
Planning for the Future of Injury and Violence Prevention in Maryland



A Strategic Plan for the Center for the
Preventive Health Services, Injury
Prevention and Epidemiology Division,
and the
Partnership for a Safer Maryland
2006–2016

STRATEGIC PLAN

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The time is right to capitalize on the experience and enthusiasm of the injury and violence prevention community that now exists within Maryland. This Strategic Plan aims to elevate injury and violence prevention in Maryland to a level that is commensurate with the tremendous toll that injuries cause.



Executive Summary

Injury is the third leading cause of death (unintentional and intentional combined) among Maryland residents, and the most common cause of death for Marylanders aged 1 to 44. Injuries resulted in 3,369 deaths in 2004. For every Marylander who died of an injury, another 14 were hospitalized and 154 were treated in an emergency department. The table below details the types of injuries that most commonly affect Maryland’s citizens.

In addition to the human toll injuries exact, the financial costs are staggering: Marylanders spent approximately \$500 million dollars to treat injuries in 2003. These costs do not include some direct treatment costs such as outpatient rehabilitation, follow-up appointments, and prescriptions; nor do these figures reflect the indirect costs associated with lost productivity.

Leading Causes of Injury in Maryland, 2004

Death		Hospitalization		Emergency Room Visit	
Cause	Number	Cause	Number	Cause	Number
Poison	718	Fall	18,604	Fall	130,034
Motor vehicle	660	Motor vehicle	6,628	Motor vehicle	81,443
Firearm	654	Poisoning	5,677	Struck	85,451
Fall	430	Cut/pierce	2,104	Overexertion	51,533
Suffocation	316	Struck	2,141	Cut/pierce	46,851

Source: Center for Preventive Health Services, Injury Prevention and Epidemiology Division. *Injuries in Maryland*.

There is a long and distinguished tradition of injury and violence prevention in Maryland that includes many public and private organizations both at the state and local levels. In recognition of this rich history, the state’s injury prevention community helped to guide the strategic planning process that resulted in this Plan.

This Strategic Plan includes two parts. Part 1 addresses the five core components of a state injury program identified by the State and Territorial Injury Prevention Directors Association (STIPDA). (STIPDA 2003) The five core components are:

- Building a Solid Infrastructure for Injury Prevention
- Collecting and Analyzing State Data
- Designing, Implementing and Evaluating Interventions
- Providing Technical Assistance and Support
- Affecting Public Policy

Part 2 of this Plan provides a structure for addressing injury topics through the *Partnership for a Safer Maryland*. Specifically, the Injury Prevention and Epidemiology Division (IPED) and the *Partnership* will approach injury prevention through a series of three-year risk factor reduction campaigns beginning with a youth safety campaign. The campaigns will: 1) provide a unifying theme for the state’s diverse injury prevention community, 2) focus resources on a distinct aspect of the injury field, and 3) realize greater coordination of

interventions and improved impact of messages. Part 2 also includes a framework for assessing specific injury problems and evaluating intervention options.

Eighteen goals associated with six overarching focus areas provide a set of structured actions for realizing the Plan, as listed below:

Building the Infrastructure

Goal 1: Raise awareness about injury prevention within Maryland government, and among policy makers, the media, and the general public for the purpose of increasing support for injury prevention initiatives.

Goal 2: Increase networking among injury prevention professionals.

Goal 3: Provide the infrastructure needed to raise, receive and distribute funds on behalf of the *Partnership for a Safer Maryland*.

Goal 4: Provide the infrastructure support needed to accomplish the goals outlined in this plan.

Collecting and Analyzing Injury Data

Goal 1: Expand and refine the current surveillance efforts to assess injury risks, inform intervention development, and evaluate the impacts of injury prevention initiatives.

Designing, Implementing and Evaluating Interventions

Goal 1: Assure the long-term viability of the mini-grant program.

Goal 2: Formalize and publicize the IPED as a resource for designing, implementing and evaluating interventions.

Goal 3: Assure the Center for Preventive Health Services, Injury Prevention and Epidemiology Division is sufficiently staffed to meet the needs of the state with regard to designing, implementing and evaluating injury prevention interventions.

Providing Technical Support and Training

Goal 1: Maintain and support a permanent injury prevention network involving all 24 Maryland localities.

Goal 2: Expand the training offered by the Center for Preventive Health Services, Injury Prevention and Epidemiology Division to wider injury prevention and life safety audiences.

Goal 3: Formalize and publicize the IPED and the *Partnership* as a resource for technical assistance on injury prevention matters.

Goal 4: Assure the Center for Preventive Health Services, Injury Prevention and Epidemiology Division is sufficiently staffed to meet the needs of the state with regard to technical support and training.

Affecting Public Policy

Goal 1: Understand the policy environment and how advocacy for injury prevention can be most effective.

Goal 2: Increase injury prevention professionals' involvement in the policy-making process.

Goal 3: Convey the value of local injury prevention efforts to local officials.

Addressing Injuries and Injury Risk

Goal 1: Develop three, three-year injury risk factor reduction campaigns during the 10 year period between 2006 and 2016.

Goal 2: Implement the campaigns.

Goal 3: Assess each campaign to measure process and outcome effects and identify lessons learned.

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Introduction

Every day in Maryland an average of 9 people die, 130 are hospitalized, and 1,427 are treated in emergency rooms as a result of injuries sustained while at home, work, school, or on the road. The tragedy is that these injuries are largely preventable. Effective strategies to reduce or eliminate injuries, and to minimize the severity of injury events exist in abundance; what is in short supply is the political and popular will needed to effectuate change. Perhaps more than any other health indicator, a high injury rate signifies a society's failure to take care of its own.

Since 1986, the Injury Prevention and Epidemiology Division (IPED) within the Center for Preventive Health Services at the Maryland Department of Health and Mental Hygiene (DHMH) has been addressing this threat to the public's health. Twenty years later, the impact of this legacy is clear: injury prevention and surveillance are established components of Maryland's public health infrastructure. Each of the twenty-four local health departments within the state has a designated Injury Prevention Coordinator (IPC) on staff. These IPCs provide a local-level perspective on injury and its prevention, and serve as front-line advocates and interventionists for injury prevention.

Today, in 2006, IPED staff focus their injury prevention activities on assembling and reporting injury surveillance data, as well as supporting the local injury prevention infrastructure through funding, education, skill building, consultation, and technical assistance. The mission of the injury prevention program, developed in 1990, remains:

“To promote health and quality of life by preventing and controlling chronic diseases, injury-related death and disability.”

The State's commitment to injury prevention began with support from the national Centers for Disease Control. In the twenty years since that funding began, Maryland state and local health officials have used this modest investment of federal funds to build a solid foundation to support the infrastructure needed to significantly reduce the injury-related death and disability that is the cause of lost lives, disabled bodies, reduced quality of life, and high medical costs. In order to more fully realize the reductions in mortality and morbidity that are possible through this infrastructure, the injury prevention community in Maryland must unite to elevate the field to a higher level. To accomplish this, injury prevention professionals must command the attention of federal, state and local officials (whose responsibility for assuring the health and safety of their people is well-established). In addition, they must energize private sector leaders and the public to counter the general complacency and failure to invest in injury prevention that impede progress. Injury prevention can no longer be a health issue on the margins: now is the time to organize to assure a safer Maryland. This Strategic Plan provides a framework, goals, and specific aims to advance injury and violence prevention in Maryland over the next ten years.

Background

History of the Injury Prevention Program in the Maryland Department of Health and Mental Hygiene

The Division of Injury and Disability Prevention and Rehabilitation

The Maryland Injury Prevention Program (now known as the Injury Prevention and Epidemiology Division (IPED)) began in 1985, when a group of interested parties, led by the Maryland Department of Health and Mental Hygiene and the University of Maryland developed a state plan for injury prevention. This group was chaired by Susan Baker of the Johns Hopkins University School of Public Health and Adam Cowley of the Maryland Institute of Emergency Medical Services Systems. The result was a greater focus on injury prevention at the state health department and among various partners around the state.

The Maryland Injury Prevention and Control Program (MIPCP), began in 1989 when the Maryland Department of Health and Mental Hygiene (DHMH) was awarded a capacity building cooperative agreement from the Centers for Disease Control (now known as the Centers for Disease Control and Prevention (CDC)). This five year capacity building grant (\$350,000 per year) afforded many opportunities that were previously unavailable to the DHMH. Not only was funding provided to the state health department but about 1/3 of the money was shared with three of the 24 jurisdictions in Maryland. In addition, many improvements were made in Maryland's ability to collect and analyze data and provide a network for partners around the state to meet and share their respective activities in the field. This core capacity also afforded DHMH to advance the goals and objectives of the grant and to pursue other funding sources.

The Maryland Injury Prevention Network

Also established in 1989, the Maryland Injury Prevention Network (MIPN) served as a point of information (or an information clearinghouse) between 70 participating agencies and organizations. MIPN was funded from 1989-1994 and at its pinnacle had 491 members from a variety of federal, state, and local groups from both the public and private sector.

Two other grants were awarded to DHMH during the period of 1991 - 1992:

- Partnerships in Injury Prevention for a four year period from the DHHS, HRSA, Maternal and Child Health Bureau (\$200,000 per year)
- Prevention of Primary and Secondary Disabilities for a three year period from the DHHS, CDC (\$250,000 per year.)

It was at this point that DHMH re-organized the unit to encompass disability prevention and was re-named to the Division of Injury and Disability Prevention and Rehabilitation (DIDPR). The DIDPR advanced the goals and objectives of the initial plan, pursued additional grant proposals, and set program priorities based on available surveillance data and available resources. Four additional grants were awarded by the CDC during 1993-94 to address specific injury issues:

- Bicycle Safety Program for a three year period (\$150,000/yr.)
- Firearm Surveillance Project for a two year period (\$150,000/yr.)

- Smoke Detector Project for a two year period (\$150,000/yr.)
- Seat Belt Use Project for a two year period (\$150,000/yr.)

Other accomplishments included:

- Quarterly training meetings with local health agencies and state partners;
- Two Governor’s Conferences on Injury Prevention drawing about 400 attendees and addressing intentional and unintentional injuries, including child passenger safety, alcohol and substance use, and violence;
- Regional injury prevention conference with presentations from nationally known leaders in the field;
- Workshop for hospital medical records personnel on E-coding;
- Injury prevention workshops held in collaboration with the Johns Hopkins Center for Injury Research and Policy; and
- Other outreach activities including community training, injury updates, group facilitator training, and consultations for professional groups.
- Participation in the Governor’s Bicycle Advisory Committee whose first major accomplishment was the passage of state legislation mandating the use of bicycle helmets for children ages 16 and under.
- Collaboration with the MD Hospital Cost Review Commission to mandate the use of external cause of injury codes on all hospital discharge records.
- Providing technical assistance to all MD jurisdictions and implementing a mini-grant programs for local health departments to obtain funding (from PHHSBG funds) for injury and violence prevention activities.

Injury in Maryland

An Overview of the Problem

Injury was the third leading cause of death for Marylanders, and the leading killer of children, teens and adults aged 1-44 in 2004 (Table 1). That year, medical centers in Maryland treated over 568,000 injuries. The overwhelming majority of people injured (92%) were treated in emergency rooms, seven percent required a hospital stay, and 3,369 died. In addition to the human toll exacted by injuries, the financial costs are staggering: Marylanders spent over \$600 million dollars to treat injuries in 2004. These costs do not include some direct treatment costs such outpatient rehabilitation, follow-up appointments, and prescriptions; nor do these figures reflect the indirect costs associated with lost productivity.¹

Table 1: Injuries as a Leading Cause of Death in Maryland, 2003

Rank	Age Groups											Total
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	
1	Short Gestation 128	Injuries 27	Injuries 21	Injuries 36	Injuries 229	Injuries 359	Injuries 488	Injuries 632	Malignant Neoplasms 1006	Malignant Neoplasms 1854	Heart Disease 9719	Heart Disease 12164
2	Congenital Anomalies 108	Congenital Anomalies 9	Malignant Neoplasms 4	Malignant Neoplasms 14	Heart Disease 13	Heart Disease 22	Heart Disease 68	Malignant Neoplasms 315	Heart Disease 785	Heart Disease 1260	Malignant Neoplasms 7011	Malignant Neoplasms 10292
3	Pregnancy Complications 65	Malignant Neoplasms 9	Respiratory Disease 3	Heart Disease 4	Malignant Neoplasms 12	Malignant Neoplasms 12	HIV 57	Heart Disease 279	Injuries 536	Injuries 236	Cerebro-vascular 2363	Injuries 3199
4	SIDS 56	Heart Disease 4	Congenital Anomalies 3	Congenital Anomalies 3	Congenital Anomalies 5	Congenital Anomalies 5	Malignant Neoplasms 55	HIV 272	HIV 216	Diabetes Mellitus 216	Respiratory Disease 1725	Cerebro-vascular 2734
5	Placenta Cord Membranes 30	Cerebro-vascular 2	Cerebro-vascular 2	HIV 2	Respiratory Disease 4	Complicated Pregnancy 3	Diabetes Mellitus 17	Liver Disease 67	Cerebro-vascular 108	Cerebro-vascular 205	Diabetes Mellitus 1087	Respiratory Disease 1986
6	Respiratory Distress 24	Septicemia 2	HIV 2	Anemias 1	Cerebro-vascular 3	Diabetes Mellitus 3	Cerebro-vascular 11	Cerebro-vascular 37	Liver Disease 105	Respiratory Disease 181	Influenza & Pneumonia 1009	Diabetes Mellitus 1454
7	Bacterial Sepsis 17	Respiratory Disease 1	Benign Neoplasms 1	Benign Neoplasms 1	Nephritis 3	Influenza & Pneumonia 3	Septicemia 9	Diabetes Mellitus 37	Diabetes Mellitus 92	Septicemia 133	Alzheimer's Disease 851	Influenza & Pneumonia 1175
8	Gastritis 14	Hernia 1	Influenza & Pneumonia 1	Cerebro-vascular 1	Anemias 1	Cerebro-vascular 2	Complicated Pregnancy 7	Influenza & Pneumonia 33	Septicemia 83	Liver Disease 93	Septicemia 836	Septicemia 1098
9	Injuries 23	Influenza & Pneumonia 1	Meningitis 1	Respiratory Disease 1	Aortic Aneurysm 1	Respiratory Disease 2	Influenza & Pneumonia 7	Septicemia 27	Influenza & Pneumonia 55	HIV 70	Injuries 599	Alzheimer's Disease 865
10	Neonatal Hemorrhage 10	Perinatal Period 1		Diabetes Mellitus 1	Benign Neoplasms 1	HIV 2	Liver Disease 6	Viral Hepatitis 15	Respiratory Disease 50	Nephritis 62	Nephritis 466	HIV 641

Source: Adapted from CDC's Leading Causes of Death Report, Maryland

Injuries are “unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical or chemical energy, or from the absence of such essentials as heat or oxygen.”² Injuries may result from actions that are intentional (assault, self-inflicted) or unintentional. The cause of an injury is related to its probable severity and outcome, as illustrated in Table 1. Firearm and suffocation injuries are more likely to be fatal than are injuries resulting from being cut or struck.

Table 2: Leading Causes of Injury in Maryland by Outcome, 2004

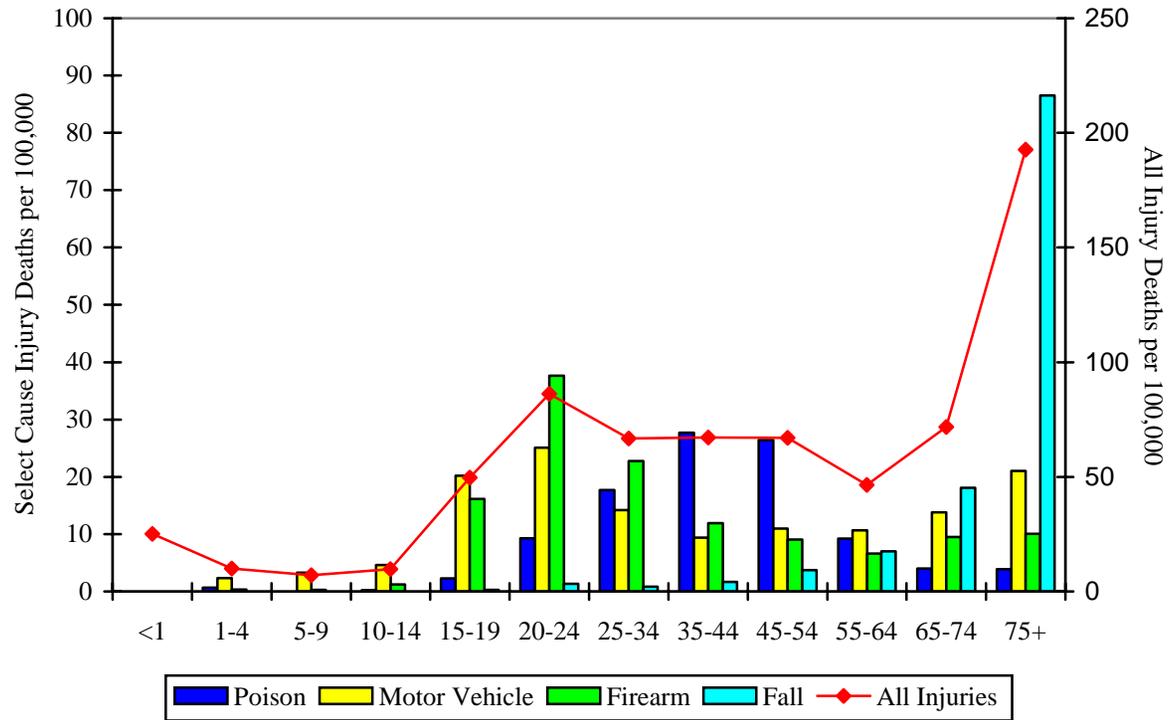
Death		Hospitalization		Emergency Room Visit	
Cause	Number	Cause	Number	Cause	Number
Poison	718	Fall	18,604	Fall	130,034
Motor vehicle	660	Motor vehicle	6,628	Struck	85,451
Firearm	654	Poisoning	5,677	Motor vehicle	81,443
Fall	430	Struck	2,104	Overexertion	51,533
Suffocation	316	Cut/Pierce	2,141	Cut/pierce	46,851

Source: Center for Preventive Health Services, Injury Prevention and Epidemiology Division. *Injuries in Maryland*.¹

Injury-related death rates are highest among individuals over 65, but injuries also exact an enormous toll on the other end of the age spectrum, as the leading killer of children and adolescents. In 2004, injury-related deaths represented 59% of all deaths among 1-19 year olds in Maryland.

Injuries threaten the health of all Marylanders, regardless of age. However, injuries affect the young and old through different mechanisms, as illustrated in Figure 1. Falls are the leading cause of injury death among oldest (65+) segment of the population. Motor vehicle death rates are highest among new drivers (15-24) and the elderly (75+), and constitute the single largest cause of injury death among 5-14 year olds. Firearms are a common source of injury death that affects all ages. Firearm death among adolescents and young adults is far more likely to occur through homicide. With age, the risk of firearm death results increasingly from suicide. While both firearms and suicide are commonly associated with youth, the rate of firearm suicide among those 65 and older was more than twice that among those 15-24 in 2004 (not pictured). Poisoning is another significant source of injury death, and the leading cause of injury death among 35-54 year olds.

Figure 1: Maryland Injury Death, by Age 2004



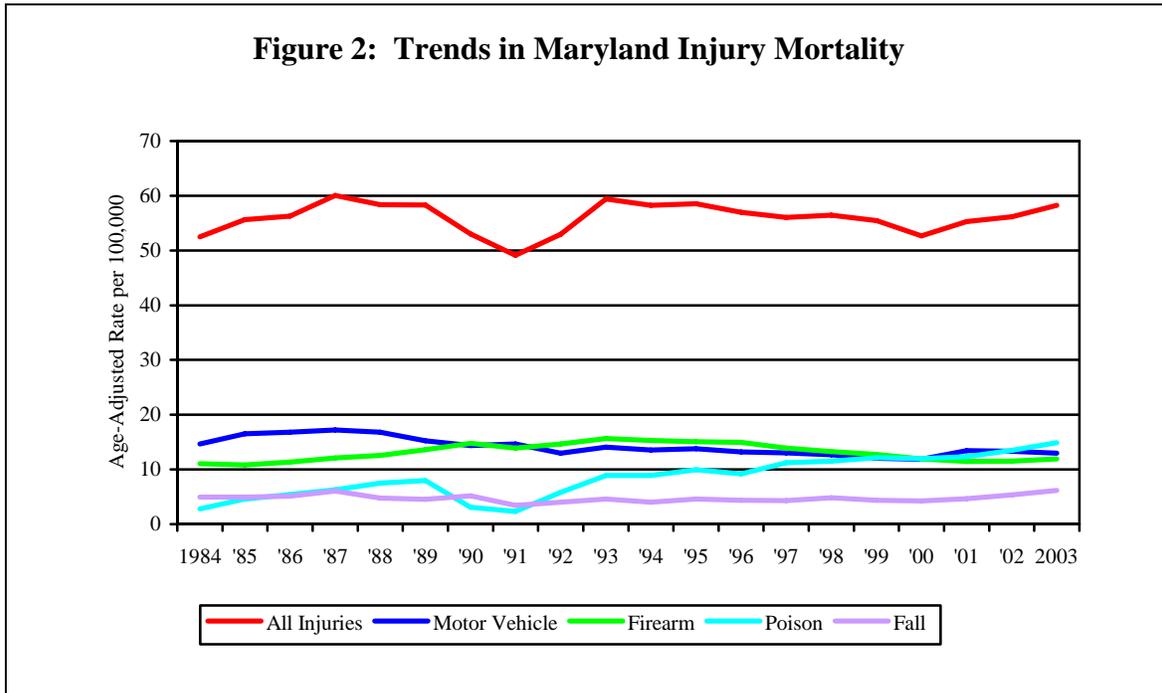
Injuries vary significantly across Maryland's 24 local jurisdictions (Table 3), with emergency room, hospitalization, and death rates in the highest jurisdictions more than double the rates of the lowest jurisdictions. Maryland's injury death rate (58 deaths per 100,000) ranks 27th among the states in the nation. This rate is better than some neighboring states in the mid-Atlantic region, and worse than others. Washington, D.C. and West Virginia rank 6th and 9th, respectively; New Jersey and New York have the lowest injury rates in the country; and Pennsylvania, Delaware and Virginia all have lower injury death rates than Maryland with rankings in the 30's.³

Table 3: Injury Rates and Rank by Maryland Jurisdiction, 2004

	Injury-Related Emergency Department Visits		Injury-Related Hospitalizations		Injury-Related Deaths	
	Rate per 100,000	Rank	Rate per 100,000	Rank	Rate per 100,000	Rank
Allegany	16,150	1	1,396	2	71.7	7
Anne Arundel	8,452	20	710	17	50.5	18
Baltimore City	14,546	3	1,669	1	121.8	1
Baltimore	9,544	16	1,137	5	60.4	14
Calvert	10,483	14	702	18	74.0	6
Caroline	12,444	7	1,088	6	99.8	2
Carroll	10,346	15	1,033	8	54.8	16
Cecil	11,957	9	906	13	84.8	5
Charles	9,403	18	620	19	49.3	19
Dorchester	15,250	2	1,271	3	87.3	4
Frederick	6,932	23	549	22	45.9	20
Garrett	14,427	4	916	12	63.1	12
Harford	9,512	17	844	14	52.2	17
Howard	7,413	21	550	21	33.7	23
Kent	11,271	12	970	10	97.0	3
Montgomery	6,508	24	514	23	34.6	22
Prince George's	7,110	22	556	20	61.1	13
Queen Anne's	8,539	19	745	16	68.8	8
Somerset	10,496	13	514	24	32.7	24
St. Mary's	12,199	8	974	9	38.7	21
Talbot	13,199	6	1,157	4	65.7	9
Washington	11,469	11	826	15	59.4	15
Wicomico	13,282	5	1,067	7	63.1	11
Worcester	11,549	10	968	11	65.3	10
Maryland	9,378	--	857	--	60.6	--

Source: Center for Preventive Health Services, Injury Prevention and Epidemiology Division.¹

Over the past 20 years, Maryland’s injury death rate has ranged from 49 to 60 deaths per 100,000 population. Figure 2 illustrates this fluctuation, and an upward trend in current rates. Injuries associated with poisons, motor vehicles, firearms and falls are the most common causes of injury death. While over the past decade motor vehicle and firearm injury death rates have declined slightly, in recent years the number of fatal poisonings has increased rapidly. Fall-related deaths have also risen, although more gradually than poisonings.



Approaches to Prevention and Control

The field of injury prevention is based on William Haddon’s methodical approach to injuries and their prevention. Dr. Haddon, the first director of the National Highway Safety Bureau (now the National Highway Traffic Safety Administration), defined three phases of the injury process: pre-event, event, and post-event; and identified solutions to each phase in relation to the human factors, agent factors, and physical and socio-cultural environment factors that can be modified to prevent or reduce the forces that cause injury. The Haddon Matrix (Table 4) is the tool that resulted from this conceptual approach. Table 4 includes examples of factors that can be targeted to reduce motor vehicle injury.

By identifying these categories of factors associated with injury outcomes and assessing which factors are more and less modifiable, those who design interventions will have a more rigorous approach to assessing their options.

Table 4: Haddon Matrix with the Example of Motor Vehicle Factors

	Human Factors	Vehicle Factors	Physical Environment	Socio-cultural environment
Pre-event	Driver experience BAC	Brakes Speed capability	Hazard visibility Road curvature	Laws, norms re: drinking & driving
Event	Seat belt use Age	Air bags Vehicle size	Characteristics of fixed objects	Laws, norms re: seat belt use
Post-event	Age Physical condition	Fuel system integrity	Distance to medical services	Access to and quality of medical care

Source: Adapted from Baker, et al. *The Injury Fact Book*, 2nd edition

Haddon’s 10 Basic Strategies of Injury Prevention Countermeasures (listed below) provide another tool for conceptualizing injury interventions. The 10 Strategies describe different ways that injury producing events can be modified or eliminated.

1. Prevent the initial creation of the hazard by banning the manufacture and sale of inherently unsafe products or prohibiting inherently unsafe practices.
2. Reduce the amount of energy contained in the hazard.
3. Prevent the release of a hazard that already exists.
4. Modify the rate or spatial distribution of the hazard.
5. Separate, in time or space, the hazard from that to be protected.
6. Separate the hazard from that which is to be protected by a material barrier.
7. Modify relevant basic qualities of the hazard.
8. Make what is to be protected more resistant to damage from the hazard.
9. Begin to counter the damage already done by the hazard.
10. Stabilize, repair, and rehabilitate the object of the damage.

Developing the Plan

This Strategic Plan reflects the experiences and opinions of many of the State’s injury prevention leaders, and incorporates some elements of existing state plans developed by other states. The following sources were consulted in the development of this Plan:

- Other state injury plans;
- Other Maryland Department of Health and Mental Hygiene plans;
- Injury prevention practitioners who participated in four regional focus groups;
- Injury prevention leaders;
- Center for Preventive Health Services, Injury Prevention and Epidemiology staff;
- Injury prevention literature;
- Feedback provided by the *Partnership*, the Steering Committee, and the Advisory Board on draft versions of the Plan.

Strategic Plan for Maryland

While Maryland has enjoyed a long history of success in injury prevention at the state and local levels, the current strategic planning process provides an opportunity to build on this success with an aggressive plan to improve the efficiency and impact of injury prevention efforts.

This Strategic Plan is organized in two parts. Part 1 addresses the five core components of a state injury program identified by the State and Territorial Injury Prevention Directors Association (STIPDA)⁴ and the recommendations that emerged from the sources described above. STIPDA's five core components include:

- Building a Solid Infrastructure for Injury Prevention
- Collecting and Analyzing State Data
- Designing, Implementing and Evaluating Interventions
- Providing Technical Assistance and Support
- Affecting Public Policy

Most of the strategic planning process suggestions related to the infrastructure for injury prevention, and therefore, those recommendations are addressed in “Building the Infrastructure” section of Part 1.

Part 2 of this Plan provides a structure for addressing injury topics through Maryland's newly organized injury prevention community, as described in Part 1. Specifically, the IPED and the *Partnership* will approach injury prevention through a series of three-year risk factor reduction campaigns beginning with a youth safety campaign. The campaigns will provide a unifying theme for the state's diverse injury prevention professionals, focus resources on a distinct aspect of the injury field, and realize greater coordination of interventions and improved impact of messages. Part 2 also includes a section that offers an approach for assessing specific injury problems and evaluating intervention options. Through this combination of infrastructure and issue planning, Maryland's injury prevention community will be well-prepared to achieve meaningful gains in the pursuit of a safer Maryland.

**Part 1: Five Core Components of a State
Injury and Violence Prevention Program**

Section 1: BUILDING THE INFRASTRUCTURE

Maryland needs a solid injury prevention infrastructure that will integrate and coordinate existing agencies and organizations involved in injury and violence prevention activities, and ensure the sustainability of injury and violence prevention in the State.

Section 1.1: Description of the Current Infrastructure

Center for Preventive Health Services, Injury Prevention and Epidemiology Division (IPED)

“Injury Prevention and Epidemiology Division focuses primarily on preventing death and disabilities due to unintentional and intentional injuries. In addition, the Office monitors risk behaviors, chronic diseases and preventive health services, and characterizes the demographic health status of Maryland residents ages 18 years and older.”

The types of injuries addressed include falls, motor vehicle-related injuries, drownings, firearm-related injuries, homicides, suicides, poisonings, playground-related injuries, and burns, among many others. Most of the injury prevention activities are population-based and target all Maryland citizens. As stated on its website, the Division approaches prevention in three ways by:

- Understanding the number and nature of injuries occurring in Maryland and the factors which place individuals at risk. This is accomplished through coordinated epidemiologic surveillance and information gathering activities.
- Creating, coordinating and evaluating prevention programs targeted toward identified populations of injury hazards. This is accomplished through efforts to change human behavior, alter the physical environment, or enhance policies that increase protection from injury.
- Increasing the capacity of others to effect meaningful injury prevention in both new and existing practice settings. This is accomplished developing and fostering training and education programs for professionals, community leaders and agencies, clinical practitioners, and decision-makers.”

Fourteen staff are responsible for implementing activities to advance the goals of the IPED. Of the 14 staff, 6 are full-time, 2 are part-time and devoted solely to injury prevention. Of the remaining 6 positions, 4 are full-time and 2 are part-time, and include responsibilities for injury, chronic disease and other surveillance activities. Of the 8 positions that are exclusively injury, 3 full-time and 1 part-time support Maryland’s National Violent Death Reporting System (NVDRS). The other 2 full-time injury positions include the coordinator for *Partnership for a Safer Maryland* (a CDC funded position) and a research analyst responsible for injury surveillance reports. The one part-time injury prevention specialist administers the mini-grant program and provides technical assistance to the State’s local Injury Prevention Coordinators.

Injury Community Planning Group: Partnership for a Safer Maryland

In September 2005 the IPED organized the first meeting of the *Partnership for a Safer Maryland* for the purpose of organizing a statewide network of injury prevention professionals to advance injury prevention in Maryland. Over 35 representatives from 28 organizations were involved in this initial meeting, including representatives from local and state government agencies, non-profit advocacy organizations, care providers, and academic institutions. A Steering Committee formed from that meeting (Appendix A) that includes experts in specific injury areas, including but not limited to: violence, suicide, firearms; motor vehicle, motorcycle, pedestrian; home and burn; occupational; recreational, sports; poisons.

The full *Partnership*, along with the Steering Committee, will complement the existing network of local Injury Prevention Coordinators and the IPED to provide the infrastructure needed to realize the goals of this Strategic Plan and assure a viable, effective injury prevention community within Maryland. The Advisory Board for the *Partnership* will oversee these groups (Appendix B).

The Steering Committee for the *Partnership* developed and finalized a set of by-laws (Appendix C) that stipulate the mission of the *Partnership*:

To “*advocate for injury and violence prevention and promote education and surveillance in Maryland through statewide partnerships.*”

The *Partnership* meets quarterly, with an annual meeting scheduled at the time of the fall meeting. The *Partnership* will advance its mission by engaging in activities to:

- Increase awareness of injury, including violence, as a public health problem;
- Network all organizations in Maryland engaged in injury/violence prevention to increase effectiveness;
- Provide injury and violence prevention and control education, training, and professional development for those within the injury and violence prevention field;
- Enhance the capacity of public health and safety agencies to conduct research on injury and violence in our communities;
- Enhance the capacity of public health and safety agencies to conduct injury/violence prevention programs;
- Support public health policies designed to advance injury and violence prevention;
- Utilize data driven and evidenced-based interventions.

These activities will be managed and carried out through five standing action groups of the *Partnership* which all members are encouraged to participate in:

- Networking;
- Promoting Injury Prevention;
- Technical Support and Training;
- Fundraising; and

- Government Relations.

Section 1.2: Assessing the Infrastructure

Center for Preventive Health Services, Injury Prevention and Epidemiology Division

Maryland needs a recognized lead injury prevention organization to serve as a central organizing voice for injury prevention in the state. The IPED is positioned to organize and support a network of public and private injury prevention stakeholders that will represent injury prevention in Maryland. However, to do so effectively, the Division needs additional permanent staff funded with core injury prevention support. At present, the state of Maryland funding for injury prevention within IPED is limited to partial support for the CPHS Director and IPED Division Chief, and full support for one epidemiologist. Federal project-specific grants fund the remaining staff. Without core support, IPED staff priorities are driven by contractual agreements. This funding arrangement makes long-term planning and data driven decision-making a challenge. For these reasons, core support for injury prevention must be a priority. This conclusion is consistent with STIPDA’s recommendations on staffing a state injury prevention infrastructure: “Key positions – in leadership, data collection and analysis, program development, evaluation and education – should be permanent positions. ... and, whenever possible, dedicated exclusively to their injury prevention responsibilities.”⁴

As the leading cause of death for Marylanders between the ages of 1-44, injury exacts an enormous toll on the health and well-being of people in the state. As such, it must be a priority for any serious effort to improve the public’s health. Maryland’s current injury prevention infrastructure is understaffed and under-funded, leaving the true potential of scientific advances in the field beyond the scope of what Maryland government can provide its citizens. In the twenty years since the Maryland IPED began advancing the cause of injury prevention, a dedicated and skilled cadre of state and local injury prevention professionals has developed with a minimal investment of resources. **The time is right to capitalize on the experience and enthusiasm of the injury prevention community that now exists within the State. This Strategic Plan aims to elevate injury prevention in Maryland to a level that is commensurate with the tremendous toll that injuries cause.**

Partnership for a Safer Maryland

The *Partnership* includes representatives from many agencies and organizations of Maryland’s injury prevention community. As of this writing, the *Partnership* had completed several important organizational tasks, including:

- Establishing an Advisory Board and Steering Committee;
- Finalizing *Partnership* by-laws; and
- Selecting Youth Safety as the first *Partnership* Campaign theme.

With this foundation in place, attention to the *Partnership*’s mission is needed. The Networking, Promoting Injury Prevention in Maryland and Fundraising action groups, in combination with the Steering Committee and IPED staff, will be critical to shaping the injury prevention infrastructure described in this Plan.

Section 1.3: Recommendations

Goal #1: Raise awareness about injury prevention within Maryland government, and among policy makers, the media, and the general public for the purpose of increasing support for injury prevention initiatives.

Aim 1a: Raise awareness within DHMH about the IPED and injury prevention.

Strategy:

- The IPED will work with the Promoting Injury Prevention Group to plan a seminar series for DHMH staff around injury prevention.
 - The seminar series will be consistent with the *Partnership's* first Campaign, as specified by the Steering Committee and IPED and approved by the *Partnership*. (See Part 2 for additional details about the Campaign.)
 - The seminar series will include participants from the *Partnership*.
 - IPED staff will handle the logistics of finding a location within DHMH, identifying dates and times, and promoting the seminars.
- IPED staff will identify opportunities to contribute to the DHMH Dateline Newsletter.
- Utilize the public health message feature on the website to call attention to injury prevention months – child passenger safety, fire prevention, domestic violence awareness, etc.

Timeframe: Beginning December 2007; ongoing

The Promoting Injury Prevention Group and IPED staff will organize the first seminar series of the *Partnership* for DHMH staff to occur throughout 2007.

Aim 1b: Raise awareness among Maryland state government agencies about the IPED and injury prevention.

Strategy:

- The IPED will work with the Promoting Injury Prevention Group to identify relevant state government audiences for the seminar series (or components of it) and deliver those seminars to the identified audiences.
 - The same seminar series developed for DHMH will be used.
 - IPED staff will handle the logistics of finding a location, identifying dates and times, and promoting the seminars.

Timeframe: March 2008; ongoing

The Promoting Injury Prevention Group and IPED staff will use the first seminar series to promote injury prevention throughout relevant state government offices during 2007.

Aim 1c: Develop a public education campaign to raise awareness about injuries, their prevention, and the resources within the state to address this problem.

Strategy:

- The Promoting Injury Prevention Group will work with the IPED staff and the Steering Committee to develop a public education campaign focused on the *Partnership's* Youth Safety campaign. Components of the public education campaign will include, but not be limited to:
 - Informational materials include: definition of youth safety; descriptions of injury risks to youth using injury surveillance data; examples of programs and policies for preventing youth injury, model programs within Maryland; evidence regarding the impact of injury prevention interventions; injury cost estimates and why prevention is a sound investment; action items; and contact information for additional resources.
 - Campaign logo and tag line.
 - A fluid system for incorporating stories about implementation and adoption of the campaign in various localities, and highlighting successful interventions.
- The Promoting Injury Prevention Group will work with the IPED staff to develop a strategy for disseminating the public education campaign.
 - Target audiences will include, but not be limited to: state and local media, government officials, and the general public.
 - The Promoting Injury Prevention Group and the IPED will consider how to best tap into the Advisory Board in the promotions process.
 - The dissemination strategy will coordinate releases with established opportunities such as seasonal promotions (October is Fire Prevention month, Child Passenger Safety week in February) and the legislative calendar.
- The Promoting Injury Prevention Group will work with the IPED staff to identify experts in the *Partnership* who are available to respond to press calls and inquiries from legislators.
- The Promoting Injury Prevention Group will work with the IPED staff and the Training and Technical Assistance Group to assure that media and policy trainings are available to *Partnership* members.

Timeframe: Beginning December 2006 – May 2007

Rationale: While injury prevention is a component of the public health infrastructure at the state and local levels, successful efforts to increase knowledge about injury prevention within targeted Maryland state government offices will benefit Maryland injury prevention initiatives. Furthermore, because injury prevention is not a salient topic among elected officials and the general public, aggressive efforts to raise awareness are needed. By organizing a public education campaign around the *Partnership's* Youth Safety initiative, the *Partnership* will generate complementary messages from different sources that will filter out to the public and government officials, and to the media, and create momentum around the Campaign.

Goal #2: Increase networking among injury prevention professionals.

Aim 2a: Conduct a survey of Maryland injury prevention stakeholders to create a comprehensive inventory of people within injury prevention and their work.

Strategy:

- Develop and administer the survey electronically. The Steering Committee and *Partnership* will provide input as needed.

Time frame: Annual Meeting 2006

The IPED will present the survey results at the first annual *Partnership for a Safer Maryland* meeting.

Aim 2b: Create opportunities for networking among local Injury Prevention Coordinators (IPCs).

Strategy:

- Obtain IPC input with regard to specific needs and preferences for networking, and establish regular points of contact based on IPC feedback.
- Discuss networking options with the IPCs such as:
 - Logistics (regional in-person networking events; state-wide conference calls; state-wide electronic networking; frequency and duration).
 - Content (updates regarding state of the art in injury prevention; updates, information sharing among counties; addressing local level challenges; focusing on a county innovation; focusing on an injury topic; inviting outside guests).
- Develop a plan, based on IPC feedback for increasing networking opportunities among the State's Injury Prevention Coordinators.

Time frame: Spring 2007

The Fall IPC meeting will include a discussion of IPC networking, which will form the basis for a plan that the IPED will develop and present at the Spring 2007 IPC meeting.

Aim 2c: Connect injury prevention providers with life safety professionals and facilitate networking opportunities between these groups. Life safety professionals include, but are not limited to: police, fire, emergency medical service providers, lifeguards, natural resources, etc.

Strategy:

- The IPED will use the injury prevention stakeholder survey findings to identify the universe of injury prevention and life safety professionals in Maryland.
- The IPED will invite identified stakeholders to join the *Partnership*.

- The IPED will develop a contact list of identified stakeholders to share with the *Partnership* and survey respondents.
- When planning *Partnership* events, the IPED will consider existing meetings that involve multiple participants from the injury prevention and life safety communities and will coordinate *Partnership* initiatives with other meetings in order to minimize travel time and maximize partners' time.
- The Networking Action group of the *Partnership* will work with IPED to identify Maryland counties that can serve as a model for addressing injury prevention in partnership with the life safety community.
- The Networking Action Group will work with IPED to consider how best to disseminate information about these local partnerships. For example, the Group may decide to invite representatives from the model counties to present at one of the *Partnership's* quarterly meetings or may develop a document that describes how these partnerships developed and function.
- An ongoing task of the Networking Group will be to develop strategies for increasing the connections and creating opportunities for collaboration among the many professionals working to reduce injury in Maryland.

Time frame: Beginning March 2007; ongoing

The injury prevention stakeholder survey will be complete by Fall 2006. The IPED will compile and distribute a contact list based on the responses, and invite additional stakeholders to join the *Partnership*. As a result of these invitations, the *Partnership* will expand in 2007.

A first concrete task for the Networking Action Group will be to identify model counties where life safety professionals are networking, and to develop strategies for sharing those experiences among the *Partnership*. The product of that work will be presented at the second annual meeting of the *Partnership* in 2007.

Aim 2d: Create opportunities for networking and collaboration among injury prevention stakeholders, including non-profit, non-governmental injury prevention organizations working in Maryland.

Strategy:

- The IPED will use the injury prevention stakeholder survey findings to identify all non-profit, non-governmental injury prevention organizations working in Maryland.
- The IPED will invite identified organizations to join the *Partnership*.

- An ongoing task of the Networking Group will be to develop strategies for increasing the connections and creating opportunities for collaborations that include the non-profit, non-governmental organizations working to reduce injury in Maryland.

Timeframe: Beginning March 2007; ongoing

The IPED will identify relevant non-profit, non-governmental organizations and invite representatives from those groups to join the *Partnership* by March 2007.

Aim 2e: Create opportunities for networking and collaboration among injury prevention stakeholders that include federal government officials working to reduce injury in Maryland.

Strategy:

- The IPED will use the injury prevention stakeholder survey findings to identify all federal governmental agencies working to reduce injury in Maryland.
- The IPED will invite representatives from the identified agencies to join the *Partnership*.
- An ongoing task of the Networking Group will be to develop strategies for increasing the connections and creating opportunities for collaborations that include the federal agencies working to reduce injury in Maryland.

Aim 2f: Strengthen the relationship between the Johns Hopkins Center for Injury Research and Prevention (CIRP) and the IPED, and encourage opportunities for interaction and collaboration.

Strategy:

- IPED staff will meet with CIRP faculty to identify common areas of interest and consider opportunities for collaboration. Possible areas to consider include:
 - establishing a student internship program;
 - collaborating on funding proposals;
 - conducting training;
 - evaluating injury prevention programs and policies;
 - engaging in joint activities to promote injury prevention in Maryland.
- IPED staff will build on CIRP participation in the *Partnership*, Steering Committee and Advisory Board by establishing regular lines of communication about opportunities for collaboration.

Timeframe: Beginning March 2007

IPED staff will meet with CIRP faculty by March 2007 to assess opportunities for collaboration.

Aim 2g: Strengthen the relationship and encourage opportunities for interaction and collaboration between IPED and other DHMH offices, including: the Center for Health Promotion and Tobacco Use Prevention (CHPETUP), the Maryland Center for Maternal and

Child Health, the Mental Health Administration's Youth Suicide Prevention Program, and the Alcohol and Drug Abuse Administration (ADAA).

Strategy:

- IPED staff will meet with staff from each of these offices to identify ways in which IPED can support and complement the injury initiatives administered by other DHMH offices.
- IPED staff will establish regular lines of communication about opportunities for collaboration with these other DHMH offices.

Timeframe: Beginning December 2006, ongoing

IPED staff will meet with staff from other DHMH offices by the end of 2006 to assess opportunities for collaboration.

Aim 2h: Identify injury-related divisions within other Departments of Maryland state government and assess the potential for collaboration with those offices.

Strategy:

- The IPED will use the injury prevention stakeholder survey findings to identify other divisions within Maryland state government that address injury prevention. Possible Departments to explore include:
 - Department of Transportation (represented in the *Partnership* and Steering Committee);
 - Department of Natural Resources (represented in the *Partnership* and Steering Committee);
 - Department of Education;
 - Maryland State Police (represented in the *Partnership* and Advisory Board);
 - Department of Aging; and
 - DHMH Office of Preparedness and Response.
- When appropriate, the IPED will invite identified organizations to join the *Partnership*.

Timeframe: Beginning December 2006; ongoing

IPED staff will identify relevant Departments and their contacts, and meet with them to assess opportunities for collaboration by the end of 2006.

Aim 2i: Develop options for facilitating networking at the quarterly *Partnership* meetings.

Strategy:

- The Networking Group will work with IPED staff to build into the *Partnership* meetings strategies designed to increase networking among attendees. Strategies the Group may consider include:
 - Organizing break-out groups to allow for increased interaction focusing on particular topics.

- Structuring the annual meeting in a conference format to include presentations by attendees and a poster session.
- Including attendees as presenters in the agenda.
- Organizing post-meeting dinners.

Timeframe: March 2007; ongoing

The Networking Group will have an initial list of suggestions for the IPED by December 2006. The 2nd Annual Meeting format will incorporate some of the Networking Group's recommendations.

Rationale: Maryland has an extensive community of injury prevention stakeholders. However, these interests often operate independently of one another, sometimes unaware of one another's initiatives. Injury prevention is a multi-disciplinary undertaking, involving professionals from a variety of public and private organizations. The *Partnership for a Safer Maryland* is designed to embrace the diversity of approaches to injury prevention, and organize the sometimes disparate efforts to maximize the impact of injury prevention resources.

Goal #3: Provide the infrastructure needed to raise, receive and distribute funds on behalf of the *Partnership*.

Aim 3a: Identify a fiscal agent and formalize an agreement allowing the *Partnership* to receive and spend monies through the fiscal agent.

Strategy:

- With approval from the Steering Committee, IPED staff are negotiating with Center for a Healthy Maryland within MedChi, the Maryland State Medical Society, to serve as the fiscal agent for the *Partnership*. The IPED will finalize this arrangement.

Timeframe: July 2006

Aim 3b: The Steering Committee will re-evaluate annually whether the *Partnership* should establish a 501c3.

Strategy:

- The Steering Committee will annually assess whether the *Partnership* should establish a foundation to further its mission in place of a fiscal agent agreement with Center for a Healthy Maryland.
 - IPED staff will provide the Steering Committee with information about the costs and benefits associated with establishing a non-profit organization so that the Committee will be able to make an informed evaluation.
 - The *Partnership* will seek legislative support for the foundation after the Steering Committee determines the *Partnership* is ready to maintain a non-profit organization.

Timeframe: Beginning September 2007; annually

Aim 3c: Identify new sources to fund the *Partnership*'s injury prevention initiatives.

Strategy:

- The Fundraising Group will develop a prospectus to share with potential funders.
 - The prospectus will include, but not be limited to, information about the *Partnership* (its mission, goals, structure and members), the current Campaign, injury in Maryland and injury prevention, why injury prevention is a sound investment, initiatives available for sponsorship, and options for supporting the *Partnership*.
- The Fundraising Group will identify business partners to sponsor Campaign-related initiatives or support the *Partnership*.
 - The Group will consider, but not be limited to, the following criteria when seeking private sector sponsors:
 - Track record of support for injury prevention or the Campaign focus (Youth Safety);
 - Direct benefit from successful injury prevention initiatives (e.g., insurance companies, companies that manufacture or sell car seats, etc.);
 - Maryland based (Under Armor, a Maryland based company that designs athletic equipment);
 - Personal connections among *Partnership* members; and
 - Potential to use a product to advance *Partnership* mission (for example, technology companies whose products allow for teleconferencing).
- The Fundraising Group will consider hosting an annual fundraising event.
- The Fundraising Group will organize an effort to obtain injury prevention funding through a state level tax initiative.
 - The Group will consider whether to pursue an increase in the state alcohol excise tax and designate a portion of the increased revenue to the *Partnership*.

Timeframe: January 2007; ongoing

The Fundraising Group will produce an annual report that details activities and progress towards Aim 3c. The Steering Committee will review the report and provide feedback and guidance to the Group.

Aim 3d: Pursue existing funding opportunities.

Strategy:

- The Fundraising Group will serve as a resource for information about public and private injury prevention funding.
 - The Fundraising Group will assemble informational resources about funding sources and grant writing resources.
 - The Fundraising Group will work with the Technical Support and Training Group to organize fundraising and grant writing workshops for the *Partnership*.

- The Fundraising Group will identify opportunities for collaborative funding initiatives for the *Partnership* and report these opportunities to the Steering Committee for further action.

Timeframe: March 2007; ongoing

The Fundraising Group will produce an annual report that details activities and progress towards Aim 3d. The Steering Committee will review the report and provide feedback and guidance to the Group.

Aim 3e: Consult organizations and individuals who are knowledgeable about and have experience obtaining funding for injury prevention.

Strategy:

- The Fundraising Group will review the document, “Finding Funding for Injury and Violence Prevention” produced by the Children’s Safety Network.
- The Fundraising Group will contact CSN and arrange for technical assistance and invite a representative from CSN (a member of the *Partnership*) to join the Group.
- The Fundraising Group will identify other organizations that can provide insight on this process.

Time frame: March 2007; ongoing

Aim 3f: Establish rules and a process for distributing funds raised by the *Partnership*.

Strategy:

- The IPED and Steering Committee, with counsel input from the Advisory Board, will develop a process for distributing funds raised through the *Partnership*.
- The process for distributing *Partnership* funds should have the following characteristics:
 - Transparent;
 - Structured to include a standard process for:
 - Announcing available funds;
 - Applying for funding from the *Partnership*;
 - Reviewing applications, and;
 - Grantee reporting on expended funds.
 - Responsive to varied funding requirements of donors;
 - Clearly aligned with the *Partnership’s* mission.
- The mini-grant program administered by the Injury Prevention and Epidemiology Division can serve as a model process for distributing *Partnership* funds.

Timeframe: December 2006

Rationale: Fundraising is essential to the *Partnerships* ability to support its ambitious vision for injury prevention in Maryland.

Goal #4: Provide the infrastructure support needed to accomplish the goals outlined this Plan.

Aim 4a: Assure the infrastructure needed to implement the goals described in this Strategic Plan is in place and supported.

Strategy:

- The IPED will organize and staff five action groups within the *Partnership*:
 - Networking;
 - Promotion of Injury Prevention;
 - Technical Assistance and Training;
 - Fundraising; and
 - Government Relations.
- The IPED will allot time in the *Partnership* meetings for representatives from each of the Action groups to report on their Groups' progress.
- The IPED, together with the IPCs and the Fundraising Group, will assure at least one IPC in each county is fully funded.
 - IPC staff will meet with local health department officials to encourage county support for these positions.
- The Steering Committee will work with IPED staff to identify infrastructure needs (staff and funds).
 - Some of those needs are delineated in this Plan, other needs will be determined as the details of the Campaign and the goals of the Action groups are more fully realized.
- The Steering Committee will work with IPED and the Fundraising Group to develop a plan for securing the needed resources.

Timeframe: August 2006; December 2006; ongoing.

The working groups will be in place by August 2006. The Steering Committee and IPED will identify the infrastructure needs, and with assistance from the Fundraising Group, will have a plan for obtaining the identified resources by December 2006.

Rationale: In order to achieve significant reductions in the current rates of injury, attention to the current injury prevention infrastructure is needed. One component of that infrastructure is the local IPCs. The state's twenty-four IPCs represent an essential component of Maryland's injury prevention infrastructure. However, in most counties, the IPCs are unfunded or under-funded.

Section 2: COLLECTING AND ANALYZING INJURY DATA

Injury incidence and risk factor data are essential to any injury prevention effort. Given an informed assessment of the injury problem, injury and violence prevention professionals can develop and implement effective interventions.

Section 2.1: Current Approach to Surveillance

Surveillance is an integral part of the Center for Preventive Health Services, Injury Prevention and Epidemiology Division. In 2006, most IPED staff resources are dedicated to maintaining the systems and reporting data back to consumers.

Injury surveillance is one of the most important and basic elements of injury prevention and control. Surveillance data are critical for determining program and prevention activities and priorities as well as for evaluating the effectiveness of programs. Recognizing the need for more comprehensive injury surveillance data, STIPDA produced the Consensus Recommendations for Injury Surveillance in State Health Departments. The Consensus Recommendations include 14 injuries and injury risk factors to be used in injury surveillance efforts at health departments as well as 11 data sets to monitor these injuries and risk factors.

The 14 specific injuries and risk factors described in the Consensus Recommendations are:

- Motor vehicle injuries
- Alcohol involvement in motor vehicle deaths
- Self-reported seat belt and child safety seat use
- Homicide
- Suicide
- Suicide attempts
- Firearm injuries
- Traumatic brain injuries
- Fire and burn injuries
- Self-reported smoke alarm use
- Submersion injuries
- Poisoning
- Traumatic spinal cord injuries
- Fall injuries

Maryland currently monitors 13 of these 14 injuries and risk factors. Of the 11 recommended data sets, IPED has access to 8. Table 5 is a summary of the injuries and risk factors, and the data sets used by Maryland's IPED staff.

Table 5: Consensus Recommended Core Injuries, Injury Risk Factors and Data Sets used for Injury Surveillance in Maryland.

	VS	HDD	FARS	BRFSS	YRBS	ED	ME	CDR	OPU	UCR	EMS
Motor Vehicle Injuries	X	X				X	X				
Alcohol MV Death											
Self-reported Seat Belt/Safety Seat Use				X							
Homicide	X	X				X	X	X		X	
Suicide	X	X				X	X	X		X	
Suicide Attempts		X				X					
Firearm Injuries	X	X				X	X			X	
Traumatic Brain Injuries	X	X				X	X				X
Fire & Burn Injuries	X	X				X	X				
Smoke Alarm Use				X							
Submersion Injuries	X	X				X	X				
Fall Injuries	X	X				X	X				
Poisoning	X	X				X	X				

X=IPED currently has access to these data.

VS = Vital Statistics

HDD = Hospital Discharge Data

FARS = Fatality Analysis Reporting System

BRFSS = Behavioral Risk Factor Surveillance System

YRBS = Youth Risk Behavior Surveillance System

ED = Emergency Department Data

ME = Medial Examiner Data

CDR = Child Death Review

OPU = National Occupant Protection Use Survey

UCR = Uniform Crime Reporting System

EMS = Emergency Medical Services Data

In addition to the 8 datasets used by the Center, the CPHS maintains 3 surveillance systems that monitor traumatic brain injury, violent death, and disabilities.

Traumatic Brain Injury (TBI) Surveillance System

This CDC-funded initiative includes all TBI deaths and hospitalizations in Maryland. Results are shared with prevention partners, clinicians and families to enhance TBI prevention programs and services within the state.

National Violent Death Reporting System (NVDRS)

Maryland was one of the first six states to receive an NVDRS grant to examine all violent deaths in the state, including homicides, suicides, accidental firearm deaths, and deaths of undetermined intent. The data collection system links police, ambulance, hospital, and medical examiner records to produce a comprehensive description of the nature and characteristics of violent deaths in Maryland. With NVDRS data, IPED staff produce detailed statistical reports on the characteristics of violent deaths. These data are available to inform the development of strategies to reduce violent death.

Disabled Individuals Reporting System (DIRS)

Maryland law requires all hospitals to notify CPHS of individuals hospitalized with a traumatic brain injury, spinal cord injury, stroke, or amputation. This is an unfunded mandate.

Section 2.2: Assessing the Current Surveillance System

In 2006, the IPED surveillance staff included 2 full time analysts and one supervisor with responsibilities for injury and chronic disease surveillance. Three full-time analysts, 1 part-time analyst and a summer intern are also part of the NVDRS team. The staff has a reputation for being responsive to requests, and their work is valued by those who use the data.

Maryland's injury surveillance system currently includes most of the injuries and risk factors identified in the Consensus Recommendations. In addition, the IPED captures data from most of the recommended data sources (Table 5). Table 6 lists additional data sources for injury information. Note that data are available for certain injury topics and risk factors that are not currently part of the IPED surveillance effort.

Table 6: Existing Data Sets Related to Injuries and Injury Risk Factors

	VS	HDD	FARS	BRFSS	YRBS	ME	CDR	OPU	EMS	MFIRS	CPSC	MPC	WISQARS
Motor Vehicle Injuries	X	X	*			X	*		*		*		*
Alcohol MV Death			*			*			*				
Seat Belt/Safety Seat Use			*	X	*	*	*	*	*				
Homicide	X	X				X	X						*
Suicide	X	X				X	X						*
Suicide Attempts		X			*				*				*
Firearm Injuries	X	X				X	*		*				*
Traumatic Brain Injuries	X	X				X	*		X				
Fire & Burn Injuries	X	X				X	*		*	*	*		*
Smoke Alarm Use				X						*			
Submersion Injuries	X	X				X	*		*		*		*
Fall Injuries	X	X				X	*		*		*		*
Poisoning	X	X				X	*		*			*	*
Medical Injuries	*	*				*	*				*		*

X = IPED currently has access to these data.

* = Data captured in the data sets, however, IPED does not have access to these dat

VS = Vital Statistics

HDD = Hospital Discharge Data

FARS = Fatality Analysis Reporting System

BRFSS = Behavioral Risk Factor Surveillance System

YRBS = Youth Risk Behavior Surveillance System

ED = Emergency Department Data

ME = Medial Examiner Data

CDR = Child Death Review

OPU = National Occupant Protection Use Survey

UCR = Uniform Crime Reporting System

EMS = Emergency Medical Services Data

MFIRS = Maryland Fire Incident Reporting System

CPSC = Consumer Product Safety Commission

MPC = Maryland Poison Center

Medical injuries, “patient harm arising from a diagnostic or therapeutic intervention” are increasingly recognized as an injury prevention issue, and one that may be particularly responsive to passive strategies and environmental interventions that are hallmarks of the injury prevention field.⁵ The annual injury surveillance reports produced by IPED do not include medical injury data; however, the data is available upon request from the Division.

Section 2.3: Recommendations

Goal #1: Expand and refine the current surveillance efforts to assess injury risks, inform intervention development, and evaluate the impact of injury prevention initiatives.

Aim 1a: Expand current injury surveillance reporting to include additional existing data that is needed to advance injury prevention in Maryland.

Strategy:

- IPED staff will gain access to existing surveillance systems that capture the three Consensus Recommendations risk factor measures currently missing from the Maryland surveillance data, and incorporate those data into routine reporting.
 - Alcohol use in motor vehicle deaths is available through FARS and the Medical Examiner’s Office.
 - Self-reported seat belt use among youth is available through YBRSS.
 - Presence and functioning of smoke alarms in buildings where a fire occurs are included in the Maryland Fire Incident Reporting System (MFIRS) data collection instruments.
- IPED staff will review Table 6 and assess the costs and benefits associated with expanding the current surveillance effort to include each of the additional data elements.
- IPED staff will assess the costs and benefits associated with expanding the current surveillance effort to include medical injuries.

Time Frame: Incorporate these data elements into the *Injuries in Maryland -- 2006 Statistics on Injury-Related Emergency Department Visits, Hospitalizations and Deaths* report.

Aim 1b: Incorporate the *Partnership*’s campaign theme into the *Injuries in Maryland* report.

Strategy:

- IPED staff will include in the annual report a section devoted to the *Partnership*’s current campaign. For example, the *Partnership*’s first campaign will address youth safety, so *Injuries in Maryland – 2005* will devote a section to injuries among Maryland youth.

Time Frame: Annually, beginning with the 2005 data report.

Aim 1c: Reduce the number of poisoning deaths that are categorized as undetermined.

Strategy:

- IPED staff will meet with the staff from the State Medical Examiner's Office to discuss this issue and develop a plan for reducing the number of undetermined poisoning deaths.

Time Frame: September 2007; ongoing

Aim 1d: Develop and institutionalize a strategy for disseminating and publicizing *Injuries in Maryland* and NVDRS reports.

Strategy:

IPED staff will work with the Promoting Injury Prevention Group to:

- Identify target audiences for the reports and distribute the reports (in paper or electronic form) to the identified audiences.
- Develop and implement a media strategy for generating press interest in the reports.
 - This strategy will include summarizing compelling data points for a media audience.
- Develop and implement a strategy for disseminating the reports to state and local elected officials.

Timeframe: Annually, beginning with the 2005 data reports.

Rationale: Maryland injury data are generally accessible and available in a timely manner, but there are ways to further increase the utility of the IPED injury surveillance work. By adding data elements to the current reporting format, including behavioral measures such as seat belt and smoke alarm use, IPED data will become more useful for the development of interventions, and will permit more sensitive evaluation of behavior modification efforts.

These data can also be used to educate and inform decision makers and the general public about injuries and their prevention. By building on the momentum generated by the *Partnership* theme and strategizing about how best to reach target audiences, IPED and the *Partnership* will increase the reach and impact of the *Injuries in Maryland* and NVDRS annual reports.

Section 3: DESIGNING, IMPLEMENTING AND EVALUATING INTERVENTIONS

Interventions designed to prevent injury or improve post-trauma outcomes are at the core of injury prevention. Through support of the design and implementation of promising interventions, and rigorous testing of intervention effectiveness, injury prevention professionals will identify strategies that will result in a safer, healthier population.

Section 3.1: Current Approach to Injury Prevention Interventions

Mini-Grant Program:

Mini-grants have been an integral part of the state injury program since its inception in 1989. A modest investment of Public Health and Human Services (PHHS) block grant funds increases the capacity of local health departments in Maryland to plan and deliver targeted injury prevention programs based on identified needs. Mini-grant funds have been used to initiate programs and build momentum around particular injury topics such as playgrounds, all-terrain vehicles (ATVs), fires, bicycles, firearms, bullying, and shaken baby syndrome.

Currently \$3,000 mini-grants are available to all counties to initiate and support local-level interventions. The program follows a general format that begins with a spring training meeting focused on a particular injury topic. The day-long meeting includes presentations from experts in the injury topic who provide insight into the problem and share promising interventions. A call for proposals follows the spring meeting, offering funding for interventions to address the injury topic featured at the meeting. Program support to grantees begins in the summer. During the fall, the IPED organizes a second IPC meeting that serves as a venue for reporting on mini-grant programs from the previous year.

Section 3.2: Assessing the Current Approach to Injury Prevention Interventions

The mini-grant program is very popular among the IPCs, who appreciate the staff's organized and supportive approach, as well as the straightforward application and reporting requirements. Program staff emphasize evidence-based interventions, and offer several intervention options in recognition of the varied needs of Maryland's localities. The two meetings serve valuable functions: by incorporating training and education into the mini-grant process, IPED offers IPCs ready access to the state of the art in injury prevention. In addition, the fall meeting provides IPCs with an opportunity to share experiences implementing their funded interventions.

The mini-grant program is the only formal mechanism for supporting the design, implementation and evaluation of injury prevention interventions; for some counties, it is the sole source of support for injury prevention. Despite the favorable reviews and the heavy reliance on this program at the local level, funding for this initiative is minimal.

Section 3.3: Recommendations

Goal #1: Assure the long-term viability of the mini-grant program.

Aim 1a: Assess the mini-grant program and develop a plan for increasing its impact.

Strategy:

- IPED will identify a group of IPCs to review the mini-grant program, identify areas for improvement and develop a plan for implementing the identified changes. Based on information gathered through the Strategic Planning process, topics for consideration by the reviewing group should include:
 - Increasing the level of funding;
 - Requiring more rigorous evaluation and providing the technical assistance and resources to support evaluation;
 - Providing a system for IPED to report the accomplishments of the funded initiatives back to county health officers and county executives.

Timeframe: Spring 2007 meeting

Aim 1b: Incorporate the mini-grant program into the *Partnership's* campaign.

Strategy:

- IPED will develop funding criteria such that recipients will be required to conduct initiatives consistent with the current campaign's goals.
- IPED will encourage the IPCs to collaborate with other agencies when appropriate.
- IPED will include media and policy advocacy training in the mini-grant program to increase the likelihood that the funded interventions will be promoted and sustained.

Timeframe: July 2007

Goal #2: Formalize and publicize the IPED as a resource for intervention design, implementation and evaluation.

Aim 2a: Assemble available resources on evidenced-based injury prevention interventions, preferably in a web-based format.

Strategy:

- IPED will develop a mechanism for disseminating information on evidenced-based interventions.
 - This mechanism will be coordinated with the information assembled by the Technical Support and Training Group on training materials.
- IPED will collaborate with Johns Hopkins CIRP faculty to assist with the identification of state of the art in injury prevention interventions.
- Routinely update the *Partnership* about new and promising interventions.

Timeframe: March 2007, ongoing

Aim 2b: Publicize the IPED as a resource for designing, implementing and evaluating interventions.

Strategy:

- The Technical Support and Training Group will be developing a technical support resource list to distribute to the *Partnership*, as specified in the Technical Support and Training section, Aim 3a. Included in this list will be the IPED's intervention support.

Timeframe: Upon completion of 2a.

Aim 2c: Facilitate collaboration among *Partnership* members to implement joint interventions.

Strategy:

- IPED staff will work with the Networking Group to create opportunities within the *Partnership* for sharing ongoing, planned, and potential projects, as detailed under Goal #1 in Building the Infrastructure.
- IPED staff will work with the Fundraising Group to identify funding opportunities to support collaborative interventions, and match those opportunities with potential collaborators within the *Partnership*.

Timeframe: January 2007

Aim 2d: Identify successful Maryland-based interventions and evaluation models to promote within the *Partnership* and to external audiences.

Strategy:

- IPED staff will work the Steering Committee to identify successful programs that can inform other efforts. Information about identified model programs and contact information for the program implementers will be included in the intervention resource IPED will assemble.
- IPED staff will work with the Promoting Injury Prevention group to highlight the identified model programs to influential audiences to provide tangible examples of injury prevention interventions and their impact.

Timeframe: Ongoing

Goal #3: Assure the Center for Preventive Health Services, Injury Prevention and Epidemiology Division is sufficiently staffed to meet the needs of the state with regard to designing, implementing and evaluating injury and violence prevention interventions.

Aim 3a: Assess staff and resource needs to operationalize the aims associated with Goals 1 and 2.

Strategy:

- IPED staff will meet with the Steering Committee and DHMH leadership to translate the intervention needs of the Division into full-time equivalent staff.
- Obtain the funds needed to support the identified staff needs.

Timeframe: December 2006; ongoing

Rationale: Interventions are the mechanism through which significant reductions in injury will be achieved. The current investment in interventions is inadequate. In order to secure additional funds, empirical evidence of the impacts of injury prevention efforts and greater awareness of successful interventions are needed.

Section 4: PROVIDING TECHNICAL SUPPORT AND TRAINING

The availability of technical support and training services for injury prevention work is critical to assure high-quality interventions and to expand the field of injury and violence prevention. Technical support and training connect front-line injury prevention specialists to state-of-the-art developments relevant to their work, and create an environment where ideas and perspectives can be shared and refined.

Section 4.1: Current Approach to Technical Support and Training

Within IPED, training and technical support are organized around the mini-grant program. Since the mini-grant program is offered only to IPCs, IPED training and technical support focuses on local health department based injury initiatives. In addition, both training and technical support are focused on specific injury topics and skill building.

Section 4.2: Assessing the Current Approach to Technical Support and Training

Those who use the technical support and training offered by IPED value this service. While the injury topic segment of the training is useful, skill-based support is also important, and would complement the existing topic-based approach. One approach to expanding the current technical support and training offered by IPED would be to utilize the *Partnership* as a training resource. The diverse membership includes expertise in every topic area of injury prevention. The varied backgrounds and professional responsibilities among *Partnership* members doubtless represent an extensive skill set.

Section 4.3: Recommendations

Goal #1: Maintain and support a permanent injury prevention network involving all 24 Maryland localities.

Aim 1a: Engage the 24 local injury prevention coordinators in injury prevention networks and activities.

Strategy:

- IPED staff will identify an IPC for each of the 24 localities.
- IPED staff will meet with each of the 24 IPCs to identify their injury prevention goals and develop a plan for state support to assist with meeting those goals.
- IPED staff will compile a report summarizing the training and technical support needs of each locality, and specify the IPED plan for supporting their needs. IPED will share the report with the Technical Assistance and Training Group.

Timeframe: Spring 2007

Aim 1b: Maintain and support a thriving community of Maryland IPCs.

Strategy:

- IPED will meet annually with each IPC to assess progress on meeting their needs and update their goals for injury prevention within their localities.

Time frame: Annually each Spring.

Goal #2: Expand the training offered by the Center for Preventive Health Services, Injury Prevention and Epidemiology Division to wider injury prevention and life safety audiences.

Aim 2a: Assess current training opportunities and ensure that *Partnership*-initiated training complements existing offerings.

Strategy:

- The Technical Support and Training Group will review the IPED report on local injury prevention needs, and identify a preliminary list of topics as part of a training program that will be available to the *Partnership*.
 - The training topics for consideration should include injury topic areas (poisoning, dog bites) as well as skill-based training. Examples of skill-based training topics include:
 - media advocacy
 - policy advocacy
 - grant writing
 - evaluation
 - strategic planning
 - using data

Timeframe: Summer 2007

Aim 2b: Include *Partnership* members in the training (both as trainers and trainees) offered by the IPED.

Strategy:

- The Technical Support and Training Group will survey the *Partnership* on their level of interest in the identified training topics, and their interest in serving as a trainer in their areas of expertise.
 - The survey will also assess whether continuing education credits are of interest to respondents.

Timeframe: Summer 2007

Aim 2c: Develop an annual training program for *Partnership* members.

Strategy:

- The Technical Support and Training Group will use the results from the *Partnership* survey to develop the first annual schedule of trainings.
 - The Group will present the survey results and the training schedule at the 2nd Annual *Partnership for a Safer Maryland* Meeting in the Fall of 2007.
- The Technical Support and Training Group will develop the format for the trainings and identify trainers.
- IPED staff will assist the Group with the logistics of the trainings; the two groups will work together to assure implementation of the planned trainings.
- IPED will work with the Group to apply a standard evaluation process to each training session, and develop a process for using those evaluation results to improve future trainings.

Timeframe: Fall 2007; annually

The training program and schedule will be announced in Fall 2007. Training programs will be offered as proposed by the schedule.

Aim 2d: Assemble training resources that are relevant to *Partnership* members and make those resources accessible, preferably through a website.

Strategy:

- IPED will work with the Technical Support and Training Action Group to identify training and educational resources of interest to the *Partnership* members.
- IPED and the Technical Support and Training Group will develop a mechanism for providing *Partnership* members with easy access to the assembled resources.
 - This mechanism will be coordinated with the information assembled by the IPED about designing, implementing and evaluating interventions.
- The Technical Support and Training Group will routinely update the *Partnership* about new resources.

Timeframe: Spring 2007

Goal #3: Formalize and publicize the IPED and the *Partnership* as a resource for technical assistance on injury prevention matters.

Aim 3a: Identify technical support resources within the *Partnership*.

Strategy:

- The Technical Support and Training Group will use the previously mentioned Partner survey to assess the members' skills.
- The Group will use this information to develop a technical support resource list, and disseminate that list among *Partnership* members.

Timeframe: Fall 2007

The resource list will be distributed to members at the second Annual Meeting.

Goal #4: Assure the Center for Preventive Health Services, Injury Prevention and Epidemiology Division is sufficiently staffed to meet the needs of the state with regard to technical support and training.

Aim 4a: Assess staff and resources needed to operationalize the aims associated with Goals 1 and 2.

Strategy:

- IPED staff will meet with the Steering Committee and DHMH leadership to translate the technical support and training needs of the Division into full-time equivalent staff.
- Obtain the funds needed to support the identified staff needs.

Timeframe: December 2006; ongoing

Rationale: Training is a benefit of participation in the *Partnership*. Skill-based training, in particular, is likely to be well received by members of the *Partnership* who are specialists in a particular area of injury prevention/life safety. Training can serve as a valuable professional and organizational resource, as well as provide an opportunity for networking.

Section 5: AFFECTING PUBLIC POLICY

Public policy is a multi-faceted process that involves educating policymakers about topics of interest, writing legislation and regulations, providing testimony, assuring implementation, and evaluating impacts. Public policy interventions to reduce injury can be very effective: a well-conceived, well-implemented policy has the potential to mandate changes that will affect millions.

Section 5.1: Current Approach to Affecting Public Policy

No strategy or plan for affecting public policy currently exists within IPED.

Section 5.2: Assessing the Current Approach to Affecting Public Policy

One often-cited reason for avoiding the policymaking process is the misconception by injury prevention professionals working for government agencies and non-profit organizations that they are prohibited from engaging in the policy process. While federal and state rules prohibit and limit organizations from using certain monies to lobby, communications with elected officials that fall within the definition of advocacy are permissible.⁶ Most organizations have internal policies governing employees' interactions with elected officials, and familiarity with these policies is essential.

Section 5.3: Recommendations

Goal #1: Understand the policy environment and how advocacy for injury prevention can be most effective.

Aim 1a: The Government Relations Group will be well versed in the structure and function of state and local Maryland government.

Strategy:

- The Government Relations Group will assess their own knowledge and skills, and determine what actions, if any, are needed to bolster their policy knowledge.
 - Familiarity with the budget and opportunities for securing injury prevention funds from state and local government is crucial.

Timeframe: December 2007.

Goal #2: Increase injury prevention professionals' involvement in the policy-making process.

Aim 2a: Assure that Maryland injury prevention professionals have the skills and knowledge needed to participate in the policy process as advocates for injury prevention.

Strategy:

- The Government Relations Group will work with the Technical Support and Training Group to develop and offer training on policy advocacy.
- The Government Relations Group will develop informational materials to instruct injury prevention professionals about ways to participate in the policy process, and their rights and responsibilities as government employees and representatives of non-profit organizations.

Timeframe: Spring 2008; ongoing

Aim 2b: Highlight examples of successful policy advocacy to serve as models for state and local Maryland work.

Strategy:

- The Government Relations Group will identify examples of policy work and compile those examples in a written report, which will be distributed to the *Partnership*.
 - This report will be a useful technical support resource, and will be included in the resources made available to *Partnership* members by the Technical Support and Training Group.

Timeframe: Spring 2008

Aim 2c: Identify a set of policy goals and objectives for each *Partnership* campaign, and formulate a strategy for meeting the goals.

Strategy:

- The Government Relations Group will identify policy advocacy goals as part of each Campaign launched by the *Partnership* and formulate a plan for advancing those goals.
- The Government Relations Group will identify specific tasks to encourage *Partnership* members' participation in the policy advocacy goals for the Campaigns.
- The Government Relations Group will organize an annual injury prevention awareness day at the state legislature for the purpose of educating law makers about injury prevention and the needs of injury prevention professionals in the state.

Timeframe: Spring 2008; ongoing

Goal #3: Convey the value of local injury prevention efforts to local officials.

Aim 3a: Assure that local officials understand and appreciate the value of injury prevention to their communities, and are aware of the injury prevention work occurring within their localities.

Strategy:

- IPED staff will meet annually with each local health officer, and other local officials as appropriate, about the value of the local injury prevention work.

- Evaluation data from local programs will reinforce the message.
- The Government Relations Group will strategize with IPED staff prior to these meetings.
- IPED staff will summarize each meeting in a written report and share these reports with the Government Relations Group.

Timeframe: Spring 2008; annually

Rationale: Public policy is a potentially powerful injury prevention tool. Policy, whether in the form of legislation passed by legislative bodies, regulation promulgated by regulatory agencies, or law decided by courts, is a means of changing the environment in which injury prevention occurs. Despite the promise of the policy approach as evidenced by evaluations of injury prevention policies, many injury prevention professionals are reluctant to engage in the policy process. This hesitancy ultimately undermines the potential impact of injury prevention efforts, and must be addressed.

**Part 2: Identifying Topic Areas and
Mechanisms for Prioritizing Injury Problems
and Interventions**

Section 6: ADDRESSING INJURIES AND INJURY RISKS

Part 1 of this Strategic Plan provides a framework for building on the strong foundation that exists within DHMH to include the broader injury prevention community in a coordinated, ambitious approach to injury prevention in Maryland. The purpose of Part 2 will be to identify topic areas and mechanisms for prioritizing injury problems and interventions.

Section 6.1: A Campaign Approach to Injury Prevention

Overview

The field of injury prevention is diverse, and relates to every segment of the population. However, there are injury mechanisms that are or more prevalent among some subsets of the population relative to others. For example, the epidemiology of injury in a rural county may reveal injuries associated with all terrain vehicles (ATVs) as a significant cause of injury among youth, while individuals of the same age in an urban county may be more prone to pedestrian injuries. As the IPED and *Partnership* plan for the future, it will be a challenge to bring together injury prevention professionals who serve diverse populations around the state.

In order to progress beyond the broad common commitment to injury prevention in Maryland to meaningful collaborations that will affect change, the state's injury prevention infrastructure will be organized around a three-year risk factor reduction campaign, as detailed in the following section. Risk factors, for the purposes of this Plan, are characteristics or behaviors of individuals, or consumer products that expose individuals to risk of multiple forms of injury. For example, a campaign focused on reducing alcohol-related injury would encompass motor vehicle injuries associated with drinking and driving, as well as alcohol involved in domestic violence, poisoning, and occupational injuries. Through this approach, *Partnership* members can engage in activities that address the specific needs of their populations, while also participating in a larger initiative to reduce injuries statewide. Such an approach will allow IPED staff and the Steering Committee to efficiently organize resources, and develop and deliver consistent, repeat messages to the media, politicians, and the business community about the topic of the campaign, and realize greater impacts as a result of the synergy of efforts.

Implementing a Campaign Approach to Injury Prevention in Maryland

Organization and coordination are essential to campaign success. Following is a description of three goals for implementing a risk factor reduction campaign. The process outlined is intended as a general framework that will be most useful if the *Partnership* adapts the goals to suit its needs.

Goal #1: Develop three 3-year injury risk factor reduction campaigns during the 10-year period between 2006 and 2016.

Aim 1a: Identify a campaign theme.

Strategy:

- IPED and the Steering Committee, with input from the *Partnership* and Advisory Board, will identify a campaign topic as part of the Campaign preparations during the six months prior to the start of each campaign, according to the following schedule:

- Campaign 1: Youth Safety

Planning: July 1, 2006 – December 31, 2006
Implementation: January 1, 2007 – December 31, 2009

- Campaign 2: to be determined

Planning: January 1, 2010 – June 30, 2010
Implementation: July 1, 2010 – June 30, 2013

- Campaign 3: to be determined

Planning: July 1, 2013 – December 31, 2013
Implementation: January 1, 2014 – December 31, 2016

Timeframe: Six months prior to campaign start.

Aim 1b: Prepare and assemble the support materials needed to launch the Campaign.

Strategy:

- IPED staff will assemble background information on the campaign topic, including data describing the magnitude and distribution of the issue among the population of Maryland.
- IPED staff will issue the requests for proposals for the existing mini-grant program (described in Part 1, Section 3.1) to support the campaign topic.
- The Promoting Injury Prevention Action Group will develop public education materials to promote the campaign topics, as described in Part 1, Goal 1, Aim 1c.
- The Fundraising Action Group will seek financial support for Campaign initiatives, as described in Part 1, Goal 3, Aim 3c.
- The Technical Assistance and Training Action Group will identify training needs for the injury prevention community to effectively support and promote the Campaign.
- The Government Relations Group will assess existing state policies and identify laws and regulations of relevance to the campaign topic.
- The Steering Committee will oversee and coordinate the preparations of the IPED and action groups.

Timeframe: Six months prior to campaign start.

Goal #2: Implement the Campaign.

Aim 2a: Launch the campaign to increase awareness among the government, business, media and general public.

Strategy:

- The IPED and the Steering Committee will work with the Promoting Injury Prevention Group to plan and execute an event to inaugurate each campaign.
- Partnership members will participate in promoting the campaign launch in their communities, as appropriate.

Timeframe: Within one month of the start of each campaign.

Aim 2b: Incorporate campaign branding into existing public health materials, as appropriate.

Strategy:

- The Steering Committee will identify promotional materials where the campaign name can be promoted, and contact the appropriate agencies to assess their interest in carrying a campaign logo/tagline.
- IPED staff will devote a section in the annual *Injuries in Maryland* report to the campaign topic.

Timeframe: ongoing.

Aim 2c: Incorporate the campaign into the IPC initiatives.

Strategy:

- IPED staff will discuss the campaign topic with each IPC during the annual meetings, as described in Part 1, Section 4.3, Aim 1b. These discussions will include:
 - review of the county data relevant to the campaign topic;
 - assess ongoing initiatives and their relationship to the campaign topic;
 - consideration of effective intervention strategies, in the context of the local needs; and
 - strategic planning for the incorporation of the campaign theme into local injury prevention initiatives.
- IPED staff will summarize IPC campaign-related activities and plans in an annual report, and share that report with the Action Groups and Steering Committee.

Timeframe: Beginning July 2007; annually

Aim 2d: Encourage *Partnership* members to incorporate the campaign into their initiatives.

Strategy:

- IPED staff will survey the *Partnership* to assess whether any ongoing initiatives are compatible with the campaign.
- IPED staff will summarize campaign-related activities underway among the *Partnership* members and share those findings with the Action Groups and *Partnership*.

Timeframe: ongoing

Aim 2e: Promote *Partnership* members' injury prevention initiatives that are consistent with the campaign goals.

Strategy:

- Campaign initiatives will be promoted and supported, as appropriate by the Action Groups, IPED staff and the Steering Committee.

Timeframe: ongoing

Goal #3: Assess each campaign to measure process and outcome effects, and identify lessons learned.

Aim 3a: Develop a system documenting the process and evaluating the impact of the campaigns.

Strategy:

- The IPED and Steering Committee will develop a strategy for including an evaluation component for each campaign. Possible approaches to achieving this aim include:
 - establishing an evaluation committee for each campaign;
 - identifying *Partnership* members with evaluation expertise;
 - identifying an independent evaluator who will secure funding to conduct an evaluation.

Timeframe: Prior to the start of each campaign.

These goals are intended to provide a general framework for implementing the campaign approach to injury prevention in Maryland. As the infrastructure develops, and the *Partnership* matures, the process through which these campaigns are organized, implemented, and assessed will evolve and become institutionalized.

Proposed Risk Factor Topics for Campaigns

Partnership Campaign 1: Youth Safety

The Steering Committee identified youth safety as the subject of the *Partnership's* inaugural campaign. Injury is the leading cause of death for Maryland youth. Youth injury prevention needs are varied: as motor vehicle occupants, victims of assault, and a myriad of other risks, youth are a vulnerable population that will benefit from the prevention focus the campaign will bring.

In 2004, over two-thirds of injury deaths among Maryland youth aged 0-19 were caused by motor vehicles, firearms, and poisons (Figure 3). Just over half (53%) of all injury deaths within this age group were unintentional (Figure 4).

Figure 3: Causes of Injury Death Among Maryland Youth 0-19, 2004

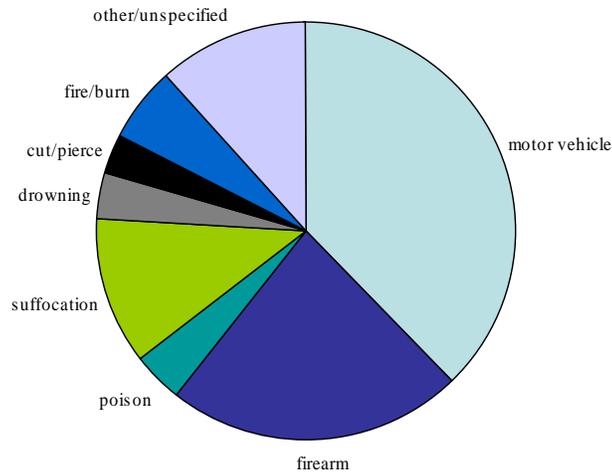
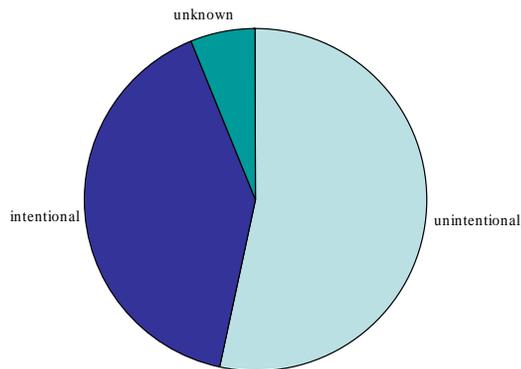


Figure 4: Intent of Injury Death Among Maryland Youth 0-19, 2004



Proposed Campaign Topic: Alcohol

Alcohol is a major risk factor for injury. In 2004, an estimated 45% of motor vehicle deaths in Maryland were alcohol-related. In addition, alcohol is a risk factor for violence-related injuries (both stranger and intimate partner), poisoning, and occupational injuries.

Proposed Campaign Topic: Elder Safety

Injury rates are higher among the elderly than in any other age group. Injuries occurring later in life are more severe, and are more likely to result in death. Falls are a major cause of injury for this age group, and dominate both the fatal and non-fatal incidents. Suicide among the elderly is also high, and represents an important but often overlooked injury problem. Motor vehicle injuries are another aspect of injury among the elderly that is in need of effective intervention from Maryland's injury prevention community.

Proposed Campaign Topic: Built Environment

The link between the built environment and injury is strong, yet few interventions address this injury risk factor. With the increasing emphasis on walking and other exercise as a strategy to combat obesity, there is a need to consider the implications associated with a more active population for injury prevention and advocate for safer active spaces. With the steady increase in new communities in Maryland, the *Partnership* could work to influence the way developers design new communities so as to minimize the likelihood of injury.

Consideration of the built environment also has implications for violence prevention. Lighting, the general maintenance of communities, and the layout of neighborhoods can either facilitate or discourage violent behavior.

Conclusion

Injuries are a multi-faceted health problem. Prevention strategies to reduce and eliminate injuries exist. However, despite the large human and financial toll associated with injuries, the commitment of leadership and the interest of the public have been minimal. Fortunately, prevention efforts benefit from the dedication and expertise of a diverse set of professionals from public health, medicine and life safety. To date, current efforts in Maryland to organize and coordinate these often distinct professional cultures are limited to a few localities, although the history of the DHMH injury prevention division does include a coordinated effort (Maryland Injury Prevention Network, described in the Background Section), that, despite its success, was not sustained.

This Plan provides a strategy for building an injury prevention community with the potential to address injury on a scale that is not possible with the different injury prevention professionals working independently. Importantly, this partnership and campaign approach also offers the promise of elevating the status of injury prevention within the state. By working in concert to advance a risk factor reduction campaign, Maryland's injury and violence prevention community can send clear, consistent messages to state leaders, the media and the public about injury and the potential for prevention that will raise awareness about the need for greater investment in injury prevention initiatives. Maryland is fortunate in that injury prevention is an established field with a history of success. Now is the time to assure that the tradition of injury prevention in Maryland has a place in the future of building a healthier state.

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Appendix A: Partnership for a Safer Maryland Steering Committee

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Appendix C: Partnership for a Safer Maryland By-Laws

MARYLAND DEPARTMENT OF HEALTH and MENTAL HYGIENE CENTER for PREVENTIVE HEALTH SERVICES (CPHS)

PARTNERSHIP FOR A SAFER MARYLAND (PSM) BY-LAWS

ARTICLE I: NAME, MISSION and VISION

Section 1. Name.

The name of the organization shall be the Partnership for a Safer Maryland, hereto known as the Organization and serves as the CDC recommended Injury Community Planning Group (ICPG) for Maryland.

The Organization may change its name at its pleasure by a two thirds (2/3) vote of the membership body.

Section 2: Mission & Vision.

Mission: Advocate for injury and violence prevention and promote education and surveillance in Maryland through statewide partnerships.

Vision: Reduce death and disability associated with injury and violence.

To advance this mission, the Organization engages in activities to:

- Increase awareness of injury including violence as a public health problem
- Network all organizations in Maryland engaged in injury/violence prevention to increase effectiveness
- Provide injury and violence prevention and control education, training, and professional development for those within the injury and violence prevention field
- Enhance the capacity of public health and safety agencies to conduct research on injury and violence in our communities
- Enhance the capacity of public health and safety agencies to conduct injury/violence prevention programs
- Support public health policies designed to advance injury and violence prevention.
- Utilize data driven and evidenced-based interventions.

ARTICLE II: PURPOSES

1) Recognizing that, because of the incomparable cost and the disabling and disrupting consequences, injury and violence remain major public health problems in Maryland, this Organization is committed to strengthening and sustaining effective injury and violence prevention and control measures that reflect the significance of the problem.

2) Advise and assist the Maryland Department of Health and Mental Hygiene, Center for Preventive Health Services with establishing priorities and future directions regarding injury and violence prevention initiatives in Maryland.

ARTICLE III: MEMBERSHIP

Section 1: Eligibility.

Membership in the Organization is open to person's and organizations who are committed to the reduction and prevention of injury and violence in Maryland.

Section 2: Term of Office.

Each member shall serve for an unspecified term.

Section 3: Vacancies.

Vacancies in the membership may be filled in the same manner as provided in the original selection.

ARTICLE IV: MEETINGS

Section 1: Regular meetings.

Regular membership meetings of the Organization shall be held quarterly, beginning in December 2005.

The Center for Preventive Health Services (CPHS) shall notify every member of the time and place of meetings at his/her address as it appears in the Organization's membership roll book.

Section 2: Annual Meeting-General Membership

An Annual Meeting of the Organization will be held in conjunction with the regularly scheduled fall meeting. The purpose of this meeting is to confirm the selection of the Steering Committee and sub-committee chairpersons in order to conduct all business necessary to support the mission, vision and purpose of the Organization.

Section 3. Annual Summit

The Organization shall convene one summit per budget year to develop specific marketing injury prevention strategies for the comprehensive injury prevention plan.

The summit should include, but not be limited to: Regional/statewide representatives of key governmental and non-governmental agencies; media outlets; HMO/MCOs; hospital/trauma medical centers; state athletic associations; medical/professional organizations/associations and other stakeholders or gatekeepers.

Section 4. Special Meetings-General Membership

The chairperson may call special meetings of the Organization when he/she deems in the best interest of the organization. Notices of such meetings shall be mailed to all members at their addresses as they appear in the membership roll book.

No other business but that specified in the notice may be transacted at such special meeting without the unanimous consent of all present at such meetings.

ARTICLE V: VOTING

Section 4: Quorum.

A simple majority of the members present at a meeting shall constitute a quorum.

At all meetings all votes shall be by voice.

ARTICLE VI: ORDER OF BUSINESS

1. Sign In.
2. Approve the Minutes
3. Reports of Committees.
4. Old Business.
5. New Business.
6. Adjournment.

ARTICLE VII: ADVISORS, OFFICERS and RESPONSIBILITIES

The powers of the Organization shall be vested in and exercised by or under the authority of the Steering Committee with guidance from the Board of Advisors.

Section 1. Board of Advisors.

Section 1A. Members.

Not more than twenty (20) recognized leaders and advocates in the field of injury and violence prevention in Maryland shall serve as the Board of Advisors.

Section 1B: Responsibilities.

Board of Advisors member roles and responsibilities shall include:

- Advise and counsel the Organizations Steering Committee as requested
- Promote the Organization to injury stakeholders, colleagues and personal acquaintances as appropriate.
- Provide professional and personal expertise and insight to the Organization and its Steering Committee.
- Identify potential sources of financial and other support for the Organization.
- Advocate for the Organization and its vision and mission.
- Attend, as appropriate, events sponsored by the Organization.
- Attend annual meetings of the Advisory Board.
- Assist with other issues as requested by the Organizations Steering Committee and membership.

Section 2: Steering Committee.

Section 2A: Members.

A Steering Committee consisting of no more than ten (10) members, excluding CPHS, shall manage the business of this organization.

The Steering Committee shall include identified experts in specific injury areas including but not limited to:

Violence/Suicide/Firearms
Motor Vehicle/Motorcycle/Pedestrian
Home & Burn
Occupational
Recreational/Sports
Poisons

Section 2B: Officers.

The initial officers of the Organization shall be selected from among all members of the Organization and shall be as follows:

A. **Chairperson** shall be the principle Executive Officer of the Organization and shall:

1. Preside at all membership meetings,
2. Chair the Steering Committee,
3. Present at each Annual Meeting of the Organization an annual report of the work of the Organization,
4. Insure all books reports, etc prepared by the Organization are properly prepared and accurate,
5. Have such powers as may be reasonably construed as belonging to the chief executive of any organization.

No officer shall for reason of his office be entitled to receive any salary or compensation.

Section 2C: Eligibility

In order to be nominated for, or hold office, the individual must be a member of the Organization as defined in **Article III**.

Section 2D: Responsibilities.

The Steering Committee shall have the control and management of the affairs and business of this organization. Such Steering Committee shall only act in the name of the Organization when it shall be regularly convened by its chairman after due notice to all the directors of such meeting.

Fifty-one (51)% percent of the members of the Steering Committee shall constitute a quorum and the meetings of the Steering Committee shall be held regularly as needed.

Each Steering Committee member shall have one vote and such voting may be done in-person, teleconference or e-mail.

Steering Committee members shall be present at 75% of all Steering Committee meetings.

The Steering Committee may make such rules and regulations covering its meetings as it may in its discretion determine necessary.

Section 2E: Nomination and Term of Office

Vacancies in the Steering Committee shall be filled by a nomination from the members at large. Nominations shall be approved by the Steering Committee.

Steering Committee members shall serve a two-year term and may serve up to two (2) consecutive terms.

CPHS shall provide staff support for the Steering Committee and quarterly meetings of the Organization, which may include, but is not limited to preparing meeting minutes, scheduling meetings, sending meeting notifications to the membership and maintaining the records of the business of the Organization.

Section 2F: Committees.

The Steering Committee shall establish such working, interest, or ad hoc committees as are needed to conduct the work of the Organization.

ARTICLE VIII: COMMITTEES

All members of the Organization are encouraged to serve on interest groups.

The members of each committee shall select an interest group chairperson.

Section 1: Action Specific Interest Groups.

Standing interest groups shall be action specific and may include but are not limited to:

- Networking
- Technical Assistance and Training
- Fundraising
- Government Relations
- Injury and Violence Prevention Awareness

Section 2: Interest Group Administration.

Interest Group chairpersons shall report to the Steering Committee, oversee the activities of the interest group and be responsible for:

- A. Arranging group meetings.
- B. Assuring that minutes are recorded
- C. Report group activities at regular meetings in person or by written report.

Purpose: Plan, develop, and assist in carrying out strategies to meet the Organizations goals with regard to each action area.

ARTICLE IX: AMENDMENTS

Any individual from the membership may, at any time, submit recommendations for amendment to these By-laws to the Steering Committee for review.

The membership, by affirmation vote of two thirds (2/3) of the members present may alter, amend, or revoke these By-laws at any regular or special membership meeting of the Organization providing that written notice shall be given to all members at least thirty (30) days prior to any action being taken. The membership of the Association may also alter, amend, or revoke these By-laws by mail ballot instead of a face to face general or special membership meeting. All rules for voting and for notification will still apply.

Approved: 5-24-2006