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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Special thanks to all the agencies and organizations who hosted a meeting during the process of developing this plan.
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.

# THE BURDEN OF INJURY: AN ILLINOIS PROFILE

## Illinois Injury Mortality Profile

**Injury Death Rates, Illinois, 2007**

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

*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

<table>
<thead>
<tr>
<th>Fatality Type</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Age Adjusted Rate*</td>
</tr>
<tr>
<td>Injury fatalities</td>
<td>4,436</td>
<td>72.2</td>
</tr>
<tr>
<td>Unintentional drowning</td>
<td>94</td>
<td>1.5</td>
</tr>
<tr>
<td>Unintentional fall-related</td>
<td>375</td>
<td>7.1</td>
</tr>
<tr>
<td>Unintentional fire-related</td>
<td>85</td>
<td>1.4</td>
</tr>
<tr>
<td>Firearm-related</td>
<td>925</td>
<td>14.5</td>
</tr>
<tr>
<td>Homicides</td>
<td>696</td>
<td>10.6</td>
</tr>
<tr>
<td>Motor vehicle traffic</td>
<td>909</td>
<td>14.4</td>
</tr>
<tr>
<td>Poisoning</td>
<td>884</td>
<td>13.8</td>
</tr>
<tr>
<td>Suicides</td>
<td>877</td>
<td>14.1</td>
</tr>
<tr>
<td>Traumatic brain injury</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

*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

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

*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**

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

*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

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

*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

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

*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:
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.
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*.

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>TIMEFRAME</th>
<th>LEAD(S)</th>
<th>PARTNERS</th>
<th>FUNDING IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Establish IDPH/ Injury and Violence Program (IVPP) as the lead agency with responsibility for statewide injury prevention.</td>
<td>12/2011</td>
<td>IDPH Director, IIPC co-chairs</td>
<td>IDPH, IDHS, IDOT, IIPC</td>
<td>No additional funding needed</td>
</tr>
<tr>
<td>1B. Stabilize state and federal funding for all IVPP positions.</td>
<td>By 2011</td>
<td>IDPH</td>
<td>IIPC</td>
<td>Will require additional funding</td>
</tr>
<tr>
<td>1C. Ensure all SIVP positions are filled with injury prevention professionals.</td>
<td>By 2013</td>
<td>IDPH</td>
<td>IIPC</td>
<td>May require additional funding</td>
</tr>
<tr>
<td>1D. Designate an injury prevention liaison within existing staff in all appropriate IDPH divisions, other state agencies, and in each local health department.</td>
<td>12/2011</td>
<td>IDPH/IVPP</td>
<td>All relevant state and local agencies</td>
<td>No additional funding required</td>
</tr>
<tr>
<td>1E. Promote injury prevention training and skills development statewide.</td>
<td>Ongoing 12/07</td>
<td>IIPC Education and Training Committee, IIPC Coalition Development Committee</td>
<td>IIPC, IDPH, UIC SPH</td>
<td>May require additional funding Will require additional funding</td>
</tr>
<tr>
<td>1F. Establish public health programs and other higher education partnerships to strengthen research and curriculum in injury prevention</td>
<td>By 2013</td>
<td>IDPH</td>
<td>IVPP, IIPC, ISBE, others</td>
<td>May require additional funding</td>
</tr>
<tr>
<td>1G. Design and publicize comprehensive injury prevention public education and information products.</td>
<td>Ongoing</td>
<td>IDPH/IVPP</td>
<td>IIPC</td>
<td>Will require additional funding</td>
</tr>
<tr>
<td>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.</td>
<td>Ongoing</td>
<td>IDPH/IVPP</td>
<td>IIPC, IPHA</td>
<td>No additional funding required</td>
</tr>
</tbody>
</table>
Goal 2 - FUNDING
Develop and maintain long-term public and private funding sources for injury prevention and surveillance.

<table>
<thead>
<tr>
<th>STRATEGY</th>
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<th>LEAD(S)</th>
<th>PARTNERS</th>
<th>FUNDING IMPICLATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Use this strategic plan to determine funding priorities.</td>
<td>Ongoing</td>
<td>IDPH</td>
<td>IIPC</td>
<td>No additional funding required</td>
</tr>
<tr>
<td>2B. Identify current funding streams and potential funding resources.</td>
<td>12/2011</td>
<td>IDPH/IVPP</td>
<td>IIPC, grants management offices of IDHS, IDOT</td>
<td>May require additional funding</td>
</tr>
<tr>
<td>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.</td>
<td>Ongoing</td>
<td>IDPH/OHPm deputy director or designee</td>
<td>IIPC, IDPH's fiscal management offices</td>
<td>No additional funding required</td>
</tr>
<tr>
<td>2D. Designate a fiscal agent partner when appropriate.</td>
<td>Ongoing</td>
<td>IDPH</td>
<td>IDPH fiscal management offices</td>
<td>No additional funding required</td>
</tr>
<tr>
<td>2E. Establish a timeframe for the development and funding of an injury prevention and surveillance infrastructure</td>
<td>12/2011</td>
<td>IDPH/OHPm deputy director or designee</td>
<td>IIPC co-chairs</td>
<td>No additional funding required</td>
</tr>
</tbody>
</table>
Goal 3 - DATA
Increase the quality and availability of statewide and community-specific data for planning, surveillance and evaluation.

<table>
<thead>
<tr>
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<th>PARTNERS</th>
<th>FUNDING IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Assure and ensure hospital discharges and emergency IDPH visits in the state are e-coded.</td>
<td>By 2012</td>
<td>Illinois Hospital Association, Children’s Memorial Hospital</td>
<td>Illinois Hospital Association, hospitals, IDPH</td>
<td>Not clear</td>
</tr>
<tr>
<td>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.</td>
<td>2012</td>
<td>Children’s Memorial Hospital</td>
<td>Children’s Memorial Hospital, Emergency Medical Services for Children</td>
<td>$30,000 for collaborative study</td>
</tr>
<tr>
<td>3C. Encourage data driven decision making on injury by improving access to and availability of statewide databases.</td>
<td>2014, ongoing</td>
<td>IDPH</td>
<td>University of Illinois at Chicago, IDPH, Illinois Hospital Association, Children’s Memorial Hospital</td>
<td>Funding to disseminate data; small grants to encourage usage of data</td>
</tr>
<tr>
<td>3D. Expand the IIPC Data Committee to include knowledgeable representatives from agencies, academia, and data advocates.</td>
<td>2013</td>
<td>Illinois Injury Prevention Coalition</td>
<td>IDPH, University of Illinois at Chicago School of Public Health</td>
<td>Funding for meeting/travel costs</td>
</tr>
</tbody>
</table>
## Goal 4 - KNOWLEDGE
Increase injury prevention knowledge, understanding and skills.

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

<table>
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<tr>
<th>STRATEGY</th>
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<th>LEAD(S)</th>
<th>PARTNERS</th>
<th>FUNDING IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Identify gaps in the use of injury prevention interventions at the community level.</td>
<td>2012-2014</td>
<td>IIPC, IDPH, IPHA</td>
<td>Injury prevention stakeholders</td>
<td>No additional funds required</td>
</tr>
<tr>
<td>5B. Research, compile, and disseminate injury prevention “best practices” and evaluation tools for community use.</td>
<td>2013-2014</td>
<td>IIPC, IDPH, Universities and medical schools to be determined</td>
<td>Injury prevention stakeholders, CDC, local health planning councils</td>
<td>Contingent upon additional funding</td>
</tr>
<tr>
<td>5C. Promote the use of effective injury prevention interventions and facilitate community partnerships for their implementation.</td>
<td>2012-2014</td>
<td>IIPC, IDPH Injury prevention stakeholders</td>
<td>Universities, parks and recreation, school boards</td>
<td>No additional funds required</td>
</tr>
<tr>
<td>5D. Provide and/or identify resources to support local injury prevention evaluation.</td>
<td>2013-2014</td>
<td>IDPH, IIPC, IPHA</td>
<td>Injury prevention stakeholders</td>
<td>Contingent upon additional funding</td>
</tr>
</tbody>
</table>
### Goal 6 - ADVOCACY
Strengthen public policy and advocacy to reduce and prevent injuries

<table>
<thead>
<tr>
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<th>FUNDING IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Establish legislation to institutionalize the IIPC as the statewide legislative and policy advocate</td>
<td>2006</td>
<td>IIPC</td>
<td>Injury prevention stakeholders</td>
<td>Requires funding</td>
</tr>
<tr>
<td>6B. Identify issues to be prioritized for a legislative /policy agenda.</td>
<td>2006</td>
<td>IIPC</td>
<td>Injury prevention stakeholders</td>
<td>Requires funding</td>
</tr>
<tr>
<td>6C. Develop position papers in support of the consensus legislative and policy agenda.</td>
<td>ongoing</td>
<td>IIPC</td>
<td>Injury prevention stakeholders</td>
<td>Requires Funding</td>
</tr>
<tr>
<td>6D. Develop a system to implement statewide advocacy initiatives in support of the prioritized legislative and policy agenda.</td>
<td>2006</td>
<td>IIPC</td>
<td>Injury prevention stakeholders</td>
<td>Requires funding</td>
</tr>
</tbody>
</table>
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
Jennifer 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

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Rank 1</th>
<th>Rank 2</th>
<th>Rank 3</th>
<th>Rank 4</th>
<th>Rank 5</th>
<th>Rank 6</th>
<th>Rank 7</th>
<th>Rank 8</th>
<th>Rank 9</th>
<th>Rank 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Short Gestation 295</td>
<td>Unintentional Injury 56</td>
<td>Congenital Anomalies 26</td>
<td>Malignant Neoplasms 14</td>
<td>Heart Disease 9</td>
<td>Unintentional Injury 94</td>
<td>Unintentional Injury 94</td>
<td>Unintentional Injury 94</td>
<td>Unintentional Injury 94</td>
<td>Unintentional Injury 94</td>
</tr>
<tr>
<td>5-9</td>
<td>Unintentional Injury 42</td>
<td>Unintentional Injury 54</td>
<td>Unintentional Injury 554</td>
<td>Unintentional Injury 504</td>
<td>Malignant Neoplasms 2,137</td>
<td>Malignant Neoplasms 4,336</td>
<td>Heart Disease 1,800</td>
<td>Heart Disease 2,770</td>
<td>Malignant Neoplasms 16,840</td>
<td>Malignant Neoplasms 24,115</td>
</tr>
<tr>
<td>10-14</td>
<td>Unintentional Injury 54</td>
<td>Homicide 21</td>
<td>Homicide 309</td>
<td>Homicide 237</td>
<td>Malignant Neoplasms 599</td>
<td>Heart Disease 1,800</td>
<td>Heart Disease 2,770</td>
<td>Malignant Neoplasms 16,840</td>
<td>Malignant Neoplasms 24,115</td>
<td>Unintentional Injury 554</td>
</tr>
<tr>
<td>15-24</td>
<td>Unintentional Injury 504</td>
<td>Malignant Neoplasms 599</td>
<td>Homicide 237</td>
<td>Unintentional Injury 856</td>
<td>Diabetes Mellitus 443</td>
<td>Diabetes Mellitus 5,076</td>
<td>Cerebrovascular Disease 5,076</td>
<td>Cerebrovascular Disease 5,076</td>
<td>Cerebrovascular Disease 5,076</td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>Malignant Neoplasms 2,137</td>
<td>Malignant Neoplasms 4,336</td>
<td>Heart Disease 1,800</td>
<td>Heart Disease 2,770</td>
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<td>Heart Disease 1,800</td>
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<tr>
<td>35-44</td>
<td>2,137</td>
<td>4,336</td>
<td>1,800</td>
<td>2,770</td>
<td>16,840</td>
<td>24,115</td>
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<td>45-54</td>
<td>1,800</td>
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<td>24,115</td>
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<td>55-64</td>
<td>Heart Disease 2,770</td>
<td>Malignant Neoplasms 16,840</td>
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<td>Malignant Neoplasms 24,115</td>
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<td>65+</td>
<td>Heart Disease 2,770</td>
<td>Malignant Neoplasms 16,840</td>
<td>24,115</td>
<td>504</td>
<td>Malignant Neoplasms 2,137</td>
<td>Malignant Neoplasms 4,336</td>
<td>Heart Disease 1,800</td>
<td>Heart Disease 2,770</td>
<td>Malignant Neoplasms 16,840</td>
<td>Malignant Neoplasms 24,115</td>
</tr>
<tr>
<td>All Ages</td>
<td>Heart Disease 2,770</td>
<td>Malignant Neoplasms 16,840</td>
<td>24,115</td>
<td>504</td>
<td>Malignant Neoplasms 2,137</td>
<td>Malignant Neoplasms 4,336</td>
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<td>Malignant Neoplasms 16,840</td>
<td>Malignant Neoplasms 24,115</td>
</tr>
</tbody>
</table>

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

Unintentional Falls Hospitalization Rates*
By Gender and Age, 2007

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

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

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

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

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

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

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

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

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

![Homicide Fatality Rates Graph](image)

*Death Rate / 100,000 population

Age Groups: <1yr, 1-4yr, 5-14yr, 15-24yr, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+

*Age-adjusted to 2000 population

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

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

![Assault-Related Hospitalization Rates Graph](image)

*Hospitalization Rate / 100,000 population

Age Groups: <1yr, 1-4yr, 5-14yr, 15-24yr, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+

*Age-adjusted to 2000 population

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

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

Poisoning Hospitalization Rates*
By Gender and Age, 2007

Source: Illinois Department of Public Health, Division of Patient Safety and Quality
Suicide Data, 2007

Suicide Fatality Rates*
By Gender and Age, 2007

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

Suicide Attempt Hospitalization Rates*
By Gender and Age, 2007

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*

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*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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