

**Injury Prevention Advisory Council (IPAC) &  
Indiana Violent Death Reporting System (INVDRS) Advisory Board  
Webcast Meeting  
Friday, July 15, 2016, 10 a.m. EST**

To watch/re-watch webcast: <http://videocenter.isdh.in.gov/videos/video/2207/>

IPAC webcast survey, visit: [https://www.surveymonkey.com/r/IPAC\\_7\\_15\\_2016](https://www.surveymonkey.com/r/IPAC_7_15_2016)

ISDH Staff presenting on the webcast:

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Rachel Kenny – INVDRS Epidemiologist	<a href="mailto:RKenny@isdh.IN.gov">RKenny@isdh.IN.gov</a>
Annie Hayden – PDO Records Abstractor	<a href="mailto:AnHayden@isdh.IN.gov">AnHayden@isdh.IN.gov</a>
Bonnie Barnard – PDO Community Outreach Coordinator	<a href="mailto:BBarnard@isdh.IN.gov">BBarnard@isdh.IN.gov</a>
Kayley Dotson, MPH – PDO Epidemiologist	<a href="mailto:KDotson@isdh.IN.gov">KDotson@isdh.IN.gov</a>

1. *Welcome – Jessica Schultz*

Jessica Schultz welcomed webcast attendees to the joint IPAC and INVDRS webcast.

2. *Prescription Drug Overdose Prevention for States (PFS) Program - Jessica Schultz, Kayley Dotson, Bonnie Barnard, and Annie Hayden*

The PFS staff introduced themselves and launched into a brief overview of the CDC Prescription Drug Overdose Prevention for States program. The ISDH was initially awarded, but not funded in 2015. However, the ISDH was funded beginning March 15<sup>th</sup>, 2016. The program targets the main driver of epidemic, which includes problematic prescribing. The funding supports three main strategies:

1) **Enhancing and maximizing the prescription drug monitoring program, INSPECT.** In addition to some system improvements, INSPECT will work to integration with electronic health records, including reducing data reporting interval to PDMPs, supporting effective clinical decision-making, and preventing drug diversion. Annie Hayden described the second major activity of this strategy, which includes expanding INSPECT data for public health surveillance through the Overdose Module within the National Violent Death Reporting System platform. The module is designed to capture the specific circumstances surrounding overdose injuries to provide a comprehensive understanding of elements involved. The module will capture new data points, including: method of drug exposure, presence of drug presence of drug paraphernalia, past or current substance abuse treatment, past history of prescription drug use, administration of naloxone, among other variables.

2) **Implement community interventions** to coordinate intensive prevention efforts aimed at identifying and targeting high-burden “hot spot” counties, with an emphasis on addressing problematic prescribing through technical assistance and coordinating efforts, forming coalitions, and building local health department capacity. The first year will focus on six high-burden counties that are most impacted by the opioid epidemic. Kayley Dotson described the methods used to determine the six counties based on data, location, syringe exchange program status, and community need. Bonnie Barnard, the new PFS Community Outreach Coordinator, is currently contacting counties for upcoming meetings and determining training needs. The Train the Trainer Curriculum may consist of the following topics: Naloxone training, prescriber guidelines, INSPECT promotion, among others.

3) **Evaluating laws, policies, and regulations implemented in Indiana.** The Indiana University Fairbanks School of Public Health Center for Health Policy will complete activities for Strategy 3, including:

- Assessing patterns of opioid prescribing and dispensing in the state of Indiana.
- Assessing the impact of new policies on the rate of fatal overdoses in Marion County.
- Assessing prescribe and dispenser attitudes toward new regulations and impact of regulations on their behaviors.
- Assessing the extent to which new regulations have affected chronic pain patients.
- Identify and track pain clinics in Indiana.
- Assessing expanded access to Naloxone.

### 3. *INVDRS updates—Rachel Kenny*

#### a. *CDC Updates*

At the 2016 Reverse Site Visit, Indiana was recognized and received a certificate of achievement at the CDC NVDRS reverse site visit for their INVTDRS Case Initiation Timeliness. Out of the 13 new states, Indiana tied for first by having 98.3% of cases initiated within the CDC timeline. Rachel Kenny shared a photo from the site visit with Murray Lawry, INVDRS Coroner Records Coordinator and Dr. Janet Blair, CDC Team Lead of the Mortality Surveillance Team and Dr. Alex Crosby, Branch Chief of the Surveillance Branch, CDC Division of Violence Prevention.

The annual software update is coming this August, with tentative changes including the inclusion of more suspect variables such as alcohol use, recent release from institution, and whether the suspect had a developmental disability. The update may include an option for source of carbon monoxide poisoning and other variables.

#### b. *Data Provider Progress*

The ISDH has 54 signed data sharing agreements with coroners, with three counties declining to fully participate (Lake, Allen, and Vanderburgh). We are requesting their Coroner Verdict, which is a public record, but the information provided through them is limited and the full records are needed. The INVDRS staff is working diligently to address any potential concerns they may have. The strength of this system is contingent upon full state participation. The ISDH has requested 665 records, including all records from 2015 pilot counties. The ISDH has received 460 records and abstracted 375 records.

The ISDH has 293 data sharing agreements with law enforcement agencies. The ISDH has been able to obtain at least one department in every county except White and Wayne. John O'Boyle, Law Enforcement Records Coordinator, is working to get IMPD on board. The ISDH has requested 1,186 records and has received 850 records. The ISDH has abstracted 210 records.

For 2015, we do not have a pilot county where we are fully covered by both the coroner and the police yet. At the next meeting, we will be looking at the circumstances we have seen in Lake County from the PD reports only for the first quarter of the 2015. We will do the same for Marion County using the coroner report data only. There are 64 completed cases, meaning we have the PD report and the Coroner report (or verdict for those pilot counties not participating).

#### c. *2015 Data Overview*

Rachel presented preliminary 2015 data. There are 1547 cases statewide, with 971 Suicides (63%); 397 Homicides (26%); 155 Undetermined (10%); and 24 Accidental or Natural (1%). The pilot counties represent 49% of all cases (762), 41% of all suicides, and 78% of all homicides (310). Rachel also presented manner of death by age group and manner of death by month. She also provided crude rates for suicide and homicide. There were 98 violent deaths of individuals under age 18 in 2015.

For data year 2016 (preliminary data), there have been 651 cases statewide (as of June 2016). There have been 422 suicides (65%); 153 Homicides (23%); 64 Undetermined (10%); and 12 Accidental or Natural (2%).

Rachel asked that webcast attendees and advisory board members send all interested parties to the ISDH Division of Trauma and Injury Prevention. The next INVDRS meeting will be on the 3<sup>rd</sup> Friday of the month from 1 – 3 p.m. EST in Rice Auditorium on September 16<sup>th</sup> and November 18<sup>th</sup> (same day as IPAC meetings).

#### 4. ISDH Updates – Jessica Schultz

##### a. *Booster Bash*

At a booster bash, a child passenger safety technician will evaluate the child in a car to see if the child needs to be restrained in a booster seat. They will provide a booster seat as needed and educate the parents and guardians on the correct installation. Child passenger safety techs demonstrate a proper installation before allowing parents to install the seat themselves. For an event like this, it is important to have a parking lot area where parents can be with their child to see how a car seat is installed in their vehicle. With the help of partner agencies, the ISDH has created a toolkit that outlines standard operating procedures for these events. If you are interested please contact [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov).

##### b. *CoIIN update*

No updates at this time.

##### c. *Recent funding applications*

###### i. *Core SVIPP grant update*

The ISDH recently applied for the CDC Core SVIPP grant. ISDH's application was declared ineligible. The CDC funded 23 states to receive Base funds. For more information, visit: <https://www.cdc.gov/injury/stateprograms/>

###### ii. *CDC Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality*

The ISDH applied for this new, three year funding opportunity in June and are awaiting the funding outcomes. The activities for this grant include:

- 1) Increasing the timeliness of aggregate nonfatal any-drug, any-opioid & heroin overdoses reporting
- 2) Increasing the timeliness of aggregate fatal opioid overdose and associated risk factor reporting; and
- 3) Creating and implementing a Dissemination Plan to share fatal and nonfatal surveillance findings to key stakeholders, including developing a data dashboard.

###### iii. *Prescription Drug Overdose Prevention for States Program Supplement application*

The ISDH applied for the supplement program to enhance ongoing activities of the Prescription Drug Overdose Prevention for States Program in June and are awaiting the funding outcomes. With this supplemental fund, the ISDH plans to:

- 1) Provide additional resources to 6 local health departments to build regional prescription drug overdose prevention infrastructure;
- 2) Establish a train-the-trainer programs for naloxone and prescription drug overdose prevention education; and

3) Provide resources to coroners to improve toxicology testing and reporting for improve surveillance data.

d. *Injury Prevention Resource Guide & mobile app update*

The Preventing Injuries in Indiana mobile app is available for free download for iOS & Android in the Apple & Google Play stores. There has been a total of 782 app installations and 2,718 app launches as of July 11<sup>th</sup>.

e. *Upcoming Reports*

The ISDH is preparing the annual Special Emphasis Reports for older adult falls, child injuries, prescription drug overdose, and traumatic brain injuries. The Division is also putting together the *Suicides in Indiana* report to be released in the Fall 2016. The annual Firework-related Injuries Report is also in the current cycle of collecting incident reports. The updated fax number is: 317-232-1265. Forms can be found at <http://www.state.in.us/isdh/19042.htm#Fireworks>

5. *IPAC Updates –Jessica Schultz, MPH*

a. *2<sup>nd</sup> Annual IPAC Conference summary*

The second annual IPAC conference was held on May 19<sup>th</sup>. A total of 58 individuals attended, and the conference received some high marks in the survey feedback. Angela Marr from the CDC Injury Center was the keynote speaker about CDC's perspective on injury prevention, followed by a presentation from Dr. Don Teater from the National Safety Council about the danger of opioids. We will be forming the subcommittee soon to plan the next conference!

b. *IPAC improvement survey*

The survey's purpose was to collect information to inform next steps for IPAC meetings. A total of 17 people responded to the survey. Feedback includes information for what attendees hope to gain from IPAC meetings, what attendees would like to see at IPAC meetings, and what attendees would like to change.

6. *Upcoming Events*

- a. August 24-27<sup>th</sup>: 2016 Indiana Emergency Response Conference (registration open)
- b. August 26<sup>th</sup>: 3rd annual EMS Medical Directors' Conference (registration open)
- c. October 13-14<sup>th</sup>: 2016 Rx Drug Abuse and Heroin Symposium (registration open)
- d. October 17<sup>th</sup>: Labor of Love Summit 2016 (registration open)

Please complete the Post Webcast Survey: [https://www.surveymonkey.com/r/IPAC\\_7\\_15\\_2016](https://www.surveymonkey.com/r/IPAC_7_15_2016)