

**Health Priority: Intentional and Unintentional Injuries and Violence  
Objective 5: Injury Surveillance System (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objective:**

By 2010, combine or coordinate existing data systems into a surveillance system.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Department of Health and Family Services, Bureau of Emergency Medical Services and Injury Prevention, and Bureau of Health Care Information; Department of Transportation, Center for Health Systems Research and Analysis, Wisconsin Health and Hospital Association; Department of Justice; and coroners must research and evaluate data sources for overlap. Data managers and stakeholders must agree to develop a common data set, identify and develop common data elements, and begin data collection.</p> <p>Key data managers and stakeholders will need to agree that the goal of an injury surveillance system transcends specific, individual databases.</p> <p>Department of Health and Family Services, Bureau of Emergency Medical Services and Injury</p>	<p>Development and dissemination of a standardized presentation package and educational materials on the merits and workings of a statewide injury surveillance system.</p> <p>Meeting of data stakeholders occurs and agreements are made to share data and consolidate data collection efforts when possible.</p> <p>An annual state injury profile is created and disseminated.</p> <p>A user friendly injury data internet site is made available so local programs can analyze their local data to identify needs.</p> <p>Injury programs focus their activities based on the state injury</p>		<p>By 2002, educate and influence the 3 “Ps” on the issue - Policymakers (e.g., state, county, local); direct care Providers; and the general Public.</p> <p>By 2002, research and evaluate data sources for overlap. Data managers and stakeholders agree to develop a common data set, identify and develop common data elements, and begin data collection.</p> <p>By 2002, agreements are made to access data so analysts from various organizations can look at issues and barriers.</p> <p>By 2002, convene annual meeting of partners to update members on the status of a surveillance system and to discuss and put in place agreements to share data and consolidate data collection efforts.</p> <p>By 2003, develop and deliver training for professionals to accomplish the following:</p> <ul style="list-style-type: none"> <li>• To familiarize them with existing data</li> </ul>	<p>By 2005, Wisconsin will have a functional injury surveillance system in place that allows for easier collection of data, access to data, and analysis in order to affect outcomes.</p> <p>By 2006, various data sources all collect and analyze data with common elements (Department of Health and Family Services, Bureau of Emergency Medical Services and Injury Prevention, and Bureau of Health Care Information; Department of Transportation; Center for Health Systems Research and Analysis; Wisconsin Health and Hospital Association; Department of Justice; and coroners).</p> <p>By 2007, develop a method to do systematic evaluation of injuries based on the data.</p> <p>By 2008, program objectives and decisions are driven by available data and effectiveness of decreasing injuries in a cost-effective way.</p>	<p>By 2010, the goal is to combine or coordinate existing data systems into a more functional system.</p>

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<p>Prevention staff and the Bureau of Health Care Information must meet and agree to share data and work towards a more uniform data system that meets multiple data needs.</p> <p>Department of Health and Family Services, Bureau of Emergency Medical Services and Injury Prevention, and Bureau of Health Care Information; Department of Transportation; University of Wisconsin-Madison; Medical College of Wisconsin; Center for Health Systems Research and Analysis; and other interested parties will need to develop and implement an educational campaign to raise awareness and educate and influence policymakers (e.g., state, county local), direct care providers, and the general public about injury data collection, analysis, and applied use for program</p>	<p>reduction plan, state injury profile, and the use of local data that has identified key injury areas.</p> <p>Regular meetings of data stakeholders and injury program managers will be ongoing to improve the system.</p> <p>Data indicates impact of statewide injury data system in decreasing injuries and death by concentrating prevention efforts.</p>		<ul style="list-style-type: none"> <li>• To understand the benefits of collection and use of common data elements</li> <li>• To understand the benefits of sharing data</li> <li>• To establish uniform reporting criteria</li> </ul> <p>By 2003, develop and distribute educational materials to targets and to the general public. Provide data to communities and decision makers so more people are aware of and using the data by applying data analysis to programs.</p>	<p>By 2008, agencies collaborate in their use of data to address overarching goals and systemic injury issues.</p>	

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<p>functions. These same groups will also need to develop and deliver training for professionals to educate them on the surveillance system and how it influences their work.</p> <p>An injury data stakeholders group meets on a regular basis to discuss and solve data issues.</p> <p>Department of Health and Family Services, Bureau of Emergency Medical Services and Injury Prevention, and Bureau of Health Care Information; Department of Transportation; University of Wisconsin-Madison; Medical College of Wisconsin; and Center for Health Systems Research and Analysis will all collect and analyze data with common elements.</p> <p>Department of Health and Family Services, Bureau of Emergency Medical Services and Injury Prevention, and Bureau of Health Care Information;</p>					

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<p>Department of Transportation; Center for Health Systems Research and Analysis; Wisconsin Health and Hospital Association; Department of Justice; and coroners will develop a method to do systematic evaluation of injuries based on the data.</p> <p>Injury programs agree that program objectives and decisions are driven by available data and the ability to decrease injuries in a cost-effective way.</p> <p>A state injury reduction plan is put in place with clearly articulated objectives that are agreed on and widely disseminated to injury programs statewide.</p> <p>Data is collected and analyzed at the local, regional, and state level.</p>					