

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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## Upcoming Events

- **Injury Prevention Advisory Council (IPAC) meeting:** Sept. 21
- **IN ARMS Conference:** Sept. 25
- **Fire Safety Olympics:** Oct. 4
- **Indiana Public Health Conference:** Oct. 11
- **Indiana State Trauma Care Committee (ISTCC) Meeting:** Oct. 19
- **Midwest Injury Prevention Alliance (MIPA) Summit:** Nov. 29-30

## Whetstone named assistant commissioner of ISDH Health and Human Services Commission

Eldon Whetstone has been named assistant commissioner of Health and Human Services at ISDH, which oversees Trauma & Injury Prevention. Eldon may be a familiar face as he first joined ISDH in 2007 as an attorney. In fact, Eldon has proven himself as a strong leader, innovator and collaborator in a number of roles since he joined ISDH.



Whetstone

His passion for innovation is most evidenced in his work with the Indiana WIC program, where he served as director, deputy director and Electronic Benefit Transfer (EBT) implementation director. In those roles, he rebranded the Indiana WIC program and ensured that Indiana was one of the first 20 states to implement a new EBT system to replace paper checks. Under his direction, Indiana WIC also became one of the first 10 states to launch a mobile application

enabling clients to check their benefit balances and confirm food eligibility.

Eldon's work with WIC and existing knowledge of the HHS Commission provides a strong foundation for steady, innovative leadership as we attack pressing issues that include Indiana's infant mortality and obesity rates and the opioid epidemic. His previous work in the Office of Legal Affairs has given him a 30,000-foot-view of ISDH's operations and a keen understanding of how programs, divisions, commissions and even other agencies must work together to improve the health of Hoosiers. He will work closely with our chief medical officer, Dr. Melissa Collier, who will lend her clinical expertise in internal medicine and pediatrics as we tackle these issues. Other divisions within HHS include Maternal & Child Health, Nutrition & Physical Activity, Women's Health, Child & Fatality Review and Chronic Disease.

## Division of Trauma and Injury Prevention grants updates

Since spring, the division has been busy reapplying for current grants, as well as pursuing new grant opportunities. **ISDH has received notice for the continuation of the following grants:**

- **National Violent Death Reporting System (NVDRS).**

Funds are used to collect, maintain and disseminate complete and comprehensive surveillance data on violent deaths in Indiana.

- **Prescription Drug Overdose: Prevention for States (PfS).**

Funds are used to address the upstream of the epidemic, overprescribing, by: enhancing and maximizing the state's Prescription Drug Monitoring Program (PDMP), INSPECT; implementing community interventions in priority counties; and evaluating the impact of policy changes.

- **Enhanced State Surveillance of Opioid-Related Morbidity & Mortality (ESOOS).**

Funds are used to improve the timeliness of fatal and nonfatal overdose surveillance, including improvements in reporting of risk factors for fatal opioid overdoses.

- **First Responder Comprehensive Addiction & Recovery Act (FR CARA).**

Funds are used to provide naloxone kits and training to first responders and expand the Indiana Recovery and Peer Support Initiative for referral to appropriate treatment and recovery communities.

- **Preventive Health & Health Services Block Grant (PHHS BG).**

Funds are used to help the state address Healthy People 2020 goals and objectives.

### **New grant opportunities pursued:**

- **ACL – Evidence-Based Falls Prevention Program. (not awarded)**

Funds would have been used to develop a statewide network of evidence-based falls prevention programming for at-risk older adults.

- **Comprehensive Opioid Abuse Site-based Program (COAP) - Category 6: Public Safety, Behavioral Health & Public Health Information-Sharing Partnerships. (pending)**

If awarded, the division will continue to expand efforts to improve the timeliness of fatal and nonfatal overdose data in order to inform targeted interventions.

- **Rural Communities Opioid Response Program – Planning (pending)**

If awarded, ISDH will use funds to enhance the continuum of care for substance abuse treatment in rural Fayette County.

- **STOP School Violence Prevention and Mental Health Program. (pending)**

If awarded, ISDH will partner with the Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) and the Indiana Department of Education (IDOE) to:

- Address the training of school personnel and the education of students to prevent student violence; and/or
- Fund specialized training for school officials responding to related mental health crises.

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**New grants awarded:**

- **Administration for Community Living (ACL) – Traumatic Brain Injury (TBI)**

Funds will be used to maximize health outcomes and reduce disability following TBI, decrease institutionalization (incarceration and residential placement), and prevent opioid misuse following TBI.

- **CDC Cooperative Agreement for Emergency Response: Public Health Crisis Response grant**

Over the next year the \$3.5 million grant will be used to purchase equipment and employ staff for the ISDH laboratories, create a campaign to raise public awareness about the dangers of opioids, increase harm reduction efforts across the state, provide support to medical examiners/coroners in overdose-related deaths, enhance treatment options for substance use disorder, and more. Other partners on this grant include the FSSA, Indiana Criminal Justice Institute (ICJI), and the Indiana Department of Homeland Security (IDHS).



### Faith-Based Initiative grows

The Division of Trauma and Injury Prevention recognizes that faith-based leaders and community partners eagerly and willingly step in to meet the needs of their colleagues, friends and neighbors — especially during a crisis. As such, our desire is to equip faith leaders and their members to respond with adequate information to the opioid health crisis.

We have met so far with pastors and leaders in the following counties: Marion, Howard, Dearborn and Scott. In conjunction with International Overdose Awareness Day on Aug. 31, 2018, churches in Howard, Dearborn and Scott participated on Sunday, August 26 in the inaugural Overdose Awareness Sunday. Churches distributed materials on “What are opioids?,” “What is fentanyl?,” basic statistics of the growing problem in that particular county and the state; ways to avoid becoming addicted to opioids by asking your physician the questions; and what signs to look for in opioid misuse. This first effort was a huge success based on feedback received from church pastors and members.

We look forward to engaging with more faith leaders in these counties and expanding our efforts to include other counties.

### Apply Today to get involved with the Overdose Response Project!

The Indiana State Department of Health (ISDH) is accepting applications from local health departments to participate in round two of the Overdose Response Project. This is a competitive grant opportunity and the ISDH is seeking five to 10 grantees. The overall goal of this project is to improve local overdose response capabilities and communication of drug overdose data.

**Required activities:**

1. Use syndromic surveillance to identify emerging overdose trends and respond to ISDH alerts at the local level.
2. Work with local stakeholders to develop a local overdose response plan.
3. Implement and test overdose response plan with a tabletop exercise (TTX).
4. Complete evaluation and reporting requirements of the overdose response project.

More information and application materials are available on the ISDH website: at <https://www.in.gov/isdh/27798.htm>. Applications are due on or before 5 p.m. EST Friday, Sept. 28.

If you have any questions about the project please reach out to Mandy Billman [abillman@isdh.in.gov](mailto:abillman@isdh.in.gov) (317-232-3190) or Tyler Gannon [tgannon@isdh.in.gov](mailto:tgannon@isdh.in.gov) (317-233-1243).

## Making health education fun at the Indiana State Fair

The Division of Trauma and Injury Prevention was one of nine ISDH program areas that participated in ISDH's sponsorship of First Responders Day at the fair Aug. 13. The division focused on providing attendees with information focused on three areas: Child Passenger Safety, Prescription Drug Overdose, and Naloxone trainings. Around 250 people stopped by throughout the day to learn more about the various topics.



## Naloxone training announcement

Free naloxone training is available for interested organizations, local health departments, not-for-profits, churches, etc.

This training is approximately one hour and covers:

- The chronic disease of addiction
- Causes and conditions of the opioid crisis
- Signs and symptoms of prescription opioid and heroin use
- Signs and symptoms of overdose
- The overdose reversal drug naloxone
- The administration of naloxone

Email Audrey Rehberg if you are interested in scheduling a naloxone training at [arehberg@isdh.in.gov](mailto:arehberg@isdh.in.gov).



## September is recovery month

**National Recovery Month (Recovery Month)** is a national observance held every September to educate Americans that substance use treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life.

The 2018 **Recovery Month** theme, “*Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community*” explores how integrated care, a strong community, sense of purpose and leadership contributes to effective treatments that sustain the recovery of persons with mental and substance use disorders. The 2018 observance also aims to increase awareness and encourage audiences to take advantage of the increased dialogue around the nation’s behavioral health needs and the increased emphasis on tackling our nation’s opioid crisis.



### GET THE FACTS:

- In 2016, an estimated 44.7 million adults ages 18 or older had any mental illness (AMI) in the past year.<sup>(1)</sup>
- In 2016, 43.1 percent of adults ages 18 or older with AMI received mental health services. This means more than half (56.9 percent) of adults with a mental illness did not receive the mental health services they needed in 2016.<sup>(2)</sup>
- Opioid use is rising steadily and rapidly, as shown by the 11.8 million past year opioid misusers aged 12 and older in 2016.<sup>(3)</sup>
- In 2016, an estimated 21.0 million people aged 12 or older needed substance use treatment.<sup>(4)</sup>
- Among adults in 2016 who had either AMI or substance use disorders (SUDs) in the past year, 8.2 million had both AMI and SUDs.<sup>(5)</sup>

Given the widespread impact and societal cost of behavioral health conditions, it’s important for communities to make prevention, treatment and recovery support services available and accessible to all those who need them.

### HOW YOU CAN HELP:

- If you know someone who is struggling with a mental and/or substance use disorder, visit <http://www.samhsa.gov/find-help> to learn where people can go for needed services. Indiana 2-1-1 can also provide information on accessing treatment.
- If you are in recovery or want to share your experience of helping someone else achieve recovery, visit <https://www.recoverymonth.gov/personal-stories> to submit your story .
- Find out about and post recovery events in your community at <https://recoverymonth.gov/events>.
- Watch the “Road to Recovery” Television Series at <https://recoverymonth.gov/road-to-recovery>.
- Download web banners and flyers to promote **Recovery Month** at <https://recoverymonth.gov/promote/banners-logos-flyers>.

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**LEARN MORE:**

- Engage with **Recovery Month's** social media outreach and help spread the word on Twitter, Facebook and other online forums.
- Visit the **Recovery Month** website for resources and learn about how you can help strengthen the voices of people in recovery and their families in your community at <http://recoverymonth.gov>.
- Read the 2018 **Recovery Month** toolkit for tips and resources to plan events, distribute information, and promote recovery efforts in your community at <https://recoverymonth.gov/toolkit>.

**Support those in your community who need help, and join the voices for recovery!**

**Sources:**

1. Center for Behavioral Health Statistics and Quality. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 36. Rockville, MD: Substance Abuse and Mental Health Services Administration.
2. Nguyen, T., and Davis, K. "The State of Mental Health in America: Access to Care Data," p. 26. Mental Health America. (2017).
3. Center for Behavioral Health Statistics and Quality. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 20. Rockville, MD: Substance Abuse and Mental Health Services Administration.
4. Center for Behavioral Health Statistics and Quality. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 32. Rockville, MD: Substance Abuse and Mental Health Services Administration.
5. Center for Behavioral Health Statistics and Quality. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 45. Rockville, MD: Substance Abuse and Mental Health Services Administration.

**FOLLOW RECOVERY MONTH ON SOCIAL MEDIA**

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**FACEBOOK**

<https://www.facebook.com/RecoveryMonth>

**TWITTER**

<https://www.twitter.com/RecoveryMonth>

**YOUTUBE**

<https://www.youtube.com/RecoveryMonth>

## National preparedness month (September)

By: James Brewer, MPA, MS

September marks the start of National Preparedness Month. This year, the ISDH Division of Emergency Preparedness will promote responder safety and health. Responder safety and health consists of:

- Identifying responder risk,
- Identifying personal protective needs,
- Coordinating risk-specific training, and
- Monitoring responder safety and health actions.

Responders include healthcare workers, public health responders, first responders, emergency response and management personnel, and other groups. For some specific recommendations, see the CDC's Response Worker Health and Safety collection at <https://www.cdc.gov/disasters/workers.html>.

For additional Preparedness Month activities, here is a sample of what some of our Federal Partners are doing:

Centers for Disease Control and Prevention – *The Power of Preparedness: Prepare Your Health*  
<https://www.cdc.gov/phpr/npm/npm2018.htm>

HHS Assistant Secretary for Preparedness and Response (ASPR) - *Professionals protect disaster health. Prep like a Pro.*  
<https://www.phe.gov/Preparedness/news/events/NPM18/Pages/default.aspx>

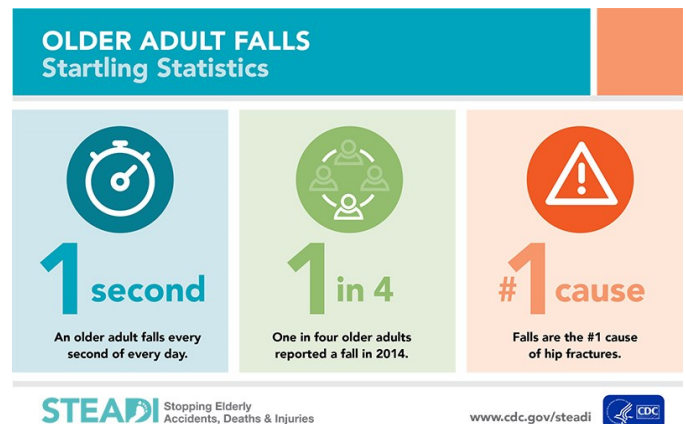
U.S. Department of Homeland Security – *Disasters Happen. Prepare Now. Learn How.*  
<https://www.ready.gov/september>

American Red Cross – *Create a Family Game Plan*  
<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/national-preparedness-month.html>

## Falls prevention awareness day (Sept. 22)

Millions of older adults (65 or older) fall accidentally every year. These falls can cause moderate to severe injuries and can increase the risk of early death. The severity of the injury is related to the mechanical properties of tissue, suddenness of impact, the localization of impact and the manner and amount of energy delivered. These moderate to severe injuries could lead to lacerations, hip fractures and head traumas.

To prevent these falls, older adults should exercise regularly and receive annual eye exams. Another way to prevent falls is by implementing interventions from physicians and first responders. The Centers for Disease Control and Prevention developed the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Toolkit to provide physicians an algorithm for screenings, assessments, treatments and follow-ups based on the American Geriatric Society's clinical practice guidelines. Using the toolkit, physicians and first responders can identify older adults that are at risk of falling and can help them take precautions to prevent it. The toolkit can be found at <https://www.cdc.gov/steady/index.html>.



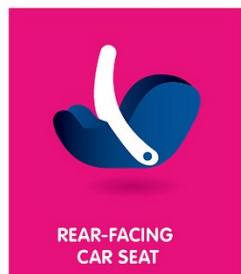
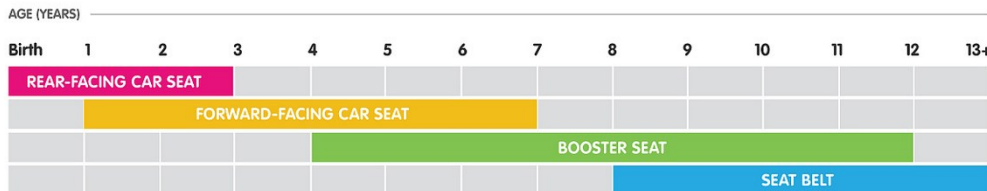
In regard to the interventions, there are also policies that support these efforts. The American College of Surgeons Committee on Trauma encourages older adult care providers to implement fall prevention programs to develop community partnerships, incorporate exercise and physical therapy and collaborate with home visit programs to complete risk assessments. These risk assessments include medication review, assessment of vision, home safety and assessing adequate vitamin-D supplements. With these policies and interventions, we can work to reduce the amount of falls in older adults.

# Child passenger safety week (Sept. 23-29): New rear-facing guidelines

Child passenger safety is important for a child. Motor vehicle injuries are the leading cause of death among children, yet many of these deaths can be prevented. When installed correctly, a child safety seat can decrease the risk of fatal injury. Keeping a child rear-facing in the back seat is extremely important. It supports the child's body better and can distribute the force from a crash over the entire body. This can severely reduce the chances of an injury to the head and neck. Recent guidance from the American Academy of Pediatrics advises keeping the child rear-facing until they reach the highest weight or height allowed by the car seat's manufacturer. Most convertible seats have limits that will permit children to ride rear-facing for two years or longer. To learn more, visit <https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx>.

As a child gets older, often families will use car seats that can be "converted." These seats convert from a rear-facing seat to a forward-facing seat. The difference is the child's straps are moved so they are at or above the shoulders and the position is upright instead of semi-upright. There is also the combination car seat that combines the features of a forward-facing seat with a harness with that of a booster seat. When the harness is removed, the combination seat can be used as a booster seat. The last seat that should be used for children is when they have outgrown a forward-facing seat with a harness. This booster seat raises the child, so the lap belt fits low across the upper thighs and across the middle of the shoulder and chest. If a child meets the requirements for a booster seat, the child should be in a booster seat. Until the age of 8, a child should ride with restraints. Between the ages of 8 and 12 and/or if the child is less than 4 feet 9 inches, the child can transition into a seatbelt. There are resources available throughout the state to help parents fit their car seat.

## Car Seat Recommendations: Choosing the Right Seat



Your child under age 1 should always ride in a rear-facing car seat in the back seat. There are different types of rear-facing car seats. Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

A **rear-facing car seat** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness in the back seat.

A **forward-facing car seat** has a harness and tether that limits your child's forward movement during a crash.



Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

A **booster seat** positions the seat belt so that it fits properly over the stronger parts of your child's body.



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember, your child should still ride in the back seat because it's safer there.

A **seat belt** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

Car crashes are the **number 1 killer of children** ages 1 to 13.

In crashes from 2006–2010, **4,028 children** (under 13 in cars and light trucks) were killed. An estimated **660,000 children** under 13 were injured.



In 2010, **655 children** (under 13 in cars and light trucks) were killed in crashes.



Car seats reduce the risk of an infant (under 1 year old) being killed by



Car seats reduce the risk of a toddler (1 to 4 years old) being killed by



Reduce the risk of death and injury by properly securing your child. To maximize safety, keep your child in the car seat for as long as possible.



[SAFERCAR.GOV/THERIGHTSEAT](http://SAFERCAR.GOV/THERIGHTSEAT)





## Eye injury prevention month (October)

According to the CDC, every day nearly 2,000 U.S. workers sustain a job-related eye injury that requires medical treatment. About one-third of the injuries are treated in hospital emergency departments, and more than 100 of these injuries result in one or more days away from work. With these statistics in mind, it is easy to see why eye safety is important and necessary in every work environment.

Tips for avoiding eye injury, irritation, and/or disease:

- Anyone who works in a hazardous environment with sensitive materials, always wear the correct personal protective equipment, such as goggles, face shields and glasses. Be sure to wipe them down with disinfectant if they are communal and shared among coworkers.
- Since diseases and infections like styes and pink eye are transferred through direct exposure to contaminated fingers/objects, wash your hands! If someone working near you or with you is infected, be extra careful.
- If you are exposed to potentially hazardous materials day-to-day, you can clean your eyelids with a cotton swab dipped in warm water and mild soap or shampoo (baby shampoo is perfect) at night to prevent irritation and possible infection.

October is



**Eye Injury Prevention Month**

#EyeInjuryPrevention

OCTOBER IS EYE INJURY PREVENTION MONTH



Eye Injuries can cause permanent loss of vision. Take eye injuries seriously and call your ophthalmologist immediately to seek urgent medical attention.

## Domestic violence awareness month (October)

The Hoosier state turns purple in October to honor Domestic Violence Awareness Month. This month encompasses the many forms of domestic violence: stalking awareness, teen dating violence, sexual assault, and elder abuse. Domestic violence is best understood as a pattern of abusive behaviors – including physical, sexual and psychological attacks as well as economic coercion – used by one intimate partner against another to gain, maintain, or regain power and control in the relationship. If you or someone you know is in a relationship that: controls what you do, who you talk to or where you go; pushes you, slaps you, chokes you or hits you; stops you from seeing your friends or family members; acts like the abuse is no big deal, denies the abuse or tells you it's your own fault; threatens to commit suicide, or threatens to kill you, then you or they may be in an unhealthy relationship. Someone is available to talk 24 hours a day, seven days a week about red flags or advice in leaving the relationship by calling 1-800-799-SAFE (7233).

### **FOR MORE INFORMATION AND RESOURCES**

#### **Indiana Coalition Against Domestic Violence**

1915 W. 18th St., Suite B

Indianapolis, IN 46202

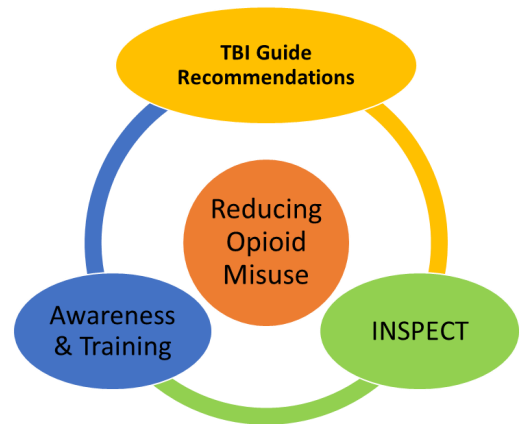
Hotline: (800) 332-7385

Office: (317) 917-3685 Fax: (317) 917-3695

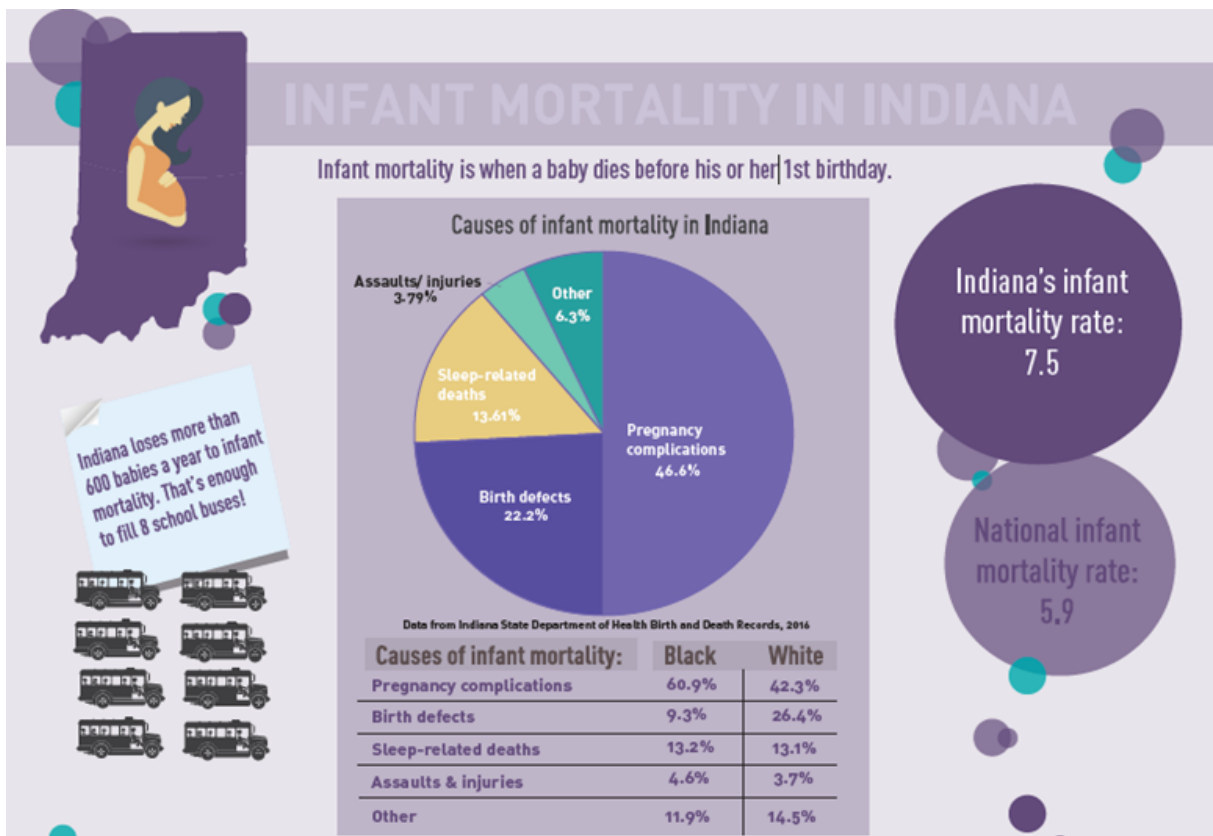
Website: [www.icadvinc.org](http://www.icadvinc.org)

## Trauma care committee discusses connections between traumatic brain injury and opioid misuse and abuse

During the August meeting of the Indiana State Trauma Care Committee (ISTCC), the committee heard from Dr. Lance Trexler, executive director of brain injury rehabilitation research and program development at the Rehabilitation Hospital of Indiana. He presented updates on his research grants. Dr. Trexler focused his presentation on traumatic brain injury (TBI) and opioid misuse and abuse. Nearly 2.5 million people in the U.S. are hospitalized each year with a TBI, according to the Centers for Disease Control and Prevention (CDC). In Indiana, more than 83,000 residents sustained a TBI in the last year. According to Dr. Trexler, a small sample size from the Rehabilitation Hospital of Indiana showed of 232 patients with a TBI that 149, or 64 percent, were on an opioid and that 47, or 31 percent, were on multiple opioids. One of the main projects Dr. Trexler is working on is the CDC Rapid Response Project, which includes, five projects: the development of TBI-opioid practice recommendations, inserting TBI screening into INSPECT and establishing training and education of TBI-opioid practice guidelines, the connection between TBI and opioid products, and finally, opioid surveillance through INSPECT.



ISTCC also listened to a presentation from Jamie Dugan, the trauma coordinator for Good Samaritan Hospital, who presented on safety shower toolkits that aim to educate parents and prevent infant mortality statewide. Compared to the national infant mortality of 5.9 deaths per 1,000 live births, Indiana has a higher death rate with 7.5 deaths per 1,000 live births. In 2013, the southwest portion of the state accounted for the highest infant mortality rate in the state. To combat this current trend, Good Samaritan Hospital has hosted six baby safety showers where attendees participated in safety practices, such as infant CPR, safe sleep, bathing safety, fire safety and child passenger safety and more. The goal is to make sure 167 babies reach their first birthdays based on these safety practices. Good Samaritan continues to monitor those babies through “Good Sam for Babies” on Facebook.



# The beginning steps in uncovering sexual assault burden in rural and metropolitan Indiana counties

Authors: J Funk MPH, M Sprecher MPH

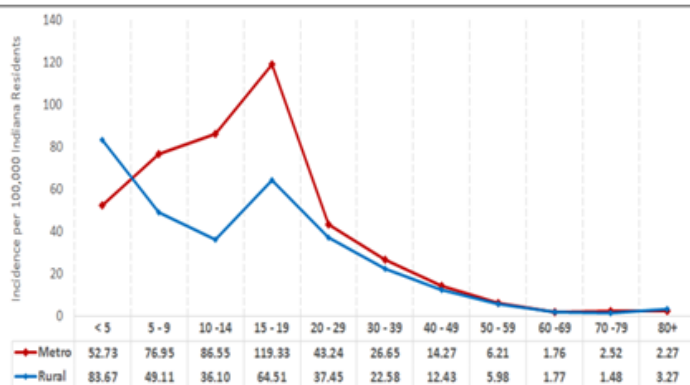
## Background:

The Centers for Disease Control and Prevention (CDC) notes U.S. children ages 1 to 4 experience sexual assault as the leading nonfatal violence-related injury in 2016, regardless of race and sex. From 2014-2016 Indiana males, despite living in a rural or metropolitan community, had a 5-fold increased suicide risk rate compared to women. Rurality is defined from the U.S. Census Bureau as “less dense, spare population, not built up, at a distance” while a metropolitan area is “denser, large population, built up, and close together.” This study sought to compare the state’s suicide rate to the sexual assault rate by examining age groups and gender between rural and metropolitan communities because Indiana has 48 rural counties and 44 metropolitan counties. Lastly, this study compares the state’s crude confirmed and suspected sexual assault rate to the national average of 9.94 per 100,000 emergency department visits.

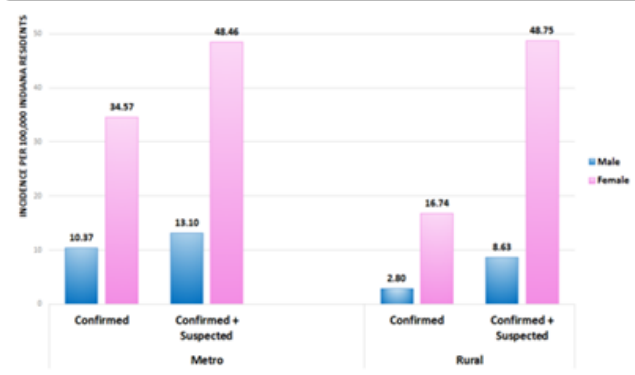
## Objectives:

- I. Analyze differences between confirmed and suspected sexual assault incidence rates in rural and metropolitan counties.
- II. Compare incidences between gender and race.
- III. Use the obtained information to inform the Indiana Coalition against Domestic Violence to promote safety for Hoosiers.

**Figure 1. 2016 – 2017 Incidence of Confirmed and Suspected Sexual Assaults Presenting to Indiana Emergency Room by Age and County of Residence Type**



**Figure 2. 2016 – 2017 Incidence of Confirmed and Suspected Sexual Assault Presenting to Indiana Emergency Rooms Stratified by Resident County Type and Sex.**



## Methods:

Data were collected using 2016 and 2017 hospitalization data from the Indiana Hospital Association (IHA). Annually, IHA compiles a database of all inpatient and outpatient visits that occurred within Indiana. Using SAS, confirmed and suspected sexual assault cases were identified through admitting and non-admitting ICD-10 diagnosis codes (Confirmed: T74.0 – T74.9, Suspected T76.0 – T76.9). These cases were further stratified into “Rural” or “Metropolitan” groups based on the patient’s reported county of residence.

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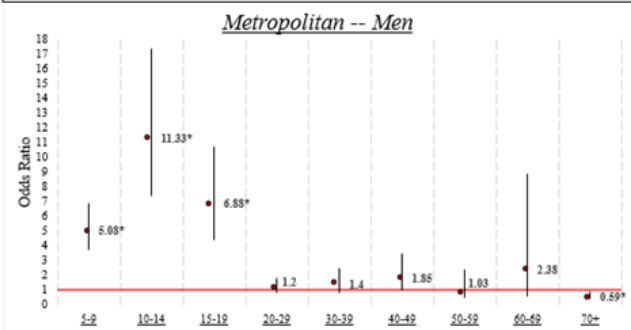
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The deterministic criteria outlined by the U.S. Census informed the classification of rural and metropolitan areas for those identified as a confirmed or suspected sexual assault case. Calculations of odds ratio and confidence interval were conducted through logistic Regression and Wald chi-square testing.

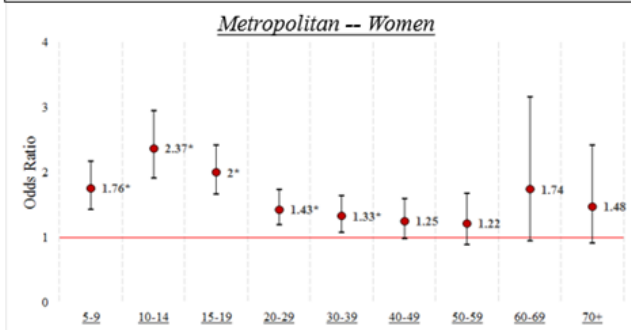
**Results:**

- Indiana emergency departments treated 8,273 confirmed and suspected sexual assault cases across all age groups. During this timeframe, 5,661 cases (68%) came from metropolitan counties and 2,612 (32%) cases from rural counties.
- Metropolitan males ages 10-14 had **11.3 times** greater likelihood for being admitted to an emergency room with a confirmed or suspected sexual assault compared to their rural male counterparts.
- Rural black women experience a **4.6 fold increase** in confirmed and suspected sexual assaults compared to metropolitan black women.
- Around 17% of cases were admitted to the emergency room with another ailment other than sexual assault.
- Rural and metropolitan women had dramatically higher incidence of sexual assault compared to men.
- Rural women had a similar incidence as metropolitan women, but the majority of cases were not confirmed.
- Metropolitan children ages 5 – 14 (regardless of sex) have a significantly higher likelihood to receive inpatient care than rural children.
- Metropolitan women ages 5 to 39 were all found to have significantly higher likelihood for sexual assault than rural women.

**Figure 3.** Odds Ratio of Confirmed and Suspected Sexual Assaults of Presenting **Men** to Indiana Emergency Room in Rural and Metropolitan Counties.



**Figure 4.** Odds Ratio of Confirmed and Suspected Sexual Assaults of Presenting **Women** to Indiana Emergency Room in Rural and Metropolitan Counties.



**Sexual assault prevention tips:**

- If you start to feel concerns about a person or situation, trust your feelings and try to remove yourself from the potential threat, even if it someone whom you know.
- If you are out alone, make sure your cell phone is charged and that you have money for a taxi.
- Talk to your friends. Agree to look out for each other. Let them know if you plan on leaving with someone, where you're going, and when you'll be back.
- If a friend starts to exhibit symptoms of a date rape drug, seek medical help immediately. Signs to look for include: dizziness and/or nausea, memory loss, breathing or motion difficulties and acting disproportionately intoxicated relative to the amount of alcohol consumed.

Learn more at <https://www.rainn.org/articles/steps-you-can-take-prevent-sexual-assault>.

## Natural pain management strategies

By Klaudia Wojciechowska, Division of Trauma and Injury Prevention

Opioids are drugs derived from the opium poppy plant (or synthetic versions of it) and used for pain relief. Examples include hydrocodone (Vicodin), methadone and heroin. The recent nationwide increase in drug overdoses has increased awareness about the potential dangers of opioids. Though commonly used, opioids are not the only option for pain relief. There are several natural pain management strategies that can be implemented for those who struggle with chronic pain. Please consult your healthcare provider before trying any of the remedies below.

### Acupuncture

Acupuncture, a traditional Chinese medicine practice, is listed by the World Health Organization as one of the leading treatments for chronic pain relief. Practitioners stimulate specific points on the body by inserting thin needles through the skin.

### Physical therapy

Although it may seem counterintuitive, exercise may actually be one of the best pain management options for your chronic pain. Physical therapy can teach people how to move safely and functionally in ways that they have not been able to before.

### Deep breathing or meditation

Deep breathing and meditation are techniques that help your body relax, which may ease pain. Focusing on the breath, ignoring thoughts, and repeating a word or phrase — a mantra — causes the body to relax. While meditation can be self-taught, it helps to take a class.

### Find ways to distract yourself from pain

Instead of focusing on your pain, find something you like doing — an activity that keeps you busy and focused on something other than pain. You might not be able to avoid pain, but you can take control of your life.

## Community research collaboration creates better system for treating trauma patients

By Brandi Klingerman, Notre Dame Research

The leading cause of death for people 46 and younger in the United States is due to trauma injuries. This article discusses a new approach to more affectively treat ER trauma patients with excessive bleeding. Research began with doctors Scott Thomas (center of photo) and Mark Walsh of Memorial Hospital in South Bend. They knew that a blood replacement product specific to the needs of each patient would be a better treatment option than the traditional option of fluid resuscitation. However, until now there hasn't been a way for those working in the ER to determine the specific blood replacement product to meet a patient's needs. A machine called the thomboelastogram or TEG, can be used in the ER to look at coagulation profiles to determine the necessary blood replacement product. The team received a research grant from Memorial Hospital and TEG machines donated from Haemonetics Corp. for the project. The team was able to effectively use TEG's to determine blood products for resuscitation of patients who are bleeding out.



The collaboration then expanded to other areas of trauma care and blood coagulation, such as analyzing blunt traumatic brain injury that represented blood coagulopathy.

To read the full article click [here](#).

# Calendar of Injury Prevention Observances and Events

## September 2018

**Sun      Mon      Tue      Wed      Thu      Fri      Sat**

						1 Drive Sober or Get Pulled Over
2 Drive Sober or Get Pulled Over	3 Labor Day Drive Sober or Get Pulled Over	4	5	6	7	8
9 Suicide Preven- tion Week	10 World Suicide Prevention Day	11 Suicide Preven- tion Week	12 2017 IERC Suicide Preven- tion Week	13 2017 IERC Suicide Preven- tion Week	14 2017 IERC Suicide Preven- tion Week	15 2017 IERC Suicide Preven- tion Week
16	17	18	19	20	21 IPAC Meeting	22 Falls Prevention Awareness day
23 Child Passenger safety week Fall prevention week	24 Child Passenger safety week Fall prevention week	25 In ARMS Conference Child Passenger safety week Fall prevention week	26 Child Passenger safety week Fall prevention week	27 Child Passenger safety week Fall prevention week	28 Child Passenger safety week Fall prevention week	29 Child Passenger safety week National Seat Check Saturday
30						

### Health & Safety Tips:

- If you or someone you know is experiencing suicidal behavior, contact a mental health official or call 1-800-272-TALK (8255). More suicide resources can be found [here](#).
- Kids should sit in the backseat until the age of 12. More information on child passenger safety can be found [here](#).
- To prevent falling at home you should keep pathways clear, be aware of uneven surfaces, light your way, and keep frequently-used items close. To find out more about preventing falls click [here](#).

# Calendar of Injury Prevention Observances and Events

## October 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 Drive Safely Work Week	2 Drive Safely Work Week	3 Drive Safely Work Week	4 Drive Safely Work Week Fire Safety Olympics	5 Drive Safely Work Week	6 Drive Safely Work Week
7 Fire Prevention Week Emergency Nurses week	<b>8 Columbus Day</b> Fire Prevention Week Emergency Nurses week	9 Fire Prevention Week Emergency Nurses week	10 Fire Prevention Week Emergency Nurses week	11 Fire Preven- tion Week Emergency Nurses week Public Health Conference	12 Fire Prevention Week Emergency Nurses week	13 Fire Prevention Week Emergency Nurses week
14	15 School Bus Safety Week	16 School Bus Safety Week	17 School Bus Safety Week	18 School Bus Safety Week	19 ISTCC ITN School Bus Safety Week	20
21 Teen Driver Safety	22 Teen Driver Safety	23 Teen Driver Safety	24 Teen Driver Safety	25 Teen Driver Safety	26 Teen Driver Safety	27 Teen Driver Safety
28	29	30	31 <b>Halloween</b> Safety (Pedestrian Safety & Im- paired Driving Prevention)			

### Health & Safety Tips:

- According to the Insurance Institute for Highway Safety (IIHS), 20% of all reported vehicle crashes occur in parking lots. For safe parking back in, not out, park straight between the lines, and approach slowly. For more information on driving safely click [here](#).
- An important part of preventing fires at home is installing smoke alarms in every room, interconnecting the smoke alarms, and test all smoke alarms once a month. For more information on preventing fires click [here](#).
- To improve child safety when riding the school bus encourage them to wear bright clothes and not to listen to music. For more information click [here](#).
- Teens use their seatbelt less frequently than adults do, this could be the difference between life and death in major accidents. For more information on teen driver safety click [here](#).

## Public Health and Public Safety Conference Recap

On August 14<sup>th</sup> 2018, the Indiana State Department of Health held the second annual Public Health and Public Safety conference at the 502 East Event Center in Carmel. The purpose of this event was to showcase how public safety and public health are strategic partners in the fight against the opioid epidemic. Around 350 individuals attended, representing; state and local government, hospitals, firefighters, EMS, and law enforcement. Michele Worobiec gave the keynote address educating conference goers on ways to collaborate and engage stakeholders in your community. After the keynote address, a success sharing panel featured Sheriff Mike Nielsen, Brenda Konradi, Jennifer Johnson, Jennie Cauthern, and Dr. Eric Yazel. This was followed by two separate break-out sessions. These sessions had three tracks; prevention, treatment, and law enforcement that conference attendees had the choice to attend. In addition to the presentations, vendors were available on site to visit during the sessions networking breaks.



## Save the dates!

### 2018 Midwest Injury Prevention Alliance (MIPA) Summit

**Who:** Those who work in the field of injury and violence prevention.

**What:** A 1-1/2 day conference covering various injury prevention topics and addressing emerging best practices in the field of violence and injury prevention.

**When:** November 29 & 30

**Where:** Indianapolis, Venue TBD

Receive notification when registration opens by emailing: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov).

Supporters are critical to help make these types of meetings cost effective for attendees. If you are interested in becoming a supporter, please email Katie Hokanson, director of Trauma and Injury Prevention, [khokanson@isdh.in.gov](mailto:khokanson@isdh.in.gov).



## 2018 Indiana Public Health Conference

**Who:** Those who work in the Trauma and Injury Prevention Division.



**What:** One day conference bringing together a multidisciplinary group of professionals to share strategies and ideas aimed at reducing harm, stigma, overdoses, and death due to drug use. There is also a 1/2 day pre-conference workshop the day before.

**When:** Main conference from 9 a.m. to 4 p.m., Oct. 11. Pre-conference workshop from 8:30 a.m. to 12:30 p.m., Oct. 10.

**Where:** Indianapolis Marriott East

Click [here](#) to register



# Contact Us

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

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Department of Health  
Trauma and Injury Prevention