

JANUARY 2018

PULSE

A look at what keeps ISDH ticking

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FUN FACT

Laughing 100 times is equivalent to 15 minutes of exercise on a stationary bicycle. It also boosts the immune system, heightens your threshold for pain and even helps with better breathing. The boost in blood flow helps break down blockages in arteries caused by stress and anxiety and produces proteins that fight against disease. The average person laughs 17 times a day.



**Indiana State
Department of Health**

Mission:

*To promote and provide
essential public health services*

NEW YEAR, NEW CHALLENGE

Welcome to a new year at ISDH.

A new year often ushers in a time of change. I know all of us at ISDH have our plates full, as January has brought with it many opportunities to improve the health of all Hoosiers.

We are off to a quick start to the year with a flu season that has so far been one of the most persistent. Our latest report shows 79 flu-related deaths in Indiana so far. The flu is now widespread in Indiana, which is not unusual for the middle of January. Influenza A H3N2 is the predominant strain, but H1N1 and Influenza B have also been detected. Thanks to those of you who have been working hard to investigate flu outbreaks and to com-



**Kris Box,
MD, FACOG**

municate about flu prevention.

We also have had a case of measles reported in Bloomington. A big thank you to our epidemiologists who have done a great job of surveillance and determining where the risk of exposure is so we could minimize its spread.

During the State of the State address earlier this month, Gov. Holcomb announced a new goal on the horizon: to have the lowest infant mortality rate in the Midwest by 2024. ISDH has been working hard to crack this problem, working to help more babies born in our state reach their first birthdays and beyond.

The good news is that our infant mortality rate for white babies is in line with the Midwest. The concern is the disparity in the rate for black babies.

If we are truly going to bring that rate down, we're going to have to find ways to reduce the mortality rate for black infants.

I welcome your ideas for new programs and partners to help us reach our goal.

We've also had a busy start to the 2018 short session of the Indiana General Assembly. I have been to the Statehouse several times to talk with legislators and others about the issues that impact Hoosiers' health and safety. I will update you when I know more about how current proposals will impact ISDH.

I would like to thank you for everything you do to help us accomplish these initiatives. As you're working hard on these and other projects, I encourage you to make sure that you're not neglecting your own health. If you're among the many Hoosiers who have set a New Year's resolution to improve your health, such as to quit smoking or lose a few unwanted pounds, stick to it. You can do it!

Yours in health,
Kris

CULTURE OF QUALITY: TIME TO ASSESS

By Casey Kinderman

ISDH is updating its Quality Improvement (QI) plan, and we need your help! The QI plan serves as a guide through the development, implementation, monitoring and evaluation of efforts to build a culture of continuous quality improvement throughout the organization.

An online assessment has been released to the entire ISDH workforce via Survey Monkey asking you to assess the degree to which performance, innovation, teamwork, collaboration, leadership, customer focus, infrastructure and continual process

What should YOU do?

Review brief PowerPoint introducing the "Roadmap to a Culture of Quality" and QI Self-Assessment [Tool](#).

Complete the online assessment [here](#) by **Jan. 31**. Stay tuned for results and identified transition steps.

improvement have been integrated into the organization from your perspective.

Your responses will be kept confidential. The responses will directly influence the identification of concrete transition steps to advance a culture of quality and to gauge progress in the transformation.

We sincerely hope you will take part in this opportunity to

engage in the assessment of our culture. The commission/section with the highest response rate will receive a Jeans Day in February.

Your input will have a direct impact on the direction of the agency.

If you have any questions about this process, please reach out to Casey Kinderman at ckinderman@isdh.in.gov.

ISDH RISES TO DIVERSITY CHALLENGE

By Greta Sanderson

Lindsay Wenning didn't let a cultural barrier prevent her from meeting a healthcare need.

Wenning is the ISDH District 7 field epidemiologist, and her experience with a unique cultural challenge began last March when she received a call from the Parke County Health Department. The call was concerning the death of a 2-week-old infant in a rural community 60 miles west of Indianapolis. Tests confirmed the child died of whooping cough. That alert alone would have been enough to send Wenning into action, but the case involved more than just pertussis, the highly contagious respiratory disease. The outbreak was in an Amish community.

The best way to prevent pertussis is to get vaccinated, so Wenning knew her efforts would need to focus on immunization. But the Amish community is known for its resistance to immunizations and low vaccination rates, making her job a little tougher.

"I had heard from other field epis about the issues," Wenning said, so she tailored her message to be sensitive to Amish culture.

A midwife alerted the county health department about the situation, and Wenning was called in to do vaccination education.

Without email or telephones to reach possible attendees, communication was a challenge from the start. Wenning worked with the midwife to send a broadcast about the vaccination clinics through the community's speaker system. Every family has a speaker in their homes to receive messages, but no replies can be sent. Word spread among members of the close-knit community.

The first session was in April 2017. Rather than using pamphlets with pictures that might offend the Amish or electronic aids, Wenning made hand-drawn pictures explaining whooping cough and the benefits of vaccination. The midwife was also on hand to help address questions and concerns from community members.

The barriers weren't just societal, but also physical. For example, since there was no refrigerator on site, the vaccine itself was kept cold in cars.

Wenning found that using math — explaining the number of antibodies needed to generate an immune response in her drawings — was an effective communication method.

"Amish don't have any science background, but they were way better than me at math, so that was a way to connect," she said.

Wenning also discovered that the Amish aversion to vaccination wasn't as much religion-based as it was about the ingredients in the vaccine. She successfully addressed those misconceptions.

"My job is to build rapport as a field epidemiologist," she said. "I gave people information, and more than anything else, just had conversations."

By the end of the second clinic a week later, Wenning, who played volleyball in high school, was playing a pickup game with several Amish children and parents.

During both clinics, 46 participants were vaccinated, and communication and vaccination continue.

Wenning has submitted a report to the Centers for Disease Control and Prevention so more healthcare experts can learn from her experience.

"I'm hoping to use it as an instruction to others," she said. "There are ways to breach this divide."

Wenning's experience is one of many ways ISDH bridges cultural barriers. In April 2017, five campylobacteriosis cases linked to a single poultry processing plant were reported. ISDH discovered that



An example of a drawing Lindsay Wenning used to help explain the benefits of vaccination to the Amish community.

plant employees received hygiene training in English, but that more than half the plant workers were Hispanic, Haitian or Burmese. Using materials adapted from Minnesota, ISDH

epidemiologists created image-based and translated materials to accommodate the non-English-speaking workers and decrease the safety risks.

Also in 2017, a sign language interpreter was provided at a lead testing clinic at the Indiana School for the Deaf.

During a December cultural competency training session, Antoinette Holt, director of the ISDH Office of Minority Health, said bridging cultural barriers is about responsiveness and respect.

"Consider what could be the implications for things that are hindering so that they can't get the best outcome," Holt said. "It's about changing systems to fit as many people as possible."

She encourages continuous self-assessment so employees can continue to grow and resolve conflict.

Training participants learned about the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health. The three principles of CLAS are government, leadership and workforce training; communication and language assistance; and engagement, continuous improvement and accountability.

Training opportunity

If you missed the December diversity training, a second session on "Bridging Cultural Barriers: Cultural Competency Training" is in the works. Watch for more information.

MAKING THE RIGHT CALL

By Greta Sanderson

Many Hoosiers think high school basketball is king, and John von Arx enjoys being on the court.

Von Arx, who has been a finance liaison for the Indiana State Department of Health (ISDH) for about a year, also works as an Indiana High School Athletic Association (IHSAA) basketball referee.

Von Arx has been training as a ref for about six years, starting with intramural play and working his way up to high school contests.

"I grew up playing athletics," he said. He was on the basketball team at Zionsville Community High School, graduating in 2000. "This way I can still stay around the game of basketball."

Von Arx said as an official he gets some of those same butterflies he had before playing a high school game, but his perspective as a ref is different.

"The game slows down, and I'm able to interpret what's in front of me and make a call," he said.

During the season from November to February, he can officiate up to four games a week from Terre Haute to Richmond in the state's central region.

"If you're only doing it for the money, you're probably not going to be a good referee," he said.

He added that officiating keeps him fit through the cold winter months in Indiana, a good practice for any health department employee.

As anyone who has been involved in youth sports knows, officials sometimes take heat from coaches, parents and fans. But von Arx doesn't let it get to him.

"You blow the whistle and make the call" with confidence that comes from years of



John von Arx was recently the referee at a basketball game at Bishop Chatard High School in Indianapolis.

training and referee camps, pushing the crowd noise to the back of your mind, he said.

"As a player and an official, you learn not to hear it," he said.

Ken Yott is basketball chairman for the Fall Creek Officials Association, which

schedules and trains IHSAA refs. He said there's a need for a lot more officials like von Arx.

"I think he's very conscientious and dependable, a sponge who is willing to learn and grow," Yott said.

There are about 150 officials in the Fall Creek association and 3,400 statewide, both men and women. But many are getting older, and younger replacements who are willing to give back to their communities are needed.

"We're having trouble getting younger people to join and stay in because they experience some pretty unacceptable behavior," Yott said.

He said the rewards of helping young players learn and grow as people far outweighs the challenges.

As ISDH finance liaison, von Arx works to establish ISDH contracts, purchase orders and funding requests. He said a lot of the same professional qualities he uses at work carry over to the basketball court, including being on time and honoring and following through on commitments.

"The only difference is it's in the public eye. You don't get heckled at work," he joked.

Von Arx suggests players, parents and fans consider what it would be like if they donned a uniform and tried to officiate a game.

"Some of their reactions would be different," he said.

As for players who complain about his calls, it's all about their approach. "If they do it respectfully and don't show you up, that works better than rolling your eyes or whining. That you tune out."

When von Arx watches basketball games on TV, his attention is focused on other things now that he's a referee.

"I'm a little easier on the officials than I was playing high school basketball," he said.

ISDH STAFF GET PUBLISHED

Rupp writes on smoking cessation

Katelin Rupp, director of program evaluation, co-authored an article that was published in December through BMJ Open, an online, open access journal dedicated to publishing medical research from all disciplines and therapeutic areas.

The article, "Evaluation of a federally funded mass media campaign and smoking cessation in pregnant women: a population-based study in three states," evaluated quit attempts among pregnant women as a result of exposure to the Centers for Disease Control and Prevention's (CDC's) Tips from Former Smokers mass media campaign.

The study's authors concluded that exposure to a national anti-

smoking campaign for a general audience was associated with reduced smoking among pregnant women in the states of Indiana, Kentucky and Ohio.

DiOrio and Ross co-author abstract

A manuscript by Dawne DiOrio and Amara Ross, with Karen Kroeger, Ph.D., from the CDC, was recently published online by the Journal of the American Sexually Transmitted Diseases Association. Click [here](#) to read the abstract on the "Social Vulnerability in Congenital Syphilis Case Mothers: Qualitative Assessment of Cases in Indiana, 2014-2016." Printed copy will be available in January 2018.

DATA DISCOVERY DEFINES CO-INFECTION RATES

Nick Hinkley, an Indiana State Department of Health (ISDH) informatics epidemiologist, presented his work that compares data stored in two separate ISDH databases at an International Society of Disease Surveillance (ISDS) webinar on Jan. 11.

Hinkley created an innovative way to compare more than 10 years of HIV patient records from one computer database to the hepatitis B and C records in another database, identifying patients listed in both.

The result is a better way for ISDH to identify how many Hoosiers are co-infected with HIV and hepatitis B and C.

“Now we can help to talk about treatment,” said Deborah Nichols, ISDH STD and Viral Hepatitis Epidemiology Supervisor. Thanks to Hinkley’s research, ISDH has more information to use as it applies a \$26 million grant received last fall from the Health Resources and Services Administration to its strategy to eliminate hepatitis C in the HIV-positive population.

Hinkley found that among the 12,203 people living with HIV in



Indiana, 1,137 are co-infected with hepatitis C (9.3 percent) and 292 are co-infected with hepatitis B (2.4 percent). The national co-infection rate of those with hepatitis B virus (HBV) and HIV is approximately 10 percent, according to the CDC.

Fifty-four percent of those co-infected with HIV and hepatitis C virus (HCV) report injected drug use, compared to only 9.1 percent of those with HIV alone. The CDC estimates that 25 percent of people living with HIV nationwide are co-infected with HCV, and that 75 percent of those co-infected are people who inject drugs (CDC, 2016).

The data methodology was also submitted as an abstract to the Council of State and Territorial Epidemiologists, with Nichols and HIV Epidemiologist Dan Hillman as co-authors.

A second phase of the project used the same principle to clean up the hepatitis records by comparing records and eliminating duplicates.

Nichols said the data project will be helpful as ISDH moves to a single database merging the existing HIV and hepatitis information into one system later this year.

Since 2015, Indiana has been in the spotlight for the HIV and HCV outbreak that occurred in rural Scott County due to injection drug use. These data highlight the fact that any town, county or state is at risk of increasing rates of infection due to injection drug use being a strong risk factor for HIV/hepatitis C co-infection.

Hinkley began working in the ISDH lab in 2014, which is where he developed an interest in bioinformatics and data analysis.

HUMAN RESOURCES UPDATES

Parent leave now available

New Parent Leave became available on Jan. 1 for executive branch employees who have at least six months of consecutive employment when one of these events occurs:

- The birth of the employee’s child;
- The birth of a child to the employee’s spouse; or
- Placement of a child for adoption with the employee

Gov. Eric Holcomb issued Executive Order 17-31 providing up to 150 hours of paid leave for full-time employees and up to 75 hours of paid leave for part-time employees when welcoming a newborn or a child newly placed for adoption with their family.

The executive order, policy and additional information about the leave are available at www.in.gov/spd/2738.htm, and instructions



about entering requests will be added to that web page as they are finalized.

Questions may be directed to the employee relations division of the State Personnel Department at 855-773-4647, option 4.

Get started on Go365 in the New Year

You’re starting a new Go365 by Humana program year. Reward yourself by making healthier changes in 2018 and let Go365 help. Get started now! To spend any bucks earned throughout the year, be sure to reach Bronze Status or higher. Get to Bronze Status quickly by completing one of these activities:

- Complete at least one section of your health assessment
- Log a verified workout
- Get a biometric screening

In addition to these activities, there are many others you can do to easily receive



Activity	Points
Weekly Log	10 Points
Sleep Diary	25 Points weekly (up to 150/program year)
Daily Health Quiz	2 Points per Day
Calculators	75 Points (up to 300/program year)
CPR Certification	125 Points
First-Aid Certification	125 Points
Dental Exam	200 per Exam (up to 400/program year)
Vision Exam	200 Points
Flu Shot	200 Points
Challenges	Up to 100/month total for all challenge-related activities.

Go365 points and Go365 bucks. To learn about more ways to earn Go365 points, log into your Go365 account, click on Quick Links and then on “Ways to Earn.”

ACCREDITATION: HERE'S WHAT YOU CAN DO

The A-Team would like to introduce you to domains 9 and 10. Mirroring the 10 Public Health Essential Services, domain 9 covers the evaluation of effectiveness and accessibility, as well as the quality of services provided by ISDH. Domain 10, reflected in the center core of the circle, covers researching new insights and innovative solutions to health problems.

Domain 9

To achieve this domain, ISDH will need to demonstrate what performance management system we use and the process by which we continue to monitor, communicate and improve the quality and effectiveness of our services. This includes opportunities to ensure staff understand the appropriate tools and techniques in monitoring and analyzing objectives and indicators set by the agency, executive staff or individual programs. It is important to also understand how they all relate to one another.

What you can do:

- Consider what is important to your program or division and how it relates to your strategic plan, agency strategic plan and overall mission and values of the department.



- Ask questions if you are uncertain to get a clear understanding.
- Work with your team and/or the Quality Improvement Coordinator to identify quality improvement projects.
- Participate in this month's survey regarding the Culture of Quality Improvement.

Domain 10

The agency must show its role in building and advancing the science of public health

and employ evidence-based practices and developing new evidence.

What you can provide:

- Copies of MOA/MOUs if your program or division works closely with a school, research center/institute or tribal epidemiologist centers
- How you have participated in research agenda-setting, practice-based research or other research efforts; examples can include documents such as membership in a practice-based research network
- How you have communicated and shared your research findings

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 examples don't 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.

STAFFING UPDATES

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

They are Aaron Agley, public health administrator, division of HIV/STD/Viral Hepatitis; Jamie Black, HIV/STD epidemiologist; Andrew Derry, director, Indiana Tobacco Prevention; Alyssa Rex, director, Early Hearing Detection and Intervention; Deyda Salazar, administrative assistant, Center for Deaf

and Hard of Hearing Education; Caylie Simon, cancer epidemiologist; Nicole Stone, epidemiologist, Epidemiology Resource Center; James Walters, field epidemiologist; and Christina Wheeler, field epidemiologist.

Congratulations also go to Steve Yeary, environmental manager, and Amanda Young, Acute Care administrative assistant, who were promoted last month.

TIME TO QUIT

Happy New Year! It's quit season, when many tobacco users in Indiana are more likely to consider quitting tobacco. Tobacco use affects all parts of the body and can worsen many chronic disease conditions.

Helping Hoosiers quit tobacco use aligns with many of Indiana's public health and economic priorities and can be associated with many ISDH program areas. The Indiana Tobacco Quitline (1-800-Quit-Now) is a free counseling resource available to all Hoosiers who are ready to quit tobacco. There are many simple opportunities to share information about the Indiana Tobacco Quitline, whether it's through hospital site visits or presentations to healthcare providers, employers, schools or community organizations.

Visit in.gov/quitline or call 317-234-1878 for more information and access to Indiana Tobacco Quitline materials.