



**Indiana
Department
of
Health**

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

03/19/2021

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

Constantly Updated

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



Grant Activities

State Injury Prevention Program (SIPP)

Indiana Violent Death Reporting System

- Continuation Application
- Year 3 of 3



Core State Injury Prevention Program Grant

- CDC-RFA-CE21-2101
- Due April 19, 2021
- 5 year grant
- Base: \$250,000/year for 5 years (~23 awards)
- Enhanced: \$150,000/year for 5 years (~6 awards)

Core State Injury Prevention Program Grant (continued)

- Grant goals:
 - support public health infrastructure data and partnerships to identify and respond to existing and emerging injury threats with data-driven public health actions.
 - These actions are intended to increase protective factors and reduce risk factors using the best available evidence for injuries and death.
 - An enhanced funding component is available for recipients to implement and evaluate prevention strategies while incorporating novel surveillance activities, with the goal of contributing practice-based evidence to strengthen the overall evidence base for injury prevention.

Core State Injury Prevention Program Grant (continued)

- Focused on:
 - Adverse Childhood Experiences (ACEs)
 - Transportation safety
 - Traumatic Brain Injury (TBI)
- Two (of many) grant deliverables:
 - Strategic plan
 - Letters of Support

Core State Injury Prevention Program Grant (continued)

- Strategic plan
 - Addresses the division of trauma and injury prevention as a whole
 - Focused section on injury prevention

Objective 1. Identify and support the use of evidence-based injury prevention interventions.

1.1 Identify and support data-informed priorities and opportunities to prevent injuries and reduce the burden of injury and violence.

1.2 Facilitate opportunities for collaborative injury prevention efforts in:

Traffic safety

Poisoning

Traumatic brain injury (TBI)

1.3 Provide statewide direction and focus for older adult (age 65 and older) falls prevention.

1.4 Provide statewide direction and focus for child injury prevention efforts in:

Safe sleep

Child abuse and maltreatment

Child passenger safety

Bullying

1.5 Explore cross-cutting and multi-sectoral injury prevention efforts that share risk and protective factors around:

Adverse Childhood Experiences

Overdoses

Suicide

1.6 Provide statewide direction and focus for violence prevention focus on reducing homicides, suicides, intimate partner violence and sexual assault and other types of violence.

1.7 Conduct public health surveillance of injury and violence to identify priorities and opportunities.

Objective 2. Establish a sustainable and relevant infrastructure that provides leadership, funding, data, policy and evaluation for injury and violence prevention.

2.1 Provide access and technical assistance for best practices and evidence-based injury prevention strategies, especially related to:

Child passenger safety for all children in Indiana

CDC Stopping Elderly Accidents, Deaths & Injuries (STEADI) toolkit implementation and Stepping On for older adult falls prevention.²

2.2 Apply for injury-related funding opportunities to support continuation of efforts.

2.3 Collect, analyze and disseminate injury and violence data through fact sheets, maps and other data reports.

2.4 Select, implement and evaluate effective policy and program strategies.

2.5 Evaluate and assess outcomes, successes and opportunities for injury prevention.

2.6 Build injury prevention program evaluation capacity.

2.7 Maintain list of trauma center-based injury prevention programs on division's website.

2.8 Support other IDOH divisions conducting injury prevention efforts, such as Office of Women's Health Rape Prevention & Education Program, Fatality Review and Prevention Program and the Maternal and Child Health Division.

Objective 3. Increase the quality and availability of injury data for planning, surveillance, and evaluation.

3.1 Maintain, update and enhance the Preventing Injury in Indiana: A Resource Guide and associated mobile application.

3.2 Promote the usability and flexibility of the Preventing Injury in Indiana: A Resource Guide and associated mobile application.

3.3 Increase public awareness activities through resource guide and mobile app.

Objective 4. Enhance the skills, knowledge and resources of injury prevention workforce.

4.1 Maintain and increase Indiana Injury Prevention Advisory Council (IPAC) membership.

4.2 Plan and host an IPAC Injury Prevention Conference as an educational and awareness effort.

4.3 Provide technical assistance to support injury prevention workforce.

4.4 Establish and maintain regular communication through email, conference calls, newsletter, ListSrvs and social media to collaborate and keep injury workforce engaged and up-to-date on emerging injury data trends.

4.5 Engage partners from various sectors for collaboration, especially related to priority strategies.

Objective 5. Facilitate violent death data collection, analysis and dissemination through the Indiana Violent Death Reporting System (INVDRS).

5.1 Utilize stakeholder networks to increase partner participation of providing and using data.

5.2 Build relationships with other organizations and agencies that are working on violence prevention to identify best practices and emerging trends.

5.3 Encourage partners to promote INVDRS mission and vision.

Objective 6.

Stay current with trauma and injury prevention trends and emerging issues.

6.1 Collaborate with partners to inform the division of local, state and national emerging issues within the field.

6.2 Utilize committees and subject matter experts to provide direction and guidance to the division.

Letter of Support

- From members of IPAC
- From individual organizations

Questions?

- Katie Hokanson
- khokanson@isdh.in.gov

Upcoming Events

March

- Brain Injury Awareness Month

April

- Distracted Driving Awareness Month
- Sexual Assault and Prevention Awareness Month
- National Alcohol Awareness Month

March 14-20: Patient Safety Awareness Week

March 22-27: National Drug and Alcohol Facts Week

March 22-27: National Poison Prevention Week

April 5-11: National Public Health Week

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





Acquired Brain Injury: The Silent Epidemic



March 19, 2021
Wendy Waldman, BSW, CBIST
Rehabilitation Hospital of Indiana

Brain Injury – “The Silent Epidemic”

- The term “Silent Epidemic” is used to characterize the incidence of brain injury worldwide, in part because many cases are not recognized and are, therefore, excluded from official statistics
- You typically can’t “see” the disability after brain injury (that is why hundreds of different tests have been developed).
- Because of impaired awareness, most people with brain injury won’t report their injury or its effects
- Brain Injury does not discriminate, it can happen to anyone.

Acquired Brain Injury

An Acquired Brain Injury is an injury to the brain, which is not hereditary, congenital and degenerative.

- All Brain Injuries are considered Acquired Brain Injuries.
- Some examples of Acquired Brain Injury include stroke, intracranial hemorrhage, tumor, encephalopathy (e.g. hypoxia, infectious), neurotoxins or electric shock, TBI.

Acquired Brain Injury

- **Traumatic Brain Injury (TBI)** is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force.
 - Examples: motor vehicle accidents, motorcycle accidents, bicycle accidents, assaults, falls, gunshot wounds, concussions, sports accidents, etc.
- **Non-Traumatic Brain Injury**
 - Examples: Stroke, Aneurysm, Tumor, Overdose, Hypoxia or Anoxia, Disease process (non-progressive), Neurotoxins, Electric shock or lightning strike (ECT)

Mild TBI (mTBI)

- mTBI and concussion are often thought of as interchangeable terms
- Diagnostic Criteria for MTBI by the American Congress of Rehabilitation Medicine

A traumatically induced physiological disruption of brain function, as manifested by at least one of the following:

- Any loss of consciousness
- Any loss of memory before or after injury
- Any alteration of mental state
- Focal neurological deficit that may or may not be transient
- Severity of Injury does not exceed the following:
 - LOC ≤ 30 minutes
 - After 30 minutes, an initial GCS score of 13-15
 - PTA ≤ 24 hours

Common Effects after Brain Injury

- **Cognitive:**

- Short-term memory loss
- Slowed processing speed
- Concentration/attention problems
- Awareness
- Lack of judgment
- Organizational Problems
- Mental flexibility
- Lack of Initiation
- Decision-making

- **Physical**

- Seizures
- Muscle Spasticity
- Vision Issues
- Loss of smell and/or taste
- Speech Impairments
- Headaches
- Fatigue
- Balance

- **Emotional/ Behavioral**

- Depression
- Anxiety
- Irritability
- Egocentric Behaviors
- Impulsivity
- Mood Swings

Populations at Risk of BI

- People with addiction issues
- People in domestic violence situations
- People in the criminal justice system
- People experiencing homelessness
- Athletes
- Males
- Veterans

Mental health population—may develop depression, anxiety, PTSD after the brain injury (up to 60% of TBI population has depression)

Undiagnosed Brain Injury

- “You just had a concussion”
- Never went to the doctor—lots of reasons!
- Other injuries distract
- Incorrect diagnosis

Important to ASK!

- OSU Screening Instrument
 - Originally published in 2007 by John Corrigan, PhD
 - A standardized procedure for eliciting lifetime history of TBI via a structured interview
 - Strong psychometric properties
- We utilize an adapted version of the OSU TBI-ID Short Version

Name:	Current Age:	Interviewer Initials:	Date:
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Ohio State University TBI Identification Method + ABI — Interview Form

Step 1

Ask questions 1-5 below.

Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

NO YES—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

NO YES—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

NO YES—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently?

Have you ever been shot in the head?

NO YES—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

NO YES—Record cause in chart

Interviewer instruction:

If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction:

If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction:

Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?

Step 1 Cause	Step 2 Loss of consciousness (LOC)/knocked out						Dazed/Mem Gap Yes	Age
	No LOC	< 30 Min	30 Min-24 hrs	> 24 hrs	Yes	No		

If more Injuries with LOC: How Many? _____ Longest knocked out? _____ How many > 30 mins? _____ Youngest age? _____

Step 3 Cause of repeated injury	Step 3 Typical Effect						Most Severe Effect	Age
	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	Dazed/Mem Gap	LOC > 24 hrs	Begin	Ended

Step 4 Cause	Step 4 Medication Treatment [Y/N]			Hospitalization [Y/N]	Age
	Medication	Treatment	Hospitalization		

Step 4

Interviewer instruction:

Ask the following questions to help identify other Acquired Brain Injury (ABI) and complete the chart below.

I am going to ask you about any other illness or medical problem you may have had.

1. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include "ruptured aneurysm" or "infarct."

NO YES—Record cause in chart

2. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

NO YES—Record cause in chart

3. Have you ever been electrocuted or struck by lightning?

NO YES—Record cause in chart

4. Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis."

NO YES—Record cause in chart

5. Have you ever had a tumor in your brain?

NO YES—Record cause in chart

6. Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.

NO YES—Record cause in chart

7. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide.

NO YES—Record cause in chart

Adapted from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. *J Head Trauma Rehabil*, 22(6):318-329. © Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation.

*Addition of Step 4 is provided by the RHI Resource Facilitation Department.



Services and Programs for Individuals with Brain Injury

Professionals that work with Acquired Brain Injury

- Neuropsychologists
- Neurologists
- Psychiatrists (PM&R)
- Cognitive Rehabilitation Providers
- OT, PT, SLP
- Mental Health Professionals
- Social Services Providers
- Indiana Vocational Rehabilitation Providers
- Etc.

Resource Facilitation

- Specialized service for people with brain injuries who have a return to work or return to school goal
 - Funded by Vocational Rehab
 - Assists with access to services & supports
 - Coordination among those services & supports
 - Provide education on BI and resources
 - Provided by a team of brain injury specialists
 - Specific service is tailored to specific needs

Evidence-Based Group Interventions

- Brain Injury Coping Skills:
 - Manualized group intervention designed to help both survivors with brain injuries as well as family members or caregivers.
 - Large amount of education and training about the brain injury, as well as important therapeutic skills in learning how to deal with the effects of the injury.
 - Research shows participants report feeling more confident in their ability to handle their challenges than those who do not get BICS. They also report improvement in irritability, anger, impulsivity, and emotional challenges
- Couples CARE- Caring and Relating with Empathy
 - Manualized intervention designed to help a couple improve and enhance their relationship after a brain injury.
 - Couples CARE participants report significant improvements in their satisfaction, adjustment, and communication skills when compared to those who do not go through the program.

Concussion/ mTBI Services

- Post Concussion Syndrome (PCS) Service
 - Neuropsychologist leads an interdisciplinary team in managing persistent symptoms of concussion (
 - Services include neuropsychological consult, assessment, and individual and group treatment as indicated. The neuropsychologist works with the treatment team including speech therapy, vision therapy, vestibular and physical therapy to provide evidence-based treatment of PCS.

COPE Concussion Group

- 10-session group treatment which Integrates psychoeducation, psychotherapy, and cognitive rehabilitation strategies with the overall goal of improving coping and self-efficacy.
- Participants will learn about the effects of concussive injury, what to expect in terms of recovery, risk factors for prolonged recovery, and various treatments available for specific symptoms.
 - Including emotional regulation strategies based on Cognitive-Behavior Therapy (CBT) and Mindfulness-Based Stress Reduction (MBSR).
 - Including cognitive rehabilitation strategies to improve attention, memory, and executive functioning.



Brain Injury Association of Indiana(BIAI)

www.biaindiana.org

- 1st Charter Chapter of Brain Injury Association of America (BIAA).
- Dedicated to reducing the incidence and impact of brain injury through education, advocacy, support, prevention and by facilitating inter-agency commitment and collaboration.
- Services Provided:
 - Statewide information, referral and connection to services, resources and support for individualized needs.
 - By phone, email and in person.
 - Advocacy by responding to their challenges and representing their concerns through legislative efforts and active support of programs created for their needs.
 - Support Groups
 - Etc.



Indiana Brain Injury Support Groups

<https://biaindiana.org/support/>

WW- October 2017	
Brain Injury Support Groups- Indiana	
Bloomington (Monroe County) IU Dept. of Sp. Ed. & Hearing 200 S Jordan Avenue Rebecca Eberle rebebe@indiana.edu Laura Karcher lkarcher@indiana.edu 612.855.4251	Lafayette (Tippecanoe County) St. Elizabeth Outpatient Rehab. 1200 N. 17th Street Quarterly meetings: March 23rd 5-6 pm June 22nd 5-6 pm September 21st 5-6 pm December 14th 5-6 pm Amy Becker &Vandy Pullen- 765.423.6868
Elskhart (Elkhart County) Elkhart General Hospital, Cafeteria 600 East Boulevard Dr. Wendell Rohrer Christine Whitehead: 574.523.3242 3rd Tuesday, 5:30 – 6:30 pm	LaGrange (LaGrange County) LaGrange County Council on Aging 125 West Penn Street Randy Packer- (work) 260.461.9300 (cell) 260.350.3626 4th Thursday, 6:30 pm
Evansville (Vanderburgh County) HealthSouth Rehabilitation Hospital 4100 Covert Ave. Dawn Westfall- 812.437.6157 2nd Thursday, 6:00 – 7:00 pm	NW Indiana (Lake County) Methodist Hospital Pavilion B Conf Rm CACS 200 E 89th Ave Merrillville, IN 46100 Cindy Johnson- 219.306.4579 2nd Tuesday- 7pm-8pm CST
Ft. Wayne (Allen County) Parkview Regional Medical Center 11109 Parkview Plaza Dr. Conference Room A, B & C Kristin Smith- 260.373.9765 1st Monday, 6:30 – 8:30 pm	Northern Indiana/Michigan 2929 Nile Road, St. Joseph, MI Jayne Daniel- 269.208.2864 Sheryl Haufman- 269.208.1506 3rd Wednesday, 7:00 – 8:30 pm
Ft. Wayne Group NeuroSpine and Pain Center Lutheran Hospital (Allen County) 7956 West Jefferson Blvd. Cindy Shepherd- 260.435.6143 3rd Monday, 6:30-8:00 pm	Bridging the Gap (Marion County) RHI Neuro Rehab Center 9531 Valparaiso Court (Marion County) Suzie Crane- susan.crane@rhin.com , Pam Nihiser- pamela.nihiser@rhin.com , 317.329.2237 4th Monday, 6:30 - 8:30 pm
Kokomo (Howard County) Howard Regional Hospital West Campus, Dining Rm 1000 N. Indiana Avenue Russ and Sue Regan- 317.219.6116 3rd Monday, 7:00 – 9:00 pm	Indianapolis Southside (Marion County) Faith Assembly of God Church, 186 Royal Road (Marion County) Julia Pratt- 317.244.4463/ 317.430.1701 juliatrapt1@hotmail.com 2nd Monday, 7:00 pm
Indianspolis - Westside (Marion County)	
Rehabilitation Hospital of Indiana 4141 Shore Drive 1st Monday, 6:30 - 8:30 pm	
Elaine and Paul Howard- 317.299.6433	
March 23rd 5-6 pm June 22nd 5-6 pm September 21st 5-6 pm December 14th 5-6 pm Amy Becker &Vandy Pullen- 765.423.6868	
Community Rehabilitation Hospital 7343 Clear Vista Drive Mary Myers- 317.585.5428 4th Wednesday, 5:30-6:30 pm	
"Heads or Tails" Support Group "Twenties & Thirties" (Marion County) Trader's Point Christian Church, B224 6590 S. Indianapolis Road, Whitestown Susie Fitt- 317.408.2183 Wendy Waldman- 317.410.3532 2nd Tuesday, 6:30 – 8:30 pm	
Marion Support Group (Grant County) 330 Wabash Ave., Marion, IN 5th floor conference room Gary Turner - 260.273.0529 2nd Monday, 6:30-8:30 pm	
Muncie (Delaware County) Family Practice Center 221 N. Celia Avenue Patt Webb- 765.748.6957 1st Tuesday, 5:30-8:00 pm	
Mishawaka (St. Joseph County) St. Joseph Regional Medical Center 5215 Holy Cross Parkway, Mishawaka, IN 46545 Education Center A (in hospital) Rachel Mosin- 636-719-4214 Penny Torma- 574-286-0767 4th Tuesday, 6:30 to 8:30 pm	
The Morgan County Maries' 1st United Methodist- Mooresville 900 Indianapolis Road Mooresville, IN 46158 Julie Workman- 317.525.5897 Last Thursday of each month- 7 pm	

WW- October 2017	
Hearts of Hope (Marshall County) St. Joseph Regional Medical Center- Plymouth Medical Center 1915 Lake Ave. Plymouth, IN 46563 Boardroom 3rd Thursday, 6:30-7:30 pm EST	Richmond/Milton (Wayne County) Milton Christian Church, 307 S. Central Ave., Milton Matt Duffin- 765.259.3917 3rd Tuesday, 6:30 – 7:30 pm
Kathy Schoff, Parent Advocate- 574.933.1808	Vincennes (Knox County) Good Samaritan Hospital 520 S. 7th Street Barb Toole- 812.855.3613 2nd Monday, 6:00 – 7:30 pm
New Albany (Floyd County) Southern Indiana Rehab Hospital, Theater 3104 Blackiston Boulevard Bob & Beverly Setree- 502.452.9851/ 502.819.2542 2nd Thursday, 7:00 – 8:30 pm 3rd Tuesday, 6:30-8:30 pm	Terre Haute (Vigo County) Vigo County Main Library, Room A 7th and Poplar Streets Bryan Gilber- 812.223.5442 2nd Thursday, 7:00 – 8:30 pm
Mary Fitt- 317.408.2183 Wendy Waldman- 317.410.3532 2nd Tuesday, 6:30 – 8:30 pm	Wabash (Wabash County) Parkview Wabash Hospital Conference Room by cafeteria 710 North East Street Trisha Robbins- 260-380-7867
Susie Fitt- 317.408.2183 Wendy Waldman- 317.410.3532 2nd Tuesday, 6:30 – 8:30 pm	Batesville (Franklin County) Margaret Mary Hospital 321 Marshall Ave., Batesville Brandi Hefner- 812.934.6638 2nd Wednesday - 5:30-6:30pm
Gary Turner - 260.273.0529 2nd Monday, 6:30-8:30 pm	Anderson (Madison County) Anderson Public Library Red Bud Room 111 E 12th St, Anderson, IN 46016 3rd Monday, 5:45 pm Becky Jones Reed- 765.276.6331 Michael Boyer
Patt Webb- 765.748.6957 1st Tuesday, 5:30-8:00 pm	Mooresville (Morgan County) The Morgan County Maries' 1st United Methodist- Mooresville 900 Indianapolis Road Mooresville, IN 46158 Julie Workman- 317.525.5897 Last Thursday of each month- 7 pm



Brain Injury Awareness Month



Brain Injury Awareness Month

- For more than three decades, the Brain Injury Association of America (BIAA) has led the nation in observing Brain Injury Awareness Month by conducting an engaging public awareness campaign in March of each year.
- The Brain Injury Association of Indiana (BIAI) joins BIAA in promoting Brain Injury Awareness and all initiatives.
- #Change Your Mind, #Not Alone in Brain Injury

“More Than My Brain Injury”

The theme for the 2021 campaign is “[More Than My Brain Injury](#)”.

- Many people with disabilities have their lives defined for them.
- The “[More than my Brain Injury](#)” Campaign:
 - Gives individuals a chance to overcome those definitions, allowing them to tell their own stories and change the narrative of their lives.
 - Provides a platform for educating the general public about the incidence of brain injury and the needs of people with brain injuries and their families.

“More Than My Brain Injury”

- Individuals who join us to help raise awareness with the “More than my Brain Injury” campaign are essential to:
 - De-stigmatizing brain injury through outreach within the brain injury community
 - Empowering those who have survived brain injury and their caregivers
 - Promoting the many types of support that are available to people living with brain injury



Join the “More Than My Brain Injury” Campaign

Create and share the *“More than my Brain Injury”* template:

- Individuals can download and print the template to write about how they are “more than their brain injury”.
- Visit <https://biaindiana.org> to access this template.
- You can also access the template by contacting BIAI at biassociationofindiana@gmail.com or calling 317.410.3532.





Brain Injury Information and Websites



Join the “More Than My Brain Injury” Campaign cont.

- **Speak up.** Download our posters and social media graphics to help raise awareness of brain injury and its various causes. Visit www.biaindiana.org for campaign collateral.
- **Speak out.** Advocates like you are our greatest asset. Why not write a letter to the editor or try to get a PSA aired on your local radio station? Contact **BIAI at 317.410.3532** to get involved in media communication.
- **Get creative.** Use our free, open-use campaign icon to show your support throughout Brain Injury Awareness Month. BIAA permits the unrestricted use of the “[MoreThanMyBrainInjury](#)” icon as long as it’s used to raise awareness, advocacy, or funds for a brain injury-related cause. Visit www.biaindiana.org to download the icon.
- **Do more.** Want to do more than raise awareness? Are you interested in raising funds for brain injury services, supports, and research. Contact **BIAI at 317.410.3532** to discuss.

Brain Injury Websites and Fact Sheets

- **Brain Injury Association of Indiana:** biaindiana.org
 - The Brain Injury Association of Indiana is a nonprofit 501 c (3) service organization dedicated to reducing the incidence and impact of brain injury through education, advocacy, support, prevention and by facilitating inter-agency commitment and collaboration.
- **Brain Injury Association of America:** <http://www.biausa.org/>
 - The Brain Injury Association of America (BIAA) is the voice of brain injury. We are dedicated to advancing awareness, research, treatment, and education and to improving the quality of life for all individuals impacted by brain injury.
- **Traumatic Brain Injury Model Systems:**
<http://www.msktc.org/tbi/>
 - The MSKTC is a national center that helps facilitate the knowledge translation process to make research meaningful to those with spinal cord injury (SCI), traumatic brain injury (TBI) and burn injury (Burn).The MSKTC works closely with researchers in the 16 Traumatic Brain Injury (TBI) Model Systems to develop resources for people living with traumatic brain injuries and their supporters.
- **Resource Facilitation for Individuals with Brain Injury:**
<http://www.resourcefacilitationrtc.com>
 - Prepare an individual with brain injury so they may return to the workforce. Resource Facilitation assists with access to services and supports to enhance recovery and make informed choices to meet their goals.

Brain Injury Educational Resources cont.

- **Brainline:** <http://www.brainline.org/>
 - BrainLine is a national multimedia project offering information and resources about preventing, treating, and living with TBI. BrainLine includes a series of webcasts, an electronic newsletter, and an extensive outreach campaign in partnership with national organizations concerned about traumatic brain injury.
- **Lash and Associates Publishing/ Training Inc.:** <http://www.lapublishing.com/home>.
 - Lash and Associates Publishing/ Training Inc. is the Leading Source of Information and Training on Brain Injury, Blast Injury and PTSD in Children, Adolescents, Adults and Veterans
- **United States Brain Injury Alliance:** <http://usbia.org/>
 - The mission of the United States Brain Injury Alliance is to engage the community in preventing brain injury and improving lives.
- **Center for Disease Control and Prevention- Traumatic Brain Injury:** <https://www.cdc.gov/traumaticbraininjury/>
 - CDC's research and programs work to prevent TBIs and help people recognize, respond, and recover if a TBI occurs.

For more information on:

- Acquired Brain Injury
- Information, Referral and Triage for Brain Injury
- Screening for brain Injury and next steps
- Resource Facilitation, BI Supports, Services
- BIAI, BI Awareness Month and Initiatives
- Brain Injury Community Resources

Contact Wendy Waldman
wendy.waldman@rhin.com
317.329.2235

Questions?





**Indiana
Department
of
Health**

UNINTENTIONAL INJURY DATA PRESENTATION: TBIs IN INDIANA 2019

Veronica Daye, MPH
Injury Prevention Epidemiologist

Traumatic Brain Injuries (TBIs) impact on injury in Indiana

- A TBI is caused by a bump, blow, jolt or penetration to the head that disrupts the normal function of the brain
 - Depending on severity, the person may require treatment for years
 - In 2019, TBIs contributed to:
 - 4.2% of all emergency department (ED) visits with injuries
 - 13.7% of all hospitalizations with injuries
 - 1.9% of fatalities with injury as an underlying cause of death

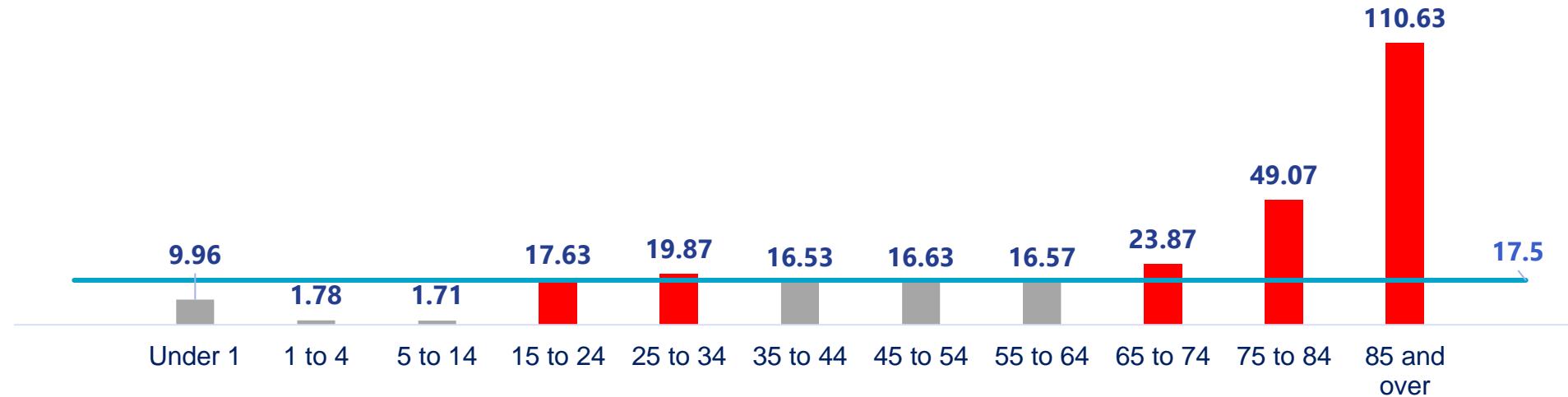


Fatalities

- TBI was listed as a cause of death for 1,242 Indiana residents (76.8% were male)
 - 17.5 TBI-related deaths per 100,000 people

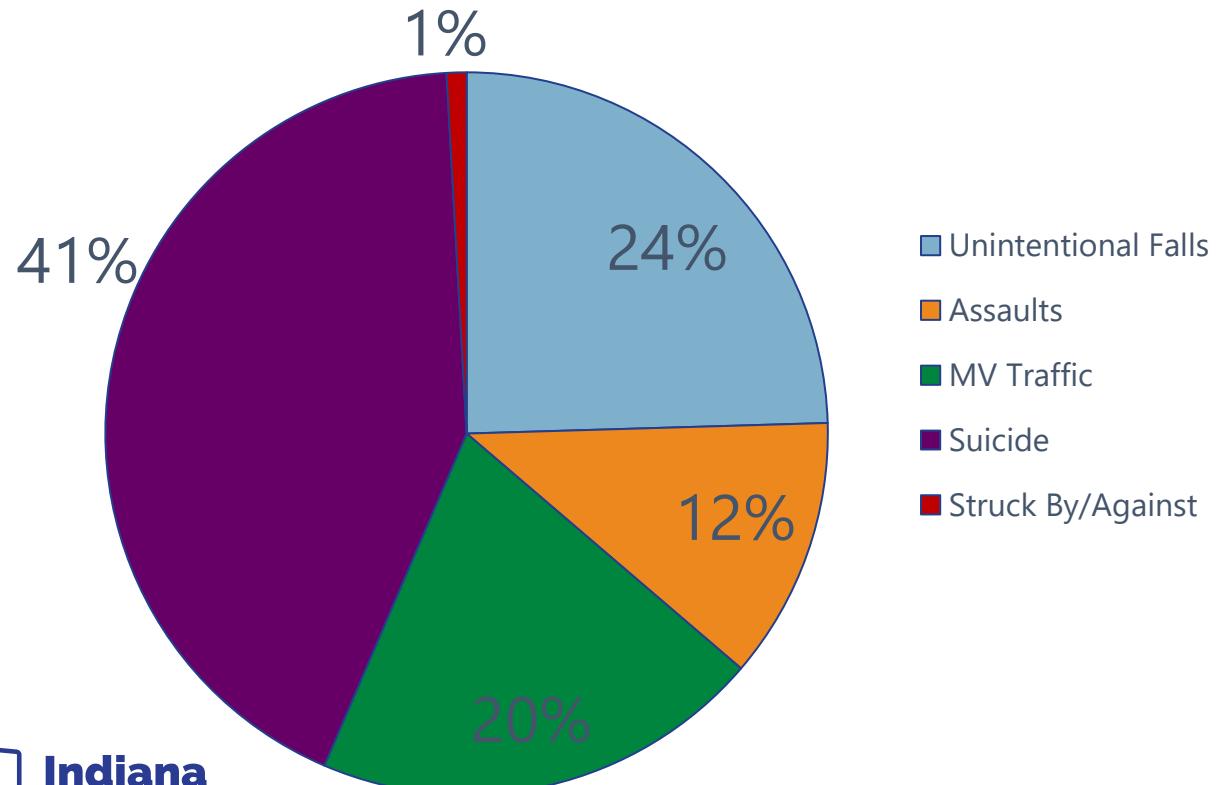
TBI-related fatalities are higher than average among [Indiana](#) residents
ages **15-34, & 65 and over**

Age-Specific Rates per 100,000

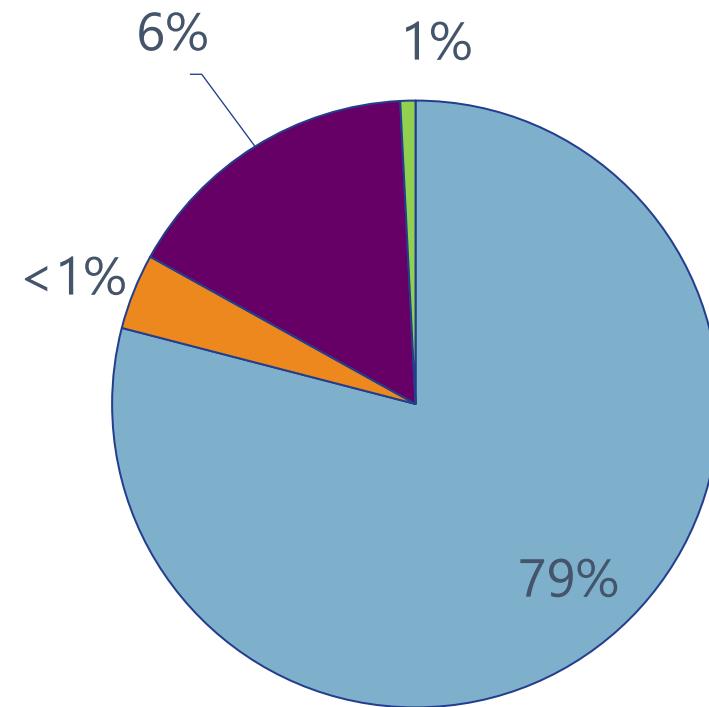


Fatalities

All TBI-Related Fatalities



TBI-Related Fatalities
for 85+ year olds



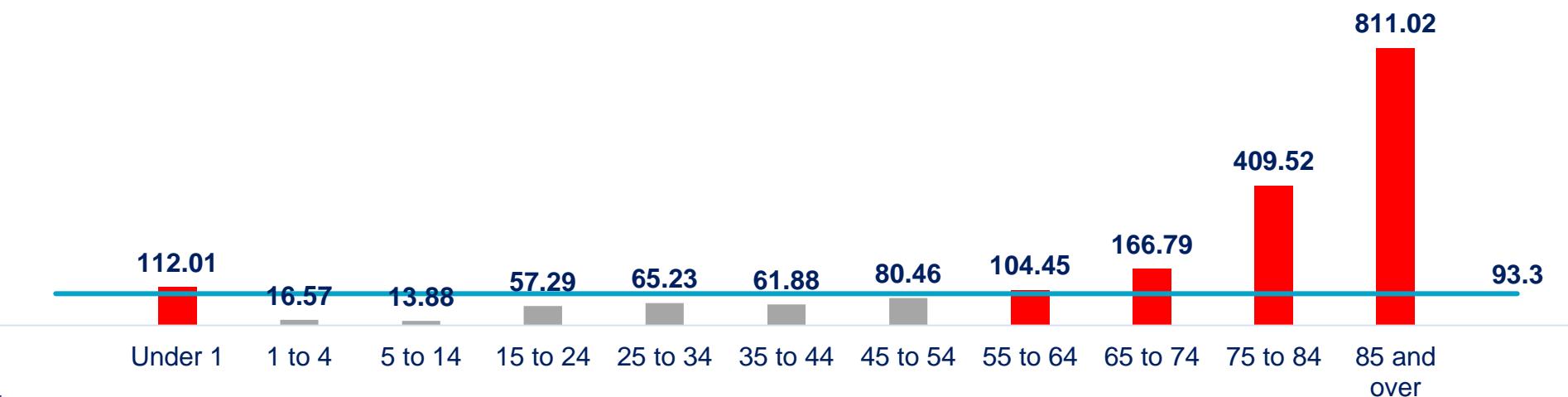
Indiana
Department
of
Health

Hospitalizations

- 6900 patients were hospitalized with a TBI diagnosis (60.4% were male)
 - 93.3 TBI-related hospitalizations per 100,000 people

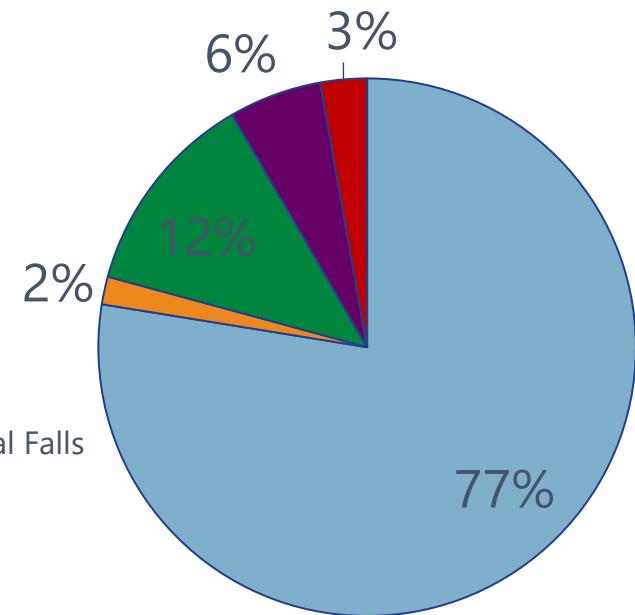
TBI-related hospitalizations are higher than average among [Indiana](#) residents age **<1, & 55 and over**

Age-Specific Rates per 100,000

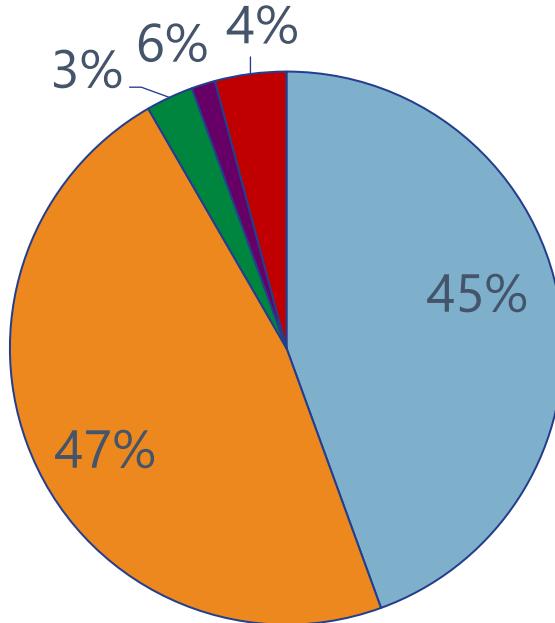


Hospitalizations

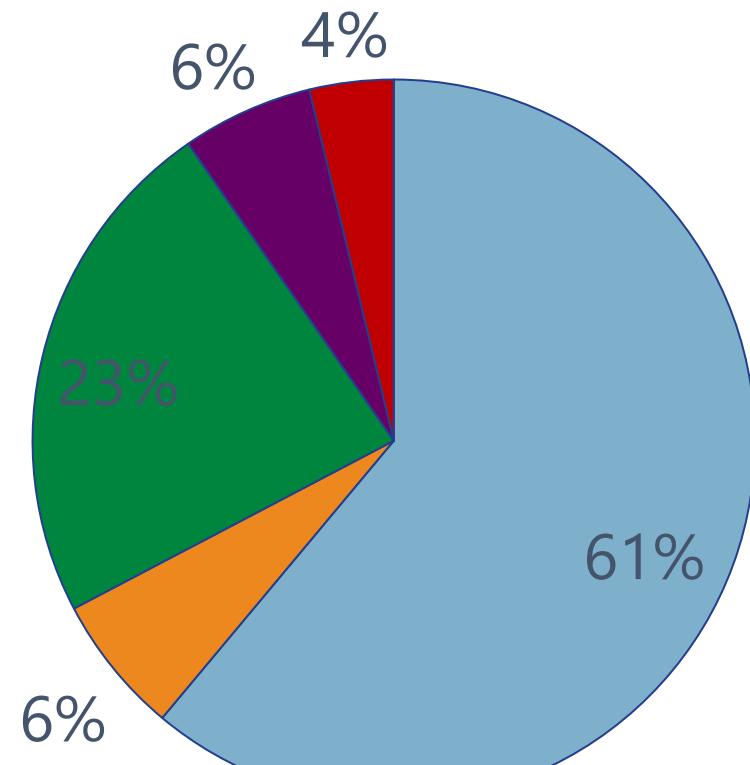
TBI-Related Hospitalizations
for 55 year old and older



TBI-Related Hospitalizations
for under 1 year old



All TBI-Related Hospitalizations



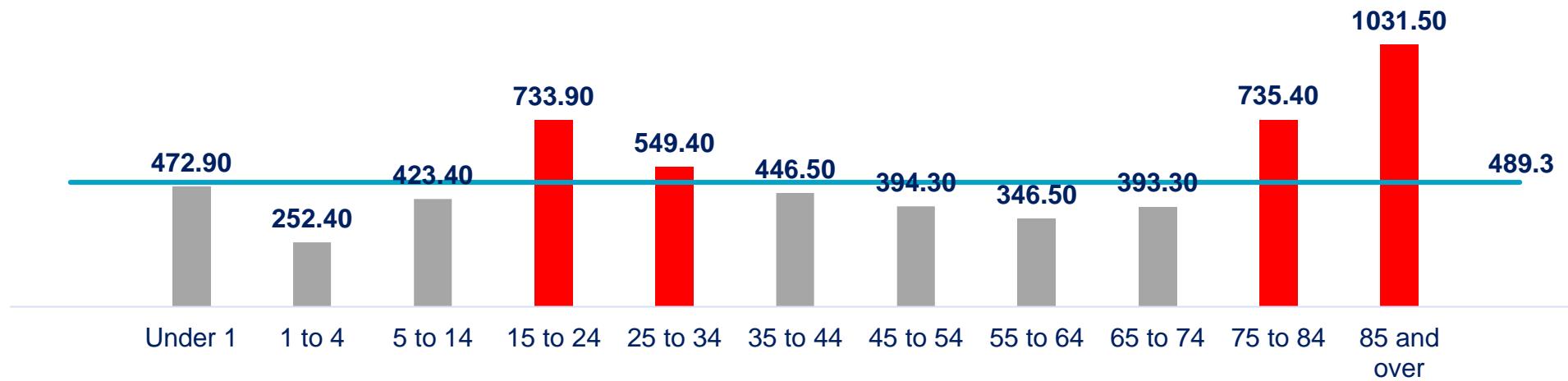
Indiana
Department
of
Health

ED Visits

- 32,853 patients were diagnosed with a TBI during an ED visit (52.6% were male)
 - 489.3 TBI-related ED visits per 100,000 people

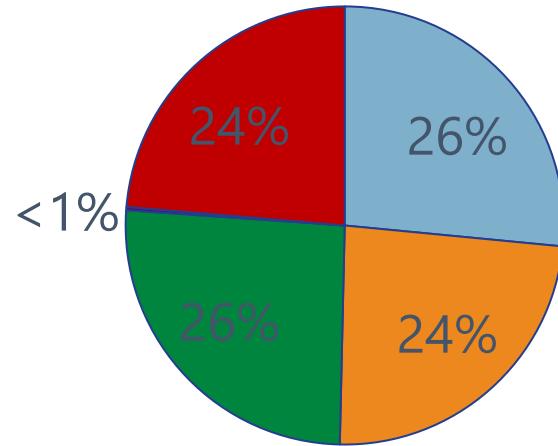
TBI-related ED visits are higher than average among [Indiana](#) residents
age **15-34, & 75 and over**

Age-Specific Rates per 100,000

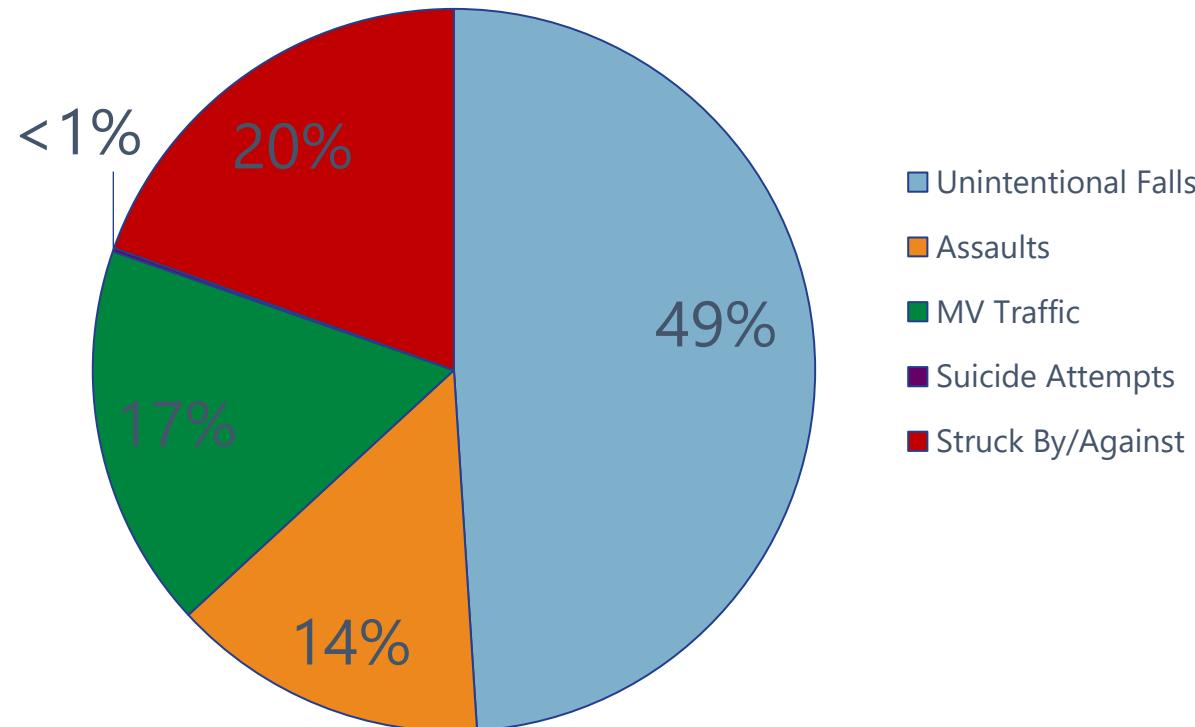


ED Visits

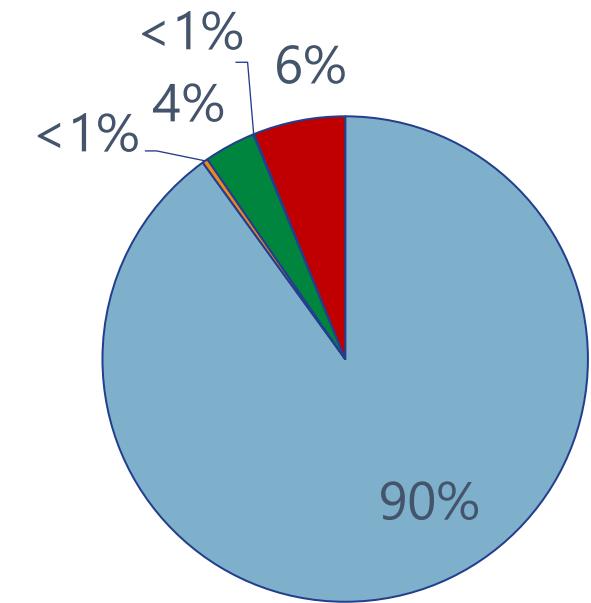
TBI-Related ED Visits
for 15-34 year olds



All TBI-Related ED Visits



TBI-Related ED Visits
for 75+ year olds



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

Recent Reports

- [2018 Child Injuries Report](#) on Indiana infants and children ages 0-5
- [2018 Child Injuries Report](#) on Indiana children ages 6-11
- [2018 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>

Android store: <https://play.google.com/store/apps/details?id=doh.in.gov.indianaprevention&hl=en>



Indiana

Special Emphasis Report: Traumatic Brain Injury 2019

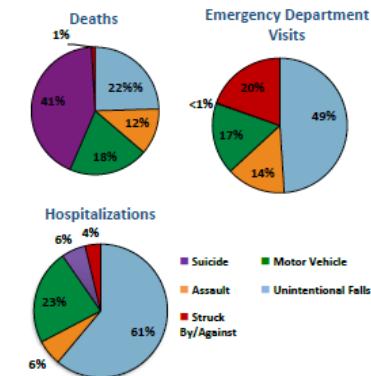
Understanding TBI

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.

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

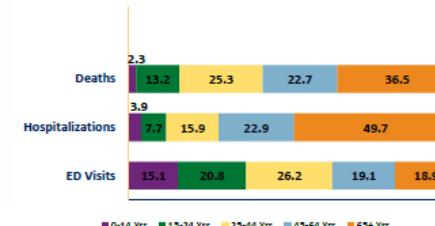


Causes of TBI

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 397 deaths, 39 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



This document was produced in conjunction with CDC's Core Violence and Injury Prevention Program under Cooperative Agreement 1U100L.



**Indiana
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Substance Use Disorder-Informed Law Enforcement Training

Klaudia Wojciechowska
Drug Overdose Prevention Program Director

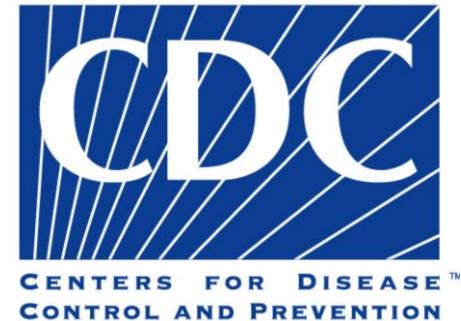
March 19, 2021

Disclaimer

This project was supported by Grant No. NU17CE2019001953 awarded by the Centers for Disease Control and Prevention (CDC). The contents of this presentation are solely the responsibility of the IDOH and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.

Overview of OD2A

- Three-year CDC grant awarded to IDOH
- Start date: 09/01/2019
- Two components: surveillance and prevention

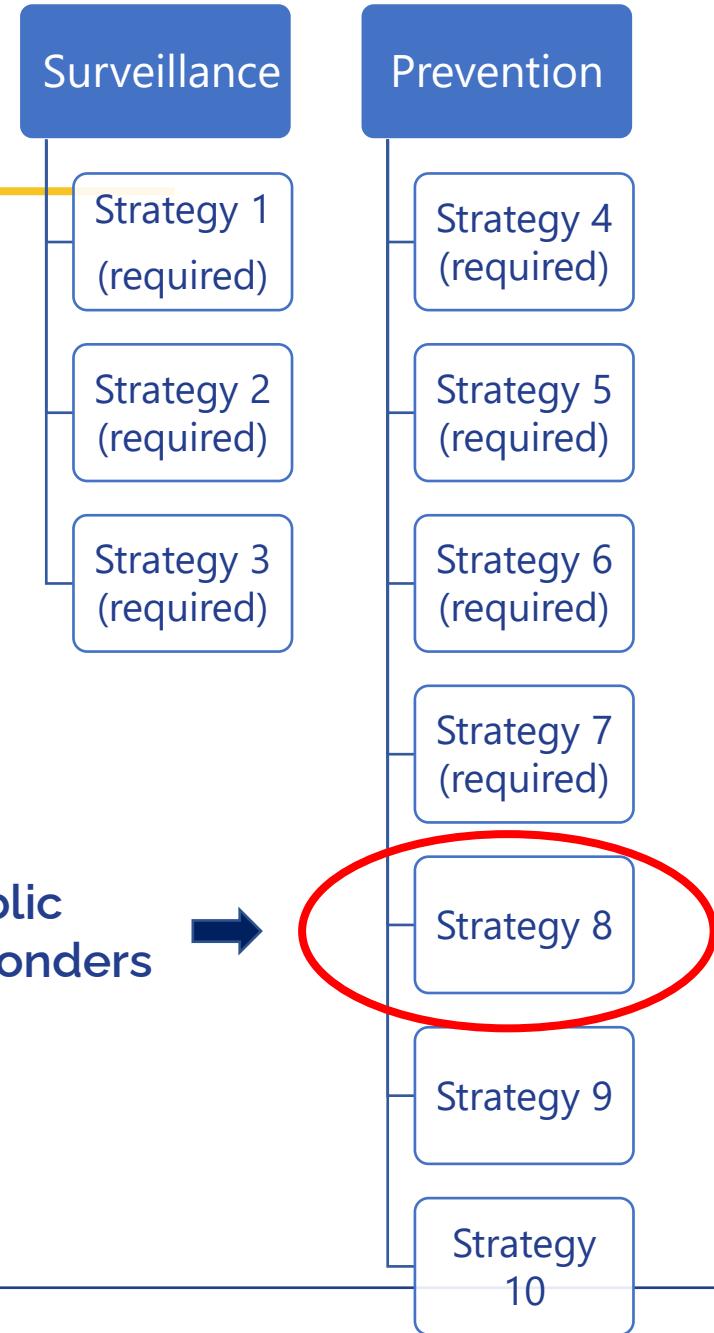


Main goal: Leverage high-quality, comprehensive, and timely data surveillance to drive state and local drug overdose prevention efforts.



Strategies of OD2A

Partnerships with Public
Safety and First Responders





SHIELD training for
law enforcement



Indiana
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SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs)

An evidence-based training program for law enforcement officials regarding harm reduction and occupational safety in the context of the drug overdose epidemic.



History of SHIELD

- In 2003, the Health in Justice Action Lab team from the Northeastern University School of Law began to explore **gaps** in the implementation of drug laws.
- Follow-up studies revealed that police officers were often **uninformed** about policy details and **ill-equipped** to translate these policies into operating procedures.



What Does Research Say?

People Who Use Drugs

- ❑ Harm reduction efforts can significantly reduce HIV incidence among people who use drugs (PWUD), however police prosecution of things such as possession of syringes force PWUDs to uptake risky behaviors.¹

Police Officers

- ❑ 83% of officers who participated in the research felt they were at risk of a needle-stick injury.¹
- ❑ Officers heavily favored incarceration over treatment as a response to drug use.²

The Need for SHIELD

Police practices affect both PWUD and the police officers themselves.



What Seems to be Working

Police education programs that couple harm reduction with officer safety and cost-effectiveness have shown to have increased buy-in from departments.

Harm Reduction
+
Officer Safety
+
Prospect of Saving Money
=

Effective Program

The SHIELD Premise

Lack of tools to assist individuals facing substance use, mental health, and/or behavioral challenges.



Boost police practices that promote both officer safety and public health response to the drug overdose epidemic.

SHIELD Training

The training consists of 3 modules:

- Module 1: Occupational Health & Wellness (focus on safety & NSI)
- Module 2: Policies & Procedures (laws related to paraphernalia & naloxone)
- Module 3: Public Health Services & Integration (resources and treatment)

The entirety of the session takes 3.5 hours to complete and are led by "ambassadors". Thus far 2 training sessions have been completed – September and December 2020 – and one is upcoming on March 25th.

Training participation

SHIELD Training Participants

11 different counties (1 unknown)

50 officers registered to attend

Indiana Ambassadors

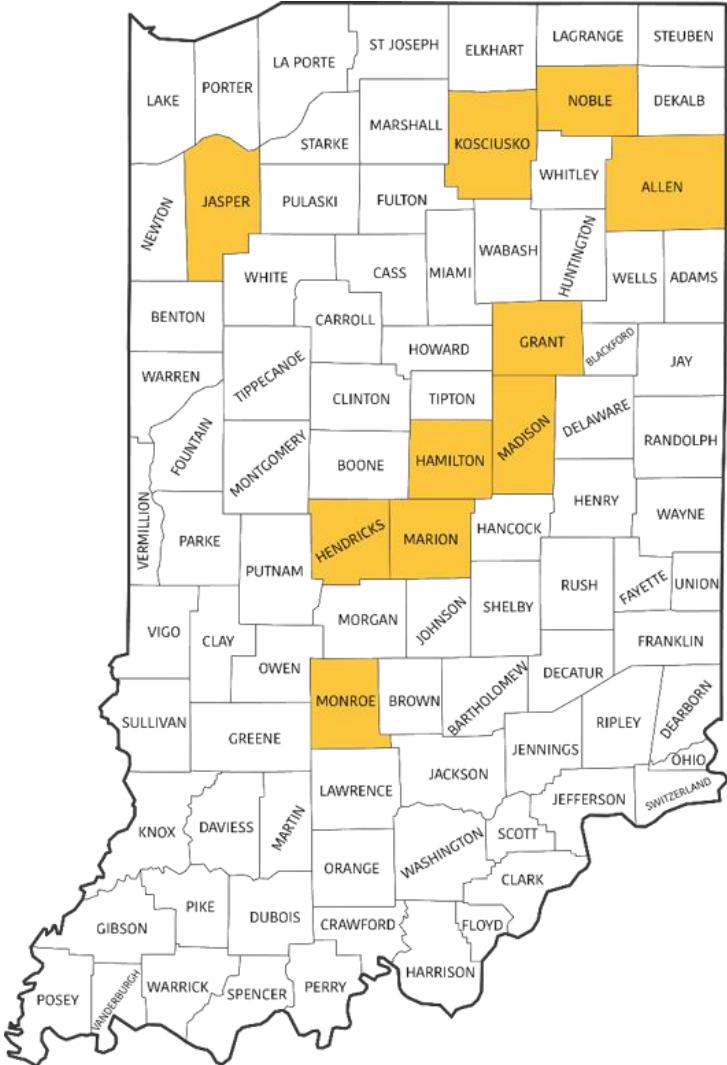
Indianapolis Metropolitan Police Department - Commander Cummings, Bradley Hinshaw, Lance Dardeen, Robert Robinson

Marion County Public Health Department - Madison Weintraut

Fort Wayne Police Department - Kevin Hunter

Indiana Addiction Issues Coalition - Brandon George

6 Indiana SHIELD Ambassadors identified to assist with creation and presentation of the training



SHIELD Training Results

Data showed that in most cases, training participants' **attitudes** and **beliefs** changed after the SHIELD training.

50% change: **Decreased** intent to aggressively police drug paraphernalia and possession violations.

56% change: Officers **correctly** identifying the risk of overdosing from touching fentanyl is not high.

50% change: **Increased** willingness to inform people about syringe possession policies before conducting a search in order to avoid being stuck by a needle.



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of
Health**

Wider Impact of SHIELD

SHIELD trainings have been found to be effective at:

- Reducing stigma towards substance use disorder and harm reduction programs
- Boosting legal knowledge critical to occupational safety and public health measures
- Significantly changing police behaviors and intentions on key occupational safety metrics
- Proven to be cost-effective (when measured against public health metrics)



Next Training

March 25, 2021, 9am-12pm ET

Register: <https://behaviorhealthjustice.wayne.edu/shield>

Safety & Health Integration in the Enforcement of Laws on Drugs (SHIELD)

Protecting Those Who Serve During a Public Health Emergency

SHIELD trains police officers how to be safe, healthy, and more effective when performing their duties during the overdose crisis and the COVID-19 pandemic. Built on two decades of experience working with law enforcement agencies and deep knowledge of the research base, the SHIELD curriculum is practice-driven and solutions-focused. It fills major training gaps, giving officers the tools they need to be safer, healthier, and more effective in these crises.



Next Training:

Thursday March 25, 2021

9:00 am - 12:00 pm



**Indiana
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of
Health**

[Register](#)

[Take the Pre-Survey](#)

[Download Flyer](#)

Questions?





**Indiana
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of
Health**

For more information you
can contact me at:

kwojciechowska@isdh.in.gov

317-232-1392

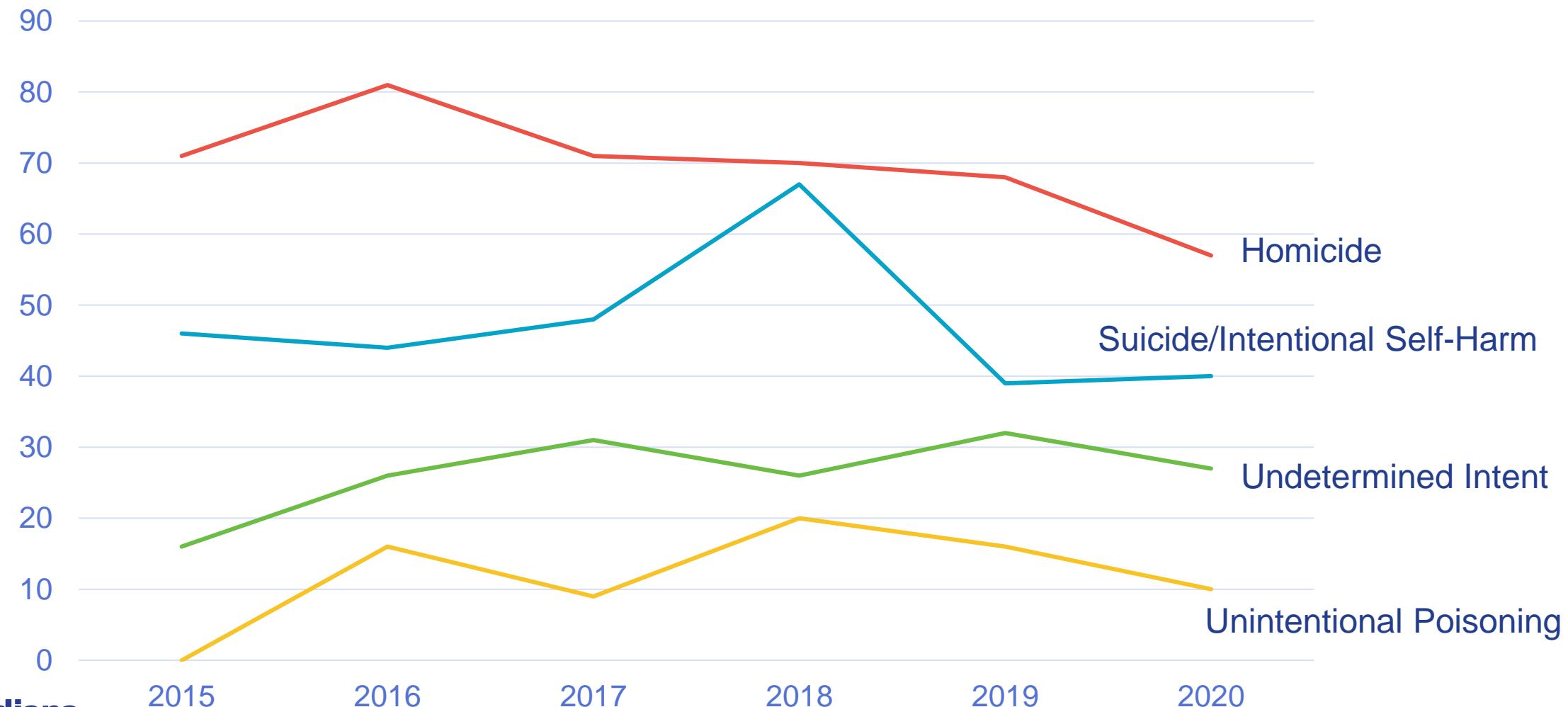


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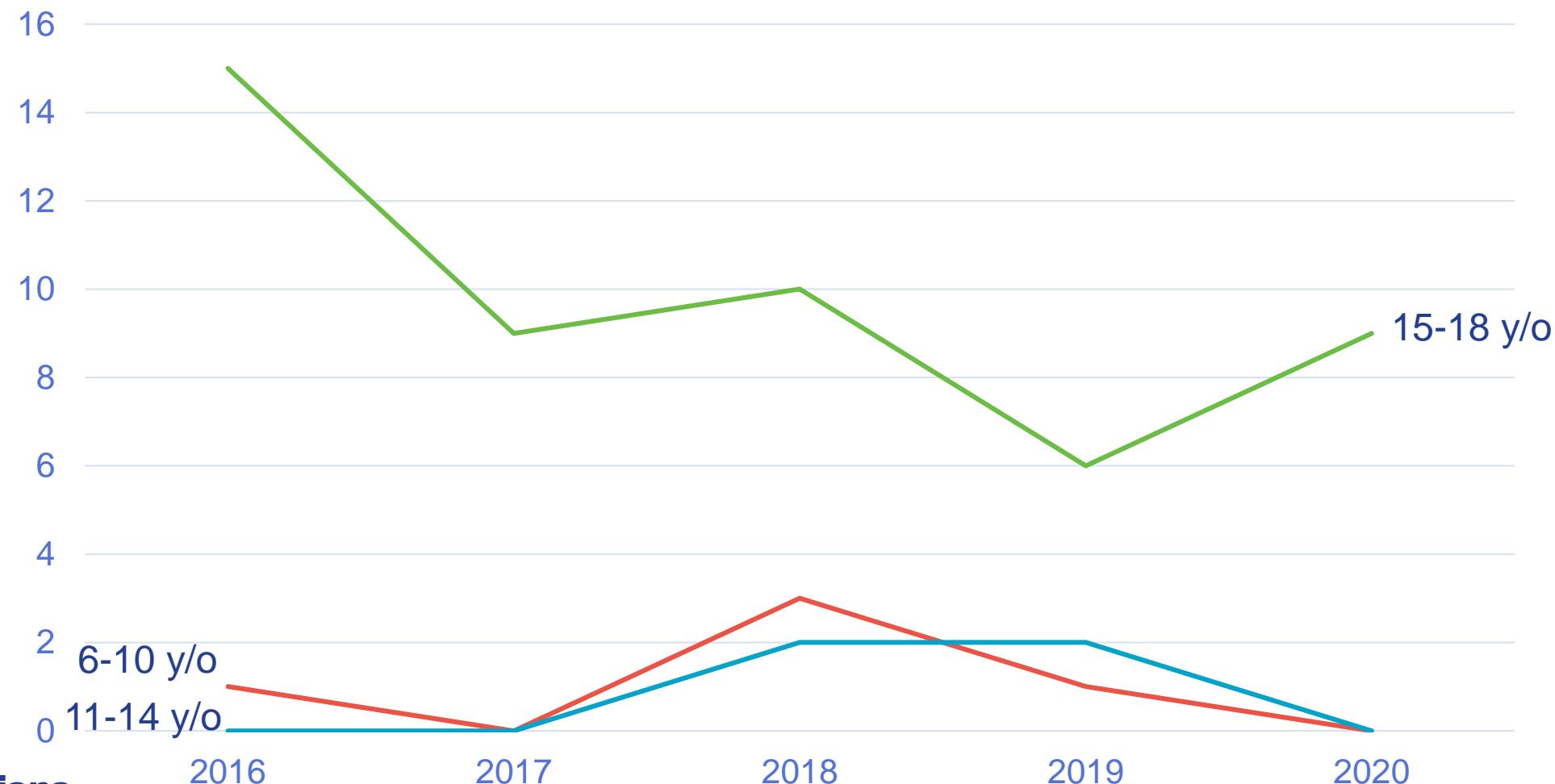
INTENTIONAL INJURY DATA PRESENTATION: YOUTH VIOLENCE IN INDIANA

Morgan Sprecher, MPH
Indiana Violent Death Reporting
System (INVDRS) Epidemiologist

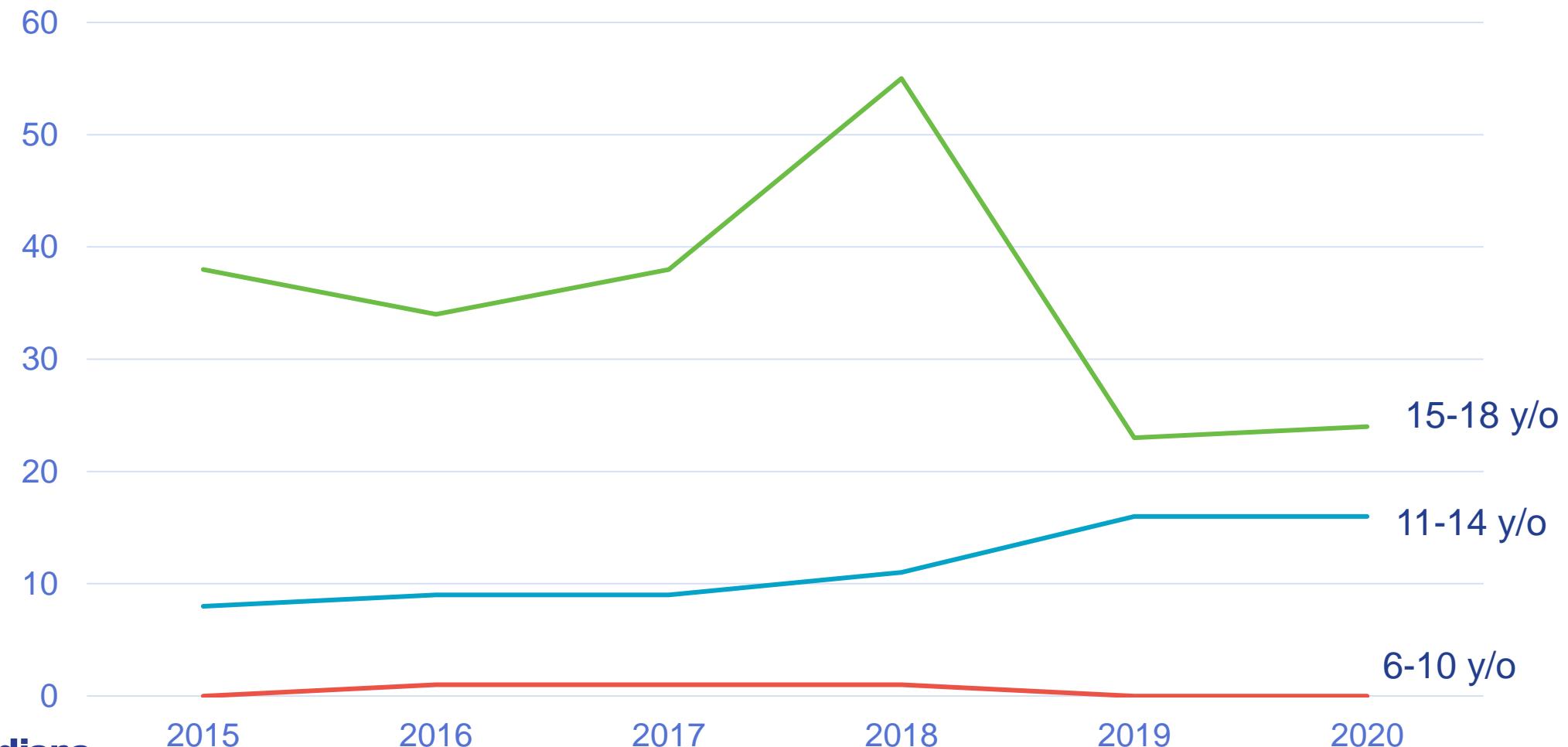
Manner of Youth Violent Deaths (0-18 y/o)



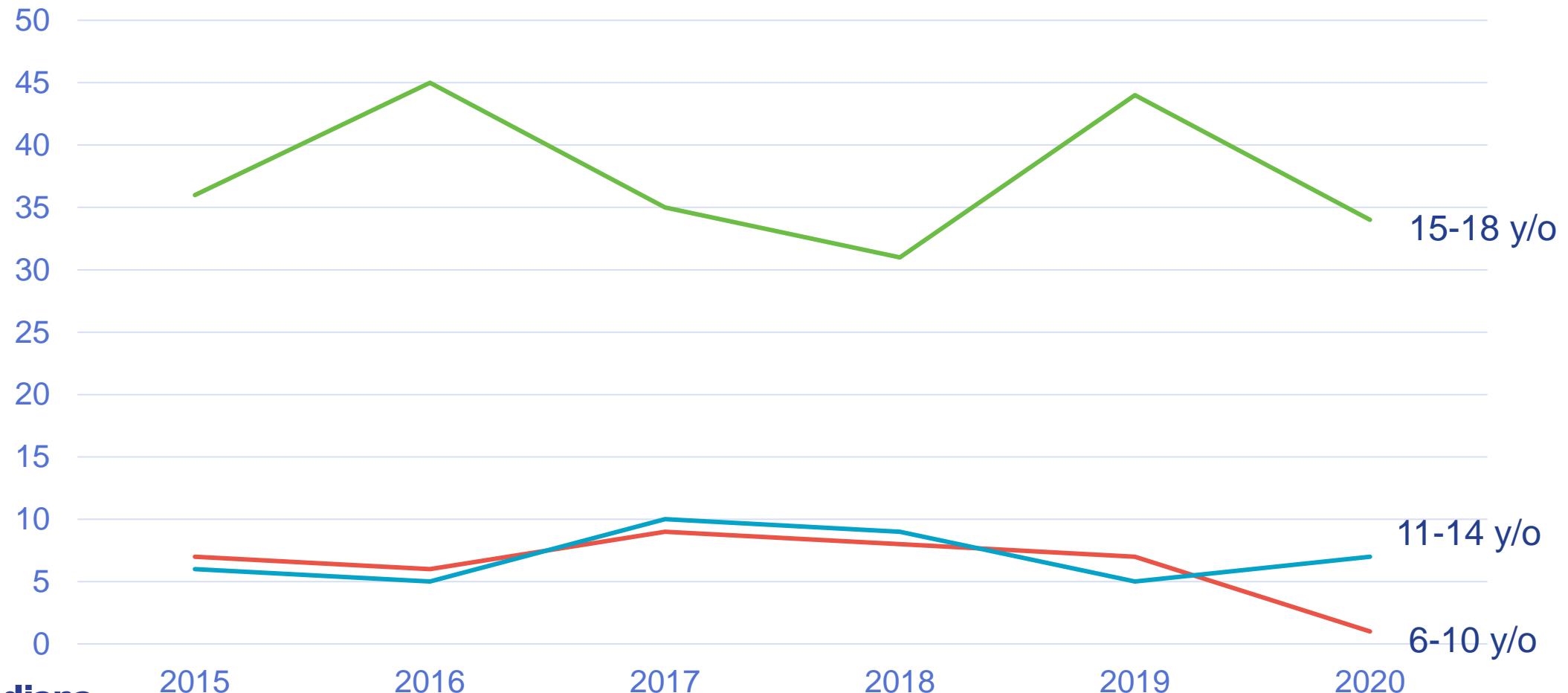
Unintentional Poisoning – Age Groups



Suicide or Intentional Self-Harm – Age Groups



Homicide – Age Groups

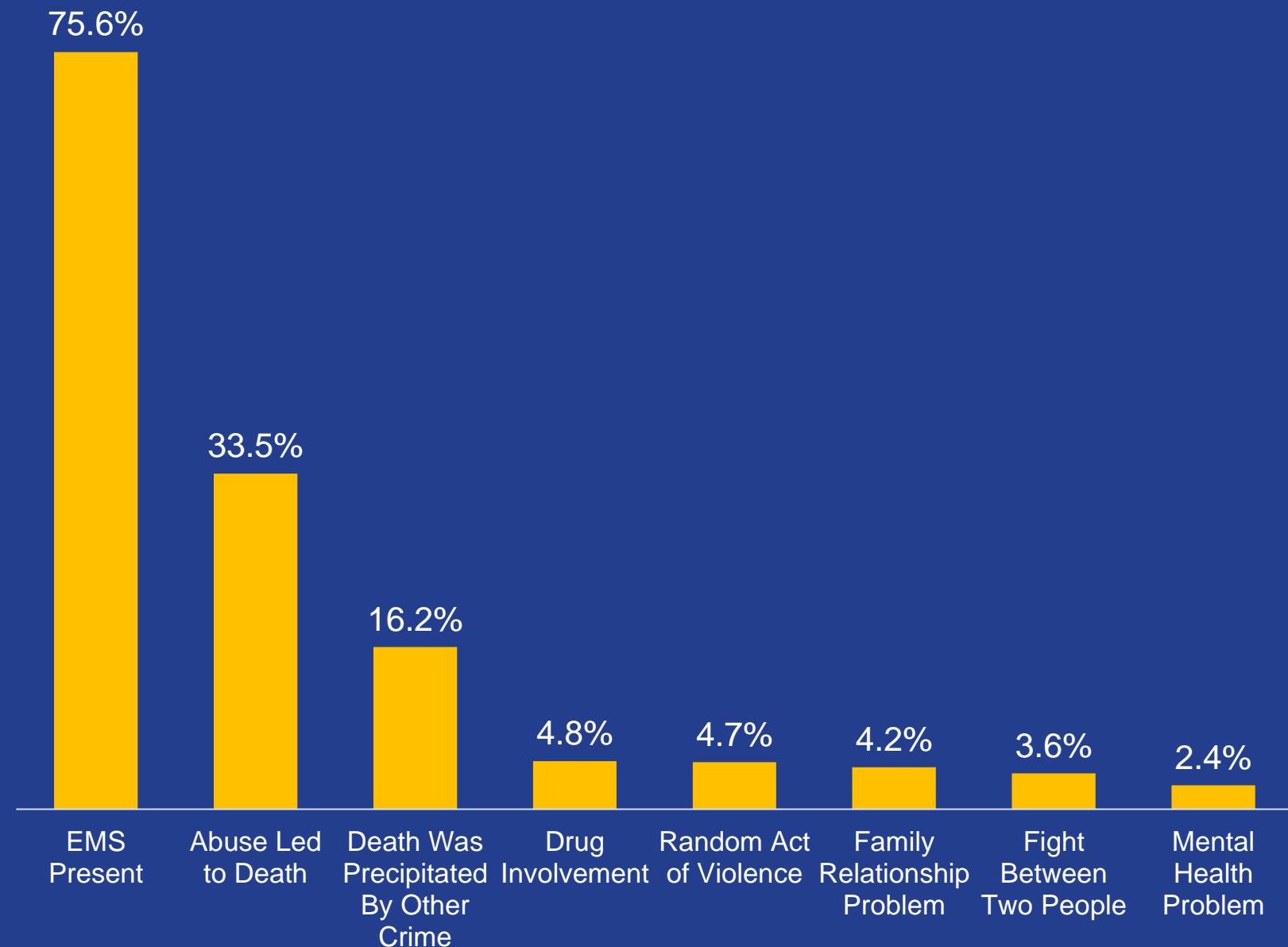


Homicide - Injury Location

House, apartment	53.87%
Street/road, sidewalk, alley	19.03%
Motor vehicle (excluding school bus and public transportation)	8.39%
Unknown	6.77%
Parking lot/public parking garage	3.55%
Natural area (e.g., field, river, beaches, woods)	2.26%
Hospital or medical facility	1.61%
Hotel/motel	0.97%
Other commercial establishment (e.g., grocery store, retail outlet, laundromat)	0.97%
Other	0.65%
Park, playground, public use area	0.65%
Abandoned house, building, or warehouse	0.32%
Child care center, daycare, pre-school	0.32%
Service station	0.32%
Sports or athletic area (e.g., stadium, baseball field, gymnasium, recreation center)	0.32%

Homicide - Circumstances

Over three-quarters of youth homicide deaths had medical emergency services present at the time of death. Almost one-third of these deaths were due to abuse. How can we ensure as injury prevention specialists in the swift action of emergency staff and protecting children in the home?



Recent Articles of Youth Violence in Indiana

Teen faces 6 murder counts in shootings at Indianapolis home

A 17-year-old Indianapolis boy accused of fatally shooting his father, stepmother, two teenage relatives and a heavily pregnant 19-year-old woman has been charged with six counts of murder

By RICK CALLAHAN Associated Press
January 28, 2021, 5:26 PM • 4 min read



The Associated Press

Indianapolis Metropolitan Police Department work the scene Sunday, Jan. 24, 2021 in Indianapolis. [Read More](#)

NATION

Indianapolis quadruple homicide started after argument over stimulus check, court docs show

Lawrence Andrea Indianapolis Star
Published 1:56 p.m. ET Mar. 16, 2021 | Updated 3:05 p.m. ET Mar. 16, 2021



Indianapolis quadruple homicide: Malik Halfacre taken into custody

IMPD was following up on a lead in a domestic homicide that left four people dead, according to department spokesperson Genae Cook. *Mykai McEldney, Indianapolis Star*

2021 Meeting Dates

May 14

July 16

September 17

November 19



THANKS!

Presenter	Phone	Email
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