Indiana Violent Death Reporting System (INVDRS)

Advisory Board Meeting
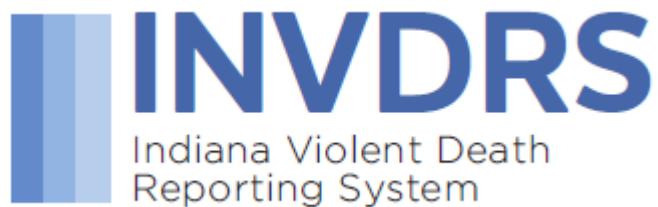
Rachel Kenny, *INVDRS Epidemiologist*

Division of Trauma and Injury Prevention

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Worksheet

- Questions / Concerns / roadblocks

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Outline of Meeting

- Welcome & Introductions
- CDC Updates
- Data Collection Updates
- Rob Simpson Presentation

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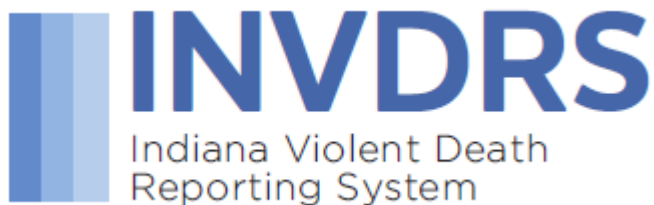
Outline of Meeting

- MIPA NVDRS Committee

- 2016 Statewide Implementation

- Data Confidentiality

- Injury Prevention Updates

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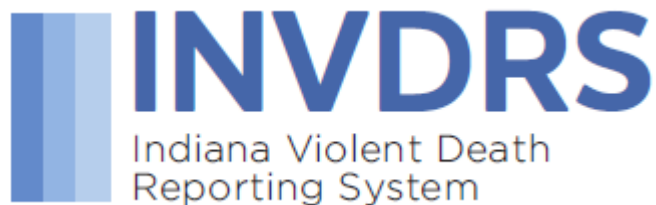Indiana Violent Death
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Introductions

- Name

- Organization

- Role/job title within organization

- Update
  - Events
  - Projects   (Related to Violence & Injury Prevention)
  - Issues

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New INVDRS Staff!

- Marion Chaloux
  - INVDRS Records Consultant
  - Mchaloux@isdh.in.gov
  - 317.233.8460
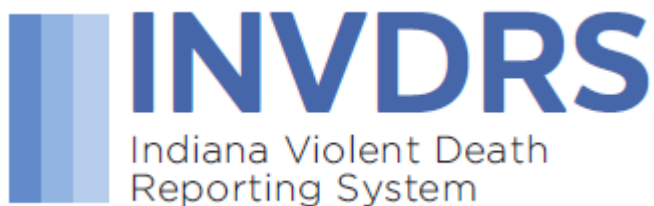
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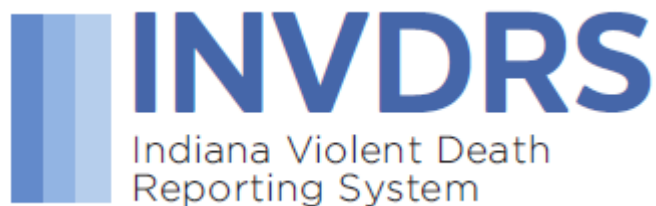Department of Health

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New 2016 meeting dates

- 3rd Friday of the month
  - **1 p.m.-3 p.m. EST in Rice Auditorium**
  - March 18
  - July 15
  - September 16
  - November 18

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CDC Site Visit

September 1, 2015

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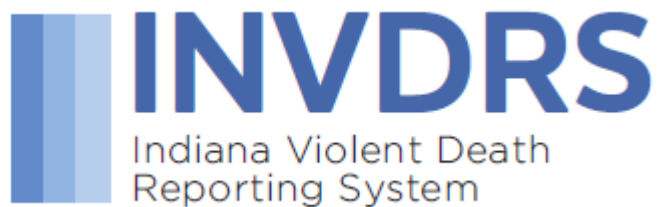**Email Questions: INVDRS@isdh.in.gov**

Attendees

- INVDRS Staff

- CDC Representatives
  - Rebecca Wilson, MPH, Public Health Advisor/Project Officer
  - Katherine Fowler, PhD, Science Officer

- INVDRS Advisory Board Members

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Coding Manual Revisions

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Revisions

- "Other race" option removed
- Added "Domestic Partnership" to the Marital State variable. New response options:

1. Married/Civil Union/Domestic Partnership
2. Never Married
3. Widowed
4. Divorced
5. Married/Civil Union/Domestic Partnership, but separated
6. Single, not otherwise specified
9. Unknown

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Revisions (cont.)

- Two new variables designed to capture more information on victims' involvement in an intimate relationship at the time of an incident
  - Relationship Status
    1. Currently in a relationship
    2. Not currently in a relationship
    9. Unknown
  - Sex of Partner
    1. Same sex as victim
    2. Opposite sex as victim
    3. Not applicable
    9. Unknown

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Revisions (cont.)

- Updated guidance and examples for when to code "Homelessness" and "Random Violence" variables

- Various corrections on discrepancies and errors

- Guidance on how to obtain census track and block information

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Data Collection Updates

All data is preliminary

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Death Certificates

- 1242 cases statewide (as of 11/17 DC update)
  - 786 Suicides (63.3%)
  - 308 Homicides (24.8%)
  - 117 Undetermined (9.4%)
  - 31 Accidental (2.5%)

*preliminary numbers

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CDC Timelines

- 6 months from Death-Case Initiation via Death Certificate

- 18 months from Death-Case Completion (all 3 major sources abstracted)

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CDC Timelines

- **98% of our Death Certificates were uploaded within 6 months of Death!**

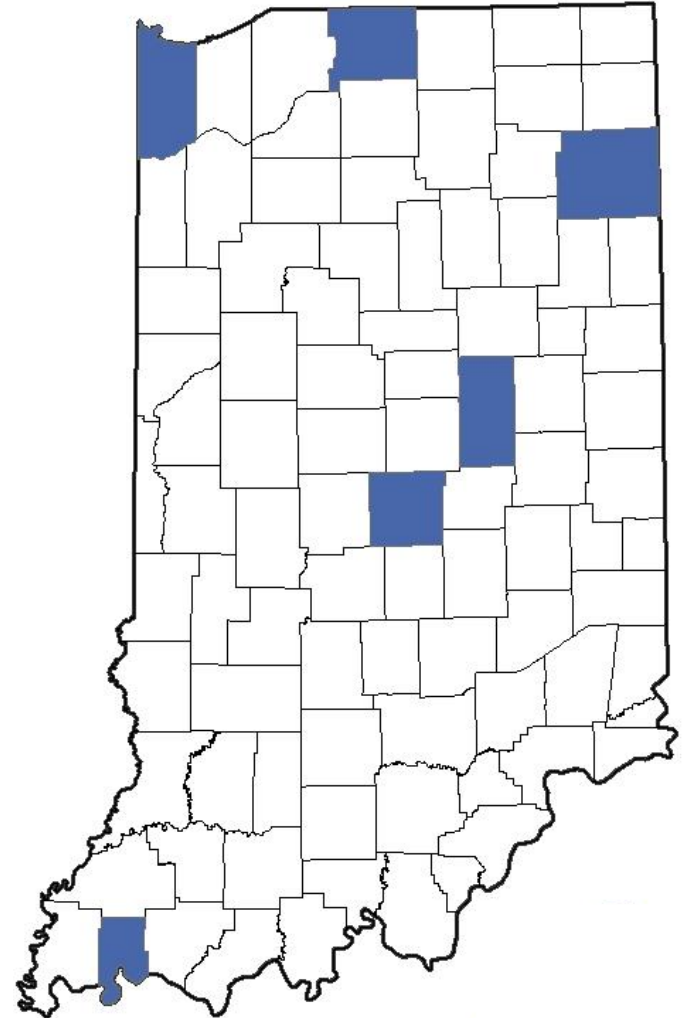- Median days from death to initiation in INVDRS = 98 days

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Death Certificates

- Pilot Counties
  - 47.8% of all cases (594)
  - 40.3% of all suicides (317)
  - 75.6% of all homicides (233)

    *preliminary numbers

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Death Certificates

	All Pilot	Marion	Lake	Allen	St. Joseph	Vander burgh	Madison
Total	594	242	123	92	67	43	27
Suicide	317	112	59	49	41	34	22
Homicide	233	115	59	30	20	*	*

*preliminary numbers

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Manner of Death

Statewide
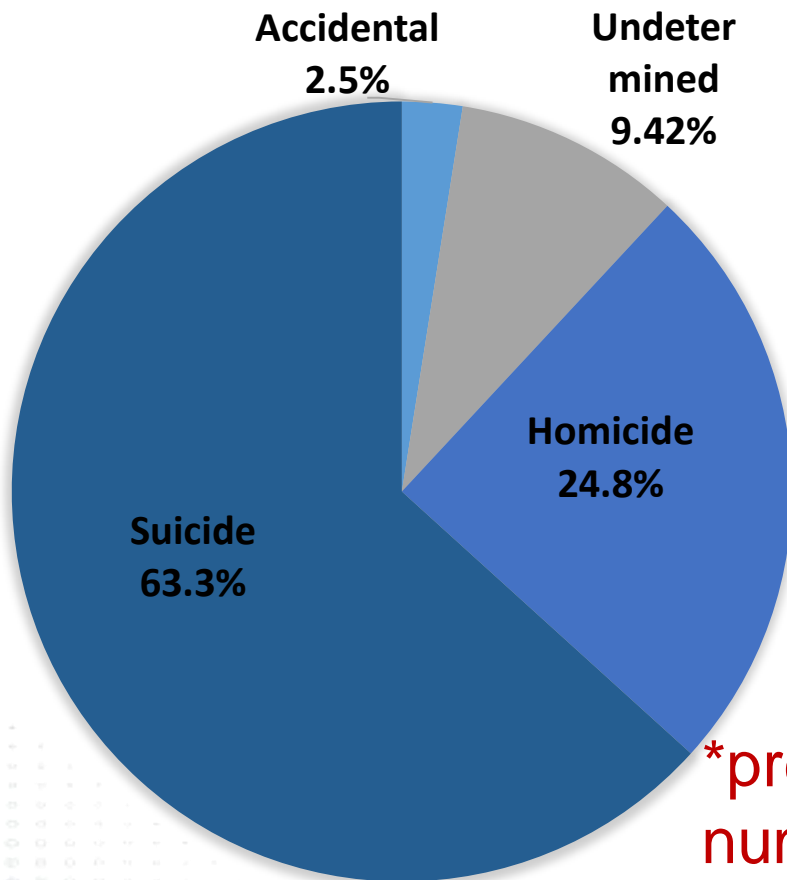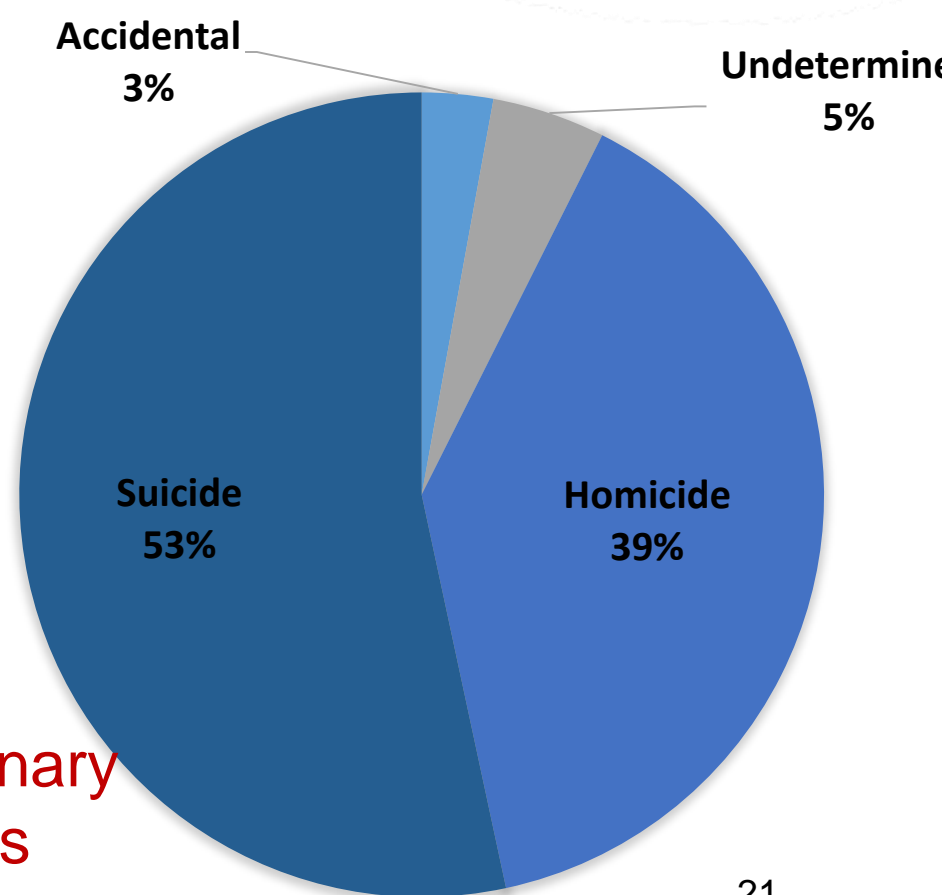
Accidental
2.5%

Undeter
mined
9.42%

Homicide
24.8%

Suicide
63.3%

Pilot Counties

Accidental
3%

Undetermine
5%

Suicide
53%

Homicide
39%

*preliminary
numbers

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Manner of Death

Non-Pilot Counties

Accidental
2.2%

Undetermin
ed
13.9%

Homicide
11.6%

Suicide
72.4%

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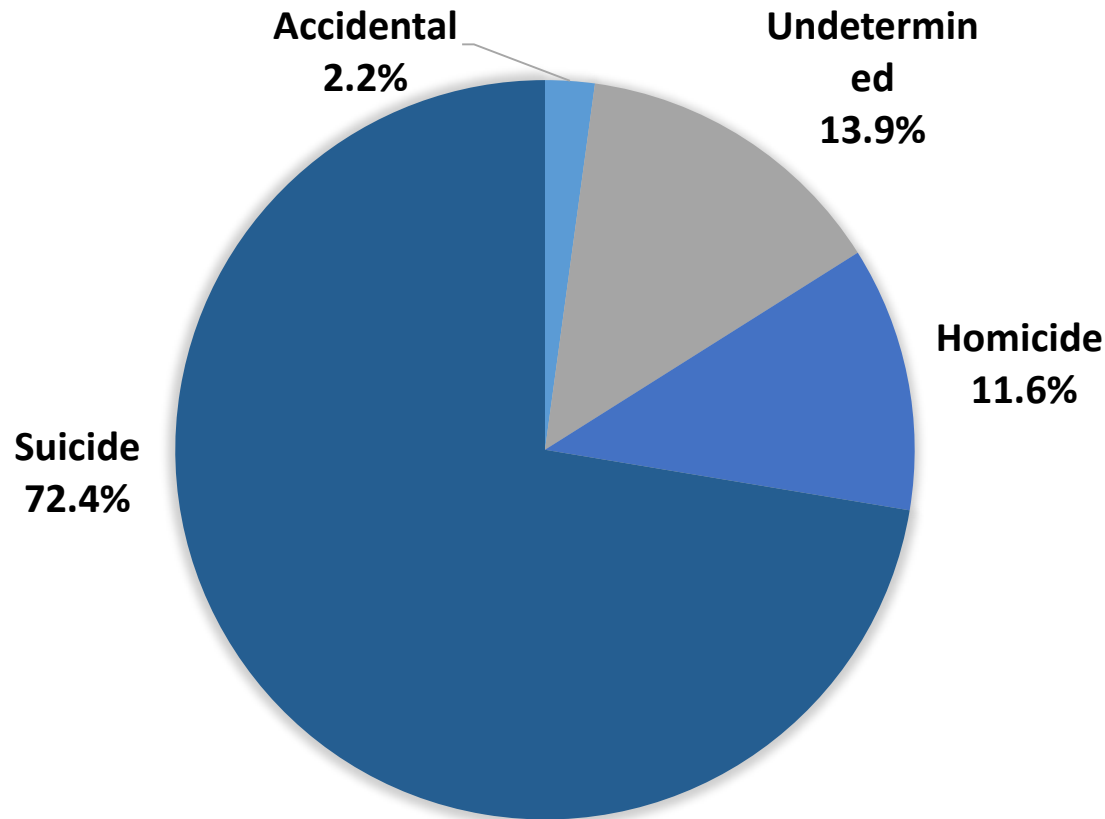
Manner of Death by Sex

*preliminary numbers
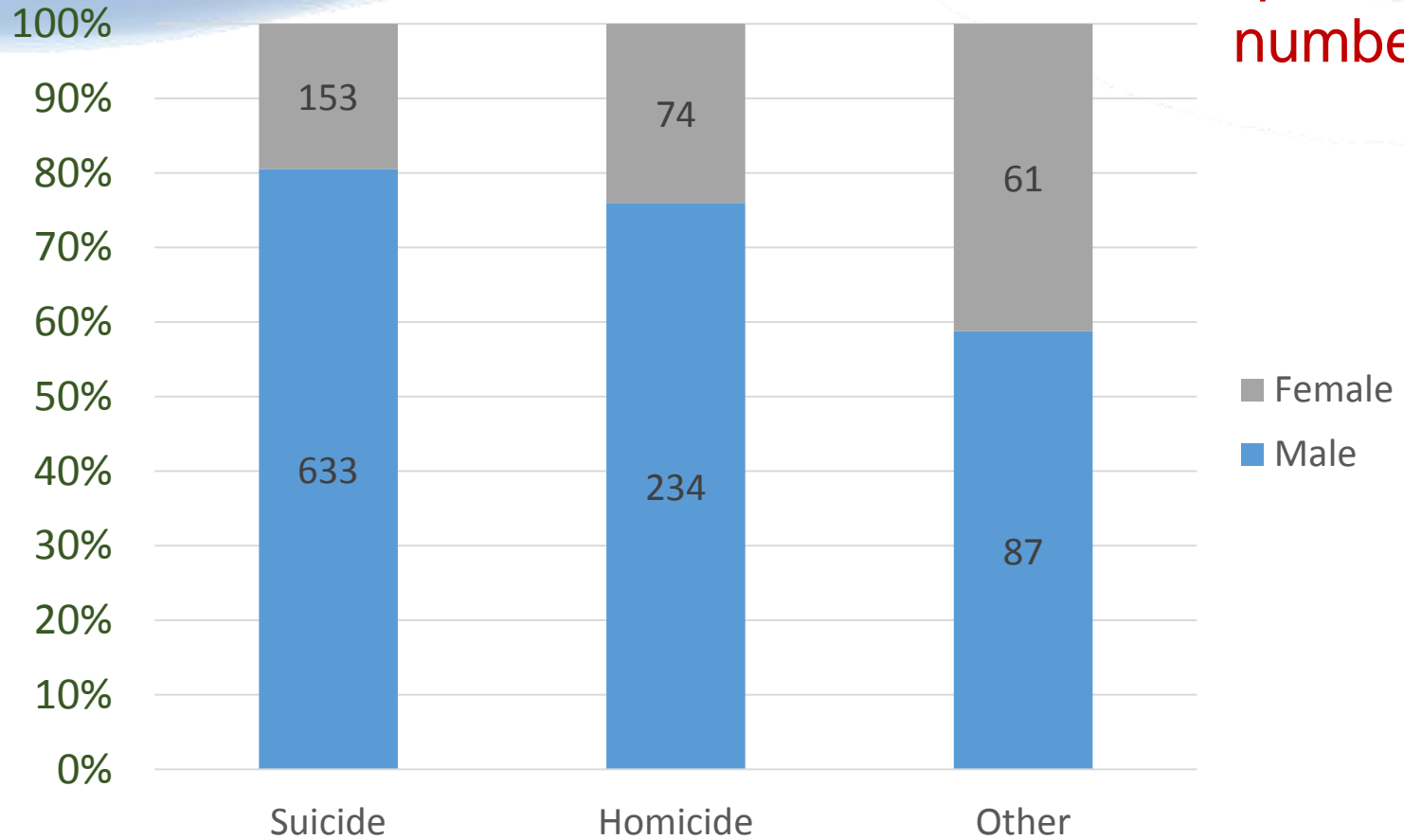
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Manner of Death by Age Group

*preliminary numbers

Chart showing Manner of Death by Age Group as stacked percentages (Suicide, Homicide, Other):

Age Group	Suicide	Homicide	Other
Under 18	29	23	
18-24	80	84	
25-34	132	76	
35-44	141	46	
45-54	148	38	
55-64	135	26	
65+	121	15	

Legend: ■ Suicide ■ Homicide ■ Other

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Manner of Death by Age Group

*preliminary numbers

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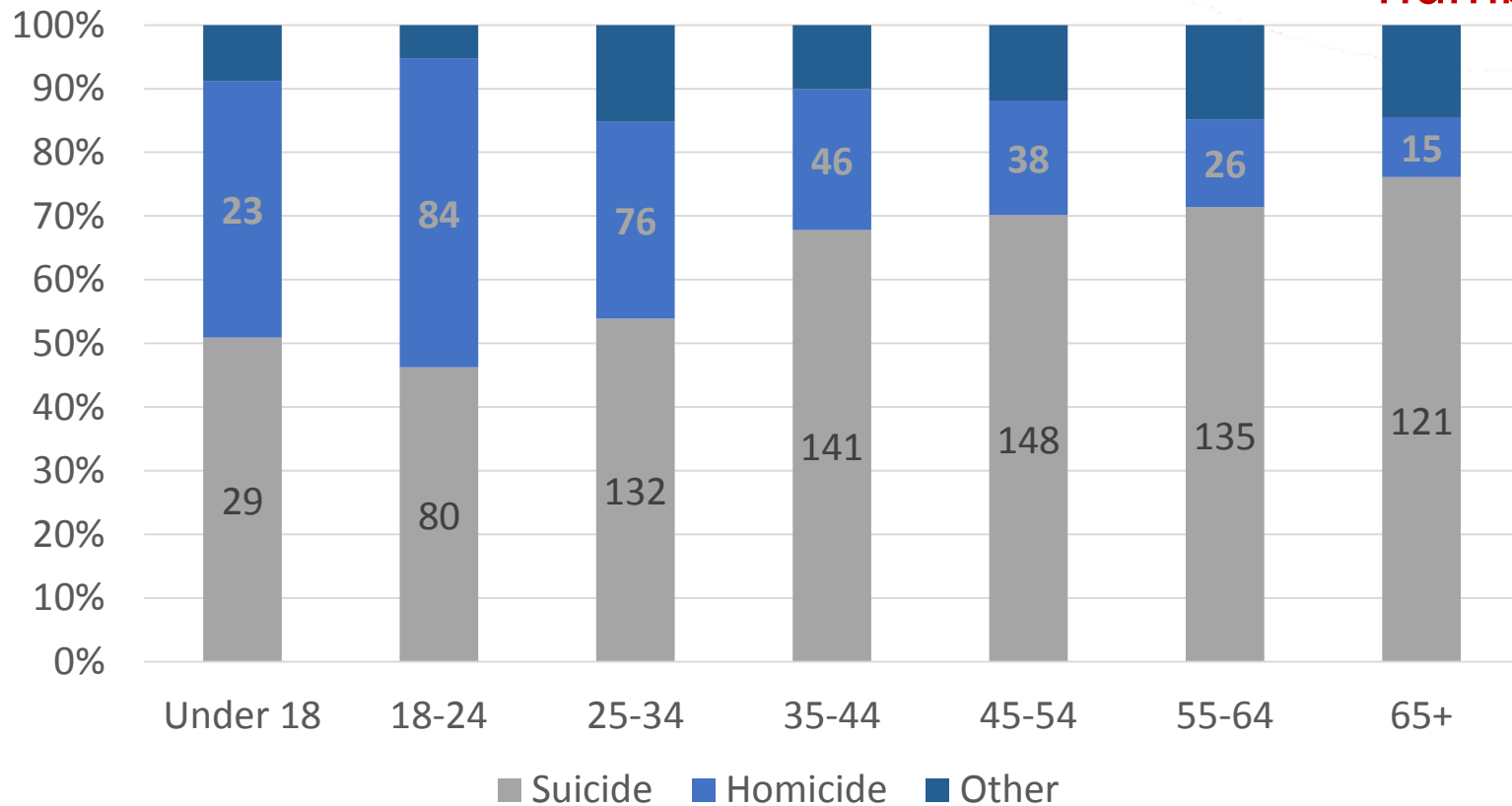
Homicide Percentages by Age Group and Total

*preliminary numbers

Legend: — Homicide % within age category — Homicide % of Total VD

Age Group	Homicide % within age category	Homicide % of Total VD
Under 18	40%	7%
18-24	49%	27%
25-34	31%	25%
35-44	22%	15%
45-54	18%	12%
55-64	14%	8%
65+	9%	5%

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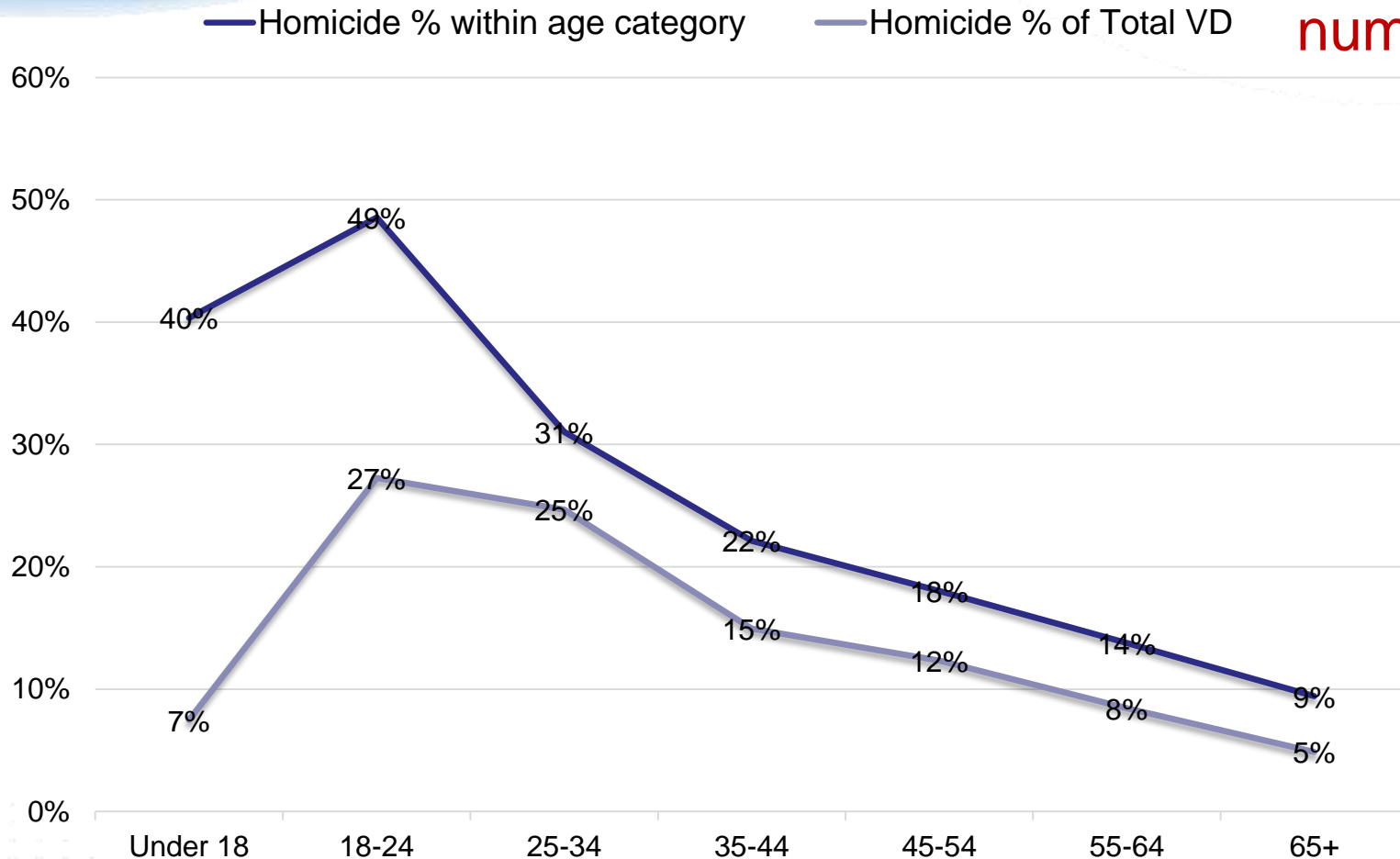
Manner of Death by Month January-July
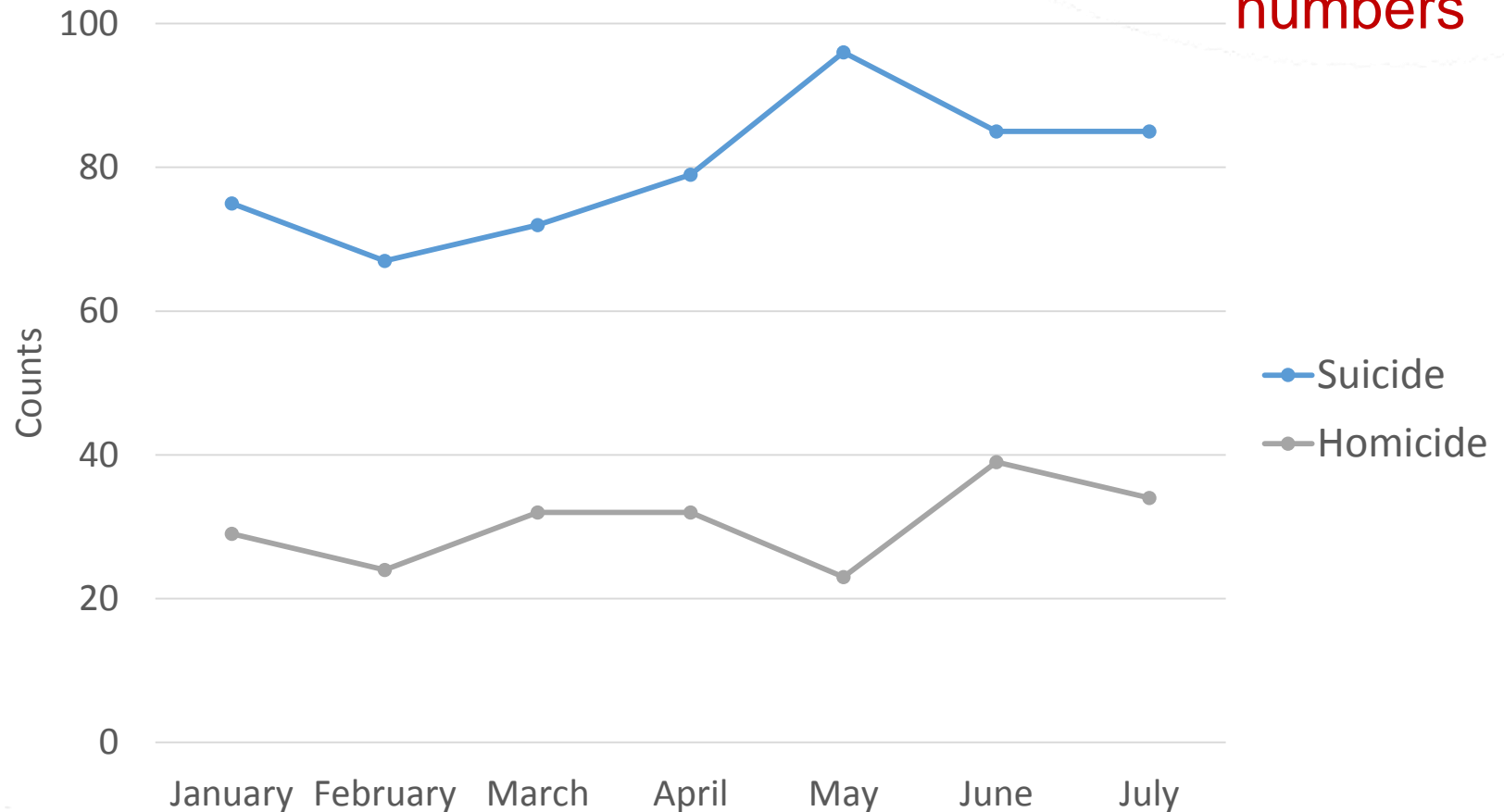
What else would you like to see?

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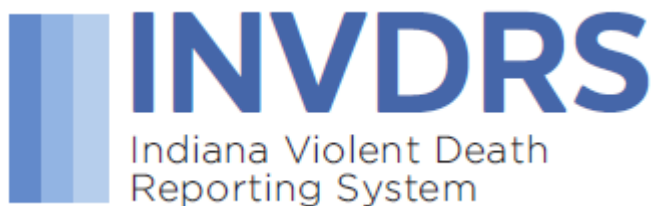
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Coroner Update

Murray Lawry, INVDRS Coroner Records Coordinator

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Data Sharing Agreements

20 signed Data Sharing Agreements

- Bartholomew
- Cass
- Clinton
- DeKalb
- Delaware
- Fountain
- Jackson
- Jasper
- LaGrange
- LaPorte

- Lawrence
- Marion
- Montgomery
- Newton
- Pike
- Pulaski
- St. Joseph
- Wabash
- Wayne
- Whitley

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Successes

- 4 counties with scheduled visits
  - Carroll, Tippecanoe, Hamilton, Hancock

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Challenges

- 3 counties are requesting there be a law that requires them to submit data to INVDRS before they will sign a DSA

- Allen County Prosecutor

- Unable to reach Madison County Coroner

Suggestions/Comments?

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Law Enforcement Update

John O'Boyle, INVDRS Law Enforcement Records Coordinator

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Data Sharing Agreements

- 174 signed Data Sharing Agreements
  - 30 in Pilot Counties
    - Allen-3
    - Lake-9
    - Madison-11
    - Marion-3
    - St. Joseph-1
    - Vanderburgh-2

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Successes

- Legal questions about the DSA from local agencies
  - Small changes are permissible as long as they are reviewed and accepted
- Speaking engagement at the Indiana Association of Chiefs of Police (IACP) in January 2016
- Basic Vender Membership with the Indiana Sheriff's Association (ISA) for their ISA Conference

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Challenges

- Unwilling to participate due to previous experience with the federal government
- Smaller departments not seeing a need

Suggestions/Comments?

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Update from the INVDRS Records Coordinator

Marion Chaloux, M.S.
INVDRS Records Consultant

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Data Collection and Abstraction

- Requested: 477
  - Not received: 178
- Received: 299
  - Abstracted: 94

477 Total Records

- Requested but not received
- Received

Abstracted

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Data Collection: LE

159 Received Cases

- Requested: 249
- Received: 159
  - Abstracted: 50
  - 17 cases are either ongoing or have no report associated with that case
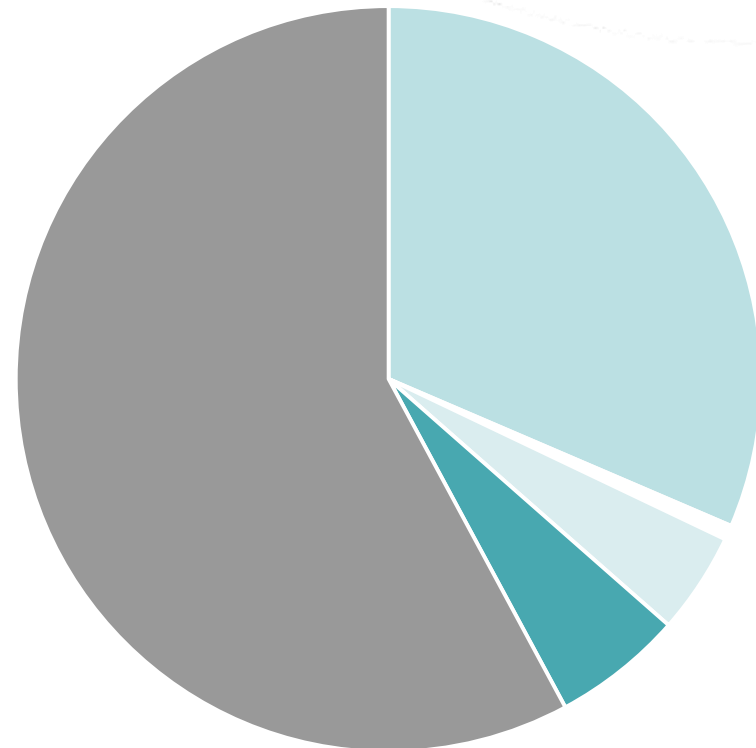
Legend:
- Abstracted
- On-going cases
- Received, not abstracted
- Non-INVDRS
- No report associated

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Data Collection: CME

- Requested: 228
- Received: 187
  - Abstracted: 44
  - 3 cases received were later deemed non-INVDRS cases

187 Received Cases
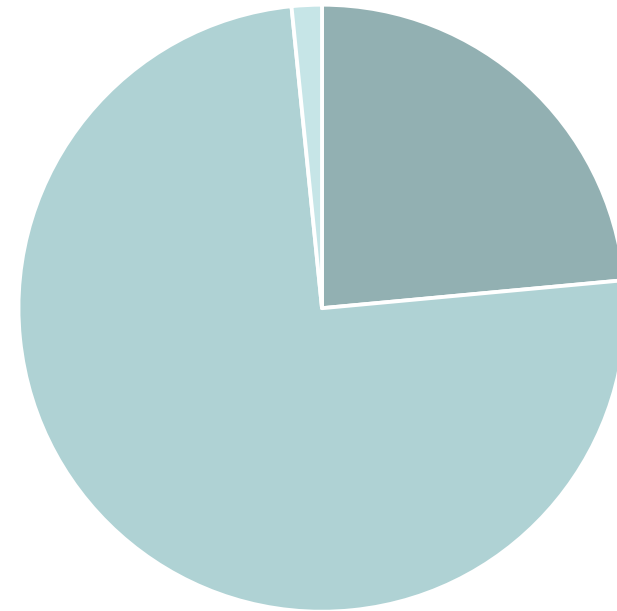
■ Abstracted
■ Received, not abstracted
■ Non-INVDRS

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INVDRS: Indiana specific work

- INVDRS Training modules
  - Introduction to the unique problems in Indiana
  - Confidentiality
- Indiana specific data elements?

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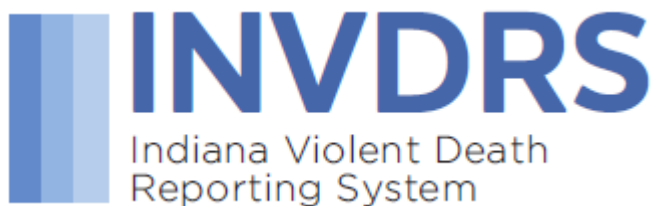
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Successes

- Reports are coming in continuously!
- Overall, very informative reports

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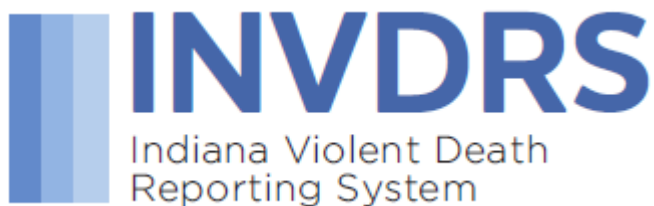
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Challenges

- Inconsistent reports
- Lack of required reports

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Time for questions/input

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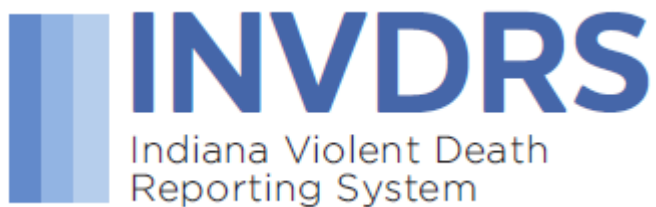
Trauma Registry

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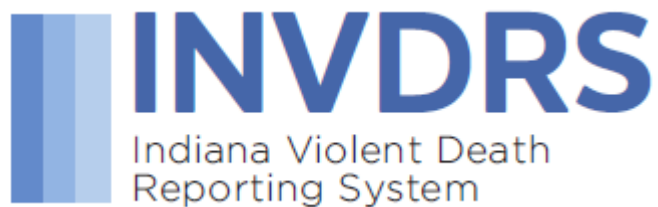
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Trauma Registry Data Elements

- Seen in ED (drop box)
- Admitted to Inpatient (checkbox)
- ICD-9 codes from hospital
- Wounds-Able to identify location of
- Place of Death (Inpatient, Outpatient, DOA, etc)
- Toxicology
- EMS at Scene (checkbox)

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Presentation by First Sergeant Rob Simpson

Midwest Injury Prevention Alliance (MIPA)

NVDRS Subcommittee

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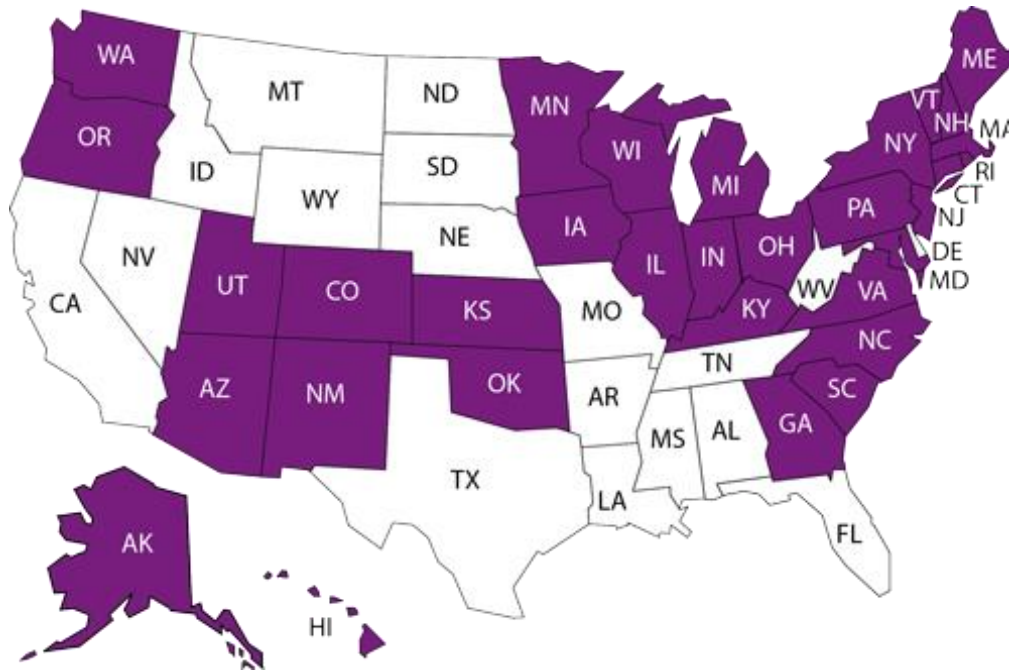
MIPA NVDRS Subcommittee

- Goals: facilitate mentoring and collaboration, regional data sharing

- Sharing of Death Certificates to ID:
  - Individuals involved in an incident that began in Indiana but death occurred in another state

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Cases that Cross State Lines

- Example 1: An individual was shot in Indiana right across the state line from Cincinnati. They were taken to a hospital in Ohio where they died.

- What we know:
  - Decedent was an Indiana resident
  - Injury happened in Indiana
  - Death happened in Ohio
  - Both states are NVDRS states

- Who is responsible for collecting data on this case?

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Cases that Cross State Lines

- Answer: Indiana. According to the CDC, when both states are NVDRS states, the state of injury is responsible for collecting the case.

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Cases that Cross State Lines

- Example 2: An Indiana resident dies by suicide in Tennessee

- What we know:

  - Indiana resident

  - Injury and Death in Tennessee

- Who is responsible for collecting data on this case?

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Cases that Cross State Lines

- Answer: Indiana. Tennessee is not an NVDRS state but Indiana is responsible for abstracting the incident if one of their own residents dies violently in a state that is not currently part of NVDRS.

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Cases that Cross State Lines

- Example 3: Suspect 1 kills Victim 1 in Indiana. Three hours later, Suspect 1 attempts suicide in Michigan. Suspect 1 lives for 2 days before succumbing from their injuries

- What we know:
  - Incident began in Indiana
  - The two decedents were injured and died and different states
  - The injuries occurred within 24 hours of each other

- Who is responsible for collecting each death?

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Cases that Cross State Lines

- Answer: Indiana. The incident began in Indiana and because the second injury occurred within 24 hours of the first injury, they comprise a single incident.
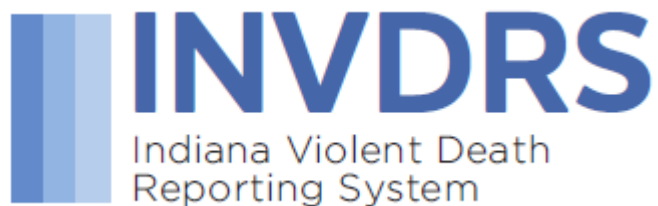
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2016 Statewide Implementation

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2016 Statewide Implementation

- Data collection for INVDRS will begin in January 2016 for all 92 counties in Indiana.

- Focus will be placed on counties with the highest death counts in previous years.

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INVDRS Brochure

Violent deaths in Indiana (2010-2013)
- 3,625 Hoosiers died by suicide, approximately 906 deaths a year.
- 1,366 Hoosiers died by homicide.
- Suicides occur almost three times as often as homicides.
- Indiana's suicide and homicide rates exceed the national rates.

Violent deaths in the U.S. (2010-2013)
- Violent deaths accounted for about 244,000 deaths.
- For every 100,000 persons, 12.4 will die by suicide. This is over 39,000 individuals each year.
- For every 100,000 persons, 5.2 will die by homicide. This is over 16,000 individuals per year.

Indiana Violent Death Reporting System

Indiana State Department of Health
Division of Trauma and Injury Prevention

2 N. Meridian St.
Indianapolis, IN 46204

For more information, please visit our website:
Indianatrauma.org

And contact:
INVDRS@isdh.in.gov

Indiana State Department of Health

www.StateHealth.in.gov

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An Overview of the Indiana Violent
Death Reporting System

Indiana State Department of Health
Trauma and Injury Prevention

www.StateHealth.in.gov

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What is the National Violent Death Reporting System (NVDRS)?

NVDRS is an incident-based surveillance system which collects comprehensive variables surrounding violent death. NVDRS combines data from death certificates and coroner and law enforcement reports into one comprehensive reporting system.

What is considered a violent death?

For inclusion in INVDRS, a violent death is defined as a death which results from the intentional use of physical force or power against oneself, another person, or a group or community.

Violent deaths include:
- Homicides
- Suicides
- Deaths due to legal intervention
- Undetermined intent
- Undintentional firearm-related deaths

Child Fatality Review

INVDRS will capture violent death incidents involving children by utilizing and enhancing the work done through Child Fatality Review. From 1999-2013 in Indiana, there were 1,212 violent deaths among children under the age of 18.

What Information is collected?

INVDRS will help understand the circumstances surrounding violent death in Indiana. Data elements include information on the following, when applicable:

- Demographics of victim
- Demographics of suspect
- Toxicology
- Weapon(s)
- Circumstances of death
- Relationship between the victim and suspect(s)

Data sources

INVDRS uses multiple data sources, including death certificates, coroner reports, local and state police reports, and crime lab reports in creating its incident records.

Information about the circumstances associated with violent death is a particularly unique and important feature of INVDRS, since it helps identify specific risk factors leading to violence, which can help us better understand how to curb it.

Translating data into action

The data will be used to:
- inform communities of their specific problems and suggest possible intervention opportunities
- assist local violence prevention programs in obtaining state and federal funding by demonstrating need
- inform data providers, such as police departments and coroner's offices, on their data quality and timeliness
- guide and target violence prevention programs, policies, and practices
- support planning and implementation of these programs, policies, and practices monitor and evaluate prevention efforts

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Getting the Word Out-2015

- Indiana Coroner's Training Board Conference
  - June 26th-28th
  - Exhibitor

- Indiana Sheriff's Association Conference
  - July 17th-19th
  - Exhibitor

- Indiana Emergency Response Conference
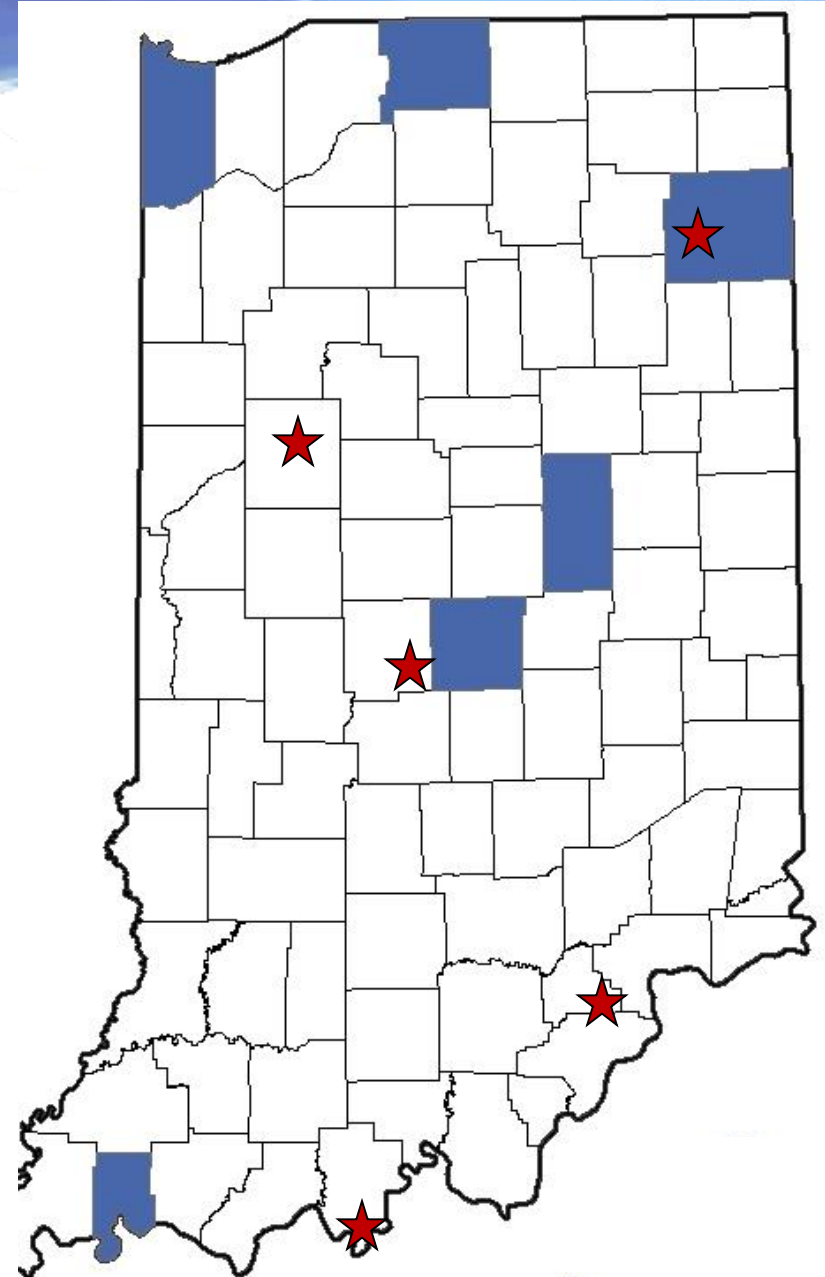 - August 19th-22nd
  - Presenter

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SUIDI Training

- Tell City
  - May 28th, 2015
- Ft. Wayne
  - June 4th, 2015
- Plainfield
  - July 16th, 2015
- Scottsburg
  - August 6th, 2015
- Lafayette
  - September 17th, 2015

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Getting the Word Out-2015

- Have already started obtaining agreements with any counties/agencies that are willing

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Data Confidentiality

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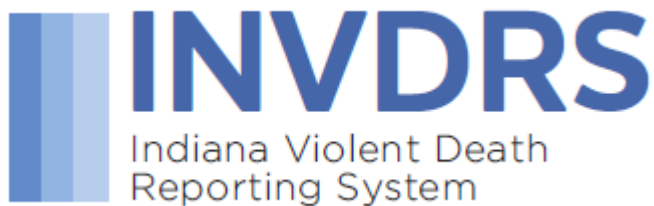
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Data Confidentiality

- Received IRB Approval!

- Next Step:

  – Applying for the Certificate of Confidentiality from the CDC

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Certificate of Confidentiality

- Once approved, the CoC protects ISDH from being compelled to release identifiable information in response to legal demands at the federal, state, or local levels.

Email Questions: INVDRS@isdh.in.gov

Injury Prevention Resource Guide & Updates
December 15, 2015

Jessica Schultz, MPH , Injury Prevention Epidemiologist

Division of Trauma and Injury Prevention

Indiana State
Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Why Prevent Injuries?

- Injuries are not accidents!
- Injuries can be devastating,
- Injuries can be deadly,
- Injuries are costly, and
- Injuries are preventable.

"Prevention is the vaccine for the disease of injury" – *American College of Surgeons-Committee on Trauma*

@INDTrauma

Primary Goals of Project

1. Create a document that can provide easily accessible and understandable data and information on the size and scope of specific injury problems in Indiana.

2. Highlight evidence-based solutions to the problem of injury

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Department of Health

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Outline per
Injury Prevention Topic

1. Short description of problem

2. U.S. data

3. Indiana data

4. How do we address this problem?

    a. Evidence-based solutions

    b. Policy, data collection, education, interventions, collaborations, measures

5. Additional Resources (state and national)

10 topics in initial launch

ALCOHOL & INJURY

CHILD MALTREATMENT

DISTRACTED DRIVING

INFANT SAFE SLEEP

SEXUAL ASSAULT

SUICIDE PREVENTION

OLDER ADULT FALLS

RX OVERDOSE

TRAUMA & TRAUMA SYSTEMS

TRAUMATIC BRAIN INJURY

Email questions to: **indianatrauma@isdh.in.gov**

Future Injury Topics

TRAFFIC SAFETY

POISONING

ASSAULT & HOMICIDE

INTIMATE PARTNER VIOLENCE

OCCUPATIONAL SAFETY

TEEN DRIVING SAFETY

CHILD PASSENGER SAFETY

ATV SAFETY

RURAL HEALTH

CARBON MONOXIDE & HOME FIRES

BULLYING

@INDTrauma

Visit: www.indianatrauma.org

Resource Guide

INDIANA INFORMATION

Reports and Documents

Preventing Injuries in Indiana: A Resource Guide

The Indiana State Department of Health (ISDH) Division of Trauma and Injury is pleased to provide the first edition of this comprehensive Resource Guide on injuries affecting Hoosiers. By accessing, analyzing and compiling data and evidence-based resources from a wide variety of sources, the Resource Guide describes some of the issues related to injury and the strategies to address the immense toll that injuries take on the lives of Indiana residents. Injuries are a major public health problem and require resources and programming to reduce this toll. This Resource Guide aims to inform injury prevention interventions.

2015 Preventing Injuries in Indiana: A Resource Guide: **Updated 11/17/2015**

Injury Topics:

Trauma & Trauma System	Older Adult Falls
Alcohol & Injury	Child Maltreatment
Prescription Drug Overdose	Sexual Violence
Infant Safe Sleep	Distracted Driving
Traumatic Brain Injury	Suicide Prevention

Appendices:

A: Glossary of Injury & Violence Terms & Acronyms	D: State, Regional & National Injury Prevention Organizations
B: ISDH Vital Statistics and Hospital Discharge Data	E: Indiana Injury Prevention Reports & Information
C: Resources to Find Evidence-Based Programs	

Visit: http://www.in.gov/isdh/25396.htm

Resource Guide App

- Injury Prevention at your fingertips

- Free download for iOS & Android

  - phone & tablet capabilities

- Available in Apple & Google Play stores

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Email questions to: **indianatrauma@isdh.in.gov**

App Stores

- Android:
https://play.google.com/store/apps/details?id=doh.in.gov.indianaprevention&hl=en

- Apple:
https://itunes.apple.com/us/app/preventing-injuries-in-Indiana/id1037435460?mt=8

@INDTrauma

Google Play

Search

Jessica

Categories ⌄   Home   Top Charts   New Releases

Preventing Injuries in Indiana

Bob Clarke   Education

Everyone 10+

⚠ You don't have any devices

Add to Wishlist   Install
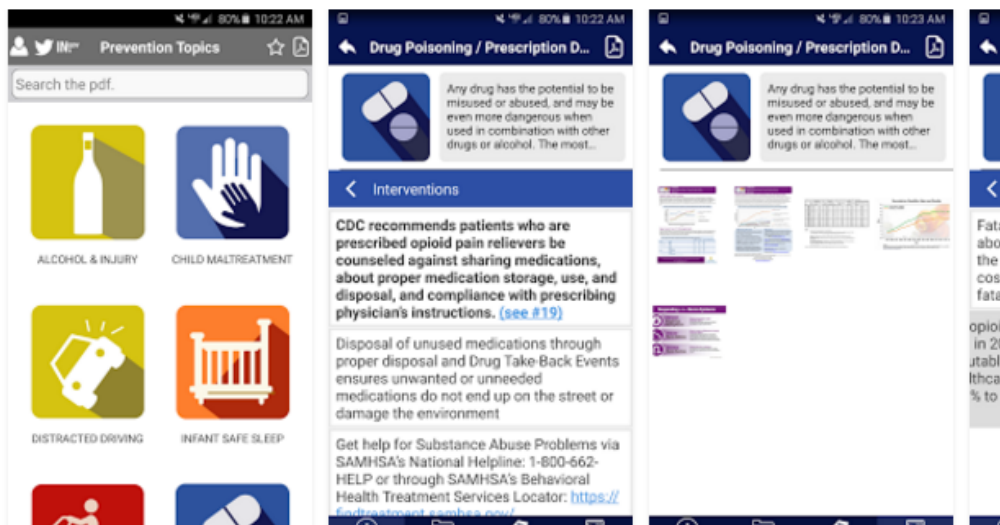
ALCOHOL & INJURY   CHILD MALTREATMENT

DISTRACTED DRIVING   INFANT SAFE SLEEP

Prevention Topics

Search the pdf.

Drug Poisoning / Prescription D...

Any drug has the potential to be misused or abused, and may be even more dangerous when used in combination with other drugs or alcohol. The most...

Interventions

CDC recommends patients who are prescribed opioid pain relievers be counseled against sharing medications, about proper medication storage, use, and disposal, and compliance with prescribing physician's instructions. (see #19)

Disposal of unused medications through proper disposal and Drug Take-Back Events ensures unwanted or unneeded medications do not end up on the street or damage the environment

Get help for Substance Abuse Problems via SAMHSA's National Helpline: 1-800-662-HELP or through SAMHSA's Behavioral Health Treatment Services Locator: https://findtreatment.samhsa.gov/

More from developer

Indiana DNR
Bob Clarke
FREE

Travel Advisory
Bob Clarke
FREE

The public health approach to prevention follows four main steps to prevent injuries and violence and minimize their consequences when they occur. The systematic processes are: 1) describe the problem and perform surveillance; 2) identify causes and risk and protective factors; 3) develop,

Preventing Injuries in Indiana: Injury Prevention Resource Guide

View More by This Developer

By Indiana Office of Technology

Open iTunes to buy and download apps.

View in iTunes

➕ This app is designed for both iPhone and iPad

Free

Category: Health & Fitness
Released: Oct 14, 2015
Version: 1.0
Size: 2.0 MB
Language: English
Seller: Indiana Office of Technology
Indiana Department of Health ©

Rated 12+ for the following:
Infrequent/Mild Sexual Content and Nudity
Infrequent/Mild

Description

The public health approach to prevention follows four main steps to prevent injuries and violence and minimize their consequences when they occur. The systematic processes are: 1) describe the problem and perform surveillance; 2) identify causes and risk and protective factors; 3) develop, implement, and evaluate prevention strategies; and 4)

Preventing Injuries in Indiana: Injury Prevention Resource Guide Support ▸

...More

Screenshots

iPhone | iPad
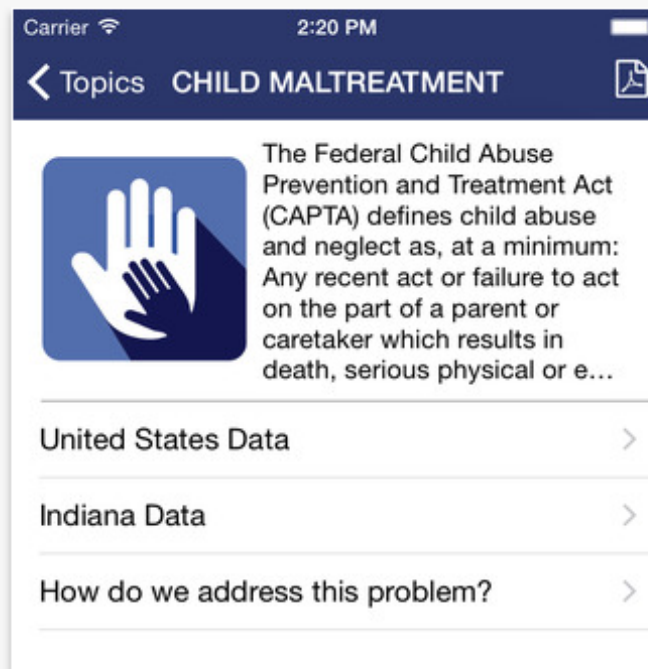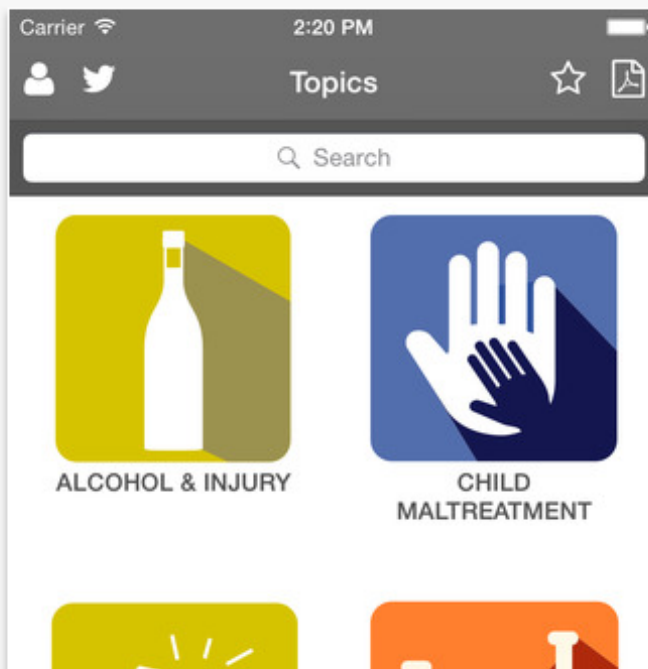
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific...

United States Data ›

Indiana Data ›

How do we address this problem? ›

A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific hospitals with trauma care staff, equipment, and capabilities to provide the needed comprehensive care. The ultimate goal of an efficient and effective trauma system is to get the right patient the right care, at the right place, at the right time. Research indicates there is a 25% reduction in deaths for severely injured patients who receive care at a American College of Surgeons (ACS) verified level I trauma center rather than a non-trauma center.[1] However, not all injured patients can or should be transported to a level I center, therefore Emergency Medical Service (EMS) providers must perform field triage to assist in determining the most appropriate level of care needed for the patient. Injuries and violence have a significant impact on the well-being of Americans by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, employers, and communities.[2]

A+ a-   🌙 ⚙️   78

A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to s...

‹ **United States Data**

Fatal data ›

Non-fatal data ›

Cost data ›

Trauma | Resources | Reference | Visuals

A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific...

‹ **How do we address this proble...**

Policy ›

Data collection ›

Education ›

Interventions ›

Collaborations ›

Measures: Healthy People 2020 ›

Trauma | Resources | References | Visuals

A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific...

‹ **Data collection**

population, statewide process improvement activities, and research.

The Indiana Trauma Registry requires the National Trauma Data Bank (NTDB) data elements for each incident submitted and follows strict inclusion/exclusion criteria. The Indiana Trauma Registry Data Dictionary can be accessed here: http://www.in.gov/isdh/25407.htm

Any drug has the potential to be misused or abused, and may be even more dangerous when used in combination with other drugs or alcohol. The most...

← Cost data

Fatal unintentional poisoning costs were about $68 million in 2010. Of this amount, the combined cost of work loss and medical costs was an average of $653,429 per fatality.(see #14)

opioid abuse costs
in 2007. Of this
utable to lost
lthcare costs (e.g.,
% to criminal justice

Favorite   **Share**

ⓘ Overdose   📁 Resources   📖 Reference   🖼️ Visuals

Any drug has the potential to be misused or abused, and may be even more dangerous when used in combination with other drugs or alcohol. The most...

ⓘ Overdose   📁 Resources   📖 Reference   🖼️ Visuals

Left Screen

☆ Indiana Data ＞

☆ Data collection ＞

☆ Rates of TBI death increased from 15.1 per 100,000 in 2011 to 17.1 per 100,000 in 2013

☆ The highest number of TBI-related deaths were among 15-24 year olds, however, the highest rates of TBI-related deaths were among Hoosiers age 85 years and older

☆ Indiana Data ＞

☆ The reported lifetime prevalence of rape by any perpetrator, or the proportion of residents in Indiana who have experienced this type of sexual violence, is 20.4%, with an estimated 505,000 victims. (see #5)

☆ The reported lifetime prevalence of sexual violence other than rape by any perpetrator, or the proportion of residents in Indiana who experienced this type of sexual

Right Screen

The Indiana Trauma Registry requires the National Trauma Data Bank (NTDB) data elements for each incident submitted and follows strict inclusion/exclusion criteria. The Indiana Trauma Registry Data Dictionary can be accessed here: http://www.in.gov/isdh/25407.htm

Trauma & Trauma System

PREVENTING INJURIES IN INDIANA

INJURY PREVENTION RESOURCE GUIDE
2015 EDITION

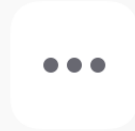# INDIANA INJURY PREVENTION RESOURCE GUIDE

Indiana State Department of Health

Jerome M. Adams, MD, MPH
State Health Commissioner

AirDrop. Tap to turn on Wi-Fi and Bluetooth to share with AirDrop.

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Indiana State Department of Health

Cancel

Installs per day, N =336

Android Analytics
iOS Analytics
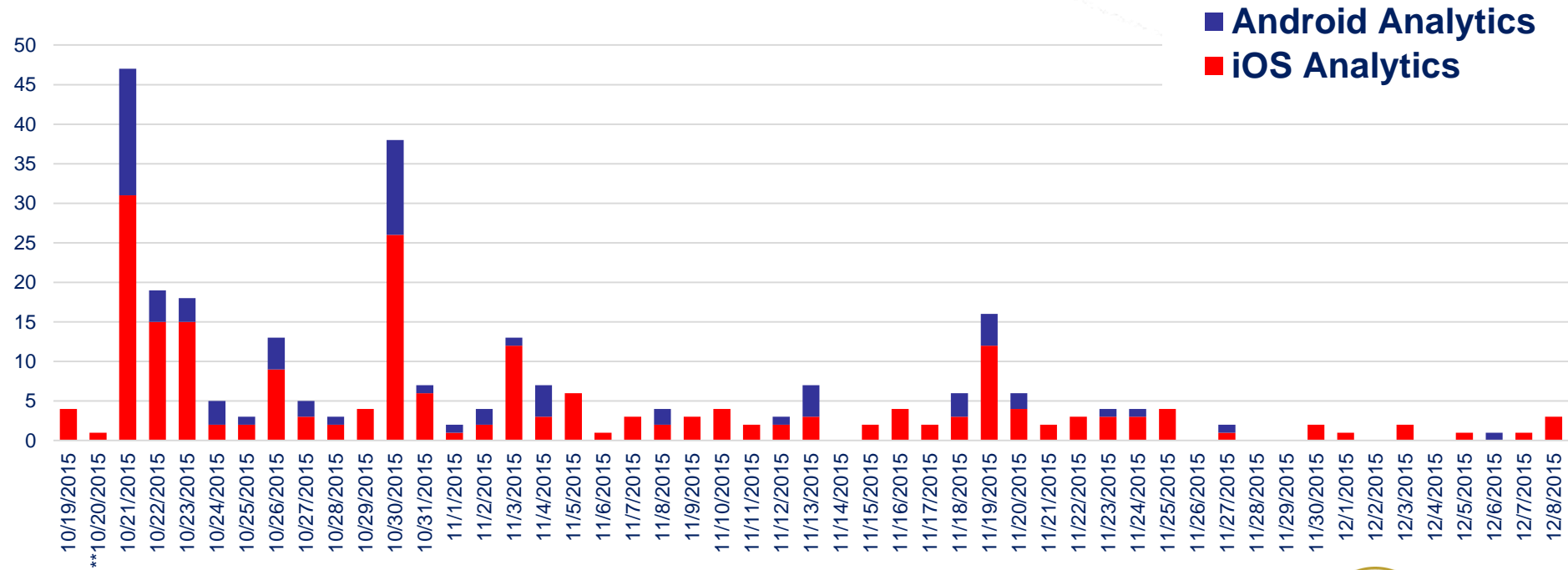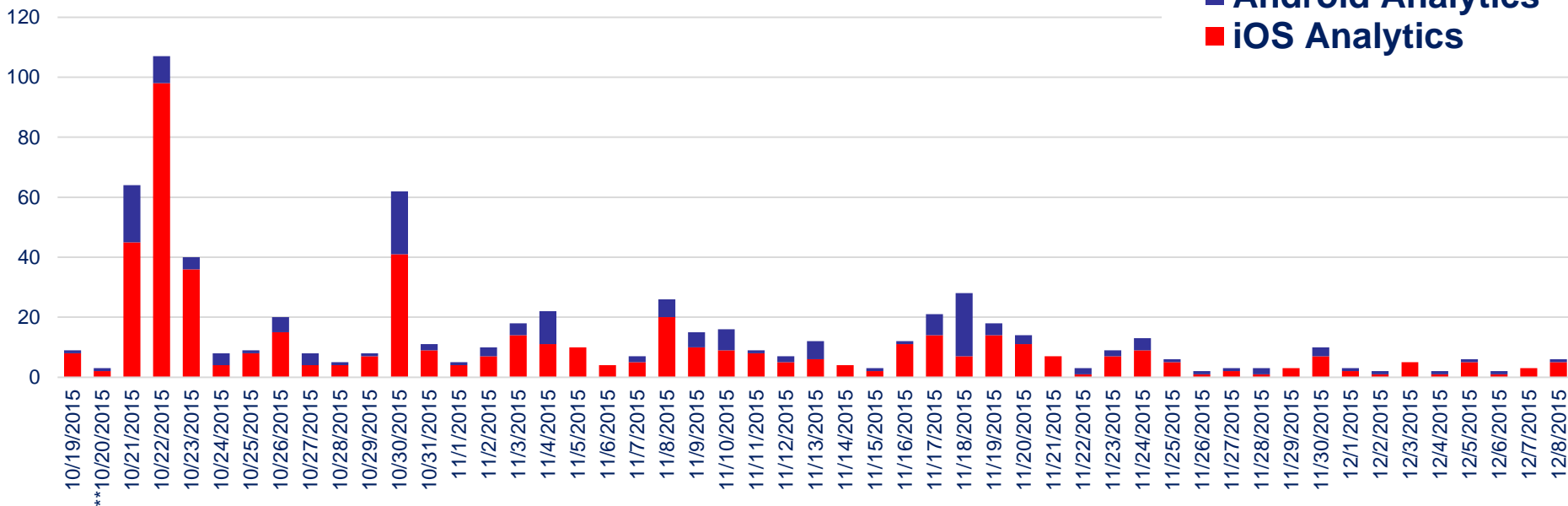
**ISDH press release on 10/20/2015

Indiana State
Department of Health

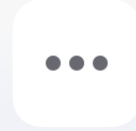Email questions to: **indianatrauma@isdh.in.gov**

Launches per day, N =1,385

**ISDH press release on 10/20/2015

Email questions to: **indianatrauma@isdh.in.gov**

Indiana State
Department of Health

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Resource Guide

- Launched on ISDH website 9/21
- @INDTrauma Twitter: 7 tweets

- Article in October *Trauma Times*
- Article in IPAC bi-weekly email

- Update to document 11/17

Indiana State
Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Resource Guide App

- Released 10/21
- @INDTrauma: 17 tweets

- Newsletters:
    - Indiana EMS for Children November Newsletter
    - *Trauma Times* November
    - ISDH Office of Women's Health *Wellness Watch* December
    - CDC NCIPC Core VIPP Monthly newsletter
        - October & December

Email questions to: **indianatrauma@isdh.in.gov**

Resource Guide App

- Press releases:
  - ISDH Press Release
  - Office of Women's Health ListServ
  - Division ListServ
  - IPAC bi-weekly emails
  - INVDRS Advisory Board emails
  - Information sent to numerous stakeholder groups
  - At least 5 news articles (picked up by Google alerts)

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Email questions to: **indianatrauma@isdh.in.gov**

Resource Guide App

Presentations:

- IPAC (9/17)

- Office of Women's Health Advisory Board (10/14)

- Indiana State Trauma Care Committee (10/30)

- Local Health Department Outreach Division's November Webcast (11/13)

- Indiana Sexual Violence Primary Prevention Advisory Board (11/19)

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Email questions to: **indianatrauma@isdh.in.gov**

INDIANA INJURY PREVENTION ADVISORY COUNCIL MEETING 12/10

Email questions to: **indianatrauma@isdh.in.gov**

Program Evaluation – Measuring Impact and Continuously Improving Implementation for Success

Sally Thigpen, MPA

Division of Analysis, Research, and Practice Integration

Core VIPP Evaluation Team

December 10, 2015

Integrating Processes to Achieve Continuous Quality Improvement

- Continuous Quality Improvement (CQI) cycle.
  - **Planning**—*What* actions will best reach our goals and objectives.
  - **Performance measurement**— How are we doing?
  - **Evaluation**—*Why* are we doing well or poorly?

What do we do?

How do we do it?

How are we doing?

Why are we doing well or poorly?

Credit: Tom Chapel, MA, MBA

3
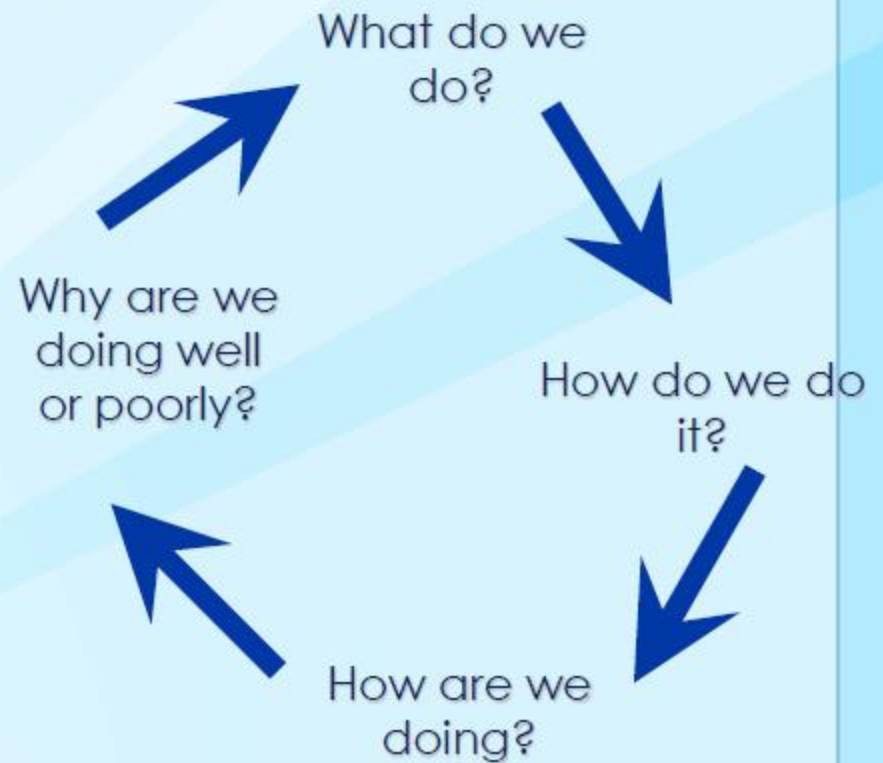
SMART Template

Key Component	Objective
Specific	What is the specific task?
Measurable	What are the standards or parameters?
Attainable	Is the task feasible?
Reasonable	Are sufficient resources available?
Time-Bound	What are the start and end dates?

View IPAC webcast

- http://videocenter.isdh.in.gov/videos/
- Search for Injury Prevention Advisory Council December 10 meeting

CDC CORE STATE VIOLENCE AND INJURY PREVENTION (CORE SVIPP) FOA

Email questions to: **indianatrauma@isdh.in.gov**

Core SVIPP

- Duration: 5 years, beginning 8/1/2016
- Ave. Award: $250,000 ($200,000-$475,000)

- FOA Released 12/7/2015
- Letter of Intent due 3/1/2016
- Application due 4/8/2016

- Will need LOS from partners!

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Core SVIPP

- Four Priority Focus Areas:
  - Child abuse and neglect
  - Traumatic brain injury
  - Motor vehicle crash injury and death
  - Intimate partner/sexual violence

- Multicomponent: BASE
  - SQI
  - RNCO

Indiana State
Department of Health

Strategies & Activities

1. Educate health department leaders & policy makers about Public Health approach to IVP

2. Engage, coordinate, and leverage other internal state department of health and external partners and Injury Control Research Centers or other injury research institutes

3. Enhance statewide IVP plan and logic model for 4 priority areas

Strategies & Activities

4. Implement 3 strategies that address 4 priority focus areas
   one selected strategy must address shared risk and protective factors across two priority focus areas

5. Develop evaluation plan reflecting process and outcome measures

6. Disseminate surveillance and evaluation information to stakeholders and use to inform continuous quality improvement

7. Enhance surveillance systems to capture IVP data

Child Safety COIN

Indiana State
Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

States & Jurisdictions Participating in the CS CoIIN

Alaska
Colorado
Connecticut
District of Columbia
Florida
Guam
Indiana
Kentucky
Massachusetts
Mississippi
Missouri
Nebraska
New Hampshire
New York
Northern Mariana
Islands
Pennsylvania
South Carolina
Tennessee
Texas
Vermont
Wisconsin

About the CS CoIIN

Significance and Purpose
- Disseminate practices known to work
- Innovate
- Achieve results faster
- Build leaders of Quality Improvement
- Prevent childhood injuries

CoIIN Summit Goals

- Identify your state or jurisdiction's topic areas for the CoIIN and discuss potential strategies

- Develop your state or jurisdiction's team recruitment action plan for the CoIIN

- Build your capacity in quality improvement and collaborative learning

- Commit to the CS CoIIN framework for collaboration and improvement

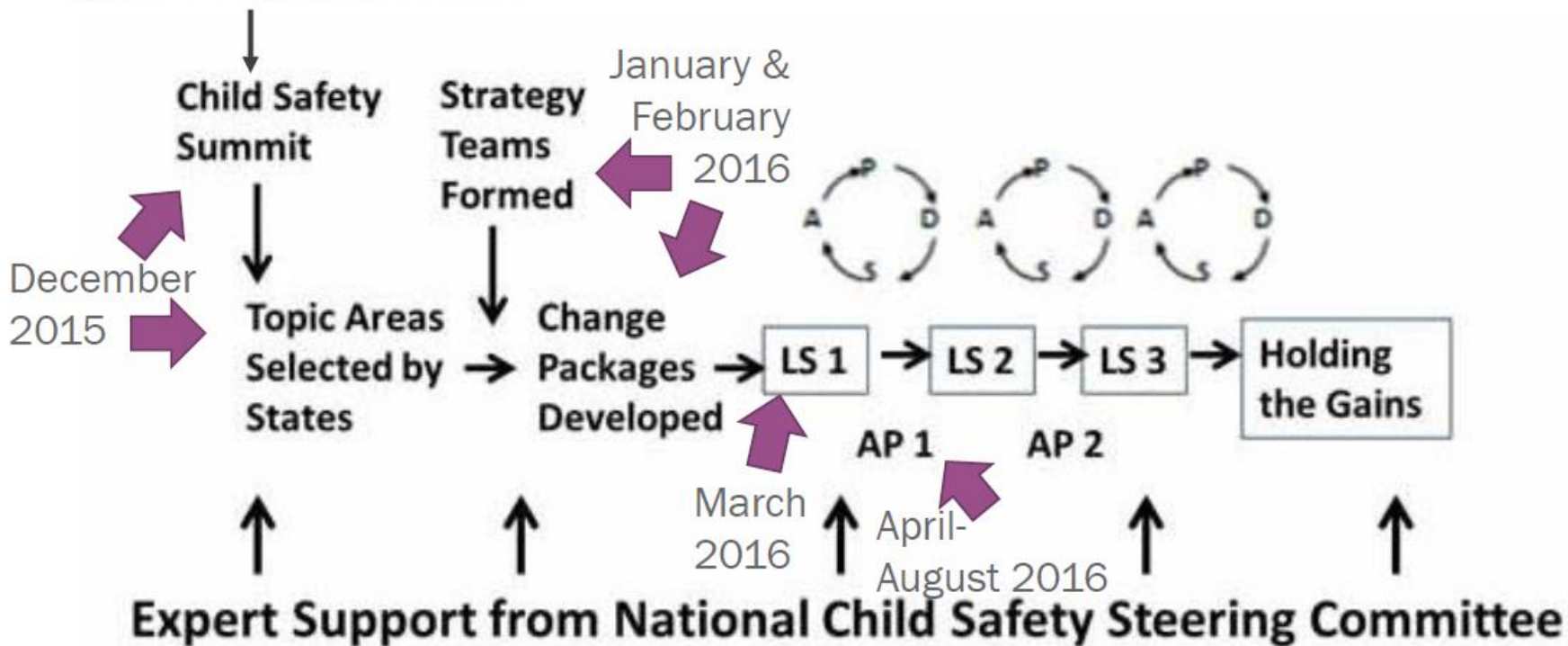# State and Jurisdiction Leadership Team
SHO, MCH Director, and IVP Director

Role at the Summit

- Align CoIIN work with State/Jurisdiction
- Determine topic areas to focus on
- Generate ideas for potential strategies for topic areas
- Make a plan of action for getting the work off the ground

Adapted from the Institute for Health Care Improvement

Contact

Jessica Schultz, MPH

Injury Prevention Epidemiologist

Division of Trauma and Injury Prevention

Indiana State Department of Health

Email: JSkiba@isdh.in.gov

Phone: 317-233-7716

Indiana State
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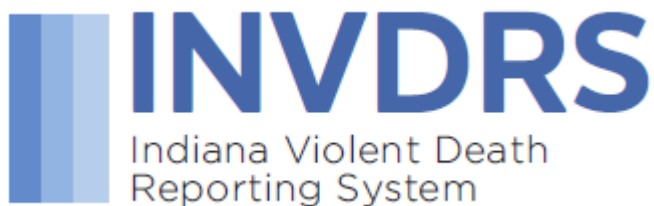
Email questions to: **indianatrauma@isdh.in.gov**

ADVISORY BOARD: MEMBERS

Email Questions: INVDRS@isdh.in.gov

Purpose of the Advisory Board

Our Vision: prevention of violent deaths in Indiana.

Our Mission: to reduce the number of violent injuries   and deaths by providing comprehensive, objective, and accurate information regarding violence-related morbidity and mortality.

INVDRS
Indiana Violent Death
Reporting System

Indiana State
Department of Health

Email Questions: INVDRS@isdh.in.gov

Responsibilities of a Advisory Board Member

- Help identify barriers to INVDRS and develop solutions
- Provide access to data (if applicable).
- Connect ISDH with your partners.
- Provide speaking opportunities for INVDRS staff with professional organizations.
- Assist in identifying and recruiting individuals to join the advisory board.
- Be a spokesperson for INVDRS.
- Utilize INVDRS data.
- Review and facilitate the dissemination of data reports.

INVDRS
Indiana Violent Death Reporting System

Indiana State Department of Health

Email Questions: INVDRS@isdh.in.gov

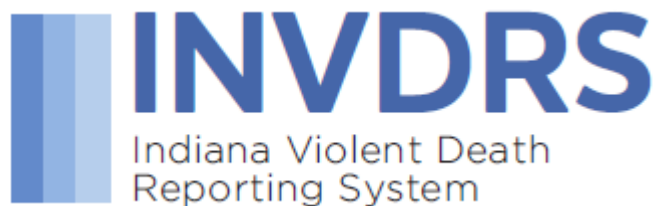# Call to Action

- Send interested parties to ISDH Division of Trauma and Injury Prevention
  - **INVDRS@isdh.in.gov**
  - INVDRS Epidemiologist

    Rachel Kenny

    317-233-8197

    rkenny@isdh.in.gov

INVDRS
Indiana Violent Death
Reporting System

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Email Questions: INVDRS@isdh.in.gov

New 2016 meeting dates

- 3rd Friday of the month
  - **1 p.m.-3 p.m. EST in Rice Auditorium**
  - March 18
  - July 15
  - September 16
  - November 18

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Indiana Violent Death
Reporting System

Indiana State
Department of Health

Email Questions: INVDRS@isdh.in.gov

Contact Information

Katie Hokanson
Director, Division of Trauma
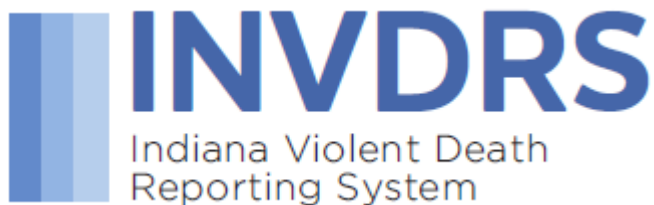and Injury Prevention

Office: 317.234.2865
Mobile: 317.607.5887

khokanson@isdh.in.gov

Rachel Kenny
INVDRS Epidemiologist

Office: 317.233.8197
Fax: 317.233.8199

rkenny@isdh.in.gov

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Email Questions: INVDRS@isdh.in.gov

Contact Information

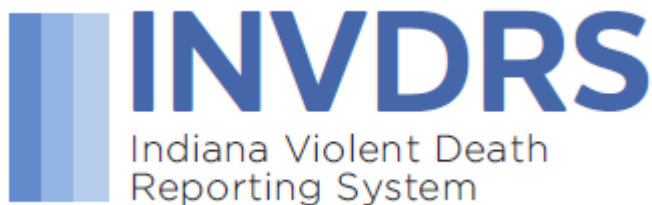Murray Lawry
INVDRS Coroner Records
Coordinator

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Mobile: 317.518.6729

mlawry@isdh.in.gov

John O'Boyle
INVDRS Law Enforcement
Records Coordinator

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Mobile: 317.402.6052

joboyle@isdh.in.gov

INVDRS
Indiana Violent Death
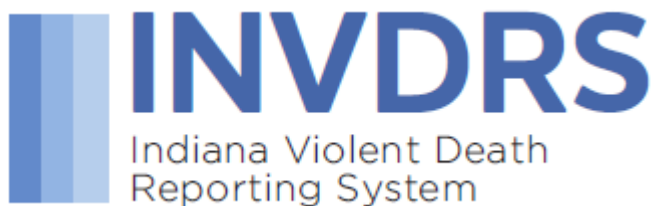Reporting System

Indiana State
Department of Health

Email Questions: INVDRS@isdh.in.gov

Contact Information

Marion Chaloux
INVDRS Records Consultant

Office: 317.233.2865

mchaloux@isdh.in.gov

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