students who drank a can, bottle, or glass of soda or pop two or more times per day* — 11.2%

Indiana Department of Health

*One or more times during the 7 days before the survey, not including diet soda

**On 3 or more days during the 7 days before the survey

Percentage of students who ate at least one meal or snack from a fast food restaurant*

27.8%

21.4%

Male

Female

Indiana Department of Health

*such as McDonald's, Taco Bell, or KFC, on three or more days during the 7 days before the survey

Percentage of students who did not drink a can, bottle, or glass of soda or pop (one or more times during the 7 days before the survey)
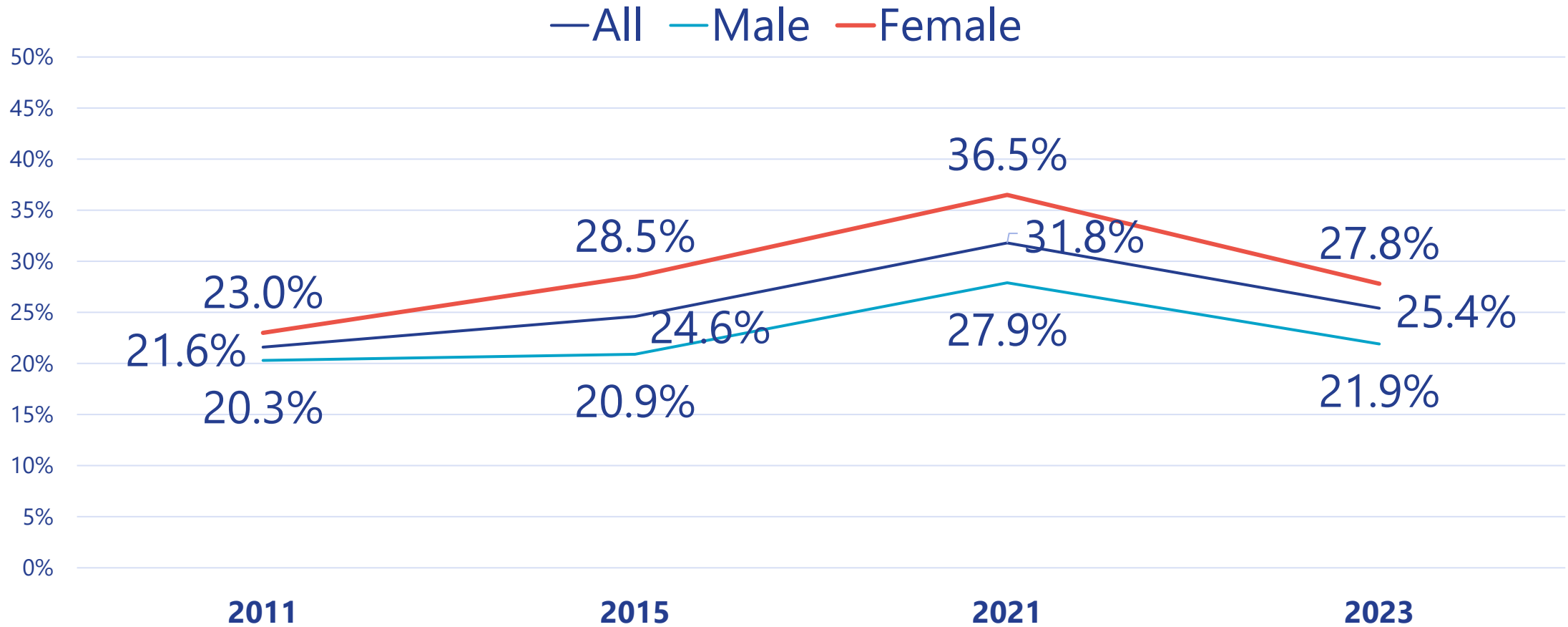
— All — Male — Female

	2011	2015	2021	2023
Female	23.0%	28.5%	36.5%	27.8%
All	21.6%	24.6%	31.8%	25.4%
Male	20.3%	20.9%	27.9%	21.9%

Indiana Department of Health

45

*such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop,

Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day (*during the 7 days before the survey)

— All — Male — Female

32.9%

28.5%

23.7%

23.6%

20.0%

15.7%

21.1%

18.6%

15.7%

22.4%

18.3%

14.6%

40%
35%
30%
25%
20%
15%
10%
5%
0%

2011   2015   2021   2023

46

*such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop

Percentage of students who drank a can, bottle, or glass of soda or pop two or more times per day (*during the 7 days before the survey)

—All —Male —Female

24.2%

19.2%

16.0%

13.9%

13.3%

11.9%

10.2%

10.3%

14.7%

11.2%

8.9%

7.9%

2011   2015   2021   2023

Indiana Department of Health

47

*such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop,
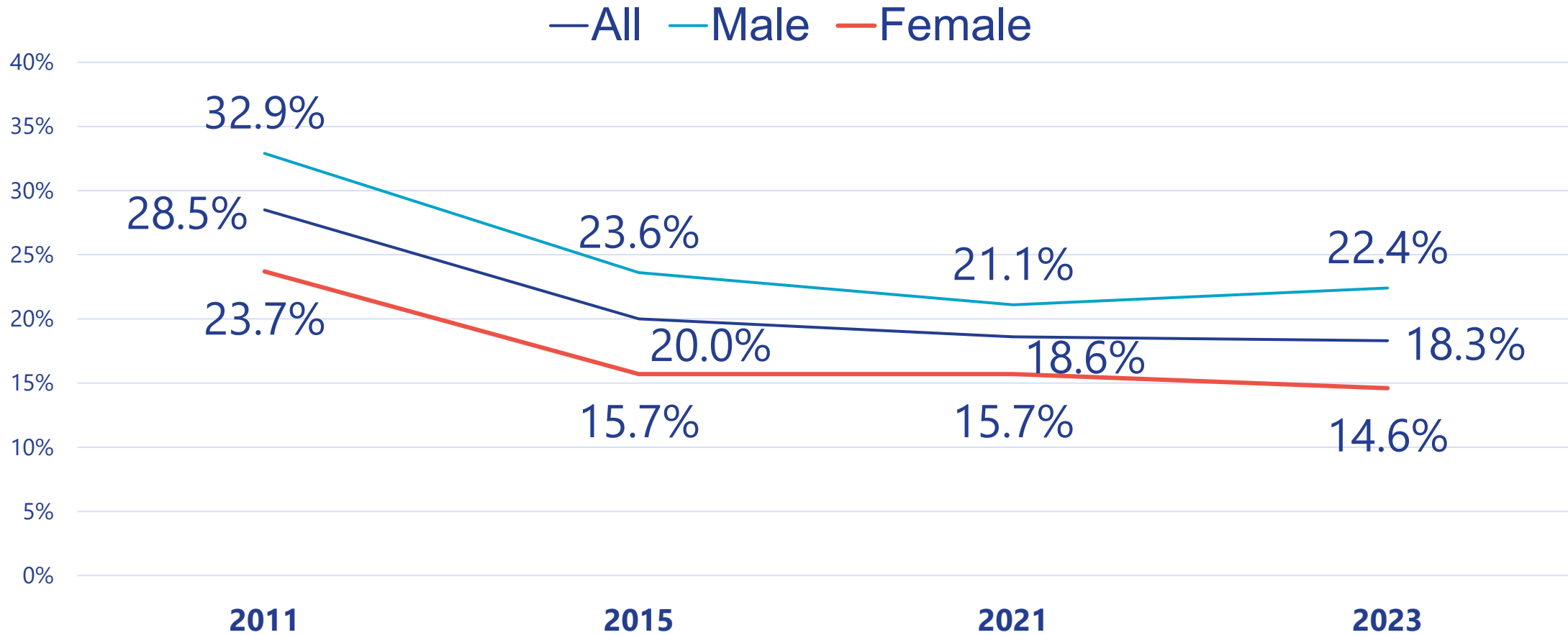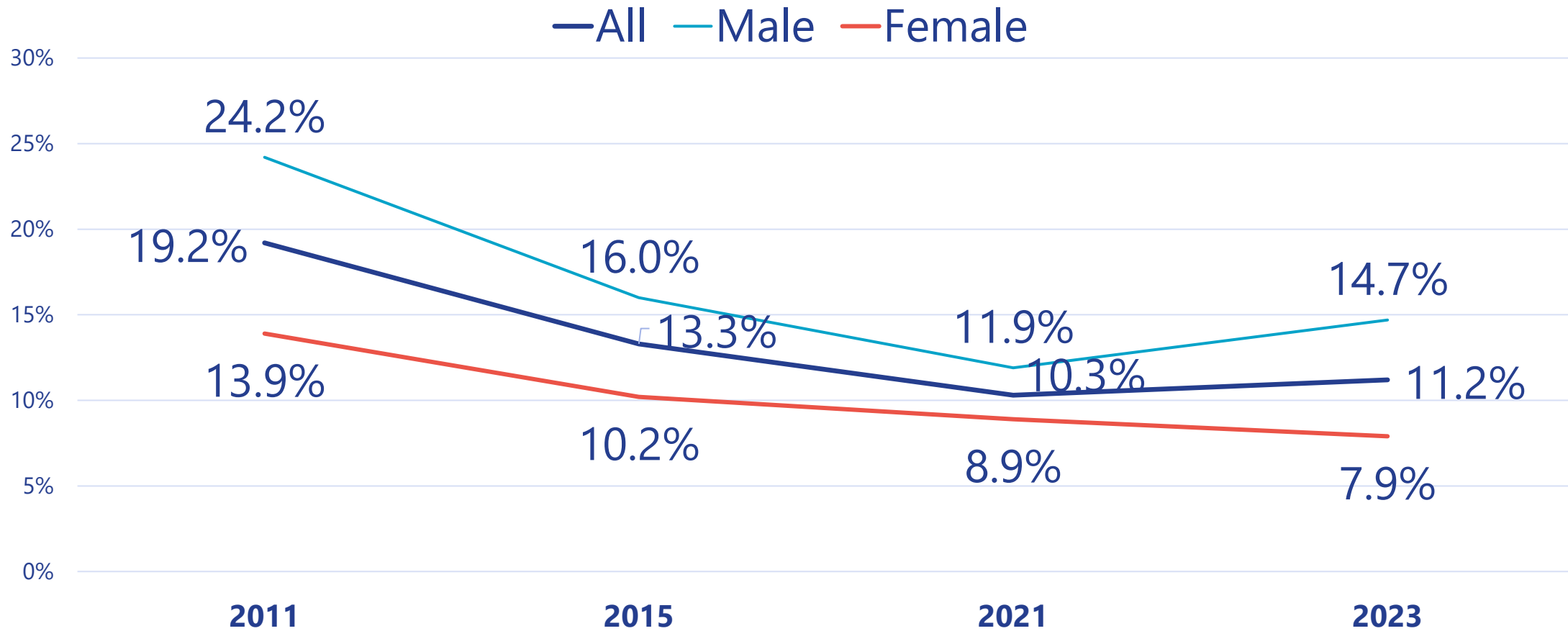
Diet & Behavior

Indiana Department of Health

Food-Mood Cycle

- A bi-directional relationship exists between mood and food choice

- Mood state can impact food choice (i.e., "comfort foods")

- Nutritional content of food, as well as overall meal experience can impact mood

- Food insecurity experienced during childhood has a profound impact on mental health and has been linked to problem behaviors (e.g., bullying)

Indiana Department of Health

Nutrition & Aggression

Some research has found nutritional interventions to reduce aggression and violence among youth

- Supplements provided to youth in these studies were vitamins, minerals, omega-3 fatty acids or a combination
- Gesch et al. (2018) observed 26.3% fewer disciplinary offenses among justice-involved youth given nutritional supplements compared to those given a placebo
- Following NSLP nutrition standards can help ensure youth are receiving the nutrients they need

Indiana Department of Health

Nutrition Best Practices

Indiana Department of Health

School Nutrition Environment

Components:

- School Meal Environment

- Nutrition Education

- Food & Beverage Marketing

- Staff Role Modeling

- Competitive Foods and Beverages

  - À la carte items
  - Vending machines
  - School stores
  - Fundraisers
  - Rewards

  - Classroom celebrations
  - Vending machines
  - Concessions
  - Drinking water

Image Source: Centers for Disease Control & Prevention
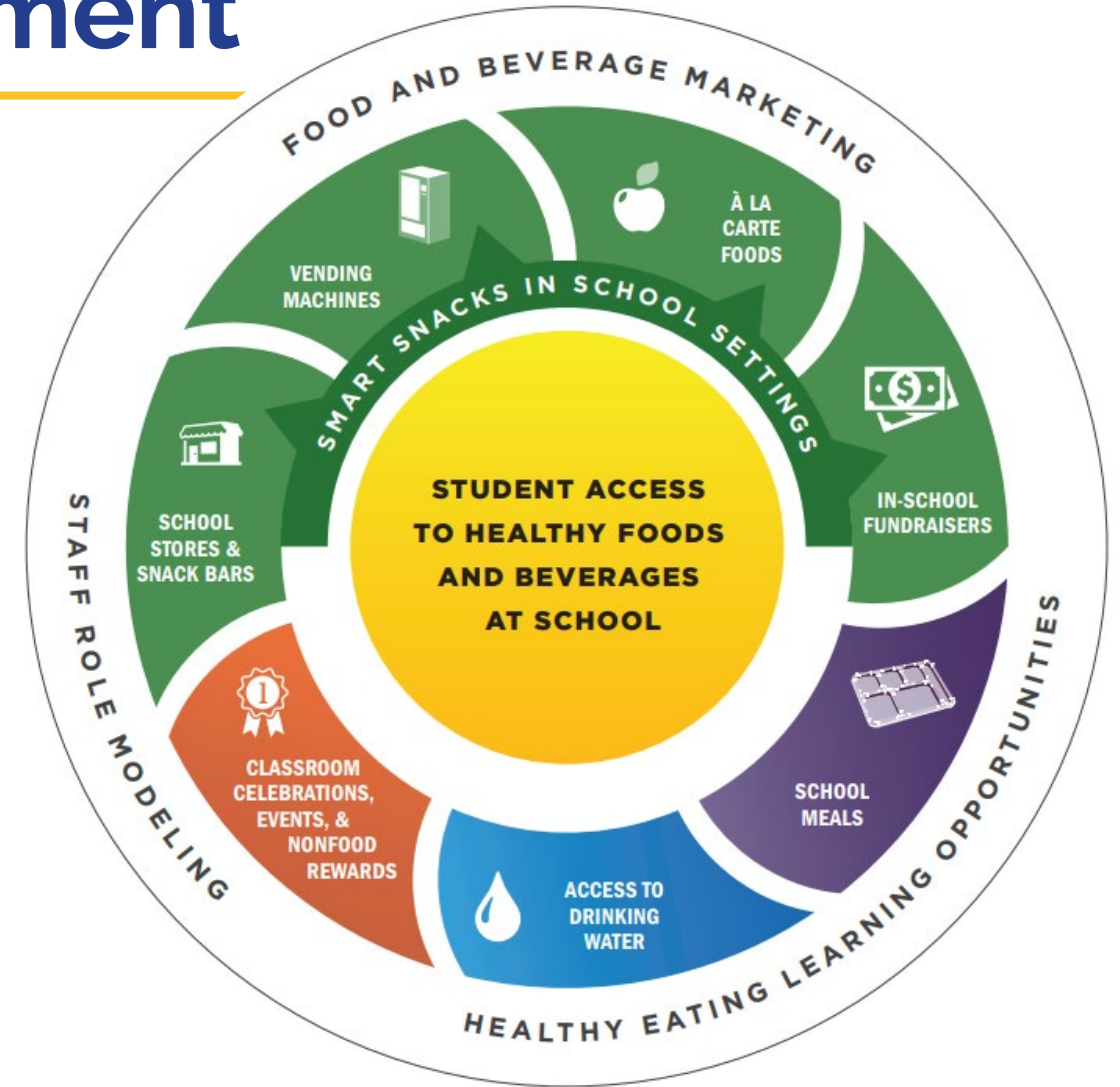
School Meal Environment

- Serve breakfast in addition to lunch
- Provide adequate time for students to eat
- Regularly inform parents and caregivers of eligibility and how to apply for free and reduced-price meals
- Protect the privacy of students who receive free or reduced-price meals
- Make a plan for feeding students with unpaid meal balances in a way that is not stigmatizing
- Give students and families a way to provide input into school meals
- Ensure annual training for food service staff

Indiana Department of Health

Competitive Foods and Beverages

- Follow all [Smart Snacks standards](#) for foods and beverages sold during school hours
- Regulate foods and beverages served during school hours
- Regulate foods and beverages sold and served after school
- Provide free drinking water throughout the school day

Nutrient	Snack	Entrée
Calories	200 calories or less	350 calories or less
Sodium	200 mg or less	480 mg or less
Total Fat	35% of calories or less	35% of calories or less
Saturated Fat	Less than 10% of calories	Less than 10% of calories
Trans Fat	0 g	0 g
Total Sugars	35% by weight or less	35% by weight or less

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

A Guide to
Smart Snacks in School

Help make the healthy choice
the easy choice for kids at school

May 2022

Indiana Department of Health
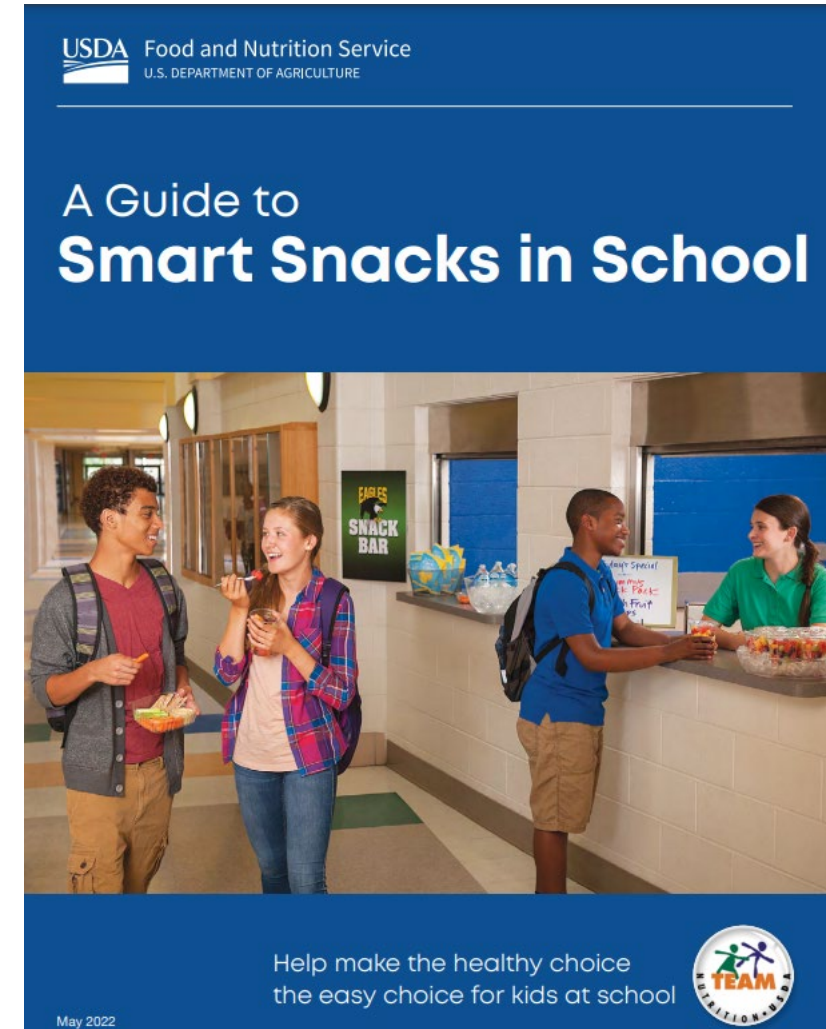
Nutrition Education & Marketing

- Provide comprehensive nutrition education to all students
- Create opportunities for nutrition education to be interactive and participatory (link it with the school food environment)
- Restrict food and beverage marketing during the school day to only items that meet Smart Snacks Standards
- Actively promote nutritious items through product placement, pricing strategies, point-of-purchase promotions, etc.

Indiana Department of Health

School and Health Benefits

- Improves attention and memory
- Better school attendance
- Higher grades and test scores
- Fewer disciplinary/behavior issues
- Bolsters immune systems
- Improves heart health
- Reduces risk of chronic disease
- Willing to try new and healthy foods
- Improves overall health

Indiana Department of Health

Opportunities

What is a Wellness Policy?

A written document guiding a local education agency (LEA) in establishing a healthy environment that promotes student health, wellbeing and learning ability

Overview of requirements:

- Specific goals for nutrition guidelines, promotion, and education; physical activity; other wellness activities

- Stakeholder involvement

- Compliance at the building-level

- Public notification

- Plans for review at least once every three years

Indiana Department of Health

Physical Activity – 2023 Results

Percentage of students who attended physical education (PE) classes on 1 or more days (in an... **39.6%**

Percentage of students who attended physical education (PE) classes on all 5 days (in an average... **22.4%**

Percentage of students who were physically active at least 60 minutes per day on 5 or more days* **44.5%**

Percentage of students who were physically active at least 60 minutes per day on all 7 days* **23.3%**

Percentage of students who did not participate in at least 60 minutes of physical activity on at least 1 day* **12.7%**

Indiana Department of Health

*During the 7 days before the survey

Physical Activity = "any kind of physical activity that increased their heart rate and made them breathe hard some of the time"

Physical Activity Opportunities

- Physical activity has been shown to improve mood and reduce aggression in youth and adolescents
- Add structured activities to gym/recreation time
- Provide staff who supervise gym time with professional development
- Incorporate movement throughout the school day
- Provide organized ways to get physically active outside of school hours
- Discourage or prohibit the use of physical activity as punishment

Indiana Department of Health

A state investment in local public health

health first
INDIANA

Your Community Info

Health First Indiana

Indiana Department of Health

Core investment in public health

Investment in public health is investment in a healthier future.

- Since 1900, the average lifespan of persons in the United States has lengthened by greater than 30 years, and 25 years of those years are due to advances in public health.[1]

- Communities thrive when they have sufficient resources devoted to public health, which in turn supports the economy.

- Every $1 spent on public health interventions returns $14.30 in benefit.[2]

- Other studies show that 25% of U.S. medical care spending is on treatment for diseases that could have been prevented.[3]

Indiana is transforming the state's public health system with the funding that will strengthen the delivery of core services to ensure that the state is prepared for the future.

1 Centers for Disease Control and Prevention, Ten Great Public Health Achievements -- United States, 1900-1999 (cdc.gov)
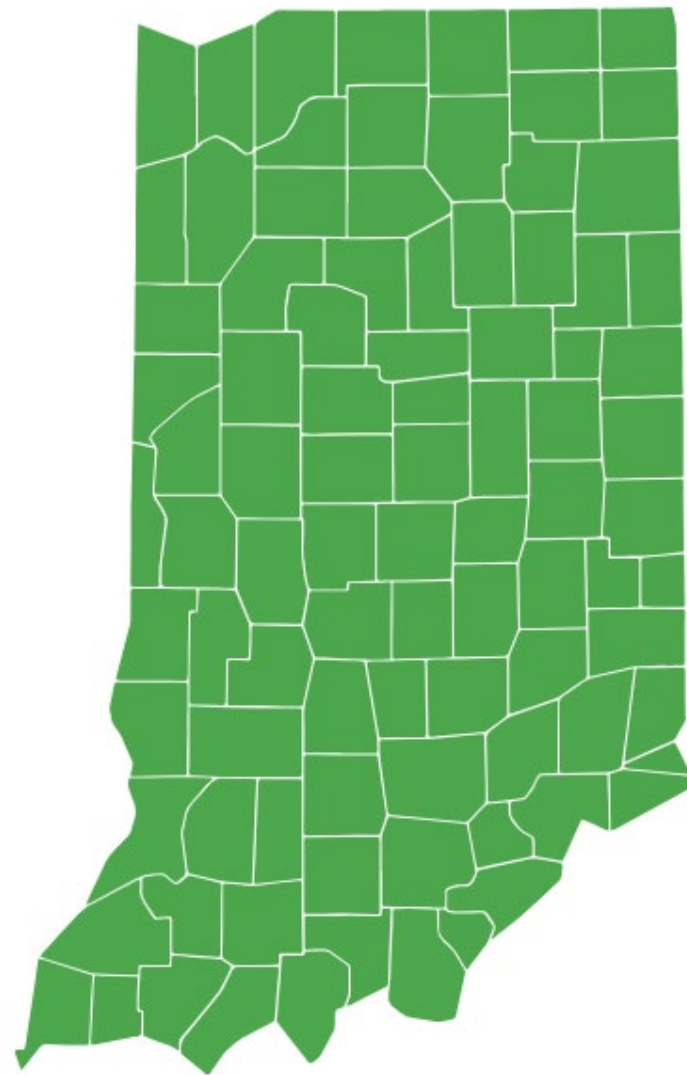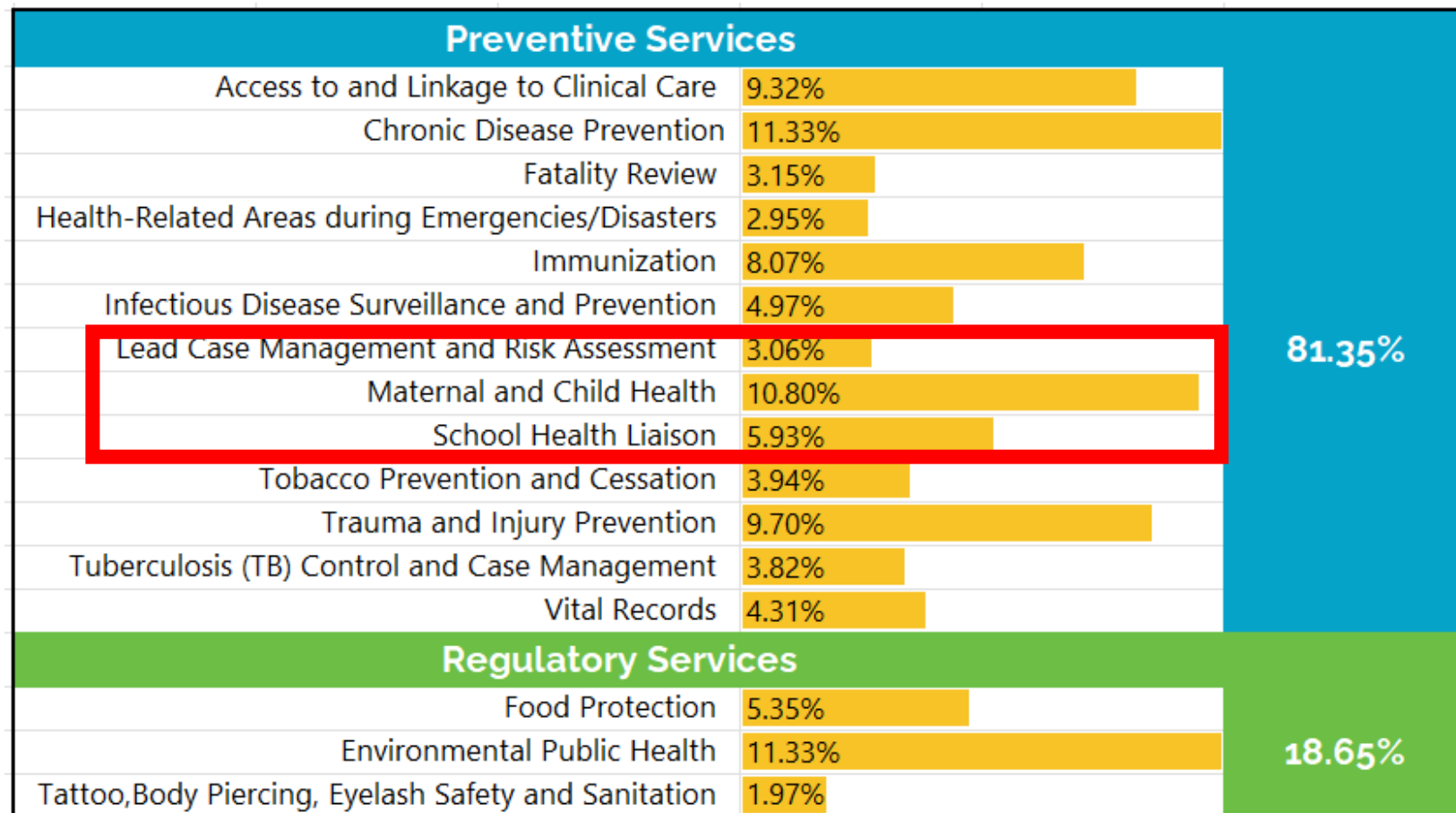2 Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: a systematic review. J Epidemiol Community Health. 2017;71(8):827-834.
3 Bolnick HJ, Bui AL, Bulchi A. Health-care spending attributable to modifiable risk factors in the USA: an economic attribution analysis. Lancet Public Health. 2020;5:e525-e535.

Indiana Department of Health

Health First Indiana Basics

- FY 2024 $75M and FY 2025 $150M, FY 2026 and FY 2027 $40M
  - Previously $6.9M/year for 20+ years
- At least 60% of funding has to be spent preventive health services. No more than 40% on regulatory
- Requires less than 10% spent on capital (land, buildings, and vehicles)
- Requires county commissioners to opt-in to funding. They can opt-out at any point.
- In year 1, counties had to continue to fund at current rate and in year 2 they must match at 20%
- Requires state and county KPIs

Indiana Department of Health

2025 Opt-In Recap

Preventive Services	
Access to and Linkage to Clinical Care	9.32%
Chronic Disease Prevention	11.33%
Fatality Review	3.15%
Health-Related Areas during Emergencies/Disasters	2.95%
Immunization	8.07%
Infectious Disease Surveillance and Prevention	4.97%
Lead Case Management and Risk Assessment	3.06%
Maternal and Child Health	10.80%
School Health Liaison	5.93%
Tobacco Prevention and Cessation	3.94%
Trauma and Injury Prevention	9.70%
Tuberculosis (TB) Control and Case Management	3.82%
Vital Records	4.31%

81.35%

Regulatory Services	
Food Protection	5.35%
Environmental Public Health	11.33%
Tattoo, Body Piercing, Eyelash Safety and Sanitation	1.97%

18.65%

Indiana Department of Health

2024 Activity Tracker

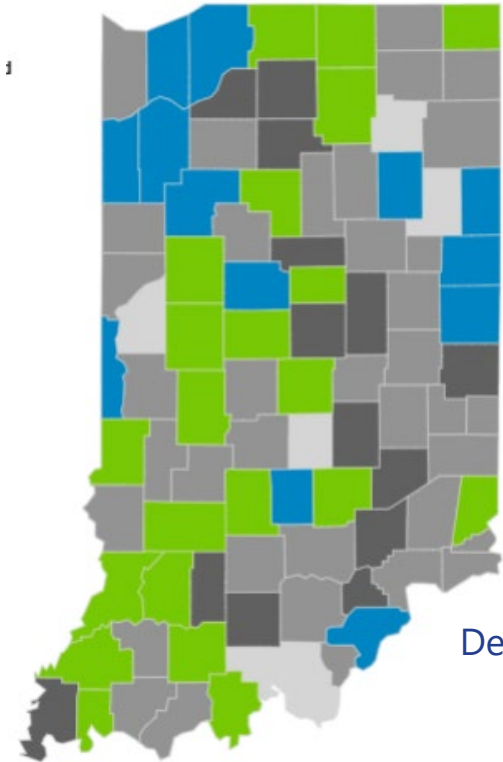| STATE SUMMARY		1,414,434
Access and Linkage to Clinical Care		79,177
Child and Adult Immunizations		187,625
Childhood Lead Screening and Case Management		26,315
Chronic Disease Prevention and Reduction		102,255
Emergency Preparedness		14,867
Fatality Review (Child, Infant, Fetal, Suicide, Overdose)		41,132
Infectious Disease Prevention and Control		175,375
Maternal and Child Health		195,444
Student Health/School Health Liaison		313,338
Tobacco Prevention and Cessation		92,851
Trauma and Injury Prevention and Education		110,218
Tuberculosis (TB) Prevention and Case Management		75,837

Indiana Department of Health

January – December 2024

65

Activity Tracker 2024 Details

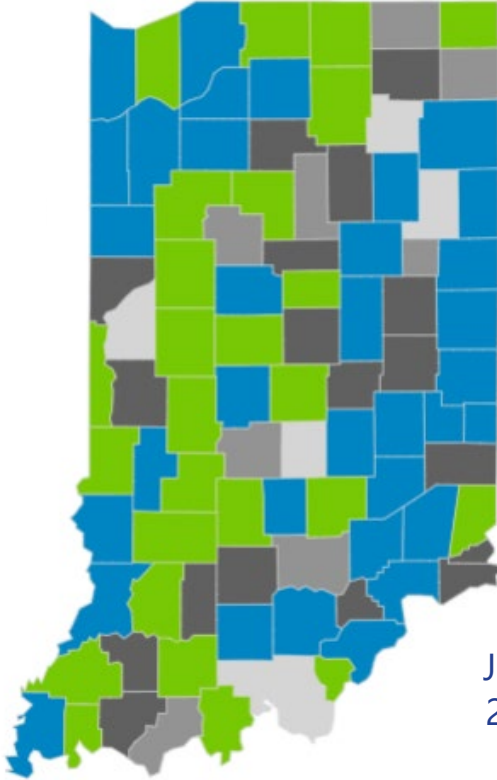| Statewide Totals	
Chronic Disease Prevention and Reduction	
Number of people screened for high blood pressure through local health department or partners	**18,057**
Number of people screened for BMI	**10,827**
Number of people screening positive for food insecurity	**7,654**
Number of adults participating in nutrition and physical activity education programming	**4,936**
Number of seniors participating in nutrition and physical activity education programming	**4,431**
Trauma and Injury Prevention and Education	
Number of people educated and/or trained on mental health and suicide prevention	**15,484**
Number of people educated and/or trained on substance use prevention	**13,638**
Number of people referred/linked to substance use/mental health treatment	**7,244**
Number of people provided with infant safe sleep education, including families and professionals	**7,123**
Number of firearm locks provided to families	**3,388**
Maternal and Child Health	
Number of women provided breastfeeding education or support	**26,497**
Number of period products distributed	**23,179**
Number of people provided contraceptive education	**14,452**
Number of women referred to breastfeeding education or support	**12,664**
Number of women tested for STIs/HIV	**10,490**

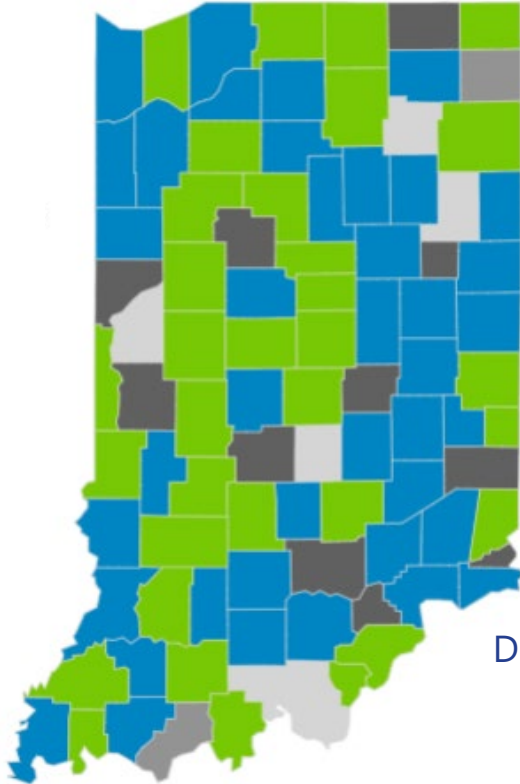The total number of services provided does not represent individuals served.

Local Health Departments who have implemented a comprehensive, evidence-based or promising program to improve birth outcomes?

| 22 Completed | 13 In Process | 14 Planning | 40 Not Started |

December 2023

| 26 Completed | 36 In Process | 18 Planning | 9 Not Started |

June 2024

| 33 Completed | 42 In Process | 11 Planning | 3 Not Started |

December 2024

Indiana Department of Health

In the first year of HFI, the percent of LHDs who have a program to improve birth outcomes increased from 39% to 84%

Statewide Infant Mortality Rate
6.7
per 1,000 live births

Highest & Lowest Ranked Counties

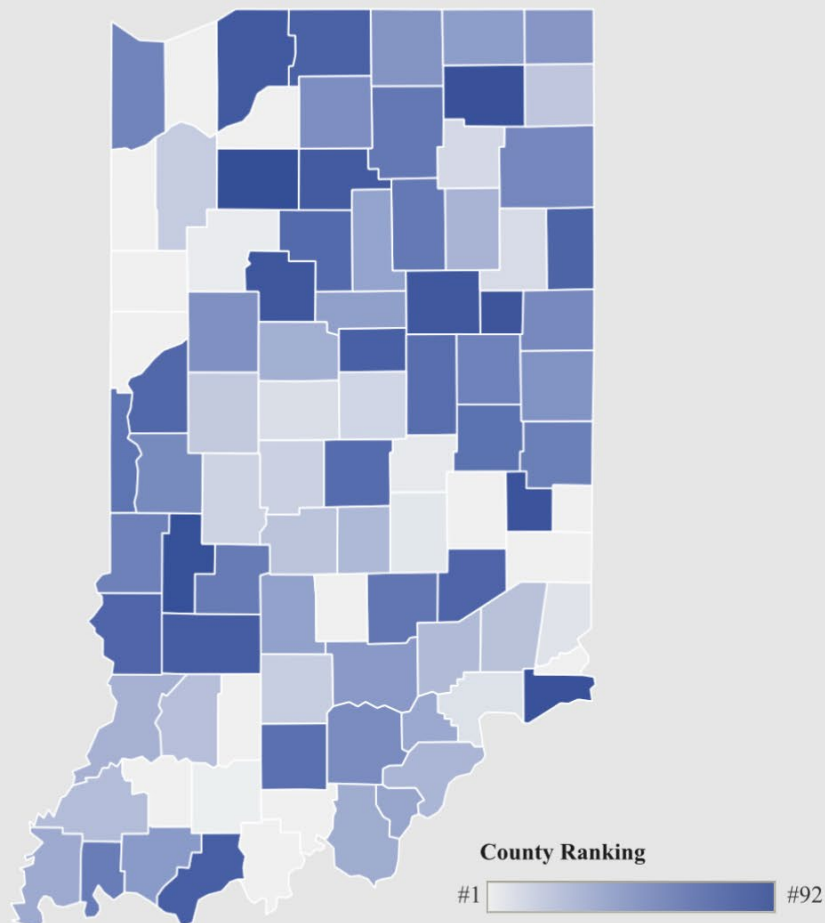| County	Rank
Porter	#1
Dubois	#2
White	#3
Hancock	#4
Shelby	#5
Noble	#77
Clay	#78
Pulaski	#79

Definition

Infant Mortality Rate: Infant mortality rate is calculated per 1,000 live births and is based on county of residence regardless of location of occurrence.

Year(s) of data used: *2019-2023*

Select Topic

Infant Mortality Rate

Indiana Infant Mortality Rate *(2019-2023)*

County Ranking

#1 [   ] #92

County Rankings

County	County Rate	Ra..	County	County Rate	Ranki..
Porter	2.96	#1	Randolph	6.52	#40
Dubois	3.10	#2	Tippecanoe	6.63	#41
White	3.59	#3	Marshall	6.69	#42
Hancock	3.70	#4	Washington	6.74	#43
Shelby	3.77	#5	Parke	6.75	#44
Dearborn	3.79	#6	Jay	6.76	#45
Jefferson	4.01	#7	Allen	6.99	#46
Boone	4.04	#8	Lake	7.34	#47
Wells	4.23	#9	Delaware	7.44	#48
Whitley	4.30	#10	Vigo	7.45	#49
Hamilton	4.48	#11	Wayne	7.52	#50
Putnam	4.52	#12	Vanderburgh	7.52	#51
Hendricks	4.58	#13	Owen	7.58	#52
Lawrence	4.66	#14	Wabash	7.59	#53
Jasper	4.87	#15	Kosciusko	7.69	#54
Montgomery	4.98	#16	Bartholomew	7.69	#55
Dekalb	5.08	#17	Vermillion	7.74	#56
Morgan	5.20	#18	Henry	7.95	#57
Ripley	5.21	#19	Orange	8.03	#58
Daviess	5.29	#20	Madison	8.15	#59
Gibson	5.44	#21	Marion	8.23	#60
Jennings	5.46	#22	Cass	8.27	#61
Johnson	5.46	#23	Fountain	8.41	#62
Clark	5.49	#24	Sullivan	8.45	#63
Huntington	5.55	#25	Decatur	8.48	#64
Knox	5.56	#26	Adams	8.63	#65
Clinton	5.59	#27	St. Joseph	8.65	#66
Harrison	5.88	#28	Tipton	8.76	#67
Posey	5.90	#29	Spencer	8.77	#68
Scott	5.92	#30	Greene	8.93	#69
Floyd	5.95	#31	Fulton	9.00	#70
Miami	5.99	#32	LaPorte	9.23	#71
Monroe	6.02	#33	Grant	9.70	#72
Howard	6.08	#34	Carroll	9.84	#73
Lagrange	6.19	#35	Blackford	9.96	#74
Warrick	6.28	#36	Fayette	10.0	#75
Jackson	6.38	#37	Switzerland	10.1	#76
Steuben	6.44	#38	Noble	10.1	#77
Elkhart	6.46	#39	Clay	10.2	#78
			Pulaski	11.2	#79

State KPI: Maternal and Child Health
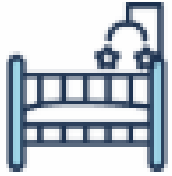
Maternal & Infant Risk Factors

health first INDIANA

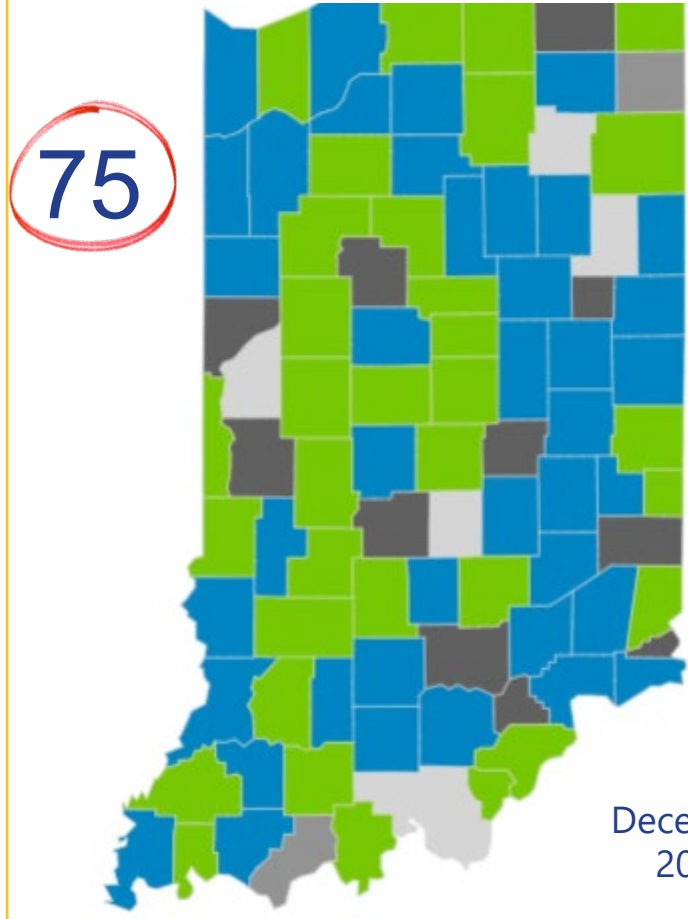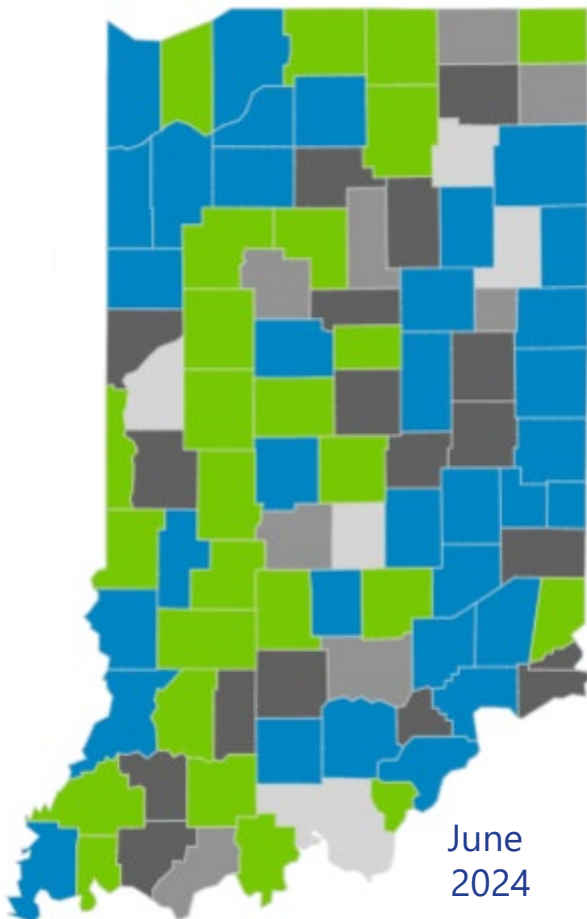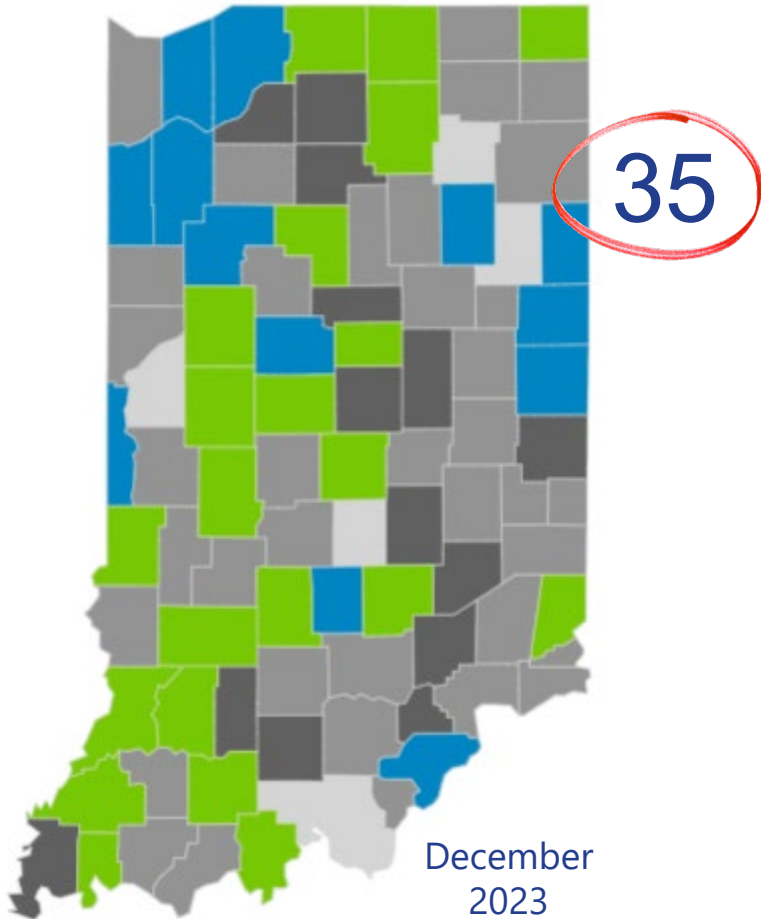Reduce the Indiana infant mortality rate from 6.7 per 1,000 population (2019-2023) to 6.2 by 2030.

> Data Source: Indiana Department of Health, Division of Maternal & Child Health, and Division of Family Health Data & Fatality Prevention

> Dataset: Indiana Mortality Data (DRIVE)

Indiana Department of Health

Has your LHD implemented a comprehensive, evidence-based or promising program or activity to improve birth outcomes in your community?

Maternal and Child Health

December 2023
- 22 Completed
- 13 In Process
- 14 Planning
- 40 Not Started

35

June 2024
- 26 Completed
- 36 In Process
- 18 Planning
- 9 Not Started

December 2024
- 33 Completed
- 42 In Process
- 11 Planning
- 3 Not Started

75

County Level Information

Activities	County-Level KPIs	Partnerships

- ACHD provided 48 lead related services including testing, home services, and education
- ACHD served 541 people with adult and child vaccines
- ACHD provided 158 prenatal services including vitamins, immunization and my Healthy Baby referrals
- ACHD provided 1730 vision and oral screenings to students through their school health program
- ACHD provided 18 chronic disease prevention services including a nutrition and physical activity program

Activity Report

Activities	County-Level KPIs	Partnerships

Maternal and child health

Improve the infant mortality rate in Adams County from 9.0 (2022) to 8.5 (2027).

Child and adult immunizations

Increase the number of children in Adams County completing the DTaP immunization series from 37.9% (2022) to 38.9% (2027).

Trauma and injury prevention and education

Reduce the rate of falls-related hospitalizations from 224.6 (2022) to 220 (2028).

Activities	County-Level KPIs	Partnerships
Crossroads Adams County	Unfailing Love	Firefly Children and Family Alliance
SAFE	Adams Memorial Hospital	

71

HFI funding and water safety

Examples from 2024-2025:

- White County funded swim lessons for 375 children in 2024. Lessons will resume in summer 2025.

- Montgomery County formed a Water Safety Coalition to raise awareness and provide education to families.

- Whitley County hosted a water safe class for mothers where they learned about water safety for infants.

- Parke County distributed 43 life jackets to children who participated in the Fishing Derby at Rockville Lake and raised awareness about water safety and injury prevention.

Indiana Department of Health

Success Stories: Bartholomew County

Festival of the Young Child & St. Paul's Event

Bartholomew County Health Department (BCHD) participated in two community events on the same day. They distributed educational safe sleep books, lead prevention books, toothbrushes, medication lock boxes, condoms and bicycle helmets to community members. These items were provided by Health First Indiana funding. Between the two events, BCHD interacted with 500 people!

Childrens Inc. hosted Festival of the Young Child and St. Paul Lutheran hosted the other community event.

Success Stories: Shelby County

School Health Liaison

The SHL continues to expand its training offerings, having recently conducted CPR classes for 37 teachers and coaches. They also provide QPR suicide prevention training and are preparing for a veterans course coinciding with the opening of Veterans Park in the fall. Currently, the SHL is undergoing training to provide Youth Mental Health First Aid to all youth workers in OC at no cost. Additionally, Safe Sitter and Safe Grandparenting courses will commence at the beginning of the school year. The SHL has completed the 2025 HFI budget submission and the 2024 reporting, maintaining close collaboration with all HFI partners and their programming

.

Success Story: Hamilton County

- Jim Ginder, health education specialist at Hamilton CHD, certified 30 staff members at Noblesville schools in youth mental health first aid

- Three-year certification that teaches adults how to identify and respond to mental health challenges among adolescents ages 12-18 years

PUBLIC HEALTH

Other updates

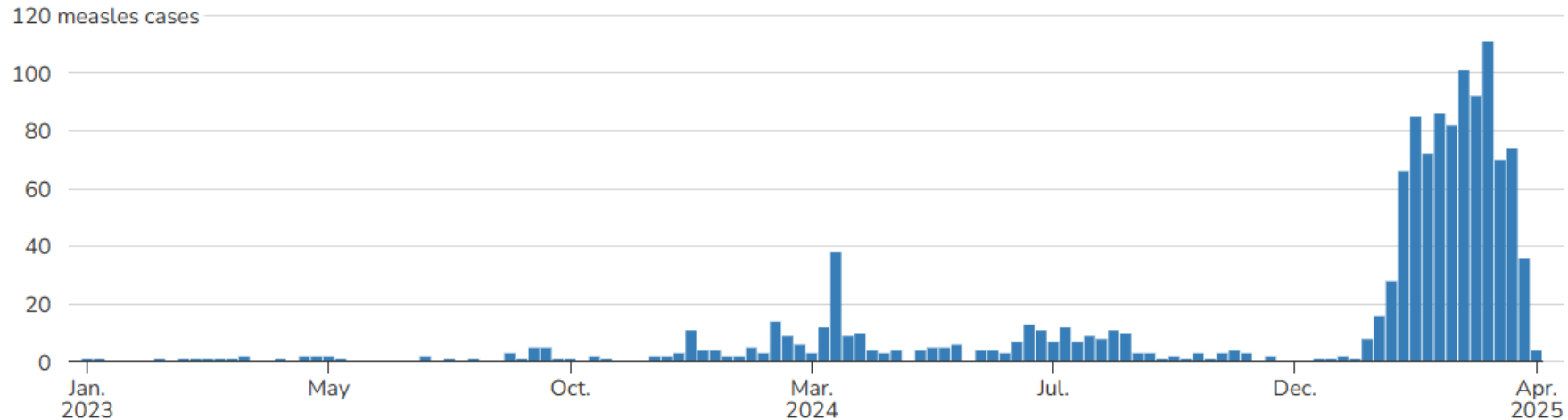Indiana Department of Health

Measles

Indiana Department of Health

Current Measles Trends

As of May 2, a total of 935 measles cases were reported by 30 jurisdictions in 2025

- There have been 12 outbreaks (CDC defines as 3 or more related cases) reported in 2025, and 93% of cases (869 of 935) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.

Weekly measles cases by rash onset date

2023–2025* (as of May 1, 2025)

Indiana Measles Resources and Information

The Indiana Department of Health is investigating an outbreak of measles and working with local health officials to help stop the spread of infection. The current reported cases are connected to each other but at this time there are no known links to outbreaks in other states.

2025 Measles Outbreak Cases

County	Cases
Allen	8

This table will be updated weekly by 2 p.m. Friday. Data are provisional and subject to change.

Measles is caused by a highly contagious virus that spreads easily from person to person. It is an airborne disease, meaning it spreads through the air when an infected person breathes, coughs, sneezes, or talks. The virus can stay alive in the air and on surfaces for up to two hours. If one person has it, up to 9 out of 10 people nearby will become infected if they are not protected. Two doses of MMR (measles, mumps, rubella) vaccine are highly effective at preventing measles.

- Indiana Immunization Data Dashboards
- Indiana School Vaccine Requirements
- Information on measles vaccination from the Centers for Disease Control and Prevention

Indiana Department of Health

https://www.in.gov/health/idepd/diseases-and-conditions-resource-page/measles/

Measles Cases in Indiana

- The Indiana Department of Health (IDOH) has confirmed eight cases of measles in Indiana

- The cases are six minors and two adults in Allen County

- All eight cases are connected to each other but no known links to outbreaks in other states. The six minors were unvaccinated and the adults' vaccination status is unclear. All have recovered.

- State and local public health officials worked together on the investigation to contact those with known exposure to help prevent further spread of infection

- **The risk to the general public remains low**

Indiana Department of Health

https://events.in.gov/event/idoh-news-release-indiana-department-of-health-confirms-5-new-measles-cases

START SMART!

Schedule your child's routine back-to-school immunizations today.

Indiana Department of Health

Immunizations

Start Smart Impact

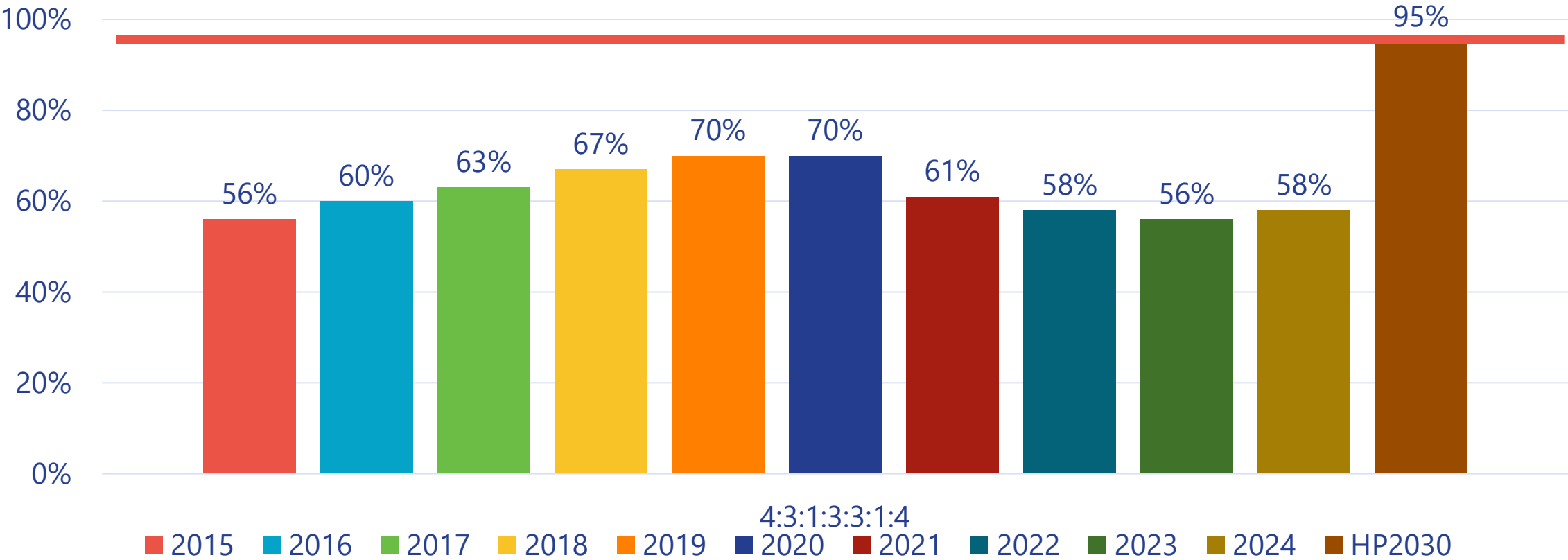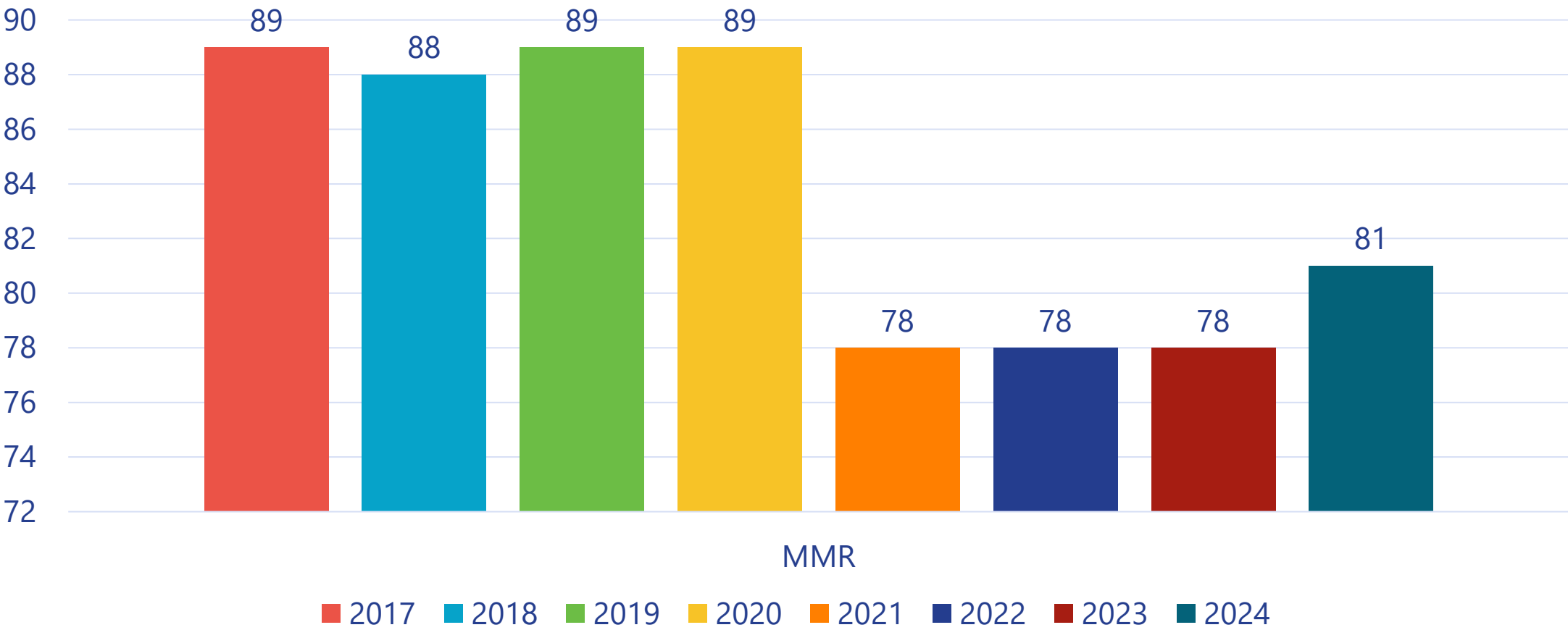Number of children who need one or more vaccinations for school entry

2022   2023   2024

Indiana
Department
of
Health
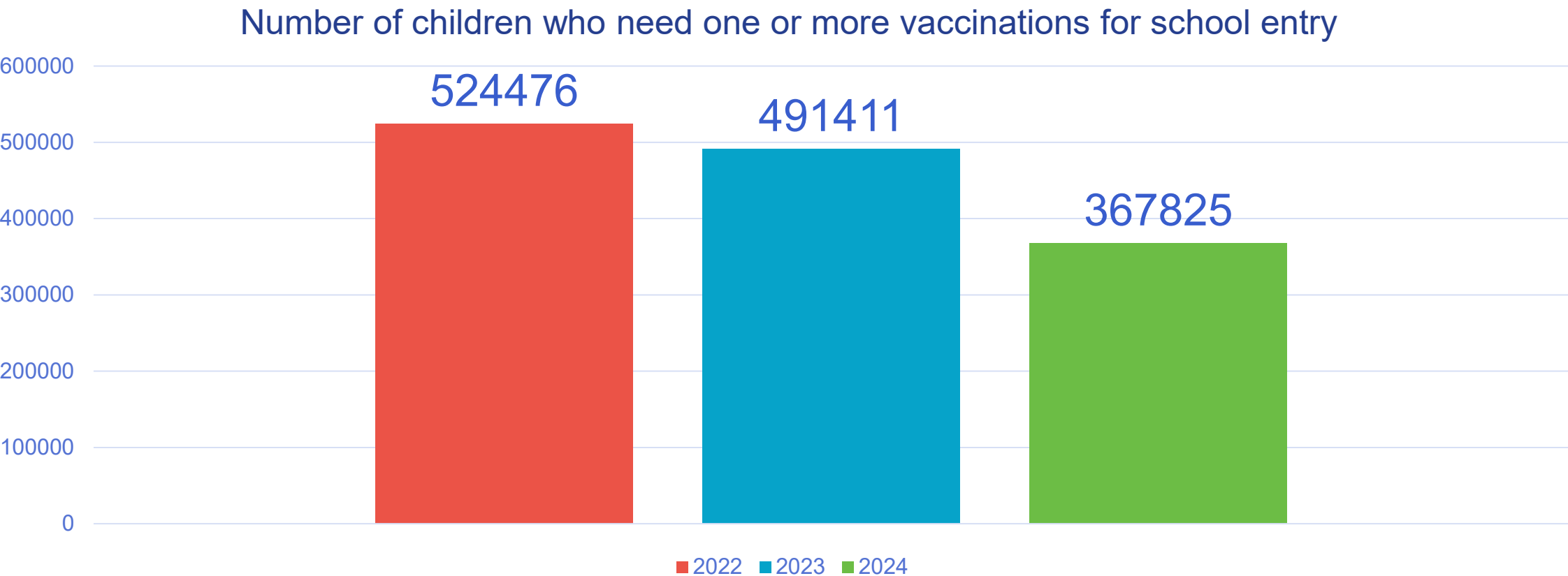
19 to 35-month-old county rate assessment

Pediatric 7 Series – 4:3:1:3:3:1:4

| 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | HP2030 |

4:3:1:3:3:1:4

Indiana Department of Health

19 to 35-month-old MMR rates 2017-2024

Indiana Department of Health

NIS adolescent vaccines
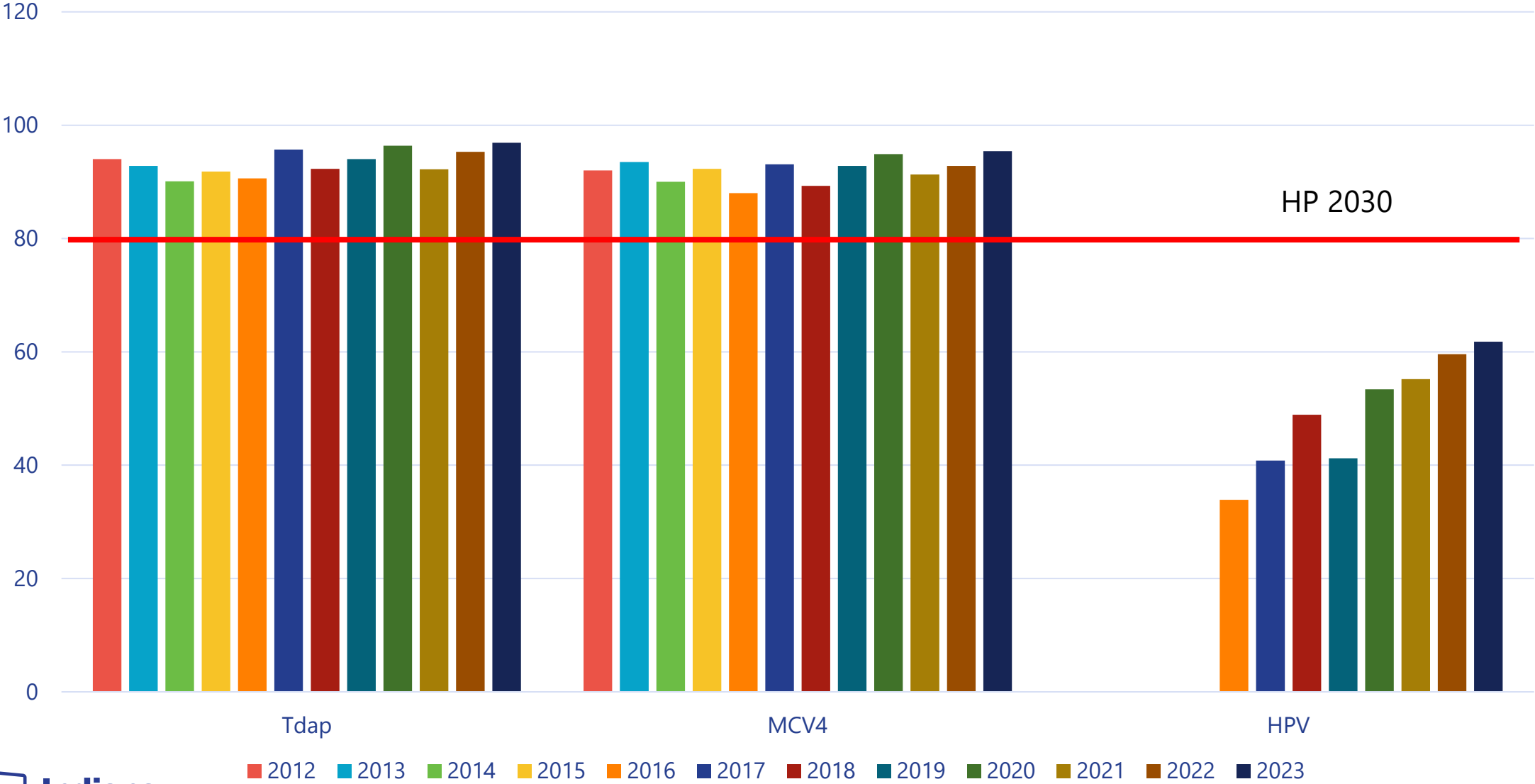
2023 NIS adolescent data comparison Indiana/Region 5/United States

	Tdap	MCV4	HPV UTD
Indiana	96.9	95.4	61.8
Region 5	91.2	91.9	67.7
United States	89	88.4	61.4

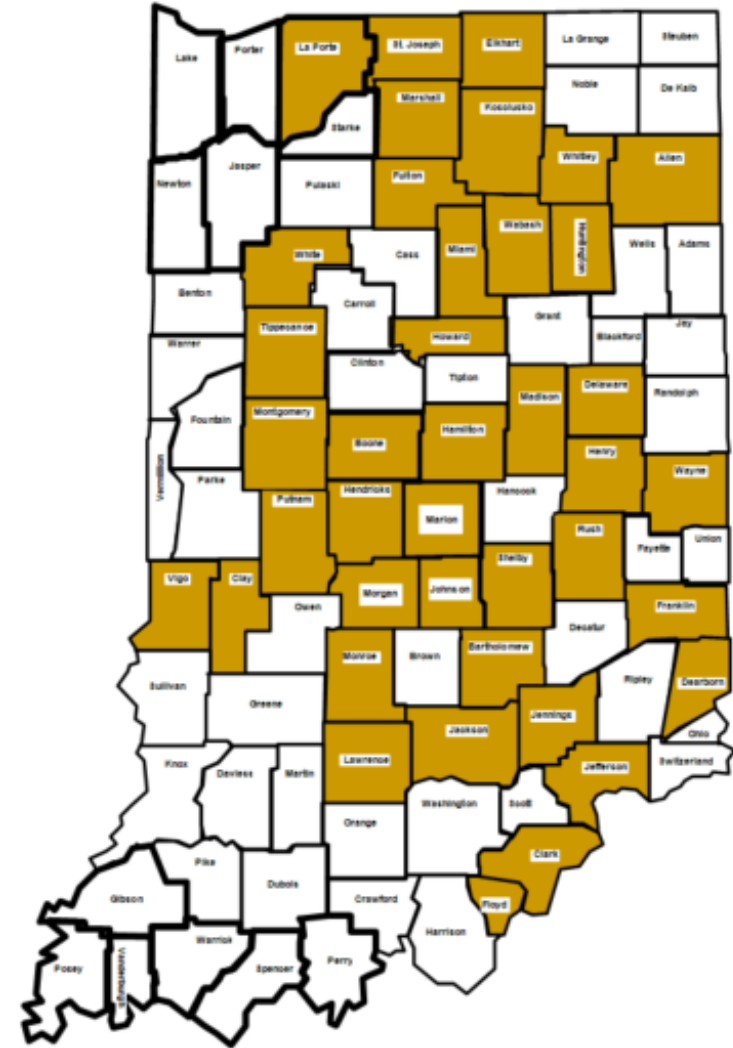Indiana Department of Health
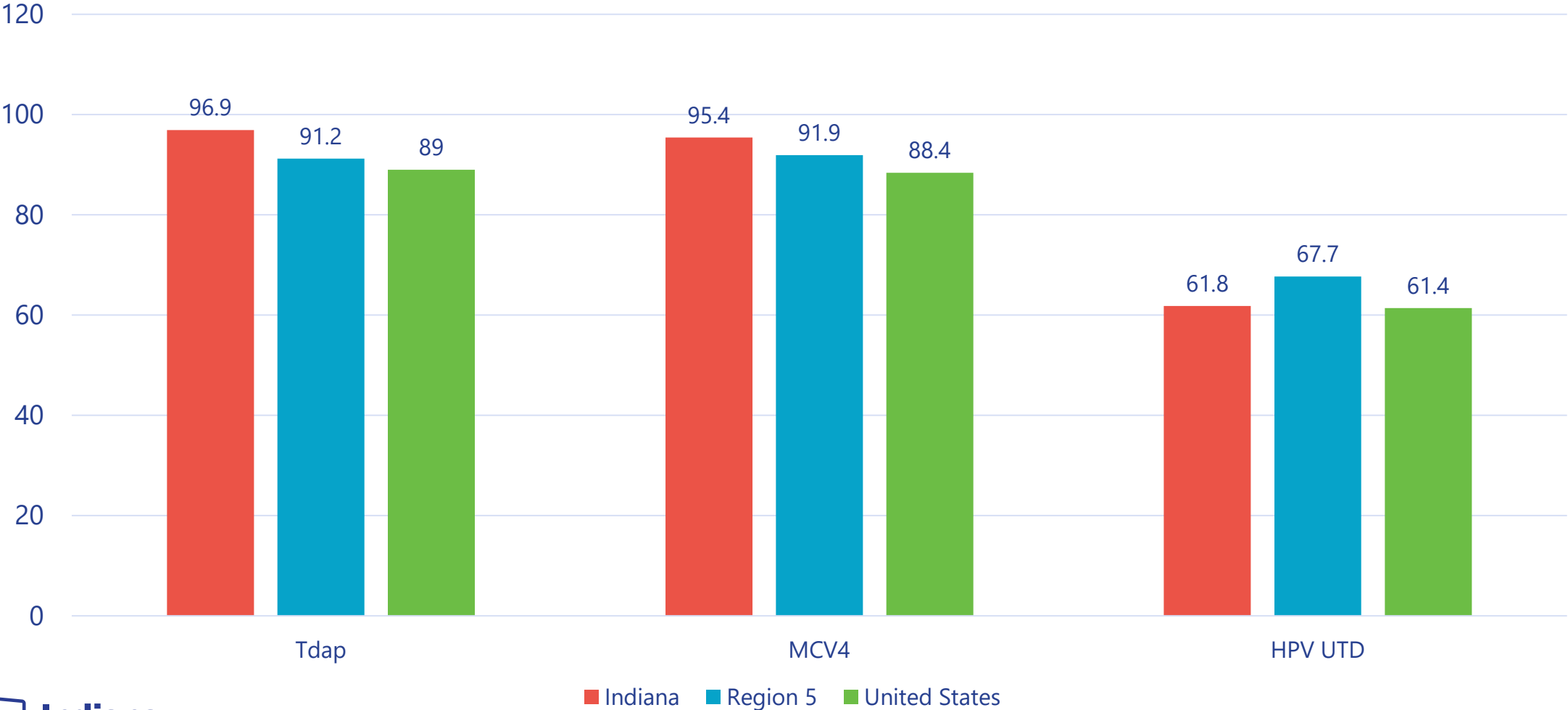
HPV UTD Coverage Among Adolescents Age 13-17
(2016)
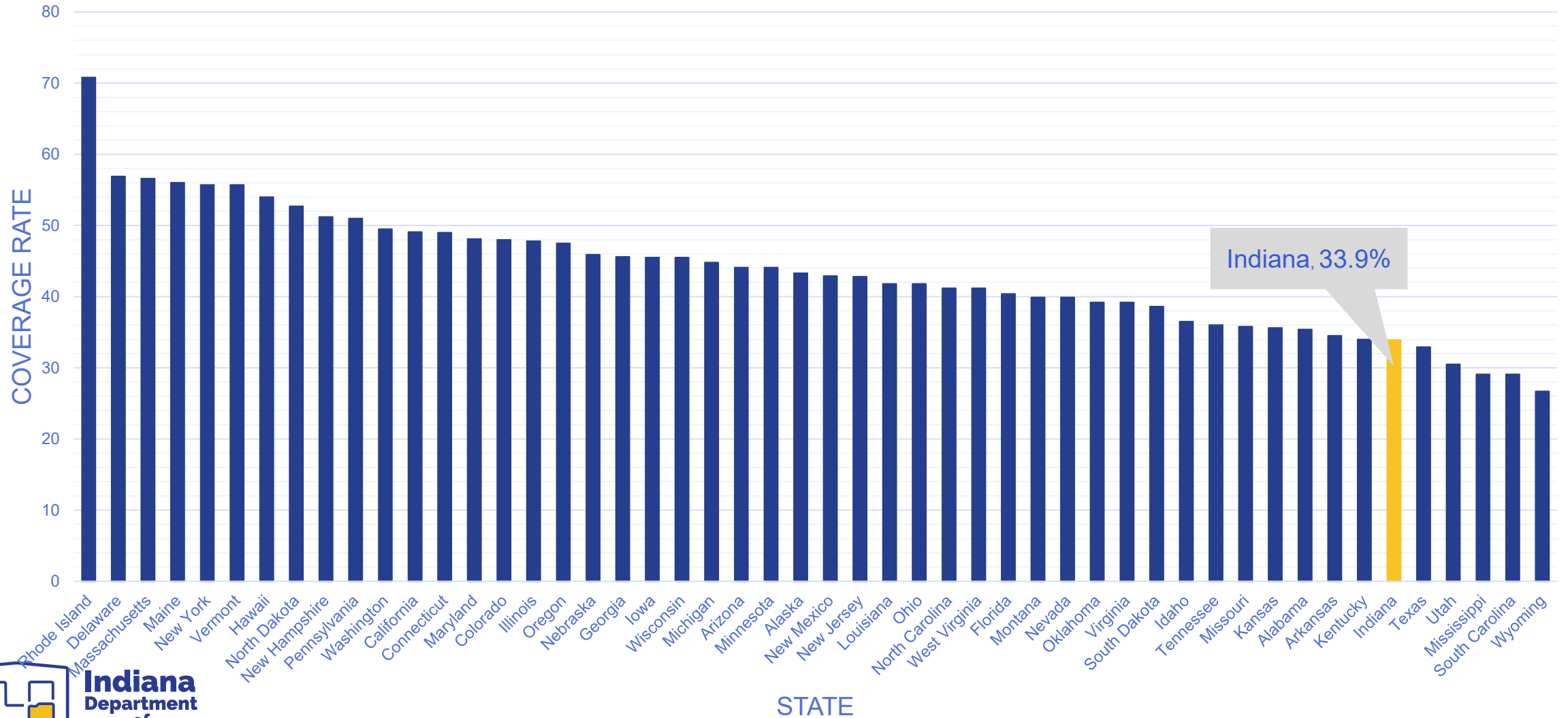
HPV UTD Coverage Among Adolescents Age 13-17 (2023)
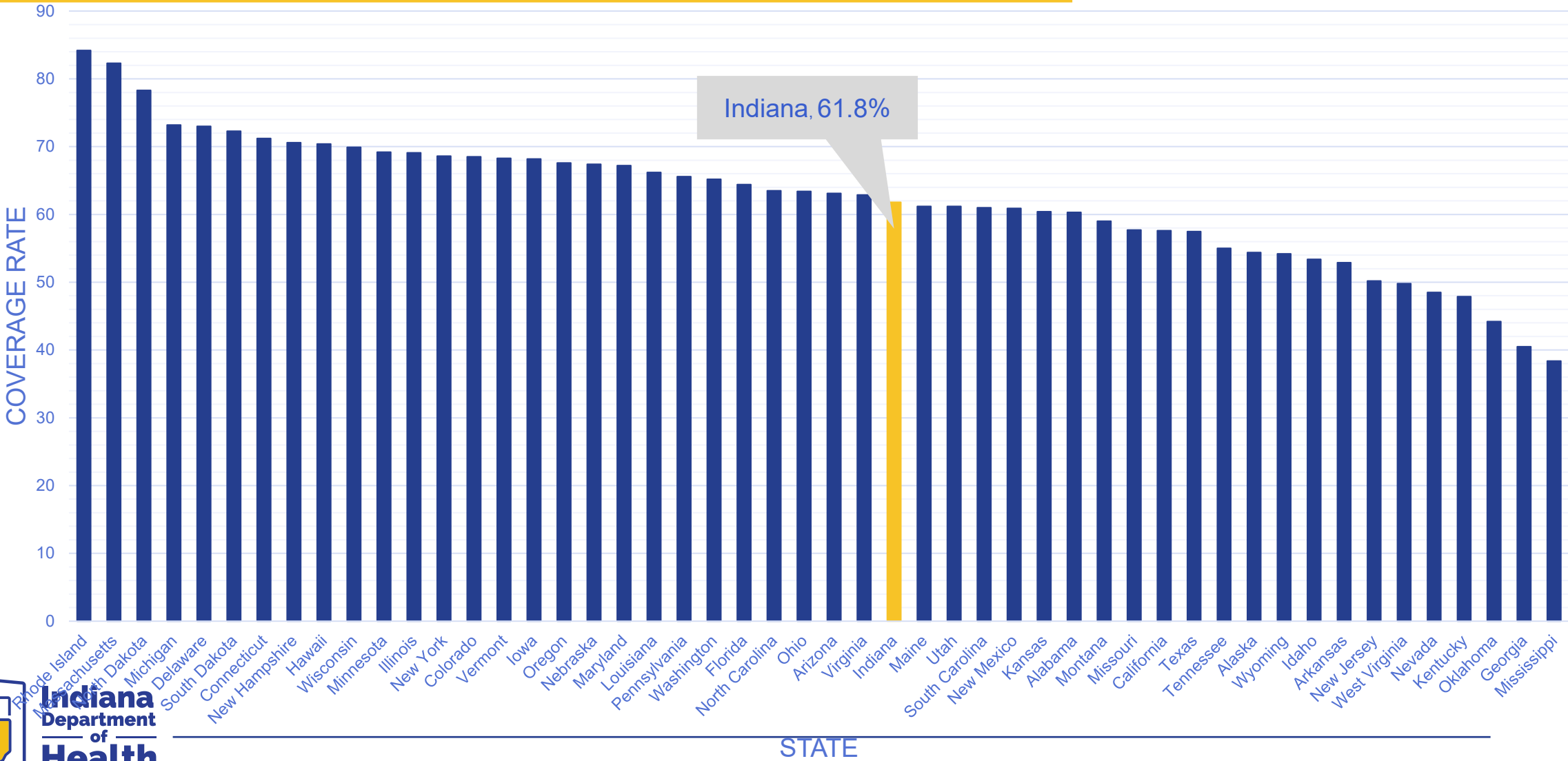
VFC: Kroger locations

- 112 locations in Indiana
- Expedited enrollment process
  - COVID providers
  - Virtual enrollment
  - On-line customized training
- Approved vaccine replacement model
- 22 Little Clinic expansion
- Awareness Plan

Indiana Department of Health

What's Ahead

Indiana Department of Health

Questions?

Scan to connect on LinkedIn