



A PUBLICATION OF THE INDIANA STATE DEPARTMENT OF HEALTH

## Bringing it home with new council

I spent my first year as state health commissioner getting to know our agency's partners. In my second year, I'm taking what I've learned and putting it to work at the Indiana State Department of Health.

Last December, I completed my goal of visiting all 93 of Indiana's local health departments. I would like to thank everyone for their hospitality and convey what a privilege it was to meet all of you.

My trek was more than a goodwill tour. It was an educational mission for me to learn what ISDH can do to help our local partners, what's working and where we can do better. As we tackle Indiana's public health issues together — including infant mortality, obesity, smoking and the opioid crisis — I now have a much more complete understanding and appreciation of the challenges and opportunities our local health departments (LHDs) face. I know that your situations and resources are very different across our state, even between two neighboring counties.

My new challenge is to apply what I learned within our agency. One of my first steps was to keep the lines of communication open by re-establishing the State Health Commissioner's Advisory Council.

Council members from LHDs both large and small come from all areas of our state representing a variety of public health areas, from food safety to vital records. Our plan is to get together every month, either in person or by phone, to talk about public health in Indiana and the challenges we face. This is an excellent opportunity for ISDH to share information and hear firsthand how proposed changes in legislation or other regulations could impact our local health partners.

In January, the council heard an update on the 2019 General Assembly session and Safety PIN grants. We also talked about ways to improve communication between ISDH and local health departments. Last month, the group heard about our quality improvement and accreditation activities, the Stop the Bleed grant and outbreak communication strategies, including hepatitis A, which continues to spread throughout our state.

If you have a topic to suggest to the council, please email [David Hopper](#), director of the Local Health Department Outreach Division, and [Tami Barrett](#) so it can be added to the agenda and you can be added to the list of participants.



Dr. Kris Box



**Dr. Box visits late last year with staff from the Putnam County Health Department, one of her final stops before completing in December her goal of visiting all 93 of Indiana's local health departments.**

These sessions help us understand better at the state level what challenges our local partners face. By keeping this communication open and consistent, I hope we can continue to spot not only problems, but solutions, across our state. I've also been able to share local successes with other agencies, legislators and other counties so we can learn from each other.

I want to thank everyone who has agreed to participate on the advisory council and assure all of our local health departments that we will have many opportunities to engage throughout this process. By working together, we can accomplish incredible things and improve the health of Hoosiers.

**Yours in health,  
Kris Box, MD, FACOG  
Indiana State Health Commissioner**

# New staff learn about environmental health

ISDH's divisions of Environmental Public Health and Local Health Department Outreach hosted Environmental Health Specialist & Public Health Nurse Orientation Dec. 4-6 at ISDH in Indianapolis.

About 50 new employees of local health departments from around the state participated.

ISDH Chief Medical Officer Dr. Melissa Collier, at right, wel-

comed the attendees at the start of the program, and 29 subject area experts provided information throughout the 2-1/2-day event. The agenda also covered programs offered by ISDH, the Indiana Public Retirement System, Board of Animal Health and Office of the State Chemist that will assist local health departments' responses to a myriad of issues they may encounter at the local level.

The objective of this orientation is not to overwhelm the new county employees with technical training, but rather to inform them of the ISDH programs and staff who are available to support them and provide technical assistance and training in the future.

The program wrapped up with an optional afternoon tour of the ISDH Lab.



Staff photo

ISDH Chief Medical Officer Dr. Melissa Collier welcomed the attendees.

## UPDATE FROM LEAD AND HEALTHY HOMES

### Summary Reports of Results Received

The Lead and Healthy Homes Division (LHHD) will be releasing reports of blood lead level test results below 5 µg/dL for children that were reported to ISDH in the previous quarter starting in April 2019. Each report will go through an automated scrubbing process that has been developed to remove duplicated results and reduce the amount of bad information. These reports are intended to keep local health departments up to date on blood lead level tests that have been reported to ISDH and to assist with case closeout.

Reports for blood lead test results reported to ISDH from July-December 2018 have been released. Please email questions or comments about the reports

to Amy Hancock at [ahancock1@isdh.in.gov](mailto:ahancock1@isdh.in.gov).

### Claim Comparison Reports

LHHD emailed comparison reports to local health departments (LHDs) last month. The reports show the number of children who had a lead test processed by Medicaid for a given quarter and the number of those same children who had a blood lead test reported to ISDH for that quarter. The report presents the number of missed opportunities (claim billed to Medicaid but not reported to ISDH) by each associated provider located in your county and the missed opportunity rate for those same providers.

The second quarter of 2018 (April through June) and third quarter (July

through September) reports have been distributed.

These reports are sent to individual providers, provider groups, LHDs and managed care organizations to provide transparency around the billing and reporting process. These reports can help provider offices identify internal reporting lapses or challenges that can be easily remedied. Should providers you work with need help getting results reported to ISDH, please don't hesitate to email Sarah Newman at [snewman2@isdh.in.gov](mailto:snewman2@isdh.in.gov).

Beginning with 2018's fourth-quarter data, these reports will also include data highlighting the differences in the number of children receiving the measles, mumps and rubella (MMR) first dose and lead screening among the same population.

# Hospitals recognized for perinatal hepatitis B prevention

The Indiana State Department of Health's Perinatal Infection Prevention Program (PIPP) conducts a survey and chart audit of birthing hospitals annually to evaluate their perinatal hepatitis B prevention policies and practices.

PIPP recognizes the birthing hospitals with complete written policies and/or standing orders and the best practices in the prevention of perinatal hepatitis B infection by giving an award

certificate signed by State Health Commissioner Kris Box in gold, silver and bronze levels.

The award not only recognizes the excellent work done by the labor and delivery staff and physicians in a birthing hospital, but also fosters competition among the hospitals to meet the best practices standard of the Centers for Disease Control and Prevention.

## 2018 HOSPITAL AWARDEES

Hospital	Award
Cameron Memorial Cmty Hospital	Gold
Hancock Regional Health	Gold
Parkview Huntington	Gold
Parkview Noble	Gold
Riverview Health	Gold
St. Vincent Fishers	Gold
St. Vincent Women's Hospital	Gold
Community Hospital of Bremen	Silver
Parkview Randallia	Silver
Parkview Regional Medical Center	Silver
Parkview Whitley	Silver
Parkview Lagrange	Bronze



**Parkview Whitley Family Birthing Center staff**



**ISDH Public Health Administrator Rupert Arceo with Parkview Huntington Hospital Family Birthing Center team of Bethany Crist, Amy Watson and Angie Swanson.**



**Cameron Community Hospital staff, (from left) Tonya Alleshouse, OB Director; OB nurses Christina Groves, Nicole Snyder and Tiffany Hamilton**



**Parkview Noble Hospital's (from left) Holly Slater, RN; Kim Yoder, RN; and Heather Antal, RN, Manager of Family Birthing Center**

## CORONER GRANT OPPORTUNITY

The Indiana State Department of Health's (ISDH's) Division of Trauma and Injury Prevention has been awarded a grant from the U.S. Department of Justice to improve collaboration and strategic decision-making by law enforcement agencies and public health officials to address prescription drug and opioid misuse, save lives and reduce crime.

ISDH has also been awarded a grant from the Centers for Disease Control and Prevention (CDC) to collect and disseminate surveillance data on homicides, suicides, deaths of undetermined manner and unintentional firearm deaths to improve the planning, implementation and evaluation of violence prevention programs.

As part of these efforts, ISDH aims to improve drug specificity and completeness on death certificates by providing more precise and comprehensive death data. As such, ISDH hopes to increase coroner participation in the Indiana Coroner Case Management System (ICCMS), a repository in which coroners can manage their cases, by providing funds to cover supplies that are critical to investigation efforts.

Click [here](#) for the full grant opportunity announcement, including the funding levels for each county. The application deadline is March 15. Any remaining funds will be awarded to counties on a first-come, first-served basis.

# General Assembly takes action on bills to improve state's health

By Amy Kent

The 2019 Indiana General Assembly session has reached the halfway point, and as House bills move to the Senate for further consideration and Senate bills cross over to the House, there is still a lot of work to be done. More than 400 bills are still up for consideration over the next couple of months before legislators conclude business by midnight April 29.

At the center of this year's discussion is House Bill (HB) 1001, which will set the state's next two-year budget. Among the bills introduced this year, a large number are focused on public health and other health or health care-related topics.

ISDH is working closely with lawmakers, Gov. Eric Holcomb's team and key stakeholders in the Statehouse hallways on many bills. Some key bills to watch that would impact ISDH or the health of Hoosiers are:

## **HB 1004 – Gov. Holcomb's School Safety Bill**

HB 1004 implements recommendations from Gov. Holcomb's school safety report to address both the security needs of schools, as well as mental health resources for students. The bill would enable ISDH to offer every high school in the state the opportunity to participate in the Centers for Disease Prevention and Control's Youth Risk Behavior Survey to collect statewide and local data on health-related risks impacting our youth.

## **HB 1007 – Gov. Holcomb's Infant Mortality Bill**

HB 1007 aims to engage more expect-

ing mothers in early prenatal care and connect them to wrap-around services and home visiting programs that are available in the community through the establishment of the OB Navigator program. The bill also requires healthcare providers to use a verbal screening tool to help identify pregnant women with substance use disorder earlier in pregnancy and refer them to treatment.

## **HB 1545 – ISDH's Vital Records Update Bill**

This bill cleans up some outdated vital records statutes, many of which haven't been updated since the 1990s. Some of the changes include establishing a process for submitting paper records if the electronic system is unavailable and adding data protection safeguards. HB 1545 also helps ISDH support local health departments by allowing the agency to issue guidance about vital records laws.

## **Senate Bill (SB) 228 – ISDH's Public Health Bill**

SB 228 permits ISDH to share immunization data with the CDC so that the state can participate in future technical assistance and funding opportunities and will help the state improve our public health surveillance and response by allowing ISDH to update the list of reportable communicable diseases and birth problems in a more efficient manner. The bill also amends the State Health Commissioner's standing order authority for immunizations to include other medical professionals, such as paramedics and registered nurses. All of these give us additional tools and resources for our emergency response efforts.

# Levels of care rules expected by summer

By Greta Sanderson

Indiana's delivering hospitals and certified birthing centers will be able to apply to receive their desired perinatal levels of care beginning this summer.

ISDH ended the public comment period on the levels of care rules with a public hearing on Feb. 19. Work is under way to finalize the rules so the designation process can begin.

The 2018 General Assembly passed Levels of Care legislation with the goal of making sure every baby in Indiana is delivered at the right place and at the right time based on the condition of both mother and baby. The rules are based on best practice guidelines from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. The designation levels start with level 1 for an uncomplicated delivery and increase to level 4 for supporting the most complex perinatal cases.

"The goal is to improve outcomes for every mother and baby in the state and help more babies live beyond their first birthday," said Martha Allen, ISDH director of Maternal and Child Health.

Hospitals seeking a level 3 or 4 designation will have six months from the date the rules are final to apply. ISDH nurses will then begin the certification process supporting all of Indiana's delivering facilities. Allen believes that all hospitals will meet their desired levels of care.

"Our objective is to support hospitals in achieving their desired levels, whatever those levels may be," Allen said.

Level 3 and 4 facilities can also apply to become perinatal centers, which will mentor other hospitals and review outcomes. Hospitals may continue to transfer patients to the hospital selected by the provider caring for the mother and baby based on their clinical conditions and family preferences.

To support that process, ISDH plans to create a system to collect and analyze outcomes data for all of Indiana's delivering facilities.

The first designations should be made early next year, with the goal of having perinatal centers in place by 2021. Allen said it will likely take three years to complete all the certifications, at which point the recertification process will begin with a three-year cycle moving forward.



## HELPLINE TURNS 3

The MOMS Helpline celebrated its third anniversary with its first baby shower March 1 at Goodwill of Central and Southern Indiana in Indianapolis. [MOMS Helpline](#) manager Diana Feliciano (left) stands next to Goodwill Nurse-Family Partnership Senior Director Lisa Crane and Director of Operations Lynn Baldwin before the event. The shower included games and information on breastfeeding, WIC, car seat safety, Help Me Grow, insurance and more.

# ISDH launches 2nd strike team

By Greta Sanderson

ISDH has launched a second hepatitis A vaccination strike team, doubling its efforts to protect more Hoosiers and end the ongoing outbreak.

More than 1,000 outbreak-related hepatitis A cases have been diagnosed in Indiana since November 2017, and 66 of Indiana's 92 counties have had at least one outbreak-related case. See ISDH's hepatitis A website [hepAfacts.isdh.in.gov](http://hepAfacts.isdh.in.gov) for the latest information.

According to the CDC, those most at risk are people who use illicit drugs, the homeless, men who have sex with men, those who are incarcerated and anyone who has had close contact with an infected individual.

"ISDH is committed to doing everything we can to stop this outbreak," Immunization Director David McCormick said. "We'll be checking in with local health departments to see how a strike team can help their response efforts."

ISDH deployed its first strike team in August 2018. That team has hosted a total of 76 clinics across the state in 44 counties, through the end of February. Yet despite this initiative and the ongoing efforts of local health departments, the outbreak continues, prompting the need for a second vaccination team.

This team is charged with doing follow-up at county jails that have already had one clinic so new inmates can be vaccinated. The first team will continue other outreach to jails and other places.

To request a strike team in your county, email ISDH Immunization Director Dave McCormick. ISDH will provide data entry, vaccine and supplies, as well as the nurses to vaccinate at no cost. Because there is some overlap between the hep A at-risk population and STDs, HIV and hepatitis C rates, ISDH disease intervention specialists are also available to pair with any strike team clinic.

Hepatitis A is a highly contagious but highly preventable disease of the liver caused by the hepatitis A virus. It is usually transmitted person-to-person through the ingestion of something that has been contaminated with the feces of an infected person or consumption of contaminated food or water.

# And the survey says ...

By Sara Hallyburton

The results of this year's Register to Win flu survey conducted in cooperation with the Indianapolis Colts are in, and a record 8,012 surveys were entered.

Survey participants were entered for a chance to win two tickets to a Colts home game and a football autographed by quarterback Andrew Luck just for answering a few questions about flu shots.

Here's what we learned:

## Demographics:

### Gender:

Female: 42%

Male: 57%

Prefer not to answer: <1%

### Age Group:

Under 18: <1%

18-49: 67%

50-64: 27%

65 and older: 6%

### Education:

Associate's degree or technical school degree (2-year college): 16%

Bachelor's degree (4 year college): 23%

High school graduate: 21%

Prefer not to respond: 1%

Professional degree beyond a bachelor's degree: 11%

Some college, no degree: 26%

Some high school: 2%

About 10 percent of those who took the survey said their occupation fell into the healthcare personnel category with the most common answers being "nurse" or "other clinical role."

## "Do you usually get your annual flu shot?":

Yes: 66%

No: 34%

Males were less likely to get an annual flu shot. Of the respondents who answered "no," 62% were male.

## "Do you intend to get or have you already gotten your flu shot this season?":

Yes: 66%

No: 34%

About 87% of the healthcare personnel who took the survey reported getting a flu shot this season.

## "I would be more likely to get a flu shot if ..."

The top four reasons reported for making it more likely that one would get the flu shot were:

1. If they felt sure it prevented the flu.
2. If they thought it helped prevent spreading the flu to people close to them.
3. If they could get it for free.
4. If their doctor or healthcare provider strongly recommended it.

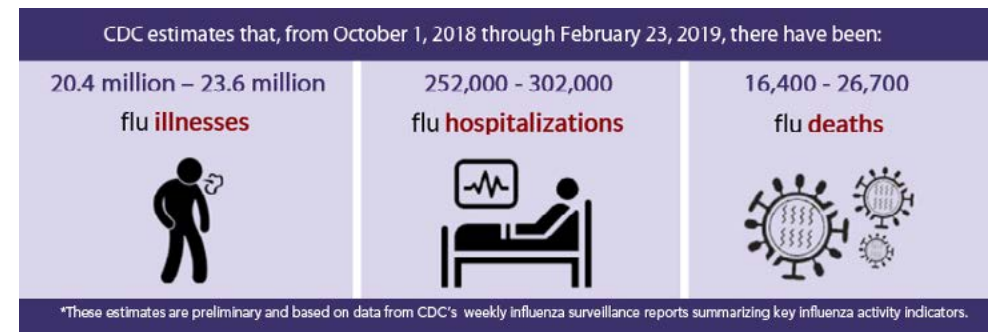
About 71% of respondents said that the flu shot was covered by their health insurance. The remaining 29% were either unsure or said it wasn't covered.

The flu season is more than halfway through, and the good news is that by all measures this year is much less severe than last year.

There have been 53 influenza-associated deaths reported so far this season, and none have been pediatric cases. We've also had nine reported long-term care facility outbreaks of influenza reported. By comparison, last flu season Indiana had already reported 265 deaths and 104 long-term care facility outbreaks by week 9.

While influenza A H1N1 still makes up the majority of flu cases in Indiana, the number of influenza A H3N2 viruses has been on the rise in recent weeks. Preliminary results show that the vaccine is 47 percent effective against H1N1, which is still the predominant strain, and 61 percent effective for children.

Flu activity is still widespread, so please keep reminding Hoosiers of the three Cs – clean, cover and contain – and it's still not too late for a flu shot. Be sure to check out the ISDH flu [report](#) posted online every Friday afternoon for updates.



# CALENDAR

## Local Health Department webcasts

9:30 a.m., March 8, April 12, May 10

Get an update on ISDH programs, initiatives, grant opportunities and more at these monthly webcasts.

Click [here](#) to watch live or to view archived webcasts.

## Local Public Health Leadership Symposium

9 a.m. - 3:45 p.m. March 13, 502 East Event Centre, Carmel

Registration for the Spring 2019 Local Public Health Leadership Symposium will begin at 8:30 a.m.

These events are held in the spring and fall of each year.

The objective of this conference is to educate public health leaders about emerging issues and ISDH priorities and share best practices in improving health across the state of Indiana.

## EMS Directors' Conference

8 a.m. - 5 p.m., April 16, Sheraton at Keystone at the Crossing, Indianapolis

[Registration](#) is open.

The conference focuses on educating EMS medical directors and others about evidence-based guidelines and best practices, including public policy, regional medical direction, Indiana's EMS for Children program, EMS case reports from emergency medicine residents, tactical EMS and the health impact of trauma.

This is the sixth year for the event.

## Public Health Nurse Conference

May 8 and May 9, 502 East Event Centre, Carmel

If you would like to receive a notice when registration for the 2019 Public Health Nurse Conference is open, please e-mail [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) with your name, title, organization and contact information.

Continuing nursing education (CNE) credits are offered to all public health nurses who attend. More information is forthcoming.

## SAVE THE DATE

### Labor of Love Infant Mortality Summit

Wednesday, Dec. 11, JW Marriott, Indianapolis

# Join fight against cervical cancer

By Megan Agnew

The Indiana State Department of Health (ISDH), in collaboration with its partners, has released its strategic plan to identify and significantly reduce morbidity and mortality from cervical cancer in Indiana. The plan, including ways to implement the strategy locally, is on the ISDH website here: <https://www.in.gov/isdh/files/Indiana%20Cervical%20Cancer%20Strategic%20Plan.pdf>.

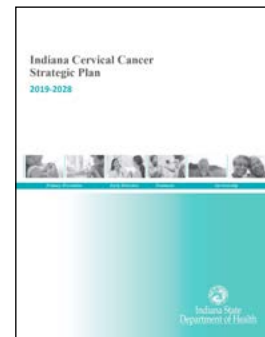
Despite the fact that cervical cancer is almost completely preventable, 13,170 cases of cervical cancer nationwide in 2019 are expected to be diagnosed and 4,250 deaths are likely to occur due to cervical cancer. Approximately 264 new cases of cervical cancer are diagnosed and 88 deaths are caused by cervical cancer in Indiana each year.

Cervical cancer prevention came to the forefront in 2017 when the Indiana General Assembly tasked ISDH with identifying methods to reduce the number of cases of cervical cancer in the state. As a result, ISDH developed a statewide group of internal partners, government agencies, educational institutions, medical providers, advocates and survivors to create the Indiana Cervical Cancer Strategic Plan, a 10-year road map to address the burden of cervical cancer.

Aligning with the Indiana Cancer Control Plan 2018-2020, the cervical cancer plan has four focus areas: primary prevention, early detection, treatment and survivorship. Each section includes SMART (specific, measurable, attainable, relevant and time-phased) objectives with strategies to achieve set targets. The objectives and strategies include aims to increase the number of Hoosiers vaccinated for human papillomavirus (HPV), increase recommended cervical cancer screenings and reduce controllable risk factors such as smoking.

This plan is a tool for everyone in our state whose goal is to eliminate cervical cancer in Indiana. As Indiana moves forward in adopting and implementing this plan, we ask that every person take an active role by reading this plan to keep informed about cervical cancer and how it affects Indiana; promoting and administering the HPV vaccination; leading a healthy lifestyle and reducing individual risk for cervical cancer through regular screening and avoidance of controllable risk factors; informing and educating family, friends, neighbors and co-workers and encouraging them to be proactive about cervical cancer prevention, vaccination and screening; and implementing the plan's strategies within your sphere of influence, such as home, school and work.

We encourage local health departments to use and disseminate the cervical cancer plan and its resources to guide efforts to prevent, and hopefully eliminate, cervical cancer in Indiana.



## ISDH IN THE NEWS

Click on any of the links below to see recent ISDH press releases:

[HEALTH OFFICIALS SAY AMERICAN HEART MONTH IN FEBRUARY IS PERFECT TIME TO TAKE ACTION TO LOWER RISK](#)

[LEADING HEALTH EXPERTS EMPHASIZE 5 EFFECTIVE WAYS TO PREVENT BIRTH DEFECTS](#)

[HEALTH OFFICIALS RAISE AWARENESS OF CERVICAL CANCER, PREVENTION STATE HEALTH DEPARTMENT OFFERS INCENTIVE PROGRAM TO BRING MORE MENTAL HEALTHCARE PROVIDERS TO RURAL AREAS](#)

[HEALTH OFFICIALS URGE RESIDENTS TO TEST FOR RADON](#)

[HEALTH COMMISSIONER COMPLETES VISITS TO ALL 93 HEALTH DEPARTMENTS](#)

Read more news on our [website](#).



Indiana State  
Department of Health