



State of Illinois
Illinois Department of Public Health



Making Illinois Safer: a Strategic Plan for Injury Prevention

2011 - 2015



Illinois Injury Prevention Strategic Plan
2011 - 2015

Illinois Department of Public Health

in collaboration with
Illinois Injury Prevention Coalition

Illinois Injury Prevention Strategic Plan

Purpose.... to reduce the rates of disability, death, and years of potential life lost due to unintentional injuries and violence.

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Special thanks to all the agencies and organizations who hosted a meeting during the process of developing this plan.

INJURY IS A PUBLIC HEALTH PRIORITY

Injury is a Preventable “Disease”

The recognition that “injuries are not accidents,” that is injuries are not the result of fate or bad luck, has increased since the mid 1900’s. As a result, the epidemiology of injuries has become a recognized field of study. Injuries are the first cause of death to children and young adults and are a major cause of emergency department visits, hospitalizations, and permanent disabilities. Injuries are not random and thus can be predicted, controlled, and in some cases, prevented. In order to initiate effective injury prevention efforts, sufficient data must be collected and analyzed. Infrastructure to then utilize these data effectively must be in place.

The Public Health Model

It has been said that “the history of public health might well be written as a record of successive re-defining of the unacceptable.”¹ The burden of fatal and non-fatal injury, both unintentional and the result of intentional violence, is no longer accepted as the status quo. Communities are looking to both public and private entities to address the circumstances that result in this loss of life or lifelong disability².

One of the reasons for the relatively slow progress in injury prevention is such efforts must be cross-disciplinary, involve both public and private interests, and within the public arena, cross state, local and agency jurisdictions. The various engineers who designed a safe roadway, a safe car, and a child safety seat that enabled the child to make use of the adult seat belts; the clinicians who ensured parents understood the need for a safety seat; the social workers who made it possible for the parents to obtain the seat if it was beyond their means; the child safety seat technicians who enabled the parents to correctly use the seat, and the traffic safety officers who consistently enforced the traffic laws and regulations; and all worked to prevent injury to the child happily riding in the car. Behind all of these “injury prevention professionals” working in their own spheres, often with no direct knowledge of each other, is the public health professional. Such a professional must first be recognized and enabled to assess who, how, when, and where children are injured in car crashes, and then have the responsibility to assure that the policies and programs are in place to address the factors most often associated with such injuries.

¹ Geoffrey Vickers as quoted on page 10 of Turnock, BJ. *Public Health: What It Is and How It Works*. Aspen Publications, Gaithersburg, MD. 1997

² Turnock, BJ. *Public Health: What It Is and How It Works*. Aspen Publications, Gaithersburg, MD. 1997

THE BURDEN OF INJURY: AN ILLINOIS PROFILE

Illinois Injury Mortality Profile

Injury Death Rates, Illinois, 2007

Injury	Number	Age Adjusted Rate*
Injury fatalities	6,355	48.7
Unintentional drowning fatalities	132	1.0
Unintentional fall-related fatalities	692	5.2
Unintentional fire-related fatalities	135	1.0
Firearm-related fatalities	1,027	7.9
Homicides	854	6.6
Motor vehicle traffic fatalities	1,300	10.0
Poisoning fatalities	1,331	10.3
Suicides	1,102	8.5
Traumatic brain injury fatalities	0	0.0

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Center for Health Statistics

Injury Death Rates, by Sex, Illinois, 2007

Fatality Type	Male		Female	
	Number	Age Adjusted Rate*	Number	Age Adjusted Rate*
Injury fatalities	4,436	72.2	1,919	27.0
Unintentional drowning	94	1.5	38	0.6
Unintentional fall-related	375	7.1	317	3.8
Unintentional fire-related	85	1.4	50	0.7
Firearm-related	925	14.5	102	1.6
Homicides	696	10.6	158	2.4
Motor vehicle traffic	909	14.4	391	5.9
Poisoning	884	13.8	447	6.8
Suicides	877	14.1	225	3.4
Traumatic brain injury	0	0.0	0	0.0

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Center for Health Statistics

Injury Death Rates, by Age, Illinois, 2007

Fatality Type	<1	1-4	5-14	15-24	25-35	35-45	45-55	55-65	65-75	75-85	85+
Injury	36.1	10.2	7.5	55.5	51.4	51.2	54.5	43.3	50.3	111.6	268.4
Unintentional drowning	+	+	+	+	+	+	+	+	+	+	+
Unintentional fall-related	+	+	+	+	+	1.4	3.1	4.3	12.0	37.2	101.9
Unintentional fire-related	+	+	+	+	+	+	1.2	+	+	+	+
Firearm-related	+	+	+	18.0	13.4	7.0	6.1	6.0	5.0	10.9	+
Homicides	+	+	1.7	16.5	13.3	5.8	4.0	2.4	2.5	+	+
Motor vehicle traffic	+	+	2.7	18.5	11.7	9.9	9.6	9.4	8.5	16.2	19.7
Poisoning	+	+	+	8.1	12.9	19.6	20.7	10.2	3.7	4.2	+
Suicides	+	+	+	8.8	9.2	11.9	12.5	11.3	7.4	15.1	11.1
Traumatic brain injury	+	+	+	+	+	+	+	+	+	+	+

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Center for Health Statistics

Illinois Hospitalized Injury Profile

Hospitalization Rates*, Hospital Discharge Data, Illinois, 2007

Reason for Hospitalization	Number	Age Adjusted Rate*	Crude Rate
All injuries	70,567	541.4	---
Drowning-related	32	0.3	---
Unintentional fall-related	17,105	130.2	---
Hip fracture in persons older than 65	10,099	---	652.0
Unintentional fire-related	186	1.4	---
Firearm-related	1,162	8.9	---
Assault-related	2,990	23.1	---
Motor vehicle traffic	4,592	35.4	---
Poisoning	6,224	48.3	---
Suicide attempt	3,928	30.6	---
Traumatic brain injury	10,391	79.9	---

*Age-adjusted to 2000 population per 100,000
Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Hospitalization Rates* by Sex, Hospital Discharge Data, Illinois, 2007

Sex-Specific Data Reason for Hospitalization	Male			Female			Total
	Number	Age Adjusted Rate	Crude Rate	Number	Age Adjusted Rate	Crude Rate	
All injuries	33,866	564.5	---	36,701	497.6	---	70,567
Drowning-related	20	0.3	---	12	0.2	---	32
Unintentional fall-related	6,248	111.1	---	10,857	139.1	---	17,105
Hip fracture in persons older than 65	2,694	---	423.0	7,405	---	812.0	10,099
Unintentional fire-related	134	2.1	---	52	.89	---	186
Firearm-related	1,061	16.0	---	101	1.6	---	1,162
Assault-related	2,614	39.9	---	376	5.9	---	2,990
Motor vehicle traffic	2,909	45.5	---	1,683	25.4	---	4,592
Poisoning	2,727	42.7	---	3,497	54.2	---	6,224
Suicide attempt	1,527	23.7	---	2,401	37.6	---	3,928
Traumatic brain injury	6,533	108.1	---	3,858	53.1	---	10,391

*Age-adjusted to 2000 population per 100,000

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Hospitalization Rates* by Age, Hospital Discharge Data, Illinois, 2007

Reason for Hospitalization	<1	1-4	5-14	15-24	25-35	35-45	45-55	55-65	65-75	75-85	85+
All injuries	247.3	164.9	120.0	409.3	358.5	398.2	453.3	510.8	882.2	2273.1	4865.6
Drowning-related	+	+	+	+	+	+	+	+	+	+	+
Unintentional Falls	59.1	28.0	21.7	23.5	30.9	48.2	79.3	134.9	288.2	840.1	1953.3
Hip fracture in persons older than 65	---	---	---	---	---	---	---	---	187.1	743.1	2008.6
Unintentional fire-related	+	+	*	1.5	1.5	1.3	1.5	1.5	+	+	+
Firearm-related	+	+	1.9	32.8	16.9	7.1	3.1	1.5	+	+	+
Assault-related	+	+	4.5	62.4	41.4	27.7	17.7	7.7	3.3	3.8	+
Motor vehicle traffic	+	7.5	13.6	59.5	46.5	37.2	34.3	33.6	30.8	46.8	44.5
Poisoning	+	16.7	7.0	71.8	64.0	74.8	64.7	35.7	27.9	31.1	28.7
Suicide attempt	+	+	4.7	56.3	47.3	50.1	37.7	16.1	8.5	7.7	*
Traumatic brain injury	124.7	33.6	26.9	81.1	59.6	56.1	61.5	73.0	126.0	282.0	541.1

*Age-adjusted to 2000 population per 100,000

+ Cell size had count <20

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

ORGANIZING FOR ACTION

DEVELOPMENT OF THE ILLINOIS INJURY PREVENTION STRATEGIC PLAN

Injury Prevention Programs

According to the U.S. Centers for Disease Control and Prevention (CDC) and the Safe States Alliance (SSA), model injury prevention programs should be housed within the state department of public health and contain five core components as essential elements of a comprehensive state injury and violence prevention program. These are: sufficient infrastructure; data collection, analysis and dissemination; intervention design, implementation, and evaluation; technical support and training; and public policy and advocacy.

The STAT Site Visit and Recommendations

In July 2005, the Illinois Department of Public Health (IDPH) Injury and Violence Prevention Program (IVPP) hosted a week-long site visit of the State Technical Assistance Team (STAT) program, sponsored by SSA, through partial funding from the CDC National Center for Injury Prevention and Control. The STAT process is designed to assess the capacity of injury prevention programs within state health department and to provide them with an outside perspective and format for sharing ideas for program development. This process brings a team of injury prevention professionals into the state to assess the status of the injury program relative to the five major components of a model injury prevention program listed above.

More than 30 partners in the field of injury prevention in Illinois were invited to participate in interviews with the STAT team to share their experience and/or knowledge of IDPH injury prevention efforts or a particular program with which they work. Also during the interview, partners were asked to provide suggestions about strengthening IDPH's program and elaborate on any barriers they believe hinder the efforts to make Illinois a safer state. At the conclusion of the week-long STAT visit, the STAT team provided feedback and recommendations, through a read-out session on the last day, in each core component area as it reflects on the Injury and Violence Prevention Program's strengths, challenges, opportunities, and barriers to success. The first recommendation was to complete a comprehensive injury and violence prevention plan. The recommendations are outlined in the Illinois STAT Report and have been threaded throughout this Illinois Injury Prevention Strategic Plan.

Strategic Plan Development

The Illinois Injury Prevention Coalition, (IIPC) at the behest of the IVPP, agreed to complete the process of developing a state-wide strategic plan for injury prevention begun in 2002. Starting in October 2005, a Strategic Plan Workgroup and staff from IVPP met to finalize the development of a five-year collaborative statewide strategic plan. The workgroup received an overview of the status of the planning efforts begun in 2002, examples of strategic plans from other states, SSA (formerly known as the State and Territorial Injury Prevention Directors Association) documents on the components of an effective state injury prevention program, an overview of injury prevention as a public health issue, and a summary of Illinois' injury statistics and data collection systems. The existing title and mission and vision statements developed in 2002 were adopted. The workgroup then worked collaboratively to develop goals and strategies to achieve the five core components of a state injury prevention program as defined by SSA. These are:

- Building a solid infrastructure for injury prevention.
- Collecting and analyzing injury data.
- Designing, implementing, and evaluating interventions.
- Providing technical support and training.
- Affecting public policy.

These five goals were then elaborated further and a sixth goal, regarding sufficient and sustainable funding was defined. Objectives and strategies to achieve the six goals were identified and sent electronically to more than 50 public health stakeholders throughout the state for review and comment.

A two-day workshop to develop the first-year action plan for implementing the strategies was held in October 2006. At this workshop, the goals and strategies were prioritized. Participants met in workgroups to develop the activities needed to achieve each strategy. Activities that can begin in 2007, the lead organization, partners, specific measures of success, and funding implications for each activity were identified. The completed action plan for 2007, together with the goals, strategies, and actions to be implemented in 2011 – 2015, was then disseminated to the IIPC. Both those who were able and not able to attend the October workshop were asked for their review and recommendations and their input was incorporated into this document.

The IIPC Executive Committee, together with IVPP staff, then incorporated the action plan into the overall strategic plan. A draft of the plan was sent to the Strategic Plan Workgroup, the IIPC, and IDPH's staff from those offices and programs concerned with injury prevention either directly or indirectly. This final plan was then revised to reflect their comments and concerns.

INJURY PUBLIC HEALTH PRIORITIES - YEARS 2011 THROUGH 2015

Illinois Vision and Mission

Vision: Injury Free Illinois.

Mission: The mission is to bring together and provide leadership to public and private partners to jointly promote the coordination and integration of effective strategies to prevent violence and unintentional injuries in Illinois.

Goal 1: Leadership/Infrastructure

Establish and maintain permanent infrastructure to lead, coordinate, monitor and evaluate the implementation of the *Making Illinois Safer: a Strategic Plan for Injury Prevention*.

Goal 2: Funding

Develop and maintain long-term public and private funding sources for injury prevention and surveillance.

Goal 3: Data

Increase the quality and availability of statewide and community specific data for planning, surveillance, and evaluation.

Goal 4: Knowledge

Increase injury prevention knowledge, understanding and skills.

Goal 5: Community

Build capacity and resources at the state and local level for evidence -based injury prevention so communities can effectively reduce and prevent injuries.

Goal 6: Advocacy

Strengthen public policy and advocacy to reduce and to prevent injuries.

Goal 1 - LEADERSHIP

Establish and maintain permanent infrastructure to lead, coordinate, monitor and evaluate the implementation of the *Making Illinois Safer: a Strategic Plan for Injury Prevention*.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNERS	FUNDING IMPLICATIONS
1A. Establish IDPH/ Injury and Violence Program (IVPP) as the lead agency with responsibility for statewide injury prevention.	12/2011	IDPH Director, IIPC co-chairs	IDPH, IDHS, IDOT, IIPC	No additional funding needed
1B. Stabilize state and federal funding for all IVPP positions.	By 2011	IDPH	IIPC	Will require additional funding
1C. Ensure all SIVP positions are filled with injury prevention professionals.	By 2013	IDPH	IIPC	May require additional funding
1D. Designate an injury prevention liaison within existing staff in all appropriate IDPH divisions, other state agencies, and in each local health department.	12/2011	IDPH/IVPP	All relevant state and local agencies	No additional funding required
1E. Promote injury prevention training and skills development statewide.	Ongoing 12/07	IIPC Education and Training Committee, IIPC Coalition Development Committee	IIPC, IDPH, UIC SPH	May require additional funding Will require additional funding
1F. Establish public health programs and other higher education partnerships to strengthen research and curriculum in injury prevention	By 2013	IDPH	IVPP, IIPC, ISBE, others	May require additional funding
1G. Design and publicize comprehensive injury prevention public education and information products.	Ongoing	IDPH/IVPP	IIPC	Will require additional funding
1H. Maintain and enhance collaboration with the Illinois Injury Prevention Coalition as a lead partner, and the Illinois Public Health Association as a resource for statewide injury prevention efforts.	Ongoing	IDPH/IVPP	IIPC, IPHA	No additional funding required

Goal 2 - FUNDING

Develop and maintain long-term public and private funding sources for injury prevention and surveillance.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNERS	FUNDING IMPLICATIONS
2A. Use this strategic plan to determine funding priorities.	Ongoing	IDPH	IIPC	No additional funding required
2B. Identify current funding streams and potential funding resources.	12/2011	IDPH/IVPP	IIPC, grants management offices of IDHS, IDOT	May require additional funding
2C. Ensure IVPP, IIPC and the appropriate fiscal management offices within IDPH to collaborate, to promote, and to expand grant submissions for injury prevention and surveillance.	Ongoing	IDPH/OHPm deputy director or designee	IIIPC, IDPH's fiscal management offices	No additional funding required
2D. Designate a fiscal agent partner when appropriate.	Ongoing	IDPH	IDPH fiscal management offices	No additional funding required
2E. Establish a timeframe for the development and funding of an injury prevention and surveillance infrastructure	12/2011	IDPH /OHPm deputy director or designee	IIIPC co-chairs	No additional funding required

Goal 3 - DATA

Increase the quality and availability of statewide and community-specific data for planning, surveillance and evaluation.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNERS	FUNDING IMPLICATIONS
3A. Assure and ensure hospital discharges and emergency IDPH visits in the state are e-coded.	By 2012	Illinois Hospital Association, Children's Memorial Hospital	Illinois Hospital Association, hospitals, IDPH	Not clear
3B. Determine how injury-related databases that gather data about non-fatal injuries that result in hospital admission can be integrated to improve non-fatal injury surveillance and fatal injury surveillance.	2012	Children's Memorial Hospital	Children's Memorial Hospital, Emergency Medical Services for Children	\$30,000 for collaborative study
3C. Encourage data driven decision making on injury by improving access to and availability of statewide databases.	2014, ongoing	IDPH	University of Illinois at Chicago, IDPH, Illinois Hospital Association, Children's Memorial Hospital	Funding to disseminate data; small grants to encourage usage of data
3D. Expand the IIPC Data Committee to include knowledgeable representatives from agencies, academia, and data advocates.	2013	Illinois Injury Prevention Coalition	IDPH, University of Illinois at Chicago School of Public Health	Funding for meeting/travel costs

Goal 4 - KNOWLEDGE

Increase injury prevention knowledge, understanding and skills.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNERS	FUNDING IMPLICATIONS
4A. Plan training and/or educational opportunities about injury prevention for I IDPH regions.	2006-2011	IIPC Education and Training Committee, IDPH	Injury prevention stakeholders	No additional funding needed
4B. Implement training and/or educational opportunities about injury prevention for all IDPH regions.	2012- 2013	IIPC Education and Training Committee, IDPH, Professional organizations	Colleges, universities, injury prevention stakeholders	Contingent upon additional funding
4C. Evaluate training and/or educational opportunities about injury prevention for all IDPH regions.	2013-2014	IIPC Research and Information and Education and Training Committee, IDPH	Injury prevention stakeholders	Contingent upon additional funding
4D. Promote inclusion of required injury prevention curriculum in health care and public health professional training throughout the state.	2013-2015	IIPC	IPHA, IDPH	Contingent upon additional funding
4E. Engage the public and private sector to support and promote injury prevention training and/or education.	Ongoing	Injury prevention stakeholders, professional organizations	Universities, parks and recreation, school boards	May be accomplished with current funding
4F. Identify gaps in evidence-based injury prevention interventions specific to Illinois.	2012 2014	IIPC, IDPH, IPHA	Injury prevention stakeholders	No additional funds required
4G. Develop and disseminate effective interventions to fill identified gaps.	2013-2015	IIPC, IDPH	Injury prevention stakeholders, universities, parks and recreation, school boards	Contingent upon additional funding

Goal 5 - COMMUNITY

Build capacity and resources at the state and local level for evidence - based injury prevention so that communities can effectively reduce and prevent injuries.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNERS	FUNDING IMPLICATIONS
5A. Identify gaps in the use of injury prevention interventions at the community level.	2012-2014	IIPC, IDPH, IPHA	Injury prevention stakeholders	No additional funds required
5B. Research, compile, and disseminate injury prevention “best practices” and evaluation tools for community use.	2013-2014	IIPC, IDPH, Universities and medical schools to be determined	Injury prevention stakeholders, CDC, local health planning councils	Contingent upon additional funding
5C. Promote the use of effective injury prevention interventions and facilitate community partnerships for their implementation.	2012-2014	IIPC, IDPH Injury prevention stakeholders	Universities, parks and recreation, school boards	No additional funds required
5D. Provide and/or identify resources to support local injury prevention evaluation.	2013-2014	IDPH , IIPC, IPHA	Injury prevention stakeholders	Contingent upon additional funding

Goal 6 - ADVOCACY

Strengthen public policy and advocacy to reduce and prevent injuries

STRATEGY	TIMEFRAME	LEAD(S)	PARTNERS	FUNDING IMPLICATIONS
6A. Establish legislation to institutionalize the IIPC as the statewide legislative and policy advocate	2006	IIPC	Injury prevention stakeholders	Requires funding
6B. Identify issues to be prioritized for a legislative /policy agenda.	2006	IIPC	Injury prevention stakeholders	Requires funding
6C. Develop position papers in support of the consensus legislative and policy agenda.	ongoing	IIPC	Injury prevention stakeholders	Requires Funding
6D. Develop a system to implement statewide advocacy initiatives in support of the prioritized legislative and policy agenda.	2006	IIPC	Injury prevention stakeholders	Requires funding

CONCLUSION AND CALL TO ACTION

Using This Document

This plan is the result of a collaborative effort, coordinated by the IIPC Strategic Plan Workgroup and the IVPP. A frequently asked question throughout the development of this plan was: “Where are the goals for each specific type of injury?” The Strategic Plan Workgroup realized at the outset that setting individual goals for each type of injury was not appropriate at this time because of the amount of work needed to achieve the five components of a comprehensive injury control program. Many other agencies and organizations are in place to address the various types of specific injuries. The need to clearly define the role of the Illinois Department of Public Health as the agency best suited to perform the functions inherent in the public health model was immediately seen as the needed first step. These functions are: assessing the extent of the problem, developing policies to address the problem, and assuring that effective interventions are implemented, often by other entities.

Role of the Illinois Injury Prevention Coalition

The goal of this strategic planning process and resulting plan is to provide overall direction and focus to IIPC and IVPP in the next five years, and to stimulate organizations, agencies, and community groups to collaborate on reducing or preventing injuries in Illinois. Through the dedicated efforts of its members, the IIPC identified a comprehensive set of goals, objectives, strategies, and actions that provide a framework for a statewide public health approach to injury prevention and control. Making this approach a reality will require continuing collaboration and commitment. There are important roles for all individuals and groups. The IIPC encompasses five committees whose main goals in the coming five years will be to utilize the plan as a working document to achieve the action steps. These committees and the goals they will address are:

Legislation and Policy	Goals one and six
Resource and Development	Goal two
Data and Research	Goal three
Education and Awareness	Goals four and five
Coalition Development	Goals four and five

The IIPC challenges everyone to identify ways to contribute to this important effort and to help transform the vision of this plan into reality.

Illinois Injury Prevention Strategic Plan Workgroup Members

Goal 1: Leadership

Lead IIPC Members

Janet Holden

Retired

Kathleen Monahan,

Children's Memorial Hospital of Chicago

Goal 2: Funding

Lead IIPC Members

Carolyn Broughton,

Illinois Department of Human Services

Jenifer Cartland

Children's Memorial Hospital of Chicago

Goal 3: Data Workgroup

Lead IIPC Members

Jenifer Cartland

Children's Memorial Hospital of Chicago

Evelyn Lyons

Illinois Department of Public Health

Other IIPC Members

Deb Lovik-Kuhlemeier

OSF St. Anthony's Medical Center,
Rockford

Sue Avila

John H. Stroger Jr., Hospital of Cook
County

Ad Hoc

Rich Forsee

Illinois Department of Public Health

Goal 4: Community Workgroup and

Goal 5: Knowledge Workgroup

Lead IIPC Members

Mary Kay Reed

Think First

Lynda Dawson

Illinois Association of School Boards

Other IIPC Members

St. John's Children's Hospital/Springfield
Poison Control Center

Nierada Avendano

Office of the State Fire Marshal

Jahari Piersol

Illinois Department of Transportation

William Hurst

Save A Life Foundation

Goal 6: Advocacy Workgroup

Lead IIPC Members

Diane Megahy

Retired

Geri Alten

Winnebago County Health Department

IDPH Staff

Jennifer Martin

Injury Prevention Coordinator

Mark Flotow and Gary Morgan

Center for Health Statistics

The following representatives **participated** in the strategic planning process:

Janet Holden	Retired, University of Illinois at Chicago, School of Public Health
Kathleen Monahan	Children's Memorial Hospital of Chicago
Jennifer Martin	Illinois Department of Public Health
Bob Aherin	University of Illinois at Urbana-Champaign
Geri Alten	Winnebago County Health Department
Nereida Avendano	Office of the State Fire Marshal, Division of Public Education
Sue Avila	John H. Stroger Jr., Hospital of Cook County
Angie Bailey	Jackson County Health Department
Sherry Barr	Illinois Department of Children and Family Services
Vernie Beorkrem	Illinois Family Violence Coordinating Council
Jessica Blackford	Office of the State Fire Marshal, Division of Public Education
Deb Bretag	Illinois Center for Violence Prevention
Carolyn Broughton	Illinois Department of Human Services
Karin Buchanan	Alexian Brothers Hospital
Jenifer Cartland	Children's Memorial Hospital of Chicago
Patrick Collier	Children's Hospital of Illinois, Peoria
Lynda Dautenhahn	Illinois Department of Public Health
Lynda Dawson	Illinois School Board Association
Lloyd Evans	Illinois Department of Public Health
Mark Flotow	Illinois Department of Public Health
Rich Forshee	Illinois Department of Public Health
Linda Forst	University of Illinois Chicago – School of Public Health
Lori Fuller	Children's Hospital of Illinois, Peoria
Doris Garrett	Illinois Department of Human Services
Debby Gerhardstein	Think First/Central DuPage Hospital
Marsha Gordon	Illinois Department of Human Services
Angela Hamm	Sangamon County Department of Public Health
William Hurst	Save A Life Foundation
Vicki Ingle	Phoenix Consultants, Inc.
Claude-Alix Jacob	Illinois Department of Public Health
David Johnson	Illinois Department of Children and Family Services
JoAnn Lamasters	St. John's Hospital, Springfield
Donna Lay	Office of the State Fire Marshal
Deb Lovik-Kuhlmeier	OSF St. Anthony Hospital, Rockford
Debra Lowe	Illinois Department of Children and Family Services
Cheryl Manus	Southern Seven Health Department
Diane Megahy	Retired
Patricia Moehring	Southern Seven Health Department
Darrell Patterson	Illinois Department of Public Health
Mary Ann Paulis	Illinois Department of Transportation
Jahari Piersol	Illinois Department of Transportation
Mary Kay Reed	Think First
Tiefu Shen	Illinois Department of Public Health
Bruce Steiner	Illinois Department of Public Health
Carrie Viehweg	Save A Life Foundation
Anupa Wijaya	Illinois Violence Prevention Authority
William Nelson	Lutheran General Children's Hospital
Christopher Wohltmann	Southern Illinois School of Medicine
Debi Yandell	OSF Saint Francis Medical Center, Peoria

Illinois Injury Data

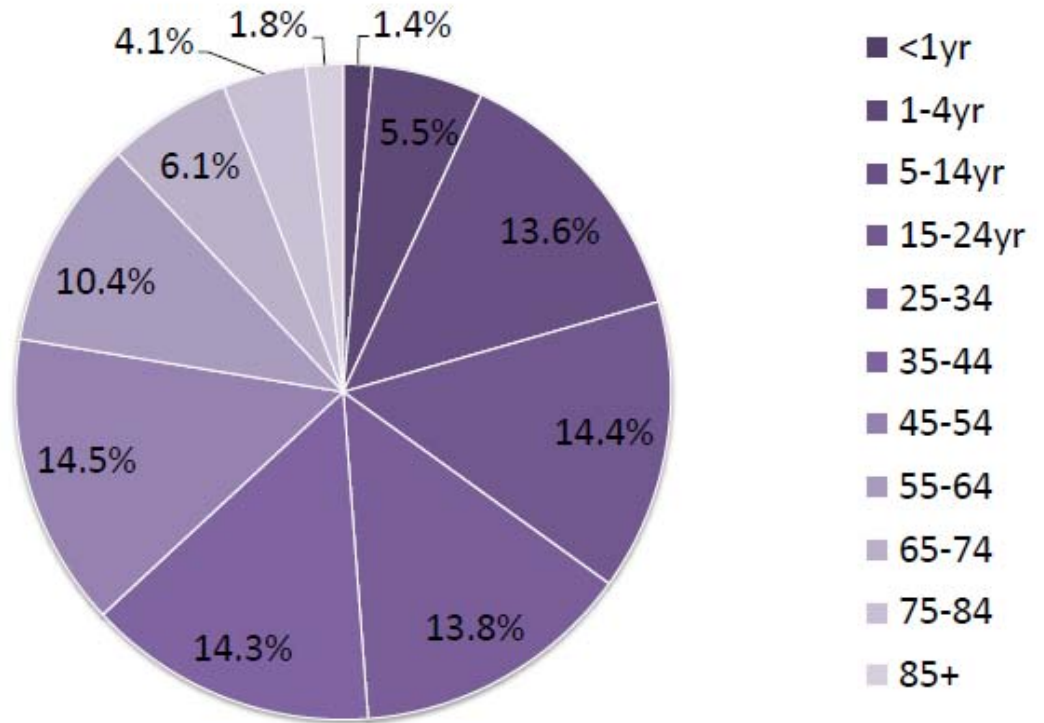
10 Leading Causes of Death, Illinois 2007, All Races, Both Sexes

		Age Groups									
Rank		1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Short Gestation 295	Unintentional Injury 55	Unintentional Injury 42	Unintentional Injury 54	Unintentional Injury 554	Unintentional Injury 504	Unintentional Injury 606	Malignant Neoplasms 2,137	Malignant Neoplasms 4,336	Heart Disease 20,578	Heart Disease 25,813
2	Congenital Anomalies 216	Congenital Anomalies 26	Malignant Neoplasms 14	Homicide 21	Homicide 309	Homicide 237	Malignant Neoplasms 559	Heart Disease 1,690	Heart Disease 2,770	Malignant Neoplasms 16,840	Malignant Neoplasms 24,115
3	Maternal Pregnancy Comp. 79	Homicide 17	Congenital Anomalies 9	Malignant Neoplasms 18	Suicide 164	Heart Disease 166	Heart Disease 525	Unintentional Injury 696	Diabetes Mellitus 443	Cerebrovascular 5,076	Cerebrovascular 5,864
4	SIDS 54	Malignant Neoplasms 14	Homicide 8	Congenital Anomalies 9	Malignant Neoplasms 57	Suicide 163	Suicide 222	Liver Disease 289	Chronic Low Respiratory Disease 436	Chronic Low Respiratory Disease 4,092	Chronic Low Respiratory Disease 4,742
5	Unintentional Injury 50	Heart Disease 9	Heart Disease 5	Suicide 9	Heart Disease 43	Malignant Neoplasms 135	Homicide 108	Cerebrovascular 264	Cerebrovascular 412	Alzheimer's Disease 2,692	Unintentional Injury 4,367
6	Placenta Cord Membranes 43	Septicemia 4	Chronic Low Respiratory Disease 3	Heart Disease 4	Influenza & Pneumonia 12	HIV 31	Liver Disease 108	Suicide 235	Unintentional Injury 396	Influenza & Pneumonia 2,207	Diabetes Mellitus 2,851
7	Respiratory Distress 31	Benign Neoplasms 3	Cerebrovascular 1	Influenza & Pneumonia 4	Congenital Anomalies 11	Congenital Anomalies 23	HIV 90	Diabetes Mellitus 209	Septicemia 272	Nephritis 2,127	Alzheimer's Disease 2,734
8	Neonatal Hemorrhage 30	Chronic Low Respiratory Disease 3	Perinatal Period 1	Benign Neoplasms 3	Septicemia 11	Diabetes Mellitus 23	Cerebrovascular 75	Chronic Low Respiratory Disease 150	Liver Disease 243	Diabetes Mellitus 2,097	Influenza & Pneumonia 2,550
9	Bacterial Sepsis 27	Influenza & Pneumonia 3	Pneumonitis 1	Aortic Aneurysm 2	Chronic Low Respiratory Disease 9	Cerebrovascular 22	Diabetes Mellitus 70	Nephritis 134	Nephritis 217	Septicemia 1,595	Nephritis 2,536
10	Circulatory System Disease 27	Three Tied 2		Septicemia 2	Diabetes Mellitus 8	Influenza & Pneumonia 22	Septicemia 55	Septicemia 130	Influenza & Pneumonia 158	Unintentional Injury 1,407	Septicemia 2,099

WISQARS™ Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

State Population Data, 2007

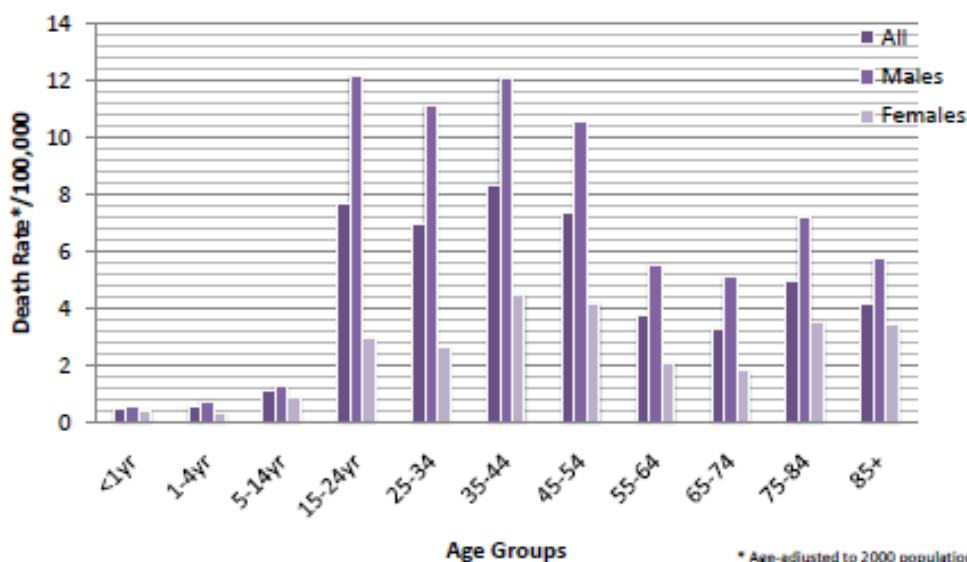
State Population Data, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

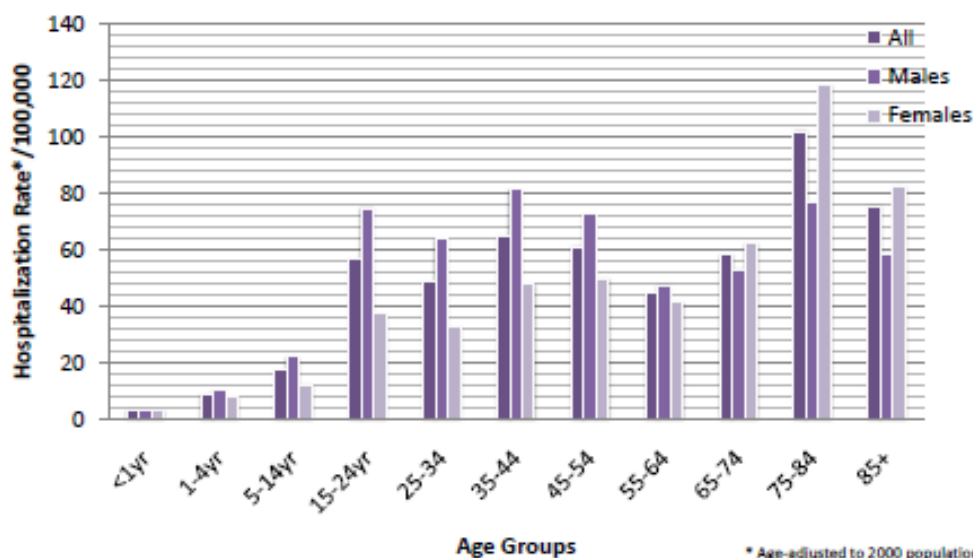
Injury-related Data, by Gender and Age, 2007

Injury Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

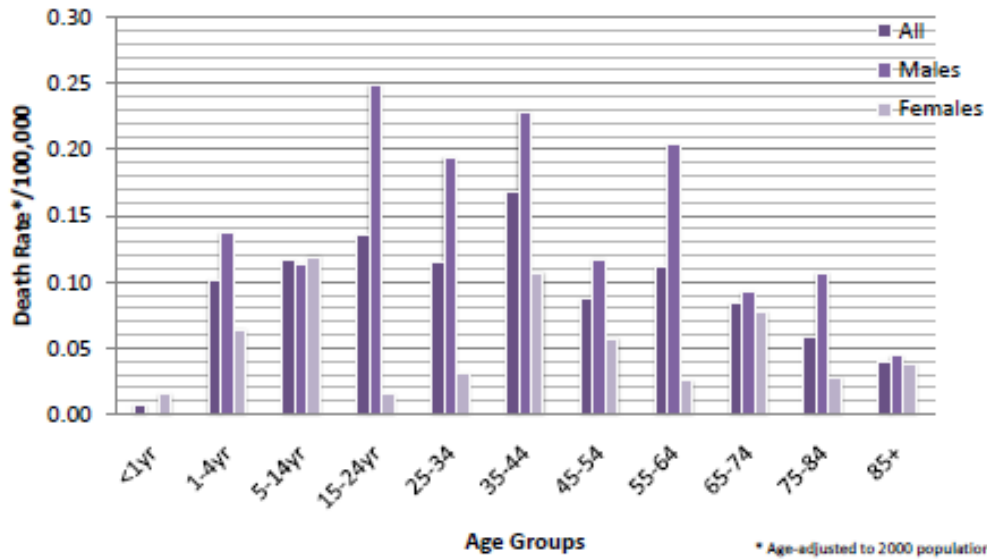
Hospitalization Rates* for All Injuries By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

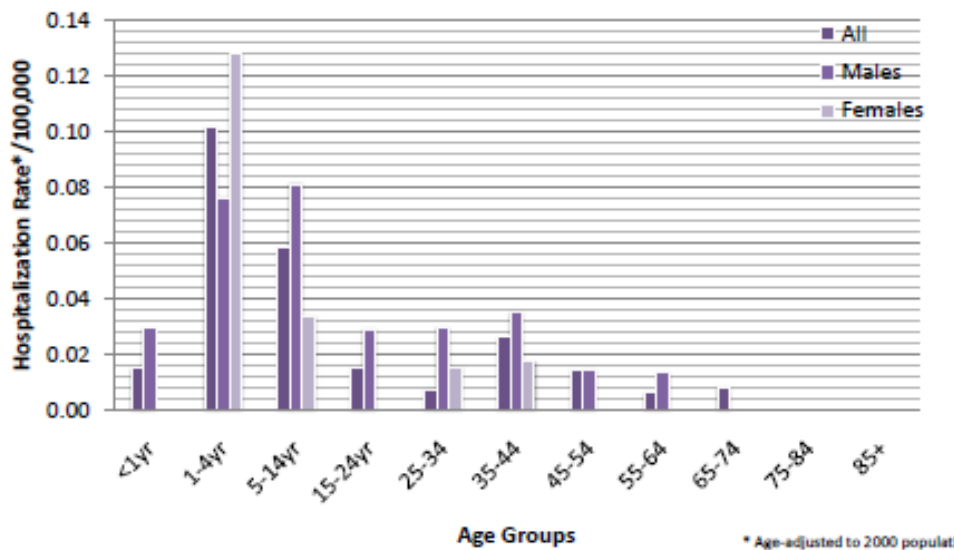
Unintentional Drowning Data, 2007

Unintentional Drowning Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

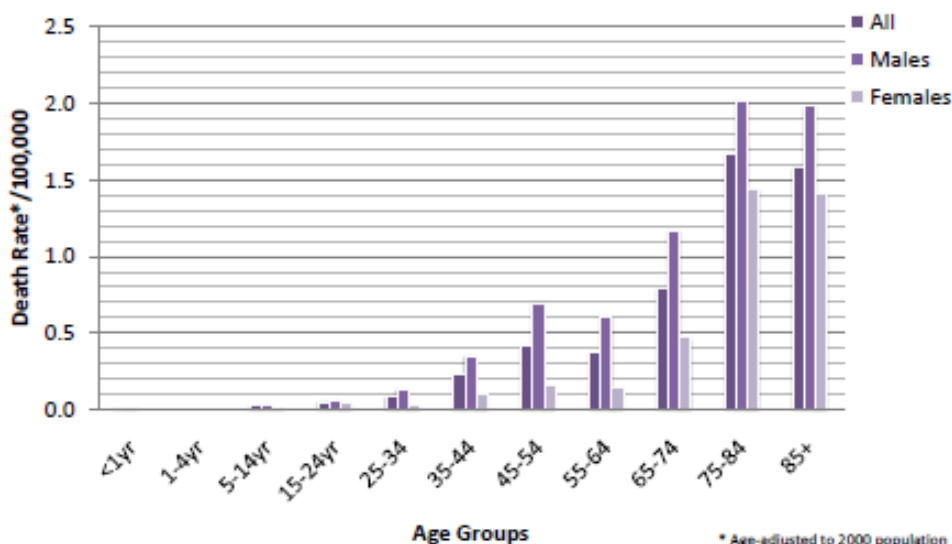
Drowning-Related Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

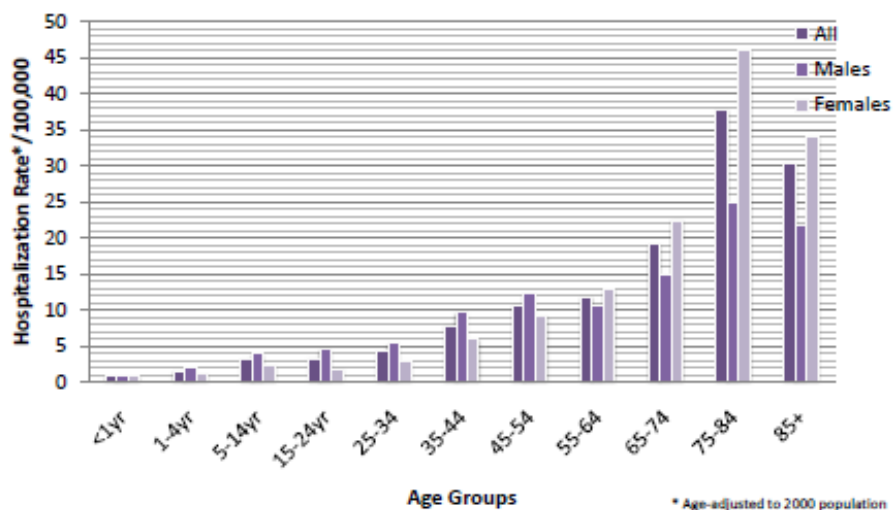
Unintentional Fall-related Data, 2007

Unintentional Fall-related Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

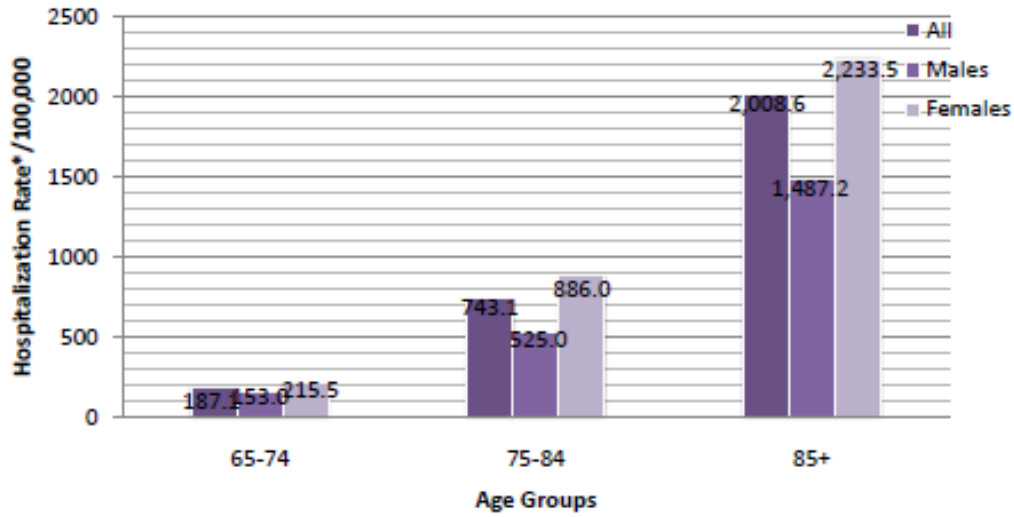
Unintentional Falls Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Hip Fracture Data, 2007

Hip Fractures Hospitalization Rates* in 65+ By Gender and Age, 2007

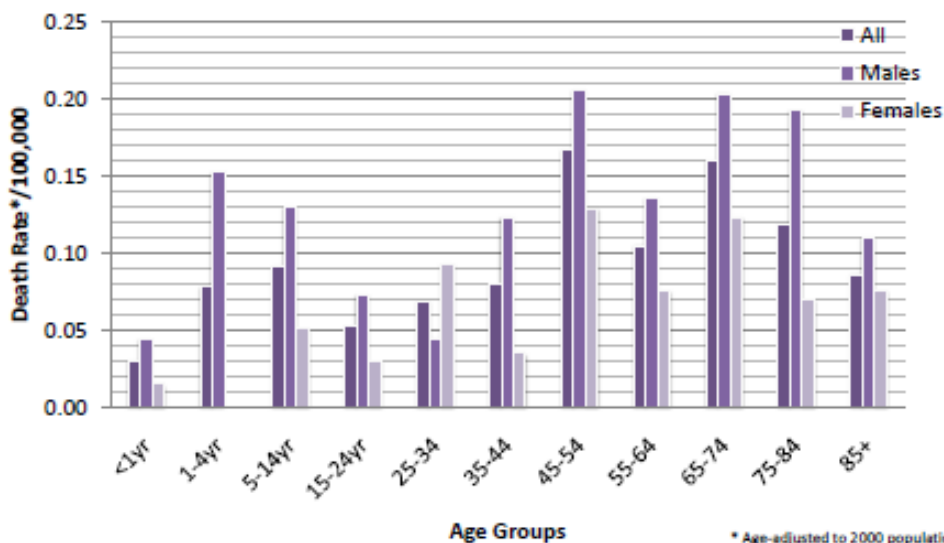


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

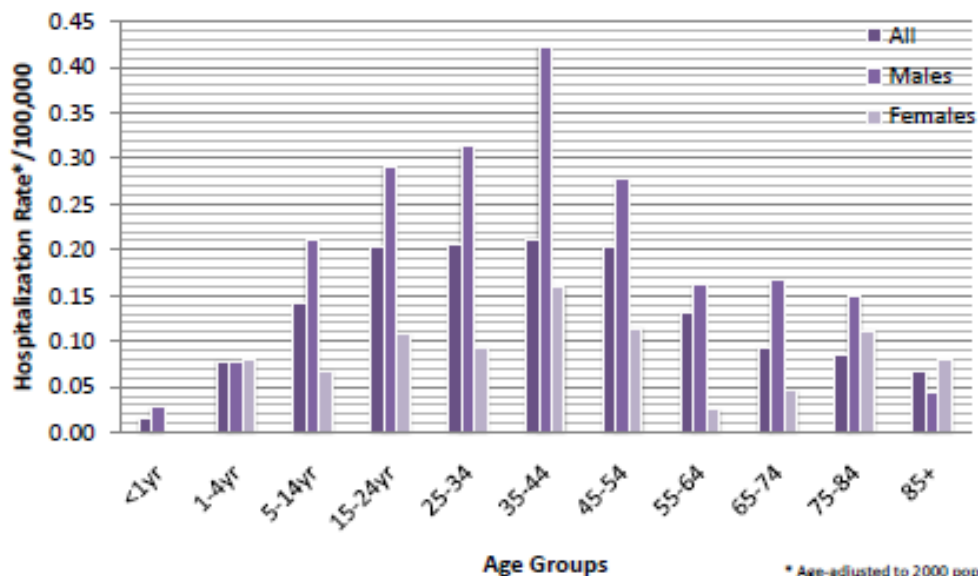
Unintentional Fire-Related Data, 2007

Unintentional Fire-Related Fatality* Rates By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

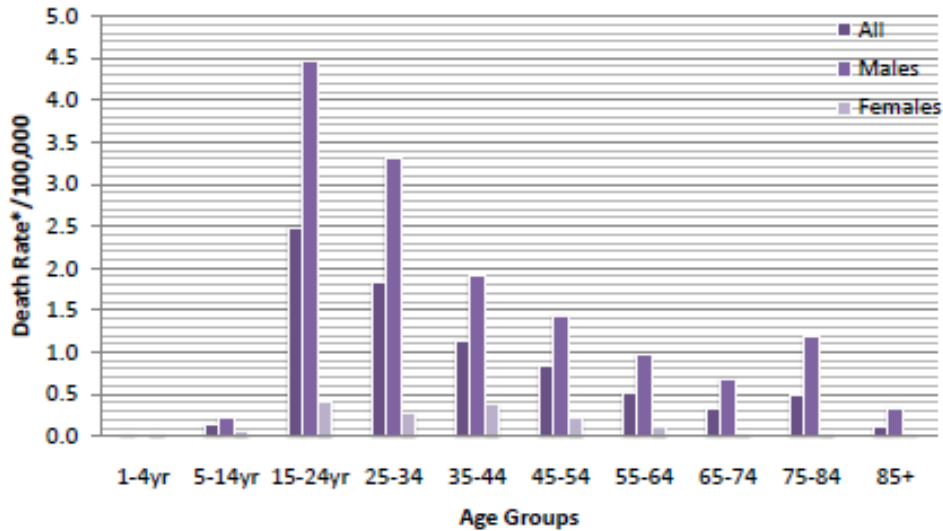
Unintentional Fire-Related Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Firearm-Related Data, 2007

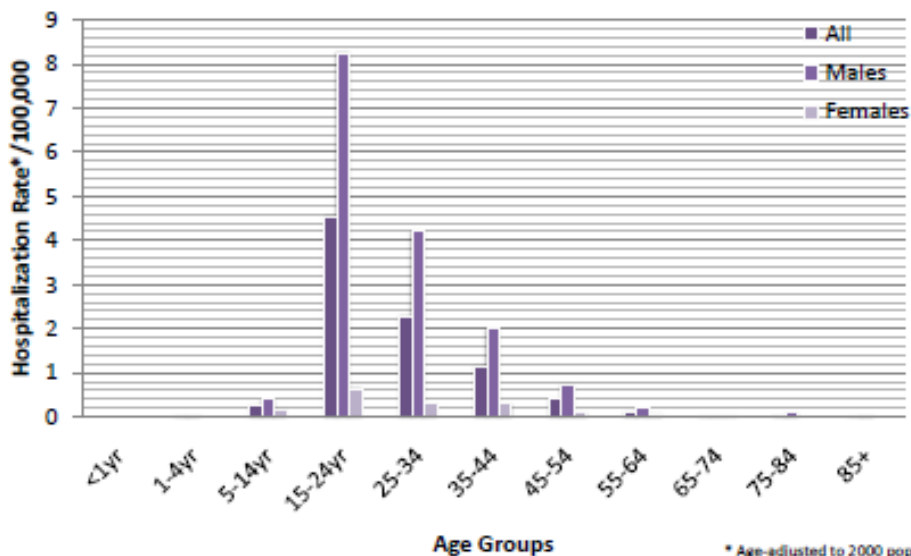
Firearm-Related Fatality Rates* By Gender and Age, 2007



* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Center for Health Statistics

Firearm-Related Hospitalization Rates* By Gender and Age, 2007

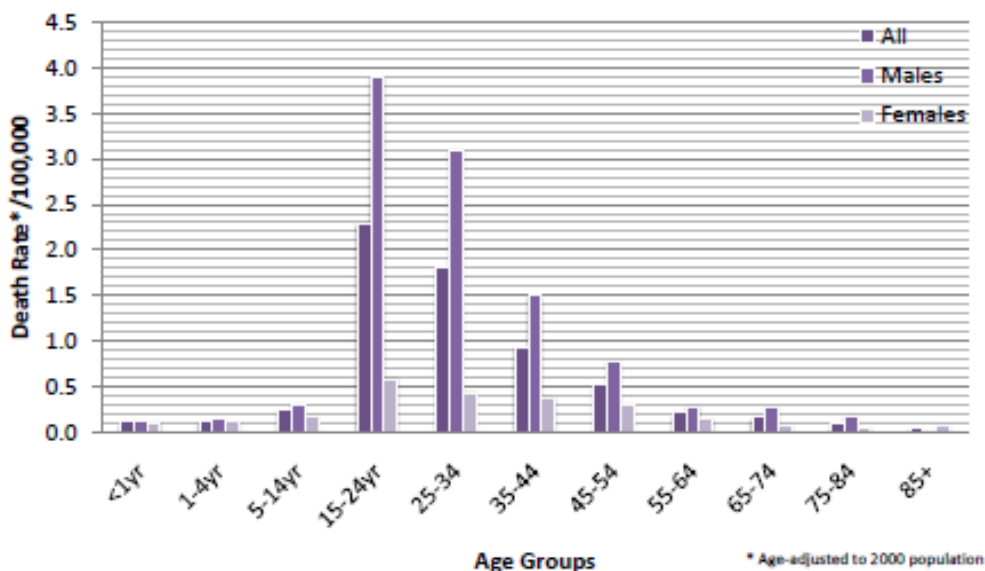


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

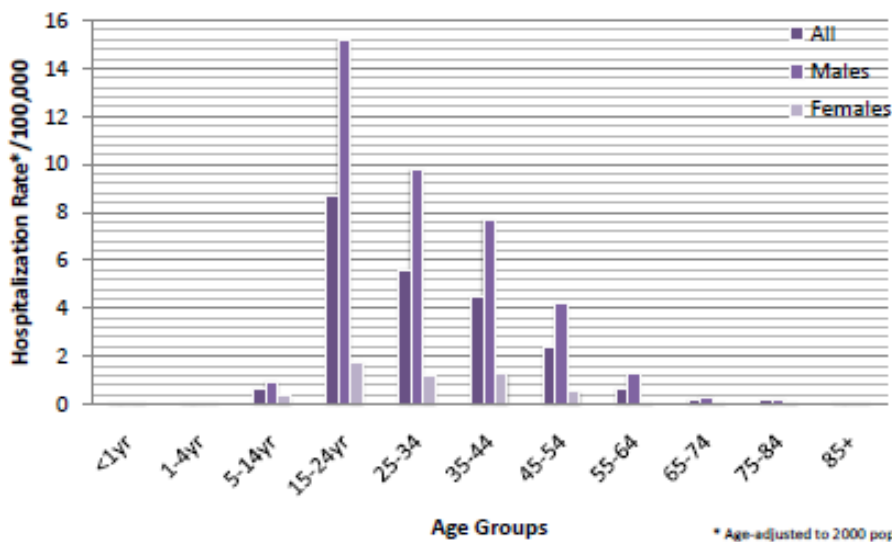
Homicide/Assault-Related Data, 2007

Homicide Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

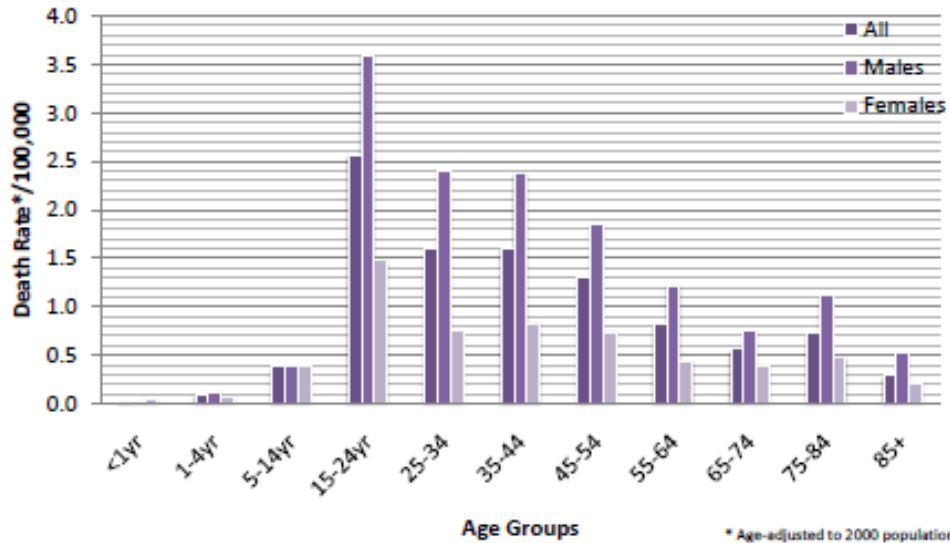
Assault-Related Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

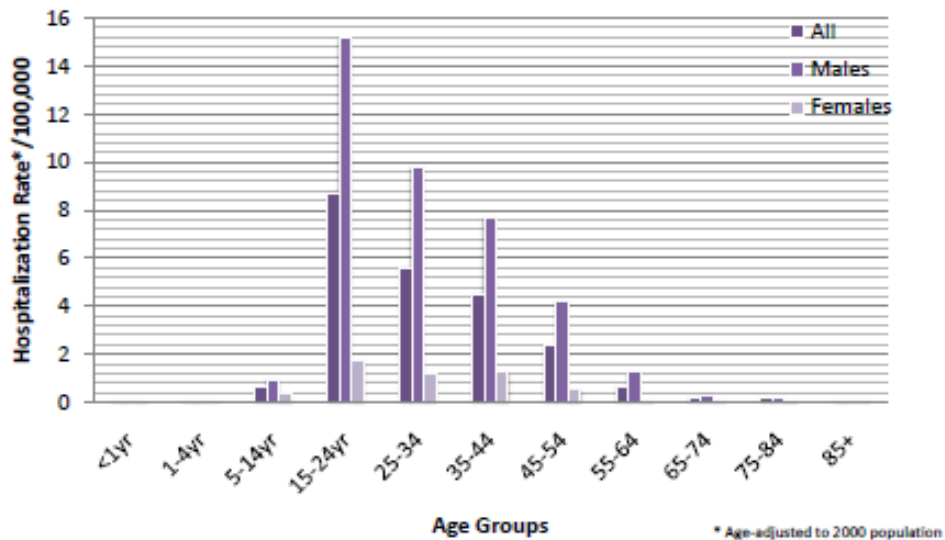
Motor Vehicle Traffic Data, 2007

Motor Vehicle Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

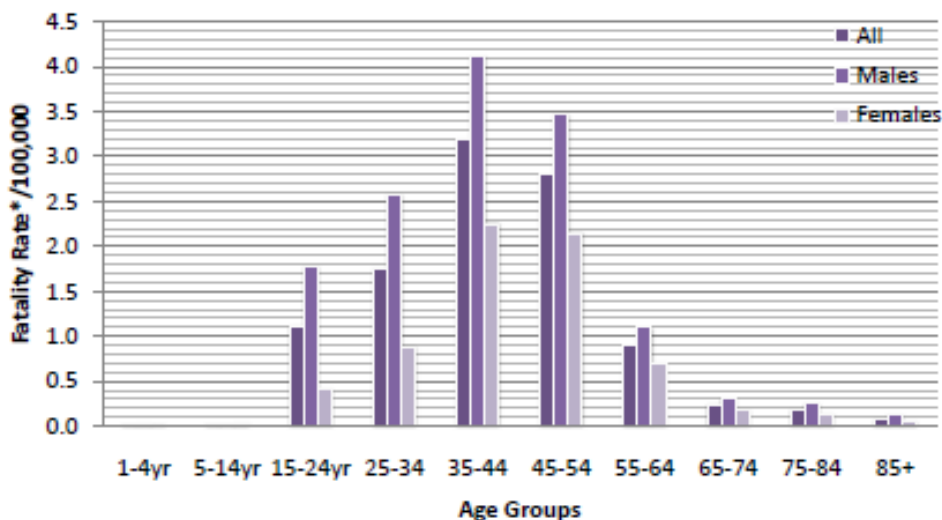
Motor Vehicle Traffic Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Poisoning Data, 2007

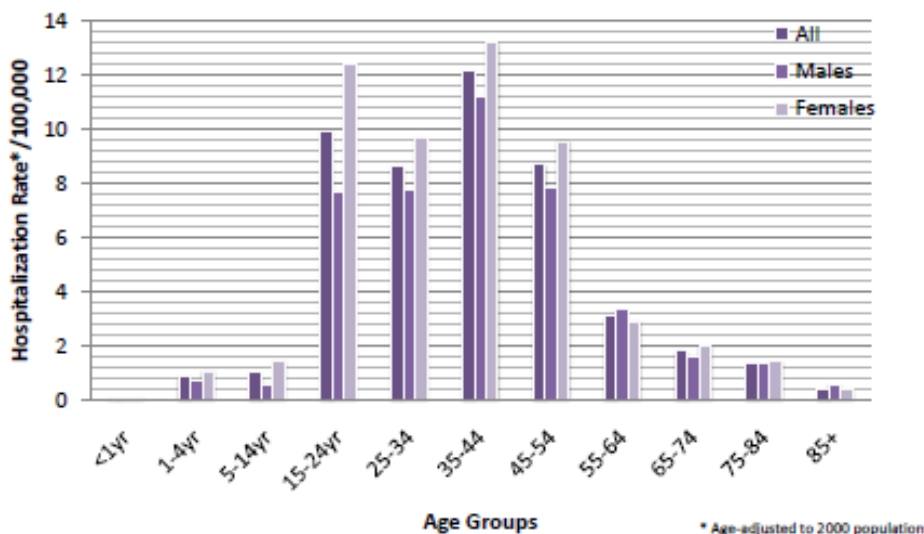
Poisoning Fatality Rates* By Gender and Age, 2007



* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Center for Health Statistics

Poisoning Hospitalization Rates* By Gender and Age, 2007

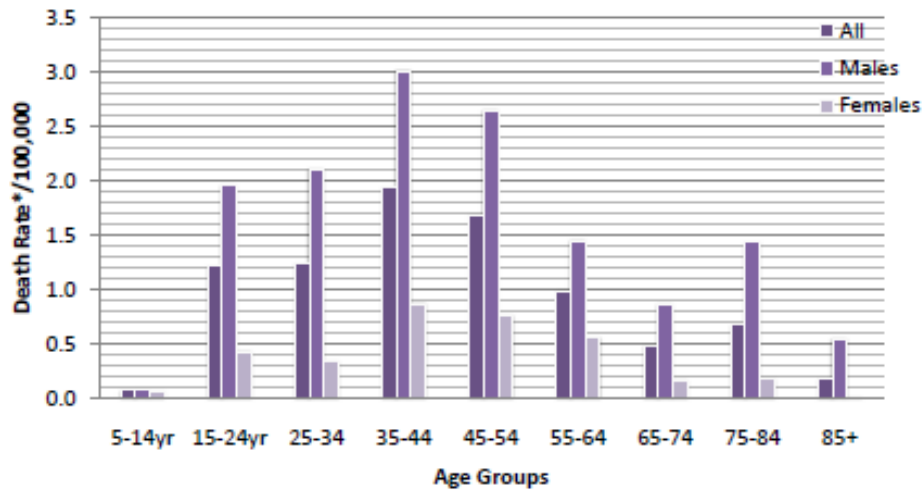


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Suicide Data, 2007

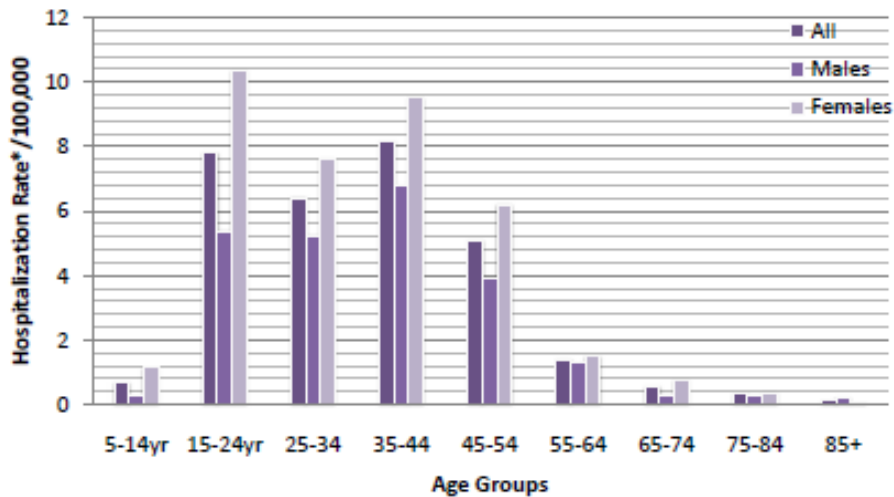
Suicide Fatality Rates* By Gender and Age, 2007



* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Center for Health Statistics

Suicide Attempt Hospitalization Rates* By Gender and Age, 2007

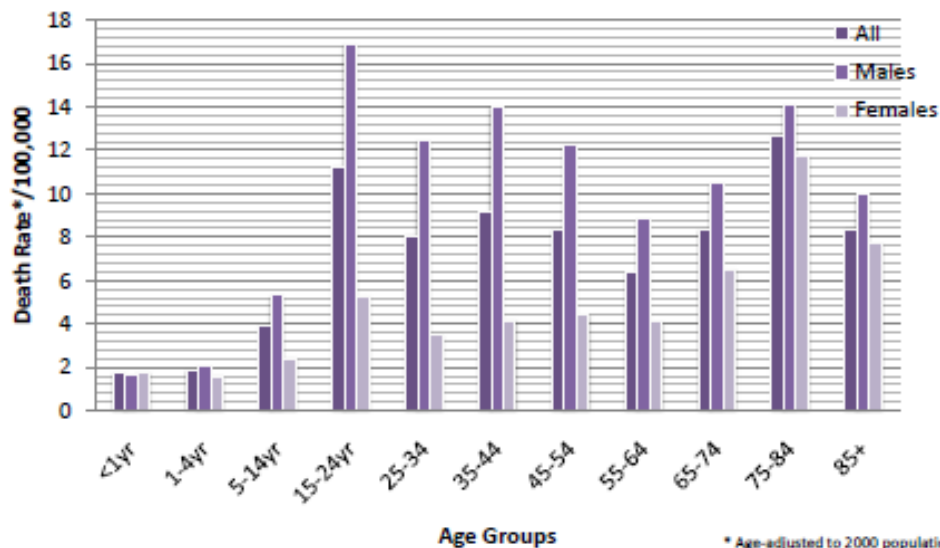


* Age-adjusted to 2000 population

Source: Illinois Department of Public Health, Division of Patient Safety and Quality

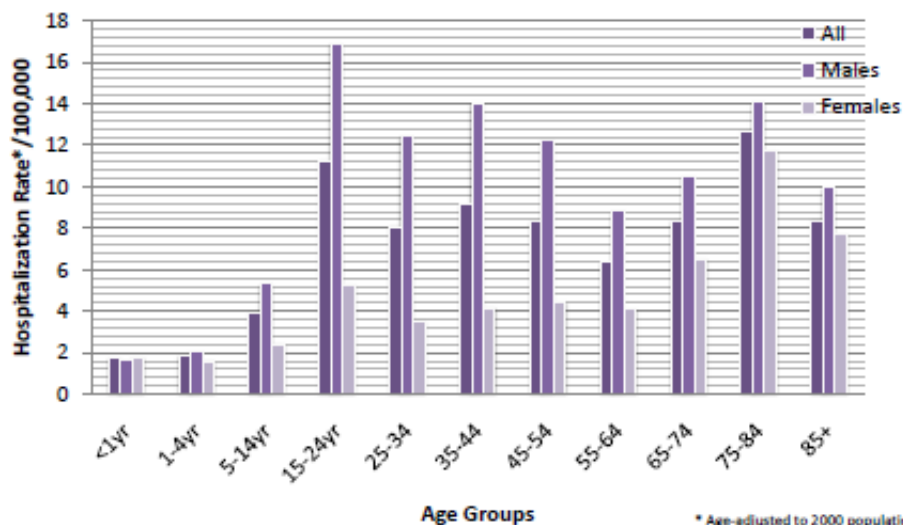
Traumatic Brain Injury Data, 2007

Traumatic Brain Injury Fatality Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Center for Health Statistics

Traumatic Brain Injury Hospitalization Rates* By Gender and Age, 2007



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

Copies of this plan are available from the
Illinois Department of Public Health
Injury and Violence Prevention Program
535 W. Jefferson St.
Springfield, IL 62761
217-785-2060
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www.idph.state.il.us/about/ohw.htm

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