Making strides to protect Hoosiers

As Indiana’s health commissioner, helping Hoosier moms and babies survive and thrive is one of my biggest priorities. As someone who has spent her medical career bringing new life into the world, it’s my fervent desire that we give those babies their best shot at a long, healthy life. Thanks to the Indiana General Assembly this year, we have new tools at our disposal.

House Bill 1007, which established an OB Navigator program and universal verbal screening for substance use in pregnancy, passed both the House and Senate with no amendments and was signed into law by Gov. Eric Holcomb on May 8. Work is under way on these critical efforts under the direction of our new project manager, Karen McKeown as we work to build a network of services and support to wrap our arms around moms and babies in need based on the requirements of this new program.

The goal of the program is to pair pregnant women with the local resources they need to have a healthy pregnancy and baby. To do that, we need to connect pregnant women who are covered by Medicaid in our highest-risk areas to services in their communities. By walking beside these women during pregnancy and through their baby’s first year of life, OB navigators can address medical risk factors and socioeconomic issues, which we know contribute to infant and maternal mortality. This will ensure all needs are addressed to foster healthy outcomes for mothers and babies, even in the highest-risk areas of our state.

Through these community networks, we can address disparities and socioeconomic factors that prevent a woman from accessing prenatal care early and continuing that care for both herself and her baby.

The second part of the legislation will reduce the impact of substance use disorder on pregnant women and their babies. It calls for healthcare providers to verbally screen all expectant mothers for alcohol and substance use disorder as early in pregnancy as possible, with follow-up screenings throughout the pregnancy. We know that women are more receptive to seeking treatment while pregnant, so we want to make the most of this touchpoint.

This important legislation promises to dramatically improve outcomes for Indiana moms and babies and is another important step in our efforts to lower Indiana’s infant and maternal mortality rates.

ISDH is also working to protect the lives of our state’s most vulnerable by stepping up our child fatality and maternal mortality review boards. Both the child and maternal fatality review boards are multidisciplinary, professional teams that conduct a comprehensive, in-depth review of a child’s death and the circumstances and risk factors involved and then seek to understand how and why the child or mother died so future injury and death can be prevented.

These groups are just getting started, but initial results are encouraging. I’m excited to see the impact they will have going forward as we continue working together to make Indiana a safer place for moms and babies.

Yours in Health,
Kris Box, MD, FACOG
Indiana State Health Commissioner
James “Billy” Brewer has been named director of the Division of Emergency Preparedness. Brewer brings a wealth of training and experience to this new position.

Brewer has worked in multiple roles within Emergency Preparedness since 2013, most recently as acting director. He was previously the division’s director of operations where he managed the emergency planning section, state medical countermeasures program, Medical Reserve Corps and SERV-IN programs, and he has been closely involved in the development of each year’s preparedness grant. Brewer’s various roles, combined with support from his team and other sections in the division, ensures strong public health preparedness and emergency response across the state.

Brewer has worked closely with Homeland Security and other state agencies on preparedness projects that have ranged from infectious disease and bioterrorism to radiological incidents and natural disasters. Brewer has experience in multiple ISDH responses, including the 2014 Ebola Preparedness, the 2015 HIV outbreak in Scott County, the 2016 High Pathogenic Avian Influenza, and several floods, tornadoes and winter storms with the State Emergency Operations Center. Brewer has participated in several statewide exercises of various topics and in numerous workshops across the state.

Brewer is a 2008 graduate of IUPUI with a Bachelor of Arts in anthropology and Bachelor of Science in biology. He is a graduate of the IU School of Public and Environmental Affairs in Indianapolis with a Master of Science in criminal justice and public safety/Master of Public Affairs. In 2016, he completed a graduate certificate in public health from the Fairbanks School of Public Health.

He also has more than 15 years of experience as a firefighter and emergency medical technician and was recently certified as an advanced emergency medical technician.

As for his approach to preparedness, Brewer quotes Abraham Lincoln: “If I had six hours to chop down a tree, I’d spend the first four hours sharpening the axe.”

“I heard this first in a rescue diver course many years ago,” Brewer said. “I think it reflects on the work of preparedness as it relates to overall disaster response. We spend most of our time in preparedness working on plans, training and doing exercises — all so that when we do need to respond, we are more effective and efficient.”

By Amy Kent

The Indiana General Assembly adjourned sine die (“indefinitely”) just after 11 p.m. Wednesday, April 24. More than 1,300 bills were proposed during the 2019 legislative session and almost 300 headed to Gov. Eric Holcomb’s desk for his signature and final approval (or veto).

State Health Commissioner Kris Box, MD, FACOG, outlined House Enrolled Act (HEA) 1007, Governor Holcomb’s infant mortality bill, in her comments on page one, so I’ll share some information on other public health bills.

Both bills the Indiana State Department of Health had on its legislative agenda passed.

The first is HEA 1545, which cleans up some outdated vital records statutes, many of which haven’t been updated since the 1990s. Some of the changes include establishing a process for submitting paper records in case the electronic system is unavailable and adding safeguards and requirements for data protection for researchers requesting vital records data. HEA 1545 also allows ISDH to issue guidance to local health departments about vital records laws.

Senate Enrolled Act (SEA) 228 was ISDH’s public health bill that provides additional tools and resources for emergency response efforts. SEA 228 permits ISDH to share immunization data with the Centers for Disease Control and Prevention so the state can participate in future technical assistance and funding opportunities.

The bill will also help the state improve its public health surveillance and response by allowing ISDH to more efficiently update the list of reportable communicable diseases and birth problems. Last, the bill amends the health commissioner’s standing order authority for immunizations to include other medical professionals, such as paramedics and registered nurses.

Other bills of note include:

- HEA 1063: Requires the Indiana Department of Education, in collaboration with the Indiana Department of Homeland Security, to develop and provide training for the use of bleeding control kits in schools. It also requires a school to have five staff members trained on Stop the Bleed, have three kits on school grounds and include the kits’ locations in the school’s safety plan.

- HEA 1486: Requires ISDH to establish a technical review panel to review application for septic system “technology new to Indiana,” shortens the timeframe for local health departments to approve site plans for residential systems from 45 days to 30 days and requires ISDH to approve engineer-prepared site plans upon submission for commercial use if they meet certain requirements.

- SEA 278: Allows hospitals or local health departments to establish county or regional fetal-infant mortality review teams, provides access to records and confidentiality protections for case reviews and provides certain civil and criminal immunity for review team members.

- SEA 464: Allows certain representatives of a homeless youth to access, on behalf of the youth, the youth’s birth certificate from the local health department without paying a fee or obtaining the consent of a parent, guardian or custodian.

- SEA 498: Allows the Emergency Medical Services Commission to develop a Mobile Integration Healthcare program in consultation with ISDH and allows Medicaid to reimburse for certain services under the program, including transportation, acute care, chronic condition services and disease management.

- SEA 632: Requires ISDH to include recommendations for radon testing in our manual of best practices for managing indoor air quality at schools.

Dates for the 2020 short General Assembly session haven’t been set yet, but summer study committees will meet this summer. Topics and meeting notices will be posted here.
ISDH aims to improve maternal care

While the World Health Organization reports maternal mortality rates across the globe have decreased by 44 percent between 1990 and 2005, they are rising in the United States. The Centers for Disease Control and Prevention define a pregnancy-related fatality as the death of a woman while pregnant or up to one year of the end of pregnancy, despite the outcome, duration or site of pregnancy, from any cause related to or aggravated by her pregnancy or management.

In 2015, an estimated 550 maternal deaths occurred in the United States. This estimate placed the United States 38th out of 46 developed countries. Indiana has implemented a new program to help protect the lives of Hoosier moms.

In January 2019, ISDH was accepted into the Alliance for Innovation on Maternal Health (AIM). The American College of Obstetricians and Gynecologists (ACOG) is a leader in this national alliance of many organizations focused on reducing maternal morbidity and mortality.

The purpose of AIM is to promote consistent and safe maternity care to reduce maternal morbidity and mortality by equipping, empowering and emboldening every state’s maternal health leaders, providers and systems. Twenty-eight states and 1,300 hospitals participate in AIM. This means that close to 75 percent of births in the United States are taking place at an AIM hospital. AIM has taken evidence-based best practices in maternity care from around the country and compiled them to create patient safety bundles for hospitals.

Bundles address obstetric hemorrhage, hypertension, safe reduction of primary cesarean births, obstetrics care for women with opioid use disorder and more. The bundles serve as a guide for hospitals to use quality improvement initiatives while collecting five data points each quarter. Enrolled hospitals will also have many opportunities to collaborate and learn from each other to address implementation barriers and highlight successes. The first bundle Indiana AIM has chosen to implement focuses on the reduction of obstetric hemorrhage.

Since enrolling into the national organization, Indiana AIM leads Sarah Briley and Kristen Moore have hosted three hospital recruitment events. The first was an April 2019 kickoff meeting at the Indiana ACOG Section Meeting, where more than 250 providers learned more about AIM from Dr. Haywood Brown, a nationally recognized leader in women and obstetric health.

The deadline for hospitals to enroll is Aug. 1, and ISDH encourages all hospitals with maternity care to participate.

LEARN MORE

For more information, please email Indiana AIM State Lead Sarah Briley at SBriley@isdh.IN.gov or visit:

- Alliance for Innovation on Maternal Health
- World Health Organization
- Centers for Disease Control and Prevention

PROGRAM FOCUSES ON ENDING TB

The ISDH Tuberculosis/Refugee Health team hosted a World TB Day Conference March 25 at the Central Library in Indianapolis. The free educational forum included TB radiology, interferon gamma release assays and TB, and regional break-out sessions.

Pictured, from left, are Wendi Hollowell, TB Regional Nurse Consultant; Alicia Earnest, Refugee Health Coordinator; Roxane Collins, TB Regional Nurse Consultant; Kelly White, Director; Jill Brock, TB Regional Nurse Consultant; Sang Thao, TB Epidemiologist; and Sandi Morse, TB Regional Nurse Consultant. Lori Mathews, administrative assistant, is not pictured.

Sara Burnett from the Putnam County Health Department was the Excellence in TB Control Award winner.

Pictured at the Indiana AIM Kickoff Meeting are, from left, AIM National Project Manager Alexis Amankwanor, Indiana AIM Leads Kristen Moore and Sarah Briley and Dr. Haywood Brown.
Food protection begins farm inspections

By Vivien McCurdy

With more than 1,800 produce farms across Indiana, fruit and vegetable production is an important sector within our agriculture industry.

While these foods are an essential part of a healthy diet, they can pose public health risks, as fruits, vegetables and nuts accounted for nearly a quarter of all reported human foodborne illness outbreaks nationwide between 2009 and 2015.

Common foodborne pathogens associated with fresh fruits and vegetables include Cyclospora cayetanensis, E. coli O157:H7, hepatitis A, Listeria monocytogenes, norovirus, salmonella and shigella. Consumption of contaminated produce can lead to illnesses including diarrhea, vomiting and even death.

The Food Safety Modernization Act (FSMA) Produce Safety Rule (PSR) was finalized in 2016 by the U.S. Food and Drug Administration. This regulation provides enforceable safety standards for the production and harvesting of produce consumed by humans.

In conjunction with national safe produce standards, Indiana Senate Enrolled Act 331 was signed into law on March 15, 2018, and allows the ISDH Produce Safety Team to enter or inspect, at reasonable times, any produce farm that grows, harvests, packs or holds covered produce as defined by the PSR. In addition, produce farms covered under the FSMA Produce Safety Rule are required to register with ISDH. While growers can anticipate a rigorous regulatory inspection approach, the Produce Safety Team is committed to following the agency’s “educate before and while we regulate” principle.

Beginning in July 2019, the Indiana Produce Safety Team will inspect farms or operations that handle generally eaten raw crops, such as apples, berries, melons, herbs, mushrooms, leafy greens, cabbages, carrots and cucumbers. Farms or operations that have more than $500,000 in sales are the focus of the first round of inspections.

The compliance deadline for farms with $250,000 – $500,000 in sales is January 2020, and inspections of very small farms with sales between $25,000 and $250,000 are slated to begin in January 2021.

Farms with less than $25,000 income are exempt from the rule and are not subject to inspection. The new law outlines the types of farms regulated, which include outdoor farms, indoor farms, produce auction houses and packing or holding facilities.

The ISDH Produce Safety Team is comprised of five staff members within the ISDH Food Protection Program.

JoAnna Beck is the Produce Safety Supervisor; Jennifer Coleman is responsible for inspecting the northern Indiana farms; Heidi Walker will inspect central Indiana farms; and William (Bill) Tuley will inspect southern Indiana farms.

I am the grant coordinator for the program. During inspections, farms will be evaluated based on worker health and hygiene practices, agricultural water testing, application of biological soil amendments, observation of wildlife and domestic animal excreta, sanitation of production equipment and facilities and record-keeping practices.

Meet the inspectors

Jennifer Coleman (north)  Bill Tuley (south)  Heidi Walker (central)

Black and Minority Health Fair returns July 18-21

“Take Your Health to the Next Level” at the 2019 Indiana Black & Minority Health Fair. The 34th annual event will be July 18-21 at the Indiana Convention Center.

This year’s fair will include more than $2,000 in free health screenings so people can get their glucose and blood pressure checked, be tested for HIV or receive a breast or prostate screening.

The health fair is a visible annual reminder of the work public health professionals do every day to improve the health outcomes for all Hoosiers. But it’s just one part of the picture. All of us who work in public health must continue to strategize ways to break down the barriers that put some of our residents at a disadvantage.

Last year, a woman stopped by whose breast screening at the health fair was abnormal. By connecting her to resources, she was able to get a mammogram.

Please be sure to visit the health fair and get inspired to take Indiana’s health to the next level.

State Health Commissioner Dr. Kris Box, right, and Office of Minority Health Director Antoinette Holt, center, talk with RadioOne’s Tina Crosby about the upcoming 2019 Indiana Black & Minority Health Fair set for July at the Indiana Convention Center.
The Indiana State Department of Health (ISDH) will host the 2019 Infectious Disease Summit Nov. 20-21, 2019, at the Marriott East in Indianapolis.

The 2019 summit theme is United in Prevention, Response, and Service.

Individuals working in infectious disease-related fields — including emergency preparedness coordinators, epidemiologists, healthcare providers, infection preventionists, laboratorians, local health departments, public safety personnel, state partners, students and others — are encouraged to attend.

ISDH encourages individuals working in infectious disease-related fields to submit abstracts for presentations that address the conference theme United in Prevention, Response, and Service.

Abstracts must be submitted by July 15. Please click here for the call for presentations details and for additional information about submitting an abstract.

Registration for the 2019 Indiana Infectious Disease Summit is anticipated to open Sept. 23. Please e-mail LHDinfo@isdh.in.gov if you would like to be contacted when registration opens.

**MOMS Helpline launches texting**

MOMS Helpline has launched a new texting service to better link Hoosier mothers to services available in their communities and improve the health of women and their babies.

This new channel of communication will enable the MOMS Helpline to expand its reach and ensure that women have easy access to the services and information that can promote a healthy pregnancy and healthy baby. For example, through a text reply, referrals can be sent with a site link that will integrate with the user’s smart phone navigation and web browser, providing instant access to services.

“We are always looking for more ways that technology can be used to improve Hoosiers’ health,” said State Health Commissioner Kris Box, M.D., FACOG. “Adding an innovative text feature to the MOMS Helpline helps us connect even more Indiana moms and babies to the community services they need and is another tool in our fight to reduce Indiana’s infant mortality rate.”

The MOMS Helpline’s mission is to reduce the infant mortality rate in Indiana by connecting families with services such as transportation, baby supplies, car seats and financial assistance. MOMS Helpline specialists are certified insurance navigators who can enroll callers in health insurance programs, including Medicaid. The addition of the texting service will give Hoosiers the ability to schedule an appointment with one of the certified navigators on staff. All services provided through the MOMS Helpline are offered in both English and Spanish.

The helpline recently celebrated its third anniversary and has assisted with more than 7,000 calls.

In addition to adding the new text feature, the helpline recently expanded its partnership with Indiana 2-1-1, allowing call specialists to access information about more than 20,000 resources throughout the state.

Access the MOMS Helpline by text message at 844-666-7898 (844-MOMS-TXT) for English and 844-737-6262 (844-SER-MAMA) for Spanish. The service is also available by phone by calling 844-624-6667 (844-MCH-MOMS) and through Liv, the ISDH pregnancy mobile app, which is available for both Apple and Android users or online.
Program helps prevent chronic conditions

By Greta Sanderson

Preventing chronic health conditions and minimizing their impact is an important focus of public health. For the last six years, the National Diabetes Prevention Program (National DPP) has helped people in Marion County learn about healthy eating and shed extra pounds and engage in more physical activity to avoid some of those unhealthy lifestyle consequences, including prediabetes and heart disease.

This program is just one of many offered in Indiana, and it is part of the National DPP led by the Centers for Disease Control and Prevention (CDC).

This year, the National DPP has grown to 32 counties with 80 locations. Various organizations around the state are sponsoring the program. The program’s expansion is part of Indiana’s plan to increase efforts to prevent diabetes, said Laura Heinrich, director of the Indiana State Department of Health’s Cardiovascular Health and Diabetes Section.

The National DPP is a year-long program taught by trained lifestyle coaches. To qualify, participants must be at least 18 years old, have established risk factors for developing type 2 diabetes or be diagnosed with prediabetes in the past year.

Anyone can recommend the program, including hospitals, local health departments or health coalitions.

Each class meets for an hour every week for the first six months, either virtually or face-to-face, then once or twice a month through the end of the program. Participants learn about portions and what kind of foods to eat, how to add physical activity to their day and other psychological and motivational barriers to a healthful lifestyle.

The goal is for participants to lose 5 to 7 percent of their body weight (approximately 10-14 pounds for a 200-pound person) through basic nutrition education and achieve 150 minutes of physical activity each week.

In this year-long program, participants work with a trained “lifestyle coach” in a group-like setting to set personal goals, learn how to eat healthy, add daily physical activity, stay motivated and problem-solve issues that can get in the way of making healthy lifestyle changes.

One participant’s experience with the program started in October 2016. That’s when she noticed during a routine exam that she was tipping the scale at nearly 300 pounds, and her blood sugar, blood pressure and cholesterol levels were all higher than normal. Her doctor was pushing her to start medication, and that’s when she discovered the National DDP.

“I learned how to make the necessary lifestyle changes so that I could succeed during the program and also maintain this success after the program ended,” she said, after losing 113 pounds and having her levels return to normal.

The program has been researched by the Diabetes Prevention Research Group, of which the IU SOM was part. It has been proven to prevent and/or delay type 2 diabetes and has helped people cut their risk for diabetes in half.

The program is part of ISDH’s plan to reduce the incidence rate of diabetes in Indiana. The CDC maintains quality assurance for the National Diabetes Prevention Program. There are 26 organizations offering the National DPP in Indiana.

Briefly

ISDH returns to state fair

ISDH will be at the Indiana State Fair again this year. Several divisions will be participating throughout the fair’s 17-day run. With two booth spaces in the Expo Hall, ISDH staff members will be onsite every day of the fair to engage with fairgoers and provide information and interactive demonstrations to promote good health in Indiana.

In addition, on select days, fairgoers will be able to purchase birth and death certificates from ISDH’s Vital Records Division and parents will be able to register their child’s immunization record with MyVaxIndiana.

The 2019 Indiana State Fair will salute our Heroes in the Heartland, including hoosier farmers, first responders, educators, members of the Armed Forces, and many others who keep us safe and make us proud.

Help Me Grow brings national meeting to Indy

Indiana has been named the host of the 2020 Help Me Grow National Forum. Help Me Grow Indiana is a free and easy-to-use system that connects families to screening information and resources for children from birth to 5 years old. The program is a partnership between the Maternal, Infant, and Early Childhood Home Visiting Program and Early Childhood Comprehensive Systems and is available in nine pilot counties.

The goal of Help Me Grow is to create a statewide resource directory with a feedback loop to identify gaps in services targeted and developed in pilot sites.

Hosting the national forum next May is an opportunity to showcase Indiana’s efforts toward growing the program and creating partnerships to empower more families by supporting their children’s healthy development.
Indiana WIC Day event at Victory Field returns July 21


This is the second year for the partnership to increase awareness of Indiana WIC nutrition and breastfeeding programs through engagement with the more than 660,000 fans who visit Victory Field each season. Many Indianapolis Indians fans are families with young children who could be served by WIC.

The WIC mobile unit will be onsite to promote WIC throughout the game. The game will be highlighted for potential new clients via social media. The Indians also will schedule Facebook and Twitter posts to provide fans the discount code for tickets.

WIC provides free nutrition and health education, breastfeeding support, healthy food and community referrals to Indiana families who qualify.

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