Indiana Violent Death Reporting System (INVDRS)

Advisory Board Meeting

Katie Hokanson, *Director*

Rachel Kenny, *INVDRS Epidemiologist*

Division of Trauma and Injury Prevention

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Worksheet

- Questions / Concerns / roadblocks

Outline of Meeting

- Welcome & Introductions
- Follow-up from questions at last meeting
- Data Collection Updates
- 2016 Statewide Implementation
- Data Confidentiality

Outline of Meeting

- Prescription for Hope-Dannielle Gilyan
- CDC Site Visit
- Grant Deliverables
- Additional discussion

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Introductions

- Name

- Organization

- Role/job title within organization

- Update
  - Events
  - Projects
  - Issues

(Related to Violence & Injury Prevention)

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Increasing Funeral Director Involvement in Data Collection

- The staffing time and cost of this data source are substantial and the benefits of the data will not offset those costs.

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Mapping Violent Death Hot Spots

- **Question:** Can the INVDRS data be used to generate maps that can help state and local agencies target resources to 'hot spots'?

- **Answer:**
  - Yes, but unsure on the level of detail
  - Geographic representation of trends over time

Suicide Reporting

- Question: What happens when a person attempts suicide, but lives 3-5 days after the attempt? Is this now a suicide or as some doctors state respiratory failure from attempted suicide? How is this reported?

- Answer:
  - Manner/Cause /Mechanism of Death.
  - ICD 10 codes.
  - Trauma/EMS registry.

Suicide Reporting [continued]

- Cause of Death
  - The disease or injury that initiates a chain of events which produce a fatal outcome
  - Etiologic
  - **Examples: gunshot wound, intentional self-poisoning, hanging, etc.**

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Suicide Reporting [continued]

- Mechanism of Death
  - The final physiologic derangement resulting in death
  - A particular mechanism can be produced by a variety of different causes of death
  - **Examples: respiratory failure, cardiac arrest, exsanguination, asphyxia, etc.**

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Suicide Reporting [continued]

- Manner of Death
  - A classification of the way in which the cause of death came about.
  - 5 possibilities
    - Natural
    - Accident
    - Suicide
    - Homicide
    - Undetermined
    - *Pending

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Suicide Reporting [continued]

Cause Of Death (See Instructions And Examples)

28. Part I. Enter The <u>Chain Of Events</u>—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death

A. _____

Due To (Or As A Consequence Of):

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

B. _____

Due To (Or As A Consequence Of):

C. _____

Due To (Or As A Consequence Of):

D.

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Suicide Reporting [continued]

- ICD-10 External Causes of Mortality.
  - Suicide death <1 after the injury
    - X60-X84
  - Suicide death >1 year after the injury
    - Y87.0—Sequelae of intentional self harm
    - Captures a chronic condition that is a complication of an acute condition that begins during that acute condition

Frequency of Data reports

- Question: Will data reports come out monthly or quarterly?

- Answer:
  - Quarterly update to advisory board
  - Annual statewide/district report
  - Special-interest reports
  - Data Requests
  - Reports to data providers

Capturing Deaths Across County and State Lines

- Question: How are incidents where the individual is airlifted to another county or across state lines handled?
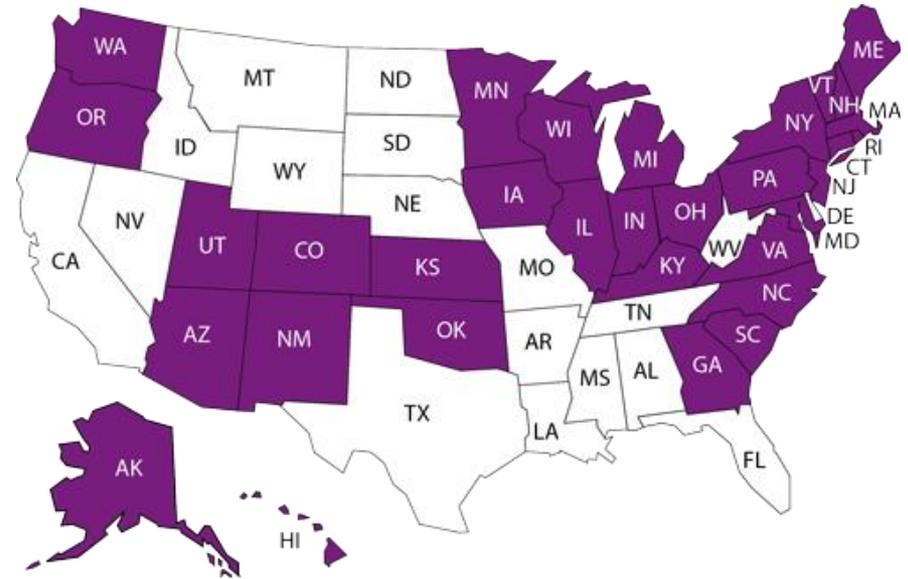
- Answer:
  - County of Death
  - State of Injury

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Capturing Deaths Across County and State Lines [continued]

- Cross county lines
  - The death certificate is issued in the county of death.
  - The city of injury is also recorded and could be used to identify cases that cross county lines.

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Capturing Deaths Across County and State Lines [continued]

- Crossing state lines
  - If both states are NVDRS states, the state of injury is responsible for collecting the information.
  - All states surrounding Indiana are NVDRS states.

Funding through Legislation

- Question: Using this data, maybe we can get more funding from the Indiana legislators in the next budget cycle?

- Answer
  - Purpose of the data is to provide evidence of need for prevention programs.
  - Need stakeholders to contact their legislatures and bring the information to them.

Intimate Partner Violence (IPV) and contact with the court system

- Question: Violation of a restraining order can be a criminal case or a civil case. Can we link criminal and civil courts in domestic violence cases?

- Answer: TBD
  - Met with Ruth Reichard and representatives from the Indiana Supreme Court. She is currently working on a memorandum to present to the court for approval.

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Data Collection Updates

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Death Certificates

- 237 cases initiated in the CDC NVDRS.

- Death certificates will be uploaded once a month.
  - This will include all new and updated death certificates.

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Death Certificates: January '15

- Uploaded to NVDRS May 19th

- 122 cases
  - 58 occurred in the pilot counties.

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Death Certificates: February '15

- Uploaded to NVDRS May 20th

- 115 cases

  - 41 occurred in the pilot counties.

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Law Enforcement

- John O'Boyle, LE Records Coordinator.
- 5 signed Date Sharing Agreements.
  - Madison County SD, Anderson PD, Pendleton PD, Zionsville PD, Hendricks County SD.
- Made contact with 35 LE agencies

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Coroner

- Established as a "Sole Source Vendor" so the required bid process is eliminated if we want to enter into any financial arrangements with them.

- Received all documents back from the Marion County Coroner's Office that are required prior to issuing a contract.

  - Tentative start date is July 7, 2015.

- Coroner Packet sent to the 5 other pilot counties.

Coroner Packet Contents

June 10, 2015

Attention CORONER NAME:

The Indiana State Department of Health (ISDH) has received funding from the Centers for Disease Control and Prevention (CDC) to collect violent death data in the Indiana Violent Death Reporting System (INVDRS). The INVDRS is a type of data collection and monitoring system for statewide incident-based information regarding violent deaths. **Your help is essential, as coroner information is one of the major sources of information for the INVDRS.** In order to collect all data that is needed for these cases, local coroner offices are contacted to provide invaluable information for each **requested** incident. We are requesting that victim demographics and all associated reports for each **"closed"** incident be provided to INVDRS. The essential information collected for surveillance can be found in the enclosed INVDRS Coroner's Data Abstraction Form.

The homicide rate (5.4 per 100,000) and suicide rate (13.9 per 100,000) of Hoosiers are both above the national rates (5.2 and 12.4, respectively). Indiana needs comprehensive data to identify Indiana-specific trends and potential for intervention and prevention efforts. Coroner reports, death certificates, and law enforcement reports each represent a critical piece of the puzzle. INVDRS is part of a national initiative to generate public health data that is detailed, useful, and timely. Currently Indiana is one of 32 states to participate in this program coordinated by the CDC. This packet describes our purpose for requesting coroner records relating to these incidents, a data sharing agreement, and how data can be shared with ISDH.

We are resolute in protecting the privacy of the involved parties, therefore, we require all persons working on the INVDRS cases to sign a statement of confidentiality. The coroner's records will be used for legitimate surveillance and for the prevention of childhood and violent deaths. The data collected will be used in aggregate form and any requests for copies of reports will be redirected to the appropriate investigating agency. If you have any questions or concerns, please do not hesitate to contact me.

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Coroner Packet Contents
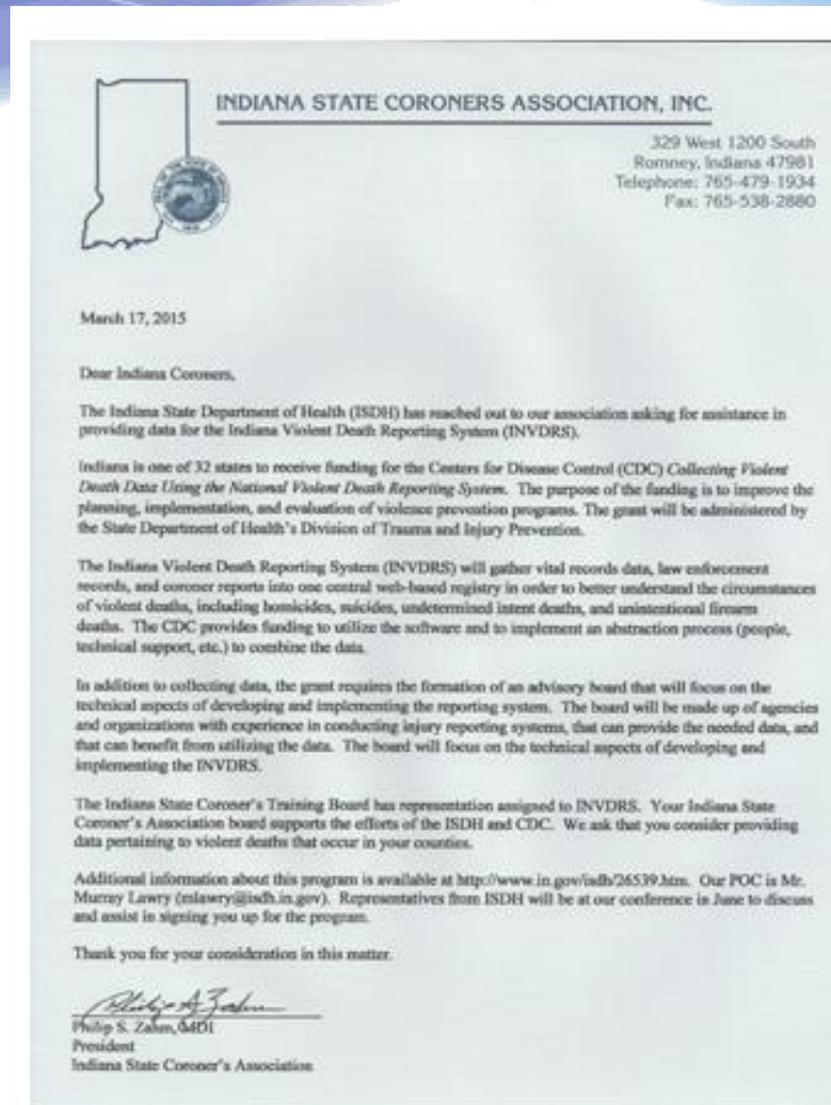
Coroner Packet Contents

- Data Sharing Options:
  - Right Fax
  - Syncplicity
  - Secure Email
  - Pick up

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Coroner Packet Contents

- Data Provider Benefits:
  - individualized reports that break down their specific data to show potential trends in their community. These reports will include: comparisons with the state trends, location mapping of 'hot spots' for violent deaths, community specific trends, and other information deemed helpful by the data provider.

Circumstances of Suicides: Mecklenberg County, N.C.: NC-VDRS, 2004-2012*
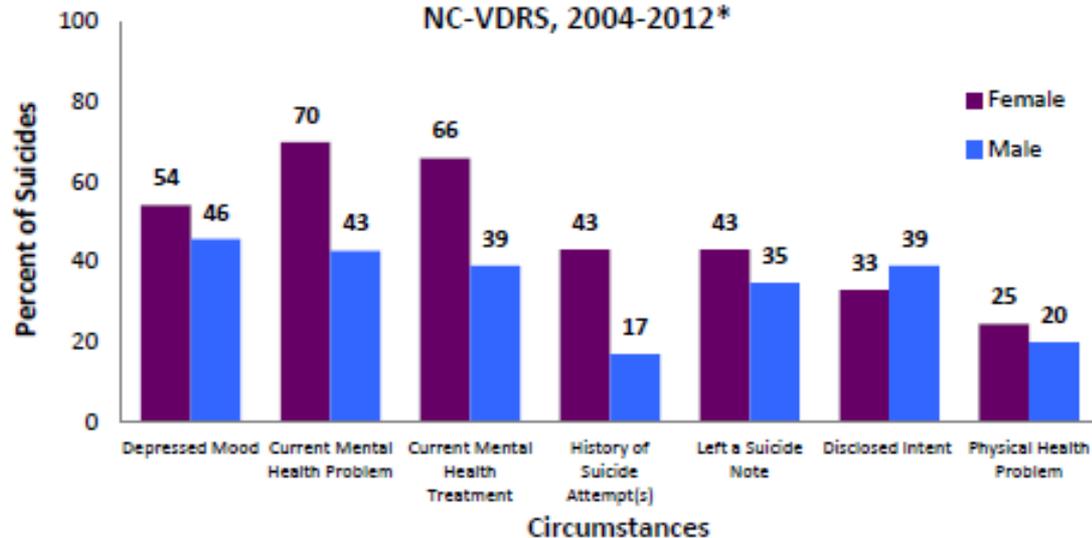
*Based on the county of injury occurrence. 94.8% of victims had cicumstance infromation. Seven females and 24 males were missing circumstance information.

Circumstances of Homicides: Mecklenberg County, N.C.: NC-VDRS, 2004-2012*
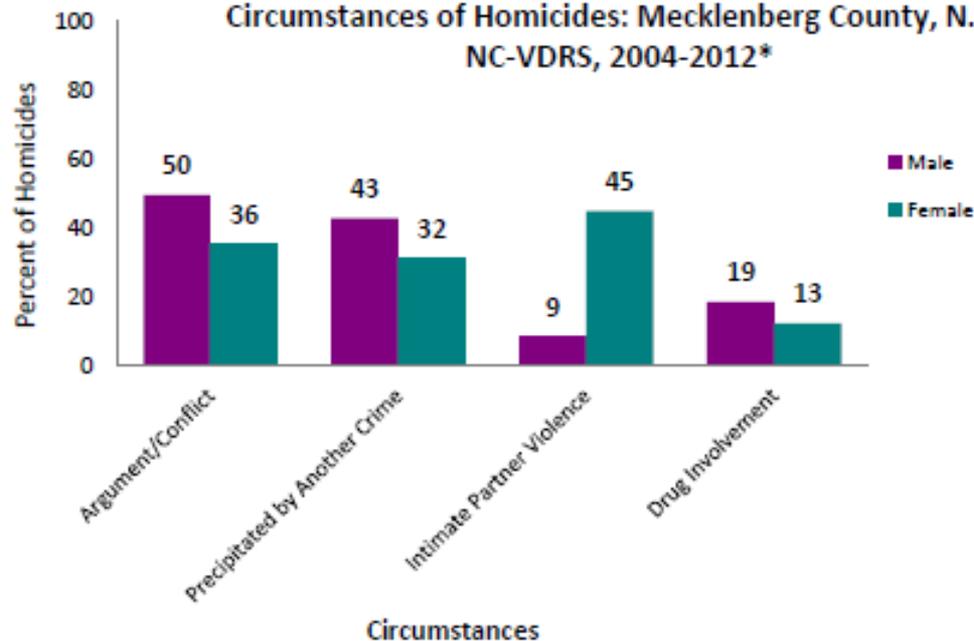
- Forty-six percent of Mecklenberg County female and 54 percent of males suicide victims with circumstance information were characterized as being currently depressed.

- Seventy percent of female victims and 43 percent of male victims were characterized as having a current mental health problem.

- Females (43%) were more likely to have attempted suicide in the past as compared to males (17%).

- Arguments or conflicts were more likely to be a contributing factor for male homicides (50%) than for female homicides (36%).

- Thirty-two percent of female homicides and 43 percent of male homicides were precipitated by another crime such as robbery, burglary, or drug trafficking.

- Intimate partner violence was a contributing factor in 45 percent of female homicides, but only nine percent of male homicides.

Coroner Packet Contents

- Coroner Abstraction Form.
  - Shows the variables collected from the coroner report.
  - Can be used to manually abstract the report at the agency.

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Indiana Violent Death Reporting System – Coroner Abstraction Form

County: _____ Coroner/Deputy: _____

For questions regarding completion of this form, please contact Murray Lawry, INVDRS Coroner Records Coordinator, 317-233-7695, Mlawry@isdh.in.gov

Victim Demographic Information   Coroner Record Number:_____

Last Name: _____ First Name: _____ Middle Name: _____ DOB:_____

Victim Demographic Information

Coroner Record Number: _____

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____

Sex: _____ ☐ Transgender

Height: _____

Weight: _____

Race:
☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian/Other Pacific Islander
☐ American Indiana or Alaska Native
☐ Unspecified Race
☐ Hispanic/Latino/Spanish

☐ Pregnant
☐ Homeless
☐ Current or Former Military

☐ Currently In a Relationship?
Sex of Partner: ☐ Male
☐ Female

Marital Status:
☐ Single/Never Married
☐ Separated
☐ Divorced
☐ Married
☐ Widowed

Residence City: _____

Residence County: _____

Residence State: _____

Residence Zip: _____

Sexual Orientation: ☐ Straight/Heterosexual
☐ Gay or Lesbian
☐ Bisexual

Education:
☐ 8th grade or less
☐ 9th-12th grade; no diploma
☐ High school or GED Grad
☐ Some College
☐ Associate
☐ Bachelor
☐ Master
☐ Doctorate
☐ Unknown

Current Occupation: _____

Current Industry: _____

Usual Occupation: _____

Usual Industry: _____

☐ Retired   ☐ Unemployed

Injury and Death Information

Injury Date: _____

Time of Injury:_____

Injury City: _____

Injury County: _____

Injury State: _____

Injury Zip: _____

Injury Country (if not U.S.):

_____

☐ Injured at own home
☐ Injured while in custody
☐ Injured at work
☐ EMS at scene

Type of Location where injured: _____

_____

Death Date: _____

Death State: _____

Place of Death: ☐ Hospital Inpatient
                 ☐ ED/outpatient
                 ☐ DOA
                 ☐ Hospice Facility
                 ☐ Nursing home
                 ☐ Decedent's Home
                 ☐ Undetermined
                 ☐ Other (specify):_____

_____

Manner of Death:_____

Autopsy Performed (Y/N):_____

Cause of Death:

1(Immediate):_____

_____

2:_____

3:_____

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Autopsy and Toxicology Information

For deaths involving **_firearms_ and _sharp instruments_** only, enter the following:

Number of Penetrating Wounds (bullet entry counts as 1 wound; bullet exit counts as another): _____

Number of bullets that hit victim: _____

Note: one shotgun blast = 1 wound

For deaths involving **_any weapon type_**, enter the following:

Wound Locations (check if present):
Head ☐   Face ☐   Neck ☐   Upper Extremity ☐
Spine ☐   Thorax ☐   Abdomen ☐   Lower Extremity ☐

Alcohol and Drug Testing (enter regardless of weapon type; tests may be from any bodily fluid, except blood alcohol concentration, BAC):

Toxicology Tested - Yes ☐ No ☐

Date Specimens Collected: _____/_____/_____ Time Collected: _____ AM ☐ PM ☐

Substance Type (if necessary, please refer to drug manual for info on substance types)	Tested	Positive
Alcohol	☐	☐
Carbon Monoxide (CO)	☐	☐
Amphetamines	☐	☐
Anticonvulsants	☐	☐
Antidepressants	☐	☐
Antipsychotics	☐	☐
Barbiturates	☐	☐
Benzodiazepines	☐	☐
Cocaine	☐	☐
Marijuana	☐	☐
Muscle Relaxants	☐	☐
Opiates	☐	☐

Blood Alcohol Concentration (BAC) (mg/dl): _____ %

CO Source: _____

(List any additional substances in Additional Comments at end of form)

Weapon Information

Primary Weapon: _____ 2nd Weapon Causing Injury: _____ 3rd Weapon Causing Injury: _____

For any death involving a **_firearm_**, enter the following:

Gun type: _____ Gun Make: _____ Gun model: _____
Caliber: _____ Gauge: _____Gun Owner: _____ Number of _non-fatally_ shot persons: _____

Gun stored loaded ☐   Gun stored locked ☐   Gun stolen ☐

Gun Access Narrative: (enter a _brief_ summary of how the victim obtained access to the gun and whether he/she had authorized access to the gun):

_____

_____

Circumstances – Complete the following for *ALL MANNERS OF DEATH*

Mental Health and Substance Abuse Related:

Current depressed mood	☐	Alcohol problem	☐
Current mental health diagnosis(es) *Please List:*_____ _____	☐	Other substance problem/abuse	☐
Current mental health treatment	☐	Other addiction *Please List:*_____ _____	☐
Ever treated for mental health or substance abuse problem	☐		

Relationship Problems

Intimate partner violence	☐	Family relationship problem	☐
Intimate partner problem	☐	Other relationship problem	☐

Previous Exposure to Violence

Abuse or neglect led to death	☐	Previous perpetrator of violence in the past month	☐
History of abuse or neglect as a child	☐	Previous victim of violence in the past month	☐

Life Events

Physical fight (2 people)	☐
Argument	☐

Crime and Criminal Activity

Precipitated by another crime *Crime(s) Type:*_____ _____	☐	Prostitution or sex trafficking	☐
First crime in progress	☐	Terrorist attack	☐
Stalking	☐	Walk-by assault	☐
Gang related	☐		

Circumstances – Complete the following for *HOMICIDE & LEGAL INTERVENTION* Deaths only

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

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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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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Getting the Word Out-2015

- We will begin establishing contracts and collecting data from any agency that shows interest outside of the pilot counties.

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

- These conferences allow networking with agencies from the entire state.

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Getting the Word Out-2015

- 2015 Trauma Tour
  - Tour stops will be held in all 10 Public Health Preparedness Districts.
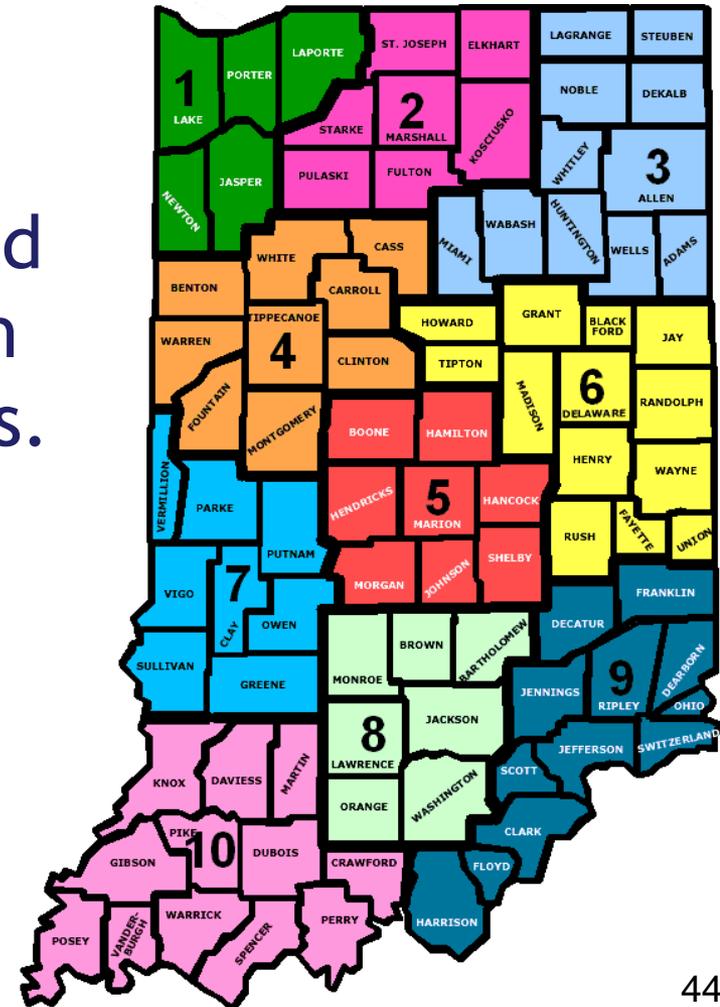
2015 Trauma Tour Details

- Timeframe: June, July, August

- Audience:
  - Trauma Stakeholders
  - Local hospitals
  - Local EMS/Fire Department
  - County health departments
    - focus on injury prevention and education
  - Elected officials
  - Local police/sheriff
  - Coroners
  - Local rehab facilities
  - Local agencies on aging

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Trauma Tour Stops

- ## 1st Stop: Evansville
  - Tuesday, June 30th
  - Southern Indiana Career & Technical Center

- ## 2nd Stop: Crown Point
  - Tuesday, July 7th
  - Crown Point Community Library

Trauma Tour Stops (Continued)

- 3rd Stop: Terre Haute
  - Tuesday, July 14th
  - Landsbaum Center for Health Education

- 4th Stop: Muncie
  - Thursday, July 16th
  - IU Health – Ball Memorial Hospital

Trauma Tour Stops (Continued)

- 5th Stop: Fort Wayne
  - Tuesday, July 21st
  - Public Safety Academy

- 6th Stop: Scottsburg
  - Tuesday, July 28th
  - Mid America Science Park

Trauma Tour Stops (Continued)

- 7th Stop: Lafayette
  - Thursday, July 30th
  - YWCA

- 8th Stop: South Bend
  - Tuesday, August 4th
  - EMS Education Building

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

Trauma Tour Stops (Continued)

- 9th Stop: Columbus
  - Tuesday, August 11th
  - Columbus Learning Center

- 10th Stop: Indianapolis
  - Thursday, August 13th
 - Eskenazi Health – Outpatient Care Center

Getting the Word Out-2015

- Sudden Unexplained Infant Death Investigation (SUIDI) Training
  - Attended by local child fatality review teams, coroners, DCS workers, law enforcement .
- Child Fatality Review Conference
  - June 12, 2015

SUIDI Training

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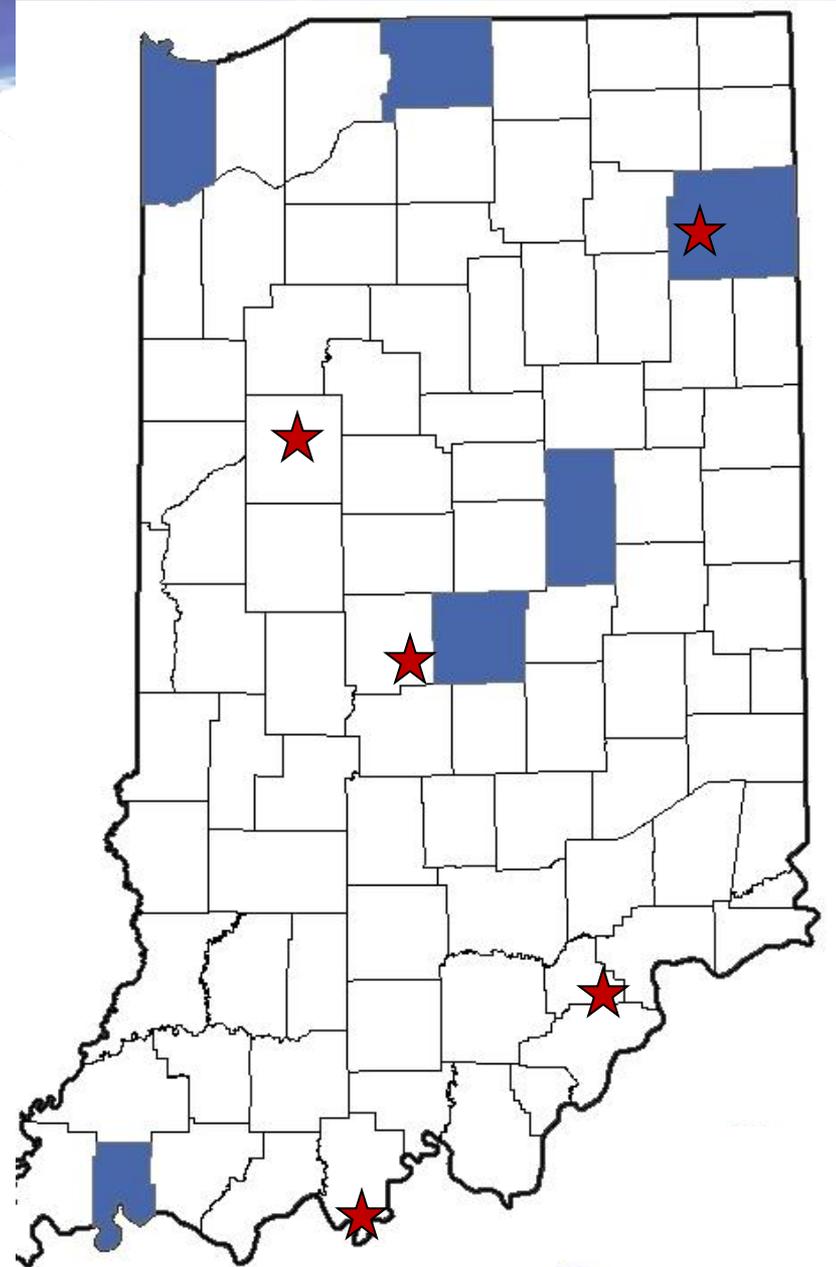
Getting the Word Out-2015

- Distribute INVDRS jump drive with:
  - Cover Letter
  - INVDRS Brochure
  - INVDRS One-Pager
  - Data sharing options/benefits
  - Coroner or Law Enforcement Data Form
  - Letter of Support from Indiana State Coroner's Association (coroners only)

Data Confidentiality

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Certificate of Confidentiality

- Dr. Walthall has worked with IU to obtain IRB approval for ISDH.

- 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.

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Policy for Data Release

- Modeled off of North Carolina's policy.
- Outlines the confidentiality of the data and respects the data providers release tenets.
- INVDRS data will not be used to support criminal investigations.

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Policy for Data Release (continued)

- CDC Data Release
  - Freedom of Information Act (FOIA)
    - Exemption 6--information that would be an unwarranted invasion of personal privacy.
  - Subpoena from a court with jurisdiction over federal agencies.
    - CDC will utilize all available legal mechanism to protect the confidentiality of data.
    - Has been successful in protecting sensitive data in other instances.

Policy for Data Release (continued)

NVDRS variables NOT sent to the CDC

Variable Label	Variable Name(s)
Source agency requested from	SrAgen
Source agency's internal record no.	AgenNum
Document Notes field	DocText
Last Name	(CME/DC/PR)_Lname
First Name	(CME/DC/PR)_Fname
Middle Name	(CME/DC/PR)_Mname
Social Security #	(CME/DC)_SSN
Date of Birth	(CME/DC)_DOB
Variable Label	**Variable Name(s)**
Address (residence)	(CME/DC/PR)_ResAddres
Zip code (residence)	(CME/DC/PR)_ResZip
Death Certificate number	DthCrtNum
Injury address	(CME/DC/PR)_InjAddress
Zip code of injury	(CME/PR)_Zip
Date specimens were collected	CME_SpcDt
Firearm serial number	(CME/LAB/PR)_Serial

NVDRS variables sent to CDC and are potentially identifiable

Variable Label	Variable Name(s)
Date of injury	(CME/DC/PR)_Idate
Time of injury	(CME/DC/PR)_Itime
Date of death	(CME/DC)_DthDt
City (residence)	(CME/DC/PR)_Place
County (residence)	(CME/DC/PR)_ResCounty
City of injury FIPS code	(CME/DC/PR)_InjPlace
County of injury	(CME/PR)_County
Narrative of the incident	(CME/PR)_IncNarr
CFR Additional Information	CRFTxt

Policy for Data Release (continued)

- Data reports and requests.
    - Annual and special-interest reports.
    - Data requests occur when the requested de-identified INVDRS data is not already included in the annual or special interest reports.
        - Made in writing using the division forms.
    - INVDRS advisory board will be notified of all data requests and releases.

Prescription for Hope
Hospital-Based Violence Intervention Program

Smith Level I Shock Trauma Center at Eskenazi Health
Dannielle Gilyan MSN, RN, CEN
Injury Prevention Coordinator

Objectives

- Understand the "revolving door" phenomenon of the emergency department and shock trauma center involved with violent injury patients.

- Describe the "teachable moment and cultural competence" for working with youth violence.

- Define trauma, violent injury and youth violence.

Sidney and Lois Eskenazi Hospital

Smith Level I Shock Trauma Center

Trauma

- Intentional
  - GSW
    - National Average is 7%
    - Eskenazi Average in 35%
  - Stabbing
  - Assault
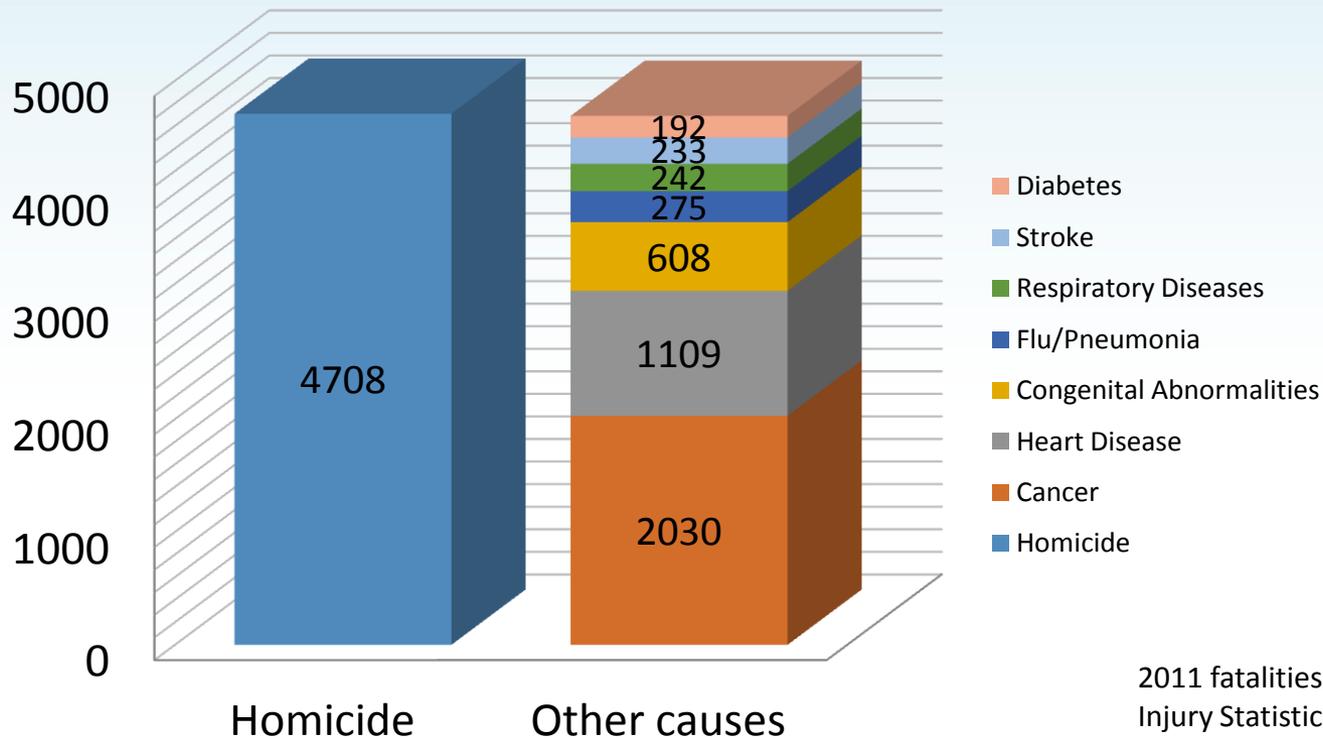- Unintentional
  - MVC's
  - Falls
  - Fires
  - Drowning

Trauma and Injury (2013)

- Leading cause of death ages 1-44
- 192,945 deaths/United States
- 4,409 deaths/Indiana

- 30,888,063 Non-fatal injuries/United States

Scope of the Problem

- More youth aged 10-24 die from homicide than from the next seven leading causes of death
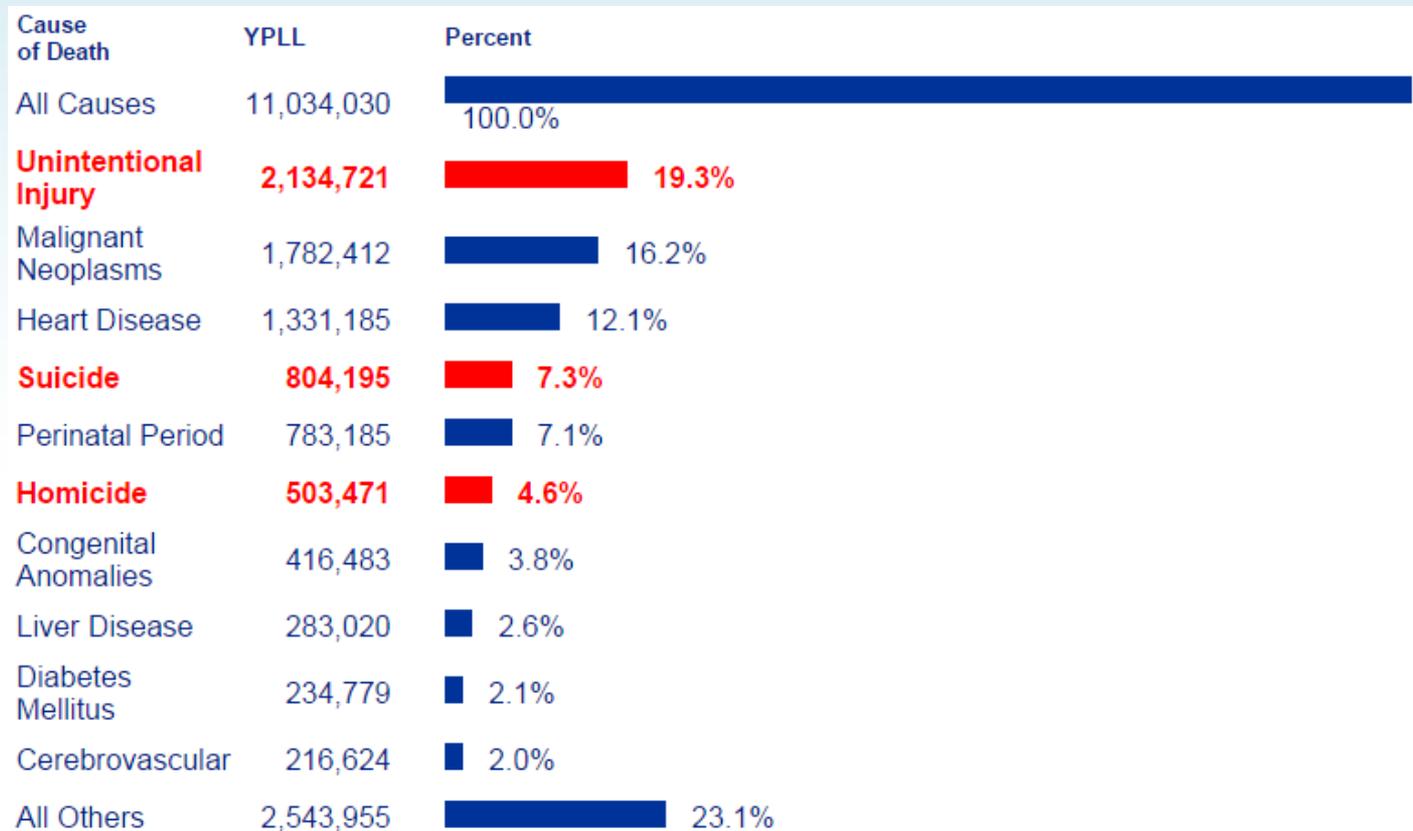

2011 fatalities; Web-based Injury Statistics Query and Reporting System (WISQARS)

Cost of Violence (2010)

- $9,000,000,000.00
  - Medical care/lost wages due to homicide

- $8,500,000,000.00
  - Medical care/lost wages due to nonfatal injury

- $17,500,000,000.00
  - Total NOT including
    - Criminal justice cost
    - Mental health care
    - Schools
    - Property
    - Social services

David-Ferdon C, Simon TR. Preventing Youth Violence: Opportunities for Action. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2014.

YPLL (2013)

- Years of potential life lost

Cause of Death	YPLL	Percent	
All Causes	11,034,030		100.0%
Unintentional Injury	**2,134,721**		**19.3%**
Malignant Neoplasms	1,782,412		16.2%
Heart Disease	1,331,185		12.1%
Suicide	**804,195**		**7.3%**
Perinatal Period	783,185		7.1%
Homicide	**503,471**		**4.6%**
Congenital Anomalies	416,483		3.8%
Liver Disease	283,020		2.6%
Diabetes Mellitus	234,779		2.1%
Cerebrovascular	216,624		2.0%
All Others	2,543,955		23.1%

CDC - WISQARS

Scope of the Problem

Murder
97
1%

2012 IMPD reported offenses

Forcible rape
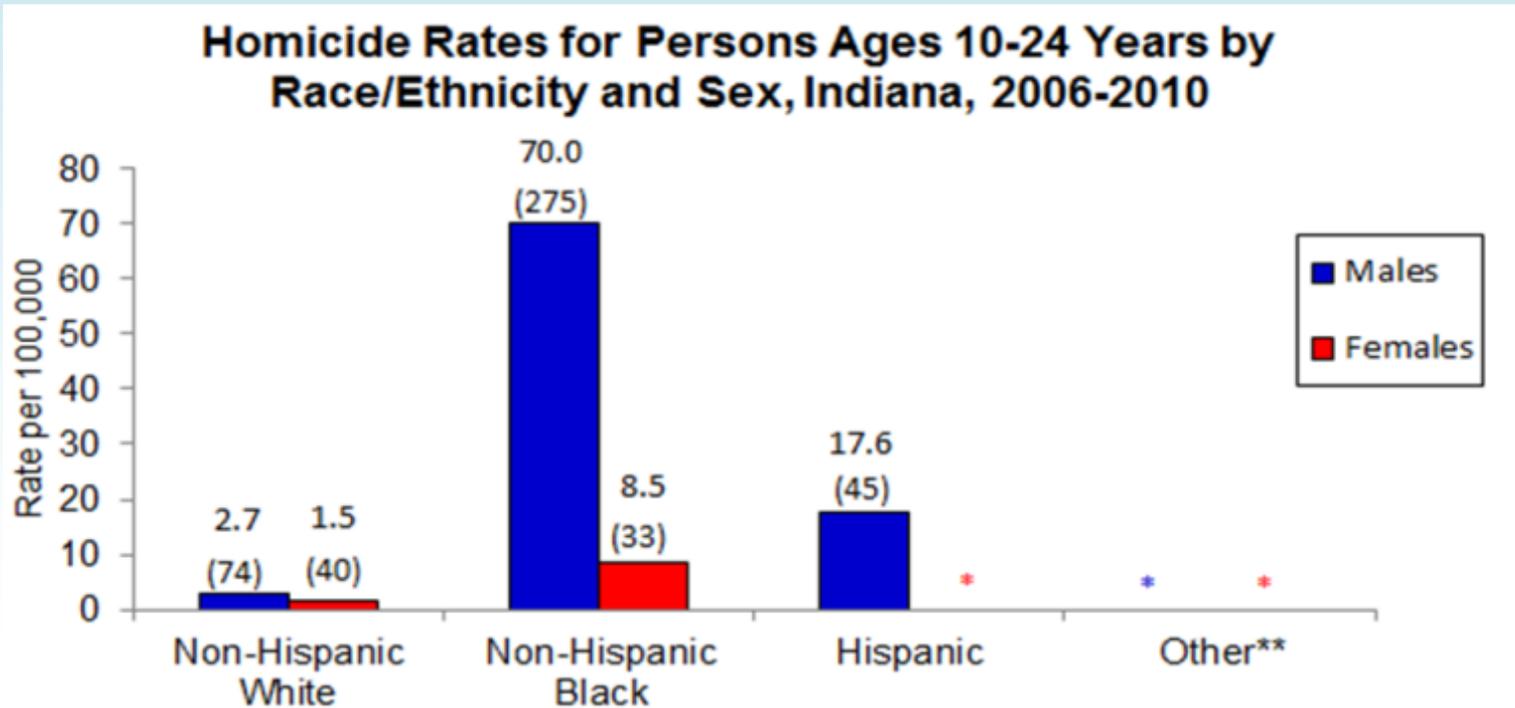436
4%

Robbery
3442
35%

Agg Assault
5967
60%

Population coverage was 838,650

TOTAL violent crime reported 9,942
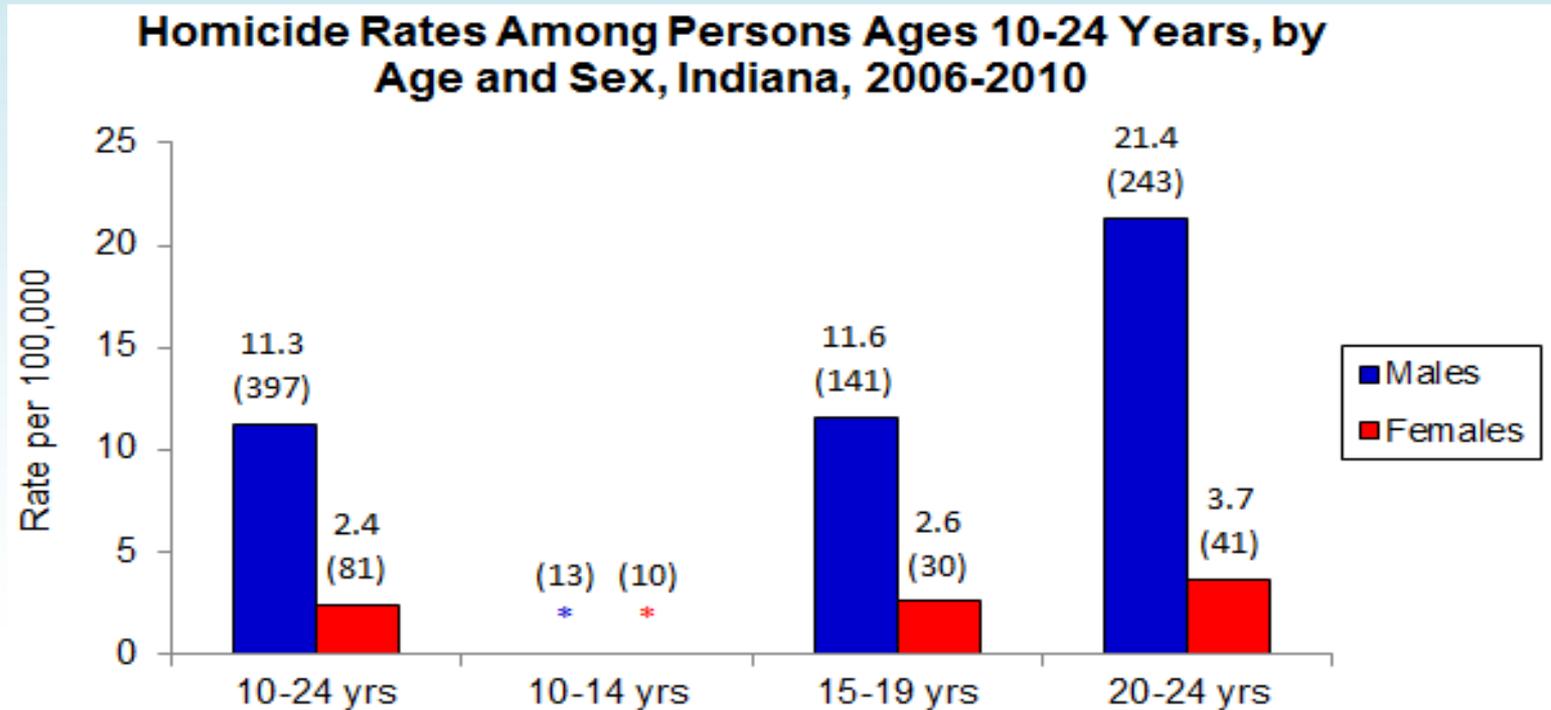
FBI, Uniform Crime Reports as prepared by the National Archive of Criminal Justice data

Scope of the Problem

Homicide Rates for Persons Ages 10-24 Years by Race/Ethnicity and Sex, Indiana, 2006-2010

Scope of the Problem

Homicide Rates Among Persons Ages 10-24 Years, by Age and Sex, Indiana, 2006-2010

* Age-specific rates and number of deaths (in parentheses) are provided above each bar. Rates are not presented where the number of deaths were fewer than 20 as they are statistically unreliable; counts below 10 are not presented due to confidentiality concerns.

http://www.cdc.gov/violenceprevention/youthviolence/stats_at-a_glance/in.html

Injury Recidivism

- Patients with repeat presentations for new injuries

- Medical costs
  - Average 2 day ICU stay for a GSW with a single surgery - >$100,000

- Rates as high as 55%
  - Eskenazi 30.8% (early 2000)

Take Care of YOU!

Violence Intervention Injury Prevention

- Required by the American College of Surgeons

- Violence is preventable
  - Concentrate on lifestyle and risk related choices

- PRIORITY
  - 45% of individuals will be reinjured in 5 years and 20% will be killed
  - Thanks to advances in trauma care patients are more likely to survive
  - Victims can become perpetrators

# Trauma and Injury

What is Trauma?

- Deeply distressing or disturbing event
- Overwhelming
- Accident, rape or natural disaster

What is Trauma?

- Acute trauma
  - Single event
- Complex trauma
  - Extended exposure
- Effects from trauma exposure
  - Acute
  - Chronic
  - Delayed-onset

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming children and youth*, *17*(3), 17-21.

Trauma Informed Practice

What is wrong with you?

What happened to you?
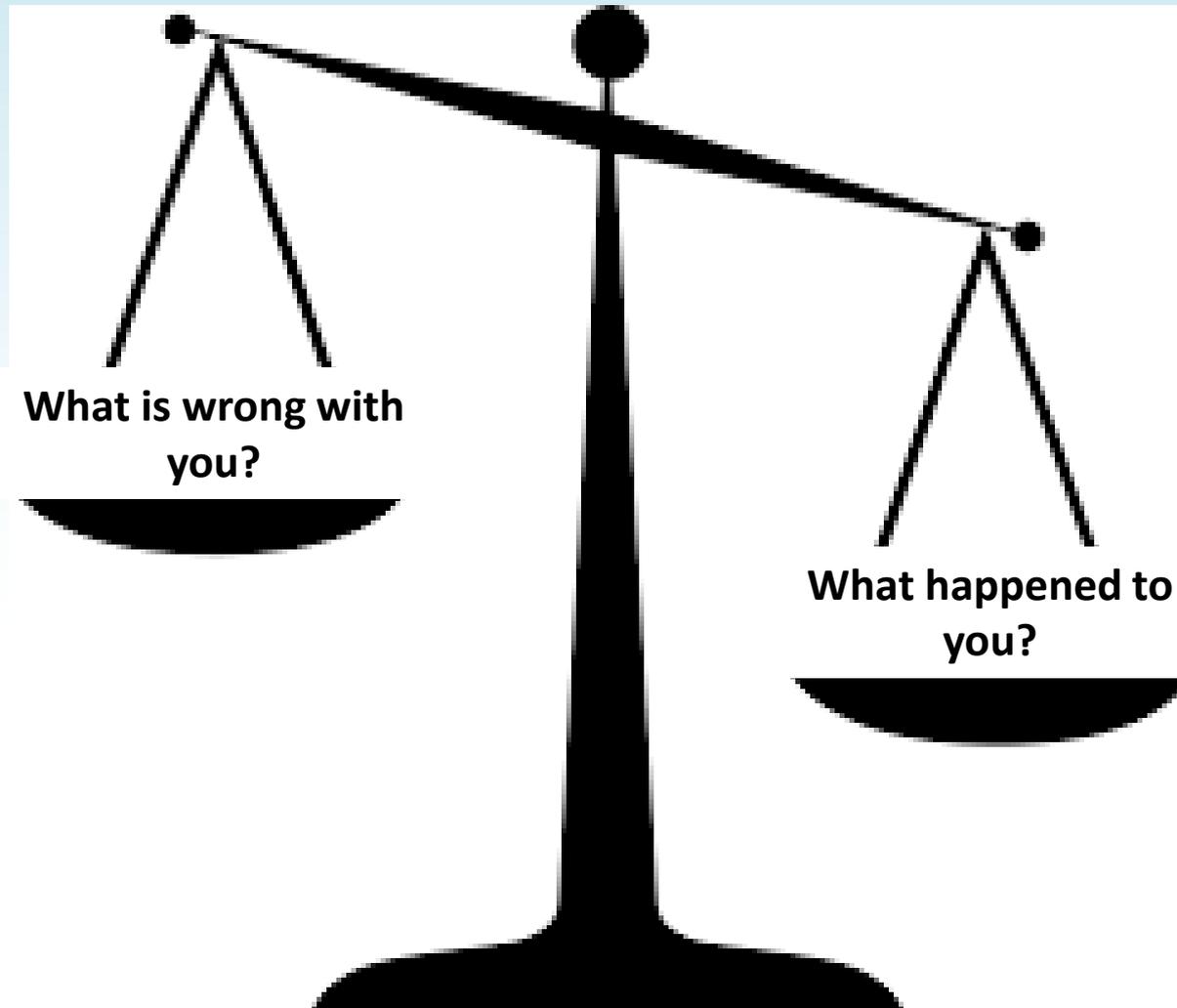
Hospital-Based Violence Intervention Programs (HVIP)

- Violence is preventable
- Teachable moment

HVIP

- Brief intervention
- Intervention Specialist
  - Street dynamics of violence

HVIP

- Long-term case management
- Trauma informed practice
- Supplement the patient's desire to stay safe
- Connect to community and government resources as well as mental health services

Prescription for Hope

- Evidence based violence and crime prevention program
- Reducing repeated violence related injury and criminal activity
- Life changing
- Life saving

Prescription for Hope

- Inclusion
  - Admission to Eskenazi Health
    - Shooting/Stabbing/Assault
    - Screened while in hospital
- Family/Friends
- Community referrals

Prescription for Hope

- Goals
  - Reduce violent injury recidivism and readmission of participants to the Smith Level I Shock Trauma Center.
  - Prevent first time violent injury and criminal activity in high-risk youth referred by community partners.
  - Reduce crime and arrest in enrolled youth participants.
  - Mentor and educate participants to develop effective life skills for positive citizenship behavior .
  - Provide community education and information on violence and crime prevention to promote safer homes and neighborhoods.

Prescription for Hope

- Goals cont.
    - Accomplish reduced recidivism through partnerships with a network of community agencies and program partners.
    - Provide accessible programs and opportunities for youth and family assistance and personal development.

Prescription for Hope

- Personal/Family empowerment
- Wraparound services
- Links to community programs
- Risk/Protective factors
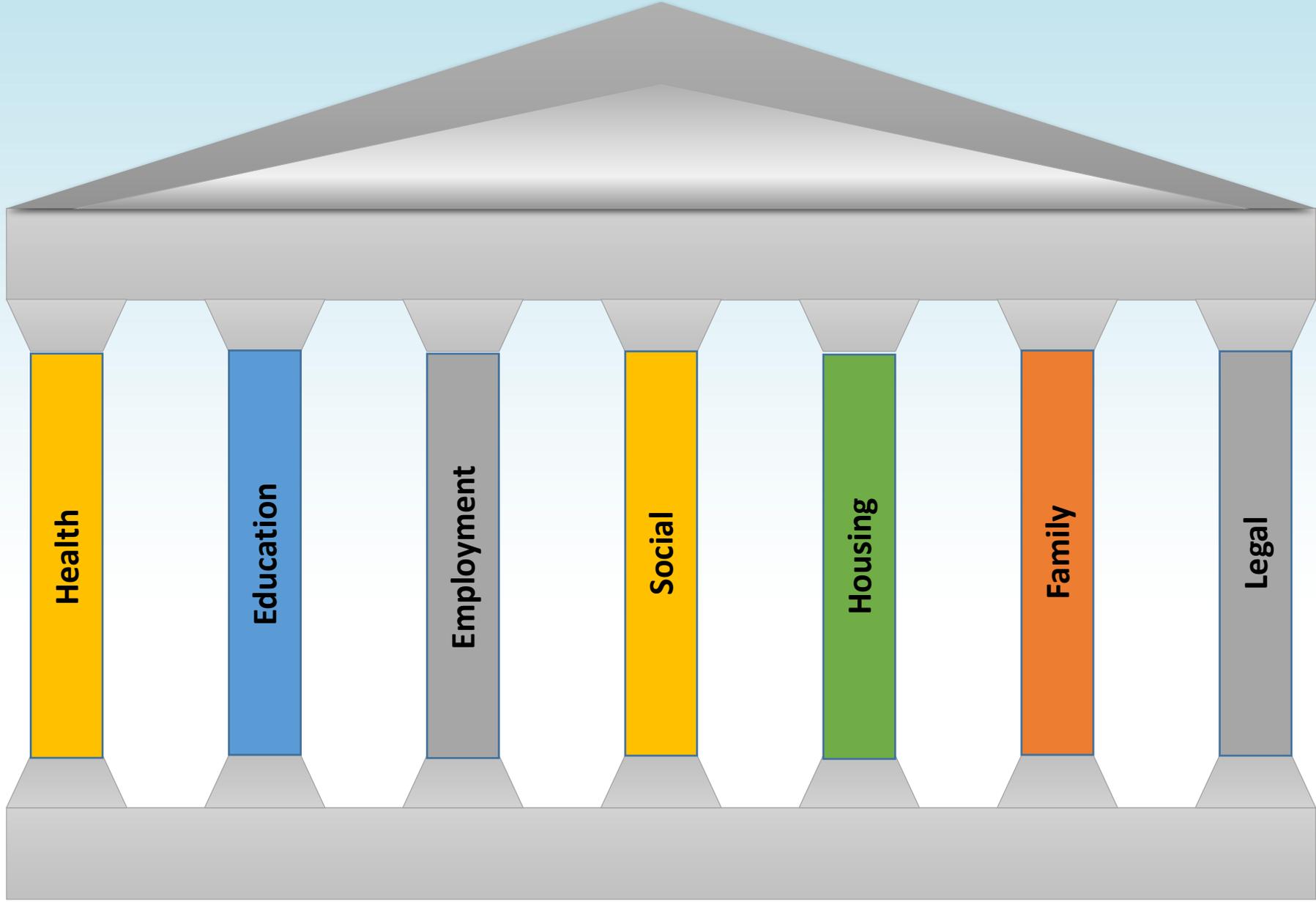 - Intensive case management

Risk and Protective Factors

- Less Likely
  - Commitment to school
  - Supportive, caring relationships with adults
  - Parental monitoring
  - Recognition for conventional behavior
  - Friends who stay out of trouble
  - Intolerant attitude toward deviance

- More Likely
  - Substance abuse
  - Mental illness
  - Injury recidivism
  - Physical aggression
  - Poverty
  - Antisocial parents & peers
  - Poor education
  - Disenfranchisement

Health
Supplies/Equipment
Follow up
Co-pay
Navigate system

Mental Health
Drug/alcohol treatment
Anger management
Post-trauma referrals

Employment
Job training
Job search
Clothing
Tools
Resume

Legal
ID
Birth certificate
Legal aid
Legal documants

Participant Family Friends

Social
Support Group
Programs
Mentor
Sports

Family
Daily living
Household items
Phone
Clothing
Food
Child care
Parenting classes

Housing
Temporary shelter
Advocacy
Rent
Utilities

Education
HS diploma/GED
Supplies/Fees
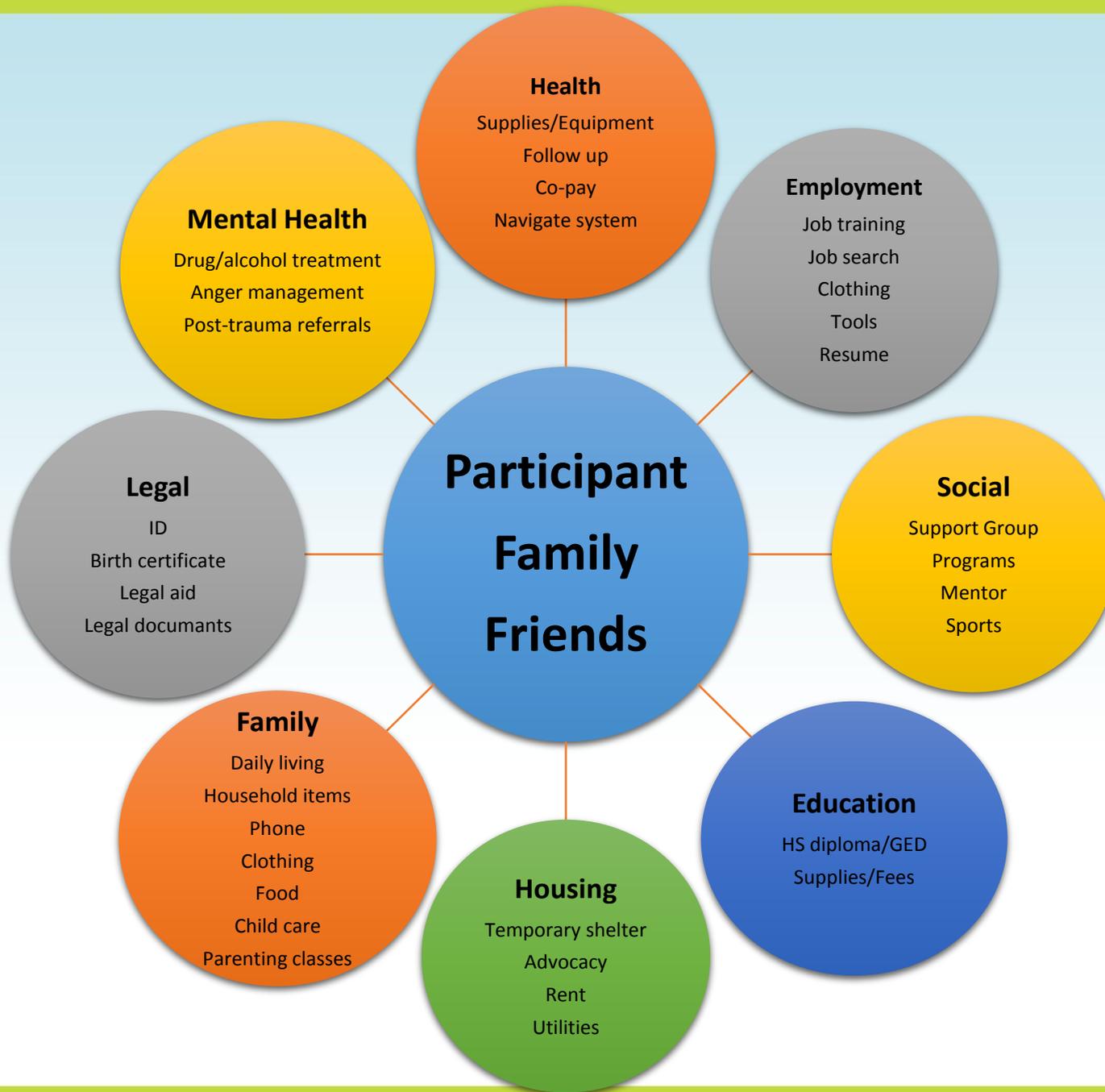
Prescription for Hope Priorities

- Treatment for
  - Addiction
  - Mental health
- Education
  - GED
  - Return to school
- Employment
  - Resume
  - Job training
- Emotional factors
  - Anger/Conflict/Relationship
- Primary care
  - Insurance

Prescription for Hope

- Medical recidivism rate decrease
  - 30.8% to 4.6%
- Treated
  - 2009-2012   257 participants
- Current caseload
  - National average is 20
  - Maintain 20-25 based on acuity

Prescription for Hope Team

Questions?

Contact Information

Wendy St. John, RN

Trauma Program Manager

wendy.stjohn@eskenazihealth.edu

Office: 317.880.5032

Dannielle Gilyan MSN, RN, CEN

Injury Prevention Coordinator

dannielle.gilyan@eskenazihealth.edu

Office: 317.880.5037

CDC Site Visit

- Postponed by the CDC to a later date.

Grant Deliverables Update

- INVDRS Annual Performance Report.
  - Current budget period progress.
    - Work plan and activities.
    - challenges and successes.
 - Upcoming year budget period proposed objectives and activities.

INVDRS
Indiana Violent Death
Reporting System

Indiana State
Department of Health

ADVISORY BOARD: MEMBERS

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
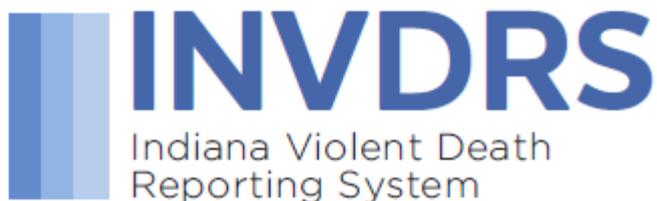
Indiana State
Department of Health

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

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

Indiana State
Department of Health

2015 MEETING DATES

INVDRS
Indiana Violent Death
Reporting System

Indiana State
Department of Health

2015 Advisory Board Meeting Dates

- September 29th

- December 15th
    - 1-3pm EDT
    - ISDH, Rice Auditorium

INVDRS
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Reporting System

Indiana State
Department of Health

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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Indiana State
Department of Health

Contact Information

Murray Lawry
INVDRS Coroner Records
Coordinator

Office: 317.233.7695
Mobile: 317.518.6729

mlawry@isdh.in.gov

John O'Boyle
INVDRS Law Enforcement
Records Coordinator

Office: 317.233.7987
Mobile: 317.402.6052

joboyle@isdh.in.gov

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