



Indiana

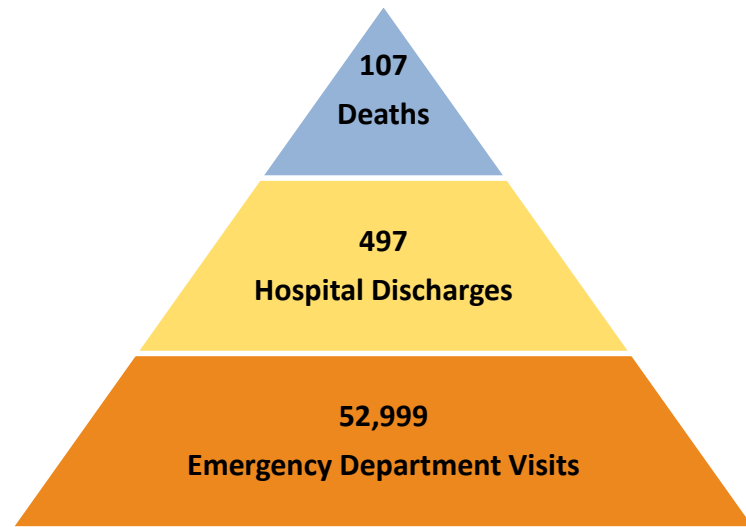
Special Emphasis Report: Infant and Early Childhood Injury, 2015

Injury Is a Leading Cause of Death in Children

Injuries are a major public health problem across the United States and in Indiana. Injuries are not random chance events, but follow a predictable sequence of events and can be prevented using specific strategies. In 2015, 107 Indiana children ages 0 – 5 years died due to injury. There were 71 deaths among infants less than one year of age and 36 among children ages 1 – 5 years.

In addition to these injury deaths, there were 497 injury-related hospitalizations, of which 106 were among infants and 391 were among children ages 1 – 5 years. There were also 52,999 emergency department (ED) visits. These numbers do not include children who received treatment in physician’s offices or at home.

Figure 1: Annual Injuries among Children Ages 0 – 5 Years, Indiana, 2015

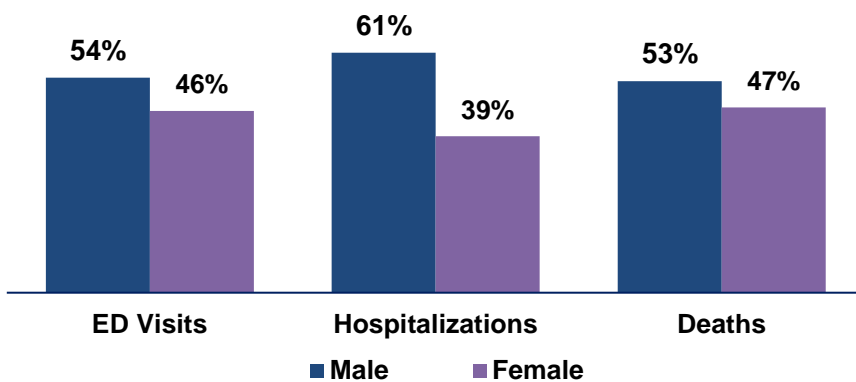


For every child who dies, nearly 5 children are hospitalized and 495 are treated in EDs.

2015 Indiana Child Injury Facts

- 107 children ages 0 – 5 died due to injury, and more than half were infants.
- There were 497 injury-related hospitalizations among children.
 - 78.7% were children ages 1 – 5.
- 52,999 ED visits were made due to injury among children.
- More male children were injured, treated in EDs, hospitalized and died than female children.

Figure 2: Percent of Injury Deaths, Hospitalizations and Emergency Department Visits among Children Ages 0 – 5 Years, by Sex, Indiana, 2015



Childhood Injury by Sex

Males accounted for a greater number of injuries and had higher rates of injury-related medical treatment in Indiana among children ages 0 – 5 years compared to females. More male children ages 0 – 5 years were treated in EDs, hospitalized and died due to injury compared to females of the same age.



Indiana State
Department of Health

*Hospitalizations and ED visit data are based on ICD-9-CM primary diagnostic code of injuries and poisoning for federal fiscal year Oct. 1, 2014 – Sept. 30, 2015. This document was produced in conjunction with CDC’s Core Violence and Injury Prevention Program under Cooperative Agreement 11-1101.



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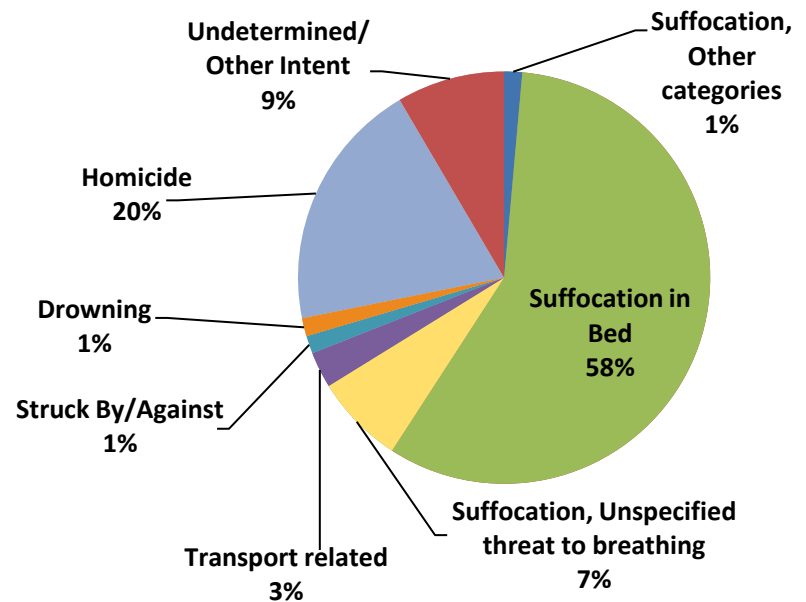
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Injury Deaths in Infants

Infants <1 Year Injury Facts

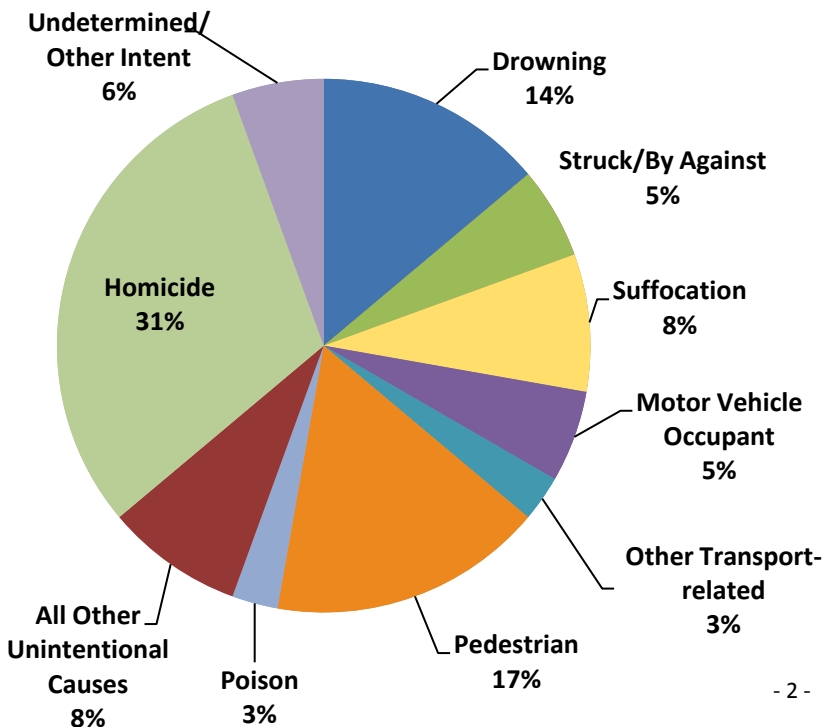
- 71 infant injury deaths in 2015.
- 51 unintentional deaths, 14 homicides and 6 undetermined deaths.
- Suffocation was the leading cause (66.2%) of injury death for infants.
- Suffocation deaths are preventable.
- Unsafe sleep environments, which include linens, pillows or other items in the crib or another body in the bed or on the same sleeping surface, often result in suffocations.
- Plastic bags and other specified threats to breathing also result in infant suffocation deaths.

Figure 3: Injury Deaths among Infants Less than 1 Year, Indiana, 2015



Injury Deaths in Young Children

Figure 4: Injury Deaths in Children Ages 1 – 5 Years, Indiana, 2015



Ages 1 – 5 Injury Facts

- 36 injury deaths in 2015.
- 23 unintentional deaths, 11 homicides and 2 undetermined death.
- Drowning was the leading cause of unintentional injury death.
- Fire/Burns were the second leading cause of unintentional injury death.
- Transportation-related injuries also contributed to 1- to 5-year-old deaths. Car seat use reduces the risk of death by as much as 54%.



Indiana

Special Emphasis Report: Infant and Early Childhood Injury, 2015

Indiana Child Injury Prevention Activities

Because Injury is the leading cause of death for Hoosiers ages 1 – 44 years, the Division of Trauma and Injury Prevention at the Indiana State Department of Health (ISDH) works to prevent injuries and create a healthier and safer Indiana.

Division Mission: To develop, implement and provide oversight of a statewide comprehensive trauma care system that:

- Prevents injuries;
- Saves lives; and
- Improves the care and outcomes of trauma patients.

Division Vision: Prevent injuries in Indiana.

Activities:

Child Passenger Safety and Booster Bashes: Motor vehicle-related injuries are the leading cause of death for children. One preventive measure that is successful in reducing these injuries are child safety restraints or car seats, yet studies have found that 73% of child restraints are used incorrectly. The ISDH is working closely with partners to reduce the number of misused seats and increase the number of properly used car seats through access and education. Big Kid Booster Bash events target children ages 4 – 8 who are not big enough to use a seat belt properly but still require additional protections.



The **Child Passenger Safety Technician (CPST) Scholarship Program**, sponsored through the Division of Trauma and Injury Prevention, is dedicated to preventing injuries and trauma throughout Indiana. Through a Maternal Child and Health Services grant, recipients can be reimbursed up to \$250 for participating in a training course to become a CPST. The CPST Scholarship Program funds must be used toward fees related to the training class. Email: IndianaTrauma@isdh.in.gov

Preventing Injuries in Indiana: Injury Prevention Resource Guide serves as a tool to provide easily accessible and understandable information and data on the size and scope of specific injuries in Indiana, while highlighting effective evidence-based solutions to the problem of injury.

The **Indiana Statewide Trauma System** Injury Prevention Plan includes statewide direction and focus for child injury prevention, specifically safe sleep, child passenger safety and bullying.

Prescription Drug Overdose Prevention for States: The ISDH has received funding to help prevent overdose deaths related to prescription opioids as part of the Center for Disease Control and Prevention's (CDC's) Prescription Drug Overdose program. Funding supports enhancements to INSPECT, the state's prescription drug monitoring program; improvements to opioid prescribing practices, prevention efforts at the state and community levels to address new and emerging problems related to prescription drug overdoses; and a partnership with the IU Fairbanks School of Public Health to evaluate the state's opioid prescribing practices. The ISDH expands the collection of overdose information to provide additional data regarding opioid overdose at the county level and will help inform prevention efforts and expand use of data for public health surveillance.

Communications: The ISDH Division of Trauma and Injury Prevention is active on Twitter, @INDTrauma, with the hashtag #SafetyIN to deliver up-to-date safety and injury prevention information.

Partnerships: The **Indiana Injury Prevention Advisory Council**, made up of members working in injury and violence prevention, strives to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy.

Surveillance: The Division of Trauma and Injury Prevention conducts statewide injury surveillance through death certificates, hospitalizations and ED visits. The Indiana Trauma Registry captures statewide trauma data for all seriously injured for the purposes of identifying the trauma population, statewide process improvement activities and research.



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Special Emphasis Report: Infant and Early Childhood Injury, 2015

Indiana Infant Mortality Initiatives

Because Indiana’s infant mortality rate is consistently one of the worst in the nation, reducing infant mortality is the number-one priority of the ISDH. Numerous initiatives are underway to address reducing infant mortality:

“Labor of Love” public awareness campaign: A sustained, statewide information effort to raise awareness of the problem of infant mortality and encourage support for education and prevention. The fundamental premise of the campaign is to educate citizens that everyone has a role to play to ensure our babies reach their first birthdays. Website: <http://www.in.gov/laboroflove/>

The **MOMS Helpline** is committed to improving pregnant women’s access to early and regular prenatal care and connecting them with a network of prenatal and child health care services within their local communities, state agencies and other organizations around Indiana. The MOMS Helpline goal is to help reduce Indiana’s infant mortality rate, and our dedicated specialists are here to provide valuable information and referrals and educate and advocate on behalf of moms and pregnant women. Phone number: 1-844-MCH-MOMS (1-844-624-6667).



The key to a healthy baby and a happy mom



Indiana Safe Sleep Program: ISDH has implemented a statewide program that provides education and **Infant Survival Kits** to infant caregivers and families. The survival kits contain one infant portable crib, one fitted sheet with imprinted safe sleep messaging, one wearable blanket, one pacifier and safe sleep recommendations for those who are financially in-need with an infant at risk for SIDS or sleep-related death. The educational messages focus on three key risk reduction recommendations—**ABC: babies sleep safest ALONE, on their BACKS and in a CRIB or other separate, safe sleep environment.** The messaging encourages breastfeeding and safe bonding practices that can occur while the baby and mother are awake—both in and outside of the adult bed. Contact: Gretchen Martin, MSW, GMartin1@isdh.IN.gov.

DOSE Can Make a Difference in Your Community: DOSE is an innovative program aimed at eliminating sleep-related infant death due to suffocation, strangulation or positional asphyxia by using first responders to identify and remove hazards while delivering education on scene. First responders are trained to identify infant safe sleep hazards while responding to emergency and nonemergency calls. Operations personnel are quick to educate families in an attempt to lower infant deaths due to unsafe sleep environments. If personnel find an expectant mother or infant less than one year of age, they will initiate an "environmental check" and distribute a Survival Kit. If any hazards are found in the home or in the baby's sleep space, they are identified and removed and the family is educated as to why these hazards must be kept away from the baby. The verbal education is the key to behavior change in the field. First responders are on scene to help, providing a better opportunity for their message to make a lasting impression. If your agency is interested in becoming DOSE trained, please contact Gretchen Martin, MSW, GMartin1@isdh.in.gov.



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Indiana Child Fatality Review Program

Overview of the Program

Child Fatality Review (CFR) is a collaborative process that can help us better understand why children die within the community and help us identify how we can prevent future deaths. CFR teams 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 died so that future injury and death can be prevented.



Operating Principles

- The death of a child is a community responsibility and should motivate community members into action to prevent future injury and death.
- Review requires multidisciplinary participation and should lead to an understanding of the risk factors involved in the death.
- Reviews should focus on prevention and lead to effective recommendations and action steps to keep children safe.

Objectives

- Ensure the accurate identification and uniform, consistent reporting of cause and manner of death of every child
- Improve agency responses in the investigation of child deaths
- Identify significant risk factors and trends in child deaths
- Identify and advocate for needed changes in legislation, policy and practice to prevent child deaths
- Increase public awareness of the issues that affect the health and safety of our children

Fetal-Infant Mortality Review (FIMR)

Fetal and Infant Mortality Review (FIMR) is a community-based and action-oriented process to improve service systems and resources for women, infants and families. This evidence-based process examines fetal and infant deaths, determines preventability and engages communities to take action. FIMR engages a multidisciplinary case review team to review the case summaries from de-identified infant and fetal deaths. These case summaries include maternal interviews for their perspective on why the death occurred. Based on these reviews, the team makes recommendations for system changes. A team of community leaders (community action team) is then assembled to take recommendations to action. Contact: Gretchen Martin, MSW, GMartin1@isdh.IN.gov.



Indiana Violent Death Reporting System (INVDRS)

Indiana is one of 42 states to receive funding for the Centers for Disease Control and Prevention (CDC) Collecting Violent Death Data Using the National Violent Death Reporting System. The purpose of the funding is to improve the planning, implementation and evaluation of violence prevention programs. The INVDRS monitors and assesses the magnitude, trends and characteristics of violent deaths by collecting comprehensive data from various existing data sources. Contact: INVDRS@isdh.in.gov. The INVDRS:

- Collects comprehensive, objective and accurate population-based information on victims, suspects, weapons and circumstances related to homicides, suicides, unintentional firearm injuries, legal intervention deaths, deaths of undetermined intent and terrorism deaths.
- Combines data from multiple sources, including death certificates, coroner records, law enforcement reports and other additional data to increase scientific understanding of violent injury to be translated into prevention strategies for state, local and national efforts.
- Contributes de-identified data to the National Violent Death Reporting System (NVDRS) funded by the CDC National Center for Injury Prevention and Control.



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Resources

Indiana State Department of Health

2 N. Meridian St.

Indianapolis, IN 46204

Website: www.StateHealth.in.gov

Indiana Child Fatality Review and FIMR Programs

Phone: (317) 233-1240

Email: GMartin1@isdh.IN.gov

Website: <http://www.in.gov/isdh/26349.htm>

Maternal and Child Health Division

Phone: (317) 233-7940

Website: <http://www.in.gov/isdh/19571.htm>

Trauma and Injury Prevention Division

Phone: (317) 233-7716

Email: Indianatrauma@isdh.IN.gov

Website: <http://www.in.gov/isdh/19537.htm>

Twitter: [@INDTrauma](https://twitter.com/INDTrauma)

Indiana Labor of Love

Website: <http://www.in.gov/laboroflove/>

Indiana Department of Child Services

402 W. Washington St.

Indianapolis, IN 46204

Email: Communciations@dcs.IN.gov

Website: <http://www.in.gov/dcs/2869.htm>



Labor of Love

Helping Indiana Reduce Infant Death



MCH
MOMS
HELPLINE
1-844-MCH-MOMS
(844-624-6667)

The key to a healthy baby and a happy mom

Indiana Child Abuse/ Neglect Hotline

Phone: 1-800-800-5556

Indiana Poison Center

Poison Helpline: 1-800-222-1222

<http://indianapoison.org/>

American Academy of Pediatrics

<http://www.aap.org>

Automotive Safety Program

<http://www.preventinjury.org/>

Children's Safety Network

<https://www.childrenssafetynetwork.org>

Cribs for Kids

<http://www.cribsforkids.org/>

CDC Injury Center

<http://www.cdc.gov/injury/>

First Candle

<http://www.firstcandle.org/>

Safe Kids Indiana/ Safe Kids Worldwide

<http://www.safekids.org/>

Safe to Sleep

<http://www.nichd.nih.gov/sts/Pages/default.aspx>

This report and other Indiana injury data reports are available on the ISDH website. Requests for data may also be submitted to the ISDH Trauma and Injury Prevention Division.

Data Notes: All data in this report are based on the CDC injury definition, whereby injury cases are based on ICD-10 underlying cause codes (deaths), ICD-9-CM primary diagnosis codes (hospitalizations), or either an ICD-9-CM primary diagnosis code or an external cause of injury code (E-codes) (ED visits). Death data are reported for calendar year 2015, and ED and hospitalization data are reported for federal fiscal year Oct. 1, 2014 through Sept. 30, 2015, due to the transition to ICD-10-CM. Not every injury case may be coded with an E-code, and because the analysis of the mechanism of injury is dependent upon the E-code, the aggregate numbers may be different. Deaths and transfers may be included in hospitalization and ED visit data. All data in this report are based on calendar years. *All injuries are considered unintentional unless otherwise specified.* Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the government of the company or its products or services.

Data Sources: Indiana State Department of Health, Epidemiology Resource Team Data Analysis Team. Document prepared by ISDH Division of Trauma and Injury Prevention.