

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 10, Issue 1

January/February 2019

## In This Issue

- Division staff updates .....pages 1-2
- Preventing ACEs training .....page 2
- Trauma registry/ISTCC update .....page 3
- Winter road safety and teen dating violence ..... page 4
- Drug & alcohol facts week/mTBI training.....page 5
- Pet safety in the winter .....page 6
- MIPA annual meeting summary .....page 7
- Winter TBIs/being active in the winter .....page 8
- Seasonal depression .....page 9
- Stepping On .....page 10
- Observances and events/grant updates .....pages 11-12
- Contact information .....page 13

## Upcoming Events

- **Injury Prevention Advisory Council (IPAC) meeting**  
Jan. 18
- **Indiana Violent Death Reporting System (INVDRS) advisory board meeting**  
Jan. 18
- **Dr. Martin Luther King, Jr. Day — state offices closed**  
Jan. 21
- **Commission to Combat Drug Abuse meeting**  
Feb. 8
- **Faith-based Marion County meeting**  
Feb. 12

## Division staff updates



**Andzelika Rzcudlo**  
Injury Prevention  
Epidemiologist

Andzelika Rzcudlo is the division's new injury prevention epidemiologist. She graduated from Purdue University with a Bachelor of Science in biochemistry. She is enrolled at the IU Richard M. Fairbanks School of Public Health to obtain a Master of Public Health degree with a concentration in epidemiology and expects to graduate in 2020. She has previous experience working in a forensic toxicology lab and has also focused on the toxicology surveillance program as an intern at ISDH prior to joining full-time as an epidemiologist.

Veronica Daye graduated from Ball State University with a Bachelor of Science degree in chemistry and pre-medicine and a minor in biology. She is continuing her education at IU Richard M. Fairbanks School of Public Health to obtain her Master of Public Health with a concentration in epidemiology, seeking to add on social and behavioral sciences as a dual focus. Veronica was an extractions lab technician in a forensic toxicology lab prior to joining ISDH.



**Veronica Daye**  
Records Consultant



**Madeline Tatum, PDO**  
Community Outreach  
Coordinator

◀ Continued from page 1

Madeline Tatum graduated from Miami University with her Bachelor of Science in speech pathology and audiology and a minor in political science. While at Miami, Madeline focused on the intersection between healthcare and government, leading her to work as a research assistant in the Scottish Parliament for several months. Prior to joining ISDH in 2018, Madeline worked at the Children’s Museum of Indianapolis as a research assistant. She originally started as a records consultant, but transitioned into the role of prescription drug overdose (PDO) community outreach coordinator in November.

Carrie Bennett graduated with her Bachelor of Science in Public Health from the IU Richard M. Fairbanks School of Public Health at IUPUI in 2017. Before joining ISDH, she had previous experience in research for Fairbanks and the office of Research in Medical Education at the IU School of Medicine. She began her time in the Division of Trauma and Injury Prevention as a resources and records consultant, and has recently taken a new position as a PDO community outreach coordinator.



**Carrie Bennett, PDO**  
Community Outreach  
Coordinator

## Preventing Adverse Childhood Experiences

Adverse childhood experiences — commonly known as ACEs — affect children and families across all communities. ACEs can impact kids’ health and well-being, and they can have long-term effects on adult health and wellness. They can even have consequences that affect entire families, communities and society. Thankfully, ACEs are preventable.

The Division of Violence Prevention (DVP) at the Centers for Disease Control and Prevention (CDC) has developed a new online training for pediatric medical providers, mental-healthcare providers, and other public health practitioners to help them understand, recognize and prevent ACEs. The training is free of charge on the VetoViolence website. Continuing Education Units are available.

This training will help you understand, recognize and prevent ACEs. You’ll learn about risk and protective factors, outcomes associated with ACEs and evidence-based strategies you can use to reduce or eliminate the impact of ACEs and stop them from occurring in the first place.

Get the knowledge and insights you need to help create healthier, happier childhoods for kids today, and bright futures for adults tomorrow.

For more information visit: <https://vetoviolence.cdc.gov/apps/aces-training/###top>

## Training for Specific Professions

### Introductory Training Modules



## Hospitals need to report data to the trauma registry

The hospitals listed below did not report data to the trauma registry for the second quarter of 2018. All hospitals with emergency departments have been required to send in their trauma data to the Indiana Trauma Registry since November 2013. Doing so allows the department to have representative data of the state for analysis and research. Data are also used on a regional level at the Trauma Regional Advisory Council (TRAC) meetings. Hospitals may find resources to report by collaborating with other hospitals in their district or hospital network. For training on the trauma registry, contact ISDH Statewide Trauma System Development and Training Manager Ramzi Nimry at [rnimry@isdh.in.gov](mailto:rnimry@isdh.in.gov) or 317-234-7321.

**Adams Memorial Hospital**  
**Community Westview**  
**Decatur County Memorial Hospital**  
**Fayette Regional Health**  
**Franciscan Health Dyer**  
**Franciscan Health Hammond**  
**Franciscan Health Munster**  
**Goshen Hospital**  
**Harrison County Hospital**

**IU Health Starke**  
**IU Health Tipton**  
**Pulaski Memorial**  
**Riverview Health**  
**St. Catherine Regional (Charlestown)**  
**St. Elizabeth—Central**  
**St. Mary Medical Center Hobart**  
**St. Vincent Fishers**  
**St. Vincent Randolph**

## Indiana State Trauma Care Committee meeting update

During the December meeting of the Indiana State Trauma Care Committee (ISTCC), the group heard an update from Dr. Peter Jenkins, general surgeon at IU Health Methodist, regarding his research project on the association between comorbidities and mortality following traumatic injuries. His study design included a retrospective cohort study using Indiana trauma registry data from 2013 through 2015 with the focus on comorbidities and in-hospital mortality. He also discussed limitations of the study, including that although it is retrospective, some of the data can lack validity.

ISTCC also listened to a presentation from Michael Holowaty, with Indiana Department of Transportation's (INDOT) Traffic Engineering Division, regarding Indiana's crash trends and INDOT's traffic safety program. Motor vehicle crashes are a leading cause of injury for most age groups, and the preventive measures taken by INDOT help to reduce the severity of injury and prevent mortality. Indiana lane departures as the largest type of crash leading to severe injury or death, as it is in most other states, according to Holowaty. He discussed some examples of what the state has been doing to mitigate these types of crashes including: safety edge paving (pictured), edge-line rumble stripes, center-line rumble stripes and cable barriers, which have reduced cross-median crashes by almost 90 percent since INDOT started using them in 2006. He also mentioned that Indiana continues to take steps to ensure the safety of motor vehicle operators, pedestrians and especially work zones.



Nine out of the 10 public health preparedness districts provided updates including continued training efforts for the Stop the Bleed campaign, creating performance improvement subcommittees to focus on improving regional outcomes and continued collaboration with both hospitals and emergency medical service providers in each district.

## Winter road safety and preparedness

Are you ready to travel this winter season? Although winter road trips are a great way to celebrate with family and friends, winter driving can also be hazardous. It is crucial for drivers to be prepared and stay safe on the roads and to prevent motor vehicle injuries due to winter storms. Conducting routine vehicle maintenance, planning ahead, being extra cautious and being prepared can help you be ready in case of an emergency.

Here are the checklist of supplies for your vehicle:

- Snow shovel, broom and ice scraper
- Abrasive material, such as sand or kitty litter (for traction)
- Jumper cables, flashlight, extra batteries
- Blankets, extra clothes or hand warmers for protection from the cold
- First aid kit, medications
- Water and food
- Candle, lighter, charged cell phone and portable charger



Remember the three P's of safe winter driving: PREPARE, PROTECT and PREVENT!

### *Prepare*

- Maintain your car regularly
- Make sure your wiper fluid contains anti-freeze
- Pack your trunk for emergencies
- Plan your route and monitor the weather conditions before beginning your trip



### *Protect*

- Wear seatbelt
- Use child safety seats properly
- Children are always safer in the backseat. Smaller children in car seats should remove their winter coats before being harnessed in. The coat can then be placed over the straps to keep the traveler warm

### *Prevent*

- Always slow down and increase distances between cars on ice or snow
- Keep your eyes open for ice, water-covered ice and pedestrians walking in the road
- Get plenty of rest before your trip, make pit stops along the way, rotate drivers if possible

Visit National Highway Traffic Safety Administration's (NHTSA's) full list of recommendations online at <https://www.nhtsa.gov/winter-driving-tips> for more information and tips. Use these tips this winter to prepare for traveling, protect yourself against the weather on the road and prevent crashes before they happen.

---

## Teen Dating Violence Awareness

February is Teen Dating Violence Awareness month. The 2019 slogan is "Your Love is Unique" – a reminder that each relationship has its individual traits, and everyone deserves to have their boundaries respected. Approximately 1.5 million high school students nationwide every year experience physical abuse from a dating partner. Abuse can also take on other forms, such as verbal, emotional, sexual and digital.

The National Resource Center on Domestic Violence (NRC DV) RESPECT! Challenge Action [Toolkit](#) offers resources and tools for parents with tips on how to talk to youth about respectful relationships and how to navigate the digital dating world. Not only are these efforts focused on young girls and women, but engaging young boys and men can change gender stereotypes. Boundaries, warning signs and healthy relationships are not as clear when you are in an abusive relationship. That's why it's important to educate your friends and community about dating abuse and how to have a healthy relationship. The number for the Teen Dating Abuse Helpline is 1-866-331-9474. For more information, visit <https://nrcdv.org/dvam/tdvam>.





## National Drug and Alcohol Facts Week (NDAFW)

This year the National Drug and Alcohol Facts Week (NDAFW) will be Jan. 22-27. Every year the NDAFW brings teens and scientific experts together to discuss the scientific facts about drugs, as well as their potential health effects on teen bodies and brains. Events are held throughout the country, with registrants getting free science based materials designed for young people. As in previous years, part of the week's activities includes scientists and science writers answer questions from teens around the country during a live web chat called National Drugs and Alcohol Chat Day. You can host an event in your community by following the online guide [here](#). The guide includes information to successfully plan, promote and host a community outreach project for NDAFW.

Some of the drug and alcohol facts that NDAFW brings to light include:

- About 4 in 10 people who begin drinking before age 15 eventually become alcoholics.
- More people die from prescription pain reliever overdoses (like Vicodin and OxyContin) than from heroin and cocaine combined.
- Mixing pills with other drugs or with alcohol can increase your risk of death from accidental overdose.
- Marijuana is linked to lower grades, school failure, some mental illness and poorer quality of life.

For more information, visit <https://teens.drugabuse.gov/national-drug-alcohol-facts-week>.

## CDC and AAP release online training for healthcare providers on pediatric mild traumatic brain injury (mTBI)

Mild traumatic brain injury (mTBI) is an emerging public health concern defined as “an acute brain injury resulting from mechanical energy to the head from external physical forces” by the WHO Collaborating Centre Task Force on mTBI and other accredited mTBI organizations.

CDC Heads Up has taken the initiative to implement new evidence-based guidelines for the diagnosis, prognosis and management/treatment of mTBIs in children. Healthcare professionals are given specific recommendations and scales for proper diagnosis of mTBI, healthcare providers receive straightforward guidelines and checklists for assessment and management. New fact sheets on concussion awareness provide simplicity for those who are unaware of the symptoms and recovery process. These guidelines and recommendations serve to increase awareness and understanding of pediatric mTBIs and implementation of new ways to manage mTBIs in children.

Here are a few online resources if you would like to learn more:

- <https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>
- <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2698456>
- <https://www.cdc.gov/traumaticbraininjury/pdf/pediatricmtbiguidelineeducationaltools/mTBI-Diagnosis-Checklist-508.pdf> [https://www.cdc.gov/traumaticbraininjury/pdf/pediatricmtbiguidelineeducationaltools/2018-mTBI\\_Recovery-508.pdf](https://www.cdc.gov/traumaticbraininjury/pdf/pediatricmtbiguidelineeducationaltools/2018-mTBI_Recovery-508.pdf) [https://www.cdc.gov/traumaticbraininjury/pdf/pediatricmtbiguidelineeducationaltools/2018-CDC\\_mTBI\\_Discharge-Instructions-508.pdf](https://www.cdc.gov/traumaticbraininjury/pdf/pediatricmtbiguidelineeducationaltools/2018-CDC_mTBI_Discharge-Instructions-508.pdf)

In addition, people with moderate to severe TBI typically face a variety of chronic health problems. These issues add costs and burden to people with TBI, their families, and society. Among those still alive 5 years after injury:

- 57%** are moderately or severely disabled.
- 55%** do not have a job (but were employed at the time of their injury).
- 50%** return to a hospital at least once.
- 33%** rely on others for help with everyday activities.
- 29%** are not satisfied with life.
- 29%** use illicit drugs or misuse alcohol.
- 12%** reside in nursing homes or other institutions.

[https://www.cdc.gov/traumaticbraininjury/pdf/Moderate\\_to\\_Severe\\_TBI\\_Lifelong-a.pdf](https://www.cdc.gov/traumaticbraininjury/pdf/Moderate_to_Severe_TBI_Lifelong-a.pdf)

## Pet safety in the winter

Indiana winters can pose serious threats to your pets' health. Winter's dry, cold air, and sleet and snow can cause chapped paws and flaky skin. It is important to keep your animals safe during the winter. Indiana weather can be unpredictable, always be cautious for the sake of your pet.

Winter tips for a safe and healthy pet:

- Towel dry your pets as soon as they come in from being outside.
- Never shave a dog down to its skin in the winter. A longer coat provides warmth and protection for your pet. If your dog has a long coat, make sure ice balls and snow are not clinging to their coat after being outside.
- After a walk, wash and dry your pet's stomach and feet to remove salt, ice and chemicals.
- Do not let your animals stay outside for an extended period of time.
- Make sure your animal has enough water and is hydrated, this will help keep their skin less dry.
- Do not leave your pet in a cold car if out and about.
- Make sure your pet maintains a healthy weight throughout the winter.
- Bathe your pets as little as possible during extreme cold weather to prevent their skin from drying out and losing essential oils.



Companion animals are not the only animals that need weather protection. Livestock can also be at risk during cold temperatures. Livestock animals include horses, goats, sheep and pigs.

Winter tips for safe and healthy livestock:

- Ensure livestock have appropriate shelter to protect them from the elements.
- Ensure access to water as outdoor water supplies can freeze. It is important to find ways to keep water readily available. Tank heaters or heated buckets can keep water from freezing.
- Veterinary care is important during the winter. Schedule an appointment with your vet to discuss any health concerns.
- Livestock need to be given the correct amount of feed to maintain their weight. High quality feed is also important to keep up the animal's energy.



SOURCES:

<https://www.avma.org/public/PetCare/Pages/Cold-weather-pet-safety.aspx>

<https://www.asPCA.org/pet-care/general-pet-care/cold-weather-safety-tips>

## Midwest Injury Prevention Alliance annual meeting summary

ISDH was pleased to host the Midwest Injury Prevention Alliance (MIPA) 2018 summit Cutting Edge of Prevention: Sharing Best Practices, Nov. 29 and 30 at the Sheraton Indianapolis Hotel at Keystone Crossing in Indianapolis. The event included presentations on approaches to prevent violence, injury prevention in motor sports, distracted driving, addressing opioids in the workplace and connecting data, science and action to prevent injuries. The summit saw some great keynote speakers, including Eric Caine who focused his presentation on *Developing Comprehensive, Integrated Approaches to Suicide Prevention*. MIPA attendees also had the chance to listen to Dr. Judy Qualters present on Connecting Data, Science and Action to Prevent Injuries and Violence. It was a well attended event with great discussions.



**TOP:** ISDH employees smile after a successful day two of the conference. Pictured from left are Jeremy Funk, Katie Hokanson, Tanya Barrett, Morgan Sprecher, Audrey Rehberg and Pravy Nijjar



**MIDDLE LEFT:**  
Dr. Gary Smith

**MIDDLE CENTER:**  
Dr. Eric Caine

**MIDDLE RIGHT:**  
Dr. Judy Qualters



**BOTTOM:**  
Attendees listen to a session about furniture tip-over injuries.

## National winter sports traumatic brain injury (TBI) awareness month

There are a variety of different winter sports and activities to enjoy, such as skiing, snowboarding, sledding and ice skating for both athletes and adventurous individuals. National Winter Sports TBI Awareness Month in January highlights the importance of minimizing TBIs that result from high speeds and slippery surfaces. Roughly 30 percent of reported concussions occurred in snowboarding, and about 25 percent were obtained through skiing, so it is vital that even winter sports' experts should use safety measures and minimize serious injury by following a few safety precautions:

1. Wearing a helmet that fits securely on your head and replace the helmet after a severe crash to maximize safety.
2. Always be aware of your surroundings.
3. Know your limitations. Don't use a difficult course if you don't think you're up for it.
4. Watch young children and teens.
5. Know the warning signs that could indicate a concussion, which includes (but is not limited to) headaches, slurred speech, nausea/vomiting, and decreased balance or coordination.
6. Seek medical attention if a fall or crash does occur. Be aware that symptoms may not occur immediately following a crash.



### SOURCES:

<https://health.gov/news/blog/2016/01/head-and-neck-injuries-in-winter-sports/>

<https://www.brainline.org/article/winter-sports-brain-injury-prevention-tips>

<https://doi.org/10.1177%2F2325967114564358>

## National Council on Aging (NCOA) tips for staying active in the winter

The 2018 Physical Activity Guidelines for Americans were just released by the U.S. Department of Health and Human Services. It includes recommendations for adults to increase movement and decrease sitting throughout the day by incorporating aerobics, balance activities and muscle strengthening. Because cold temperatures, icy sidewalks and winter storms can make outdoor exercise difficult, the National Council on Aging (NCOA) has compiled six tips for staying active during these winter months.



1. Explore arthritis-friendly exercise videos (ex. Yoga, Tai Chi).
2. Find an exercise class near you.
3. Go walking in the mall.
4. If you walk outside, take precautions to prevent slips and trips on ice.
5. Get a workout to go (ex. Wall pushups, arm raises, hand grips).
6. Find an indoor community pool or track.

### SOURCE:

[https://www.ncoa.org/blog/stayactiwinter/?Utm\\_source=email&utm\\_medium=newsletter&utm\\_campaign=chaenews](https://www.ncoa.org/blog/stayactiwinter/?Utm_source=email&utm_medium=newsletter&utm_campaign=chaenews)



## Seasonal depression or seasonal affective disorder

Winter. Some see it as a glorious time to enjoy outdoor winter activities that only come once a year. Others may not enjoy winter, but they can get through the season without experiencing a significant change in mood. For half a million people in the United States, winter is the most difficult time of the year as they experience seasonal depression or seasonal affective disorder (SAD).

**What is SAD?** According to the National Institute of Mental Health, “SAD is a type of depression that comes and goes with the seasons, typically starting in the late fall and early winter and going away during the spring and summer.” Some individuals even experience these symptoms in the summer, though this phenomenon occurs rarely. As far as groups affected by SAD, there is a wide variety. Groups affected include: females, those living far from the equator, those with a family history of SAD, those with a diagnosis of depression or bipolar disorder and those who are younger. Of course, individuals outside of these parameters also can experience SAD.

**What does SAD look like?** SAD’s symptoms can vary depending on the individual. Some symptoms most commonly seen, outlined by the Mayo Clinic on its SAD [webpage](#), include: feeling depressed most of the day, nearly every day; losing interest in activities you once enjoyed; having low energy; having problems with sleeping; experiencing changes in your appetite or weight; feeling sluggish or agitated; having difficulty concentrating; feeling hopeless, worthless or guilty; having frequent thoughts of death or suicide.



Some symptoms may be more specific depending on the time of year that the individual experiences SAD. Some of these symptoms include:

Fall and winter SAD: oversleeping; appetite changes, especially a craving for foods high in carbohydrates; weight gain; tiredness or low energy.

Spring and summer SAD: trouble sleeping (insomnia), poor appetite, weight loss, agitation or anxiety.

**How is SAD treated?** The medical community has outlined several different ways to treat SAD. Some individuals tout the positive effects of vitamin D treatment, but that stance is often contested. Treatments most widely accepted by the medical community include: medication, light therapy and psychotherapy.

- *Medication* – Similar to treating depression, doctors often prescribe Selective Serotonin Reuptake Inhibitors (SSRIs) to treat SAD. Of course, these medications can have side effects and vary in effectiveness based on the individual.
- *Psychotherapy* – While medication is a great way to start treating SAD, psychotherapy may be necessary to delve into the individual’s deeper issues. Cognitive behavioral therapy may be employed to help individuals process and learn key coping strategies.
- *Light Therapy* – Light therapy, also known as phototherapy, is a therapy centered on exposure to bright light. Individuals who engage in light therapy sit a few feet away from a “light box” every morning to alleviate the effects of SAD.

Needless to say, SAD is a real and important issue that needs to be discussed in these wintery months. It is imperative to recognize the symptoms of seasonal depression and get appropriate treatment when necessary.

SOURCES:

<https://www.nimh.nih.gov/health/topics/seasonal-affective-disorder/index.shtml>

<https://www.mayoclinic.org/diseases-conditions/seasonal-affective-disorder/symptoms-causes/syc-20364651>

<https://my.clevelandclinic.org/health/diseases/9293-seasonal-depression>

<https://pixabay.com/en/desperate-sad-depressed-feet-hands-2293377/>

## Cost avoidance thanks to Stepping On program

### Preventing Falls

**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.



#### 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**

**4,384**

Participants

**384**

Workshops

**172**

New Leaders

**61**

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**

# Injury Prevention Observances and Events January 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
National Winter Sports Traumatic Brain Injury (TBI) Awareness Month  Radon Awareness Month		1  New Year's Day	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18  IPAC/NVDRS Meeting	19
20	21  Martin Luther King Jr. Day	22  National Drug and Alcohol Facts Week	23  National Drug and Alcohol Facts Week	24  District 10 TRAC  NDAF Week	25  National Drug and Alcohol Facts Week	26  National Drug and Alcohol Facts Week
27  National Drug and Alcohol Facts Week	28	29	30	31		

## Division of Trauma and Injury Prevention grant updates

New grant opportunities pursued:

Rural Communities Opioid Response Program – Planning (pending)

The division is reapplying for a grant previously pursued but not awarded. We are working to enhance and strengthen the application based on feedback received from grant reviewers. If awarded, ISDH will use funds to enhance the continuum of care for substance abuse treatment in rural Fayette County.

# Injury Prevention Observances and Events February 2019

**Sun      Mon      Tue      Wed      Thu      Fri      Sat**

Teen Dating Violence Awareness Month American Heart Month					1 National Wear Red Day	2
3	4 World Cancer Day	5	6	7	8 Commission to Combat Drug Abuse Meeting 10 AM-State Library	9
10	11	12 Faith-based Marion County Meeting	13	14 District 3 TRAC Condom Week	15 Condom Week	16 Condom Week
17 Condom Week	18 Condom Week	19 Condom Week	20 Condom Week	21 Condom Week	22	23
24	25	26	27	28 District 6 TRAC		

## Upcoming 2019 Trauma Regional Advisory Council (TRAC) meetings scheduled as of 12/26/18

**District 3:** Feb. 14, April 11, June 13, Aug. 8, Oct. 10 and Dec. 12

**District 6:** Feb. 28, May 30, Aug. 29 and Nov. 21

**District 10:** Jan. 24, April 25, July 25 and Oct. 24

All other districts TBD

# Contact Us

Kristina Box MD, FACOG — State Health Commissioner

Eldon Whetstone, JD — Assistant Commissioner, Health and Human Services

## Division of Trauma and Injury Prevention Staff

Katie Hokanson — Director

Murray Lawry — Prescription Drug Overdose Project Manager

Camry Hess — Database Analyst Epidemiologist

Ramzi Nimry — Statewide Trauma System Development and Training Manager

John O'Boyle — Records Coordinator

Ryan Cunningham — INVDRS Records Consultant

Helen Schwartzel — Administrative Assistant

James Carroll — Prescription Drug Overdose Community Outreach Coordinator

Pravy Nijjar — Injury Prevention Program Coordinator

Raven Helmick — Prescription Drug Overdose Epidemiologist

Patricia Dotson — Records Consultant

Anita McCormick-Peyton — Records Consultant

Klaudia Wojciechowska — Prescription Drug Overdose Associate

Meghan Davis — Records Consultant

Audrey Rehberg — Naloxone Program Manager

Andzelika Rzucidlo — Injury Prevention Epidemiologist

Carrie Bennett — Prescription Drug Overdose Community Outreach Coordinator

Morgan Sprecher — INVDRS Epidemiologist

DeAngela Hall — Records Consultant

Madeline Tatum — Prescription Drug Overdose Community Outreach Coordinator

Cassidy Johnson — Resources and Records Consultant

Trinh Dinh — Registry Coordinator

Veronica Daye — Records Consultant

Please email [indianatrauma@isdh.IN.gov](mailto:indianatrauma@isdh.IN.gov) for more information.

Visit our website at [indianatrauma.org](http://indianatrauma.org).

Follow us on Twitter: @INDTrauma



Indiana State  
Department of Health  
Trauma and Injury Prevention