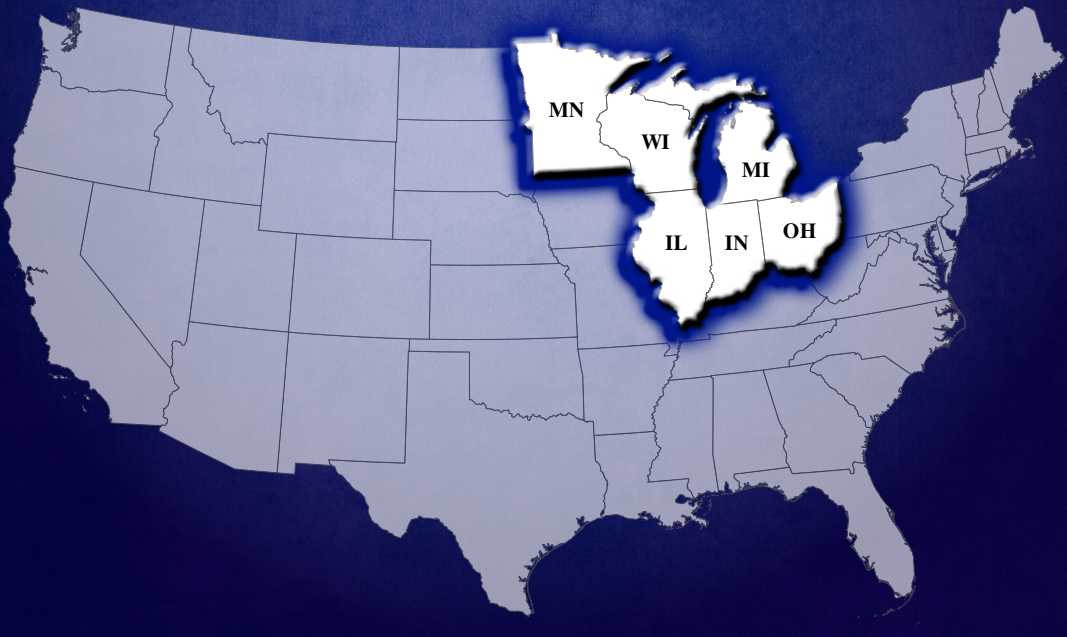


A RESOURCE GUIDE FOR DECISION MAKERS

Violence & Injury Prevention

In the Great Lakes Region



GLMA GREAT LAKES & MID-ATLANTIC
VIOLENCE & INJURY
PREVENTION
REGIONAL NETWORK

ABOUT THE GREAT LAKES AND MID-ATLANTIC VIOLENCE & INJURY PREVENTION REGIONAL NETWORK

The Great Lakes and Mid-Atlantic (GLMA) Violence and Injury Prevention Regional Network is a component under the Core Injury and Violence Prevention Program (Core VIPP) funded by the Centers for Disease Control and Prevention.

The purpose of the regional network is to:

- Provide structured assistance to all States within Federal Health and Human Services Regions 3 and 5 (Mid-Atlantic and Great Lakes Region, respectively);
- Build capacity, increase competency and regional sharing of data and best practices; and
- Increase research to practice collaboration to support and enhance the sustainability of injury prevention programs.

MEMBERS OF THE GLMA IN THE GREAT LAKES REGION:

Illinois Department of Public Health

Indiana State Department of Health

Michigan Department of Health and Human Services

Minnesota Department of Health

Ohio Department of Health

State of Wisconsin Department of Health Services

Center for Injury Research and Policy in Ohio

University of Michigan Injury Center

WHAT IS THE PURPOSE OF THE GREAT LAKES REGION RESOURCE GUIDE?

This resource guide represents an inaugural, collaborative effort to analyze data on the scope and cost of injury at a regional level for key decision-makers and stakeholders in the Great Lakes Region. There are ten topics in this guide, chosen by the GLMA Regional Network.

Each topic in this guide has its own section that includes the following information:

- Data on how that injury issue affects the United States.
- Data on how that injury issue affects the Great Lakes Region.
- Recommendations on how States and Regions can address these injury issues.
- State- or GLMA-selected resources to highlight efforts to address each injury issue; and
- References on data sources cited in these reports.

We hope that this guide will be a useful tool to help move injury prevention forward, so that citizens within this region can live safe and injury free.

ALCOHOL AND INJURY

ALCOHOL AND INJURY



Alcohol and Injury

HOW DOES IT AFFECT THE UNITED STATES?

- From 2006-2010, on average every year 49,544 persons died from injuries as a result of excessive alcohol use.¹
- On average, 4,358 children under the age of 21 died each year from 2006-2010 as a result of excessive alcohol use. The vast majority of these deaths (96%) were from injury.¹
- In 2012, 10,322 persons died in alcohol-related motor vehicle crashes*.²
- In 2006, the cost of alcohol consumption to society was estimated at \$223.5 billion, which is equal to \$746 per person or \$1.90 per drink. This includes approximately \$161 billion in lost work productivity (72%), \$25 billion in healthcare expenses (11%), \$21 billion in criminal justice costs (9%), and \$14 billion in motor vehicle crash costs (6%).³

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- From 2006-2010, an average of 13,884 people died each year as a result of excessive alcohol use; more than half were from injuries.¹
- In 2012, 4,806 people died in alcohol-related motor vehicle crashes*.²
- Injuries and deaths related to alcohol consumption cost the Great Lakes region an estimated \$37.1 billion annually.⁴

HOW DO WE ADDRESS THIS PROBLEM?

- Increasing the price of alcohol is associated with reduced drinking among adults and adolescents,⁵ as well as fewer youth traffic fatalities,^{6,7} suicides,⁸ and homicides.^{8,9}
- In addition to raising alcohol taxes, The Community Preventive Services Task Force recommends limiting the hours and days when alcohol can be purchased, strengthening commercial host liability laws, and increasing enforcement of minimum legal drinking age laws to curb underage drinking.⁹
- The Institute of Medicine recommends reducing adolescent exposure to alcohol advertising.¹⁰ At the local or state level, this can be done by restricting outdoor advertising, retail signage and alcohol sponsorships or promotions on public property and in places frequented by youth.¹¹
- Ignition interlock devices prevent drivers who have measurable alcohol (set to a predetermined level) in their system from driving an interlock-equipped car. They reduce repeat drunk driving offenses by an average of 64 percent as long as the device remains on the vehicle.¹² Other alcohol-sensing technologies show promise for the future.¹³
- Decreasing the density of alcohol outlets is also a strategy for reducing excessive alcohol consumption and its related harms.¹⁴
- Another effective measure includes requiring mandatory substance abuse assessment and treatment, if needed, for Driving While Intoxicated offenders.¹⁵

* Motor vehicle crashes are considered alcohol-related when the driver is alcohol impaired, i.e., when their blood alcohol concentration (BAC) is 0.08 g/dL or higher.²

Alcohol and Injury

RESOURCES

- **Illinois:** The Division of Alcoholism and Substance Abuse and the Office of Prevention, at the Illinois Department of Human Services. <http://www.dhs.state.il.us/page.aspx?item=29759>
- **Indiana:** The Division of Mental Health and Addiction (DMHA), Bureau of Mental Health Promotion and Addiction Prevention provides oversight and administration of the Substance Abuse Prevention and Treatment (SAPT) Block Grant to ensure funding that addresses statewide prevention and mental health promotion priorities. <http://www.in.gov/fssa/dmha/index.htm>
- **Michigan:** The Michigan Department of Health and Human Services runs the Alcohol/Substance Abuse Epidemiology Program which conducts public health surveillance on the effects of alcohol and drug abuse on Michigan's population. http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54784_57850--,00.html
- **Minnesota:** The state-funded Minnesota Prevention Resource Center (MPRC) is a project administered by Community Partnership with Youth and Families through a major grant from the Minnesota Department of Human Services, Alcohol and Drug Abuse Division. The MPRC's mission is to reduce problems resulting from alcohol, tobacco, and other drugs by enhancing the capacity of people interested in preventing these problems. <http://www.mnprc.org>
- **Ohio:** The Ohio Mental Health and Addiction Services website has resources regarding treatment, prevention, and regulation of alcohol: <http://mha.ohio.gov/>
- **Wisconsin:** The Wisconsin Department of Transportation provides statewide information on injury data, economic cost, existing law, and risk factors. <http://www.dot.wisconsin.gov/safety/motorist/drunkdiriving/crash.htm>

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A person wearing a blue and white motocross suit and helmet is riding a blue Yamaha ATV on a dirt path. The ATV has 'YAMAHA' branding on the front and side. The background is a blurred green forest.

All-Terrain Vehicle (ATV) Safety

ALL-TERRAIN
VEHICLE SAFETY

Table 1: ATV rider deaths in the Great Lakes Region (2007-2011)⁴

State	Number of Deaths	Rate per 10 million
Illinois	39	6.1
Indiana	12	3.7
Michigan	52	10.4
Minnesota	38	14.4
Ohio	65	11.3
Wisconsin	43	15.2

NOTES

ATV Safety

HOW DOES IT AFFECT THE UNITED STATES?

- From 1982-2009, 10,828 people died as a result of ATV-related injuries. Of these deaths, in 2009, 13% were children younger than 16 years of age (96).¹
- In 2013, an estimated 99,600 people were treated in United States emergency departments (ED) for ATV-related injuries. About 25% of those treated for injuries were children younger than 16 years of age.¹
- Eighty-four percent of ATV riders who were fatally injured in 2013 were not wearing helmets.²
- From 1982-2013, deaths of ATV riders on public roadways have increased nearly nine fold; from 35 deaths in 1982 to 319 deaths in 2013.²
- In 2013, 89% of the 319 ATV riders killed on public roads were on rural roads.²
- From 2001-2010, the number of ATVs in use in the United States doubled; from 4.9 million in 2001 to 10.6 million in 2010.³

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- From 1982-2009, ATV-related crashes accounted for 1,636 deaths in the Great Lakes Region.¹
- Table 1 shows ATV rider deaths in the Great Lakes Region from 2007-2011.⁴

HOW DO WE ADDRESS THIS PROBLEM?

- Helmet use reduces the risk of fatal head injury by 42 percent and the risk of non-fatal head injury by 64 percent.⁵ In the event of a crash, compared to helmeted ATV riders, unhelmeted ATV riders are much more likely to suffer a serious traumatic brain injury and are much more likely to receive significant injuries to the face and neck.⁶
- The American Academy of Pediatrics (AAP) recommends that children younger than 16 years of age not be allowed to operate ATVs.⁷
- Laws vary from state to state regarding ATV use on public roads. Michigan, Illinois, Indiana and Ohio prohibit the operation of ATVs on public roads. Wisconsin prohibits the operation of ATVs on public roads, with some exceptions. Minnesota allows ATV operation on paved roads "where and how designated".⁸

ATV Safety

RESOURCES

Illinois:

- The Illinois Department of Natural Resources runs an Off-Highway Vehicle grant program. The program provides financial aid to government agencies, not-for-profit organizations, and other eligible groups or individuals to develop, operate, maintain, and acquire land for off-highway vehicle parks and trails. <http://www.dnr.state.il.us/ocd/newohv2.htm>

Indiana:

- The Indiana ATV Rider's Education Course has been developed to meet the standards for ATV rider safety education established by the state of Indiana. The course has been approved by the Indiana Department of Natural Resources. <http://www.offroad-ed.com/indiana/Indiana> Department of Natural Resources Off-Road Vehicle Information: <http://www.in.gov/dnr/outdoor/4278.htm>

Michigan:

- The Michigan Department of Natural Resources has published an official Off-Road Safety Handbook for off-road vehicle riders: <http://www.offroad-ed.com/michigan/handbook/>
- The Michigan Department of Natural Resources offers safety education programs and trail maps to help citizens enjoy Michigan trails safely: http://www.michigan.gov/dnr/0,4570,7-153-10365_15070--,00.html

Minnesota:

- Effective January 1, 2006, anyone who was born after July 1, 1987 must complete the ATV Training Course run by the Minnesota Department of Natural Resources before operating an ATV. <http://www.dnr.state.mn.us/safety/vehicle/atv/index.html>

Ohio:

- The Ohio Department of Natural Resources (ohiodnr.gov) recommends the following ATV safety procedures while on public lands: wear protective headgear and eye protection; drive an ATV that is age and size appropriate; supervise riders younger than 16 years of age; stay on designated trails and drive at a safe speed; and take a safety course. <http://forestry.ohiodnr.gov/recreation>

Wisconsin:

- The Department of Natural Resources operates a webpage regarding ATV/UTV Riding in the state. The site includes links to sign up for safety courses, state regulations, and links to fatality data. <http://dnr.wi.gov/topic/atv>

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CHILD MALTREATMENT

CHILD
MALTREATMENT

Table 1: Child Protective Services referrals, percentage of referrals screened in for investigation, and number of unique victims* in the Great Lakes Region.²

State	Number of Referrals for Child Abuse and Neglect	Rate of CPS Referrals (per 1,000 children)	Percentage of Referrals Screened-In for Investigation	Number of Unique Victims
Illinois	66,528	22.0	100%	29,719
Indiana	160,878	101.4	59.1%	21,755
Michigan	137,875	61.4	63.1%	33,938
Minnesota	69,322	54.2	29.3%	4,183
Ohio	166,583	62.9	48.3%	27,562
Wisconsin	68,247	52.2	37.1%	4,526

NOTES

* Unique count of children: Counting a child once, regardless of the number of times he or she was the subject of a report.

Child Maltreatment

Child maltreatment is any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child. Acts of Omission (Child Neglect) are the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm.¹

HOW DOES THIS AFFECT THE UNITED STATES?

- In 2013, 1,484 children ages 0-17 years died in the United States as a result of child maltreatment; 79% were killed by one or both of their parents. Most (74%) of these victims were less than 3 years old.²
- In 2013, there were an estimated 3.2 million referrals screened in for investigation for child maltreatment to Child Protective Service (CPS) agencies across the United States.²
- In 2013, 678,932 children were identified to be victims of child abuse or neglect. Eighty percent of these children suffered from neglect; 18% were victims of physical abuse, and 9% were sexual abuse victims.²
- The lifetime estimated cost of new fatal and non-fatal child maltreatment cases in 2008 was \$124 billion.³
- In 2010, the estimated average lifetime cost of child maltreatment was \$210,012 per non-fatal victim and \$1.3 million per death.³

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- In 2013, CPS received reports about 121,683 children (unique victims*) who were being maltreated in the Great Lakes Region.²
- Table 1 shows 2013 CPS referrals, percentage of referrals screened in for investigation, and number of unique victims* in the Great Lakes Region.²

HOW DO WE ADDRESS THIS PROBLEM?

- The Centers for Disease Control and Prevention (CDC) provides references to multiple evidence-based strategies to prevent child maltreatment.⁴
- The United States Department of Health and Human Services (HHS) Children's Bureau provides funding to states and tribes to help them strengthen families and prevent child abuse and neglect.⁵
- The California Evidence-Based Clearinghouse for Child Welfare provides online access to information about evidence-based child welfare practices in a simple, straightforward format. The effectiveness of these practices is supported by empirical research.⁶
- The Child Welfare Information Gateway connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families.⁷

Child Maltreatment

RESOURCES

Illinois:

- The Illinois Department of Children and Family Services is the state agency tasked with addressing and tracking child maltreatment issues. <http://www.illinois.gov/dcf/getinvolved/Pages/Stay-Informed.aspx>

Indiana:

- The multi-branch statewide Commission on Improving the Status of Children in Indiana, in cooperation with other entities, studies issues concerning vulnerable youth and make recommendations concerning pending legislation and review and promote information sharing and best practices. <https://secure.in.gov/children/index.htm>

Michigan:

- The Governor's Task Force on Child Abuse & Neglect recommends programs, develops protocols, provides training and education, and proposes legislation to enhance Michigan's response to child abuse and neglect. https://www.michigan.gov/snyder/0,1607,7-277-57738_57679_57726-250286--,00.html

Minnesota:

- The Maternal and Child Health Section of the Minnesota Department of Health provides statewide leadership, public health nurse home visiting and public health information essential for promoting, improving, or maintaining the health and well-being of women, children, and families throughout Minnesota. <http://www.health.state.mn.us/divs/cfh/program/mch/>

Ohio:

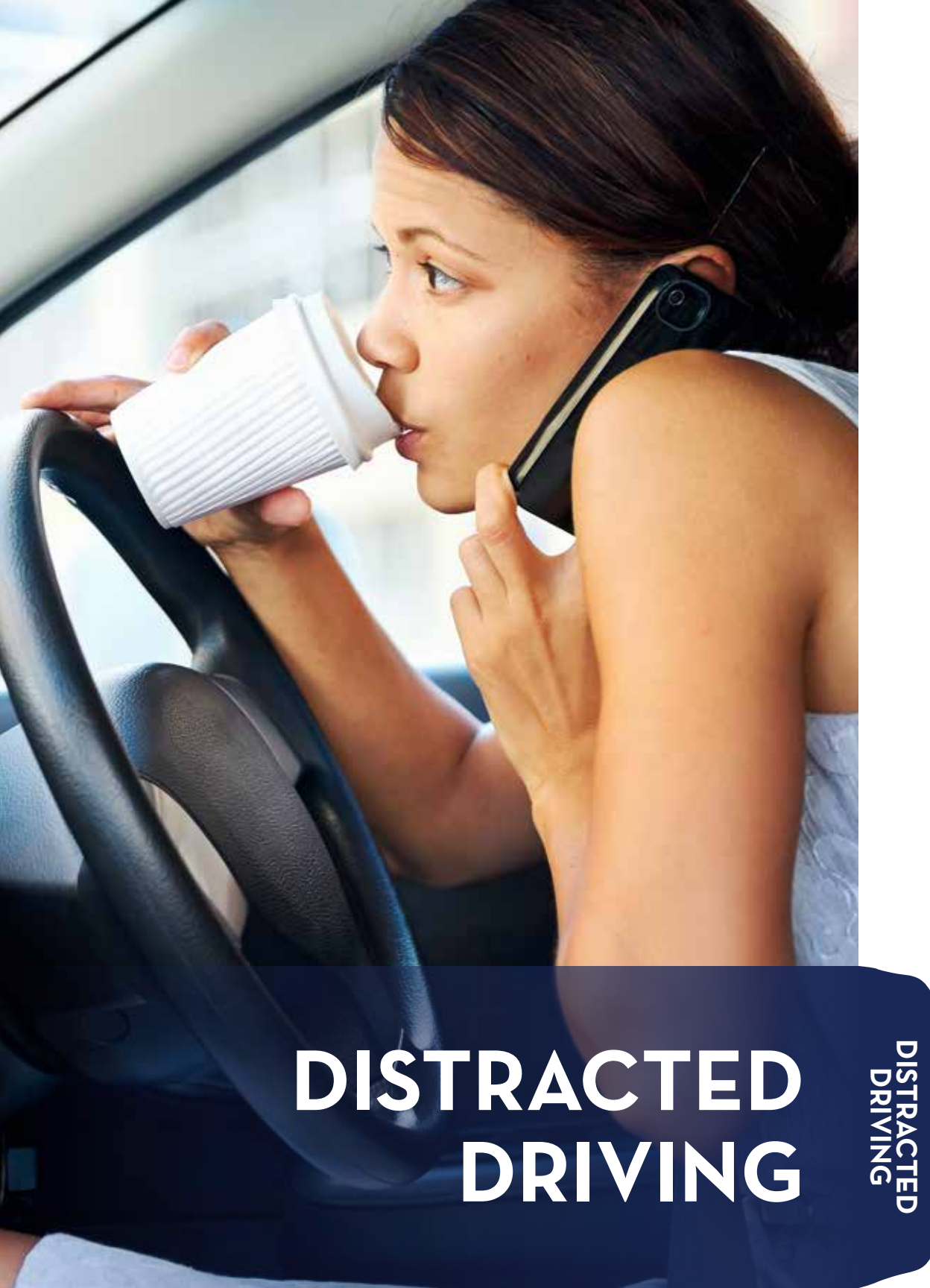
- The Ohio Children's Trust Fund (OCTF) is the lead agency on child maltreatment in Ohio. As Ohio's sole, dedicated public funding source for child abuse and neglect prevention, OCTF is in the forefront of prevention activities throughout the state. <http://jfs.ohio.gov/octf/>

Wisconsin:

- The Wisconsin Department of Children and Families Child Abuse and Neglect Program's website offers downloadable publications, reports, and links to other resources regarding child maltreatment: <http://dcf.wisconsin.gov/children/cps/>

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DISTRACTED DRIVING

**DISTRACTED
DRIVING**

Table 1: State laws to prevent distracted driving (as of April 2015)⁷

State	Hand-held Ban	Young Drivers All Cell phone Ban	Texting Ban	Enforcement
Illinois	all drivers	drivers younger than 19 and learner's permit holders younger than 19	all drivers	primary
Indiana	no	drivers younger than 18	all drivers	primary
Michigan	no	learner's permit and intermediate license holders (level 1 and 2); integrated voice-operated systems excepted	all drivers	primary
Minnesota	no	learner's permit holders and provisional license holders during the first 12 months after licensing	all drivers	primary
Ohio	no	drivers younger than 18	all drivers	primary for drivers younger than 18; secondary for texting
Wisconsin	no	learner's permit and intermediate license holders	all drivers	primary

NOTES

* Note: A primary law means that an officer can ticket the driver for the offense without any other traffic violation taking place. A secondary law means an officer can only issue a ticket if a driver has been pulled over for another violation (like speeding).⁷ "Primary" enforcement in this column refers to both cell phone use and texting, unless otherwise specified.

Distracted Driving

Distracted driving includes any activity that diverts a driver's attention from driving, such as texting, eating, applying makeup or reading billboards on the side of the road.

HOW DOES IT AFFECT THE UNITED STATES?

- In 2013, 3,154 people were killed and 424,000 people were injured in crashes where the driver was distracted.¹
- In 2013, law enforcement reported distracted driving as a factor in 16% of all motor vehicle crashes, 18% of crashes resulting in injury, and 10% of crashes resulting in death.¹
- Distraction is more likely to be a factor in fatal crashes among teen drivers than any other age group. In 2013, 10% of all teen drivers involved in fatal crashes were distracted at the time of the crash.¹
- In 2013, almost one third (31%) of drivers between the ages of 18 and 64 years old reported texting or emailing at least once while driving in the last 30 days.²
- Information about cell phone use is underreported in the data about fatal crashes. A recent study of a sample of fatal crashes in 2011 where there was evidence of cell phone use found that only 52% of cases had been coded in Fatality Analysis Reporting System (FARS) as involving a cell phone.³
- In 2010, distracted driving cost the nation \$46 billion, an average of \$148 for every person in the United States.⁴

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- In 2013, 297 drivers in the Great Lakes Region were involved in fatal crashes associated with distracted driving.⁵

HOW DO WE ADDRESS THE PROBLEM?

- Many states are enacting laws – such as banning texting while driving, or using graduated driver licensing systems for teen drivers – to help raise awareness about the dangers of distracted driving and to keep it from occurring. However, the effectiveness of cell phone and texting laws on decreasing distracted driving-related crashes requires further study.²
- Currently, 46 states, DC, Puerto Rico, Guam, and the US Virgin Islands ban text messaging for all drivers. All but 5 states have primary enforcement.⁶ See Table 1 for laws restricting cellphone use and texting (as of April 2015).⁷
- Thirteen states including Illinois and D.C. ban hand-held cell phone use for all drivers. In addition, 37 states and DC ban all cell phone use by novice or teen drivers, and 20 states and DC prohibit any cell phone use for school bus drivers.⁸
- Survey data indicates support for banning cell phone use while driving and even stronger support for banning text messaging and emailing while driving.⁹
- Highway engineering to make roadways with distracted drivers safe is a promising strategy. Specific strategies include providing safe stopping and resting areas and installing rumble strips.¹⁰
- Changing social norms to make distracted driving less socially acceptable is a promising strategy.¹⁰
- Model High Visibility Enforcement (HVE) programs in Connecticut and New York have been shown to reduce hand-held cell phone use and texting while driving. HVE combines law enforcement during specified periods and paid/earned media that addresses high enforcement methods.¹¹

Distracted Driving

RESOURCES

Illinois:

- The Illinois Department of Transportation's Division of Traffic Safety formulates, coordinates, and delivers information, services, and programs that mobilize public and private resources to establish effective public policy and integrated programs to improve highway safety in Illinois.
<http://trafficsafety.illinois.gov/>

Indiana:

- The Indiana Criminal Justice Institute (ICJI) Traffic Safety Division manages federal funds that are allocated throughout Indiana to support programs designed to fulfill its mission: "To reduce death, injury, property damage, and economic cost associated with traffic crashes on Indiana's roadways." The ICJI Traffic Safety Division publishes an annual Indiana Highway Safety Plan, which includes programs and resources to prevent distracted driving injuries and fatalities.
<http://www.in.gov/cji/2329.htm>

Michigan:

- The Governor's Traffic Safety Advisory Commission's Distracted Driving Action Team has developed a Distracted Driving Action Plan for 2013-2016. The Plan identifies problems, sets goals, and develops strategies to address distracted driving in Michigan. https://www.michigan.gov/documents/msp/Distracted_Driving_Action_Plan_2013_final_10-14-13_ksf_437297_7.pdf

Minnesota:

- Partnership with Toward Zero Deaths (TZD): The Toward Zero Deaths approach is based on the belief that even one traffic-related death on our roads is unacceptable. TZD uses a data-driven, interdisciplinary approach that targets areas for improvement and employs proven countermeasures, integrating applications of education, enforcement, engineering, and emergency medical and trauma services.
<http://www.minnesotatzd.org/whatistzd/>

Ohio:

- Since 2011, the Ohio Department of Transportation has been using Distracted Driver Simulators at high schools, fairs, and other public events to demonstrate the dangers of cell phone use while driving.
<http://www.dot.state.oh.us/Divisions/Planning/ProgramManagement/HighwaySafety/SHSP/Pages/DistractedDriver.aspx>

Wisconsin:

- The Wisconsin Department of Transportation has launched the "Zero in Wisconsin" campaign. The campaign aims to clearly and intensely demonstrate how simple changes in driving behavior and habits will prevent motorists from injuring and killing themselves or others.
<http://www.zeroinwisconsin.gov/whyzeroinwisconsin.html>

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FALLS IN OLDER ADULTS

FALLS IN OLDER
ADULTS

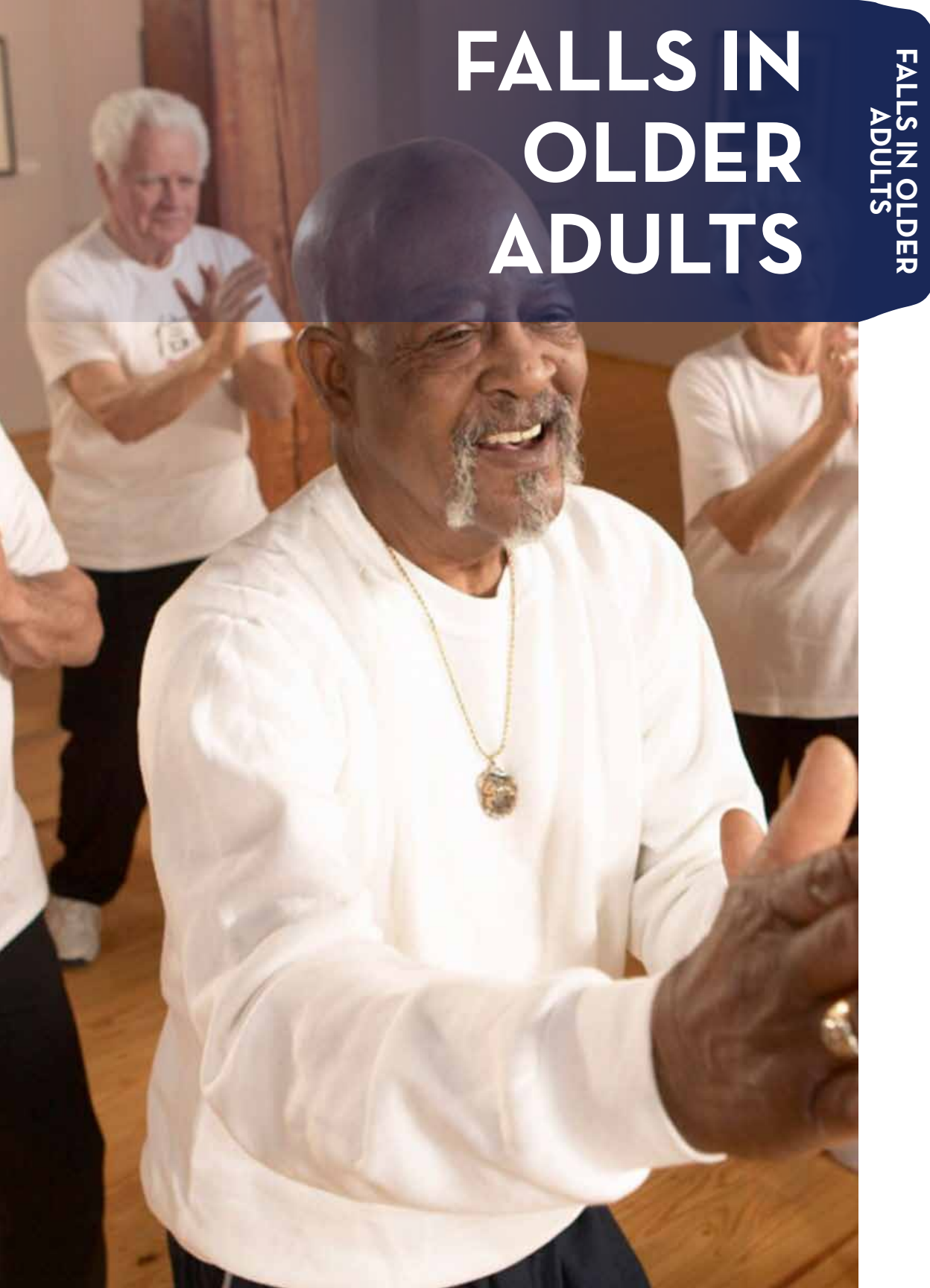
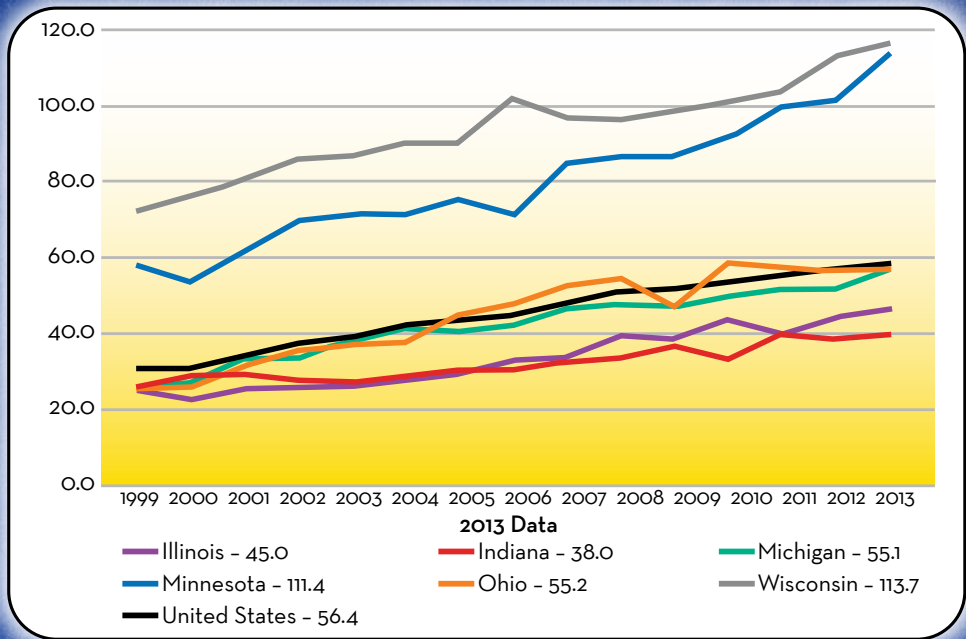


Figure 1: Death rates in older adults due to falls in the Great Lakes Region, per 100,000 (1999-2013).¹



NOTES

Falls In Older Adults

For the purpose of this section, an "older adult" is defined as an individual aged 65 years and older, unless otherwise specified.

HOW DOES IT AFFECT THE UNITED STATES?

- From 1999–2013, the number of deaths due to falls among older adults in the United States increased by 90%, from 30 deaths per 100,000 (10,227) to 57 deaths per 100,000 (25,593).¹
- In 2013, falls among older adults accounted for nearly 2.5 million ED visits, resulting in over 1.7 million treat and release visits and 657,843 hospitalizations.¹
- Older adults will make up about 20 percent of the United States population by 2029; in 2012 those 65 years and older comprised almost 14 percent of the population.²
- In 2013, falls among older adults cost the United States an estimated \$34 billion in direct medical costs.³

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- From 1999–2013, falls among older adults accounted for more than 50,655 deaths in the Great Lakes Region.¹
- From 1999–2013, the rate of fatal falls among older adults in the Great Lakes Region doubled, from about 38 deaths per 100,000 in 1999 to about 73 deaths per 100,000 in 2013.¹
- Figure 1 displays the death rates in older adults due to falls in the Great Lakes Region, per 100,000 (1999-2013).¹

HOW DO WE ADDRESS THE PROBLEM?

- The CDC provides resources about effective strategies in primary care settings, including their STEADI toolkit, that:
 - o Assess and address known risk factors, such as severely low blood pressure and visual and/or foot problems;
 - o Discuss effective medication management, home hazard modification, and exercise programs that address strength, gait, and balance;
 - o Assess calcium and Vitamin D consumption (via food and/or supplements) and;
 - o Screen older adults for falls risk and osteoporosis.
- As of 2014, eleven states had enacted laws to address falls in older adults: CA, CT, FL, HI, IL, MA, MN, NM, OR, TX, and WA. These laws establish commissions, coalitions, and/or programs to identify and/or implement fall prevention strategies.⁵
- Forty-eight states and DC promote National Falls Prevention Awareness Day and have implemented Safe Steps for Seniors, a fall prevention program.⁶
- The Federal Affordable Care Act⁷ provides free annual wellness visits that include screening for fall risks. The ability of health care providers to screen for fall risk will be important for providing this service.

Falls In Older Adults

RESOURCES

Illinois:

- The work of the Illinois Falls Prevention Coalition is facilitated by the University of Illinois at Chicago. http://ncoa_archive.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/state-coalitions-map/illinois.html

Indiana:

- The Indiana State Department of Health Division of Trauma and Injury Prevention conducts statewide injury surveillance through death certificates, hospitalizations, and ED visits. <http://www.state.in.us/isdh/19537.htm>
- Indiana State Department of Health Falls Prevention Resource Center is directed towards the issues of preventing falls in health care facilities providing care for patients and residents. <http://www.state.in.us/isdh/25376.htm>

Michigan:

- The Injury and Violence Prevention Section of the Michigan Department of Health and Human Services provides information regarding comprehensive fall prevention for community-dwelling older adults. http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54879---,00.html

Minnesota:

- The Minnesota Board on Aging (MBA) is the gateway to services for Minnesota seniors and their families. MBA listens to senior concerns, researches for solutions, and proposes policy to address senior needs. <http://www.mnaging.org>

Ohio:

- The Ohio Department of Health Violence and Injury Prevention Program has created the Ohio Older Adults Falls Prevention Coalition to focus specifically on falls among older adults. The group recently completed and updated the plan for 2014-2016 to implement evidence based strategies within in the state. <http://www.healthy.ohio.gov/en/vipp/oafpc/oafpc.aspx>

Wisconsin:

- The Wisconsin Department of Health Services collaborates with the UW Health Falls Clinic to provide information about injuries associated with unintentional falls and best practices in fall prevention. <https://www.dhs.wisconsin.gov/injury-prevention/falls/index.htm>

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A woman with dark hair, wearing a light pink top and dark pants, is sitting on a couch with her hands covering her face, appearing distressed or crying. In the background, a man with dark hair is sitting on the same couch, looking towards the woman. The scene is set in a living room with a window and a framed picture on the wall.

INTIMATE PARTNER VIOLENCE (IPV)

INTIMATE PARTNER
VIOLENCE

Table 1: Percentages of women and men who reported being a victim of rape, physical violence, and/or stalking by an intimate partner during their lifetime, in the Great Lakes Region (2010).⁴

State	% of Women	% of Men
Illinois	38%	26%
Indiana	40%	27%
Michigan	42%	23%
Minnesota	34%	24%
Ohio	36%	30%
Wisconsin	32%	23%

NOTES

Intimate Partner Violence

“Intimate Partner Violence (IPV)” refers to behavior by a current or former intimate partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviors. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.^{1,2}

HOW DOES IT AFFECT THE UNITED STATES?

- In 2013, 992 women and 245 men were killed by their intimate partner (current spouse, ex-spouse, or dating partner).³ These murders represent 37% of all female homicide victims and 3% of all male homicide victims.
- In 2010, 1 in 3 women (36%) and 1 in 4 men (29%) reported being the victim of IPV in their lifetime.⁴
- Eighty-one percent of women and 35% of men who were victims of rape, stalking, or physical violence by an intimate partner, reported at least one negative impact on their daily activities as a result of this violence.⁴
- Strangulation is one of the most lethal forms of violence in IPV and sexual assault cases. Studies show that anywhere from 43 to 53 percent of domestic homicide victims had experienced at least one incident of attempted strangulation prior to a lethal event.⁵
- Victims of prior attempted strangulation are seven times more likely to become a homicide victim.⁶
- In 2008, 53% of women murdered by an intimate partner were killed with a gun.⁷
- In 2003, the estimated cost of IPV against women exceeded \$8.3 billion, including \$6.2 billion associated with physical assault, \$1.2 billion in the value of lost lives, \$461 million associated with stalking, and \$460 million associated with rape.⁸

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- In 2010, 7.55 million women and 4.93 million men in the Great Lakes Region reported being victims of rape, physical violence, and/or stalking by an intimate partner in their lifetime.⁴
- Table 1 details the percentages of women and men who reported being a victim of rape, physical violence, and/or stalking by an intimate partner during their lifetime in the Great Lakes Region in 2010.⁴

HOW DO WE ADDRESS THIS PROBLEM?

- Evidence-based programs that encourage healthy and safe relationships in teens can reduce dating violence, and can reduce the risk of future IPV. Incorporating these programs into school curricula would expand their reach and impact.⁹
- Currently, 44 states, DC, the Federal government and two territories have some form of strangulation or impeding breathing statute. Of these, 7 specifically make strangulation a felony crime.¹⁰

Intimate Partner Violence

RESOURCES

Illinois:

- The Illinois Department of Human Services provides information about a number of IPV services. <http://www.dhs.state.il.us/page.aspx?item=30327>

Indiana:

- The Indiana Coalition Against Domestic Violence is a statewide alliance of domestic violence programs, support agencies, and concerned individuals. The Coalition provides technical assistance, resources, information, and training to those who serve victims of domestic violence and promotes social and system change through public policy, public awareness, and education. The 24-hour statewide hotline number is 800-332-7385. <http://www.icadvinc.org>

Michigan:

- Michigan's Department of Health and Human Services has a Domestic and Sexual Violence Prevention and Treatment Board which develops a comprehensive community response to domestic violence through education, advocacy, and appropriate intervention. http://www.michigan.gov/mdhhs/0,5885,7-339-71548_7261-15002--,00.html

Minnesota:

- The Minnesota Coalition for Battered Women is an organization located throughout Minnesota carrying out programming that advances women's safety and security. <http://www.mcbw.org>

Ohio:

- The Ohio Domestic Violence Prevention Network is a leader for this work in Ohio. <http://www.odvn.org/>

Wisconsin:

- End Domestic Abuse Wisconsin: The Wisconsin Coalition Against Domestic Violence provides services to victims of domestic violence as well as resources and publications regarding domestic violence issues. <http://www.wcadv.org/>

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PRESCRIPTION DRUG OVERDOSE

PRESCRIPTION DRUG
OVERDOSE

OVAL WHITE TABLET
Side 1

May Cause Drowsiness, Alcohol

Figure 1: Age-adjusted prescription opioid overdose death rates, Great Lakes Region & United States, unintentional & undetermined intent, 1999-2013⁵

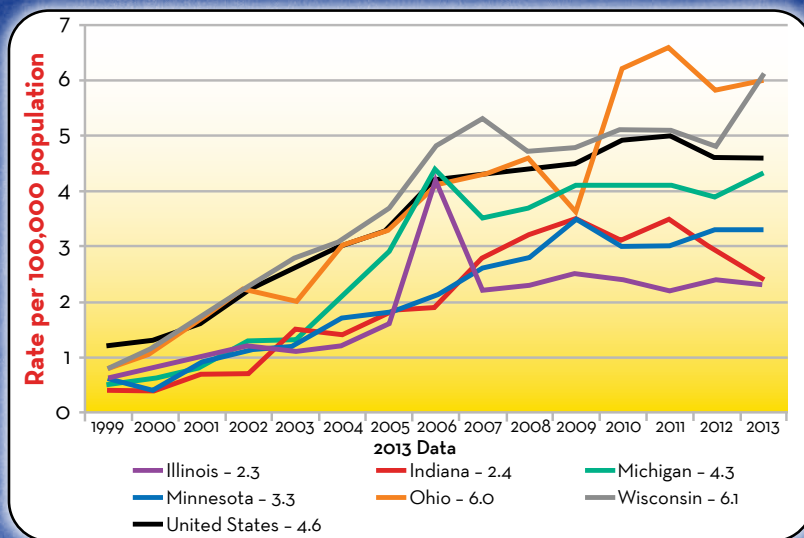


Figure 2: Great Lakes Region - number of painkiller prescriptions prescribed per 100 People.¹⁴

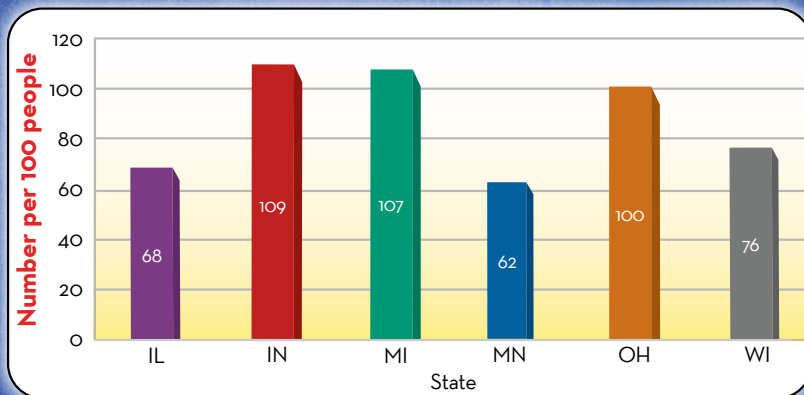
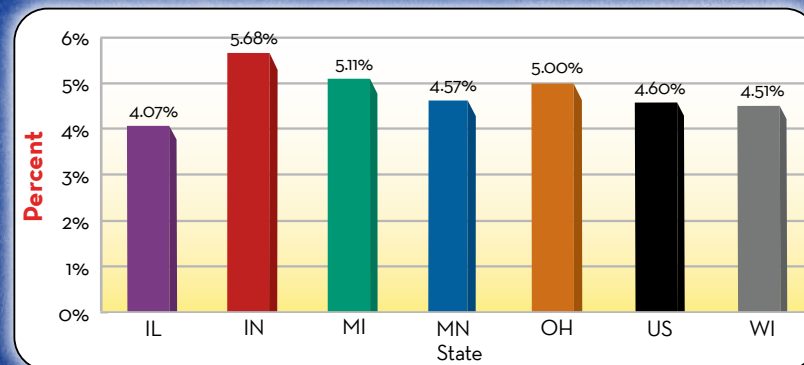


Figure 3: Great Lakes Region & United States - percent of non-medical use of prescription pain relievers in the past year among persons aged 12 or older: 2010-2011¹⁵



Prescription Drug Overdose

Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited, (i.e., taking medication to “get high”).¹

Prescription drug misuse may involve not following medical instructions, but the person taking the drug is not looking to “get high.”²

Non-medical use of prescription drugs is use without a prescription or use for the feeling or experience the drug causes.³

HOW DOES IT AFFECT THE UNITED STATES?

- In 2013, there were 43,982 overdose deaths in the United States. Of those, 52% or 22,767 were related to prescription drugs. The majority of these deaths involved opioid pain relievers.⁴
- In 2013, there were 14,672 prescription opioid overdose deaths in the United States, a rate of 4.6 deaths per 100,000 people. This number represents a 329% increase in the total number of prescription opioid overdose deaths from 1999 to 2013.⁵
- Every day in the United States, 44 people die as a result of prescription opioid overdose.⁴
- In 2013, an estimated 6.5 million individuals (or 2.5% of Americans) age 12 or older were non-medical users of all prescription drugs; most within this group (4.5 million) were using prescription pain relievers.⁶
- Most non-medical users of prescription drugs obtain their supply from friends and family. In 2011, one survey of non-medical users of prescription drugs revealed that most (54%) reported receiving their prescription drugs for free from a friend or relative; 18% reported obtaining them from a doctor; and 17% bought or took them from a friend or relative.⁷
- In a 2012 survey, 24% of teens reported having abused or misused all prescription drugs in their lifetime; 20% of them reported using before age 14.⁸
- From 2004–2011, the number of ED visits involving the misuse or abuse of all prescription drugs in the United States increased more than 125% from 626,470 visits in 2004 to over 1.4 million visits in 2011.⁹
- In 2007, prescription opioid misuse and abuse cost the United States an estimated \$56 billion in workplace, healthcare, and criminal justice costs.¹⁰

Figure 1:

Deaths were classified using the International Classification of Disease, 10th Revision (ICD-10). Drug-poisoning deaths were defined as having an ICD-10 underlying cause-of-death code of X40-X44 (unintentional) or Y10-Y14 (undetermined intent). Drug-poisoning deaths involving opioid analgesics include those with a multiple cause-of-death code of T40.2, T40.3, or T40.4. Rates were age-adjusted to the 2000 United States Census population.

Prescription Drug Overdose

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- In 2013, there were 5,156 overdose deaths in the Great Lakes region. Of those, 55.9% (2,884 deaths) involved prescription drugs. The majority of these deaths (73%) involved opioid pain relievers (2,105 deaths).¹¹
- In 2013, there were 2,105 prescription opioid overdose deaths in the Great Lakes region, a rate of 4.0 deaths per 100,000 people. This number represents a 576.8% increase in the total number of prescription opioid overdose deaths from 1999 to 2013.¹¹
- In 2013 in the Great Lakes region, on average, 5 people died each day from overdose of prescription opioid pain relievers.¹¹

HOW DO WE ADDRESS THIS PROBLEM?

- The CDC is developing evidence-based guidelines for prescription opioid prescribing.¹²
- All states in the Great Lakes region have prescription drug monitoring programs (PDMPs) that collect data about all opioids (and other drugs) prescribed. These data are available to identify potential cases of misuse and abuse. Some states mandate that prescribers input their prescriptions into the PDMP and check against the database when prescribing opioids. Some states mandate reporting of PDMP data for proactive law enforcement and education use.
- Assuring communities within states provide mechanisms for people to safely dispose of their prescription medications can reduce the availability of these drugs. Safe disposal sites and take back programs have been led by law enforcement, pharmacies, and other community partners.
- Naloxone is an overdose-reversing drug that some states make available to first responders, and friends and family of people at risk of overdose. Assuring naloxone is available and affordable is an opportunity to reduce deaths.
- Given the large number of people addicted to prescription pain relievers, evidence-based treatment is critical. Effective treatment options exist, but many with addiction issues do not have access to effective, affordable care.
- Summaries of state laws enacted to address prescription drug misuse, abuse, and overdose are available.¹³

Parameters used to pull regional data points from CDC Wonder database:

In this report, drug poisoning deaths, also referred to as overdose deaths, were defined as those with an underlying cause of death identified using the ICD-10 external cause of injury codes X40-X44 (unintentional) and Y10-Y14 (undetermined intent). Among deaths with drug overdose as the underlying cause, we identified the type of drug involved based on ICD-10 codes for prescription drugs (T36-39, T40.2-T40.4, T41-T43.5 and T43.8-T50.8), prescription OPR (T40.2-40.4), heroin (T40.1) and cocaine (T40.5). The codes used to classify prescription drugs might capture some over-the-counter medications. Please note that testing varies by State for drug specificity.

Prescription Drug Overdose

RESOURCES

Illinois:

- The Illinois Prescription Monitoring Program is a state-funded electronic tool that collects information on schedule II, III, IV, and V controlled substance prescriptions. Resources for health professionals, law enforcement, and drug users can be found on its website: <https://www.ilpmp.org>.

Indiana:

- INSPECT, Indiana's prescription drug monitoring program, was designed to serve as a tool to address the problem of prescription drug abuse and diversion in Indiana. By compiling controlled substance information into an online database, INSPECT performs two critical functions: maintaining a warehouse of patient information for health care professionals and providing an important investigative tool for law enforcement. Indiana was the first state in the nation to share data with all neighboring states and continues to share live data with other states. <http://www.in.gov/pla/inspect>

Michigan:

- The Michigan Department of Community Health created a Prescription and Over-the-Counter Drug Abuse Workgroup. The Workgroup developed a strategic plan for reducing prescription and over-the-counter drug abuse from 2012-2015. https://www.michigan.gov/documents/mdch/RxOTC_Drug_Abuse_Strategic_Plan_Final_389362_7.pdf

Minnesota:

- The Minnesota Board of Pharmacy operates the Minnesota Prescription Monitoring Program. pmp.pharmacy.state.mn.us

Ohio:

- The Ohio Department of Health's Violence and Injury Prevention Program created a subgroup, the Prescription Drug Abuse Action Group of the Ohio Injury Prevention Partnership to focus specifically on the epidemic of prescription drug overdose deaths. <http://www.healthy.ohio.gov/vipp/pdaag/pdaag.aspx>
- The Ohio Automated Rx Reporting System (OARRS) was established in 2006 as a tool to assist healthcare professionals in providing better treatment for patients with medical needs while quickly identifying drug seeking behaviors. <https://www.ohiopmp.gov/Portal/Default.aspx>

Wisconsin:

- The Wisconsin State Council on Alcohol and other Drug Abuse has a Controlled Substances Workgroup that focuses on prescription drug and narcotic abuse. <http://www.scaoda.state.wi.us/controlled.htm>

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Prescription Drug Overdose

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SUICIDE

SUICIDE

Figure 1: Suicide Rates – Great Lakes Region – 1999 to 2012¹

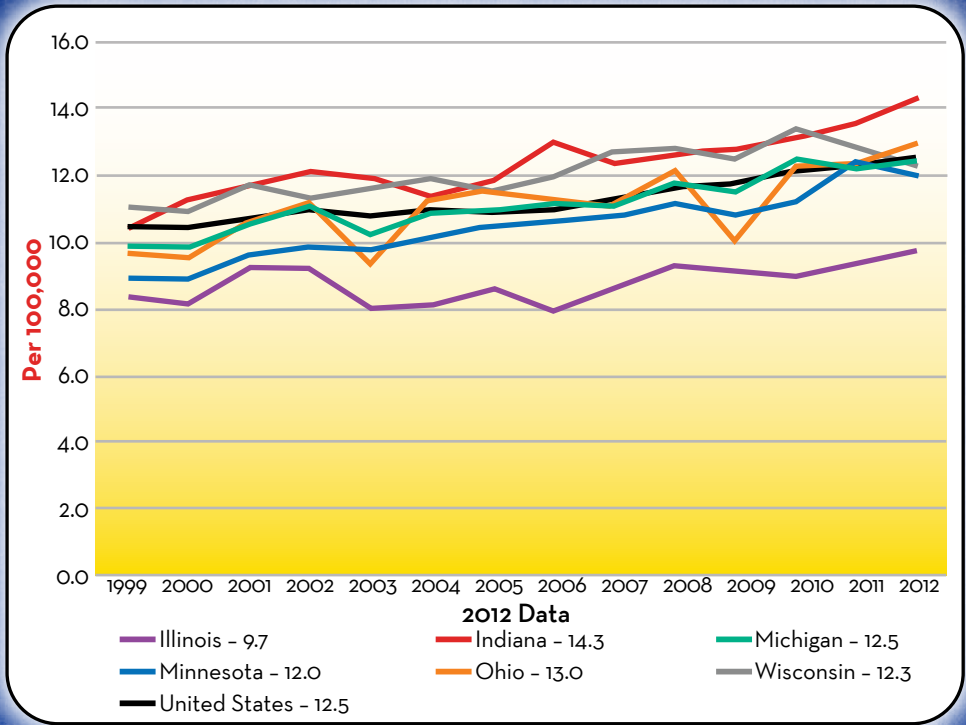


Table 1: Suicide Deaths in the Great Lakes Region, 2013¹

State	Number of Deaths	Age-adjusted Rate per 100,000
Illinois	1,321	9.92
Indiana	944	14.26
Michigan	1,295	12.84
Minnesota	678	12.08
Ohio	1,526	12.78
Wisconsin	850	14.31

Suicide

Suicide: Death caused by self-directed injurious behavior with any intent to die.

Suicide attempt: A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal ideation: Thinking about, considering, or planning for suicide.

HOW DOES THIS AFFECT THE UNITED STATES?

- From 2000-2013, the rate of suicide in the U.S. rose from 10.43 per 100,000 (29,350 deaths) to 13.02 (41,149 deaths).¹
- In 2013, 494,169 people in the U.S. were treated in EDs for non-fatal self-inflicted injuries.¹
- In 2012, on average, there was a suicide death every 13 minutes in the U.S., and a hospitalization for a self-inflicted injury every 65 seconds.¹
- In 2013, suicide cost the U.S. an estimated \$44.6 billion, including medical expenses and work loss.²

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- In 2013, there were 6,614 suicide deaths in the Great Lakes Region.¹
- Figure 1 shows the suicide rates in the Great Lakes Region from 1999-2012 and Table 1 shows the number of deaths in the Great Lakes Region in 2013.¹

HOW DO WE ADDRESS THIS PROBLEM?

- The CDC provides resources on effective and promising practices for preventing suicide.³
- Recognizing that educators and other school personnel are in a prime position to identify the warning signs of youth suicide and help prevent it, 24 states either mandate or encourage suicide prevention training and screening programs in schools. In the Great Lakes region, Illinois, Indiana and Ohio all have state mandated training, but not annually. Michigan, Minnesota and Wisconsin encourage training.⁴
- A number of studies have indicated that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. This has been demonstrated in a number of areas: bridge barriers, detoxification of domestic gas, pesticides, medication packaging, and others.⁵
- Research indicates that health care providers report receiving little training on the assessment and management of suicidal behavior.⁶ Policies aimed at training health care providers on evidence-based assessment and treatment approaches can decrease this knowledge gap and potentially save lives. Currently Washington State is the only state to adopt a law requiring mandatory training requirements for health care professionals.

RESOURCES

Illinois:

- The Illinois Department of Public Health, Office of Health Promotion, serves as the lead agency to collaborate with public and private partners to address suicide prevention in Illinois.
<http://www.dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention>

Indiana:

- The Family and Social Services Administration, Division of Mental Health and Addiction facilitates the State of Indiana Suicide Prevention Task Force and is charged with developing a state suicide prevention plan. This task force is comprised of representatives from other state agencies such as the Indiana State Department of Health and the Indiana Department of Education, in addition to community organizations whose focus is on providing mental health services and suicide prevention efforts. <http://www.in.gov/issp/index.htm>

Michigan:

- The Michigan Department of Community Health's Injury and Violence Prevention Section provides statewide information regarding suicide rates and best practices.
http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54879-358892--,00.html

Minnesota:

- Building on the work done at the national level, the Minnesota Suicide Prevention Plan has been updated for 2015 - 2020. <http://www.health.state.mn.us/injury/topic/suicide>

Ohio:

- The Ohio Suicide Prevention Foundation is a prevention, education and resource organization.
www.ohiospf.org

Wisconsin:

- The Wisconsin Department of Health Services' Injury and Violence Prevention Program operates a suicide prevention fact page listing best practices, state-based statistics, and links to publications regarding suicide in Wisconsin.
<https://www.dhs.wisconsin.gov/injury-prevention/suicideprevention.htm>

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TEEN DRIVER SAFETY

TEEN DRIVER
SAFETY



Table 1. 2013 High school students' driving habits. ⁵

State	Driving a car or other vehicle when they had been drinking	Rode with a driver who had been drinking alcohol	Texting or emailing while driving a car or other vehicle
Illinois	10%	27%	45%
Michigan	6%	20%	40%
Ohio	4%	17%	46%
Wisconsin	9%	21%	48%

*Data not available for Indiana and Minnesota

NOTES

Teen Driver Safety

For the purposes of this section, “teen” and “teenager” is defined as an individual between the ages of 16 to 19 years old, unless otherwise specified.

HOW DOES IT AFFECT THE UNITED STATES?

- From 2008-2013, motor vehicle crashes were the second leading cause of injury deaths for teenagers nationwide, accounting for 66% of injury-related deaths in this age group.¹
- In 2013, 4,141 teen drivers were involved in fatal crashes in the United States; alcohol and drug use were a factor in 16% of these crashes.²
- In 2013, 52% of teen passenger deaths in the United States occurred in motor vehicle crashes involving cars driven by a teen.³
- From 2008-2013, 1.7 million teenagers were injured in motor vehicle crashes in the United States. As a result of their injuries, 1.6 million of these teenagers were treated and released from the ED, while 97,728 were hospitalized.¹
- In 2010, motor vehicle crashes involving teen drivers cost the United States more than \$22 billion in total lifetime costs (medical costs and work loss).¹

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- In 2013, 595 teen drivers were involved in fatal crashes in the Great Lakes Region, accounting for about 14% of teen fatal crashes in the nation.²
- In 2012, 284 people were killed in motor vehicle crashes involving a young driver (i.e. between the ages of 15 and 20 years old) in the Great Lakes Region. Of those killed, 39% were the young drivers, 25% were passengers in the young drivers’ vehicles, 27% were occupants of other vehicles, and 8% were non-occupants.⁴
- Investigative reports link 12% of fatal crashes involving teen drivers in the Great Lakes Region to alcohol and drugs.⁴
- Table 1 displays 2013 high school students’ driving behaviors.⁵
- In 2005, fatal motor vehicle crashes cost the Great Lakes Region \$5.8 billion in total medical and work loss costs. Teen drivers accounted for over 16%, at a cost of \$949 million.⁶

HOW DO WE ADDRESS THIS PROBLEM?

- Enforcement of underage purchase, possession, and provision laws for youth access to alcohol can reduce alcohol-related crash involvement.⁷
- Graduated Driver Licensing (GDL) has consistently been shown to substantially reduce crashes of 16 and 17-year-old drivers.⁸ Strengthening and enforcement of GDL systems that contain passenger limits, night restrictions, and other components are effective measures.^{7,9} The National Highway Traffic Safety Administration (NHTSA) recommends 16 years as the age for receiving a learner’s permit.²
- Enforcement of primary seat belt laws are important: primary seat belt laws are associated with increased seat belt utilization¹⁰ and a decreased risk of fatalities.¹¹
- Driver education on its own has not been demonstrated to reduce crashes among high school-aged drivers.¹²
- Model High Visibility Enforcement (HVE) programs and work to change social norms to make distracted driving less socially acceptable are both promising strategies. Please see Distracted Driving section for more information.

Teen Driver Safety

RESOURCES

Illinois:

- The Illinois Secretary of State provides information about safety and laws for teen drivers and parents on http://www.cyberdriveillinois.com/departments/drivers/teen_driver_safety/home.html

Indiana:

- The Indiana Criminal Justice Institute conducts outreach and education for young drivers using our anti-texting and driving simulator and an all day event entitled "Rule the Road." During a Rule the Road event, young drivers can experience certain common driving hazards and conditions under the supervision of trained emergency driving instructors. <http://www.in.gov/cji/2382.htm>

Michigan:

- Secretary of State Resource and Information Page:
http://www.michigan.gov/sos/0,4670,7-127-1627_60169---.00.html

Minnesota:

- Minnesota Office of Traffic Safety Teen Driving page:
<https://dps.mn.gov/DIVISIONS/OTS/TEEN-DRIVING/Pages/default.aspx>

Ohio:

- Ohio Bureau of Motor Vehicles Graduated Driver Licensing and Teen Driving Laws page:
http://bmv.ohio.gov/graduated_dl_teen_laws.stm

Wisconsin:

- The Wisconsin Department of Transportation developed a teen driving portal and fact sheet that provides information about teen driving in Wisconsin and resources for teen drivers and their parents.
<http://dot.wi.gov/safety/motorist/teendriving/>

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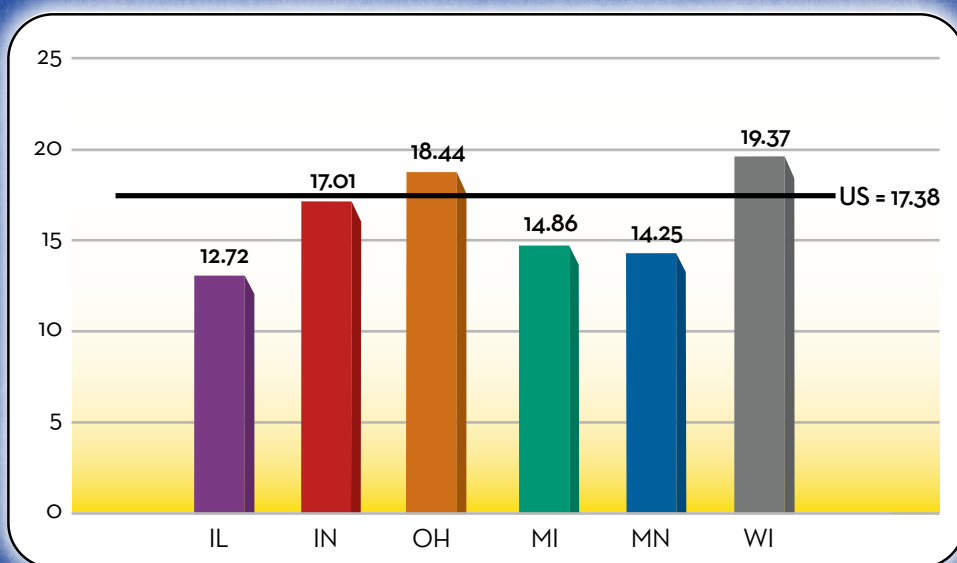
TRAUMATIC BRAIN INJURY (TBI)

TRAUMATIC
BRAIN INJURY

Table 1: Cost of Medical Expenses and Lost Work due to TBI in 2010.³

State	Cost
Illinois	\$1.1 billion
Indiana	\$801 million
Michigan	\$1 billion
Minnesota	\$480 million
Ohio	\$1.4 billion
Wisconsin	\$740 million

Figure 1: Annualized TBI rates per 100,000 in the Great Lakes Region & United States from 2004-2010.³



Traumatic Brain Injury

A Traumatic Brain Injury (TBI) is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of unconsciousness or memory loss). Most TBIs are mild, and are commonly known as concussions.¹

HOW DOES IT AFFECT THE UNITED STATES?

- Every year in the United States, approximately 53,000 people die and 284,000 people are hospitalized as a result of TBI.¹
- TBI accounts for approximately 2 million ED visits every year.²
- Most TBI deaths result from car crashes (29%), suicide (29%) and falls (21%). Falls are the leading cause of TBI-related hospitalizations (40%) and ED visits (44%).²
- In 2010, TBI cost the United States \$141.7 billion in medical expenses and lost work. Of that amount, \$35.9 billion was related to TBI deaths.³

HOW DOES IT AFFECT THE GREAT LAKES REGION?

- From 2004-2010, annualized TBI fatality rates per 100,000 in the Great Lakes Region ranged from 12.72 in Illinois to 19.7 in Wisconsin. See Figure 1.³
- In 2010, TBI cost the Great Lakes Region an estimated \$5.5 billion in medical expenses and lost work, as shown in Table 1.³

HOW DO WE ADDRESS THIS PROBLEM?

- From 2009-2014, all 50 states and DC passed laws to address TBI; most targeted youth sports-related concussions through Return to Play laws.⁴
- For TBI management, the American Academy of Neurology recommends immediate removal from play, an individual evaluation, and treatment tailored to the symptoms. Return to play is recommended only after a licensed health care professional with head injury experience clears the athlete. States without Return to Play laws could consider incorporating these recommendations into new policies; those with such laws could consider amending their policies to include these recommendations.⁵
- Implementation and evaluation of Return to Play laws is important. Information about how states can improve implementation of Return to Play and Return to School (Learn) is available from CDC.^{6,7,8}
- Other recent TBI legislation addressed TBI in veterans; provided funding for TBI prevention or treatment programs; and required insurers, hospitals and health maintenance organizations to provide insurance coverage for TBI survivors.⁴
- TBI surveillance is needed. CDC recommends surveillance efforts including: outpatient clinics, urgent care facilities, and other non-hospital settings.²
- Policies and programs to prevent motor vehicle crashes, suicide, and falls can also be effective in addressing TBI. Please see the sections of this guide related to those injury issues for additional information.

Traumatic Brain Injury

RESOURCES

Illinois:

- The Illinois Department of Human Services runs the Brain and Spinal Cord Injury Advisory Council, which makes recommendation to the governor for developing and administering a comprehensive State Plan to provide services for individuals with brain or spinal cord injuries and to prevent new injuries from occurring. Website: <http://www.dhs.state.il.us/page.aspx?item=44621>

Indiana:

- The Indiana State Department of Health Division of Trauma and Injury Prevention conducts statewide trauma and injury surveillance through death certificates, hospitalizations, and ED visits.
- The Indiana Trauma Registry is a repository into which statewide trauma data has been brought together to support three foundational activities: identification of the trauma population; statewide process improvement activities; and research. <http://www.in.gov/isdh/25407.htm>

Michigan:

- The Michigan Department of Health and Human Services provides education and resources to Michigan communities and citizens to help them understand and comply with the state's sports concussion laws. www.michigan.gov/sportsconcussion

Minnesota:

- The Minnesota Brain Injury Alliance (MBIA) provides support through advocacy and public policy. They offer a program called Resource Facilitation which provides personal one-on-one connection to information and resources. <http://www.braininjurymn.org>
- The Injury and Violence Prevention Unit of the MN Department of Health maintains a registry of all Minnesotans who have been hospitalized with a TBI. Using this resource, information is mailed to these individuals about the MBIA and Resource Facilitation. <http://www.health.state.mn.us/injury/index.cfm>

Ohio:

- The Ohio Department of Health Violence and Injury Prevention Program has developed a sports concussion website: <http://www.healthy.ohio.gov/vipp/concussion.aspx>

Wisconsin:

- The Wisconsin Department of Health Services runs a Consumer Guide to Health Care which includes resources for people with traumatic brain injuries and external links for sources of information. Website: <http://www.dhs.wisconsin.gov/guide/tbi.htm>

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Falls Among Older Adults: <http://washingtoninhomecare.com/try-tai-chi-to-fight-arthritis/>

Traumatic Brain Injury: <http://www.atvcourse.com/blog/2011/06/kids-and-atvs-getting-them-started-right/>

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