



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

SOUTHERN NEVADA INJURY PREVENTION PARTNERSHIP

APRIL 11, 2016 - 10:00 A.M.

MEMBERS PRESENT

Mike Bernstein, Chairman, SNHD - OCDPHP
Jeanne Marsala, RN, Safe Kids Clark County
Kathryn Hooper, Henderson Fire Dept.

Dineen McSwain, RN, UMC, Vice Chairman
Ying Zhang, PhD, SNHD Sr. Scientist, Epidemiology
Linda Kalekas, RN, Clark County School District

MEMBERS ABSENT

Nadia Fulkerson, MPH, UNSOM
Julie Gallagher, NV Office of Traffic Safety
Holly Lyman, St Rose-Dominican Hospitals
Traci Pearl, NV Office of Traffic Safety
Kate Osti, Nevada Disability Advocacy & Law Center

Andrew Eisen, MD, Touro University
Tara Phebus, MA, NICRP-UNLV
Nancy Menzel, UNLV- SON
Dorothy Pewitt, NV Office of Traffic Safety

SNHD STAFF PRESENT

Laura Palmer, EMSTS Supervisor
Rae Pettie, Recording Secretary

Monica Adams, PhD, MPH, Office of Epidemiology
Lei Zhang, MS, Public Health Informatics Scientist,
Epidemiology

CALL TO ORDER – NOTICE OF POSTING

The Southern Nevada Injury Prevention Partnership convened in the Red Rock Trail Conference Room at the Southern Nevada Health District (SNHD), located at 280 S. Decatur Boulevard, on April 11, 2016. Mike Bernstein called the meeting to order at 10:05 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mike Bernstein noted that a quorum had been established.

I. PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

Chair Bernstein asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chair Bernstein stated the Consent Agenda consisted of matters to be considered by the Southern Nevada Injury Prevention Partnership (SNIPP) that can be enacted by one motion. Any item may be

discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Southern Nevada Injury Prevention Partnership: 10/12/15

Chair Bernstein asked for approval of the minutes from the October, 12, 2015 meeting. *A motion was made by Member Linda Kalikas, seconded by Member Dineen McSwain, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Welcome and Introductions

Chair Bernstein welcomed everyone to the quarterly meeting of the SNIPP. He introduced himself and requested that the committee members in attendance also introduce themselves.

B. Presentation on Firearm Injury Analysis

Monica Adams, Epidemic Intelligence Service Officer for the CDC, and also Prevention in the Office of Epidemiology, referred the committee to her PowerPoint presentation. Ms. Adams stated she has been working with Ying Zhang, Senior Scientist in the Office of Epidemiology, on firearm injuries in Clark County.

Ms. Adams started the presentation by giving the committee some background about firearm injuries in general. More than 30,000 people are killed by firearms each year in the U.S. It's the leading cause of death among 10 to 24 year olds; firearm suicide is the leading cause of death for people aged 35 and above. In 2010, the national direct medical costs and lost productivity from firearm death was approximately \$41 billion. In Nevada, the firearm related mortality rate was 14.7 per 100,000 people. In 2014, Nevada's firearm mortality rates rose, along with Alaska and other frontier states, as well as some southern states.

The objective of the investigation was to get a better understanding of the problem. Understanding the problem requires knowledge of the nature and extent of the problem, as well as whom it affects and the possible contributing factors. They looked at two different studies to determine the prevalence of firearm mortality in Clark County, and also the means, i.e. suicide, homicide, accidental, gender, age, race, ethnicity and geography. They also looked at how the firearm mortality rates in Clark County compare to other large municipalities in the U.S., and to the U.S. as a whole. The first study was a cross-sectional observational design using the CDC's Wide-ranging ONline Data for Epidemiological Research (WONDER), a publicly available database which provides access to a wide array of public health information. They utilized the WONDER database to compare Clark County to other counties. The data for Clark County was pulled from the Nevada Vital Records System. They looked at Clark County resident deaths who had an ICD-10 code indicating that the mortality was attributable to firearm injury, from 2009 through 2013; a descriptive analysis using SAS and ArcGIS. The firearm mortality rate in the U.S. was 10.3 per 100,000 people; 13.1 in Clark County. The objectives for Healthy People 2020 are to reduce this death rate to 9.3 per 100,000.

Nationally, suicides account for the largest proportion of firearm related mortality, at 61%. When the general public thinks about firearm mortality we really think about homicide and unintentional injuries, but actually, suicide drives a lot of these numbers. From 2009 to 2013, 69% of the firearm related deaths in Clark County were suicides, for a total of 906 people. Nevada had the 7th highest suicide rate in the country, and the 8th highest rate of suicide committed by firearms. During this time, 1760 people committed suicide in Nevada, 52% of which were committed by firearm. In comparison, homicide accounted for less than one-third of the firearm related mortalities in Clark County, or 27%, during this period. The remaining 4% was due to legal intervention, unintentional injury, or undetermined. Ms. Adams noted the higher rate of firearm mortality is largely driven by suicide in Clark County. Clark County has a higher rate of firearm suicide than the ten largest counties in the U.S. The age adjusted firearm suicide rate is 9.1 per 100,000 people. In

comparison, Maricopa County, the next closest of the largest ten counties, has a rate of 8.6, while Los Angeles County's rate is only 2.9 per 100,000.

In looking at different sociodemographic factors, firearm suicide rates in the U.S. increase with age, and are highest among elderly men. Clark County follows a similar pattern; however, the highest suicide rate is among males over 85. That's 50.3 per 100,000. Although it's a small number, it's still a very high rate in comparison to the U.S. as a whole. Whites are most likely to commit firearm suicide. In Clark County, firearm suicide among whites was almost four times greater than that of Hispanics. The firearm suicide rates in Clark County were highest everywhere except for the American Indian or Alaskan Native. The numbers were not significant enough in those parts of the U.S. to include in the study.

With respect to geography, there is no clear pattern of where the highest rates of firearm suicide occur in Clark County; it's widespread, not clustered among specific geographic areas. The next step will be to analyze other sociodemographic variables such as age, race, and ethnicity.

Firearm homicide rates have decreased in Clark County since 2009; lower than other large counties in the U.S., aside from 2009 and 2010. The firearm homicide rate was 3.7 per 100,000 in the U.S.; Clark County's rate was 3.5. That's 62% of all homicides in Clark County. It is the most common among males between the ages of 25 and 34. The age group 35 to 44 was the only age group in Clark County that had a higher rate. The number of firearm homicides in females in Clark County was too low to provide stable estimates, so they are not shown. The firearm homicide rate among males 25 to 34 is 12.1 per 100,000. It is almost five times higher for blacks than it is for whites, and more than 3½ times that of Hispanics, which is definitely notable. They looked at social vulnerability such as income level, education, transportation, etc. These areas also scored highest, perhaps unsurprisingly.

A few firearm mortalities are unintentional. In the U.S. there were close to 3,000; in Nevada there were 21; and in Clark County there were nine. They believe every single one of those deaths were preventable, and they would like to see a decrease in the number of firearm mortalities by legal intervention.

The information gathered can be looked at in different ways depending on the population they work with. Public health looks at which one has the highest burden. The data shows that suicide by firearm has the highest burden. Clark County has a high suicide rate; 17.6 per 100,000, compared to the U.S., which is 12.3. The firearm suicide rate is 9.1 per 100,000, compared to 6.2 in the U.S. Based on that information, their next step was to dive a little deeper into the firearm mortalities that happen based on suicide in Clark County.

They are currently conducting an exploratory study to try to understand the potential risk factors for our most prevalent firearm mortality, firearm suicide. They looked at the personal characteristics and life circumstances of those who have died of firearm suicide in the county. It's a case control study looking only at 2013 data from the coroner's data records. They linked the records to the NV vital records system to get additional information. They looked at adults aged 18 and above that were suicide victims in Clark County. They compared the people who died of firearm suicide to people who died of suicide by other means to try to identify if there are different.

For Study 2, they applied a content analysis to all of the records from all suicides in the Clark County Coroner's data set to identify any circumstances that were listed in the case. The circumstance codes they developed are based on published predictors in the literature about what relates to firearm suicide. They also took a sample of 20 records from 2012 to try to understand if there was anything they might be missing. They then thought about possible local predictors. Gambling is obviously something that's different about our county than many other counties, so that was included as well. They arrived at 11 codes. Every case was looked at to try to identify whether there was an acute crisis that pre-dated the suicide, whether they were physical health concerns, mental health problems, prior suicide attempts or ideations, job or financial problems, intimate partner problems, legal or criminal convictions, or substance abuse issues.

The preliminary results were as follows:

- 1) In 2013 there were 347 suicides in Clark County. Of these, 182 were completed by firearm; the remaining 163 were by other suicide means.
- 2) Males used firearms in suicide more than females.
- 3) Firearm suicides were most common among whites. Of those who committed firearm suicide, 29% had military service, and almost one-third were widowed.

It's hard to know exactly what to make of this information without more complex analyses. They tried to figure out what the differences are between people who commit firearm suicide in Clark County and people who commit suicide by other means. What they found was largely the circumstances were the same between the two groups. The only thing that differed was that people who died of firearm suicide were less likely to have a prior suicide attempt. This is consistent with the literature and quite concerning because the fatality rate for firearm suicide is about 85%. So, if you try to commit suicide with a firearm, you're very likely to have a completed suicide. Consequently, there is less opportunity for intervention along that path; unlike people who try prescription drug overdose, cutting, or hanging, who may have a prior attempt and an opportunity to receive help during that time period.

Ms. Adams summarized her presentation as follows:

- 1) Firearm mortality is a prominent public health problem in Clark County. It is influenced by our substantial suicide rates compared to many other metropolitan areas.
- 2) Clark County has a higher rate of firearm suicide and a lower rate of firearm homicide than the nation.
- 3) It is difficult to make comparisons on firearm suicide by legal intervention because there are just a few, and it is unintentional; they only have raw numbers for this category.
- 4) Firearm mortality varies by demographic group. It is most common among males, non-Hispanic whites, and older adults. Among homicide it's most common among non-Hispanic blacks.
- 5) According to the Coroner's records, the circumstances were similar among those who committed suicide by all means, making it difficult to find statistically significant differences between those groups, with the exception that those who committed firearm suicide were significantly less likely to have a prior attempt.
- 6) In terms of limitations, there is a lack of consistent information in the Coroner's data with regard to consequences. That's primarily because their job is to investigate and determine whether it was a suicide, homicide, legal intervention, unintentional, etc. Their job is not to identify what caused the suicide. Consequently, the information available to them was inconsistent.

Ms. Adams stated they will continue with their investigation. They are planning on doing a multi-level analysis to try to look at the personal sociodemographic, socioeconomic, and geographical location including hot mapping, to see if they can identify other areas of study. Their job as epidemiologists is to present the data to the stakeholders. Additional analyses of the suicides was conducted because Clark County has one of the highest rates of firearm mortalities.

Member Kalikas thanked Ms. Adams for her presentation. She noted that she was assigned to Cimarron Memorial High School as a school nurse for 4½ years. During her tenure, she noticed a trend in an area near the school where crime rates were high. She referred the committee to the map "Firearm Homicide was Clustered in Clark County" and pointed to the triangular darker shaded section where firearm homicide was occurring. She noted that there are mostly apartment complexes in that area as opposed to home owners. She asked whether they could delve deeper into whether kids whose lives change on a regular basis, sometimes multiple times throughout the year,

has an impact on crime rates with regard to the younger population. Ms. Adams stated that the social vulnerability index may take that into account; they could delve a little deeper into that aspect.

Member Kalikas referred the committee to the slide depicting unintentional firearm mortality in Clark County. She inquired whether an effort is being made to prevent future accidents from happening. Chair Bernstein noted the Nevada Office of Suicide Prevention, along with the Nevada Coalition for Suicide Prevention, has embarked on a Reduction of Lethal Means Project to encourage people to lock up their firearms. He noted that many accidental firearm deaths result from kids who pick up an unsecured firearm. Chair Bernstein stated that Richard Egan, the Suicide Prevention Training and Outreach Facilitator for the Nevada Department of Health and Human Services' Office of Suicide Prevention, has made a lot of progress in working with the firearm shops, ranges, and gun shows in town to increase firearm safety awareness. As a result, many of the managers of these businesses have gone through Applied Suicide Intervention Skills Training (ASIST), as well as having their employees trained in safeTALK, which teaches you to recognize persons with suicide ideations and to connect them to suicide intervention resources.

Member Marsala stated that the Mohler family lost a daughter to an accidental shooting where the firearm had not been secured properly. The Mohlers channel their grief by sharing their story through the Brooklyn Mae Mohler Foundation. They are on a mission to make sure other families don't suffer like they have. In response to a question regarding whether drugs or alcohol played a part in suicide by law enforcement, Ms. Adams replied that they haven't been able to link the data from the coroner's toxicology report to the firearm analysis. However, according to the literature, people who commit firearm suicide are likely to have a blood alcohol content that's higher, but they're not as likely to have a substance use disorder. It's more about having the means, having lowered inhibition, and making that choice, rather than having a long-standing alcohol or substance abuse problem. Consequently, they didn't find a difference between people who committed firearm suicide and other types of suicide. Rather, the literature tends to point to an impulsivity issue.

C. Update on Trends in Non-accidental Trauma

Member McSwain reported data from Prevent Child Abuse Nevada for the fiscal year July 2014 through June 2015. Statewide there were 30,551 complaints to Child Protective Services claiming neglect or child abuse. The calls began as "informational only" and after they investigated those calls the number dropped down to half, or approximately 15,000 that actually required further investigation. The substantiated account of child abuse was approximately 3,019 statewide; 2,258 of which occurred in Clark County. Member McSwain noted the importance of prevention outreach. She announced that April is National Prevent Child Abuse Awareness Month, and there are several events planned. Go Blue Day was held on April 9th at Town Square and it was noted that attendance increased three-fold from the previous year. She shared that she also received an award from the Clark County School District for her efforts. The next Go Blue Day is scheduled for April 30th at the Container Park. Member McSwain indicated that education and awareness is the goal for preventing child abuse. Sunrise Hospital has developed a program to educate the parent to separate themselves from the child if they feel they are going to lose control. Chair Bernstein recommended they invite someone from the Institute of Children's Resource & Policy to sit on the committee.

Member Marsala noted that 50% of the admissions in the NICU are mothers on drugs, mostly benzodiazepines and opiates. Member Kalikas stated the withdrawals are terrible on the babies. They may start them on the opiates. However, every time they withdraw they have anxiety, so they get treated for the anxiety and end up on the benzodiazepines. The physicians say it's similar to the DTs for alcoholics, which can become threatening to a baby's respiratory system. She noted that Child Find can't keep up with their assessments of kids with developmental delays, cognitive impairments, and learning disabilities such as ADD/ADHD that is rooted in possible prenatal substance abuse. Member Marsala noted that we still don't have accurate studies on the brain. She

encouraged the committee to read the findings of Dr. Daniel Amen, a disorder specialist and Director of the Amen Clinics.

The committee discussed the issue of widespread abuse of pain medication. Member Kalikas stated she started 41 years ago as a CNA. At that time, pain medication was the last resort in managing pain. In response to an emphasis from JCAHO in developing pain management assessment tools and the research that was going on in the nursing and medical communities, we have literally created a monster by trying to get pain down to next to nothing. She added that pain is a natural part of most things that you go through in a health related condition; it's important to know how much pain you're having, not to annihilate it entirely. We've created this concept where the next generations perceive that they shouldn't have pain.

Member Kathryn Hooper asked if they looked at whether seniors over the age of 60 who committed suicide were abandoned or homeless. Ms. Adams replied that they don't have that information available on a large scale, but could research it more specifically in the future, if needed.

D. Update on Prescription Drug Abuse

Chair Bernstein gave an overview of SB459, relating to controlled substances, which passed in the last legislative session. It authorizes certain health care professionals to prescribe and dispense an opioid antagonist, and provides immunity from civil and criminal liability and professional discipline for such prescribing and dispensing of an opioid antagonist for people who seek medical assistance for a person who is experiencing a drug or alcohol overdose. The practitioner who dispenses a controlled substance must register biennially with the State Board of Pharmacy. It also requires the practitioner to obtain a patient utilization report before writing a prescription for a controlled substance. A strategic plan for Nevada was developed at the state level. It is currently being overseen by a committee that meets quarterly. The PACT (Prevention Advocacy Choices Treatment) is also very active in dealing with the project. The Executive Director, Jamie Ross gave an update to an internal SNHD committee looking at Prescription Drug Overdose in Clark County. She discussed a number of training and education issues such as dealing with use of the PDMP (prescription drug monitoring program) for doctors. They are also trying to work out a way to educate families who live with addicts, or are addicts themselves, on the use of Naloxone. She also gives education regarding the Good Samaritan Law, which provides for immunity from prosecution. A two-hour training video on the use of PDMPs was provided for medical students at the Las Vegas Addiction Center and also the University School of Medicine. Drs. Mel Pohl and Burkhead, two prominent doctors in the world of opioid prescription drugs and pain management, are also working on some education programs. They're hoping to get a 6-year extension on their current 5-year, \$4 million grant and utilize some of those monies for education.

Chair Bernstein related that sometime later this year Walgreen's is going to have a national program where people can drop off unused or expired prescription drugs, particularly opioids. Certain specifications need to be in place such as they must remain open 24/7, and a pharmacist needs to be on duty. The distribution of Naloxone, an opioid antagonist, can be instituted in places such as police substations and doctor's offices. Dr. Iser could set up a standing order for SNHD to be a distribution point for Naloxone, should he wish to do so. Congress may approve additional funding in the near future to purchase the Naloxone. Chair Bernstein noted that the CDC recently distributed new guidelines on the use of opioids for pain management.

In 2008, Project Lazarus was started in Wilkes County, NC. Their public health model is based on the premise that drug overdose deaths are preventable and that all communities are ultimately responsible for their own health. They have facilitated overdose prevention in Wilkes in collaboration with the health department, law enforcement, schools, clinicians, and local hospitals. By 2011 they had reduced opioid deaths by a significant number by working on this project. It was so successful it has now expanded through the entire state of North Carolina. Chair Bernstein had several conversations with the Executive Director, who is willing to attend an SNHD committee meeting via teleconference to discuss how they obtained funding and organized stakeholders.

Ms. Adams stated that she is vice-chair for SEW (Statewide Epidemiological Workgroup) for substance abuse prevention. They work with MPAC (Multidisciplinary Prevention Advisory Committee) to gather data and write reports. They're doing some strategic planning right now to try to identify what the substance abuse reports need to look like in the future. She encouraged the SNIPP Committee to participate so they are kept abreast of the coalitions and strategies that are put in place so we can be in alignment with them; there may even be additional funding available. There has been some participation from Southern Nevada in the past, but historically there hasn't been much.

Member Marsala stated that Safe Kids has also taken on accidental overdoses with kids as one of their initiatives; it is labeled as an accidental injury. Member Kalikas added that the NASN (National Association of School Nurses) is working with the states who have already authorized Naloxone to be stocked in schools so school nurses can administer it if they believe they are dealing with an opiate overdose. She related that she has had two students who overdosed during her tenure as a school based nurse, and it would have been great to have had the opioid antagonist to administer.

E. Next Meeting and Agenda Items

Mr. Bernstein announced that the next SNIPP meeting is scheduled for July. The discussion of non-accidental trauma, update on prescription drug abuse, and nominations for Chairman and Vice Chairman will remain on the agenda.

Member Kalikas thanked Chair Bernstein for all he has contributed to SNIPP and the health district.

IV. INFORMATIONAL ITEMS

Member Marsala stated there will be a Heat Stroke launch event at Sunrise Children's Hospital on Wednesday, April 27th at 10:00 a.m. National Safe Kids and Mrs. Nevada are planning to attend, as well as their parent advocate, Jody Esposito.

Member Hooper stated the Safe Pools Rule kickoff between Las Vegas Fire & Rescue and Henderson Fire Department is scheduled for Wednesday, April 27th at 10:30 a.m. at Cowabunga Bay. Both fire departments will start Walk and Knocks on April 30th, where they plan to give out 16,000 door hangers and drowning literature to residents. The literature will be shared with everyone, regardless of whether they own a pool.

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business on the agenda, Mr. Bernstein adjourned the meeting at 11:33 a.m.