



Indiana
Department
of
Health

**INJURY PREVENTION
ADVISORY COUNCIL (IPAC)
& INDIANA VIOLENT
DEATH REPORTING
SYSTEM (INVDRS)
MEETING**

05/14/2021

OUR 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

OUR VISION:

Prevent injuries in Indiana.



Round Robin and Introductions

1. Name
2. Position
3. Organization/ Association
4. Updates
5. Current Projects and Programs
6. Upcoming events

Resource Guide App

Regularly Updated

- Free download for iOS & Android

Phone & tablet capabilities

- Available in Apple & Google Play stores



Division updates

- Slowly transitioning out of COVID-19 response duties.
- Returned to the office May 3, 2 days/week.
- GRANTS, GRANTS, GRANTS!!!
- Virtual conferences for ↑↑↑ grants.

Grant Activities

- Core State Injury Prevention Program
 - New competitive grant
 - 5 years; \$400,000/year
- Overdose Data 2 Action Grant (OD2A)
 - Continuation application
 - Grant extended for an additional year (4 vs. 3) due to COVID-19 pandemic

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Grant Activities

- Naloxone program grants
 - First Responder Comprehensive Addiction Recover Act Grant (FR CARA)
 - New competitive funding opportunity; previous grant; 4 years, \$800,000/year
 - Focus is on rural first responders
 - Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)
 - New competitive funding opportunity; 5 years, \$850,000/year
 - Focus is on veterans

Grant Activities

- Administration for Community Living (ACL)
 - Traumatic Brain Injury (TBI)
- New competitive funding opportunity; same grant
- 5 years; \$260,000/year; partnership with the Rehabilitation Hospital of Indiana (RHI)

Upcoming Events

May

- Mental Health Month
- Stroke Awareness Month
- National Child Passenger Safety Technician Month

May 9-15: National Prevention Week

May 16-22: National EMS Week

June

- Motorcycle Safety Awareness Month
- National Youth Traffic Safety Month
- National Trauma Awareness Month

ISTCC/ITN Meeting Dates

Indiana State Trauma Care Committee, 10 am EST

May 21st

August 20th

November 19th

Indiana Trauma Network, 12:30 pm EST

May 21st

August 20th

November 19th



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NATIONAL PEDIATRIC READINESS PROJECT

Margo Knefelkamp
Indianapolis EMS



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INTENTIONAL INJURY PRESENTATION:

PSYCHOLOGICAL AUTOPSIES

Janet Schnell

Suicide Prevention/Intervention/Postvention
Specialist



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UNINTENTIONAL INJURY PRESENTATION:

ESSENCE ALERTS

Matthew Simmons
Syndromic Analyst

What is ESSENCE?

- **E**lectronic **S**urveillanc**e S**ystem for the **E**arly **N**otification of **C**ommunity-based **E**pidemics
- Real-time and near real-time health data surveillance (<24 hrs)
 - Emergency departments (125)
 - Urgent care centers (16)
 - Electronic Laboratory Reports*
 - Emergency Medical Services¹
 - Poison Control¹
- Facility coverage in 75/92 IN counties
- Meaningful Use/Promoting Interoperability



* Available through NSSP from select commercial lab facilities
¹ currently in QA testing and not yet live in Production ESSENCE

Methodology

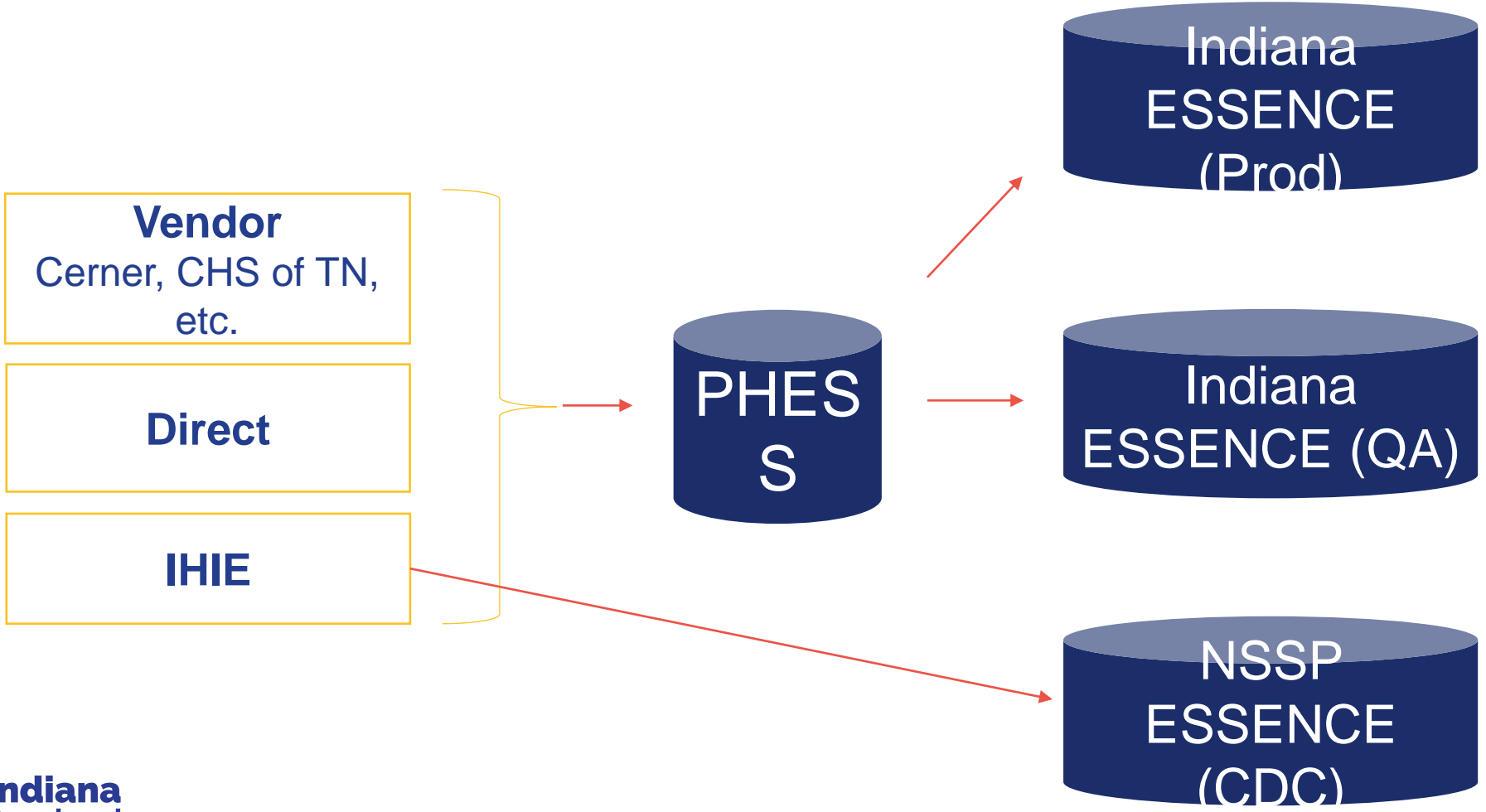
Syndromic Surveillance

- Data pipelines send EHR data to IDOH (SFTP of HL7 ADTs)
- Post-processing; hosted in ESSENCE
- Queries, visualizations, data details, alerting

Action

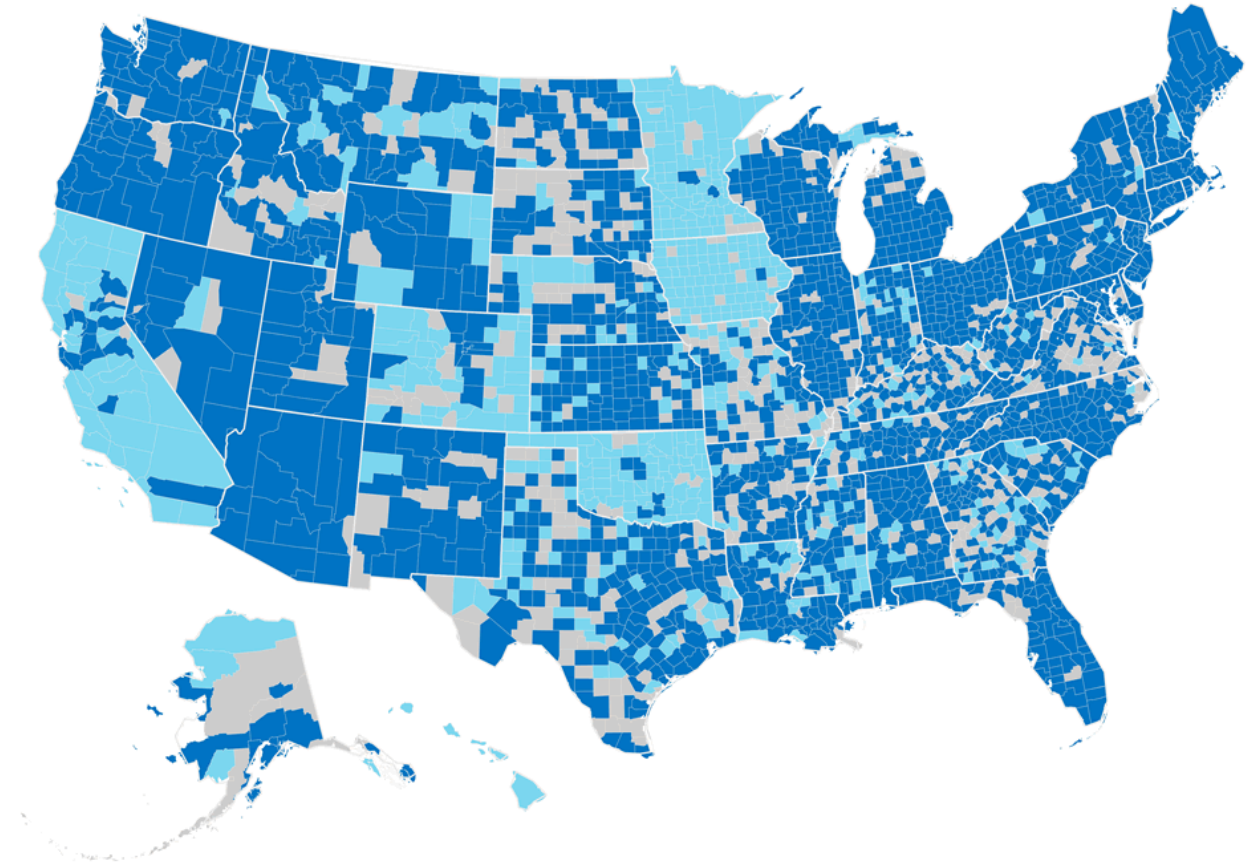
- Bioterrorism surveillance
- Investigating visits of interest
- Outreach to local partners for primary intervention

ED Data Flow



NSSP

- **N**ational **S**yndromic **S**urveillance **P**rogram (aka Biosense)
- Multi-jurisdictional collaboration
- Data sharing initiative
- Community of Practice
- JHU/APL



■ Recent Data in NSSP ■ No Recent Data in NSSP ■ No Eligible Facilities

Methodology

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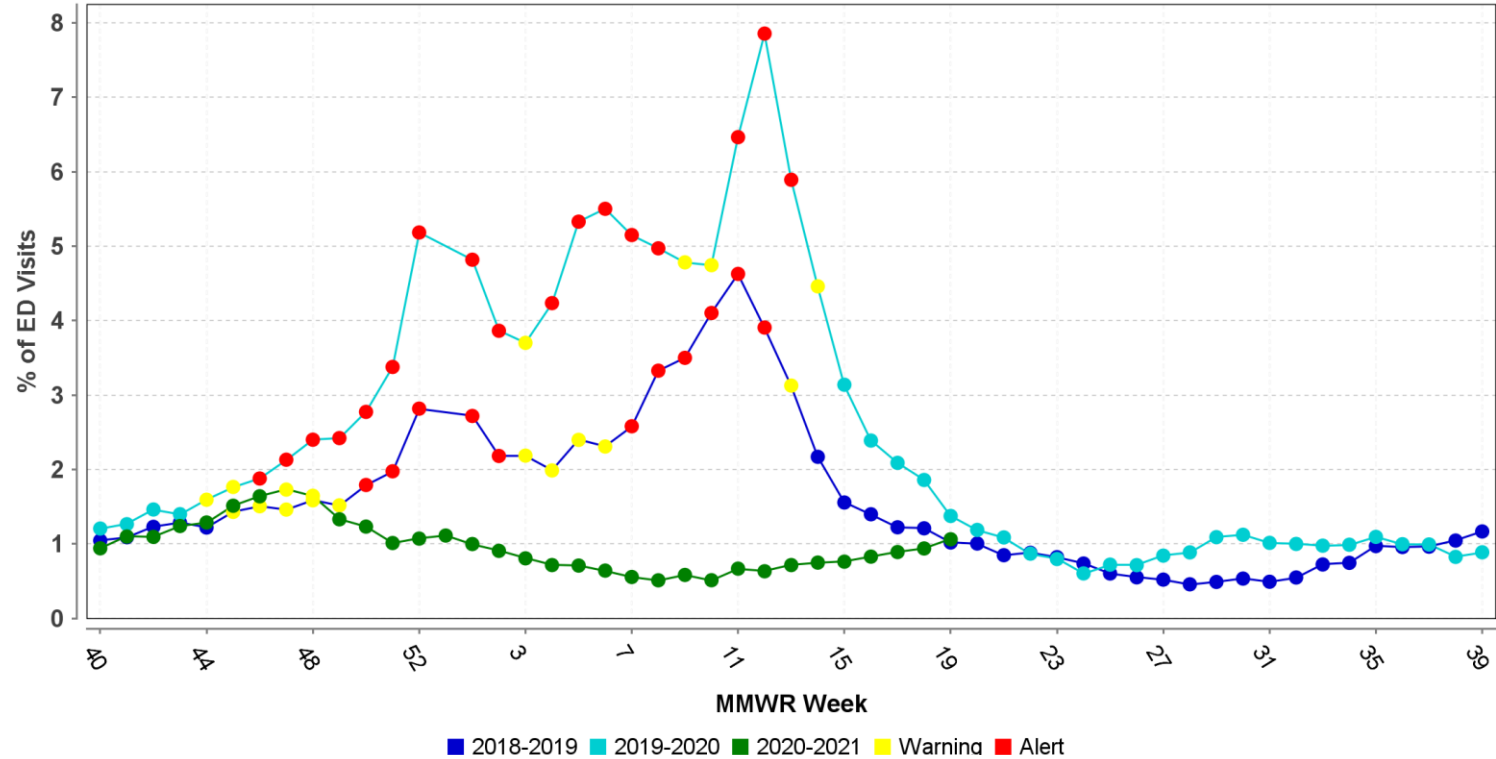
ESSENCE Features

```
(, ^ pep ^, or, ^ post exposure
prophylaxis ^, or, ^ postexposure
prophylaxis ^, or, ^ rabi[de] ^, or, ^, (, ^ bite ^, or, ^ bit
^, or, ^ bitten
^, ) and, (, ^ dog ^, or, ^ cat ^, or, ^ ferret ^, or, ^ bat ^, or,
^ skunk ^, or, ^ fox ^, or, ^ raccoon ^, or, ^ coyote ^, or, ^
wolf ^, or, ^ animal ^, ) , ) and not, (, ^ pep[a-z] ^, ) , )
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Alerts Messages				
Records of Interest Messages				
Manage Alert Definitions		Subscribe		
Alerts		Records of Interest		
Alert Definition	Stratifications	Date	Data Source	Level
CDC All Drug v2	Region:	12May21	ER by Patient	0.002
CDC All Drug v2	Region:	13May21	ER by Patient	0.018
CL12 %	Region:	11May21	ER by Patient	0.041
CL12 %	Region:	09May21	ER by Patient	0.000
CL12 %	Region:	10May21	ER by Patient	0.027
SDC Suicide Rel...	Region:	11May21	ER by Patient	0.015
SDC Suicide Rel...	Region:	11May21	ER by Patient	0.009
SDC Suicide Rel...	Region:	07May21	ER by Patient	0.003



ILI ED Activity Y/Y by Flu Season



New ESSENCE myAlerts



New myAlert detection alerts: -> CDC All Drug v2 ESSENCE myAlert URL: https://essence.isdh.in.gov/indiana_state/MyAlerts/

Available Data Points

- Anonymized patient information
- Visit information
- Geocoding
- Chief complaint (admit reason)
- Discharge diagnosis (ICD-10)
- Triage notes

Methodology

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Building Capacity

- Additional data sources
- Additional analytic capacity
- Additional scopes of public health
- Additional partners

Questions?

Matt Simmons – Syndromic Analyst

msimmons@isdh.in.gov

Office of Data & Analytics

Indiana Department of Health

<https://essence.isdh.in.gov/>

<https://www.in.gov/isdh/27344.htm>



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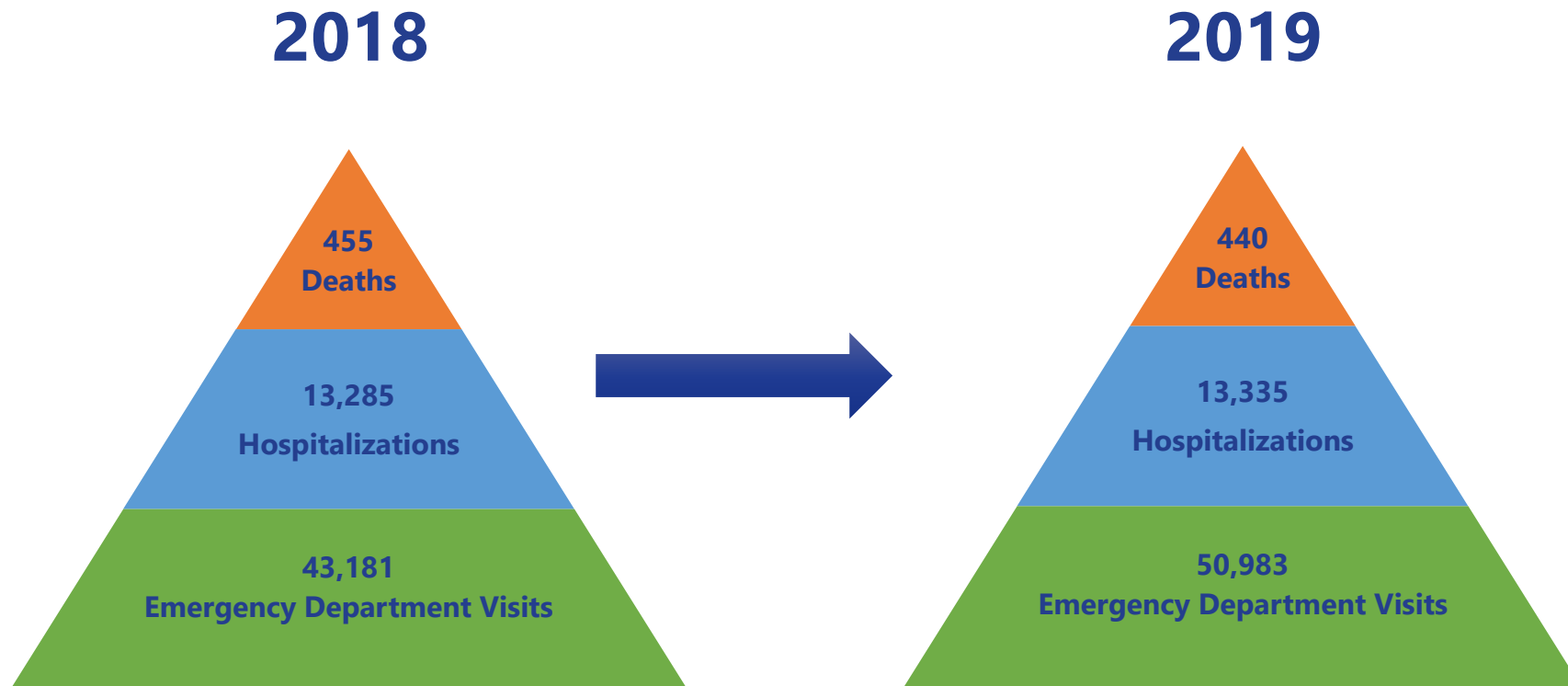
UNINTENTIONAL INJURY DATA PRESENTATION:

OLDER ADULT FALLS

Veronica Daye, MPH

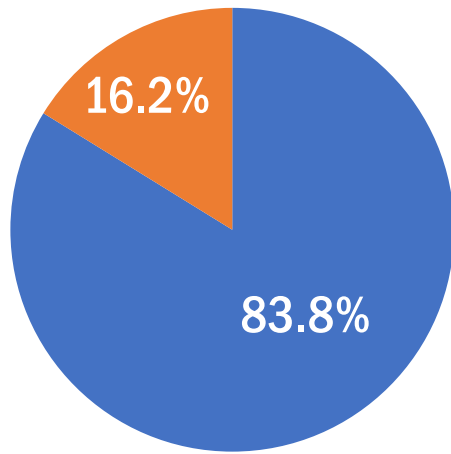
Injury Prevention Epidemiologist

Older Adult Falls Special Emphasis Report

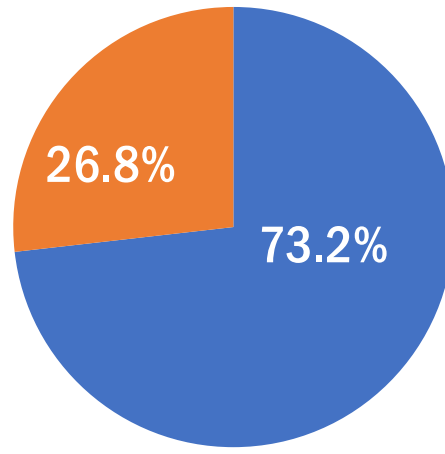


2019 Fall Statistics

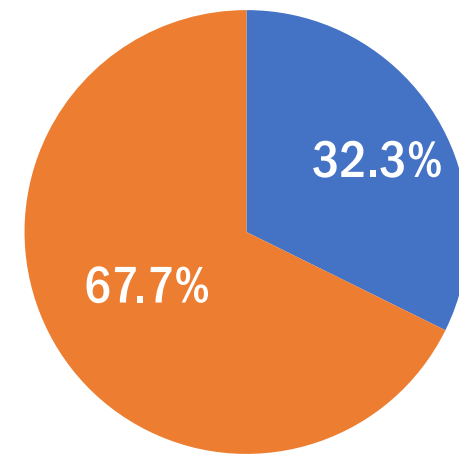
Deaths



Hospitalizations



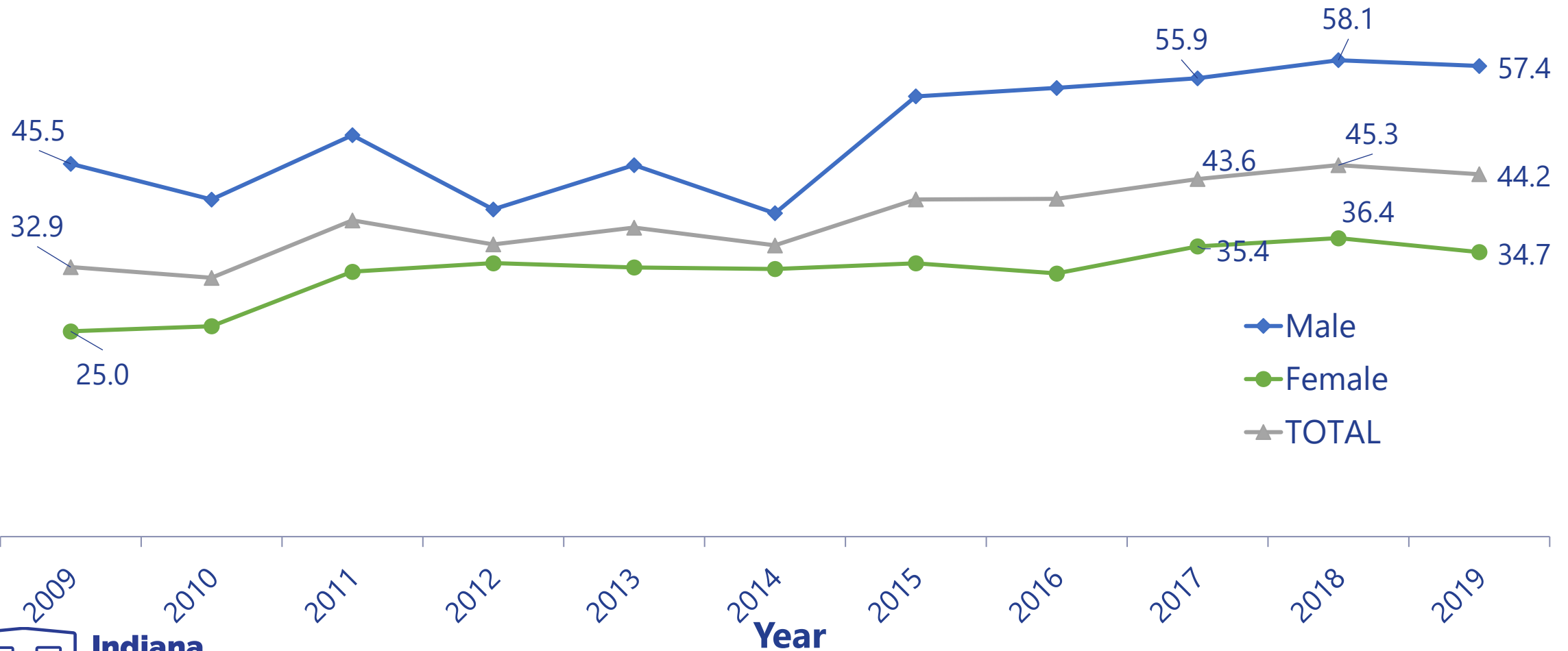
ED Visits



■ 65 and older ■ Other age groups

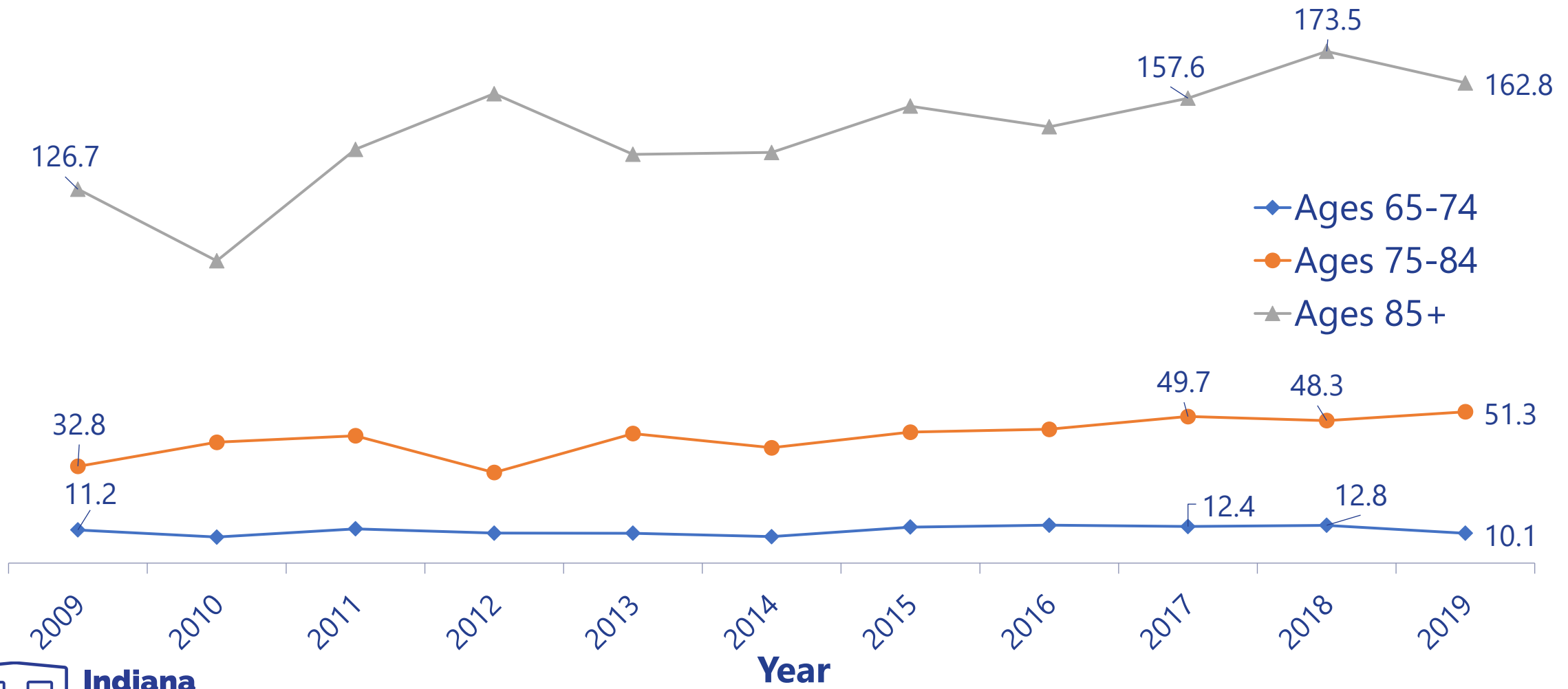
Fall Deaths, Ages 65 and older, 2009-2019

Age-Adjusted Rate per 100,000

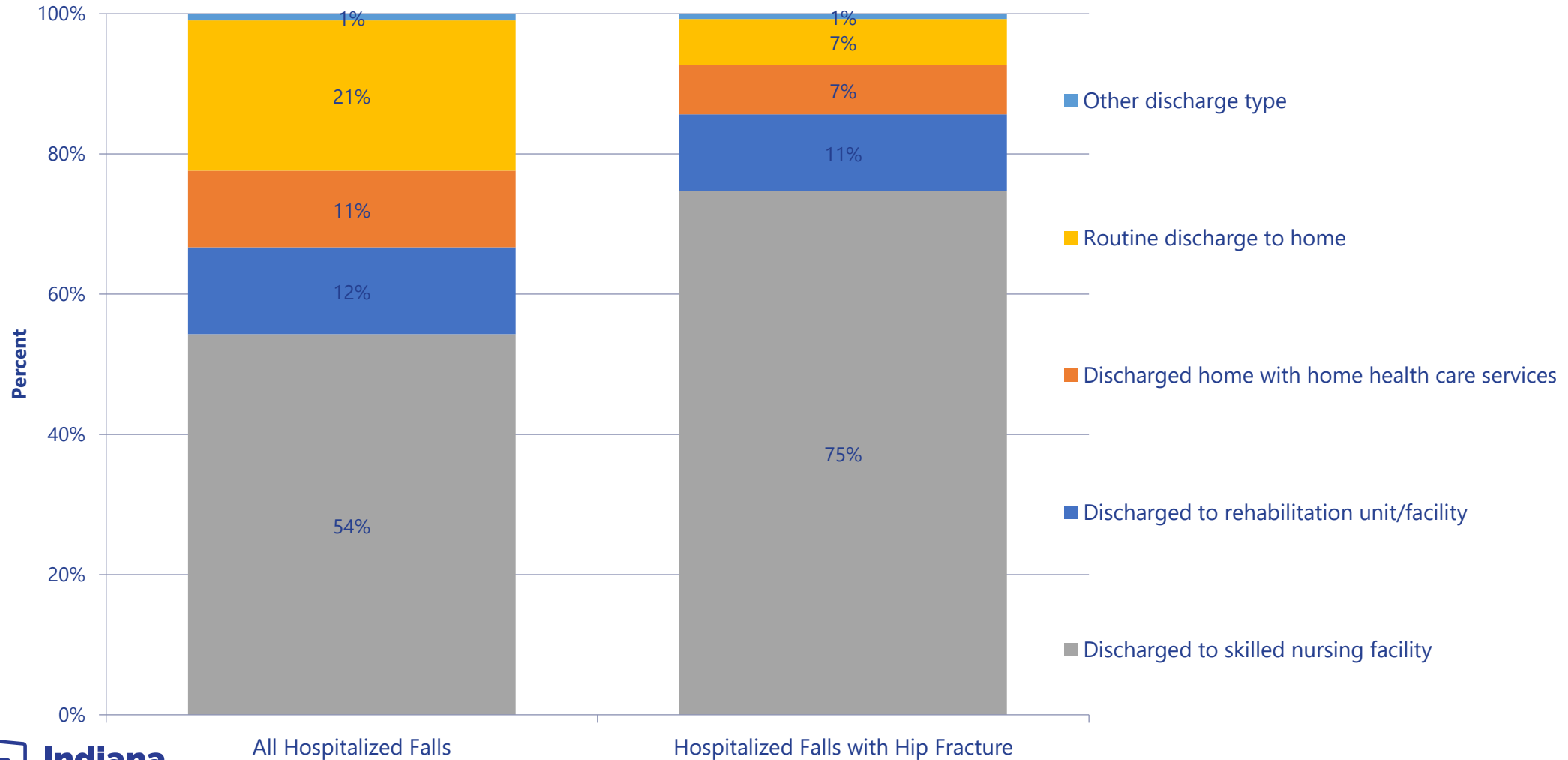


Fall Deaths, Ages 65 and older, 2009-2019

Age-Adjusted Rate per 100,000



Percent of Nonfatal Fall Hospitalizations by Discharge Status, Aged 65 and Older—Indiana, 2019



¹Rehabilitation unit/facility discharge includes inpatient hospital rehab units as well as other facilities and institutions.
²Other discharge type category includes other types of nursing facilities and patients who left against medical advice.

Projected Lifetime Costs

	Number of Injuries	Medical Cost	Work Loss Cost	Combined Cost
Deaths	440	\$11,217,000	\$51,673,000	\$62,890,000
Hospitalizations	13,335	\$493,425,000	\$430,163,000	\$1,001,588,000
ED Visits	50,983	\$172,772,000	\$77,068,000	\$249,840,000
TOTAL	64,758	\$755,414,000	\$558,904,000	\$1,314,318,000

Hospitalizations account for 76.2% of projected lifetime costs of older adult falls

Special Emphasis Reports



INDIANA

Special Emphasis Report: Infant and Early Childhood Injury, 2018

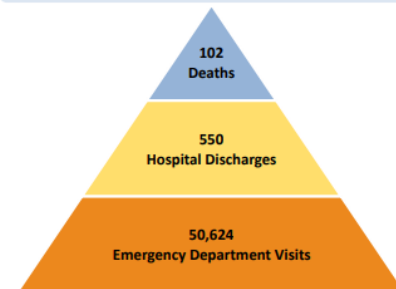
Injury Is a Leading Cause of Death In Children

By the Numbers

Injuries are a major public health problem across the United States and in Indiana. Injuries are not random events. They follow a predictable sequence of events and can be prevented using specific injury prevention strategies. In 2018, there were 102 injury-related deaths of children ages 0-5. 49 children were less than one year of age and 53 children were ages 1-5.

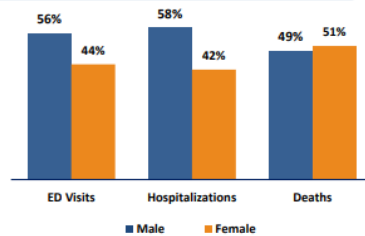
In addition to injury-related mortality, there were 550 hospitalizations and 50,624 emergency department (ED) visits. Children who received treatment in physician offices or at home were not included in this frequency report.

Figure 1: Annual Injuries among Children Ages 0-5 Years, Indiana, 2018



For every child who died, five children were hospitalized and 496 were treated in emergency departments.

Figure 2: Percent of Injury Deaths, Hospitalizations and Emergency Department Visits among Children Ages 0-5 Years, by Sex, Indiana, 2018



Childhood Injuries by Sex

Males consistently had higher percentages of injury-related ED visits and hospitalizations than females of ages 0-5 in Indiana and accounting for a larger number of injuries overall. However, there is not a vast difference between injury-related deaths in males and females.

*ED visits, hospitalizations, and mortality data are all based on ICD-10-CM diagnosis codes or ICD-10 underlying cause codes of unintentional and intentional injury for the calendar year 2018. This document was produced in conjunction with CDC's Core Violence and Injury Prevention Program under Cooperative Agreement 11-1101.



Indiana State Department of Health



Indiana

Special Emphasis Report: Traumatic Brain Injury 2019

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 2019, a TBI was sustained by more than 43,000 people in Indiana. Among those injured, 1,242 (17.5 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 6,900 (93.3 per 100,000) were hospitalized with a TBI alone or in combination with other injuries or conditions and an additional 32,853 (489.3 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 were the leading cause of injury among those who were hospitalized with a TBI alone or in combination with other injuries or conditions. Unintentional falls were 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 597 deaths, 99 hospitalizations and 64 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 2: Percentage of Annual TBI-Related Deaths, * Hospitalizations** and Emergency Department Visits, ** by Age, in Indiana, 2019

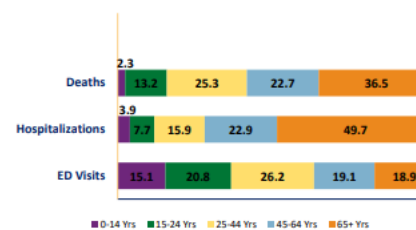
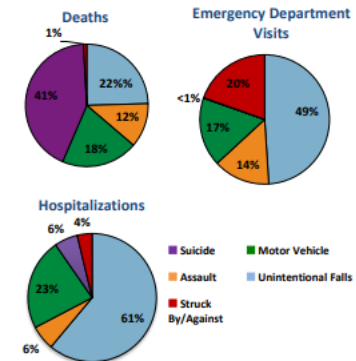


Figure 1: Percentage of Annual TBI-Related Deaths, Hospitalizations and Emergency Department Visits (by External Cause) in Indiana, 2019



TBI by Age

The highest number of TBI-related deaths* were among persons ages 25-34. 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.



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INTENTIONAL INJURY DATA PRESENTATION:

INTIMATE PARTNER RELATED VIOLENCE

Morgan Sprecher, MPH

Indiana Violent Death Reporting
System (INVDRS) Epidemiologist

Intimate Partner Problem Related

Suicides

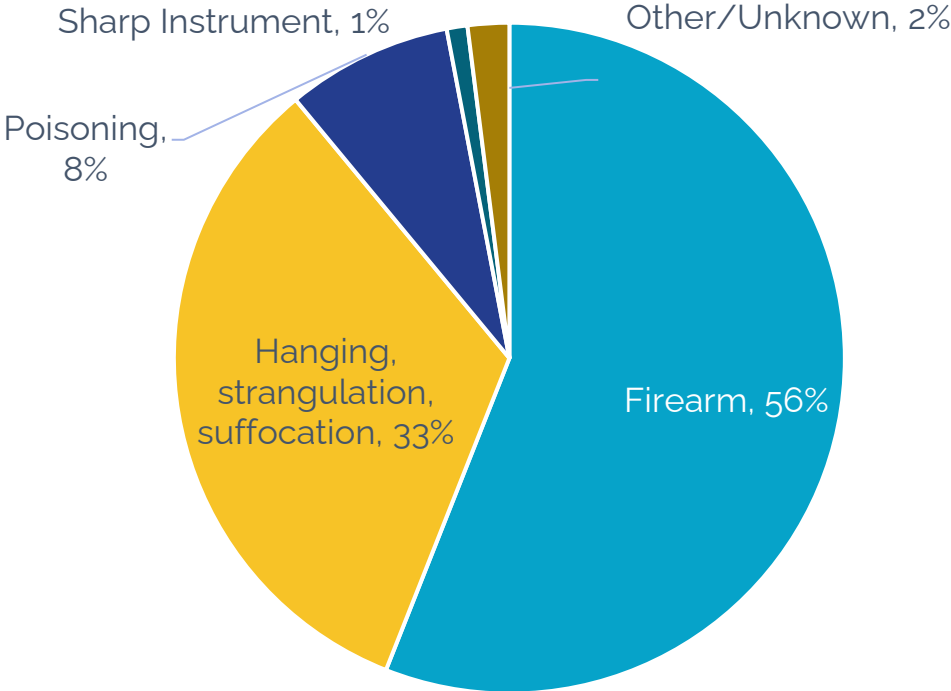
Definition	Suicides related to conflict or violence between a decedent and current or former intimate partner(s).
Victims	652 (13%) of Indiana's suicides with known circumstances
Indiana's Rate	2.43 per 100,000 population

Homicides

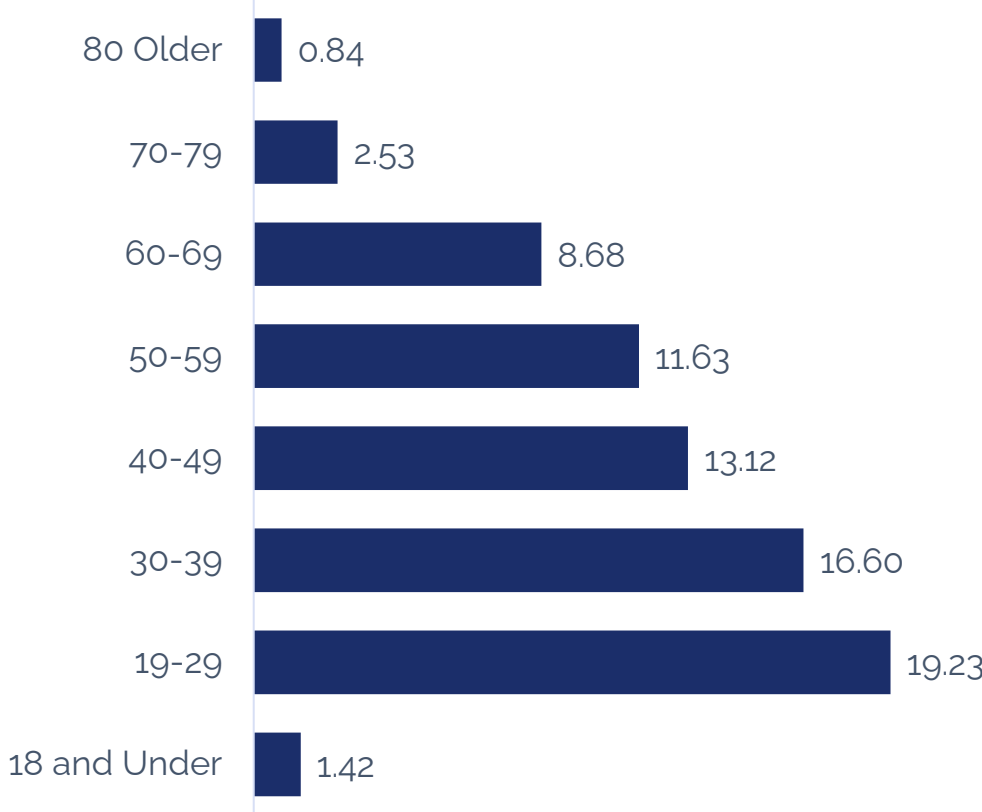
Definition	Homicides related to conflict or violence between a decedent and current or former intimate partner(s).
Victims	127 (4.9%) of Indiana's homicides with known circumstances
Indiana's Rate	1.31 per 100,000 population

IPP Suicide

Method

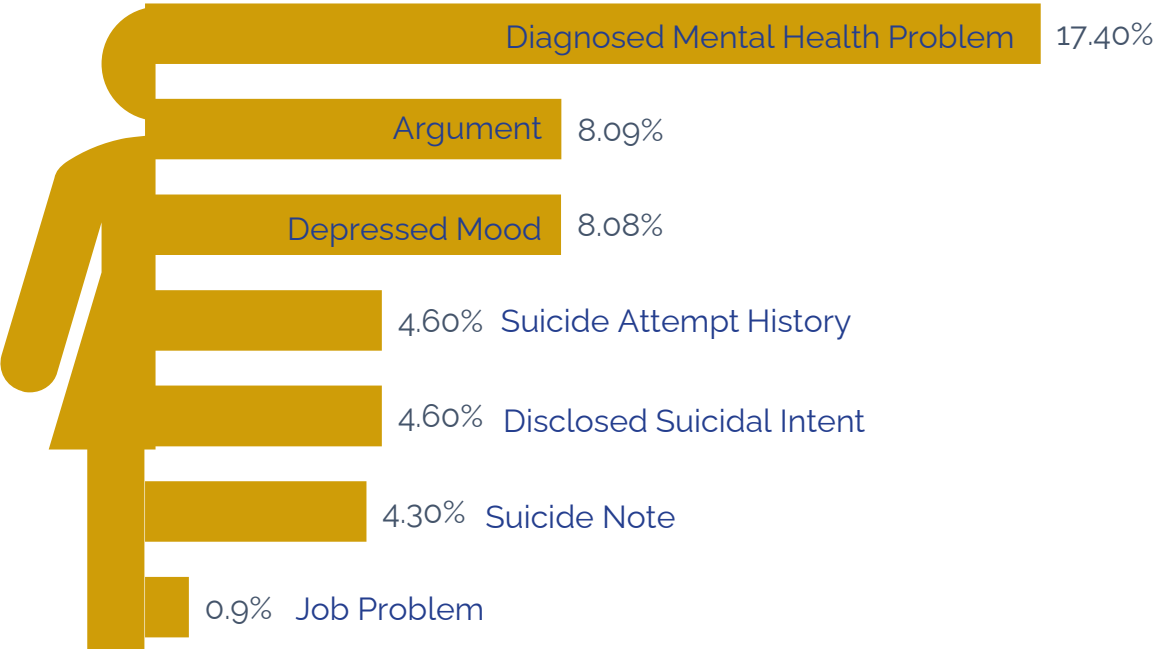


Age Group (rate per 100,000)

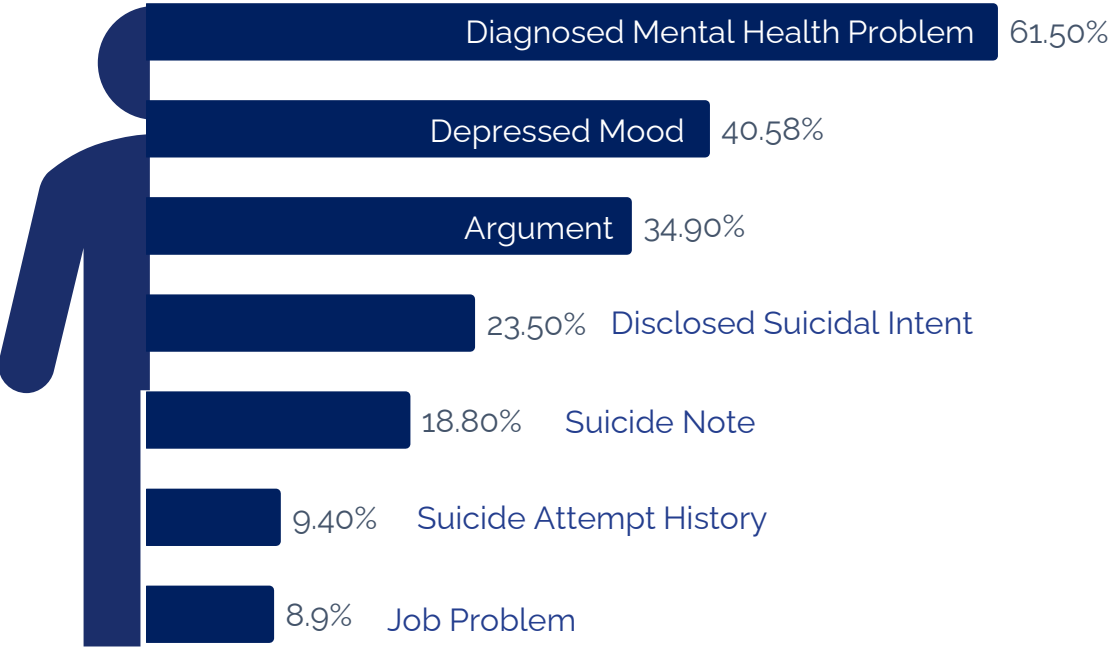


IPP Suicide Circumstances

Female

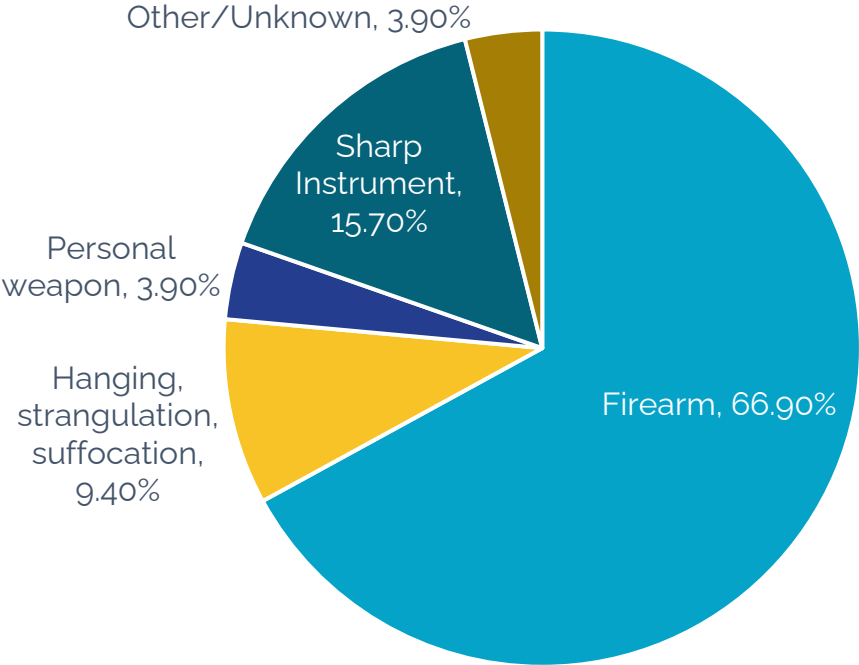


Male

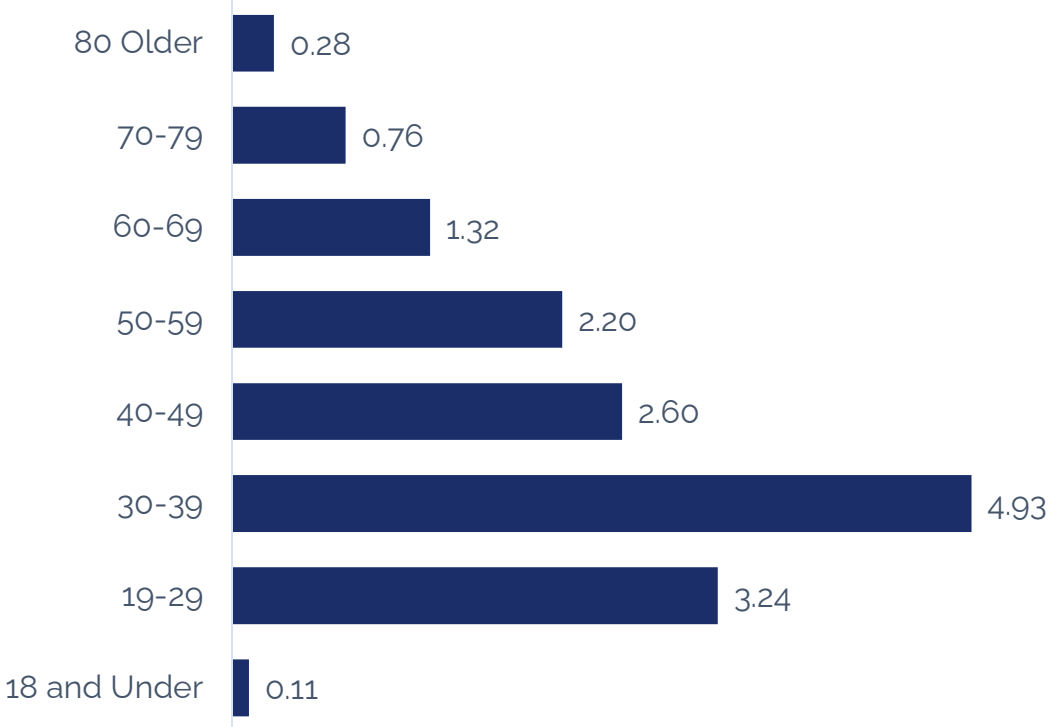


IPP Homicide

Method

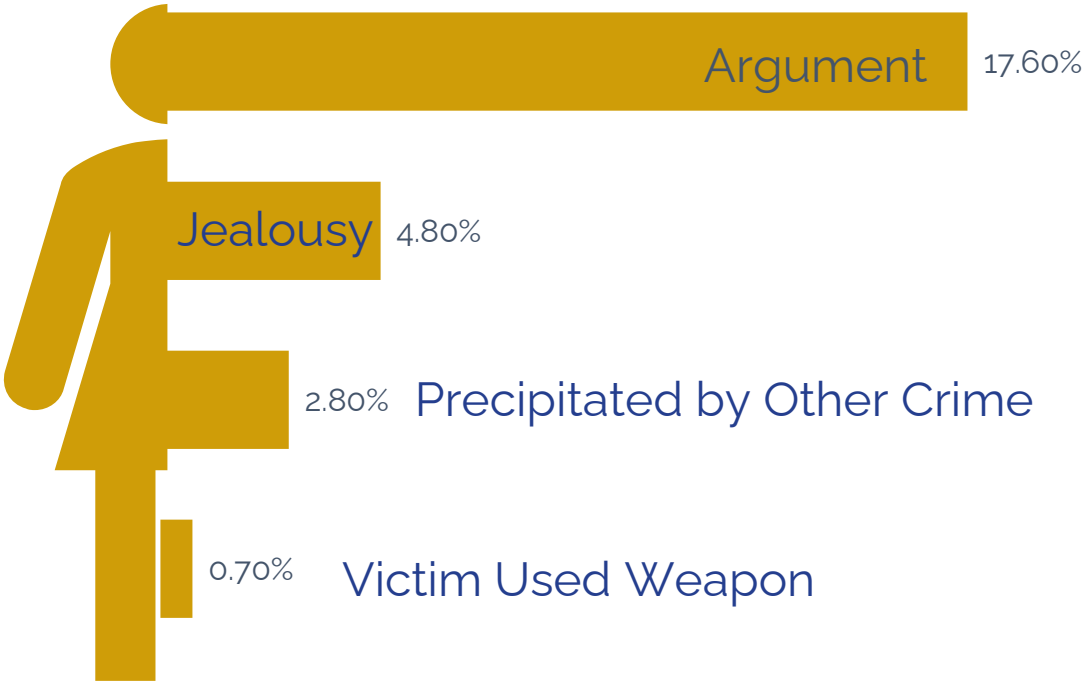


Age Group (rate per 100,000)

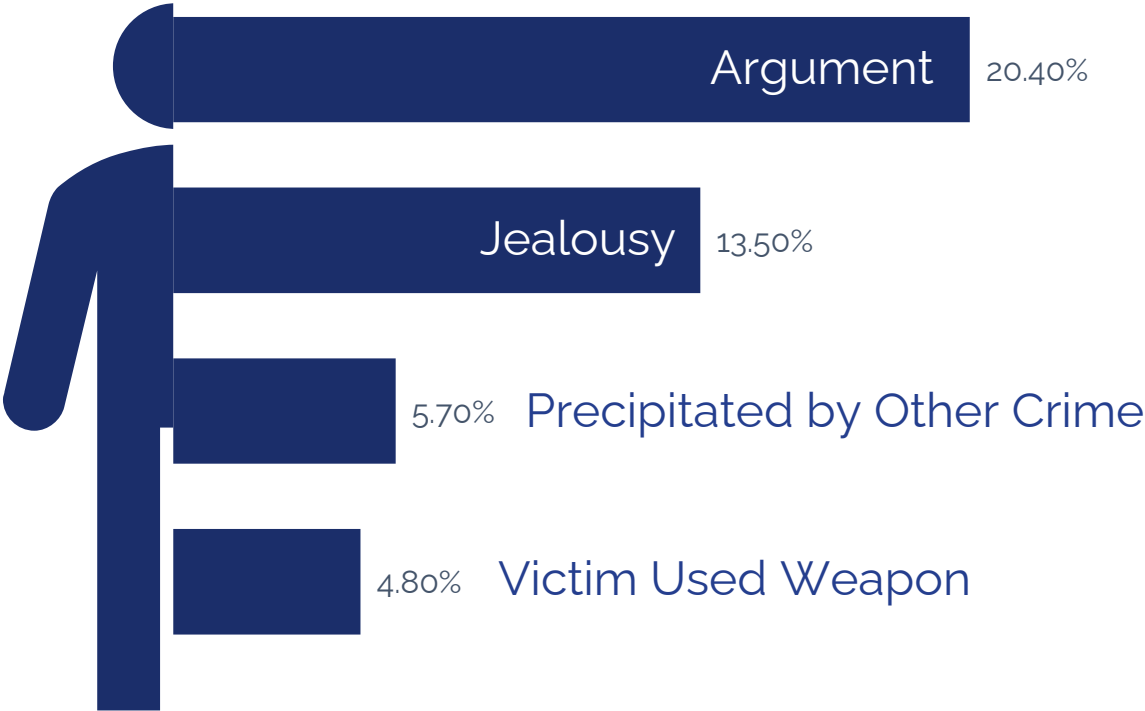


IPP Homicide Circumstances

Female



Male



2021 Meeting Dates

July 16

September 17

November 19

THANKS!

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Matthew Simmons	317-234-2806	msimmons@isdh.in.gov