Indiana Injury Prevention Advisory Council

Webcast to begin in 10 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 9 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 8 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 7 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 6 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 5 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 4 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 3 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 2 minutes

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

Indiana Injury Prevention Advisory Council

Webcast to begin in 1 minute

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

Indiana Injury Prevention Advisory Council

Webcast to begin momentarily…

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

Indiana Injury Prevention Advisory Council

May 18th, 2018

Submit your questions to:

indianatrauma@isdh.in.gov

Indiana State Department of Health

Outline

- Welcome!
- ISDH Updates
  - Staff changes
- Stakeholder updates.
- Dawn Smith, MS, ISDH, Trauma & Injury Prevention Associate:
  - Interpersonal Violence Prevention Repository

Submit your questions to:
indianatrauma@isdh.in.gov

Indiana State Department of Health

Outline

- Charnel Forbes, ISDH, MCH MOMS Helpline, Follow-up Coordinator/Lead Community Outreach Liaison:
  - Overview of MOMS Helpline & Ask Liv Application
- Karl Nichols & Kelli Brien, Community Wellness Partners:
  - Speak Life: Here to Stay Initiative

Outline

- Tiffany Egan-Rojas, MPH, Injury Prevention Coordinator for Riley Hospital for Children, Injury Prevention & Trauma Services Department:
  - Injury Prevention for Your Baby: Developing & Evaluating an Injury Prevention Pilot Program for a Target Population of Substance-abusing Mothers.

Outline

- Terri Bogue, MSN, RN, PCNS-BC and Robert Bogue, BS, Thor Projects LLC:
  - "Don't Get Sucked In, Maintaining Professional Boundaries" & "Kin to Kin Child Safety Cards."
- Preston Harness, MPH, Injury Prevention Program Coordinator, ISDH:
  - ISDH Updates on Child Passenger Safety
- Closing Remarks & Updates

ISDH UPDATES

Indiana State Department of Health

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

Staff Changes

- Preston Harness' last day is June 1st.
- Pravy Nijjar will be transitioning into the Injury Prevention Program Coordinator position.

ISDH INJURY PREVENTION UPDATES

Indiana State Department of Health

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

FY 2019 Child Restraint Distribution Grant Solicitation from ICJI:

- Request for Proposals is now live!
  - Becoming a "fitting station."
  - Due May 25th, 2018.
  - Sent information through IPAC emailing list.
  - Hard copies are available.

List of ISDH Injury Prevention Documents and Reports

- 2017 Suicide in Indiana
- Preventing Injuries in Indiana: A Resource Guide
- Special Emphasis Reports:
  - Drug overdose
  - Traumatic brain injuries
  - Older adult falls
- http://in.gov/isdh/25396.htm

Strategic Plan

- 2016-2018 ISDH, Division of Trauma and Injury Prevention Strategic Plan:
  - http://www.in.gov/isdh/files/Katie_Hokanson_-_2016_to_2018_Strategic_Plan_February_19_2016.pdf

Strategic Plan

- Objectives:
  - Identify opportunities to reduce or prevent injuries within the state of Indiana.
  - Enhance the skills, knowledge, and resources of injury prevention workforce.
    - Injury Prevention Advisory Council (IPAC) Injury Prevention Conference
    - Injury Prevention Advisory Council membership

Strategic Plan

- Objectives:
  - Establish a sustainable and relevant infrastructure that provides leadership, funding, data, policy and evaluation for injury prevention.
  - Provide access and technical assistance for best practice and evidence-based injury prevention strategies.
    - Preventing Injury in Indiana: A Resource Guide
    - Injury Prevention Resource Guide Application

Strategic Plan:

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

2. Collaborative injury prevention efforts in:

- Traffic Safety
- Poisoning
- Traumatic Brain Injury

Strategic Plan:

3. Statewide direction and focus for older adult (age 65+) falls prevention
4. Statewide direction and focus for child injuries
    - Safe sleep
    - Child passenger safety
    - Bullying

Strategic Plan:

5. Statewide direction and focus for violence prevention
    - Indiana Violent Death Reporting System
    - Focus on homicides, suicides, and other violence
6. Enhance the skills, knowledge, & resources of injury prevention workforce
    - Resource Guide
    - IPAC membership
    - IPAC conference

Annual IPAC Conference

- We will not host an annual IPAC conference this year:
  - Midwest Injury Prevention Alliance (MIPA) has requested that they host the 2018 MIPA conference in the fall of 2018.
  - More information will come soon!

Regular IPAC Meetings

- Upcoming Meetings (all from 10-12PM):
  - July 20th, 2018
  - September 21st, 2018
  - November 16th, 2018

Welcome Dawn!

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

Indiana State Department of Health

Interpersonal Violence Prevention Repository

Dawn Smith, *Trauma and Injury Prevention Associate*

Indiana State Department of Health

Indiana State Department of Health

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

Interpersonal Violence

- Interpersonal violence (IPV) involves intentional injury directed from one person to another
- This can encompasses many forms of violence, including: physical abuse, sexual assault, domestic violence, bullying, and homicide

Indiana State Department of Health

Indiana IPV Statistics

- The rate for Assault-related ED visits for Ages 5-14 was 16.4 for 2007-2010
- In Indiana the 2008-2012 rate for Homicide/Assault deaths for Ages 0-9 was 2.45
- The rate for Homicide/Assault deaths for Ages 10-19 was 1.82 for 2008-2012

Indiana State Department of Health

IPV Prevention in Health Care Settings

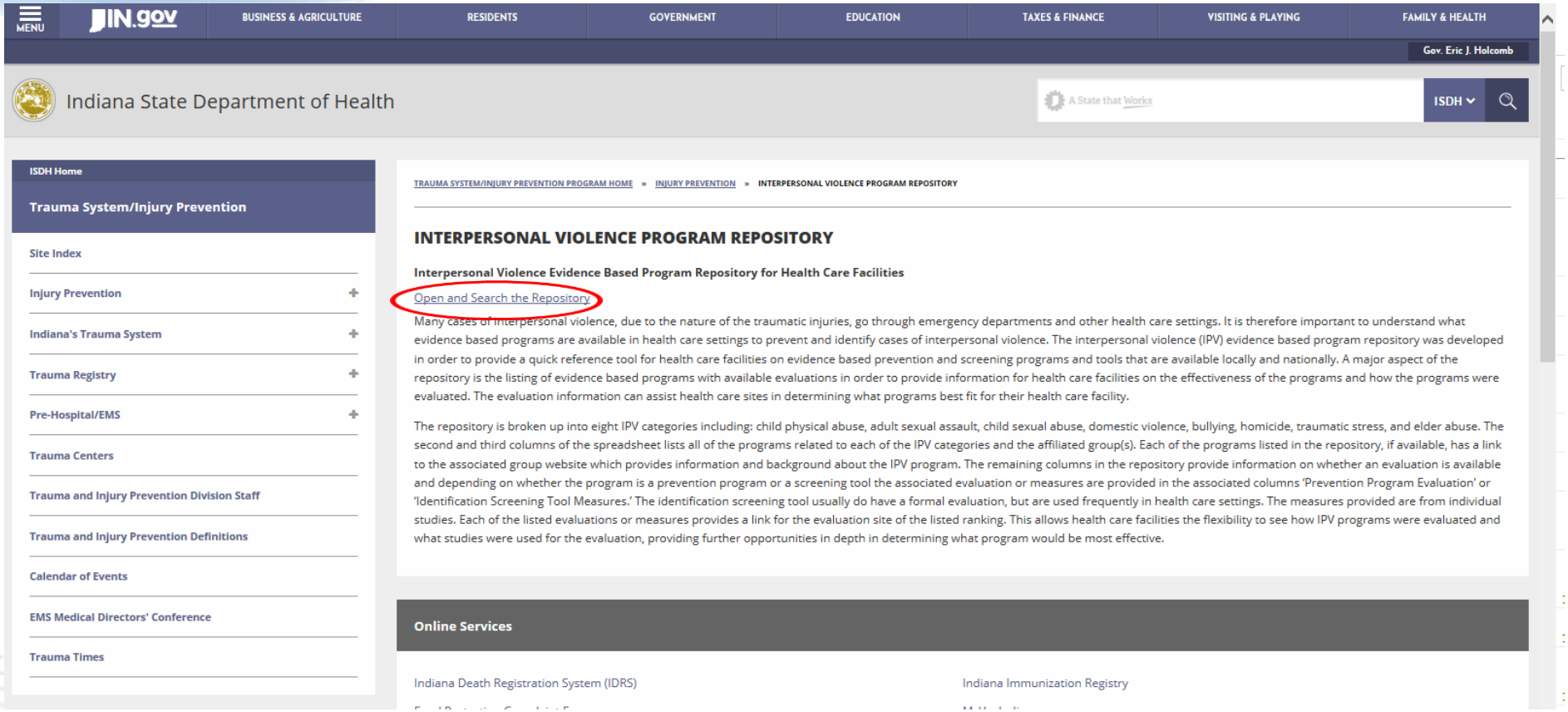
- Many cases of IPV will came in contact with hospitals, emergency departments, and other health care facilities
- This is a key location that interpersonal violence identification and prevention can take place
- The goal was to create a repository of evidence based prevention and screening programs and tools

Repository Categories

- Child physical abuse
- Adult sexual assault
- Child sexual abuse
- Domestic violence
- Bullying
- Homicide
- Traumatic stress
- Elder abuse

Indiana State Department of Health

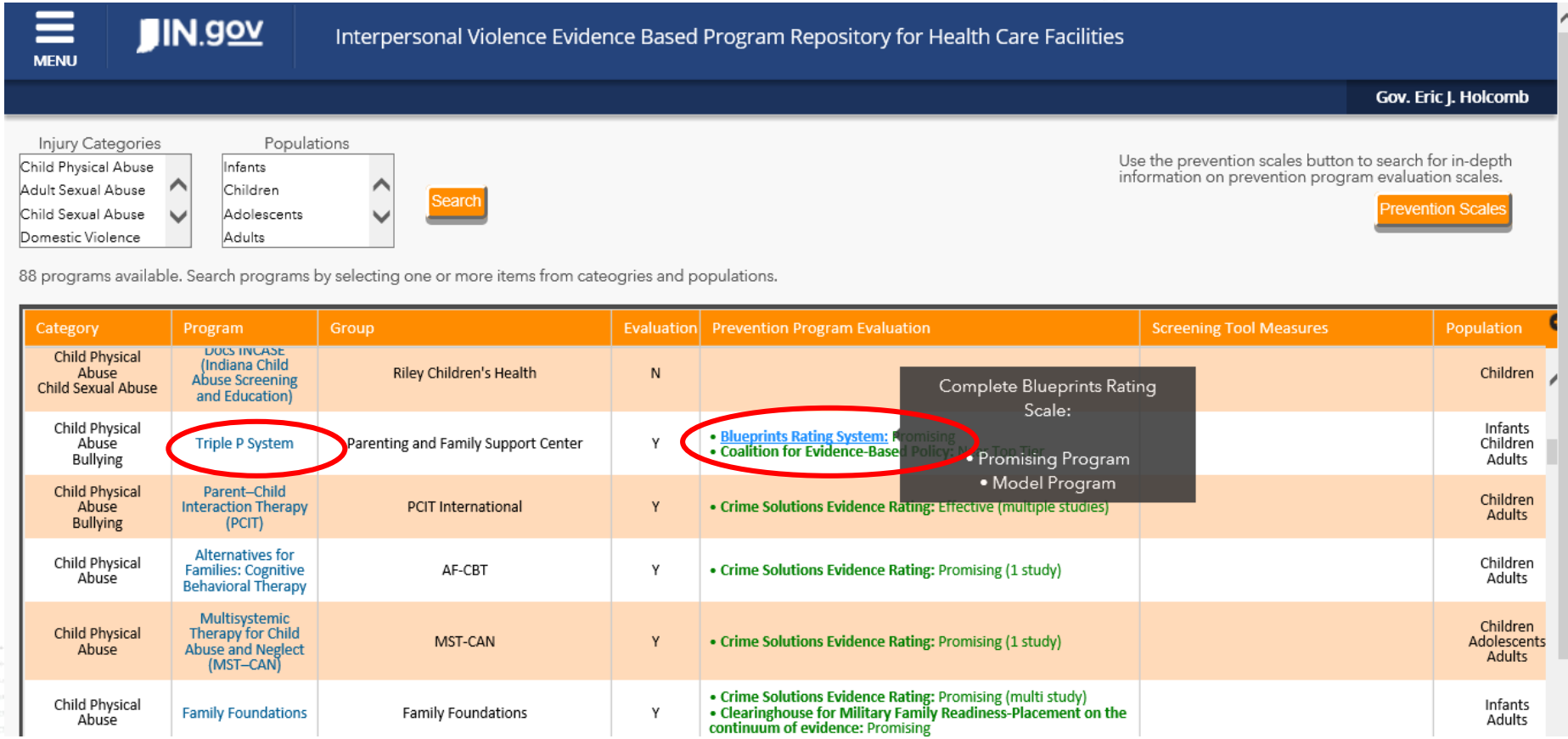
Repository


MENU
IN.gov
BUSINESS & AGRICULTURE
RESIDENTS
GOVERNMENT
EDUCATION
TAXES & FINANCE
VISITING & PLAYING
FAMILY & HEALTH
Gov. Eric J. Holcomb
Indiana State Department of Health
A State that Works
ISDH
ISDH Home
Trauma System/Injury Prevention
Site Index
Injury Prevention
Indiana's Trauma System
Trauma Registry
Pre-Hospital/EMS
Trauma Centers
Trauma and Injury Prevention Division Staff
Trauma and Injury Prevention Definitions
Calendar of Events
EMS Medical Directors' Conference
Trauma Times
TRAUMA SYSTEM/INJURY PREVENTION PROGRAM HOME » INJURY PREVENTION » INTERPERSONAL VIOLENCE PROGRAM REPOSITORY
INTERPERSONAL VIOLENCE PROGRAM REPOSITORY
Interpersonal Violence Evidence Based Program Repository for Health Care Facilities
Open and Search the Repository
Many cases of interpersonal violence, due to the nature of the traumatic injuries, go through emergency departments and other health care settings. It is therefore important to understand what evidence based programs are available in health care settings to prevent and identify cases of interpersonal violence. The interpersonal violence (IPV) evidence based program repository was developed in order to provide a quick reference tool for health care facilities on evidence based prevention and screening programs and tools that are available locally and nationally. A major aspect of the repository is the listing of evidence based programs with available evaluations in order to provide information for health care facilities on the effectiveness of the programs and how the programs were evaluated. The evaluation information can assist health care sites in determining what programs best fit for their health care facility.
The repository is broken up into eight IPV categories including: child physical abuse, adult sexual assault, child sexual abuse, domestic violence, bullying, homicide, traumatic stress, and elder abuse. The second and third columns of the spreadsheet lists all of the programs related to each of the IPV categories and the affiliated group(s). Each of the programs listed in the repository, if available, has a link to the associated group website which provides information and background about the IPV program. The remaining columns in the repository provide information on whether an evaluation is available and depending on whether the program is a prevention program or a screening tool the associated evaluation or measures are provided in the associated columns 'Prevention Program Evaluation' or 'Identification Screening Tool Measures.' The identification screening tool usually do have a formal evaluation, but are used frequently in health care settings. The measures provided are from individual studies. Each of the listed evaluations or measures provides a link for the evaluation site of the listed ranking. This allows health care facilities the flexibility to see how IPV programs were evaluated and what studies were used for the evaluation, providing further opportunities in depth in determining what program would be most effective.
Online Services
Indiana Death Registration System (IDRS)
Indiana Immunization Registry

Repository

Category	Program	Group	Evaluation	Prevention Program Evaluation	Screening Tool Measures	Population
Child Physical Abuse	Resilience Questionnaire	American Academy of Pediatrics:	N			Infants Children Adolescents Adults
Homicide Domestic Violence Child Physical Abuse	Danger Assessment	Danger Assessment	Y		• **K.C. Basile, M.F. Hertz, S.E. Back, 2007:** Internal consistency: 0.66 -0.86. Test/retest reliability: 0.89 -0.94. Construct validity convergent with the Conflict Tactics Scale (CTS), r = 0.49 - 0.55 and ISA, r = 0.44 - 0.75.	Adults Children
Child Physical Abuse	Fussy Baby Network	Erikson Institute	Y	• **Clearinghouse for Military Family Readiness-Placement on the continuum of evidence:** Unclear ø		Infants Adults
Bullying Child Phyical Abuse Domestic Violence Child Sexual Abuse Homicide	Positive Action	Positive Action, Inc.	Y	• **Crime Solutions Evidence Rating:** Effective (multiple studies)		Adolescents Children
Child Physical Abuse	Child Abuse Consultation Service	Riley Children's Health	N			Children

Repository



MENU

IN.gov

Interpersonal Violence Evidence Based Program Repository for Health Care Facilities

Gov. Eric J. Holcomb

Injury Categories
- Child Physical Abuse
- Adult Sexual Abuse
- Child Sexual Abuse
- Domestic Violence

Populations
- Infants
- Children
- Adolescents
- Adults

Search

Use the prevention scales button to search for in-depth information on prevention program evaluation scales.

Prevention Scales

88 programs available. Search programs by selecting one or more items from categories and populations.

Category	Program	Group	Evaluation	Prevention Program Evaluation	Screening Tool Measures	Population
Child Physical Abuse Child Sexual Abuse	DOCS INCASE (Indiana Child Abuse Screening and Education)	Riley Children's Health	N			Children
Child Physical Abuse Bullying	Triple P System	Parenting and Family Support Center	Y	• Blueprints Rating System: Promising • Coalition for Evidence-Based Policy: Meets Top Tier		Infants Children Adults
Child Physical Abuse Bullying	Parent–Child Interaction Therapy (PCIT)	PCIT International	Y	• Crime Solutions Evidence Rating: Effective (multiple studies)		Children Adults
Child Physical Abuse	Alternatives for Families: Cognitive Behavioral Therapy	AF-CBT	Y	• Crime Solutions Evidence Rating: Promising (1 study)		Children Adults
Child Physical Abuse	Multisystemic Therapy for Child Abuse and Neglect (MST–CAN)	MST-CAN	Y	• Crime Solutions Evidence Rating: Promising (1 study)		Children Adolescents Adults
Child Physical Abuse	Family Foundations	Family Foundations	Y	• Crime Solutions Evidence Rating: Promising (multi study) • Clearinghouse for Military Family Readiness-Placement on the continuum of evidence: Promising		Infants Adults

Complete Blueprints Rating Scale:
- Promising Program
- Model Program

Small Changes, Big Differences

Find out about Triple P | The system at work | Getting started | Local contacts

Triple P Positive Parenting Program — for every parent

TRIPLE P TAKES THE GUESSWORK OUT OF PARENTING

The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing. Triple P is currently used in more than 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

This website is for practitioners, agencies, jurisdictions and governments. If you are a parent, please go to Triple P's parent website.

FIND OUT ABOUT TRIPLE P ▶ | THE TRIPLE P SYSTEM AT WORK ▶ | GET STARTED WITH TRIPLE P ▶

ARE YOU A PARENT? OOPS, YOU'RE ON THE WRONG SITE! CLICK HERE

WANT TO KNOW HOW **TRIPLE P ONLINE** CAN WORK WITH **YOUR FAMILIES**?
Watch the Webinar with Dr Karen Turner

SEE WHAT OTHERS SAY

WATCH THAT VIDEO

- GIVES PARENTS HOPE
- TEEN TERROR NO

Blueprints
FOR HEALTHY YOUTH DEVELOPMENT

RETURN TO SEARCH RESULTS
RETURN

Print this Page

TRIPLE P SYSTEM

Blueprints Program Rating: Promising

A public health approach to reach all parents in a community to enhance parental competence and prevent or alter dysfunctional parenting practices, thereby reducing family risk factors both for child maltreatment and for children's behavioral and emotional problems.

FACT SHEET | PROGRAM COSTS | FUNDING STRATEGIES | DETAILED EVALUATION ABSTRACT | VIDEO

PROGRAM OUTCOMES
Child Maltreatment
Mental Health - Other

PROGRAM TYPE
Parent Training

PROGRAM SETTING
Community (e.g., religious, recreation)
Home
Hospital/Medical Center
Mental Health/Treatment Center
School

CONTINUUM OF INTERVENTION
Universal Prevention (Entire Population)
Selective Prevention (Elevated Risk)

AGE
Infant (0-2)
Early Childhood (3-4) - Preschool
Late Childhood (5-11) - K/Elementary
Adult

GENDER
Male and Female

RACE/ETHNICITY
All Race/Ethnicity

ENDORSEMENTS
Blueprints: Promising
Coalition for Evidence-Based Policy: Near Top Tier
Crime Solutions: Effective
OJJDP Model Programs: Effective

PROGRAM INFORMATION CONTACT
Triple P America
E-mail: contact.us@triplep.net
Phone: (803) 451-2278
Web: www.triplep.net/glo-en/home/

PROGRAM DEVELOPER/OWNER
Matthew Sanders, Ph.D.
The University of Queensland

The Triple P System

UPDATED: JAN 25, 2018

EVIDENCE RATING: NEAR TOP TIER

HIGHLIGHTS

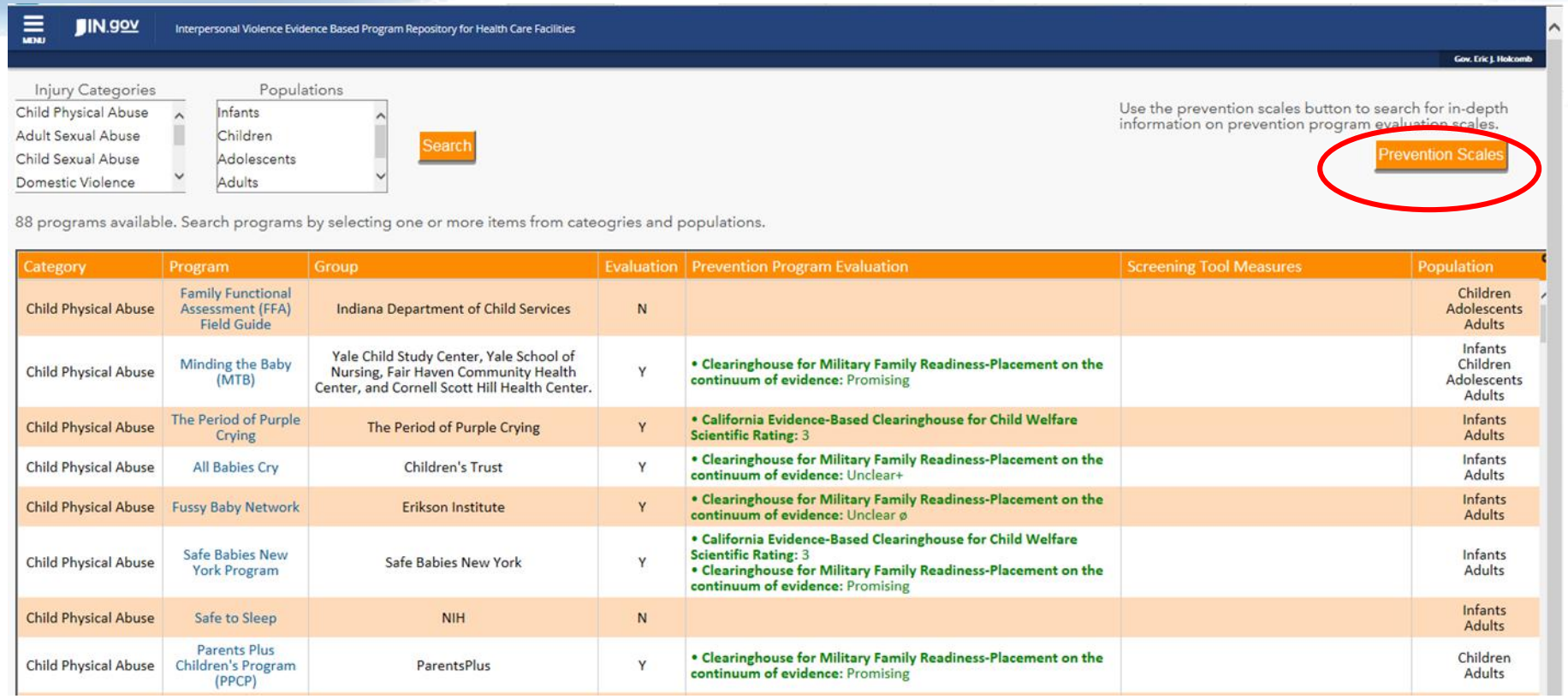
- PROGRAM:
  A system of parenting programs for parents with children age 0-8.
- EVALUATION METHODS:
  A well-conducted randomized controlled trial (RCT) of the Triple P System as implemented community-wide in nine South Carolina counties.
- KEY FINDINGS:
  13-33% reductions in county-wide rates of child maltreatment, hospital visits for maltreatment injuries, and foster-care placements, two years after random assignment.
- OTHER:
  (i) These findings apply to the full Triple P System for families with children age 0-8 (as opposed to other versions of Triple P).

TOP TIER

NEAR TOP TIER

Programs shown to meet almost all elements of the Top Tier standard, and which only need one additional step to qualify. This category primarily includes programs that meet all elements of the Top Tier standard in a single study site, but need a replication RCT to confirm the initial findings and establish that they generalize to other sites. This is best viewed as tentative evidence that the program would produce important effects if implemented faithfully in settings and populations similar to those in the original study.

SUGGESTIVE TIER



Category	Program	Group	Evaluation	Prevention Program Evaluation	Screening Tool Measures	Population
Child Physical Abuse	Family Functional Assessment (FFA) Field Guide	Indiana Department of Child Services	N			Children Adolescents Adults
Child Physical Abuse	Minding the Baby (MTB)	Yale Child Study Center, Yale School of Nursing, Fair Haven Community Health Center, and Cornell Scott Hill Health Center.	Y	• **Clearinghouse for Military Family Readiness-Placement on the continuum of evidence:** Promising		Infants Children Adolescents Adults
Child Physical Abuse	The Period of Purple Crying	The Period of Purple Crying	Y	• **California Evidence-Based Clearinghouse for Child Welfare Scientific Rating:** 3		Infants Adults
Child Physical Abuse	All Babies Cry	Children's Trust	Y	• **Clearinghouse for Military Family Readiness-Placement on the continuum of evidence:** Unclear+		Infants Adults
Child Physical Abuse	Fussy Baby Network	Erikson Institute	Y	• **Clearinghouse for Military Family Readiness-Placement on the continuum of evidence:** Unclear ø		Infants Adults
Child Physical Abuse	Safe Babies New York Program	Safe Babies New York	Y	• **California Evidence-Based Clearinghouse for Child Welfare Scientific Rating:** 3 • **Clearinghouse for Military Family Readiness-Placement on the continuum of evidence:** Promising		Infants Adults
Child Physical Abuse	Safe to Sleep	NIH	N			Infants Adults
Child Physical Abuse	Parents Plus Children's Program (PPCP)	ParentsPlus	Y	• **Clearinghouse for Military Family Readiness-Placement on the continuum of evidence:** Promising		Children Adults

Use the links below to jump to a specific scale section.

California Evidence-Based Clearinghouse for Child Welfare Scientific Rating

Blueprints Rating System

Crime Solutions

Coalition for Evidence-Based Policy

Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence-based Programs and Practices

Injury Center University of Michigan

Agency for Healthcare Research and Quality Levels of Evidence

Clearinghouse for Military Family Readiness Evaluation Placement

California Evidence-Based Clearinghouse for Child Welfare Scientific Rating:

1. Well-Supported by Research Evidence

1. Multiple Site Replication and Follow-up:

- At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice.
- In at least one of these RCTs, the practice has shown to have a sustained effect at least one year beyond the end of treatment, when compared to a control group.
- The RCTs have been reported in published, peer-reviewed literature.

2. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
3. If multiple outcome studies have been published, the overall weight of the evidence supports the benefit of the practice.
4. There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe

Conclusion

- The Interpersonal Violence Prevention Repository will provide a quick reference for health care facilities on evidence based prevention and screening programs and tools
- The IPV program repository can be accessed from the link below
- https://secure.in.gov/isdh/27783.htm

Next Steps

- Incorporation of the repository into the Injuries in Indiana: Resource Guide mobile app

Indiana State Department of Health

Questions?

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

Indiana State Department of Health

Welcome Charnel!

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

Indiana State Department of Health

MCH
MOMS
HELPLINE
1-844-MCH-MOMS
(844-624-6667)

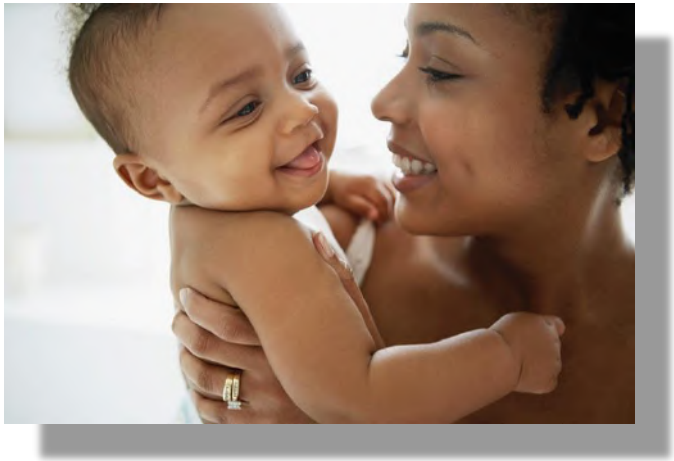
The key to a healthy baby and a happy mom

Maternal and Child Health (MCH) Division

Indiana State
Department of Health

MCH MOMS Helpline

- Launched on March 1, 2016
- Formerly the *Indiana Family Helpline*
- Rebranded to support the Maternal and Child Health population



MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

Indiana State Department of Health

Mission

The MCH MOMS Helpline mission is to reduce the infant mortality rate in Indiana by connecting families with access to available resources focused on improving the health of mothers and their children.

FAMILIES

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)

The key to a healthy baby and a happy mom

Doctor, Transportation, Health Insurance, and Dental Referrals

Indiana State Department of Health

MOMS Helpline Goals

- Inform and connect families with resources available for mothers, infants, and children

- Promote healthy lifestyle education and positive behavior for women during preconception and child bearing stage, and connect them to health education services

- Promote the MOMS Helpline and the Labor of Love campaign goals throughout Indiana

Labor of Love
Helping Indiana Reduce Infant Death

MCH MOMS HELPLINE
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Indiana State Department of Health

Information and Referral Services

♥ Provide valuable health care information and referral services to help reduce Indiana's infant mortality rate.

♥ Educate and advocate on behalf of moms and pregnant women.

♥ Assist uninsured moms with finding sliding fee scale options and open door clinics.

♥ Offer interpretation assistance to moms who require different needs and connect them with case managers.

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Indiana State Department of Health

Locating and Connecting with Health Care Providers

Primary Care Providers & OB/GYNs

Certified Nurse Midwives

Dentists

Pediatricians

♥ Our specialists provide other essential referrals and follow-up with moms to ensure their needs were met

Health Coverage Enrollment and Food Assistance Application

♥ Certified Navigators are available to help moms enroll in medical insurance

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Indiana State Department of Health

MOMs Helpline Call Flow

- Call the MOMs Helpline
  - Resources
    - Referrals
    - Advocacy
      - Follow-up Call if Needed
  - Health Insurance Enrollment
    - Medicaid Enrollment HIP 2.0

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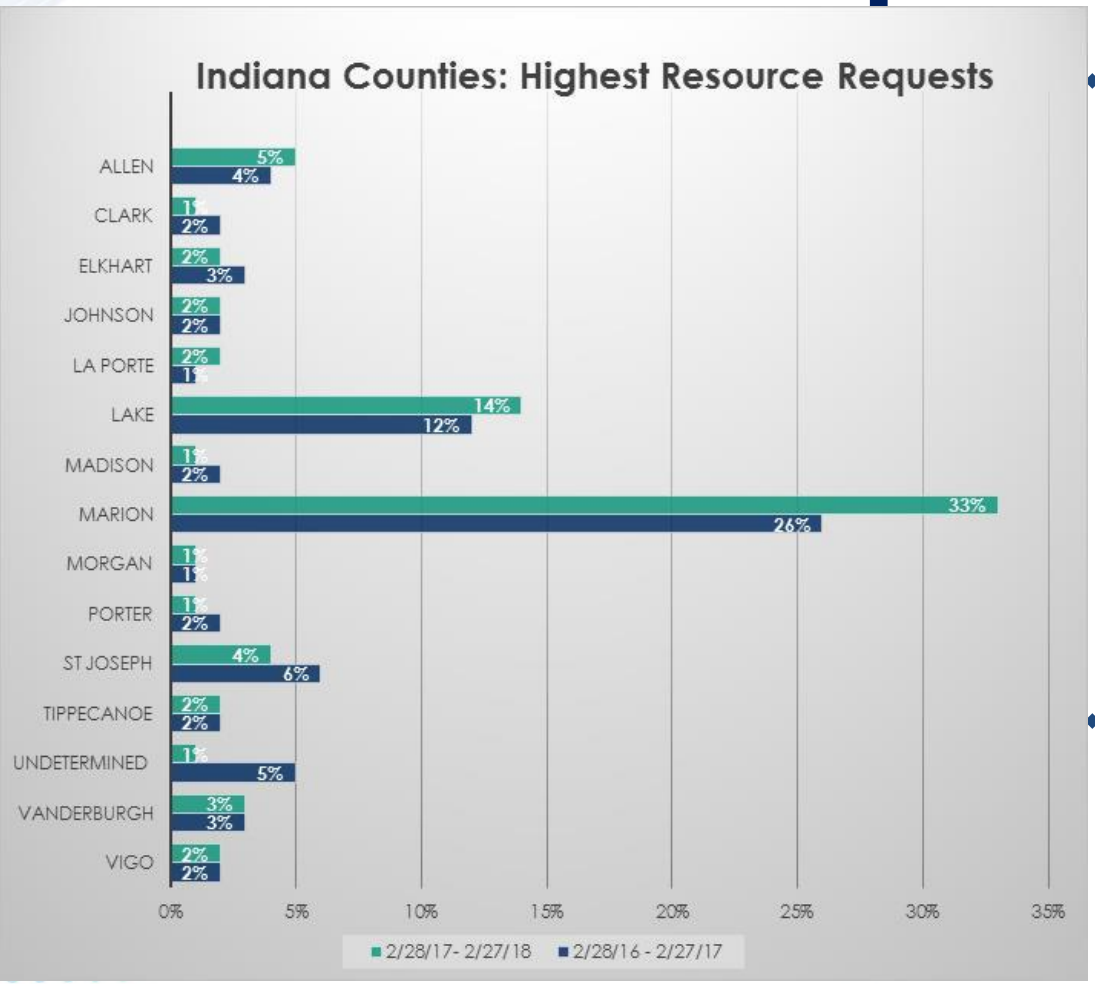
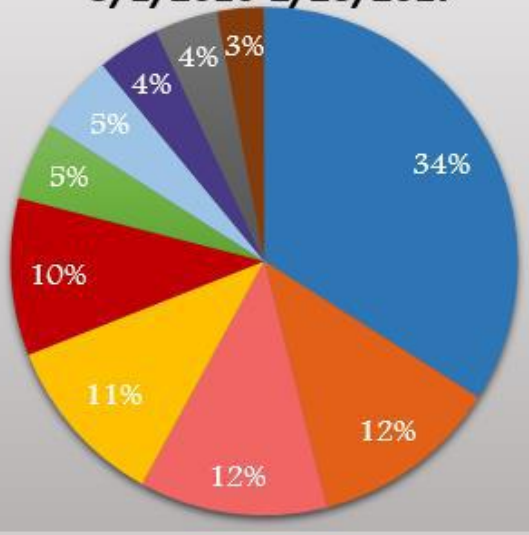
MOMs Helpline Call Data



- For 2/28/2016 - 2/27/2017. Shown are the 4,223/5,884 calls from the counties with the highest call volume in this time period. (Blue)

- For 2/28/2017 – 2/27/2018. Shown are the 1,009/1,409 calls from the counties with the highest call volume in this time period. (Green)

MHL Top Ten Resource Requests
3/1/2016-2/28/2017

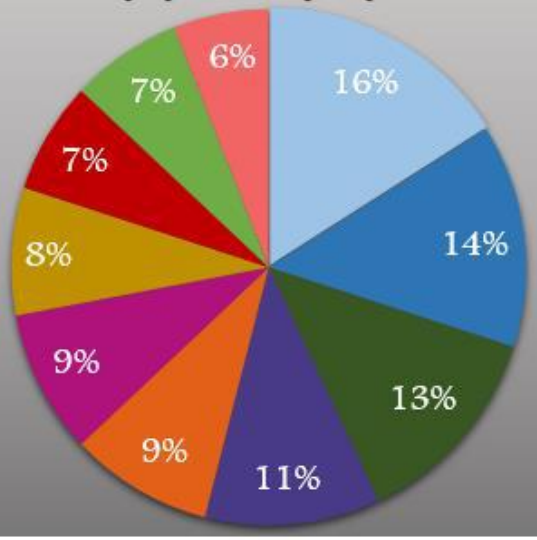


Dental Care
Primary Care Provider
Finanacial Assistance
WIC
Insurance
Housing
Baby Supplies
Baby Bed
Program Information
Food

Total number of calls for Top 10 Needs in 2016 = 1525

MHL Top Ten Resource Requests
3/1/2017-2/28/2018

Chart Area



Baby Supplies
Dental Care
Car Seats
Baby Bed
Primary Care Provider
PEPW
Prenatal Care
Insurance
Housing
Financial Assistance

Total number of calls for Top 10 needs in 2017= 575

MCH MOMS Helpline call data is recorded daily.
Total Number MCH MOMS Helpline calls for March 1, 2016 – February 28, 2017 = 4587 (60 need categories were recognized in this time period)
Total Number MCH MOMS Helpline calls for March 1, 2017 – February 28, 2018 = 1735 (55 need categories were recognized in this time period)

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Care for Your Baby & Child

Women, Infants, and Children (WIC)

- Site locations

Baby Programs

- Safe Sleep
- Baby & Me Tobacco Free

Immunizations

- Schedules
- Site Locations
- MyVAX Indiana

Children

- Child care locations
- Child safety resources
- Early education programs
- Child abuse and prevention

Baby Items

- Clothing
- Baby Cribs
- Car Seat

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Indiana State Department of Health

Care for Moms

Housing Assistance

- Homes for pregnant teens
- Women's shelters

Education

- Breastfeeding classes and support
- Nurse-Family Partnership program
- Healthy Families program

Behavioral health providers

- Substance abuse programs
- Postpartum depression (PPD) support groups

Nutrition

- Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)

Transportation Providers

- Medical appointments

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(844-624-6667)
The key to a healthy baby and a happy mom

Community Outreach

The MOMS Helpline connects with families and providers through community health fairs and conferences across Indiana!

- Labor of Love Summit
- Indiana Perinatal Network
- INShape Black Minority Health Fair
- Indiana Latino Expo
- MCE Baby Showers
- Indiana Emergency Response
- March of Dimes Baby Showers
- Community Baby & Safety Showers
- Community Health & Wellness Fairs

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Indiana State Department of Health

ISDH Collaborations & Partnerships

- Office Of Women's Health
-Breastfeeding resources
- Oral Health
-Dental Provider Directory
- Women, Infants, And Children
-Program locations and eligibility guidelines
- Office Of Minority Health
-Minority health outreach

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MCH Programs Supported by the MOMS Helpline

Safe Sleep Program

Labor of Love
Helping Indiana Reduce Infant Death

Liv

Baby & me Tobacco Free

INDIANA FIMR
FETAL-INFANT MORTALITY REVIEW

NEWBORN SCREENING INDIANA

INDIANA PRAMS
Pregnancy Risk Assessment Monitoring System

Centering®

BDPR
Indiana Birth Defects and Problems Registry

Nurse-Family Partnership
Helping First-Time Parents Succeed®

helping children soar
PROJECT LAUNCH

DOSE
Direct On Scene Education™

Indiana's Early Start Program

Indiana State Department of Health

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

IPQIC
Indiana Quality Improvement Collaborative

Labor of Love

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

Indiana State Department of Health

Labor of Love

Helping Indiana Reduce Infant Death

Campaign Goals:

- Raise awareness of the problem of infant mortality in Indiana, and engender support for education and prevention efforts
- Educate Hoosiers that everyone has a role to ensure our babies reach their first birthdays

Labor of Love is a product of the Indiana State Department of Health in cooperation with other organizations. To combat unacceptable rates of infant mortality in Indiana, the Indiana State Department of Health, through its Maternal and Child Health program, is initiating a statewide sustained education and outreach effort. This has been identified as the agency's No. 1 priority.

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

What's new with the MOMs Helpline?

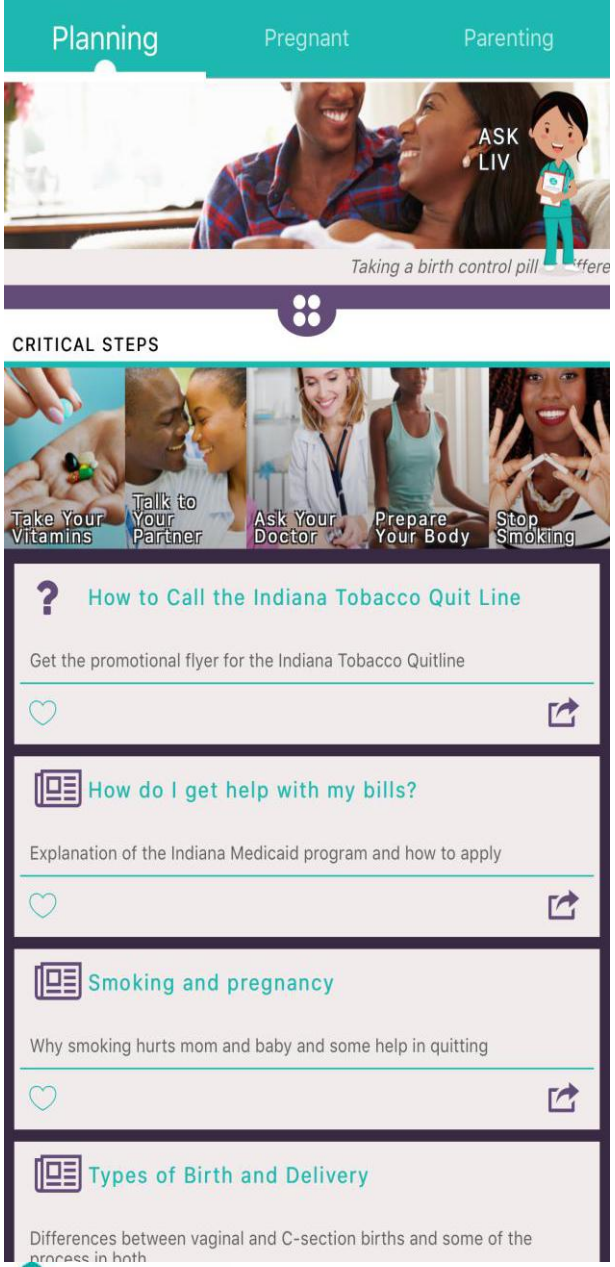
https://www.askliv.com/#/login

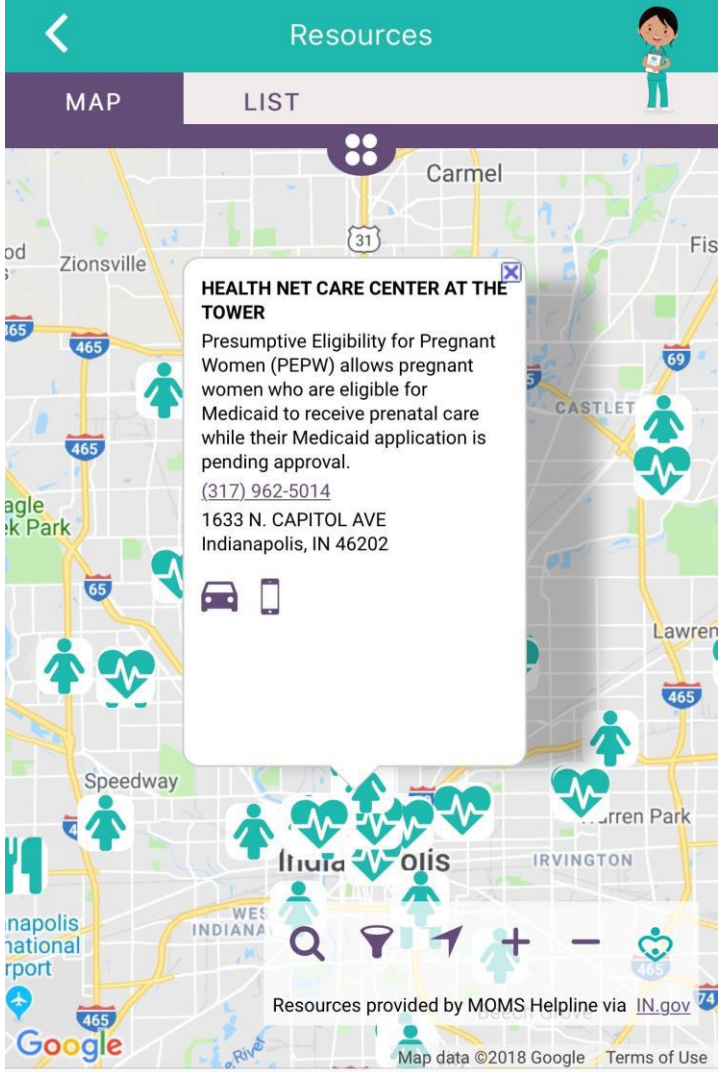
Pregnancy Mobile Application

- As part of the statewide efforts to reduce Indiana infant mortality rates, ISDH has contracted with Indianapolis-based technology solutions company eimagine to create and implement a pregnancy mobile application.

- The application provides valuable health resources to parents, caregivers and to women of child bearin age that are pregnant or planning to be pregnant.
  - Searchable library filled with articles, checklists, and quizzes
  - Interactive resource locators with GPS map
  - Phone connection to the MOMs Helpline

- Improving the health of mothers and their children is the main goal of the app.





Liv
The Labor of Love app

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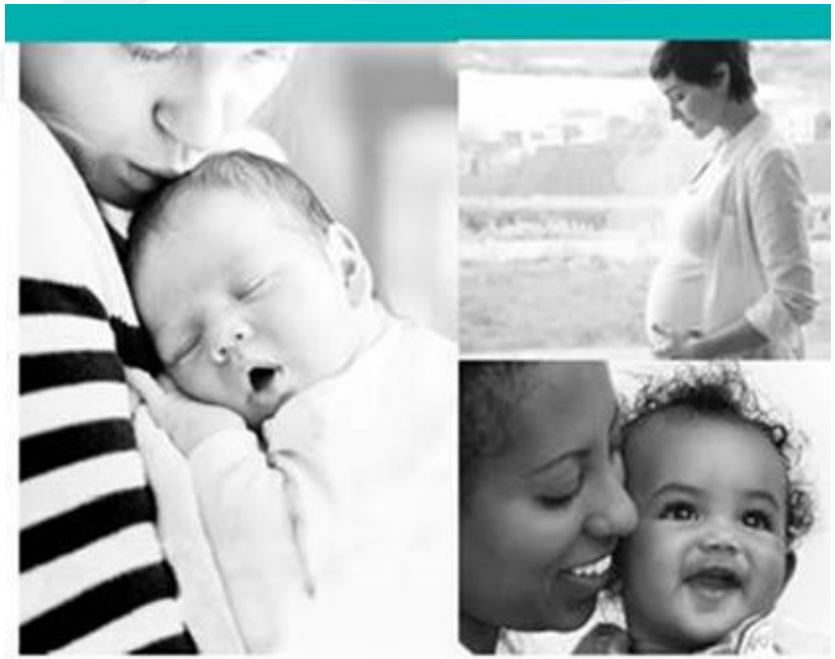

MCH MOMS HELPLINE
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(844-624-6667)

The key to a healthy baby and a happy mom

MOMS Helpline Team

Diana Feliciano- ***Helpline Manager***
Marta Mendez- ***Helpline Supervisor***

Communication Specialist

Porcia Yahaya-***Lead Communication Specialist***
Yordanos Gebru

Follow-Up Care Coordinator

Stephanie Beverly-***Lead Follow-Up Care Coordinator***
Charnel Forbes

Resource Database Specialist

Ricardo Gnecco ***-Lead Resource Database Specialist(Bilingual)***

Community Outreach Liaison

Charnel Forbes-**Lead Community Outreach Liaison**
Reina Almanza Guerrero-***(Bilingual)***

Indiana State Department of Health

Connect with the MOMS Helpline!

Call to speak with our dedicated Helpline specialists at:
1-844-MCH-MOMS (1-844-624-6667)

- Monday through Friday 7:30 am – 5:00 pm (Eastern)
- Voicemail available outside of regular business hours
- Spanish-speaking specialists are available
- Language line is available

Website: **http://www.MOMSHelpline.isdh.IN.gov**

Email: **MCHMOMSHelpline@isdh.IN.gov**

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Questions?

MCH MOMS HELPLINE
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(844-624-6667)
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Indiana State Department of Health

Questions?

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

Indiana State Department of Health

Welcome Karl & Kelli!

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

Indiana State Department of Health

Community Wellness Partners

SPEAK LIFE INITIATIVE

Karl Nichols & Kelli Brien

Community Wellness Partners

Community Wellness Partners has been in existence for more than 21 years. We currently serve 12 counties in Indiana, including Saint Joseph, Elkhart, LaPorte, and Cass County. Our organization strives to promote and support minority health through advocacy, public relations, service delivery, research and leadership and community representation for medically underserved individuals.

SPEAK LIFE INITIATIVE

- Speak Life is a maternal outreach program funded by the Safety PIN grant from the Indiana State Department of Health
- The program is focused on lowering the African American and Latino infant mortality rate in the Northern Region of Indiana
- We provide assistance and education to ethnic and racial minority women regarding pregnancy, childbirth, postpartum and infant care to help reduce the infant mortality rate among these communities

WHAT DO THE NUMBERS SAY?

- Breastfeeding initiation and duration rates are significantly lower in the African American community
- Premature births are a major factor in infant mortality rates
- African American infants die three times more than their Caucasian counterparts

WHAT IS A DOULA?

- In Greek, doula means "woman who serves"
- A doula provides continuous aid and accompaniment throughout a woman's pregnancy
- A doula's ultimate goal is to help mothers have the safest and most satisfying birthing experience possible

PROCESS OF SPEAK LIFE

- Throughout the program, participants will have prenatal, birth and postpartum support through home visits and evidence-based information provided by their Speak Life team.
- This team will consist of a registered nurse and community health doula.
- We are with participants from the moment they find out they are pregnant to the baby's 1st birthday.
- Speak Life is the only peer- supported, culturally relevant program in the state. Over 150 families supported, creating a model to cross-train doulas as community health workers to assist the whole family in the social determinants of health spectrum. Serving African American and Hispanic/Latina moms ages 13-35 throughout 12 counties in Indiana.

INFANT MORTALITY INDICATORS

- Birth defects
- Premature births
- Low birth weight
- Sudden Infant Death Syndrome (SIDS)
- Pregnancy complications
- Accidents
- Smoking
- Obesity

https://www.nichd.nih.gov/health/topics/infant-mortality/topicinfo/causes

SERVICES

The Speak Life program is completely free. Our services include:

- **Doula services**
- **pregnancy and childbirth education**
- **home visits**
- **CPR and First Aid classes**
- **doctor appointment accompaniment**
- **Baby Box safe sleep alternatives**
- **Pack-and-plays**
- **breast pumps**
- **breastfeeding consultation**
- **car seat checks**
- **tobacco cessation referrals**
- **health fairs**
- **blood pressure and glucose screenings**
- **grief counseling**
- **health insurance navigation**

BENEFITS OF A DOULA

Studies have shown that having a doula as a member of the birth team decreases:

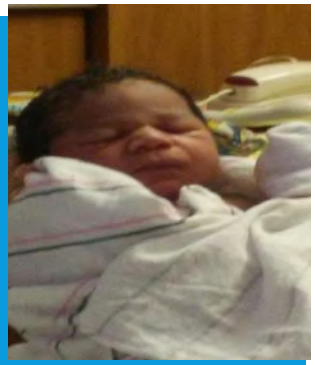
- The overall cesarean rate by 50%
- The length of labor by 25%
- The use of oxytocin by 40%
- Requests for an epidural by 60%

Overall, doulas have been shown to improve the physical and psychological outcomes of the mother and baby during birth.

"If a doula were a drug,
it would be unethical
not to use it."

- John Kennel

WHAT OUR NUMBERS SAY



- 150 families enrolled
- 90% breastfeeding initiation
- 70% duration beyond 5 months
- One NICU stay
- 6 successful tobacco cessations
- No demise

QUESTIONS?

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

Welcome Tiffany!

Developing and Evaluating an Injury Prevention Pilot Program for a Target Population of Substance-Abusing Mothers

Riley Hospital for Children
Indiana University Health

Tiffany Egan-Rojas, MPH

Injury Prevention Coordinator – Trauma Services

Preview

- Formative Evaluation
  - Overview of program
  - Overview of partnerships
- Process Evaluation
- Outcome Evaluation (within first 6 months)

Who is my target population and why?
Who do I need to partner with?

Riley Hospital for Children
Indiana University Health

VOA Fresh Start Recovery Center

- Residential addiction treatment center
  - Opened August, 2015
  - Location downtown Indianapolis – referrals come from the entire state
- Admittance Requirements:
  - Pregnant women with an addiction involving opiates who do not have an open case with the Indiana Department of Children Services (DCS)
  - Mothers with a substance abuse problem who have an open case with DCS

VOA Fresh Start Recovery Center Continued

- If mom has custody of her child, or as she works to regain custody of her child, mom and child can remain together
  - Under age 5 years

How much money do I need and how will I get it?

Riley Hospital for Children
Indiana University Health

Timeline

Riley Hospital for Children
Indiana University Health

Marion County Child Fatality Review

- Volunteer representative assists quarterly (March, June, September, December)
- Share updates with CFR team in July and December

What topics should I cover?
What are the logistics of the program?

Riley Hospital for Children
Indiana University Health

Overall Program: Education and Resources

- Initial education: 6 hours (split between 2 days)
  - Day 1: Safe sleep, child protection and personal safety
  - Day 2: Child passenger safety, home safety
- Resources Day 1
  - Safe sleep: 2 sleep sacks, pack ‘n play
  - Child protection: journal, calendar, workout sheet, and child development handout
  - Other: completion certificate
- Resources Day 2:
  - Child passenger safety: car seat (or business card)
  - Home safety: Bumbo™ multi-seat, medication lock box
  - Other: completion certificate

Overall Program: Education and Resources

- 6- and 12-month recovery celebrations (2 hours each)
  - 6-months: CPR, choking rescue, basic first aid
  - 12-months: Updated child passenger safety education and time for general safety questions
- Resources 6-months
  - First aid kit, additional resources from Day 1 and Day 2 as seen fit
- Resources 12-months
  - Additional resources from Day 1 and Day 2 as seen fit
  - Other: completion certificate

Is the message clear and appropriate?
How will I evaluate this program?

Riley Hospital for Children
Indiana University Health

Overall Program: Evaluation and Follow-up

- Day 1:
  - IRB consent and demographics
  - Pre- post-test (knowledge)
  - Baseline behavior *
- Day 2:
  - Pre- post-test (knowledge)
  - Post-presentation effectiveness (perceptions of program)
- 2 weeks (or discharge)
  - Behavior adoption survey*
    - Also asks what resources they've used and how often
- Monthly safety texts
  - One safety tip and one survey question (knowledge)
    - Months 1-5, 7-11

* Different surveys given to mothers with and without a child under 1 year (to reflect safe sleep-related questions)

Riley Hospital for Children
Indiana University Health

Overall Program: Evaluation and Follow-up

- 6 Months:
  - Behavior adoption survey*
    - Also asks what resources they've used and how often
- 12 Months
  - Behavior adoption survey*
    - Also asks what resources they've used and how often
  - Post-program effectiveness (perceptions of program)

* Different surveys given to mothers with and without a child under 1 year (to reflect safe sleep-related questions)

Riley Hospital for Children
Indiana University Health

September Pilot Group

Riley Hospital for Children
Indiana University Health

September, 2017

Original	Challenge	Change
1 pre-/post-test	-**Attendance:** discharge, doctors appointments, family visits, work, etc. -Different number pre-tests collected than post-tests, and couldn't compare answers since names were not given -Mothers only in attendance on day 1 missed out on any resources and on a completion certificate -Not all moms had an infant under the age of 1 year	-Day 1 Pre-/post-test -Day 2 Pre-/Post-test -2 completion certificates -Ask of name added to ALL survey instruments -Mothers would receive any resource in which they received the education for -Behavior surveys had to be split between infant and non-infant -Resources were only given based upon the need (their child's age) - I would ask for the children's ages along with their mother's names before each session
1 completion certificate		
No ask of name on pre-/post-tests		
Mothers had to attend both days of education to get the resources		
Plan was to give all resources to all moms		

September, 2017 Continued

Original	Challenge	Change
I would return 2 weeks post-education to give the short-term follow-up survey	-**Scheduling:** finding a time that worked best for me to come in to the center and be with the mothers (while also being supervised) was difficult -By the time I came back to the center, some moms had successfully discharged, some had unsuccessfully discharged, some were further along in their recovery and were out working, some out on passes, only one was in the center	-The 2-week follow-up became a discharge follow-up as well, where staff at Fresh Start could get the survey to mothers who discharges successfully before the 2-week mark or mothers who may not be present when I come in to give it

October, 2017

Challenge	Change
-Behavioral issues started us an hour late	-Flexibility with time
-Names were misspelled on pre-made completion certifications	-Do not pre-make the certifications, but fill them out and distribute them to the mothers while at the center
-'New' mothers were there who weren't on the original list I got – I hadn't prepared certifications for them, nor brought resources for them	-Bring an extra of each item or be flexible enough to drop items off later for mothers who need them
-Mothers that I had brought resources for did not show	-When mothers don't show, their items can go to another who did show and who wasn't on the list
-Mothers' attendance not only became one day or the other, but potentially also half of one of the days	-Try to note who is there for what aspects of each presentation so that they are truly getting the resources they've received education on -Accept missing data

November, 2017

Challenge	Change
-IRB consent and beginning paperwork takes a half hour (on top of often starting late)	-Flexibility with time
-Until November, mothers did not come to the session if they had already gone through the class. This time, all mothers came for both days – they were bored and offered a distraction	-Ask staff to make sure that mothers do not come to the session if they have already been through it
-Mothers who were not there on Day 1, but came day 2 did not get a chance to fill out IRB consent – potential loss to follow-up	-Go through the IRB process on day 1, and also discuss it with mothers who attend day 2 only
-Scheduling to come in for the 2-week follow-ups deemed too much	-Fresh Start staff said they will be able to give the two-week/discharge follow-up surveys and e-mail them to me

Additional Continuous Challenges

- Transporting resources
- Fresh Start staff struggling to get me names and counts ahead of time
- Fresh Start staff struggling to give the two-week/discharge follow-up surveys
- Backs of surveys continuously not getting filled out and skipping of questions
- No response to monthly safety texts – difficulty in getting these monthly messages out to the moms

Current Outcomes (First 6 months)

- 86 mothers
- 38 (44.19%) present full 6 hours of teaching
- 52 (60.47%) consented to follow-up
  - 21 (40.38%) completed two-week follow-up

Current Outcomes (First 6 months)

- Demographics
  - 19-40 years old
  - 78.8% White
  - 96.0% Non-Hispanic

Current Outcomes (First 6 months)

- Pre- post-knowledge surveys
  - Overall increase in frequency of correct answers
- Two-week follow-up
  - 95.24% ALWAYS make sure child is properly harnessed in the car seat
  - 90.48% ALWAYS make sure car seat is properly installed into their vehicle
  - 90.48% Have used 1+ items they received

Current Outcomes (First 6 months)

- Two-week follow-up for moms with infants

Behavior	Baseline	Two-weeks
Use safe sleep surface	100%	
Offer a pacifier	40%	
Baby sleeps on back	No Change	
No co-sleeping with baby on same sleep surface	No Change	
No cords near sleep environment	No Change	

Current Outcomes (First 6 months)

- Two-week follow-up for ALL moms

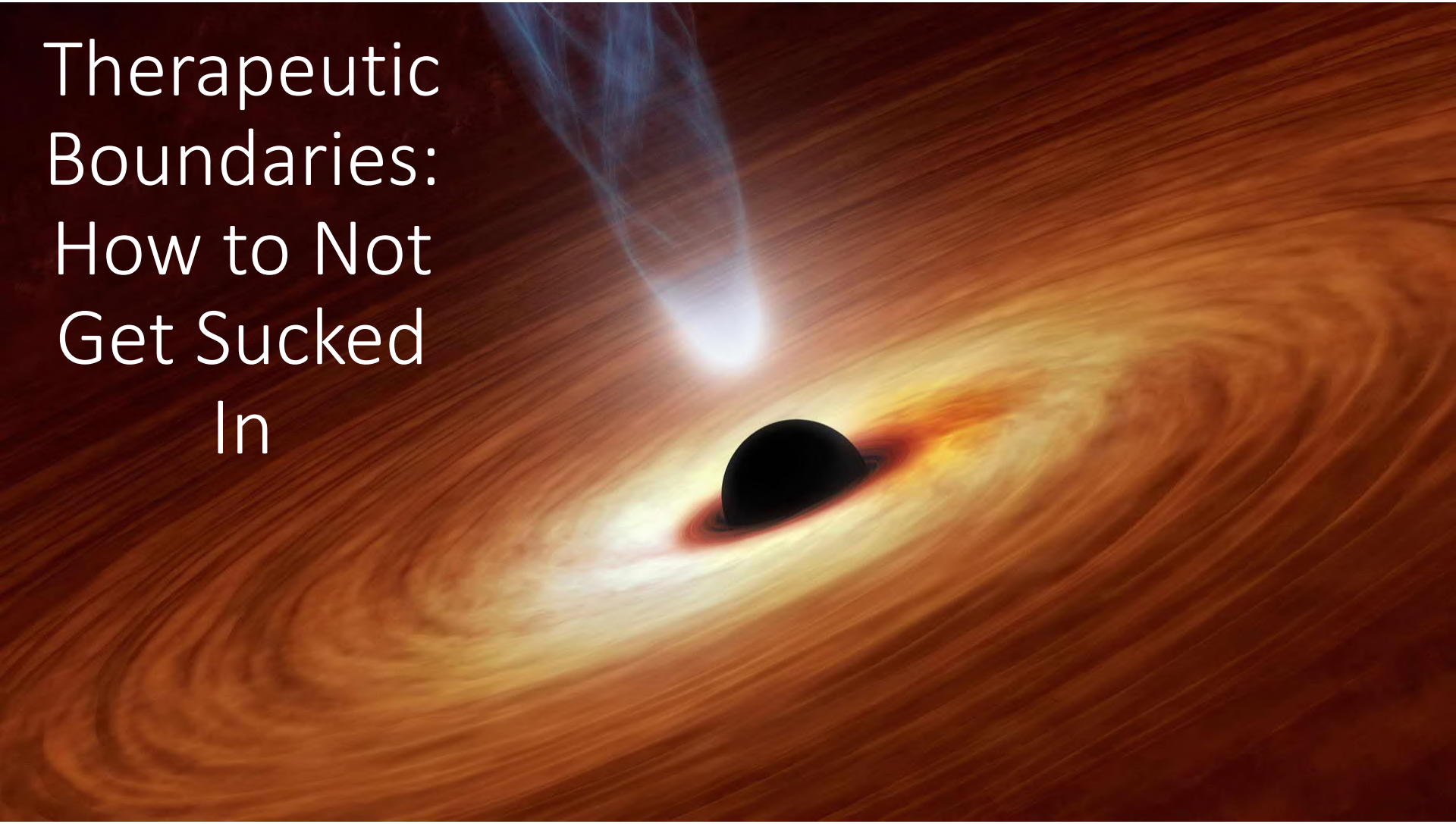
Behavior	Baseline	Two-weeks
No exposure to smoke, alcohol, drugs	66.67%	
Use a coping mechanism	76.92%	
Wear a seat belt	60.00%	
Supervise children in the home	50.00%	

Thank You.
Questions????

Tiffany Egan-Rojas, MPH
Injury Prevention Coordinator – Trauma Services
teganrojas@iuhealth.org
Office: 317-948-9431
Cell: 317-499-4779

Riley Hospital for Children
Indiana University Health

Therapeutic Boundaries: How to Not Get Sucked In



Boundaries

Clear Delineation

Types

- Temporary / Protective
- Permanent / Defining

Not a Barrier

Definitions of a Therapeutic Relationship

A relationship that allows professionals to apply their knowledge, skills, abilities, and experiences towards meeting the health needs of the patient

Purposeful, goal-directed relationship between providers and patients that is directed at advancing the best interest and outcome of the patient

Comparing Relationships

Personal

- Guided by personal values
- Duration based on mutual consent
- Equal responsibility
- Sharing for mutual benefit

Therapeutic

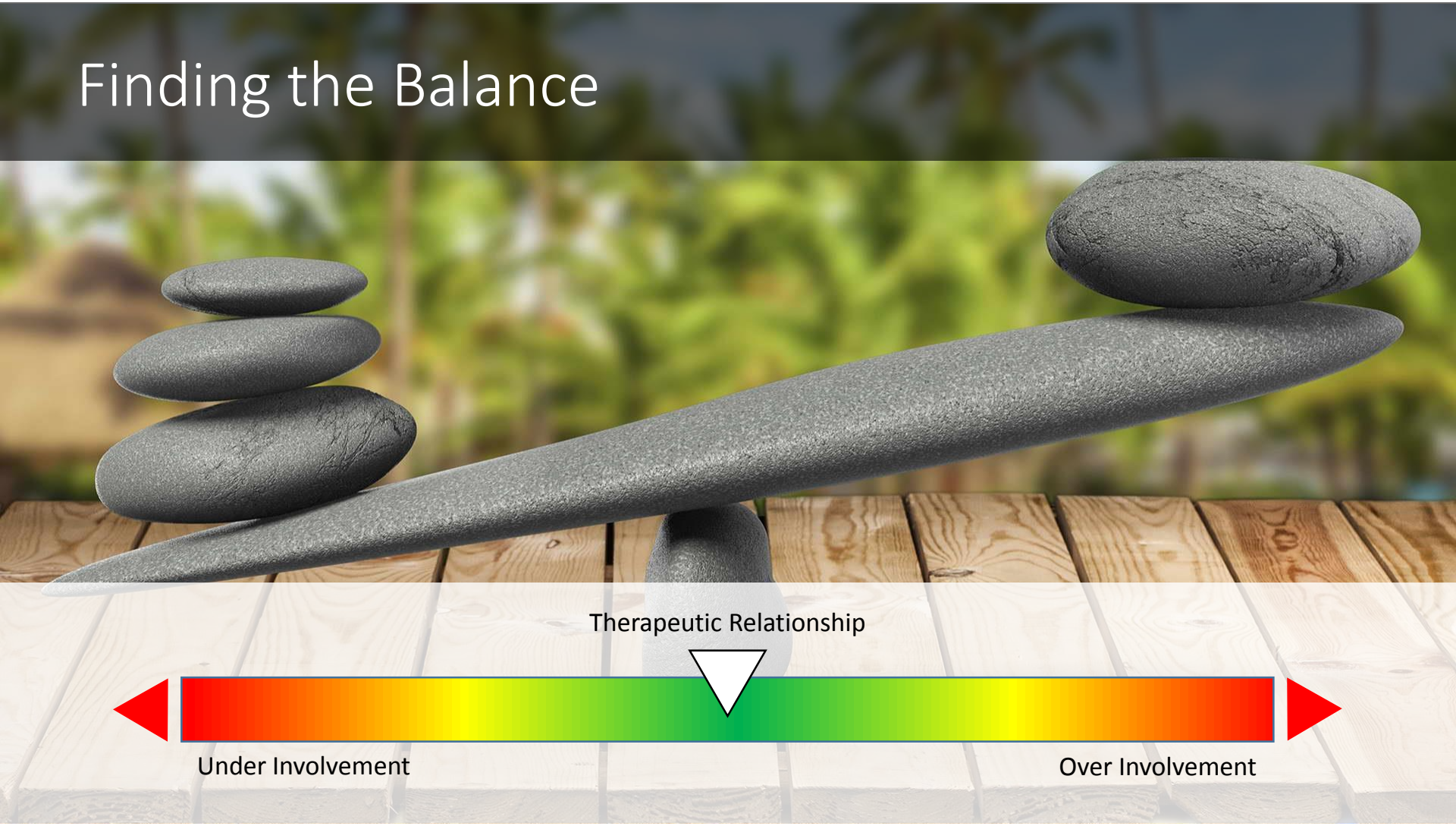
- Regulated by professional standards
- Duration related to patient's need and provider capacity
- The provider has the responsibility for relationship
- All sharing for benefit of patient only

Implicit (Blind) Trust

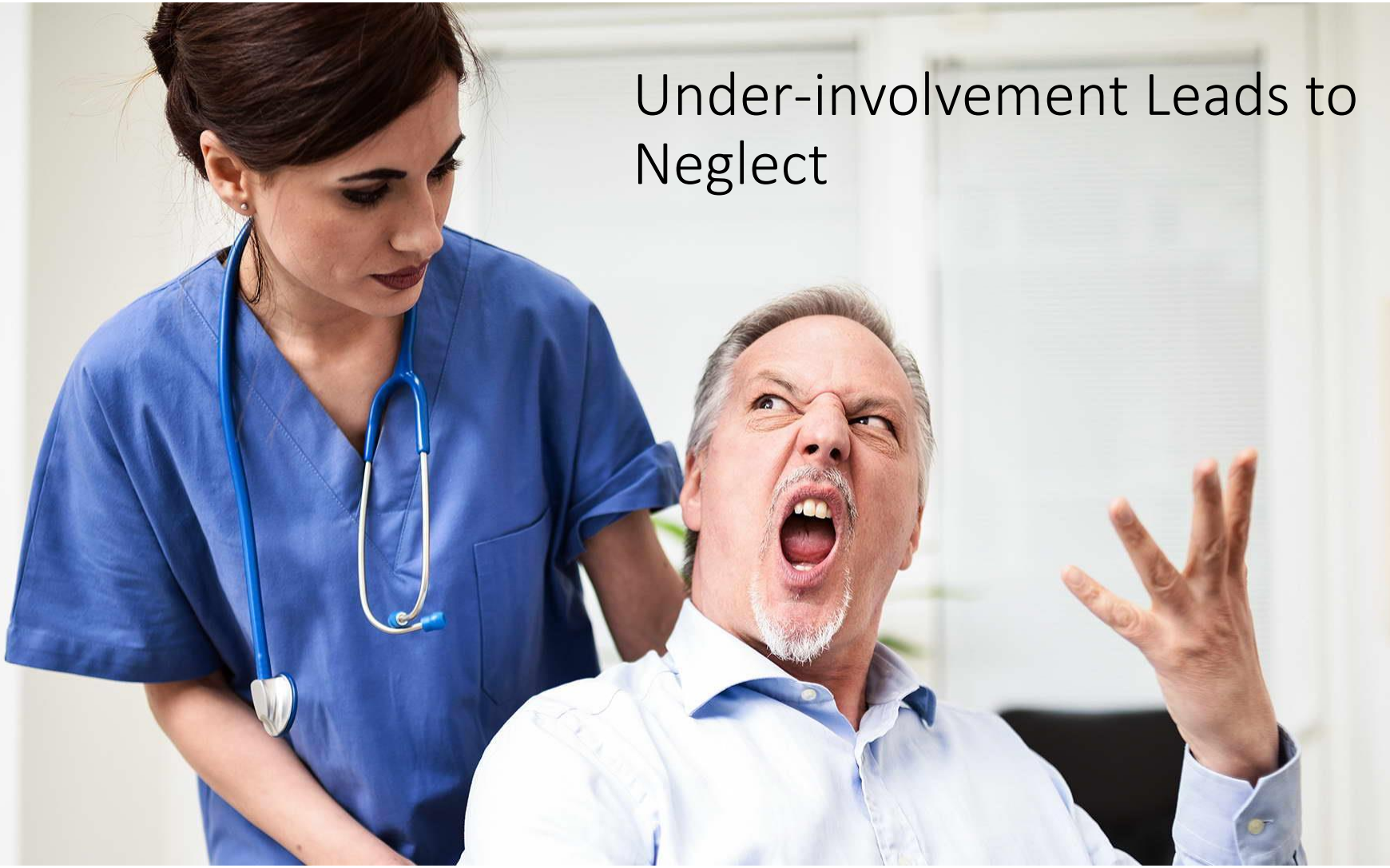
Safety

- Safe and helpful to patient
- Safe for provider

Finding the Balance



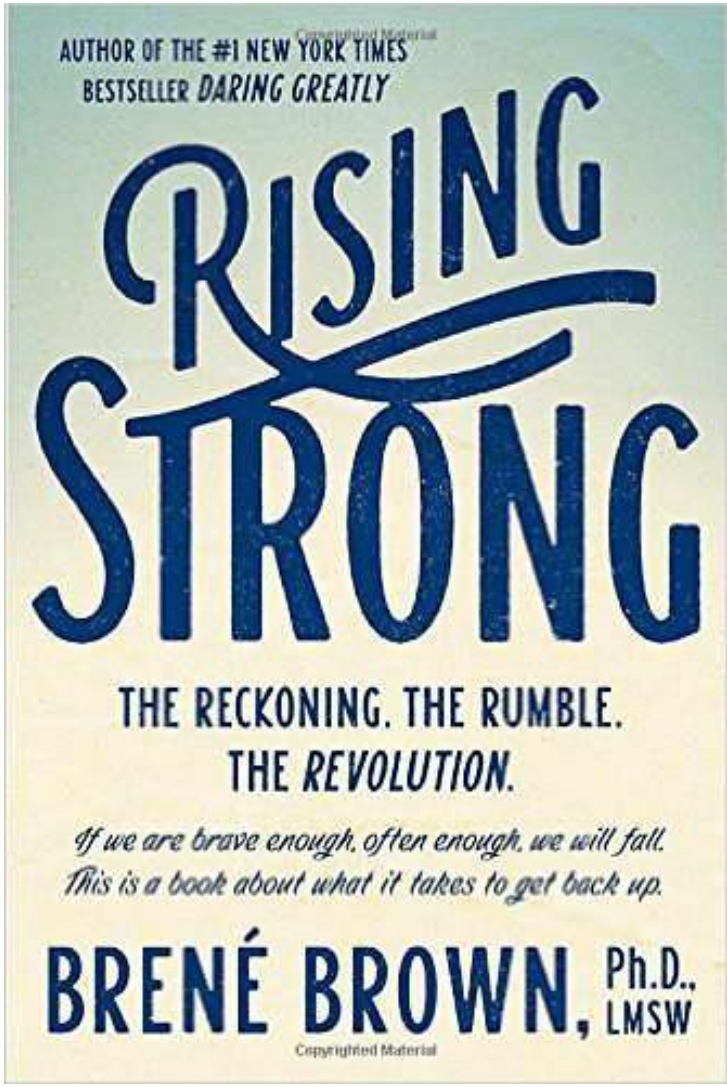
Under-involvement Leads to Neglect



Over-Involvement is a Lack of Professional Detachment

Boundaries Are Critical

> …the most compassionate people I interviewed also have the most well-defined and well-respected boundaries.



Involvement Continuum

Empathy

I understand this about you

Compassion

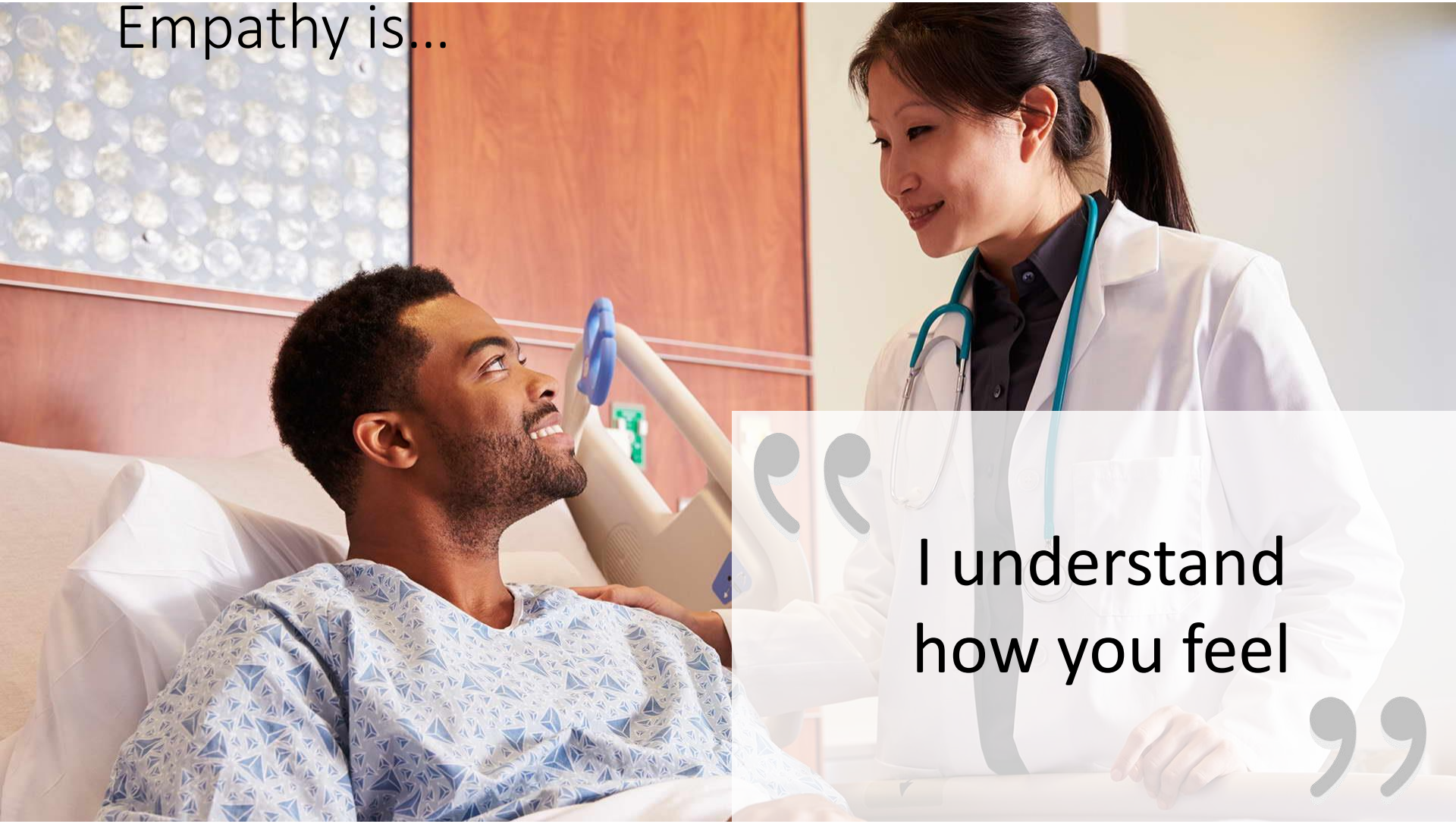
Deep sympathy or sorrow for another

Altruism

Risking your own welfare for another

Involvement

Empathy is…



Compassion is…

> … deep sympathy and sorrow for another .. [and] .. a strong desire to alleviate the suffering.

Altruism goes further…

"It involves some risk to your own welfare when you relieve the suffering of the other person."

DANGER!
ROAD
CLOSED

Compassion Is Not an Emotion

- Compassion needs cultivated
- Compassion is an enduring characteristic of a person
- Emotions distort our perception of reality
- Compassion is restricted to relief of suffering

Confusing Compassion and Attachment

We All Control
And
Are Controlled

We Only Have Control…

- Over Ourselves
- Our Behaviors
- Our Reactions
- Our Actions

We Only Have Influence Over…

- Our feelings
- Others feelings
- Others actions
- Patient outcomes

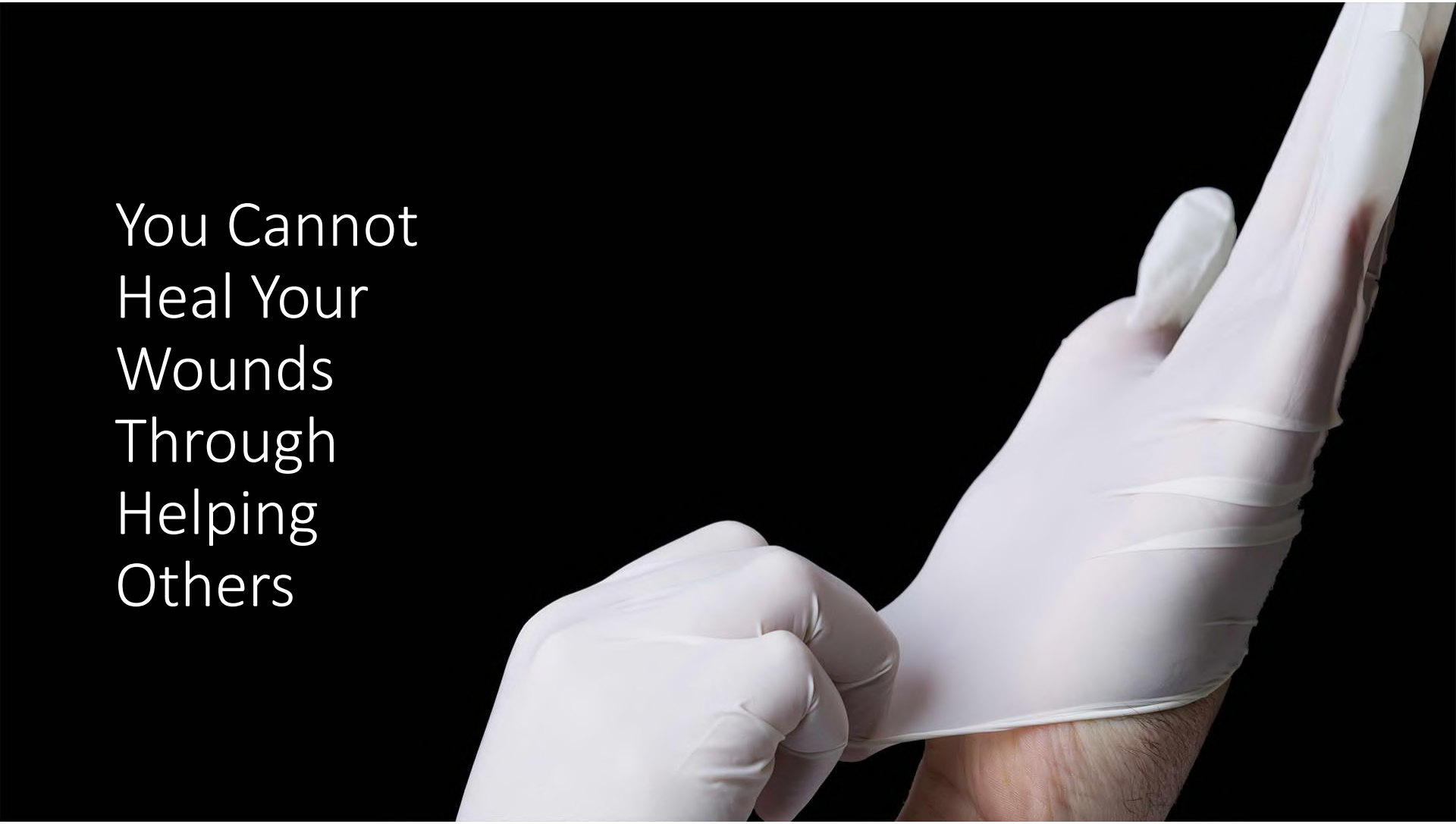
You Cannot Be
Responsible for
What You Cannot
Control

Detachment

Discernment
… grant me the **serenity** to accept the things I cannot change, the **courage** to change the things I can, and the **wisdom** to know the difference.

You Cannot Solve Every Problem

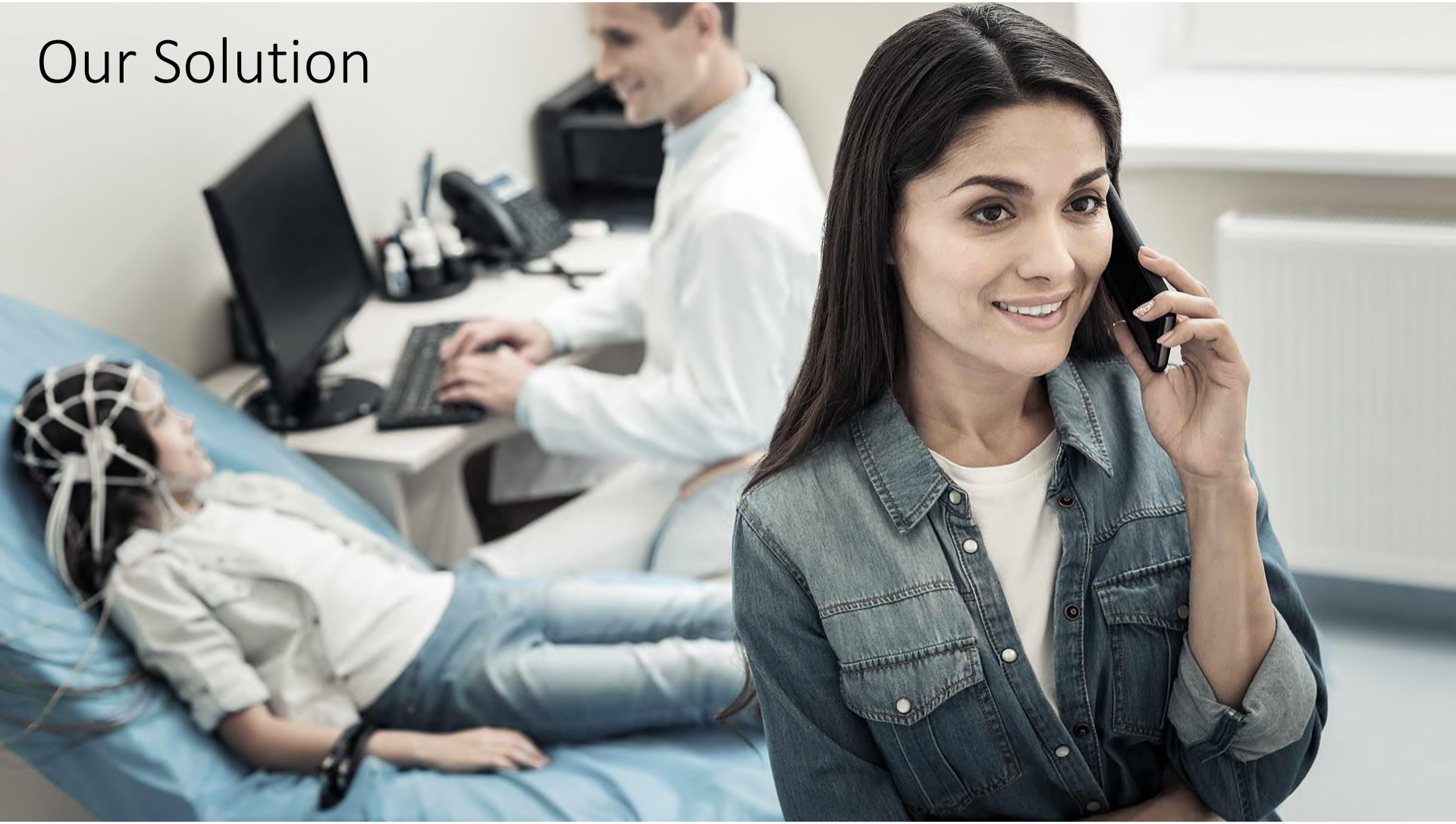
You Cannot Heal Your Wounds Through Helping Others



Concerning Inner States

- Need for the patient to like you
- Need for patient approval
- Need to feel valuable
- Belief that you are the only one who understands or cares about the patient

Our Solution

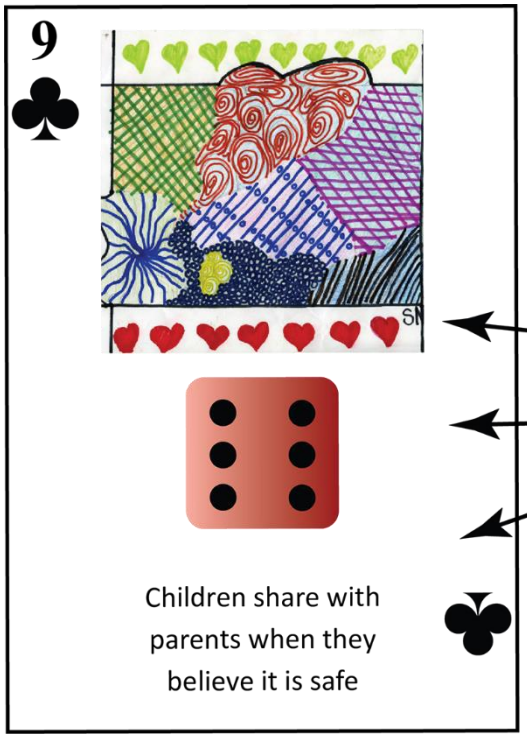


Teaching Parents and Kids to be Safe

Child Safety

Playing Cards
Dice Alternative

Kin to Kid CONNECTION

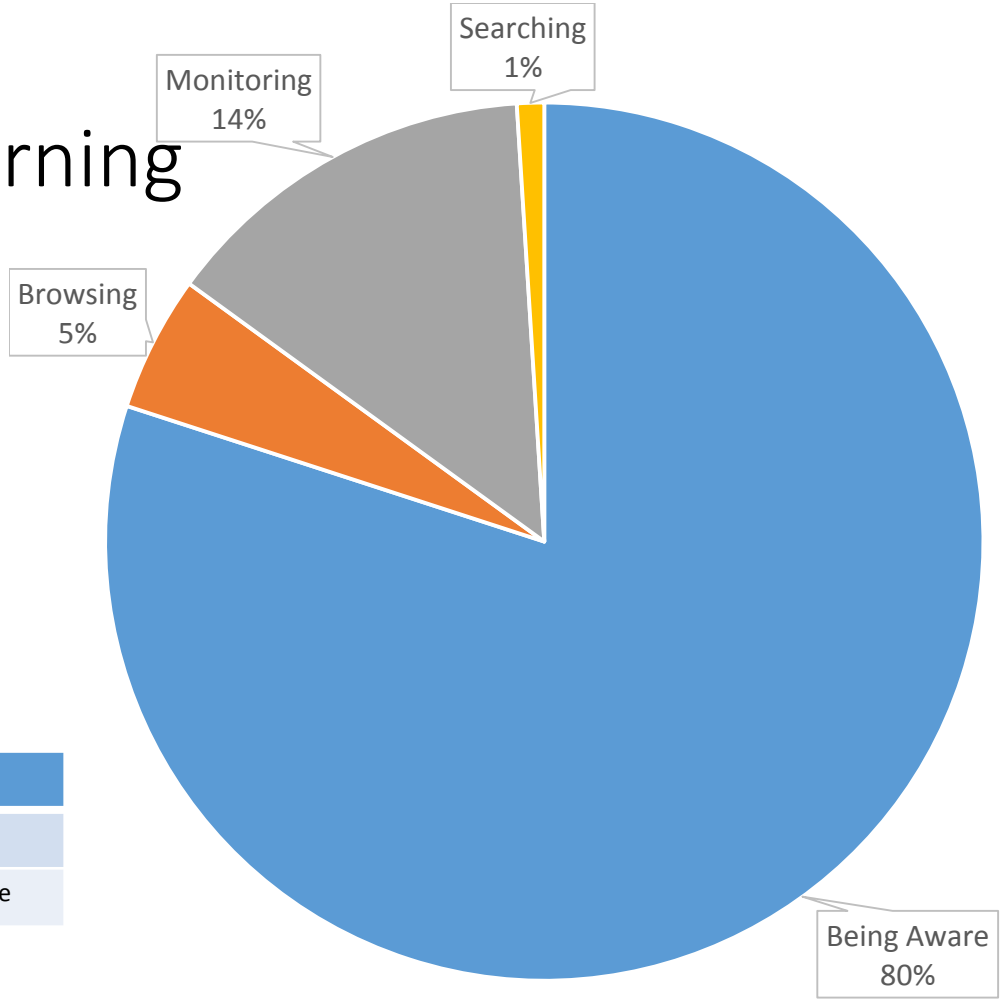


Child-drawn art

Dice Alternative

Safety Tip

Where we get our learning



	Active	Passive
Directed	Searching	Monitoring
Undirected	Browsing	Being Aware

Source: Marcia Bates Univ. Calif. LA,
"Toward an Integrated Model of Information Seeking and Searching"

Thank You

Terri Bogue
TBogue@ThorProjects.com
(317) 439-2901

Robert Bogue
RBogue@ThorProjects.com
(317)844-5310

Questions?

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

Indiana State Department of Health

CHILD PASSENGER SAFETY & BOOSTER BASH COLLABORATIONS

Indiana State Department of Health

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

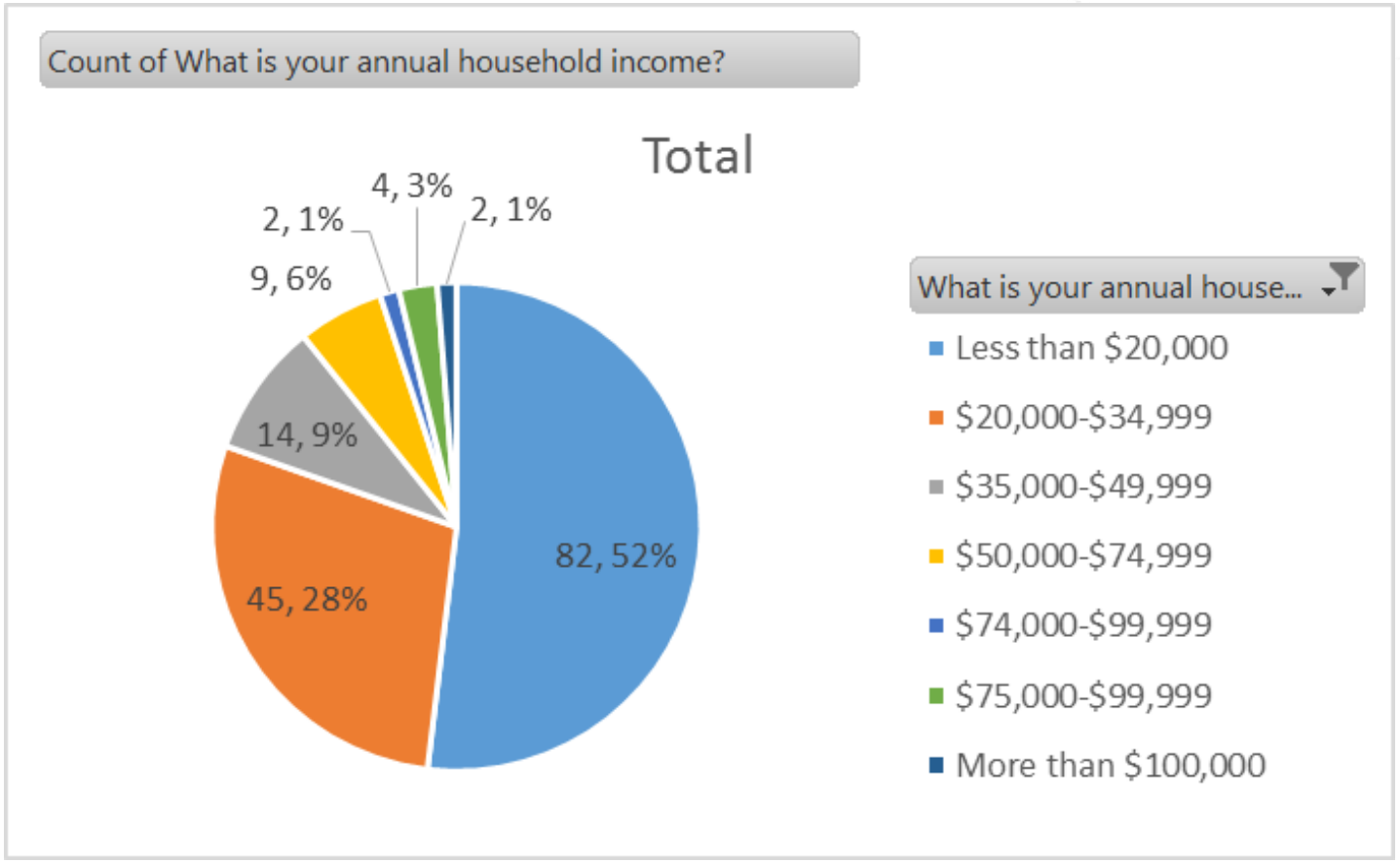
Booster Bash

- 2017 wrap up:
  - *915* booster seats have been handed out to communities and parents
  - Data was collected via Automotive Safety Program Check-up Form during each appointment
  - Data on child passenger\booster seats usage is being gathered and calculated
    - Forms are coming in on rolling basis

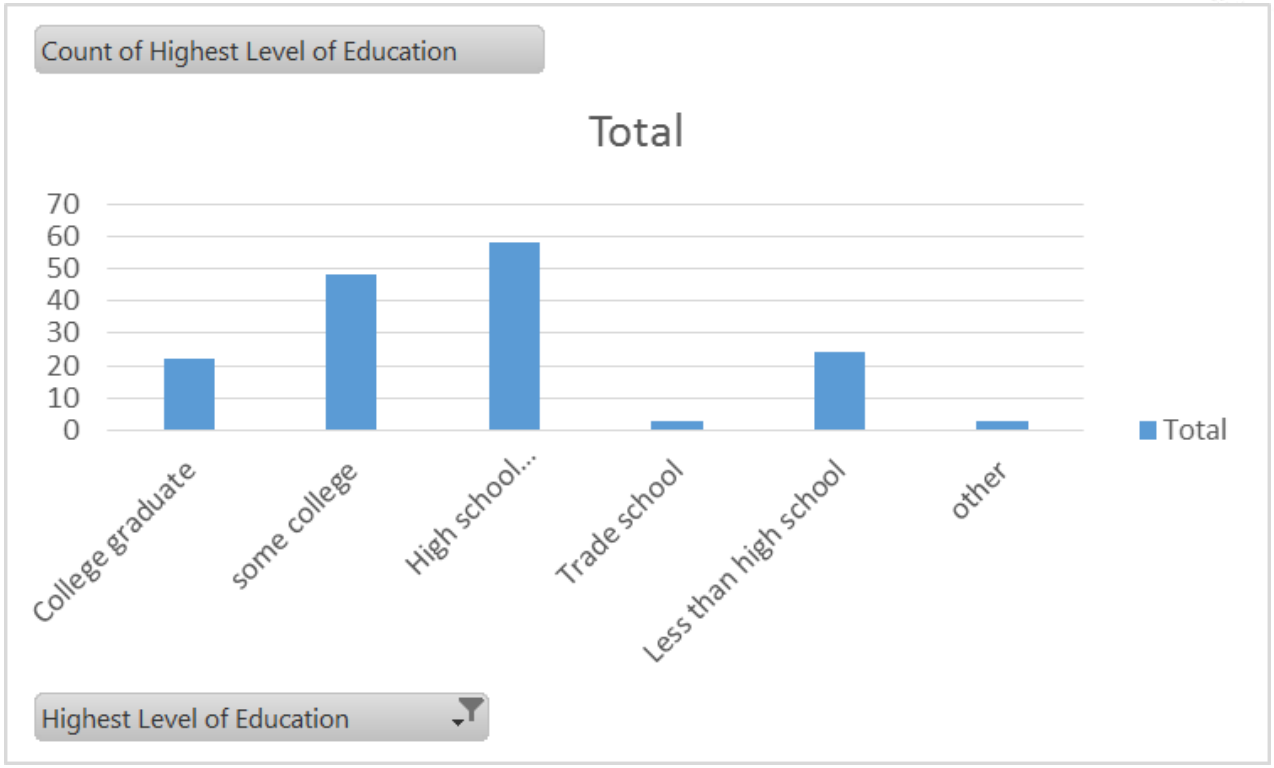
Booster Bash

- Data from 2017:
  - Average Parent's Age: 37.7 years old
  - Household Size: 4.3 people
  - Child's Age: 5.2 years old

Booster Bash



Booster Bash



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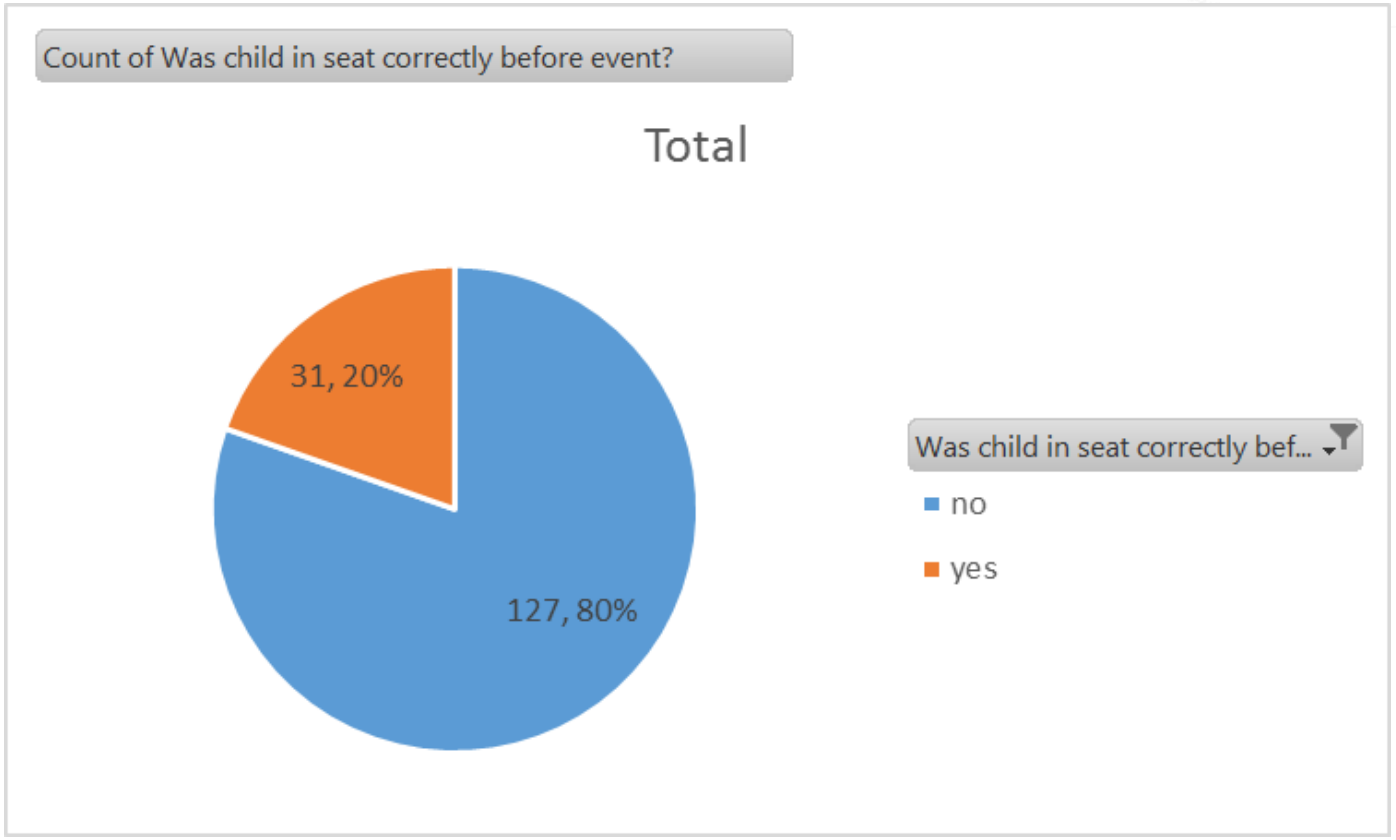

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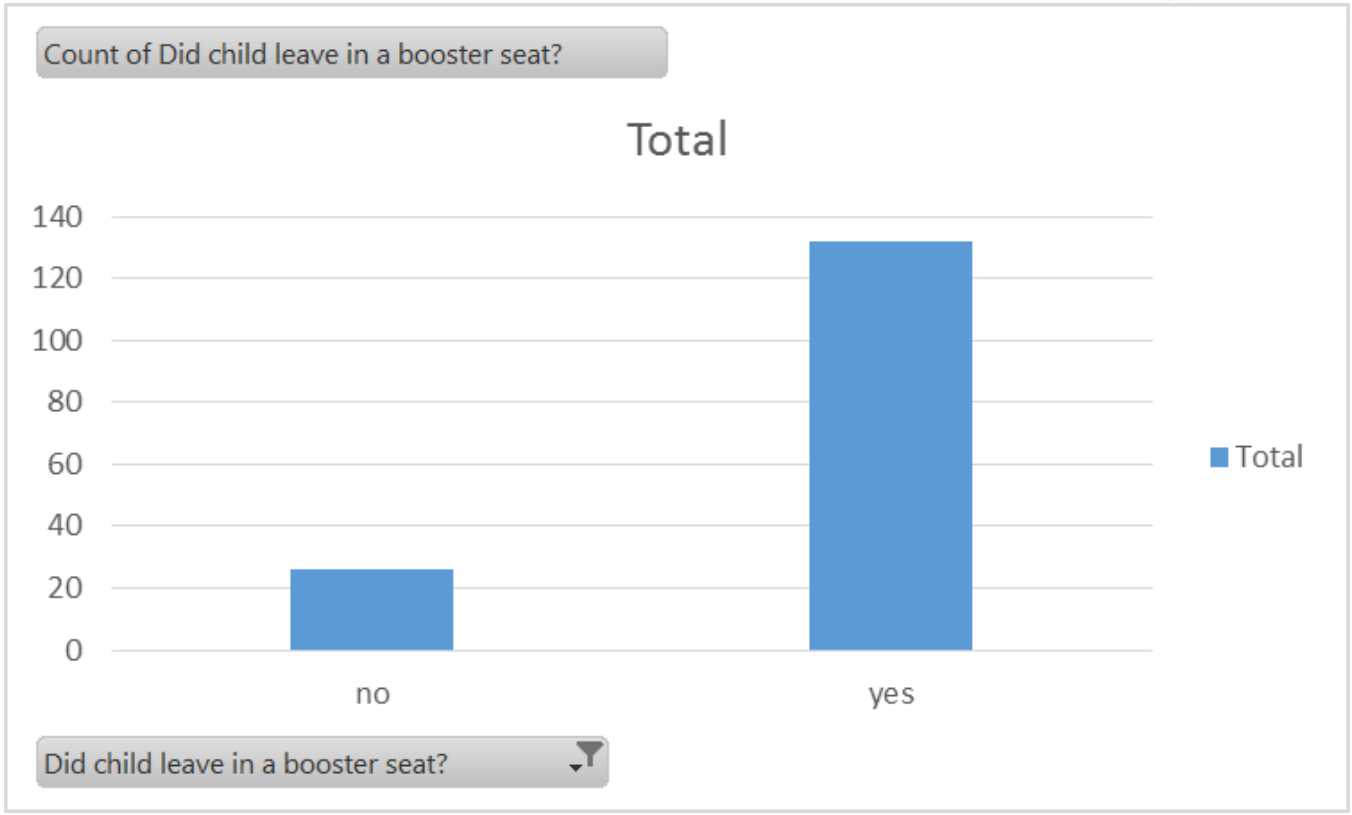

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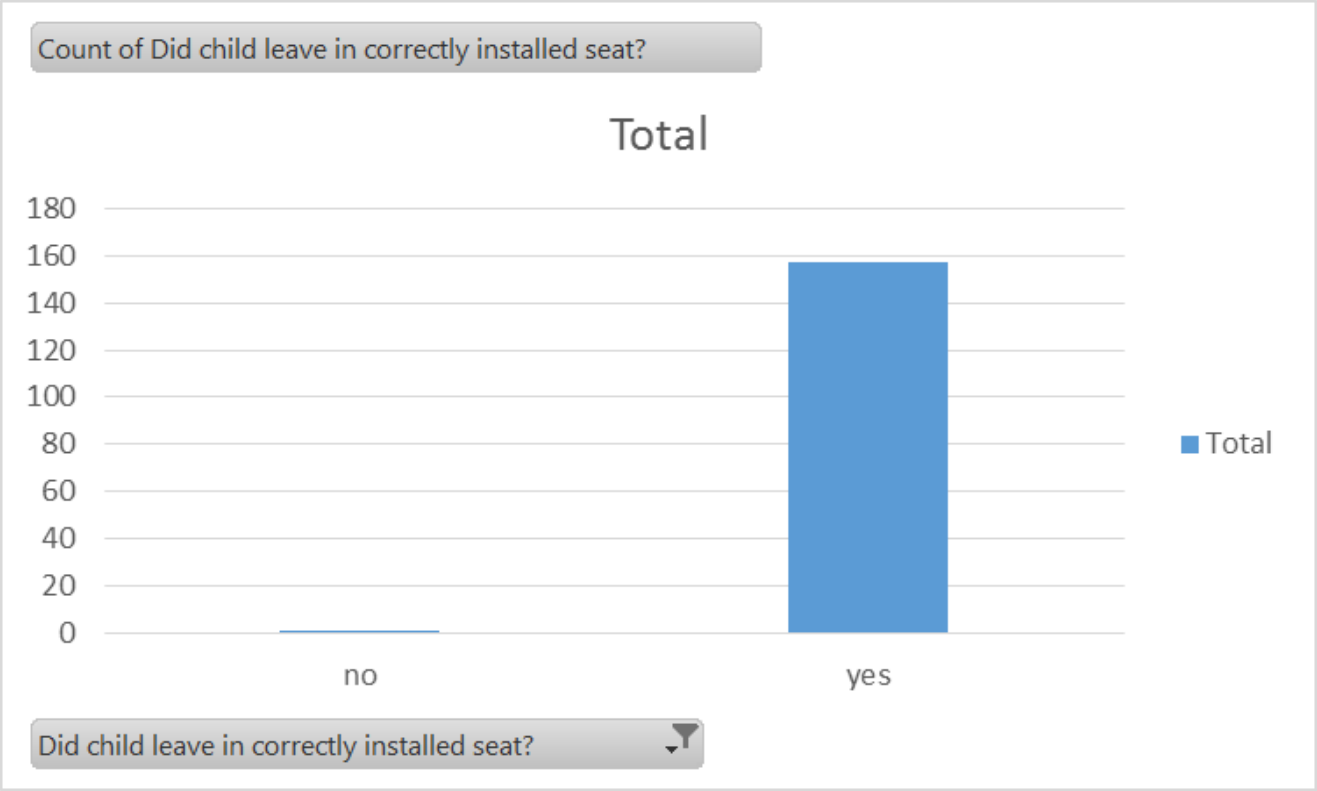

BIG KID
BOOSTER BASH
TOOLKIT

http://www.in.gov/isdh/files/booster%20bash%20toolkit_2016.pdf

Booster Bash

- 2018 and looking ahead!
  - So far, there has been 1 new event.
  - 4 more are scheduled for the summer.
  - Keeping the input form the same across the board.
  - If you're interested in doing one again and need seats, please let us know!

Child Passenger Safety Technician Reimbursement Program:

- CPST Reimbursement Program:
  - ISDH can reimburse future technicians $250.
- Goal is to increase the number of active technicians in trauma centers and community organizations throughout the state.
- So far, program has contributed to 51 new CPSTs in Indiana!

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

Indiana State Department of Health

Questions?

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Indiana State Department of Health

June Events

- National Safety Month
- Fireworks Safety Month
- Men's Health Month
- Ride to Work Day

July Events

- Independence Day
- Drunk Driving Prevention- 4th of July
- National Heatstroke Prevention Day

Thank you for keeping Hoosiers safe!

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Indiana State Department of Health