

**Health Priority: Intentional and Unintentional Injuries and Violence  
Objective 2: Motor Vehicle Related Injuries and Death (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objectives**

**2a:** By 2010, the rate of motor vehicle crash-related deaths and incapacitating injuries will be 104 per 100,000 population.

**2b:** By 2010, the rate of fatality and incapacitating injuries will be 9.4 per hundred million vehicle miles traveled.

**2c:** By 2010, the age-adjusted overall motor vehicle death rate will be 14.0 per 100,000 population.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2008	Long-term 2008-2010
<p><i>Funds:</i> Highway safety grant funds; Federal Maternal and Child Health Block Grant; Preventive Health and Health Services Block Grant; State-Level Injury grant funds; and volunteer and advocacy organization funds</p> <p><i>Personnel:</i> State Highway Safety Office program specialists; analysts and community outreach; state injury, emergency medical services and trauma system staff; Department of Health and Family Services occupational safety staff; Wisconsin Division of Health Care Financing, Bureau of Health Information, local health departments and their partners; University of Wisconsin Cooperative Extension; University of</p>	<p>Department of Health and Family Services will organize an interdisciplinary and intersectoral State Injury Coordinating Committee that will provide input into the oversight and publication of injury prevention and control efforts throughout Wisconsin's public health system.</p> <p>The committee will include both public and private agencies and organizations, professional organizations, safety committees, and volunteer and benevolent groups, who have been educated to understand their role in coordinated injury prevention and control.</p> <p>The committee will serve as a coordinating group for injury and injury control information.</p> <p>The committee will provide input into identifying injury data needs and resources at the state and local</p>	<p>State agencies and organizations: health care, public safety, enforcement, planning, engineering</p> <p>Professional organizations</p> <p>Committees / coalitions: Traffic Record Coordinating Committee, Wisconsin Highway Safety Partners, WSBC, Mothers Against Drunk Driving, volunteer and benevolent groups</p> <p>Local agencies, Tribes, and organizations:</p>	<p>The Department of Transportation, through its Safe Communities Program, in partnership with the Division of Public Health, Bureau of Emergency Medical Services and Injury Prevention will identify Wisconsin communities who want to decrease motor vehicle related deaths and serious injuries in their communities.</p> <p>Division of Public Health will provide leadership to link the Safe Communities model to the Community Health Improvement Processes and Plans currently underway or being planned in these local communities.</p>	<p>State coordinating group provides input and assists in the development of a data-driven evaluation to evaluate effectiveness of policies, strategies, and programs.</p> <p>Additional state-level programs are coordinated through the existing statewide injury coordinating group. The leading causes of injury are addressed. Motor vehicle crashes are fully integrated into the state injury control system.</p> <p>Decrease in occurrence and rate of motor vehicle deaths and serious injuries in participating communities and statewide by 3 percent.</p>	

**Health Priority: Intentional and Unintentional Injuries and Violence  
Objective 2: Motor Vehicle Related Injuries and Death (Logic Model)**

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Wisconsin professional staff and county program specialists; police, sheriff, and state patrol; and professional, volunteer, and advocacy organizations.</p> <p><i>Material:</i> Free printed materials; free local videos and costumes.</p> <p><i>Facilities:</i> Hospitals, clinics, and public safety facilities.</p> <p><i>Data:</i> Department of Transportation annual crash data and evaluations; driver license and vehicle registration data; travel and roadway data; Department of Health and Family Services hospital discharge data and hospital emergency room department data; Occupational fatality data; Department of Public Instruction Youth Risk Behavior Surveillance Survey Data; census data; Department of Justice</p>	<p>levels, developing standards for data reporting, and publishing these in a timely fashion.</p> <p>The committee will assist in identifying high-risk populations and locations for all types of injury based upon injury data and will promote the publication of this information in a timely fashion.</p> <p>The committee will promote effective strategies and will distribute information about best practices in injury control.</p> <p>The committee will coordinate its activities with requirements of its participants for planning and resource allocation.</p> <p>The committee, in collaboration with the Department of Transportation, will develop standards for the Safe Communities Model.</p> <p>Member organizations will support the development of injury coalitions meeting state standards at the county and municipal level. Member organizations will require</p>	<p>health care, public safety, enforcement, planning, engineers</p> <p>Volunteer and community groups</p> <p>Committees / coalitions: public safety, public health, community development</p>	<p>The Department of Transportation and the Division of Public Health, Bureau of EMS and Injury Prevention will collaborate to develop standards for the Safe Communities model.</p> <p>State-level coordination of injury, programs, and resources are institutionalized within the Division of Public Health, Bureau of EMS and Injury Prevention.</p> <p>State agencies, such as the Department of Transportation and Department of Health and Family Services, share strategic resources by means of institutionalized injury program coordination.</p> <p>A statewide injury prevention coordinating group facilitated by the Division of Public Health, Bureau of EMS and Injury Prevention distributes “best practices” of coordinated</p>	<p>Fifty percent more communities in Wisconsin will have effective Safe Community Model coalitions in place.</p>	<p>Decrease in occurrence of injury crashes in participating communities by 5 percent.</p> <p>Statewide decrease in injury crash occurrence by 5 percent.</p> <p>Improved crash outcome: 12 percent fewer deaths and serious injuries statewide.</p> <p>Statewide decrease in work-related motor vehicle fatalities by 5 percent.</p> <p>Decrease in deaths and serious injuries to high-risk populations and those involved in high-risk behaviors: youthful drivers, elderly vehicle occupants, Native Americans, pick-up truck drivers, motorcycle riders, pedestrians, rural roadway users, impaired drivers, speeders, those not wearing safety belts, and</p>

**Health Priority: Intentional and Unintentional Injuries and Violence  
Objective 2: Motor Vehicle Related Injuries and Death (Logic Model)**

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>uniform crime report data; various opinion and observation surveys; and local and national data.</p> <p><i>Linkages to Programs/Special Initiatives:</i> Occupant protection; child passenger safety; alcohol and other drug prevention programs; youth alcohol/risk prevention programs; traffic law enforcement; safety data improvements; emergency medical services; motorcycle safety; pedestrian safety and bicycle safety programs; pupil transportation safety; large truck safety; and community and corridor safety programs.</p> <p><i>Learn about successful strategies from other sectors:</i> Engineering; enforcement and enactment; education; empowerment; evaluation; economic incentives; and emergency response.</p>	<p>coalition oversight and evaluation of grant effectiveness as a condition of receiving injury grants.</p> <p>The committee will discover, develop, and make available coalition and community-building training as needed for local coalition development.</p> <p>The committee will assist with annual evaluations of the state injury program and project effectiveness including dissemination of results; promote the collection of aggregate program and project data from communities; disseminate aggregate data and best practices on a regular basis.</p> <p>Coordination of member organization activities will increase as strategic resources and effective strategies are identified, and areas of effective collaboration become the norm.</p> <p>Additional organizations with a role in injury prevention and control will be brought to the committee as important resources.</p>		<p>community action as developed in the Safe Communities Model.</p> <p>Participating agencies, federal, state, and local, permit grant funds to be used for a wide variety of program strategies proven to be effective.</p> <p>The statewide injury coordinating group coordinates the development and distribution of motor vehicle injury data in a user-friendly format related to other injury data.</p> <p>Local coordinated injury coalitions (utilizing the Safe Communities model) are organized in 10 more communities across the state (5 per year x 2 years).</p> <p>Coalition building and maintenance skills are improved at both state and local levels.</p> <p>Data collection and analysis skills are improved at both state and local levels.</p>		<p>drivers and workers in highway construction and maintenance work zones.</p>

**Health Priority: Intentional and Unintentional Injuries and Violence  
Objective 2: Motor Vehicle Related Injuries and Death (Logic Model)**

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p><i>Other:</i> Training; assessment; outreach; community program assistance; technical support; and data collection and analysis.</p>	<p>The committee will recommend standards for collection of additional injury data and will regularly include such data in reports.</p> <p>For all highway safety programs (e.g., occupant protection, child passenger safety, alcohol and other drugs, youth alcohol/risk prevention, traffic law enforcement, safety data improvements, emergency medical services, motorcycle safety, pedestrian safety, bicycle safety, pupil transportation safety, large truck safety, and community and corridor safety programs).</p> <p>For all effective strategies (Engineering, Enforcement, Enactment, Education, Empowerment, Evaluation, Economic Incentives, Emergency Response).</p> <p>As needed activities including training, assessment, outreach, community program assistance, technical support, data collection and analysis.</p> <p>The number and variety of community-coalition driven</p>		<p>Increase to 30 communities that have effective injury coalitions in place. [Note: Current status reflects that as of the year 2000, twenty communities have effective injury coalitions in place. Project an increase of five new effective injury coalitions in place each year for two years.]</p>		

**Health Priority: Intentional and Unintentional Injuries and Violence  
Objective 2: Motor Vehicle Related Injuries and Death (Logic Model)**

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	<p>programs will be increased by 50 percent.</p> <p>Multiple and overlapping strategies will be coordinated to achieve the greatest effectiveness for behavior change.</p> <p>Local strategic resources will be used in the most efficient and effective manner due to coordination.</p> <p>Local evaluation of project effectiveness and cost-effectiveness will result in more effective use of resources in programs that actually affect knowledge, attitudes, and behaviors resulting in fewer crashes, injuries, and deaths.</p>				