

Florida Injury Prevention Section

2014–2016 Operational Plan

Florida Department of Health
Injury Prevention Section
4052 Bald Cypress Way, Bin A22
Tallahassee, FL 32399
www.flhealth.gov/injury



Acknowledgement

Dear Community Partners,

The Department of Health (DOH), Injury Prevention Section (IPS) would like to thank the members of the Florida Injury Prevention Advisory Council (FIPAC) and the members of the injury prevention community who have contributed to the development of the third consecutive Florida Injury Prevention State Operational Plan. Your ongoing leadership and countless volunteer hours working on injury prevention activities have made the success of the prior Florida Injury Prevention State Operational Plans possible.

Sincerely,

The IPS Staff

The contents of the Florida Injury Prevention State Operational Plan are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.

Note: The Core Violence and Injury Prevention Section (Core VIPP) grant by the Centers for Disease Control and Prevention (CDC) provides funding for the Injury Prevention Section (IPS) State Operational Plan development and implementation through July 31, 2016. To fully implement the 2014–2016 Florida Injury Prevention State Operational Plan additional resources and funding must be made available for injury prevention infrastructure and initiatives at both the state and local levels. The IPS will continue to seek funding opportunities. It is also critical for key state agencies and injury prevention stakeholders to continue collaborating on injury prevention efforts.

The Injury Prevention State Operational Plan and its corresponding activities are not intended to supplant the many outstanding community-based injury prevention efforts currently underway but rather to complement, enhance, strengthen, and fill gaps in those initiatives.

For more information about injury prevention or to find out how to become involved, contact the Department of Health, Injury Prevention Section at:

Telephone: 850-245-4440

Fax: 850-414-6470

Web Address: <http://www.floridahealth.gov/injury>

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4042 Bald Cypress Way, 2nd Floor
Tallahassee, Florida 32399

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Summary

“Injuries kill more than 180,000 people each year in the United States. Each year, millions more are injured and survive. Many of these injuries, whether unintentional or inflicted by violence, are preventable. To achieve an injury-free state, it is critical to show the importance of injury and demonstrate the impact of our prevention efforts at the state and local levels...the real human and financial benefits of implementing injury and violence prevention programs are significant.”

Daniel M. Sosin, MD, MPH, FACP
Acting Director, Centers for Disease Control and Prevention (CDC)

Injury is a major public health issue in Florida and the United States. No single force working alone can accomplish everything needed to reduce the number of injuries in Florida. Injuries are predictable, preventable, and affect everyone regardless of age, race, ethnicity, sex, or economic status. The 2014–2016 Florida Injury Prevention State Operational Plan serves as a road map to reduce and eliminate the injury burden in Florida. Developed in collaboration with the Florida Injury Prevention Advisory Council (FIPAC), goal team leaders and goal team members, this plan outlines goals, initiatives, strategies, and objectives for the next two years. This plan features three specific, data-driven, injury mechanisms: older adult falls, child drowning, and distracted driving.

2014–2016 Vision, Mission, Goals and Initiatives

Vision: Florida: An injury-free state.

Mission: To reduce injury in Florida through leadership, education and policy.

Goal 1: Establish a collaborative effort to provide statewide direction and focus for fall-related injury prevention for Florida’s older adults.

Goal 2: Establish a collaborative effort to provide statewide direction and focus for child drowning prevention and water safety.

Goal 3: Establish a collaborative effort to support statewide direction and focus to prevent motor vehicle crash-related injuries from distracted driving.

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

Initiative 2: Provide education and awareness based on emerging injury data trends through partnerships and collaboration.

Injury—A Florida Public Health Issue

Injuries are classified as either intentional or unintentional. The majority of injuries are unintentional. Unintentional injuries are those that occur accidentally, not deliberately. Homicides and assaults are

intentional injuries, inflicted deliberately by another individual through an act of violence. Suicide is the act of taking one's life by intentional self-harm or self-inflicted injury.

All Injuries

At A Glance

- Injuries are the leading cause of death among Florida residents ages 1–44 and the fourth leading cause of death overall, after cancer, heart disease, and other natural causes (2012 Florida Vital Statistics).
- In 2012, 13,018 residents were fatally injured; there were an additional 122,667 hospitalizations for non-fatal injuries.

Economic Impact

- In 2012, the median admission charge for non-fatal injury hospitalizations was \$39,507; total charges exceeded \$7.1 billion. The median length of stay was three days.
- Medicare was the payer source for 49.6 percent of these hospitalizations; commercial insurance was responsible for 21.4 percent.

Unintentional Injuries

At A Glance

- Unintentional injuries, or accidents, are the leading cause of death for Florida residents ages 1–44, and the fourth leading cause of death overall.
- In 2012, 8,686 residents died from unintentional injuries; there were an additional 105,154 hospitalizations for non-fatal unintentional injuries.

Economic Impact

- In 2012, the median admission charge for non-fatal unintentional injury hospitalizations was \$42,581; total charges exceeded \$6.4 billion. The median length of stay was three days.
- Medicare was the payer source for 54.6 percent of these hospitalizations; commercial insurance was responsible for 21.7 percent.

Older Adult Falls (Ages 65+)

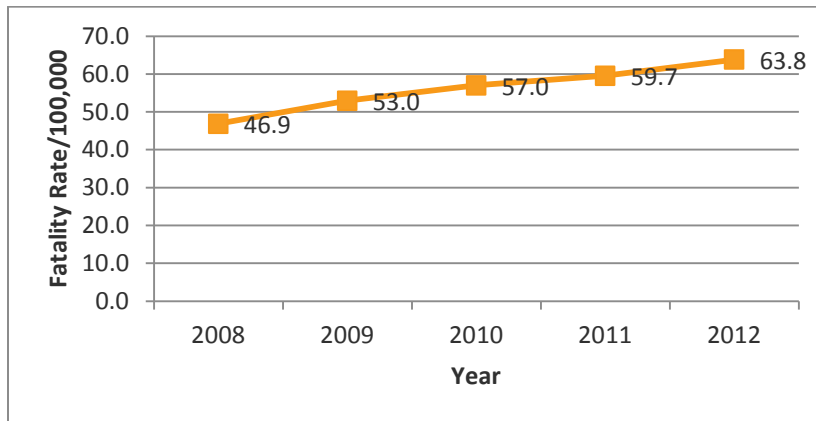
At A Glance

- Falls are the leading cause of fatal and non-fatal injuries among Florida's older adult population (65+) and result in significant physical, personal, social, and economic burden.
- In 2012, 2,181 older adult residents were fatally injured in an unintentional fall. In addition, there were another 45,935 hospitalizations.

Economic Impact

- In 2012, the median admission charge for fall-related, non-fatal unintentional injury hospitalizations was \$48,012; total charges exceeded \$2.6 billion. The median length of stay was four days.
- Medicare was the payer source for 95.7 percent of these hospitalizations; commercial insurance was responsible for 2.3 percent.

Figure 1. Fatal Unintentional Fall-Related Injuries, by Year, 2008–2012



(Source: Death Certificates, Office of Vital Statistics)

Drowning (Ages 1–4)

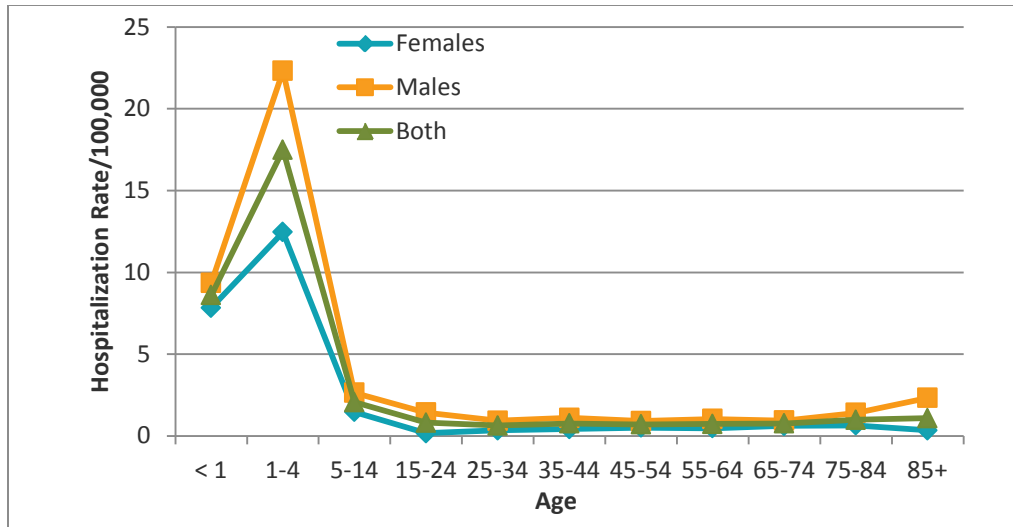
At A Glance

- Drowning is the leading cause of death among children ages 1–4 in Florida.
- Florida's drowning death rate among children ages 1–4 is the highest in the nation.
- The number of children who drown each year in Florida would fill three to four preschool classrooms.
- In 2012, 440 residents drowned. There were an additional 336 hospitalizations for non-fatal drowning. Children ages 1–4 accounted for 13.4 percent of the deaths and 45.2 percent of the hospitalizations.

Economic Impact

- In 2012, the median admission charge for drowning-related, non-fatal unintentional injury hospitalizations was \$10,549; total charges exceeded \$4,668,264. The median length of stay was one day.
- Medicaid was the payer source for 66.2 percent of these hospitalizations; commercial insurance was responsible for 29.1 percent.

Figure 2. Non-Fatal Unintentional Drowning by Age and Sex, Florida Residents, 2012



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

Motor Vehicle Crashes

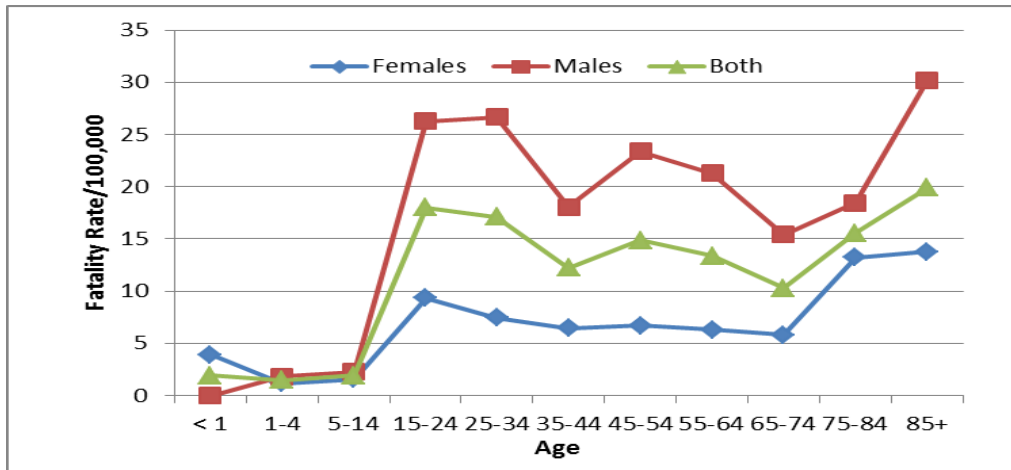
At A Glance

- Motor vehicle crashes continue to be a leading cause of injury death in Florida and are second only to poisonings as of 2011. These crashes can cause injuries to passengers and drivers of motor vehicles, motorcyclists, pedestrians, and others.
- In 2012, 2,381 residents were fatally injured in motor vehicle crashes; there were an additional 14,436 hospitalizations for non-fatal unintentional injuries.

Economic Impact

- In 2012, the median admission charge for motor vehicle traffic-related, non-fatal injury hospitalizations was \$60,392; total charges exceeded \$1.5 billion. The median length of stay was four days.
- Medicare was the payer source for 6.1 percent of these hospitalizations; commercial insurance was responsible for 69.4 percent.

Figure 3. Fatal Motor Vehicle Traffic-Related Injuries, by Age and Sex, Florida Residents, 2012



(Source: Death Certificates, Office of Vital Statistics)

Injury Prevention pays—On average

- A Bicycle Helmet, Ages 3-14, yields an estimated cost savings of \$630 for a cost of only \$14 per helmet.¹
- Child Safety Seat Distribution, Ages 0-4, yields an estimated cost savings of \$2,400 for a cost of only \$57 per seat provided.¹
- Midnight Driving Curfew Combined with Provisional Licensing for teenage drivers yields an estimated cost savings of \$730 for a cost of only \$91 per driver.¹

In an injury-free Florida—

- Annually, approximately 13,000 Floridians would be able to enjoy productive lives because they would not die from injuries.
- Annually, there would be approximately four more preschool classrooms of children because they would not die from drowning.

2014–2016 Florida Injury Prevention State Operational Plan Goals, Initiatives, Strategies and Objectives

Note: The CDC grant funds the Florida Injury Prevention State Operational Plan through July 31, 2016. The IPS will make every effort to procure additional funding. Funding limitations may limit the plan's activities.

¹ *Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Section* by the Pacific Institute for Research and Prevention and the Children's Safety Network, 2014

Goal 1: Establish and support a collaborative effort to provide statewide direction and focus for fall-related injury prevention among Florida's older adults.

Falls are the leading cause of injury death in Florida residents, ages 55 and older. The IPS partners with the Florida Department of Elder Affairs to address the issue of older adult falls by joint facilitation of Goal 1 in the Injury Prevention State Plan.

Strategy 1A: Reduce the rate of fall-related injury hospitalizations and deaths among adults ages 55 and older.

Objective 1A1: Decrease the rate of fall-related hospitalizations* among adults ages 55 and older in 2015. (895.9 in 2012**)

Objective 1A2: Decrease the rate of fall-related deaths* among adults ages 55 and older in 2016. (40.0 in 2012**)

*Although the rate for fall-related hospitalizations and deaths has increased each year since 2009, the actual rate of increase has slowed.

** Rate is determined per 100,000 in population.

Strategy 1B: Provide leadership and maintain a statewide network for older adult fall-related injury prevention efforts.

Objective 1B1: Recruit and maintain FIPAC members, Goal Team 1 leaders and volunteer members as documented by contact lists.

Objective 1B2: Host Initiative Team 2 conference calls as documented by date, attendance logs, and conference call summary minutes.

Strategy 1C: Support education and training on older adult fall-related injury prevention.

Objective 1C1: Provide educational opportunities (broadcast/webcast/presentation) on older adult falls prevention as documented by the date of presentation, number of participants and/or YouTube hits.

Objective 1C2: Provide specialized fall-related training and education presentations as documented by state and community-level report(s).

Strategy 1D: Support policy change through public awareness materials and activities for older adult fall-related injury prevention.

Objective 1D1: Provide specialized fall-related awareness materials as documented by the number distributed in state and community-level reports.

Objective 1D2: Coordinate and provide technical assistance for annual Falls Prevention Awareness Day activities as documented by activity surveys.

Strategy 1E: Support evidence-based interventions and best practices to reduce fall-related injuries among older adults.

Objective 1E1: Provide support and technical assistance for evidence-based falls prevention interventions and best practice programs as documented by state and community-level reports.

Goal 2: Establish a collaborative effort to provide statewide direction and focus for child drowning prevention and water safety.

Florida leads the U.S. in drowning of children ages 1–4 with the majority of deaths in swimming pools. Since 2006, the IPS has facilitated drowning prevention activities targeting the 1–4 year old population and, beginning in 2014, expanded activities to include swim lessons for 5–9 year olds. The WaterproofFL—Pool Safety is Everyone’s Responsibility campaign emphasizes three layers of protection: supervision, barriers, and emergency preparedness, and offers an online toolkit and materials at www.WaterproofFL.com.

Strategy 2A: Reduce the rate of drowning-related injury hospitalizations and deaths among children ages 9 years old and younger.

Objective 2A1: Decrease the rate of all drowning-related hospitalizations (intentional and unintentional) among children ages 9 and younger by 5 percent in 2015. (10.3 in 2012 to 9.8*)

Objective 2A2: Decrease the rate of all drowning deaths (intentional and unintentional) among children ages 9 and younger by 5 percent in 2016. (3.5 in 2012 to 3.4*)

* Rate is determined per 100,000 in population.

Strategy 2B: Provide leadership and maintain a statewide network for child drowning prevention efforts.

Objective 2B1: Recruit and maintain FIPAC members, Goal Team 2 leaders and volunteer members as documented by contact lists.

Objective 2B2: Host Goal Team 2 conference calls as documented by date, attendance logs, and conference call summary minutes.

Strategy 2C: Support education and training for child drowning prevention.

Objective 2C1: Provide specialized child drowning prevention training and education presentations as documented by state and community-level reports.

Strategy 2D: Support policy change through awareness activities for child drowning prevention.

Objective 2D1: Provide specialized child drowning prevention awareness materials as documented by state and community-level reports.

Strategy 2E: Support evidence-based interventions and best practices to reduce child drowning.

Objective 2E1: Support nationally certified swim lessons as documented by community-level reports.

Objective 2E2: Document the number of door alarms or other interventions distributed as documented by state and community-level reports.

Goal 3: Establish a collaborative effort to support statewide direction and focus to prevent motor vehicle crash-related injuries from distracted driving.

Motor vehicle crashes are a leading cause of injury and death in Florida residents. In 2010, Florida's age-adjusted injury death rates were higher than the national average by 13 percent for motor vehicle injuries and one of the five leading causes of fatal injuries in Florida. In 2011, the CDC recognized motor vehicle safety as a "winnable battle." Also in 2011, distracted driving prevention was selected as a primary focus area for the Florida Strategic Highway Safety Plan, the IPS and the FIPAC.

Strategy 3A: Reduce the rate of motor vehicle crash-related injury hospitalizations and deaths.

Objective 3A1: Decrease the rate of hospitalizations due to motor vehicle crashes by 5 percent statewide in 2015. (41.9 in 2012 to 39.8*)

Objective 3A2: Decrease the rate of deaths due to motor vehicle crashes by 5 percent statewide in 2016. (3.5 in 2012 to 3.4*)

* Rate is determined per 100,000 in population.

Strategy 3B: Reduce the rate of teen (ages 15–19) motor vehicle crash-related injury deaths, hospitalizations, and emergency department visits.

Objective 3B1: Decrease the rate of hospitalizations due to motor vehicle crashes of persons ages 15–19 by 5 percent statewide in 2015. (55.0 in 2012 to 52.3*)

Objective 3B2: Decrease the rate of deaths due to motor vehicle crashes of persons ages 15–19 by 5 percent statewide in 2016. (5.1 in 2012 to 4.8*)

* Rate is determined per 100,000 in population.

Strategy 3C: Provide leadership for Florida's injury prevention distracted driving network.

Objective 3C1: Recruit and maintain FIPAC members, Goal Team 3 leaders and volunteer members as documented by contact lists.

Objective 3C2: Host Initiative Team 2 conference calls as documented by date, attendance logs, and conference call summary minutes.

Strategy 3D: Support education and training to reduce injuries and deaths from motor vehicle crashes due to distracted driving.

Objective 3D1: Support education and training to reduce injuries and deaths from motor vehicle crashes due to distracted driving as documented by state and community-level reports.

Strategy 3E: Support policy change through awareness activities to reduce injuries and death from motor vehicle crashes due to distracted driving.

- Objective 3E1: Distribute specialized distracted driving related awareness and educational materials as documented by state and community-level reports.
- Objective 3E2: Increase the number of state agencies in Florida with an employee policy prohibiting the use of electronic equipment while driving.
- Objective 3E3: Advise Department of Health employees about policies prohibiting driving distracted while on state business and the danger of driving distracted.

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

Florida Injury Prevention Surveillance System

The Florida Injury Prevention Surveillance System monitors the occurrence of fatal and non-fatal injuries for information that can be used to plan and implement measures to control, reduce, or eliminate injuries. Florida injury data is available in several formats, including detailed state and county spreadsheets and mechanism-specific injury fact sheets through the Florida Injury Surveillance Data System Web page (www.floridahealth.gov/reports-and-data/florida-injury-surveillance-system/index.html).

Strategy I-1A: Reduce intentional and unintentional injury.

- Objective I-1A1: Decrease the rate of hospitalizations from all injuries in 2015. (668.2 in 2012*)
- Objective I-1A2: Decrease the rate of death from all injuries in 2016. (68.4 in 2012 to 64.5*)

* Rate is determined per 100,000 in population.

Strategy I-1B: Provide leadership for Florida's injury prevention network.

- Objective I-1B1: Process reappointments (as required) for FIPAC members as documented by contact lists.
- Objective I-1B2: Maintain Initiative Team 1, as documented by contact lists.
- Objective I-1B3: Host meetings/webinars as documented by date, attendance logs and summary minutes.
- Objective I-1B4: Annually recognize an individual(s) who has demonstrated commitment to injury prevention as documented by a special recognition award.

Strategy I-1C: Support policy efforts through data reports.

- Objective I-1C1: Create injury fact sheets, state and county profiles, top ten leading causes of injury, and other reports/fact sheets required by the CDC as documented by the number of "Data Advocacy Packets" disseminated and number of Internet data Web page hits.

Objective I-1C2: Provide specialized injury ad hoc data reports as documented by the number of reports completed.

Strategy I-1D: Support public awareness activities for injury prevention.

Objective I-1D1: Maintain Internet resource links as documented by the number of total IPS Internet Web page visits.

Strategy I-1E: Evaluate and assess outcomes, successes, and opportunities for injury prevention.

Objective I-1E1: Review and provide analysis of injury accomplishments and achievements as documented by the Injury Prevention Evaluation Report.

Strategy I-1F: Secure funding opportunities for statewide injury prevention capacity.

Objective I-1F1: Complete the CDC Core Violence and Injury Prevention Section application, interim report, and final progress report as documented by the date of submission.

Initiative 2: Provide education and awareness based on emerging injury data trends through partnerships and collaboration.

Strategy I-2A: Provide leadership for Florida's injury prevention network.

Objective I-2A1: Recruit and maintain FIPAC members, Initiative Team 2 leaders and volunteer members as documented by contact lists.

Objective I-2A2: Host Initiative Team 2 conference calls as documented by date, attendance logs, and conference call summary minutes.

Strategy I-2B: Support policy efforts through awareness activities.

Objective I-2B1: Provide information/education in support of policy efforts.

Strategy I-2C: Support education and awareness activities for injury prevention.

Objective I-2C1: Maintain the *Who's Who in Injury Prevention in Florida* as a resource of injury prevention experts as documented by the number of injury prevention experts in the document.

Objective I-2C2: Maintain the online statewide *Injury Prevention Calendar* as a resource of injury prevention events as documented by the number of events submitted.

Strategy I-2D: Evaluate and assess outcomes, success, and opportunities for injury prevention.

Objective I-2D1: Create and distribute customer satisfaction surveys to stakeholders at all FIPAC meetings as documented by evaluation results.

2014–2016 Florida Injury Prevention Advisory Council

State Agency Representatives APPOINTED	
Name	Representing
Natali Ramirez, FCCM	Department of Elder Affairs
Susan Chafin	Department of Health-County Health Departments
Ralph Salvas	Department of Transportation
Joe Nelson, DO	Department of Health as the Emergency Medical Services Medical Director
Sofie Castro, Ed,D, CPP	Department of Children and Families
Nancy Tamariz	Agency for Health Care Administration
Lorraine Elder, MSW	Department of Health-Central Office
Nichole Wilder	Department of Education
Gwendolyn Worlds	Department of Agriculture and Consumer Services
Julianne Chester, PMP	Department of Highway Safety and Motor Vehicles (Serves as Goal Team 3 co-leader)

Community Representatives APPOINTED	
Name	Representing
Syndi Bultman, RN, MS, CEN	Hospitals and Trauma Centers and Injury Prevention Specialists and Health Educators in Injury-Related Areas
Patricia Byers, MD	Physicians, Nurses, and Emergency Medical Services Providers
Virginia Dodd, PhD	University System and Research Facilities
Karen Fader	Injury Prevention Advocacy Groups and Non-Profit Agencies
Carl Kaufman	Physicians, Nurses, and Emergency Medical Services Providers
Keri Kratofil, Pharm.D	Injury Prevention Specialists and Health Educators in Injury-Related Areas
Karen Liller, PhD	University System and Research Facilities
Karen Macauley, RN,	Hospitals and Trauma Centers

DHA, MEd, BSN	
Zulma Vanessa Quiles, RN	Hospitals and Trauma Centers and Physicians, Nurses, and Emergency Medical Services Providers
Diana Silvey	Injury Prevention Advocacy Groups and Non-Profit Agencies
Robert Smallacombe, MBA, MS	Public Information, Education, and Relations Committee of the EMS Advisory Council
Joseph A. Tyndall, MD	Physicians, Nurses, and Emergency Medical Services Providers
Vacant	Injury Prevention Advocacy Groups and Non-Profit Agencies
Vacant	Hospitals and Trauma Centers

Goal and Initiative Team Leaders		
APPOINTED		
Goal/Initiative	Name	Agency
Goal Team 1 – Older Adult Falls		
Leader	Mark Brimer, PhD	Home Health Physical Therapy
Goal Team 2 – Child Drowning Prevention		
Leader	Lonnie Parizek	The Ounce of Prevention
Goal Team 3 – Distracted Driving		
Leader Co-Leader	John Anderson II, TSP Julianne Chester, PMP	Stay Alive, Just Drive, Inc. Department of Highway Safety and Motor Vehicles
Initiative Team 1 – Data		
Leader Co-Leader	Anthoni Llau, PhDc Cheryl Gilman	Department of Health in Miami Dade County CMS-Child Abuse Death Review, Department of Health
Initiative Team 2 – Collaboration/Education and Training		
Leader Co-Leader	Cindy Magnole, RN Vacant	Ryder Trauma Center Tampa Poison Control Center

Goal and Initiative Team Members NON – APPOINTED	
Name	Agency
Melissa McNally, MMSc, PA-C, EMT-P	Central Florida Emergency Education Consultants
Joel Stern, MD, FACEP	Emcare South Division
JoAnn Chambers-Emerson	Tampa General Hospital
Josette Severyn, MURP	University of Miami
David Summers	Trauma Agency – Health Care District Palm Beach County
Mimi Sutherland RN, BSN, MS, CNRN	Jackson Health System
Jorge Aguilera	North Naples Fire Rescue
Brian Bentley, NREMT-P	Nature Coast EMS
Audrey Burzynski	Floridians Fighting Falls
Tad P. Fisher	Florida Physical Therapy Association
Lisa Granville, MD	Florida State University
Liliana Herrera	Your Aging Resource Center
Teresa Hunter, PT, DPT	Tallahassee Memorial Hospital
Beverly Johnson	Volusia Flagler Family YMCA
Dianna Liebnitzky	Florida Hospital – Waterman
Rebecca Melvin	TraumaOne/UF Jax
Debra Myers	Lakeland Regional Medical Center
Jacqueline Osborne, PT, DPT, GCS, CEEAA	Brooks Rehabilitation
Patricia Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP	James A. Haley VA Hospital
Cory S. Richter, BA, NREMT-P	Indian River Fire Rescue
Mark Tesoro, MA	Lee Memorial Hospital
Edgar Ramos Vieira, PT, MSc, PhD	Florida International University
James H. Wilson	Plant City Fire Rescue
Sherry Young	Senior Choices
Michele M. King, BS, CCLS	Golisano Children’s Hospital of Southwest FL
David Oxley	Florida Swimming Pool Association

Rachel Warren	Abby Grace's Hope, Inc.
Danielle Branciforte	Florida Teen Safe Driving Coalition
Doris Shorkey, MSN, ARNP	Department of Health
Michele Mule	Department of Health
Claudia Kassack	Department of Health
Julianne Price	Department of Health
Cheryl Gilman	DOH-CMS-Child Abuse Death Review
Nina Mattei	Department of Health in Hernando County