



KANSAS INJURY PREVENTION PLAN 2016-2020

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Kansas Injury Prevention State Plan

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KDHE's Mission

To protect and improve the health and environment of all Kansans.
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Executive Summary

Injury is among the leading causes of death and hospitalization in Kansas. The following statistics highlight the burden of injury in Kansas:

- In 2013 almost 2,000 Kansans died as a result of injury.
- In 2013 unintentional falls were the leading cause of injury mortality (nearly 400 deaths) and injury hospitalization.
- Unintentional motor vehicle crashes were the 2nd leading cause of injury mortality in 2013 with 347 deaths.
- Unintentional poisonings were the 3rd leading cause of injury mortality in 2013 and have increased faster than any other type of injury.
- Injury is responsible for more years of potential life lost in Kansas than cancer, heart disease or stroke.
- Unintentional injury hospitalization charges exceeded \$348 million in 2005.

Kansas can take steps to minimize the risks of injury by modifying the environments, products, policies and behaviors that facilitate or fail to prevent injury. These steps begin with understanding the impact and causes that lead to injury. Everyone is affected by injury, regardless of age, sex or race.

Defining Injury

It is common to consider injuries accidents or random events. However, this implies that injuries are unpredictable and unpreventable. Injuries are preventable and at the community level are also predictable. There is a need to make injury prevention a top public health priority and recognize that injuries are preventable.

Injuries are typically categorized in terms of mechanism and intent. Mechanism (or cause) typifies how the injury occurred—for instance motor vehicle, firearm, struck by an object, falling, etc. Intent is classified as unintentional or intentional. While unintentional injuries often result as a form of rapid transfer of energy from object to person (e.g. being struck by a motor vehicle), intentional injuries are the result of intentional harm imposed upon one person by another, or upon oneself (e.g. suicide).

Injury as a Public Health Issue

Public health addresses issues at the community level versus at the individual level. The public health approach to injury prevention involves identifying and defining the problem, identifying risk and protective factors, developing and testing prevention strategies, and assuring widespread adoption of effective strategies. Instead of focusing on the treatment of individual injuries as they arise, public health focuses on broad causes and prevention solutions.



State Injury Prevention Plan

The Kansas Injury Prevention Plan was developed by more than 65 public health, injury and medical professionals across the state to produce a safety culture in Kansas and shared responsibility for injury prevention. The plan is developed around the following five unintentional injury areas: drowning, falls, fire/burn, motor vehicle crashes and poisoning. Strategies included in the plan are driven by current data, use best practices and evidence-based interventions and have multiple levels of impact.

The plan includes the following strategies:

Prevent drowning

- Increase water safety programs
- Increase evidence-based education
- Develop and enforce water safety policies and trainings

Reduce falls of adults age 55 years and older

- Promote existing falls prevention programs such as Stepping On through media and health care providers
- Assess and improve sidewalks, curb cuts and crosswalks for pedestrians

Decrease fire/burn injuries and deaths

- Increase public education about excessive storage, cooking safety, smoking cessation, alternative heating sources, field burning, fireworks, hot asphalt and holiday safety
- Increase education on smoke alarms and carbon monoxide detectors to homeowners and landlords
- Educate the public about the benefits of residential sprinkler systems
- Increase enforcement of the current state smoke alarm law

Prevent motor vehicle crashes and decrease crash deaths

- Promote Safety Break! Program for kids 9 to 14 years old
- Increase enforcement of the state seat belt law
- Enhance and enforce the graduated drivers' license law
- Develop public service announcements about distracted driving
- Strengthen distracted driving laws and enforcement
- Increase collaboration between EMS and hospital clinicians
- Create a data repository for motor vehicle crashes, injuries and deaths

Prevent poisoning

- Increase promotion of the Poison Control Center's number
- Implement Over-The-Counter Medicine Safety program through schools and youth organizations
- Implement an older adult medication education program
- Evaluate policy interventions to better understand what works to prevention prescription drug overdoses
- Increase drug take-back programs through nursing homes, hospitals, law enforcement, pharmacies and community organizations

Introduction

Injury Overview

It is common to consider injuries accidents or random events. However, this implies injuries are unpredictable and unpreventable. Injuries are preventable and at the community level are also predictable. There is a need to make injury prevention a top public health priority and recognize that injuries are preventable.

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Public health addresses issues at the community level versus at the individual level. The public health approach to injury prevention involves identifying and defining the problem, identifying risk and protective factors, developing and testing prevention strategies, and assuring widespread adoption of effective strategies. Instead of focusing on the treatment of individual injuries as they arise, public health focuses on broad causes and prevention solutions.

Sometimes, prevention at the community level involves changing the environment in which injuries occur. For example installing traffic signals at intersections or requiring certain products to be fire safe. At other times prevention at the community level involves education. For example informing school programs about preventing head injuries or providing information to guide changes in health policies or laws. Although the public health workforce may not always directly provide prevention services, public

health agencies identify the important conditions and patterns that contribute to injury at the community level, and identify and leverage solutions through community partnerships to promote prevention.

Unintentional Injury

Unintentional injury is among the leading causes of death and hospitalization in Kansas. Unintentional injuries affect everyone in our state regardless of age, sex or race.

- Unintentional injuries are the leading cause of death among all Kansans under 34 years old.
- For all age groups, unintentional injuries are the fifth leading cause of death.
- In 2013, nearly 2,000 Kansans were killed and approximately 13,000 were hospitalized due to injuries.
- Fall related injuries, motor vehicle crashes and poisoning are respectively the first, second and third leading cause of unintentional injuries in Kansas and account for more than 70% of all unintentional injury deaths.
- Motor vehicle traffic crashes alone account for approximately 40% of all unintentional injury deaths with most deaths occurring among teens and young adults 15-24 years, and among older adults 75 years and above.
- Men in Kansas are twice as likely to die from unintentional injuries as women.
- Adults 85 years old and older have the highest fatal and non-fatal unintentional injury rate due largely to fall-related injuries.

KDHE Office of Injury Prevention and Disability Programs

The Office of Injury Prevention and Disability Programs was established in 1993 within the Bureau of Health Promotion at the Kansas Department of Health and Environment (KDHE). A disability grant and the Preventive Health and Human Services Block Grant (PHBG) from the Centers for Disease Control and Prevention (CDC) provided initial funding for the office. The office currently includes Safe Kids Kansas, the Sexual Violence Prevention and Education Program, Core Violence and Injury Prevention Program, Emergency Medical Services for Children and the National Violent Death Reporting System.

The Safe Kids Kansas Coalition, developed in 1993, has grown to a nonprofit coalition of more than 70 statewide and regional organizations and businesses, 24 local coalitions, covering 75 percent of Kansas children ages 0 to 19. In addition to CDC funding through PHBG, Safe Kids also receives funding from private sources to support work in the primary prevention of injury.

Safe Kids Kansas has received several awards for their work including the following:

- Coalition of the Year, Safe Kids Worldwide, 2004
- The first Dr. Robert Sanders Award for Outstanding Public Policy Achievement in Child Passenger Safety, Safe Kids Worldwide, 2006
- Excellence in Communications, Safe Kids Worldwide, 2013
- Outstanding Safe Kids Day Event, Safe Kids Worldwide, 2015

The Sexual Violence Prevention and Education (SVPE) Program, funded since 1995, engages in a range of activities including prevention strategies, educational seminars, professional training and leveraging resources through partnerships. The SVPE program encourages the development of comprehensive prevention strategies to address all levels of the social ecological model.

The Core Violence and Injury Prevention Program (Core VIPP) has been funded since 1997 to strengthen capacity to collect and use data to improve understanding of local injury issues and put science into action to save lives and prevent injuries in Kansas.

The Health Resources and Services Administration, Emergency Medical Services for Children Program, funded in 2003, strives to reduce child and youth mortality and morbidity caused by severe illness or trauma. Emergency Medical Services for Children aims to ensure the following:

- State-of-the-art emergency medical care is available for ill and injured children and adolescents,
- Pediatric service is well integrated into an emergency medical service system backed by optimal resources, and
- The entire spectrum of emergency services including primary prevention of illness and injury, acute care and rehabilitation is provided to children and adolescents no matter where they live, attend school or travel.

The National Violent Death Reporting System (NVDRS), funded since 2014, provides a clearer understanding of violent deaths to guide decisions about efforts to prevent violence and track progress over time. NVDRS is the only state-based reporting system that pools data on violent deaths from multiple sources into a usable, anonymous database. These sources include state and local medical examiner, coroner, law enforcement, crime lab, and vital statistics records. NVDRS covers all types of violent deaths including homicides and suicides in all settings and for all age groups. NVDRS may include data on mental health problems, recent problems with a job, finances or relationships, physical health problems, and information about the circumstances of death. Such data is far more comprehensive than what is available elsewhere.

Mission, Vision & Goals of the Kansas Injury Prevention Program

Mission:

To build solid infrastructure to improve the health of Kansans by increasing awareness and action to reduce unintentional and intentional injuries.

Vision:

To provide technical assistance to local and state partners to assess the burden of injury, assure interventions and facilitate policy development.

Goals:

1. Increase public awareness about injury prevention.
2. Build the capacity of communities to develop and implement effective injury prevention programs.
3. Improve the quality, accessibility and timely dissemination of injury data.
4. Establish permanent funding for injury prevention initiatives.
5. Increase collaboration with the injury prevention community to implement injury prevention strategies.
6. Develop an infrastructure for leading, coordinating, monitoring and evaluating the implementation of the Kansas Injury Prevention Strategic Plan.
7. Increase the use of evidence-based injury prevention interventions.
8. Increase the priority level for injury prevention issues among policymakers.

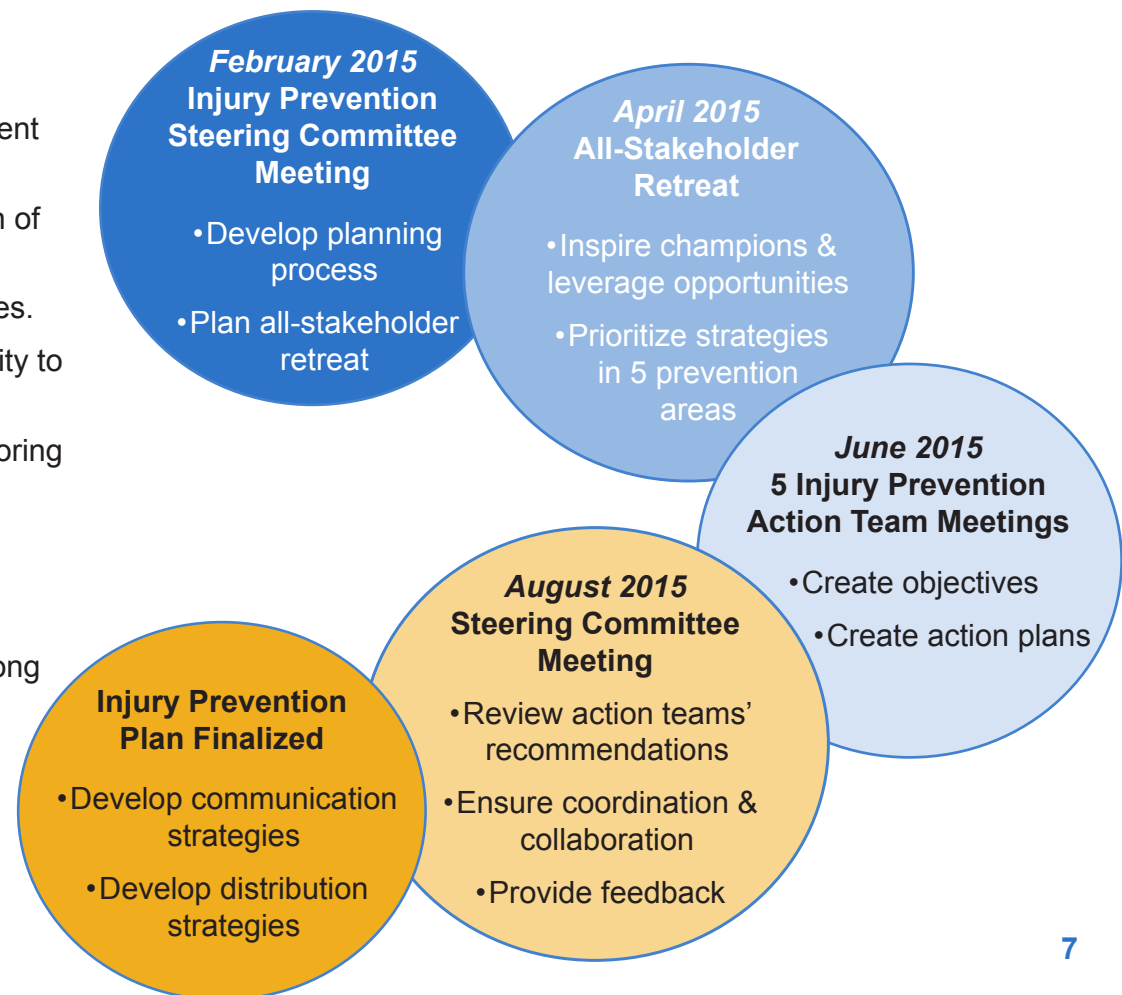
For more background and to view current reports and data, please visit www.kdheks.gov/idp/.

Kansas Planning Process

The injury prevention state planning process had the following primary goals:

- Engage stakeholders in creating a statewide injury prevention plan that prioritizes the injury areas of drowning, falls, fire/burn, motor vehicle crashes and poisoning.
- Expand interest and develop champions for injury prevention in Kansas to maximize resources and leverage opportunities.

To achieve these goals, the process was designed with multiple phases to maximize both the engagement and buy-in of stakeholders from across the state.



Phase I: Steering Committee

The steering committee included representation from across the state and across all five injury areas. Steering committee members will serve as champions for injury prevention in the state. The committee met for a full day in February 2015 to finalize the planning process and to determine content of the all-stakeholder retreat.

The steering committee identified the following goals for injury prevention in Kansas:

- Kansans will embrace a safety culture
- There is shared accountability and responsibility for injury prevention in Kansas

The committee also defined the following plan criteria:

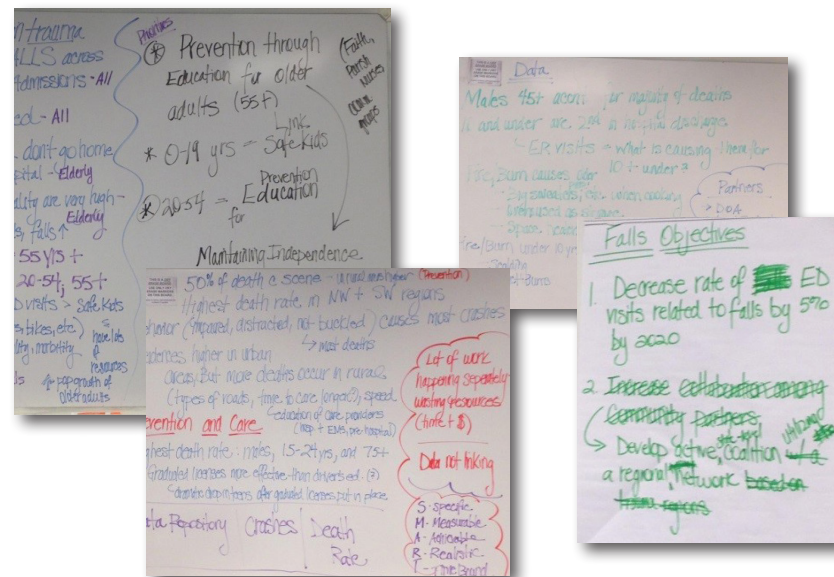
- Driven by current data
- Use best practices and evidence-based interventions

Phase II: All-Stakeholder Retreat

The steering committee identified the following objectives for the all-stakeholder retreat:

- Energize attendees around injury prevention
- Encourage networking and relationship development
- Create objectives for the statewide injury prevention plan

The retreat included a keynote presentation by Ed O'Malley, President and CEO of the Kansas Leadership Center. His presentation addressed the challenges and opportunities inherent to tackling big issues, especially that big challenges require input from a wide variety of stakeholders. The retreat also included success stories from each injury prevention area, discussion groups to develop and prioritize objectives, and recommendations about cross-collaboration and network building.



Phase III: Task Teams

Five injury area task teams were created from retreat participants to provide recommendations to the steering committee on strategies and action plans. Each task team met during June 2015 and expanded on the work from the retreat. Each team created detailed plans that were driven by current data available through the Kansas Injury Prevention Program and other sources, and CDC best practices. The action plans also address multiple levels of impact from strengthening individual knowledge and skills to influencing policy and legislation.

Phase IV: Steering Committee

In August 2015, the steering committee met to review all five task teams' injury plans. The committee made revisions to increase coordination and collaboration across plans, and provided recommendations on communication and distribution of the final injury plan.

Recommendations

Enhancing Injury Prevention

The Safe States Alliance identifies the following six core components as essential, foundational elements of an effective injury and violence prevention program:

1. Build and sustain a solid, stable infrastructure
2. Collect, analyze and disseminate injury and violence data
3. Select, implement and evaluate effective program and policy strategies
4. Engage partners for collaboration
5. Effectively communicate information to key stakeholders
6. Training and technical assistance

The steering committee identified the following limitations and barriers to a robust injury prevention system in Kansas:

- Injury prevention work is happening in pockets and silos
- Failure to leverage others' work, especially across injury areas, due to a lack of communication between groups
- Data available from multiple sources, but little connectivity
- People at the local level wear multiple hats and find it difficult to completely focus on injury prevention
- Limited funding and much competition for available funding
- Few injury prevention champions with influence
- Some current state laws/policies are weak and do little to change behavior. (See The Facts Hurt: A State-by-State Injury Prevention Policy Report 2015 <http://healthyamericans.org/assets/files/TFAH-2015-InjuryRpt-final6.18.pdf>)
- Public sentiment doesn't promote or demand prevention-- public view is that injuries are "accidents"

Steering committee recommendations:

Coalitions

- Utilize existing infrastructure to develop a state injury prevention coalition and four regional coalitions.
- Regional coalitions should meet regularly, and the state lead should bring the regional coalitions together at least annually.
- Build coalition capacity with the goal of staffing each one with a regional coordinator.

Communication

- Ask communities across the state, "What are you doing in injury prevention?" (http://healthykansans2020.org/focus_areas_injury.shtml)
- Develop system to collect and distribute information on resources, opportunities, etc. May include existing structures and/or developing new strategies like an email distribution list.
- Through the communication system, encourage more people to share success stories.
- Add injury prevention as a regular agenda item for regional trauma council meetings.

Leadership

- Build on the work of the state planning process and continue to build key leadership and champions for injury prevention.
- Target additional leadership development and support in rural areas of the state.

Data

- Coordinate data across all available data sources to improve planning and evaluation.

State Plan

Goals for Kansas Injury Prevention

- Kansans will embrace a safety culture
- There is shared accountability and responsibility for injury prevention in Kansas
- Kansas is a model for the nation, a leader in injury prevention

Criteria for Kansas Injury Prevention Plan

- Data driven
- Best practices, evidence-based interventions
- Multiple levels of impact

To move closer to the goals, this plan focuses on the following five unintentional injury areas:



Drowning

Related to drowning in Kansas, there were 162 deaths between 2009 and 2013, 79 hospital discharges and 272 emergency department visits between 2008 and 2012. Drowning ranks fourth among the leading causes of unintentional injury death in Kansas.

Drowning may occur anywhere there is a collection of water, however, prevention of drowning in open bodies of water (lakes, ponds, rivers) and pools is the concentration within this plan.

Objectives, Strategies and Actions

To reduce drowning, focus will be placed on increasing water safety programs and evidence-based education, developing and enforcing water safety policies, and implementing evidence-based trainings. Strategies and actions to reduce drowning include the following:

- Increase adult and child swim lessons
- Increase water safety trainings
- Create a multi-faceted public education campaign
- Add a water safety component to Hunter Safety courses
- Increase the number of life jacket loaner programs
- Promote local ordinances for four-sided fencing of pools
- Inspect pools & enforce the Virginia Graeme Baker Act
- Develop signage requirements for safety hazards in public access waters
- Offer CPR training
- Ensure enhanced 911 availability
- Ensure AED access
- Develop and promote model water safety policies
- Monitor external influences on drowning

Kasey Williams, Senior Program Director – Aquatics and Youth and Family with the Wichita South YMCA, works with the SPLASH Program. SPLASH teaches 2nd graders from low-income elementary schools basic life-saving swim skills through a free six-week program. The program is offered at select schools in Wichita, Augusta and El Dorado from September through May each year.



Potential Resources & Partners

- American Association of Retired Persons (AARP)
- Businesses
- Coast Guard Auxiliary
- Corp of Engineers
- County health departments
- Daycares
- Home visitation programs
- Hospitals
- Insurance companies
- Kansas Department of Wildlife, Parks and Tourism
- Parks & Recreation
- Physicians
- Preparedness partners
- Public, apartment and condominium pools
- Regional trauma councils
- Safe Kids coalitions
- Schools
- Swim associations
- Youth organizations

DROWNING Objective 1: Enhance efforts related to the primary prevention of drowning by 2020.

Strategy	Actions	Lead(s)	Resources/Partners
1.1 Increase water safety programs and evidence-based education	1.1a Increase adult & child swim lessons 1.1b Increase water safety trainings 1.1c Create and/or utilize current public education campaigns focused across risk areas, i.e. swimming pools, open water, swift water & home 1.1d Add a water safety component to existing Hunter Safety course 1.1e Increase number of loaner life jacket programs	1.1a Community-based organizations 1.1b KDHE & Safe Kids 1.1c KDHE 1.1d Kansas Department of Wildlife, Parks and Tourism 1.1e Corp of Engineers & Safe Kids	YMCA, YWCA, Red Cross, swim associations, local parks & recreation, Kansas Department of Wildlife, Parks and Tourism, park rangers, lake patrol, Coast Guard Auxiliary, Corp of Engineers, public/apartment/condo pools, youth organizations (Boy Scouts, Girl Scouts, etc.), businesses, insurance companies, Kansas Chapter American Academy of Pediatrics (AAP), hospitals, Kansas Department for Children and Families (DCF), Safe Kids, Safe States Alliance, daycare providers, home visitation providers, Parents As Teachers, schools, American Association of Retired Persons (AARP), regional trauma councils, preparedness partners, local health departments
1.2: Develop water safety policies, and ensure existing policies are enforced	1.2a Promote local ordinances for four-sided fencing for residential pools 1.2b Ensure inspection & enforcement under the Virginia Graeme Baker Act 1.2c Develop signage requirements for specific safety hazards in public access waters	1.2a KDHE & Safe Kids 1.2b TBD 1.2c Corp of Engineers	

DROWNING Objective 2: Enhance efforts related to the secondary prevention of drowning by 2020.

2.1 Implement evidence-based & data-driven water safety policies and trainings	2.1a Offer cardio pulmonary resuscitation (CPR) training 2.1b Ensure enhanced 911 availability 2.1c Ensure automated external defibrillator (AED) access 2.1d Develop and promote model water safety policies (i.e. having CPR and AED training, access and resources) 2.1e Monitor external influences on drowning (alcohol, location, flooding, etc.)	Red Cross, hospitals, emergency medical services (EMS)	Same as above
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Falls

Related to falls in Kansas, there were 1,690 deaths between 2009 and 2013, more than 39,000 hospital discharges and nearly 286,000 emergency department visits between 2008 and 2012. Falls rank third among the leading causes of unintentional injury death in Kansas.

Falls happen across the lifespan, however, adults 55 years old and older are more susceptible to injury and death related to falls.

Objectives, Strategies and Actions

To prevent an increase in the rate of hospital discharges due to falls of adults 55 years old and older, the plan focuses on increasing participation in fall prevention programs and increasing public awareness of risk factors for older adult falls. Strategies and actions to accomplish these objectives include the following:

- Create an online map of falls prevention programs
- Develop and distribute public service announcements
- Publish articles on falls prevention
- Encourage education through physicians
- Promote falls prevention through traditional and social media

To increase collaboration among community partners to assess and address opportunities for falls prevention, the plan recommends using a community assessment tool that includes fall risk and developing an active state coalition with regional networks. Strategies and actions to accomplish this objective include the following:

- Assess and improve the built environment (e.g. sidewalks, curbs, crosswalks, etc.)
- Support a state coalition by providing resources, data, education, engagement and networking



The Stepping On program coordinated by Deanna Taylor, Older Adult Program Coordinator (not pictured) at the Reno County Health Department has been successfully working with older adults in the county. Stepping On is an evidence-based program that helps older adults reduce falls by incorporating strength and balance exercises, and discussing falls, fall risks, medication, vision exams and home safety.

Potential Resources & Partners

- American Association of Retired Persons (AARP)
- American Automobile Association (AAA)
- Centers for Disease Control and Prevention (CDC)
- City engineers
- Community groups
- Faith-based groups
- Insurance providers
- Kansas Injury Epidemiologist
- Medical community
- Program support and program leaders (Stepping On, Tai Chi for Health, Matter of Better Balance)
- Public works
- Regional trauma councils

FALLS Objective #1: Prevent an increase in the rate of hospital discharges due to falls of adults 55 years old and older by 2020.

Strategy	Actions	Lead(s)	Resources/Partners
1.1 Increase participation in fall prevention programs	1.1a Create map of programs and make it available online (community assessment) 1.1b Support marketing of programs	1.1 a Kansas injury epidemiologist 1.1b Stepping On Leaders marketing classes	Resources: Centers for Disease Control and Prevention (CDC) website http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html Partners: Kansas injury epidemiologist, Matter of Balance Leaders, AARP, Area Agencies on Aging, AAA, community and faith-based groups, regional trauma councils, insurance providers, medical professionals, pharmacists, public works, city engineers
1.2 Increase public awareness of risk factors for older adult falls	1.2a Develop public service announcements 1.2b Publish articles in publications 1.2c Encourage education through physicians 1.2d Promote fall prevention through social media	KDHE & regional trauma programs	
1.3 Increase the number of evidence-based fall prevention programs provided	1.3a Create and make available a map of population 1.3b Create and make available a map of the problem 1.3c Offer Stepping On Leader Training 1.3d Offer Stepping On Master Training	KDHE Injury Prevention Program	

FALLS Objective #2: Increase collaboration among community partners to assess and address opportunities for fall prevention by 2020.

2.1 Promote utilization of a community assessment tool that includes fall risk	Assess and improve built environment to prevent falls (sidewalks, curbs)	KDHE Injury Prevention Program	Same as above
2.2 Develop an active state coalition utilizing regional trauma councils	Maintain sustainability by providing resources, data, education, engagement and networking to local communities implementing coalitions	Regional trauma councils with KDHE offering education	Same as above

Fire/Burn

Related to fire/burn in Kansas, there were 160 deaths between 2009 and 2013, 1,250 hospital discharges and more than 15,000 emergency department visits between 2008 and 2012. Fire/burn ranks fifth among the leading causes of unintentional injury death.

Fire/burn injuries and deaths happen in a multitude of settings, however, the plan focuses on those occurring in residences.

Objectives, Strategies and Actions

To decrease fire/burn injuries and death, the plan focuses on public education, increasing smoke alarms and carbon monoxide detectors and enhancing public policy. Strategies and actions to accomplish these objectives include the following:

- Use available education curriculum and campaigns
- Increase education on excessive storage, cooking safety, smoking cessation, alternative heating sources, field burning, fireworks, hot asphalt and holiday safety.
- Make fire/burn data readily available for grants and education.
- Educate homeowners about smoke alarms and carbon monoxide detectors
- Educate landlords about the smoke alarm law and increase enforcement
- Educate landlords and tenants about residential sprinklers
- Institute fines for housing owners who do not follow the smoke alarm law
- Ensure fines are allocated to sustain the smoke alarm installation program
- Educate the public about the benefits of sprinkler systems



Jose Ocadiz, Lieutenant with the Wichita Fire Department, presented at the all-stakeholder retreat about the more than 4,600 community risk reduction programs provided annually, including safety talks, puppet programs, fire extinguisher training, fire drills and community events. The department is an active member of Safe Kids Wichita Area, a vital support to the Juvenile Firesetting Program and has a longstanding smoke alarm distribution and battery replacement program.

Potential Resources & Partners

- American Burn Association
- Community and faith based-organizations
- Fire Education Association
- Fire Marshals' Association
- Insurance providers
- International Association of Firefighters
- Kansas Department for Aging & Disability Services
- Landlord associations
- National Fire Protection Association
- Plumbers unions
- Restoration companies
- Schools
- Kansas Fire Sprinklers Coalition
- Tobacco cessation partners

FIRE/BURN Objective #1: A 3% decrease in fire/burn hospital discharges by 2020.

Strategy	Actions	Lead(s)	Resources/Partners
1.1 Increase fire/burn prevention public education for children	Utilize and maximize available curriculum and/or campaigns including Play, Safe, Be Safe; Learn Not to Burn; and/or national scald campaign FlashSplash.org	Safe Kids Kansas Fire/Burn Subcommittee	Partners: local fire departments, firefighters, KDHE, Safe Kids, Kansas Department for Aging and Disability Services (KDADS), landlord associations, plumbers union, insurance providers, restoration companies, Kansas Hospital Association (KHA), local hospitals, schools, community and faith-based organizations (such as churches, schools, Meals on Wheels), Red Cross, youth groups, Kansas Fire Sprinklers Coalition, tobacco/smoking cessation partners
1.2 Increase fire/burn public education for older adults	1.2a Excessive Storage education (hoarding) 1.2b Cooking safety education 1.2c Smoking cessation promotion/education	KDHE & KDADS	
1.3 Create and institute seasonal fire/burn safety education campaigns	1.3a Educate public about safe uses of alternative heating sources in the winter 1.3b Educate public about dangers of field burning in the spring 1.3c Distribute fireworks safety flyers as fireworks are sold; educate public about asphalt burning feet and sunburn in the summer 1.3d Educate public about decorating fire risk and turkey fryers in the fall	Safe Kids Kansas	

FIRE/BURN Objective #2: A 3% decrease in fire/burn related deaths by 2020.

2.1 Increase the number of smoke alarms and carbon monoxide detectors in residential dwellings	2.1a Make data readily available for grants and education 2.1b Provide education to homeowners related to alarms Action 2.1c Provide education and enforcement of the smoke alarm law to landlords	Kansas Fire Marshal, Kansas Fire Sprinkler Coalition, local prevention partners	Same as above
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FIRE/BURN Objective #3: Enact and/or enhance public policy that supports best practices in fire prevention by 2020.

Strategy	Actions	Lead(s)	Resources/Partners
3.1 Enforcement of smoke alarm law	3.1a Educate landlords and tenants 3.1b Institute fines for the owners 3.1c Ensure fines being allocated to sustain the smoke alarm installation program	Kansas Fire Marshal, Kansas Fire Sprinkler Coalition, local prevention partners	Partners: local fire departments, firefighters, KDHE, Safe Kids, Kansas Department for Aging and Disability Services (KDADS), landlord associations, plumbers union, insurance providers, restoration companies, Kansas Hospital Association (KHA), local hospitals, schools, community and faith-based organizations
3.2 Enact policy related to residential sprinklers	3.2a Educate public about the benefits of sprinkler systems	Kansas Fire Marshal	(such as churches, schools, Meals on Wheels), Red Cross, youth groups, Kansas Fire Sprinklers Coalition, tobacco/smoking cessation partners

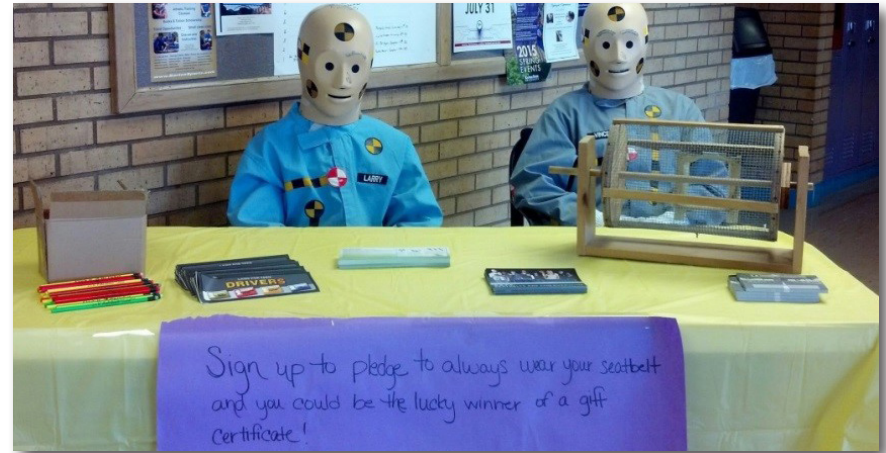
Motor Vehicle Crashes

Related to motor vehicle crashes in Kansas, there were 1,963 deaths between 2009 and 2013, nearly 9,340 hospital discharges and more than 76,000 emergency department visits between 2008 and 2012. Motor vehicle crashes are the leading cause of unintentional injury death.

Objectives, Strategies and Actions

To decrease crash-related injuries and death the plan focuses on increased restraint use, education programs, enforcement of laws, safe roadway engineering, enhancing the trauma system and creating a data repository. Strategies and actions to accomplish these objectives include the following:

- Promote the Safety Break! Program for ages 9-14 and SAFE Program in high schools
- Increase fines and enforcement of the seat belt law
- Enhance and enforce the Graduated Drivers License law
- Increase driving assessments for physical and cognitive ability and promote frequent testing
- Create and promote distracted driving messages
- Strengthen distracted driving laws and ensure enforcement
- Develop and require roadway signage including median and train crossings and implement safety features
- Map high crash areas
- Ensure enhanced 911 is available statewide
- Provide funding for trauma training to care providers
- Promote use of CDC field triage guidelines
- Increase collaboration between EMS and hospital providers
- Develop a Level 3 or higher trauma center in each region
- Create a data repository for crashes, injuries and fatalities



Norraine Wingfield, Program Director at Kansas Traffic Safety Resource Office, presented at the all-stakeholder retreat on the Seatbelts Are For Everyone (SAFE) program. SAFE is a teen-run, peer-to-peer program focusing on increasing seat belt compliance through education, positive rewards and enforcement. SAFE provides strong traffic safety messages throughout the school year.

Potential Resources & Partners

- Child Death Review Board
- Emergency Medical Services (EMS)
- Fatality Analysis Reporting System
- Hospitals
- Kansas Department of Transportation
- Kansas Highway Patrol
- Kansas Hospital Association
- Kansas Medical Society
- Kansas Traffic Safety Resource Office
- KDHE Maternal Child Health
- Local law enforcement
- Regional trauma councils
- Schools
- Youth groups

MOTOR VEHICLE CRASHES Objective #1: Reduce crash-related injury rate per vehicle miles traveled (VMT) in the state by 5%

Strategy	Actions	Lead(s)	Resources/Partners
1.1 Increase restraint use	1.1a Promote the SafetyBreaks program 1.1b Increase fines for not wearing seat belts 1.1c Increase enforcement	Safe Kids Coalitions, Kansas Traffic Safety Resource Office (KTSRO)	Resources: Fatal Analysis Reporting System (FARS); Child Death Review Board (CDRB), www.kansasboosterseat.org , www.kansasgdl.org Partners: KDOT, KTSRO, KDHE, KHA, Kansas Medical Society (KMS), hospitals, EMS, insurance providers, youth programs, schools, regional trauma councils, Kansas Highway Patrol (KHP), all other law enforcement
1.2 Provide education programs for novice drivers	1.2a Utilize Seat belts are For Everyone (SAFE) Program	Kansas Traffic Safety Resource Office; state, county and local partners	
1.3 Maximize opportunities for the Graduated Driver's License law	1.3a Enhance Graduated Driver's License law 1.3b Enforce Graduated Driver's License law	Kansas Traffic Safety Resource Office; state, county and local partners	
1.4 Provide education programs for older drivers	1.4a: Promote the AAA CarFit program	AAA and trained CarFit partners	
1.5 Enforce laws, rules, regulations related to older drivers	1.5a Increase driving assessments for both physical and cognitive ability 1.5b Promote more frequent testing	Law enforcement	
1.6 Promote distracted driver education	1.6a Promote National Highway Traffic Safety Administration (NHTSA) public service announcements regarding distracted driving to a focused audience	KDOT	
1.7 Enforce distracted driving laws, rules and regulations	1.7a: Strengthen existing laws 1.7b: Ensure enforcement	Law enforcement	
1.8 Promote safe roadway engineering	1.8a Develop and require signage, median and train crossings, and implement more roadway safety features like rumble strips, etc. 1.8b Map high crash areas 1.8c Ensure that enhanced 911 is available statewide	KDOT, state, county and local traffic safety advocates	

MOTOR VEHICLE CRASHES Objective #2: Reduce crash death rate per vehicle miles traveled (VMT) (100 million miles) in the state by 5% by 2020.

Strategy	Actions	Lead(s)	Resources/Partners
2.1 Enhance trauma system to improve patient outcomes	2.1a Develop a community group to offer first aid and injury prevention education 2.1b Provide funding for trauma training to care providers. 2.1c Promote use of Centers for Disease Control (CDC) Field Triage Guidelines 2.1d Increase collaboration between emergency medical services (EMS) and hospital providers 2.1e Develop a Level 3 or higher trauma center in each region	State, regional and local trauma partners	Resources: Fatal Analysis Reporting System (FARS); Child Death Review Board (CDRB), www.kansasboosterseat.org , www.kansasgdl.org Partners: KDOT, KTSRO, KDHE, KHA, Kansas Medical Society (KMS), hospitals, EMS, insurance providers, youth programs, schools, regional trauma councils, Kansas Highway Patrol (KHP), all other law enforcement

Poisoning

Related to poisoning in Kansas, there were 1,720 deaths between 2009 and 2013, more than 13,500 hospital discharges and more than 24,000 emergency department visits between 2008 and 2012. Poisonings rank second among the leading causes of unintentional injury death in Kansas.

Poisoning injuries and deaths happen in a variety of settings, however, this plan focuses on those occurring in residences.

Objectives, Strategies and Actions

To decrease poisonings the plan includes a public education campaign, increasing health literacy on medication safety, expanding use of the Kansas Tracking and Reporting of Controlled Substances (K-TRACS) System and increasing drug take-back programs. Strategies and actions to accomplish these objectives include the following:

- Include Poison Control Center's number on resource lists
- Request cell phone companies program Poison Control Center's number in all new phones
- Distribute news releases and social media with new data
- Increase tactical use of Facebook and Twitter
- Implement Over-The-Counter Medicine Safety program through schools and after school programs
- Implement an older adults education program through Aging and Disability Resource Center, Area Agency on Aging and in assisted living facilities
- Create incentive programs and accountability steps for prescribers and pharmacists to use K-TRACS
- Evaluate policy interventions
- Disseminate protocols for drug-take back programs
- Provide public education and outreach on drug-take back programs



The University of Kansas Hospital Poison Control Center offers free, confidential medical advice 24 hours a day, 365 days a year through the Poison Helpline at 1-800-222-1222 (a certified specialist in poison information pictured). This service provides a primary resource for poisoning information and tracks poisonings and their sources. Stefanie Baines, Education Coordinator at the Poison Control Center served on the Injury Prevention Plan Steering Committee.

Potential Resources & Partners

- 911 Dispatchers
- Cellular phone companies
- County health departments
- Emergency Medical Services (EMS)
- Hospitals
- Kansas Board of Pharmacy
- Kansas Department for Aging and Disability Services
- Kansas Poison Control Center
- KDHE Injury Epidemiologist
- Safe Kids Kansas
- Schools

POISONING Objective #1: Design/initiate a public education/awareness campaign to increase awareness of the problem of poisoning

Strategy	Actions	Lead(s)	Resources/Partners
1.1 Increase awareness of the Poison Control 1-800-222-1222	1.1a Include Poison Control Center 800 number on resource lists/printed and electronic. 1.1b Request all cell phone companies to add the Poison Control Center 800 number to all new phones.	Kansas Poison Control Center	Partners: Kansas Poison Control Center, Emergency Medical Services(EMS), dispatchers, KDHE, Kansas injury epidemiologist, Safe Kids Kansas, cell phone companies, local health departments, hospitals, schools
1.2 Increase distribution and use of poison data	1.2a Widely distribute news releases and social media when new data is available	KDHE, Kansas Board of Pharmacy, Safe Kids Kansas	
1.3 Increase knowledge of potential poison hazards	1.3a: Develop awareness tool	KDHE, Kansas Board of Pharmacy,	
1.4 Create social media package	1.4a Develop common messages 1.4b Create Facebook page 1.4c Create Twitter presence	Kansas Poison Control Center	

POISONING Objective #2: Improve and increase individual health literacy on medication safety by 2020.

2.1 Provide over the counter medication education to 5th and 6th grade students through school nurses	2.1a Implement through grade schools, Boys and Girls Clubs, and after school programs	Kansas State Department of Education (KSDE), Kansas Board of Pharmacy, KDHE Injury Prevention Program, Kansas Poison Control Center	Same as above
2.2 Develop and provide medication education program for older adults	2.2a Implement through Aging and Disability Resource Center (ADRC), Area Agency on Aging, and assisted living facilities	KDADS, Kansas Board of Pharmacy, KDHE, Injury Prevention Program, Kansas Poison Control Center	

POISONING Objective #3: Expand use of Kansas Tracking and Reporting of Controlled Substances (K-TRACS) System by 25%

Strategy	Actions	Lead(s)	Resources/Partners
3.1 Ensure prescribers and pharmacists are registered with K-TRACS	3.1a Create incentive programs 3.1b Create accountability steps	Kansas Board of Pharmacy	Partners: Kansas Poison Control Center, Emergency Medical Services(EMS), dispatchers, KDHE, Kansas injury epidemiologist, Safe Kids Kansas, cell phone companies, local health departments, hospitals, schools

POISONING Objective #4: Increase drug take- back programs by 10%

4.1 Develop user friendly protocols for drug destruction programs	4.1a Disseminate protocols to nursing homes, hospitals, law enforcement, pharmacies, and community take-back programs 4.1b Provide education and outreach	Kansas Board of Pharmacy, KDHE Injury Prevention Program	Same as above
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