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Hoosiers stand ready to respond to disaster

A defining characteristic of disasters and large-scale emergencies is that the scope of the incident exceeds the capacity of any single organization to handle. These situations often require a diverse group of public, private and non-governmental organizations that don't always work together on a daily basis to come together in a collaborative and cohesive manner to mount an effective response.



Dr. Kris Box

The first priority of any emergency response is the health and safety of the public. This means any organization providing services related to health or healthcare may play a significant, direct or supporting role during disaster response operations.

When health and safety are on the line, there is no time to waste. We often don't have time to sit down on the spot and figure out who is responsible for what or what resources are available. That's why our 10 District Health Coalitions are so important.

The coalitions are spread throughout the state and ensure that organizations with a role in responding to an emergency have a mechanism for evaluating resource gaps, identifying roles and developing response strategies before an emergency occurs.

The ISDH Division of Emergency Preparedness works closely with the coalitions to ensure that they have the re-

sources they need. This year, the division will provide \$2.8 million to the 10 District Health Coalitions made up of acute care hospitals, local public health, emergency management agencies, EMS providers and a variety of other partners. The division also supports planning, training and the acquisition of resources. In previous years, these funds have helped districts acquire mobile assets and personal protective equipment, conduct hospital evacuation and medical surge drills and conduct training to test their readiness plans. Additional funds were allocated to support a statewide emergency communications platform, provide technical assistance and pay for healthcare preparedness activities statewide.

Emergency preparedness is just what it sounds like – it's about putting in place the infrastructure to ensure that communities can respond to an emergency, whether it be a natural disaster like flooding, an environmental issue like lead exposure in children or an outbreak of disease. Working collaboratively through healthcare coalitions is an effective way to ensure a more coordinated approach to emergency response, especially in times of dwindling resources.

Thank you for being our partner and for helping to protect Hoosiers.

**Yours in health,
Kris Box, MD, FACOG
Indiana State Health Commissioner**

Meals program serves people living with HIV

By Greta Sanderson

The ISDH HIV/STD/Viral Hepatitis Division has pioneered a new service for Hoosiers living with HIV.

The division has partnered with Meals on Wheels of Central Indiana (MOWCI) to provide physician-directed, medically tailored meals to qualified people living with HIV anywhere in Indiana. Ryan's Meals for Life is one of the first statewide programs of its kind, said Mark Schwering, Ryan White Part B program director for ISDH.



Schwering

"If you keep people nutritionally sustained, they're going to do better with their medical treatment," Schwering said.

The project is funded by a \$1 million grant to MOWCI from ISDH through the Ryan White Supplemental award. The meals are available to more than 2,500 Indiana residents who are HIV positive

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Caribbean salmon is one of the meals delivered as part of the Ryan's Meals for Life entrees.

Latest round of naloxone grants is ISDH's largest

The Indiana State Department of Health (ISDH) in May awarded its biggest round of naloxone grants since the program began in 2016.

Nearly 13,000 kits were granted to 35 counties in the fourth round of naloxone kits awarded to local health departments, bringing the total to nearly 26,680 kits. The number of kits requested per county ranged from six to 1,500.

This latest round of grants totaled \$466,000 and was funded by multiple grant sources.

"We are excited to see more local health departments applying for our naloxone distribution grant," said Audrey Rehberg, ISDH's naloxone distribution program manager. "With 59 participating local health departments, the geographic gaps for naloxone availability are getting smaller and smaller. Our ultimate goal is for all 93 local health departments to carry this life-saving drug."

Contact Rehberg at arehberg@isdh.in.gov or 317-234-0848 for more information about the naloxone grant program.



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and meet the income level requirements, and they are signing up fast.

"This funding has allowed ISDH to be more innovative in its continued work to enhance the lives of those who are living with HIV," said HIV/STD Division Director Dennis Stover.

Program recipients within MOWCI's delivery area have the option of receiving either hot or frozen meals. Outside of the MOWCI delivery area, frozen meals prepared by Eskenazi Health are shipped directly to recipients, said MOWCI Project Manager Nick Fennig. Deliveries were rolled out in January and the service is adding 10 new clients every day, Fennig said.

Studies have shown that good nutrition for people living with HIV improves the effectiveness of their medications, strengthens their immune systems and helps them maintain a healthy weight.

"We're sending about 800 meals a week," Fennig said. "I remember in January when the funding started, we were recruiting people. Now they're flowing quite nicely."

The program has 96 participants in central Indiana and another 156 throughout the rest of the state. Eskenazi uses a specially designed freezer to package the meals. The meals are similar to TV dinners but are fresh and made with healthy ingredients and lots of Indiana-grown meats and vegetables. Eskenazi recently added a third shift to the department where the MOWCI meals are made.

Clients are connected to the food program through the 17 agencies across the state that provide services to HIV-positive clients at 23 locations. The agencies' care coordinators also work with the clients' physicians to make sure the meals are tailored to each individual's needs. The concept has also been used to help patients suffering from other chronic medical conditions with the goals of reducing hospital re-admission and improving their quality of life.

Schwering said medically tailored meals are vital because other available assistance may not provide the balanced nutrition needed to support the patient's health.

"These clients need balanced meals," he said. And the meals are available anywhere in the state and are easy to make.

"There's a lot of thought involved in nutritious food preparation that many consumers take for granted," Schwering said. "This is one less stress factor our clients have to face."

Fennig said MOWCI also tracks data on each client — including the client's viral load, weight, appetite and more —

that will allow it to evaluate the program's success.

Physician-directed meals are another part of ISDH's emphasis on care coordination, using case management to support the whole person, not just his or her medical needs, to create a better outcome. Care coordination can include financial help with insurance or housing, education and access to other helpful resources.

"Expanding mental health and substance abuse services are the next focus areas," Schwering said.



Cooks in the kitchen at Eskenazi Health work to prepare physician-directed meals like those delivered to participants in the Ryan's Meals for Life program across the state.

Overdose team adds web updates

By Greta Sanderson

The Indiana State Department of Health (ISDH) handles a lot of data. Trauma and Injury's Prescription Drug Overdose team is working to put its data and other resources into practice with new web updates designed to make high-demand opioid data easier to access.

Trauma and Injury Prevention Associate Klaudia Wojciechowska said the team added commonly requested web features to help present the ever-changing data in a way that's easy to use.

"People use the Internet all the time," Wojciechowska said. "It's a lot of information, but not overwhelming."

The information includes new programs, resources for treatment and facts surrounding Indiana's opioid epidemic.

Here are a few of the latest website additions:

Prescription Drug Mobile Booth: The site has information about the exhibit and a form for anyone to fill out to request it for an event.

Webcasts: The division uses this page to promote and archive its monthly webcasts. Wojciechowska said about 100 people watch the live webcasts, and the site also promotes webcasts by other organizations, such as the Indiana State Medical Association.

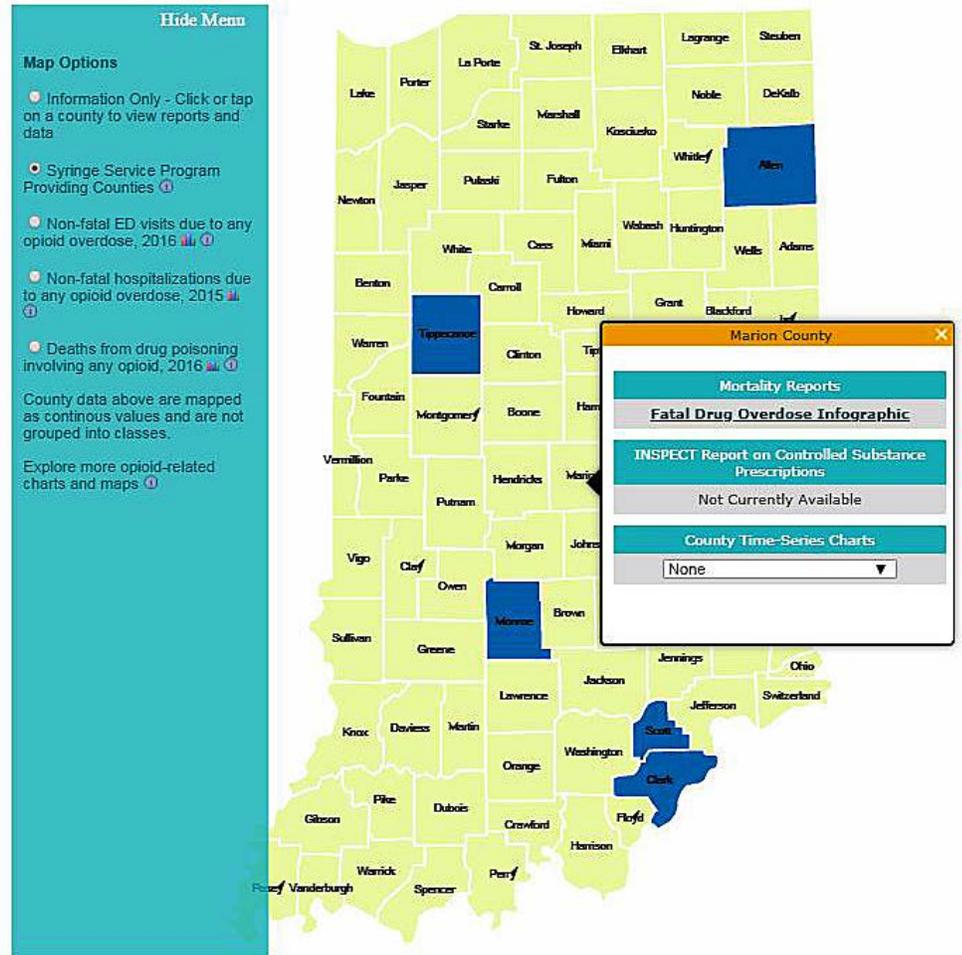
Infographics: More than 60 different handouts targeted to different audiences are posted to the site and available for anyone to use.

Naloxone Distribution Program: This page shows where the kits have been distributed and also includes a guide to resource development, educational resources for training and innovative ideas for potential partners, such as motels and gas stations.

ISDH and RxAwareness campaign: Links and videos are posted, along with a toolkit of all the campaign materials.

Indiana-specific data: All of the information that's in Stats Explorer is presented visually for easier access. Users can click a state map to see data by county and see a comparison to the state average in a number of categories. Information from INSPECT, Indiana's prescription drug monitoring program, will be added soon.

Wojciechowska said the division



This is a snapshot of the new Indiana-specific data available on the Overdose team's website. Users can click on a county and see a comparison of that county to the state average, and INSPECT information will be listed soon.

constantly reviews the site and looks for improvements. More information on grants will be added soon, as will updates on the coroner's toxicology program that

will begin statewide in July and the rapid response project in the works that will create turnkey projects for local health departments to implement.

HEPATITIS A, SYNTHETIC MARIJUANA WEB REPORTS LAUNCHED

The Epidemiology Research Center has added a new page to its [website](#) in response to the increased number of hepatitis A cases reported in 2018.

Similar to the weekly influenza report, the Indiana Hepatitis A Outbreak report includes all counties with cases of outbreak-related hepatitis A and is updated every Friday. As of June 15, 138 outbreak-related cases have been reported.

Cases have been confirmed in several counties, with the majority in Clark and Floyd counties.

ISDH has also created a similar [site](#) for synthetic marijuana following a concern about the substance causing severe bleeding. The information will be updated at least weekly.

Database tracking fatality data grows

By Greta Sanderson

An Indiana State Department of Health (ISDH) program that started in 2015 has developed into a tool that helps determine how communities can prevent some fatalities.

The Indiana Violent Death Reporting System (INVDRS) started collecting data in 2015, funded by a grant from the Centers for Disease Control and Prevention (CDC). Three years later, the system includes case reports from 370 law enforcement agencies and 82 county coroners in the state. The purpose of the system is to go beyond the limited data found in 911 dispatch reports to collecting full incident reports with information about the circumstances that led to the death.

“When you have a department that has bare bones reports or none at all, that doesn’t really help because we’re not getting any of the details we need,” said ISDH Records Coordinator John O’Boyle.

Those details can include basic information, such as gender and race, but also more specifics, such as if depression was involved and if the victim was bullied or had a history of addiction. Putting the case report together with the coroners’ report and death certificate “paints a good picture of what led up to this death,” O’Boyle said.

At the core of the reporting system is that all the recorded deaths could have been prevented. O’Boyle said INDVRS can generate reports that can help communities figure out where to focus

prevention efforts and funding. For example, a community may find it needs more programs on bullying to prevent suicides.

“I want suicides and opioid deaths not to be the leading causes of death anymore,” O’Boyle said.

The Union County Sheriff’s Department (UCSD) recently began sending in reports for the INVDRS. Before this year, case reports weren’t made for suicides or drug overdose deaths, said UCSD Chief Deputy Capt. Shaun Tudor. Union County also doesn’t have its own hospital, so if the patient was transferred and then died, tracking was even more difficult. Sometimes the department relied on information from family members.

“There have been a lot of issues in the past because we don’t know what happens,” Tudor said.

He approached the sheriff with the idea, and now reports are made in all death cases and sent to ISDH.

Tudor said the department was hesitant to file the reports at first because it only has six full-time deputies (including the sheriff and Tudor), three part-time officers and 10 reserve deputies. Adding to the workload was a difficult choice because UCSD responds to calls in the county’s state parks, including three campgrounds, which triples its population during the summer.

Once enough data has been submitted to identify trends, Tudor said the information will help the department relay what the department is doing and the issues in the county to the county council and commissioners.

READY TO RESPOND

The Union County Sheriff’s Department (UCSD) applied earlier this year for an ISDH naloxone distribution grant for rural first responders. Union County was one of 122 first responder agencies serving 35 counties that were awarded a total of 4,438 naloxone kits. The department received 100 kits, and UCSD Chief Deputy Capt. Shaun Tudor said the naloxone has already been used successfully twice.

Although the sheriff was hesitant to get naloxone at first, “a lot of things have changed our minds,” Tudor said. A turning point came when he heard a quote from a habitual offender in neighboring Wayne County.

“He said every time he went to jail an addict and left an addict,” Tudor said. That’s when he realized, they weren’t “fixing the problem.”

Tudor said that with only one ambulance in the county, officer safety was also a concern.

“We know we’ve got an uphill battle, and we’re trying to move in the right direction to fix it,” Tudor said.

“It was time for a change,” Tudor said.

There are now 40 states using the system, and the CDC will fund all 50 states by September. That means reports can compare a particular area in Indiana to similar communities in other states.

Email O’Boyle at JOBoyle@isdh.IN.gov for more information.

WIC Day at Indianapolis Indians set for July 8

The Indiana Women, Infants, and Children (WIC) program has launched a two-year partnership with the Indianapolis Indians. The agreement features a WIC-branded Mother’s Room at Victory Field, new changing stations installed with WIC-branded messages and concourse signage.

This campaign will increase awareness of Indiana WIC nutrition and breastfeeding programs until August 2019 through engagement with the more than 660,000 fans who visit Victory Field each season. Many Indianapolis Indians fans are families with young chil-



dren who could be served by WIC.

July 8 is WIC Day at Victory Field. The first 1,500 youth through the gates will receive a free Indians jersey with the WIC logo. The WIC mobile unit will be onsite to promote WIC throughout the game. The game will be promoted to potential new clients via social media. The Indians also will schedule Facebook and Twitter posts to promote how fans can get a discount code and print the voucher.

WIC is a nutrition program that provides nutrition and health education, breastfeeding support, healthy food and referrals to other services free of charge to Indiana families who qualify.

The Indiana WIC program serves an average of 145,000 women, infants and children each month through a statewide network of 140 WIC clinics.

Fatality review teams are in the works

By Greta Sanderson

The Indiana State Department of Health (ISDH) is finding new ways to save the lives of more Hoosiers. New ISDH programs will review maternal and overdose fatalities, two of Indiana's greatest health priorities.

A statewide maternal mortality review (MMR) law takes effect July 1. Senate Enrolled Act 142 called for the establishment of the committee to review deaths of individuals during pregnancy through up to one year after pregnancy from any cause related to or aggravated by the pregnancy or management of the pregnancy.

"The whole purpose of this team is to look at risk factors and circumstances and figure out how to prevent it," said Gretchen Martin, ISDH child fatality review director. The new MMR initiative is modeled after ISDH's child fatality review process and will help identify trends and guide the development of programs aimed at keeping mothers and babies safe.

In 2016, Indiana's maternal mortality rate was 21.6 per 100,000 live births, higher than the national average, Martin said.

"In this day and age, we shouldn't be losing that many women to childbirth," Martin said.

The first step in the review process is to pull vital records data to identify potential cases for review. Death certificates include a line for coroners to identify if the woman had recently been pregnant.

After a preliminary review, the maternal deaths with unrelated causes, such as cases where the cause of death was a car accident, are pulled out. The MMR coordinator and case abstractors then collect information on cases selected for summary after a preliminary review is completed by the hospital and medical providers who treated the mother. The new state law gives investigators the authority to

pull the medical records they need.

Martin estimates that about 70 cases will be evaluated, and the committee will decide which of those cases to review in more detail. ISDH Levels of Care nurses, who already work with the state's birthing hospitals, will help pull the records and write confidential case summaries.

The MMR committee will bring together specialists from a number of diverse areas, including obstetrics, mental health, pathology, midwifery and social work. Preparation work is already underway, and the group plans to have its first meeting in August to discuss its mission, vision, goals and scope, as well as how cases will be chosen for further study. The group will also conduct a mock case presentation and review.

The new statute directs the MMR committee to prepare an annual report that includes a summary of data from reviewed cases, emerging issues and recommendations. The report will be posted on the ISDH website.

As of January 2018, 42 states have shown an interest in MMR and nine have a practicing MMR committee, Martin said. Indiana will be the 10th state to add the review.

Overdose review

As ISDH gears up for MMR, it's also creating an overdose fatality review (OFR) pilot. Four counties — Knox, Montgomery, Tippecanoe and Vanderburgh — volunteered to participate in the project. Also modeled after the child fatality review team, the OFR pilot is funded by a federal Prescription Drug Overdose Supplemental Grant. The purpose of OFR is to prevent future drug overdose deaths, and the pilot is examining the feasibility and standardization of this process in Indiana.

"We know how many have died, but it doesn't tell us when, why or how.

We've got to look at those risk factors and circumstances and use that to inform our prevention efforts," Martin said.

Recommended review team members include the county coroner, pharmacists and prosecuting attorney, as well as representatives from law enforcement, the schools and the local hospital.

Martin said one of the biggest benefits of bringing different perspectives to the table is sharing information to identify community trends and risk factors. For example, responder fatigue is another issue that has frequently emerged.

"They're often at the same house multiple times a day, and when [the victim] wakes up, they often refuse treatment," which frustrates responders, Martin said.

Based on that feedback, work is underway to create a card listing recovery resources for responders to give to the overdose victim in the hope that he or she may decide to call later.

The pilot counties are also working to address the stigma of addiction, finalizing review guidance documents and training local pharmacists and hospitals on filling problematic prescriptions.

Martin said only a few states have an OFR process and that ISDH is using Maryland's program as a model.

Based on 20 cases reviewed so far, the victim's average age was 41.3 years, nine cases had a documented mental health history, 12 victims had previously been arrested and three had attempted suicide.

Martin said the process in each of the four counties is different, but their goals are the same. Each team is dedicated to finding ways to prevent these deaths in their jurisdiction. At the end of the pilot, OFR best practices and a policy and program manual will be developed so other counties can implement the process.

AWARD WINNER

Noah Vanosdol won the patient education collaborative contest created through a partnership of ISDH with the Indiana Hospital Association and QSource. Vanosdol, a student at Ivy Tech, created the winning pamphlet about *Clostridium difficile* infection. Pictured (from left) are ISDH intern Abby Carlson, ISDH Healthcare-Associated Infections Supervisor Tina Feaster, Vanosdol, Cynthia Roush of the Indiana Hospital Association and Cathie Moore of Qsource. *Clostridium difficile* can cause close to 500,000 illnesses in a single year. See Vanosdol's brochure [here](#). Submissions for the next contest are [due June 29](#).



Critical access hospitals recognized for service

A group of Indiana's Critical Access Hospitals gathered May 22 to network and discuss the challenges rural hospitals face.

State Health Commissioner Dr. Kris Box and Indiana State Department of Health's Flex Grant Coordinator David Conrad from the Rural Health Division handed out awards to five hospitals and presented certificates to all of the state's 35 critical access hospitals (CAHs).



Indiana State Health Commissioner Dr. Kris Box and ISDH Flex Grant Coordinator David Conrad present awards at the May 22 meeting.

The Office of Rural Health commended the CAHs for Indiana's top 10 ranking for reporting on the Medicare Beneficiary Quality Improvement Project.

The project is focused on gathering data on quality improvement and patient satisfaction in hospitals.

Dr. Box presented five awards, each one recognizing a hospital's commitment to excellence.

The Most Improved Critical Access Award was driven by data and given to the hospital that had seen the greatest increase in its reporting metrics over the past year. St. Vincent Warrick Hospital in Boonville was the recipient.

The other four awards were given

to hospitals that had submitted a project or an individual's name in a particular category.

The Innovation in Quality Improvement Award was won by Putnam County Hospital for its emergency department improvement project. Through data collection and identification of the root causes of delays, the hospital implemented interventions that improved its emergency room departure time, lowering the average wait time from around 36 minutes to fewer than eight minutes.

The Community Impact Award was presented to St. Vincent Dunn Hospital for its The Birth Place program in Lawrence County. The maternity services included at The Birth Place range from prenatal classes for prospective parents to monthly certified car seat check stations at clinics, helping parents from labor to post-delivery.

The Outstanding Rural Health Provider Award was given to Lauren Keller and Pam Bond of Indiana University Health Paoli for their work on their Antimicrobial Stewardship Program Initiative. They spearheaded education on antibiotic stewardship within their hospital and its providers.

Gloria Barth of Harrison County Hospital received the Outstanding Critical Access Hospital Leadership Award for her tireless dedication to increasing quality improvement knowledge and safety initiatives at the hospital. Going above and beyond in reaching out to the front-line staff, Barth visits units throughout the week to engage with staff and make sure their voices are heard.

FIREWORKS INJURY REPORT ELIMINATED

Starting July 1, Indiana hospitals and private medical practices will no longer be required to submit fireworks injury reports to the Indiana State Department of Health.

The fireworks injury reporting

legislation was put into effect in 2003. The goal was to reduce the burden of fireworks



injuries by providing surveillance on the types of injuries that occur, the circumstances of injury and the date and time of day most injuries occurred.

In 2017, 238 fireworks injuries were reported, but a significant number of providers did not submit reports. Indiana lawmakers eliminated the requirement this year.

ISDH ADDRESSES STATE'S CORONERS



Ramzi Nimry, Statewide Trauma System Development and Training Manager for the ISDH Division of Trauma and Injury, gives a vital records update on June 14 at the Indiana State Coroners In-Service Training Conference held at the Sheraton Hotel and Suites in Indianapolis. Nimry gave an update on the implementation of the Indiana Violent Death Reporting System that collects and abstracts data on violent deaths. The system explores innovative methods of collecting, reporting and sharing data that can be shared with stakeholders, the public and the Centers for Disease Control and Prevention's multistate database. He also explained ISDH's free online coroner case management system. The system is optimized for tablets and smartphones so it can be used in the field with a Wi-Fi connection.

Public Health Nurse conference draws crowd



LEFT: Chad Priest, CEO for the Indiana Region of the American Red Cross, speaks about the three pillars of public health at the Public Health Nurse Conference May 9 in Carmel. **ABOVE:** Ayriane Bailey and Noah Ndhlovu of the HIV/STD/Viral Hepatitis Division talk with attendees of the Public Health Nurse Conference at the 502 East Event Centre in Carmel. The two-day event included information on a variety of topics, from immunizations to grants.

EMS CONFERENCE



ISDH Commissioner Dr. Kris Box addresses the fifth annual EMS Medical Directors' Conference April 27 at the Ritz Charles in Carmel. More than 100 EMS medical directors, paramedics and program managers attended the event.

ISDH IN THE NEWS

Click on any of the links below to see recent ISDH press releases:

[INDIANA HEALTH OFFICIALS ASSIST WITH INVESTIGATION INTO MULTI-STATE SALMONELLA OUTBREAK](#)

[ISDH GRANT DELIVERS MEALS PROGRAM FOR PEOPLE LIVING WITH HIV](#)

[STATE HEALTH OFFICIALS ENCOURAGE SAFE SWIMMING THIS SUMMER](#)

[HEALTH OFFICIALS URGE HOOSIERS TO KNOW THE SIGNS OF ASTHMA](#)

[HEALTH OFFICIALS URGE HOOSIERS TO TAKE PRECAUTIONS AGAINST TICKS](#)

[HEALTH OFFICIALS OFFER FREE HELP TO QUIT SMOKING](#)

[HOOSIERS TRAVELING TO STATES WITH HEPATITIS A OUTBREAKS URGED TO TAKE PRECAUTIONS AGAINST DISEASE](#)

[HEALTH OFFICIALS URGE HOOSIERS TO GET TESTED FOR STDs](#)

[HEALTH DEPARTMENT WARNS OF SYNTHETIC MARIJUANA DANGERS AMID CASES OF SEVERE BLEED](#)

[HEALTH DEPARTMENT INVESTIGATING INCREASE IN HEPATITIS A CASES](#)

Read more news on our [website](#).



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