

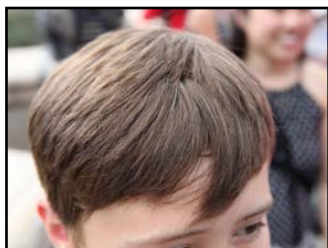
JUNE 2018

PULSE

A look at what keeps ISDH ticking

INSIDE THIS ISSUE:

◆ Fatality review teams under way	2
◆ Informatics project bridges gap	3
◆ Accreditation: It's official!	4
◆ ISDH earns award for promoting safety	4
◆ Barrett expands event planning role	5
◆ Violent death database grows	6
◆ Dr. Duwve says goodbye	7



FUN FACT

Your hair will turn gray faster if you smoke. A 2013 study found there is a link between smoking and turning gray before age 30.



Mission:

To promote and provide essential public health services

LET'S CELEBRATE SUCCESS

When it comes to public health in Indiana, the news is not always encouraging. We face complicated issues every day, from outbreaks to chronic health conditions, and progress often comes in small doses.

That's why it's so important to celebrate victories, both large and small.

This month, ISDH accomplished something that's almost unheard of in public health. We were awarded the Charles C. Shepard Science Award for the second year in a row. Think of it as winning the Academy Award for best picture two years running.

The Shepard Award — presented by the Agency for Toxic Substances and Disease Registry and the Centers for Disease Control and Prevention (CDC) — is



Kris Box,
MD, FACOG

named for Dr. Charles C. Shepard, an internationally recognized microbiologist.

Each fall, the CDC calls for award nominations from across the nation. All nominees are reviewed by a 20-member committee.

Deputy State Health Commissioner and State Epidemiologist Pam Pontones accepted the 2018 Shepard Award in the Data Methods and Study Design category for a *Journal of Infectious Disease* article detailing the transmission network of the 2015 HIV outbreak in Scott County.

ISDH staff members Erika Chapman, Dr. Sara J. Blosser, Jessica Gentry, Pontones and Dr. Joan Duwve were all report contributors, along with some CDC staff members.

That team, plus Caitlin Conrad, also received a Shepard Award in 2017, this time for Prevention and Control, for the article "HIV Infection Linked to Injection Use of Oxycodone

in Indiana, 2014-2015," which appeared in *The New England Journal of Medicine* in 2016.

This is unprecedented and a wonderful reason to celebrate the work we do at ISDH. Please join me in congratulating the team members.

On page 4 of this month's newsletter, you can read about the Patient Safety Partner Award ISDH received this month from the Indiana Hospital Association.

ISDH is fortunate to have a team of talented professionals making progress every day on the road toward better health in Indiana. Be sure to celebrate along the way.

**Yours in health,
Kris**



TOBACCO PROGRAM SHOWS PRIDE

The 2018 Indy Pride Festival was one of the few smoke-free pride events in the country.

The Tobacco Prevention and Cessation Commission (TPC) partnered with Indy Pride to help reduce the tobacco burden in the LGBTQ community. The Hoosier LGBTQ+ community has been disproportionately affected by tobacco use for decades. The smoking rate among Hoosier LGBTQ adults is about 53 percent higher than among heterosexual adults, according to the 2016 Behavioral Risk Factor

Surveillance System Survey. This new partnership is dedicated to positive, healthy messaging to lessen the tobacco burden among all communities.

This year's festival and future events provided smoke-free environments for all attendees and families while also encouraging tobacco-free lifestyles.

TPC featured the free Indiana Tobacco Quitline on the festival main stage, and TPC staff worked a table near the entrance.

TPC looks forward to future festivals.



FATALITY REVIEW TEAMS ARE IN THE WORKS

By Greta Sanderson

The Indiana State Department of Health (ISDH) is finding new ways to save the lives of more Hoosiers. New ISDH programs will review maternal and overdose fatalities, two of Indiana's greatest health priorities.

A statewide maternal mortality review (MMR) committee will begin July 1. Senate Enrolled Act 142 called for the establishment of the committee to review deaths of individuals during pregnancy through up to one year after pregnancy from any cause related to or aggravated by the pregnancy or management of the pregnancy.

"The whole purpose of this team is to look at risk factors and circumstances and figure out how to prevent it," said Gretchen Martin, ISDH child fatality review director. The new MMR initiative is modeled after ISDH's child fatality review process and will help identify trends related to maternal death and be critical to the development of programs aimed at keeping mothers and babies safe.

In 2016, Indiana's maternal mortality rate was 21.6 per 100,000 live births, higher than the 2016 national average, Martin said.

"In this day and age, we shouldn't be losing that many people to childbirth," Martin said.

The first step in the review process is to pull vital records data to identify potential cases for review. Death certificates include a line for coroners to note whether the woman had recently been pregnant.

After a preliminary review, the maternal deaths with unrelated causes, such as cases where the cause of death was a car accident, are pulled out.

The MMR coordinator and case abstractors then collect information on cases selected for summary after a preliminary review is completed by the hospital and medical providers who treated the mother. The new state law gives investigators the authority to pull the records they need.

Martin estimates that about 70 individual cases will be evaluated, and the committee will decide which of those cases to review in more detail. ISDH Levels of Care nurses,

who already work with the state's birthing hospitals, will help pull the medical records and write confidential case summaries.

The MMR committee will bring together specialists from a number of diverse areas, including obstetrics, mental health, pathology, midwifery and social work. The group plans to have its first meeting in August to discuss its mission, vision, goals and scope, as well as how cases will be chosen for further study. The group will also conduct a mock case presentation and review.

The new statute directs the MMR committee to prepare an annual report that includes a summary of data from reviewed cases, emerging issues and recommendations. The report will be posted on the ISDH website and available for public review.

As of January 2018, 42 states have shown an interest in MMR, and nine have a practicing MMR committee, Martin said. Indiana will be the 10th state to add the review.

Overdose review

As ISDH gears up for MMR, it's also creating an overdose fatality review (OFR) pilot. Four counties — Knox, Montgomery, Tippecanoe and Vanderburgh — volunteered to participate in the project. Also modeled after the child fatality review team, the OFR pilot is funded by a federal Prescription Drug Overdose Supplemental Grant. The purpose of OFR is to prevent future drug overdose deaths, and the pilot is examining the feasibility and standardization of the process.

"We know how many have died, but it doesn't tell us when, why or how. We've got to look at those risk factors and circumstances and use that information to inform our prevention efforts," Martin said. "Part of the pilot is to figure out what works with the review process, identify barriers and determine how other counties can implement this type of review."

Recommended review team members include the county coroner, pharmacists and prosecuting attorney, as well as representatives from law enforcement, the school system, the local hospital and others.

Martin said so far one of the biggest benefits of bringing different perspectives to the table is sharing information to identify community trends and risk factors. For example, in one county, law enforcement officials said they were often taking calls from drug-seekers saying their prescription was stolen. They were frustrated because they knew doctors required a police report to refill the "stolen" script, and they felt they were enabling these drug-seeking behaviors. The prosecutor said his office was unaware of this issue and immediately began making plans to determine how his office could work with law enforcement to address the problem.

Responder fatigue is another issue that has frequently emerged.

"They're often at the same house multiple times a day, and when [the victim] wakes up, they often refuse treatment," which frustrates responders, Martin said.

Based on that feedback, work is underway to create a card for responders to give to the victim of an overdose. This card will list helpful resources that he or she may decide to call later.

The pilot counties are also working to address the stigma of addiction, finalizing review guidance documents and training local pharmacists and hospitals on filling problematic prescriptions.

Martin said only a few states have an OFR process and that ISDH is using Maryland's program as a model.

Based on 20 cases reviewed so far, the victim's average age was 41.3 years, nine cases had a documented mental health history, 12 victims had previously been arrested and three had attempted suicide.

Martin said the process underway in each of the four counties is different, including the review team members involved, but their goals are the same. Each team is dedicated to finding ways to prevent these deaths in their jurisdiction. At the end of the pilot, recommendations will be made for best practice in OFR, and a policy and program manual developed so other counties can implement the process. Prevention recommendations will be shared with stakeholders at both the local and state levels.

ISDH FOCUSES ON INFORMATICS

By Greta Sanderson

ISDH receives more lab reports electronically than most states, with nearly 90 percent of results from outside labs submitted digitally. An Applied Informatics Team Training grant from the Council of State and Territorial Epidemiologists (CSTE) is jump-starting a project to take a close look at that information and help ISDH get the most out of it.

Health Informatics Epidemiologist Peter Krombach explained that the CSTE grant includes the lab testing project and also monthly peer-to-peer calls where the groups participating in the training grant program can discuss their projects so everyone learns from each other's experiences.

"We're not only training to accomplish our own goals, but also collaborating with other state health departments to build relationships among informatics-focused colleagues," said Joseph Amlung, HIV informatics integration specialist and another member of the grant team.

The informatics group emerged from the ISDH Epidemiology Resource Center's surveillance team to bridge the gap between epidemiology and information technology.

"We wanted to transfer a lot of small subject matter expertise to raise everyone's informatics expertise," Krombach said.

The goal is to improve the quality of information received and to get it more quickly so that public health needs can be addressed faster.

For example, a lab report can be in text, numeric or coded format. When a lab is sent to ISDH, a message indicates the result's format. The problem is that sometimes the format is different than what the message said it would be — the message may say it's a text lab result, but the result is actually numbers.

This is an issue because ISDH is trying to automate the decisions that systems make when they read labs, rather than having a person read them and decide whether or not an investigation is needed. If a lab sends its numeric result but calls it a text result, the system cannot interpret it properly, which either wastes time or means one or more disease cases could be missed.

This project will work to fix issues like this by not only detecting problems with adherence to national standards that have been set for these lab messages, but also helping lab facilities to send higher-quality messages. This will lead to improved efficiency and effectiveness when utilizing electronic lab reports.

In other cases, information about the demographics or specifics about the test might be missing.

"We want to analyze the electronic message that we receive and give each submitting facility a scorecard," Krombach said. To accomplish that, the team is working with the subject experts and troubleshooting with the Office of Technology and Compliance to determine if the problem is a submission or a system error.

The next step is to give the submitting lab feedback on how to improve its score.

"We've never given feedback to submitters before," he said.

The project is coming at a good time because ISDH is transitioning to a new infectious disease surveillance system by 2019. This project would help make sure that all of the necessary fields of information will be included in the new National Electronic Disease Surveillance System Base System (NBS).

The grant was from February to June, and the team — Amlung, Krombach, Amara Ross and Sang Thao — is already thinking about what comes next.

The group plans to keep working to create the feedback report that labs will receive about the quality of their electronic reports as the migration to the new surveillance system continues.

As part of the grant, the team members attended the CSTE annual conference earlier this month in Florida.

ISDH ADDRESSES STATE'S CORONERS

Ramzi Nimry, Statewide Trauma System Development and Training Manager for the Division of Trauma and Injury, gives a vital records update on June 14 at the Indiana State Coroners In-Service Training Conference held at the Sheraton Hotel and Suites in Indianapolis.

Nimry gave an update on the implementation of the Indiana Violent Death Reporting System that collects and abstracts data on violent deaths. The system explores innovative methods of collecting, reporting and sharing data that can be shared with stakeholders, the public and the Centers for Disease Control and Prevention's multistate database. He also explained ISDH's free online coroner case management system. The system is optimized for tablets and smartphones so it can be used in the field with a Wi-Fi connection.



ACCREDITATION APPLICATION IS IN



By Patricia Truelove

ISDH has submitted its application for accreditation with the Public Health Accreditation Board (PHAB). The application includes a letter of support signed by Gov. Eric Holcomb.

Three plans required for accreditation have been completed—the State Health Assessment, State Health Improvement Plan and the agency's Strategic Plan. The accreditation team will continue to collect documentation on all 12 domains over the course of several months.

Learn more about domain 4 below.

Domain 4: What is it about:

Domain 4 is a small but impactful domain that includes 10 documents. It describes how the agency engages with its community to identify and address health problems. ISDH will need to do this by discussing how we engage the public health system and community in a collaborative process and how we

then promote the understanding of and support for policies and strategies that will improve the public's health.

Who is doing the work in domain 4, and where can we improve:

Many divisions and programs work with partners to discuss and address barriers that affect so many Hoosiers. Domain 4 tells the story of how these partnerships work and how we target specific health issues and target populations. This team would love to hear about how your programs do this work.

Here are some questions you can ask yourself to compare what you are doing to best practices:

- What change in the community, policy or implementations of a new or revised program has come from your partnership?
- How do you engage with a specific population who would be affected by any policy or strategic changes in your area?
- How is this information being communicated to the governor's office, an advisory board or elected officials?

Special thank you to the members of the domain 4 team: Sarah Mitchell, Immunizations; Antoniette Holt, Minority Health; and Terri Lee, Women's Health. Without your

Meet a member of the A-Team:

Sarah Mitchell – Core Lead in Domain 4

Sarah Mitchell began working as the chief nurse consultant for the ISDH Immunization Division in November 2017. This is her first role in public health.

She previously worked as a registered nurse in the post-anesthesia care unit at IU Health and cardiology at St. Vincent.

She became interested in immunizations while working with patients with heart and lung transplants. Immunizations of both transplant patients and their surrounding communities are essential to protect this vulnerable population.

In her position at ISDH, Mitchell applies her acute care background while promoting public health in the state. She is excited to learn more in the field of public health and help ISDH with the accreditation process.



Sarah Mitchell

hard work we would not have gotten this far so quickly.

Email any questions or ideas to Accreditation Coordinator Patricia Truelove at PTruelove1@isdh.in.gov.

STAFFING UPDATES

ISDH would like to welcome these employees who joined the staff in May:

Sandra Morse, tuberculosis regional nurse consultant, TB/Refugee Control; Lakeisha Brown, clerical assistant, Acute Care; Lisa Garrett, public health nurse surveyor, Long Term Care; Dexter Etter, HIV continuum quality management, HIV/STD/Viral Hepatitis; Nancy Fetsch, administrative assistant, Immunization; and Fatma Yousif, Title V coordinator, Maternal and Child Health.

Congratulations go to Barbara Nelson who was promoted to program director 2 in Acute Care.

PATIENT SAFETY AWARD



Pam Pontones (holding plaque), ISDH deputy health commissioner and state epidemiologist, and Tina Feaster (front row, from left) accepted the Patient Safety Partner Award June 5 at the Indiana Hospital Association's Patient Safety Summit. ISDH was presented the award for its dedication to promoting and providing essential public health services for a healthier and safer Indiana. The Patient Safety Partner Award recognizes an individual, group or program that excels at establishing and growing partnerships between health care providers to improve quality of care.

To request event planning services, complete the Meeting Planner Request Form available at https://ingov.sharepoint.com/sites/ISDHGroups/opa/Shared%20Documents/18_Meeting_Plan-ner_Request_Form_FINAL.pdf and submit it to the Office of Public Affairs.

HOW TO REPORT AN INJURY

[illegible]

July Fourth
Independence Day



USING DATA TO PREVENT FATALITIES

By Greta Sanderson

An ISDH program that started in 2015 has developed into a tool that helps determine how communities can prevent some fatalities.

The Indiana Violent Death Reporting System (INVDRS) started collecting data in 2015, funded by a grant from the Centers for Disease Control and Prevention (CDC). Three years later, the system includes case reports from 370 law enforcement agencies and 82 county coroners in the state. The purpose of the system is to go beyond the limited data found in 911 dispatch reports to collecting full incident reports with information about the circumstances that led to the death.

“When you have a department that has bare bones reports or none at all, that doesn’t really help because we’re not getting any of the details we need,” said ISDH Records Coordinator John O’Boyle.

Those details can include basic information, such as gender and race, but also more specifics, such as if depression was involved and if the victim was bullied or had a history of addiction. Putting the case report together with the coroner’s report and death certificate “paints a good picture of what led up to this death,” O’Boyle said.

At the core of the reporting system is that all the recorded deaths could have been prevented. O’Boyle said INVDRS can generate reports that can help communities figure out where to focus prevention efforts and funding. For example, a community may find it needs more programs on bully-

Ready to respond

The Union County Sheriff’s Department (UCSD) applied earlier this year for an ISDH naloxone distribution grant for rural first responders. Union County was one of 122 first responder agencies serving 35 counties that were awarded a total of 4,438 naloxone kits. The department received 100 kits, and UCSD Chief Deputy Capt. Shaun Tudor said the naloxone has already been used successfully twice.

Although the sheriff was hesitant to get naloxone at first, “a lot of things have changed our minds,” Tudor said. A turning point came when he heard a quote from a habitual offender in neighboring Wayne County.

“He said every time he went to jail an addict and left an addict,” Tudor said. That’s when he realized they weren’t “fixing the problem.”

Tudor said that with only one ambulance in the county, officer safety was also a concern.

“We know we’ve got an uphill battle, and we’re trying to move in the right direction to fix it,” Tudor said.

ing to prevent suicides.

“I want suicides and opioid deaths not to be the leading causes of death anymore,” O’Boyle said.

The Union County Sheriff’s Department (UCSD) recently began sending in reports for the INVDRS. Before this year, case reports weren’t made for suicides or drug overdose deaths, said UCSD Chief Deputy Capt. Shaun Tudor. Union County also doesn’t have its own hospital, so if the patient was transferred and then died, tracking was even more difficult. Sometimes the department relied on information from family members.

“There have been a lot of issues in the past because we don’t know what happens,” Tudor said.

He approached the sheriff with the idea, and now reports are made in all death cases and sent to ISDH.

Tudor said the department was hesitant to file the reports at first because it only has six full-time deputies (including the sheriff and Tudor), three part-time officers and 10 reserve deputies. Adding to the workload was a difficult choice because UCSD responds to calls in the county’s state parks, including three campgrounds, which triples its population during the summer.

Once enough data has been submitted to identify trends, Tudor said, the information will help the department relay what it is doing and its concerns to the county council and commissioners.

“It was time for a change,” Tudor said.

There are now 40 states using the system, and the CDC will fund all 50 states by September. That means reports can compare a particular area in Indiana to similar communities in other states.

LATEST ROUND OF NALOXONE GRANTS IS STATE’S LARGEST

The Indiana State Department of Health in May awarded its biggest round of naloxone grants since the program began in 2016.

Nearly 13,000 kits were granted to 35 counties in the fourth round of naloxone kits awarded to local health departments, bringing the total to nearly 26,680.

The number of kits requested per county ranged from six to 1,500.

This latest round of grants totaled \$466,000

and was funded by multiple grant sources.

“We are excited to see more local health departments applying for our naloxone distribution grant,” said Audrey Rehberg, ISDH’s naloxone distribution program manager.

“With 59 participating local health departments, the geographic gaps for naloxone availability are getting smaller and smaller. Our ultimate goal is for all of the 93 local health departments to carry this life-saving drug.”



DR. DUWVE CELEBRATES ISDH EXPERIENCE

By Greta Sanderson

ISDH Chief Medical Officer Dr. Joan Duwve is leaving her position at the end of June, but she has some parting advice for the future of the agency.

"Don't be afraid to tackle hard problems," Duwve said. "Every wicked problem has lots of smaller tentacles. If we try to break them down into smaller pieces and each think where we have the expertise individually and think creatively about that as an agency, we can work together to make a difference."

There's no doubt that Duwve is a creative thinker. She joined ISDH in 2008, first as the medical director of Public Health and Preparedness, and then as the agency's first chief medical officer focused on public health and policy issues.

One of her most memorable projects was an adolescent immunization campaign in 2010. Duwve pushed to revise the ISDH rule updating school requirements the following year. The campaign was sparked by the death of a high school student from meningitis in 2009.

The results were dramatic. In 2008, only 32 percent of adolescents ages 13 to 17 were covered for meningitis (34th in the nation); 31 percent for tetanus, diphtheria and pertussis (39th in the nation); and only 24 percent for varicella (35th nationally). By 2011, Indiana had 92 percent coverage for meningitis (first in the country), 93 percent for Tdap (second nationally) and 86 percent for varicella (tied for first nationally).

"And disease rates fell for the type of meningitis covered," Duwve said. "I'm so

proud of that work."

The key was to work with school nurses to make the rule applicable to all students immediately, rather than phasing it in by grade.

Duwve was also instrumental in persuading the Indiana Medical Licensing Board to change its policy on expedited partner therapy. Indiana had a law that prevented doctors from writing a script for someone they hadn't examined. That meant they couldn't give a prescription to partners of patients with a sexually transmitted disease to prevent reinfection without seeing the partner, too. That law was changed in 2011.

"It took a lot of convincing," Duwve said.

Duwve also helped start the ISDH injury prevention program and worked with several outbreaks, including the Scott County HIV outbreak, H1N1, mumps during an Indianapolis 500 and measles during the Super Bowl in Indianapolis in 2012.

"You learn something with every outbreak investigation," she said. "There's always a twist that you haven't seen before."

Don't be surprised if you bump into Duwve in the ISDH building. She is devoting herself full-time as the associate dean for public health practice at the Richard M. Fairbanks School of Public Health at IU-PUI, working with private, corporate and government organizations, including ISDH, to improve public health. In that role, she'll teach public health but also work on special projects focusing on an area of need, such as a drug take-back day or HPV campaign. She'll also lead the school's public health corps to help state and local public health



State Health Commissioner Dr. Kris Box, right, thanks Dr. Joan Duwve, left, for her dedication to improving the health and safety of Hoosiers. Deputy Commissioner and State Epidemiologist Pam Pontones also recognized Duwve, who is leaving ISDH at the end of June.

departments respond to public health needs.

Duwve will also work with the Epidemiology Resource Center through Indiana University's internship program, continue to build the ECHO Center to provide distance learning to healthcare providers in rural and underserved areas and lead a harm reduction conference this fall, opportunities she attributes to ISDH.

"Every step I've taken in this agency and every person I have worked with here and in the community have informed the person I am today and helped me make better decisions for public health," she said. "I can't imagine having had a more formative opportunity in my life and am deeply grateful for having been given the chance to protect and improve the health of so many in this great state."

VICTORS!



The ISDH softball team completed a perfect Spring State Softball League season June 6, finishing 12-0 including a victory against Department of Natural Resources (DNR) in the championship game. Team members are (front row, from left) Brian Busching (TPC), Amanda Busching, Lindsey Bouza (DNPA), Kelsey Barrick (DNPA). Back row, from left) Clay Kimbrell, Emily Sickbert (WIC), Kyle Dunham, Steve Corya (LTC), Brett Czajkowski, Eldon Whetstone (WIC) and Eric Hawkins (ERC). Kelly White (TB/ERC) is not pictured.

PUSH FOR SILVER

The deadline to submit biometric screening may have passed, but there's still time to lower your premiums through the Wellness Consumer-Driven Health Plan (CDHP).

If you are enrolled in state medical benefits, you can qualify for the 2019 Wellness CDHP by reaching an Earned Status of Silver in Go365 by Aug. 31. This means all points must be processed and posted to your Go365 account by the Aug. 31 deadline.

Don't wait until the last minute to submit information since processing of activities can take up to 45 days to be reflected in your account.

