

INJURY PREVENTION STRATEGIC PLAN

Georgia 2016-2018





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 have been prevented. A comprehensive approach to prevention that combines existing knowledge of risk factors, policy, 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 5,600¹ Georgians die from injuries each year, and injuries are the number one killer of people aged 1 to 44 years of age. The death rate for Georgians is higher than the U.S. rate for most causes of injury. Injuries are 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 715,000² 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.



The Public Health Model

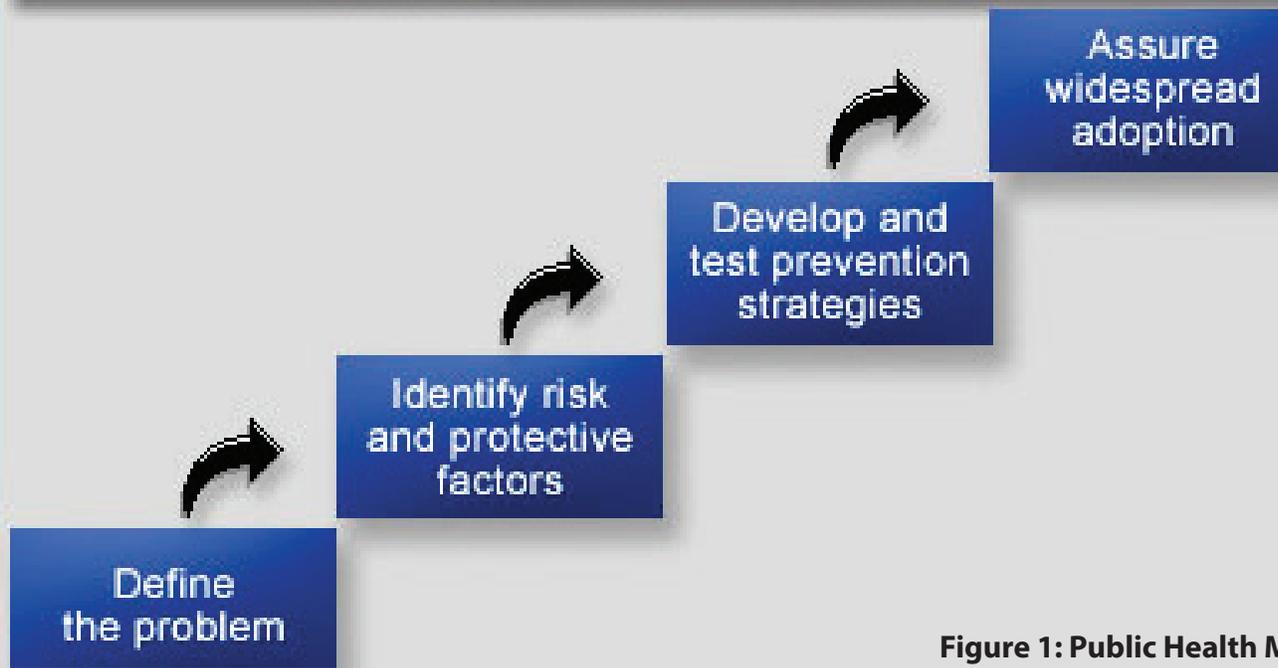


Figure 1: Public Health Model¹

BECAUSE AN INJURY IS PREDICTABLE, IT IS PREVENTABLE.

Injury prevention is a broad and varied discipline. It encompasses unintentional injuries (falls, traumatic brain injury, or motor vehicle crashes) and intentional injuries (domestic violence, child maltreatment, elder maltreatment). The goal here is to reduce the risk of injury and prevent injuries through changes in the environment, individual behavior, products, or policy. Each mechanism of injury requires its own approach tailored to meet the needs of distinct target populations. These factors underscore the need to plan strategically with partners and utilize available resources to maximize the safety of Georgians.

The Public Health approach to injury prevention (figure 1), like that for infectious diseases, is effective:

1) Define the problem:

- Coordinated data 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:
 - Inform and encourage behavior change
 - Modify the physical environment
 - Promote policy changes at an institutional or population level

4) Assure widespread adoption of proven prevention principles and strategies



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

—WORLD HEALTH ORGANIZATION (WHO)

OUR MISSION

The Injury Prevention Program (IPP) exists to prevent injuries in Georgia.

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.

HISTORY

The work of the IPP started as a single project with a grant from the Governor’s Office of Highway Safety (GOHS) in 1988 and the support of Safe Kids Georgia at Egleston Children’s hospital. In 1991 the project added one staff member and the number of local coalitions grew. With additional grants the staff and expertise grew, supporting more partners and coalitions.

The power of partnership

The Georgia Crash Outcomes Data Evaluation System (CODES) project links crash data to other injury data. These records are used to produce fact sheets and reports using identified and prioritized motor vehicle areas of interest. The Injury Prevention program has worked toward institutionalizing CODES in Georgia by developing and maintaining relationships with data owners, users, and injury prevention stakeholders. Partnerships at the federal, state, and local level as well as support from organizations, action groups, and Emory School of Public Health have been instrumental to the project’s success. This group also advises on research topics that could possibly impact policy changes. This commitment to frequent and shared communication has created common ground and facilitated ways to move forward with the project.

PHILOSOPHY

The staff and partners of the Office of Injury Prevention at the Georgia Department of Public Health strive to build the State's capacity for Injury Prevention Surveillance and to evaluate the availability of resources for the future. Host organizations, funders, partners, and stakeholders are essential to this goal. The Office of Injury Prevention works toward strengthening relationships among partners and progressing together, systematically, toward consistent communication, shared goals, and coordination of our respective activities². Our priorities include motor vehicle-related crash injury prevention, child injury prevention (unintentional and intentional), intimate partner violence, traumatic brain injury (specifically, youth concussion), residential fire prevention, and fall prevention.

It is important to adapt our work to the needs of the community, thus the Office of Injury Prevention is also committed to addressing emerging issues that affect the community. Some of these issues include elder abuse, teen dating and family violence, drowning, suicide, and prescription drug overdose.

Over time, adoption of interventions and consistent, coordinated messaging across injury topics and audiences will strengthen our ability to reach the community, raise public awareness, and increase quality of life³.

Our program is also dedicated to maximizing the availability and quality of data. We continually monitor data for evidence of additional injuries that pose a growing burden on healthcare.

Additionally, 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 timely, 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.

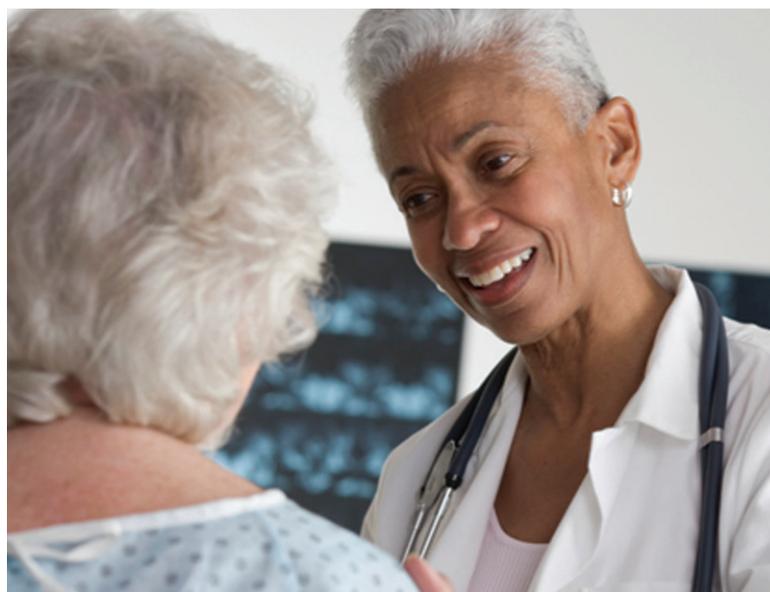
STRATEGIC PLAN DEVELOPMENT PROCESS

Staff reviewed documents, audits, related Federal and Regional websites (such as the Healthy People 2020 goals and Centers for Disease Control and Prevention (CDC) Core Grant objectives), and other materials to gain the most current recommendations in the field of Injury Prevention and best practices. The 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.

The Office of State Operations Director, the Injury Prevention Program (IPP) Program Director, and the Strategic Planning and Development Manager led staff and the Georgia Injury Prevention Advisory Committee (GIPAC) through an iterative strength, weakness, opportunity, and threat (SWOT) analysis. Three separate analyses were conducted over the summer 2010. Results of the SWOT analysis were reviewed and factored into plan development, ensuring that the most significant issues were addressed expressly in the plan. The IPP is committed to repeating this important exercise every 5-6 years, or as deemed necessary by partners.

The strategies, including directional strategies such as the mission, vision and values, were then reviewed by the IPP Staff and Stakeholders.

The IPP management was consulted in the development of the 5-year implementation plan and with clarifying objectives and associated high-level budget estimates.



OUR GOALS

- Goal 1** – Continue building a sound and sustainable infrastructure for Injury Prevention, including leadership, funding, data, policy, and program evaluation.
- Goal 2** – Integrate injury and violence prevention support and efforts into other relevant institutions and programs.
- Goal 3** – Establish a collaborative effort to provide statewide direction and focus for fall-related injury prevention across the lifespan.
- Goal 4** – Establish a collaborative effort to provide statewide direction and focus on injury prevention among children and women of child-bearing years.
- Goal 5** – Enhance the skills, knowledge and resources of Georgia’s injury prevention workforce by providing technical support and training.



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

Goal 1 Objectives

1. Maintain skilled staff and consistent leadership.
 - a. **Measure of Success:** Program operating with all positions filled or in posting process.
2. Facilitate regular meetings and communication with GIPAC to coordinate implementation of Injury Prevention activities and achieve Strategic Plan goals.
 - a. **Measure of Success:** The number of meetings and contact with GIPAC members.
3. Facilitate, maintain and expand collaboration with regional and community level injury prevention partners.
 - a. **Measure of Success:** Statewide network is developed, maintained and electronically documented.
4. Develop and maintain a comprehensive Injury Prevention Program website.
 - a. **Measure of Success:** Comprehensive Injury Prevention Program website is developed, maintained with monthly updates, and utilization monitored.
5. Facilitate injury prevention training opportunities for staff and workforce.
 - a. **Measure of Success:** Number of training opportunities facilitated.
6. Pursue relevant funding opportunities.
 - a. **Measure of Success:** Number of completed funding opportunity applications.
7. Obtain data from designated sources.
 - a. **Measure of Success:** Number of data sources obtained.
8. Identify and evaluate new sources of data.
 - a. **Measure of Success:** Number potential new data sources evaluated.
9. Analyze data.
 - a. **Measure of Success:** Number of reports completed.
10. Disseminate data as appropriate to stakeholders and the public.
 - a. **Measure of Success:** Number of citations in fact sheets, presentations, press releases and other materials produced.
11. Provide technical assistance as requested to promote accurate and appropriate use of data.
 - a. **Measure of Success:** Hours and level of technical assistance provided.
12. Inform policy (institutional and legislative).
 - a. **Measure of Success:** Number and type of policy initiatives addressed.
13. Develop protocols to direct and expand program evaluation
 - a. **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.

Goal 2 Objectives

1. Review external program initiatives to identify potential intersections with injury and collaborative opportunities.
 - a. **Measure of Success:** Number of collaborative opportunities initiated.
2. Formalize strategic linkages with other agencies through partnerships and networks.
 - a. **Measure of Success:** Number of initiatives and projects.
3. Create and maintain a statewide Injury and Violence Prevention Inventory of injury prevention equipment.
 - a. **Measure of Success:** Existence of a current statewide Injury and Violence Prevention Inventory.
4. Participate in Regional and national Injury Center Network activities.
 - a. **Measure of Success:** Frequency and level of participation in regional network activities.
5. Promote current trends by introducing publications and/or injury prevention-related news at departmental and partner meetings.
 - a. **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.

Goal 3 Objectives

1. Convene monthly Georgia Fall Prevention Coalition meetings.
 - a. **Measure of Success:** Regularly held meetings as evidenced by agendas, attendance sheets and notes.
2. Expand scope of fall prevention activities across the lifespan.
 - a. **Measure of Success:** Evidence of participation among partners delivering services along the spectrum of age-specific risk-factors.
3. Implement Fall Prevention Plan for Georgia.
 - a. **Measure of Success:** Georgia Fall Prevention Plan goals implemented.
4. Develop a Fall Prevention website associated with the Injury Prevention Program website.
 - a. **Measure of Success:** Fall Prevention website created and online.
5. Pursue relevant funding opportunities.
 - a. **Measure of Success:** Number of funding applications submitted.

6. Disseminate information regarding evidence-based best practices for fall prevention.
 - a. **Measure of Success:** Number of organizations expressing interest and adoption.
7. Provide technical assistance as requested.
 - a. **Measure of Success:** Hours and type of technical assistance provided.
8. Conduct a Fall Prevention Awareness Day (FPAD) Event.
 - a. **Measure of Success:** FPAD Event held in September 2011.
9. Create jobs and volunteer positions at State and Local Levels to provide sustainability.
 - a. **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.

Goal 4 Objectives

1. Be a leader in transportation for children with special healthcare needs through training and building partnerships, providing technical assistance/expertise, and equipment distribution (when funding is available).
 - a. **Measure of Success:** Document two statewide special needs trainings and distribute 30 specialized child restraints. Document two special needs update trainings for new partners. Staff will also document all collaborations and hours spent on special needs family assistance/expertise.
2. Support hospitals by providing technical expertise and training on Angle Tolerance Testing and safe transportation of newborns, pre-term and low birth weight infants with the “Keeping Kids Safe” hospital healthcare training program.
 - a. **Measure of Success:** Document two statewide trainings at two hospitals “in need” of program assistance, offer technical assistance to healthcare staff, and document the number of attendees.
3. Build statewide capacity regarding safe transportation of children on school buses, Multi Function School Activity Buses (MFSAB), and other vehicles by offering two trainings/presentations and participating in four meetings for Georgia Association for Pupil Transportation, Division of Family and Children’s Services, Department of Early Care and Learning, and/or school transportation personnel.
 - a. **Measure of Success:** Document two trainings/presentations conducted number of attendees, and attendance at four meetings for state agencies.
4. Expand scope and saturation of current GOHS conventional Child Passenger Seat (CPS) program and increase overall child restraint usage.
 - a. **Measure of Success:** Document number of child restraint systems distributed, trainings and presentations conducted; document lives saved. Program will distribute 6,500 child restraints through mini grant program reaching at least 130 Georgia counties. Program will document at least 30 lives saved through the first responder Teddy Bear Sticker program.

5. Distribute and install smoke alarms.

- a. **Measure of Success:** Number of smoke alarms distributed and installed Document at least eight lives saved from fire by installing smoke alarms.

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

Goal 5 Objectives

1. Incorporate informational topic specific announcements into meetings.

- a. **Measure of Success:** Number of presentations.

2. Maintain and make electronically available an inventory of injury prevention training opportunities.

- a. **Measure of Success:** Inventory available and updated semi-annually and number of electronic view.

3. Build a library of injury prevention resources available for loan.

- a. **Measure of Success:** Number of resources available and additions.

4. Encourage staff and injury/violence prevention workforce to attend trainings and report back lessons learned.

- a. **Measure of Success:** Number of trainings attended.

5. Extend topic specific educational opportunities to staff and workforce as new issues emerge.

- a. **Measure of Success:** Number of presentations and number of attendees.

6. Develop a plan for GIPAC to enhance implementation efforts of IPP and partners

- a. **Measure of Success:** Number of members participating in implementation efforts

7. Continue to connect research to practice

- a. **Measure of Success:** Support, through technical assistance and leadership, Emory's Injury Prevention Research Center.

10 Leading Causes of Death, Georgia 2010, All Races, Both Sexes

[Click on any age group for percentages.](#)

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 155	Unintentional Injury 73	Unintentional Injury 41	Unintentional Injury 41	Unintentional Injury 399	Unintentional Injury 440	Unintentional Injury 499	Malignant Neoplasms 1,637	Malignant Neoplasms 3,423	Heart Disease 11,472	Heart Disease 15,987
2	Short Gestation 142	Homicide 22	Congenital Anomalies ---	Malignant Neoplasms 14	Homicide 172	Homicide 168	Malignant Neoplasms 439	Heart Disease 1,417	Heart Disease 2,477	Malignant Neoplasms 9,720	Malignant Neoplasms 15,435
3	SIDS 125	Congenital Anomalies 18	Malignant Neoplasms ---	Suicide 12	Suicide 140	Suicide 161	Heart Disease 429	Unintentional Injury 662	Chronic Low. Respiratory Disease 493	Chronic Low. Respiratory Disease 3,098	Chronic Low. Respiratory Disease 3,816
4	Maternal Pregnancy Comp. 44	Malignant Neoplasms 11	Homicide ---	Heart Disease ---	Malignant Neoplasms 51	Malignant Neoplasms 132	Suicide 199	Suicide 251	Cerebrovascular 483	Cerebrovascular 2,886	Cerebrovascular 3,762
5	Unintentional Injury 33	Heart Disease ---	Cerebrovascular ---	Homicide ---	Heart Disease 36	Heart Disease 123	HIV 117	Cerebrovascular 241	Unintentional Injury 462	Alzheimer's Disease 2,045	Unintentional Injury 3,745
6	Bacterial Sepsis 27	Influenza & Pneumonia ---	Benign Neoplasms ---	Chronic Low. Respiratory Disease ---	Congenital Anomalies 15	HIV 69	Cerebrovascular 98	Diabetes Mellitus 218	Diabetes Mellitus 376	Nephritis 1,320	Alzheimer's Disease 2,080
7	Circulatory System Disease 26	Benign Neoplasms ---	Chronic Low. Respiratory Disease ---	Congenital Anomalies ---	Influenza & Pneumonia 11	Cerebrovascular 32	Homicide 96	Liver Disease 201	Nephritis 256	Diabetes Mellitus 1,298	Diabetes Mellitus 1,996
8	Necrotizing Enterocolitis 19	Perinatal Period ---	Heart Disease ---	Septicemia ---	Cerebrovascular 10	Influenza & Pneumonia 22	Diabetes Mellitus 80	Chronic Low. Respiratory Disease 176	Liver Disease 245	Influenza & Pneumonia 1,172	Nephritis 1,753
9	Placenta Cord Membranes 19	Three Tied ---	Septicemia ---	Benign Neoplasms ---	HIV ---	Nephritis 21	Nephritis 51	HIV 164	Septicemia 225	Unintentional Injury 1,095	Influenza & Pneumonia 1,466
10	Respiratory Distress 19	Three Tied ---	Two Tied ---	Three Tied ---	Two Tied ---	Diabetes Mellitus 20	Liver Disease 44	Septicemia 116	Suicide 187	Septicemia 966	Septicemia 1,387

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[Terms for Causes of Death](#)

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WISQARS™ Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

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