




# Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

## **32<sup>nd</sup> EAST Annual Scientific Assembly Short Course**

### **How to Strategically Design, Implement, & Expand A Hospital-Based Injury Prevention Program**

**January 16, 2019  
JW Marriott Austin  
Austin, Texas**



## Scaling Up to Prevent Falling Down

### Pathways & Partnerships

Ann Dyke MN RN  
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Bridgeport Hospital

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## Conflict of Interest Disclosure

<u>Author</u>	<u>Disclosure</u>
Ann Dyke, MN RN	Nothing to Disclose

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## Objectives

1. To relay the importance of pathways and partnerships in regard to injury prevention
2. Identify effective approaches for implementing injury prevention programs
3. Understand the components of a successful fall prevention program
4. How to involve key people to ensure success of your program

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## Who we are

### Yale New Haven Health Bridgeport Hospital

#### Bridgeport, Connecticut

- 383 beds
- 95,000 Emergency Room Visits annually
- ACS Verified Level II Trauma Center
- ABA Verified Burn Center



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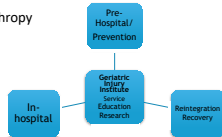
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### Geriatric Injury Institute (GII)

*"A Trauma Center within a Trauma Center"*

- Multidisciplinary team provides tailored care to the geriatric trauma patient
- American College of Surgeons Verified Level II Trauma Center
- Funded through foundational and community philanthropy
- Structure:
  - Leadership Board
  - Pre-hospital
  - Research
  - Community Outreach



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## Problem

- 1 in 3 older adults >65 years fall
- Odds of having a fall injury hospitalization were higher for older women and individuals with advancing age.
- Women fall more frequently
- Men suffer greater injury
  - Men do not seek help immediately
  - Geography
  - Access to care may be limited

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## Goals of Fall Prevention

- Respect
- Compassion
- Empowering
- Supporting independence
- Evidence informed

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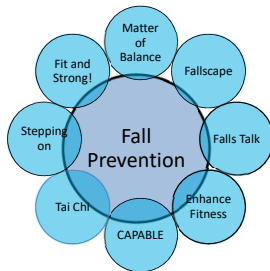
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## Who is already doing this? What are they doing?

### Environment Scanning & Assessment

- Snapshot of policies, programs, places, people
- [www.ncao.org](http://www.ncao.org)
- Lists 14 programs for fall prevention



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## What Works in Injury Prevention?

### Programs that aim to change human factors

1. Attempts to change abilities
2. Attempts to change behaviors
3. Attempts to increase use of protection (assistive devices-walkers, canes, hip protectors)

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## Attempted Programs

### “Passion without Process”

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**Single focus**

- Delivered multiple one hour sessions
- Targeting individual various risk factors
  - Environmental concerns (home fitting, assistive devices)
  - Polypharmacy
  - Hearing, vision, nutrition

**Primary care practice research**

- TUG (Timed up and Go)
- Fear of Falling
- Suggested exercise programs
  - Tai Chi, Yoga, YMCA Silver Sneakers, Senior Center activities

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## Tai Ji Quan: Moving for Better Balance®

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- Fuzhong Li, Ph.D.,  
Senior Scientist at Oregon  
Research Institute

-Best studied program-fall prevention



**Challenges**

- Poor attendance
- Lack of engagement
- Concerned about weather, parking, efficacy of the program

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## Challenges with single focus programs

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- Can be less efficacious
- Sustainability difficult to achieve
- Difficult to recruit
- Waning attendance
- Illness identified as major reason why they discontinue exercise (formal or informal programs)
- Polypharmacy identified as factor affecting low attendance
- Fear of Falling-associated activity restriction

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## Epiphany: Pathways & Partnerships

### Step 1 (Solo operator) → Step 2 (Social entrepreneur)

- **Intro/primer sessions**
  - Single focus: fall prevention that touches on multiple points
  - **Provide social support**
    - People are cared for, valued, esteemed
    - Audience awareness that you are there for their needs
- **Critical to Develop Partnerships**
  - Buy-in from the lead of the facility (senior center, institution)
  - Who are their supporting partners?
  - Goals & Expectations
    - *Reduction of falls*
    - *Prevention of major injury*
    - *Learner satisfaction*

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## Pilot Project

- School Sisters of Notre Dame, Wilton, Connecticut
- Communal living for approximately 130 Sisters
- First offered primer 1 hour session to all (Sisters and Management)

**"Tips and Tricks to stay on your feet"**



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## First Step: increasing engagement

- Introductory program offered in fall prevention (Tips & Tricks)
- Prime the audience (1 hour sessions)
  - Offer snippets at what is to come
- **Engage the audience. Ask them...**
  - What matters to them?
  - How are you doing?
  - Have you experienced a fall?
- Offer plausible reasons for the fall
- Offer solutions i.e.. medication review
  - Environmental issues
  - Fear of Falling
  - Exercises

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## Step 2: Social entrepreneur



### Program Selection: fidelity & history

- Ensure program is delivered in it's intended way
- Choose well established program

### A Matter of Balance (MOB)

- Evidence based 8 week program (2 hour sessions)
- Manuals and associated materials are available at relatively low cost
- Originally developed by researchers at Boston University to be led by healthcare professionals
- Maine Health has developed a lay-led version of MOB and a train-the-trainer program

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## Matter of Balance: Core Values

### - Fear of Falling

- Addresses concerns about falls
- Discussion of previous falls

### - CBT-Cognitive Behavioral Therapy

- Modifies emotions, behaviors and thoughts
  - Participants are encouraged to voice their concerns and how they might overcome
  - Icy conditions-wearing protective shoes
  - Participants report increased confidence and activity following classes
- Integrated exercise is a component

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## Key to Success: Nurse vs. Community Volunteer

### Advantages of Nurse Led Model

- Intra-organizational Participation
- Awareness of concerns, issues and solutions
- Greater awareness of polypharmacy as a risk factor
- Health history-increasing clinical opportunities
- Increased participation, self efficacy
- Follow-up
  - The ability to return and ensure program's success



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### Successes at School Sisters of Notre Dame

Increased visits to Primary Physician

Redesign of chapel

- Railings
- Reflective tape

Exercise

- "Sitter-cize"
- Yoga

Lighting

- Improved room & hall lighting

Emergency Call systems

- Acceptance

Nutrition

- Lectures from nutritionist
- Chef involvement in new diet plans (DASH Diet)

Vision and hearing appointments on site



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### Successes at School Sisters of Notre Dame

- Self reported increased confidence in daily activity of living

- Awareness of self

- Movement & Mindfulness
- Paying greater attention to their daily feelings of wellness/illness

- Decreased anxiety

- Self advocacy

- Increased confidence when speaking with primary care providers

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### Step 3: Integrating a Broader Audience

1. Greater PCP involvement

- Determine appropriateness for these types of sessions
- Awareness of various programs

2. Fidelity of programs

- Evidenced based

3. Evidence Based Exercise should be integrated with other fall prevention interventions

4. Caregivers

- Offer primer sessions and attend longer sessions if feasible
- Education dementia, resources, system navigators, financial supports, political advocacy

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## Summary

1. The "Pacesetter" leadership style is ineffective in injury prevention. Partnerships and engagement are imperative.
2. Be on guard for single focus programs with limitations in scope
3. Valuing the participant enhances engagement and sustainability
4. Engaging leaders of organizations in injury prevention efforts is a prerequisite to success

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Be Amazing

YOU DON'T  
HAVE TO BE  
PERFECT  
TO BE  
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# Rachael's First Week



Turning Tragedy into  
Prevention

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# Disclosures

This motion picture has been rated



For more information on film ratings go to  
[www.filmratings.com](http://www.filmratings.com)

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Who is Rachael Fiege?



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## Who is Rachael Fiege?

- Typical teenager
- Honors student
- Aspiring Nurse
- Soccer Player
- Champion of the underdog
- Loyal friend





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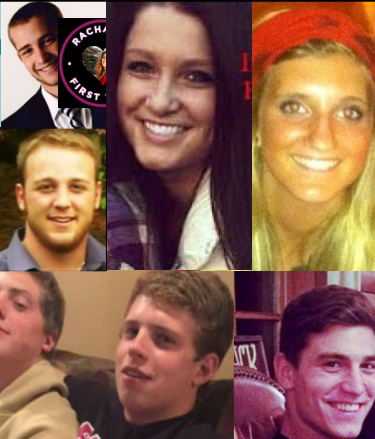
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## HOW DOES THIS HAPPEN!?

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# The Paradox




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# The Paradox



Legally adults

Emotionally children

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*Youth Risk Behavior Surveillance Survey*

121 behaviors in 6 categories:

- Unintentional Injury and Violence
- Physical inactivity
- Alcohol and Drugs
- Sexual behaviors
- Unhealthy dietary behaviors

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*Youth Risk Behavior Surveillance Survey*

121 behaviors in 6 categories:

- Unintentional Injury and Violence
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- Alcohol and Drugs
- Sexual behaviors
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*Rachael's First Week was Born*

- Established in 2014
- Began in Zionsville High School
- Target Audience: HS Seniors




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Fact



Fiction

Vomiting sobers you up quicker b/c  
you get rid of undigested alcohol.

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Fact



Fiction

Vomiting sobers you up quicker b/c  
you get rid of undigested alcohol.

Alcohol is absorbed into the  
bloodstream almost instantly.  
Vomiting up alcohol will do little  
to sober you up.

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Fact



Fiction

Date rape drugs have  
a salty flavor.

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## Fiction

Date rape drugs have a salty flavor.

These drugs often have no color, smell, or taste, so you can't tell if you are being drugged.

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## Core Content

- Know the laws
- Know what you're putting in your body
- It never hurts to ask but it will if you don't





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## Core Content

- It will never happen to you.....Until it does
- Have a designated buddy – Be the designated buddy
- Always look out for each other



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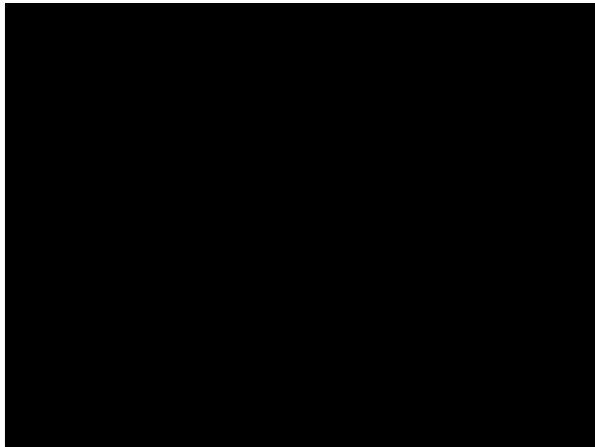
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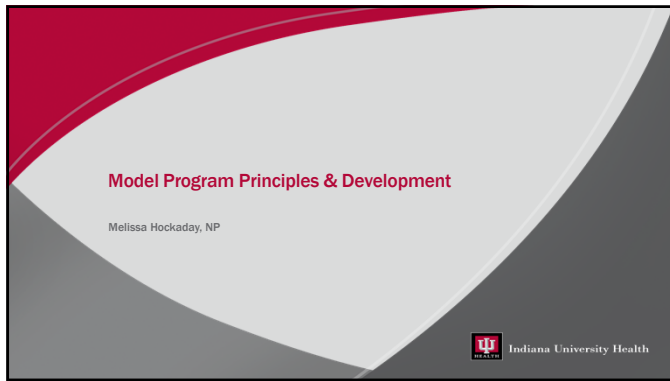
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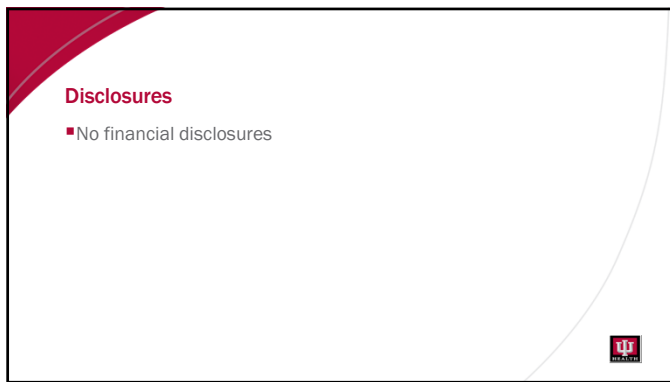
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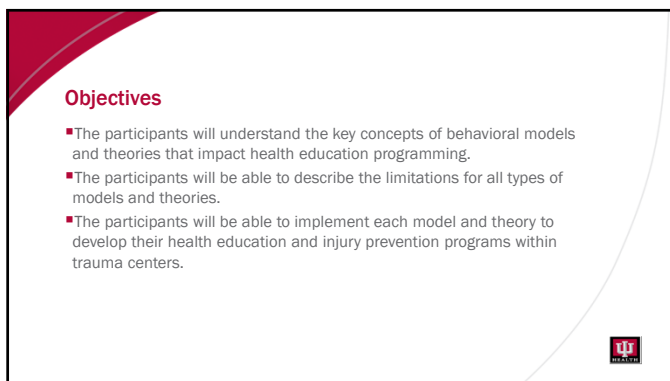
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### Health Education-Injury Prevention Programs

- Identify public health problem
- Assess the fundamental cause
- Determine population at risk
- Develop & implement theory & evidence-based interventions
- Evaluate & refine interventions



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### Health Belief Model

- Foundation
  - The desire to avoid illness, or conversely get well if already ill
  - The belief that a specific health action will prevent, or cure, illness



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### Health Belief Model

- The components for Health Belief Model (HBM)
  - Perceived susceptibility
  - Perceived severity
  - Perceived benefits
  - Perceived barriers
  - Cue to action
  - Self-efficacy



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### Health Belief Model

- Limitations of HMB
  - It does not account for a person's attitude, beliefs or other individual determinants that dictate a person's acceptance of a health behavior
  - It does not take into account behaviors that are habitual and thus may inform the decision-making process to accept a recommended action
  - It does not take into account behaviors that are performed for non-health related reasons such as social acceptability
  - It does not take into account for environmental or economic factors that may prohibit or promote the recommended action
  - It assumes that everyone has access to equal amounts of information on the illness or disease



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### Health Belief Model

- Limitations continued
  - It assumes that cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process



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### Intervention Mapping Model

- Provides a protocol for selecting and applying theories that improve understanding of health behaviors and strategies to implement change
- Tool used for planning and development of health promotion interventions
- Well-defined pathway from problem identification to a solution



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## Intervention Mapping Model


- Core processes-
  - Searching the literature for empiric findings
  - Accessing and using theory
  - Collecting and utilizing data



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[illegible]

## Intervention Mapping Model


- Five stages-
  - Scientific analysis of problem & program goals
  - Selection of theory based interventions & strategies
  - Design and production
  - Adoption, implementation and sustainability
  - Evaluation



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## The Theory of Planned Behavior


- Key component is motivation (intention) and ability (behavioral control)
- Constructs
  - Attitudes
  - Behavioral intention
  - Subjective norms
  - Social norms
  - Perceived power
  - Perceived behavioral control



- ## The Theory of Planned Behavior
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### The Theory of Planned Behavior

- Limitations
  - It assumes the person has acquired the opportunities and resources to be successful in performing the desired behavior, regardless of the intention
  - It does not account for other variables that factor into behavioral intention and motivation, such as fear, threat, mood or past experiences
  - It does not take into environmental or economic factors that may influences a person's intention to perform a behavior



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### Diffusion of Innovation Theory

- Adopt a new idea, behavior or product
- Must have adopters
  - Innovators-1<sup>st</sup> to adopter and risk takers
  - Early Adopters-Opinion leaders, embrace change opportunity
  - Early Majority -Not leaders but adopt before average person, need to review evidence
  - Late Majority-Skeptical of change, wait for the majority of the population to adopt first
  - Laggards- Bound by tradition and very conservative, skeptical of change



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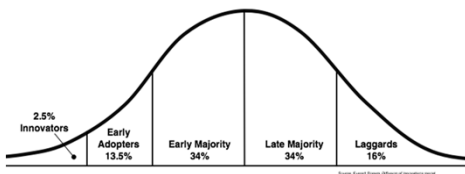
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### Diffusion of Innovation Theory



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### Diffusion of Innovation Theory

- Diffusion is accomplished by:
  - **Awareness** of the need for innovation
  - **Decision to adopt** (or reject) the innovation
  - **Initial use** of the innovation to test it
  - **Continued use** of the innovation



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### Diffusion of Innovation Theory

- Factors
  - Relative advantage-
    - The idea if better than the idea which it supersedes
    - There is a perception of an advantage
  - Compatibility-
    - There is compatibility with existing values, past experience, and the needs for potential adopters
    - The innovation must address an issue the providers have perceived as a problem



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### Diffusion of Innovation Theory

- Factors cont.-
  - Complexity-
    - Innovation is perceived as difficult to understand and use
    - Must be simple and well-defined
  - Trialability-
    - Degree to which the innovation maybe trialled and modified
  - Observability-
    - The degree to which results are visible to others
    - The more charismatic the leader the more likely it will be adopted



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### Diffusion of Innovation Theory

- Success Factors-
  - Communication Style:
    - Face to Face is always best
    - Interpersonal relationships
  - Social Context:
    - Culture of creativity and innovation
    - Transformational leaders

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### Diffusion of Innovation Theory

- Limitations
  - It works better with adoption of behaviors rather than cessation or prevention of behaviors
  - It does not take into account an individuals resources or social support to adopt the new behavior (or innovation)

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### The Social Cognitive Theory

- Social Influence & external/internal social reinforcement
- Person, behavior & environment
- Past experiences
- Modeling-
  - The target identifies with the model
  - The model demonstrates feasible sub-skills
  - The model receives reinforcement
  - The target perceives a coping model not a mastery model

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### The Social Cognitive Theory

- Five constructs:
  - Reciprocal determination
  - Behavioral capability
  - Observational learning
  - Reinforcements
  - Expectations
  - Self-efficacy



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### The Social Cognitive Theory

- Limitations
  - Assumes changes in environment will lead to changes in person
  - Disregards biological & hormonal predispositions
  - Minimal attention to emotion or motivation except through past experiences



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### The Transtheoretical Model “Stages of Change”

- Decision-making of individual & model of intentional change
- Cyclical process and change is not quick
- Six stages of change
  - Precontemplation
  - Contemplation
  - Preparation (Determination)
  - Action
  - Maintenance
  - Termination



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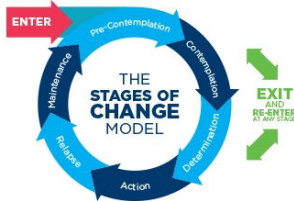
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## The Transtheoretical Model



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## The Transtheoretical Model

- Strategies to move through stages
  - Consciousness raising-awareness
  - Dramatic relief-emotional arousal
  - Self-reevaluation-self appraisal
  - Environmental reevaluation-social appraisal
  - Social liberation-environmental opportunities to show social support
  - Self-liberation-commitment to change behavioral based on achievement
  - Helping relationships-supportive relationships
  - Counter conditioning-substituting healthy behaviors for negative ones
  - Reinforcement management-rewarding positive behaviors
  - Stimulus control-cues that support healthy behaviors



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## The Transtheoretical Model

- Limitations
  - The lines between stages can be arbitrary with no set criteria of how to determine a person's stage of change
  - There is no clear sense for how much time is needed for each stage or how long a person can remain in a stage
  - The model assumes that individuals make coherent and logical plans in their decision-making processes



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### Social Norm Theory

- Most common in highschool or college students
- The theory aims to understand environment and interpersonal influences (such as peer relationships)
- Perceived norms-what we view as typical or standard in a group rather than Actual norms-the real beliefs and actions of the group
- The goal is to present information about peer group norms in an effort to correct misperceptions of norms
- Social norm media campaigns-community wide electronics and print media



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### Social Norm Theory

- Limitations-
  - Poor data collection in the initial stages can lead to unreliable data
  - The dose or amount of the message received by the target population must be enough to make an impact, but not too much that it becomes commonplace
  - Misperceptions are hard to overcome initially



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### References

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## Indiana State Department of Health

# Statewide Injury Prevention Efforts

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



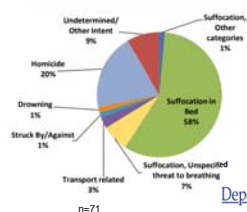
## ISDH Data

- Special Emphasis Reports (SERs) and other documents:
  - Child injuries report:
    - 0-5 Years
    - 6-11 Years
    - 12-18 Years
  - Traumatic brain injury (TBI)
  - Drug overdose deaths
  - Older adult falls
  - Fireworks injury report
  - Violence prevention repository
  - Injury prevention observances calendar
  - Injury prevention resource guide
  - Suicide in Indiana

<https://www.in.gov/isdh/25396.htm>

## 2017 Child Injuries Report, < 1 Year

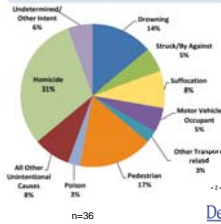
Figure 3: Injury Deaths among Infants Less than 1 Year, Indiana, 2015



<https://www.in.gov/isdh/25396.htm>

## 2017 Child Injuries Report, 1 - 5 Years

Figure 4: Injury Deaths in Children Ages 1 - 5 Years, Indiana, 2015

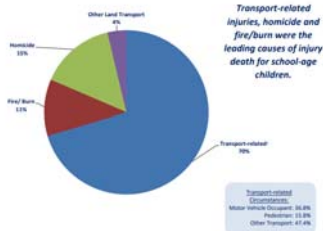


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Department of Health

<https://www.in.gov/isdh/25396.htm>

4

## 2017 Child Injuries Report, 6 - 11 Years



Transport-related injuries, homicide and fire/burn were the leading causes of injury death for school-age children.

Transport-related  
Occupants: 36.4%  
Motor Vehicle Occupant: 36.4%  
Pedestrian: 11.6%  
Other Transport: 8.4%

<https://www.in.gov/isdh/25396.htm>

5

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2016

	Age Groups										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
2	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
3	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
4	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
5	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
6	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
7	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
8	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
9	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning
10	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2016  
<https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

## Injury Prevention Program Tour Winter 2015 - 16

- Travel to trauma centers (verified and provisional) to learn about their injury prevention programs
- Share division priority areas:
  - Child passenger safety
  - Older adult falls

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Injury Prevention at Trauma Centers

- Over 60 specific programs/injury prevention areas targeted
- Leading mechanisms of injury:
  - Older adult falls
  - Motor vehicle collisions
  - Varied (penetrating trauma, all-terrain vehicle (ATV) injury, pedestrian/bike related, and traumatic brain injury (TBI))
- Common themes:
  - Falls prevention (STEADI, Stepping On, Matter of Balance, etc.)
  - Motor vehicle safety (car seat clinics, AARP Safe Driving, ATV Safety, no texting and driving, etc.)
  - Other (Stop the Bleed, SBIRT, bike helmet giveaway, safe sleep, safety showers, etc.)

\*As of: December 2018

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## 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

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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### 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



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Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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### CDC Priority Topics

Intentional injury:

- Cross cutting prevention
- Child abuse and neglect
- Youth violence
- Intimate partner violence
- Sexual violence
- Self-directed violence

Unintentional injury:

- Prescription drug overdose
- Older adult falls
- Motor vehicle injury
- TBI



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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### Strategic Plan

- Establish a sustainable and relevant infrastructure that provides leadership, funding, data, policy, and evaluation for injury prevention
- Collaborative injury prevention efforts in:
  - Traffic safety
  - Poisoning
  - TBI



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Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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## 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

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Strategic Plan

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

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Additions to State Plan

Items suggested at the last IPAC meeting:

- Cross cutting prevention
- Inclusion of intentional and unintentional injuries
- Expansion of tertiary prevention tools:
  - Stop the Bleed
  - Harm reduction
- Focused effort aimed at childhood abuse and neglect
- Improvement in TBI prevention and post-acute care

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## CHILD PASSENGER SAFETY PROGRAMS

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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### The Magnitude of the Problem in Indiana

- Unintended motor vehicle traffic deaths claimed 20 lives ages 14 and under (2016).
- 74 children ages 13 and under were injured from motor vehicle collisions (MVCs) (2016).



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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### What Can Be Done?

- Car seat use reduces the risk of infant death (1 year and younger) by 71% and toddler death (1 - 4 years) by 54%.
- Booster seats reduce the risk of serious injury by 45% for children ages 4 - 9 when compared to seat belt use alone.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Indiana Child Passenger Safety Programs

- Booster Bash program
- Permanent fitting stations
- Child passenger safety technician scholarship program

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Booster Bash

- Data:
  - 915 booster seats were handed out to communities and parents in 2017.
  - 525 seats were handed out during the first half of 2018.
  - Demographical data is collected via the Automotive Safety Program Check-up Form during each appointment.
  - Data on child passenger/booster seats usage is being gathered and calculated.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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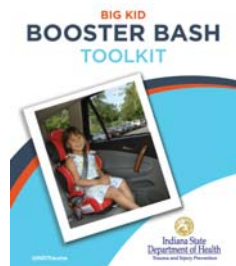
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## Host a Booster Bash!

- ISDH will provide a toolkit.
- ISDH will provide booster seats for the event.
- For more information, reach out to Injury Prevention Program Coordinator Pravy Nijjar, [pnijjar@isdh.in.gov](mailto:pnijjar@isdh.in.gov).



Title V (Maternal & Child Health Block Grant) funding

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### Booster Bash Event Specifics

- Hosting an event:
  1. Identify schools and community partners to host. Look for organizations that serve children ages 4 – 8.
  2. Contact the director or principal to discuss components of the Booster Bash. Include information about logistics and the responsibilities of all parties involved.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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### Booster Bash Event Specifics

3. Set the event time and date. Identify a safe location for parents to park; it should not be easily accessible by the community (UNLESS it is a community-wide event).
4. Check about liability insurance and what the host organization/your agency recommends.
5. If you want event pictures, ask if a photo consent policy or form is already available onsite (or from your agency).

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### Booster Bash Event Specifics

6. Recruit child passenger safety technicians (CPSTs)! Volunteers who aren't CPSTs are still handy and much needed.
  - If there aren't many CPSTs in your area, you can still have an event. Just restrict it to a certain grade, age, or classroom in the school.
  - Better yet, utilize ISDH's CPST Scholarship Reimbursement Program.

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### Booster Bash Event Specifics

7. What if there are children who are too small to be in a booster seat?
  - Will you refer them to a nearby inspection station?
  - Will you bring other child safety seats for younger/smaller children?
  - Will you schedule them for another post-clinic individual appointment?
8. Develop a flyer with information and resources for the family (sample flyer is included). Tell them who, what, where, when, and why.

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### Booster Bash Event Specifics

9. Gather supplies:
  - Current recall list and LATCH manual
  - Booster seats (other seats if needed or wanted)
  - Chalk to mark lanes (if needed)
  - Marketing signs
  - Scale/measuring tape
  - Pens and pencils
  - Clipboards for check-up forms
  - Foam pool noodles or towels
  - Antibacterial gel, sanitation wipes, latex gloves
  - Flyers/educational brochures
  - Plan to destroy recalled or expired seats

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### Booster Bash Event Specifics

10. Send an email to all volunteers, partners, and CPSTs with logistics and details about the event.
11. Announce your event or ask the director/principal to send home flyers for the event ahead of time.
12. Remember your mission, and be persistent!

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## Booster Bash Event Specifics

What works well:

- Plenty of volunteer staff
- Large parking area
- Plenty of foot traffic
- Extra supplies
- Having other child safety seats
- Making individual appointments in the future
- Seeing community and trauma centers collaborate!

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## Booster Bash Event Specifics

Learning experiences and tips:

- Have more technicians in the future
- Have translators/bilingual technicians
- Have enough seats on hand
- Hand out paperwork on clipboards while people are in their cars waiting
- Coordinate traffic flow better

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Booster Bash Event Specifics

How we did it:



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## Booster Bash Event Specifics



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## Become a Fitting Station!

How to become a fitting station:

- The Indiana Criminal Justice Institute (ICJI) manages a network of child safety seat inspection stations.
- Must be staffed by at least one CPST; they're available 10 hours per month and document inspections on forms.
- Must provide replacement seats if necessary and report monthly activities to ICJI as well as provide a yearly expense report.

Title V (Maternal & Child Health Block Grant) funding

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## Fitting Station Data

- There are 126 fitting stations in 62 counties, as of 2018.
- From October 2017 to May 2018:
  - There have been 5,224 free or reduced car seats given out as well as 9,343 free child passenger safety inspections.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Child Passenger Safety Technician Reimbursement Program

- CPST reimbursement program:
  - ISDH can reimburse future technicians \$250.
  - Scholarship covers:
    - \$85 for class
    - Travel costs, lodging, etc.
- Goal is to increase the number of active technicians in trauma centers and community organizations throughout the state.

Title V (Maternal & Child Health Block Grant) funding

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## Child Passenger Safety Technician Scholarship Program

- The CPST scholarship program is funded through the Maternal Child and Health Services (TITLV) grant.
- Recipients can be reimbursed up to \$250 for taking the 3- to 4-day training to become certified CPSTs sponsored through Safe Kids Worldwide.
- Up to five people per organization can be reimbursed.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Child Passenger Safety Technician Scholarship Program

- Data:
  - Data is being collected and evaluated from post-evaluation surveys.
- 53 technicians utilized the program in 2018.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Websites to Visit for Helpful Information

- Order free brochures on child passenger safety:  
<http://www.preventinjury.org/Brochures>
- More information on child passenger safety:  
<https://www.safekids.org/child-passenger-safety>
- Find a technician:  
<http://www.preventinjury.org/Child-Passenger-Safety/Child-Safety-Seat-Inspection-Stations/List-of-Child-Safety-Seat-Inspection-Stations>
- Check for a recall:  
<https://www.safercar.gov/parents/CarSeats/Car-Seat-Registration.htm?view=full>

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## CHILD SAFETY COLLABORATIVE INNOVATION AND IMPROVEMENT NETWORK (CoIIN)



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)




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## Participants



Child Passenger Safety	Interpersonal Violence Prevention
<ul style="list-style-type: none"> <li>• Florida</li> <li>• Indiana</li> <li>• Kentucky</li> <li>• Missouri</li> <li>• Northern Mariana Islands</li> <li>• Vermont</li> </ul>	<ul style="list-style-type: none"> <li>• Florida</li> <li>• Indiana</li> <li>• Kentucky</li> <li>• *Minnesota*</li> <li>• Missouri</li> <li>• Nebraska</li> <li>• Northern Mariana Islands</li> <li>• Pennsylvania</li> <li>• Tennessee</li> </ul>
Ten: Driver Safety	Falls Prevention (Home based and Occupational Injuries)
<ul style="list-style-type: none"> <li>• Florida</li> <li>• Kentucky</li> <li>• Nebraska</li> <li>• New Hampshire</li> <li>• *North Dakota*</li> <li>• Tennessee</li> <li>• Texas</li> <li>• Wisconsin</li> </ul>	<ul style="list-style-type: none"> <li>• Connecticut</li> <li>• *Florida*</li> <li>• Massachusetts</li> <li>• Missouri</li> <li>• Texas</li> <li>• Vermont</li> <li>• *Virginia*</li> </ul>

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## CoIIN

- Attended in-person learning summit in Waltham, MA, in May
- Continued tracking:
  - Rate of child passenger fatalities
  - Rate of child passenger hospitalizations
  - Number of sites operating mobile fitting and car seat inspection stations
  - Number and percentage of sites operating car seat inspection stations in high-risk communities
  - Number of free or discounted child safety seats distributed to caregivers
  - Number of car seat technicians currently certified
  - Number of universal safety seat inspection forms completed and submitted by technicians
  - Number of free child safety seat inspection events conducted statewide

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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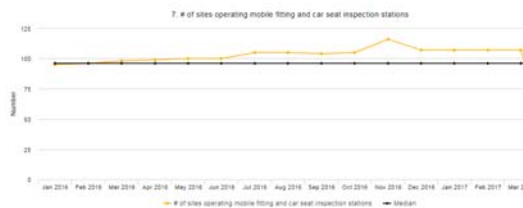
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## CoIIN




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## CoIIN




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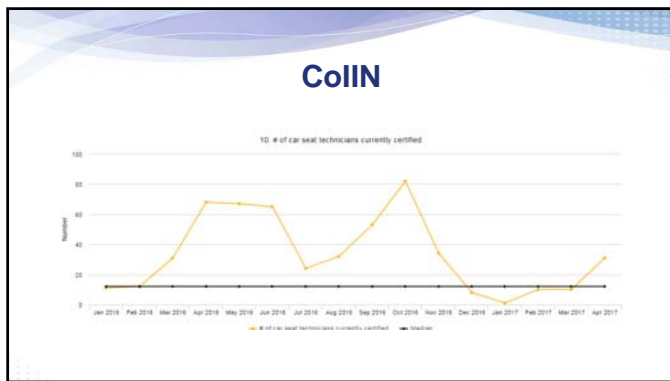
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### Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Toolkit:

- STEADI toolkit:
  - Simple but comprehensive approach for fall risk assessment and effective fall prevention for older adults
  - Developed by the CDC:
    - Anyone who serves older adults can screen for falling.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

  
 Indiana State  
Department of Health

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### STEADI

- STEADI:
  - Designed for community-dwelling, independently ambulatory older adults ages 65+
  - Not intended for institutionalized or hospitalized patients

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

  
 Indiana State  
Department of Health

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## STEADI

- Why does this apply to my organization?
  - Fall risks need to be identified.
  - Offering and referring to evidence-based fall prevention programs (EBPs) is critical.
  - Brings opportunities for other collaborations in the community (e.g., Stepping On, home visitation/screening programs, Matter of Balance, T'ai Chi, and other evidence-based programs).

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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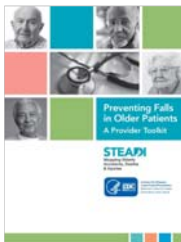
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## STEADI



- Three essential parts:
  1. Provider resources
  2. Training materials
  3. Patient education brochures

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## STEADI

- Provider resources:
  - 3.5" x 5.5" pocket guide
  - Wall chart called "Integrating Falls Assessment and Interventions into Practice"
  - Assessment tools
  - Management tools

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Resources: Fact Sheets



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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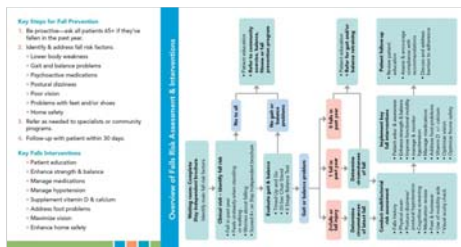
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## Resources: Pocket Guide




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## Resources: Integrating Fall Prevention into Practice

- Organize your program so fall risk assessment and management occur routinely:
  - How does the organization use all members to manage fall risk and prevention?
  - Can the receptionist be useful?
  - Where/when should the patient complete the questionnaire?
  - Who should perform balance tests?



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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## Assessment Tools

- *Stay Independent Brochure:*
  - Self-risk assessment
- Instructions for:
  - Three standardized gait and balance tests
  - Orthostatic blood pressure measurement
- Fall Risk Checklist for summarizing risk assessment findings

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)




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## Assessment: Stay Independent Brochure




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## Assessment: Stay Independent Brochure




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## Assessment: Gait and Balance Test Instructions




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## Assessment: Orthostatic Hypotension (OH)




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## Assessment: Fall Risk Checklist



- This checklist is intended to put it all together.
- Findings from the patient's assessment can all be summarized and easily reviewed.

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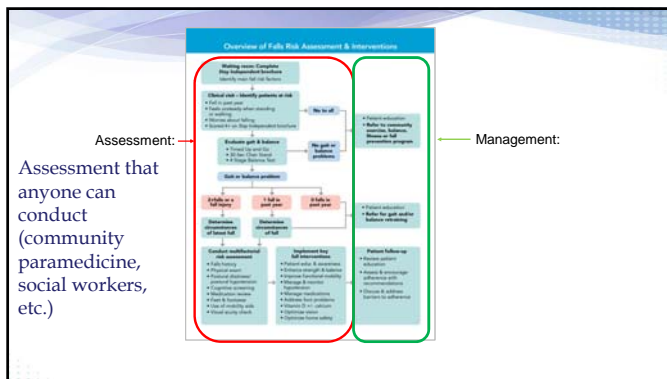
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- Management:

[illegible]

## Management: Fall Prevention Referral Forms

[illegible]

- Way to refer patient to PT, OT, podiatry, optometry, home safety assessments, or another specialist or physician

[illegible]

## Management: Recommendation to Fall Prevention Classes

[illegible]

- Worksheet for listing evidence-based fall prevention programs in the community

[illegible]

# STEADI

## Training Resources

OLDER ADULT FALLS  
A Preventable Problem

1

2

3

1. **ASSESS**  
Screen for fall risk using three questions:  
- Have you ever fallen?  
- Do you have trouble walking or climbing stairs?  
- Do you have trouble with balance?  
2. **ASSESS**  
Review patient's medications.  
3. **INTERVENE**  
Based on results, take action:  
- If you have fallen, see your doctor.  
- If you have trouble walking or climbing stairs, see your doctor.  
- If you have trouble with balance, see your doctor.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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# Training Materials

- Screening, reviewing, and recommending
- Case studies illustrating three levels of fall risk:
  - Practice patient intervention with the toolkit
- Talking about Fall Prevention with Your Patients:
  - Are they ready to change?
  - Stages of Change model

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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# Case Studies



**Case Study 1: Mr. Smith**

Mr. Smith is a 78-year-old male with a history of hypertension and diabetes. He has fallen twice in the past year, once while walking in the yard and once while climbing stairs. He is currently taking lisinopril and metformin. He has been advised to take his medications as prescribed and to use a cane when walking.



**Case Study 2: Mrs. Jones**

Mrs. Jones is a 65-year-old female with a history of arthritis and osteoporosis. She has fallen once in the past year while walking in the kitchen. She is currently taking ibuprofen and calcium supplements. She has been advised to take her medications as prescribed and to use a walker when walking.



**Case Study 3: Mr. Brown**

Mr. Brown is a 55-year-old male with a history of alcohol use disorder and depression. He has fallen twice in the past year, once while walking in the street and once while climbing stairs. He is currently taking no medications. He has been advised to seek treatment for his alcohol use disorder and depression.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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2019 EAST ICVP Short Course - Page 50

## Talking with Patients




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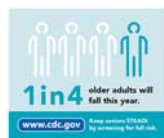
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## STEADI

### Patient Education Materials



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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## Patient Education



- Three CDC brochures:
  - What YOU Can do to Prevent Falls
  - Check for Safety
  - Postural Hypotension




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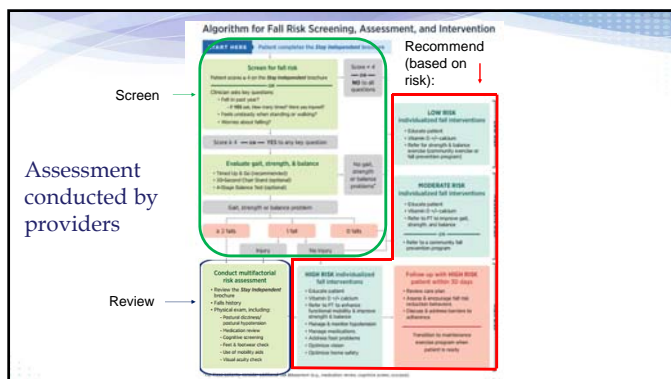
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## Physician's Role with STEADI Toolkit

- What is your role?
  - Ask that older adults initiate conversations with their doctors.
  - Hand out *Stay Independent* brochures.
  - Educate practitioners in your community about STEADI.
  - Offer trainings and support for fall prevention in your area.
  - Consider what partners in your area can use STEADI.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

Indiana State Department of Health

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## Physician's Role with STEADI Toolkit (continued)

- What is your role?
  - Use evidence-based falls prevention programs such as Stepping On, Matter of Balance, T'ai Chi, etc. to support your mission.
  - Spread the word about STEADI because it is FREE!
  - Introduce health systems with community programs, classes, and groups.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

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## STEADI Older Adult Fall Screening, ISDH Efforts

- Trained four organizations on the toolkit since December 2018:
  - Community hospital, fire and EMS, and local health departments



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Stepping On: Older Adult Fall Prevention

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Stepping On

- Stepping On is a high-level, evidence-based program proven to reduce falls and build confidence in older adults.
- The program has demonstrated a 31% reduction in falls in Australia.
- In America, it has shown a 50% reduction in falls.
- Stepping On course held August 1 – 3, 2017.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Stepping On



Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## Indiana Fall Prevention Coalition (INFPC)

- INFPC mission:
  - Promote evidence-based fall prevention programs throughout Indiana
  - Increase statewide collaboration around fall prevention in Indiana
  - Promote fall prevention as a public health priority in Indiana

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## INFPC (continued)

- INFPC mission (continued):
  - Build infrastructure and sustainability for fall prevention in Indiana
  - Assess needs and increase availability and quality of fall data in Indiana
- Contact:
  - Linda Sinclair ([lisincla@iu.edu](mailto:lisincla@iu.edu))

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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## INFPC (continued)



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## Questions?

Katie Hokanson  
Director, Trauma and Injury Prevention  
Indiana State Department of Health  
[khokanson@isdh.in.gov](mailto:khokanson@isdh.in.gov)  
317-234-2865

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



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# BULLETS

My journey in the work to reduce the impact of gun violence #STL

-I j punch  
-with help from Poli Rijos, MSW

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A little bit about you. A little bit about me.

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Laurie PUNCH, MD  
Assistant Professor of Surgery  
University of Maryland School of Medicine  
R Adams Cowley Shock Trauma Center



Violence prevention in the urban poor

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The Journal of TRAUMA® Injury, Infection, and Critical Care

## Hospital-Based Violence Intervention Programs Work

Carnell Cooper, MD, Dawn M. Eslinger, MS, and Paul D. Stolley, MD

**Table 2** Baseline Characteristics of the VIP Participants, by Study Group

Characteristic	Intervention Case Group (n = 165)	Nonintervention Control Group (n = 141)
Sex		
Male	123 (86%)	113 (80%)
Female	42 (26%)	28 (20%)
Race		
White	7 (4%)	4 (3%)
Black	158 (96%)	137 (97%)

100 Patients 1999-2001

Intervention initiated in hospital

Follow up up through 7/2002

5% vs 36% recidivism

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RISA ZWERLING WRIGHTON

## Our hearts are broken

### chelsea harris' murder • We value the right to bear arms over the lives of our children.

Chelsea Harris, a 10-year-old junior in high school, was gunned down and murdered on a residential street last week in south St. Louis. Yes, the police have caught the gunman. The case has already become yesterday's news.

Has justice been served? Well, I guess as much justice as we can expect in a state and country that refuse to get guns off the streets. The police risk their lives every day tracking down assaulters and packing them into prisons. And our children risk their lives every day, walking home from school and sitting on their front porches because Americans and our legislative representatives value the right to bear arms over the lives of our children.

We are a great country in many ways, but we are sacrificing our right to life, liberty and the pursuit of happiness for the

many who live in poor, underserved communities riddled with hopelessness and the crime that ensues. Any criminal can find a weapon. We don't make it very hard.

My heart is broken. I knew Chelsea since she was 9 years old and loved her. I became her mentor for a number of years through an organization called "Inventing Options." I got to ride some of the ups and downs of raising this beautiful girl. I became close with her great-grandmother, Vernell Williams, who was her legal guardian and worked tirelessly to protect and care for Chelsea. Mrs. Williams was able to get Chelsea into the Gift for Life Academy, where she was nurtured and supported through the tumult and pain of adolescence and her early teenage years.

At school, there wasn't a day

that went by where Chelsea wasn't given a hug and encouragement and a platform to learn. Chelsea started to embrace her education and was getting very good grades in recent years. She was talking about going to college. She would be the first person

in her family to do so. That's not going to happen now. She had a right to live her life in safety and in the pursuit of happiness. And in the words of songwriter Jon Mitchell, she will never again "wake up in a Chelsea morning, where the first thing that she knows 'There was milk and toast and honey and a bowl of orange. No, don't the sun poured in the bottleneck and stuck to all her knees'."

My heart is broken not only because of Chelsea but because of all the Chelseas out there who won't find the sun on their face anymore. There are many factors that contribute to violence in our communities and we have to work on them all — but we can't get any traction until the guns are gone.

Rep. Sherry Newman, D-Richmond Heights, has dedicated much of his legislative career to

bringing gun control laws to our Legislature, and the bills languish. Her most recent bill, House Bill 187, hasn't even come to the floor for discussion.

It means nothing to make a substantive change in our gun control laws come and went with Sandy Hook Elementary and the shooting of U.S. Rep. Gabby Giffords, what kind of impact is the killing of 10-year-old Chelsea Harris possibly having? What is finally going to make a difference? I don't know. I'm genuinely sad. Chelsea was buried this week.

Risa Zwirling Wrighton is a mother to 10 children and wife of a firefighter. She has worked in various capacities for the past 20 years, including as a manager at a major corporation. She is a member of the National Rifle Association and has been a vocal advocate for gun rights. She is currently a member of the St. Louis Chapter of the National Rifle Association.

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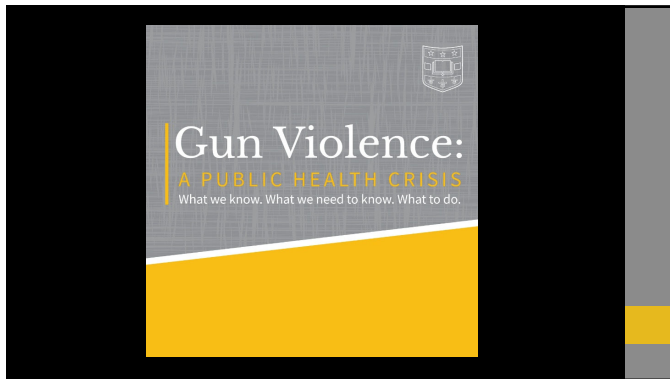
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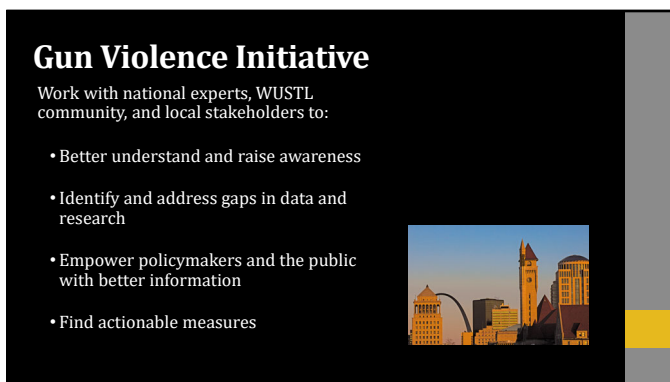
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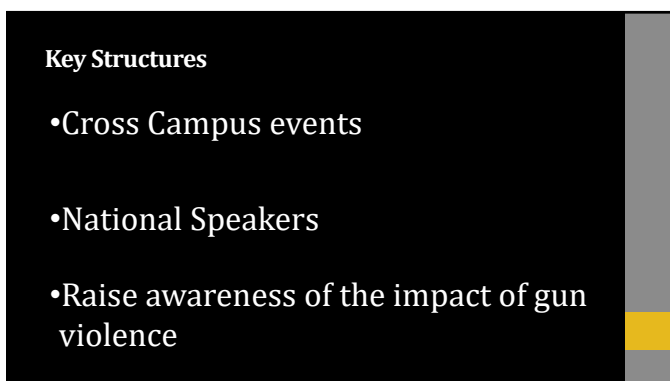
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## St. Louis Area Violence Prevention Commission

- Works to reduce violent crime in the region by promoting and advocating a coordinated, well-resourced support
- Comprises more than 50 initiatives in:
  - Education
  - Healthcare
  - Law enforcement
  - Neighborhoods
  - Social services
  - Advocacy



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## Partner Initiatives

- United Way of Greater St. Louis
  - Alive and Well
- Episcopal Diocese of Missouri
- St. Louis Mental Health Board
  - Ready by 21 St. Louis
- Youth Violence Prevention Partnership
- St. Louis County Department of Public Health
- St. Louis City Department of Health
- St. Louis Metropolitan Police Department
- Women's Voices Raised for Social Justice
- Moms Demand Action for Gun Sense in America
  - ReCAST
- Health Equity Works
- The Promise Zone

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## Key Structures

- Quarterly Meetings
  - Monthly Sub-Committee
- Quantify services already available
  - Identify opportunities for collaboration
  - Define common goals
  - Share resources
  - Create new initiatives only where truly needed

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Words to describe the experience

•Disconnect

•Stressed

•Chasm

•Burdened

•Irrelevance

•Frightened

•Distrust

•Actively in Harms Way

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More Questions than Answers

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17

Murder Rates of Major U.S. Cities

Find a city...

2017

City	2017 rate	Rate, 1985-2017
All cities >250,000		
St. Louis, MO	64.6	
Baltimore, MD	55.2	
New Orleans, LA	40.4	
Detroit, MI	39.7	
Cleveland, OH	33.4	
Kansas City, MO	31.7	
Memphis, TN	26.9	
Newark, NJ	25.9	
Chicago, IL	23.8	

City of St. Louis

The homicide rate per 100,000 residents in **Greater Ville**, a neighborhood in St. Louis, is more than **three times higher** than in **Honduras**, the world's murder capital.

4.9

175

59.3

90.4

290.8

U.S.

CHICAGO

ST. LOUIS

HONDURAS

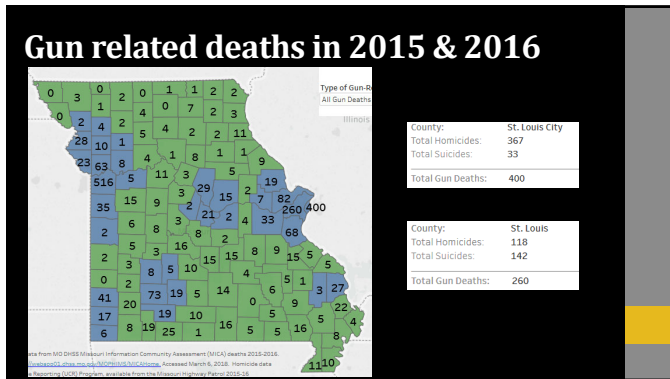
THE GREATER VILLE

SOURCE: FBI NEW (2017), United Nations Office on Drugs and Crime (2017), St. Louis PD (2017)

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2019 EAST ICVP Short Course - Page 61



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### Policies

- No universal background checks
- Repeal of permit to purchase (2007)
- Permit-less carry (2016)
- Relinquishment gap
  - IPV offenders barred from owning guns but does not equal surrendering
- States with surrendering laws had lower IPH

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### Arch City's Youth

- 23% of City pop is youth
  - 40% live in poverty (19% higher than state and nation)
  - 1 out of 5 are classified as homeless by SLPS
  - Violent teen death rate is 108.2 per 100k (more than 2x MO)
  - High school drop out rate is 9.6% higher than state and 9.9% higher than STL County
  - Graduation rates have increased to 70% (still the lowest in the state)
  - Decrease in juvenile law violation referrals

Source: Behavioral Health Network. (2017) 2017 St. Louis Youth Behavioral Health Community Needs Assessment

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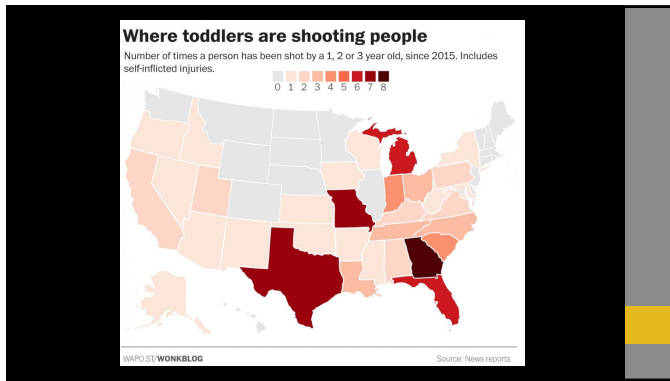
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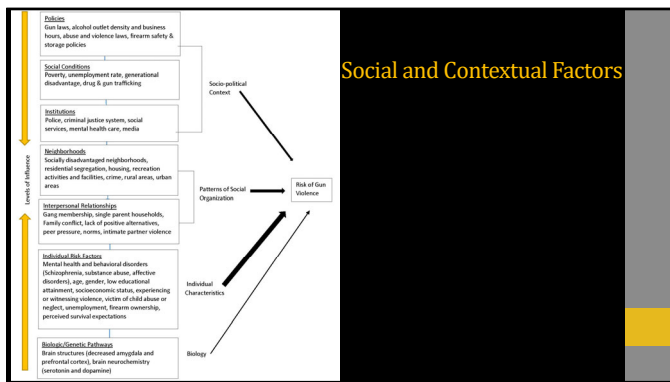
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**Gun Violence is not only a burden to our health care system and health care providers but also to victims' families and region's economy.**

**We are talking about someone's life!**

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# How do we begin to heal?

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## Alive and Well Communities

- Initially launched by St. Louis Regional Health Commission
- Community-wide effort focused on reducing the impact of stress and trauma
- Offers trainings about the impact and prevalence of trauma and stress on health



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## Alive and Well Communities

More widely, Alive and Well STL aims to remind everyone they have power to help someone in pain during stressful times. They may not be able to change gun violence or poverty, but the group argues that small words and actions can incrementally make a big difference.



Source: Cambria, N. (February 21, 2016). Solutions that work. St. Louis Post Dispatch.

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## Crime Victim Center

- Founded in 1972 as the first victim service agency in the nation
- CVC offers a wide range of services for individuals, communities and other organizations and institutions seeking to improve their services to victims of crime
- Provides resources, counseling, advocacy and referrals for victims of crime and their families



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## St. Louis Area Hospital-Based Violence Intervention Program (STL-HVIP)

- **Medical Partners:**
  - Barnes-Jewish Hospital
  - Saint Louis University Hospital
  - St. Louis Children's Hospital
  - Cardinal Glennon Children's Hospital
  - The Institute for Public Health at Washington University
- **Academic Partners:**
  - Washington University in St. Louis
  - St. Louis University
  - University of Missouri-St. Louis
- Funded by MO Foundation for Health

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The St. Louis Area Hospital-Based Violence Intervention Program

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## Life Outside of Violence (LOV)

- Promote positive alternatives to violence
- Decrease recidivism:
  - Retaliation
  - Criminal involvement
  - Re-injury
  - Death

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## LOV: Key Features = 2 years in the making.

- Data Sharing agreement among all Level 1 Centers
- Three year pilot supported by MFH
- 10 Case Managers shared between 4 institutions
- Extensive training for CM before beginning program
- Ongoing discourse with individual hospitals for future support
  - Intense focus on cost effectiveness

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## Gun Violence: A PUBLIC HEALTH CRISIS

What we know. What we need to know. What to do.

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### Counseling on Access to Lethal Means (CALM)

- Led by emergency department physician Dr. Kristen Mueller
- Staff trained using CALM module developed by Suicide Prevention Resource Center

#### Steps

1. Identify patients having suicidal ideation and offer services
2. Counsel patients on how to temporarily store dangerous items
3. Staff follows-up for additional support

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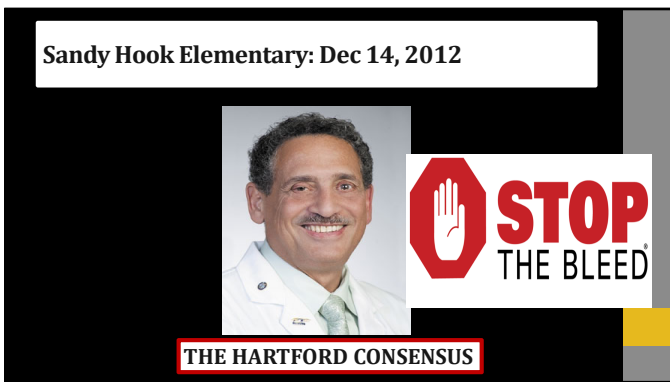
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### Juvenile Detention Center: The 80:80 Paradigm

- Taught by medical students
- Every week, same time
- Youth who have previously taken the class are invited to come help teach
- All get tactical style TFA kit

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### Juvenile Detention Center

- Longitudinal volunteer experience after no longer detained
- Opportunity for Employment
- True Mentorship

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### LESSONS LEARNED

- Listen
- Ask what is needed, don't assume
- But don't be afraid to bring what you have and be willing to change, adapt as you learn
- Collaboration is essential.
- Dollars have to be impactful to continue to flow.

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