VINCENT: Getting Started in Injury Prevention

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To Videoconference Participants:

Through this course, we want to encourage your participation in injury control activities at the local, state and national levels. Injury is an enormous public health and social problem. There is a growing body of scientific knowledge about injury and strategies for prevention. Doing injury prevention requires teams of people with different expertise. Though this course is not designed to give you the expertise to solve injury problems alone, it is intended to help you get started, to understand areas where you need help from others, and consider useful steps in implementing an injury control effort. Individuals have made a difference in this field. So can you!

Acknowledgments:

About These Materials

Purpose

These materials were developed to accompany the videoconference, *Getting Started in Injury Control and Violence Prevention*, which is a general orientation to the field of injury control and violence prevention program development.

The materials might also be used as a reference guide "back on the job."

Organization

The materials are organized into seven sections and an Appendix. Each section corresponds to one of the presentations, and contains:

- An overview of the presentation
- An outline for you to follow and use for note-taking during the presentation

In addition to the above, some sections include activities that allow you to use or apply what you are learning.

The Appendix contains:
- a glossary
- a resource list
- sample forms and checklists
- handouts

Objectives

By the completion of this course, you will be able to:

- Describe the nature and magnitude of injury from a national perspective.
- Describe the steps in a systematic approach to injury control and violence prevention at the community level, including:

    - gathering and analyzing information
    - selecting a target injury and target population

- determining intervention strategies
- developing an implementation plan

An Introduction to Designing an Injury Prevention Program

VINCENTweb translates the material from the videoconference, Getting Started in Injury Control and Violence Prevention, into a web-based format that both expands upon and supplements the televised program.

By offering injury control information in this manner, we hope to provide participants with an innovative platform for self-guided teaching and a dynamic, easy-to-use professional resource.

The web-based companion to VINCENT will feature:

- Detailed notes and outlines from the videoconference presentations
- An on-line copy of the course workbook
- Links to other injury control references
- Questions and answers from the videoconference
- A site index that will enable users to quickly find information

In addition, VINCENTweb offers users the opportunity to apply on-line for continuing education credits from the Centers for Disease Control and Prevention.

Come back after June 12th when VINCENTweb goes live

Questions or comments?
vincent@sunsite.unc.edu

Sponsored by:

- **UNC Injury Prevention Research Center,**
  Violence and Injury Control Education through Network Training Project
- **UNC Health Communications Research Lab**
- **UNC School of Public Health, Center for Distance Learning and Health Communication**
- **UNC Chancellor's Information Technology Grant Program**
- **Center for Disease Control and Prevention**
  Public Health Training Network

Biographical Sketches of Presenters

Carol Runyan, PhD, MPH
Carol Runyan is Director of the University of North Carolina Injury Prevention Research Center. She is a tenured Associate Professor of Health Behavior and Health Education and an Adjunct Associate Professor of Epidemiology at the University of North Carolina School of Public Health.

Carol's current research, as Director of the UNC Injury Prevention Research Center, is focused on occupational homicide, work injuries among youth, and violence against women. In her capacity as Associate Professor, she teaches graduate level courses in injury control and violence prevention, as well as the conceptual basis of public health. She has experience developing and implementing public health programs at the local level.

Mark Rosenberg, MD, MPP
Mark Rosenberg is Assistant Surgeon General of the United States and Director of the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC). He serves on the faculty at Morehouse Medical School, Emory Medical School, Emory School of Public Health, and the Harvard School of Public Health.

Mark's research and programmatic interests have concentrated on injury control and violence prevention with special attention to behavioral sciences, evaluation, and health communications.

Sue Mallonee, MPH, RN
Sue Mallonee is the Chief of the Injury Prevention Service of the Oklahoma State Department of Health. She is Adjunct Assistant Professor of Epidemiology at the Oklahoma University College of Public Health.

Her work includes overseeing statewide injury surveillance, analysis of these data, and use of the data to drive program development, implementation, and evaluation, and statewide health promotion and public policy development. Sue currently serves as the President of the State and Territorial Injury Prevention Directors' Association (STIPDA) and serves on the Institute of Medicine Committee on Injury Prevention and Control.

Stephen Teret, JD, MPH
Stephen Teret is Professor of Health Policy and Management, and head of the Faculty on Health and Public Policy of the Johns Hopkins School of Public Health. He is the Director of the Johns Hopkins Center for Gun

Policy and Research, and the Deputy Director of the Johns Hopkins Program in Law, Ethics, and Health. He holds joint faculty appointments in Pediatrics and Emergency Medicine at the Johns Hopkins School of Medicine, and is Adjunct Professor of Health Law at the Georgetown University Law Center.

His work includes research, teaching and public service in the areas of injury prevention and health law. Steve's current work focuses on the understanding and prevention of violence, with an emphasis on gun policy.

Janice Yuwiler, MPH

Janice Yuwiler is the Program Director of the California Center for Childhood Injury Prevention at San Diego State University's Graduate School of Public Health. She also directs the Children's Safety Network Injury Data Technical Assistance Center and is Adjunct Faculty at San Diego State University.

For the past twelve years, Janice has worked with state and local health departments throughout the nation to provide technical assistance and training in the development of child and adolescent injury prevention programs. Her work has emphasized using a systems approach to prevent injuries, including using data as the basis for developing prevention programs and the institutionalization of effective prevention efforts.

Jackie Moore, MPH

Jackie Moore serves as the Injury Prevention Specialist within the U.S. Public Health Service/Indian Health Service. She has been with the Indian Health Service since 1981. She works within the Nashville Area which covers 16 states from Maine to Florida into Texas and includes 26 Indian Reservations. Jackie began working in the injury prevention arena at the grassroots level as a local community injury prevention coordinator. Her previous experience includes 12 years in Trauma Care Emergency Rooms as a Registered Radiologic Technologist.

Robert (Bob) Parker, MS

Bob Parker is the former public health director for the New Hanover County Health Department in North Carolina and is currently Vice President for Home and Community Health with the North Carolina Baptist Hospitals, Inc. Since the late 1980's Bob has been a strong advocate for injury initiatives in his community. The New Hanover County Health Department, along with many collaborators, has started 14 initiatives, ranging from automobile safety to violence prevention.

Don Schwarz, MD, MPH, MBA
Don Schwarz is Associate Professor of Pediatrics in the Department of Pediatrics at the University of Pennsylvania School of Medicine, the Acting Division Chief of the Division of General Pediatrics, and the Director of the
Adolescent and Family Planning Clinics at the Children's Hospital of Philadelphia. Don has received grant funding for work in teen parenting and pregnancy prevention, injury and violence prevention, and adolescent health in West Philadelphia. He serves on many community boards and advisory panels, and has been an active participant in planning projects related to community health, particularly in West Philadelphia.

Miriam Thomas
Miriam Thomas is co-anchor of the evening news at NewsChannel 11/ABC serving the Raleigh/Durham, Chapel Hill and Fayetteville viewing area. During her career as a broadcast journalist, Miriam has been awarded several honors, including commendations from the American Women in Radio and Television, the National Commission on Working Women, and has received the Robert F. Kennedy Journalism Award.

Videoconference Agenda

Note: All times listed are Eastern Daylight Time (EDT).

Time	Activity/Topic	Moderator/Presenter
10:30 am	Downlink test signal Registration Distribution of course materials	
10:45 am	Icebreaker	
11:00 am	Welcome, Introductions, Course Overview	Miriam Thomas/Carol Runyan
11:05 am	Why is Injury a Public Health Problem?	Carol Runyan
	How Big is the Problem?	Mark Rosenberg
	A Systematic Approach to Injury Control and Prevention	Carol Runyan
11:50 am	Gathering and Analyzing Information to Identify a Potential Injury Problem and Target Population	Sue Mallonee
12:30 pm	Identifying Strategies	Stephen Teret
1:15 pm	Lunch and off-air activity (optional)	
2:30 pm	Choosing Strategies	Stephen Teret
3:25 pm	Implementing Strategies at the Community Level	Janice Yuwiler
3:45 pm	Break	
4:00 pm	Implementing Strategies at the Community Level (continued)	Janice Yuwiler
4:30 pm	Conclusion	Carol Runyan
4:45 pm	Adjourn	Miriam Thomas
5:00 pm	Evaluation and post-test	

Why is Injury a Public Health Problem?

Carol Runyan, PhD, MPH

Overview

"The realization that injury is a significant problem for public health, that it can be understood with the same tools we have directed against disease, and that the elements underlying all injuries make possible broad prevention and control strategies is recent."
Injury Prevention: Meeting the Challenge

Injury is a public health problem because of its magnitude and its impact on the health of all Americans. Public health methods, practitioners, and agencies can make substantial contributions to its understanding and prevention. In this session, we will review basic public health principles and lay the groundwork for the following sessions.

Outline

Injuries are not 'accidents' and can be prevented

Types of injury:
- Unintentional
- Intentional

Unintentional injuries:
Examples:
- motor vehicle crashes
- fires and burns
- drowning
- falls
- occupational injuries
- poisoning
- choking

Intentional injuries:
Examples:
- homicide
- suicide
- rape
- domestic violence
- child abuse

Public health approach:

- At community level
- Focus on prevention
- Multiple causes and solutions

Community level
- Community as 'patient'
- Community level problems and solutions
- **Not** individual approaches

Focus on prevention
- Keep problems from happening
- Less emphasis on treatment

Multiple causes and solutions
- Host (person)
- Agent (products)
- Environment:
  - physical
  - social

Examples:

Host (person):

- age
- sex
- appearance
- judgment

- skills
- knowledge
- coordination
- stamina

Agent (products):

- cars
- tractors
- bicycles

- toys
- medicine
- cleaning supplies

- sports equipment
- guns

Physical Environment:

- highway
- building

- factory
- playground
- home

Social Environment:

- drinking patterns
- child discipline
- driving age policies
- concealed weapons laws
- domestic violence services

Mark Rosenberg, MD, MPP

Overview

"Injury is probably the most underrecognized major public health problem facing the nation today, and the study of injury presents unparalleled opportunities for . . . realizing significant savings in both financial and human terms—all in return for a relatively modest investment."
Committee to Review the Status and Progress of the Injury Control Program at the Centers for Disease Control and Prevention

Injuries (both violent and unintentional) are still the most underrecognized public health problem in the United States. They are the leading cause of death for people between the ages of 1 and 45. Each year, about 140,000 people die and another 2.3 million are hospitalized due to injury, leading to an annual cost of $210 billion to the nation. Many of these deaths and nonfatal injuries are preventable, often through the application of known interventions (Examples: seat belts, smoke detectors, bike helmets). Using the same public health principles designed to control diseases, we have identified major injury categories that can now be addressed to reduce injury deaths. In this session, we will describe the injury problem from a national perspective and identify groups at greatest risk.

Outline

How big is the injury problem?

- Deaths (mortality)

- Nonfatal injury (morbidity)

- Cost

- Years Per Lives Lost (YPLL)

How does injury compare to other causes of death?

What groups are at greatest risk, and how does it vary?:
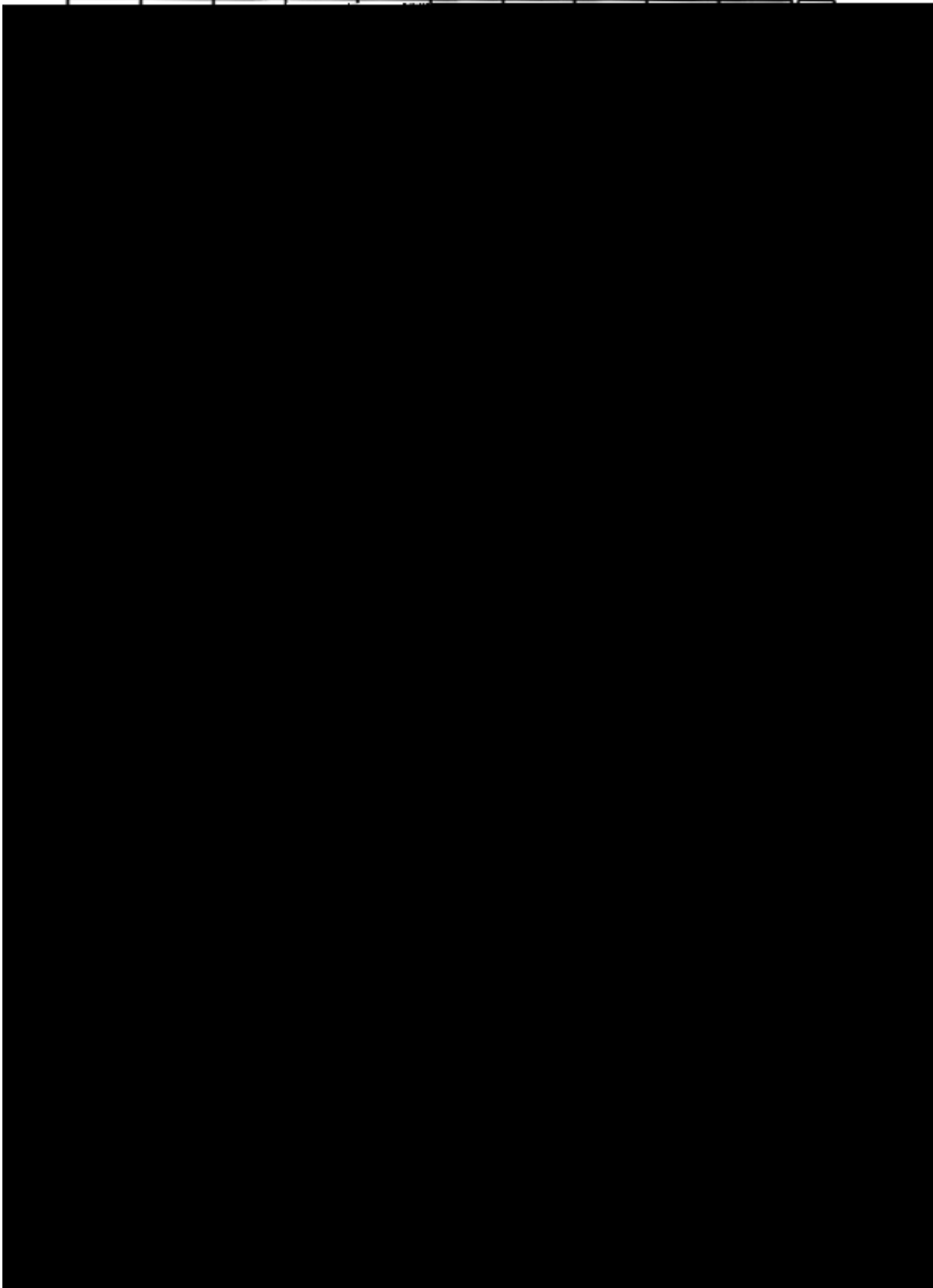
- Age

- Gender

- Race

- Geography

What are some risk factors for injury?

10 Leading Causes of Death

Age Gr...

Rank	<1	1-4	5-9	10-14	15-24
1	Congenital Anomalies 6,854	Unintentional Injuries 2,517	Unintentional Injuries 1,595	Unintentional Injuries 1,913	Unintentional Injuries 13,898
2	Short Gestation 4,254	Congenital Anomalies 714	Malignant Neoplasms 543	Malignant Neoplasms 510	Homicide 8,116
3	SIDS 4,073	Malignant Neoplasms 518	Congenital Anomalies 241	Homicide 416	Suicide 4,956
4	Respiratory Distress Synd. 1,567	Homicide 473	Homicide 156	Suicide 318	Malignant Neoplasms 1,740
5	Maternal Complications 1,296	Heart Disease 285	Heart Disease 129	Heart Disease 198	Heart Disease 992
6	Placenta Cord Membranes 948	HIV 199	HIV 110	Congenital Anomalies 193	HIV 641
7	Unintentional Injuries 889	Pneumonia & Influenza 178	Pneumonia & Influenza 57	Bronchitis Emphysema Asthma 86	Congenital Anomalies 463
8	Perinatal Infections 828	Perinatal Period 114	Benign Neoplasms 54	HIV 72	Bronchitis Emphysema Asthma 232
9	Pneumonia & Influenza 559	Septicemia 91	Bronchitis Emphysema Asthma 41	Benign Neoplasms 47	Pneumonia & Influenza 221
10	Intrauterine Hypoxia 537	Benign Neoplasms 79	Anemias 38	2 Tied	Cerebro-vascular 183

Source: 1994 Ten Leading Causes of Death
National Center for Injury Prevention and Control

Rank	<1
1	Congenital Anomalies 3,590
2	SIDS 2,470
3	Short Gestation 2,322
4	Respiratory Distress Syn 951
5	Maternal Complication 720
6	Placenta Co Membrane 511
7	Unintentional Injuries 505
8	Perinatal Infections 480
9	Pneumonia & Influenza 339
10	Intrauterine Hypoxia 284

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Source: 1994 Ten Leading Causes of Death
National Center for Injury Prevention and Control

Rank									
1	2	3	4	5	6	7	8	9	10

Source: 1994 Ten Leading Causes of Death
National Center for Injury Prevention and Control

White F...

Rank	<1	1-4	5-9	10-14
1	Congenital Anomalies 2,511	Unintentional Injuries 688	Unintentional Injuries 402	Unintentional Injuries 479
2	SIDS 1,029	Congenital Anomalies 261	Malignant Neoplasms 197	Malignant Neoplasms 163
3	Short Gestation 981	Malignant Neoplasms 176	Congenital Anomalies 94	Suicide 75
4	Respiratory Distress Synd. 391	Homicide 119	Homicide 52	Homicide 64
5	Maternal Complications 353	Heart Disease 83	Heart Disease 46	Heart Disease 68
6	Placenta Cord Membranes 288	Pneumonia & Influenza 52	HIV 22	Congenital Anomalies 62
7	Unintentional Injuries 244	HIV 39	Benign Neoplasms 17	Benign Neoplasms 20
8	Perinatal Infections 215	Septicemia 31	Pneumonia & Influenza 17	Pneumonia & Influenza 18
9	Intrauterine Hypoxia 175	Benign Neoplasms 27	Cerebro-vascular 13	Bronchitis Emphysema Asthma 16
10	Pneumonia & Influenza 139	Meningo-coccal 26	Septicemia 11	HIV 13

Source: 1994 Ten Leading Causes of Death
National Center for Injury Prevention and Control

Rank	<1	1-4
1	All Other 550	Motor Vehicle 952
2	Non-Firearm Homicide 302	Fire/Burn 614
3	Motor Vehicle 187	Drowning 477
4	Fire/Burn 98	All Other 421
5	Drowning 71	Non-Firearm Homicide 413
6	Falls 17	Falls 61
7	Poisoning 13	Firearm Homicide 60
8	Firearm Homicide 11	Poisoning 39
9		
10		

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Source: 1994 Ten Leading Causes of Death
National Center for Injury Prevention and Control

A Systematic Approach to Injury Control and Violence Prevention

Carol Runyan, PhD, MPH

Overview

"Injury control demands a systems approach because of the very nature of the multiple, concurrent actions that must be taken together by individuals and agencies."
Injury Prevention: Meeting the Challenge

To be effective, a successful injury prevention program requires change on the part of individuals, agencies, and environments. Also, many groups must work together in a coordinated fashion over time. In this session, we will lay out a systematic process by which injury prevention efforts are most likely to be effective.

Outline

Steps in a Systematic Approach to Injury Control and Violence Prevention

❶ Gather and analyze information to identify a potential injury problem and target population
❷ Identify potential strategies
❸ Choose strategies
❹ Develop implementation plan
❺ Implement the plan
❻ Evaluate the plan and revise

❶ **Gather and analyze information to identify a potential injury problem and target population**
- Who?
- What?
- Where?
- Why?
- When?

   Understand community
- Assess:
   - resources
   - barriers
   - 'culture'

❷ **Identify potential strategies**
- Who is experiencing problem?
- What to change?
- How to make change happen?
- Who is target of intervention?
- What problem is being addressed?

❸ **Choose strategies**
- What will work?
- Why?
- How?

❹ **Develop implementation plan**
- Who will do what?
- What will they do?
- When will they do it?
- How will they do it?

❺ **Implement the plan**
- Take action

❻ **Evaluate and revise**
- Document:
  - how you do it
  - what happens

❶ Gathering and Analyzing Information to Identify a Potential Injury Problem and Target Population

Sue Mallonee, MPH, RN

Overview

"Injury prevention and control programs should be based on a solid foundation of data."
Injury Prevention: Meeting the Challenge

The foundation of the data-based approach to the design, implementation, and evaluation of prevention programs is based on collecting and analyzing data about injuries. This makes it possible to understand patterns of occurrence and to identify groups at risk for specific injuries. In this session, we will explore the kinds of data that are useful for identifying and understanding an injury problem. We will look at existing sources for these data, their strengths and limitations and the types of data analysis that can be helpful in identifying and understanding an injury problem.

Outline

Uses of data

- Identifying, understanding, and prioritizing injury problems.
- Designing, implementing, and evaluating injury prevention and control programs.
- Educating the public and policymakers.
- Justifying the allocation of resources.
- Redirecting misplaced concerns about relatively mild or rare problems.
- Evaluating the effects of legislation/public policy.

Defining the injury problem

When identifying areas in which prevention programs can be useful, carefully consider the following questions:

- *Who* is being injured?
  - **Examples:** children, elderly white males, African American young adults, families in a particular neighborhood

- *How* are these people being injured?
  - **Examples:** suicide with firearms, falls down stairs, swimming in lakes

- *Where* are these injuries taking place?
  - **Examples:** home, work, swimming pools

- *What* are the circumstances under which these injuries occur
  - **Examples:** is alcohol involved?, are seat belts or helmets being used?

- How serious are these injuries?
  - **Examples:** how many are fatal?, do they require treatment at home?, in emergency rooms?

- How many of these injuries have occurred, and over what time period? Are they increasing or decreasing in frequency?

- Which of these injuries is most significant in terms of:
  - personal
  - economic
  - social consequences
  - **Examples:** permanent disability, cost of emergency medical services, Medicaid or Medicare expenditures

- Is the local injury rate from a particular type of injury higher or lower than the national or state rate? How does it compare to other health problems?

- What are other issues (cultural, attitudes, beliefs, behaviors) of importance in your community?

- What is involved in decreasing these injuries? Are there proven effective or promising strategies available?

- What information will be needed to evaluate an intervention?

Sources of existing data (see table on Injury Data Sources)

When determining an injury problem, consider both mortality and morbidity data because the causes of fatal and nonfatal injuries can be very different.

- The International Classification of Disease (ICD) system

- **N codes:**
  - refer to the **Nature** of an injury and the part of the body injured
  - do not explain how the injury occurred
  - **Examples:** concussion, fractured hip, burn

- **E codes:**
  - refer to the **External** cause of injury
  - provide information on:
    - intentionality (self-inflicted, unintentional)
    - location where the injury took place (home, playground, swimming pool, etc.)
  - **Examples:** motor vehicle crash, fall, poisoning

Connecting the nature (N code) and external cause (E code) of injury is very important to design prevention strategies.

Mortality data

- Mortality data are easiest to obtain because death records are maintained in every state and territory.
- Deaths are the tip of the iceberg and represent only a fraction of the total number of injuries.

Morbidity data

Large numbers of persons may be seriously harmed by injuries that rarely cause death but do result in long-term disability.
- Some sources for morbidity data include:
  - emergency department and hospital discharge data
  - ambulance run reports
  - trauma registries
- Many of these are not as complete or accessible as mortality data.

Behavioral risk factor data

- *Behavioral Risk Factor Surveillance System (BRFSS)*:
  - in most states
  - information about the knowledge, attitudes, and behavior of people toward factors that can influence the risk of injury (seat belt, helmet, or smoke detector use; drinking and driving; gun storage)
  - contact state health department

- *Youth Risk Behavioral Surveillance System (YRBSS):*
  - available in most states
  - includes data on the prevalence of risk behaviors among young people
  - a multi-site survey of high school and college students with questions about intentional injuries, alcohol, other drug use

- *Observational surveys*:
  - conducted annually in many states
  - observe risk and safety behaviors throughout the state
  - **Examples:** seat belt, child safety seat, and helmet use

Other data sources

There are many additional local or state data sources that are useful in determining the occurrence of injurious events, including:
  - **Examples:** police, fire, school, and parks and recreation departments; labor departments and workers' compensation records; Medicaid/Medicare and insurance data; and newspapers or other media reports.

Assistance in accessing and analyzing data

Using data collected by existing systems may be easier and less expensive than collecting new data.

- State or Local Health Department Injury Control Program
- Injury Control and Research Centers (ICRCs)
- Other State or Local Agencies or Organizations

Activity

Instructions for completing this activity will be announced on-air during the videoconference.

1. Three children have died on bicycles in the past 3 months. You have been asked to report on the injury problem (and recommended solutions, if any) associated with bicycle injuries in your community. What sources of data would you attempt to access?

2. The local newspaper reports there have been 10 children seriously injured by BB guns and they are requesting a statement from you regarding the problem. Discuss data sources and other issues related to your analysis and subsequent statement.

Injury Data Sources

NATIONAL DATA BASE	SOURCE	TYPE OF DATA	TELEPHONE OR INTERNET ADDRESS
National Center for Health Statistics (multiple data bases)	National Center for Health Statistics, Centers for Disease Control, U.S. Public Health Service	Mortality, Morbidity, Disability, Knowledge, Attitudes, Behavior	www.cdc.gov/nchs www.nchshome.htm 301/436-8500
National Center for Injury Prevention and Control (multiple data bases)	Centers for Disease Control and Prevention, U.S. Public Health Service	Mortality and Morbidity	www.cdc.gov/ncipc/ 770/488-4538
National Highway Traffic Safety Administration (multiple data bases)	National Center for Statistics and Analysis, National Highway Traffic Safety Administration, U.S. Department of Transportation	Mortality, Morbidity, Crashworthiness of different models of cars	www.nhtsa.dot.gov 202/366-1503
National Electronic Injury Surveillance System (NEISS)	Consumer Product Safety Commission	Product-related injuries and deaths	www.cpsc.gov 301/504-0424
Occupational Injury and Illness Statistics Program	Office of Occupational Safety and Health Statistics, Bureau of Labor Statistics	Occupational-related injuries, illness, deaths, and work days lost	stats.bls.gov/datahome.htm 202/576-6162
Behavioral Risk Factor Surveillance System	Centers for Disease Control and Prevention, U.S. Public Health Service	Risk factors related to mortality and morbidity	www.cdc.gov *telephone calls should be directed to your state health department*
Youth Risk Behavior Surveillance System	Centers for Disease Control and Prevention, U.S. Public Health Service	Risk factors related to mortality and morbidity	www.cdc.gov *telephone calls should be directed to your state health department*
National Fire Incident Reporting System (NFIRS)	U.S. Fire Administration	Fire injuries	www.usfa.fema.gov 301/447-1080
United States Department of Justice (multiple data bases)	Bureau of Justice Statistics	Crime reports, State criminal justice statistical reports	www.ojp.usdoj.gov/bjs 202/307-0765
Annual National Fire Protection Association Survey	National Fire Protection Association	Fire-related injuries and deaths	617/984-7450
National Burn Registry	National Burn Information Exchange (NBIE)	Injuries treated at burn care facilities	313/769-9000
STATE & LOCAL DATA BASE	**SOURCE**	**TYPE OF DATA**	**COMMENT**
Vital Statistics	State Office of Vital Statistics	Mortality	E codes; county- or city-specific data available
Medical Examiner/Coroner Reports	County coroner or State medical examiner offices	Mortality	Varies by state; may or may not use E codes; may include cause of death, circumstances related to death, alcohol/drugs, gun type, premise of injury
Uniform Hospital Discharge Data Set (UHDDS)	Existence and location of data set varies by state	Morbidity	UHDDS not available in all states; E coding varies by state

STATE & LOCAL DATA BASE	SOURCE	TYPE OF DATA	COMMENT
Ambulance and Emergency Medical Service Records	Local and state emergency medical services	Mortality and Morbidity	Varies by state; may include description of injury, hospital where transported, nature, cause, circumstances and severity of injury
Local and State Law Enforcement Agency Reports	Local and state law enforcement agencies	Traffic injuries, suicide, violence injuries, submersion injuries	Includes specific details about the circumstances of incidents investigated by law enforcement. For example, reports on motor vehicle crashes include seat belt status, helmet use, speed, alcohol and drug use, and type of vehicle
Local and State Trauma Registries	Trauma centers; state trauma registry	Mortality and Morbidity	Information about type, severity, and cause of specific injury including patient care
State Injury Surveillance Systems	Varies by state	Mortality and Morbidity	May include demographic, medical, and circumstance data
State and Local Fire Departments	State Fire Marshal's Office, Local Fire Departments	Burn Mortality and Morbidity	May include circumstances of fires and/or burn injuries including source of fire and smoke detector status
Workers' Compensation Records	Varies by state	Occupational Mortality and Morbidity	Based on reports by the injured workers; may include current occupation/industry information. These reports may exclude certain categories such as federal employees
Occupational Safety and Health Administration	Varies by state	Occupational Mortality and Morbidity	Reports are based on investigations; includes information about current occupation/industry and circumstances resulting in occupational injuries
News Clippings	State and local newspapers	Mortality and Morbidity	Most states have newspaper clipping services available
Child Death Review Team Reports	Varies by state	Childhood Mortality	Multidisciplinary teams review reports such as birth certificates, death certificates, medical examiner reports, other medical records, child protective service reports, civil and criminal court records, and police reports
Poison Control Centers	Varies by state	Poisonings	Number of calls per year, types of calls, age groups, types of poisonings

❷ Identifying Potential Strategies

Stephen Teret, JD, MPH

Overview

"Just as the occurrence of an injury requires the interaction of several factors, preventing one may require a mixture of countermeasures or interventions."
Injury Prevention: Meeting the Challenge

Injuries are predictable events and, as such, provide an opportunity to design interventions at many points prior to, during, and after the event to reduce the risk or severity of injury. Using the available science of injury control, we can begin to identify effective strategies for specific injury problems. In this session, we will explore intervention models that will assist in thinking about the problem logically and systematically.

Outline

Injuries are foreseeable and preventable

Types of prevention strategies

Science of injury prevention

• Which strategies may be most effective for a given injury problem?

Haddon Matrix

• Useful tool in helping to remember the array of potential strategies

Haddon Matrix

	Host	Agent	Physical Environment	Social Environment
Pre-event				
Event				
Post-event				

❸ Choosing Strategies

Stephen Teret, JD, MPH

Overview

"Intervening successfully against injuries may involve the passage and enforcement of new laws or the increased enforcement of existing laws, the education of the population at large or of targeted groups, ...or changes in the design of products or of the physical environment."
Injury Prevention: Meeting the Challenge

A single intervention will be unlikely to significantly reduce a complex injury problem. Therefore, programs need to include a strategy with a mix of interventions that complement each other and increase the likelihood of success. In this session, we will discuss the variety of strategies available, the criteria to consider when ranking them, and principles to remember when selecting among them.

Outline

Presentation of an injury scenario

Brainstorming the variety of available strategies

Criteria for ranking the strategies

Principles to remember when selecting a strategy

4 Implementing Strategies at the Community Level

Janice Yuwiler, MPH

Overview

"A successful prevention program demands a systems approach involving individuals, agencies, and environments."
Injury Prevention: Meeting the Challenge

Implementation plans are essential for focusing and guiding prevention activities. This session will describe the key elements of an implementation plan and address how to mobilize the community in injury control and violence prevention activities.

Outline

Assign responsibility for injury control

- Who will lead this effort?

- Who can help?

- What programs currently exist?

- What needs to be done to create cohesive prevention efforts?

- Start small.

Apply a systematic approach to prevention

- Remain flexible throughout the process in order to be most effective.

- Include other organizations.

- Integrate interventions into the institution.

❶ Gather and Analyze Information to Identify a Potential Injury Problem and Target Population

- Collect data from multiple sources.

- *Data don't have to be perfect, just good enough to let you know what and where your injury problems are.*

- Analyze the community's priorities.

- Explore existing prevention programs.

Select Injury Problem and Target Population

- Determine the injury problem and population you will focus on according to:
  -

❸ **Choose Strategies**

- Pick a prevention strategy that:
  - has been proven effective
  - is easy to implement for your first effort
    - success = more resources, support, enthusiasm for a more difficult or long-term effort

- Don't reinvent the wheel.

- Adapt materials to meet local needs, or to be culturally appropriate.

- Look to local and state resources.

❹ **Develop an Implementation Plan**

Implementation plan:
- Defines and describes what you want to do and how you are going to achieve it.
- If you can't describe what you will do, it won't be done and will be impossible to evaluate.

- Use plan to:
  - guide efforts
  - gather resources
  - set the stage for evaluating efforts

- Draft a rough outline to identify potential partners.

- Develop the full implementation plan in conjunction with implementation partners. Development of plan may require repeating and bouncing between Steps 1-5.

Elements of an implementation plan:

a. Goal
b. Objectives
c. Activities
d. Evaluation measures
e. Resource assessment
f. Timeline

   a. Goal:
   - states in broad terms what you ultimately want to achieve
   - **Example:** Increase bike helmet usage in Anytown, USA.

b. Objectives:
   - list the specific steps you will take to achieve your goal
   - describe what will be done and by when
   - **Example:** By August 1997, the project team will have developed a school-based bike helmet education program.

c. Activities:
   - describe **who will do what by when** so that the objective will be achieved
     - base activities on previously identified strategies

d. Evaluation measures:
   - allow you to track what you are doing
   - document what the prevention activities cost
   - identify problems and successes along the way
   - allow you to make any adjustments to increase effectiveness

   - *Thinking about evaluation at this stage will help you to refine program objectives and thus strengthen the program before implementation.*

e. Resource assessment:
   - Determine specific resources needed to implement the plan including:
     - staff time
     - materials
     - travel, etc.

   - Determine:
     - what resources are available through participating implementation partners
     - what specific resources you will need to ask for and who you will ask

   - Revise the plan based on available resources

f. Timeline:
   - Identify important dates to help keep all partners on track and allow for celebrating successes along the way

❺ **Implement the Plan**

Identify, select and commit community agencies to implement and support the plan

- Identify intervention partners based on the **goals** and **objectives** of your implementation plan. Choose partners who:

  - Are credible, have a parallel mission and have the organizational structure that facilitates incorporation of the Implementation Plan.

  - Have an interest in injury prevention, are working with your focus population, are active in the community, have the potential for addressing injury prevention, hold power in the community and/or are respected by the focus population.

  - Can incorporate the implementation activities into their on-going functions/operations.

  - Look at what you can do within your own organization.

  - Establish a task force, coalition or board to help you with the plan.

  - Choose people who have the time to work with the program.

  - Include technical experts and community leaders.

  - Use the group to:
    - identify potential barriers and how to address them
    - fine tune your goals and objectives
    - develop your implementation activities
    - identify and solicit resources to carry out your interventions
    - solve problems as you carry out your implementation plan.

- Explore existing coalitions and task forces in the community you will be working in.

- Orient all members so that the group starts with a common definition of key issues and an understanding of the goal of the group.

- It takes time to build trust and for participants to understand the discipline specific language used by other members and their agenda/point of view based on their organization and background.

- Sometimes it may be useful to bring together a group that deals with a broader range of issues than your initial priority injuries.

Develop protocols and materials

- Work with your partners to develop protocols and materials needed to carry out your Implementation Plan.

- Protocols should clearly state roles, responsibilities and activities of each agency/person implementing the plan.

- Use or adapt materials and protocols developed by similar efforts.

- Instructional materials need to contain simple, targeted messages and should be simple to read and easy to reproduce.

- Instructional material should clearly state what action should be taken.

Orient and train agencies / individuals implementing the intervention plan

- Review protocols and materials with those who will be implementing your intervention.

- Give specific hints on how to implement the program, listen to comments and revise as needed.

Monitor and support implementation of the plan

- Meet frequently and regularly with the agencies and persons implementing the Intervention Plan.

- Deal with problems as they occur.

- Remain flexible and able to adjust your prevention efforts as things change in the community and your prevention efforts create unanticipated spin-offs or consequences.

- Recognize and publicize the contributions of persons and agencies implementing the Plan.

❻ **Evaluate and Revise**

- Evaluation data can be used to convince funding sources and the community of the value of your program and are invaluable for changing your program to increase its effectiveness.

- Determine the evaluation design before you start your program.

- Integrate your data collection into your implementation activities.

- Ask for help if you need it.

- Evaluation data don't have to be complex or difficult to collect, but must be usable for assessing the program's effectiveness.

- You want to be able to answer the following questions:

    - What is the program designed to do?
    - Are we doing it?
    - Is it making a difference?

- Evaluations provide information to funding agencies and stakeholders about:
    - the results of your program
    - how the results were reached
    - any lessons you have learned along the way
    - the cost of your intervention vs. the benefit of the program

Disseminate lessons learned

- Share the results and lessons learned from your program with others (focus community, prevention partners, community political structure) so that the field continues to grow and others can profit from your successes

Activity
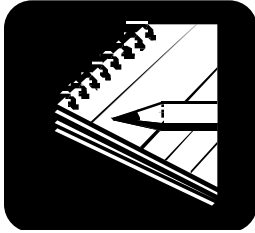
Instructions for completing this activity will be announced on-air during the videoconference.

National data
- Each year 600-700 children, birth to 5 years old are killed and 80,000 are injured as passengers in motor vehicle crashes
- 56% of the children who are killed were completely unrestrained at the time of the crash
- Child safety seats could have saved most of those children who died unrestrained
- $1 spent on a child safety seat saves society $32
- States that have primary enforcement of seat belt laws (the driver can be stopped and cited if he is not wearing a seat belt) average 14% higher seat belt use than states with secondary enforcement (the driver can only be cited for not wearing a seat belt if he is stopped for some other reason)

State data
- Motor vehicle occupant injuries are the second leading cause of death for children under age 4.
- Observational data show that approximately 88% of infants under one year old are restrained in child safety seats.
- Observational data show that approximately 50% of children 1-4 years old are restrained in child safety seats.
- Of those using child safety seats only 21% were correctly used.
- A popular TV anchorman's family was recently in a car crash and everyone survived well because they were "buckled up."

Status of prevention efforts in the state
- State law requires that children under age 2 be restrained in child car safety seats.
  Exceptions: If driver is not the parent or guardian.
                       If parent or guardian is not a state resident.
- Enforcement: Police can cite the driver only if the car is stopped for another violation (Secondary enforcement).
- There are a variety of hospital, clinic and non-profit organizations running loaner or discount child safety seat programs.
- The technology is available to safely restrain children up to 4 years old in child car safety seats or booster seats.

> **Goal:**   Reduce death and disability among young children traveling as motor vehicle occupants.
>
> **Objective:**   Increase the correct use of child safety seats for transporting children under 5 years old.

Intervention strategies

- Policy/Legislation

- Technology

- Education

- Enforcement

As a police officer assigned to the traffic division, what could you do?

- Personally

- Within your department

- Within your community

- At a state policy level

- To change the environment

Potential partners

Glossary

E

E code Code indicating an external cause of an injury.
Examples: fall, motor vehicle crash, suicide by firearm.

Evaluation Collection of methods, skills, and activities necessary to determine whether a service is needed, likely to be used, conducted as planned, and actually helps people.

- **Impact** A type of evaluation that attempts to measure the effect of the program on participants or on the community. May be measured
  in terms of participants' increased knowledge, changed behaviors
  or attitudes, or decreased injury rates, etc. in the community.
      An impact evaluation asks the question: "How well did the
  program work?"[1]

- **Process** A type of evaluation that attempts to document that a program provided some service, the nature of the service, and who
  received it. A process evaluation asks the questions, "Was the
      program implemented as planned?" and "What are we
  actually doing or have done?"[1]

F

Frequency The number of times an event happens.

G

Goal The end point toward which intervention efforts are directed. A statement of changes sought in an injury problem.[2]
      Stated in broad terms.

H

Haddon matrix A framework developed by Dr. William Haddon as a
method to generate ideas about injury prevention that
address the host, agent, physical environment and social
environment to have effects in the pre-event, event, and
post-event phases of the injury process.

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[1] *Evaluation Guidebook for Community Youth Safety Programs*
[2] *Injury Prevention: Meeting the Challenge*

I

Implementation plan   A strategy for carrying out an intervention. Includes goals, objectives, activities, evaluation measures, resource assessment, and timeline.

Injury
resulting
electrical or
essentials as

Any unintentional or intentional damage to the body from acute exposure to thermal, mechanical, chemical energy or from the absence of such heat or oxygen.[1]

· **Intentional injury**

homicide,
abuse and child

Injuries that are purposefully inflicted, either by a person to him/herself or to another person.
Examples: suicide or attempted suicide, rape, assault, domestic abuse, elder abuse.

· **Unintentional injury**
"Accidents."
most

Injuries that occur without intent to harm.
Examples: motor vehicle crashes, and burns, poisonings, drowning, and falls.

Intervention
a

A specific prevention measure or activity designed to meet program objective. Intervention categories include: legislation/enforcement, education/behavior change, and engineering/technology[1].

M

Mortality
as
population
population.

Deaths caused by injury and disease. Usually expressed a rate, meaning the number of deaths in a certain in a given time period divided by the size of the

Morbidity

injuries
divided by the

Number of persons, nonfatally injured or disabled. Usually expressed as rate, meaning the number of nonfatal in a certain population in a given time period size of the population.

N

N code   Code indicating the nature of an injury and the part of the body injured. **Examples:** concussion, fractured hip, burn.

O

[1] *Injury Prevention: Meeting the Challenge*

Objective A statement of desired change in terms that are measurable, time-limited, and specific to a given target population.[1]

R

Risk factor Characteristics of people, behaviors or environments that increase the chances of disease or injury occurring.
Examples: alcohol use, poverty, gender.

S

Strategy An overall plan for meeting a program's goals and objectives, that combines a set of interventions with the implementation plan.

Y

YPLL Years of Potential Life Lost. Calculated based on the following equation:
YPLL = Fixed age - Age at death
Usually the fixed age is 65 or 70, or the life expectancy of the group in question. **Example:** white males.

Publications

Injury Facts and Figures: A Database of Injury Quotes and Citations
Children's Safety Network

The Children's Safety Network maintains this active database of quotes, citations and statistics about violent and unintentional injury at both the state and national levels. The information may be particularly useful for grant proposals, public presentations and any other efforts designed to promote injury prevention.

To order a free copy of the publication, contact:
Children's Safety Network
Injury Data Technical Assistance Center
California Center for Childhood Injury Prevention
San Diego State University
6505 Alvarado Road, Suite 208
San Diego, CA 92120
Phone: 619/594-3691

Developing Effective Coalitions: An Eight-Step Guide
Written by Larry Cohen, Nancy Baer, and Pam Satterwhite
Edited by Kelly O'Keefe

This paper was developed by the Contra Costa County Health Services Department Prevention Program to assist in developing effective community coalitions for injury prevention. The examples given are specific to injury prevention coalitions, but can be applied to a variety of health-related issues.

To order a free copy of the publication, contact:
Children's Safety Network (Education Development Center, Inc.)
Larry Cohen
Phone: 510/836-4002

From the Ground Up! A Workbook on Coalition Building & Community Development
Edited by Gillian Kaye and Tom Wolff, Ph.D.

This comprehensive guide includes information about the benefits and goals of coalition development and provides practical suggestions on how to build a successful coalition and mobilize a grass roots effort. Topics include: strategies to overcome barriers to coalition building; related issues of muticulturalism; dealing with conflict within the coalition; developing plans of action and evaluating coalition activities and processes.

To order, send a check for $30, made payable to AHEC/Community Partners to:
AHEC/Community Partners
24 South Prospect Street
Amherst, MA 01002
Or call 413/253-4283 for more information.

The TBI Prevention Book: A Tool for Developing Traumatic Brain Injury Prevention Programs
The University of North Carolina Injury Prevention Research Center and UNC School of Public Health, Dept. of Health Behavior and Health Education, Health Communications Research Laboratory

This publication provides a collection of reviews for various educational materials and resources geared toward injury prevention. After detailing the criteria used to determine the quality of these materials, a comprehensive review of print media and videos includes both content and contact information for various items. In addition, contact information is provided for organizations across the country who are working in injury prevention.

Limited copies of this publication are free and can be requested through:
University of North Carolina
Injury Prevention Research Center
Chase Hall CB# 7505
Chapel Hill, NC 27599-7505
Phone: 919/966-2251

You Can Make the Difference: Preventing Injuries in Your Community
The University of North Carolina Center for Health Promotion and Disease Prevention

This publication was designed for community or business leaders, local government officials, public health professionals and individuals concerned about the toll of injuries on their communities. The manual includes complete guidelines for designing a workshop for community leaders and/or local government officials. The goal of the workshop is to promote injury prevention activities and collaborative efforts within the community. The manual includes a series of presentational slides and potential overheads as well as a suggested tool for workshop evaluation.

To obtain a copy of this publication, send $10 to:
University of North Carolina
Injury Prevention Research Center
Chase Hall CB# 7505
Chapel Hill, NC 27599-7505
Or call 919/966-2251 for more information.

Saving Children: A Guide to Injury Prevention
Modena Hoover Wilson, Susan P. Baker, Stephen P. Teret, Susan Shock and James Garbarino

This book uses a developmental approach to outline the various hazards and dangerous environments that a child might experience and suggest ways to prevent potentially harmful events. An emphasis is placed on adults prioritizing childhood injuries in their professional decisions. Among the areas explored in this book are injuries pertaining to the roadway environment (motor vehicle occupants, bicyclists); the home environment (fires and burns, poisoning, animals, suicide attempts); and the school and recreation environment (playground or sports injuries).

This book was published by Oxford University Press and can be ordered through your local book store. Or, you can request the publication through:

Oxford University Press
200 Madison Avenue
New York, NY 10016

Cost of Injury in the United States: A Report to Congress
Dorothy P. Rice, Ellen J. MacKenzie and Associates

This report is the third in a series addressing injury as a critical public health issue. In addition to including extensive information about the related costs of injuries to individuals and communities, the potential savings from injury prevention and the long-term affects of injuries on families and society, the report issues a series of recommendations.

To order a free copy of this report, contact:
National Center for Injury Prevention and Control
Office of Health Communications
M/S K-65
4770 Buford Highway, NE
Atlanta, GA 30341
Phone: 770/488-1506
Fax: 770/448-1667

You can also order a copy from the CDC web site: http://www.cdc.gov
(click on "About CDC", highlight the National Center for Injury and Prevention Control, go to Publications and Resources, then to NCIPC Publications and you'll come to an order form that can be emailed directly).

The Injury Fact Book
Susan P. Baker, Brian O'Neill, Marvin J. Ginsburg and Guohua Li

Using mortality data from the years 1980 - 1986, this publication is a comprehensive resource for information about injuries, that includes computed rates for important subgroups within the population. Useful in preparing for media briefings, legislative efforts, lectures and grant proposals, this book addresses a broad range of issues ranging from suicide to poisoning to motorcyclists.

This book was published by Oxford University Press and can be ordered tVateTD -0

This book was published by Oxford University Press and can be ordered through your local book store. Or, you can request the publication through:
Oxford University Press
200 Madison Avenue
New York, NY 10016

Accident Facts
National Safety Council

This annual publication utilizes graphs and tables to highlight the rates of injuries and resulting mortality in the United States. Included injuries are organized into the groupings of unintentional injuries, work, occupational health, motor vehicle, public, home and farm and environmental health. Sections frequently include analysis by state, year, race, age or gender.

Copies are $24.95 for members of the National Safety Council and $31.95 for non-members. Send a check for the correct amount, plus $3 (shipping and handling) to:
National Safety Council
P.O. Box 429
Itasca, IL 60143-0429
Or call 800/621-7619 for more information.

Advanced Support of Final Mortality Statistics, 1994
National Center for Health Statistics, Vital Statistics

Included within this data book are tables of information on prevalent injuries, broken down by race, sex and age for the time period between 1983 and 1989. Figures on the rates of various injury deaths are also provided by state.

To order a free copy of this publication, contact:
National Center for Health Statistics, Vital Statistics
6525 Belcrest Road, Room 1064
Hyattsville, MD 20782
Phone: 301/436-8500

Fatal Injury Matrix for Intentional and Unintentional Childhood Injury
Janice Yuwiler, MPH and Leslie Upledger Ray, MA, MPPA
Children's Safety Network

Designed to assist those working to assess the extent of fatal injuries in a given area, the fatal injury matrix is an easy to use format for organizing and analyzing data. In addition to providing a disk with a blank version of the fatal injury matrix for you to use, a detailed guidebook outlines how to use the matrix and provides suggestions for initial data collection and analysis.

To order a free copy of the publication (with accompanying disk formatted for either Macintosh or DOS systems) contact:
Children's Safety Network
Injury Data Technical Assistance Center
California Center for Childhood Injury Prevention
San Diego State University
6505 Alvarado Road, Suite 208
San Diego, CA 92120
Phone: 619/594-3691

NCIPC - CDC Injury Mortality Atlas 1986-1994

The Atlas is a compilation of color-coded maps illustrating the geographic variation of county-level, age-adjusted mortality rates across the United States. The Atlas covers the years 1986-1994 and summarizes national and state data for nine major causes of injury death. Slides of these mortality maps are available for the nation and individual states. To order a free copy of the publication, contact:
Marilyn Kirk
Centers for Disease Control
National Center for Injury Prevention and Control
Office of Communication Resources
Phone: 770/488-4818
e-mail: MLK1@cdc.gov

Epi Info

Epi Info is a series of software programs for handling epidemiologic data in questionnaire format and for organizing study designs and results into text that may form part of written reports. Epi Info can also form the basis for a powerful disease surveillance system database with many files and record types. It allows rapid setup of new entry forms (surveys) and data files, easily customized data entry, and many data management and analysis techniques. It is available in English and Spanish. All software is free and in the Public Domain.

To obtain a free copy of the manual and download software, visit the Epi Info home page at: http://www.cdc.gov/epo/epi/epiinfo.htm.

If you cannot find a copy of this program to copy, send $16 for the cost of the manual, plus $3 for the disk handling, and an additional charge for shipping and handling to:
Brixton Books
Phone: 504/944-1074
Fax: 504/947-8899

An Advocate's Guide to the Media

This guide gives practical direction to advocates for strategic and effective use of the media. It provides some advice about working with the media, explanations of basic media tools and how you can use them, and some things to consider when developing media strategies.

To order a copy of the publication, send a check for the 4.95, plus $2 shipping and handling to:
Children's Defense Fund
Publications Department
25 E St., NW
Washington, D.C. 20001
Phone: 202/662-3652

Evaluation Guidebook for Community Youth Safety Programs
Paul Lantz, Ph.D.; Barbara C. Lee, R.N., M.S.N.; Susan Gallagher, MPH;
and Nancy B. Young, R.N., B.S.N.
Marshfield Clinic, Marshfield, Wisconsin

The purpose of this guidebook is to help individuals to begin discussing and planning an evaluation of safety programs. This guidebook will assist in: 1) Clearly defining the purpose of the evaluation; 2) Choosing the general evaluation approach that best suits your needs and resources; and 3) Identifying additional reference materials and resources.

To order a free copy of the publication, contact:
Children's Safety Network Rural Injury Prevention Resource Center
National Farm Medicine Center
1000 North Oak Avenue
Marshfield, WI   54449-5790
Phone: 715/389-4999
Fax: 715/389-4950

Internet Resources

The following list of injury-related websites is not comprehensive but will provide
you with links to other resources on the Internet.

**Centers for Disease Control and Injury Prevention, National Center for
Injury Prevention and Control**
> http://www.cdc.gov/ncipc/ncipchm.htm
> http://www.cdc.gov/ncipc/injweb/websites.htm (This page contains links
> to many of the other internet resources listed here.)

Consumer Products Safety Commission
> http://www.cpsc.gov/

Education Development Center/Children's Safety Network
> http://www.edc.org/HHD/Csn

National Center for Health Statistics
http://www.cdc.gov/nchswww/nchshome.htm

National Highway Transportation Safety Administration
> http://www.nhtsa.dot.gov/

National Safety Council
> http://www.nsc.org/

National Program for Playground Safety
> http://www.uni.edu/coe/plygrnd/

Safe Kids Coalition
> http://www.ocle.org/safekids/

State and Territorial Injury Prevention Directors' Association (STIPDA)
> http://www.stipda.org

University of North Carolina Injury Prevention Research Center
> http://www.sph.unc.edu/iprc
> http://www.sph.unc.edu/vincentweb

Center for Injury Research and Control
University of Pittsburgh
230 McKee Place, Suite 400
Pittsburgh, PA   15213
Fax: 412-647-1111

Injury Control Research Center
University of Alabama at Birmingham
403 Community Health Services
Building
Birmingham, AL   35294-2041
Phone: 205-934-7845
e-mail: rfine@dopig.uab.edu or
Matthew.Rousculp@ccc.uab.edu

Injury Prevention Research Center
University of California at Los Angeles
School of Public Health
10833 Le Conte Avenue
Los Angeles, CA   90095-1772
Phone: 310-206-4115
Fax: 310-794-7989
e-mail: sciprc@ucla.edu

Center for Injury Research and Policy
The Johns Hopkins University
School of Hygiene & Public Health
624 North Broadway
Baltimore, MD   21205
Phone: 410-955-2636
Fax: 410-614-2797
e-mail: sogaitis@phnet.sph.jhu.edu

San Francisco Injury Center for
Research & Prevention
San Francisco General Hospital Bldg. 1
San Francisco, CA   94110
Phone: 415-821-8209

Harborview Injury Prevention and
Research Center
Harborview Medical Center
325 9th Avenue
Box 359960
Seattle, WA   98104
Phone: 206-521-1520
Fax: 206-521-1562

Injury Prevention Research Center
University of North Carolina at Chapel
Hill
CB # 7505, Chase Hall
Chapel Hill, NC   27599
Phone: 919-966-2251
Fax: 919-966-0466
e-mail: IPRC@UNC.EDU

Injury Prevention Research Center
Colorado State University
Department of Environmental Health
B107 Microbiology Building
Fort Collins, CO   80523
Phone: 970-491-6156
Fax: 970-491-2940

Injury Prevention Research Center
University of Iowa
134 AMRF, Oakdale Campus
Iowa City, IA   52242
Phone: 319-335-4458
Fax: 319-335-4225
e-mail: john-lundell@uiowa.edu

State and Territorial Injury Prevention Directors' Association (STIPDA) Contacts

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6 Hazen Dr., Health & Welfare Bldg.
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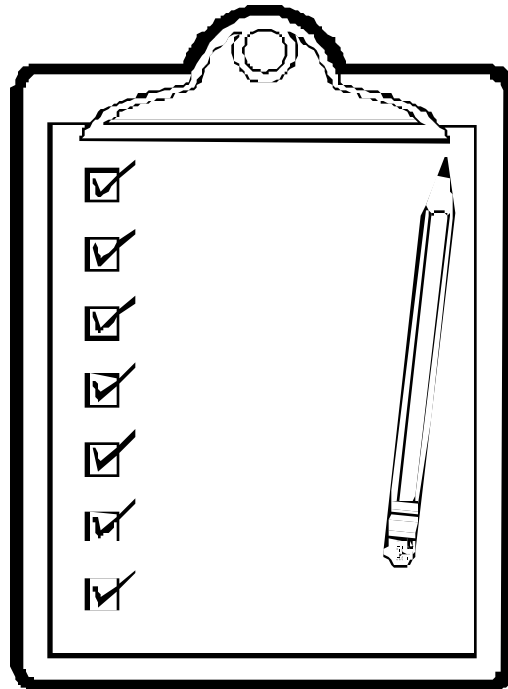Nashville, TN   37247

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Program Proposal Checklist [1 & 2]

Statement of the Problem:

❑ Provide a short statement of what needs to be done and why.
❑ Describe a specific problem, not everything in your community that needs changing.
❑ Describe the results of your needs assessment:
  - show that the problem is important to your community, not just to you.
  - show that the need for this program is supported by data and qualitative evidence.
❑ Make it clear that you have looked at other similar projects in other communities by reviewing some of their methods and results. This should also show that the problem is fixable within the proposed time period.
❑ Explain how this project will relate to existing programs in your community without duplicating services.
❑ Describe your coalition:
  - how this project helps fulfill the missions of several agencies
  - how coalition members work together to share resources and responsibilities
❑ Include letters of support from coalition member agencies and other community groups.

Goals and objectives:

❑ Address the need/problem defined in problem statement.
❑ State a broad goal expressing the desired outcome of the project. Follow this with a list of measurable outcome and process objectives.

Project Description:

❑ Provide a detailed description of the components of your project, including the specific activities and tasks required for each component.
❑ Relate all activities to your objectives.
❑ Describe roles of project staff.
❑ Include time frames for completing all activities.
❑ Indicate if the project is expected to continue after the funding period. If it is, explain how it will become self-sufficient or part of existing programs.
❑ List all project staff, with a brief description of qualifications, responsibilities, and level of effort.

Evaluation:

❑ Relate the evaluation to the objectives. Be sure to assess both outcome and process objectives.
❑ Describe how the evaluation will be done. Include sources of data, how it will be collected, and how it will be analyzed.

❑ Describe any instruments (questionnaires, surveillance systems) or other tools (focus groups, interviews, observations) that will be used. Include copies, even if only in draft form, in your proposal.
❑ Identify the person(s) responsible for collecting, analyzing, and reporting evaluation results.
❑ Describe how results will be disseminated and how they will be used.
❑ Be sure to include evaluation in your timeline and budget.

Budget:

❑ Itemize personnel, consultants, equipment, supplies, travel, and all other expenses.
❑ Do not under-budget. The funding agency will think you are unrealistic.
❑ Check with others if you are not sure what a cost will be.
❑ Be sure that all budget items correspond to project activities.
❑ On a separate page or pages, include a budget justification, explaining why each cost item is needed and how it will be used. Write the justification in the same order as the budget.

Cover letter:

❑ Use letterhead stationery. Make sure that you use an original sheet of letterhead, not a photocopy.
❑ The head of the lead agency or chair of the coalition should sign the cover letter.
❑ If you are responding to a *Request for Proposals*, briefly explain to which request you are responding.
❑ If you are sending an unsolicited proposal, explain why you have chosen this foundation or organization. Describe how your proposed project matches the funding mission of the organization.
❑ Include the name of the contact person for this proposal, along with information about how to contact this person by mail and telephone.
❑ Be sure to give the contact person a copy of the grant application, and all accompanying materials.

Adapted from:

1 US Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion. *Locating Funds for Health Promotion Projects*. January, 1984.

2 New York State Department of Health, Injury Control Program. *Guidelines for Writing Injury Control Plans and Proposals*, 1992.

Cost Savings Due to Injury Prevention Activities

◆ $1 spent on a bike helmet saves society $30

◆ $1 spent on a child safety seat saves society $32

◆ $1 invested in a poison control center saves society $8 in medical costs

◆ $1 spent on a smoke detector saves society $55-70

◆ $1 spent on injury prevention counseling by pediatricians saves society $13

◆ $1 spent on sobriety checkpoint programs saves society more than $7.50

◆ $1 spent on enforcing laws against serving intoxicated patrons saves $10 in medical spending

◆ Every adult who uses a seat belt consistently pays $110/year to cover non-users

Evaluating Brochures and Pamphlets[1]

Many brochures and pamphlets try to inform us of health concerns and influence our behavior in some way. At first glance, it may seem that any brochure or pamphlet that has pictures and includes all of the facts is useful and effective. In reality, there are many things that determine if a person understands a message and is motivated to follow recommendations.

The following checklist will guide you in evaluating the usefulness and effectiveness of print material for your target audience. This checklist is intended to help you critically evaluate the usefulness of materials for your target audience.   Ultimately, the decision to use a brochure depends on your own judgment and taste. A certain number of "yes" answers does not necessarily mean that you should accept the brochure, nor does a certain number of "no" answers mean that you should reject it.

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[1]Adapted from:
The TBI Prevention Book: A Tool for Developing Traumatic Brain Injury Prevention Programs, 1995.
The University of North Carolina Injury Prevention Research Center and The University of North Carolina School of Public Health, Dept. of Health Behavior and Health Education, Health Communications Research Laboratory.

Checklist for Evaluating Brochures and Pamphlets

	Yes	No
1. Is the information provided accurate? truthful?		
2. Is the written part of the material appropriate for the target audience's: • Race? • Sex? • Age? • Economic status?		
3. Are the pictures and / or illustrations appropriate for the target audience's: • Race? • Sex? • Age? • Economic status?		
4. Is the material easy to read (no complex, scientific, or confusing words and sentences)?		
5. Is the main message of the material obvious?		
6. Does the main message match your program's objectives?		
7. Does the material try to persuade the target audience to DO something, instead of just providing information?		
8. Does the material try to persuade the target audience through examples and stories?		
9. Does the material tell the target audience WHAT to do in easy to understand recommendations?		
10. Does the material tell the target audience HOW to follow the recommendations by dividing them into achievable steps?		
11. Does the material recommend ways that the target audience can overcome barriers to fulfilling the recommendations?		
12. Does the material present benefits that the target audience may experience by fulfilling the material's recommendations?		

Building a Successful Coalition[1]

Many factors affect a coalition's potential success. While the following tips won't guarantee that your coalition will be successful, they can help you build a strong foundation for success. The questions on the following worksheet are designed to help you and your coalition identify its resources and the overall direction it will take to promote injury control and violence prevention in your community.

Individual Roles in the Coalition

• What are each member's potential contributions to the coalition?

• How much time can each member give to coalition activities?

• What resources does each member have that may be helpful to the coalition?
    • **Examples:** computer, fax machine, meeting room, etc.

• What are the talents, skills, and expertise of each member?
    • **Examples:** accounting or grant writing skills

• What influence does (or could) each member have in the community?
    • **Examples:** belongs to a church, volunteers with children

• What are each member's goals for participating in the coalition?

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[1]Adapted from:
UNC IPRC for Indian Health Service
Training 1996

Sample Implementation Plan[1]

See completed worksheet on reverse.

Objective 1: By May 1998, parents of elementary school-aged children in the three communities will have completed a questionnaire regarding the incidence and circumstances of playground injuries incurred by their children.

Objective 2: By July 1998, inspections of all selected playgrounds in the three communities will be completed.

Good objectives include:
- time frame
- target of change--who and what
- results to be achieved
- criteria for documenting results
- who is responsible for implementing and measuring

One way to frame an objective:

"By **when**, there will be a _____ percent increase (or decrease) in **what** among **whom**."

Sample Implementation Plan

Task	Person(s) Responsible	Month					
		1	2	3	4	5	6
Objective 1							
Select playgrounds for inspection	Program director, Health educator	▬	▬	▬			
Revise DOH checklist for inspectors' use	Health educator, Assistant Director of Research	▬	▬	▬			
Recruit 1-3 inspectors per community	Schools, Parks and Recreation				▬		
Train inspectors	Health educator, Assistant Director of Research					▬	
Objective 2							
Develop parent questionnaire	Health educator, Assistant Director of Research	▬	▬	▬			
Reach agreement with school superintendents to distribute questionnaire	Program director			▬			
Distribute questionnaire to parents	Teachers				▬		
Collect questionnaires	Teachers					▬	
Code, enter, and analyze data	Assistant Director of Research, health dept. staff						▬

Evaluation Plan[1]

- What data do you need in order to know if you have accomplished this objective?

  Examples: Changes, reactions, participation, and use of resources

- How will you collect this data?

  Examples: Existing data on fires, hospitalizations, and deaths; surveys, and observations

- Who will collect this data?

  Examples: Someone who is already collecting it, a coalition member, volunteers, local college students

- When will you collect this data?

  Examples: Before the program, during the program, and after the program. Remember to check whether data already exist.

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[1]Adapted from:
UNC IPRC for Indian Health Service
Training 1996

Evaluation Plan Worksheet

Objective ____:

_____

_____
_____

What data do you need in order to know if you have accomplished this objective?	How will you collect this data?	Who will collect this data?