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

02/04/2022
OUR MISSION:
To develop, implement and provide oversight of a statewide comprehensive trauma care system that:
• Prevents injuries.
• Saves lives.
• Improves the care and outcomes of trauma patients

OUR VISION:
Prevent injuries in Indiana.
Round Robin and Introductions (in chat)

1. Name
2. Position
3. Organization/ Association
4. Updates
5. Current Projects and Programs
6. Upcoming events
Division Vacancies

- Drug Overdose Prevention Epidemiologist
- INVDRS Records Consultant (Abstractor) – 2
- Naloxone Program Manager
Division Staff Updates

Full-Time Staff

Injury Prevention Epidemiologist
  ◦ Emma Heltzel

Records Coordinator
  ◦ Kristin Combs

Interns

Trauma
  ◦ Heidi Bultema
  ◦ Nicolette Schlup

Drug Overdose Prevention
  ◦ Savanah Stark

INVDRS
  ◦ Navtej Bal
Resource Guide App

Regularly Updated
• Free download for iOS & Android
Phone & tablet capabilities
• Available in Apple & Google Play stores
Upcoming Events

February
• African American History Month
• Low Vision Awareness Month
• Teen Dating Violence Awareness Month
• Feb 6-12: Burn Awareness Week

March
• Women’s History Month
• National Cheerleader Safety Month
• National Traumatic Brain Injury Awareness Month
• Self Harm Awareness Month
• National Ladder Safety Month
• Mar 20-26: National Poison Prevention Week
Upcoming Events

April

• Child Abuse Prevention Month
• Sexual Assault Awareness Month
• Distracted Driving Awareness Month
• National Youth Sports Safety Month

• Apr 4-10: National Window Safety Week
• Apr 25-29: National Playground Safety Week
• Apr 25-29: National Youth Violence Prevention Week
• Apr 30: National Drug Take Back Day
INTENTIONAL INJURY DATA PRESENTATION:
LOOKING AT THE NEEDS OF INDIANA FROM DATA

Morgan Sprecher, MPH
Indiana Violent Death Reporting System (INVDRS) Epidemiologist
Suicide Demographics (2016-2020)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 and Under</td>
<td>56</td>
<td>194</td>
</tr>
<tr>
<td>19-29</td>
<td>174</td>
<td>845</td>
</tr>
<tr>
<td>30-39</td>
<td>194</td>
<td>698</td>
</tr>
<tr>
<td>40-49</td>
<td>214</td>
<td>722</td>
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<tr>
<td>50-59</td>
<td>224</td>
<td>676</td>
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<tr>
<td>60-69</td>
<td>107</td>
<td>515</td>
</tr>
<tr>
<td>70-79</td>
<td>31</td>
<td>324</td>
</tr>
<tr>
<td>80 and Older</td>
<td>16</td>
<td>213</td>
</tr>
</tbody>
</table>

- Female: 56, 174, 194, 214, 224, 107, 31, 16
- Male: 194, 845, 698, 722, 676, 515, 324, 213

- Race Distribution:
  - White: 91.5%
  - Black: 6.6%
  - Asian: 1.9%
Suicide Demographics (2016-2020)

- **Firearm**: 55.1%
- **Hanging, Strangulation, Suffocation**: 28.7%
- **Poisoning**: 10.1%
- **Sharp Instrument**: 2.0%
- **Other**: 4.1%

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctorate</td>
<td>1.0%</td>
</tr>
<tr>
<td>Master</td>
<td>2.6%</td>
</tr>
<tr>
<td>Bachelor</td>
<td>8.8%</td>
</tr>
<tr>
<td>Associate</td>
<td>7.0%</td>
</tr>
<tr>
<td>Some College Credit</td>
<td>15.8%</td>
</tr>
<tr>
<td>High School or GED Grad</td>
<td>48.0%</td>
</tr>
<tr>
<td>9th - 12th Grade</td>
<td>13.3%</td>
</tr>
<tr>
<td>Less than 8th Grade</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Where substances were known

- Alcohol: 82.2%
- Opiate: 73.7%
- Benzodiazepines: 72.3%
- AntiDepressant: 72.2%
- Marijuana: 69.9%
- Amphetamine: 60.0%
- Anticonvulsant: 46.8%
- Antipsychotic: 31.1%
- Cocaine: 30.0%
- Muscle Relaxant: 23.2%
- Barbiturates: 8.1%
Suicide Circumstances (2016-2020)

Where circumstances were known

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eviction or Loss of Home</td>
<td>3.2%</td>
</tr>
<tr>
<td>Death of Family or Friend</td>
<td>5.8%</td>
</tr>
<tr>
<td>Financial Problem</td>
<td>7.2%</td>
</tr>
<tr>
<td>Criminal Legal Problem</td>
<td>7.7%</td>
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<tr>
<td>Job Problem</td>
<td>7.9%</td>
</tr>
<tr>
<td>Family Problem</td>
<td>8.0%</td>
</tr>
<tr>
<td>Alcohol Problem</td>
<td>14.6%</td>
</tr>
<tr>
<td>Argument</td>
<td>15.9%</td>
</tr>
<tr>
<td>History of Suicide Attempt</td>
<td>17.3%</td>
</tr>
<tr>
<td>Physical Health Problem</td>
<td>19.1%</td>
</tr>
<tr>
<td>History of Mental Illness Treatment</td>
<td>23.5%</td>
</tr>
<tr>
<td>Disclosed Suicidal Attempt</td>
<td>25.8%</td>
</tr>
<tr>
<td>Intimate Partner Problem</td>
<td>27.6%</td>
</tr>
<tr>
<td>Left Suicide Note</td>
<td>31.1%</td>
</tr>
<tr>
<td>History of Suicidal Thoughts</td>
<td>31.8%</td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>39.4%</td>
</tr>
<tr>
<td>Depressed Mood</td>
<td>49.2%</td>
</tr>
</tbody>
</table>
Homicide Demographics (2016-2020)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 and Under</td>
<td>49</td>
<td>235</td>
</tr>
<tr>
<td>19-29</td>
<td>159</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>126</td>
<td>453</td>
</tr>
<tr>
<td>40-49</td>
<td>82</td>
<td>258</td>
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<tr>
<td>50-59</td>
<td>59</td>
<td>166</td>
</tr>
<tr>
<td>60-69</td>
<td>32</td>
<td>97</td>
</tr>
<tr>
<td>70-79</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>80 and Older</td>
<td>19</td>
<td>13</td>
</tr>
</tbody>
</table>

- **Gender Distribution**
  - Male: 796
  - Female: 735

- **Race Distribution**
  - White: 40.5%
  - Black: 55.5%
  - Asian: 1.5%

[Source: Indiana Department of Health]
Homicide Demographics (2016-2020)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0.5%</td>
</tr>
<tr>
<td>Master</td>
<td>1.0%</td>
</tr>
<tr>
<td>Bachelor</td>
<td>3.3%</td>
</tr>
<tr>
<td>Associate</td>
<td>3.5%</td>
</tr>
<tr>
<td>Some College Credit</td>
<td>12.2%</td>
</tr>
<tr>
<td>High School or GED Grad</td>
<td>44.7%</td>
</tr>
<tr>
<td>9th - 12th Grade</td>
<td>24.5%</td>
</tr>
<tr>
<td>Less than 8th Grade</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Weapon Used:
- Firearm: 73.8%
- Personal Weapon: 3.0%
- Sharp Instrument: 8.9%
- Blunt Instrument: 5.0%
- Poisoning: 1.3%
- Hanging, Strangulation, Suffocation: 3.3%
Homicide Circumstances (2016-2020)

Where circumstances were known

- Precipitated by Other Crime: 28.40%
- Other Crime in Progress: 21.60%
- Drive By Shooting: 14.40%
- Random Violence: 13.30%
- Justifiable Self-Defense: 7%
- Jealousy: 4.30%
- Walk-By Assault: 5.30%
- Drug Involvement: 7%
- Justifiable Self-Defense: 4.20%
- Brawl: 3.40%
- Victim was a Bystander: 3.40%
- Drive By Shooting: 3.10%
- Other Crime in Progress: 2.90%
- Precipitated by Other Crime: 2.90%
- Victim was a Bystander: 2.70%
- Brawl: 2.70%
- Other Crime in Progress: 2.70%
- Precipitated by Other Crime: 2.70%
- Victim was a Bystander: 2.70%
- Brawl: 2.70%
- Other Crime in Progress: 2.70%
- Precipitated by Other Crime: 2.70%
- Victim was a Bystander: 2.70%
- Brawl: 2.70%
- Other Crime in Progress: 2.70%
- Precipitated by Other Crime: 2.70%
- Victim was a Bystander: 2.70%
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- Precipitated by Other Crime: 2.70%
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- Brawl: 2.70%
- Other Crime in Progress: 2.70%
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Accidental Overdose Demographics (2016-2020)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>18 and Under</td>
<td>17</td>
<td>49</td>
</tr>
<tr>
<td>19-29</td>
<td>532</td>
<td>1249</td>
</tr>
<tr>
<td>30-39</td>
<td>741</td>
<td>1688</td>
</tr>
<tr>
<td>40-49</td>
<td>652</td>
<td>1222</td>
</tr>
<tr>
<td>50-59</td>
<td>582</td>
<td>937</td>
</tr>
<tr>
<td>60-69</td>
<td>187</td>
<td>397</td>
</tr>
<tr>
<td>70-79</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td>80 and Older</td>
<td>14</td>
<td>8</td>
</tr>
</tbody>
</table>

- Female: 86.3%
- Male: 12.5%
- Asian: 0.5%
- Black: 12.5%
- White: 86.3%
Accidental Overdose Demographics (2016-2020)

<table>
<thead>
<tr>
<th>Education Level</th>
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<td>18.6%</td>
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<tr>
<td>Less than 8th Grade</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Top Substances

<table>
<thead>
<tr>
<th>Substance</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENTANYL</td>
<td>764</td>
</tr>
<tr>
<td>METHAMPHETAMINE</td>
<td>519</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>253</td>
</tr>
</tbody>
</table>
Accidental Overdose Toxicology (2016-2020)

Where substances were known

- Opiate: 95.3%
- Amphetamine: 80.3%
- Benzodiazepines: 79.3%
- Marijuana: 74.5%
- Cocaine: 70.7%
- Alcohol: 69.9%
- AntiDepressant: 66.6%
- Anticonvulsant: 55.5%
- Antipsychotic: 35.7%
- Muscle Relaxant: 28.6%
- Barbiturates: 7.3%
Accidental Overdose Circumstances (2016-2020)

Where circumstances were known

- History of Opioid Use: 98.0%
- Route of Administration: Injection: 21.4%
- Evidence of Prescription Drug: 13.2%
- Evidence of Drug Use: 8.9%
- Route of Administration: Snorting: 6.5%
- Naloxone Used from EMS: 6.2%
- Homeless: 2.3%
- Naloxone Used from Bystander: 1.0%
UNINTENTIONAL INJURY DATA PRESENTATION:
LOOKING AT THE NEEDS OF INDIANA FROM DATA

Emma Heltzel
Injury Prevention Epidemiologist
Injury Data in Indiana

- Use of a variety of data sets
  - Hospital Discharge
  - Mortality
- Work in collaboration with other data sets
  - NVDRS (Morgan Sprecher, INVDRS Epidemiologist)
  - Trauma Registry (Trinh Dinh, Trauma System Epidemiologist)
- Focus on specific injuries
  - Motor Vehicle Accidents – Child Injuries
  - Older Adult Falls
  - Traumatic Brain Injury
Motor Vehicle Accident (MVA) - Overview

- Most deaths of children ages 5-19 years are due to traffic injuries as occupants, pedestrians, bicyclists, and motorcyclists
  - Children become more vulnerable to motor vehicle collision injuries as they age
- The American Academy of Pediatrics recommends using a booster seat from age 5 up to the time when the seat belt fits properly, which is when the child is at least 57 inches tall
  - Kids 12 years and younger should ride in the back seat using a seat belt, no matter how short the drive.
MVA – Demographics (Age)

Emergency Department Visits from Nonfatal Unintentional Motor Vehicle Accidents by Age Group

Rate (per 100,000)

Years

<1  1-4  5-9  10-14  15-19  20-24  25-34  35-44  45-54  55-64  65-74  75 to 85  85+
Child Injury Deaths

Percent of Injury Deaths among Children
Ages 6-11 Years, Indiana, 2019

- Motor Vehicle Collisions: 40%
- Other Transport-Related: 15%
- Other Unintentional Injuries: 15%
- Drowning: 15%
- Fire: 5%
- Homicide: 5%
- Suicide: 5%

1. Other Transport-Related includes deaths from transportation equipment, such as motorcycles and bicycles.
Older Adult Falls - Overview

• Unintentional falls are the leading cause of death for older adults in Indiana (2019)

• Falls are the leading cause of traumatic brain injury (TBI) in Indiana residents (2019)

• 32.5% of fall deaths among older adults occurred due to slipping, tripping, or stumbling (2019)
  • 9.1% occurred due to falling off stairs or steps
Age-adjusted Rate of Fall Deaths by Sex, Ages 65 and Older—Indiana, 2009-2019
Traumatic Brain Injury (TBI) - Overview

- TBI is caused by a bump, blow, jolt, or penetration to the head that disrupts the normal function of the brain.
- 43,000 people in Indiana had a TBI in 2019
TBI – Demographics (Age)

Percentage of Annual TBI-Related Deaths, Hospitalizations, and Emergency Department Visits, by Age, in Indiana, 2019

- **Deaths**
  - 0-14 Yrs: 2.3%
  - 15-24 Yrs: 13.2%
  - 25-44 Yrs: 25.3%
  - 45-64 Yrs: 22.7%
  - 65+ Yrs: 36.5%

- **Hospitalizations**
  - 0-14 Yrs: 3.9%
  - 15-24 Yrs: 7.7%
  - 25-44 Yrs: 15.9%
  - 45-64 Yrs: 22.9%
  - 65+ Yrs: 49.7%

- **ED Visits**
  - 0-14 Yrs: 15.1%
  - 15-24 Yrs: 20.8%
  - 25-44 Yrs: 26.2%
  - 45-64 Yrs: 19.1%
  - 65+ Yrs: 18.9%
TBI – Demographics (Gender)

• Men were more likely to sustain a traumatic brain injury than women
  • 76.8% (13.5 per 100,000) of deaths where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions
  • 60.4% (57.3 per 100,000) of hospitalizations for TBI alone or in combination with other injuries or conditions
  • 52.6% (259.3 per 100,000) of emergency department visits for TBI alone or in combination with other injuries or conditions
Data Drives Intervention

- Older adult falls → Stepping On and STEADI Training
- Motor vehicle accidents → Child passenger safety clinics and booster bashes
- Traumatic brain injury → Partnership with the Rehab Hospital of Indiana and other injury and violence prevention (Heads Up)
Tracy Mehan
Director of Research Translation and Communication
Center for Injury Research and Policy
Nationwide Children’s Hospital

NATIONWIDE CHILDREN’S HOSPITAL INJURY PREVENTION PROGRAMS
Center for Injury Research and Policy
### 2021 Top 4 Media Stories

<table>
<thead>
<tr>
<th>Topic</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-powered magnets</td>
<td>366 million</td>
</tr>
<tr>
<td>Social distancing/traffic volume and injuries</td>
<td>129 million</td>
</tr>
<tr>
<td>Furniture and TV Tip-overs</td>
<td>103 million</td>
</tr>
<tr>
<td>Comprehensive handheld cellphone laws</td>
<td>55 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>653 million</strong></td>
</tr>
</tbody>
</table>
Media Trainings

• 4-hour online workshops
• 225 attendees
• CHES credit available

Save the date: July 12-14, 2022

www.NationwideChildrens.org/CI RP-Media-Workshop

• All trainings received 4.7 stars or higher from participants

Media 101: Beginner’s Guide to Working with Media

How to work with the media? Let the experts show you how to use media to share your research, grow your program, and create safer, healthier communities

• Find a newsworthy message
• Make your message attractive to media outlets
• Connect with your audience
• Create and evaluate an outreach plan

Four-hour online workshop

Dates offered: March 9, March 25, July 13
Details & registration: www.NationwideChildrens.org/ CIRP-Media-Workshop

Media 201: Master Your Message and Own Your Interview

This interactive workshop builds on basic skills for public health professionals who have some experience developing media outreach plans, giving interviews, or training others.

• Prepare for media interviews
• Create your message
• Pitch your story
• Write and review press releases
• Conduct mock interviews and provide feedback

Four-hour online workshop

Dates offered: April 13, April 29, July 14
Details & registration: www.NationwideChildrens.org/ CIRP-Media-Workshop

Social Media: Public Health in the Digital Age

This workshop will help you understand how social media can be used for public health, where to find your audience, and how to set up your channels for success.

• Choose channels based on goals and audience
• Identify and create content
• Set goals and track engagement
• Plan for staffing, costs, and other resources

Four-hour online workshop

Dates offered: May 11, May 21, July 13
Details & registration: www.NationwideChildrens.org/ CIRP-Media-Workshop

Summer Media Institute: Media 101, Media 201, & Social Media

Effective communication in public health has never been more important. Come learn the skills you need to share research, promote programs, and create safer, healthier communities through the media and social media.

3-day online workshop (four hours each day)

Details & registration: www.NationwideChildrens.org/ CIRP-Media-Workshop

CHES credits available. Details & registration:
Fireworks Safety News Conference
July 2, 2021 | 10-11 a.m. ET
Watch on Facebook Live: https://www.facebook.com/pbobio

Hear about the impact of backyard fireworks on our community from:
- CIRP faculty and pediatric emergency medicine physician Dr. Leah Middleberg
- Prevent Blindness, Ohio Affiliate
- Franklin County Dog Shelter & Adoption Center
- Grandview Heights Division of Fire
- Grandview City Council

In 2020, fireworks were involved in an estimated 15,600 injuries treated in United States emergency departments.

Spike in Firework Injuries & Deaths from 2019 to 2020

50% increase in deaths & injuries compared to 2019

15,600 people were treated in 2020 for fireworks injuries

Prevent Blindness
Our Vision Is Vision

Center for Injury Research and Policy (@CIRP2011)

"Fireworks are associated with serious injuries, especially among children. Injuries often occur to innocent bystanders. Adult supervision is not enough. Families should enjoy fireworks at public displays conducted by pros rather than purchase fireworks for private use." - Dr. Leah Middleberg

https://www.facebook.com/pbobio
T4CIP Activities

Monthly Trainings ➔ Day of Action ➔ Local Outreach ➔ Social Media Outreach

Mentorship ➔ Day of Action ➔ Local Outreach

Day of Action ➔ Local Outreach ➔ Social Media Outreach
Since 2021, T4CIP has reached:

- 118 Participants
- 62 Institutions
- 52 Medical Students
- 66 Residents & Fellows
- 27 States

2022 T4CIP Days of Action

- May 25, 2022: bike helmets
- October 26, 2022: TBD

In 2021, T4CIP's 2 days of action led to:

- Coverage on 2 topics
  - #MagnetSafety
  - #SaferStorage
- 2,052 Posts
- 3,619,527 Grand Rounds Impressions
- 2 Twitter Chats
- 460+ Social Media Accounts Posts
CIRTC.org will be a one-stop-shop for tools, resources, trainings, and more, all relating to health and science communication. With years of experience translating data into messages for the public and others, we want to teach you our tips and best practices to get the most of your work. We're rooted in health communication, but we also look outside our backyard at fields like behavior change and social marketing to find the best ways to reach our goals. Let CIRTC be your starting spot anytime you need to communicate.

What can you expect? We're busy building along three tracks:

1. Cataloging existing health comm trainings, tools, and resources
2. Developing our own trainings and resources that put concepts into practice
3. Collecting links to conferences, organizations, people, and more you should attend/follow/like/work with

Build Real-World Skills

- Audience & Messaging
- Posters & Presentations
- Interviews
- Health Literacy & Readability
- Visuals & Graphic Design
- Websites & Social Media
The health of the public depends on our ability to **share what we know**.

Scan the QR code to sign up to be alerted when the site launches.
2021 Blog Posts on 700 Children’s

- Bathtime Safety
- Changes in Post-Concussion Care
- Flow Restrictors Make Medicine Dispensing Safer, Easier, and Cleaner
- Using a Booster Until a Seat Belt Fits (thanks, Carrie!)
- The ABCs of Safe Sleep
- 6 Tips for Safe Hayrides
- Campfire Safety
- Give the Gift of Safety
- Portable Space Heaters
- Transition to Toddler Beds
National Student Injury Research Training Program

• 13-year program
• Objectives:
  – Key research and statistical concepts and methods
  – How to write and publish a manuscript
  – Principles of injury prevention and control
• Expanded to include public health and other graduate and undergraduate students + medical students
• 65,000+ downloads
Prevent Child Injury

• Translate child injury prevention research into high-quality, health-literate injury prevention toolkits

• Coordinated outreach campaigns around toolkits so that families hear the same message from different places all at the same time.

2022 TOOLKITS

Furniture Tip-Over
January 31st - February 4th, 2022

Safe Firearm Storage
June 13th - 19th, 2022

Heatstroke
July 25th - 31st, 2022

Recalls
November 14th - 20th, 2022
Prevent Child Injury

Join Prevent Child Injury today!

@PreventChildInj
www.preventchildinjury.org
Let’s Connect
Virtual Professional Consultations and Collaborations

- Consultation and mentoring service for injury professionals and students
- Core faculty serve as coach/mentors
- Expand on professional mentoring and collaboration
- Address the needs of injury professionals or other disciplines interested in injury-related projects
MIDWEST INJURY PREVENTION ALLIANCE

Congratulations to Our New MIPA Leadership!

Morgan Sprecher, MPH, was elected to a two-year term (2021-2022) as MIPA President. She is the Epidemiologist for the Indiana Violent Death Reporting System (NVDRS). She holds a BS degree in Biology from Purdue University and a MPH from the Fairbanks School of Public Health at Indiana University with an emphasis in Epidemiology. Morgan serves as the violence and injury prevention specialist at the Indiana Department of Health. Her interests focus on suicide prevention and awareness, and unintentional death or injury. Morgan has served multiple years on the Out of the Darkness Campus Walks Committee of the Foundation for Suicide Prevention. She is a member of Safe States Alliance and is Chair of the MIPA NVDRS Committee. Recently, she has served as a site coordinator for COVID-19 drive-thru testing sites throughout Indiana.

Sara Kohlbeck, MPH, was elected to a two-year term (2021-2022) as MIPA Vice President. She is Assistant Director of the Comprehensive Injury Center at the Medical College of Wisconsin. In her role, Sara conducts research related to injury and violence across Wisconsin. Specifically, Sara’s work focuses on understanding suicide in Wisconsin, particularly among veterans and other disproportionately affected groups. Sara is also a PhD student in Public and Community Health at the Medical College of Wisconsin. Her doctoral research is on suicide among farmers in Wisconsin. Sara received her MPH from the Zeller School of Public Health at the University of Wisconsin-Milwaukee.

www.midwestinjurypreventionalliance.org

@MidwestInjury
Questions?

Tracy.Mehan@nationwidechildrens.org

@Tracy_Mehan

@CIRPatNCH

Through Let’s Connect mentorship program
Discussion

What do we, in Indiana, do well when it comes to the topics from today?

How can / where can we improve this?
## 2022 Meeting Dates

<table>
<thead>
<tr>
<th>Month</th>
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<tr>
<td>May</td>
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<td>August</td>
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<td>November</td>
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<td>Presenter</td>
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</tr>
<tr>
<td>Morgan Sprecher</td>
<td>812-929-3069</td>
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<tr>
<td>Emma Heltzel</td>
<td>317-234-3265</td>
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<td>Tracy Mehan</td>
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