



**Indiana**  
**Department**  
**of**  
**Health**

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

09/17/2021

## 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

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



**Indiana**  
**Department**  
**of**  
**Health**

**WELCOME, BRIAN  
BUSCHING!**

INTERIM DIVISION OF TRAUMA AND  
INJURY PREVENTION DIRECTOR

# Division Vacancies

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- Injury Prevention Epidemiologist
- Drug Overdose Prevention Epidemiologist
- INVDRS Records Consultant (Abstractor)

# Division Fall Interns

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## INVDRS

- Chantal Lompo

## Trauma

- Jocelyn Grider

## Drug Overdose Prevention

- Sara Rivera

## Naloxone Program

- Jada Burton

# Resource Guide App

Regularly Updated

- Free download for iOS & Android Phone & tablet capabilities
- Available in Apple & Google Play stores



# Upcoming Events

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## September

- National Suicide Prevention Month
- National Recovery Month
- Infant Mortality Awareness Month

## October

- National Domestic Violence Awareness Month
- Eye Injury Prevention Month
- National Substance Abuse Prevention Month
- National Crime Prevention Month

**September 17:** National Concussion Awareness Day

**September 19-25:** Child Passenger Safety Week

**October 10:** World Mental Health Day

**October 17-23:** Teen Driver Safety Week



# ISTCC/ITN Meeting Dates

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**Indiana State Trauma Care  
Committee, 10 am EST**

September 20<sup>th</sup>

November 19<sup>th</sup>

**Indiana Trauma Network, 12:30  
pm EST**

September 20<sup>th</sup>

November 19<sup>th</sup>



**Indiana**  
**Department**  
**of**  
**Health**

**INTENTIONAL INJURY  
PRESENTATION:**

**INDIANA CENTER FOR  
PREVENTION OF YOUTH  
ABUSE & SUICIDE**

Maggie Owens

Director of Education and Community Relations



Indiana Center for  
**PREVENTION**  
of Youth Abuse & Suicide





Indiana Center for  
**PREVENTION**  
of Youth Abuse & Suicide

501(c)(3) not-for-profit that opened its doors on April 30, 2001 as a child advocacy center.

We currently serve nine Central Indiana counties:

Hamilton, Boone, Hancock, Marion, Hendricks, Tipton, Owen, Delaware, and Madison.

### Programs:

- Child Lures/Teen Lures Prevention
- Stewards of Children®
- Lifelines and QPR

1 in 4 children have experienced at least one form of abuse or neglect.\*

Since 2012, the number of child abuse and neglect reports made to the Indiana Department of Child Services has **increased 30%**.

The direct lifetime cost of child maltreatment in one year is estimated at \$124 billion.\*

\*Source: Centers for Disease Control

# Child Abuse Prevention Programs

We've adopted evidence-based Child Lures and Teen Lures programs to meet the legislative requirements. Through our newly expanded program, we still provide child sexual abuse prevention education, but now our program also works to prevent all forms of child abuse, neglect, and bullying.



# Indiana Legislation - SEA 355



Requires all students in grades K-12 receive YEARLY child abuse prevention education.



Legislation includes all forms of child abuse, neglect, and bullying.



Education must be Evidence-Based.



Requires the Indiana Department of Education to supply programming resources.



Mandate is UNFUNDED by the state.



# Smart Steps™ for Life Skills Students

ICPYAS has also developed, piloted, and implemented a curriculum for students with special needs that includes auditory, visual, and kinesthetic materials to meet the unique needs of this vulnerable population.



In 2017,

**25,711**

Students in grades K, 2, and 4 participated in our Smart Steps program.

In the 2018-2019 school year,

**105,450**

Students in grades K-12 have received our newly expanded child abuse, neglect, and bullying prevention program.

# Middle and High School Program

ICPYAS has implemented Teen Lures Prevention in 27 middle and high schools throughout Central Indiana in the 2018-2019 school year reaching over 42,000 teens.





**Stewards of Children** is a child sexual abuse prevention program that educates adults to prevent, recognize and react appropriately to child sexual abuse.

This training program is designed for parents and any adults who work with children or adolescents. Stewards of Children is the only nationally available program scientifically proven to increase knowledge, improve attitudes and change child-protective behaviors.



One in 10 children will experience sexual abuse by their 18<sup>th</sup> birthday

90% of victims know their abuser

Only about 38% of child victims disclose abuse

As many as 40% of abuse occurs at the hand of older, more powerful children

81% of child sexual abuse occurs in one-on-one situations

## Stewards of Children Participants

- Carmel Clay Parks and Recreation
- Fishers Parks and Recreation
- Northview Church
- Our Lady of Mount Carmel School
- The O'Connor House
- Noblesville Schools
- Deveau's Gymnastics



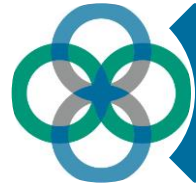
# Indiana Legislation - HB 1430 Suicide Prevention



Requires all teachers working with students in grades 5 - 12 receive suicide awareness and prevention education every TWO years.



May require other staff working with students in grades 5-12 receive this education.



Education must be Evidence-Based.



Requires the Indiana Department of Education to supply programming resources.



Mandate is UNFUNDED by the state.

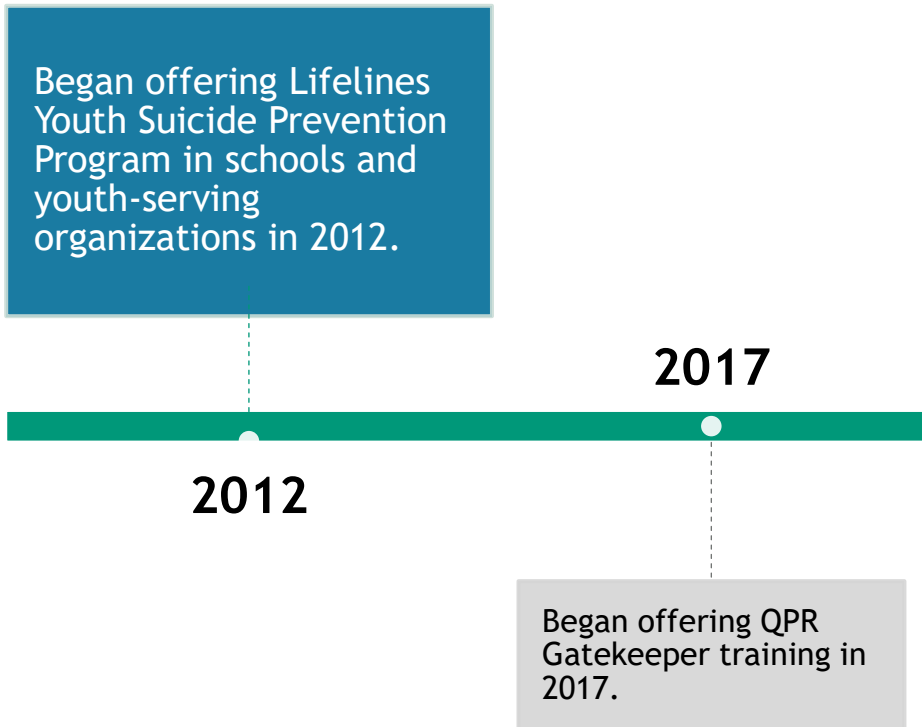


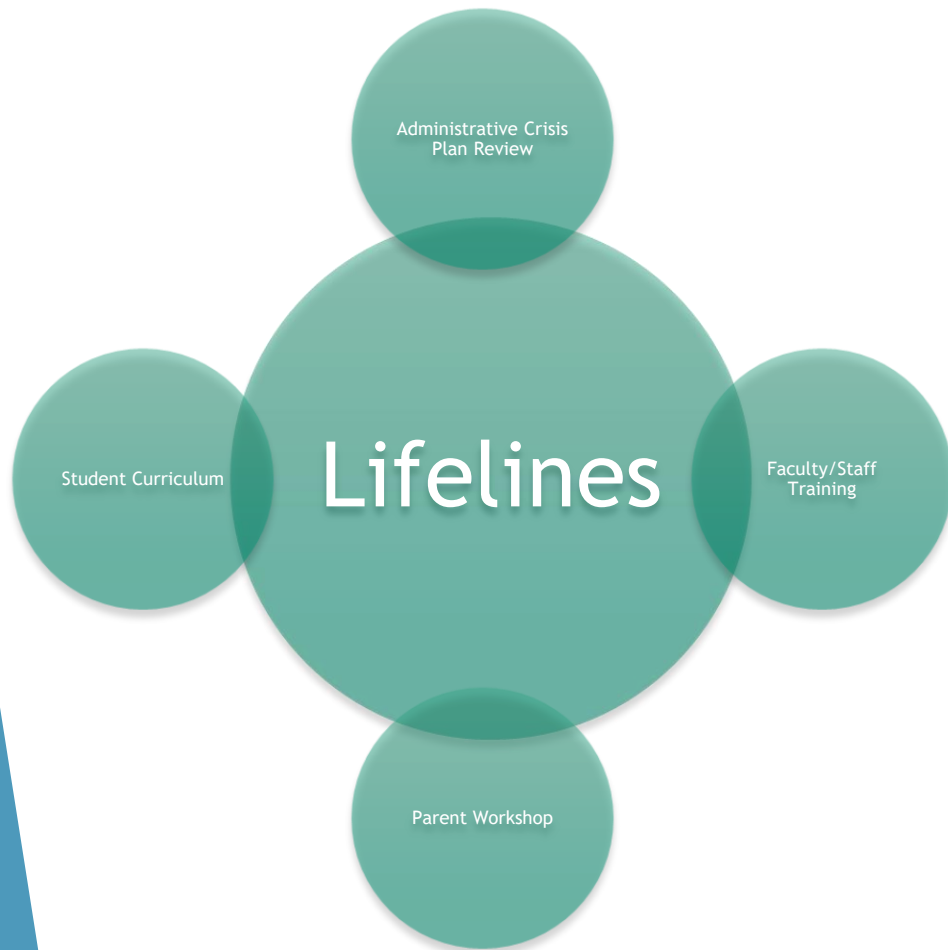
- Indiana has the highest rate of suicidal ideation (19%) and the 2<sup>nd</sup> highest rate (11%) of suicide attempts for teens in the United States.<sup>1</sup>
- Indiana's suicide rate increased more than 30% from 1996 to 2016.<sup>2</sup>
- Children who are abused are at significantly greater risk for later posttraumatic stress, anxiety, depression, and suicide attempts.
- 58% of suicide attempts by women were connected to Adverse Childhood Experiences (ACES)<sup>2</sup>

1-Indiana Youth Institute: Kids Count Data Book, 2015.

2-Centers for Disease Control and Prevention.

# Suicide Prevention Programs





Lifelines is a comprehensive **youth suicide prevention program** that targets the entire school community. It has four sequential components for administration, school faculty/staff, parents, and students.

- Administrative Crisis Plan Review
- Faculty/Staff Training
- Parent Workshop
- Student Curriculum

Typically this process takes six to twelve months to complete in addition to ongoing student curriculum.



# Participating Schools and Organizations

Shenandoah Schools

Westfield Washington Schools

Hamilton Heights Schools

Logansport Schools

North Montgomery Schools

Hamilton Southeastern Schools

Lawrence Township Schools

Brooke's Place

Christ the Savior Lutheran Church

Crosspoint Church

Hamilton County Juvenile Services



Question. Persuade. Refer.

QPR is a one- or two-hour stand alone training designed to give participants the tools to:

- Recognize the risk factors, warning signs and protective factors of suicide
- Know how to offer hope
- Know how to get help and save a life

# Participating Schools and Organizations

Westfield Washington Schools

Lebanon Schools

Zionsville Schools

Western Boone Schools

Heritage Christian Schools

Irvington Preparatory Academy

The O'Connor House

Riverview Hospital



Indiana Center for  
**PREVENTION**  
of Youth Abuse & Suicide

**Educate. Prevent. Empower.**

[www.indianaprevention.org](http://www.indianaprevention.org)



**Indiana**  
**Department**  
**of**  
**Health**

**UNINTENTIONAL INJURY  
PRESENTATION:**

**FATALITY REVIEW AND  
PREVENTION TEAM**

Kelly Cunningham, MPH

Maternal Mortality Review Coordinator



# Equity Statements

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- Some families lose infants, children, youth, and adults to the types of deaths reviewed by our teams not as the result of the actions or behaviors of those who died, or their parents or caregivers.
- Social factors such as where they live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds are also contributing factors in many deaths.
- It's important to acknowledge that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access health care.
- Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Hoosiers.

# Division of Fatality Review and Prevention

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A prevention process that examines the *preventability of the circumstances and risk factors* involved in a death.

The goal is to improve the health and safety of children and families by *identifying the factors that place them at risk for illness or injury and acting upon those factors.*

# Every Fatality Review is...

1. A comprehensive review of death cases conducted by multi-disciplinary teams, analyzing the death response and investigation
2. A presentation of pertinent records including:
  - Death Certificate
  - DCS records
  - LEA records
  - Coroner report and Autopsy
  - Medical Records
  - School Records
  - Mental Health
  - Social Services Records
3. A discussion of:
  - delivery of services
  - data sharing
  - stakeholder-led recommendations and system improvements
  - next steps to implement through community action

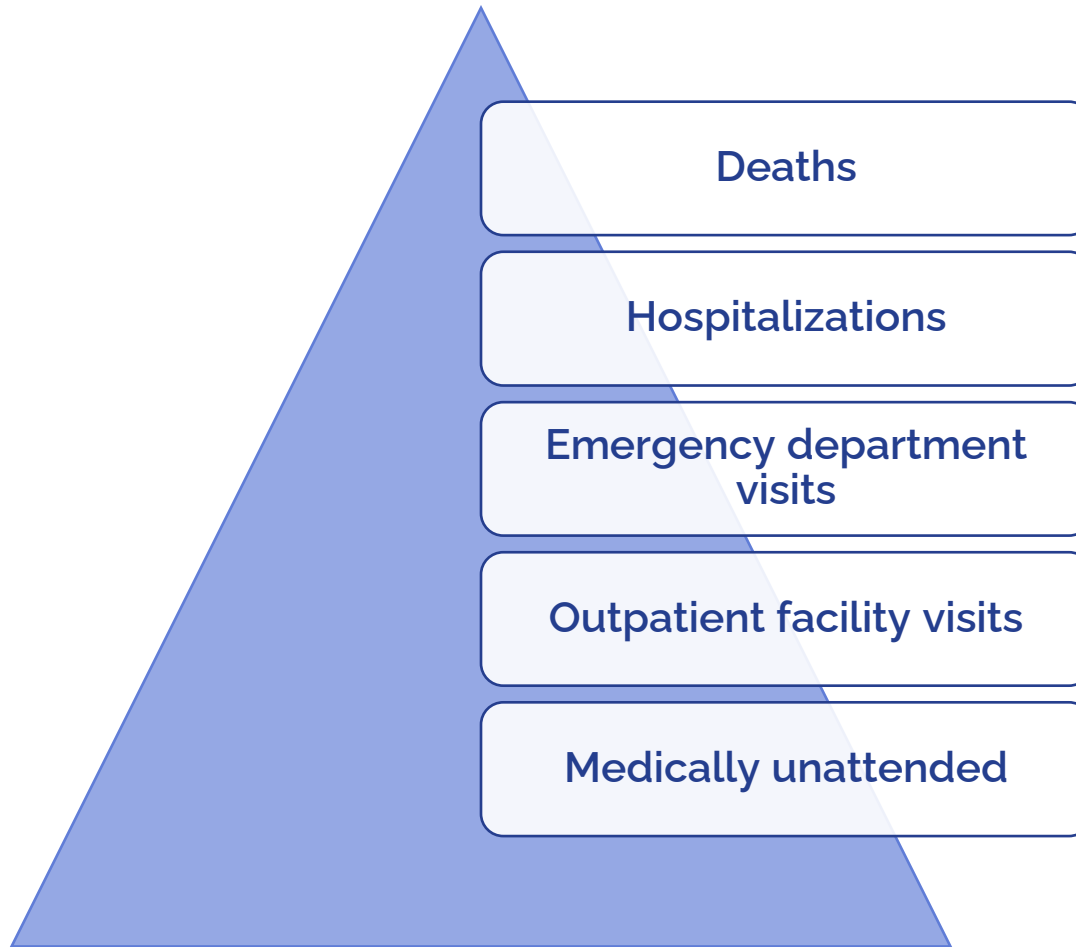


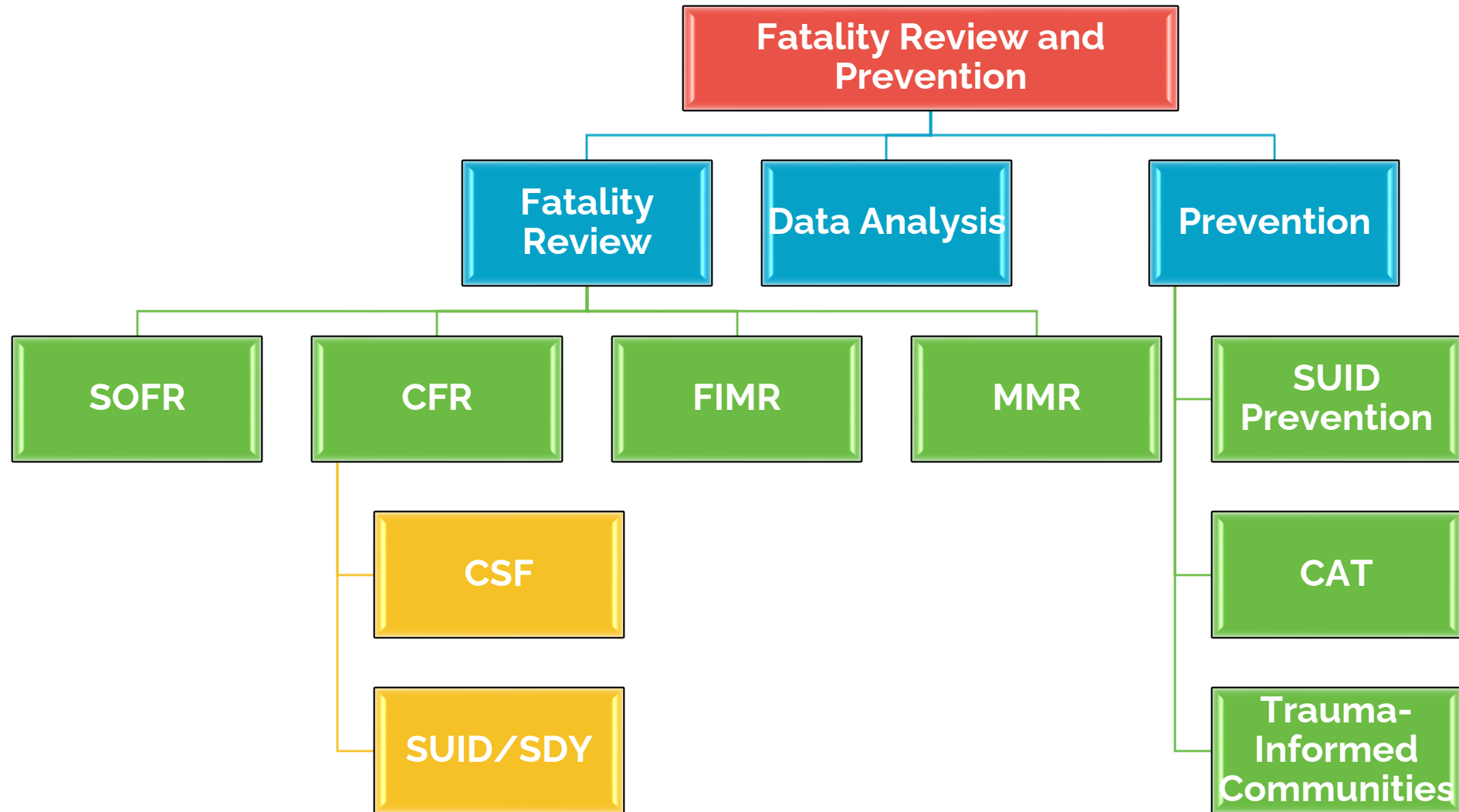
# Fatality Review is NOT...

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- A peer review
- Designed to examine individual performance or place blame
- An opportunity to second guess agency policy or practice
- An opportunity to vilify the individuals involved in the fatality

# The Burden of Fatal and Nonfatal Injuries







# Maternal Mortality Review (MMR)

IC 16-50

Review all pregnancy-associated deaths and provide recommendations that may ***eliminate preventable maternal deaths***, reduce maternal morbidity, and improve the population health for women of reproductive age in Indiana

- Identifying health issues causing maternal deaths
- ***Reduction in maternal mortality and morbidity***
- ***Improvement in Indiana's population health for women of reproductive age***
- Elimination of preventable maternal deaths



# Suicide and Overdose Fatality Review (SOFR)

IC 16-49-5

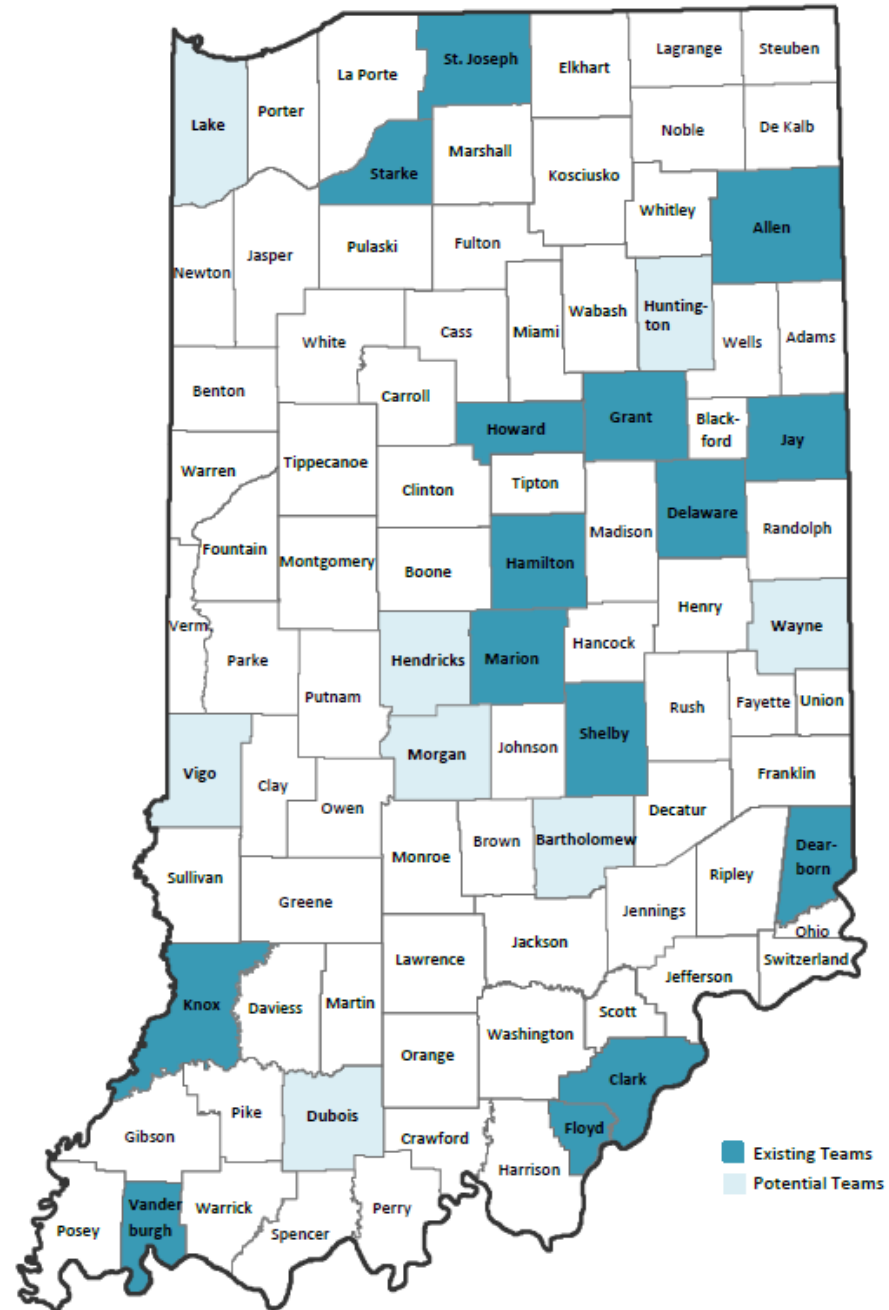
- Model reflects other mortality review teams (child fatality review, fetal-infant mortality review, etc.)
- ***Multi-agency/multi-disciplinary team assembled to conduct confidential case reviews of overdose deaths***
- Team members bring information from respective agencies to inform review

## Preliminary Outcomes

- **Increased communication amongst agencies that work together to care for the same individuals**
- Recognition of responder fatigue in communities challenged by substance use disorders and mental health challenges
- Naloxone for DCS workers in homes where there might be substance use
- Establishing Handle with Care program, trauma informed care or evidenced based programs
- ***Bereavement care for loved ones/survivors***



# SOFR Teams





# Fetal-Infant Mortality Review (FIMR)

IC 16-49-6

1. Indiana's infant mortality rate is among the highest in the country
2. **Identify contributing factors to the premature loss of a fetus or infant**
3. Reviews and analyzes de-identified fetal and infant deaths
4. Obtain data through interviews with the mother/family, medical records, WIC, social service agencies, and birth and death certificates

Outcomes:

- Early detection of increased STI rates
- **Reduction of unsafe sleep deaths through coordinated community messaging**
- Greater understanding of limitations to accessing care and services, including transportation, isolation, insurance status
- Majority of negative outcomes are related to poor pre-conception health

### Allen County FIMR

Erin Norton, RN, BSN, FIMR Coordinator  
(260)266-7969; Erin.norton@parkview.com

### Bartholomew County FIMR

Patty Pigman, MSW, LCSW  
Columbus Regional Hospital  
2400 E 17th St, Columbus, IN 47201  
812.376.5862; ppigman@crh.org

### Daviess County Regional FIMR Team

Kathy Sullender, BSN, RN, FIMR Coordinator  
Daviess County Public Health Department  
812.254.8667; kathy.sullender@daviess.org

### Dubois County FIMR

Emily Mehringer, RN  
Dubois County Health Department  
1187 South St. Charles St, Jasper, IN 47546  
eamehringer@duboiscountyin.org; 812-481-7050

### Elkhart County FIMR

Marti Conrad, FIMR Coordinator  
Elkhart County Health Department  
1400 Hudson St, Elkhart, IN 46516  
574.522.0104; elkhartcountyhealth.org

### Harrison County FIMR

Jennifer Caffrey, MA  
Harrison County Health Dept  
241 Atwood Street, Suite 100  
Corydon, IN 47112  
(812) 738-3237, Option 2  
JenniferC@harrisoncounty.in.gov

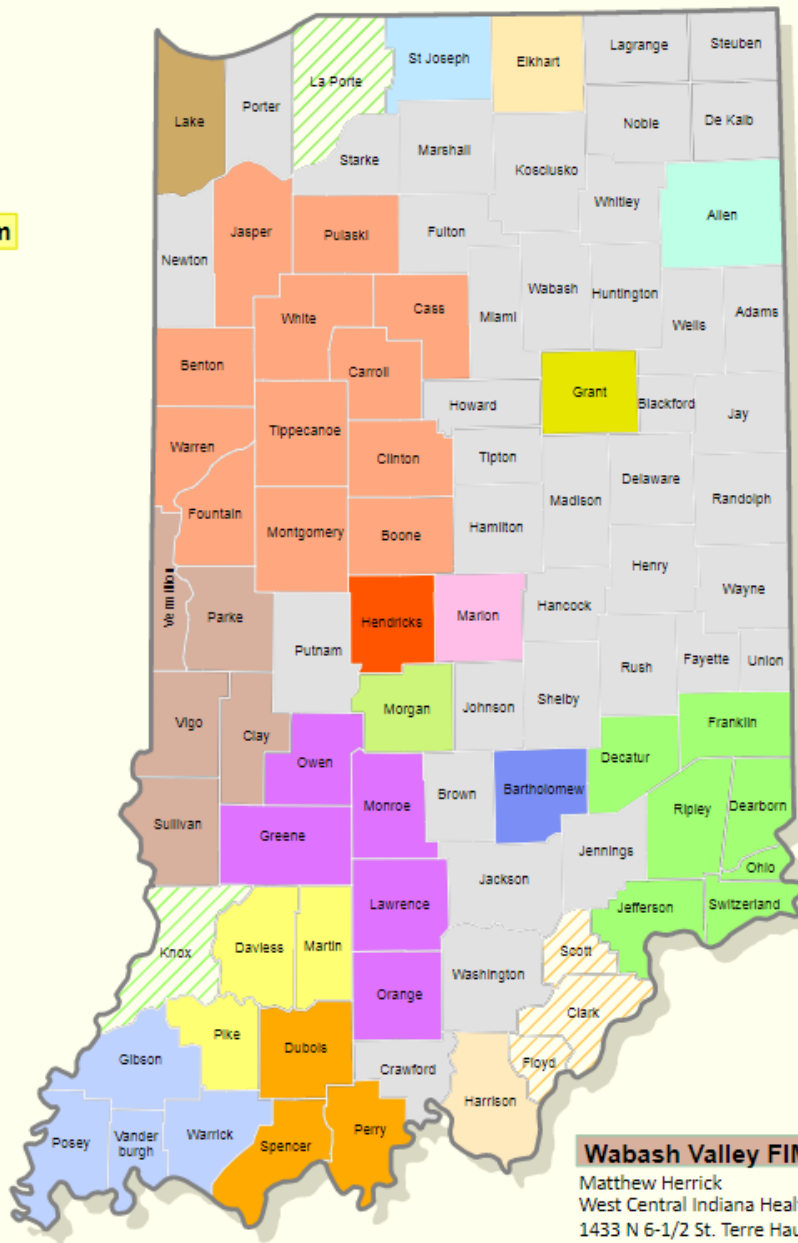
### Hendricks County FIMR

Cody Jain  
Hendricks County Health Department  
355 S Washington St, #G30  
Danville, IN 46122  
317.718.6052; cjain@co.hendricks.in.us

### Grant County FIMR

Gail Elbert, MSN, RN  
Marion General Hospital  
441 N. Wabash Ave.  
Marion, IN 46952  
(765) 660-6881; gail.elbert@mgh.net

## Indiana FIMR Teams



Future County Teams Future Regional Teams

### Indianapolis Healthy Babies FIMR

Teri Conard RN BSN MS, FIMR Coordinator  
MCPHD, MCH Dept  
3838 N. Rural St, Rm 613, Indianapolis, IN 46205  
317.221.3103; TConard@MarionHealth.org

### Lake County FIMR

Risë Ratney, Project Director  
Northwest Indiana Health Dept Cooperative  
839 Broadway Gary, IN 46402  
219.793.4367; riselratney@gmail.com

### Morgan County FIMR

Stephanie Brock, RN  
Franciscan Health Mooresville  
1201 Hadley Rd Mooresville, IN 46158  
Stephanie.Brock@franciscanalliance.org

### Monroe County Regional FIMR

Emily Hobbs, LBSW, MPA  
Family Vitality Initiative  
333 E. Miller Drive, Bloomington IN 47401  
812.353.3139 (o); Eboc1@IUHealth.org

### St Joseph County FIMR

Sally A. Dixon, RN, FIMR Coordinator  
Fetal Infant Mortality Review Program  
St. Joseph County HD,  
8th Floor, County-City Building  
227 W Jefferson Blvd, South Bend, IN 46601  
574.245.6756; sdixon@co.st-joseph.in.us

### Southeastern Regional FIMR

Debbie Gloyd  
Margaret Mary Health  
321 Mitchell Ave Batesville, IN 47006  
812.933.5275; Debra.Gloyd@mmhealth.org

### Southwestern Indiana FIMR

Lynn A. Herr BSN, RN, CPN, FIMR, CFR  
and PHAB Coordinator  
Vanderburgh County Health Department  
420 Mulberry St, Evansville, IN 47713  
812.435.5761; lherr@vanderburghcounty.in.gov

### West Central FIMR

Aubrey Baker, RN, BSN  
Tippecanoe County Health Department  
629 N 6th St Suite A Lafayette, IN 47901  
765-423-9131 abaker@tippecanoe.in.gov

### Wabash Valley FIMR

Matthew Herrick  
West Central Indiana Healthy Start,  
1433 N 6-1/2 St. Terre Haute, IN 47807;  
mherrick@uhhg.org; 812-238-8171





# Child Fatality Review (CFR)








IC 16-49

1. Injury is the number one cause of death for children in Indiana
2. **Nearly 1,300 Indiana children** died from injury-related causes in the last five years
3. An average of **260 preventable** deaths per year
4. Every two minutes a child is treated for an injury in an ER

## Local CFR

- ***Safe sleep education in school system***
- Ladder lock legislation for above-ground swimming pools
- ***Improved collaboration between DCS and local drug task force***
- Local distribution programs for car seats and bicycle helmets
- Addressing needs of parents with SUD
- Water safety programs and warning signs near open bodies of water

### Child Fatality Review County & Regional Teams

-  Regional Teams
-  Official County
-  Non-Official County
-  No Teams
-  Coroner SUID/SDY Participation
-  Team SUID/SDY Participation
-  Team & Coroner SUID/SDY Participation





# Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization/***Child Safety Forward Grant***

***Aims to develop multidisciplinary strategies and responses to address fatalities or near-death injuries as a result of child abuse or neglect***

- Five-Year Local CFR Retrospective in Clark, Grant, Madison, and Delaware Counties
- State CFR Committee Retrospective in Howard, Kosciusko, Lake, Bartholomew, and St. Joseph Counties
- Evaluation and analysis will be completed by the IU School of Social Work

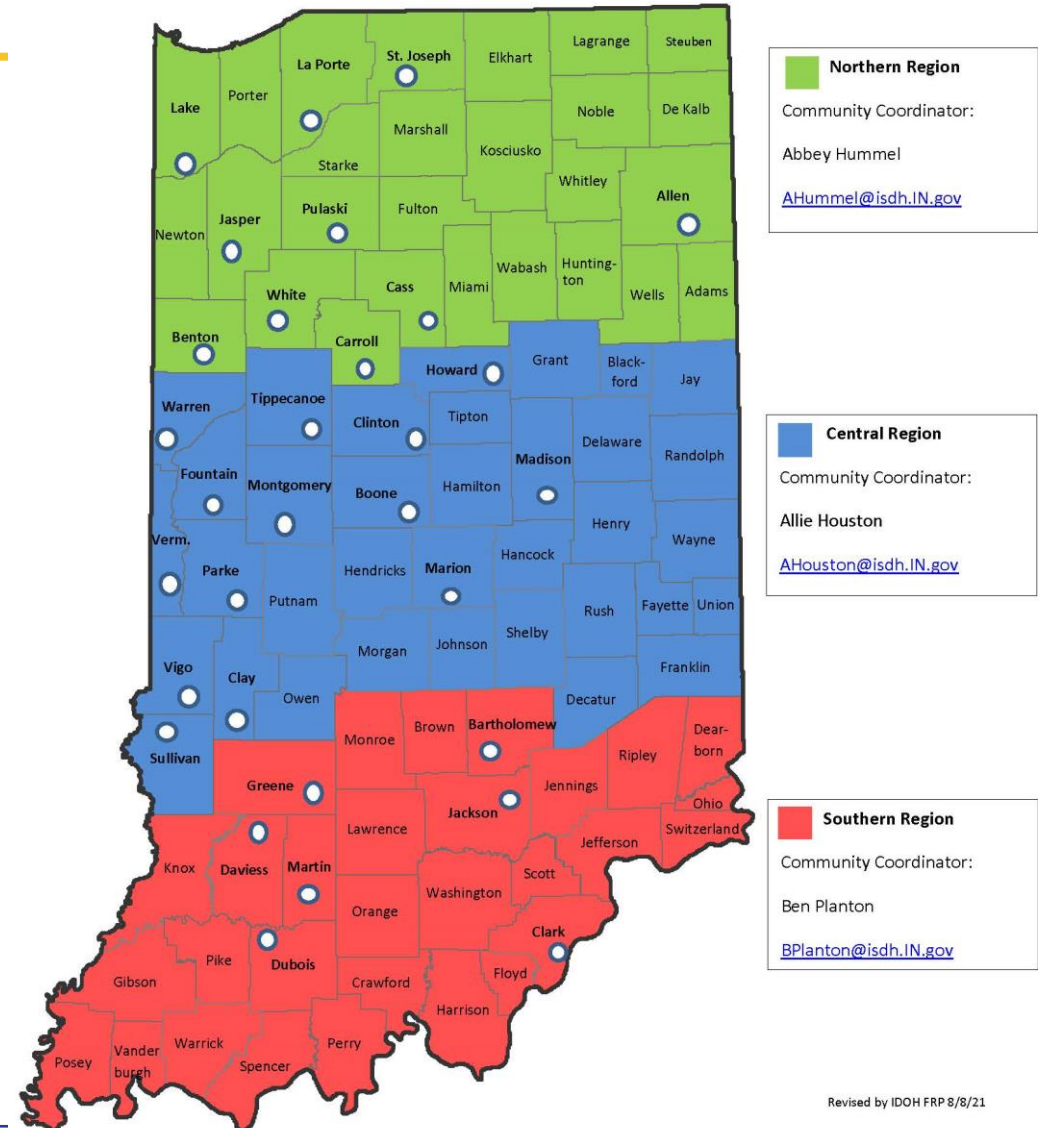
# Community Coordinators

The state has been divided into three regions, and each region is supported by a Community Coordinator.

Community Coordinators develop and support Community Action Teams throughout the state. The focus of these teams is prevention.



## Community Action Teams



# Health Equity and Inclusion in Fatality Review

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## Social and environmental factors that significantly impact disease and injury risk

- Living situation
- Income and education
- Treatment based on race/ethnicity
- Residential segregation impacts:
  - access to high-quality education
  - employment opportunities
  - healthy foods
  - healthcare





High Risk Behavior that the Team Identifies	Victim Blaming	What Factors Contributed to the High-Risk Behavior? WHY Did the High-Risk Behavior Occur?
Opioid Use Disorder	"Mother was told that she should stop taking drugs once she found out she was pregnant."	<ul style="list-style-type: none"> <li>➤ Medicaid issues, childbearing years, SUD treatment availability</li> </ul>
Domestic Violence	"Mother should have left the father in earlier instances of abuse. If it was that bad, why didn't she leave?"	<ul style="list-style-type: none"> <li>➤ Manipulation &amp; control, wage inequality, isolation/segregation</li> </ul>
Inconsistent prenatal care appointments	"Mother was told it was a high-risk pregnancy and needed to return for doctor's appointments every week until delivery. She was non-compliant."	<ul style="list-style-type: none"> <li>➤ Lack of transportation, childcare, and flexible work schedule</li> </ul>
Baby was placed to sleep in an adult bed at a motel.	"Dad did not provide a safe sleep environment for the baby."	<ul style="list-style-type: none"> <li>➤ Eviction due to Covid-19, no space, no access</li> </ul>

# Why Collect Data?

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Capture the risk factors and circumstances contributing to the death



Provide ability to track trends at county, regional, state, and national levels



Allow prevention to be targeted to specific groups or risk factors



**Data give us the evidence to accurately target prevention efforts!**



Indiana  
Department  
of  
Health

# Trend Data



## Annual Fatality Review Data

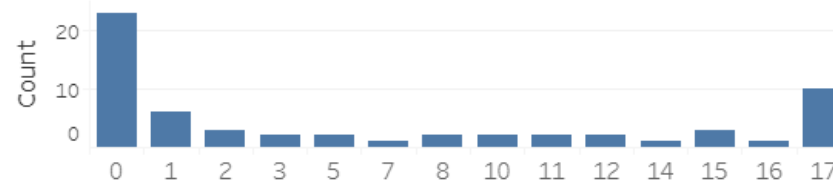


Total Number of Cases: 60

Race	Count	Share of total
White	39	65%
Black	11	18%
Latino	3	5%
Not entered	3	5%
Multi-racial	2	3%
Unknown	2	3%

(Clicking on a race will display information specific to that race. Clicking again will return the display to full view)

### Age at time of death



### CPS referral involving parents and/or child any time prior to death?

No/unknown	55	92%
Yes	5	8%

### Include/exclude specific causes

(All)

### Cause

Medical	22	37%
Sleep-related	11	18%
Homicide	9	15%
Motor vehicle	8	13%
Other cause	6	10%
Suicide	3	5%
Drowning	1	2%

Number of times team disagreed with official cause or manner of death

0

# Local CFR Successes/Outcomes

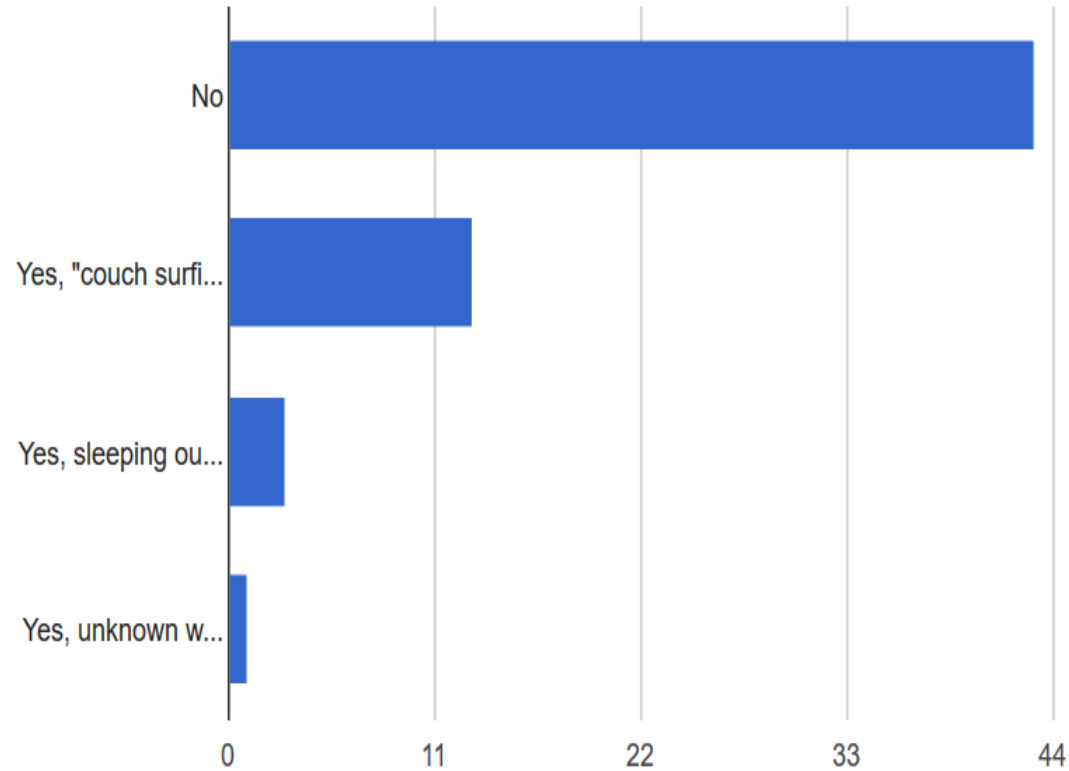
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- Safe sleep education in school system
- Improved collaboration between DCS and local drug task force
- Local distribution programs for car seats and bicycle helmets
- Addressing needs of parents with SUD
- Educational material created explaining hazards of low-head dams and retention ponds
- Local law enforcement participating in PSAs and Roll Call Videos about teen driver safety
- Reports to Consumer Product Safety Commission when children are injured by products
- Filmed a Safe Sleep Training module that reached 1,401 police officers from 58 departments and 30 counties
- Implemented ACEs screenings
- Partnered with jails to ensure pregnant individuals received prenatal care

# St Joseph OFR data

- Reviewed and entered 60 cases into the OFR National Database
- Average age of decedents was 40.6 years old (range from 15-66)
- 95% lived in Indiana (three out of state that recently moved)
- 66.7 % male (40 cases); 33.3% female (20 cases)
- 46 cases were white 14 were black
- 4 served in the armed forces
- 38 individuals were employed
- 39 lived in South bend, 10 lived in Mishawaka

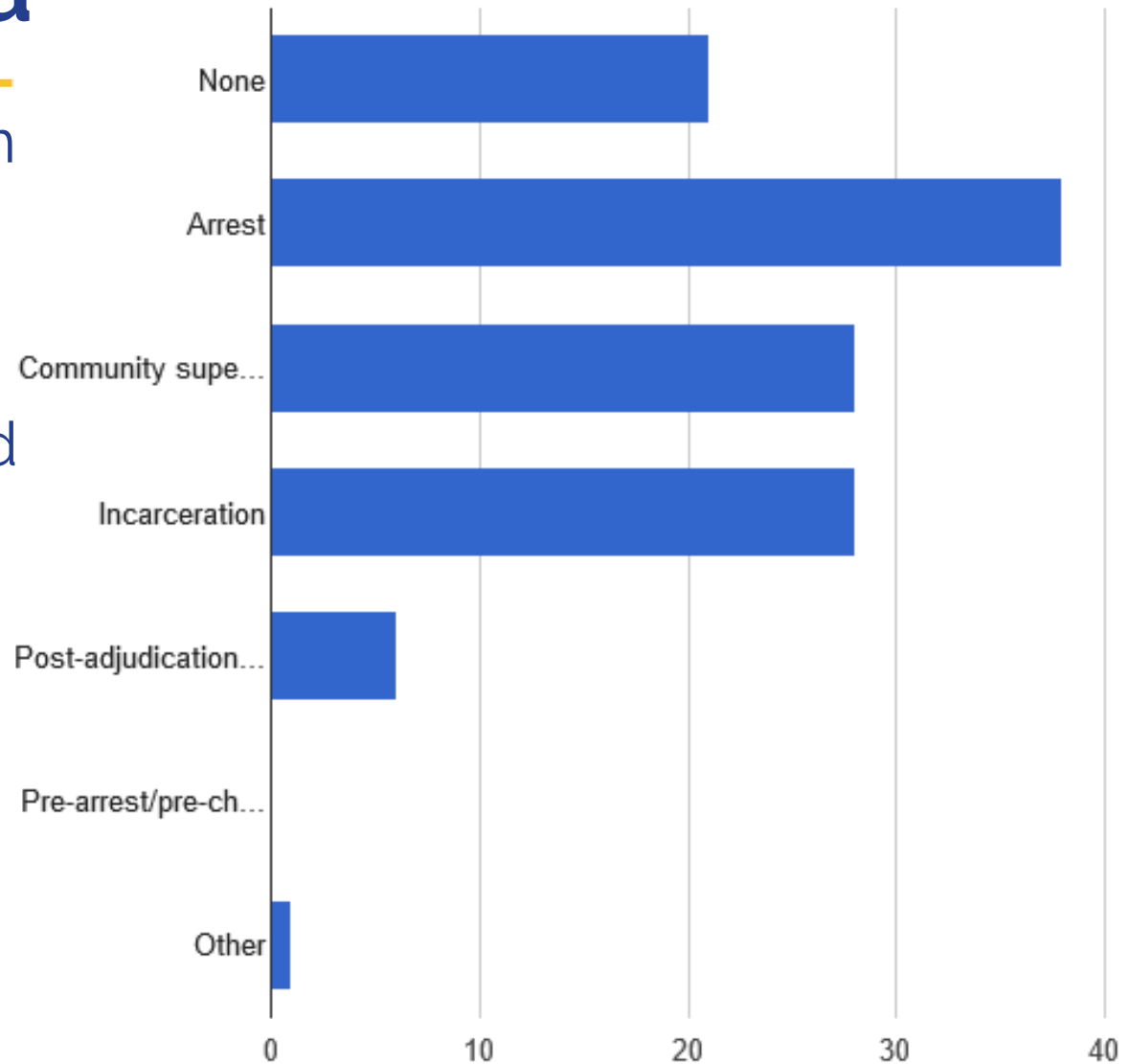
**Counts/frequency:** No (43, 71.7%), Yes, "couch surfing" or residing in motel or hotel (13, 21.7%), Yes, sleeping outdoors or in a shelter or transitional housing program (3, 5.0%), Yes, unknown where sleeping (1, 1.7%)



[Download image](#)

# Criminal Justice Data

- 28 individuals were on probation during their life
  - 11 individuals on probation at time of death
- 38 individuals had been arrested
  - Age of first arrest: 13 to 59
  - 17 in their 20s
- 28 individuals had been incarcerated
- 6 individuals were on specialty courts

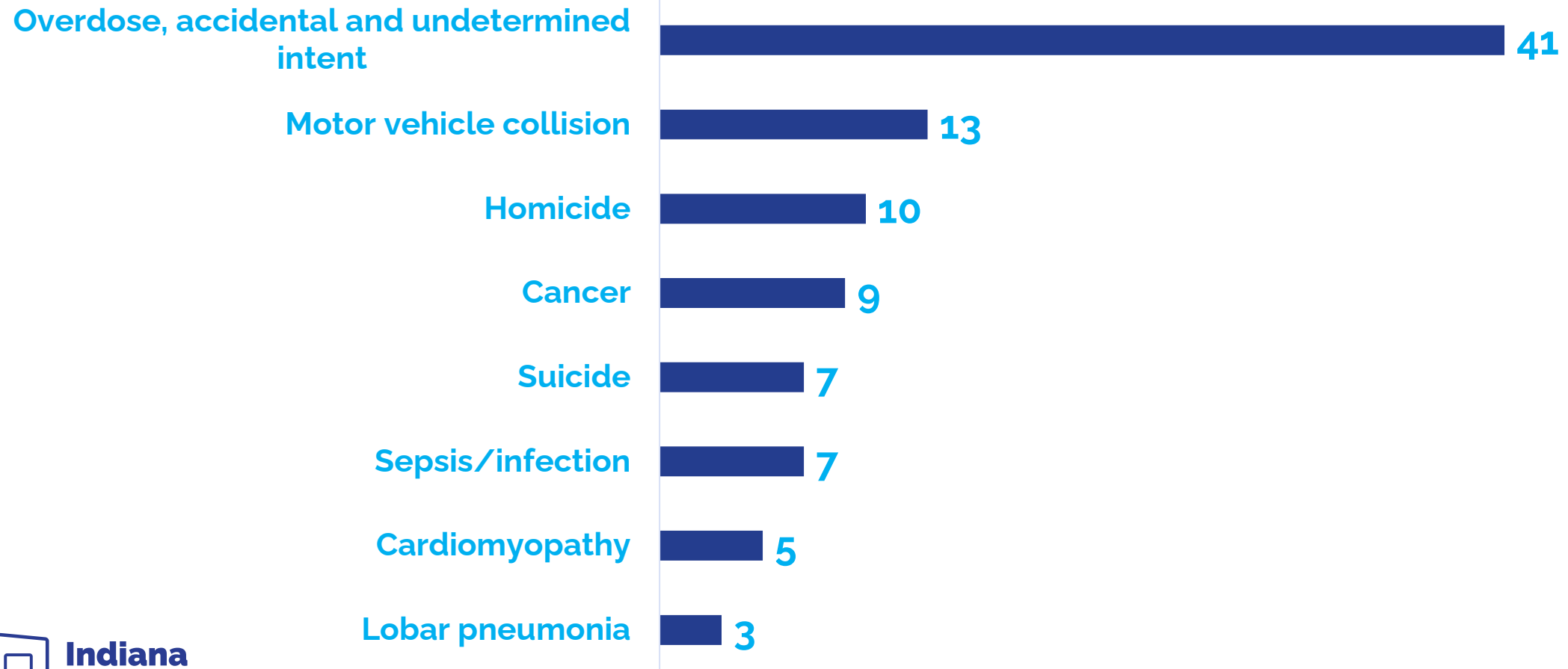


# Criminal Justice Recommendations

- Connect individuals on probation that are having difficulty getting medication, to Oaklawn
- Connect individuals to resources before release and immediately upon release from DOC
- Increase quality of treatment in criminal justice involved individuals
- Create standard level of care for criminal justice systems
- Improve discharge planning from the DOC
- Develop a system of care for returning citizens from incarceration



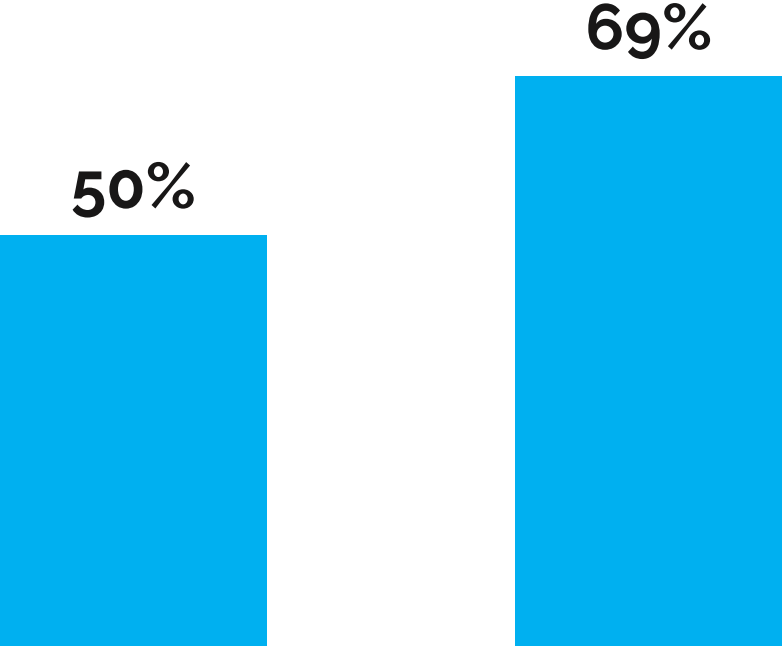
# 2018-2019 Underlying Cause of Death: Pregnancy-Associated Deaths (n=123)





# Prenatal Care by Insurance Status

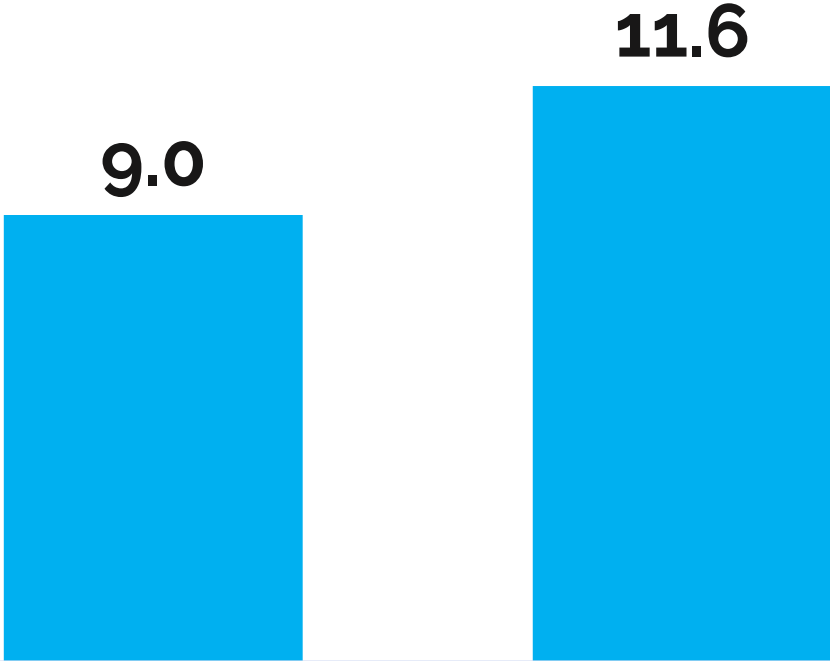
Percentage of maternal deaths where women entered prenatal care in the first trimester of pregnancy, by insurance status



Medicaid

Private

Average number of prenatal care appointments kept among maternal deaths, by insurance status



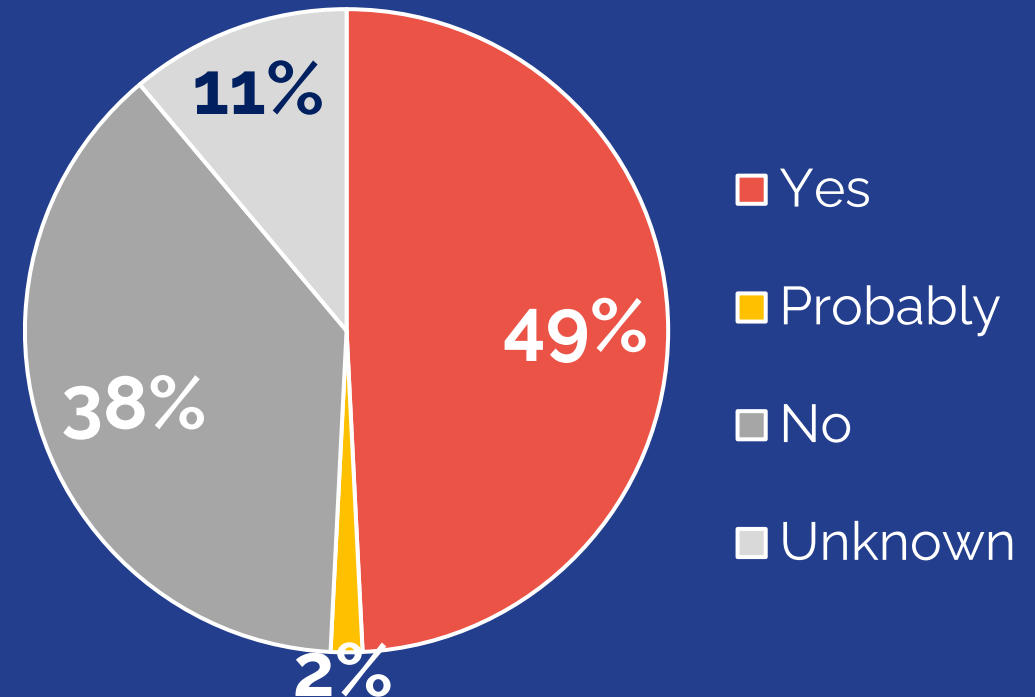
Medicaid

Private

# Contributing Factors: Substance Use Disorder

Substance use disorder was the most common contributing factor identified, likely contributing to over half of all pregnancy-associated deaths in 2018.

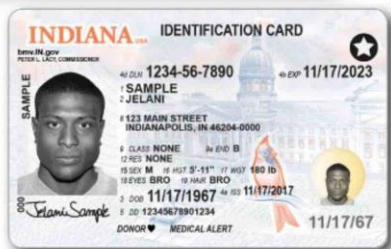
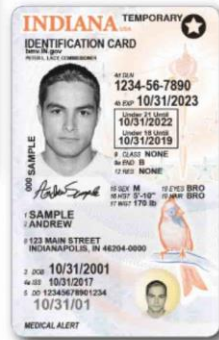
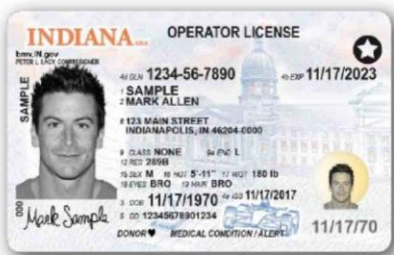
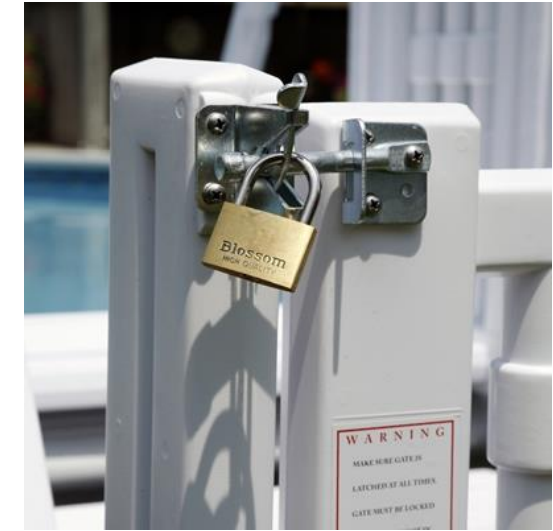
Did substance use contribute to the death?  
MMRIA decisions form (n=63)



# Indiana Successes



## INDIANA SUICIDE PREVENTION NETWORK



# Play for Kate – Indiana’s Helmet Law





**Indiana**  
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# UNINTENTIONAL INJURY DATA PRESENTATION:

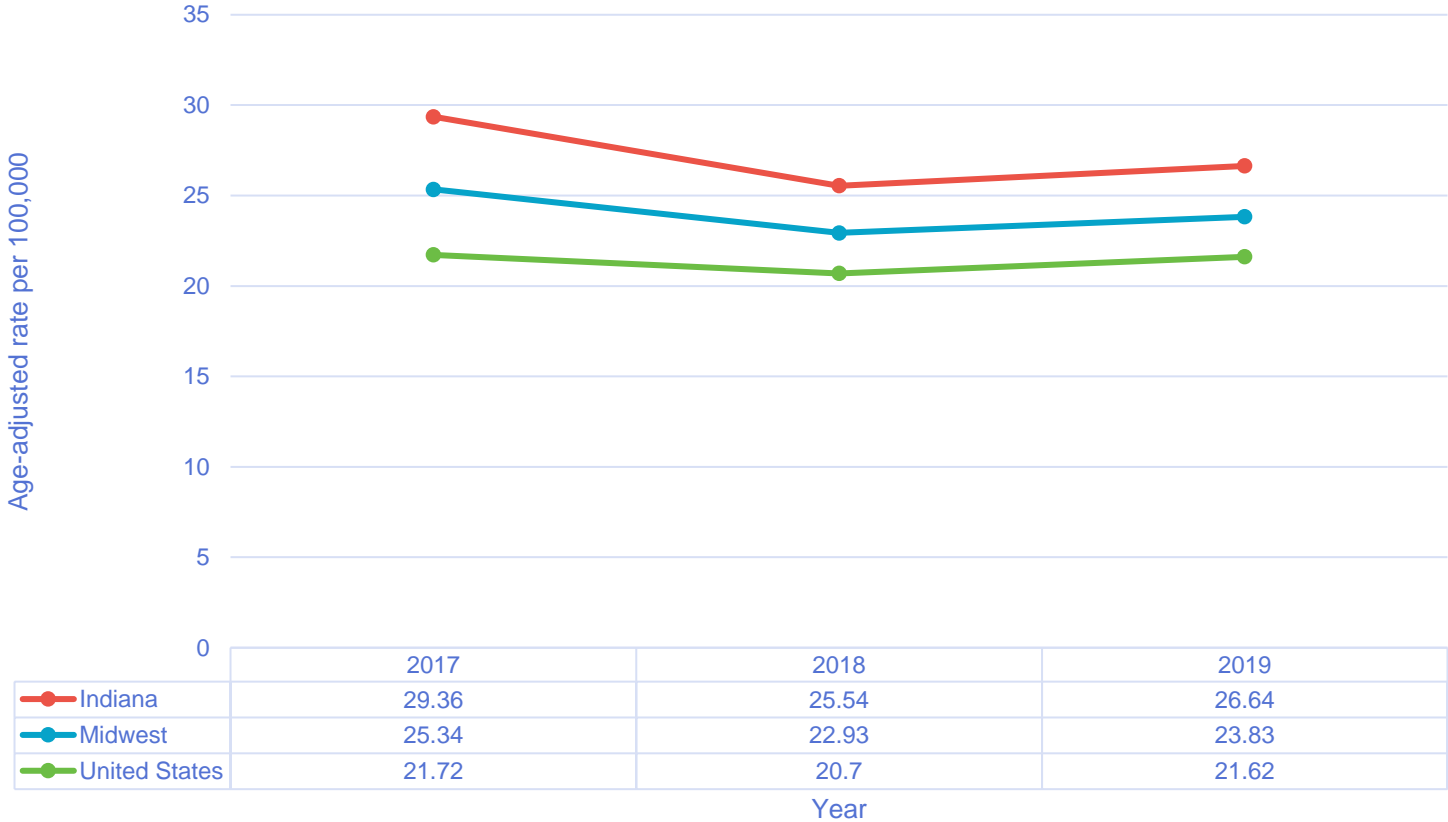
## DRUG POISONINGS

Veronica Daye, MPH

Injury Prevention Epidemiologist

# Drug Poisoning Deaths

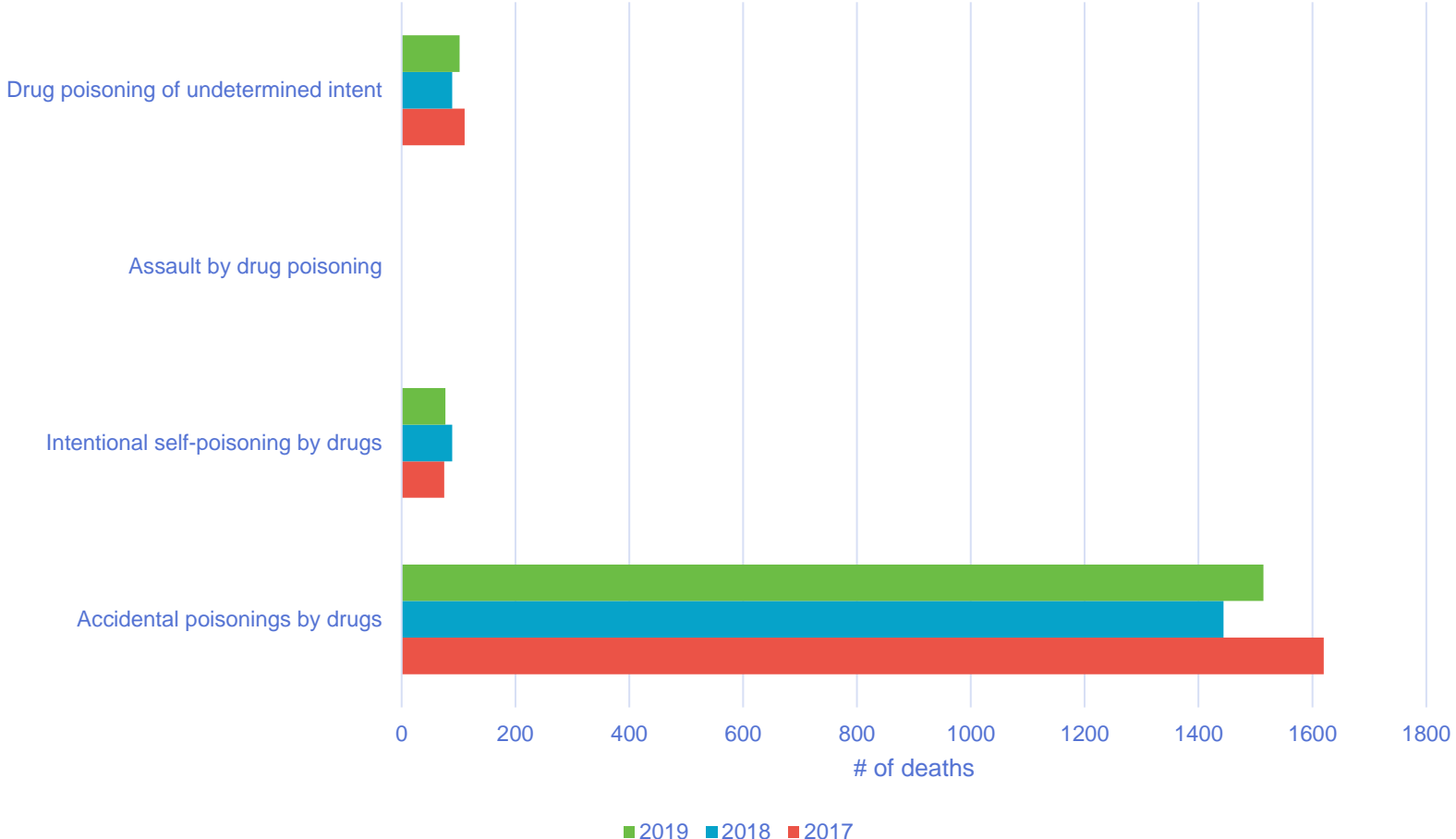
Drug overdose deaths, more specifically opioid-involved deaths, have continued to rise in Indiana and impact people of all races, sexes, ages and locations.



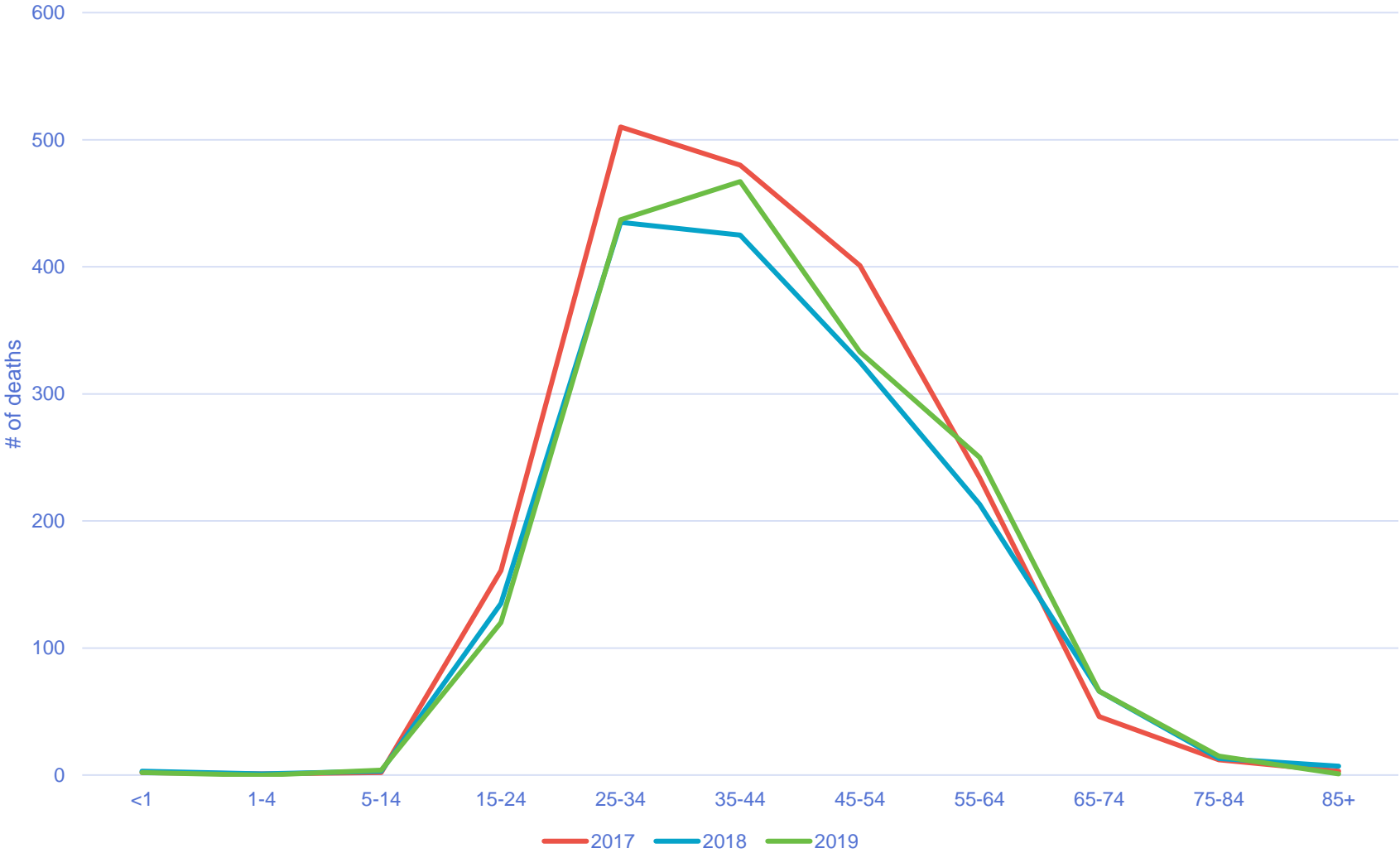
# Drug Poisonings by Underlying Cause of Death

- Accidental poisoning by drugs
  - ICD-10 codes: X40-X44
- Intentional self-poisoning by drugs
  - ICD-10 codes: X60-X64
- Assault by drug poisoning\*
  - ICD-10 codes: X85
- Drug poisoning of undetermined intent
  - ICD-10 codes: Y10-Y14

\*suppressed due to low count

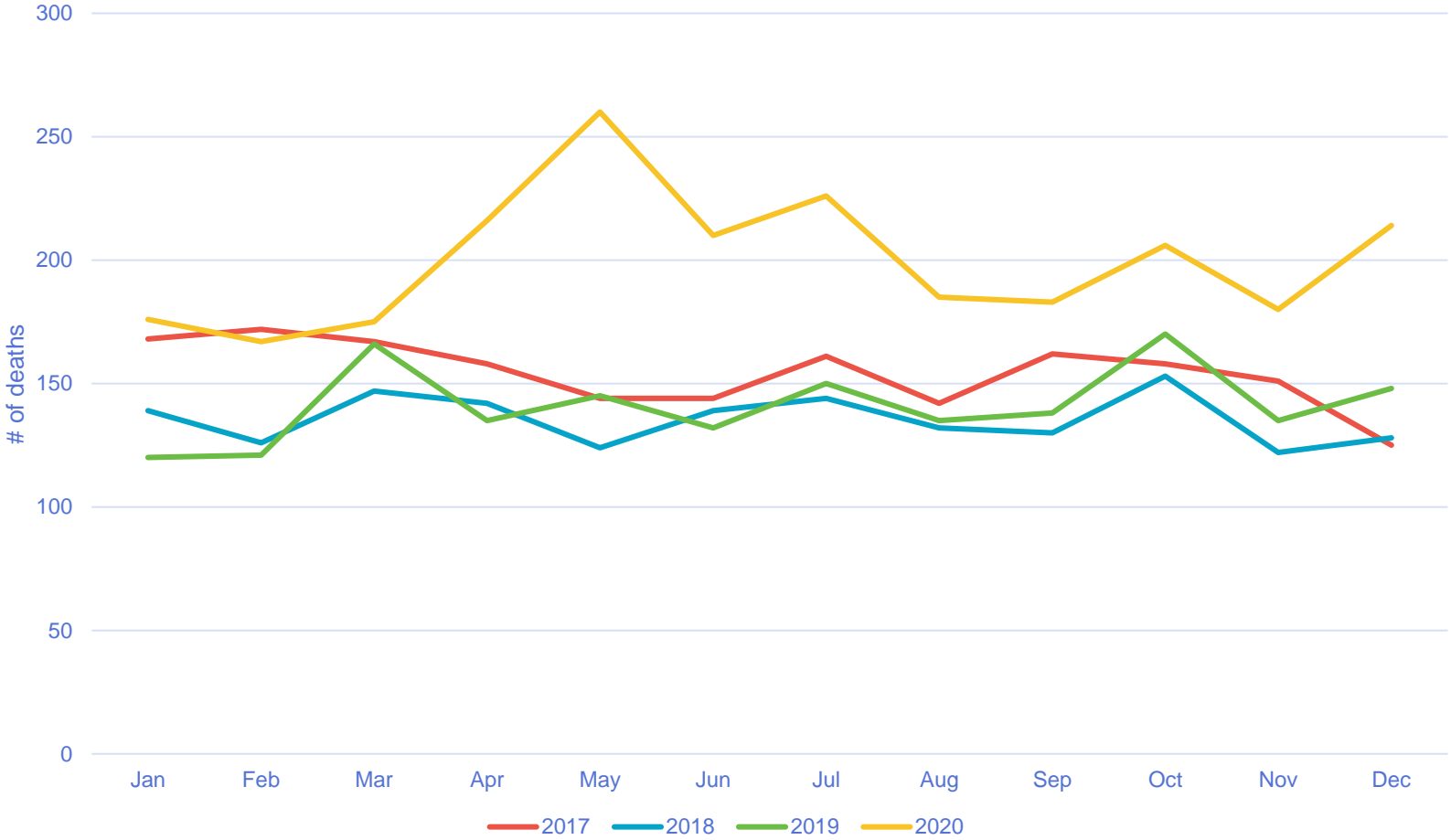


# Drug Poisonings by Age

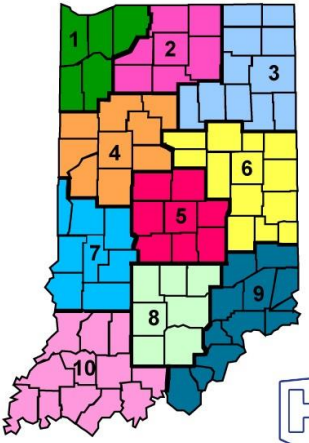
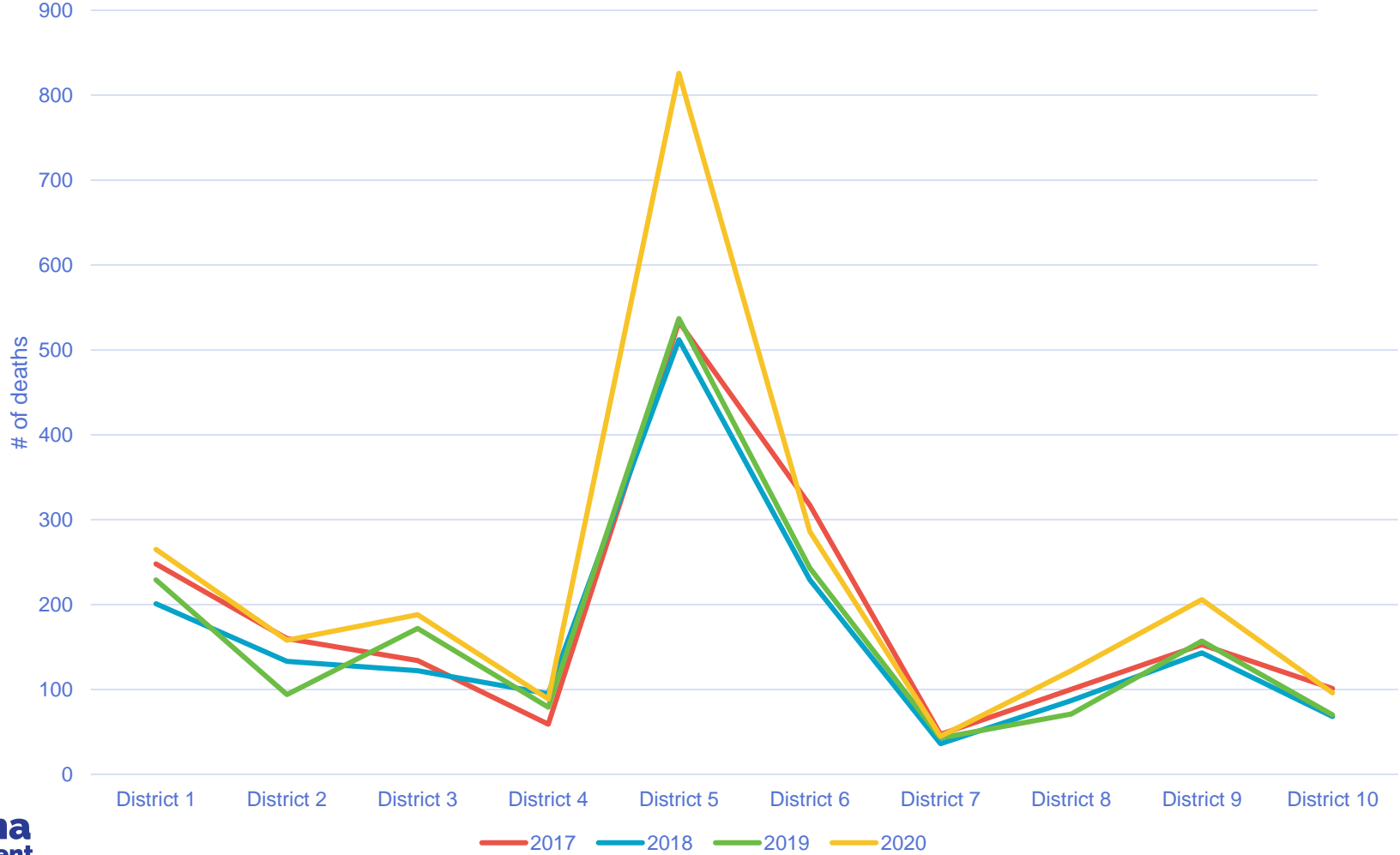




# Drug Poisonings by Month



# Drug Poisonings by Location



# Top counties with highest poisoning deaths

---

## 2017

- Marion: 365
- Lake: 164
- Allen: 92
- St. Joseph: 71
- Vanderburgh: 66
- Wayne: 66
- Delaware: 51
- Madison: 51
- Hamilton: 49
- Porter: 46

## 2018

- Marion: 335
- Lake: 130
- Allen: 85
- St. Joseph: 62
- Clark: 51
- Tippecanoe: 42
- Wayne: 42
- Delaware: 41
- Vanderburgh: 41
- Hamilton: 40

## 2019

- Marion: 377
- Lake: 151
- Allen: 112
- Madison: 53
- Wayne: 48
- Delaware: 43
- Tippecanoe: 43
- Clark: 42
- Porter: 40
- Floyd: 38

## 2020

- Marion: 584
- Lake: 166
- Allen: 116
- St. Joseph: 83
- Clark: 63
- Johnson: 61
- Delaware: 60
- Hendricks: 51
- Madison: 51
- Vanderburgh: 48

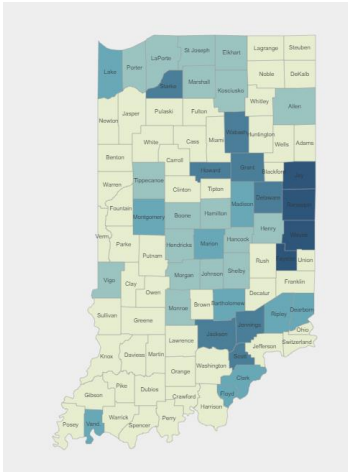
The top 3 counties accounted for an average of 35.5% of poisoning deaths

# 2017 Age-Adjusted Death Rate per 100,000

## Map Description

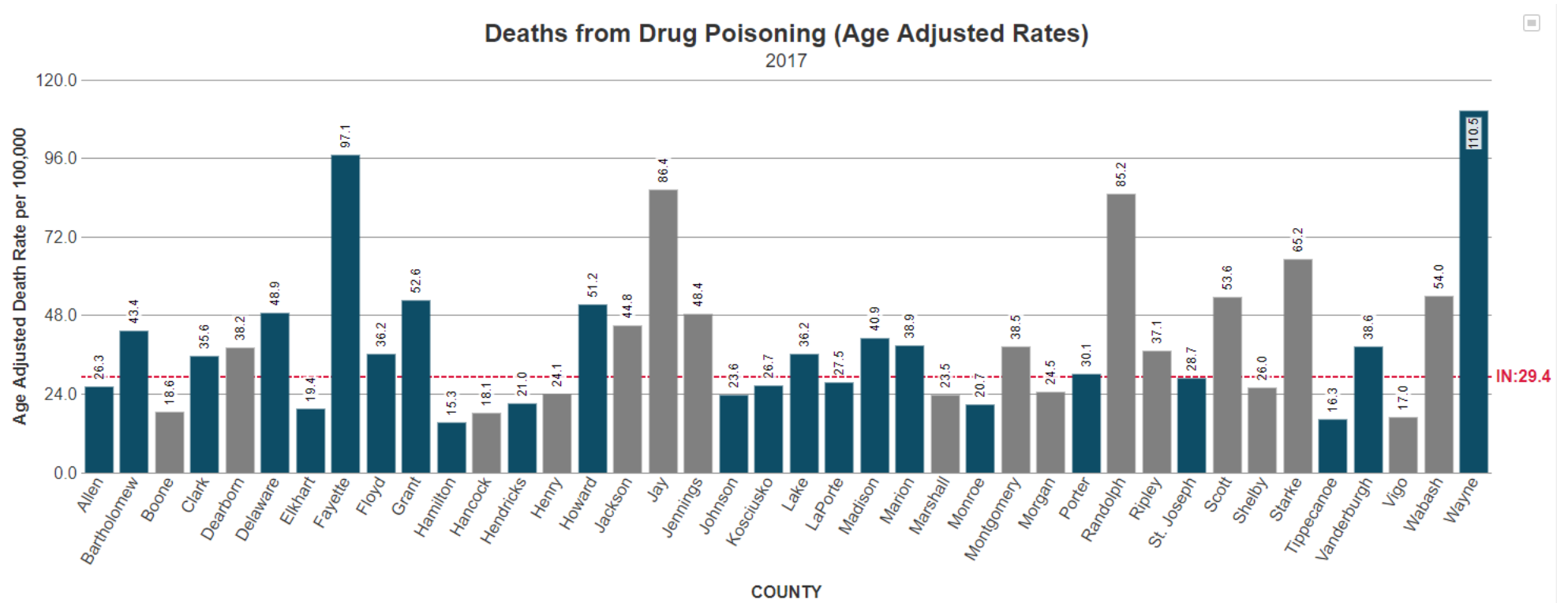
### County

- > 65 to 111
- > 45 to 65
- > 30 to 45
- > 0 to 30
- 0 to 0



### Deaths from Drug Poisoning (Age Adjusted Rates)

2017



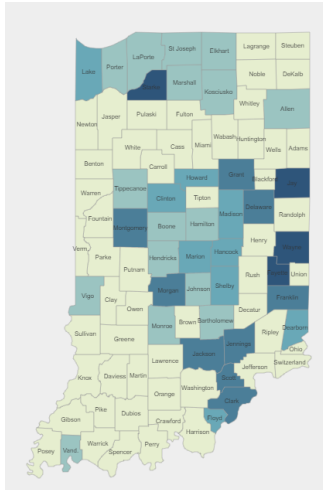
Counties in gray = rates based on counts less than 20; considered unstable/unreliable and should be interpreted with caution

# 2018 Age-Adjusted Death Rate per 100,000

## Map Description

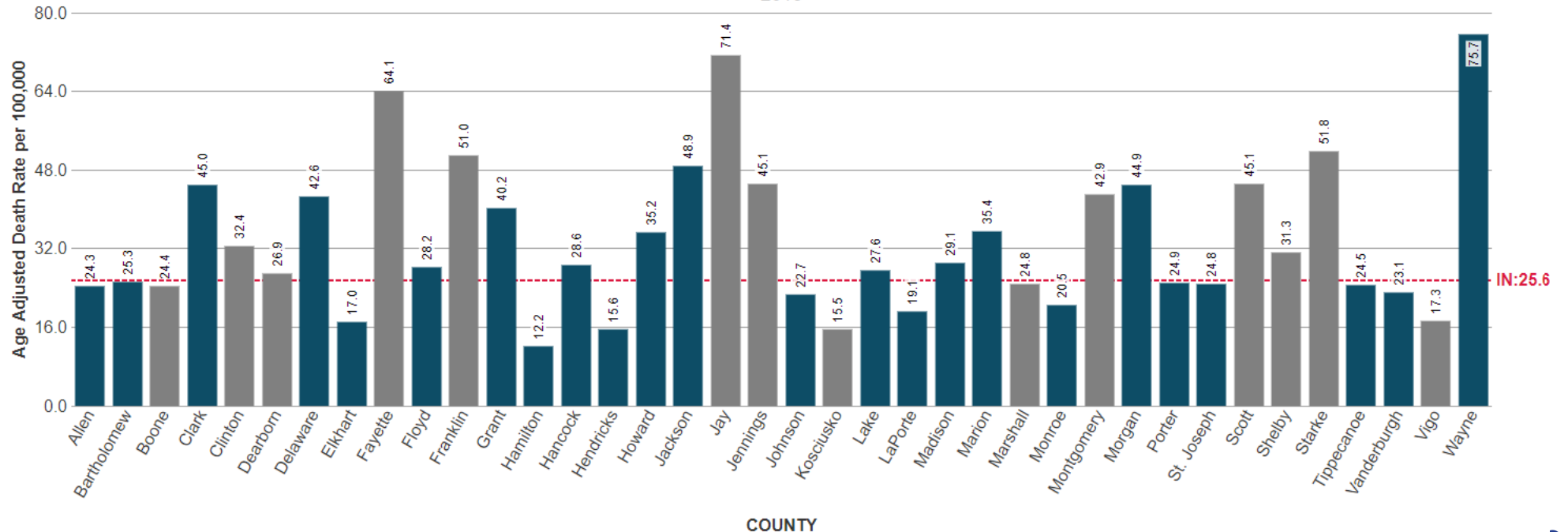
### County

- > 52 to 76
- > 35.4 to 52
- > 25 to 35.4
- > 0 to 25
- 0 to 0



### Deaths from Drug Poisoning (Age Adjusted Rates)

2018

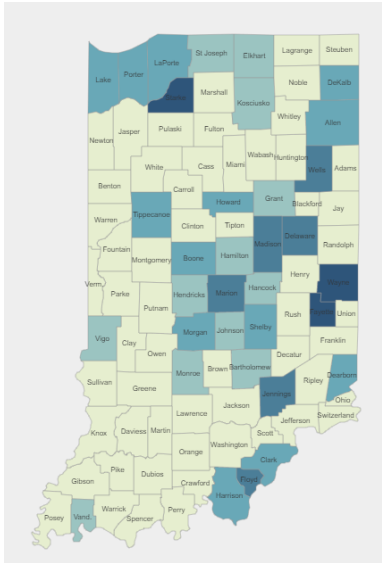
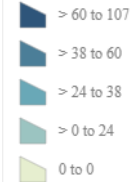


Counties in gray = rates based on counts less than 20; considered unstable/unreliable and should be interpreted with caution

# 2019 Age-Adjusted Death Rate per 100,000

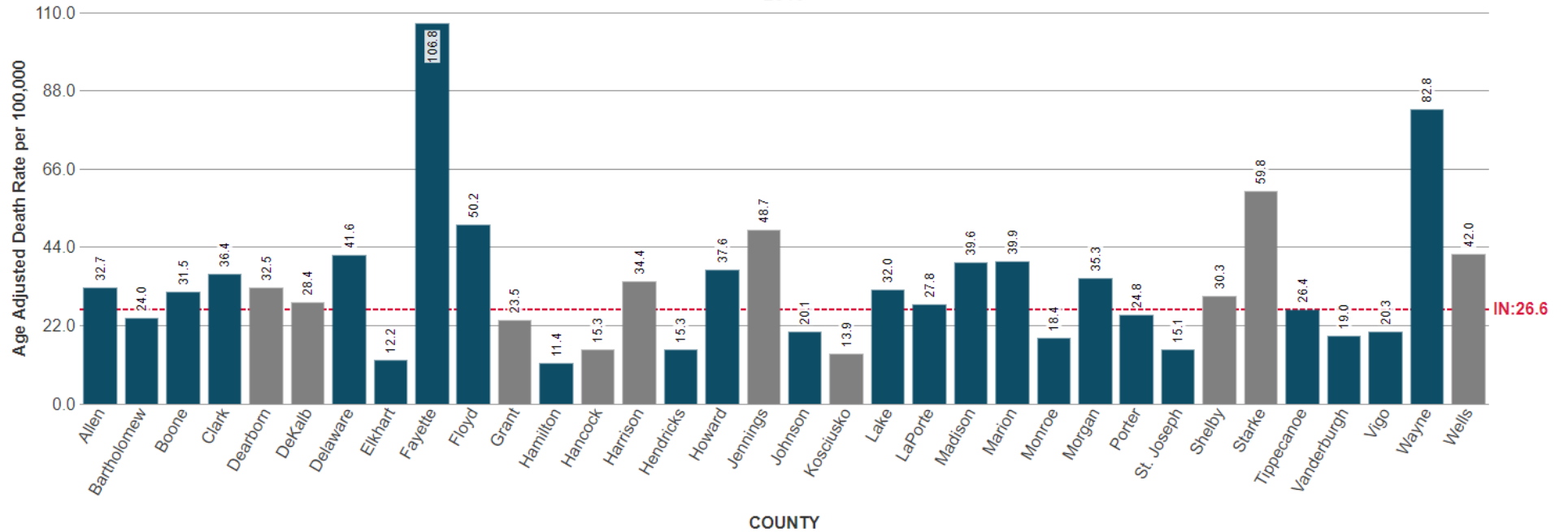
## Map Description

### County



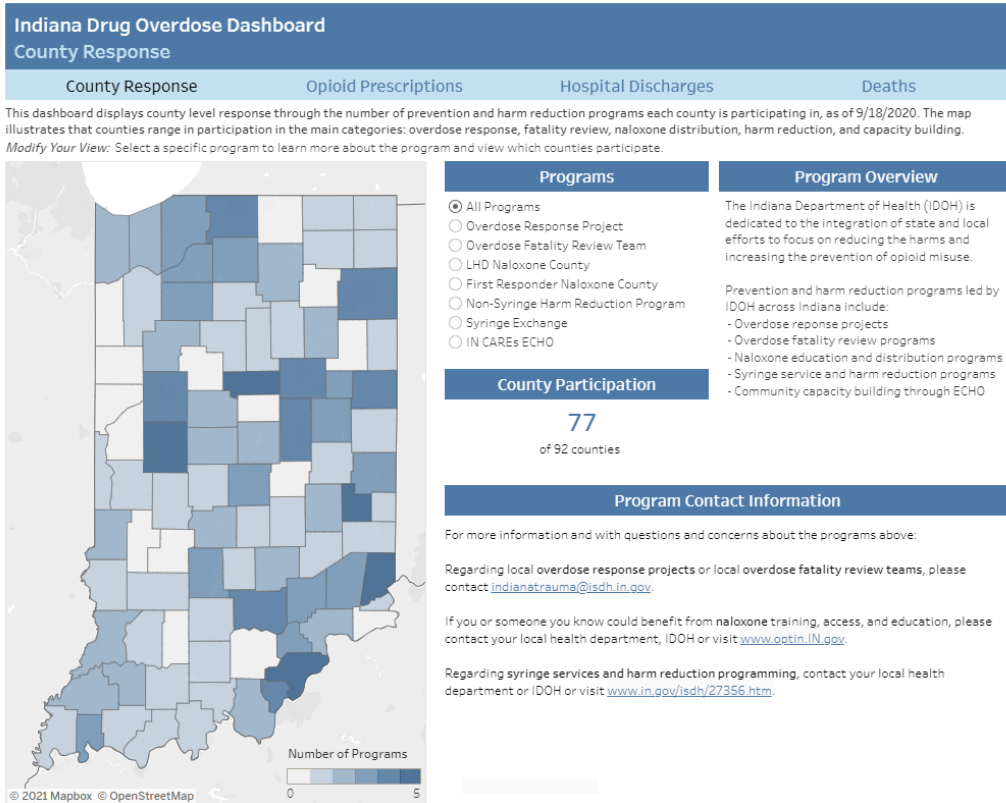
### Deaths from Drug Poisoning (Age Adjusted Rates)

2019



Counties in gray = rates based on counts less than 20; considered unstable/unreliable and should be interpreted with caution

# Visit our website for more information!



**Stats Explorer**  
Epidemiology Resource Center | Indiana State Department of Health

Find, Explore, and Download Indiana Health Stats

List by:  or Find:

**Introducing...**  
Stats Explorer provides quick access to publicly-available health and health-related statistics through a single easy-to-use resource for both public health professionals and the general public.

**Getting Started**

- 1 Select a topic from the drop-down list or enter a term into the text box and click search.
- 2 For each result, expand the variable title to review description.
- 3 Click chart, map, or table icons to depict stats.

**Area Profile**  
New! Use the Area Profile selector to quickly view the most recently published counts and statistics for the state or a county directly in your search results.

**Quick Tutorials**  
Watch short clips of Stats Explorer in action. Clips open in new windows or tabs. If the video does not automatically begin, right-click for video options. If video does not load then you may need to upgrade your browser.

- Search, Chart, and Sort (24 sec)
- Inspect Summary Stats and Error Bars (16 sec)
- Create a Doughnut Chart of Case Counts (29 sec)
- View Annual County Rates and Trend (16 sec)
- Download Data for Selected Year as CSV (15 sec)

**Data Notes**  
Data contained within the Stats Explorer represent what was reported to the Indiana State Department of Health, and may not reflect the full situation in a jurisdiction. Underreporting is one such limitation of the data, and more than one data source should be used when assessing the jurisdiction.

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) can be used to track morbidity. Because the primary purpose for assigning code is for billing, rather than surveillance, caution should be used when interpreting the bar charts, line graphs, and maps.

Statistics for geographic units or locations with less than 5 cases or events are often suppressed. These are depicted as 0 (zero) in line charts, maps and tables. Locations with 0 (zero) are excluded from bar charts.

Rates based on small numbers (typically less than 20 cases or events) are unreliable and should be interpreted with caution. These instances are depicted as gray bars in the bar charts.

Data identified as provisional are subject to change prior to being made final. Users are therefore cautioned to carefully consider the use of provisional data for decision making and comparing to previous years.

Advanced stats, including confidence intervals and significance measurements, are calculated by Stats Explorer and are considered estimates.

The resource source stated in the description section of each variable should be used for references and attribution. For the most authoritative information, please contact the stated resource source.

All statistics are subject to the disclaimers stated at the bottom of each search results page.

**Updates**

- 12.4.2020 - Mortality statistics for 2019 added.
- 11.17.2020 - Hepatitis B and C for 2019 added.
- 11.17.2020 - Sexually transmitted diseases for 2019 added.
- 11.10.2020 - Natality and infant mortality statistics for 2019 added.
- 9.1.2020 - Non-Fatal Emergency Department Visit and Hospitalization involving drug poisoning for 2019 added.
- 8.19.2020 - Hospitalizations for Other Chronic Conditions for 2019 added.
- 8.19.2020 - Non-Fatal Emergency Department Visits and Hospitalizations for Asthma for 2019 added.
- 8.18.2020 - Neonatal deaths and SUIDs updated.

**About**  
The Stats Explorer is developed and maintained by the Public Health Geographics (PHG) program within the ISDH Epidemiology Resource Center (ERC) division. PHG gathers information, adds geographic context and redistributes data in various formats as a resource. PHG is not an authoritative steward of these data nor does Stats Explorer provide authoritative information. Please contact the program or organization listed as the source for each data item to obtain authoritative information.

Help Improve This Site  
[Send Feedback using a Short Survey](#)

**Developer Info**  
Stats Explorer is a data repository - all content is available through a web service. Contact Public Health Geographics about embedding data in a webpage, dashboard, or other applications.



<https://www.in.gov/health/overdose-prevention/data/indiana/>



**Indiana**  
**Department**  
**of**  
**Health**

# INTENTIONAL INJURY DATA PRESENTATION:

## COVID19 AND MENTAL HEALTH IN INDIANA

Morgan Sprecher, MPH

Indiana Violent Death Reporting System (INVDRS) Epidemiologist





Indiana  
Department  
of  
Health

## COVID-19 and Mental Health in Indiana

*Examining How Hoosiers are Adjusting to the New Normal*



# Coming September 2021

Can be accessed on the Trauma website:

<https://www.in.gov/health/trauma-system/injury-prevention/indiana-reports-and-documents/>

# COVID19 and Mental Health in Indiana

## FACTORS CONTRIBUTING TO INCREASED MENTAL HEALTH PROBLEMS DURING THE PANDEMIC



Isolation



Fear of Infection



Economic Hardship



Decreased access to mental health services



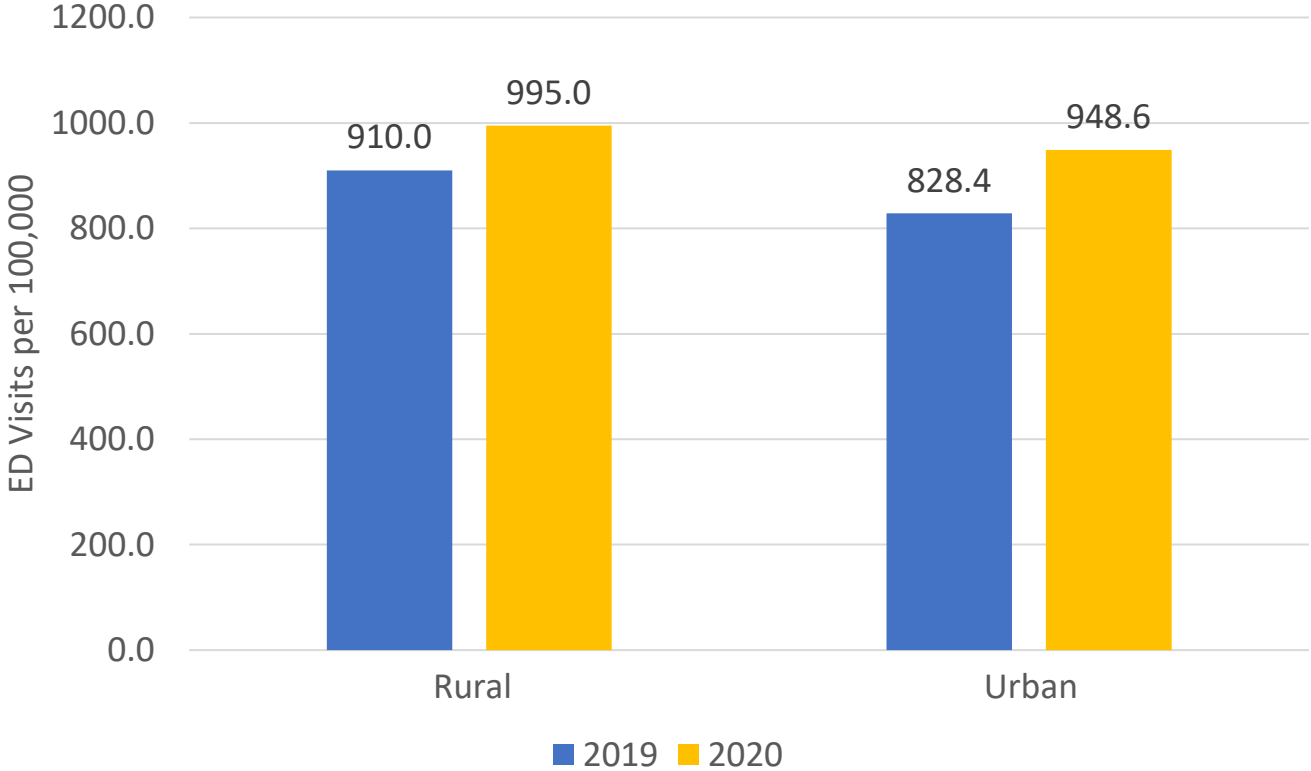
School closures



Loss of family member or friend

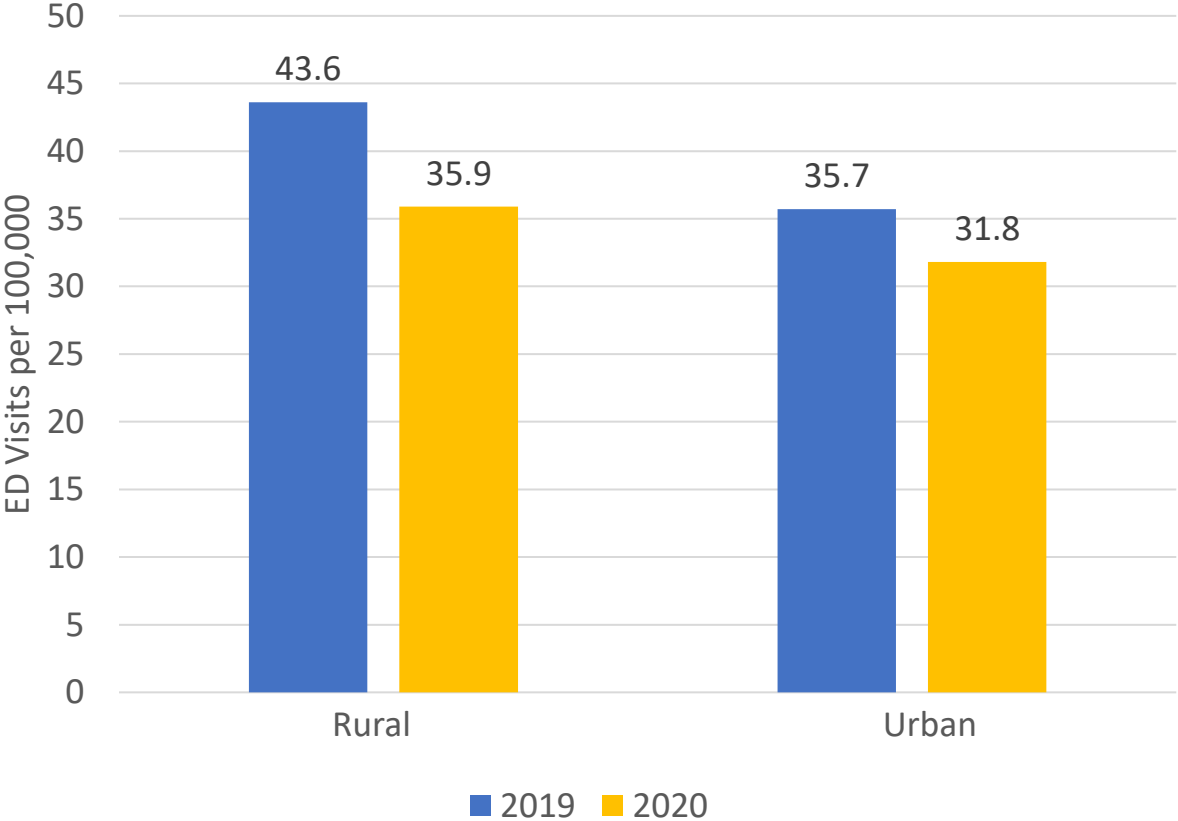
During the pandemic, **3 in 10** adults in the United States reported symptoms of anxiety or depressive disorder

# Emergency Department Visits - Overdoses

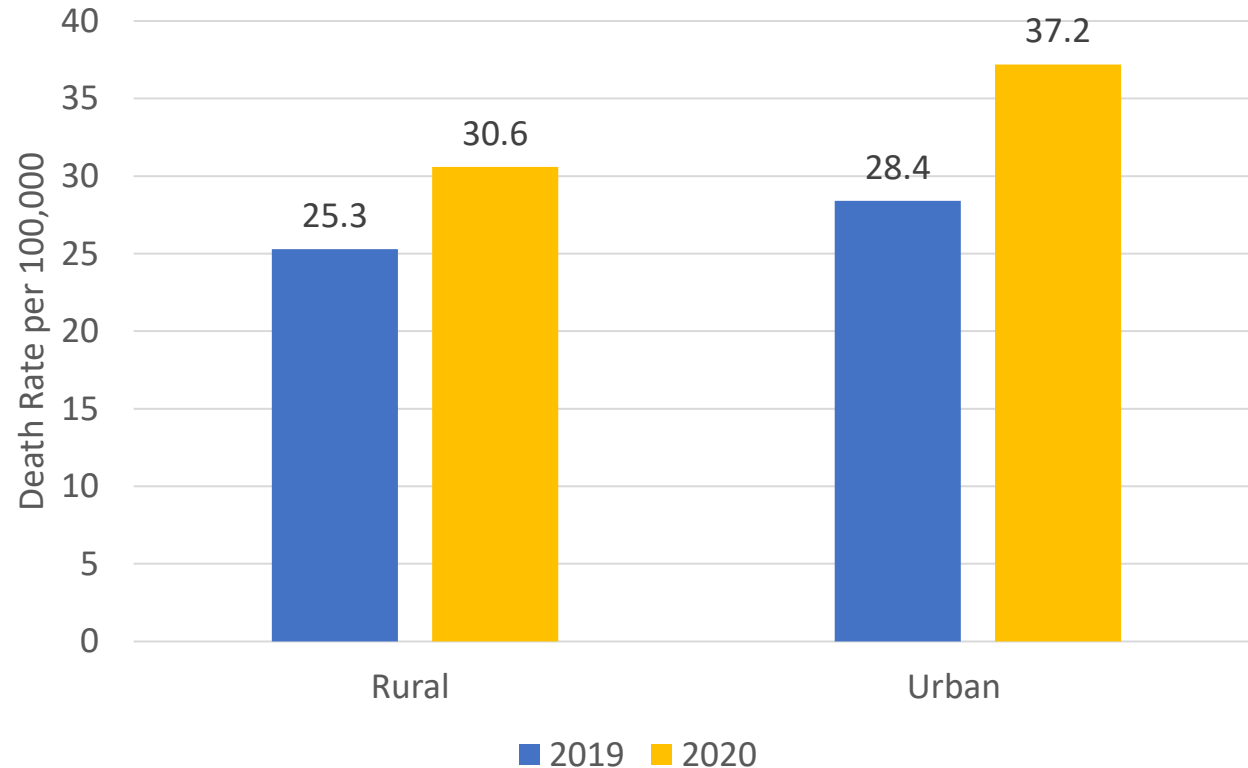


**3 out of 4**  
counties  
report an  
increase in ED  
visits for  
overdoses

# Emergency Department Visits - Suicides

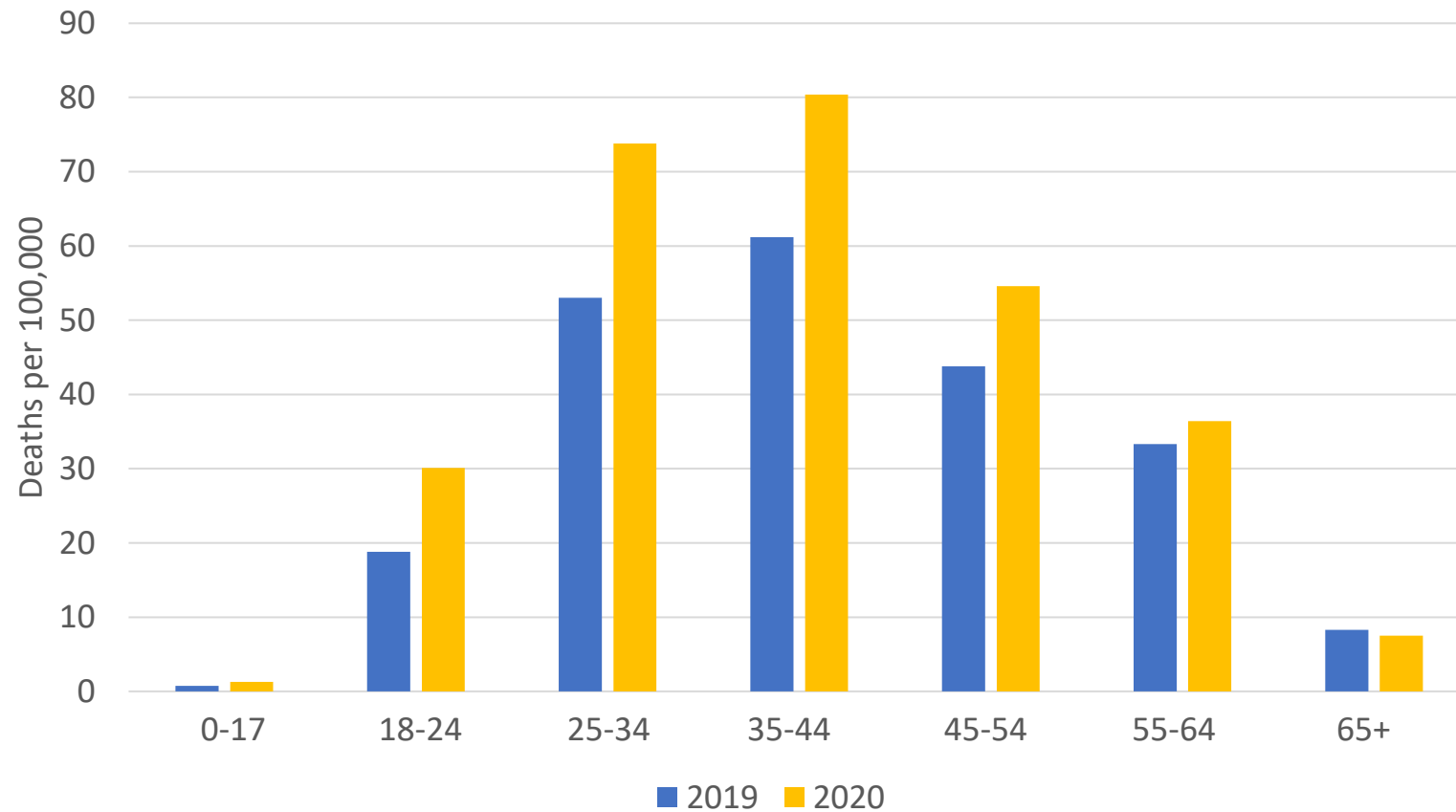


# Overdose Deaths

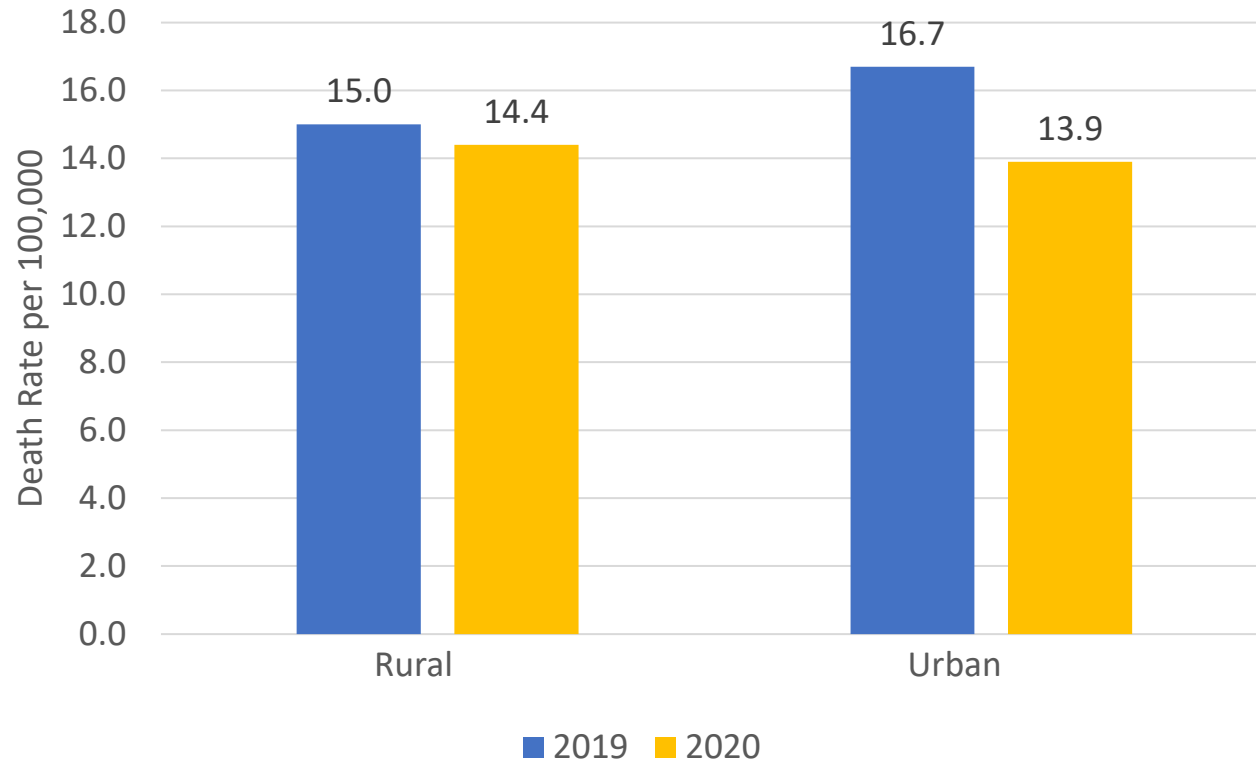


**62%** of counties report an increase in overdose deaths from 2019-2020

# Overdose Deaths

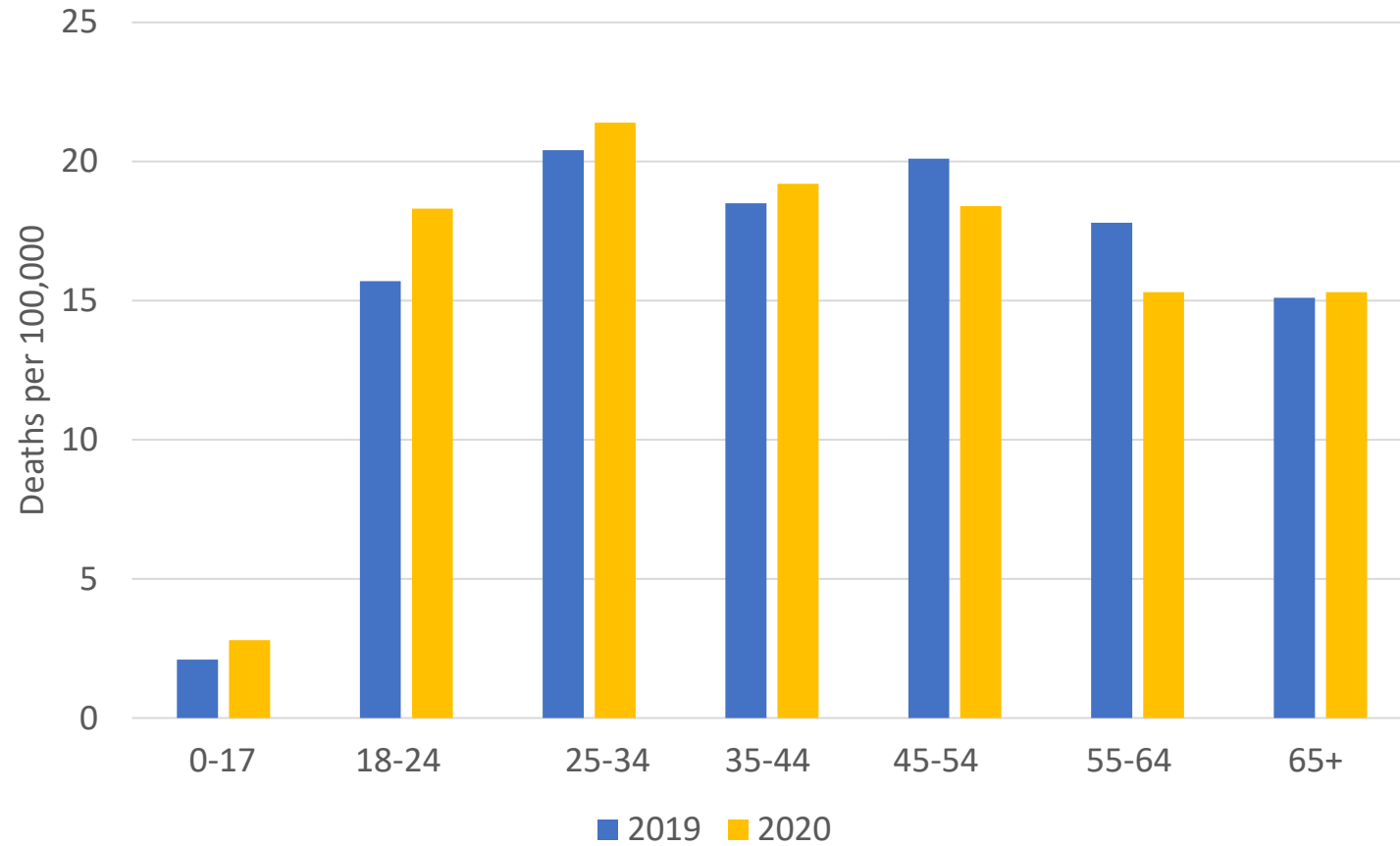


# Suicide Deaths



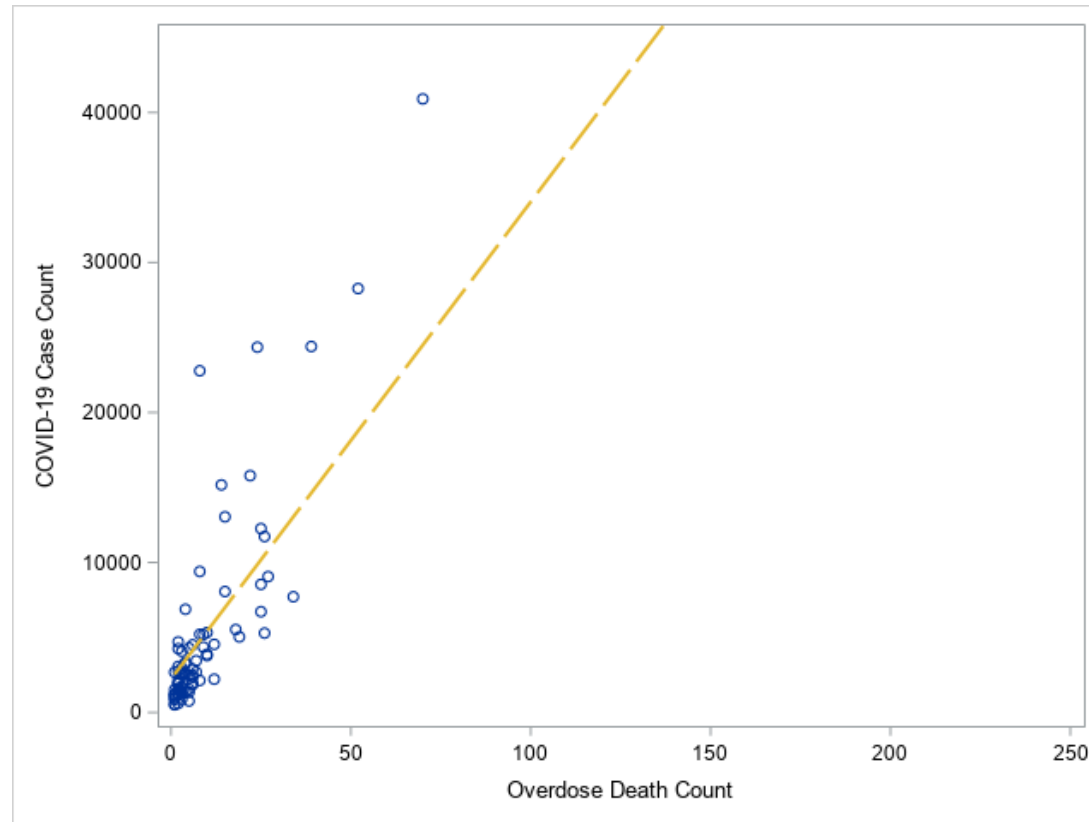
**40%** of counties report an increase in suicide deaths from 2019-2020

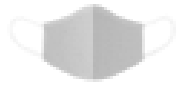
# Suicide Deaths





# Is there a correlation between COVID-19 Case Counts and Overdose Deaths?





COVID-19 Pandemic



Fear of Infection



Decreased Access to  
Mental Health Care



Poor Mental  
Health Outcomes

**Conclusions and  
Interpretations**



**Indiana  
Department  
of  
Health**

# 2021 Meeting Dates

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November 19

# THANKS!

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Presenter	Phone	Email
Morgan Sprecher	812-929-3069	msprecher@isdh.in.gov
Veronica Daye	317-234-4943	vdaye@isdh.in.gov
Maggie Owens	317-759-8008	maggie@indianaprevention.org
Kelly Cunningham	317-652-4643	kcunningham2@isdh.in.gov