

PULSE

A look at what keeps ISDH ticking

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FUN FACT

Most humans eat 3 to 4 pounds of food a day.

The average 1,000-pound horse can eat 15 to 20 pounds of hay per day.



**Indiana State
Department of Health**

Mission:

To promote and provide essential public health services

MOVING FORWARD, HELPING OTHERS, AND A BIG AWARD FOR HIV

In 27 years at ISDH, I've worked under nine state health commissioners. Each time one leaves, there is a period of transition, uncertainty, and sometimes even mourning. Dr. Adams' sendoff was one for the record books and was proof of how respected he was, and I know he will be missed.

But I also know that each time we've changed leaders, we've come through that change stronger. New leadership brings new ideas and vision, but what doesn't change is our commitment to protecting the health of the people of Indiana. I encourage everyone to stay focused on our mission during this time of transition so that when we get a new state health commissioner, we can show him or her just what we're made of.

Speaking of showing our mettle, September is National Preparedness Month, which sadly is being punctuated by the devastation caused by Hurricane Harvey in Texas and worries about Hurricane Irma. It's easy to feel powerless against forces of nature, but as Preparedness Month emphasizes, we can all do something to take control. Make a plan for your family in case disaster strikes. Have a gathering spot and a



Pam Pontones

way to connect. Keep a list of medications and contacts. None of us wants a disaster to strike, but being prepared can help mitigate the turmoil if one does hit home.

In times of crisis, the urge to help is strong, and I'm proud that ISDH is stepping up to the challenge. As you've read via email, ISDH is offering \$5 blue jeans day on Wednesdays for the month of September, with proceeds benefiting Americares and the South Texas Food Bank, both of which are working to provide essential needs to the people impacted by Hurricane Harvey. Our Public Health Preparedness and Emergency Response division is also featuring a snack dip cook-off during its open house in Rice Auditorium on September 13. Individuals who want to sample the dips are asked to make a \$2 donation, which also will benefit victims of Harvey.

On a happier note, I want to congratulate the Division of HIV/STD/Viral Hepatitis, which recently received a \$26 million award from the U.S. Health Resources & Services

Administration for HIV services. This is the largest HIV award in Indiana history and will be used to help bring services to individuals diagnosed with HIV, with an emphasis on those who are battling substance use disorder. This is an incredible achievement that will benefit many of our most vulnerable Hoosiers, and we should all commend Dennis Stover and his team for bringing this to fruition.

Finally, I wanted to update everyone on the Public Safety-Public Health opioid conference that's scheduled for September 27 at the Ritz Charles in Carmel. When we first started planning this conference, we thought we'd be happy with 100 attendees. The response has far exceeded our expectations, with more than 300 people registered. Missy Brodey has done an incredible job pulling this event together on short notice, and the lineup of speakers is an amazing mix of local, state and federal experts. I know participants will come away with new perspectives on this epidemic.

Given the overwhelming interest in the first conference, we're already discussing ways to do this again next year and make it even bigger and better!

‘MUSIC FIRST’ PROJECT SHOWS PROMISE

By Terry Whitson

Dr. Oliver Sacks, neurologist and acclaimed author, once stated that “Nothing activates the brain so extensively as music.” Individuals more than like music; they love music. Music, the mere sequence of sounds, holds enormous intrinsic value. It brings a unique pleasure that neuroscience is just starting to understand. With an emerging focus on brain stimuli, music is proving to have a role in the improvement of mental health, rehabilitation and dementia care.

The idea of music as a healing influence is as least as old as the writings of Aristotle and Plato. The earliest known reference to music and health appeared in 1789 in an unsigned article in *Columbian Magazine* titled “Music Physically Considered.” In the early 1800s, writings on the therapeutic value of music appeared in two medical dissertations, the first published by Edwin Atlee (1804) and the second by Samuel Mathews (1806). Atlee and Mathews were both students of Dr. Benjamin Rush, a physician and psychiatrist who was a strong proponent of using music to treat medical diseases.

Modern interest in music and health care emerged after World War I and World War II when community musicians went to veterans’ hospitals around the country to play for the thousands of veterans suffering both physical and emotional trauma. The patients’ notable physical and emotional responses to music led the doctors and nurses to request the hiring of musicians by the hospitals.

In the late 1990s and early 2000s, music began to be studied as part of a focus on dementia. Magnetic Resonance Imaging (MRI) was beginning to open doors to understanding brain function, resulting in the revisiting of theories related to brain activity. Studies from the early 2000s tended to focus on music as an intervention. More recent literature is focusing on neuropsychiatric responses to music stimuli and attempting to bridge intervention and neuropsychiatric literature.

More than 110,000 Hoosiers suffer from some form of dementia, with Alzheimer’s being the most common. Caring for residents with dementia is challenging for both residents and caregivers.



In 2016, the ISDH Health Care Quality and Regulatory Commission and Butler University School of Music partnered to develop a project on music in long-term care. The two-year project is led by Professor Tim Brimmer of the Butler University School of Music, along with an outstanding interdisciplinary team of faculty, students, researchers, and health care providers.

The project aims to determine whether the lives of residents with dementia can be improved through the use of personal musical playlists. The project is also studying whether an acoustic environment of a health care facility can improve the quality of life for nursing home residents. In a long-term care setting, there is emerging evidence that incorporating expressive arts may be beneficial in reducing behaviors, decreasing antipsychotic drug usage and improving a sense of well-being. Music has been found to improve moods, relieve stress and physical symptoms, and be relaxing or calming.

The project, called “Music First,” is introducing music into up to seven nursing homes. Students in Butler’s *Neuromusic Experience* course are working one-on-one with nursing home residents to create playlists of at least 20 songs that are based on music that the resident enjoyed in his or her late teens and early 20s. Each playlist is therefore unique. The playlist is loaded onto an iPod equipped with headsets and provided to residents. At specific times or as a non-pharmacologic care plan intervention, the resident will use the iPod and listen to music. The resident’s responses, including behavior, verbalization, and eye and body movement, will be observed, monitored and assessed. Revision or changes in the playlist will then be made as needed and recommendations provided for care planning.

The project found that working indi-

vidually with each resident to discover what music they recall from their teen years, what type or genre they prefer then or now and what they would like to hear again is essential in building the resident’s personal playlist. Individuals who are unable to speak would have music associated with their youth or family-identified favorites. In those situations, the individual’s responses, such as verbalization, animation in eyes or face, rising of torso, rhythmic body movement, singing or signs of dislike, were observed to determine musical preferences and what should be included in their individual playlist.

It is known that emotional memories associated with music are present before and throughout life, and these emotional memories can be positively stimulated by the use of specific music. Research from brain imaging while listening to music describes the effect of music as highly emotional and engaging of the reward system deep in the brain, and activating subcortical nuclei that are important in reward, motivation and emotion. Listening to emotional moments in music, when you feel a “chill” of pleasure, causes the release of neurotransmitter dopamine. The challenge is to identify or learn the music that is already present inside each individual that triggers that sense of well-being, happiness or peace.

The project just completed its first year, and the results are promising. Initial observations demonstrate a positive calming effect. The hope is to eventually incorporate music into the care planning for residents. This inter-disciplinary team approach will also work to create a facility soundscape that will be beneficial for residents, families and caregivers.

In 2014, the Butler University School of Music began to explore uses of music in science, social sciences and public health. Besides creating the *Neuromusic Experience* course, Butler created *The Brain Project* for the 2016-17 academic year as a one-year, campus-wide initiative focusing on brain health, with the goal of developing appreciation of how neuroscience is woven into the tapestry of our lives. The *Music First* project and the other university courses and initiatives have given students the opportunity to explore uses of music in public health and learn more about public health and health care.

MORE RECOGNITION FOR ERC AT CSTE

We've already shared some news about the ISDH representatives who attended the Council of State and Territorial Epidemiologists conference in Boise this June, but we'd be remiss if we didn't recognize some other members of the Epidemiology Resource Center who shared their outstanding work.

DJ Shannon presented Dawn McDevitt's poster on "Identifying Transmission of Multidrug-Resistant Organisms in an Indiana Long-Term Care Facility and Recommendations to Control Transmission, 2016." DJ also served as a panelist for a discussion titled "Containment of Targeted and Novel Multidrug-Resistant Organisms."

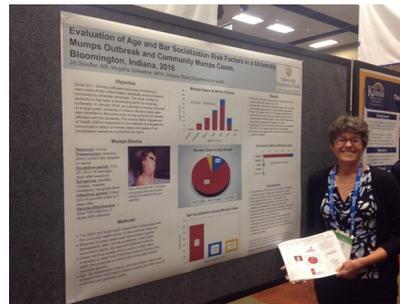
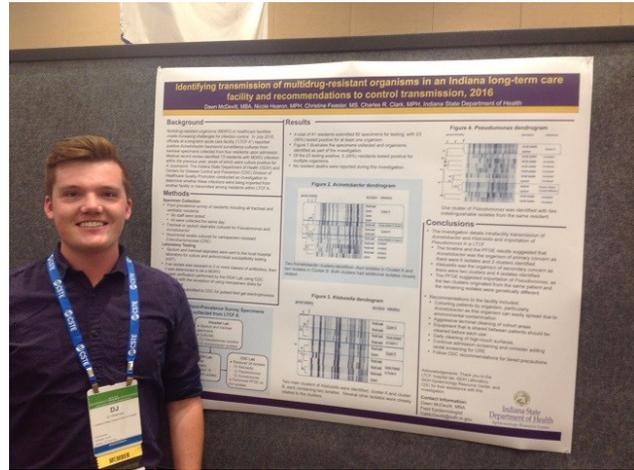
Jill Stauffer presented "Evaluation of Age and Bar Socialization Risk Factors in a University Mumps Outbreak and Community Mumps Cases, Bloomington, Indiana, 2016."

Jen Brown shared "Investigation of Patients Being Treated for Babesiosis and Lyme Disease Co-Infection – Indiana, 2016."

Claudine Samanic presented on "Access to Care and Chronic Disease Prevalence Among Indiana Veterans Reporting Behavioral Health Conditions and Traumatic Brain Injury."

Ann Kayser presented "Evaluation of Timeliness of Discharge Diagnosis in Syndromic Surveillance, Indiana."

We are honored to have been so well-represented at CSTE this year and look forward to what next year's conference brings for ISDH.



The ERC's DJ Shannon presented Dawn McDevitt's poster about transmission of multidrug-resistant organisms in long-term care facilities at CSTE in June, above. Jill Stauffer shared her poster about university mumps outbreaks and how social behaviors may have contributed.

QUALITY IMPROVEMENT 101: WHAT'S LEAN ALL ABOUT?

By Casey Kinderman, Quality Improvement Coordinator

It is no secret that one of Governor Holcomb's pillars is to deliver great government service. To do so, ISDH is making a difference in process improvement through the utilization of a quality improvement approach called Lean. Lean is a management philosophy and improvement toolkit dedicated to creating customer value by continuously eliminating waste and enhancing flow. Through Lean, ISDH is improving upon current processes to make our operations more efficient.

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

As many of you are aware, ISDH has been conducting a series of quality improvement activities spanning many differ-

ent divisions and programs. Our agency has engaged in an experiment to test the Lean methodology through a series of Rapid Improvement Events delivered by a Lean Practitioner. Early wins in the first year of this experiment have resulted in a commitment to train additional staff and use Lean as a tool for continuous process improvement.

Five ISDH staff have been trained to conduct events. During September, the Office of Public Health Performance Management (OPHPM) will continue to build the agency's capacity by recruiting an additional eight staff members to participate in the second cohort of Lean Practitioner training.

The training of Lean Practitioners at ISDH is pivotal to breaking down silos and barriers between commissions, divisions and programs to ultimately create unity within the agency. If your commission or division has a process that needs improvement, contact Casey Kinderman at ckinderman@isdh.in.gov to see about scheduling an RIE.

HERE'S WHAT YOU CAN DO FOR ACCREDITATION

By Patricia Truelove

ISDH is making strides in our journey to accreditation. However, accreditation is not a one person job. It takes all of us!

The almost 30 measures across 12 domains span topic areas from nearly every department and division, and we all have a part to play in meeting Public Health Accreditation Board standards. This month, the accreditation team would like to provide a brief overview of Domain 1 and Domain 2. These domains discuss the assessment of our population and how the department investigates hazards.

Domain 1: Within this domain ISDH will need to show how it has participated in a statewide health assessment. Additionally, the agency will need to show how it collects and maintains reliable, comparable and valid data; analyzes public health data to identify trends; and provides and uses the analysis to develop recommendations regarding public health policy, processes, programs or interventions.

What you can provide:

- Share your plans! ISDH is facilitating the update of our State Health Assessment and Health Improvement Plan. The group would like to know what others are already working toward so we can better align our efforts.

- Keep an eye out for drafts of the completed State Health Assessment to review and provide feedback. Findings will also be shared with the public prior to finalization.
- Offer evidence of how ISDH provides trainings or meetings with surveillance site members regarding relevant reporting requirements, disease/conditions, and timeframes.



Domain 2: This domain focuses on the investigation of suspected or identified health problems and environmental public health hazards, how ISDH contains or mitigates those health problems, if ISDH has appropriate laboratory services to assist in investigating and dealing with health problems and proper policies for urgent and non-urgent communication to the public and partners.

What you can provide:

- Send me your protocols! ISDH must provide written protocols on the processes of investigations.
- More protocols! ISDH will also need to provide how we address containment/mitigation of “public health problems and environmental public health hazards.” This will include disease specific proce-

dures such as pertussis and TB.

- Did I mention protocols? I will also be looking for protocols on cluster evaluations. These cluster evaluations can include SARS, influenza, food poisoning, MRSA, cancer, even small pox.
- Completed After-action Reports (AARs). ISDH will need supporting documentation, which includes two completed AARs.
- Send me your audits and investigation reports. ISDH must provide two examples of how they conducted simultaneous investigations.

Have an MOA/MOU with a partner about their role in assisting in investigations? Send it! ISDH will need two examples of partnerships along with supporting documentation of when ISDH did work with those partners. This could be reports, AARs, or even meeting minutes.

Any documentation that contains confidential information, such as names and contact information, can be submitted if the restricted information is blacked out. (Assistance can be provided and names associated to ISDH or related staff do not need to be restricted.) It is important to remember that our examples do not have to be “wins” in order 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.

AHFSA HONORS LTC COLLABORATIVE PROJECT

Each year the Association for Health Facility Survey Agencies (AHFSA) recognizes a state health care quality improvement project for outstanding achievement in education. The ISDH was awarded the 2017 AHFSA Promising Practices Award for Education.

The ISDH Health Care Quality and Regulatory Commission was recognized for its Regional Long Term Care Collaborative Project. Brenda Buroker accepted the award at the AHFSA Annual Meeting in Orlando and gave a presentation on the

project.

The Regional Collaborative Project was developed in 2014 by Nancy Adams and Burton Garten in partnership with the University of Indianapolis Center for Aging and Community. Nine regional collaborative groups were created in the state. Each group implements quality improvement projects based on nursing home needs assessments. Brenda and the long-term care survey supervisors participate in and provide support for the collaborative groups.



Brenda Buroker accepts the AHFSA Promising Practices Award on behalf of ISDH.

DOING THE WAVE FOR DR. ADAMS



At ISDH, we don't say the "f" word. So this is not farewell, just a "See you in D.C." for Dr. Jerome Adams, the Indiana State Health Commissioner for nearly the last three years. Dr. Adams was officially sworn in as U.S. Surgeon General by Vice President Mike Pence on Sept. 5, 2017. Prior to his departure, many members of the ISDH staff gathered on Monument Circle for a photograph to honor his time at ISDH. A framed photo, along with an Indiana-themed bow tie, was presented to Dr. Adams at his farewell reception on Aug. 28.



NEW ROLE FOR OLA'S MACKINNON; PETERSON RETURNS

Kelly MacKinnon has been named deputy director of the Office of Legal Affairs. She succeeds Rachel Russell.



Kelly MacKinnon

Kelly is a 10-year veteran of ISDH. She has a bachelor's degree from Miami University in Ohio in political science with a minor in history and earned her law degree from the Robert McKinney School of Law. She used to be a competitive figure skater and once competed against 1998 Olympic Gold Medalist Tara Lipinski. Kelly notes that Lipinski placed second in that event, while Kelly was 15th.

Kelly is an avid soccer fan and enjoys

reading nonfiction and classical fiction. Her current book is "The Trial" by Franz Kafka.

Aiesha Peterson Smith has rejoined ISDH as director of human resources. Aiesha has worked for the State Personnel Department since 2006 and is no stranger to ISDH; she worked here from 2009 to 2011 and most recently was at the Department of Child Services.

Aiesha has a bachelor's degree from Indiana University and a master's in management from Indiana Wesleyan. She enjoys being active with her family, attending sporting events and traveling. She is working to learn more about ISDH initiatives to find ways that HR can partner with our divisions.

Please also welcome our August new hires, including some who have been working as contractors. New hires are Samantha Lo in Maternal and Child Health; Kayla Merrick, a microbiologist at the lab; Tonya Long, a nutritionist for WIC; Marianne Cappel in Finance; administrative assistants Connie Wright and Jannifer Smiley; Kira Richardson, a public health investigator in HIV; Kia Relue, a grant coordinator; and Victoria Bailey in Immunizations.

Congratulations also go to clerical assistants Clinton Michael Walker and Latunya Horton; Sarah Briley in MCH; and Katherine Wilhelm, a microbiologist at the lab, who all moved to permanent employment after working as contractors.