Recommendation for Strengthening the Prevention of Injury

and Violence in

Wisconsin



2010 - 2020

A Steering Committee representing professionals in the fields of injury and violence prevention, and experts in the areas of policy, data, and research created the Recommendations for Prevention of Injury and Violence in Wisconsin. They met face-to-face eight times between June 2009 and December 2010 to develop the framework for the plan. Staff from the Injury and Violence Prevention (IVP) Program at the Wisconsin Department of Health Services provided research and drafted components of the plan for review.

IVP Steering Committee Members Strategic Plan Development

Ann Christiansen, Injury Research Center at the Medical College of Wisconsin Marion Ceraso, UW Population Health Institute Karen Ordinans, Children's Health Alliance of Wisconsin Dennis Dresang, UW Lafollette School of Public Affairs Tony Gibart, Wisconsin Coalition Against Domestic Violence Nan Peterson, American Family Children's Hospital, University of Wisconsin Hospital & Clinics Don Hagen, Wisconsin Department of Transportation Todd Schaller, Wisconsin Department of Natural Resources Connie Rigdon, Wisconsin Trauma Program Cynthia Johnson, Kenosha County Division of Health Wisconsin Injury and Violence Prevention Program Staff Brianna Kopp, Injury and Violence Surveillance Coordinator Becky Turpin, Injury and Violence Prevention Program Coordinator Sue LaFlash, Sexual Violence Prevention Program Coordinator

Introduction

The burden of injuries among children and adults in Wisconsin demands immediate attention. The loss of life, the lifelong toll of disability, and the emotional and financial stress on individuals, families, and communities is immense. Injuries are the leading cause of death in Wisconsin residents ages 1-44 years and a significant cause of morbidity and mortality for all age groups. Injuries result in at least \$1.9 billion in medical costs each year in Wisconsin¹. Besides economic loss, injuries result in loss of productivity and stress to the victim, family and other caregivers. Even injuries that do not result in loss of life may have significant physical, emotional, and financial effects.

Current research shows that violence is a determinant of overall health. The cycle of violence is difficult to disrupt, and prolonged exposure, even generational, can result in negative effects on individual health and well-being across the life-span. Experiencing violence, as a witness or victim, can increase the risk for life-style and behavior choices with unhealthy and destabilizing outcomes. Life-long or episodic mental health disorders such as depression, anxiety, or post traumatic stress disorder are well documented as is an increased risk of development of chronic health conditions such as hypertension, diabetes, heart disease, chronic bronchitis, stroke and cancer².

The Recommendations for Prevention of Injury and Violence in Wisconsin³ serves as a framework for all areas of injury and violence prevention (IVP) and focuses on common public health principles to develop a coordinated statewide effort to address injury and violence as well as a structure to evaluate prevention efforts.

The Wisconsin Injury and Violence Prevention Program (IVPP) will assume responsibility for tracking the outcomes of the recommendations, and for sustaining and building partners and stakeholders to achieve the Recommendations. Stakeholders may be professionals involved in injury prevention policy and interventions, local and statewide advocates, government agencies and legislators, individuals, businesses, organizations and agencies interested in reducing injury to improve the well-being of all Wisconsin residents

The Recommendations utilize guiding characteristics essential to the creation of a strong and sustainable infrastructure for state IVP programs; identified by Safe

¹ Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Inpatient Hospitalizations and Injury-Related Emergency Department Visits Modules, accessed 12/14/10 ² Center for Disease Control and Prevention, http://www.cdc.gov/ace

³ With support from a Centers for Disease Control and Prevention (CDC) grant (#U17/CCU524815) the Injury and Violence Prevention Program (IVPP) at the Wisconsin Department of Health Services convened a Steering Committee in June, 2009 to develop a 10-year statewide strategic plan for injury and violence prevention.

States Alliance as the core components.⁴ The components, listed below, also reflect those used to address other public health problems:

- Collection, analysis, and dissemination of data
- Identification, implementation and evaluation of interventions that are proven to be effective
- Policy development to facilitate safe environments.
- Build IVP infrastructure

Lastly, the Recommendations reflect injury and violence related objectives in both the National and State health plans for 2020⁵, Specifically, The Recommendations reflect the objectives in Wisconsin Healthy People 2020 IVP health focus area:

- 1. Reduce the leading causes of injury and violence through policies and programs that create safe environments and practices.
- 2. Increase access to initiatives and services that address mental and physical injury and violence.
- 3. Reduce disparities in injury and violence among populations.

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⁴Safe States Alliance http://safestates.org/

⁵Healthy People 2020 (www.healthypeople.gov) and Healthy Wisconsin 2020 (www.dhs.wisconsin.gov/hw2020/)

DATA COLLECTION, ANALYSIS, AND DISSEMINATION

State IVP Programs use data to describe a problem, evaluate risk, determine and evaluate interventions and to inform policy. Safe States Alliance recommends that state injury and violence prevention programs utilize 11 data sets to monitor 14 injuries and injury risk factors. The Wisconsin Injury and Violence Prevention Program utilize many of these recommended data sets in their surveillance efforts. (Figure 1)

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Figure 1 Sources of Quantitative Injury Data

- ▶ Vital records: death certificates
- Medical examiner/coroner systems
- Child death review
- Behavioral Risk Factor Surveillance System
- Emergency department data
- *Emergency medical services data
- Uniform Crime Reporting System
- *National Occupant Protection Use Survey
- Hospital discharge data
- Youth Risk Behavior Surveillance System

*WI IVPP does not have access to, or the data set does not exist

Source: Safe States Alliance

Baseline	Change	Measure
Currently there is no IVPP staff to collect, analyze, and disseminate data from multiple sources	Increase staff to collect, analyze and disseminate IVP data and expand use of additional data sets	Addition of data specialists to the WI IVP staff An annual data analysis plan for IVPP Documentation of the data needed to support policy development and evaluation specified by the Steering Committee Meeting Safe States Alliance recommendation of utilizing 11 data sets to monitor 14 injuries and injury risk factors

Action Step: Work with external partners and within the DHS to establish and maintain positions to build and sustain capacity for data collection, analysis and dissemination.

Action Step: Establish and sustain data user groups to maximize use of injury related data sets.

Action Step: Establish a system to define which data systems are to be prioritized.

Action Step: Enhance usability of data for multiple audiences.

Action Step: Include data collection, analysis and dissemination in all priority areas selected by the IVPP and the Steering Committee.

Action Step: Improve the availability and quality of disparity data.

DESIGN, IMPLEMENT, EVALUATE INTERVENTIONS

Utilizing data to understand injury and violence prevention informs the process of identifying and implementing prevention strategies. Prevention strategies are often a blend of educational, environmental, enactment and enforcement activities and occur at multiple levels (individual, relationship, community and society).

There are multiple factors to consider when choosing an intervention. These include existence of evidence-based or promising practices shown to effectively prevent the selected injury, availability of resources, and local interest and support in tackling the issues.

Sustainable injury prevention for Wisconsin will result from a collaborative effort of multiple partners representing a variety of professionals in diverse organizations. In partnership, injury prevention strategies can be implemented alone as well as integrated into existing programming, maximizing limited resources in a manner that is data driven, and brings research to practices that target injury prevention.

Recommendation 1: Increase access to information on evidence based injury prevention programs and policies at the state, regional and local levels

Baseline Change Measure	
Currently, there is no comprehensive resource inFor the priority areas established by the IVPP and SteeringFor each priority area the follow developed:Wisconsin for information on injury prevention models of practice that are evidence- based.For the priority areas established by the IVPP and Steering Committee, an on-line resource for related evidence- based practices, evaluation, and available data resources is established.For each priority area the follow developed:1. A list of existing evidence-b practices and links to implet Interactive Statistics on Her system3. Tool kits of resources for th initiative4. Identification of high risk por established.	based ementation ne Wisconsin ealth query ne selected

Action Step: Establish procedure for identifying and communicating existing evidence based practices.

Action Step: Develop tool kits of resources around the prioritized injury areas and a plan of distribution.

Action Step: Identify disparities existing within injury categories and seek collaboration with affected populations to determine community informed needs.

Action Step: Incorporate evidence based IVP practices into existing/emerging public health programs such as the chronic disease integration initiative and other statewide plans and activities.

Recommendation 2: Increase the capacity of professionals in WI to design, implement and evaluate evidence based injury and violence prevention programs and policies.

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Baseline	Change	Measure
Currently, no specific measures are in place to increase skills related to the core components of injury prevention programs.	An annual training plan, to include information and training on the core components of an injury prevention program.	Presence of appropriate training materials on the DHS IVPP website. Inclusion of core components into all injury prevention trainings.
Currently, no specific measures are in place to provide information and training in a strategic manner, and to evaluate effectiveness.	An annual training plan, to include evaluation, for the priority areas of existing and new injury prevention initiatives in the state.	Presence of appropriate training materials on the DHS IVPP website. A strategic plan for evaluation for each priority area indentified by the Steering Committee and the IVPP

Action Step: Increase capacity for evaluation of interventions among constituents across the state.

Action Step: Incorporate a system of follow-up and evaluation when trainings are presented on injury-related interventions or core components

Action Step: Promote mentorship among users of evidence-based practices and those seeking to utilize them.

Action Step: Pursue opportunities to provide technical assistance through webinars and other e-based technologies.

Action Step: Use state and national resources to build capacity around core components and priority areas.

Action Step: Increase the skill set of injury prevention programs throughout the state to identify strategies (education, environment, enactment and enforcement), data collection and analysis, and evaluation.

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Policy changes are a highly effective means to reduce injuries. Policy changes occur at various levels such as state and local government, workplace, and schools. All levels offer avenues for policy change that can support injury-free environments.

To enhance the capacity of the Injury and Violence Prevention Program in fostering policy change, a Sub-committee on Policy will be developed within the Steering Committee. Members will include experienced policy professionals, researchers, and local advocates. The Policy Sub-committee will advise the Steering Committee and the IVPP on advancing policy.

Baseline	Change	Measure
Currently, there is no policy agenda related to prevention of injury.	A policy subcommittee of the Steering Committee will create and vet a policy agenda among stakeholders.	List of members of the Steering committee and Policy Subcommittee. Policy Agenda for Injury and Violence Prevention in Wisconsin. Strategy for carrying out the policy agenda.

Recommendation 1: Develop an injury and violence prevention policy agenda

Action Step: Establish and maintain a Policy Sub-committee of the Steering Committee.

Action Step: Conduct an environmental scan of major IVP laws and statutes for opportunities and gaps.

Action Step: Identify and support the roles of the IVPP and external partners for policy activities

Action Step: Promote and disseminate policy strategies.

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Injuries occur in all settings where people live, work, and play. Therefore, the field of injury prevention is diverse and multi-disciplinary, encompassing many agendas and priorities. A comprehensive IVP Program within the State Health Department provides the necessary coordination and technical assistance needed to find common ground and focus. A strong IVP Program maximizes limited resources by providing focus, direction, training, identification of best practices, data collection and analysis.

Recommendation 1: Increase the effectiveness of the Wisconsin IVP Program as a statewide resource

Baseline	Change	Measure
Currently there are two staff members in the injury and violence prevention program, one categorically funded from Sexual Violence Prevention, one generalist funded via MCH.	Identify potential human resources to help fulfill the core components of an Injury and Violence Prevention Program.	 Staff are in place within the IVPP and the Division of Public Health with the skills to: 1. expand data collection and analysis, 2. conduct internal and external evaluation, 3. provide technical assistance for program development 4. support policy activities 5. provide program management 6. increase awareness of IVP as a statewide resource on injury prevention.

Action Step: Work with external partners and within the DHS to establish and maintain positions to build and sustain capacity for data collection, analysis and dissemination.

Action Step: Seek funding opportunities to support infrastructure around the IVPP and injury specific topic areas.

Action Step: Increase visibility of the Wisconsin IVP Program and injury issues and the physical and fiscal impact on individuals and communities.

Recommendation 2: Identify new funding streams to support injury and violence prevention in Wisconsin.

Baseline	Change	Measure
Currently, state and local injury prevention programming is dependent on grant funding and local tax revenue.	Injury prevention core components and resources for priority areas are supported.	Increase in local, state and federal support for injury prevention sustainability and prevention.

Action Step: Advocate for sustainable funding that could support the statutory requirement for an Injury and Violence Prevention Program.

Action Step: Advocate for sustainable funding for injury prevention at the local level.

Action Step: Apply for UW and MCW Partnership funding for IVP activities.

Action Step: Advocate for increased federal funding for IVP research.

Action Step: Seek resources to support IVP Program Strategic Plan Priorities.

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