Approved May 14, 2019

GEORGIA TRAUMA COMMISSION
Thursday, 14 March 2019
Chateau Elan Resort
Debussy 1
100 Rue Charlemagne Drive
Braselton, Georgia 30517

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. Fred Mullins, Vice Chairman Mr. Victor Drawdy, Secretary/Treasurer Regina Medeiros Dr. James Dunne Dr. John Bleacher Mr. Courtney Terwilliger Dr. James J Smith	Dr. Robert Cowles

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Dena Abston	Georgia Trauma Commission, Executive Director
Billy Kunkle	Georgia Trauma Commission, Staff
Katie Hamilton	Georgia Trauma Commission, Staff
Renee Morgan	DPH/OEMST
David Newton	DPH/OEMST
Marie Probst	DPH/OEMST
Lisa Dawson	DPH/IPP
Mark Peters	RTAC III
Kristal Smith	RTAC V
Stephanie Gendron	RTAC IX
Kara Allard	GQIP
Lori Mabry	Georgia Trauma Foundation
Sharon Nieb	Surgery Prevention Research Center-Emory

Farrah Parker	JMS Burn Center
Tracy Johns	Navicent Health
Josephine Fabio-Duo	Navicent Health
Brandi Fitzgerald	Memorial Hospital & Manor
Donna Pollock	Memorial Hospital & Manor
Anastasia Hartigan	Doctor's Hospital of Augusta
John Pope	Cartersville Medical Center/RTAC I
John Simmons	Cartersville Medical Center/RTAC I
Brian Bays	Augusta /university Health
Allison Christon	WellStar-North Fulton
Mary Willis	Piedmont Columbus
Robyn Hafley	CHOG, Augusta
Omar Danner, MD	MSM/GMH Surgery
Erin Moorcones	Grady Memorial Hospital
Liz Atkins	Grady Memorial Hospital
Rayma Stephens	Gwinnett Medical Center

Call to Order: 8:35 AM

Quorum Established: 8 of 9 commission members present.

Welcome/Chairman's Report Presented by Dr. Dennis Ashley

Dr. Ashley welcomed everyone. Dr. Ashley requested that anyone that wants to be a part of a committee to please do so and know they are welcome to join. Dr. Ashley reviewed the yearly report he gives to legislature. This year Dr. Ashley made the report more clinical with new house members. Being that this was some there's first exposure to trauma and what the Commission does the talk was made more clinical. Dr. Ashley walked them through what a trauma center is and what a trauma center does and why we are more efficient and faster at taking care of patients as opposed to a standard operating room. It was well received. Dr. Ashley also had the opportunity to meet with Ms. Lorri Smith, the COO for Governor Kemp. Every state agency is giving an update to the new governor. Dr. Ashley and Ms. Abston met with the Governor's office and was able to give an overview of what we do.

Dr. Ashley reported on the AFY19 budget passed the Governor's desk March 12, 2019. This was for a $5.9 million increase. This is the second year we have received all super speeder funds. Dr. Ashley suspects that we will receive the $ 16 million in the FY20 budget with possible remaining funds given in the AFY20 budget. Phoebe Putney Memorial Hospital voted February 6th, 2019 to apply for designation to become a trauma center. This is great news as there is a large gap in South Georgia for trauma care. The readiness cost paper (How Much Green does it Take to be Orange) presented at AAST in September and accepted for publication and expected to be in the May 2019 issue. If anyone needs a copy of manuscript, please contact Ms. Abston. Research grants will be discussed shortly. Mr. Terwilliger made a motion to approve minutes with corrections to Page 5 from Region 6 (roman numeral) to Region 4 (proper).

MOTION GTCNC 2019-03-01:
I make the motion to approve the meeting minutes from the November 2018 meeting as presented with change(s) to page 5 and page 9 when discussing RTTDC courses.

MOTION BY: Regina Medeiros
SECOND BY: Vic Drawdy
VOTING: All members are in favor of motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Research Grant Discussion Presented by Dr. Dennis Ashley

Dr. Ashley began with discussing the charge of the Commission. 17 research grants were submitted, and we had independent scoring performed by several who are well versed in scoring grants. Dr. Bryan Harvard, Trauma Director of University of Kentucky in Louisville- well versed in grants and he headed committee and assembled a team of diverse grant scorers. Some grants were injury prevention, some were basic science. 3 scorers per grant and all was done in a blinded fashion. The grant was completed through GAEMS and the Georgia Trauma Foundation. All Commission members were presented with the review team's findings. Prior to this meeting we reviewed and narrowed down our grant applicants. We reserve the right (reviewers knew this as well) we wanted to outsource to other states because we wanted an independent process so there was no bias. We wanted to pick the most impactful grants for our care in our state.

Ms. Abston explained what was presented in the Commission packet. Dr. Dunne asked about revised budget outcome. Ms. Mabry explained that because the grants were blinded and to keep that integrity you can see there is a suggested / recommended budget modification column.

This information at this time has not been relayed back to the grant applicants until after Commission review. Dr. Ashley reminded the group that at this time the research grants are still blinded so he requests no comments from the audience to retain the confidentiality of the process. The voting process was reviewed, and it was decided that to retain additional integrity of the process all should vote regardless of grant affiliation. Ms. Medeiros requests that the grants we select are broad based across the continuum of care and we should fund grants that affect patient outcome.

MOTION GTCNC 2019-03-02:

I make the motion to approve the 6 research proposal grants as presented today at the revised project budget levels determined by the research grant panel of experts and to distribute the remaining $38,000.00 as needed to expend the $ 1 million allocated grant funding.

MOTION BY: Regina Medeiros
SECOND BY: Fred Mullins
VOTING: All members are in favor of motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Further discussion about the process of contacting grant award recipients and with the modified budget (if any) they need to accept the grant award within 48 hours. It was discussed that the group would circle back on remaining funds for redirecting after the acceptance window. Dr. Mullins suggested that we go in ascending order in regard to awarding other grants with any residual funding or if a grant recipient is unable to conduct their research with the adjusted budget.

MOTION GTCNC 2019-03-03:

I make the motion to allow the director of the Georgia Trauma Foundation, the research grant facilitator, to disperse the residual funds to the 3 approved grant recipients whose budgets were modified by the grant review panel.

MOTION BY: Regina Medeiros
SECOND BY: Dr. John Bleacher
VOTING: All members are in favor of motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Ms. Medeiros suggests that the grant facilitator ask for more specific budgets where needed. Mr. Drawdy suggested if a grant recipient declines that we split the funds of the grant amongst the 3 whose budgets were modified by the review panel. It was said that there is a lot of excitement over the grants and the process. Mr. Terwilliger requests that the reviewer's comments be delivered to all grant applicants. Some have never applied for a grant prior and any feedback is helpful for future grant cycles.

Ms. Mabry will notify the Commission of the grant recipients that accepted via e-mail by Thursday March 21st. Dr. Ashley advised that after we have the official grants recipients in place that all applicants are welcome to reach out Commission members for help. This is very exciting, and we are ready to push this forward.

Administrative Report Presented by Dena Abston

Ms. Abston advised the Commission about the contents of the member's folders to include the Administrative report, the research grant information. Mr. Kunkle's system planning report and the recent minutes for subcommittee meetings. Ms. Abston reviewed the Super Speeders revenue cycle. Prior to the budget subcommittee call on March 12th Ms. Abston received a call from the governor's office and the AFY19 budget was signed and so we did receive our full funding. The senate has the FY2020 budget and is conducting appropriation meetings this week and next. Our senate analyst is in communication with our office and we do not suspect any changes.

Mr. Drawdy reviewed the FY19 working budget, the AFY19 proposed budget recommendations, and each budget area (pg. 8-17 of Administrative report). There were no budget questions from the Commission members. Mr. Drawdy discussed the AFY19 Proposed budget for System Development & Access and noted increases and new budget requests and there is a 'bucket' of funds that we need to allocate. Ms. Abston charges the Commission members with champion an Injury Prevention project. Today we need to decide on how we intend to proceed with those funds. It was decided that we would create an IP Subcommittee of the Commission. Dr. Dunne says every year Ms. Abston does a great job with the budget year to year. There is a column on the budget called Contingency. Dr. Dunne asks what the plan is for that contingency funding and should we allocate that now. Ms. Abston explains what and how contingency funds are used. It can cover unexpected costs from RTACS, or travel, etc. When we begin the redirection process those funds are redirected at that time. Dr. Ashley asks if money left over goes back to the 80/20 split at redirect. Mr. Drawdy advised Dr. Smith that the Commission staff runs a very

tight budget and DPH is highly complimentary of the staff every year for keeping returned funds at one of the lowest levels in the state. Mr. Drawdy asked that we hold voting on the budget recommendations until after the presentation after the break.

Break until 10:10

The Burden of Injury in Georgia Presented by Lisa Dawson, DPH

Ms. Dawson presented "The Burden of Injury in Georgia" (Attachment A). The leading mechanisms of injury in Georgia are: Motor Vehicle crashes, Suicide, Poisoning / Overdose, Homicide, and falls. The Commission is interested in a new Injury Prevention project and has allocated an initial $100,000 to begin work. Ms. Dawson mentioned that a state wide project is a hard feat to attain with that amount of funds. She suggests the ability to begin in a specific region, like a pilot project.

Ms. Medeiros thanked Ms. Dawson and reminded everyone that injury prevention is an original charge of S.B 60. It was asked of Ms. Dawson if she felt fall prevention was a focus the Commission should begin with. There is an increase in numbers of ground level falls of patients that are on blood thinners with bad outcomes. It was discussed as to how we could decrease this number. Ms. Atkins agrees that fall prevention is a low hanging fruit for trauma centers. Fall intervention should match the data of patients we are seeing. It was suggested that there is some high quality data around falls because that data is manually extracted. Ms. Smith said in looking at Ms. Dao Lin 's data from the 2014-2016 study, falls are 3rd, behind motor vehicle crashes and firearms. Ms. Smith believes with the second phase of baby boomers reaching the 55-72 age range that traumatic injuries related to falls will see an increase. Of the trauma registry data, 37% of all patients that were fall victims of that percentage, 58% were over the age of 45 but below the age of 65. There already exists some evidence based education material for fall injuries and materials can be given to many across the continuum of care. Ms. Smith mentioned STEADI and safety evaluations.

Ms. Nieb says one of the challenges for the fall risk community is getting those elderly patients to the programs. Transportation is the challenge most programs find. Discussion on including pediatric falls. Dr. Omar asked Ms. Dawson about nursing home fall programs. Ms. Dawson does not know if those programs are community based but does know nursing homes are incentivized for fall prevention. Ms. Smith mentions STEADI, a program that screens for fall risks. Ms. Dawson mentions that Grady has incorporate EPIC screening, a fall prevention screening. Dr. Smith asked if any facilities that have implemented these fall prevention programs and have they seen any results. The data is too recent and has not been tracked. Ms. Nieb also says part of the issue lies with tracking these patients after they are released to their homes and further enroll them in programming.

There was much good discussion about how impactful we can be with a new injury prevention project. Mr. Drawdy suggests that it would be greatly beneficial to know the traumatic fall data by region. Ms. Dawson will be able to produce a map showing that data and will share. Dr. Ashley suggested to the members, we have heard more funding, pilot studies and there is a lot of expertise here in the room today- Dr. Ashley suggest we create an Injury Prevention Subcommittee , chaired by a member and multidisciplinary key stakeholders and charge them with working up a plan (on regional data and statewide)and determine how much funding it would cost for impact and if we implement how do we rate our success- if we implement can we give legislature a confirmed rate- an example, if we have 1 million allocated for fall prevention we can decrease the rate of falls by **%. And be able to give a confirmed impactful data to our legislature.
Dr. Dunne said opioid use is a national discussion and Georgia legislature is also very much involved. Dr. Dunne is not certain falls are priority. He suspects we could get more funding if we did something with opioids or if we do a project on falls, he suspects we may be tied to the existing budget we have now Do you have any insight into this.

Dr. Ashley says opioids are a national crisis with attention on a national and state and local level. Before physicians now are able to get their license renewed, they must submit their 3 hour CME on opioids. Laws are being passed to deal with this issue is it a hot topic. Dr. Ashley says yes, it is absolutely something we can look into to as well. Dr. Ashley suggest we charge this subcommittee with uncovering and let's assemble a team of experts and look at the data behind bot falls and opioids. Ms. Nieb added that the impact of older seniors and the opioid dilemma is that they get injured and their pain pills end up in the wrong hands. You could tie falls and opioids to each other and their interaction and how taking them can lead to falls. Dr. Reichart referred to a presentation from a Michigan doctor and Michigan and Georgia are demographically identical that focused on opioids and how they lead to not only addiction but suicide and falls / traumatic injuries. Dr. Omar suggested we gather data by regions and needs and concentrate by top needs. Dr. Bleacher will lead the new Subcommittee and we will further report in May after they have had time to meet on how to spend the $ 100,000 budget. Mr. Terwilliger will co-chair. The subcommittee will not only be charged with a future project but also creating a process for how we go about making state wide injury prevention Anyone interested in being a part of the subcommittee should e-mail Ms. Abston. The funds for the project must be encumbered by the end of FY19, which is June 30. In May, Dr. Ashley would like the newly formed committee to have a project in mind and a procedure along with costs, measurables and process to start.

System Planning/ RTAC Report Presented by Billy Kunkle

Mr. Kunkle began with an update to the Stop the Bleed school response program with 81% of our schools in receipt of the kits. Mr. Kunkle reported. There are about 700 school bus response kits in 3 locations, Region VI, the Commission office has some in warehouse. The school bus program will need an additional $13,000.00 in funds to equip the remaining of the 22,000 school buses in state and request these funds from the amended FY19 budget. MR. Kunkle reviewed the map of the project. There is a new Region VII director who Mr. Kunkle believes will reinvigorate and get the tasks at hand completed. Region VIII is trying to recover from the recent hurricane damage and there is some reported delay in our School Bus response program. We are hoping to finalize this project by the end of the school year. Mr. Kunkle has charged the coordinators with completion of this project prior to the beginning of the next school year. Mr. Kunkle has a plan to train remaining school bus drivers this summer. We have asked the school safety committee to consider putting a bleeding control kit in every classroom. It would take about $4.1 million to make that happen. Many schools have purchased their own kits and Mr. Kunkle reported on ways that teachers and schools have done so. Mr. Kunkle believes that the Commission undertaking the Stop the Bleed project has become a catalyst for those in the community and it is a really positive impact.

Mr. Kunkle reported on the collaboration with ACS on an instructional video. There is a new version of Stop the Bleed step-by-step process he suspects it to be released at the upcoming Committee on Trauma conference in Chicago. The updated version is the same, just some combined steps and he hopes to have the power point soon.

Mr. Kunkle discussed regional trauma plans and how they differ from each region. We do need to develop a common general template that each region will need to review and include in their regional plans. Several regions just completed plans and Mr. Kunkle will not ask those specific regions to re do them but there will be an expectation of all regions to have a common foundation. Region VII is the only region without a trauma plan. Dr. Ashley asked about the regional template collaboration. The RTAC chairs will be instrumental in the template's development and will be considered a standard operating agreement. Mr. Kunkle hopes to have an update to this for May meeting. He is working on some additional organizational development and will incorporate timelines to create some transparent accountability.

OEMST Report Presented by David Newton
Renee Morgan

Ms. Morgan is excited about Phoebe Putnam. There are no new centers at this time to report. Ms. Morgan would like to add in regard to the discussion on Injury Prevention and the most recent consult visits and what the college has focused upon consistently is the geriatric fall issue. This will be an ACS future focus and the we would be going in the right direction with ACS if we went with our fall prevention. Dr. Dunne asked Ms. Morgan about maintaining state designation can you go over ACS designation and consultative visits and the requirements for level 1 and 2 centers. Ms. Morgan says visits are used as assessment tools and are required to follow up after the visits to have a work plan in place. Timelines are set and letters have to be in for their visits by spring of 2023 level 1 and level 2 centers have to be ACS verified. We hope to use these center visits in a powerful way. Whether facilities will remain classified at their current level or will they decrease due to specialty care. Reports are still coming back from the college. Once the center is verified then a letter from the state will also be sent confirming that they are designated, there is a good process in place for this.

Mr. Newton (Attachment A) updated the Commission on the new Commissioner. Keith Wages has announced his retirement. The new data visualization program is still in process and we are working with DI to have the Georgia trauma data added to the system to look at all data together. We do not know how long this will take. Dr. Ashley asked if there was a way to confirm a timeline. Mr. Newton will try to find out a timeline. The state of Florida enters crash data and we are also in talks trying to link crash records with EMS records with trauma data records, we can see the whole picture. There was discussion about how we receive data from Georgia State patrol and reported crash data. The license manager product which is what we will use for new centers to apply for their designation is in the middle of training everyone for this, the go live date is July 1. As of July 1, there will be no more paper applications for trauma center designation, it will all be online and electronic.

Site visits will also be completed with an iPad and a checklist to streamline and make process go faster. Mr. Newton reviewed the flowchart that tries to standardize the verification process Across all specialty care centers and will include perinatal care soon. We want a standard way of doing this, Mr. Newton reviewed the trauma center designation flow chart from the beginning to becoming a designated trauma center.

Georgia Trauma Foundation Presented by Lori Mabry

Ms. Mabry welcomed everyone to Chateau Elan for the spring meetings and symposium. Yesterday's pre conference course, the optimal trauma center management course had 51 in attendance. Dr. Ashley thought the course was phenomenal and believes anyone involved in trauma care should take the course and wishes he had the course before his facility went through the ACS visit. The course walked you through clinical deficiencies and was exciting to see how far we have come as a state to have 51 wanting to be the best we can be. Ms. Mabry is looking forward to the reception this evening for the opening of the spring meetings tomorrow and reviewed the day's schedule and speakers. Ms. Mabry will be sending information out in the next couple of weeks about August's meeting.

GCTE Report Presented by Liz Atkins

Ms. Atkins reported peer review minutes and sharing them can be helpful in looking for correlation and determining outliers and/or patients with unexpected outcomes. We have created a recent survey and sent to all centers so that we can share our deficiencies, strengths, and weaknesses and aggregate and figure out how we can all get compliant with items we struggle with. Ms. Medeiros asked for clarification of what is being submitted. Ms. Atkins says it is either their consultative visit or designation visit, whichever was the most recent. Everyone (level 1 and 2) have or has had a consult visit/scheduled. The pay-per-performance, it is time to make this a little more substantial. There is not enough support sometimes for the FTE and there are not enough recourses to achieve some of these ACS verification requirements.

Ms. Atkins reported on the recent Trauma Administrators group conference call. It was a robust call with many shared struggles. The need for shared transparency. We are hoping to prioritize our struggles. Relative to registry, a lot of centers are struggling with the new ASN requirement. Ms. Atkins advised that some of the data becomes not your own, so she suggested that you get with your legal team and review. MS. Johns group is working on transitioning to AIS15. This needs to be upfront to make sure we are ready for the transition. The education subcommittee has been very active with 2TNCC and 2TCARcourses. There is a need for course ENPC, but we need course directors.

EMS Subcommittee Report Presented: Courtney Terwilliger

Mr. Terwilliger said Ms. Morgan, Dr. Ashley and himself met in Macon with the Georgia Hospital Rural Association, Mr. Terwilliger discussed the cadaver lab success and the success of the course. Currently 30% of attendance is nurses. We have perceived a need for rural physicians to have some elevated training. Mr. Terwilliger believes the lab is very educational and he thinks that the costs could be shared between the trauma and EMS budget. Mr. Terwilliger also noted the need for the rural doctors of our emergency departments attend this lab. Rural EMS physicians could benefit from this type of training and this course is beneficial for all who have attended. Concerns Mr. Terwilliger and others share are intubation and its different methods and chest tube practice. We just need to make sure our skill base is where it needs to be. The meeting and discussion were very well received. We will talk with the budget subcommittee on some shared funding, but it is important enough in the EMS world that you will see us continue to fund these for as long as we can.

Mr. Terwilliger discussed EMS training methodology and its current costs versus years ago. He is looking into possible online EMT training, there are several parts to this. Currently looking at 2 up and running programs today, one out of Texas, trains all medical students. They take courses online and have practical skill tests they must do. The other is out of Minnesota, both programs being looked at have excellent pass rates and reviews from pre hospital providers. So, we are looking at costs, developing a clinical skill set and how we handle the practical skill testing that cannot be done online. And then we would need relationships with area hospitals to take on the clinical piece of the programming.

GQIP Collaborative Presented: Ms. Kara Allard

MS. Allard gave an overview of the Acute Kidney Injury project. We are at a standstill waiting on a fix from DI so we can run a registry report on all centers. This will assist in refining our tool as of now it is only being tested on Navicent data. Once we have all data we can refine and make use of identifying and applying. VAP (ventilator associated pneumonia) guideline rolled out a year ago and we have 1 year of data collection. As a state we are at a point where we need to decide next steps. We will develop a small work group and discuss version 2 guidelines. There is lots of different reporting on VAP. We plan on pooling at least 6 of our centers and coming back and making recommendations once we have had time to review that. Pediatrics are working on fine tuning their imaging guidelines. NSQIP, just completed a drill down on the acute renal failure patients. We plan to share some of our data found tomorrow.

Ms. Allard reported on data quality education and course for registry education and collaborated with Ms. Johns to develop a survey- 30 responses across state from registry staff in level 1, 2,3 and Pediatrics. Ms. Allard shared results of courses taken as well as the top 5 course of interests those would like to take. All courses are at a cost and from the survey it appears the top 3, TCAA Registry course, AIS course, trauma registry course. All of these courses require funding, based on previous budget. Ms. Allard asks the Commission on how to go about requesting these courses and whom to work with. Dr. Dunne believes that if we are dealing with trauma registry courses that should come as a recommendation from GCTE as a presentation for a proposal. Ms. Medeiros says there is a little cross over of lanes because QIP looks at data quality and drives some of the performance issues, so it was a little of a crossover which is why Ms. Allard worked with Ms. Johns, GCTE Registry Subcommittee chair. Historically this would have flown through Ms. Mabry and the foundation. Ms. Johns has made recommendations and is working on short term and long term strategies in registry education. Ms. Johns has looked at registry courses to be held on a regular basis or refresher courses, even with a lot of experience AIS coding for injury is difficult. With turnover, it helps to go back and have refreshers.

Dr. Ashley advised that requests for these courses should come up in May when we discuss budget. Ms. Medeiros says we do not have a mechanism for funding in place so we would need to direct contract through the Commission, Dr. Dunne suggested putting in the Pay-per-Performance budget through the registry for the hospitals. We already give registry funding to hospitals. Ms. Medeiros says ACS requires us to have them, but ACS does not require us to have these particular refresher courses. It was advised that Ms. Allard work with GTC and MS. Johns on this.

MOTION GTCNC 2019-03-04:

I make the motion to adjourn meeting.

MOTION BY: Victor Drawdy
SECOND BY: Dr. Robert Mullins
VOTING: All members are in favor of motion.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

Meeting adjourned

Minutes crafted by Erin Bolinger

Attachment A

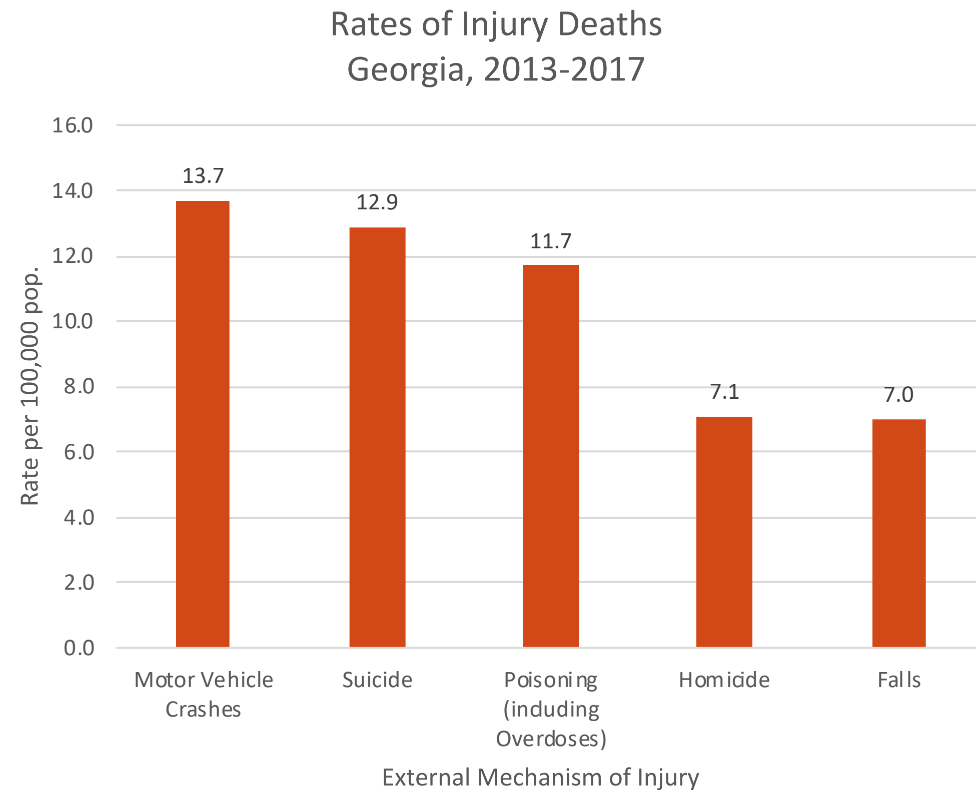
The Burden of Injury in Georgia

INJURY PREVENTION PROGRAM

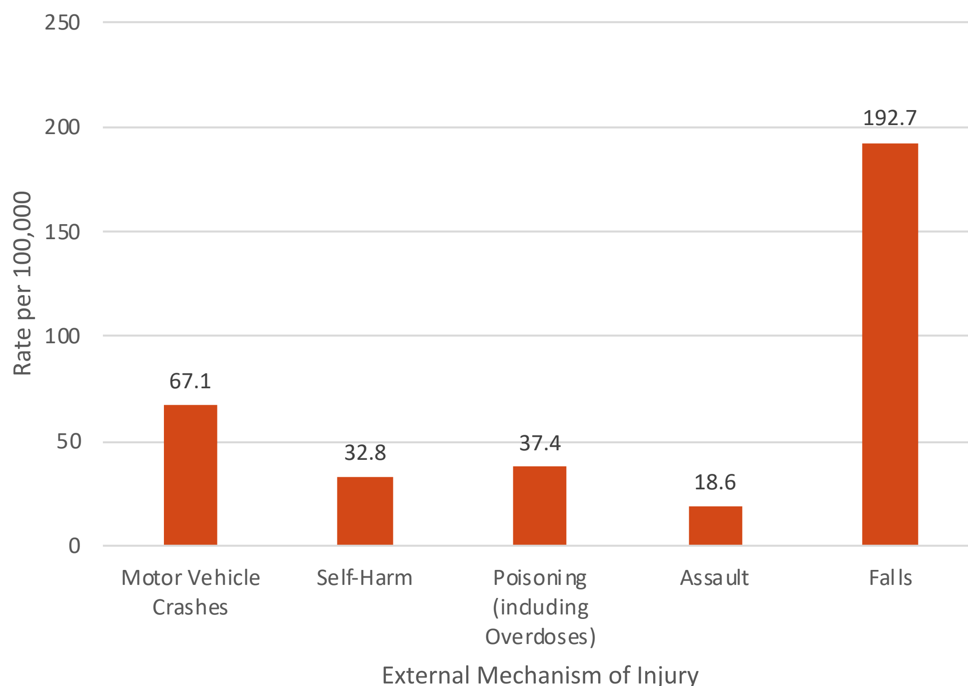
GEORGIA DEPARTMENT OF PUBLIC HEALTH

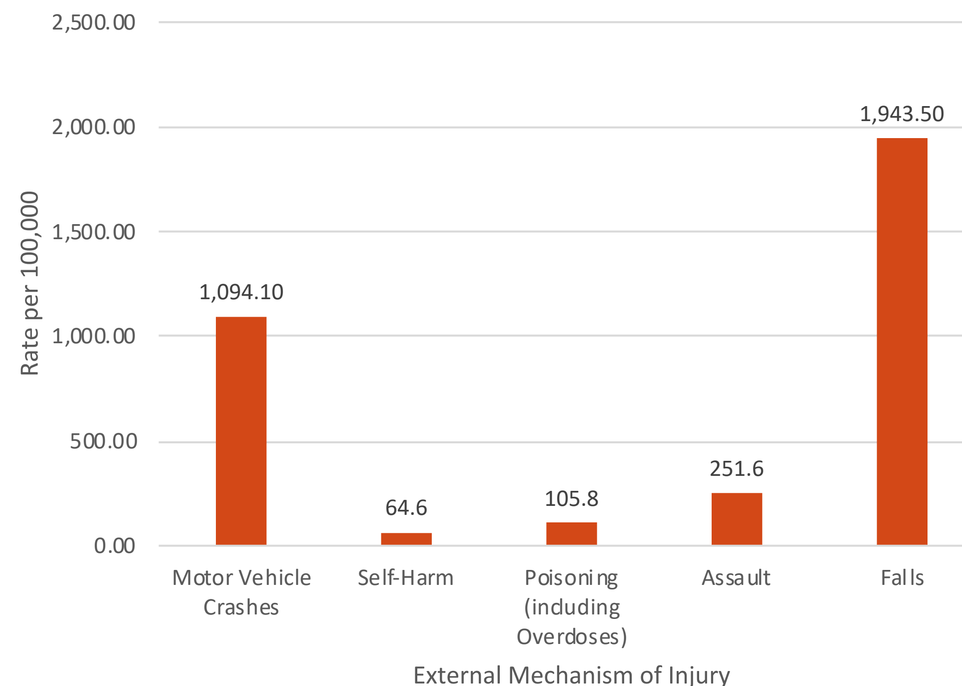
Leading Mechanisms of Injury in Georgia

- The five most common mechanisms of injury in Georgia are motor vehicle crashes, suicide & intentional self-harm, poisonings (including overdoses), homicide & assaults, and falls.
- Motor vehicles crashes are the leading mechanism of injury resulting in death, and the second most common mechanism resulting in emergency room visits and hospitalizations.
- Falls account for the highest rates of emergency room visits and hospitalizations.



Leading Mechanisms of Injury in Georgia





Data Source: GA DPH OASIS

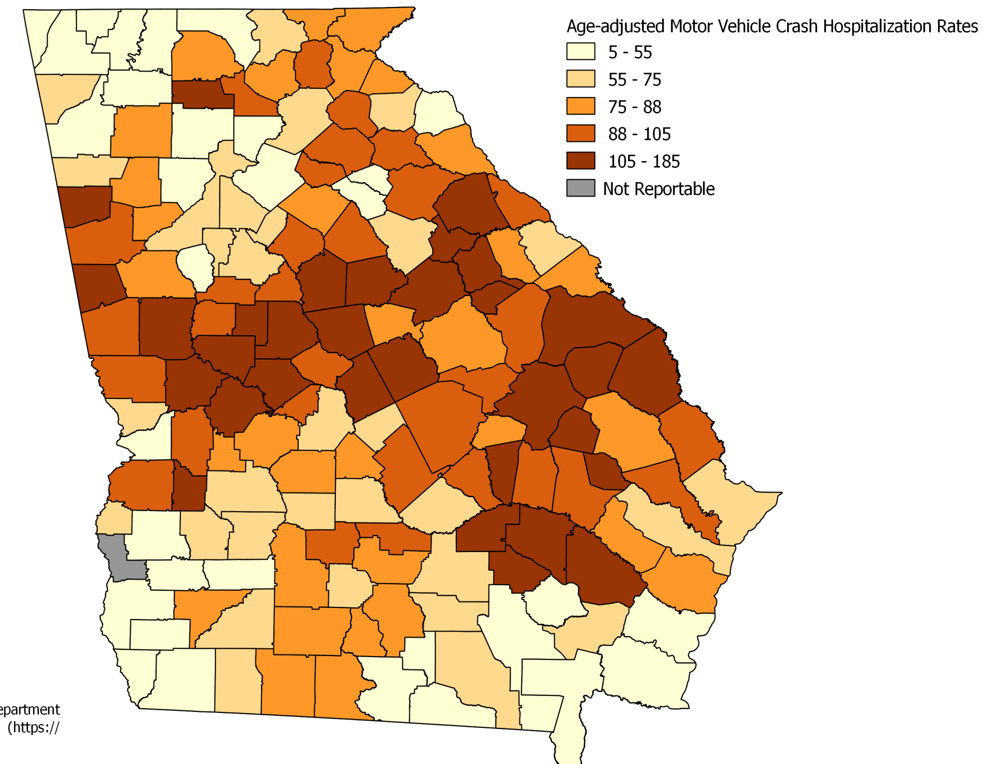
Injury Across the Life Span

Age Group	Leading Cause of Injury Death Georgia 2013 – 2017*
<1	Suffocation
1 – 4	Drowning
5 – 9	Motor Vehicle Crashes
10 – 14	Motor Vehicle Crashes
15 – 24	Motor Vehicle Crashes
25 – 34	Poisoning (Inc. Overdoses)
35 – 44	Poisoning (Inc. Overdoses)
45 – 54	Poisoning (Inc. Overdoses)
55 – 64	Suicide
65+	Falls

Data Source: GA DPH OASIS

Motor Vehicle Crash Overview

- Motor vehicle crashes are the leading cause of injury deaths and second leading external cause of hospitalizations and ER visits in Georgia.
- Motor vehicle crashes include both traffic and non-traffic cases.
- They affect Georgians across the state and life span.



Motor Vehicle Crash Interventions

Available Interventions

Policy Interventions

Environmental interventions

Educational interventions

Who's Doing the work

Multi-disciplinary, coordinated efforts

Opportunities to improve outcomes

Legislative/policy approaches

- Culture change around seatbelt use/carseat utilization

Environmental approaches

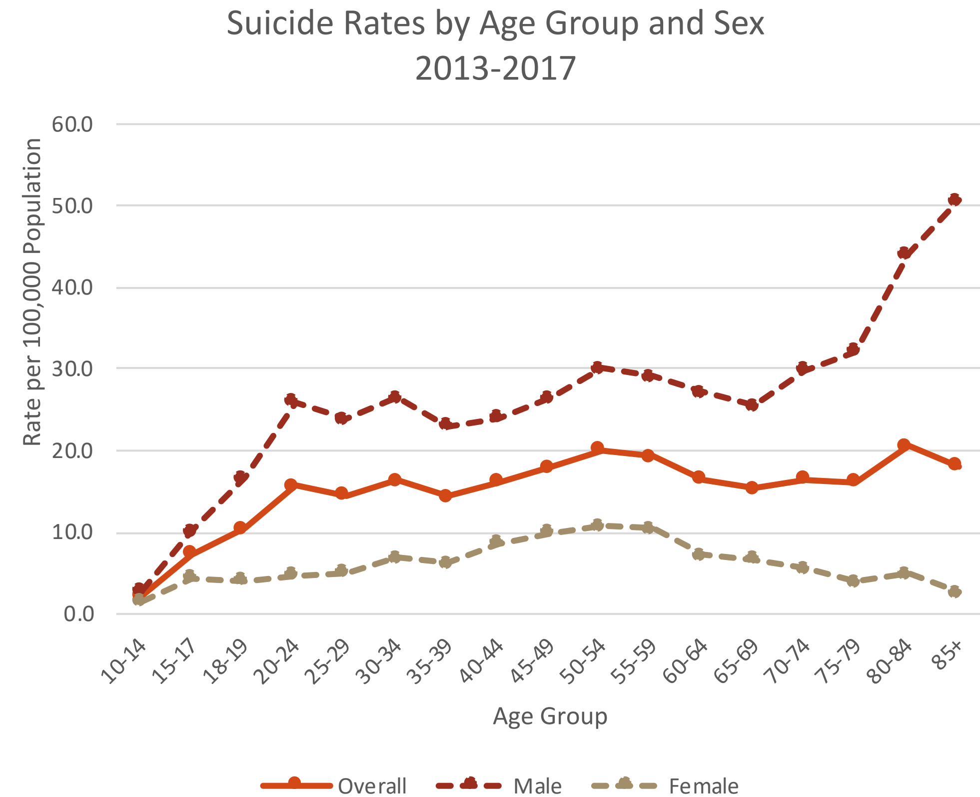
- Roadway design

Expansion of existing programs

- Offender programs
- Training of CPSTs

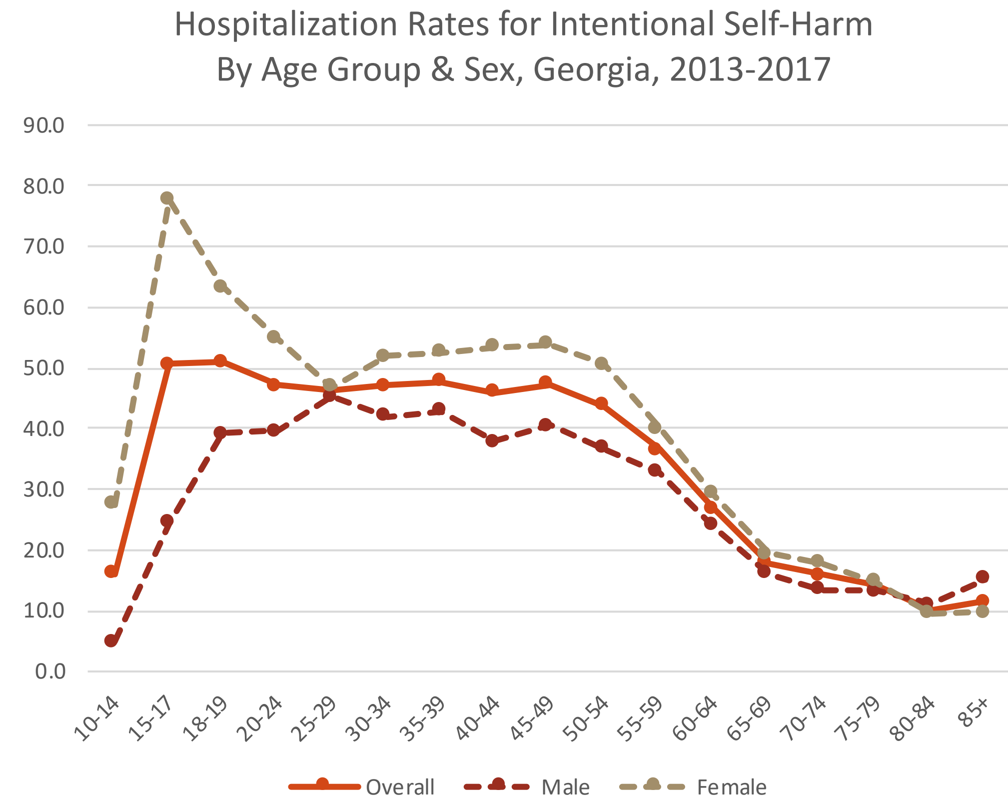
Suicide Overview

- The risk of suicide persists across the life span.
- While rates of suicide across the whole population tend to peak in middle age, males experience much higher rates of suicide after age 65.



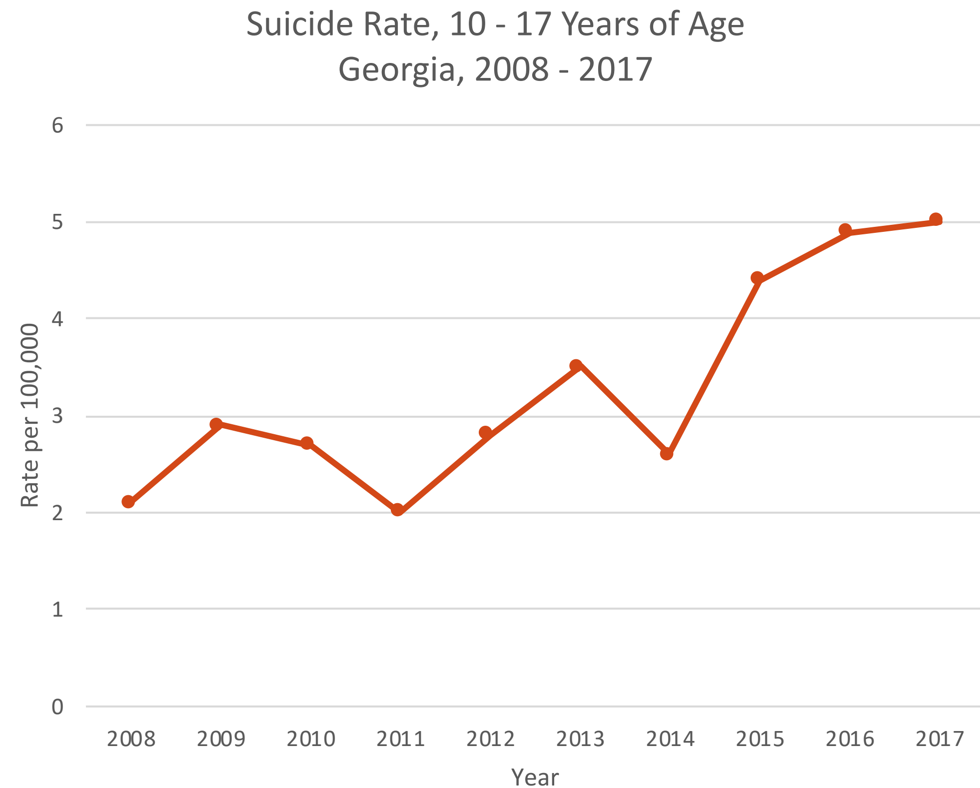
Intentional Self-Harm

- From 2013 – 2017, there were 64.6 ER visits and 32.8 hospitalizations for intentional self-harm for every 100,000 Georgians.
- Females experience higher rates of intentional self-harm related hospitalization, particularly as teenagers and throughout middle age.
- Self-harm related hospitalization rates tend to decline later in life.



Youth Suicide

- There has been an upward trend in suicide among Georgians 10 to 17 years of age between 2008 and 2017.
- In 2017 alone, there were 58 suicides age 10 – 17 in Georgia, resulting in 3,439 years of potential life lost.
- Suicide rates for Georgians 10 - 17 years of age were 2.4 times higher in 2017 than in 2008 (5.0 vs 2.1 per 100,000 population).



Suicide Interventions

<u>Available Interventions</u>

Suicide hotline

Supporting survivors/families

<u>Who's doing the work</u>

SPAN GA

DBHDD – youth suicide

few known coordinated efforts

<u>Opportunities to improve outcomes</u>

Coordinated efforts across agencies

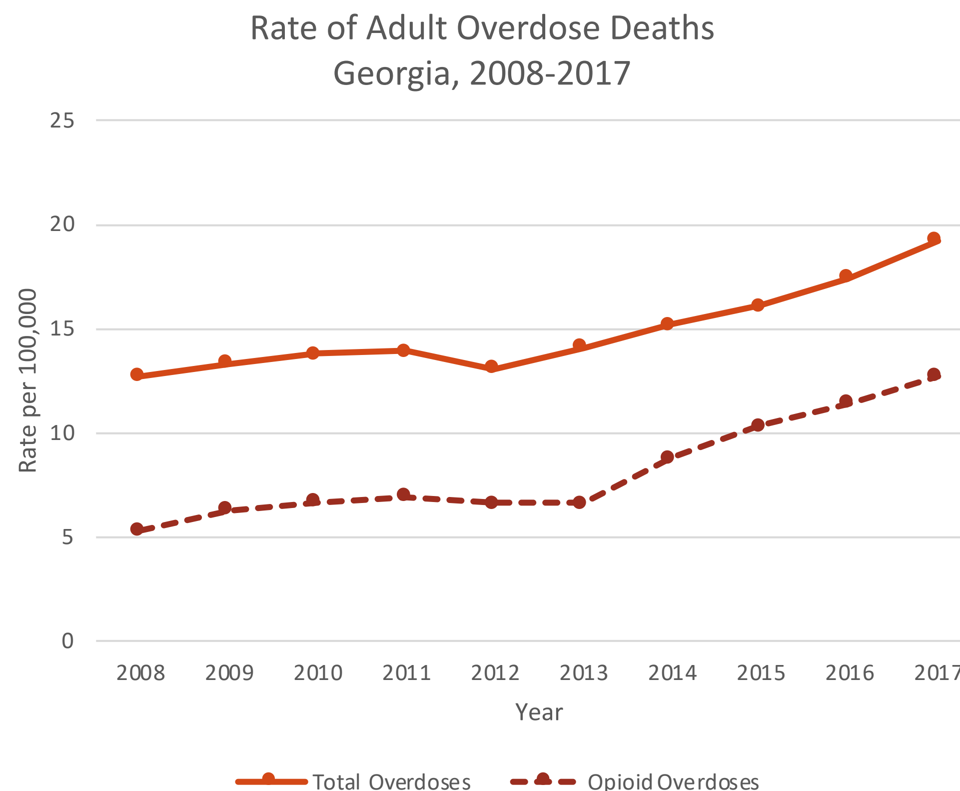
Statewide action plan updated

Research, choose and pilot other evidence-based programs (e.g. PEARLS)

Mental health coordination/stigma reduction

Overdoses Overview

- Georgia has experienced a large increase in overdose deaths in recent years.
- This increase has been driven by opioid overdoses, which account for an increasing share of all overdose deaths.
- Rates of opioid overdose deaths in adult Georgians were 2.4 times higher in 2017 than in 2008 (12.7 vs 5.3 per 100,000 adults).



Overdose Interventions

Available interventions

Policy Interventions

Educational Interventions

Environmental Interventions

Who's doing the work

GA DPH

??

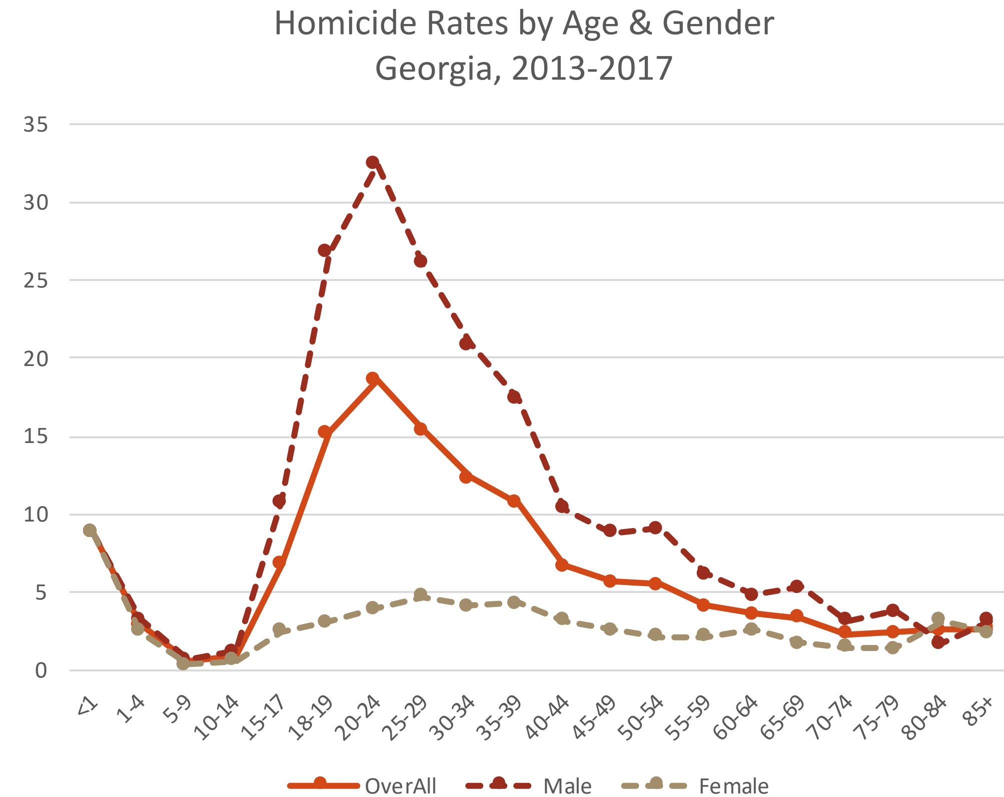
Opportunities to improve outcomes

Policy

Data analyses to customize intervention possibilities

Homicide & Assault Overview

- Rates of homicide for males & females tend to be similar for younger and older Georgians.
- Males experience a sharp increase in the incidence of homicide from their late teens into adulthood.



Homicide & Assault Interventions

Available Interventions

CPTED/Community Policing/DDACTS

CARDIFF

PIVOT (Grady)

Who's doing the work

LE agencies, multi-disciplinary efforts

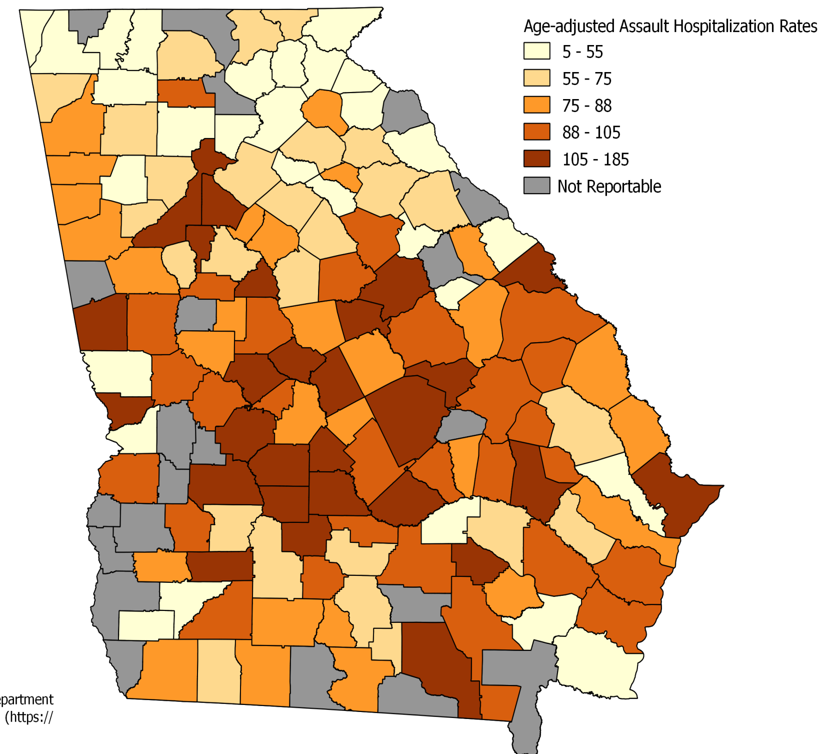
Trauma hospitals

Opportunities to Improve Outcomes

CARDIFF expansion

Agency/intervention coordination

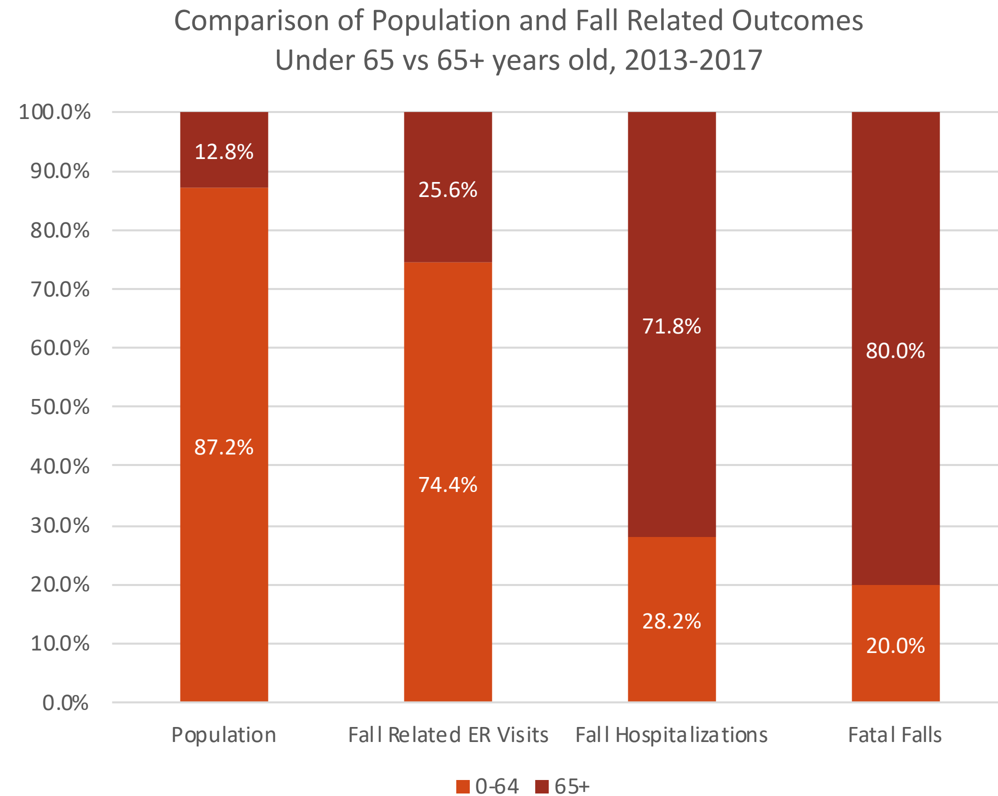
Age-adjusted Assault Hospitalization Rates, Georgia 2013-2017



Data Source: Georgia Department of Public Health OASIS (https://oasis.state.ga.us/)

Falls Overview

- Falls are the leading external cause of injury related ER visits and hospitalizations in Georgia.
- Georgians 65 years of age or older are disproportionately impacted by falls, suffering worse outcomes than the general population.
- Georgians 65 years of age or older make up 12.8% of the population and 26% of fall related ER visits, but account for 71.8% of fall related hospitalizations and 80.0% of fatal falls in the state.



Falls Interventions

Available Interventions

Evidence-based exercise programs

Environmental Changes

Medication awareness

Who's doing the work

Multi-disciplinary partners

- AAAs
- Trauma Coordinators (Matter of Balance)
- DPH & DHS/DAS

Opportunities to improve Outcomes

Program sustainability

Continuum of care as abilities improve/change

Diversify offered programs