

**Strategic Plan for Georgia's Statewide Injury Prevention,
2004-2009**

Injury Prevention Section
Environmental Health and Injury Prevention Branch
Georgia Division of Public Health
Georgia Department of Human Resources

Executive Summary

Vision and Organizational Purpose

Over the period from 2004-2009, the Injury Prevention Section will expand and improve efforts to reduce the impact of injuries on the health and productivity of Georgians through *coordination, communication, and collaboration* among the various programs in the Georgia Department of Human Resources, Division of Public Health and outside agencies appropriate to each of the injury mechanisms.

Brief Program Description

The Injury Prevention Section is housed within the Georgia Department of Human Resources/Division of Public Health (DHR/DPH), under the Environmental Health and Injury Prevention Branch. The main functions of the Section include:

- the provision of technical assistance in program evaluation and coalition building to local community groups
- the provision of injury data to community groups and the public at large
- the distribution of safety equipment such as child safety seats, bike helmets, smoke detectors and the dissemination of knowledge on proper use of safety equipment, and
- the provision of general support to local coalition in helping promote safe and injury free life styles and behaviors.

These injury prevention activities are primarily grant-driven with the Centers for Disease Control and Prevention (CDC), the state's Governor's Office of Highway Safety (GOHS), and the National Highway Traffic Safety Administration being the major funders. The current programs that the Section conducts are the Residential Fire Injury Prevention program, the Child Occupant Safety program, the Dog Bite Prevention program, and the Shaken Baby Syndrome Prevention project. In the intentional injury arena, the Section supports the development of a Violence Against Women Prevention plan, and various suicide prevention efforts.

Background

Compared to national figures, Georgians are more likely to die or be hospitalized as a result of a severe injury. Considering all causes of death, unintentional injuries are fourth leading cause of death across all ages, and the *leading cause of death among Georgians between the ages of 1 and 44*.

Injuries in Georgia cause an average of 4,750 deaths per year. Between 1999 and 2004, unintentional injuries accounted for 112,012 deaths. Combined, unintentional and intentional injuries accounted for about 80% of all deaths among persons ages 15-24 years. Financially, on average injury-related hospitalizations result in nearly \$668 million just in in-patient hospital charges per year.

The pages that follow contain a statewide Strategic Plan to guide the Division of Public Health's injury prevention efforts. The plan will support the Injury Prevention Section to grow toward its full mission, and in turn enable and enhance injury prevention actions undertaken in local communities across the state.

Why have an Injury Prevention Strategy?

Injuries take the largest toll on the most vulnerable and the most productive segments of Georgia's population. Between 1999 and 2004, unintentional injuries were the leading cause of death for Georgians between the ages of 1 and 44 years claiming the lives of 10,139 Georgians. The Injury Prevention Section (IPS) is part of the Division of Public Health (DPH), the lead agency entrusted by the people of the State of Georgia with the ultimate responsibility for the health of communities and the entire population. As a result, IPS is responsible for the coordination of efforts to prevent unnecessary death, disability and suffering due to injuries. In order to fulfill its commitments to Georgia's public, the Injury Prevention Section needs a well-crafted mission and vision, and the necessary directional and implementation strategies to navigate through programmatic and fiscal challenges, and to develop effective and sustainable prevention programs that reduce the burden of injuries.

This strategic plan contributes in several powerful ways to ensure that IPS achieves its goals by:

- Providing clear direction and focusing priorities for the use of limited resources
- Developing messages to be communicated to key stakeholders and the public
- Providing a guideline for the integration of efforts across complex organizational structures and geographic separations
- Developing programmatic progress indicators and measurable milestones
- Providing motivation for injury prevention among IPS staff, key stakeholders, DPH District Offices, and local coalitions.

The strategic plan is one of many outputs of the Centers for Disease Control and Prevention (CDC) co-operative agreement with the Division of Public Health to support Georgia's injury surveillance and program capacity development. Members of the Georgia Injury Prevention Advisory Council (GIPAC), a collective of leaders in the field of injury prevention from various State and Federal agencies, as well as county and district level public health officials provided invaluable input and guidance in the development of the strategic plan. The Injury Prevention Section plans to continue to seek guidance from the members of GIPAC and in the review, evaluation, and implementation of the plan, and hopes that GIPAC members will play the critical role of communicating and translating the objectives and messages of the strategic plan to their respective agencies and constituents to create the ideal environment for the development of a robust and extraordinary injury prevention program in Georgia. The initial plan also benefited greatly from the input of the Director of the Division of Public Health, Dr. Kathleen Toomey, and other senior level branch and section directors, and will continue to benefit from the advice of the new also, the new Director of the

Division of Public Health, Dr. Stuart Brown. It is a dynamic document designed to grow and change to reflect the state's injury program needs.

Georgia's injury surveillance efforts focus on the following injury mechanisms, listed in order of severity: Motor Vehicle Crashes, Falls, Poisoning, Fire, Drownings, Suicides and Homicides (Table 1 and 2).

Table 1. Injury Death, Death Rates, and Excess Deaths per Year, Georgia, 1999-2001

Type of Injury	Number	Average per Year	Age-Adjusted Death Rate, GA	Age-Adjusted Death Rate, US*	Excess Deaths per Year, GA
Unintentional Injuries	9440	3147	42.4	35.5	288
Motor Vehicle	4077	1359	17.2	15.7	95
Falls	1166	389	6.2	4.8	2
Poisoning	995	332	4.1	4.6	-39
Fire	375	125	1.7	1.2	28
Drowning	351	117	1.4	1.3	12
Other Unintentional	2476	825	11.7	7.8	197
Suicide	2620	873	11.1	10.7	12
Homicide	1936	645	7.7	6.1	154
Legal Intervention	27	9	0.1	0.1	1
Other and Undetermined	237	79	1.0	1.4	-34
All Injuries	14260	4753	62.3	53.7	428

* US rate is year 2000 only

Table 2: Injury Hospitalizations, Hospitalization Rates, Length of Stay and Charges, 1999-2001

Injury Hospitalization, Hospitalization Rates, LOS and Total Charges, Georgia, 1999-2001

Type of Injury	Number	Average per Year	Hospitalization Rate, GA	Average Inpatient Days per Year	Average Charges per Year
Unintentional Injuries	87,754	29,251	408.9	160,424	\$ 528,508,094
Motor Vehicle	22,404	7,468	93.0	49,958	\$ 196,010,944
Falls	43,024	14,341	220.8	77,258	\$ 214,436,130
Poisoning	3,987	1,329	17.3	4,431	\$ 11,485,697
Fire	1,171	390	5.0	3,840	\$ 23,928,726
Drowning	188	63	0.8	401	\$ 1,319,966
Other Unintentional	16,980	5,660	72.1	24,536	\$ 81,326,630
Suicide Attempt	6,692	2,231	26.7	6,427	\$ 19,654,545
Assault	5,972	1,991	23.8	11,663	\$ 36,478,011
Legal Intervention	76	25	0.3	170	\$ 522,508

While leadership and coordination for the Plan are located within the Injury Prevention Section, programs affiliated to certain mechanisms of injury and their specific strategies for reducing death and morbidity are also found in other branches and section of DPH. These include:

- Family Health Branch
 - Office of Women's Health
 - Office of Infant & Child Health
- Epidemiology Branch
 - Chronic Disease, Injury, and Environmental Health Epidemiology Section
 - Maternal and Child Health Epidemiology Section
- Office of Health Information and Policy
- Environmental Health and Injury Prevention Branch
 - Emergency Medical Services

External partners include:

- Governor's Office of Highway Safety (GOHS),
- Centers for Disease Control and Prevention (CDC),
- National Highway Traffic Safety Authority (NHTSA),
- Department of Motor Vehicle Safety,
- Division of Family and Children's Services (DFCS),
- Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDA),
- Fire Departments, Sheriff's Associations and Police Departments, and
- SAFE KIDS coalitions.

Therefore, coordinated action and collaboration across a diverse group of offices and functions is critical, as is close support for programming and program design. Within the strategic plan, injury surveillance activities (as depicted in tables 1 and 2) provide the process and guidance to prioritize both the actions and strategies aimed at reducing injuries. The Plan also borrows heavily from national level recommendation from organizations such as the State and Territorial Injury Prevention Directors Association (STIPDA) on the criteria and the steps required to create a model state injury prevention program. In fact, the Injury Prevention Section has applied and been selected for an extensive evaluation of its programs by STIPDA's State Technical Assessment Team in order to continue to move in the right direction in creating a model injury prevention program.

Ultimately, the strategic plan will be a living document that will be updated, evaluated and revised with the progress of the IPS, and in accordance to the appropriate responses required in order to respond to, and manage the unforeseen challenges that may emerge in the section's efforts to reach the outlined goals and objectives.

Methodology

The following steps were taken to develop the information in this plan (See Appendix B for further details):

1. Consultants reviewed documents, audits, related federal (such as the HP 2010 goals and CDC Core Grant objectives) and regional websites, and other materials to gain a more comprehensive background on the field of Injury Prevention.
2. Consultants interviewed key constituencies within DPH and other State organizations, as well as selected health district staffs for their perspectives, ideas and contributions.
3. TOWS analysis was created from findings derived from the above.
4. The final analysis was the application of the TOWS analysis to create two key strategies.
5. The strategies, including directional strategies including the mission, vision and values were then reviewed by IPS Staff and DPH executives.
6. Injury Prevention Section management were consulted in the development of the 5-year implementation plan and with clear objectives and associated high-level budget estimates.

Strategic Planning Goals:

The goals of the strategic plan are:

- Guide the Injury Prevention Section's (IPS) priorities, activities in order to create the enabling atmosphere to fulfill its present commitments to its donors, partners and constituents
- Formulate guidelines around which the Division of Public Health (DPH) can generate measurable outcome objectives for injuries
- Serve as an organizational development tool for the DPH and the IPS in integration, and strengthening injury prevention programs and efforts across organizational boundaries
- Help to establish clear and appropriate expectations within community-led coalitions, health districts and county health departments by outlining the services and value the IPS provides, and the services and values that the IPS expects from its local level partners
- Establish an approach for managing expectations internally within the DPH by providing tools for communications, progress-measurement
- Satisfy requirements outlined in the State of Georgia "Performance Audit Review, Injury Prevention Program," July 2000, and CDC core injury surveillance capacity development grant

Strategies

Directional strategies express a top level view of the organization's direction and include mission, vision, and values statements, while implementation strategies describe ideas for implementing actions and for driving results into local communities. Both types of strategies have been developed for this strategic plan and the results are detailed on the following pages.

Additionally, all strategies should be based on the ultimate goal of preventing injury via sound injury prevention practices (See Appendix C for more details).

Directional Strategies (Mission, Vision, Values):

Mission

As part of the process of planning, the IPS staff and DPH leadership were asked to assist in the consideration of several options for a new mission statement. Their consensus for a mission statement is as follows:

We prevent injuries by empowering state and local coalitions through the provision of data, training, and leadership, and the leveraging of resources for prevention programs.

Vision

The vision statement is an expression of the value that an entity will produce in the future, and as such the Injury Prevention Section's vision statement will be:

Injuries are the number one killer of people aged 1 to 44 in the State of Georgia. Each year injuries are responsible for 4,500 deaths and more than 36,000 hospitalizations.

The Injury Prevention Section will be recognized for its ability to foster growth and sustainability of injury prevention activities among local coalitions. Local coalitions will lead injury prevention through project implementation, data collection, relationship building and the advocacy for injury prevention goals. The Injury Prevention Section will remain the state-level coordinator of injury prevention for the State of Georgia.

Values

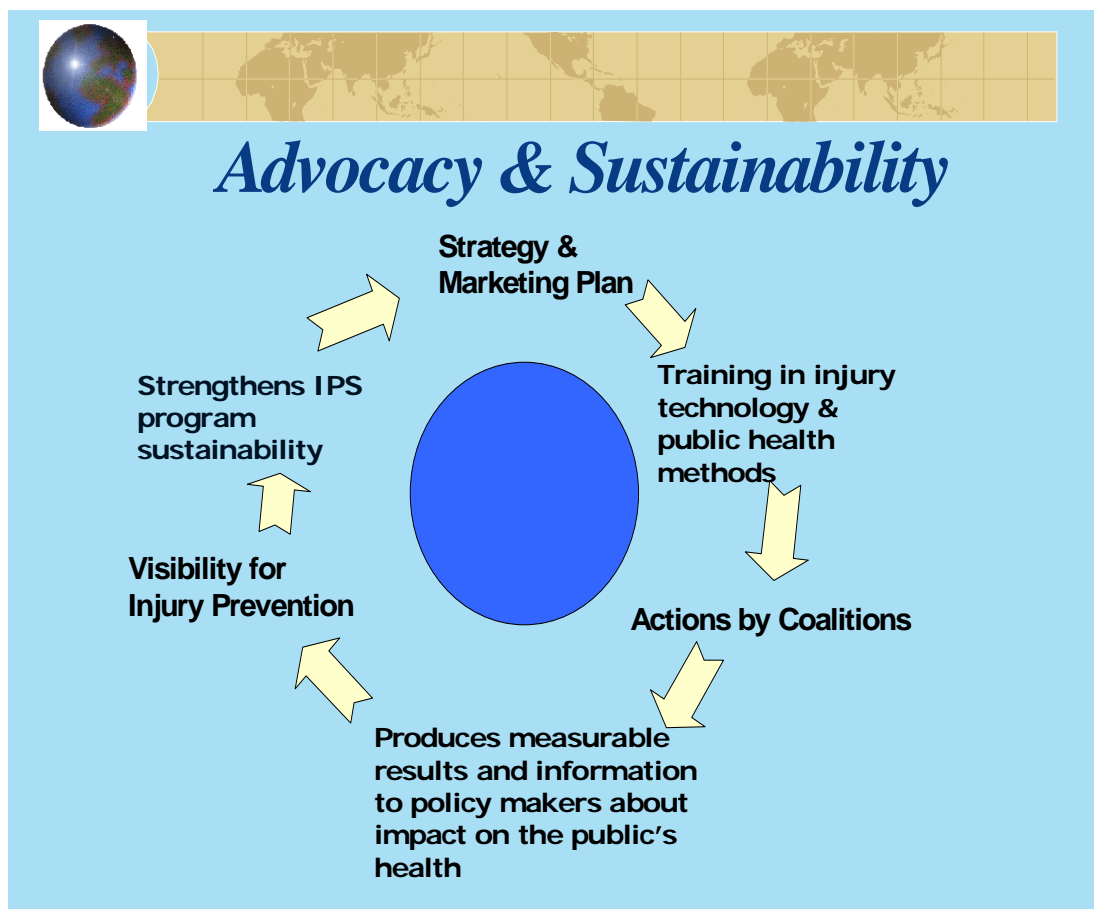
The Injury Prevention Section (IPS):

- ***Is data and results driven: The IPS hold the surveillance of injuries as its highest priority. The IPS provides a locus for the integration of injury related data collection and analysis, and assures the transmission of data to its coalitions.***
- ***Articulates a recommended policy framework: The IPS serves a liaison to connect the State of Georgia with other federal and state-level injury prevention organizations, and will put forth nationally accepted standards and policies designed to reduce the burden of injuries.***

- **Believes in community driven initiatives:** The IPS develops and supports community initiatives based on the needs of Georgians as gathered from its surveillance activities
- **Is committed to the success of local coalitions:** The IPS develops and provides technical materials and training essential to the success and sustainability of its injury prevention partners at the local level
- **Is committed to educating the public on injuries:** The IPS develops training and educational materials using national and statewide best practices and injury prevention expertise, and will deliver such information in a memorable and easily accessible form to injury prevention partners, the public and policy makers.
- **Has passion and dedication:** The Injury Prevention Section accomplishes its tasks through the passion and dedication of its staff and its coalitions.

Critical Relationships for Injury Prevention

In order for the IPS to achieve its purpose and stay true to its values, it must obtain visibility and support or sustenance from its key constituents. The following diagram best illustrates the cyclic nature of the relationships.



Implementation Strategies

Using TOWS analysis (See Appendix A for further details of the TOWS analysis methodologies and results) to assess the current strengths, weaknesses, threats and opportunities, Division of Public Health leadership group approved two key implementation ideas:

1. Protecting the “core” program:

- Carefully manage resources across DPH in a manner that supports State-level resource objectives, yet supports an efficient, integrated and focused injury prevention program. It is important to have a separate IPS function in that there is a CDC expectation that a standalone unit will be the manager and recipient of Federal level grant funding.
- Develop cross-support agreements that will reduce ambiguity in relationships across DPH, reduce resource duplication and increase productivity among existing staff. Cross Support Agreements help to insure that there are no misunderstandings when resources are committed that involve more than one Branch, or where emergency actions are required. A written document should be negotiated ahead of the moment of need. Usually complex relationships and team efforts are at stake in such negotiations.
- Seek new grants, and protect the objectives of existing ones. When selecting grants, IPS must assure that a “Return on Investment” (ROI) analysis is undertaken. New grants should produce more resources than the effort and resources required to obtain and operate the grant.
- Reduce training provided by IPS at the local level, as a way to more efficiently use resources. IPS staff should minimize their time in the field, substituting Website technology to post training materials in locations that allow local Health Districts and Coalitions to draw down materials for presentations, obtain special statistical studies, and to apply (for example) seasonal injury messages that are uniform across the State.

2. Build the framework for a sustainable, integrated IPS:

- Pursue and deliver on the cooperative agreements with federal and state level funding agencies such as NHTSA, CDC and GOHS, as well as pursuing and aligning IPS’s planning and fundraising objectives with the interests and commitments of the funding agencies
- Reward/recognize Districts with strong programs – do “State best practices” and have them serve as “field mentors”
- Develop a workable schedule for regular GIPAC meetings, creating a GIPAC-specific mission and work plan to motivate focused action and achieve statewide injury prevention objectives.
- Pursue mandated status for State tax revenues, and, rather than waiting for grants to be promulgated, propose grant designs and convince CDC and others that IPS is qualified to lead such efforts.

- Train IPS and District staff in the principles of injury prevention using the techniques of Public Health methodology.

Implementing Objectives and High-Level Financial Requirements

Listed here, in summary form, are the major goals for IPS over the period 2004 to 2008. Appendix E provides a detailed view of objectives by Federal Fiscal Year (FFY) quarter. The main objectives include:

1. **Develop communications channels** – to reinforce injury prevention messages and tailor to local Health District needs using Information Technology (IT) – e.g. website access to professionally developed training materials and issues briefings.
2. **Maximize visibility of injury prevention** – to apply the special resource of GIPAC to increasing the effectiveness of messages to Coalitions and potential advocates.
3. **Reward best practices among Health Districts and others** – to obtain repetition of desired behaviors by expediting the dispersal of injury prevention activities that best drive home injury prevention methods and messages.
4. **IPS to be integral part of Emergency Preparedness (EP)** – to assure that the EP community is aware of the special monitoring resources that IPS brings to the EP mission.
5. **Maximize data surveillance capacity** – to further upgrade the capacity of IPS to identify trends and create interventions that head them off.
6. **Integrate injury prevention activities within DPH and DHR** – to communicate within the State government entities about injury prevention and to foster cross feed and closer coordination among Branches and activities of the State government.
7. **Strike a balance between internal and external funding** – to assure that “institutionalization” of IPS occurs, yet staying abreast of potential funding sources outside State government.
8. **No prevention opportunities are missed** – to apply newly acquired as well as existing resources to pursue new areas where injury prevention may achieve an ROI; e.g. Occupational Safety.
9. **Injury Prevention is Institutionalized** – to culminate the outcomes achieved from prior goals by obtaining greater State tax revenue resources and mandated status for IPS programs.

Achieving these objectives will require substantial financial requirements as outlined below.

2004-2008: 5 Year Implementation Plan

OBJECTIVES BY FEDERAL FISCAL YEAR (FFY):

Federal Fiscal Year 2004

Description

Maintain a fully staffed Injury Prevention Section FFY 04-Q1

Develop Communication Channels

IPS Website will be up to date and relevant

Setup meeting with OHIP on expanding IPS website FFY 04-Q1

Decide upon content and framework of website FFY 04-Q1

Develop materials, links, messages FFY 04-Q2

Publish website FFY 04-Q2

Seasonal Messages will be sent out through PIO

Finalize messages with Public Information Officer FFY 04-Q1

Decide on dissemination tactics FFY 04-Q1

Create messages and newsletters FFY 04-Q2

Identify recipient newsletters and professional publications FFY 04-Q2

Disseminate messages and newsletters FFY 04-Q2

Deliver Presentations to other DPH Sections

Find out schedule of section meetings, HD directors meetings, etc FFY 04-Q1

Decide on template and objective of presentation, and prepare presentation FFY 04-Q2

Deliver presentation FFY 04-Q2

Maximize Visibility of Injury Prevention

Develop a clear mission and purpose for GIPAC FFY 04-Q2

First GIPAC Meeting FFY 04-Q2

Convene Violence Against Women Advisory Committee two times FFY 04-Q2, Q4

Second GIPAC Meeting FFY 04-Q4

Rewarding Best Practices

Develop criteria for measuring Health District IP efforts

Visit five diverse Health Districts across the state FFY 04-Q3

Identify robust performance measure FFY 04-Q4

IPS will be an Integral Component of Emergency Preparedness (EP)

Prepare presentation on IP role in preventing quantifiable injuries FFY 04-Q2

Collaborate with EP to integrate prevention and data reporting messages to partners FFY 04-Q4

Maximize Data Surveillance Capacity

Qualify as a CODES network state FFY 04-Q4

Link two years worth of data for Hospital Discharge, EMS, and Crash Reports FFY 04-Q3

Evaluate Georgia's Traumatic Brain Injury Surveillance System

Integrate Injury Prevention Activities within DPH and DHR

Develop and finalize cross support agreement with Epidemiology Branch FFY 04-Q2

Develop and finalize cross support agreement with Family Health Branch FFY 04-Q2

Deliver introductory presentation about IP to other section within DPH FFY 04-Q2

Strike a balance between internal & external funding

IPS will take the initiative to propose interventions to potential funding agencies FFY 04-Q2

No Prevention Opportunities are Missed

4,000 new homes will have a smoke detector and an escape plan FFY 04-Q4

5,000 car safety seats will be distributed to poor Georgia families FFY 04-Q4

Injury Prevention is Institutionalized

80 Georgia (50%) counties will have an active injury prevention coalition FFY 04-Q4

Federal Fiscal Year 2005

Description

By When

Maintain a fully staffed Injury Prevention Section

FFY 05-Q1

Develop Communication Channels

IPS Web site will be up to date and relevant

Develop Materials, links, messages FFY 05-Q1

Maintain website FFY 05-Q1

Seasonal Messages will be sent out through PIO

Create messages and newsletters FFY 05-Q1

Identify recipient newsletters and professional publications FFY 05-Q1

Disseminate messages and newsletters FFY 05-Q1

Maximize Visibility of Injury Prevention

GIPAC will meet 3 times a year FFY 05-Q2-Q4

Advisory council will make recommendations to Director of DPH FFY 05-Q3

Rewarding Best Practices

Develop criteria for measuring Health District IP efforts

Visit five new Health Districts across the state FFY 05-Q3

Arrange for public recognition of the best Injury Prevention HDs FFY 05-Q3

Organize statewide IP conference

Conduct needs assessment to determine scope of conference	FFY 05-Q3
Develop conference objectives	FFY 05-Q3
Secure Funding for Conference	FFY 05-Q3
Invite recognized experts in Injury Prevention	FFY 05-Q3
Hold the First Statewide Injury Prevention Conference	FFY 05-Q3
<u>IPS will be an Integral Component of Emergency Preparedness (EP)</u>	
Design collaborative projects between IPS and Emergency Preparedness	FFY 05-Q2
Collaborate with EP to integrate prevention and data reporting messages to partners	FFY 05-Q2
<u>Maximize Data Surveillance Capacity</u>	
Continue to participate at a CODES network state	
Complete analysis of linked data	FFY 05-Q2
Publish 3 journal articles per year	FFY 05-Q3
Qualify as a PHASE III CDC core capacity grantee	FFY 05-Q4
Gain access and assess all 6 of 11 core data sets as recognized by the CDC and STIPDA	FFY 05-Q4
Conduct Injury Surveillance for 8 out of 14 core injuries and injury risk factors	FFY 05-Q4
<u>Integrate Injury Prevention Activities within DPH and DHR</u>	
All state programs that target seniors will include information on falls and fires	FFY 05-Q4
All state programs that target children will include information on occupant safety and fires	FFY 05-Q4
All state programs that target new mothers will include information on SBS	FFY 05-Q4
<u>No Prevention Opportunities are Missed</u>	
Adult Occupant Safety will have a dedicated staff person	FFY 05-Q3
All rural hospitals with birthing centers will be CSS distribution centers	FFY 05-Q4
5000 new homes will have a smoke detector and an escape plan	FFY 05-Q1-Q4
6000 car safety seats will be distributed to poor Georgia families	FFY 05-Q1-Q4
<u>Injury Prevention is Institutionalized</u>	
100 (63%) of Georgia counties will have an active injury prevention coalition	FFY 05-Q4
Injury Prevention Specialists will be hired in two Health District	FFY 05-Q4

Federal Fiscal Year 2006

Description	By When
Maintain a fully staffed Injury Prevention Section	FFY 06-Q1
<u>Develop Communication Channels</u>	
IPS Web will be up to date and relevant	
Develop Materials, links, messages	FFY 06-Q1
Maintain website	FFY 06-Q1
Seasonal Messages will be sent out through PIO	
Create messages and newsletters	FFY 06-Q1
Identify recipient newsletters and professional publications	FFY 06-Q1
Disseminate messages and newsletters	FFY 06-Q1
<u>Maximize Visibility of Injury Prevention</u>	
Review mission and purpose of GIPAC	
GIPAC will meet 3 times a year	FFY 06-Q2-Q4
Advisory council will be fully functional in its advocacy for IP legislation and policies	FFY 06-Q3
<u>Rewarding Best Practices</u>	
Develop criteria for measuring Health District IP efforts	
Visit five new Health Districts across the state	FFY 06-Q3
Arrange for public recognition of the best Injury Prevention HDs	FFY 06-Q3
Organize statewide IP conference	
Develop conference objectives	FFY 06-Q3
Secure Funding for Conference	FFY 06-Q3
Invite recognized experts in Injury Prevention	FFY 06-Q3
Hold the Second Statewide Injury Prevention Conference	FFY 06-Q3
<u>Maximize Data Surveillance Capacity</u>	
Publish 3 journal articles per year	FFY 06-Q3
Qualify as a PHASE III CDC core capacity grantee	FFY 06-Q4
Gain access and assess all 11 core data sets as recognized by the CDC and STIPDA	FFY 06-Q4
Conduct Injury Surveillance for 10 out of 14 core injuries and injury risk factors	FFY 06-Q4
<u>Integrate Injury Prevention Activities within DPH and DHR</u>	
Provide IP training to key health professionals, law enforcement	FFY 06-Q4
<u>No Prevention Opportunities are Missed</u>	
A teen DUI Prevention Program will be initiated by the IPS	FFY 06-Q1-Q4
6000 new homes will have a smoke detector and an escape plan	FFY 06-Q1-Q4
6000 car safety seats will be distributed to poor Georgia families	FFY 06-Q1-Q4
<u>Injury Prevention is Institutionalized</u>	
130 (80%) of Georgia counties will have an active injury prevention coalition	FFY 06-Q4
Injury Prevention Specialists will be hired in four Health District	FFY 06-Q4

Federal Fiscal Year 2007

Description

Maintain a fully staffed Injury Prevention Section

By When

FFY 07-Q1-Q4

Develop Communication Channels

IPS Web will be up to date and relevant

Develop Materials, links, messages

FFY 07-Q1

Maintain website

FFY 07-Q1

Seasonal Messages will be sent out through PIO

Create messages and newsletters

FFY 07-Q1

Identify recipient newsletters and professional publications

FFY 07-Q1

Disseminate messages and newsletters

FFY 07-Q1

Rewarding Best Practices

Develop criteria for measuring Health District IP efforts

Visit five new Health Districts across the state

FFY 07-Q3

Arrange for public recognition of the best Injury Prevention HDs

FFY 07-Q3

Organize statewide IP conference

Develop conference objectives

FFY 07-Q3

Secure Funding for Conference

FFY 07-Q3

Invite recognized experts in Injury Prevention

FFY 07-Q3

Hold the Third Statewide Injury Prevention Conference

FFY 07-Q3

Integrate Injury Prevention Activities within DPH and DHR

Thirty percent (30%) of IPS positions will be state funded

FFY 07-Q4

No Prevention Opportunities are Missed

A teen DUI Prevention Program will be maintained by the IPS

FFY 07-Q1-Q4

A robust fall prevention program will be implemented by the IPS

FFY 07-Q3

6000 new homes will have a smoke detector and an escape plan

FFY 07-Q1-Q4

10,000 car safety seats will be distributed to poor Georgia families

FFY 07-Q1-Q4

Injury Prevention is Institutionalized

159 (100%) of Georgia counties will have an active injury prevention coalition

FFY 07-Q4

Injury Prevention Specialists will be hired in six Health District

FFY 07-Q4

Federal Fiscal Year 2008

Description

By When

Maintain a fully staffed Injury Prevention Section

FFY 08-Q1-Q4

Develop Communication Channels

IPS Web will be up to date and relevant

Develop Materials, links, messages

FFY 08-Q1

Maintain website

FFY 08-Q1

Seasonal Messages will be sent out through PIO

Create messages and newsletters

FFY 08-Q1

Identify recipient newsletters and professional publications

FFY 08-Q1

Disseminate messages and newsletters

FFY 08-Q1

Rewarding Best Practices

Develop criteria for measuring Health District IP efforts

Visit five new Health Districts across the state

FFY 08-Q3

Arrange for public recognition of the best Injury Prevention HDs

FFY 08-Q3

Organize statewide IP conference

Develop conference objectives

FFY 08-Q3

Secure Funding for Conference

FFY 08-Q3

Invite recognized experts in Injury Prevention

FFY 08-Q3

Hold the Fourth Statewide Injury Prevention Conference

FFY 08-Q3

Integrate Injury Prevention Activities within DPH and DHR

Thirty percent (30%) of IPS positions will be state funded

FFY 08-Q4

No Prevention Opportunities are Missed

All Medicaid eligible newborns will be provided with a car safety seat

A teen DUI Prevention Program will be maintained by the IPS

FFY 08-Q1-Q4

A robust fall prevention program will be maintained by the IPS

FFY 08-Q1-Q4

10,000 new homes will have a smoke detector and an escape plan

FFY 08-Q1-Q4

10,000 car safety seats will be distributed to poor Georgia families

FFY 08-Q1-Q4

Injury Prevention is Institutionalized

Injury Prevention Specialists will be hired in ten Health District

FFY 08-Q4

Appendix A: TOWS analysis

Threats, Opportunities, Weakness, Strengths (TOWS) Analysis

TOWS is a strategic planning tool and conceptual framework used for identifying and analyzing the threats (T) and opportunities (O) in the external environment and assessing the organization's weaknesses (W) strengths (S). Identified strengths are further assessed to take full advantage of the opportunities available, and weakness are seen as the absence of strength and taken into account in the implementation objectives created towards organizational development. Further more, such an analysis allows for specialized attention to be given to the adaptive strategies that need to be considered in order to steer the organization away from recognized threats. Generally, organizations that adapt will survive and thrive by minimizing threats and weaknesses, and building upon strengths and opportunities.

The following pages present the findings from the interviews, and document reviews that were conducted as part of the strategic planning process. A one-page representation of the TOWS analysis is included in the Appendix.

Threats

- Health Districts have competing and mandated priorities for funding that makes funding injury programs difficult to support.
- Previous efforts at distributing and communicating injury prevention resources and objectives to Health Districts were not as effective as they needed to be to assure sustainability.
- There is overlap in the functionality of other DPH Sections with that of IPS, sometimes creating competition for resources.
- Some SAFE KIDS coalitions have been abandoned and local coalitions will have to be re-motivated to make commitment to injury prevention programs.
- State and Federal tax flow creates budget restraints that threaten long term viability of IPS programs.

Opportunities

- Strong relationships across State, Regional and Federal agencies concerned with injury prevention open the door to innovative grant funding.
- Coalitions believe in the tenets of injury prevention and invest resources provided by both local communities and IPS, yielding the potential for program expansion as new resources are found and applied.
- EMS has staff who believe and share in the mission of injury prevention but they have not yet been fully mobilized to help.
- With 9/11 and related governmental changes come a willingness to consider new approaches that help to keep US populations safe – an opportunity to seek and find new allies in injury prevention.
- The numbers and types of grants are increasing as an alternative means of creating programs that can demonstrate results and, in turn, justify on-going State tax revenues.
- A former safety program, occupational safety, has great potential to produce measurable results for employers, but must be reinitiated after being discontinued for several years.

- Changes in staff and the Director open the door to a “fresh start” for injury programs in Georgia.

Weaknesses

- Coalitions are thinly staffed and require significant human resources to achieve sustained and measurable results.
- IPS staff members are mostly new and need training in many areas in order to enhance sustainability.
- Injury prevention as a public health discipline is still developing at national, regional and state levels.
- Most of the Section’s current funding is dependent upon the priorities of the funding agency and in many instances do not reflect the priorities of the section, or the overall needs of the population.
- IPS lacks the resources needed to publish results in scientific journals that help to establish the professionalism of Georgia’s injury prevention efforts.
- Prior to this Strategic Planning effort, IPS lacked a vision for its future and a clear, relevant and efficient statement of its mission and key methods.

Strengths

- The Commissioner of DHR and Director of DPH are supportive of injury prevention as an important component of their missions and resource allocations.
- IPS has strong relationships across the State and with related injury prevention organizations at the regional and national levels.
- IPS has capacity to analyze data and the ability to use the data to clearly demonstrate measurable results and generate long term outcome objectives.
- IPS staff is dedicated and enthusiastic for the IPS mission and methods.
- Environmentalists, local health staff, police and EMS embrace Injury Prevention.
- Local coalitions, especially SAFE KIDS, are the core strength of existing IPS programming.

Threats

Opportunities

Weaknesses

Strengths

Internal Strengths

- Commissioner of DHR & DPH Director are supportive
- Strong relationships and reputations
- Sufficient data to show measurable results
- Quality staff
- “Injury Prevention” embraced by environmentalists, local health departments, police and EMS
- Coalitions are a great strength to current programming

Internal Weaknesses

- Health Districts have competing priorities mandated by law, where as injury prevention is not
- Coalitions lack support for human resources
- Section staff are new – need training in many areas that would enhance sustainability research methods & governmental procedures
- Injury Prevention, as discipline, is in developmental stages
- Programming dependant upon priorities of funding agencies
- Lack of resources to publish results
- Lack of an overarching vision, focus

External Opportunities

- Strong relationships across state and federal government
- Grassroots Coalition initiatives supported (e.g. matching coalition purchase of safety seats)
- EMS is an unexplored reservoir of potential collaboration & community education
- Current governmental chaos by political party change and 9/11 = opportunity for change
- Number and types of grants increasing
- Re-start occupational safety initiatives
- Injury prevention section in “clean slate” stage

External Threats

- Health Districts have competing priorities mandated by law, where injury prevention is not
- Weak communication of IPS techniques, capabilities, results to communities
- There are overlapping functionalities among other DPH branches, creating some conflict
- Some SAFE KIDS coalitions have been abandoned
- State and federal budget constraints

Future Quadrant

- Vertical Integration
- Related Diversification
- Product Development
- Market Development
- Penetration

Internal Fix-It Quadrant

- Enhancement
- Status Quo
- Retrenchment
- Harvesting

External Fix-It Quadrant

- Related Diversification
- Retrenchment
- Harvesting
- Status Quo

Survival Quadrant

- Liquidation
- Harvesting
- Divestiture
- Retrenchment

Appendix B: Methodology (further details)

List of documents reviewed

- The 1999 and 2003 Georgia Injury Profiles
- DHR/DPH organizational chart
- IPSRC – newsletter of the University of North Carolina Injury Prevention Research Center
- Status of Health in DeKalb Report – 2001
- Strategic and Operational Plan for Injury Prevention (several years old)
- Colorado, Injury Prevention Strategic Plan, 2003 – 2008
- Arizona, Injury Surveillance and Prevention Plan, 2003 +.
- Performance audit of DHR, IPS program, July 2000
- Article on William Haddon, Jr., by Brian O’Neill, in Contingencies, Jan/Fed, 2002
- STIPDA, “Safe States” 2003 edition
- STIPDA, “Consensus Recommendations for Using Hospital Discharge Data for Injury Surveillance”

Websites

- STIPDA – review for policy, programs and culture of the State Directors
- CDC – injury prevention activities and the Core Grant
- HHS – Health People 2010 injury initiatives
- DHR, Injury Prevention web page
- NAICRC-STIPDA, Report of: Joint Committee on Infrastructure Development
- DeKalb County, Department of Public Health

List of Persons interviewed

1. Lisa Dawson, Injury Prevention Section
2. Mike Smith, Environmental Health and Injury Prevention Branch
3. Jorga Mesfin, Injury Prevention Section
4. Judy Byrnes, Injury Prevention Section
5. Denise Yeager, Injury Prevention Section
6. John Hemphill, National Center for Injury Prevention & Control
7. Steve Davidson, Injury Prevention Section
8. Michele Mindlin, Division Public Health
9. Dr. John Carter, MCH Epidemiology Section
10. Rosalind Bacon, Family Health Branch
11. Paul Weisner, MD, Health District Medical Director
12. Kristin Lindemer, STIPDA
13. Belinda Jackson, NHTSA
14. James Drinnon,
15. Judy Hartley
16. Jane Garrison SAFE KIDS Savannah
17. Joseph Swartout, MD
18. Roger Naylor
19. Dwayne Butler
20. Ann Wheeler
21. Pat Brannon
22. Ken Powell, Chronic Disease, Injury, and Environmental Health Epidemiology
23. Wayne Reece, JD, Injury Prevention Advocate
24. David Beane, Office of Emergency Medical Services
25. Bob Dallas, Governor’s Office of Highway Safety

Appendix C: Conceptual View of Injury Prevention Components

The following pages provide a summary view of nationally accepted models for Injury Prevention as given by the Centers for Disease Control and Prevention (CDC), and the State and Territorial Injury Prevention Director's Association (STIPDA).

Core Injury State Program:

Injury is a leading killer in all 50 states, but injury problems differ among the states. Because of variations in geography, weather conditions, and population groups, some states have injury issues not experienced by the rest of the country. To address these issues, CDC funds state health departments to enhance the core public health infrastructure by improving their capacity to prevent injuries and resulting deaths and disabilities.

This CDC funding helps states to develop the five core components of model state injury programs:

- Collecting and analyzing data
- Providing technical support and training to communities conducting injury programs
- Coordinating and collaborating in injury prevention activities
- Designing, implementing, and evaluating programs to prevent injury
- Informing public policy that supports injury prevention

These components mirror a typical public health approach: learning about a problem by collecting and analyzing data, deciding what to do about it, and putting in place the programs, infrastructure, trained staff, and policies that will prevent injuries, deaths, and disabilities in the future. The following table created by STIPDA shows the public health approach to injury prevention. This approach is particularly relevant to injury prevention because it reflects the multiple, complex causes of injury – as well as the equally diverse, interrelated solutions that are needed.

Core Components of a State Injury Prevention Program

Table 1: A Public Health Approach to Injury Prevention

1	2	3	4	5
<p>Determine the Burden and Develop a Plan of Action</p> <p>Determine the scope and magnitude of the state's injury burden. Collect and analyze injury data such as vital records, hospital discharge data, reported crimes data, emergency department data, insurance claims, and surveillance data.</p> <p>Consider all manner of intentional and unintentional injury, including suicide, sexual assault, intimate partner violence, child and elder abuse, car crashes, falls, drowning, fires, and poisonings.</p> <p>Determine the incidence, causes, and circumstances of fatal and non-fatal injuries by collecting and analyzing injury data.</p> <p>Develop a strategic plan of action.</p> <ul style="list-style-type: none"> • Meet with partners to identify and discuss statewide priorities • Develop an intervention plan that includes an evaluation plan 	<p>Conduct prevention interventions at multiple levels</p> <p>Design, implement and evaluate interventions at multiple levels – individual, community, environmental, and organizational.</p> <p>Blend different types of behavior change strategies, including:</p> <p>Educational interventions at the individual and community level to raise awareness that injuries can be prevented, and to motivate, enact and sustain behavior change. For example:</p> <ul style="list-style-type: none"> • Promote the benefits of mentoring programs to prevent violence • Conduct community outreach and media campaigns to promote the benefits of using smoke alarms in the home, child safety seats, and bicycle helmets <p>Environmental interventions to address the external influences that contribute to or help prevent injury. For example:</p> <ul style="list-style-type: none"> • Improve visibility at dangerous intersections to prevent pedestrian injuries • Make simple home modifications to prevent falls and make living areas safer for older adults <p>Policy interventions to change a standard procedure or way of operating that minimizes the risk of injury (see Column 4).</p> <p>Collaborate with others. Develop partnerships with community groups, local health departments, hospitals, fire departments, EMS, and law enforcement to disseminate injury prevention information and resources. For example:</p> <ul style="list-style-type: none"> • Partner with local fire departments to install smoke alarms • Work with community coalitions to provide child safety seats and bicycle helmets 	<p>Provide Technical Support and Training</p> <p>Provide technical support and training to diverse program partners to:</p> <ul style="list-style-type: none"> • Ensure awareness of proven injury prevention interventions • Encourage the use of these best practices in local health departments, community agencies and programs • Enable program partners and organizations to design, implement, and evaluate their own injury prevention activities 	<p>Work with Communities for Policy Change</p> <p>Affect public policy through collaboration with community leaders to make the community safer. For example:</p> <ul style="list-style-type: none"> • Promote adoption of local ordinances and legislation that are effective at reducing injury – bike helmet laws, use of child safety seats and seat belts in motor vehicles • Promote policies to affect environmental changes – bicycle lanes, resilient surfaces under playground equipment, pedestrian bridges over busy streets • Work with school systems to include injury prevention in their curricula – such as those addressing bullying prevention, sexual harassment prevention, poison prevention, safety belt use, and bicycle helmets 	<p>Evaluate and Improve Programs</p> <p>Build a solid infrastructure for injury prevention programs through evaluation. For example:</p> <ul style="list-style-type: none"> • Measure and evaluate the impact of policy and program efforts by using data such as those used to determine the burden of injury (see Column 1) • Evaluate the cost-effectiveness of interventions and community strategies • Analyze data to help develop the best possible programs