

2015 KIPRC Annual Report



University of Kentucky, College of Public Health

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Authored by: The staff at Kentucky Injury Prevention and Research Center



Kentucky Public Health
Prevent. Promote. Protect.



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2015 KIPRC Annual Report

Greetings from the Director

Welcome to the Kentucky Injury Prevention and Research Center's (KIPRC) 2015 Annual Report on documented activities and impact in research, policies, and practice:

Research

In the area of violence and injury prevention research, KIPRC was awarded 19 grants and contracts that totaled over \$2.5 million. Published research produced by KIPRC faculty and staff included 12 peer-reviewed and 20 non-peer reviewed publications. In the training of future injury prevention faculty and researchers, 9 injury-related MPH, PhD, and DrPH capstones were mentored by KIPRC faculty and staff.

Policy

KIPRC informed two injury prevention-related laws passed in 2015 through the provision of data:

- Kentucky SB 192 expands addiction treatment programs, allows local-option needle exchange programs, establishes a “Good Samaritan” provision to shield those from criminal charges who call for help for an overdose victim, and expands naloxone availability and use for opioid overdose reversal.
- House Bill 315 requires use of booster seats in motor vehicles by children less than 8 years old and between 40 and 57 inches in height.

Practice

KIPRC program activities resulted in 13 media releases related to construction fall prevention, hands-free cell phone distraction, older adult fall prevention, prescription drug overdose prevention, and booster seat use, among others. Numerous violence and injury prevention presentations were delivered to community, state, and national agencies and organizations. Examples of KIPRC community practice activities include 11 worker fatality investigations; 4 KSPAN meetings; pediatric abusive head trauma prevention intervention promotion; Total Worker Health; Safe Community promotion; pedestrian safety; fire injury prevention; child passenger safety; child fatality review; and violent death reporting.

The Kentucky Injury Prevention and Research Center is honored to serve the residents of the Commonwealth of Kentucky.

Keep safe and healthy,

Terry Bunn, Director
Kentucky Injury Prevention and Research Center

Kentucky Occupational Safety and Health Surveillance Program (KOSHS)

Project Overview

The goal of the KOSHS Program is to establish and maintain partnerships among local, state, and national agencies and organizations so that Kentucky workers' safety and health concerns are identified and targeted research is initiated. The KOSHS Program maintains comprehensive multi-source population-based surveillance of occupational injuries and illnesses occurring in Kentucky, using 24 occupational health indicators. Findings are shared through reports, newsletters, web-based information, presentations, trade journals, magazines, and peer-reviewed publications. The ultimate goal of the KOSHS Program is to reduce the burden of occupational injuries in Kentucky.

Accomplishments and Service

- A KOSHS/KY FACE Facebook page can be accessed at: <http://www.facebook.com/KOSHASKYFACE?ref=hl>
- A KOSHS/KY FACE Twitter account was created and can be located at: <https://twitter.com/KYFACEProgram>
- The KOSHS program has been instrumental in the establishment and maintenance of the Southern States Occupational Health Network (SouthON). Our fourth annual SouthON meeting was held on April 16, 2015, in Lexington, Kentucky. Kentucky KOSHS personnel hosted and presented at the conference.
- The Kentucky Trauma Registry work-related indicator was used to produce the Kentucky Trauma Registry report that contained sections on 1) work-relatedness; 2) trauma registry cases by the work-related indicator and drug use indicator; 3) work-related trauma by industry; and 4) expected payer of workers' compensation. A total of 366 work-related trauma cases were recorded in the KTR dataset in 2013.
- The Safety Cents video, targeting business owners on how to decrease workers' compensation premiums through investing in safety systems, was updated, reviewed, and is available at: <http://www.mc.uky.edu/kiprc/projects/KOSHS/media.html>
- KOSHS program staff members presented at several meetings and conferences:
 - McIntosh D. Drug Abuse in the Workplace, Governor's Safety Conference, 2014.
 - Bunn T.L. Kentucky Trucking Safety Initiatives, NIOSH Town Hall press conference, March 10, 2015.
 - Bunn T.L. Narrative and Quantitative Analysis of Workers' Compensation Covered Injuries in Short-Haul vs. Long-Haul Trucking Industries, NOIRS Conference, Kingwood, WV, May 18 – 22.
 - Chandler M. Narrative and Quantitative Analysis of Workers' Compensation Covered Injuries in Short-Haul vs. Long-Haul Trucking Industries, CSTE Conference, Boston, June 15 – 19.
 - Chandler M. Developing Worker Safety Training for the Trucking Industry, SouthON Conference, Lexington, KY, April 16, 2015.
 - Slavova S. Advantages and Disadvantages to Using Workers' Compensation Data for Occupational Injury Surveillance in Healthcare. SouthON Conference, Lexington, KY, April 17, 2015.

Publications

- Bunn T.L., Slavova S., Bernard A. (2014). Work-Related Injuries in a State Trauma Registry: Relationship between Industry and Drug Screening. *J Trauma Acute Care Surg.* 77(2):280-5.
- St. Louis T., Ehrlich E., Bunn T., Kanotra S., Fussman C., Rosenman K. (2014). Proportion of dermatitis attributed to work exposures in the working population, United States, 2011 behavioral risk factor surveillance system. *Am J Ind Med.* 57(6):653-9.
- Slavova, S., Bunn T.L. (2014). Work-Related Concussion Surveillance. *Am J Ind Med.* 2014 Oct 20. doi: 10.1002/ajim.22396.

- Chandler M.D., Bunn T.L., Slavova S. (2015). Narrative and quantitative analyses of workers' compensation-covered injuries in short-haul vs. long-haul trucking. Submitted to International Journal of Injury Control and Safety Promotion.
- Slavova S., Bunn T.L., Gao, W. (2015). Drug Overdose Deaths, Hospitalizations, and Emergency Department Visits in Kentucky, 2000 – 2013.
- Kentucky Injury Prevention and Research Center, 2014. KOSHS Annual Report 2014, Occupational Health in Kentucky.

Key Personnel

Terry Bunn, PhD

De Anna McIntosh

Svetla Slavova, PhD

Mark Chandler, MPH

Other Organizations or Institutions Represented

Kentucky Trauma Registry

Funding

National Institute for Occupational Safety and Health

Contact

Terry Bunn, tbunn2@uky.edu

Kentucky Fatality Assessment and Control Evaluation Program (FACE)

Project Overview

The goal of the Kentucky Fatality Assessment and Control Evaluation (KY FACE) Program at the Kentucky Injury Prevention and Research Center (KIPRC) is to study the circumstances surrounding worker fatalities in order to make recommendations to prevent similar incidents from recurring in the future. The KY FACE Program conducts multi-source surveillance of all occupational fatalities in Kentucky and performs detailed investigations of selected cases, particularly those involving the truck transportation and construction industries. Detailed reports, hazard alerts, and other prevention materials are produced and widely disseminated. The FACE Program does not seek to determine fault or place blame on companies or individual workers. We endeavor to share what we have learned to prevent future occupational fatalities in Kentucky.

Accomplishments and Service

- Developed and disseminated a Hazard Alert on rear-end truck collisions.
- Appeared on NBC WLEX 18 news to promote the 2nd Annual Stand Down for Falls campaign. De Anna McIntosh followed up her television interview with a radio appearance on the News Talk 590 WVLK LIVE with Lee radio show on April 23, 2015.
- Mailed post cards to the Carpenters Union Headquarters, Ironworker Union and the National Association of Tower Erectors (NATE), encouraging them to publicize the Second Annual Stand Down for Falls Campaign in May. NATE responded that they would distribute postcards at their industry conferences May 4 – 7 in Florida.
- Investigated and reported on several occupational fatalities with an emphasis on those that involved the commercial construction and transportation industries. Eleven reports were disseminated and published on our website. All KY FACE materials developed can be found on our website: <http://www.mc.uky.edu/kiprc/projects/KOSHS/index.html>
- Received a request from the Commodore Hall Transportation Safety Director at the Institute of Scrap Recycling Industries in Washington, DC, on March 24, 2015, for permission to use report number 14KY036 for safety training purposes and national training.
- Based on FACE report 14KY001, Auto Technician Mistakes Handicapped Accessible Accelerator Pedal for Brake Pedal and Fatally Pins Co-worker, Veigel North America LLC Mobility Products & Design released the redesign of their product, Left Foot Gas Pedal Model 3545, in spring 2015.
- Based on FACE report 14KY007, Tanker Truck Involved in Deadly Crash on Interstate, the employer implemented a new policy that all flaggers must wear high visibility pants and vests for protection. They are now holding more safety talks prior to commencing work.
- Based on FACE report 14KY008, Hispanic Laborer Killed when Struck by Falling Plywood on a Commercial Construction Site, the employer implemented stricter requirements for subcontractors. They now have a net to catch falling debris, require toe boards on all jobs, and do not allow any work to be performed while workers are laboring above. At the employer's request, De Anna McIntosh spoke to 70 workers about the importance of fall protection.

Publications

- Bunn T.L., Bush A.M., Slavova, S. (2014). Drug Overdose Deaths by Specific Employment Industry, Occupation, and Drug Type. J KY Med Assoc 112(8):201-211.

- Bush A.M., McKee S.E., Bunn T.L. (2013). Multiple Jobholder Mortality Patterns in Kentucky: An Examination of Occupational Fatalities, *Am J Ind Med.* 56(8):881-8.
- FACE report 13KY046 was published in the National Truckers Association Newsletter, September 2014.
- FACE report 13KY039 was published in Kentucky Trucker Magazine, Summer, 2014.
- FACE report 13KY059 was featured in National Safety Council's Safety and Health Magazine, April 2015.
- FACE reports 13KY059 and 14KY008 were featured in JJ Keller's Safety Management Today Newsletter.
- FACE report 14KY022 was featured in the ASSE Engineering Practice Specialty By Design newsletter.
- FACE report 12KY035 was featured in the internationally distributed Tow Times Magazine, October 2014.
- The "Semi Drivers Killed Due to Rear-End Collisions" Haz Alert was featured in the Commercial Vehicle Safety Alliance's quarterly magazine, The Guardian, April, 2015.
- An article describing the redesign and release of a handicapped accelerator pedal safeguard designed in response to FACE report number 14KY001, appeared in May 2015 NIOSH e news volume 13, Issue 1: Kentucky Fatality Assessment and Control Evaluation Program.
- An article on the collaborative integration of the Kentucky Occupational Safety and Health Surveillance Program, the Kentucky Violence and Injury Prevention Program and the Kentucky Worksite Wellness Program was highlighted in the CDC-NIOSH Total Worker Health in Action Newsletter, for May 2014.
- KIPRC Urges Construction Workers to Stand Down for Safety, UKNow, May 1, 2015.
<http://uknow.uky.edu/content/kiprc-urges-construction-workers-stand-down-safety>
- Cellphone Distractions Remain a Danger even with Hands-Free Devices, Kentucky.com, April 17, 2015.
http://www.kentucky.com/2015/04/17/3805737_cell-phone-distractions-remain.html?rh=1
- Driver Distraction: A Habit that Kills, fact sheet posted to the KIPRC website, April 2015
<http://www.mc.uky.edu/kiprc/PDF/DistractedDriving.pdf>
- Kentucky Injury Prevention and Research Center. (2015). Kentucky FACE Report 2014.

Key Personnel

Terry Bunn, PhD	Svetla Slavova, PhD
Mark Chandler, MPH	De Anna McIntosh
Nancy Hanner, BS	

Other Organizations or Institutions Represented

Kentucky Trucking Association

Funding

National Institute for Occupational Safety and Health (NIOSH)

Contact

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Kentucky Violence and Injury Prevention Program (KVIPP)

Project Overview

KVIPP includes a Kentucky state injury and violence prevention and control (IVPC) plan, as well as an injury community planning group (ICPG) called the Kentucky Safety and Prevention Alignment Network (KSPAN). The purpose of KVIPP is to inform violence and injury prevention interventions and policies using best practice programs and policies. Current priority focus areas include older adult fall, teen driver and child passenger, child maltreatment, residential fire, and drug abuse prevention, as well as promotion of total worker health.

Accomplishments and Service

- Released a web-based data query system (IBIS-PH) to make Kentucky injury data easily accessible to the public. It is available to all registered users of the KSPAN website at www.safekentucky.org.
- Produced KSPAN newsletters and maintained the KSPAN website (www.safekentucky.org).
- Maintained, updated, and disseminated community injury profiles 2009-2013 for all 120 Kentucky counties (www.safekentucky.org). Posted the Kentucky DPH Preparedness Branch GIS Mapping Tool to the KSPAN website <http://www.safekentucky.org/index.php/preparedness>.
- Maintained and updated the Kentucky Child Passenger Safety website, www.kycps.org. Visits to this website dramatically increased from 321 in August 2014 to 820 in January 2015. Since August 2014, we now average 257 unique visitors per month to the website and 432 visits per month.
- Distributed a letter and toolkit on evidence-based Pediatric Abuse Head Trauma (PAHT) education and policy development and implementation to all 51 birthing hospitals in the state, that was promoted by the Department for Public Health (DPH) Commissioner, Prevent Child Abuse Kentucky (PCAK), Kosair Children's Hospital, and Kentucky Children's Hospital. A train-the-trainer workshop was held during the March 2015 KSPAN meeting to train volunteers on policy implementation. Toolkits were also sent electronically to obstetric and newborn managers in birthing hospitals.
- KIPRC was designated a National Institute for Occupational Safety and Health (NIOSH) Total Worker Health Affiliate in September 2014. The NIOSH Total Worker Health Affiliate Program fosters integration of worker health protection and health promotion through collaborations with public and not-for-profit organizations.
- Quarterly KSPAN meeting topics included: Heroin Abuse Prevention Toolkit; CDC Prescription Drug Overdose Grant; Hal Rogers Prescription Drug Monitoring Program; Alive at 25 – Free Teen Driver Safety Course; Pedestrian Safety Action Team; Alcoholic Beverage Control; Safe Communities America; Humana's use of predictive modeling to improve patients' health through fall prevention strategies; UPS Airlines– Safety and Health Programs for Mitigating Risks through Management Commitment & Employee Engagement; The Bloody Truth about Kentucky's Trauma System; SBIRT: Screening, Brief Intervention, and Referral to Treatment; Louisville Safe Kids–Furniture and TV tip overs; “train the trainer” on Prevention of Abusive Head Trauma; Northern Kentucky prevention strategies; and Community Advocacy Overview.
- Supported development and dissemination of two continuing education overdose prevention modules for controlled substance prescribers.
- Received letters of intent to become accredited Safe Communities from the Green River Area Development District (population 215,000) and Jessamine County (population 50,000).
- KIPRC is a representative for Safe Community affiliate support centers on the Pan-Pacific Safe Communities Network (PPSCN) board.

- Sponsored a workshop on Neonatal Abstinence Syndrome (NAS) with 89 attendees at the Kids are Worth it Conference in September 2014.
- Implemented a Safe States-funded Pedestrian Safety Pilot Program in Madison, Fayette and Jefferson Counties with team members from public health, state highway safety & engineering, law enforcement, other safety professions, and local teams and coalitions.
- Provided data to inform laws passed in 2015:
 - Kentucky SB 192 increases prison sentences for heroin traffickers and expands addiction treatment programs. The measure also allows local-option needle exchange programs, establishes a “Good Samaritan” provision to shield those from criminal charges who call for help for an overdose victim, and expands the availability and use of naloxone that reverses the effects of opioid overdoses.
 - House Bill 315 requires booster seats to be used in motor vehicles by children who are less than eight years old and are between 40 and 57 inches in height. The old law required less than 7 years old and between 40 - 50 inches.
- The Kentucky Safe Aging Coalition (KSAC) program (funded by the Department for Public Health [KDPH]) worked with community partners and the KDPH Osteoporosis Program to target fall reduction in the aging population.
 - Promoted older adult fall prevention using radio PSAs throughout the state. Governor Beshear issued a proclamation for September 23, 2014 as fall prevention awareness day.
 - Developed and implemented Fall Intervention and Prevention Program (FIPP) in Shelby County in partnership with the KIPDA Area Agency on Aging (AAA), KY Department for Aging and Independent Living (DAIL), Shelby County EMS, KDPH, KIPRC, Humana, and KSPAN.
 - Maintained and updated “Older Adult Fall Inpatient Hospitalizations by County 2005-2014” for all 120 Kentucky counties (www.safekentucky.org).
 - Provided fall prevention information to communities via a dedicated website for fall prevention (www.nofalls.org), radio spots, public service announcement scripts for local radio, fact sheets, brochures, county-specific falls data, and disseminated ideas for falls education/awareness activities. KSPAN public service announcements were posted on YouTube. Provide support for Kentucky’s NOFALLS website. Radio PSAs were downloaded 260 times (33% increase from year 3) and Governor's video PSA on falls was downloaded 46 times.

Publications

- Singleton M., Gao W., Slavova S. (2014). Kentucky Injury Indicators, 2011.
- Kentucky Injury Prevention and Research Center, 2014. CDC Special Emphasis Report: Infant and Early Childhood Injury, 2012.
- Kentucky Injury Prevention and Research Center, 2014. CDC Special Emphasis Report: Traumatic Brain Injury 2012.
- Kentucky Injury Prevention and Research Center 2014, CDC Special Emphasis Report: Drug Poisoning (Overdose) Deaths, 2000-2013.
- Slavova S., Bunn T., Gao W. (2015). Drug Overdose Deaths in Kentucky, 2000-2013.
- Slavova S., Bunn T., Gao W. (2015). Drug Overdose Hospitalizations in Kentucky, 2000-2013.

Key Personnel

Terry Bunn, PhD

Steve Sparrow, BS

Svetla Slavova, PhD

Genia McKee, BA

Robert McCool, MS

Susan Pollack, MD

Mike Singleton, PhD

Hannah Keeler, MPH

Sara Robeson, PhD

Other Organizations or Institutions Represented

KSPAN currently has 822 organizations and members who receive information about violence and injury prevention and are supported by KVIPP staff.

Funding

Centers for Disease Control and Prevention (CDC)

KY Department for Public Health, Osteoporosis Branch

Contact

Steve Sparrow, steve.sparrow@uky.edu

Kentucky Safe Communities (KSC)

Project Overview

In 2012, KIPRC was accredited by National Safety Council's Safe Communities America as a Safe Community Affiliate Support Center. Soon afterwards, KIPRC and KSPAN entered into partnership with the National Safety Council (NSC) to promote the Safe Community model and establish Kentucky Safe Communities (KSC). The overarching goals of this five year community recruitment partnership are to have 50% of the State's population living within the geographic boundaries of a Safe Community, establish the Safe Communities model throughout Kentucky colleges and universities, and to evaluate the effectiveness of KSC's recruitment model.

A Safe Community is a community that has been independently accredited at the national and international levels as a community that values safety, health and preparedness. A typical Safe Community coalition includes active involvement from government officials, public safety agencies, corporate partners, public health, and a variety of other public and private organizations. A Safe Community designation tells the world that a community has established coordinated local safety and preparedness programs that use local data to plan safety initiatives that are carried out through the cooperative efforts of safety-oriented organizations within the community. The Safe Communities community coalition approach has been shown to be effective in saving lives. A 2014 NSC study showed that after 10 years of rising injuries and injury rates in one community, Safe Community accreditation resulted in a 2-year decline in injury hospitalizations. The study showed that nearly 300 hospitalizations may have been prevented, saving that community over \$14 million in health care costs.

The KSC program creates a partnership between communities, public health and corporate interests to reduce injury rates in Kentucky. If effective, the program model will be available to other states. As an Affiliate Support Center, KIPRC assists communities in the United States with their Safe Communities process and applications. In Kentucky, Madison County, Murray State University and Western Kentucky University are accredited Safe Communities. Jessamine County has submitted an application for accreditation and the Green River Area Development District (covering 7 counties) has submitted a letter of intent to apply for accreditation. The total population of these communities is 385,000.

Accomplishments and Service

- Kentucky Safe Communities met with, provided technical assistance or strengthened partnerships with four universities, 10 counties, and over 12 regional or statewide safety and health promotion entities.
- Facilitated injury data requests for at least 10 counties.
- Staff and leadership made over 15 formal presentations including:
 - Union College Safety Education Workshop
 - Green River Area Development District Meeting
 - Bluegrass Association for Healthcare Quality
 - Bluegrass Area Development District Community Healthcare Coalition
 - Kentucky Prevention Network
 - ECU Health Promotion: Injuries in Kentucky
 - State Child Fatality Team Meeting
 - Rubbertown Community Advisory Council
 - 31st Annual Governor's Safety and Health Conference
- Participated or served in over twenty-five local and state injury prevention Initiatives in Kentucky including:

- Lexington/Fayette Urban County Government Health Department's Community Health Improvement Partnership
- Conference planning committee of the Get Well Kentucky campaign of the Friedell Committee for Health System Transformation
- Louisville Metro Violence Prevention Suicide Prevention Work Group
- Physical Activity Committee, Healthy Communities Program, Get Fit Kentucky
- Suicide Prevention Consortium of Kentucky (SPCK)
- MAPP Training March 2014 Barren River Health District
- National Safety Council/KIPRC/KSC Community Recruitment Model Evaluation program
- National Safety Council/Kentucky Safe Communities team in APHA/Safe States Program Evaluation Institute: Safe Communities Model Program Evaluation Design
- Green Dot Lexington organizing initiative
- University of Kentucky Safe Communities accreditation initiative

Publications

County Level Injury Data Profiles for all 120 Kentucky Counties

Key Personnel

Genia McKee, BA

Funding

National Safety Council

Contact

Genia McKee, genia.mckee@uky.edu

Community Injury Prevention Program (CIPP)

Project Overview

This program provides injury prevention to communities in central and eastern Kentucky. Program staff members work with local personnel to organize events such as safety fairs and child passenger safety checkups, provide prevention training to local practitioners, and establish safety programs such as community safety coalitions and alternative sentencing programs for child restraint law violators.

Program staff members also provide technical assistance and consultations for local agencies and officials dealing with a variety of injury issues, from all-terrain vehicle (ATV) crashes to holiday travel safety, that are not addressed through other KIPRC programs.

A residential fire injury prevention project within this program, also known as the Smoke Alarm Installation and Fire Education (SAIFE) project, partners with fire departments, local public health departments, and other local service agencies to install long life, lithium battery powered smoke alarms in homes that lack working smoke alarms. Residents also receive fire safety education and a basic home safety inspection at the time their smoke alarms are installed. The project focuses on low income households, homes with young children, seniors, and individuals with disabilities in residence. The project provides smoke alarms, fire safety education materials, and training for alarm installers, while the local partner agency provides the installers.

The SAIFE project began in 1998 with funding from the Centers for Disease Control and Prevention (CDC) and has continued through the intervening years with only brief interruptions. Fire Prevention and Safety (FP&S) grant funding from the Federal Emergency Management Agency (FEMA) supported the project from 2012 to 2014. Following the end of FEMA funding in 2014, training and the installation of remaining smoke alarms were carried out with funding from the Kentucky Department for Public Health. We are seeking additional FEMA funding to continue the project beyond 2015.

Accomplishments and Service

- Conducted two Child Passenger Safety Technician training classes in conjunction with local public health departments.
- Supported alternative sentencing programs for child restraint law violators in five counties.
- Provided a senior child safety seat checker for three child passenger safety checkup events.
- Supported ongoing pedestrian safety projects in Louisville Metro, Lexington-Fayette County, and Madison County using funds provided by the Safe States Alliance.
- Participated in numerous local events to promote health and safety.
- Provided more than 1,700 long life smoke alarms to Kentucky residents whose homes did not previously have working smoke alarms. This served more than 550 households in nine counties.
- Provided alarm installer training and fire prevention educator training for six fire departments.
- Facilitated the fire prevention working group within the Kentucky Safety and Prevention Alignment Network (KSPAN) and participated in other state and local fire prevention partnerships.
- Participated in the Governor's Safety and Health Conference to promote fire safety as part of Kentucky's Total Worker Health initiative.

- A couple in Leslie County were warned of a fire in their home by smoke alarms provided through the SAIFE project and installed by Wooton Volunteer Fire and Rescue. The early warning not only allowed the residents to avoid injury; it also allowed them to extinguish the fire and save their home.

Key Personnel

Robert McCool, MS

Ron Clatos, MA

Funding

Kentucky Department for Public Health

Safe States Alliance

Kentucky Department for Public Health

Contact

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Pediatric and Adolescent Injury Prevention Program (PAIPP)

Project Overview

The Pediatric and Adolescent Injury Prevention Program has two major goals: 1) to prevent injury and injury-related death to Kentucky children by improving the safety of the environments in which they live, play, learn, and travel; and 2) to improve the quality of child death and injury data upon which prevention efforts rest through support for the child death review process at the local county level. While some prevention efforts are addressed directly to the public, this program's major role is to support state and local agency public outreach through education and technical assistance. A specific emphasis of PAIPP is to reach marginalized and special populations and the agencies that serve them. PAIPP also educates health and other professionals on the epidemiology and prevention of childhood injury at different ages and developmental stages. PAIPP personnel consult on questions about child passenger safety for individual children with special needs, and provide health education on the entire spectrum of pediatric intentional and unintentional injuries from birth to 18, addressing topics such as safe sleep and hyperthermia prevention as well as teen driving and suicide prevention.

Accomplishments and Service

- Selected through competitive process among Injury Free Coalition for Kids sites across the country to participate in a 5-site one year pilot of a new fire education program for 2nd and 3rd graders with home visits to families and smoke alarm installations. Injury Free Lexington/Estill County is the only rural site (with New Haven, Miami, Indianapolis and Milwaukee.) Funding through FEMA/Michigan Public Health institute/Injury Free includes 500 smoke alarms, with an additional 500 awarded after successful implementation of the project (the second 500 are being sent). A limited number of smoke alarms designed for hearing-impaired people are included. We were invited to apply for a second year with expansion to additional counties, and will collaborate on training with the KIPRC fire program.
- Helped to train and sustain a local and regional rural workforce (health department, fire EMS, coroner, and KY State Police) of nationally certified child passenger safety technicians through outreach, maintaining certification without lapse, and organizing as community CPS teams. Trained the second local health department child passenger safety instructor trained in the past two decades, who will support and build local capacity.
- In a year of continued national hyperthermia deaths of children left in cars, collaborations with Safe Kids kept Kentucky without a single hyperthermia death for 2014-15, despite multiple children being left in cars. Tragedies were averted thanks to massive public education, public awareness, and calls to 911 when children were observed unattended in cars.
- Supported child fatality review efforts of coroners and local teams to establish or re-establish their teams through extensive phone support and in-person attendance at reviews including those in Kenton, Lee, Bell, and Cumberland/Clinton counties.
- Increased number and quality of reviews on child deaths not otherwise reviewed, especially those pertaining to medical issues such as cardiac anomalies and inborn metabolic genetic conditions as well as deaths related to unsafe sleep, suicide and other injury causes.
- Continued community injury prevention partnership with Kentucky Refugee Ministries, following our car seat partnership with them last year.
- Collaborated with Greenhouse 17 (formerly the Bluegrass Domestic Violence Program) to enhance understanding of child passenger safety at all ages for families served and for transport of families.

- Partnered in education on the booster seat law enhancement that was signed into law on June 8, 2015. Represented the University of Kentucky at the bill signing by the Governor, and have an active ongoing role in implementation of the new law.
- Assisted a rural county health department in transforming the community trauma of a horrific motor vehicle crash with resulting injuries and death into a multi-agency national child passenger safety certification class and ongoing car seat/booster effort.
- Recognized by both the Lexington-Fayette County Health Department and the Mayor of Lexington for our sustained long term efforts to increase the safety of children and youth in Lexington and Kentucky.

Publications

- Kentucky Injury Prevention and Research Center, 2014. CDC Special Emphasis Report: Infant and Early Childhood Injury, 2012.
- Kentucky Injury Prevention and Research Center, 2014. CDC Special Emphasis Report: Traumatic Brain Injury 2012.
- Safe Return to Riding (UKHealthCare® Saddle Up Safely, in press).

Key Personnel

Susan H. Pollack, MD, FAAP

Melanie Tyner-Wilson, MS

Funding

KY Department for Public Health/Division of Maternal and Child Health (through federal MCHB Block Grant)

University of Kentucky Department of Pediatrics

CDC Core Violence and Injury Prevention Program

Toys “R” Us® grant through Injury Free Coalition for Kids of Lexington at KY Children’s Hospital

FEMA fire grant through Michigan Public Health Institute/Injury free Coalition for Kids of Lexington

Contact

Susan H. Pollack, shpoll@uky.edu

Kentucky Crash Outcome Data Evaluation System (CODES)

Project Overview

The purpose of this project is to link state motor vehicle traffic crash report databases to administratively unrelated databases that contain medical and economic information pertaining to persons involved in crashes. These linked databases enable us to discover relationships between crash characteristics and injury outcomes for persons hospitalized as a result of motor vehicle crashes (MVC), and to assess the acute care hospital charges associated with their treatment. National Highway Traffic Safety Administration officially ended the CODES program in March 2013, however, the project has continued operating, in a more limited scope, with Section 405 grant support from NHTSA and the Kentucky Transportation Cabinet (KYTC).

Accomplishments and Service

- Received a Section 405 data integration grant from KYTC to link Kentucky's statewide police accident report (PAR) and emergency medical services (EMS) run report databases.
- Linked Kentucky's PAR, hospital outpatient services and hospital inpatient discharge databases for 2013.
- Submitted a manuscript proposal for a special issue of the Injury Prevention journal. The proposed manuscript provides a state-level perspective on the contributions of the CODES program to the advancement of traffic safety policy and probabilistic record linkage.

Key Personnel

Mike Singleton, PhD

Other Organizations or Institutions Represented

Kentucky State Police
Kentucky Cabinet for Health and Family Services
Kentucky Transportation Cabinet
Kentucky Transportation Center
Federal Highway Administration

Funding

National Highway Traffic Safety Administration (NHTSA)
Kentucky Transportation Cabinet (KYTC)

Contact

Mike Singleton, msingle@email.uky.edu

Central Nervous System Injury Surveillance (CNSI)

Project Overview

The Central Nervous System Injury (CNSI) Surveillance Project is funded by the Kentucky Traumatic Brain Injury Trust Fund Board which is housed in the Department of Aging and Independent Living (DAIL). Its purpose is to track cases of traumatic brain injury, spinal cord injury, and acquired brain injury as defined by the Centers for Disease Control and Prevention (CDC) and Kentucky Revised Statute KRS 211.470. Cases are selected from the Kentucky Hospital Discharge Database (HDD) which includes both emergency department (ED) visits as well as inpatient admissions. An annual report is generated using these data with 2010 being the first year to include ED cases.

Publications

Kentucky Injury Prevention and Research Center, 2014. Central Nervous System Injury in Kentucky: Emergency Department Visits and Hospitalizations, 2013.

Key Personnel

Shannon Beaven, BS

Funding

Traumatic Brain Injury Trust Fund Board, Department of Aging and Independent Living

Contact

Shannon Beaven, sbeav1@email.uky.edu

Kentucky Trauma Registry

Project Overview

In 2012, Kentucky administrative regulation 902 KAR 28:040 established a single statewide Kentucky Trauma Registry (KTR) with the Kentucky Injury Prevention and Research Center (KIPRC) designated as the statewide repository for trauma data. Hospitals that have been verified by the American College of Surgeons (ACS) as trauma centers are required to report in compliance with National Trauma Data Bank (NTDB) standards as a condition of their status. The goal of the project is to expand the Kentucky Trauma Registry by adding new trauma facilities to improve the completeness of Kentucky traumatic injury data, especially for Kentucky motor vehicle injuries – the state’s leading cause of major traumatic injuries.

Kentucky Trauma Registry (KTR) reports use data only from Kentucky hospitals that have been verified by the American College of Surgeons (ACS) or the state Department for Public Health as trauma facilities, or have volunteered to report their trauma cases according to National Trauma Data Bank standards. Although Kentucky is moving toward a broader and deeper network for trauma care, review of the full statewide hospital discharge and ED datasets is still necessary to provide a comprehensive picture of trauma-related hospitalizations across the full range of facilities in the state. Detailed reports that include traumatic injuries treated in Kentucky trauma facilities, and supplementary reports on all traumatic injuries treated in Kentucky acute care hospital and Kentucky emergency department visits, are available at <http://www.mc.uky.edu/kiprc/projects/trauma/index.html>.

Accomplishments and Service

In October, 2012, the Kentucky Department for Public Health designated the first 10 hospitals as part of the Kentucky Trauma Care System, and a total of 27 now submit data to the trauma registry with 5 more initiating the reporting process.

- Level 1 adult trauma centers verified by the American College of Surgeons:
 - University of Kentucky (UK) Chandler Medical Center (Lexington)
 - University of Louisville Hospital (Louisville)
- Level 1 pediatric centers verified by the American College of Surgeons:
 - UK/Kentucky Children's Hospital (Lexington)
 - Norton Kosair Children's Hospital (Louisville)
- Verified or pending Level 3 facilities:
 - Taylor Regional Hospital (Campbellsville)
 - Ephraim McDowell Regional Hospital (Danville)
 - Frankfort Regional Medical Center (Frankfort)
 - Pikeville Medical Center (Pikeville)
 - Owensboro Medical Center
 - Hazard Appalachian Regional Hospital
- Verified or pending Level 4 facilities:
 - Crittenden County Hospital (Marion)
 - Ephraim McDowell Ft. Logan Hospital (Stanford)
 - James B. Haggin Memorial Hospital (Harrodsburg)
 - Harrison Memorial Hospital (Maysville)
 - Livingston County Hospital (Salem)

- Marcum & Wallace Hospital (Irvine)
 - McDowell Appalachian Regional Hospital
 - Methodist Hospital Union County (Morganfield)
 - Middlesboro Appalachian Regional Hospital
 - Morgan County Appalachian Regional Hospital (West Liberty)
 - Parkway Regional Hospital (Fulton) (closed March 2015)
 - Rockcastle Regional Hospital (Mt. Vernon)
 - Russell County Hospital (Russell Springs)
 - St. Claire Medical Center (Morehead)
 - St. Joseph Berea (Berea)
 - St. Joseph Mt. Sterling (Mt. Sterling)
 - Trigg County Hospital (Cadiz)
- A total of 12,514 records were submitted to the Kentucky Trauma Registry in 2014.
 - KIPRC staff work closely with the state Trauma Advisory Council on both short- and long-term projects to improve the quality of trauma care statewide.

Publications

- Bunn T.L., Slavova S., Bernard A. (2014). Work-Related Injuries in a State Trauma Registry: Relationship between Industry and Drug Screening. *J Trauma Acute Care Surg.* 77(2):280-5.
- Costich J.F., Slavova S.S. (2015). Using enforcement and adjudication data to assess the impact of a primary safety belt law. *Traffic Injury Prevention.* [Epub ahead of print].

Key Personnel

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Funding

National Highway Traffic Safety Administration through Kentucky Transportation Cabinet

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Kentucky Violent Death Reporting System (KVDRS)

Project Overview

Violence is a nationwide health problem that results in over 50,000 suicides and homicides each year. In order to better understand why violent deaths occur, the CDC developed the National Violent Death Reporting System (NVDRS), a nationwide state-based surveillance system designed to track trends and characteristics of violent deaths, with the goal of reducing these deaths. Kentucky joined the NVDRS in 2005 as one of 17 funded states; 32 states are now funded. All participating states are required to collect information about violent deaths from death certificates, coroner/medical examiner reports, police reports, crime laboratory reports, toxicology reports, and child fatality review team reports and then combine into the KVDRS database. After all raw data is stripped of personal identifying information, it is sent to the national database to be combined with information from the other 32 funded states. Together, this information provides a more complete picture of violent death. Without these pieces, the problem of violent death in Kentucky or in the nation cannot be accurately explained. By integrating multiple data sources to form a violent death surveillance system, formerly disparate pieces of information can be compiled and analyzed.

Accomplishments and Service

To improve coroner reporting *The Coroner Investigation Reporting System (CIRS)* was designed, developed, and distributed. Approximately 72% of county coroners' use CIRS reporting forms and/or notebooks and/or the CIRS web system for improved record keeping. This system was the first step in centralizing coroner investigation reports in the Commonwealth for the benefit of not only the KVDRS, but of many other research activities. The CIRS is now being expanded to the "Death Scene Investigation" (DSI) system with users being any death investigator.

Professional Meeting Presentations

- Brown S.V., (2014). Panelist, The Value of the NVDRS Data. National Violence Prevention Network's National Violent Death Reporting System Midwest Regional Meeting. Chicago, Ill.
- Brown S.V., (2014). Oral Presentation, Opportunities for NVDRS Data Publication. National Violence Prevention Network's National Violent Death Reporting System Midwest Regional Meeting. Chicago, Ill.
- Khaleel H.A., Brown S.V., Brown M. (2014). Poster Presentation, Association of Alcohol-Related Suicides with Alcohol Sale Status in Kentucky from 2005-2012. College of Public Health Research Day. 10th Annual Center for Clinical and Translational Science Spring Conference. Lexington, KY.
- Brown, M., Brown, S.V., Cerel, J. (2014). Intimate Partner Problems and Violence in Kentucky and North Carolina, a Reason for Suicide? Poster Presented at the American Association of Suicidology, Los Angeles, CA.
- Brown S.V., Bonta P. (2014). Deaths from Violence: A Look at 18 States (Data from the National Violent Death Reporting System 2009-2010). Congressional Hill Briefing, Washington DC.

Data Limitations

KVDRS reports include only deaths occurring within Kentucky; this allows KVDRS staff to collect additional investigative information. Therefore, the counts of suicides, homicides, and unintentional firearm-fatalities in KVDRS reporting will differ from the Office of Vital Statistics and the National Center for Health Statistics who report on Kentucky residents regardless of where the death occurred.

Key Personnel

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David Bardach, PhD and Tyler Jennings (DSI Developer)

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Drug Overdose Prevention

Project Overview

Project 1: Supplemented by regulations at 201 KAR 20:207; 201 KAR 9:260; and 201 KAR 8:540, Kentucky law requires a PDMP query by a controlled substance prescriber or delegate when prescribing schedule II-IV controlled substances and outlines prescribing standards; and mandates decedent testing for controlled substances in post-mortem examinations when no other cause of death has been established to identify the specific drugs that resulted in the fatal drug overdose. The Kentucky Injury Prevention and Research Center (KIPRC) is funded by the CDC National Center for Injury Prevention and Control to boost state prevention of prescription drug overdoses (PDOs) by enhancing and maximizing Kentucky's PDMP (Kentucky All Schedule Prescription Electronic Reporting [KASPER]). Strategies to achieve this goal include improving KASPER system infrastructure and maximizing KASPER as a public health surveillance system. Economic analyses of Kentucky's discipline-specific regulations that require a KASPER query when prescribing schedule II-V controlled substances and decedent controlled substance testing law are currently being performed. Anticipated actionable outcomes of this project include enhanced safe clinical prescribing decision-making and patient safety as well as evidence of the economic value of model PDMP attributes and PDO prevention policies that can be shared with other states.

Project 2: The Kentucky Injury Prevention and Research Center is funded by the Bureau of Justice Assistance for Data-Driven Multidisciplinary Approaches to Reducing Rx Abuse to identify prescription drug-related issues through secondary data analysis of multiple state data sources and enhance multiagency collaboration and adoption of best practices. A multidisciplinary Action Team with expertise in prescription drug abuse prevention, treatment, policy, and enforcement was created to inform data-driven responses in communities at high risk for prescription drug abuse/overdose. Also, KASPER's analytical capacity and proactive use of data is being expanded through new search algorithms and reports. This project will strengthen KASPER's analytical capacity to proactively use their collected data.

Publications

- Kentucky Injury Prevention and Research Center, 2015. Drug Overdose Deaths in Kentucky, 2000-2013.
- Kentucky Injury Prevention and Research Center, 2015. Drug Overdose Hospitalizations in Kentucky, 2000 – 2013.

Key Personnel

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Funding

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Hal Rogers Prescription Drug Monitoring Program, Bureau of Justice Assistance

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KIPRC Internal Support

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