

Welcome

Good afternoon! The all-staff meeting will start in a few minutes.

Please be sure to submit your questions in the Q&A feature or email them to publicaffairs@health.in.gov. We will reserve time at the end of the presentation.

Have ideas for future topics? Please send them to Erin McCreadie (emccreadie@health.in.gov).

SPARK Now Open

Brain Health



Get Moving!



Take advantage of SPARK on the Circle
to play outdoor games or enjoy lunch
in the heart of the city.
Open through September.

Get Moving!

SPARK Open



Brain Health



Yoga with Andrew Derry



Scan to Register

Enjoy a relaxing, beginner-friendly session to help reduce stress and improve flexibility. Session at noon Tuesday, June 30, Teams or in the Selig conference room.

Focus on Brain Health

Get Moving!



SPARK Open



June is the perfect opportunity to learn about ways to keep your brain healthy.

- Stay active
- Manage medical health
- Eat well and sleep well
- Stimulate cognition and socialize
- Avoid harmful habits



Indiana
Department
of
Health

ALL-STAFF MEETING

DR. LINDSAY WEAVER, STATE HEALTH COMMISSIONER

DR. ERIC YAZEL, CHIEF MEDICAL OFFICER

ANGELO SOTO, DEP DIVISION DIRECTOR

BROOKE MULLEN, OPE DIVISION DIRECTOR

NICOLE MIZE, CHIEF STRATEGY OFFICER

ETHAN WRIGHT, LEGISLATIVE DIRECTOR

HEATHER WHITAKER, HR DIRECTOR

HALEY BEEMAN, SENIOR HEALTHCARE ASSOCIATED
INFECTIONS EPIDEMIOLOGIST

ALLIE HOUSTON, PUBLIC HEALTH ADMINISTRATOR

SHALEEN JOHNSON, PROGRAM COORDINATOR

June 24, 2026

Agenda

- Opening Remarks
- Agency Updates and Reminders
- Staff Accomplishments
- Rural Health Transformation Program
- Health Workforce Council
- Agency Pillars
- Legislative Update
- HR Update
- Epi Update
- The More You Know
- Staff Spotlight
- Q&A





Agency Updates



Indiana
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Dr. Weaver's County Tour



Daviess County



Posey County



Gary



Gibson County



East Chicago

Welcome, Dr. Yazel!

- CMO Public Health Practice
- Dr. Yazel was most recently the Clark County Health Officer and chief medical director for Indiana Emergency Medical Services (EMS)
- Graduated from Indiana University with a B.S. in biology, followed by a M.A. in clinical physiology from Ball State University
- Medical degree from the University of Louisville and completed his residency there in Emergency Medicine
- Attending Physician at Norton Clark Emergency Department, Chief Medical Officer for LifeSpring Health Systems, and Chief Tactical Physician for the Jeffersonville Police Department
- Dr. Yazel was born in northern Indiana and grew up in Indianapolis. He has been a Clark County resident since 2006. He enjoys travelling, basketball, and all things outdoors, especially spending time on his farm in Borden with his wife and two children.



Shared Spaces: Reminders

People moving to different floors:

- Kitchen etiquette: Be mindful of others
- Refrigerators: Please keep them clean and throw away any expired food items
- Copiers: Refill paper, etc.

Staff Accomplishments

- Indiana State Cancer Registry was recognized by the CDC as a Registry of Excellence – the highest of three tiers
- Ethan Wright was accepted to IU School of Law and starting classes this fall
- Carrie Bennett was accepted into IU Indianapolis MPH program
- Congrats to Ryan Gentry, Rachelle Unrau, Jim Kirkman and Benjamin Priebe from the Dairy team in our labs for successfully completing their Quality Improvement project, “Udderly Decrease Timelines”
- Kayliegh Fargo and Ann Marie Neeley from DNPA were selected to present on Supporting Breastfeeding in Early Childcare Settings at the Indiana Association for the Education of Young Children’s annual conference in May
- Samantha Cook of Local Health Services passed the National Board of Public Health Examiners Certified Disease Intervention exam and became a Certified Disease Intervention Specialist

Staff Accomplishments

- Mary Reams from the Infectious Disease team earned her Certified in Disease Intervention Certification from the National Board of Public Health Examiners
- Tyana Bigsby and Savannah Cooper from Vital Records earned their Phlebotomy Certification
- Da'Zhana Hall graduated from the Indiana University Indianapolis, Fairbanks School of Public Health with her Bachelor of Science in Health Services Management
- Melanie Reyes graduated from Indiana University Indianapolis, Fairbanks School of Public Health with her Bachelor of Science in Public Health
- Help Me Grow Indiana partnered with KinderCare and hosted their first family event called "Books, Blocks & Balls" to provide information about child development to the community. A shout out to the care coordinators, Porcia Yahaya, Debbie Saddler, Maleni Aveja, and Ruth Lacap-Pallones on a job well done!
- Brianna Goode from DNPA was selected to present on Farm to School at conferences for both the Indiana Association for the Education of Young Children and the Indiana State Health Network

Welcome New Team Members and Congrats

Please congratulate the following promoted team members:

Jennifer Crain—Accountant, Finance

Ruth Lacal-Pallones—Program coordinator, Children's Special Health Care Services

Shadi Charmsazi—Microbiologist supervisor, Environmental Microbiology

Please welcome the following new staff members and transfers:

Regenia Spears-Welch—Chief nurse consultant, Immunization

Dr. Eric Yazel—Co-chief medical officer, Office of the Commissioner

Kristina Shepard—Business administrator, Medical Radiology Services and Weights and Measures

Brooke Barnes—Public health administrator, HIV/STI/Viral Hepatitis

Heather Martin—Public health nurse surveyor, Long-Term Care

Kehinde Pedro—Microbiologist, Advanced Molecular Division

Savanna McGee—Microbiologist, Clinical Microbiology

Morgan Townsend—Environmental scientist, Environmental Public Health

Tracina Lawrence—Clerical assistant, Children's Special Health Care Services

Shawna Tunstall—Clerical assistant, Children's Special Health Care Services

Anthony Pappas—Medical surveyor, Program Performance and Development

Iszabel Cohen—Communications specialist, Office of Public Affairs

Shield Spotlight

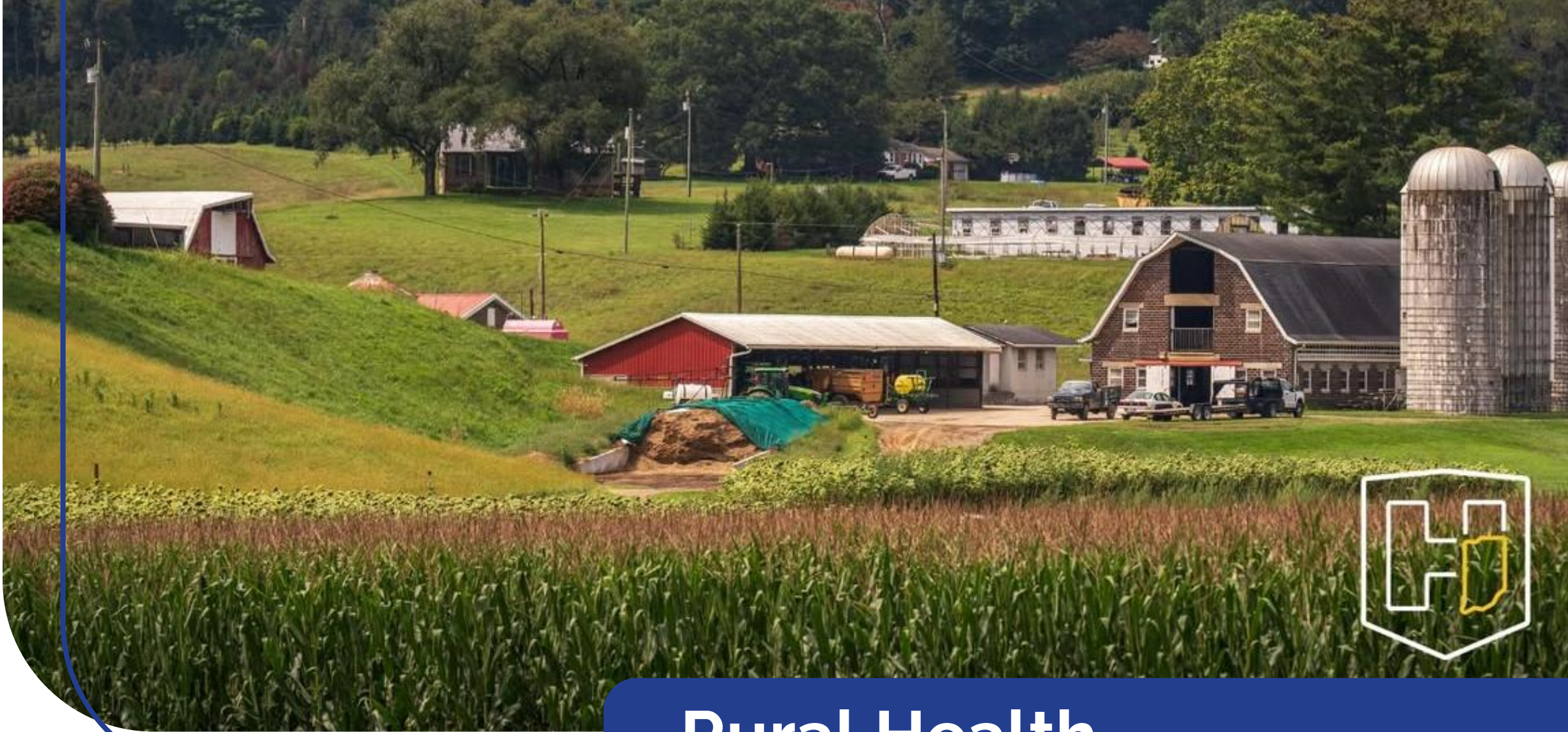
Scan to
nominate:



"This team works extremely hard to make sure every single provider in the state gets their publicly funded vaccines. This team handles changes with ease; they work so hard to keep providers current with vaccine changes. They do all this as well as develop training modules, work and train providers with CHIRP. This group is vital in keeping vaccine orders flowing so providers maintain an adequate supply. They are the best!"

***Vaccine Ordering & Accountability Team:
Melissa Sailors, Nancy Mack, Holly Carson,
Tracy Brunette, Victoria Bailey, Courtney
Williamson***

Customer Service Award



Rural Health Transformation



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Initiative 4: Pediatric and Obstetric Readiness in Rural Emergency Departments

Objective: Establish key partnerships with stakeholders to conduct needs assessments, provide technical assistance, training and growth of programmatic infrastructure to help rural EDs and pre-hospital entities attain pediatric/obstetric readiness status.



Major Elements of the Initiative

1. Establishing partnerships
with all
qualifying rural
EDs and
pre-hospital
entities

2. Taking an assessment that is comprehensive
and provides a plan to OB/PEDs readiness.

3. Setting up infrastructure
and
connecting
resources to
rural EDs and
pre-hospital
partners

Build Partnerships



OB/PEDs collaboration

Assess Readiness



EDs and EMS

Train & Equip



ED and pre-hospital teams

Initiative 4: Growing Pediatric & Obstetric Readiness in Rural Emergency Departments

Key Year 1 Activities

- I. Issue grants and contracts with key stakeholders to begin the grant disbursement process. **COMPLETED**
- II. Initiate standards of readiness and begin assessments for qualifying rural health entities. **IN PROGRESS**
- III. Develop infrastructure for training, equipment, and data management. **IN PROGRESS**

- **Key outcomes this year:** Qualified EDs and pre-hospital entities are supported to work on PEDs/OB readiness to better care for Hoosiers in an ever-growing care gap within our rural areas of Indiana



Health Workforce Council



Indiana
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Health Workforce Council

To create and lead an integrated and intentional framework for strengthening the health workforce capacity within our state.

- Coordinate initiatives and leverage existing programs
- Continue to build upon and enhance workforce data and reporting
- Expand recruitment, training, placement, and retention into areas of need
- Identify and collaborate on incentive programs and strategies to target needs

Health Workforce Council

- Obstetrics & Gynecology
- Family Medicine & Pediatrics
- Behavioral & Mental Health

Investing in Maternal Health to Empower Communities

Indiana has made progress in reducing infant mortality, yet access to maternity care remains a critical challenge. [Twenty-two](#) of Indiana's 92 counties are classified as maternity care deserts, and [14 hospitals](#) have closed their OB units since 2020, citing staff shortages as a primary reason. With only [613 actively practicing](#) OB/GYN physicians statewide and [federal projections](#) indicating a 7.7% decline by 2030, workforce shortages continue to limit access to timely, essential care for Hoosier women and strengthening the maternal health workforce pipeline is a critical part of addressing these gaps and supporting Indiana's families.

The Health Workforce Council, established in 2024, brings clinicians, educators, employers, and state leaders to create an intentional strategy for strengthening the state's health workforce capacity.

April 2026

Focus Areas

- Expand and strengthen graduate medical education capacity in family medicine and pediatrics
- Utilize targeted incentives to attract and retain family medicine and pediatric physicians in rural and other high-need communities



OB/GYN Residencies

Indiana has [three accredited](#) OB/GYN residency programs offering 20 first-year positions annually, all located in urban centers. [Research](#) shows that more than 55% of physicians who complete OB/GYN residencies practice in the state where they trained, making in-state residency expansion a strategic investment.

Rural communities face unique challenges in supporting full residency programs due to lower [procedural volumes](#), but rural rotations during residency training have [been shown](#) to increase the likelihood of long-term rural practice.

Recommendations:

- Prioritize rural clinical rotations for OB/GYN residents with funding to support preceptors, housing costs, administrative overhead.
- Support OB/GYN residency expansion in Graduate Medical Education Board with state funded priorities, with emphasis on those including rural training sites.
- Solicit rural health perspectives to the Graduate Medical Education Board to ensure representation in funding decisions.

Health Workforce Council



Strengthening Family Medicine and Pediatrics to Improve Hoosier Health

Family medicine physicians and pediatricians play foundational roles in Indiana's healthcare delivery system, yet workforce shortages continue to limit access to care across the state. Indiana has [172 federally designated](#) primary care workforce shortage areas in many counties across the state, particularly focused in rural communities. According to [Indiana licensing and supplemental survey data](#), 3,019 physicians report actively practicing in family medicine statewide and only one county with no reported family medicine full-time equivalent (FTE). Looking at physicians reporting a specialty of general pediatrics, there are only 762 actively practicing pediatricians and 26 counties reporting no pediatrician FTE. These geographic gaps underscore the need for targeted workforce strategies to improve access to primary care.

Established in 2024, brings together clinicians, educators, employers, and state leaders to create an intentional strategy for strengthening the state's health workforce capacity.

April 2026

Focus Areas

- Expand and stabilize graduate medical education (GME) capacity in psychiatry
- Evaluate continuing education as a strategy to align with larger statewide initiatives incentives

Family Medicine & Pediatric Residencies

An evaluation of Indiana's [medical education pipeline](#) showed differing challenges for family medicine and pediatrics. In 2024, 11% of Indiana medical school graduates matched to family medicine, down from 17% in 2019. For pediatrics, the percentage remained stable at 10% across the same period.

Residency capacity and in-state retention also differ between the two specialties.

[75%](#) in family medicine located in both urban and rural residency positions. Approximately 50% of [Indiana medical](#) completed their residency training in state. Pediatrics, by contrast, both located in Indianapolis, with 113 total positions statewide. [National data](#) indicate that psychiatry demonstrates the highest in-state retention rate when compared to family medicine, pediatrics, or obstetrics/gynecology.

As both family medicine and pediatrics residency programs are limited by funding availability, shortages of preceptors, and residency program directors emphasized the current limited in-state retention rates, the need for different approaches to strengthening workforces.

Recommendations:

- Prioritize psychiatry residencies, particularly those training models prioritizing rural or community-based rotations, in Graduate Medical Education Board funding decisions.

Health Workforce Council



Supporting Indiana's Behavioral Health Workforce to Strengthen Community Wellness

Indiana faces significant challenges in meeting the behavioral and mental health (B&MH) needs of its residents. All 92 of Indiana's counties contain [federally designated](#) mental health professional shortage areas. As of the most recent [licensing and supplemental survey data](#), Indiana has 782 actively practicing psychiatrists, but only 558 (71.4%) report at least one practice location within the state. Thirty-one counties have no reported psychiatry full-time equivalent (FTE), and an additional 33 counties exceed the federal population-to-psychiatrist ratio threshold, with rural counties facing significant shortages. [Federal projections](#) indicate that by 2030, Indiana's psychiatrist supply is expected to decline by 43%, while demand is projected to increase by more than 50%.

The Indiana Health Workforce Council, established in 2024, brings together clinicians, educators, employers, and state leaders to create an intentional strategy for strengthening the state's health workforce capacity.

Population to Psychiatrist FTE



0 = 1-30,500 • 30,501-30,850 • 30,851-55,330
• Greater than 55,330

Psychiatry Residencies

Indiana currently has five [ACGME-accredited](#) psychiatry residency programs, with 132 total approved residency positions across the state. While Indiana data is limited, [national data](#) indicate that psychiatry demonstrates the highest in-state retention rate when compared to family medicine, pediatrics, or obstetrics/gynecology.

Despite this, psychiatry residency capacity remains vulnerable as several residency positions rely on short-term or grant-based funding. Given the shortages that rural communities face with accessing psychiatric care, and research showing that rural training experiences during residency are associated with higher rates of subsequent rural practice, ensuring rural training for psychiatry residencies was another point of focus.

Initiative 10: Clinical Training and Readiness

Objective: Advance rural healthcare access and clinical workforce strength through expanded physician training pathways, increasing clinical rotation capacity and targeted investments in maternal health.



INDIANA
RURAL HEALTH TRANSFORMATION

Key Year 1 Activities

- I. Convene cross-sector partners to develop a statewide CHW strategic plan
- II. Develop rural employer TA playbook for integrating healthcare, behavioral and oral health paraprofessional roles in clinical and community care pathways
- III. Implement rural healthcare academies to engage rural high school students in healthcare, behavioral and oral health career pathways
- IV. Fund workforce recruitment and retention innovation strategies



What's Next?

- Nursing Workforce
- Accessible Career Pathways
- Doulas, Lactation Consultants, & maternal support roles
- APRNS and PA to support access to care
- Oral Health Workforce
- AI's Impact
- Impact of State Student Loan Repayments



Agency Pillars



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What are the Pillars



**People &
Culture**



**Customers &
Service**



**Quality of our
Service**



**Sustaining
our Future**

Want to get involved?

Join a pillar team to share your ideas, collaborate with colleagues, help shape solutions, and make a difference in the agency. If interested reach out to:

	People & Culture	Jessica Krug jekrug@health.in.gov
	Customers & Service	Bob Davis RoDavis@health.in.gov
	Quality of our Work	Nicole Mize nmize@health.in.gov
	Sustaining our Future	Laurie Mendez lmendez@health.in.gov



Legislative Update



Indiana
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Legislative Updates

- Session 2026
 - Implementation Date: **July 1**
 - Affected Divisions have been notified
 - Key Themes:
 - Health care transparency, affordability and Medicaid sustainability
- Upcoming Legislative Session (Jan-April 2027)
 - Budget Session
 - Revenue Forecast (December, April)
- IDOH Agency Bill
 - Developing internally

Legislative Updates

How does legislation impact IDOH?

- Funding
- Establish new responsibilities
- Create new programs
- Require cross-agency collaboration
- Require new rules or changes to old rules

How does IDOH advocate?

- Serve at the pleasure of the Governor
- Collaborate with legislators, lobbyists, and organizations
- Provide expert guidance

How to stay informed?

- IGA Website
- Traditional Media
- DDs or Legislative Director



HR Update



Indiana
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HR Updates

Interim Appraisals

Timeline

5/25 – launch

6/14 – Self-Assessment deadline

7/12 – Supervisor Assessment deadline (recommended)

8/2 – Interim Appraisal Process deadline (final)



SuccessFactors Navigation

- 1) Supervisor – once assessment complete, click **Conduct 1:1 Review**
- 2) Supervisor – when ready to share with employee, click **Send to Employee**
- 3) Employee – when ready to acknowledge review, add comments (optional), and click **Send to Manager**
- 4) Supervisor – review comments and address as appropriate, then click **Set to Complete**



Epi Update



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Ebola Outbreak Update



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Situation summary

- CDC is responding to an outbreak of Ebola disease in remote areas of the Democratic Republic of the Congo (DRC) and Uganda
 - To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak
 - The overall risk to the American public and travelers remains low
-

- **Democratic Republic of the Congo (DRC): (As of June 20)**

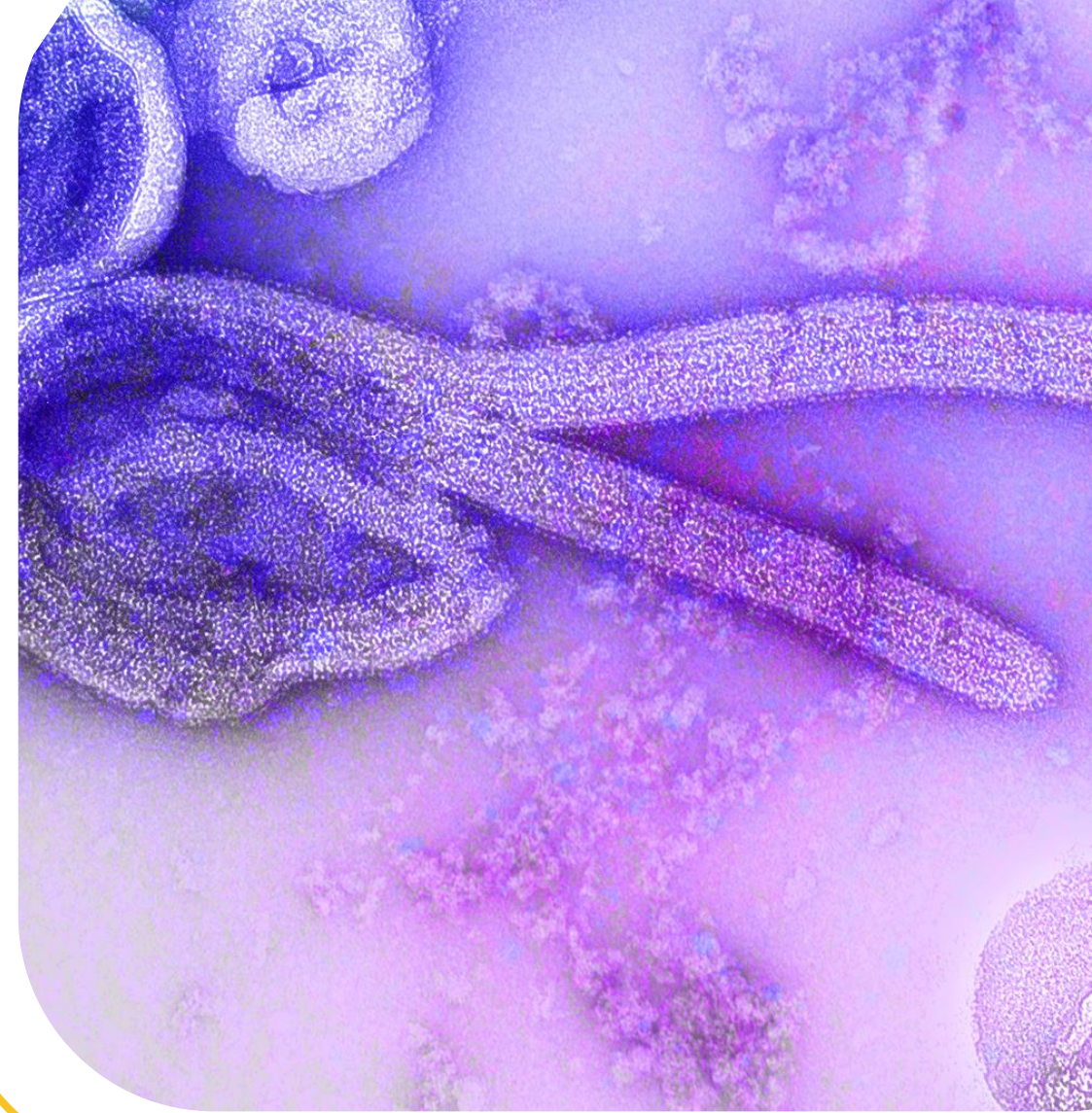
- **1003** confirmed cases
- **254** confirmed deaths

- **Uganda: (As of June 22)**

- **20** confirmed cases
- **2** confirmed deaths
- **1** probable case
- **1** probable death

Bundibugyo virus disease

- Bundibugyo (Bun-dee-BOO-joh) virus (BVD) is one of four viruses that cause Ebola disease in people
- There is no vaccine for BVD and treatment consists of supportive care.
- Patients have experienced Ebola disease symptoms like fever, headache, vomiting, severe weakness, abdominal pain, nosebleeds, and vomiting blood
- There have been 2 previous outbreaks of BVD, one in Uganda (2007) and one in DRC (2012), with death rates of 32% and 55%, respectively



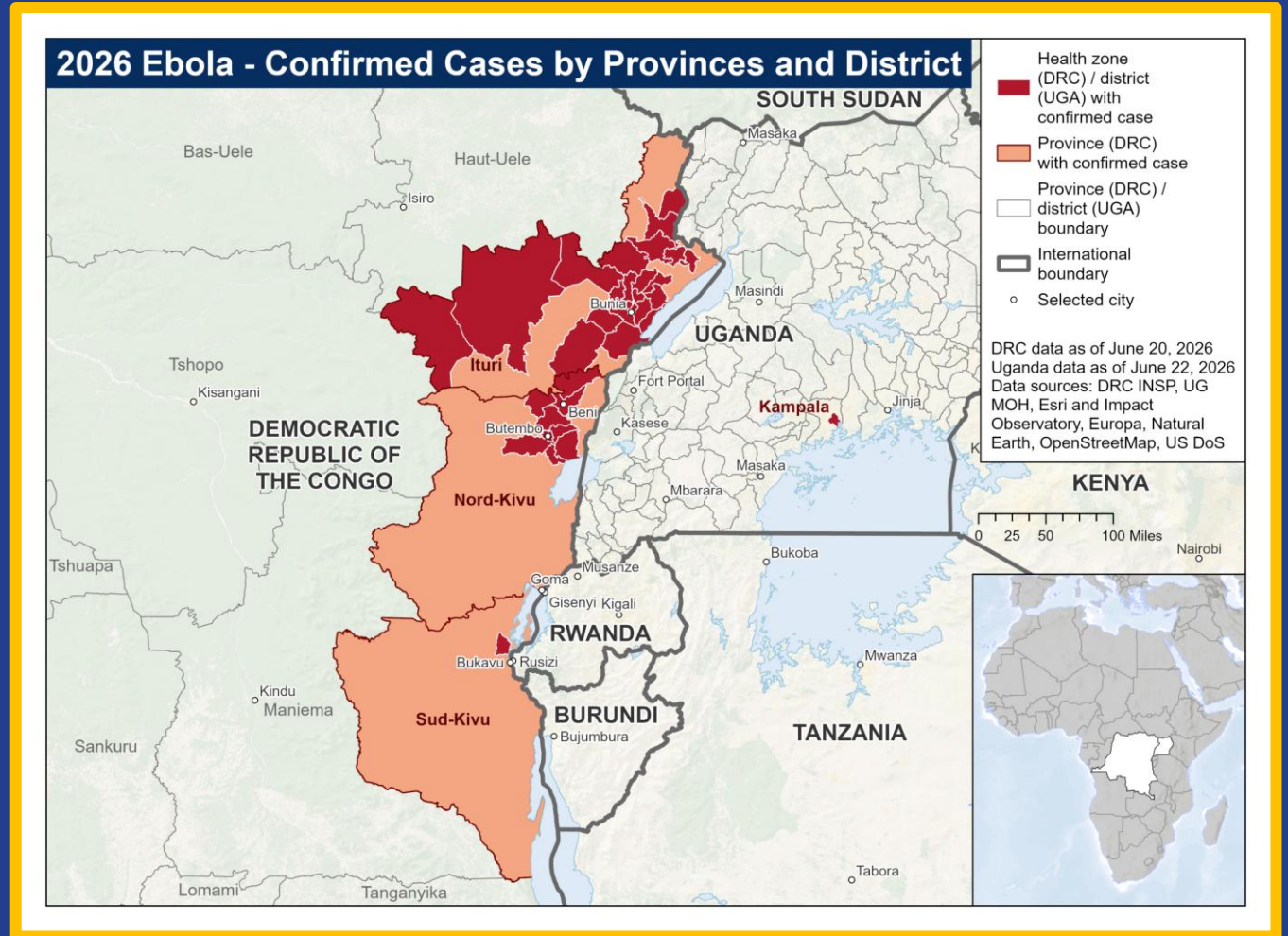
Risk Classification

Table is developed by IDOH from CDC's interim recommendations.

Activity	Risk Classification for Travelers			
	1: Not from AoC	2: From AoC but no potential exposures ¹	3: From AoC with potential exposures ¹	4: High-risk ²
Isolation or Quarantine	N	N	N	Y
LHD monitoring	Y	Y	Y	Y
Monitoring duration	21 days	21 days	21 days	21 days
LHD monitoring modality	Initial Assessment & Final Check-In (at day 21)	Initial Assessment & Final Check-In (at day 21)	Routine (3x a week)	Daily
Self-monitoring with daily temperature measurement	N (travelers should watch their health)	Y	Y	Y
Movement restrictions	N	N	N	Y
Travel outside of jurisdiction	Advanced notification to HD	Advanced notification to HD; Agreement between HD and person	Advanced notification to HD; Agreement between HD and person	IDOH/CDC coordination

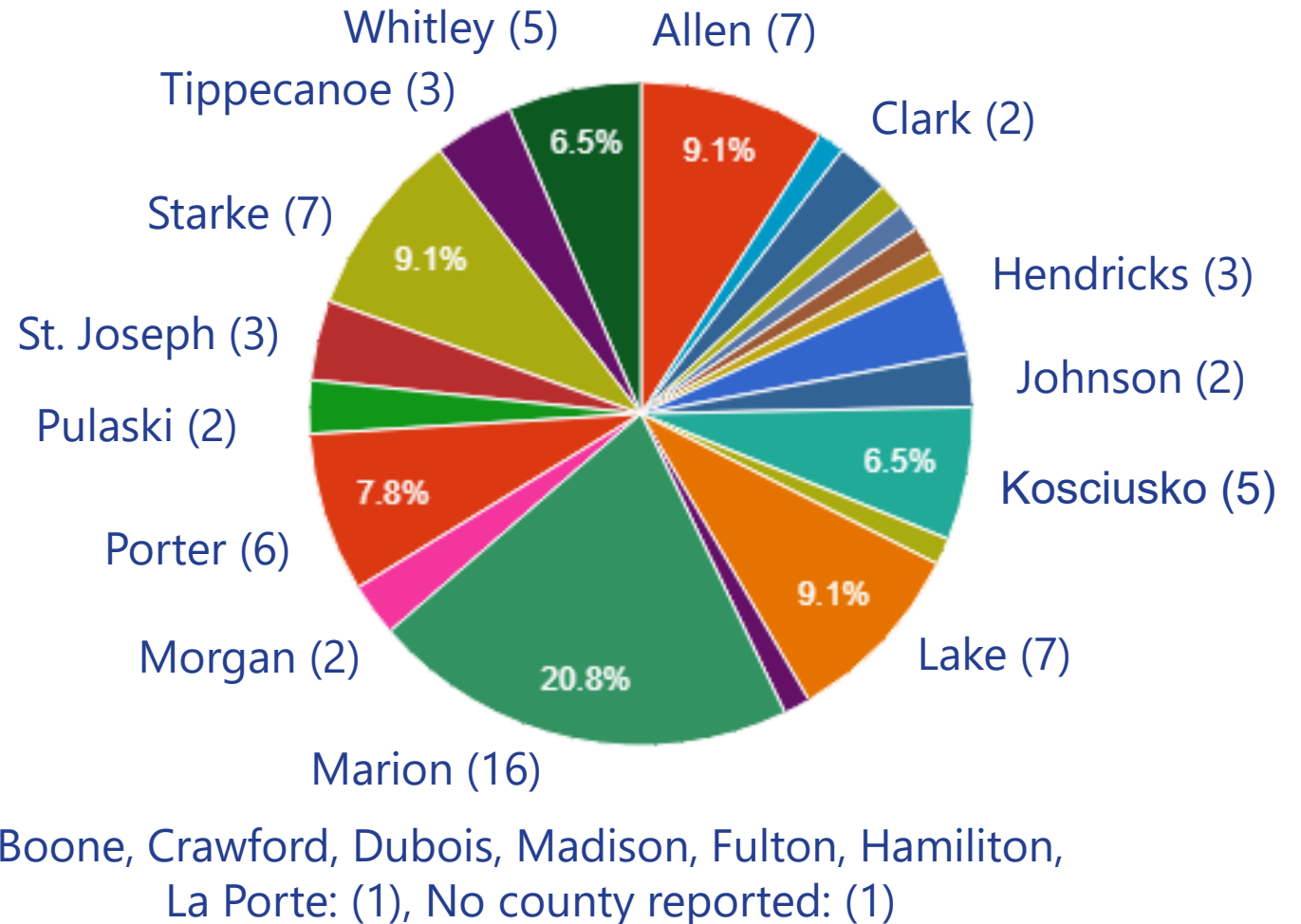
Risk level

- **Risk 1** (Not from area of concern): 19
- **Risk 2** (From area of concern; no potential exposure): 54
- **Risk 3** (From area of concern; with potential exposure): 5
- **Risk 4** (Known high-risk exposure): 0



Traveler update (as of 6/23/2026)

- Traveler Count: 78
- Uganda: 60
- Democratic Republic of the Congo: 9
- South Sudan: 4
- Transit only: 5





The More You Know: Summer Safety Series



Indiana
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Health

Summer Safety – Hot Cars



Summer Safety – Hot Cars

- A child's body temperature rises three to five times faster than an adult
 - Heatstroke begins when the core body temperature reaches 104 degrees. Signs of the body shutting down begin
 - A body temperature of 107 degrees may be fatal
- The temperature inside a vehicle can rise 20 degrees in as little as 10 minutes and 50 degrees in an hour, even when the outside temperatures are in the 70s
- Studies have shown that "cracking the windows" provides little to no relief
 - Using air conditioning prior to shutting off the car will not prevent the vehicle from reaching dangerous temperatures

Reminders for keeping your family safe

- If you see a child unattended in a hot vehicle, call 911 immediately
- Always lock your car and make sure children do not have access to the keys or fob
 - Have conversations with your children about cars not being play spaces
- Never leave a baby alone in their car seat
- Know the signs of heatstroke
 - Severe nausea, rapid heartbeat, difficulty speaking, unusual dizziness, flushed skin, and loss of consciousness
- Your childcare provider should have a process in place if a child doesn't show up for care as expected (e.g., call to parent)
- More than 50% of pediatric vehicular heatstroke incidents are a result of a parent or caregiver forgetting a child in a car
 - Make a "look before you leave" routine whenever you are getting out of the car
 - Ex: Leave your shoes or purse in the backseat so you check before exiting the car

Having conversations about hot car safety is the first step to raising awareness and keeping children safe!

Questions?

Allie Houston

Prevention Programs Director

AHouston@health.in.gov





Staff Spotlight



Indiana
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Get to Know Me – Shaleen Johnson

I've been proud to call IDOH home since 1993. If there is one thing I've learned over the last 30+ years, it's that a day in my work life is completely unpredictable!

Even though I strive to plan my day, things rarely go exactly as expected—and that is part of what keeps the job exciting. My primary goal each day is to support our incredible team. Whether I am ensuring our operations run smoothly, coordinating across different departments, or helping resolve day-to-day issues, I focus on bringing clarity and efficiency to everything we do.

I take great pride in keeping our processes organized and making sure everyone has exactly what they need to be successful.

Get to Know Me

- 📺 **My Favorite Unwind:** I am a huge fan of the ID Channel and love diving into true crime stories.
- 🐾 **My Fur-Baby:** I have a terrier named Stella Mae who completely rules the house and acts just like a human daughter!
- ❤️ **My Greatest Joy:** I am officially a GiGi! My 2-year-old granddaughter, Yuri Rose, is my absolute world, and I love every single second of being her GiGi.



Quiz

How many times faster does a child's body temperature rise than an adult's?

The 12th person to email the correct answer to publicaffairs@health.in.gov wins a **\$15 gift card!**



Questions & Answers

Please submit your questions
in the Q&A box or email them to
publicaffairs@health.in.gov.

Next All-Staff Meeting

Wednesday, July 15, 2-3 p.m.

