

**Indiana Injury Prevention
Advisory Council
&
Indiana Violent Death Reporting
System Advisory Council
Webcast**

July 15, 2016

Submit your questions to:

indianatrauma@isdh.in.gov



Indiana State
Department of Health

Purpose and Outline

- Prescription Drug Overdose Prevention for States Program
- INVDRS updates
 - CDC Updates
 - Data Provider Progress
 - 2015 Data Overview



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Outline

- ISDH Updates
 - Booster Bash
 - CoIN update
 - Recent funding applications
 - Injury Prevention Resource Guide & mobile app
- IPAC Updates
 - 2nd Annual IPAC Conference summary
 - IPAC improvement survey



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Please Welcome

Bonnie Barnard

Kayley Dotson

Annie Hayden

Prescription Drug Overdose Prevention for
States Program



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

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



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Strategy 1:

**ENHANCE AND MAXIMIZE
PRESCRIPTION DRUG
MONITORING PROGRAM (INSPECT)**

Email questions to: indianatrauma@isdh.in.gov

Enhance & maximize prescription drug monitoring program (INSPECT)

- PDMP integration with electronic health records.
 - Reduces data reporting interval to PDMPs.
 - Supports effective clinical decision-making.
 - Prevents drug diversion.



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Expansion of the Indiana Violent Death Reporting System (INVDRS)

- Collection of Overdose data using the Overdose Module within the National Violent Death Reporting System
- The OD Module is designed to capture the specific circumstances surrounding overdose injuries to provide a comprehensive understanding of elements involved.



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Overdose Module in INVDRS

OD Module will capture new data points:

- **Method of drug exposure**
- **Presence of drug paraphilia** on the scene or visual signs of drug abuse
- **Past or current substance abuse treatment** the individual has received
- **Past history of prescription drugs use**
- **Number of doctors and pharmacies** the individual has visited in the 180 days preceding injury
- The **number of opioid prescriptions** prescribed to the individual in the 30 days preceding the injury

OD Module in INVDRS

Will also capture information regarding the response to the OD:

- **Administration of Naloxone**
- **Presence of bystanders** at the time of the incident

OD Module INVDRS

- The OD Module also provides an abstractor narrative regarding individual patient history with Prescription Morphine. The narrative gives the data set depth and comprehensive details surrounding the injury. This information can be used to help shape primary and secondary prevention tactics, community outreach and education regarding drug abuse.



Strategy 2:

**IMPLEMENT COMMUNITY
INTERVENTIONS IN HIGH-NEED
AREAS**

Email questions to: indianatrauma@isdh.in.gov

Implement community interventions in high-need areas

- Coordinate intensive prevention efforts:
 - Focus on addressing problematic prescribing
 - Technical assistance
 - Coordinated efforts
 - Data reports to counties to inform local efforts
 - Naloxone education for first responders & lay providers
 - Increased awareness of opioid prescribing, dispensing and OD death at county level.

High-Burden Counties

- First year will focus on 6 high-burden counties
- Communities most impacted by the opioid epidemic will be priority
- Emphasis on addressing problematic prescribing

Identifying High-Burden

- High-burden counties selected upon:
 - Rate of opioid deaths by county (2010-2014)
 - Rate of non-fatal opioid related emergency room visits by county (2009-2013)
 - All drug poisoning death rates by county (2010-2014)

Identifying High-Burden

Location, syringe exchange program status, and clustering are taken into account

- Counties with syringe exchange programs (SEPs) were excluded due to the scope of their primary objectives
- Clusters are broken up by selecting the highest scoring county within that cluster

Community Need

- Assessed using INdicators, the Indiana Health Dashboard website
- Scores from the database were compiled and ranked
 - Higher score = higher burden
 - Lower score = lower burden
- Accounts for 25% of the overall score
- Based upon 5 indicators

Community Need

- The following indicators were scored:
 - People living below poverty level
 - Poverty rate
 - Health department capacity
 - Local health department staffers to population ratio
 - Controlled substance prescriptions
 - Controlled substance prescriptions filled and entered into INSPECT per person in the defined region

Community Need

- Inadequate social support
 - Adults (%) 18 and older without social or emotional support
- Unemployment
 - Monthly unemployment rate
- Provides picture of community's need and covers factors associated with substance abuse disorder

Community Outreach

PDO – Community Outreach Coordinator

- Contacting Counties for upcoming meetings
- Attend meetings

Community Outreach

5/6/2016	JACKSON	Seymour PD
6/3/2016	FAYETTE	House of Ruth
6/3/2016	FAYETTE	LLC
6/8/2016	HENDRICKS	Hendricks County Substance Abuse Task Force
6/28/2016	HENDRICKS	Hendricks County Health Partnership
6/30/2016	FAYETTE	Opioid Crisis Focus Group - Fayette County
7/5/2016	DEARBORN	Citizens Against Substance Abuse (CASA)
7/7/2016	WAYNE	HOSPITAL - Heroin Is Here
7/8/2016	FAYETTE	CANCELLED -HOLLY DUNN - THE HAVEN
7/19/2016	MADISON	Madison County Health Department
7/21/2016	RUSH	Rush County Health Department
7/25/2016	HENDRICKS	Hendricks County Substance Abuse Task Force

Community Outreach

- Continue making contact with counties for future meetings.
- Target the six high burden counties with in the state
- Set up meetings with the Local Health Departments and Drug Task Forces in those six counties

Training

Determine the training needed

- Contact the Health Educators and Local Health Departments
- “Train the Trainer”
 - Public Health Officials
 - Local Health Care Employees
 - Coalition Leaders
 - Educators

“Train the Trainer” Curriculum

- Naloxone training
- Prescriber Guidelines
- INSPECT promotion
- Proper Disposal of Unused Prescribed Medication
- Lock your Meds

Outcomes of Strategy 2:

- Identification of counties with a high burden of drug overdose (OD) deaths
- Expanded use of opioid prescribing guidelines in the ED's of high-burden areas
- Improved LHD capacity for acquiring, analyzing, and disseminating drug OD data
- Decrease in opioid abuse, ED visits, ODs, and indicators in high-burden counties



Strategy 3:

EVALUATE IMPACT OF POLICY CHANGES IN INDIANA

Email questions to: indianatrauma@isdh.in.gov

Evaluate impact of policy changes in Indiana

- IU Fairbanks School of Public Health to assess:
 - Patterns of opioid prescribing and dispensing Assess the impact of new policies on the rate of fatal overdoses in Marion County
 - Prescriber and dispenser attitudes toward new regulations and impact of regulations on their behaviors
 - Extent to which new regulations have affected chronic pain patients.
 - Identify and track pain clinics
 - Access expanded access to Naloxone



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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

Please Welcome

Rachel Kenny

Indiana Violent Death Reporting System
(INVDRS)





INVDRS UPDATES

Email questions to: indianatrauma@isdh.in.gov

indianatrauma@isdh.in.gov



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2016 meeting dates

- 3rd Friday of the month
 - 1 p.m.-3 p.m. EST in Rice Auditorium
 - September 16
 - November 18



CDC Updates



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2016 Reverse Site Visit



Software Updates

- Annual Update coming this August
- Tentative changes:
 - Inclusion of more suspect variables
 - Alcohol Use
 - Recent release from institution
 - Suspect had developmental disability
 - Add options for “source of Carbon Monoxide
 - More TBD

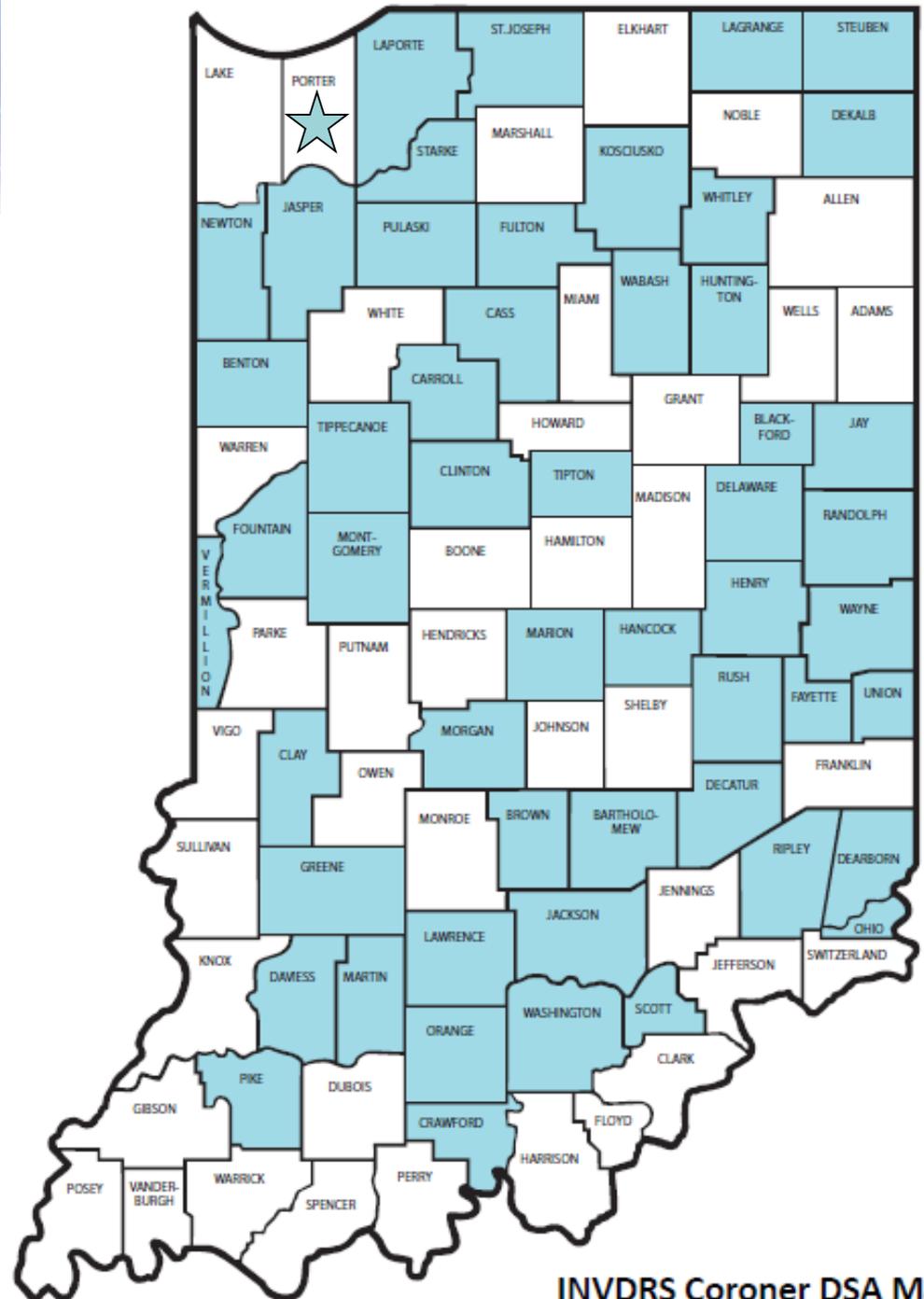
Data Provider Update



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Coroners

- 54 signed data sharing agreements
- 3 counties declining to fully participate
 - Lake
 - Allen
 - Vanderburgh



INVDRS Coroner DSA Map

Coroner Records

Requested

- 665 records
- Including all records for 2015 from the pilot counties

Received

- Over 460 records

Abstracted

- 375 records
- All 2015 deaths in the pilot counties from January-June

Law Enforcement

- 293 DSAs
- At least one department in every county except White and Wayne
- Working to get IMPD onboard



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Law Enforcement Records

Requested

- 1,186 records

Received

- Over 850 records

Abstracted

- 210 records



Data Collection Updates

All data is preliminary



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Data Year—2015

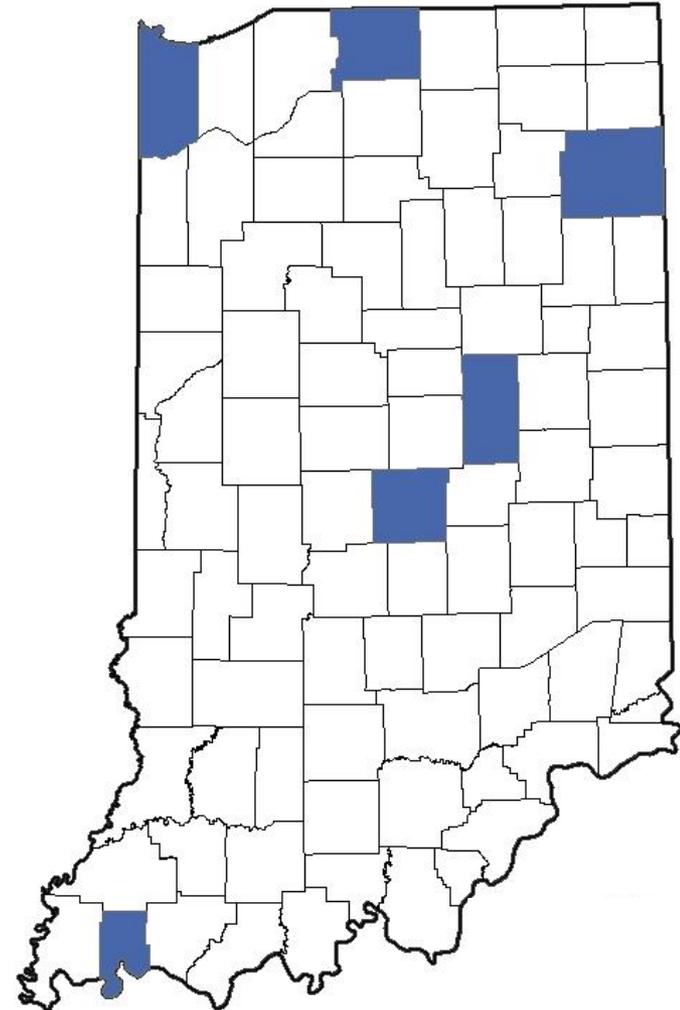
Death Certificates-2015

- 1547 cases statewide (as of June 2016)
 - 971 Suicides (63%)
 - 397 Homicides (26%)
 - 155 Undetermined (10%)
 - 24 Accidental or Natural (1%)

*preliminary
numbers

Death Certificates

- Pilot Counties
 - 49% of all cases (762)
 - 41% of all suicides (402)
 - 78% of all homicides (310)



*preliminary
numbers

Death Certificates

	All Pilot	Marion	Lake	Allen	St. Joseph	Vanderburgh	Madison
Total	762	356	151	101	74	50	30
Suicide	402	161	69	62	45	40	25
Homicide	310	166	77	34	22	10	*

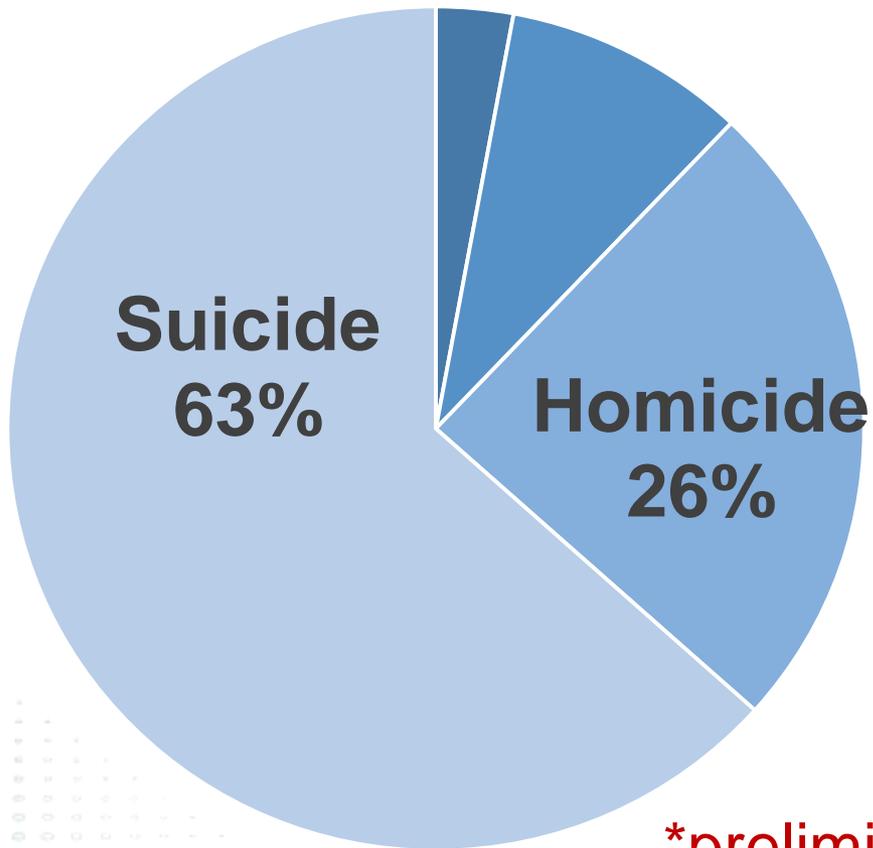


***preliminary numbers**



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Manner of Death Statewide



Manner of Death Pilot Counties

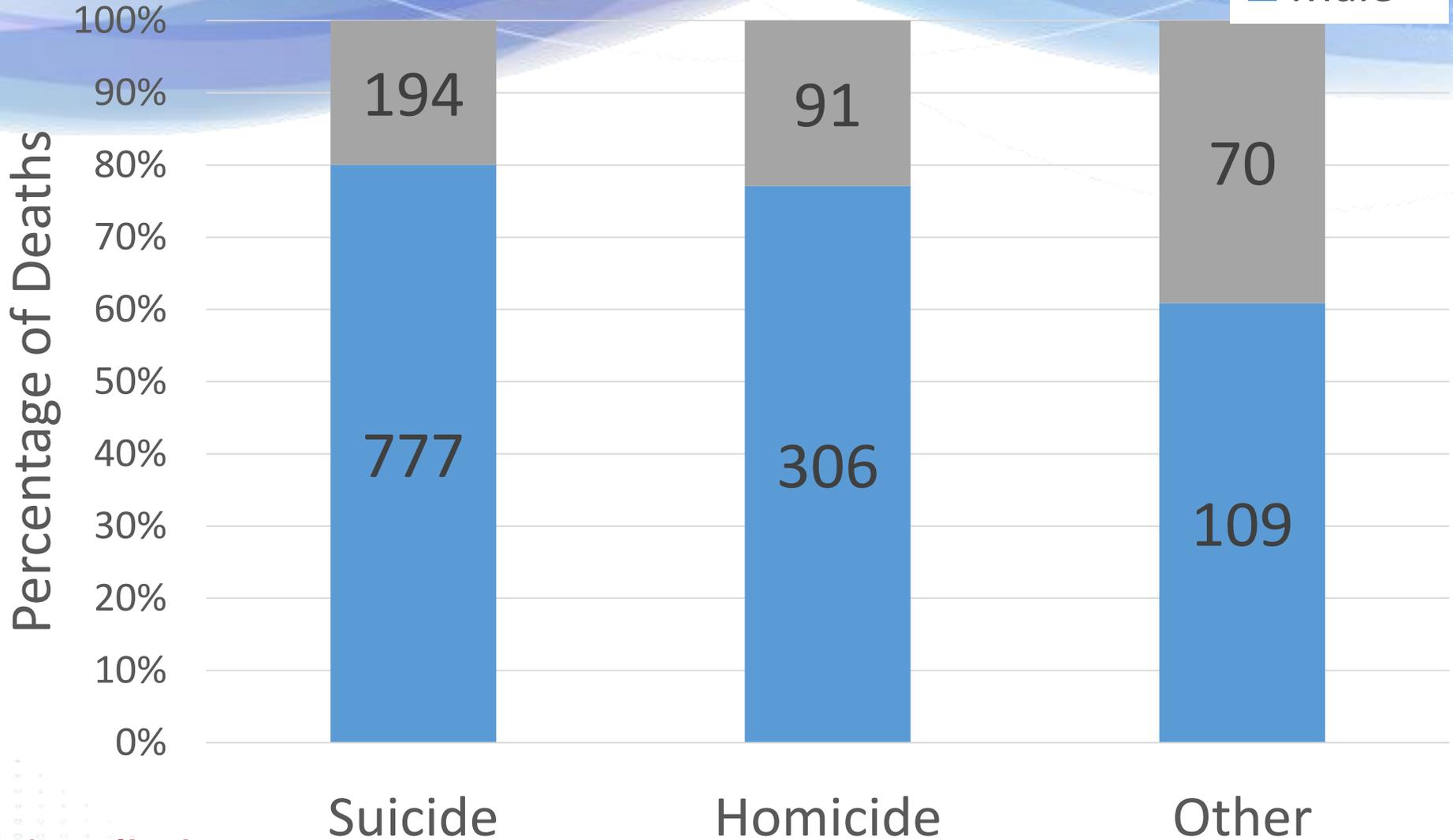


***preliminary
numbers**

Email Questions: indianatrauma@isdh.in.gov

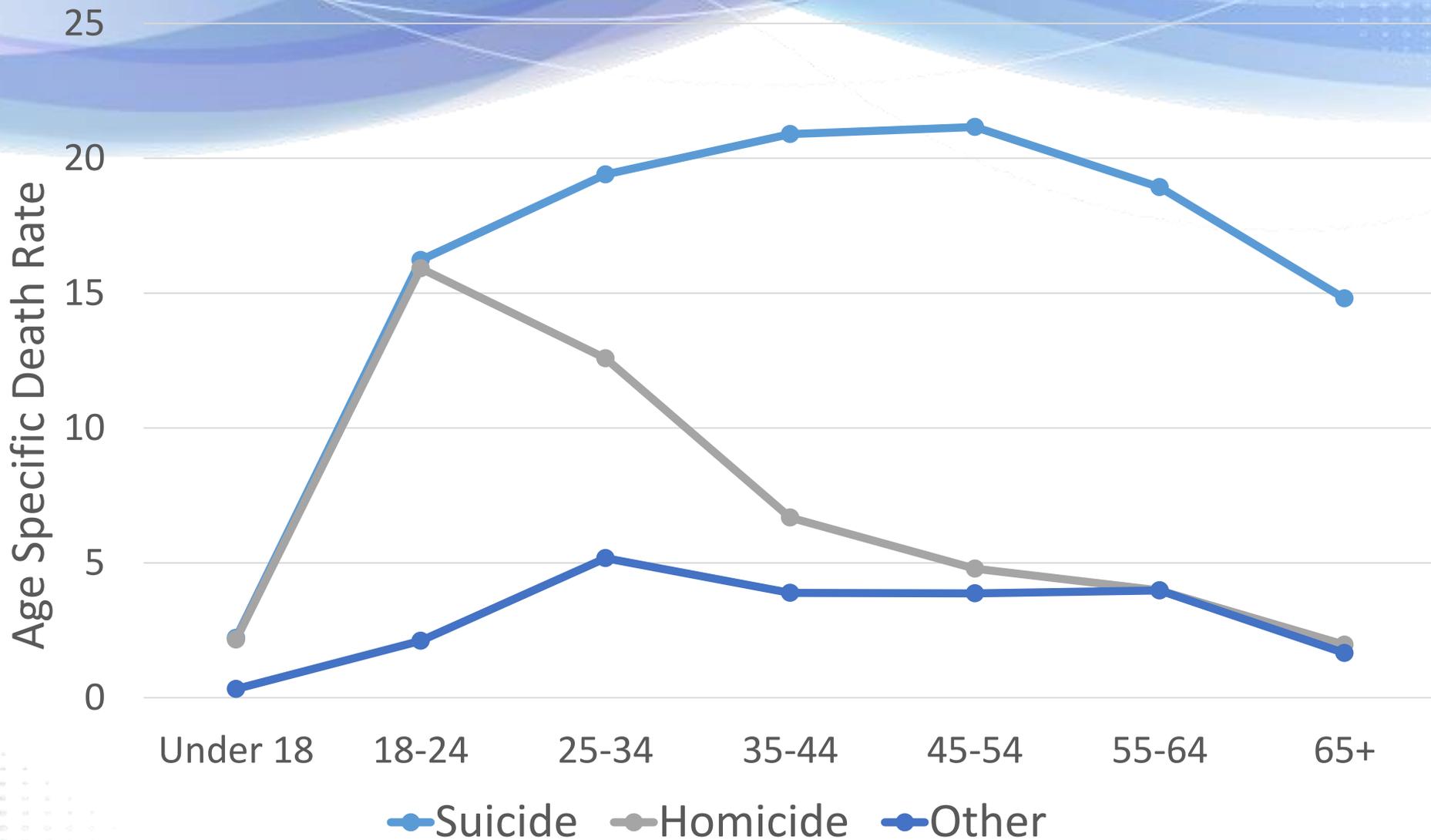
Manner of Death by Sex

Female
Male



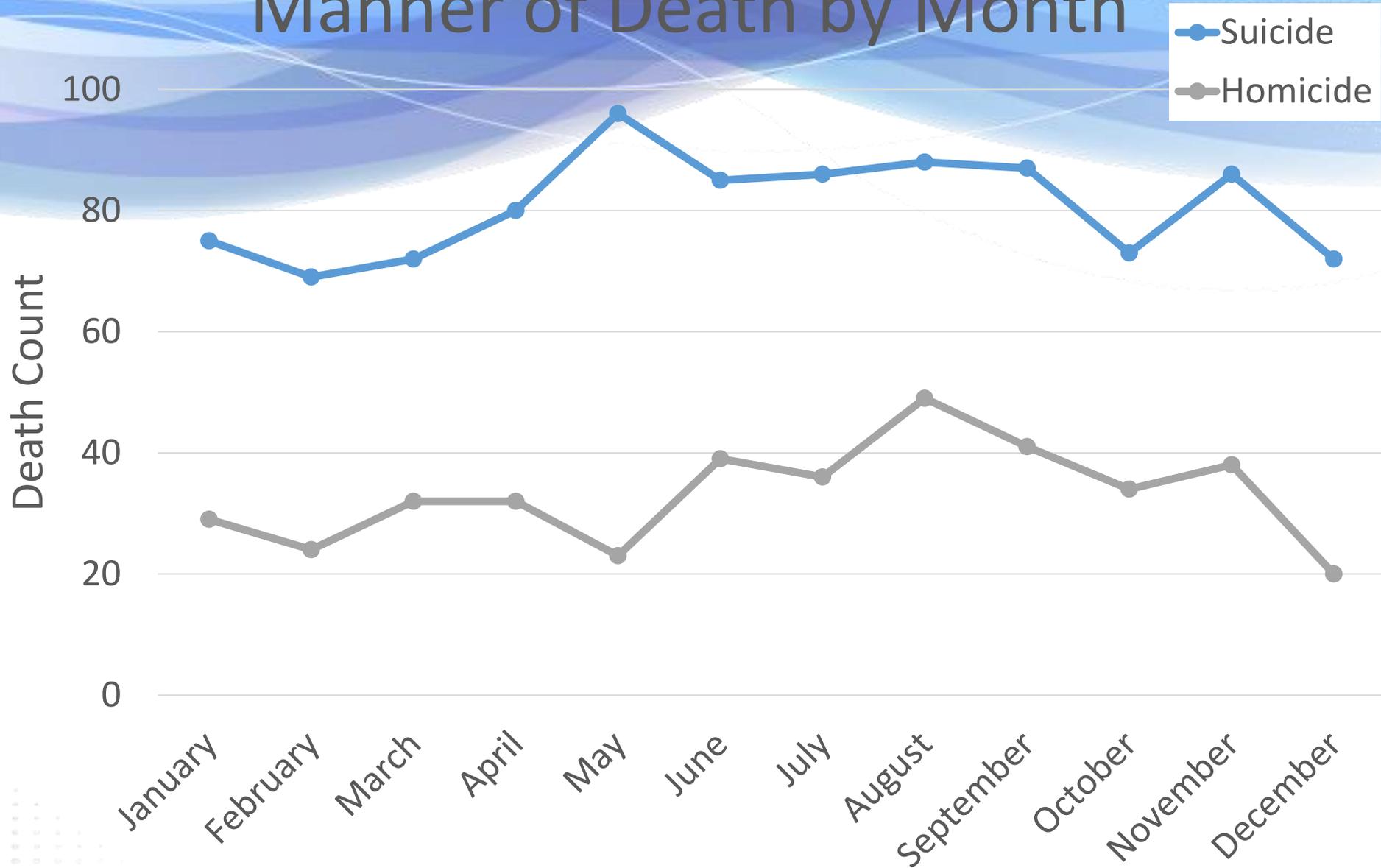
*preliminary
numbers

Manner of Death by Age Group



*preliminary
numbers

Manner of Death by Month



*preliminary
numbers

Suicide Crude Rates

	2010	2011	2012	2013	2014	2015
Overall	13.4	13.4	14.3	14.3	14.3	14.7
Males	21.1	21.3	23.3	23.3	23.3	23.8
Females	5.8	6.0	5.7	5.7	5.7	5.8

**2010-2014 Rates via CDC Wonder

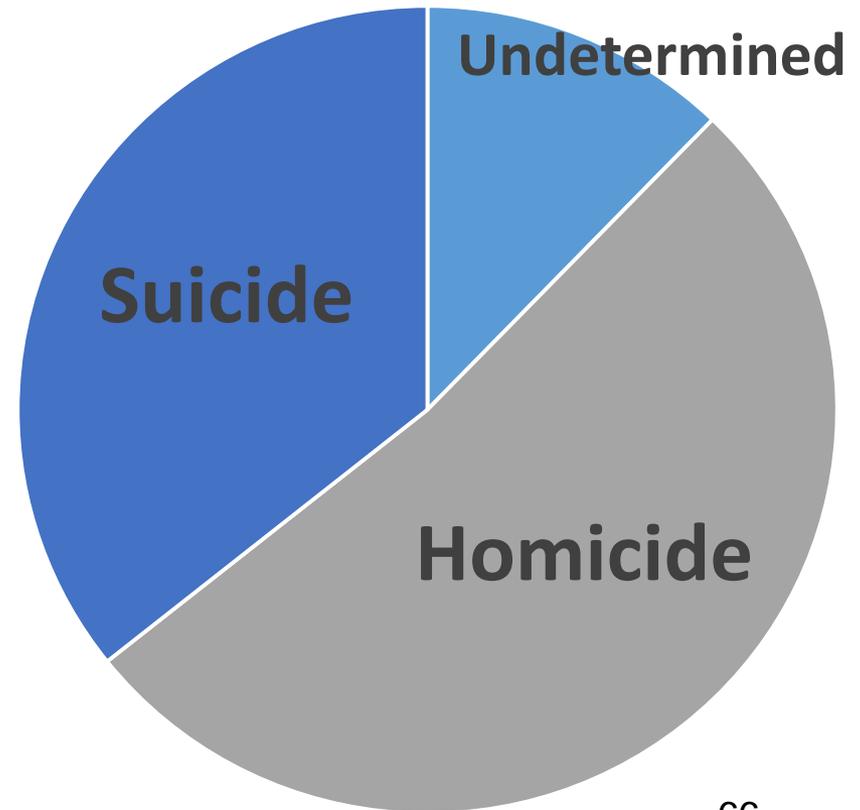
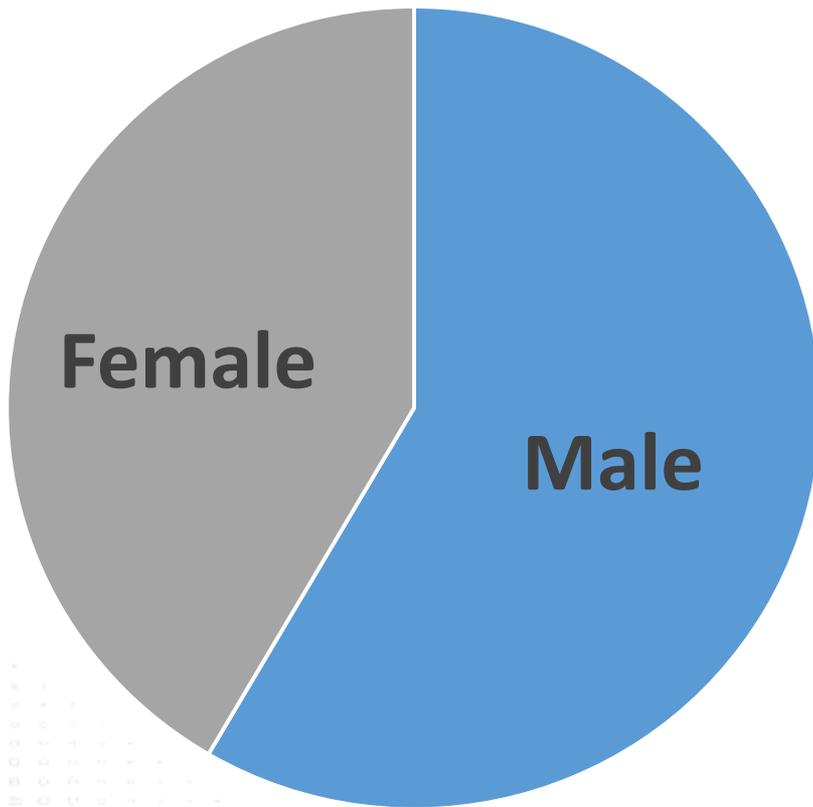
Email Questions: indianatrauma@isdh.in.gov

Homicide Crude Rates

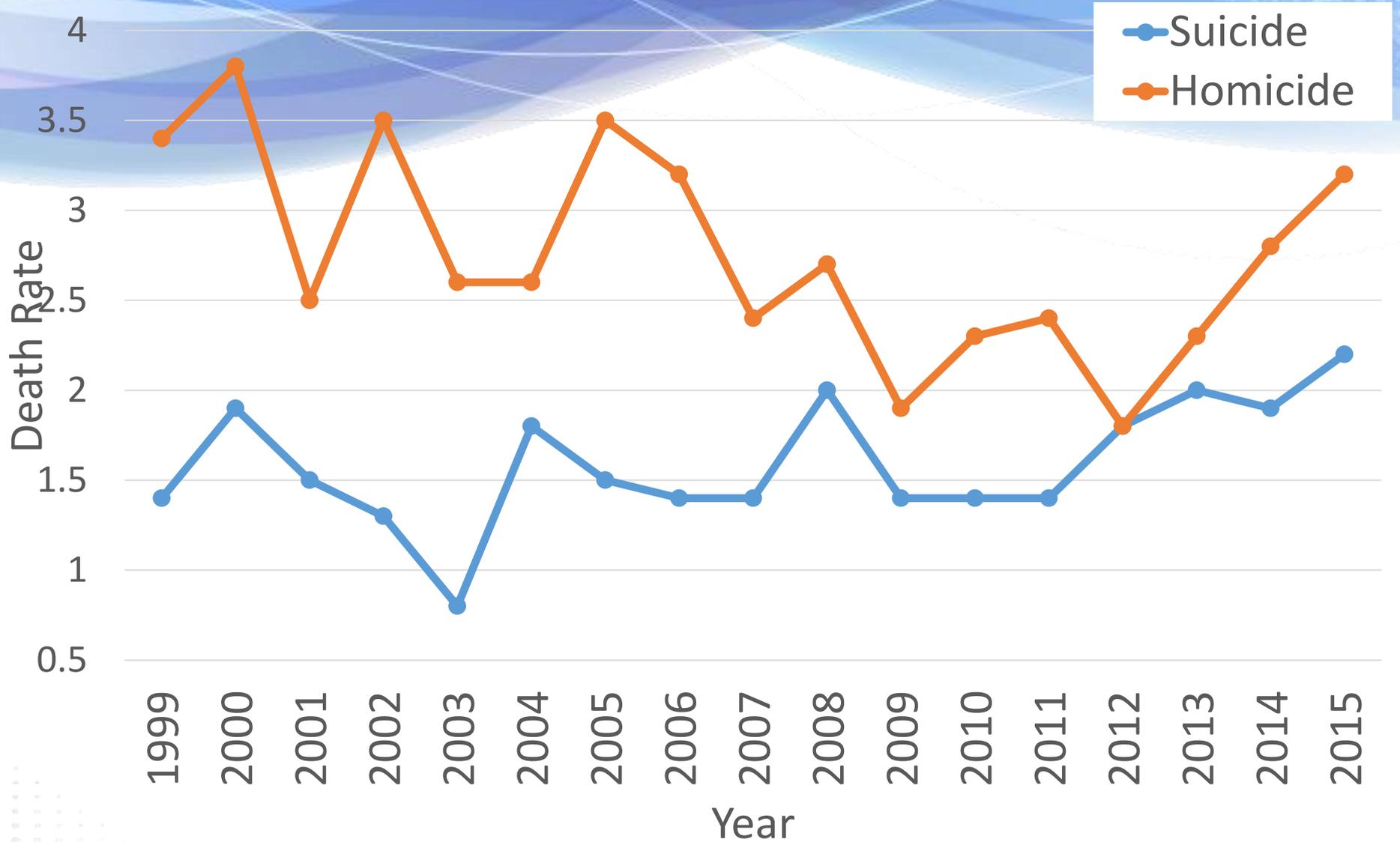
	2010	2011	2012	2013	2014	2015
Overall	4.9	4.8	5.3	6.1	5.5	6.0
Males	7.7	7.3	8.1	9.6	8.9	9.4
Females	2.1	2.4	2.5	2.6	2.2	2.7

Child Deaths-2015

- 98 violent deaths of individuals <18



Child Deaths Over Time





Data Year—2016

All data is preliminary

Death Certificates-2016

- 651 cases statewide (as of June 2016)
 - 422 Suicides (65%)
 - 153 Homicides (23%)
 - 64 Undetermined (10%)
 - 12 Accidental or Natural (2%)

What else would you like to see?



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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



Please Welcome

Jessica Schultz

Injury Prevention Epidemiologist
Consultant



ISDH UPDATES

Email questions to: indianatrauma@isdh.in.gov



BOOSTER BASH

Email questions to: indianatrauma@isdh.in.gov

The Magnitude of the Problem

- In Indiana (2011-2014) unintended motor vehicle traffic deaths claimed 128 lives ages 14 and under
- In Indiana (2011-2014) 640 children ages 14 and under were injured from MVCs



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Email questions to: indianatrauma@isdh.in.gov

What Can Be Done?

- Car seat use reduces the risk of infant death (1 year and younger) by 71% and toddlers (1-4 years) by 54%
- Booster seats reduce the risk of serious injury by 45% for children aged 4-9 when compared to seat belt use alone



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Email questions to: indianatrauma@isdh.in.gov

“Big Kid” Booster Bash



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



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Email questions to: indianatrauma@isdh.in.gov



Child Safety Collaborative
Innovation & Improvement Network

Child Safety CoIIN



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Email questions to: indianatrauma@isdh.in.gov



CDC CORE STATE VIOLENCE AND INJURY PREVENTION PROGRAM

Email questions to: indianatrauma@isdh.in.gov

Core SVIPP

- Duration: 5 years, beginning 8/1/2016
- Ave. Award: \$250,000 (\$200,000-\$475,000)
- FOA Released 12/7/2015
- Application due 4/8/2016
- Application was declared ineligible



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CDC ENHANCED STATE SURVEILLANCE OF OPIOID-INVOLVED MORBIDITY AND MORTALITY

Email questions to: indianatrauma@isdh.in.gov

Enhanced State Surveillance

- Duration: 3 years, starts 9/1/2016
- Award calculated by state burden
- FOA Released 4/25/2016
- Application due 6/27/2016



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Enhanced State Surveillance

- 1) Increase the timeliness of aggregate nonfatal any-drug, any-opioid & heroin overdoses reporting
- 2) Increase the timeliness of aggregate fatal opioid overdose and associated risk factor reporting
- 3) Create & implement Dissemination Plan to share fatal and nonfatal surveillance findings to key stakeholders, including data dashboard



PRESCRIPTION DRUG OVERDOSE PREVENTION FOR STATES PROGRAM SUPPLEMENT APPLICATION

Email questions to: indianatrauma@isdh.in.gov

PFS Supplemental

- CDC-RFA-CE15-15010201SUPP16
- Duration: 3 years, beginning 9/1/2016
- Ave. Award: \$500,000 (\$200,000-\$1,000,000)
- FOA Released 5/26/2016
- Application due 6/27/2016



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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

Resource Guide & App Development



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Email questions to: indianatrauma@isdh.in.gov

Resource Guide App



- Injury Prevention at your fingertips
- Free download for iOS & Android
 - Phone & tablet capabilities
- Available in Apple & Google Play stores



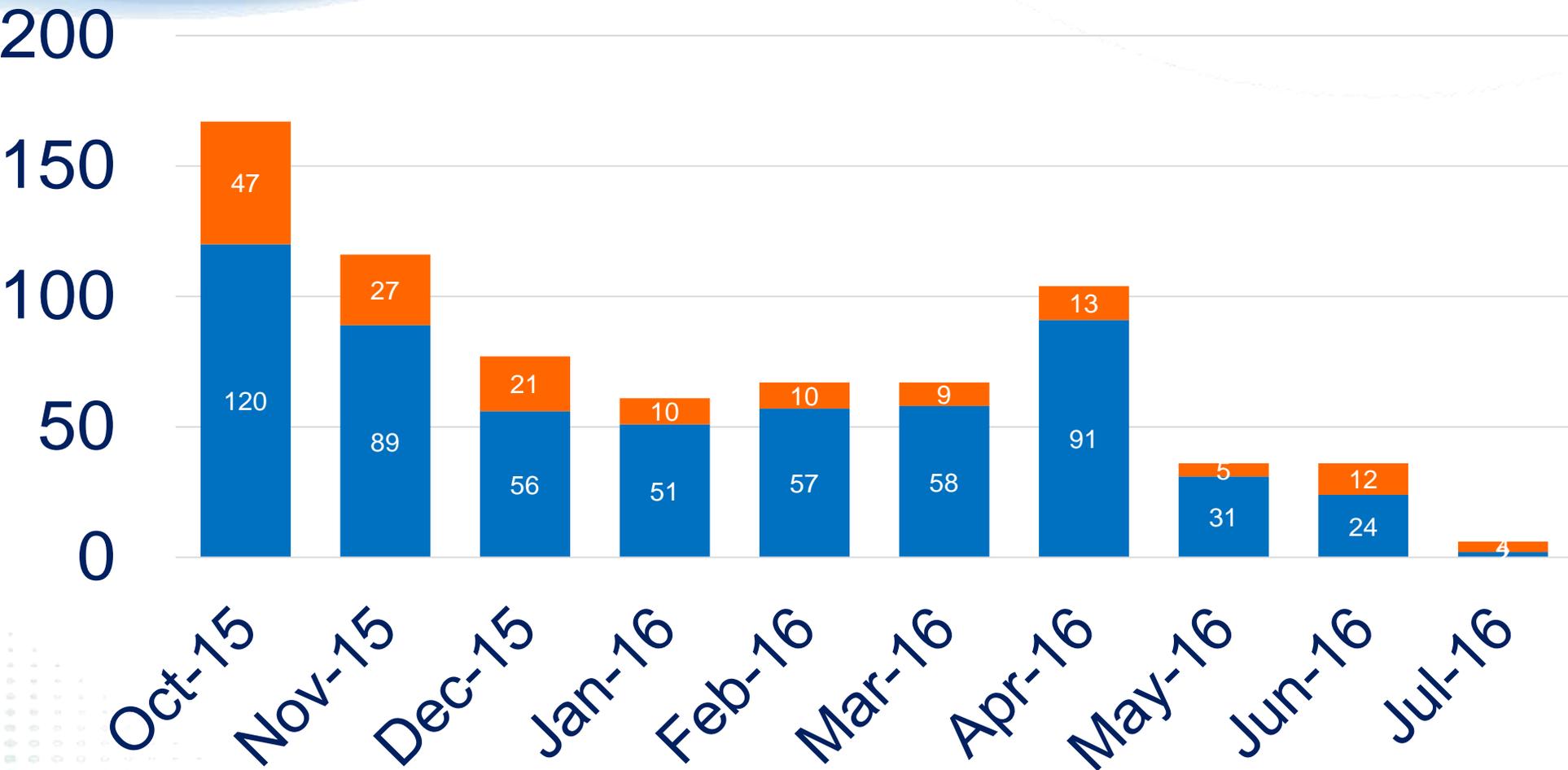
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Installs per day, N = 782

Android App Installs

iOS App Installs

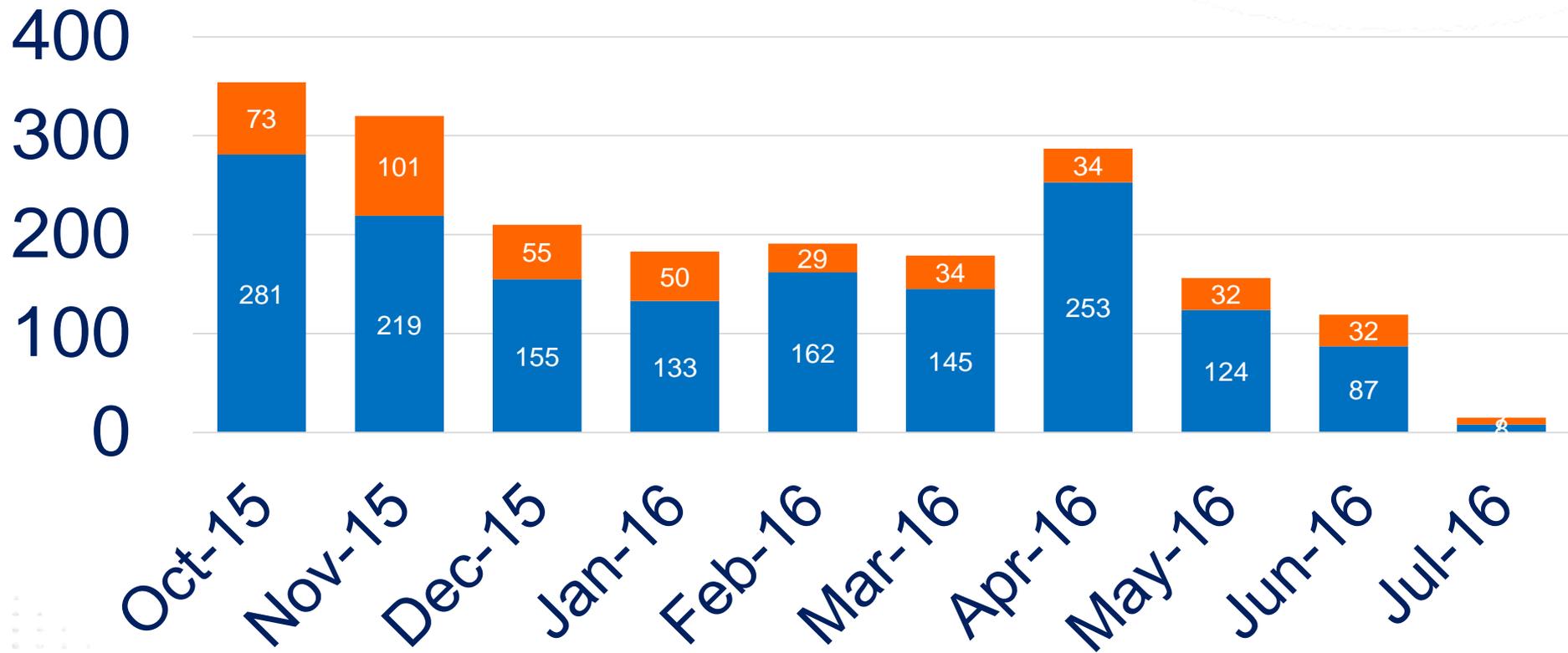


**ISDH press release on 10/21/2015

Data as of 7/11/2016

Launches per day, N = 2,718

■ Android App Launches ■ iOS App Launches



**ISDH press release on 10/21/2015 Data as of 7/11/2016

Upcoming Injury Reports

- Special Emphasis Reports
 - Older adult falls
 - Child Injury
 - PDO
 - TBI
- *Suicides in Indiana* Report Fall 2016
- Firework-related Injuries Report

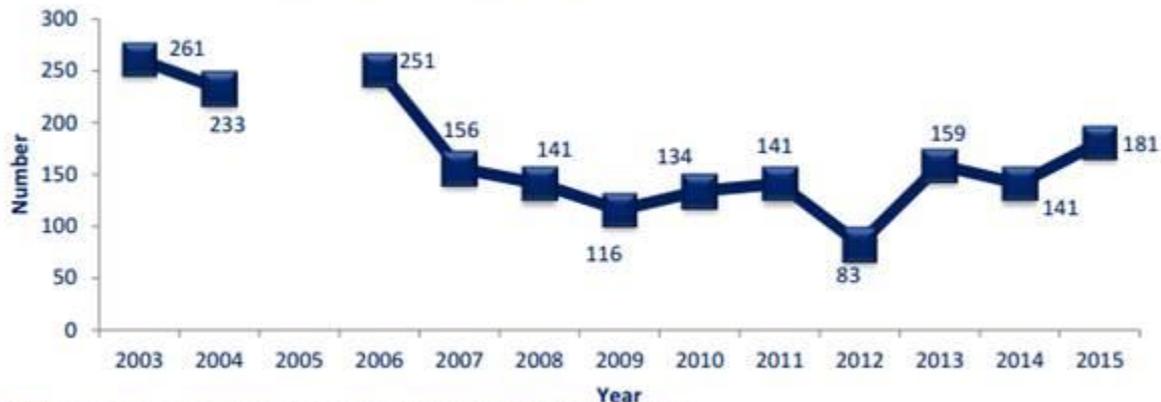


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Fireworks Injury Reporting

- 2016 cycle: Sept. 13, 2015 -Sept. 12, 2016.
- **Updated fax number: 317-232-1265**
- Forms can be found at <http://www.state.in.us/isdh/19042.htm#Fireworks>

Figure 1. Firework-related injuries by reporting cycle year, Indiana, 2003–2015*



*2015 reporting cycle included cases from Sept. 13, 2014-Sept. 12, 2015.

Source: Indiana State Department of Health, Division of Trauma and Injury Prevention.



IPAC UPDATES



Email questions to: indianatrauma@isdh.in.gov



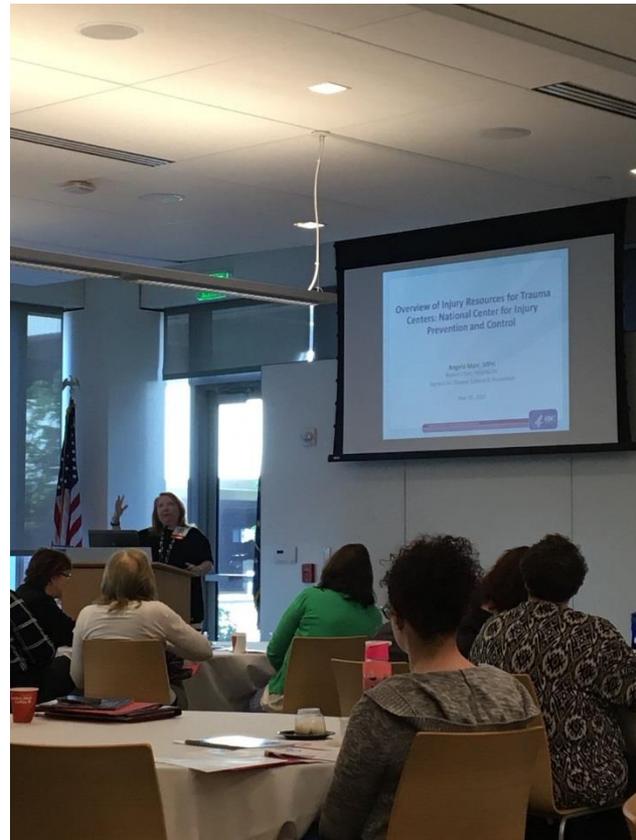
2ND ANNUAL IPAC CONFERENCE SUMMARY

Email questions to: indianatrauma@isdh.in.gov

IPAC Conference Summary

- Conference held May 19th
- 58 individuals attended
- 78% responded they were very satisfied or somewhat satisfied
- 93% responded they were very likely or somewhat likely to recommend to colleague

2016 IPAC Conference



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IPAC IMPROVEMENT SURVEY

Email questions to: indianatrauma@isdh.in.gov

IPAC Survey Results

- Survey to inform next steps for IPAC meetings and membership
- Survey released 6/2/2016
- 17 total responses

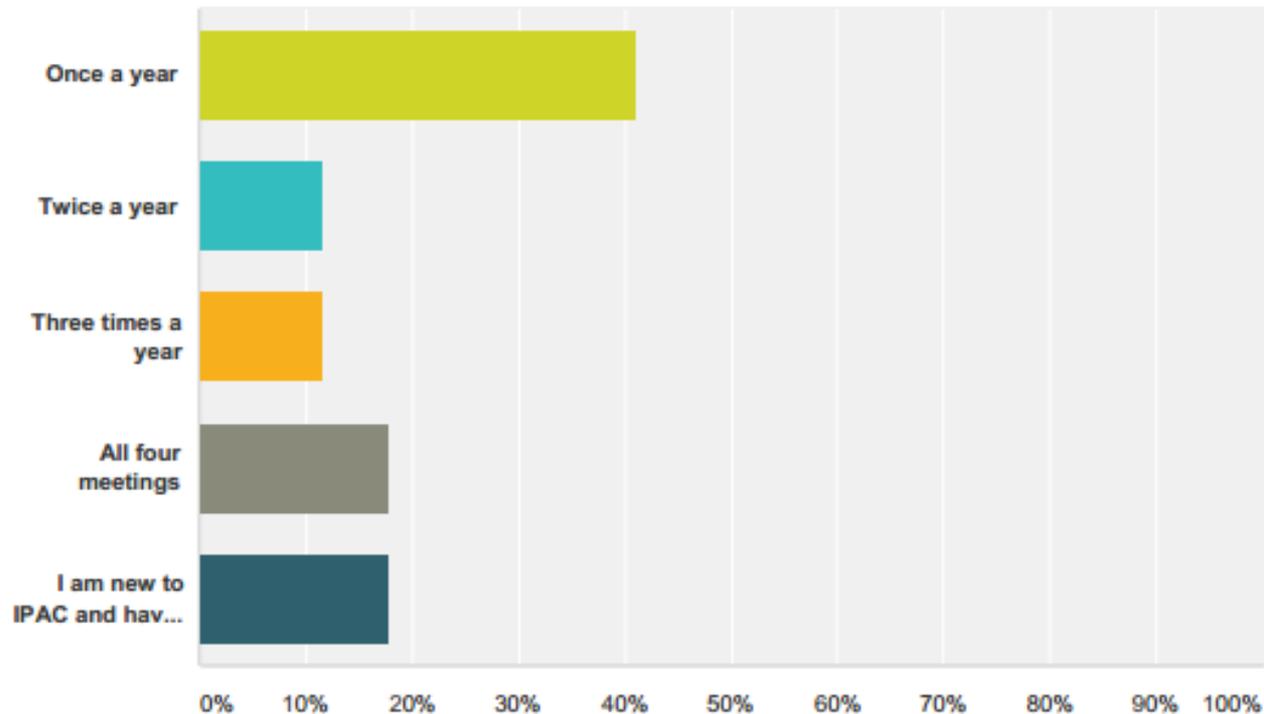


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IPAC Survey Results

Q1 How often do you attend IPAC meetings

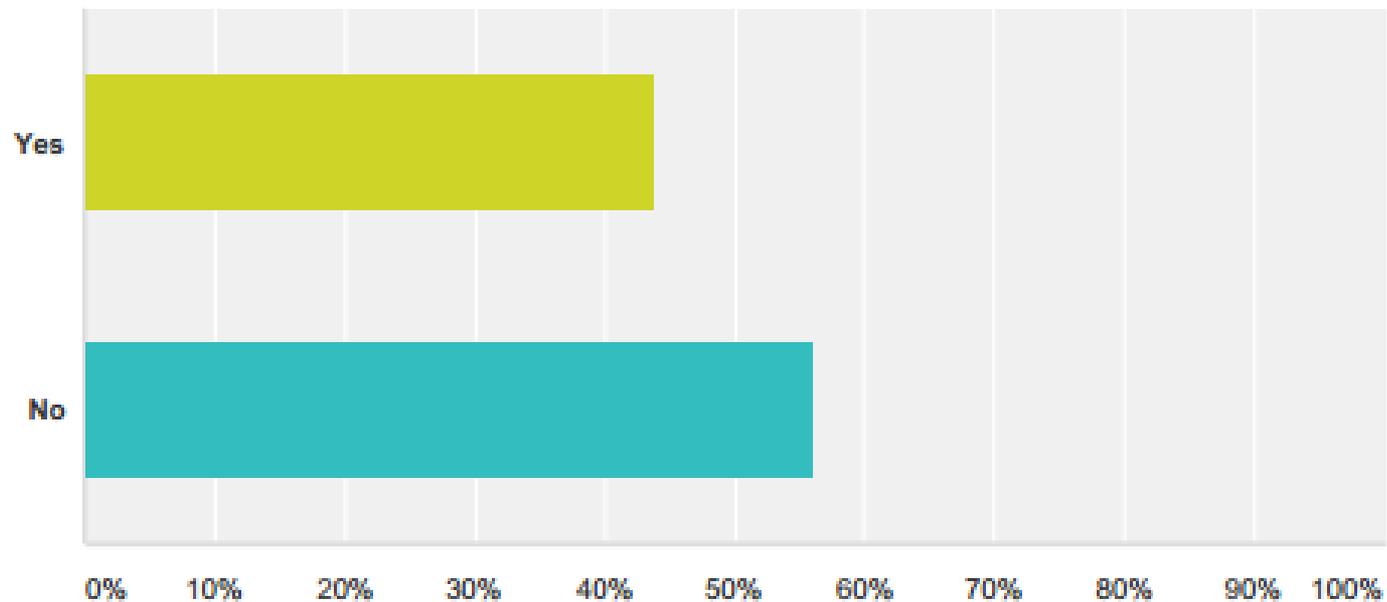
Answered: 17 Skipped: 0



IPAC Survey Results

Q2 Do you attend meetings in-person

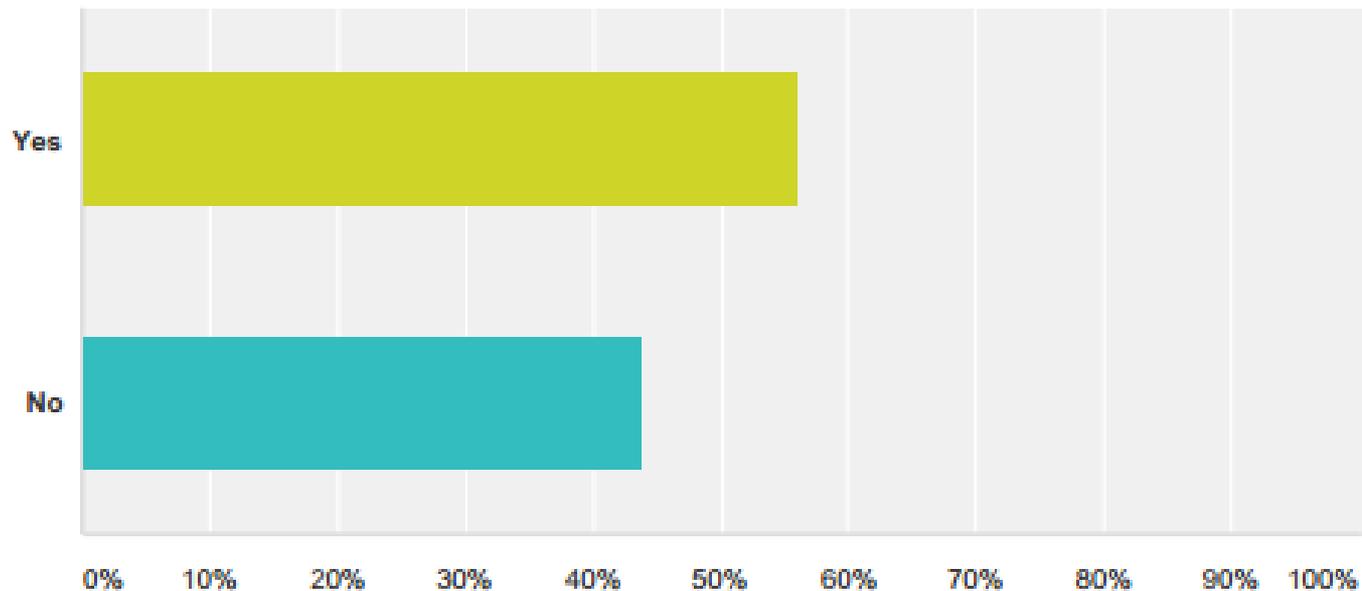
Answered: 16 Skipped: 1



IPAC Survey Results

Q3 Have you utilized the call-in or webcast options for meetings?

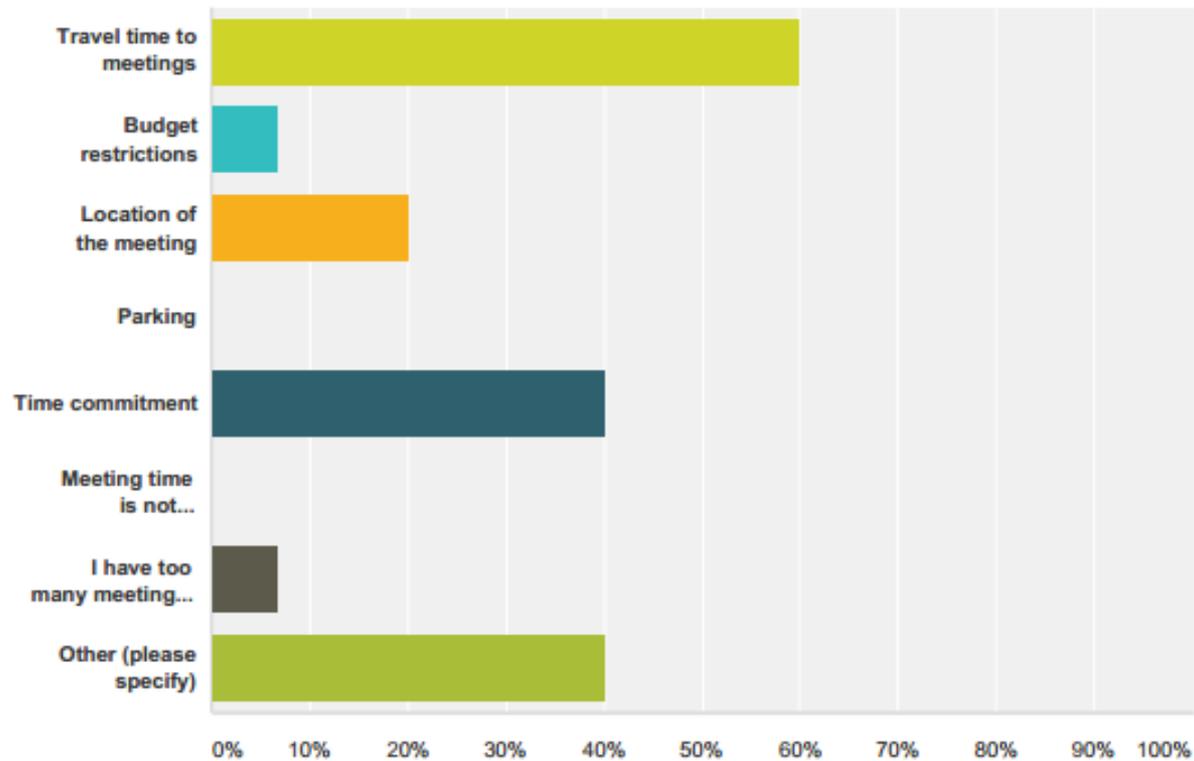
Answered: 16 Skipped: 1



IPAC Survey Results

Q4 What deters you from attending IPAC meetings?

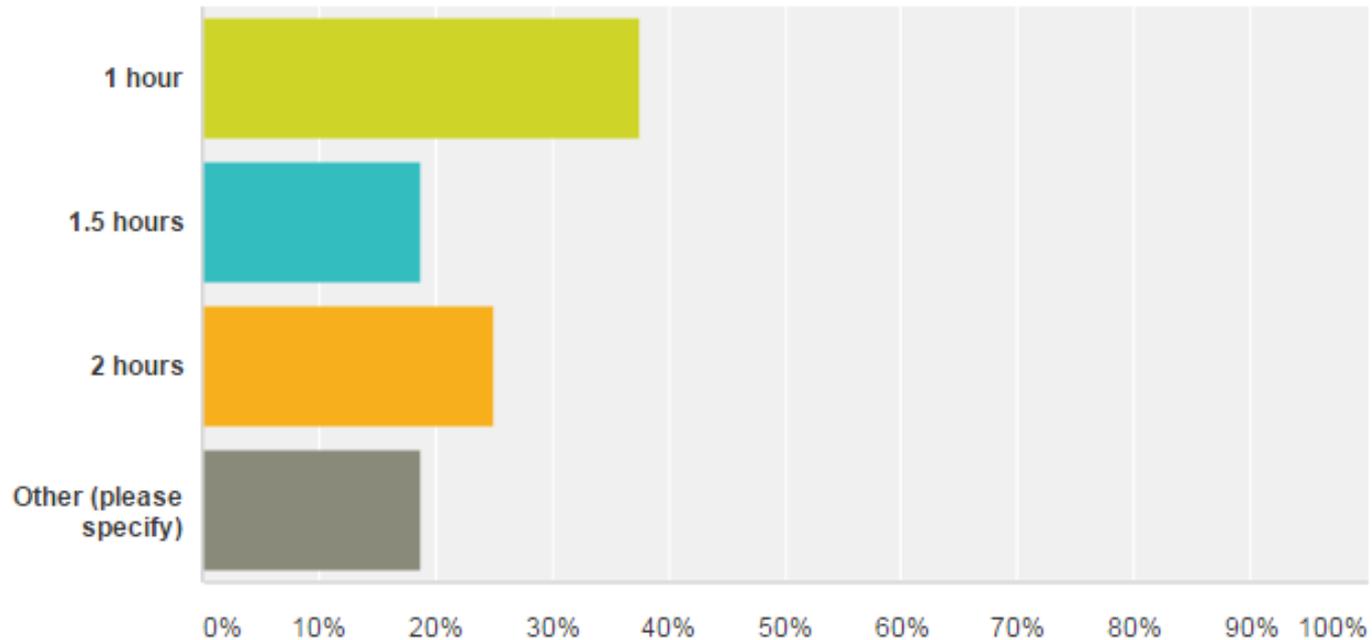
Answered: 15 Skipped: 2



IPAC Survey Results

How long should an IPAC meeting last?

Answered: 16 Skipped: 1



Q7: What do you hope to gain from IPAC meetings?

- Networking & learning from others
- Latest news & updates
- Ideas and resources identification
- Knowledge & outcomes
- Community involvement
- Proven methods and strategies to implement

Q8: What information would you like to see at IPAC meetings?

- Future directions and needs
- Details of successful programs
- Specific programs on injury prevention:
 - Falls
 - Distracted Driving
 - Motorcycle Safety
 - Grain bins
 - Manufacturing injury prevention

Q9: What would you like to learn from guest speakers?

- What works the best / current successful practices
- Implementation strategies
- New information, interesting facts, networking
- Upcoming hot topics
- How to start a program

Q10: Who would you recommend speak?

- Those who have successful programs
- Trauma managers, injury prevention specialist, community activist
- Dr. Jeff Linkenbach from Bozeman, Montana
- State Police
- National Safety Council
- Campaigns to implement statewide

Q11: What would you change about IPAC meetings?

- Nothing/ Wouldn't change anything
- Have them on the same day as state trauma meeting
- Move to less frequent, but longer meetings
- Recognize projects and programs

Upcoming Events

- August 24-27th: 2016 Indiana Emergency Response Conference
- August 26th: 3rd annual EMS Medical Directors' Conference
- October 13-14th: 2016 Rx Drug Abuse and Heroin Symposium
- October 17th: Labor of Love Summit 2016

2016 Meetings

- 3rd Friday of the month
 - September 16
 - November 18
- IPAC: 10 a.m. – 12 p.m. EST
- INVDRS: 1 p.m. – 3 p.m. EST
- 2017 meetings TBD



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Thank you for your attention!

Jessica Schultz, MPH

Injury Prevention Epidemiologist Consultant

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Phone: 317-617-4155



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