

NOVEMBER 2019

PULSE

A look at what keeps ISDH ticking

INSIDE THIS ISSUE:

◆ Staffing updates	2
◆ Look who I met on the elevator!	2
◆ It's getting W.E.I.R.D.!	3
◆ What do they do? Meet the Data Analysis Team	4
◆ Summit success!	5
◆ OB Navigator celebrates	5
◆ Accreditation journey	5
◆ ISDH holiday spirit	6



FUN FACT

Turkey has almost doubled in popularity in the United States over the last 35 years. In 1975, the average person ate 8.3 pounds per year. In 2010, people each gobbled 16.4 pounds a year. The average person consumes 4,500 calories on Thanksgiving.



Indiana State
Department of Health

Mission:

*To promote, protect, and improve
the health and safety of all Hoosiers*

TIME TO PUT OUR BEST FOOT FORWARD

As the saying goes, you never get a second chance to make a first impression. An initial meeting sets the tone right from the beginning, so starting off on the right foot is a key part of success. ISDH has an opportunity to make a good first impression Feb. 5 and 6 during the Public Health Accreditation Board (PHAB) site visit.



**Kris Box,
MD, FACOG**

I'm asking each of you to do your part to help us shine. This is our chance to showcase the outstanding and essential work we do every day to protect the health and safety of Hoosiers.

I wanted to make sure you all have seen the email notice sent earlier this week about two up-

coming Clean-up Weeks, Nov. 25-27 and Dec. 30-Jan. 3. The email has all the details you need to properly dispose of unnecessary paperwork and clutter in your work area.

These upcoming holiday weeks are a good time to take stock of our work spaces and spruce things up to begin the new year.

Having clean and neat work areas not only shows our commitment to organization, it also helps us be more efficient with our time because we aren't moving papers from one pile to another. Even with computers, it's easy to accumulate a lot of unnecessary paper.

As an added bonus, during these two weeks you can wear jeans as your schedule allows, just in case you need a little extra incentive to get into the spirit!

Accreditation is something to celebrate. Deputy State Health Commissioner and State Epidemiologist Pam Pontones celebrated last month with the Vanderburgh County Health Department as it became the third local health department to earn PHAB accreditation, following Rush and Montgomery counties. Our plan is for ISDH to be next!

Accreditation means the health department shows high performance and continuous quality improvement throughout the organization as identified through a number of performance standards and measures.

I am proud our work at ISDH and want to make sure we make every effort to ensure those accomplishments are recognized with PHAB accreditation.

**Yours in health,
Kris**

PAYNE RECEIVES NATIONAL AWARD

By Greta Sanderson

As soon as you meet Shirley Payne, her passion for her job comes through.

Payne oversees the Children's Special Health Care Services (CSHCS) Division, where her primary responsibility is to administer the Indiana CSHCS program, which is a supplemental coverage program that helps families of children with serious, chronic medical conditions pay for needed services. She also manages the special needs portion of the Title V Maternal and Child Health (MCH) Block Grant that includes work around care coordination, transition to adulthood and developmental screening.



Children's Special Health Care Services Director Shirley Payne, center, receives the Maternal and Child Health Bureau (MCHB) Director's Award from Dr. Michael Warren, MCHB associate administrator, and Laura Kavanagh, MCHB deputy associate administrator, Oct. 22 in Washington, D.C.

► Continue to PAYNE, page 2

STAFFING UPDATES

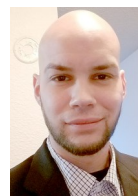
Please extend a warm welcome to these employees who recently joined ISDH:

Nikita Cruz Barrios, clerical assistant, Vital Records; Ruth Lacap-Pallones, clerical assistant, Vital Records; Kayla Hill, microbiologist, Virology; Jayne Sanchez Flanagan, public health nurse surveyor, Acute Care (AC); Kassie Truelove, public health nurse surveyor, AC; Sherie Mason, public health nurse surveyor, AC; Rachel Hopkins, nutritionist, Women, Infants, and Children (WIC); Reginald DuValle, public health administrator, HIV/STD/Viral Hepatitis; Klaudia Wojciechowska, state program director, Trauma and Injury Prevention; Cara Czarnecki, public health nurse surveyor, AC; Alexa Stegemoller, epidemiologist, Epidemiology Resource Center (ERC); and Leann Freudinger, epidemiologist, ERC.

Also Benjamin Priebe, laboratory technician, ISDH Laborato-

ries; Brendan Basaran, microbiologist supervisor, Environmental Microbiology; Amanda Elizabeth Wilson, clerical assistant, Children's Special Health Care; Rebecca Sanders, public health administrator, HIV/STD/Viral Hepatitis; Christine Davis, public health nurse surveyor, AC; Lavonia Coleman, clerical assistant, AC; and Jennifer Quinn Callo-way, public health nurse surveyor, Long Term Care (LTC).

Congratulations to the following staff members who were recently promoted: Nicole Tipton, acute care training manager, LTC; Betty Taylor, medical surveyor, AC; Sara Griewank, chronic respiratory disease section director, Chronic Disease; Michele Starkey, environmental scientist, Program Development & Quality Initiative; and Mary Jane Henrikson, nutrition and clinic services consultant lead, WIC.



**LOOK WHO I MET
ON THE ELEVATOR!**

Hector M. Velez Orengo



Name: Hector M. Velez Orengo

Title: Finance Manager / Program Director E7 of HIV/STD/Viral Hepatitis Division

Brief job description: Distributes the financial resources of the ISDH HIV/STD/Viral Hepatitis program, is responsible for the budget planning and supports the executive management team by offering insights and financial advice that will allow them to make the best business decisions for the program.

Time at ISDH: Three years

What do you like most about working at ISDH: We are dedicated to helping people with special needs.

Other information: I love to race cars and to play with my dog.

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► PAYNE, continued from page 1

Last month that commitment was recognized when Payne received the MCH Director's Award for excellence at the state level from the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB).

The award was presented during MCHB's Annual Title V Technical Assistance Meeting in Arlington, VA. To her knowledge, Payne is the first Indiana recipient.

"This is a really big deal in the MCH world and something ISDH should be proud of," MCH Director Eden Bezy said.

Bezy and members of the MCH team nominated Payne, who is quick to acknowledge that she doesn't do her work for the recognition.

"Helping families be able to get what they need is more than enough for me," Payne said. "This award for me is huge, and I'm honored to have received it. I'm proud of the work I get to do every day."

She also recognizes that it's the work of the entire CSHCS and MCH teams that's being honored.

When Payne became children's director six years ago, she made a list of three major goals. The first was to create a module for the CSHCS Care Coordination Section that could track referrals and linkages to services. That was completed in 2018.

Her second goal will be realized by the end of the year. Payne is modernizing the claims process for the children's supplemental coverage program.

Currently, about 90 percent are submitted via paper; then the CSHCS claims processors key them into the system for processing. Once this project is complete, providers will enter claims directly through a web-based platform, slashing the time it takes to process from 30 days to just seven.

Her last goal is for Medicaid and the Managed Care Entities (MCEs) to recognize comprehensive care coordination as a path to improving overall health and well-being

for individuals with medical complexities and other special health care needs. This leads to better care that's also less expensive and decreases the unmet medical and social needs of families, but there is no consistent and defined model to pay for care coordination in the state.

Thanks to a grant from HRSA to Boston University and a significant investment from Indiana Medicaid, CSHCS is piloting an innovative payment model for care coordination through the Children with Medical Complexities Collaborative Improvement & Innovation Network. Payne said the pilot has national implications.

Besides the goals for children's services, she has personal priorities and said mentoring is an important part of her career. She even shared a little advice.

"Don't be afraid to step out and try something new and different," she said.

Payne said she wouldn't be in her position if not for others who had faith in her ability and encouraged her to reach her potential.

THIS IS GETTING W.E.I.R.D!

Every Halloween the W.E.I.R.D. (Wild?! Wonderful?! Epidemiologists Interested in Recreation and Diversion) committee of the Epidemiology Resource Center celebrates with a pumpkin decorating contest. The entries are always creative and entertaining, and this year was no exception.

The pumpkins were judged and winners selected in six categories:

Cutest Pumpkin: Outbreak Squad - CryptoCACTUS NeoFLOWERmans

Scariest Pumpkin: Zoonotic/Vector Team - Put On A Happy Face

Best Work-Themed Pumpkin: TB/Refugee Health - Mr. Pneumonia W. Levaquin I

Most Creative Pumpkin: DAT + GIS - 'Til Death (Data) Do Us Part

Most Elaborate Pumpkin: Public Health Informatics - I Am Death

Best All-Around Pumpkin: Zoonotic/Vector Team - Put On A Happy Face

Congratulations to all seven teams!



Team Outbreak
CryptoCACTUS NeoFLOWERmans



**Team Healthcare-
Associated Infection**
E. Cooli



Team Data Analysis/GIS
'Til Death (Data) Do Us Part



Team Tuberculosis/Refugee Health
Mr. Pneumonia W. Levaquin I



Team Zoonotic/Vector
Put on a happy face



Team Informatics
I Am Death



Team Field Epidemiology
What!? Another Meeting?!

GET TO KNOW THE DATA ANALYSIS TEAM

By Angela Shamblin

The Data Analysis Team (DAT) is a small team of five that provides access to many critical datasets for the agency and provides analytical assistance to other program areas via ad hoc reporting, technical assistance and the provision of training. DAT is part of the Health Data, Informatics, and Geographics (HDIG) team within the Epidemiology Resource Center (ERC).

Behavioral Risk Factor Surveillance

Indiana has participated in the Centers for Disease Control and Prevention's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS) since its inception in 1984. Between 6,000 and 14,000 Hoosiers respond to Indiana's BRFSS survey each year and, for those respondents, we get over 150 data points on which to report.

The information we collect tells us about the prevalence of diseases and conditions in our state, the risk behaviors our citizens engage in and the extent to which our citizens utilize preventative care. We can also analyze how these elements are interrelated. Because this information is collected in all states and territories, we can compare the



health of our citizens to those living in other areas as well.

Hospital Discharge

Inpatient and outpatient hospital data is collected by the Indiana Hospital Association (IHA) on behalf of ISDH. This de-identified, patient-level information comes to DAT so our analysts can clean and process it to create data sets for internal data users and our own analyses. For example, here is a dashboard DAT developed with Trauma and Injury Prevention.

The hospital discharge information is oriented around hospital billings but can be used to tell us about what people are hospitalized for, confirm spikes in disease across our state, identify comorbidities (i.e., condi-

tions that tend to occur together) and much more.

SAS Training and Technical Assistance

In January 2019, DAT hired a dedicated trainer to serve as a resource to the agency's data users, primarily epidemiologists. Since then, DAT has developed a customized training curriculum and has offered the following training opportunities:

- SAS Orientation;
- SAS Programming;
- SAS Reformatting Techniques;
- Power of Proc SQL; and
- SAS the Date!

At the end of the training program's first year, 14 training sessions will have been offered by DAT. In 2020, the plan is to collaborate with other HDIG groups to develop SQL, R and Python training as well as short, topical webinars.

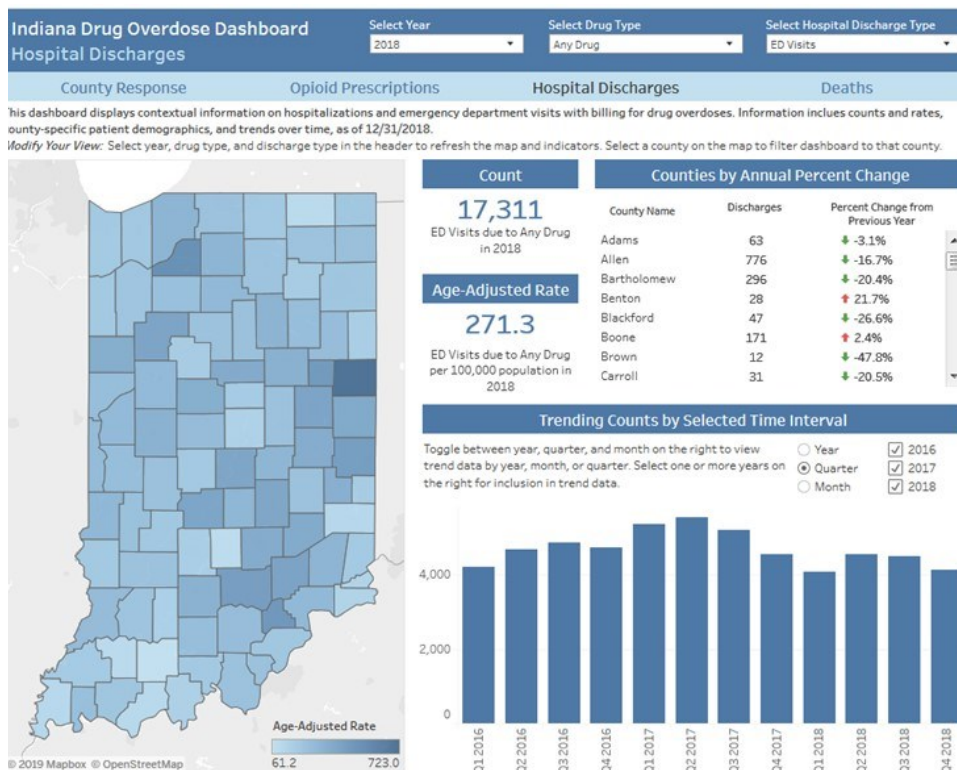
Each analyst within DAT also provides technical assistance to agency data users. Examples of technical assistance activities include assistance with fixing broken SAS programs, matching data from different sources, interpreting inherited code and dealing with configuration problems with SAS.

Vital Records Analytic Data Sets

Indiana uses the GENESIS system to gather and store vital records information for in-state births. ISDH's Vital Records Division owns this system and is moving to a new system called EVERS next year. When Indiana residents give birth outside of the state, those records come to Indiana through a separate system called STEVE.

DAT's role with vital records data is to create a static, cleaned-up version of the dynamic data contained in GENESIS so that agency-wide reporting can be consistent. In the past, the work of processing this information fell to a single analyst within DAT. This year, DAT has been working on creating a fully automated process so the analytic data set can be created in hours rather than over an entire year. This will allow DAT to more easily provide cleaned-up preliminary datasets.

In the past, DAT has also developed comprehensive mortality and natality reports. DAT is moving away from static reporting and will be developing a more interactive experience for data consumers in the coming months.



This dashboard is one of the ways Data Analysis Team works to make data interactive.



ID SUMMIT SUCCESS

Enteric Epidemiologist Nicole Stone leads a panel discussion on Indiana's hepatitis A outbreak at the 2019 Infectious Disease Summit Nov. 20 at the Indianapolis Marriott East. Dr. Jay Butler from the Centers for Disease Control and Prevention was the keynote speaker. Thanks to everyone at ISDH who made the event such a success!



OB NAVIGATOR CELEBRATES

Earlier this month the OB Navigator team celebrated the first enrollment of the first four women into the program created to help more pregnant women receive prenatal care. Focusing on the 20 counties with the highest infant mortality, MOMS Helpline will work to connect pregnant women with services in their community to ensure they have a safe and healthy pregnancy and receive the help they need with their newborns.

APPRECIATE THE ACCREDITATION JOURNEY

By Patricia Truelove

As ISDH comes closer to our February accreditation site visit, I took some time to reflect on the journey. Great strides have been made over the last five years as we work to do better. They were not all easy and came with lessons, but we should be proud of those accomplishments.

Here are some of YOUR successes:

- **The development of a branding strategy/communication plan:** How we show our consistency is extremely important as it represents different programs in ISDH working as one. Branding with ISDH comes in many ways, from the usage of a logo in all media communication to our email signatures, from including a logo on sign-in sheets for collaborative meetings to a uniformed template for presentations. Branding shows how we are unified in the work we do.
- **The method used to create the agency's strategy plan:** For the first time leadership opened the development of our agency [strategic plan](#) by allowing all staff to have a part in its creation. Individuals were able to provide input in our mission and values as well as develop agency-wide goals and objectives. This allowed the plan to be more than a pile of paper sitting on a shelf.
- **Increase number of quality improvement projects:** ISDH has invested in improving processes by hiring a quality improvement coordinator, providing several Lean-focused trainings and providing skills-building sessions. Excitement only builds as this work continues.
- **Development of the Health Equity Policy:** In 2019 ISDH

established a Health Equity Policy to help provide a framework of how all areas look at health equity in their daily work. This effort is expanding by establishing a Health Equity Committee.



- **Different supervisor/manager meetings:** ISDH has re-examined how it uses the time that supervisors/managers spend at their monthly meetings. Attendance has increased as meetings become more engaging and meaningful. An example of the change is allowing town-hall sessions with E-Staff for supervisors and managers to ask questions and get agency updates.
- **The establishment of a formal agency-wide metric monitoring platform:** This system allows the agency to track ongoing priorities, agency objectives and program-specific metrics. This is important as it provides a more transparent way of communicating how the agency is moving toward its goals.
- **The formation of a formal agency-wide document management system:** ISDH is working on implementing an agency-wide system to assist in tracking agency and program policies. This system is already being utilized in the ISDH Laboratory and will assist in ensuring these important documents are reviewed on a regular basis as well as providing a centralized storage area.

I want to thank you for all of your hard work and congratulate you on your accomplishments. Hearing about the need to change and adapting is not easy, but I am proud to highlight this work. Please [email me](#) if you have any accreditation questions.

IN THE SPIRIT

TOP RIGHT: The staff of the first floor administration area of the lab dressed as characters from Alice in Wonderland for its Halloween pitch-in. The cast included Alisha Aschenbrenner as Alice, Victoria Konstantinidis as the Cheshire Cat, Chris Grimes as White Rabbit, Jyl Madlem as Tweedledee, Shelley Mathe-son as Tweedledum, Engra Castiglione as The Mad Hatter, Pamela Conway as The Queen of Hearts and Dr. Lixia Liu as a Card Soldier.

BELOW RIGHT: Members of the Division of Trauma and Injury staff show off their Halloween style. Pictured are Patricia Dotson, Cassidy Johnson, Morgan Sprecher and Meghan Davis.

BELOW: Maternal and Child Health Director Eden Bezy got into the spirit by tweeting a boomerang video of her wearing a skeleton costume.

