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New phase begins in hepatitis A battle

One of the greatest responsibilities of a public health organization is to be ready for infectious diseases. Some illnesses we know are coming, like the annual flu season. Others are less predictable, such as the current outbreak of hepatitis A, so the Indiana State Department of Health (ISDH) is taking steps to fight it.

So far, Indiana has had 469 outbreak-related hepatitis A cases. Indiana typically sees 20 cases of hepatitis A in a 12-month period. These numbers are the driving force behind ISDH's decision to launch an immunization strike team to target high-risk groups and slow the spread of the disease among Hoosiers.



Dr. Kris Box

The strike team will handle clinics for high priority populations — people who use illicit drugs, the homeless, men who have sex with men and those who are incarcerated — at no cost to you.

To make it as easy as possible, ISDH will provide the staff, vaccine and related supplies, along with CHIRP data entry. ISDH has also created a media kit with social media messaging, posters and press releases to help promote the clinics. All your staff needs to do is help select a clinic date and location and let us know the estimated number of vaccines needed.

ISDH first began setting up strike team clinics in August, and clinics are now set through the middle of October.

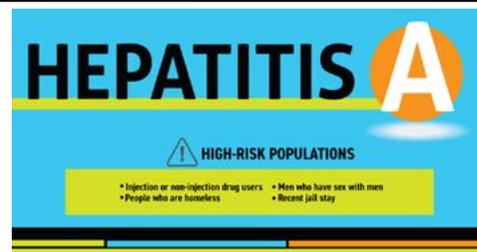
The strike team is working its way around the state, starting with those counties that have the greatest need and at-risk population. If you haven't been contacted about a strike team and would like to schedule a clinic, please [email](#) Nurse Manager Jennifer Spivey.

ISDH has also created educational materials to inform the public about how to protect against hepatitis A. You'll find them posted at hepAfacts.isdh.in.gov along with the latest outbreak information. The materials include suggested social



ABOVE: Strike Team Nurse Manager Jennifer Spivey immunizes a patient in Wayne County on Aug. 29.

RIGHT: This graphic and other educational messaging is available to help spread awareness about hepatitis A.



media messaging; a hepatitis A one-pager in English on one side and Spanish on the other; and a second one-page handout on good hand-washing for you to distribute. You'll soon be receiving bathroom mirror clings with a description of good hand-washing in English and Spanish. The general message is that while hepatitis A is highly contagious, it's also highly preventable by implementing good health practices and getting vaccinated.

The website is updated every Friday. Thank you for your efforts to stem the spread of this disease.

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

Collier is ready for new challenges

By Greta Sanderson

Dr. Melissa Collier, the new ISDH chief medical officer, brings experience and passion to her latest role in public health.

Collier graduated from the University of Minnesota with a master's in public health and medical doctorate in 2006. She completed her residency at the University of Illinois College of Medicine in internal and pediatric medicine in 2010.

From there, she combined the two areas at the Centers for Disease Control and Prevention's (CDC's) Epidemic Intelligence Service, a two-year training program in applied epidemiology. She is a familiar face to many, as she was assigned to ISDH and lived in Indianapolis from 2010 to 2012, when she helped investigate measles and hepatitis C outbreaks.

She then joined the CDC Division of Viral Hepatitis, where she investigated outbreaks of hepatitis A, B and C and later became team leader of the CDC's multistate hepatitis prevention cooperative agreement for a little more than a year. Collier continued to take occasional shifts at the Children's Hospital of Atlanta.

Collier calls herself a bit of a detective because she likes the challenge of solving a medical mystery.

She illustrated that by sharing the story of a hepatitis A outbreak she investigated. She was trying to determine the cause



Dr. Collier and her daughter, Marjie.

when she thought about how the virus can survive being frozen. She began investigating frozen food as a source and found that all of the victims infected with the virus strain had the same infected food product in their freezers.

That case study was published in *The Lancet Infectious Diseases* in 2014.

"I have an intuition," Collier said. "When something doesn't add up, I'll go after it like a dog with a bone."

She chose to focus her career in public

health because while as a practitioner she could help one person at a time, working in public health allows her to improve the well-being of many people at once. As a doctor, she was also treating patients after they were sick, and she wants to prevent illness.

"In medicine, it's disheartening to see people suffering from preventable conditions," Collier said. The CDC goes one step further from diagnosing and treating health conditions, to gathering data and analyzing it to look for trends. The next step was to decide what to do with that information, which is why she came to ISDH.

Collier loved Indianapolis the first time around, and that was a big reason she and her family chose to come back. She said Atlanta is a great city, but the traffic was terrible, and she enjoys all the things to do in Indianapolis that are easily accessible.

She enjoys art, reading and music, and played piano and flute before her work and family occupied most of her time. She and her husband, Ryan, have three daughters, age 5 and twin 2-year-olds.

Collier and her family are getting settled in Indianapolis, and she's ready to get to work tackling Indiana's health challenges.

"One of the things I'm interested in is understanding the underlying cause of things. I'm a scientist by nature. I've got to figure it out."

GREAT DAY FOR WIC AND BASEBALL

A large crowd was on hand on July 8 for WIC Day at the Indianapolis Indians. The promotion was created to spread awareness of Indiana WIC nutrition and breastfeeding programs. Many Indians fans are families with young children who could be served by WIC. The first 1,500 youth through the gates received a free Indians jersey with the WIC logo. The WIC mobile unit was onsite to promote WIC throughout the game. The game was promoted to potential new clients on social media. It was a great game, with the Indians beating the Columbus Clippers 5-4.



Now Open

State Health Commissioner Kris Box helped open the Winchester House, a Fresh Start program for mothers battling substance use disorder, on Aug. 1. Indiana ranked 16th in the United States for overdose drug deaths from 2010-2016, and it is this trend that the Winchester House and the Fresh Start program seek to reverse.

Volunteers of America (VOA) has seen 60 percent graduation rates from its program, more than double the average of similar programs. VOA is believed to be among the first organizations in the country to utilize a program that allows women to stay with their children for the duration of their treatment.

Anyone who needs help or who would like to make a referral should call 317-686-5800, extension 1033.



OPIOID CONFERENCE DRAWS CROWD



More than 340 representatives of law enforcement, healthcare providers and education attended the second Public Safety + Public Health opioid conference titled “Community Solutions: United to Combat the Opioid Epidemic.” The conference was Aug. 14 at the 502 East Event Centre in Carmel. The goal of the event was to help public safety and health officials work together to fight the opioid epidemic in their communities. The meeting also included a panel of local health and law enforcement professionals who shared success stories from their areas. Attendance was up significantly from the first conference held last year. Above, participants flood the exhibition hall to visit the 32 vendors who participated in the event.

Grant funds innovative traumatic brain injury project

By Jeremy Funk

Nearly 2.5 million people in the United States are hospitalized each year with a traumatic brain injury (TBI), according to the Centers for Disease Control and Prevention. In Indiana, ISDH has found that more than 83,000 Indiana residents sustained a TBI last year.

While patients who suffer brain injuries face weeks or even months of recovery and rehabilitation, they often face another consequence. People with TBI are 11 times more likely to overdose on opioids and interact with the criminal justice system at much higher rates. In fact, initial screening showed that nearly 60 percent of participants in the new county problem-solving courts — Indianapolis courts that seek to promote outcomes that will benefit not only the offender, but the victim and the public, too — have a history of TBI.

As ISDH continues to battle opioid addiction throughout the state, numbers like these show why more rehabilitation

resources are needed to help people recovering from TBI and prevent opioid-related fatalities and crimes.

The Division of Trauma and Injury Prevention (Trauma Division) has been awarded a \$900,000 grant over the next three years from the U.S. Department of Health and Human Services Administration for Community Living.

With this grant, Trauma and the Rehabilitation Hospital of Indiana (RHI) will develop a TBI Integrated Care Pathway to provide patients with coordinated services and supports across multiple types of medical providers.

“This grant places Indiana at the forefront of treatment for people recovering from traumatic brain injuries and is another way ISDH is helping to prevent opioid misuse,” said Trauma Division Director Katie Hokanson.

The new system of care will follow patients from the trauma center to a care team, which will assess the patient’s needs and develop a plan for treatment. The care team will connect TBI patients to all

of the resources they need, not just the medical ones, from applying for insurance to transportation to doctor’s appointments.

Research has shown that the collaborative program, also called resource facilitation, results in better outcomes. The result is more patients returning to work and avoiding opioid addiction and its negative effects.

Finally, the division is also launching Indiana’s first Traumatic Brain Injury Advisory Board. This committee will bring together stakeholders representing government agencies, medical providers, TBI researchers and patients.

The council will work together to establish a sustainable infrastructure to maximize health outcomes and reduce the disability following TBI, decrease institutionalization (both incarceration and residential replacement) and mitigate opioid misuse following TBI.

“This is the next step in ensuring that Hoosiers who suffer from a brain injury will have the best possible quality of life,” Hokanson said.

ISDH plants seeds for Help Me Grow

By Greta Sanderson

The Indiana State Department of Health (ISDH) in collaboration with the Indiana Department of Child Services (DCS), has been working for more than a year to launch Help Me Grow (HMG) Indiana. ISDH and DCS often work together, so bringing HMG to Indiana in partnership was a natural next step, said ISDH Maternal and Child Health (MCH) Children's Program Director Shannon Garrity.

The hard work is about to bear fruit, as the pilot program is set to launch next month.

HMG is a system for connecting children from birth to age 8 to care coordination and outreach services that support early detection of and intervention for developmental needs. The program will be introduced in nine pilot counties: Delaware, Elkhart, Grant, Lake, LaPorte, Madison, Marion, Scott and St. Joseph.

"The purpose is to link families to resources and services that already exist within their community," Garrity said. "This is for anyone who touches the life of a child at any point, not just families, but also providers."

Help Me Grow is a nationally recognized model that began in Connecticut to

identify and connect vulnerable children with the resources and services they need. Help Me Grow aims to educate parents and providers on children's developmental milestones through care coordination and build a comprehensive database that collects resources, identifies gaps in services and ensures that a family's needs are being met. The program ultimately empowers families to support their children's healthy development.

"Through our existing partnerships, we've learned from families about the gaps in services that exist around access and understanding developmental screening for their children within their communities," Garrity said. "With this initiative, we will be able to collect and share county-specific data within the nine pilot sites around early childhood systems to assist in quality improvement."

Providers may refer patients to HMG, or families may connect through ISDH's MOMS Helpline at 844-624-6667, option 3. The resource information will be provided through a partnership with Indiana 211, which has an extensive database of service contacts, from prenatal care to speech therapists and much more.

Care coordinators will track all calls and follow up to see if the family was able to connect to the recommended resource



and provide any needed additional support. For example, the care coordinator may lead a three-way call with the family and specialty service, if necessary.

Two HMG care coordinators have already joined the staff. They will use a database system that will track the calls, closing the gaps for families and providers by providing feedback to ensure Indiana families have been served and their children have received support.

"The care coordinator will do everything in their power to get them connected," Garrity said.

Garrity and other members of the team have also been out in the nine pilot counties promoting the program and raising awareness with doctors and others, including First Steps and Child Care Resource and Referral.

"This is a complete collaboration," Garrity said. The objective is to expand Help Me Grow throughout the state following the pilot implementation.

The initiative is funded by MIECHV Innovations and Early Childhood Comprehensive Systems (ECCS) grants, within the Maternal and Child Health Division.

Stepping up for public health at Indiana State Fair

The theme of this year's Indiana State Fair was "Step Right Up," and that's exactly what ISDH invited fairgoers to do. Nine program areas participated in ISDH's sponsorship of First Responders Day at the fair on Aug. 13.

Each display included games, prizes and public health information.

"We're proud to partner with the Indiana State Fair to honor these men and women," State Health Commissioner Kris Box said.

Divisions participating were the Epidemiology Resource Center, Food Protection, HIV/STD/Viral Hepatitis, Immunizations, MOMS Helpline, Trauma and Injury Prevention, Tobacco Prevention and Cessation, Vital Records and WIC. Emergency Preparedness also set up its emergency hospital.



Patricia Dotson (sunglasses) and Paravdeep "Pravy" Nijjar from Injury Prevention talk with State Health Commissioner Dr. Kris Box and fairgoers about child car seat safety.

CME program in the works at ISDH

By Tanya Barrett

ISDH provides high-quality educational programs to medical professionals including primary care physicians, specialty physicians, pharmacists, physician assistants, nurse practitioners, residents and fellows, medical students and therapists.

The agency is working to provide added value to those events by pursuing approval to offer Continuing Medical Education (CME) credit for ISDH event participants.

The ISDH CME program will support the mission and vision of the state to provide resources and training to the medical community for professional growth.

The CME program's goals are to:

- Develop a strategy to improve health using the most up-to-date standards of care.
- Support lifelong learning through a continuing education program developed and directed to address clinical practice gaps

and other learning needs identified locally.

- Develop and implement structured and experiential learning formats to facilitate CME activity content.
- The goal of the CME program is that learners will be able to:
- Gain and apply knowledge about health issues;
 - Use the tools and skills provided during the CME activity to make a meaningful, positive impact in health; and
 - Make a commitment to change behavior or practice as a result of participating in the CME activity.

The application process is under way with the Indiana State Medical Association, which will recommend that ISDH become CME accredited to the Accreditation Council for Continuing Medical Education (ACCME) board. If approved, ISDH will be able to provide CMEs to ISDH-sponsored activities for two years with continued oversight.

ISDH hopes to offer CMEs in 2019.

LAB RECOGNIZED

The ISDH Laboratories were recognized in the [Summer 2018 issue](#) of Lab Matters magazine released by the Association of Public Health Laboratories.

The article "Indiana and Wisconsin Respond to Synthetic Cannabinoid Contamination" can be found on page 14 and highlights how the Indiana and Wisconsin public health labs helped in the investigation of synthetic cannabinoids as the source of a spring 2018 outbreak of unexplained bleeding.

ISDH warned Hoosiers in March about the dangers of synthetic cannabinoids after receiving reports of severe bleeding in people using the substances tested positive for brodifacoum (rat poison).

More information is also available at the ISDH [website](#).



Indiana and Wisconsin Respond to Synthetic Cannabinoid Contamination

By Anne Boland, Chemical, Indiana State Public Health Laboratory; Mary Regeman, Chemistry Director, Indiana State Public Health Laboratory; Phyllis Reed, Lead Laboratory Supervisor, Indiana State Public Health Laboratory; and Noel K. Swanson, Chemical Engineer, Southwestern Indiana Laboratory of Hygiene

The use of synthetic cannabinoids has been on the rise since their introduction to the early 2010s. Synthetic cannabinoids are dried plant material—often similar in appearance to tea leaves or herbs—which are sprayed with a chemical reagent, packaged and sold as a legal alternative to marijuana. Sales of these products, packaged and sold as "K2" or "Spice" or "Herb" are consistently above retail prices to stay ahead of the law and to reduce police attention with legal effects.

After epidemiologists identified synthetic cannabinoids as the source of a spring 2018 outbreak of unexplained bleeding in two state public health laboratories reported to us help.

Not the "Spice" Users Were Hoping For

In March 2018, a cluster of three patients, primarily in the Chicago area, were treated by emergency personnel after exhibiting unexplained bleeding. Epidemiologists in Illinois investigated the incident with patients and found a link to synthetic cannabinoids. The number of cases has since increased dramatically, with more than 200 cases reported across at least 10 states and at least five fatalities. New cases continue to be identified.

Initial samples from three of the affected patients were sent to a private laboratory that confirmed the presence of the long-acting anticoagulant brodifacoum. Previously, brodifacoum was found in rat baits. Brodifacoum was banned by the Environmental Protection Agency in June 2017. It is highly toxic, with typical concentrations in commercial baits ranging from 0.001% and 0.005%.

The compound is a vitamin K antagonist, and brodifacoum is administered to an effective antidote for brodifacoum poisoning. However, brodifacoum is a

persistent compound, and treatment requires several months of regular vitamin K doses to fully counteract the poison.

Indiana Tests for Contamination

The Indiana State Department of Health (ISDH) sent out a press release on March 29, 2018 to alert Indiana residents of this issue. In early April, after two similar cases of unexplained bleeding occurred in Indiana, samples of synthetic cannabinoids used in rat poisons "K2" and "Spice" were collected and sent to the Indiana Poison Center and the Indiana State Police (ISP). The ISDH Chemistry Division was contacted and asked if the samples could be tested for the presence of brodifacoum. First Chemistry Laboratory supervisor Phyllis Reed had previously developed a method to test food samples for suspected intentional contamination with rat bait, so the department volunteered to perform the analysis. ISP handed off the samples using their evidence handling procedures.

The samples were analyzed with a mixture of organic solvents and analyzed using high performance liquid chromatography (HPLC), a GC-MS system and the solution had to be diluted. The amount of brodifacoum detected ranged from approximately 150 to 300 times the concentration of brodifacoum in commercial rat baits, such that consumption of even a small amount of affected product could lead to serious complications. The ISDH Epidemiology Director Center received news of operations from Illinois and the US Centers for Disease Control and Prevention (CDC) for its efficient work on this project.

Wisconsin Develops a Quantitative Test for Patients

Meanwhile, Wisconsin also began to see cases related to this outbreak. Initially, only one laboratory in the US was known to provide patient testing, and results were limited to a qualitative determination. The ISDH laboratory supervisor of Hygiene (ISDH) helped a quantitative test for brodifacoum in urine and blood. CDC was contacted for assistance. CDC supported development of a whole blood test, and agreed to furnish ISDH with isotopically labeled brodifacoum for use as an internal standard, which ISDH had been unable to locate commercially. Engemann Network for Chemical Toxicology, a research network, was developed and utilized for patient testing. At the end of July, ISDH has tested 42 patients, with additional case pending. Of the patients with quantified results, brodifacoum concentrations ranged from 23 to 419 µg/L.

The validated method employs a liquid-liquid extraction followed by HPLC/MS/MS separation and detection. The ISDH lab method is employed for internal standardization, and the method is standardized using 0.2, 0.5 and 1.0 µg/L. Through collaboration with the Wisconsin Department of Health Services, it is hoped that patients will be tracked over time to provide data on the decline of brodifacoum and the associated inhibition of clotting.

The initiation of quantitative patient testing by ISDH underscored unexpected cases and will provide important information on the future identification of brodifacoum. Both states continue to monitor the situation and continuing information on the outbreak.

COMING TOGETHER FOR INFANT MORTALITY



State Health Commissioner Kris Box, Health Disparities and Minority Wellness Director Antoniette Holt, Tanisha Stewart of Paleo Soul and Dr. Maria Wilson of Oak Street Health cut the ribbon to open the 33rd annual Indiana Black and Minority Health Fair on July 19 at the Convention Center.

This year's theme was "Invest in Your Health," and more than \$2,000 worth of free screenings were available to participants. The ISDH Vital Records "pop-up shop" and vaccinations were also onsite.

Thousands of participants attended the event, which is held in conjunction with the Indiana Black Expo's Summer Celebration. Thank you to all the volunteers who made this event a success!

Paramedicine program celebrates success

By Greta Sanderson

The call for help came on a Friday morning. The woman on the other end of the phone said, “I’ve been using all night. You’re the only one I know and trust.”

Crawfordsville Fire Department EMS Division Chief Paul Miller said that call set off a whirlwind of events to get help for the woman. She was in her early 20s, pregnant in her second trimester and had a young child. She had been addicted to methamphetamine for more than six years and had nowhere else to turn for help.



EMS Division Chief Paul Miller

The first step in what was to be a long process of recovery began when the woman was taken to an emergency room. Unfortunately, no hospital could admit her based on her gestational stage, and Miller and his staff started scrambling to find her a safe place to stay.

“We made no fewer than 100 phone calls,” recalled Crawfordsville Community Paramedic Darren Forman.

Miller leads a community paramedicine team in Montgomery County that receives support from the Indiana State Department of Health and other partners. The team initially started with care for chronic conditions, such as helping someone at home who is recovering from a heart attack. Last spring, the paramedicine program added Project Swaddle aimed at providing wrap-around prenatal and perinatal services for women, like the one who reached out that Friday afternoon.

The woman spent that first night at a local hotel while the Project Swaddle team launched a campaign to help her

that included more than 50 hours of work that first weekend. Despite those efforts, she used drugs again the next day.

The mother came to a court appointment for her other child a few days later, and the team was able to transition her to Fresh Start, a residential addictions treatment program for pregnant women. That was Tuesday. Four days later, she walked out of the facility.

Forman said she got to an Indianapolis bus station where someone gave her money for a ride back to Montgomery County, where she ended up calling Forman again two days later. That’s when he had a brutally honest conversation with her.

“I said, ‘This is where you are and where you are going, do you want me to help?’,” he said. “I don’t judge or tell them what they have to do,” but he does ask them where they’d like to be and makes recommendations about how to get there, starting with addiction treatment.

The mom hasn’t used meth since.

Forman and the care coordination team got her into intensive outpatient services and medication-assisted treatment. It took countless hours and resources from social workers, paramedics, doctors, hospitals, recovery therapists and others, but in early September she gave birth to a healthy baby boy and is thinking about attending Ivy Tech to become a medical assistant.

“It’s all about giving them tomorrow,” Miller said.

Crawfordsville now has 15 moms participating in Project Swaddle, including some patients receiving progesterone injections to prevent early labor and lactation education. Miller said the program provides better outcomes economically and is working to measure the success of the community paramedicine programs. Forman is in constant contact with his

LEARN MORE

Crawfordsville Fire Department EMS Division Chief Paul Miller will be one of the speakers at the Nov. 14 Labor of Love Summit on infant mortality. Click [here](#) for more information and to register.

patients by text or phone.

“I walk out of the office 10 feet tall most days,” said Forman, knowing that he’s helped a mom and baby. “This is just cool.”

“The program Chief Miller has created is truly inspiring and serves as an example of the need to consider creative ways to use available resources to support unmet needs,” said Martha Allen, ISDH director of Maternal & Child Health. “This mother’s experience demonstrates that Project Swaddle is making a difference in the lives of Indiana’s families, one mother at a time.”

The paramedicine program will expand to preventing falls next, hopefully by the end of the year, Miller said.

Forman said that while it would take having “the right people in the right places,” including someone like his doctor champion Dr. Scott Sinnott, an obstetrics and gynecology specialist in nearby Lafayette, he believes the community paramedicine model can work anywhere.

“A lot of it is just getting to know [patients], like the old days” when doctors made house calls, he said. Because he sees patients in their environments, he can share information about their living conditions or family situation that helps explain their condition. “I become that extension.”

ISDH study of congenital syphilis published in national journal

A study by the ISDH Division of HIV/STD/Viral Hepatitis and the Centers for Disease Control and Prevention was published in the July 2018 issue of the Journal of the American Sexually Transmitted Disease Association.

The [study](#), “Social Vulnerability in Congenital Syphilis Case Mothers: Qualitative Assessment of Cases in Indiana, 2014 to 2016,” was conducted to gain a better understanding of maternal, in addition to provider, factors implicated in congenital

syphilis (CS) transmission to allow ISDH to better tailor interventions to mitigate these factors.

The study of 23 cases determined the most effective method of ensuring CS prevention is for women to have regular prenatal care visits so that appropriate screening, diagnosis and treatment may occur.

Amara Ross, ISDH STD epidemiologist, co-authored the study.

Use new state health plans to focus your local efforts

By Edén Bezy

The Indiana State Department of Health (ISDH) and representatives of Indiana's public health system recently completed the latest version of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP).

The assessment was a comprehensive review of the state's data on demographics, socioeconomic characteristics, quality of life, built environment, morbidity and mortality, and it included perspectives of key stakeholders and residents. It is a snapshot of the health and well-being of Hoosiers and the issues impacting the public health system.

The findings from this assessment highlighted many significant challenges for Hoosiers' health, such as high obesity rates, high smoking rates, unequal opportunities for optimal health and high rates of addiction.

The SHA also revealed many assets and positive changes in communities across Indiana, including strong community partnerships, creative solutions to health problems and important policy changes.

The data presented in the assessment informed the development of the SHIP, which provides goals and strategies for improving the health of Hoosiers over the

next 3-1/2 years. The priority indicators chosen to highlight in the SHIP include: improving birth outcomes, addressing the opioid epidemic, reducing morbidity and mortality of chronic disease and strengthening the public health infrastructure.

The committee developing the improvement plan recognized that not every Hoosier has the same opportunities for achieving optimal health.

The SHIP not only addresses traditional public health strategies, but also includes the upstream factors that can impact a person's ability to be healthy, also known as the social determinants of health.

This is not just a plan for ISDH. Rather it is a plan for our entire public health system. It can only be successful through an alignment of efforts — please read the strategies carefully and determine where you or your organization can engage.

Indiana's State Health Assessment and State Health Improvement Plan can be found under the Data and Reports section on the [ISDH website](http://www.isdh.in.gov).

Please email any questions about the development or implementation of the SHA/SHIP, public health accreditation, quality improvement or performance management to Edén Bezy (ebezy@isdh.in.gov) or OPHPM@isdh.in.gov.

ISDH offers second round of grants to boost local drug overdose response

By Amanda Billman

The Indiana State Department of Health (ISDH) is accepting applications from local health departments to participate in round two of the Overdose Response Project. This is a competitive grant opportunity, and ISDH is seeking five to 10 grantees. The overall goal of this project is to improve local overdose response capabilities and communication of drug overdose data.

Required activities for grantees:

- Use syndromic surveillance to identify emerging overdose trends and respond to ISDH alerts at the local level.
- Work with local stakeholders to develop a local overdose response plan.
- Implement and test overdose response plan with a tabletop exercise (TTX).
- Complete evaluation and reporting requirements of the overdose response project.

Here are some ideas of how to use these grant funds:

- Staff member to work on overdose response efforts (part-time staff, intern, etc.)
- Training needs for your community
- Printing or media campaigns (anti-stigma, overdose awareness, etc.)
- Locally-driven projects, such as:
 - Assist with the development of an addiction transition team
 - Coordinate with jails and hospitals to provide overdose prevention resources to clients
 - Community paramedicine program
 - Community education program

More information and application materials are available on the [ISDH website](http://www.isdh.in.gov). Applications are due on or before **5 p.m. EDT Friday, Sept. 28**.

If you have any questions about the project, please contact [Mandy Billman](mailto:Mandy.Billman@isdh.in.gov) (317-232-3190) or [Tyler Gannon](mailto:Tyler.Gannon@isdh.in.gov) (317-233-1243).

KICKING OFF BIKE AND WALK EVENT

ISDH Chief Medical Officer Dr. Melissa Collier gave the opening remarks at the 2018 Bike & Walk Summit held Aug. 29 and 30 at the Omni Severin Hotel in downtown Indianapolis. This year's theme, "Leading Locally for Active Transportation," offered representatives of cities and towns throughout the state a chance to showcase their efforts. The education and training event was designed to advance access, safety, connectivity and fun for people who walk, bike and ride transit. ISDH was an event sponsor and Pete Fritz, ISDH Healthy Communities Planner in the Division of Nutrition and Physical Activity, served on the event steering committee.



Get the latest state health information at www.StateHealth.in.gov.

CALENDAR

Indiana Public Health Conference

9 a.m. to 4 p.m., Oct. 10-11

Titled "Saving Lives and Communities: Reducing Harm, Stigma, Overdoses, and Death," this event will be at the Indianapolis Marriott East.

Click [here](#) for more information and to register for this event by the Richard M. Fairbanks School of Public Health.

Fall 2018 Local Public Health Leadership Symposium

9 a.m. to 3:45 p.m., Oct. 10

Registration begins at 8:30 a.m. at the 502 East Event Centre in Carmel. Email LHDinfo@isdh.in.gov for more information.

LHD Webcasts

9:30 a.m., Oct. 18, Nov. 9 and Dec. 14

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.

Regional Food Protection Seminars

ISDH will host three Indiana food protection seminars.

The seminars are Oct. 30, Fulton County 4-H Fairgrounds; Nov. 8, Hendricks County Fairgrounds, Danville; and Nov. 14, Memorial Southside Office, Jasper.

Click [here](#) to register.

Midwest Regional Lead & Healthy Homes Conference

9 a.m. to 6:30 p.m., Nov. 13-14

Click [here](#) for more information and to register for this event at the Drury Plaza Hotel in Indianapolis.

Labor of Love Infant Mortality Summit

Nov. 14

The sixth year of this summit will focus on "Healthy Moms Start with Healthy Babies," with a theme of the Race to 2024, Gov. Eric Holcomb's goal to make Indiana's infant mortality rate the best in the Midwest by 2024.

Click [here](#) to register.

Midwest Injury Prevention Alliance Summit

Nov. 29-30

Email indianatrauma@isdh.in.gov to be notified when registration opens.

SAVE THE DATE

EHS/Public Health Nurse Orientation

Dec. 4-6

At Indiana State Department of Health, 2 N. Meridian St., Indianapolis. Email LHDinfo@isdh.in.gov for information.

ISDH launches records system project

By Greta Sanderson

ISDH has started the first phase of a project to implement a new statewide system for recording vital records electronically.

The current Genesis system used for vital records, including birth and death certificates, has been in place since 2007. It's now outdated and expensive to maintain, and newer systems have been created that are more efficient and effective.

ISDH has selected Netsmart Technologies to create a new and improved records system. The new electronic vital events registry system (EVERS) upgrade will bring several advantages:

- Death and fetal death in one place
- Incorporates burial transit permit
- Images can be uploaded within application
- Image sharing
- Documents can be attached to record (i.e. coroner reports)
- Field edits and spellcheck to fix common errors
- Print or save digital copies
- Onscreen password reset
- Secure and encrypted access with Internet connection

All of the existing data will be incorporated into the new system.

Work is being done on phase 1 of the project, which includes implementation of death module and the accounting system. Once that work is complete, more system configuration, testing, piloting and training will be done. The pilot program begins in the first quarter of 2019, with the target go-live date of March/April 2019.

In phase 1.2, the birth module, putative father registry and adoption matching registry will be added. This phase will take eight months followed by a two-month stabilization period, and it also includes configuration, testing, piloting and training before it goes live.

And finally, phase 2 will incorporate the fetal death module, terminated pregnancy module and health information exchange. The final phase will take 14 months to complete with a two-month stabilization period.

As work continues to implement the new system, pilot sites are needed to help test EVERS and run both systems parallel during implementation to ensure accuracy.

Any health department interested in participating as a pilot site should email EVERS@isdh.in.gov. Contact Anne Reynolds, vital records epidemiologist, at AReynolds1@isdh.IN.gov or 317-234-0280 for more information on the project.

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