Core SVIPP APR Template Guidance

Below you will find guidance on completing the Core SVIPP APR template and instructions for calculating the standard long-term indicators listed in the template. If you have any questions on completion of the APR please contact your state project officer. Please submit the template in Excel via email to your CDC project officer no later than April 3rd 2017. Refer to the APR guidance sent via GrantSolutions for further information on completing your continuation application budget.

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Core SVIPP APR Template Navigational Guide
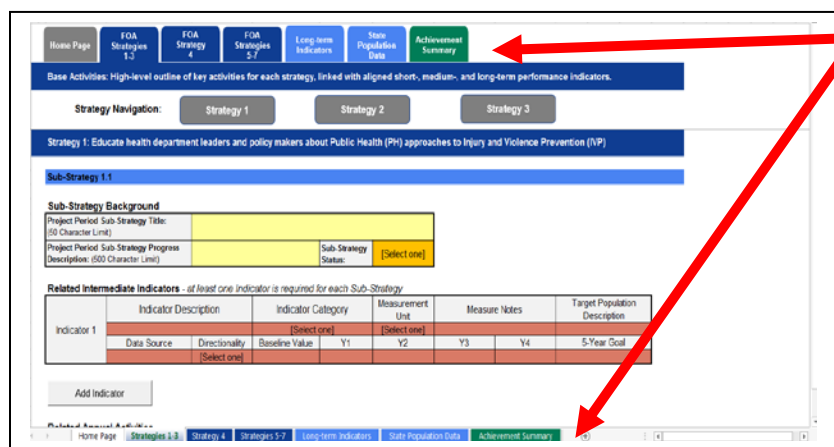
Navigational Tabs – These tabs can be found along the top of the template. You can navigate between strategies as you enter information into the template. The tabs are also located on the bottom of the template. These lower tabs are constant as you move through the template. So while the upper tabs will disappear as you scroll down the page, you can always easily go between tabs by using the lower tab structure.
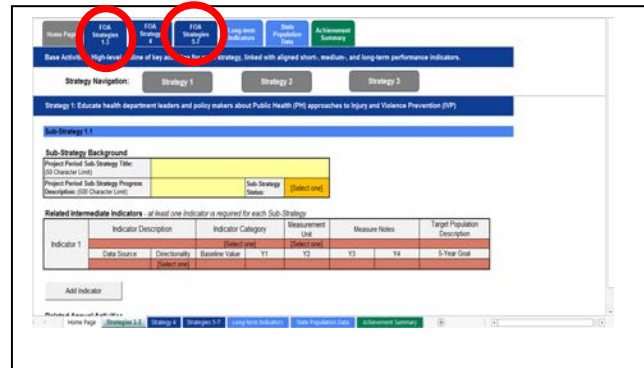
FOA strategy 4 has a unique tab that allows for the reporting of activities based on shared risk and protective factors. Other FOA Strategies are divided into two separate tabs (1-3 and 5-7). Prescribed long-term indicators have a separate tab and apply to all strategies and all funded states.

For illustrative purposes, the template images in this guide include sample strategies and data. There is no character limit for open text fields.

FOA Strategies 1-3; 5-7

For each FOA strategy **(A)** provide at least one project period sub-strategy, related annual activities, and related intermediate indicators.

Sub-Strategy **(B)**: The sub-strategy should be an overarching strategy/approach to preventing injury and violence that is addressed across multiple years or the entire 5-year project period. Examples of this may include collaborating with partners to implement a comprehensive approach to educating policy stakeholders on the impact of evidence based IVP policies. *After year 1, the sub-strategy title will be pre-populated with text provided on the previous year's APR.*

- Progress Description **(C)**: Annually progress descriptions should be provided for the sub-strategy. This should provide an overview of the progress made on the sub-strategy since the beginning of the project period.
- Status **(D)**: A status should also be provided annually to identify if the sub-strategy is complete, ongoing, revised, etc.

Related Intermediate Indicators **(E)**: The intermediate indicator is state defined and should identify how successful implementation of the sub-strategy is measured. *After year 1, all indicators will be pre-populated with text from the previous year's APR only requiring an update if necessary.*

- Indicator description: Provide an indicator for measuring progress on the related sub-strategy. **(F)**

- Indicator Category: As the indicator itself is not defined, we would like to categorize the indicators to enable CDC to more quickly search and sort by indicator category. These categories align with the outcomes for strategies 1-3; 5-7 from the FOA. If your indicator does not align with one of these categories, please select other from the drop-down list. **(G)**

- Measurement Unit: Select the type of unit used to measure the indicator. **(H)**

- Measurement Notes: Provide additional information necessary on how this indicator is measured. **(I)**

- Target Population Description: Describe any target population that the sub-strategy is intended to impact. This may include geographic regions, age ranges, demographics, individual groups, etc. **(J)**

- Data Source: Identify the specific source of data to be collected. **(K)**

- Directionality: Is the intended direction of movement for the indicator an increase or decrease? **(L)**

- Baseline Value: Provide a baseline value for this indicator that is prior to the beginning of funding (Before August 2016). Baseline value may be 0. **(M)**

- 5-Year Goal: Provide an intended goal value for the end of the 5-year funding cycle. **(N)**

In year 1, only Baseline and Goal value will be required to submit.

Related Annual Activities (FOA strategies 1-3 and 5-7):

Related Annual Activities

Activity #	Activity Name (A)	Activity Description / Progress (B)	Party Responsible (C)	Start Date	End Date (D)	Activity Status (E)
		Year 1 Progress Reporting (August 1, 2016 - January 31, 2017)				
1.1.1.1	Established MOU with DOH Center for	MOU signed and implemented	DOH Injury Division	Sep 2016	Dec 2016	Completed
1.1.1.2	Identify IVP policy stakeholders across state	Identified 4 policy stakeholders to	DOH Public Affairs	Sep 2016	Feb 2017	Ongoing
1.1.1.3	Hold initial stakeholder kick-off meeting	Meeting was in November 2016, 8	DOH Injury Division	Sep 2016	Dec 2016	Completed
1.1.1.4				[Select one]	[Select one]	[Select one]
1.1.1.5				[Select one]	[Select one]	[Select one]
1.1.1.6				[Select one]	[Select one]	[Select one]
1.1.1.7				[Select one]	[Select one]	[Select one]
1.1.1.8				[Select one]	[Select one]	[Select one]
1.1.1.9				[Select one]	[Select one]	[Select one]
		Year 2 Work Plan (August 1, 2017 - July 31, 2018)				
Activity #	Activity Name (F)	Activity Description (G)	Party Responsible (H)	Start Date	End Date (I)	Activity Status (J)
1.1.2.1	Develop success stories on IVP to share	Develop qualitative stories of	DOH Injury Division	Aug 2017	Jul 2018	New
1.1.2.2	Finalize and disseminate policy guide to	Work with DOH Public Affairs to	DOH Public Affairs	Aug 2017	Jul 2018	Ongoing
1.1.2.3				[Select one]	[Select one]	[Select one]
1.1.2.4				[Select one]	[Select one]	[Select one]
1.1.2.5				[Select one]	[Select one]	[Select one]
1.1.2.6				[Select one]	[Select one]	[Select one]
1.1.2.7				[Select one]	[Select one]	[Select one]
1.1.2.8				[Select one]	[Select one]	[Select one]
1.1.2.9				[Select one]	[Select one]	[Select one]

Year 1 Progress Reporting:

- Activity Name **(A)**: An activity related to the sub-strategy that has been completed within that budget period.

- Activity Description/Progress **(B)**: A brief description of the progress made on activities proposed in your work plan.

- Party Responsible **(C)**: Who is responsible for leading this activity (health department, partners, etc.)?

- Start/End Date **(D)**: When will this activity start and end?

- Activity Status **(E)**: What is the current status of this activity?

Year 2 Work Plan:

- Activity Name **(F)**: An activity that you plan to conduct in the next budget period.

- Activity Description **G)**: Provide a brief description of this activity and how you plan to implement in following budget period.

- Party Responsible **(H)**: Who is responsible for leading this activity (health department, partners, etc.)?

- Start/End Date **(I)**: When will this activity start and end?

- Activity Status **(J)**: What is the current status of this activity?

FOA Strategy 4

For each FOA strategy provide at least one project period sub-strategy, related annual activities, and related intermediate indicators.

Sub-Strategy **(A)**: The sub-strategy should be an overarching strategy/approach to preventing injury and violence that is addressed across multiple years or the entire 5-year project period. Examples of this may include specific programs such as Safe Dates or an approach such as integrating IPV screening and referral into state home visitation programs.

After year 1, the sub-strategy title will be pre-populated with text provided on the previous year's APR.

- Progress Description **(B)**: Annually progress descriptions should be provided for the sub-strategy. This should provide an overview of the progress made on the sub-strategy since the beginning of the project period.

- Topic Area Selection **(C)**: Select all topic areas that align with this sub-strategy. One or multiple topic areas may be addressed by the sub-strategy.

  o Confirm selection **(D)**: Once you click confirm selection, the selected topic areas will be confirmed in the box to the right of this button and the "Sub-Strategy Program" selection list will be populated based on the topic areas selected.

- Sub-Strategy Program **(E)**: Select the specific program or program category that best aligns with the sub-strategy. This list is pre-populated based on your topic area selection. *You must click the "Confirm Topic Area Selections" button to populate this list.*

- Status **(F):** A status should also be provided annually to identify if the sub-strategy is complete, ongoing, revised, etc.

Related Intermediate Indicator **(G):** The intermediate indicator is state defined and should identify how successful implementation of the sub-strategy is measured. *After year 1, all indicators will be pre-populated with text from the previous year's APR only requiring an update if necessary.*

- Indicator description **(H):** Provide an indicator for measuring progress on the related sub-strategy.

- Measurement Unit **(I):** Select the type of unit used to measure the indicator.

- Measurement Notes **(J):** Provide any additional information necessary on how this indicator is measured.

- Target Population **(K):** Describe any target population that the sub-strategy is intended to impact. This may include geographic regions, age range, demographics, individual groups, etc.

- Topic Area selection **(L):** Select all topic areas that align with this indicator. This may be one or more topic areas. An indicator may only align with one topic area even if the sub-strategy aligns with multiple topic areas.

- Risk and Protective Factor Selection *(if applicable)* **(M):** Select the risk or protective factor that best aligns with your proposed indicator. The risk and protective factor selection only applies to indicators associated with CAN or IP/SV at this point.

- Data Source **(N):** Identify the specific source of data to be collected.

- Directionality **(O):** Is the intended direction of movement for the indicator an increase or decrease?

- Baseline Value **(P):** Provide a baseline value for this indicator that is prior to the beginning of funding (Before August 2016). Baseline value may be 0.

- 5-Year Goal **(Q):** Provide an intended goal value for the end of the 5-year funding cycle.

In year 1, only Baseline and Goal value will be provided.

- Data Year **(R):** Provide the data year for baseline and goal.

Related Annual Activities (FOA strategy 4):

Related Annual Activities

Activity #	A Activity Name	B Activity Description / Progress	C Responsible Party	Start Date	D End Date	E Activity Status	F Mark an "x" in all topic areas this activity addresses:				
							IV	CAN	IPV/SV	TDV	Other
	Year 1 Progress Reporting (August 1, 2016 - January 31, 2017)										
4.1.1.1	Held home visitation stakeholder meeting	Met with home visitation	Health Department IVP	Sep 2016	Dec 2016	Completed		x	x		
4.1.1.2	IVP Training	Held IVP training for home visitation	HD and IVP Trainers	Sep 2016	Aug 2017	Ongoing			x		
4.1.1.3				[Select one]	[Select one]	[Select one]					
4.1.1.4				[Select one]	[Select one]	[Select one]					
4.1.1.5				[Select one]	[Select one]	[Select one]					
4.1.1.6				[Select one]	[Select one]	[Select one]					
4.1.1.7				[Select one]	[Select one]	[Select one]					
4.1.1.8				[Select one]	[Select one]	[Select one]					
4.1.1.9				[Select one]	[Select one]	[Select one]					

Activity #	G Activity Name	H Activity Description	I Responsible Party	Start Date	J End Date	K Activity Status	L Mark an "x" in all topic areas this activity addresses:				
							IV	CAN	IPV/SV	TDV	Other
	Year 2 Work Plan (August 1, 2017 - July 31, 2018)										
4.1.2.1	IVP Training	Continue IVP training for home	HD and IVP Trainers	Aug 2017	Jul 2018	Ongoing			x		
4.1.2.2	Implement evaluation			[Select one]	[Select one]	[Select one]	x	x			
4.1.2.3				[Select one]	[Select one]	[Select one]					
4.1.2.4				[Select one]	[Select one]	[Select one]					
4.1.2.5				[Select one]	[Select one]	[Select one]					
4.1.2.6				[Select one]	[Select one]	[Select one]					
4.1.2.7				[Select one]	[Select one]	[Select one]					
4.1.2.8				[Select one]	[Select one]	[Select one]					

Year 1 Progress Reporting:

- Activity Name **(A)**: An activity that has been completed within that budget period related to the sub-strategy.

- Activity Description/Progress **(B)**: A brief description of the progress made on activities proposed in your work plan.

- Party Responsible **(C)**: Who is responsible for leading this activity (health department, partners, etc.)?

- Start/End Date **(D)**: When will this activity start and end?

- Activity Status **(E)**: What is the current status of this activity?

- Topic Area selection **(F)**: Select all topic areas that this activity aligns with. This may be one or more topic areas. An activity may only align with one topic area even if the sub-strategy and indicator align with multiple topic areas.

Year 2 Work Plan:

- Activity Name **(G)**: An activity that you plan to conduct in the next budget period.

- Activity Description **(H)**: Provide a brief description of this activity and how you plan to implement in following budget period.

- Party Responsible **(I)**: Who is responsible for leading this activity (health department, partners, etc.)?

- Start/End Date **(J)**: When will this activity start and end?

- Activity Status **(K)**: What is the current status of this activity?

- Topic Area selection **(L)**: Select all topic areas that this activity aligns with. This may be one or more topic areas. An activity may only align with one topic area even if the sub-strategy and indicator align with multiple topic areas.

Prescribed Long-Term Indicators

Report for each prescribed long-term indicator.

Topic Area Selection: Indicators are listed by FOA topical priority focus areas. Select each focus area separately to report on indicators.

Some indicators have been pre-populated with publically available data. If you would like you can review this and edit if necessary.

For morbidity and mortality indicators that align with your Injury Indicators Report, we are not asking you to submit state level data, only additional intervention population data if applicable.

Refer to the indicator guidance for additional information around reporting criteria.

Achievement Summaries:

Each state is required to submit two achievement summaries annually. One should relate to implementation of shared risk and protective factors and one may be more general to the FOA activities. **(A)**

All fields should be completed for both achievement summaries.

Core SVIPP Standard Indicator Toolkit

Instructions:
Use this guidance document for calculating standard long-term indicators being reported on your annual progress report. Some of the indicators have been pre-populated by CDC. If they have been pre-populated, you are welcome to review and revise if necessary. Some of these indicators align with the Injury Indicators that you will be required to submit later in the year. To reduce duplication, we are not asking you to submit state level data for those indicators, only data relevant to any targeted intervention populations you may be working with (if applicable). This could include specific geographic regions, age ranges, or demographic groups. Injury Indicator Instructions have been included at the end of this document for all indicators where referenced.

Motor Vehicle Crashes

Prescribed Long-Term Outcomes
Decrease in rate of motor vehicle traffic fatalities statewide and in intervention populations
Data Source: Vital Statistics *(refer to Injury Indicator Instructions)*
If targeting a specific geographic region or age range please provide data for that target population

Motor Vehicle Traffic ED Visits statewide and in intervention populations
Data Source: State ED Data (*refer to Injury Indicator Instructions)*
If targeting a specific geographic region or age range please provide data for that target population

Motor Vehicle Traffic Hospitalizations statewide and in intervention populations
Data Source: State Hospital Discharge Data (*refer to Injury Indicator Instructions)*
If targeting a specific geographic region or age range please provide data for that target population

Decrease in rate of motor vehicle fatalities per 100 million vehicle miles traveled statewide and in intervention populations
Data Source: FARS: https://www-fars.nhtsa.dot.gov/Main/index.aspx
Instructions 1) Select "States" 2) Select "Fatalities and Fatality Rates" 3) Scroll to second table down page 4) Report "Fatalities Rate per 100 Million Vehicle Miles Traveled" for most recent year.
If targeting a specific geographic region please provide data for that target population

All Unrestrained MV fatalities statewide and in intervention populations
Data Source: FARS: https://www-fars.nhtsa.dot.gov/Main/index.aspx
Percent of fatalities reported as not using restraint (FARS)
Instructions 1) Select "States" 2) Select "Occupants" 3) Report "Restraint Not Used" for most recent year.
If addressing restraint use in a specific geographic region or age range please provide data for that target population

Seat Belt Use Statewide
Data Source: BRFSS: Always or nearly always wear seat belts

Instructions: 1) Select your state 2) Select row "Seatbelt Use: Always or nearly always wear seat belts" 3) No selection for step 3, 4, or 5 4) Select Statistics "Row Percentage" 5) Run Report

Never or rarely wore a seat belt
Data Source: YRBS: [Never or rarely wore a seat belt](#) (percentage)

Decrease in number of alcohol-related motor vehicle fatalities statewide and in intervention populations
Data Source: FARS: https://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx
Instructions: 1) Select "States" 2) Select "Alcohol" 3) Reference first table "Highest Driver Blood Alcohol Concentration in Crash" 4) Provide Number for BAC 0.08+ for most current data year
If targeting a specific geographic region please provide data for that target population

Drinking and Driving
Data Source: BRFSS: [Drinking and Driving](#)
2014 Data: 1) Select your state 2) Select row "Drinking and Driving: Adult reported at least one episode of alcohol-impaired driving in the past 30 days" 3) No selection for step 3, 4, or 5 4) Select Statistics "Row Percentage" 5) Run Report 6) Report "Yes" %

Rode with a driver who had been drinking alcohol
Data Source: YRBS: [Rode with a driver who had been drinking alcohol](#) (percentage)

Decrease the rate of MVC-related TBIs (ED visits, hospitalizations, death) in young adults 15-24
Data Source: ED, Hospitalization, Vital Statistics (*refer to TBI SER Instructions Pg. 24-25*)
If targeting a specific geographic region please provide data for that target population

Child Abuse and Neglect
Prescribed Long-Term Outcomes
Decrease in fatality rate of children ages 5 and under due to any injury or violence statewide and in target population
Data Source: Vital Statistics Data *(refer to Injury Indicator Instructions)*
If targeting a specific geographic region please provide data for that target population

Number of total child fatalities from maltreatment
Data Source: Child Protective Services Reports: https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment
Instructions: From the Children's Bureau Child Maltreatment homepage 1) Select 2015, 2) Click the "pdf" link 3) Select Table 4–3 Child Fatalities by Maltreatment Death Year, 2015 (page 60) 4) Provide the data for 2015.

Number and percent of children receiving referrals alleging child abuse and neglect
Data Source: Child Protective Services Reports https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.

Instructions: From the Children's Bureau Child Maltreatment homepage 1) Select 2015, 2) Click the "pdf" link 3) Select Table 2–1 Screened-in and Screened-out Referrals, 2015 (page 11) 4) Provide the Screened-in Referrals AND Screened-in Referrals (Reports) Percent.

Number of child victims for whom the state determined at least one maltreatment was substantiated.
Data Source: Child Protective Services Reports https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.
Instructions: From the Children's Bureau Child Maltreatment homepage 1) Select 2015, 2) Click the "pdf" link 3) Select Table 3–4 Children Who Received an Investigation or Alternative Response by Disposition, 2015 (Page 32) 4) Provide just the substantiated count

Sexual Violence/Intimate Partner Violence

Prescribed Long-Term Outcomes
Only complete indicators that align with target population you are addressing through your SV/IPV activities.

Teens:
IPV: Decrease in % of adolescents reporting that someone they were dating physically hurt them on purpose in the last 12 months
Data Source: YRBS: Experienced physical dating violence

SV: a) Decrease in % of adolescents reporting they have ever been forced to have sexual intercourse
YRBS: Were ever physically forced to have sexual intercourse
b) Decrease in % of adolescents who report that someone they were dating forced them to do sexual things in the last 12 months
Data Source: YRBS: Experienced sexual dating violence

Adults:
IPV: Decrease in % of caregivers reporting that children have witnessed domestic violence
Data Source: National Survey on Child Health: Child has witnessed domestic violence
Did [child's name] ever see or hear any parents, guardians, or any other adults in his/her home slap, hit, kick, punch, or beat each other up?
IPV: Decrease in domestic violence 911 calls (for target community)
Data Source: Police Data in intervention communities (if available)

SV: None Required. Please report to us how you plan to track the impact of your work on sexual violence outcomes

University Students:
IPV: a) Decrease in # of domestic violence incidents reported by colleges and universities
b) Decrease in # of dating violence incidents reported by colleges and universities
c) Decrease in # of stalking incidents reported by colleges and universities
Data Source: Campus Safety & Security Analysis Tool (US Dept of Education)

Instructions: 1) Select "Download Custom Data", 2) Select "State or Outlying Area" and select your state, 3) Check the "Institution/Campus" box at the top (or hand select institutions of interest), 4) Select Year, 5) VAWA Offenses- Select All, 6) Select "Download" - Sum total incidents from all 5 categories (on campus, on-campus student housing facilities, non-campus, public property, and reported by local and state police).

SV: a) Decrease in # of incidents of forced sexual offenses reported by colleges and universities

b) Decrease in # of non-forcible sexual offenses reported by colleges and universities

c) Decrease in # of incidents of rape reported by colleges and universities

Data Source: Campus Safety & Security Analysis Tool (US Dept of Education)

Instructions: 1) Select "Download Custom Data", 2) Select "State or Outlying Area" and select your state, 3) Check the "Institution/Campus" box at the top (or hand select institutions of interest), 4) Select Year, 5) Criminal Offenses- Select All, 6) Select "Download" - Sum total incidents from all 5 categories (on campus, on-campus student housing facilities, non-campus, public property, and reported by local and state police).

Traumatic Brain Injury

Prescribed Long-Term Outcomes

Decrease in TBI-related death rate in children and young adults 0-24

Data Source: Vital Statistics (*refer to Injury Indicator Instructions*)

If targeting a specific geographic region please provide data for that target population

Decrease in TBI-related hospitalizations for children and young adults 0-24

Data Source: State Hospital Discharge Data (*refer to Injury Indicator Instructions*)

If targeting a specific geographic region please provide data for that target population

Decrease in TBI-related emergency department visits for children 0-24

Data Source: ED Data (*refer to Injury Indicator Instructions*)

If targeting a specific geographic region please provide data for that target population

Core SVIPP Injury Indicator Instructions

ALL-INJURY INDICATOR 1:
Injury Fatalities

DEMOGRAPHIC GROUP All residents.

NUMERATOR Deaths with any of the following ICD-10 codes as an underlying cause of death.

Injury Fatality ICD-10 Codes

V01–Y36, Y85–Y87, Y89, *U01–*U03	Injury and poisoning

DENOMINATOR Midyear population for the calendar year under surveillance.

MEASURES OF FREQUENCY Annual number of deaths. Annual mortality rate—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).[24] Rates should be calculated for age and sex.

DATA RESOURCES Death certificate data from vital statistics agencies (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).

PERIOD FOR CASE DEFINITION Calendar year based on date of death.

BACKGROUND Injuries are the leading cause of death for people 1 to 44 years of age and the third leading cause of death overall.[1] Almost 200,000 people died from injuries in 2014.[1]

LIMITATIONS OF INDICATOR Injuries severe enough to result in death represent only a small proportion of the overall burden of injury. An evaluation of only these injuries may not present an accurate picture of the causes of less-severe injuries.

LIMITATIONS OF DATA RESOURCES The accuracy of indicators based on codes found in vital statistics data is limited by the completeness and quality of coding. The overall completeness of external cause coding on death data is uniformly high. Coding criteria specify that all cases of injury death must contain an injury code in the underlying-cause-of-death field.

HEALTHY PEOPLE 2020 OBJECTIVES IVP-1.1: Reduce fatal injuries.
IVP-11: Reduce unintentional injury deaths.

MOTOR VEHICLE INDICATOR 1:
Motor Vehicle Traffic Fatalities

DEMOGRAPHIC GROUP   All residents.

NUMERATOR   Deaths with any of the following ICD-10 codes as an underlying cause of death.

Motor Vehicle Traffic Fatality ICD-10 Codes

V02–V04 (.1, .9), V09.2	Pedestrian injured in transport accident
V12–V14 (.3–.9), V19 (.4–.6)	Pedal cyclist injured in transport accident
V20–V28 (.3–.9), V29 (.4–.9)	Motorcycle rider injured in transport accident
V30–V39 (.4–.9)	Occupant of three-wheeled motor vehicle injured in transport accident
V40–V49 (.4–.9)	Car occupant injured in transport accident
V50–V59 (.4–.9)	Occupant of pick-up truck or van injured in transport accident
V60–V69 (.4–.9)	Occupant of heavy transport vehicle injured in transport accident
V70–V79 (.4–.9)	Bus occupant injured in transport accident
V80 (.3–.5), V81.1, V82.1, V83–V86 (.0–.3), V87 (.0–.8), V89.2	Other land transport accidents

DENOMINATOR   Midyear population for the calendar year under surveillance.

MEASURES OF FREQUENCY   Annual number of deaths. Annual mortality rate—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).[24] Rates should be calculated for age and sex.

DATA RESOURCES   Death certificate data from vital statistics agencies (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).

PERIOD FOR CASE DEFINITION   Calendar year based on date of death.

BACKGROUND   Motor vehicle crashes are the second leading cause of injury death in the United States. They are also the second leading injury cause for years of potential life lost[1]

LIMITATIONS OF INDICATOR   Injuries severe enough to result in death represent only a small proportion of the overallburden of injury. An evaluation of only these injuries may not present an accurate picture of the causes of less-severe injuries.

LIMITATIONS OF DATA RESOURCES   The accuracy of indicators based on codes found in vital statistics data is limited by the completeness and quality of coding. The overall completeness of external cause coding on death data is uniformly high. Coding criteria specify that all cases of injury death must contain an injury code in the underlying-cause-of-death field.

HEALTHY PEOPLE 2020 OBJECTIVES   IVP-13: Reduce motor vehicle crash-related deaths.
IVP-18: Reduce pedestrian deaths on public roads.
IVP-20 Reduce pedalcyclist deaths on public roads.

MOTOR VEHICLE INDICATOR 2:
Motor Vehicle Traffic Hospitalizations

DEMOGRAPHIC GROUP All residents.

NUMERATOR Hospitalizations identified from the injury hospital discharge subset with any of the following ICD-9-CM codes as the first valid external cause of injury code (see methods on page 6).

Motor Vehicle Traffic Hospitalization ICD-9-CM Codes

E810–E819   Motor vehicle traffic accidents

DENOMINATOR Midyear population for the calendar year under surveillance.

MEASURES OF FREQUENCY Annual number of hospitalizations. Annual incidence—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).[24] Rates should be calculated for age and sex.

DATA RESOURCES State hospital discharge data (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).

PERIOD FOR CASE DEFINITION Calendar year based on date of discharge.

BACKGROUND In 2014, motor vehicle crashes were the cause of over 3.8 million emergency department visits in the United States with over 350,000 people hospitalized or transferred.[1]

LIMITATIONS OF INDICATOR Injuries that result in a hospital admission represent only a portion of the overall burden of injury. Evaluations of these injuries should be considered in the context of both less- and more-severe injuries.

LIMITATIONS OF DATA RESOURCES The accuracy of indicators based on codes found in hospital discharge data is limited by the completeness and quality of coding. The overall completeness of external-cause-of-injury coding is of particular concern and should be reviewed in conjunction with the indicator.

HEALTHY PEOPLE 2020 OBJECTIVES IVP-14: Reduce nonfatal motor vehicle crash-related injuries.
IVP-19: Reduce nonfatal pedestrian injuries on public roads.

MOTOR VEHICLE INDICATOR 3:
Motor Vehicle Traffic Emergency Department Visits

DEMOGRAPHIC GROUP
All residents.

NUMERATOR
Emergency department visits identified from the injury emergency department visit subset with any of the following ICD-9-CM codes as the first valid external cause of injury code (see methods on page 8).

Motor Vehicle Traffic Emergency Department Visit ICD-9-CM Codes

E810–E819	Motor vehicle traffic accidents

DENOMINATOR
Midyear population for the calendar year under surveillance.

MEASURES OF FREQUENCY
Annual number of emergency department visits. Annual incidence—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).[24] Rates should be calculated for age and sex.

DATA RESOURCES
State emergency department data (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).

PERIOD FOR CASE DEFINITION
Calendar year based on date of ED visit.

BACKGROUND
In 2014, motor vehicle crashes were the cause of over 3.8 million emergency department visits in the United States.[1] Seat belts dramatically reduce risk of death and serious injury. Among drivers and front-seat passengers, seat belts reduce the risk of death by 45%, and cut the risk of serious injury by 50%.[40]

LIMITATIONS OF INDICATOR
Injuries that result in emergency department visits represent only a portion of the overall burden of injury. Evaluations of these injuries should be considered in the context of both less- and more-severe injuries.

LIMITATIONS OF DATA RESOURCES
The accuracy of indicators based on codes found in emergency department data is limited by the completeness and quality of coding. The overall completeness of external-cause-of-injury coding is of particular concern and should be reviewed in conjunction with the indicator.

HEALTHY PEOPLE 2020 OBJECTIVES
IVP-14: Reduce nonfatal motor vehicle crash-related injuries.
IVP-19: Reduce nonfatal pedestrian injuries on public roads.

MOTOR VEHICLE INDICATOR 4:
Seat Belt Use

This indicator will be calculated at CDC.

DEMOGRAPHIC GROUP	Resident persons aged 18 years or older.
NUMERATOR	Those respondents reporting wearing their seatbelt "always" or "almost always" when driving or riding in a car.
DENOMINATOR	Respondents aged 18 years or older.
MEASURES OF FREQUENCY	Prevalence—crude.
DATA RESOURCES	Data from the Behavioral Risk Factor Surveillance System (BRFSS).[19]
PERIOD FOR CASE DEFINITION	No time frame.
BACKGROUND	Seat belts dramatically reduce risk of death and serious injury. Among drivers and front-seat passengers, seat belts reduce the risk of death by 45%, and cut the risk of serious injury by 50%.[40]
LIMITATIONS OF INDICATOR	Self-reported data only represent a small portion of the overall burden of injury. An evaluation of only these injuries may not present an accurate picture of all injuries.
LIMITATIONS OF DATA RESOURCES	As with all self-reported sample surveys, BRFSS data might be subject to systematic error resulting from noncoverage (e.g., lower telephone coverage among populations of low socioeconomic status), nonresponse (e.g., refusal to participate in the survey or to answer specific questions), or measurement (e.g., social desirability or recall bias).
HEALTHY PEOPLE 2020 OBJECTIVES	IVP-15: Increase use of safety belts.

MOTOR VEHICLE INDICATOR 5:
Drinking and Driving

This indicator will be calculated at CDC.

DEMOGRAPHIC GROUP
Resident persons aged 18 years or older reporting drinking at least one alcoholic beverage in the past 30 days.

NUMERATOR
Those respondents reporting driving one or more times after perhaps having too much to drink in the past 30 days.

DENOMINATOR
Respondents aged 18 years or older reporting having a specific number of drinks on one occasion during the previous month (including unknowns and refusals).

MEASURES OF FREQUENCY
Annual prevalence—crude.

DATA RESOURCES
Data from the Behavioral Risk Factor Surveillance System (BRFSS).[18]

PERIOD FOR CASE DEFINITION
Previous month.

BACKGROUND
In 2009, approximately 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics.[41] This statistic is only about 1% of the 112 million self-reported episodes of alcohol-impaired driving among U.S. adults each year.[42]

LIMITATIONS OF INDICATOR
Self-reported data only represent a small portion of the overall burden of injury. An evaluation of only these injuries may not present an accurate picture of all injuries.

LIMITATIONS OF DATA RESOURCES
As with all self-reported sample surveys, BRFSS data might be subject to systematic error resulting from noncoverage (e.g., lower telephone coverage among populations of low socioeconomic status), nonresponse (e.g., refusal to participate in the survey or to answer specific questions), or measurement (e.g., social desirability or recall bias).

HEALTHY PEOPLE 2020 OBJECTIVES
No objective

MOTOR VEHICLE INDICATOR 6:
Alcohol-Related Crash Deaths

This indicator will be calculated at CDC.

DEMOGRAPHIC GROUP	All residents.
NUMERATOR	Alcohol-related death of a person involved in crash of a motor vehicle traveling on a public roadway and occurring within 30 days of the crash. Deaths are considered alcohol related if either a driver or nonoccupant (e.g., pedestrian or bicyclist) had a blood alcohol concentration (BAC) greater than or equal to 0.01 g/dL.[23]
DENOMINATOR	Midyear population for the calendar year under surveillance.
MEASURES OF FREQUENCY	Annual number of deaths. Annual mortality rate—crude.
DATA RESOURCES	Fatality Analysis Reporting System (FARS) coordinated by the National Highway Traffic Safety Administration (NHTSA) (numerator)[23] and population estimates from the U.S. Census Bureau or suitable alternative (denominator).
PERIOD FOR CASE DEFINITION	Calendar year based on the year of the crash.
BACKGROUND	In 2010, 10,228 people died in alcohol-impaired driving crashes, accounting for nearly one third (31%) of all traffic-related deaths in the United States. Over half (62%) of the 211 child passengers aged 14 years and younger who died in alcohol-related crashes in 2010 were riding with drivers who had a BAC level of 0.08 g/dL or higher.[43]
LIMITATIONS OF INDICATOR	Injuries severe enough to result in death represent only a small proportion of the overall burden of injury. An evaluation of only these injuries may not present an accurate picture of the causes of less severe injuries.
LIMITATIONS OF DATA RESOURCES	FARS does not include nontraffic crashes such as those occurring on driveways and other private property. In addition, it does not include deaths that occur more than 30 days after the motor vehicle crash. Because blood alcohol levels are not available on all fatalities, the estimates are based on a discriminant analysis of information from all cases where BAC data are available.
HEALTHY PEOPLE 2020 OBJECTIVES	SA-17: Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities.

TRAUMATIC BRAIN INJURY INDICATOR 1:
Traumatic Brain Injury Fatalities

DEMOGRAPHIC GROUP   All residents.

NUMERATOR   First, limit deaths to those with an injury underlying cause of death (V01–Y36, Y85–Y87, Y89, *U01–*U03). Then select deaths with any of the following ICD-10 codes in any field of the multiple cause of death file.

Traumatic Brain Injury Fatality ICD-10 Codes

Code	Description
S01.0–S01.9	Open wound of head
S02.0, S02.1, S02.3, S02.7–S02.9	Fracture of skull and facial bones
S04.0	Injury of optic nerve and pathways
S06.0–S06.9	Intracranial injury
S07.0, S07.1, S07.8, S07.9	Crushing injury of head
S09.7–S09.9	Other and unspecified injuries of head
T01.0*	Open wounds involving head with neck
T02.0*	Fractures involving head with neck
T04.0*	Crushing injuries involving head with neck
T06.0*	Injuries of brain and cranial nerves with injuries of nerves and spinal cord at neck level
T90.1, T90.2, T90.4, T90.5, T90.8, T90.9	Sequelae of injuries of head

* These codes are not considered valid in the U.S.

DENOMINATOR   Midyear population for the calendar year under surveillance.

MEASURES OF FREQUENCY   Annual number of deaths. Annual mortality rate—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).[24] Rates should be calculated for age and sex.

DATA RESOURCES   Death certificate data from vital statistics agencies (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).

PERIOD FOR CASE DEFINITION   Calendar year based on date of death.

BACKGROUND   Of the approximately 1.7 million people who sustained a TBI in the United States each year, an estimated 52,000 died; 275,000 were hospitalized; and 1.365 million were treated and released from an emergency department.[46]

LIMITATIONS OF INDICATOR   Injuries severe enough to result in death represent only a small proportion of the overall burden of injury. An evaluation of only these injuries may not present an accurate picture of the causes of less-severe injuries.

LIMITATIONS OF DATA RESOURCES   The accuracy of indicators based on codes found in vital statistics data is limited by the completeness and quality of coding.

HEALTHY PEOPLE 2020 OBJECTIVES   IVP-2.1: Reduce fatal traumatic brain injuries.

TRAUMATIC BRAIN INJURY INDICATOR 2:
Traumatic Brain Injury Hospitalizations

DEMOGRAPHIC GROUP   All residents.

NUMERATOR   Hospitalizations with any of the following ICD-9-CM diagnostic codes. These should be identified by searching all diagnostic fields of the injury hospital discharge subset (see methods on page 6 for developing the injury hospital discharge subset).

Traumatic Brain Injury Hospitalization ICD-9-CM Codes

Diagnosis codes	
800.00–801.99	Fracture of the vault or base of the skull
803.00–804.99	Other and unqualified or multiple fractures of the skull
850.0–850.9	Concussion
851.00–854.19	Intracranial injury, including contusion, laceration, and hemorrhage
950.1–950.3	Injury to the optic chiasm, optic pathways, or visual cortex
959.01	Head injury, unspecified
995.55	Shaken infant syndrome

DENOMINATOR   Midyear population for the calendar year under surveillance.

MEASURES OF FREQUENCY   Annual number of hospitalizations. Annual incidence—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).[24] Rates should be calculated for age and sex.

DATA RESOURCES   State hospital discharge data (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).

PERIOD FOR CASE DEFINITION   Calendar year based on date of discharge.

BACKGROUND   An estimated 5.3 million Americans live with a TBI-related disability. According to one study, about 40% of those hospitalized with a TBI had at least one unmet need for services one year after their injury.[47, 48]

LIMITATIONS OF INDICATOR   Injuries that result in a hospital admission represent only a portion of the overall burden of injury. Evaluations of these injuries should be considered in the context of both less- and more-severe injuries.

LIMITATIONS OF DATA RESOURCES   The accuracy of indicators based on codes found in hospital discharge data is limited by the completeness and quality of coding.

HEALTHY PEOPLE 2020 OBJECTIVES   IVP-2.2: Reduce hospitalization for nonfatal traumatic brain injuries.

TRAUMATIC BRAIN INJURY INDICATOR 3:
Traumatic Brain Injury Emergency Department Visits

DEMOGRAPHIC GROUP All residents.

NUMERATOR Emergency department visits with any of the following ICD-9-CM diagnostic codes. These should be identified by searching all diagnostic fields of the injury emergency department visit subset (see methods on page 8 for developing the injury emergency department visit subset).

Traumatic Brain Injury Emergency Department Visit ICD-9-CM Codes

Diagnosis codes	
800.00–801.99	Fracture of the vault or base of the skull
803.00–804.99	Other and unqualified or multiple fractures of the skull
850.0–850.9	Concussion
851.00–854.19	Intracranial injury, including contusion, laceration, and hemorrhage
950.1–950.3	Injury to the optic chiasm, optic pathways, or visual cortex
959.01	Head injury, unspecified
995.55	Shaken infant syndrome

DENOMINATOR Midyear population for the calendar year under surveillance.

MEASURES OF FREQUENCY Annual number of emergency department visits. Annual incidence—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).[24] Rates should be calculated for age and sex.

DATA RESOURCES State emergency department data (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).

PERIOD FOR CASE DEFINITION Calendar year based on date of ED visit.

BACKGROUND Of the 1.365 million emergency department visits for TBI annually, almost half a million (473,947 or 34.7% of all TBI emergency department visits) are by children aged 0 to 14 years.[46]

LIMITATIONS OF INDICATOR Injuries that result in emergency department visits represent only a portion of the overall burden of injury. Evaluations of these injuries should be considered in the context of both less- and more-severe injuries.

LIMITATIONS OF DATA RESOURCES The accuracy of indicators based on codes found in emergency department data is limited by the completeness and quality of coding.

HEALTHY PEOPLE 2020 OBJECTIVES IVP-2.3: Reduce emergency department visits for nonfatal traumatic brain injuries.

TBI METHODS

Instructions for Creating and Using a TBI-Specific Vital Statistics Data Set

The TBI-specific death indicators should be calculated based on first creating a TBI-related injury death subset. This is done using the instructions for the TBI-related fatality indicator in the State Injury Indicators: Instructions for Preparing 2010 Data[1] and outlined below:

- First, limit deaths to those with an injury underlying cause of death (V01–Y36, Y85–Y87, Y89, *U01–*U03).

- Then select deaths with any of the TBI ICD-10[2] codes in any field of the multiple cause of death file:

  - S01.0–S01.9, S02.0, S02.1, S02.3, S02.7–S02.9, S04.0, S06.0–S06.9, S07.0, S07.1, S07.8, S07.9, S09.7–S09.9, T01.0, T02.0, T04.0, T06.0, T90.1, T90.2, T90.4, T90.5, T90.8, T90.9.

- The TBI-related injury fatalities indicator should be the same as the TBI indicator in the Overall State Injury Indicator Death spreadsheet.

- For the other TBI-related indicators, use the underlying cause of death ICD-10 codes specified in the Injury Indicator Instructions and below:

  - Unintentional fall-related fatalities: W00–W19

  - Firearm-related fatalities: W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0, *U01.4

  - Homicides: X85–Y09, Y87.1, *U01, *U02

  - Motor vehicle traffic fatalities: V02–V04(.1, .9), V09.2, V12–V14(.3–.9), V19(.4–.6), V20–V28(.3–.9), V29–V79(.4–.9), V80(.3–.5), V81.1, V82.1, V83–V86 (.0–.3), V87(.0–.8), V89.2

  - Suicides: X60–X84, Y87.0, *U03

  - Unintentional struck by/against fatalities: W20-W22, W50-W52

- Deaths should be age-adjusted to the 2000 standard using the NCHS population distribution as specified in the Injury Indicator Instructions.

Instructions for Creating and Using a TBI-Specific Injury Hospitalizations Data Set

The TBI-specific hospitalization indicators should be calculated based on first creating a TBI-related injury hospitalization subset. This is done using the instructions for the TBI-related hospital discharge indicator in the State Injury Indicators: Instructions for Preparing 2010 Data[1] and outlined below:

- First, create an injury hospitalization subset (a primary diagnosis of 800–909.2, 909.4, 909.9, 910–994.9, 995.5–995.59, or 995.80–995.85).

- Then select hospitalizations with any of the following TBI ICD-9-CM[3] codes in any diagnosis field: 800.00–801.99, 803.00–804.99, 850.0–854.19, 950.1–950.3, 959.01, or 995.55.

- The TBI-related injury hospitalization indicator should be the same as the TBI indicator in the Overall State Injury Indicator Hospital Discharge spreadsheet.

- For the other TBI-related indicators, use the external-cause-of-injury codes specified in the Injury Indicator Instructions and below. Search for external-cause-of-injury codes as instructed in the Injury Indicator Instructions.

- Unintentional fall-related hospitalizations: E880–E886, E888

- Firearm-related hospitalizations: E922.0–E922.3, E922.8, E922.9, E955.0–E955.4, E965.0–E965.4, E985.0–E985.4, E970, E979.4

- Assault-related hospitalizations: E960–E969, E979, E999.1

- Motor vehicle traffic hospitalizations: E810–E819

- Suicide attempt hospitalizations: E950–E959

- Unintentional struck by/against hospitalizations: E916-E917

- Hospitalizations should be age-adjusted to the 2000 standard using the NCHS population distribution.

- The percentage of TBI-specific injury hospitalizations with external cause coding and those with only an unspecified external cause of injury should be calculated as instructed in the TBI-specific hospitalization spreadsheet.

Instructions for Creating and Using a TBI-Specific Emergency Department Data Set

These indicators should be calculated based on first creating a TBI-related injury emergency department visit subset. This is done using the instructions for the TBI-related emergency department indicator in the State Injury Indicators: Instructions for Preparing 2012 Data[1] and outlined below:

- First, create an injury emergency department visit subset (a primary diagnosis of 800–909.2, 909.4, 909.9, 910–994.9, 995.5–995.59, or 995.80–995.85 OR a valid external cause of injury).

- Then select emergency department visits with any of the following TBI ICD-9-CM[3] codes in any diagnosis field: 800.00–801.99, 803.00–804.99, 850.0–854.19, 950.1–950.3, 959.01, or 995.55.

- The TBI-related injury emergency department visit indicator should be the same as the TBI indicator in the Overall State Injury Indicator Emergency Department Visit spreadsheet.

- For the other TBI-related indicators, use the external-cause-of-injury codes specified in the Injury Indicator Instructions and below (the same ICD-9-CM[3] codes as for hospitalizations). Search for external-cause-of-injury codes as instructed in the Injury Indicator Instructions.

  - Unintentional fall-related emergency department visits: E880–E886, E888

  - Firearm-related emergency department visits: E922.0–E922.3, E922.8, E922.9, E955.0–E955.4, E965.0–E965.4, E985.0–E985.4, E970, E979.4

  - Assault-related emergency department visits: E960–E969, E979, E999.1

  - Motor vehicle traffic emergency department visits: E810–E819

  - Suicide attempt emergency department visits: E950–E959

  - Unintentional struck by/against emergency department visits: E916-E917

- Emergency department visits should be age-adjusted to the 2000 standard using the NCHS population distribution.

- The percentage of TBI-specific injury emergency department visits with external cause coding and those with only an unspecified external cause of injury should be calculated as instructed in the TBI-specific emergency department visit spreadsheet.