



State of Illinois
Illinois Department of Public Health



Making Illinois Safer: a Strategic Plan for Injury Prevention



2011 - 2015

Illinois Injury Prevention Strategic Plan
2011 - 2015

Illinois Department of Public Health

in collaboration with
Illinois Injury Prevention Coalition

Illinois Injury Prevention Strategic Plan

Purpose.... to reduce the rates of disability, death, and years of potential life lost due to unintentional injuries and violence.

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INJURY IS A PUBLIC HEALTH PRIORITY

Injury is a Preventable “Disease”

The recognition that “injuries are not accidents,” that is injuries are not the result of fate or bad luck, has increased since the mid 1900’s. As a result, the epidemiology of injuries has become a recognized field of study. Injuries are the first cause of death to children and young adults and are a major cause of emergency department visits, hospitalizations, and permanent disabilities. Injuries are not random and thus can be predicted, controlled, and in some cases, prevented. In order to initiate effective injury prevention efforts, sufficient data must be collected and analyzed. Infrastructure to then utilize these data effectively must be in place.

The Public Health Model

It has been said that “the history of public health might well be written as a record of successive re-defining of the unacceptable.”¹ The burden of fatal and non-fatal injury, both unintentional and the result of intentional violence, is no longer accepted as the status quo. Communities are looking to both public and private entities to address the circumstances that result in this loss of life or lifelong disability².

One of the reasons for the relatively slow progress in injury prevention is such efforts must be cross-disciplinary, involve both public and private interests, and within the public arena, cross state, local and agency jurisdictions. The various engineers who designed a safe roadway, a safe car, and a child safety seat that enabled the child to make use of the adult seat belts; the clinicians who ensured parents understood the need for a safety seat; the social workers who made it possible for the parents to obtain the seat if it was beyond their means; the child safety seat technicians who enabled the parents to correctly use the seat, and the traffic safety officers who consistently enforced the traffic laws and regulations; and all worked to prevent injury to the child happily riding in the car. Behind all of these “injury prevention professionals” working in their own spheres, often with no direct knowledge of each other, is the public health professional. Such a professional must first be recognized and enabled to assess who, how, when, and where children are injured in car crashes, and then have the responsibility to assure that the policies and programs are in place to address the factors most often associated with such injuries.

¹ Geoffrey Vickers as quoted on page 10 of Turnock, BJ. *Public Health: What It Is and How It Works*. Aspen Publications, Gaithersburg, MD. 1997

² Turnock, BJ. *Public Health: What It Is and How It Works*. Aspen Publications, Gaithersburg, MD. 1997

THE BURDEN OF INJURY: AN ILLINOIS PROFILE

Illinois Injury Mortality Profile

Injury Death Rates, Illinois, 2007

| Injury | Number | Age Adjusted Rate* |
|---------------------------------------|--------|--------------------|
| Injury fatalities | 6,355 | 48.7 |
| Unintentional drowning fatalities | 132 | 1.0 |
| Unintentional fall-related fatalities | 692 | 5.2 |
| Unintentional fire-related fatalities | 135 | 1.0 |
| Firearm-related fatalities | 1,027 | 7.9 |
| Homicides | 854 | 6.6 |
| Motor vehicle traffic fatalities | 1,300 | 10.0 |
| Poisoning fatalities | 1,331 | 10.3 |
| Suicides | 1,102 | 8.5 |
| Traumatic brain injury fatalities | 0 | 0.0 |

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Center for Health Statistics

Injury Death Rates, by Sex, Illinois, 2007

| Fatality Type | Male | | Female | |
|----------------------------|--------|--------------------|--------|--------------------|
| | Number | Age Adjusted Rate* | Number | Age Adjusted Rate* |
| Injury fatalities | 4,436 | 72.2 | 1,919 | 27.0 |
| Unintentional drowning | 94 | 1.5 | 38 | 0.6 |
| Unintentional fall-related | 375 | 7.1 | 317 | 3.8 |
| Unintentional fire-related | 85 | 1.4 | 50 | 0.7 |
| Firearm-related | 925 | 14.5 | 102 | 1.6 |
| Homicides | 696 | 10.6 | 158 | 2.4 |
| Motor vehicle traffic | 909 | 14.4 | 391 | 5.9 |
| Poisoning | 884 | 13.8 | 447 | 6.8 |
| Suicides | 877 | 14.1 | 225 | 3.4 |
| Traumatic brain injury | 0 | 0.0 | 0 | 0.0 |

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Center for Health Statistics

Injury Death Rates, by Age, Illinois, 2007

| Fatality Type | <1 | 1-4 | 5-14 | 15-24 | 25-35 | 35-45 | 45-55 | 55-65 | 65-75 | 75-85 | 85+ |
|----------------------------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|
| Injury | 36.1 | 10.2 | 7.5 | 55.5 | 51.4 | 51.2 | 54.5 | 43.3 | 50.3 | 111.6 | 268.4 |
| Unintentional drowning | + | + | + | + | + | + | + | + | + | + | + |
| Unintentional fall-related | + | + | + | + | + | 1.4 | 3.1 | 4.3 | 12.0 | 37.2 | 101.9 |
| Unintentional fire-related | + | + | + | + | + | + | 1.2 | + | + | + | + |
| Firearm-related | + | + | + | 18.0 | 13.4 | 7.0 | 6.1 | 6.0 | 5.0 | 10.9 | + |
| Homicides | + | + | 1.7 | 16.5 | 13.3 | 5.8 | 4.0 | 2.4 | 2.5 | + | + |
| Motor vehicle traffic | + | + | 2.7 | 18.5 | 11.7 | 9.9 | 9.6 | 9.4 | 8.5 | 16.2 | 19.7 |
| Poisoning | + | + | + | 8.1 | 12.9 | 19.6 | 20.7 | 10.2 | 3.7 | 4.2 | + |
| Suicides | + | + | + | 8.8 | 9.2 | 11.9 | 12.5 | 11.3 | 7.4 | 15.1 | 11.1 |
| Traumatic brain injury | + | + | + | + | + | + | + | + | + | + | + |

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Center for Health Statistics

Illinois Hospitalized Injury Profile

Hospitalization Rates*, Hospital Discharge Data, Illinois, 2007

| Reason for Hospitalization | Number | Age Adjusted Rate* | Crude Rate |
|---------------------------------------|--------|--------------------|------------|
| All injuries | 70,567 | 541.4 | --- |
| Drowning-related | 32 | 0.3 | --- |
| Unintentional fall-related | 17,105 | 130.2 | --- |
| Hip fracture in persons older than 65 | 10,099 | --- | 652.0 |
| Unintentional fire-related | 186 | 1.4 | --- |
| Firearm-related | 1,162 | 8.9 | --- |
| Assault-related | 2,990 | 23.1 | --- |
| Motor vehicle traffic | 4,592 | 35.4 | --- |
| Poisoning | 6,224 | 48.3 | --- |
| Suicide attempt | 3,928 | 30.6 | --- |
| Traumatic brain injury | 10,391 | 79.9 | --- |

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Hospitalization Rates* by Sex, Hospital Discharge Data, Illinois, 2007

| Sex-Specific Data Reason for Hospitalization | Male | | | Female | | | Total |
|---|--------|-------------------|------------|--------|-------------------|------------|--------|
| | Number | Age Adjusted Rate | Crude Rate | Number | Age Adjusted Rate | Crude Rate | |
| All injuries | 33,866 | 564.5 | --- | 36,701 | 497.6 | --- | 70,567 |
| Drowning-related | 20 | 0.3 | --- | 12 | 0.2 | --- | 32 |
| Unintentional fall-related | 6,248 | 111.1 | --- | 10,857 | 139.1 | --- | 17,105 |
| Hip fracture in persons older than 65 | 2,694 | --- | 423.0 | 7,405 | --- | 812.0 | 10,099 |
| Unintentional fire-related | 134 | 2.1 | --- | 52 | .89 | --- | 186 |
| Firearm-related | 1,061 | 16.0 | --- | 101 | 1.6 | --- | 1,162 |
| Assault-related | 2,614 | 39.9 | --- | 376 | 5.9 | --- | 2,990 |
| Motor vehicle traffic | 2,909 | 45.5 | --- | 1,683 | 25.4 | --- | 4,592 |
| Poisoning | 2,727 | 42.7 | --- | 3,497 | 54.2 | --- | 6,224 |
| Suicide attempt | 1,527 | 23.7 | --- | 2,401 | 37.6 | --- | 3,928 |
| Traumatic brain injury | 6,533 | 108.1 | --- | 3,858 | 53.1 | --- | 10,391 |

*Age-adjusted to 2000 population per 100,000

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Hospitalization Rates* by Age, Hospital Discharge Data, Illinois, 2007

| Reason for Hospitalization | <1 | 1-4 | 5-14 | 15-24 | 25-35 | 35-45 | 45-55 | 55-65 | 65-75 | 75-85 | 85+ |
|---------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| All injuries | 247.3 | 164.9 | 120.0 | 409.3 | 358.5 | 398.2 | 453.3 | 510.8 | 882.2 | 2273.1 | 4865.6 |
| Drowning-related | + | + | + | + | + | + | + | + | + | + | + |
| Unintentional Falls | 59.1 | 28.0 | 21.7 | 23.5 | 30.9 | 48.2 | 79.3 | 134.9 | 288.2 | 840.1 | 1953.3 |
| Hip fracture in persons older than 65 | --- | --- | --- | --- | --- | --- | --- | --- | 187.1 | 743.1 | 2008.6 |
| Unintentional fire-related | + | + | * | 1.5 | 1.5 | 1.3 | 1.5 | 1.5 | + | + | + |
| Firearm-related | + | + | 1.9 | 32.8 | 16.9 | 7.1 | 3.1 | 1.5 | + | + | + |
| Assault-related | + | + | 4.5 | 62.4 | 41.4 | 27.7 | 17.7 | 7.7 | 3.3 | 3.8 | + |
| Motor vehicle traffic | + | 7.5 | 13.6 | 59.5 | 46.5 | 37.2 | 34.3 | 33.6 | 30.8 | 46.8 | 44.5 |
| Poisoning | + | 16.7 | 7.0 | 71.8 | 64.0 | 74.8 | 64.7 | 35.7 | 27.9 | 31.1 | 28.7 |
| Suicide attempt | + | + | 4.7 | 56.3 | 47.3 | 50.1 | 37.7 | 16.1 | 8.5 | 7.7 | * |
| Traumatic brain injury | 124.7 | 33.6 | 26.9 | 81.1 | 59.6 | 56.1 | 61.5 | 73.0 | 126.0 | 282.0 | 541.1 |

*Age-adjusted to 2000 population per 100,000

+ Cell size had count <20

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

ORGANIZING FOR ACTION

DEVELOPMENT OF THE ILLINOIS INJURY PREVENTION STRATEGIC PLAN

Injury Prevention Programs

According to the U.S. Centers for Disease Control and Prevention (CDC) and the Safe States Alliance (SSA), model injury prevention programs should be housed within the state department of public health and contain five core components as essential elements of a comprehensive state injury and violence prevention program. These are: sufficient infrastructure; data collection, analysis and dissemination; intervention design, implementation, and evaluation; technical support and training; and public policy and advocacy.

The STAT Site Visit and Recommendations

In July 2005, the Illinois Department of Public Health (IDPH) Injury and Violence Prevention Program (IVPP) hosted a week-long site visit of the State Technical Assistance Team (STAT) program, sponsored by SSA, through partial funding from the CDC National Center for Injury Prevention and Control. The STAT process is designed to assess the capacity of injury prevention programs within state health department and to provide them with an outside perspective and format for sharing ideas for program development. This process brings a team of injury prevention professionals into the state to assess the status of the injury program relative to the five major components of a model injury prevention program listed above.

More than 30 partners in the field of injury prevention in Illinois were invited to participate in interviews with the STAT team to share their experience and/or knowledge of IDPH injury prevention efforts or a particular program with which they work. Also during the interview, partners were asked to provide suggestions about strengthening IDPH's program and elaborate on any barriers they believe hinder the efforts to make Illinois a safer state. At the conclusion of the week-long STAT visit, the STAT team provided feedback and recommendations, through a read-out session on the last day, in each core component area as it reflects on the Injury and Violence Prevention Program's strengths, challenges, opportunities, and barriers to success. The first recommendation was to complete a comprehensive injury and violence prevention plan. The recommendations are outlined in the Illinois STAT Report and have been threaded throughout this Illinois Injury Prevention Strategic Plan.

Strategic Plan Development

The Illinois Injury Prevention Coalition, (IIPC) at the behest of the IVPP, agreed to complete the process of developing a state-wide strategic plan for injury prevention begun in 2002. Starting in October 2005, a Strategic Plan Workgroup and staff from IVPP met to finalize the development of a five-year collaborative statewide strategic plan. The workgroup received an overview of the status of the planning efforts begun in 2002, examples of strategic plans from other states, SSA (formerly known as the State and Territorial Injury Prevention Directors Association) documents on the components of an effective state injury prevention program, an overview of injury prevention as a public health issue, and a summary of Illinois' injury statistics and data collection systems. The existing title and mission and vision statements developed in 2002 were adopted. The workgroup then worked collaboratively to develop goals and strategies to achieve the five core components of a state injury prevention program as defined by SSA. These are:

- Building a solid infrastructure for injury prevention.
- Collecting and analyzing injury data.
- Designing, implementing, and evaluating interventions.
- Providing technical support and training.
- Affecting public policy.

These five goals were then elaborated further and a sixth goal, regarding sufficient and sustainable funding was defined. Objectives and strategies to achieve the six goals were identified and sent electronically to more than 50 public health stakeholders throughout the state for review and comment.

A two-day workshop to develop the first-year action plan for implementing the strategies was held in October 2006. At this workshop, the goals and strategies were prioritized. Participants met in workgroups to develop the activities needed to achieve each strategy. Activities that can begin in 2007, the lead organization, partners, specific measures of success, and funding implications for each activity were identified. The completed action plan for 2007, together with the goals, strategies, and actions to be implemented in 2011 – 2015, was then disseminated to the IIPC. Both those who were able and not able to attend the October workshop were asked for their review and recommendations and their input was incorporated into this document.

The IIPC Executive Committee, together with IVPP staff, then incorporated the action plan into the overall strategic plan. A draft of the plan was sent to the Strategic Plan Workgroup, the IIPC, and IDPH's staff from those offices and programs concerned with injury prevention either directly or indirectly. This final plan was then revised to reflect their comments and concerns.

INJURY PUBLIC HEALTH PRIORITIES - YEARS 2011 THROUGH 2015

Illinois Vision and Mission

Vision: Injury Free Illinois.

Mission: The mission is to bring together and provide leadership to public and private partners to jointly promote the coordination and integration of effective strategies to prevent violence and unintentional injuries in Illinois.

Goal 1: Leadership/Infrastructure

Establish and maintain permanent infrastructure to lead, coordinate, monitor and evaluate the implementation of the *Making Illinois Safer: a Strategic Plan for Injury Prevention*.

Goal 2: Funding

Develop and maintain long-term public and private funding sources for injury prevention and surveillance.

Goal 3: Data

Increase the quality and availability of statewide and community specific data for planning, surveillance, and evaluation.

Goal 4: Knowledge

Increase injury prevention knowledge, understanding and skills.

Goal 5: Community

Build capacity and resources at the state and local level for evidence -based injury prevention so communities can effectively reduce and prevent injuries.

Goal 6: Advocacy

Strengthen public policy and advocacy to reduce and to prevent injuries.

Goal 1 - LEADERSHIP

Establish and maintain permanent infrastructure to lead, coordinate, monitor and evaluate the implementation of the *Making Illinois Safer: a Strategic Plan for Injury Prevention*.

| STRATEGY | TIMEFRAME | LEAD(S) | PARTNERS | FUNDING IMPLICATIONS |
|---|------------------|---|---------------------------------------|---|
| 1A. Establish IDPH/ Injury and Violence Program (IVPP) as the lead agency with responsibility for statewide injury prevention. | 12/2011 | IDPH Director, IIPC co-chairs | IDPH, IDHS, IDOT, IIPC | No additional funding needed |
| 1B. Stabilize state and federal funding for all IVPP positions. | By 2011 | IDPH | IIPC | Will require additional funding |
| 1C. Ensure all SIVP positions are filled with injury prevention professionals. | By 2013 | IDPH | IIPC | May require additional funding |
| 1D. Designate an injury prevention liaison within existing staff in all appropriate IDPH divisions, other state agencies, and in each local health department. | 12/2011 | IDPH/IVPP | All relevant state and local agencies | No additional funding required |
| 1E. Promote injury prevention training and skills development statewide. | Ongoing 12/07 | IIPC Education and Training Committee, IIPC Coalition Development Committee | IIPC, IDPH, UIC SPH | May require additional funding Will require additional funding |
| 1F. Establish public health programs and other higher education partnerships to strengthen research and curriculum in injury prevention | By 2013 | IDPH | IVPP, IIPC, ISBE, others | May require additional funding |
| 1G. Design and publicize comprehensive injury prevention public education and information products. | Ongoing | IDPH/IVPP | IIPC | Will require additional funding |
| 1H. Maintain and enhance collaboration with the Illinois Injury Prevention Coalition as a lead partner, and the Illinois Public Health Association as a resource for statewide injury prevention efforts. | Ongoing | IDPH/IVPP | IIPC, IPHA | No additional funding required |

Goal 2 - FUNDING

Develop and maintain long-term public and private funding sources for injury prevention and surveillance.

| STRATEGY | TIMEFRAME | LEAD(S) | PARTNERS | FUNDING IMPLICATIONS |
|---|-----------|--|---|--------------------------------|
| 2A. Use this strategic plan to determine funding priorities. | Ongoing | IDPH | IIPC | No additional funding required |
| 2B. Identify current funding streams and potential funding resources. | 12/2011 | IDPH/IVPP | IIPC, grants management offices of IDHS, IDOT | May require additional funding |
| 2C. Ensure IVPP, IIPC and the appropriate fiscal management offices within IDPH to collaborate, to promote, and to expand grant submissions for injury prevention and surveillance. | Ongoing | IDPH/OHPm deputy director or designee | IIIPC, IDPH's fiscal management offices | No additional funding required |
| 2D. Designate a fiscal agent partner when appropriate. | Ongoing | IDPH | IDPH fiscal management offices | No additional funding required |
| 2E. Establish a timeframe for the development and funding of an injury prevention and surveillance infrastructure | 12/2011 | IDPH /OHPm deputy director or designee | IIIPC co-chairs | No additional funding required |

Goal 3 - DATA

Increase the quality and availability of statewide and community-specific data for planning, surveillance and evaluation.

| STRATEGY | TIMEFRAME | LEAD(S) | PARTNERS | FUNDING IMPLICATIONS |
|--|---------------|---|--|--|
| 3A. Assure and ensure hospital discharges and emergency IDPH visits in the state are e-coded. | By 2012 | Illinois Hospital Association, Children's Memorial Hospital | Illinois Hospital Association, hospitals, IDPH | Not clear |
| 3B. Determine how injury-related databases that gather data about non-fatal injuries that result in hospital admission can be integrated to improve non-fatal injury surveillance and fatal injury surveillance. | 2012 | Children's Memorial Hospital | Children's Memorial Hospital, Emergency Medical Services for Children | \$30,000 for collaborative study |
| 3C. Encourage data driven decision making on injury by improving access to and availability of statewide databases. | 2014, ongoing | IDPH | University of Illinois at Chicago, IDPH, Illinois Hospital Association, Children's Memorial Hospital | Funding to disseminate data; small grants to encourage usage of data |
| 3D. Expand the IIPC Data Committee to include knowledgeable representatives from agencies, academia, and data advocates. | 2013 | Illinois Injury Prevention Coalition | IDPH, University of Illinois at Chicago School of Public Health | Funding for meeting/travel costs |

Goal 4 - KNOWLEDGE

Increase injury prevention knowledge, understanding and skills.

| STRATEGY | TIMEFRAME | LEAD(S) | PARTNERS | FUNDING IMPLICATIONS |
|---|------------|--|--|---|
| 4A. Plan training and/or educational opportunities about injury prevention for I IDPH regions. | 2006-2011 | IIPC Education and Training Committee, IDPH | Injury prevention stakeholders | No additional funding needed |
| 4B. Implement training and/or educational opportunities about injury prevention for all IDPH regions. | 2012- 2013 | IIPC Education and Training Committee, IDPH, Professional organizations | Colleges, universities, injury prevention stakeholders | Contingent upon additional funding |
| 4C. Evaluate training and/or educational opportunities about injury prevention for all IDPH regions. | 2013-2014 | IIPC Research and Information and Education and Training Committee, IDPH | Injury prevention stakeholders | Contingent upon additional funding |
| 4D. Promote inclusion of required injury prevention curriculum in health care and public health professional training throughout the state. | 2013-2015 | IIPC | IPHA, IDPH | Contingent upon additional funding |
| 4E. Engage the public and private sector to support and promote injury prevention training and/or education. | Ongoing | Injury prevention stakeholders, professional organizations | Universities, parks and recreation, school boards | May be accomplished with current funding |
| 4F. Identify gaps in evidence-based injury prevention interventions specific to Illinois. | 2012 2014 | IIPC, IDPH, IPHA | Injury prevention stakeholders | No additional funds required |
| 4G. Develop and disseminate effective interventions to fill identified gaps. | 2013-2015 | IIPC, IDPH | Injury prevention stakeholders, universities, parks and recreation, school boards | Contingent upon additional funding |

Goal 5 - COMMUNITY

Build capacity and resources at the state and local level for evidence - based injury prevention so that communities can effectively reduce and prevent injuries.

| STRATEGY | TIMEFRAME | LEAD(S) | PARTNERS | FUNDING IMPLICATIONS |
|--|-----------|---|---|------------------------------------|
| 5A. Identify gaps in the use of injury prevention interventions at the community level. | 2012-2014 | IIPC, IDPH, IPHA | Injury prevention stakeholders | No additional funds required |
| 5B. Research, compile, and disseminate injury prevention “best practices” and evaluation tools for community use. | 2013-2014 | IIPC, IDPH, Universities and medical schools to be determined | Injury prevention stakeholders, CDC, local health planning councils | Contingent upon additional funding |
| 5C. Promote the use of effective injury prevention interventions and facilitate community partnerships for their implementation. | 2012-2014 | IIPC, IDPH Injury prevention stakeholders | Universities, parks and recreation, school boards | No additional funds required |
| 5D. Provide and/or identify resources to support local injury prevention evaluation. | 2013-2014 | IDPH , IIPC, IPHA | Injury prevention stakeholders | Contingent upon additional funding |

Goal 6 - ADVOCACY

Strengthen public policy and advocacy to reduce and prevent injuries

| STRATEGY | TIMEFRAME | LEAD(S) | PARTNERS | FUNDING IMPLICATIONS |
|---|-----------|---------|--------------------------------|----------------------|
| 6A. Establish legislation to institutionalize the IIPC as the statewide legislative and policy advocate | 2006 | IIPC | Injury prevention stakeholders | Requires funding |
| 6B. Identify issues to be prioritized for a legislative /policy agenda. | 2006 | IIPC | Injury prevention stakeholders | Requires funding |
| 6C. Develop position papers in support of the consensus legislative and policy agenda. | ongoing | IIPC | Injury prevention stakeholders | Requires Funding |
| 6D. Develop a system to implement statewide advocacy initiatives in support of the prioritized legislative and policy agenda. | 2006 | IIPC | Injury prevention stakeholders | Requires funding |

CONCLUSION AND CALL TO ACTION

Using This Document

This plan is the result of a collaborative effort, coordinated by the IIPC Strategic Plan Workgroup and the IVPP. A frequently asked question throughout the development of this plan was: “Where are the goals for each specific type of injury?” The Strategic Plan Workgroup realized at the outset that setting individual goals for each type of injury was not appropriate at this time because of the amount of work needed to achieve the five components of a comprehensive injury control program. Many other agencies and organizations are in place to address the various types of specific injuries. The need to clearly define the role of the Illinois Department of Public Health as the agency best suited to perform the functions inherent in the public health model was immediately seen as the needed first step. These functions are: assessing the extent of the problem, developing policies to address the problem, and assuring that effective interventions are implemented, often by other entities.

Role of the Illinois Injury Prevention Coalition

The goal of this strategic planning process and resulting plan is to provide overall direction and focus to IIPC and IVPP in the next five years, and to stimulate organizations, agencies, and community groups to collaborate on reducing or preventing injuries in Illinois. Through the dedicated efforts of its members, the IIPC identified a comprehensive set of goals, objectives, strategies, and actions that provide a framework for a statewide public health approach to injury prevention and control. Making this approach a reality will require continuing collaboration and commitment. There are important roles for all individuals and groups. The IIPC encompasses five committees whose main goals in the coming five years will be to utilize the plan as a working document to achieve the action steps. These committees and the goals they will address are:

| | |
|--------------------------|---------------------|
| Legislation and Policy | Goals one and six |
| Resource and Development | Goal two |
| Data and Research | Goal three |
| Education and Awareness | Goals four and five |
| Coalition Development | Goals four and five |

The IIPC challenges everyone to identify ways to contribute to this important effort and to help transform the vision of this plan into reality.

Illinois Injury Prevention Strategic Plan Workgroup Members

Goal 1: Leadership

Lead IIPC Members

Janet Holden

Retired

Kathleen Monahan,

Children's Memorial Hospital of Chicago

Goal 2: Funding

Lead IIPC Members

Carolyn Broughton,

Illinois Department of Human Services

Jenifer Cartland

Children's Memorial Hospital of Chicago

Goal 3: Data Workgroup

Lead IIPC Members

Jenifer Cartland

Children's Memorial Hospital of Chicago

Evelyn Lyons

Illinois Department of Public Health

Other IIPC Members

Deb Lovik-Kuhlemeier

OSF St. Anthony's Medical Center,
Rockford

Sue Avila

John H. Stroger Jr., Hospital of Cook
County

Ad Hoc

Rich Forsee

Illinois Department of Public Health

Goal 4: Community Workgroup and

Goal 5: Knowledge Workgroup

Lead IIPC Members

Mary Kay Reed

Think First

Lynda Dawson

Illinois Association of School Boards

Other IIPC Members

St. John's Children's Hospital/Springfield
Poison Control Center

Nierada Avendano

Office of the State Fire Marshal

Jahari Piersol

Illinois Department of Transportation

William Hurst

Save A Life Foundation

Goal 6: Advocacy Workgroup

Lead IIPC Members

Diane Megahy

Retired

Geri Alten

Winnebago County Health Department

IDPH Staff

Jennifer Martin

Injury Prevention Coordinator

Mark Flotow and Gary Morgan

Center for Health Statistics

The following representatives **participated** in the strategic planning process:

| | |
|-----------------------|---|
| Janet Holden | Retired, University of Illinois at Chicago, School of Public Health |
| Kathleen Monahan | Children's Memorial Hospital of Chicago |
| Jennifer Martin | Illinois Department of Public Health |
| Bob Aherin | University of Illinois at Urbana-Champaign |
| Geri Alten | Winnebago County Health Department |
| Nereida Avendano | Office of the State Fire Marshal, Division of Public Education |
| Sue Avila | John H. Stroger Jr., Hospital of Cook County |
| Angie Bailey | Jackson County Health Department |
| Sherry Barr | Illinois Department of Children and Family Services |
| Vernie Beorkrem | Illinois Family Violence Coordinating Council |
| Jessica Blackford | Office of the State Fire Marshal, Division of Public Education |
| Deb Bretag | Illinois Center for Violence Prevention |
| Carolyn Broughton | Illinois Department of Human Services |
| Karin Buchanan | Alexian Brothers Hospital |
| Jenifer Cartland | Children's Memorial Hospital of Chicago |
| Patrick Collier | Children's Hospital of Illinois, Peoria |
| Lynda Dautenhahn | Illinois Department of Public Health |
| Lynda Dawson | Illinois School Board Association |
| Lloyd Evans | Illinois Department of Public Health |
| Mark Flotow | Illinois Department of Public Health |
| Rich Forshee | Illinois Department of Public Health |
| Linda Forst | University of Illinois Chicago – School of Public Health |
| Lori Fuller | Children's Hospital of Illinois, Peoria |
| Doris Garrett | Illinois Department of Human Services |
| Debby Gerhardstein | Think First/Central DuPage Hospital |
| Marsha Gordon | Illinois Department of Human Services |
| Angela Hamm | Sangamon County Department of Public Health |
| William Hurst | Save A Life Foundation |
| Vicki Ingle | Phoenix Consultants, Inc. |
| Claude-Alix Jacob | Illinois Department of Public Health |
| David Johnson | Illinois Department of Children and Family Services |
| JoAnn Lamasters | St. John's Hospital, Springfield |
| Donna Lay | Office of the State Fire Marshal |
| Deb Lovik-Kuhlmeier | OSF St. Anthony Hospital, Rockford |
| Debra Lowe | Illinois Department of Children and Family Services |
| Cheryl Manus | Southern Seven Health Department |
| Diane Megahy | Retired |
| Patricia Moehring | Southern Seven Health Department |
| Darrell Patterson | Illinois Department of Public Health |
| Mary Ann Paulis | Illinois Department of Transportation |
| Jahari Piersol | Illinois Department of Transportation |
| Mary Kay Reed | Think First |
| Tiefu Shen | Illinois Department of Public Health |
| Bruce Steiner | Illinois Department of Public Health |
| Carrie Viehweg | Save A Life Foundation |
| Anupa Wijaya | Illinois Violence Prevention Authority |
| William Nelson | Lutheran General Children's Hospital |
| Christopher Wohltmann | Southern Illinois School of Medicine |
| Debi Yandell | OSF Saint Francis Medical Center, Peoria |

Illinois Injury Data

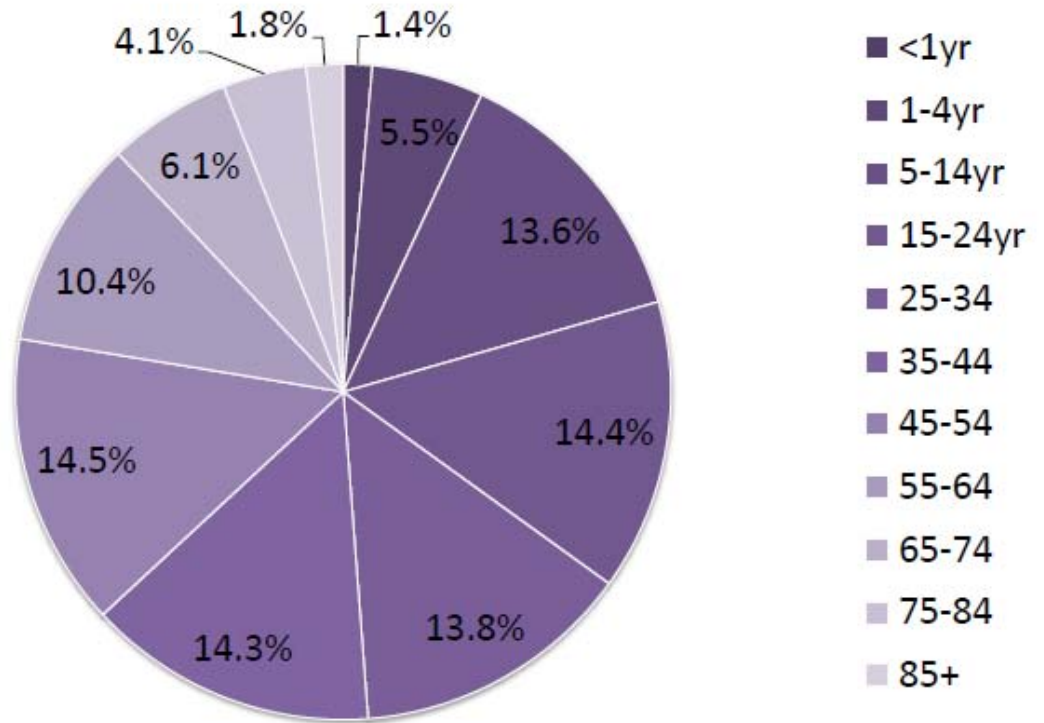
**10 Leading Causes of Death, Illinois
2007, All Races, Both Sexes**

| | | Age Groups | | | | | | | | | |
|------|----------------------------------|--------------------------------------|--------------------------------------|----------------------------|--------------------------------------|-----------------------------|-----------------------------|--|--|--|--|
| Rank | | 1-4 | 5-9 | 10-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | All Ages |
| 1 | Short Gestation 295 | Unintentional Injury 55 | Unintentional Injury 42 | Unintentional Injury 54 | Unintentional Injury 554 | Unintentional Injury 504 | Unintentional Injury 606 | Malignant Neoplasms 2,137 | Malignant Neoplasms 4,336 | Heart Disease 20,578 | Heart Disease 25,813 |
| 2 | Congenital Anomalies 216 | Congenital Anomalies 26 | Malignant Neoplasms 14 | Homicide 21 | Homicide 309 | Homicide 237 | Malignant Neoplasms 559 | Heart Disease 1,690 | Heart Disease 2,770 | Malignant Neoplasms 16,840 | Malignant Neoplasms 24,115 |
| 3 | Maternal Pregnancy Comp. 79 | Homicide 17 | Congenital Anomalies 9 | Malignant Neoplasms 18 | Suicide 164 | Heart Disease 166 | Heart Disease 525 | Unintentional Injury 696 | Diabetes Mellitus 443 | Cerebrovascular 5,076 | Cerebrovascular 5,864 |
| 4 | SIDS 54 | Malignant Neoplasms 14 | Homicide 8 | Congenital Anomalies 9 | Malignant Neoplasms 57 | Suicide 163 | Suicide 222 | Liver Disease 289 | Chronic Low Respiratory Disease 436 | Chronic Low Respiratory Disease 4,092 | Chronic Low Respiratory Disease 4,742 |
| 5 | Unintentional Injury 50 | Heart Disease 9 | Heart Disease 5 | Suicide 9 | Heart Disease 43 | Malignant Neoplasms 135 | Homicide 108 | Cerebrovascular 264 | Cerebrovascular 412 | Alzheimer's Disease 2,692 | Unintentional Injury 4,367 |
| 6 | Placenta Cord Membranes 43 | Septicemia 4 | Chronic Low Respiratory Disease 3 | Heart Disease 4 | Influenza & Pneumonia 12 | HIV 31 | Liver Disease 108 | Suicide 235 | Unintentional Injury 396 | Influenza & Pneumonia 2,207 | Diabetes Mellitus 2,851 |
| 7 | Respiratory Distress 31 | Benign Neoplasms 3 | Cerebrovascular 1 | Influenza & Pneumonia 4 | Congenital Anomalies 11 | Congenital Anomalies 23 | HIV 90 | Diabetes Mellitus 209 | Septicemia 272 | Nephritis 2,127 | Alzheimer's Disease 2,734 |
| 8 | Neonatal Hemorrhage 30 | Chronic Low Respiratory Disease 3 | Perinatal Period 1 | Benign Neoplasms 3 | Septicemia 11 | Diabetes Mellitus 23 | Cerebrovascular 75 | Chronic Low Respiratory Disease 150 | Liver Disease 243 | Diabetes Mellitus 2,097 | Influenza & Pneumonia 2,550 |
| 9 | Bacterial Sepsis 27 | Influenza & Pneumonia 3 | Pneumonitis 1 | Aortic Aneurysm 2 | Chronic Low Respiratory Disease 9 | Cerebrovascular 22 | Diabetes Mellitus 70 | Nephritis 134 | Nephritis 217 | Septicemia 1,595 | Nephritis 2,536 |
| 10 | Circulatory System Disease 27 | Three Tied 2 | | Septicemia 2 | Diabetes Mellitus 8 | Influenza & Pneumonia 22 | Septicemia 55 | Septicemia 130 | Influenza & Pneumonia 158 | Unintentional Injury 1,407 | Septicemia 2,099 |

WISQARS™ Produced By: Office of Statistics and Programming, 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

State Population Data, 2007

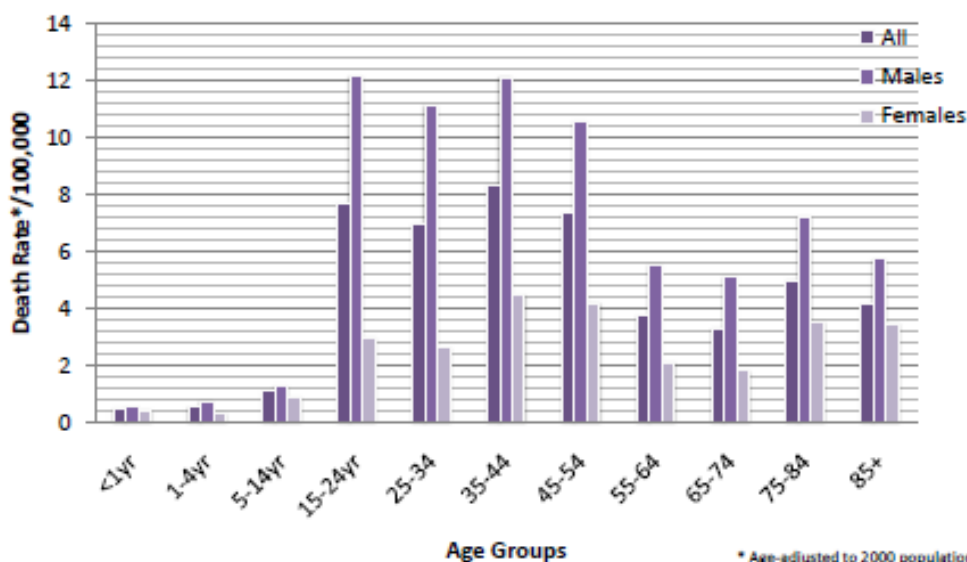
State Population Data, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

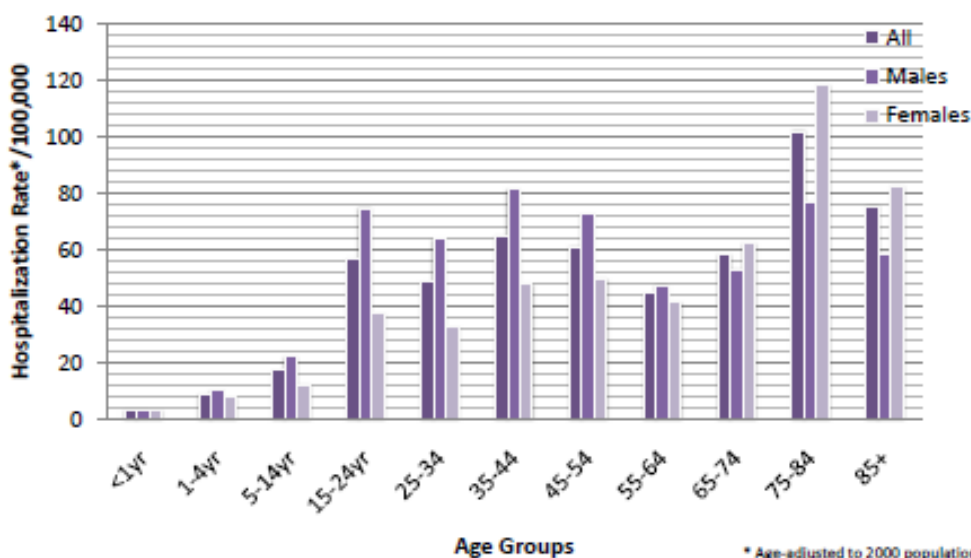
Injury-related Data, by Gender and Age, 2007

Injury Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

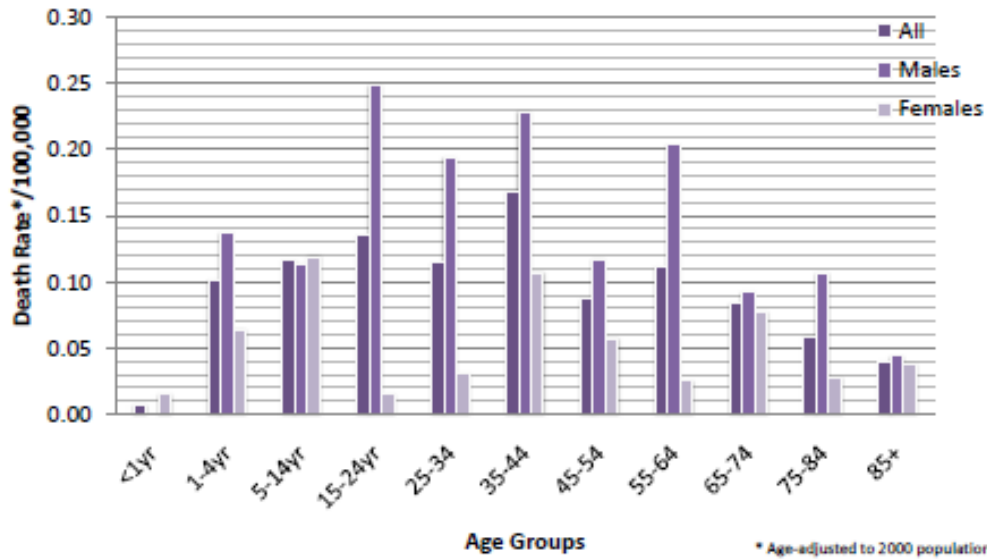
Hospitalization Rates* for All Injuries By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

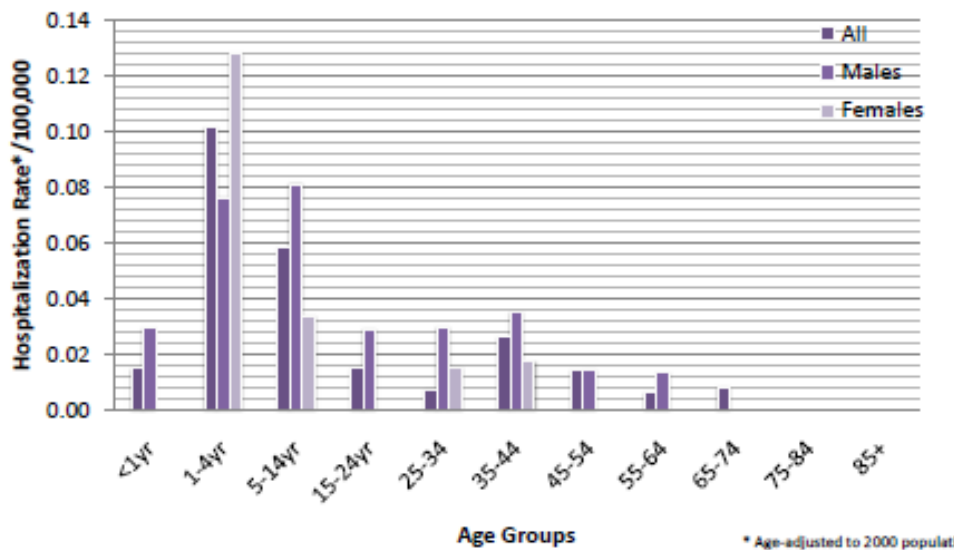
Unintentional Drowning Data, 2007

Unintentional Drowning Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

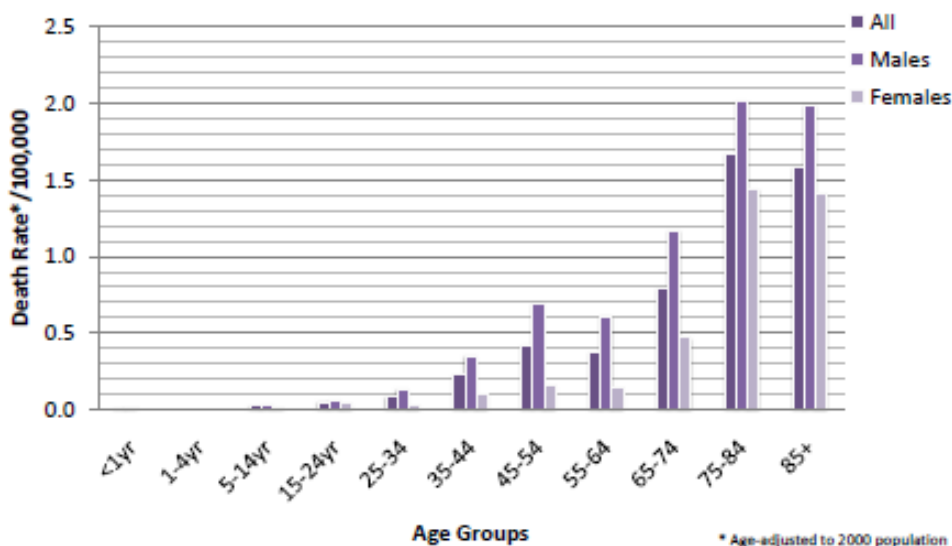
Drowning-Related Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

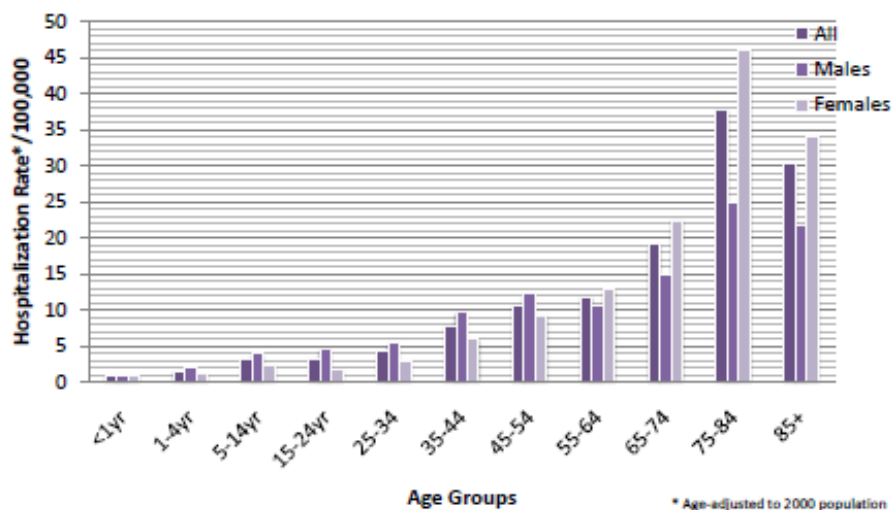
Unintentional Fall-related Data, 2007

Unintentional Fall-related Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

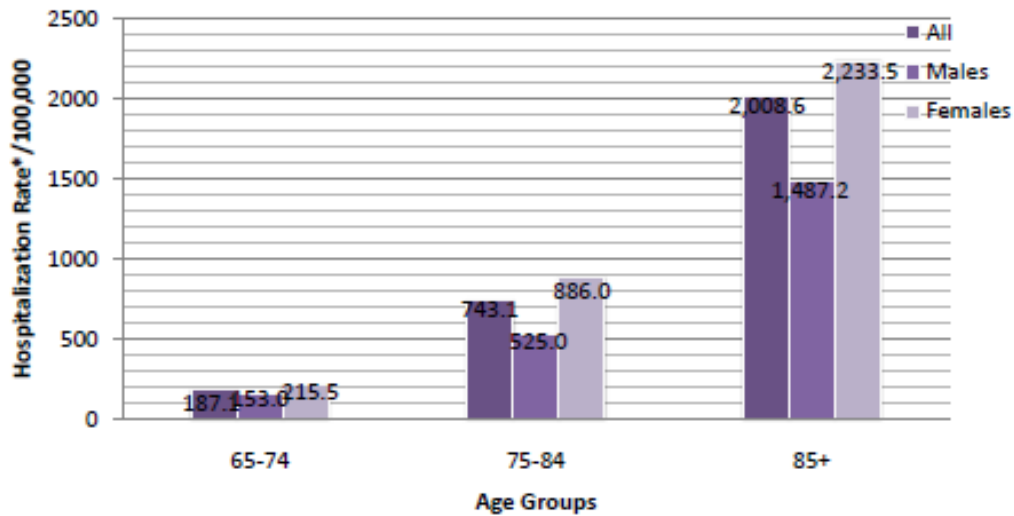
Unintentional Falls Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Hip Fracture Data, 2007

Hip Fractures Hospitalization Rates* in 65+ By Gender and Age, 2007

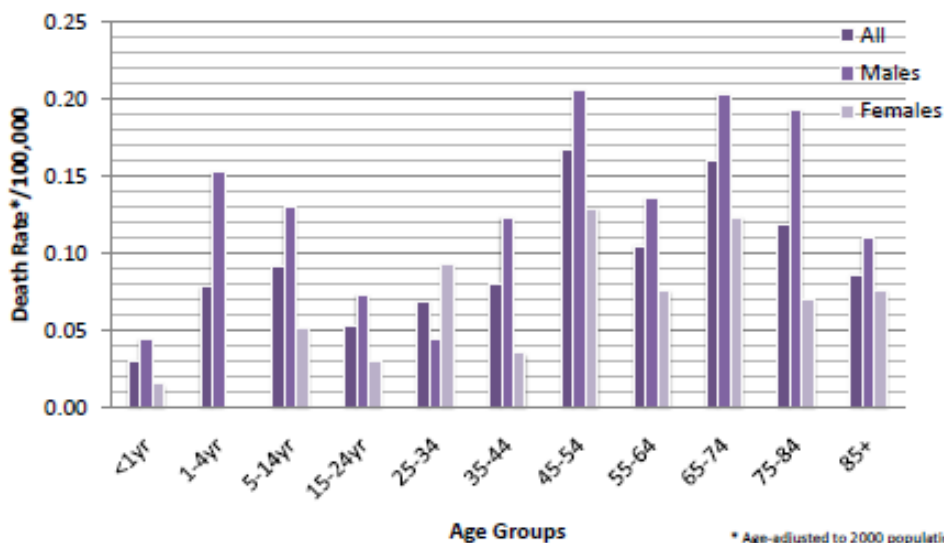


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

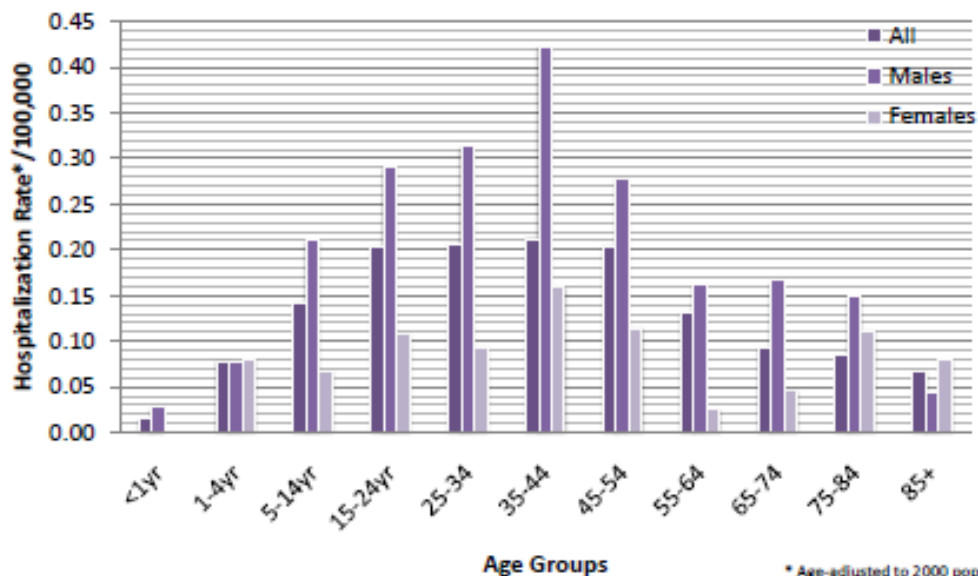
Unintentional Fire-Related Data, 2007

Unintentional Fire-Related Fatality* Rates By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

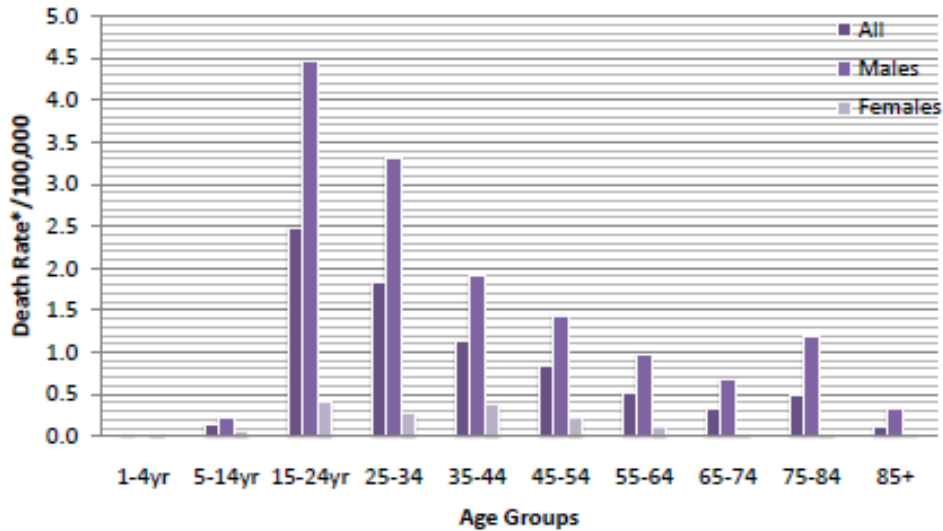
Unintentional Fire-Related Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Firearm-Related Data, 2007

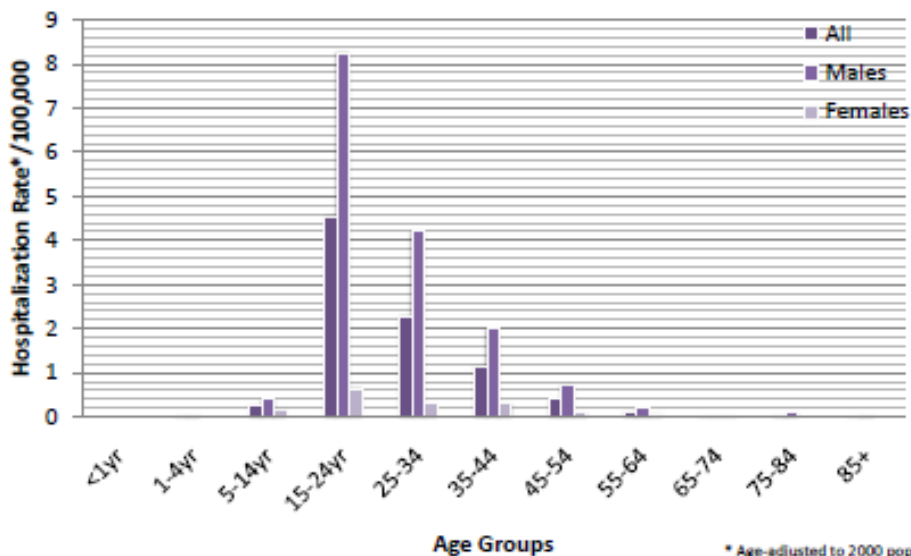
Firearm-Related Fatality Rates* By Gender and Age, 2007



* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Center for Health Statistics

Firearm-Related Hospitalization Rates* By Gender and Age, 2007

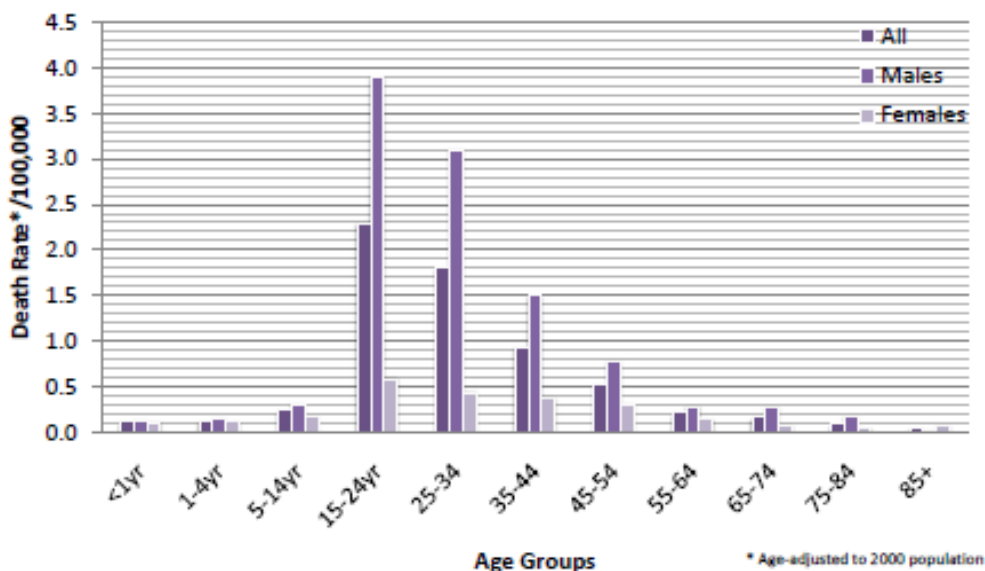


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

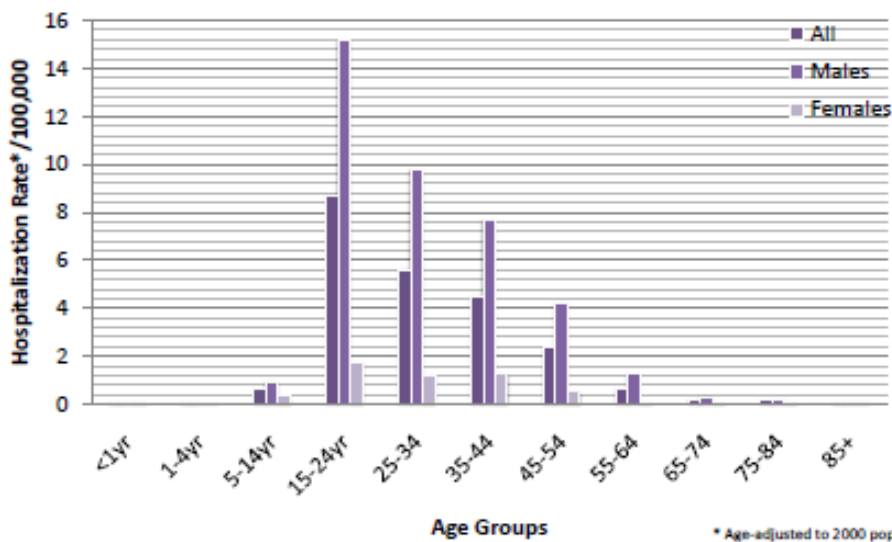
Homicide/Assault-Related Data, 2007

Homicide Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

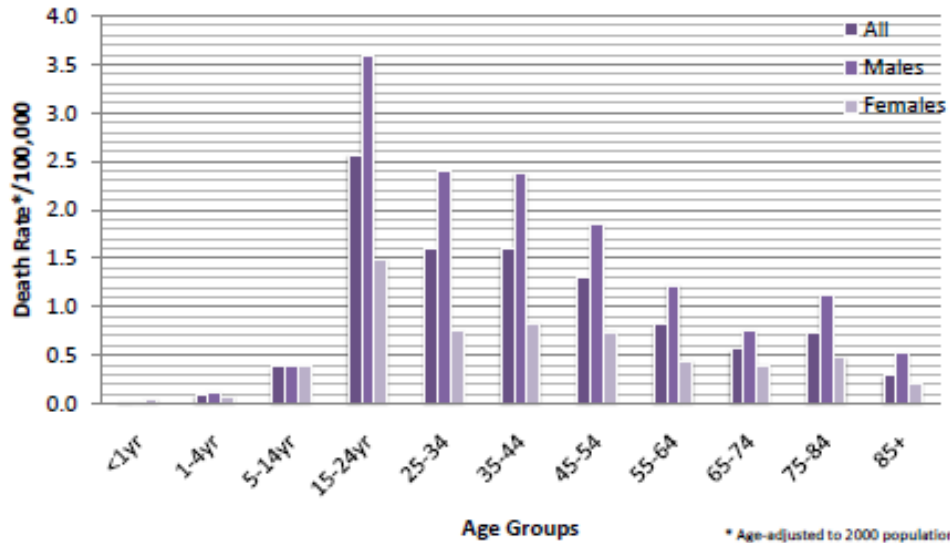
Assault-Related Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

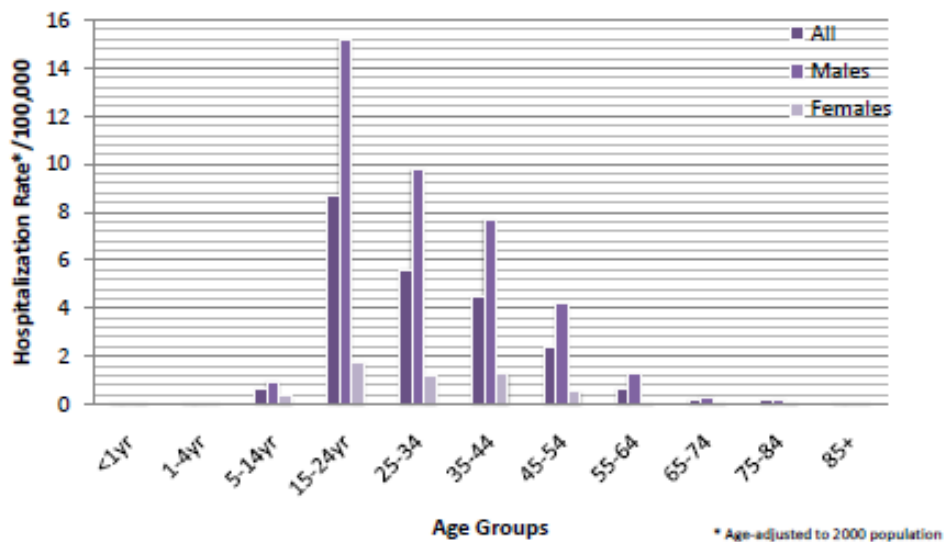
Motor Vehicle Traffic Data, 2007

Motor Vehicle Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

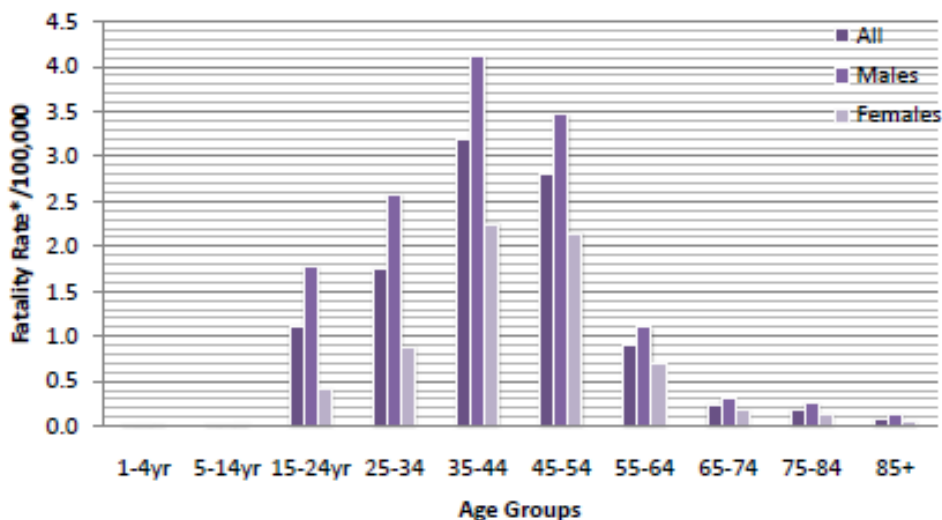
Motor Vehicle Traffic Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Poisoning Data, 2007

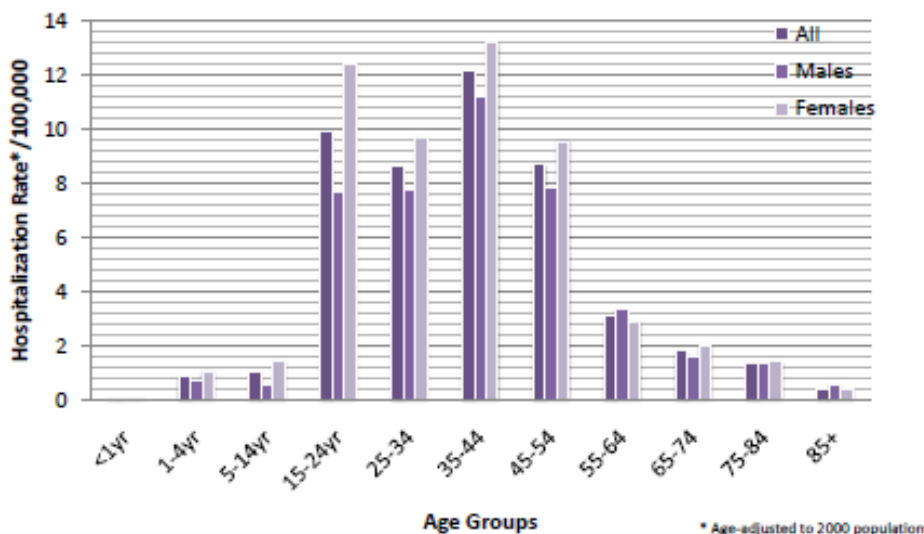
Poisoning Fatality Rates* By Gender and Age, 2007



* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Center for Health Statistics

Poisoning Hospitalization Rates* By Gender and Age, 2007

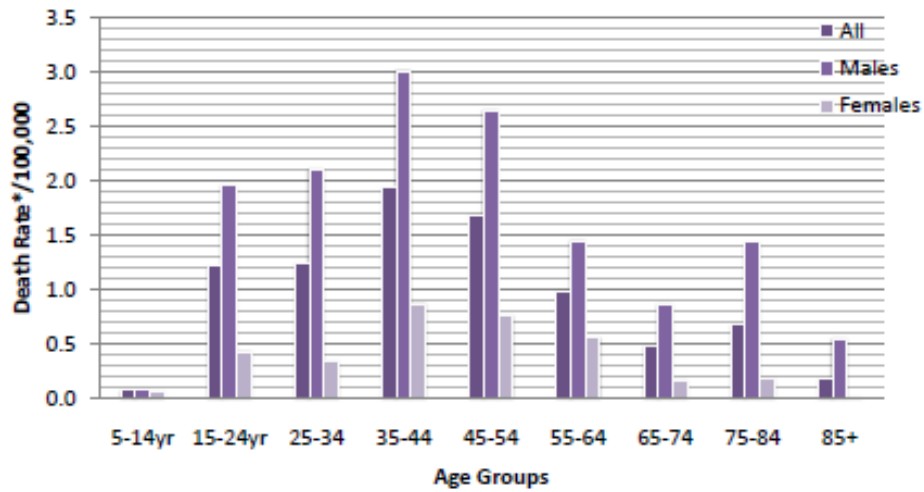


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Suicide Data, 2007

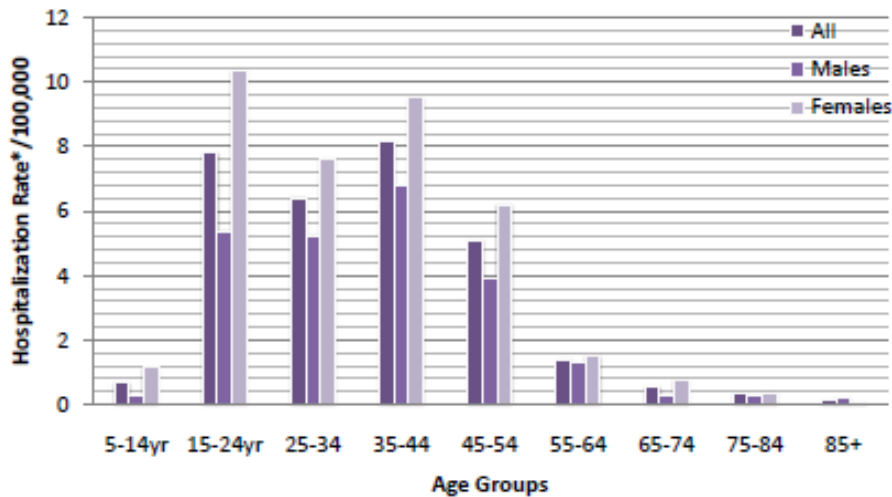
Suicide Fatality Rates* By Gender and Age, 2007



* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Center for Health Statistics

Suicide Attempt Hospitalization Rates* By Gender and Age, 2007

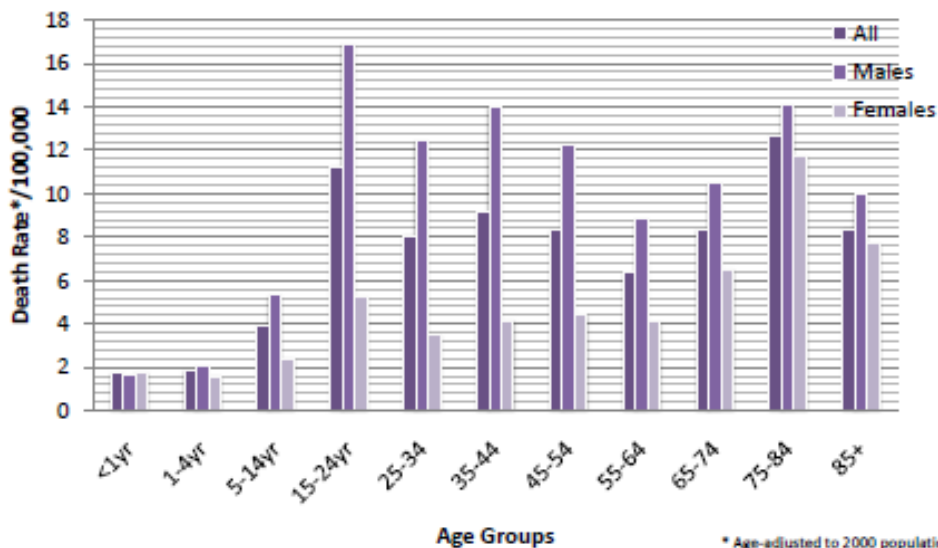


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

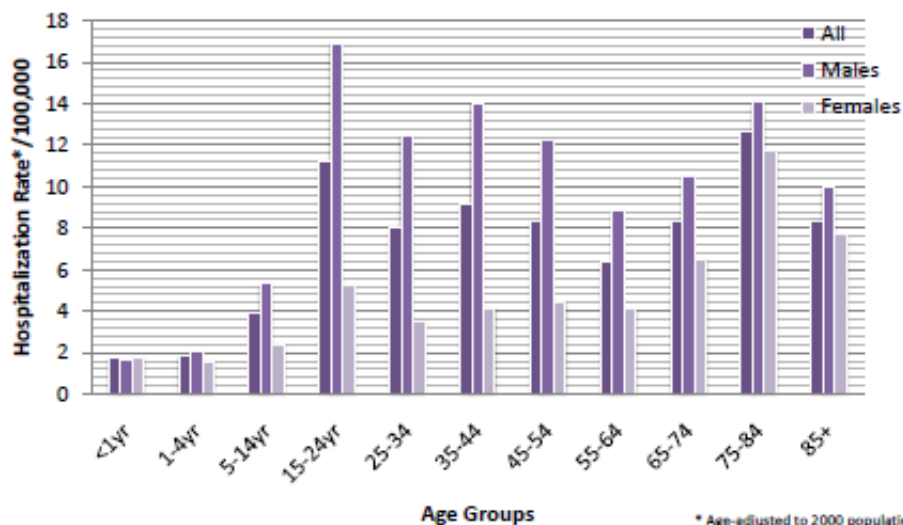
Traumatic Brain Injury Data, 2007

Traumatic Brain Injury Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

Traumatic Brain Injury Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Copies of this plan are available from the
Illinois Department of Public Health
Injury and Violence Prevention Program
535 W. Jefferson St.
Springfield, IL 62761
217-785-2060
TTY 1-800-547-0466
or
www.idph.state.il.us/about/ohw.htm

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