

As published in the June 2008 issue of *Indianapolis Woman* magazine



**WCP**  
WEISS CUSTOM PUBLISHING



Indiana State  
Department of Health

# INJURY PREVENTION

It's always the right time to learn how to keep you and your loved ones safer.

From tips to preparing for your first child's birth to teen driver safety to preventing injuries in your home inside and out, you can create safe and secure surroundings.

Increase your awareness of potential injuries. Then make proactive changes that decrease the chance you'll be counted among the numerous unintentional and intentional injuries happening each day.

# A special message from State Health Commissioner **DR. JUDY MONROE**

## Take precautions to prevent injuries

Injuries affect everyone. No one is immune.

Even though we might try to be careful in our daily lives, injuries often happen when we least expect them. I was reminded of this when I broke my wrist last year while riding my bike. Not only was it painful, but it also impacted my life in ways I never imagined. Even worse, the whole incident could have been prevented if I had been better informed about the proper use of special pedals on my bicycle.

Most injuries are preventable, and we know many of the risk factors. However, the prevalence of unintentional and intentional injuries is a growing public health concern. Each year, more than 95,000 Hoosiers are hospitalized and nearly 4,000 die from injuries. Reducing the toll of injuries in the state is critical and requires increased awareness, stronger prevention measures and a better-developed trauma system. Increasing awareness through education is vital to injury prevention.

When you know what is likely to cause an injury, you can take measures to keep from being counted among the number of Hoosiers who are hurt each day. As you read this publication, you will become aware of hazards in your home, at work and in your community. Using our safety checklist will help you identify what changes need to be made in your home and environment to keep yourself and your loved ones safe.

Once an injury occurs, it is crucial response is immediate and efficient so the resulting trauma is limited and fatalities can be avoided. In answer to the needs for improving emergency response, Indiana is

in the process of establishing a voluntary, statewide system of trauma care. A trauma system is a pre-planned, comprehensive and coordinated statewide and local injury response network that includes all medical facilities with the capacity to care for the injured. These improvements mean you and your family will get the emergency support and health care you need in times of injury.

With increased awareness, stronger prevention measures and a better-developed trauma system, we can reduce the number of unnecessary injuries and deaths in our homes and communities across the state. By taking the time to read this publication about injury prevention, you are already a part of keeping Hoosiers safer, starting with you and your family.



**Judy Monroe, M.D.**  
*State Health Commissioner*

## TABLE OF CONTENTS

What Do You Know Quiz.....3	Water Safety.....7	Domestic Violence .....12
Injury Prevention .....3	Hidden Dangers .....8	Practicing Self Defense .....12
Leading Causes of Injury Death .....3	Fire Safety.....8	The Reality of Sexual Assault .....13
Safety Checklist .....4	Detecting Child Abuse .....9	Protecting the Victim.....13
Beware of Burn Hazards.....5	Guns in the Home .....9	Multiple Prescriptions?.....14
By the Numbers .....5	Licensed to Drive .....10	Understanding Suicide .....15
Shaken Baby Syndrome .....6	Grab Your Helmet .....10	Preventing Falls.....15
Early Prevention .....6	Driving Safely .....11	Resources .....16
Sleeping Soundly .....7	Quiz Answers .....11	Thank you to our Sponsors .....16

## What Do You Know?

Test your knowledge about injuries and safety in the household (Answers on page 11)

1. The average baby cries two to three hours a day.  True  False
2. It is safe to bring your infant to bed with you to sleep.  True  False
3. The safest temperature for bathing your child is 120°F.  True  False
4. Smoke alarms should be installed inside and outside every sleeping area on every floor.  True  False
5. Babysitters are most often a child's abuser.  True  False
6. A child can drown in as little as one inch of water.  True  False
7. Motor vehicle crashes are the leading cause of death for teens.  True  False
8. Indiana's rate of death from guns has been higher than the national average for the past 11 years.  True  False
9. Sexual assault involves only physical contact.  True  False
10. Most falls occur in the home.  True  False
11. Younger age groups, notably teens, experience the highest rate of suicide.  True  False

# INJURY PREVENTION

Expect the unexpected by creating safer environments for you and your loved ones

by Joan Marciniak, M.P.H., Epidemiologist, Injury Prevention Program, Indiana State Department of Health

No one is immune to injury. We may be directly involved, or one of our loved ones may be injured. Injuries happen despite economic status, race or ethnicity. Injury and violence are serious threats to the public in terms of death, disability and dollars.

Do you know what the leading cause of death is for individuals ages 1 to 34 in Indiana? It's not cancer, heart disease or diabetes. For these young Hoosiers, it is unintentional injuries.

By definition, unintentional injuries and deaths are those considered accidental or unplanned. These types of injuries include motor vehicle collisions, fires, drowning or poisoning.

If an injury were planned or intended to cause harm, it is called an intentional injury, which includes homicide, suicide, sexual assault/rape or any injury that occurs due to the malicious intent of another.

The number of injury-related deaths can and needs to be reduced, experts say.

➤ There were 3,802 injury-related deaths in Indiana in 2005. That translates to 59.8 individuals dying per 100,000 of the population.

➤ Males (86.6 per 100,000) died more often from injuries than did females (34.9 per 100,000). Though the female rate is less than that of males, it is still considered unacceptably high.

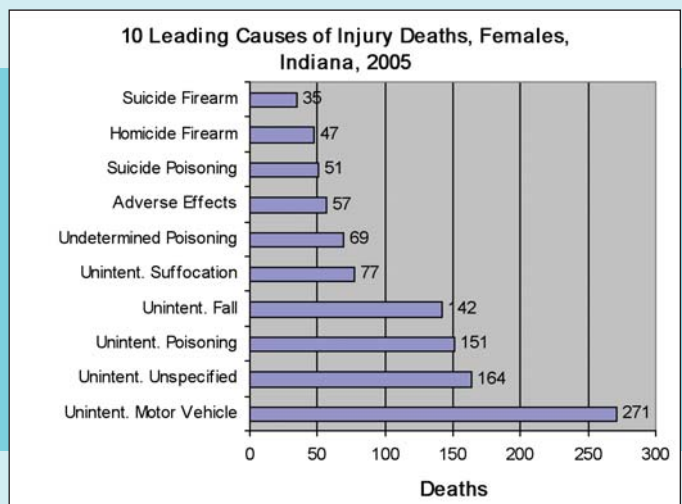
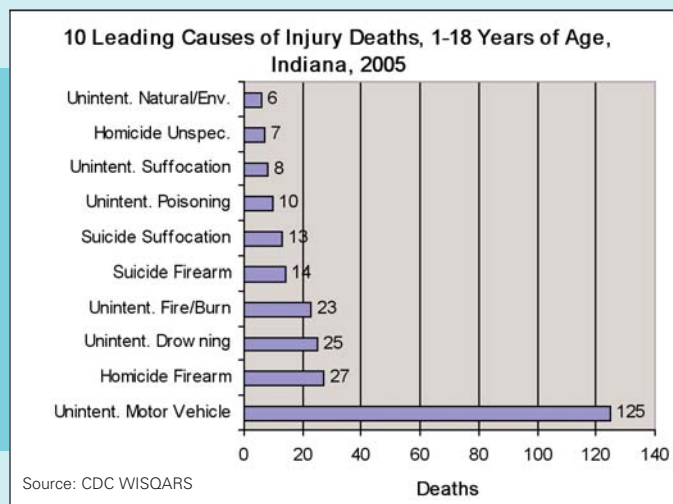
➤ Unintentional injuries resulted in 2,480 deaths or 39.6 deaths per 100,000 of the population.

➤ Intentional or violence-related injuries resulted in 1,128 deaths or 18 deaths per 100,000 of the population.

These statistics highlight only deaths from injuries. There are countless more injuries that resulted in hospitalizations and disabilities. Some injuries leave life-long emotional scars, such as child abuse, sexual assault/rape and domestic violence.

The good news is most injuries are preventable. Take the first step to become more aware and to educate yourself by reading this publication. But don't stop there. Use what you learn to put measures into place to make your surroundings safer for you and your family. Our injury prevention experts share valuable knowledge and resources to get you thinking about what you can do today to prevent unnecessary injuries. Make it a priority to lead a safer life. ■

## Indiana's Leading Causes of Injury Death







# SAFETY CHECKLIST

Make your home a safer place



**W**ith one-third of all injuries occurring in the home, according to the Home Safety Council, it's important to ensure your family's safety.

Use this checklist to take an inventory of changes that can increase the safety of your family and guests in your home. Commit to making changes, starting today.

## GENERAL

- Smoke detectors:** Working units should be installed on every level of the home, especially in/near the sleeping areas.
- Carbon monoxide detectors:** Working units should be installed on every level of the home, especially near sleeping areas if using any gas appliances, such as gas furnaces, fireplaces, ovens or space heaters.
- Small objects:** Those that fit through a toilet paper holder are choking hazards for children younger than 3 years and should be kept securely out of reach.
- Window safety guards:** Install these on all windows above ground level to prevent them from opening more than four inches if young children live in or frequent the home.
- Electrical outlet covers:** Install to help prevent young children from sticking fingers and other items into the outlets.
- Electrical cords:** These should be secured to the floor to prevent falls and should be kept out of reach of children and pets.
- Window blind cord wind-ups or safety tassels:** These should be used on all window blind cords to prevent strangulation by young children.
- Rugs:** If used, these should rest on non-slip backing.
- Nightlights:** These are helpful in hallways, bathrooms or other areas where you may walk in the middle of the night to prevent stumbling in the dark.

## KITCHEN

- Cabinet/drawer latches:** These should be installed on all drawers/cabinets that contain sharp instruments, poisons or appliances that can be harmful to children.

- All poisons:** These include dishwashing soaps, medications and vitamins, which should be stored in their original labeled containers and secured safely out of reach of the children.
- Electrical cooking appliances:** Skillets, coffee makers and toasters should be kept out of reach of small children. The electrical cords should be where children can't grab them and pull the hot food/drink off the countertop and onto them.
- Cooking utensils:** When cooking, pots/pans should be kept on back burners, whenever possible, with the handles turned away from the front of the stove.
- Stove and oven knobs and latches:** With young children, it may be necessary to keep them away from the oven and to prevent them from turning on the stove.

## HOME OFFICE

- Choking hazards:** Paper clips, staples and other small objects should be kept in a secure location out of the reach of children.
- Shredders:** These are extremely hazardous to children and pets. They never should be kept in the "automatic" mode and should be unplugged when not in use.
- Sharp items:** Keep scissors, staplers and letter openers out of the reach of children.

## LIVING ROOM

- Table tops:** Ensure all glass table tops are made with safety glass so that, if someone falls through the table, the glass will break into "balls" rather than sharp, jagged pieces.
- Furniture and electronics:** TVs and entertainment centers/ bookcases are securely attached to the wall if young children live in or frequent the home.

## BEDROOM

- Fire escape plan:** Have and practice a plan that includes escaping from the bedrooms in case of fire.
- Furniture placement:** Keep beds away from windows so young children don't fall out when sleeping.

## BATHROOM

- Grooming supplies:** Hair care products, cosmetics, medications and cleaning supplies should be kept out of reach of young children and in a secure cabinet.
- Water heater temperature:** This should be set at a maximum of 120 degrees. For young children, a bath thermometer is helpful to ensure the bath water is no hotter than 100 degrees.
- Sinks and tubs:** Devices that help prevent scalding are especially helpful for the elderly or others who may have poor circulation to the hands/feet, such as people with diabetes, COPD or spinal cord injuries.
- Showers:** Use non-skid bathmats to help prevent falls.

## SPECIAL BATHROOM FEATURES

- Handle grab bars:** These may need to be installed on the tub and shower wall or near toilets to help with balance. In some instances, shower/tub chairs may be helpful.
- Raised toilets/toilet seats:** These may prevent injury when standing up or sitting down.

## STAIRS

- Handrails:** Ensure they are securely bolted to the surface of the wall/steps.
- Stair gates:** Place at the top and bottom of stairs when you have young children.

## EXERCISE ROOM

- Equipment:** Treadmills, exercise bicycles and other equipment with moving parts should not be used when young children and pets are nearby. When not in use, equipment should be unplugged. If keys are used for the equipment, they should be kept out of reach of children. School-age children should use the equipment only after approval by a health care provider and only under the supervision of an adult.

## GARAGE

- Poisonous chemicals:** Lawn care products should be stored in their original



containers, which are clearly labeled. They are stored securely, out of reach of children and pets, according to the manufacturers instructions.

❑ **Motorized and sharp equipment:** Store lawnmowers, trimmers and other potentially dangerous instruments are stored securely out of reach of young children.

### BACK YARD

❑ **Playground equipment:** Surround by a thick layer of playground mulch or sand to decrease injuries from a fall.

❑ **Swimming pools:** Have appropriate fencing, self-latching gates and covers to help prevent drowning.

❑ **Wading pools:** To prevent drowning, empty and store upside down when not in use.

### WEAPONS

❑ **Guns and ammunition:** Keep unloaded guns in a locked cabinet with the ammunition locked in a different location. ■



# BEWARE OF BURN HAZARDS

Safeguard your family in the kitchen and bathrooms of your home

by Cara Fast, MSW, Safe Children Programs Manager, Riley Hospital for Children Community Education and Child Advocacy



Cara Fast

**T**wo of the busiest rooms in your home — the kitchen and bathroom — are the most common places where burn injuries occur. Most scald burn injuries happen as a result of hot food and beverage preparation or from hot water in sinks, bathtubs and showers. Scalds also can occur from steam or hot grease exposure.

Among children ages 14 and younger, 21,000 of the 83,000 emergency room visits in 2003 were for injuries inflicted by scald burns. In fact, 65 percent of children ages 4 and younger who were hospitalized for burn-related injuries were admitted due to complications from scald burns.

“On a monthly basis, scald-related burns represent at least one-third of our admissions,” says Kathy McGregor, RN, Clinical Manager for Riley Hospital’s burn unit, the only pediatric burn unit in Indiana.

Here are some tips to help protect your children from scald burns:

➤ Establish a “kid safe area or kid zone” out of the traffic path of the stove and the sink where children can play but still be supervised. Supervision is key in the prevention of all childhood injuries, including scald burns.

➤ Install microwave ovens so the face of the person using the microwave is always higher than the front of the door. Anyone using the microwave should be tall enough to reach its door, be able to view the cooking area easily and be able to handle the food safely.

➤ Foods often cook unevenly in the microwave.

Always stir and test food thoroughly to make sure it’s safe before serving or eating. Instant noodles, instant rice and popcorn cooked in the microwave can be especially dangerous if not handled properly or cooled before serving.

➤ Do not leave a child alone in or near the bathtub for any reason.

➤ Never leave the room while filling the bathtub. Run the cool water first then the hot to help prevent scalding if someone falls in while the bathtub is filling. Always mix the water thoroughly, and check its temperature by moving your elbow, wrist or spread fingers through the water to make sure it is safe to get in. The safest temperature for bathing is about 100°F (37°C). You can purchase bath water thermometers that help you determine whether the water temperature is safe for bathing.

➤ Adjust the temperature of your water heater to a safe level. Set water heater temperatures no higher than 120°F, the upper limit for safety. Households with young children, older adults and people with disabilities and health care needs should set water heat thermostats at a safe level below 120°F. Remember, 100°F is a safe temperature for bathing for most people. ■

## By the Numbers

*Women and men differ in safety risks*

The risk of injury among men and women can vary widely, studies show. Behavioral differences have been linked to some of those discrepancies. Here are a few statistics:

➤ About 49 percent of women and 27.5 percent of men were injured in a fall at least once in 2006.

➤ Women were more likely than men to report always wearing a seatbelt when driving or riding in a car (85.9 percent vs. 72 percent, respectively). Women with a higher education and income were the most likely to report always wearing a seatbelt.

➤ Women were more likely than men to report not driving in the past month when they perhaps had too much to drink (96.3 percent vs. 92.5 percent, respectively). ■

(Source: 2006 Indiana Behavioral Risk Factor Surveillance System report)



# SHAKEN BABY SYNDROME

Develop strategies to cope with triggers to the tragic form of child abuse



Nena Ray, LPN, developer of the Shaken Baby Syndrome Simulator Doll.

**T**oo many vulnerable infants face lifetime health issues as a result of shaken baby syndrome. It is the most common cause of mortality in child abuse cases in the United States. Nearly 2,000 babies die each year as a result of this type of abuse. Sixty percent of these victims are male.

There may be no visible injuries to the shaken baby, but one-third of the victims suffer problems like partial or total blindness, hearing loss, developmental delays, impaired intellect, speech difficulties, memory problems, paralysis and mental retardation. Up to 80 percent of the victims suffer retinal hemorrhages. One-third will die.

Shaken baby syndrome results from vigorously shaking a baby for around five to 20 seconds. Most shaking occurs as a frustrated reaction to a baby's inconsolable crying.

Because a baby's head is so heavy in comparison to the rest of the body, and

because the neck muscles are not yet strong, a baby's head can shake back and forth 40 to 80 times in just seconds.

Although the sound of crying can cause tension, it is important to realize babies cry as a form of communication. The average baby cries for two to three hours every day, and 20 percent to 30 percent of all infants often surpass this length. Because crying is the No. 1 trigger of shaking a baby, parents and childcare providers must avoid anger and control frustration.

Protect your child by alerting anyone who interacts with your baby about the dangers of shaking. About 25 percent to 50 percent of parents and caregivers are uninformed of the dangerous results of shaking a baby. It's important to find safe ways to deal with tensions of parenting.

Factors that attribute to shaken baby syndrome include:

- The child is in the average age range of three months to eight months old. (Victims may be up to 4 years old.)
- The risk is higher for families living at or below the poverty level.
- Those involved with domestic violence and/or substance abuse also may be at a higher risk for inflicting shaken baby syndrome.
- Males in their early 20s are perpetrators in more than 65 percent of the cases. They generally are the baby's father or the mother's boyfriend.
- When a woman is responsible for the abuse, she is generally the babysitter or child-care provider rather than the mother. ■

## Take Steps to Prevent Shaken Baby Syndrome

When a baby's crying pushes you to the brink, calm down and do the following:

- Place the baby in a crib or playpen, and leave the room in order to calm down.
- Call a friend or neighbor.
- Take 10 deep breaths, and then take 10 more.
- Try the 5 S's, which are Swaddle, Side Position, Slightly jiggle, Shush or white noise, and Sucking on finger or pacifier.
- Do something for yourself: Play music, close your eyes, run the vacuum.

## Ease the baby's crying by:

- Making sure the baby is fed and dry.
- Taking the baby for a ride in a stroller or car.
- Offering the baby a pacifier.
- Cuddling the baby close to your chest and rocking or walking the baby.
- Putting the baby in a baby swing.
- If nothing works, put the baby back in the crib and check back in 10 minutes.



## Early Prevention

*Indiana makes progress in deterring child abuse*

by Deb Wezensky

INFANTS ARE VULNERABLE TO child abuse even during the first days of life. To ensure the safety of our community's infants and children, prevention needs to start before a baby takes his or her first breath.

The Centers for Disease Control and Prevention recommends protecting infants from abuse and injury by focusing on shaken baby syndrome prevention through hospital programs aimed at parents of newborns. The risk of child abuse can be reduced through home visitation and parent training programs. The most effective prevention programs begin during pregnancy, provide social support and teach parents realistic expectations for child development, according to the CDC's 2008 *Morbidity and Mortality Weekly Report*.

"Fortunately, Indiana has taken the lead in reaching families at increased risk of child maltreatment," says Joanne B. Martin, DrPH, RN, FAAN, Director of Healthy Families Indiana Training and Technical Assistance Project, Indiana University School of Nursing.

Healthy Families Indiana provides home visits in every county. Indianapolis has sites hosted by Wishard Hospital, Clarian, Marion County Health Department and the Indiana University School of Nursing.

The Indiana Department of Child Services credits investment in prevention as a contributing factor to a significant reduction in child abuse fatalities in 2007. ■



Joanne B. Martin, RN

## Sleeping Soundly

### *Protect your baby against Sudden Infant Death Syndrome*

by Barb Himes and Barbara Johnson, National Crib Campaign, Indiana

IT'S A NATURAL PARENTAL INSTINCT to want to do everything possible to protect your baby.

However, many parents neglect to protect their children against the risks associated with sleeping in unsafe environments. Studies show a baby's risk of dying while sleeping is up to 40 times greater in a standard adult bed instead of a safe crib.

Unsafe sleep practices have been shown to cause Sudden Infant Death Syndrome (SIDS) and unintentional suffocation.

In Indiana, more than 90 babies die each year due to SIDS.

Making sure you and others caring for your baby understand the importance of safe sleep is the single most important step you can take to reduce your baby's risk of SIDS and unintentional suffocation.

Here are some tips:

- Babies should sleep on their backs at nap and nighttime.
- As a newborn, your baby's crib or other separate sleep surface should be in your room, in close proximity to where you sleep. This allows you to bring your baby into your bed to feed and comfort, but when it's time for sleep, place your baby alongside your bed in his or her own safe sleep area.
- Your baby's safety-approved crib should have a firm mattress that fits snugly in the frame with a tight fitted sheet. Nothing but your baby should be in a crib.
- Soft bedding can be dangerous. Remove pillows, blankets, stuffed animals or other soft objects — even bumper pads — from your baby's sleep environment.
- Wedges and other products marketed to prevent SIDS and flat head syndrome are not endorsed by the American Academy of Pediatrics or First Candle/SIDS Alliance.

To view the entire list of recommendations from the American Academy of Pediatrics, log on [www.firstcandle.org](http://www.firstcandle.org).

For additional risk reduction, safe sleep information or resources in Indiana, contact Barb Himes or Barbara Johnson at (866) 599-6419. ■



## WATER SAFETY

### Drowning can happen suddenly and silently

by Cara Fast, Safe Children Programs Manager, Riley Community Education and Child Advocacy

**D**id you know a child can drown in as little as one inch of water? Drowning is the second leading cause of unintentional death nationwide for children ages 1 to 14. Drowning can occur in a variety of places — lakes, rivers, retention ponds, swimming pools, hot tubs, bathtubs and even standing household buckets of water. A child can become unconscious after two minutes of water submersion with possible irreversible brain damage occurring between four and six minutes.

There are other dangers related to near drowning. Nonfatal drowning can cause brain damage resulting in long-term disabilities ranging from memory problems and learning disabilities to a lifetime in a vegetative state. Water taken into the lungs — especially contaminated water — can damage lungs.

Adult supervision is the No. 1 line of defense to help prevent child drowning deaths. Avoid drinking alcohol while supervising children. Learn to swim. Learn proper cardiopulmonary resuscitation for drowning victims so you can keep oxygen and blood flowing into the victim while waiting for emergency personnel to arrive.

Here are simple tips that will help you protect your child from drowning:

- Supervise a child at all times who is in

or near the bathtub. If you have to leave the bathroom area, even for a minute, take the child with you. A child can drown in less time than it takes to answer the phone.

- Empty all buckets and wading pools; store them upside down and out of children's reach.
- Keep toilet lids closed, and use toilet locks.
- Keep bathroom and laundry doors closed.
- Properly secure home swimming pools with a four-sided isolation fence at least five feet high, equipped with a self-closing gate and self-latching lock.
- Consider a locked pool cover or pool alarm for extra protection, but remain vigilant about adult supervision.
- Keep rescue equipment, telephone and emergency numbers by the pool.

➤ Require children to wear approved and properly fitting life preservers when boating, even if children can swim well, or when in or near water if they do not know how to swim.

➤ NO CHILD should ever swim alone; an adult should watch children at all times. Teach your child to swim when he or she is ready developmentally, but remember that knowing how to swim does not guarantee safety. ■





## Fire Safety

*Knowledge, preparation and safety products are your best defense*

by Karen Bruner Stroup, Ph.D.,  
Director, Riley Community  
Education and Child Advocacy

NEVER THINK — NOT FOR ONE minute — that fire- and burn-related injuries and death can't happen to you and your family. No one ever plans to be in a fire or to be burned.

Take precautionary steps. Equip everyone in your home with the knowledge of what to do in the event of a fire or in the event someone is burned. Effective preparation prevents fires and burn-related injuries from ever happening.

**Have a plan.** Prepare your family for a fire by developing a fire escape plan. Involve all family members in creating your family's fire exit plan. Use a very large piece of paper where your children can help you draw the layout of your home. Identify the windows and doors that allow you to get out of every room. Identify a meeting place where everyone goes once outside your home. Have young children draw a picture of the meeting place on your family's fire escape plan.

**Practice your fire escape plan with the entire family.** Everyone in your family should be able to identify at least two ways out of every room in your home. Talk about how smoke alarms are needed to alert everyone of a fire. Smoke alarms should be installed inside and outside every sleeping area and on every floor. A carbon monoxide detector also should be installed on each level of your home, including the basement.

**Be sure to include everyone of all ages and abilities in your family in the regular practice of your fire escape plan.** If your family includes children with disabilities or health care needs, safety products, information and education that can assist you in planning and preparing for safe evacuation from a fire, disaster or emergency are offered by various centers and hospitals. (See Resources.) ■

## HIDDEN DANGERS

After her daughter swallows several pills, Barbara Cole discovers any child can be at risk of unintentional poisoning

by Deb Wezensky

**B**arb Cole had no doubt her 2-year-old daughter was in the best of care when she left her with a doting grandmother while she went to the store.

However, her shopping trip ended abruptly when she heard the news that Lindsay had found her grandmother's prescription hormones and eaten several of the pills.

Cole was frantic. Fortunately, Lindsay's grandmother was aware of a local emergency poison center, which they quickly called. After asking when the poisoning happened and about the type and amount of drug ingested, the representative determined Cole's daughter was not in danger. The realization that knowledgeable experts were readily available reassured Cole.

As an attentive and loving parent, she made every effort to keep her home safe. However, she found that her children could be at risk for injuries while away from home.

"Poisoning can happen in the home of even the best parent where there are young, curious children," she says.

Since the unintentional poisoning incident, Cole has become coordinator for Poison Prevention at the Indiana Poison Center.

She shares the following advice to keep your home safe:

➤ Household products and medication — everyday things that we all have in our homes — are potential poisons if they get into the hands of young children.

➤ Putting things up high is not enough. Adults need to take responsibility and lock poisons away. Young children have no true

understanding of what poison is, and it should not be expected they can keep themselves safe from poison.

➤ If a poisoning is suspected, call the poison center immediately; do not wait for symptoms.

➤ Never be afraid to call for help. Services are both free and confidential.

If your emergency medical situation requires a visit to the emergency room, the poison center staff can contact them in advance of your arrival so they are prepared of the poison ingested and prepared to treat your child.

For poison emergencies, call (800) 222-1222. ■

### Facts About Poison

Most of the calls to Indiana's Poison Control Center involve unintentional poisonings, and most are preventable. Children ages 5 and younger made up 56 percent of the 82,675 calls in 2006.

A poison is any product or substance that can harm someone if it is used in the wrong way, by the wrong person or in the wrong amount.

Examples of possible poisons include some household products, chemicals at work or in the environment, drugs (prescription, over-the-counter, herbal, illegal or animal medicines), snake bites, spider bites and scorpion stings.



# DETECTING CHILD ABUSE

Know the signs and seek support to prevent neglect and injury

by Deb Wezensky

Parenting can be difficult. No one inherently knows how to be a good parent. Some people lack positive parenting role models. Family stress may go unmanaged, causing tensions to rise.

Without community support for struggling parents and caregivers, child abuse is more likely to occur, says Antoinette Laskey, M.D., M.P.H., co-director of the Family Violence Institute, Riley Hospital for Children and Indiana University School of Medicine.

Child abuse generally is defined as harm inflicted at the hands of a caregiver. And parents are most commonly a child's abuser. They are with the child most frequently and, therefore, have the most access to them.

Boyfriends or girlfriends of a parent, stepparents and baby-sitters also may inflict harm on children in their care. This is distinct from harm caused by an unrelated person who is not responsible for the care of the child.

Some of the warning signs for child abuse are obvious. Children can show injuries doctors recognize as associated with abuse.

However, that assumes an injury is bad enough to be brought to medical attention. In many cases, an abused child isn't seen by a doctor, Laskey says. Therefore, it is important to be aware of other warning signs.

Signs also may be less obvious than physical injuries. Some children change their behavior, demonstrating regression, aggression, depression or withdrawal. Some change

appetite or sleep patterns. School-age children may exhibit a prolonged drop in their performance or bully others.

Children with neglect issues may hoard or steal food, appear dirty or dressed inadequately. Inappropriate sexual knowledge or sexual acting out is also of concern.

Studies show various risk factors may lead to abuse, including young parental age, lack of parenting skills, poverty, domestic violence, drug or alcohol abuse or mental health issues.

Abuse is more likely to be missed in families that don't fit the stereotypes of abusers, Laskey says. Middle- to upper-class families also are at risk of child abuse. Likewise, older parents and married couples may abuse their children.

Children with special health care needs, including disabilities and developmental delays, can be challenging for parents and are at risk for abuse. Likewise, children of multiple births are at increased risk because of the stressors associated with caring for more than one infant at a time.

Make wise choices that protect your children. Someone who already has other children under her care and no adult support may not be the best choice as a caregiver, Laskey says. Don't leave your child with someone who doesn't handle anger well.

By creating caring, positive environments within our communities, we can ensure parents are supported in their roles as nurturers and children are kept safe from abuse. ■

## Child Abuse in Indiana

Child abuse and neglect is defined as the "inability, refusal or neglect of a parent, guardian or custodian to supply a child with necessary food, clothing, shelter, medical care, education or supervision" or an "act or omission of parent, guardian or custodian seriously endangering a child's physical or mental health." It can be physical, resulting in injury; sexual, which may or may not involve touching a victim; or psychological/emotional. The 18,816 substantiated cases of abuse or neglect reported in 2007 to the Indiana

Department of Child Services are the tip of the iceberg. Many more cases of reported abuse and neglect will not be substantiated, says Antoinette Laskey, M.D., co-director of the Family Violence Institute.

Sometimes, enough information exists to charge a perpetrator and go to trial. However, that doesn't mean there will be a conviction, putting the perpetrator behind bars.

The problem is, no matter what happens in court, it doesn't undo what has been done to a child. Harm already has occurred and a child already has paid.

## Guns in the Home

*Make the right decisions to keep your family safe from firearms*

by Lori Lovett, M.S.Ed., Project Director, Indiana Partnership to Prevent Violent Injury and Death, Riley Hospital for Children

ACCORDING TO a 2004 Indiana University survey, 44 percent of Hoosier homes own at least one gun — higher than the national gun ownership rate of 40 percent.



Lori Lovett

The *Annals of Emergency Medicine* indicates states with more guns have elevated firearm-related suicides, homicides and unintentional deaths. Here's how Indiana ranks with regard to firearm-related deaths, according to the Centers for Disease Control and Prevention:

➤ Indiana's rate of death from guns has been higher than the national average for 11 years.

➤ Indiana's rate of death from guns is second only to Kentucky among the central states.

➤ Homicide is the second leading cause of death for youth ages 15-24.

➤ More than 70 percent of homicides and 55 percent of suicides in the state are committed with a firearm.

Families can minimize injuries and deaths by making sure adults practice responsibility for the guns in the home and ensuring children do not gain access to a loaded gun.

Research shows children may be likely to play with or handle a gun even though they have been instructed not to do so.

Even if you do not keep guns in your home, it is important to ask if there are guns in the homes of baby-sitters, relatives or friends where your children spend time.

(See Resources, p.16.) ■

# LICENSED TO DRIVE?

An ID is not an automatic ticket to safe driving for your teen



Joe O'Neil, MD

by Joe O'Neil, MD, MPH, FAAP, Associate Medical Director for the Partnership to Prevent Violent Injury and Death, Associate Professor of Clinical Pediatrics, Indiana University School of Medicine

The decision to allow your teen to drive is perhaps one of the only decisions you make that can have a direct bearing on the length of his or her life. The lack of driving experience and perceived risks, as well a shorter attention span, can be a deadly combination for teens who are inexperienced drivers.

Give your teen every chance to become a safer driver. Start by sharing with your teen that driving is a tremendous privilege and responsibility. Tell him or her that though most teens go through the early years of driving well, each year, thousands of young people die or are injured in motor vehicle crashes.

It's important you make it a priority for your child to have sufficient opportunities to develop skills needed to drive safely — beyond graduating from drivers' education and passing his or her driving test.

Here are ways you can help your teen become a safer driver:

- Start them driving later.
- Supervise driving as long as possible. Be the parent in the passenger seat.
- Supervise practice in all types of driving situations: night, rain, ice, sleet, snow, crowded roads and high speed roads.

- Limit number of passengers in the car.
- Limit distractions, such as cell phones, food, CDs and the radio, and work on keeping hands on the road and mind on driving.

➤ Limit number of hours of solo driving during high-traffic volume times or nighttime or with passengers.

➤ Practice zero tolerance for not wearing safety belt, and drinking/drug use and driving.

When the teen is driving solo, parents should make sure they continue to keep the lines of communication open. Some good questions include: *Where are you going? When will you get there? Who is going? When are you coming back?*

Both experience and age are important factors that influence the ability to drive safely on busy roadways. If everyone were born with the driving ability of a NASCAR driver, there still would be crashes due to youthful mistakes since the brain continues to develop well into the mid-20s. Likewise, if we all started driving at age 30, there still would be crashes due to inexperience.

Teen motor vehicle crashes often happen during recreational driving — to parties, friends' houses and activities. There appear to be fewer crashes during purposeful driving such as to school, church and work. Until your teen is more experienced, you may want



to limit the amount of driving for recreational purposes until he or she has demonstrated driving skills in less social settings.

It takes a number of committed partners to keep teens safe while gaining driving experience. As a parent, make a commitment to actively supervise your teen as he or she develops skills behind the wheel of a car.

Government is also doing its part. Although Indiana has a fair Graduated Driver License Law, it could be better. The state legislature has a study group to improve the law to help ensure the safety of our young Hoosier drivers.

## Ready to drive?

Evaluate your teen's ability to drive safely by considering these factors:

- Basic driving ability, including knowledge, skill and experience
- Demographic factors, such as age, gender, living situation, employment and marital status
- Personality, including risk-taking propensity, hostility/aggressiveness and



## Grab Your Helmet

*Protect your most valuable asset, your brain, by wearing one*

by Wendy St. John, RN, Injury Prevention Coordinator, IU/Wishard Level I Trauma Center, Wishard Health Services

AS GAS PRICES CONTINUE TO CLIMB and we get into the full swing of summer, some of us may find ourselves dusting off our bicycles, and hopefully, our bike helmets.

But take care. According to Safe Kids Worldwide, bicycles are associated with more childhood injuries than any other consumer product except for automobiles.

The Bicycle Helmet Safety Institute

reports about 800 Americans die each year in bicycle crashes, but using a helmet could save about 680 of them.

About 540,000 bicyclists visit emergency rooms with injuries every year in the United States. Of those, about 67,000 have head injuries, and 27,000 have injuries serious



Wendy St. John, RN



susceptibility to peer pressure

➤ Perceived environment, such as parental norms, behavior expectation, involvement, peer relationships, community and cultural norms, and media perception

➤ Physical and psychosocial environment, including emotions, social identity and independence

## High toll

Besides the emotional devastation caused by teen-related motor vehicle fatalities, there are high monetary costs related to such incidents:

➤ In 2000, the estimated cost of police-reported crashes — both fatal and nonfatal — involving drivers ages 15 to 20 in the United States was \$32.8 billion.

➤ The lifetime cost to society for each highway fatality is greater than \$977,000.

➤ In Indiana, the estimated lifetime cost for the 98 teen-involved fatalities reported in 2004 was greater than \$100 million in year 2000 dollars.

## Indiana stats

In 2006, Indiana teens between the ages of 16 to 20 were disproportionately involved in vehicle accidents and fatalities. Here are a few statistics:

➤ Though Indiana teens account for 6.6 percent of all licensed drivers, they are involved in 13 percent of all crashes.

➤ Motor vehicle crashes are the leading cause of death for teens in Indiana. During 2006, 132 people ages 16 to 20 years were killed in motor vehicle crashes. Of those, 89 were drivers.

➤ The motor vehicle fatality rate of teens was more than twice that of adult drivers. ■

enough to be hospitalized. Simply putting on a bike helmet before mounting your bike can reduce your risk of injury or even death.

Bike helmets are for all ages. They provide protection to the brain.

A study published in the *New England Journal of Medicine* found a bicyclist wearing a helmet could have an 85 percent reduction in the risk of a head injury and 88 percent reduction in the risk of a brain injury.

Bike helmets are available at most national discount retail stores from under \$10 to about \$20. More information can be found at the Bicycle Helmet Safety Institute's Web site at [www.helmets.org/manual.htm](http://www.helmets.org/manual.htm). ■



# DRIVING SAFELY

Kira Hudson makes the most of a tragic turn of events

by Deb Wezensky

The morning of Jan. 31, 2005, was no different than any other for Kira Hudson. She had just left her parents' home in Noblesville. She'd gotten into her car, fastened her seatbelt, turned on the radio and picked up her cell phone to chat on the way to a doctor's appointment.

Caught up in her conversation, Hudson didn't pay much attention to the road. Glancing up, she saw a squirrel dart into her field of vision. She swerved to the side of the road, smashing into a line of trees. The roof of her car crumpled around her.

After 2½ hours of being pinned in her car, she was Lifelined to Methodist Hospital in Indianapolis. Without the protection of her seatbelt, she would have died instantly after hitting the trees. Her seatbelt saved her life but not her ability to walk.

Due to the injuries incurred in the crash, she endured two surgeries to help secure her spinal cord. She underwent a major life-altering experience at the age of 20.

That day forever changed the course of

her life, Hudson says.

"Since my accident I have looked at the world completely different," she says. "I no longer take the simple things

for granted. I have learned everything happens for a reason, and you just have to make the best of every situation, not just the easy ones."

Looking back on that fateful day, she realizes how different things could have turned out.

"If I hadn't been on my cell phone, I would have seen the squirrel before it was in front of me and been able to think first before acting involuntarily," she reflects.

But she doesn't just wish her past was different. Making the best of her life as a paraplegic, Hudson has conducted numerous injury prevention programs. Her goal is to help spread the message of safe and aware driving to adolescents and teens.

"If at least one person is reached in each program, I'm happy because I know a life will be saved," she says. ■



Kira Hudson

## Quiz Answers from page 3

1. The answer is **true**.
2. The answer is **false**; it is not safe.
3. The answer is **false**; the correct temperature is 100°F.
4. The answer is **true**.
5. The answer is **false**; the parents are most commonly the abuser.
6. The answer is **true**.
7. The answer is **true**.
8. The answer is **true**.
9. The answer is **false**; it can be verbal, visual, or anything that forces a person to join in unwanted sexual contact or attention.
10. The answer is **true**.
11. The answer is **false**. Suicide disproportionately impacts the elderly. In 1998, this group represented 13 percent of the population, but suffered 19 percent of all suicide deaths, according to the U.S. Department of Health and Human Services.

## Practicing Self-defense

*Preparation and self-awareness can increase your personal safety*

by Joe Hannon, karate and self-defense instructor, Benjamin Harrison YMCA

THE MOST IMPORTANT step toward ensuring your personal safety is making the decision not to be a victim.

Criminals prefer easy targets. You stand a much better chance of preventing a criminal attack if you make yourself difficult to prey upon. That means having a safety strategy before you need it.

The following common-sense tactics provide a good start for your own personal safety strategy:

**> In your home:** A home alarm can be an effective deterrent to criminal intruders. Install a wide-angle door viewer. This is an inexpensive way to identify people at your door. Keep your home well lit; do not leave windows open or uncovered.

**> In your automobile:** Have your key out and ready before leaving a building and approaching your car. Always look around and in your car before getting in. If you are concerned for any reason, simply walk past your car instead of getting into it. Lock your car door immediately after entering.

**> Stay alert:** Be aware of your surroundings. Maintain your personal space. If a person moves inside your comfort zone, move away. If you are on an elevator and someone threatening gets on, quickly step off. Be vigilant when leaving stores and shopping malls. Avoid filling your arms with packages. Always keep one arm and hand free whenever possible.

Should you be confronted, remain calm and relaxed. Stay focused and don't act hesitant. Walk erect and do not look downward.

When threatened physically, always deliver strikes to your opponent's weaker areas: knee, groin, eyes or throat. Always "yell" when delivering a strike — it will momentarily distract and possibly alarm your attacker. Use any available object as a weapon to help subdue your opponent. Always fight aggressively; use all your strength. ■



Joe Hannon

## DOMESTIC VIOLENCE

A veil of shame and silence contributes to this epidemic's invisibility

by Caryn C. Burton, MS, Training Director, Indiana Coalition Against Domestic Violence

Domestic violence will affect one in four American women during her lifetime. Consider, too, that it is the second most underreported crime, behind only sexual assault. Domestic violence is the leading cause of emergency room visits by women, and the leading cause of death among pregnant women. It injures 2 million to 4 million and kills 2,000 to 4,000 people a year.

However, if you talk to most Americans, they believe domestic violence doesn't happen in their hometowns or neighborhoods, or among their colleagues, friends or families.

The reality is that domestic violence happens everyday, everywhere and can happen to anyone. Last year, 75 men, women and children died across Indiana as a direct result of domestic violence.

Resources are available. Help is out there. Don't remain invisible. Take domestic violence personally and break the cycle of violence.

Contact the following agencies for more help and information:

**> Indiana Coalition Against Domestic Violence** provides information and referrals to available services statewide. It maintains the Resource Center, where one can find almost any resource on the topic of domestic violence and related issues. Also,

it provides assistance to people throughout Marion County seeking Orders for Protection through court-based advocacy and referrals for legal assistance. Call (800) 538-3393 or log on [www.violenceresource.org](http://www.violenceresource.org).

**> The Domestic Violence Network of Greater Indianapolis** provides information and referrals to service agencies in Marion and surrounding counties. Call (317) 475-6110 or log on [www.dvngi.org](http://www.dvngi.org).

**> The Julian Center** provides emergency shelter, supportive services, counseling and other services to assist a survivor in escaping violence. Call (317) 920-9320 or log on [www.juliancenter.org](http://www.juliancenter.org).

**> The Salvation Army Social Service Center** provides emergency shelter, supportive services, counseling and other services to assist a survivor in escaping violence. Call (317) 637-5551.

**> Family Services of Central Indiana** provides advocacy, individual counseling and support groups for survivors and their children. Also, it provides Batterers' Intervention groups for perpetrators of violence.

Call (317) 634-6341 or log on [www.family-service-inc.org](http://www.family-service-inc.org). ■



Caryn C. Burton



# THE REALITY OF SEXUAL ASSAULT

Victims of rape, abuse and incest can find help

by Caroline Fisher, RN, CEN, SANE-A, Coordinator, Center of Hope, St. Francis Hospitals and Health Centers

Every two minutes, an American is sexually assaulted. Nearly half the victims are younger than 18, and 80 percent are younger than 30, according to the Rape, Abuse & Incest National Network (RAINN).

This destructive trend also is prevalent in Indiana. For example, more than half the patients at the St. Francis Center of Hope Sexual Assault Treatment Center in Indianapolis are between the ages of 12 and 25.

Rape is defined as sexual intercourse committed against a person's will, sometimes with physical force or with a threat to hurt the victim. A sexual act also is considered rape if the victim is intoxicated, unconscious or mentally unable to give consent.

Rape and sexual assault are not about sex; they are about power and control over the victim.

Sexual assault is categorized as any other contact, whether verbal, visual or physical or anything that forces a person to join in unwanted sexual contact or attention. Rape or sexual assault can happen in different situations: by a stranger in an isolated place, on a date or in the home by someone known by the victim. About 73 percent of victims know their perpetrators, according to RAINN.

In addition to the initial violent act, pregnancy and the threat of contracting sexually transmitted diseases can add to the victim's trauma. It can also significantly impact the victim's emotional stability.

Though sexual violence can affect a victim in many profound ways, there is hope for healing.

If you or someone you know has been sexually assaulted, call 911 and report to the police or go to your local sexual assault center.

In Central Indiana, there are Centers of Hope staffed with Sexual Assault Nurse Examiners (SANEs) at major hospitals. The nurses have been trained to understand what the patient is going through, so she or he is given a choice, and her or his dignity is maintained. Do not eat, drink, change clothing, shower or bathe prior to going to the hospital. In addition, if you can wait, do not use the rest room.

The victims of sexual assault or rape need

immediate and appropriate medical care.

The forensic exam may consist of a blood draw, hair combings, swabbing of stains or areas perpetrated by the assailant. The SANE also may collect all or part of a victim's clothing for evidence. In Indianapolis, the Assistance League of Greater Indianapolis provides clothing for the victim to wear home. Afterwards, a SANE can identify counseling and follow-up services.

People who have been sexually assaulted need to remember no one can tell by looking at them that they have been victimized. Remember, the person who chose to steal sex is the person who committed the crime.

Realize that Rape Trauma Syndrome is very real, and each person reacts differently to sexual assault or rape. The intensity of reaction and memory will come and go, often without warning. Counseling after this crime is very important. ■



## Protecting the Victim

*New confidentiality laws intend to help encourage reports of sex-related violence*

by Anita M. Carpenter, B.A., M.A., CEO of Indiana Coalition Against Sexual Assault



Anita M. Carpenter

Statistics confirm that less than 25 percent of all sexual assault crimes are reported. One of the most important advances is the introduction of an anonymous reporting option.

Legislators also recently passed a law bringing Indiana into compliance with the confidentiality requirements of the federal 2005 Violence Against Woman Act, which improves the nation's response to domestic, sexual and dating violence, and stalking. In 2008, the Indiana Coalition Against Sexual Assault joined with the Indiana Coalition Against Domestic Violence to strengthen confidentiality law for victims and victim advocates.

Amy Huffman Oliver, a Columbus attorney, drafted the legislation after concerns with language limiting confidentiality. The new law affords victims confidential communication with advocates in one-on-one settings, in

the presence of a third party to facilitate communication and in support groups.

Lawmakers passed legislation allowing alleged victims to receive forensic evidence collection performed and stored for up to a year. The hope is more victims will feel empowered to come forward at a later date when they are more able to deal emotionally with the assault.

VAWA additionally requires that states comply with forensic evidence collection and polygraph prohibitions for alleged victims of sex crimes. Prior to July 2007, state law allowed polygraphs to be used to determine if an investigation should proceed. The new law allows victims to submit to a voluntary polygraph but adds that law enforcement may not require one.

For more information, contact a local rape crisis center or log on [www.incasa.org](http://www.incasa.org). ■

# MULTIPLE PRESCRIPTIONS?

Take care to monitor medical treatments for mature adults

by Deb Wezensky

**Y**ou just had the pharmacist fill a prescription. Now you need to take your medicine as recommended by your doctor. Or perhaps as a caregiver for an aging parent you face a daunting collection of medications prescribed for him or her.

Take a proactive approach. When more than one doctor treats a patient, multiple pharmacies fill prescriptions for one person, or more than one medication is taken, proper medical treatment can be confusing. The average mature adult, age 60 and older, takes five to 11 prescriptions, says Leonard J. Hansen, a journalist specializing in “mature writing.”

Related medical issues also may require a vigilant approach to managing your medical treatments. Medications can interact with one another, including over-the-counter medications, multivitamins and natural supplements. The combination can affect your medical treatment’s effectiveness. To ensure safe, effective and economical health care, it’s important to take the time to manage your prescriptions or those of an aging loved one.

Keeping an updated list of medications is a place to start. This should include not only the medications prescribed by a doctor but also any over-the-counter medications, vitamins, herbal remedies, eye drops and creams, advises Diane Healey, M.D., geriatrician at St. Vincent Center for Healthy Aging.

If hospitalization or a nursing home stay is necessary, be sure to provide the facility with an updated list of all medications.

“When returning home,” Healey says, “be sure to add any newly prescribed medication to your list. Transferring between settings is a common time for medication duplication or omission to occur.” Here are some tips from the National Institute on Aging that can help:



- Make a list of all the medicines taken. Take an updated copy to all of your health care providers, including physical therapists and dentists. Keep one copy in your medicine cabinet and one in your wallet or purse. The list should include the name of each medicine, doctor who prescribed it, the pharmacy that filled it, reason it was prescribed, amount you take and time(s) you take it.

- Fill prescriptions at one pharmacy so the pharmacist can keep track of all your medicines and check for possible interactions.

- Read and save all written information that comes with the medicine. Note potential side effects and drug interactions.

- Take your medicine in the exact amount and at the time your doctor prescribes. Never guess how much to use. Read the directions and use a measuring spoon, if necessary.

- Don't stop taking medicine unless your doctor says you can, even if you feel better.

- Call your doctor right away if you have any problems with your medicine or if you are worried the medicine might be doing more harm than good. Your doctor may be able to change your medicine to a different one that will work better for you. Be sure to mention the other medications you take as well.

- Use a memory aid to take your medicines on time. Some people use meals or bedtime as reminders to take their medicine. Other people

use charts, calendars and weekly pillboxes to remind them. Keep all medications in one location. Use a system that works for you.

- Do not skip doses of medication or take half doses to save money. Talk with your doctor or pharmacist if you can't afford the prescribed medicine. There may be less costly choices or special programs to help with the cost of certain drugs.

- Avoid mixing alcohol and medicine. Some medicines may not work correctly or may make you sick if taken with alcohol.

- Take your medicine until it's finished or until your doctor says it's OK to stop.

- Don't take medicines prescribed for another person or give yours to someone else.

- Don't take medicine in the dark. To avoid making a mistake, turn your light on and put on your reading glasses if needed before reaching for your pills.

- Check expiration dates on your medicine bottles and dispose of outdated medicines. Do not flush. Log on [www.ismp.org/consumers/throwawaymedssafely.asp](http://www.ismp.org/consumers/throwawaymedssafely.asp) for more tips.

- Don't leave your medicine on a kitchen table or counter where a young child may get into it. Make sure you store all medicines and supplements in a locked place away from children.

- Keep the number for the Indiana Poison Center near your telephones in case of an emergency related to your medication. Call (800) 222-1222. ■



# Understanding Suicide



*Managing risk factors can decrease incidence of this preventable death*

by C. Andrew Class, M.D.,  
Staff Psychiatrist, Older Adult  
Services, St. Vincent Stress

C. Andrew Class, MD Center

SUICIDE HAS BEEN REFERRED TO AS A “permanent solution to a temporary problem.” It usually has very painful consequences to family, caregivers and even the community as a whole.

As it is difficult to predict who will commit suicide, efforts at prevention must identify groups at risk to target intervention. Suicide rates have remained consistently higher in the elderly than in younger age groups.

The group at highest risk is those suffering from mental illness, most notably depression and alcohol abuse. Having a poor social support network increases risk for suicide as does being single, divorced or widowed.

A history of past suicide attempts or a family history of suicide also increases risk. A number of chronic medical conditions also have been found to increase suicide risk, including epilepsy, AIDS, multiple sclerosis, stroke, heart attack and chronic pain.

Symptoms suggesting a depressive illness may include a sad or sullen mood. Elderly depressed patients may have more prominent anxiety or a loss of interest in usually pleasurable activities. A depressed senior often will exhibit decreased or slowed activity and reduced speech. Other symptoms may include a change in appetite, sleep disturbance and hopelessness.

Those experiencing depressive symptoms should be encouraged to seek medical attention. If someone experiences suicidal thoughts or impulses, calling a crisis line or visiting a hospital emergency room should be considered.

Once suicidal risk is identified, steps must be taken to protect the individual while treatment begins. These steps may include frequent contact with care providers or enlisting friends and family members to stay with a patient.

Guns should be removed from the home and medications monitored. In some cases, psychiatric hospitalization may be required.

Treatment of depression may include antidepressant medications and/or psychotherapy. Treatment of co-morbid medical or psychiatric conditions (including alcohol abuse) may also be necessary. ■



## PREVENTING FALLS

When it comes to healthy aging, it's all about balance

by Penny Handshaw, DPT, Director of Rehabilitation Services,  
Wishard Health Services

At every age, the challenge is to keep life in balance. But as we age, maintaining a good sense of balance is vital to prevent falls so we stay healthy and actively enjoy our golden years.

The dangers of falling increase with age, warn the Centers for Disease Control and Prevention, the Surgeon General and the National Safety Council.

Each year, one in three seniors has a fall that causes a serious injury. Of those who break their hip, only about 25 percent recover fully. Another 50 percent have a disability preventing a return to independent living, while 25 percent of those who break a hip will die within a year of the injury.

Most falls occur inside the home, often when the person rushes to the phone, the door or the bathroom. According to the CDC, 13,700 seniors died, and another 500,000 seniors were hospitalized due to a fall in 2003.

When we become unsteady and dizzy, a dangerous cycle is initiated. The chances of falling increase, falls cause injuries, and subsequently, injuries reduce a person's ability to move freely. An inactive lifestyle leads to premature aging and an increased dependence on others. Falling is the No. 1 reason seniors are taken to emergency rooms.

Exercising to keep a sense of balance is important so you can avoid this life-disrupting cycle.

Balance is our most vital and complicated sense. It is a complex blend of three parts of the nervous systems: the vestibular system (inner ear and brain), vision and

proprioception. Proprioception is joint and muscle position sensation and relates to the ability to know where your body is without looking.



Penny Handshaw

Unfortunately, all three of these systems begin to decline in late middle age, increasing fall risk. This normal decline in balance is accelerated by the illnesses and medicines that often come with getting older. The more medicines a person takes, the more likely he or she is to fall. Reviewing medicines with a pharmacist or doctor can help reduce unsteadiness.

Balance is dependent on the body's ability to react to movement, so problems that affect vision, sensation, the heart and blood pressure, the nervous system, muscles, bones, joints and even the ability to think clearly can cause unsteadiness. Inactivity worsens unsteadiness.

Fortunately, the brain and body are adaptable, and balance is a very trainable skill. Figure skaters can spin without dizziness because they practice and have become use to it. Like skaters, people with dizziness and unsteadiness can also improve if they practice the right exercises.

Talk to your doctor if you have trouble keeping balance while walking. Your doctor will be able to review all the possible causes resulting in your balance problems. He or she can then advise you how to regain your sense of balance and restore your ability to move freely so you can continue doing the things you enjoy. ■

# RESOURCES TO PREVENT INJURIES

**Bike Safety** provides important lessons on bike safety. Log on [www.bicyclesafe.com](http://www.bicyclesafe.com).

**Child Advocates** assigns a caring, trained volunteer advocate for each child whose parents have abdicated that role through abuse and/or neglect. Call (317) 205-3055 or log on [www.childadvocates.net](http://www.childadvocates.net).

**Child Welfare Information Gateway** provides information on child abuse, neglect, child welfare and many other topics. Call (800) 394-3366 or log on [www.childwelfare.gov](http://www.childwelfare.gov).

**Community Education and Child Advocacy** provides information through Riley Children's Hospital of Indianapolis about injury prevention, safety products and other resources that can help you keep your family and your children safe. Call (888) 365-2022.

**Family Violence Institute** provides education about all aspects of family violence to health professionals, legal professionals, social workers, teachers and lay people. Log on [www.medicine.iu.edu/fvi](http://www.medicine.iu.edu/fvi).

**Federal Highway Administration** provides appropriate resources for planning, designing and operating needs for bicycle facilities. Log on [http://safety.fhwa.dot.gov/ped\\_bike/](http://safety.fhwa.dot.gov/ped_bike/).

**Indiana Legal Services Inc.** provides free legal assistance to qualifying Hoosiers in civil legal matters like child custody, divorce and housing issues. Call (317) 631-9410 or toll-free at (800) 869-0212 or log on [www.indianajustice.org](http://www.indianajustice.org).

**Indiana Poison Center** at Methodist Hospital provides free safety information and magnets and keychains with poison center information. Call (800) 222-1222 or log on [www.clarian.org/poisoncontrol](http://www.clarian.org/poisoncontrol).

**Indiana Partnership to Prevent Violent Injury and Death** serves as the only statewide project aimed at reducing firearm injury and death through a public health perspective. Call (317) 278-0945 or log on [www.ippvid.org](http://www.ippvid.org).

**Indiana Suicide Prevention Coalition** collaborates with stakeholders in health, mental health, education, policy makers, the faith community, as well as survivors of suicide, youth, elderly, and people of diverse racial, ethnic, gender backgrounds to decrease the number of suicides in Indiana. Call (260) 481-4184 or log on

[www.indianasuicidepreventioncoalition.org](http://www.indianasuicidepreventioncoalition.org).

**KidsHealth for Kids** provides a variety of information geared toward children and youth including gun safety. Log on [www.kidshealth.org/kid/watch/er/gun\\_safety.html](http://www.kidshealth.org/kid/watch/er/gun_safety.html).

**National Aging Information and Referral Support Center** offers nationwide access to aging services. Call 202-898-2578 or log on [www.nasua.org/informationandreferral](http://www.nasua.org/informationandreferral).

**National Center for Injury Prevention and Control** provides information on a variety of topics, including teen driver safety, maltreatment of children, fireworks injury prevention and sexual violence. Call 800-232-4636 or log on [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc).

**National Safety Council** provides tips on preventing accidental injury and death related to practices ranging from skateboarding and motorcycling to falling. Log on [www.nsc.org](http://www.nsc.org).

**National Institute on Aging** provides health information for older adults. Log on [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov).

**Office of Boating Safety** improves the knowledge and skills of recreational boaters to reduce loss of life, injuries and property damage. Call (800) 368-5647 or log on [www.uscgboating.org](http://www.uscgboating.org).

**Prevent Child Abuse Indiana** provides families and others information, referrals and support for dealing. Call (800) 244-5373. To report child abuse, call (800) 800-5556.

**Seat Check** teaches the proper use of child safety seats. Log on [www.seatcheck.org](http://www.seatcheck.org).

**Sexual Assault: Forensic and Clinical Management** video is a hands-on learning tool for practitioners to observe and participate in the management of a sexual assault victim from initial report to the courtroom. Call (410) 626-7805 or log on [www.iafn.org/storeindex.cfm](http://www.iafn.org/storeindex.cfm) to purchase a copy for training needs.

**Soothing Babies Safely** program instructs new mothers who deliver at Methodist Hospital on infant soothing techniques, parent coping strategies and the dangers of shaking a baby. Parents also can get support from Clarian's Access Center support line at (317) 639-4357.



Indiana State  
Department of Health

Injury Prevention Program 317.234.2888

*Thank you to our Sponsors:*



Office of Women's Health  
Indiana State Department of Health



This project is funded by the CDC PHHS Block Grant award number B01DP009019-08.

Reprints of *Injury Prevention* are available by calling 317.585.5858 or by mail:  
Weiss Communications, 6610 N. Shadeland Ave., Suite 100, Indianapolis, IN 46220.