

Intentional and Unintentional Injuries and Violence

The Intentional and Unintentional Injuries and Violence priority has five sets of objectives: prevention of child maltreatment, motor vehicle-related injuries and death, fall-related injuries and death, trauma system development, and injury surveillance system.

Progress in Meeting Objectives—Specific Findings

Prevention of child maltreatment. This objective seeks to reduce by 10% the number of children who are abused and neglected in Wisconsin. In 2000, there were 38,010 reports of child abuse and neglect in the state, for a rate of 27.8 reports per 1,000 children under 18 years of age. Both the number and rate of reports increased in 2001 and 2002, and in 2003 were 40,473 and 28.9, respectively (**2010 target:** 25.0 reports per 1,000 children).

The number of abuse and neglect cases that were substantiated, upon investigation, declined from 10,144 in 2000 to 7,994 in 2003. The number of abuse and neglect cases that were either substantiated or found “likely to occur” declined from 12,609 in 2000 to 10,105 in 2003.

A total of 10 Wisconsin deaths in 2000 were due to substantiated child abuse or neglect (**2010 target:** 9 deaths). The number of deaths was higher in subsequent years: 17 in 2001, 12 in 2002, 12 in 2003.

Motor vehicle-related injuries and death. The first component of this objective seeks to reduce the number of people killed or incapacitated in motor vehicle crashes. (An incapacitating injury is a non-fatal injury that prevents walking, driving, or performing other activities that were performed before the crash.) In 2000, there were 7,472 such deaths and injuries, for a rate of 139.3 deaths and incapacitating injuries per 100,000 population. This rate declined in 2001 and again in 2003, to 120.4 per 100,000 (**2010 target:** 104 per 100,000).

A second part of the objective measures the rate of crash-related deaths and incapacitating injuries per hundred million miles traveled. This rate has also declined. In 2000, there were 13.1 deaths and incapacitating injuries per hundred million miles traveled; in 2003, the rate was 11.1 (**2010 target:** 9.4).

Finally, this objective seeks to reduce the age-adjusted overall motor vehicle death rate. In 2000, there were 14.9 motor vehicle deaths per 100,000 population, age-adjusted to the 2000 U.S. standard population. The comparable rate was 14.0 in 2001, 14.1 in 2002, 14.6 in 2003, and 13.3 in 2004 (**2010 target:** 14.0).

The age-adjusted motor vehicle death rate among African Americans was lower than the overall rate every year since 2000, except in 2004, when it was 14.7 deaths per 100,000 population (overall rate: 13.3 per 100,000). The age-adjusted motor vehicle death rate among American Indians was markedly higher in 2001 (37.6 per 100,000) and 2002 (42.3 per 100,000) than the overall rate in those years (14.0 and 14.1, respectively); the frequency of American Indian motor vehicle deaths fell in 2003 and 2004 below the number needed to calculate a stable rate. The age-adjusted motor vehicle death rate among Hispanics was lower than the overall rate in 2002

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(11.8 vs. 14.1 per 100,000) but higher than the overall rate in 2003 (15.3 vs. 14.6 per 100,000); there were too few Hispanic deaths in other years to calculate a rate.

Fall-related injuries and death. The age-adjusted rate of deaths from falls has not decreased since 2000, when it was 10.9 deaths per 100,000 population. The age-adjusted rate of deaths from falls was 12.5 per 100,000 in both 2003 and 2004 (**2010 target:** 9.0 per 100,000 population).

Based on available data, the age-adjusted rate of hospitalizations due to falls has also not declined since 2000. In 2002, the rate was 385.8 hospitalizations per 100,000 population, similar to the 2000 rate (382.4). (No **2010 target** beyond a reduction in hospitalizations.)

Progress was not measured for the *trauma system development* and *injury surveillance system* objectives.

Selected Accomplishments and DHFS Activities (organized by objectives for this health priority)

Objective: Prevention of Child Maltreatment

- Implemented strategies in the Governor's KidsFirst Initiative, including: (1) increase reimbursement rates for foster families in the 2005-2007 biennial budget; (2) create the Foster Care and Adoption Resource Center; (3) develop the Office of Milwaukee Ombudsman for Children; (4) support foster families and relatives who care for children who have been maltreated, (5) improve the recruitment and retention of the child welfare workforce, and (6) improve services for birth parents of children in the child welfare system by developing integrated community-based services that specifically address identified needs, including domestic violence, substance abuse, and mental health treatment programs.
- Implemented the first statewide child welfare continuous quality improvement initiative. This initiative will provide the counties and the Department with valuable information on the strengths of and opportunities for enhancing child welfare case practice in Wisconsin. This is a continuous process; the Department will conduct child welfare reviews in 15 counties per year.
- Implementing Wisconsin's Program Enhancement Plan, developed in partnership with counties and tribes to improve child welfare practice and policy throughout Wisconsin. This two-year plan targeted for completion in October 2006 emphasizes improving the safety, permanence, and well-being of children and families. A detailed listing of all Program Enhancement Plan accomplishments is available on the Department's Web site at: <http://dhfs.wisconsin.gov/cwreview/PEP-Team/pepQtrReports.htm>
- Participated in the "State Call to Action to Prevent Child Maltreatment." This activity is a Children's Trust Fund initiative with public-private partnership bipartisan support, including Prevent Child Abuse Wisconsin and the Child Abuse Prevention Fund of Children's Hospital and Health System. This initiative is designed to address three goals: (1) raise awareness of the human and economic costs of child abuse and neglect, (2) propose short and long-term strategies for prevention, and (3) strengthen public will, resources, and community capacity to prevent child abuse and neglect.

- Participated in six workgroups based on the State Call to Action. These six workgroups address: (1) a comprehensive system of family support, (2) family economic stress, (3) mental health and substance abuse, (4) child abuse and domestic violence, (5) children's mental health, and (6) child sexual abuse prevention. See recommendations at <http://wctf.state.wi.us/home/CTA%20Home.htm>.
- Working on child welfare in the American Indian tribes. The tribes have developed seven priorities for child welfare in Wisconsin. The Department has been working closely with the tribes on their priorities to improve services.
- Participating with other key partners in Wisconsin's Drug Endangered Children Task Force, which is working on issues related to methamphetamine exposure among children. Sponsored a series of trainings targeted to law enforcement, court professionals, treatment providers, child welfare and public health workers, and educators on methamphetamine and its effects on children and families.
- Worked collaboratively to promote home visits for all newborns in the state.
- Worked as part of a statewide collaborative effort to implement the Strengthening Families – Wisconsin Initiative. Wisconsin is one of seven states piloting the initiative, with a goal of identifying promising approaches for helping early care and education programs support families and prevent child maltreatment. Partners in the Wisconsin Initiative include the Children's Trust Fund, the Department of Workforce Development, the Child Abuse Prevention Fund, the Wisconsin Child Care Resource and Referral Network, and the University of Wisconsin-Extension.
- Partnering with the Wisconsin Departments of Workforce Development and Public Instruction and six pilot counties to implement Wisconsin's Service Integration Initiative. The vision for Wisconsin's project is to improve outcomes for families through integrated, family-responsive, and flexible approaches to service delivery that are efficient and effective. The target population is children and families involved in or at risk of involvement in the child welfare and Wisconsin Works (W-2) systems.

Objective: Motor Vehicle-Related Injuries and Death

- Implemented the "Click It or Ticket" marketing campaign to promote the use of seat belts. This is a collaborative effort with the Wisconsin Department of Transportation and local health departments that focuses especially on rural communities.
- Supported booster seat and other child passenger safety restraint legislation proposed in the Wisconsin Legislature.
- Providing training that has resulted in over 1,300 Child Passenger Safety Technicians serving local communities. The majority of these technicians are housed in local health departments.
- Provided technical assistance to 27 local health departments in preparing their performance-based objectives related to child passenger safety.
- Providing leadership and coordination through the 26 Safe Communities Coalitions to reduce deaths and injuries from motor vehicle-related crashes.

Objective: Fall-Related Injuries and Death

- Established Community Falls Prevention Coalitions in each of the five DHFS regions.

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- Sponsored the 2005 Falls Prevention Conference for over 170 diverse attendees, representing community-based prevention programs, assisted living, acute care, and long-term care programs.
- Received recognition from the National Council on Aging, which found Wisconsin “ahead of the curve” in its work on falls prevention.
- Provided leadership, resources, and technical assistance as part of the Falls Prevention Initiative. The Falls Prevention Initiative is designed to reduce the burden of falls by assisting communities in developing local coalitions to promote healthier lifestyles, provide evidence-based strategies, develop sustainable local partnerships, and submit grants to secure funding.
- Piloting a falls prevention intervention project targeting 0-4-year-olds in Dodge County. Partners include the local health department, emergency medical services, and primary health care providers in clinical settings.
- Encouraged and funded elderly falls prevention programs at Aging and Disability Resource Centers in a number of Wisconsin counties.

Objective: Trauma System Development

- Achieved trauma care facility designation for all but one of Wisconsin’s 123 hospitals. There are four levels of trauma care facility designation. Seven hospitals have achieved designation by the American College of Surgeons as a Level 1 (highest) or Level 2 Trauma Center.
- Developed plans, policies and procedures for the Department’s State Trauma Advisory Council to address: (1) hospital site reviews to make certain hospitals are meeting criteria as a Level 1-4 trauma hospital; (2) criteria to distribute \$544,000 to fund regional councils and hospital site visits; and (3) performance improvement work plans to assure quality of care within the trauma system.
- Supported legislation allowing ambulance run reviews to evaluate and improve performance. Ambulance run reviews are an important step to assure that the quality of care provided in the pre-hospital setting meets the expected standard of care. Enacted in 2006 (Act 315).

Objective: Injury Surveillance System

- Integrated injury data into the Wisconsin Interactive Statistics on Health (WISH) online data query system. WISH now includes data on all injury-related deaths, hospitalizations, and emergency department visits.
- Created CASEPOINT, a real-time Web-based reporting system for coroners and medical examiners. This system provides timely data and information on injury deaths and allows evaluation of community prevention programs including identification of gaps in programs and data.
- Secured a National Violent Death Reporting System Grant to develop a violent death surveillance system in Wisconsin that captures data from four data systems: vital records, coroner/medical examiners, law enforcement, and crime laboratories. Electronic data links to vital records have been achieved.
- Developing an injury surveillance system that adheres to the 11 recommended data sets from the U.S. Centers for Disease Control and Prevention and the Association of State and Territorial Health Officers.

- Developing a statewide Trauma Registry to collect data that spans the trauma event. It provides, through data, the capacity of the public health and health care system to understand and evaluate the outcome of patient care provided pre-hospital, in-hospital, to rehabilitation, and the eventual return to the community. Such data also provide important clues to injury prevention. The Trauma Registry will be implemented statewide in 2006.

Activities that Address More than One Injury Objective

- Provided leadership through the Statewide Injury Coordinating Committee to improve coordination of injury prevention initiatives throughout Wisconsin.
- Developing local coalitions and collaborations to assess injury risks in communities and use evidence-based approaches to address the full spectrum of injury prevention (e.g., motor vehicle crashes, falls, suicide, child maltreatment, children endangered by methamphetamine labs in the home).
- Expanded the “Home Safety Checklist” in collaboration with local health departments for use with elders who remain in their homes. This expansion will build upon the existing checklist and result in a tool for home visitors that will be useful for all ages.
- Published professional articles in the Wisconsin Medical Journal on subjects that included the violent death reporting system and falls prevention efforts across the lifespan.
- Developing an injury surveillance system that adheres to the 11 recommended data sets from the U.S. Centers for Disease Control and Prevention and the Association of State and Territorial Health Officers. Because these data sets will address age, sex, race, sexual orientation, rural or urban residence, insurance coverage (payers), and type of injury, the capacity will be in place to analyze data comprehensively, identify unrecognized disparities, and take action to eliminate disparities.

New and Emerging Issues: Prevention of Child Maltreatment

- Growing awareness of the problem of child sexual abuse. More people are willing to talk about child sexual abuse and identify strategies for addressing it. The Children’s Trust Fund is leading the effort and identifying resources to create an awareness campaign.
- The impact of manufacturing or using methamphetamine in homes where children live has given rise to a complex new set of issues surrounding an old problem: drug-endangered children. Rural communities continue to experience the majority of methamphetamine cases.
- Improving the system to make it more seamless and efficient for families is important, especially critical for families who are involved in more than one system (e.g., W2, child welfare). Initiatives that strengthen families and integrate services improve opportunities for prevention and ease a family’s passage through these systems.

New and Emerging Issues: Other Injury Objectives

- Increasing collaboration among emergency medical services, emergency medical services for children, the State Trauma Advisory Council, and state and local governmental public health agencies. These collaborations will enable identification of cross-cutting issues, decrease duplication, enhance use of scarce resources, and promote the quality of care provided to all ages in all Wisconsin communities.

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- Pending legislative initiatives include primary seat belt legislation and legislation on booster seat and other child passenger safety restraint devices.
- Results are forthcoming from a four-year falls prevention grant to learn about interventions that prevent falls among the elderly. Wisconsin was the only state in the nation to receive funding for the U.S. Centers for Disease Control and Prevention's Multi-Factorial Falls Research Study. Key entities include the University of Wisconsin School of Medicine and Public Health, the University of Wisconsin Hospital and Clinics, and DHFS. This study focuses on community-dwelling adults, age 65 and older.