



2009-2013 Florida Injury Prevention Strategic Plan

Injury Prevention for All

Message from the Florida Department of Health, Office of Injury Prevention

No single force working alone can accomplish everything needed to reduce the number of injuries in Florida. Florida's achievements and this strategic plan would not be possible without the commitment and hard work of Florida's injury prevention community. Implementing an existing injury prevention strategic plan, while developing a successor plan, is a major undertaking. The Florida Injury Prevention Advisory Council and Strategic Plan Goal Teams are experienced in strategic planning and that knowledge was invaluable while planning for the upcoming five-year period. The Office of Injury Prevention staff is honored to work with so many dedicated and talented individuals.

Thank you to the Florida Injury Prevention Advisory Council, Strategic Plan Goal Team Leaders and Teams for their dedication to create an injury-free Florida.



Photo courtesy of David Summers

Office of Injury Prevention Staff with the State Surgeon General (SSG) and the Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC) at the "Celebration of Florida's Injury Prevention Successes" event on October 14, 2008.

Left to right: Leilani Gruener, Kyla Shelton, Jane Parker, Dr. Ana Viamonte Ros (SSG), Dr. Ileana Arias (CDC), Freida Travis, Lisa VanderWerf-Hourigan, Towana Bonnett, and Heather McHenry.

The injury prevention strategic plan and corresponding action plan are not intended to supplant the many outstanding state and local injury prevention efforts currently underway, but rather to complement, enhance, strengthen, and fill gaps in those initiatives.

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Message from the
**State Surgeon
General**

Injuries are the leading cause of death for Floridians ages 1-44 and the third leading cause of death overall, after heart disease and cancer. In 2007, more than 13,000 residents died from injuries. Needless death, disability, pain, and suffering caused by preventable injuries must be reduced immediately and eventually eliminated.

The Florida Department of Health's Office of Injury Prevention is pleased to present Florida's 2009-2013 Injury Prevention Strategic Plan. Florida is the first state injury prevention program to complete implementation of a five-year strategic plan (2004-2008) and immediately create a successor plan. This successor plan outlines goals, strategies, and activities to move Florida's injury prevention program to the next level.

The Department of Health's Office of Injury Prevention facilitated and coordinated this planning effort with injury prevention stakeholders and other key state agencies. This Office was nationally recognized for their leadership when they recently received the 2009 State and Territorial Injury Prevention Directors Association (STIPDA) Injury Prevention Program Achievement Award. We must continue to collaborate on existing injury prevention initiatives and obtain necessary resources for additional injury prevention evidence-based interventions and best practices.

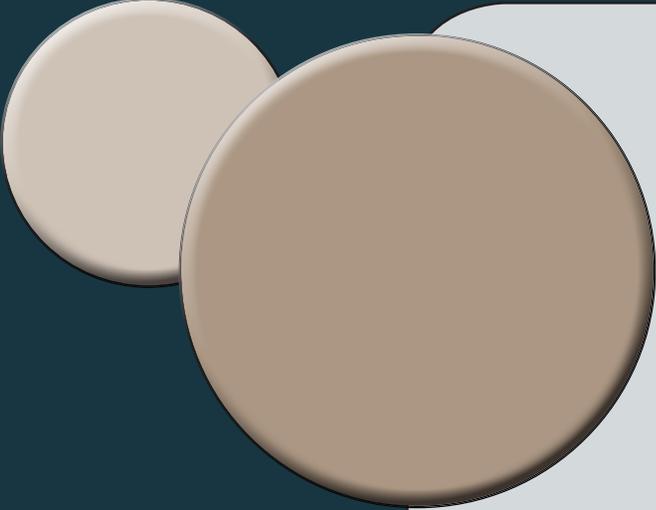
The Office of Injury Prevention, the Florida Injury Prevention Advisory Council, the Strategic Plan Goal Team Leaders and Teams, and injury prevention stakeholders are to be commended for their efforts in implementing the 2004-2008 Florida Injury Prevention Strategic Plan and for their participation in this strategic planning process. It clearly shows the dedication and commitment of injury prevention stakeholders to reduce Florida's injury burden and to promote, protect and improve the health of all people in Florida.

We encourage anyone with an interest in injury prevention to join our efforts to implement this plan, as well as become involved with future initiatives.

Sincerely,

A handwritten signature in black ink, reading "Ana M. Viamonte Ros". The signature is fluid and cursive, with the first name "Ana" being the most prominent.

Ana M. Viamonte Ros, MD, MPH
State Surgeon General



Injury is a major public health issue in Florida and the United States. Injuries are predictable, preventable, and affect everyone regardless of age, race, ethnicity, sex, or economic status. Injuries are the leading cause of death among Floridians ages 1-44 and the third leading cause of death overall, after heart disease and cancer.

Medical costs for injury are similar in magnitude to obesity and tobacco.¹ **In 2007, Florida's injury-related hospital charges exceeded \$5 billion and over \$2.6 billion were billed to the federal and state governments through Medicare and Medicaid.²**

This plan summarizes the previous successes and details the future efforts of Florida's injury prevention community. 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's Office of Injury Prevention 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. Planning for the

2009-2013 Florida Injury Prevention Strategic Plan began in October 2007, and continued throughout 2008. During this time, the Office of Injury Prevention, Florida Injury Prevention Advisory Council and Team Members developed by consensus this plan's Vision and Mission Statements, plus five data-driven goals and their associated strategies.

The five goals are: (1) Infrastructure (including: leadership, funding, data, policy, and evaluation), (2) Collaboration (including injury prevention efforts in: traffic safety, poisonings, interpersonal violence, suicide, child maltreatment, and other injuries), (3) Early Childhood Water Safety and Drowning Prevention, (4) Senior Falls Prevention, and (5) Training. Based on Florida's 2004-2008 experience, yearly action plans maintained focus and accountability throughout implementation and will remain an integral part of the 2009-2013 plan processes.

The injury prevention strategic plan and corresponding yearly action plans are not intended to supplant the many outstanding

"Many of the nearly 50 million each year in the United States are we need greater recognition of the prevention efforts ... the benefits of vehicle crashes, falls, residential abuses, and other injuries are

– Ileana Arias, PhD, MA, Director,
Injury Prevention and Control,
Control and Prevention

Executive Summary

state and local injury prevention efforts currently underway, but rather to complement, enhance, strengthen, and fill gaps in those initiatives.

A public health injury surveillance and prevention program grant from the Centers for Disease Control and Prevention (CDC) provides core capacity funding for state plan development and implementation through July 31, 2010. For the 2009-2013 Florida Injury Prevention Strategic Plan to be fully implemented, additional resources and funding must be made available for injury prevention infrastructure and initiatives at both the state and local level. The Office of Injury Prevention will continue to seek future funding opportunities. It is also critical for key state agencies and injury prevention stakeholders to continue collaborating on injury prevention efforts.

¹CDC Injury Fact Book, November 2006, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Introduction, p. 3.

²Agency for Health Care Administration, Hospital Discharge Data

injuries that occur preventable ... value of our preventing motor fires, childhood significant."



National Center for
Centers for Disease

Vision Statement

Florida: an injury-free state

Mission Statement

To reduce Florida's injury burden through leadership, education, and policy.

2009 - 2013 Florida Injury Prevention Strategic Plan Goals

Goal 1: Establish a sustainable infrastructure that provides leadership, funding, data, policy and evaluation for injury prevention.

Goal 2: Facilitate opportunities for collaborative injury prevention efforts in: Traffic Safety, Poisoning, Interpersonal Violence, Suicide, Child Maltreatment and other injuries.

Goal 3: Establish a collaborative effort to provide statewide direction and focus for fall-related injury prevention for Florida's seniors.

Goal 4: Establish a collaborative effort to provide statewide direction and focus for early childhood water safety and drowning prevention in Florida.

Goal 5: Enhance the skills, knowledge and resources of Florida's injury prevention workforce.

Injuries are the leading cause of death among Florida residents ages 1-44 and the third leading cause of death overall after heart disease and cancer as shown in Table 1 below.

Table 1. Leading Causes of Death, Florida Residents, 2007

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 341	Injuries 172	Injuries 66	Injuries 92	Injuries 663	Injuries 1,174	Injuries 1,819	Injuries 1,995	Cancer 3,168	Cancer 6,819	Heart Disease 34,924	Heart Disease 41,956
2	Short Gestation 244	Congenital Malformation 30	Cancer 20	Cancer 26	Cancer 32	Cancer 52	Cancer 213	Cancer 785	Heart Disease 2,212	Heart Disease 3,862	Cancer 28,647	Cancer 39,790
3	Maternal Pregnancy Comp. 142	Cancer 24	Congenital Malformation 9	Congenital Malformation 14	Heart Disease 21	Heart Disease 42	Heart Disease 167	Heart Disease 676	Injuries 2,329	Injuries 1,359	Chronic Low. Respiratory Dis. 8,105	Injuries 13,062
4	Injuries 138	Influenza & Pneumonia 4 (Tied)	Heart Disease 6	Heart Disease 10	Congenital Malformation 10	HIV 20	HIV 163	HIV 461	Liver Disease 610	Chronic Low. Respiratory Disease 887	Cerebro-vascular 7,436	Chronic Low. Respiratory Dis. 9,317
5	SIDS 81	Heart Disease 4 (Tied)	Cerebro-vascular 4 (Tied)	Septicemia 4	Septicemia 5	Congenital Malformation 11	Diabetes Mellitus 55	Liver Disease 167	HIV 551	Diabetes Mellitus 794	Alzheimer's Disease 4,582	Cerebro-vascular 8,715

(Source: Death Certificates, Office of Vital Statistics, Florida Department of Health)

In 2006 (most current national data available), Florida's age-adjusted injury death rates were higher than the national average by **15%** for all unintentional injuries, **28%** for unintentional motor vehicle injuries, **4%** for unintentional senior falls, **35%** for unintentional poisonings, **16%** for suicides, and a staggering **171%** for unintentional drownings among children ages 1-4. In addition, Florida's age-adjusted death rates in each of the above categories were the highest among the nation's five most populous states: CA, TX, NY, FL, and IL as shown in Table 2 below.

Table 2. Age-Adjusted Fatality Rates, Select Injury Mechanisms, U.S. and Five Most Populous States, 2006

	U.S.	Florida	California	Texas	New York	Illinois
All Unintentional Injuries	39.8	45.9	31.6	41.0	25.8	34.3
- Motor Vehicle Injuries	14.4	18.4	11.7	16.4	7.8	10.5
- Poisonings	9.1	12.3	7.8	8.3	7.0	9.8
- Falls (Ages 65+)	44.7	46.4	32.8	43.9	32.5	33.3
- Drownings (Ages 1-4)	2.8	7.6	2.9	3.6	1.2	1.9
Suicides	10.9	12.7	9.2	10.3	6.6	7.8

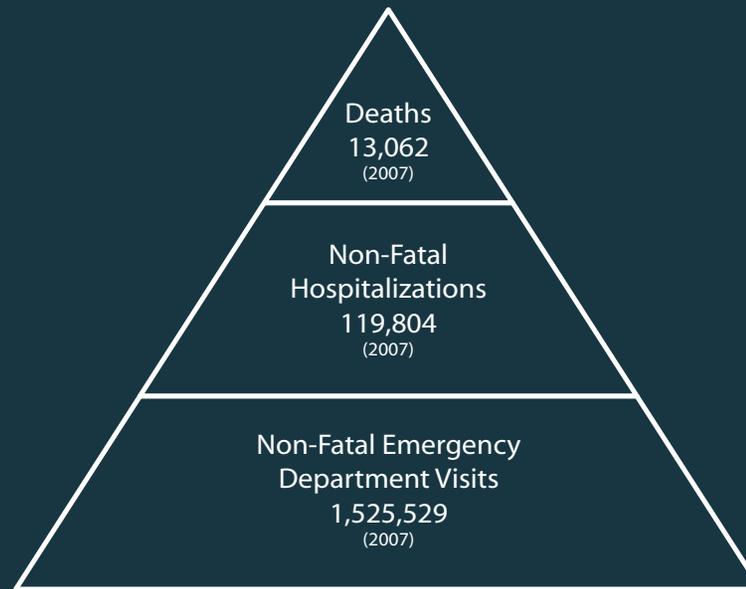
(Source: Web-based Injury Statistics Query and Reporting System, Centers for Disease Control and Prevention)

Injury: Overview of a Public Health Issue

However, fatal injuries account for only a small portion of all injuries in Florida, the tip of the iceberg. For each injury death in Florida, there are approximately 10 hospitalizations and 120 emergency department visits for non-fatal injuries as shown in Figure 1.

Common injuries include: poisonings, fractures, open wounds, sprains and strains, etc. The agents or forces causing these injuries are referred to as the external cause of injury and include, but are not limited to: motor vehicle crashes, falls, fires, firearms, poisonings, drownings, suffocation, animal bites, and recreational and sports-related activities. The most common external causes of injury vary depending on many factors including: injury severity and age of the injured person as shown in Tables 3-5.

Figure 1. The Injury Pyramid, Florida Residents



(Sources: Death Certificates, Office of Vital Statistics, Florida Department of Health; Hospital and Emergency Department Discharge Data, Florida Agency for Health Care Administration)

Table 3. Five Leading Causes of Fatal Injuries by Age Group, Florida Residents, 2007

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	
1	Suffocation 90	Drowning 71	MV Traffic 33	MV Traffic 45	MV Traffic 301	MV Traffic 433	Poisoning 568	Poisoning 732	Poisoning 851	Poisoning 351	Fall 1,436	MV Traffic 3,118
2	Drowning 6 (Tied)	MV Traffic 26	Drowning 12	Firearm 11	Firearm 154	Firearm 278	MV Traffic 508	MV Traffic 473	MV Traffic 494	MV Traffic 310	MV Traffic 489	Poisoning 3,103
3	MV Traffic 6 (Tied)	Suffocation 17	Firearm 3 (Tied)	Drowning 9	Poisoning 90	Poisoning 250	Firearm 406	Firearm 367	Firearm 374	Firearm 258	Firearm 405	Firearm 2,261
4	Poisoning 4	Pedestrian, Other 15	Pedestrian, Other 3 (Tied)	Suffocation 8	Suffocation 37	Suffocation 68	Suffocation 114	Suffocation 129	Suffocation 165	Fall 120	Suffocation 255	Fall 1,754
5	Fall 2 (Tied)	Poisoning 9	Suffocation 3 (Tied)	Poisoning 4	Drowning 29	Drowning 46	Transport, Other 37	Drowning 52	Fall 105	Suffocation 111	Poisoning 242	Suffocation 997

(Source: Death Certificates, Office of Vital Statistics, Florida Department of Health)

Table 4. Five Leading Causes of Non-Fatal Injury Hospitalizations by Age Group, Florida Residents, 2007

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	
1	Fall 306	Fall 517	Fall 580	Fall 524	MV Traffic 1,774	MV Traffic 2,206	Poisoning 2,957	Poisoning 3,494	Poisoning 3,898	Fall 4,702	Fall 39,389	Fall 53,249
2	Hot Object/ Substance 42	Poisoning 345	MV Traffic 304	MV Traffic 415	Poisoning 1,225	Poisoning 1,504	MV Traffic 2,747	MV Traffic 2,505	Fall 3,295	Poisoning 1,891	MV Traffic 2,318	Poisoning 17,696
3	Poisoning 41	Hot Object/ Substance 198	Struck by, Against 95	Struck by, Against 248	Struck by, Against 464	Fall 480	Fall 1,138	Fall 1,875	MV Traffic 2,498	MV Traffic 1,450	Poisoning 2,077	MV Traffic 16,583
4	Suffocation 32	MV Traffic 171	Transport, Other 92	Poisoning 228	Fall 443	Firearm 447	Struck by, Against 721	Struck by, Against 716	Struck by, Against 641	Struck by, Against 319	Over- exertion 651	Struck by, Against 4,266
5	MV Traffic 28	Drowning/ Submersion 134	Pedal cyclist, Other 79	Transport, Other 195	Firearm 364	Struck by, Against 438	Cut, Pierce 634	Cut, Pierce 598	Cut, Pierce 449	Cut, Pierce 201	Struck by, Against 491	Cut, Pierce 2,858

(Source: Hospital Discharge Data, Florida Agency for Health Care Administration)

Table 5. Five Leading Causes of Non-Fatal Injury Emergency Department Visits by Age Group, Florida Residents, 2007

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	
1	Fall 7,118	Fall 37,316	Fall 28,405	Struck by, Against 27,119	Struck by, Against 31,246	MV Traffic 23,971	MV Traffic 36,164	Fall 36,451	Fall 41,057	Fall 32,228	Fall 99,050	Fall 380,770
2	Struck by, Against 1,380	Struck by, Against 15,992	Struck by, Against 17,854	Fall 26,975	MV Traffic 23,612	Struck by, Against 23,132	Fall 34,609	MV Traffic 29,537	MV Traffic 24,593	MV Traffic 13,730	MV Traffic 12,228	Struck by, Against 218,420
3	Bites & Stings 1,317	Bites & Stings 9,490	Cut, Pierce 7,129	Over- exertion 10,926	Fall 19,187	Fall 18,374	Struck by, Against 33,825	Over- exertion 27,609	Over- exertion 20,955	Over- exertion 9,738	Struck by, Against 11,416	MV Traffic 180,996
4	MV Traffic 889	Cut, Pierce 5,144	Bites & Stings 5,973	Cut, Pierce 8,063	Over- exertion 14,969	Cut, Pierce 15,770	Over- exertion 29,760	Struck by, Against 26,968	Struck by, Against 20,221	Struck by, Against 9,267	Cut, Pierce 9,784	Over- exertion 146,281
5	Poisoning 407	Over- exertion 4,099	MV Traffic 4,394	MV Traffic 5,818	Cut, Pierce 12,337	Over- exertion 14,731	Cut, Pierce 23,890	Cut, Pierce 19,900	Cut, Pierce 15,794	Cut, Pierce 9,211	Over- exertion 9,488	Cut, Pierce 127,360

(Source: Emergency Department Discharge Data, Florida Agency for Health Care Administration)

Injuries can also be classified by intent with the major categories being intentional and unintentional. The majority of injuries are unintentional. Unintentional injuries are those that occur accidentally, not on purpose. Homicides and assaults are intentional injuries, inflicted on purpose by another individual through an act of violence. Suicide is the act of taking one's own life by intentional self-harm or self-inflicted injury.

In addition to personal loss and burden, injuries have a significant economic impact. **In 2007, Florida's median admission charge for non-fatal injury hospitalizations was \$26,923; total charges exceeded \$5 billion. Over \$2.6 billion (52%) were charged to the federal and state governments through Medicare and Medicaid.³ "Medical spending due to injuries is of the same magnitude as costs associated with other leading public health concerns such as obesity and tobacco.** Although staggering, these costs still underestimate the overall societal burden caused by injury."⁴

Healthy People 2010, an initiative by the United States Department of Health and Human Services, is a set of health objectives designed to improve the health of all people in the United States during the first decade of the 21st century. The Centers for Disease Control and Prevention is the lead federal agency for the Healthy People 2010's injury and violence prevention goal, which is to reduce injuries, disabilities, and deaths due to unintentional injuries and violence. This goal and its 39 injury and violence prevention objectives recognize the public health issue of injuries and the need for prevention.

³Agency for Health Care Administration, Hospital Discharge Data

⁴CDC Injury Fact Book, November 2006, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Introduction, p. 3.

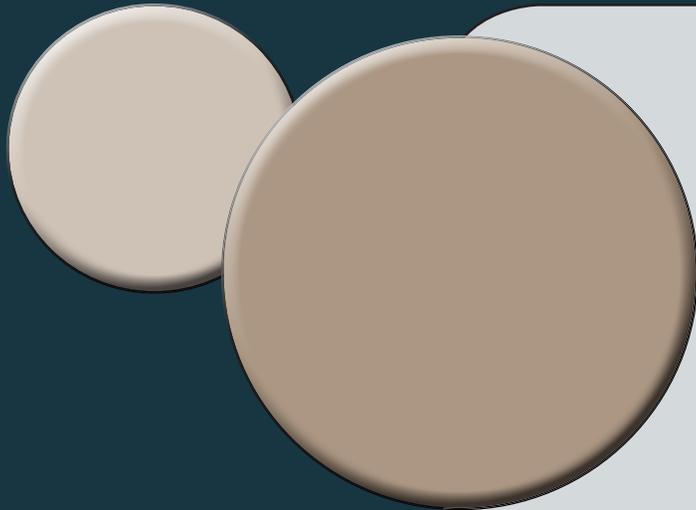


Photo courtesy of Leilani Gruener

The Office of Injury Prevention was honored with the prestigious "Prevention Program Achievement Award" from the State and Territorial Injury Prevention Directors Association (STIPDA) at the national organization's annual awards luncheon held on February 25, 2009 in National Harbor, MD.

The "Prevention Program Achievement Award" recognizes achievements by a state or local injury and violence prevention program. Florida's Office of Injury Prevention was honored for its progressive leadership in the national injury prevention community and its innovative approaches to injury and violence prevention.

Injury Prevention Leadership



The Florida Department of Health's Office of Injury Prevention was created on July 1, 2003, to provide leadership and enhanced visibility of injury prevention efforts in Florida. The Office of Injury Prevention resides within the Division of Emergency Medical Operations, which also contains the Offices of Trauma, Public Health Preparedness, and Emergency Operations, and the Bureau of Emergency Medical Services (EMS) and Brain and Spinal Cord Injury.

Sections 381.0011 and 401.243, Florida Statutes, require the Department of Health to establish an injury prevention program with statewide coordination and expansion of injury prevention activities. The program may include, but is not limited to, data collection, surveillance, education, and promotion of interventions. In addition, the program may develop and revise a comprehensive state plan for injury prevention.

The staff administers a five-year (2005-2010) Public Health Injury Surveillance and Prevention Program Grant funded by the CDC. This grant enhances Florida's injury prevention infrastructure by providing funding for: development and maintenance of the Florida Injury Surveillance System, Florida Injury Prevention Advisory Council activities, staff career development, and strategic plan development, activities, and implementation. The Office of Injury Prevention serves as the Goal Team for Goal 1 of the 2009-2013 Plan.

The professional staff act as liaisons between the four remaining goal teams and the office.

In addition to the activities related to the strategic plan and the CDC grant, the office:

- functions as the lead agency for Safe Kids Florida. Eighty-two percent of Florida's children under age 15 live in a county where Safe Kids local coalitions or chapters are operating.
- administers the Bicycle Helmet Promotion Program, funded by a Florida Department of Transportation (DOT) grant, annually provides over 17,000 bicycle helmets for local distribution through over 100 community partners in all 67 counties.
- administers the Florida Special Needs Occupant Protection Program, funded by a DOT grant, operates in seven children's hospitals and provides transportation options and access to "loaner" seats for children who are unable to use a regular child safety seat because of their special health care needs.
- collaborates with the Public Information Education and Relations (PIER) Committee, which serves in an advisory capacity to the EMS Advisory Council on injury prevention related issues.
- represents the Department of Health on the Suicide Prevention Coordinating Council facilitated by the Statewide Office of Suicide Prevention within the Office of Drug Control, Executive Office of the Governor.
- facilitates the Department of Health's Internal Suicide Prevention Workgroup.
- collaborates with the Department of Elder Affairs, Communities for a Lifetime Initiative, on senior falls prevention planning and initiatives.
- participates in the State Senior Falls Prevention Coalition Workgroup facilitated by the National Council on Aging.

"It is an honor for me as the head of the Department of Health that the State and Territorial Injury Prevention Directors Association has awarded to the Office of Injury Prevention the 2009 Injury Prevention Program Achievement Award. It is a well deserved recognition and I express my gratitude for your extraordinary efforts."

- Ana Viamonte Ros, MD, MPH, State Surgeon General



Since 2003, Florida's injury prevention community has worked diligently to gain visibility for injury prevention. Under the leadership of the Office of Injury Prevention and the many state and local community partners, Florida's advancement in the important area of injury prevention over the past five years has been phenomenal. Florida is now considered to be a progressive leader and its injury prevention program and state plan are national models for other injury prevention organizations.

In 2008, Florida became the first state injury prevention program to complete the implementation of an existing five-year strategic plan while drafting a successor plan. In recognition of this accomplishment, the Office of Injury Prevention hosted the "Celebration of Florida's Injury Prevention Successes" event on October 14, 2008 in Tampa, Florida. This event celebrated the conclusion of the 2004-2008 Florida Injury Prevention Strategic Plan; with 74 percent of its strategies implemented. Guest speakers included: the State Surgeon General, the Director of the National Center for Injury Prevention and Control; Centers for Disease

Control and Prevention, and the Executive Director of the State and Territorial Injury Prevention Directors Association (STIPDA).

"In only five years, Florida has moved from being known within the national injury prevention community as an unfunded state to a progressive leader."

- Ileana Arias, PhD, MA, Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

The event was attended by over 50 members of Florida's injury prevention community. Service awards and the 2008 Injury Prevention Award were presented.

Florida's leadership and accomplishments have resulted in national and state recognition. The Office of Injury Prevention's leadership was nationally recognized by receiving the 2009 STIPDA Injury Prevention Program Achievement Award. In addition, the Office of Injury Prevention was presented a 2007 Davis Productivity Award "Award of Distinction" for the Denny's "Kids' Safety Zone" initiative.

Injury Prevention Accomplishments

Notable Accomplishments

2003-2004

- Developed and began implementation of the 2004-2008 Florida Injury Prevention Strategic Plan and annual action plan.

2005

- Established the 2004-2008 Florida Injury Prevention Advisory Council, Goal Team Leaders and Teams.
- Received the Centers for Disease Control and Prevention - 2005-2010 Public Health Injury Surveillance and Prevention Grant.
- Established the Florida Department of Health's initial public/private partnership with Denny's Restaurants on the "Kids' Safety Zone" initiative.
- Received a STIPDA State and Technical Assessment Team (STAT) visit.
- Established and provides ongoing support to the DOH Injury Prevention Liaison network.

2006

- Established and supported the annual "Keep Your Eyes on the Kids" drowning prevention county health department campaign. (2006 - present)
- Established and conducted the annual Drowning Prevention Marketing Symposium. (2006 - present)
- Established and conducted the annual Injury Prevention 101 course. Florida is the first state injury prevention program to offer a one-day extensive training. (2006 - present)
- Established and facilitated the annual Florida Injury Prevention Award. (2006 - present)
- Funded a pilot project in Broward and Miami-Dade counties to determine "Florida Best Practices" for early childhood drowning prevention.

2007

- Began strategic planning process for the 2009-2013 Florida Injury Prevention Plan.
- Received the 2007 Davis Productivity Award "Award of Distinction" for the Denny's "Kids' Safety Zone" initiative.

2008

- Co-hosted the 2008 Swimming Pool and Water Safety conference with the Florida Swimming Pool Association. The event was the Office of Injury Prevention's second public/private partnership.
- Co-hosted the initial Falls Prevention for Florida's Seniors seminar with the Communities for a Lifetime Bureau, Department of Elder Affairs, now the Elder Rights Bureau, Communities for a Lifetime Initiative.
- Concluded the 2004-2008 Florida Injury Prevention Strategic Plan; with 74 percent of its strategies implemented.
- Hosted the "Celebration of Florida's Injury Prevention Successes."

2009

- Awarded the 2009 STIPDA Injury Prevention Program Achievement Award.
- Published the 2009-2013 Florida Injury Prevention Strategic Plan and annual action plan.
- Established the 2009-2013 Florida Injury Prevention Advisory Council, Goal Team Leaders and Teams.

These accomplishments would not have been possible without collaboration between the Office of Injury Prevention, the 2004-2008 Florida Injury Prevention Council, Strategic Plan Goal Team Leaders and Teams, and Florida's injury prevention community.

The key to the implementation success of the 2004-2008 Florida Injury Prevention Strategic Plan was the development and use of an annual action plan. These action plans, based on the strategic plan, were developed by the Office of Injury Prevention and the Florida Injury Prevention Advisory Council, Strategic Plan Goal Team Leaders and Teams. At each Florida Injury Prevention Advisory Council meeting, the goal teams met and collaborated on plan implementation. The action plans were reviewed every six months and were revised as necessary. The action plans allowed accountability for implementation throughout the process.

Planning for the 2009-2013 Florida Injury Prevention Strategic Plan began in October 2007. A preplanning questionnaire was sent to each council and goal team member prior to the meeting to obtain input on improving the 2003 strategic planning process. A "lessons learned" document based on the 2003 process was provided and discussed before the strategic planning began. The attendees provided valuable information and the group reached consensus on the Vision and Mission Statements and the five plan goals. During 2008, the advisory council and goal teams worked to develop the strategies associated with the goals. The plan was reviewed by the group and the Department of Health prior to being sent to the key state agencies and injury prevention stakeholders. Yearly action plans will continue to be developed.

Full implementation of the 2009-2013 Florida Injury Prevention Strategic Plan will require additional resources and funding for injury prevention infrastructure and initiatives at state and local levels. The public health injury surveillance and prevention program grant from the CDC ends on July 31, 2010. Some of the plan goals may be accomplished with current funding levels and resources, others may require additional funding, or will be contingent upon additional funding. The department will seek future funding opportunities for ongoing injury prevention efforts. It is also critical for key state agencies and injury prevention stakeholders to continue collaborating on injury prevention efforts to leverage existing resources.

The 2009-2013 Florida Injury Prevention Advisory Council, Strategic Plan Goal Team Leaders and Teams are established and ready to begin working on plan implementation.

Strategic Plan Development & Implementation

Goal 1

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

Leadership

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
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.	By May 2009	Office of Injury Prevention (OIP)	Injury prevention stakeholders	May be accomplished with current funding
Measure of Success: FIPAC, Goal Team Leaders and Goal Teams are established.				
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.	Ongoing 2009-2013	OIP	Florida Injury Prevention Advisory Council (FIPAC), Strategic Plan Goal Teams (Goal Teams), and Key State Agencies	After July 31, 2010, contingent upon additional funding
Measures of Success: FIPAC, Goal Team Leaders, and Goal Teams are maintained. The number of meetings and conference calls with FIPAC and Goal Teams conducted.				
1C. Facilitate, maintain and increase collaboration with the community level Department of Health Injury Prevention Liaison Network, which works with local community partners.	Ongoing 2009-2013	OIP	Department of Health (DOH) Executive Management, county health departments (CHD), and injury prevention stakeholders	After July 31, 2010, contingent upon additional funding
Measures of Success: DOH Injury Prevention Liaison Network is maintained and collaborative efforts are increased.				
1D. Develop and maintain a comprehensive Department of Health, Office of Injury Prevention website.	Ongoing 2009-2013	OIP	FIPAC and Goal Teams	May be accomplished with current funding
Measures of Success: A comprehensive OIP website is developed and maintained.				

Leadership (continued)

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
1E. Facilitate an annual injury prevention award recognizing at least one individual who has demonstrated commitment to injury prevention.	Annually 2009-2013	OIP	FIPAC, Goal Teams, and injury prevention stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of annual injury prevention awards presented.				
1F. Facilitate at least one injury prevention training for the injury prevention workforce.	Annually 2009-2013	OIP	FIPAC, Goal Teams, and injury prevention stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of annual injury prevention trainings held.				
1G. Facilitate the 2005-2010 Centers for Disease Control and Prevention (CDC) Public Health Surveillance and Prevention grant.	Ongoing 2009-2010	OIP	DOH Executive Management	May be accomplished with current funding
Measure of Success: Grant requirements are completed.				
1H. Pursue applicable injury prevention funding opportunities.	Ongoing 2009-2013	OIP	FIPAC, Goal Teams, and injury prevention stakeholders	May be accomplished with current funding
Measure of Success: Number of pursued funding opportunities, when applicable.				

In an injury-free Florida...

annually, approximately 13,000 Floridians would be able to enjoy productive lives, because they would not die from injuries. This would represent the population of a Florida city such as: Clermont, Destin, Forest City, St. Augustine, North Palm Beach, Mount Dora, or Key Largo.

Source: Death Certificates, Office of Vital Statistics, Florida Department of Health

Data

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
1I. Obtain and format each data source in the Florida Injury Surveillance Data System.	Annually 2009-2013	OIP	Agency for Health Care Administration (AHCA), Department of Highway Safety and Motor Vehicles (HSMV), Florida Department of Law Enforcement (FDLE)	May be accomplished with current funding
Measure of Success: Number of data sources obtained and formatted.				
1J. Analyze injury data sources to complete required data reports and deliverables.	Ongoing 2009-2013	OIP	Centers for Disease Control and Prevention (CDC), Division of Family Health Services, and Division of Emergency Medical Operations	May be accomplished with current funding
Measure of Success: Number of reports and deliverables completed.				
1K. Monitor and evaluate opportunities for new or additional surveillance data sources.	Annually 2009-2013	OIP	Data Work Group	May be accomplished with current funding
Measure of Success: Annual progress/update reports produced.				
1L. Disseminate injury data to stakeholders.	Quarterly 2009-2013	OIP	Data Work Group	May be accomplished with current funding
Measure of Success: Number of data presentations and resources provided.				
1M. Provide data consultation and guidance to support injury prevention efforts of other goal teams.	As Requested 2009-2013	OIP	Goal Teams 2-5 and Data Work Group	May be accomplished with current funding
Measure of Success: Number of times support was provided.				

Policy

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
1N. Increase policy and public awareness activities to reduce and prevent injuries.	Ongoing 2009-2013	OIP, FIPAC, Goal Teams, and injury prevention stakeholders	DOH Executive Management and key state agencies	May be accomplished with current funding
Measure of Success: Increase by 10% the number of injury prevention policy statements and press releases prepared for the DOH Office of Communication.				

Evaluation

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
10. Build injury prevention program evaluation capacity.	Ongoing 2009-2013	OIP, FIPAC, and Goal Teams	Injury prevention stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of evaluation resources provided to the community.				

Goal Team Members

The Office of Injury Prevention staff is responsible for Goal 1 strategies and activities.

Towana Bonnett

Leilani Gruener

Heather McHenry

Jane Parker

Kyla Shelton

Freida Travis

Lisa VanderWerf-Hourigan

Data Workgroup

The Data Workgroup functions as a Goal Team for the data section of Goal 1.

Data Workgroup Co-Leaders

Michelle Akins

Michael Lo

Data Workgroup Members

Nancy Carvallo

Gillian Hotz

Joe Nelson

Carl Schulman

OIP Liaison

Kyla Shelton

Members as of July 20, 2009

Goal 2

Facilitate opportunities for collaborative injury prevention efforts in:

Traffic Safety,
Poisoning,
Interpersonal
Violence, Suicide,
Child Maltreatment
and other injuries.

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
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.	Ongoing 2009-2013	OIP	FIPAC, Goal Team Leaders and Members	After July 31, 2010, contingent upon additional funding
Measure of Success: Updates are held each FIPAC and Goal Team meeting.				
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.	By December 2010	OIP and Goal Team 2	FIPAC members in pilot regions	After July 31, 2010, contingent upon additional funding
Measures of Success: Two pilot meetings held. Tracked the number of new injury prevention resources identified. Establishment or enhancement of a framework for the region's community injury prevention network or coalition. Meeting evaluations completed by attendees.				
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.	Ongoing 2009-2013	OIP and Goal Team 2	FIPAC, Goal Teams, and injury prevention stakeholders	Contingent upon additional funding
Measures of Success: Tracked the number of meetings held. Tracked the number of new injury prevention resources identified. Establishment or enhancement of a framework for the region's community injury prevention network or coalition. Meeting evaluations completed by attendees.				
2D. Create and maintain a Statewide Injury Prevention Resources Inventory by county and by mechanism.	Ongoing 2009-2013	OIP and Goal Team 2	FIPAC, Goal Teams, and injury prevention stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: An inventory list is created with a minimum of three community agencies in each county.				

Goal Team Co-Leaders

Wendy Loomas

Cindy Magnole

Goal Team Members

Patricia Byers

Jan Davis

Ernesto Duarte

David Fechter

Dawn Johnson

Melissa Lugo

Bonnie McDougale

Marisa Rappa Mowat

Keely Smith

Olumide Sobowale

Mimi Sutherland

Marianne Trussell

OIP Liaison

Leilani Gruener

Members as of July 20, 2009

Other Injury-Related Strategic Plans

Other Florida state agency strategic plans that have injury-related goals are listed below. These plans do not duplicate efforts, but show linkage and collaboration.

Traffic Safety

- **Florida Department Of Transportation**
Florida Motorcycle Strategic Safety Plan
http://www.ridesmartflorida.com/images/Florida%20Motorcycle%20Strategic%20Safety%20Plan_final.pdf
- **Florida Department Of Transportation Safety Office**
Strategic Highway Safety Plan
www.dot.state.fl.us/safety/SHSP/StrategicHwySafetyPlan.shtm

Poisoning

- **DOH Environmental Health**
Florida's Strategic Plan for the Elimination of Childhood Lead Poisoning
www.doh.state.fl.us/environment/medicine/lead/LeadEliminationCommittee.htm#Committee__Materials

Interpersonal Violence

- **Florida Department of Health Sexual Violence Prevention Program**
2007-2012 Florida Sexual Violence Strategic Plan
www.doh.state.fl.us/family/svpp/planning/index.html

Suicide

- **Statewide Office of Suicide Prevention**
2005-2010 Florida Suicide Prevention Strategic Plan
www.helppromotehope.com/strategy/index.php

Child Maltreatment

- **Florida Department of Children and Families**
2006-2009 Strategic Plan
www.dcf.state.fl.us/admin/strategicplan/

Other Injuries

- **Florida Department of Health, Bureau of Brain and Spinal Cord Injury Prevention**
2008 Annual Report
http://www.doh.state.fl.us/demo/BrainSC/Reprts_Publcns/2008AnnualPerformanceReport.pdf
- **Florida Department of Health, Bureau of Emergency Medical Services**
2008-2010 DOH EMS Strategic Plan
www.doh.state.fl.us/DEMO/EMS/Stratplan/stratplan.htm
- **Florida Department of Health, Office of Trauma**
2005-2010 DOH State Trauma System Plan
www.doh.state.fl.us/demo/Trauma/plan.htm
- **Florida Department of Health, Office of Public Health Preparedness**
2007-2010 DOH Florida Public Health and Medical Strategic Plan
www.doh.state.fl.us/demo/php/plans.htm

Goal 3

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

Falls are the leading cause of injury-related deaths, hospitalizations and emergency department visits among Florida's senior population and result in significant physical, personal, social and economic burdens.

Fall-Related Injury Deaths, Non-Fatal Hospitalizations and Emergency Department Visits, Florida Residents Ages 65 Years and Older, 2007

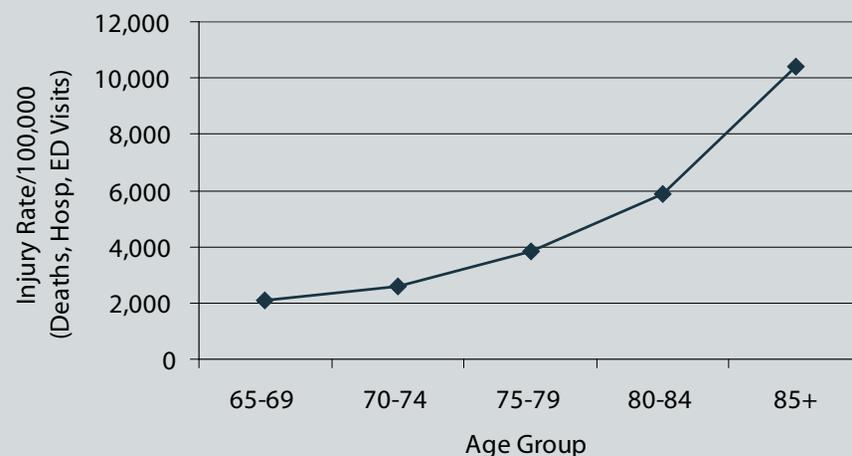
- There were 1,436 deaths, 39,389 non-fatal hospitalizations, and 99,050 non-fatal emergency department visits due to fall-related injuries among Florida's senior population.
- Falls accounted for 44% of injury deaths, 76% of non-fatal injury hospitalizations and 54% of non-fatal injury emergency department visits among Florida's senior population.
- Same-level falls, such as: slips, trips, stumbles, etc. were responsible for at least 50% of these injuries.

- The most common fatal fall-related injuries were traumatic brain injuries followed by hip fractures.
- Approximately 80% of fatal fall-related injuries occurred in a place of residence like a house, apartment, assisted living facility, nursing home, etc.
- The median hospitalization charge was \$33,547 with total charges equaling more than \$1.6 billion. The median emergency department visit charge was \$2,208 with total charges equaling more than \$319 million.

"Many people who fall, even those who are not injured, develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and physical fitness, and increasing their actual risk of falling."⁵

⁵Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of falling and restriction of mobility in elderly fallers. *Age and Ageing* 1997;26:189-193.

Figure 2. Fall-Related Injury Death, Non-Fatal Hospitalization and Emergency Department Visit Rates by Age, Florida Residents Ages 65 Years and Older, 2007



(Sources: Death Certificates, Office of Vital Statistics, Florida Department of Health; Hospital and Emergency Department Discharge Data, Florida Agency for Health Care Administration)

Leadership

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
3A. Establish a Steering Committee of subject matter experts for senior falls prevention. (Approximately 20 committee members).	By November 2009	Goal Team 3, FIPAC, OIP, and Department of Elder Affairs (DOEA)	Senior falls prevention stakeholders (SF Stakeholders)	May be accomplished with current funding
Measure of Success: Steering Committee is established.				
3B. Establish a statewide senior falls prevention coalition.	By June 2010	Goal Team 3, Steering Committee, FIPAC, OIP, and DOEA	SF Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Florida Senior Falls Prevention Coalition is established.				
3C. Develop a statewide senior falls prevention plan.	2011-2012	Goal Team 3, Florida Senior Falls Prevention Coalition OIP, and DOEA	FIPAC and SF Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Florida Senior Falls Prevention Plan is developed.				
3D. Identify, review and pursue if applicable, additional senior fall prevention funding opportunities.	By November 2009 then quarterly	Goal Team 3, FIPAC, OIP, and DOEA	Florida Senior Falls Prevention Coalition and SF Stakeholders	May be accomplished with current funding
Measure of Success: Number of pursued funding opportunities, when applicable.				

Policy

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
3E. Increase policy and public awareness activities to reduce and prevent senior falls related injuries.	By June 2009 then ongoing	Goal Team 3, FIPAC, OIP, and DOEA	Florida Senior Falls Prevention Coalition and SF Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of senior falls prevention policy statements and press releases for senior falls prevention prepared.				
3F. Provide updates for injury prevention stakeholders regarding federal and state senior falls prevention legislation.	Ongoing 2009-2013	Goal Team 3, FIPAC, and OIP	Florida Senior Falls Prevention Coalition and SF Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of updates sent to SF Stakeholders and injury prevention stakeholders.				

Interventions

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
3G. Review, identify and update evidence-based interventions and best practices.	By June 2010 then annually	Goal Team 3, FIPAC, OIP, and DOEA	Florida Senior Falls Prevention Coalition and SF Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of evidence-based interventions and best practices that are disseminated.				
3H. Identify an evidence-based senior falls prevention intervention project that may be replicated statewide.	Ongoing 2011-2012	Goal Team 3, FIPAC, OIP, and DOEA	Florida Senior Falls Prevention Coalition and SF Stakeholders	Contingent upon additional funding
Measure of Success: Evidence-based intervention project is identified.				
3I. Implement a pilot project of the identified evidence-based intervention.	Ongoing 2012-2013	Goal Team 3, FIPAC, OIP, and DOEA	Florida Senior Falls Prevention Coalition and SF Stakeholders	Contingent upon additional funding
Measure of Success: A pilot project is implemented.				

Data

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
3J. Review senior falls prevention data, disseminate and present to injury prevention stakeholders as needed.	By November 2009 then annually	Goal Team 3, FIPAC, OIP, DOEA, and the Data Workgroup	Florida Senior Falls Prevention Coalition and SF Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of updates on falls prevention data sent to SF Stakeholders and injury prevention stakeholders.				

Injury Prevention Pays

“On average - For every \$1,250 per person cost for a Falls Prevention (High Risk) Elderly Program, there is a \$10,800 per person cost benefit.”

Pacific Institute for Research and Evaluation. (November 2005). *Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Programs*

Approximately one out of five hip fracture patients dies within one year of their injury.

Leibson CL, Toteson ANA, Gabriel SE, Ransom JE, Melton JL III. Mortality, disability, and nursing home use for persons with and without hip fracture: a population-based study. *Journal of American Geriatrics Society* 202,50: 1644-5089-193.



Goal Team Co-Leaders

Mark Brimer

Michele Mulé

Goal Team Members

Larry Baxter

Syndi Bultman

Judy Copeland

Janine Curlutu

Donald Hughes

Sue Littnan

Nina Mattei

Julia Paul

Joanne Puia

Patricia Quigley

Don Rapp

Cory Richter

Diana Silvey

Patricia Sovonick

Mark Tesoro

OIP Liaison

Jane Parker

Members as of July 20, 2009

Goal 4

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

Drowning is the leading cause of death among children ages 1-4 in Florida resulting in significant personal and economic impact. In addition, from 1999-2006, Florida lost more children ages 1-4 to drowning than any other state, making Florida's early childhood drowning rate the highest in the U.S.⁶

Drowning Deaths, Florida Residents Ages 1-4, 2007

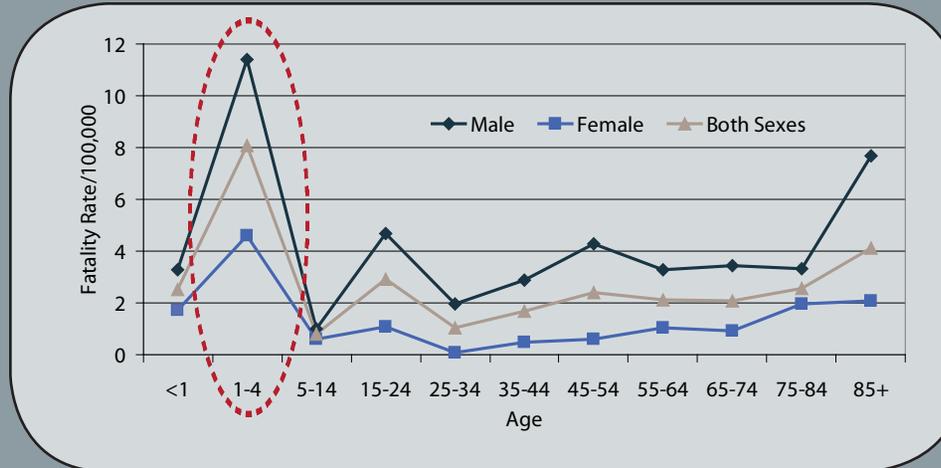
- Seventy-three of Florida's children ages 1-4 drowned and at least 51 of them (70%) drowned in a residential swimming pool.
- Males of all ages, especially those ages 1-4, were more likely to drown than females.
- Every month three or more children were lost to drowning. The highest number of children were lost in May.

"Typical medical costs for a near-drowning victim can range from \$75,000 for initial emergency room treatment to \$180,000 a year for long term care. The cost of a single near-drowning that results in brain damage can be more than \$4.5 million."

Safe Kids USA Drowning Prevention Factsheet

⁶Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System

Figure 3. Unintentional Drowning Rates by Age and Sex, Florida Residents, 2007



(Source: Death Certificates, Office of Vital Statistics, Florida Department of Health)

Leadership

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
4A. Establish a Steering Committee of subject matter experts for early childhood water safety and drowning prevention. (Approximately 20 committee members)	By November 2009	Goal Team 4, FIPAC, and OIP	Water safety and drowning prevention stakeholders (DP Stakeholders)	May be accomplished with current funding
Measure of Success: Steering Committee is established.				
4B. Establish a statewide early childhood water safety and drowning prevention coalition.	2010-2011	Goal Team 4, Steering Committee, FIPAC, and OIP	DP Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Florida Early Childhood Water Safety and Drowning Prevention Coalition is established.				
4C. Develop a statewide early childhood water safety and drowning prevention plan.	2011-2012	Goal Team 4, Florida Water Safety and Drowning Prevention Coalition, and OIP	FIPAC and DP Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Florida Early Childhood Water Safety and Drowning Prevention Plan is developed.				
4D. Identify, review and pursue if applicable, additional early childhood water safety and drowning prevention funding opportunities.	By November 2009 then quarterly	Goal Team 4, FIPAC, and OIP	Florida Water Safety and Drowning Prevention Coalition and DP Stakeholders	May be accomplished with current funding
Measure of Success: Number of pursued funding opportunities, when applicable.				

Policy

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
4E. Increase policy and public awareness activities to reduce and prevent early childhood drowning.	By June 2009 then ongoing	Goal Team 4, FIPAC, and OIP	Florida Water Safety and Drowning Prevention Coalition and DP Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of early childhood water safety and drowning prevention policy statements and press releases prepared.				
4F. Provide updates for injury prevention stakeholders regarding federal and state early childhood water safety and drowning prevention legislation.	Ongoing 2009-2013	Goal Team 4, FIPAC, and OIP	Florida Water Safety and Drowning Prevention Coalition and DP Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of updates sent to DP Stakeholders and injury prevention stakeholders.				

Interventions

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
4G. Review and disseminate evidence-based interventions and best practices.	By June 2010 then annually	Goal Team 4, FIPAC, and OIP	Florida Water Safety and Drowning Prevention Coalition and DP Stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Evidence-based interventions and best practices are disseminated.				
4H. Identify an evidence-based early childhood water safety and drowning prevention intervention project that may be replicated statewide.	Ongoing 2011-2012	Goal Team 4, FIPAC, and OIP	Florida Water Safety and Drowning Prevention Coalition and DP Stakeholders	Contingent upon additional funding
Measure of Success: Evidence-based intervention project is identified.				
4I. Implement a pilot project of the identified intervention.	Ongoing 2012-2013	Goal Team 4, FIPAC, and OIP	Florida Drowning Prevention Coalition and DP Stakeholders	Contingent upon additional funding
Measure of Success: A pilot project is implemented.				

Data

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
4J. Review and disseminate early childhood water safety and drowning prevention data to injury prevention stakeholders.	By November 2009 then annually	Goal Team 4, FIPAC, OIP, and the Data Workgroup	Florida Water Safety and Drowning Prevention Coalition and DP stakeholders	After July 31, 2010, contingent upon additional funding
Measure of Success: Number of updates on early childhood water safety and drowning prevention data sent to DP Stakeholders and injury prevention stakeholders.				

The Residential Swimming Pool Safety Act requires that residential pools built after October 1, 2000, meet specific safety requirements. However, over 90% of Florida's estimated 1.25 million (2009) residential swimming pools are not subject to this act.

Goal Team Co-Leaders

Karen Macauley

Pamela Santucci

Elizabeth White

Goal Team Members

Kathy Baldwin

Greg Hand

Michael Haney

Marci Hummell

Michele King

Deborah Mulligan

Jean Shoemaker

Doris Shorkey

Nichole Wilder

OIP Liaison

Towana Bonnett

Members as of July 20, 2009



In an injury-free Florida...

*annually, there would be approximately **four** more preschool classrooms of children, because they would not die from drowning.*

Source: Death Certificates, Office of Vital Statistics, Florida Department of Health

Goal 5

Strategy	Timeframe	Lead(s)	Partners	Funding Implications
5A. Include a brief update during each FIPAC meeting on an injury prevention topic that is timely, current and not presently being addressed by others.	Annually 2009-2013	Goal Team 5, and OIP	FIPAC and Goal Teams	May be accomplished with current funding
Measure of Success: Educational updates are provided and evaluated at each FIPAC meeting.				
5B. Develop, publicize and maintain a statewide calendar of injury prevention trainings that is timely and accurate.	Ongoing 2009-2013	Goal Team 5, and OIP	FIPAC and Goal Teams	May be accomplished with current funding
Measure of Success: An injury prevention calendar developed, publicized and maintained.				
5C. Make the Injury Prevention 101 course available via videoconferencing by 2010.	2010	Goal Team 5, IP 101 faculty, and OIP	FIPAC and Goal Teams	May be accomplished with current funding
Measure of Success: The Injury Prevention 101 course is available via videoconferencing.				
5D. Respond to the educational needs of the IP workforce based on injury patterns and trends.	Ongoing 2009-2013	Goal Team 5, and OIP	FIPAC and Goal Teams	May be accomplished with current funding
Measure of Success: Educational activities are provided to the IP workforce based on data driven injury patterns and trends.				

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

Goal Team Co-Leaders

Stacey Bright

Virginia Noland-Dodd

Goal Team Members

Karen Fader

Karen Liller

Stephen McCloskey

ReShawndia Mitchell

Mark Ryan

David Summers

Cheryl Urbas

OIP Liaison

Freida Travis

Members as of July 20, 2009

Injury Prevention Pays

*"On average - A **\$10** child bicycle helmet generates **\$570** in cost benefits."*

Pacific Institute for Research and Evaluation. (November 2005). *Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Programs*



2009-2013 Florida Injury Prevention Advisory Council

FIPAC members are appointed by the State Surgeon General. Key state agency representatives are recommended for appointment by their respective agency head.

Community Representatives

Patricia Byers, MD, FACS

University of Miami, Dewitt Daughtry Family
Department of Surgery
Physicians and Hospitals/Trauma Centers
Representative

Lale Gerger, GPHR

United Way of Northeast Florida
Injury Prevention Advocacy and Non-Profit
Representative

Greg Hand, MBA*

Florida Swimming Pool Association
Injury Prevention Advocacy, Non-Profit, and Lay Person

Dawn Johnson, SA, MPA

Florida PTA
Lay Person

Karen Liller, PhD

University of South Florida
University Representative

Melissa Lugo

Orange County Health Department
Department of Health, County Health Department
Representative

Joe Nelson, DO

Florida EMS Medical Director
Physicians Representative

David Oxley*

Florida Swimming Pool Association
Injury Prevention Advocacy, Non-Profit, and Lay Person

Carl Shulman, MD, MSPH, FACS

University of Miami, Jackson Memorial Hospital
Physicians and Hospital/Trauma Centers Representative

Diana Silvey, MA

Winter Park Health Foundation
Injury Prevention Advocacy, Non-Profit, and Lay Person

Mimi Sutherland, RN, BSN, MS, CHRN

University of Miami, Jackson Memorial Hospital
Injury Prevention Advocacy, Nurses, Non-Profit, and
Injury Prevention Specialist

Mark Tesoro, MA

Lee County Injury Prevention Coalition
Injury Prevention Advocacy, Non-Profit, and Injury
Prevention Specialist

Key State Agency Representatives

Larry Baxter, MS

Florida Department of Elder Affairs

Nancy Carvallo, LMT, ASCP

Agency for Health Care Administration

Appendix A

2009-2013 Florida Injury
Prevention Advisory
Council, and Goal Team
Leaders

Jan Davis, RDH, CPM

Department of Health, Division of Family Health Services
Department of Health, Central Office Representative

Lt. Colonel Ernesto Duarte

Florida Department of Highway Safety and Motor Vehicles

Mark Ryan, RN

Florida Department of Children and Families

Marianne Trussell, JD

Florida Department of Transportation

Nichole Wilder, MS

Florida Department of Education

2009-2013 Florida Injury Prevention Advisory Council Goal Team Leaders

Goal 1: Establish a sustainable infrastructure that provides leadership, funding, data, advocacy and evaluation for injury prevention.

The Office of Injury Prevention

Data Workgroup

Michelle Akins

Florida Department of Health, Children’s Medical Services

Michael Lo, MSPH

Florida Department of Health, Office of Trauma

Goal 2: Facilitate opportunities to collaborate prevention efforts in: Traffic Safety, Poisoning, Interpersonal Violence, Suicide, Child Maltreatment and other injuries.

Wendy Loomas, MA

Florida Department of Health, Pinellas County Health Department

Cindy Magnole, RN

Jackson Memorial Hospital

Goal 3: Establish a collaborative effort to provide statewide direction and focus for fall-related injury prevention for Florida’s seniors.

Mark Brimer, PhD

Wuesthoff Health Systems

Michele Mulé, MHS

Florida Department of Elder Affairs

Goal 4: Establish a collaborative effort to provide statewide direction and focus for early childhood water safety and drowning prevention in Florida.

Karen Macauley, RN, MEd

All Childrens’ Hospital

Pamela Santucci, BA

Florida Department of Health, Broward County Health Department

Elizabeth White, MSW

Florida Department of Health, Children’s Medical Services

Goal 5: Enhance the skills, knowledge and resources of Florida’s injury prevention workforce.

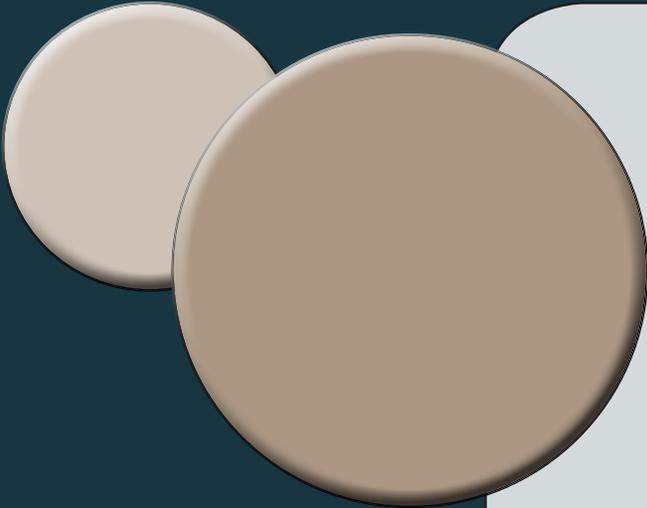
Stacey Bright, MPH

Brain Injury Association of Florida

Virginia Noland-Dodd, PhD

University of Florida

**Individuals from the same agency/ organization participated on FIPAC at different time periods.*



Appendix B

2009-2013 Florida Injury
Prevention Advisory
Council Goal Team
Members

Kathy Baldwin
The Gift of Swimming
Goal Team 4

Towana Bonnett
Florida Department of Health,
Office of Injury Prevention
Goal Team 1

Syndi Bultman, RN, MSM, CEN
Lee Memorial Health System
Goal Team 3

Judy Copeland, BA, MA
Epilepsy Services of Northwest Florida
Goal Team 3

Janine Curlutu, RN
Lakeland Regional Medical Center
Goal Team 3

Karen Fader
Jackson County CTST
Goal Team 5

David Fechter, AICP
Pinellas County Department of Public Works
Goal Team 2

Leilani Gruener
Florida Department of Health,
Office of Injury Prevention
Goal Team 1

Michael Haney, PhD, NCC, LMHC
Florida Department of Health,
Children's Medical Services
Goal Team 4

Gillian Hotz, PhD
University of Miami - Jackson Memorial Hospital
Data Workgroup

Donald Hughes

Satellite Beach Fire Department
Goal Team 3

Marci Hummell

Osceola County Health Department
Goal Team 4

Michele King, CCLS

The Children's Hospital of Southwest Florida,
Child Advocacy Program
Goal Team 4

Sue Littnan

Citrus County Health Department
Goal Team 3

Nina Mattei, APR

Hernando County Health Department
Goal Team 3

Stephen McCloskey

Duval County Health Department
Goal Team 5

Heather McHenry

Florida Department of Health,
Office of Injury Prevention
Goal Team 1

ReShawndia Mitchell

Duval County Health Department
Goal Team 5

Bonnie McDougle, MPH

Tampa General Hospital/Florida Poison Information
Center
Goal Team 2

Marisa Rappa Mowat, MPH, CHES

St. Joseph's Children's Advocacy Center
Goal Team 2

Deborah Mulligan, MD, FAAP, FACEP

Nova Southeastern University
Goal Team 4

Julia Paul, MSN, RN

Shands Jacksonville
Goal Team 3

Jane Parker

Florida Department of Health,
Office of Injury Prevention
Goal Team 1

Joanne Puia, RN, MHS

Broward General Medical Center
Goal Team 3

**Patricia Quigley, PhD, MPH, ARNP, CRRN,
FAAN**

James A. Haley Veterans' Hospital
Goal Team 3

Don Rapp, PhD

Retiree
Goal Team 3

Cory Richter, NREMT-P

Indian River Fire Rescue
Goal Team 3

Kyla Shelton, MPH

Florida Department of Health,
Office of Injury Prevention
Goal Team 1

Jean Shoemaker, BA

All Children's Hospital/Safe Kids Greater Tampa
Goal Team 4

Doris Shorkey, ARNP, MSN, CPM

Broward Juvenile Detention Center
Goal Team 4

Keely Smith, CHES

St. Joseph's Children's Advocacy Center
Goal Team 2

Olumide Sobowale, MD, FACS

Lakeland Regional Medical Center
Goal Team 2

Patricia Sovonick, PhD, LMHC

Pasco County Community Aging and Retirement
Services
Goal Team 3

David Summers, RN, CFRN, EMT-P

St. Mary's Medical Center
Goal Team 5

Freida Travis, MS, EMT

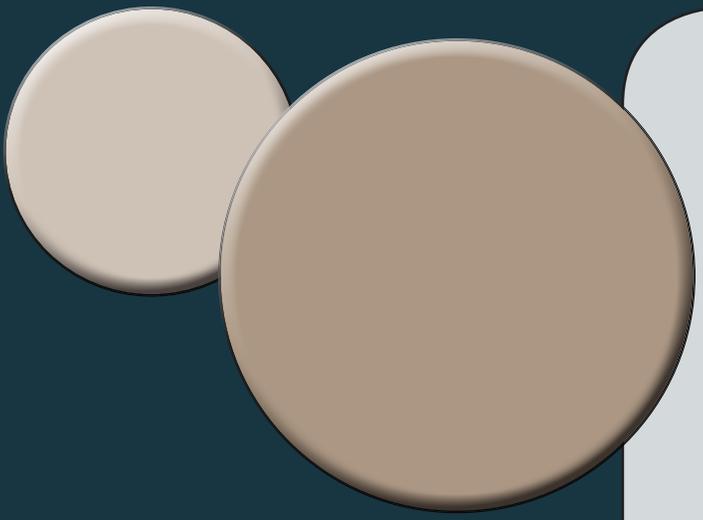
Florida Department of Health,
Office of Injury Prevention
Goal Team 1

Cheryl Urbas, MS

Florida Department of Health,
Environmental Health - Healthy Homes
Goal Team 5

Lisa VanderWerf-Hourigan, RDH, MS, EMT

Florida Department of Health,
Office of Injury Prevention
Goal Team 1



Appendix C

Injury Prevention Stakeholders
Who Received the 2009-
2013 Florida Injury Prevention
Strategic Plan Draft for Review
and Comment

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2004-2008 Florida Injury Prevention Advisory Council

FIPAC members were appointed by the Secretary for the Florida Department of Health, now the State Surgeon General. Key state agency representatives were recommended for appointment by their respective agency head.

We would like to thank each individual for their work on the 2004-2008 Florida Injury Prevention Strategic Plan.

Community Representatives

Patricia Byers, MD, FACS

Ryder Trauma Center-Jackson Memorial Hospital
Hospitals and Trauma Centers Representative

JoAnn Chambers-Emerson

Tampa General Hospital/Poison Control Center
Injury Prevention Specialists and Health Educators
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Florida Department of Education

Lt. Colonel Larry Austin

Florida Department of Highway Safety and Motor
Vehicles

Larry Baxter, MS

Florida Department of Elder Affairs

Nancy Carvallo, LMT, ASCP

Florida Agency for Healthcare Administration

Lt. Colonel Ernesto Duarte

Florida Department of Highway Safety and Motor
Vehicles

Appendix D

2004-2008 Florida Injury Prevention Advisory Council, Goal Team Leaders, and Injury Prevention Stakeholders.

Jan Davis, RDH, CPM

Sexual Violence Prevention Program
Florida Department of Health

Penny Dretschler

Florida Department of Education

Janet Lehman

Florida Department of Elder Affairs

Belinda McClellan

Florida Agency for Healthcare Administration

Karen Pelham

Florida Department of Elder Affairs

Ed Rice

Florida Department of Transportation

Marianne Trussell, JD

Florida Department of Transportation

2004-2008 Florida Injury Prevention Advisory Council Goal Team Leaders

We would like to thank each individual for their work on the 2004-2008 Florida Injury Prevention Strategic Plan.

Goal 1: Establish a sustainable infrastructure to provide leadership and to coordinate, monitor, and evaluate strategic plan implementation.

The Office of Injury Prevention

Goal 2: Increase public and private funding for injury prevention.

Steve McCloskey

Duval County Health Department and Florida Public Health Association

Goal 3: Build the capacity of communities to reduce and prevent injuries to high-risk groups and effectively address injury prevention priorities.

Deborah Mulligan, MD, FAAP, FACEP

Nova Southeastern University

Goal 4: Increase state-of-the-art knowledge and skills in the injury prevention workforce.

David Summers, RN, CFRN, EMT-P

St. Mary's Trauma Center

Goal 5: Increase the use of evidence-based injury prevention interventions statewide.

Gillian Hotz, PhD

University of Miami, School of Medicine

Goal 6: Increase the quality and availability of statewide and community-specific data for planning, surveillance, and evaluation

Steve Dearwater

Jackson Memorial Hospital

Goal 7: Build capacity and resources statewide for evaluation of injury prevention initiatives and interventions.

Karen Liller, PhD

University of South Florida, College of Public Health

Virginia Noland Dodd, PhD

University of Florida

Goal 8: Strengthen advocacy and public policy to reduce and prevent injuries.

Pamela Martin

Florida Department of Financial Services

Bonnie McDougale, MPH

Tampa General Hospital/Poison Control Center

**Individuals from the same agency/ organization participated on FIPAC at different time periods.*

Photo courtesy of Leilani Gruener

Leadership
for an
injury-free Florida
Office of
Injury Prevention



Injury Prevention Pays

*"On average - A **\$46** child safety seat generates **\$1,900** in cost benefits."*

Pacific Institute for Research and Evaluation. (November 2005). *Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Programs*

We wish to thank the following individuals for their input into the creation of, or assistance in the implementation of the 2004-2008 Florida Injury Prevention Strategic Plan.

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Glossary

Action Plan

A tool used to deploy resources and/or assign activities to achieve specific objectives. Plans usually include the following:

- key activities for the corresponding objective;
- lead person/accountability mechanism for each activity;
- time frames/milestones for completing activities;
- status of activities; and
- evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy.

Age-Adjusted Rate

A summary rate that has been statistically adjusted for the affect of age allowing direct comparison between populations with different age distributions, i.e. more children or elderly.

Early Childhood

Children ages 1-4 years old.

Emergency Department Visit

Refers to an episode of medical care within an acute-care hospital emergency department where the patient was treated and released without hospital admission.

External Cause of Injury

The circumstances in which injuries occur; the agent or force responsible for damage to the body.

Goal

A broad statement describing a desired result. Goals may be results or process oriented.

Healthy People 2010

A set of health objectives designed to improve the health of all people in the United States during the first decade of the 21st century.

Homicide/Assault Injury

Injuries inflicted on purpose by another individual through an act of violence.

Hospitalization

Refers to an episode of medical care within an acute-care hospital where the patient was admitted to the hospital for treatment.

Injury

Damage or harm caused to the structure or function of the body caused by an outside agent or force.

Injury Prevention Workforce

Healthcare and safety personnel who provide injury prevention services through education, training and other prevention tools.

Intentional Injury

Damage or harm to the body caused on purpose.

International Classification of Diseases (ICD)

Provides the ground rules for coding and classifying health-related data. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics. The United States currently uses ICD-9-CM to code morbidity diagnoses while ICD-10 is used to code mortality causes.

Appendix E

Glossary and Acronyms

Lead

Florida Injury Prevention Advisory Council Goal Team, or other work group that is responsible for the fulfillment of a specific objective.

Legislation

A proposed or enacted law or group of laws.

Measure

A specific indicator that tracks progression or status of point in reaching an end result or specific target.

Mission

A brief, comprehensive statement of purpose of the organization or system.

Morbidity

Occurrence of disease, disability, or poor health due to any cause.

Mortality

Occurrence of death.

Stakeholder

Any person or group with a vested interest in the outcome of a project or plan.

Strategy

Techniques or tactics that may be used to accomplish an objective or goal.

Suicide/Self-Harm Injury

Injuries inflicted on purpose by one's self to their own body.

Unintentional Injury

Damage or harm to the body caused by accident, not on purpose.

Policy

Understanding, educating about, and promoting (to the extent possible) prevention practices.

Public Health

The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, communities and individuals.

Vision

An overarching statement of the way we want to be; an ideal state of being at a future point.

Acronyms

AHCA - Agency for Health Care Administration

AICP - American Institute of Certified Planners

APR - Accredited in Public Relations

ARNP - Advanced Registered Nurse Practitioner

ASCP - American Society for Clinical Pathology

BSN - Bachelor of Science in Nursing

CCLS - Certified Child Life Specialist

CDC - Centers for Disease Control and Prevention

CEN - Certified Emergency Nurse

CFRN - Certified Flight Registered Nurse

CHES - Certified Health Education Specialist

CHRN - Certified Hyperbaric Registered Nurse

CMS - Childrens' Medical Services

CPM - Certification in Pharmaceutical Management

CRRN - Certified Rehabilitation Registered Nurse

DEMO - Division of Emergency Medical Operations

DHSMV - Department of Highway Safety and Motor Vehicles

DO - Doctor of Osteopathy

DOE - Department of Education

DOH - Department of Health

DOT - Department of Transportation

DP Stakeholders - Drowning Prevention Stakeholders

EMS - Emergency Medical Services

Continued on Next Page

Acronyms

Continued

EMT - Emergency Medical Technician

EMT-P - Emergency Medical Technician - Paramedic

FAAN - Fellow of the American Academy of Nursing

FAAP - Fellow of the American Academy of Pediatrics

FACEP - Fellow of the American College of Emergency Physicians

FACS - Fellow of the American College of Surgeons

FIPAC - Florida Injury Prevention Advisory Council

FDLE - Florida Department of Law Enforcement

FS - Florida Statutes

GPHR - Global Professional of Human Resources

GTL - Goal Team Leader

GTM - Goal Team Member

JD - Juris Doctor

LMHC - Licensed Medical Health Counselor

LMT - Licensed Massage Therapist

MA - Master of Arts

MBA - Master of Business Administration

MD - Doctor of Medicine

MEd - Master of Education

MHS - Master of Health Sciences

MPA - Master of Public Administration

MPH - Master of Public Health

MS - Master of Science

MSM - Master of Sacred Music

MSN - Master of Science in Nursing

MSPH - Master of Science in Public Health

MSW - Master of Social Work

NCC - National Certified Counselor

NREMT-P - National Registry of Emergency Medical Technicians - Paramedic

OIP - Office of Injury Prevention

PhD - Doctor of Philosophy

RDH - Registered Dental Hygienist

RN - Registered Nurse

SA - System Administrator

SF Stakeholders - Senior Fall Prevention Stakeholders

SSG - State Surgeon General

STIPDA - State and Territorial Injury Prevention Directors Association



For more information about injury prevention contact the Department of Health, Office of Injury Prevention at:

Telephone: 850-245-4444 x2700

Fax : 850-414-6470

Web Address: <http://www.doh.state.fl.us/injury>

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4025 Esplanade Way, 3rd Floor
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