

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

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Upcoming Events

11/10 Veterans Day

11/10 Deaconess Trauma Conference

11/13-11/17 Pediatric Sexual Assault Nurses Examiner Training

11/15 Labor of Love Summit

11/17 Injury Prevention Advisory Council

11/23 Thanksgiving

Welcome new State Health Commissioner Dr. Kris Box!

Dr. Kris Box was named Indiana State Health Commissioner by Governor Eric J. Holcomb on Sept. 18, 2017. She brings to the role a passion for improving the health of Hoosiers, beginning before birth.

Dr. Box has been a practicing obstetrician and gynecologist in Indianapolis for 30 years, starting her career at Community Hospitals of Indianapolis in 1987 as a private practitioner with Clearvista Women's Care. Since 2015, she has served as the Physician Lead for Community Health Network's Women's Service Line. In this role, she built the first multidisciplinary women's center in the Community Health Network, developed critical partnerships with area children's hospitals to improve care and decrease health care costs and led efforts to ensure that low-income women receive the important free health screenings they need.

She has served on the Indiana Perinatal Quality Improvement Collaborative (IPQIC), an advisory council to the Indiana State Department of Health that is comprised of more than 300 statewide community professionals working to reduce infant mortality. Her work with IPQIC includes serving on a state task force to address neonatal abstinence syndrome (NAS), which established standards for the diagnosis of NAS and developed a hospital study to determine the prevalence of drug-exposed newborns.

Dr. Box earned her undergraduate degree at Indiana University in Bloomington and her medical doctorate at Indiana University School of Medicine in Indianapolis. She is a member of several professional organizations, including the Indiana State Medical Association and the Marion County Medical Association, and serves on many hospital committees.

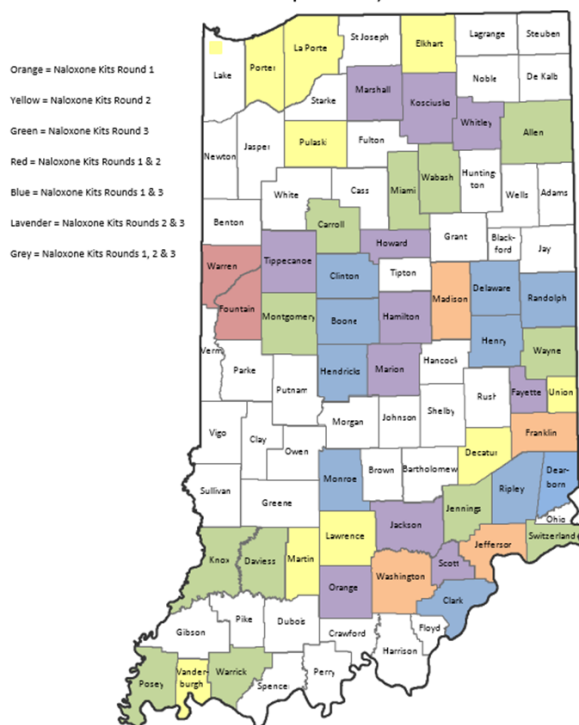


Naloxone distribution in Indiana

The national opioid epidemic has had a significant impact nationally as well as in Indiana. Indiana is ranked 17th highest in opioid-related deaths in the United States as of 2015 and had a statistically significant increase in the rate of drug overdose deaths from 2013 to 2014. In response to the current opioid epidemic, the Indiana State Department of Health (ISDH) is joining with other agencies to help distribute naloxone, an opioid overdose reversal drug.

The Indiana Criminal Justice Institute and ISDH created a memorandum of understanding that delegated funding to ISDH to purchase naloxone kits and distribute them to local health departments in Indiana starting the fall of 2016. This was the first statewide naloxone kit funding opportunity provided to ISDH. Twenty local health departments (LHDs) applied and were accepted for the first round of grant funding, and 22 LHDs applied and were accepted for the second round of grant funding. A total of 5,579 kits were provided to LHDs to distribute to their communities during the first two grant rounds.

Naloxone Kit Distribution Program for Local Health Departments
As of: September 12, 2017



Map of Indiana counties that have received naloxone rescue kits from ISDH

The latest naloxone kit funding opportunity was provided through a grant from the Family and Social Services Administration (FSSA) to further increase the distribution of naloxone. The first part of the funding will distribute 7,392 kits to LHDs in thirds, beginning this fall through next spring. A total of 33 LHDs applied for and were accepted to receive kits. The LHDs receiving naloxone kits will provide further training and distribute the kits to the community. The map of Indiana shows all LHDs that are participating in one or all of the naloxone kit funding opportunities.

The naloxone kits located at participating LHDs are free to members of the community. LHDs and other agencies providing naloxone may be located on the optIN website at <https://optin.in.gov/>. Any individuals or facilities interested in obtaining naloxone can reach out to the entities listed in optIN or receive training on administering naloxone from the agencies listed on the ISDH website: <https://secure.in.gov/isdh/27386.htm>. Any questions about locating naloxone entities can be directed to optin@isdh.in.gov.

Car seat safety at the Indiana Latino Expo

The 2017 Indiana Latino Expo (ILE) was held on Oct. 13 and 14 at the Indiana State Fairgrounds in Indianapolis. ILE is a non-profit statewide organization that represents a platform of opportunities for the Latino community. ILE supports various communities in creating awareness of their businesses and promoting economic development, cultural advancement, and educational opportunities.



Indiana Latino Expo
October 14, 2017



Anita McCormick-Peyton (right) and Preston Harness (left) provide car seat information to interested attendees.

The annual expo is free for attendees and covers important areas of care for the Latino community.

The Division of Trauma and Injury Prevention conducted hands-on training with a demonstration of child passenger safety seats, training dummies and a large vehicle. Interpreters and bilingual child passenger safety technicians (CPSTs) were available to assist parents.

To learn more about the division's work in child passenger safety, visit <http://www.in.gov/isdh/25383.htm>.

Opioid-centered focuses in trauma and injury prevention

The Division of Trauma and Injury Prevention continues to expand its opioid-related work. Over the course of the next year, the division will utilize \$4.2 million in federal grants to:

- Collaborate with the Indiana Professional Licensing Agency (IPLA) for the Prescription Drug Monitoring Program (PDMP) integration with Electronic Medical Records (EMR).
- Provide technical assistance to 24 priority counties, including disseminating data and sharing resources at opioid prevention events.
- Develop a drug overdose prevention website with best practices and resources.
- Develop an Overdose Rapid Response Plan to address overdose clusters in five pilot counties.
- Pilot an Overdose Fatality Review (OFR) team in two counties.
- Contract with Indiana University - Fairbanks School of Public Health (IUFBSPH) to evaluate various policies, including evaluating the work done by ISDH with partners.
- Add the Adverse Childhood Effects (ACE) module to the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) Indiana survey.
- Collect fatal overdose data from coroners through the Indiana Coroner Case Management System and Indiana Violent Death Reporting System (INVDRS).
- Pay for toxicology screenings for a select number of county coroners.
- Analyze nonfatal overdose reporting in the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) to establish an alert system.
- Distribute naloxone to local health departments and first responders.
- Provide training to local health departments and first responders on naloxone administration.
- Establish the Indiana Recovery and Peer Support Initiative for referral to appropriate treatment and recovery communities at four sites.

Building partnerships to improve lives: A snapshot from the Public Safety and Public Health Opioid Conference

Guest Authors: Erika L. Chapman, MPH, CPH, CHES, ISDH Harm Reduction Program Manager, and Dennis Stover, ISDH Director of the Division of HIV, STD, Viral Hepatitis

On Sept. 27, nearly 300 professionals from law enforcement and public health joined together at the Public Safety and Public Health Opioid Conference to learn ways in which they can partner to respond to the opioid crisis impacting communities in Indiana. Following a welcome from Jim McClelland, the Governor's Chairman of the Indiana Commission to Combat Drug Abuse, participants heard presentations from federal, state and local law enforcement and public health officials highlighting both the challenges and successes that are being seen on the ground in communities and the programs and activities being undertaken to support those efforts.



A panel of law enforcement officials answered questions and shared their experiences with the opioid epidemic in one of the sessions.

Common themes that carried throughout the day were that:

Common themes that carried throughout the day were that:

- Substance use disorder is an illness that must be approached through a medical model and the language we use as professionals should reflect this.
- Collaborations at the community level from varied stakeholders all the way through the federal level are critical for developing creative solutions outside of the arrest and incarceration cycle.
- The role that harm reduction efforts play in maintaining first responder and community safety.
- The use of naloxone in the field.

Examples included education across disciplines and within the greater community to dispel the myths and stigma associated with substance use disorder, utilization of a multidisciplinary team approach to follow up with those who experience overdose, combined messaging in the form of op-eds and educational media from public safety and public health entities, and the use of pre-booking programs to address individual need for substance use and/or mental health services.

The primary takeaway from the day was that those in the depths of active substance use disorder need connections to the resources that can assist them in overcoming their illness and the tools to maintain and improve their overall health through that process. Law enforcement and first responders are a critical link in connecting people to the opportunities provided by community-level partnerships and public health. As was reiterated throughout the day, "We will have the best success in overcoming the opioid epidemic if we work together."

Division of Trauma and Injury Prevention updates:

New Indiana Special Emphasis Reports:

ISDH released new special emphasis reports for drug overdose deaths and traumatic brain injuries (TBIs). During 2015, a TBI was sustained by more than 50,000 people in Indiana. Among those injured, 1,129 (16.4 per 100,000) died, another 4,749 (66.8 per 100,000), were hospitalized and an additional 47,103 (713.5 per 100,000) were treated and released from emergency departments with a TBI alone or in combination with other injuries or conditions. To access this report, visit: http://www.in.gov/isdh/files/2017_TBI_Special_Emphasis_Report_Indiana.pdf. In 2015, the drug overdose death rate was 19.4 deaths per 100,000 persons, and drugs and medications—prescription drugs, illicit drugs and over-the-counter medications—were the underlying cause of death for 90.2 percent of all poisoning deaths. To access this report, visit http://www.in.gov/isdh/files/2017_SER_Drug_Deaths_Indiana.pdf.

Indiana Violent Death Reporting System Advisory Board Meeting

On Sept. 15, the Indiana Violent Death Reporting System (INVDRS) Advisory Board met at ISDH. The INVDRS project has data sharing agreements with more than 370 Indiana law enforcement agencies and 75 county coroners. John O'Boyle, INVDRS Records Coordinator, continues to connect with the remaining agencies to encourage participation in the program. Three new records consultants were introduced: Patricia Dotson, Anita McCormick-Peyton and Brittany Armstrong. Their role will be to abstract coroner and law enforcement records for violent deaths and accidental drug overdoses. The INVDRS project now has five full-time records consultants to abstract more than 6,000 records expected each year for violent deaths and overdose deaths. The next INVDRS advisory board meeting will be on **March 16, 2018, from 1 to 3 pm** at ISDH. If you are interested in joining the INVDRS advisory board, please contact Rachel Kenny at rkenny@isdh.in.gov.

Indiana Trauma Network

The Indiana Trauma Network meeting on Aug. 18 focused on topics that affect hospital staff: employee burnout and education. Missy Hockaday gave an engaging presentation on employee burnout. Medical professionals deal with stressful situations on a daily basis and need to have system and team strategies to decompress and receive support as they process situations they encounter. Jill Castor said that she would like to bring the Trauma Output Performance Improvement Course to Indiana. Training will require a minimum of 25 people and will cover the ongoing assessment of the continuum of trauma care with a structured review of the process and trauma patient outcomes.

2017 Kentucky Statewide Trauma and Emergency Medicine Symposium

The 12th annual Kentucky Statewide Trauma and Emergency Medicine Symposium on Oct. 11-13 in Louisville provided health care professionals innovative approaches in optimal care for trauma and emergent care patients. This year, presentations covered a wide range of topics, including caring for children during disasters, perceptions and reality of recent trends in firearm injuries in Kentucky, workplace violence and active shooter responses in health care, national stop the bleed efforts and human trafficking. Among the presentations, Trooper Robert Purdy with the Kentucky State Police stood out as he discussed the current drug problem, especially among adolescents. Trooper Purdy's presentation discussed terminology, showcased paraphernalia obtained from previous arrests and explained how advancements in vaporizer pens (or vape pens) once known for their use with tobacco are enabling them to now be used for an assortment of other drugs.

New faces at ISDH

Klaudia Wojciechowska, Trauma and Injury Prevention Associate, was originally born in Poland and immigrated with her family to New York City, where she grew up. She graduated from Middlebury College (located in the Green Mountains of Vermont) with a degree in molecular biology and biochemistry and minors in public health and African studies. Following graduation, she was accepted into the Public Health Associate program at the CDC, where she was assigned to work at ISDH in the Trauma and Injury Prevention Division.



New-hires Tyler Gannon (left) and Klaudia Wojciechowska (right) pose for a picture at the ISDH offices.

Tyler Gannon is from Dearborn County in southeastern Indiana. He graduated from Indiana University, Bloomington, in 2012 with a bachelor of science in kinesiology and a minor in psychology. Upon graduation, he worked at a community mental health center in Batesville for two years. He then returned to Indiana University, where he graduated with a master's degree in public health with a concentration in epidemiology in 2017. Tyler's professional interests include substance abuse epidemiology and drug policy.

Injury Prevention Observances

November 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10 Veterans Day	11
12	13	14	15	16	17 IPAC	18 International Survivors of Suicide Loss Day
19	20	21	22	23 Thanksgiving Day Thanksgiving Holiday Travel Safety	24 Lincoln's Birthday Pre-holiday impaired driving prevention	25 Pre-holiday impaired driving prevention
26 Pre-holiday impaired driving prevention	27 Pre-holiday impaired driving prevention	28 Pre-holiday impaired driving prevention	29 Pre-holiday impaired driving prevention	30 Pre-holiday impaired driving prevention		

2017 firework injury report

The 2017 firework injury report has been compiled and is on the ISDH website at <http://www.in.gov/isdh/25396.htm>.

This report covers injuries from Sept. 13,

2016, through Sept. 12, 2017. A total of 238 unduplicated cases of firework-related injuries were reported to ISDH, with 77.7 percent of the injuries occurring between July 1 and July 7. Thirty-six percent of the firework-related injuries involved individuals 18 years of age and younger. The most common form of injury involved burns, with 49.9 percent being second-degree burns. As with the 2016 report, hands were the most common body part affected and the most frequently occurring time of injury was 10-11pm. Rockets, firecrackers and sparklers accounted for nearly half (49.2 percent) of the reported injuries. At least 6.3 percent of the firework-related injuries involved mortars. Malfunctioning or mishandling of fireworks accounted for 56.7 percent of the cause of injury.

Please make sure your facility continues to submit the firework injury reports to ISDH's Trauma and Injury Prevention Division for the next reporting cycle. Per Indiana Code 35-47-7-7, fireworks injuries must be reported to ISDH by hospitals and medical providers. Please take this time to ensure your facility's billing and medical records division has the correct fax number: 317-232-1265. Forms can be found at <http://www.state.in.gov/isdh/19042.htm#Fireworks>.

Figure 1. Firework-related injuries by reporting cycle year, Indiana, 2003-2017*



*2017 reporting cycle included cases from Sept. 13, 2016-Sept. 12, 2017.
Source: Indiana State Department of Health, Division of Trauma and Injury Prevention.

Contact Us

For additional information, please contact indianatrauma@isdh.IN.gov

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Patricia Dotson—Records Consultant

Anita McCormick—Peyton—Records Consultant

Tyler Gannon—Prescription Drug Overdose Community Outreach Coordinator

Klaudia Wojciechowska—Trauma and Injury Prevention Associate