

JULY 2017

# PULSE

A look at what keeps ISDH ticking

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### FUN FACT

How fast can you hop?  
 The record for the fastest one-mile sack race is 6 minutes, 41 seconds and was set by Ashrita Furman of the U.S. on May 19, 2007.  
 Source: Guinness Book of World Records



Indiana State Department of Health

**Mission:**  
*To promote and provide essential public health services*

## OPIOID EPIDEMIC IS ISDH'S #1 PRIORITY

### News headlines illustrate issue's importance

Everywhere you look these days, opioids are in the news. You may have read in the news about the Ohio sheriff who has decided to no longer administer naloxone to people who've overdosed, or about how the Monroe County Sheriff said he was reserving his naloxone supply for his officers and would not give it to the public (thankfully, that policy was reversed when the supply was restocked). Or you may have read about the new Opioid Treatment Programs opening in Indiana. It's clear that this issue is one we'll be wrestling with for some time.

The focus of this epidemic is increasingly turning to women and children. I traveled to Washington, D.C., earlier this week to talk about how opioids are affecting women. The key takeaway was that the opioid epidemic affects women differently than men. Women experience more chronic pain and are more likely to be prescribed opioids. The percentage of women experiencing opioid overdoses is increasing faster than that of men. The numbers of adult men who overdose in Indiana decrease with age, whereas overdoses in Hoosier women increase as they age.

We also are seeing a significant increase in children needing DCS services and/or



Dr. Adams

being removed from homes due to the opioid epidemic. Indiana has experienced an 84 percent increase in CHINS cases over the last five years, and more than 52 percent of children who are removed from homes are being removed due to documented substance use.

Here at ISDH, we are investing a lot of our energy in attacking this epidemic. Here are just a few examples:

The Neonatal Abstinence Syndrome pilot program out of Maternal & Child Health has expanded to now include 27 of the 89 birthing facilities in Indiana, giving us the opportunity to see how this epidemic is affecting our youngest residents. As of April 2017, of 5400 cords tested, opiates were the second-highest substance detected, at a rate of 15.56 percent compared with the national sample rate of 8.5 percent. Because we are not conducting universal screening, we believe this is an underrepresentation of the true burden that this opioid epidemic is placing on our most vulnerable residents.

We're also working on a conference for Sept. 27 that will focus on the intersection of public health and public safety as it pertains to this epidemic. We've heard from law enforcement that they want to be able to do more when they encounter someone battling substance use disorder, so I hope this conference will spark good conversations about how we can work together toward a common goal.

If you haven't checked out the new look of Trauma & Injury Prevention's Drug Overdose Prevention [site](#), please do. It's a much easier way to quickly access information about treatment, syringe exchange programs, prescribing guidelines and other tools to fight this epidemic.

Our Office of Public Affairs is collaborating with FSSA on a media campaign to humanize addiction so that we can help educate people that it is a disease, not a moral failure.

I'm proud of all these efforts and encourage you all to think of how you can help us win this fight. Is there a role your division can play? A grant to apply for? Let's get creative and see how we can help turn the tide.

## LAAL ADVANCED COURSE GRADUATES 24

The advanced Leadership at All Levels (LAAL) course wrapped up with graduation on July 6 with 24 people from ISDH and other agencies completing the program.

Outgoing Chief of Staff Eric Miller congratulated the graduates and encouraged them to look for solutions instead of problems and to “feed the positive dog” that lives inside all of us. He also shared some of his favorite leadership quotes, including one from legendary basketball coach John Wooden: “It’s amazing to see what you can get done when you don’t care who gets the credit.”

Participants in the advanced LAAL course identified leadership challenge projects to pursue. They included establishing a southeast regional center for the Center for Deaf and Hard of Hearing Education; streamlining invoice processing; implementing employee orientation and morale/recognition programs; refreshing the review schedule for MOUs among local WIC agencies and developing competency and training needs assessments.

Deputy State Health Commissioner and State Epidemiologist Pam Pontones, who led the course, said the Leadership at All Levels Program is important because it focuses on our most important asset: people.

“People matter. Without the right



people doing the right things at the right time, there are no results. With the right people doing the right things at the right time, an organization can soar,” Pam said.

“Everyone has influence and has the capability to lead from where they are. LAAL gives people the tools and concepts to grow their leadership skills and confidence to face challenges and opportunities to strengthen their teams and their organizations, wherever they are,” she added.

Graduates of the advanced course are: Meganne Bunce; Charlie Clark;

Bethany Colson; Verna Crenshaw; Diana Feliciano; Mugdha Golwalkar; Tess Gorden; Lisa Harrison; Cynthia Hiron; Marie Hitze; Cassondra Kinderman; Janelyn Kulik; Geena Lawrence; Christine Moody; Jeni O’Malley; Melba Oxley; Amara Ross; Emily Sickbert; Shannon Stafford; Taryn Stevens; Amy Winchester; Keylee Wright; Jamie Yeadon-Fagbohun; and Kimberly Zirkle.

The LAAL program consists of core, intermediate and advanced courses. Enrollment is open for the next intermediate course, which begins July 26. Email [laal@isdh.in.gov](mailto:laal@isdh.in.gov) to register.

## ISDH STRATEGIC PLANNING PROCESS BEGINS

The ISDH is embarking on authoring its new strategic plan, and we need your help!

A team of volunteers from around the agency has formed the committee responsible for facilitating this process. The committee is interested in hearing your ideas for the **mission, vision, values and guiding principles** of ISDH.

A **mission statement** states the reason we exist, why we are here and what we do. The **vision statement** is what we want to achieve and how we see our future. **Values** are

lasting beliefs or ideals that influence how we do business, and **guiding principles** are precepts that will lead us regardless of changes in strategies, goals or leadership. Not just words on a paper, these statements and ideals are critical in shaping how we operate as an agency.

In the coming weeks, an online survey will be released to the entire ISDH workforce that will ask your thoughts and opinions on themes, ideals, directions and public health practice. Your responses will

be collected using Survey Monkey, and you will not be identified. The responses will directly influence the authorship of the agency’s mission, vision, values and guiding principles. Let your voice be heard!

We sincerely hope you will take part in this opportunity to engage in the strategic planning process. Your input will have a direct impact on the direction of the agency. If you have questions about this process, reach out to Eden Bezy at [ebezy@isdh.in.gov](mailto:ebezy@isdh.in.gov).

**DEADLINE NEARS FOR GO365**



Time is running out to earn Silver Status! Visit [www.Go365.com](http://www.Go365.com) to find out how to qualify for the state’s 2018 Wellness CDHP.

# REGIONAL COLLABORATIVE A NATIONAL MODEL

By Terry Whitson

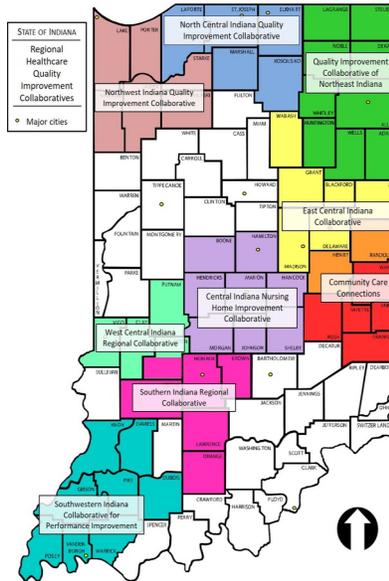
In theory, a nursing home regularly conducts assessments to evaluate the quality of care provided for residents, as well as the quality of life of its residents. The facility then develops quality improvement projects to address weaknesses identified through the assessments.

In reality, a facility probably does not have all of the process improvement and subject matter expertise needed to assess, develop, and implement program improvements. For instance, previous projects found that fewer than 40 percent of nursing homes had a certified wound care specialist and less than 5 percent had a certified infection prevention specialist. A common theme in quality improvement has therefore been a collaboration on quality to connect facilities with subject matter expertise.

In 2013, the Centers for Medicare and Medicaid Services (CMS) announced plans to implement Quality Assurance and Performance Improvement (QAPI) requirements at nursing homes. Those requirements have been adopted and must be implemented by November 2017. Under QAPI requirements, a facility must show that it has a QAPI process in place that demonstrates quality validation, care coordination, and implementation of evidence-based practices. An implementation challenge is that few nursing homes have staff that are trained in quality improvement methodologies.

The ISDH Health Care Quality and Regulatory Commission has been a leader in collaborating with academic partners to develop health care quality improvement projects. In this case, the ISDH partnered with the University of Indianapolis Center for Aging and Community to develop a project assisting nursing homes in implementing quality improvement projects. In September 2014, the ISDH and University of Indianapolis launched a project to create seven regional nursing home collaborative projects across the state.

As project coordinator, the Universi-



ty of Indianapolis provided extensive technical assistance for the collaborative lead organization and collaborative groups. The university was instrumental in teaching QAPI methods to facilities and providing support for the development and implementation of projects. The university assisted facilities in creating QAPI plans, gathering data, and evaluating outcomes.

The idea of a regional collaborative is relatively simple. Each collaborative group is intended to be a local base for quality improvement efforts. It is intended to promote participation in quality improvement activities by being easily accessible and solving logistical and organizational challenges. Each group consists of around 25 nursing homes and includes a range of partners to include health care facilities, provider associations, quality improvement organizations, consumer organizations, civic organizations, academic institutions, and state agencies.

Over an 18-month period, each collaborative group assessed quality needs and implemented two QAPI projects. One project for each group was an infection prevention project that they developed along with learning QAPI methodologies. Each QAPI project in-

cludes an assessment of available data to identify areas for improvement, asset mapping to determine ability to address identified issues, development of the QAPI project timeline, implementation of the project, and evaluation of the process and outcomes.

The outcomes were remarkable. For the first seven collaborative groups, 186 facilities participated in at least one collaborative activity. For facilities participating in a project, outcomes included:

- ◆ Two groups implemented a project on safely reducing unnecessary antipsychotic medication use. The outcome for participating facilities was a 42 percent reduction.
- ◆ Four groups implemented a project to improve CNA staffing. Two of the groups reduced turnover rates by 16 percent, and one group increased its recruitment of CNAs by 16 percent.
- ◆ One group implemented a project to reduce falls. The outcome for three participating facilities was a 29 percent reduction in the number of falls at three facilities.
- ◆ One group implemented a project to reduce healthcare-associated infection (HAI) related hospitalizations. The outcome was a reduction of HAI hospitalizations by 38 percent.
- ◆ One group reduced pneumonia cases by 16 percent.
- ◆ Four groups focused on urinary tract infections. Outcomes were reductions ranging from 24 percent to 56 percent.

A QAPI Project Plan was created for each project. Those plans were assembled into a toolkit to serve as a template for use by other facilities in the future.

The Regional Collaborative Project has been extended through the end of 2018 with two additional collaborative groups. The Regional Collaborative Project is becoming a model for other states.

## ISDH WEBSITE TO GET NEW LOOK THIS MONTH

A new look and feel are coming to the ISDH website!

IOT and Indiana Interactive will be migrating our website to a new format on July 27. This is not a complete redesign, but rather a “reskinning” to freshen our look.

Instead of the rolling banners that now appear on the homepage, we will have four images that will link to key programs or divisions. While these images will be static, we do have the opportunity to update them as emerging issues arise or priorities shift.

To get us started, the website will feature Drug Overdose Prevention, Infant Mortality, Tobacco Cessation and Vital Records. The first three tie in with the stated priorities of Governor Holcomb and ISDH, while Vital Records is a primary reason that people visit our site.

Some of the other changes you’ll notice include a streamlined left navigation bar and new locations for the Online Services link. We are also building out a “fly-out” menu from the “Contact Us” section of the left navigation bar to highlight the Office of Public Affairs, ISDH Laboratories and other program areas currently listed



on a single page.

We also will be updating the color scheme for the website. OPA has reviewed colors being used by other agencies that have migrated to the new format and is working with IOT and Indiana Interactive to ensure that the new color scheme has a professional feel that works well with our gold seal.

IOT has stressed that no content will be lost. However, some of it may

wind up in new locations. For example, instead of the three “buckets” that currently exist, we will have four, with the fourth being the information found in the Online Services section. If you find information is missing once the migration is complete, please contact [Kelly Scott](#) in OPA.

As part of the migration, no updates are to be made to any ISDH pages on July 27. If you have concerns, let us know!

## NEW MEDIA RELATIONS COORDINATOR AMONG JUNE HIRES

Megan Wade-Taxter has joined ISDH as the media relations coordinator in the Office of Public Affairs, replacing Ken Severson, who moved to FSSA.

Megan is a veteran of state government, having worked as an information specialist at the Indiana Department of Revenue, writing and editing the agency’s internal and external communications and managing the annual revisions of corporate tax forms. Most recently, she served as the public relations manager of the Indiana Utility Regulatory Commission.

Previously, Megan worked as project manager and editor at an environmental services firm and spent a decade editing technology



**Megan Wade-Taxter**

books at Pearson Education.

Megan is a Ball State graduate and lives in Noblesville with her husband, two stepdaughters and three cats. She spends a lot of her free time volunteering for the Hamilton County Humane Society. When she’s not doing that, she enjoys reading, traveling, watching Cubs games (and trying to process the fact that they actually won the World Series) and hiking and biking Indiana’s many state parks.

Our other new June hires in-

clude some who’ve moved to new roles or have transitioned from roles as contractors. They include Kelsey Barrick in the Division of Nutrition and Physical Activity; Christina Pease, a nutritionist in the WIC program; Mandy Billman, who has transferred to a role as an overdose surveillance educator; Amy McDonald and Carolyn Kirchenstein, public health nurse surveyors; Laura Burklew, an education consultant; Kayley Dotson, an overdose surveillance educator; Heather Ahnfield, a contract specialist; Amanda Hager, a food scientist supervisor; Nicholas Hinkley, who works in health informatics; and Miles Collins, a medical surveyor. We’re glad to have you all!

# INSHAPE INDIANA BLACK & MINORITY HEALTH FAIR

The opening ceremony for the 2017 INShape Indiana Black & Minority Health Fair on July 13 featured Dr. Adams, Office of Minority Health Director Antoniette Holt, and representatives from key sponsors Eli Lilly, Community Health, WISH-TV and MDWise.

Dr. Adams delivered the keynote address, in which he noted that better health for the nation's minority populations is something we've been working toward for decades. Back in 1984, the U.S. Department of Health and Human Services created the Task Force on Black and Minority Health to study the disparities between the health of minorities and whites in the U.S. The following year, the task force released a report showing that blacks were more likely than whites to die of cancer, heart disease or stroke. The report also found that black babies were more likely than white babies to die within their first year of life.

Thirty-two years later, we still face those same disparities. Today, if you are black in Indiana, you are more likely to have diabetes or high blood pressure and more likely to develop cancer. If you are a black man in Indiana, you have a 46 per-



cent greater chance of developing prostate cancer than if you are white. Your risks of stroke, HIV and TB are higher, and you're less likely to have been vaccinated against HPV, flu and pneumonia. Our children aren't immune either. Black children in Indiana are three times more likely to develop asthma than white children. And our black infant mortality rate is more than twice the rate for white babies.

As Dr. Adams noted, the health fair is a wonderful opportunity to



connect people to healthcare that could change — or even save — their lives. But good health can't just be a once-a-year event. At ISDH, we have the opportunity to help people get their ticket to healthy living every day.



## MILLER SENDOFF BRINGS FAMILIAR FACES

In case you missed the sendoff, we bid farewell to Eric Miller as Chief of Staff on July 5 with cake and kind words. Some familiar faces stopped in to wish Eric well in his move to the Department of Child Services, including former legislative directors Joey Fox and Chris Creighton and former Chief of Staff Jim Huston. We are fortunate to have Trent Fox stepping in as our interim chief of staff!



From far left: Eric Miller and Dr. Adams; legislative directors past and present Joey Fox, Trent Fox and Chris Creighton; and Eric with former Chief of Staff Jim Huston.