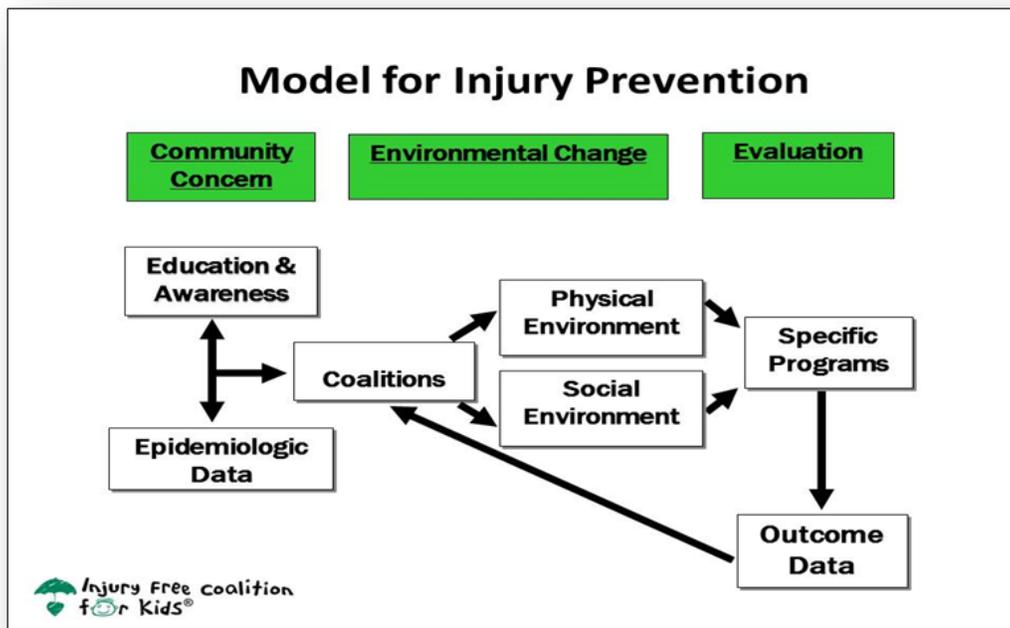


Injury Free is a national injury prevention program focused on reducing and preventing injuries to children through a hospital-based, research driven model, implemented in partnership with coalitions of community stakeholders. Injury Free programs are based at level I trauma centers. The National Program Office (NPO) oversees program development, evaluation, research, finances, and media assistance. The NPO is located in the Center for Injury Epidemiology and Prevention at the Mailman School of Public Health of Columbia University in New York. Work of the Coalition takes place under the guidance of a board made up of Coalition members. All sites abide by a set of bylaws developed by the board and approved by the membership at large, and all programs and interventions established by sites follow the Injury Prevention model below. It was developed by the Harlem Hospital Injury Prevention Program.



Injury Free programs are required to follow the model above:

Using this model insures sites follow the ABCs of Injury Prevention. They were developed by the Coalition to institutionalize proven methodology. The ABCs include:

- A -- Analyze the data
- B -- Build a coalition of community members and stakeholders
- C -- Communicate the injury problem to the community
- D -- Develop and carry out an intervention
- E -- Evaluate to see the effectiveness of the program

## OVERVIEW

Interested sites must develop community-specific prevention programs that address local challenges in a multifaceted, comprehensive manner to reduce the most prevalent and severe childhood injuries.

- 1) The proposed injury prevention program must be based on a defined intervention area which is chosen after reviewing local injury surveillance data.
- 2) A working coalition of community stakeholders must be identified. The coalition, for instance, may include hospital administration, pediatricians, pediatric emergency physicians, pediatric surgeons, nurses, health educators, social workers, parents, teachers, local foundations and businesses, community and government organizations.
- 3) Assessment of program effectiveness must be conducted using a local injury surveillance system and through assessment of specific injury prevention activities and programs.

The proposal work plan and required attachments are submitted to the National Program Office. Proposals undergo internal screening for completeness and compliance to program requirements. After the internal review, sites will be notified if they have been selected for a site visit. Copies of the proposal and required attachments should be sent to:

E. Lenita Johnson  
[estelljohnson@sbcglobal.net](mailto:estelljohnson@sbcglobal.net)  
Phone: 816-651-7777

and to

DiLenny Roca Dominguez  
[dr146@cumc.columbia.edu](mailto:dr146@cumc.columbia.edu)  
Phone: 212 305-6718

Hard copies of the proposal and its attachments should be sent to:

DiLenny Roca Dominguez  
Injury Fee Coalition for Kids  
Columbia University Mailman School of Public Health  
722 West 168<sup>th</sup> Street, Room 1608  
New York, NY 10032  
Telephone: (212) 305-6718

**COVER PAGE:**

Include a cover page on institutional letterhead with the following information. *(For the principal investigator, co-principal investigator(s) and program coordinator)*

Name, Degree(s)  
Title  
Mailing Address  
Office location, if different (for overnight deliveries)  
Telephone Number(s)  
Fax Number(s)  
E-mail Address

**WORKPLAN:**

The Work Plan must contain the following sections using a maximum of 5 pages: Introduction, Definition of intervention/catchment area, Epidemiology/injury surveillance, Coalition members, Intervention plan, and Evaluation plan. *(Note: Page limit is for the Work Plan only)*

- Introduction:** Provide a brief introductory overview of the program including the principal investigator(s) strong interest in pediatric injury prevention (Include a CV for principal investigator, co-principal investigator and program coordinator).
- Intervention Area:** Define the catchment area for your hospital with demographics (i.e. population by age group, racial distribution, gender, and socio-economic status). Describe the intervention area selected for focused injury prevention activities (requires including zip code(s) AND community name, or other specific identifiers).
- Epidemiology:** Injury surveillance must be used to direct and evaluate the program. Include baseline injury data in your proposal. Describe your plan for injury surveillance that will be used to generate population - based incidence rates. Include charts, graphs, and tables describing injury etiology and/or maps showing local geographic variations in injury incidence as necessary. Injury rates and/or injury incidence should be calculated for the intervention area. This generally requires two data sources – one for the numerator (# of persons injured both fatally and non-fatally in the age group of interest) and one for the denominator (# of people in the age group at risk for injury). The U.S. census (zip code or census tract data) can be useful for determining the at-risk population for a specified catchment area. Potential data sources for the numerator (# of injuries) include: hospital discharge/emergency room data with E-codes (ICD-9) or X,Y,Z codes (ICD-10) for mechanisms of injury with mortality/medical examiner data when available. Other potentially useful data sources include data from ambulance calls, trauma registry, Department of Transportation or law enforcement, school injury reports and others. The best estimates of injury and/or program effectiveness may require combining multiple data sources. Although it may impede later evaluation, it is not essential to have elaborate data surveillance in place prior to beginning to intervene in known injury problems. A surveillance plan should be put in place as soon as possible to allow for evaluation of program's effectiveness.

**Intervention Plan:** Based on your local data, describe and provide a plan for which types of injury you will address and how they will be approached. Although the program must deal with the broad spectrum of injury, it is often better to develop projects sequentially, based on prevalence and severity in your target community.

**Coalition Members:** List members already participating and plans to involve others. It is **essential** that community members and community organizations participate in your coalition.

**Evaluation:** All programs should evaluate their ongoing programmatic activities on a regular basis. This information should be used to refine programs/target populations as indicated and to develop new refocused activities in areas where the desired effectiveness was not realized. Culturally appropriate interventions are essential to achieve programmatic successes.

Good Clinical Practices/HIPAA: When necessary sites should obtain IRB approval from their respective institutions.

#### **REQUIRED ATTACHMENTS:**

**Attachment A: Hospital Commitment Letter**

**Attachment B: Injury Free Member Organizational Chart:** Include hospital and/or university staff where program is located as well as Injury Free staff, CEO, Department Head, and Coalition members.

If your proposal is approved, as a member of the Injury Free Coalition for Kids®, the name of your site will be: ***“Injury Free Coalition for Kids of <City> at <Hospital name>.”*** You will also be responsible to adhere to the following requirements.

**Reporting:** All Injury Free sites are required to take part in an annual program assessment survey that is shared across sites so that all Injury Free members are aware of programming, research and publications being done in other sites across the country.

**Productivity:** Members are expected to contribute to journal articles and peer-reviewed publications, be available to provide information about their Injury Free programs to TV/radio/print media, and lecture both locally and nationally in order to promote injury prevention.

Copies of all published articles and TV/radio/print media are sent to the NPO with the annual report.

**Technical Assistance:** Members must be willing to provide technical assistance to Injury Free members and other developing programs.

**Website:** Members are required to develop and maintain a webpage within the Injury

Free Coalition for Kids website ([www.injuryfree.org](http://www.injuryfree.org)). Detailed instructions regarding updates can be found in the “Resources” section of the website.

<b>Research Tools:</b>	Members are expected to develop research tools (e.g. survey instruments) to evaluate their programs. As these are developed, members are expected to share them with the NPO, who will make the tools available for use among other Injury Free sites.
<b>Staff</b>	The principal investigator(s) and Injury Free staff have the responsibility of notifying the NPO and posting any staff changes on the Injury Free website.

### **Job Descriptions:**

#### **Principal Investigator (Program Director):**

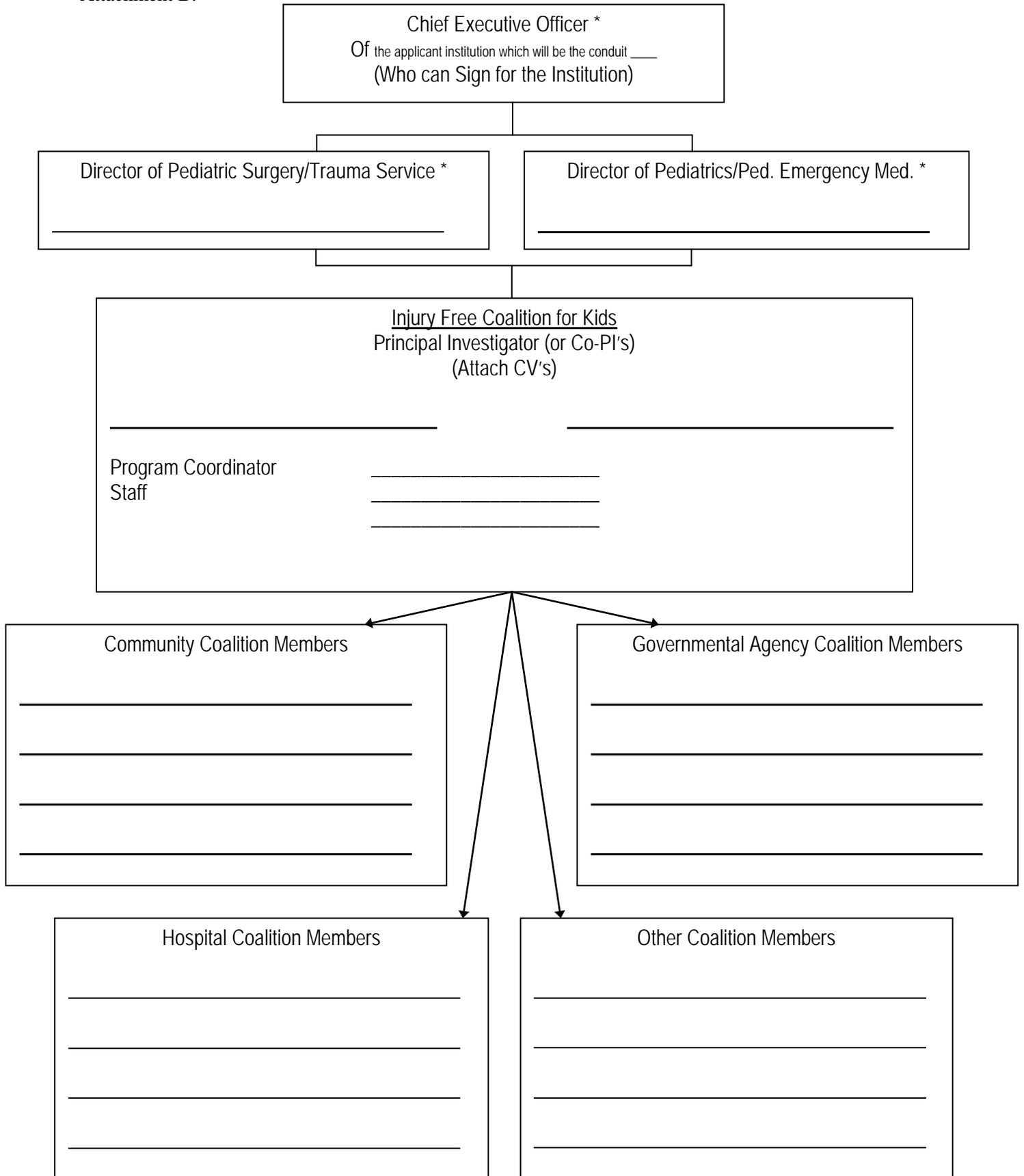
- Maintains the relationship with hospital administration
- Oversees injury data collection and mapping
- Receives Requests for Proposals (RFP's) from the Injury Free National Program Office (NPO) for national injury prevention initiatives and complete these RFP's in conjunction with the Program Coordinator
- Publishes results in peer-reviewed journals
- Provides evaluation of local programming where indicated with appropriate IRB approval.
- Attends the annual Injury Free conference
- Responds to the media regarding injury prevention
- Locates funding for local and /or national intentions
- Develops cross site projects with other Injury Free sites

#### **Program Coordinator:**

- Develops and manages community coalition relationships
- Develops and manages local community-driven injury prevention programs
- Acts as communication liaison for national program office
- Receives emails for your site and disseminates to appropriate staff
- Acts as contact for national conference information and reservations
- Contacts the Director of Communications of the NPO for assistance and coordination of media coverage, press conferences, and other communications issues
- Updates the Injury Free website on a monthly basis
- Attends the annual Injury Free conference
- Responds to the media regarding injury prevention
- Locates funding for local and /or national intentions

# Injury Free Member Organizational Chart

Attachment B:



## HOSPITAL COMMITMENT LETTER – Template

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<On Hospital Letterhead>

Injury is the leading cause of death and disability for the nation's children. <Hospital name> commits to supporting an Injury Free Coalition for Kids site at <Hospital name> that works to reduce injury to the children of <City, State> and to the promotion of a safe community for children and their families. <Hospital name> is committed to both health promotion and health care and will provide injury prevention activities based on the local community needs. In order to produce cost-effective, community-responsive initiatives, <Hospital name> also commits to developing a collaborative injury prevention strategy. <Hospital name> is a level <\_\_ \_\_> Pediatric Trauma Center certified (designated by< >)

The undersigned are committed to the mission of reducing injuries and will support the Injury Free Coalition for Kids of <City> at <Hospital name>.

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Name  
Chief Executive Officer of Institution/Financial Coordinator

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Name  
Director of Pediatrics/Pediatric Emergency Medicine

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Name  
Director of Pediatric Surgery/Trauma Service

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Name  
Title  
Injury Free Coalition for Kids, Program Director