HEALTHFIRST Allen County

CORE PUBLIC HEALTH SERVICES
Funding and Activity Plan

HEALTH FIRST INDIANA INITIATIVE

2027

Developed

August 26, 2026

Allen County Department of Health

Overview

Established by Executive Order by Governor Eric J. Holcomb in August 2021, the Governor's Public Health Commission (GPHC) was charged with studying the strengths and weaknesses of Indiana's public health system at the time and making recommendations for improvements utilizing best practices discovered.

A final report authored by the GPHC in July 2022 outlined various areas of growth and improvement needed to create a more robust public health delivery system in Indiana. Areas of focus were:

- Governance, Infrastructure and Services
- Dedicated Public Health Funding
- Public Health Workforce
- Data & Information Systems
- Emergency Preparedness
- Child & Adolescent Health

Several bills related to improving the public health delivery system in Indiana were put forth during the 2023 legislative session. Those bills gained support throughout the session and ultimately passed on April 17, 2023. Health First Indiana (HFI) is the state's initiative created by Senate Enrolled Act 4 (SEA 4), which focuses on creating a consistent set of Core Public Health Services (CPHS), accessible, recurring and dedicated funding, as well as clearly defined measurements for immediate and future growth. (Health First Indiana website: Health First Indiana)

Health First Allen County (HFAC) is the coordinating program that was developed and deployed in 2024 by the Allen County Department of Health to begin these very needed and welcome changes to our local public health delivery system. Many community partnerships were formed (through funded projects and outside of funding), and several great projects are underway in Allen County.

In the 2025 Indiana General Assembly, the Health First Indiana statewide funding initiative was significantly cut (from $150M/yr to $40M/yr for the 2026-2027 biennium). This was an approximate 75% cut in funds from the 2025 funding year for health departments in Indiana. All Core Public Health Service areas of work, however, along with the Key Performance Indicator goals remained the same (with the exception of Tobacco Cessation & Prevention, which was removed as an allowable core service for expenditures). Therefore, this plan will be very similar to the plan deployed in 2026, where we have attempted to continue the powerful work of public health and disease prevention activities with lesser funding.

This document represents an overarching HFAC plan for 2027 as we continue developing a robust and diverse platform for delivery of public health programs for the community with continued and expanded community partnerships.

2027 Core Public Health Services Activity Plan

The Indiana Department of Health (IDOH) in 2024 created a team of state and local public health partners to form both a Core Public Health Services Committee and a Core Public Health Leadership Committee. The "Services" committee developed the minimum core public health services that should be conducted by local health departments in Indiana – and these include duties already required by statute as well as new activities aimed at offering a more comprehensive body of preventive services. These services remain the same recommended services for 2027, with the exception of the removal of Tobacco Cessation & Prevention, which is no longer a core service for expenditures as of July 1, 2025.

The Core Public Health Services Committee created the following list of Core Public Health Services ***areas*** local entities must provide under the Health First Indiana initiative. Many of these duties existed in the statutes prior to Health First Indiana, many large ones were added in the 2023 legislative session, and one was removed in mid-2025 (Tobacco Cessation) … but the areas listed below are the ones that remain the priorities for 2027 at this time):



In addition to the required Core Public Health Service areas listed, each local health department has other statutory responsibilities not included on this list as well as local rules and regulations for which they are responsible. For example, Allen County has a local ordinance to assist with ensuring the safety and sanitary provision of lodging establishment facilities, but that is over and above state-required services. Similarly, there are additional state-required activities not listed as CPHS areas such as the regulation of railroad mobile camp car units, bathing beaches, campgrounds and more. It is for this reason that the comprehensive budget and activities for each local health department will be comprised of a variety of things required at both the state and local levels.

Local health departments have been encouraged to engage existing and new partners in the promotion and development of the delivery plan for the required Core Public Health Services. The Allen County Department of Health has embraced this concept, as we consider ourselves blessed to be aligned and engaged with so many organizations that have similar public health betterment goals for the community. In 2024, the deployment of a Public Health Grants program cultivated many fruitful partnerships and projects geared toward education and public health betterment. In 2025, these grant partnerships grew in numbers, became more robust and targeted, and we worked hard to gather data on services provided to start to build baseline information on which to show year-to-year improvement. In 2026, we continued level grant funding to a pared down set of community awardees to cover each of the main Core Public Health Service areas in conjunction with our internal activities. Our community partnerships and engagements have only increased – even amid deep funding cuts.

Further, in 2025, local health departments were also required to develop local Key Performance Outcomes (KPOs) in addition to those required statutorily. We embraced this challenge and developed two-year goals for betterment in the areas of Childhood Immunization rates, Childhood Lead Poisoning Testing and associated case management, and the reduction in any cases of congenital syphilis through more robust efforts toward prenatal care engagement for pregnant women alongside education around the need for certain disease testing and treatment prior to the child's birth. We track these KPOs and educational initiatives all year and report outcomes in our Annual Report.

OVERALL – as in the past several years, the plan for CPHS delivery in Allen County for 2027 is comprised of internal service deployment as well as support to external organizations for their program/project delivery (including programmatic growth), some with small amounts of funding and some without funding. The Department has taken the list of required CPHS, the Key Performance Outcomes (See "Measures of Success" below), and our internal initiatives/KPOs for growth and betterment, and we have created a plan for how to expend funds in the most efficient manner, aimed at reaching the most individuals.

Funding

As in the past three years, to opt in and receive the HFI funding, the local health department must commit to providing (or ensuring provision by others of) the Core Public Health Services delineated in the statute (see "Core Public Health Services" section above).

The Allen County Commissioners opted into the 2024-2025 funding in June 2023, which guaranteed Allen County more than $13 million over the two-year period. We received approximately $8.6 million in 2025 to carry on our HFAC program following the HFI-required priorities. ***For 2026, the Department received just over $2.4 million (and this is the amount we will receive in 2027 as well).***

The Allen County Department of Health developed and submitted the required draft budget for use of these projected funds for 2027. An outline of the intended uses is provided below. The first year (2024) was considered a "building year" where infrastructure and partner development lead the way. The second year and third years (2025 & 2026) were about continuing partnership growth and expansion – all the while working to increase public health programming and education on many topics such as within schools (vaping education, CPR, Stop the Bleed, Safe Sitter, Catch My Breath, etc.) and within community based organization targeted at Fall Prevention, Nutrition and Physical Activity and Fatality Prevention.

As we look toward this fourth year of funding and prevention activities, we will continue to focus on trending (Are we making a difference and what does the data tell us?), sustainment (Which programs are ones we can sustain long-term and which ones are doing the most good?) and effectiveness (Overall, what's working, what needs expanded, and what might be done in a better way in the future, perhaps?). We continue to assess what can still be done with less funding and where can/should we advocate for the importance of funding a steady, preventive public health infrastructure to protect our communities!

The Allen County Department of Health is funded by a mixture of local property tax funds, these Health First Indiana funds (state tax dollars), grant funds (local and state, when applicable/offered), local service-based fees and reimbursements for provision of certain services, and other miscellaneous revenue. Having such a mixture of funding mechanisms – particularly funds that are not guaranteed or stable year-to-year (even with this newer funding in recent years) – has resulted in not being able to grow to the abilities and offerings that a county of our size deserves. While we were excited for the growth and opportunities with which we were presented in 2024-2025, we have had to slow some of those activities amid lessened funding, but we will still be as proactive as possible and begin developing mechanisms for the future in terms of new or "re-tooled" programming as deemed appropriate for the Allen County community. While we may not have truly steady funding on which to build steady programming – we will do our best with what we are given and are incredibly grateful for it!

***PROJECTED* 2027 HFI/HFAC Expenditures by Area/Service/Project/Type:**

(THIS FUNDING BREAKDOWN ONLY REFLECTS THE HEALTH FIRST INDIANA FUNDING, but the amounts represent use of carryover funding from prior years for 2027 – and therefore the totals exceed our HFI allotment solely for 2027.)

Personnel (Salaries & Fringe, Overtime, On-Call, etc.) **$ 1,810,146.00**

Supplies **$ 426,024.00**

Professional Services (Partnership Contracts, Internal Projects) **$ 1,298,350.00**

CORE PUBLIC HEALTH SERVICE PARTNERSHIP CONTRACTS MAY BE ISSUED FOR AREAS/PROJECTS SUCH AS:

- *Maternal & Child Health Initiatives*
- *School Health Initiatives*
- *Trauma & Injury Prevention Initiatives*
- *Chronic Disease Prevention Initiatives*
- *Access & Linkage to Care Initiatives*
- *Initiatives Addressing Most Common Causes of Death*
- *Immunization Initiatives*

Capital Expenditures and Equipment** **$ 1,607,492.00**

***Per statute, 10% can be set aside for capital costs. A portion of this is reserved upon need and is all that we have budgeted in capital outlays.*

TOTAL (HFI Only): $5,142,012.00

NOTES: (1) Overall Department Budget (including ALL funding sources) for 2027 is predicted to be around $11 million. This is down from the $15 to $16 million budgets in 2025 & 2026. (2) Amounts above are rounded to the nearest dollar. (3) These are projected amounts per category since budgeting occurs approximately six months prior to the start of the actual year.

Staffing

For 2027, no new positions are planned – as we must work to preserve current staff and programming under lessened funding overall.

The Department currently has approximately 72 positions (around 70 full-time equivalents, or FTEs). Using the Public Health Accreditation Board (PHAB) Center for Innovation Public Health Workforce Calculator and utilizing the information provided to local health departments from the Indiana University Fairbanks Workforce assessment study, to meet the minimum staffing models, we should have nearly 120 FTEs providing public health services for a county of our size. Further, the same assessment shows the national average for public health workers per capita is 4.1 FTEs per 10,000 residents. Allen County currently employs 1.8 FTEs per 10,000 residents. We will continue to proceed in a thoughtful way, year-to-year, and in the end, we do hope our workforce grows to be what is **needed!**

Measures of Success

Local health departments will continue to be required to submit Key Performance Outcome (KPO) data semi-annually (at a minimum) to the Indiana Department of Health (IDOH). The KPOs are baseline measures and activities that IDOH has put forth to work toward consistency in certain programming across the state. Other local KPOs were developed as required for the 2025 funding year, and the KPOs for the 2027 funding year have not yet been discerned at the time of publishing this prospective plan. It is very likely we will carry on the same KPO programming as the work will not end at the end of the 2026 funding year, but we will likely also add new KPOs or tweak the existing ones as appropriate. Combined, all KPO work will be used as goals against which to measure some of our success that we hope will, in time, translate to better overall health outcomes in our community/state.

The minimum state-required KPOs are as follows:

Chronic Disease Prevention

- KPO: Number of counties that through a healthy community coalition have a comprehensive, evidence-based program to address obesity and obesity-related disease prevention

Trauma and Injury Prevention

- KPO: Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence-based program or activity for prevention

Fatality Review

- KPO: Number of counties that participate in local Child Fatality Review (CFR), Fetal & Infant Mortality Review (FIMR), and Suicide & Overdose Fatality Review (SOFR) teams and provide birth certificates, stillbirth certificates and death certificates to local fatality review teams
- KPO: Number of counties that identified a leading cause of fatality in their community and implemented an evidence-based or promising prevention program or activity

Maternal and Child Health

- KPO: Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment and insurance navigation
- KPO: Number of counties that identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome

School Health Liaison

- KPO: Number of counties partnering with schools, based on community need, to implement wellness policies and comprehensive strategies to promote student health

Lead Case Management and Risk Assessment

- KPO: Number of counties with access to a trained or licensed case manager and risk assessor in the county and offering weekly lead testing at a location in the county

Access to and Linkage to Clinical Care

- KPO: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community
- KPO: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services

Tuberculosis (TB) Control and Case Management

- KPO: Number of counties with established partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection in their communities

Health-Related Areas during Emergencies/Disasters

- KPO: Number of counties that have updated* public health emergency response plans *(*Defined as conducting research on latest national and state best practices, incorporation of lessons learned and areas of improvement from real world events and exercises and inclusion of preparedness and response partners in content validation.)*
- KPO: Number of counties exercising current emergency response plans with community partners within a biennial timeframe

Immunizations

- KPO: Number of counties that can vaccinate all individuals at time of service, regardless of insurance status
- KPO: Number of counties with extended vaccination hours beyond routine business hours to meet the needs of the community/jurisdiction through the LHD (local health department) or community partners

Infectious Disease Surveillance and Prevention

- KPO: Number of counties that initiated a public health investigation within 24 hours for 95% of the immediately reportable conditions reported to them and within two business days for 85% of non-immediately reportable conditions reported to them

Vital Records

- KPO: Number of counties implementing birth certificates to all Hoosiers irrespective of their county of birth once the IDOH DRIVE system has appropriate functionality
- KPO: Number of counties able to offer Vital Records services without disruption to business continuity during natural disasters/emergencies

Food Protection

- KPO: Number of counties that have developed a timely and professional risk-based food inspection standard operation procedure

Environmental Public Health

- KPO: Number of counties responding to all housing and nuisance complaints within a timeframe determined by urgency or risk
- KPO: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints

Tattoo, Body Piercing, Eyelash Safety and Sanitation

- KPO: Number of counties with trained staff who can respond to tattoo, body piercing and eyelash extension complaints (Target: 90%)

LOCALLY DERIVED KEY PERFORMANCE OUTCOMES/GOALS for 2026 which will carry into 2027 – ("Investing in Allen County's public health outcomes through education & prevention efforts"):

- **Increase the number of children under the age of 3 years who have completed the recommended childhood vaccine series from 61.6% (2023) to 70% (2030)** by providing or assisting with the coordination of vaccination outreach events, providing provider education opportunities, and by providing educational opportunities to underserved populations in Allen County by educating parents on the importance of vaccinations with culturally appropriate and sensitive materials in their native language with data to be gathered/reported on a quarterly and annual basis.
- **Increase the blood lead level screening rate among Allen County children 0-6 years of age from 10.25% (2022) to 20% (2030)** through targeted outreach and screening/testing and providing other appropriate educational initiatives for health care providers, including lead hazards and testing opportunity education for parents using culturally sensitive materials with data to be gathered/reported on quarterly and annual basis.
- **In an effort to prevent adverse birth outcomes related to sexually transmitted infections, we will increase the percentage of pregnant Allen County female residents completing a first trimester prenatal screening for syphilis from 67% (2022) to 80% (2030)** through community outreach/education efforts, focusing on education and collaboration with community health care providers, pregnant women, and social service partners, using culturally sensitive materials focusing on historically marginalized populations.

What does the future hold...

The Allen County Department of Health is incredibly proud of its new, innovative and collaborative efforts throughout the past three years! The biggest achievement and success was arguably the development, roll-out, awards and data collection for the HFAC Public Health Grants program, as well as targeted vaping education in all fifth- through seventh-grade classes within the four public school districts. A new sixth grade vaping prevention course was contracted for development in 2025 and was deployed in 2026 through our partnership with McMillen Health.

We continue to be blown away by the support from our local elected officials, our executive board, our staff and our local partners (who are the true "rock stars"). We are a blessed agency to be among so many public health-minded professionals. Thank you to everyone who has provided support and assistance or came alongside us over these past three exciting years of growth! We continue to stand ready to partner with others, provide new and expanded programming, and grow in a way that works toward true access to and betterment of the public health delivery system in Allen County – and in Indiana!

We appreciate your interest in public health, the Allen County community and the Allen County Department of Health as we work toward our goals to truly "move the needle" on our future health outcomes.

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