

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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## Upcoming Events

- **State Epidemiological Outcomes Workgroup Symposium**  
May 17
- **IPAC/NVDRS**  
May 17
- **Memorial Day (state offices closed)**  
May 27
- **ISTCC/ITN**  
June 21

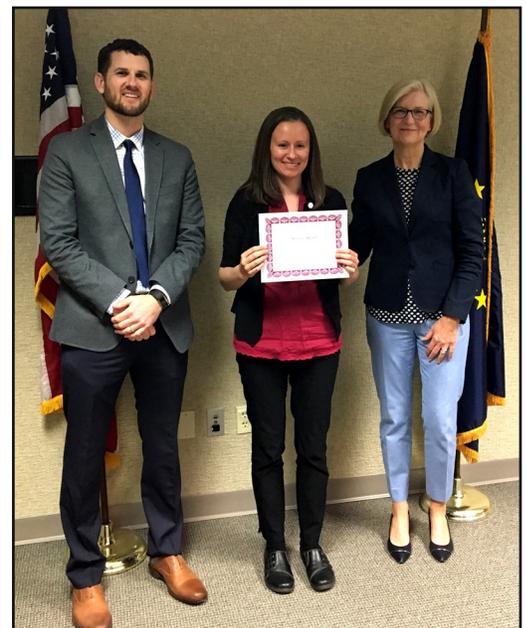
## Division Grant Updates

The Division of Trauma and Injury Prevention has been busy the last three months working diligently on two grant applications:

- **National Violent Death Reporting System**—award valued at \$1,022,010 over the next three years. The division was previously awarded the federal grant, Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) for the last five years.

The grant provides funding for collection and dissemination of surveillance data on homicides, suicides, deaths from legal intervention, deaths of undetermined intent and unintentional firearm deaths from 2020 to 2022 from their targeted areas to improve the planning, implementation, and evaluation of violence prevention programs.

(continued on page 2)



Database Analyst Epidemiologist Camry Hess (middle) receives a five-year service award from Assistant Commissioner Eldon Whetstone (left) and State Health Commissioner Dr. Kris Box (right).

The NVDRS is the first system to provide detailed information on circumstances precipitating all types of violent deaths including brief narratives, combine information across multiple data sources, and link multiple deaths that are related to one another, such as multiple homicides, suicide pacts, and cases of homicide followed by the suicide of the suspect.

A violent death, as defined for the purposes of this grant, is a death that results from the intentional use of physical force or power against oneself, another person, or a group or community. This includes all suicides, homicides, and deaths occurring when law enforcement exerts deadly force in the line of duty. In addition to intentional deaths, the program requires collecting information about unintentional firearm injury deaths and on deaths where the intent cannot be determined (undetermined deaths). Data elements must be collected from three sources: death certificates (DCs), coroner/medical examiner (CME) reports including toxicology reports, and law enforcement (LE) reports. An optional module includes submitting data collected through Child Fatality Review, and hospital discharge data can be used to supplement data collected through the primary three sources.

The goals of NVDRS:

- Increase scientific understanding of violent injury through research.
- Translate research findings into prevention strategies.
- Disseminate knowledge of violent injury and prevention to professionals and the public.

The NVDRS was submitted to the CDC April 15, with an expected start date of Sept. 1, 2019, if awarded.

- The **Overdose Data to Action (OD2A) grant** is the largest grant opportunity the division has ever applied for—award value of \$21,461,949 over the next three years. The division was previously awarded the Prescription Drug Overdose: Prevention for States and Enhanced State Surveillance of Opioid-Related Morbidity & Mortality grants. These two grants end August 31, with the OD2A grant replacing both of them starting Sept. 1.

ISDH is requesting funds to undertake multiple strategies that leverage high-quality, comprehensive, and timelier data surveillance to drive state and local drug overdose prevention efforts:

1. Collect, analyze and disseminate timely syndromic emergency department (ED) data on all suspected drug, opioid, heroin, and stimulant overdoses. Increase timeliness of hospital/billing ED discharge data.
2. Collect and disseminate descriptions of drug overdose death circumstances for all unintentional or undetermined intent drug overdose deaths. Participate in the State Unintentional Drug Overdose Reporting System (SUDORS) optional activity to collect preliminary opioid overdose death counts within a month of decedent date of death from a subset of interested high-burden counties.
3. Conduct several innovative surveillance projects that will include tracking public health risk of the illicit opioid drug supply, linking overdose data from different sources within the same jurisdiction, linking Prescription Drug Monitoring Program (PDMP) data to other data systems, and conducting innovative morbidity/mortality data surveillance.
4. Enhance and maximize Indiana's PDMP.
5. Integrate state and local prevention and response efforts by partnering with the Marion County Public Health Department, implementing the Indiana Communities Advancing Recovery Efforts Extension for Community Healthcare Outcomes, and partnering with the Indiana Department of Education and the Indiana United Way agencies to implement school-based drug prevention programs.
6. Establish linkages to care for those with opioid use disorder by partnering with the Indiana Family and Social Services Administration to build infrastructure and service systems to support transportation costs and partnering with PACE, Inc., to staff harm reduction sites with peer recovery coaches.
7. Provide support to providers and health care systems by creating and implementing online opioid-prescribing dentistry courses and working with EDs to implement post-overdose protocols.
8. Enhance public safety partnerships by providing harm reduction training to law enforcement officials and building collaborations among public health and public safety through the annual Public Safety and Public Health Opioid Conference.
9. Empower individuals to make safer choices by partnering with the Indianapolis Colts to advertise CDC's RxAwareness campaign; maintaining the OptIN website, which connects substance users to naloxone and treatment resources; and collecting data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System.
10. Propose an innovative project focused on decreasing the rates of hepatitis C in high-risk populations by training inmates as peer educators.
11. Serve as a peer-to-peer learning mentor for other states attempting to implement overdose fatality review teams.

## Save the date: American Trauma Society (ATS) trauma program manager course

June 16-17, 2019  
8 a.m. - 5 p.m.

French Lick Resort, 8670 IN-56  
French Lick, IN 47432

The ATS Trauma Program Manager Course is being held as a pre-conference workshop to the Indiana Rural Health Association (IRHA) Annual Conference. You do not have to attend the IRHA Annual Conference to participate in the Trauma Program Manager Course. To register for the IRHA Annual Conference and for more information, visit the IRHA website.

The Trauma Program Manager Course emphasizes key components of a trauma program. Taught by expert Trauma Program Managers, it is recognized throughout the trauma community as the premier course for learning the role and importance of the Trauma Program Manager as well as the role of other essential members of a trauma program. Visit <https://www.amtrauma.org/events/EventDetails.aspx?id=1160263&group> to register for the course.

Upon completion of the Trauma Program Manager course, the attendee will be able to:

1. Describe essential components of a trauma system and trauma program
2. Identify leadership roles critical to the success of a trauma program
3. Discuss the roles and responsibilities of the Trauma Program Manager
4. Describe the roles and responsibilities of the Trauma Medical Director and other trauma program members
5. Identify important elements of a successful Performance Improvement Patient Safety Program
6. Discuss the planning and preparation necessary for trauma center verification/designation
7. Describe best practice models for trauma outreach and education
8. Implement a trauma registry database that drives a successful trauma program
9. Describe basic elements of a trauma budget
10. Design tools and data to influence optimal reporting in accordance with standards within the trauma industry
11. List the five rights of initial considerations for the trauma patient
12. Discuss psychological and socioeconomic challenges common in trauma patients



## Stepping On

Stepping On is a high-level, evidence-based program proven to reduce falls and build confidence among older adults. The program has demonstrated a 31 percent reduction in falls in Australia and in America it has shown a 50 percent reduction in falls. Stepping On is a seven-week (one session a week) evidence-based intervention proven to decrease the incidence of falls in older people.

In addition to practicing balance and strength exercises, participants learn about the role vision, medication and footwear can play in falls. They also learn strategies for avoiding or eliminating fall hazards to better navigate inside and outside the home.

To register for the training, email Injury Prevention Program Coordinator Pravy Nijjar at [pnijjar@isdh.in.gov](mailto:pnijjar@isdh.in.gov).



## Stepping On

### Leader Training Workshop

September 17<sup>th</sup>-19<sup>th</sup> 2019

St. Vincent Hospital Indy  
11801 W. 86th St.  
Indianapolis, IN 46260

Questions? Contact Pravy Nijjar, [pnijjar@isdh.in.gov](mailto:pnijjar@isdh.in.gov)

For more info about Stepping On visit  
<https://wihealthyaging.org/stepping-on>

SAVE THE DATE



## Swimming safety for healthy and safe swimming week (May 21-27)

Swimming is a fun and healthy activity for people of all ages. Swimming is one of the most popular summertime activities. It is important to practice swim safety while near the water this summer.

Germes can easily be spread around the pool, hot tub, or water playground. Adults and children should not swim when sick with diarrhea. It is also important to rinse off or shower before getting in the pool to prevent the spread of germs in the water. Things to remember:

- Do not swallow pool water.
- Take kids on bathroom breaks frequently.
- Change diapers away from the pool deck.
- Do not swim if you are ill.

Swimming also can lead to injuries. Drowning is the leading cause of unintentional injury and death among children ages 14 and under. Adults should never let children swim alone. Children must be actively supervised while near any body of water. It is suggested that when toddlers are near water, an adult should be within an arm's length away. Things to remember:

- Children must always wear a chest-supportive life jacket near bodies of water.
- Do not solely rely on swimming aids; supervision is still required.
- Parents and adults should become CPR certified in case of an emergency.
- Backyard swimming pools should have a four-sided fence.
- Teach children to stay away from pool drains and suction outlets.
- Children and adults should take formal swimming lessons at least once.
- Always be aware when near the water.



Remember to also always protect your skin from UV rays while outside near the water. You should apply sunscreen multiple times throughout the day. It is also important to drink lots of water when the temperatures rise. Stay hydrated, protected, and swim safely, Hoosiers!

Sources:

<https://www.cdc.gov/features/healthyswimming/index.html>

<https://www.safekids.org/tip/swimming-safety-tips>

## Older adult falls (May is Older Americans Month)

Unintentional falls are the leading cause of death for older adults in Indiana. Indiana residents 65 and older account for **82.1% of all fall deaths** and 71.8% of nonfatal fall hospitalizations in Indiana. **Each week, there are 879.8** emergency department visits among residents ages 65 and older, **240.3** hospitalizations, and **7.6 deaths due to fall injuries** in Indiana. Older Indiana adults who reported the following conditions were significantly **more likely** to report falls or fall-related injuries in the past 12 months: poor mental health/depression, diabetes, stroke, obesity, and chronic obstructive pulmonary disease (COPD).

### Prevention activities in Indiana

The ISDH Division of Trauma and Injury Prevention has identified older adult falls prevention as a priority area for intervention and prevention strategies. The Stopping Elderly Accidents, Deaths and Injuries (STEADI) toolkit is a Centers for Disease Control and Prevention (CDC) educational material that helps identify patients' risks of falling and intervention strategies for primary care physicians at a wellness visit. The goal is to find the best environment for fall prevention strategies highlighted in the toolkit so that more individuals can be screened and directed to the appropriate channels. Stepping On is an evidence-based program implemented in 2018 to help older adults learn how they can prevent future falls. Indiana Falls Prevention Coalition (INFPC) promotes programs like these for falls prevention throughout Indiana. With innovative strategies like these, ISDH hopes to decrease the incidence of falls in older adults. For more information about these programs and how you can get involved, contact Pray Nijjar, [pnij-jar@isdh.in.gov](mailto:pnij-jar@isdh.in.gov) or 317-234-1304.

### Addressing substance use disorder in the workplace

Substance use disorder does not simply affect an individual's "at home" life; it affects every aspect of their life, including their workplace. Substance use disorder can lead to a variety of issues in the workplace with everything from lost productivity to theft. This issue affects all industries and professions. In honor of Occupational Safety and Health Week (May 5-11), let's examine various strategies that employers can take to address substance use disorder among their employees. Below is a list of ideas employers have used in the past:

- Employee Assistance Program (EAP)—An EAP is a multilayered approach that covers everything from counseling to referrals for treatment. This program can be very impactful as it is confidential and can cover a wide array of issues.
- Provide health care benefits that cover substance use disorders—Be sure that these plans include aftercare and counseling because the individual's journey to recovery often does not end in treatment.
- Company wellness programs—As a part of a company's wellness program, there could be a specific unit or week spent educating employees about substance use disorder.
- Support a substance-free culture—Try to emphasize activities with employees that are different from the "beer after work" or "holiday party" culture.
- Approve time away—This may be obvious, but be sure to grant time away for employees with substance use disorders to engage in wellness-related activities. This is an integral part of their recovery and important to emphasize.

Needless to say, there are numerous ways to address substance use disorder in the workplace. Employers simply need to invest time into creating effective policies and programs for their employees with substance use disorders.

## National Stroke Awareness Month (May): Indiana stroke center list

In response to National Stroke Awareness Month, ISDH wants to remind you that the state has compiled a list of certified stroke centers in Indiana in compliance with IC 16-31-2-9.5, which was passed by the 2017 Indiana General Assembly.

If your hospital is a certified stroke center, write to ISDH and provide:

- The center's level of stroke certification (Comprehensive Stroke Center, Primary Stroke Center, or Acute Stroke-Ready Hospital)
- The name of the certifying entity (Healthcare Facilities Accreditation Program, Joint Commission, American Osteopathic Association's Bureau of Healthcare Facilities Accreditation, etc.)
- Proof of certification by including a copy of the stroke center certification and the date the certification is set to expire
- Also, if there is a change in stroke center status (such as suspended, revoked, or lowered), the law requires hospitals to inform ISDH of such action within 48 hours of the action.

Here are a list of Indiana's current stroke centers, including a map of their locations, as of April 2, 2019:

### Comprehensive Stroke Centers:

- Community Hospital Munster
- IU Health—Methodist Hospital
- Lutheran Hospital Network—Lutheran Hospital
- Parkview Regional Medical Center
- St. Vincent Indianapolis Hospital

### Primary Stroke Centers:

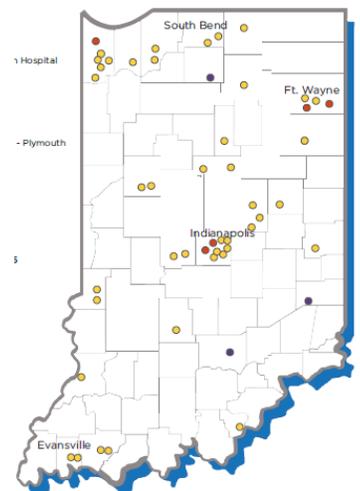
- Baptist Floyd Hospital
- Community Hospital Anderson
- Community Hospital East
- Community Hospital North
- Community Hospital South
- Community Howard
- Deaconess—Gateway
- Deaconess—Main
- Elkhart General Hospital
- Eskenazi Health
- Franciscan Health—Crown Point
- Franciscan Health—Dyer

- Franciscan Health—Indianapolis
- Franciscan Health—Lafayette East
- Franciscan Health—Michigan City
- Good Samaritan Hospital—Vincennes
- Hendricks Regional Health
- IU Health—Arnett Hospital
- IU Health—Ball Memorial Hospital
- IU Health—Bloomington Hospital
- La Porte Hospital
- Lutheran Health Network—Bluffton Regional Medical Center
- Lutheran Health Network—Dukes Memorial Hospital
- Lutheran Health Network—Kosciusko Hospital
- Memorial Hospital of South Bend
- Methodist Hospital—Northlake
- Methodist Hospital—Southlake
- Parkview Hospital Randallia
- Porter Regional Hospital
- Reid Health
- Roudebush VA Medical Center
- St. Catherine Hospital
- St. Joseph Hospital
- St. Joseph Regional Medical Center—Mishawaka
- St. Mary Medical Center
- St. Vincent Anderson
- St. Vincent Evansville
- St. Vincent Kokomo
- Terre Haute Regional
- Union Hospital

### Stroke Ready Center

- Margaret Mary Health
- St. Joseph Regional Medical Center—Plymouth
- Franciscan Health—Mooreville
- Johnson Memorial
- Schneck Medical Center

For a current list of stroke centers, visit: <https://www.in.gov/isdh/27849.htm>



## Mental Health Awareness Month (May)

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental illness is common as more than 50 percent of Americans will be diagnosed with a mental illness or disorder at some point in their lifetimes.

**One in five Americans will experience a mental illness in a given year.**

**There is no single cause for mental illness.** A number of factors can contribute to the risk for mental illness, such as:

- Early adverse life experiences, such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)
- Experiences related to other ongoing (chronic) medical condition, such as cancer or diabetes
- Biological factors, such as genes or chemical imbalances in the brain
- Use of alcohol or recreational drugs
- Having few friends
- Having feelings of loneliness or isolation



Preventing mental illness and promoting good mental health involve actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health, such as:

- Early childhood interventions (for example, home visits for pregnant women and programs that help young children build social and emotional skills)
- Social support for elderly persons
- Programs targeted to people affected by disasters or other traumatic events
- Mental health interventions at work (for example, stress prevention programs)
- Violence prevention strategies (for example, reducing violence in the community and home)
- Campaigns to change the culture of mental health so that all those in need receive the care and support they deserve

Source: Centers for Disease Control and Prevention

Retrieved from: <https://www.cdc.gov/mentalhealth/learn/index.htm>



## National alcohol and other drug-related birth defects awareness week (May 12-18)

Neonatal abstinence syndrome (NAS) is a group of conditions that appear in babies who have been exposed to drugs while in the womb. It is caused when a woman takes drugs while pregnant. A recent study shows that in 2014, approximately 32,000 babies were born with NAS in the United States, which is more than five times what the occurrence was in 2004. That is 6.5 babies born with NAS out of 1,000 births in 2014. The rate of NAS continues to rise in the United States.

Neonatal abstinence syndrome can be caused by a variety of drugs, with the most common ones being opioids. Opioids are a drug class known for their powerful pain-reducing effects and are often prescribed after surgery or for pain. Examples of opioids include: morphine, codeine, hydrocodone, oxycodone, and heroin. Even if a pregnant mother takes an opioid under the direction of her physician, there is still the possibility that her baby will develop NAS. Other drugs that may induce NAS in a baby are alcohol, barbiturates, and amphetamines. Using alcohol while pregnant can lead not only to NAS, but also a variety of problems known generally as fetal alcohol spectrum disorders (FASD).

Signs and symptoms of neonatal abstinence syndrome varies greatly among babies. Generally, the symptoms begin showing within 72 hours, but they can take a few weeks until they develop. Symptoms of NAS include: tremors, seizures, excessive or high-pitched crying, breathing problems, trouble sleeping, fever, and sweating. These symptoms may last anywhere from one week to six months after the birth of the child.

## Youth traffic safety awareness during the month of May

For many teenagers, getting their driver's license for the very first time is an exciting occasion. The newfound freedom of being able to drive wherever they want to go without parental supervision is something that plenty of teens spend their high school years looking forward to. However, with 50% of teenagers getting in a car crash before graduating high school, the importance of safe driving remains exceedingly relevant for both teenagers and their parents.

Why are teenagers more likely to be involved in a car crash? The answer is what you might expect: inexperience. Nearly three out of four crashes in 2011 that were attributed to inexperience behind the wheel were caused by distractions within or outside the vehicle, not scanning the roadway, or driving too fast. Teens are also less likely than their older counterparts to be able to identify dangerous situations and are more likely to make decisions that result in a car crash. Though the state of Indiana requires several hours of driving to be done before granting a teenager his license, teens still have much less practice than most of the other drivers on the road, which makes driving a much riskier situation for teenagers. What can we do to help?

- Familiarize yourself with Indiana's probationary driver's license regulations, which are for those younger than 21 years of age.
- Cell phones are not allowed while driving except to make emergency 911 phone calls.
- Teenagers are not allowed to drive from 10pm through 5am for the first 180 days after obtaining their license.
- Teenagers may not drive with passengers who are not immediate family members for 180 days after obtaining their license. Be a passenger while your teenager is driving for at least 30 minutes a week even after they obtain their license.
- Do not rely solely on a driver's education program to teach your teenager all they need to know about driving.
- Talk to your teen about the importance of not driving while under the influence of alcohol or other drugs. Also, remind them to not get in any vehicle where the driver is impaired by alcohol or other drugs.

**Set a good example for your teen. Always be sure to wear a seatbelt while driving, as teenagers are the least likely of any age group to wear a seatbelt in the car.**

Resources for more information: <https://www.nsc.org/road-safety/safety-topics/teen-driving>, <https://www.nsc.org/driveithome/teen-driver-risks/inexperience> or [https://www.cdc.gov/motorvehiclesafety/teen\\_drivers/index.html](https://www.cdc.gov/motorvehiclesafety/teen_drivers/index.html)

## National Lightning Safety Awareness Week (June 23-29)

Lightning is a top storm-related killer in the United States, while also being the least understood weather phenomena. Each year the United States experiences an average of 27 lightning fatalities and 243 injuries due to lightning. If thunder is heard overhead, you are within striking distance of the storm. It is important to stay indoors during a storm and do the following:

- Do not touch anything plugged into an electrical outlet (lamps, computers).
- Keep away from outside doors and windows.
- Stay indoors until at least 30 minutes after the last lightning or thunder strike.



If you are outdoors and cannot find shelter in time:

- Avoid open fields, hilltops, and ridge tops.
- Stay away from tall trees and tall objects (the shorter the better).
- Stay near a valley, ravine, or other low areas if camping.
- Stay away from water and wet or metal objects.

Please also remember that rain shelters, small sheds, and open vehicles are not considered safe options in a storm. If someone is struck by lightning, please seek medical attention immediately by calling 911. For more information, visit:

<https://www.weather.gov/safety/lightning-outdoors>

### Resources available to treat substance use disorder among veterans

On May 8, 1945, Victory in Europe Day, or V-E Day, was declared after Nazi Germany's surrender to the Allies of WWII. We often look to this day to celebrate our veterans, a group of valiant men and women who continue to serve our country to this day.

While it is important to remember this day for its historical significance, it is also important to talk about some modern issues affecting veterans today. With this day in mind, we thought it important to discuss substance use disorder within the veteran population.

The U.S. Department of Veterans Affairs has been studying this issue extensively and has found several alarming trends. When veterans are initially evaluated in the Veterans Affairs (VA) health system, it was noted that around 11% met the criteria for substance use disorder (SUD). The issue was found to be more prevalent among men as opposed to women and among those unmarried and young. One trend also noted was the connection between post-traumatic stress disorder (PTSD) and SUD. Per the VA's website, "more than 2 of 10 veterans with PTSD also have SUD," and, "almost 1 out of every 3 veterans seeking treatment for SUD also has PTSD."

With all those statistics in mind, it is important to identify available resources that can help veterans. Below, we have included just a few:

- 1-877-222-VETS—This number can connect individuals with resources to meet their needs. It is open Monday through Friday from 8am to 8pm.
- 1-855-VA-WOMEN—Female veterans have a specific line they can call to get connected to resources and supports. This line is open Monday through Friday 8am to 10pm and Saturdays from 8am to 6:30pm.
- VA Health Care—Veterans can utilize VA Health Care to book their initial appointment and get connected to treatment. In fact, every VA medical center has a local recovery coordinator (LRC) specifically designated to connect veterans with substance use disorder to treatment and resources.
- VA TeleMental Health—No VA mental health provider near you? No worries, the VA has a telehealth program that enables veterans to be connected to the best care possible, even if it is far away.
- Maketheconnection.net—Make the Connection is a website run by the VA all about allowing veterans to share their "candid descriptions of life with substance use disorders." Individuals can even filter the videos by service era, branch, experience, and gender.

In short, veterans are our country's heroes and we need to treat them as such by caring for them every step of the way.

## Indiana 2-1-1 partners with Lyft

With the assistance and support of FSSA, Indiana 2-1-1 (IN211) is partnering with Lyft to help reduce transportation barriers to those seeking assistance for substance use disorder. This will offer FREE rides to and from substance use treatment and certified recovery support programs.

### Q. Who is eligible for a ride through Indiana 2-1-1?

A. Any individual who displays a current, past, or history of substance misuse and is not insured by Medicaid or HIP is eligible for a ride. Again, these rides must be to or from substance use treatment or certified recovery support programs. If the individual is a juvenile (younger than age of 18), they are required to have a guardian ride along. Indiana 2-1-1 will also provide rides home for guardians and/or caregivers if requested.



### Q. How do I request a ride?

A. To request a ride, dial 2-1-1. An automated system will ask callers to press 2 to continue in English or press 3 to continue in Spanish (for languages not listed in these options, the caller can press 2 and request a translator later in the call). Once the language has been selected, the following message will be played, "If you are calling for information about substance use treatment or transportation to and from treatment, please press 9." At this point, the caller will press 9 and be directed to speak with a trained Lyft community navigator.

### Q. Can I request a ride on behalf of a client?

A. Yes. However, Indiana 2-1-1 will require the following information: First and last name, pick-up and drop-off locations, and a phone number for drivers to communicate with passengers if they are unable to locate them.

### Q. Is the client's information protected?

A. Lyft drivers will have access only to the first name of the passenger and the pick-up and drop-off locations. A phone number is provided to the driver, but it is a randomized and hidden number. Drivers lose access to all past rides once they are completed.

### Q. Am I guaranteed a ride?

A. In partnership with the FSSA and Lyft, Indiana 2-1-1 can schedule FREE rides to and from substance use treatment and certified recovery support programs. Any individual who displays a current, past, or history substance use and is not insured by Medicaid or HIP is eligible for a ride. Indiana 2-1-1 verifies eligibility for all Lyft transportation requests. Indiana 2-1-1 monitors all trips, and all calls are recorded for quality purposes.

Indiana 2-1-1 reserves the right to deny requests from those who provide misinformation or misuse the program in anyway. Funding is limited, and we cannot guarantee services are available in every area of the state.

Please contact [Indiana 2-1-1](https://lookupindiana.org/211-lyft-offering-free-rides-to-substance-use-treatment-and-recovery-support-programs/) for more information.

Source:

<sup>1</sup><https://lookupindiana.org/211-lyft-offering-free-rides-to-substance-use-treatment-and-recovery-support-programs/>

# Injury Prevention Observances and Events May 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<ul style="list-style-type: none"> <li>Global Youth Traffic Safety Month</li> <li>Motorcycle Safety Awareness Month</li> <li>Bicycle Safety Month</li> <li>Mental Health Month</li> <li>National Stroke Awareness Month</li> <li>National Trauma Awareness Month</li> <li>Older Americans Month</li> </ul>			1	2	3	4
5 Occupational Safety and Health Week Hand Hygiene Day	6 Occupational Safety and Health Week	7 Occupational Safety and Health Week Children's Mental Health Awareness	8 Occupational Safety and Health week VE Day Children's Men-	9 Occupational Safety and Health week Children's Mental Health Week	10 Occupational Safety and Health Week Children's Mental Health Week	11 Occupational Safety and Health Week Children's mental Health Week
12 Children's Mental Health Week Nat'l Drug-related Birth Defects Awareness Week	13 Children's Mental Health Week Nat'l Drug-related Birth Defects Awareness Week	14 Nat'l Drug-related Birth Defects Awareness Week	15 Nat'l Drug-related Birth Defects Awareness Week	16 Nat'l Drug-related Birth Defects Awareness Week	17 SEOW Symposium Nat'l Drug-related Birth Defects Awareness Week	18 Nat'l Drug-related Birth Defects Awareness Week
19	20	21 Safe Swimming Week	22 Safe Swimming Week	23 Safe Swimming Week	24 Safe Swimming Week	25 Safe Swimming Week Heat Safety
26 Safe Swimming Week	27 Memorial Day (Offices Closed)	28	29 Nat'l Senior Health/Fitness Day	30	31	

## Practice HEAT SAFETY Wherever You Are

Heat related deaths are preventable. Protect yourself and others from the impacts of heat waves.



**Job Sites**  
Stay hydrated and take breaks in the shade as often as possible.



**Indoors**  
Check up on the elderly, sick and those without AC.



**Vehicles**  
Never leave kids or pets unattended - LOOK before you LOCK



**Outdoors**  
Limit strenuous outdoor activities, find shade, and stay hydrated.

# Injury Prevention Observances and Events June 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
• National Safety Month						1
2 CSTE Annual Conference	3 CSTE Annual Conference	4 CSTE Annual Conference	5 CSTE Annual Conference	6 CSTE Annual Conference	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21 ISTCC/ITN	22
23 Lightning Safety Awareness Week	24 Lightning Safety Awareness Week	25 Lightning Safety Awareness Week	26 Lightning Safety Awareness Week	27 Lightning Safety Awareness Week  Nat'l HIV Testing Day	28 Lightning Safety Awareness Week	29
30						

## 2019 Trauma Regional Advisory Council (TRAC) meetings

**District 1:** May 9, June 27, Aug. 22, Oct. 17 and Dec. 19

**District 3:** June 13, Aug. 8, Oct. 10, and Dec. 12

**District 5:** June 19, Sept. 18, and Dec. 18

**District 6:** May 30, Aug. 29, and Nov. 21

**District 8:** May 29, Aug. 28 and Nov. TBD

**District 10:** July 25 and Oct. 24

All other districts TBD

# Contact Us

Kristina Box MD, FACOG — State Health Commissioner

Eldon Whetstone, JD — Assistant Commissioner, Health and Human Services

## Division of Trauma and Injury Prevention Staff

Katie Hokanson — Director

Murray Lawry — Prescription Drug Overdose Project Manager

Camry Hess — Database Analyst Epidemiologist

Ramzi Nimry — Statewide Trauma System Development and Training Manager

John O'Boyle — Records Coordinator

Ryan Cunningham — INVDRS Records Consultant

Helen Schwartzel — Administrative Assistant

James Carroll — Prescription Drug Overdose Community Outreach Coordinator

Pravy Nijjar — Injury Prevention Program Coordinator

Raven Helmick — Prescription Drug Overdose Epidemiologist

Patricia Dotson — Records Consultant

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Klaudia Wojciechowska — Prescription Drug Overdose Associate

Meghan Davis — Records Consultant

Audrey Wakefield — Resources and Records Consultant

Andzelika Rzucidlo — Injury Prevention Epidemiologist

Carrie Bennett — Prescription Drug Overdose Community Outreach Coordinator

Morgan Sprecher — INVDRS Epidemiologist

Madeline Tatum — Prescription Drug Overdose Community Outreach Coordinator

Cassidy Johnson — Naloxone Program Manager

Trinh Dinh — Registry Coordinator

Veronica Daye — Records Consultant

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