IPAC/ INVDRS Meeting Minutes (3/15/2019)

1. Updates from everyone who attended today’s meeting
   1. **Thank you to everyone who attended in-person and online!**
   2. **Updates for those who attended in-person** 
      1. **IU Methodist** – preparing for spring ThinkFirst for Teens in high schools, spring/summer Stepping On workshop, Stop the bleed training, and Project LIFE (violence intervention and prevention program in Mario County for adjudicated youth with a gun offense)
      2. **Riley Hospital –** Project LIFE, Stop the bleed training
   3. Updates for those who watched through the webcast
      1. **Community Health Network** 
         1. Zero Suicide Grant -> creation of the Indiana Suicide Prevention Network (in July 2018) and working on a website with resources for suicide prevention plans
         2. Deployed the Columbia Suicide Screening Tool in the network EDs to more accurately screen, triage, and stratify suicidal patients
      2. **IEMSC** – Fully funded through March 31, 2020, launch of Indiana’s pediatric facility recognition program with a goal to get every ED in Indiana “Pediatric Ready” and submit nomination forms for the 8th Annual Pediatric Heroes Awards Breakfast by April 7th (contact iEMSC Program Manager, Margo Knefelkamp, via email [margo.knefelkamp@indianapolisems.org](mailto:margo.knefelkamp@indianapolisems.org) or phone 317-630-7742 office, or 317-523-4636 for an application packet or nomination form)
      3. **Deaconess Hospital** – Stepping On training completed, Stop the bleed training
      4. **St. Vincent Evansville** – Stepping on training completed, planning first Stepping on Event, presenting at STN conference on March 27th in Lexington, planning for Safe Kids week (May 5-11) and Road Safety Week (May 6-12), child passenger training April 8-10
      5. **Good Samaritan** – completed Level III trauma center reverification on March 4-5 (injury prevention programming was viewed as a strength by reviewers), Matter of Balance class in April 2019, Stop the bleed training in local schools and public buildings, Baby Safety Shower in April 2019, Car seat check stations at Baby Safety Showers, Southwest Indiana Drug Abuse Consortium was formed
      6. **Lutheran Hospital** – Stop the Bleed trainings at high schools and community groups/churches, Distracted Driving education at high schools, Falls prevention education at Senior Expos and community groups
2. **Updates on grants** 
   1. Applied for ACL – Falls Prevention grant, currently applying to Overdose Data to Action grant, and closing ISDH’s coroner grant today
3. **Morgan Sprecher** – intentional injury data and programs
   1. Homicide rate is lower than suicide rate
   2. Homicide data - 85 and older rates for women are higher than males
   3. Homicide programs – Home Visitation programs, CeaseFire
   4. For more information about LAP, please contact Caryn Burton @ cburton@icadvinc.org
4. **Andzelika Rzucidlo** – unintentional injury data
   1. Top 3 causes of unintentional injury death is poisonings, MVAs, and falls
   2. Unintentional injury mortality rates are higher for males than females
   3. Age specific rates for unintentional injury death was highest for younger adults and older adults
5. **Katie Hokanson** – unintentional injury programs -> Stepping on Leader Trainer Program
   1. Stepping on Leader Trainer Program – May 15-17 in Fort Wayne, IN
6. **Kelly Cunningham** – Child Fatality Review
   1. Currently expanding the overdose fatality review board
   2. Safe Sleep Practices and Education to the community
   3. Records include more than vital records reporting – DCS, medical records of both mother and baby, LE reports, mental health records
   4. DOSE – using first responders to identify hazards and educate on SIDS deaths
   5. Maternal Mortality reporting
7. **Dana Nash** – Community Action Staff (<https://www.cagi-in.org/>)
   1. Case Management – focus on barriers and provides assistance case-by-case
   2. We CANN (<https://www.cagi-in.org/cagi-we-cann-program/>) funded by ICDA, evidence-based program that will decrease violent crime and health disparities in young adults who are between the ages of 18-26 and are high-risk for involvement in violent crimes