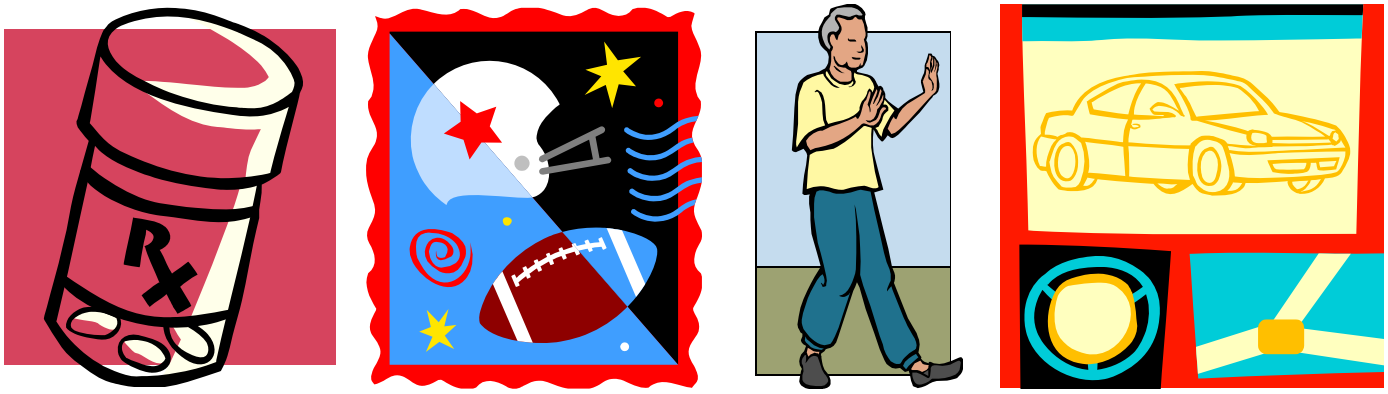
Nebraska Injury Prevention Action Plan



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Department of Health & Human Services
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Nebraska Injury Prevention Action Plan

Nebraska Department of Health and Human Services

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

Introduction and Background Information

Injury represents a serious public health problem in Nebraska and the United States because of its impact on individuals' health and the entire health care system.

In Nebraska, from 2006 to 2010, injuries were the leading cause of death in the 1 to 44 age groups and among the top five causes of death among individuals in other age groups. Across all age groups, injury was the fifth leading cause of death in the state (Table 1).

Injury deaths represent just a fraction of the impact that injuries have on a population. For each death from injury, many more result in hospitalizations (Table 3), emergency department visits or treatment that does not involve formal medical care.

People tend to accept injuries as part of their lives. Motor vehicle crashes, debilitating falls, and suicides occur on such a regular basis that people believe these injuries are inevitable. That is not true. Injuries are predictable and preventable; they are not accidents.

As such, the Nebraska Department of Health and Human Services (DHHS) Injury Prevention Program secured funding from the Centers for Disease Control for the Core Violence and Injury Prevention Program. They convened the Injury Community Planning Group (ICPG), a group of community partners with interest and expertise in the area of injury prevention, to address the burden of injury in the state. Through a public health approach, the ICPG aims to increase the public's awareness about the preventability of the injuries. Because prevention of injuries is a vital component of wellness, this approach is consistent with creating a culture of wellness which is a promoted by the Nebraska Department of Health and Human Services.

Planning Process

The Nebraska Injury Prevention Action Plan was developed by members of the Nebraska ICPG, which includes DHHS Injury Prevention Program , representatives from the DHHS Office of Health Disparities and Office of Lifespan Health, statewide partners and subject matter experts. The ICPG, over a nine month period, completed the following activities in preparation of the Action Plan:

- Revised and refined the ICPG's Mission and Vision;
- Developed the Terms of Reference for the group;
- Studied current injury surveillance data from sources such as the Nebraska Death Certificates, Hospital Discharge E-Code and Trauma Registry;
- Identified current trends and implications in the Injury and Violence Prevention environment;
- Identified and prioritized themes, focus areas, and developed SMART Objectives;

- Work teams, consisting of members of the ICPG and content experts, developed strategies and action steps; and
- Met and approved the State Action Plan.

Overall, the purpose of the Nebraska Injury Prevention Action 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.
- Highlight priorities for the Injury Prevention Program and its partners.
- Identify strategies that can be used to prevent injuries in Nebraska as well as identify partners that can help to implement those strategies.
- Provide a stimulus for organizations, agencies and community groups to collaborate on reducing or preventing injuries in Nebraska.

The priorities addressed in this Action Plan include:

- Older Adult Falls
- Motor Vehicle/Traffic Related Injuries
- Prescription Drug Overdose/Poisoning
- Concussions/Traumatic Brain Injuries

Evaluation Methodology

The evaluation of the Nebraska Injury Prevention grant will be based on the activities highlighted in the Action Plan for each of the four priority areas as previously mentioned. Documentation of the listed outputs in the work plans will be collected through two methods:

1. ICPG Annual Online Survey with Members and Partners
2. Internal Documentation by Injury Prevention Program Staff or Schmeeckle Research Inc., the external evaluator for the grant.

The documentation will be collected throughout the implementation process and annually summarized and aggregated by priority areas. The survey of members and partners is designed to collect information on implementation of specific activities listed within the action plans and the outputs associated with those activities on an annual basis. The survey also addresses benefits and drawbacks of involvement in the ICPG and perceptions about the partnership, and resources available.

Annually epidemiological data for each of the short and long term SMART objectives (or when new data is available) will be compared to baseline data as listed in the action plans. Annual trends will be provided to ICPG and program staff.

Mission: The mission of the Injury Community Planning Group is to reduce injuries in Nebraska by guiding and collaborating with public and community partners.

Injury-Free Nebraska

What an Injury-Free Nebraska would look like:

- Annually, an additional 700 Nebraskans will be able to enjoy productive lives, because they will not die from injuries.
- Annually, approximately two more classrooms of children and teens attending schools will be able to pursue their dreams, because they will not die due to motor vehicle crashes.
- Employees will miss fewer work days, which results in increased profits to businesses.
- Fewer families will 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 avoid hospitalizations due to fall-related injuries, thereby improving the quality of life for both the child and their family and reducing healthcare costs.
- Healthcare costs will be significantly reduced, contributing to a stronger economy and improved quality of life for all Nebraskans.

Table 1. Five leading causes of death by age, Nebraska, 2006-2010

Age Groups												
Rank	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Congenital Anomalies 192	**Unintentional Injury 48**	**Unintentional Injury 78**	**Unintentional Injury 442**	**Unintentional Injury 301**	**Unintentional Injury 342**	Malignant Neoplasms 1,317	Malignant Neoplasms 2,879	Malignant Neoplasms 4,025	Malignant Neoplasms 5,131	Heart Disease 7,972	Malignant Neoplasms 17,059
2	SIDS 90	Congenital Anomalies 16	Malignant Neoplasms 18	**Suicide 160**	**Suicide 125**	Heart Disease 298	Heart Disease 839	Heart Disease 1,344	Heart Disease 2,068	Heart Disease 4,418	Malignant Neoplasms 3,237	Heart Disease 17,056
3	Short Gestation 74	**Homicide 14**	**Suicide 10**	**Homicide 90**	Malignant Neoplasms 90	Malignant Neoplasms 294	**Unintentional Injury 440**	Chronic Low. Respiratory Disease 385	Chronic Low. Respiratory Disease 1,048	Chronic Low. Respiratory Disease 1,842	Cerebro-vascular 2,100	Chronic Low. Respiratory Disease 4,839
4	Maternal Pregnancy Comp. 55	Malignant Neoplasms 10	Congenital Anomalies 10	Malignant Neoplasms 46	Heart Disease 79	**Suicide 151**	**Suicide 212**	**Unintentional Injury 298**	Cerebro-vascular 514	Cerebro-vascular 1,355	Alzheimer's Disease 1,803	Cerebro-vascular 4,439
5	Placenta Cord Membranes 47	Cerebro-vascular <5	**Homicide <5**	Heart Disease 21	**Homicide 72**	Liver Disease 54	Liver Disease 190	Diabetes Mellitus 269	Diabetes Mellitus 427	Alzheimer's Disease 794	Chronic Low. Respiratory Disease 1,401	**Unintentional Injury 3,454**

Source: NE DHHS Vital Statistics, 2006-2010

Table 2. Five leading causes of injury death by age, Nebraska, 2006-2010

Age Groups												
Rank	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Fire/Flame <5	Homicide 15	Motor Vehicle Traffic 40	Motor Vehicle Traffic 298	Motor Vehicle Traffic 144	Suicide 144	Suicide 193	Suicide 133	Motor Vehicle Traffic 78	Fall 254	Fall 428	Motor Vehicle Traffic 1,035
2	Homicide <5	Fall 13	Homicide 18	Suicide 153	Suicide 119	Poisoning 117	Motor Vehicle Traffic 130	Motor Vehicle Traffic 92	Fall 68	Motor Vehicle Traffic 87	Suffocation 56	Fall 878
3	Suffocation <5	Motor Vehicle Traffic 13	Suicide 10	Homicide 84	Homicide 70	Motor Vehicle Traffic 113	Poisoning 124	Fall 41	Suicide 67	Suicide 53	Motor Vehicle Traffic 40	Poisoning 408
4	Drowning 0	Suffocation 13	Fire/Flame 10	Poisoning 35	Poisoning 57	Homicide 43	Fall 40	Poisoning 39	Suffocation 22	Suffocation 34	Suicide 18	Suffocation 215
5	Fall 0	Drowning 12	Suffocation 8	Drowning 17	Suffocation 11	Suffocation 21	Homicide 37	Suffocation 26	Other Land Transportation 11	Poisoning 12	Poisoning 9	Fire/Flame 84

Source: NE DHHS Vital Statistics, 2006-2010
Note: Causes coded as "Other specified" and "Unspecified" are excluded in this matrix

Table 3. Five leading causes of hospital discharge for injury by age Nebraska, 2006-2010

Age Groups												
Rank	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Fall 3,964	Fall 26,942	Fall 36,273	Struck By/Against 26,795	Fall 17,034	Fall 17,627	Fall 22,590	Fall 22,507	Fall 22,550	Fall 33,651	Fall 31,193	Fall 255,965
2	Struck By/Against 1,017	Struck By/Against 11,731	Struck By/Against 28,454	Fall 21,634	Motor Vehicle Traffic 11,145	Overexertion 9,232	Overexertion 8,166	Overexertion 4,640	Overexertion 2,903	Struck By/Against 2,269	Struck By/Against 1,390	Struck By/Against 103,283
3	Fire/Burn 605	Natural Environment 4,896	Cut/Pierce 8,711	Motor Vehicle Traffic 19,564	Struck By/Against 10,842	Motor Vehicle Traffic 8,311	Motor Vehicle Traffic 7,137	Motor Vehicle Traffic 4,512	Cut/Pierce 2,557	Overexertion 2,030	Overexertion 832	Overexertion 62,474
4	Motor Vehicle Traffic 416	Cut/Pierce 3,429	Overexertion 6,940	Overexertion 14,338	Overexertion 10,672	Struck By/Against 7,989	Cut/Pierce 6,778	Cut/Pierce 4,444	Struck By/Against 2,472	Motor Vehicle Traffic 1,718	Motor Vehicle Traffic 574	Motor Vehicle Traffic 61,647
5	Natural Environment 283	Fire/Burn 3,136	Other Pedal Cyclist 5,309	Cut/Pierce 11,983	Cut/Pierce 9,435	Cut/Pierce 7,484	Struck By/Against 6,564	Struck By/Against 3,760	Motor Vehicle Traffic 2,281	Cut/Pierce 1,431	Cut/Pierce 524	Cut/Pierce 57,013

Source: NE Hospital Discharge Data, 2006-2010
Note: Causes coded as "Other specified" and "Unspecified" are excluded in this matrix; Hospital visits include visit as inpatient, ER or non-ER patient

Nebraska Injury Prevention Action Plan

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 of Nebraska by helping to reduce the burden of injury.

Objective 1: By July 2016, enhance the Nebraska Injury Prevention and Violence Prevention Program infrastructure.

▼ **Strategy 1: By July 2012, acquire key staff with appropriate experience and training.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.1.1: Acquire and maintain staff.	DHHS Injury Prevention	July 2012, on-going

▼ **Strategy 2: Support at least one workforce development activity for staff.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.2.1: Staff participates in webinars, conferences, etc. as available through Safe States and other Injury Prevention organizations.	DHHS Injury Prevention, & ICPG	Ongoing
Activity 1.2.2: Staff participates in the CDC-sponsored conferences and trainings.	DHHS Injury Prevention Staff	Ongoing

▼ **Strategy 3: Utilize third party contractors (e.g. evaluation, planning facilitators) to support the Nebraska Injury Prevention and Violence Program.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.3.1: Contract with third party experts as needed and available.	DHHS Injury Prevention Staff	Ongoing

Objective 2: By July 2016, utilize the Injury Community Planning Group (ICPG) to assist with updating the State Action Plan and implement strategies identified in the State Action Plan.

▼ **Strategy 1: By November 2012, establish the ICPG.**

Action Step	Lead Agency/Partners	Time Frame
Activity 2.1.1: Invite key stakeholders and partners to become members of the ICPG.	DHHS Injury Prevention Staff	November 2011
Activity 2.1.2: Establish a Terms of Reference Document for the ICPG.	DHHS Injury Prevention Staff, Facilitator	January 2012
Activity 2.1.3: Hold meetings with ICPG, as identified by the Terms of Reference. Subcommittee meetings will be held as needed to update the State Action Plan.	DHHS Injury Prevention Staff, Facilitator	Ongoing
Activity 2.1.4: Provide current data and resources to the ICPG.	DHHS Injury Prevention Staff, Facilitator	Ongoing
Activity 2.1.5: Implement the State Action Plan.	DHHS Injury Prevention Staff, Partners	July 2016

▼ **Strategy 2: Review and revise the State Action Plan as needed on an annual basis.**

Action Step	Lead Agency/Partners	Time Frame
Activity 2.2.1: Convene the ICPG and other partners on an annual basis to review and revise State Action Plan.	DHHS Injury Prevention Staff	Annually

Objective 3: Annually, generate support and resources to support injury preventions activities in Nebraska.

▼ **Strategy 1: Use media and other communication strategies to disseminate information related to injury and violence prevention.**

Action Step	Lead Agency/Partners	Time Frame
Activity 3.1.1: Disseminate newsletter monthly; post fact sheets, etc. on DHHS Website; work with DHHS Communications to distribute information.	DHHS Injury Prevention Staff	Monthly, Ongoing

▼ **Strategy 2: Integrate injury and violence prevention activities with partners.**

Action Step	Lead Agency/Partners	Time Frame
Activity 3.2.1: Identify internal and external partners. Integrate activities as possible and appropriate.	DHHS Injury Prevention Staff, ICPG	Monthly, Ongoing

Objective 4: On an on-going basis, collect and analyze injury data to assist with establishing priorities, creating implementation plans, and measuring outcomes.

▼ **Strategy 1: Provide baseline data for the health impact measures for priority areas as identified by the ICPG.**

Action Step	Lead Agency/Partners	Time Frame
Activity 4.1.1: Provide baseline data for the health impact measures for priority areas as identified by the ICPG.	DHHS Injury Prevention Epidemiologist, Public Health Support	Ongoing

▼ **Strategy 2: Prepare required data reports as specific by the CDC.**

	Lead Agency/Partners	Time Frame
Activity 4.2.1: Prepare required data reports as specified by the CDC.	DHHS Injury Prevention Epidemiologist, Public Health Support	Annually
Activity 4.2.2: Promote and facilitate the use of injury data to meet the needs of the Injury Prevention partners and agencies.	DHHS Injury Prevention Epidemiologist, Public Health Support	Ongoing

Injury Area: Older Adult Falls

Objective 1 (long-term): Decrease the rate of death due to falls among Nebraskans age 65 and older (2010 baseline 64 deaths per 100,000 residents) by 3% by 2016.

Objective 2 (long-term): Decrease the rate of unintentional injury hospitalizations due to falls among Nebraskans age 65 and older (2010 baseline 1,523 per 100,000 residents) by 3% by 2016.

Objective 3 (short-term): By 2013, implement Tai Chi programs in a minimum of eight (8) sites in Nebraska and by 2015 identify one (1) fall prevention policy.

▼ Strategy 1: Identify resources and partnerships to develop and coordinate Fall Prevention activities.

Action Step	Lead Agency/Partners	Time Frame
Activity 1.1.1: Identify and establish potential professional partners (including corporate and non-traditional) and expand possible funding sources. Assess potential professional partners/resources (e.g. education, medical professionals, higher ed).	DHHS Staff, lead partner for Falls Prevention Coalition	March 2013
Activity 1.1.2: Identify and clarify the role and mission of the Falls Prevention Coalition.	DHHS Staff, lead partner for Falls Prevention Coalition	June 2013
Activity 1.1.3: Identify partners to participate in the Falls Prevention Coalition.	DHHS Staff, lead partner for Falls Prevention Coalition	June 2013
Activity 1.1.4: Determine who will be the lead agency/organization for the Falls Prevention Coalition.	DHHS Staff, lead partner for Falls Prevention Coalition	March 2013
Activity 1.1.5: Develop and implement an action plan for the Fall Prevention Coalition, including but not limited to coordinating efforts, providing information, and providing evidenced-based strategies.	DHHS Staff, lead partner for Falls Prevention Coalition	July 2014
Activity 1.1.6: Develop the infrastructure for sustainability of programs and other efforts.	DHHS Staff, lead partner for Falls Prevention Coalition	Ongoing

▼ **Strategy 2: Increase awareness of Fall Prevention issues in Nebraska.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.2.1: Identify target populations (e.g. family care givers, health care providers, elected officials, community dwelling older adults, diverse populations, faith-based groups).	DHHS Staff, lead partner for Falls Prevention Coalition	July 2013
Activity 1.2.2: Prioritize the message and tailor to target population as needed.	DHHS Staff, lead partner for Falls Prevention Coalition	Ongoing
Activity 1.2.3: Develop and implement a statewide dissemination of information, including print, electronic and social media.	DHHS Staff, lead partner for Falls Prevention Coalition, local health departments, local Area Agencies on Aging	July 2013, On-going
Activity 1.2.4: Promote and participate in the National Falls Prevention Day.	DHHS Staff, lead partner for Falls Prevention Coalition, local health departments, local Area Agencies on Aging	Annually

▼ **Strategy 3: Develop and implement at statewide education program.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.3.1: Identify target populations, including community dwelling older adults, family care givers, and health care providers.	DHHS Staff, lead partner for Falls Prevention Coalition	July 2013
Activity 1.3.2: Define the information to be shared, including but not limited to exercise and balance, medication management, eliminating home hazards, orthostatic hypotension, and vision.	DHHS Staff, lead partner for Falls Prevention Coalition	January 2014
Activity 1.3.3: Identify and/or develop materials to be used.	DHHS Staff, lead partner for Falls Prevention Coalition, local health departments, local Area Agencies on Aging	January 2014
Activity 1.3.4: Disseminate educational materials to targeted populations (e.g. face-to-face, print, web-based strategies).	DHHS Staff, lead partner for Falls Prevention Coalition, local health	January 2014, Ongoing

	departments, local Area Agencies on Aging	

▼ **Strategy 4: Implement programs to address fall prevention.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.4.1: Select evidenced-based program(s) to support fall prevention based on current statistical information and available resources.	DHHS Staff, lead partner for Falls Prevention Coalition	July 2013
Activity1.4.2: Identify and implement pilot programs (i.e. determine implementation sites).	DHHS Staff, lead partner for Falls Prevention Coalition	July 2013
Activity 1.4.3: Identify "champions" to promote and support programs.	DHHS Staff, lead partner for Falls Prevention Coalition	July 2013, Ongoing
Activity: 1.4.4: Provide training to support identified programs.	DHHS Staff, lead partner for Falls Prevention Coalition	July 2013, Ongoing
Activity 1.4.5: Develop and implement a system of follow-up and support for programs.	DHHS Staff, lead partner for Falls Prevention Coalition	July 2013, Ongoing

▼ **Strategy 5: Evaluate and share effective practice policy statements.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.5.1: Monitor and participate as needed in current policy efforts (e.g. Complete Streets) and investigate other potential organizational policies (e.g. Health Care) to support Fall prevention.	DHHS Staff, lead partner for Falls Prevention Coalition	January 2015
Activity 1.5.2: Assess strategies for third party reimbursements for Fall Prevention services.	DHHS Staff, lead partner for Falls Prevention Coalition	January 2015
Activity 1.5.3: Evaluate best practices in Fall Prevention for health care providers.	DHHS Staff, lead partner for Falls Prevention Coalition	January 2016

Injury Area: Motor Vehicle Related Injury/Seat Belt Use

Objective 1 (long-term): By the end of 2016, decrease the rate of deaths from MVCs in Nebraska by 3% from the 2006-2010 average baseline of 11.4 to 11.0 per 100,000.

Objective 2 (short-term): Increase the percent of observed seat belt use by Nebraska adults from 79% to 84% by the end of July 2016.

Objective 3 (short-term): Increase the percent of reported seat belt use ("always") by Nebraska high school students as reported on the YRBS from 38% to 40% by the end of July 2016.

▼ **Strategy 1: Informing state policy process to ensure the best available science is included in policy approaches to preventing motor-vehicle related deaths.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.1.1: Create materials identifying the burden (e.g., death rate, injury rate, cost, etc.) of non-seat belt use in Nebraska.	Lead: DHHS (MVP Coordinator) Additional Partners: NOHS, CODES administrator	July 2012
Activity 1.1.2: Disseminate materials identifying the burden (e.g., death rate, injury rate, cost, etc.) of non-seat belt use in Nebraska (through websites, listserves, newsletters, events).	Lead: DHHS (MVP Coordinator) Additional Partners: Nebraska Safety Council, BIANE, State Patrol, Safe Kids Nebraska (local chapters), NOHS	September 2012
Activity 1.1.3: Create materials highlighting evidence-based policy strategies for increasing seat belt use.	Lead: DHHS (MVP Coordinator)	September 2012
Activity 1.1.4: Disseminate materials highlighting evidence-based policy strategies for increasing seat belt use.	Lead: DHHS (MVP Coordinator) Additional Partners: Nebraska Safety Council, BIANE, State Patrol, Safe Kids Nebraska (local chapters), NOHS	October 2012
Activity 1.1.5: Maintain updated injury data related to restraint use in Nebraska.	Lead: DHHS (Injury Epidemiologist) Additional Partners: CODES administrator, MVP Coordinator, NOHS	July 2016

Activity 1.1.6: Provide data and evidence based interventions to partners, legislators, educators as requested.	Lead: DHHS Additional Partners: ICPG members	July 2016
Activity 1.1.7: Facilitate and maintain partnerships among organizations and individuals invested in injury prevention.	Lead: DHHS Additional Partners: ICPG members	July 2016
Activity 1.1.8: Conduct survey to assess knowledge and attitudes around traffic safety issues (including seat belt use).	Lead: DHHS, Contracted Evaluator Additional Partners: Survey Administrator	September 2012
Activity 1.1.9: Repeat survey to monitor changes in knowledge and attitudes around traffic safety issues (including seat belt use).	Lead: DHHS, Contracted Evaluator Additional Partners: Survey Administrator	December 2015
Activity 1.1.10: Help connect policy partners with needs related to partnerships, resources, and education.	Lead: DHHS	July 2016
Activity 1.1.11: Update action plan annually to reflect changes in existing policies and subsequent changes in needs/resources/activities.	Lead: DHHS (MVP Coordinator) Additional Partners: ICPG Policy Group	July 2013

▼ **Strategy 2: Support organizational policy for seat belt use, enforcement, and education.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.2.1: Participate in Worksite Wellness meetings and planning activities hosted by DHHS Health Promotion unit.	Lead: DHHS	July 2016
Activity 1.2.2: Provide educational materials and data as requested by organizations/partners.	Lead: DHHS	July 2016
Activity 1.2.3: Ensure agencies/organizations involved in worksite wellness are connected with DSN activities as needed (e.g., participation in meetings, members of listservs).	Lead: DHHS Additional Partners: Nebraska Safety Council	July 2013

▼ **Strategy 3: Facilitate the development and management of a statewide partnership group (Drive Smart Nebraska [DSN]) to enhance coordination and communication around educational efforts in Nebraska surrounding traffic safety (with an initial focus on seat belt use).**

Action Step	Lead Agency/Partners	Time Frame
Activity1.3.1: Develop partnership with organizations with existing educational activities and new partners with potential capacity to enhance educational efforts.	Lead: DHHS Additional Partners: ICPG	August 2012, ongoing as necessary
Activity 1.3.2: Identify existing educational activities surrounding seat belt use and related policies in Nebraska.	Lead: DHHS Additional Partners: ICPG	October 2012
Activity 1.3.3: Identify need for additional educational activities and/or additional resources, support needed for existing activities.	Lead: DHHS Additional Partners: ICPG	October 2012, ongoing
Activity 1.3.4: Support development of educational programs/activities through partnerships.	Lead: DHHS Additional Partners: ICPG	July 2016
Activity 1.3.5: Facilitate partnership meetings and ongoing communication among partners.	Lead: DHHS	July 2016

Injury Area: Motor Vehicle Related Injury/Distracted Driving

Objective 1 (long-term): Decrease the number of teen driver (age 14-19) injuries in distracted driving-related crashes (including inattention, mobile phone use, and distraction-other) in Nebraska from the annual average of 140 per year from 2006-2010 to X by 2016. (to be defined later as noted in action plan).

Objective 2 (short-term): By December 2013, create an action plan to address distracted driving in Nebraska teens (age 14 - 19 yr.) including a minimum of one policy strategy, updated SMART objectives, and specific short and long term impacts tied to the identified strategies.

▼ **Strategy 1: Identify data sources and collect data for distracted driving.**

Action Step	Lead Agency/Partners	Time Frame
Activity 2.1.1: Identify sources of data with ICPG policy group, DHHS health support unit, and other injury partners.	DHHS (MVP Coordinator)	April 2013

Activity 2.1.2: Review and summarize data.	DHHS (MVP Coordinator, Injury Epidemiologist)	June 2013

▼ **Strategy 2: Monitor current available data on distracted driving and current related policy.**

Action Step	Lead Agency/Partners	Time Frame
Activity 2.2.1: Create and disseminate materials identifying the burden of distracted driving across populations in Nebraska.	DHHS (MVP Coordinator)	July 2014
Activity 2.2.2: Conduct literature review on current distracted-driving related policies.	DHHS (MVP Coordinator)	July 2014
Activity 2.2.3: Monitor proposed/implemented policies through partner activities including worksite wellness activities and legislative activities.	DHHS (MVP Coordinator, Injury Epidemiologist)	July 2014

▼ **Strategy 3: Create an action plan to address distracted driving behaviors.**

Action Step	Lead Agency/Partners	Time Frame
Activity 2.3.1: Provide information about existing data and policies on distracted driving to ICPG policy group.	DHHS (MVP Coordinator) ICPG Policy Group	September 2013
Activity 2.3.2: Identify strategies for affecting policy that reduces the burden of child injury related to distracted driving.	DHHS (MVP Coordinator)	September 2013
Activity 2.3.3: Set and prioritize objectives with corresponding activities and timeframes in the MVP action Plan.	DHHS (MVP Coordinator)	December 2013
Activity 2.3.4: Identify lead organizations and individuals responsible for implementing activities and meeting objectives in the updated MVP Plan.	DHHS (MVP Coordinator)	December 2013

Injury Area: Prescription Drug Overdose Prevention/Poisoning

Objective 1 (long-term): – Maintain the rate of unintentional prescription drug poisoning injuries at or below three (3) deaths per 100,000 Nebraska residents per year (2010) by 2016.

Objective 2 (long-term): – Maintain the rate of unintentional prescription drug poisoning injuries at or below seventeen (17) inpatient hospitalizations per 100,000 Nebraska residents per year (2010) by 2016.

Objective 3 (short-term): By the end of 2013, create a task force to monitor and coordinate efforts in Nebraska to reduce unintentional injuries due to prescription drug poisoning.

▼ **Strategy 1: Increase the availability of resources related to prevention of prescription drug abuse and overdose in Nebraska.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.1.1: Develop and implement a Nebraska statewide web-based resource center.	DHHS, NE Pharmacists Assoc., Poison Center	July 2013
Activity 1.1.2: Create and implement a Nebraska Task Force to coordinate program resources and review educational activities.	DHHS, NE Pharmacists Assoc., Poison Center	July 2013
Activity 1.1.3: Identify roles, relationships, and resources available from law enforcement.	DHHS, State Patrol, and Local PD	July 2013
Activity 1.1.4: Create and implement a comprehensive multi-media campaign.	DHHS, NE Pharmacists Assoc., Poison Center	July 2013

▼ **Strategy 2: Improve the coordination of prescription drug disposal activities.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.2.1: Explore and support NE-MEDS and other disposal initiatives to coordinate the disposal of prescription drugs.	DHHS, NE-Meds	July 2016
Activity 1.2.2: Create and implement a process to coordinate the disposal of prescription drugs.	DHHS, NE-Meds	July 2016
Activity 1.2.3: Monitor coordination process for the disposal of prescription drugs.	DHHS, NE Pharmacists Assoc., NE Medical Assoc., other statewide associations, Poison Center	July 2016

▼ **Strategy 3: Promote education and utilization of the prescription drug monitoring program.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.3.1: Provide education on the use of the prescription drug monitoring program.	DHHS, NE Pharmacists Assoc., NE Medical Assoc., other statewide associations, Poison Center	July 2016

Injury Area: Traumatic Brain Injury/Youth Concussions

Objective 1 (long-term): **Increase the number of school districts and sports organizations in Nebraska that have adopted policies and procedures that address the identification and treatment of traumatic brain injuries incurred as a result of participation in school activities (2013 baseline).**

Objective 2 (short-term): Increase awareness of signs and symptoms of concussions among schools, administrators, coaches, athletic trainers, parents, and students.

Objective 3a (short-term): By 2014, increase the percentage of the schools that received or participated in one of the approved concussion trainings to 100% (in 2010, 92% of schools received or participated in approved concussion trainings).

Objective 3b (short-term): By the fall of 2013, increase the percent of high school coaches who received approved training to 100%, with middle school and youth organization coaches to receive training by 2014.

▼ **Strategy 1: Ensure trainings and resources are identified, approved and available as required by Concussion Awareness Act (LB260).**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.1.1: Identify concussion trainings and receive approval from medical director.	DHHS	Ongoing until 2014
Activity 1.1.2: Monitor available concussion trainings and identify new trainings to be approved as needed.	DHHS	Ongoing until 2014

Activity 1.1.3: Maintain DHHS website with approved trainings, resources, and links and release them to relevant partners (e.g. monthly NIPCSP newsletter).	DHHS	Ongoing until 2014

▼ **Strategy 2: Educate stakeholders (e.g., parents, teachers, school nurses, coaches) about the components of the law (including concussion, "return to play" process, academic impacts, coaches training, etc.).**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.2.1: Public Service Announcements with partners.	BIA-Nebraska, DHHS, Bryan Health	Ongoing until 2014
Activity 1.2.2: News Media outreach including press releases.	BIA-NE, DHHS and other partners	Ongoing until 2014
Activity 1.2.3: Hold meetings with coaches, administrators, parents, etc. (student athletes) to educate about the 3 components (concussions, return to play, health release).	NSAA, NSATA	Ongoing until 2014
Activity 1.2.4: Educate school personnel, parents, and students about academic and other implications of concussions and appropriate care.	Department of Education, BIA-NE, School Boards Association, School Administrators	Ongoing until 2014
Activity 1.2.5: Educate health care providers about LB 260 and their responsibilities.	BIA-NE	Ongoing until 2014
Activity 1.2.6: Hold trainings for athletic trainers.	NSATA	Ongoing until 2014
Activity 1.2.7: Maintain partnership with Heads Up Nebraska Campaign.	DHHS	Ongoing until 2014
Activity 1.2.8: Hold and support local trainings for community/volunteer coaches.	BIA-NE, NSATA, Safe Kids	Ongoing until 2014

▼ **Strategy 3: Facilitate and maintain statewide partnerships involved in concussions education.**

Action Step	Lead Agency/Partners	Time Frame
Activity 1.3.1: Maintain participation in ongoing Heads Up Nebraska campaign.	DHHS, BIA-NE	Ongoing until 2014

Activity 1.3.2: Convene at least one meeting per year with TBI Working Group to review activities, progress, and needs related to DHHS Action Plan.	DHHS	Ongoing until 2014
Activity 1.3.3: Participate in other concussion awareness activities (e.g., Safe Kids, Bryan Health).	DHHS	Ongoing until 2014

▼ **Strategy 4: Develop an evaluation plan by 2013**

Action Step	Lead Agency/Partners	Time Frame
Activity 2.1.1: Create logic model.	DHHS, External Evaluator	July 2013
Activity 2.1.2: Identify evaluation questions related to the implementation of the law as well as the effectiveness of the law.	DHHS, External Evaluator, BIA-NE	July 2013
Activity 2.1.3: Identify existing data sources and gaps in existing data.	DHHS, External Evaluator	July 2013
Activity 2.1.4: Design data collection method based on the evaluation needs.	DHHS, External Evaluator	July 2014
Activity 2.1.5: Develop dissemination plan to communicate evaluation plan and results.	DHHS, External Evaluator, BIA-NE, NSAA, NSATA, Bryan Health	July 2014

▼ **Strategy 5: Implement evaluation as described in evaluation plan**

Action Step	Lead Agency/Partners	Time Frame
Activity 2.2.1: Use existing data sources and conduct annual survey with Nebraska high school athletic trainers, coaches and administrators, and youth organization representatives.	DHHS, External Evaluator	Ongoing
Activity 2.2.2: Analyze and summarize data.	DHHS, External Evaluator	Annually based on evaluation questions
Activity 2.2.3: Disseminate evaluation results to partners and appropriate stakeholders according to dissemination plan.	DHHS, External Evaluator, ICPG, BIA-NE, NSAA, NSATA, Bryan Health	Annually

Activity 2.2.4: Adjust strategies and activities based on evaluation results.	DHHS, External Evaluator, ICPG, BIA-NE, NSAA, NSATA, Bryan Health	Ongoing as appropriate

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