

MAY 2018

PULSE

A look at what keeps ISDH ticking

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FUN FACT

Like fingerprints, every person has a unique tongue print. In Tibet, sticking out your tongue is considered a polite greeting between two people when they meet.



Indiana State
Department of Health

Mission:

To promote and provide essential public health services

THINK OUTSIDE THE BOX

It may be a bad pun, but the message is important.

What does thinking outside the box mean? While that answer is different depending on your role at ISDH, the principle is the same: ISDH needs to take new approaches to ongoing health concerns or we'll continue to have the same challenges.

Some of our most stubborn health issues include obesity, smoking, infant mortality and the opioid crisis. ISDH is not experiencing these issues alone, and we can't solve them alone.

We need partners to help us make that happen. In this month's Pulse, you'll see many creative ways ISDH is taking on these challenges and others with the help of like-minded organiza-



Kris Box,
MD, FACOG

tions. For example, on page 8, you can read about how a partnership with Meals on Wheels is delivering better outcomes to those living with HIV.

Another new partnership is in the works with the faith-based community to address the opioid crisis. The efforts are still in the beginning stages, but I'm encouraged about the possibilities after an initial meeting this month.

Despite the fact that the problem of opioid addiction has been well publicized, many Hoosiers are still unaware of the problem or don't fully understand it. At the same time, faith-based organizations are becoming more health and wellness focused, which gives ISDH an opportunity to include them in future trainings and workshops. Faith-based organizations are deeply rooted in their communities and have a much greater ability to reach the people they serve.

ISDH has started a conversa-

tion with faith-based partners in Marion County to discuss how we can work together to attack the opioid epidemic. We had a variety of other partners join us, including state and local agencies and universities. Our goal for the introductory meeting was to get to know each other and share initial ideas. It was a productive first meeting, and more discussion will be needed, but it's an encouraging first step.

Change can be tough, but it's also exciting and invigorating, especially when you begin to see positive results. That change starts with you. We are fortunate to have great talent in our organization, and I encourage all of you to take a fresh look at the work you're doing and try to find an even better, more effective way to do it, perhaps by reaching out to a partner we haven't thought of before.

Yours in health,
Kris

SPECIAL RECOGNITION

Dennis Stover, director of the HIV/STD/Viral Hepatitis Division, addressed the crowd during the 2018 AIDS Walk May 5 in Fort Wayne. The walk was organized by the Positive Resource Connection (PRC) with a superhero theme (which explains why Black Panther is standing guard).

The division received the Larry Wardlaw Humanitarian Award at the event for outstanding support of the PRC.

"The HIV/STD/Viral Hepatitis Division has been a powerful financial and program supporter ... especially this past year as we've grown our programs and services," PRC Executive Director Jeff Markley said. The award was named for Wardlaw, vice president of the Asher Agency in Fort Wayne, for his work on behalf of the AIDS Task Force.



A CLIMB TO REMEMBER

By Greta Sanderson

What drives someone to climb 110 flights of stairs while carrying 70 pounds of gear?

For Brent Skidmore, honoring the 343 firefighters and first responders who gave their lives on 9/11 was enough motivation.

Skidmore, a primary care practice coach at ISDH, is also a volunteer firefighter in Ingalls, a small town of about 3,200 residents near Pendleton. He participated in the 2018 FDIC 9/11 Memorial Stair Climb April 27 at Lucas Oil Stadium during the Fire Department Instructors Conference (FDIC). Participants began on the stadium floor, then climbed to the top of the upper-level stairs, walked across to the next flight, and then climbed down and went across and back up the next flight of stairs, working their way up and down around the stadium, stopping to rest as needed.

"I do it because I truly feel like there is a debt owed to those responders who made the ultimate sacrifice," Skidmore said. "And if this is the way I can pay honor to them and remember them, I'm going to do it."

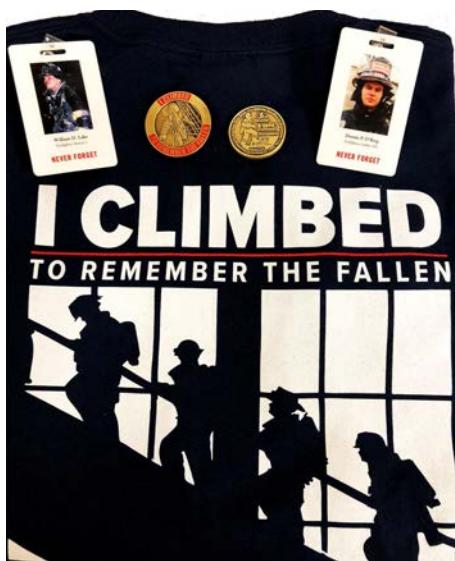
The climb is one of several held across the country each year to raise money for the National Fallen Firefighters Foundation (NFFF). The NFFF was established by Congress to lead a nationwide effort to honor America's fallen firefighters. Since 1992, the not-for-profit foundation has been providing support to the survivors of fallen firefighters and to reduce firefighter deaths and injuries.

The Indianapolis climb is 2,200 steps and 110 flights, the ascent first responders climbed in the World Trade Center on Sept. 11, 2001. It took Skidmore more than 2-1/2 hours to complete the climb, which included a somber walk by the mobile 9/11 memorial.

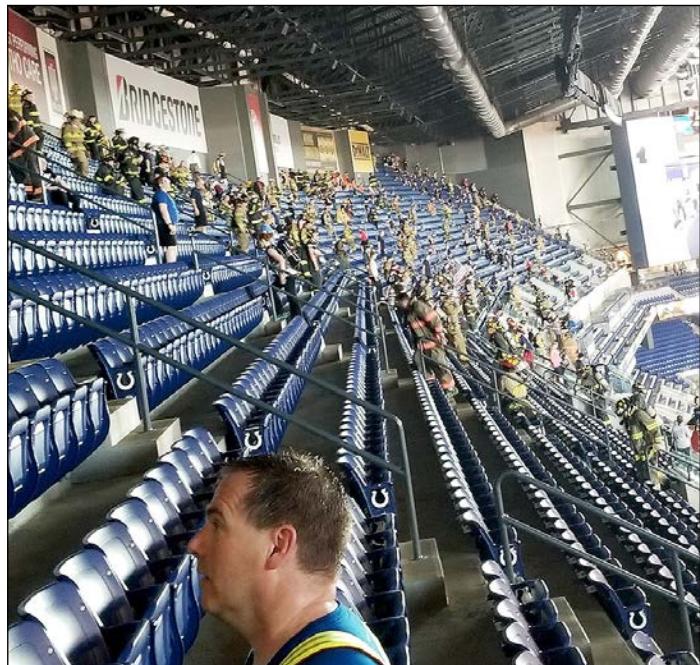
This was the second time Skidmore participated in the climb,



Brent Skidmore



This is the back of the T-shirt Brent Skidmore received at this year's 9/11 Memorial Stair Climb, as well as tags for the two fallen firefighters he honored with his walk, and an event challenge coin and the commemorative event coin.



Firefighters and other supporters climbed 110 flights of stairs at Lucas Oil Stadium on April 27 during the 2018 Fire Department Instructors Conference 9/11 Memorial Stair Climb.

and he wore full turnout gear, including his helmet, coat, bunker pants and boots, and carried an airpack.

"You get through the first 25 flights and you're like, 'why did I do this again?'" Skidmore said. "At about 55 flights, I was pretty exhausted, but when it's past the halfway point, then it's like 'you've got it.'"

His Fitbit registered 19,130 steps, 4,566 calories burned and 212 minutes of exercise that day. He said the key to completing the climb was to stay relaxed and keep a controlled pace. He also trained on a stair machine at the gym and said going down was harder than climbing up.

"You have to have that mental toughness," he said.

As for recovering after the climb, it helps that his wife is an athletic trainer. His post-climb treatment included an ice bath to reduce inflammation and stretching to help his muscles recover.

Each participant pays tribute to an FDNY firefighter by climbing on behalf of one of those who died on 9/11. This year, Skidmore climbed for William D. Lake, a firefighter with Rescue 2, in Brooklyn. Lake responded to the Oklahoma City and TWA Flight 800 disasters, and he was 44 years old when he was killed.

Last year, Skidmore climbed in memory of Dennis P. O'Berg. O'Berg had been out of the fire academy for just six weeks, having left a job as a certified accountant at Ernst and Young to become a firefighter. O'Berg was 28 years old.

LEARNING FROM EXPERIENCE

By Casey Kinderman

Question: How do we get better at doing something?

Answer: Learn from experience.

Over the last couple weeks, 12 ISDH staff members from across the agency were trained as Lean Daily Improvement (LDI) Facilitators.

LDI is used to establish a continuous improvement habit across a work area of the organization. During this interactive training event, participants learned how to apply a five-stage method for making small, meaningful, daily adjustments to how we work and behave through standard work and visual management to monitor and improve or sustain a metric.

LDI is focused on small-step changes that generally take hours or days

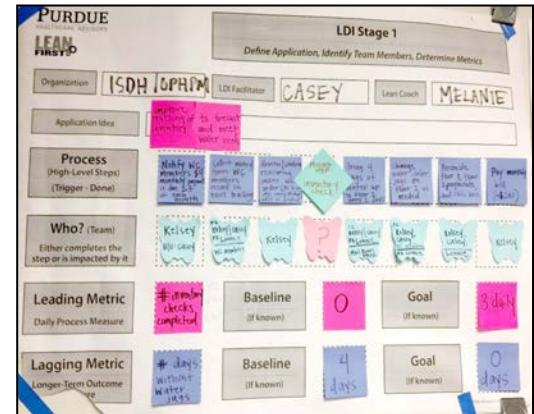
(instead of weeks) as well as continuous improvement done by a team while they work. Progress is tracked using precise, meaningful metrics.

Some example applications from the training that you may be hearing about include the following:

- Sustaining a three-day review time for WIC vendor applications;
- Documenting Food Protection phone calls to improve customer satisfaction; and
- Conducting inventory checks to eliminate days without water for the ISDH Water Club.

Have similar processes in your areas?
Interested in learning more about these
projects or QI activities?

Email Casey Kinderman at ckinderman@isdh.in.gov.



This board tracks Stage 1 of the Water Club LDI Project: Define Application and Identify Team Members. This phase includes the application/problem to solve, process steps, baseline and goal for leading/lagging metrics and team members completing the process.

IMPORTANT MEDICAL LEAVE INFORMATION

- Expiration of Family Medical Leave (FML) and FML Recertification

DEADLINE: If you have a Family Medical Leave (FML) approval for intermittent leave, you may be wondering what will happen to that approval at the end of the fiscal year or what happens if your need for leave may continue beyond June 30.

Indiana state government has designated the fiscal year as the 12-month period used to calculate FML. The fiscal year runs from July 1 through June 30. This means all FML approval(s) for intermittent leave will expire June 30. The new fiscal year will begin July 1.

Employees who have an approval for intermittent FML in the current fiscal year (July 1, 2017, through June 30, 2018) and anticipate a continued need for FML in the next fiscal year are required to submit a new Request in PeopleSoft and Certification of Health Care Provider documenting the need for leave.

ACTION REQUIRED: Your newly submitted FML request must be accompanied by a newly completed Certification of Health Care Provider (CHCP) form based on a recent, in-person visit to the healthcare provider, which consists of an examination, evaluation and/or treatment. Absences for continuing conditions are considered foreseeable; therefore, your request and completed CHCP must be submitted 30 calendar days in advance of the new fiscal year.

The CHCP form must be filled out completely by the healthcare provider and needs to include a description and/or details of the medical necessity for leave and the estimated frequency and duration of absences for the condition for which you are requesting leave. *Timely submission of the documentation is the employee's responsibility, not the healthcare provider's.*

Eligibility for FML will be calculated for the new fiscal year, so employees who have been employed fewer than 12 months (consecutive or nonconsecutive) and/or who have not physically worked at least 1,250 hours in the immediately preceding 12-month period will not be eligible for FML in FY2018/19 until they have met all eligibility requirements. Additionally, second and third medical opinions may be required.

TWO SPECIAL SITUATIONS:

1. If you have exhausted the full 12-week allotment of FML before you submit your request for the new fiscal year, then the system will automatically deny any request for additional FML submitted before July 1, 2018. If you are in that situation, obtain your new Certification of Health Care Provider form, then submit your request with that documentation immediately upon the new fiscal year.

2. So, what if you need continuous FML for something like a surgery scheduled in May or June and your recovery will continue beyond June 30? If you received approval for a continuous Family Medical Leave that crosses into the new fiscal year, you do not need to submit a new Request in PeopleSoft or provide updated documentation just to support the part of approved leave that occurs after June 30. However, if additional leave is needed in the new fiscal year beyond the initial return to work date in the approval, updated medical documentation will be required to support the need for additional leave.

RESOURCES: For more information relating to Family Medical Leave, including eligibility requirements, policies, forms and FAQs, please visit the SPD Family & Medical Leave webpage at www.in.gov/spd/2397.htm. If you have questions, please call the FML helpline at 317-234-7955, or toll free at 1-855-773-4647 and choose the FML option.

GET SILVER STATUS BY AUG. 31

The State of Indiana is again offering a way to upgrade your health plan during Open Enrollment this fall. Similar to past years, the Wellness Consumer Driven Health Plan (CDHP) offers the lowest premiums compared to the other options. 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. Go365 is an incentive-based wellness portal that empowers you to invest in your health.

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. All points must be processed and posted to your Go365 account by Aug. 31.

The quickest path to Silver Status within the program is completing the:

Health Assessment, a confidential assessment that helps you to identify health risks, as well as giving you the opportunity to create a plan to address potential risks.

Biometric Screening, available



from your primary care physician or by attending one of many free screening events happening around the state in coming months. These numbers

are kept confidential from your employer. Screening forms must be self-submitted to Go365 by June 30 to guarantee

points toward qualification for the 2019 Wellness CDHP.

Personalized activities, such as goals, fitness tracking, online educational courses or health coaching. Based on your Health Assessment responses, some healthy goals are recommended for you. Decide what you want to work on, engage in healthy activities to support your goals and receive points to raise your earned status. Our goal is to provide you and your dependents with tools and programs that assist you in improving your overall health and well-being. By ensuring each family member is actively engaged, you can reach Silver Status in no time.

Check the [Upgrade 2019/Go365 Help](#) page for assistance on getting to Silver Status.

EMS DIRECTORS MEET AT CONFERENCE



ISDH Commissioner Dr. Kris Box addresses the fifth annual EMS Medical Directors' Conference April 27 at the Ritz Charles in Carmel. More than 100 EMS medical directors, paramedics and program managers attended the event.

READY TO RUN



These ISDH staffers participated in this year's 500 Festival Mini Marathon on May 5. Pictured (from left) are Brandon Halleck, Mohan Ambaty, Yuan Ho, Dawn Smith, Michael Connor, Ann Silva, Payton Revolt, and Hailey Vest. Stephanie Beverly, Krista Click, Calvin R. Knight-Nellis and Sara Caudell are not pictured.

STAFFING UPDATES

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

Kimberly Scott, public health nurse surveyor, Long Term Care (LTC); Harold Gil, director of public health informatics, Epidemiology Resource Center; Ronni Banks, health care surveyor training manager, Health Care Education & Quality; Prathyusha Kolconda, microbiologist, ISDH Laboratory; Donald Atteberry, accountant, Finance; Tanya Barrett, outreach and engagement

coordinator, Office of Public Affairs; Kristin Schwartz, director of external affairs, LTC; Erika Steuerwald, staff attorney, Legal Affairs; Kathryn Jones, public health nurse surveyor, LTC; and Jana Gach, peer counselor coordinator, Women, Infants and Children.

Congratulations go to Mark Widdifield, who was promoted to chemist at ISDHL, and Manpreet Kaur, who was promoted to field fiscal finance specialist in HIV/STD/Viral Hepatitis.

OVERDOSE TEAM ADDS WEB UPDATES

By Greta Sanderson

ISDH handles a lot of data. Trauma and Injury's Prescription Drug Overdose Team is working to put their data and other resources into practice with new web updates designed to make high-demand opioid data easier to access.

Trauma and Injury Prevention Associate Klaudia Wojciechowska said her team kept getting the same questions over and over again. So they have added web features to help present the ever-changing data in a way that's easy to use.

"People use the Internet all the time," Wojciechowska said. "It's a lot of information, but not overwhelming."

The information includes new programs, resources for treatment and facts surrounding Indiana's opioid epidemic.

Here are a few of the latest website additions:

Prescription Drug Mobile Booth: The site has information about the exhibit and a form for anyone to fill out to request it for their event.

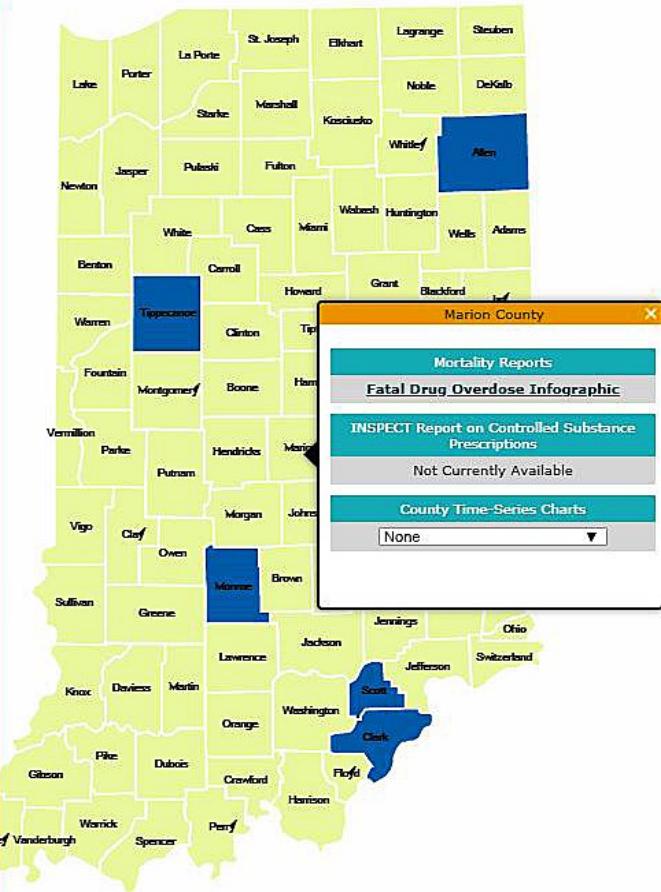
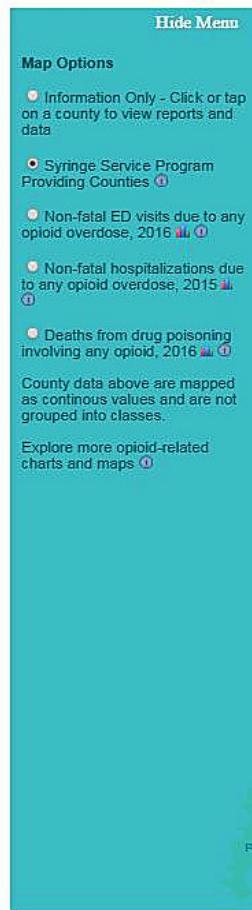
Webcasts: The division uses this page to promote and archive its monthly webcasts. Wojciechowska said about 100 people watch the live webcasts, and the site also promotes webcasts by other organizations, such as the Indiana State Medical Association.

Infographics: More than 60 different handouts targeted to different audiences are posted to the site and available for anyone to use.

Naloxone Distribution Program: This page shows where the kits have been distributed and also includes a guide to resource development, educational resources for training and innovative ideas for potential partners, such as motels and gas stations.

ISDH and RxAwareness campaign: Links and videos are posted along with a toolkit of all the campaign materials.

Indiana-specific data: All of the information that's in Stats Explorer is presented



This is a snapshot of the new Indiana-specific data available on the Overdose Team's website. Users can click on a county and see a comparison of that county to the state average, and INSPECT information will be listed soon.

visually for easier access. Users can click a state map to see data by county and see a comparison to the state average in a number of categories. Information from INSPECT, Indiana's prescription drug monitoring program, will be added soon.

Wojciechowska said Trauma constantly reviews the site and looks for improvements. More information on grants will be added soon, as will updates on the coro-

ner's toxicology program that will begin statewide in July and the rapid response project in the works that will create turnkey projects for local health departments to implement.

She also watches analytics so she can track how many visitors the site is getting and which are the most popular links. The site had nearly 2,000 unique visitors from January to March 2018.

HEPATITIS A, SYNTHETIC MARIJUANA WEB REPORTS LAUNCHED

The Epidemiology Research Center has added a new page to its website in response to the increased number of hepatitis A cases reported in 2018.

Similar to the weekly influenza report, the Indiana Hepatitis A Outbreak report includes all counties with cases of outbreak-related hepatitis A and is updated every Friday. Indiana As of

May 18, 104 outbreak-related cases have been reported this year. Cases have been confirmed in several counties, with the majority in Clark and Floyd counties.

ISDH has also created a similar site for synthetic marijuana following a concern about the substance causing severe bleeding. The information will be updated at least weekly.

IT'S OFFICIAL: ISDH SEEKS ACCREDITATION

By Patricia Truelove

Where are we in the process:

ISDH officially registered last month its intent to apply to the Public Health Accreditation Board (PHAB). ISDH has 180 days to send in its accreditation application. This will include verification of an executed State Health Assessment, State Health Improvement Plan and an agency Strategic Plan; a letter of support from the governor's office; and an updated organization chart.

WOW! We are getting there

Over the last couple of months, the domain teams have made great strides to identify and collect the necessary accreditation documents and review them against the PHAB standards.

ISDH has received a technical assistance grant from the Association of State and Territorial Health Officials (ASTHO) that provides ISDH with one-on-one consulting. ASTHO has been reviewing ISDH's major plans and assessing them against PHAB standards and measures. Those that meet all the applicable requirements are listed as "fully demonstrated," and those that mostly meet the requirements are listed as "largely demonstrated," as needed for accreditation.

Below are the current outcomes:

Largely Demonstrated

- State Health Improvement Plan
- Strategic Plan
- Quality Improvement Plan
- Performance Management System
- Workforce Development Plan

Fully Demonstrated

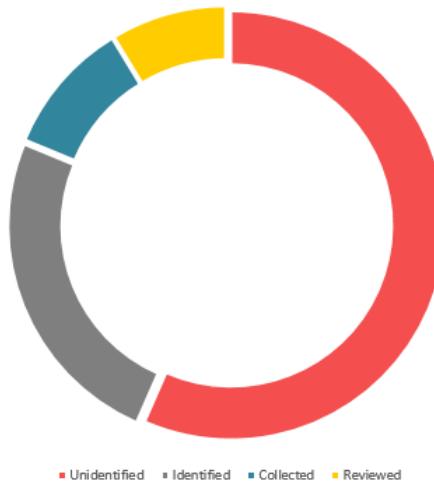
- Branding Strategy
- State Health Assessment Process Planning
- State Health Assessment

Thank you to all of the individuals and teams who provided their time, feedback and efforts into making sure these documents lived up to such high standards.

Domain 11: What is it about:

Domain 11 is comprised of 45 documents, 19 of which have been reviewed by the team. Domain 11 focuses on "Maintain

Progression of Collection



Unidentified: Example has not been identified or a specific example has not been identified but examples are being considered

Identified: A specific example has been identified but has not been collected

Collected: All of the example components have been collected

Reviewed: The example has been reviewed by the domain team to submit to the core team

Administrative and Management Capacity." This means that ISDH will demonstrate how it organizes, leads and controls the agency's decisions and goal achievement. We focus on two different standards: the development and maintenance of our infrastructure and the established financial management system.

Who is doing the work in domain 11, and where can we improve:

One area of improvement the team found in this domain is the maintenance of policies. ISDH will need to provide all policies and processes. These documents will need to have ownership from ISDH, as well as be updated in the last five years. When reviewing what we have, not all documents are meeting these requirements. We encourage all programs to locate the policies and processes they own, review them to see if they

Meet a member

of the A-Team:

Andrea Morris – Core Lead in Domain 11

Andrea Morris has been an employee at ISDH for more than 11 years. She began her career with the agency in December 2006 as a secretary for the Epidemiology Resource Center Annex. She was quickly promoted to an administrative assistant within the Public Health Preparedness and Emergency Response Division in 2007.



Andrea Morris

She spent seven years in the division serving in several positions, including equipment and supply manager, logistics director and director of administrative support. In 2015 she was transferred into the Finance Division as the team lead for the Public

Health Preparedness and Emergency Response Division. She has served in several different positions, including finance manager for the Division of Emergency Preparedness, Laboratory and Epidemiology.

In her role now as a business manager, she serves as the administrative expert in the Finance Division for the Division of Emergency Preparedness and the Epidemiology Resource Center (ERC).

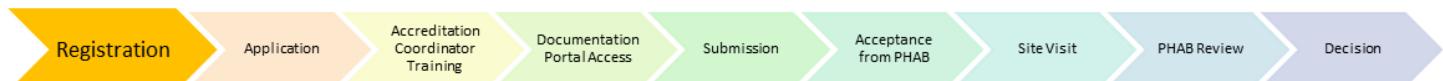
In her non-work life she enjoys cooking, baking, trying new restaurants and spending time with family and friends.

are still relevant and current and make sure they are dated and signed.

The office of Policy & Compliance will begin collecting and monitoring these on an ongoing basis.

A special thank-you goes to the members of the domain 11 team: Andrea Morris, Finance; Antoniette Holt, Minority Health; Barb Killian, Policy & Compliance; Terri Lee, Women's Health; Katie McElroy, SPD; Victor Mullen, Admin Services; Robyn Porter, OTC; and Megan Wade-Taxter, OPA. Without their hard work we would not have gotten this far so quickly.

Email Accreditation Coordinator Patricia Truelove at PTruelove1@isdh.in.gov if you have any questions about accreditation or how you can help.



CONFERENCE DRAWS CROWD



LEFT: Chad Priest, CEO for the Indiana Region of the American Red Cross, speaks about the three pillars of public health at the Public Health Nurse Conference May 9 in Carmel. ABOVE: Several ISDH divisions were on display in the exhibit hall with all kinds of information and resources.



ABOVE: Ayriane Bailey and Noah Ndhlovu of the HIV/STD/Viral Hepatitis Division, talk with attendees of the Public Health Nurse Conference May 9 at the 502 East Event Centre in Carmel. TOP RIGHT: Hepatitis C team members (front row, from left) Viral Hepatitis Fellows Melissa Adair, Hannah Henry and Hannah Bauer, (back row, from left) Chief Nurse Consultant Elaine Delbecq, VH Fellow Abbey Neff, VH Informatics Epidemiologist Cari Tsinovoi with Deputy Commissioner and State Epidemiologist Pam Pontones. BOTTOM RIGHT: Calvin R. Knight-Nellis and Shere Brooks of HIV Prevention work a PrEP table with Harm Reduction Manager Erika Chapman, who presented at the conference.

MEAL SERVICE IS A FIRST

The ISDH HIV/STD/Viral Hepatitis Division has pioneered a new service for Hoosiers living with HIV.

The division has partnered with Meals on Wheels of Central Indiana (MOWCI) to provide physician-directed medically tailored meals to qualified people living with HIV anywhere in Indiana. Ryan's Meals for Life is one of the first statewide programs of its kind, said Mark Schwering, Ryan White Part B program director for ISDH.

"If you keep people nutritionally sustained, they're going to do better with their medical treatment," Schwering said.

The project is funded by a \$1 million grant to MOWCI from ISDH through the Ryan White Supplemental award. The meals are available to more than 2,500 Indiana residents who are HIV positive and meet the income level requirements, and they are signing up fast.

"This funding has allowed ISDH to be more innovative in its continued work to enhance the lives of those who are living with HIV," said HIV/STD Division Director Dennis Stover.

Program recipients within MOWCI's delivery area have the option of receiving either hot or frozen meals. Outside of the MOWCI delivery area, frozen meals prepared by Eskenazi Health are shipped directly to recipients, said MOWCI Project Manager Nick Fennig. Deliveries were rolled out in January and the service is adding 10 new clients every day, Fennig said.

Studies have shown that good nutrition for people living with HIV improves the effectiveness of their medication, strengthens their immune system and helps them maintain a healthy weight.

"We're sending about 800 meals a week," he said. "I remember in January when the funding started, we were recruiting people. Now they're flowing quite nicely."

The program has 96 participants in central Indiana, and another 156 throughout the rest of the state. Eskenazi uses a specially designed freezer to package the meals. The meals are similar to TV dinners but are fresh and made with healthy ingredients and lots of Indiana-grown meats and veggies. Eskenazi recently added a third shift to the department where the MOWCI meals are made.

The packages include seven meals at a time, packed frozen in boxes with insulated bags and gel packs. The food is shipped in a plain brown box with MOWCI as the return address to protect patient privacy. Learning how to ship the food was new for MOWCI, which had some help from the Food is Medicine Coalition, an association of medically tailored food and nutrition service providers.

Clients are connected to the food program through the 17 agencies across the state that provide services to HIV-positive clients at 23 locations. The agencies' care coordinator also works with the client's physician to make sure the meals are tailored to each individual's needs. The concept has also been used to help patients suffering from other chronic medical conditions with the goal of reducing hospital readmission and improving their quality of life.

Schwering said medically tailored meals are vital because other available assistance may not provide the balanced nutrition needed to support the patient's health.

"These clients need balanced meals," he said. "That's something we've not had across the state of Indiana."

And the meals are available anywhere in the state and are easy to make.

"There's a lot of thought involved in nutritious food preparation



Mark
Schwering



Cooks in the kitchen at Eskenazi Health work to prepare physician-directed meals like those delivered to participants in the Ryan's Meals for Life program across the state.

that many consumers take for granted," Schwering said.

"This is one less stress factor our clients have to face; they are able to pop the meal in a microwave and heat it up."

Fennig said they are also tracking data on each client — including the client's viral load, weight, appetite and more — that will allow them to evaluate the program's success.

Physician-directed meals are another part of ISDH's emphasis on care coordination, using case management to support the whole person, not just his or her medical needs, to create a better outcome. Care coordination can include financial help with insurance or housing, education and access to other helpful resources.

"Expanding mental health and substance abuse services are the next focus areas," Schwering said.



Caribbean salmon is one of the meals delivered as part of the Ryan's Meals for Life entries.