Office of Injury Prevention

2004-2008 Florida
Injury Prevention Strategic Plan

In 2002, injury was the third leading cause of death for all Floridians, and was the underlying cause for 10,841, or 6.5 percent, of all deaths in Florida. Needless death, disability, pain, and suffering caused by preventable injuries must be reduced immediately and eventually eliminated."

—John O. Agwunobi, M.D., M.B.A., M.P.H., Secretary, Department of Health

FLORIDA DEPARTMENT OF HEALTH

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Message from the Secretary

Injury is the leading cause of death for Floridians ages one to 44. In 2002, injury was the third leading cause of death for all Floridians, and was the underlying cause for 10,841, or 6.5 percent, of all deaths in Florida. Our state has significantly higher mortality rates for suicides, poisonings, drownings, motor vehicle crashes, pedestrian injuries, and motorcycle crashes than observed nationally. 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 2004-2008 Injury Prevention Strategic Plan. This plan outlines goals, strategies, and activities to provide Florida a road map to future statewide collaborative efforts to address injury prevention.

No single agency can effectively serve as the leader for injury prevention. The Department of Health facilitated and coordinated this planning effort with injury prevention stakeholders and other state agencies. All of us must continue to work collaboratively to assemble available resources throughout the state and coalesce related programs to give injury prevention initiatives a higher profile and impact in the community at large.

The efforts of the Florida Injury Prevention Steering Committee and the many injury prevention stakeholders who participated in this strategic planning process are to be commended for their many hours of work to develop this plan. It clearly shows the dedication and commitment of injury prevention stakeholders to reduce Florida's injury burden and to promote and protect the health of all Floridians.

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

Sincerely,

John O. Agwunobi, M.D., M.B.A., M.P.H.

Secretary, Department of Health

Executive Summary

As humans, we tend to accept injuries as fate. Motor vehicle crashes, debilitating falls, drownings, and suicides occur on such a regular basis that people believe such injuries are inevitable. That is not true. Our most significant challenge in Florida is to change the way our citizens and visitors view injuries. Injuries are predictable and preventable; they are not accidents.

Injuries were the third leading cause of death to Floridians in 2002, and the underlying cause for 10,841 of 167,702 total deaths, or 6.5 percent of all deaths. Injuries cost the United States an estimated $117 billion in medical expenses each year, according to a Centers for Disease Control and Prevention (CDC) report released January 15, 2004. This estimate represents approximately 10 percent of all medical spending and is similar in magnitude to the medical costs associated with other leading public health concerns, such as obesity and smoking.

"Injuries are a leading cause of death for Americans of all ages, regardless of gender, race, or economic status. But injury deaths are only part of the picture. Millions of Americans are injured each year and survive. For many of them, the injury causes temporary pain and inconvenience, but for some, the injury leads to disability, chronic pain, and a profound change in lifestyle."[1] Like diseases, injuries are preventable–they do not occur at random.

Florida has not had a statewide Injury Prevention Strategic Plan since 1992. Three, two-day meetings were held in Tampa during the summer of 2003, to develop a new five-year strategic plan, as well as a first-year action plan. The 2004-2008 Florida Injury Prevention Strategic Plan is not limited to one agency's role in injury prevention. While the Department of Health functioned as the lead agency in facilitating and coordinating the strategic planning meetings, other key state agencies, as well as more than 220 injury prevention advocates and community partners, worked together to develop this plan. The plan includes mission and vision statements, as well as goals and strategies to address injury prevention. Goals may be accomplished with current funding levels and resources, may require additional funding, or will

"Injury is probably the most under recognized major public health problem facing the nation today, and the study of injury represents unparalleled opportunities for reducing morbidity and mortality and for realizing significant savings in both financial and human terms— all in return for a relatively modest investment." **Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention and Control. New York: American Journal of Preventive Medicine,1989, p. 1**

[1] *Injury Fact Book 2001-2002.* Atlanta, GA: Centers for Disease Control and Prevention (099-7039), p. 6. Accessible on the CDC web site at: http://www.cdc.gov/ncipc/fact_book/factbook.htm.

be contingent upon additional funding. For the 2004-2008 Florida Injury Prevention Strategic Plan to be fully implemented, additional resources and funding must be made available for an injury prevention infrastructure and the initiatives at both the state and local levels. It also is critical for other state agencies and injury prevention stakeholders to continue collaborating to implement this plan.

In addition, the 2004 Florida Injury Prevention Action Plan was developed at these meetings. This action plan outlines activities that will start in 2004, and may continue through subsequent years.

Characteristics of an Injury-Free Florida

- Annually, approximately 10,000 Floridians will be able to enjoy productive lives, because they will not die from injuries.
- Annually, there will be approximately four more classrooms of children attending schools, because they will not die due to drowning.
- Annually, more than 80 children will be able to lead normal lives, because they will not die in motor vehicle crashes.
- Employees will miss fewer work days, resulting in increased profits to businesses.
- Families will not experience the stress of dealing with hospitalization, recovery, and the related financial burden when a family member is seriously injured.
- Elder adults will be able to live independently longer, because they will not be incapacitated or hospitalized due to falls.
- Annually, more than 1,500 children will not be hospitalized due to falls, thereby improving the children's and their families' quality of life and decreasing healthcare costs.
- Streets, highways, and sidewalks will be safer places for people to travel via motor vehicles, bicycles, and motorcycles.
- Healthcare costs will be significantly reduced, thereby improving Florida's economy and the quality of life for all Floridians.

Injury is a Public Health Issue

> "If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped."
>
> **- C. Everett Koop, M.D., Sc.D., former Surgeon General of the United States and former Chairman of National SAFE KIDS Campaign, SafeKids Voice, Winter 2003, p. 11.**

Injury was the third leading cause of death to Floridians in 2002. Unintentional injuries were the leading cause of death for Florida residents ages one to 44 and were the third leading cause of death for infants less than one-year-old.

Injury is defined as physical damage to an individual that occurs over a short period of time as a result of acute exposure to chemical agents, to the acute lack of oxygen, or to one of the forms of physical energy in the environment. Excluded from this definition of injury are cumulative trauma disorders, musculoskeletal disorders of the back not caused by acute trauma, the effects of repeated exposure to chemical or physical agents, and chronic diseases.

The major categories of injury are intentional and unintentional. Intentional injuries result from interpersonal or self-inflicted violence, and include homicide, assaults, suicide and suicide attempts, child abuse and neglect (includes child sexual abuse), intimate partner violence, elder abuse, and sexual assault. Unintentional injuries include, but are not limited to, those that result from motor vehicle crashes, falls, fires, poisonings, drownings, suffocations, choking, animal bites, and recreational and sports-related activities.

Healthy People 2010 is a set of 467 national health objectives aimed at improving the health of Americans over the first decade of the new 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. The Healthy People 2010 initiative contains 39 specific injury and violence prevention objectives.

Injury data in Florida is compiled through the Injury Surveillance System which includes the Florida Department of Health's Office of Vital Statistics mortality data; and morbidity data from the Agency for Health Care Administration's hospital discharge data.

From 1997-2001, Florida has had higher mortality rates than seen nationally for every age group, except 65 and older (see Table 1). Males accounted for 70 percent of all injury fatalities and had an injury rate of more than twice that of females. Unintentional injuries were responsible for 67 percent of all injury mortality, followed by suicide (22 percent) and homicide (9 percent). Florida has significantly higher mortality rates for suicides, unintentional poisonings, pedestrian injuries, pedal-cycle injuries, motorcycle crashes, and drownings than observed nationally. Furthermore, Florida's drowning rate for residents, ages 0-4 years, is the highest in the nation and more than twice the national average.

The unintentional injury rates have been steadily increasing since 1997, while suicide rates have remained relatively unchanged and homicide rates have declined slightly (see Figure 1).

Among injury mechanisms, unintentional poisoning rates have increased every year since 1994 and have more than doubled since 1997 (see Figure 2). Unintentional poisoning deaths primarily reflect drug overdoses to adults between the ages of 35 and 54. Falls among residents, ages 65 and older, have increased 28 percent over the five-year period. During this same period, the drowning rate for children, from birth through four-years-old, declined in 2001 to its lowest level. Fatalities from motorcycle crashes also increased 55 percent during this five-year period, with the increase corresponding to the repeal of the motorcycle helmet law in 2000.

During 2001 (the most recent year comparable data is available), Florida demonstrated higher mortality rates than seen nationally for every age group except those in the 65 and older group. Florida's overall age-adjusted injury mortality rate was 11 percent higher than the national rate. However, Florida's age-adjusted unintentional and suicide mortality rates during 2001 were 14 percent and 26 percent higher than national rates, respectively. Figure 3 shows Florida's age-adjusted injury mortality rate averages from 1997 through 2001 by county of residence. Six counties (Dixie, Levy, Glades, Hendry, Taylor, and Okeechobee) had age-adjusted injury mortality rates that were approximately 50 percent higher than the state average.

Fatal injuries represent only a fraction of all injuries, and non-fatal injuries have different patterns than fatal injuries. In 2001, there was a 10:1 ratio of non-fatal hospitalized injuries to fatal injuries. For every fall-related fatality, there were 33 non-fatal fall hospitalizations. For every poisoning fatality, there were seven non-fatal poisoning hospitalizations. For every motor vehicle crash fatality, there were five non-fatal motor vehicle crash hospitalizations. The lowest non-fatal to fatal ratio was 0.6:1 for drowning.

Table 2 shows Florida's non-fatal hospitalized injury rates for selected demographics and injury types for the five-year period 1997-2001. Determination of the intent and mechanism of injury requires that the medical record be coded with an external cause of injury code (E-code). Florida's 2001 hospital discharge data was E-coded for 81 percent of all injury-related hospitalizations. This represents the fifth consecutive year that E-coding has improved, since it was mandated in 1997. Previously, the E-coding rate for 1997-2000 was 67 percent, 71 percent, 75 percent and 76 percent, respectively. Because of this linear increase in the quality of E-coding over the past five years, it is important to interpret trend data about

"Injuries affect all segments of the population, but the burden is borne disproportionately by the poor and minorities. Underlying social, environmental, and economic conditions exacerbate the disparities. Programs to prevent injuries must recognize this and work to improve the conditions that lead to this burden. Community-based action is critical to the success of these programs. Alcohol and other drugs play a role in nearly half of all injury deaths. Preventing substance abuse could dramatically reduce the number and severity of motor vehicle and fire injuries as well as suicides and homicides. Social attitudes and media portrayal of drugs and alcohol are a major component of this problem; changing these attitudes is a challenge for all sectors of society." **Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention and Control. New York: American Journal of Preventive Medicine,1989, p. 1.**

injury intent or mechanism with caution. Increases or decreases in rates may be reflecting improvements in detection through improved E-coding rather than actual changes in morbidity. Furthermore, due to the incompleteness of E-codes within the hospital discharge data, the rates reported here for certain mechanisms and intent of injury likely represent an undercount.

Residents, 65-years-old and older, accounted for 44 percent of all non-fatal hospitalizations during 2001, and concomitantly, had the highest hospitalized injury rate (1,560.8/100,000). Unlike injury mortality, females had more injury hospitalizations than males (53 percent). Falls accounted for more than a third of all injury hospitalizations followed by poisonings (12 percent). Causes of injury can vary significantly by age. While the leading mechanisms of injury mortality for the one- to 14-year-old age group were motor vehicle crashes, drowning, and suffocation or choking, the leading mechanisms of injury hospitalization for this age group were falls, motor vehicle crashes, and poisonings.

Figures 4 and 5 show five-year trends for injury morbidity by intent and selected injury mechanisms. Although falls resulting in hospitalization to residents, ages 65 and older, have increased 30 percent over the five-year period, hip fractures to this segment of the population have declined since 1997. Motorcycle-crash hospitalizations involving male riders have increased 58 percent since 1997.

During 2001, Florida's overall age-adjusted injury hospitalization rate was 620.1/100,000; this rate has remained relatively stable over the past five years. Figure 6 shows Florida's age-adjusted injury hospitalization rate averages over 1997-2001, by county of residence. Three counties (Union, Monroe and Okeechobee) had age-adjusted injury hospitalization rates that were at least 33 percent higher than the state average.

Table 1.

Florida Injury Mortality Profile, 1997-2001

Injury Mortality Rates for Selected Characteristics

CHARACTERISTIC		1997 #	1998 #	1999 #	2000 #	2001 #	2001 (%)	1997 rate	1998 rate	1999 rate	2000 rate	2001 rate	U.S 2000 rate#
All Injury Deaths		8755	9132	9197	9641	10270	100.0%	58.3	59.6	58.7	60.0	62.6	53.8
Age Group	0–14 yrs.	418	462	442	416	411	4.0%	14.4	15.7	14.7	13.6	13.3	12.5
	15–24 yrs.	1134	1138	1157	1280	1359	13.2%	62.1	61.1	60.5	65.0	67.3	61.2
	25–44 yrs.	2946	3030	2973	3040	3230	31.5%	66.1	67.5	65.6	66.5	70.5	58.4
	45–64 yrs.	1862	1949	2028	2309	2556	24.9%	58.4	58.6	58.2	63.0	66.5	52.0
	65+ yrs.	2372	2530	2568	2583	2683	26.1%	89.6	94.1	93.5	91.9	93.5	107.7
	Unknown	23	23	29	13	31	0.3%						
Gender	Male	6197	6310	6384	6801	7229	70.4%	84.7	84.5	83.4	86.7	90.3	76.7
	Female	2556	2821	2813	2838	3040	29.6%	33.2	36.0	35.0	34.5	36.2	32.0
Race	White	7277	7675	7727	8096	8826	85.9%	61.0	63.7	63.0	64.6	69.1	53.4
	Nonwhite	1455	1444	1460	1509	1434	14.0%	47.1	44.4	42.8	42.5	39.4	57.6
	Unknown	23	13	10	36	10	0.1%						
Ethnicity	Hispanic	1087	1169	1200	1293	1360	13.2%	50.5	52.1	51.4	48.2	50.7	42.5
Intent	Unintentional	5408	5759	6002	6381	6872	66.9%	36.0	37.6	38.3	39.7	41.9	35.6
	# Age 0–14	338	383	360	341	336	3.3%	11.7	13.0	12.0	11.1	10.8	9.7
	Suicide	2108	2171	2075	2147	2290	22.3%	14.0	14.2	13.2	13.4	14.0	10.7
	# Age 15–24	181	199	166	189	191	1.9%	9.9	10.7	8.7	9.6	9.5	10.4
	# Age 65+	570	570	552	554	564	5.5%	21.5	21.2	20.1	19.7	19.7	15.3
	Homicide	1117	1060	974	959	964	9.4%	7.4	6.9	6.2	6.0	5.9	6.1
	# Age 15–24	250	220	230	207	217	2.1%	13.7	11.8	12.0	10.5	10.7	12.9
	Undetermined, Other	122	142	146	154	144	1.4%	0.8	0.9	0.9	1.0	0.9	1.4
Mechanism	Cut, Pierce	171	150	130	153	160	1.6%	1.1	1.0	0.8	1.0	1.0	0.8
	Drowning	395	465	406	426	440	4.3%	2.6	3.0	2.6	2.6	2.7	1.5
	# Age 0–4	76	73	79	85	70	0.7%	8.2	7.8	8.3	8.8	7.0	3.1
	Fall	827	872	930	940	1117	10.9%	5.5	5.7	5.9	5.8	6.8	5.1
	# Age 65+	615	657	722	736	849	8.3%	23.2	24.4	26.3	26.2	29.6	29.9
	Fire, Burn	165	163	153	163	175	1.7%	1.1	1.1	1.0	1.0	1.1	1.4
	Firearms	1980	1899	1720	1809	1808	17.6%	13.2	12.4	11.0	11.3	11.0	10.4
	# Suicide	1213	1174	1140	1204	1192	11.6%	8.1	7.7	7.3	7.5	7.3	6.0
	# Homicide	721	675	541	563	571	5.6%	4.8	4.4	3.5	3.5	3.5	3.9
	Motor Vehicle Crashes*	1918	2077	2090	2149	2091	20.4%	12.8	13.6	13.3	13.4	12.7	15.3
	# Age 0–14	71	88	86	89	79	0.8%	2.5	3.0	2.9	2.9	2.5	2.9
	Motorcycle Crash	167	171	171	252	284	2.8%	1.1	1.1	1.1	1.6	1.7	1.0
	Other Transportation	128	102	164	133	173	1.7%	0.9	0.7	1.0	0.8	1.1	0.6
	Pedal cyclist	124	110	121	102	123	1.2%	0.8	0.7	0.8	0.6	0.7	0.3
	# Traffic-related	115	97	103	87	109	1.1%	0.8	0.6	0.7	0.5	0.7	0.2
	Pedestrian	557	578	519	549	538	5.2%	3.7	3.8	3.3	3.4	3.3	2.1
	Poisoning	1016	1153	1328	1463	1848	18.0%	6.8	7.5	8.5	9.1	11.3	7.4
	# Unintentional	561	673	844	961	1290	12.6%	3.7	4.4	5.4	6.0	7.9	4.6
	# Suicide	401	425	420	426	484	4.7%	2.7	2.8	2.7	2.6	2.9	1.8
	Suffocation	638	659	708	742	809	7.9%	4.2	4.3	4.5	4.6	4.9	4.4
	# Unintentional	258	266	327	363	335	3.3%	1.7	1.7	2.1	2.3	2.0	2.1
	# Suicide	321	343	333	332	422	4.1%	2.1	2.2	2.1	2.1	2.6	2.1
	All Others, Unspec.	840	883	887	913	864	8.4%	5.6	5.8	5.7	5.7	5.3	4.3
Occupational		349	350	321	303	354	3.4%	2.3	2.3	2.0	1.9	2.2	NA

Rates for cells with < 20 injuries are highly unstable

* Motor vehicle crash category excludes incidents involving motorcycles, pedal cyclists or pedestrians

Most recent data available

NA = not available

Table 2.

Florida Hospitalized Injury Profile, 1997–2001

Injury Morbidity Rates for Selected Characteristics

CHARACTERISTIC		1997 #	1998 #	1999 #	2000 #	2001 #	2001 (%)	1997 rate	1998 rate	1999 rate	2000 rate	2001 rate
All Injury Hospitalizations		90909	92922	92954	98164	101763	100%	605.6	606.9	592.8	610.6	620.1
Age Group	0–14 yrs.	6970	6718	6641	7192	7395	7.3%	240.8	228.2	221.1	234.9	238.5
	15–24 yrs.	9354	9213	8903	9995	10501	10.3%	512.2	494.8	465.9	507.9	519.8
	25–44 yrs.	21159	20853	19950	21094	21798	21.4%	474.7	464.3	439.9	461.4	476.1
	45–64 yrs.	13386	13953	14784	15872	17277	17.0%	420.0	419.9	424.2	433.1	449.8
	65+ yrs.	40031	42180	42670	44007	44790	44.0%	1511.9	1568.4	1554.3	1566.2	1560.8
Gender	Male	42822	43744	43475	46424	48349	47.5%	585.2	585.8	646.5	659.4	603.8
	Female	48067	49164	49463	51732	53414	52.5%	624.7	626.9	871.3	894.8	635.7
Race	White	68387	70145	69957	73648	76534	75.2%	573.7	581.9	570.3	587.9	599.1
	Nonwhite	21598	21851	21900	23490	24266	23.8%	698.7	671.2	641.6	661.9	667.5
	Unknown	924	926	1097	1026	963	0.9%					
Ethnicity	Hispanic	9503	9768	10190	11017	11477	11.3%	441.3	435.4	436.5	410.7	427.8
Intent	Unintentional	49443	54531	58207	62314	68652	67.5%	329.4	356.2	371.2	387.6	418.3
	# Age 0–14	4950	5064	5162	5703	6238	6.1%	171.0	172.0	171.9	186.3	201.2
	Self Inflicted	6836	6801	6683	7226	7797	7.7%	45.5	44.4	42.6	44.9	47.5
	# Age 15–24	1452	1364	1311	1529	1675	1.6%	79.5	73.3	68.6	77.7	82.9
	Assault	3573	3834	3482	3650	3906	3.8%	23.8	25.0	22.2	22.7	23.8
	Undetermined, Other	681	721	842	1454	1776	1.7%	4.5	4.7	5.4	9.0	10.8
	No Intent Code@	30376	27035	23740	23520	19632	19.3%					
Mechanism	Cut, Pierce	2069	2243	2105	2239	2517	2.5%	13.8	14.7	13.4	13.9	15.3
	Near-Drowning	224	278	233	278	268	0.3%	1.5	1.8	1.5	1.7	1.6
	Falls	26041	29371	31918	34237	37376	36.7%	173.5	191.8	203.6	213.0	227.8
	# Age 65+	19147	21738	23675	25102	26963	26.5%	723.2	808.3	862.4	893.4	939.6
	Fire	400	452	420	475	483	0.5%	2.7	3.0	2.7	3.0	2.9
	Hot Substance	533	568	572	674	655	0.6%	3.6	3.7	3.6	4.2	4.0
	Firearms	1411	1389	1105	1011	1021	1.0%	9.4	9.1	7.0	6.3	6.2
	# Unintentional	502	417	326	296	270	0.3%	3.3	2.7	2.1	1.8	1.6
	# Assault	745	788	628	546	591	0.6%	5.0	5.1	4.0	3.4	3.6
	Machinery	464	539	545	599	644	0.6%	3.1	3.5	3.5	3.7	3.9
	Motor Vehicle Crashes*	8484	9060	9377	9939	10198	10.0%	56.5	59.2	59.8	61.8	62.1
	# Age 0–14	584	572	580	623	636	0.6%	20.2	19.4	19.3	20.4	20.5
	Motorcycle Crash	1117	1129	1304	1500	1855	1.8%	7.4	7.4	8.3	9.3	11.3
	Pedal cyclist	1223	1259	1344	1472	1508	1.5%	8.1	8.2	8.6	9.2	9.2
	# Traffic-related	457	470	482	513	546	0.5%	3.0	3.1	3.1	3.2	3.3
	Pedestrian	1452	1561	1479	1540	1596	1.6%	9.7	10.2	9.4	9.6	9.7
	# Traffic-related	1362	1436	1378	1403	1481	1.5%	9.1	9.4	8.8	8.7	9.0
	Other Transportation	883	948	1051	1288	1445	1.4%	5.9	6.2	6.7	8.0	8.8
	Environmental	833	1023	965	955	1235	1.2%	5.5	6.7	6.2	5.9	7.5
	# Bite Sting	735	819	813	836	989	1.0%	4.9	5.3	5.2	5.2	6.0
	Poisoning	9838	9895	10225	11009	12323	12.1%	65.5	64.6	65.2	68.5	75.1
	# Unintentional	2925	3068	3319	3059	3521	3.5%	19.5	20.0	21.2	19.0	21.5
	# Self Inflicted	6396	6327	6244	6713	7274	7.1%	42.6	41.3	39.8	41.8	44.3
	Struck by, Against	2773	2929	3040	3440	3638	3.6%	18.5	19.1	19.4	21.4	22.2
	Other & Unspecified	4902	5479	4079	4587	6013	5.9%	32.7	35.8	26.0	28.5	36.6
	No Mechanism Code@	30376	27035	23740	23520	19632	19.3%					
Leading	Traumatic Brain Injury	8138	7546	7798	8429	8766	8.6%	54.2	49.3	49.7	52.4	53.4
Diagnoses	Hip Fracture Age 65+	19655	19850	19745	20060	19293	19.0%	742.4	738.1	719.2	713.9	672.3

" Rates for cells with < 20 injuries are highly unstable
* Motor Vehicle Crash category excludes incidents involving motorcycles, pedal cyclists or pedestrians
@ Mechanism & Intent are determined from the documentation of E-codes in the medical record.
Over the 5-year period, Ecodes were documented for 67%, 71%, 75%, 76% and 81% of injury-related hospitalizations respectively"

Figure 1.

1997–2001 Injury Mortality Rates, FL Residents

Mortality Trend by Injury Intent

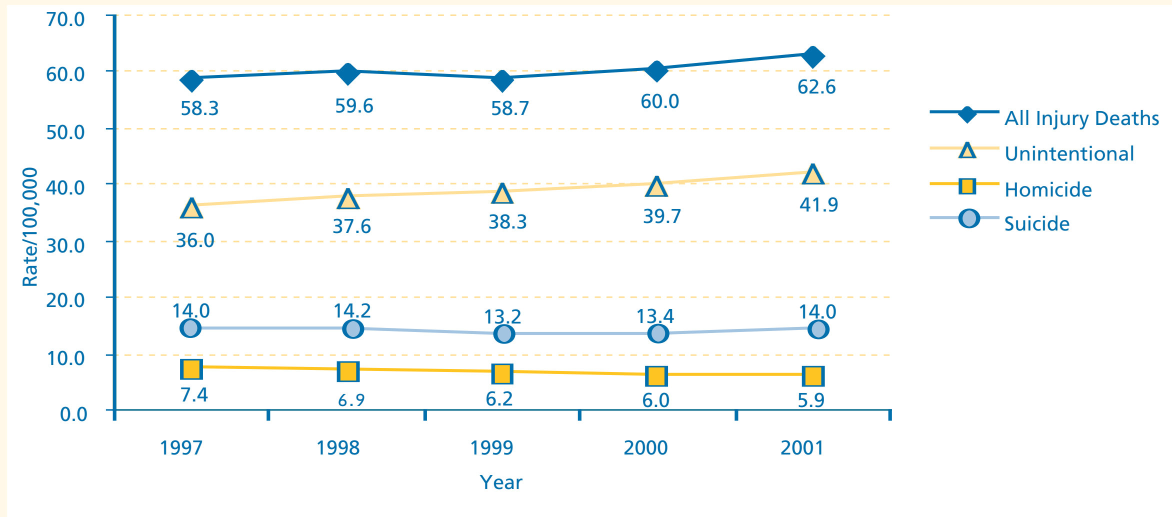


Figure 2.

1997–2001 Injury Mortality Rates, FL Residents

Mortality Trend by Injury Mechanism

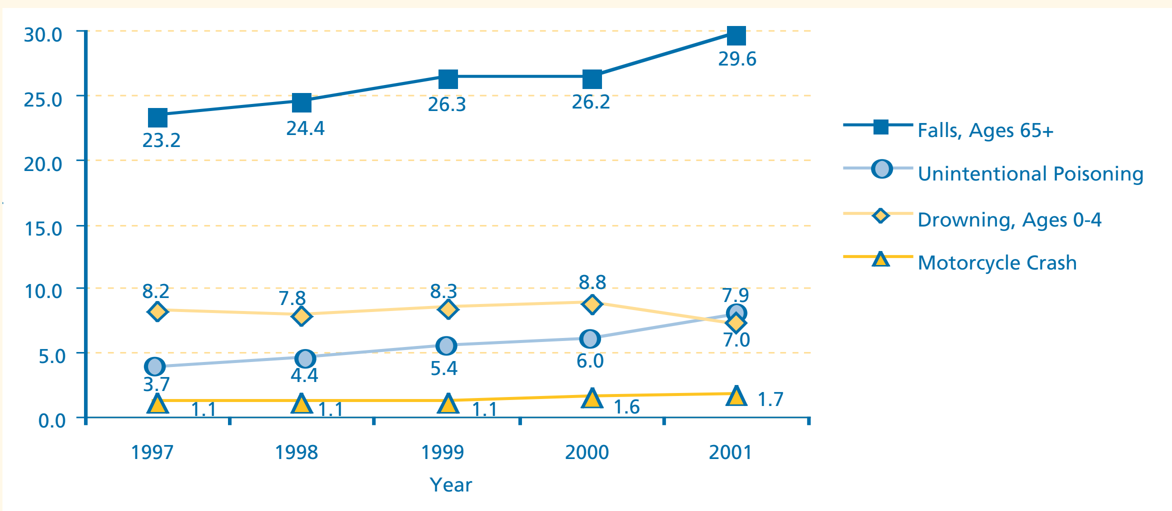


Figure 3.

Age-Adjusted Injury Mortality Rate by Florida County of Residence

5-Year Average Rate/100,000, 1997–2001

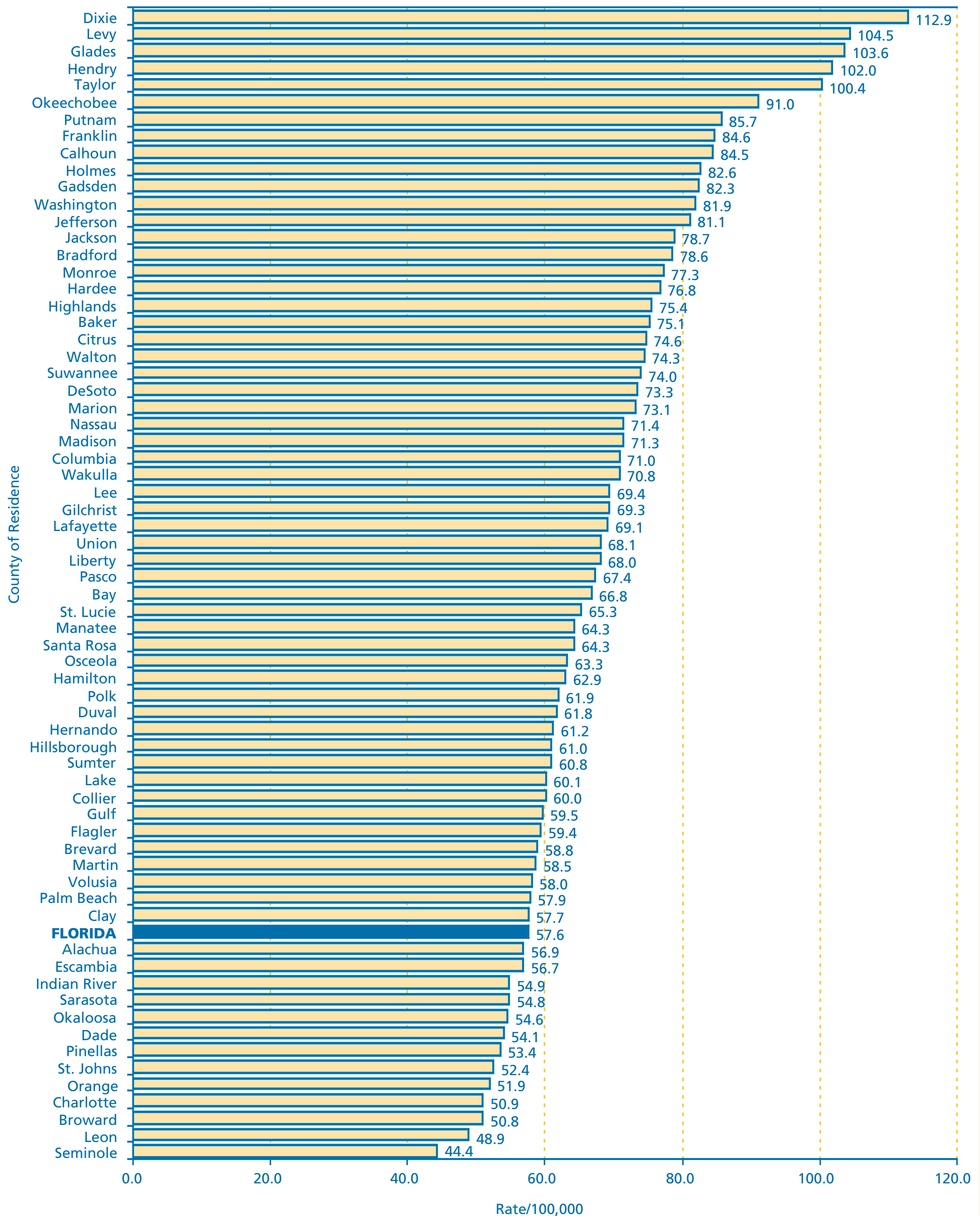


Figure 4.

1997–2001 Injury Hospitalization Rates, FL Residents

Morbidity Trend by Injury Intent

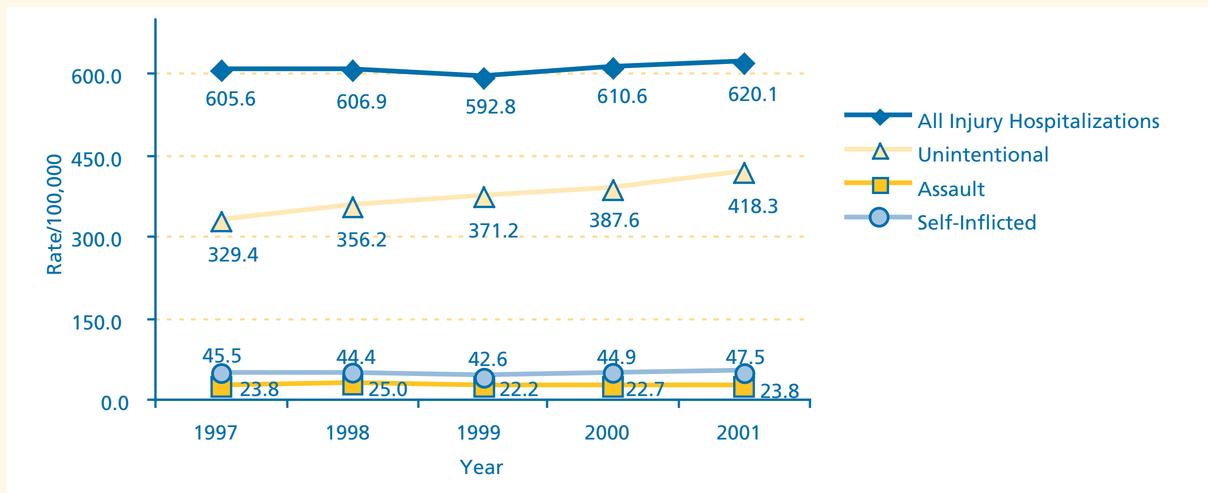


Figure 5.

1997–2001 Injury Hospitalization Rates, FL Residents

Morbidity Trend by Injury Mechanism

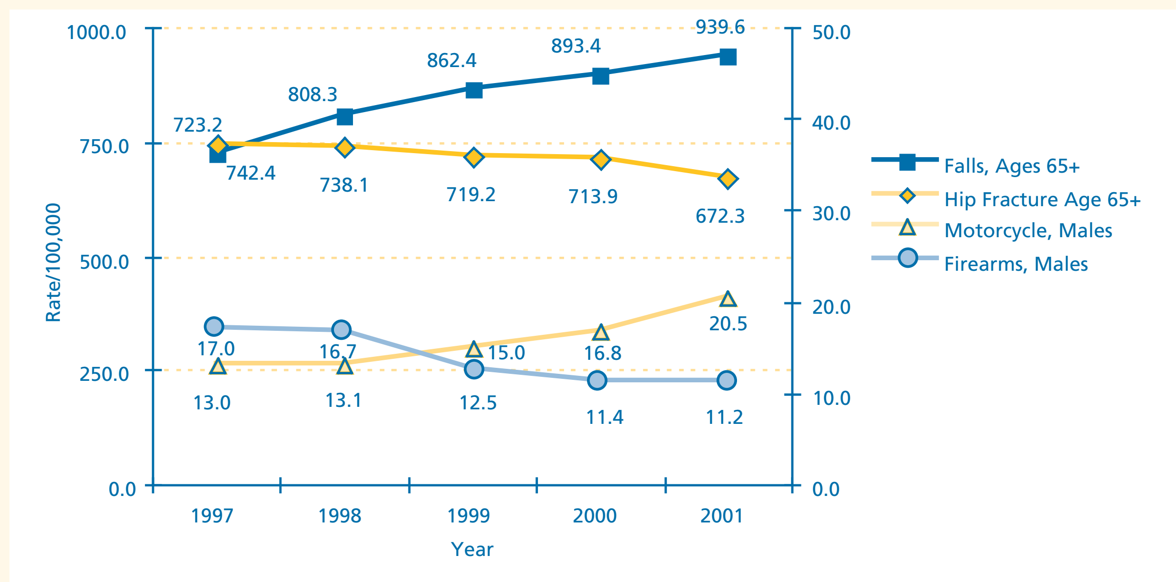
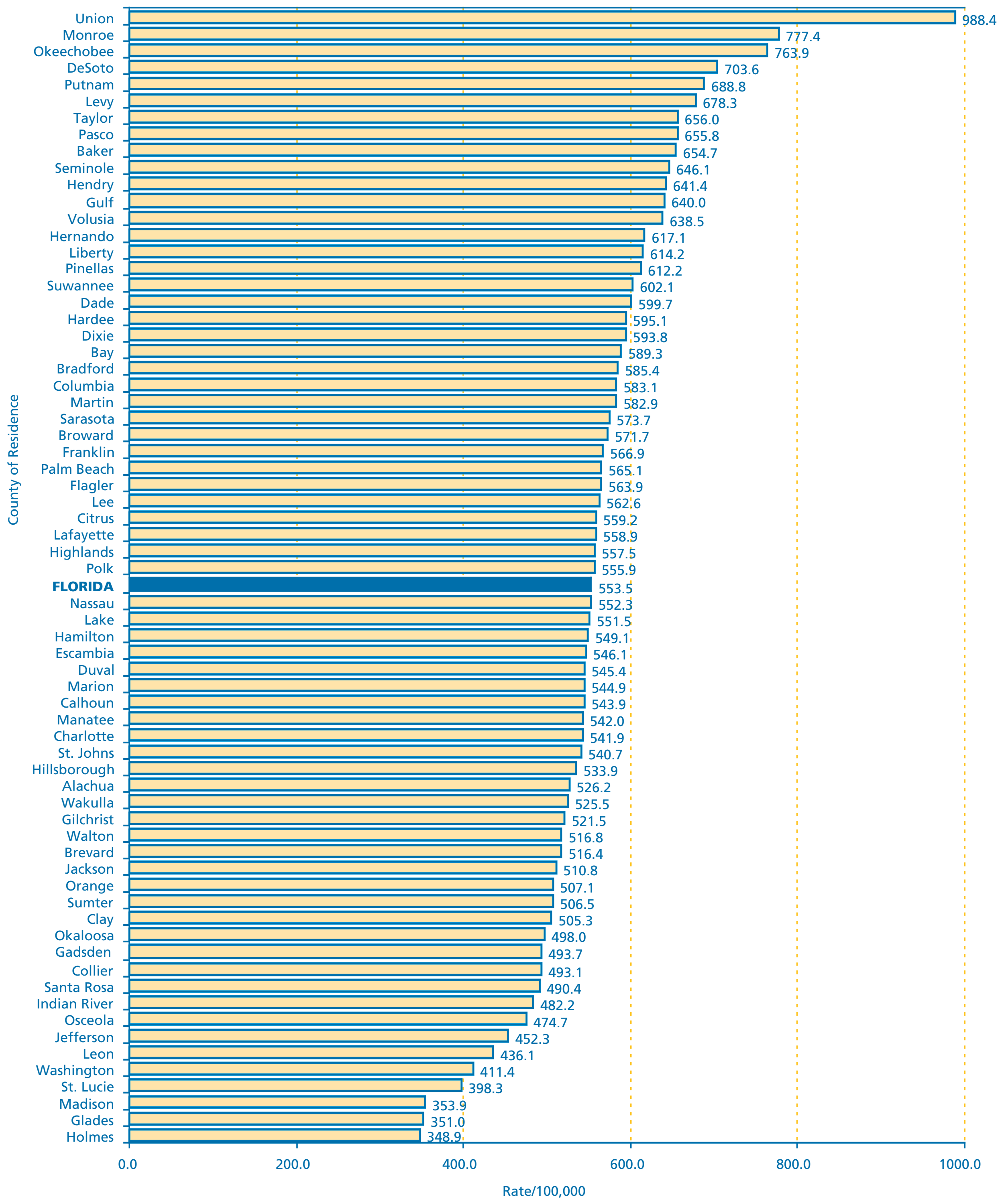


Figure 6.

Age-Adjusted Injury Hospitalization Rate by Florida County of Residence

5-Year Average Rate/100,000, 1997-2001



Injury Prevention within the Department of Health

The Injury Prevention Unit was created in 1989, in what was then the Florida Department of Health and Rehabilitative Services' Bureau of Emergency Medical Services (EMS), with a three-year federally funded 402 Highway Safety Grant. This grant provided four state level staff positions and established a surveillance unit within the EMS office. In October 1989, the Center for Disease Control (CDC) provided a four-year grant for the core development of an injury prevention program in Florida. This grant provided two staff positions at the state level and one position in each county health department in five of the state's most populous counties: Broward, Dade, Duval, Hillsborough, and Palm Beach. By September 1990, a trained injury prevention staff person was in place in each of the five target counties. Drowning prevention coalitions were established in all five of the counties. Once the grant was completed, the surveillance unit ceased to operate. In addition, there was no specific injury prevention funding provided by the department to the county health departments for injury prevention initiatives.

Recognizing that long-term success of the injury prevention program required self-sufficiency rather than dependence on federal grants, four injury prevention positions were converted to state funding through the EMS trust fund. In 1992, a request was made to the Florida Legislature to permanently integrate the Injury Prevention and Control Unit into the Florida Department of Health. Although the proposed legislation was not successfully passed, the Injury Prevention Unit continued to solicit grants, operate programs, and receive financial support from the Bureau of EMS.

Florida has not had an injury prevention strategic plan since 1992. In December 2000, the department hired an injury epidemiologist to begin developing an injury surveillance system and infrastructure designed to enhance the visibility and effectiveness of injury prevention. The Injury Prevention Unit began work on developing a new plan in June 2002. To provide injury prevention with a greater visibility, the Office of Injury Prevention was established and relocated to the Division of Health Awareness and Tobacco on July 1, 2003.

A steering committee was established to help develop and implement the plan, as there is no ongoing advisory committee to provide recommendations to the department about injury prevention issues. The department submitted a legislative budget request for $1,400,000 to provide additional infrastructure for injury prevention within the department and funding to communities for evidence-based injury prevention initiatives. Although this request was not part of the Governor's 2004-2005 Legislative Budget Request, it was considered a "work in progress" and may be considered for future funding.

The 2004-2008 Florida Injury Prevention Strategic Plan includes strategies that may be accomplished with current funding levels and resources, may require additional funding, or will be contingent upon additional funding. For this plan to be fully implemented, additional resources and funding must be made available for an injury prevention infrastructure and the initiatives at the state and local levels.

Development of Florida's 2004-2008 Injury Prevention Strategic Plan

The Department of Health established an Injury Prevention State Plan Steering Committee to provide input into the statewide strategic plan. This committee included diverse representation from Florida's injury prevention community. On June 9 and 10, 2003, 29 injury prevention steering committee members and staff from the Office of Injury Prevention met in Tampa to begin the development of a five-year collaborative statewide strategic plan. The group received information on the need for a state plan, an overview of the strategic planning process, a national perspective on injury prevention, and Florida's injury prevention statistics. The group worked collaboratively to develop the mission, vision, and prioritized goals for the plan.

Responding to an invitation to join the strategic planning process, 62 injury prevention stakeholders, including the steering committee and staff from the Office of Injury Prevention, gathered in Tampa on July 28 and 29, 2003. Participants met in workgroups to recommend five-year strategies for the previously developed prioritized goals.

A draft of the 2004-2008 Florida Injury Prevention Strategic Plan was sent electronically to stakeholders, including individuals who had and had not attended the June and July strategic planning meetings, for their review and comment. Stakeholder input was incorporated into the document.

On September 22 and 23, 2003, 57 injury prevention stakeholders, including the steering committee and staff from the Office of Injury Prevention, met in Tampa to develop a first-year action plan for implementing the five-year (2004-2008) collaborative statewide strategic plan. Activities were recommended only for goals and strategies scheduled to begin implementation in 2004. This action plan outlines activities that will start in 2004, and may continue through subsequent years.

A draft of the 2004 action plan was then disseminated to more than 200 injury prevention stakeholders, which included the steering committee, staff from the Office of Injury Prevention, and those who were able and were not able to participate in strategic and action planning workshops, for review and comment. More than 30 responded and revisions were made to the action plan.

Acknowledgements

No single force working alone can accomplish everything needed to reduce the number of injuries in Florida. More than 220 injury prevention advocates participated in this strategic planning process. The Office of Injury Prevention and the department would like to thank the 90 injury prevention steering committee members, stakeholders, and Office of Injury Prevention staff members who participated in the three, two-day meetings held from June through September 2003 to develop this comprehensive plan. A list of steering committee members and Office of Injury Prevention staff members is located in Appendix A. A list of stakeholders who participated in the meetings is located in Appendix B. In addition, there were approximately 134 stakeholders who received documents for review and had the opportunity to provide input into the plan. A listing of these stakeholders is located in Appendix C.

These dedicated volunteers' commitment to injury prevention is apparent through the hard work and effort that made this strategic plan possible. The injury prevention strategic plan and corresponding action plan are not intended to supplant the many outstanding community-based injury prevention efforts currently underway, but rather to complement, enhance, strengthen, and fill gaps in those initiatives.

Vision and Mission

Vision:

Florida is safe and free of injuries.

Mission:

Our mission is to provide leadership to public and private partners dedicated to reducing Florida's injury burden. We coordinate our efforts, prioritize needs, share resources, and promote effective approaches to injury prevention through education, advocacy, data collection, and evaluation. Representing many disciplines and diverse groups collaborating to address all injuries, we strive to save lives, reduce costs, and improve the quality of life for Florida residents and visitors.

2004–2008 Prioritized Five-Year Goals

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

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

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

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

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

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

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

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

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
1A	Designate the Office of Injury Prevention (OIP) within the Florida Department of Health (DOH) as the lead office with responsibility for statewide injury prevention leadership, collaboration, and coordination.	2004-2008	DOH	N/A	May be accomplished with current funding
1B	Designate an injury prevention coordinator among existing staff for each DOH Division and for each County Health Department (CHD) or group of health departments to work with local community partners.	2004-2008	DOH	N/A	May require additional funding
1C	Establish an Injury Prevention Advisory Council with officers to create an advisory infrastructure for coordination of injury prevention.	2004-2005	DOH (OIP)	Injury prevention stakeholders and community organizations.	No additional funding required to establish advisory council. Additional funding required for face-to-face meetings.
1D	Establish, when needed, subcommittees of the Injury Prevention Advisory Council for coordinating, monitoring, and evaluating the goals of the strategic plan.	2004- 2005	Injury Prevention Advisory Council,DOH (OIP)	Injury prevention stakeholders and community organizations.	No additional funding required to establish subcommittees. Additional funding required for face-to-face meetings.
1E	Design, when needed, evaluation and reporting mechanisms for each goal.	2004- 2005	Injury Prevention Advisory Council, Goal subcommittees, DOH (OIP)	N/A	May be accomplished with current funding
1F	Inventory Florida's injury prevention workforce.	2004-2008	DOH (OIP) (possibly contracted to university)	Injury prevention stakeholders	Contingent upon additional funding
1G	Design, establish, and publicize, through electronic and non-electronic mechanisms, a comprehensive injury prevention web site, including stakeholder organizations with contact information, available resources, information about evidence-based interventions, and populations served.	2005-2006	DOH (OIP), DOH {Information Technology (IT)},(possibly contracted to university)	Injury prevention stakeholders	Contingent upon additional funding
1H	Conduct an annual statewide injury prevention summit to provide continuing injury prevention education and promote public/private partnerships.	2005-2006	Injury Prevention Advisory Council, DOH (OIP)	DOH (Office of Communications) Injury prevention stakeholders	Contingent upon additional funding
1I	Develop and implement statewide/regional campaigns for specific injury prevention interventions.	2005-2008	DOH (OIP) Injury prevention stakeholders	DOH (Office of Communications), Media, Injury Prevention Advisory Council	Contingent upon additional funding
1J	Design and establish annual recognition for an influential individual who has demonstrated commitment to injury prevention.	2005-2008	Injury Prevention Advisory Council	Injury prevention stakeholders, DOH (OIP)	May be accomplished with current funding
1K	Request an assessment of Florida's injury prevention efforts by an outside organization.	2005	DOH (OIP)	Injury Prevention Advisory Council, Injury prevention stakeholders	Contingent upon additional funding

Measures of success:

- Utilize web site and disseminate information.
- Implement strategic plan.
- Establish communication linking local, regional, and state injury prevention organizations.
- Completion of assessment of Florida's injury prevention efforts by an outside organization.

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
2A	Identify current public and private injury prevention funding sources.	2005-2006	Injury Prevention Advisory Council, DOH (OIP)	Goal subcommittees, injury prevention stakeholders, participating organizations, data source organizations	Contingent upon additional funding
2B	Develop partnerships with foundation(s) to assist in seeking and managing funds to enhance injury prevention activities throughout Florida.	2004-2008	Florida Emergency Medicine Foundation Learning Resource Center Advisory Board (FEMF/LRC)	Injury Prevention Advisory Council, DOH (OIP)	Contingent upon additional funding
2C	Develop long-term public and private funding sources, including creative approaches (e.g., lottery scratch-off, specialty license plates, increase in drivers license fees).	2005-2008	Injury Prevention Advisory Council, DOH (OIP)	Injury prevention stakeholders, elected state and county officials.	Contingent upon additional funding

Measures of success:

- Document public/private funding sources and make available statewide.
- Select a Florida injury prevention stakeholder to sit on the Florida Emergency Medicine Foundation/Learning Resource Center Advisory Board (FEMF/LRC).
- Develop strategies for working with the Florida Legislature to increase funding.

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
3A	Promote the use of successful injury prevention strategies to local community leaders.	2005-2008	DOH, Injury prevention stakeholders, CHDs	N/A	May be accomplished with current funding
3B	Encourage community partnerships to work collaboratively to reduce and prevent injuries.	2005-2008	County health departments (CHDs) and/or other appropriate community organizations/ coalitions	Local injury prevention stakeholders, DOH (OIP)	May be accomplished with current funding
3C	Explore the feasibility of making appropriate injury prevention curricula available to child-care and family daycare facilities.	2005-2006	DOH (OIP), Duval CHD	Department of Children and Families, CHDs, local child-care and family daycare facilities	Contingent upon additional funding
3D	Encourage community partnerships to work collaboratively with the Department of Elder Affairs to reduce and prevent injuries to Florida's elder population.	2005-2008	Department of Elder Affairs	Local injury prevention stakeholders, DOH(OIP)	May be accomplished with current funding

Measures of success:

- Establish community partnerships in local areas.
- Identify existing programs and partnerships within geographic areas.
- Clearly define high-risk groups at the local and state levels.
- Decrease specified injuries in high-risk groups.

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
4A	Include in the injury prevention web site a communication network (distribution list) linking the injury prevention workforce.	2005-2006	DOH (IT), DOH (OIP)	Injury prevention stakeholders	Contingent upon additional funding
4B	Plan, provide, and evaluate training/educational opportunities for the injury prevention workforce.	2005-2008	Professional organizations	Colleges/universities, injury prevention stakeholders	Contingent upon additional funding
4C	Provide injury prevention training/education for injury prevention workforce.	2005-2007	University of South Florida College of Public Health Department of Elder Affairs, Florida International University	Colleges/universities, DOH (OIP), injury prevention stakeholders, public health professionals	Contingent upon additional funding
4D	Encourage the public/private sector to support injury prevention training/education.	2005-2008	Injury prevention stakeholders, professional organizations	Colleges/universities, CHDs, DOH (OIP), parks and recreation, school boards	May be accomplished with current funding
4E	Advocate with grantors to incorporate injury prevention training and/or education as a fundable category.	2005-2008	Injury Prevention Advisory Council	CDC, Robert Wood Johnson Foundation, Florida Public Health Association (FPHA) private funding organizations, DOH (OIP)	May be accomplished with current funding

Measures of success:

- Provide training for members of Florida's injury prevention workforce.
- Establish and utilize a communication network.
- Document incorporation of injury prevention training requirements by grantors in funding guidelines.
- Public and private employers encourage and provide resources to staff to travel to injury prevention conferences and trainings.

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
5A	Identify and compile existing "best practices" in research literature that would promote successful injury prevention strategies.	2005-2008	University of South Florida (USF), University of Miami (UM), Florida State University (FSU), and other universities to be determined	Injury prevention stakeholders, CDC, local health planning councils	Contingent upon additional funding
5B	Identify and disseminate the results of evidence-based intervention research.	2005-2006	USF	UM, FSU, and other universities to be determined	Contingent upon additional funding
5C	Identify gaps in the availability of evidence-based injury prevention interventions and encourage the development and dissemination of new and existing interventions to fill identified gaps.	2007-2008	USF, UM, FSU, and other universities to be determined	DOH (OIP), injury prevention stakeholders, CDC, local health planning councils	Contingent upon additional funding

Measures of success:

- Establish a baseline of evidence-based interventions, resources, and associated data.
- Increase the number of injury prevention programs utilizing evidence-based interventions.
- Improve the collection, integration, and dissemination of data associated with evidence-based interventions.
- Increase the number of individuals who access and use data associated with evidence-based interventions.

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
6A	Partner to develop a centralized medical examiner data reporting system.	2004-2008	Injury prevention stakeholders	Florida Department of Law Enforcement	Contingent upon additional funding
6B	Partner to develop a comprehensive child-death review team and database.	2005-2008	Injury prevention stakeholders	EMS for Children, Vital Statistics, medical examiners, Department of Children and Families, Children's Medical Services, State Child Death Review Team	Contingent upon additional funding
6C	Partner to improve the quality of external cause of injury coding (E-coding) identified from hospital discharge data.	2004-2008	Injury prevention stakeholders	Agency for Health Care Administration (AHCA) Florida Hospital Association (FHA)	Contingent upon additional funding
6D	Advocate for the collection of emergency department data for its usefulness as a source of information about statewide injury morbidity.	2005-2006	Injury prevention stakeholders, AHCA	EMS Advisory Council, FEMF/LRC, Bureau of EMS	May be accomplished with current funding
6E	Advocate for the enhancement of additional injury-related questions on statewide behavioral surveillance surveys.	2004-2008	DOH, Department of Education, DOH (Bureau of Chronic Disease and Bureau of Epidemiology)	Mental health and substance abuse prevention agencies	Contingent upon additional funding
6F	Determine the feasibility of developing a patient-level EMS data reporting system.	2005-2008	DOH, Injury prevention stakeholders	CHDs, EMS providers, trauma agencies	Contingent upon additional funding
6G	Identify methods to determine the impact of injuries on high-risk groups and communities (e.g., injury outcomes, years of life lost, costs of health care and rehabilitation, burden of injury) with existing data sources.	2004-2008	DOH (OIP)	Colleges/universities, local health planning councils, community partnerships	Contingent upon additional funding

Measures of success:

- Implement an electronic data collection system within all 24 medical examiner districts in Florida.
- Acquire annual data from all 24 medical examiner districts that describes the incidence and circumstances of injury-related deaths.
- Upgrade Florida's existing child-death review system from examining only abuse-related deaths to include all child deaths.
- Develop a mechanism for disseminating data from the expanded child-death review system to the state injury surveillance system and counties for children under state guardianship.
- Create three or four dedicated fields within the hospital discharge database for coding external cause of injury.
- Disseminate to counties annual data on injuries treated at hospital emergency departments.
- Increase the number of injury-related questions on the state-administered Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS).
- Modify the existing aggregate emergency medical services data collection system to include useful data targeted at priority injuries and risk factors.
- Develop and pilot test a prototype for a statewide patient-based emergency medical services data collection system.
- Link medical examiner data to vital statistics death certificates to develop a two-source fatality surveillance system.
- Link pre-hospital data to emergency department and/or hospital discharge data.

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
7A	Identify and assess evaluation methods currently used by injury prevention programs.	2005-2007	To be determined	Universities, providers of evaluation services	Requires additional funding
7B	Implement evaluation training for the injury prevention workforce based upon assessment results.	2006-2008	To be determined	Universities, providers of evaluation services	Requires additional funding
7C	Establish an evaluation network to provide guidance for program evaluations.	2005-2008	To be determined	Universities, providers of evaluation services	Requires additional funding
7D	Include in the comprehensive injury prevention web site links to existing evaluation programs and web-based evaluation training modules. Also include a menu of available injury-specific evaluation protocols for programs of different sizes, a listing of evaluation consultants, and an online searchable "sign-up" page to share programs and evaluation methods.	2006-2008	DOH	Universities, providers of evaluation services, CDC	Requires additional funding
7E	Designate one or more individuals qualified and available to provide technical assistance with evaluation.	2006-2008	USF, UM, FSU, and other universities to be determined	Universities, providers of evaluation services, CDC, local health planning councils	Requires additional funding
7F	Provide and/or identify funding to support agencies conducting formal evaluations.	2005-2008	To be determined	To be determined	Requires additional funding

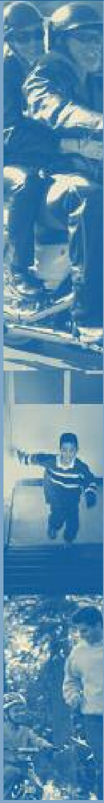
Measures of success:
- Establish evaluation component of web site.
- Identify a person to provide technical assistance with evaluation.
- Increase funding sources for the agencies conducting formal program evaluations and make available for all injury prevention agencies.

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

	STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATONS
8A	Seek enabling legislation to establish a permanent Injury Prevention Advisory Council within DOH.	2004-2005	DOH	Injury prevention stakeholders	May be accomplished with current funding
8B	Use Injury Prevention Advisory Council to promote statewide legislative policy agenda.	2005-2008	Injury Prevention Advisory Council	FPHA and injury prevention stakeholders	May be accomplished with current funding
8C	Develop position papers in support of the consensus legislative/policy agenda.	2005-2008	Injury Prevention Advisory Council	FPHA and injury prevention stakeholders	May be accomplished with current funding
8D	Identify sponsors for legislative priorities on the consensus agenda.	2005-2008	Injury Prevention Advisory Council	FPHA and injury prevention stakeholders	May be accomplished with current funding
8E	Plan and implement collaborative statewide advocacy initiatives in support of the prioritized legislative / policy agenda.	2005-2008	Injury Prevention Advisory Council	FPHA and injury prevention stakeholders	May be accomplished with current funding

Measure of success:
- Pass legislation consistent with Injury Prevention Strategic Plan's goals and strategies.

Appendix A
Florida Injury Prevention Steering Committee Members



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