



# **New Hampshire State Injury Prevention Plan**

**2014 – 2018**

**NH Injury Prevention Advisory Council  
November 2013**

**Dedication:**

This plan is dedicated to the New Hampshire Injury Prevention Advisory Council – IPAC – that is committed to collaboration to make New Hampshire a safer place to live, work and play and to all our colleagues, neighbors, friends and families whose well-being is our goal.

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## **Introduction**

This New Hampshire Injury Prevention Plan outlines the goals and objectives that will guide the efforts of the Injury Prevention Program at DHHS, its subcontractors and its program partners over the next five years. It is the result of many interactions among members of the New Hampshire Injury Prevention Advisory Council (NH IPAC) that represents diverse state agencies, non-profit partners and through them, many other coalitions and groups.

Since the last state plan was developed in 2009, the NH Injury Prevention Advisory Council has been formalized based on an identified need for a sustainable collaboration to its objectives and through one year of funding from the CDC Core VIPP Program. The goal of the New Hampshire Injury Prevention Advisory Council (IPAC) is to reduce injury related morbidity and mortality by providing leadership and expertise in the preparation, implementation, and periodic review of the injury prevention program and the New Hampshire Injury Prevention Plan. This document will form the basis for injury prevention efforts in New Hampshire for the next five years.

The plan describes the magnitude of the problem and the underlying philosophy of injury prevention, followed by goals, objectives, and activities for long-term program implementation in eight leading areas of injury, both unintentional/accidental and intentional. These areas include:

Injury Prevention Infrastructure

Unintentional or accidental injuries

- Preventing motor vehicle crashes,
- Poison prevention,
- Reducing the impact of older adult falls, and
- Childhood injuries in the home and those related to physical activity

Intentional injuries

- Child maltreatment
- Suicide (link to plan listed in appendix)
- Sexual violence (link to plan listed in appendix)

This plan and those indicated above will be integrated into the prevention work of the New Hampshire Division of Public Health Services and our partners in both the public and private sectors.

This plan serves only as a starting point. It will be revised according to available data and program outcome measures. The New Hampshire Injury Prevention Program is data-driven and firmly based in scientific method. This allows its limited resources to be focused to ensure the most effective results. This document is intended to guide subsequent activities in the state, reduce duplication of effort, ensure effective programs and strategies, and help make New Hampshire a safer and healthier place to live, work, and play.

“Injuries are not accidents” is the underlying philosophy in the field of injury prevention. Injury prevention professionals seek to change the perception that injuries are unpredictable acts of fate and educate the public, professionals and policy-makers that, in fact, injuries occur in predictable patterns and are preventable through the application of effective and evidence based program design, intervention, and evaluation components. Preventing injuries requires long-term effort and a combination of strategies, including the re-engineering of environments and technology, effective policy and enforcement, education, and interventions leading to behavioral and cultural change. Decreasing injuries requires the combined efforts of health, education, transportation, law, engineering, and safety science professionals, community leaders, families, and individuals. The most effective strategies incorporate a public health model of a coordinated, comprehensive, constantly improving data driven injury prevention and control program.

### **Reducing the Toll of Drunk Drivers**

Thirty years ago, drinking and driving were an accepted part of American culture and drunk drivers were responsible for about 60% of all traffic fatalities. By 2010, our values had changed and drunk drivers represented less than a third of traffic fatalities. How was this accomplished? By enacting laws to raise the drinking age and lower the legal blood alcohol content. By strengthening enforcement and penalties. By putting strict advertising guidelines in place. By turning to ‘designated drivers’ and adopting the attitude that “Friends don’t let friends drive drunk”. Over time, all of these cultural and policy changes have led to significantly fewer alcohol-related fatalities.

### **New Hampshire Demographics and Disparities**

New Hampshire’s total population is approximately 1.3 million residents. Forty-nine percent of New Hampshire’s residents reside in rural areas and 51% in urban areas. Seventy-seven percent of New Hampshire towns are considered non-urban or rural, with urban and near urban areas located in the south east and south central regions, and primarily rural areas in the western, central and northern sections. Rural areas of New Hampshire are comprised of small towns separated by large tracts of undeveloped forests, preserved land grants, privately owned logging properties, and state parks.

While New Hampshire ranks as one of the healthiest and wealthiest states in the country, there are differences among its many communities. Disparities exist with higher injury rates in the rural areas of the north and west than in the more urban and suburban southern areas. Further its most urban areas – including the cities of Manchester and Nashua – also have higher injury rates associated with lower socioeconomic indicators. For example, a child in NH’s poorest community is four times more likely to be part of an investigation of abuse or neglect than a child living in one of the wealthiest communities. Three times as many children in the poorest towns are diagnosed with serious emotional disabilities and receive community mental health services than children in the most affluent towns. (Children’s Alliance of New Hampshire, 2008).

## **Injury Prevention – a Good Fit for New Hampshire**

As the implementation of the Affordable Care Act moves forward, increasing the number of people able to access primary and preventive health care services, Injury Prevention efforts become even more imperative. Effective injury prevention efforts such as those proposed in this plan, can save lives, prevent disability and reduce health care costs in the short term. For example, the return on investment for Poison Center services is \$13.39 for every \$1 invested. (The Lewin Group Inc., *Final Report on the Value of the Poison Center*, September 2012). In addition to these economic savings, preventing an injury eliminates the need for and so is far more effective than the very best treatment services.

The Injury Prevention Program is located within the Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section and is responsible for injury prevention activities addressing both intentional and unintentional injuries in New Hampshire. To maximize the effectiveness of its resources, the program focuses its efforts on those high incidence and high impact injuries that are most amenable to effective public health interventions.

In New Hampshire, injury prevention efforts are accomplished in collaboration with a variety of partners. The Injury Prevention Program at the state level is funded by a blend of state and federal monies as well as significant in-kind donations of staff time from community partners including the members of the New Hampshire Injury Prevention Advisory Council, The IPAC consists of representatives from both the public and the private sector working on injury prevention activities from a wide range of perspectives.

Together, the Injury Prevention Program and their partners work to reduce the severity and number of injuries within the state through a comprehensive approach. The overall program design focuses on integrating injury prevention and control activities into existing health care and other community based services. This is done through strategies based on the five core components of a comprehensive, state injury prevention program as listed in Safe States, the best practice standard for state-level injury prevention programs (State and Territorial Injury Prevention Directors Association, 2003 – <http://www.safestates.org/associations/5805/files/ss03.pdf>). The strategies include:

- **Building a solid infrastructure for injury prevention:** A solid infrastructure and core funding provides focus and direction for the many aspects of an effective program. Injury prevention is extraordinarily diverse and requires a strong and stable workforce. Time is spent researching and writing grants that will enable the program to continue to be fiscally sound.
- **Collecting and analyzing injury data:** The Injury Prevention Program, and its partners rely on different data sources to guide them such as, but not limited to: mortality data, inpatient and emergency department discharges, Dartmouth Hitchcock Medical Center (DHMC) Trauma Registry data, TEMSIS data from Emergency Medical Service, the Youth Risk Behavior Survey, and the Behavioral Risk Factor Surveillance System. Some data sources are stewarded by the

Department of Health and Human Services, Division of Public Health Services. Others, such as the Fatal Accident Reporting System, Traffic Crash Reports and the Occupant Protection Usage Survey are managed by the Department of Safety, Division of Motor Vehicles and the New Hampshire Highway Safety Agency. Only by sharing resources and data does the true picture of New Hampshire's injuries come into focus.

- **Designing, implementing, and evaluating interventions:** A sizeable amount of effort is spent on the identification of prevention strategies that have demonstrated effectiveness elsewhere and appear to be translatable to New Hampshire. To maximize limited resources, the Injury Prevention Program and its partners seek to create and lead collaborations among agencies and individuals interested in specific injury topics. Programmatic and fiscal synergy is often an outcome of these collaborations, as interested parties complement one another's resources and expertise. Coalitions further allow injury prevention stakeholders to avoid duplication and fill gaps in services and programming.
- **Providing technical support and training:** Interventions in turn become strategies that can be recommended to local or regional initiatives. Providing leadership, training and "train the trainer" programs is essential when building statewide injury prevention infrastructure and facilitating program replication at the regional and local level.
- **Affecting public policy:** A significant aspect of the State's injury prevention strategy is to make state and local policy makers aware of injury prevention needs and obtain their support for its goals and activities. One way to do this is by keeping them up to date on current best practice policies and environmental supports for healthy behaviors in school, work, community, and health care sites, and by encouraging the development of additional policies and incentives for supportive environments.

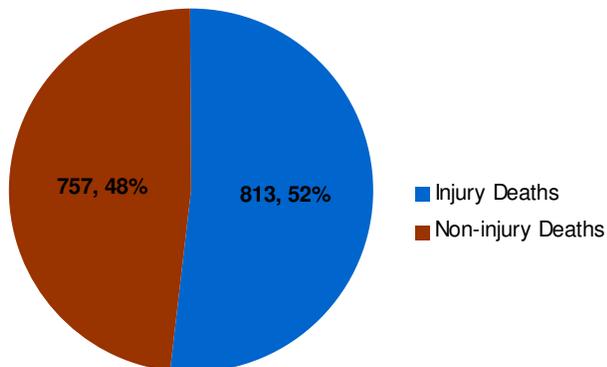


Governor Lynch signs Senate Bill 402 (Sports Concussion) with Timberlane High School Graduate Lauren Caruso - August 6, 2012

## Injuries in New Hampshire – A Data Overview

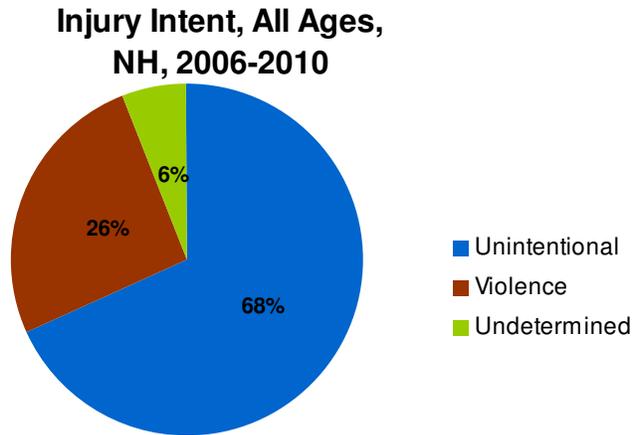
Injuries are a leading cause of death and disability for people of all ages. Among children and young adults in New Hampshire they account for **half** of all deaths as displayed in the figure below.

**Injury and Non-injury Deaths,  
Ages 0-34, NH, 2006-2010**



Source: New Hampshire Bureau of Vital Records, Death Certificate Data

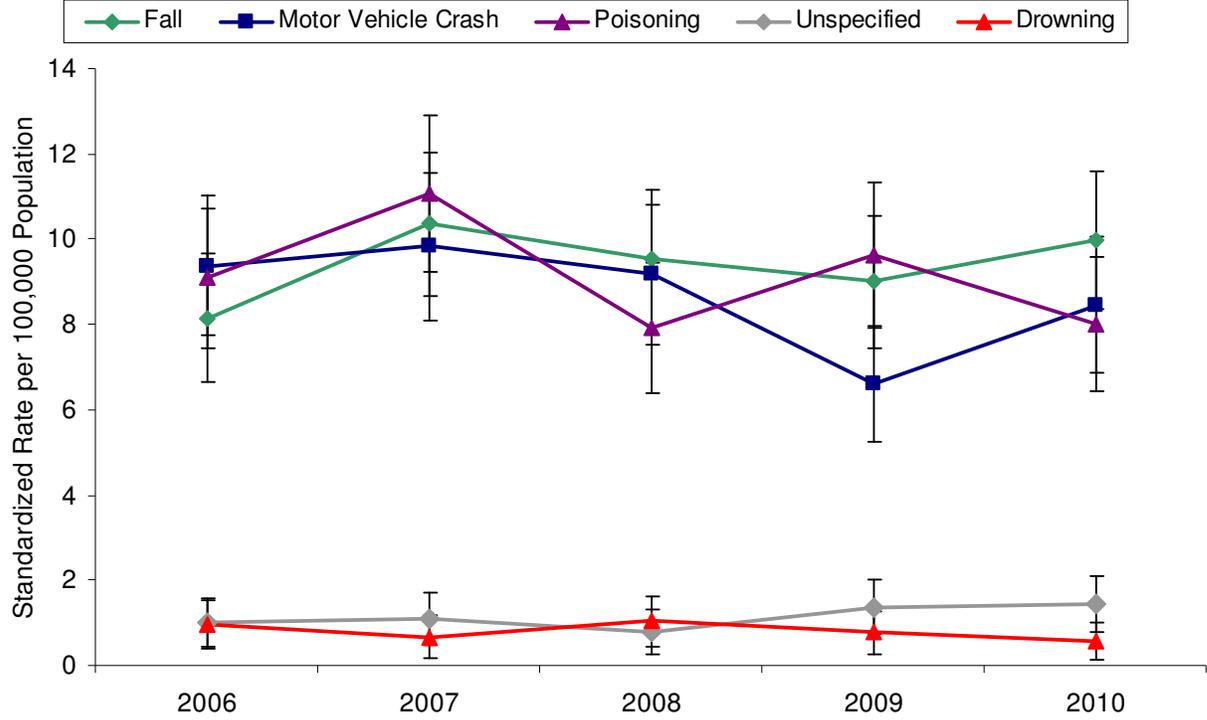
The NH Injury Prevention Program addresses both unintentional and intentional injuries across the lifespan. Approximately two thirds of these deaths are unintentional, while just over a quarter are intentional as seen in the figure below.



Source: New Hampshire Bureau of Vital Records, Death Certificate Data

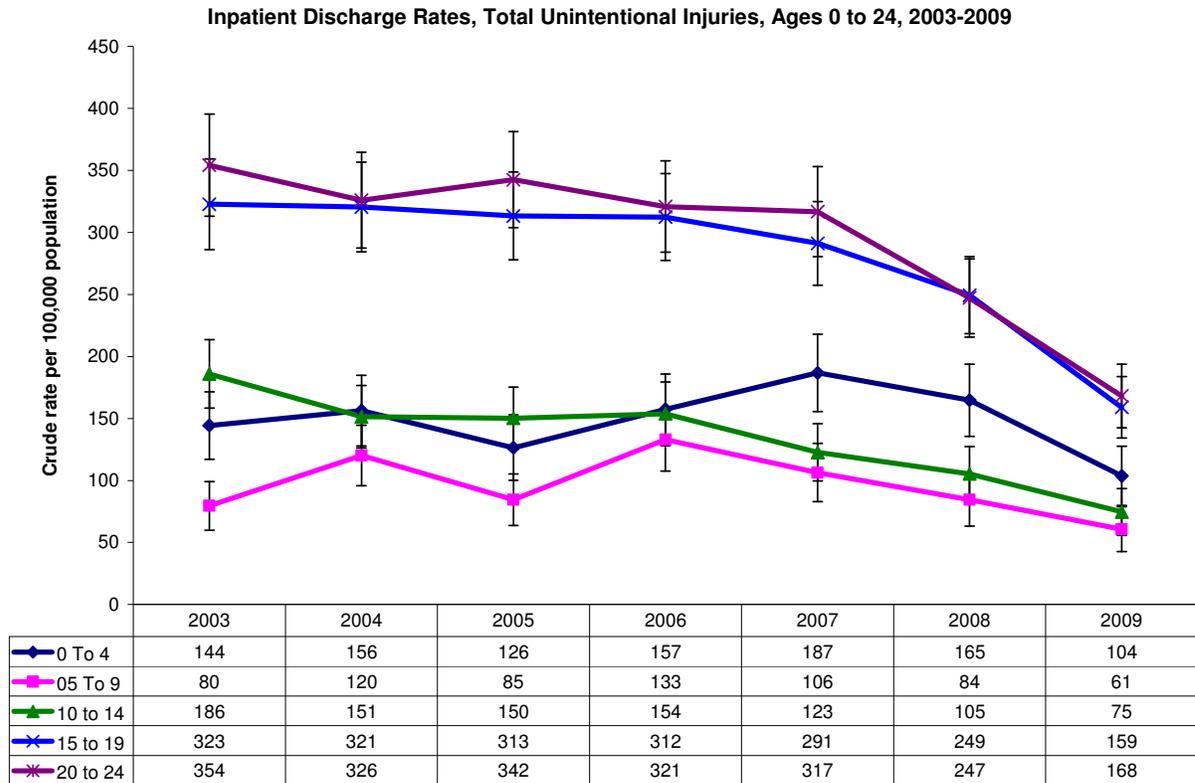
Because of NH's relatively small numbers, trends among the top five causes of injury deaths are inconsistent.

### Top Five Causes of Fatal Unintentional Injury, NH Residents, 2006-2010



Source: New Hampshire Bureau of Vital Records, Death Certificate Data

Focusing only on those age 24 and under, a look at the hospitalization rates yields a somewhat clearer picture of the decline in hospitalizations among teens and young adults.



**Source: NH-DPHS Inpatient Hospital Discharge Data**

A more complete view of injury data for New Hampshire can be found in the most recent data report published in 2012 and available online at:  
<http://www.dhhs.nh.gov/dphs/bchs/mch/documents/nh-injuires-2001-2009-report.pdf>

## **New Hampshire State Injury Plan**

### **Goal I. Build and sustain NH's Injury Prevention Infrastructure to address unintentional injuries and injuries resulting from violence.**

Issue: "Just as traditional "bricks-and-mortar" infrastructure supports roads and bridges, state injury prevention (IP) programs rely on a strong foundation of core capacity, leadership, and coordination. A state injury prevention program with a solid infrastructure and core funding provides focus and direction for the many aspects of an effective program, and makes the best use of the limited resources currently available. Three distinct but complementary aspects of a state injury prevention program's infrastructure are: Organizational strength, staffing and funding." (from SAFE STATES, Model Practice 2003)

#### **Objective I.1: Sustain NH Injury Prevention Infrastructure**

##### Activity:

- Maintain dedicated capacity at the Division of Public Health Services - its three contractors (Injury Prevention Center at Dartmouth, the Northern New England Poison Center and the New Hampshire Coalition Against Domestic and Sexual Violence) and the Injury Prevention Advisory Council (see list of members on page 1) to implement the Injury Prevention State Plan and meet standards of Safe States.

##### *Evaluation:*

- *Quarterly review of capacity to implement the IP State Plan*
- *Quarterly review of organizational involvement with IPAC*
- *Track advocacy efforts to maintain capacity*

#### **Objective I.2: Support the implementation or continuation of at least one evidence based/informed Injury Prevention Strategy in each of the Focus Areas in collaboration with IPAC members and existing coalitions (see attached list) each year.**

##### Activities:

- Continue to convene the Injury Prevention Advisory Council (IPAC) at least quarterly

##### *Evaluation: IPAC meeting occurrence and attendance tracked quarterly*

- In each Focus Area, the IPAC will identify at least one IP Strategy to implement or continue each year.

##### *Evaluation: Selected strategies will be recorded and reviewed at IPAC meetings throughout the year.*

- Continue to facilitate and participate on active and effective coalitions as listed in the appendix.

*Evaluation: Coalition participation will be monitored by tracking involvement of the Injury Prevention Program, its contractors and partners.*

Since the last State Plan was developed in 2009, the Injury Prevention Advisory Council has replaced the Injury Prevention Planning Group. The IPAC has met quarterly, has created a Public Policy Committee and has already had public policy successes in retaining short term funding for the Poison Center and in strengthening the Child Passenger Safety Law. The IPAC has identified new partners and is facilitating close collaborations in a number of areas such as between Injury Prevention and Home Visiting.

**Objective I.3: Collect and use the most up-to-date injury data from each data source to target injury prevention efforts. A list of data sources is included in the appendix.**

Activities:

- Maintain designated injury surveillance capacity in DPHS.

*Evaluation: Track availability of injury data and personnel to analyze it.*

- Maintain injury portion of WISDOM; DPHS electronic database.

*Evaluation: Reports from WISDOM include injury.*

- Produce an annual Injury Prevention report that highlights key data following recommendations from the State Injury Indicator Report Instructions for Preparing Data from the Centers for Disease Control where applicable.

*Evaluation: Injury reports are prepared annually.*

- Use data to plan IP efforts

*Evaluation: Cite what data is being used in planning Injury Prevention activities and how often*

- Work closely with partners at the Department of Safety, Bureau of Emergency Medical Services in the development and implementation of a Statewide Trauma Registry to provide sustainable and timely injury surveillance.

*Evaluation:*

- *Timeline developed to track progress of the Trauma Registry.*

A new Injury Prevention Data Report was produced in 2012. It is available online at: <http://www.dhhs.nh.gov/dphs/bchs/mch/documents/nh-injuries-2001-2009-report.pdf>.

**Objective I.4: Facilitate at least one professional education and training opportunity per year for IPAC members and other interested partners.**

Activity:

- Offer trainings that correspond to IP focus area or targeted topic each year.

*Evaluation: Track number of training and education opportunities offered per year.*

**Objective I.5: Promote at least five evidence based public policy initiatives by 2017**

Activity:

- Continue to convene the IPAC Public Policy Committee and work with partners including the NH Public Health Association to identify and promote public policy priorities.

*Evaluation:*

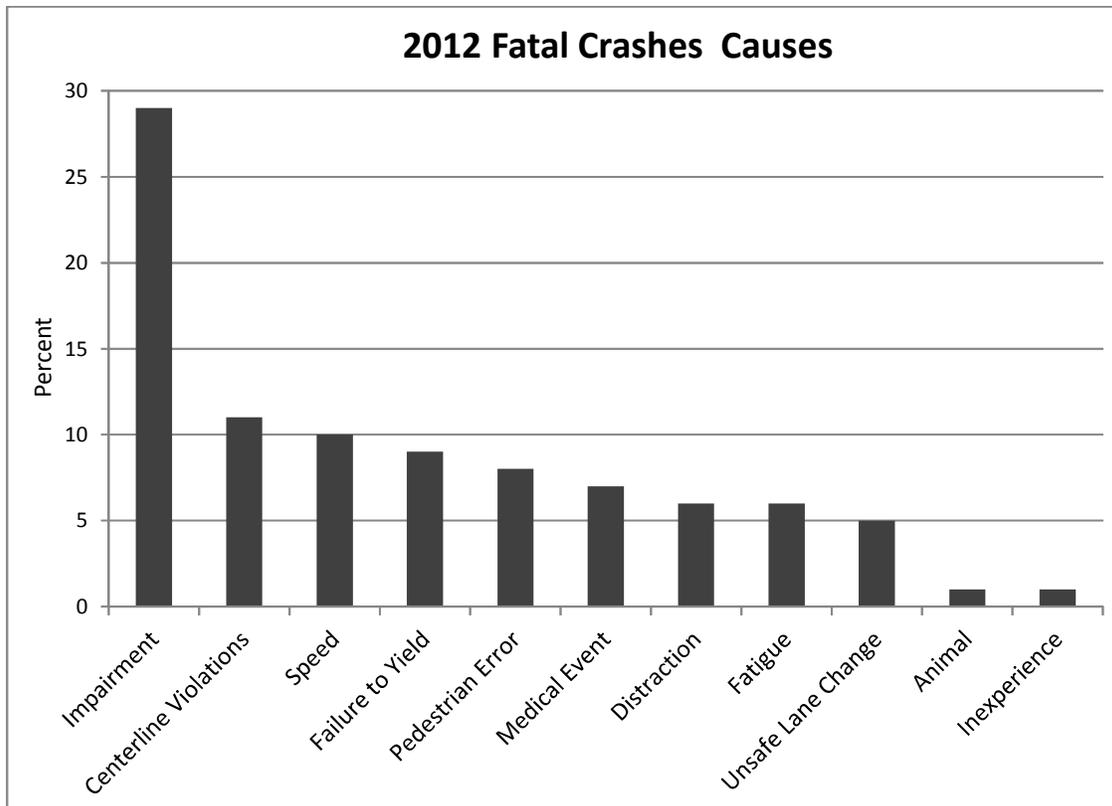
- *Annually review meeting minutes to ensure that priorities are being identified.*
- *Use tracking system to account for policy advocacy efforts overall and by issue area.*

## Goal II. Increase Traffic Safety

**Issue:** Motor vehicle crashes represents a leading cause of unintentional deaths and significant numbers of the most severe injuries that results in inpatient hospitalizations and ED visits. Therefore, it must be a major part of injury prevention efforts.

Data regarding the leading causes of traffic fatalities and injuries have resulted in our focused efforts in the areas of: impaired drivers, distracted driving, restraint use, inexperienced drivers and excessive speed.

The Injury Prevention Advisory Council works closely and collaboratively with many partners including the New Hampshire Driving Towards Zero Deaths Coalition that includes the New Hampshire Department of Safety (The New Hampshire State Police and the Division of Motor Vehicles), the Department of Transportation, and the New Hampshire Highway Safety Agency. The council also works closely with local police departments, schools, employers, the New Hampshire Teen Driver Committee, the Buckle Up New Hampshire Coalition, the Occupational Health Surveillance Program and others.



Source: NH Department of Safety, Division of Motor Vehicles

**Objective II.1: Work with Driving Toward Zero partners to examine NH data in conjunction with best national practices and to recommend changes in policy and/or procedure necessary to reduce motor vehicle death and injury.**

Activity:

- A minimum of four partners will meet at least annually to review data and determine further actions.

*Evaluation: Meeting minutes will be recorded and efforts monitored.*

**Objective II.2: Ensure that incidence and injury data, including external causes of injury data, is collected, analyzed and disseminated within one calendar year. Strive to obtain data from a variety of sources that is or can be linked and that is as complete and accurate as possible.**

Activities:

- Support the timely and complete submission of crash reports, patient reports by EMS, hospitals and insurers. Advocate for the continued inclusion of data that shows the cause of crash, e.g. impairment, distraction, etc., the use or non-use of safety equipment, and whether or not work-related or other variables were involved that can impact prevention efforts. Obtain data from the NH Department of Safety at least annually.

*Evaluation: Road safety and motor vehicle crash data will be monitored and analyzed on an ongoing basis.*

- Ensure that data received includes commercial vehicles and motorcycles as well as those sharing the road such as bicycles and pedestrians.

*Evaluation: Data will be examined to ensure that it is inclusive and recommendations about data needed and preferred formats will be made to all data sources as necessary.*

- Support the electronic maintenance and linking of data sets between multiple sources of data relevant to motor vehicle safety including but not limited to law enforcement (citations issued, crash reports), EMS, hospitals, insurers and reports from the Office of the Chief Medical Examiner.

*Evaluation: Progress with data linkages will be monitored.*

- Support continuity and expansion of data collection to ensure that trends over time can be examined for program planning and evaluation purposes.

*Evaluation: Progress with data collection and evaluation will be monitored and documented.*

**Objective II.3: Identify, implement and evaluate evidence-based practices to reduce the incidence and impact of Impaired Operators.**

The Department of Safety – especially the State Police – with funding and collaboration from the NH Highway Safety Agency have increased special patrols to drive down

crashes caused by impaired drivers. These special details are proving **effective with a 6% decline in crashes linked to impaired drivers in the first year.**

Activities:

- Advocate that law enforcement and the courts enforce current DUI laws strictly and consistently.

*Evaluation: Efforts will be monitored by regularly examining enforcement data.*

- Approach health care providers regarding the impact of medications on driving safety, especially with regard to opioids and sedatives, and explore methods to identify and/or evaluate drivers who may not be able to drive safely.

*Evaluation: Efforts will be monitored, including partners approached and interventions suggested.*

- Identify and advocate for evidence based policy initiatives including dedicated DUI enforcement patrols. Data is available from the Department of Safety that would maximize the effective implementation of DUI enforcement patrols.

*Evaluation: Efforts will be monitored and documented.*

**Objective II.4: Identify, implement and evaluate evidence-based practices to reduce the incidence and impact of excessive speed on NH roadways.**

Activity:

- Collaborate with partners including law enforcement and the private sector to educate the public on the impact of excessive speed.

*Evaluation: Collaborative efforts will be monitored.*

**Objective II.5: Identify, implement and evaluate evidence based practices to reduce the incidence and impact of distracted driving.**

Activities:

- Collaborate with partners including law enforcement and the private sector to educate the public on the impact of distracted driving.

*Evaluation: Collaborative efforts will be monitored and documented*

- Identify and advocate for evidence based policy initiatives to address distracted driving.

*Evaluation: Efforts will be monitored.*

**Objective II.6: Identify, implement and evaluate evidence-based practices to increase the proportion of drivers and occupants who are properly using restraints.**

Activities:

- Continue to educate professionals, policymakers, employers and the public on the benefits of proper and consistent restraint use for children and adults.

*Evaluation: Educational efforts will be monitored along with regular measures of restraint use to evaluate effectiveness.*

- Advocate for strong enforcement of current child passenger safety laws.

*Evaluation: Monitor enforcement of child passenger safety laws.*

- Explore opportunities to strengthen New Hampshire's restraint laws regarding children as well as those of all ages.

Over the years, NH has created a sustainable infrastructure for educating parents and professionals on best practices in the complex area of child passenger safety. As of June 2013 there were 170 certified technicians checking car seats and educating parents and providers; and 32 Fitting Stations where seats can be checked and trained instructors who can educate parents, providers and policy makers on a wide range of issues including safe transportation of children with special health care needs.

**Objective II.7: Identify, implement and evaluate evidence-based practices that specifically address reducing the disproportionate crash rates of inexperienced drivers.**

Activities:

- Utilize technology – computer simulators, electronic monitoring - to address teen driver issues and inexperience.

*Evaluation: Measure use of technology and its effectiveness.*

- Inform and educate Driver Educators, NH parents and others involved with new drivers about the Graduated Drivers Licensing System and its benefits.

*Evaluation: Educational efforts will be monitored.*

- Incorporate age appropriate traffic safety education throughout the public school curriculum.

*Evaluation: Efforts and implementation will be monitored.*

- Identify and advocate for evidence based policy initiatives that address inexperienced drivers.

*Evaluation: Efforts and implementation will be monitored.*

- Each year the IPP and the IPC will jointly convene and chair monthly meetings of the New Hampshire Teen Driving Committee and ensure communication.

*Evaluation: Meeting minutes will be recorded.*



Students from Spaulding High School in Rochester (pictured above) presented testimony on a bill to strengthen the Youth Operators License in March 2013.

**Objective II.8: Identify, implement and evaluate evidence-based practices that specifically address reducing the disproportionate injury rates of drivers with health issues caused by disease and impairment.**

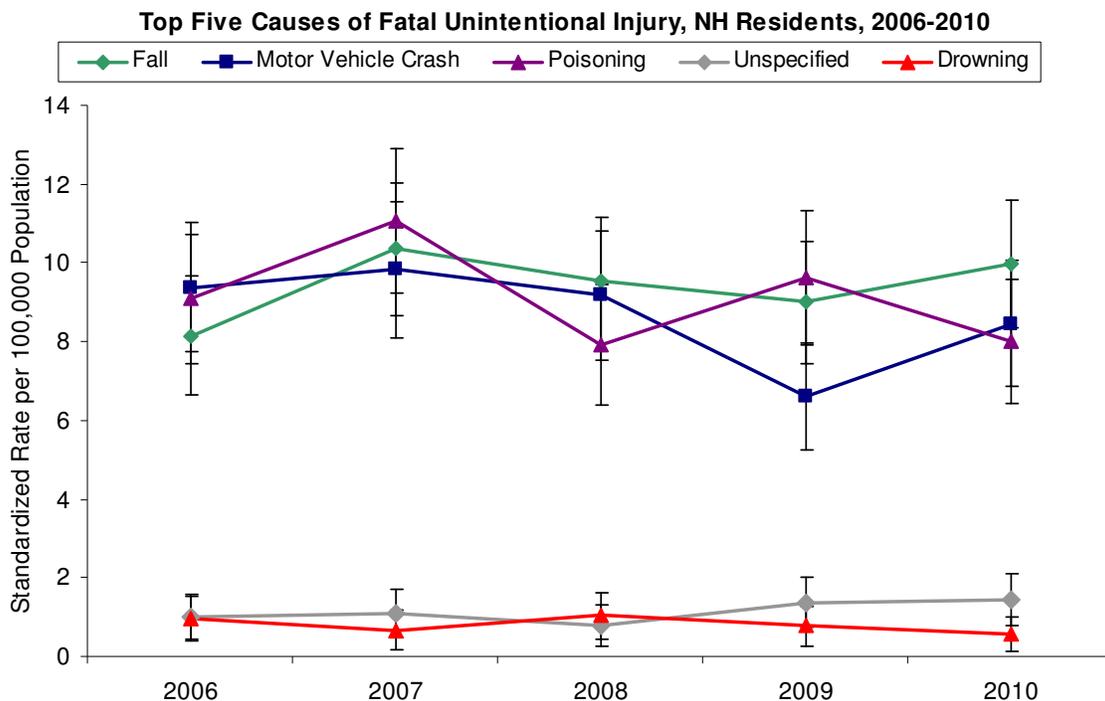
Activity:

- With partners, identify and explore opportunities for addressing these issues including but not limited to re-establishing the Medical Review Board

*Evaluation: Identify efforts made and any outcomes.*

### Goal III: Reduce Deaths and Injuries Resulting from Poisoning including the Misuse of Medications and other substances

**Issue:** For the first time, during the past decade, poisoning deaths have at times exceeded those resulting from motor vehicle crashes. There are numerous factors contributing to this including the rapid rise in the prescribing and misuse of opioid pain killers, and the increase in the availability of methadone. In addition, there has been an increase in reported occupational poisoning exposures. Likewise, there are a number of strategies for addressing and preventing these incidents that include: surveillance, prescription drug monitoring, use of less hazardous chemicals at work, public and professional education and effective and timely treatment for those who intentionally or unintentionally suffer an overdose or other poisoning.



Source: New Hampshire Bureau of Vital Records, Death Certificate Data

#### Objective III.1: Address the increasing mortality and morbidity resulting from the misuse of prescription medications.

Activities:

- Increase public awareness that prescription drugs are the most common cause of unintentional poisoning in NH including disparate communities (older adults, teens, refugees and immigrants, low income and those with mental illness).

*Evaluation: Repeat the UNH survey question : “Which of the following do you think is the most common cause of accidental or unintentional poisoning deaths in New Hampshire?” in 2015. Baseline (2012): 36% thought prescription drugs were the most common cause. 2015 goal is 50%*



### Medications obtained in Sandown, NH for the Annual Drug Take Back Program

- Work with partners to implement a sustainable prescription drug-monitoring program (PDMP).

*Evaluation: Efforts will be recorded focusing on long-term funding and commitment to the program.*

- Work with partners to increase the number of prescribers in NH registered for and regularly using the PDMP from 0 to >75% within three years.

*Evaluation: Monitor the proportion of prescribers who register for and use the PDMP.*

- Work with partners to develop training for prescribers to assist them to:
  - 1) recognize patients who are not good candidates for potentially addicting medications.
  - 2) recognize and treat patients who are already addicted to medications and no longer benefitting from long-term treatment and
  - 3) utilize the PDMP to reduce the morbidity and mortality associated with prescription drug misuse.

*Evaluation: Record training opportunities provided, participants attending, and training evaluations.*

- Work with partners, clinicians and policymakers to address concerns associated with potential negative consequences of participation in the PDMP.

*Evaluation: Monitor efforts as well as participation and non-participation rates*

The NH Legislature approved a Prescription Drug Monitoring Program (PDMP) in 2012. In 2013 legislation was introduced and passed that removed the sunset provision of the original bill and reducing barriers to funding. In August 2013 the PDMP received significant funding for implementation. The IPAC will continue to engage in ongoing efforts for effective program implementation.

**Objective III.2: Decrease the number and severity of poisonings in NH residents (all ages, all causes).**

Activities:

- Collaborate with partners at the Northern New England Poison Center, and those involved with suicide and substance abuse prevention to develop and implement collaborative programs that can prevent and effectively treat poisonings.

*Evaluation: Collect and review process outcomes including cross-training, shared materials and unified messaging.*

In response to the local prescription drug abuse epidemic, the Regional Rx Drug Task Force developed “The Best Prescription” a training video for healthcare professional on taking a vigilant approach towards prescription drug misuse. The video premiered in June 2013 at the Rx Regional Summit in Portsmouth NH.

- In conjunction with those serving diverse populations, disseminate poison prevention curriculum for non-English speakers.

*Evaluation: Number of non-English speakers who receive training and increase knowledge of poison prevention. Number of non-English speaker calls to the poison center.*

- Include poison prevention in training for home visitors.

*Evaluation: Poison component included in annual training and in injury prevention training being developed.*

- Work with occupational health partners to ensure workers are educated about toxic substances at work.

*Evaluation: At least three trainings are held per year beginning in 2014.*

**Objective III.3: Decrease unnecessary poisoning-related health care spending.**

Activities:

- Increase educational efforts regarding the health care and related savings in lives lost and lost productivity associated with effective poison prevention services.

*Evaluation: Monitor and report on these efforts.*

- Maintain the proportion of unintentional pediatric (5 years of age and under) poisonings resolved at home through assistance by Northern New England Poison Center at 90% into 2016.

*Evaluation: Monitor the proportion of Northern New England Poison Center calls that are properly resolved at home.*

- Reduce the number of emergency department visits due to unintentional poisonings in NH residents (all ages, all causes) from a baseline of 12.9/100,000 in 2009 to 7.0/100,000 by 2020.

*Evaluation: Monitor and report on emergency department visits due to unintentional poisonings.*

**DID YOU KNOW?**

According to data collected by the UNH Survey Center **90% of NH adults support** continued funding of the Poison Control Center.

**Objective III.4: Work to develop a sustainable source of funding for NH's portion of the costs of a Regional Poison Control Center.**

Activities:

- Develop a plan to bring together New Hampshire Public Health Association (NHPHA), the legislature and stakeholders – including those who benefit from the cost savings generated by Poison Center services - to address a long term funding stream for NH's portion of the Regional Poison Center.

*Evaluation: Plan developed.*

- Identify existing, effective models for funding poison centers.

*Evaluation: Research carried out and options identified.*

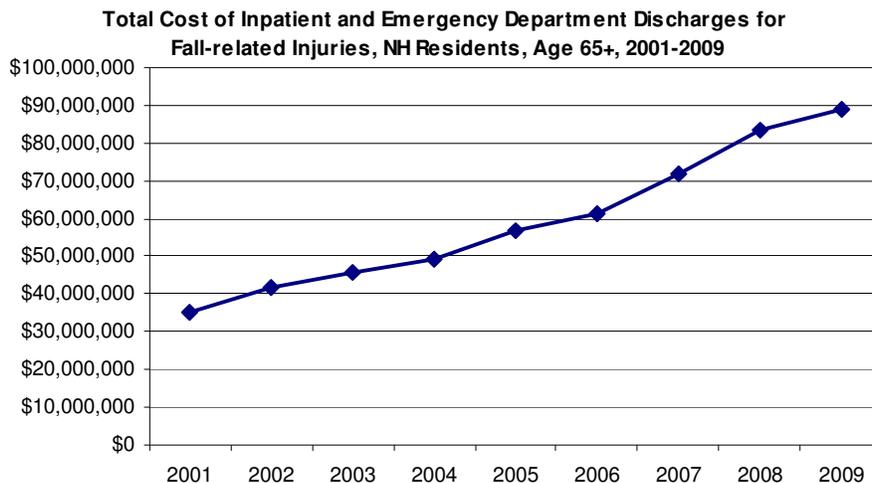
- Convene stakeholders to review funding options and adopt a sustainable method to fund these services.

*Evaluation: Stakeholders convened and report generated.*

Through the efforts of a variety of partners, funding for NH's share of the Northern New England Poison Center (NNEPC) has been secured for FY 2014 and 2015. Efforts are underway to identify a sustainable funding source for the future.

## **Goal IV: Reduce deaths, injury severity and emergency department discharges resulting from falls among those aged 65 and older.**

**Issue:** Falls are the leading cause of unintentional injury hospitalizations, emergency room visits and EMS calls. The New Hampshire Falls Risk Reduction Task Force has been working in this area since 1999. Falls among the elderly represent the largest number and the most severe injuries. A multi-factorial approach to falls reduction has been demonstrated to be effective in reducing the number and severity of falls in long-term care, acute care hospitals and in the community. The tremendous and growing costs related to elderly falls require attention.



Source: NH DPHS Emergency Department plus Inpatient Hospital Discharge Data

**Objective IV.1: The New Hampshire Falls Risk Reduction Task Force will continue to lead collaborative efforts to coordinate falls risk reduction efforts on a statewide basis.**

Activities:

- The Task Force will meet monthly and will focus on New Hampshire data, state, national and international research, current and future programming based on evidence based practices to reduce falls and fall related injuries.

*Evaluation: Meeting minutes will be maintained and reviewed to ensure that 75% of regular members attend.*

- On an annual basis, facilitate at least one opportunity for policy makers to be educated and informed about the need to reduce fall risk in older adults.

*Evaluation: Educational materials and sessions for legislators will be monitored using GoogleDocs or similar web based venue.*



Tai Chi – Moving for Better Balance Demonstration at the NH State House  
on Falls Awareness Day 2012

- The New Hampshire Falls Risk Reduction Task Force will maintain its website to ensure up to date information regarding older adult falls in NH, link people to the work of the Task Force and to relevant training opportunities. It will also provide linkages to evidence based practices throughout the country.

*Evaluation: Review the website, and record the number of hits and type of changes made.*

**Objective IV.2: Increase the proportion of health care professionals and others serving older adults who are trained in falls risk reduction based on best practice standards.**

**Activity:**

- The New Hampshire Falls Risk Reduction Task Force will collaborate with professional partners on trainings related to evidence based practices to increase the number of evidence-based fall reduction training opportunities for providers and falls prevention specialists in NH from 1 per year in 2013 to 4 per year by 2017.

*Evaluation: Training activities will be monitored to ensure collaboration. Evaluations will include: number of participants attending, number agreeing that have learned something new, felt more competent and will make a change in their practice. Additional evaluations will be conducted to determine the extent to which the training has been incorporated into practice.*

Tai Chi: Moving for Better Balance is an evidence based exercise program researched and taught by Dr Fuzhong Li from the Oregon Pacific Research Institute. In 2012 and 2013, Dr Li came to NH and trained 30 instructors in the method so they could teach it to seniors across the state. In an initial analysis of the data from these instructors, 73% of participants who completed the course showed improvement in the Timed Up and Go (TUG) test, 85% of participants showed improvement in the Functional Reach Assessment. Both are associated with reductions in the risk of falling.

**Objective IV.3: Encourage falls screening and appropriate referrals and follow up for every NH resident 65 years of age and older at all points of entry into the health care system (e.g. Emergency Medical Responders, primary care, Emergency Departments and residential facilities) and through community-based programs to include CFI (Choices for Independence) Case Managers and nurses and Service Link staff.**

**Activities:**

- Encourage falls screening and appropriate response as a Quality Improvement measure by health care providers and organizations.

*Evaluation: Examine medical records in DHHS funded primary care sites and utilize site visits and surveys where possible. Baseline for Primary Care Providers is 56.5% in 2010. Goal is 70% in 2015 as measured by survey.*

- Establish the rate of referral to falls prevention/ treatment programs (individualized rehab program or community-based group intervention) by NH Primary Care Providers and ED Physicians for adults over 65 by 2015.

*Evaluation: Documentation of the rate will be established by 2015.*

- Encourage organizations serving the elderly to host a falls screen at least once a year to include: medication review, eye exam, blood pressure testing, Timed Up and Go (or other standardized physical screen), and questionnaire on falls history.

*Evaluation: Through partnerships and surveys, measure the number of falls screen events taking place.*

- Encourage first responders (such as EMS) to screen for falls risk and make appropriate referrals to community-based services for those identified at risk.

*Evaluation: Through partnerships and surveys, measure the number of services that are screening and referring those at risk.*

**Objective IV.4: Establish a state-wide resource network of evidence based falls prevention programs within healthcare and community settings**

**Activities:**

- Explore and obtain dedicated funding for best practice falls screening and intervention in falls prevention.

*Evaluation: Monitor funding levels for these activities.*

- Advocate for incorporating environmental and engineering elements of Falls Risk Reduction through partnership with the Healthy Homes New Hampshire Program.

*Evaluation: Consult with Healthy Homes New Hampshire Coordinator at least annually to track the number of homes visited, number of problems found and number of referrals and/or fixes made that are associated with older adult falls risk.*

- Establish the number of evidence-based community programs aimed at falls reduction in adults statewide by 2016.

*Evaluation: Through partnerships and surveys, measure the number of communities where these opportunities for seniors exist and measure change over time.*

**Objective IV.5: Educate older adults that falls can be prevented and falls risk can be reduced.**

Activities:

- Encourage community based organizations serving the older adults to incorporate falls risk reduction information and activities into their ongoing programs by providing materials, speakers and other resources.

*Evaluation: Through partnerships and surveys, measure the number of communities where opportunities for older adults are increasing.*

- Work with community partners to encourage local media (public television, radio and print) to include falls educational information.

*Evaluation: Document the number of attempts and successes via web based tracking tool such as Google Docs.*

**Objective IV.6: Support and disseminate the collection and linking of multiple data sets relevant to understanding, preventing and evaluating efforts related to older adult falls.**

Activity:

- Routinely collect, analyze, link and report on trends using data from multiple sources on the incidence, severity and financial impact of falls.

*Evaluation: Monitor falls related data on an ongoing basis. Compile an annual data brief and/or an annual data presentation for policymakers.*

**Goal V: Reduce deaths and injury severity from unintentional injuries – focusing on those in the home for children 5 and under and those involving physical activity up to age 24**

**Issue:** Unintentional injuries among children and young adults up to age 24 are a significant cause of premature deaths and serious injuries, many of which have life-changing impacts. While motor vehicle crashes are the leading cause of these injuries, many have other causes, which must also be addressed. The IPAC will work closely with collaborative efforts to increase the safety of the home environment including work with the Home Visiting New Hampshire Program, and New Hampshire Healthy Homes. In addition, as the state and the nation seek to increase physical activity among New Hampshire's population, it is essential to incorporate accompanying evidence based injury prevention efforts (increasing helmet use, monitoring head injuries, providing safe playgrounds and places to walk and bike etc.) to prevent an increase in injuries.

**Objective. V.1: Mobilize and continue partnerships concerning prevention of the leading causes of unintentional injury deaths, hospitalization and ED visits.**

Activities:

- Each year, IPC will convene and chair at least four meetings of Safe Kids New Hampshire, which addresses a range of unintentional injuries among children and adolescents.

*Evaluation: Meeting minutes and attendance list will be maintained and sent out quarterly to Safe Kids members, SPARK NH, Child Passenger Safety and School Nurse list serves. Periodic surveys will be conducted.*

- Collaborate with at least one private and one public partner involved in childhood obesity prevention efforts annually that focus on active living to ensure that best practice injury prevention strategies are incorporated (safe bicycling skills and helmets; drowning prevention policies in place; safe routes to school, etc.).

*Evaluation: Identify best practice injury prevention strategies implemented through these collaborations.*

- Continue to partner with colleagues involved in improving the health and safety of the home environment for young children including the Home Visiting New Hampshire Program and New Hampshire Healthy, including regular attendance at IPAC meetings.

*Evaluation: Attendance at 75% of the IPAC meetings by representatives of Home Visiting New Hampshire Program and New Hampshire Healthy Homes.*

- Collaborate with SPARK NH, The NH Early Childhood Advisory Council, to ensure that programs focused on pregnant women and children birth through 3<sup>rd</sup> grade incorporate best practice injury prevention strategies into their programs.

*Evaluation: Incorporate best practice injury prevention strategies into the work of SPARK NH including the Early Childhood State Plan.*

- Collaborate with partners at New Hampshire Healthy Homes to maintain injury questions on the One Touch protocol.

*Evaluation: Review One Touch protocol to ensure that these questions remain.*

- Collaborate with partners to promote and expand the use of the One Touch protocol by additional health, childcare, housing and energy programs.

*Evaluation: Annual report from New Hampshire Healthy Homes on the use of the One Touch protocol.*

**Objective V.2: Collect, analyze and disseminate data regarding the incidence and severity of unintentional injuries.**

Activities

- Identify and analyze relevant sources of data.

*Evaluation: Focus at least one SAFE KIDS meeting per year on the examination of injury data.*

- Use data to identify gaps and guide policy development, procedures, and improvement plans.

*Evaluation: Focus at least one SAFE KIDS meeting per year on the examination of injury data from multiple sources, to include state, and local and identify how the data is being used.*

**Objective V.3: Increase knowledge of best practice injury prevention strategies among our partners, policy makers and others in the state that can impact injury incidence and severity.**

Activities

- Each year the IPC will conduct 4 professional trainings on best practice injury prevention strategies as part of Safe Kids New Hampshire meetings. These will be open to professionals statewide.

*Evaluation: Maintain records of training activities.*

- Work with Home Visiting New Hampshire Program to develop and implement Injury Prevention curriculum for home visitors to utilize with their clients

*Evaluation: Evaluate the training and, if possible, the extent to which the information is being used by Home Visitors.*

- Provide partners with current information and increased accessibility to best practice strategies, products and policy positions that will include the following topic areas:
  - Active living such as: childhood falls risk reduction, all-terrain vehicles, open water drowning and other sports related activities.
  - Home safety such as: fire safety, childhood poisoning, carbon monoxide poisoning and safe sleep.

- Poison prevention including: over-the-counter medications, and prescription drugs.

*Evaluation: Document the information provided and partners impacted, as well as any resulting activities or policy changes.*



Severe field hockey injuries prompted a policy change that resulted in the required use of protective face gear for NH female athletes. It initially started in 2009 with the use of a cage mask as shown about. It has now evolved in a requirement of a polycarbonate lens over the face in 2013.

**Objective V.4: Highlight injury prevention in conjunction with encouraging active living. Use this as a model for smaller scale local community events.**

**Activities**

- Continue to promote the Safe Kids 500 – an annual, free family event where participants ride their bikes around the New Hampshire Motor Speedway. Bicycle safety checks, bicycle safety skills and helmet fittings are all available in addition to displays and information highlighting other health promotion efforts.

*Evaluation: Event will be held and data collected.*

- In collaboration with NH Fish and Game and the Bureau of Trails explore the feasibility of incorporating injury prevention into a large-scale event at the ATV Park in Berlin or similar venue and/or create a permanent and visible display on safe riding at the ATV Park.

*Evaluation: Monitor progress towards such an event or display.*

Safe Kids NH has worked with many partners on efforts to prevent head injuries including the Bicycle Helmet law for those under age 16 (RSA 265:144), and most recently in passing legislation requiring addressing sports concussions in NH schools (RSA 200:4).



The annual SK500 attracts hundreds of children and adults to the NH International Speedway. Helmets are fitted or replaced, bicycles – and tricycles – get a safety check and everyone can ride or walk the NASCAR track.

## **Goal VI: Reduce Deaths and Injury Severity Resulting from Child Maltreatment in Children Ages 0-1.**

**Issue:** Non-accidental/intentional trauma in children under age one was identified as a target for prevention based on the devastating injuries inflicted and the tremendous economic and emotional costs of each incident. Currently New Hampshire has no statewide trauma registry to track these serious physical injuries in a timely manner. Efforts are focused on improving awareness, surveillance and primary prevention among both professionals and the public.

### **Objective VI.1: Raise awareness about the prevention of child maltreatment as a public health issue in New Hampshire.**

Activity:

- Encourage awareness efforts through the IPAC, the Abusive Head Trauma Coalition, including the Brain Injury Association of New Hampshire, New Hampshire Children's Trust, Division for Children, Youth and Families, New Hampshire Public Health Association, substance abuse partners and others to improve the scope and impact of child maltreatment prevention in NH. .

*Evaluation: Monitor efforts to raise awareness regarding Child Maltreatment among partners (including media contacts, outreach events, etc.).*

### **Objective VI.2: Improve capacity to monitor non-fatal and fatal child maltreatment incidents through state and national data sources and other mechanisms.**

Activities:

- Define types of maltreatment and develop consistent case definitions of maltreatment for New Hampshire e.g. serious physical injury.

*Evaluation: Maltreatment and case definitions are defined; Maltreatment and case definitions are published; Track distribution of maltreatment publications.*

- Clearly identify the NH organizations, time frame and reporting methods for child maltreatment incidents. e.g. DHHS, DCYF, NH Trauma Registry, Child Advocacy and Protection Centers.

*Evaluation: IPAC will contact and monitor each organization's time frame and reporting mechanisms regarding child maltreatment incidents on an annual basis.*

- Expand role of the child fatality review committee to include serious injury in addition to fatal child injury.

*Evaluation: The IPAC will monitor cases selected to ensure that serious injuries are included.*

- Explore expansion of the capacity of Sudden Unexpected Infant Death grant to include all infant deaths in NH.

*Evaluation: The IPAC will monitor to ensure that this request is identified and communicated to SUID administrators at Office of the Chief Medical Examiners (OCME) and DHHS by 2014.*

- Support the expansion of the Division of Child and Youth Services in collecting more specific data on child maltreatment in NH and sharing maltreatment data with IPAC to impact evaluation of prevention strategies.

*Evaluation: Data collection and reporting is expanded and shared with the IPAC and those whose work is targeted towards child maltreatment by 2015.*

### **Objective VI.3: Apply and Adapt Effective Practices**

Activities:

- Based on data identifying infants as being at highest risk for serious physical abuse at 58.2/100,000 (Leventhal JM, 2012), accelerate adoption and implementation of abusive head trauma prevention programming, including Period of PURPLE Crying.

*Evaluation: NH Children's Trust will report to the AHT coalition on adoption of Period of PURPLE Crying on a quarterly basis.*

- Identify partners and mechanism to evaluate implementation, including if feasible cost-benefit analysis, of the Period of PURPLE Crying across the state.

*Evaluation: Parameters for undertaking evaluation will be identified by 2015.*



The Period of PURPLE Crying for Teens: Understanding Infant Crying resource kits were created and distributed to 20 high schools in NH as part of a primary prevention strategy to address infant physical abuse.

## Appendix 1

### DATA SOURCES

**Data sources and stewards include, but are not limited to the following:**

Behavioral Risk Factor Surveillance System (BRFSS)  
Brain Injury Association of NH  
Buckle Up NH Coalition  
Child Fatality Review Committee (CFRC)  
The Connect Program  
Fatality Analysis Reporting System (FARS)  
Federal Consumer Product Safety Commission  
Healthy Home and Lead Poisoning Prevention Program  
National Alliance on Mental Health, NH (NAMI-NH)  
National Fire Protection Association (NFPA)  
National Occupant Protection Use Survey (NOPUS)  
NH Bureau of Vital Records  
NH Carbon Monoxide Work Group  
NH Child Passenger Safety Program (NHCPS)  
NH Coalition Against Domestic and Sexual Violence  
NH Department of Environmental Services  
NH DHHS Bureau of Drug and Alcohol Services  
NH Department of Transportation  
NH Driving Toward Zero Coalition  
NH Division of Fire Safety-Office of the Fire Marshal  
NH Emergency Medical Service-TEMSIS data  
NH Firearm Safety Coalition  
NH Hospital Discharge Data  
NH Trauma Registry Data  
Northern New England Poison Center  
Partnership for a Drug Free NH  
State Advisory Council on Sport-related Concussions  
Suicide Prevention Council (SPC)  
US Coast Guard  
Youth Risk Behavior Survey (YRBS)

## Appendix 2

### LINKS TO VARIOUS STATE PLANS

State Highway Strategic Plan

<http://www.snhpc.org/pdf/2012StrategicHighwaySafetyPlan.pdf>

2011 – 2015 Bureau of Elderly and Adult Services Plan

<http://www.dhhs.nh.gov/dcbcs/beas/documents/stateplan.pdf>

2013 Healthy Homes Strategic Plan

<http://www.dhhs.nh.gov/dphs/cdpc/asthma/documents/strategicplan.pdf>

Statewide Prescription Drug Monitoring Plan

<http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf>

State Suicide Prevention Plan

<http://www.dhhs.state.nh.us/dphs/suicide/documents/plan.pdf>

New Hampshire Sexual Violence Prevention Plan

<http://www.dhhs.nh.gov/dphs/bchs/mch/injury.htm>

Collective Action ► Collective Impact – NH’s Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery

<http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>

State Health Improvement Plan

(not yet available) [www.dhhs.state.nh.us](http://www.dhhs.state.nh.us)