

The presentation will begin shortly.

You may not have sound at the moment, but will have sound once the presentation begins.

Thank you for your patience.



Indiana State
Department of Health

Questions?

Email questions to:

indianatrauma@isdh.in.gov

OR

Utilize chatbox underneath the video.



Indiana State
Department of Health

Injury Prevention Advisory Council (IPAC) and Indiana Violent Death Reporting System (INVDRS) Meeting

Friday, January 18, 2019



Indiana State
Department of Health

Round Robin and Introductions

- Name
- Position
- Organization/ Association
- Updates
- Current Projects and Programs
- Upcoming events



@INDTrauma #SafetyIN

Email questions to: indianatrauma@isdh.in.gov



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Invite New Members

Please forward my contact information to
colleagues interested in violence & injury
prevention!



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Email questions to: indianatrauma@isdh.in.gov

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

ISDH Updates

Morgan Sprecher, *INVDRS Epidemiologist*



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Email questions to: indianatrauma@isdh.in.gov

ISDH - CME Accredited

- ISDH is now able to host CME trainings and meetings starting December 31!
- Two year accreditation, efforts led by the division of trauma and injury prevention – thank you Tanya Barrett!



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Division staffing updates

- Jeremy Funk
 - Transitioned to Epidemiologist Resource Center
- Andzelika Rzucidlo
 - Injury Epidemiologist
- Veronica Daye
 - Records Consultant
- Brandon Moore
 - Administrative Assistant
- Tyler Gannon
 - No longer with ISDH
- Madeline Tatum
 - Records Consultant → PDO community outreach coordinator



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MIPA



Midwest
Injury
Prevention
Alliance

Cutting Edge of Prevention: Sharing Best Practices



November 29-30, 2018

Sheraton Indianapolis Hotel at Keystone Crossing
8787 Keystone Crossing
Indianapolis, IN 46240

Target Audience: Injury prevention coordinators, trauma coordinators, academic, violence prevention, youth & adolescent professionals, NGO's and State government officials

To view the [Registration Fee](#), [Agenda](#)
and [Room Block information](#):

REGISTER NOW



Upcoming Events

- Indiana State Breastfeeding Conference
 - February 21
- Indiana Community Health Workers/ Certified Recovery Specialists Annual Conference
 - March 15
- 2019 Trauma Symposium
 - March 16
 - Elkhart General Hospital
- EMS Medical Director's Conference
 - April 16



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Email questions to: indianatrauma@isdh.in.gov

ISTCC/ITN Meeting Dates

- Indiana State Trauma Care Committee, Indiana Government Center, 10 am EST
 - February 22nd
 - April 26th
 - June 21st
 - August 16th
 - October 11th
 - December 13th
- Indiana Trauma Network, Indiana Government Center, 12:30 pm EST
 - February 22nd
 - April 26th
 - June 21st
 - August 16th
 - October 11th
 - December 13th

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2019 IPAC/INVDRS Meeting Dates

- January 18th
- March 15th
- May 17th
- July 19th
- September 20th
- November 15th



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Email questions to: indianatrauma@isdh.in.gov

Opioid-related webcasts

Schedule for 2019:

- Bimonthly; second Tuesday
- First webcast of 2019 will be Feb. 19, 2019 @10am
- Check back on our website for more info:
<https://www.in.gov/isdh/27756.htm>



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Email questions to: indianatrauma@isdh.in.gov

Division grant activities

- Administration for Community Living (ACL) – Traumatic Brain Injury (TBI).
 - Awarded & funded!
 - Partnering with the Rehabilitation Hospital of Indiana.
- Comprehensive Opioid Abuse Site-based Program (COAP)
 - Category 6: Public Safety, Behavioral Health & Public Health Information-Sharing Partnerships.
 - Funded!
- Opioid Crisis response grant
 - Assisted Preparedness division.
 - Funded!

Email questions to: indianatrauma@isdh.in.gov



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Division grant activities

- HRSA – Rural Communities Opioid Response Program
 - Partnered with Fayette County.
 - Worked with ISDH HIV/STD/hepC division.
 - Submitted application end of July.
 - Not funded.
- HRSA – Partnership for Disaster Health Response
 - Dr. Box provided letter of support from ISTCC/ISDH.
 - Not Funded.
- BJA STOP School Violence Prevention and Mental Health Grant
 - Submitted application mid-July.
 - Funded!

Email questions to: indianatrauma@isdh.in.gov



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Pediatric Injuries Guest Speaker: Riley Hospital for Children

Tiffany Egan-Rojas, *Injury Prevention Coordinator*

Email questions to: indianatrauma@isdh.in.gov



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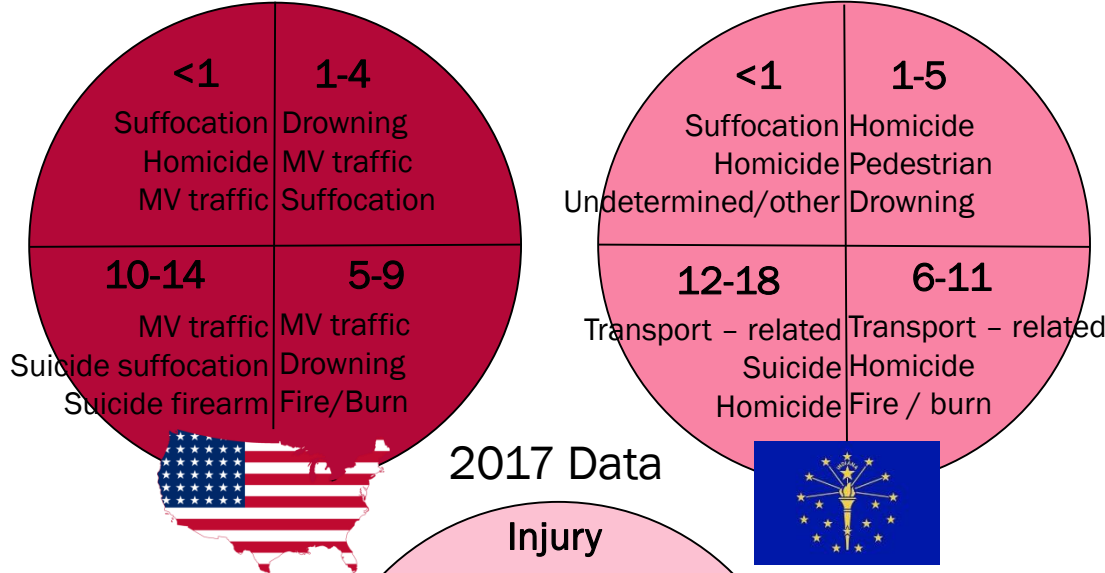
Injury Prevention Program Overview



Riley Hospital for Children
Indiana University Health

The Data

Leading Causes Injury and Injury Death



Sources:
 CDC. (2018). Ten leading causes of death and injury. *United States Centers for Disease Control and Prevention*. Accessed January 14, 2019. Retrieved from <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

ISDH. (2017). Child Injury Reports. *Indiana State Department of Health*. Accessed January 14, 2019. Retrieved from <https://www.in.gov/isdh/files/Preventing%20Injuries%20in%20Indiana.pdf>

Riley Hospital Trauma Registry. (2017).



Riley Hospital for Children
 Indiana University Health

National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States – 2015

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Fall 121,531	Unintentional Fall 770,250	Unintentional Fall 617,362	Unintentional Fall 528,190	Unintentional Struck By/Against 856,883	Unintentional Fall 748,053	Unintentional Fall 724,114	Unintentional Fall 952,078	Unintentional Fall 1,072,038	Unintentional Fall 3,037,550	Unintentional Fall 9,369,406
2	Unintentional Struck By/Against 27,829	Unintentional Struck By/Against 295,509	Unintentional Struck By/Against 362,955	Unintentional Struck By/Against 516,099	Unintentional Fall 797,611	Unintentional Overexertion 587,939	Unintentional Overexertion 496,018	Unintentional Overexertion 445,205	Unintentional Overexertion 300,164	Unintentional Struck By/Against 317,340	Unintentional Struck By/Against 4,060,294
3	Unintentional Other Bite/Sting 12,987	Unintentional Other Bite/Sting 157,851	Unintentional Other Bite/Sting 102,571	Unintentional Overexertion 273,389	Unintentional MV-Occupant 658,159	Unintentional Struck By/Against 587,505	Unintentional Struck By/Against 427,822	Unintentional Other Specified 416,488	Unintentional Struck By/Against 282,430	Unintentional Overexertion 249,512	Unintentional Overexertion 3,121,907
4	Unintentional Other Specified 10,506	Unintentional Foreign Body 119,900	Unintentional Cut/Pierce 96,322	Unintentional Cut/Pierce 104,152	Unintentional Overexertion 624,453	Unintentional MV-Occupant 413,206	Unintentional MV-Occupant 395,910	Unintentional Struck By/Against 385,884	Unintentional Other Specified 254,429	Unintentional MV-Occupant 210,848	Unintentional MV-Occupant 2,624,934
5	Unintentional Foreign Body 8,181	Unintentional Cut/Pierce 73,358	Unintentional Overexertion 79,715	Unintentional MV-Occupant 75,145	Unintentional Cut/Pierce 403,280	Unintentional Cut/Pierce 413,206	Unintentional Other Specified 344,207	Unintentional MV-Occupant 358,630	Unintentional MV-Occupant 251,144	Unintentional Cut/Pierce 173,894	Unintentional Cut/Pierce 2,011,677
6	Unintentional Fire/Bum 7,882	Unintentional Overexertion 61,032	Unintentional Pedal Cyclist 61,477	Unintentional Unknown/Unspecified 68,522	Other Assault* Struck By/Against 344,752	Unintentional Other Specified 398,239	Unintentional Cut/Pierce 283,478	Unintentional Poisoning 321,268	Unintentional Poisoning 220,986	Unintentional Poisoning 120,656	Unintentional Other Specified 1,952,005
7	Unintentional Inhalation/Suffocation 7,674	Unintentional Other Specified 58,548	Unintentional MV-Occupant 61,222	Unintentional Pedal Cyclist 67,167	Unintentional Other Specified 322,249	Other Assault* Struck By/Against 339,981	Unintentional Poisoning 266,590	Unintentional Cut/Pierce 264,553	Unintentional Cut/Pierce 193,786	Unintentional Other Specified 109,583	Unintentional Poisoning 1,482,121
8	Unintentional Cut/Pierce 5,601	Unintentional Fire/Bum 44,985	Unintentional Foreign Body 57,911	Unintentional Other Bite/Sting 63,771	Unintentional Poisoning 209,775	Unintentional Poisoning 291,104	Other Assault* Struck By/Against 203,982	Other Assault* Struck By/Against 163,793	Unintentional Other Bite/Sting 102,235	Unintentional Other Bite/Sting 103,106	Other Assault* Struck By/Against 1,234,228
9	Unintentional Overexertion 4,433	Unintentional Unknown/Unspecified 39,407	Unintentional Dog Bite 34,955	Other Assault* Struck By/Against 49,636	Unintentional Other Bite/Sting 171,113	Unintentional Other Bite/Sting 181,162	Unintentional Other Bite/Sting 149,339	Unintentional Other Bite/Sting 143,301	Other Assault* Struck By/Against 79,895	Unintentional Other Transport 95,170	Unintentional Other Bite/Sting 1,187,459
10	Unintentional Poisoning 4,153	Unintentional Dog Bite 32,425	Unintentional Other Transport 33,131	Unintentional Other Transport 42,389	Unintentional Unknown/Unspecified 126,569	Unintentional Unknown/Unspecified 115,062	Unintentional Unknown/Unspecified 96,737	Unintentional Unknown/Unspecified 90,158	Unintentional Unknown/Unspecified 67,693	Unintentional Unknown/Unspecified 78,990	Unintentional Unknown/Unspecified 720,383

*The "Other Assault" category includes all assaults that are not classified as sexual assault. It represents the majority of assaults.

Data Source: NEISS All Injury Program operated by the Consumer Product Safety Commission (CPSC).
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Injury Prevention Initiatives

- Child Passenger Safety
- Safe Sleep
- Home Safety
- Child Protection and Violence Prevention
- Pedestrian and Bicycle Safety
- Other

*Some programs are inclusive of multiple injury prevention initiatives



Injury Prevention for Your Baby

Safety Topics	Partnerships	Target Population	Funding	Evaluation (Yes / No)
<ul style="list-style-type: none"> -Safe sleep -Child protection -Child passenger safety -Home safety 	<ul style="list-style-type: none"> -Volunteers of America -Fresh Start Recovery Center -Marion County Child Fatality Review Team 	<ul style="list-style-type: none"> -Mothers (expecting and not expecting) who are recovering from opioid drug abuse 	<ul style="list-style-type: none"> -Title V grant -ISDH -Division of Maternal and Child Health 	<ul style="list-style-type: none"> -Yes



Results

Mothers
 173 total – 91 consented to IRB and gave demographics and participated in follow-up

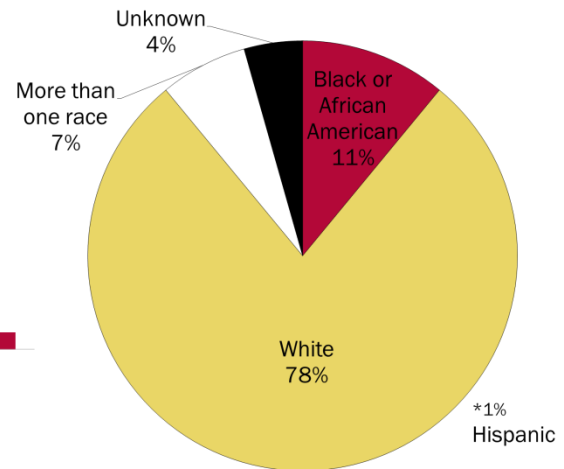
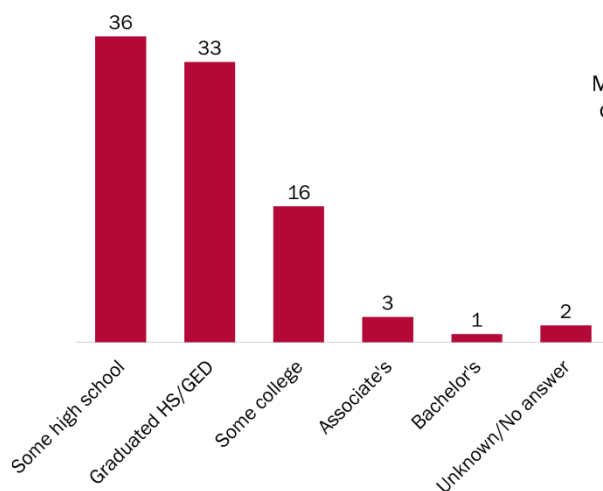
Age range:
 19 - 40 years
 (mean = 29 years)

Day 1: Safe Sleep and Child Protection
 • Overall increase in frequency of correct answers from pre- to post-test on 6/7 questions

Day 2: Child Passenger Safety and Home Safety
 • Overall increase in frequency of correct answers from pre- to post-test on 7/7 questions

74.0%
 (128/173)
 of mothers
 attended
 BOTH day 1
 and day 2
 for the FULL
 time

11 (12.1%) had a child born with Neonatal Abstinence Syndrome



Item Given	Quantity
Infant Car Seat	72 (59 moms)
Convertible Car Seat	9 (8 moms)
Combination Car Seat	11 (11 moms)
Booster Seat	4 (4 moms)
Cribette	86
Sleep Sack	166 (83 moms)
Medication Lock Box	135
Journal	150
Calendar	150



Results Continued

Moms with an Infant		
Statement	Baseline	2-weeks
ALWAYS places baby to sleep on back	7/7*	7/7
ALWAYS places baby in crib, bassinette, or pack 'n play for naps and bedtime	6/7	7/7
NEVER sleeps with baby in their bed	5/7	5/7
ALWAYS breastfeeds	0/7	0/7
NEVER has stuffed animals, toys, blankets, clothes, or pillows in the sleep environment	7/7	7/7
ALWAYS offers a pacifier when baby sleeps	1/7	4/7
NEVER has cords near baby's sleep environment	7/7	7/7

ALL moms		
Statement	Baseline	2-weeks
NEVER expose children to smoke, alcohol, or drugs	15/21**	16/21
ALWAYS do a coping mechanism when frustrated with children	8/21	14/21
ALWAYS have direct supervision of children in the home	15/21	18/21
ALWAYS make sure children are correctly installed into car seats		20/21
ALWAYS make sure car seats are correctly installed into vehicle		19/21
Has used 1+ items they received		18/21
Has a plan for self and children if in domestic violence situation		14/21



Challenges and Conclusions

Challenges

- Attendance
- Ability to follow-up
- Variation in children's ages and custody
- High staff and leadership turnover

Conclusions

- Promising program
- Meets mothers in their recovery
- Empowers mothers with safety skills
- Further programming and evaluation needed after implementing minor changes (class to consultation)



Safety Baby Showers

Safety Topics	Partnerships	Target Population	Funding	Evaluation (Yes / No)
<ul style="list-style-type: none"> -Safe sleep -Child protection -Child passenger safety -Home safety 	<ul style="list-style-type: none"> -Goodwill Industries of Central and Southern Indiana -Nurse-Family Partnership 	<ul style="list-style-type: none"> -Young, first time, expecting mothers of lower socio-economic level -Often minority race and/or ethnicity and/or refuge 	<ul style="list-style-type: none"> -Title V grant -ISDH -Division of Maternal and Child Health 	<ul style="list-style-type: none"> -Yes



Results

- 80 expecting moms (6 events)
- 37 (46.25%) completed a 3-month follow-up survey
- Increase in knowledge from pre- to post-test surveys in 10/10 (100%) questions
 - Largest jump in knowledge for the child passenger safety questions
- Positive self-reporting of safe behavior at 3-months
- 33 (97.1%) of participants who completed follow-up had used 1+ items they received
- Hardest safety practice: safe sleep (back and not co-sleeping)
- Easiest safety practice: safe sleep (back)



Permanent Fitting Station

Safety Topics	Partnerships	Target Population	Funding	Evaluation (Yes / No)
-Child passenger safety	-NHTSA: Reporting forms are those created by NHTSA and submitted into the national database -Buckle up for Life	-Families who transport children who are of car seat age -Low income families who cannot afford car seats for their children	-ICJI -Women for Riley philanthropic group -Title V ISDH Division of Maternal and Child Health Services	-Yes

Results

- Permanent Fitting Station (opened April 2018)
 - 105 families
 - 174 children
 - 147 (84.5%) car seats given free or for a small donation
 - 79 free (53.7%)
 - 68 small donation (46.3%)

*Data from April 2018-December 12, 2018



Other Child Passenger Safety

- In-patient child passenger safety:
 - 130+ CPSTs in hospital, car seat tests, car seat loaner program for children with special medical needs
 - All reported into the NHTSA national database
- DCS contract agency child passenger safety trainings
- Volunteering at annual clinics and events as available



Safe Sleep Bedside Consults

Safety Topics	Partnerships	Target Population	Funding	Evaluation (Yes / No)
-Safe sleep	-None	-Riley patients and families who need extra support in learning how to practice safe sleep in the hospital and at home	-Sleep sacks and board books provided by ISDH Safe Sleep Program	-Yes



Results

- 9 families/infants
- Age range: 4 weeks to 10 months

Post-test Question	Frequency Correct
What is allowed in your child's crib when he/she is sleeping?	9/9
How should your baby be put to sleep?	9/9
T/F: You and your baby should sleep in your bed together to promote bonding	8/9
T/F: It is okay to let your baby sleep in a rocker, swing, or bouncy seat for a long period of time	9/9
What type of surface should your baby sleep on?	9/9
T/F: Babies need the room to be hotter than what an adult would be comfortable in to be warm enough during sleep	9/9
T/F: Use of a baby monitor can reduce the risk for SIDS or a sleep-related death	7/9

Results Continued

- What did you like most?
 - Didn't know pack 'n play was for sleep – thought it was only for play
 - Very informative
 - Learning about the proper way to put my son to sleep
 - Learning
 - Learning more information about keeping the baby safe
 - The info given about safe parenting and co-sleeping
 - Everything
 - The detailed information
 - The advice and tips about safe sleep and car seats



Results Continued

- Has hearing this education made you want to make any changes? If so, what do you want to change?
 - Use fitted sheet and pack ‘n play for my baby to sleep
 - He will be put to sleep in his pack ‘n play
 - Yes. Always having her in a safe place
 - Yes. I will put him in the bassinet instead of letting him sleep with me
 - Yes. Only in the bassinet or crib and on back. Also, no co-sleeping
 - Everything
 - Consistent effort to make sure he can sleep on his own
 - Yes. Not holding her while sleeping



Other Safe Sleep

- Safe sleep policy for hospital
- Safe sleep screen for admitted infants
 - Referral to safety store if needed
- Safe sleep champions and audits on each unit



Home Safety Appointments

Safety Topics	Partnerships	Target Population	Funding	Evaluation (Yes / No)
-Home safety	-First Steps of Indiana	-Families in financial need and in need of home safety items	-Injury Free Coalition for Kids mini grant	-Yes



Results

- 8 Families
- Items Given
 - Safety gates (8) – all hardware mounted
 - Support chair
 - Outlet plugs
 - Car seats (5)
 - Toilet seat lock
 - Refrigerator lock
 - Pack ‘n play with sleep sack



Question	Results
Have you used your item for its intended safety purpose?	6/8 Yes 0/8 No 2/8 Unanswered
If yes, how often?	5/6 Daily 1/6 Every Few Days
What did you like most about the item?	1 - It keeps my kids out of the area I store all cleaning items and other hazards. 2 - They are very helpful in keeping the little people out of things and safe. We are so grateful for your help with the items and helping me learn more about some of the safety things I didn't know about car seats and such. Thank you for the time you took to come to my home and go through these things for me and for the safety of my babies. 3 - I like the gate because I can avoid any accident. 4 - I didn't have to pay for them. I find them to be very safe and I really liked the way Tiffany showed me how to use things. I learned a lot of new things about car seat safety. 5 - I like that it is so much easier putting her in and getting her out of the car seat. 6 - It keeps her protected and confined to one room where I have covered the outlets so I do not have to worry about her safety or her falling while she's in that space.
Anything you don't like about the item?	1 - There isn't anything I don't like about it. 2 - N/A 3 - I feel my son can break the gate when he pushes the gate not hard. 4 - Nothing 5 - I like that it reclines some, but I wish it reclined more. Her head strength still concerns me. 6 - No
Have there been any instances or near misses where the item itself successfully prevented your child from an injury?	1 - We use it every second of every day. It has prevented any incident that may have occurred if we didn't have one. 2 - Our bathroom door was left open and our son could not get into the toilet. 3 - Till now, yes 4 - No, thankfully 5 - No, fortunately 6 - No. It continuously protects her.
Did you feel that after I left, you had enough information to use the item by yourself?	1 - You gave us all the information we needed to safely use the gate every day. 2 - You gave me a lot of information that was helpful that I use daily. 3 - Yes 4 - Yes, very much! 5 - You were excellent and very thorough. I actually learned more from you than when they did my daughter's car seat study in the hospital. Also, I loved the fact you were patient with me having car issues and running late. So thank you for everything! 6 - Yes

Project LIFE

Safety Topics	Partnerships	Target Population	Funding	Evaluation (Yes / No)
-Violence Prevention	<ul style="list-style-type: none"> -Methodist Hospital IU Health -Eskenazi Health -Marion County Juvenile Probation Office -Marion County Prosecutor's Office -Marion County Department of Health -Connections Inc. and other home based counseling services 	-Juveniles in Marion County with current, open gun offense charges	-None	-Yes



Other Violence Prevention

- Firearms research project
 - Retrospective study of Riley's firearm injuries



Pedestrian and Bike safety

- Pedestrian research project in partnership with Health by Design, MCHD, IMPD, I-EMS, DPW, and others
- Walk audits of high pedestrian crash zones with Health by Design
- Helmet fittings/giveaways (2 in 2018)



Other Safety Initiatives

- Heartsaver CPR AED training for daycare staff and DCS contract agencies
- Safe Sitter
- Riley Hospital's Safety Store – IU School of Medicine
- Outreach upon request (i.e. Project Home Indy)
- Riley Children's Health Facebook videos
 - Car seat safety and installations
 - Safe sleep
 - TV and furniture tip-overs
 - Hot water burns/scalds
 - Medication and poisoning
 - Lawnmower safety
 - Safety around dogs
 - Battery/magnet ingestion
 - Pedestrian safety
 - Helmet fitting
 - Heatstroke in hot cars
 - Water safety and drowning prevention
 - Fireworks safety



Future Goals

- Expand community and in-hospital initiatives
- Get into the schools
- Water safety and drowning prevention campaign
- Nursing Outreach and other hospital outreach
- Pediatric Trauma Survivors Network



Thank You!

Questions???

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Cell: 317-499-4779



Riley Hospital for Children
Indiana University Health

Stop The Bleed Overview

JAMES "BILLY" BREWER, MPA, MS

Director of Operations

jambrewer@isdh.in.gov

Division of Emergency Preparedness



Indiana State
Department of Health

Stop the Bleed History

- Campaign launched in Oct 2015
 - Inform general public on basic trauma care
 - Increase bystander access to bleeding control kits
- Target -> Civilian population



SAVE A LIFE

Stop the Bleed Courses

- American College of Surgeons – Bleeding Control Basic (Bcon) Course
 - Approximate 1 hr course
 - Overview lecture
 - Tourniquet application skills
 - Wound packing skills
- Primary STB Course taught in person



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality;
Highest Standards, Better Outcomes*

100+ years



THE
COMMITTEE
ON TRAUMA

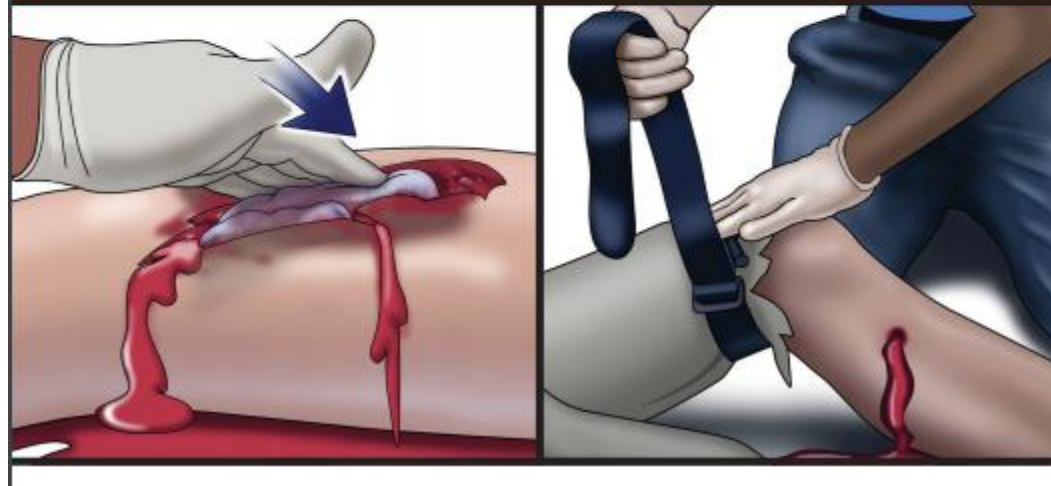


BLEEDINGCONTROL.ORG

Bleeding Control Skills

BLEEDINGCONTROL.ORG

What Everyone Should
Know to Stop Bleeding
After an Injury



Teaching Stop the Bleed (BCON)

- Requirements
 - Nurse, Nurse Practitioner, Physician Assistant, Physicians
 - Emergency Medical Responders, Emergency Medical Technicians, Paramedics
 - Other trauma certification instructor and providers (PHTLS, ATLS, TECC, TCCC, ATCN, TNCC)

<https://www.bleedingcontrol.org/>

Other Stop the Bleed Courses


- First Care Provider – Stop the Bleed
 - Online course
 - Open to all audiences

<https://firstcareprovider.org/>

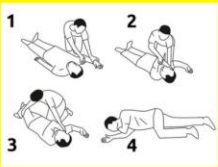
CARE™ for the injured

Call 9-1-1 immediately, but CARE for the injured! When someone is injured, **YOU CAN HELP** until first responders arrive.


Control Bleeding
If someone is bleeding, apply direct pressure to the wound. If you think the bleeding is life-threatening, apply a tourniquet.

STEP 01 


AOpen Airway
If someone is unconscious, never leave them on their back! Turn them on their side or hold their airway open.


STEP 02 

Respirations
Check
If someone has an open injury to the chest, abdomen or back, cover it. It might make it easier to breathe!

STEP 03 

Exposure
Prevent
When someone is injured keeping them warm is one of the most important things you can do. Keep them dry and warm!

STEP 04 

Now they're ready,
So get them to help! 

For more info visit
FIRSTCARE PROVIDER ©FirstCareProvider.Org 2017

Other Stop the Bleed Courses

- FEMA – You Are the Help Until Help Arrives
- Five Key Actions:
 - Call 9-1-1;
 - Protect the injured from harm;
 - Stop bleeding;
 - Position the injured so they can breathe; and
 - Provide comfort.

**Until Help Arrives
calls on individuals
to take action before
professional help
arrives.**



Current Trainings

Trauma Centers *in Indiana*

Level I

Indianapolis

Eskenazi Health
 IU Health Methodist Hospital
 Riley Hospital for Children at IU Health
 St. Vincent Hospital & Health Services

Level II

Evansville

Deaconess Hospital
 St. Vincent - Evansville

Ft. Wayne

Lutheran Hospital of Indiana
 Parkview Regional Medical Center

South Bend

Memorial Hospital of South Bend

Terre Haute

Terre Haute Regional

Level III

Anderson

St. Vincent Regional Hospital
 Community Hospital - Anderson

Bloomington

IU Health Bloomington

Crown Point

Franciscan Health - Crown Point

Gary

Methodist Hospitals - Northlake Campus

Jasper

Memorial Hospital and Health Care Center

Lafayette

Franciscan Health - Lafayette East
 IU Health - Arnett Hospital

Muncie

IU Health - Ball Memorial Hospital

Richmond

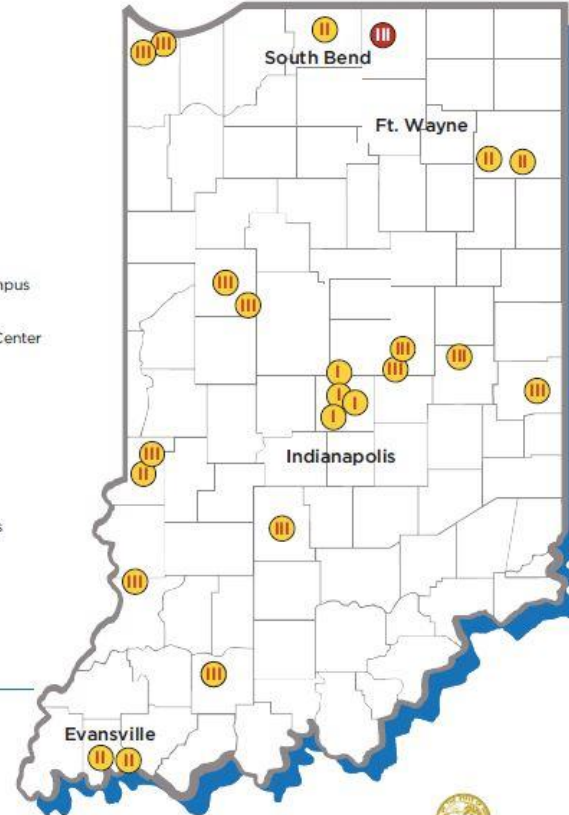
Reid Hospital & Health Care Services

Terre Haute

Union Hospital - Terre Haute

Vincennes

Good Samaritan Hospital



In the process of ACS Verification

Level III

Elkhart

Elkhart General Hospital

Total Trauma Centers in Indiana*

Level I = 4

Level II = 6

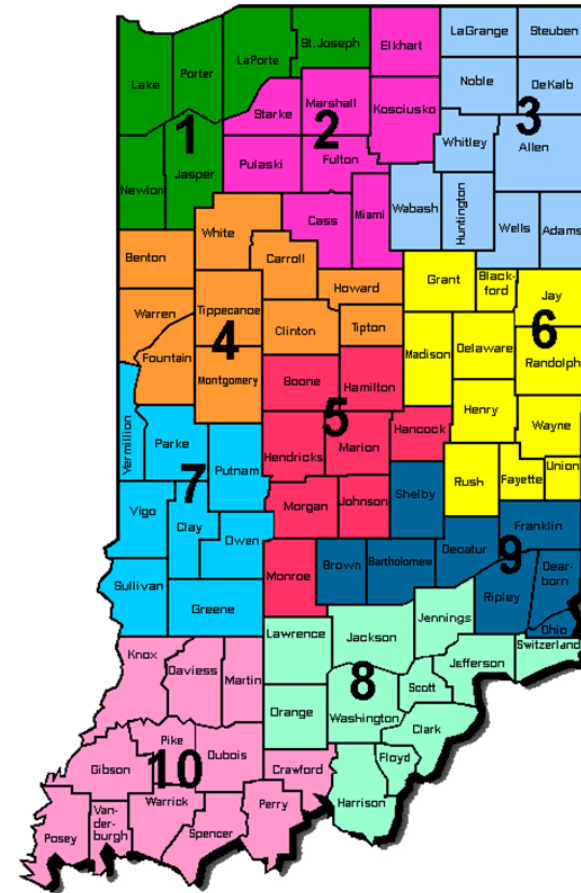
Level III = 13

Total = 23

* Total includes current and In Process Trauma Centers

Current Trainings

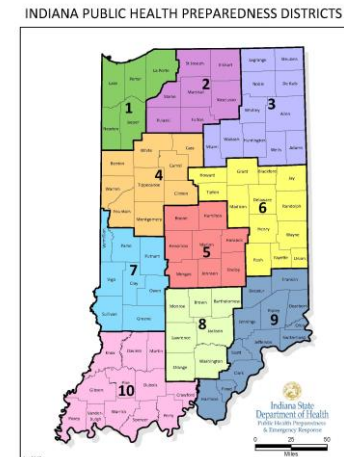
- Train-the-Trainer Courses (Bcon)
- Local Fire and EMS trainings
- Loaner Training Kits
- Training reports



- <http://www.in.gov/dhs/getprepared.htm>

Current Trainings

- Other Training Avenues
 - District Healthcare Coalitions
 - Local Public Health Departments
 - Local Schools and Universities
 - Medical Reserve Corps and Community Emergency Response Teams
 - Other organizations



Collaboration Activities

- Central website for reporting trainings
 - <http://www.in.gov/dhs/getprepared.htm>
- Identify gaps in training across State
 - Geographical gaps
 - Training resource gaps



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Intentional Injury Data Presentation: Firearm Suicide Deaths

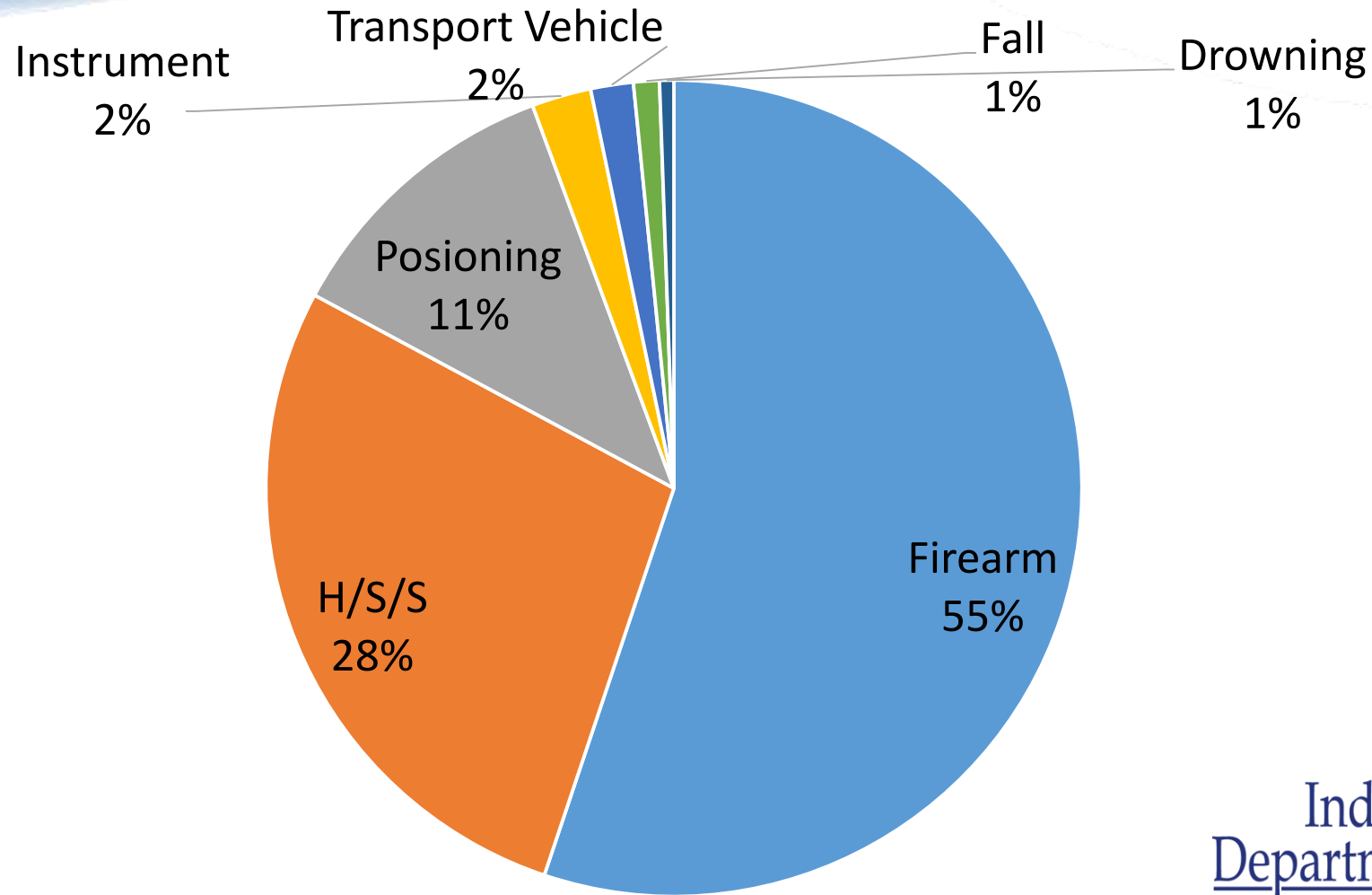
Morgan Sprecher, *INVDRS Epidemiologist*



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Email questions to: indianatrauma@isdh.in.gov

Suicide Weapon Type, 2015-2018

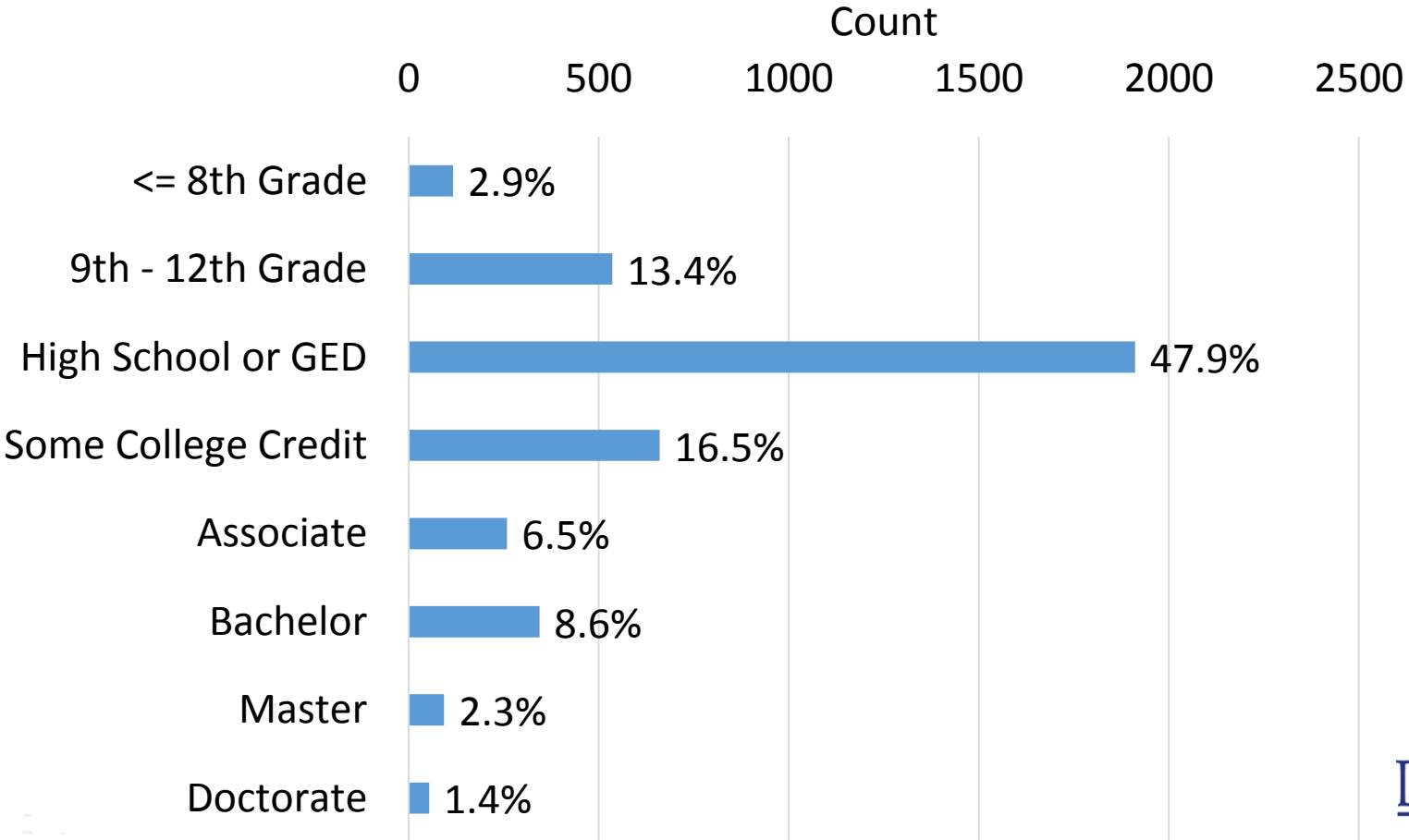


Firearm Suicide Deaths, 2015-2018

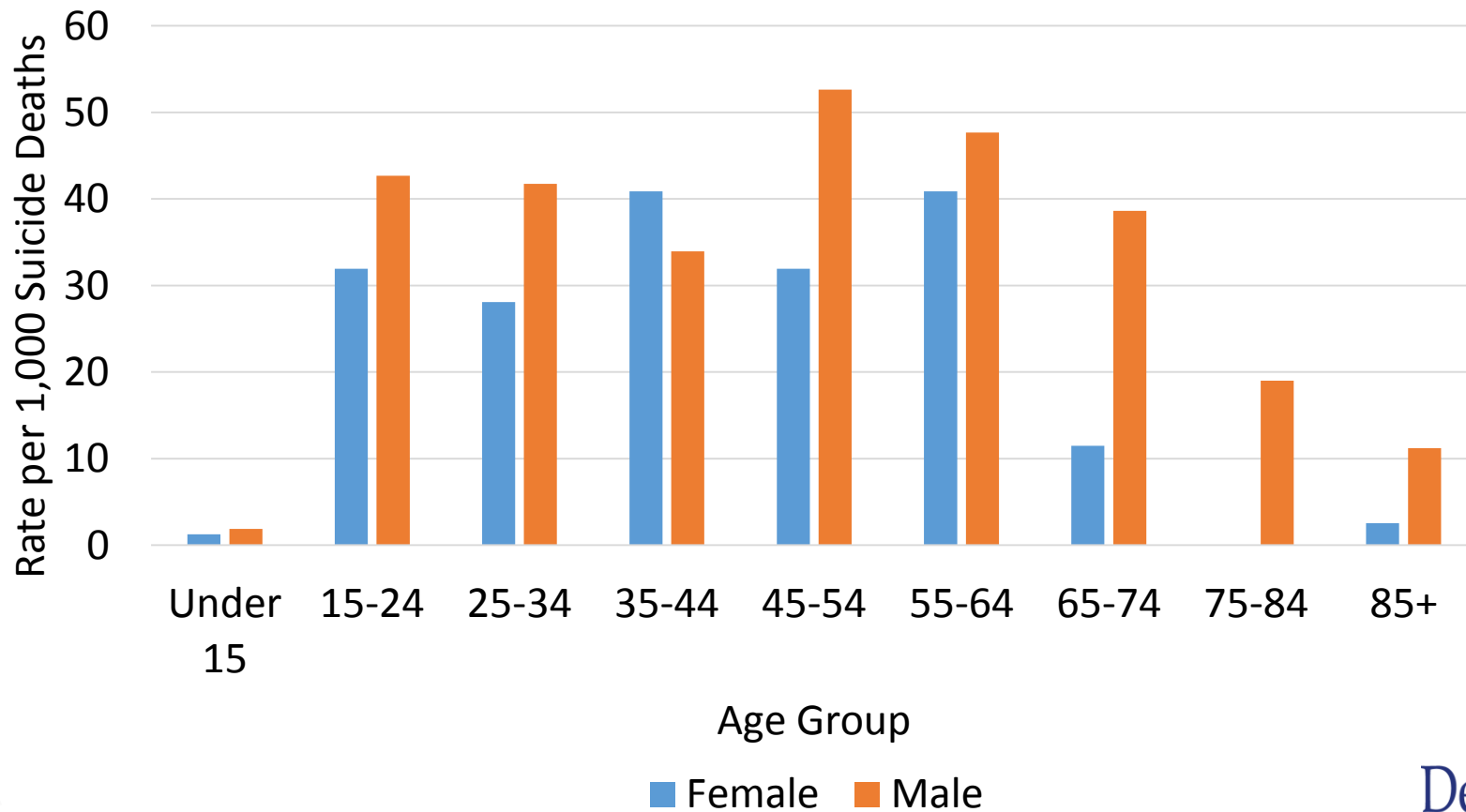
YEAR	COUNT	RATE PER 100 SUICIDE DEATHS
2015	247	25.2
2016	569	54.6
2017	239	21.9
2018 (January – October)	22	2.5



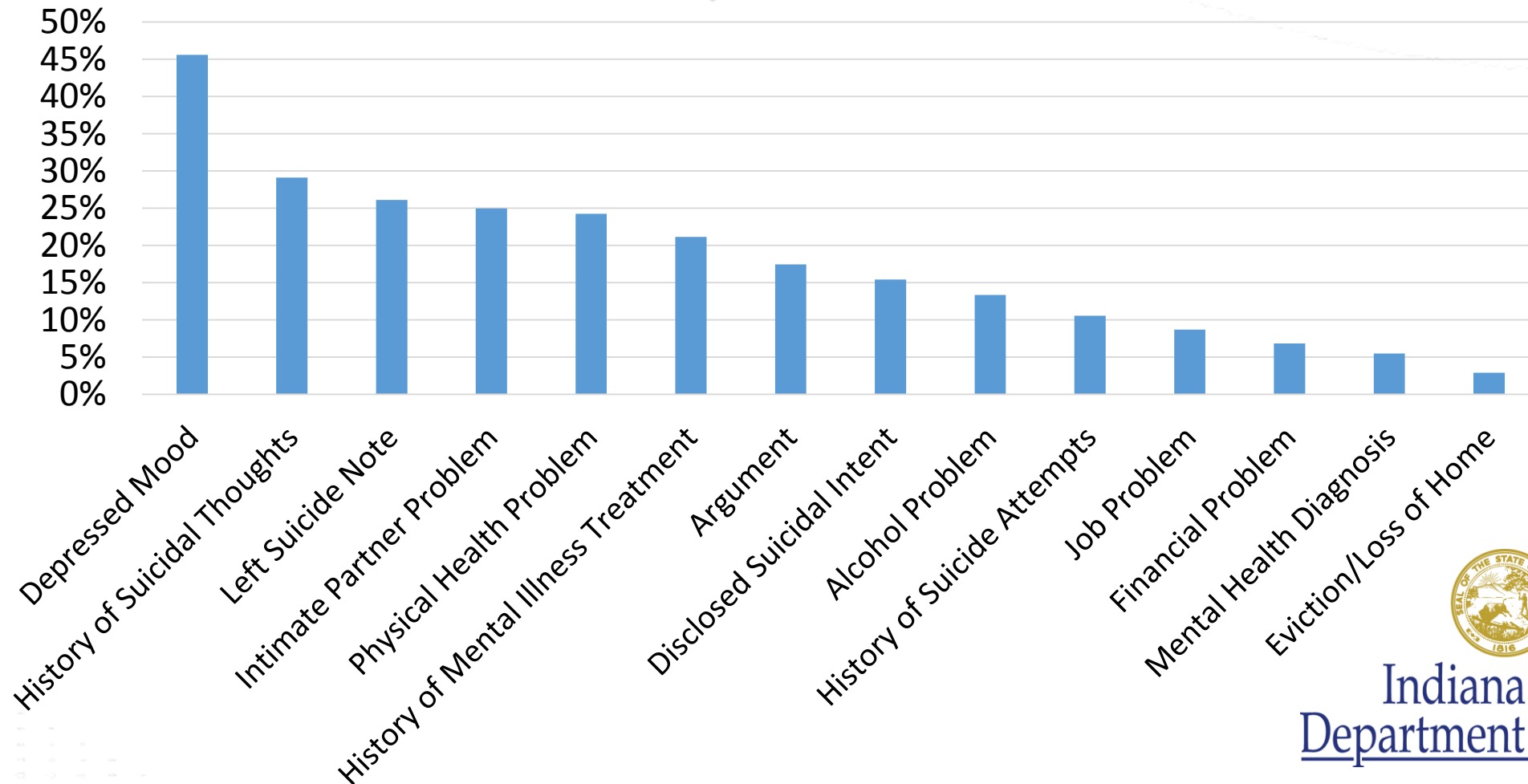
Education Level of Firearm Suicide Deaths, 2015-2018



Age Groups for Firearm Suicide Deaths, 2015-2018



Circumstances for Firearm Suicide Deaths, 2015-2018



Intentional Injury Prevention Program Spotlight: Steps to Prevent Firearm Injury

Morgan Sprecher, *INVDRS Epidemiologist*

Email questions to: indianatrauma@isdh.in.gov



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Child Access Prevention (CAP)

- 4.6 million minors live in a home with at least 1 loaded gun
 - Approximately 1/3 of these guns are left unlocked
- 73% of children know where a gun is stored in their household
 - 36% admitted to handling the weapon
- 75% of the guns used in youth suicide attempts and unintentional injuries were from the home



CAP Laws in Indiana

- Prohibits parent or legal guardian from intentionally, knowingly, and/or recklessly providing all firearms to minors
 - Minors is defined as a child under 18 for long guns and 21 for handguns
- “Dangerous control of a child”
 - aware of a substantial risk that the child will use the firearm to commit a felony
 - fail to make reasonable efforts to conceal the firearm in the home



Safe Storage

- 31% of unintentional injuries by a firearm could be prevented
 - Child-proof safety lock
 - Loading indicator
- States with a law in place that required handguns to be locked at least in certain circumstances have 68% fewer firearm suicides per capita than states without these laws.



Safe Storage

- Cable Lock : \$10
- Gun Case: \$20
- Lock Box: \$25
- Full Size Gun Safe: \$200



Unintentional Injury Data Presentation: Unintentional Falls in Older Adults

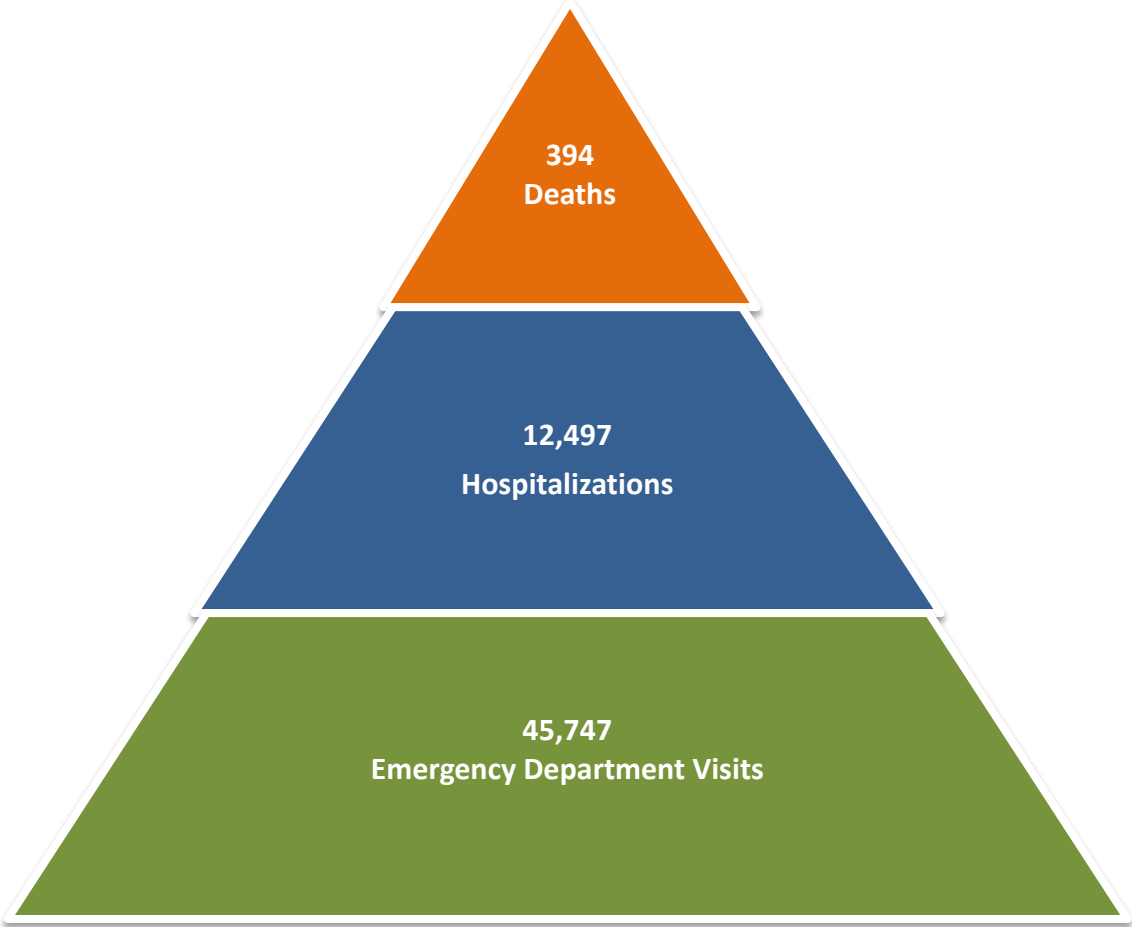
Andzelika Rzucidlo, Injury Prevention Epidemiologist
Trauma and Injury Prevention Division

Email questions to: Indianatrauma@isd.in.gov

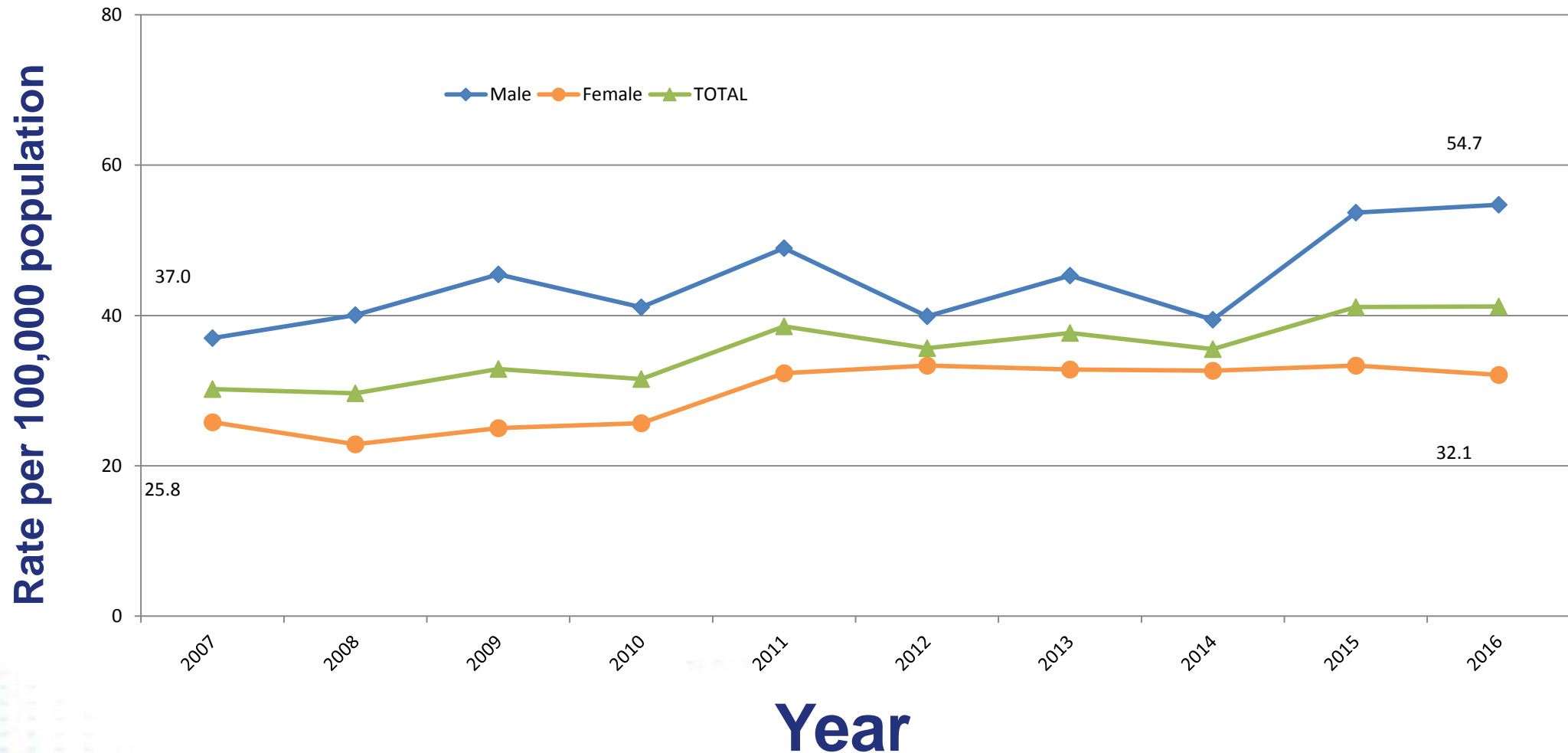


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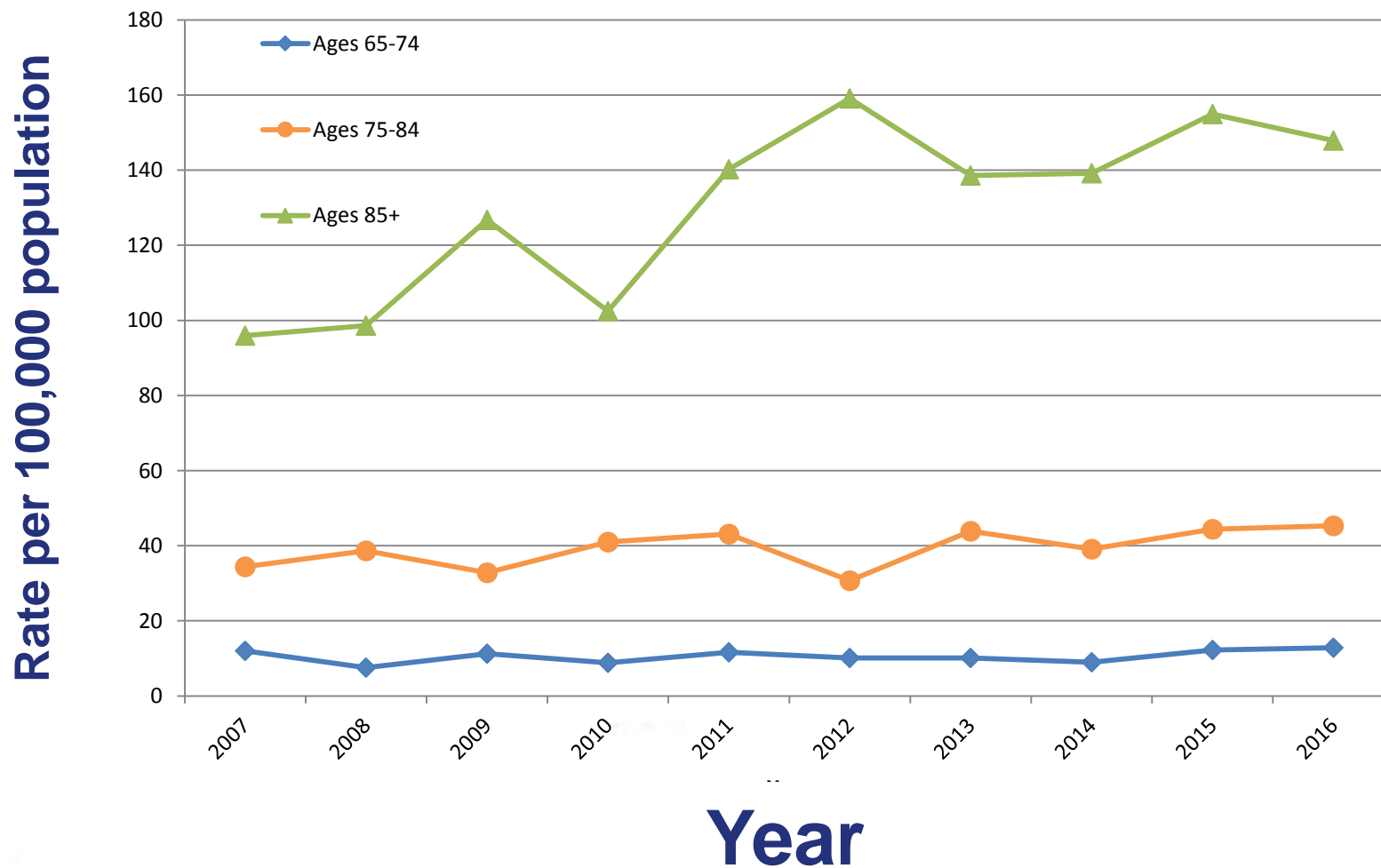
Indiana Unintentional Falls for Ages 65 and older, 2016



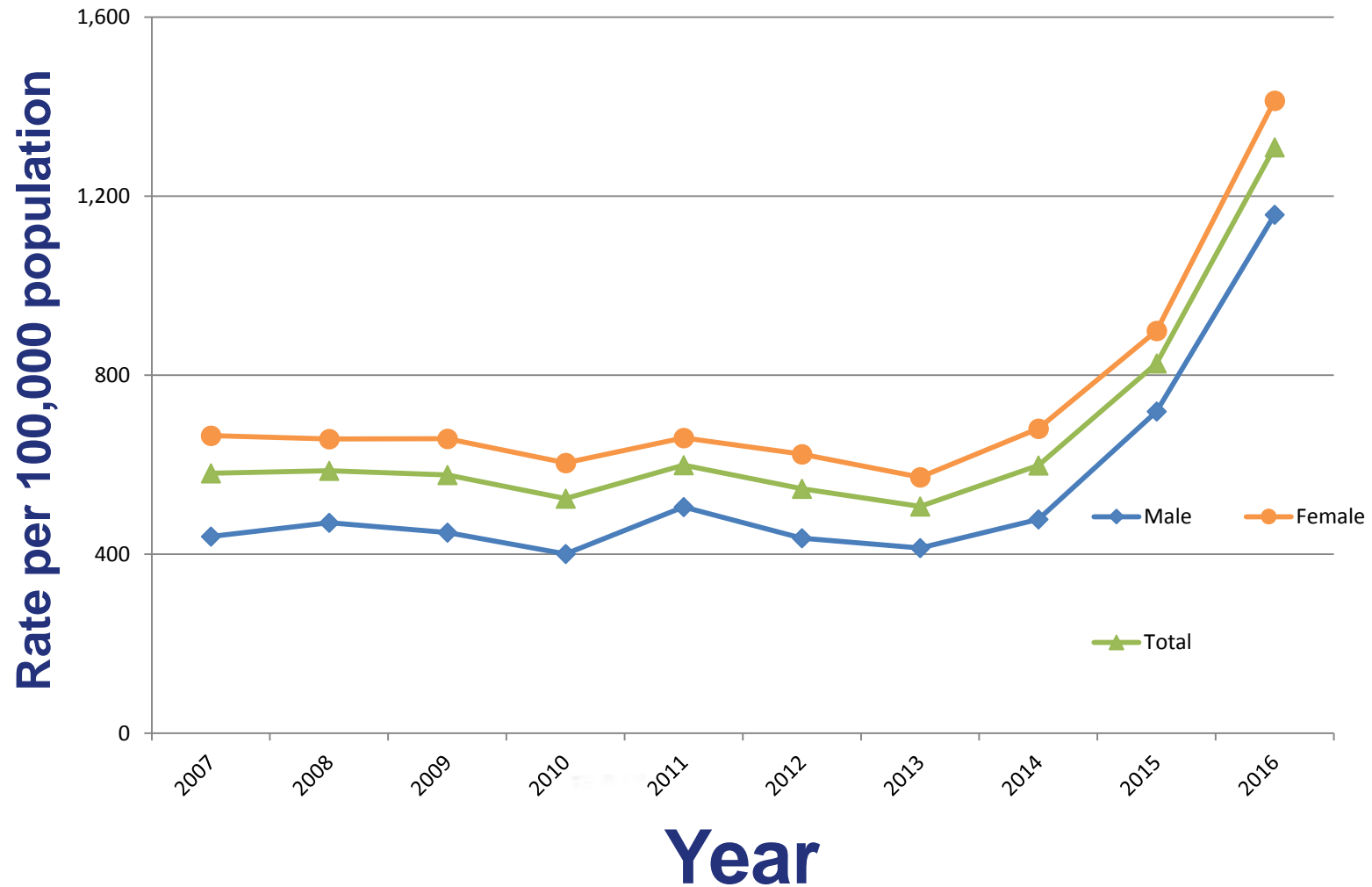
Age-Adjusted Rates by Sex, 2007-2016



Age-Specific Rate of Fall Deaths, 2007-2016



Age-Adjusted Rate of Nonfatal Fall Hospitalizations, 2007-2016



Contact information

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Unintentional Injury Prevention Program Spotlight: Stepping On

Pravy Nijjar, *Injury Prevention Program Coordinator*

Email questions to: indianatrauma@isdh.in.gov



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Stepping On

- Stepping On is a high-level, evidence-based program proven to reduce falls and build confidence in older adults.
- The program has demonstrated a 31% reduction in falls in Australia.
- In America, it has shown a 50% reduction in falls.



Stepping On Cont.

- **Stepping On** is a 7-week (once-a-week) evidence-based intervention proven to decrease the incidence of falls in older people.
- In addition to practicing balance and strength exercises, participants learn about the role vision, medication, and footwear can play in falls. They also learn strategies for avoiding or eliminating fall hazards to better navigate inside and outside the home.



Statistics from WIHA

Costs & Prevalence of Falls in Wisconsin from DHS WISH Data

37,157 People went to an emergency department (ED) due to a fall in 2014

\$3,076 Average charge per ED visit due to a fall

\$114,293,055

ED charges due to falls in 2014

17,234 People were hospitalized due to a fall in 2014

\$34,854 Average charge per hospitalization due to a fall

\$600,667,061

hospital charges due to falls in 2014

Stepping On Outcomes

31% reduction in falls for people who complete Stepping On

(2016 & 2017)
Stepping On Activity



Participants Workshops New Leaders Counties/Tribes

4,384

Stepping On participants
x 25%

= 1,096

would likely have fallen
x 31%

= 340

falls avoided

\$261,460

ED Charges Avoided

+

\$2,962,590

Hospital charges avoided

\$3,224,050

Total Charges Avoided

In 2016 and 2017, **4,384** people took a Stepping On workshop in Wisconsin.

We know that **1 in 4 people** age 65 or older fall every year so we could expect that **1,096 people would have fallen**. By participating in Stepping On, **31%** of those falls were avoided (**340 falls**). If we assume that only half (**170**) of those people who avoided a fall would have needed medical care and, of those, half (**85**) visited the emergency department (ED) while the other half (**85**) were hospitalized, we have avoided **\$261,460** in ED charges (based on an average charge of \$3,076) and **\$2,962,590** in hospital charges (based on an average charge of \$34,854).

Over the coming biennium (using the same assumptions as above), with the addition of the requested state budget appropriation:

Estimated increase in program participants: **10% (to 4,822)**

Falls avoided: **374**

Total Emergency Department & Hospital Charges That Could Be Avoided =

\$3,546,228 in the first year post-intervention
\$287,379 in ED charges + \$3,258,849 in hospital charges



Upcoming Workshops!!!



Stepping On

Leader Training Workshop

March 5-7th 2019

Ellettsville Fire Department
Conference and Training Room
5080 W State Road 46
Bloomington, IN 47404

Questions? Contact Pravy Nijjar, pnijjar@isdh.in.gov

For more info about Stepping On visit
<https://wihealthyaging.org/stepping-on>

SAVE THE DATE



Indiana State
Department of Health
Trauma and Injury Prevention



Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Toolkit:

- STEADI toolkit:
 - Simple but comprehensive approach for fall risk assessment and effective fall prevention for older adults
 - Developed by the CDC:
 - Anyone who serves older adults can screen for falling.



STEADI

- STEADI:
 - Designed for community-dwelling, independently ambulatory older adults ages 65+
 - Not intended for institutionalized or hospitalized patients



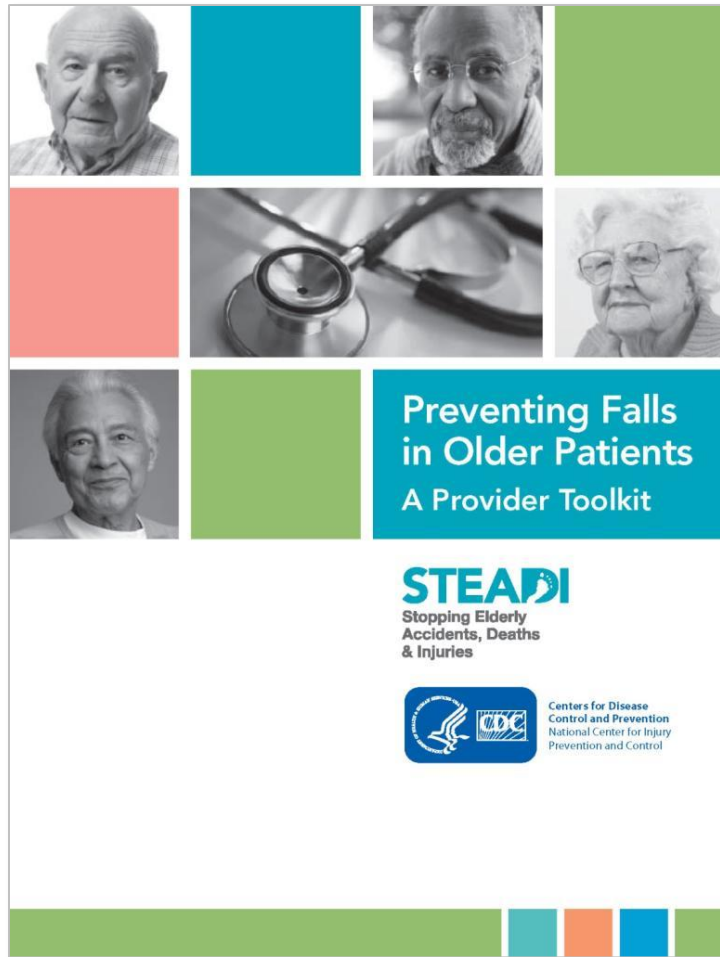
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STEADI

- Why does this apply to my organization?
 - Fall risks need to be identified.
 - Offering and referring to evidence-based fall prevention programs (EBPs) is critical.
 - Brings opportunities for other collaborations in the community (e.g., Stepping On, home visitation/screening programs, Matter of Balance, T'ai Chi, and other evidence-based programs).



STEADI



- Three essential parts:
 1. Provider resources
 2. Training materials
 3. Patient education brochures



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Become a Child Passenger Safety Technician!

- Become a certified passenger safety technician
- 4 day course for a 2 year certification through Safe Kids Indiana.
- Fee of 85 dollars (scholarships available through Automotive Safety Program)
- Courses all over Indiana
 - <http://cert.safekids.org/become-tech>



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The Child Passenger Safety Technician (CPST) Scholarship Program

- The Child Passenger Safety Technician (CPST) Scholarship Program is funded through the Maternal Child and Health Services (TITLV) grant
- Recipients can be reimbursed up to \$250 for taking the 3-4 day training to become a Certified Child Passenger Safety Technician, sponsored through Safe Kids Worldwide
- Up to 5 people per organization can be reimbursed



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Host a Booster Bash!

- ISDH will provide a toolkit
- ISDH will provide booster seats for the event
- For more information reach out to our Injury Prevention Program Coordinator Pravy Nijjar
pnijjar@isdh.in.gov

BIG KID BOOSTER BASH TOOLKIT



@INDTrauma

Become a fitting station!

- How to become fitting station:
 - Indiana Criminal Justice Institute manages a network of child safety seat inspection stations
 - Must be staffed by at least 1 CPST; available 10 hours per month and document inspections on forms
 - Must provide replacement seats if necessary and report monthly activities to ICJI as well as provide a yearly expense report
 - For more information contact Autumn Nicoletti
ANicoletti@cji.IN.gov



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Injury Prevention Visits

- Touch base
- Local initiatives
- Opportunities to collaborate

Contact Information

Pravy Nijjar, MPH CPST

Injury Prevention Program Coordinator

Indiana State Department of Health

Division of Injury & Trauma Prevention

pnijjar@isdh.in.gov

(314)-234-1304



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Department of Health

Injury Prevention State Strategic Plan

Email questions to: indianatrauma@isdh.in.gov



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Current State Plan

ISTCC Statewide Trauma System Planning Subcommittee tasked IPAC in 2014 to complete Injury Prevention component of state 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

Email questions to: indianatrauma@isdh.in.gov



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Current State 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

Email questions to: indianatrauma@isdh.in.gov



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Current State 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, and resources of injury prevention workforce

- Resource Guide
- IPAC membership
- IPAC conference

Email questions to: indianatrauma@isdh.in.gov



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Additions to State Plan

Items suggested at the Last IPAC meeting:

1. Cross Cutting Prevention
2. Inclusion of Intentional & Unintentional Injuries
3. Expansion of tertiary prevention Tools
 - Stop the Bleed
 - Harm Reduction
4. Focused effort aimed at childhood abuse & neglect
5. Improvement in Traumatic Brain Injury prevention & post acute care

Email questions to: indianatrauma@isdh.in.gov



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CDC Priority Topics

Violent Injury

1. Cross Cutting Prevention
2. Child Abuse and Neglect
3. Youth Violence
4. Intimate Partner Violence
5. Sexual Violence
6. Self-Directed Violence

Unintentional Injury

1. Prescription Drug Overdose
2. Older Adult Falls
3. Motor Vehicle Injury
4. Traumatic Brain Injury

Email questions to: indianatrauma@isdh.in.gov



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Additions to State Plan

Any further ideas and suggestions?

Email questions to: indianatrauma@isdh.in.gov



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Adult Injuries Guest Speaker: The Julian Center

Jennifer Reister, *Senior Director of Mission Impact*

Email questions to: indianatrauma@isdh.in.gov



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Department of Health

INTRODUCTION TO DOMESTIC & SEXUAL VIOLENCE



Presented by:
Jennifer Reister

*Senior Director of
Mission Impact*

~

The Julian Center

TAKE CARE OF YOURSELF

This session includes discussion of domestic violence, sexual violence and other violent behaviors. It may include video, statistics and examples of real-life situations.

Please take care of yourself during the session; if you feel that you need to leave the room, please do so.



FAIR USE STATEMENT

This presentation and related discussion contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. In accord with The Julian Center's non-profit mission, such material is being presented to advance community understanding of domestic violence, sexual violence, stalking and related topics. The presenter believes that this constitutes 'fair use' of any such copyrighted material as provided in Section 107 of the U.S. Copyright Law.

In accordance with Title 17 U.S.C. Section 107, the materials used in this presentation are presented without profit to those who have expressed an interest in education or research related to these topics.

WHAT IS DOMESTIC & SEXUAL VIOLENCE?

- Domestic violence is **pattern of violent behavior** between intimate partners
- Sexual violence is **any sexual contact or behavior** perpetrated by an individual toward another who did not or could not consent
- It is important to note that the definition of domestic and sexual violence has evolved over time and may continue to change in the future

LOCAL STATISTICS

In 2017, there were nearly **11,000 incidents of domestic violence** and **3,000 incidents of sexual violence** reported to the Indianapolis Metropolitan Police Department

In that same year, **3,538 survivors** received services at The Julian Center – **39% of them were children**

LOCAL STATISTICS

Given the population information for Marion County:

- Over 155,000 individuals identifying as women have or will experience domestic and/or violence
- Over 31,000 individuals identifying as men have or will experience domestic and/or sexual violence

This accounts for 20% of the total county population – **or 1 in 5 people**

DOMESTIC & SEXUAL VIOLENCE = CONTROL

Acts of violence are often a byproduct of the perceived loss of control and power by the abuser



EVERY MINUTE
20 PEOPLE ARE
VICTIMS OF
INTIMATE PARTNER VIOLENCE.

HERPOST WOMEN

Alcohol and other intoxicants or addictions do NOT cause domestic violence or sexual assault, but they may accelerate or amplify the violence

WHO EXPERIENCES DOMESTIC & SEXUAL VIOLENCE?

Domestic and sexual violence impacts all communities, social groups and populations.

It does not discriminate.

WHY DON'T SURVIVORS ALWAYS SEEK HELP?

Trauma Bonding Theory:

bonding that results from an imbalance of power and intermittency of abuse within a relationship

Social Entrapment Theory

Occurs when a victim is part of a community or social group based on a shared culture or standard of living

WHY DON'T SURVIVORS ALWAYS SEEK HELP?

- **Genuine fear**
- **Retaliation**
- **Financial dependence**
- **Lack of support/resources**
- **Feelings for the perpetrator**
- **Mental illness or substance abuse**
- **Embarrassment or shame**
- **Confusion**

POST-SEPARATION VIOLENCE

- If a domestic violence survivor is no longer with the abuser, they often are **in more danger** than someone who remains in the relationship
- The risk lethal violence are highest for survivors when they are in the process leaving abusive partners or after they leave
- This is known as ***post-separation violence*** and is a very serious risk factor for survivors

SERIOUS RISK TO SURVIVORS

Women (cisgender and transgender) who experience chronic DV over their lifespan are among the highest risk group for both

HOMICIDE

and

SUICIDE

COMMUNITY INTERSECTION

Both domestic and sexual violence survivors report that they often seek medical treatment **before any other kind of help after violence.**

THE JULIAN CENTER

Mission:

**To empower survivors of
domestic and sexual violence
and end the generational cycle
of violence**

WHO DO WE SERVE?

Survivors of intimate partner violence, sexual violence and stalking of **any and all** gender, races, ethnicity, ability, age religion and sexual orientations

AGENCY STATISTICS

- Each year we provide services to over 3,000 survivors (roughly 1,000 in shelter and 2,000 in outreach programs)
- It costs \$4 million per year to operate The Julian Center and all of its programs
- Our 24 Hour Crisis Call Center receives over 8,000 calls per year and makes over 10,000 referrals

OUR SERVICES

- 24 Hour Crisis Line
- Emergency shelter
- Housing programs
- Rape Crisis Center services
- Trauma Counseling
- Legal service referral
- Self-sufficiency service
- Law enforcement advocacy
- Youth Enrichment Program
- Thrifty Threads
- Community Education/Outreach

HAVE QUESTIONS OR JUST DIDN'T GET ENOUGH OF ME TODAY?

Presenter Contact Information:

Jennie Reister

Senior Director of Mission Impact

The Julian Center

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Office Phone: 317.941.2221

Cell/Txt: 317.538.2469

SOURCES

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Thanks for joining!

**Feel free to invite new attendees for the
next meeting, March 18th!**



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