

2009-2013 Florida Injury Prevention Strategic Plan

Injury Prevention for All



2009 Annual Status Report

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Executive Summary

The 2009-2013 Florida Injury Prevention Strategic Plan serves as a successor to Florida's 2004-2008 Injury Prevention Strategic Plan, which is considered nationally as a model state plan. The Florida Department of Health, Office of Injury Prevention (OIP) brought together state and local prevention partners to develop the 2009-2013 Injury Prevention Strategic Plan, with a mission to reduce Florida's injury burden through leadership, education, and policy.

Florida is the first state injury prevention program to complete the implementation of an existing five-year strategic plan while drafting a successor plan. The OIP continues its commitment to reduce Florida's needless burden of injuries by collaborating with the Florida Injury Prevention Advisory Council (FIPAC) and Strategic Plan Goal Teams (Goal Teams).

Based on Florida's 2004-2008 experience, yearly action plans maintained focus and accountability throughout plan implementation and will remain an integral part of the 2009-2013 plan processes. This document summarizes the activities of the OIP and FIPAC towards implementation of the 2009 Action Plan. For a complete list of 2009 strategies and activities, please see the 2009 Action Plan (Appendix A).

Establish a sustainable infrastructure that provides leadership, funding, data, advocacy and evaluation for injury prevention.

Strategies

- 1A:** Establish the 2009-2013 Florida Injury Prevention Advisory Council (FIPAC), Strategic Plan Goal Team Leaders and Strategic Plan Goal Teams, which is the advisory infrastructure for the implementation and coordination of injury prevention activities.
- 1B:** Facilitate the involvement of the Florida Injury Prevention Advisory Council and Strategic Plan Goal Teams in the implementation and coordination of injury prevention activities.
- 1C:** Facilitate, maintain and increase collaboration with the community level Department of Health Injury Prevention Liaison Network, which works with local community partners.
- 1D:** Develop and maintain a comprehensive Department of Health, Office of Injury Prevention web site.
- 1E:** Facilitate an annual injury prevention award recognizing at least one individual who has demonstrated commitment to injury prevention.
- 1F:** Facilitate at least one injury prevention training for the injury prevention workforce.
- 1G:** Facilitate the 2005-2010 Centers for Disease Control and Prevention (CDC) Public Health Surveillance and Prevention grant.
- 1H:** Pursue applicable injury prevention funding opportunities.
- 1I-M:** These strategies are discussed in the 2009 Action Plan Annual Report for the Data Workgroup (p. 7-13).
- 1N:** Strengthen policy and public awareness activities to reduce and prevention injuries.
- 1O:** Build injury prevention program evaluation capacity.

Members

The Florida Department of Health, Office of Injury Prevention serves as Goal Team 1.

Towana Bonnett

Leilani Gruener

Heather McHenry

Kyla Shelton

Lisa VanderWerf-Hourigan

96% of Activities Completed (30/31)

Strategy 1A — 100% Complete (6/6)

A notice of nominations for the Florida Injury Prevention Advisory Council (FIPAC) was sent to injury prevention stakeholders on February 4, 2009. Nominations were reviewed and on April 30, 2009, the 2009-2013 FIPAC Council and Goal Team Leaders were appointed by the State Surgeon General. On May 27-28, 2009, the first 2009-2013 FIPAC meeting was held in Tampa, Florida. The meeting included an orientation to the council.

Strategy 1B — 100% Complete (3/3)

During the May 27-28, 2009 FIPAC meeting it was decided that conference calls would be held on an as needed basis and Goal Team conference calls schedules would be determined by each Goal Team. Some Goal Teams hold regularly scheduled conference calls and some hold conference calls on an as needed basis. Goal Team Leaders are regularly contacted through email.

Strategy 1C — 100% Complete (3/3)

The Injury Prevention (IP) liaison contact list was updated prior to sending out nominations for the 2009-2013 FIPAC Council as well as in October 2009. Regions were designated based on the Domestic Security Task Force regions and OIP staff were assigned a specific region or regions. Surveys for various training opportunities have been developed, and are being developed and sent to the IP liaisons.

Strategy 1D — 100% Complete (4/4)

On December 11, 2008 Leilani Gruener was designated as the Office of Injury Prevention (OIP) web manager and all OIP staff were assigned sections of the web site, with the responsibility to regularly check content for accuracy and to provide any updates. A list of each section and the OIP staff member assigned to it is provided in **Table 1** (p. 4).

Table 1: OIP web site sections and staff member(s) assigned.

Web Site Section	Staff Assigned
OIP Main Page	Leilani Gruener
Data Page	Kyla Shelton
Bike Helmet Page	Leilani Gruener
Drowning Prevention Page	Towana Bonnett
Drowning Prevention Best Practices Page	Towana Bonnett
Safe Kids Page	Towana Bonnett
Senior Falls Prevention Page	Leilani Gruener
Special Needs Occupant Protection Page	Towana Bonnett
PIER Page	Lisa VanderWerf-Hourigan
Reports and Publications	Leilani Gruener
Training and Education	Leilani Gruener
Calendar of Events	Kyla Shelton and Leilani Gruener
OIP Links	Leilani Gruener
Florida Injury Prevention Advisory Council	Leilani Gruener
Data Workgroup	Kyla Shelton
Goal Team 1	Leilani Gruener
Goal Team 2	Leilani Gruener
Goal Team 3	Leilani Gruener
Goal Team 4	Towana Bonnett
Goal Team 5	Kyla Shelton

Leilani Gruener created a tool to track the number of days since each section has been reviewed and updated as necessary. She sends reminders to the appropriate staff member to review and update sections that have not been reviewed for 90 days. Goal Team revisions are incorporated as necessary.

Strategy 1E — 100% Complete (4/4)

All activities for the 2009 Injury Prevention Award were completed and the award was presented to Stephen McCloskey on October 7, 2009, during the Fall FIPAC meeting.

Mr. McCloskey started his career in injury prevention in 1992 at the St. Lucie County Health Department. Two years later he transferred to the Duval County Health Department in Jacksonville, Florida as the program manager for the injury prevention program.

Mr. McCloskey successfully spearheaded the passage of Judicial Administrative Orders to allow an educational penalty option in nine Florida counties for the violators of Florida Statute 316.613 (FL Child Restraint Law). Mr. McCloskey initiated the first Health Department Gun Lock/Violence Prevention Campaign in Florida. From 1995-2005, Mr. McCloskey designed, implemented and evaluated the largest bicycle and pedestrian safety project in the state by educating over 250,000 K-8 children on bike skills and distributing over 60,000 helmets to kids in need. The bicycle-related non-fatal injuries declined by 68% at a steady trend longitudinally by the end of the program.

Strategy 1F — 100% Complete (3/3)

Activity 1F(1): Present the Injury Prevention 101 course.

The 2009 Injury Prevention 101 course (IP101) was held on May 12, 2009 in Fort Lauderdale, Florida. The IP101 course has been held annually since 2006. To date, approximately 350 people from FIPAC, Emergency Medical Services (EMS), fire rescue, universities, county health departments, hospitals, injury survivors, nurses, and physicians have been trained in injury prevention basics as the result of this initiative. IP 101 stakeholder faculty and the OIP discussed holding the 2010 IP101 course as a satellite broadcast and providing the recorded course to interested individuals on DVD.

Activity 1F(2): Notify injury prevention stakeholders of injury prevention webinars and conference calls.

As the OIP receives information on webinars and conference calls the information is sent out to the injury prevention stakeholders. The information is also added to the OIP Calendar on the OIP web site.

Activity 1F(3): Facilitate the CDC Grant required symposium.

The 2009 Water Safety and Drowning Prevention Marketing Symposium was held on May 29, 2009, in Tampa, Florida. Speakers included: Dr. Peter Antevy, a pediatric trauma surgeon at Joe DiMaggio Children's Hospital; Mr. Troy Church, the parent of a childhood drowning victim and cofounder of the Katy Foundation; Mr. Norman Naudain, Cox Radio; Mr. Patrick Vines, Pinellas County Fire Department; representatives from the Florida Swimming Pool Association, county health departments and the Florida Department of Health.

Strategy 1G — 100% Complete (2/2)

The 2008-2009 Grant Narrative and the 2009-2010 Continuation Application were submitted to the Centers for Disease Control and Prevention (CDC) in the spring of 2009. Performance measures in the CDC grant were met and documented in the 2008-2009 Grant Narrative.

Strategy 1H — 100% Complete (2/2)

Activity 1H(1): Subscribe to and monitor list serve announcements.

The OIP is subscribed to CDC and Safe States (formerly the State and Territorial Injury Prevention Directors Association [STIPDA]) list serve announcements.

Activity 1H(2): Network with other injury prevention organizations.

The OIP participates with other injury prevention organizations such as the CDC, Safe States, the Southeastern Regional Injury Control Network (SERICN), the Association of State and Territorial Health Officials (ASTHO), other state agencies and some local organizations or agencies involved in injury prevention.

Strategies 1I-M

These strategies are discussed in the Data Workgroup section (p. 7-13).

Strategy 1N — 50% Complete (1/2)

Activity 1N(1): Submit an injury related proposal to DOH management.

In progress—The director for the OIP has been working with the CDC National Center for Injury Prevention and Control (NCIPC) and Safe States on a CDC draft document, "Affecting Policy to Prevent Injuries and Violence" A Guide for State Health Department Injury and Violence Prevention Programs.

Activity 1N(2): Provide updates for injury prevention stakeholders regarding federal and state injury prevention legislation.

Email updates were sent by the OIP during and after the 2009 legislative session.

Strategy 1O — Activities scheduled to begin in 2010.

Establish a sustainable infrastructure that provides data for injury prevention.

Strategies

- 1I:** Obtain and format each data source in the Florida Injury Surveillance System.
- 1J:** Analyze injury data sources to complete required data reports and deliverables.
- 1K:** Monitor and evaluate opportunities for new or additional surveillance data sources.
- 1L:** Disseminate injury data to stakeholders.
- 1M:** Provide data consultation and guidance that supports injury prevention efforts of other goal teams.

Co-Leaders

Michelle Akins — Department of Health, State Child Abuse Death Review Committee

Michael Lo — Department of Health, Trauma Program Manager

Members

Nancy Carvallo — Agency for Health Care Administration

Gillian Hotz — University of Miami, Jackson Memorial Hospital

Joe Nelson — State Emergency Medical Services Medical Director

Carl Schulman — University of Miami, Jackson Memorial Hospital

Office of Injury Prevention Liaison

Kyla Shelton — Office of Injury Prevention

96% of Activities Completed (22/23)

Strategy 1I — 100% Complete (4/4)

Between July and October, the five data sources in the Florida Injury Surveillance System were retrieved and formatted. The data sources include: Death Certificates, Hospital Discharge Data, Emergency Department Discharge Data, Crash Records, and Medical Examiner Drugs Identified in Deceased Persons Database.

Strategy 1J — 100% Complete (5/5)

Between March and August, five data reports/deliverables were completed to fulfill various grant requirements and complete various performance improvement measures.

Strategy 1K — 100% Complete (8/8)

Activity 1K(1): Monitor and report on steps/progress towards the implementation of an All Child Death Review System.

The Florida Department of Health submitted a legislative proposal to amend §383.402 (1), F.S. to expand the State Child Abuse Death Review Committee's authority related to the review of all child deaths in Florida. The proposed amendment to the current Florida law would authorize the State Child Abuse Death Review Committee to review all child deaths that were reported to the Florida Abuse Hotline and to review all other child deaths based on the availability of resources. The legislative proposal was not adopted. The State Committee has made this recommendation every year in the annual reports which can be located on the web site <http://www.flcadr.org>.

The amendment would also expand the membership of the State Child Abuse Death Review Committee in response to the broader scope of responsibility to include additional departmental/agency representatives and professional experts. Membership will be expanded to include the Department of Highway Safety and Motor Vehicles, the Department of Health State Epidemiologists, the Office of Adoption and Child Protection, the Department of Juvenile Justice, a representative from the Florida Pediatric Society, a professional, licensed in a mental health field, who is knowledgeable concerning deaths of children, a social worker who is knowledgeable concerning deaths of children, a representative from the Florida Hospital Association, the Registrar for Vital Statistics, a perinatal expert, and a representative from the health insurance industry.

One of Governor Charlie Crist's health care priorities is a commitment to prevention. Identifying the causes of and developing strategies to reduce avoidable child deaths is the essence of prevention.

While the State Committee acknowledges concerns that this process is somehow intrusive, that is not the case. No family will be contacted or interviewed as result of this proposal. An All Child Death Review process will place Florida on the path to provide a safe place for children to live, grow and become healthy contributing citizens. The All Child Death Review process will allow the Department of Health and other agencies to develop appropriate strategies to reduce the occurrence of child deaths from preventable situations. Recognizing the current economic limitations, the State Committee proposes that the Governor and Legislature support the expansion of child death review to include allegations of the death of any child due to child abuse reported to the Florida Abuse Hotline Information System.

A priority for the Centers for Disease Control and Prevention (CDC) and the Healthy People 2010 is that a child fatality review team reviews 100% of deaths of children aged 17 years and younger that are due to external causes. Currently, 42 states authorize review of all child deaths in some manner, either mandated or permissive. By monitoring the occurrence of all childhood deaths and performing an appropriate review when deaths occur, child death review teams have a unique ability to gather the detailed information that is necessary for effective injury/disease prevention activities.

Activity 1K(2): Evaluate and report on the injury surveillance potential of the Medical Examiner’s database of drugs identified in deceased persons.

In October 2009, the Office of Injury Prevention’s (OIP) death certificate record database was reformatted to retain the medical examiner case number to allow for data linkage to the medical examiner’s database.

In December 2009, an effort was made to link the 2008 data from both databases with the following results:

- 8,556 Medical Examiner (ME) Records (All Residents);
- 20,610 Death Certificate Records with ME Case Number (Florida Residents);
- 6,839 of the 8,556 ME records (80%) were successfully linked across five common variables: ME District, ME Case Number, Month of Death, Age at Death, and Decedent Sex;
- 15 additional records were linked across four common variables: previous five minus Decedent Sex—these records will need to be reviewed individually for accuracy;
- 357 additional records were linked across three common variables: previous four minus Age at Death—this linkage produced 11 duplicates thus its accuracy is very questionable

—further research required;

- 84 additional records were linked across two common variable: ME District and ME Case Number—this linkage produced 14 additional duplicates and requires further research;
- Duplicates and errors unknown, even the highest level of linkage left 15% of cases totally unmatched—further research required;
- Assuming 100% linkage, the linked dataset would enhance information for ~40% of deaths with an ME record—this number will not reach 100% unless medical examiners begin reporting all deaths;
- Most Common Error—mis-typed age within the medical examiner record; and
- Initial linkage included death certificates of Florida residents only thus either ME cases of non-residents should be excluded or non-resident death certificates included—this decision will be made in 2010 by the data workgroup and will naturally affect the current preliminary linkage statistics.

Activity 1K(3): Monitor and report on steps/progress towards the linkage of medical examiner, law enforcement, and death certificate data in Miami-Dade County.

Terrific progress has been made in the effort to link death certificates with medical examiner records in Miami-Dade County. Preliminary findings suggest that there are inconsistencies between the two data sources and further research is required to describe such discrepancies. Additional linkages with law enforcement records continue to prove difficult though progress is occurring and lessons are being learned.

Activity 1K(4): Monitor and Report on Florida’s eligibility for a National Violent Death Review System Grant.

In the spring of 2009, the CDC released a funding announcement for the continued development of the national violent death reporting system. Florida, as a state government agency, was eligible to apply. However, Florida does not have existing memorandums of understanding between all required data partners such as law enforcement agencies and medical examiners. Therefore, a large portion of grant funds and time would need to be dedicated to establishing such partnerships. The funding announcement states that such a use of grant resources is undesirable. Thus, Florida’s infrastructure for a violent death reporting system is currently inadequate for a successful NVDRS application. In addition, California, a five-year recipient of NVDRS funding and a large state, has stated that statewide implementation there is impossible for a variety of reasons.

The Data Workgroup discussed these issues at the October 2009 Florida Injury Prevention Advisory Council meeting and offered the following thoughts and recommendations:

1. Under current grant structure and requirements, Florida is unable to implement a statewide violent death reporting system at this time;
2. Continue monitoring data linkage efforts in Miami-Dade County;
3. Encourage local governments with high violence incidence to implement data linkage efforts for future local-level funding eligibility; and to
4. Discontinue Activity 1K(4).

Activity 1K(5): Evaluate and report on the potential use and linkage of Trauma Registry Data.

See **Table 2** (p. 12), created by Carol Waugh, Project Monitor, Division of Information Technology.

1K(6): Report on projects by the Division of Emergency Medical Operations' Data Integration Evaluation Team's progress.

Due to H1N1 response and other competing priorities, the Division of Emergency Medical Operation's Data Integration Evaluation Team was not very active in 2009. During sporadic meetings, the team focused on solidifying its purpose and educating team members about their respective data sources. To date, no projects have been established. Monthly, 2nd Thursday meetings will resume on January 14, 2010.

1K(7): Monitor and report on steps/progress towards a statewide Emergency Medical Services Tracking and Reporting System.

There are 109 agencies submitting records through Emergency Medical Services Tracking and Reporting System (EMSTARS) which represents 41% of Emergency Medical Services (EMS) agencies. An additional 55 agencies have committed to participating. Currently, the participating agencies tend to be small to mid-sized agencies, but larger agencies are working with vendors for future participation. Grant funding is available to agencies for implementation. Over 1.6 million records have been uploaded into the National Emergency Medical Services Information System (NEMSIS). Florida expects to upload ~3,000,000 records a year once EMSTARS is fully implemented.

Hardware was purchased and installed for database management and information sharing. The EMSTARS database is expected to be linked to the current Trauma Registry in March 2010. In addition, plans are underway to upgrade the system to EMSTARS 3.0 and eventually EMSTARS HL7 for continued national compliance.

Table 2: Potential use and linkage of Trauma Registry Data.

Next Generation Trauma Registry Project	
Project Status Report	Week Ending Date: 12/31/2009
Report Prepared By	Carol Waugh
Overview	<p>The Florida Department of Health (FDOH) Office of Trauma collects patients' medical record data from all verified and provisional Trauma Centers quarterly. Each Trauma Center has its own unique system that collects data in varying formats and then generates files for the statewide Trauma Registry. The current physical structure of the State Trauma Registry database makes it difficult, if not impossible, to access the Trauma Registry data for:</p> <ul style="list-style-type: none"> (1) Medical research (as permitted under Sec. 395.404 and Chap. 405, F.S.), (2) Evaluation of trauma patient care and trauma center performance via integration of trauma patient data and trauma center site survey information for quality assurance and improvement, and (3) Linking with databases of other providers in the health care system to evaluate trauma system performance and track patient outcomes. <p>The FDOH Office of Trauma is currently conducting Business Analysis and Requirements Gathering to define a proposed solution for creating consistent data formats. This phase will be conducted until December 31, 2009.</p>
Major accomplishments for the week	<ul style="list-style-type: none"> • Demoed all Use Cases (Trauma Registry, Site Survey, Web Interface) to Trauma staff for review • Received feedback from review of updates to the Florida State Trauma Registry Manual document • Completing XML and XSD specifications for the trauma Registry data file upload • Completed identification of Site Survey reports
Planned accomplishments for next week	<ul style="list-style-type: none"> • Complete XML and XSD specifications for the trauma Registry data file upload. • Analyze options for file upload with internal Information Technology Integration Broker staff (including error handling and data validation). This may take several weeks to receive options from IB staff. • Finalize review of schema for the data dictionary and obtain sign off • During the next 2 weeks schedule and conduct interviews for the Project Management/Business Analyst position which will work with the Office of Trauma staff to move to the next phase of the project (Development and Implementation). • Continue working on the Business Case that will be presented to the FDOH Tier 2 body at the February 9 meeting. This is a continuation of the current Governance Request expanding the scope to go beyond Analysis and Requirements Gathering to now include the Development and Implementation.

Strategy 1L — 83% Complete (5/6)

In 2009, the OIP shared current injury data presentations at least eight meetings and fulfilled at least 76 ad-hoc data requests. In addition, 13 injury-specific fact sheets and county-level profiles were developed and published to the office web site throughout the year and in record time. Each of the 13 fact sheets contains GIS maps indicating levels of injury burden among rural and non-rural counties and are available on the OIP website.

Activity 1L(4): Develop a detailed data analysis request form and post on the OIP web site for ad hoc data requests.

Due to the H1N1 response and other competing priorities, the office was unable to develop a web-based data request form.

Proposed Action: move activity to 2010 Action Plan, change wording from 'data request' to 'data analysis request' for clarification.

Activity 1L(6): Monitor and report on progress towards increased available injury data on the Florida CHARTS web site.

In July, the CHARTS team began a process to add non-fatal data to Florida CHARTS. The OIP supplied the requested indicators, but they have yet to be published. The CHARTS team is working on a number of priorities and though progress is slower than anticipated, there is progress. The office continues to support such priorities when applicable. For example, in 2009, two new health profiles were added to Florida CHARTS; one for maternal and infant health and another for child and adolescent health. The office supplied the requested injury indicators for both populations. In addition, indicators were supplied for future minority health profiles.

Strategy 1M — 100% Complete (3/3)

In 2009, no formal data requests were received from the other four goal teams. The Data Workgroup decided that a more proactive approach for data support was necessary and will be implemented with the 2010 Action Plan.

Facilitate opportunities for collaborative injury prevention efforts in: Traffic Safety, Poisoning, Interpersonal Violence, Suicide, Child Maltreatment and other injuries.

Strategies

- 2A:** Include a brief update (rotate topics) during each FIPAC and Goal Team meeting on each of the following: Traffic Safety, Poisoning, Interpersonal Violence, Suicide, Child Maltreatment, and other injuries.
- 2B:** Conduct two pilot Community and State Injury Prevention Resources meetings focusing on local resources for Traffic Safety, Poisoning, Interpersonal Violence, Suicide, Child Maltreatment, and other injuries. One pilot will be held in an urban area and one in a rural area.
- 2C:** Establish regional Community and State Injury Prevention Resources meetings focusing on local resources for Traffic Safety, Poisoning, Interpersonal Violence, Suicide, Child Maltreatment, and other injuries.
- 2D:** Create and maintain a State-wide Injury Prevention Resources Inventory by county and by mechanism.
- 2E:** Create and maintain a State-wide Injury Prevention Activity Tracking tool.

Co-Leaders

Wendy Loomas — Pinellas County Health Department

Cindy Magnole — Jackson Memorial Hospital

Members

Patricia Byers — University of Miami, Dewitt Daughtry Family Department of Surgery

Jan Davis — Department of Health, Division of Family Health Services

Lt. Colonel Ernesto Duarte — Department of Highway Safety & Motor Vehicles

David Fechter — Pinellas County Department of Public Works

Dawn Johnson — Florida Parent Teacher Association

Bonnie McDougale — Tampa General Hospital/FL Poison Information Center

Melissa Lugo — Orange County Health Department

Marisa Rappa Mowat — St. Joseph's Children's Advocacy Center

Keely Smith — St. Joseph's Children's Advocacy Center

Olumide Sobowale — Lakeland Regional Medical Center

Mimi Sutherland — University of Miami - Jackson Memorial Hospital

Marianne Trussell — Department of Transportation

Office of Injury Prevention Liaison

Leilani Gruener — Office of Injury Prevention

100% of Activities Completed (12/12)

Strategy 2A — 100% Complete (5/5)

On May 28, 2009, violence was selected as the primary topic and poisoning the secondary topic for the fall 2009 Florida Injury Prevention Advisory Council (FIPAC) meeting. Violence and poisonings were selected as topics for the spring 2010 meeting on October 7, 2009.

Wendy Loomas was identified to present on interpersonal violence topics for the fall 2009 meeting. Mimi Sutherland and GATE program graduates were selected to address interpersonal violence topics and Bonnie McDougale and JoAnn Chambers-Emerson to address poisonings at the spring 2010 meeting.

On October 7, 2009, Wendy Loomas provided an educational update on Domestic Violence and was evaluated by FIPAC meeting attendees. The overall presentation response was 98% positive.

Activity 2A(3): Develop an evaluation tool to provide feedback on the educational update.

Goal team members reviewed sample surveys from the American College of Surgeons, Jackson Memorial Hospital and several Office of Injury Prevention evaluations. Input and ideas were provided during the July 14, 2009 conference call. An evaluation tool was developed and approved by Goal Team 2 members during the September 8, 2009 conference call.

Strategy 2B — 100% Complete (4/4)

Activity 2B(1): Determine the urban area to host the pilot meeting by June 2009.

South Miami was chosen as the site for the urban pilot project.

Activity 2B(2): Determine the rural area to host the pilot meeting by December 2009.

The rural areas served by the Tampa Poison Control Center were identified to host the rural pilot project.

Activity 2B(3): Determine the ability to use teleconferencing to conduct the regional meetings.

Pending—The County Health Departments (CHDs) will all have teleconferencing capability by July 2010. Children’s Medical Services sites, regional Brain and Spinal Cord Injury Program sites, and the Regional Department of Transportation offices could also be used as teleconference locations.

Activity 2B(4): Pilot Urban Community and State Resources Meeting.

The Pilot Urban Community and State Resources Meeting (Urban Pilot) was originally planned to be held on March 5, 2009 at the Elk’s Lodge in Miami, Florida. Due to travel policy changes and increased approval procedures, the Urban Pilot meeting was held on June 3, 2010, at the Elk’s Lodge in Miami, Florida in conjunction with the 2010 Water Safety and Drowning Prevention Marketing Symposium.

The purpose of Urban Pilot was to bring together the local injury prevention community to share information and to promote networking between various injury prevention organizations. It provided an opportunity for local organizations to share what they are doing within the community and to get to know the Department of Health’s Office

of Injury Prevention (OIP), and how the OIP can help further local injury prevention activities.

The Urban Pilot had over 40 attendees from the local injury prevention community, including representation from: hospitals and trauma centers, law enforcement, fire-rescue, universities, local and state governmental agencies, the Injury Free Coalition for Kids of Miami, Ocaquatics Swim School, Coventry Workers' Comp, the Miami Coalition, the Alliance for Aging, Mothers Against Drunk Driving, WalkSafe, Safe Kids, Family Counseling Services of Greater Miami, the Health Choice Network, and Miami Bridge Services. The overall meeting satisfaction rate was 100% positive and several attendees expressed a desire to make the Community and State Resources Meeting an annual meeting.

Strategy 2C — Activities scheduled to begin in 2010.

Strategy 2D — 100% Complete (3/3)

The purpose of the survey tool is to give the OIP an idea of the number of organizations and agencies involved in injury prevention activities as well as to serve as a resource for contacts in the injury prevention community. FIPAC and Goal Team members can provide the survey at any of their meetings for attendees to complete.

The previous survey tools were sent out to Goal Team members on July 22, 2009 for review and comments. Past survey tools strengths and weaknesses were discussed during the September 8, 2009 conference call. Goal Team members also provided questions that they felt should be included in the survey tool. The survey tool was finalized in December 2009 and is a portion of the OIP brochure.

Strategy 2E — Activities scheduled to begin in 2010.

Establish a collaborative effort to provide statewide direction and focus for fall-related injury prevention for Florida's seniors.

Strategies

- 3A:** By November 2009, establish a steering committee of subject matter experts for senior falls prevention (15-20 committee members).
- 3B:** By June 1, 2010, establish a statewide senior falls prevention coalition.
- 3C:** By 2012, develop a statewide senior falls prevention plan.
- 3D:** By November 2009, and quarterly thereafter, identify, review and pursue, if applicable, additional senior falls prevention funding opportunities.
- 3E:** By June 2009, and ongoing thereafter, increase policy and public awareness activities to reduce and prevent senior falls-related injuries.
- 3F:** By October 2009, and ongoing thereafter, provide updates for injury prevention stakeholders regarding federal and state senior falls prevention legislation.
- 3G:** By June 2010, and annually thereafter, review, identify and update evidence-based interventions and best practices.
- 3H:** By 2012, identify an evidence-based senior falls prevention intervention that may be replicated statewide.
- 3I:** By 2013, implement a pilot project of the identified evidence-based intervention.
- 3J:** By November 2009, and annually thereafter, review senior falls prevention data, disseminate, and present to injury prevention stakeholders as needed.

Co-Leaders

Mark Brimer — Wuesthoff Health Systems

Michele Mulé — Florida Department of Elder Affairs

Members

Larry Baxter — Florida Department of Elder Affairs

Jacqueline Best-Bunton — Sacred Heart Hospital

Syndi Bultman — Lee Memorial Health System

Judy Copeland — Epilepsy Services of Northwest Florida

Bill Cosner — Geriatric Medical Associates

Janine Curlutu — Lakeland Regional Medical Center

Pam Fico — Southwest Florida Area Agency on Aging

Lowell Gerson — Lee County Injury Prevention Coalition/CDC Visiting Scientist

Don Hughes — Satellite Beach Fire Department

Randall Hunt — Senior Resource Alliance

Rosemary Laird — Health First, Inc.

Dianna Liebnitzky — Holmes Regional Medical Center

Sue Littnan — Citrus County Health Department

Nina Mattei — Hernando County Health Department

Jeffrey O'Brien — Health First, Inc.

Julia Paul — Shands Jacksonville

Gail Powell-Cope — James A. Haley Veterans' Hospital

Joanne Puia — Broward General Medical Center

Patricia Quigley — James A. Haley Veterans' Hospital

Don Rapp — Retiree

Cory Richter — Indian River Fire Rescue

Mark Ryan — Florida Department of Children and Families

Diana Silvey — Winter Park Health Foundation

Patricia Sovonick — Community Aging & Retirement Services, Pasco County

Mark Tesoro — Lee County Injury Prevention Coalition

Office of Injury Prevention Liaison

Lisa VanderWerf-Hourigan — Office of Injury Prevention

94% of Activities Completed (18/19)

Strategy 3A — 100% Complete (4/4)

Creation a of Senior Falls Fact Sheet was completed for use in recruiting additional partners and support. A list of potential statewide senior falls committee members was compiled and invitations were sent out for an initial meeting on October 7, 2009. The meeting was rescheduled because many interested stakeholders were unable to attend. The meeting was held on May 21, 2010 as a web conference. Invitations were sent out by Michele Mulé on Tuesday, May 11, 2010 via email. A list of the statewide falls prevention coalition steering committee members is provided in **Table 3** below.

Strategy 3B — Activities scheduled to begin in 2010.

Table 3: Florida Statewide Falls Prevention Coalition Steering Committee Members

Member Name	Organization
Mark Brimer	Gentiva Health Services, Inc.; Co-Leader Goal Team 3
Mamie Brisker	The Miami Area Geriatric Education Center
Sara-Jane Crowley	Florida Occupational Therapist Association
Joan Gentgen	Indian River County Health Department
Lowell Gerson	Northeastern Ohio Universities, College of Medicine
Judy Greenwald	Tallahassee Memorial Hospital
Randall Hunt	Senior Resource Alliance
Rosemary Laird	Health First, Inc.; Florida Council on Aging; Florida Geriatric Society
David Lemke	ResponseLink
Charles Maitland	Neuro-Ophthalmology; The Balance Disorders Clinic
Sue Maxwell	Lee Memorial Health System
Michele Mulé	Florida Department of Elder Affairs; Co-Leader Goal Team 3
Joe Nelson, DO	EMS Medical Director
Alice Pomidor	Florida State University, College of Medicine, Department of Geriatrics
Gail Powell-Cope	Veterans Hospital Tampa, Patient Safety Center
Don Rapp	Retiree
John Ryan	Health First, Inc.
Mark Ryan	Florida Department of Children and Families
Carl Schulman	University of Miami, Jackson Memorial Hospital
Lisa VanderWerf-Hourigan	Florida Department of Health, Office of Injury Prevention

Strategy 3C — Activities scheduled to begin in 2010.

Strategy 3D — 100% Complete (3/3)

Activity 3D(1): Pursue CDC Appleseed Project Funding (EMS/Public Health Interface)

The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC), Injury Response Division in collaboration with the Office of Injury Prevention, the Florida Department of Elder Affairs, Nova Southeastern University (NSU), the American College of Emergency Physicians and Florida College of Emergency Physicians sponsored The Appleseed Workshop: Elderly Falls Prevention on Tuesday, September 15, 2009. Florida was one of five states chosen to participate in this project. The one-day video conference workshop was held in two locations: NSU Ft. Lauderdale campus and NSU Tampa Educational Center.

The Appleseed Project was created by the Injury Response Division of the NCIPC/CDC to promote stronger working relationships and collaboration in elderly falls prevention. The goal is to spread the seeds of collaboration state to state and community to community by inviting local EMS and public health workers, leaders, and champions to a one-day learning and action planning workshop.

In Florida, falls are the leading cause of injury death and hospitalizations for residents 65 and over. As the “Baby Boomer” generation ages, the number of seniors is expected to double by 2040. This means more falls, more injuries, and more traumatic deaths unless a major effort is made to prevent these falls. Enhanced collaboration between all components of the medical, public health and public safety communities is critical.

Prevention is fundamental to the mission of Public Health, Elder Affairs, and Injury Prevention. Injury Prevention has been identified in the *National EMS Agenda for the Future* as a key element of Emergency Medical Services, just as fire prevention is to the fire service. National leadership in both professions have declared the need to join forces to more effectively leverage resources and to coordinate response, programs and services.

Activity 3D(2): Identify foundations whose mission includes senior falls prevention and; Activity 3D(3): Develop a list of contacts within companies, corporations, partnerships, and service organizations who support senior falls prevention.

Goal Team 3 developed a list of companies and company contacts who support senior falls prevention initiatives.

Strategy 3E — 75% Complete (3/4)

Activity 3E(1): Contact statewide associations and societies for physicians interested in promoting and advocating for senior falls prevention.

Several statewide associations and societies were contacted during the initial statewide coalition planning process. In future years, the Statewide Falls Prevention Coalition will assist Goal Team 3 in advocating and encouraging physicians to promote senior falls prevention.

Activity 3E(2): Develop a senior falls prevention awareness tool for presentation to caregivers and “baby boom” seniors.

On September 22, 2009, the Office of Injury Prevention within the Department of Health and the Communities of a Lifetime Initiative within the Bureau of Elder Rights, Department of Elder Affairs co-sponsored an educational program for people who want to know more about senior falls prevention. This program aired on National Falls Prevention Awareness Day. The program was a live satellite broadcast and a webinar.

Activity 3E(4): Annually, seek a Governor’s proclamation for National Falls Prevention Awareness Day.

During September 2009, Governor Charlie Crist signed a proclamation to recognize National Falls Prevention Awareness Day in the State of Florida. Several falls prevention activities were held during the week of Falls Prevention Awareness Day including the senior falls prevention satellite broadcast discussed in Activity 3E(2). Several Matter of Balance workshops were also started throughout the state during September.

Strategy 3F — 100% Complete (3/3)

2009 Federal and State legislative bills were reviewed. There were no senior falls related bills passed in 2009.

Strategy 3G — Activities scheduled to begin in 2010.

Strategy 3H — Activities scheduled to begin in 2011.

Strategy 3I — Activities scheduled to begin in 2012.

Strategy 3J — 100% Complete (2/2)

Senior falls prevention data was reviewed. In 2009, no formal data requests were submitted to the Data Workgroup from Goal Team 3.

Establish a collaborative effort to provide statewide direction and focus for early childhood water safety and drowning prevention in Florida.

Strategies

- 4A:** By January 2010, establish a steering committee of subject matter experts for early childhood water safety and drowning prevention. (Approximately 15-20 committee members).
- 4B:** By June 1, 2010, establish a statewide early childhood drowning prevention coalition.
- 4C:** By 2012, develop a statewide early childhood water safety and drowning prevention plan.
- 4D:** By November 2009, and quarterly thereafter, identify, review and pursue, if applicable, additional early childhood water safety and drowning prevention funding opportunities.
- 4E:** By 2010, and ongoing thereafter, increase policy and public awareness activities to reduce and prevent early childhood drowning.
- 4F:** Provide updates for injury prevention stakeholders regarding federal and state early childhood water safety and drowning prevention legislation.
- 4G:** By June 2010, and annually thereafter, review and disseminate evidence-based interventions and best practices.
- 4H:** By 2012, identify an evidence-based early childhood water safety and drowning prevention intervention project that may be replicated statewide.
- 4I:** By 2013, implement a pilot project of the identified intervention.
- 4J:** By November 2009, and annually thereafter, review early childhood water safety and drowning prevention data, disseminate, and present to injury prevention stakeholders as needed.

Co-Leaders

Karen McCauley — All Children’s Hospital

Pamela Santucci — Chronic Disease Prevention & Health Promotion, South Region

Elizabeth White — Florida Department of Health

Members

Kathy Baldwin — The Gift of Swimming

Greg Hand — Florida Swimming Pool Association

Michael Haney — Children Medical Services

Marci Hummell — Osceola County Health Department

Michele King — Children’s Hospital of Florida

Deborah Mulligan — Nova Southeastern University

Jean Shoemaker — All Children’s Hospital

Doris Shorkey — Broward County, Broward Juvenile Detention Center

Nichole Wilder — Florida Department of Education

Office of Injury Prevention Liaison

Towana Bonnett — Office of Injury Prevention

92% of Activities Completed (12/13)

Strategy 4A — 100% Complete (3/3)

Strategy 4B — Activities scheduled to begin in 2010.

Strategy 4C — Activities scheduled to begin in 2010.

Strategy 4D — 33% Complete (1/3)

Activity 4D(1): Pursue supplemental CDC funding for childhood drowning prevention.

The Office of Injury Prevention (OIP) submitted a Core II Competing Supplement Funding Opportunity, Part B—Child Injury Prevention Program application to the Centers of Disease Control and Prevention (CDC) in August 2009. The grant application project abstract is provided in **Figure 4** (p. 25). Only five states were chosen for this funding opportunity, unfortunately Florida’s application was not selected.

Figure 4: Supplemental Funding Opportunity Project Abstract.

**Florida Department of Health, Office of Injury Prevention
Core II Competing Supplement Funding Opportunity Number CDC-RFA-CE09-906
Part B—Child Injury Prevention Program**

PROJECT ABSTRACT

Drowning is the leading cause of death among Florida's children ages 1-4, making Florida's early childhood drowning rate the highest in the U.S. From 2005-2007 (most current data) at least 70% of these deaths occurred in one of Florida's estimated 1.25 million (2009) residential swimming pools (Florida Injury Surveillance System). Additional drowning data for children ages 1-4 is in Appendix A. On October 1, 2000, Florida enacted the Residential Swimming Pool Safety Act (Pool Act), which requires all residential pools built after this date to meet specific safety requirements. However, over 90% of Florida's residential swimming pools were built prior to October 1, 2000, and are not subject to the Pool Act.

There is no lead state agency for early childhood drowning prevention. The Florida Department of Health, Office of Injury Prevention will take on this role and increase capacity to develop and/or expand and implement policy strategies and interventions to keep children safe from drowning in residential swimming pools. This will be accomplished by:

- 1) establishing a Child Injury Prevention and Control Policy Subgroup (CIPS) within the current Florida Injury Prevention Advisory Council (FIPAC, Florida's Injury Community Planning Group) to provide input and serve in an advisory capacity to assist in developing, improving, implementing and enforcing early childhood drowning prevention policy strategies;
- 2) developing and incorporating drowning prevention into Goal 4 of the 2009-2013 Florida Injury Prevention Strategic Plan (Strategic Plan), an Early Childhood Drowning Prevention Policy Plan (Policy Plan) that will include:
 - a) deficiencies in the Pool Act, (i.e. lack of a four-sided fencing requirement, and maintenance and enforcement of safety requirements, need to increase number of residential pools subject to Pool Act, to include when home is sold or renovated) and CIPS recommendations incorporating best practices to address these deficiencies,
 - b) a community educational and awareness campaign, incorporating best practices, to encourage all residential pool owners to use and maintain pool safety features and layers of protection, especially those pools (over 90%) not subject to the Pool Act, and
 - c) surveillance data;
- 3) conducting one in-state policy plan implementation training for key partners;
- 4) implementing drowning prevention policy plan activities in top counties for ages 1-4 drowning deaths; and,
- 5) evaluating impact through identified grant and policy plan performance measures.

Activity 4D(2): Identify foundations whose mission includes water safety or early childhood drowning prevention and; Activity 4D(3): Develop a list of contacts within companies, corporations, partnerships, and service organizations who support childhood drowning prevention.

Goal Team 3 and the OIP decided that identifying the individuals in Activities 4D(2) and (3) would be included as deliverables in the planned request for proposal (RFP) and will be completed during 2010.

The purpose of the RFP is to procure public relations, graphic design and marketing services from an advertising or public relations agency to develop a water safety and drowning prevention marketing/awareness campaign. The campaign goal is to reduce the incidence of drowning among children ages 1 to 4 in Florida.

Strategy 4E — 100% Complete (2/2)

Strategy 4F — 100% Complete (3/3)

There were no childhood drowning prevention related bills submitted during the 2009 legislative session.

Strategy 4G — Activities scheduled to begin in 2010.

Strategy 4H — Activities scheduled to begin in 2011.

Strategy 4I — Activities scheduled to begin in 2013.

Strategy 4J — 100% Complete (2/2)

Enhance the skills, knowledge and resources of Florida's injury prevention workforce.

Strategies

- 5A:** Include a brief update during each FIPAC/Goal Team Meeting on an injury prevention topic that is timely, current and not presently being addressed by others.
- 5B:** Develop, publicize and maintain a statewide calendar of injury prevention trainings that is timely and accurate.
- 5C:** Make the Injury Prevention 101 course available via video-conferencing by 2010.
- 5D:** Respond to the educational needs of the IP workforce based on injury patterns and trends.

Leader

Virginia Dodd — University of Florida

Members

Karen Fader — Jackson County Community Traffic Safety Team

Karen Liller — University of South Florida

Stephen McCloskey — Duval County Health Department

ReShawndia Mitchell — Duval County Health Department

Mark Ryan — Florida Department of Children and Families

David Summers — Saint Mary's Medical Center

Cheryl Urbas — Florida Department of Health, Environmental Health

Office of Injury Prevention Liaison

Kyla Shelton — Office of Injury Prevention

92% of Activities Completed (12/13)

Strategy 5A — 100% Complete (6/6)

Dr. Karen Liller presented current research activities and findings relating to sports injuries among high school athletes in Florida during the fall 2009 Florida Injury Prevention Advisory Council (FIPAC) meeting.

An evaluation tool was developed to obtain speaker and topic feedback from FIPAC meeting attendees. The tool is designed to be distributed electronically. Goal Team 5 will obtain topic and speaker recommendations for future meetings through FIPAC recommendations.

Strategy 5B — 75% Complete (3/4)

A calendar template was developed, and the calendar was posted on the OIP web site. FIPAC members were asked to submit information for the calendar to the OIP for posting. The calendar will be publicized at all FIPAC meetings and monthly reminders for posting will be sent to FIPAC members and affiliates. The mechanism for the monthly reminders and calendar posting requires regular review. The distribution of monthly reminders to FIPAC members has not been ongoing during the calendar year. Goal Team 5 will assess the practicality of monthly reminders and consider quarterly reminders.

Strategy 5C — 100% Complete (1/1)

During the fall of 2009, Freida Travis, Karen Liller, Kyla Shelton, and Virginia Dodd discussed the IP 101 course and formatting changes that would be required for video-conferencing or a satellite broadcast. Based on past IP 101 course feedback and evaluation results, a module relating to media relations was added to the course. The final course consisted of four modules delivered in a 3-hour time frame. The IP 101 course satellite broadcast was delivered through facilities at Florida State University. Approximately 500 people attended the course through remote access and course evaluations indicated the delivery mechanism and course content was well-accepted by attendees.

Strategy 5D — 100% Complete (2/2)

The Data Workgroup distributes information on injury patterns and trends via mechanisms such as FIPAC meetings, IP 101 course, and electronic communications with FIPAC members. Members of Goal Team 5 monitor the reports for emerging injury patterns and trends. Should an area emerge from the data, the group is prepared to respond to the educational needs of the workforce via multiple methods of communication. The success of the IP 101 course satellite broadcast provides a mechanism for future information dissemination on a widespread basis.

