

## **Health First Indiana Pledge to Act**

To Improve Hoosiers' Public Health Outcomes

## **About the Pledge:**

Health First Indiana (HFI) is the state initiative created by SEA 4 passed by the 2023 Indiana General Assembly that transforms public health in Indiana. The legislature provided \$225 million in funding through the budget bill for local communities to prioritize public health and safety. Health First Indiana focuses on providing core public health services, including infant health, childhood lead screening, chronic disease prevention, trauma and injury prevention, and more. In November 2023, the Indiana Hospital Association (IHA) Board of Directors confirmed its commitment to support the public health efforts of the State of Indiana. As such, the IHA Board of Directors is asking each IHA member to join the Board and pledge their support.

## **Pledge Commitment:**

I pledge my organization will take action on IHA's State Call to Action to Improve Hoosiers' Public Health Outcomes within the counties we serve.

I pledge my organization will take action on the following goals intended to create community partnerships through collaboration and communication with our local health department(s).

- Establish ongoing dialogue with our local health department(s) and community leaders responsible for the execution of the county HFI plan
- Appoint an organization lead for public health that can coordinate communication and provide updates to local and state leaders
- Partner and collaborate with our local health department(s) to specifically address at least one of the following core public health services:
  - Infant/Maternal Mortality
  - Obesity
  - Smoking Cessation
- Discuss our hospital's Community Health Needs Assessment or other similar strategic plans with our local health department(s) and incorporate their feedback into future planning efforts, aligning where possible

| Organization Administrator |  | Organization Public Health Contact |  |
|----------------------------|--|------------------------------------|--|
| Organization:              |  | Name:                              |  |
| Signer Name:               |  | Title:                             |  |
| Signature/Date:            |  | Email:                             |  |

