

# PULSE

A look at what keeps **ISDH** ticking

## INSIDE THIS ISSUE:

◆ Fighting the opioid epidemic	2
◆ Lean principles	3
◆ Fritz recognized	3
◆ Public Safety-Public Health conference	4
◆ Labor of Love	4
◆ Open enrollment	5
◆ Comings & goings	5
◆ HIV grant	6
◆ Antibiotic resistant bacteria	7
◆ OPA equipment	7
◆ Accreditation	8
◆ Preparedness	9



### FUN FACT

A 160-pound person running 8 mph during a marathon burns about 979 calories per hour, which could result in a loss of about 1 pound of body fat.



## WELCOME FROM DR. KRIS BOX



**Dr. Kris Box**  
State Health  
Commissioner

It's time at last! After nearly a month of waiting, I'm eager to dive in as your new state health commissioner. It's my pleasure to share your passion for improving the health of all Hoosiers.

While it will take some time to get to know the agency, I plan to meet as many of you as possible in my first few days on the job. I want to hear about the exceptional work you are doing and the challenges you face. I am planning visits to our team members at the Government Center, the Shadeland offices, the ISDH Laboratory and the Center for Deaf and Hard of Hearing Education during my first two days on the job, and I will make the rounds of the divisions as quickly as possible. Be sure to say hello and introduce yourself if you bump into me in the atrium or on the elevator.

I also will be meeting with external partners who are essential to the work we do here at ISDH. Please help me prepare by filling out the briefing docu-

ments your assistant commissioners will share before these meetings. While it may seem like busy work, these briefings will give me a crash course in how we intersect

with community stakeholders and serve as a reference that I can go back to as needed. Rest assured that your thoughtful input is time well spent!

Governor Holcomb helped define our focus when he made the opioid epidemic a pillar of his administration, recognizing the devastating impact it's having across Indiana. We also will remain committed to reducing infant mortality. As a longtime OB/GYN, I am passionate about ensuring that women have healthy pregnancies and deliver healthy babies and that those children live far beyond their first birthdays.

While my background

might not be in public health in the truest sense of the term, I firmly believe that every Hoosier deserves good health, regardless of race, gender and place of residence. Since 2015, I have been the lead doctor for Community Health Network's Women's Service Line, building partnerships to help low-income women access crucial health screenings. I'm all too familiar with some of our state's biggest health challenges, and I look forward to partnering with you all to change things for the better.

Finally, I want to encourage you to attend the monthly brown bag lunches with the commissioner in your birthday month. These replace the coffee with the commissioner sessions that were held in the past. The first one is scheduled for noon to 1 p.m. on Monday, Oct. 23, in the Yoho board room. Be sure to RSVP to Tami to ensure that we have enough space.

I look forward to meeting you all.

## GO365 WELLNESS: FLU SHOTS & POINTS

Did you know you can earn Go365 points when you or your covered adult dependents receive a flu shot?

ISDH will be hosting two flu shot clinics in October. The flu shot will be free to state employees who carry the state's medical insurance. If you do not have the state's medical insurance, you can still get vac-

inated, but there may be a fee and it is not guaranteed that your provider will be accepted.

The **ISDH Central Office Clinic** will be Monday, Oct. 23, from 9 a.m. to 3 p.m. in Rice Auditorium. No appointment is necessary. The **ISDH Labs Clinic** will be Tuesday,



Oct. 17, from 9 a.m. to 3 p.m. in the Cafetorium. Contact [Kathy Carroll](#) for an appointment. Bring your Anthem ID and a [completed waiver](#).

For information regarding flu shots, locations for open clinics or information on how to receive the Go365 points, visit the [Invest in your Health Indiana Flu Shot](#) page.

## GRANT BOLSTERS EFFORTS TO FIGHT DRUG EPIDEMIC

### By Greta Sanderson

In 2015, 1,236 Hoosiers died from drug poisoning, ranking Indiana 17<sup>th</sup> in the nation for drug-related deaths.

The Centers for Disease Control and Prevention (CDC) took notice and in September added nearly \$800,000 to funds the ISDH receives from the Prescription Drug Overdose Prevention for States (PFS) Grant.

Katie Hokanson, director of the Division of Trauma and Injury Prevention, who administers the grant, plans to use the funding to expand the department's efforts to attack the opioid epidemic, which is a priority of Governor Eric Holcomb.

"From a state perspective, a lot of times it's easy for us to look at the numbers and come up with ideas on how to improve the epidemic at the local level," Hokanson said. "What we have to remember to do is to connect with the community and listen to what their needs are."

Hokanson's team is working to meld what she hears and the data into an opioid overdose battle plan.

### INSPECT

More than half of the new award is helping to fund a statewide expansion of a program interface built into computer systems that allows doctors to check all of a patient's prescriptions with one click.

The expansion of INSPECT, Indiana's Prescription Drug Monitoring Program, builds on a pilot monitoring program that has been in place at Deaconess Health System in Evansville.

"Doctors can view prescription history with the click of a button," Hokanson said. The system produces an overdose risk score. If the risk is high, the doctor can view a patient's complete prescription history for controlled substances.

Though the statewide program was announced in August, it already had a strong supporter in Dr. Gina Huhnke, director of the emergency department and medical affairs at Deaconess.

Huhnke said INSPECT has been invaluable in identifying patients with an opioid problem or the potential for abuse.



**Katie Hokanson**

"It's quick and easy to interpret," she said, noting that the program allows one click of a button to replace a process that used to take up to five minutes. Since 260 patients, on average, visit the Deaconess ER every day, time is short.

"When it's right in front of us, and we can look at it quickly, we pick up on more," she said.

Doctors can use INSPECT to follow up with the patient's primary care physician, who might not be aware of all the prescriptions the patient has from other providers. The information in INSPECT also can identify people who might not know they are at risk, such as the elderly.

"A lot of patients aren't able to give us a complete list of their medications," Huhnke said.

For those who are intentionally misusing opioids, doctors can use INSPECT to confront the patient with facts.

"It changed it from physicians being the police to being consultative" and getting people into treatment plans more quickly, she said.

### Community outreach

Hokanson also has been working to expand the division's outreach efforts aimed at preventing prescription drug overdose and abuse in 24 counties. These counties were identified based on the high burden of drug overdose deaths, emergency department visits related to non-fatal overdoses and community needs. ISDH will visit those counties, provide resources, listen to how the opioid epidemic is impacting their communities and bring that information back to help shape the state's efforts.

"Our goal is to attend local meetings and provide information and resources to help them make informed decisions when addressing the opioid epidemic," Hokanson said.

### By the numbers

One of the biggest barriers to fighting opioid overdoses is collecting timely data. Almost everyone agrees that opioid overdoses are underreported.

The PFS grant is funding a project through the Indiana University Fair-

banks School of Public Health, which has developed postcard surveys for organizations that distribute naloxone kits.

One survey is filled out when an individual is trained on how to use the overdose-reversal medication kit. The second is completed once the naloxone is administered. The purpose is to collect more data on the issue and ensure that anyone who administers naloxone is aware that overdose victims and witnesses can't be prosecuted when 911 is called to the scene.

Fairbanks is also surveying prescribers to make sure they are aware of the protocols implemented in 2014 for prescribing opioids for pain management.

Some of the PFS grant money will also fund the evaluation of an overdose fatality review pilot team, similar to the state's infant mortality program. By investigating fatal overdoses, Hokanson said, more can be learned about how to prevent them.

### Other efforts

ISDH will also use a more than \$550,000 Enhanced Surveillance of Opioid Grant received Sept. 1 to set up an overdose alert system, similar to alerts for infectious diseases. The project is just getting started, but the concept is that an alert would be sent based on an increase in overdoses. Guidelines for what will trigger an alert and where the alert will be sent are still being set.

Funds will also be used to pay for toxicology screenings for coroners who don't have the money to accurately determine opioids as the cause of death.

Also in September, the Trauma division announced that it would have more than 7,000 naloxone kits to distribute to local health departments through a partnership with the Indiana Family and Social Services Administration. The Monroe County Health Department has received the kits before and plans to request more.

Lead Health Educator Kathy Hewett said Monroe County gives the kits to other health care agencies, law enforcement and individuals.

"We spread it out that way so we could try to impact as many communities at risk as possible," Hewett said.

## QUALITY IMPROVEMENT: LEAN PRINCIPLES

**By Casey Kinderman**  
**Quality Improvement Coordinator**

There are many ways to approach process improvement. The Lean approach, adopted by some in ISDH, entails the use of principles that drive problem solving, staff development, leadership behaviors, and the management system and philosophy of the organization. These principles can be used to achieve improvements in productivity, quality and cycle time by eliminating inefficiencies and waste in your programs and processes.

The Lean approach is shaped by two pillars — *respect for people and continuous improvement* — as well as the five principles outlined below. Consider using these principles in your own program area as a way to incorporate quality:

### Listen to the Data

Focus on facts and empirical or scientific problem solving. Demonstrate problems in data; verify key assumptions in data; run simple experiments to confirm solution ideas; and ensure the daily or regular use of data to create solutions that stick and provide continuous improvement.

### Go and See

Focus on the actual work by direct observation, measurement and interaction. Conduct time observation, conduct simple experiments and participate in problem-solving huddles.

### Customer Value

Focus decisions about how to improve by asking how such decisions create value for the custom-



**Heijunka Board to level the workload for Environmental Public Health Commercial Sewage plan reviews**

er. Use data, tools and facilitation to identify all key stakeholders and to identify how solutions can be balanced and customer focused.

### Leverage Team Insights into Action

To make improvements, leverage the knowledge and experience of those who deliver the service, build the products and are closest to the customer. Combine team insights and data to create balanced Lean solutions.

### Make Flow Visible

Make complex processes, activities and procedures easier to see, understand and act on. Work with cross-functional teams and use tools, such as mapping and visual control, to make flow visible.

If your commission or division has a process that needs improvement or reworking, contact Casey Kinderman at [ckinderman@isdh.in.gov](mailto:ckinderman@isdh.in.gov) to see about scheduling a Rapid Improvement Event. OPHPM thanks all of ISDH for helping make quality successful.

## DNPA's Fritz Named ULI Health Leader

Pete Fritz, the Healthy Communities Planner within the Division of Nutrition and Physical Activity, has been chosen to be part of the first national cohort of 32 participants in the Urban Land Institute (ULI) Health Leaders.

Participants represent a diverse group of emerging and established leaders from a range of career stages and disciplines, including real estate



development, public leadership, urban planning and design, infrastructure, finance and public health.

The ULI Health Leaders Network is designed to empower real estate and land use professionals with skills, knowledge and networks to improve health outcomes in their professional practice and communities. The first cohort will convene in an introductory forum during ULI's Fall Meeting in Los Angeles, participate in a series of webinars, work on small group projects involving a commercial corridor in Seattle and conclude with a final forum in Denver.

At ISDH, Pete provides planning assistance and guidance for communities and agencies interested in promoting changes to the built environment to support physical activity and better nutrition. He has been with ISDH for more than seven years, is an avid bird-watcher and bikes to work.





## PUBLIC SAFETY-PUBLIC HEALTH PANEL DRAWS HUNDREDS

The first Public Safety-Public Health Opioid Conference was held Sept. 27 at the Ritz Charles in Carmel. The event drew 350 registrants and featured local, state and national speakers, who discussed the challenges communities face in combatting the opioid epidemic and ways public safety and public health can partner in this fight.

A highlight of the day was a law enforcement panel discussion, whose members included Indiana State Police Superintendent Doug Carter; Chief Tom Synan of Newtown, Ohio; Sheriff Dan McClain of Scott County; Porter County Sheriff David Reynolds; Captain Kevin Hunter of the Fort Wayne Police Department; and Greg Westfall, assistant special agent in charge of the Drug Enforcement Administration in Indiana. ISP Captain Dave Bursten moderated the panel.

Early feedback about the conference has been extremely positive, and we're looking forward to a bigger and even better event next year!



Members of the law enforcement panel field questions from the audience during the Sept. 27 Public Safety-Public Health Opioid Conference.

## 2017 INFANT MORTALITY SUMMIT POISED FOR SUCCESS

The Nov. 15 Labor of Love infant mortality summit is rapidly approaching. Registration now exceeds 830 people with a month to go, and we will cap out around 1,100. So if you're interested in attending and haven't yet registered, sign up soon [here](#).

The summit is being held at the JW Marriott at 10 S.



West St. in downtown Indianapolis from 8 a.m. to 6:15 p.m. The lineup of speakers includes emcee Jim Shella,

former WISH-TV political reporter; new Indiana State Health Commissioner Kristina Box, MD, FACOG; Jim McClelland, executive director for Drug Prevention, Treatment and Enforcement in Governor Eric J. Holcomb's office; Dr. Maria Del Rio Hoover, Evansville; Dr. Michael Warren, Tennessee Department of Health; Dr.

Michael Lu, HRSA; Dr. Paul Jarris, March of Dimes; and Dr. Jennifer Walthall, secretary of the Indiana Family and Social Services Administration.

This year's summit, including many breakout sessions, will focus on the effects of opioids on Indiana's mothers and babies. We hope to see you there!

## HAVE YOU SEEN LIV?

Liv is our newest ISDH team member, and she's quite enthusiastic. Often, she strays into other departments to explore and learn all she can about great health practices.

Liv was "hired" to guide users through the new ISDH pregnancy mobile app. Her big debut is scheduled for Nov. 15 at the Labor of Love infant mortality summit, so between now and then, we need your help to keep an eye on her.

At right is a picture of Liv. If you find her anywhere around the building, please bring her home to MCH on the 2<sup>nd</sup> floor. Those who bring her back will be rewarded!

**NOVEMBER 15, 2017  
RELEASE DATE**

The Indiana State Department of Health is creating a pregnancy mobile app.

- Follow your pregnancy from planning through parenting.
- Browse interesting and useful articles related to your pregnancy, breastfeeding, baby's health before and after birth and more.
- Use the app to find resources in your community to help improve the health of you and your baby.

**AND MORE!**

Indiana State Department of Health | Labor of Love

## ISDH COMINGS, GOINGS & HONOREES



**MCH Director Martha Allen presents Bertha Glenn a State Health Commissioner's Award upon her retirement, left. Above, Terry Whitson honors Marylee Gruver for 18 years in Acute Care.**

**ISDH** bid farewell to more than 40 years of experience recently. Marylee Gruver retired as administrative assistant to the director of Acute Care after 18 years' service to ISDH, and Bertha Glenn retired after nearly 24 years with the Maternal and Child Health Division, where she worked on the Family Wellness Helpline, the Indiana Family Helpline and, most recently, the MCH MOMS Helpline.

Marylee, who also spent nine years with the Department of Correction, was instrumental in making the Clinical Laboratory Improvement Amendments (CLIA) happen in Indiana and nationwide. She plans to spend her retirement traveling by RV with her family and exploring her Native American heritage by attending Powwows.

Bertha, who said she loved her job so much that "it felt more like a hobby," looks forward to fishing and gambling at all the casinos she can find in her retirement.

ISDH also welcomed seven new hires in September: Amanda Hoagland and Kristina Shepard in Children's Special Health Care; Angela Lucas, a microbiologist at the lab; Jessica Peachey in Maternal and Child Health; Megan Gaylor in Long Term Care; Randy Homeyer in Health Care Quality and Education; and Molly Waters in Long Term Care. Jeremy Townsend, Joe Amlung, Brittany Sighting and Tony Newland in HIV; Robin Williams and Elizabeth Wells at the lab; Rachel Cathey in the Epidemiology Resource Center; and Kaitlin Watson in Preparedness all became state employees after working as contractors.

Please also congratulate three longtime ISDH employees who were invited to a reception for longtime employees at the Statehouse. They are Kiran Khurana, a microbiologist with 40 years' service; Teresa Foreman in Environmental Public Health, with 40 years of state service; and Kathleen Frogge in Vital Records, who has 45 years' service.

## HR UPDATE: PREPARING FOR OPEN ENROLLMENT

**Open Enrollment begins Oct. 25 and ends Nov. 15 at Noon (EST).** This can be a stressful time for many employees. Below are some helpful tips to assist you in the decision-making process.

**Review this year's medical, vision and dental expenses.** You can view your expenses over the past year and estimate future expenses online with [Anthem](#) and [Express Scripts](#). Estimating your medical expenses helps you determine which plan provides the most value for you.

**Understand your insurance needs.** If a qualifying event has occurred within the past year, your insurance needs may have changed as well. A qualifying event could be a birth, a divorce, a marriage or an adoption. Based on changes this past year, determine whether or not

you need more or less insurance.

**Review your dependents and beneficiaries.** It's important to review dependents on a yearly basis. If your family situation has changed at all, it certainly merits conducting a review of your dependents and beneficiaries. Make sure addresses and phone numbers are updated and that all dependents are still eligible.

**If you are married: Compare your coverage against your spouse's.** If you and your spouse have different company benefits, make sure to weigh the pros and cons of each health insurance and overall benefits package. Compare the list of doctors in your plan to your spouse's, as network providers vary



from plan to plan. The state medical plans use Anthem's National PPO (BlueCard PPO). If your spouse's open enrollment period and effective dates differ from the state plans, plan ahead. Your spouse's open enrollment is not considered a qualifying event to change plans or level of coverage later in the year. To review 2018 coverage rates, go to the [2018 Open Enrollment Page](#).

**Questions?** If you have any questions about your benefits or have a unique situation and require some guidance, contact the [INSPD Benefits Hotline](#) at (317) 232-1167 (within Indianapolis) or 877-248-0007 (outside Indianapolis). For more detailed information about the above tips, please see the full excerpt in the September 2017 issue of [The Torch](#).



## HIV GRANT A ‘DEFINING MOMENT’ FOR ISDH

**By Greta Sanderson**

A record-setting \$26 million grant the ISDH received in September will begin impacting Indiana’s HIV-positive community before the year is out.

The 2017 Ryan White Supplemental Award from the U.S. Health Resources and Services Administration (HRSA) will be used to expand community partnerships and broaden the scope of care for clients with HIV.

“Any time you get this kind of grant, you can make significant changes in the course of a disease,” said Dennis Stover, director of the Division of HIV/STD/Viral Hepatitis at ISDH. “It’s a defining moment for us.”

A request for proposals to receive some of the grant money was sent to partner organizations on Sept. 15. The applications are due Oct. 16, and awards will be announced Nov. 1.

The subgrants will be awarded based on nine target areas designed to focus on managing the whole person – not just the medical side – with the goal of suppressing the virus and preventing it from spreading. The concept is that it’s not enough to provide medical treatment if that person is homeless or has no food.

“This gives a push in a strategy to curb an epidemic,” Stover said.

Case management is essential to achieve that goal, said Mark Schwering, Ryan White Part B program director.

Schwering said more than 12,000 Hoosiers are living with HIV and about 5,000 already receive case management services. That means managing medical services, but also meeting other needs, including nutrition, housing and mental health.

“Our clients are all over the spectrum,” Schwering said. “There’s a lot of people who don’t have any support network.”

Schwering said funds will be used to expand links to care programs within the state that will connect with those who aren’t receiving case management. Almost 60 percent of people with HIV have the virus suppressed, meaning



**Mark Schwering discusses the HIV services grant with Fox59.**

they have a low level of the virus in their blood, which not only keeps them from contracting AIDS, but also makes them less likely to transmit HIV to someone else.

The HIV division will work with the Family and Social Services Administration to expand mental health services, another piece of the case management approach. That will provide counseling to help manage not just the stress of the diagnosis, but also to tackle the relationship between drug use and HIV.

Stover said drug abuse and sharing needles can spread cases of hepatitis C and other diseases among those who are HIV positive, complicating their weak immune systems.

“People with HIV are already immune-compromised, so any other disease they get sends them into a spiral,” Stover said. That can lead to sicker patients and skyrocketing costs.

Other funds will be used for outpatient drug treatment and to establish a network of recovery coaches around the state. These coaches have battled substance use disorder themselves, so they know how tough recovery is.

“Because they’ve lived it, it’s also using the psychology that they’re helping others, and they understand it unlike any of the rest of us,” Schwering said. “Recovery coaches understand it’s

not easy to just stop doing the drugs.”

As part of a goal to be a “one-stop shop” of care coordination, covering more than just medical treatment, more relationships will be made with organizations that can help in other ways, including getting a patient a place to live or insurance.

Good nutrition is also key to keeping the virus suppressed. So the division plans to increase medical nutrition therapy through a partnership with Meals on Wheels to deliver physician- or dietitian-directed meals three times a day in areas where available.

Tom Bartenbach, executive director of the Damien Center, said the center has already been using the “one-stop shop” approach, and it works.

The Damien Center has a food pantry, pharmacy, housing program and will even pick up patients for their medical appointments. All of these services are essential to keeping patients healthy, Bartenbach said. He added that 95 percent of his clients are in poverty, their unemployment rate is 65 percent, many are homeless, and a third of the center’s clients have mental health issues.

“We were helping people with how to die, and now we’re helping people with how to live,” Bartenbach said. He added that it will be exciting to see how the grant will help other areas of the state expand their services.

While grants will be available to organizations throughout Indiana, the focus will be on the 10 counties with the greatest populations of people living with HIV: Allen, Clark, Lake, Madison, Marion, Monroe, Scott, Tippecanoe, Vanderburgh and Vigo counties.

Schwering said adding \$26 million in a single fiscal year is a huge boost. He hopes this year’s grant will fund some of the initial setup for new programs to get them off the ground and that those programs will be part of the regular funding cycle going forward or sustainable through other means.

“We’re really looking at this grant as a \$26 million one-person-at-a-time opportunity,” Stover said.

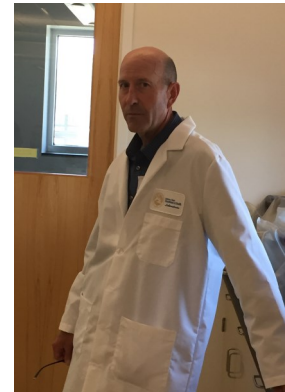
## ANTIBIOTIC-RESISTANT BACTERIA: INDIANA LEADS THE NATION IN TRAINING

By Shelley Matheson

Each year, thousands of deaths are attributed to antibiotic-resistant bacteria. Carbapenemase-producing carbapenem-resistant *Enterobacteriaceae* (CP-CRE) are a leading cause of healthcare-associated infection (HAI), with increasingly high fatality rates and in turn, are a tremendous public health threat. The ability to accurately identify these organisms is critical to improving patient outcomes.

From 2013-2015, the Indiana State Department of Health (ISDH) Laboratories conducted a pilot study, examining about 600 CRE isolates submitted from across the state based on the CDC's definition. When analyzed, more than 20 percent of isolates received did not meet the CDC definition of CP-CRE, pointing to a need for more specific guidelines and training in Indiana. On Dec. 25, 2015, the ISDH made CP-CRE reportable for condition, laboratory reporting and isolate submission in Indiana based on the findings of that pilot study.

To meet the training need identified in the pilot, the ISDH Laboratories developed "A Hands-on Workshop for Indiana Laboratories: Carbapenemase-producing Carbapenem-resistant *Enterobacteriaceae* (CP-CRE)." This workshop, taught by staff from the ISDH Clinical Microbiology Division, provides an overview of CP-CRE, information about the Indiana Communicable Disease Rule (CDR) and technical details about testing for CP-CREs. It also outlines potential methods to assess for CP-CRE colonization. Laboratory exercises demonstrate the performance and interpretation of the modified Carbapenem Inactivation Method (mCIM), the Metallo Beta Lactamase



**Sara Blosser, left and Jon Radošević, above, provide CP-CRE training.**

(MBL) E-test and the CarbaNP test, including tips for best test outcome. The didactic portion of the workshop, combined with the hands-on laboratory exercises, provides attendees with a comprehensive training experience.

Five CP-CRE workshops have been held at ISDH Laboratories since 2015, with 47 microbiologists from 38 facilities in attendance. When comparing isolate submissions among laboratories that have attended with those that have not, it is clear that this workshop is beneficial for compliance with the Indiana CDR for isolate submission. In order to assess the workshop's effectiveness, pre- and post-tests are given to attendees. Test scores indicate significant levels of learning for those participating in the training. The average percentage increase in test scores for all sessions since 2015 is 37 percent.

Course evaluations are used to make improvements for future sessions. Information gathered from these evaluations indicates the training is well-

organized, the hands-on exercises are realistic, the presenters are knowledgeable and participation is bench-level appropriate. A recent comment includes, "Dr. Blosser's knowledge is incredible! I wish I had recorded the presentation to bring home! Thank you so much!" Based on the success of this course and the need to control the threat of these organisms, ISDH Laboratories will continue providing CP-CRE workshops in 2018.

Indiana is ahead of its time in establishing a prominent model of surveillance for CP-CRE and teaching state-of-the-art test methodologies to its clinical laboratorians. Sharing best practices nationwide indicates multiple states are attempting to emulate Indiana in its efforts to combat CP-CRE. Testing compliance across the nation is critical for patient care, infection control and mortality reduction. The ability to accurately identify these organisms is critical in saving lives and protecting the health of Hoosiers.

## OPA GETS NEW PRINTERS; MAXIMUM POSTER SIZES CHANGE

The Office of Public Affairs has new printers to help with ISDH printing needs. These are welcome additions to the graphic design department, as the equipment we've been using was more than 10 years old and we could no longer get service on it. We have both a printer for small projects and a new plotter that are in the process of being installed.

The new plotter is slightly smaller than our old one. The maximum height we will be able to print is 42 inches, so please keep this in mind as you make requests. We reviewed the poster requests over the past year and found that nearly all fit within this size. Thanks to the Epidemiology Resource Center for making funding for the plotter possible!

# WHAT YOU CAN DO FOR ACCREDITATION

## By Patricia Truelove

This month, the accreditation team would like to provide a brief overview of Domain 3 and Domain 4. Domain 3 focuses on how ISDH informs and educates the public, while Domain 4 highlights how ISDH engages with the community to identify and address public health problems. ISDH can broaden its impact on the health of Indiana by aligning and coordinating efforts with community partners. Accreditation will help provide opportunity to assess whether ISDH is making those connections.

**Domain 3:** This domain showcases how ISDH provides accurate and reliable information to the public. This domain has two standards, which outline how we should: provide information to the public on protecting their health; promote and implement strategies on how to mitigate preventable health conditions; promote ISDH's mission, vision, values and names (branding); communicate accurate, actionable and current information; and provide this information in various forms of communication.

### What you can do:

- Provide an example of how your program delivered information to the public regarding health risks, health behaviors, disease prevention and/or wellness, as well as documentation of the steps you took to receive input for



your target audience during the development of your brochure, flyer, public service announcement or other communication. With those

- Provide an example of how you communicated with a local health department, tribal department or community partner on promoting the unified messaging.
- Provide an example of how you identified and implemented strategies that address factors contributing to specific populations' higher health risk and poorer health outcomes.
- Provide copies of your division's policy on how to communicate to the public (this can be all of your division's roles in a communication plan or risk communication plan).
- List your team members who are able to provide interpretation, translation or specific communication services.

**Domain 4:** Within this domain, ISDH will need to show that the agency participates in a broad partnership or coalition that addresses public health issues and demonstrate how we assist

tribal and local health departments with collaborative community engagement.

### What you can provide:

- ISDH will need one to four examples of broad community partnerships or coalitions that will address one to four public health issues. This can be one partnership that addresses four different public health issues or four separate partnerships that address four separate public health issues.
- Provide a list of members in that community partnership or coalition.
- Document change in the community, a change in policy or a new or revised program that was implemented through the work of those partnerships.
- Show how you provide consultation, technical assistance and/or information to tribal and/or local health departments on the use of methods for collaborative community engagement.

Any documentation containing 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 redacted.)

Remember that our examples don't have to be "wins" to show how we have learned from past opportunities. If you have questions or examples of documentation, please contact Patricia Truelove, accreditation coordinator, at [PTruelove1@isdh.IN.gov](mailto:PTruelove1@isdh.IN.gov).



## 5<sup>th</sup> annual EMS Medical Directors' Conference

Friday, April 27, 2018

Ritz Charles  
12156 N. Meridian Street  
Carmel, IN 46032

8am - 5pm

SAVE THE DATE

Get notified when registration opens!

Send your contact information to:  
[indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)





# PREPAREDNESS: READY FOR ANYTHING

**By Greta Sanderson**

ISDH staff got an up-close look at how the Preparedness division is ready to handle public health issues related to any disaster that may come to our state.

The division hosted an open house on Sept. 13 in Rice Auditorium. The timing of the event hit home with some employees due to recent hurricanes in Texas and Florida.

“I was interested to know what to do in case of an emergency,” particularly after the flooding in Texas and Florida, said Elsie Brown from Vital Records. “What would happen if that happened here?”

Brown said she learned that each Indiana county has a health officer ready to deal with emergencies and what items should go in a home emergency kit.

Preparedness Director Lee Christenson said this was the first event of its kind and called it a great way to celebrate National Preparedness Month.

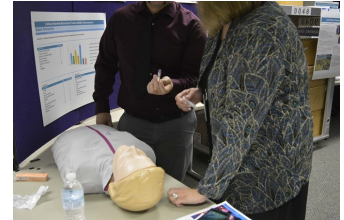
“We just wanted to educate people on the things we do,” Christenson said.

The division’s responsibilities include preparedness training and exercises and organizing the public health emergency response.

“We work with local health departments and state agencies to coordinate, plan and train,” he said.



**The Sept. 13 Preparedness open house featured a snack-dip cook-off to benefit hurricane victims, a naloxone demonstration, tours of the Mobile Command Unit and displays about the division’s role.**



One of the best tools the division has to help in case of an emergency is the Mobile Command Unit, which was parked on Meridian Street for employees to tour.

Christenson said one of the biggest needs during an emergency is the ability to communicate when power and phone lines are down during a disaster. The Mobile Command

Unit is a workspace equipped with any type of communication that could be needed, from radio to satellites, and it can go anywhere and provide Wi-Fi and cellular service.

“It’s pretty cool,” Chief Financial Officer Aaron Atwell said after touring the unit. “You see it in the movies, but then you see it in real life, and it’s amazing.”

Christenson said the state’s biggest disaster risks are disease outbreaks, including HIV or lead poisoning, and natural disasters, such as flooding, tornadoes or blizzards. Recent activities include the East Chicago lead response and the response to the 2015 HIV outbreak in Scott County.

## WINNER WINNER, CHICKEN DINNER

As part of the open house, ISDH staff held a snack dip recipe competition. Staff were able to sample and vote for a donation to hurricane relief efforts. The seven-layer dip by Marie Hitze was named most healthy dip, while the spicy buffalo chicken dip by Andrea Morris was named Just Delicious.

The contest raised \$100, which is being added to the \$930 collected from the Wednesday casual dress days in September. The money will go toward hurricane relief efforts.

Here are the two winning recipes:

### Healthy seven-layer dip

Use any seven-layer dip recipe and substitute non-fat beans, low-fat cheese and Greek yogurt for sour cream.

### Spicy Buffalo Chicken Dip

Mix together and heat:

- chicken
- cheddar cheese
- hot sauce
- cream cheese
- blue cheese
- blue cheese dressing

## SAME DEDICATION, NEW NAME

The Public Health Preparedness and Emergency Response Division has a new name! It is now known as the Division of Emergency Preparedness. Director Lee Christensen says that in addition to being more concise, the new name “better reflects the broad scope of our division’s responsibilities in better preparing public health, healthcare and the State of Indiana to deal with the many threats and hazards that pose a risk to our citizens.”