



Indiana Injury Prevention Advisory Council

Webcast to begin in 10 minutes



Email questions to: indianatrauma@isdh.in.gov



Indiana Injury Prevention Advisory Council

Webcast to begin in 9 minutes



Email questions to: indianatrauma@isdh.in.gov



Indiana Injury Prevention Advisory Council

Webcast to begin in 8 minutes



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Indiana Injury Prevention Advisory Council

Webcast to begin in 7 minutes



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Indiana Injury Prevention Advisory Council

Webcast to begin in 6 minutes



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Indiana Injury Prevention Advisory Council

Webcast to begin in 5 minutes



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Indiana Injury Prevention Advisory Council

Webcast to begin in 4 minutes



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Indiana Injury Prevention Advisory Council

Webcast to begin in 3 minutes



Email questions to: indianatrauma@isdh.in.gov



Indiana Injury Prevention Advisory Council

Webcast to begin in 2 minutes



Email questions to: indianatrauma@isdh.in.gov



Indiana Injury Prevention Advisory Council

Webcast to begin in 1 minute



Email questions to: indianatrauma@isdh.in.gov



Indiana Injury Prevention Advisory Council

Webcast to begin momentarily...



Email questions to: indianatrauma@isdh.in.gov

Indiana Injury Prevention Advisory Council

May 18th, 2018

Submit your questions to:

indianatrauma@isdh.in.gov



Indiana State
Department of Health

Outline

- Welcome!
- ISDH Updates
 - Staff changes
- Stakeholder updates.
- Dawn Smith, MS, ISDH, Trauma & Injury Prevention Associate:
 - Interpersonal Violence Prevention Repository

Submit your questions to:
indianatrauma@isdh.in.gov



Indiana State
Department of Health

Outline

- Charnel Forbes, ISDH, MCH MOMS Helpline, Follow-up Coordinator/Lead Community Outreach Liaison:
 - Overview of MOMS Helpline & Ask Liv Application
- Karl Nichols & Kelli Brien, Community Wellness Partners:
 - Speak Life: Here to Stay Initiative

Outline

- Tiffany Egan-Rojas, MPH, Injury Prevention Coordinator for Riley Hospital for Children, Injury Prevention & Trauma Services Department:
 - Injury Prevention for Your Baby: Developing & Evaluating an Injury Prevention Pilot Program for a Target Population of Substance-abusing Mothers.

Outline

- Terri Bogue, MSN, RN, PCNS-BC and Robert Bogue, BS, Thor Projects LLC:
 - “Don’t Get Sucked In, Maintaining Professional Boundaries” & “Kin to Kin Child Safety Cards.”
- Preston Harness, MPH, Injury Prevention Program Coordinator, ISDH:
 - ISDH Updates on Child Passenger Safety
- Closing Remarks & Updates

ISDH UPDATES



Indiana State
Department of Health

Staff Changes

- Preston Harness' last day is June 1st.
- Pravy Nijjar will be transitioning into the Injury Prevention Program Coordinator position.



@INDTrauma #SafetyIN



**Indiana State
Department of Health**

ISDH INJURY PREVENTION UPDATES



Indiana State
Department of Health

FY 2019 Child Restraint Distribution Grant Solicitation from ICJI:

- Request for Proposals is now live!
 - Becoming a “fitting station.”
 - Due May 25th, 2018.
 - Sent information through IPAC emailing list.
 - Hard copies are available.

List of ISDH Injury Prevention Documents and Reports

- 2017 Suicide in Indiana
- Preventing Injuries in Indiana: A Resource Guide
- Special Emphasis Reports:
 - Drug overdose
 - Traumatic brain injuries
 - Older adult falls
- <http://in.gov/isdh/25396.htm>

Strategic Plan

- 2016-2018 ISDH, Division of Trauma and Injury Prevention Strategic Plan:
 - http://www.in.gov/isdh/files/Katie_Hokanson_-_2016_to_2018_Strategic_Plan_February_19_2016.pdf



Strategic Plan

- Objectives:
 - Identify opportunities to reduce or prevent injuries within the state of Indiana.
 - Enhance the skills, knowledge, and resources of injury prevention workforce.
 - Injury Prevention Advisory Council (IPAC) Injury Prevention Conference
 - Injury Prevention Advisory Council membership

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Strategic Plan

- Objectives:
 - Establish a sustainable and relevant infrastructure that provides leadership, funding, data, policy and evaluation for injury prevention.
 - Provide access and technical assistance for best practice and evidence-based injury prevention strategies.
 - Preventing Injury in Indiana: A Resource Guide
 - Injury Prevention Resource Guide Application

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Strategic Plan:

1. Establish a sustainable and relevant infrastructure that provides leadership, funding, data, policy and evaluation for injury prevention
2. Collaborative injury prevention efforts in:
 - Traffic Safety
 - Poisoning
 - Traumatic Brain Injury

Strategic Plan:

3. Statewide direction and focus for older adult (age 65+) falls prevention
4. Statewide direction and focus for child injuries
 - Safe sleep
 - Child passenger safety
 - Bullying

Strategic Plan:

5. Statewide direction and focus for violence prevention
 - Indiana Violent Death Reporting System
 - Focus on homicides, suicides, and other violence
6. Enhance the skills, knowledge, & resources of injury prevention workforce
 - Resource Guide
 - IPAC membership
 - IPAC conference

Annual IPAC Conference

- We will not host an annual IPAC conference this year:
 - Midwest Injury Prevention Alliance (MIPA) has requested that they host the 2018 MIPA conference in the fall of 2018.
 - More information will come soon!

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Regular IPAC Meetings

- Upcoming Meetings (all from 10-12PM):
 - July 20th, 2018
 - September 21st, 2018
 - November 16th, 2018

Welcome Dawn!

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Interpersonal Violence Prevention Repository

**Dawn Smith, *Trauma and Injury Prevention*
Associate**

Indiana State Department of Health



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Interpersonal Violence

- Interpersonal violence (IPV) involves intentional injury directed from one person to another
- This can encompass many forms of violence, including: physical abuse, sexual assault, domestic violence, bullying, and homicide



Indiana IPV Statistics

- The rate for Assault-related ED visits for Ages 5-14 was 16.4 for 2007-2010
- In Indiana the 2008-2012 rate for Homicide/Assault deaths for Ages 0-9 was 2.45
- The rate for Homicide/Assault deaths for Ages 10-19 was 1.82 for 2008-2012



IPV Prevention in Health Care Settings

- Many cases of IPV will come in contact with hospitals, emergency departments, and other health care facilities
- This is a key location that interpersonal violence identification and prevention can take place
- The goal was to create a repository of evidence based prevention and screening programs and tools

Repository Categories

- Child physical abuse
- Adult sexual assault
- Child sexual abuse
- Domestic violence
- Bullying
- Homicide
- Traumatic stress
- Elder abuse



Repository

- ISDH Home
- Trauma System/Injury Prevention
 - Site Index
 - Injury Prevention +
 - Indiana's Trauma System +
 - Trauma Registry +
 - Pre-Hospital/EMS +
 - Trauma Centers
 - Trauma and Injury Prevention Division Staff
 - Trauma and Injury Prevention Definitions
 - Calendar of Events
 - EMS Medical Directors' Conference
 - Trauma Times

TRAUMA SYSTEM/INJURY PREVENTION PROGRAM HOME » INJURY PREVENTION » INTERPERSONAL VIOLENCE PROGRAM REPOSITORY

INTERPERSONAL VIOLENCE PROGRAM REPOSITORY

Interpersonal Violence Evidence Based Program Repository for Health Care Facilities

[Open and Search the Repository](#)

Many cases of interpersonal violence, due to the nature of the traumatic injuries, go through emergency departments and other health care settings. It is therefore important to understand what evidence based programs are available in health care settings to prevent and identify cases of interpersonal violence. The interpersonal violence (IPV) evidence based program repository was developed in order to provide a quick reference tool for health care facilities on evidence based prevention and screening programs and tools that are available locally and nationally. A major aspect of the repository is the listing of evidence based programs with available evaluations in order to provide information for health care facilities on the effectiveness of the programs and how the programs were evaluated. The evaluation information can assist health care sites in determining what programs best fit for their health care facility.

The repository is broken up into eight IPV categories including: child physical abuse, adult sexual assault, child sexual abuse, domestic violence, bullying, homicide, traumatic stress, and elder abuse. The second and third columns of the spreadsheet lists all of the programs related to each of the IPV categories and the affiliated group(s). Each of the programs listed in the repository, if available, has a link to the associated group website which provides information and background about the IPV program. The remaining columns in the repository provide information on whether an evaluation is available and depending on whether the program is a prevention program or a screening tool the associated evaluation or measures are provided in the associated columns 'Prevention Program Evaluation' or 'Identification Screening Tool Measures.' The identification screening tool usually do have a formal evaluation, but are used frequently in health care settings. The measures provided are from individual studies. Each of the listed evaluations or measures provides a link for the evaluation site of the listed ranking. This allows health care facilities the flexibility to see how IPV programs were evaluated and what studies were used for the evaluation, providing further opportunities in depth in determining what program would be most effective.

Online Services

- Indiana Death Registration System (IDRS)
- Indiana Immunization Registry

Repository



MENU



Interpersonal Violence Evidence Based Program Repository for Health Care Facilities

Gov. Eric J. Holcomb

Injury Categories

Populations

- Child Physical Abuse
- Adult Sexual Abuse
- Child Sexual Abuse
- Domestic Violence

- Infants
- Children
- Adolescents
- Adults

Search

Use the prevention scales button to search for in-depth information on prevention program evaluation scales.

Prevention Scales

47 programs available. Search programs by selecting one or more items from categories and populations.

Category	Program	Group	Evaluation	Prevention Program Evaluation	Screening Tool Measures	Population
Child Physical Abuse	Resilience Questionnaire	American Academy of Pediatrics:	N			Infants Children Adolescents Adults
Homicide Domestic Violence Child Physical Abuse	Danger Assessment	Danger Assessment	Y		<ul style="list-style-type: none"> • K.C. Basile, M.F. Hertz, S.E. Back, 2007: Internal consistency: 0.66 -0.86. Test/retest reliability: 0.89 -0.94. Construct validity convergent with the Conflict Tactics Scale (CTS), $r = 0.49 - 0.55$ and ISA, $r = 0.44 - 0.75$. 	Adults Children
Child Physical Abuse	Fussy Baby Network	Erikson Institute	Y	<ul style="list-style-type: none"> • Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Unclear ϕ 		Infants Adults
Bullying Child Physical Abuse Domestic Violence Child Sexual Abuse Homicide	Positive Action	Positive Action, Inc.	Y	<ul style="list-style-type: none"> • Crime Solutions Evidence Rating: Effective (multiple studies) 		Adolescents Children
Child Physical Abuse	Child Abuse Consultation Service	Riley Children's Health	N			Children

Repository

Injury Categories
 Child Physical Abuse
 Adult Sexual Abuse
 Child Sexual Abuse
 Domestic Violence

Populations
 Infants
 Children
 Adolescents
 Adults

[Search](#)

Use the prevention scales button to search for in-depth information on prevention program evaluation scales.

[Prevention Scales](#)

88 programs available. Search programs by selecting one or more items from categories and populations.

Category	Program	Group	Evaluation	Prevention Program Evaluation	Screening Tool Measures	Population
Child Physical Abuse Child Sexual Abuse	DOCS INCASE (Indiana Child Abuse Screening and Education)	Riley Children's Health	N			Children
Child Physical Abuse Bullying	Triple P System	Parenting and Family Support Center	Y	<ul style="list-style-type: none"> Blueprints Rating System: Promising Coalition for Evidence-Based Policy: Promising Program Model Program 		Infants Children Adults
Child Physical Abuse Bullying	Parent-Child Interaction Therapy (PCIT)	PCIT International	Y	<ul style="list-style-type: none"> Crime Solutions Evidence Rating: Effective (multiple studies) 		Children Adults
Child Physical Abuse	Alternatives for Families: Cognitive Behavioral Therapy	AF-CBT	Y	<ul style="list-style-type: none"> Crime Solutions Evidence Rating: Promising (1 study) 		Children Adults
Child Physical Abuse	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)	MST-CAN	Y	<ul style="list-style-type: none"> Crime Solutions Evidence Rating: Promising (1 study) 		Children Adolescents Adults
Child Physical Abuse	Family Foundations	Family Foundations	Y	<ul style="list-style-type: none"> Crime Solutions Evidence Rating: Promising (multi study) Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Promising 		Infants Adults

Small Changes, Big Differences



[Find out about Triple P](#)

[The system at work](#)

[Getting started](#)

[Local contacts](#)



TRIPLE P TAKES THE GUESSWORK OUT OF PARENTING

The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children’s behavior and prevent problems developing. Triple P is currently used in more than 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

This website is for practitioners, agencies, jurisdictions and governments. If you are a parent, please go to [Triple P’s parent website](#).

[FIND OUT ABOUT TRIPLE P ▶](#)

[THE TRIPLE P SYSTEM AT WORK ▶](#)

[GET STARTED WITH TRIPLE P ▶](#)



WANT TO KNOW HOW TRIPLE P ONLINE CAN WORK WITH YOUR FAMILIES?

[Watch the Webinar with Dr Karen Turner](#)

SEE WHAT OTHERS SAY



- ▶ GIVES PARENTS HOPE
- ▶ TEEN TERROR NO



- ABOUT US
- ASSESS NEEDS
- BLUEPRINTS CRITERIA
- VIEW ALL PROGRAMS
- PROGRAM SEARCH
- NOMINATE PROGRAM
- RESOURCES

[RETURN TO SEARCH RESULTS](#)

RETURN

We work well together.



[Print this Page](#)

TRIPLE P SYSTEM

Blueprints Program Rating: Promising

A public health approach to reach all parents in a community to enhance parental competence and prevent or alter dysfunctional parenting practices, thereby reducing family risk factors both for child maltreatment and for children's behavioral and emotional problems.



[FACT SHEET](#)

[PROGRAM COSTS](#)

[FUNDING STRATEGIES](#)

[DETAILED EVALUATION ABSTRACT](#)

[VIDEO](#)

PROGRAM OUTCOMES

Child Maltreatment
Mental Health - Other

PROGRAM TYPE

Parent Training

PROGRAM SETTING

Community (e.g., religious, recreation)
Home
Hospital/Medical Center
Mental Health/Treatment Center
School

CONTINUUM OF INTERVENTION

Universal Prevention (Entire Population)
Selective Prevention (Elevated Risk)

AGE

Infant (0-2)
Early Childhood (3-4) - Preschool
Late Childhood (5-11) - K/Elementary
Adult

GENDER

Male and Female

RACE/ETHNICITY

All Race/Ethnicity

ENDORSEMENTS

Blueprints: Promising
Coalition for Evidence-Based Policy: Near Top Tier
Crime Solutions: Effective
OJJDP Model Programs: Effective

PROGRAM INFORMATION CONTACT

Triple P America
E-mail: contact.us@triplep.net
Phone: (803) 451-2278
Web: www.triplep.net/glo-en/home/

PROGRAM DEVELOPER/OWNER

Matthew Sanders, Ph.D.
The University of Queensland

The Triple P System

UPDATED: JAN 25, 2018



EVIDENCE RATING:

NEAR TOP TIER

TOP TIER

NEAR TOP TIER

HIGHLIGHTS

- **PROGRAM:**
A system of parenting programs for parents with children age 0-8.
- **EVALUATION METHODS:**
A well-conducted randomized controlled trial (RCT) of the Triple P System as implemented community-wide in nine South Carolina counties.
- **KEY FINDINGS:**
13-33% reductions in county-wide rates of child maltreatment, hospital visits for maltreatment injuries, and foster-care placements, two years after random assignment.
- **OTHER:**
(i) These findings apply to the full Triple P System for families with children age 0-8 (as opposed to other versions of Triple P).

Programs shown to meet almost all elements of the Top Tier standard, and which only need one additional step to qualify. This category primarily includes programs that meet all elements of the Top Tier standard in a single study site, but need a replication RCT to confirm the initial findings and establish that they generalize to other sites. This is best viewed as tentative evidence that the program would produce important effects if implemented faithfully in settings and populations similar to those in the original study.

SUGGESTIVE TIER



Injury Categories

- Child Physical Abuse
- Adult Sexual Abuse
- Child Sexual Abuse
- Domestic Violence

Populations

- Infants
- Children
- Adolescents
- Adults

Search

Use the prevention scales button to search for in-depth information on prevention program evaluation scales.

Prevention Scales

88 programs available. Search programs by selecting one or more items from categories and populations.

Category	Program	Group	Evaluation	Prevention Program Evaluation	Screening Tool Measures	Population
Child Physical Abuse	Family Functional Assessment (FFA) Field Guide	Indiana Department of Child Services	N			Children Adolescents Adults
Child Physical Abuse	Minding the Baby (MTB)	Yale Child Study Center, Yale School of Nursing, Fair Haven Community Health Center, and Cornell Scott Hill Health Center.	Y	• Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Promising		Infants Children Adolescents Adults
Child Physical Abuse	The Period of Purple Crying	The Period of Purple Crying	Y	• California Evidence-Based Clearinghouse for Child Welfare Scientific Rating: 3		Infants Adults
Child Physical Abuse	All Babies Cry	Children's Trust	Y	• Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Unclear+		Infants Adults
Child Physical Abuse	Fussy Baby Network	Erikson Institute	Y	• Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Unclear		Infants Adults
Child Physical Abuse	Safe Babies New York Program	Safe Babies New York	Y	• California Evidence-Based Clearinghouse for Child Welfare Scientific Rating: 3 • Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Promising		Infants Adults
Child Physical Abuse	Safe to Sleep	NIH	N			Infants Adults
Child Physical Abuse	Parents Plus Children's Program (PPCP)	ParentsPlus	Y	• Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Promising		Children Adults

Use the links below to jump to a specific scale section.

[California Evidence-Based Clearinghouse for Child Welfare Scientific Rating](#)

[Blueprints Rating System](#)

[Crime Solutions](#)

[Coalition for Evidence-Based Policy](#)

[Substance Abuse and Mental Health Services Administration's \(SAMHSA's\) National Registry of Evidence-based Programs and Practices](#)

[Injury Center University of Michigan](#)

[Agency for Healthcare Research and Quality Levels of Evidence](#)

[Clearinghouse for Military Family Readiness Evaluation Placement](#)

California Evidence-Based Clearinghouse for Child Welfare Scientific Rating:

1. Well-Supported by Research Evidence

1. Multiple Site Replication and Follow-up:

- At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice.
- In at least one of these RCTs, the practice has shown to have a sustained effect at least one year beyond the end of treatment, when compared to a control group.
- The RCTs have been reported in published, peer-reviewed literature.

2. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.

3. If multiple outcome studies have been published, the overall weight of the evidence supports the benefit of the practice.

4. There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe

Conclusion

- The Interpersonal Violence Prevention Repository will provide a quick reference for health care facilities on evidence based prevention and screening programs and tools
- The IPV program repository can be accessed from the link below
- <https://secure.in.gov/isdh/27783.htm>

Next Steps

- Incorporation of the repository into the Injuries in Indiana: Resource Guide mobile app



Questions?

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Welcome Charnel!

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health



**MCH
MOMS
HELPLINE**

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

The key to a healthy baby and a happy mom

Maternal and Child Health (MCH) Division



**Indiana State
Department of Health**

MCH MOMS Helpline

- ♥ Launched on March 1, 2016
- ♥ Formerly the *Indiana Family Helpline*
- ♥ Rebranded to support the Maternal and Child Health population



1/15/2019

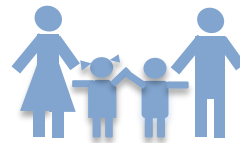
The key to a healthy baby and a happy mom



Indiana State
Department of Health

Mission

The MCH MOMS Helpline mission is to reduce the infant mortality rate in Indiana by connecting families with access to available resources focused on improving the health of mothers and their children.



FAMILIES



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

The key to a healthy baby and a happy mom



Doctor, Transportation, Health Insurance, and
Dental Referrals

MOMS Helpline Goals

- ♥ Inform and connect families with resources available for mothers, infants, and children
- ♥ Promote healthy lifestyle education and positive behavior for women during preconception and child bearing stage, and connect them to health education services
- ♥ Promote the MOMS Helpline and the Labor of Love campaign goals throughout Indiana



Labor of Love
Helping Indiana Reduce Infant Death



1/15/2019

The key to a healthy baby and a happy mom



Indiana State
Department of Health

Information and Referral Services

- ♥ Provide valuable health care information and referral services to help reduce Indiana's infant mortality rate.
- ♥ Educate and advocate on behalf of moms and pregnant women.
- ♥ Assist uninsured moms with finding sliding fee scale options and open door clinics.
- ♥ Offer interpretation assistance to moms who require different needs and connect them with case managers.



1/15/2019



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Indiana State
Department of Health

Locating and Connecting with Health Care Providers

Primary Care Providers & OB/GYNs



Certified Nurse Midwives



Dentists



Pediatricians



♥ Our specialists provide other essential referrals and follow-up with moms to ensure their needs were met

1/15/2019



The key to a healthy baby and a happy mom



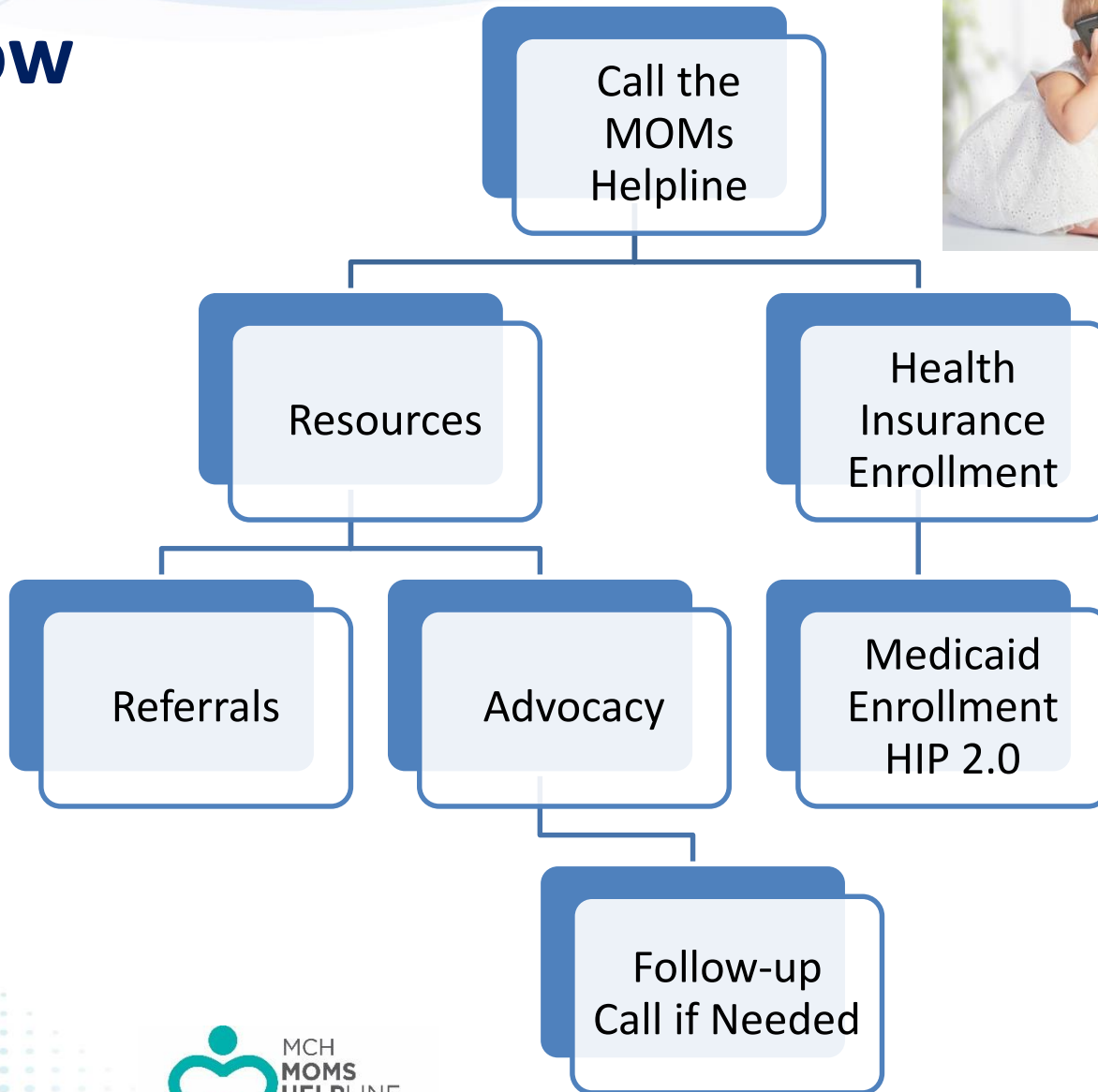
Indiana State
Department of Health

Health Coverage Enrollment and Food Assistance Application

♥ Certified Navigators are available to help moms enroll in medical insurance

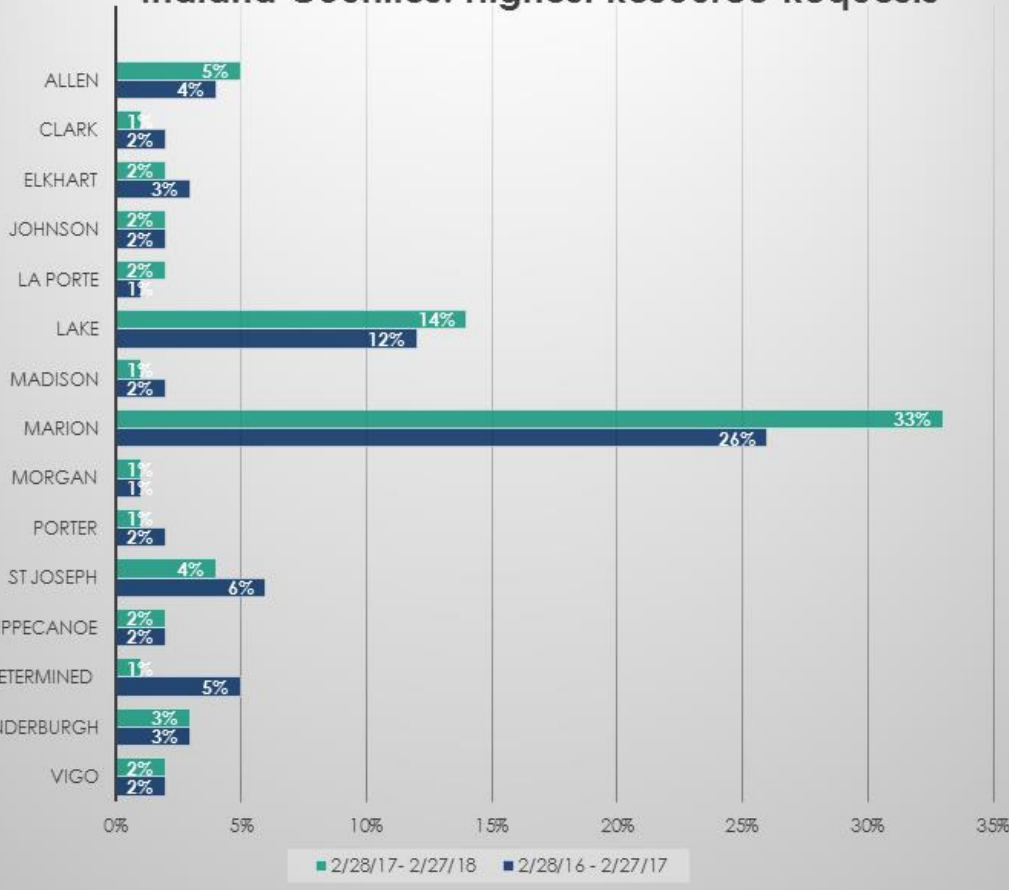


MOMs Helpline Call Flow



MOMs Helpline Call Data

Indiana Counties: Highest Resource Requests



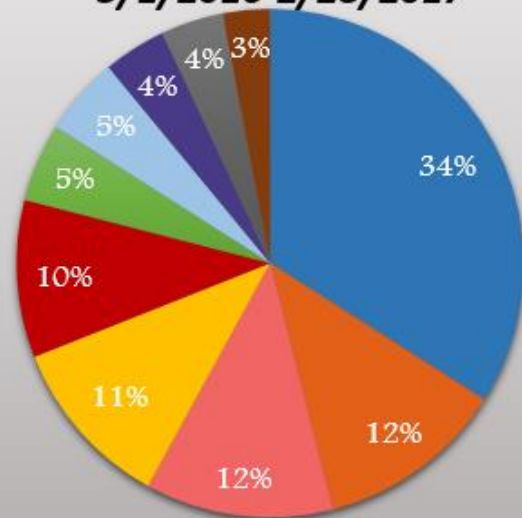
❖ For 2/28/2016 - 2/27/2017. Shown are the 4,223/5,884 calls from the counties with the highest call volume in this time period. (Blue)

❖ For 2/28/2017 – 2/27/2018. Shown are the 1,009/1,409 calls from the counties with the highest call volume in this time period. (Green)

MHL Top Ten Resource Requests

3/1/2016-2/28/2017

Total number of calls for Top 10 Needs in 2016 = 1525



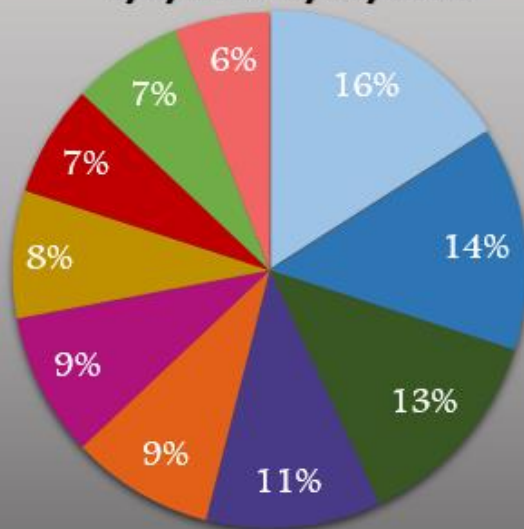
- Dental Care
- Primary Care Provider
- Financial Assistance
- WIC
- Insurance
- Housing
- Baby Supplies
- Baby Bed
- Program Information
- Food

MHL Top Ten Resource Requests

3/1/2017-2/28/2018

Chart Area

Total number of calls for Top 10 needs in 2017= 575



- Baby Supplies
- Dental Care
- Car Seats
- Baby Bed
- Primary Care Provider
- PEPW
- Prenatal Care
- Insurance
- Housing
- Financial Assistance

MCH MOMS Helpline call data is recorded daily.

Total Number MCH MOMS Helpline calls for March 1, 2016 – February 28, 2017 = 4587 (60 need categories were recognized in this time period)

Total Number MCH MOMS Helpline calls for March 1, 2017 – February 28, 2018 = 1735 (55 need categories were recognized in this time period)

Care for Your Baby & Child

Women, Infants, and Children (WIC)

- ♥ Site locations

Immunizations



- ♥ Schedules
- ♥ Site Locations
- ♥ MyVAX Indiana

Baby Items

- ♥ Clothing
- ♥ Baby Cribs
- ♥ Car Seat



Baby Programs

- ♥ Safe Sleep
- ♥ Baby & Me Tobacco Free

Children

- ♥ Child care locations
- ♥ Child safety resources
- ♥ Early education programs
- ♥ Child abuse and prevention



Care for Moms

Housing Assistance

- ♥ Homes for pregnant teens
- ♥ Women's shelters

Behavioral health providers

- ♥ Substance abuse programs
- ♥ Postpartum depression (PPD) support groups



Transportation Providers

- ♥ Medical appointments



The key to a healthy baby and a happy mom



Education

- ♥ Breastfeeding classes and support
- ♥ Nurse-Family Partnership program
- ♥ Healthy Families program

Nutrition

- ♥ Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)

Community Outreach

The MOMS Helpline connects with families and providers through community health fairs and conferences across Indiana!



- ♥ Labor of Love Summit
- ♥ Indiana Perinatal Network
- ♥ INShape Black Minority Health Fair
- ♥ Indiana Latino Expo
- ♥ MCE Baby Showers
- ♥ Indiana Emergency Response
- ♥ March of Dimes Baby Showers
- ♥ Community Baby & Safety Showers
- ♥ Community Health & Wellness Fairs



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Indiana State
Department of Health

ISDH Collaborations & Partnerships

- ♥ Office Of Women's Health
 - Breastfeeding resources
- ♥ Oral Health
 - Dental Provider Directory
- ♥ Women, Infants, And Children
 - Program locations and eligibility guidelines
- ♥ Office Of Minority Health
 - Minority health outreach

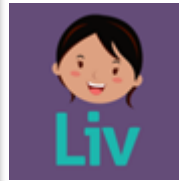


The key to a healthy baby and a happy mom



Indiana State Department of Health

MCH Programs Supported by the MOMS Helpline



Labor of Love



Prenatal care.
The best shot at a healthy future for your baby. And you.

Getting regular prenatal care is critical for your baby's health. And yours. If you lack resources, you have options. Visit www.LaborofLovein.gov or call the MCH/MOMS Helpline at 1-844-MCH-MOMS to learn more.



Labor of Love
Helping mothers. Before labor begins.



Labor of Love

Helping Indiana Reduce Infant Death

Campaign Goals:

- Raise awareness of the problem of infant mortality in Indiana, and engender support for education and prevention efforts
- Educate Hoosiers that everyone has a role to ensure our babies reach their first birthdays

Labor of Love is a product of the Indiana State Department of Health in cooperation with other organizations. To combat unacceptable rates of infant mortality in Indiana, the Indiana State Department of Health, through its Maternal and Child Health program, is initiating a statewide sustained education and outreach effort. This has been identified as the agency's No. 1 priority.



1/15/2019

The key to a healthy baby and a happy mom



Indiana State
Department of Health

What's new with the MOMs Helpline?

**PREGNANT?
PARENTING?
PLANNING TO BE?**

Download Liv and take charge of your health.

Get her for **FREE** at iTunes or Google Play and take her with you on your iPhone or Android device, or visit online at www.askliv.com.

- Get reminders of your appointments.
- Easily locate doctors, hospitals and other services near you.
- Keep a journal.
- Get alerts in real time.
- Get messages tailored for you.
- Find dozens of articles, check lists and how-tos.
- Use interactive features like the calendar, due date calculator and baby weight calculator.

AND MORE!

Indiana State Department of Health

Download on the App Store

GET IT ON Google Play

Labor of Love
Helping Indiana Reduce Infant Death

Pregnancy Mobile Application

- As part of the statewide efforts to reduce Indiana infant mortality rates, ISDH has contracted with Indianapolis-based technology solutions company eImagine to create and implement a pregnancy mobile application.
- The application provides valuable health resources to parents, caregivers and to women of child bearing age that are pregnant or planning to be pregnant.
 - Searchable library filled with articles, checklists, and quizzes
 - Interactive resource locators with GPS map
 - Phone connection to the MOMs Helpline
- Improving the health of mothers and their children is the main goal of the app.



User Profile

HEALTH

STATUS Planning

PLANNING FOR PREGNANCY Yes, within the year

DOCTOR Yes

BREASTFEEDING No

PREVIOUS PREGNANCY SYMPTOMS EXPERIENCED Yes
Early loss of pregnancy/Miscarriage
Premature birth

PRENATAL VITAMINS HEALTH INSURANCE Yes
Yes - Private

LIFESTYLE

SMOKING No

DRUGS No

ALCOHOL Yes

[Edit All](#)

Planning Pregnant Parenting

ASK LIV

Taking a birth control pill

CRITICAL STEPS

Take Your Vitamins | Talk to Your Partner | Ask Your Doctor | Prepare Your Body | Stop Smoking

How to Call the Indiana Tobacco Quit Line

Get the promotional flyer for the Indiana Tobacco Quitline

How do I get help with my bills?

Explanation of the Indiana Medicaid program and how to apply

Smoking and pregnancy

Why smoking hurts mom and baby and some help in quitting

Types of Birth and Delivery

Differences between vaginal and C-section births and some of the process in both

Resources

MAP LIST

HEALTH NET CARE CENTER AT THE TOWER

Presumptive Eligibility for Pregnant Women (PEPW) allows pregnant women who are eligible for Medicaid to receive prenatal care while their Medicaid application is pending approval.

(317) 962-5014

1633 N. CAPITOL AVE
Indianapolis, IN 46202

Resources provided by MOMS Helpline via IN.gov



MOMS Helpline Team

Diana Feliciano- *Helpline Manager*
Marta Mendez- *Helpline Supervisor*

Communication Specialist

Porcia Yahaya-*Lead Communication Specialist*
Yordanos Gebru

Follow-Up Care Coordinator

Stephanie Beverly-*Lead Follow-Up Care Coordinator*
Charnel Forbes

Resource Database Specialist

Ricardo Gnecco -*Lead Resource Database Specialist(Bilingual)*

Community Outreach Liaison

Charnel Forbes-*Lead Community Outreach Liaison*
Reina Almanza Guerrero-*(Bilingual)*



The key to a healthy baby and a happy mom



Connect with the MOMS Helpline!

Call to speak with our dedicated Helpline specialists at:
1-844-MCH-MOMS (1-844-624-6667)

- Monday through Friday 7:30 am – 5:00 pm (Eastern)
- Voicemail available outside of regular business hours
- Spanish-speaking specialists are available
- Language line is available

Website: **<http://www.MOMSHelpline.isdh.IN.gov>**

Email: **MCHMOMSHelpline@isdh.IN.gov**



Questions?



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

The key to a healthy baby and a happy mom



**Indiana State
Department of Health**

Questions?

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Welcome Karl & Kelli!

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Community
Wellness Partners
SPEAK LIFE INITIATIVE



Karl Nichols & Kelli Brien

The logo for Community Wellness Partners features a stylized blue figure with green motion lines above the word "Community" in green and "Wellness Partners" in blue below it.

Community Wellness Partners



Community Wellness Partners has been in existence for more than 21 years. We currently serve 12 counties in Indiana, including Saint Joseph, Elkhart, LaPorte, and Cass County. Our organization strives to promote and support minority health through advocacy, public relations, service delivery, research and leadership and community representation for medically underserved individuals.

SPEAK LIFE INITIATIVE

- Speak Life is a maternal outreach program funded by the Safety PIN grant from the Indiana State Department of Health
- The program is focused on lowering the African American and Latino infant mortality rate in the Northern Region of Indiana
- We provide assistance and education to ethnic and racial minority women regarding pregnancy, childbirth, postpartum and infant care to help reduce the infant mortality rate among these communities



WHAT DO THE NUMBERS SAY?

- Breastfeeding initiation and duration rates are significantly lower in the African American community
- Premature births are a major factor in infant mortality rates
- African American infants die three times more than their Caucasian counterparts

WHAT IS A DOULA?



- In Greek, doula means "woman who serves"
- A doula provides continuous aid and accompaniment throughout a woman's pregnancy
- A doula's ultimate goal is to help mothers have the safest and most satisfying birthing experience possible

PROCESS OF SPEAK LIFE



- Throughout the program, participants will have prenatal, birth and postpartum support through home visits and evidence-based information provided by their Speak Life team.
- This team will consist of a registered nurse and community health doula.
- We are with participants from the moment they find out they are pregnant to the baby's 1st birthday.
- Speak Life is the only peer- supported, culturally relevant program in the state. Over 150 families supported, creating a model to cross-train doulas as community health workers to assist the whole family in the social determinants of health spectrum. Serving African American and Hispanic/Latina moms ages 13-35 throughout 12 counties in Indiana.

INFANT MORTALITY INDICATORS

- Birth defects
- Premature births
- Low birth weight
- Sudden Infant Death Syndrome (SIDS)
- Pregnancy complications
- Accidents
- Smoking
- Obesity



SERVICES

The Speak Life program is completely free. Our services include:

- Doula services
- pregnancy and childbirth education
- home visits
- CPR and First Aid classes
- doctor appointment accompaniment
- Baby Box safe sleep alternatives
- Pack-and-plays
- breast pumps
- breastfeeding consultation
- car seat checks
- tobacco cessation referrals
- health fairs
- blood pressure and glucose screenings
- grief counseling
- health insurance navigation

BENEFITS OF A DOULA

Studies have shown that having a doula as a member of the birth team decreases:

- The overall cesarean rate by 50%
- The length of labor by 25%
- The use of oxytocin by 40%
- Requests for an epidural by 60%

Overall, doulas have been shown to improve the physical and psychological outcomes of the mother and baby during birth.

"If a doula were a drug,
it would be unethical
not to use it."

- John Kennel

WHAT OUR NUMBERS SAY



- 150 families enrolled
- 90% breastfeeding initiation
- 70% duration beyond 5 months
- One NICU stay
- 6 successful tobacco cessations
- No demise

QUESTIONS?

Email questions to: indianatrauma@isdh.in.gov



Welcome Tiffany!

Developing and Evaluating an Injury Prevention Pilot Program for a Target Population of Substance-Abusing Mothers



Riley Hospital for Children
Indiana University Health

Tiffany Egan-Rojas, MPH

Injury Prevention Coordinator – Trauma Services

Preview

- Formative Evaluation
 - Overview of program
 - Overview of partnerships
- Process Evaluation
- Outcome Evaluation (within first 6 months)



Who is my target population and why?
Who do I need to partner with?



Riley Hospital for Children
Indiana University Health

VOA Fresh Start Recovery Center

- Residential addiction treatment center
 - Opened August, 2015
 - Location downtown Indianapolis – referrals come from the entire state
- Admittance Requirements:
 - Pregnant women with an addiction involving opiates who do not have an open case with the Indiana Department of Children Services (DCS)
 - Mothers with a substance abuse problem who have an open case with DCS



VOA Fresh Start Recovery Center Continued

- If mom has custody of her child, or as she works to regain custody of her child, mom and child can remain together
 - Under age 5 years

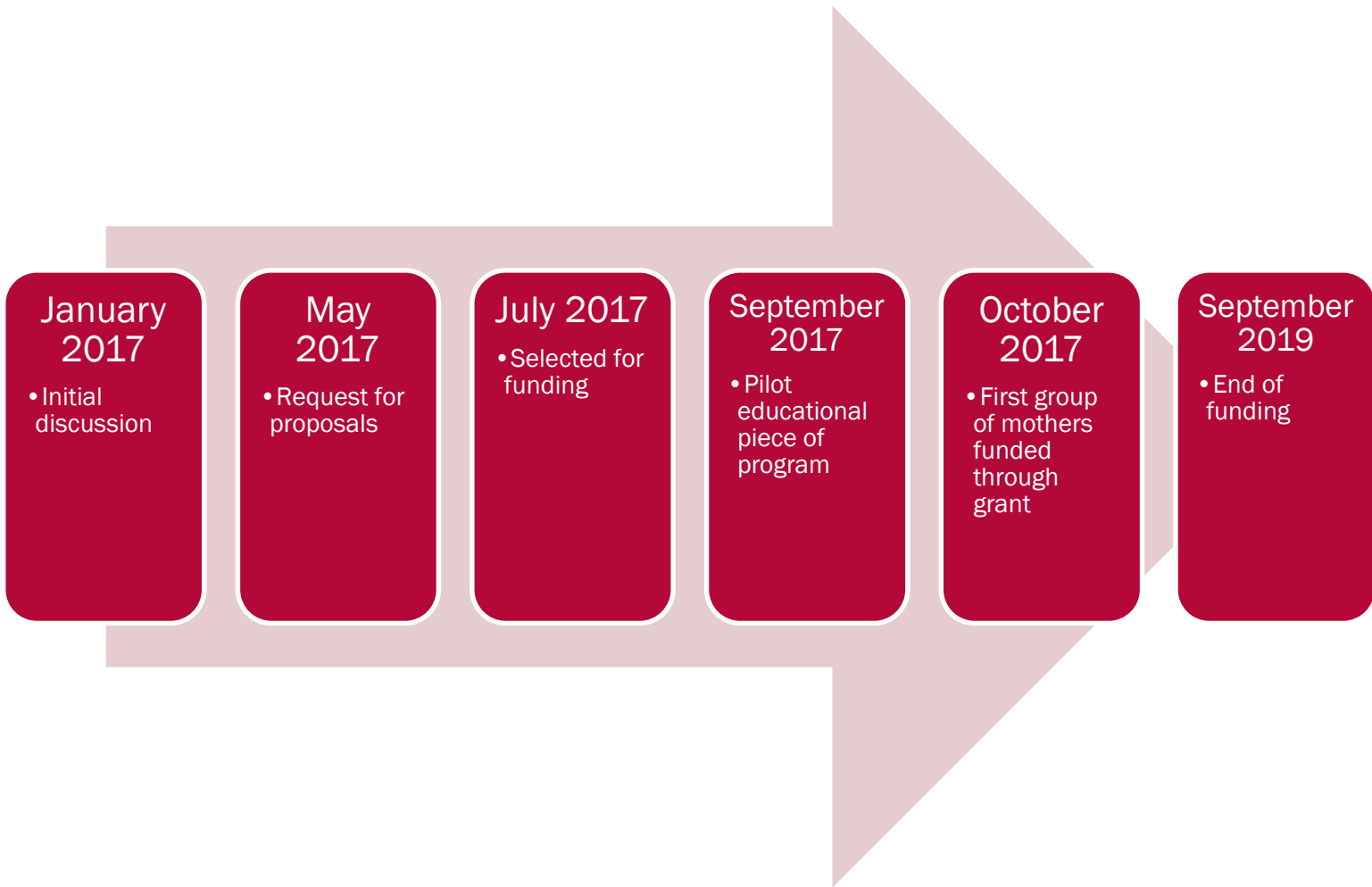


How much money do I need and how
will I get it?



Riley Hospital for Children
Indiana University Health

Timeline



Marion County Child Fatality Review

- Volunteer representative assists quarterly (March, June, September, December)
- Share updates with CFR team in July and December



What topics should I cover?
What are the logistics of the program?



Riley Hospital for Children
Indiana University Health

Overall Program: Education and Resources

- Initial education: 6 hours (split between 2 days)
 - Day 1: Safe sleep, child protection and personal safety
 - Day 2: Child passenger safety, home safety
- Resources Day 1
 - Safe sleep: 2 sleep sacks, pack 'n play
 - Child protection: journal, calendar, workout sheet, and child development handout
 - Other: completion certificate
- Resources Day 2:
 - Child passenger safety: car seat (or business card)
 - Home safety: Bumbo™ multi-seat, medication lock box
 - Other: completion certificate



Overall Program: Education and Resources

- 6- and 12-month recovery celebrations (2 hours each)
 - 6-months: CPR, choking rescue, basic first aid
 - 12-months: Updated child passenger safety education and time for general safety questions
- Resources 6-months
 - First aid kit, additional resources from Day 1 and Day 2 as seen fit
- Resources 12-months
 - Additional resources from Day 1 and Day 2 as seen fit
 - Other: completion certificate



Is the message clear and appropriate?
How will I evaluate this program?



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Indiana University Health

Overall Program: Evaluation and Follow-up

- Day 1:
 - IRB consent and demographics
 - Pre- post-test (knowledge)
 - Baseline behavior *
- Day 2:
 - Pre- post-test (knowledge)
 - Post-presentation effectiveness (perceptions of program)
- 2 weeks (or discharge)
 - Behavior adoption survey*
 - Also asks what resources they've used and how often
- Monthly safety texts
 - One safety tip and one survey question (knowledge)
 - Months 1-5, 7-11

* Different surveys given to mothers with and without a child under 1 year (to reflect safe sleep-related questions)



Overall Program: Evaluation and Follow-up

- 6 Months:
 - Behavior adoption survey*
 - Also asks what resources they've used and how often
- 12 Months
 - Behavior adoption survey*
 - Also asks what resources they've used and how often
 - Post-program effectiveness (perceptions of program)

* Different surveys given to mothers with and without a child under 1 year (to reflect safe sleep-related questions)



Riley Hospital for Children
Indiana University Health

September Pilot Group



Riley Hospital for Children
Indiana University Health

September, 2017

Original	Challenge	Change
1 pre-/post-test	<p>-Attendance: discharge, doctors appointments, family visits, work, etc.</p> <p>-Different number pre-tests collected than post-tests, and couldn't compare answers since names were not given</p> <p>-Mothers only in attendance on day 1 missed out on any resources and on a completion certificate</p> <p>-Not all moms had an infant under the age of 1 year</p>	<p>-Day 1 Pre-/post-test</p> <p>-Day 2 Pre-/Post-test</p> <p>-2 completion certificates</p> <p>-Ask of name added to ALL survey instruments</p> <p>-Mothers would receive any resource in which they received the education for</p> <p>-Behavior surveys had to be split between infant and non-infant</p> <p>-Resources were only given based upon the need (their child's age) - I would ask for the children's ages along with their mother's names before each session</p>
1 completion certificate		
No ask of name on pre-/post-tests		
Mothers had to attend both days of education to get the resources		
Plan was to give all resources to all moms		

September, 2017 Continued

Original	Challenge	Change
<p>I would return 2 weeks post-education to give the short-term follow-up survey</p>	<p>-Scheduling: finding a time that worked best for me to come in to the center and be with the mothers (while also being supervised) was difficult</p> <p>-By the time I came back to the center, some moms had successfully discharged, some had unsuccessfully discharged, some were further along in their recovery and were out working, some out on passes, only one was in the center</p>	<p>-The 2-week follow-up became a discharge follow-up as well, where staff at Fresh Start could get the survey to mothers who discharges successfully before the 2-week mark or mothers who may not be present when I come in to give it</p>

October, 2017

Challenge	Change
-Behavioral issues started us an hour late	-Flexibility with time
-Names were misspelled on pre-made completion certifications	-Do not pre-make the certifications, but fill them out and distribute them to the mothers while at the center
-‘New’ mothers were there who weren’t on the original list I got – I hadn’t prepared certifications for them, nor brought resources for them	-Bring an extra of each item or be flexible enough to drop items off later for mothers who need them
-Mothers that I had brought resources for did not show	-When mothers don’t show, their items can go to another who did show and who wasn’t on the list
-Mothers’ attendance not only became one day or the other, but potentially also half of one of the days	-Try to note who is there for what aspects of each presentation so that they are truly getting the resources they’ve received education on -Accept missing data

November, 2017

Challenge	Change
-IRB consent and beginning paperwork takes a half hour (on top of often starting late)	-Flexibility with time
-Until November, mothers did not come to the session if they had already gone through the class. This time, all mothers came for both days – they were bored and offered a distraction	-Ask staff to make sure that mothers do not come to the session if they have already been through it
-Mothers who were not there on Day 1, but came day 2 did not get a chance to fill out IRB consent – potential loss to follow-up	-Go through the IRB process on day 1, and also discuss it with mothers who attend day 2 only
-Scheduling to come in for the 2-week follow-ups deemed too much	-Fresh Start staff said they will be able to give the two-week/discharge follow-up surveys and e-mail them to me



Additional Continuous Challenges

- Transporting resources
- Fresh Start staff struggling to get me names and counts ahead of time
- Fresh Start staff struggling to give the two-week/discharge follow-up surveys
- Backs of surveys continuously not getting filled out and skipping of questions
- No response to monthly safety texts – difficulty in getting these monthly messages out to the moms



Current Outcomes (First 6 months)

- 86 mothers
- 38 (44.19%) present full 6 hours of teaching
- 52 (60.47%) consented to follow-up
 - 21 (40.38%) completed two-week follow-up



Current Outcomes (First 6 months)

- Demographics
 - 19-40 years old
 - 78.8% White
 - 96.0% Non-Hispanic



Current Outcomes (First 6 months)

- Pre- post-knowledge surveys
 - Overall increase in frequency of correct answers
- Two-week follow-up
 - 95.24% ALWAYS make sure child is properly harnessed in the car seat
 - 90.48% ALWAYS make sure car seat is properly installed into their vehicle
 - 90.48% Have used 1+ items they received



Current Outcomes (First 6 months)

- Two-week follow-up for moms with infants

Behavior	Baseline	Two-weeks
Use safe sleep surface		100%
Offer a pacifier		40%
Baby sleeps on back		No Change
No co-sleeping with baby on same sleep surface		No Change
No cords near sleep environment		No Change



Current Outcomes (First 6 months)

- Two-week follow-up for ALL moms

Behavior	Baseline	Two-weeks
No exposure to smoke, alcohol, drugs	66.67%	
Use a coping mechanism	76.92%	
Wear a seat belt	60.00%	
Supervise children in the home	50.00%	



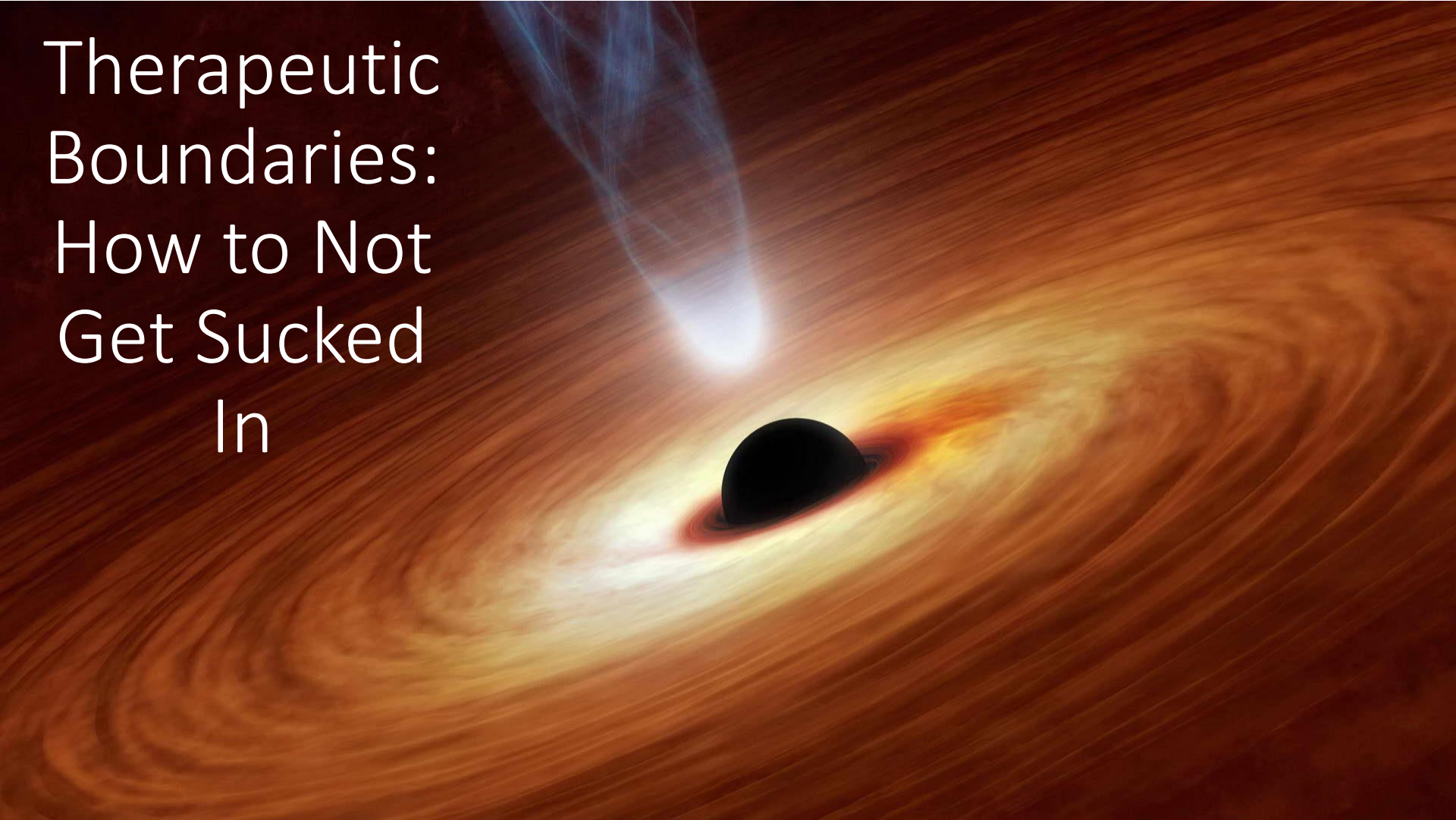
Thank You. Questions????

Tiffany Egan-Rojas, MPH
Injury Prevention Coordinator – Trauma Services
teganrojas@iuhealth.org
Office: 317-948-9431
Cell: 317-499-4779



Riley Hospital for Children
Indiana University Health

Therapeutic
Boundaries:
How to Not
Get Sucked
In



Boundaries



Clear Delineation





Types

- Temporary / Protective
- Permanent / Defining

CROSS

POLICE LINE DO NOT CROSS



Not a Barrier



Definitions of a Therapeutic Relationship

A relationship that allows professionals to apply their knowledge, skills, abilities, and experiences towards meeting the health needs of the patient

Purposeful, goal-directed relationship between providers and patients that is directed at advancing the best interest and outcome of the patient

Comparing Relationships

Personal

- Guided by personal values
- Duration based on mutual consent
- Equal responsibility
- Sharing for mutual benefit

Therapeutic

- Regulated by professional standards
- Duration related to patient's need and provider capacity
- The provider has the responsibility for relationship
- All sharing for benefit of patient only

Implicit
(Blind)
Trust



Safety

- Safe and helpful to patient
- Safe for provider



Finding the Balance



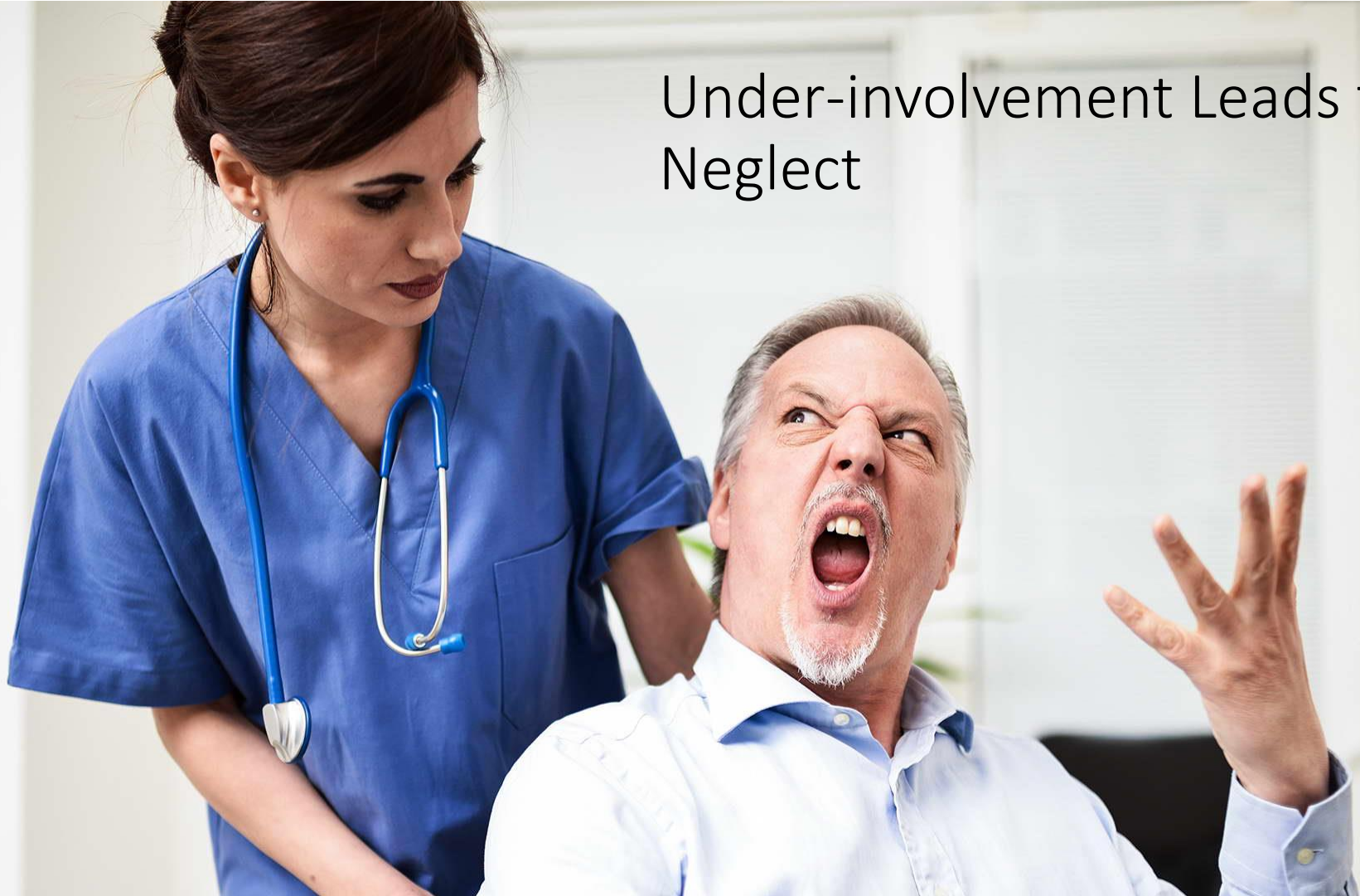
Therapeutic Relationship



Under Involvement

Over Involvement

Under-involvement Leads to Neglect

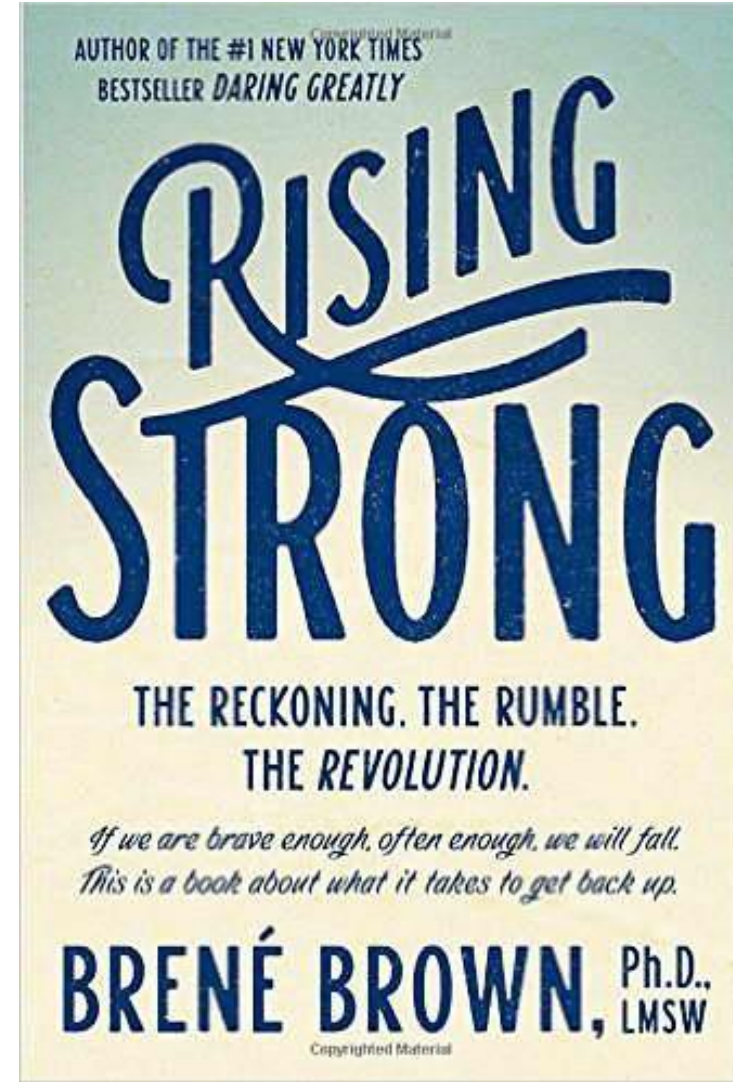




Over-
Involvement
is a Lack of
Professional
Detachment

Boundaries Are Critical

...the most
compassionate people I
interviewed also have
the most well-defined
and well-respected
boundaries.



Involvement Continuum



Empathy

I understand this
about you



Compassion

Deep sympathy or
sorrow for another

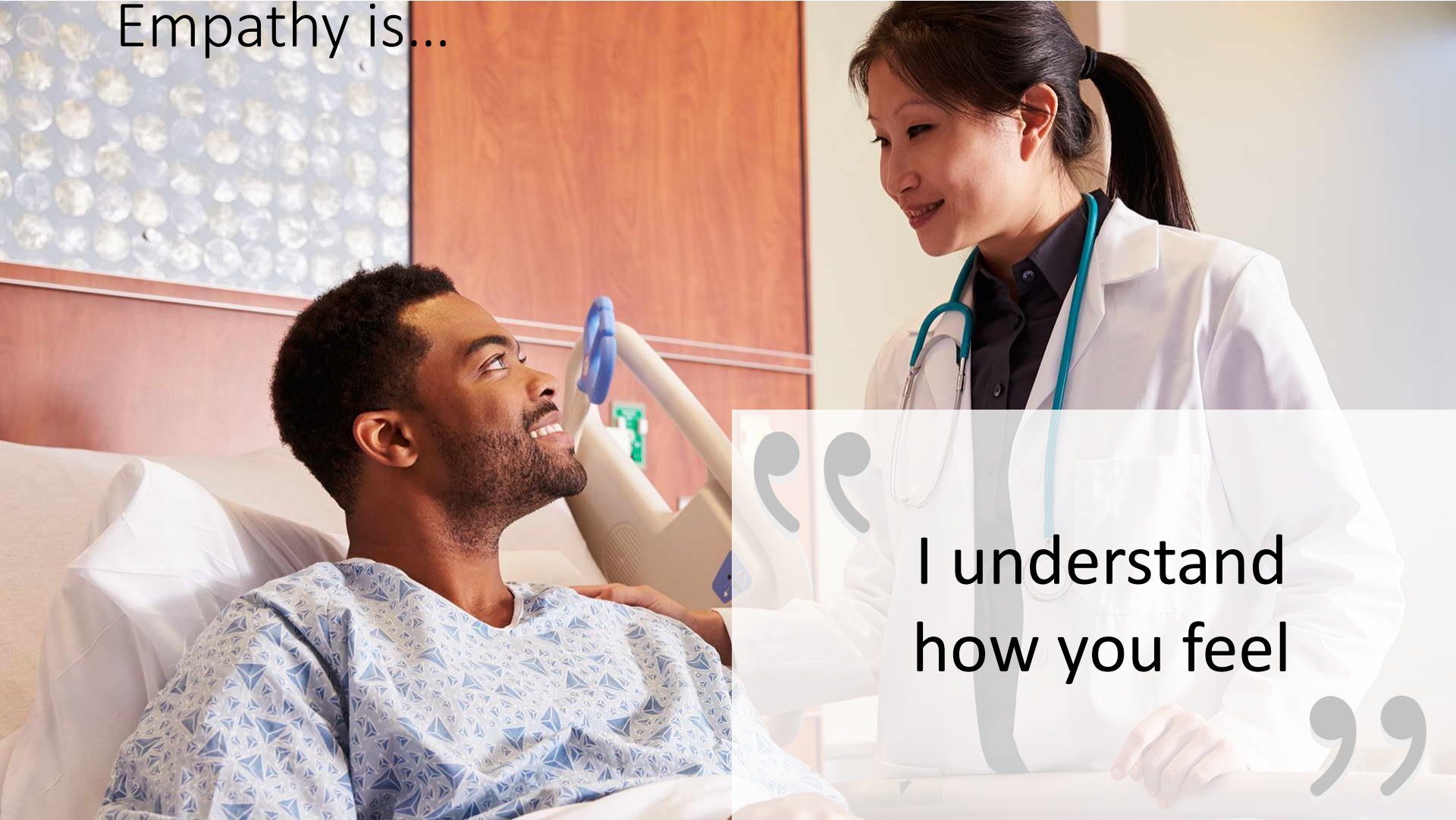


Altruism

Risking your own
welfare for another

Involvement

Empathy is...



I understand
how you feel

Compassion is...

“ ... deep sympathy and sorrow for another .. [and] .. a strong desire to alleviate the suffering.

”





Altruism goes further...

“ It involves some risk to your own welfare when you relieve the suffering of the other person. ”




DANGER!

ROAD

CLOSED

~~Altruism~~



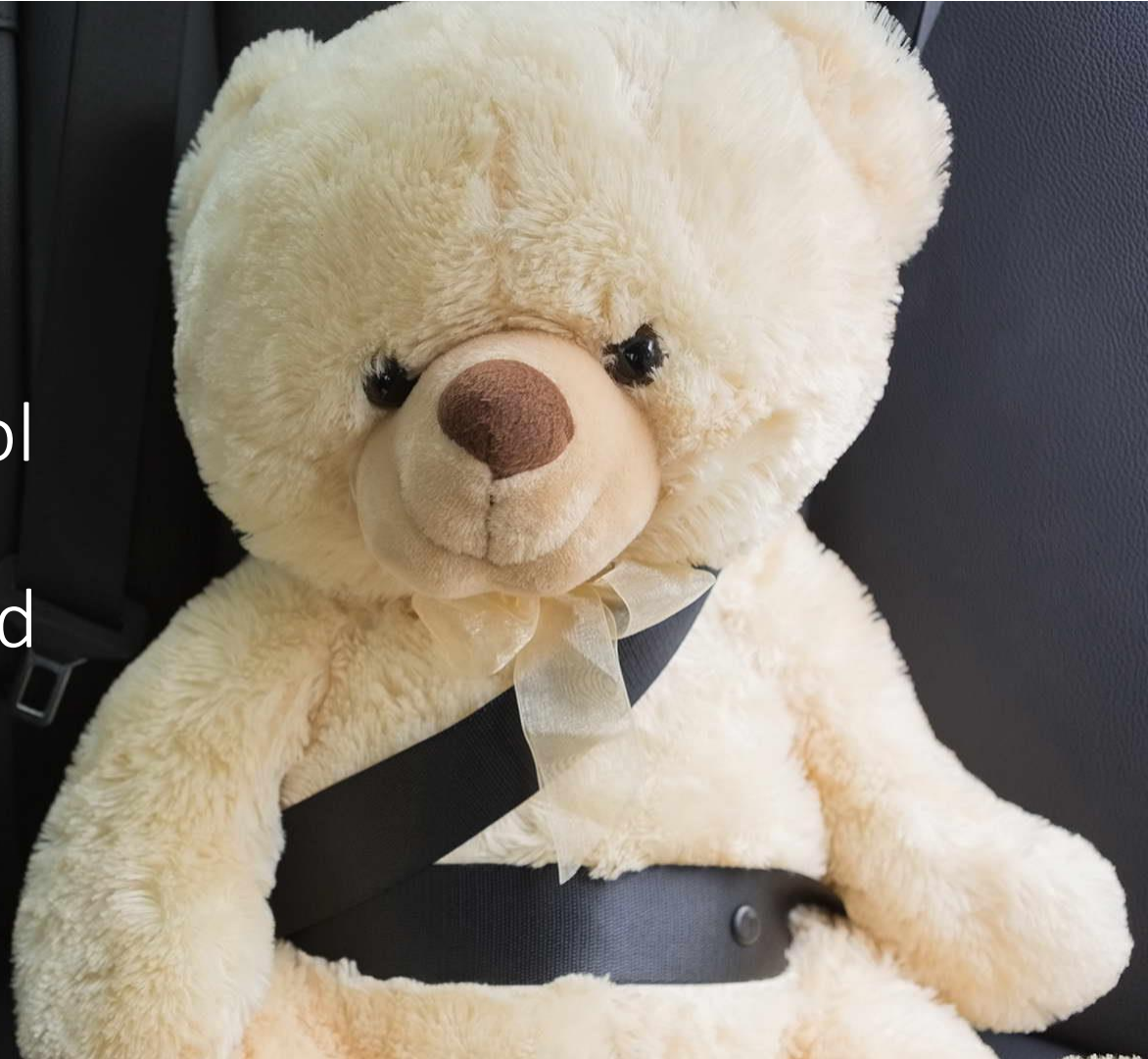
Compassion Is Not an Emotion

- Compassion needs cultivated
- Compassion is an enduring characteristic of a person
- Emotions distort our perception of reality
- Compassion is restricted to relief of suffering

Confusing Compassion and Attachment



We All Control
And
Are Controlled






We Only
Have
Control...

- Over Ourselves
- Our Behaviors
- Our Reactions
- Our Actions



We Only Have Influence Over...

- Our feelings
- Others feelings
- Others actions
- Patient outcomes



You Cannot Be
Responsible for
What You Cannot
Control

Detachment





Discernment

... grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

You Cannot Solve
Every Problem



You Cannot
Heal Your
Wounds
Through
Helping
Others

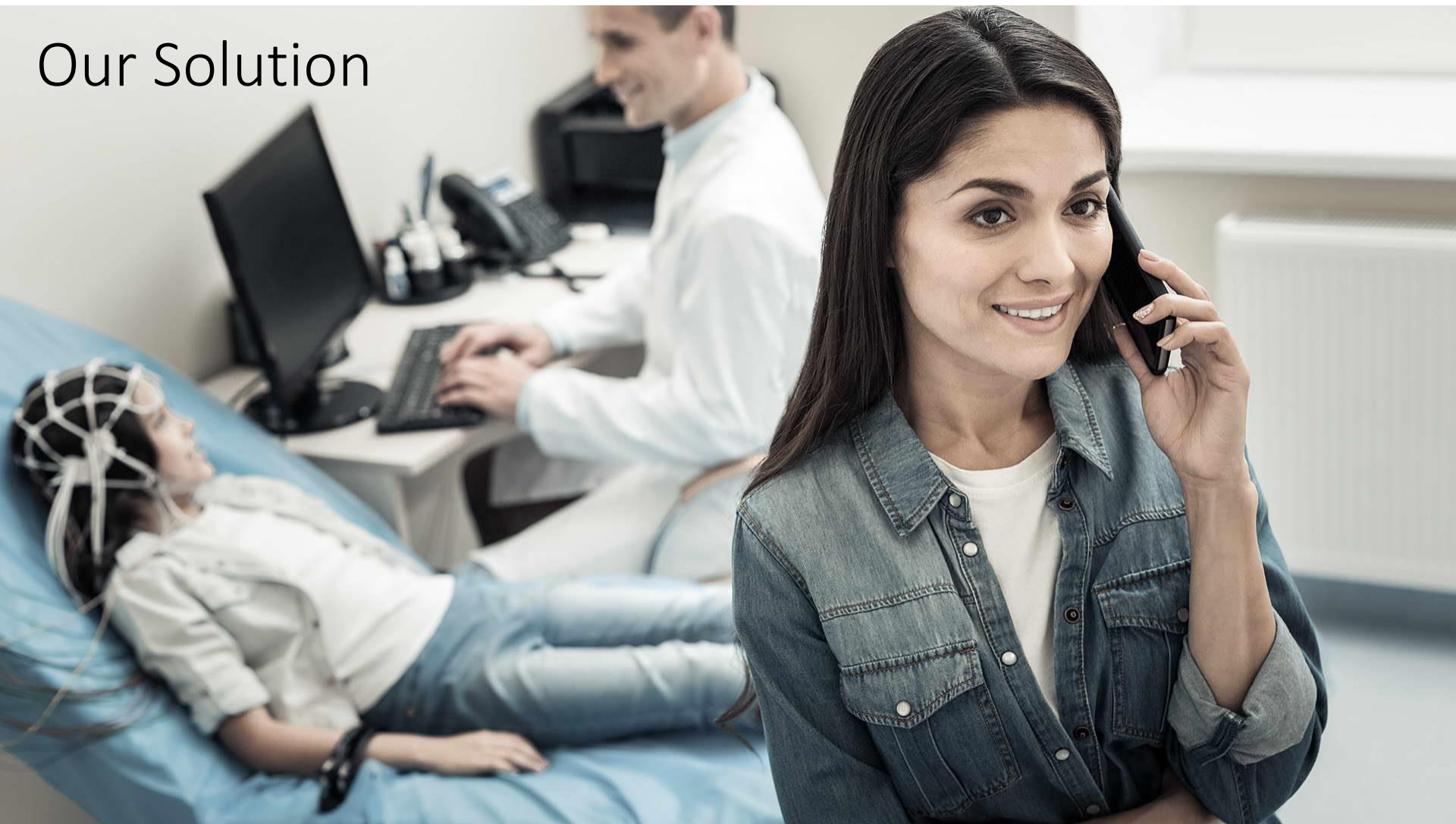


Concerning Inner States

- Need for the patient to like you
- Need for patient approval
- Need to feel valuable
- Belief that you are the only one who understands or cares about the patient



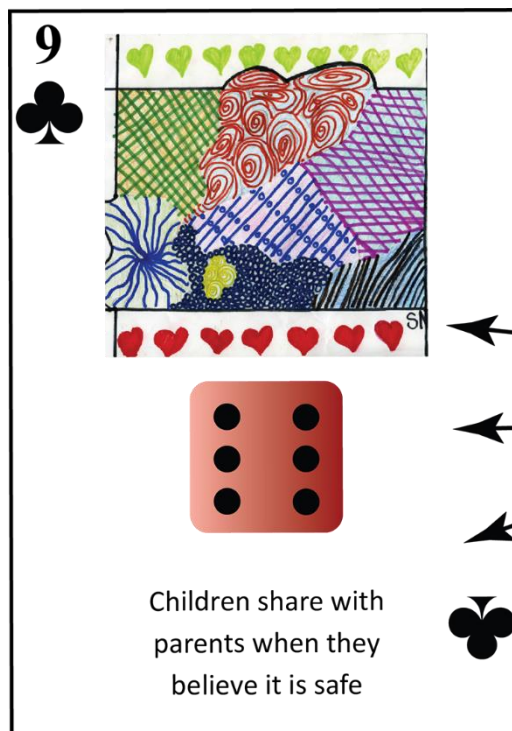
Our Solution



Teaching Parents and Kids to be Safe

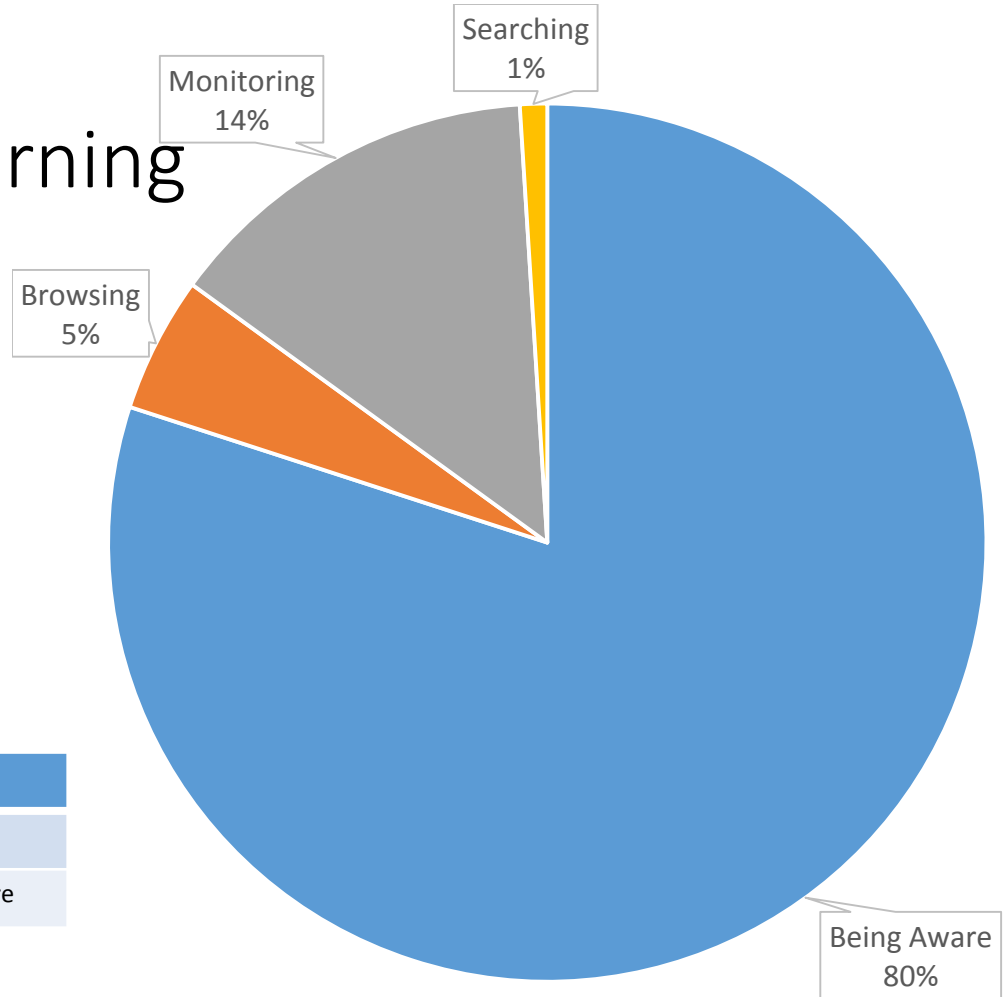
Child Safety

Playing Cards
Dice Alternative



← Child-drawn art
← Dice Alternative
← Safety Tip

Where we get our learning



	Active	Passive
Directed	Searching	Monitoring
Undirected	Browsing	Being Aware

Source: Marcia Bates Univ. Calif. LA,
"Toward an Integrated Model of Information Seeking and Searching"





**GOOD
BYE**

Thank You

Terri Bogue
TBogue@ThorProjects.com
(317) 439-2901

Robert Bogue
RBogue@ThorProjects.com
(317)844-5310

Questions?

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

CHILD PASSENGER SAFETY & BOOSTER BASH COLLABORATIONS



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Booster Bash

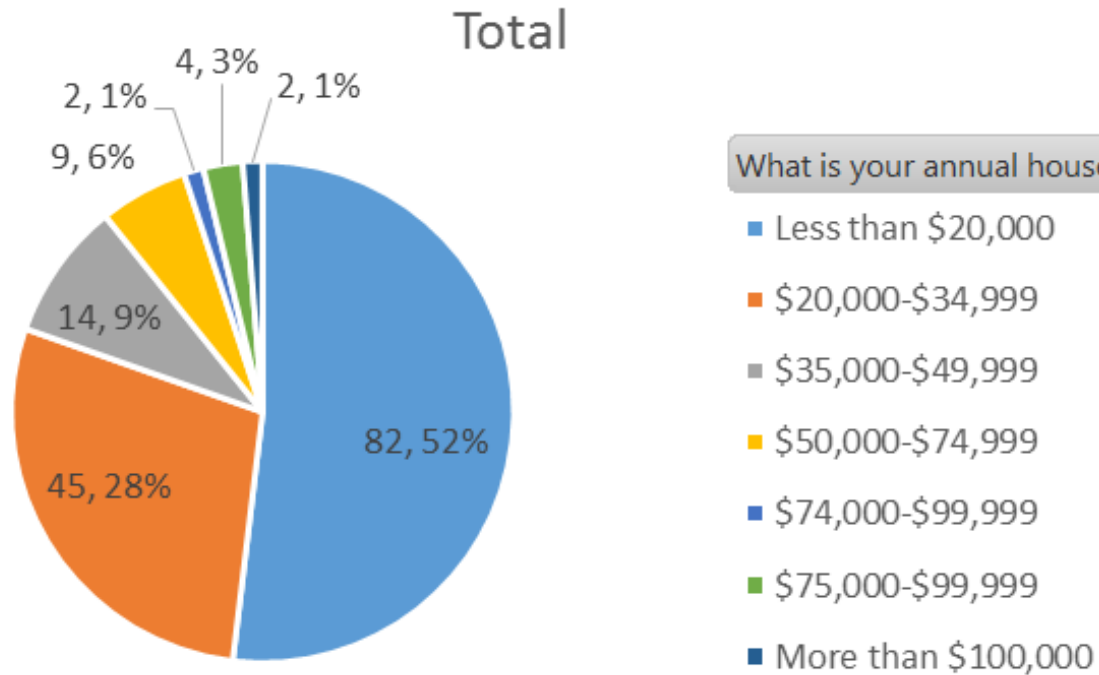
- 2017 wrap up:
 - 915 booster seats have been handed out to communities and parents
 - Data was collected via Automotive Safety Program Check-up Form during each appointment
 - Data on child passenger\booster seats usage is being gathered and calculated
 - Forms are coming in on rolling basis

Booster Bash

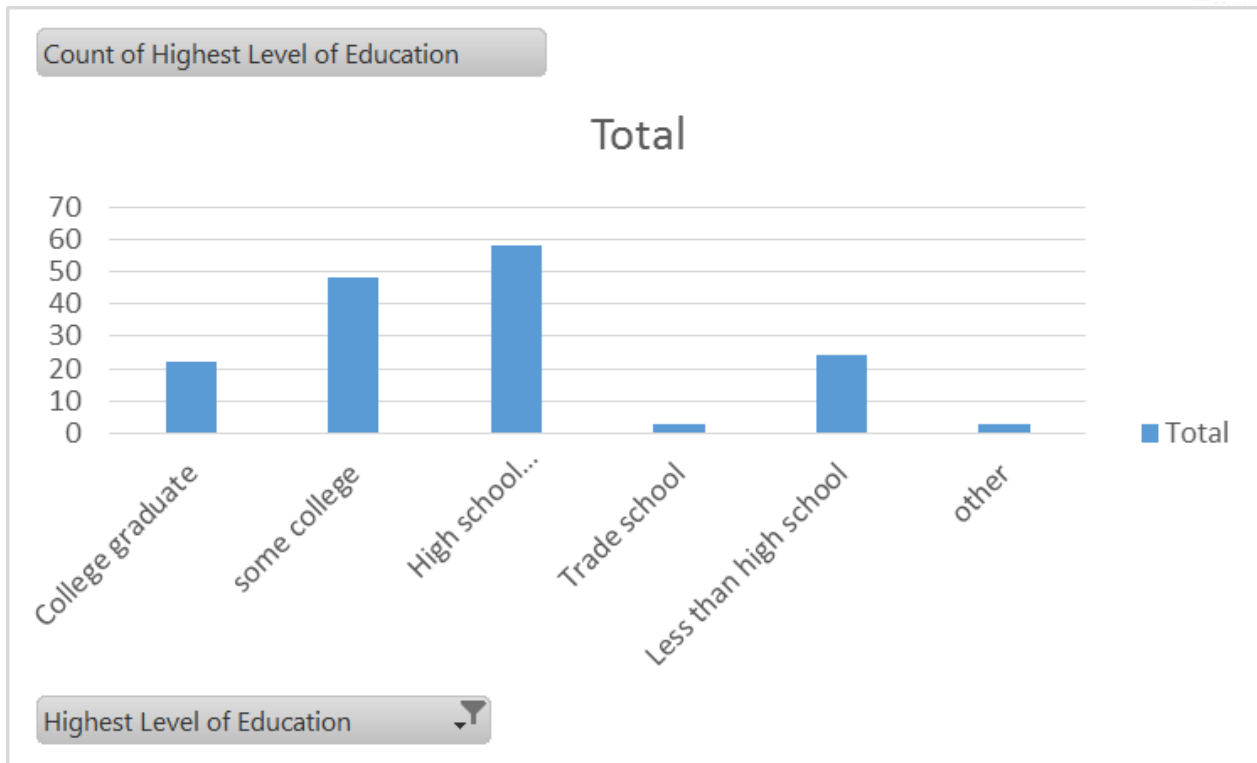
- Data from 2017:
 - Average Parent's Age: 37.7 years old
 - Household Size: 4.3 people
 - Child's Age: 5.2 years old

Booster Bash

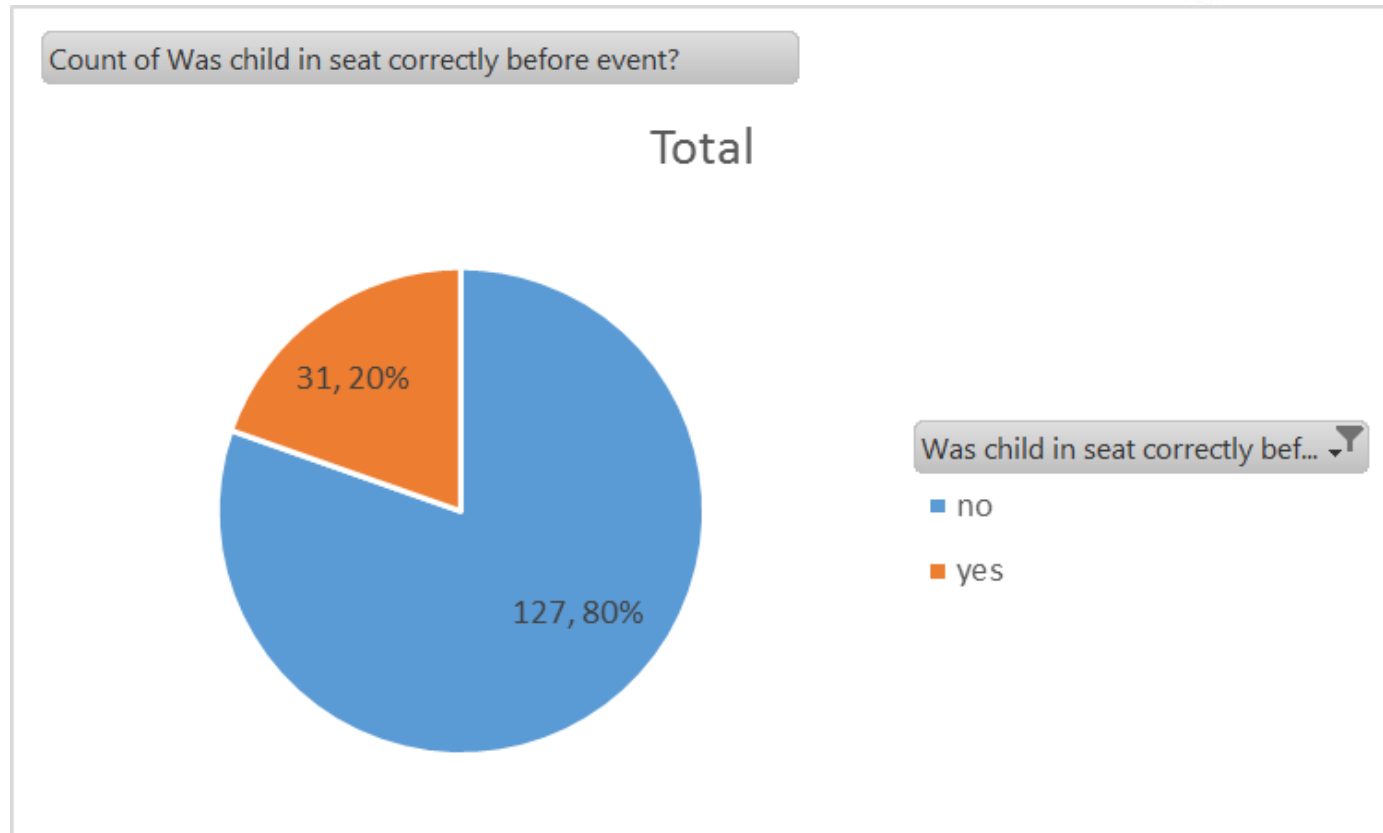
Count of What is your annual household income?



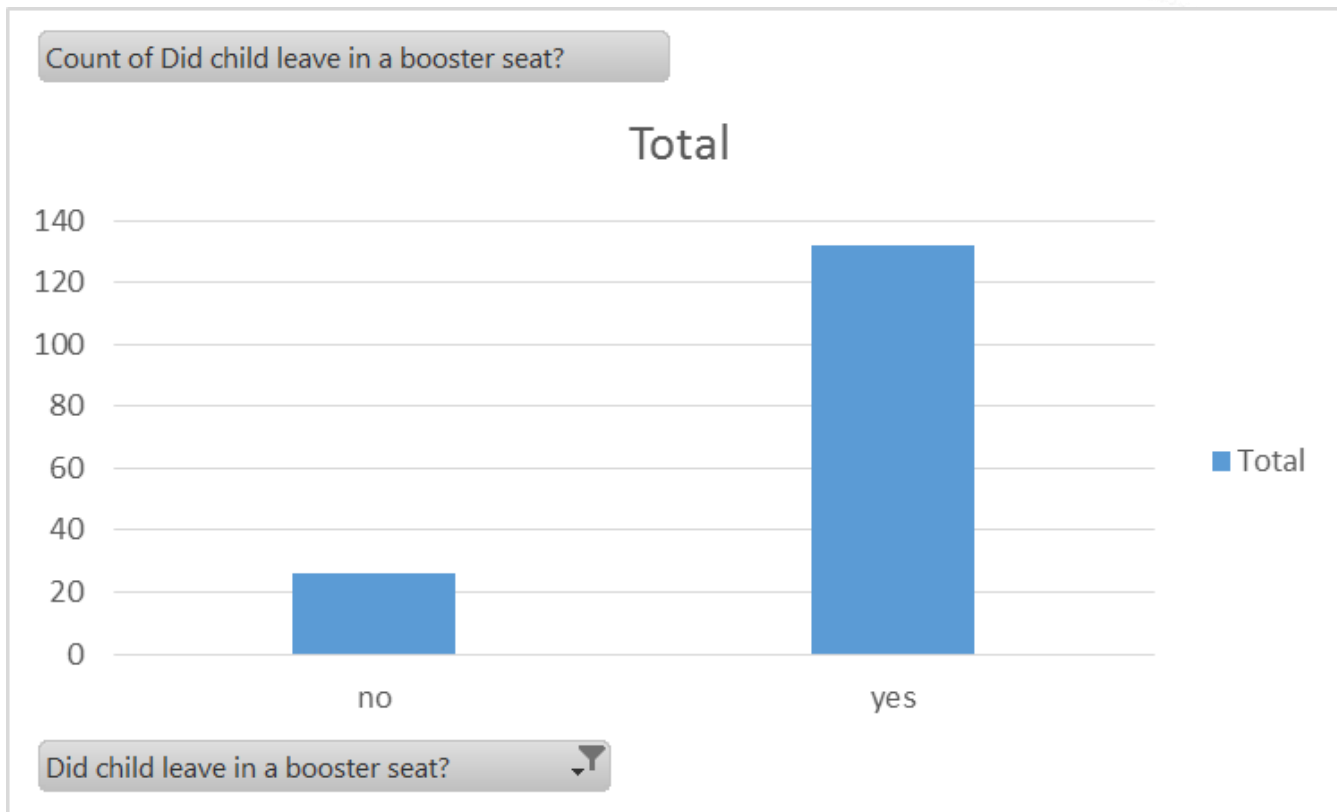
Booster Bash



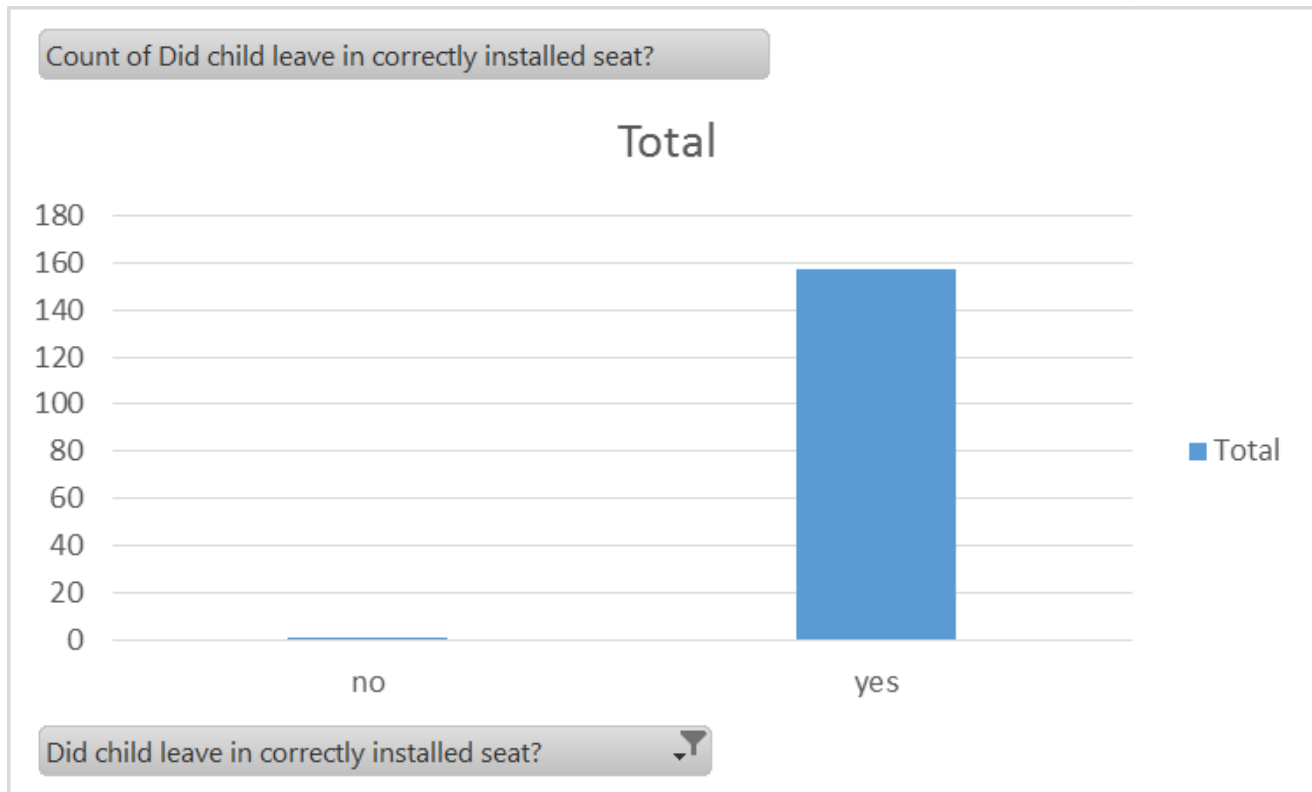
Booster Bash



Booster Bash



Booster Bash



BIG KID BOOSTER BASH TOOLKIT



@INDTrauma



Indiana State
Department of Health
Trauma and Injury Prevention

Booster Bash

- 2018 and looking ahead!
 - So far, there has been 1 new event.
 - 4 more are scheduled for the summer.
 - Keeping the input form the same across the board.
 - If you're interested in doing one again and need seats, please let us know!

Child Passenger Safety Technician Reimbursement Program:

- CPST Reimbursement Program:
 - ISDH can reimburse future technicians \$250.
- Goal is to increase the number of active technicians in trauma centers and community organizations throughout the state.
- So far, program has contributed to 51 new CPSTs in Indiana!

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health 158

Questions?

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

June Events

- National Safety Month
- Fireworks Safety Month
- Men's Health Month
- Ride to Work Day

July Events

- Independence Day
- Drunk Driving Prevention- 4th of July
- National Heatstroke Prevention Day

Thank you for keeping Hoosiers safe!

Preston Harness

harnesspr@gmail.com

423-539-2406

Find me on Facebook & LinkedIn!



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov