The presentation will begin shortly.

You may not have sound at the moment, but will have sound once the presentation begins.

Thank you for your patience.

Indiana State Department of Health

Questions?

Email questions to:
indianatrauma@isdh.in.gov

OR

Utilize chatbox underneath the video.

Indiana State Department of Health

Injury Prevention Advisory Council (IPAC) and Indiana Violent Death Reporting System (INVDRS) Meeting

Friday, January 17, 2020

Indiana State Department of Health

Trauma and Injury Prevention Mission

To develop, implement and provide oversight of a statewide comprehensive trauma care system that:

- Prevents injuries.
- Saves lives.
- Improves the care and outcomes of trauma patients.

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Trauma and Injury Prevention Vision

Prevent injuries in Indiana.

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Round Robin and Introductions

- Name
- Position
- Organization/ Association
- Updates
- Current Projects and Programs
- Upcoming events

@INDTrauma #SafetyIN

Email questions to: **indianatrauma@isdh.in.gov**

Indiana State Department of Health

Invite New Members

Please forward my contact information to colleagues interested in violence & injury prevention!

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Resource Guide App

- UPDATED!
- Free download for iOS & Android
  - phone & tablet capabilities
- Available in Apple & Google Play stores

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

ISDH Updates

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Grant Activities

- Students Teachers and Officers Preventing (STOP) School Violence
  - Continuation of 2018 funded grant
- Dept of Transportation
- Falls Prevention

Indiana State Department of Health

Upcoming Events

- State Museum Substance Use Disorder Exhibit Opens
  - February 1

- Indiana State Breastfeeding Conference
  - February 26

Indiana State Department of Health

Accreditation!

- Our Feb. 5-6 site visit is the final step in our five-year journey to accreditation from the Public Health Accreditation Board.

Indiana State Department of Health

ISTCC/ITN Meeting Dates

- Indiana State Trauma Care Committee, Indiana Government Center, 10 am EST
  - February 21st
  - April 17th
  - June 19th
  - August 21st
  - October 16th
  - December 11th
- Indiana Trauma Network, Indiana Government Center, 12:30 pm EST
  - February 21st
  - April 17th
  - June 19th
  - August 21st
  - October 16th
  - December 11th

IPAC/INVDRS Meeting Dates

- March 20th
- May 15th
- July 17th
- September 18th
- November 20th

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Governor Holcomb's Next Level Agenda

Intentional Injury Data Presentation: Coroner Progress

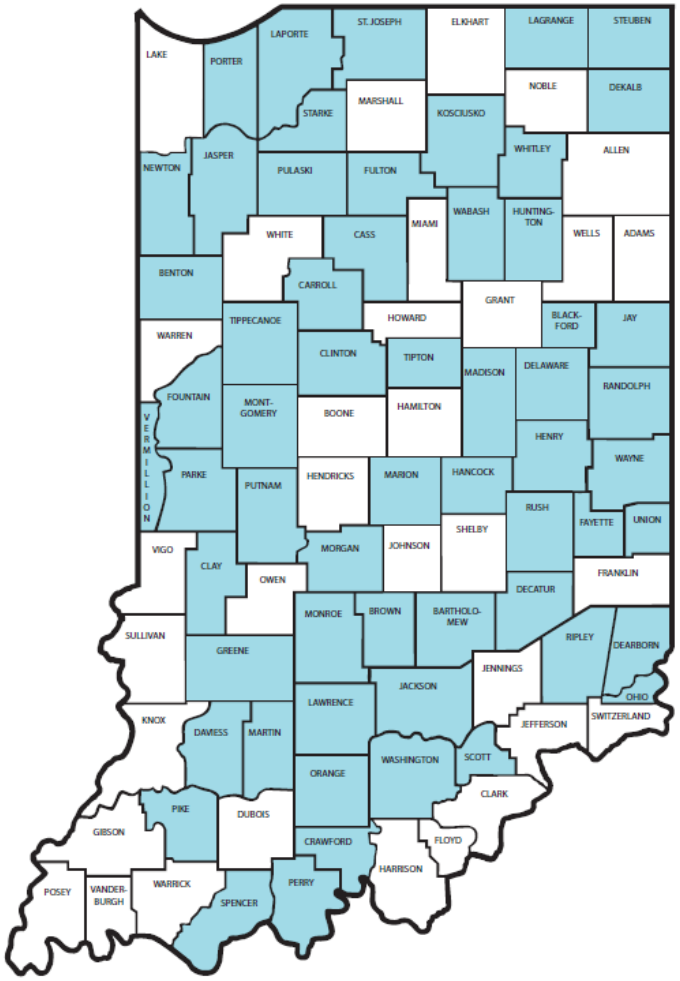
Morgan Sprecher, *INVDRS Epidemiologist*

Indiana State Department of Health

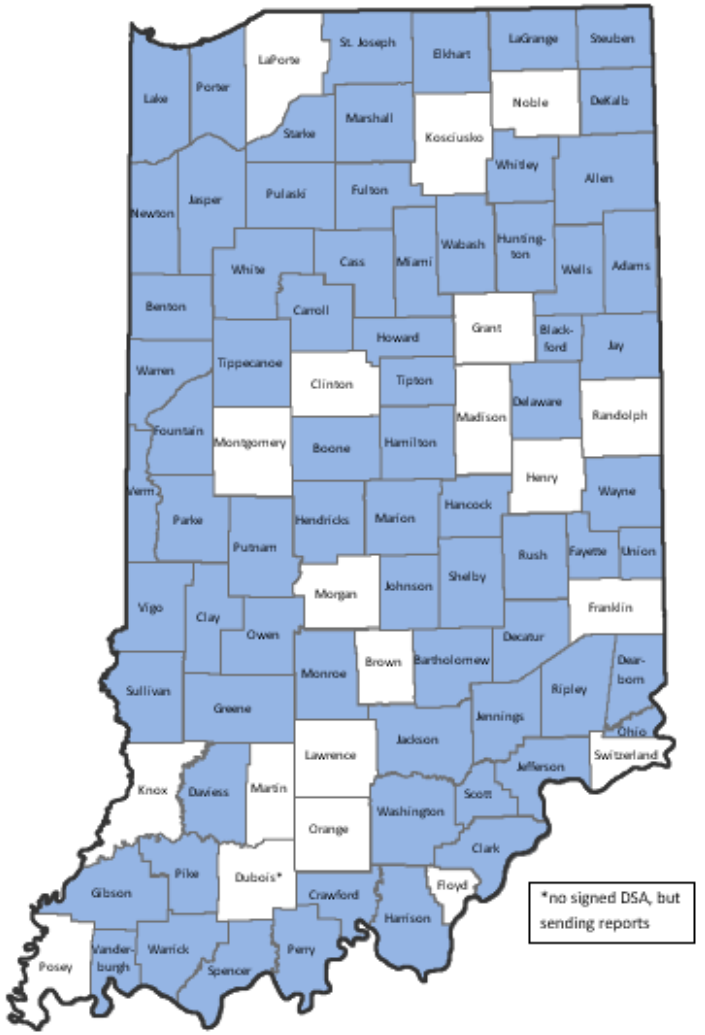
Email questions to: **indianatrauma@isdh.in.gov**

Data Sharing Agreements

2016

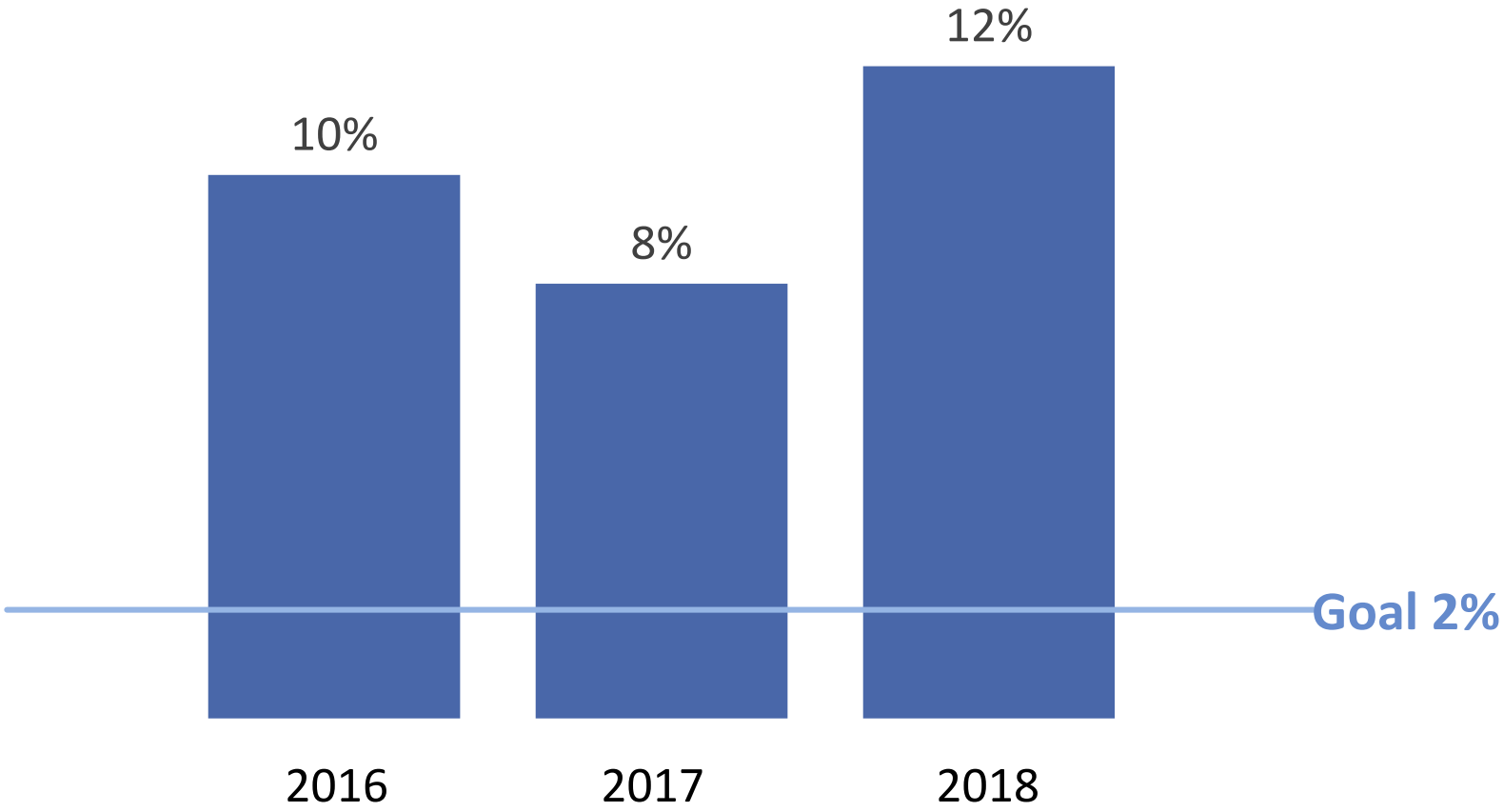


2019



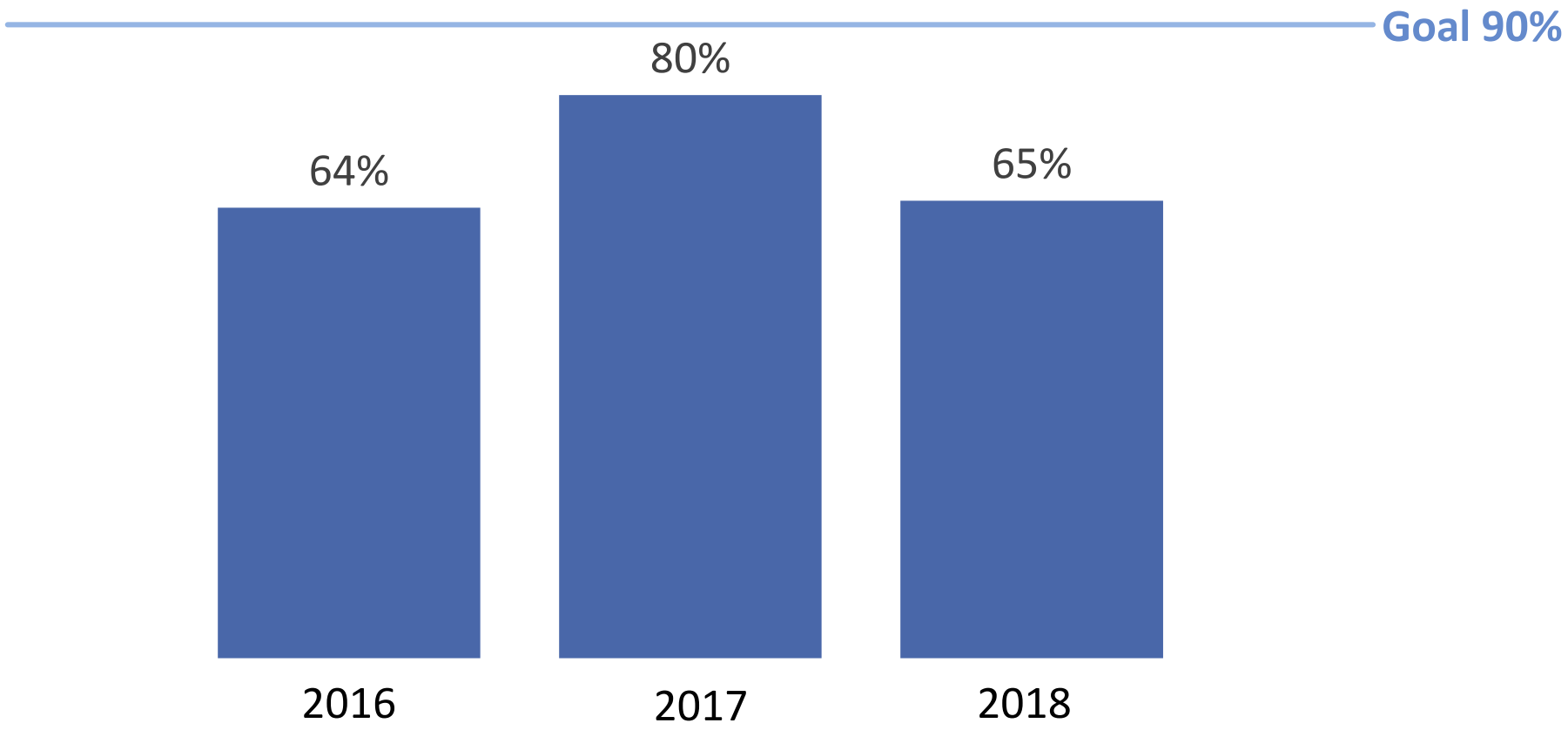
Drug Overdoses on Death Certificates

The percent (%) of **overdose deaths** that occurred in Indiana listed as having an **undetermined or natural cause of death** has fluctuated over the years. More action is needed to reach our 2020 goal of 2%.



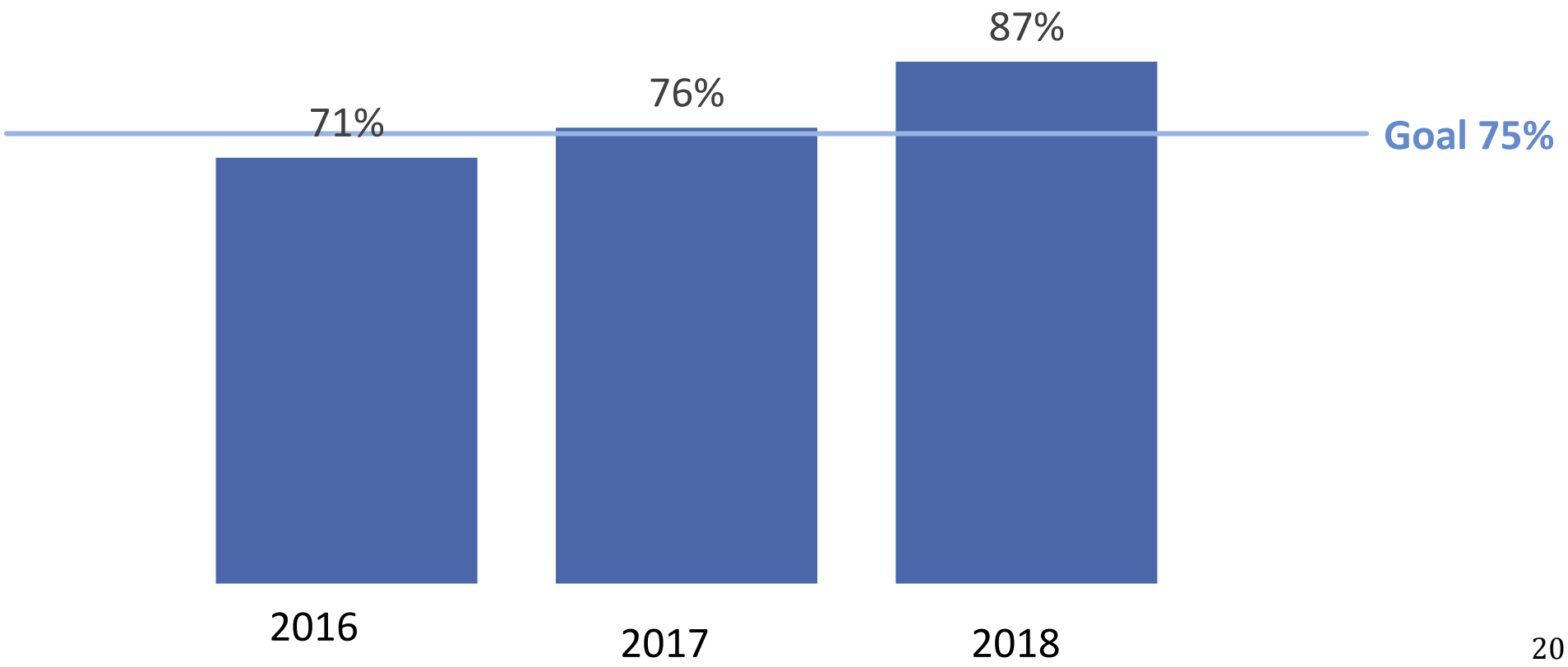
Drug Overdoses on Death Certificates

The percent (%) of Indiana resident **drug overdose death certificates** that listed **at least 1 contributing drug** again fluctuates year to year, but more action is needed to reach the 2020 goal of 90%



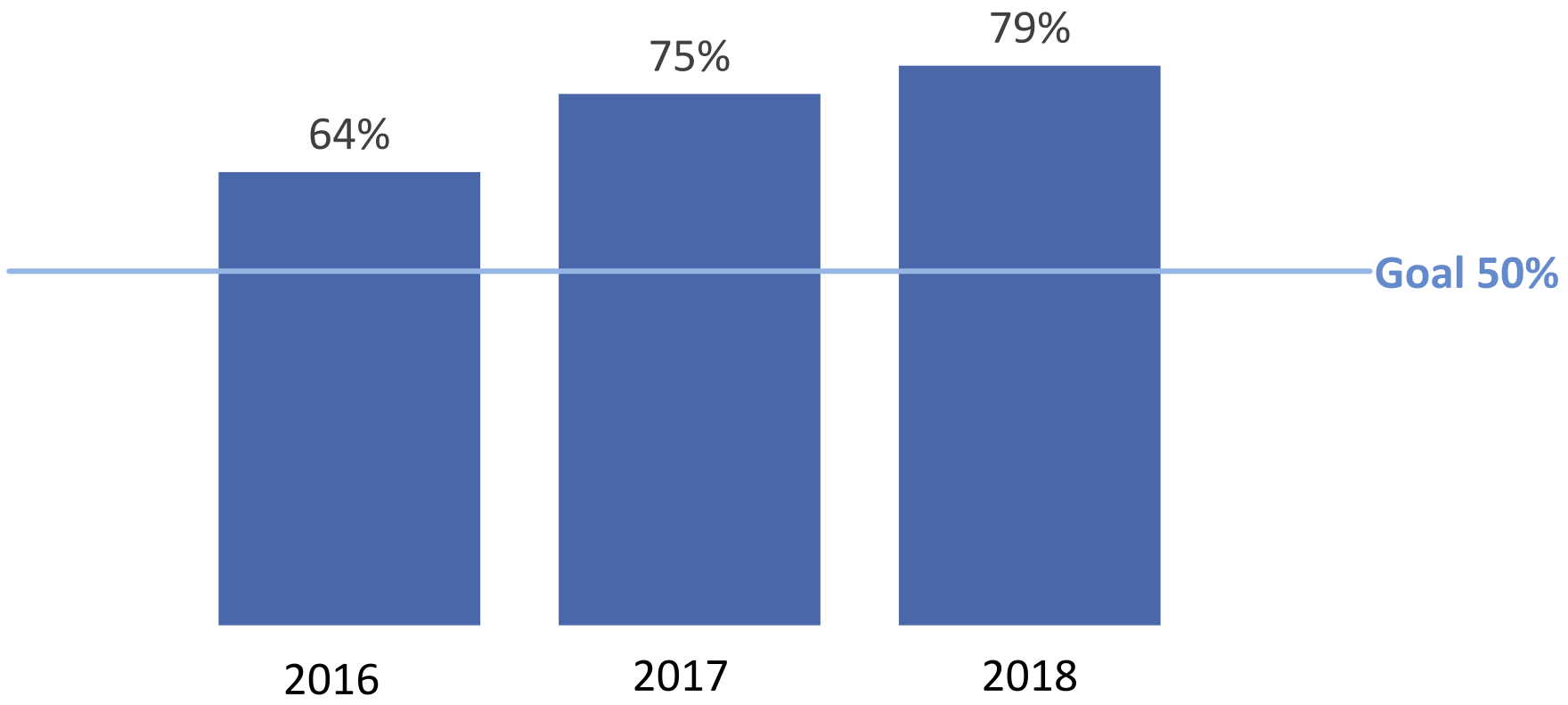
INVDRS on Death Certificates

Indiana coroners have begun to surpass the reporting goal for **percent of deaths with circumstances known** at the scene of a **suicide** set by the CDC.



INVDRS on Death Certificates

Indiana coroners have surpassed the reporting goal for **percent of deaths with circumstances known** at the scene of a **homicide** set by the CDC in past years.



Contact Information

Morgan Sprecher, *INVDRS Epidemiologist*
Trauma and Injury Prevention Division
317.233.9825 (office)
msprecher@isdh.in.gov

Email questions to: **Indianatrauma@isd.in.gov**

Indiana State Department of Health

Indiana Coroner Case Management System (ICCMS)

Ryan Cunningham, Data Abstractor Supervisor
State of Indiana

Zach Vanek, Product Sales Executive
ImageTrend

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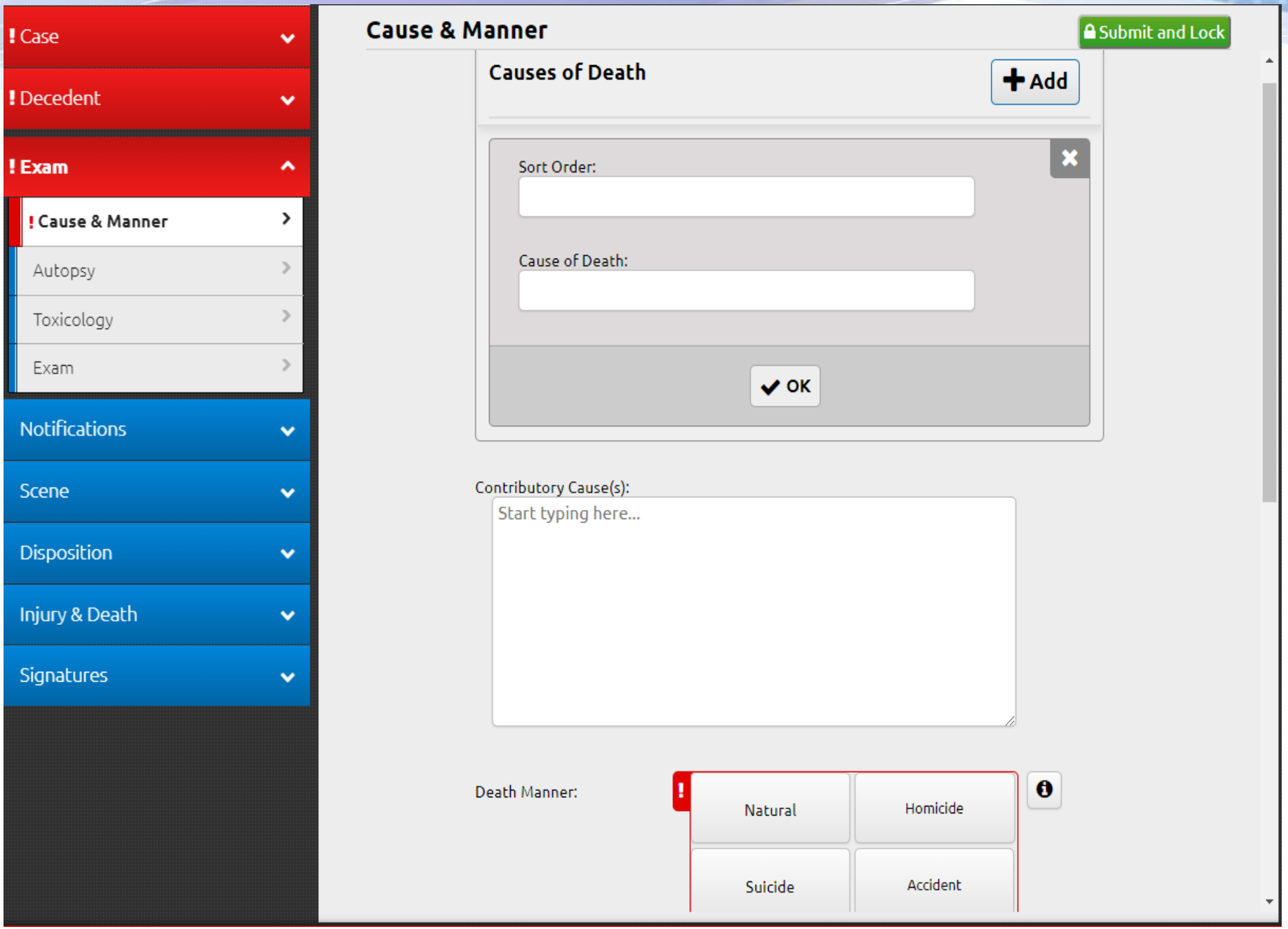
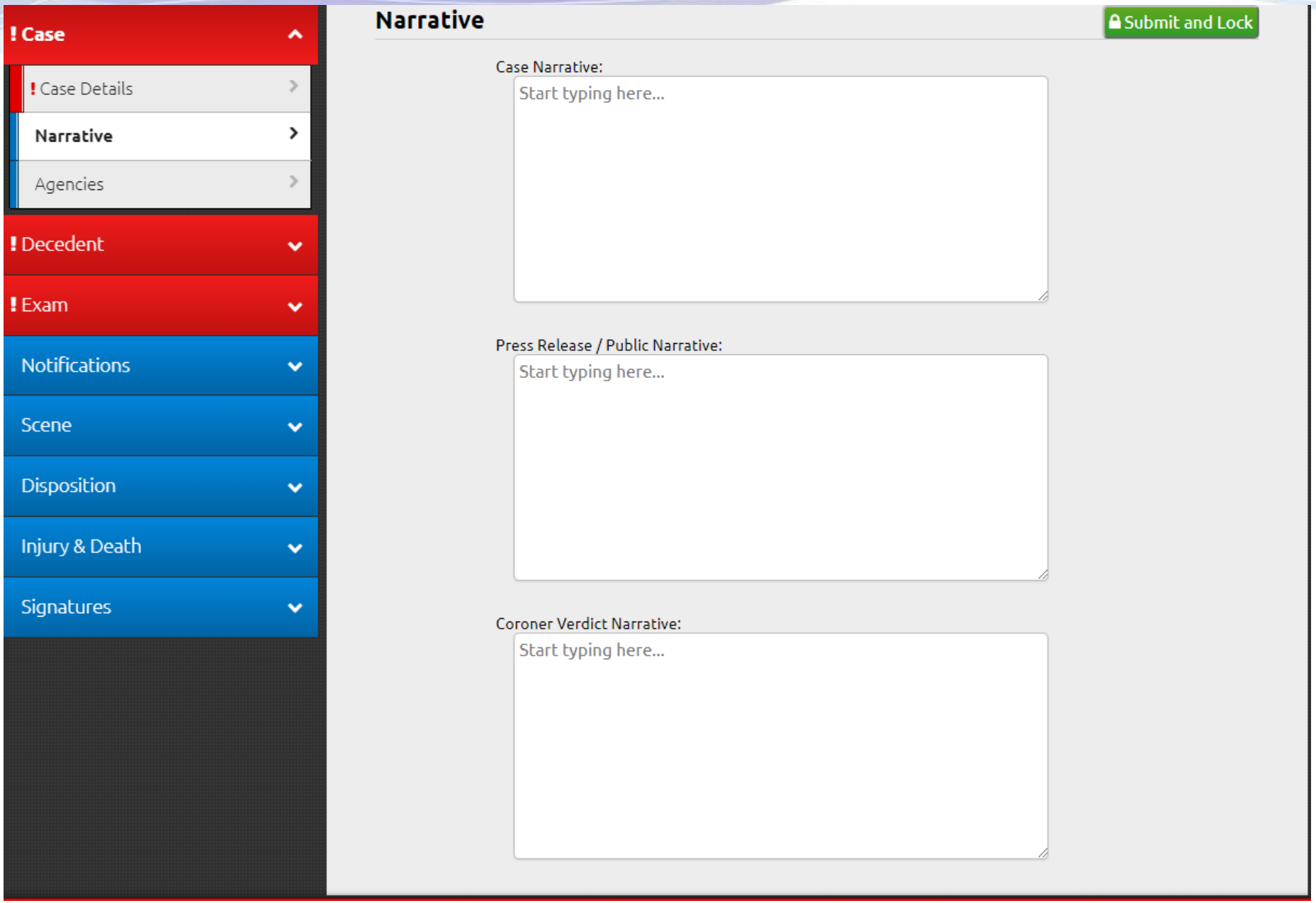
Indiana State Department of Health


! Case
! Decedent
! Exam
! Cause & Manner
Autopsy
Toxicology
Exam
Notifications
Scene
Disposition
Injury & Death
Signatures
Cause & Manner
Submit and Lock
Causes of Death
Add
Sort Order:
Cause of Death:
OK
Contributory Cause(s):
Start typing here...
Death Manner:
Natural
Homicide
Suicide
Accident


! Case
! Case Details
Narrative
Agencies
! Decedent
! Exam
Notifications
Scene
Disposition
Injury & Death
Signatures
Narrative
Submit and Lock
Case Narrative:
Start typing here...
Press Release / Public Narrative:
Start typing here...
Coroner Verdict Narrative:
Start typing here...

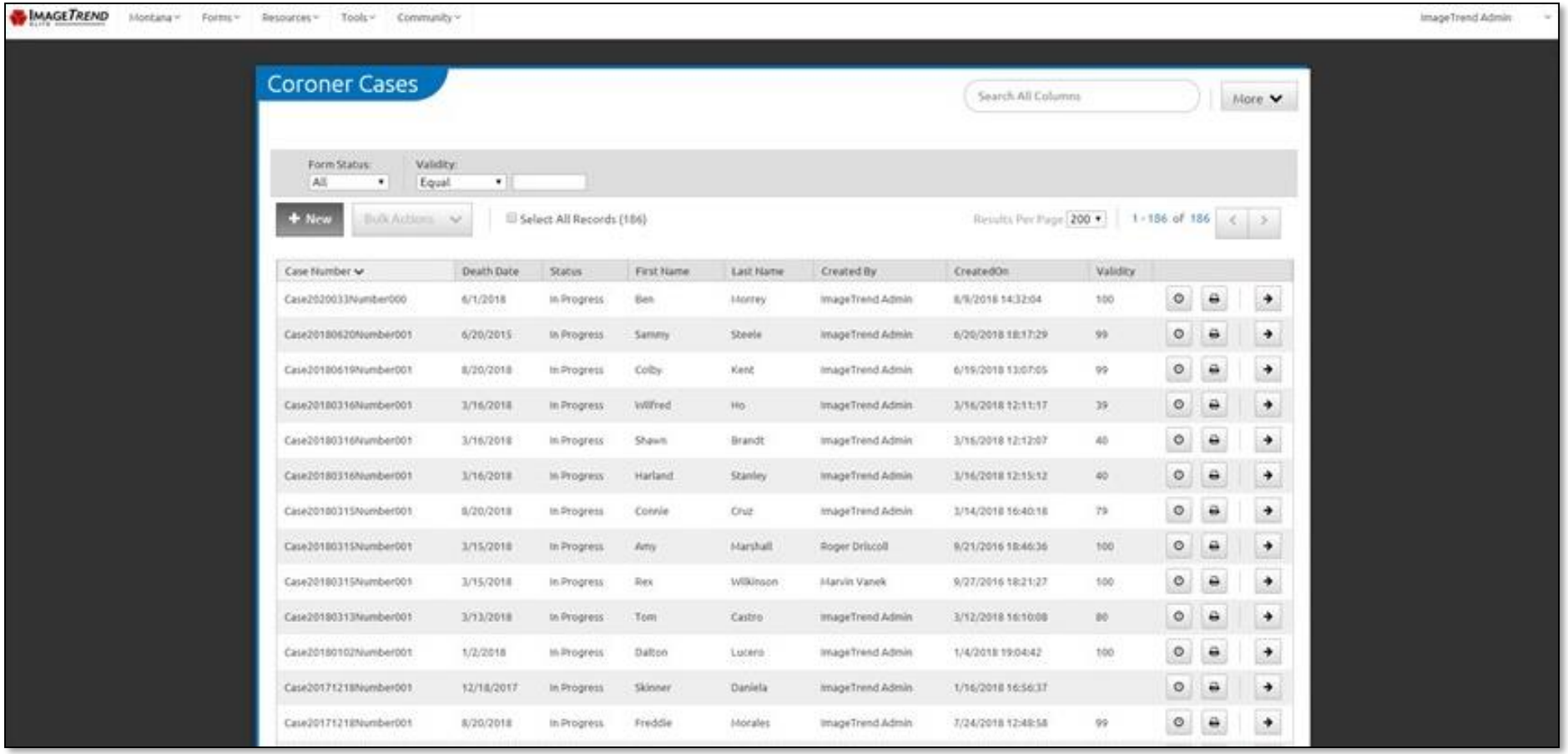
Why It Was Developed

- Increasing CME/LE reporting completion and timeliness
- Alternative to Coroner ME
  - Easier | more fluid | less input | no duplicate entry
- Innovative/on par with CDC needing to spend funds on something progressive

Why We Chose It

Explore innovative methods of collecting, reporting and sharing data for improved timeliness, improved data quality and greater utilization of data for prevention efforts.

Case Cataloging



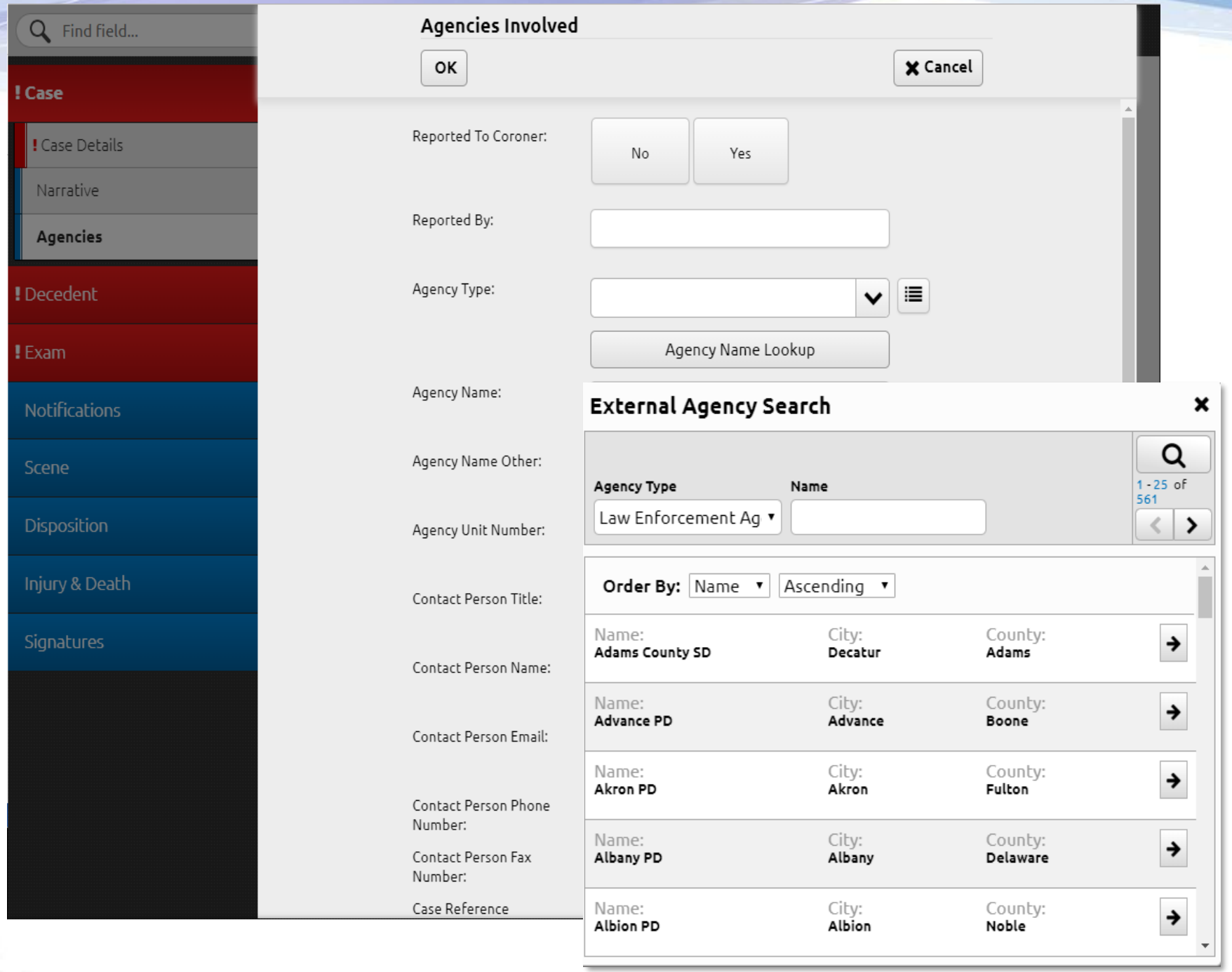
Dynamic Case Forms

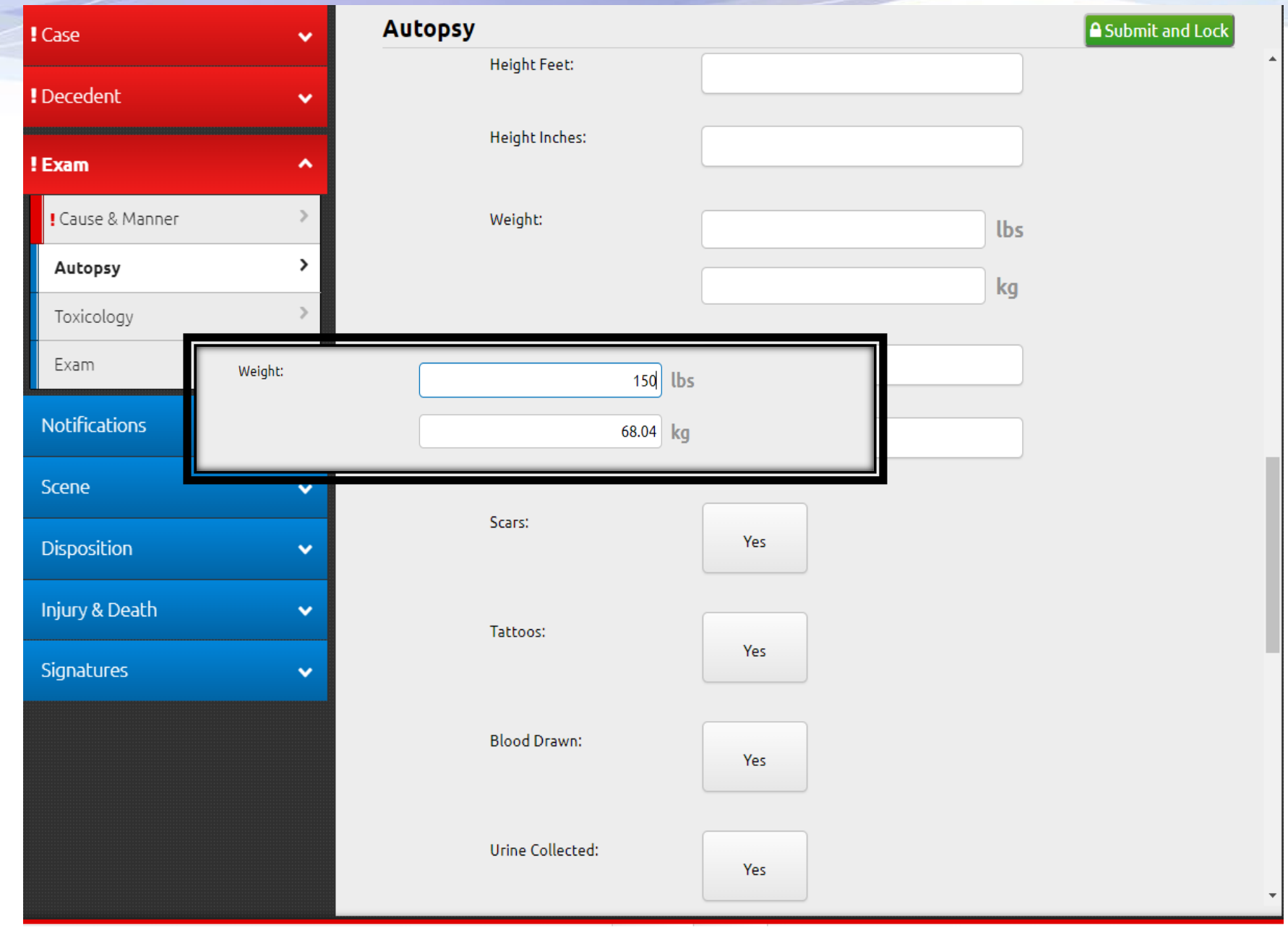
- Utilizes "smart" functionality
- Automatically lookup external resources/agencies
- Makes data entry easy and more efficient

In Action

Automatically calculates age based on an entered birthdate

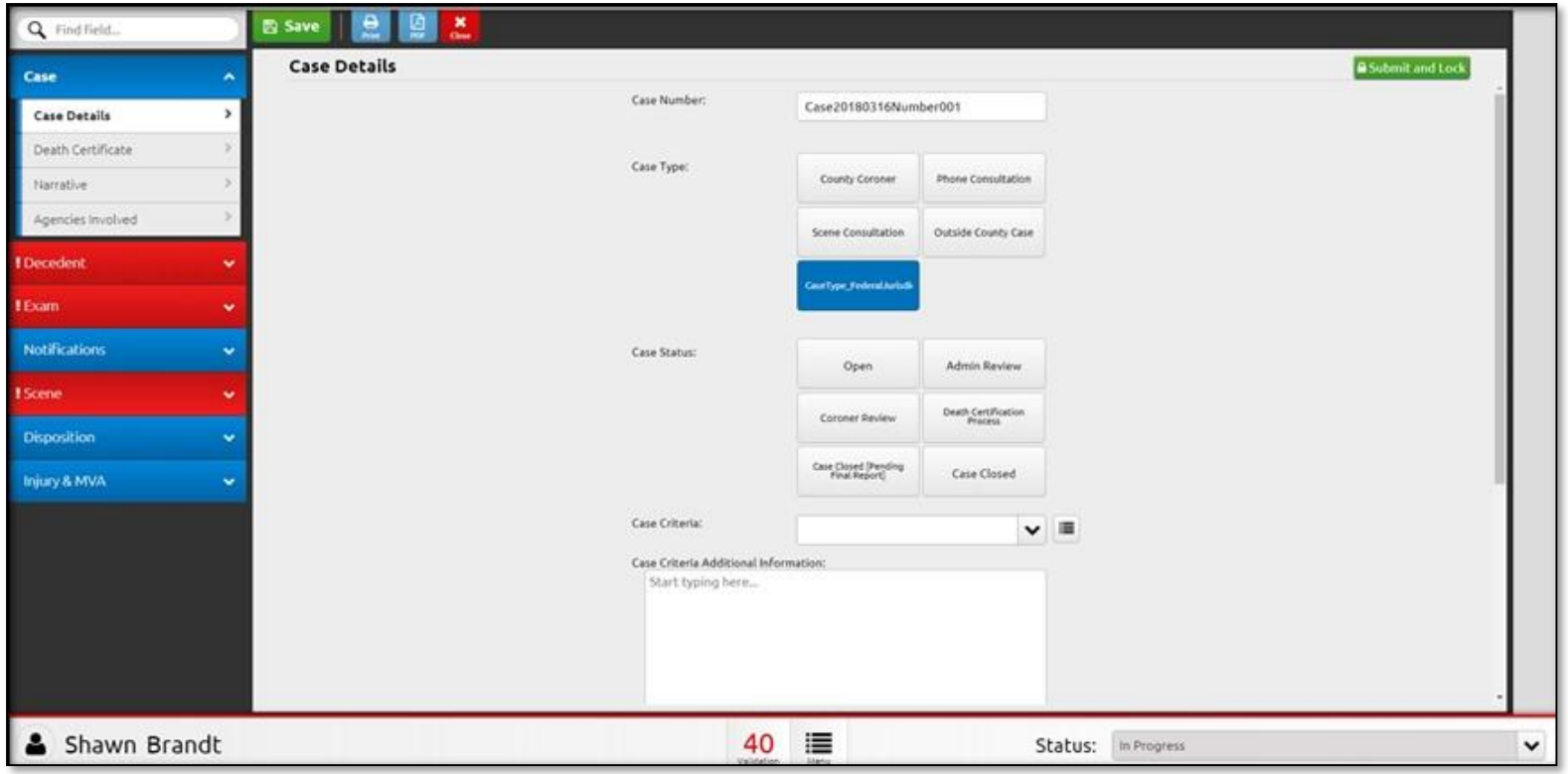
Selecting a gender will change the form, such as displaying additional fields specific for women (ex. pregnancy)


Find field...
! Case
! Case Details
Narrative
Agencies
! Decedent
! Exam
Notifications
Scene
Disposition
Injury & Death
Signatures
Agencies Involved
OK
Cancel
Reported To Coroner:
No
Yes
Reported By:
Agency Type:
Agency Name Lookup
Agency Name:
Agency Name Other:
Agency Unit Number:
Contact Person Title:
Contact Person Name:
Contact Person Email:
Contact Person Phone Number:
Contact Person Fax Number:
Case Reference
External Agency Search
Agency Type
Law Enforcement Ag
Name
1 - 25 of 561
Order By:
Name
Ascending
Name: Adams County SD
City: Decatur
County: Adams
Name: Advance PD
City: Advance
County: Boone
Name: Akron PD
City: Akron
County: Fulton
Name: Albany PD
City: Albany
County: Delaware
Name: Albion PD
City: Albion
County: Noble


! Case
! Decedent
! Exam
! Cause & Manner
Autopsy
Toxicology
Exam
Notifications
Scene
Disposition
Injury & Death
Signatures
Autopsy
Submit and Lock
Height Feet:
Height Inches:
Weight:
lbs
kg
Weight:
150
lbs
68.04
kg
Scars:
Yes
Tattoos:
Yes
Blood Drawn:
Yes
Urine Collected:
Yes

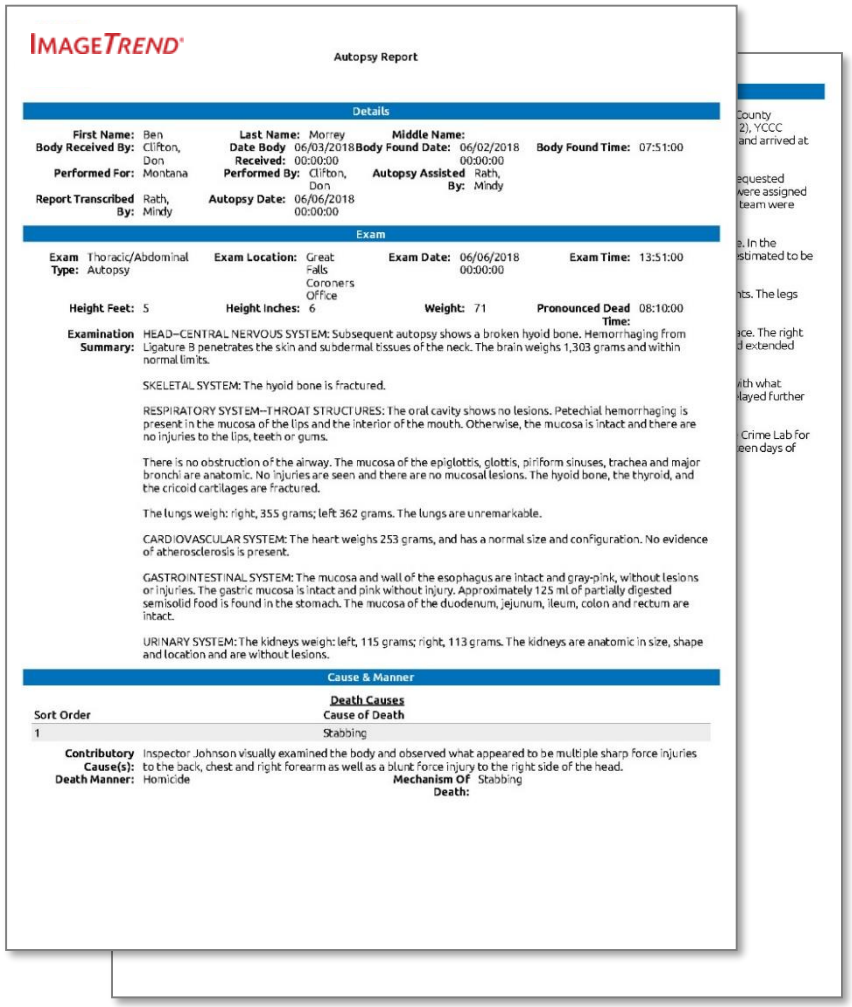
Case Validation

Ensure all required data is entered before the case is closed — any field can be required



Report Writer

- Schedule reports to auto-generate and send
- Report on all data collected
- Easily print:
  - Autopsy Print Report
  - Coroner Print Report
  - Custom reports



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Autopsy Report

Details

First Name:	Ben	**Last Name:**	Morrey	**Middle Name:**			
Body Received By:	Clifton, Don	**Date Body Received:**	06/03/2018 00:00:00	**Body Found Date:**	06/02/2018 00:00:00	**Body Found Time:**	07:51:00
Performed For:	Montana	**Performed By:**	Clifton, Don	**Autopsy Assisted By:**	Rath, Mindy		
Report Transcribed By:	Rath, Mindy	**Autopsy Date:**	06/06/2018 00:00:00				

Exam

Exam Type:	Thoracic/Abdominal Autopsy	**Exam Location:**	Great Falls Coroners Office	**Exam Date:**	06/06/2018 00:00:00	**Exam Time:**	13:51:00
Height Feet:	5	**Height Inches:**	6	**Weight:**	71	**Pronounced Dead Time:**	08:10:00

Examination Summary: HEAD--CENTRAL NERVOUS SYSTEM: Subsequent autopsy shows a broken hyoid bone. Hemorrhaging from Ligature B penetrates the skin and subdermal tissues of the neck. The brain weighs 1,303 grams and within normal limits.

SKELETAL SYSTEM: The hyoid bone is fractured.

RESPIRATORY SYSTEM--THROAT STRUCTURES: The oral cavity shows no lesions. Petechial hemorrhaging is present in the mucosa of the lips and the interior of the mouth. Otherwise, the mucosa is intact and there are no injuries to the lips, teeth or gums.

There is no obstruction of the airway. The mucosa of the epiglottis, glottis, piriform sinuses, trachea and major bronchi are anatomic. No injuries are seen and there are no mucosal lesions. The hyoid bone, the thyroid, and the cricoid cartilages are fractured.

The lungs weigh: right, 355 grams; left 362 grams. The lungs are unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 253 grams, and has a normal size and configuration. No evidence of atherosclerosis is present.

GASTROINTESTINAL SYSTEM: The mucosa and wall of the esophagus are intact and gray-pink, without lesions or injuries. The gastric mucosa is intact and pink without injury. Approximately 125 ml of partially digested semisolid food is found in the stomach. The mucosa of the duodenum, jejunum, ileum, colon and rectum are intact.

URINARY SYSTEM: The kidneys weigh: left, 115 grams; right, 113 grams. The kidneys are anatomic in size, shape and location and are without lesions.

Cause & Manner

Death Causes

Sort Order	Cause of Death
1	Stabbing

Contributory Cause(s): Inspector Johnson visually examined the body and observed what appeared to be multiple sharp force injuries to the back, chest and right forearm as well as a blunt force injury to the right side of the head.

Death Manner: Homicide

Mechanism Of Death: Stabbing

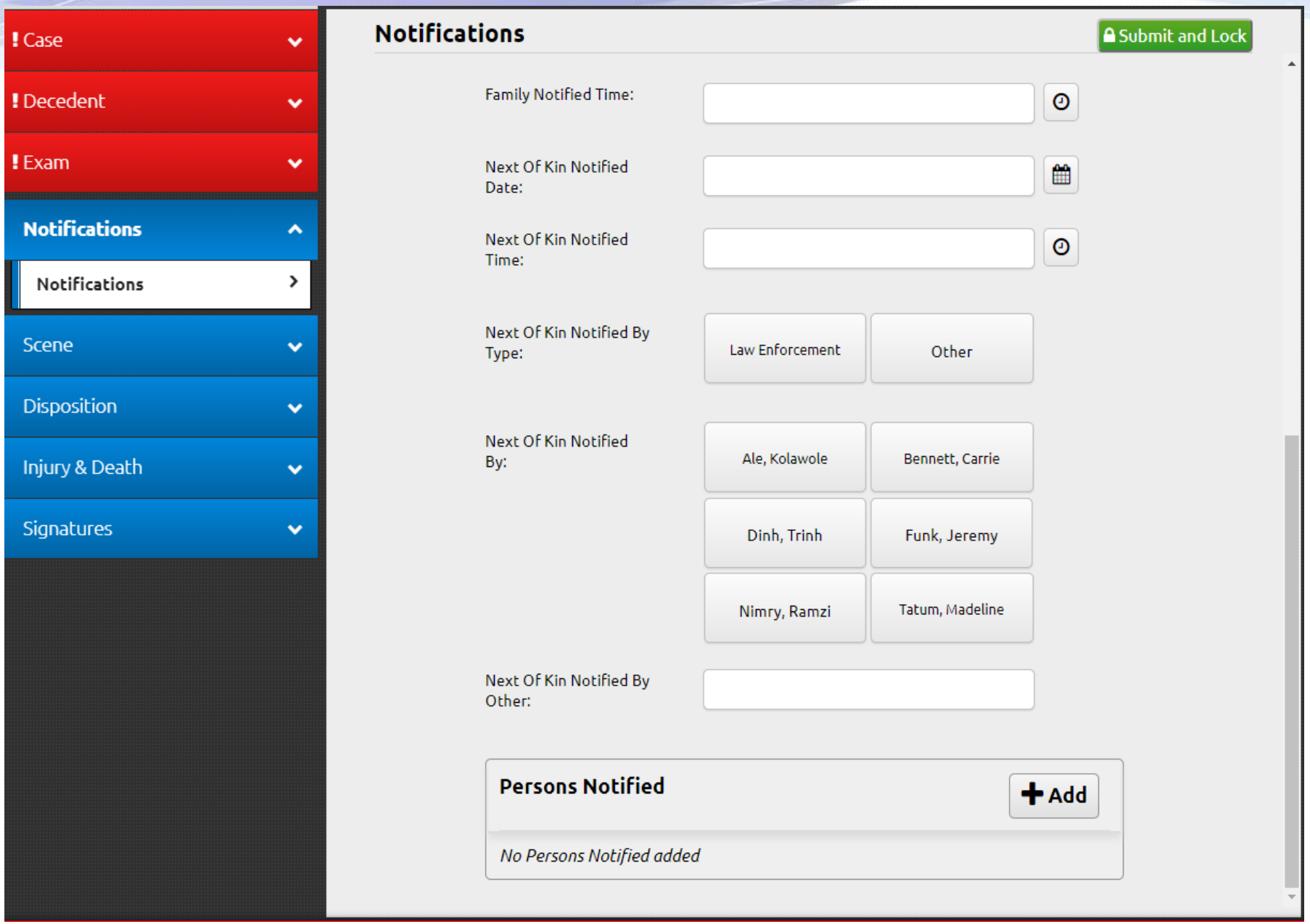
NVDRS Module

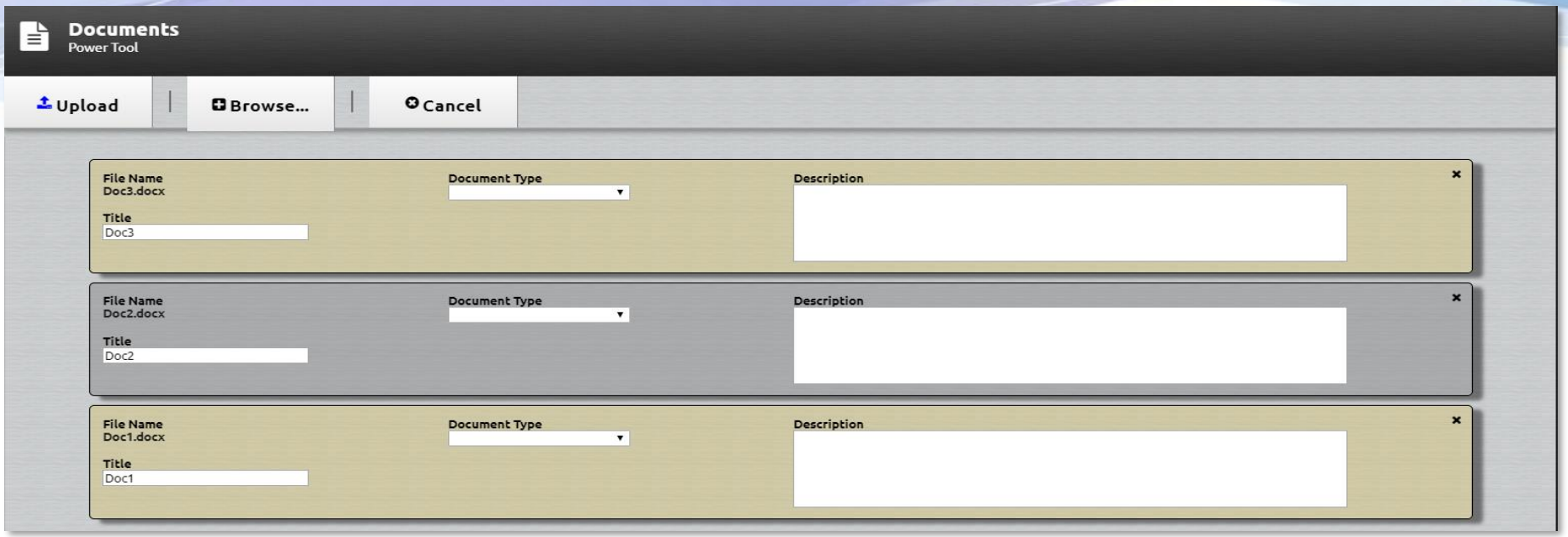
Very Customizable

- Users with appropriate security permissions have direct access to the:
  - Dataset Manager
  - Form Manger
  - Print Report Manager
- Add visibility rules - improve workflow
- Add validation rules - ensure data quality

Highlight

Add custom fields to forms at any time – YOU have control


! Case
! Decedent
! Exam
Notifications
Notifications
Scene
Disposition
Injury & Death
Signatures
Notifications
Submit and Lock
Family Notified Time:
Next Of Kin Notified Date:
Next Of Kin Notified Time:
Next Of Kin Notified By Type:
Law Enforcement
Other
Next Of Kin Notified By:
Ale, Kolawole
Bennett, Carrie
Dinh, Trinh
Funk, Jeremy
Nimry, Ramzi
Tatum, Madeline
Next Of Kin Notified By Other:
Persons Notified
Add
No Persons Notified added

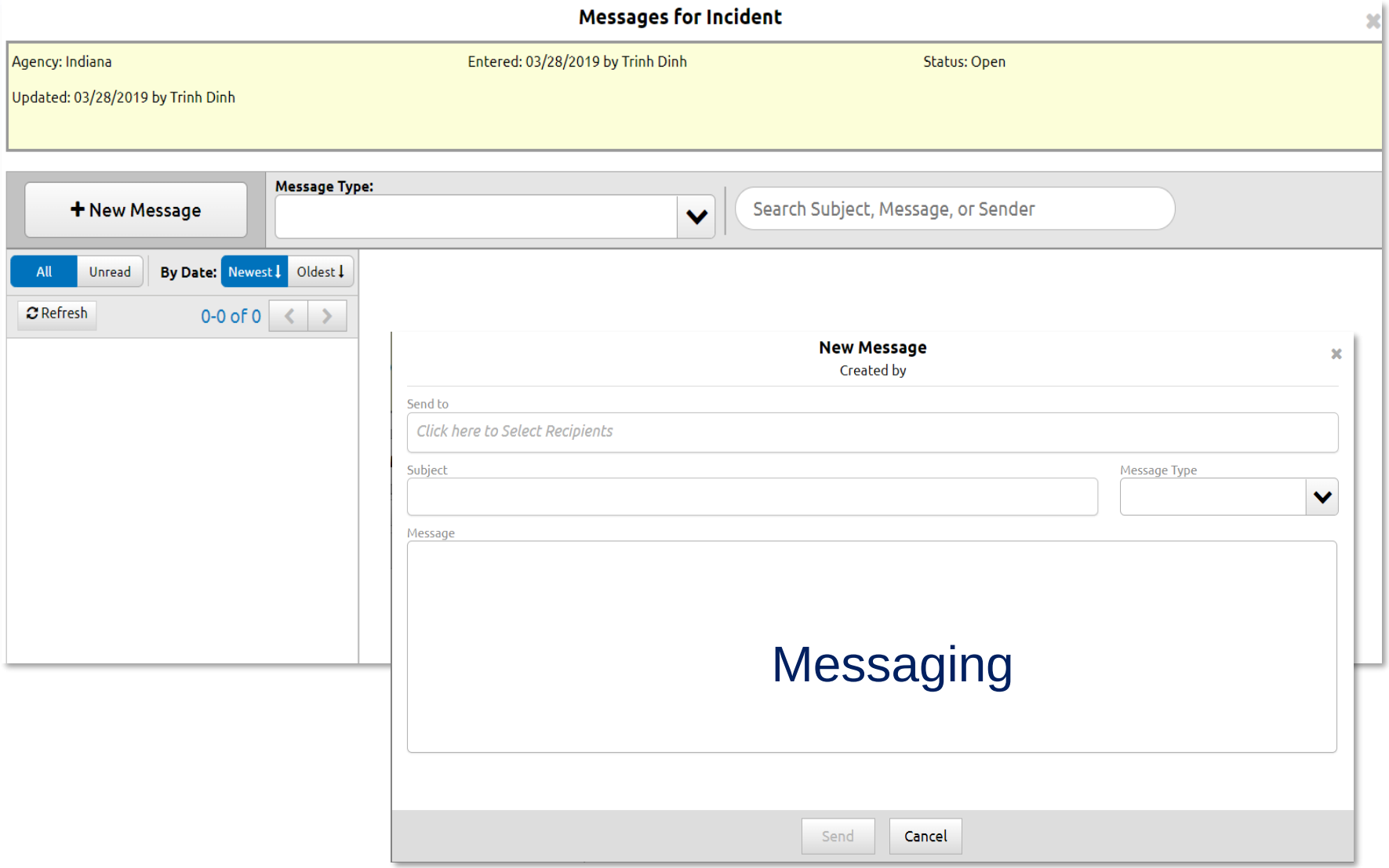


Documents(3)

+ Add

Search Document

Title	File Name	Document Type	Description			
Doc1	Doc1.docx					
Doc2	Doc2.docx					
Doc3	Doc3.docx					


Messages for Incident
Agency: Indiana
Entered: 03/28/2019 by Trinh Dinh
Status: Open
Updated: 03/28/2019 by Trinh Dinh
+ New Message
Message Type:
Search Subject, Message, or Sender
All
Unread
By Date:
Newest
Oldest
Refresh
0-0 of 0
New Message
Created by
Send to
Click here to Select Recipients
Subject
Message Type
Message
Messaging
Send
Cancel

ROI

System has been in place for 1-1/2 years

50% increase in reporting timeliness

Went from 51 counties reporting prior to ICCMS to all 92

Thank you. Questions?

Ryan Cunningham, Data Abstractor Supervisor

317-234-9659

RyCunningham@isdh.in.gov

Zach Vanek, product sales executive

ImageTrend

952.469.6207

Zvanek@imagetrend.com

IMAGETREND®

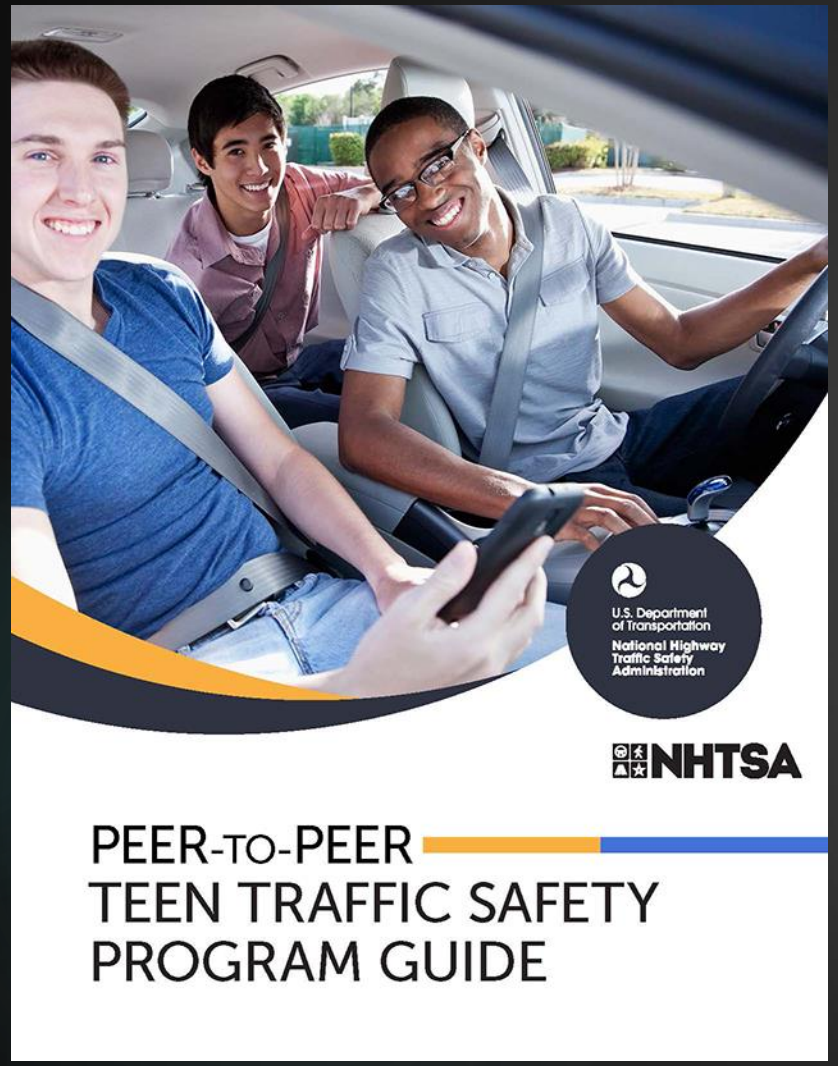
Indiana State Department of Health

Indiana SADD Teen Traffic Safety

9 people are killed everyday in the United States due to Distracted Driving.

Drivers under the age of 20 have the highest proportion of distraction-related fatal crashes.

The leading cause of death among American teens is car crashes.



"Peer-to-peer education is a viable component of a broader teen traffic safety strategy."

An engaging and evidence-based campaign designed to help teens tackle the issue of reckless and distracted driving.

students against
SADD
destructive decisions

TEXTLESS LIVE MORE

Textless Live More

A student-led, peer-to-peer advocacy group dedicated to ending distracted driving. Our goal is to change our behavior behind-the-wheel to save lives and prevent tragic crashes caused by distraction.

TextLess Live More is a proud SADD partner, and we want to make it as easy as possible for you to use TLLM in your chapters, schools, and communities.

We've developed programming based on SADD Nation feedback so that TextLess Live More can integrate seamlessly into the work members are already doing.

There are many ways to launch TextLess Live More in your community. Visit https://textlesslivemore.org/sadd/ for event ideas to get started with your chapter.

Get Living is a campaign we launched in 2019 to promote healthy habits and healthy relationships with our technology to combat phone addiction and its associated dangers. Each month has a new initiative to help you Live More, as well as a ready-to-implement, SADD-specific event.

You/your students can teach others about TextLess Live More! Go to our website to download our presentation and facilitation guide.

https://textlesslivemore.org/

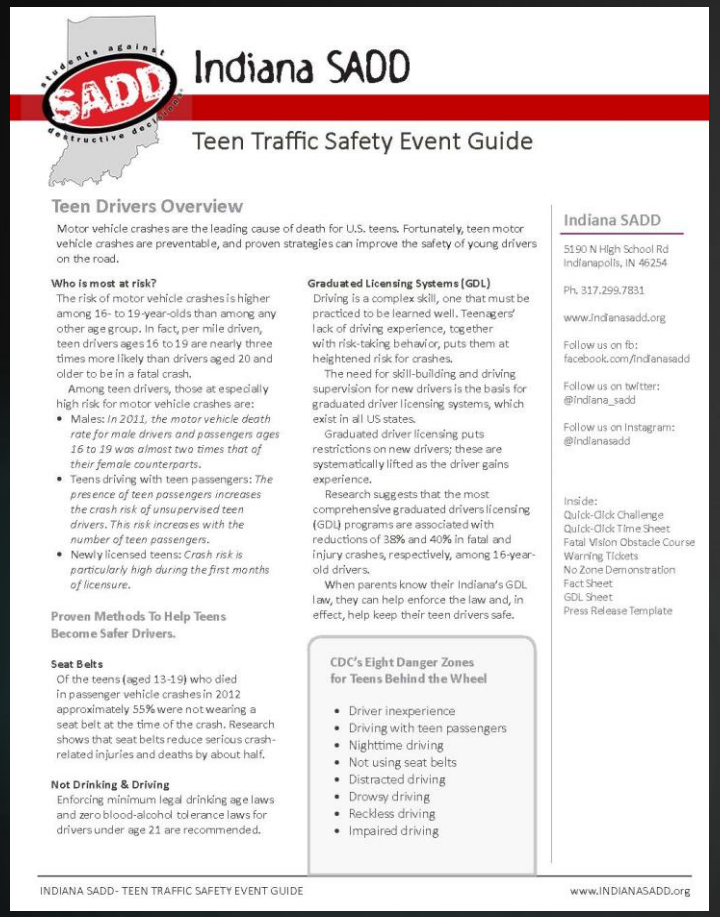
Indiana SADD has a limited supply of Textless Live More silicon bracelets and phone stickers.

Chapters planning a Textless Live More presentation or activity may request these items while supplies last (and at no cost) by submitting a request form with a description of your program plans and an activity reporting form following the event.

A student-led, peer-to-peer, national awareness campaign with a mission to End Distracted Driving, Prevent Tragic Crashes and Save Lives.

students against SADD destructive decisions

Activity Guides



Indiana SADD

Teen Traffic Safety Event Guide

Teen Drivers Overview

Motor vehicle crashes are the leading cause of death for U.S. teens. Fortunately, teen motor vehicle crashes are preventable, and proven strategies can improve the safety of young drivers on the road.

Who is most at risk?

The risk of motor vehicle crashes is higher among 16- to 19-year-olds than among any other age group. In fact, per mile driven, teen drivers ages 16 to 19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash.

Among teen drivers, those at especially high risk for motor vehicle crashes are:

- Males: *In 2011, the motor vehicle death rate for male drivers and passengers ages 16 to 19 was almost two times that of their female counterparts.*
- Teens driving with teen passengers: *The presence of teen passengers increases the crash risk of unsupervised teen drivers. This risk increases with the number of teen passengers.*
- Newly licensed teens: *Crash risk is particularly high during the first months of licensure.*

Proven Methods To Help Teens Become Safer Drivers.

Seat Belts

Of the teens (aged 13-19) who died in passenger vehicle crashes in 2012 approximately 55% were not wearing a seat belt at the time of the crash. Research shows that seat belts reduce serious crash-related injuries and deaths by about half.

Not Drinking & Driving

Enforcing minimum legal drinking age laws and zero blood-alcohol tolerance laws for drivers under age 21 are recommended.

Graduated Licensing Systems (GDL)

Driving is a complex skill, one that must be practiced to be learned well. Teenagers' lack of driving experience, together with risk-taking behavior, puts them at heightened risk for crashes.

The need for skill-building and driving supervision for new drivers is the basis for graduated driver licensing systems, which exist in all US states.

Graduated driver licensing puts restrictions on new drivers; these are systematically lifted as the driver gains experience.

Research suggests that the most comprehensive graduated drivers licensing (GDL) programs are associated with reductions of 38% and 40% in fatal and injury crashes, respectively, among 16-year-old drivers.

When parents know their Indiana's GDL law, they can help enforce the law and, in effect, help keep their teen drivers safe.

CDC's Eight Danger Zones for Teens Behind the Wheel

- Driver inexperience
- Driving with teen passengers
- Nighttime driving
- Not using seat belts
- Distracted driving
- Drowsy driving
- Reckless driving
- Impaired driving

Indiana SADD

5190 N High School Rd
Indianapolis, IN 46254

Ph. 317.299.7831

www.Indianasadd.org

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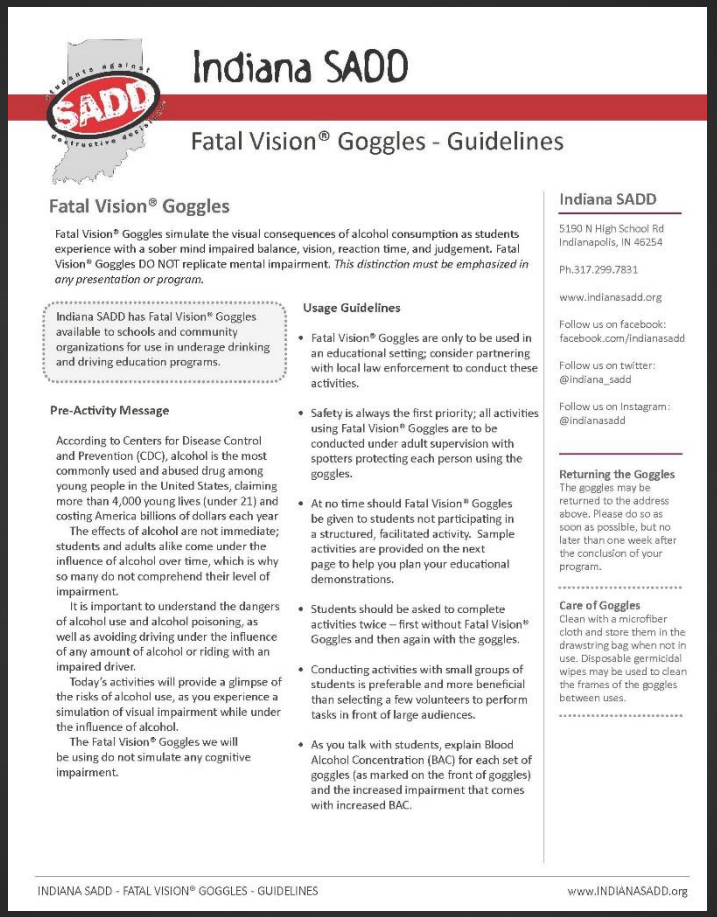
@Indiana_sadd

Follow us on Instagram:
@Indianasadd

Inside:
Quick-Click Challenge
Quick-Click Time Sheet
Fatal Vision Obstacle Course
Warning Tickets
No Zone Demonstration
Fact Sheet
GDL Sheet
Press Release Template

INDIANA SADD- TEEN TRAFFIC SAFETY EVENT GUIDE www.INDIANASADD.org



Indiana SADD

Fatal Vision® Goggles - Guidelines

Fatal Vision® Goggles

Fatal Vision® Goggles simulate the visual consequences of alcohol consumption as students experience with a sober mind impaired balance, vision, reaction time, and judgement. Fatal Vision® Goggles DO NOT replicate mental impairment. *This distinction must be emphasized in any presentation or program.*

Indiana SADD has Fatal Vision® Goggles available to schools and community organizations for use in underage drinking and driving education programs.

Pre-Activity Message

According to Centers for Disease Control and Prevention (CDC), alcohol is the most commonly used and abused drug among young people in the United States, claiming more than 4,000 young lives (under 21) and costing America billions of dollars each year

The effects of alcohol are not immediate; students and adults alike come under the influence of alcohol over time, which is why so many do not comprehend their level of impairment.

It is important to understand the dangers of alcohol use and alcohol poisoning, as well as avoiding driving under the influence of any amount of alcohol or riding with an impaired driver.

Today's activities will provide a glimpse of the risks of alcohol use, as you experience a simulation of visual impairment while under the influence of alcohol.

The Fatal Vision® Goggles we will be using do not simulate any cognitive impairment.

Usage Guidelines

- Fatal Vision® Goggles are only to be used in an educational setting; consider partnering with local law enforcement to conduct these activities.
- Safety is always the first priority; all activities using Fatal Vision® Goggles are to be conducted under adult supervision with spotters protecting each person using the goggles.
- At no time should Fatal Vision® Goggles be given to students not participating in a structured, facilitated activity. Sample activities are provided on the next page to help you plan your educational demonstrations.
- Students should be asked to complete activities twice – first without Fatal Vision® Goggles and then again with the goggles.
- Conducting activities with small groups of students is preferable and more beneficial than selecting a few volunteers to perform tasks in front of large audiences.
- As you talk with students, explain Blood Alcohol Concentration (BAC) for each set of goggles (as marked on the front of goggles) and the increased impairment that comes with increased BAC.

Indiana SADD

5190 N High School Rd
Indianapolis, IN 46254

Ph.317.299.7831

www.indianasadd.org

Follow us on facebook:
facebook.com/indianasadd

Follow us on twitter:
@indiana_sadd

Follow us on Instagram:
@indianasadd

Returning the Goggles

The goggles may be returned to the address above. Please do so as soon as possible, but no later than one week after the conclusion of your program.

Care of Goggles

Clean with a microfiber cloth and store them in the drawstring bag when not in use. Disposable germicidal wipes may be used to clean the frames of the goggles between uses.

INDIANA SADD - FATAL VISION® GOGGLES - GUIDELINES www.INDIANASADD.org

INDIANA'S TEEN GRADUATED DRIVER LICENSING LAW (GDL)

LEARNER PERMIT – Supervised Driving Only

15 year olds – May start supervised practice driving only after beginning an approved driver education program. **16 year olds** – May begin supervised practice driving without Driver Ed.

PROBATIONARY LICENSE REQUIREMENTS
Unsupervised Driving with Restrictions

Minimum Age – 16 years and 90 days with Driver Ed. 16 years and 270 days without Driver Ed.

Mandatory Holding Period – Must have held Learner's Permit for 180 days.

Minimum Supervised Driving (Applies to ALL new drivers) – Must have logged at least 50 hours of supervised practice driving (10 hours must be nighttime driving).

Under 18 – Supervisor may be: (1) a licensed instructor working through a driving school; (2) a licensed driver at least 25 years old and related by blood, marriage or legal status; (3) a spouse over age 21 with valid driving privileges.

Over 18 – Supervisor may be any licensed driver over age 25 or a spouse over age 21.

A copy of the BMV driving log must be submitted when applying for a new license.

RESTRICTIONS on a PROBATIONARY LICENSE:

Cell Phones/Texting – Prohibits individuals under age 21 from using ***any*** type of telecommunication device for ***any*** purpose while operating a vehicle except for making emergency 911 calls.

Driving Hours –
First 180 Days, up to age 21 – No Driving 10pm to 5am. After 180 Days, up to age 18 – No Driving Sunday to Thursday 11pm to 5am , Saturday-Sunday (early morning) 1am to 5am.

Exemptions: *Lawful employment, school-sanctioned activity, religious event or if accompanied by a licensed driver 25 years or older or your spouse with valid driving privileges who is at least 21 years of age.*

Restrictions on Passengers – Up to age 21, no passengers for the first 180 days unless accompanied by a licensed instructor, a licensed driver 25 years or older, or your spouse with valid driving privileges who is at least 21 years of age.

Exemptions: *sibling, step-sibling, child, step-child or spouse of the driver.*

VIOLATIONS – Violation of any part of this law is a class C infraction which carries a fine of up to $500 plus court costs. **All occupants must be using proper seatbelt restraints.**

UNRESTRICTED LICENSE at AGE 21

REMEMBER
During the first 12-24 months of driving, teens are at the greatest risk for being involved in a crash. That risk decreases with driving experience.

Young, inexperienced drivers, particularly 16- to 17-year-olds, are significantly over represented in fatal crashes. NHTSA research tells us that immaturity and inexperience are primary factors contributing to these deadly crashes by young drivers. GDL laws address these factors by reducing high-risk exposure for novice drivers.

WWW.INDIANASADD.ORG INFO@INDIANASADD.ORG

Rule the Road

Molli – Greensburg

Mark R. Kaser
Indiana State SADD Coordinator

www.indianasadd.org

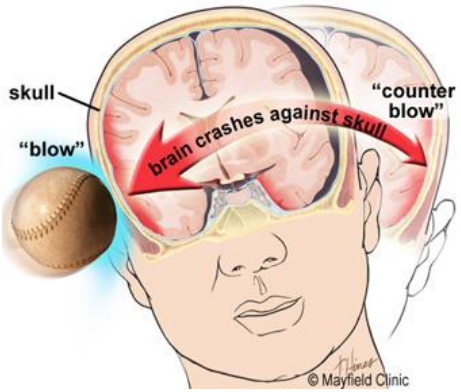
Unintentional Injury Data Presentation:
A Look at TBIs in 2018

Andzelika Rzucidlo, *Injury Prevention Epidemiologist*
Trauma and Injury Prevention Division

Indiana State Department of Health

Email questions to: **Indiana trauma@isd.in.gov**

Traumatic Brain Injuries (TBIs) impact on injury in Indiana

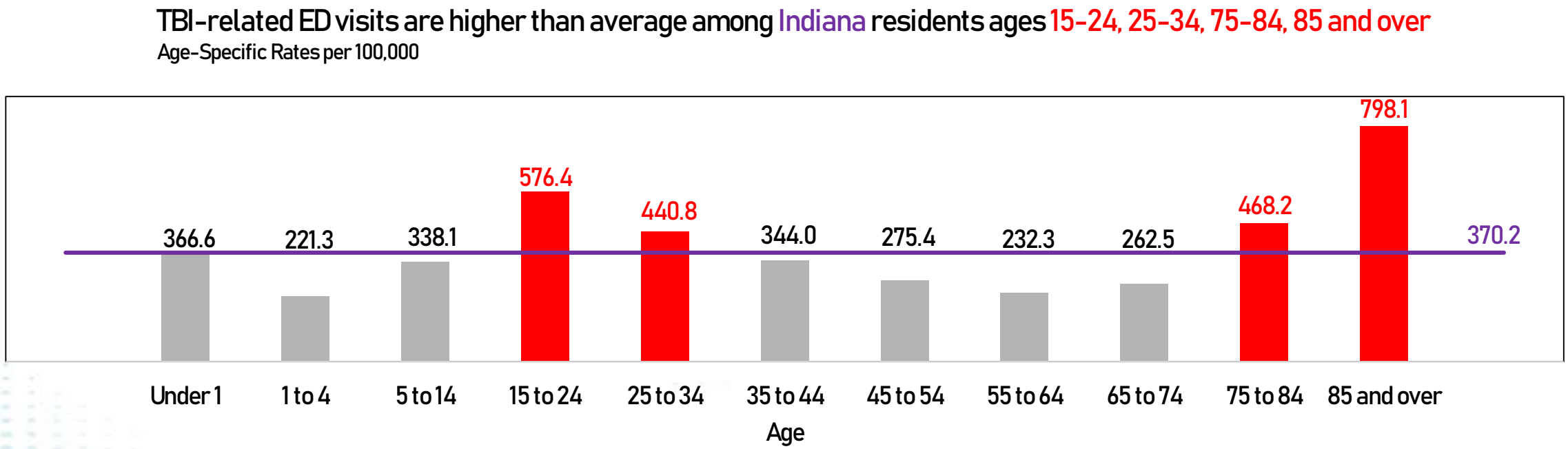


- A TBI is sudden damage to the brain caused by a blow or jolt to the head from blunt or penetrating trauma[1]
  - Depending on severity, the person may require treatment for years
- TBIs contribute to:
  - 4.3% of all emergency department (ED) visits with injuries
  - 13.1% of all hospitalizations with injuries
  - 23.9% of fatalities with injury as an underlying cause of death

1. https://mayfieldclinic.com/pe-tbi.htm

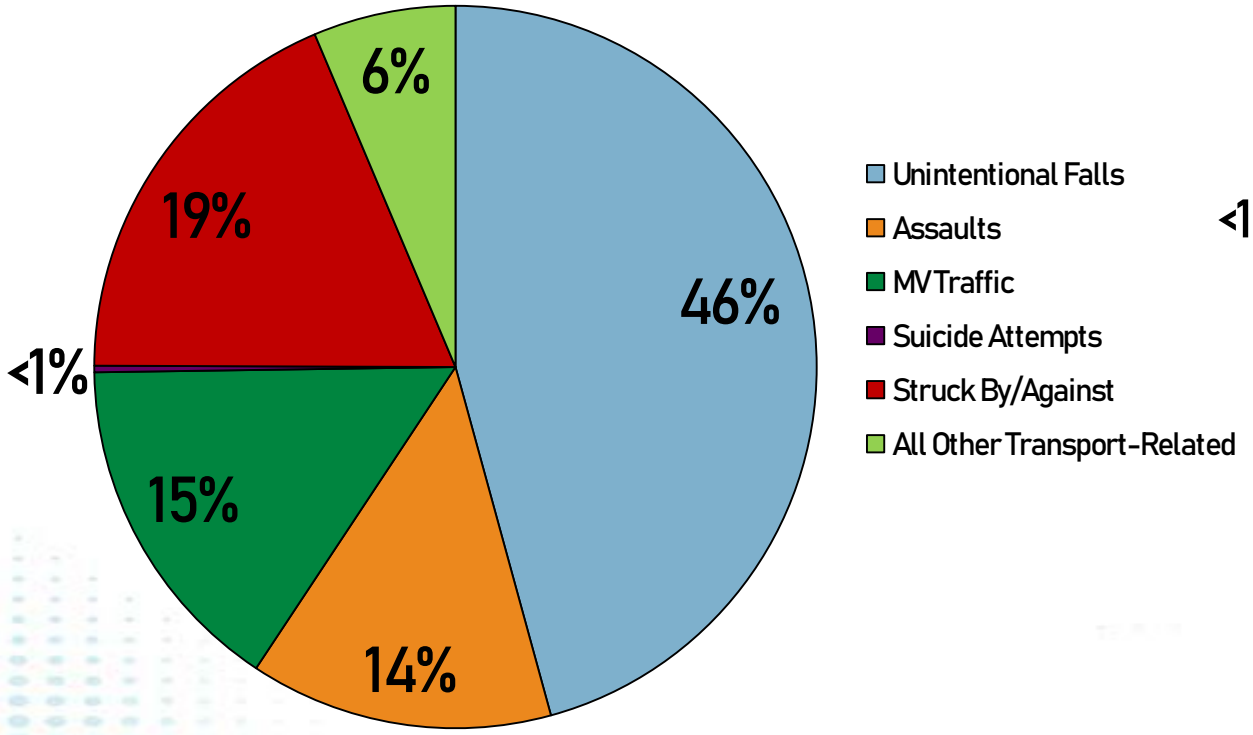
ED Visits

- 24,502 patients were diagnosed with a TBI during an ED visit (53.4% were male)
  - 370.2 TBI-related ED visits per 100,000 people

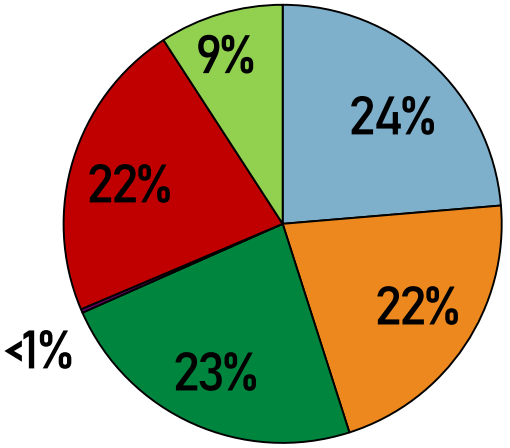


ED Visits

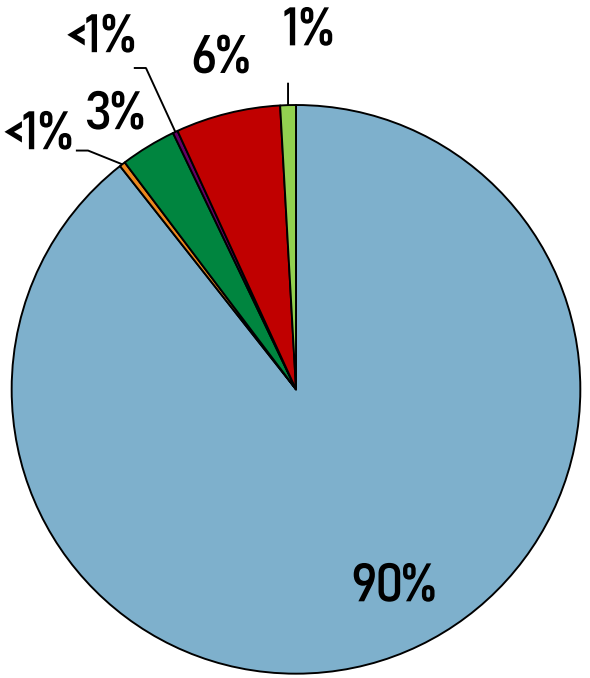
All TBI-Related ED Visits



TBI-Related ED Visits for 15-34 year olds

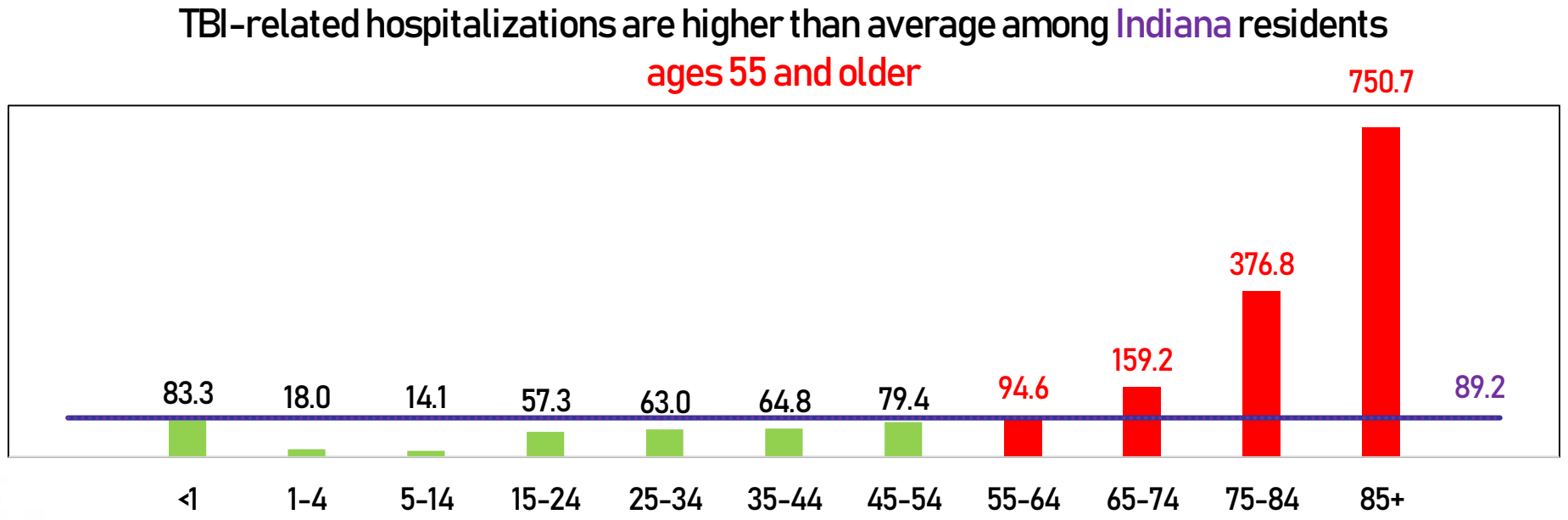


TBI-Related ED Visits for 75+ year olds

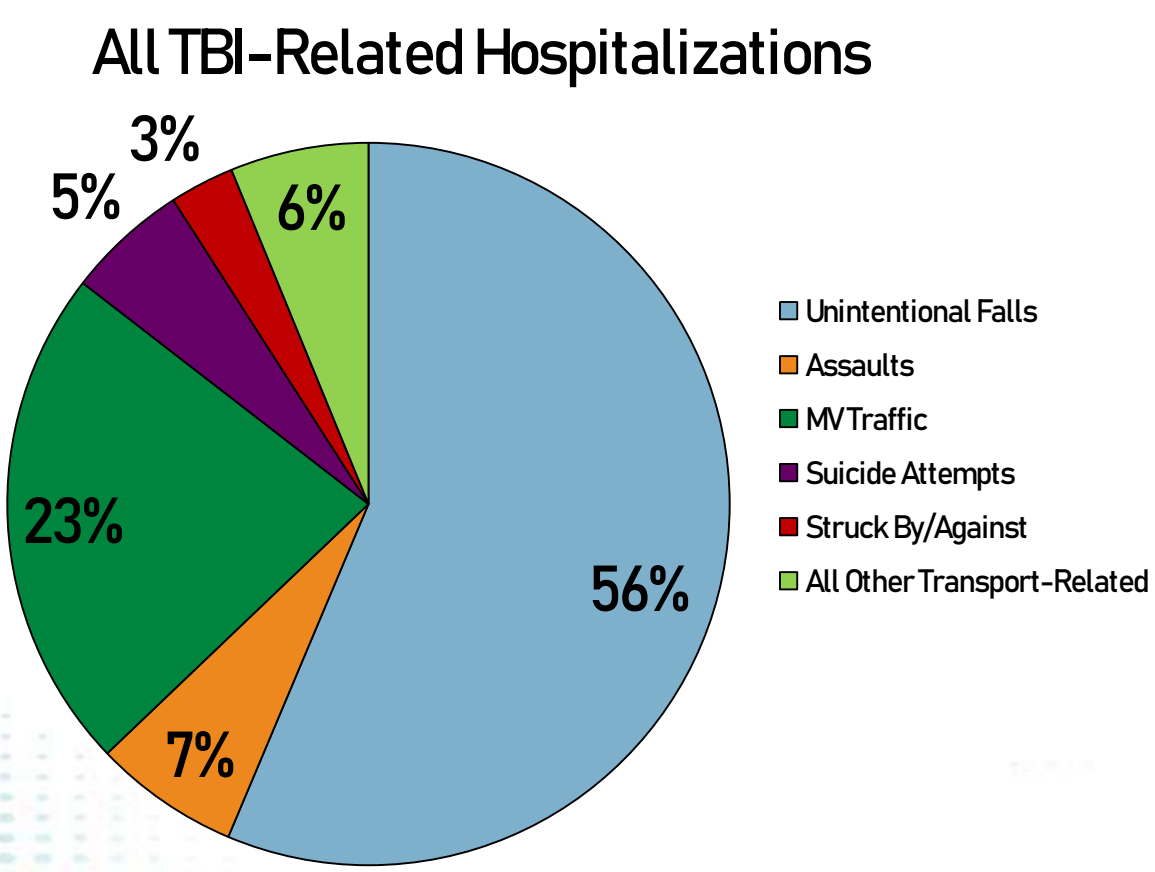


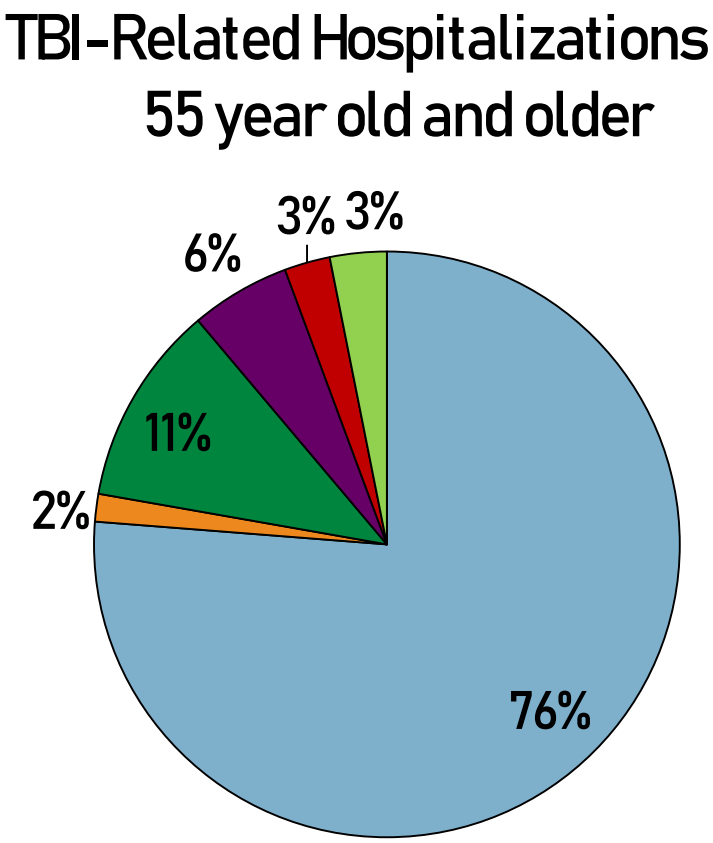
Hospitalizations

- 6488 patients were hospitalized with a TBI diagnosis (60.2% were male)
  - 89.2 TBI-related hospitalizations per 100,000 people



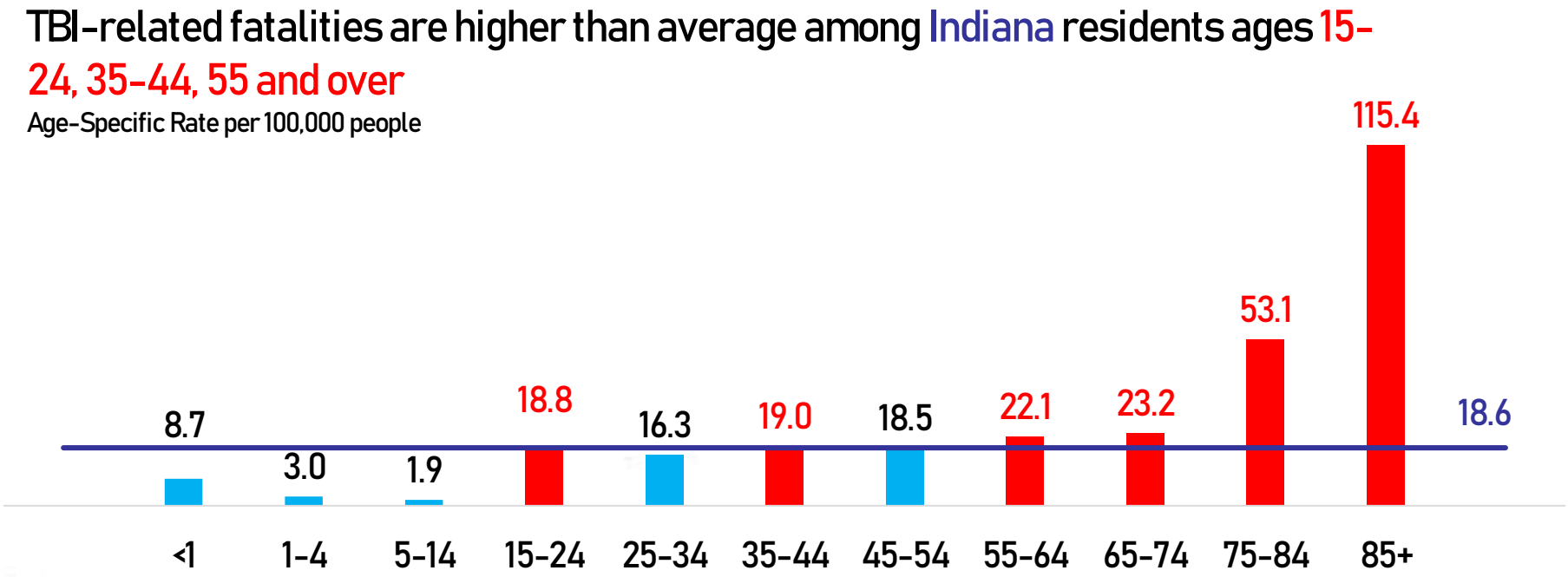
Hospitalizations



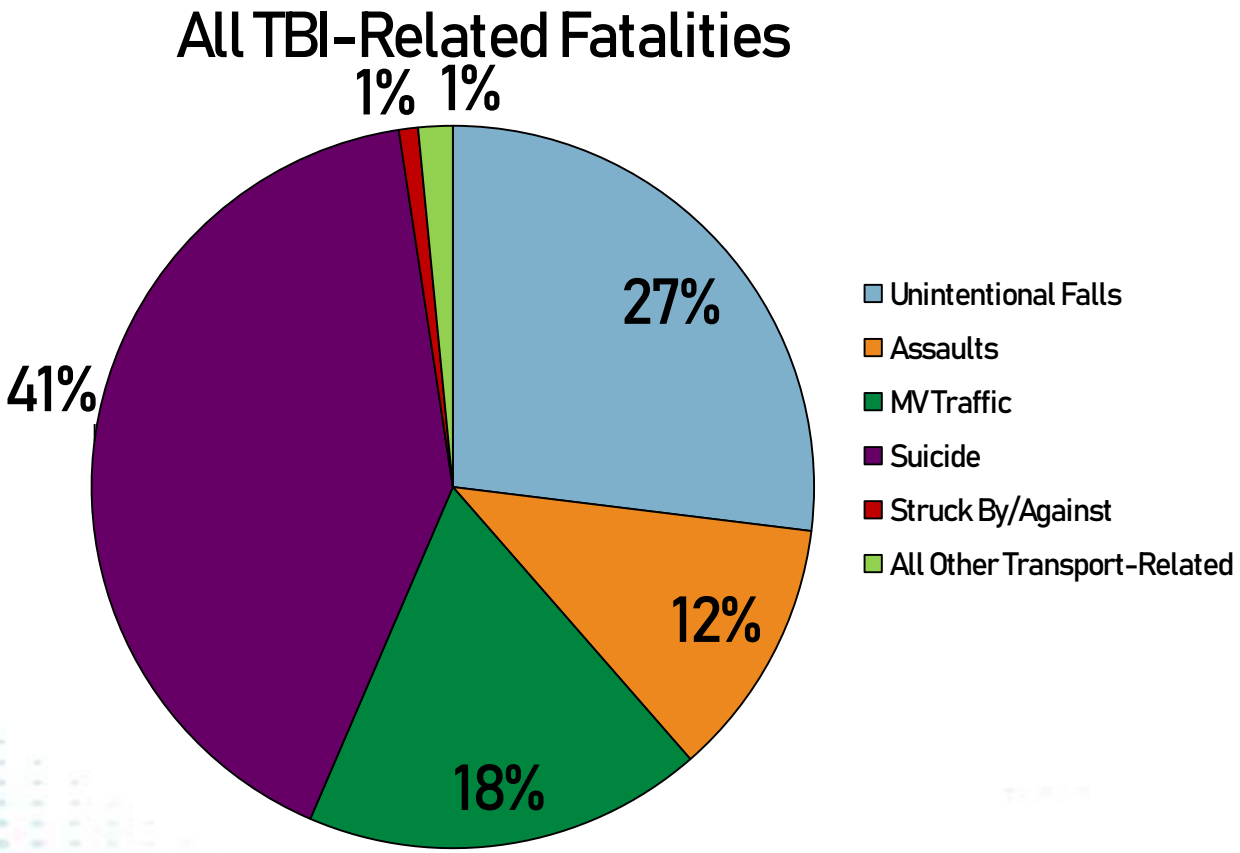


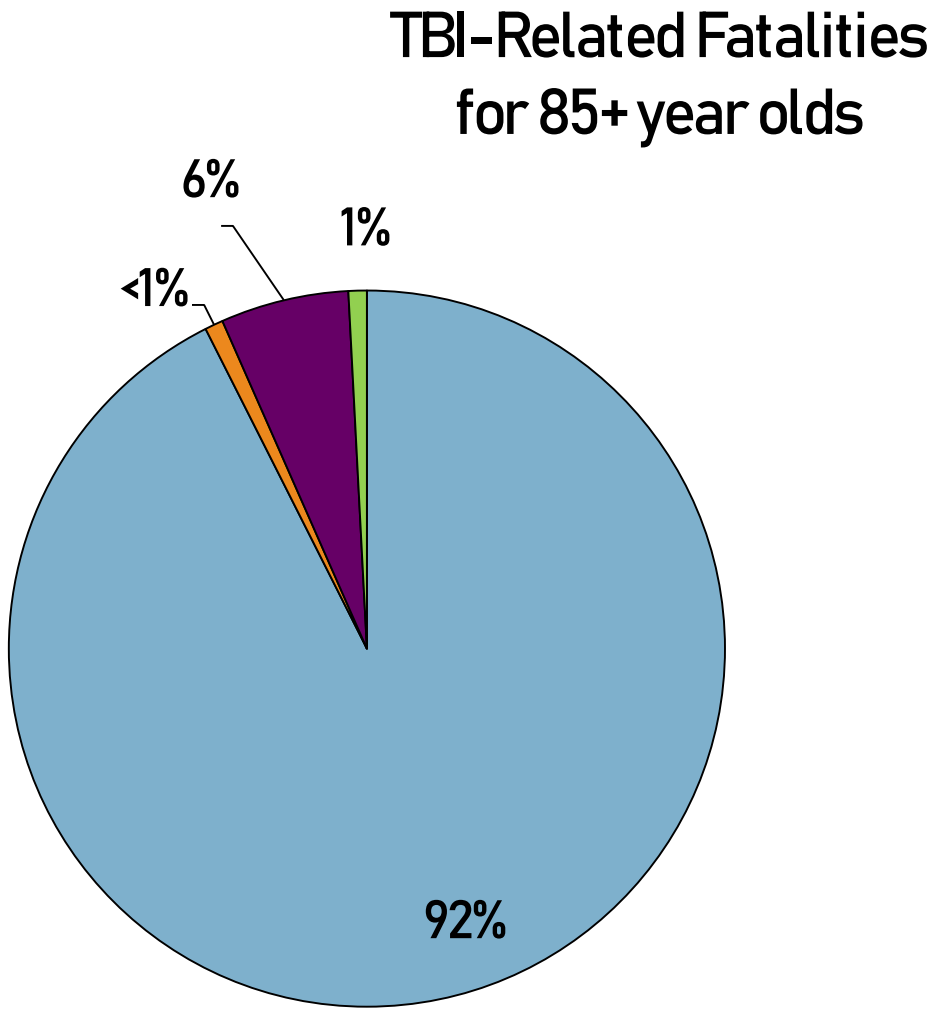
Fatalities

- TBI was listed as a cause of death for 1,313 Indiana residents (72.3% were male)
  - 18.6 TBI-related deaths per 100,000 people



Fatalities


All TBI-Related Fatalities
1%
1%
27%
41%
12%
18%
Unintentional Falls
Assaults
MV Traffic
Suicide
Struck By/Against
All Other Transport-Related


TBI-Related Fatalities
for 85+ year olds
6%
1%
<1%
92%

All Special Emphasis Reports available online: https://www.in.gov/isdh/25396.htm

TRAUMA SYSTEM/INJURY PREVENTION PROGRAM HOME / INJURY PREVENTION / INDIANA REPORTS AND DOCUMENTS

Indiana Reports and Documents

Reports and Documents

Recent Reports

2017 Child Injuries Report on Indiana infants and children ages 0-5

2017 Child Injuries Report on Indiana children ages 6-11

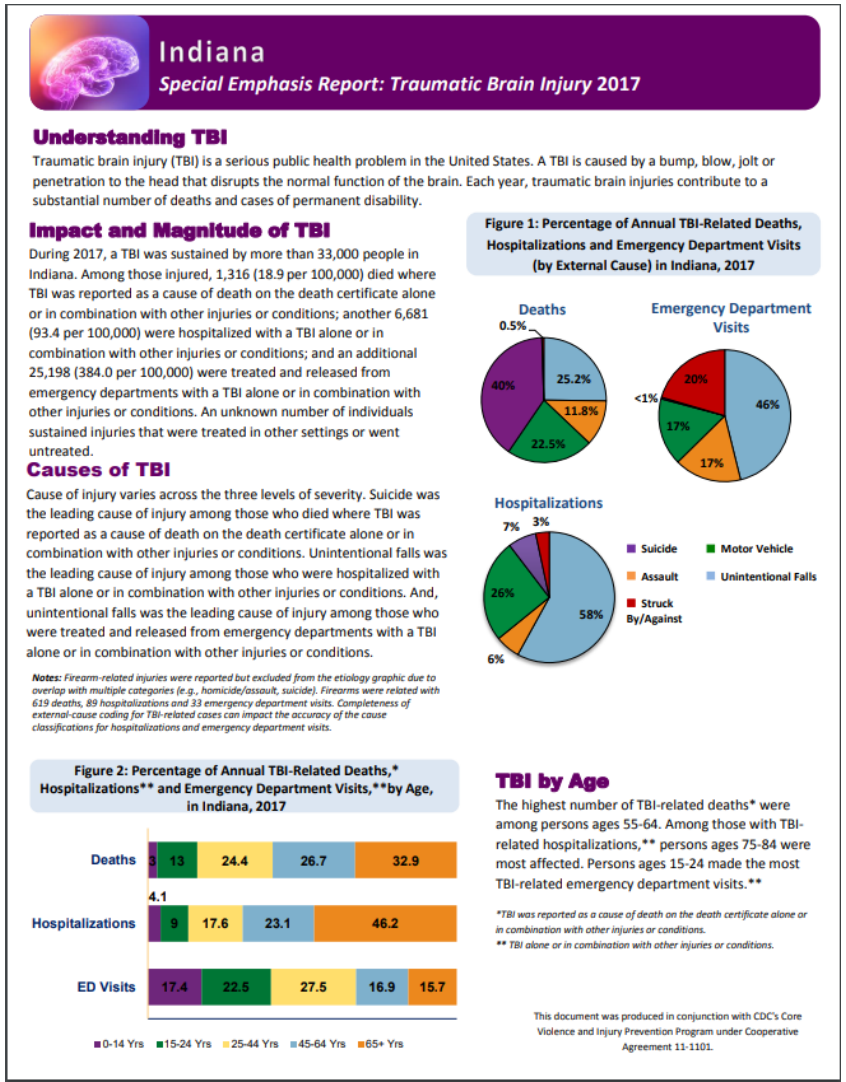
2017 Child Injuries Report on Indiana teens ages 12-18

Preventing Injuries in Indiana: Injury Prevention Resource Guide App

The Preventing Injuries in Indiana: Injury Prevention Resource Guide* is available for Android and IOS (Apple) systems. The app features buttons for 10 common sources of injury, such as distracted driving, sexual assault, prescription overdoses and falls among older adults. Each category includes a description of the scope of the problem in Indiana and the United States, discusses how the problem is being addressed and includes links to resources.

Users can search for specific items and download pdf versions of material included in the app, or they can share data from the app through email and social media. The app includes an email address for the health department's Division of Trauma and Injury Prevention, which will be updating and expanding the app in the coming months.

Apple store: https://itunes.apple.com/us/app/preventing-injuries-in-indiana/id1037435460?mt=8



Indiana

Special Emphasis Report: Traumatic Brain Injury 2017

Understanding TBI

Traumatic brain injury (TBI) is a serious public health problem in the United States. A TBI is caused by a bump, blow, jolt or penetration to the head that disrupts the normal function of the brain. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability.

Impact and Magnitude of TBI

During 2017, a TBI was sustained by more than 33,000 people in Indiana. Among those injured, 1,316 (18.9 per 100,000) died where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions; another 6,681 (93.4 per 100,000) were hospitalized with a TBI alone or in combination with other injuries or conditions; and an additional 25,198 (384.0 per 100,000) were treated and released from emergency departments with a TBI alone or in combination with other injuries or conditions. An unknown number of individuals sustained injuries that were treated in other settings or went untreated.

Causes of TBI

Cause of injury varies across the three levels of severity. Suicide was the leading cause of injury among those who died where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions. Unintentional falls was the leading cause of injury among those who were hospitalized with a TBI alone or in combination with other injuries or conditions. And, unintentional falls was the leading cause of injury among those who were treated and released from emergency departments with a TBI alone or in combination with other injuries or conditions.

Notes: Firearm-related injuries were reported but excluded from the etiology graphic due to overlap with multiple categories (e.g., homicide/assault, suicide). Firearms were related with 619 deaths, 89 hospitalizations and 33 emergency department visits. Completeness of external-cause coding for TBI-related cases can impact the accuracy of the cause classifications for hospitalizations and emergency department visits.

Figure 1: Percentage of Annual TBI-Related Deaths, Hospitalizations and Emergency Department Visits (by External Cause) in Indiana, 2017

Figure 2: Percentage of Annual TBI-Related Deaths,* Hospitalizations and Emergency Department Visits,**by Age, in Indiana, 2017**

TBI by Age

The highest number of TBI-related deaths* were among persons ages 55-64. Among those with TBI-related hospitalizations,** persons ages 75-84 were most affected. Persons ages 15-24 made the most TBI-related emergency department visits.**

**TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions.*
*** TBI alone or in combination with other injuries or conditions.*

This document was produced in conjunction with CDC's Core Violence and Injury Prevention Program under Cooperative Agreement 11-1101.

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Indiana State Department of Health

Drug Overdose Trends

Lauren Harding

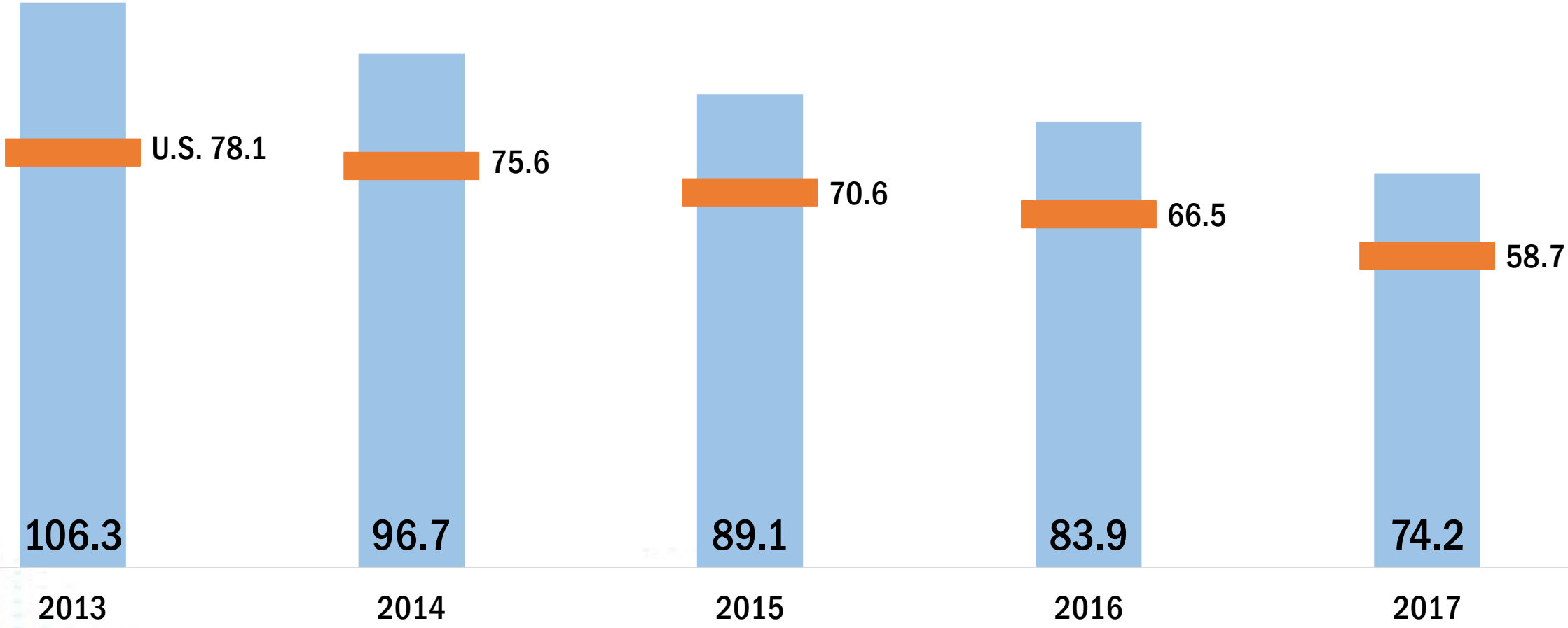
Drug Overdose Prevention Epidemiologist

Trauma and Injury Prevention

Indiana State Department of Health

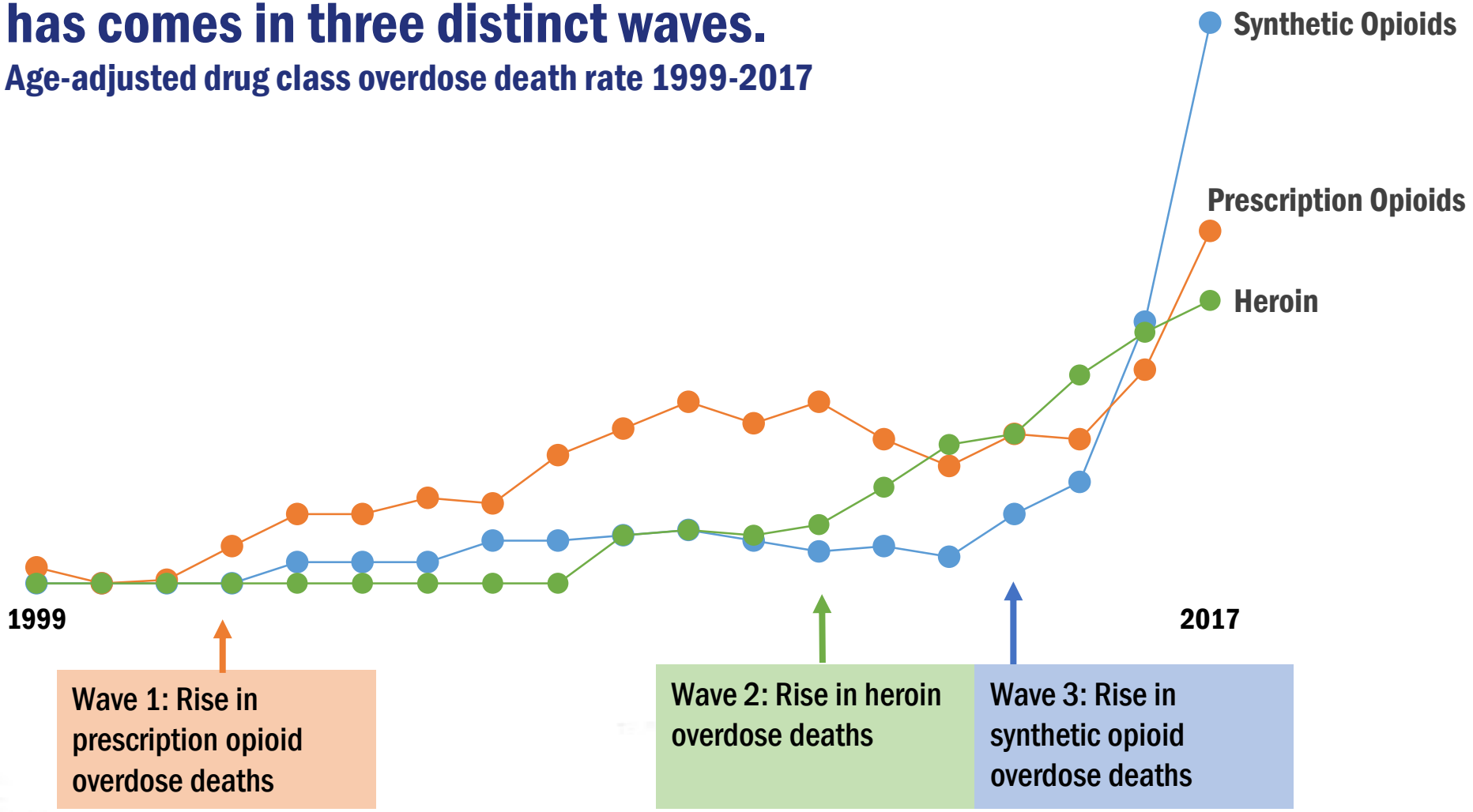
Indiana has consistently had higher opioid prescribing than the U.S. average, but both nationally and statewide there is clear evidence of decreases.

Opioid prescribing rate per 100 persons.



The evolving nature of the opioid epidemic in Indiana has comes in three distinct waves.

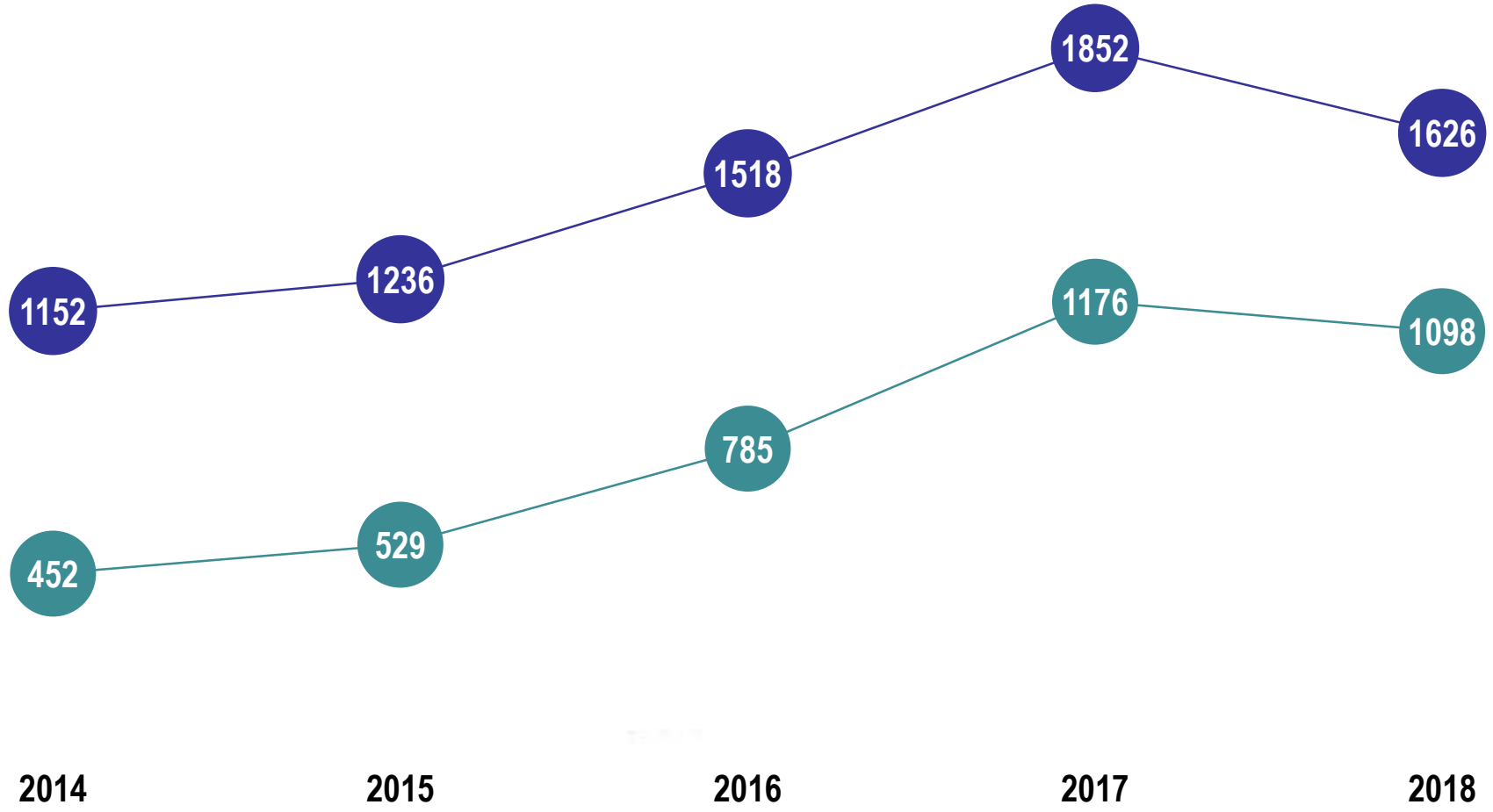
Age-adjusted drug class overdose death rate 1999-2017



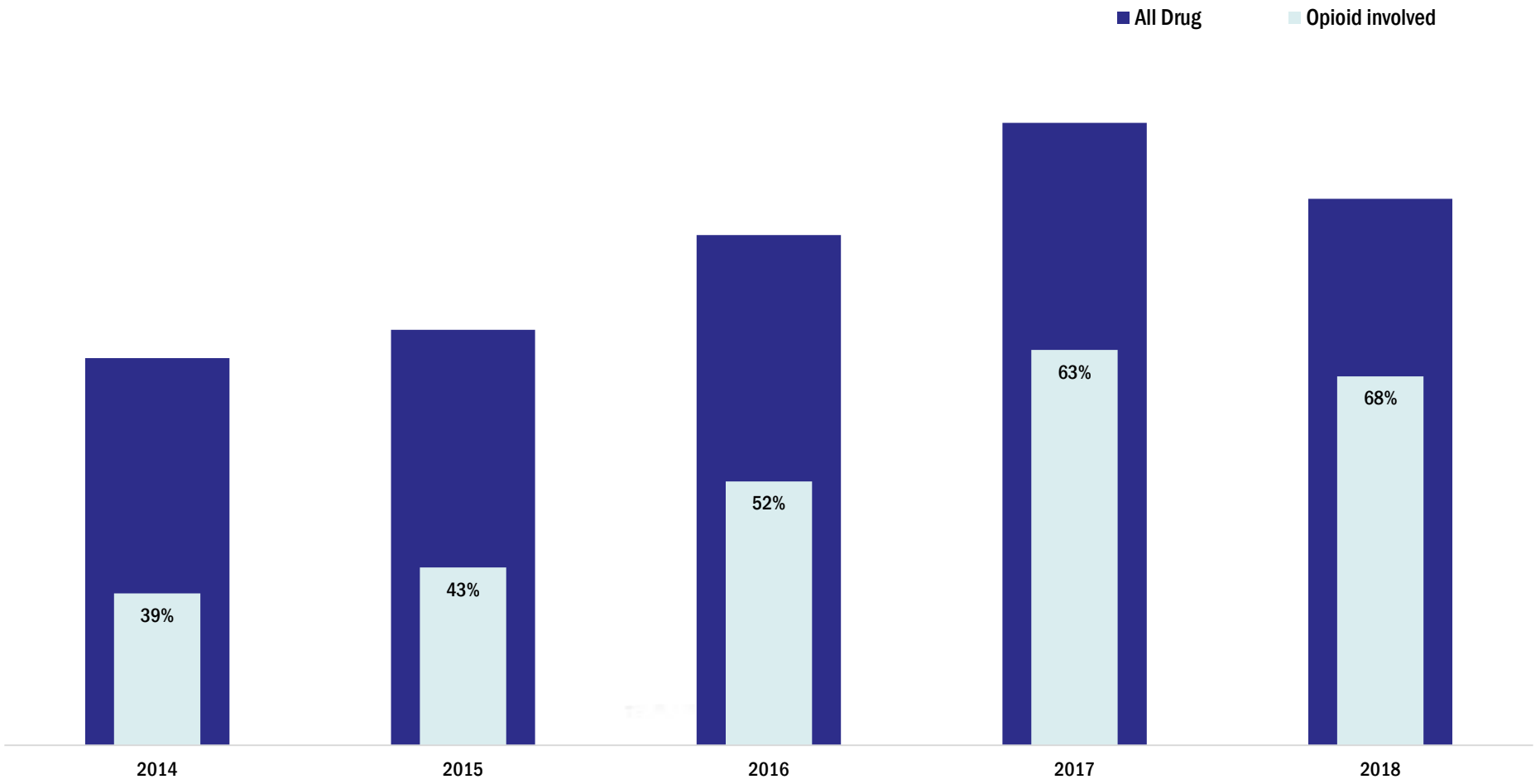
Decline in 2018

There were a total of 1,626 overdose deaths in 2018.

The number of all drug overdoses and opioid-involved overdoses declined from 2017 to 2018.

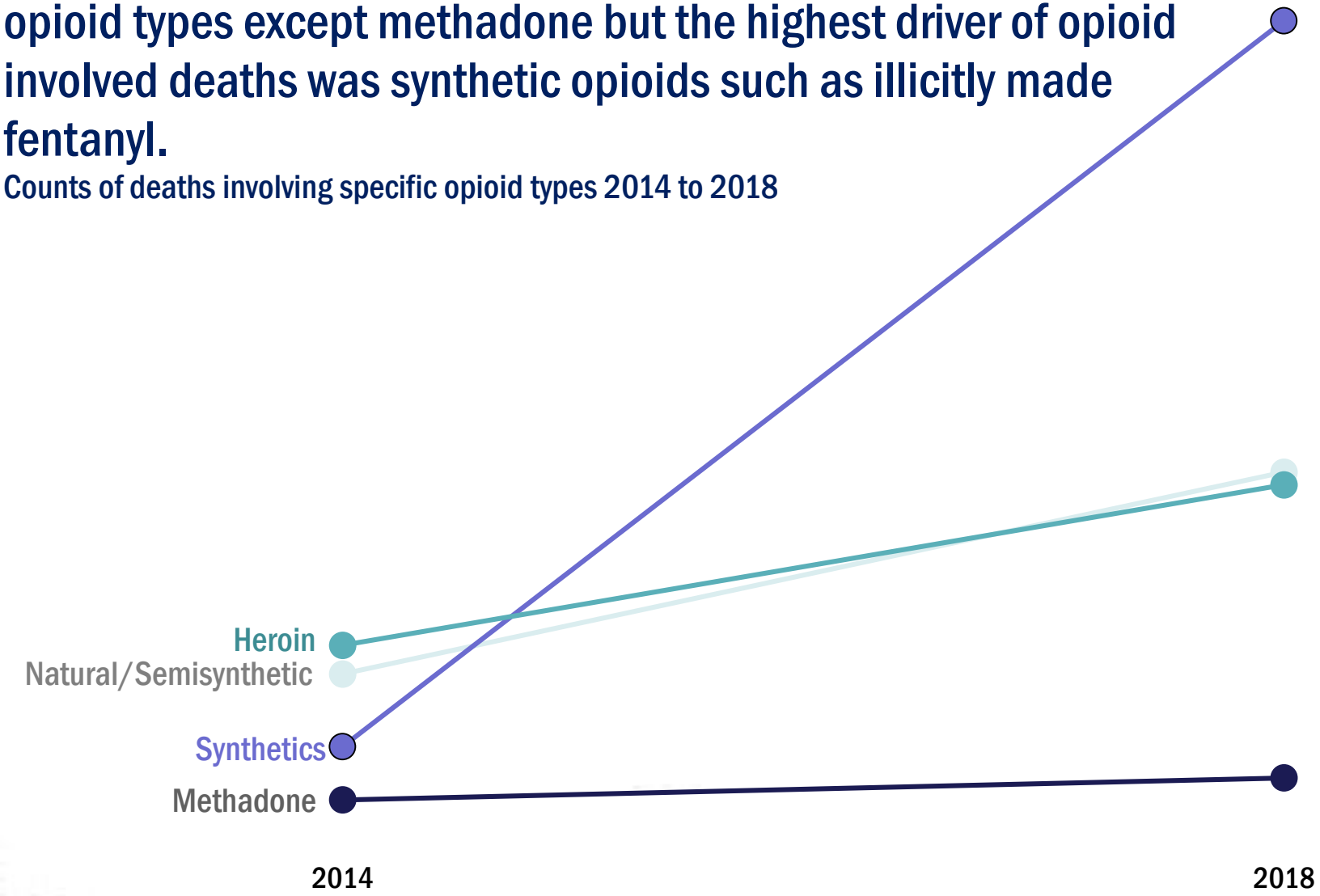


The number of drug overdose deaths have increased in Indiana. Opioids are the most frequently involved substance.

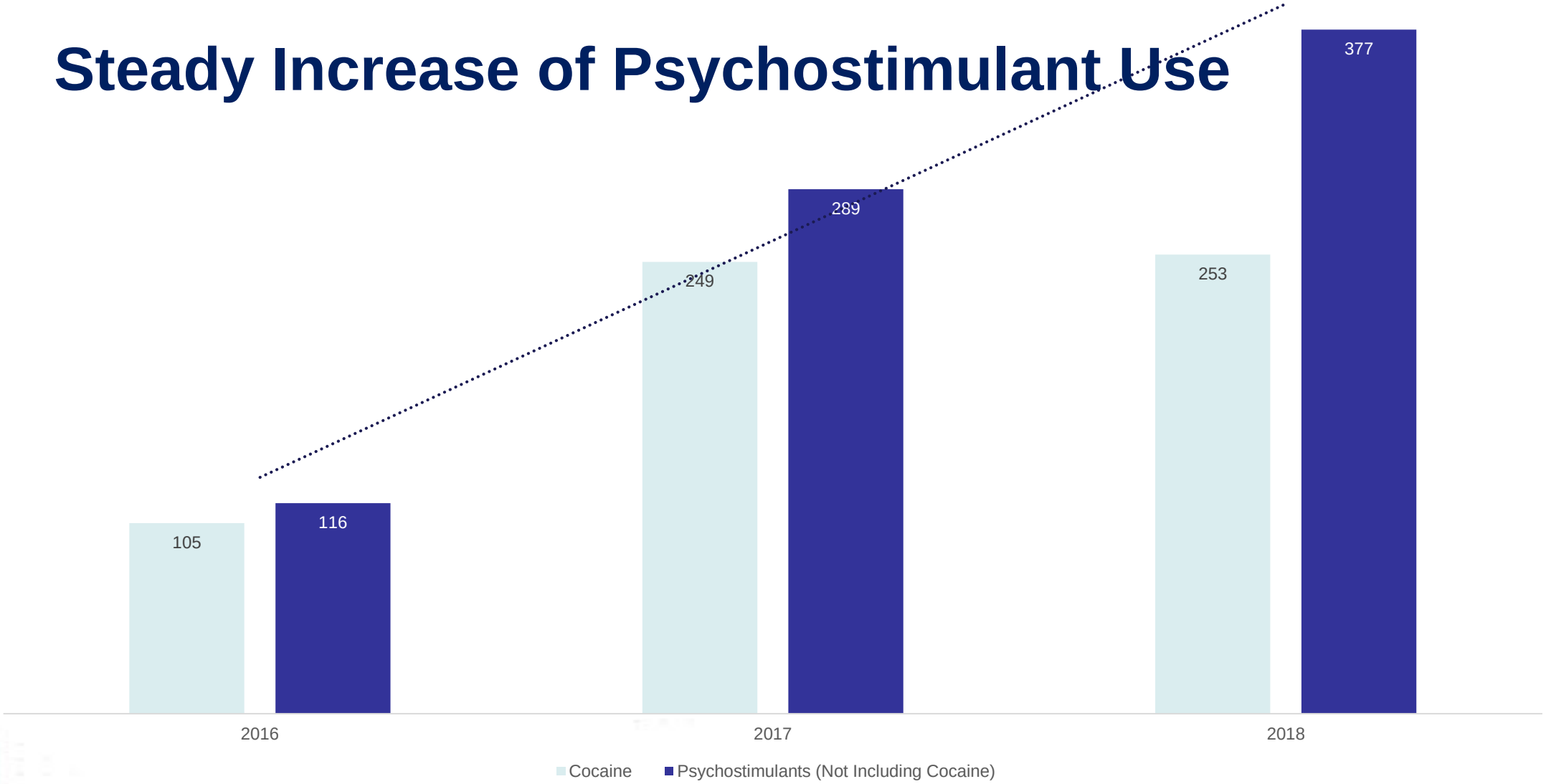


The type of opioids involved in overdose deaths rose for all opioid types except methadone but the highest driver of opioid involved deaths was synthetic opioids such as illicitly made fentanyl.

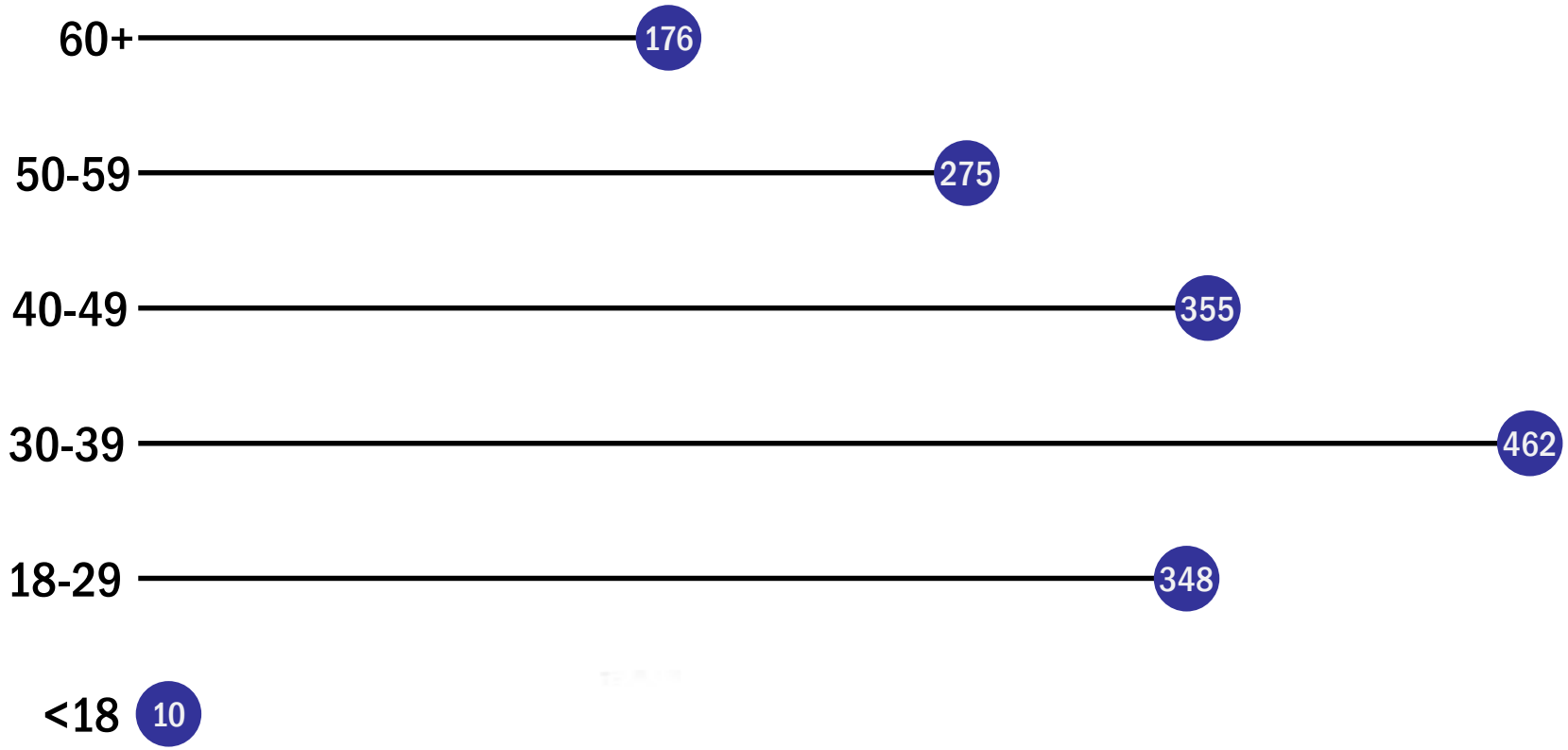
Counts of deaths involving specific opioid types 2014 to 2018



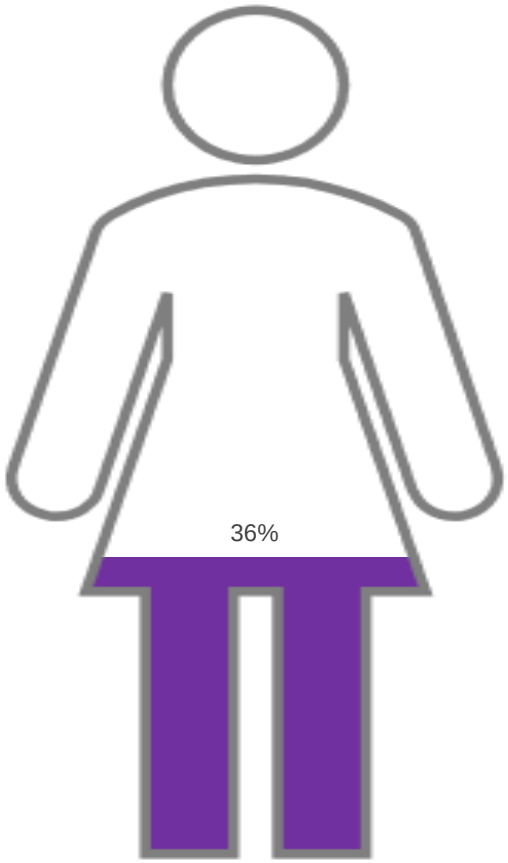
Steady Increase of Psychostimulant Use

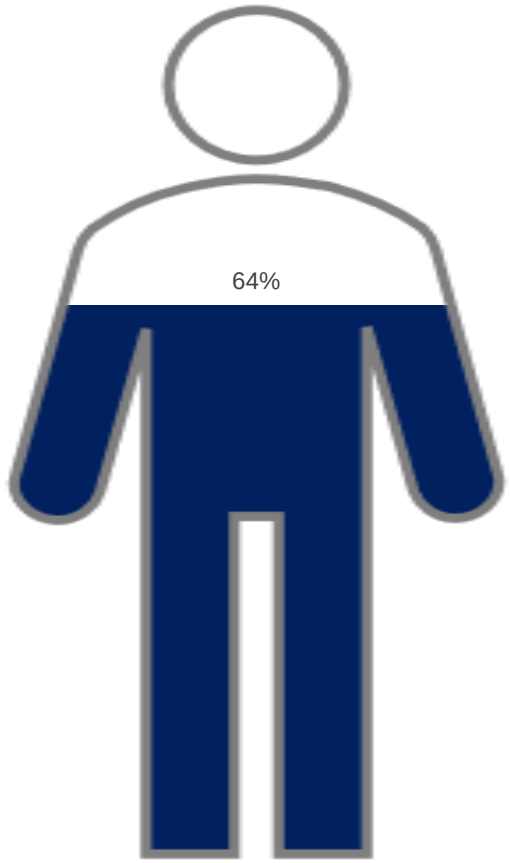


All age groups are impacted by the opioid epidemic, but those aged 30-39 had the highest number of opioid involved overdose deaths in 2018.



Males are Experiencing More Fatal Overdoses than Women





Contact Information

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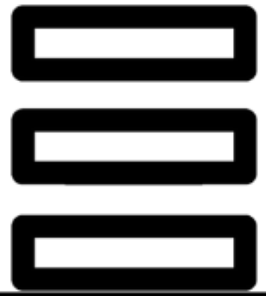
Indiana State Department of Health

Future of Brain Injury in Indiana:

Needs & Resource Assessment

Jeremy Funk, MPH



GHOST MAP ANALYTICS

Clinical & Public Health Consulting

Objectives:

1. **Project Description & Scope**
2. **Survey Definitions**
3. **Aggregate Survey Findings**
4. **Subgroup Survey Findings:**
    a) Clinicians
    b) Patients & Care Givers
5. **Conclusions & Limitations**

Project Description:

In December 2018, the Indiana State Department of Health (ISDH) approved Indiana's first Traumatic Brain Injury State Plan.

This document outlines five goals and recommendations to inform or improve statewide TBI care for Hoosiers over the next five years (2019 – 2024).

Latest assessment of Indiana Needs & Resources was conducted back in 2007, therefore members of the TBI Advisor Board sought to re-evaluate the current market perceptions for TBI care.

Project Description:

1. **Identify the strengths and weakness of Indiana's TBI infrastructure.**
   A. A third party consulting company (Ghost Map Analytics) will conduct a comprehensive needs and resources assessment of TBI-care system.

   B. Identify the key agencies and organizations with active TBI grants and prevention interventions.

   C. Establish the prevalence, incidence, and supplemental information of TBI within Indiana Residents.

Survey Definitions:

Individuals were asked to self-identify between the following:

1. **TBI patient / survivor** – former or current consumers of the TBI healthcare system
2. **Patient Caregivers** – Family members or loved ones of TBI survivors that were active in the recovery process.
3. **Medical Professionals** – Individuals that provided direct patient care (Doctors, Nurses, Psychologist, etc.)
4. **Other** – Auxiliary organizations that support TBI patients (Insurance companies, federal /state government, etc.)

Questions and definitions for the 2007 N&R assessment were used to provide direct comparisons on how TBI care has evolved over time.

Survey Dissemination

Online survey that participants could take using their phone, tablet, or computer. Conditional logic was heavily utilized to cut down on time required to take survey.

Our dissemination plan was to recruit via:

- RHI waiting room promotions
- BIAI social media & Newsletters
- Surveying support group attendants
- ISDH bi-weekly newsletter

Aggregate Results

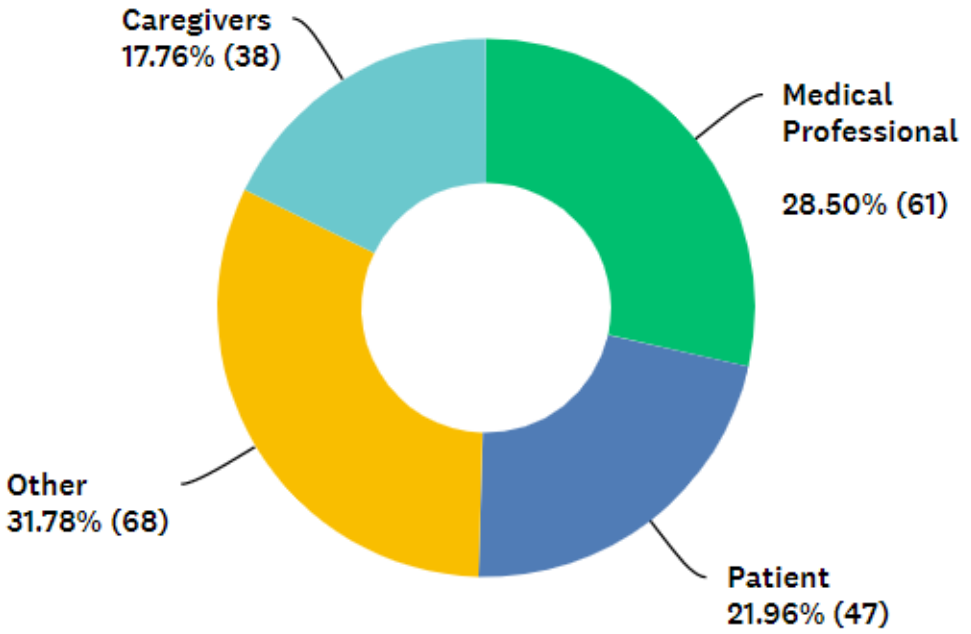
Preliminary Aggregate Results:

Collection Date: 4/15/2019 to 11/31/2019

Surveys Collected: 280 unique Individuals

Average Time: 4 minutes 7 seconds

Completion : 62%



Survey Link: https://www.surveymonkey.com/r/IndianaTBISurvey

Preliminary Aggregate Results:

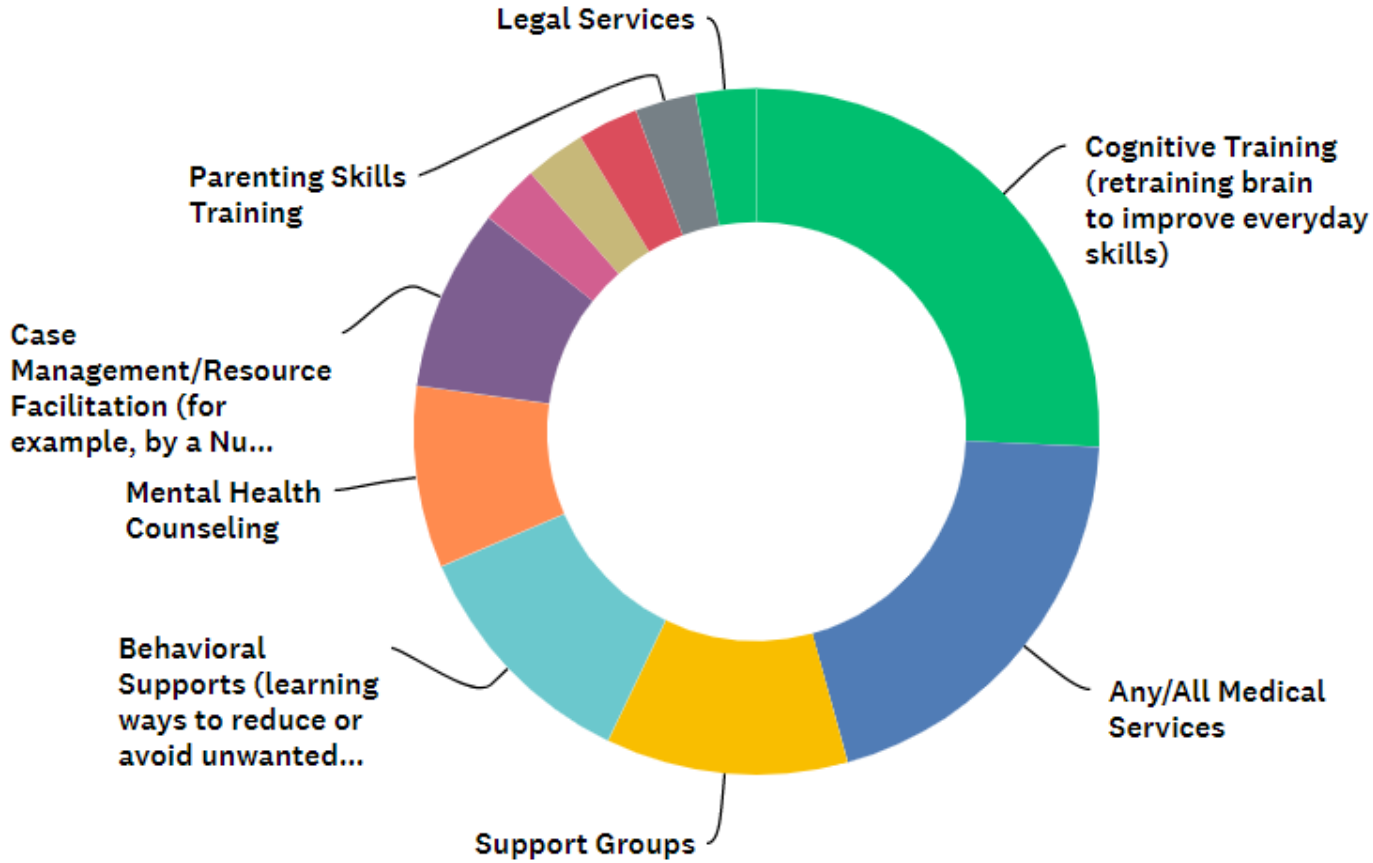
What was perceived as the largest barrier to TBI care currently?

1. Unaware of available services
2. Services not located locally
3. Inability to pay
4. Lack of support or patient advocacy
5. Difficult understand importance
5. Transportation

Preliminary Aggregate Results:

What is the biggest improvement need?

25% - Cognitive Training
21% - Any Medical Service
11% - Behavioral Support Group
11% - Mental Health Counseling



Aggregate Might Be Misleading:

81% patients and **92% of caregivers** felt that Relationship / Marital Support was the most overlooked aspect of TBI recovery.

ONLY **2% of Medical Professionals** and **< 1% of "Others" category** sited Relationship / Marital Supports as a "Very Important" need for improvement

All four groups identified the following as "Very Important" areas for improvement:

1. Financial Burden
2. Awareness of available services
3. Behavioral Supports

Practitioner Results

Noted Medical Professional Findings:

Estimated TBI patients with Medicare – 42% (Range 20% - 90%)
Estimated TBI patients with Medicaid – 34% (Range 0% - 85%)

40% of MPs **"Always"** ask new patients if they have a history of TBI.
16 % of MPs **"Rarely" or "Never"** ask new patients about TBI history

MPs with TBI specific interventions within their facility:

76% - Provide Direct TBI Service
97%- Trained staff to care for TBI patients
47%- Engage in TBI Prevention activities
81%- Provide TBI-specific Education to Patients & Caregivers
37%- Provide Vocational services
9% - Financial Services or Financial Counseling

Perceived Patient Barriers to Care - MPs

ANSWER CHOICES		RESPONSES
Transportation (1)		90.63%
Lack of insurance (3)		87.50%
Unaware of services and resources (8)		84.38%
Inability to pay (2)		78.13%
Services not located locally (4)		71.88%
Difficulty understanding process or paperwork (5)		71.88%
Lack of support/patient advocacy (7)		71.88%
Difficulty with English language (6)		34.38%
Other (please specify) (10)	Responses	9.38%
No barriers experienced (9)		3.13%

Single Largest Need for Improvement - MP:

ANSWER CHOICES	RESPONSES
Cognitive Training (retraining brain to improve everyday skills) (26)	21.21%
Any/All Medical Services (20)	15.15%
Case Management/Resource Facilitation (for example, by a Nurse or Social Worker) (23)	15.15%
Supported Housing (1)	6.06%
Transportation (14)	6.06%
Mental Health Counseling (15)	6.06%

Patients and Caregivers

Noted Findings for Patients:

Time since Injury - 5 years (Std: 1.27 , Min: < 1 year, Max: 6 years)

Estimate Number of Brain Injuries – 3.4 (Std: 2.6, Min: 1, Max: 9)

Currently employed – 47%

Had Insurance at the time of Injury – 54%

Insurance Company Declined Inpatient Rehab Services – 42%

Injury Mechanism:

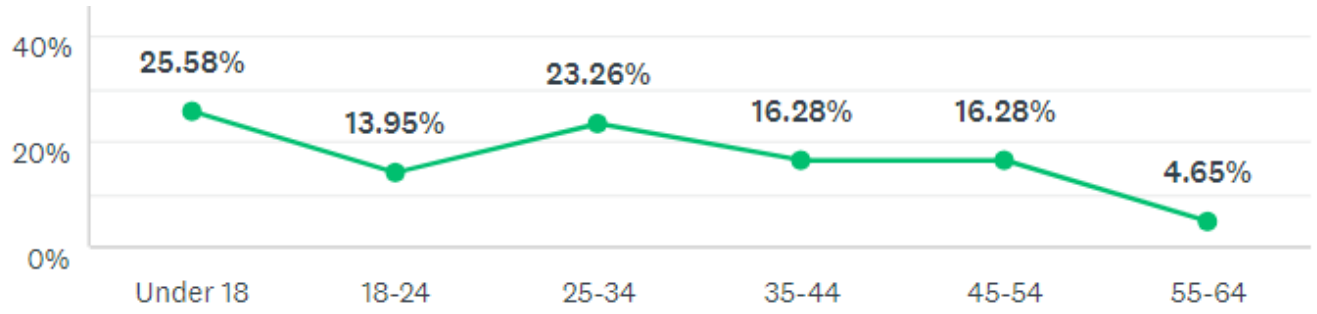
44% Motor Vehicle Crash

12% Motor Cycle

14% Fall

7% Assault

Age at Time of Injury:



Persistent TBI Symptoms:

ANSWER CHOICES	RESPONSES
Forgetful or poor memory (12)	79.07%
Stress/anxiety (25)	74.42%
Physical fatigue (21)	62.79%
Sleep disturbances (22)	62.79%
Headaches or Migraines (1)	58.14%
Light sensitivity (2)	53.49%
Increase in emotions or irritability (23)	53.49%
Losing place when reading (8)	51.16%
Balance issues, dizziness (18)	51.16%
Sensory sensitivity (sights, sounds, touch) (13)	48.84%
Disordered thinking (11)	41.86%
Difficulty in busy visual environments (mall/supermarket/school) (16)	41.86%
Eye strain or pain (7)	30.23%
Words move or run together when reading (9)	30.23%
Comprehension problems when reading (10)	30.23%

Why Patients believe they are unemployed:

ANSWER CHOICES	RESPONSES
Changes in thinking / memory / cognition (8)	21.74%
Inability to perform previous job (2)	17.39%
Physical limitation (5)	17.39%
Inability to find work (1)	13.04%
Inability to perform any job (3)	13.04%
Mood regulation (9)	8.70%
Uninterested in working (7)	4.35%
Change in interpersonal skills / personality (10)	4.35%

Top Beneficial Services Declined by Insurance:

Patients were asked to identify the most impactful services their insurance didn't cover:

1. Behavioral Supports
2. Sleep Management
3. Neuropsychology Evaluation
4. Family Counseling
5. Occupational Therapy
6. Mental Health Counseling
7. Educational Reintegration
8. Money Management
9. Pain Management
10. Vocational Services

Next Steps

- Since 2004, the preliminary analysis indicates Indiana has significantly improved in patient satisfaction in providing direct supports.
- These results also suggested that patients and caregivers have shown a dramatic increase demand for social and behavioral services.
- Qualitative analysis of free responses answers about the needs of TBI care.
- All finding will be submitted and published by ISDH in January, 2020.

Conclusions

1. A dichotomy exists between Professionals and Patients in regards to the perceived barriers and “Very important” Needs within TBI care.

2. Patients and Caregivers have shown an increased to desire for Behavioral and Social supports.

3. Lack of awareness about services remains largely desired and unchanged since 2004.

Limitation:
Small sample of patients.
Non-adherence to using the electronic format
Completion percentage

Conclusions

Please help us! We an increasing need for more input on this survey. (esp. patients)

The Survey is open until October 31!
Feel free take/share this link to access the survey:
https://www.surveymonkey.com/r/IndianaTBISurvey

Thanks for joining!

Feel free to invite new attendees for the next meeting on March 20th!

Indiana State Department of Health