

Lincoln-Lancaster County Health Department

# 2017-18 CHIP Update: Injury Prevention

Update of 2015 CHIP from 2015 MAPP & CHA Process

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## Table of Contents

INTRODUCTION .....	1
Priority Areas.....	1
Revisions Timeline.....	1
PRIORITY AREA 1 – INJURY PREVENTION.....	1
Goal 1: Reduce motor vehicle related injury and death. ....	2
Goal 2: Reduce the risk of fall injuries for children & older adults. ....	4
Goal 3: Enhance the safety of all youth sports participants. ....	5
Goal 4: Reduce unintentional poisoning risk for children & older adults. ....	6
Goal 5: Reduce risk factors associated with physical violence & suicides. ....	8

## INTRODUCTION

This is the 2017 update of the Community Health Improvement Plan (CHIP) completed in 2015.

### Priority Areas

The priority areas identified (as shown in the Table of Contents) are listed below:

- Injury Prevention
- Chronic Disease
- Behavioral Health
- Access to Care

A special section was added to behavioral health focusing on suicide prevention.

### Revisions Timeline

**This is a timeline showing the review & revision process for the 2016 Lincoln & Lancaster County Community Health Improvement Plan ([CHIP](#)). Specifically, the injury prevention priority area.**

**May 5<sup>th</sup> – May 8<sup>th</sup>, 2017:** Assistant Public Health Epidemiologist updated hospital discharge data-related outcomes, BRFSS-related outcomes, but other data sources need to be acquired from partner organizations. Once this data has been updated, the sub-committee will need to provide their progress report and any proposed revisions or additions to the CHIP will need to be incorporated.

**June 1<sup>st</sup>, 2017:** Data for distracted driving accidents was acquired from the Nebraska Department of Roads (Trevor Sindelar) regarding the number of accidents occurring that involved a distracted driver between the ages of 15-19 years of age. Following this, the Assistant Public Health Epidemiologist acquired the most recent seat belt observation data from intersections throughout Nebraska on seat belt utilization for children in “urban” only counties.

**June 9<sup>th</sup>, 2017:** Assistant Public Health Epidemiologist updated poison information from Nebraska Poison Control Center. This data is based on reported poisonings to the center, which would mean that an unknown number of poisonings are not reported to the center since reporting of poisonings is not mandated by public health legislation. Inclusion of an indicator utilizing hospital discharge data may be an improved approach to quantifying the burden of poisonings in our community with more accuracy. The final indicators to be updated are the 2017 YRBS related indicators.

**June 16<sup>th</sup>, 2017:** Assistant Public Health Epidemiologist updated YRBS-related information for 2017 survey results. Unfortunately, these results were missing a school that usually represents a large proportion of responses so, as of 06/16/2017, the results presented in this document and any conclusions drawn based on the 2017 YRBS results would need to take into consideration this potential threat to the

accuracy of this indicators trend. The annual CHIP sub-committee for injury prevention led by Brian Baker (LLCHD; HPDE; Program Manager) will convene on June 23, 2017 at 10:30 AM to review this draft.

**June 23<sup>rd</sup>, 2017:** *Scheduled review of CHIP.* Review was not completed due to scheduling conflicts. July meetings that were scheduled also had to be re-scheduled because of scheduling conflicts. Meeting scheduled for August and review was completed on 08/02/2017 as a preliminary review by LLCHD staff of the 2017 CHIP Update. Once feedback from priority areas is received, we will update the CHIP officially presented on the LLCHD website.

**August 11<sup>th</sup>, 2017:** *Scheduled review of CHIP.* Addition of 4.2B (revision of 4.2 to 4.2A) in Goal 4 on poisoning-related injuries. Send the updated CHIP plan to Brian Baker & Julie Anderson before the end of the day on Friday, August 11<sup>th</sup>, 2017 so they can get it out to the attendees by the end of the day.

**August 16<sup>th</sup>, 2017:** Morning meeting at 8:30 AM with Brian & Julie and they recommended adding a ‘Spark Chart’ to quickly visualize the trend of the data. At the actual meeting at 10:30 AM, we did a short introduction, reviewed the Community Health Improvement Plan development process in relation to the Community Health Assessment. Comments during the meeting were included in the document and those action items will be addressed by next Friday.

**September 20, 2017:** Met with Brian and Julie on September 18<sup>th</sup> to review the proposed changes to the CHIP and make sure they are available for sending out to the committee by Friday of this week. I began working on changes today and they were completed by the end of the day, but there were certain clarifications and additional data requests that are being worked on (accident report sub-analysis, poisoning data exploration, other data sources).

## PRIORITY AREA 1 – INJURY PREVENTION

There are 5 goals that were selected in this area. The following pages are formatted as a table showing the goals, objectives, measures, baseline, target, strategies & partners associated with each goal.

1. Reduce motor vehicle related injury and death.
2. Reduce the risk of fall injuries to children & older adults.
3. Enhance the safety of all youth sports participants.
4. Reduce unintentional poisoning risk for children & older adults.
5. Reduce risk factors associated with physical violence & suicides.

For any questions in this priority area, contact Brian Baker ([bbaker@lincoln.ne.gov](mailto:bbaker@lincoln.ne.gov), 402-441-8046).

Goal 1: Reduce motor vehicle related injury and death.			
Objectives			
1.1 Increase the use of safety belts among Lancaster County adults who reported always wearing safety belts from 78% to 85% by 2018. (BRFSS)			
1.2 Reduce the percentage of youth who report never or rarely wearing a safety belt while riding in a car driven by someone else from 4.8% to 2.4% by 2018. (YRBS)			
1.3 Increase the use of child restraint systems in “urban only” counties (Lancaster, Douglas, Sarpy) from 97.1% to 99.0% by 2018. (2014 NOHS Child Safety Seat Observation Results)			
1.4 Reduce number of child (1 to 14 years of age) bike/pedestrians vs. vehicle crashes in Lincoln from 39 to 34 by 2018. (LPD Accident Reports)			
1.5 Reduce the number of Lancaster County youth 15 to 19 years of age involved in distracted driving crashes from 47 to 40 by 2018. (NDOR)			
ID	Performance Measures	Baseline	Target
1.1 ↑	Adults who report always using a safety belt.	78.2% of adults report always wearing a safety belt. (BRFSS, 2014)	<b>&gt; 85% by 2018</b> 2012 – 74.9% 2014 – 78.2% 2016 – 81.4%
1.2 ↑	Youth (9-12 grade) who report never or rarely wearing safety belt when riding in a car driven by someone else.	4.8% of youth (9-12 grade) who report never or rarely wearing safety belt when riding in a car driven by someone else. (YRBS, 2015)	<b>&lt; 2.4% by 2018</b> 2011 – 8.6% 2013 – 7.1% 2015 – 4.8% 2017 – 6.9% <sup>1</sup>
1.3 ↑	Children restrained in motor vehicles in “urban only” counties.	97.1% of “urban only” county children observed in child restraint system. (NOHSCSS, 2014) <sup>2</sup>	<b>&gt; 99% by 2018</b> 2012 – 95.8% 2013 – 95.8% 2014 – 97.1% 2015 – 97.0% 2016 – 98.6%

<sup>1</sup> YRBS results from 2017 are tentative & under review; provided for your information but do not use this information when presenting to the public as these need to be verified for accuracy.

<sup>2</sup> At the time of this update, the most recently available “Child Safety Seat Use” [survey results](#) were from October 26, 2016 and provided statistics for “urban” county children observed in child restraint systems, which includes Douglas, Lancaster & Sarpy county residents. These results are based on 14 urban county intersections surveyed.

<b>1.4</b> ↑	Child 1 to 14 years involved in bike/pedestrian vs. vehicle crashes.	39 children 1 to 14 years involved in bike/pedestrian vs. vehicle crash. (LPD Accident Reports, 2014)	<b>&lt; 34 by 2018</b> 2012 – 59 2013 – 50 2014 – 39 2015 – 54 2016 – 59
<b>1.5A</b> ↑	Youth 15 to 19 years involved in distracted driving crash.	13.71 distracted driving crashes per 1,000 Lancaster County youth 15-19 years. (NDOR, 2014)	<b>&lt; 12 by 2018<sup>3</sup></b> 2011 – 9.39 2012 – 11.21 2013 – 10.44 2014 – 13.71 2015 – 13.74 2016 – 14.11
<b>1.5B</b>	High-school youth reporting texting or emailing while driving a car or other vehicle.	31.9% of high-school youth reported texting or emailing while driving a car or other vehicle. (YRBS, 2011)	<b>&lt;28.0% by 2019<sup>4</sup></b> 2011 – 31.9% 2013 – 32.0% 2015 – 33.5% 2017 – 28.8%
<b>Strategies &amp; Partners</b>			
<ul style="list-style-type: none"> <li>• Support legislation to enact a primary safety belt law. <i>Participating partners: Nebraska Department of Health &amp; Human Services, Nebraska Safety Council, Lincoln-Lancaster County Health Department</i></li> <li>• Provide easily accessible options for child safety seat inspection and education for all Lancaster County families. <i>Participating Partners: Safe Kids LLC, Lincoln-Lancaster County Health Department, cultural community centers, People’s Health Center, Center for People in Need, auto dealerships</i></li> <li>• Provide convenient options for child care staff to attend the State mandated Child Care Transportation Training. <i>Participating Partners: Safe Kids LLC, Lincoln-Lancaster County Health Department</i></li> <li>• Ensure easy accessibility of the Child Bike &amp; Pedestrian Safety Tool Kit for area school teachers and administrators. <i>Participating Partners: Lincoln Public Schools, Safe Kids LLC</i></li> <li>• Encourage a process which school administrators, neighborhood associations, City traffic engineers, and student parent groups work together in developing school drop-off and pick-up traffic design. <i>Participating Partners: Safe Kids LLC, Lincoln Public Schools, Lincoln Police Department, Public Works, neighborhood associations</i></li> <li>• Provide and/or support new or enhanced driver education programs to include distracted driving dangers. <i>Participating Partners: Nebraska Safety Council, AAA Nebraska, Nebraska Department of Health &amp; Human Services, Lincoln-Lancaster County Health Department</i></li> </ul>			

<sup>3</sup> This goal was revised to align with changes in reporting of distracted driving. Due to significant increase in frequency of distracted driving crashes in new reporting, a rate of crashes per 1000 15-19 year olds in Lancaster County could be calculated.

<sup>4</sup> The goal of 28.0% was determined based on maintaining the trend in this percentage since 2011.

Goal 2: Reduce the risk of fall injuries for children & older adults.			
Objectives			
2.1 Reduce the rate of fall-related injuries to children 1 to 10 years of age occurring on public and private playgrounds from 3.48 to below 2.50 per 1,000 children 1 to 100 years of age by 2018. (NHA)			
2.2 Reduce the rate of fall-related injuries to adults 65 and older from 83.5 to 79.5 per 1,000 adults 65 and older by 2018. (NHA)			
ID	Performance Measures	Baseline	Target
2.1 ↑	Children 1 to 10 years of age suffering a fall-related playground injury.	3.48 hospital visits per 1,000 children aged 1-10 years of age suffering fall-related playground injuries. (NHA, 2013)	<b>&lt;2.50 by 2018</b> 2011 – 3.98 2012 – 4.30 2013 – 3.48 2014 – 2.89 2015 – 3.73 <sup>5</sup>
2.2 ↓	Adults 65 and older suffering a fall-related injury.	83.57 hospital visits per 1,000 adults 65 and older suffering a fall-related injury. (NHA, 2013)	<b>&lt;76.5 by 2018</b> 2011 – 85.22 2012 – 84.89 2013 – 83.57 2014 – 82.40 2015 – 79.24 <sup>6</sup>
Strategies & Partners			
<ul style="list-style-type: none"> <li>• Conduct assessments of safety risks at a minimum of 100 public and/or private playgrounds. <i>Participating Partners: Lincoln-Lancaster County Health Department, Lincoln Public Schools, Parks &amp; Recreation</i></li> <li>• Enhance playground safety public education efforts. <i>Participating Partners: Lincoln-Lancaster County Health Department, Lincoln Public Schools, Parks &amp; Recreation, Safe Kids LLC</i></li> <li>• Implement and sustain a multi-faceted older adult fall prevention program. <i>Participating Partners: Aging Partners, Lincoln-Lancaster County Health Department, Nebraska Department of Health &amp; Human Services</i></li> <li>• Enhance older adult fall prevention public education efforts. <i>Participating Partners: Aging Partners, Lincoln-Lancaster County Health Department</i></li> </ul>			

<sup>5</sup> Statistics in 2015 from the hospital discharge data provided by Nebraska Hospital Association (ICD-9-CM) are comparable to previous years through September so statistics for 2015 are based on first 9 months of 2015. October 1<sup>st</sup> marked the beginning of the ICD-10-CM implementation.

<sup>6</sup> See Footnote 1. Same ICD-10-CM implementation issue. This measure was revised to reflect successful reductions of 85.22 in 2011 to below 80 according to preliminary 2015 data using the new ICD-10-CM code.

<b>Goal 3: Enhance the safety of all youth sports participants.</b>			
<b>Objectives</b>			
3.1 Reduce the rate of sports-related injury to Lancaster County children 4 to 14 years of age from 15.61 hospital visits per 1,000 children 4 to 14 years of age to 13.61 hospital visits per 1,000 children 4 to 14 years of age by 2018. (NHA)			
ID	Performance Measures	Baseline	Target
3.1 ↓	Lancaster County children 4-14 years of age suffering a sports-related injury resulting in a hospital visit.	15.61 Lancaster County children 4-14 years of age suffered a sports-related injury in 2013 resulting in a hospital visit. (NHA, 2013)	<b>&lt;12.5 by 2018</b> 2011 – 15.25 2012 – 15.38 2013 – 15.61 2014 – 13.78 2015 – 13.42 <sup>7</sup>
<b>Strategies &amp; Partners</b>			
<ul style="list-style-type: none"> <li>• Educate volunteer youth league coaches regarding risks, consequences, and prevention of sports-related injury through live and videoed sports safety clinics. <i>Participating Partners: Parks &amp; Recreation, YMCA, Madonna Rehabilitation Hospital, Nebraska Wesleyan University, LLCHD</i></li> <li>• In partnership with youth sports leagues, provide parents with sports-safety information. <i>Participating Partners: Parks &amp; Recreation, YMCA, Area Athletic Leagues &amp; Clubs, SKLLC, Nebraska Brain Injury Association, Nebraska Wesleyan University</i></li> </ul>			

<sup>7</sup> Statistics in 2015 from the hospital discharge data provided by Nebraska Hospital Association (ICD-9-CM) are comparable to previous years through September so statistics for 2015 are based on first 9 months of 2015. October 1<sup>st</sup> marked the beginning of the ICD-10-CM implementation.

Goal 4: Reduce unintentional poisoning risk for children & older adults.			
Objectives			
4.1 Reduce the rate of unintentional poison-related injuries leading to hospital visits from 2.44 per 1,000 children 0 to 14 years of age to 1.5 per 1,000 children 0 to 14 years of age by 2018. (NHA)			
4.2 Reduce the rate of unintentional poison-related injuries.			
A) Reduce the frequency of poisoning-related injuries leading to hospital visits among adults from 43 per 1,000 adults 60 years of age or more to 25 per 1,000 adults 60 years of age or more by 2018. (NE Poison Control Center - NPC)			
B) Reduce the rate of poisoning-related injury resulting in a hospital visit from 17.58 per 10,000 adults 60 years of age or more to 10.5 per 10,000 adults 65 years of age or more by 2018. (NHA)			
ID	Performance Measures	Baseline	Target
4.1 ↓	Lancaster County children 0 to 14 years of age suffering a poison-related injury resulting in a hospital visit.	2.44 hospital visits per 1,000 children suffering a poison-related injury. (NHA, 2013)	<b>&lt;1.5 by 2018</b> 2011 – 2.95 2012 – 2.50 2013 – 2.44 2014 – 2.39 2015 – 2.07 <sup>8</sup>
4.2A ↑	Lancaster County adults 60 years of age or more suffering a (therapeutic error) <sup>9</sup> poisoning injury.	40 adults ages 60 years and above suffered a (therapeutic error) poisoning injury. (NPC, 2013)	<b>&lt;25 by 2018</b> 2011 – 35 2012 – 41 2013 – 40 2014 – 52 2015 – 55 2016 - 48
4.2B ↓	Lancaster County adults 65 years of age or more with a poisoning-related injury resulting in a hospital visit.	17.58 injuries per 10,000 adults ages 65 years and above with a poisoning-related injury resulting in a hospital visit. (NHA, 2013)	<b>&lt;10.5 by 2018</b> 2011 – 15.73 2012 – 14.07 2013 – 17.58 2014 – 16.05 2015 – 15.96

<sup>8</sup> Statistics in 2015 from the hospital discharge data provided by Nebraska Hospital Association (ICD-9-CM) are comparable to previous years through September so statistics for 2015 are based on first 9 months of 2015. October 1<sup>st</sup> marked the beginning of the ICD-10-CM implementation.

<sup>9</sup> A “therapeutic error” is defined as “unintentional deviation from a proper therapeutic regimen that results in the wrong dose, incorrect route of administration, administration to the wrong person, or administration of the wrong substance”. Adverse reactions, defined as “event occurring with normal, prescribed, labeled or recommended use of the product”, are excluded.

### Strategies & Partners

- Provide poison prevention information to families, Head Start programs, and child care providers using newsletters, trainings, and social media. *Participating Partners: Community Action Partnership of Lancaster & Saunders Counties, Lincoln Public Schools, Lincoln-Lancaster County Health Department, Safe Kids LLC, Nebraska Poison Control Center*
- Promote and encourage participation in Nebraska MEDS Disposal Take Back events. *Participating Partners: Lincoln-Lancaster County Health Department, Safe Kids LLC, Nebraska Pharmacy Association*
- Increase public awareness of the prevalence and dangers of medication misuse among adults 60 years of age and above. *Participating Partners: Aging Partners, Lincoln-Lancaster County Health Department, Nebraska Department of Health & Human Services*

Goal 5: Reduce risk factors associated with physical violence & suicides.			
Objectives			
5.1 Reduce the percentage of Lancaster County youth who report being involved in a physical fight during the past 12 months from 19.4% to 16.4% by 2018. (YRBS)			
5.2 Reduce the percentage of Lancaster County youth who report seriously considering attempting suicide during the past 12 months from 17.5% to 13.5% by 2018. (YRBS)			
ID	Performance Measures	Baseline	Target
5.1 ↓	High school students who report involvement in a physical fight in the past 12 months.	19.4% of high school students report involvement in a physical fight in the past 12 months. (YRBS, 2015)	<b>&lt;16.4% by 2018</b> 2011 – 27.7% 2013 – 20.3% 2015 – 19.4% 2017 – 16.2% <sup>10</sup>
5.2 ↑	High school students who report seriously considering attempting suicide during the past 12 months.	17.5% of high school students report seriously considering attempting suicide during the past 12 months. (YRBS, 2015)	<b>&lt;13.5% by 2018</b> 2011 – 12.5% 2013 – 12.3% 2015 – 17.5% 2017 – 19.0% <sup>11</sup>
Strategies & Partners			
<ul style="list-style-type: none"> <li>• Support national, state, and local youth versus youth violence prevention efforts. <i>Participating Partners: Lincoln Public Schools, Bryan Health</i></li> <li>• Support national, state, and local youth suicide prevention efforts. <i>Participating Partners: Lincoln Public Schools &amp; Bryan Health as part of Suicide Prevention Coalition</i></li> </ul>			

<sup>10</sup> YRBS results from 2017 are tentative & under review; provided for your information but do not use this information when presenting to the public as these need to be verified for accuracy.

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