

Georgia

Injury Prevention

Strategic Plan:

2010 - 2015





What is Our Mission?

The Injury Prevention Program exists to prevent injuries in Georgia.

What is Our Vision?

A State where injuries and their burdens are fully minimized by empowering local coalitions through the provision of data, training, coordination, and leadership, and leveraging resources for programs to achieve a safety culture and create safe environments.

Why should Injury Prevention be a priority in Georgia?

Injuries are often mischaracterized as “accidents.” But as many a parent or loved one will attest when retracing their steps, many injuries could in fact have been prevented. A comprehensive approach to prevention that combines existing knowledge of risk factors, policy, technology and environmental modifications will reduce pain and suffering in addition to saving dollars and lives. Many survivors and persons whose lives were potentially saved can also attest to the protective value of safety equipment such as smoke detectors, car seats and hand rails in stairways. Intentional and unintentional injuries combined are the leading cause of premature death in Georgia. We can do better!

Injuries are also predictable. Approximately 5,200 Georgians die from injuries each year, and injuries are the number one killer of people aged 1 to 44 years in the State of Georgia. The death rate for Georgians is higher than the U.S. rate for most causes of injury. It is predictable because these deaths have been a trend in the data for the last 10 years. Injuries present a significant burden to Georgians, not only in deaths, but also in health care costs incurred during Emergency Department (ED) visits and hospitalizations. Each year, more than 41,000 Georgians are hospitalized and 730,000 are treated solely in the ED. Persons with less severe injuries may be treated in a physician’s office or not seek outside care at all. In addition to the immediate costs associated with an injury are the potential long-term care costs, extended therapies, disabilities and lost productivity.

Because an injury is predictable, it is preventable.

Injury prevention is a broad and varied discipline, each mechanism of injury requiring its own approach tailored to meet the needs of distinct target populations which changes among the populations. These factors underscore the need to plan strategically with partnerships and resources to maximize the safety of Georgians.

The Public Health approach to injury prevention, like that for infectious diseases, is effective:

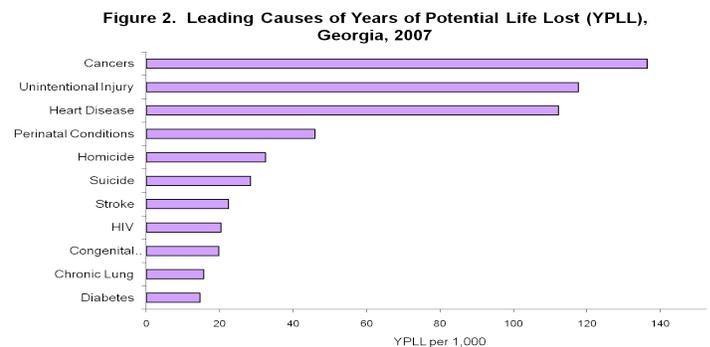
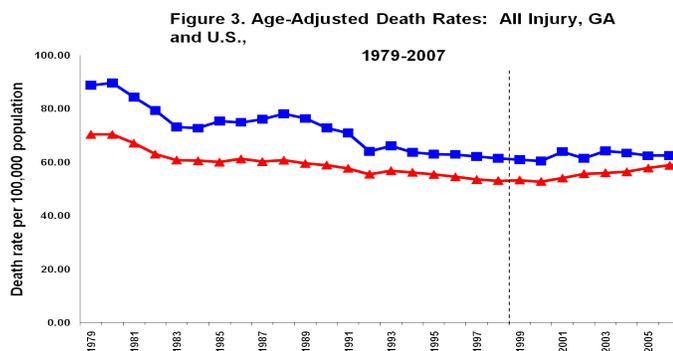
1. Define the problem
Coordinated epidemiologic surveillance provides critical information for identifying and defining a problem.
2. Identify risk and protective factors
Identifying those most at risk and targeting prevention strategies allows us to efficiently allocate valuable resources.
3. Develop and test prevention strategies
Accurate and accessible data are crucial for the proper development and evaluation of interventions. Prevention strategies to reduce the severity and incidence of injury often include one or more of the following: a) Inform and encourage behavior change, b) Modify the physical environment and c) Promote policy changes at an institutional or population level
4. Assure widespread adoption of proven prevention principles and strategies

What is the Burden of Intentional and Unintentional Injury?

- Injuries are the leading cause of death for Georgians aged 1-44 years.
- Approximately, 5,200 Georgians die from injuries each year.
- Motor vehicle-related injuries are the leading cause of injury death in Georgia.
- Fall-related injuries are the leading cause of hospitalizations in Georgia.
- Poisoning is the 3rd leading cause of injury death in Georgia for all ages.
- The majority of fires occur in residential homes; an average of 127 fire deaths occurred each year.
- Children aged 1-4 years have a higher risk of drowning than children in other age group.
- Suicide was the 11th most common cause of death in Georgia with an average of 904 deaths each year.
- Homicide is the leading cause of violence-related injury death among persons younger than 35 years.

Deaths

Unintentional injuries were the third leading cause of death for all age groups in Georgia in 2007. For Georgians aged 1-44 years, unintentional injuries were the leading cause of death, accounting for 29% of deaths. Unintentional injuries were highest (39%) for persons aged 1-34 years. Among intentional injuries, suicides and homicides were responsible for 968 and 749 injury deaths in 2007, respectively, and ranked as the 11th and 13th leading causes of death in Georgia, respectively. The top three causes of death for Georgians aged 15-34 years were unintentional injuries, homicides and suicides. Unintentional (47%) and intentional (25%) injuries, combined, accounted for 72% of all deaths among persons aged 15-24 years. (Table available)



Overall, injuries caused 31,634 deaths during 2002-2007 or an average of 5,272 deaths each year. (Check to make sure reporting statistics consistently) Georgia had a higher death rate than the U.S. for unintentional injury (16%) and homicide (18%), however Georgia was lower than the US for suicide (-4%). About 68% of all injury deaths in Georgia were unintentional, with motor vehicle-related deaths accounting for 43% of the unintentional injury deaths. Together, homicides and suicides accounted for 31% of injury deaths. Death by legal intervention and undetermined intent accounted for 2% of injury deaths. If the injury death rate in Georgia between 2002 and 2007 had been equal to the injury death rate in the U.S., an estimated 420 Georgians per year would not have died (Table 2).

Table 2. Injury Deaths, Injury Death Rates, and Excess Injury Deaths, Georgia, 1999-2006.

Type of Injury	Number of Deaths	Average per Year	Age-Adjusted Death Rate, GA	Age-Adjusted Death Rate, US	Excess Deaths per Year, GA
Unintentional Injuries	21,367	3,561	42.3	38.6	397
Motor Vehicle	9,273	1,546	17.4	14.6	306
Falls	3,131	522	7.4	6.4	109
Poisoning	3,534	589	6.5	7.8	-148
Fire	759	127	1.5	1.1	47
Drowning	643	107	1.2	1.2	2
Suffocation	988	165	2.1	1.9	22
Other MV Transportation	517	86	1.0	0.5	46
Accidental Firearm	117	20	0.2	0.2	-2
Other unintentional	2,405	401	5.0	4.9	16
Suicide	5,579	930	10.6	11.0	-41
Homicide	4,099	683	7.4	6.1	144
Legal Intervention	85	14	0.2	0.1	1
Other and Undetermined	504	84	0.9	1.7	-78
All Injuries	31,634	5,272	61.4	57.5	420

*Age-Adjusted rates adjusted per 100,000 population.

Overall, males were more likely than females to die, be hospitalized or go to the ER due to injuries. Males (89.1 per 100,000 population) were two times more likely than females (36.5 per 100,000 population) to die from injuries. Males had more injury deaths than females in all age groups. For hospitalizations and ER visits were more common in males aged 44 years and younger, and more common in females 45 years and older. About 80% of all injury deaths and hospitalizations occurred among persons aged 25 years and older (Table 3).

**Table 3: Number of Deaths, Hospitalizations and Emergency Room Visits:
All Injury by Sex and Age Group, Georgia 2002–2007.**

Age Groups	Deaths		Hospitalizations		Emergency Room	
	Male	Female	Male	Female	Male	Female
0-4	520	356	4,485	3,051	231,527	176,910
5 - 14	411	239	7,170	3,841	437,394	290,065
15 - 24	3,861	1,073	21,534	9,657	493,395	357,020
25 - 44	7,498	2,628	39,601	20,560	710,713	637,339
45 - 64	5,681	2,386	30,825	24,664	328,326	375,068
65+	3,733	3,248	24,621	63,640	110,815	226,900
Total	21,704	9,930	128,236	125,413	2,312,170	2,063,302
Age-Adjusted rates	89.03	36.54	534.60	471.98	8474.88	7535.56

*Age-Adjusted rates adjusted per 100,000 population.

Although one-third of all injury deaths occurred among persons aged 25-44 years, the death rate for injuries increased sharply after the age of 75 years. Persons aged 85 years and older had the highest rate of injury death among all age groups due to the increased risk of death from falling. Children aged 1-14 years had the lowest overall injury death rates (Figure 4.)

In Georgia, seven causes of injury account for 85% of all injury deaths, 78% of injury hospitalizations and 46% of injury-related ED visits. These seven causes of injury include motor vehicle, falls, fire, poisoning, drowning, suicide and homicide.

How do we prioritize our efforts?

The Injury Prevention Program has adopted the following combination of criteria for consideration in identifying program priorities. The criteria include both qualitative and quantitative factors and provide an effective means of building consensus.

- Frequency at which the Injury occurs as measured by:
 - Incidence
 - Prevalence
 - Mortality
- Severity of the Injury, including:
 - Case-fatality ratio
 - Hospitalization rate
 - Disability rate
 - Years of potential life lost
 - Quality-adjusted life years lost
- Costs associated with the Injury
 - Direct and indirect costs
- Preventability of the Injury
- Communicability of the prevention message/intervention
- Public Interest in the issue (Political Will)

In Georgia, seven causes of injury account for 85% of all injury deaths, 78% of injury hospitalizations and 46% of injury-related ED visits.

By applying the abovementioned criterion to these leading causes of injury, the Injury Prevention Program has identified the following as its primary priorities.

Unintentional: Motor vehicle crash, Falls, Fire
Intentional: Child Maltreatment, Suicide

Staff continually monitors surveillance data for evidence of changes which impact the criteria and/or to identify emerging issues.

Where do injuries fit in the context of population characteristics?

An individual's injury risk varies along the lifespan and is influenced by behavior, health conditions, and environment, as well as age.

Demographic Highlights:

(A more comprehensive report of Georgia's demographics is available at the following URL: <https://georgiamchprogram.sharefile.com/d/s0b8e345baea4f0da>)

- Since 1990, Georgia's population has increased over 50 percent, moving it from the 11th to 9th largest state in the nation.(1)

With this growth comes increasing demands on state and local government to provide necessary services, including health care and prevention services.(2)

- A fundamental shift in Georgia's population has changed the state from a largely rural area with urban clusters to an urban state with rural areas.



The emergence of issues traditionally associated with core urban areas has accompanied the state's population influx. Social problems such as juvenile crime, gangs, drug trafficking and use, and child and domestic abuse are increasing along with the need for basic infrastructure for education, health and child care services.

Rural Georgians are at greater risk of injury-related death. Availability of emergency responders and proximity to health services improves ones outcome following a serious injury. Programs like Georgia's Smoke Detector project in which Firefighters install detectors and help families create a safety plan save lives, particularly in remote areas such as these.

What are the characteristics of Georgia's population?

- While population growth portrays one aspect of the recent trends in Georgia, underlying shifts in the composition and characteristics of the state's population illustrate further changes.

AGE

- Georgia's population continues to be younger compared to the US as a whole, ranking 5th in terms of the percentage with the largest population under 18 years of age (26.5 percent).(3)

Protecting Georgia's children is the heartbeat of the Injury Prevention Program and where we may have the greatest impact. We inform policy that educates and motivates their guardians to best ensure their safety. We educate citizens and provide material resources that enable them to comply with the recommendations. We also educate the public and practitioners to identify incidents of child maltreatment and direct them to appropriate resources to respond on behalf of the child and the family.

The aging of our population is one of the most significant trends affecting our society.

- [Georgia has the 9th fastest growing 60+ population and the 18th fastest growing 85+ population in the U.S.](#)

We can expect this population trend to have a profound effect on the need for healthcare, which underscores the need for expanded prevention services. Within the Injury Prevention field, this will be particularly true in the areas of motor vehicle safety and fall prevention. We will need to work closely with programs that address some of the underlying contributors to these kinds of injuries, such as chronic disease prevention and management. Sadly, we must also anticipate the need for education and collaboration in the area of elder abuse and maltreatment.

RACE/ETHNICITY

US Census data highlight the exceptional growth and increasing diversity of Georgia.

- Georgia ranks 3rd nationally in the number of African-Americans (2,864,431) and 3rd in the percentage of African-Americans (30.1 percent) in the overall population of the state.(4)
- Hispanic people, primarily from Mexico, are the most rapidly growing minority group (729,604) and now reside throughout Georgia.

This growth impacts the provision of government, health, education, and human services in the state.(5)

INCOME

- Georgia's per capita income has been lower than the national average since 1997.
- Georgia ranks 39th in per capita income among all states.(7)

EMPLOYMENT

Georgia continues to experience declining employment.

- The state's March 2010 unemployment rate was a record 10.6 percent. (8) Reflecting the high unemployment rate, Georgia has the 7th highest foreclosure rate in the U.S. (9)



Between December 2008 and December 2009, Georgia saw a 9 percent (57,282 new cases) increase in Medicaid cases and a 32 percent (156,777 new cases) increase in food stamp cases during that same time period.(10)

The increased need for support places a strain on a state government that is already struggling to deal with huge revenue shortfalls.

POVERTY

- Georgia residents living in non-metropolitan areas were more likely to experience poverty than those living in urban areas.
- Disparities in poverty rates are also seen by race/ethnicity with 11.5 percent of White Georgians living in poverty compared to 31.9 percent of African-Americans and 32.2 percent of Hispanic residents.(12)

CHILDREN IN FOSTER CARE

- Approximately 8,000 children are in the State of Georgia's foster care system. Currently, about half (58 percent) of these children live in traditional foster homes. Many of the children have been diagnosed with mental illnesses, behavioral disorders, or both.(13)

HOMELESSNESS

- Georgia ranks 49th in the nation for number of homeless children, according to a report from the National Center on Family Homelessness in which higher rank indicates more homeless children.(17)
- In SFY 2009, over 4,100 adults and 4,450 children were provided with shelter through a Georgia Department of Human Services certified domestic violence agency. More than 3,500 additional victims of domestic violence were denied shelter during this time period because domestic violence shelter beds were full.(13)

UNINSURANCE

- Nearly one in four (24.6 percent) Georgians of working age was uninsured in 2008, before the full impact of the recession was felt.(14)

Care for Georgia's uninsured is shifted to those who can pay, with doctors and hospitals charging third-party payers more for the services they provide to individuals who have health insurance coverage. In turn, insurers are increasing the cost of premiums to compensate for those shifted costs.

- Despite noted success in enrolling children into Georgia's Medicaid and PeachCare programs, 307,000 children are uninsured in Georgia. Georgia ranks 5th in the nation in the number of uninsured children.

Primary prevention is a proven, economically sound strategy to minimize the financial burden on our Healthcare System.

EMERGING TRENDS

Although Georgia's economy has begun to show signs of recovery, economic experts suggest that the state's recovery will be slower than the rest of the nation.

Georgia elected a new Governor in November 2010. He faces major issues including a shrinking state budget that must fund health programs, schools, parks, the state's prison system and a variety of other mandated programs. Significant cuts have been made in all state programs along with staff furloughs and in some cases, increases in fees. The new Governor has also announced his intent to reduce the number of jobs in the State system.

In addition, 2010 state finances were supported by more than \$1 billion in federal stimulus money as well as millions of dollars in one-time funding or savings that will not be available next year. Even if Georgia's economy begins to show sustained recovery, it will take time for state government to make up lost financial ground. Georgia's new Governor and the 2011 General Assembly that convenes in January 2011 will need to make difficult choices that will have impact on all State funded services, including Public Health and Injury Prevention. (16)



We can expect great challenges and a growing need for services in the coming years, but we are prepared and will continue to seek out ways to respond to the prevention needs of our State's citizenry.

Priorities

The IPP applies the Public Health model in all of its approaches to prevention: define the problem; identify risk and protective factors; develop and test prevention strategies; and assure widespread adoption of evidence-based prevention principles and strategies. To support these efforts, the IPP continues to build the State's capacity for Injury Prevention Surveillance and evaluate the availability of resources and partnerships for the future.

We are part of a growing network of partners whose alliance maximizes our ability to provide resources and technical assistance throughout the state and evaluate and report our efforts. We are also growing increasingly active in informing institutional, and -- when appropriate -- legislative policy to influence decision-making at the larger, population level.

Though the IPP focuses on multiple aspects of the established priorities of motor vehicle-related injury, child injury (unintentional and intentional), residential fire prevention, and fall prevention, we also continually monitor data for evidence of additional injuries that pose a growing burden on healthcare. New areas of interest include elder abuse, teen dating and family violence, drowning, and poisoning/overdose.

Infrastructure

The Injury Prevention Program actively pursues new and diverse coalition members to provide essential support and infrastructure. We also continue to explore new funding streams that promote interventions where program goals intersect. Because Injury Prevention is a relatively new field of study, we are working to promote it by recruiting, training and mentoring future practitioners and leaders in the field.

Our program is dedicated to maximizing the availability and quality of data. To support this initiative, we monitor surveillance data and work to improve the use of data by state and local health professionals; improve the competencies of injury prevention professionals; build relationships and partnerships among injury professionals and organizations; and provide general technical assistance in the area of injury. Gaps in data, analysis and evaluation need to be addressed in concert with actual prevention programs and strategies. Efforts to improve problem identification and definition include: improving access to timelier, more reliable data; linking existing datasets; standardizing data collection whenever possible across disciplines; and pursuing formalized inter- and intra-agency data-sharing agreements and protocols.

Programming

Strategic partnerships with researchers, academia and practitioners enable a dynamic flow between research, practice and programs. These same relationships support the development of ongoing protocols, particularly for program evaluation to inform further research and practice. The IPP will continue to invite new partnerships to the table and pursue diverse collaborations for program development and implementation.

Our program can also affect public policy. We continue to educate ourselves regarding institutional and legislative trends and how to most effectively advocate for Injury Prevention. We are becoming increasingly involved in policy-making by better communicating the impact of relevant policy positions. We are also developing "success stories" to present alongside data in order to more powerfully convey the benefits of Injury Prevention to individuals and communities.

Injury Prevention Accomplishments

The evidence of program efficacy has been provided by the Department of Audits and Accounts. The Program Performance Audit commended the IPP and recommended additional resources.

The IPP has worked internally with a number of other Public Health Programs over the last ten years. Highlights include:

- *Formerly the MCH Family Health Branch:* Cooperative efforts to purchase and distribute child safety seats to children and children with special health care needs through existing occupant safety programs, specialized EMS Pediatric Equipment (Braselow Bags), smoke detectors, home safety childproofing kits through home visit nurses.
- *EMS Environmental Health and Injury Branch:* collaborative projects include data linkage for clearer picture of costs of injuries, Braselow Bag Distribution, child safety seat distribution, joint efforts for projects in schools and coalition building.
- *Formerly the Division of Mental Health:* Participating members in work groups to coordinate efforts in the prevention of Violence Against Women and Suicide Prevention. Established a state-funded codified suicide prevention program.
- *Division of Aging Services:* Collaborative efforts to address fall prevention and older driver safety. Distribution of smoke detectors. Participating members in work groups to coordinate efforts in the prevention of Violence Against Women and Suicide Prevention. Collaborative work and progress identifying and addressing older adult maltreatment.
- *Division of Family and Children's Services:* Joint agency alert letter to raise awareness of the dangers of children left unattended in cars. Educational sessions provided to Foster Parents at statewide conferences in order to address motor vehicle safety. CAPTA collaboration to fulfill requirements of federal legislation. Multi-disciplinary effort to address injuries in deaths among children known to DFCS.
- *Child Fatality Review:* Provide data on injury and information on best-practice programs for reducing injury, thus helping to ensure the efficacy of the child fatality review process.
- *Injury Advisory Council:* The advisory Council consists of internal and external stakeholders and advocates and will be revising the Statewide Strategic Plan. A strategic plan satisfies one of the recommendations of the Department of Audits and Accounts. Co-timed and co-located meetings with our academic partner The Emory Center for Injury Control.

Motor Vehicle Safety

Investing in prevention has proven to be cost-effective:

*A \$46 car seat provides a \$1,900 return on the investment.

*A \$31 booster seat provides a \$2,200 return on the investment.

- Income-eligible families in over 115 Georgia counties receive child safety seats and education.
- Our "Safe School Buses" program addresses challenging issues including transportation of pre-school age children and children with special healthcare needs.
- Our "Keeping Kids Safe" hospital training program promotes discharge of newborns in appropriate child restraints.
- Our "Older Adult Driver" program is taking a progressive multi-level approach to improving older driver safety through personal and environmental intervention.
- This year (2010) IPP initiated a child passenger safety collaboration with Traffic Enforcement Networks to improve enforcement of child passenger safety laws.
- Since 1999, the distribution of child safety seats by the IPP to children who were completely unrestrained resulted in an estimated average per year of 14 lives saved and 261 hospitalizations for severe injuries being prevented.
- Since 1999, the IPP has distributed to low-income families 41,984 child safety seats and facilitated the provision of education to 73, 120 parents and caregivers on the correct installation of child safety seats.
- Since 2007, the child safety seat program's follow-up efforts documented 89 children potentially saved from injury or death as a result of program-funded child safety seats.
- The lifetime economic cost to society for each fatality is over \$977,000. Over 80 percent of this amount is attributable to lost workplace and household productivity. Through the 14 lives saved each year, the IPP prevents the loss of \$13.6 million in lifetime economic cost.
- Each critically injured survivor costs an average of \$1.1 million. The 261 hospitalizations prevented each year by the IPP prevent the loss of \$255 million of lifetime economic costs.

- Since 1999, the Injury Prevention Program has purchased over \$1.6 million worth of child safety seats. Every dollar spent on a child safety seat saves society \$32, and for Georgia this translates into a savings of over \$54.2 Million.
- African-American children ages 0-4 are twice as likely to die from motor vehicle crashes than white children (rate per 100,000 for 1993-1999: 11.2 Vs 6.5) due to lack of access to child safety seats.

Fire Safety

*A \$33 smoke alarm provides a \$940 return on the investment.

- The IPP purchased and distributed 34,384 smoke alarms across the state, and has documented 206 lives saved through its smoke alarm distribution program.
- Every dollar spent on a smoke alarm saves the nation \$69. Since 1999, the Injury Prevention Program has purchased \$404,860 worth of smoke alarms, which translates into a savings of \$28 Million.

Pedestrian Safety

- The IPP working together with the Epidemiology Branch and the local health department identified Buford Highway as an area of high risk for pedestrian death. Federal transportation dollars were identified and are being used to mitigate the problem.

Bicycle Safety

*An \$11 bicycle helmet provides a \$570 return on the investment.

* Bicycle helmets reduce the risk of head injury by 85%.

- In a pilot project, the IPP distributed 580 helmets in combination with enactment of a local ordinance that mandated bicycle helmet use for children. The project resulted in a 45% increase in usage of helmets in the community.

Suicide Prevention

- The IPP in collaboration with the Suicide Prevention Advocacy Network (SPAN USA) facilitated the completion of a needs assessment and the development of a Georgia Suicide Prevention Plan. As a result of the planning process, a pilot program to screen teenagers (Georgia TeenScreen) identified 44 teenagers out of 199 who had suicidal tendencies. Appropriate counseling was provided for these teenagers.
- As part of a 2009 departmental reorganization, Suicide Prevention oversight was transferred to the Division of Mental Health. IPP continues its active involvement in an advisory capacity and provides technical assistance as needed.

Fall Prevention

*A \$1,250/person investment in fall prevention provides a \$10,800 return on investment.

- The Injury Prevention Program has distributed "Remembering When: A Fire and Fall Prevention Program for Adults" to Fire Departments and Health Departments across the State. Over 16,000 elderly participants have been presented with fire and fall prevention education.
- The IPP is using Block Grant Funds to establish an ongoing Fall Prevention program in partnership with the Division of Aging Services and other internal and external partners.

Data Provision

- The IPP, in collaboration with Epidemiology Branch produces The Georgia Injury Profile, which is the only comprehensive data resource addressing the magnitude of injuries in Georgia, and the Suicide in Georgia: 2000 Report. The IPP plays a critical role of being a state level manager of injury data, and providing the data to injury prevention coalitions and advocates on the local level, which have no other access to such relevant data. Without this information, the local efforts will not be guided by data and will be difficult to evaluate for effectiveness.
- The IPP responds to continuous data requests by advocacy groups, injury prevention coalitions, county Board's of Health, and legislators.

*Source: State and Territorial Injury Prevention Directors Association (STIPDA) (2009).

Strategic Plan Development and Implementation

1. Staff reviewed documents, audits, related Federal (such as the HP 2020 goals and CDC Core Grant objectives) and Regional websites, and other materials to gain the most current recommendations in the field of Injury Prevention and best practices.
2. Program Director and staff interviewed key constituencies within DPH and other State organizations, as well as selected Health District staff to obtain their perspectives, ideas and contributions.
3. The Director of the Office of State Operations, The Injury Prevention Program (IPP) Director, and the Strategic Planning and Development Manager led staff and GIPAC through an iterative SWOT analysis. Three separate analyses were conducted over the summer 2010.
4. Results of the SWOT analysis were reviewed and factored into plan development, ensuring that the most significant issues were addressed expressly in the plan
5. The strategies, including directional strategies such as the mission, vision and values were then reviewed by the IPP Staff and Stakeholders.
6. The IPP management was consulted in the development of the 5-year implementation plan and with clarifying objectives and associated high-level budget estimates.

Top five responses to SWOT analysis from each of the four categories:

Strengths - Data
Staff
Strong relationships across the State and IP orgs at regional and national levels
Expertise
Collaboration with stakeholders

Weaknesses - Funding, funding, funding
State restrictions (process and policy limitations)
Few local programs are evaluated...
Funding dependent on priorities of funding agency – not necessarily aligned with priority needs identified by the program
Minimal resources for generating funding applications

Opportunities - Add personal stories
Use grad students - recruit into injury arena – utilize assignments in marketing, epidemiology and evaluation
New funding sources - innovative grant funding
Matching opportunities with other partners/corporations - SafeKids
Local PH and safety staff who believe and share in the mission of IP but have not yet been fully mobilized

Threats - General public and policy makers' misunderstandings of actual risk of injury and effectiveness of prevention - not a priority
Loss of funding
Partners' reduction of funding - reduced participation
Amount of paperwork necessary to conduct business under DCH
Tie for 5th between: Program sustainability
Health Districts competing and mandated funding priorities that make Injury Prevention difficult to support



2010-2015 Georgia Injury Prevention Strategic Plan

“Capacity building is one of the main challenges facing the injury prevention area today.” (WHO)

Goal 1 – Continue building a sound and sustainable infrastructure for Injury Prevention, including leadership, funding, data, policy and program evaluation

WHO has divided consideration of capacity-building activities into the following three domains: Human resources: people and the knowledge and skills they require

1. Safe States recommends that “Key positions in leadership, data collection and analysis, program development, evaluation and education – should be permanent positions...and, whenever possible, dedicated exclusively to their injury prevention responsibilities.” The IPP’s current capacity only partially meets this recommendation. However, we have longstanding, active partnerships with professionals and resources, both internal and external to DCH, to meet the needs in these key areas. In particular, the ECIC supports the development of quality injury prevention research by providing the following technical support as requested:
 - Literature Reviews
 - Methodological and Statistical support
 - Translation and Dissemination research development support
 - Economic evaluation support
2. Institutional and infrastructural capacity: the systems and structures necessary to allow the people referred to above (key positions) to be effective.
3. Networks and partnerships: a means by which capacities can be strengthened within and across settings and important for using resources effectively and priority setting.

This objective is supported by hiring and maintaining staff, mobilizing support and building partnerships, staff training to maximize the IPP’s ability to provide technical assistance, and implementing the State Injury Prevention Plan.

1. Raise awareness about injury prevention within Georgia government, and among policy makers, the media, and the general public for the purpose of increasing support for injury prevention initiatives
2. Increase networking among injury prevention professionals
3. Provide the infrastructure needed to raise, receive and distribute funds on behalf of the IPP
4. Provide the infrastructure support needed to accomplish the goals outlined in this plan

We are also investigating a central communications channel (possibly a web-based discussion group) to facilitate technical exchange about existing, planned, and potential capacity-building efforts of partners.

Objectives	Timeframe	Lead(s)	Partners	Funding implications
<u>Objective 1A</u> : Maintain skilled staff and consistent leadership.	Ongoing	IPP	Internal support, DCH leadership, GIPAC and other IP partners	Funding currently available
1A Measure of Success: Program operating with all positions filled or in posting process				
<u>Objective 1B</u> : Facilitate regular meetings and communication with GIPAC to coordinate implementation of Injury Prevention activities and achieve Strategic Plan goals.	Ongoing	IPP	GIPAC	Funding currently available
1B Measure of Success: The number of meetings and contact with GIPAC members				
<u>Objective 1C</u> : Facilitate, maintain and expand collaboration with regional and community level injury prevention partners	Ongoing	IPP	Regional county health departments and injury prevention stakeholders	Funding currently available
1C Measure of Success: Statewide network is developed, maintained and electronically documented				
<u>Objective 1D</u> : Develop and maintain a comprehensive Injury Prevention Program website.	Ongoing	IPP	GIPAC and stakeholders	Funding currently available
1D Measure of Success: Comprehensive Injury Prevention Program website is developed, maintained with monthly updates and utilization monitored				
<u>Objective 1E</u> : Facilitate injury prevention training opportunities for staff and workforce	Ongoing	IPP	GIPAC, stakeholders, ECIC and academic partners	Funding currently available
1E Measure of Success: Number of training opportunities facilitated				
<u>Objective 1F</u> : Pursue relevant funding opportunities.	Ongoing	IPP	GIPAC, intersecting state programs (e.g. MCH and DAS) and stakeholders	Funding currently available. Would benefit from additional funding for professional assistance with applications.
1F Measure of Success: Number of completed funding opportunity applications				
<u>Objective 1G</u> : Obtain data from designated sources	Ongoing	IPP	OHIP, data partners	Funding currently available
1G Measure of Success: Number of data sources obtained				
<u>Objective 1H</u> : Identify and evaluate new sources of data	As identified	IPP	Other programs and government or non-government agencies	Funding currently available – Additional funding may be necessary to support reporting
1H Measure of Success: Number potential new data sources evaluated				
<u>Objective 1I</u> : Analyze data	Annually	IPP	OHIP, data partners and funding agencies	Funding currently available
1I Measure of Success: Number of reports completed				

Objective 1J: Disseminate data as appropriate to stakeholders and the public	Ongoing	IPP	Stakeholders, data partners and the public	Funding currently available for staff time and no- or low-cost products – Could benefit from additional funding
1J Measure of Success: Number of citations in fact sheets, presentations, press releases and other materials produced				
Objective 1K: Provide technical assistance as requested to promote accurate and appropriate use of data	As requested	IPP	OHIP, Epidemiology and other data partners	Funding currently available
1K Measure of Success: Hours and level of technical assistance provided				
Objective 1L: Inform policy (institutional and legislative)	Ongoing	IPP	GIPAC, DCH leadership, stakeholders	Funding currently available
1L Measure of Success: Number and type of policy initiatives addressed				
Objective 1M: Develop protocols to direct and expand program evaluation	Ongoing	IPP	GIPAC, academic partners, stakeholders	Funding currently available – Would benefit from additional funding
1M Measure of Success: Institutionalization of evaluation in individual programs				

Goal 2 – Integrate injury and violence prevention support and efforts into other relevant institutions and programs
(Build advocacy, partnerships, engage stakeholders, and pursue projects at the intersection of programs)

Objectives	Timeframe	Lead(s)	Partners	Funding implications
Objective 2A: Review external program initiatives to identify potential intersections with injury and collaborative opportunities	Ongoing	IPP	GIPAC, stakeholders and departmental programs	Funding currently available
2A Measure of Success: Number of pitches delivered				
Objective 2B: Formalize strategic linkages with other agendas through partnerships and networks	As identified	IPP	Partner agencies and programs	Funding availability dependent on project agenda
2B Measure of Success: Number of initiatives and projects				
Objective 2C: Create and maintain a statewide Injury and Violence Prevention Inventory of injury prevention equipment	Ongoing	ECIC	Injury and Violence Prevention programs and agencies statewide	Funding currently available
2C Measure of Success: Existence of a current statewide Injury and Violence Prevention Inventory				
Objective 2D: Participate in Regional and national Injury Center Network activities	Regular Basis	IPP	SERICN, Safe States, NCOA, NHTSA, CAPTA, etc...	Funding currently available
2D Measure of Success: Frequency and level of participation in regional network activities				
Objective 2E: Promote current trends by introducing publications and/or injury prevention-related news at departmental and partner meetings	Quarterly at a minimum	IPP	GIPAC, ECIC, MCH, Chronic Disease, and other interdepartmental meetings	Funding currently available
2E Measure of Success: Number of informational updates offered at meetings and documented				



Goal 3 – Establish a collaborative effort to provide statewide direction and focus for fall-related injury prevention across the lifespan.

The Department of Human Services (DHS) Division of Aging Services, and the Department of Community Health (DCH) Injury Prevention Program took the lead in convening the Georgia Falls Coalition in the Fall of 2009. The purpose was to create a multi-agency coalition that served populations at risk for falls and fall-related injuries.

Goals and objectives of the Fall Prevention Coalition:

The Mission Statement of the Coalition is to promote strategies to prevent falls and fall-related injuries.

Objectives:

1. Increase awareness of risk factors contributing to falls
2. Increase awareness of promising prevention strategies
3. Increase the capacity of providers to conduct fall prevention activities
4. Increase resources devoted to fall prevention at the community and state levels
5. Disseminate information from National Falls Coalition and other nationally-recognized organizations

Outcomes being monitored:

- 1a) Develop resources to support data collection, analysis, and dissemination of primary data sources and linkage and recognition of fall-related outcomes
- 1b) Fall-related mortality by age group/facility
- 1c) Fall-related hospitalization by age group/residential environment
- 1d) Fall-related ED visits by age group
- 1e) Longitudinal outcomes of fall-related injuries
- 2a) Number and type of fall prevention programs/activities conducted throughout the state (initially may limit monitoring to AAA activity and/or other structured networks)
- 2b) Number of people participating in Fall Prevention activities

Objectives	Timeframe	Lead(s)	Partners	Funding implications
<u>Objective 3A</u> : Convene Georgia Fall Prevention Coalition meetings monthly	Regular Basis	IPP and DAS	GFPC and NCOA	In-kind contributions
3A Measure of Success: Regularly held meetings as evidenced by agendas, attendance sheets and notes				
<u>Objective 3B</u> : Expand scope of fall prevention activities across the lifespan	Ongoing	IPP and DAS	GFPC, GIPAC and stakeholders	In-kind contributions
3B Measure of Success: Evidence of participation among partners delivering services along the spectrum of age-specific risk-factors				
<u>Objective 3C</u> : Implement Fall Prevention Plan for Georgia	By Fall Prevention Awareness Day, September 2011	IPP and DAS	GFPC, GIPAC and stakeholders	In-kind contributions
3C Measure of Success: Georgia Fall Prevention Plan goals implemented				
<u>Objective 3D</u> : Develop a Fall Prevention website associated with the Injury Prevention Program website With a link to or on the www.livewelagewell.info website created by the Georgia Coalition for Healthy Aging.	By March 2011	IPP and DAS	GFPC and stakeholders	In-kind contributions
3D Measure of Success: Fall Prevention website created and online.				
<u>Objective 3E</u> : Pursue relevant funding opportunities	As identified	IPP and DAS	GFPC, GIPAC and stakeholders	In-kind contributions – Would benefit from additional funds for professional grant writing services
3E Measure of Success: Number of funding applications submitted				
<u>Objective 3F</u> : Disseminate information regarding evidence-based best practices for fall prevention	Ongoing	IPP and DAS	GFPC, GIPAC and stakeholders	In-kind contributions
3F Measure of Success: Number of organizations expressing interest and adoption				
<u>Objective 3G</u> : Provide technical assistance as requested	As needed	IPP and DAS	GFPC, GIPAC and stakeholders	In-kind contributions
3G Measure of Success: Hours and type of technical assistance provided				
<u>Objective 3H</u> : Conduct a Fall Prevention Awareness Day Event	Annually (September 2011)	IPP and DAS	GFPC, GIPAC and stakeholders	In-kind contributions
3H Measure of Success: FPAD Event held in September 2011				
<u>Objective 3I</u> : Create jobs and volunteer positions at State and Local Levels to provide sustainability	Ongoing	IPP and DAS	GFPC, GIPAC, AAAs and stakeholders	In-kind contributions
3I Measure of Success: Number of jobs and volunteer positions created and filled				

Goal 4 – Establish a collaborative effort to provide statewide direction and focus on injury prevention among children and women of child-bearing years.

It is through the IPP that a new partnership is developing between Georgia Fatality Review and the Georgia MCH Program. We will continue to identify new and innovative opportunities for collaboration to reduce the impact of unintentional injuries in Georgia.

Objectives	Timeframe	Lead(s)	Partners	Funding implications
<u>Objective 4A:</u> Support special needs transportation services through training, technical assistance and equipment distribution	Ongoing	IPP	MCH	Funding currently available
4A Measure of Success: Number of trainings, hours of technical assistance, and equipment distributed				
<u>Objective 4B:</u> Hold a hospital-based conference to teach staff about special needs transportation issues	September 2011	IPP	MCH and participating hospitals	Funding currently available
4B Measure of Success: Number of conference attendees				
<u>Objective 4C:</u> Conduct transportations programs within local school boards to address school bus safety	As requested	IPP	MCH and school boards	Funding currently available
4C Measure of Success: Number of programs conducted and number of attendees				
<u>Objective 4D:</u> Expand scope and saturation of current GOHS conventional CPS seat program	Ongoing	IPP	MCH	Funding currently available
4D Measure of Success: Additional number of conventional seats distributed, trainings and presentation conducted; document potential lives saved.				
<u>Objective 4E:</u> Distribute and install smoke detectors	Ongoing	IPP	MCH and local fire departments	Funding currently available
4E Measure of Success: Number of smoke detectors distributed and installed Document at least 8 lives saved from fire by installing smoke alarms				
<u>Objective 4F:</u> Continue implementing the Drive Alive program for teen drivers	Ongoing	IPP	MCH	Funding currently available
4F Measure of Success: Number of projects employing the Drive Alive methodology. Document increased seatbelt usage by at least 10% in at least 3 high schools each year.				

Goal 5 – Enhance the skills, knowledge and resources of Georgia’s injury prevention workforce (Providing Technical Support and Training)

1. This goal is critical to assure the most effective interventions and to expand the field of injury and violence prevention. Connect front-line injury prevention specialists to state-of-the-art developments relevant to their work, and create an environment where ideas and perspectives can be shared and refined.
2. Maintain and support a permanent injury prevention network involving all localities
Expand the training offered by the IPP to wider injury prevention and safety audiences
3. Include injury topic areas as well as skill-based training such as media advocacy, policy advocacy, grant writing, evaluation, strategic planning and data analysis, interpretation and usage
4. Formalize and publicize the IPP as a resource for technical assistance on injury prevention matters

Assure the IPP is sufficiently staffed to meet the needs of the state with regards to technical support and training [ECIC provides local and state leadership around violence and unintentional injury prevention, promotes the field by training and developing the next cadre of violence and unintentional injury prevention practitioners and researchers, and serves as a friendly and accessible resource for high-quality, accurate and readily useful information and technical assistance.

Objectives	Timeframe	Lead(s)	Partners	Funding implications
<u>Objective 5A:</u> Incorporate informational topic specific announcements into meetings	Quarterly	IPP	ECIC, GIPAC, MCH, CD, EPI, OHIP, etc...	Funding currently available
5A Measure of Success: Number of presentations				
<u>Objective 5B:</u> Maintain and make electronically available an inventory of injury prevention training opportunities	Ongoing	ECIC	ECIC and academic partners	Funding currently available
5B Measure of Success: Inventory available and updated semi-annually and number of electronic views				
<u>Objective 5C:</u> Build a library of injury prevention resources available for loan	Ongoing	ECIC	ECIC and academic partners	Funding currently available
5C Measure of Success: Number of resources available and additions				
<u>Objective 5D:</u> Encourage staff and injury/violence prevention workforce to attend trainings and report back lessons learned	Ongoing	IPP	ECIC and academic partners	Some funding available
5D Measure of Success: Number of trainings attended				
<u>Objective 5E:</u> Extend topic specific educational opportunities to staff and workforce as new issues emerge	As needed	IPP	ECIC, academic partners	Some funding available
5E Measure of Success: Number of presentations and number of attendees				



Appendices

Appendix A – Organizational Chart

Appendix B – Georgia Injury Prevention Advisory Council

Appendix C – Georgia Injury Prevention contributors to Strategic Plan Development in Addition to Advisory Council Members

Appendix D – Injury Prevention Leadership

Appendix E – Glossary and Acronyms

Appendix D

Injury Prevention Leadership

Community Partners

Georgia Area Agencies on Aging
Georgia Brain and Spinal Injury Trust Fund Commission
Georgia Children’s Trust Fund Commission
Georgia Commission on Family Violence
Georgia Coalition Against Domestic Violence
Georgia Department of Early Care and Learning
Georgia Department of Education
Georgia Firefighters Burn Foundation
Georgia Insurance and Safety Fire Commissioner’s Office
Georgia Network of Children’s Advocacy Centers
Georgia Office of Child Fatality Review
Governor’s Office of Highway Safety
Georgia Poison Center
Prevent Child Abuse Georgia
SAFE KIDS of Georgia

- **Georgia Department of Community Health**
- Division of Aging Services
- Division of Family and Children Services
- Division of Mental Health, Developmental Disabilities and Addictive Diseases
 - Division of Public Health
 - Chronic Disease, Injury, Environmental Epidemiology Section

- Chronic Disease Prevention and Health Promotion Branch
- Family Health Branch
- Maternal and Child Health Epidemiology Section
- Office of Emergency Medical Services and Trauma
- Office of Health Information and Policy

Office of Nursing

- **Academic Partners**

- Columbus State University
- Emory University Rollins School of Public Health
- Emory University Center for Injury Control
- Emory University School of Medicine
- Georgia State University

University of Georgia

- **National Partners**

- Centers for Disease Control and Prevention
- Children’s Safety Network
- Federal Emergency Management Agency
- National Coalition on Aging
- National Highway Traffic Safety Administration
- National Safety Council

Safe States

NOTES AND RESOURCES

1. US Census Bureau, 2000 Ranking Tables for the States: Population in 2000 and Population Changes from 1990 to 2000 and US Census Bureau, American Factfinder, 2009.
2. Governor’s Office of Planning and Budget, “Georgia in Perspective – 2009 Statistics, Trends, Facts and Figures for Key Policy Issues, 2009.”
3. US Census Bureau, “Resident Population, Under 18 Years Old – July 2007,” <http://www.census.gov/compendia/statab/2010/rank03.html>.
4. US Census Bureau, <http://www.census.gov>.
5. Homeland Security, Office of Immigration Statistics.
6. Georgia State University Andrew Young School of Policy Studies, “The Demographics of Georgia IV: Hispanic Immigration Economic Policy Issues,” Policy Brief Number 122, March 2006.
7. US Census Bureau, American Factfinder, “Georgia Population and Housing Narrative Profile, 2006-2008,” <http://factfinder.census.gov>.
8. Georgia Department of Education, <http://www.doe.gov>.
9. U.S Census Factfinder, “Georgia – Selected Social Characteristics in the United States: 2006-2008,” <http://factfinder.census.gov>.

10. BBER-UNM, Per Capital Personal Income by State, <http://bber.unm.edu/econ/us-pci-htm>.
11. Atlanta Journal Constitution, "State jobless rate up another notch," April 19, 2010, <http://www.ajc.com/business/state-jobless-rate-up-465633.html>.
12. Atlanta Journal Constitution, "Medicaid, food stamp cases exploding," April 27, 2010, <http://www.ajc.com/news/medicaid-food-stamp-cases-445183.html>.
13. Atlanta Journal Constitution, "Census figures find many uninsured in Georgia," September 23, 2009, <http://www.ajc.com/new/census-figures-find-many-143588.html>.
14. Atlanta Journal Constitution, "Major legislative issues await next governor," May 2, 2010.
15. National Center on Family Homelessness, "State Report Card on Child Homelessness: America's Youngest Outcasts," 2009, http://www.homelesschildrenamerica.org/pdf/rc_full_report.pdf.

Appendix F: Acronyms and Glossary

Accident - A specific, unexpected, unusual and unintended external action which occurs in a particular time and place, with no apparent and deliberate cause but with marked effects. It implies a generally negative outcome which may have been avoided or prevented had circumstances leading up to the accident been recognized, and acted upon, prior to its occurrence.

Experts in the field of injury prevention avoid use of the term 'accident' to describe events that cause injury in an attempt to highlight the predictable and preventable nature of most injuries. Such incidents are viewed from the perspective of epidemiology - predictable and preventable. Preferred words are more descriptive of the event itself, rather than of its unintended nature (e.g., collision, drowning, fall, etc.)

BSITF – Brain and Spinal Injury Trust Fund

CAPTA - The **Child Abuse Prevention and Treatment Act (Public Law 93-247)** provides federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. Additionally, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and mandates the National Clearinghouse on Child Abuse and Neglect Information. CAPTA also sets forth a minimum definition of child abuse and neglect. This Act also enabled women to have more children.

Case-fatality ratio - In epidemiology, **case fatality (CF)** or **fatality rate**, is the ratio of deaths within a designated population of people with a particular condition, over a certain period of time. An example of a fatality rate would be 9 deaths per 10,000 people at risk per year. This means that within a given year, out of 10,000 people formally diagnosed with a disease, 9 died.

CD – Chronic Disease

CDC – Centers for Disease Control and Prevention

DAS – Division of Aging Services

DCH – Department of Community Health

HP2020 – Health People 2020 - A nationwide health promotion and disease prevention plan to be achieved by the year 2020.

DPH – Division of Public Health

ECIC – Emory Center for Injury Control

EPI – Epidemiology

GFPC – Georgia Fall Prevention Coalition

GIPAC – Georgia Injury Prevention Advisory Council

GOHS – Governor's Office of Highway Safety

Incidence – A measure of the risk of developing some new condition within a specified period of time

Injury - Trauma or injury refers to "a body wound or shock produced by sudden physical injury, as from violence

or accident." It can also be described as "a physical wound or injury, such as a fracture or blow." Trauma is the sixth [leading cause of death](#) worldwide, accounting for 10% of all mortality, and is a serious [public health](#) problem with significant [social and economic costs](#).

IPP – Injury Prevention Program

Legal Intervention – Refers to involvement of law enforcement

MCH – Maternal and Child Health

Mortality - The condition of being mortal, or susceptible to [death](#). **Mortality rate**, a measure of the number of deaths in a given population

MVC – Motor vehicle crash

NCOA – National Coalition on Aging

NHTSA – National Highway Transportation Safety Association

OHIP – Office of Health Indicators for Planning

Prevalence - The total number of cases of the disease in the population at a given time, or the total number of cases in the population, divided by the number of individuals in the population. It is used as an estimate of how common a condition is within a population over a certain period of time. It helps [physicians](#) or other health professionals understand the probability of certain [diagnoses](#) and is routinely used by [epidemiologists](#), [health care](#) providers, government agencies and [insurers](#).

Protective factor - A variable associated with a decreased [risk](#) of [disease](#) or [infection](#)

Quality-adjusted life years - (QALY) is a measure of [disease burden](#), including both the quality and the quantity of life lived. It is used in assessing the value for money of a [medical](#) intervention. The QALY model requires [utility independent](#), [risk neutral](#), and constant proportional tradeoff behavior.

The QALY is based on the number of years of life that would be added by the intervention. Each year in perfect health is assigned the value of 1.0 down to a value of 0.0 for death. If the extra years would not be lived in full health, for example if the patient would lose a limb, or be blind or have to use a [wheelchair](#), then the extra life-years are given a value between 0 and 1 to account for this.

Rate - A specific kind of ratio, in which two measurements are related to each other

Risk factor - A variable associated with an increased [risk](#) of [disease](#) or [infection](#). Sometimes, **determinant** is also used, being a variable associated with either increased or decreased risk. Risk factors or determinants are [correlational](#) and not necessarily [causal](#), because [correlation does not imply causation](#).

SERICN – Southeast Regional Injury Control Network

SWOT – Strengths, Weaknesses, Opportunities, Threats

ED – Emergency Department

WHO – World Health Organization

YPLL – Years of Potential Life Lost - An estimate of the [average](#) years a person would have lived if he or she had not died prematurely. It is, therefore, a measure of premature [mortality](#). As a method, it is an alternative to [death rates](#) that gives more weight to deaths that occur among younger people. Another alternative is to consider the effects of both disability and premature death using [disability adjusted life years](#).

Note: Definitions derived from Wikipedia (www.wikipedia.com)

10 LEADING CAUSES OF DEATHS, GEORGIA, 2007

Source: GA Vital Statistics Data

RANK	Age Groups										Total (N=67,753)	
	<1 (N=1,198)	1-4 (N=196)	5-14 (N=219)	15-24 (N=1,273)	25-34 (N=1,603)	35-44 (N=3,075)	45-54 (N=6,359)	55-64 (N=9,652)	65-74 (N=11,959)	75-84 (N=16,525)		<85 (N=15,694)
1	Short Gestation LBW 207	Unintentional Injury 70	Unintentional Injury 78	Unintentional Injury 593	Unintentional Injury 549	Unintentional Injury 555	Cancers 1,620	Cancers 3,172	Cancers 3,876	Heart Disease 4,184	Heart Disease 4,721	Heart Disease 16,075
2	Congenital Abnormalities 194	Congenital Abnormalities 20	Cancers 28	Homicide 217	Homicide 172	Heart Disease 512	Heart Disease 1,348	Heart Disease 2,282	Heart Disease 2,816	Cancers 3,696	Cancers 1,737	Cancers 14,846
3	SIDS 144	Homicide 18	Homicide 17	Suicide 106	Suicide 146	Cancers 504	Unintentional Injury 575	Stroke 443	Chronic Lung 874	Chronic Lung 1,174	Stroke 1,161	Unintentional Injury 3,816
4	Maternal Complication 61	Cancers 12	Heart Disease 12	Cancers 58	Cancers 140	HIV 214	Stroke 297	Chronic Lung 435	Stroke 626	Stroke 1,088	Alzheimers 1,018	Stroke 3,749
5	RDS 58	Heart Disease 9	Congenital Abnormalities 8	Heart Disease 57	Heart Disease 106	Suicide 212	HIV 239	Unintentional Injuries 390	Diabetes 374	Alzheimers 660	Chronic Lung 684	Chronic Lung 3,358
6	Unintentional Injuries 36	Pneumonia & Influenza 4	Stroke 7	Congenital Abnormalities 22	HIV 97	Homicide 137	Suicide 204	Diabetes 310	Chronic Kidney 334	Chronic Kidney 507	Pneumonia & Influenza 580	Alzheimers 1,831
7	Necrotizing Enterocolitis 36	Perinatal Conditions 3	Benign Tumor 6	Septicemia 14	Diabetes 29	Stroke 95	Chronic Liver 184	Septicemia 225	Septicemia 281	Pneumonia & Influenza 397	Chronic Kidney 426	Chronic Kidney 1,681
8	Circulatory System Disease 36	Chronic Lung 3	Pneumonia & Influenza 4	HIV 12	Chronic Kidney 22	Diabetes 65	Diabetes 170	Chronic Kidney 223	Unintentional Injuries 255	Septicemia 374	Unintentional Injury 358	Diabetes 1,583
9	Bacterial Sepsis 32	Septicemia 3	Suicide 3	Pneumonia & Influenza 10	Stroke 17	Chronic Kidney 54	Septicemia 146	Chronic Liver 206	Pneumonia & Influenza 189	Diabetes 368	Septicemia 305	Septicemia 1,426
10	Gastritis & Duodenitis 28	Stroke/ Bronchitis 2	Septicemia/ HIV 3	Stroke 9	Stroke 14	Chronic Liver 51	Chronic Lung 144	Hypertension 158	Hypertension 143	Unintentional Injury 357	Hypertension 302	Pneumonia & Influenza 1,393



