Indiana Violent Death Reporting System (INVDRS)

Advisory Board Meeting

Rachel Kenny, INVDRS Epidemiologist
Division of Trauma and Injury Prevention
INVDRS@isdh.in.gov
Worksheet

- Questions / Concerns / roadblocks

Email Questions: INVDRS@isdh.in.gov
Outline of Meeting

• Welcome & Introductions
• CDC Updates
• Data Collection Updates
• Rob Simpson Presentation

Email Questions: INVDRS@isdh.in.gov
Outline of Meeting

• MIPA NVDRS Committee
• 2016 Statewide Implementation
• Data Confidentiality
• Injury Prevention Updates

Email Questions: INVDRS@isdh.in.gov
Introductions

- Name
- Organization
- Role/job title within organization
- Update
  - Events
  - Projects
  - Issues

(Related to Violence & Injury Prevention)

Email Questions: INVDRS@isdh.in.gov
New INVDRS Staff!

- Marion Chaloux
  - INVDRS Records Consultant
  - Mchaloux@isdh.in.gov
  - 317.233.8460

Email Questions: INVDRS@isdh.in.gov
*New* 2016 meeting dates

• 3rd Friday of the month
  - 1 p.m.-3 p.m. EST in Rice Auditorium
  - March 18
  - July 15
  - September 16
  - November 18

Email Questions: INVDRS@isdh.in.gov
CDC Site Visit

September 1, 2015

Email Questions: INVDRS@isdh.in.gov
Attendees

- INVDRS Staff
- CDC Representatives
  - Rebecca Wilson, MPH, Public Health Advisor/Project Officer
  - Katherine Fowler, PhD, Science Officer
- INVDRS Advisory Board Members
Coding Manual Revisions
Revisions

• “Other race” option removed
• Added “Domestic Partnership” to the Marital State variable. New response options:
  1. Married/Civil Union/Domestic Partnership
  2. Never Married
  3. Widowed
  4. Divorced
  5. Married/Civil Union/Domestic Partnership, but separated
  6. Single, not otherwise specified
  9. Unknown

Email Questions: INVDRS@isdh.in.gov
Two new variables designed to capture more information on victims’ involvement in an intimate relationship at the time of an incident

- **Relationship Status**
  1. Currently in a relationship
  2. Not currently in a relationship
  9. Unknown

- **Sex of Partner**
  1. Same sex as victim
  2. Opposite sex as victim
  3. Not applicable
  9. Unknown
Revisions (cont.)

• Updated guidance and examples for when to code “Homelessness” and “Random Violence” variables
• Various corrections on discrepancies and errors
• Guidance on how to obtain census track and block information
Data Collection Updates

*All data is preliminary*
Death Certificates

• 1242 cases statewide (as of 11/17 DC update)
  – 786 Suicides (63.3%)
  – 308 Homicides (24.8%)
  – 117 Undetermined (9.4%)
  – 31 Accidental (2.5%)

*preliminary numbers
CDC Timelines

- 6 months from Death-Case Initiation via Death Certificate
- 18 months from Death-Case Completion (all 3 major sources abstracted)
CDC Timelines

• 98% of our Death Certificates were uploaded within 6 months of Death!

• Median days from death to initiation in INVDRS = 98 days
Death Certificates

- Pilot Counties
  - 47.8% of all cases (594)
  - 40.3% of all suicides (317)
  - 75.6% of all homicides (233)

*preliminary numbers*

Email Questions: INVDRS@isdh.in.gov
## Death Certificates

<table>
<thead>
<tr>
<th></th>
<th>All Pilot</th>
<th>Marion</th>
<th>Lake</th>
<th>Allen</th>
<th>St. Joseph</th>
<th>Vanderburgh</th>
<th>Madison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>594</td>
<td>242</td>
<td>123</td>
<td>92</td>
<td>67</td>
<td>43</td>
<td>27</td>
</tr>
<tr>
<td>Suicide</td>
<td>317</td>
<td>112</td>
<td>59</td>
<td>49</td>
<td>41</td>
<td>34</td>
<td>22</td>
</tr>
<tr>
<td>Homicide</td>
<td>233</td>
<td>115</td>
<td>59</td>
<td>30</td>
<td>20</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

*preliminary numbers

**Email Questions:** INVDRS@isdh.in.gov
Manner of Death

Statewide

- Accidental: 2.5%
- Undetermined: 9.42%
- Suicide: 63.3%
- Homicide: 24.8%

Pilot Counties

- Accidental: 3%
- Undetermined: 5%
- Suicide: 53%
- Homicide: 39%

*preliminary numbers

Email Questions: INVDRS@isdh.in.gov
Manner of Death

Non-Pilot Counties

- Suicide: 72.4%
- Homicide: 11.6%
- Undetermined: 13.9%
- Accidental: 2.2%

*preliminary numbers

Email Questions: INVDRS@isdh.in.gov
Manner of Death by Sex

Suicide
- Female: 153
- Male: 633

Homicide
- Female: 74
- Male: 234

Other
- Female: 61
- Male: 87

*preliminary numbers

Email Questions: INVDRS@isdh.in.gov
Manner of Death by Age Group

*preliminary numbers

Email Questions: INVDRS@isdh.in.gov
Manner of Death by Age Group

Counts

Suicide

Homicide

*preliminary numbers

Email Questions: INVDRS@isdh.in.gov
Homicide Percentages by Age Group and Total

*preliminary numbers

Homicide % within age category
Homicide % of Total VD

Under 18 | 7%
18-24    | 27%
25-34    | 25%
35-44    | 15%
45-54    | 12%
55-64    | 8%
65+      | 5%

Email Questions: INVDRS@isdh.in.gov
Manner of Death by Month
January-July

*preliminary numbers

Counts

Suicide

Homicide

January February March April May June July

Email Questions: INVDRS@isdh.in.gov
What else would you like to see?

Email Questions: INVDRS@isdh.in.gov
Coroner Update

Murray Lawry, INVDRS Coroner Records Coordinator

Email Questions: INVDRS@isdh.in.gov
Data Sharing Agreements

20 signed Data Sharing Agreements

- Bartholomew
- Cass
- Clinton
- DeKalb
- Delaware
- Fountain
- Jackson
- Jasper
- LaGrange
- LaPorte
- Lawrence
- Marion
- Montgomery
- Newton
- Pike
- Pulaski
- St. Joseph
- Wabash
- Wayne
- Whitley

Email Questions: INVDRS@isdh.in.gov
Successes

- 4 counties with scheduled visits
  - Carroll, Tippecanoe, Hamilton, Hancock
Challenges

• 3 counties are requesting there be a law that requires them to submit data to INVDRS before they will sign a DSA
• Allen County Prosecutor
• Unable to reach Madison County Coroner

Suggestions/Comments?

Email Questions: INVDRS@isdh.in.gov
Law Enforcement Update

John O’Boyle, INVDRS Law Enforcement Records Coordinator

Email Questions: INVDRS@isdh.in.gov
Data Sharing Agreements

- 174 signed Data Sharing Agreements
  - 30 in Pilot Counties
    - Allen-3
    - Lake-9
    - Madison-11
    - Marion-3
    - St. Joseph-1
    - Vanderburgh-2

Email Questions: INVDRS@isdh.in.gov
Successes

• Legal questions about the DSA from local agencies
  - Small changes are permissible as long as they are reviewed and accepted
• Speaking engagement at the Indiana Association of Chiefs of Police (IACP) in January 2016
• Basic Vender Membership with the Indiana Sheriff’s Association (ISA) for their ISA Conference

Email Questions: INVDRS@isdh.in.gov
Challenges

• Unwilling to participate due to previous experience with the federal government
• Smaller departments not seeing a need

Suggestions/Comments?

Email Questions: INVDTRS@isdh.in.gov
Update from the INVDRS Records Coordinator

Marion Chaloux, M.S.
INVDRS Records Consultant

Email Questions: INVDRS@isdh.in.gov
Data Collection and Abstraction

- Requested: 477
  - Not received: 178
- Received: 299
  - Abstracted: 94

Email Questions: INVDRS@isdh.in.gov
Data Collection: LE

- Requested: 249
- Received: 159
  - Abstracted: 50
  - 17 cases are either ongoing or have no report associated with that case

159 Received Cases

Email Questions: INVDRS@isdh.in.gov
Data Collection: CME

- Requested: 228
- Received: 187
  - Abstracted: 44
  - 3 cases received were later deemed non-INVDRS cases

187 Received Cases

- Abstracted
- Received, not abstracted
- Non-INVDRS

Email Questions: INVDRS@isdh.in.gov
INVDRS: Indiana specific work

- INVDRS Training modules
  - Introduction to the unique problems in Indiana
  - Confidentiality

- Indiana specific data elements?

Email Questions: INVDRS@isdh.in.gov
Successes

- Reports are coming in continuously!
- Overall, very informative reports

Email Questions: INVDRS@isdh.in.gov
Challenges

- Inconsistent reports
- Lack of required reports
Time for questions/input

Email Questions: INVDRS@isdh.in.gov
Trauma Registry
Trauma Registry Data Elements

- Seen in ED (drop box)
- Admitted to Inpatient (checkbox)
- ICD-9 codes from hospital
- Wounds-Able to identify location of
- Place of Death (Inpatient, Outpatient, DOA, etc)
- Toxicology
- EMS at Scene (checkbox)

Email Questions: INVDRS@isdh.in.gov
Presentation by First Sergeant Rob Simpson
Midwest Injury Prevention Alliance (MIPA)

NVDRS Subcommittee

Email Questions: INVDRS@isdh.in.gov
MIPA NVDRS Subcommittee

- Goals: facilitate mentoring and collaboration, regional data sharing
- Sharing of Death Certificates to ID:
  - Individuals involved in an incident that began in Indiana but death occurred in another state

Email Questions: INVDRS@isdh.in.gov
Cases that Cross State Lines

• Example 1: An individual was shot in Indiana right across the state line from Cincinnati. They were taken to a hospital in Ohio where they died.

• What we know:
  - Decedent was an Indiana resident
  - Injury happened in Indiana
  - Death happened in Ohio
  - Both states are NVDRS states

• Who is responsible for collecting data on this case?

Email Questions: INVDRS@isdh.in.gov
Cases that Cross State Lines

- Answer: Indiana. According to the CDC, when both states are NVDRS states, the state of injury is responsible for collecting the case.
Cases that Cross State Lines

• Example 2: An Indiana resident dies by suicide in Tennessee

• What we know:
  - Indiana resident
  - Injury and Death in Tennessee

• Who is responsible for collecting data on this case?

Email Questions: INVDRS@isdh.in.gov
Cases that Cross State Lines

• Answer: Indiana. Tennessee is not an NVDRS state but Indiana is responsible for abstracting the incident if one of their own residents dies violently in a state that is not currently part of NVDRS.

Email Questions: INVDRS@isdh.in.gov
Cases that Cross State Lines

• Example 3: Suspect 1 kills Victim 1 in Indiana. Three hours later, Suspect 1 attempts suicide in Michigan. Suspect 1 lives for 2 days before succumbing from their injuries

• What we know:
  - Incident began in Indiana
  - The two decedents were injured and died in different states
  - The injuries occurred within 24 hours of each other

• Who is responsible for collecting each death?

Email Questions: INVDRS@isdh.in.gov
Cases that Cross State Lines

• Answer: Indiana. The incident began in Indiana and because the second injury occurred within 24 hours of the first injury, they comprise a single incident.
2016 Statewide Implementation

Email Questions: INVDRS@isdh.in.gov
2016 Statewide Implementation

• Data collection for INVDRS will begin in January 2016 for all 92 counties in Indiana.

• Focus will be placed on counties with the highest death counts in previous years.
Violent deaths in Indiana (2010-2013)
- 3,625 Hoosiers died by suicide, approximately 906 deaths a year.
- 1,366 Hoosiers died by homicide.
- Suicides occur almost three times as often as homicides.
- Indiana’s suicide and homicide rates exceed the national rates.

Violent deaths in the U.S. (2010-2013)
- Violent deaths accounted for about 244,000 deaths.
- For every 100,000 persons, 12.4 will die by suicide. This is over 39,000 individuals each year.
- For every 100,000 persons, 5.2 will die by homicide. This is over 16,000 individuals per year.

Email Questions: INVDTRS@isdh.in.gov
What is the National Violent Death Reporting System (NVDRS)?
NVDRS is an incident-based surveillance system which collects comprehensive variables surrounding violent death. NVDRS combines data from death certificates and coroner and law enforcement reports into one comprehensive reporting system.

What is considered a violent death?
For inclusion in NVDRS, a violent death is defined as a death which results from the intentional use of physical force or power against oneself, another person, or a group or community.

Violent deaths include:
- Homicides
- Suicides
- Deaths due to legal intervention
- Undetermined intent
- Undeintentional firearm-related deaths

Child Fatality Review
NVDRS will capture violent death incidents involving children by utilizing and enhancing the work done through Child Fatality Review. From 1999-2013 in Indiana, there were 1,212 violent deaths among children under the age of 18.

What Information is collected?
NVDRS will help understand the circumstances surrounding violent death in Indiana. Data elements include information on the following, when applicable:
- Demographics of victim
- Demographics of suspect
- Toxicology
- Weapon(s)
- Circumstances of death
- Relationship between the victim and suspect(s)

Data sources
NVDRS uses multiple data sources, including death certificates, coroner reports, local and state police reports, and crime lab reports in creating its incident records.

Information about the circumstances associated with violent death is a particularly unique and important feature of NVDRS, since it helps identify specific risk factors leading to violence, which can help us better understand how to curb it.

Translating data into action
The data will be used to:
- inform communities of their specific problems and suggest possible intervention opportunities
- assist local violence prevention programs in obtaining state and federal funding by demonstrating need
- inform data providers, such as police departments and coroner’s offices, on their data quality and timeliness
- guide and target violence prevention programs, policies, and practices
- support planning and implementation of these programs, policies, and practices monitor and evaluate prevention efforts

Email Questions: INVDRS@isdh.in.gov
Getting the Word Out-2015

- Indiana Coroner’s Training Board Conference  
  - June 26th-28th  
  - Exhibitor

- Indiana Sheriff’s Association Conference  
  - July 17th-19th  
  - Exhibitor

- Indiana Emergency Response Conference  
  - August 19th-22nd  
  - Presenter

Email Questions: INVDRS@isdh.in.gov
SUIDI Training

- Tell City  
  - May 28th, 2015
- Ft. Wayne  
  - June 4th, 2015
- Plainfield  
  - July 16th, 2015
- Scottsburg  
  - August 6th, 2015
- Lafayette  
  - September 17th, 2015

Email Questions: INVDRS@isdh.in.gov
• Have already started obtaining agreements with any counties/agencies that are willing
Data Confidentiality
Data Confidentiality

• Received IRB Approval!
• Next Step:
  - Applying for the Certificate of Confidentiality from the CDC

Email Questions: INVDTRS@isdh.in.gov
Once approved, the CoC protects ISDH from being compelled to release identifiable information in response to legal demands at the federal, state, or local levels.
Injury Prevention Resource Guide & Updates

December 15, 2015

Jessica Schultz, MPH, Injury Prevention Epidemiologist
Division of Trauma and Injury Prevention

Email questions to: indianatrauma@isdh.in.gov
Why Prevent Injuries?

- Injuries are not accidents!
- Injuries can be devastating,
- Injuries can be deadly,
- Injuries are costly, and
- Injuries are preventable.

“Prevention is the vaccine for the disease of injury” – American College of Surgeons-Committee on Trauma
1. Create a document that can provide easily accessible and understandable data and information on the size and scope of specific injury problems in Indiana.

2. Highlight evidence-based solutions to the problem of injury
Outline per Injury Prevention Topic

1. Short description of problem
2. U.S. data
3. Indiana data
4. How do we address this problem?
   a. Evidence-based solutions
   b. Policy, data collection, education, interventions, collaborations, measures
5. Additional Resources (state and national)

@INDTrauma
10 topics in initial launch

- Alcohol & Injury
- Child Maltreatment
- Distracted Driving
- Infant Safe Sleep
- Sexual Assault
- Suicide Prevention
- Older Adult Falls
- Rx Overdose
- Trauma & Trauma Systems
- Traumatic Brain Injury

Email questions to: indianatrauma@isdh.in.gov
Future Injury Topics

Traffic Safety
Poisoning
Assault & Homicide
Intimate Partner Violence
Occupational Safety
Teen Driving Safety
Child Passenger Safety
ATV Safety
Rural Health
Carbon Monoxide & Home Fires
Bullying
Resource Guide

INDIANA INFORMATION

Reports and Documents

Preventing Injuries in Indiana: A Resource Guide

The Indiana State Department of Health (ISDH) Division of Trauma and Injury is pleased to provide the first edition of this comprehensive Resource Guide on injuries affecting Hoosiers. By accessing, analyzing and compiling data and evidence-based resources from a wide variety of sources, the Resource Guide describes some of the issues related to injury and the strategies to address the immense toll that injuries take on the lives of Indiana residents. Injuries are a major public health problem and require resources and programming to reduce this toll. This Resource Guide aims to inform injury prevention interventions.


Injury Topics:

<table>
<thead>
<tr>
<th>Trauma &amp; Trauma System</th>
<th>Older Adult Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; Injury</td>
<td>Child Maltreatment</td>
</tr>
<tr>
<td>Prescription Drug Overdose</td>
<td>Sexual Violence</td>
</tr>
<tr>
<td>Infant Safe Sleep</td>
<td>Distracted Driving</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>Suicide Prevention</td>
</tr>
</tbody>
</table>

Appendices:

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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>B: ISDH Vital Statistics and Hospital Discharge Data</td>
<td>E: Indiana Injury Prevention Reports &amp; Information</td>
</tr>
<tr>
<td>C: Resources to Find Evidence-Based Programs</td>
<td></td>
</tr>
</tbody>
</table>

Visit: [http://www.in.gov/isdh/25396.htm](http://www.in.gov/isdh/25396.htm)
Resource Guide App

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

Email questions to: indianatrauma@isdh.in.gov
App Stores


Preventing Injuries in Indiana

Bob Clarke | Education

Everyone 10+

You don't have any devices

Add to Wishlist | Install

The public health approach to prevention follows four main steps to prevent injuries and violence and minimize their consequences when they occur. The systematic processes are: 1) describe the problem and perform surveillance; 2) identify causes and risk, and protective factors; 3) develop...
Preventing Injuries in Indiana: Injury Prevention Resource Guide

By Indiana Office of Technology

Open iTunes to buy and download apps.

Description

The public health approach to prevention follows four main steps to prevent injuries and violence and minimize their consequences when they occur. The systematic processes are: 1) describe the problem and perform surveillance; 2) identify causes and risk and protective factors; 3) develop, implement, and evaluate prevention strategies; and 4)

Preventing Injuries in Indiana: Injury Prevention Resource Guide Support »

Samples

These apps are designed for both iPhone and iPad

Free

Category: Health & Fitness
Released: Oct 14, 2015
Version: 1.0
Size: 2.0 MB
Language: English
Seller: Indiana Office of Technology
Indiana Department of Health ©
Rated 12+ for the following: Infrequent/Mild Sexual Content and Nudity

Islamic Prayer Reminder

The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or e...

United States Data

Indiana Data

How do we address this problem?
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific hospitals. The ultimate goal of an efficient and effective trauma system is to get the right patient the right care, at the right place, at the right time. Research indicates there is a 25% reduction in deaths for severely injured patients who receive care at a American College of Surgeons (ACS) verified level I trauma center rather than a non-trauma center.1 However, not all injured patients can or should be transported to a level I center, therefore Emergency Medical Service (EMS) providers must perform field triage to assist in determining the most appropriate level of care needed for the patient. Injuries and violence have a significant impact on the well-being of Americans by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, employers, and communities.2
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific locations.

United States Data

Fatal data

Non-fatal data

Cost data

How do we address this problem?

Policy

Data collection

Education

Interventions

Collaborations

Measures: Healthy People 2020
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific...

Data collection

population, statewide process improvement activities, and research.

The Indiana Trauma Registry requires the National Trauma Data Bank (NTDB) data elements for each incident submitted and follows strict inclusion/exclusion criteria. The Indiana Trauma Registry Data Dictionary can be accessed here: http://www.in.gov/isdh/25407.htm

Registry requires Data Bank Data for each incident and follows strict inclusion/exclusion criteria. The Data Dictionary can be accessed here: http://www.in.gov/isdh/25407.htm
Any drug has the potential to be misused or abused, and may be even more dangerous when used in combination with other drugs or alcohol. The most...

Cost data

Fatal unintentional poisoning costs were about $68 million in 2010. Of this amount, the combined cost of work loss and medical costs was an average of $653,429 per fatality. (see #14)

Opioid abuse costs in 2007. Of this attributable to lost healthcare costs (e.g., % to criminal justice...
The Indiana Trauma Registry requires the National Trauma Data Bank (NTDB) data elements for each incident submitted and follows strict inclusion/exclusion criteria. The Indiana Trauma Registry Data Dictionary can be accessed here: http://www.in.gov/isdh/25407.htm

Trauma & Trauma System
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries. Relievers of narcotic pain (see #16) and relieved opioid pain (see #16) be counseled against sharing medications, about proper medication storage, use, and disposal, and compliance with prescribing physician's.
OLDER ADULT FALLS
RX OVERDOSE
SEXUAL ASSAULT
SUICIDE PREVENTION

Action

Tweet @INDTrauma
Go to our Twitter page

Cancel
PREVENTING INJURIES IN INDIANA

INJURY PREVENTION RESOURCE GUIDE
2015 EDITION

INDIANA INJURY PREVENTION RESOURCE GUIDE
Indiana State Department of Health

Jerome M. Adams, MD, MPH
State Health Commissioner
Installs per day, N = 336

**ISDH press release on 10/20/2015**

Email questions to: indianatrauma@isdh.in.gov
Launches per day, N = 1,385

**ISDH press release on 10/20/2015**

Email questions to: indianatrauma@isdh.in.gov
Resource Guide

- Launched on ISDH website 9/21
- @INDTrauma Twitter: 7 tweets
- Article in October Trauma Times
- Article in IPAC bi-weekly email
- Update to document 11/17

Email questions to: indianatrauma@isdh.in.gov
Resource Guide App

• Released 10/21
• @INDTrauma: 17 tweets

Newsletters:
• Indiana EMS for Children November Newsletter
• Trauma Times November
• ISDH Office of Women’s Health Wellness Watch December
• CDC NCIPC Core VIPP Monthly newsletter
  – October & December

Email questions to: indianatrauma@isdh.in.gov
Press releases:
- ISDH Press Release
- Office of Women’s Health ListServ
- Division ListServ
- IPAC bi-weekly emails
- INVDRS Advisory Board emails
- Information sent to numerous stakeholder groups
- At least 5 news articles (picked up by Google alerts)

Email questions to: indianatrauma@isdh.in.gov
Resource Guide App

Presentations:

• IPAC (9/17)
• Office of Women's Health Advisory Board (10/14)
• Indiana State Trauma Care Committee (10/30)
• Local Health Department Outreach Division’s November Webcast (11/13)
• Indiana Sexual Violence Primary Prevention Advisory Board (11/19)

Email questions to: indianatrauma@isdh.in.gov
Program Evaluation – Measuring Impact and Continuously Improving Implementation for Success

Sally Thigpen, MPA

Division of Analysis, Research, and Practice Integration
Core VIPP Evaluation Team
December 10, 2015
Integrating Processes to Achieve Continuous Quality Improvement

- Continuous Quality Improvement (CQI) cycle.
  - **Planning** — *What* actions will best reach our goals and objectives.
  - **Performance measurement** — How are we doing?
  - **Evaluation** — *Why* are we doing well or poorly?

Credit: Tom Chapel, MA, MBA
<table>
<thead>
<tr>
<th>Key Component</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific</strong></td>
<td>What is the specific task?</td>
</tr>
<tr>
<td><strong>Measurable</strong></td>
<td>What are the standards or parameters?</td>
</tr>
<tr>
<td><strong>Attainable</strong></td>
<td>Is the task feasible?</td>
</tr>
<tr>
<td><strong>Reasonable</strong></td>
<td>Are sufficient resources available?</td>
</tr>
<tr>
<td><strong>Time-Bound</strong></td>
<td>What are the start and end dates?</td>
</tr>
</tbody>
</table>

http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html
View IPAC webcast

- [http://videocenter.isdh.in.gov/videos/](http://videocenter.isdh.in.gov/videos/)
- Search for Injury Prevention Advisory Council December 10 meeting
CDC CORE STATE VIOLENCE AND INJURY PREVENTION (CORE SVIPP) FOA
Core SVIPP

- Duration: 5 years, beginning 8/1/2016
- Ave. Award: $250,000 ($200,000-$475,000)

- FOA Released 12/7/2015
- Letter of Intent due 3/1/2016
- Application due 4/8/2016

- Will need LOS from partners!
Core SVIPP

- Four Priority Focus Areas:
  - Child abuse and neglect
  - Traumatic brain injury
  - Motor vehicle crash injury and death
  - Intimate partner/sexual violence

- Multicomponent: BASE
  - SQI
  - RNCO
1. Educate health department leaders & policy makers about Public Health approach to IVP

2. Engage, coordinate, and leverage other internal state department of health and external partners and Injury Control Research Centers or other injury research institutes

3. Enhance statewide IVP plan and logic model for 4 priority areas
4. Implement 3 strategies that address 4 priority focus areas
   one selected strategy must address shared risk and protective factors across two priority focus areas

5. Develop evaluation plan reflecting process and outcome measures

6. Disseminate surveillance and evaluation information to stakeholders and use to inform continuous quality improvement

7. Enhance surveillance systems to capture IVP data
About the CS CoILN

- Disseminate practices known to work
- Innovate
- Significance and Purpose
- Build leaders of Quality Improvement
- Achieve results faster
- Prevent childhood injuries
CoILN Summit Goals

- Identify your state or jurisdiction’s topic areas for the CoILN and discuss potential strategies
- Develop your state or jurisdiction’s team recruitment action plan for the CoILN
- Build your capacity in quality improvement and collaborative learning
- Commit to the CS CoILN framework for collaboration and improvement
Role at the Summit

- Align CoILN work with State/Jurisdiction
- Determine topic areas to focus on
- Generate ideas for potential strategies for topic areas
- Make a plan of action for getting the work off the ground
About the CS CoILN

Bold Focus Determined:
August & September 2015

January & February 2016

December 2015

Expert Support from National Child Safety Steering Committee

Adapted from the Institute for Health Care Improvement
Contact

Jessica Schultz, MPH
Injury Prevention Epidemiologist
Division of Trauma and Injury Prevention
Indiana State Department of Health

Email: JSkiba@isdh.in.gov
Phone: 317-233-7716
Purpose of the Advisory Board

Our Vision: prevention of violent deaths in Indiana.

Our Mission: to reduce the number of violent injuries and deaths by providing comprehensive, objective, and accurate information regarding violence-related morbidity and mortality.

Email Questions: INVDTRS@isdh.in.gov
Responsibilities of a Advisory Board Member

- Help identify barriers to INVDRS and develop solutions.
- Provide access to data (if applicable).
- Connect ISDH with your partners.
- Provide speaking opportunities for INVDRS staff with professional organizations.
- Assist in identifying and recruiting individuals to join the advisory board.
- Be a spokesperson for INVDRS.
- Utilize INVDRS data.
- Review and facilitate the dissemination of data reports.

Email Questions: INVDRS@isdh.in.gov
Call to Action

- Send interested parties to ISDH Division of Trauma and Injury Prevention
  - INVDRS@isdh.in.gov
  - INVDRS Epidemiologist
    Rachel Kenny
    317-233-8197
    rkenny@isdh.in.gov
*New* 2016 meeting dates

- 3rd Friday of the month
  - 1 p.m.-3 p.m. EST in Rice Auditorium
  - March 18
  - July 15
  - September 16
  - November 18

Email Questions: INVDRS@isdh.in.gov
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INVDRS  
Indiana Violent Death Reporting System

Indian State Department of Health  
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