

NOVEMBER 2017

PULSE

A look at what keeps ISDH ticking

INSIDE THIS ISSUE:

◆ Get to know Weights and Measures	2
◆ Stover's heart for HIV	3
◆ Accreditation and you	4
◆ HR update	5
◆ Cut calories, not taste	6
◆ QI and new trauma grant	7
◆ Safety and tech	8
◆ International flair	9
◆ New flu initiatives	10



FUN FACT

When exposed to the same freezing temperature, the blood vessels in women's fingers constrict more than men's do, which is why they get colder more quickly.



Indiana State Department of Health

Mission:

To promote and provide essential public health services

ONE MONTH IN, PRIORITIES ARE TAKING SHAPE WITH YOUR HELP

As I complete my first month as your state health commissioner, I want to start by thanking everyone who has made this transition so smooth. I have learned so much about our agency and priorities already, and while I know there is much more still to absorb, I am honored to be surrounded by such a self-motivated team that does an amazing job representing ISDH.



Kris Box, MD, FACOG

Meeting with staff and external partners has helped me better understand our challenges and the programs that are unfolding. It's exciting to see the work that IPQIC is doing on neonatal abstinence syndrome to help us better understand the burden that substance use disorder is

placing on pregnant women and their babies. I'm also pleased that we are partnering with Volunteers of America to help pregnant women and those with newborns get on a path to recovery through the Fresh Start program. By helping these women improve their health and their educational status, we truly have an opportunity to change the trajectory of their lives.

My initial meetings also have allowed me to identify some priorities for the agency. Our new birth and death registry is one of those, and I will be meeting with the Office of Management and Budget in the coming days to discuss ways to move that project forward. I also want to help our immunizations division find ways to develop consistent protocols for pharmacists to administer immunizations and develop a strategy to increase our immunization rates

for the human papilloma virus (HPV). By making immunizations more accessible and promoting a proven cancer-prevention tool, we have an opportunity to reduce the incidence of many preventable illnesses.

I know we will identify additional priorities moving forward, and I look forward to collaborating with you in the coming weeks and months. I will be making the rounds of the divisions at 2 North to get a better sense of what you're doing and where we need to go, and I also hope to meet with every local health department. I know of no better way to gauge not only the challenges, but also the successes, that we encounter as we work to make Indiana a healthier state.

Thank you again for your support this first month. I am honored to be your health commissioner.

IT IMPROVES COMMUNICATION

The Office of Technology and Compliance is excited to announce technology improvements at 16th Street and Shadeland Avenue ISDH offices.

After a year of transitioning to the Voice over IP (VoIP) system, the system has been expanded to the state laboratories, and the transition is expected to be complete by spring 2018 at Shadeland Avenue.

This will allow ISDH staff to communicate with local partners via this new communication



technology.

Communication devices are now available for workforce members who are hearing-impaired.

For the first time in 20

years, our staff will use Sorenson devices to communicate with others who are hearing impaired and/or interpreters who are needed to assist during everyday communication.

This technology extends beyond work. Employees also are offered an application that can be installed on their mobile devices to allow them to communicate with emergency personnel away from work using the video conferencing software.

COMPRESSED NATURAL GAS TESTING

By Burton Garten & Terry Whitson

In July, the testing of compressed natural gas (CNG) dispensers became the newest testing responsibility of the ISDH Division of Weights, Measures and Metrology as the program continues to adapt to the growing needs of Indiana's economy.

In 2013, high gasoline prices resulted in increased transportation costs for the trucking industry. At the time, the price of CNG was less than half the cost of diesel fuel. Besides the cost factor, CNG burns cleaner and has lower emissions than gasoline and diesel fuel. The result is a reduction of pollutants and carbon dioxide.

The use of CNG as a fuel source for vehicles is not new. CNG powers more than 100,000 vehicles in the United States and roughly 11.2 million vehicles worldwide. It has an octane rating range of 120 to 130, compared to the gasoline octane rating range of 85 to 98. With gasoline costs approaching \$4 per gallon, CNG became an increasingly enticing option. The result was that a number of truck fleets were retrofitted to burn CNG rather than gasoline or diesel. New vehicles were also designed to burn CNG.

In 2013, 13 Indiana stations sold CNG. That number has doubled to 26 and is anticipated to continue to increase in coming years.

The expansion of CNG created a need for a testing program to monitor correct dispensing. In 2013, the Division of Weights, Measures and Metrology was contacted by agencies and companies to develop such a program. While the division tests gasoline fuel pumps, CNG testing is much more complicated and requires specialized equipment and training.

To address the need, the division spent about \$70,000 on necessary testing equipment, including:

- **Test cylinder** – The container that receives the test drafts of CNG dispensed. This container must be capable of withstanding the extreme pressures of the CNG dispensed into it.



Inspectors with the Division of Weights, Measures and Metrology check a compressed natural gas dispenser.

- **Reference scale** – The scale used to determine the actual weight of the CNG delivered into the test cylinder for each test draft.
- **Test weights** – Physical standards that meet specifications and tolerances according to the National Institute of Standards and Technology (NIST) used to test and determine the adequacy of the reference scale prior to it being used in the testing of a CNG dispenser.
- **Truck** – A vehicle with the capacity to house and transport the testing equipment.

The final step was to train inspectors. In June, the division hosted a training by NIST on testing CNG dispensers. Five state inspectors completed the training and began testing CNG dispensers in July.

About the Testing

CNG is made by compressing natural gas to less than 1 percent of the volume it occupies at standard atmospheric pressure. It is stored and distributed in hard containers at a pressure of 2,900 to 3,600 pounds per square inch (psi), usually in cylindrical or spherical shapes. Because of the pressure CNG is under, is extremely cold and will instantly freeze an object with which it comes into contact.

CNG has a narrow flammability range and is lighter than air, so it dissipates quickly when released. Testing is generally done in teams of two and must be done at a safe distance from anything that could cause a spark. At the end of the test, the CNG is vented into the air from the test cylinder. This venting is done in a location away from any sources of danger to the venting gas or because of the venting gas. Inspectors must wear protective clothing when releasing the CNG from the cylinder.

When the testing is completed, any non-compliance with NIST standards is noted and the owners informed. Dispensers found out of compliance must not be used until they are repaired. Inspectors return to verify that repairs have been completed.

About the Division

The Division of Weights, Measures and Metrology has been a part of ISDH since 1911. The program, one of the least-known programs of ISDH, is part of the Health Care Quality and Regulatory Commission and is located at 2525 N. Shadeland Ave. in Indianapolis. The state program has seven inspectors who cover 37 counties. Counties with a population greater than 30,000 have their own inspectors.

Weights and Measures inspectors, at both the state and county levels, have protected both buyers and sellers by ensuring equity in the marketplace. Inspectors examine and test, with state-certified standards, every weighing and measuring device used commercially in Indiana.

Weighing devices include scales used in grocery stores, pharmacies, manufacturing plants, grain mills and any establishment where items are sold by weight. Measuring devices include dispensers of fuel such as gasoline pumps and natural gas meters. Gasoline pumps at more than 3,000 Indiana gasoline stations are tested by the state program to ensure that they are delivering fuel with the same octane and in the same amount shown on the pump.

‘VISIONARY’ STOVER’S HEART FOR HIV BEGAN WITH BROTHER’S JOURNEY

Dennis Stover, director of the ISDH Division of HIV/STD/Viral Hepatitis, is a charismatic guy. And he has used that ability to persuade others to share his vision for tackling AIDS and HIV for nearly three decades.

“The AIDS community has been my family my whole adult life,” Stover said.

Stover’s brother, Bill, was infected in the 1990s, early on in the epidemic.

“He got me in,” Stover said, explaining that he was his brother’s advocate.

That’s how Stover realized he could help caregivers get the tools they needed.

Stover was the first to focus on AIDS statewide when he became executive director of the Indiana Community AIDS Action Network (ICAAAN) in 1990. Under his direction, ICAAN expanded to nine employees with a \$1.2 million budget. He also created the first AIDS walk in Indiana and helped train 32 community-based organizations.

“Early on I became interested in the structures they need in place,” he said, describing his role as seeing where treatment needed to go, even though there was no road map to show how to get there.

The HIV/AIDS epidemic was new, and healthcare providers were scrambling to figure out what to do.

Then as director of acquired diseases for ISDH from 1992 to 1994, he doubled the department’s budget by obtaining grants, managing a database of Indiana’s AIDS and HIV cases and serving on the Indiana Department of Education’s AIDS Advisory Committee.

He then became the ISDH assistant



Dennis Stover

commissioner, Office of Administrative Services, for a year, establishing relationships with local health departments and community organizations, along with strategic planning.

He spent a year as the vice president of National Programs and Community Partnerships for the National AIDS Fund in Washington, D.C., where he continued to build partnerships and raise money.

By 1996, he was in Michigan as executive director of the Michigan AIDS fund, which gave more than \$1.2 million a year to AIDS-related programs.

Then he moved to Florida, working as a consultant and finally as the regional vice president for advancement at the University of South Florida in Sarasota.

Then he retired – or so he thought.

A year ago, opportunity came knocking, and he returned to ISDH.

“I’m glad I’m back to help with our next generation of delivery,” Stover said, explaining that medical advances have made HIV a chronic, treatable disease. The right care can lower the amount of the virus in the bloodstream so the patient is healthier and less likely to transmit HIV, and treating those at high risk can keep them from picking up the virus at all.

“In the late ’80s and early ’90s, we were more of a death and dying service. There weren’t a lot of options then,” Stover said. “Now we’re at the point with some of the new treatments that we expect our rates to continue to decline.”

One of those next-generation con-

cepts is case management – the idea of treating the whole patient and the related social issues and needs, not just a person’s medical condition. It’s a strategy Stover helped pioneer.

“Care coordination started in HIV, and it’s in every disease now, and Indiana was at the forefront of setting that,” he said. “It’s just a matter of linking these people to care.”

Damien Center Executive Director Tom Bartenbach praised Stover for his role in establishing care coordination.

“He was visionary,” especially during a time when a funeral a week due to AIDS wasn’t unusual, said Bartenbach, who met Stover during a 1993 march in Washington, D.C.

“Dennis is a firm believer that the work needs to be done at the grassroots level,” he said.

Betty Wilson, who first met Stover in 1990 when she was working for the Health Foundation of Greater Indianapolis, said it was his sincerity and commitment that impressed her.

“Dennis Stover moved the issues of HIV from being discriminated and stereotyped to being mainstreamed,” Wilson said.

Wilson recalled an occasion when she and Stover had seen the same national news story about an HIV camp for kids. That was all it took for Stover to establish a two-week camp for youth affected by HIV at Jameson Camp. The camp is still offered each summer.

Stover’s commitment to improving the lives of people with HIV and AIDS hasn’t wavered in 30 years.

“It’s been a delightful part of my journey in life,” he said.

KUDOS FOR HURRICANE RELIEF EFFORTS

ISDH raised \$1,070 in September for Hurricane Harvey relief, shared between Americares and the Southeast Texas Foodbank. According to the foodbank, our \$535 donation will provide 2,140 meals to those in need.

Last month, \$600 was raised for hurricanes Maria and Irma relief through www.directrelief.org. Staff paid \$5 each Wednesday in September and October to wear blue jeans to support hurricane relief.

Thanks to everyone who participated.

HERE'S WHAT YOU CAN DO FOR ACCREDITATION

By Patricia Truelove

This month, the accreditation team would like to provide a brief overview of Domain 5 and Domain 6. Domain 5 discusses policies and how ISDH is assisting in the development and execution of policies and plans. Domain 6 then expands into the maintenance and enforcement of public health laws.

Domain 5

This domain demonstrates ISDH's role in the development of policies and plans. Some policies may not be specifically related to public health issues but will affect the health of Hoosiers (eg. zoning, transportation and education). Domain 5 highlights four standards that address how the agency serves as a resource for establishing and maintaining public health policies, practices and capacity; conducts a State Health Improvement Plan; develops and executes an organizational strategic plan; and maintains an All Hazard Emergency Operations Plan.

What you can provide:

- Do you monitor policies discussed by legislation or city officials? If so, how do you track those policies?
- Have you spoken with individuals who assist in regulating those policies? The A-Team is looking for examples where ISDH has engaged with those who set these policies. Examples can be issue briefs, media statements, fact sheets, papers, etc.

Continue participating in surveys.

Those who gave feedback on the agency's mission, vision and values earlier this year have assisted in the development of our strategic plan. You can continue to help by



completing the PHWINS survey that will assist in the development of our Workforce Development Plan (Domain 9).

Domain 6

This domain highlights the roles of ISDH in enforcing public health-related regulations, executive orders, statutes and other laws. It also demonstrates how ISDH educates individuals and organizations on changes or new laws.

What you can provide:

- Do you provide training on laws?
- Have you had to provide training on new laws or change in the current law? The A-Team is looking for examples of training staff has received on new and current laws. These can be training agendas, minutes or screenshots of links for online trainings.
- How do you make information concerning public health-related laws and permits/license applications available to the public?

- Do you have the authority to conduct enforcement activities or work with someone who does? If yes, share your:
 - Procedures, protocols or processes for the activities
 - Letter of agreement, contract or other proof of authority to conduct enforcement (or where authority is with another entity)
 - List of inspection schedules
 - Reports from inspections
- Do you receive complaints regarding how others are not abiding by the law? ISDH will need to document:
 - Actions taken or follow-up as a result of complaints with analysis of the situation
 - Hearings, meetings or other official communications with regulated entities regarding complaints
 - Debriefings or evaluations of what worked, problems that surfaced and other issues with recommendations to update investigation/response procedures

Any documentation that contains confidential information, such as names and contact information, can be submitted if the restricted information is redacted. (Assistance can be provided, and names associated with ISDH or related staff do not need to be restricted.) It is important to remember that our examples do not have to be "wins" to show how we have learned from past opportunities.

If you have questions or examples of documentations please email Patricia Truelove, accreditation coordinator, at PTruelove1@isdh.IN.gov.

If you have questions or examples of documentations please email Patricia Truelove, accreditation coordinator, at PTruelove1@isdh.IN.gov.

Go365: POINTS VS. BUCKS

Did you know you can redeem your Go365 Bucks at the Go365 Mall, and this won't affect your overall status? Members earn Go365 Points by reaching goals and completing various activities.

Each Go365 Point earns you one Go365 Buck. You accumulate Go365 Bucks to spend in the Go365 Mall to reward yourself for your healthy decisions.

Once you spend Go365 Bucks, your total bucks change, but your point

total and overall status do not. You can redeem your Go365 Bucks through the mall for cool prizes such as e-giftcards, fitness devices and much more. This could be a great way to shop for your gifts this holiday season.

Please note that if you purchase anything from the Go365 Mall, it will be taxed. In accordance with IRS Publication 15-B, Go365 Bucks purchases in the Go365 Mall are considered taxable



fringe benefits that are included on the employee's W-2 and subject to federal tax withholdings, as well as Social Security and Medicare taxes.

After you redeem your reward from the Go365 Mall, the retail/taxable value of that reward is added to a subsequent paycheck as additional gross income. Payroll will withhold the appropriate amount of tax for that reward corresponding with your personal tax elections, which will result in a net reduction in your pay.

DEADLINE NEARS TO SIGN UP FOR 2018 BENEFITS

The time is now to sign up for your 2018 healthcare coverage. During the open enrollment period, you can choose to make additions or changes to your benefit selections. All open enrollment communications, including carrier information, rates and plan summaries, are posted on the OE 2018 website: www.in.gov/spd/openenrollment.

If you need help, download the Open Enrollment Guide. More detailed information is available on the [2018 Open Enrollment website](#).

Log in to PeopleSoft to complete your enrollment.

Other resources:

[\[Download the Open Enrollment 2018 Benefits Booklet\]](#)

[\[Review Open Enrollment 2018 Torch newsletter\]](#)

It's important to remember the non-tobacco use agreement does not roll over; you must go online and complete the agreement to receive the incentive.

And your elections for the 2017 plan year for Flexible Spending

ATTENTION STATE OF INDIANA EMPLOYEES

The graphic features a dark blue background with the letters 'OE' in large white font, followed by '2018' in a smaller white font. Below this, a white box contains the text 'Benefits Open Enrollment'. To the right, a yellow box with black text reads 'DEADLINE IS WEDNESDAY, NOV. 15'. Below the yellow box, the text 'by noon EST' is visible. At the bottom, a light blue box contains the text 'LEARN MORE VISIT THE OPEN ENROLLMENT WEBSITE: www.IN.gov/spd/openenrollment'.

Accounts (FSA) and Health Savings Accounts (HSA) also do not automatically continue. You must designate what amount(s) you want deducted from your paycheck for 2018.

Call the INSPD Benefits Hotline at 317-232-1167 or 877-248-0007 with any Open Enrollment questions.

The deadline to sign up is noon Wednesday, Nov. 15.

STAFFING UPDATES

ISDH would like to welcome employees who joined the staff or transferred in October.

They are Sang Thao, epidemiologist in TB Control; Dennine Smith, public health administrator in Maternal and Child Health; Jasmine Black, program director in HIV/STD; Kaneisa Furlow, clerical assistant in Children's Special Health Care; Shanae Monger, public health nurse surveyor in Acute Care; Corie Riskka, public health administrator in Immunizations; Adam Novotney, controller in Finance; Noah Ndhlovu, public health administrator in HIV/STD; and Shere Brooks,

public health administrator in HIV/STD.

Congratulations to Elnora Lacey, who was promoted to clerical assistant in the Long Term Care Complaint section, and Mark Wolfe, who was promoted to program director for Women, Infants and Children.

Congratulations also go to Genevieve Masri, clerical assistant in AC-Clerical Support; Manpreet Kaur, public health administrator in HIV/STD; and April Priest, program director for the Division of Emergency Preparedness, who all moved to permanent employment after working as contractors.

NEW TOBACCO-FREE POLICY

In an effort to reduce the incidence of smoking, vaping and using chewing tobacco products on the Indiana Government Center (IGC) campus, new restrictions are in place designating areas where use of tobacco products and vaping is allowed. Tobacco use is prohibited in all other campus locations.

Please read the [policy and procedures document](#) for more information.

In addition to this policy, ISDH also has its own [Cigarette and Tobacco Use Policy](#). It is the goal of ISDH to maintain a workplace environment that is smoke free and to promote positive health habits. This policy can be found on the ISDH Intranet, as well as the [ISDH Building Rules](#). The ISDH Building Rules also have specific notations for smoking. Failure to comply with this or any state policy could result in disciplinary action.

CUT CALORIES AND FAT, NOT TASTE

By Kelsey Barrick

Everyone enjoys holiday food, and creamy, buttery favorites just have a way of making it onto our holiday menus. But what if there was a way to add healthier options to the table without losing our favorite dishes?

Check out these healthy swaps that will cut calories and unhealthy fats without sacrificing taste:

- **Greek yogurt instead of sour cream**

Any side that requires sour cream — mashed potatoes, casseroles, sauces — can instantly be made healthier and packed with more protein by subbing in an equal amount of plain, nonfat Greek yogurt.

- **Sprouted bread or grain stuffing**

Just because it's stuffing doesn't mean the filler has to contain nutrition-devoid white bread. Using whole-grain loaf when making your stuffing can be easier to digest while adding nutrients such as zinc, calcium and iron. You also could take out the bread entirely and use grains such as quinoa or couscous, which can help cut down on cholesterol, saturated fat and empty carbohydrates.

- **Pesto as a topping**

Topping your serving of turkey and mashed potatoes with gravy certainly adds extra flavor, but at the expense of extra fats, carbohydrates and tons of sodium.

Try pesto sauce for less salt, fewer calories and less fat content than gravy, plus added nutrients such as potassium and calcium.

- **Zucchini noodles, not pasta**

Get those same tomato and garlic flavors by swapping out noodles for spiralized zucchini. Zucchini noodles, or "zoodles," cut out empty carbs while filling your plate with vitamins and fiber.

- **Grilled fruit for dessert**

Substitute one pie on your dessert table for baked, roasted or grilled fruit. This way, your guests will get the fruity sweetness they crave, minus the buttery, carb-heavy, calorie-dense crust. Not wanting to skip the crust? Crumble a combination of almond butter, rolled oats and apple pie spice on top of your fruit before baking!

- **Baked sweet potatoes instead of sweet potato casserole**

Topping your sweet potato casserole with marshmallows or a sugary crumble makes the dish more like a dessert than a side dish.

Try drizzling baked sweet potatoes with a sauce made from extra virgin coconut oil, maple syrup, fresh grated

ginger and pumpkin pie spice. While the syrup adds sugar, it acts as an unrefined form of the sweetener, which contains more natural nutrients than its refined counterpart, like calcium and iron. This recipe's grated ginger adds zest and aids with digestion—something we all could use help with after a big holiday meal.

- **Hummus rather than cream cheese dips**

Serving hummus instead of a cream cheese-based dip not only tastes great, but is also full of protein, fiber and calcium. Adding an array of fresh, colorful veggies to the plate for dipping is a quick and easy substitute for chips or crackers and can add nutrients like vitamin A from carrots, folate and vitamin C from bell peppers and vitamins B and C plus fiber from raw broccoli.



- **Pumpkin pudding in place of pumpkin pie**

Pumpkin pudding is low in calories and gluten-free, so it'll satisfy every member around the table, regardless of dietary restrictions.

If pudding isn't your thing, you can pour the pumpkin filling right into the pie pan and bake until a toothpick comes out clean. This way, you'll eliminate ingredients, including white flour and shortening, which add saturated fat and refined carbohydrates to this holiday dessert standby.

- **Sparkling water instead of cocktail mixers**

Replace a sugary mixer with plain or flavored sparkling water, or add some fresh grated ginger and fresh mint. Mashed fruit makes another great natural sweetener when paired with bubbly water. Use either of these methods and you'll bypass the 30 grams of sugar per serving most mixed drinks contain.

- **Dark hot chocolate rather than eggnog**

This heart-healthy treat is rich in antioxidants. Making the swap will eliminate the heavy cream and whipped eggs that add 150 milligrams of cholesterol, 11 grams of fat and 20 grams carbohydrates to the traditional beverage.

SHARE YOUR HOLIDAY SPIRIT

The ISDH Holiday Crafts, Hobbies, Misc. & Baked Goods Festival returns from 9 a.m. to 2 p.m. Friday, Nov. 17, in Rice Auditorium.

Offerings at the festival include homemade crafts, gently used kids toys and clothes, direct sales items (Pampered Chef, Tupperware, etc.) and more, with 10 percent of the proceeds going to the holiday year-end celebration.

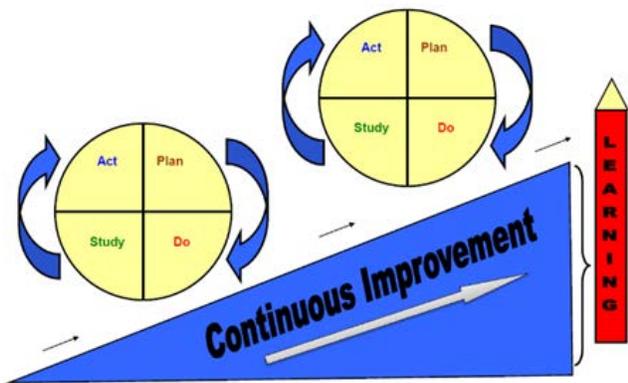
WHAT IS QUALITY IMPROVEMENT?

By Casey Kinderman

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act (PDSA). It refers to a continuous and ongoing effort to achieve measurable results. This could be improvements in efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes that achieve equity and improve health.

The PDSA Model for Improvement made popular by Dr. W. Edwards Deming is also known as Plan-Do-Check-Act (PDCA). This methodology is widely used by quality

Continuous Improvement/Learning



PLAN	Step 1: Get Started Step 2: Assemble the Team Step 3: Examine the Current Approach Step 4: Identify Potential Solutions Step 5: Develop an Improvement Theory
DO	Step 6: Test the Theory for Improvement
STUDY	Step 7: Use Data to Study the Results
ACT	Step 8: Standardize the Improvement or Develop a New Theory Step 9: Establish Future Plans

professionals, process improvement engineers and health care professionals. It is a science-based, data-driven, iterative process improvement methodology that turns ideas into action and connects that action to learning.

The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study) and determining what modifications should be made to the test (Act). This four-phase, nine-step, repeatable process can be used by one person, a team or a division to improve existing processes.

Email Casey Kinderman at ckinderman@isdh.in.gov if your commission or division is looking for additional information on quality improvement or a tool to support problem solving, or has a process that needs improvement or reworking. OPHPM thanks all of ISDH for helping make this successful.

TRAUMA DIVISION RECEIVES NEW OPIOID GRANT

The Division of Trauma and Injury Prevention was awarded a four-year, \$3.2 million grant last month through the First Responder Comprehensive Addiction & Recovery Act.

The Indiana State Department of Health (ISDH) and partners will target rural communities, including 49 counties that represent nearly 1.5 million Indiana residents (22.3% of the total population).

These counties have high rates of non-fatal emergency department visits due to opioid overdose, high average daily morphine milligram equivalents of opioids prescribed per capita, a greater percentage of non-Hispanic white residents and lower reported use of naloxone by first responders.

This program will partner with the Indiana Commission to Combat Drug Abuse.

The grant will:

- Give more naloxone kits to first responders in rural communities.
 - Train first responders on carrying and administering naloxone.
- The Indiana Naloxone Kit Distribution Program for First Responders aims to grant life-saving naloxone in rural areas to first responders. Applicants will be required to report data each quarter through ISDH and Emergency Medical Services (EMS) registry. A postcard survey evaluation in the kits will be given to first responders to improve overdose reversal reporting.
- Overdose Lifeline will train first responder agencies receiving naloxone reversal kits to make sure as many as possible know how to use them. The goal is to increase the appropriate use of naloxone and reduce the stigma of drug addiction.

- Expand the Indiana Recovery and Peer Support Initiative.

The Indiana Recovery and Peer Support Initiative (IRPSI) focuses on referring emergency room patients who are experiencing an opioid overdose to get follow-up treatment and enter recovery programs.

Participants are paired with recovery coaches to complete the four IRPSI steps: screening and assessment; immediate counseling and intervention; referral to treatment; and post-treatment care coordination. Rural hospitals in the program will be asked to establish processes, protocols and mechanisms for referral to appropriate treatment and recovery communities. IRPSI's goal is to increase the number of individuals who receive recovery services in rural areas and decrease repeat non-fatal overdoses.

ISDH PROMOTES ATV SAFETY WITH SAFETY SAM

By Kelly Cunningham

Nearly 1,300 ATV-related injuries have occurred in Indiana in the last five years. And according to the Indiana Department of Natural Resources (DNR), there were 21 ATV-related deaths in 2016.

Ashlee Bruggenschmidt, director of the Play for Kate Foundation, knows firsthand the tragedy of losing a child in an ATV accident. Her daughter, Kate, was only 11 years old when she died while riding an ATV in southern Indiana. Thanks to Play for Kate and the collaborative efforts of the ISDH Child Fatality Review (CFR) Division and other injury prevention advocates, there have been big changes to ATV safety efforts in Indiana.

House Enrolled Act (HEA) 1200 took effect July 1 and requires all children younger than age 18 to wear a state-approved helmet when riding ATVs on public or private property in Indiana.

So how do we get the word out about the need for helmets? Education! The CFR Division assisted communities by funding an ATV safety training course in 2017.

And Indiana has been introduced to Safety Sam, the first-ever ATV safety robot. Safety Sam is the size of a 9-year-old child. Dressed in full ATV safety gear – including helmet, goggles, elbow guards, chest protector, knee/shin guards, boots and gloves – Sam operates an animated ATV. With the help of his partners at the DNR, the robot teaches audiences the importance of ATV safety, including proper gear and operating an ATV that fits the rider's size.

Since his unveiling in March 2017, Sam has been seen at many community events and has reached more than 10,000 children. He was even spotted at national injury prevention summer conferences. The CFR Division recognized the popularity of Sam and provided a grant to create a second robot. We look forward to partnering with Play for Kate and



Safety Sam and his conservation officer partner showing elementary children proper safety gear for riding ATVs.

DNR on this project.

Our goal in Indiana is zero preventable injuries. With legislation such as HEA 1200 and the work of Safety Sam, Hoosier kids can learn to have fun safely on ATVs.

Email wbrowne@dnr.in.gov at the DNR if you know of an event where Safety Sam could share his message.



2018 Indiana Traumatic Spinal Cord and Brain Injury Research Conference

A program making an impact

Save the Date

Wednesday, April 18, 2018

IU Health Neuroscience Center
355 W. 16th Street
Conference Center Auditorium, Floor 1
Indianapolis, IN 46202
8 a.m. - 1:30 p.m.

Get notified when registration opens! Send your contact information to indianatrauma@isdh.in.gov.



RWANDAN DELEGATION VISITS ISDH



Rwandan Ambassador Mathilde Mukantabana and ISDH Deputy Commissioner Pam Pontones exchange gifts. Pam presented a gift bag with distinctly Hoosier items, and the ambassador shared traditional peace baskets hand-woven by Rwandan women. The baskets are a symbol of unity and hope.

Rwanda's ambassador to the United States, Mathilde Mukantabana, center, and her delegation, with Indianapolis Global Chamber Executive Director Weilin Long (third from left) and Indianapolis Chamber Director for International Programs Jennifer Pearl (fourth from left), met with ISDH leadership Oct. 27 to share best practices.

LAB PARTICIPATES IN INTERNATIONAL COLLABORATION

ISDH Laboratories recently hosted a contingent of foreign dignitaries as part of an ongoing collaboration with the American Society for Microbiologists (ASM)/CDC Global Laboratory Capacity Fellowship Program.

During the week of Sept. 18, the Labs hosted seven public health laboratory quality assurance (QA) officers and directors from three countries who have been the focus of this collaboration: Armenia, Kazakhstan and Georgia. These countries were selected to support the efforts of the U.S. Defense Threat Reduction Agency in that region.

To improve public health infrastructure, fellowships were offered to pivotal individuals so they could travel to the ISDH Labs to learn how to better implement lab QA policies and procedures, improve safety and achieve accreditation for their public health labs.

The ISDH Labs welcomed the ASM/CDC Global fellows and their CDC escorts with open arms. They were provided with in-depth demonstrations of ISDH internal audit processes,



Jyl Madlem, right, ISDH lab program advisor, explains how the ISDH Lab Outreach Team trains laboratorians from around Indiana how to identify select agents in their Biothreats 101 course.

document control, nonconforming event reporting and overall QA/safety policies, as well as a visit to the City Market and Farmers' Market. Previously, whenever ASM/CDC Global fel-

lows returned home from their sessions at the ISDH Labs, they have made significant improvements to their national laboratory networks and public health laboratory quality systems.

ISDH INTRODUCES NEW FLU INITIATIVES

Indiana has joined 10 other states in this year's College & University Flu Vaccination Challenge. The challenge was first created as a partnership of Alana's Foundation and the Michigan Department of Health and Human Services, started in 2014. The program's goal that first year was to increase influenza vaccination rates among college-aged young adults in Michigan, but it has expanded to include 31 schools across 11 states.

Alana's Foundation works to educate the public about the importance of yearly influenza vaccinations, and to support families who have lost a child. It is named for 5-year-old Alana Yaksich, who died from the flu in 2003. She had not been vaccinated.

The challenge is a friendly competition where students are asked to self-report their vaccination status online. School faculty, staff, alumni and fans can also help their school win. The institutions with the most surveys completed will win the traveling trophy from Alana's Foundation. Participating schools are also eligible to submit grant requests to the foundation to receive funds for flu vaccines.

ISDH recruited Butler University; Valparaiso University; Indiana University, South Bend; and Indiana Wesleyan University into the challenge.

"We wanted to be involved because an annual flu vaccine is the best way to prevent influenza infection, and college students fall within the age group of those that have the lowest rates of influenza vaccination coverage," ISDH Respiratory Epidemiologist Sara Hallyburton said.

Survey results will help ISDH identify barriers that keep young adults from getting a flu shot.

Butler University is the top Indiana school so far, in fourth place out of the 17 participants in the small schools category. More than 1,500 Butler students, faculty, staff and alumni have received a free flu shot. Click [here](#) for the most current results.

Visit <http://www.alanasfoundation.org/national-challenge> to learn more.

Email Hallyburton at shallyburton@isdh.in.gov or call 317-234-2809 for information on the state's participation in the program.

Be sure to practice the three C's this flu season:

Clean – wash your hands regularly

Cover – cover your coughs and sneezes

Contain – stay home when you are sick

Check out the ISDH Weekly Flu Reports page at <https://www.in.gov/isdh/22104.htm> or national flu activity with CDC's FluView at <https://www.cdc.gov/flu/weekly/index.htm> for updates on this year's flu season.

“... an annual flu vaccine is the best way to prevent influenza infection.”

Respiratory Epidemiologist
Sara Hallyburton



The ISDH has added a contest to its partnership with the Indianapolis Colts this season.

As part of the Join Blue Prevent the Flu campaign, ISDH is giving away a football autographed by Andrew Luck and two tickets to see the Colts on Dec. 31, when they take on the Houston Texans. To enter, visit www.colts.com/isdh and fill out a brief survey about flu shots.

"We have 1,500 responses so far, way beyond what we expected," said Sonia Berdahl, the Epidemiology Resource Center public health associate who organized the contest. She said promoting the survey to Colts fans was good because they match the age group that typically has a low flu vaccination rate.

The survey is designed to help identify what keeps people from getting vaccinated. Based on the results, Berdahl will look for ways to adjust flu shot promotion and awareness efforts. For example, if there are specific reasons some young adults don't get flu shots, messages can be targeted to that specific age group.

The entry deadline is Dec. 17. ISDH employees may complete a survey, omitting the personal information because staff is ineligible to win, as Berdahl would also like to collect information from health professionals.

This is the fourth year of the ISDH partnership with the Colts. The partnership also has been used to promote food safety, the proper use of antibiotics, information on prescription misuse and preparedness, which was also new this year.

INFECTIOUS DISEASE SUMMIT

Preparing for a major disease outbreak will be one of the topics of the ISDH's "Emerging Infectious Disease at Your Doorstep" summit in Indianapolis Nov. 29-30.

Shawn Richards, outbreak supervisor for ISDH and coordinator of the event, said the summit is open to Indiana public health officials, healthcare providers, animal health and other preparedness agencies to learn about how to handle the public health threat of an infectious disease.

The meeting will feature several presenters and opportunities for participants to share experiences and ask questions. Visit www.ininfectiousdisease.org for more information.