

**Building for Strength: North Carolina’s Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012**

Since 2009, North Carolina has been working to implement its first five-year strategic plan, entitled *Building for Strength*. In the fall of 2011 through the winter of 2012, an evaluation of progress towards the plan’s objectives was undertaken by staff within the North Carolina Division of Public Health’s Injury and Violence Prevention Branch (IVPB) and Dr. Carolyn E. Crump and Mr. Robert J Letourneau, MPH, from the University of North Carolina at Chapel Hill (UNC) Gillings School of Global Public Health, Department of Health Behavior and Health Education/Injury Prevention Research Center. In this project, the UNC team conducted a stakeholder survey to review progress towards the objectives, a series of meetings with IVPB staff, and facilitated a one-day retreat to bring all stakeholders together to revise the plan’s original objectives. The process is described in detail in the document “North Carolina Injury & Violence Prevention Branch 2009-2014 Strategic Plan Review Project Final Report.”

The work of the 2009-2014 plan is carried out by groups known as goal teams. The original plan included six goals for preventing injuries and violence in North Carolina, around which 10 Goal Teams were formed (five cross-cutting and five specific to injury topics). The plan will continue its focus on the three leading causes of death from unintentional injury (motor vehicle crashes, poisoning, and falls), and the two leading causes of intentional injuries (suicide and homicide/assault). In the review process, one cross-cutting goal team, Research and Evaluation, was discontinued, leaving a total of nine goal teams.^a

^aThe Research and Evaluation goal team was disbanded because it was determined that research work was outside of the purview of the state’s plan for injury and violence prevention. Important partners in North Carolina injury and violence prevention work lead research efforts, notably, the University of North Carolina’s Injury Prevention Research Center. UNC IPRC serves on the State Advisory Council for Injury and Violence Prevention and informs the broader group about research initiatives as appropriate.

This addendum to *Building for Strength* outlines the revised objectives that the goal teams will follow for the remainder of the plan’s implementation (2012-2014). Each goal team’s objectives and action steps are formatted into a table that lists a completion date, who is responsible for the work, and the status of the objective in relation to the original plan. The following table provides a key to the Goal Team Tables.

Table 1. Key to the Goal Team Tables	
<i>Goal Team Numbers</i>	Each goal team is assigned a new number due to changes made in this review: 1. Data Goal Team 2. Policy and Supportive Messaging Goal Team 3. Preventing Motor Vehicle Crashes Goal Team 4. Unintentional Poisoning Prevention Goal Team 5. Falls Prevention Goal Team 6. Suicide Prevention Goal Team 7. Violence Prevention Goal Team 8. Building the Injury Prevention Community Goal Team 9. Workforce Development Goal Team
<i>Objectives</i>	Objectives are lettered with their goal team number (e.g., A, B, C...). Objectives are statements describing what will be done.
<i>Action Steps</i>	Action steps are numbered under objectives (e.g., 1, 2, 3...). If included, actions steps are numbered beneath the objective statement.
<i>Who is Responsible</i>	List of individuals or groups who are responsible for the objective
<i>Completion Date</i>	Date by which the overall objective is to be completed. In some cases, action steps below the objective have separate completion dates to outline the timeline towards achievement of the objective.
<i>Status</i>	Indicates if the objective is original, revised, or new in relation to the original plan and whether the objective is completed or ongoing.

Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012

1. Data and Surveillance Goal Team			
<i>Objective/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Convene the Data Goal Team for the State Strategic Plan to address gaps in existing data and data systems	9/2009	Data Goal Team (DGT)	Original, Completed
B. Conduct an assessment of existing data sources that contain injury and violence prevention information and create a data source list to post on the DPH IVPB Website.	8/2010	DGT	Original, Completed
C. Complete a Data Goal Team report with plans for closing data gaps, and methods for utilizing existing data to guide injury and violence prevention programs and policies at the state, regional and local levels.	3/2011	DGT	Original, Completed
D. Identify and document data gaps that impact the ability to do injury surveillance and planning for injury prevention 1. Evaluate data resource list to identify gaps in data. 2. Utilize goal teams to better understand needs in the five focus areas (MVC, falls, poisoning, homicide/assault, and suicide) 3. Analyze information from the injury priority goal teams and document data needs in these areas. 4. Submit draft gap document for review to the SAC and to NC HIT office.	12/2012	DGT	Revised, Ongoing
E. Collaborate with the Building Community Goal Team to determine how to best use data at the state and local level	4/2012	DGT	Revised, Ongoing
F. Work with Building Community Goal Team to ensure communications plan is developed and includes strategies to promote use of data by goal teams to meet their objectives, and to promote the use of data by injury prevention professionals.	8/2012	DGT	New, Ongoing
G. Complete a DGT report with methods for utilizing data to guide injury and violence prevention programs and policies at the state, regional, and local levels.	6/2013	DGT	New, Ongoing
H. Identify an agency to take responsibility for web-enabling and annually updating the data inventory (by 12/14)	12/2014	DGT	New, Ongoing

2. Policy and Supportive Messaging Goal Team (Formerly Messaging, Policy and Environmental Change)			
<i>Objective/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Support policy and related messaging efforts of the State Advisory Council and its Goal Teams. 1. Create context and craft an opening sentence for injury and violence prevention "elevator speech" (By 10/2012) 2. Create and disseminate information about current and prospective substantive policy agenda items to SAC members and partners. (Ongoing) 3. Seek information about policy needs from issue-specific goal teams and provide assistance. (Ongoing)	12/2014	Policy and Supportive Messaging GT PSMGT	Revised, Ongoing
B. Develop and utilize an injury and violence prevention stakeholders network that includes issue-specific champions. 1. Support identification of and help recruit individuals and organizations, including nonprofit organizations, to serve as champions in the stakeholder network. (Ongoing)	12/2014	PSMGT, Building Community Goal Team (BCGT)	Revised, Ongoing

Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012

2. Policy and Supportive Messaging Goal Team (Formerly Messaging, Policy and Environmental Change)			
<i>Objective/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
2. Support creation and expansion of a listserv or other mechanism to foster network communication (ongoing)			
C. Assist in the development of a three year substantive policy agenda for injury and violence prevention. (8 months prior to long session)	8 months prior to legislative long session	PSMGT	Original, Ongoing
D. Track introduction, hearings, and passage or defeat of bills related to funding, substantive, or administrative policy that effect injury and violence prevention.	Ongoing	NC DPH, CFTF	New, Ongoing
E. Work with the National Center for Injury Prevention and Control at the CDC, the Children's Safety Network, social marketing professionals in the NC DPH, and universities to reframe traditional prevention messages into messages that will better inform the public and public health professionals that injuries and violence are preventable through societal-level interventions.	12/2014	NC DPH, IVP-SAC	Revised, Ongoing

3. Preventing Motor Vehicle Crashes Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Reduce DWI by: 1. Obtaining morbidity data (by 12/2012) 2. Working with partners to encourage increased enforcement and conviction rates (ongoing) 3. Exploring possibility of creating a media campaign (ongoing) 4. Developing policy recommendations addressing improvements, specifically, to require interlock installation within two weeks of being charged with DWI, and reducing the time the court system takes to process DWI cases. (by 9/2012)	12/2014	Motor vehicle crash goal team (MVCGT), PSMGT, BCGT, DOT, FTA, CFTF	New, Ongoing
B. Reframe speed as a public health problem by: 1. Pursuing resources to develop a media campaign highlighting the public health burden of speed that focuses on high risk areas and populations such as school and work zones. (ongoing) 2. Including resources for evaluation of efforts and ensuring promotion of results that demonstrate effectiveness or changes needed to achieve effectiveness (ongoing) 3. Developing policy recommendations around use of speed cameras in school and work zones (by 5/2012)	12/2014	MVCGT, PSMGT, BCGT, DPH, DOT, CFTF, IPRC, HSRC, other partners a needed	New, Ongoing
C. Focus on reducing teen driver crashes by: 1. Developing and disseminating county-specific crash profiles for teen drivers through stakeholder networks and other appropriate avenues (by 8/2013) 2. Using the CDC message reframing process to develop tested messages around teen driving (by 12/2013) 3. Supporting evaluation efforts of teen driving safety programs that are currently happening at the county level (i.e. Johnston County) and disseminating findings (ongoing) 4. Developing policy recommendations around increasing the	12/2014	MVCGT, PSMGT, DPH, DOT, CFTF, JoCo Teen Drivers, HSRC, other partners a needed	New, Ongoing

Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012

3. Preventing Motor Vehicle Crashes Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
minimum age for completion of Level II of GDL to 16.5 year of age and enhancements to drivers education programs in the state that show promise of addressing the problem (by 5/2012)			
D. Improve safety for motorcyclists by: <ol style="list-style-type: none"> 1. Creating a document outlining the problem of motorcycle injury in NC using linked crash, EMS, Emergency Department, and hospital discharge data. (by 11/2013) 2. Promoting the benefits of North Carolina's current motorcycle helmet law in lives saved, brain and other injuries prevented, and money saved. (ongoing) 3. Evaluating motorcycle safety courses and using the findings to develop policy recommendations for enhancement to the course (by 5/2014) 	12/2014	MVCGT, PSMGT, BCGT, DPH, DOT, CFTF, Brain Injury Association, IPRC, HSRC, other partners a needed	New, Ongoing
E. Strengthen occupant protection by: <ol style="list-style-type: none"> 1. Identifying resources to support audience research with law enforcement officers to create messages that can help build support for policy changes (ongoing) 2. Creating a fact sheet outlining safety benefits of primary enforcement and higher fines (by 8/2012) 3. Developing policy recommendations that call for primary enforcement for all positions, and increasing fines for all positions to \$100 (by 5/2012) 	12/2014	MVCGT, PSMGT, DPH, DOT, CFTF, NC Highway Patrol, Brain Injury Association, IPRC, HSRC, other partners a needed	New, Ongoing

4. Unintentional Poisoning Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Serve as the state resource to facilitate collaboration, communication, research, and public health policy around poisonings <ol style="list-style-type: none"> 1. Identify and appoint appropriate members to serve on this goal team (Yearly Q1) 2. Identify ad hoc members representing treatment, pharmacy, health care providers, etc (Yearly Q1) 3. Establish a central repository of study findings, for local, state and national use (by fall 2012) 4. Continue to utilize all data sources available (ie CSRS, NC DETECT, etc) for surveillance purposes. (Ongoing- each quarter as data) 5. Recommend and suggest focus areas in terms of policy development, data, coordination, prevention interventions, training and program evaluation. (Quarterly) 6. Validate coding, recommend potential changes and 	Ongoing	IVPB, Division of Mental Health, Office of the Chief Medical Examiner, Carolinas Poison Center, Law Enforcement, and others	Revised, Ongoing

**Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012**

4. Unintentional Poisoning Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
disseminate to health professionals (Yearly)			
B. Promote best-practices and evidence-based programs around unintentional poisonings to three key groups: 1) prescribers 2) consumers and 3) public policy makers. 1. Identify champions within these three groups (Q1) 2. Ensure evidence-based practices are disseminated (Q4) 3. Develop educational tools aimed at three groups (ongoing) 4. Target educational efforts around data (ongoing) 5. Encourage program evaluation of all existing efforts. (ongoing)	Ongoing	UPGT	Revised, Ongoing
C. Support law enforcement infrastructure to prevent illegal distribution and use of controlled medications. 1. Work with SBI to provide best available resources (ongoing)	Ongoing	UPGT, SBI	New, Ongoing
D. Increase coordination between SAC poisoning Goal Team and other SAC Goal Teams. 1. Share meeting notes and documents with other Goal Team chairs (ongoing)	Ongoing	UPGT	New, Ongoing

5. Unintentional Falls Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Build and strengthen regional/local falls prevention (FP) coalitions. 1. Establish periodic conference calls with the regional/local coalitions to exchange ideas and information and provide technical assistance. (periodic) 2. Hold a falls prevention symposium if funding and resources are available. (by 12/2013) 3. Establish at least two additional FP coalitions in the state. (by 12/2013)	12/2013	NC Falls Prevention Coalition (NCFPC) Steering Committee (SC) and Local Coalitions (LC)	New, Ongoing
B. Develop and disseminate evidence based falls prevention programs. 1. Within three months of new falls data becoming available from the State Center for Health Statistics, compile the data and upload it on the NC Division of Public Health's website. The link will be promoted on the NC Falls Prevention website and to regional/local FP coalitions through listservs. (Annually) 2. Create a data highlights newsletter. (Annually) 3. Provide training to local coalitions or lead agencies on where data can be found and what it means; conduct the training via webinar. (Annually) 4. Obtain and publish data to website regarding falls prevention capacity in each county/community. (Ongoing) 5. Promote better coding of falls data and data linkages between systems, such as emergency department data, EMS, and hospital	12/2013	NCFPC, UNC IOA, NC DOA, AAAs, NCFPC Provider Education Workgroup (WG2), CGEC, NC DPH, CGEC, SC, Be Active North Carolina	New, Ongoing

**Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012**

5. Unintentional Falls Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
discharge. (Throughout funding cycle of IVPB's CDC Surveillances Quality Improvement Project (2010-2015)).			
<p>C. Increase access, timeliness and understanding of falls prevention data.</p> <ol style="list-style-type: none"> 1. Within three months of new falls data becoming available from the State Center for Health Statistics, compile the data and upload it on the NC Division of Public Health's website. The link will be promoted on the NC Falls Prevention website and to regional/local FP coalitions through listservs. (Annually) 2. Create a falls data highlights newsletter. (Annually) 3. Provide training to local coalitions or lead agencies on where data can be found and what it means; conduct the training via webinar. (by 12/2013) 4. Obtain and publish data to website regarding falls prevention capacity in each county/community. (Annually) 5. Throughout funding cycle of IVPB's CDC Surveillances Quality Improvement Project (2010-2015), promote better coding of falls data and data linkages between systems, such as emergency department data, EMS, and hospital discharge. 	12/2013	NC IVPB, SC, NCFPC WG2, UNC IOA, CGEC	New, Ongoing
<p>D. Ensure that each community or county has an array of resources essential for falls prevention.</p> <ol style="list-style-type: none"> 1. Recommend that each community complete capacity assessment and set concrete goals for filling gaps. (Annually) 2. Hold conference calls as a venue for sharing ideas and information. (Ongoing) 3. Update and promote FP coalition website. (Ongoing) 4. Write and promote success stories. (Ongoing) 	12/2013	SC, LCs, UNC IOA, CGEC, NC IVPB	New, Ongoing
<p>E. Educate and communicate with key constituencies about falls prevention.</p> <ol style="list-style-type: none"> 1. Educate providers about available reimbursement for fall prevention assessments/activities, the STEADI tool, and the availability of community programs. (By 8/2012) 2. Develop and disseminate educational materials to at least one new discipline or group, e.g., Certified Aging in Place Specialists, EMS, etc. (Annually) 3. Promote the Falls Prevention Speakers Bureau. (Ongoing) 4. Speak to key stakeholder groups that focus on or are interested in older adult health. (Twice per year) 5. Increase number and diversity of organizations and communities observing Falls Prevention Awareness Week (FPAW). (Annually) 6. Conduct FPAW survey of NC Falls Prevention Coalition, local/regional falls prevention coalition members, and others who observed FPAW. (Annually) 7. Promote FPAW. (Ongoing) 8. Begin work on FPAW by April of each year; prompt FPC members to start planning. (April of each year) 9. Obtain Governor's Proclamation for FPAW. (Annually by July 21) 10. Promote NCOA FPAW materials (Annually) 11. Engage Brad Allen (NC FP spokesperson) (By 7/2012) 	12/2013	NCFPC, NC IVPB, CGEC, LCs, SC, NCFPC Policy and Communication Workgroup (WG1), IOA	New, Ongoing

**Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012**

5. Unintentional Falls Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
12. Create a portfolio/family of products that reflect the work of the Coalition. Examples include the following: fact sheets, list of accomplishments, brochure, FP education and policy slide sets, FPAW proclamations, newspaper coverage, assessment guide, FPAW information and resources, falls policy document created by Capstone students, handouts with county level data, solicit input from coalition members for other products, walkability audits, PSAs. (By 1/2013) 13. Collect and disseminate information about FP funding that is available. (Ongoing) 14. Encourage members to forward information to the Coalition about funding opportunities. (Ongoing) 15. Post funding opportunities on the website. (Ongoing)			
F. Cultivate relationships with key new partners in NC. 1. Create conflict of interest policy and promote to statewide and local coalitions to ensure for-profit member roles are understood. (By 6/2012) 2. Solicit new coalition members. (Ongoing) 3. Encourage businesses to become members or contributors of the coalition. (Ongoing)	12/2013	NCFPC, SC, LCs, NCFPC WG1	New, Ongoing
G. Use policy as a prevention tool. 1. Create a policy agenda, including statewide legislative policy actions; use the NCOA policy toolkit for guidance. (By 9/2012) 2. Engage targeted stakeholders to include falls prevention in their organizational plans. (Ongoing) 3. Align NC FPC objectives with other statewide plans relevant to falls prevention (Healthy North Carolina 2020, State Aging Services Plan, Injury and Violence Prevention State Strategic Plan). (Ongoing) 4. Explore organizational-level policy changes that may prevent falls, such as in assisted living facilities or hospitals. (Ongoing) 5. Develop falls prevention advocates by providing them data, marketing materials, and connecting them to appropriate networks. (Ongoing)	Ongoing	NCFPC, NC IVPB, WG1, SC, IOA, CGEC, NC IVPB, NC DOA, LCs	New, Ongoing

6. Suicide Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Use Garrett Lee Smith funds from SAMHSA to implement suicide prevention training for school staff within counties of high military concentration, providers of services to National Guard families, staff of Centers for Prevention Resources and juvenile justice staff. Training will include two-day ASIST gatekeeper workshops, half-day SafeTALK gatekeeper workshops, Lifelines curriculum and Lifelines Postvention for 1,200 staff in these systems across the state.	7/2014	Suicide Prevention Goal Team (SPGT) IVPB YSP, DMH/DD/SAS	Revised, Ongoing

Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012

6. Suicide Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
B. Maintain a Youth Suicide Prevention Communications Campaign using GLS funds from SAMHSA.	7/2014	SPGT, IVPB YSP, DMH/DD/SAS	Revised, Ongoing
C. Develop a collaboration plan with NC Veterans Affairs staff and the state's National Guard to support existing efforts of military to prevent suicide within the military and among military families and civilian communities.	9/2014	SPGT, IVPB YSP, DMH/DD/SAS	Revised, Ongoing
D. Create a network of suicide prevention, intervention and postvention providers by identifying programs that exist state-wide.	7/2014	SPGT, IVPB YSP, DMH/DD/SAS	New, Ongoing
E. Develop an on-line postvention curriculum that is free and accessible to educational institutions incorporating the policies and practices of the Division of Mental Health, the Division of Public Health and the Department of Public Instruction. (12/11-7/14)	7/2014	SPGT, IVPB YSP, DMH/DD/SAS	New, Ongoing

7. Violence Prevention Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Establish a non-fatal violence data collection inventory (state level data/ national level data) that captures and links morbidity information from multiple sources to inform programs, practices, policies and evaluation related to child maltreatment (physical and sexual abuse and neglect), IPV, SV, and youth violence (violence and nonviolent offenders are defined differently).	8/2013	Violence Prevention Goal Team (VPGT) and stakeholders from suicide, youth violence, child maltreatment intimate partner violence (IPV) and sexual violence (SV)	Revised, Ongoing
B. Use NCVDRS data to identify and support two communities with high rates of violence or significant disparities in violence rates to better utilize available data to inform prevention efforts and support the implementation of effective and comprehensive prevention programs. This will include providing data on risk and protective factors, promising and evidenced based curricula, technical assistance, and support around conducting community assessments and/or interpreting existing community assessments to inform prevention efforts.	8/2014	VPGT, and stakeholders from suicide, youth violence, child maltreatment IPV, and SV	Revised, Ongoing
C. Increase knowledge/awareness and use of evidence based promising practices for violence prevention	Ongoing	VPGT, and stakeholders from suicide, youth violence, child maltreatment IPV, and SV	Revised, Ongoing
D. Collect relevant definitions and terms including descriptions of forms of violence to inform policies, practices, and programs at the state and local levels.	8/2012	VPGT, and stakeholders from suicide, youth	Original, Ongoing

**Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012**

		violence, child maltreatment IPV, and SV	
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8. Building the Injury Prevention Community Goal Teams			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Create a preliminary database of injury and violence prevention stakeholders in NC and the local and state level with the who, what, when, and where for each stakeholder compiled in an electronic resource list to be developed and updated annually, and made accessible to the public.	Ongoing	IVPB	Revised, Ongoing
B. Work with the Workforce Development Goal Team to determine the feasibility of hosting an IVP symposium in NC to provide further opportunities for professional networking, garner attention for significant injury and violence prevention issues in NC and provide a professional development opportunity to stakeholders and others involved in the IVP work	Ongoing	IVPB, Workforce Development Goal Team (WDGT)	Original, Ongoing
C. Support the Workforce Development Goal Team, particularly around its work to hold annual trainings by providing time at the annual conference to present their work, and assist with identification of training participants in local communities.	Ongoing	BCGT, WDGT	New, Ongoing
D. Create an Injury Prevention Basics web page on the www.injuryfreenc@dhhs.nc.gov site that outlines 1) What injury and violence prevention is 2) List of partners in the state involved in injury and violence prevention 3) Competencies for injury and violence prevention professionals (Safe States) 4) Standards for local health departments (NAACHO). (12/2012)	8/2012	IVPB, BCGT	New, Ongoing
E. Collect news information and share with the Injury and Violence Prevention Branch to include in a newsletter sent to the stakeholder list at least four times per year.	Ongoing	BCGT, IVP-SAC	New, Ongoing
F. Develop and disseminate a communications plan for injury and violence prevention that includes consistent language for all stakeholders to use when communicating about injury and violence prevention for individual level interventions.	8/2013	BCGT, IVPB	New, Ongoing
G. Establish webinar and conference call capabilities that are available for use by injury and violence prevention partners working to implement the strategic plan	12/2012	IVPB	New, Ongoing

9. Workforce Development Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
A. Survey injury and violence prevention professionals throughout NC to assess training needs.	6/2010	WDGT	Original, Complete
B. Disseminate summary findings of the 2011 Workforce Needs Assessment to key groups in North Carolina.	3/2012	WDGT	Original, Complete
C. Establish an annual Prevention Academy in North Carolina for professionals to enhance their knowledge and practice of the Injury	Annually	WDGT, IVPB, IPRC	New, Ongoing

**Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012**

9. Workforce Development Goal Team			
<i>Objectives/Action Steps</i>	<i>Completion Date</i>	<i>Who is Responsible</i>	<i>Status</i>
and Violence Prevention Core Competencies. 1. Identify topics and recruitment strategies. (March 2012) 2. Establish and implement recruitment process (March 2012) 3. Develop kick-off presentation (April 2012) 4. Identify coaches and faculty (June 2012) 5. Finalize curriculum for 1 st half of Academy (July 2012) 6. Recruit teams (June 2012) 7. Hold 1 st half of Academy (by October 2012) 8. Hold 2 nd half of Academy (by May 2013) 9. Revise action steps and repeat for subsequent cohorts (April 2013)			
D. Facilitate at least one presentation by Academy graduate teams at future injury and violence prevention and other conferences within their professional groups statewide within one year of graduation.	Annually	WDGT, BCGT, IVPB, IPRC	New, Ongoing
E. Lay a foundation that will facilitate integration of injury and violence prevention into nursing and medical school curricula.	12/2014	WDGT	New, Ongoing

Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012

Progress to Date:

The original plan included a focus on the three leading causes of death from unintentional injury (motor vehicle crashes, poisoning, and falls), and the two leading causes of intentional injuries (suicide and homicide/assault). The goal of the plan was to reduce the rates of death and injury from the leading causes of injury and violence by 15% over the five-year period of the plan.

When the plan was written in 2009, baseline data for deaths and injuries was not yet available. Baseline information is now available, as well as one additional year of data. Below you will find the change in rates (per 100,000 population) for deaths and emergency department (ED) visits for the five leading causes of injuries and violence. Data are included for 2007 and 2008 to show the trend over a four year period. The Baseline column (2009) is the year the plan was enacted and the Year One column (2010) shows injury rates after one year of the plan being in place. The overall change in death rates from baseline to year one was (minus) -4.4, and (minus) -0.8 for ED visits.

Deaths	Rates Prior to State Plan				Baseline		Year One		% Change in Rate 2009->2010
	2007		2008		2009		2010		
Year	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
Unintentional MVC	1,720	19.0	1,500	16.2	1,342	14.3	1,301	13.6	-4.9
Unintentional Poisoning	901	9.9	1,016	11.0	1,036	11.0	947	9.9	-10.0
Unintentional Falls	624	6.9	743	8.0	837	8.9	854	9.0	1.1
Homicide/Assault	668	7.4	664	7.2	562	6.0	536	5.6	-6.7
Suicide	1074	11.8	1160	12.5	1161	12.4	1160	12.2	-1.6
Totals	4,987		5,083		4,938	52.6	4,798	50.3	-4.4

ED Visits	Rates Prior to State Plan				Baseline		Year One		% Change in Rate 2009->2010
	2007		2008		2009		2010		
Year	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
Unintentional MVC	91,322	1,007.5	74,618	806.9	88,847	947.1	90,483	948.9	0.2
Unintentional Poisoning	8,697	96.0	8,029	86.8	9,590	102.2	9,964	104.5	2.3
Unintentional Falls	167,462	1,847.5	150,174	1624.0	182,313	1,943.5	188,234	1,974.0	1.6
Homicide/Assault	31,826	351.1	28,261	305.6	31,386	334.6	31,475	330.1	-1.3
Suicide (Attempt)	9,457	104.3	8,312	89.9	9,830	104.8	9,655	101.3	-3.3
Totals	308,764		269,394		321,966	3,432.1	329,811	3,458.8	-0.8

Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence
Addendum to Update Objectives -- April, 2012

Considering Emerging Issues for Inclusion in the Plan:

Since the plan was published in 2009, several issues have emerged as significant injury and violence issues. These issues represent a move away from determining which injuries pose the greatest health burden based strictly on available surveillance data for injury mechanisms, and account for significant contributors to, and outcomes of injury that current surveillance systems cannot fully capture. These include:

Traumatic Brain Injury (TBI):

- TBI is a consequence of injury that cuts across most causes.
- There is a large survivor group with common interests and goals that align closely to our goals.
- Close alignment has led to mutually beneficial collaborations: TBI experts serve on the State Advisory Council, Injury and Violence Prevention Branch Staff serve on the TBI Council, and the NC Brain Injury Association is an important injury prevention advocate and was instrumental in engaging advocates to prevent repeal of North Carolina's motor cycle helmet law.
- North Carolina, specifically Kevin Guskiewicz's work at UNC, has played a significant role in informing the national and international discussion around the epidemic of sports concussion and the current inadequate methods used to manage sports head injury. Policy has been passed and efforts are under way to implement sports injury prevention strategies, and the injury prevention community should be involved in this effort.

Alcohol

- Alcohol is a significant contributing factor in many injuries, i.e. motor vehicle crashes (DWI), falls, and violence (homicide/assault, suicide, sexual violence, domestic violence).
- The responsibility for a public health approach to alcohol rests in the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and a more formal partnership between DMHDDSAS and the Division of Public Health can benefit both agencies' goals.
- There is a roadmap for successful collaboration: in 2011, privatizing the ABC system in North Carolina became a possibility and DPH and DMHDDSAS formed a successful partnership and worked to outline the dire public health impact of this effort. The two agencies feel that the argument put forth contributed to the Governor's decision to end discussions about the privatization effort.

Child Maltreatment

- Public health approaches are reaching an actionable level for child maltreatment; this is a change in the environment and the Injury and Violence Prevention Branch is taking strides to move into this area.
- In 2006 a NCIOM task force issued a report recommending the establishment of a child maltreatment surveillance system, and identified the IVPB as the best agency to house and manage the system.
- The IVPB lost CDC Core funding and capacity at the time the report came out and couldn't implement the recommendations, however, the IVPB was successful in obtaining the funds in 2011 and is in better position to do this work.
- The UNC Injury Prevention Research Center is a national leader in framing child maltreatment as a public health problem. This is a good foundation for success.
- The Affordable Care Act moved child maltreatment further into public health by providing funding to HRSA to expand Nurse Home Visiting programs; this was extended to the new CDC Core VIPP grantees. Grantees are required to support the home visiting programs in their states. North Carolina's support will be implementation of the child maltreatment surveillance system.
- There is currently no advisory group within the injury and violence prevention community for this effort, and the SAC is a natural fit.

Among the IVP SAC and its goal team, there appears to be consensus that these three cross-cutting issues are important to include as part of the IVP strategic planning process, however, the ways in which they could be incorporated have not yet been determined. From a survey done at the January retreat, it is known that SAC and goal team members feel that these issues do not warrant having their own goal teams. Going forward, the IVP-SAC and IVPB staff will consider these cross-cutting issues and how to incorporate them into IVP efforts.