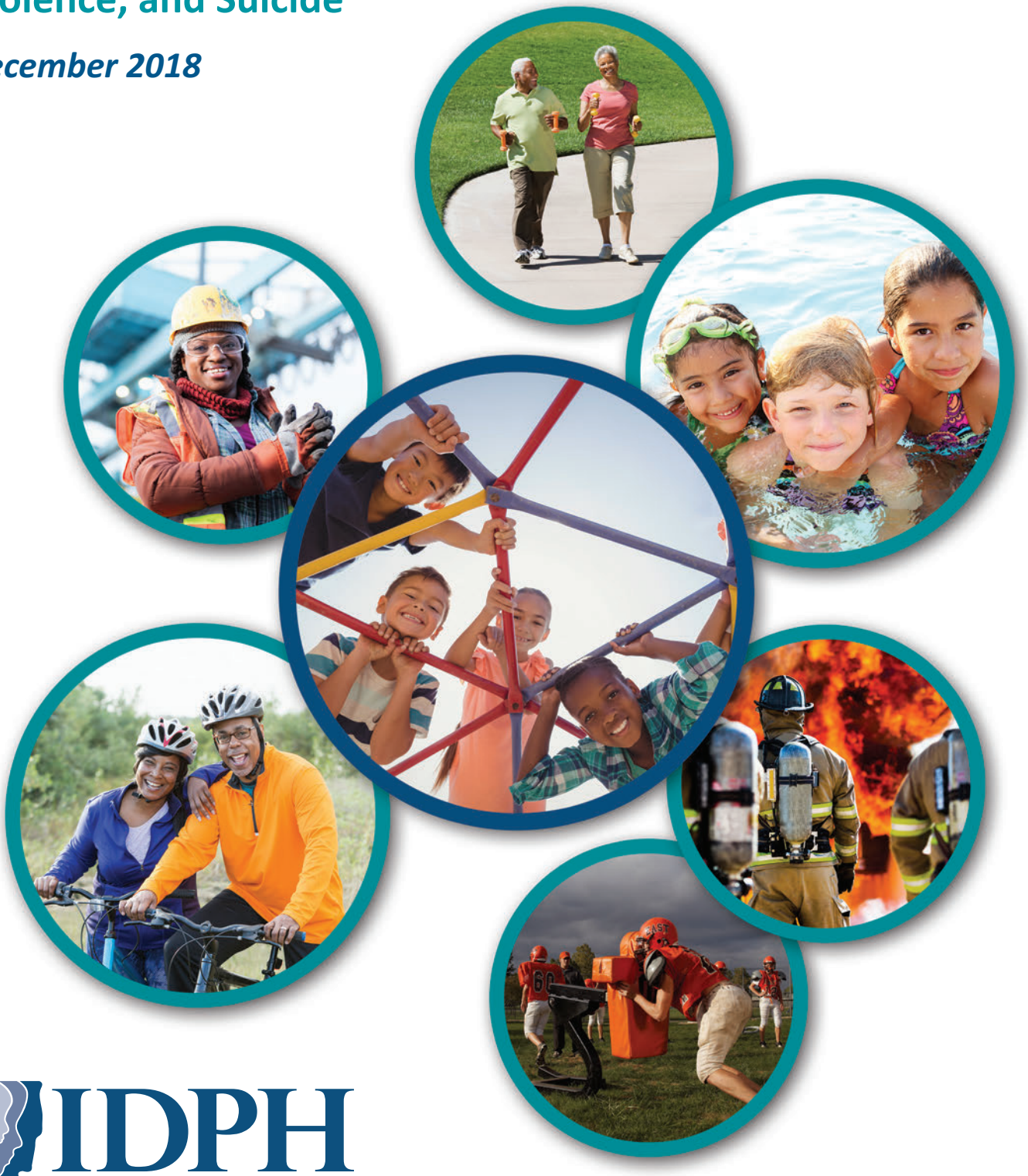
State of Illinois
Illinois Department of Public Health

Making Illinois Safer

2018-2022 State Strategic Plan to Prevent Injury, Violence, and Suicide

December 2018



IDPH
Illinois Department of Public Health

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Executive Summary

Overview

Injury, violence, and suicide are serious public health threats to the people of Illinois, leading to premature death, disability, and a burden on our health care system. In 2015, more than 7,000 people died in Illinois due to injury, violence, and suicide.[1]

Injuries are predictable and preventable. The numbers, rates, and trends of injury, violence, and suicide and knowledge of risk factors can direct policy and practice interventions that will help protect the health and well-being of the people of Illinois.

In 2016, the Illinois Department of Public Health (IDPH) was awarded funding for a U.S. Centers for Disease Control and Prevention (CDC) State Violence and Injury Prevention Program (SVIPP). As part of the program, a private-public partnership was formed, the Illinois Partnership for Safety (IPS), to guide the development and implementation of the state strategic plan. Partners from around the state were convened to revise the prior state strategic plan, enhance data and policy efforts, and set goals for implementing interventions. This document represents a year-long effort of contributors from state agencies and partners, community based organizations, and academe to develop a roadmap for injury, violence, and suicide prevention in Illinois.

Core Belief

IPS members are dedicated to ensuring the people of Illinois can live to their full potential free of injury, violence, suicide and the negative accompanying effects and impacts on individuals, families, and communities.

Vision

The vision is an injury-free Illinois.

Mission

Promote safety in the places where people live, work, learn, and play through partnerships, programs, practices, and policies to reduce the occurrences and impact of injury, violence, and suicide in Illinois.

Goal 1: Infrastructure

Establish and maintain the necessary infrastructure to lead, coordinate, monitor and evaluate the implementation of the State Strategic Plan to prevent injury, violence, and suicide.

Goal 2: Sustainability

Develop and maintain needed financial, material, and human resources for prevention, intervention, and surveillance to ensure the long-term sustainability of injury, violence, and suicide related efforts in Illinois.

Goal 3: Data and Surveillance

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

Goal 4: Knowledge

Increase knowledge about the burden of injury, violence, and suicide and evidence-based intervention and prevention strategies.

Goal 5: Community

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

Goal 6: Policy

Strengthen policy to prevent and reduce injury, violence, and suicide.

Intended Audience

The plan is relevant to partners who are leading injury, violence, and suicide prevention efforts throughout the state to ensure the safety of all people where they live, work, learn, and play. While everyone plays a role in prevention, this plan is specifically targeted at the following audiences.

- Injury, violence, and suicide prevention professionals
- State and local governmental and organizational policy and regulatory decision makers and advocates
- First responders, local health departments, and health care professionals
- Communities, including organizations and coalitions; community members; researchers; and businesses throughout the state of Illinois

How to Use the Plan

At the onset of the planning process, IPS realized creation of a complete list of potential uses for this plan would not be possible. The following examples of ways in which this plan has, can, and will be used will help target audiences apply this plan to their own efforts. The plan can be:

- Used as a strategic guide for prevention partners in Illinois.
- Help raise awareness and inform state partners and communities about injury, violence, and suicide prevention efforts.
- Provide a strategic direction for Illinois with goals, objectives, and strategies which are representative of the varied needs and concerns of the diverse and varied prevention partners in Illinois.
- Address issues organized under six encompassing goals which, when achieved, will help create the needed infrastructure and capacity in Illinois to reduce and eliminate injury, violence, and suicide.
- Provide partners with a “tool” to support public and private funding requests.

Injury is a Public Health Issue

Injury Defined

Injury can be defined into two broad categories; unintentional and intentional. Unintentional injury includes any injury sustained when there was no intent to inflict the injury on an individual. Falls, traumatic brain injuries sustained in motor vehicle crashes or during sports, unintentional drownings, etc., are all examples of unintentional injuries. Intentional injury includes any injury sustained by someone intending to harm someone else or him or herself. This includes what is commonly referred to as violence and suicide. Because of lack of familiarity with the terms unintentional and intentional, IPS members decided to make the language of this plan accessible to everyone, regardless of their background in prevention, by using the terms "injury, violence, and suicide" rather than unintentional and intentional injury.

Where Injuries Occur

In recent years, the emphasis of IDPH's injury prevention work has primarily been on reducing injuries in the home and community. However, as indicated in the IPS mission statement, IPS members would like to specifically acknowledge that the focus of this plan includes prevention in not only the home and communities, but more inclusively "where people live, work, learn, and play." Work place injuries specifically were mentioned many times and IPS members agreed that injuries occurring in the context of work are also important and should be addressed in future prevention efforts.

The Burden of Injury in Illinois

Overview

Every day in Illinois 20 people die, 167 are hospitalized, and 3,100 visit an emergency department (ED) because of an injury, violence, or suicide.[1, 2] Injuries are the fifth leading cause of death in Illinois; however, it is important to note it is the leading cause of death for those 1 - 44 years of age (2016).[3] Years of potential life lost (YPLL) before age 65 is an estimate of the number of years a person or persons would have lived if not for a premature death. Annually, deaths due to injury lead to 96,037 YPLL and violence and suicide lead to an additional 68,400 YPLL.[1]

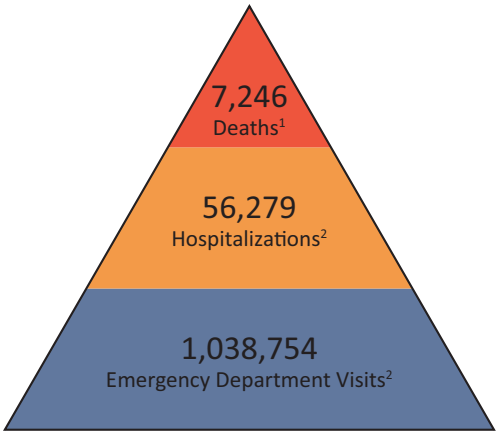

Figure 1. Impact of Injury in Illinois, 2015.

Injury data is best described by a pyramid, where the top of the pyramid contains death data and is just the tip of the burden of injury. While deaths are the most severe outcomes of injury, they are only a part of the overall burden. Hospitalizations and ED visits greatly outnumber deaths resulting from injury as demonstrated in Figure 1. Furthermore, data from physicians' offices and injuries treated outside the health care system are currently not captured in these numbers.

Injury is a serious public health problem because of its impact on the health of residents, including premature death, disability, and the burden on the health care system. Additionally, those who survive injuries can have disability, chronic pain, large medical bills, or experience profound changes in their day to day lifestyle. Furthermore, only examining injury by deaths and clinical visits underestimates its potential impact. For instance, in 2015, more than 66,000 cases of alleged child abuse and neglect were received in Illinois.[4] These cases often involved children who have experienced one or more cognitive, physical, or emotional harm. While some of this maltreatment is reflected in ED statistics, most is not.

Risk for injury can vary substantially across demographic and background factors. Age, sex, race/ethnicity, socioeconomic status, disability status, geographic location (e.g., region of the country or rural versus urban), and sexual identity are just a few of the factors that affect risk for injury, violence, and suicide.

Cost of Injury

The financial burden of injury is estimated based on medical costs (e.g., treatment and rehabilitation) and work loss costs (e.g., lost wages, benefits, and self-reported household services). The combined annual cost of injury-related fatalities is $6.7 billion (98.9 percent of which are work loss costs). The combined annual cost of injury-related hospitalizations is $6.2 billion (65.8 percent of which are work loss costs) as shown in Table. 1. Table 2 indicates the combined annual cost of ED visits is $3.6 billion dollars (59.9 percent of which are work loss costs).[3]

Table 1. Cost of Injury-Related Fatalities (in Millions), Illinois, 20143

Intent	Medical	Work Loss	Combined
Unintentional	$60.5	$3,801	$3,861
Suicide	$4.3	$1,388	$1,392
Homicide	$8.0	$1,284	$1,292
Undetermined	$1.3	$173	$174
Legal Intervention	$0.1	$17	$17
Total	**$74.2**	**$6,663**	**$6,737**

Fatality Definitions: Unintentional Injuries: drowning, falls, fire-related, motor vehicle crashes (MVC), poisoning, and Traumatic Brain Injury. Legal Intervention: injuries inflicted by police or other law enforcement agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, and performing other legal actions.

Table 2. Cost of Injury-Related Hospitalizations and ED Visits (in Millions), Illinois, 20143

	Hospitalizations			ED Visits		
Intent	**Medical**	**Work Loss**	**Combined**	**Medical**	**Work Loss**	**Combined**
Unintentional	$1,927.0	$3,415.0	$5,342.0	$1,289.1	$1,972.0	$3,262.0
Assault	$132.7	$552.8	$685.4	$128.1	$189.5	$317.6
Self-Harm	$55.7	$101.0	$156.7	$36.7	$11.7	$48.4
Total	**$2,115**	**$4,069**	**$6,184**	**$1,454**	**$2,174**	**$3,628**

Note: ED and Hospitalization Definitions: Unintentional Injuries: drowning, falls, fire-related, MVC, poisoning and TBI; Assault: fire arm injuries and assault injuries; Self-Harm: suicide attempts.

Injury Across the Lifespan

Adults (age 25-44) and older adults (age 45-64) have the highest rates of death and ED visits due to injury. However, the highest rates of injury-related hospitalizations is seen in adults and seniors (age 65-84). Injury rates by type and intent of the injury change throughout the lifespan. This information and distinction is very important to prevention experts. It allows injury, violence, and suicide prevention strategies to be tailored and targeted to specific age groups depending on the leading cause of injury-related deaths, hospitalizations, and ED visits for that age group.

Injury-Related Deaths Across the Lifespan

The leading cause of injury-related deaths for infants under age one is suffocation; drowning is the leading cause of injury-related death for children ages of one through four; and motor vehicle traffic crashes is the leading cause of injury-related death for children ages five through nine. Suicide by suffocation is the leading cause of injury-related death for youth ages 10-14 (this is the only age group with suicide as the leading cause of death) and homicide by firearm is the leading cause of injury-related death for older youth ages 15-24. Poisoning is the leading cause of injury-related death for adults ages of 25-34 and falls are the leading cause of injury-related death for older adults ages 65 years and older. A summary of these data are shown in Table 3.

Table 3. Leading Cause of Injury-related Deaths by Age-group, Illinois, 20153

Age	1st	2nd	3rd
<1	Suffocation (U)	Homicide (Us)	Suffocation (Ud)
1-4	Drowning (U)	MVC (U)	Suffocation (U)
5-9	MVC (U)	Fire/burn(U)	Suffocation (U)
10-14	Suicide (suffocation)	Homicide (Firearm)	MVC (U)
15-24	Homicide (Firearm)	MVC (U)	Poisoning (U)
25-34	Poisoning (U)	Homicide (Firearm)	MVC (U)
35-44	Poisoning (U)	MVC (U)	Homicide (firearm)
45-54	Poisoning (U)	MVC (U)	Suicide (suffocation)
55-64	Poisoning (U)	MVC (U)	Fall (U)
65-74	Fall (U)	MVC (U)	Suicide (firearm)
75-84	Fall (U)	MVC (U)	Unspecified (U)
85+	Fall (U)	Unspecified (U)	Suffocation (U)

Note: MVC=Motor vehicle crashes; (U)=Unintentional; (Ud)=Undetermined; (Us)=Unspecified.

Injury-Related Hospitalizations and ED Visits Across the Lifespan

Different age groups experience different rates of hospitalizations and ED visits. Hospitalizations due to falls are highest in seniors age 65 years and older, and motor vehicle rates and poisoning are highest in adults 25-64 years compared with other age groups (Table 4). ED visit rates for falls, MVC, TBI, poisoning, and assault are highest among adults 25-64 years compared to other age groups. The highest rates of suicide are seen in the 15-24 year age group (Table 5).

Table 4. Rate of Injury-related Hospitalizations by Age-group, Illinois, 20152

	Falls	MVC	TBI	Poisoning	Assault	Suicide	Firearm	Fire
0-4	2.9	0.4	2.7	1.0	0.8	-	-	-
<5-14	3.7	1.3	2.0	2.0	0.5	1.7	0.3	
15-24	3.1	7.4	6.8	14.2	7.8	10.7	6.0	0.3
25-44	12.1	13.0	13.0	26.5	10.3	16.5	5.1	0.7
45-64	34.1	9.5	15.0	21.2	3.2	10.1	0.7	0.8
65-84	89.7	5.2	23.3	6.3	0.5	1.8	0.2	0.4
85+	59.1	1.1	12.6	0.8	-	0.2	-	-

-Rate not reported when count is <20.

Note: Data presented is based on CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

Table 5. Rate of Injury-related ED Visits by Age-group, Illinois, 20152

	Falls	MVC	TBI	Poisoning	Assault	Suicide	Firearm	Fire
0-4	287.7	25.1	110.1	30.5	3.6	-	-	1.0
<5-14	380.7	57.4	128.9	20.1	23.7	11.2	0.6	1.5
15-24	230.4	213.2	140.1	45.8	127.7	36.9	12.9	3.4
25-44	500.2	341.2	171.1	61.5	185.5	29.6	11.2	7.8
45-64	473.8	164.8	113.9	30.9	51.2	9.9	1.3	4.6
65-84	448.7	50.7	106.4	10.2	4.7	1.0	0.3	1.6
85+	190.4	4.7	48.8	1.6	0.4	-	-	0.1

Rate not reported when count is <20.

Note: Data presented is based on CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

Additional Data – For more comprehensive data, access the *Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book* by clicking on the link.

Approaches to Prevent Injury

Injuries are Preventable

Like diseases, injuries are preventable—they do not occur at random. Injuries have identified risk and protective factors making them preventable[5]. Like disease, injuries follow a pattern. Studying these patterns makes it possible to learn to predict and prevent injuries[6]. The same scientific methods used to prevent injuries have been used to prevent disease: carefully describing the problem through surveillance, studying factors that increase or decrease risk for injuries, designing and evaluating intervention strategies that target these risk factors, and taking steps to ensure that proven strategies are implemented nationwide in communities.[5]

One of the greatest challenges is to change public attitudes and behaviors about the preventability of unintentional injuries and violence, just as public health has changed public attitudes to prevent tobacco use, sedentary lifestyle, and sexual risk-taking behavior. Unintentional injuries can no longer be considered "accidents." Violence can no longer be viewed as just a problem for the police or criminal justice sector; nor suicide a problem for the mental health sector. Because most injuries are considered preventable, the challenges lie in identifying winnable battles and in developing effective policies and delivering effective programs to save many more lives[7]. Recognizing the preventability of intentional and unintentional injuries, below is an overview of the common frameworks used to describe injury prevention.

Prevention Approaches[10]

Prevention is often described as operating at three different levels:

- **Primary prevention:** Takes place BEFORE the injury, violence, or suicidal behavior initially occurs. It involves programs and strategies designed to reduce the factors that put people at risk for experiencing these events. Or, they encourage the factors that protect or buffer people from these events.
- **Secondary prevention:** Takes place DURING an injury, violent, or suicidal event. It deals with the short-term consequences and focuses on the immediate needs of the victim—such as emergency services or medical care.
- **Tertiary prevention:** Is a long-term approach AFTER an injury, violent, or suicidal event has occurred. Efforts may include rehabilitation or social services to lessen trauma to the victim.

Prevention approaches include:

- **Universal Approach:** Prevention efforts focused on a population without knowing individual risk. (Example: A prevention course taught to all students in a school or to an entire grade level.)
- **Selected Approach:** Prevention efforts focused on those individuals or groups that show one or more risk factors. (Example: A weekly workshop designed to teach effective parenting skills to low income, single parents.)
- **Indicated Approach:** Prevention efforts for those who have already demonstrated injurious, violent, or suicidal behavior. (Example: A series of treatment or counseling sessions for perpetrators of domestic violence.)

It is important to recognize evidence-based prevention programs that have been tested, evaluated, and proven effective in lowering the risk for injury, violence, and suicide when used as designed. Moreover, all the above prevention approaches can be applied individually or in combination using the framework for prevention known as the Public Health Approach (PHA) and through the social-ecological model as described below.

Public Health Approach

The Public Health Approach (PHA) is a four-step, theoretical framework which can be utilized to investigate and understand the burden and causes of injury, and to select, implement and evaluate appropriate prevention strategies. The PHA seeks to improve the health and safety of all individuals by using population-based data, information, underlying risk, and protective factors which can increase or decrease the likelihood that an individual will experience an injury. More specific to violence, risk and protective factors can also increase or decrease the likelihood an individual will, or will not, become a victim or a perpetrator of violence. The PHA aims to provide the maximum benefit for the largest number of people. The four steps of the PHA include:[12]

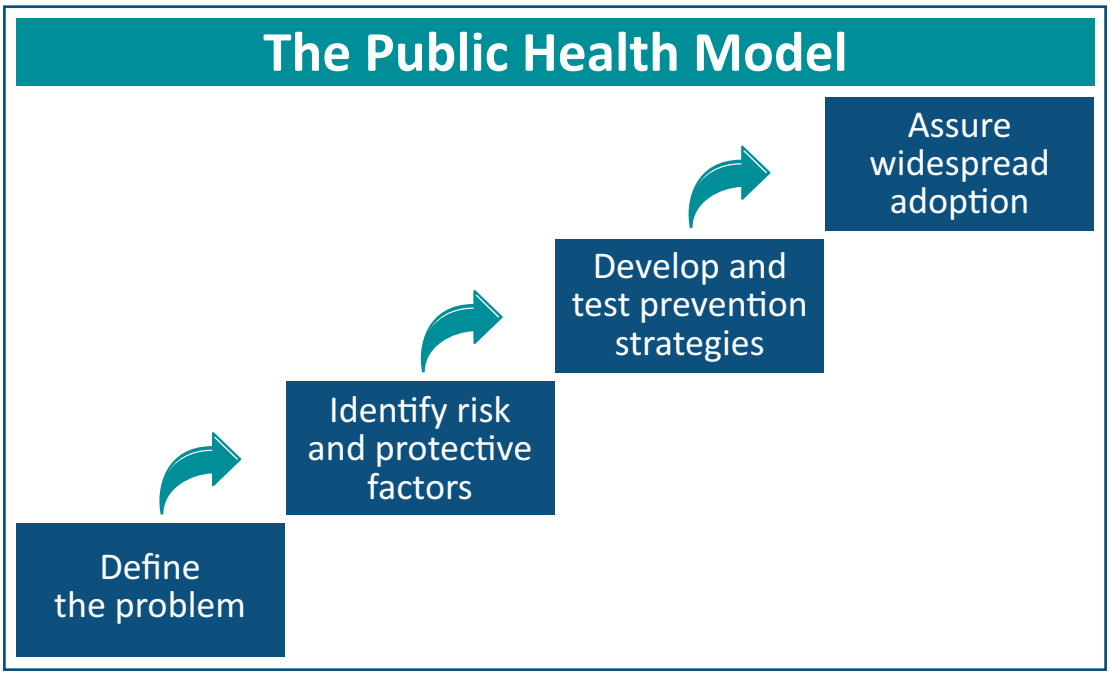

Figure 2. The Public Health Model.13

Step 1: Define and Monitor the Problem

- The "who", "what", "when", "where," and "how" injury occurs
- Data to show the frequency of injury, where it is occurs, trends, and victims and perpetrators in cases involving violence)

Step 2: Identify Risk and Protective Factors

- Understand what factors protect against, or put people at risk for, experiencing injury, violence, and suicide
- Identify where prevention efforts need to be focused

Step 3: Develop and Test Prevention Strategies

- Use data (Step 1) and identified risk/protective factors (Step 2) to identify evidence-based/-informed strategies and approaches designed to address the specific problem
- Once programs are implemented, assess and evaluate to determine their effectiveness

Step 4: Assure Widespread Adoption

- Implement effective strategies in a wide range of settings
- Disseminate through training, networking, technical assistance, and evaluation

Social-Ecological Model[14, 15, 16]

The Social-Ecological Model (SEM) views injuries as the outcome of the complex interplay between individual, relationship, community, and societal factors. The SEM suggests in order to prevent injuries, it is necessary to act across multiple levels of the model at the same time. The SEM treats the interaction between factors at the different levels with equal importance to influence factors within a single level, and is useful to identify and group intervention strategies based on the SEM level in which they act. The four levels of the SEM include:

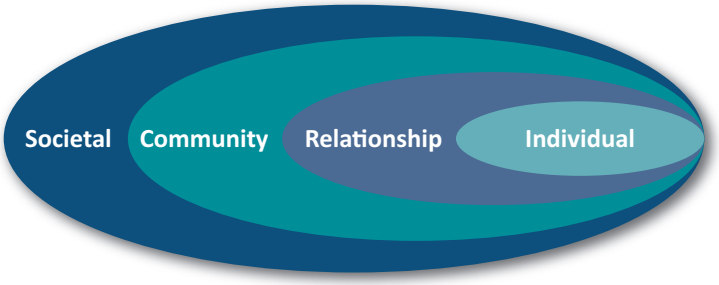

Figure 3. Social-Ecological Model.16

- **Individual:** biological and personal history factors (age, education, income, substance use, history of abuse, etc.);
- **Relationship:** close relationships which might increase the risk of experiencing an injury and/or violence as a victim or perpetrator (social circle, peers, partners, and family members);
- **Community:** settings in which social relationships occur and characteristics of these settings (physical environment) are associated with experiencing an injury and/or victimization or perpetration of violence (schools, workplaces, neighborhoods, etc.); and
- **Societal:** broad factors which create a climate in which injuries are made possible or inhibited (social and cultural norms; health status; economic, educational and social policies; and economic and/or social inequalities).

Shared Risk and Protective Factors[11, 17, 18, 19]

Risk factors are associated with a greater likelihood of experiencing an injury and/or violence perpetration. They are contributing factors and might not be direct causes. Not everyone who is identified as "at risk" experiences an injury or becomes a perpetrator of violence. Protective factors may lessen the likelihood of experiencing an injury, violence victimization, or perpetration, by buffering against risks. These factors can initially arise early in childhood and persist throughout the lifespan, across all levels of the SEM.

Evidence clearly shows different forms of injury share common risk and protective factors. When applying the PHA to injury prevention, it is important to recognize and address shared risk and protective factors and the connections among different forms of violence to maximize the use of resources, knowledge, and expertise in ways to protect people and communities from all forms of violence.

Illinois Partnership for Safety

Development of the state strategic plan was led by the Illinois Partnership for Safety (IPS). IPS uses a public health approach to bring together public and private organizations and stakeholders to implement the goals and objectives that reduce the burden of injury. IPS reflects a multi-disciplinary membership representing state agencies and organizations, which focus on the prevention of injuries. The variety of disciplines and expertise represented across the IPS and its committees ensures that Illinois has a strong capacity to develop, implement, and evaluate evidence-based strategies to reduce morbidity and mortality due to injuries and violence.

Objectives of IPS include:

- Providing practice expertise and injury, violence, and suicide prevention research and assisting in the development, implementation, and evaluation of the state's injury and violence prevention state plan.
- Leveraging resources for injury, violence, and suicide prevention.
- Increasing awareness of the burden of injury, violence, and suicide in Illinois and strategies to address these issues.
- Sharing expertise and information to facilitate and support dissemination of best practices in injury, violence, and suicide prevention; including best practices related to shared risk and protective factors.
- Promoting state and local capacity development on injury, violence, and suicide prevention.
- Developing a common language and similar prevention messages among the injury, violence, and suicide prevention field in Illinois.

Strategic Plan Development and Revision

Overview – In November 2016 during the IPS meeting, IDPH announced that the *Making Illinois Safer: a Strategic Plan for Injury Prevention 2011-2015* would be revised. Following the announcement, the IPS State Strategic Plan Committee (SSPC) was formed and tasked with revising the plan.

Beginning in December 2016, monthly SSPC conference calls were convened. The calls were utilized to engage SSPC members and garner their feedback and assistance on a variety of topics related to the revision of the plan, including but not limited to:

- Developing six goals for the plan
- *Key Informant Interview Summary: Key Findings*
- *Making Illinois Safer: The 2017 Injury, Violence, and Suicide Prevention Data Book*
- *Making Illinois Safer: State Strategic Planning Retreat*
- Developing priorities, objectives, and strategies
- Writing individual sections of the State Strategic Plan
- Disseminating the plan

Key Informant Interviews – The key informant interview process began in January 2007. The SSPC developed, edited, and finalized a set of 10 questions which were used as the foundation for every interview. The interview results were compiled into a summary and shared at the Making Illinois Safer: State Strategic Planning Retreat where they were used as a basis for discussions and decision making.

Strategic Planning Retreat – In addition to the SSPC monthly conference calls, approximately 30 partners convened on June 21, 2017 for a one-day retreat: the Making Illinois Safer Strategic Planning Retreat. During the retreat partners analyzed the quantitative and qualitative data in the Data Book and the Key Informant Interviews' Summary: Key Findings. The analysis of the data led to priority areas for the plan, which were discussed and voted upon. Of all the priorities, the five with the most votes were selected as focus areas. Those areas included building and maintaining partnerships; being data driven in the approach to injury prevention; building local capacity; addressing the intersection between mental health and injury, violence, and suicide; and focusing on education with specific purposes in mind. The data analysis and priorities then informed the creation of draft objectives and actions steps.

Plan Completion – After the Making Illinois Safer: Strategic Planning Retreat, work groups were formed, each corresponding to at least one goal. The work group members worked to revise the draft objectives and strategies.

While the work groups were revising objectives and strategies, SSPC members were writing various sections of the plan. All work was completed by the end of December 2017, at which time the plan was reviewed for concurrence by the IPS.

Goals, Objectives, and Strategies

Goal 1: Infrastructure *Establish and maintain infrastructure to lead, coordinate, monitor, and evaluate the implementation of the State Strategic Plan to prevent injury, violence, and suicide.*	
Objective 1.1: By January 2020, establish IPS as a source of leadership for Illinois injury prevention.	
Strategy 1.1.1:	Create a leadership team for IPS.
Strategy 1.1.2:	IPS leadership team will identify and take action on the collaboration needs and opportunities of state agencies, private partners, and other relevant partners.
Strategy 1.1.3:	IPS leadership team will ensure state priorities, infrastructure, and leadership is reflective of the geographic and demographic diversity of Illinois.
Objective 1.2: By June 2020, implement new policies or mechanisms to facilitate sharing data across government and non-governmental agencies.	
Strategy 1.2.1:	Develop a memorandum of understanding (MOU) template and promote its use among partners to increase data sharing across injury prevention partners.
Strategy 1.2.2:	Utilize the Data and Surveillance Committee to serve as a forum for injury prevention partners to share data and surveillance related concerns, including those regarding data sharing, and identify ways to take action.
Objective 1.3: By July 2020, implement infrastructure improvements addressing at least one of the intersections between mental health and injury.	
Strategy 1.3.1:	Assess existing intersections between mental health and injury and identify potential improvements.
Strategy 1.3.2:	Create at least one new forum for injury prevention partners to collaborate with mental health partners on common issues, including relevant legislative and regulatory policy issues.
Objective 1.4: By August 2020, the IPS leadership team will implement strategies to ensure the long-term success and sustainability of IPS.	
Strategy 1.4.1:	Create a succession plan for leadership roles within IPS and encourage and promote succession planning for other critical Illinois leadership roles in injury prevention.
Strategy 1.4.2:	Create a plan for the continuation of activities beyond the Core State Violence and Injury Prevention Program (Core SVIPP) funding period (August, 2016- July, 2021).
Objective 1.5: By August 2020, create the infrastructure needed to promote the core competencies of injury prevention.	
Strategy 1.5.1:	Conduct a needs assessment to inform the creation of the needed infrastructure to support promotion of core competencies for injury prevention among partners.
Strategy 1.5.2:	Develop or identify the core competencies for injury prevention for the various Illinois audiences.

Goal 1: Infrastructure *Establish and maintain infrastructure to lead, coordinate, monitor, and evaluate the implementation of the State Strategic Plan to prevent injury, violence, and suicide.*	
Objective 1.6: By December 2020, implement strategies to increase the communication capacity between state partners, state to local partners, and local partners.	
Strategy 1.6.1:	Survey and conduct assessment of current communication channels in place throughout the state and use the findings to determine the best way to communicate with partners at the state and local levels.
Strategy 1.6.2:	Develop and identify existing regional networks to serve as a linking agent between state and local injury prevention partners.
Strategy 1.6.3:	Develop communication channels such as listserv(s), webpages, and other channels as a way for local partners to communicate and stay connected with each other.
Strategy 1.6.4:	Utilize communication channels to conduct survey and assessment to identify current programs in place throughout the state and ensure similar efforts are strategically aligned and operating in collaboration.
Objective 1.7: By December 2020, implement a trauma-informed approach in local health department.	
Strategy 1.7.1:	Assess current local health departments' awareness, knowledge, and current activities related to the trauma-informed approach.
Strategy 1.7.2:	Develop or identify trauma-informed approach training and tailor to meet local health departments' needs.
Strategy 1.7.3:	Pilot training and implementing a trauma-informed approach in at least one local health department and utilize the results of the pilot study to implement the approach across all local health departments in Illinois.

Goal 2: Sustainability *Develop and maintain financial, material, and human resources for prevention, intervention, and surveillance to ensure the long-term sustainability of injury, violence, and suicide related efforts in Illinois.*	
Objective 2.1: By July 2019, incorporate a trauma-informed component into the grant application in at least one state agency or private organization.	
Strategy 2.1.1:	Identify organizations and state agencies in Illinois or elsewhere which have successfully incorporated a trauma-informed component into their grant applications and use as guide for Illinois.
Strategy 2.1.2:	Develop a template or consistent approach to be adopted by grantors to incorporate a trauma-informed component into their grant applications.
Objective 2.2: By December 2019, implement strategies to increase public and private funders' awareness of the importance of injury prevention and share ways to take action.	
Strategy 2.2.1:	Create and disseminate annual report to highlight the impact of funding injury prevention efforts.
Strategy 2.2.2:	Share annually at least one funding success story related to injury prevention.

Goal 2: Sustainability *Develop and maintain financial, material, and human resources for prevention, intervention, and surveillance to ensure the long-term sustainability of injury, violence, and suicide related efforts in Illinois.*	
Objective 2.3: By March 2020, implement strategies to assure that the discipline of injury prevention is reflected in Illinois mental health related initiatives.	
Strategy 2.3.1:	Identify current Illinois mental health related initiatives and determine if there are opportunities to promote injury prevention through the initiatives' work.
Strategy 2.3.2:	Communicate the importance of injury prevention to the agencies involved in the Illinois Department of Healthcare and Family Services' Health and Human Services Transformation initiative.
Strategy 2.3.3:	Promote the benefits and work to include the trauma-informed approach into mental health related initiatives.
Objective 2.4: By January 2021, implement strategies to support workforce development for current or future injury prevention professionals and partners.	
Strategy 2.4.1:	Identify partners to assess and expand the availability of injury prevention workforce training opportunities for current prevention professionals and partners.
Strategy 2.4.2:	Partner with universities and colleges to assess and expand the availability of injury prevention internship opportunities for college students and other potential prevention professionals and partners.
Strategy 2.4.3:	Partner with non-profit organizations, institutions of higher education, national, state, and local organizations, and other relevant entities to host and promote an annual injury prevention conference.
Objective 2.5: By July 2021, implement strategies to increase the sustainability of quality data collection.	
Strategy 2.5.1:	Identify existing high quality prevention data sets through which additional injury prevention data can be collected.
Strategy 2.5.2:	Identify data collection opportunities at service oriented organizations and implement activities to take advantage of opportunities to collect injury prevention data through service oriented organizations.
Strategy 2.5.3:	Ensure injury prevention data collection interests are represented in discussions concerning data collection in Illinois.
Objective 2.6: By January 2022, address gaps in services contributing to injury in different communities.	
Strategy 2.6.1:	Assess the gaps in services present in communities on a regional basis.
Strategy 2.6.2:	Select at least one community with gaps in services which hinder injury prevention and implement strategy(s) to address the gap.

Goal 3: Data and Surveillance *Increase the quality, availability, and dissemination of statewide and community specific injury, violence, and suicide data for planning, surveillance, and evaluation.*	
Objective 3.1: By May 2019, identify and implement strategies to aid partners in the transition from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) injury codes.	
Strategy 3.1.1:	Clarify the IDPH IVPP and the IPS role in educating partners about the ICD-9-CM to ICD-10-CM injury code transition.
Strategy 3.1.2:	Promote data classification to make data more robust and comparable across data sets.
Objective 3.2: By October 2019, produce and disseminate an annual data report regarding the intersection of mental health and injury.	
Strategy 3.2.1:	Utilize data inventory to identify opportunities to collect data related to the intersection of mental health and injury.
Strategy 3.2.2:	Develop a data report using the Behavioral Risk Factor Surveillance System (BRFSS) Adverse Childhood Experiences (ACE) module data, or include the data in a report to share data in a meaningful way.
Objective 3.3: By November 2019, create and share trend data tables specific to designated geographic areas in Illinois on priority injury topics on an annual basis.	
Strategy 3.3.1:	Utilize the Data and Surveillance Committee to guide and draft the trend injury data tables.
Strategy 3.3.2:	Create a dissemination plan to share trend injury data with the members of the geographic area it encompasses.
Objective 3.4: By December 2019, implement a strategy to ensure published injury data-related reports have specific educational purposes and audiences.	
Strategy 3.4.1:	Ensure the IDPH IVPP burden briefs, policy briefs, and other data related publications include an analysis portion that is crafted with specific learning objectives in mind.
Strategy 3.4.2:	Define the intended audience of any given injury data-related report before the report is written, and tailor the report to align with the audience's needs.
Objective 3.5: By September 2020, identify avenues to increase the amount of data available to the public relating to youth (<18 years) injury prevention.	
Strategy 3.5.1:	Identify opportunities and provide resources to expand collection of youth related injury data through existing youth surveys and other youth data collection mechanisms.
Strategy 3.5.2:	Create and share an annual data report specific to youth injury.
Objective 3.6: By November 2020, create or identify avenues to share injury data with local partners.	
Strategy 3.6.1:	Develop a webpage to house static injury data reports and serve as a central storehouse for links to injury data sets, other data-related information, and data and surveillance educational resources. Promote utilization of the webpage.
Strategy 3.6.2:	Create a dashboard with the ability for counties to compare their injury data to other counties', regional, and state data sets. Promote the utilization of the dashboard.

Goal 3: Data and Surveillance *Increase the quality, availability, and dissemination of statewide and community specific injury, violence, and suicide data for planning, surveillance, and evaluation.*	
Objective 3.7: By November 2022, implement strategies to help communities identify on an annual basis the unique causes of the top five injury topics by regions.	
Strategy 3.7.1:	Convene or utilize existing inter-disciplinary workgroups to develop a plan to address the inconsistencies in the reporting and recording of data related to injury.
Strategy 3.7.2:	Identify or develop mechanisms which will allow data reporters to record where (specific address) the injury occurred and the context (work, school, home, etc.…).
Strategy 3.7.3:	Identify and develop injury indicators to be included in the Illinois Project for Local Assessment of Needs (IPLAN).
Strategy 3.7.4:	Identify or create guidelines for communities regarding injury data suppression.
Objective 3.8: By December 2022, implement strategies to increase statewide partners' and the public's timely access to injury related data and databases.	
Strategy 3.8.1:	Conduct a statewide inventory of existing data sets and publish on the IDPH website the links and contact person for each data set.
Strategy 3.8.2:	Utilize the inventory of data sets to identify gaps in injury data that are collected and seek out opportunities to fill those gaps.
Strategy 3.8.3:	Develop, implement, and refine a standard form and process to receive and track injury data requests, which will all be directed to the IDPH IVPP, and encourage other partners to implement a similar approach.
Strategy 3.8.4:	Identify a representative from workgroups addressing injury data to join IPS so IPS is connected with national and state injury data discussions and can determine areas of collaboration to ensure ease of access and timely sharing of injury related data.

Goal 4: Knowledge *Increase knowledge of the burden of injury, violence, and suicide and evidence-based intervention and prevention strategies.*	
Objective 4.1: By November 2019, create a forum or mechanism for partners to share injury prevention educational resources.	
Strategy 4.1.1:	Utilize or create sharing points such as webpages, social media, share point, etc. to link partners to injury prevention resources.
Objective 4.2: By December 2019, identify a way to partner with a chronic disease prevention partner to jointly promote and implement a strategy that addresses both chronic disease and injury.	
Strategy 4.2.1:	IDPH IVPP will partner with the IDPH Division of Chronic Disease Programs to identify connections between a major chronic disease topic and one major injury topic and develop at least one strategy to address a common connection.

Goal 4: Knowledge *Increase knowledge of the burden of injury, violence, and suicide and evidence-based intervention and prevention strategies.*	
Objective 4.3: By December 2019, implement strategies to educate and increase the number of partners submitting data in a standardized and uniform manner.	
Strategy 4.3.1:	Identify data dictionary terms and develop a dissemination plan to share them.
Strategy 4.3.2:	Assess the educational needs of partners regarding data reporting and provide trainings or links to trainings to meet their educational needs.
Objective 4.4: By March 2020, implement strategies to ensure there is a consistent screening process of shared risk and protective factors, and ensure that evidence-based screening tools are being used across state agencies and organizations.	
Strategy 4.4.1:	Create guidelines to aid prevention partners and state agencies and ensure they are utilizing evidenced-based screening tools in a consistent manner and are appropriate for the situations they encounter in their individual organization or agency.
Strategy 4.4.2:	Create a dissemination plan to share guidelines and promote their use among state and local partners.
Strategy 4.4.3:	Develop or identify a toolkit which will include existing evidence-based screening tools, risk assessments, safety tools, and checklists to accompany guidelines.
Objective 4.5: By November 2020, implement strategies to help identify and train each regional network in Illinois to interpret and use injury data.	
Strategy 4.5.1:	Assess communities' educational needs regarding data use and interpretation.
Strategy 4.5.2:	Develop and promote at least one training opportunity to address at least one of the needs identified in the assessment.
Strategy 4.5.3:	Identify existing data and surveillance trainings and promote them among local partners.
Strategy 4.5.4:	Include in the injury prevention training packet and toolkit a component on data interpretation and use.
Strategy 4.5.5:	Host an annual training (webinar, in person training, self-study, etc.) on using and interpreting injury data in communities.
Objective 4.6: By December 2020, implement strategies to increase the number of communities that utilize best-practice interventions based on the underlying roots causes of injury in their region.	
Strategy 4.6.1:	Increase awareness in each region to help partners recognize the root causes of injury within their region.
Strategy 4.6.2:	Train communities (which will serve as models for other communities) in each region to implement strategic interventions that are evidence-based and address the root causes of injury specific to their region.
Strategy 4.6.3:	Share regional guides which outline the root causes of injuries in each region and provide a list of best practice intervention options specific to the root causes.
Strategy 4.6.4:	Create a webpage with links to resources for selecting and implementing evidence-based intervention and prevention strategies based on the underlying root causes of injury specific to the geographic area.

Goal 4: Knowledge *Increase knowledge of the burden of injury, violence, and suicide and evidence-based intervention and prevention strategies.*	
Objective 4.7: By December 2020, implement strategies to educate current or future prevention partners, professionals, and policy makers about the intersection between mental health and injury and how to take action.	
Strategy 4.7.1:	Conduct a literature review to document existing research which indicates the intersection of mental health and injury.
Strategy 4.7.2:	Encourage universities and educational institutions to offer educational courses on the intersection of mental health and injury prevention.
Strategy 4.7.3:	Develop and share educational materials targeted specifically for senior leadership in state agencies and organizations and their role in addressing the intersection between mental health and injury prevention.
Strategy 4.7.4:	Recognize families and other professional and nonprofessional caregivers as partners in addressing the intersection between mental health and injury, and create and share educational materials geared for that audience.
Objective 4.8: By March 2021, implement strategies to educate statewide injury prevention partners on the priority shared risk and protective factors that intersect with the priority injury topic areas in Illinois.	
Strategy 4.8.1:	Conduct an assessment of statewide partners to determine educational needs regarding shared risk and protective factors.
Strategy 4.8.2:	Develop training resources or training opportunities to fill any knowledge gaps uncovered in the survey.
Strategy 4.8.3:	Create awareness to inform and educate statewide partners about shared risk and protective factors that intersect with the priority injury topic areas in Illinois.
Objective 4.9: By March 2021, implement strategies to educate partners on the core competencies of injury prevention.	
Strategy 4.9.1:	Develop and promote an injury prevention self-study training toolkit.
Strategy 4.9.2:	Partner with Illinois-based national organizations to promote and offer training on the injury prevention core competencies.
Strategy 4.9.3:	Leverage mandated injury prevention professionals such as Level I Hospital Trauma Center Injury Prevention Coordinators as a resource to help with educating local partners on the injury prevention core competencies.

Goal 5: Community **Build capacity at the state and local level for evidence-based injury prevention so communities can effectively reduce and prevent injuries, violence, and suicide.**	
Objective 5.1: By July 2019, make injury data tables or Geographic Information System (GIS) maps broken down by county, census track, or zip code available to the public.	
Strategy 5.1.1:	Refer to the inventory of injury data sets compiled, and identify data sets from which data tables or GIS maps, broken down by county, census track, or zip code could be produced.
Strategy 5.1.2:	Examine non-injury prevention data sets that collect county level data and assess whether injury prevention data could be collected through the existing system to be used to produce data tables or GIS maps broken down by county, census track, or zip codes.
Objective 5.2: By August 2020, implement an injury prevention evidence-based intervention and prevention strategy (EBP) in a county, city, or community in each of the regional networks.	
Strategy 5.2.1:	Compile a list of EBPs that address the top five injury topic areas by region in Illinois, to aid communities in EBP selection.
Strategy 5.2.2:	Identify communities in each regional network that are best equipped to implement an EBP and focus on promoting EBPs that address the specific injury topics most prevalent in their community.
Objective 5.3: By September 2020, implement strategies to assist in identifying and training at least one person in injury prevention in at least 10% of the counties in Illinois.	
Strategy 5.3.1:	Connect with local partners through the regional networks to identify and determine the training needs of local injury prevention partners.
Strategy 5.3.2:	Identify partners who have expertise in the areas of need and work with them to develop or identify the training opportunities.
Strategy 5.3.3:	Host or promote in each of the regional networks, prevention training opportunities, such as an annual conference for local partners in their area of need.
Strategy 5.3.4:	Create an injury prevention training packet and toolkit to aid communities in prevention.
Objective 5.4: By November 2020, implement a strategy so at least one person in at least 10% of the counties in Illinois will be engaged in annual evaluation processes to determine the effectiveness of their injury prevention methods.	
Strategy 5.4.1:	Develop an evaluation tool or process that communities can use to monitor success of their efforts.
Objective 5.5: By December 2020, implement strategies to address, in at least one county, city, or community in each of the regional networks, the intersection of mental health and injury.	
Strategy 5.5.1:	Engage statewide mental health partners in injury prevention discussions with the intent of uncovering ways to support mental health in Illinois. This serves the dual purpose of supporting regional injury prevention efforts.
Strategy 5.5.2:	Implement awareness strategies regarding shared risk and protective factors shared by both mental health and injury in each region in Illinois.

Goal 6: Policy **Strengthen policy to prevent and reduce injury, violence, and suicide.**	
Objective 6.1: By December 2019, encourage systems to adopt injury prevention strategies as part of their organizational policies.	
Strategy 6.1.1:	Develop a dissemination plan to share and promote the use of standard language among injury prevention partners' grants and contract agreements emphasizing the need to address shared risk and protective factors.
Strategy 6.1.2:	Encourage professional organizations to offer trainings (as a membership benefit or through a conference) to frontline workers on integrating strategies to address shared risk and protective factors into their policies and guidelines.
Objective 6.2: By December 2019, develop mechanisms or forums to educate legislative and regulatory policy partners on a regular and consistent basis about the burden of injury and the value of prevention.	
Strategy 6.2.1:	Identify local champions in the legislators' respective districts to share resources and educational materials during the spring recess.
Strategy 6.2.2:	Create and share a calendar of advocacy dates to create awareness about the best opportunities to advocate for injury topics.
Objective 6.3: By December 2020, implement strategies to build local capacity to address injury prevention policy gaps.	
Strategy 6.3.1:	Incorporate into the injury prevention training packet and toolkit, a policy training component to aid local partners in accomplishing local initiatives, including mental health initiatives.
Strategy 6.3.2:	Identify gaps in state legislative and regulatory injury prevention policy and provide information to localities about how to address the gaps that are not addressed on a state level.
Strategy 6.3.3:	Create best practice local policy guidelines and create a dissemination plan to share the guidelines.
Strategy 6.3.4:	Ensure local partners (community members, policy and regulatory decision makers, and others) have the needed resources to address injury prevention policy gaps and ensure they are aware of the resources available to them.
Objective 6.4: By December 2020, implement a strategy to ensure partners' injury prevention legislative and regulatory policy agendas are aligned with state needs.	
Strategy 6.4.1:	Partner and collaborate with Illinois professional organization legislative liaisons to educate and encourage them to align policy and regulatory agendas with state injury prevention needs.
Strategy 6.4.2:	Utilize a legislative and regulatory policy tracker or other mechanism to help raise awareness about legislative and regulatory policy that would impact state injury prevention needs in negative or positive ways.

Goal 6: Policy **Strengthen policy to prevent and reduce injury, violence, and suicide.**	
Objective 6.5: By July 2021, develop new avenues to share injury data in a way that conveys a specific message to help inform state and local legislative and regulatory policy decision making.	
Strategy 6.5.1:	Provide a policy brief on an annual basis.
Strategy 6.5.2:	Provide local injury prevention partners with the tools to use the local-level data made available to inform local legislative and regulatory policy.
Strategy 6.5.3:	Create a mechanism where legislative and regulatory policy decision makers can request data for their discussions via the IDPH IVPP.
Strategy 6.5.4:	Provide injury data to state agency leadership as they consider injury related practices and policies to ensure leadership is creating policy that is informed by the data.
Objective 6.6: By December 2022, implement strategies to ensure IPS is leading efforts in injury prevention policy in Illinois.	
Strategy 6.6.1:	On an annual basis, create and share a legislative and regulatory policy agenda with Illinois partners.
Strategy 6.6.2:	Develop and implement a statewide communication plan to promote the legislative and regulatory policy agenda of IPS.
Strategy 6.6.3:	Develop a legislative and regulatory policy tracker or other mechanism to aid in reaching annual policy agenda goals.

Conclusion

Call to Action

The vision, mission, goals, priorities, and objectives of the plan create a direction for injury prevention in Illinois. The Making Illinois Safer: a Strategic Plan to Prevent Injury, Violence, and Suicide (plan) is the first step toward creating an "Injury-Free Illinois," which all prevention partners are working toward. In other words, let this plan not be an end to the great work that has been accomplished thus far. Rather, let it be the catalyst to catapult injury prevention success in Illinois to new heights.

Implementation of the Plan

Following the completion of the plan, the IPS State Strategic Plan Committee will dissolve. The implementation phase will begin immediately with a newly formed IPS Leadership Team handling the overall implementation of the plan and the individual IPS committees being assigned goals, objectives, and strategies to implement. In addition to the existing Data and Surveillance Committee and Policy Committee, the Infrastructure and Sustainability Committee and the Knowledge and Community Committee will be formed for a total of four committees. Each committee will be responsible for creating an action plan each year this plan is active to ensure the objectives are met and the strategies are implemented.

For more information about Making Illinois Safer: a Strategic Plan to Prevent Injury, Violence, and Suicide, the IPS or related committees, or how to get involved, please contact the IDPH Office of Health Promotion, Division of Chronic Disease at (217)-782-3300 and ask to speak to someone in the Injury and Violence Prevention Program.

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Acronym List

Note: the acronym list below also includes any acronyms that appear in the appendices.

ACE = Adverse Childhood Experiences

ATV = All-Terrain Vehicles

BRFSS = Behavioral Risk Factor Surveillance System

CAC = Children's Advocacy Center

CACI = Children's Advocacy Centers of Illinois

CCYVP = Chicago Center for Youth Violence Prevention

CDC = U.S. Centers for Disease Control and Prevention

Core SVIPP = Core State Violence and Injury Prevention Program

CORE = Core Injury Enhancement Grant

CPR = Cardiopulmonary Resuscitation

CSAP = Center for Substance Abuse Prevention

CSTE = Council of State and Territorial Epidemiologists

DCFS = Department of Children and Family Services

EBP = Evidence-Based Practices

ED = Emergency Department

EMS = Emergency Medical Service(s)

ESOOS = Enhanced State Opioid Overdose Surveillance

GIS = Geographic Information System

ICD-9-CM = International Classification of Diseases, Ninth Revision, Clinical Modification

ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification

ICJIA = Illinois Criminal Justice Information Authority

ICVP = Illinois Center for Violence Prevention

ICWG = Injury Control Work Group

IDHS = Illinois Department of Human Services

IDPH = Illinois Department of Public Health

ILSHSP = Illinois Strategic Highway Safety Plan

IPLAN = Illinois Project for Local Assessment of Needs

IPS = Illinois Partnership for Safety

IVPA = Illinois Violence Prevention Authority

IVPP = Injury and Violence Prevention Program

MVC = Motor Vehicle Crashes

NIOSH = National Institute for Occupational Safety and Health

NVDRS = National Violent Death Reporting System

PHA = Public Health Approach

RAINN = Rape, Abuse, and Incest National Network

RPE = Rape Prevention and Education

SAMHSA = Substance Abuse and Mental Health Services Administration

SEM = Social-Ecological Model

SHIP = State Health Improvement Plan

SIDS = Sudden Infant Death Syndrome

SIM = State Innovation Model

SPF = Strategic Prevention Framework

SPF-PFS = Strategic Prevention Framework-Partnerships for Success

SSPC = State Strategic Plan Committee

SUDORS = Statewide Unintentional Drug Overdose Reporting System

SUID = Sudden Unexpected Infant Death

TBI = Traumatic Brain Injury

VIP: CIT = Violence and Injury Prevention: Comprehensive Index Tool

YPLL = Years of Potential Life Lost

Appendices

Appendix A: History of Injury Prevention at the Illinois Department of Public Health

Injury as a priority area – During the mid to late 1980s, a national awareness was developing regarding public health problems associated with the proliferation of unintentional injuries and violence, and the significant physical, mental, and financial costs to their victims. The U.S. Centers for Disease Control and Prevention (CDC) began to focus on injury control, published pertinent data, and urged state public health departments to address issues related to injuries.

In 1987, IDPH recognized the public health implications associated with injuries and the developing push at the national level to address these issues. IDPH's Director, Dr. Bernard Turnock, set injury control as one of three priority areas for program development. This effort began with an Injury Control Work Group (ICWG) with representatives from various IDPH offices, as well as representatives from other state and local agencies. Several collaborative grant agreements were developed to support victim services for sexual assault victims, traffic safety initiatives, and childhood injury prevention coalitions, such as Safe Kids.

In 1991, IDPH established the Injury Prevention and Control Program and the first program section head was hired. The injury program expanded the ICWG to include violence prevention, in addition to preventing unintentional injuries. In 1992, the first statewide violence prevention conference was held. In 1993, the Illinois General Assembly mandated IDPH, with existing resources, to create an injury prevention section (20 ILCS 2310/2310-420).

Violence as a priority area – As a result of the violence prevention conference, the Illinois Center for Violence Prevention (ICVP) – formerly called the Illinois Council for the Prevention of Violence – was created. Nationally, it was the first non-profit agency dedicated to reducing violence in all its forms (ICVP closed operations at the end of 2011). In 1995, with the help of IDPH, the Illinois Violence Prevention Authority (IVPA) was created out of the ICVP. IVPA was co-convened by the IDPH Director and Attorney General. Throughout the years, the IDPH violence prevention planners collaborated with IVPA on numerous projects. One of the key projects was Illinois Health Cares, an initiative focused on improving the health care system response to domestic/intimate partner, elder, and sexual violence and co-sponsored by IDPH and IVPA (IVPA merged with the Illinois Criminal Justice Information Authority (ICJIA) in 2013). In 2005, the Illinois Violent Death Reporting System was launched in five counties by Children's Memorial Research Center with private funding (Children's Memorial Research Center is now the Injury Prevention and Research Center of the Stanley Manne Children's Research Institute at Ann & Robert H. Lurie Children's Hospital of Chicago). The system gained further support over the years from direct appropriations through IDPH to maintain and expand the pilot program.

Federal funding for injury prevention – In 2000, IDPH received the CDC Core Injury Enhancement Grant (CORE) and convened the Illinois Injury Prevention Coalition to guide numerous strategies, such as the development of an injury prevention strategic plan, injury data symposium, injury newsletter, statewide conference, and regional trainings. CORE was a five-year grant. Over the next 10 years, IVPP did not receive CORE funding but still stayed involved in national, regional, and state injury prevention initiatives. In 2014, the Injury Prevention and Research Center, a bona fide agent for IDPH, became one of 32 state violent death reporting systems funded by the CDC Injury Center as part of the National Violence Death Reporting System. In 2016, IDPH was awarded a five-year CDC State Violence and Injury Prevention Program award to revise the strategic plan, implement interventions, and enhance data and policy efforts.

Suicide as a priority area – In 2002, the suicide prevention committee was established to develop a state plan for suicide prevention. In 2004, the Illinois General Assembly passed the Suicide Prevention, Education, and Treatment Act (formally Public Act 093-0907). In Fiscal Years 2009 and 2010, state funds were allocated to build the capacity of local coalitions, identify datasets with suicide-related data, provide professional development, and implement a statewide suicide prevention public awareness campaign. In 2012, IDPH was awarded a three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement statewide youth suicide prevention strategies. In 2016, IDPH served on an appointed Veteran Suicide Prevention Task Force.

Appendix B: Violence and Injury Prevention: Comprehensive Index Tool

In early 2016, Illinois became one of the first states to begin utilizing the Violence and Injury Prevention: Comprehensive Index Tool (VIP: CIT). The tool was a self-assessment that state Injury and Violence Prevention Programs could use to determine if there were deficiencies in their strategic plans. IVPP was able to use the tool during its State Strategic Planning Process to ensure the final plan was comprehensive and inclusive.

The index tool encourages the assessment of 12 areas within a state strategic plan, including:

1. Development of the Plan
2. Involvement of Stakeholders
3. Involvement of Policy
4. Presentation of Data on Injury and Violence Burden and Current Efforts Implemented
5. State Goals
6. Objectives
7. Strategies and Interventions
8. Reducing Injury and Violence Disparities
9. Implementation of Plan
10. Resources for Implementation
11. Evaluation
12. Plan Accessibility and Usability

For additional information about the tool and the IDPH IVPP experience using the tool, please visit:

- JPHMP Direct blog post written by Jennifer Martin entitled, “Illinois Department of Public Health Weighs In on CDC’s Core SVIPP Comprehensive Index Tool”
- Centers for Disease Control and Prevention staff’s article about the VIP:CIT found in the Journal of Public Health Management and Practice and entitled, “Development of a Comprehensive and Interactive Tool to Inform State Violence and Injury Prevention Plans”
    - Appendix A of the Article: “VIP:CIT ASSESSMENT WORKSHEET ITEMS”
    - Appendix B of the Article: “VIP:CIT RATING GUIDELINES”

Appendix C: Injury-Related Hotlines, Helplines, and Crisis Text Lines

Child Abuse Hotline (1-800-252-2873 or TTY 1-800-358-5117)

Call the 24-hour Child Abuse Hotline at 800-25-ABUSE (800-252-2873 or TTY 1-800-358-5117) if you suspect that a child has been harmed or is at risk of being harmed by abuse or neglect. If you believe a child is in immediate danger of harm, call 911 first. Your confidential call will not only make sure the child is safe, but also help provide the child's family the services they need to provide a safe, loving, and nurturing home.

Illinois Helpline for Opioids and Other Substances (1-833-2FINDHELP)

The Illinois Helpline for Opioid and Other Substance is available 24 hours a day, seven days a week for individuals experiencing opioid use disorders, families, and anyone affected by the disease. The Helpline is confidential and free. Helpline specialists are trained in evidence-based approaches to help connect callers with treatment services and recovery support services. To reach the Helpline, call 1-833-2FINDHELP.

Illinois Statewide Domestic Violence Helpline (1-877-863-6338 or 1-877-863-6339 TTY)

The Illinois Statewide Domestic Violence Helpline is a free confidential resource available 24 hours a day to anyone in need of support or services related to domestic violence.

National Domestic Violence Hotline (1-800-799-7233 or 1-800-787-3224 TTY)

The National Domestic Violence Hotline is a confidential free service offered to those who experience domestic violence, abusers, and friends and families of victims. The hotline is available 24 hours a day, seven days a week, and 365 days of the year.

National Suicide Prevention Lifeline (1-800-273-8255)

The National Suicide Prevention Lifeline is a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. It is committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

Poison Helpline (1-800-222-1222)

The Poison Helpline is staffed by specially trained medical experts, including physicians, nurses, and pharmacists. The Helpline is operated by the Illinois Poison Center 24 hours a day, 7 days a week. Please call this number 1-800-222-1222 if you have a poisoning emergency or if you have a question about a potentially harmful substance. No question or issue is too big or too small.

National Sexual Assault Hotline (1-800-656-HOPE)

The National Sexual Assault Hotline is supported by the Rape, Abuse, and Incest National Network (RAINN). The hotline is free, confidential, and available 24 hours a day, 7 days a week for anyone who has experienced any form of sexual assault.

SAMHSA's National Helpline (1-800-662-HELP)

SAMHSA's National Helpline, 1-800-662-HELP (4357), (also known as the Treatment Referral Routing Service) is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.

Appendix D: Illinois Injury-Related Plans and Reports

Children's Advocacy Centers of Illinois 2017 Annual Report

Web Link: Children's Advocacy Centers of Illinois 2017 Annual Report

The Children's Advocacy Centers of Illinois (CACI) is a network of Children's Advocacy Centers (CACs). CAC services help children on their journey to healing. Every day the people who work at CACs coordinate services, interview children, and advocate on behalf of victim's rights.

CACI's vision is to ensure every child in the state of Illinois has access to the services offered through a CAC. While CACI cannot stop abuse, it can make a significant impact through prevention education and multidisciplinary services provided to the children who have suffered the horrors of abuse.

The Children's Advocacy Centers of Illinois 2017 Annual Report provides a succinct summary of key accomplishments in 2017 that have been made possible because of the Children's Advocacy Centers of Illinois.

Healthy Chicago 2.0

Web Link: Healthy Chicago 2.0

Healthy Chicago 2.0: Partnering to Improve Health Equity is a strategic plan to make Chicago "a city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being." Furthermore, the plan is guided by four principles: Healthy Chicago 2.0 prioritizes Health Equity; Healthy Chicago 2.0 is a Collaborative Effort; Healthy Chicago 2.0 addresses the Social Determinants of Health; and Healthy Chicago 2.0 leverages Data and Surveillance.

The four principles are coupled with 10 priority action areas. They begin addressing the issues preventing the Healthy Chicago 2.0 vision from becoming a reality. The areas include:

1. Expanding Partnerships and Community Engagement
2. Improving Social, Economic and Community Conditions
3. Improving Education
4. Increasing Access to Health Care and Human Services
5. Promoting Behavioral Health
6. Strengthening Child and Adolescent Health
7. Preventing and Controlling Chronic Disease
8. Preventing Infectious Diseases
9. Reducing Violence
10. Utilizing and Maximizing Data and Research

Each action area is further broken down into goals, objectives, and strategies and nearly every action has the potential to compliment and aid the work of injury prevention because of the connection to addressing shared risk and protective factors. However, more specifically and directly impacting injury prevention is the action area of reducing violence.

Healthy Illinois 2021

Web Link: Healthy Illinois 2021

Healthy Illinois is a combination of three separate statewide initiatives that are all closely aligned and work in harmony with the common goals of health equity and health improvement. The initiatives include:

- Illinois State Health Assessment: a statewide assessment of strengths, opportunities, and barriers to healthy equity and health improvement which inform the creation of priority areas for the Illinois State Health Improvement Plan.
- Illinois State Health Improvement Plan (SHIP): The state of Illinois regularly produces a State Health Improvement Plan (SHIP) that outlines priorities and strategies for health status and public health system improvement, with a focus on prevention. The SHIP also addresses reducing racial, ethnic, geographic, age, and socioeconomic health disparities. The plan is produced by a team of public, private, and voluntary sector stakeholders appointed by the IDPH director. The current version of the SHIP is from 2016. (Healthy People 2021). The SHIP utilizes the Illinois State Health Assessment to inform the priority areas of the plan.
- Illinois State Innovation Model: The State Innovation Model (SIM) considers multi-payer health care payment and service delivery models that aim to improve health system performance, increase quality of care, and reduce costs (SHIP, 2016, p. 15).

Of particular interest to the Injury Violence Program are the Healthy People 2021 objectives contained in the SHIP that are related to reducing violence.

Illinois Child Welfare Transformation Plan

Web Link: Illinois Child Welfare Transformation Plan

Web Link: Illinois Health and Human Services Transformation

The Illinois Department of Children and Family Services (DCFS), in conjunction with its state and local partners, developed the first formal Strategic Plan for the child welfare system in Illinois. The plan will guide the decisions and priorities of DCFS for five years (2016-2021). Four priorities, which became important components of the plan, and are used throughout the document and include:

- Strengthening Families
- Achieving Permanency Through Foster Care
- Transition to Adulthood
- Administration – Pay for Value, Quality, and Outcomes

Each priority utilizes the same six goals to help focus and organize the related objectives and strategies. The goals used in the Illinois Child Welfare Transformation Plan (ICWTP) are aligned with the Illinois Health and Human Services Transformation goals. The goals for the plan include:

- Goal One: Education and Self-Sufficiency
- Goal Two: Moving from Institutional to Community Based Care
- Goal Three: Paying for Value, Quality, and Outcomes
- Goal Four: Prevention and Population Health
- Goal Five: Data Integration and Predictive Analytics
- Goal Six: Build relationships and effective communication streams internally and externally by engaging youth and their families

The priorities, goals, objectives, and strategies within the ICWTP are meant to guide and provide an overall direction to DCFS and state and local partners for the immediate years to come. DCFS is dedicate to helping each partner identify and draft their own plan to help reach the collective goals outline in the ICWTP.

Illinois Criminal Justice Information Authority

Web Link: 2016 Victim Needs Assessment

2016 Victim Needs Assessment - In 2016, the Illinois Criminal Justice Information Authority (ICJIA) contracted with Aeffect, Inc., a research consulting agency, to conduct a statewide victim needs assessment. This study provides an initial benchmark reading on the proportion of people in Illinois who are affected by violent crime and what needs result from their victimization. This research also explores how victims' needs are met by victim service providers in Illinois and where gaps in service delivery currently exist. By periodically repeating this data collection, the State of Illinois will be able to strategically allocate resources to meet victims' needs and understand how those needs are met through law enforcement, legal system, health care, trauma and grief counseling, housing, and other types of support services.

Web Link: Ad Hoc Victim Services Committee Research Report

Ad Hoc Victim Services Committee Research Report - On January 10 and 11, 2017, ICJIA convened the Ad Hoc Victim Services Committee. ICJIA researchers, with assistance from Aeffect, Inc. completed a six-month research project to identify crime victim needs and service gaps, and measure the existing capacity of Illinois victim service providers. This article provides an overview of the research approach and the 12 key funding priorities discussed during the Committee and approved by the ICJIA Board on January 27, 2017. The priority areas will guide statewide funding decisions and the development of Notice to Fund Opportunities for the next three years.

Illinois Department of Public Health Five-Year Strategy 2014-2018

Web Link: Illinois Department of Public Health Five Year Strategy 2014-2018

July 2012 marked the beginning of the Illinois Department of Public Health strategic planning process. The IDPH senior leadership team convened for a retreat with the purpose of developing a five year plan for IDPH. The focus and goal of the retreat was to answer "How do we (as a department) maximize our effectiveness, influence, and value in promoting health equity, safety, and improved health outcomes for residents here in Illinois?" In response to this question, the Illinois Department of Public Health Five Year Strategy 2014-2018 plan was developed.

At the heart of the plan are five priority areas including:

- Partnership Development
- Data Quality, Utilization, and Dissemination
- Health Disparities
- Regulatory Compliance
- Brand, Market, and Communicate Value

Following each priority area is a goal, a Strengths, Weaknesses, Opportunities, and Threats analysis of the goal area, high-level logic model, objectives, strategies, and action steps. All these components were included in the final plan to help IDPH realize its vision. Namely, "Communities of Illinois will achieve and maintain optimal health, and safety."

Illinois Department on Aging State Plan on Aging Fiscal Year/2017—Fiscal Year/2019

Web Link: Illinois Department on Aging State Plan on Aging FY 2017—FY 2019

The Illinois Department on Aging produces a three-year Illinois State Plan to guide Older Americans Act-related programmatic activities and services for older adults, family caregivers, and grandparents raising grandchildren. It also directs the statewide effort to transform the state's long-term care system for Illinois' frail elderly residents. The plan establishes priorities and identifies Department on Aging initiatives in fulfilling its overall mission to serve and advocate for older Illinoisans and their caregivers.

The plan provides:

- A brief description of the programs being implemented throughout the state
- Map indicating how the planning and service areas related to aging are divided up in Illinois
- Contact information for the various Illinois Area Agencies on Aging
- Lengthy appendix with data and other information relevant to the aging population in Illinois

Illinois Maternal and Child Health Databook

Web Link: Illinois Maternal and Child Health Databook

This databook was prepared as part of the 2015 Illinois Title V Needs Assessment. Title V, or the Maternal and Child Health Services Block Grant Program, is granted to U.S. states and territories annually from the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. States use the allotted funds to support a variety of direct services, enabling services, and infrastructure improvements to benefit women, infants, and children. At least 30 percent of funds must be used for programming for children with special health care needs.

Every five years, each state/territory is required to conduct a comprehensive assessment of the health needs of the federally mandated populations served by Title V: pregnant and postpartum women, infants, children, adolescents, and children with special health care needs. During the needs assessment process, a variety of quantitative and qualitative data are collected by the state to inform the selection of state priorities for the upcoming years. The 2015 needs assessment was due in September 2015 and was used to produce Illinois' Title V Action Plan for 2016-2020.

Of particular interest in this databook are the data tables regarding injury and violence topics relating to infants, children, and adolescents. Additionally, women's mental health is covered briefly and is of interest because of its ability to serve as a risk and/or protective factor against violence.

Illinois Strategic Highway Safety Plan 2017

Web Link: Illinois Strategic Highway Safety Plan 2017

The Illinois Strategic Highway Safety Plan (ILSHSP) provides an opportunity for safety stakeholders to participate in the statewide effort to reduce fatalities and serious injuries on Illinois roadways. The ILSHSP is a compilation of 4E (Education, Enforcement, Emergency Medical Services, and Engineering) safety strategies, plans, and programs developed based on data-driven priorities and proven effective strategies and approaches.

This ILSHSP serves as an overarching guidance document to safety programs and strategies to address fatalities and serious injuries. It is an umbrella plan for highway safety improvement programs, commercial vehicle safety plans, highway safety plans, and other state and local plans. Crash statistics represent fatalities and serious injuries from 2010 to 2014, statewide, and by ILSHSP emphasis areas. Each of the emphasis areas has been prioritized based on the greatest opportunity to reduce fatalities and serious injuries. Each life is valuable; the ultimate goal is to reduce fatalities to zero.

The ILSHSP mission is to develop, implement, and manage a data-driven, integrated, multi- stakeholder process to improve the attributes of roads, behavior of users, and performance of vehicles to reduce traffic-related deaths and life-altering injuries on all public roads in Illinois.

Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book

Web Link: Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book

The impetus for creating the Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book was to inform the partners and stakeholders during the revision of the Making Illinois Safer: 2018-2022 State Strategic Plan to Prevent Injury, Violence, and Suicide. Additionally, several partners and stakeholders expressed interest in having a centralized depository of injury, violence, and suicide data sets. Therefore, in addition to being utilized for the revision of the State Strategic Plan, injury, violence, suicide prevention partners, and stakeholders who may find these data sets helpful are encouraged to utilize this resource.

In the data book, you will find data on the leading causes on injury-related deaths, hospitalizations, and emergency department visits as well as the cost of injuries and violence in Illinois. Injury data are broken out into age groups and priority topics. Lastly, the appendix provides a list of injury definitions and limitations, available publications, and data reports on the burden of injury, and a list of data sources used in the book.

State of Illinois Opioid Action Plan

Web Link: State of Illinois Opioid Action Plan

The State of Illinois Opioid Action plan is a collective call to action for the entire state of Illinois. The plan recognizes everyone throughout Illinois is impacted by this epidemic either directly or indirectly. The plan's overall goal is to reduce opioid deaths by 33 percent in three years. This plan focuses on efforts categorized in three pillars, six main priorities, and nine evidence-based strategies.

Appendix E: List of Illinois Injury-Related Laws

Overview

The compilation of this list was a collaborative effort undertaken by many individuals within IDPH and various partner organizations. Included in this list are Illinois laws relating to injury prevention topics. While this list has undergone many revisions, it should not be presumed to be a complete list of Illinois injury-related laws.

Sections

- General Injury (Unintentional and Intentional) Prevention and Safety Legislation
- Injury (Unintentional) Prevention Related Legislation
- Occupational (Workplace) Injury Prevention Related Legislation
- Substance Abuse Prevention and Safety Related Legislation
- Traffic Safety Related Legislation
- Violence (Intentional Injury) Prevention Related Legislation

General Injury (Unintentional and Intentional) Prevention and Safety Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
Authorizing Legislation for IVPP	1/27/17	**Violence and Homicide: injury prevention** 20 ILCS 2310/2310-420 – IVPP is an un-funded mandate under the Executive Branch, civil administration code of Illinois for IDPH.
Vital Records Registry	1/1/17	**Vital Records Act** 410 ILCS 535/1-29 – Established the vital records registry and related provisions.

Injury (Unintentional) Prevention Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
Amusement Ride and Public Attraction Safety	1/1/16	**Amusement Ride and Attraction Safety Act** 430 ILCS 85/2-1 – 2-21 – Creates an Illinois Board responsible for establishing safety standards for amusement rides and enforcement provisions.
Animal Bites	7/28/16	**Animal Control Act** 510 ILCS 5 – Explains that in order to prove a dog or other animal owner is liable for a bite, an injured person must show that: the dog or other animal attacked, attempted to attack, or injured the person.
Carbon Monoxide Poisoning Prevention	1/1/07	**Carbon Monoxide Alarm Detector Act** 430 ILCS 135 – Establishes requirements to include carbon monoxide detectors in buildings.
Child Product Safety	8/18/09	**Children's Product Safety Act** 430 ILCS 125 – Prohibits the distribution of unsafe children's products; establishes recall protocols; and describes an enforcement process.
	11/1/00	**Title 89: Social Services- Ch. III: DCFS - Sub-Ch. d: Licensing Admin. – Part 386 – Children's Product Safety** Administrative Code – Ensures licensed child care facilities are aware of the law regarding child product safety, the requirements to regularly check their facilities for unsafe products, and the appropriate removal of unsafe products.

Injury (Unintentional) Prevention Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
CPR Provider Protections	1/1/16	**Good Samaritan Act** 745 ILCS 49 – Legislation to help protect "Good Samaritans" who provide cardiopulmonary resuscitation (CPR) to a person having a heart attack or suffering cardiac arrest.
Fire Safety	7/15/16	**Cigarette Fire Safety Standard Act** 425 ILCS 8/1-65 – Law establishing standards that cigarettes must meet in order to prevent accidental fires due to unextinguished cigarettes left unattended for various reasons.
	1/1/12	**Smoke Detector Act** 425 ILCS 60/1-4 – Requires building owners to install smoke detectors in living spaces, including but not limited to hotels and permeant residences.
Fireworks Safety	1/1/02	**Fireworks Regulation Act of Illinois** 425 ILCS 30/1-26 – Outlines the guidelines for selling and storing fireworks.
Lead Poisoning Prevention	1/1/17	**Lead Poisoning Prevention Act** 410 ILCS 45 – Sets out measures including sale of items and objects containing lead-bearing substance; warning statements; removal of leaded soil; testing children and pregnant persons; lead poisoning reports; requirements for child care facilities; fees and reimbursements; inspection of dwelling units; licensing of lead inspectors and lead risk assessors; etc.
Safe Sleep/Sudden Infant Death Syndrome	1/1/12	**Child Care Act Amendment** 225 ILCS 10/7-(a)16 – Provisions requiring all licensed child care facility employees who care for newborns and infants to complete training every three years on the nature of sudden unexpected infant death (SUID), sudden infant death syndrome (SIDS), and the safe sleep recommendations of the American Academy of Pediatrics.
Safe Sleep/Sudden Infant Death Syndrome	8/12/11	**Sudden Infant Death Syndrome Education** 210 ILCS 85/11.6 – Mandates all birthing hospitals must provide verbal and written safe sleep/SIDS risk reduction education prior to discharge of the newborn from the hospital.
Water Safety	2005	**Swimming Pool Safety Act** 210 ILCS 130 – No person with a physical disability or any other condition that requires the use of a life jacket can be prohibited from using one.
Water Safety	1/1/13	**Swimming Facility Act** 210 ILCS 125 – The purpose of this Act is to protect, promote, and preserve the public health, safety, and general welfare by providing for the establishment and enforcement of minimum standards for safety, cleanliness, and general sanitation for all swimming facilities, including swimming pools, spas, water slides, public bathing beaches, and other aquatic features now in existence or hereafter constructed, developed, or altered, and to provide for inspection and licensing of all such facilities.

Occupational (Workplace) Injury Prevention Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
Lead Poisoning Prevention	N/A	Go to the *Injury (Unintentional) Prevention Related Legislation* section of this document and find the *Lead Poisoning Prevention* injury topic for more information on the *Lead Poisoning Prevention Act*.
Occupational Safety	8/10/15	**Occupational Safety and Health Act** 820 ILCS 219/1-925 – Establishes safety and health standards employers must meet in order to protect the lives, safety, and health of workers.
Registry	8/29/08	**Illinois Health and Hazardous Substances Registry Act** 410 ILCS 525/1-14 – The purpose of this Act is to establish a unified statewide project to collect, compile, and correlate information on public health and hazardous substances. Administrative code related to the Act above.
Workers' Compensation	7/28/16	**Workers' Compensation Act** 820 ILCS 305/1-30 – Establishes a worker compensation structure and standards around accidental injuries and deaths that occur in the workplace.
Workplace Violence Prevention	N/A	Go to the *Violence (Intentional Injury) Prevention Related Legislation* section of this document and find the *Workplace violence prevention* injury topic for information on the *Workplace Violence Prevention Act* and the *Health Care Workplace Violence Prevention Act*.

Substance Abuse Prevention and Safety Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
Alcohol Abuse Prevention	1/1/04	**Dram Shop Act** 235 ILCS 5/6-21 – Every person who is injured within this State, in person or property, by any intoxicated person has a right of action in his or her own name, severally or jointly, against any person, licensed under the laws of this State or of any other state to sell alcoholic liquor, who, by selling or giving alcoholic liquor, within or without the territorial limits of this State, causes the intoxication of such person. Any person at least 21 years of age who pays for a hotel or motel room or facility knowing that the room or facility is to be used by any person under 21 years of age for the unlawful consumption of alcoholic liquors and such consumption causes the intoxication of the person under 21 years of age, shall be liable to any person who is injured in person or property by the intoxicated person under 21 years of age.
	6/30/06	**Drug or Alcohol Impaired Minor Responsibility Act** 740 ILCS 58 – Any person at least 18 years of age who willfully supplies alcoholic liquor or illegal drugs to a person under 18 years of age and causes the impairment of such person shall be liable for death or injuries to persons or property caused by the impairment of such person.
	6/30/06	**Liquor Control Act** 235 ILCS 5/6-16 – It is illegal for a parent of a legal guardian to allow persons that are under their care and under age 21 to consume alcohol on their private property or in any vehicle or watercraft under their control. If death or injury occurs as a result of consumption, the parent or legal guardian may face criminal penalties.
	8/12/16	**Liquor Control Act** 235 ILCS 5/6-20 – Prohibits underage possession, consumption, and purchase of alcohol and outlines related implications.

Substance Abuse Prevention and Safety Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
Driving Under the Influence	1/1/18	**Illinois Vehicle Code** 625 ILCS 5/11-500 - 11-507 – The law prohibits driving while under the influence of an intoxicating substance; outlines how alcohol can be transported lawfully in a vehicle, and outlines information regarding reckless driving. The law prohibits driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds, or any combination thereof. This laws also details the criminal classification of DUI's. Namely, a person who was involved in a motor vehicle accident that resulted in great bodily harm or permanent disability or disfigurement to another is guilty of a felony.
False Identification	1/1/13	**Illinois Identification Card Act** 15 ILCS 335/14-14A – Prohibits the use and creation of false identification cards.
	1/1/98	**Illinois Vehicle Code** 625 ILCS 5/6-107.3 – Requires driver's licenses for persons under the age of 21 be visibly distinguishable from driver's licenses of persons 21 and over.
	8/12/16	**Liquor Control Act** 235 ILCS 5/6-20 – Requires identification be presented and/or asked for if someone is suspected of being under the legal age to purchase and/or acquire alcohol. The law also contains provisions prohibiting the altering, transfer, or use of false identification or of someone else's identification.

Substance Abuse Prevention and Safety Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
Substance Abuse Prevention	1/1/18	**Drug Overdose Prevention Program** 20 ILCS 301/5-23 – Establishes the drug overdose prevention program to help reduce overdose deaths in Illinois.
	7/29/16	**Drug Paraphernalia Control Act** 720 ILCS 600/1-7 – Provides for the classification of offenses regarding drug paraphernalia and information explaining forfeiture and seizure procedure and protocol of drug paraphernalia.
	6/1/12	**Emergency Medical Services Access Law** Public Act 097-0678 – Compilation of three amendments: Illinois Controlled Substances Act, Methamphetamine Control and Community Protection Act, and the Unified Code of Corrections. All the amendments are meant to encourage those overdosing or someone in a position to help someone overdosing seek medical treatment by granting immunity from prosecution in certain circumstances.
	1/1/18	**Illinois Controlled Substances Act** 720 ILCS 570/100-603 – Provides for the classification of offenses of criminal abuse of controlled substances and a means to adjudicate unlawful uses of controlled substances. This also authorizes the Illinois Prescription Drug Monitoring Program to carry out its activities.
	9/9/15	**Lali's Law** Public Act 099-0480 – The law, which is a compilation of new laws and amendments to existing laws, "expands access to naloxone, improves insurance coverage for substance use disorder treatment, enacts multiple educational campaigns designed to spread awareness about drug overdose prevention and legal changes to reduce drug-related harm, makes changes to the states' prescription drug monitoring program, and broadens access to drug courts that promote treatment over incarceration."
	1/1/18	**Methamphetamine Control and Community Protection Act** 720 ILCS 646/ – The purpose of this act is to reduce the damage that the manufacturing, distribution, and use of methamphetamine is inflicting on children, families, communities, businesses, the economy, and the environment.

Traffic Safety Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
All-Terrain Vehicles (ATV) Safety Laws	1/1/2017	**Illinois Vehicle Code** 625 ILCS 5/1-101.8 – All ATVs operated on lands in public Off- Highway Vehicle parks must have a public access sticker. ATVs are not permitted to be operated on paved roads or highways, except to cross the roads (summary of ATV legislation).
Bicycle Safety Laws	Dates vary	**Illinois Vehicle Code: Bicycle Safety** 625 ILCS 56 – When riding your bicycle on Illinois roadways, you must obey the same traffic laws, signs and signals that apply to motorists. Bicyclists must ride in the same direction as other traffic. Helpful Links: Active Transportation Alliance: Illinois Statues Regarding Bicycles and Illinois Rules of the Road 2017

Traffic Safety Related Legislation		
Injury Topic	**Updated Last On**	**Brief Description**
Child Restraint Mandates (e.g., car seats, booster seats)	1/1/12	**Child Passenger Protection Act** 625 ILCS 25 – The purpose of this Act is to further protect the health, safety, and welfare of motor vehicle passengers under the age of 8 years and the motoring public through the proper utilization of approved child restraint systems.
Distracted Driving	7/16/14	**Electronic Communication Devices** 625 ILCS 5/12-610.2 – Illinois law prohibits the use of handheld cellphones, texting, or using other electronic communications while operating a motor vehicle with a few exceptions. Hands-free devices or Bluetooth technology is allowed for persons age 19 and older.
Driver and Passenger Safety Belt Requirements	8/16/13	**Driver and passenger required to use safety belts** 625 ILCS 5/12-603.1 – Requires drivers and passengers of motor vehicles to wear seatbelts with limited exceptions.
Driving Under the Influence of any Intoxicating Substance	N/A	Please see the *Substance Abuse Prevention and Safety Related Legislation* section of this document and find the *Driving under the influence* injury topic for more information.
Emergency Vehicle "Right-of-Way"	1/1/09	**Scott's Law: Operation of Vehicles and Streetcars on Approach of Authorized Emergency Vehicles** 625 ILCS 5/11-907 – Requires motorists to slow down or change lanes when approaching a stationary emergency vehicle with its emergency lights activated in addition to guidance about giving emergency vehicles "right-of-way" when in route to an emergency.
Graduated Driver Licensing for Persons Under 21 Years of Age	1/1/15	**Graduated Driver License** 625 ILCS 5/6-107 – The purpose of this law includes the following; "(1) providing for an increase in the time of practice period before granting permission to obtain a driver's license; (2) strengthening driver licensing and testing standards for persons under the age of 21 years; (3) sanctioning driving privileges of drivers under age 21 who have committed serious traffic violations or other specified offenses; and (4) setting stricter standards to promote the public's health and safety."
Motor Vehicle Crash Injury or Fatality	1/1/18	**Reckless Homicide** 720 ILCS 5/9-3 – A person who unintentionally kills an individual without lawful justification commits involuntary manslaughter if his acts, whether lawful or unlawful, which cause the death or are likely to cause death or great bodily harm to an individual, and he performs them recklessly, except in cases in which the cause of the death consists of the driving of a motor vehicle or operating a snowmobile, all-terrain vehicle, or watercraft, in which case the person commits reckless homicide.
Motorcycle Helmet	N/A	Insurance Institute for Highway Safety – Currently, 19 states and the District of Columbia have laws requiring all motorcyclists to wear a helmet, known as universal helmet laws. Laws requiring only some motorcyclists to wear a helmet are in place in 28 states. There is no motorcycle helmet use law in three states (Illinois, Iowa, and New Hampshire).
Pedestrian Safety Laws	7/22/10	**Pedestrians' Rights and Duties** 625 ILCS 5/Ch. 11 Art. X – This law provides an overview of the rights and duties of pedestrians. Helpful links: Bicycle Rules of the Road and Illinois Rules of the Road 2017.

Violence (Intentional Injury) Prevention Related Legislation		
Topic	**Updated Last On**	**Brief Description**
Bullying Prevention	7/20/15	**School Code** 105 ILCS 5/27-23.7 – Requires schools to have a bullying prevention policy in place.
Child Abuse and Neglect Prevention	8/15/14	**Abandoned Newborn Infant Protection Act** 325 ILCS 2/1-70 – Establishes a way for distressed parents to safely pass the care of their child onto a safe haven ensuring the child will not be neglected or abused due to lack of proper care because his or her parents are no longer able to care for their child. This also prevents parents from being charged with a crime for relinquishing the care of their child to a safe haven.
	1/1/17	**Abused and Neglected Child Reporting Act** 325 ILCS 5 – Outlines the Department of Children and Family Services Responsibilities and those who are mandated to report suspected child abuse and neglect.
	1/1/18	**Child Death Review Team Act** 20 ILCS 515 – Establishes the Child Death Review Team which is responsible for ensuring "an accurate and complete determination of the cause of death, the provision of services to surviving family members, and the development and implementation of measures to prevent future deaths from similar causes."
Children's Advocacy Centers	7/20/15	**Children's Advocacy Center Act** 55 ILCS 80/1, et seq. – Establishes Children's Advocacy Centers in Illinois.
Children's Mental Health	8/21/07	**Children's Mental Health Act of 2003** 405 ILCS 49/ – Requires the State of Illinois to "develop a Children's Mental Health Plan containing short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth through age 18." Additionally, a partnership is to be formed to lead the implementation of the plan. Finally, schools are required to take measures to promote "social and emotional development" among students.
Crime Victims and Witnesses Rights	1/1/17	**Rights of Crime Victims and Witnesses Act** 725 ILCS 120/1, et seq. – The purpose of this Act is to implement, preserve, protect, and enforce the rights guaranteed to crime victims by Article I, Section 8.1 of the Illinois Constitution, to ensure that crime victims are treated with fairness and respect for their dignity and privacy throughout the criminal justice system, to ensure that crime victims are informed of their rights and have standing to assert their rights in the trial and appellate courts, to establish procedures for enforcement of those rights, and to increase the effectiveness of the criminal justice system by affording certain basic rights and considerations to the witnesses of crime who are essential to prosecution.
Death Penalty Abolition Fund	7/1/11	**Death Penalty Abolition Fund Public Act** Public Act 096-1543 – Upon the abolition of the death penalty, any money remaining in the Capital Litigation Trust Fund shall be is transferred to the newly established Death Penalty Abolition Fund. The money is then "to be expended by the Illinois Criminal Justice Information Authority, for services for families of victims of homicide or murder and for training of law enforcement personnel."
Domestic Violence	1/1/17	**Illinois Domestic Violence Act of 1986** 750 ILCS 60 – Establishes a legal definition of domestic violence and outlines provisions meant to protect victims. Helpful Link: Illinois Coalition Against Domestic Violence: List of compiled statutes

Violence (Intentional Injury) Prevention Related Legislation		
Topic	**Updated Last On**	**Brief Description**
Female Genital Mutilation	N/A	Illinois currently has no female genital mutilation prevention law on the books. However, Illinois is covered under the federal law 18 U.S.C. 116. Michigan has an example of a state law against female genital mutilation.
Firearm Laws (e.g., mandatory trigger locks, registration)	Dates Vary	**Illinois State Gun Laws** Helpful Link: http://www.ichv.org/legislation/illinois-state-gun-laws/
Illinois Adult Abuse and Neglect	7/29/15	**Adult Protective Services Act** 320 ILCS 20 – The Act directs the Illinois Department on Aging to establish an intervention program to respond to reports of alleged elder abuse, neglect, and financial exploitation of older adults living in the community.
Insurance: Alternate Means of Communication	1/1/14	**Illinois Insurance Code - Claim-Related Information; Alternative Means of Communication** 215 ILCS 5/355b – Allows a policy holder to request insurance correspondence be sent to an alternate address or through alternate communication methods when their life or the life of their child would be endangered by receiving the pertinent information at the original address or communication channel.
Parental Responsibilities and Parenting Time for Offenders	1/1/17	**Illinois Parentage Act of 2015** 750 ILCS 46/622 – Allocation of parental responsibilities or parenting time prohibited to men who father through sexual assault or sexual abuse.
Prevention Education for Children	7/20/15	**Critical Health Problems and Comprehensive Health Education Act** 105 ILCS 110/3 – Erin's Law: Prevention education for children in grades Pre-K–12 on a wide array of health topics, including but not limited to "age-appropriate sexual abuse and assault awareness and prevention education."
Reporting Procedures for Sexual Assault	1/1/17	**Sexual Assault Incident Procedure Act** 725 ILCS 203/1, et seq. – Outlines the law enforcement procedures for reporting and recording an incident of sexual assault.
Sexual Assault and Domestic Violence Awareness Training	1/1/17	**Barber, Cosmetology, Esthetics, Hair Braiding, and Nail Technology Act of 1985** 225 ILCS 410/1-13 – Requires education for licensed cosmetologists, estheticians, hair braiders, and nail technicians on domestic violence and sexual assault awareness.
Sexual Assault Laws and Programs	1/1/17	**Sexual Assault Survivors Emergency Treatment Act (SASETA)** 410 ILCS 70 – An Illinois law which states what services hospitals are required to provide to sexual assault survivors; establishes a statewide forensic evidence collection system; and creates a reimbursement program for the cost of care and evidence collection for victims who are not covered by private insurance or Medicaid. Helpful links: Illinois Coalition Against Sexual Assault (ICASA): Illinois Criminal Statues Overview; ICASA: Illinois Criminal Sexual Assault Act Summary of Criminal Code; and University of Illinois Champaign: State and Federal Crime Definitions.
Sexual Assault No Contact Order	1/1/14	**Civil No Contact Order Act** 740 ILCS 22/201, et seq. – Allows victims of sexual assault to be able to petition for a civil no contact order to protect them from the offender.
Sexual Violence Prevention	8/5/16	**Preventing Sexual Violence in Higher Education Act** 110 ILCS 155/1, et seq. – Requires institutions of higher education to have a policy in place regarding sexual violence, domestic violence, dating violence, and stalking definitions and response procedures.

Violence (Intentional Injury) Prevention Related Legislation		
Topic	**Updated Last On**	**Brief Description**
Stalking Victims' Protections	1/1/14	**Stalking No Contact Order Act** 740 ILCS 21/1, et seq. – Allows for a petition for a stalking no contact order to be filed when relief is not available to the petitioner under the Illinois Domestic Violence Act of 1986.
Suicide Prevention	8/21/15	**Ann Marie's Law** Public Act 099-0443 – Amends the school code to require schools develop a model youth suicide awareness and prevention plan.
	06/28/10 & 1/1/14	Public Act 096-0951 and Public Act 098-0471 amended the school code to require personnel who work with pupils in grades 7 through 12 be trained to identify the warning signs of mental illness and suicidal behavior in adolescents and teens, and shall be taught appropriate intervention and referral techniques policy.
	1/1/08	**Suicide Prevention, Education, and Treatment Act** 410 ILCS 53 – Creates the Illinois Suicide Prevention Alliance. Requires the development of a state plan and general awareness activities.
Victims of Violence Hospital Reporting Procedure	1/1/18	**Criminal Identification Act** 20 ILCS 2630/3.2 – Requires hospitals to report to law enforcement when a shooting victim, rape victim, or other victim of a criminal offense presents at a hospital for treatment.
Victims' Employment Rights	1/1/17	**Victims' Economic Security and Safety Act** 820 ILCS 180/1 – Allows victims of domestic and sexual violence, intimate partner violence, and stalking to take unpaid leave from their job status without loss of their job if the absence is related to the violence and/or stalking they are experiencing.
Violence Prevention	1/1/17	**Illinois Criminal Justice Information Act** 20 ILCS 3930/1-15 – The purpose of this Act is to coordinate the use of information in the criminal justice system; to promulgate effective criminal justice information policy; to encourage the improvement of criminal justice agency procedures and practices with respect to information; to provide new information technologies; to permit the evaluation of information practices and programs; to stimulate research and development of new methods and uses of criminal justice information for the improvement of the criminal justice system and the reduction of crime; to protect the integrity of criminal history record information, while protecting the citizen's right to privacy; and to coordinate statewide violence prevention efforts and develop a statewide plan that includes public health and public safety approaches to violence prevention in families, communities, and schools.
	1/25/13	**Safe Homes Act** 765 ILCS 750/1, et seq. – Prevents landlords from charging back rent on tenants who leave their rental unit if it was done so in order to prevent violence being perpetrated on them. The Act also includes a provision that allows tenants to request a change in locks of their rental unit.
Workplace Violence Prevention	7/20/15	**Workplace Violence Prevention Act** 820 ILCS 275/1, et seq. – This Act is intended to assist employers in protecting their workforces, customers, guests, and property by limiting access to workplace venues by potentially violent individuals.
	7/7/06	**Health Care Workplace Violence Prevention Act** 405 ILCS 90/1, et seq. – Requires health care workplaces to develop a violence prevention plan, provide violence prevention training, record acts of violence that occur in the workplace, and provides assistance to workplaces that need help complying with the Act.

Appendix F: Major Injury Funding Awards in Illinois

Project name:	Core State Violence and Injury Prevention Program
Project period:	2016-2021
Brief description:	The Injury Center provides funding and technical assistance to 23 states through its Core State Violence Injury Prevention Program (SVIPP). This program helps states implement, evaluate, and disseminate strategies that address the most pressing injury and violence issues including: child abuse and neglect, traumatic brain injury, motor vehicle crash injury and death, and intimate partner/sexual violence. The program builds on the infrastructure that was established through previous iterations of the Core SVIPP CE11-1101. The overall purpose of the Core SVIPP is to: 1) decrease injury and violence related morbidity and mortality and 2) increase sustainability of injury prevention programs and practices. CDC Core SVIPP webpage.
Grantor:	U.S. Centers for Disease Control and Prevention
Grant program:	Core SVIPP Program
Additional information:	https://www.cdc.gov/injury/stateprograms/about.html
Grantee:	IDPH
Grantee contact information:	Jennifer L. Martin, MSW Injury and Violence Prevention Project Manager Office of Health Promotion, Illinois Department of Public Health 535 West Jefferson Street, 2nd Floor, Springfield, IL 62761 Jennifer.L.Martin@illinois.gov Phone (217) 558-4081, Fax (217) 782-1321, TTY (800) 547-0466
Project name:	Chicago Center for Youth Violence Prevention
Project period:	09/30/2015-09/29/2020
Brief description:	The Chicago Center for Youth Violence Prevention (CCYVP) is devoted to studying the causes and consequences of youth violence to inform the development and testing of prevention interventions to support children, youth, and families living in economically disadvantaged urban communities. CCYVP's primary aims are: 1) understand the nature and causes of youth violence, bringing together a coalition of community, policy and academic partners 2) design and test prevention interventions by evaluating the process and impact of these interventions in high-risk urban communities, and identifying the unique challenges and adaptations necessary for implementation in urban neighborhoods. 3) partner with the community, providing training and technical assistance to build capacity for schools and community agencies to select, implement, and evaluate evidence-based interventions. CCYVP also evaluates and informs current policy strategies aimed at reducing youth and other forms of violence, evaluates the most promising interventions within the community, and uses these data to inform policy and practice.
Grantor:	U.S. Centers for Disease Control and Prevention
Grant program:	National Center for Injury Prevention and Control
Additional information:	https://ssascholars.uchicago.edu/chicago-center-youth-violence-prevention https://www.cdc.gov/violenceprevention/yvpc/index.html
Grantee:	The University of Chicago

Grantee contact information:	Deborah Gorman-Smith Interim Dean and Emily Klein Gidwitz Professor School of Social Services Administration University of Chicago 969 E. 60th Street Chicago IL 60637 Email: debgs@uchicago.edu Phone: 773-702-1430
Project name:	Highway Safety/National Priority Safety Program
Project period:	FY18 Local (October 1, 2017 – September 30, 2018) FY19 State (July 1, 2018 – June 30, 2019)
Brief description:	Federal funds are made available annually to the State of Illinois for the promotion of roadway safety. These funds are distributed via grants by the Illinois Department of Transportation through the Highway Safety Program. The primary goals of the Highway Safety Program include: reducing motor vehicle crashes, fatalities and injuries; increasing the use of occupant protection devices; and reducing impaired driving.
Grantor:	Illinois Department of Transportation – Bureau of Safety Programs and Engineering
Grant programs:	Sustained Traffic Enforcement Program; Enforcement Local Alcohol Project; Local Alcohol Program; Injury Prevention; and Traffic Records.
Additional information:	http://trafficsafetygrantsillinois.org/default.asp
Grantees:	180+ agencies
Grantee contact information:	For more information about specific grantees, please contact: Jessi Hopkins Occupant Protection Coordinator Illinois Department of Transportation Bureau of Safety Programs & Engineering 2300 S. Dirksen Parkway Springfield, IL 62764 Phone: 217-557-2564
Project name:	Illinois Enhanced State Opioid Overdose Surveillance (ESOOS) – Lurie Children's Hospital is a sub-contractor of IDPH. Lurie Children's Hospital manages the Statewide Unintentional Drug Overdose Reporting System (SUDORS) portion.
Project period:	9/1/17-8/31/19
Brief description:	The primary goal of this grant opportunity is to improve and enhance state opioid overdose surveillance
Grantor:	U.S. Centers for Disease Control and Prevention
Grant program:	ESOOS
Additional information:	CDC website for ESOOS
Grantee:	Illinois Department of Public Health with Ann & Robert H. Lurie Children's Hospital of Chicago acting as the bona fide agent.
Grantee contact information:	Ann & Robert H. Lurie Children's Hospital of Chicago 225 E. Chicago Ave, Box 156, Chicago, IL 60611 Maryann Mason, PhD Phone: 312-227-7026 Fax: 312-227-9523 E-mail: mmason@luriechildrens.org

Project name:	Illinois Occupational Surveillance Program
Project period:	2015-2020
Brief description:	This is one of 27 grants for states to conduct State Based Surveillance for Occupational Health Indicators and to work with state agencies and community groups on outreach projects. University of Illinois at Chicago is the bona fide agent of IDPH for this grant.
Grantor:	U.S. Centers for Disease Control and Prevention National Institute for Occupational Safety and Health (NIOSH)
Grant program:	NIOSH State Based Surveillance
Additional information:	https://www.cdc.gov/niosh/topics/surveillance/default.html
Grantee:	University of Illinois at Chicago School of Public Health as bona fide agent of IDPH.
Grantee contact information:	Linda Forst University of Illinois at Chicago 2121 W. Taylor Chicago, Illinois 60612 Phone: 312-355-3826 E-mail: lforst@uic.edu

Project name:	Illinois Prescription Drug Monitoring Program
Brief description:	There are two specific strategies this grant will support to assist with reducing opioid overdoses: 1). enhancing and maximizing Prescription Monitoring Programs and 2). Implementing Community Interventions.
Grantor:	U.S. Centers for Disease Control and Prevention
Grant program:	Prescription Drug Overdose: Prevention for States
Additional information:	Illinois Prescription Drug Monitoring Program and CDC website for Prescription Drug Overdose: Prevention for States.
Grantee:	Illinois Department of Human Services
Grantee contact information:	Craig Berberet Illinois Prescription Monitoring Program Administrator Illinois Department of Human Services 401 N 4th Street, Springfield, Illinois 62702 E-mail: Craig.Berberet@illinois.gov Phone: (217) 558-0943

Project name:	Illinois Strategic Prevention Framework-Partnerships for Success (SPF-PFS)
Project period:	Awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) to the Illinois Department of Human Services (IDHS) in State Fiscal Year 2014; the project period is up to five years
Brief description:	The Illinois SPF-PFS grant supports eight providers and their multi-sector coalitions in using the Strategic Prevention Framework (SPF) process to reduce past 30-day alcohol use rates and negative consequences of underage drinking among 8th to 12th graders. SPF-PFS funds were awarded to the providers and their coalitions in planning for and delivering services in a mix of (urban, suburban, and rural) communities based on higher rates of underage drinking compared to the state average. The SPF is a five-phase planning process that the eight sub-recipients are required to use to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable substance abuse prevention strategies. The effectiveness of this process began with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process – assessment, capacity building, strategic planning, implementation, and evaluation. Cultural competency and sustainability are expected to be included in every component of the framework. As a result of the assessment phase, providers and their coalitions developed local strategic implementation plans to address underage drinking within their targeted community areas. An evaluation provider is also funded through the SPF-PFS grant. The purpose of the evaluation provider is to manage all aspects of evaluation – training, data collection, analysis, and progress and outcome measure reporting for the SPF-PFS program.
Grantor:	Awarded by SAMHSA CSAP to IDHS. The grant is administered through the IDHS Division of Alcoholism
Grant program:	Illinois SPF-PFS
Additional information:	https://www.samhsa.gov/grants/grant-announcements/sp-14-004
Grantee:	IDHS funds the following eight sub-recipients to address underage drinking within their targeted community areas: Ann & Robert H Lurie Children's Hospital of Chicago, Bremen Youth Services, Human Service Center of Southern Metro East, Iroquois Kankakee Regional Office of Education, Jane Adams Community Mental Health Center (dba FHN), Kenneth Young Center, Oak Park Township, and Piatt County Mental Health Center. The Center for Prevention Research and Development at the University of Illinois is funded as the state evaluation contractor.
Grantee contact information:	Roseann Solak SPF-PFS Project Coordinator Illinois Department of Human Services Division of Alcoholism and Substance Abuse 401 South Clinton, 2nd Floor Chicago, IL 60607 Phone: 312.793.7956 Fax: 312.793.4666 Email: roseann.solak@illinois.gov
Project name:	Illinois Violent Death Reporting System
Project period:	9/1/2014-8/31/2019
Brief description:	States that are funded for National Violent Death Reporting System (NVDRS) operate under a cooperative agreement with CDC to whom all violent deaths are voluntarily reported. NVDRS funded six states initially. In 2016 CDC received funding to expand the system to a total of 42 states. The goal is to include eventually all 50 states, all U.S. territories, and the District of Columbia in the system. CDC NVDRS webpage.
Grantor:	U.S. Centers for Disease Control and Prevention

Grant program:	NVDRS
Additional information:	https://www.cdc.gov/violenceprevention/nvdrs/stateprofiles.html
Access data system:	https://www.cdc.gov/injury/wisqars/index.html
Grantee:	Ann & Robert H. Lurie Children's Hospital of Chicago
Grantee contact information:	Ann & Robert H. Lurie Children's Hospital of Chicago, Child Health Data Lab 225 E. Chicago Ave., Box 156 Chicago, IL 60611 Principal Investigator: Maryann Mason, PhD Phone: 312-227-7026 Fax: 312-227-9523 E-mail: mmason@luriechildrens.org
Project name:	Pesticide Related Illness Reporting in Illinois
Project period:	2017-2019
Brief description:	The University of Illinois at Chicago will use data from the Illinois Poison Center to report pesticide poisonings in the state. University of Illinois at Chicago is conducting a policy analysis to determine the best way to develop a comprehensive reporting system in the state.
Grantor:	U.S. Centers for Disease Control and Prevention NIOSH
Grant program:	Pesticide Related Illness Reporting
Additional information:	https://www.cdc.gov/niosh/topics/pesticides/overview.html
Grantee:	University of Illinois at Chicago School of Public Health; sub-contract: Illinois Poison Center
Grantee contact information:	Linda Forst University of Illinois at Chicago 2121 W. Taylor Chicago, Illinois 60612 Phone: 312-355-3826 E-mail: lforst@uic.edu
Project name:	Providing Emergency Medical Service(s) (EMS) Activation/Response Data for the Purpose of Occupational Health Surveillance
Project period:	2017-2019
Brief description:	The goal of this project is to evaluate health and safety risks for EMS providers. IDPH will provide NIOSH with data from Pre-Hospital database. University of Illinois at Chicago will develop and execute communications with EMS providers to encourage reporting.
Grantor:	U.S. Centers for Disease Control and Prevention NIOSH
Grant program:	Occupational Safety and Health for EMS Providers
Additional information:	https://www.cdc.gov/niosh/topics/ems/default.html
Grantee:	Illinois Department of Public Health, with University of Illinois at Chicago School of Public Health as sub-contractor.
Grantee contact information:	Daniel Lee Data and Information Systems Manager Division of EMS and Highway Safety, Office of Preparedness and Response Illinois Department of Public Health 122 S. Michigan Ave., Room 768 Chicago, IL 60603 E-mail: daniel.lee@illinois.gov Phone: 312-814-0056

Project name:	Rape Prevention and Education (RPE) Program
Project period:	1994-Ongoing
Brief description:	The RPE program provides funding to state health departments in all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the Commonwealth of Northern Mariana Islands. RPE grantees work collaboratively with diverse stakeholders, including state sexual violence coalitions, educational institutions, rape crisis centers, community organizations, and other state agency partners to guide implementation of their state sexual violence prevention efforts. These collaborations have strengthened states' sexual violence prevention systems, leveraging resources and enhancing prevention opportunities. CDC RPE webpage.
Grantor:	U.S. Centers for Disease Control and Prevention
Grant program:	RPE Program
Additional information:	https://www.cdc.gov/ViolencePrevention/RPE/index.html
Grantee:	Illinois Department of Public Health
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