

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, May 17, 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



Indiana State
Department of Health

Invite New Members

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



Indiana State
Department of Health

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



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

ISDH Updates



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Division staffing updates

- Paul Nijjar
 - NVDRS Data Abstractor
- Conner Tiffany
 - PDO Intern
- Joseph Peeters
 - NVDRS Intern
- Kyra Kofodimos
 - Injury Prevention Intern
- Taylor Goodman
 - Naloxone Intern



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Upcoming Events

- Child Passenger Safety Conference
 - June 4
- Impact of Trauma on Health and Academic Achievement Conference
 - June 14-15
- Indiana School Health Conference
 - June 25-26
- Mental Health Summit for Healthcare Professionals
 - July 23
- Indian State Suicide Prevention Annual Conference
 - August 2



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

ISTCC/ITN Meeting Dates

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



2019 IPAC/INVDRS Meeting Dates

- July 19th
- September 20th
- November 15th



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Opioid-related webcasts

Schedule for 2019:

- Bimonthly; second Tuesday
- Check back on our website for more info:
<https://www.in.gov/isdh/27756.htm>



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Division grant activities

- Centers for Disease Control (CDC) - Overdose Data to Action
 - Submitted!
- Centers for Disease Control (CDC) – National Violent Death Reporting System
 - Submitted!

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health



Coroner Grant Opportunity Announcement

Completed Grant Application Due: Proposals are to be submitted via e-mail to indianatrauma@isdh.in.gov before March 15, 2019. After March 15, remaining funding will be available to all counties and awarded on a first come, first served basis through September 30, 2019.

Notice of Award: Respondents will be notified of results no later than 10 business days after receipt of their application.

Eligibility:

- Respondents must be the county coroner or a designated representative from the coroner's office.
-
- If you have a data sharing agreement with ISDH to supply Indiana Violent Death Reporting System (INVDRS) cases and overdose cases and have not provided the requested reports to ISDH, you are not eligible for this grant. Once records have been received and you have been given a confirmation email, funding will be released for your county.

Respondent Participation Guidelines:

- If the awardees point of contact changes anytime during the grant program, the awardee must notify the ISDH within 5 business days after the change and provide the contact information for the new contact.
- Must submit data through the Coroner Case Management System.

Service Delivery Dates:

The services requested will be implemented during the proposed period of January 1, 2019 through September 30, 2019. Failure to comply with all terms of this grant by an awardee will also halt any future unshipped supplies.

Failure to comply includes:

- Not submitting required reports through the Indiana Coroner Case Management System within the required time period.
- Reports having an average of 75% or less validation in the Indiana Coroner Case Management System.
- Selling the supplies instead of using them as outlined in the application.

Written Proposal Requirements:

- 1) Cover sheet with:
 - a. Name, title, email address and phone number of primary contact.
 - b. Name, title, email address and phone number of secondary contact.
 - c. Information about eligible county, including:
 - i. County Name.
 - ii. Mailing address.
 - iii. Work phone.
 - iv. Cell phone.
 - v. Email address.
- 2) Cover letter expressing interest in receiving supplies.
- 3) Narrative to include:
 - a. List of supplies requested.

Instructions:

The proposal in its entirety, including all supplemental information, **cannot exceed three (3) pages with one-inch margins, double spaced, and Times New Roman 12-point font.** Applications that do not fully comply with these requirements will be considered non-responsive and will not be considered in the review process.

Selection Process:

- 1) Following the application deadline, each proposal will be examined to determine compliance with the format and information requirements specified in the GRANT OPPORTUNITY ANNOUNCEMENT. Incomplete proposals or those that do not fully comply with the requirements stated above will not be considered.
- 2) Proposals will be evaluated on the basis of the criteria outlined and the best overall compatibility with the intent of the GRANT OPPORTUNITY ANNOUNCEMENT. Additional evaluative weight will be assigned based on:
 - a. Any other criteria set out in the GRANT OPPORTUNITY ANNOUNCEMENT or otherwise reasonable and considered relevant.

Delivery of the Supplies:

Once the coroner's application has been approved, supplies will be ordered through the state's procurement process and sent to the coroner's office. The supplies will be broken into two shipments.

- 1/2 shipped February 15, 2019 – May 30, 2019.
- 1/2 shipped June 1, 2019 – September 30, 2019.

Reporting Requirements:

Award recipients will be required to submit overdose and violent death cases through the Indiana Coroner Case Management System. Failure to submit the required reports will be deemed a breach of the grant agreement and will be terminated. ISDH shall suspend or cancel the remaining supplies.

The cases will be required to be entered into the Coroner Case Management System within two months of the date of death.

Intentional Injury Data Presentation: Divorce and Violent Death

Morgan Sprecher, *INVDRS Epidemiologist*



Indiana State
Department of Health

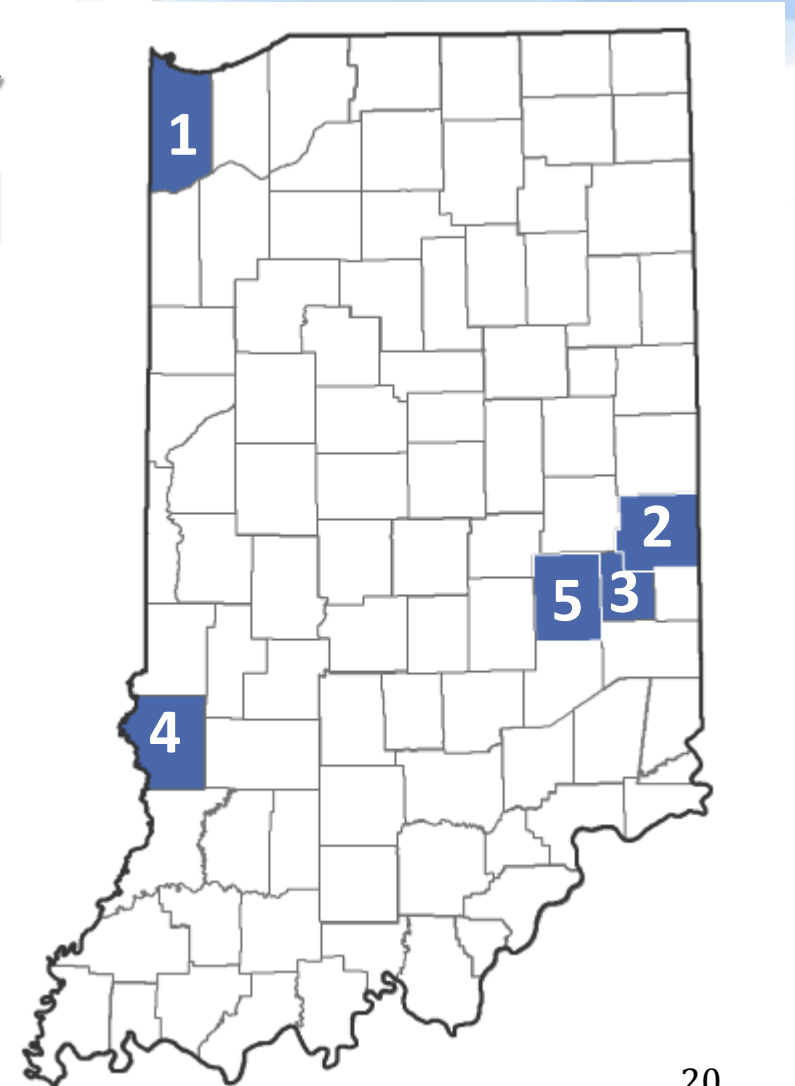
Email questions to: indianatrauma@isdh.in.gov

The rate of violent deaths among divorced populations is unstable

Year	Rate per 100,000
2016	11.4
2017	12.5
2018	12.3

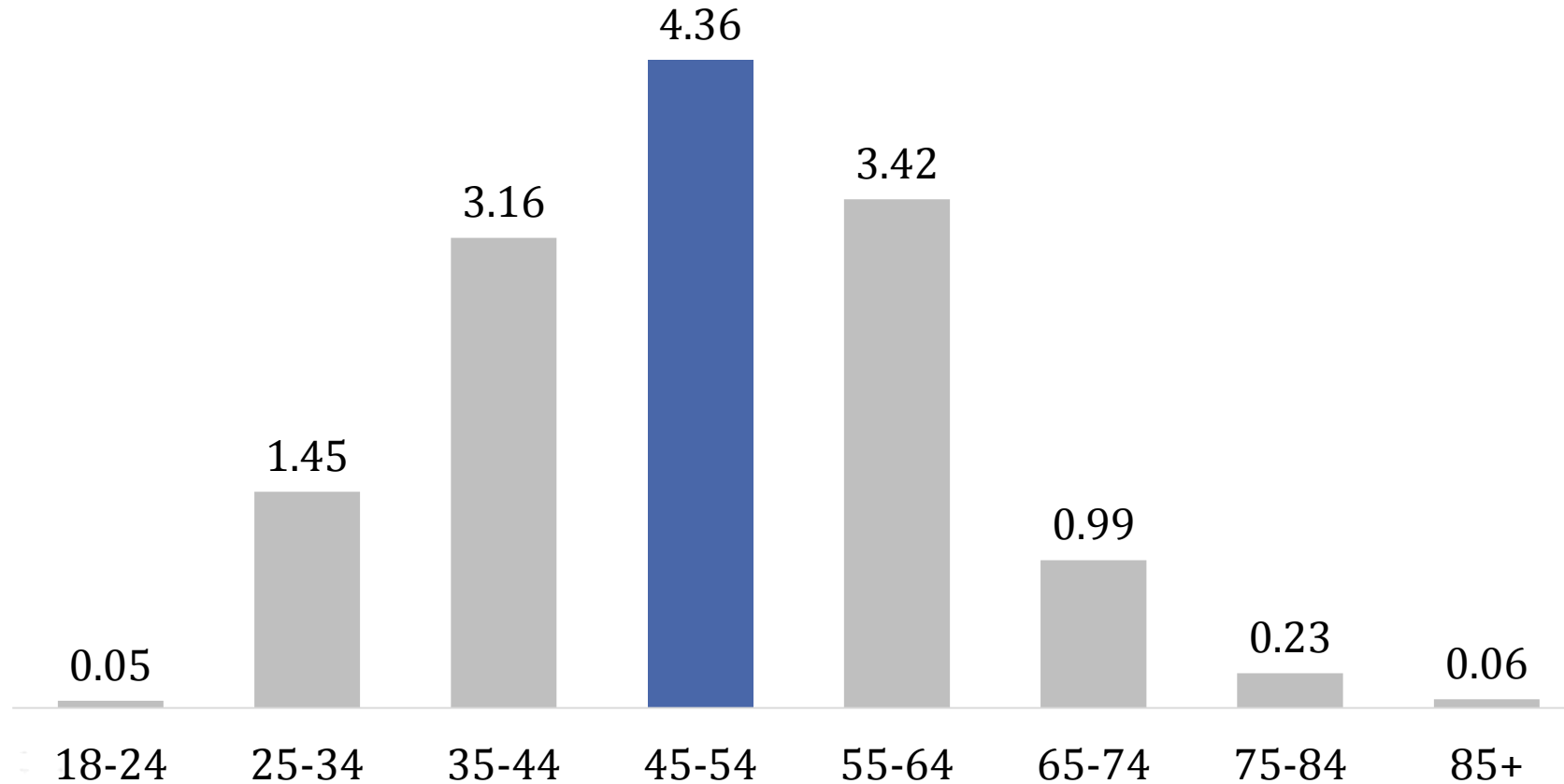
Highest Violent Death Rates (per 100,000) in Indiana for Divorced Individuals, 2016-2018

1. Lake: 53.0
2. Wayne: 32.0
3. Fayette: 31.4
4. Sullivan: 30.4
5. Rush: 26.0*



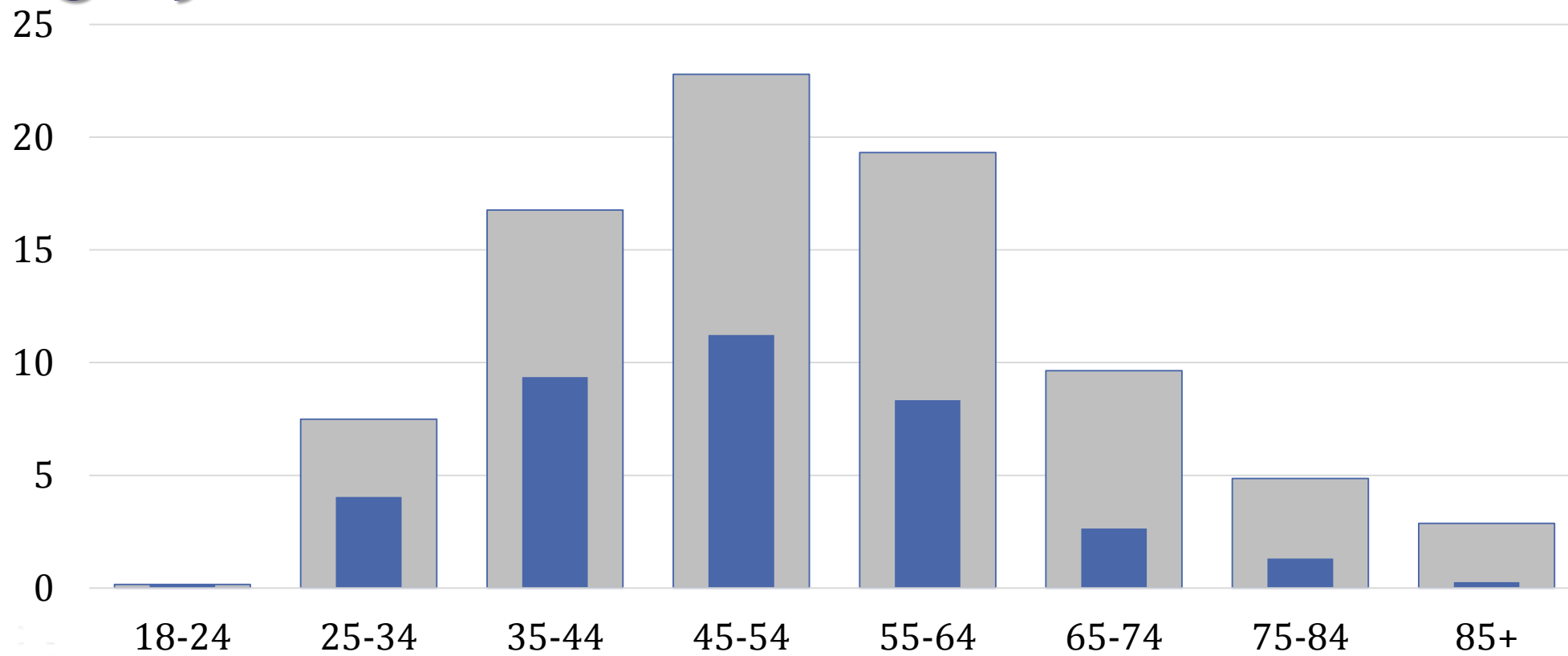
* rate considered unstable because there are less than 20 counts

The violent death rate is highest for those divorced aged 45-54 years old.



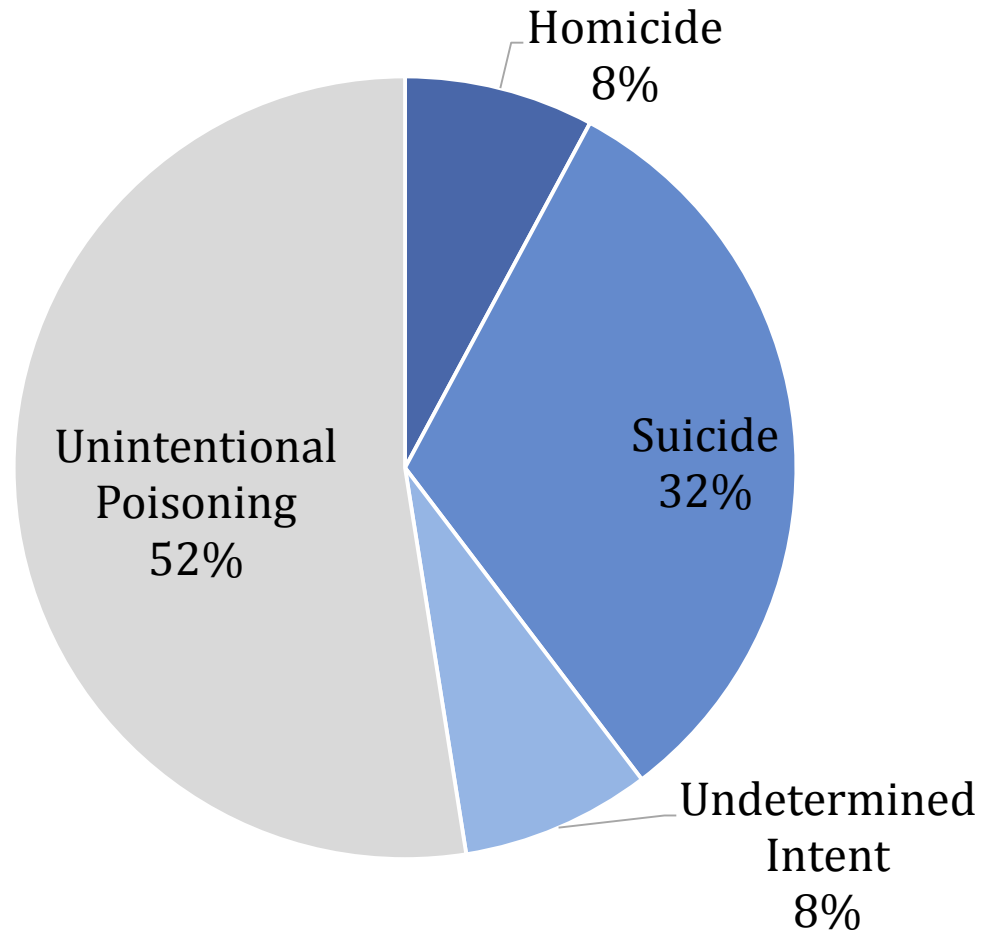
*per 100,000

The violent death rate for divorced people is higher for males than females in every age category.

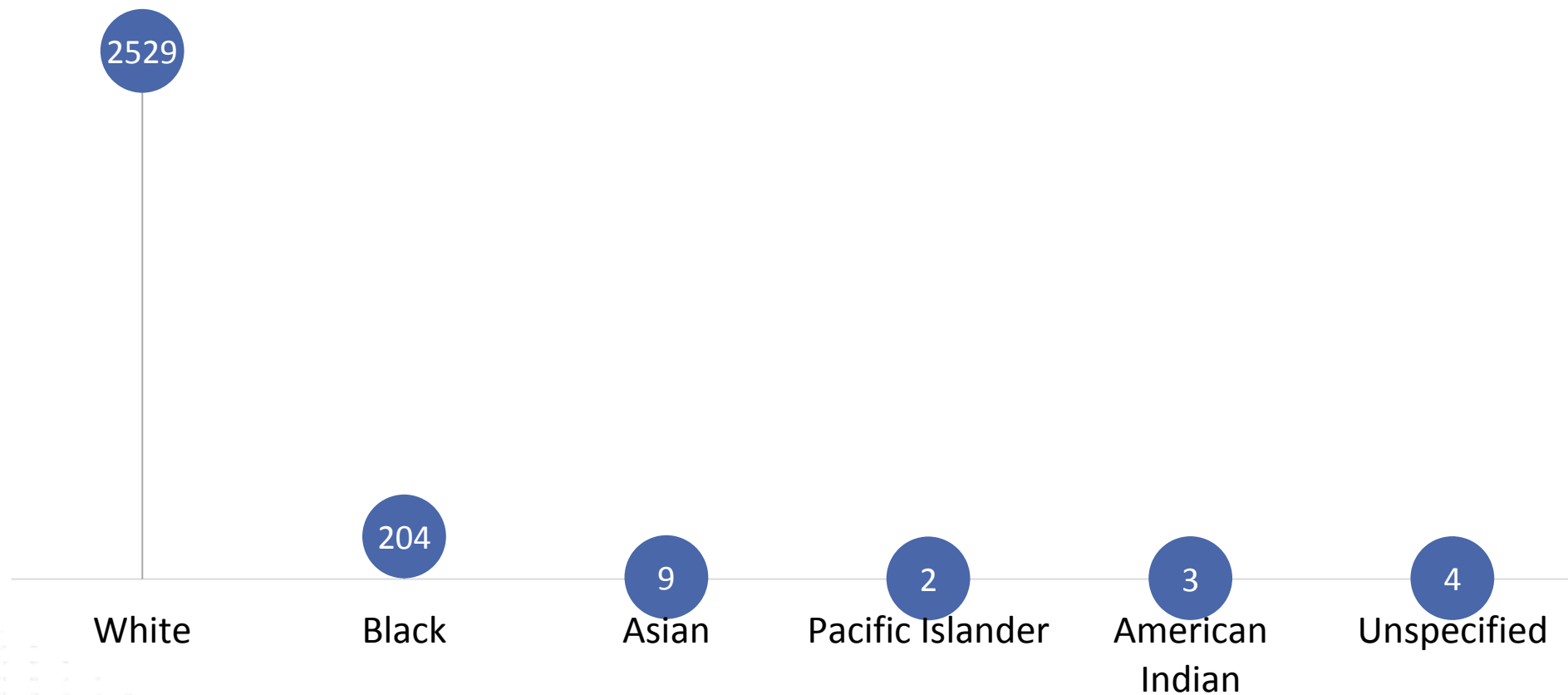


*per 100,000

Nearly half of violent deaths for divorced people are from an unintentional poisoning.



White Hoosiers account for the most violent deaths seen in divorced people from 2016-2018.



NEXT STEPS

- Link divorce records to death records
- How much time between finalization of divorce and death?

Contact Information

Morgan Sprecher, *INVDRS Epidemiologist*

Trauma and Injury Prevention Division

317.233.9825 (office)

msprecher@isdh.in.gov

Email questions to: Indianatrauma@isd.in.gov



Indiana State
Department of Health

Intentional Injury Prevention Program Spotlight: Indiana ENA Forensic Nursing

Angie Morris, *Indiana ENA*

Email questions to: indianatrauma@isdh.in.gov



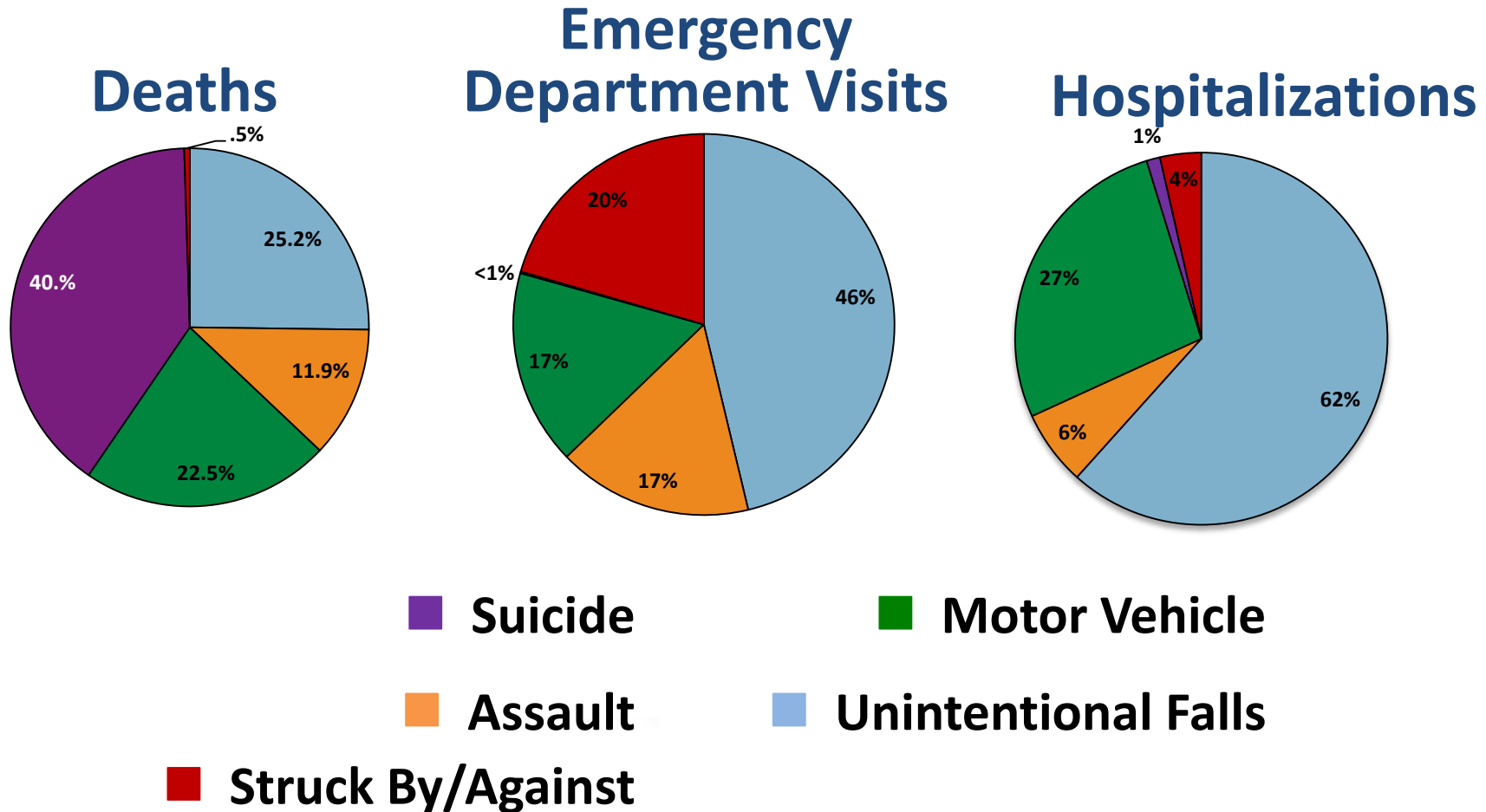
Indiana State
Department of Health

Unintentional Injury Data: Traumatic Brain Injuries (TBIs)

Andzelika Rzucidlo, *Injury Prevention Epidemiologist*
Trauma and Injury Prevention Division

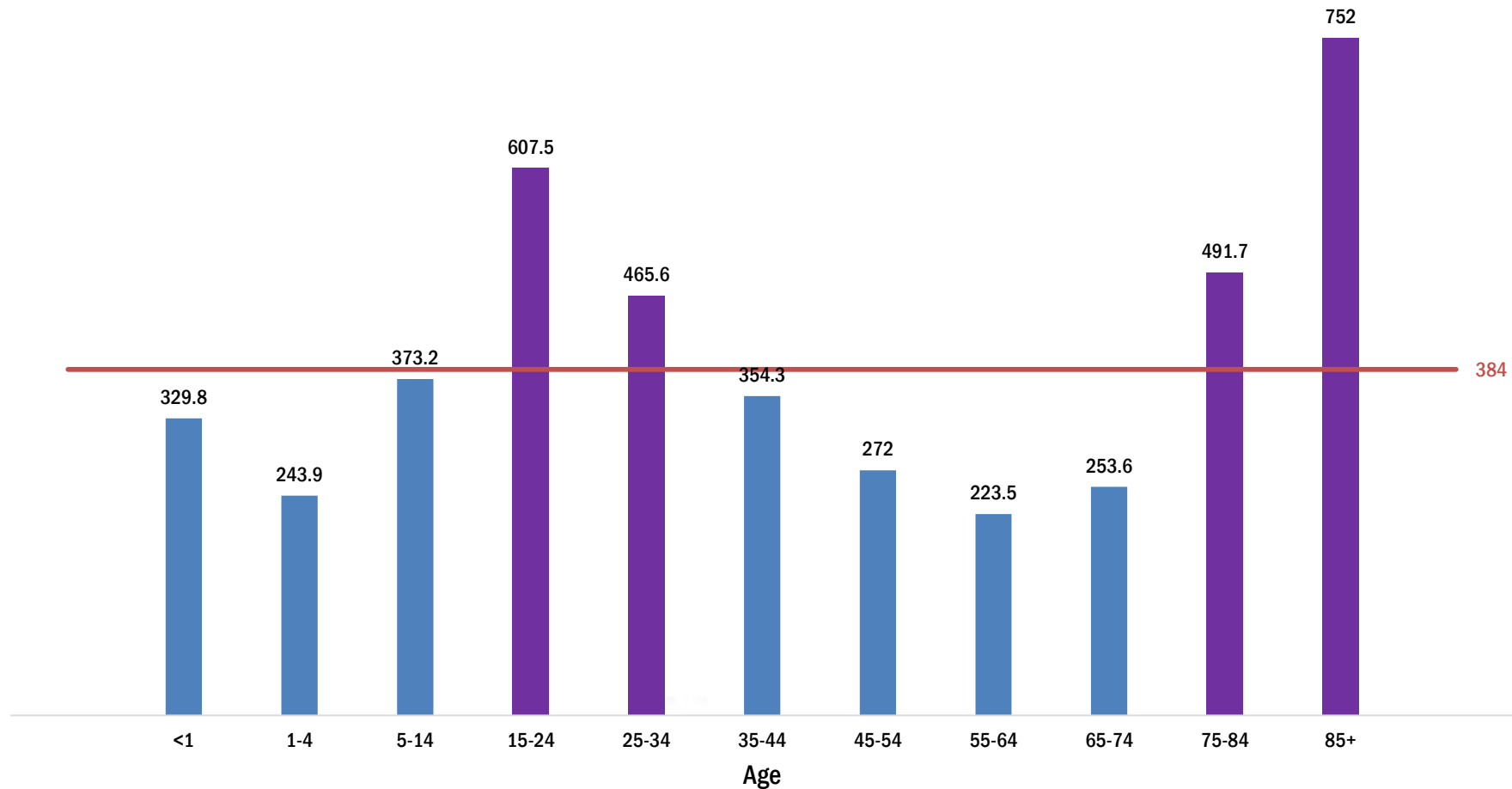
Email questions to: Indianatrauma@isdh.in.gov

TBIs sustained by Indiana residents, 2017



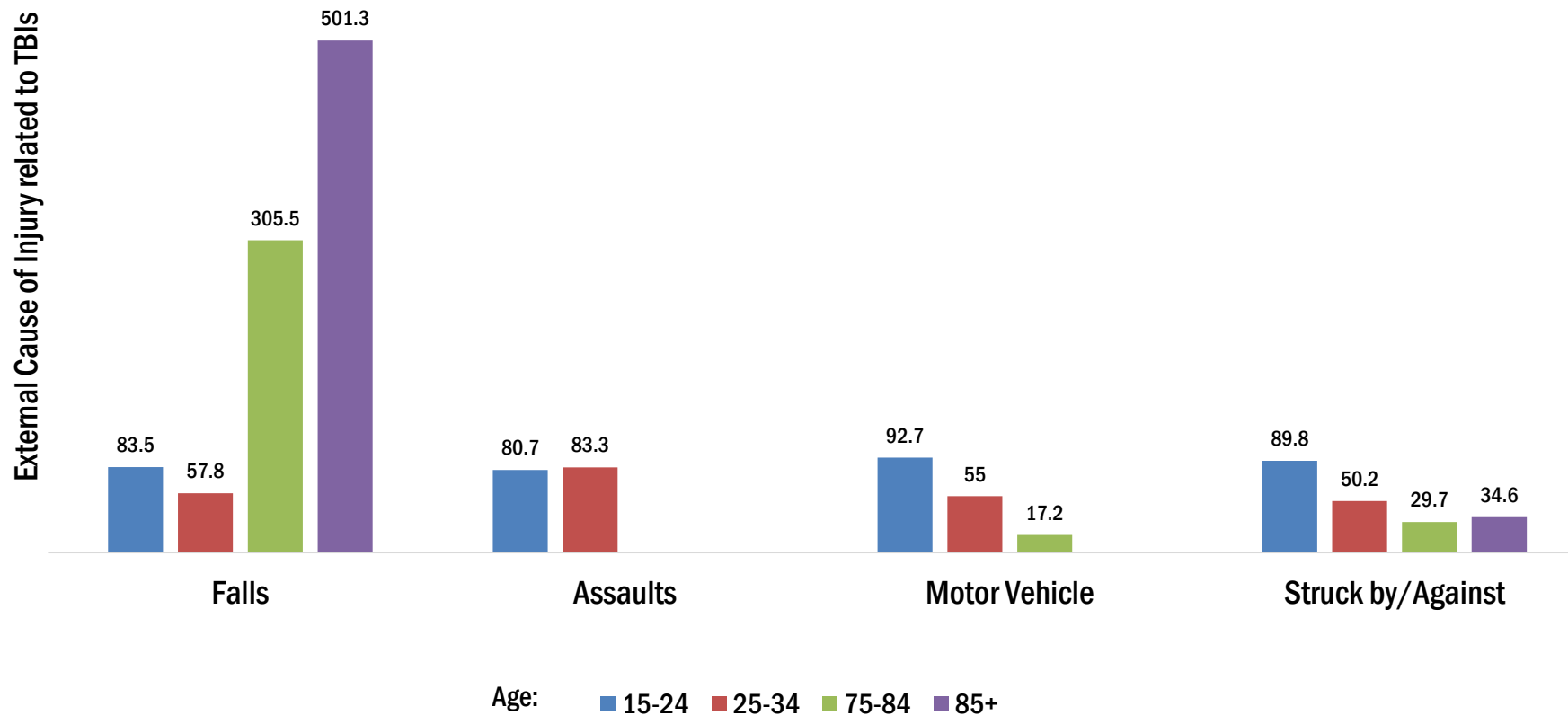
TBI-related ED Visit rates were the highest among those ages 15-34 and 75+

Age-Adjusted Rate per 100,000



TBI-related falls were the highest among those 85+, TBI-related assaults were highest among 25-34 year olds, motor vehicle crashes and struck by/against incidents were highest among 15-24 year olds

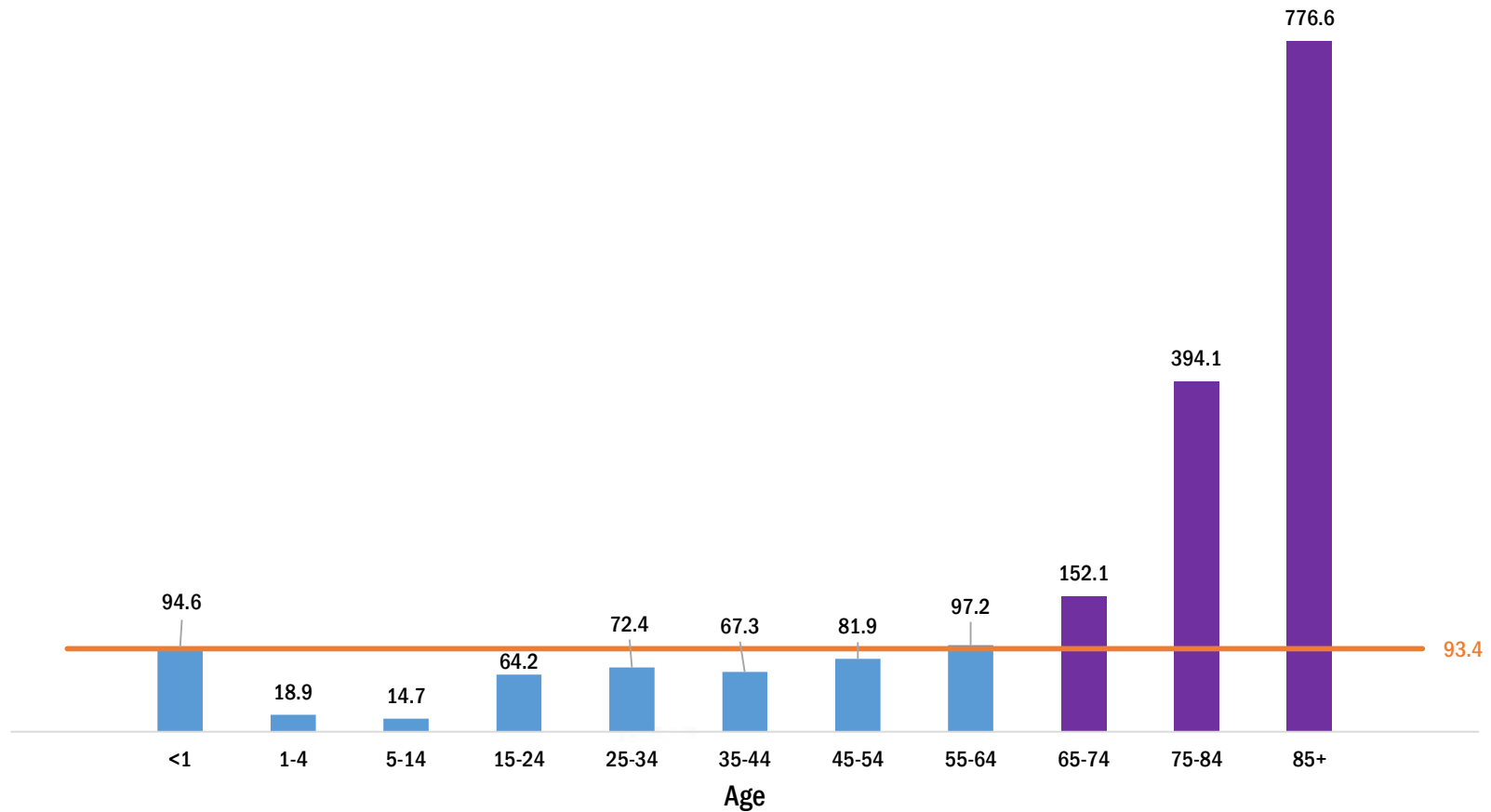
Age-Adjusted Rate per 100,000



*Rates for ages 75+ were unstable due to counts less than 20

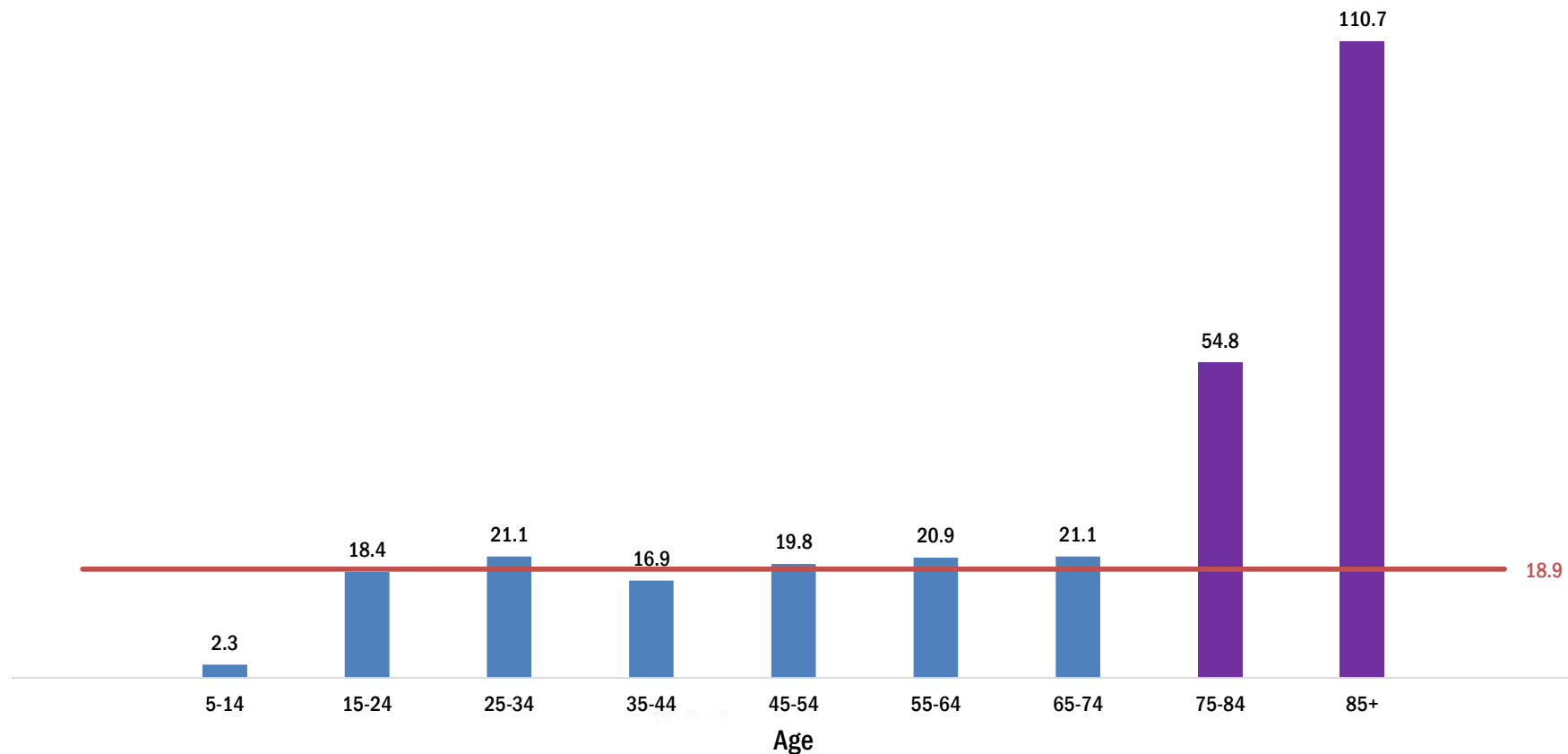
TBI-related Hospitalization rates are the highest among Indiana residents 65 and older

Age-Adjusted Rate per 100,000



TBI-related death rates were the highest among those 75 and older

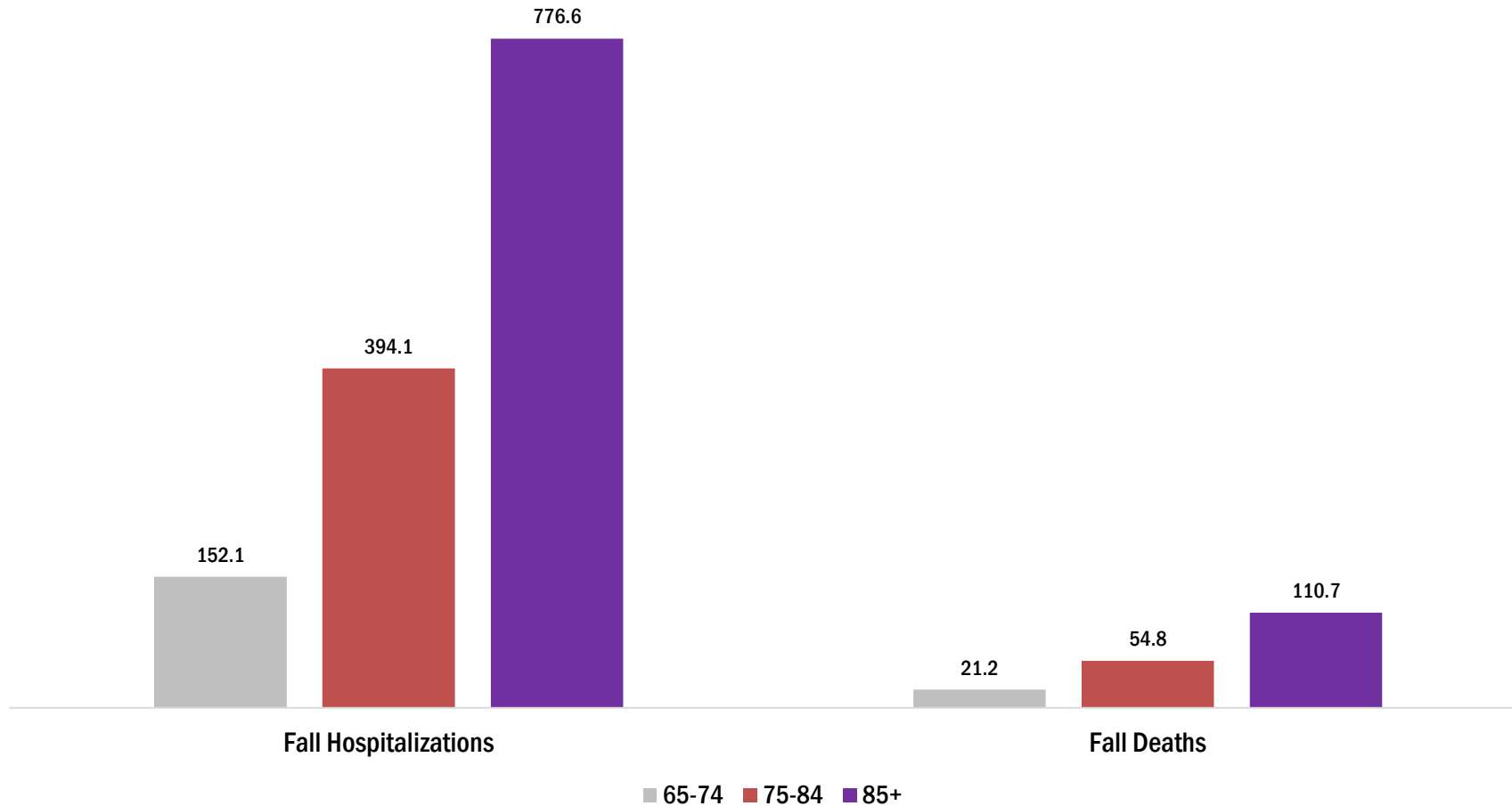
Age-Adjusted Rate per 100,000



*Rates for ages 0-4 were unstable due to counts less than 20

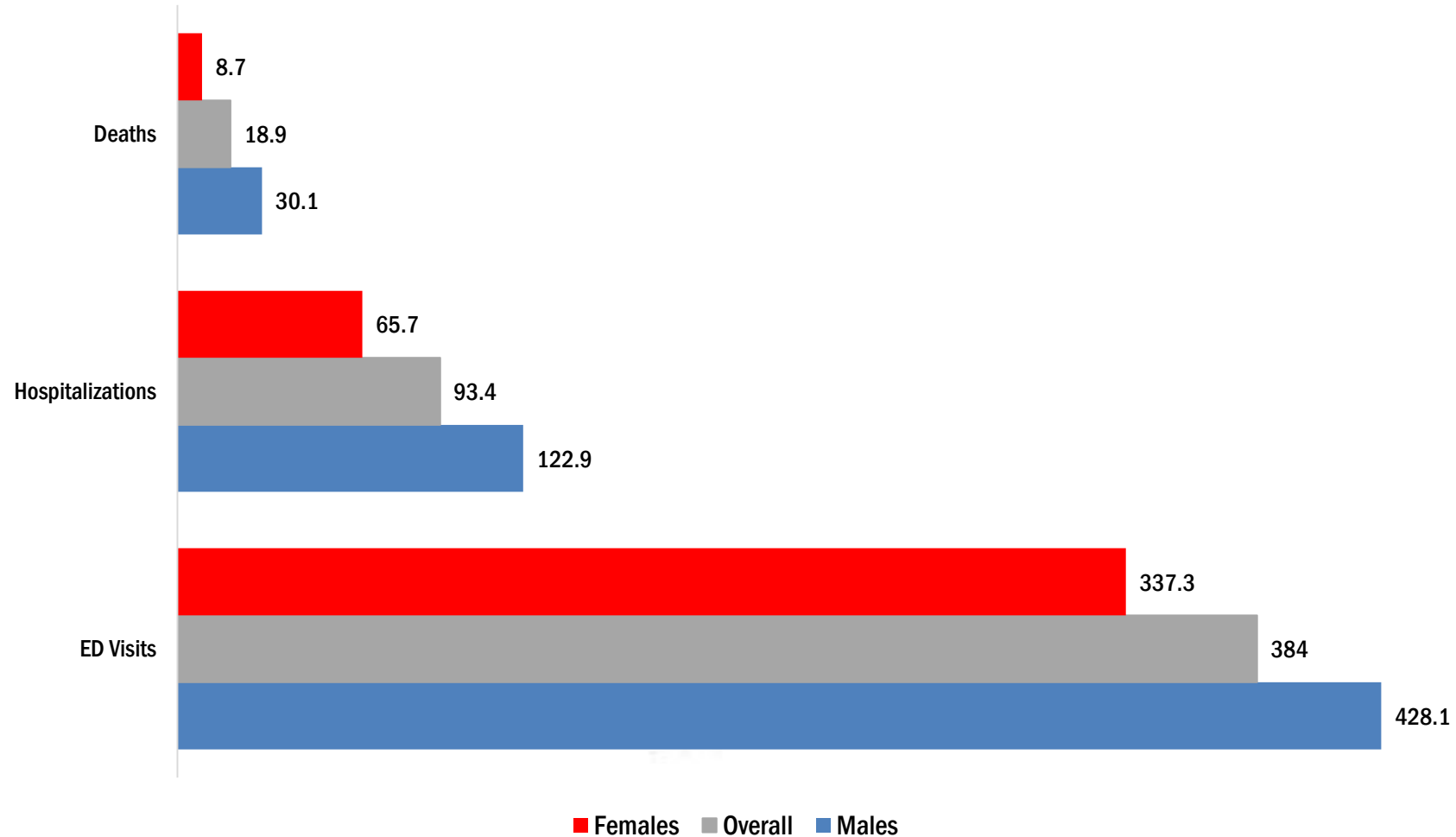
TBI-related fall hospitalizations and deaths were highest among those 85 year olds and older

Age-Adjusted Rate per 100,000



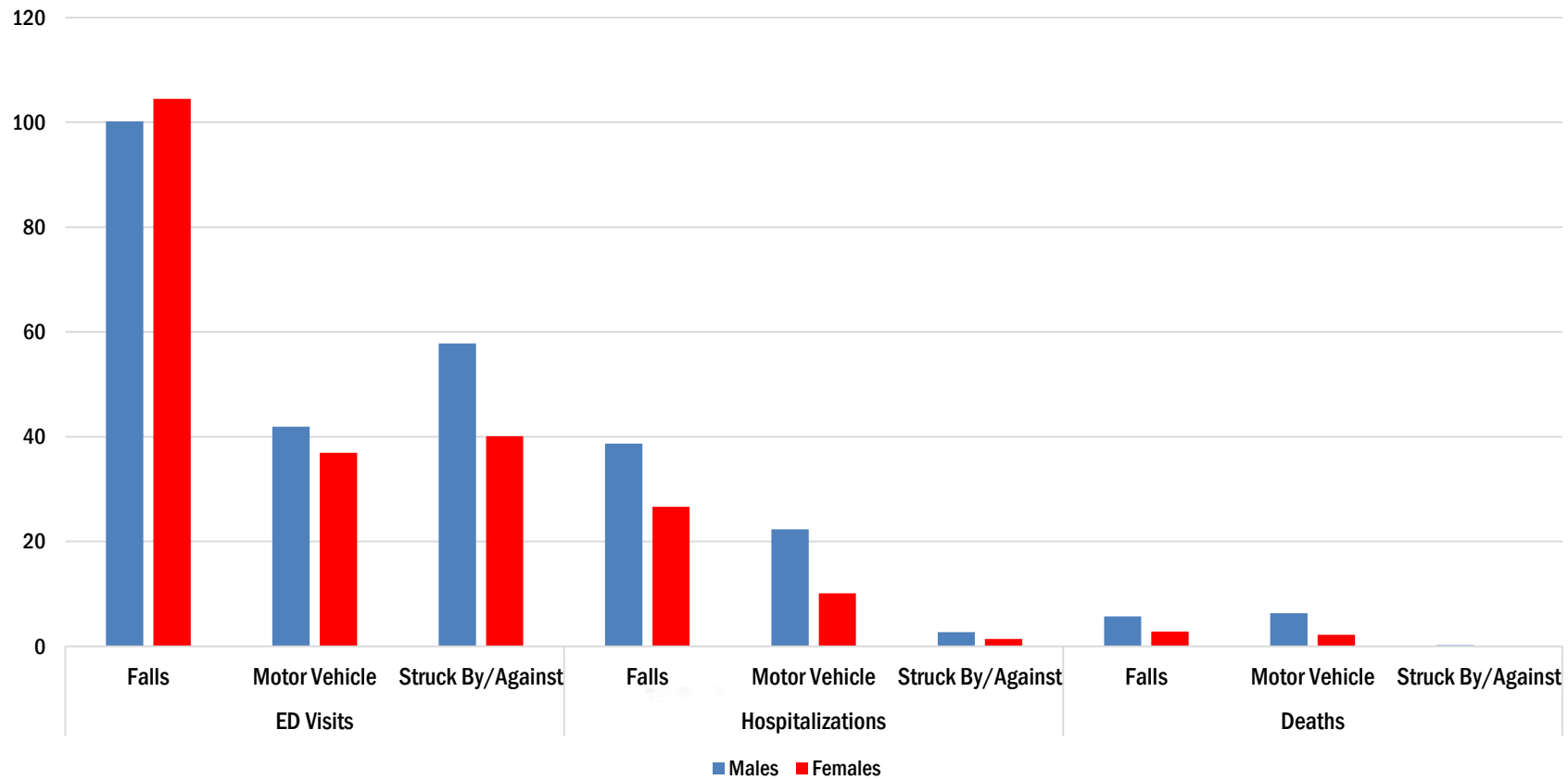
Males had higher overall TBI-related injuries compared to females

Age-Adjusted Rate per 100,000



External causes of unintentional injury were usually higher in males than females in all causes except ED visits for unintentional falls

Age-Adjusted Rate per 100,000



Contact information

Andzelika Rzucidlo, *Injury Prevention Epidemiologist*

Trauma and Injury Prevention Division

317.234.7463 (office)

arzucidlo@isdh.in.gov

Email questions to: Indianatrauma@isd.in.gov



Indiana State
Department of Health



The Datalys Center

Christy Collins, PhD, President



May 17, 2019

What is the Datalys Center?

- The Datalys Center was formed through the collaborative efforts of the NCAA, the ACSM and BioCrossroads in 2006



- In 2014, The Datalys Center became a 501(c)(3); 509(a)(3)(b)(i) Type 1 non-profit supporting organization of AOSSM and ACSM



- Independent provider of epidemiological research services

Mission

To collect and translate—often in **collaboration with others**—sports participation, injury and treatment data into more effective programs, policies, rules, and education aimed at preventing, mitigating, and treating sports injuries more effectively



Vision

To promote health and physical activity
through safer sports



Datalys Center Staff and Advisors

Staff

Christy Collins, PhD	President
Erin Wasserman, PhD	Director, NCAA Injury Prevention Program
Sarah Morris, PhD	Biostatistician
Melissa Baker	Project Coordinator, CARE
Sara Quetant, MEd, LAT, ATC	Research Specialist, CARE and High School NATION
Kelsi Rynard, MS	Data Quality Specialist, NCAA ISP

External Scientific Advisory Board

Steve Marshall, PhD	University of North Carolina at Chapel Hill
Gary Wilkerson PhD, ATC	University of Tennessee Chattanooga
Julie Agel, MS, ATC	Harbor View Injury Center; University of Minnesota
Jennifer Hootman, PhD, ATC	Centers for Disease Control (CDC)
Dawn Comstock, PhD	University of Colorado, Denver
Alison Snyder Valier, PhD, ATC	AT Still University
Jim Torner, PhD	University of Iowa

Datalys Center Leadership

Board of Directors

Marjorie J. Albohm, MS, ATC

Greg Dummer, CAE

Brian Hainline, MD

Chris Eckerle

Barry P. Katz, PhD

Kathleen McNeely

Past President, NATA; Director, Ossur Academy

CEO, AOSSM

Chief Medical Officer, NCAA

Project Director, BioCrossroads

Director, Dept of Biostatistics, Indiana University

Chief Financial Officer, NCAA

Past Members of the Board of Directors

Robert C. Vowels, Jr.

John B. "Jack" Swarbrick Jr.

James L. Isch, PhD

Troy Hege, MBA

Irvin E. Bomberger

James R. Whitehead

Director of Athletics, University of Detroit, Mercy

Director of Athletics, Notre Dame University

Chief Operating Officer, NCAA, Retired

Chief of Staff, Executive VP, Indiana BRI

Executive Director, AOSSM, Retired

Executive Vice President and CEO, ACSM

Services We Provide

- Study design and execution
 - Longitudinal injury surveillance programs
 - Clinical research and patient-centered outcomes
 - Intervention and efficacy studies
 - Survey research
 - Qualitative and mix-methods designs
 - Others
- Database and application design and management
 - Common data elements
 - Clinical report form (CRF) and electronic CRF (eCRF)
 - Quality control
- Data analyses and reporting
 - Annual and ad-hoc reports
 - Peer-reviewed manuscripts
 - Fact sheets



Ongoing Programs

Program	Sponsor	Scope	Purpose
NCAA Injury Surveillance Program (NCAA-ISP)	NCAA (2009-Present)	Over 300 Universities in 41 Sports	Describe injuries, provide data for evidence-based decisions, and conduct sub-studies
National Athletic Treatment, Injury and Outcomes Network (High School NATION)	NATA Foundation & BioCrossroads (2011-Present)	166 Schools in 31 Sports	Describe and monitor injuries and care provided by high school athletic trainers
Concussion Assessment, Research and Education (CARE) Consortium	NCAA & Department of Defense (2014-Present)	Prospective clinical epidemiological study	Baseline and follow-up neuropsychological, balance, biomarkers and other measures



NCAA Injury Surveillance Program

NCAA Injury Surveillance Program

- Injury Surveillance Program (ISP)
 - Ongoing since 1982
 - An integral part of the NCAA's health and safety efforts
 - Athletic Trainer (AT) reported injury and illness data
 - Used to make evidence-based, data-driven decisions
 - NCAA Sport Rules Committees
 - Committee on Competitive Safeguards and Medical Aspects of Sports
 - NCAA Sport Science Institute
 - Participating ATs
 - Scientific presentations and publications

Goals of the ISP

- Inform injury prevention practices, risk and personnel management, and medical decision-making
- Contribute to national health and safety policy and sport rule changes
- Further scientific research about health and safety risks to student-athletes
- Enhance the quality of student-athlete health care at all NCAA schools

What is Datalys' Role in the ISP?

- Started managing the ISP in 2009/10
 - Currently in 10th year of data collection
 - Started the “Common Data Element” process
- Independent
- Experts in sports injury epidemiology
- Provide deliverables to the NCAA

Datalys Methodology

- Common data element approach
- ATs use one of five electronic medical record systems or Datalys' Injury Surveillance Tool to document athlete-exposures and injuries
- Data are pushed from the multiple systems in a de-identified manner
 - The identities of the athletes remain completely confidential
 - HIPAA and FERPA compliant



What is Captured

- Athlete-Exposure
 - One athlete's participation in one school-sanctioned practice or competition
- Injury
 - Occurred as a result of participation in an organized intercollegiate practice or competition
 - Required attention from an AT or physician
 - Regardless of time loss

Magnitude of NCAA ISP

- 2009/10 – 2017/18
 - 3,350 team-seasons
 - >300,000 activities
 - >8,000,000 athlete-exposures
 - >50,000 injuries
- Currently in 10th year of data collection
 - 315 schools participating
 - 90% of schools who provided data in 2017/18 have submitted data in 2018/19



Peer-Reviewed Publications

- Over 100 peer-reviewed publications using data from NCAA ISP
 - Published internally by Datalys
 - External researchers may also request data for scientific research through the Datalys Injury Statistics Clearinghouse (DISC)
- www.datalyscenter.org/publications



High School NATION

High School NATION

- National Athletic Treatment, Injury and Outcomes Network
 - Began in 2011
 - Sponsored by the National Athletic Trainers' Association
 - High school equivalent to NCAA ISP
 - Also uses the common data element approach
 - Captures:
 - Athlete-exposures
 - Time loss and non-time loss injuries
 - Also collects treatment and outcome data

Magnitude of High School NATION

- Finishing the 8th year of data collection on June 30, 2019
 - 153 high schools currently participating
- 2011/12 – 2016/17 :
 - 31 sports
 - >200,000 activities
 - >6,600,000 athlete-exposures
 - >52,000 injuries
 - >215,000 treatment sessions



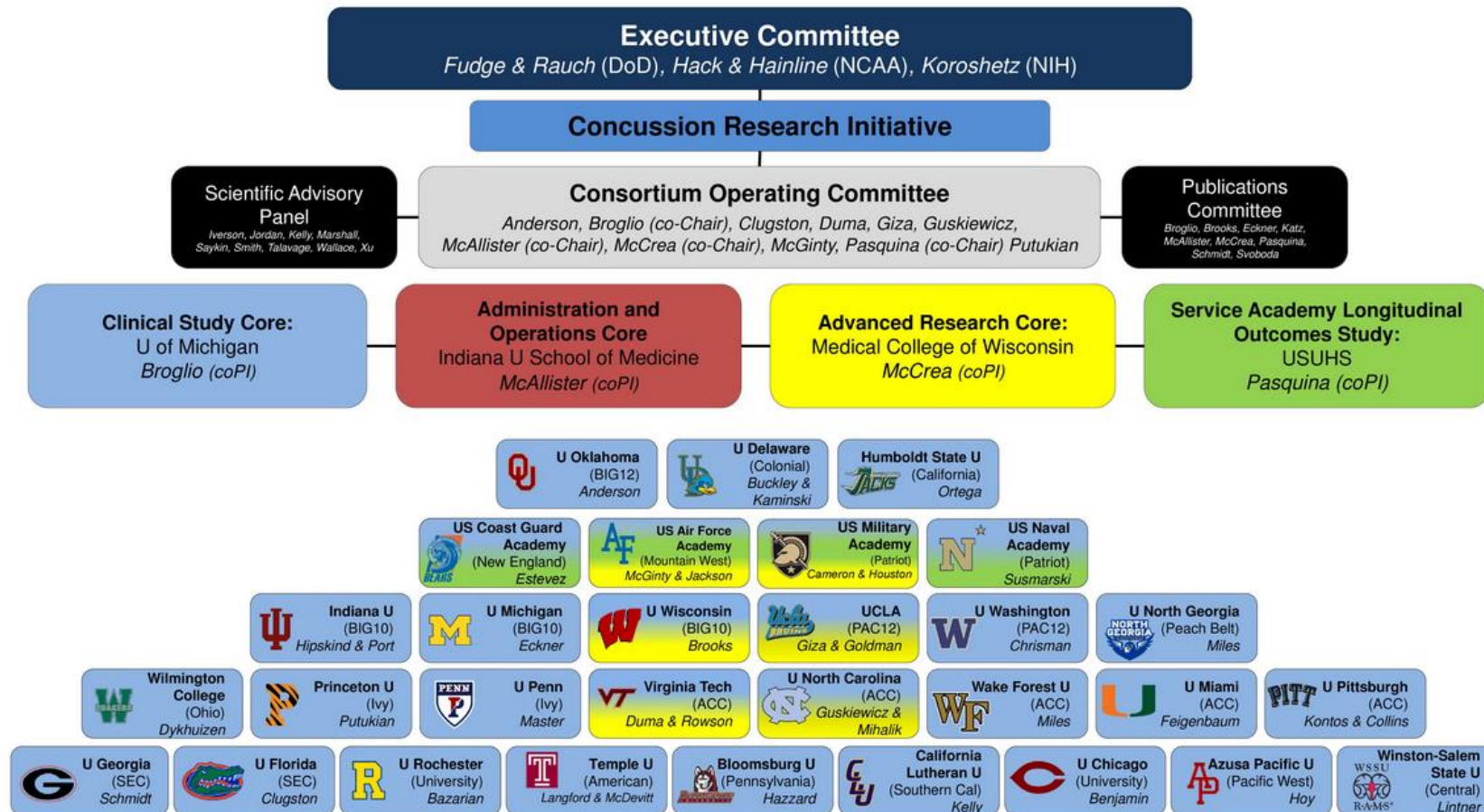
NCAA-DoD Grand Alliance CARE Consortium

CARE Consortium Overview

- Concussion Assessment, Research and Education (CARE) Consortium
 - Funded by the NCAA and the Department of Defense (DoD)
 - Largest prospective concussion study ever conducted
 - NCAA student-athletes and US Military Service Academies (MSA) cadets
 - Goals:
 - Address key knowledge gaps on the six-month natural history of clinical and neurobiological recovery after concussion
 - Determine acute and sub-acute effects of concussion on brain structure and function
 - Determine factors that predict poor concussion outcomes

CARE Structure

NCAA-DOD Grand Alliance CARE Consortium



What is Datalys' Role in CARE?

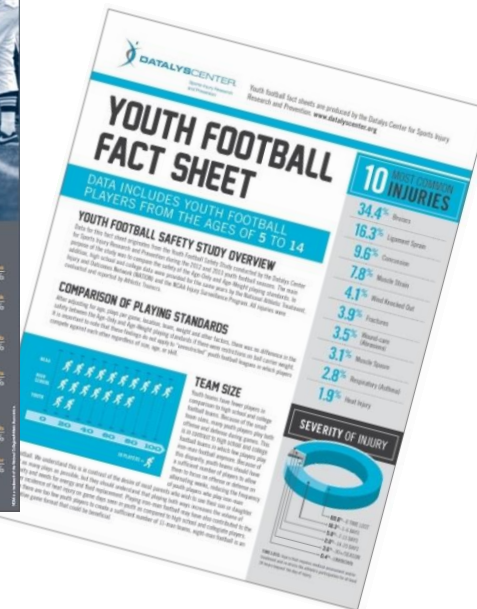
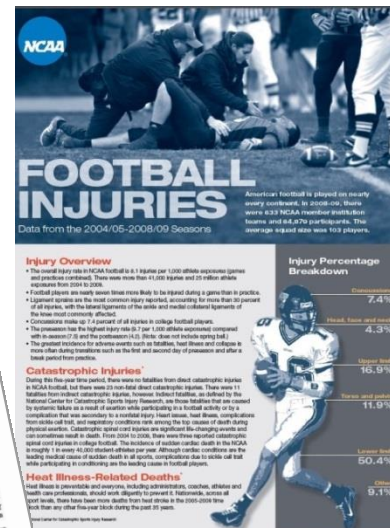
- Develop, test, and manage the application
- Manage application subcontractor
- Data collector training and support
- Real-time quality control
- Update application operation manuals and communicate updates
- Data management and cleaning
- Administrative support

Magnitude of CARE

- In the first phase, CARE enrolled over 37,000 MSA cadets and NCAA student-athletes
- Over 2,500 concussed cadets and student-athletes have undergone detailed post-injury characterization
- Currently working on CARE 2.0
 - Continuation of CARE 1.0
 - Focus on the intermediate cumulative and persistent effects of concussion and/or repetitive head impact exposure on neurological health in cadets and NCAA student-athletes through four years post-graduation
- CARE Long is in the works

Benefits of Sports Injury Surveillance

- Informative for Clinicians, Parents, Players and Coaches
- Provides Evidence for Data-Driven Decisions
- Evaluate Prevention Programs
- Legal Risk Mitigation
- Monitor Trends
- Publications
- Fact Sheets



Thanks to Our Many Partners!

- NCAA Sport Science Institute
- NATA Foundation and BioCrossroads
- We thank the many ATs who have volunteered their time and efforts to submit data

ccollins@datalyscenter.org

 [@datalyscenter](https://twitter.com/datalyscenter)



Pediatric Injuries Guest Speaker: ATV Safety

Ashlee Bruggenschmidt, *President of Play for Kate*

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health⁶⁴



Play For Kate



Ashlee Bruggenschmidt

President of Play For Kate

Principal, Sharon Elementary School,
Warrick County School Corp.

The Day The World Went Wrong

- July 26, 2015-ATV Crash
 - 1 phone call, 1 second, life as we knew it changed forever
 - 750 lbs. vs. 73 lbs.
 - No safety gear and no safety precautions
 - Inexperienced
 - Not a Risk Taker
 - Sent her to a friend's house and she never returned



How Does Something Like This Happen?

- 4 Wheels, False sense of security
- Not a babysitter
- Not a toy
- No training (Driver's Ed)
- No education/conversations about ATV's. Not part of lifestyle
- People think it won't happen to them
- Lack of education/lack of awareness



Protecting Our Most Valuable Resources...Our Kids!

- Play For Kate Foundation Formed
 - Child and Safety Advocacy





Teamwork



ATV Safety Initiatives

- HEA 1200
- ATV Community Training
- Safety Sam
- ATV Safety Coalition
- ATV Safety App



#helmetssavelives

Neck Print

ATV Safety App

- Color the picture (for additional pictures go to www.playforkate.com, under ATV safety tab).
-
- Download the “Spectacular” App by Quiver Vision. This is a FREE App.
-
- Use Spectacular to scan the QR code or scan your picture.
-
- Scan page to play.



visit us at
www.playforkate.com



1. Color the Picture
2. Download the "Spectacular" App by QuiverVision
3. Use "Spectacular" to scan the QR code
4. Scan Page to Play

Why Are Kids Dying

- Lack of Awareness
- Lack of Education
- Lack of Accountability
- Lack of Resources
- Culture
- This applies to SUID, suicide,
 - drowning's, ATV crashes, etc.



Turn Up The Volume On Child Safety

- Let's be proactive/not reactive
- Ultimate goal of no more victims
- Use our pain and suffering as a place
 - Where people see hope/faith
- CFR, law enforcement
- Review cases, investigate deaths....then what?
- How do we prevent these deaths?
- How do we change the outcomes?
- How do we improve the outcomes for kids in the
 - State of IN?



What Can We Do To Help?

- Education
- Prevention
- Collaboration
- Data Collection
 - Data brings people together (No Silos)/Collaboration
 - Data informs prevention efforts and catalyzes the community into action
 - Data drives our efforts, our education, prevention, and safety recommendations
 - Are we focusing our efforts in the right place/area?
 - Helps to find solutions and avoid the excuses
 - Helps to make informed decisions
 - Helps us to prevent these preventable deaths and keep our kids safe



Prevention From Tragedy?

- In Indiana, injury is the leading cause of death for children ages 1-17
- Tragically, most, if not all, of these deaths can be prevented
- Together we can find solutions and prevent our kids from dying



Stories Change Behaviors Not Statistics

- Stories are data with a soul
- Finding our purpose
- Swallowed up with grief....make our heart bigger than the hole left



Impact of Investigators

- The investigation, interviews, phone conversations, initial contacts at the scene or after the tragedy occurs...all of these things will never be forgotten. These things are ingrained in the survivor's mind after they suffer a traumatic event. They are so impactful. How you respond, your role in this tragedy, whether it be the investigating officer, the coroner, the caseworker, the EMS personnel.....you may be the only life preserver that family has at that moment. Their normal ceases to exist. They are helpless. They are suffering one of the most traumatic things someone can endure. YOU have the power to instill hope, to help heal, to give grace in these horrific moments.



Together We CAN Make A Difference!

- This cause, PFK, it found us...sharing Kate's story brings healing and eliminates its power over us. We speak for her, her story, and other's story and their pain. You all can be their voice too. I challenge you to do something meaningful, impactful, and make a positive difference every day!
- "What you do makes a difference, and you have to decide what kind of difference you want to make."
-Jane Goodall



Check us out at
www.playforkate.com

Check us out on
Facebook at Play For Kate



Contact us at:
playforkate@gmail.com
812-202-0154 Ashlee

Play For Kate
P.O. Box 834
Boonville, IN 47601

Adult Injuries Guest Speaker: Sexual Violence Primary Prevention

Afra Hussain, MPH

Violence Prevention Program Director

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Sexual Violence Primary Prevention

- Preventing first-time perpetration and victimization.
- Aims to change the root cause of SV.
- Communities bear the burden of sexual violence.
- Responsibility of the entire community and society.



Indiana State
Department of Health

Rape Prevention and Education (RPE) Program

- CDC program that is focused on primary prevention
- Goals:
 - Evidence-based programming
 - Strategies that address the Social Ecological Model
 - Analyze data and monitor trends



Indiana State
Department of Health

Sexual Violence Primary Prevention Council

- Indiana State Sexual Violence Prevention Plan
- Created by the Sexual Violence Primary Prevention Council



Indiana State
Department of Health

Sexual Violence in Indiana

- Almost 2 in 5 women in Indiana have ever experienced some form of contact sexual violence.
- The share of women in Indiana who have experienced these forms of violence (38%) is slightly larger than that of women in the U.S. as a whole (36%).*
- *National Intimate Partner and Sexual Violence Survey (2010-2012)



Indiana State
Department of Health

Needs Assessment

- OWH engaged Community Solutions, Inc., to conduct asset map, gap analysis, and needs assessment of SVPP resources in Indiana.
- Conducted seven regional listening sessions from November through December 2018.



Indiana State
Department of Health

Identified Resources

- A total of 750 resources were identified:
 - 460 resources at the individual/interpersonal level
 - 217 resources at the community level
 - 73 resources at the societal level



Indiana State
Department of Health

Risk and Protective Factors

Table 1: Significant Social Determinants

Resources	<ul style="list-style-type: none">•Availability of resources to meet daily needs (e.g., safe housing and local food markets)•Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
Care	<ul style="list-style-type: none">•Access to health care services
Employment and Education	<ul style="list-style-type: none">•Access to educational, economic, and job opportunities•Quality of education and job training
Social Support	<ul style="list-style-type: none">•Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities•Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
Safety	<ul style="list-style-type: none">•Public safety•Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)



Impact of SVPP Programs

- Create sustainable, coordinated responses to SV prevention efforts in communities
- Prepare all Hoosiers to become heroes in the fight against SV
- Create a culture of care in communities
- Promote healthy, nonviolent social norms, attitudes, beliefs, policies, and practices



Indiana State
Department of Health

Moving Forward

- Put data into action
- Intentional program implementation
- Empower Hoosier communities
- Include partners working with population groups experiencing health inequities
- Engage partners from multiple fields and sectors that have a role in advancing violence prevention



Indiana State
Department of Health

Interpersonal Violence Program Repository

- Interpersonal Violence Evidence Based Program Repository for Health Care Facilities
- Created by ISDH Division of Trauma and Injury Prevention



Indiana State
Department of Health

Sexual Violence Resources

- ISDH Sexual Violence Primary Prevention Program
- National Sexual Violence Resource Center
- CDC Rape Prevention and Education Program
- Sexual Violence Prevention: Beginning the Dialogue
- The Public Health Approach to Violence Prevention
- VetoViolence



Indiana State
Department of Health

Contact Information

Afra Hussain, MPH

Violence Prevention Program Director

(317) 233-9156

AHussain@isdh.IN.gov



**Indiana State
Department of Health**

Thanks for joining!

**Feel free to invite new attendees for the
next meeting, May 17th!**



Indiana State
Department of Health