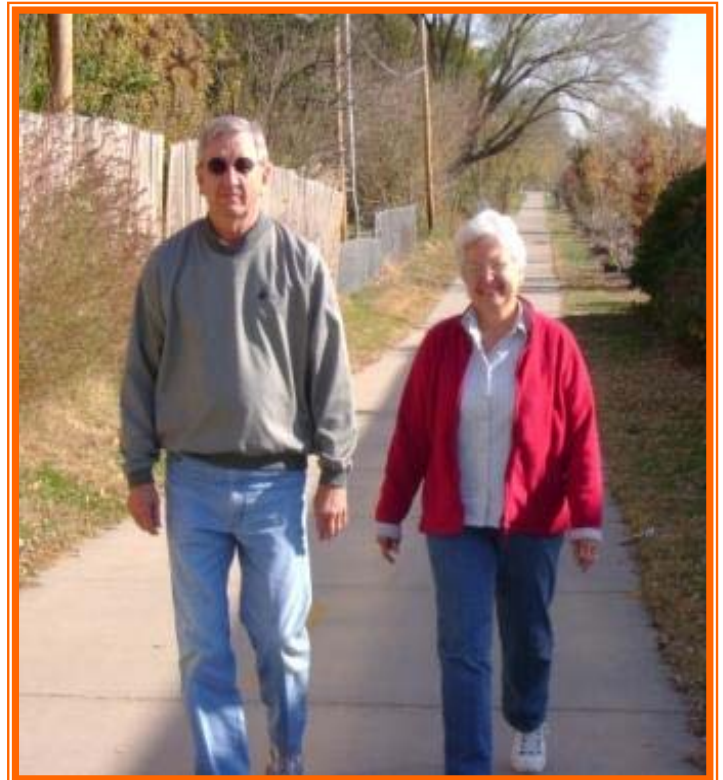


Injury Prevention Program Strategic Implementation Plan Nebraska



October 2007



Injury Prevention Strategic Implementation Plan

Nebraska Department of Health and Human Services

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Vision: A safe and injury-free life for all Nebraskans.

Introduction

As humans, we tend to accept injuries as fate. Motor vehicle crashes, debilitating falls, and suicides occur on such a regular basis that people believe such injuries are inevitable. That is not true. Injuries are predictable and preventable; they are not accidents.

Injury is a serious public health problem because of its impact on the health of the people of Nebraska, causing premature death, disability, and a burden on our health care system.

Injuries are one of the leading causes of death for Nebraskans of all ages, regardless of gender, race or economic status. (Tables 1 and 2, pgs. 4 and 5)

Injury deaths are only part of the picture. Many Nebraskans are injured each year and survive. For many of them, the injury causes temporary pain and inconvenience, but for some, the injury leads to disability, chronic pain, large medical bills, and a profound change in lifestyle. (Table 3, page 6)

An Injury Prevention State Plan for Nebraska was developed in 2004. A copy can be viewed on the Nebraska Department of Health and Human Services (DHHS) website at www.dhhs.ne.gov/hpe/injury.htm. This Injury Prevention Strategic Implementation Plan for Nebraska builds on the State Plan by further identifying specific strategies, action steps and partners who can help implement the strategies.

The purpose of the Strategic Implementation Plan is to provide:

- Overall direction and focus to the Injury Prevention Program and the Injury Community Planning Group as they work to prevent injuries in Nebraska.
- A stimulus for organizations, agencies and community groups to collaborate on reducing or preventing injuries in Nebraska.

The priorities addressed in the State Plan as well as this Strategic Implementation Plan were chosen based on injury data from sources that include Nebraska death certificate data, hospital discharge data and trauma data. Rather than including the data in this document, an extensive data report has been produced and can be found on our web site at www.dhhs.ne.gov/hpe/injury.htm.

The State Plan included the injury areas of falls, motor vehicles/traffic-related, poisoning, fire and burns, childhood injuries, older adult injuries, traumatic brain injuries, sexual assault, domestic assault and suicide. The Strategic Implementation Plan will not address traumatic brain injuries as a separate section; prevention of those injuries is addressed in the injury areas that cause them, such as falls and motor vehicle crashes.

The areas of sexual assault and domestic violence are also not addressed in this plan. The Department of Health and Human Services receives funding for sexual assault prevention; a requirement of this funding is the development of a state plan for sexual assault prevention. This is being done in partnership with the Nebraska Domestic Violence Sexual Assault Coalition. The Coalition is developing a plan for the prevention of domestic violence. Rather than duplicate these efforts, the Injury Prevention Program partners with the Coalition to address these very important injury areas.

A symposium was held in 2006 to develop “Recommendations for Suicide Prevention in Nebraska.” The recommendations are available on the DHHS website at www.dhhs.ne.gov/hpe/injury.htm. Because this document

has been developed and work is being done to implement the recommendations, suicide prevention is not addressed in this Strategic Implementation Plan.

This Strategic Implementation Plan was developed by members of the Nebraska Injury Prevention Community Planning Group with additional assistance from several subject matter experts. The mission of the Nebraska Injury Community Planning Group is to provide leadership to public and private partners who are dedicated to reducing injury.

Characteristics of an Injury-free Nebraska

- Annually, an additional 700 Nebraskans will be able to enjoy productive lives, because they will not die from injuries.
- Annually, there will be approximately two more classrooms of children and teens attending school, because they will not die due to motor vehicle crashes.
- Employees will miss fewer work days, resulting in increased profits to businesses.
- Families will not experience the stress of dealing with hospitalization, recovery, and the related financial burden when a family member is seriously injured.
- Older adults will be able to live independently longer, because they will not be incapacitated or hospitalized due to falls.
- Annually, more than 10,000 children will not be hospitalized due to falls, thereby improving the children's and the families' quality of life and reducing health care costs.
- Streets, highways and sidewalks will be safer places for people to travel via motor vehicles, bicycles and motorcycles.
- Health care costs will be significantly reduced, thereby improving Nebraska's economy and the quality of life for all Nebraskans.

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Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies N=172	Unintentional Injuries N=51	Unintentional Injuries N=37	Unintentional Injuries N=44	Unintentional Injuries N=453	Unintentional Injuries N=239	Malignant Neoplasms N=378	Malignant Neoplasms N=1,170	Malignant Neoplasms N=2,414	Heart Disease N=16,485	Heart Disease N=18,964
2	SIDS N=112	Congenital Anomalies N=17	Malignant Neoplasms N=17	Suicide N=14	Suicide N=130	Suicide N=146	Unintentional Injuries N=304	Heart Disease N=772	Heart Disease N=1,281	Malignant Neoplasms N=12,203	Malignant Neoplasms N=16,338
3	Short Gestation N=77	Homicide N=14	Congenital Anomalies N=7	Malignant Neoplasms N=14	Homicide N=59	Malignant Neoplasms N=80	Heart Disease N=298	Unintentional Injuries N=359	Chronic Lung Disease N=255	Stroke N=4,679	Stroke N=5,111
4	Maternal Pregnancy Comp. N=59	Malignant Neoplasms N=14	*	Heart Disease N=7	Malignant Neoplasms N=47	Heart Disease N=69	Suicide N=195	Suicide N=171	Diabetes Mellitus N=232	Chronic Lung Disease N=3,432	Chronic Lung Disease N=3,748
5	Placenta Cord Membranes N=53	Heart Disease N=7	*	Congenital Anomalies N=6	Heart Disease N=31	Homicide N=52	Ill Defined N=81	Chronic Liver/- Cirrhosis N=138	Ill Defined N=223	Alzheimer's Disease N=2,233	Unintentional Injuries N=3,151

Source: NE DHHS Vital Statistics, 2001-2005

Table 2: Five leading causes of injury death by age, Nebraska, 2001-2005 total deaths

Rank	Age Groups												All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
1	Homicide N=15	Homicide N=14	Motor Vehicle Traffic N=18	Motor Vehicle Traffic N=26	Motor Vehicle Traffic N=372	Suicide N=146	Suicide N=195	Suicide N=171	Motor Vehicle Traffic N=87	Motor Vehicle Traffic N=73	Fall N=218	Fall N=350	Motor Vehicle Traffic N=1,176
2	Suffocation N=3	Drowning N=13	Fire/Flame N=5	Suicide N=14	Suicide N=130	Motor Vehicle Traffic N=137	Motor Vehicle Traffic N=158	Motor Vehicle Traffic N=163	Suicide N=81	Fall N=68	Motor Vehicle Traffic N=86	Suffocation N=149	Suicide N=874
3	Drowning N=2	Motor Vehicle Traffic N=13	Drowning N=3	Drowning N=4	Homicide N=59	Homicide N=52	Poisoning N=55	Poisoning N=48	Fall N=33	Suicide N=59	Suffocation N=74	Motor Vehicle Traffic N=41	Fall N=734
4	Fire/Flame N=2	Fire/Flame N=7	Other Land Transport N=3	Suffocation N=4	Poisoning N=17	Poisoning N=42	Homicide N=46	Fall N=33	Suffocation N=16	Suffocation N=37	Suicide N=61	Suicide N=17	Suffocation N=340
5	Motor Vehicle N=2	Other Pedestrian N=7	Suffocation N=3	Fire/Flame N=3	Drowning N=11	Fire/Flame N=9	Suffocation N=22	Homicide N=22	Poisoning N=12	Fire/Flame N=19	Fire/Flame N=10	Natural / Environmental N=7	Homicide N=229

Source: NE DHHS Vital Statistics, 2001-2005

Table 3: Five leading causes of hospital discharge for Injury by age, Nebraska, 2001-2005

Rank	Age Groups												
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Fall N=2,737	Fall N=21,089	Fall N=16,176	Struck by/ Against N=16,637	Struck by/ Against N=26,420	Fall N=12,709	Fall N=15,241	Fall N=16,790	Fall N=13,652	Fall N=16,920	Fall N=26,354	Fall N=23,536	Fall N=199,767
2	Struck by/ Against N=949	Struck by/ Against N=11,351	Struck by/ Against N=10,503	Fall N=16,183	Motor Vehicle Traffic N=19,320	Struck by/ Against N=9,813	Overexertion N=9,018	Overexertion N=7,027	Overexertion N=3,426	Cut/Pierce N=2,362	Struck by/ Against N=1,782	Struck by/ Against N=967	Struck by/ Against N=96,932
3	Fire/Burn N=522	Cut/Pierce N=3,421	Cut/Pierce N=4,452	Overexertion N=5,290	Falls N=18,371	Motor Vehicle Traffic N=9,501	Cut/Pierce N=8,403	Cut/Pierce N=6,417	Cut/Pierce N=3,406	Overexertion N=2,296	Overexertion N=1,636	Overexertion N=644	Cut/ Pierce N=57,818
4	Cut/Pierce N=262	Natural / Environment N=3,119	Other Pedal Cycle N=2,850	Cut/Pierce N=5,159	Overexertion N=14,148	Overexertion N=9,368	Struck by/Against N=8,150	Motor Vehicle Traffic N=5,908	Motor Vehicle Traffic N=3,091	Struck by/Against N=2,007	Motor Vehicle Traffic N=1,626	Motor Vehicle Traffic N=547	Overexertion N=56,308
5	Poisoning N=256	Fire/Burn N=2,674	Natural / Environmental N=2,476	Other Pedal Cycle N=2,957	Cut/Pierce N=12,895	Cut/Pierce N=9,334	Motor Vehicle Traffic N=7,787	Struck by/ Against N=5,532	Struck by/ Against N=2,821	Motor Vehicle Traffic N=1,989	Cut/Pierce N=1,301	Cut/Pierce N=406	Motor Vehicle Traffic N=55,455

Source: NE Hospital Discharge Data, 2001-2005

Strategic Implementation Plan – Injury Prevention Program

Injury Area: Infrastructure

Infrastructure includes the people (staff and networks of stakeholder partners), financial and other resources that support the injury prevention field. A solid infrastructure benefits the state by helping to reduce the burden of injury.

Goal / Recommendation: Reduce injuries and injury-related deaths in Nebraska.

▼ **Table 4: Selected Nebraska 2010 Nebraska Health Goals and Baseline Rates**

Death	1998 Baseline Rates	2005 Rates	2010 Nebraska Objectives (rate per 100,000 population)
Unintentional Injury	38.8	34.3	19.4
Falls	6.9	7.3	3.5
MVC	20.5	12.9	12.0
Poisoning	4.4	3.0	1.5
Fires and Burns	1.0	1.4	0.2
Drowning	0.8	0.4	0.5

Source: *Injury in Nebraska, 2005.*

▼ **Strategy 1: Establish a sustainable infrastructure to provide leadership for injury prevention in Nebraska.**

Action Step	Lead Agency	Partner	Time Frame
A. Designate the Injury Prevention Program within DHHS as the lead with the responsibility for statewide injury prevention leadership, collaboration and coordination.	NE DHHS Injury Prevention		Ongoing
B. Designate an injury prevention contact within DHHS Program and each local/district health department.	NE DHHS Injury Prevention	Local health depts.	July 2007
C. Maintain an Injury Community Planning Group (ICPG) to create an advisory infrastructure for coordination of injury prevention.	NE DHHS Injury Prevention	IP Stakeholders & community organizations	Ongoing

D. Establish, when needed, subcommittees of the ICPG for coordinating, monitoring and evaluating goals of the strategic plan.	NE DHHS Injury Prevention	ICPG & community organizations	Ongoing
E. Maintain and publicize through electronic and non-electronic mechanisms, a comprehensive injury prevention web site, including stakeholder organizations with contact information, available resources, information about evidence-based interventions, and populations served.	NE DHHS Injury Prevention	NE DHHS Communications and Legislative Services, Injury Prevention Stakeholders & community organizations	January 2008
F. Conduct an annual statewide injury prevention symposium to promote public/private partnerships and build support for injury prevention.	NE DHHS Injury Prevention	PHAN & other community organizations	Annually
G. Explore statewide/regional campaigns with stakeholders for targeted Injury Prevention interventions.	NE DHHS Injury Prevention	ICPG & Injury Prevention Stakeholders	Ongoing

▼ **Strategy 2: Stabilize funding within DHHS and increase public and private funding for injury prevention in Nebraska.**

Action Step	Lead Agency	Partner	Time Frame
A. Identify current public and private injury prevention funding sources.	NE DHHS Injury Prevention, & ICPG	ICPG Subcommittees, Injury Prevention Stakeholders & NE DHHS Epidemiology	Ongoing
B. Develop partnerships with foundation(s) and corporate partners to assist in seeking and acquiring funds to enhance injury prevention activities throughout Nebraska.	NE DHHS Injury Prevention, ICPG	National & Community Foundations, ICPG Partners, & corporate community	Ongoing
C. Develop long-term public and private funding sources, including creative approaches.	ICPG	Injury Prevention Stakeholders & state/county elected officials & community groups	Ongoing

▼ **Strategy 3: Build the capacity of communities to reduce and prevent injuries and effectively address injury prevention priorities.**

Action Step	Lead Agency	Partner	Time Frame
A. Promote the use of successful injury prevention strategies to local/district health departments and other community leaders.	NE DHHS Injury Prevention	Local health depts., PHAN, community stakeholders, Nebraska Safety Council & others.	Ongoing
B. Encourage community partnerships to work collaboratively to reduce and prevent injuries.	Local health depts., community coalitions	Injury Prevention Stakeholders, Trauma IP Educators, Childcare Health Consultants, Unit on Aging, Safe Kids, Suicide Prevention Workgroup, Fire Marshal, & others as identified.	Ongoing

C. Encourage funding of injury prevention activities by the Office of Highway Safety, the MCH Block Grant and the PHHS Block Grant in multi-county local health departments.	NE DHHS Injury Prevention	NE DHHS Lifespan Health Services, Nebraska Office of Highway Safety, PHHS Block Grant & local health depts.	Ongoing
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▼ **Strategy 4: Collect, analyze and disseminate injury data in a useable format that can produce actionable results.**

Action Step	Lead Agency	Partner	Time Frame
A. Produce and disseminate injury data reports using hospital discharge and death certificate data for local/district health departments.	NE DHHS Epidemiology, NE DHHS Injury Prevention	NE DHHS Communications and Legislative Services & NE DHHS Office of Community Health Development	2006-2007 & Ongoing
B. Produce and disseminate specialized injury reports (i.e. childhood falls) as needed/requested.	NE DHHS Injury Prevention, NE DHHS Epidemiology	NE DHHS Office of Communications and Legislative Services, NE DHHS Office of Community Health Development & others to be identified	Ongoing
C. Explore the inclusion of other data sets to be used in data reports. (i.e. Fire Marshal's data)	NE DHHS Injury Prevention, NE DHHS Epidemiology	To be determined as data sets identified	Ongoing

▼ **Strategy 5: Increase knowledge and skills in the injury prevention workforce to increase the use of injury prevention interventions statewide.**

Action Step	Lead Agency	Partner	Time Frame
A. Provide technical assistance and training on injury prevention as needed to local/district health departments including the use of data.	NE DHHS Injury Prevention	Local health depts., Safe Kids, Children's Safety Network, PHAN, & local health dept. section of PHAN	Ongoing
B. Collaborate with state public health organizations (i.e. Public Health Association of Nebraska, Minority Health, Rural Health) to include injury prevention information in annual conferences/meetings.	NE DHHS Injury Prevention	PHAN, NE DHHS Office of Minority Health and Health Equity, NE DHHS Office of Lifespan Health Services & NE DHHS Rural Health	Ongoing
C. Encourage state and local IP staff to become involved in STIPDA & other IP associations.	NE DHHS Injury Prevention	Local health depts., Trauma IP Educators, IPCG Members, UNL, UNO & UNMC	Ongoing
D. Develop relationship with local universities & community college to graduate students/interns.	NE DHHS Injury Prevention, NE DHHS Epidemiology	Local health depts., Trauma IP Educators, IPCG Members, UNL, UNO College of Public Health, UNMC & local community colleges	Ongoing

▼ **Strategy 6: Strengthen advocacy and public policy to reduce and prevent injuries and injury related deaths.**

Action Step	Lead Agency	Partner	Time Frame
A. Identify and work with stakeholders, allies and opinion leaders to support injury prevention priorities and policy.	NE DHHS Injury Prevention Safe Kids, ICPG	NE Safety Council, State & Local Elected Officials & aides, MADD, Trauma Educators, Public Health & Community Stakeholders & UNO College of Public Health	Ongoing
B. Develop white papers/position papers in support of injury prevention priorities. Collect and promote evidence based strategies; compile an overview of Nebraska law pertaining to injury laws.	NE DHHS Injury Prevention, ICPG	ICPG & Injury Prevention Stakeholders	Ongoing
C. Plan & implement collaborative statewide advocacy initiatives in support of the prioritized legislative policy agenda.	NE DHHS Injury Prevention, ICPG	ICPG, Injury Prevention Stakeholders, & others to be identified	Ongoing

Strategic Implementation Plan – Injury Prevention Program

Injury Area: Motor Vehicle/Traffic-Related

Goal / Recommendation: Decrease motor vehicle crashes that result in injuries and fatalities.

(Baseline: 2005 -- 6051 fatal and A and B injury crashes)*

▼ **Strategy 1: Increase seat belt use to 85% by 2010.** *(Baseline: 2005 – 79%)*

Action Step	Lead Agency	Partner	Time Frame
A. Develop an educational information packet on seat belt use.	NE DHHS/NOHS	NOHS, Safe Kids & CODES	Annually
B. Identify legislators who have an interest in traffic safety and provide education.	NOHS/NE DHHS with partners	Safe Kids, Safety Councils, MADD, NMA, Law Enforcement, AAA Hospitals, NE Safety Council & local health depts.	Annually
C. Contact NDOR to identify ways to coordinate efforts related to traffic-related injury prevention.	NE DHHS	EMS & NDOR	Ongoing

▼ **Strategy 2: Decrease alcohol-related crashes.** *(Baseline: 2005 – 698 alcohol-related fatal, A and B injury crashes*)*

Action Step	Lead Agency	Partner	Time Frame
A. Develop an education packet on alcohol-related crashes for distribution to partners.	NOHS	NE DHHS Epidemiology	Ongoing
B. Support current/ongoing efforts to prevent alcohol-related crashes.	NOHS/NE DHHS	NOHS & other community partners	Ongoing

▼ **Strategy 3: Decrease youth-related crashes.** *(Baseline: 2005 – 2207 youth involved fatal, A and B injury crashes*)*

Action Step	Lead Agency	Partner	Time Frame
A. Develop law enforcement visor card with updated information on the Graduated Licensing Law.	NOHS	NOHS	January 2008

B. Provide 27,500 “Getting Your Driver’s License in Nebraska” guides to Nebraska schools. (This tool targets 15 year old students and has new GDL information.)	NOHS	NOHS	August 2007
C. Update teen crash numbers on NOHS website under Young Drivers tab.	NOHS	NOHS & NE DHHS CODES Program	Ongoing/ Annually
D. Provide technical assistance/support to local partners conducting activities for prevention of youth-related crashes.	NOHS & NE DHHS Injury Prevention Program	Local health depts. & community partners	Ongoing

▼ **Strategy 4: Create an environment that supports a motor cycle helmet law.**

Action Step	Lead Agency	Partner	Time Frame
A. Develop and distribute education packets on motorcycle helmet use.	NOHS	NE DHHS Injury Prevention & NE DHHS Epidemiology	Annually/as needed
B. Develop media packets for use by local partners.	NE DHHS/NOHS	NE DHHS Epidemiology, Trauma Board, local health depts. & Nebraska Medical Assn.	Annually/as needed

▼ **Strategy 5: Create an environment that supports adopting bicycle helmet (pedalcycles) use requirements.**

Action Step	Lead Agency	Partner	Time Frame
A. Research bicycle injuries in Nebraska.	NE DHHS/NOHS	NE DHHS Epidemiology & NDOR	2009
B. Develop an education packet on bicycle helmets.	NE DHHS/NOHS	NE DHHS Epidemiology & NDOR	2009
C. Identify a champion to promote bicycle helmet use.	NE DHHS/NOHS	NE DHHS Epidemiology & NDOR	2009-2010

*A and B Injury Crashes: A = Disabling Injuries B = Visible, but not disabling Injury

Strategic Implementation Plan – Injury Prevention Program

Injury Area: Poisoning

Goal / Recommendation: Reduce the rate of poisoning-related injuries and deaths to Nebraska residents.

(Baseline Rate 2005 – 3.0 per 100,000; 2010 Nebraska objective 1.5 per 100,000)

▼ **Strategy 1: Increase the number of new parents who receive information about poison prevention and the Poison Center Number.**

Action Step	Lead Agency	Partner	Time Frame
A. Explore the possibility of having Poison Center and poison prevention information available at Vital Records for parents who are picking up birth certificates.	NE DHHS Injury Prevention	Poison Center & NE DHHS Communications and Legislative Services	2008
B. Provide Poison Center Information to Safe Kids Chapters and Coalitions for distribution to parents at child safety seat check up events and other Safe Kids activities.	NE DHHS Injury Prevention, Safe Kids	Poison Center & NE DHHS Communications and Legislative Services	2008

▼ **Strategy 2: Include poison prevention information in child care health consultant training.**

Action Step	Lead Agency	Partner	Time Frame
A. Review child care curriculum to ascertain inclusion of poison prevention/poison center information.	NE DHHS Injury Prevention	NE DHHS Perinatal, Child & Adolescent Health & Poison Center	2008

▼ **Strategy 3: Increase the number of older adults who receive information on poison prevention and the Poison Center.**

Action Step	Lead Agency	Partner	Time Frame
A. Contact Unit on Aging to facilitate contact with local senior centers.	NE DHHS Injury Prevention	NE DHHS Unit on Aging, senior centers & local health depts.	2008
B. Provide poison prevention information, including information on the Poison Center and videos/DVDs on poison prevention for adults.	NE DHHS Injury Prevention	Local stakeholders & community groups	Ongoing
C. Contact home health nurses association and work with them to provide poison prevention information and information on the Poison Center to their clients.	NE DHHS Injury Prevention	NHHCA, VNA & NNA	2008

▼ **Strategy 4: Increase the number of Nebraskans who receive information on poison prevention priority topics and the Poison Center.**

Action Step	Lead Agency	Partner	Time Frame
Support the development of and dissemination of poison prevention education on selected topics. A) Poison prevention and medication safety programs	NE DHHS Injury Prevention	Nebraska Pharmacy Assn., local health depts., local hospitals, aging & senior centers, local stake-holders, Safe Kids, CPSC, Poison Center & PHAN	2008
B) Seasonal poison hazards	NE DHHS Injury Prevention	Nebraska Pharmacy Assn., local health depts., local hospitals, aging & senior centers, local stake-holders, Safe Kids, CPSC, Poison Center & PHAN	2008-2009
C) Home environmental hazards	NE DHHS Injury Prevention	Nebraska Pharmacy Assn., local health depts., local hospitals, aging & senior centers, local stake-holders, Safe Kids, CPSC, Poison Center & PHAN	2009
D) Carbon Monoxide	NE DHHS Injury Prevention	NE DHHS EMS, local fire depts., local health depts., Poison Center, CPSC, Fire Marshall's Office & PHAN	2008
E) Other – to be determined	NE DHHS Injury Prevention		

Strategic Implementation Plan – Injury Prevention Program

Injury Area: Fires and Burns

Goal / Recommendation: Reduce the numbers of deaths and injuries due to fire and burns.

(Baseline rate 2005 – 1.4 per 100,000; 2010 Nebraska objective 0.2 per 100,000)

▼ Strategy 1: Increase the numbers of communities distributing smoke alarms and providing education on proper installation and maintenance.

Action Step	Lead Agency	Partner	Time Frame
A. Determine the numbers of communities who have distributed smoke alarms within the past year.	NE DHHS Injury Prevention, Fire Marshal's Office	Local fire depts. & local health depts.	2007-2008
B. Identify resources to provide smoke alarms (grants, etc.).	NE DHHS Injury Prevention, Fire Marshal's Office	PHAN, local health depts., Safe Kids & Fire Marshal's Office	Ongoing
C. Identify partners to assist in distribution of smoke alarms and providing education on proper use.	NE DHHS Injury Prevention, Fire Marshal's Office	Local fire depts. & Safe Kids	Ongoing

▼ Strategy 2: Increase public awareness on proper use and maintenance of smoke alarms.

Action Step	Lead Agency	Partner	Time Frame
A. Identify partners who can assist with fire/burn prevention education.	NE DHHS Injury Prevention, Fire Marshal's Office	Local fire depts., Safe Kids, NE Burn Centers & Senior Centers	Ongoing
B. Provide partners with educational materials and PSA's on proper use and maintenance of smoke alarms.	NE DHHS Injury Prevention, Fire Marshal's Office	Local health depts., Safe Kids, Fire Marshal's Office & EMS Providers	Ongoing
C. Screen clinic patients for smoke alarm status and maintenance tips in all county Health Department programs.	NE DHHS Injury Prevention, Fire Marshal's Office	Local health depts.	Ongoing

▼ **Strategy 3: Reduce the number of known instances of juvenile firesetter activity.**

Action Step	Lead Agency	Partner	Time Frame
A. Identify communities where juvenile firesetter activity has occurred within the past year.	Fire Marshal's Office	NE DHHS Injury Prevention	2009
B. Identify contacts (i.e. fire department, school, etc) within communities to provide prevention resources related to juvenile firesetters and encourage them to attend training to become intervention specialists.	Fire Marshal's Office	NE DHHS Injury Prevention	2009
C. Provide training and/or materials (i.e., Play Safe) on fire safety for children to child care providers and Head Start.	Fire Marshal's Office	Safe Kids, Child Care Provider Conference Planners, local health depts. & Head Start	2007-2008

▼ **Strategy 4: Reduce the numbers of injuries related to fireworks.**

Action Step	Lead Agency	Partner	Time Frame
A. Support current efforts to raise awareness of the risks of injuries due to fireworks.	Fire Marshal's Office	NE DHHS Injury Prevention & Safe Kids	Annually

Strategic Implementation Plan – Injury Prevention Program

Injury Area: Childhood & Adolescent Injury

Goal / Recommendation 1: Reduce the rate of unintentional injuries and injury-related deaths in children.

(Baseline rate: 2004 – 8.6 unintentional injury deaths per 100,000 children ages 0 – 14)

▼ Strategy 1: Provide input for Together for Kids and Families work group.

Action Step	Lead Agency	Partner	Time Frame
A. Develop a partnership with Together for Kids and Families Child Health Care Consultation work group.	NE DHHS Injury Prevention, Safe Kids	Together for Kids work group	October 2006
B. Assess current practice of child care health consultants regarding Injury Prevention.	NE DHHS Perinatal, Child, and Adolescent Health	Safe Kids, Together for Kids and Families Child Care Health Consultation work group, Early Childhood Training Center (ECTC) contract survey of Child Care Health Consultants	2006-2007
C. Review and update Child Care Health and Safety Curriculum.	NE DHHS Perinatal, Child, and Adolescent Health	Safe Kids & ECTC	2009
D. Assure ongoing education of child care health consultants by providing resources.	NE DHHS Perinatal, Child, and Adolescent Health	Safe Kids, ECTC & NE DHHS Lifespan Health Services	2006-2007
E. Provide technical assistance and ongoing support to child care health consultants based on their stated wants and needs (survey results).	NE DHHS Perinatal, Child, and Adolescent Health	Safe Kids, ECTC & NE DHHS Lifespan Health Services	Ongoing

▼ Strategy 2: Support child and adolescent safety education and awareness activities.

Action Step	Lead Agency	Partner	Time Frame
A. Support safe-sleep initiatives.	NE DHHS Perinatal, Child, and Adolescent Health	NE DHHS Injury Prevention	Ongoing
B. Participate in Child Death Review Team and provide resources for prevention.	NE DHHS Perinatal, Child, and Adolescent Health	NE DHHS Injury Prevention	Ongoing

▼ **Strategy 3: Families/caregivers will receive injury prevention education from their primary care and other healthcare providers.**

Action Step	Lead Agency	Partner	Time Frame
A. Assess current practices regarding injury prevention education by health care professionals.	NE DHHS Injury Prevention, Safe Kids	NAFP, AAP, Nebraska Medical Assn. & NANP	2009-2010
B. Contact the Nebraska chapter of the American Academy of Pediatrics and the Nebraska Academy of Family Physicians.	NE DHHS Injury Prevention, Safe Kids	Together for Kids and Families & Trauma Prevention Coordinator	2009-2010
C. Develop or obtain an injury prevention Continuing Education program to offer to health care providers.	NE DHHS Injury Prevention, Safe Kids	Local health depts., Nebraska Medical Assn. & local hospitals	2009-2010

▼ **Strategy 4: Establish a Safe Kids Nebraska Executive Committee to guide programs and obtain funding.**

Action Step	Lead Agency	Partner	Time Frame
A. Contact potential partners to obtain names for consideration.	NE DHHS Injury Prevention, Safe Kids	Local Safe Kids chapters, local health depts. & community stakeholders	2007-2008
B. Hold initial meeting to establish guidelines for Executive Committee.	NE DHHS Injury Prevention, Safe Kids	Local Safe Kids chapters, local health depts. & community stakeholders	2007-2008
C. Determine roles and responsibilities of Executive Committee.	NE DHHS Injury Prevention, Safe Kids	Local Safe Kids chapters, local health depts., community stakeholders & Safe Kids Worldwide	2007-2008

Goal / Recommendation 2: Reduce motor vehicle related injuries and fatalities in children and adolescents.

(Baseline rate 2004 – 3.3 deaths per 100,000 children age 0 – 14; 32.4 deaths per 100,000 youth ages 15 – 19)

▼ **Strategy 1: Increase the use and proper use of child safety seats and booster seats to 90% among children ages 0 – 6 by 2008.**

Action Step	Lead Agency	Partner	Time Frame
A. Provide staff support to the National Highway Traffic Safety Administration Certification training. Provide instructors and mini-grants to local coalitions/agencies/partners.	NE DHHS Injury Prevention, Safe Kids	NOHS, Local Safe Kids chapters and coalitions, community agencies & hospitals	Annually

B. Provide technical assistance and resources to child passenger safety advocates statewide. Resources to include mini-grants for checkup events and workshops and materials.	NE DHHS Injury Prevention, Safe Kids	NOHS, Local Safe Kids chapters and coalitions, community agencies & hospitals	Annually
C. Seek additional partnerships with national and local corporations, foundations, and agencies.	NE DHHS Injury Prevention, Safe Kids	State Farm Insurance & others, AAA, & Auto dealerships	Annually
D. Provide an annual CPS Technician update.	NOHS	NE DHHS Injury Prevention, Safe Kids, Local SAFE KIDS chapters & appropriate community agencies	Annually
E. Provide staff support to the implementation of the Nebraska All Kids Ride Safe (NAKRS) Project.	NE DHHS Injury Prevention, Safe Kids, NOHS	NE DHHS Perinatal, Child, and Adolescent Health Early Dev. Network & AAA	Ongoing
F. See Motor vehicle section for strategies targeting teen drivers.			

Goal / Recommendation 3: Reduce the rate of fall-related hospitalizations in children.

(Age group specific baseline data available in the Nebraska Fall Injury Report available on the DHHS website.)

▼ **Strategy 1: A minimum of six Safe Kids Chapters and Coalitions will conduct fall prevention projects within their communities**

Action Step	Lead Agency	Partner	Time Frame
A. Provide mini-grants to Safe Kids coalitions and chapters.	NE DHHS Injury Prevention, Safe Kids	Local Safe Kids Chapters & local health depts.	Ongoing
B. Provide technical assistance.	NE DHHS Injury Prevention, Safe Kids		Ongoing
C. Develop evaluation tools.	NE DHHS Safe Kids	NE DHHS Epidemiology	Ongoing
D. Compare fall related hospital data between counties with Safe Kids coalitions and counties without Safe Kids coalitions.	NE DHHS Safe Kids	NE DHHS Epidemiology	2008-2009
E. Complete report on falls projects including activities and data.	NE DHHS Safe Kids	NE DHHS Epidemiology	2007 - Ongoing

Goal / Recommendation 4: Reduce drowning-related injuries and deaths among children aged 0 – 4.

▼ **Strategy 1: Increase awareness of risks associated with drowning.**

Action Step	Lead Agency	Partner	Time Frame
A. Provide drowning prevention materials to local Safe Kids chapters, WIC programs and Early Childhood Development Centers.	NE DHHS Injury Prevention, Safe Kids, PHAN	Local Safe Kids Chapters & local health depts.	2007-2008
B. Develop or obtain a drowning prevention media campaign to disseminate across the state.	NE DHHS Injury Prevention, Safe Kids	Local Safe Kids Chapters & local health depts.	2007-2008

Goal / Recommendation 5: Reduce the incidence of traumatic brain injuries in children and adolescents.

▼ **Strategy 1: Increase awareness and knowledge of injuries and prevention strategies related to organized sports activities.**

Action Step	Lead Agency	Partner	Time Frame
A. Support efforts for prevention of traumatic brain injuries as related to sports activities.	NE DHHS Perinatal, Child, and Adolescent Health	NE DHHS Injury Prevention, Madonna Rehabilitation Hospital, local health depts., local Safe Kids Chapters & other community partners	Ongoing

▼ **Strategy 2: Support local efforts related to bicycle use and bicycle safety education.**

Action Step	Lead Agency	Partner	Time Frame
A. Support and provide technical assistance to local Safe Kids chapters, partners and stakeholders.	NE DHHS Injury Prevention, Safe Kids	NE Department of Roads, Local Safe Kids & community groups	Ongoing as requested

Strategic Implementation Plan – Injury Prevention Program

Injury Area: Injury Prevention in Older Adults

Goal / Recommendation: Reduce injury-related deaths and disabilities in older adults.

(Baseline rate 2004: 146 injury deaths per 100,000 Nebraskans, age 65+)

▼ Strategy 1: Reduce the risk of falls in older adults.

Action Step	Lead Agency	Partner	Time Frame
A. Conduct an assessment of current efforts in older adult fall prevention in Nebraska.	NE DHHS Injury Prevention	Local health depts., Area Agencies on Aging & community agencies	2007
B. Use results of assessment to further identify strategies/ interventions to be used in fall prevention for older adults.	NE DHHS Injury Prevention	NE DHHS Unit on Aging, local health depts. & community partners	2007-2008

▼ Strategy 2: Improve the safety of the physical environment in older adults' homes.

Action Step	Lead Agency	Partner	Time Frame
A. Identify materials to be used for environmental assessments. (CPSC, NFPA, CDC) Obtain/reproduce materials.	NE DHHS Injury Prevention, NE DHHS Unit on Aging	Fire Marshal's Office	2007-2008
B. Identify methods of distribution for environmental assessment materials targeted to high-risk individuals.	NE DHHS Injury Prevention, NE DHHS Unit on Aging	Local health depts., Fire Marshal's Office & PHAN	2007-2008
C. Offer educational presentations on environmental assessments to professionals who work with older adults.	NE DHHS Injury Prevention, NE DHHS Unit on Aging	Local health depts., Fire Marshal's Office, PHAN, senior centers, other DHHS Depts., Parish Nurses & NE Home Care Assn. Nursing Homes	Ongoing
D. Provide Train the Trainer classes on how to conduct environmental assessments.	NE DHHS Injury Prevention, Fire Marshal's Office	Area Agencies on Aging, local health depts. & PHAN	Ongoing

▼ **Strategy 3: Reduce deaths and injuries in older adults related to improper use of medications.**

Action Step	Lead Agency	Partner	Time Frame
A. Review and revise the medication safety checklist (previously developed by Lincoln Area Agency on Aging) and medication safety videos.	NE DHHS Injury Prevention, NE DHHS Unit on Aging	Nebraska Pharmacy Assn.	2008-2009
B. Distribute medication safety checklist and materials.	NE DHHS Injury Prevention, NE DHHS Unit on Aging	Local senior centers, residential facilities, libraries, AARP, Nebraska Pharmacy Assn., local pharmacies, local health depts., Poison Center & Nebraska Medical Assn.	2008-2009

▼ **Strategy 4: Increase the percentage of older adults who engage in physical activity on most days of the week to reduce the risk of falls and resulting injuries.**

Action Step	Lead Agency	Partner	Time Frame
A. Conduct an assessment of current efforts in promotion of physical activity among older adults.	NE DHHS Injury Prevention	Local health depts., Area Agencies on Aging, NE DHHS Unit on Aging, NE DHHS Physical Activity, local hospitals & local health club facilities	2007-2008
B. Increase awareness and knowledge of fall risk and protective factors related to physical fitness.	NE DHHS Injury Prevention	Local health depts., Area Agencies on Aging, NE DHHS Unit on Aging, NE DHHS Physical Activity, local hospitals & local health club facilities	2008-2009
C. Partner with programs that have aging audiences to promote regular physical activity and skill training activities.	NE DHHS Injury Prevention	Local health depts., Area Agencies on Aging, NE DHHS Unit on Aging, NE DHHS Physical Activity, local hospitals & local health club facilities	2008-2009
D. Target older adults who have had a recent fall with education and possible interventions.	NE DHHS Injury Prevention	Local health depts., Area Agencies on Aging, NE DHHS Unit on Aging, NE DHHS Physical Activity, local hospitals & local health club facilities	2010

▼ **Strategy 5: Improve the management of health conditions that placed older adults at increased risk of falls and resulting injuries.**

Action Step	Lead Agency	Partner	Time Frame
A. Increase awareness and knowledge of fall risk and protective factors relating to health conditions (e.g., osteoporosis, postural hypotension, and visual impairment).	NE DHHS Injury Prevention and NE DHHS Unit on Aging	Local health depts., Nebraska Medical Assn., VNA & Home Health	2010
B. Promote education, screening and management of health conditions that put older adults at risk of falls and resulting injuries.	NE DHHS Injury Prevention and NE DHHS Unit on Aging	Local health depts., Nebraska Medical Assn., VNA & Home Health	2010

