

Indiana Injury Prevention Advisory Council

September 16, 2016

Jessica Schultz, MPH, Injury Prevention Epidemiologist Consultant

Lauren Savitskas, MPH, Injury Prevention Program Coordinator

Division of Trauma and Injury Prevention



Indiana State
Department of Health

Submit your questions to:

indianatrauma@isdh.in.gov

Purpose and Outline

- Welcome & Updates
- ISDH Updates
 - INVDRS Updates
 - Recent funding application updates
 - CoIIN update
 - Injury Prevention Resource Guide Update
 - PDO Prevention for States Program
 - Booster Bash



Indiana State
Department of Health

Outline

- Older Adult Falls Preventions Presentations
- IPAC Updates
 - 3rd Annual IPAC Conference
 - 2017 meeting dates
 - 2017 calendar of events
- Potential Collaborations & Open Discussions



Indiana State
Department of Health

ISDH UPDATES



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Indiana Violent Death Reporting System (INVDRS) Update

Rachel Kenny, MPH, *INVDRS* Epidemiologist
Division of Trauma and Injury Prevention



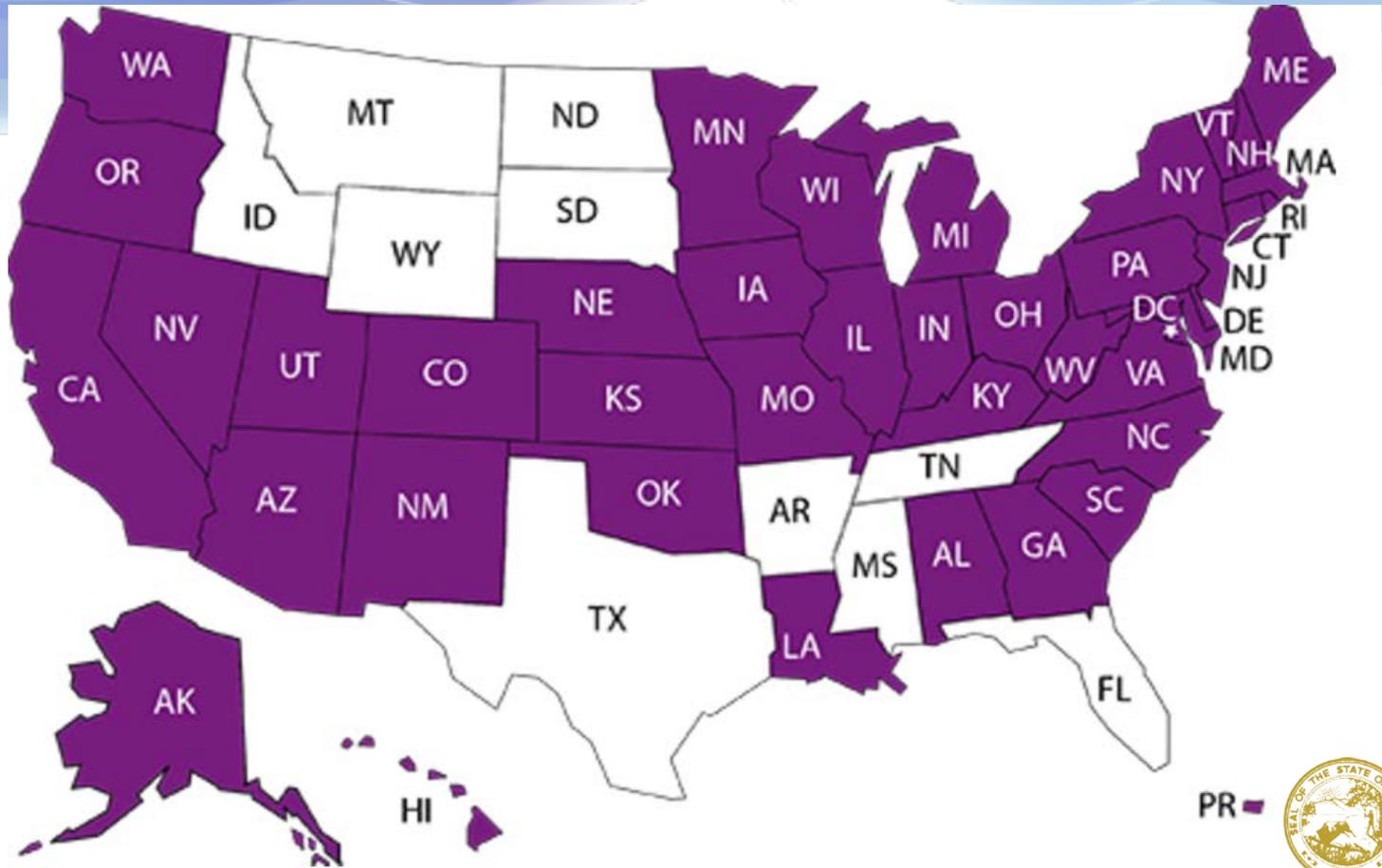
Indiana State
Department of Health

Newly Funded States

- Alabama
- California
- Delaware
- District of Columbia
- Louisiana
- Missouri
- Nebraska
- Nevada
- Puerto Rico
- West Virginia



Indiana State
Department of Health



PR



Indiana State
Department of Health

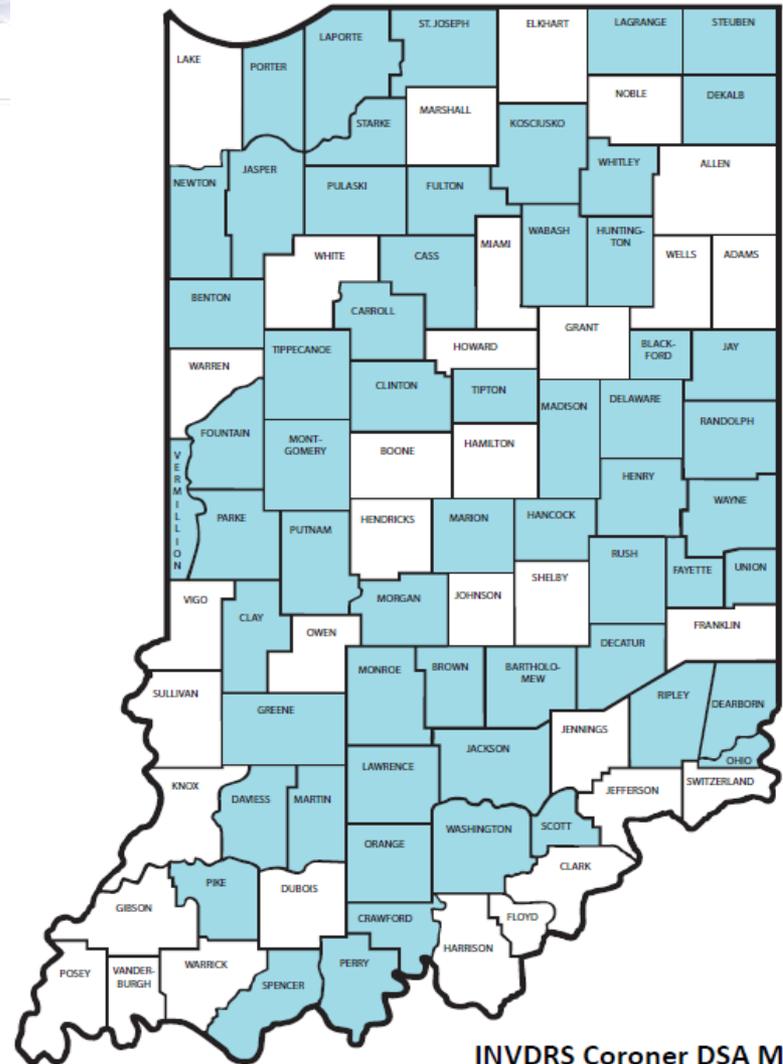
Database Updates

- PDO module expanded and redesigned
- Date/Time last seen alive
- History of substance abuse
- Scene Indications of Drug Use
- Response to Overdose—Naloxone administered
- Prescription Information



Coroners

- 59 signed data sharing agreements
- Madison county has signed on!



Law Enforcement

- 323 DSAs
- At least one department in every county except White
- Working to get IMPD onboard
 - Having trouble meeting with Chief Riggs



Case Completion

- 209 of the 767 Pilot County 2015 cases are complete!
 - This means we have received and abstracted the law enforcement report and coroner report



Upcoming Data Reports

- **Suicides in Indiana Report—Early 2017**
 - Data years 2011-2015 (mortality), 2011-2014 (morbidity)
- **2015 INVDRS Preliminary Data Brief**
 - Early 2017
 - Majority data from the death certificate
 - Focus on Pilot Counties
 - May be a supplement to the Suicides in Indiana Report

Data Update 2015

All data is preliminary



Death Certificates-2015

- 1575 cases statewide (as of August 2016)
 - 971 Suicides (62%)
 - 398 Homicides (25%)
 - 183 Undetermined (12%)
 - 21 Accidental or Natural (1%)

*preliminary numbers

Violent Death County Ranks-2015

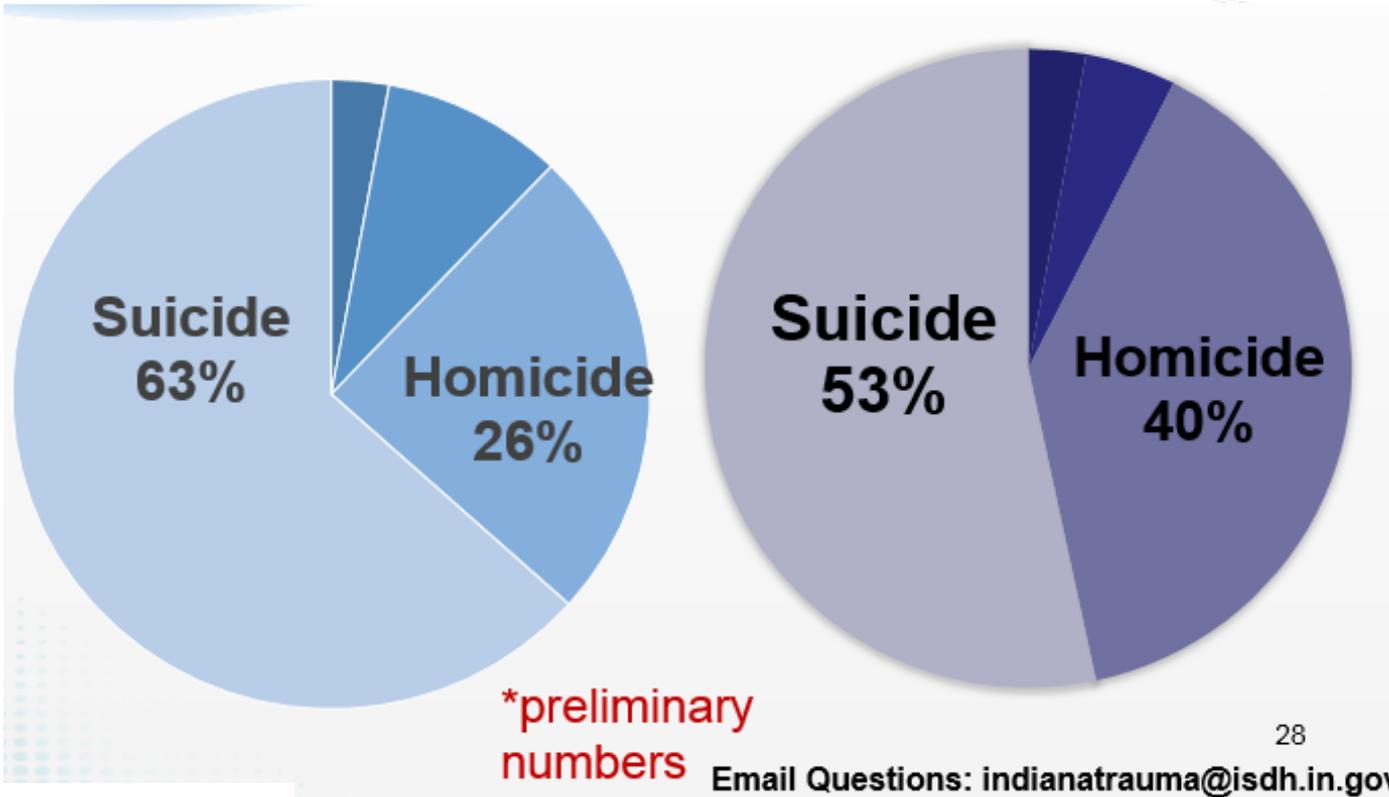
- | | |
|-------------------|-------------------|
| 1. Marion—357 | 8. Johnson—38 |
| 2. Lake—151 | 9. Elkhart—35 |
| 3. Allen—102 | 10. Hamilton—32 |
| 4. St. Joseph—76 | 11. Tippecanoe—32 |
| 5. Vanderburgh—51 | 12. Porter—30 |
| 6. Howard—45 | 13. Madison—29 |
| 7. Vigo—41 | 14. Delaware--27 |

*preliminary numbers

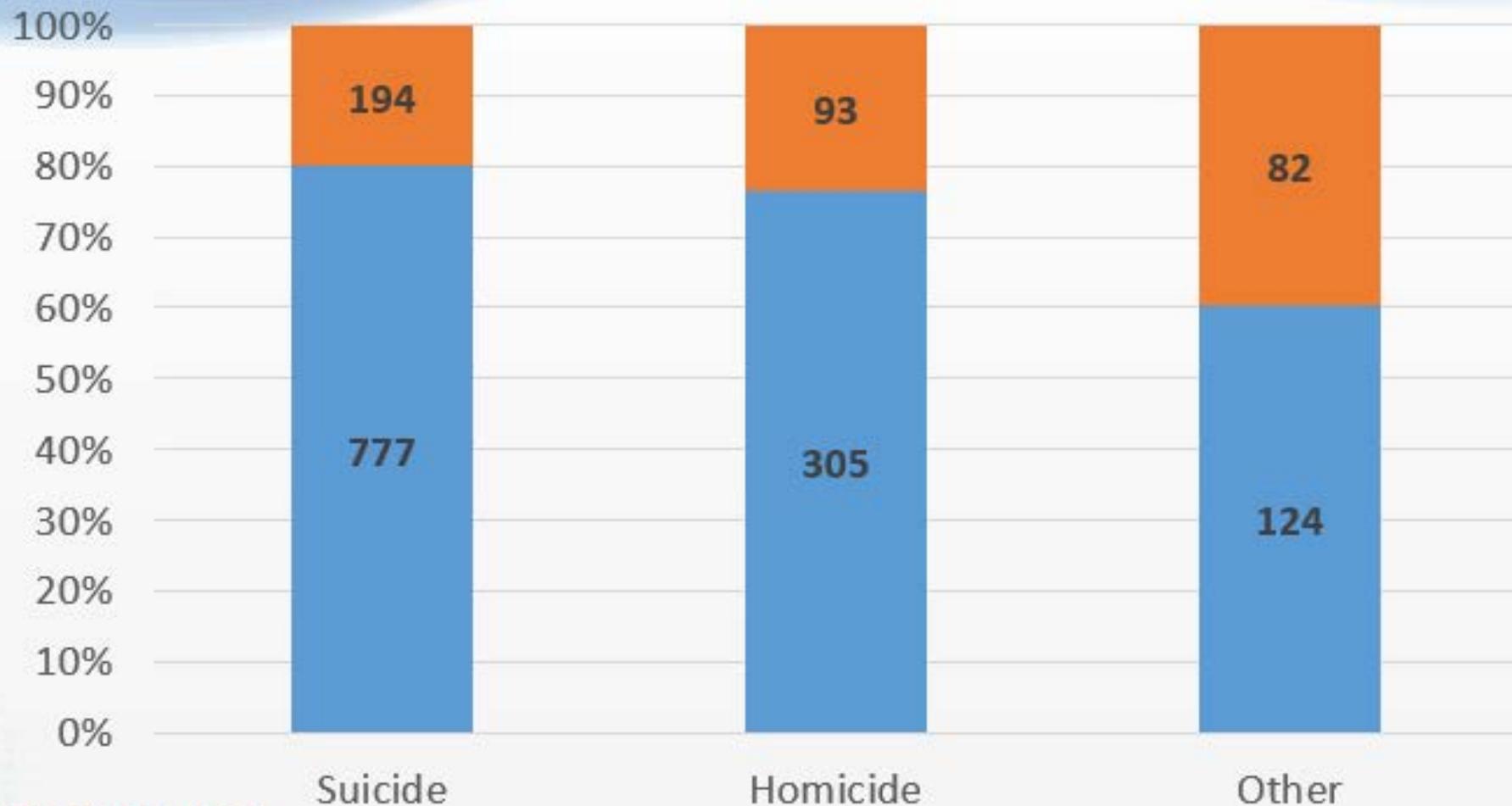
Death Manner

Statewide

Pilot Counties



Percentage of Cases by Manner and Sex

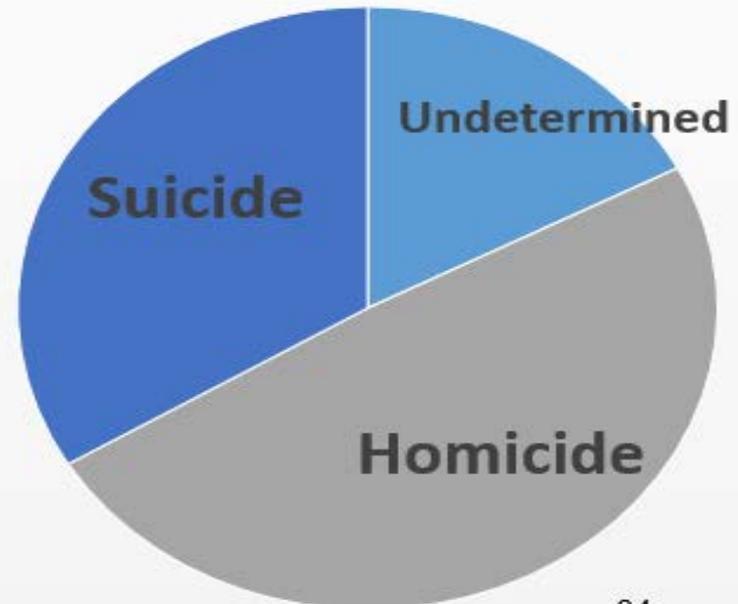
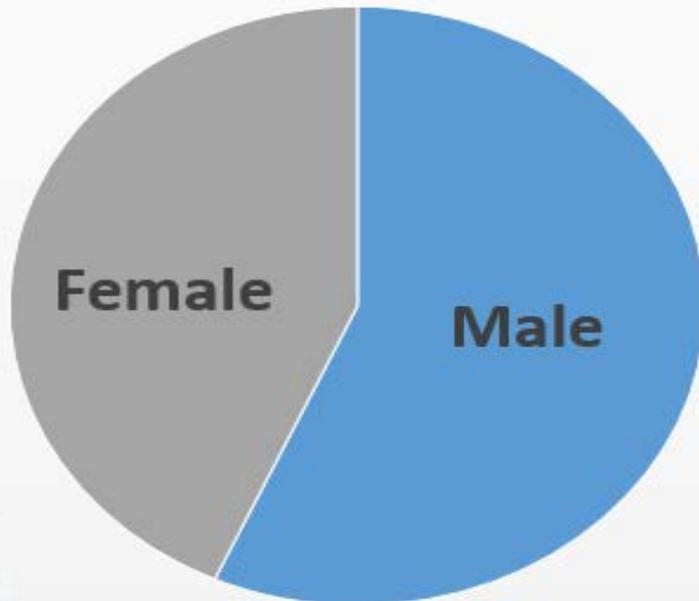


***preliminary
numbers**

■ Male ■ Female

Child Deaths-2015

- 104 violent deaths of individuals <18



*preliminary numbers

Data Year—2016

All data is preliminary



Death Certificates-2016

- 946 cases statewide (as of August 2016)
 - 588 Suicides (62%)
 - 225 Homicides (24%)
 - 117 Undetermined (12%)
 - 16 Accidental or Natural (2%)

Death Certificates-2016

- 619 unintentional overdose deaths have also been identified and are housed in the CDC Database—utilizing the Overdose Module



2016 meeting dates

- 3rd Friday of the month
 - 1 p.m.-3 p.m. EST in Rice Auditorium
 - November 18



Call to Action

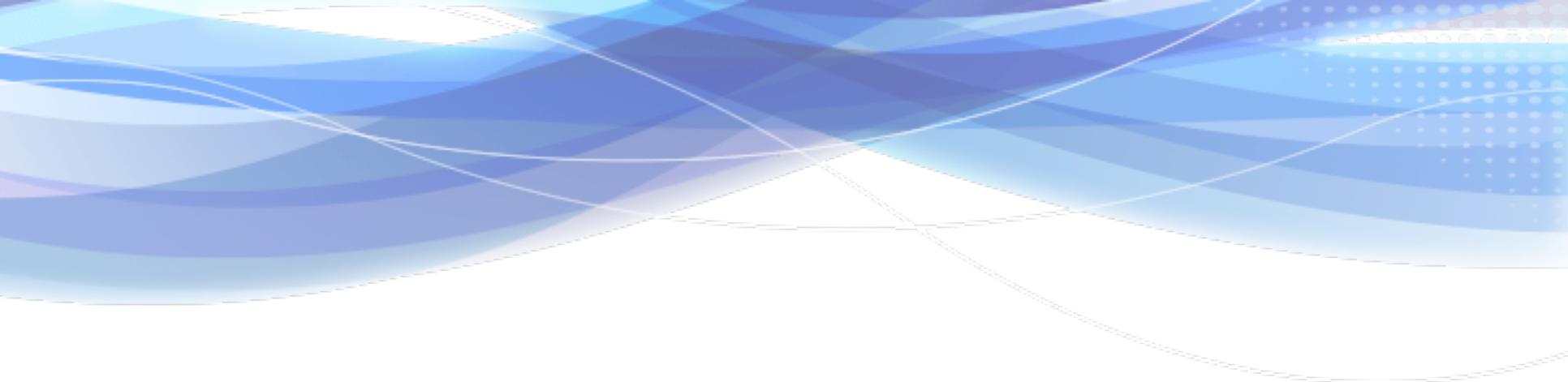
- Send interested parties to ISDH Division of Trauma and Injury Prevention
 - INVDRS@isdh.in.gov
 - INVDRS Epidemiologist

Rachel Kenny

317-233-8197

rkenny@isdh.in.gov





CDC ENHANCED STATE SURVEILLANCE OF OPIOID-INVOLVED MORBIDITY AND MORTALITY UPDATE

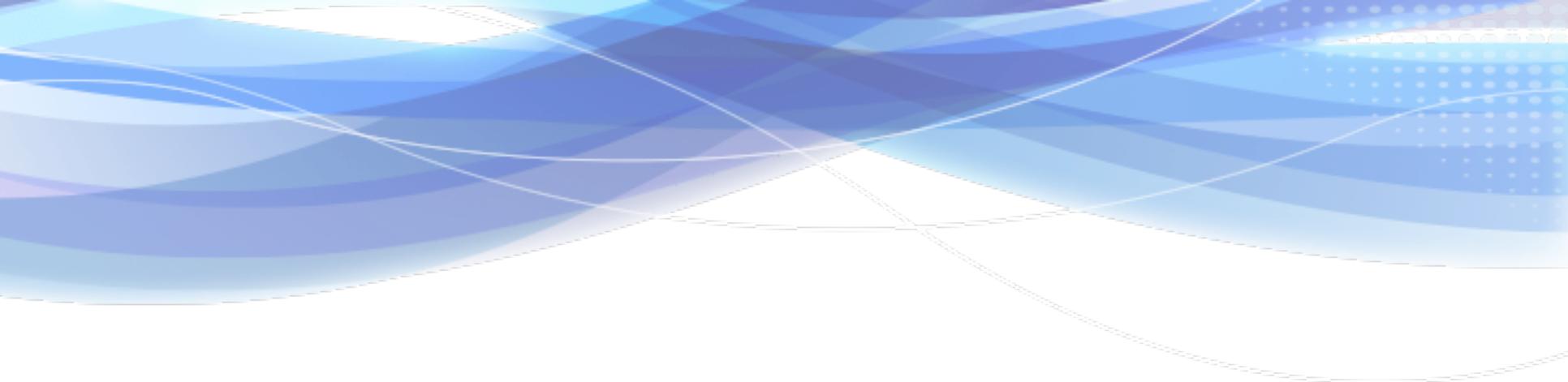
Email questions to: indianatrauma@isdh.in.gov

Enhanced State Surveillance

- Application approved, but not funded
- Targets morbidity and mortality PDO surveillance
- Duration: 3 years, starts 9/1/2016



Indiana State
Department of Health



PRESCRIPTION DRUG OVERDOSE PREVENTION FOR STATES PROGRAM SUPPLEMENT APPLICATION UPDATE

Email questions to: indianatrauma@isdh.in.gov

PFS Supplemental

- **FUNDED!**
- Duration: 3 years
- FOA Released 5/26/2016
- Application due 6/27/2016
- Received 9/1/2016



Indiana State
Department of Health

PFS Supplemental: Strategy 2

- 1) Resources to 6 local health departments to build regional PDO prevention infrastructure
- 2) Establish a train-the-trainer programs for naloxone & PDO prevention education
- 3) Resources to coroners to improve toxicology testing and reporting for improve surveillance



Child Safety Collaborative
Innovation & Improvement Network

Child Safety CoIIN



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Resource Guide & App Development



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Resource Guide App



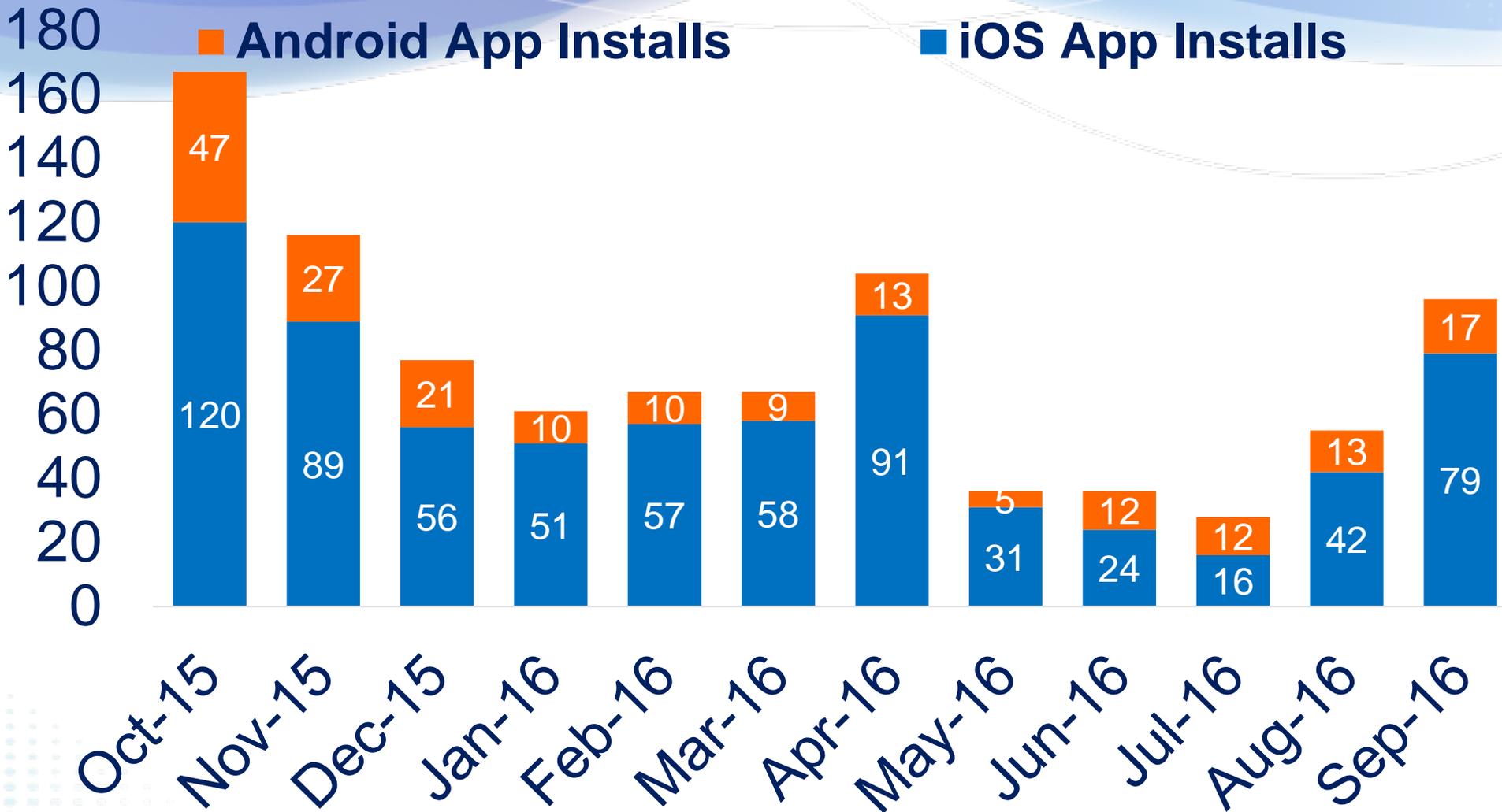
- Injury Prevention at your fingertips
- Updated mid-August with 2014 data
- Free download for iOS & Android
- Phone & tablet capabilities



Indiana State
Department of Health

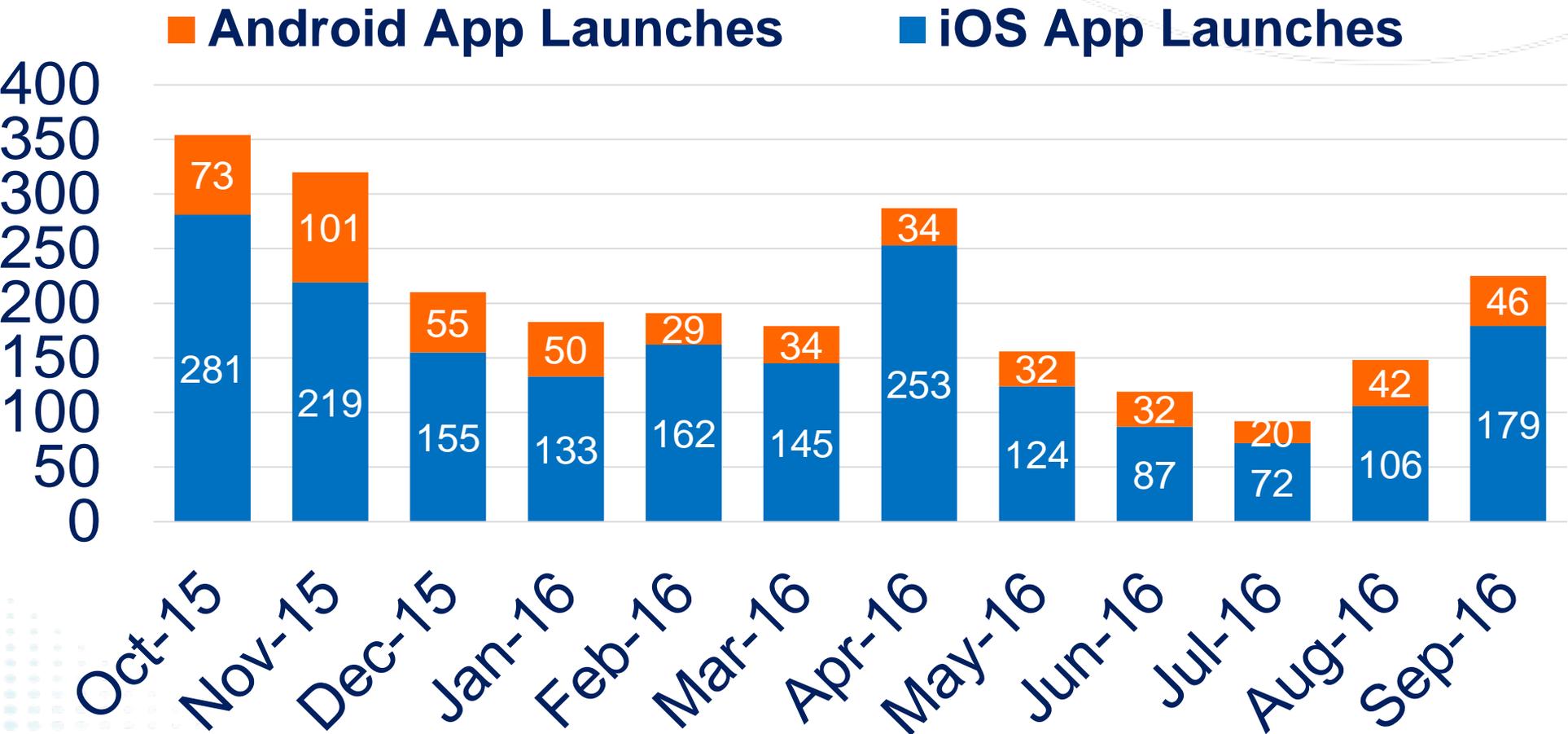
Email questions to: indianatrauma@isdh.in.gov

Installs per day, N = 950



**ISDH press release on 10/21/2015 Data as of 9/12/2016

Launches per day, N = 3,159



**ISDH press release on 10/21/2015 Data as of 9/12/2016

New Injury Reports

- Special Emphasis Reports released
 - Older adult falls – TBI
 - PDO – Child Injury (To Be Released)
- Violence & Injury Factsheet released
- *Suicides in Indiana* Report - Fall 2016
- *Injuries in Indiana* Report - TBD
- Firework-related Injuries Report – Winter 2016



PRESCRIPTION DRUG OVERDOSE PREVENTION FOR STATES PROGRAM

Email questions to: indianatrauma@isdh.in.gov

Prescription Drug Overdose: Prevention for States

- CDC Grant Funding Opportunity
- Application submitted May 8th, 2015
- Initially awarded, but not Funded
- Notice of Award: March 15th, 2016

- Targeting main driver of epidemic -
problematic prescribing



Indiana State
Department of Health

Prescription Drug Overdose Prevention for States

3 Strategies:

1. Enhance and maximize prescription drug monitoring program (INSPECT)
2. Implement community interventions in high-need areas
3. Evaluate impact of policy changes



Indiana State
Department of Health

Staff Contacts

- Names of all new staff
 - Kayley Dotson, PDO Epidemiologist
 - kdotson@isdh.in.gov
 - Bonnie Barnard, PDO Community Outreach Coordinator
 - bbarnard@isdh.in.gov
 - Annie Hayden, PDO Records Abstractor
 - anhayden@isdh.in.gov



Indiana State
Department of Health

BOOSTER BASH



Indiana State
Department of Health

“Big Kid” Booster Bash



If you would like to participate,
contact indianatrauma@isdh.in.gov



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov



FALLS PREVENTION



Email questions to: indianatrauma@isdh.in.gov

IU Health Arnett Trauma Services Fall Prevention Outreach Programs

SLIP

STEADI

STEPPING ON

Amanda Rardon RN

Trauma Program Director

Teresa Williams RN

Trauma Registrar/Outreach Coordinator

SLIP

Senior Lifestyle & Injury Prevention

- Implemented 2014 at IU Arnett
- Society of Trauma Nurses

- Our percentage of elderly falls was 63% of our trauma related injuries per year.
- After implementing the SLIP program we were able to obtain data from a local Assisted Living Facility showing that when we presented the SLIP program, same level falls decreased substantially.
- Data obtained from the assisted living facilities showed that when SLIP was provided, fall rates dropped over 80% after the presentation.
- Data also showed that approximately 3 months later they began to rise again. We were able to revisit these communities and repeat the presentation.

STEADI

Stopping Elderly Accidents, Deaths, & Injuries

- This program was developed by the CDC.
- We implemented this in July 2016 with our outpatient “Ageing Population” group.
- Unlicensed healthcare providers were going to homes to visit patients who were part of a senior outpatient group prone to falls.
- These providers are in the home and use STEADI to perform evaluations for fall risk and home safety.
- On Fridays, a multidisciplinary team meets to discuss those at risk for fall. These patients are referred to PT, local community programs and soon will be referred to Stepping On if appropriate.

STEPPING ON

- Just recently Catana Phillips RN, Injury Prevention from IU Methodist and Teresa Williams RN, Outreach Coordinator from IU Arnett attended a Instructors course in Wisconsin.
- As of this time they are the only two instructors for this program in Indiana. The first course will start Tuesday, September 20th at IU Methodist with a Spring class at IU Arnett.
- This is a multi-faceted group program with a follow-up visit or phone call and a 3 month booster session to support strategies of the 7 week course that meets once a week for 2 hours.
- Expert guest speakers cover balance and strength exercises, pharmacology related to falls, and vision. We are looking forward to implementing this program.

How do these programs cover the majority of seniors?

- In using SLIP we reach out to those seniors who reside in Assisted Living communities, and those in Senior retirement areas. During SLIP presentations in the independent retirement areas we can also refer them on to Stepping On if needed.
- In using STEADI in our Ageing Population group and eventually in our new Medicare Wellness Clinic scheduled to open this fall, we can evaluate the need for referral to PT, Community Programs, or Stepping On.

And to tie it all together!!

- In using Stepping On we are reaching out to those seniors who are independent but are at risk of falling. In reaching out to these seniors we are attempting to educate them with ways to obtain better balance and strength. In doing this, they can continue to live independent lives free from falls.

Injury Prevention Program

*Jennifer Homan RN BNS, CPSTI
Trauma Program Coordinator
Coordinator, Safe Kids NWI
Leader, Stepping ON Fall Prevention Program.*



Stepping On

Building Confidence
and Reducing Falls in Older Adults



How Significant is the Problem?

Cost of fall injuries among people 65+

Adjusted for inflation = \$30 billion

- Fatal falls: \$0.3 billion
- Nonfatal injuries: \$29.9 billion

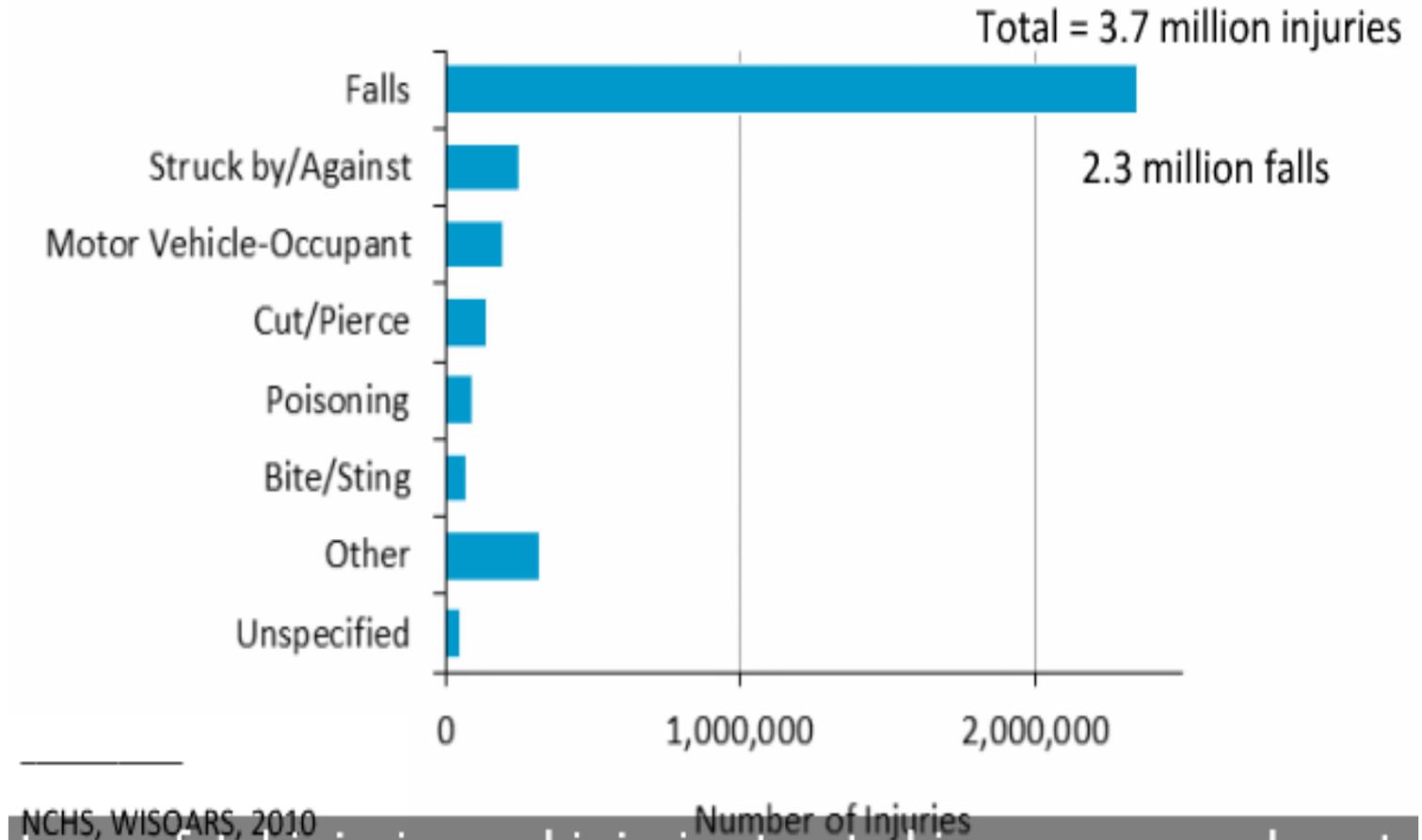


Stevens JA, *Inj Prev*, 2006

- **1 out of every 3** people, 65 years & over fall each year
- By 2020 the cost of falls injuries are estimated to be **\$32.4 billion.**

Source: CDC webinar on STEADI:
April, 2013

Leading Causes of Nonfatal Injuries Among People 65+, 2010



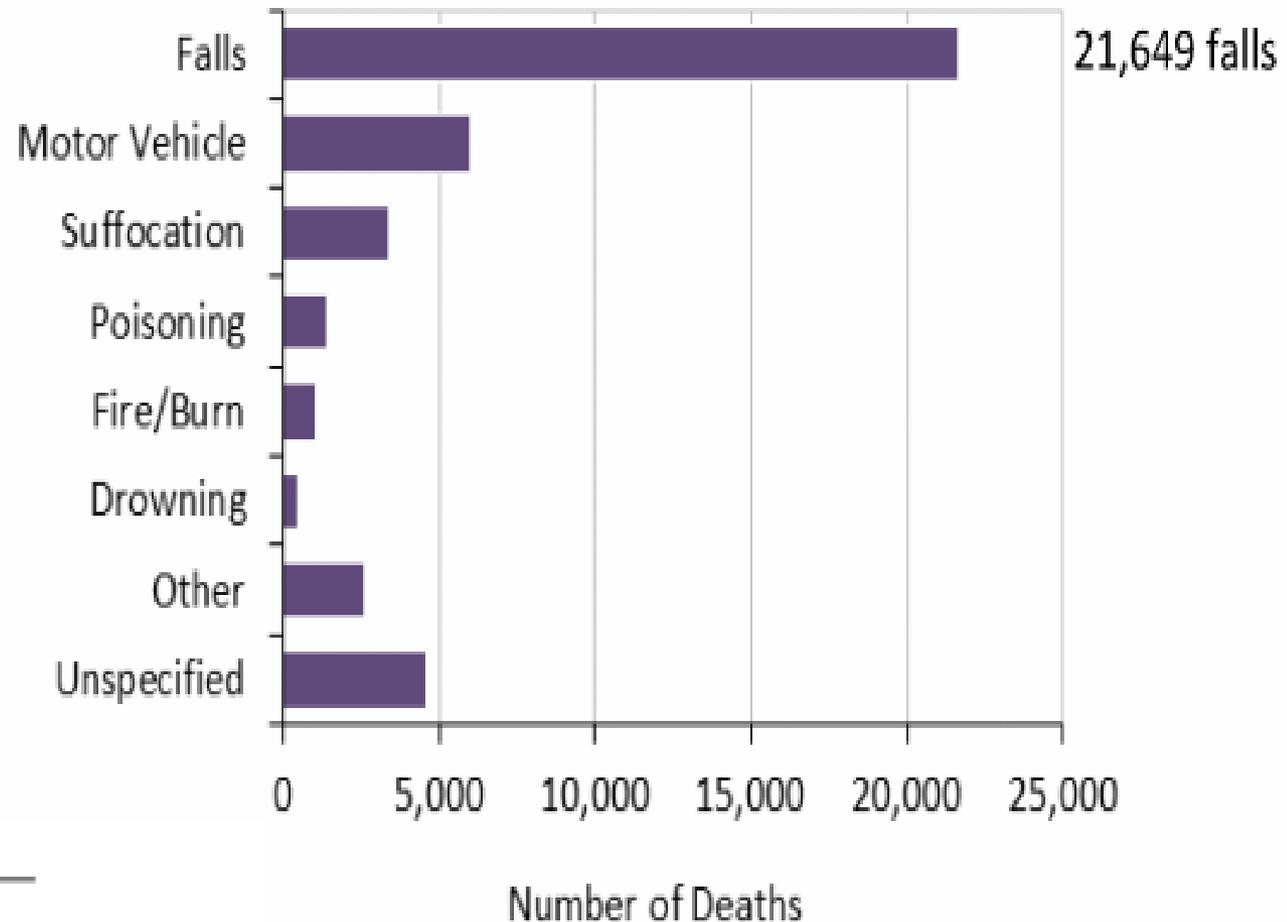
About a quarter of these patients needed to be hospitalized for their injuries!

CDC – Outcomes Linked to Falls

- 20% to 30% of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around, live independently, and increase the risk of early death.
- In 2000, TBI accounted for 46% of fatal falls among older adults.
- Most fractures among older adults are caused by falls. The most common are fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand.
- Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and loss of physical fitness, which in turn increases their actual risk of falling.

Leading Causes of Death from Injuries Among People 65+, 2010

Total = 41,300 deaths



Indiana Statistics

- ▶ Falls are the leading cause of injury-related ED visits, hospitalization and death for Hoosiers age 65 and older.
- ▶ Nearly 350 older adults died in 2013 from fall-related injury in Indiana, which is a 92.8% increase from 181 fall-related deaths in 1999.
- ▶ The rate of fatal falls among older adults increased by 58.1% from 24.1 deaths per 100,000 population in 1999 to 38.1 per 100,000 in 2013.11



Indiana Statistics

- Fall fatalities among older adults result in \$38.3 million medical and work loss costs every year.
- Falls and instability precipitate premature nursing home admissions
- Fear of falling limits physical activity resulting in:
 - o loss of muscle tone, strength, balance, & loss of independence

Stepping On: A Group-Based Multifactorial Intervention

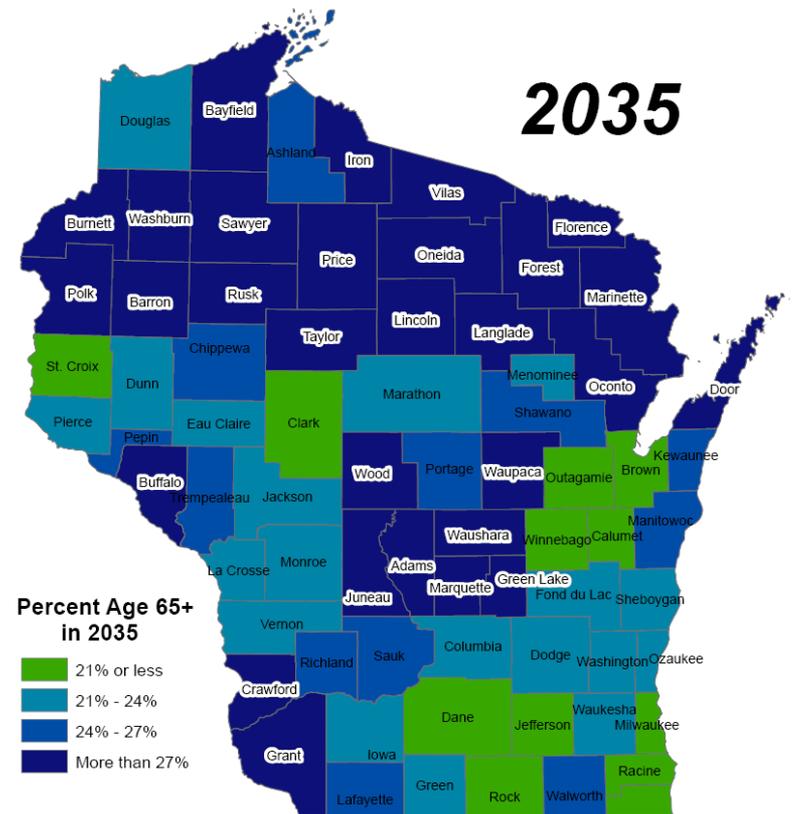
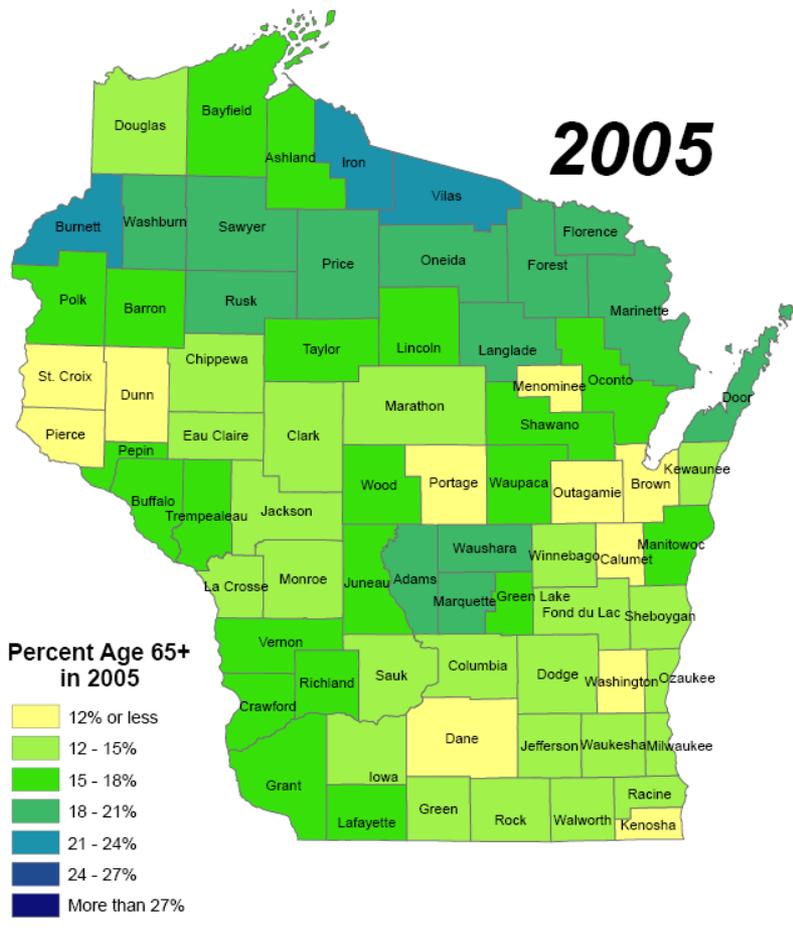
Clemson, JAGS, 2004

- ▶ Developed in Australia by Dr. Lindy Clemson and Megan Swann, Occupational Therapists
- ▶ Participants were age 70+, fell in last year or had concern about falling, were community-dwelling older adults
- ▶ The Program:
 - 7 weekly sessions + 1 home visit + 1 booster session
 - Goal was to improve self-efficacy, encourage behavioral change, reduce falls
- ▶ Program was led by an Occupational Therapist
- ▶ Results showed a **31% reduction in falls**; RR = 0.69 (0.5 to 0.96)

Adherence at 14 Months After Completing Stepping On

Program exercises	59%
Home visit recommendations	70%

Projections for the Growing 65+ Population in Wisconsin, 2005 to 2035



Source: Wisconsin DHS

Results of Stepping On Dissemination in Wisconsin

Five Years of Data Collection / Research showed:

- ▶ 35% decrease in falls pre-post (using initial, 6 month post and 12 month post surveys)
- ▶ Decrease of 22 Emergency Department visits due to falls (11.7% reduction)

Stepping On Participant



The Stepping On Falls Prevention program is ideal for older adults who:

- Are at risk of falling for a number of reasons.
- Have had a fall in the past year, or have a fear of falling.
- Walk independently, may use a cane indoors or out, or a walker for outdoor use only
- Are cognitively intact
- Live in their own home or other independent living facility
- Are able to speak conversational English or the language in which the group is being facilitated.

What is Stepping On?

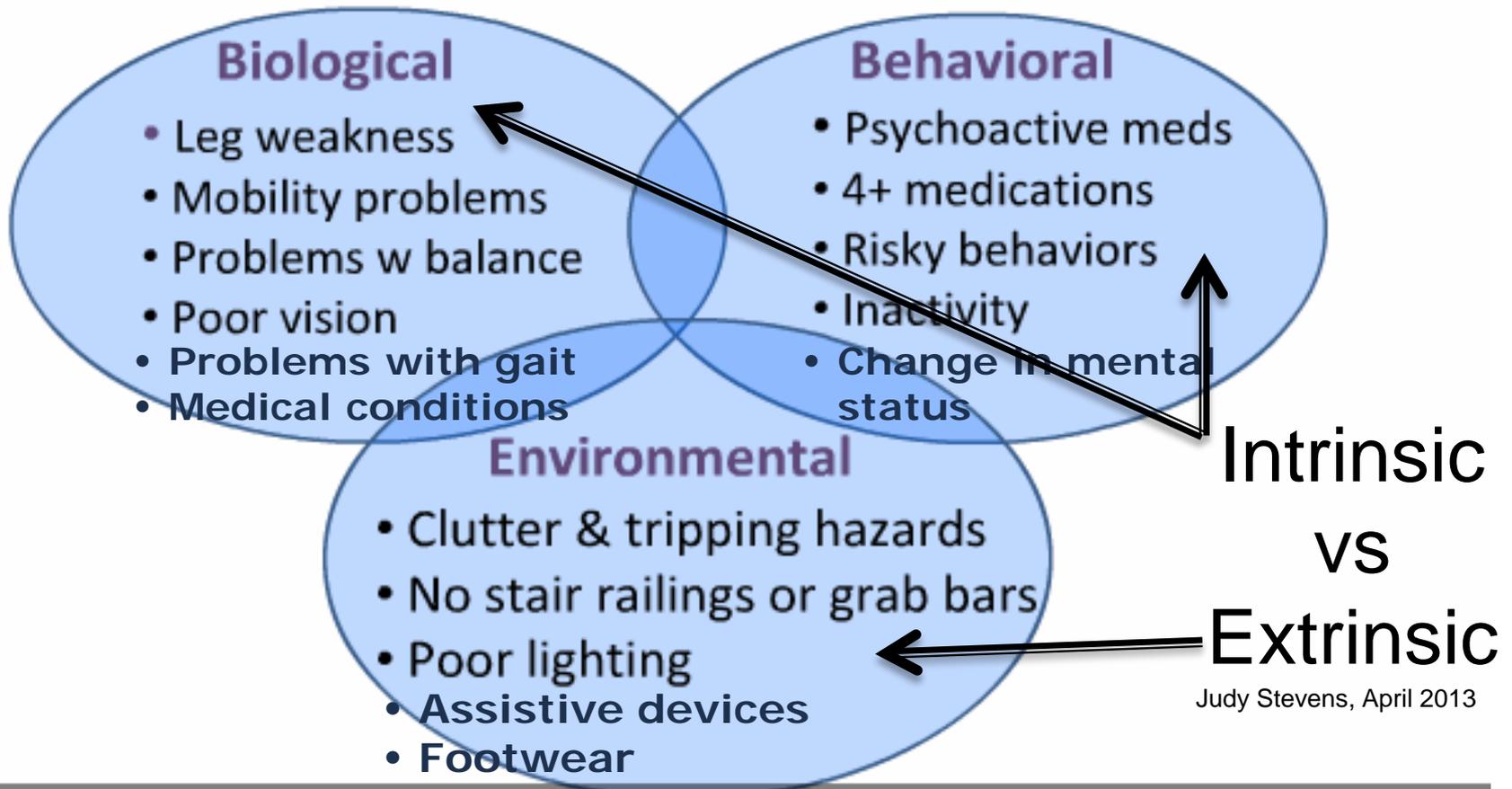
- ▶ Small-group sessions of 2 hours each
- ▶ Balance and strength exercises each class – based on the Otago exercise program
- ▶ Discussion sessions with invited experts:
 - Starting exercise, getting out and about safely
 - **Physical therapist**
 - Environmental safety
 - **Police officer, or community safety expert**
 - Vision screens, coping with low vision
 - **Low vision expert**
 - Medication review
 - **Pharmacist**



Stepping On - Overview of Sessions:

- Building trust, risk appraisal, introduce balance and strength exercises
- Review exercises, moving about safely
- Home hazards
- Community safety and safe footwear
- Vision and falls
- Bone health
- Medication management
- Sleep alternatives
- Mobility mastery experiences
- Safe bus and train travel
- Home visit
- Booster session

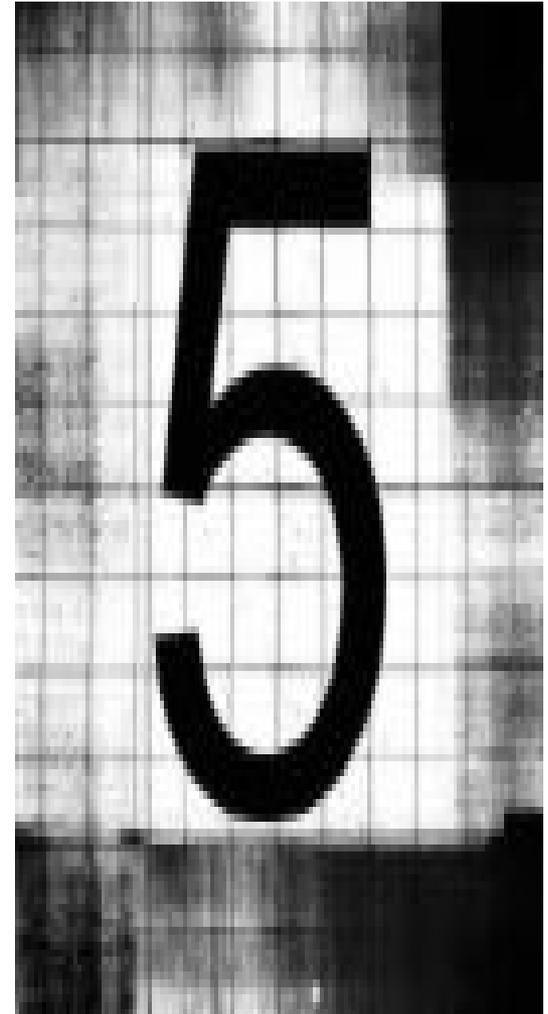
Modifiable Risk Factors



The more risk factors, the increased chance for a fall.
Also, the interaction between risk factors can increase falls.

The Preventive Framework Adapted for Reflecting on Stories About Safety Strategies:

1. Why did this work/not work and what are some other things that could work?
2. Which way works best for you?
3. How can you make this happen?
4. Are there any barriers to making it happen?
5. How can you keep this happening?



Home Visit and Booster



- Not just a home safety check
- Individual follow-up
- Safety strategies
- Referrals
- Review exercises
- Remind about Booster Session



- Review progress
- What are you using-what have you changed
- Review and practice exercises
- Review Key Issues

Getting State and Hospital Buy In

- ▶ Wisconsin program funded by older adult act
 - ▶ Change in healthcare models utilizing prevention models
 - ▶ CMS reimbursement via PQRS incentives
- 

OLDER ADULT FALLS SPECIAL EMPHASIS REPORT



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Older Adult Falls Special Emphasis Report

FIGURE 1. Burden of Fall Injuries among Residents Ages 65 and Older—Indiana, 2014



QUICK FACTS

Residents ages 65 and older account for **81.2% of all fall deaths** and 72.4% of nonfatal fall hospitalizations in Indiana.

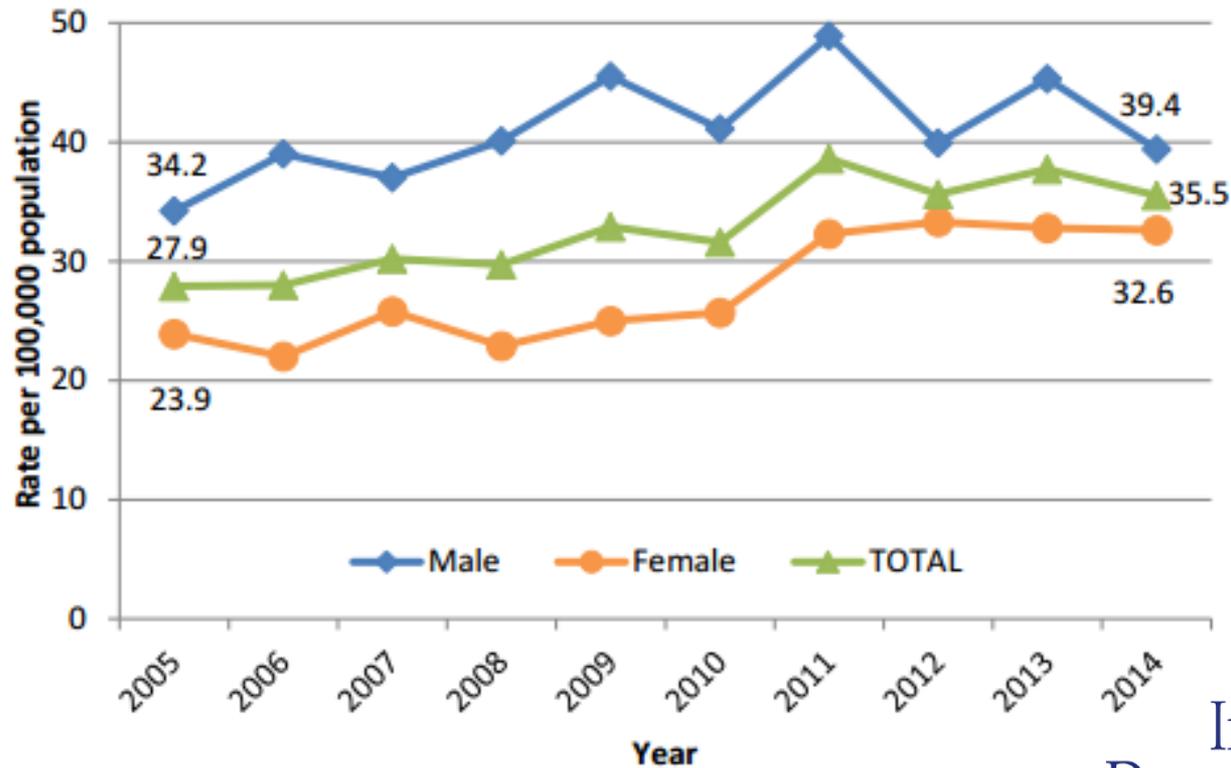
http://www.in.gov/isdh/files/2016_SER_Older_Adult_Falls_Indiana.pdf



Indiana State
Department of Health

Older Adult Falls SER

FIGURE 2. Age-adjusted Rate of Fall Deaths by Sex, Ages 65 and Older— Indiana, 2005-2014

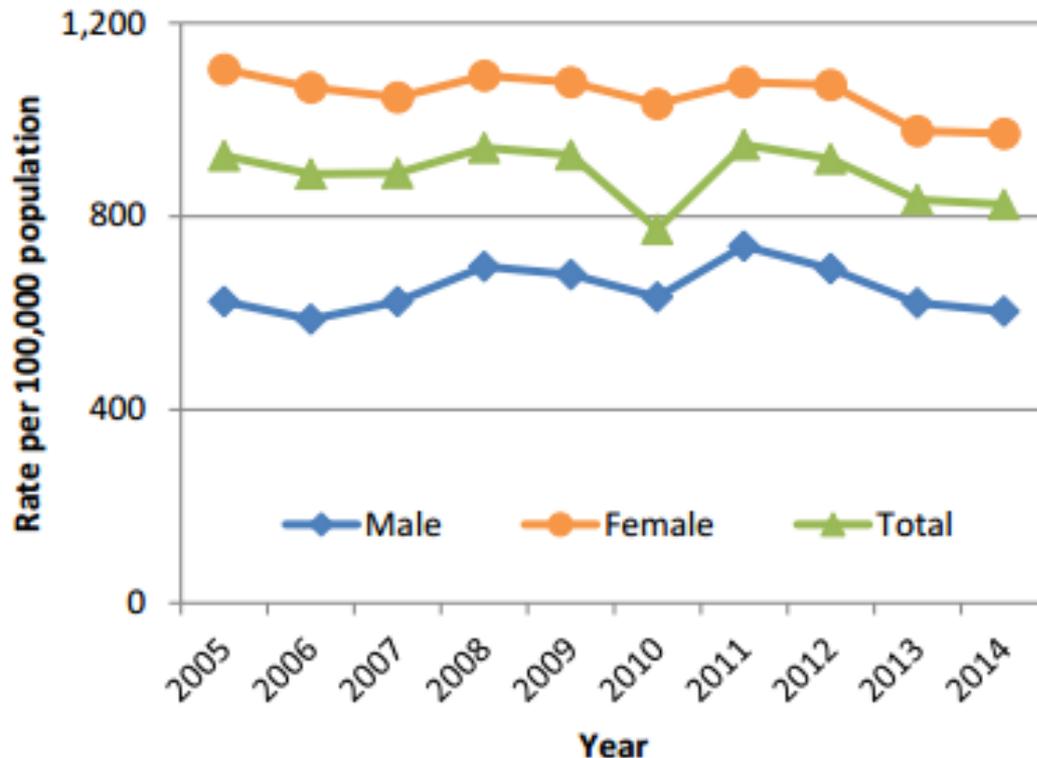


Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Older Adult Falls SER

FIGURE 4. Age-adjusted Rate of Nonfatal Fall Hospitalizations by Sex, Ages 65 and Older— Indiana, 2005-2014



Indiana State
Department of Health



POTENTIAL COLLABORATIONS AND OPEN DISCUSSIONS

Email questions to: indianatrauma@isdh.in.gov



IPAC UPDATES

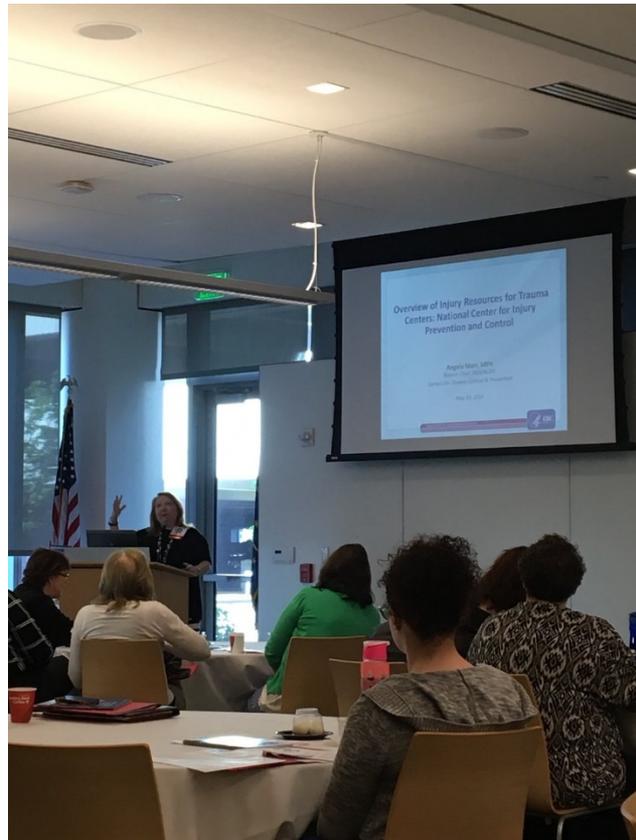
Email questions to: indianatrauma@isdh.in.gov



ANNUAL IPAC CONFERENCE

Email questions to: indianatrauma@isdh.in.gov

2016 IPAC Conference



Indiana State
Department of Health

2017 IPAC Conference

- Looking at May 2017 to host event
- What dates are good?
- What dates are bad?
 - other competing events, conferences, outreach events, trainings etc.
- Speaker and topic suggestions
- Conference location ideas



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Upcoming Events

- Falls Prevention Awareness Day: September 22
- Domestic Violence Awareness Month: October
- National Bullying Prevention Month: October
- Midwest Injury Prevention Alliance Summit:
December 1 & 2



Indiana State
Department of Health

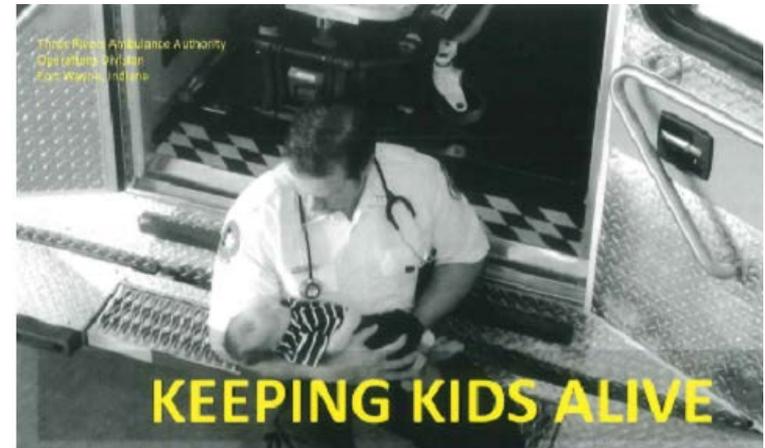
Labor of Love Summit 2016

Helping Indiana Reduce Infant Death

- Monday, October 17, 8 – 5
- JW Marriott
- *Success Through Partnerships*
- *NEW* Training for Emergency Response Professionals
 - Direct On-Scene Education



Labor of Love
Helping Indiana Reduce Infant Death



DOSE: Direct On-Scene Education

- Aimed at eliminating sleep-related infant death due to suffocation, strangulation or positional asphyxia
- Training first responders to identify and remove hazards while delivering education on scene
- ISDH will provide training manuals and program materials tailored to your community's needs



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

DOSE: Direct On-Scene Education

- DOSE Train-the-Trainer sessions at the Labor of Love Summit Oct 17th
- Register: <http://www.infantmortalitysummit-indiana.org/>
- Questions: kcunningham2@isdh.in.gov



Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Walking School Buses

Check out the locations and dates below to find a workshop closest to you!

Lincoln High School
September 22nd 2016
8:30am to 4:00pm EST
1545 S Hart Street Rd
Vincennes, IN

(NEW!) Tippecanoe School Corporation
September 28th
8:30am to 4:00pm
21 Elston Road
Lafayette, IN

Sherwood Oaks Church, Rm 362
September 23rd 2016
8:30am to 4:00pm EST
2700 E. Rogers Road
Bloomington, IN

Madison
Location TBD
September 29th 2016
8:30am to 4:00pm EST
Madison, IN

IPFW Walb Union, Rm 114
September 27th 2016
8:30am to 4:00pm EST
2101 E. Coliseum Blvd
Ft. Wayne, IN

Marion County Health Department
September 30th 2016
8:30am to 4:00pm EST
4012 N. Rural Street
Indianapolis, IN

There is limited space! If the WSB workshops interest you, please visit
this link to reserve your spot:

<https://www.surveymonkey.com/r/7HVF99T>

2016 Meetings

- November 18
- IPAC: 10 a.m. – 12 p.m. EST
- INVDRS: 1 p.m. – 3 p.m. EST



Indiana State
Department of Health

2017 Meetings

IPAC: 10 a.m. – 12 p.m. EST

- March 17
- May – Conference - Date TBD
- July 21 – Webcast
- September 15
- November 17



Indiana State
Department of Health

Thank you for your attention!

Jessica Schultz, MPH

Injury Prevention Epidemiologist Consultant

Email: JSchultz@isdh.in.gov

Phone: 317-617-4155



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov