A PROFILE OF **WAKE COUNTY CHILDHOOD INJURY &**


MAY 2014

## Section VIII - Appendices

JOHN REX ENDOWMENT

*Note: to print Appendices, print the PDF version of this document, in 'scaling' in the print settings, select 'scale to printable area.'*

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## LIST OF APPENDICES



## ABBREVIATIONS

| | |
|---|---|
| AHRQ | Agency for Healthcare Research and Quality |
| CCHI | Carolina Center for Health Informatics |
| CDC | Center for Disease Control and Prevention |
| CPC | Carolinas Poison Center |
| DOI | Digital Object Identifier |
| ED | Emergency Department |
| EMS | Emergency Medical Services |
| EMSPIC | Emergency Medical Services Performance Improvement Center |
| ICD-10 | International Classification of Diseases - tenth edition |
| ICD-9 | International Classification of Diseases - ninth edition |
| IOM | Institute of Medicine |
| IP | Injury Prevention |
| IPRC | Injury Prevention Research Center |
| IVP | North Carolina Department of Public Health; Injury and Violence Prevention Branch |
| JRE | John Rex Endowment |
| NACCHO | National Association of County and City Health Officials |
| NC DETECT | North Carolina Disease Event Tracking and Epidemiological Collection Tool |
| NC DOT | North Carolina Department of Transportation |
| NC DPH | North Carolina Department of Public Health |
| NC VDRS | North Carolina Violent Death Reporting System |
| NCIPC | National Center for Injury Prevention and Control |
| NREPP | National Registry of Evidence-based Programs and Practices |
| OJJDP | Office of Juvenile Justice and Delinquency Prevention |
| SCHS | NC State Center for Health Statistic |
| SEF | Socio-ecological Framework |
| USPSTF | U.S. Preventive Services Task Force |

| Table A-1. Injury/violence causes categories/sub-categories. |
|---|
| **Intentional Injury** |
| 1. Assault/Physical Violence |
| *a. Struck (fight, brawl, blunt/thrown object)*<br>*b. Cutting or piercing instrument*<br>*c. Abuse of child or adult (emotional, physical, or sexual)*<br>*d. Firearms or explosives*<br>*e. Human bite*<br>*f. Rape* |
| 2. Self Inflicted/Self Harm |
| *a. Poisoning*<br>*b. Cutting or piercing instrument*<br>*c. Suffocation (Hanging)*<br>*d. Firearms or explosives* |
| **Unintentional Injury** |
| 3. Motor Vehicle Crashes (traffic) |
| *a. Cars/trucks/buses (occupants)*<br>*i. Passenger*<br>*ii. Driver*<br>*b. Pedestrian*<br>*c. Bicyclist*<br>*d. Motorcyclist*<br>*e. Other specified* |
| 4. Poisoning/overdose |
| 5. Bicycle injury/crashes (NOT involving a motor vehicle) |
| 6. Falls |
| *a. Slipping, tripping, stumbling*<br>*b. Fall striking against other object*<br>*c. From playground equipment*<br>*d. From one level to another*<br>*e. On or from stairs/steps*<br>*f. From bed* |
| 7. Natural/Environmental Factors (e.g. weather related, insect bites) |
| *a. Venomous and non-venomous arthropods (insects) and arachnids (e.g. spiders)*<br>*b. Dog bite*<br>*c. Bite/other injury caused by animals (including rats and snakes)*<br>*d. Excessive heat/cold, exposure to weather* |
| 8. Firearm |
| 9. Drowning/submersion |
| 10. Burns, including fire and scalds |
| 11. Suffocation/Choking/Breathing Threat |
| 12. Struck by or against |
| *a. Other struck against with/without fall*<br>*b. In sports*<br>*c. By Other stationary object*<br>*d. By Furniture*<br>*e. By falling object* |

| Table B-1. Detailed Summary of data sources for pediatric injuries in Wake County. | |
|---|---|
| **1. Mortality** | For injury-related deaths during 2006-2011 were gathered from the State Center for Health Statistics' Detailed Mortality Statistics data query system, available at (http://www.schs.state.nc.us/schs/data/dms/dms.cfm). Deaths were considered injury-related if they had an ICD-10 external cause of mortality code (V01-Y98). *Additional mortality data* were accessed from the NC Violent Death Reporting System through consultation with the NC Injury and Violence Prevention Branch of the NC Division of Public Health. For this report, injury-related mortality data exclude deaths due to adverse events/medical complications/medical misadventures (n=2). |
| **2. Hospital Discharges** | Data for injury-related hospital discharges for patients ages 0-17 during 2006-2011 were obtained by consultation with the Injury and Violence Prevention Branch of the NC Division of Public Health. Hospital discharge data includes up to 9 ICD-9-CM diagnosis codes and 1 ICD-9-CM external cause of injury code ("E-code"). These data also include information on hospital charges and length of stay. We restricted the analysis to patients whose recorded county of residence was Wake County. Similar to the ED visit data, hospital discharges were considered injury-related if the discharge record included *either*:<br>a. an ICD-9-CM external cause of injury code ("E-code") between E800-E999, *or*<br>b. an ICD-9-CM diagnosis codes between 800-999, excluding 995.9 (Systemic inflammatory response syndrome (SIRS), which we do not consider injury-related for the purposes of this report.)<br>In this report, hospital discharges that would otherwise meet the above criteria are not considered injury-related and are excluded from the analysis if:<br>c. the reported ICD-9-CM E-code fell under the category of "adverse effects / medical misadventures", including E870-E879 and E930-E949. (See technical note #2.) |
| **3. Emergency Department Visits** | Data for injury-related visits made by patients ages 0-17 during 2006-2010 were obtained via a data use agreement with NC DETECT and the NC Division of Public Health. We included visits made by patients who either *resided* in Wake County or visited a hospital emergency department *located* in Wake County. ED visit data in the NC DETECT system includes up to 11 ICD-9-CM diagnosis codes and up to 5 ICD-9-CM external cause of injury codes ("E-Codes").<br><br>Inclusion/exclusion criteria for emergency department visit included:<br>a. Injury-related:<br>Visits are considered *injury-related* for this report if the visit record includes ***either:***<br>• an ICD-9-CM External Cause of Injury code ("e-code") between E800-E999, ***or***<br>• an ICD-9-CM diagnosis codes between 800-999, excluding 995.9 (Systemic inflammatory response syndrome (SIRS), which we do not consider injury-related for the purposes of this report.)<br>Visits that would otherwise meet the above criteria are ***not*** considered injury-related and are ***excluded*** from the analysis if:<br>• the only reported ICD-9-CM e-code(s) are ones that fall under the category of "adverse effects / medical misadventures", including E870-E879 and E930-E949. (See technical note #2.)<br>b. *Age:* We include visits made by patients between 0 to 17 years of age, inclusive.<br>c. *Geography*: To focus on Wake County, we consider only ED visits that either:<br>• were made by patients whose county of residence is recorded as "Wake County", or<br>• occurred at a hospital emergency department located within Wake County.<br>d. *Date:* We include ED visits made between January 1st, 2006 and December 31st, 2012, inclusive. |
| **4. Poison Control Center Calls** | Made by Wake County residents for potential poisoning exposures concerning children ages 0-17 during 2006-2012 were obtained via a data use agreement with the Carolinas Poison Center. The Poison Center receives calls both for information and for exposure concerns; only exposure-related calls were analyzed. |

| Table B-1. Detailed Summary of data sources for pediatric injuries in Wake County. | |
|---|---|
| **5. Emergency Medical Service** | Data for injury-related call-outs for patients ages 0-17 to the Wake County EMS system during 2009-2012 were obtained via a data use agreement with the Wake County EMS. These data includes all EMS runs made by the Wake County EMS system, even if these runs are to addresses across the Wake County border. In addition, we worked with Wake EMS to request a Pediatric Trauma Toolkit report from the EMSPIC. Information from this report was used where applicable.<br><br>A small percentage of ED visit records contained multiple and conflicting or undetermined E-codes (2152, 1.6%). To adjudicate the coding for these visits and assign them to one mechanism of injury group, we reviewed each record, examining the chief complaint, the triage note, diagnoses assigned, and the age of the patient to ascertain through this additional information which of the assigned mechanisms was the primary cause of the injury. Where applicable, we applied ICD-9-CM coding guidelines to prioritize the codes assigned. When the additional information was limited or unhelpful, we assigned the first listed E-code as the primary cause of the injury. No new codes were assigned; this process was simply to determine which of the conflicting codes to use for assignment to major mechanism of injury groups.<br><br>Sub-mechanisms of injury (e.g.falls from slips, trips, stumbles, falls from playground equipment, falls from bed) were identified through specific E-codes for each record. When multiple sub-mechanisms were indicated by the E-codes, combinations of codes were hand reviewed, decision rules were determined and applied to assign visits to one sub-mechanism or another. This was done for all the leading causes of injury. |
| **6. Population estimates** | Data, used in calculating rates, were obtained from the State Demographics branch of the NC Office of State Budget and Management website. Mid-year population estimates by age group and sex were available for 2010, 2011, and 2012. Age-specific population estimates for years before 2010 were not available at the time of this analysis. |

| Table B-2. ICD-9-CM injury categorization details for describing pediatric injuries in Wake County. | |
|---|---|
| *Injury Category* | *ICD-9-CM Code(s)*[a] |
| *INTENT (E-codes)* | |
| *Unintentional* | *E800-E848,E850-E869, E880-E929* |
| *Intentional-Self-inflicted* | *E950-E959* |
| *Intentional-Assault* | *E960-E969,* |
| *Intentional-Other* | *E970-E979, E990-E999* |
| *Undetermined* | *E980-E989* |
| *Adverse effects / Medical misadventures (excluded for this report)* | *E870-E879, E930-E949* |
| *MECHANISM (E-codes)* | |
| *Motor vehicle - traffic* | *E810-E819* |
| *Motor vehicle – non-traffic* | *E820-E825* |
| *Other transportation* | *E800-E807, E826-E848* |
| *Poisoning* | *E850-E869, E950-E952, E962, E982* |
| *Adverse effects / Medical misadventures (excluded for this report)* | *E870-E879, E930-E949* |
| *Falls* | *E880-E888* |
| *Fire/burns* | *E890-E899, E924* |
| *Natural or environmental factors* | *E900-E909, E928.0-E928.2* |
| *Drowning* | *E910* |

| Table B-2. ICD-9-CM injury categorization details for describing pediatric injuries in Wake County. | |
|---|---|
| *Injury Category* | *ICD-9-CM Code(s)*[a] |
| *Suffocation* | *E911-E913, E953, E963, E983* |
| *Foreign body* | *E914-E915* |
| *Struck by, against* | *E916-E917* |
| *Caught in/between objects* | *E918* |
| *Machinery* | *E919* |
| *Cutting/piercing instruments* | *E920, E956, E966, E986* |
| *Overexertion* | *E927* |
| *Firearms* | *E922, E922.0, E922.1, E922.2, E922.3, E922.8, E922.9, E928, E955.0-E955.4, E965.0-E965.4, E965, E985-E985.4* |
| *Other specified, not elsewhere classified (NEC)* | *E921, E923, E925, E926, E922.4, E922.5, E928.0-E928.8, E954, E955.6-E955.9, E957.0-E958.8, E961, E964, E967, E965.5-E965.9, E960.1, E968.0, E968.1, E968.3-E968.8, E988, E988.0-E988.8* |
| *Unspecified* | *E928.9, E958.9, E968.9, E988.9* |
| *Late effects of injury* | *E929, E959, E969, E989* |
| *Struck* | *E960, E960.0, E968.2* |
| *Other violence* | *E970-E979, E990-E999* |
| *INJURY DIAGNOSIS TYPE (Diagnosis codes)* | |
| *Fractures* | *800-829* |
| *Dislocation* | *830-839* |
| *Sprains and strains of joints and adjacent muscles* | *840-848* |
| *Intracranial injury, excluding skull fracture* | *850-854* |
| *Internal injury of thorax, abdomen, and pelvis* | *860-869* |
| *Open wounds* | *870-897* |
| *Injury to blood vessels* | *900-904* |
| *Late effects of injuries, poisonings, toxic effects, and other external causes* | *905-909* |
| *Superficial injuries* | *910-919* |
| *Contusion with intact skin surface* | *920-924* |
| *Crushing injury* | *925-929* |
| *Effects of foreign body entering through orifice* | *930-939* |
| *Burns* | *940-949* |
| *Injury to nerves and spinal cord* | *950-957* |
| *Certain traumatic complications and unspecified injuries* | *958-959* |
| *Poisoning by drugs, medicinal and biological substances* | *960-979* |
| *Toxic effects of substances chiefly nonmedical as to source* | *980-989* |
| *Other and unspecified effects of external causes* | *990-995* |
| *Complications of surgical and medical care, not elsewhere classified (excluded for this report)* | *996-999* |

[a] *Unless otherwise noted, ICD-9-CM codes listed without decimal places include all sub-codes.*

# What are E-codes and why are they important?

**What is an E-code?**

An external cause of injury code or E-code is used when a patient presents to a healthcare provider with aninjury. The E-code is part of the World Health Organization's International Classification of Diseases (ICD) system used in clinical settings to characterize and standardize health events. For clinical settings such as hospital or emergency department visits, the ICD-version 9- Clinical Modification [ICD-9-CM] is being used in the US until October 2014 when it will transition to version 10. For deaths, ICD-10 has been utilized in the US since 1999. ICD-10 and ICD-10-CM no longer refer to these codes as E-codes but as external causes of morbidity and mortality. The ICD-9-CM E-code explains the *circumstances* of an injury. E-codes classify injuries according to:

1. Intent (e.g. unintentional, homicide/assault, suicide/self-harm, undetermined)
2. Mechanism (e.g. motor vehicle, fall, firearm, poisoning)
3. Place of occurrence (e.g. playground)
4. Activity (e.g. walking or running)[1]

E-codes essentially capture the "who, what, where, why, and how" surrounding an injury event.

**When are E-codes used?**

E-codes are used when a diagnostic code indicates an injury. For hospital and emergency department visits, E-codes are used in addition to the diagnostic codes for administrative purposes including billing and reimbursement. Though all states collect E-codes on a mandatory or voluntary basis, E-code data are often incomplete, missing, or incorrect. Complete medical documentation is critical for accurate and detailed E- coding. In North Carolina, among 24/7 acute-care ED facilities (120+) in 2012, only 15 facilities were missing an E-code for more than 15% of injury related ED visits. Statewide in 2012, about 12% of injury- related ED visits with an injury diagnosis code had no E-code.

**Why should I care about E-codes?**

E-codes are important for hospitals and providers because E-codes can help to ensure **timely reimbursement** from payers. In the absence of E-codes, payers may request additional information regarding the injury that can be readily supplied by an E-code. If E-codes are not included on a claim, it can delay reimbursement until the payer can obtain the necessary information, usually from the patient or through additional record requests, and determine if there is another party responsible for the claim.[2,3] For example, imagine a woman presents to the ED with a fractured arm. If she fractured her arm…

- at work, then Workers' Compensation insurance might pay the medical bills.
- while shopping at a store, the store's liability insurance might pay for the medical bills.
- in a motor vehicle crash, then her automobile insurance might be billed.
- after slipping in her bathtub in her own home, then her health insurance and/or her home owner's insurance might be billed.[3]

Spelling out to the payer exactly *what* the patient was doing, *where* the patient was, and *what* caused the injury through E-codes helps make the reimbursement process more efficient. In addition, the N.C. Division of Public Health uses E-codes to quantify the injury and violence burden across the state. These data are critical to help prevent or reduce future injury cases, understand the magnitude of the injury problem, recommend evidence-based injury prevention policies, and identify appropriate injury prevention resources.

[1] National Center for Injury Prevention and Control. (2009). Recommended Actions to Improve External-Cause-of-Injury Coding in State- Based Hospital Discharge and Emergency Department Data Systems. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention.

[2] Vaught, MS. December 2002 Bulletin - American Academy of Orthopedic Surgeons: Accurately code external causes of injury. Retrieved from http://www2.aaos.org/bulletin/dec02/cod.htm

[3] Safain, S. (2005). Insurance Coding and Electronic Claims for the Medical Office, 1st Edition. McGraw-Hill Higher Education.

## Master List for Coalitions and Organizations Introduction

This document contains the organizations, networks, coalitions and taskforces, hereafter referred to as coalition, identified to participate in the 2013 John Rex Endowment Wake County Childhood Health and Safety Profile Survey. Organizations were included in this document if they met the following criteria: 1) identified as an organization and not an individual; 2) work or reside in Wake County; and 3) conducted activities which maybe relevant for JRE Child Injury Prevention Profile.

## A. Master List of Coalitions and Organizations

Coalitions and organizations are listed by contact status. Please see the following tables for a detailed description.

Table C-1. Current Status of Coalition and Organization Contact.

| *Category* | *Status* | *N* | *%* |
|---|---|---|---|
| *Coalitions* | Completed | 15 | **83%** |
| | Non Responsive | 3 | **17%** |
| **Total Coalitions** | | **18** | **100%** |
| *Organizations* | Completed | 110 | **71%** |
| | Non Responsive | 44 | **29%** |
| **Total Organizations** | | **154** | **100%** |

| **1. Invited Coalitions (N= 18)** |
|---|
| **1.A. Completed Survey (n=15)** |
| 1. Advocates for Health in Action |
| 2. Capital Regional Advisory Committee CAPRAC |
| 3. Farm Worker Advocacy Network |
| 4. Injury & Violence Prevention State Advisory Council |
| 5. Mid Carolina Trauma Regional Advisory Committee (RAC) |
| 6. NC Child Fatality Task Force of the NC General Assembly |
| 7. NC Unintentional Poisoning Task Force |
| 8. Partners Against Trafficking Humans in NC |
| 9. Poe Center Teen Health Advisory Council |
| 10. Safe Kids NC, NC Dept of Insurance's Office of State Fire Marshal |
| 11. Safe Kids Wake County |
| 12. Triangle Coalition for Suicide Prevention |
| 13. Wake County Anti-Human Trafficking Network |
| 14. Wake County Child Pedestrian Safety Action Network |
| 15. Youth Thrive |
| **1.B. Non-Response Coalitions (n=3)** |

| **2. Invited Organizations (n=154)** |
|---|
| **2.A. Completed Survey (n=110)** |
| 1. Action for Children NC |
| 2. Activate Good |
| 3. Adult Survivors of Child Abuse Support Group (Raleigh, NC Group) |
| 4. Advocates for Children's Services of Legal Aid of NC |
| 5. Alliance Behavioral Healthcare, Crisis and Incarceration |
| 6. American Red Cross Triangle |
| 7. Big Brothers Big Sisters of the Triangle, Inc. |
| 8. Boys Club of Wake County d/b/a Boys & Girls Clubs |
| 9. Brain Injury Association of NC |
| 10. Capital Area Workforce Development |

| **2. Invited Organizations (n=154)** |
|---|
| 11. Catholic Charities Raleigh Regional Office |
| 12. Catholic Diocese of Raleigh |
| 13. Center for Child & Family Health |
| 14. Child Care Services Association |
| 15. City of Raleigh Parks, Recreation, and Cultural Resources Department |
| 16. City of Raleigh, Planning and Development, Office of Transportation |
| 17. Community Care of Wake and Johnston Counties-Wake County Medical Society Community Health Foundation |
| 18. Covenant with NC's Children |
| 19. East Wake Education Foundation |
| 20. Easter Seals UCP Charlie Gaddy Children's Center |
| 21. Education for Successful Parenting |
| 22. El Pueblo, Inc |
| 23. Family Resource Center of Raleigh. Inc. |
| 24. Fathers Forever |
| 25. First In Families of NC |
| 26. Fonthill Counseling |
| 27. Food Bank of Central & Eastern NC |
| 28. Frankie Lemmon School & Developmental Center |
| 29. Girl Scouts -- NC Coastal Pines |
| 30. Governor's Highway Safety Program |
| 31. Habitat for Humanity of Wake County |
| 32. Haven House Services |
| 33. Hilltop Home |
| 34. Hip Hop Haven |
| 35. Holly Hill Hospital |
| 36. HopeLine, Inc |
| 37. Hospice of Wake Co |
| 38. InterAct |
| 39. John Rex Endowment |
| 40. Junior League of Raleigh |
| 41. Learning Together, Inc. |
| 42. LGBT Center of Raleigh |
| 43. Life Resources of NC |
| 44. Literacy Council of Wake County |
| 45. Loaves and Fishes Ministry, Inc. |
| 46. Lucy Daniels Center |
| 47. MeFine Foundation |
| 48. Methodist Home for Children, Inc. |
| 49. Mothers Against Drunk Driving |
| 50. N.C. Council for Women |
| 51. NAMI WAKE COUNTY |
| 52. National Association of Students Against Violence Everywhere (SAVE) |
| 53. NC Center for Safer Schools |
| 54. NC Child Fatality Prevention Team (OCME) |
| 55. NC Department of Public Instruction |
| 56. NC Division of Mental Health Developmental Disabilities and Substance Abuse Services |
| 57. NC Division of Mental Health, Developmental Disabilities and Substance Abuse, Advocacy and Customer Service Section |
| 58. NC Healthy Start Foundation |
| 59. NC Highway Patrol |
| 60. NC Hospital Association |
| 61. NC Medical Society |
| 62. NC Pediatric Society, Inc. |

| **2. Invited Organizations (n=154)** |
|---|
| 63. NC Prevention Partners |
| 64. NC Spinal Cord Injury Association |
| 65. NCaeyc (NC Association for the Education of Young Children) |
| 66. NCDOT |
| 67. NCDPS / Judicial District 10 / Wake County/ Juvenile Court Counselor's Office |
| 68. NCPTA |
| 69. Passage Home, Inc. |
| 70. PLM Families Together |
| 71. Prevent Child Abuse NC |
| 72. Project Enlightenment, Wake County Public School System |
| 73. Raleigh Police Department - Youth & Family Services |
| 74. Raleigh Rescue Mission |
| 75. ReEntry Incorporated |
| 76. Riley Hill Family Life Center, Inc |
| 77. S Solutions, Inc dba StreetSafe |
| 78. SADD (Students Against Destructive Decisions) |
| 79. SAFEchild (Stop Abuse for Every child) |
| 80. StepUp Ministry |
| 81. Tammy Lynn Center |
| 82. The Carying Place, Inc. |
| 83. The Child's Advocate |
| 84. The CORRAL Riding Academy, Inc. |
| 85. The Justice Theater Project |
| 86. The NC Public Health Foundation |
| 87. The Salvation Army of Wake County |
| 88. The Scott-Free Scholarship Foundation |
| 89. Time4Change of NC |
| 90. Toxic Free NC |
| 91. Triangle Family Services |
| 92. UNC Highway Safety Research Center |
| 93. UNC Injury Prevention Research Center University of NC at Chapel Hill |
| 94. United Way of the Greater Triangle |
| 95. Urban Ministries of Wake County |
| 96. Wake Area Health Education Center |
| 97. Wake County Department of EMS |
| 98. Wake County Human Services |
| 99. Wake County Human Services - Children, Youth, and Family Services Division |
| 100. Wake County Juvenile Crime Prevention Council (JCPC) |
| 101. Wake County Local Interagency Coordinating Council (LICC) |
| 102. Wake County PTA Council |
| 103. Wake County Public Libraries |
| 104. Wake County SmartStart |
| 105. Wake Education Partnership |
| 106. Wake Health Services, Inc. |
| 107. Wake Interfaith Hospitality Network (WIHN) |
| 108. WakeMed Health & Hospitals |
| 109. YMCA of the Triangle |
| 110. Youth Empowered Solutions |
| **2.B. Non-Responsive Organizations (n=44)** |

**Introduction:** The following table lists sources and searches used to create a 'Master List' of organizations and coalitions addressing childhood injury and violence prevention in Wake County. Table C-1 lists the sources reviewed and search topics used to identify the organizations and coalitions. Schools and daycare centers are not included in these counts due to the overwhelming number of individual and independent organizations. However, over-arching/leading organizations that work with several independent organizations, such as Smart Start, were included.

Table C-1. Sources and search topics identified for inclusion in wake county child health and safety profile.

| ***Source*** | ***Organizations/Search Topics*** | |
|---|---|---|
| 1. Organizations included in UNC's Original Proposal to the John Rex Endowment | • Action for Children<br>• Brain Injury Association<br>• Carolina Geriatric Education Center<br>• Carolinas Poison Center<br>• Children's Safety Network<br>• Health Services Research Center<br>• Injury & Violence Prevention State Advisory Council<br>• Mothers Against Drunk Driving<br>• NC Child Fatality Task Force<br>• NC Coalition Against Domestic Violence<br>• NC Coalition Against Sexual Assault<br>• NC Department of Transportation<br>• NC Dept of Insurance's Office of State Fire Marshal (Safe Kids NC)<br>• NC Dept. of Public Instruction<br>• NC Division of Medical Assistance/Community Care of NC (CCNC)<br>• NC Division of Mental Health | • NC Governor's Highway Safety Program<br>• NC Highway Patrol<br>• NC Hospital Association<br>• NC Medical Society<br>• NC State Advisory Council for Trauma<br>• NC Unintentional Poisoning Task Force<br>• Office of the Chief Medical Examiner (OCME)<br>• Substance Abuse and Mental Health Services Administration<br>• UNC Center for Health Promotion and Disease Prevention<br>• UNC Highway Safety Research Center<br>• UNC Injury Prevention Research Center<br>• Women's and Children's Health Section, NC DPH |
| 2. Wake County Human Services Resource Guide | • Crisis<br>• Educational resources<br>• Early childhood education<br>• Employment services<br>• Ex-offender resources<br>• Housing/emergency shelter | • Legal services<br>• Medical care<br>• Mental health and substance abuse services<br>• Pregnancy and child care<br>• Youth services |
| 3. Wake County Chamber of Commerce | • Child<br>• Child care<br>• Child development services<br>• Child learning daycare<br>• Child services<br>• Children group homes<br>• Community services | • Day care centers<br>• Education<br>• Family services Injury<br>• Networks<br>• Nonprofit organizations<br>• Schools- private |
| 4. Wake County Department of Public Safety (formerly Division of Juvenile Justice) | All programs included serving youth (under 18) | |
| 5. Family Support Network of Wake County State and National Resources | All organizations included serving child/youth (under 18) and injury or injury prevention related | |
| 6. United Way | • Child<br>• Injury Violence<br>• Prevention<br>• Advocacy | • Health<br>• Youth<br>• Safety |

Table C-1. Sources and search topics identified for inclusion in wake county child health and safety profile.

| ***Source*** | ***Organizations/Search Topics*** |
|---|---|
| 7. NC Center for Nonprofits | Wake County +<br>• Advocacy<br>• Alcohol & drug abuse<br>• Children<br>• Crime/Violence prevention<br>• Family services<br>• Fire prevention<br>• Foster care<br>• Lesbian, Gay rights<br>• Minority rights<br>• Prevention<br>• Public health<br>• Safety education<br>• Youth Development |
| 8. Additional Internet Searches | Wake + and/or Raleigh +<br>• Injury<br>• Network<br>• resource guide<br>• prevention |

## Introduction to the Wake County Childhood Health and Safety Profile 2013

The John Rex Endowment recently released a five-year plan entitled *Our Plan for Impact, 2013-2018*, including Childhood Injury Prevention as a primary focus. To guide this new initiative, The John Rex Endowment has commissioned the Healthy Solutions Team at UNC Chapel Hill to create a "Wake County Childhood Health and Safety Profile". This profile includes the identification of organizations working in Wake County to promote childhood health and safety with a focus on those that conduct injury and/or violence prevention activities.

Please take approximately 10-15 minutes to share the following information about your organization for inclusion in the Profile. This link may be forwarded to the individual (e.g. program manager or executive director) who is most familiar with all the programs and activities conducted at your organization.

**WHO:** You have been identified as an **organization** working to improve childhood health and safety in Wake County.

**WHAT:** We are creating a list of organizations in Wake County working to promote childhood health and safety through the prevention of childhood injury and violence and would like to incorporate information about work conducted by your organization.

**WHERE:** Wake County Children 0-17 years. Answers to the following questions should ONLY focus on children (ages 0 through 17 years of age) receiving services in Wake County.

**WHEN: Please complete this survey by October 15, 2013.** This information will be collected until mid October 2013 and released free of charge to the public sometime in Spring 2014.

**REPORTING:** Contact information and current programs will be described in the Wake County Childhood Health and Safety Profile organization list. All other information (e.g. current funders, perceived barriers) will be de-identified and presented in aggregated summaries.

If you have any questions, comments or concerns, please contact Rachel Page at rachelpage@unc.edu or at 919.966.9768 or Kate Shirah at kate@rexendowment.org or 919.838.1183.

**You may save your responses, exit and continue the survey at a later time. You must use the same computer and browser to re-open the link.**

## Organizational Demographics

**Q1. Name of Organization:** _____

**Q2. Phone number:** _____

**Q3. Contact Information:**

Your Name _____
Job Title _____
Email Address _____
Address _____
City _____
State _____
Postal Code _____

**Q4.**
# Employees _____
# of Full Time Employees _____
# Volunteers _____

**Q5.** What type of organization are you**?** (Check all that apply.)

- ❑ Committee/Task Force
- ❑ Local Government
- ❑ Hospital/Health Center
- ❑ Non-profit
- ❑ Private
- ❑ Religious Organization
- ❑ Research
- ❑ State Government
- ❑ Volunteer Organization
- ❑ Other (please specify) _____

**Q6.** Please select the **geographical location(s)** of the people your organization serves. (Check all that apply.)

- ❑ The City of Raleigh
- ❑ Wake County
- ❑ The Greater Triangle Area
- ❑ The State of North Carolina
- ❑ Nationally, The United States
- ❑ Other (e.g. neighborhoods, cities, towns; please specify) _____

**Populations Served**

**Q7.** Please indicate the degree to which your work targets the following **population groups**. (Check all that apply.)

| | Not specifically targeting this population (1) | Some efforts to target this population (2) | Primarily targeting this population (3) | Don't know/not sure (4) |
|---|---|---|---|---|
| African American | ❑ | ❑ | ❑ | ❑ |
| American Indian | ❑ | ❑ | ❑ | ❑ |
| Caucasian | ❑ | ❑ | ❑ | ❑ |
| Hispanic | ❑ | ❑ | ❑ | ❑ |
| Other ethnic group (please specify) _____ | ❑ | ❑ | ❑ | ❑ |
| Female | ❑ | ❑ | ❑ | ❑ |
| Male | ❑ | ❑ | ❑ | ❑ |
| Lesbian, Gay, Bisexual, Transgender | ❑ | ❑ | ❑ | ❑ |
| Rural | ❑ | ❑ | ❑ | ❑ |
| Urban | ❑ | ❑ | ❑ | ❑ |
| Homeless | ❑ | ❑ | ❑ | ❑ |
| Low income | ❑ | ❑ | ❑ | ❑ |
| Foster Children | ❑ | ❑ | ❑ | ❑ |
| Orphans | ❑ | ❑ | ❑ | ❑ |
| Children/youth living with a disability (e.g. cognitive, sensory, physical) | ❑ | ❑ | ❑ | ❑ |
| Refugees (0-17) | ❑ | ❑ | ❑ | ❑ |
| Other (please specify) _____ | ❑ | ❑ | ❑ | ❑ |

**Q8.** Which **groups of people** do you work with? (Check all that apply.)

- ❑ Children (0-17)
- ❑ Parents/Caregivers
- ❑ Religious Leaders
- ❑ Teachers
- ❑ Medical Professionals (e.g. doctors, nurses, EMT)
- ❑ Policy Makers/Decision Makers (e.g. commissioners, government officials)
- ❑ Public Safety (e.g. police, fire)
- ❑ Other (please specify) _____

**Q9.** Childhood Health and Safety incorporates many different activities, including primary prevention (e.g. stop the incident before it happens), secondary prevention (e.g. minimize the impact the incident has while it's happening) and tertiary prevention (e.g. respond to the incident after it has happened). Injury and violence prevention are part of the broader category of health and safety. Your organization may be addressing childhood injury prevention through direct or indirect methods, or both.

**Organizational Work Focus**

**Q10.** On a scale of 0-6 (0 = not important at all and 6 = most important) please indicate how important each **type of work** is for your organization's efforts to promote childhood health and safety through the prevention of injury and violence:

**NOTE:** Both Q10 and Q11 were built using a sliding scale format in Qualtrics, which could not be exactly reproduced here, so the table below is a close parallel to the original version.

| | Not at all Important | Very Unimportant | Somewhat Unimportant | Neither Important nor Unimportant | Somewhat Important | Very Important | |
|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Counseling | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Education | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Advocacy | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Research/Data | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Program Evaluation | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Communication/Media | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Writing Rules or Policies | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Funding | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q11.** Please specify and rate importance for other types of work different from the categories above.

| | Not at all Important | Very Unimportant | Somewhat Unimportant | Neither Important nor Unimportant | Somewhat Important | Very Important | |
|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Other (*text entry box here*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q12.** To what degree is working to promote childhood health and safety through prevention of childhood injury and/or violence an important focus of your organization?

*Please consider organizational realities (e.g., staff time focused on injury prevention, whether prevention is central to the identity of your organization).*

| Not at all important | Very Unimportant | Somewhat Important | Neither Important nor Unimportant | Somewhat Important | Very Important | Extremely Important |
|---|---|---|---|---|---|---|
| ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q13.** Please share any comments you may have about the focus of your organization.

**Intentional Injuries to Children (ages 0-17 years)**

**Q14.** Which of the following types of **intentional injuries and causes of injury** does your organization directly or indirectly address? (Please check all that apply.)

- ❑ Child Abuse/Maltreatment (physical, sexual, emotional)
- ❑ Assault/Physical Violence
- ❑ Sexual Violence (e.g. assault, rape)
- ❑ Self Inflicted/Self Harm
- ❑ Bullying
- ❑ Human trafficking
- ❑ Other (please specify) _____
- ❑ None of the above

**Unintentional Injuries to Children (0- 17 years)**

**Q15.** Which of the following types of **unintentional injuries and causes of injury** does your organization directly or indirectly address? (Please check all that apply.)

Motor Vehicle Crashes involving:
- ❑ Bicycles
- ❑ Cars/trucks/buses
- ❑ Motorcycles
- ❑ Pedestrians
- ❑ Other (please specify) _____

- ❑ Animal bites
- ❑ Bicycle injury/crashes (NOT involving a motor vehicle)
- ❑ Burns, including fire and scalds
- ❑ Drowning/submersion
- ❑ Environmental Factors (e.g. weather related)
- ❑ Falls
- ❑ Suffocation
- ❑ Firearm
- ❑ Poisoning/overdose
- ❑ Other _____
- ❑ None of the above

**Q16.** How many (#) childhood health and safety programs or activities related to the prevention of injury and violence does your organization implement?

## Programs and Activities

**Q17. Please provide the specific name or a brief description of the TOP FIVE programs, interventions or activities conducted by your organization focused on childhood health and safety through the prevention of injury and/or violence prevention** (some examples include: Safe Dates, bullying prevention, safeTALK, Lifelines, alcohol use prevention, medicine drop, Triple P, car seat fittings/checks, bike helmet give away and fittings, home safety workshops, pool fencing policies, safe firearm storage programs, Control Substance Reporting System, Click It or Ticket).

A. Program or Activity Name _____
B. Program or Activity Name _____
C. Program or Activity Name _____
D. Program or Activity Name _____
E. Program or Activity Name _____

**Q18.** Please provide additional comments regarding your programs and activities.

| |
|---|
| |

## Organizational Capacity

**Q19.** Please rate the **capacity of your organization** in conducting the following activities to promote childhood health and safety through the prevention of injury and/or violence.

| | High Level of Capacity (1) | Medium Level of Capacity (2) | Low Level of Capacity (3) | No Capacity (4) | Don't Know (5) | Not Applicable (6) |
|---|---|---|---|---|---|---|
| **a. Research** and **identify** evidence-based* injury prevention programs, interventions, and strategies *These programs are supported by intervention evaluations or studies with rigorous systematic review that have evidence of effectiveness, reach, feasibility, sustainability, and transferability. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **b. Use research about evidence-based injury prevention programs**, combined with 1) practical experience and widely accepted best practice standards; 2) knowledge of the setting; and 3) an understanding of the target population, in injury prevention program development and planning | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **c. Find relevant childhood injury data** for prioritizing your injury prevention work and for program development and planning | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **d. Use childhood injury data** for prioritizing your injury prevention work and for program development and planning | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **e. Identify possible funding/in-kind sources** to support injury prevention work | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **f. Obtain funding/in-kind contributions** to support injury prevention work | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **g. Identify other Wake County entities** working in | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

| | High Level of Capacity (1) | Medium Level of Capacity (2) | Low Level of Capacity (3) | No Capacity (4) | Don't Know (5) | Not Applicable (6) |
|---|---|---|---|---|---|---|
| injury prevention for possible networking/collaborating purposes | | | | | | |
| **h. Use existing Wake County injury prevention networks** to strengthen injury prevention efforts within your organization | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

## Data Source(s) for Wake County

**Q20.** Please select the **sources of data** you use to inform your work to promote childhood health and safety through the prevention of injury and/or violence. (Check all that apply.)

❑ We **do not use data** in our organization

*National Data Sources*

❑ Center for Disease Control and Prevention (CDC)
❑ Kids Count Data Center

*North Carolina State Data Sources*

❑ Carolinas Poison Control
❑ Emergency Medical Service Performance Improvement Center (EMSPIC)
❑ NC DETECT
❑ NC Department of Transportation
❑ NC Violent Death Reporting System
❑ NC Division of Public Health (including the State Center for Health Statistics)
❑ UNC Highway Safety Research Center
❑ UNC Injury Prevention Research Center

*Wake County Data Sources*

❑ Wake County Safe Kids
❑ Wake County Community Health Assessment

*Other Data Sources*

❑ Other (please specify) _____
❑ Other (please specify) _____

## Injury and Violence Prevention Funding Opportunities

**Q21.** Please identify **funding organizations** that have supported childhood health and safety programs and activities at your organization <u>in the past three years</u>. (Check all that apply.)

In reporting this information, please note that all information collected will be de-identified and shown in aggregated summaries, when made publicly available.

*National Funding*

❑ Center for Disease Control and Prevention (CDC)
❑ Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP)
❑ Federal Block Grant
❑ Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau
❑ National Foundations (The Robert Wood Johnson Foundation, Ford Foundation, Kaiser Permanente, etc.) (please specify)_____
❑ National Highway Traffic Safety Administration (NHTSA)

*North Carolina State Funding*

*Wake County Funding*

❑ Wake County Cooperative Extension
❑ Wake County Department of Human Services
❑ Wake County Department of Justice

*Other Funding*

❑ Private Donors
❑ Other Governmental Funding (federal, state or local) _____
❑ Corporate Sponsors (Please specify) _____
❑ Insurance Companies (Please specify) _____

*National Funding*

- ❑ North Carolina Department of Health and Human Services (NC DHHS)
- ❑ North Carolina Foundations (John Rex Endowment, K.B. Reynolds, The Duke Foundation) (please specify) _____
- ❑ North Carolina State Budget Allocation

*Wake County Funding*

- ❑ Other _____
- ❑ Other _____
- ❑ None of the above

**Q22.** What **other funders or sources of funding** do you know of that are currently supporting childhood injury and/or violence prevention in Wake County?

**Q23.** Please list other organizations and networks currently conducting childhood injury and/or violence prevention in Wake County that you believe **should be included in this survey**. In particular, please think of organizations in Wake County who may not be as well-known or recognized for their role in injury and/or violence prevention. Please provide contact emails if possible, for each organization or network.

**Q24.** The John Rex Endowment is interested in supporting organizations to engage in effective injury prevention and they want to know what resources (e.g. funding, support to networks) could best help organizations and coalitions to conduct injury or violence prevention programs and activities. Please rate **how valuable** the following types of activities would be to your organization.

| | Not valuable (1) | Slightly valuable (2) | Somewhat valuable (3) | Very valuable (4) |
|---|---|---|---|---|
| **1. Receive resources** related to childhood injury and injury prevention in Wake County | ❑ | ❑ | ❑ | ❑ |
| **2. Receive** Wake County childhood injury **data reports** | ❑ | ❑ | ❑ | ❑ |
| **3. Participate with Wake County stakeholders** working in injury prevention to dialogue about childhood injury priorities and **networking** | ❑ | ❑ | ❑ | ❑ |
| **4. Attend trainings on evidence-based** injury prevention programs, interventions, and strategies | ❑ | ❑ | ❑ | ❑ |
| **5. Attend trainings** focused on **building capacity in resource development** | ❑ | ❑ | ❑ | ❑ |
| **6. Participate in informational networking sessions on injury prevention grant funding** available from the John Rex Endowment and/or other public and private funders | ❑ | ❑ | ❑ | ❑ |
| **7.** Other _____ | ❑ | ❑ | ❑ | ❑ |

**Q25.** Please share **other activities** that would benefit your organization.

**Q26.** Please share additional **thoughts, comments or concerns** about this survey or childhood injury and violence prevention in Wake County, North Carolina.

**Q27.** Please select if you want your organization's contact information **shared in the Wake County Childhood Health and Safety Profile.**

- ❑ Yes, include my organization in this Wake County Specific Resource
- ❑ No, Please do not include my organization in this Wake County Specific Resource

**Q28.** The John Rex Endowment supports an environment where children and families in greater Wake County live healthy lives.

**Q29.** Please select your preference for ongoing and upcoming announcements from the John Rex Endowment, including funding opportunities and additional information.

- ❑ Yes, include my organization in ongoing communication with the John Rex Endowment.
- ❑ No, do not include my organization with ongoing communication with the John Rex Endowment.

## Introduction to the Wake County Childhood Health and Safety Profile for Networks/Coalitions/Task Forces

The John Rex Endowment recently released a five-year plan entitled *Our Plan for Impact, 2013-2018*, including Childhood Injury Prevention as a primary focus. To guide this new initiative, The John Rex Endowment has commissioned the Healthy Solutions Team at UNC Chapel Hill to create a "Wake County Childhood Health and Safety Profile". This profile includes the identification of networks, coalitions, task forces and organizations working in Wake County to promote childhood health and safety with a focus on those that conduct injury and/or violence prevention activities.

Please take approximately 10-15 minutes to share information about your **network/coalition/task force** for inclusion in the Profile. This link may be forwarded to the individual (e.g. chair) who is most familiar with the programs and activities conducted by your network/coalition/task force.

We are simultaneously conducting a survey with childhood health and safety **organizations** working in Wake County. To add to the information we collect about organizations, we have developed a separate survey to earn additional information about networks/coalitions/task forces, like yours, that support organizations in Wake County conducting childhood injury and/or violence prevention activities.

**WHO:** You have been identified as an individual associated with a **network/coalition/task force** working to improve childhood health and safety in Wake County.

**WHAT:** We would like to incorporate information about work conducted by your network/coalition/task force.

**WHERE: Wake County Children 0-17 years.** Answers to the following questions should ONLY focus on children (ages 0 through 17 years of age) receiving services in Wake County.

**WHEN: Please complete this survey by October 15.** This information will be collected until mid October 2013 and released free of charge to the public sometime in Spring 2014.

**REPORTING:** Contact information and current programs will be described in the Wake County Childhood Health and Safety Profile. All other information (e.g. funders) will be de-identified and presented in aggregated summaries.

If you have any questions, comments or concern, please contact Rachel Page at rachelpage@unc.edu or at 919.966.9768 or Kate Shirah at kate@rexendowment.org or 919.383.1183.

**You may save your responses, exit and continue the survey at a later time. You must use the same computer and browser to re-open the link.**

## Organizational Demographics

**Q1. Name of Network, Coalition, or Task Force** _____

**Q2. Contact Information:**

Your Name _____
Role with network/coalition/task force _____
Email Address _____

**Q3.** Phone number _____

**Q4.** How many individuals are involved with your network/coalition/task force?

# Members _____
# Active Members _____
# Paid Staff _____

**Q5.** How **frequently** does your network/coalition/task force meet?

- ❑ Never
- ❑ Annually
- ❑ Bi-annually
- ❑ Quarterly
- ❑ Once a month
- ❑ Twice a month
- ❑ Weekly (or more)
- ❑ Other (please specify) _____

**Q6.** How do you **stay in contact** with member? (Please check all that apply.)

- ❑ In-Person Meetings
- ❑ Email Communication
- ❑ Conference Calls
- ❑ Conferences or Summits
- ❑ Other (please specify) _____

**Q7.** Please select the **geographical location(s)** of the people you serve. (Check all that apply.)

- ❑ The City of Raleigh
- ❑ Wake County
- ❑ The Greater Triangle Area
- ❑ The State of North Carolina
- ❑ Nationally, The United States
- ❑ Other (e.g. neighborhoods, cities, towns; please specify) _____

## Population(s) Served

**Q8.** Please indicate the degree to which the network, coalition, or task force focuses on the following **population groups**. (Check all that apply.)

| | Degree network/coalition/task force targets population(s) | | | |
|---|---|---|---|---|
| | Not specifically targeting this population (1) | Some efforts to target this population (2) | Primarily targeting this population (3) | Don't know/not sure (4) |
| African American | ❑ | ❑ | ❑ | ❑ |
| American Indian | ❑ | ❑ | ❑ | ❑ |
| Caucasian | ❑ | ❑ | ❑ | ❑ |
| Hispanic | ❑ | ❑ | ❑ | ❑ |
| Other ethnic group (please specify) _____ | ❑ | ❑ | ❑ | ❑ |
| Female | ❑ | ❑ | ❑ | ❑ |
| Male | ❑ | ❑ | ❑ | ❑ |
| Lesbian, Gay, Bisexual, Transgender | ❑ | ❑ | ❑ | ❑ |
| Rural | ❑ | ❑ | ❑ | ❑ |
| Urban | ❑ | ❑ | ❑ | ❑ |
| Homeless | ❑ | ❑ | ❑ | ❑ |

| | Degree network/coalition/task force targets population(s) | | | |
|---|---|---|---|---|
| | Not specifically targeting this population (1) | Some efforts to target this population (2) | Primarily targeting this population (3) | Don't know/not sure (4) |
| Low income | ❑ | ❑ | ❑ | ❑ |
| Foster Children | ❑ | ❑ | ❑ | ❑ |
| Orphans | ❑ | ❑ | ❑ | ❑ |
| Children/youth living with a disability (e.g. cognitive, sensory, physical) | ❑ | ❑ | ❑ | ❑ |
| Refugees (0-17) | ❑ | ❑ | ❑ | ❑ |
| Other (please specify) _____ | ❑ | ❑ | ❑ | ❑ |

**Q9.** Which **groups of people** do you work with? (Check all that apply.)

- ❑ Children (0-17)
- ❑ Parents/Caregivers
- ❑ Religious Leaders
- ❑ Teachers
- ❑ Medical Professionals (e.g. doctors, nurses, EMT)
- ❑ Policy Makers/Decision Makers (e.g. commissioners, government officials)
- ❑ Public Safety (e.g. police, fire)
- ❑ Other (please specify) _____

**Q10.** Childhood Health and Safety incorporates many different activities, including primary prevention (e.g. stop the incident before it happens), secondary prevention (e.g. minimize the impact the incident has while it's happening) and tertiary prevention (e.g. respond to the incident after it has happened). Injury and violence prevention are part of the broader category of health and safety. Your organization may be addressing childhood injury prevention through direct or indirect methods, or both.

**Focus of Network, Coalition, Task Force**

**Q11.** On a scale of 0-6 (0 = not important at all and 6 = most important) please indicate how important each **type of work** is for your organization's efforts to promote childhood health and safety through the prevention of injury and violence:

**NOTE:** Q10 was built using a sliding scale format in Qualtrics, which could not be exactly reproduced here, so the table below is a close parallel to the original version.

| | Not at all Important | Very Unimportant | Somewhat Unimportant | Neither Important nor Unimportant | Somewhat Important | Very Important | |
|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Counseling | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Education | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Advocacy | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Research/Data | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Program Evaluation | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

| | Not at all Important | Very Unimportant | Somewhat Unimportant | Neither Important nor Unimportant | Somewhat Important | Very Important | |
|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication/Media | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Writing Rules or Policies | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Funding | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q12.** What **type of service** does your network/coalition/task force provide? (Please check all that apply.)

- ❑ Direct Services
- ❑ Advocacy
- ❑ Research/Evaluation
- ❑ Funding
- ❑ Other (please specify) _____

**Q13.** To what degree is working to promote childhood health and safety through prevention of childhood injury and/or violence an **important focus** of your network/coalition/task force?

| Not at all important | Very Unimportant | Somewhat Important | Neither Important nor Unimportant | Somewhat Important | Very Important | Extremely Important |
|---|---|---|---|---|---|---|
| ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q14.** Please share any comments you may have about the **focus** of your network/coalition/task force.

| |
|---|
| |

## Intentional Injuries to Children (ages 0-17 years)

**Q15.** Which of the following types of **intentional injuries and causes of injury** does your network/coalition/task force directly or indirectly address? (Please check all that apply.)

- ❑ Child Abuse/Maltreatment (physical, sexual, emotional)
- ❑ Assault/Physical Violence
- ❑ Sexual Violence (e.g. assault, rape)
- ❑ Self Inflicted/Self Harm
- ❑ Bullying
- ❑ Human trafficking
- ❑ Other (please specify) _____
- ❑ None of the above

## Unintentional Injuries to Children (0- 17 years)

**Q16.** Which of the following **types of unintentional injuries and causes of injury** does your network/coalition/task force directly or indirectly address? (Please check all that apply.)

Motor Vehicle Crashes involving:
- ❑ Bicycles
- ❑ Cars/trucks/buses
- ❑ Motorcycles
- ❑ Pedestrians
- ❑ Other (please specify) _____

❑ Animal bites
❑ Bicycle injury/crashes (NOT involving a motor vehicle)
❑ Burns, including fire and scalds
❑ Drowning/submersion
❑ Environmental Factors (e.g. weather related)
❑ Falls
❑ Suffocation
❑ Firearm
❑ Poisoning/overdose
❑ Other _____
❑ None of the above

## Internal Capacity

**Q17.** Please rate the **capacity of your network/coalition/task force** to conduct the following activities to promote childhood health and safety through the prevention of injury and/or violence.

| | High Level of Capacity (1) | Medium Level of Capacity (2) | Low Level of Capacity (3) | No Capacity (4) | Don't Know (5) | Not Applicable (6) |
|---|---|---|---|---|---|---|
| **a. Research** and **identify** evidence-based* injury prevention programs, interventions, and strategies *These programs are supported by intervention evaluations or studies with rigorous systematic review that have evidence of effectiveness, reach, feasibility, sustainability, and transferability. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **b. Use an evidence-based approach** in injury prevention program development and planning | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **c. Find relevant childhood injury data** for prioritizing your injury prevention work and for program development and planning | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **d. Use childhood injury data** for prioritizing your injury prevention work and for program development and planning | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **e. Identify relevant possible funding/in-kind sources** to support injury prevention work | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **f. Obtain funding/in-kind contributions** to support injury prevention work | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **g. Identify other Wake County entities** working in injury prevention for possible networking/collaborating purposes | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **h. Use existing Wake County injury prevention networks** to strengthen injury prevention efforts within your network/coalition/task force | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

## Data Source(s) for Wake County

**Q18.** Please select the **sources of data** you use to inform your work to promote childhood health and safety through the prevention of injury and/or violence. (Check all that apply.)

- ❑ We **do not use data** in our network/coalition/task force

*National Data Sources*

- ❑ Center for Disease Control and Prevention (CDC)
- ❑ Kids Count Data Center

*North Carolina State Data Sources*

- ❑ Carolinas Poison Control
- ❑ Emergency Medical Service Performance Improvement Center (EMSPIC)
- ❑ NC DETECT
- ❑ NC Department of Transportation
- ❑ NC Violent Death Reporting System
- ❑ NC Division of Public Health (including the State Center for Health Statistics)
- ❑ UNC Highway Safety Research Center
- ❑ UNC Injury Prevention Research Center

*Wake County Data Sources*

- ❑ Wake County Safe Kids
- ❑ Wake County Community Health Assessment

*Other Data Sources*

- ❑ Other (please specify) _____
- ❑ Other (please specify) _____

**Q19.** Please describe how your network/coalition/task force is **funded**. If you do not receive funding to support your efforts, please skip this question.

| |
|---|
| |

**Q20.** The John Rex Endowment is interested in supporting effective injury prevention practices and they want to know what resources (e.g. funding, support to networks) could best help organizations and coalitions to conduct injury or violence prevention programs and activities. Please rate the following types of activities in terms of the **degree to which they would be valuable to your network/coalition/task force.**

| | Not valuable (1) | Slightly valuable (2) | Somewhat valuable (3) | Very valuable (4) |
|---|---|---|---|---|
| **1. Receive resources** related to childhood injury and injury prevention in Wake County | ❑ | ❑ | ❑ | ❑ |
| **2. Receive** Wake County childhood injury **data reports** | ❑ | ❑ | ❑ | ❑ |
| **3. Participate with Wake County stakeholders** working in injury prevention to dialogue about childhood injury priorities and **networking** | ❑ | ❑ | ❑ | ❑ |
| **4. Attend trainings on evidence-based** injury prevention programs, interventions, and strategies | ❑ | ❑ | ❑ | ❑ |
| **5. Attend trainings** focused on **building capacity in resource development** | ❑ | ❑ | ❑ | ❑ |
| **6. Participate in informational networking sessions on injury prevention grant funding** available from the John Rex Endowment and/or other public and private funders | ❑ | ❑ | ❑ | ❑ |
| **7.** Other _____ | ❑ | ❑ | ❑ | ❑ |

**Q21.** Please share other activities that would benefit your network/coalition/task force.

**Q22.** Please share additional **thoughts, comments or concerns** about this survey or childhood injury and violence prevention in Wake County, North Carolina.

**Q23.** Please select if you want your network/coalition/task force's contact information shared in the Wake County Childhood Health and Safety Profile.

- ❑ Yes, include my network/coalition/task force in this Wake County Specific Resource
- ❑ No, Please do not include my network/coalition/task force in this Wake County Specific Resource

**Q24.** The John Rex Endowment supports an environment where children and families in greater Wake County live healthy lives.

**Q25.** Please select your preference for ongoing and upcoming announcements from the John Rex Endowment, including funding opportunities and additional information.

- ❑ Yes, include my network/coalition/task force in ongoing communication with the John Rex Endowment.
- ❑ No, do not include my network/coalition/task force with ongoing communication with the John Rex Endowment.

**Appendix F** – *Cover Email Used with Organization/Coalition Surveys*

Dear Contact Name (tailored to each individual),

You have been identified as an organization (Organization Name, tailored to each organization) that is currently working to improve the lives of children and youth in Wake County. We would like to include your organization's information in our "Wake County Childhood Health and Safety Profile".

The John Rex Endowment recently released a five-year plan entitled *Our Plan for Impact, 2013-2018*, including Childhood Injury Prevention as a primary focus. To guide this new initiative, the John Rex Endowment has commissioned the Healthy Solutions Team at UNC Chapel Hill to create a "Wake County Childhood Health and Safety Profile". This profile includes the identification of organizations working in Wake County to promote childhood health and safety with a focus on those that conduct injury and/or violence prevention activities.

Please take approximately 10-15 minutes to share information about your organization on a UNC Qualtrics survey accessed at this link: https://unc.qualtrics.com/SE/?SID=SV_cMXHuDPk9IF3J9b. This link may be forwarded to the individual (e.g. program manager or executive director) who is most familiar with all the programs and activities conducted at your organization. We are interested in documenting the following about your organization: 1) populations you reach; 2) areas of focus (e.g. bicycle safety, fall prevention, child abuse, violence prevention, motor vehicle safety); 3) existing data you use; 4) primary funders; 5) knowledge of Wake County childhood injury and violence prevention networks; and 6) ideas about pressing childhood injury and violence prevention needs for Wake County. Please complete the survey by October 15, 2013.

All information collected for the "Wake County Childhood Health and Safety Profile" will be summarized and made public in the spring of 2014. If you have any comments, questions or concerns, you may contact Rachel Page, a UNC consultant who is spearheading this collection process, she is available at 919-966-9768 or via email at rachelpage@unc.edu.

Thank you for your work in Wake County to support healthy childhood experiences. What you do makes a difference in the lives of the quarter of a million children currently residing in Wake County.

Sincerely,

Kate Shirah, MPH
Program Director
John Rex Endowment
712 W. North Street
Raleigh, NC 27603
919.838.1183

**Appendix F** – *Cover Email Used with Organization/Coalition Surveys*

Dear Contact Name (tailored to each individual),

You have been identified as an individual associated with a **network/coalition/task force** (tailored to each coalition) working to improve childhood health and safety in Wake County. We would like to include your network/coalition/task force's information in our "Wake County Childhood Health and Safety Profile".

The John Rex Endowment recently released a five-year plan entitled *Our Plan for Impact, 2013-2018*, including Childhood Injury Prevention as a primary focus. To guide this new initiative, The John Rex Endowment has commissioned the Healthy Solutions Team at UNC Chapel Hill to create a "Wake County Childhood Health and Safety Profile". This profile includes the identification of networks, coalitions, task forces and organizations working in Wake County to promote childhood health and safety with a focus on those that conduct injury and/or violence prevention activities.

We are simultaneously conducting a survey with childhood health and safety **organizations** working in Wake County. To add to the information we collect about organizations, we have developed a separate survey to learn additional information about networks/coalitions/task forces, like yours, that support organizations in Wake County conducting childhood injury and/or violence prevention activities.

Please take approximately 10 minutes to share information about your network/coalition/task force on a UNC Qualtrics survey accessed at this link: https://unc.qualtrics.com/SE/?SID=SV_6G0bHjH8EMUuJEN This link may be forwarded to the individual (e.g. chair) who is most familiar with the programs and activities conducted by your network/coalition/task force. We are interested in documenting the following information: 1) membership and frequency of meetings; 2) populations served; 2) areas of focus (e.g. bicycle safety, fall prevention, child abuse, violence prevention, motor vehicle safety); 3) internal capacity; 4) existing data use; and 5) ideas about pressing childhood injury and violence prevention needs for Wake County. Please complete this survey by October 15, 2013.

All information collected for the "Wake County Childhood Health and Safety Profile" will be summarized and made public in the spring of 2014. If you have any comments, questions or concerns, you may contact Rachel Page, a UNC consultant who is spearheading this collection process, she is available at 919-966-9768 or via email at rachelpage@unc.edu .

Thank you for your work in Wake County to support healthy childhood experiences. What you do makes a difference in the lives of the quarter of a million children currently residing in Wake County.

Sincerely,

Kate Shirah, MPH
Program Director
John Rex Endowment
712 W. North Street
Raleigh, NC 27603
919.838.1183

**Introduction:** This summary lists the variables included in the John Rex Endowment Organization survey conducted in September and October of 2013. Each variable contains a unique identifies (column #1), definition (column #2), and a possible values for each variable (column #3). Unless otherwise stated, questions that were seen by participants and NOT answered are denoted with a "-99."

| *Final Survey Number/Origin* | *Variable Identifier* | *Variable Definition* | *Potential Variable Value(s)* |
|---|---|---|---|
| Qualtrics Indicators | V1 | ResponseID | -- |
| | V2 | ResponseSet | -- |
| | V3 | Name | -- |
| | V4 | ExternalDataReference | -- |
| | V5 | EmailAddress | -- |
| | V6 | IPAddress | -- |
| | V7 | Status | -- |
| | V8 | StartDate | -- |
| | V9 | EndDate | -- |
| | V10 | Finished | -- |
| | Q0 | Introduction to the Wake County Childhood Health and Safety Profile 2013 / The John Rex Endowment... | -- |
| Q1 | Q1 | Organization Name | TEXT |
| Q2 | Q2 | Phone number | Numerical TEXT |
| Q3 | Q3_1_TEXT | Contact information:-Name | TEXT |
| | Q3_2_TEXT | Contact information:-Job Title | TEXT |
| | Q3_3_TEXT | Contact information:-Email address | EMAIL |
| | Q3_4_TEXT | Contact information:-Address | TEXT |
| | Q3_5_TEXT | City | TEXT |
| | Q3_6_TEXT | State | TEXT |
| | Q3_7_TEXT | Postal Code | Numerical TEXT |
| Q4 | Q4_1_TEXT | # Employees | Numerical Value |
| | Q4_2_TEXT | # of Full Time Employees | Numerical Value |
| | Q4_3_TEXT | # Volunteers | Numerical Value |
| Q5 | Q5_1 | What type of organization are you? Committee/Task Force | 0-No; 1= Yes |
| | Q5_2 | Local Government | 0-No; 1= Yes |
| | Q5_3 | Hospital/Health Center | 0-No; 1= Yes |
| | Q5_4 | Non-profit | 0-No; 1= Yes |
| | Q5_5 | Private | 0-No; 1= Yes |
| | Q5_6 | Religious Organization | 0-No; 1= Yes |
| | Q5_7 | Research | 0-No; 1= Yes |
| | Q5_8 | State Government | 0-No; 1= Yes |
| | Q5_9 | Volunteer Organization | 0-No; 1= Yes |
| | Q5_10 | Other (please specify) | 0-No; 1= Yes |
| | Q5_SUM | Total # of org types | Numerical Value |
| | Q5_10_TEXT | Other-TEXT | TEXT |
| Q6 | Q6_1 | Location of people served -The City of Raleigh | 0-No; 1= Yes |
| | Q6_2 | Wake County | 0-No; 1= Yes |
| | Q6_3 | The Greater Triangle Area | 0-No; 1= Yes |
| | Q6_4 | The State of NC | 0-No; 1= Yes |
| | Q6_5 | Nationally, The United States | 0-No; 1= Yes |
| | Q6_6 | Other (e.g. neighborhoods, cities, towns) | 0-No; 1= Yes |
| | Q6_SUM | Total # Areas | Numerical Value |
| | Q6_6_TEXT | Other TEXT | TEXT |
| | Q6_7 REGIONAL | Q6_7 REGIONAL (6+ counties) | 0-No; 1= Yes |
| Q7 | Q7_1 | Population(s) Served / African American | 0-No; 1= Yes |
| | Q7_2 | American Indian | 0-No; 1= Yes |
| | Q7_3 | Caucasian | 0-No; 1= Yes |

| *Final Survey Number/Origin* | *Variable Identifier* | *Variable Definition* | *Potential Variable Value(s)* |
|---|---|---|---|
| | Q7_4 | Hispanic | 0-No; 1= Yes |
| | Q7_5 | Other ethnic group | 0-No; 1= Yes |
| | Q7_5_TEXT | Other ethnic group -TEXT | TEXT |
| | Q7_6 | Population(s) Served /Female | 0-No; 1= Yes |
| | Q7_7 | Population(s) Served /Male | 0-No; 1= Yes |
| | Q7_8 | Population(s) Served / Lesbian, Gay, Bisexual, Transgender | 0-No; 1= Yes |
| | Q7_9 | Population(s) Served /Rural | 0-No; 1= Yes |
| | Q7_10 | Population(s) Served /Urban | 0-No; 1= Yes |
| | Q7_11 | Population(s) Served /Homeless | 0-No; 1= Yes |
| | Q7_12 | Population(s) Served /Low income | 0-No; 1= Yes |
| | Q7_13 | Population(s) Served / Foster Children | 0-No; 1= Yes |
| | Q7_14 | Population(s) Served / / Orphans | 0-No; 1= Yes |
| | Q7_15 | Population(s) Served / Children/youth living with a disability (e.g. cognitive, sensory, physical) | 0-No; 1= Yes |
| | Q7_16 | Population(s) Served / -Refugees (0-17) | 0-No; 1= Yes |
| | Q7_17 | Population(s) Served / Other | 0-No; 1= Yes |
| | Q7_17_TEXT | Population(s) Served / Other-TEXT | TEXT |
| Q8 | Q8_1 | Which groups of people do you work with? Children (0-17) | 0-No; 1= Yes |
| | Q8_2 | Which groups of people do you work with? Parents/Caregivers | 0-No; 1= Yes |
| | Q8_3 | Which groups of people do you work with? Religious Leaders | 0-No; 1= Yes |
| | Q8_4 | Which groups of people do you work with? Teachers | 0-No; 1= Yes |
| | Q8_5 | Which groups of people do you work with? Medical Professionals (e.g. doctors, nurses, EMT) | 0-No; 1= Yes |
| | Q8_6 | Which groups of people do you work with? Policy Makers/Decision Makers (e.g. 0-No; 1= Yes commissioners, government officials) | 0-No; 1= Yes |
| | Q8_7 | Which groups of people do you work with? Public Safety (e.g. police, fire) | 0-No; 1= Yes |
| | Q8_8 | Which groups of people do you work with? Other | 0-No; 1= Yes |
| | Q8_SUM | Total # of groups | Numerical Value |
| | Q8_8_TEXT | Other TEXT | TEXT |
| | Q8_9 | Which groups of people do you work with? Organizations | 0-No; 1= Yes |
| Q9 | Q9 | Definition of CH IVP - Responses NA | -- |
| Q10 | Q10_1 | Organizational Work Focus /Counseling | 0 = Not important; 6= Very Important |
| | Q10_2 | Organizational Work/ Education | 0 = Not important; 6= Very Important |
| | Q10_3 | Organizational Work Focus /Advocacy | 0 = Not important; 6= Very Important |
| | Q10_4 | Organizational Work Focus /Research/Data | 0 = Not important; 6= Very Important |
| | Q10_5 | Organizational Work Focus /Program Evaluation | 0 = Not important; 6= Very Important |
| | Q10_6 | Organizational Work Focus /Communication/Media | 0 = Not important; 6= Very Important |
| | Q10_7 | Organizational Work Focus /Writing Rules or Policies | 0 = Not important; 6= Very Important |
| | Q10_8 | Organizational Work Focus /Funding | 0 = Not important; 6= Very Important |
| Q11 | Q11_1 | Organizational Work Focus /Other | 0 = Not important; 6= Very Important |
| | Q11_1_TEXT | Organizational Work Focus /Other-TEXT | TEXT |
| | Q11_2 | Organizational Work Focus /Direct Services | UNC Coded: 0= No; 1= Yes |
| | Q11_3 | Organizational Work Focus/ Community/Organization Capacity | UNC Coded: 0= No; 1= Yes |
| Q12 | Q12 | Childhood health and safety through prevention Importance 0-7 | 0 = Not important; 7= Extremely Important |
| Q13 | Q13 | Please share any comments you may have about | TEXT |

| *Final Survey Number/Origin* | *Variable Identifier* | *Variable Definition* | *Potential Variable Value(s)* |
|---|---|---|---|
| | | the focus of your organization. | |
| Q14 | Q14_1 | Intentional Injuries to Children /Child Abuse/Maltreatment (physical, sexual, emotional) | 0-No; 1= Yes |
| | Q14_2 | Intentional Injuries / Assault/Physical Violence | 0-No; 1= Yes |
| | Q14_3 | Intentional Injuries/ Sexual Violence (e.g. assault, rape) | 0-No; 1= Yes |
| | Q14_4 | Intentional Injuries/ Self Inflicted/Self Harm | 0-No; 1= Yes |
| | Q14_5 | Intentional Injuries /Bullying | 0-No; 1= Yes |
| | Q14_6 | Intentional Injuries/ Human trafficking | 0-No; 1= Yes |
| | Q14_7 | Intentional Injuries / Other | 0-No; 1= Yes |
| | Q14_7_TEXT | Intentional Injuries/ Other -TEXT | TEXT |
| | Q14_8 | Intentional Injuries/ None of the above | 0-No; 1= Yes |
| Q15 | Q15_1 | Unintentional Injuries/ MVC-Bicycles | 0-No; 1= Yes |
| | Q15_2 | Unintentional Injuries/ MVC-Cars/trucks/buses | 0-No; 1= Yes |
| | Q15_3 | Unintentional Injuries/ MVC-Motorcycles | 0-No; 1= Yes |
| | Q15_4 | Unintentional Injuries/ MVC-Pedestrians | 0-No; 1= Yes |
| | Q15_5 | Unintentional Injuries/ MVC-Other | 0-No; 1= Yes |
| | Q15_5_TEXT | Unintentional Injuries/ MVC-Other -TEXT | 0-No; 1= Yes |
| | Q15MVC_SUM | MVC_SUM | TEXT |
| | Q15_6 | Unintentional Injuries/ Animal bites | Numerical Value |
| | Q15_7 | Unintentional Injuries/ Bicycle injury/crashes (NOT MVC) | 0-No; 1= Yes |
| | Q15_8 | Unintentional Injuries/ Burns, including fire and scalds | 0-No; 1= Yes |
| | Q15_9 | Unintentional Injuries/ Drowning/submersion | 0-No; 1= Yes |
| | Q15_10 | Unintentional Injuries/ Environmental Factors (e.g. weather related) | 0-No; 1= Yes |
| | Q15_11 | Unintentional Injuries/ Falls | 0-No; 1= Yes |
| | Q15_12 | Unintentional Injuries Suffocation | 0-No; 1= Yes |
| | Q15_13 | Unintentional Injuries/ Firearm | 0-No; 1= Yes |
| | Q15_14 | Unintentional Injuries/ Poisoning/overdose | 0-No; 1= Yes |
| | Q15_15 | Unintentional Injuries/ Other | 0-No; 1= Yes |
| | Q15_15_TEXT | Unintentional Injuries/ Other-TEXT | 0-No; 1= Yes |
| | Q15_16 | Unintentional Injuries/ None of the above | 0-No; 1= Yes |
| Q16 | Q16 | How many (#) childhood health and safety programs or activities | Numerical Value |
| Q17 | Q17_1_TEXT | Programs and Activities /Program 1 | TEXT |
| | Q17_2_TEXT | Programs and Activities /Program 2 | TEXT |
| | Q17_3_TEXT | Programs and Activities /Program 3 | TEXT |
| | Q17_4_TEXT | Programs and Activities /Program 4 | TEXT |
| | Q17_5_TEXT | Programs and Activities /Program 5 | TEXT |
| | Q17_SUM | Total # Programs | Numerical Value |
| Q18 | Q18 | Please provide additional comments regarding your programs and activities. | TEXT |
| Q19 | Q19_1 | ORGANIZATIONAL CAPACITY / Research and identify evidence-based injury prevention programs, interventions, and strategies. These programs are supported by intervention evaluations or studies with rigorous systematic review that have evidence of effectiveness, reach, feasibility, sustainability, and transferability | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable<br>0 – Seen but not answered |
| | Q19_2 | ORGANIZATIONAL CAPACITY /Use research about evidence-based injury prevention programs, combined with 1) practical experience and widely accepted best practice standards; 2) knowledge of the setting; and 3) an understanding of the target population, in injury prevention program | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable |

| *Final Survey Number/Origin* | *Variable Identifier* | *Variable Definition* | *Potential Variable Value(s)* |
|---|---|---|---|
| | | development and planning | 0 – Seen but not answered |
| | Q19_3 | ORGANIZATIONAL CAPACITY /Find relevant childhood injury data for prioritizing your injury prevention work and for program development and planning | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable<br>0 – Seen but not answered |
| | Q19_4 | ORGANIZATIONAL CAPACITY /Use childhood injury data for prioritizing your injury prevention work and for program development and planning | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable<br>0 – Seen but not answered |
| | Q19_5 | ORGANIZATIONAL CAPACITY / Identify possible funding/in-kind sources to support injury prevention work | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable<br>0 – Seen but not answered |
| | Q19_6 | ORGANIZATIONAL CAPACITY / Obtain funding/in-kind contributions to support injury prevention work | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable<br>0 – Seen but not answered |
| | Q19_7 | ORGANIZATIONAL CAPACITY / Identify other Wake County entities working in injury prevention for possible networking/collaborating purposes | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable<br>0 – Seen but not answered |
| | Q19_8 | ORGANIZATIONAL CAPACITY /Use existing Wake County injury prevention networks to strengthen injury prevention efforts within your organization | 1 - High Level of Capacity<br>2 - Medium Level of Capacity<br>3 - Low Level of Capacity<br>4 - No Capacity<br>5 - Don't Know<br>6 - Not Applicable<br>0 – Seen but not answered |
| Q20 | Q20_1 | Data Source(s) for Wake County /We do not use data in our organization | 0=No; 1= Yes |
| | Q20_NatData | National Level Sum | Numerical Value (formula by UNC) |
| | Q20_2 | Data Source(s)/Center for Disease Control and Prevention (CDC) | 0=No; 1= Yes |
| | Q20_3 | Data Source(s)/Kids Count Data Center | 0=No; 1= Yes |
| | Q20_NC Data SUM | NC Data SUM | Numerical Value (formula by UNC) |
| | Q20_4 | Data Source(s) /Carolinas Poison Control | 0=No; 1= Yes |
| | Q20_5 | Data Source(s)/NC Department of Transportation | 0=No; 1= Yes |
| | Q20_6 | Data Source(s)/NC Division of Public Health (including the State Center for Health Statistics) | 0=No; 1= Yes |
| | Q20_7 | Data Source(s)/UNC Highway Safety Research Center | 0=No; 1= Yes |
| | Q20_8 | Data Source(s)/UNC Injury Prevention Research | 0=No; 1= Yes |

| *Final Survey Number/Origin* | *Variable Identifier* | *Variable Definition* | *Potential Variable Value(s)* |
|---|---|---|---|
| | | Center | |
| | Q20_9 | Data Source(s)/NC Violent Death Reporting System | 0=No; 1= Yes |
| | Q20_10 | Data Source(s)/NC DETECT | 0=No; 1= Yes |
| | Q20_11 | Data Source(s)/ Emergency Medical Service Performance Improvement Center (EMSPIC) | 0=No; 1= Yes |
| | Q20_WC Data | WAKE COUNTY Data | Numerical Value (formula by UNC) |
| | Q20_12 | Data Source(s)/Wake County Community Health Assessment | 0=No; 1= Yes |
| | Q20_13 | Data Source(s)/ Wake County Safe Kids | 0=No; 1= Yes |
| | Q20_14 | Data Source(s)/Other_1 | 0=No; 1= Yes |
| | Q20_14_TEXT | Data Source(s) /Other_1-TEXT | TEXT |
| | Q20_15 | Data Source(s)/Other_2 | 0=No; 1= Yes |
| | Q20_15_TEXT | Data Source(s)/Other_2-TEXT | TEXT |
| | Q20_SUM | Total # Data Sources | Numerical Value (formula by UNC) |
| Q21 | Q21_US_SUM | Sum US Funding Sources | Numerical Value (formula by UNC) |
| | Q21_1 | Funding Sources/ Center for Disease Control and Prevention (CDC) | 0=No; 1= Yes |
| | Q21_2 | Funding Sources/ Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) | 0=No; 1= Yes |
| | Q21_3 | Funding Sources/ Federal Block Grant | 0=No; 1= Yes |
| | Q21_4 | Funding Sources/ Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau | 0=No; 1= Yes |
| | Q21_5 | Funding Sources/ National Foundations (The Robert Wood Johnson Foundation, Ford Foundation, Kaiser Permanente, etc) | 0=No; 1= Yes |
| | Q21_5_TEXT | Funding Sources/-National Foundations (The Robert Wood Johnson Foundation, Ford Foundation, Kaiser Permanente, etc)-TEXT | TEXT |
| | Q21_6 | Funding Sources/ National Highway Traffic Safety Administration (NHTSA) | 0=No; 1= Yes |
| | Q21_NC_SUM | Sum NC Funding Sources | Numerical Value (formula by UNC) |
| | Q21_7 | Funding Sources/ NC Department of Health and Human Services (NC DHHS) | |
| | Q21_8 | Funding Sources/-NC Foundations (John Rex Endowment, K.B. Reynolds, The Duke Foundation) | 0=No; 1= Yes |
| | Q21_8_TEXT | Funding Sources/NC Foundations (John Rex Endowment, K.B. Reynolds, The Duke Foundation)-TEXT | TEXT |
| | Q21_9 | Funding Sources/ NC State Budget Allocation | 0=No; 1= Yes |
| | Q21_WC_SUM | Sum WC Funding Sources | Numerical Value (formula by UNC) |
| | Q21_10 | Funding Sources/ Wake County Cooperative Extension | 0=No; 1= Yes |
| | Q21_11 | Funding Sources/ Wake County Department of Human Services | 0=No; 1= Yes |
| | Q21_12 | Funding Sources/ Wake County Department of Justice | 0=No; 1= Yes |
| | Q21_13 | Funding Sources/ Private Donors | 0=No; 1= Yes |
| | Q21_14 | Funding Sources/ Other Governmental Funding (federal, state or local) | 0=No; 1= Yes |
| | Q21_14_TEXT | Funding Sources/ Other Governmental Funding (federal, state or local)-TEXT | TEXT |
| | Q21_15 | Funding Sources/ Corporate Sponsors (Please specify) | 0=No; 1= Yes |
| | Q21_15_TEXT | Funding Sources/ Corporate Sponsors (Please specify)-TEXT | TEXT |

| *Final Survey Number/Origin* | *Variable Identifier* | *Variable Definition* | *Potential Variable Value(s)* |
|---|---|---|---|
| | Q21_16 | Funding Sources/ Insurance Companies (Please specify) | 0=No; 1= Yes |
| | Q21_16_TEXT | Funding Sources/ Insurance Companies (Please specify)-TEXT | TEXT |
| | Q21_17 | Funding Sources/ Other | 0=No; 1= Yes |
| | Q21_17_TEXT | Funding Sources/Other_1-TEXT | TEXT |
| | Q21_18 | Funding Sources/ Other_2 | 0=No; 1= Yes |
| | Q21_18_TEXT | Funding Sources/Other_2-TEXT | TEXT |
| | Q21_19 | Funding Sources/None of the above | 0=No; 1= Yes |
| | Q21_SUM | Total # Funding Sources | Numerical Value (formula by UNC) |
| Q22 | Q22 | Knowledge of other funders | TEXT |
| Q23 | Q23 | Other orgs to include in profile | TEXT |
| Q24 | Q24_1 | Capacity building activities/ Receive resources related to childhood injury and injury prevention in Wake County | -- |
| | Q24_2 | Capacity building activities/ Receive Wake County childhood injury data reports | 1 – Not Valuable<br>2 – Slightly Valuable<br>3 – Somewhat valuable<br>4 – Very Valuable |
| | Q24_3 | Capacity building activities/ Participate with Wake County stakeholders working in injury prevention to dialogue about childhood injury priorities and networking | 1 – Not Valuable<br>2 – Slightly Valuable<br>3 – Somewhat valuable<br>4 – Very Valuable |
| | Q24_4 | Capacity building activities/ Attend trainings on evidence-based injury prevention programs, interventions, and strategies | 1 – Not Valuable<br>2 – Slightly Valuable<br>3 – Somewhat valuable<br>4 – Very Valuable |
| | Q24_5 | Capacity building activities/ Attend trainings focused on building capacity in resource development | 1 – Not Valuable<br>2 – Slightly Valuable<br>3 – Somewhat valuable<br>4 – Very Valuable |
| | Q24_6 | Capacity building activities/ Participate in informational working sessions on injury prevention grant funding available from the John Rex Endowment and/or other public and private funders | 1 – Not Valuable<br>2 – Slightly Valuable<br>3 – Somewhat valuable<br>4 – Very Valuable |
| | Q24_7 | Capacity building activities/ Other | 1 – Not Valuable<br>2 – Slightly Valuable<br>3 – Somewhat valuable<br>4 – Very Valuable |
| | Q24_7_TEXT | Capacity building activities/ Other-TEXT | TEXT |
| Q25 | Q25 | Other activities that would benefit your organization. | TEXT |
| Q26 | Q26 | Additional thoughts, comments or concerns about this survey or childhood injury and violence. | TEXT |
| Q27 | Q27 | Please select if you want your organization's contact information shared in the Wake County Childhood Health and Safety Profile | 1= yes, 2 = no |
| Q28 | Q28 | JRE Mission - Responses NA | -- |
| Q29 | Q29 | Future Communication with JRE | 1= yes, 2 = no |
| UNC Indicators | Total # Programs | # Total Injury Topics | Numerical Value (formula by UNC) |
| | Program 1(repeated for all 5 programs) | Program 1 | |
| | Program 1 Description | Program 1 Description | |
| | SEF | SEF | 1 - Counseling and Education |

| *Final Survey Number/Origin* | *Variable Identifier* | *Variable Definition* | *Potential Variable Value(s)* |
|---|---|---|---|
| | | | 2 - Clinical Interventions<br>3 - Long Lasting Protective (st TANGIBLE) Interventions (Media)<br>4 - Changing the Context<br>5 - SES Factors |
| | 3Es | 3Es | 1- Education<br>2- Enforcement<br>3- Engineering<br>4- Education & Enforcement<br>5- Enforcement and Engineering<br>6- Education and Engineering<br>7- ALL |
| | Count for 3Es | Count for 3Es | FOR COUNT—<br>1- Education<br>2- Enf or Eng<br>3- Any 2<br>4- All |
| | Prevention level | Prevention level | 1-Primary Prevention<br>2-Secondary Prevention<br>3-Tertiary Prevention<br>4-Primary & Tertiary<br>5-Primary & Secondary<br>6--Secondary & Tertiary<br>7-All Levels of Prevention |
| | Intent | Intent | 1- Intentional 2 - Unintentional 3- both |
| | SEF | SEF | SEF 1 individual, 2 relationship, 3 community, 4 society |
| | Universal Selective Indicative | Universal Selective Indicative | 1- Universal<br>2- Selective<br>3- Indicative |
| | SUM Count Total | SUM Count Total | |
| | Program TEXT | Info from Q18 repeated | TEXT |
| | Average Program Impact | Programs are summed on impact and then averaged | Numerical Value (formula by UNC) |
| | Q19_1-8Standardized | Q19 recoded, missing values received average across all organizations for missing value | 1 - No Capacity<br>2 - Low Level of Capacity<br>3 - Medium Level of Capacity<br>4 - High Level of Capacity |
| | Org Capacity Sum | Org Capacity Sum | Capacity summed across 8 variables and scored from 8-32.<br>High Capacity >=25<br>Medium >=21<25<br>Low 8-20.9 |

**Appendix H** – *Definitions of Applied Frameworks for Program Impact Coding*

The leading injury and violence frameworks used in this report are: the National Research Council; National Center for Injury Prevention and Control, Division of Violence Prevention; National Action Plan for Child Injury Prevention; the North Carolina Institute for Medicine; The Spectrum of Prevention (Cohen 1999); An Agenda for Suicide Prevention in the United States (Caine 2013); Charting the Waves of Prevention (Daro 2002); Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination (Flay et al., 2005); Frieden's Health Impact Pyramid (2011); Haddon's Matrix (1970) and A Public Health Approach to Children's Mental Health: A Conceptual Framework (Miles 2010). UNC applied a combination of these frameworks to each program by coding the programs for attributes related to the frameworks.

The following contains the definitions UNC referred to while applying codes for these five frameworks.

*A. Intentional, Unintentional, Both. Coding is mutually exclusive.*
*B. Primary, Secondary, Tertiary Injury/Violence Prevention. Coding is NOT mutually exclusive.*
*C. Socio-Ecological Framework (from CDC's website). Coding is mutually exclusive.*
*D. Frieden's Health Impact Pyramid Applied to Childhood Injury/Violence Prevention Programs/Interventions; coding is mutually exclusive.*
*E. Three Es": Education, Enforcement, and Engineering. Coding is NOT mutually exclusive.*

***A. Intentional, Unintentional, Both. Coding is mutually exclusive.***

1. **Intentional-** code interventions/programs that address/prevent intentional injuries or violence
2. **Unintentional-** code interventions/programs that address/prevent unintentional injuries
3. **Both -** code interventions/programs that address/prevent BOTH unintentional and intentional injuries or violence

***B. Primary, Secondary, Tertiary Injury/Violence Prevention. Coding is NOT mutually exclusive.***

1. Primary Prevention- action/interventions addresses modifications of behavior/environment PRIOR to the event.
2. Secondary Prevention- action/interventions addresses modifications of behavior/environment DURING the event
3. Tertiary Prevention- action/interventions addresses modifications of behavior/environment AFTER to the event

***C. Socio-Ecological Framework (from CDC's website). Coding is mutually exclusive.***

1. **Individual-** The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviors that ultimately prevent violence. Specific approaches may include education and life skills training. This includes education for individual behavior change.
2. **Relationship-** The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience. Prevention strategies at this level may include mentoring and peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships. This includes participation in online settings. This includes group settings, such as group therapy. This includes monetary support.
3. **Community -**The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level are typically designed to impact the climate, processes, and policies in a given system. Social norm and social marketing campaigns are often used to foster community climates that promote healthy relationships. This includes call centers. This includes shelters and transitional housing. This includes research.
4. **Societal-** The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. This includes enforcement campaigns such as "Click it or Ticket".

***D. Frieden's Health Impact Pyramid Applied to Childhood Injury/Violence Prevention Programs/Interventions; coding is mutually exclusive.***

1. **Counseling & Education** -Health education- education provided during clinical encounters as well as education in other settings, e.g. school based programs to prevent or reduce violent behavior. Interventions focused on prevention (helmet use, self esteem, healthy parenting etc) focused on individual behaviors therapy
2. **Clinical and Legal Interventions** -Represents ongoing clinical interventions, e.g. Methadone treatment, screening elders for osteoporosis to prevent fractures from falls.
    - Screenings (e.g. mental health diagnosis)
    - Referrals
    - EMS response
    - Supervised visitation
    - Accident/Incident Reporting
3. **Long Lasting Protective Interventions** -Represents onetime or infrequent protective interventions that do not require ongoing care: reaches individuals rather than collectively.
    - Call lines (help lines, suicide call lines, etc)
    - Providing a safe space (e.g. after school safe zone)
    - Educational/job development opportunities (at the individual level)
    - Increase research/working with research
    - Media
    - Mentoring
    - Providing financial means
    - Swim survival skills for drowning prevention
    - Interventions that are $ supported and need constant personnel, including:
        - provision of tangible goods, such as, car seats, helmets or money
        - changing an ongoing environment for a duration of time (e.g. behavioral schools, camps)
4. **Changing the Context** -Individuals must expend significant efforts not to benefit from programs/intervention in this tier.
    - Laws/legislation (including the enforcement of laws/legislation)
    - Advocate
    - Zoning laws restricting access
5. **SES Factors** -Changes in socioeconomic factors that have an impact on the societal level (e.g. poverty, improved education)
    - Improve housing options
    - Reduce poverty levels

***E. Three Es": Education, Enforcement, and Engineering. Coding is NOT mutually exclusive.***

The most effective injury prevention efforts use a combination of these strategies:

1. **Education--** is the foundation of much of public health. It can inform the public about potential risks and safety options and help people behave safely. An example would be teaching expectant parents how to properly use a child safety seat when transporting their newborn.

2. **Enforcement, enhancement, enactment--** uses the legal system to influence behavior and the environment and can be very effective in preventing injuries, especially when combined with education. Examples include laws and ordinances requiring the use of child safety seats and bicycle helmets and enforcement of speeding limits and healthy housing codes. Adequately enforcing laws, ordinances, and regulations increases their effectiveness. This includes organizational policies.

3. **Engineering, environment--** uses environmental (social and physical) and product design strategies to reduce the chance of an injury event or to reduce the amount of energy to which someone is exposed. The best engineering solutions are passive: those that do not require any effort from the person being protected. Examples include flame-resistant sleepwear for children, safety surfacing on playgrounds, and toys without small parts. Other technological solutions require repeated action by the user, for example, installing a child safety seat, using booster seats, and installing and maintaining a working smoke alarm. This includes tangible goods, such as, car seats, helmets or money. This also includes media campaigns and the creation of "safe spaces" (e.g. after school safe zones). This includes the collection/analysis/provision of data. This includes providing financial means.

## Evidence Based Registries

*Note: The information for Intentional Injury and/or Violence Evidence-based Registries was compiled by Blueprints for Healthy Youth Development; University of Colorado Boulder; Institute of Behavioral Science Center for the Study and Prevention of Violence*

### 1. Blueprints for Healthy Youth Development

*Promising Programs*
Promising programs meet the following standards:

- Intervention specificity: The program description clearly identifies the outcome the program is designed to change, the specific risk and/or protective factors targeted to produce this change in outcome, the population for which it is intended, and how the components of the intervention work to produce this change.
- Evaluation quality: The evaluation trials produce valid and reliable findings. This requires a minimum of (a) one high quality randomized controlled trial or (b) two high quality quasi-experimental evaluations.
- Intervention impact: The preponderance of evidence from the high quality evaluations indicates significant positive change in intended outcomes that can be attributed to the program and there is no evidence of harmful effects.
- Dissemination readiness: The program is currently available for dissemination and has the necessary organizational capability, manuals, training, technical assistance and other support required for implementation with fidelity in communities and public service systems.

*Model Programs*

- Evaluation quality: A minimum of (a) two high quality randomized controlled trials or (b) one high quality randomized control trial plus one high quality quasi- experimental evaluation.
- Intervention impact: Positive intervention impact is sustained for a minimum of 12 months after the program intervention ends.

### 2. California Evidence-Based Clearinghouse for Child Welfare

The Scientific Rating Scale is a 1 to 5 rating of the strength of the research evidence supporting a practice or program. A scientific rating of *1 represents a practice* with the strongest research evidence and a *5 represents a concerning practice* that appears to pose substantial risk to children and families.

1. Well-supported by research evidence
2. Supported by research evidence
3. Promising research evidence
4. Evidence fails to demonstrate effect
5. Concerning Practice

NR Evidence not able to be rated

### 3. National Institute of Justice Programs, Office of Justice Programs – Crimesolutions.gov

*Effective*

Effective programs have strong evidence to indicate they achieve their intended outcomes when implemented with fidelity. These programs have at least one evaluation study that is rigorous, well-designed and finds significant, positive effects on justice-related outcomes.

*Promising*

Promising programs have some evidence to indicate they achieve their intended outcomes. These programs have at least one well-designed evaluation, but it is slightly less rigorous and/or there may be limitations in the design. However, they find significant, positive effects on justice-related outcomes.

*No Effect*

Programs that have No Effects have evaluations that are rigorous and well-designed, but find no significant effects on justice-related outcomes.

### 4. National Registry of Evidence-based Programs and Practices (NREPP), Substance Abuse and Mental Health Services (SAMHSA), US Department of Health and Human Services

NREPP uses a 'quality of research' rating for each criminal and substance abuse outcome, ranging from 0 to 4, on six criteria: reliability, validity, intervention fidelity, missing data and attrition, potential confounding variables, and appropriateness of analysis. An overall rating for each outcome is provided. Readiness for dissemination is also rated on a scale from 0-4, based upon three criteria: availability of implementation materials, availability of training and support resources, and availability of quality assurance procedures.

### 5. Office of Juvenile Justice and Delinquency Prevention Program OJJDP Model Programs Guide

*Effective*

Effective programs have strong evidence to indicate they achieve their intended outcomes when implemented with fidelity. These programs have at least one evaluation study that is rigorous, well-designed and finds significant, positive effects on justice-related outcomes.

*Promising Programs*

Promising programs have some evidence to indicate they achieve their intended outcomes. These programs have at least one well-designed evaluation, but it is slightly less rigorous and/or there may be limitations in the design. However, they find significant, positive effects on justice-related outcomes.

*No Effect*

Programs that have No Effects have evaluations that are rigorous and well-designed, but find no significant effects on justice-related outcomes. Programs in this category are not included in the Matrix of Programs.

### 6. Promising Practices Network

*Proven and Promising Programs*

Programs are generally assigned either a "Proven" or a "Promising" rating, depending on whether they have met the evidence criteria in six categories: type of outcomes affected, substantial effect size, statistical significance, comparison groups, sample size, and availability of program evaluation documentation. In some cases, a program may receive a Proven rating for one indicator and a Promising rating for a different indicator. In this case, the evidence level assigned will be Proven/Promising, and the program summary will specify how the evidence levels were assigned by indicator.

*Other Reviewed Programs*

Some programs on the PPN site are identified as "Other Reviewed Programs". These are programs that have not undergone a full review by PPN, but evidence of their effectiveness has been reviewed by one or more credible organizations that apply similar evidence criteria. Other Reviewed Programs may be fully reviewed by PPN in the future and identified as Proven or Promising, but will be identified as Other Reviewed Programs in the interim.

*Not Listed on Site*

If a program is reviewed and does not meet all of the evidence criteria for Proven and Promising programs, then it is not listed on the site.

### 7. Coalition for Evidence-Based Policy

*Top Tier*

Top Tier interventions are ones that have been demonstrated effective, through two or more well-conducted randomized controlled trials or, alternatively, one large multi-site trial. Additionally, these interventions must have been evaluated in real-world community settings with appropriate sample sizes and produce sizeable, sustained benefits to participants and/or society.

*Near Top Tier*

Near Top Tier interventions have been shown to meet all elements of the Top Tier standard in a single site, and

which only need one additional step to qualify as Top Tier - a replication trial establishing that the sizeable, sustained effects found in that site generalize to other sites.

### 8. Child Injury Prevention Tool Selecting Best Practices

*Recommended*

There is sufficient evidence from well conducted studies that the intervention is likely to prevent deaths or injuries.

*Promising*

There is some evidence from well conducted studies or from expert opinion that the intervention is likely to prevent deaths or injuries or at a minimum change behaviors and reduce risks.

*Unproven*

There is insufficient evidence available to form an expert opinion or scientific judgment as to effectiveness. Promotion of these interventions should not be pursued by a community if recommended or promising interventions can be implemented instead.

*Ineffective*

There is evidence from well-conducted studies that these interventions do not prevent deaths or injuries or reduce related risks.

*Harmful*

There is evidence from well-conducted studies that these interventions have deleterious effects and thus should not be implemented.

### 9. National Association of County & City Health Officials (NACCHO)

*Model*

In order for a practice to be designated as a model practice, it must meet all four of the following criteria: LHD role/collaboration, innovation, responsiveness, and evaluation.

*Promising*

A practice will be designated as a promising practice if it meets the following criteria: LHD role/collaboration, innovation, responsiveness, and some qualitative and quantitative evidence that the practice improves health outcomes.

Definitions of the criteria used to rate model and promising practices:

- LHD Role/Collaboration: The LHD should have had a role in the submitted practice in addition to the community and any involved agencies.
- Innovation: The practice should be new to the public health field or an inventive use of an existing practice.
- Responsiveness: The development of the practice should have been a result of a particular public health program or concern.
- Evaluation: There must be a measure impact or potential for impact. The practice must demonstrate both process evaluation and outcome evaluation.

### 10. The Cochrane Collaboration

The Cochrane Collaboration conducts systemic reviews of research on a number of health-related topics. While the authors of each review draw conclusions about the state of the current evidence, they do not assign ratings.

To facilitate easier comparison with other injury prevention strategies included in this database, the authors of this report have applied the ratings used by CDC's The Community Guide (see above) based on language used in the 'Author's Conclusions' and 'Plain Summary Results' sections of each Cochrane Review. However, instead of applying the rating of "recommended", we have used the word "effective" to indicate that the Cochrane Collaboration is evaluating evidence

and not endorsing a specific strategy. Systematic reviews were rated as having "insufficient evidence" if they did not show conclusive evidence that the interventions successfully addressed the primary outcome, even if the interventions were effective with regard to intermediary outcomes.

### 11. CDC's The Community Guide

*Recommended*

The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

*Recommended Against*

The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

*Insufficient Evidence*

The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.
Task Force findings may include a rationale statement that explains why they made a recommendation or arrived at other conclusions

### 12. Other

For evidence-based strategies in this database that were found in "Other" sources, we applied the ratings terminology used by CDC's The Community Guide and applied them based on language used by the authors of the reviews.

Other review sources included in this category are:

1. CDC Motor Vehicle Safety Resources - Teen Drivers, Policy Impact
2. CDC's Morbidity and Mortality Weekly Report, Injury-Control Recommendations: Bicycle Helmets
3. Children's Safety Network
4. National Center for Injury Prevention and Control (NCIPC), CDC
5. United State Preventive Services Task Force (USPSTF)

Table J- 1. Distribution by year for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.[a]

| *Year* | *N* | *Percent* |
|---|---|---|
| 2006 | 422[b] | 14.0% |
| 2007 | 512 | 17.0% |
| 2008 | 488 | 16.2% |
| 2009 | 532 | 17.7% |
| 2010 | 481 | 16.0% |
| 2011 | 572 | 19.0% |
| ***Total*** | 3,007 | 100% |

[a]*The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b]*Seven hospital discharges in 2006 were for patients admitted during 2005.*

Table J- 2. Distribution of age group and sex for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.

| *Age Group* | ***Total*** | ***Sex*** | | | |
|---|---|---|---|---|---|
| | | *Female* | | *Male* | |
| | | *N* | *Percent* | *N* | *Percent* |
| 0 | 304 | 127 | 41.8% | 177 | 58.2% |
| 1-4 | 700 | 276 | 39.4% | 424 | 60.6% |
| 5-9 | 532 | 228 | 42.9% | 304 | 57.1% |
| 10-14 | 638 | 276 | 43.3% | 362 | 56.7% |
| 15-17 | 833 | 354 | 42.5% | 479 | 57.5% |
| **Total** | **3007** | **1261** | **41.9%** | **1746** | **58.1%** |

Table J-3. Distribution of disposition following hospital discharge for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.[a]

| *Discharge Disposition* | *Frequency* | *Percent* |
|---|---|---|
| Home | 2678 | 89.1% |
| Other healthcare facility | 130 | 4.3% |
| Home Health | 81 | 2.7% |
| Transfer | 67 | 2.2% |
| Death | 29 | 1.0% |
| Discharged to other facility (intermediate care, long term care, skilling nursing) | 18 | 0.6% |
| Other (Left against medical advice, still a patient) | --- | --- |
| **Total** | **3007** | 100% |

[a]*The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*

Table J-4. Distribution of first-listed[a] injury-related diagnosis code, by age group, for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.[b]

| *Diagnosis code* | *Age Group* | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Total** | *0* | | *1-4* | | *5-9* | | *10-14* | | *15-17* | |
| | | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Fractures | **1006** | 86 | 8.5% | 182 | 18.1% | 240 | 23.9% | 254 | 25.2% | 244 | 24.3% |
| Poisoning by drugs, medicinal and biological substances | **312** | --- | --- | 61 | 19.6% | 11 | 3.5% | 62 | 19.9% | 174 | 55.8% |
| Open wounds | **226** | 13 | 5.8% | 40 | 17.7% | 50 | 22.1% | 47 | 20.8% | 76 | 33.6% |
| Burns | **220** | 16 | 7.3% | 131 | 59.5% | 36 | 16.4% | 23 | 10.5% | 14 | 6.4% |
| Intracranial injury, excluding skull fracture | **173** | 27 | 15.6% | 31 | 17.9% | 28 | 16.2% | 43 | 24.9% | 44 | 25.4% |
| Internal injury of thorax, abdomen, and pelvis | **166** | 0 | 0.0% | 15 | 9.0% | 35 | 21.1% | 52 | 31.3% | 64 | 38.6% |
| Effects of foreign body entering through orifice | **145** | 23 | 15.9% | 72 | 49.7% | 26 | 17.9% | 15 | 10.3% | --- | --- |
| Other and unspecified effects of external causes | **125** | 20 | 16.0% | 36 | 28.8% | 17 | 13.6% | 28 | 22.4% | 24 | 19.2% |
| Superficial injuries | **113** | 40 | 35.4% | 22 | 19.5% | 18 | 15.9% | 18 | 15.9% | 15 | 13.3% |
| Late effects of injuries, poisonings, toxic effects, and other external causes | **96** | --- | --- | 22 | 22.9% | 22 | 22.9% | 17 | 17.7% | 32 | 33.3% |
| Toxic effects of substances chiefly nonmedical as to source | **78** | --- | --- | 24 | 30.8% | 13 | 16.7% | 17 | 21.8% | 19 | 24.4% |
| Contusion with intact skin surface | **47** | 14 | 29.8% | 15 | 31.9% | --- | --- | --- | --- | 10 | 21.3% |
| Complications of surgical and medical care, not elsewhere classified | **46** | 18 | 39.1% | --- | --- | --- | --- | --- | --- | --- | --- |
| Certain traumatic complications and unspecified injuries | **42** | --- | --- | --- | --- | --- | --- | --- | --- | 18 | 42.9% |
| Dislocation | **14** | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sprains and strains of joints and adjacent muscles | **12** | 0 | 0.0% | --- | --- | --- | --- | --- | --- | --- | --- |
| Injury to nerves and spinal cord | **10** | --- | --- | --- | --- | --- | --- | 0 | 0.0% | --- | --- |
| Injury to blood vessels | **---** | 0 | 0.0% | --- | --- | 0 | 0.0% | --- | --- | --- | --- |
| Crushing injury | **---** | --- | --- | 0 | 0.0% | 0 | 0.0% | --- | --- | --- | --- |
| **Total** | **2841**[c] | 275 | 9.7% | 678 | 23.9% | 514 | 18.1% | 601 | 21.2% | 773 | 27.2% |

[a] *Hospital discharge records contain up to 9 ICD-9-CM diagnosis codes. In this table, we report on only the first-listed injury-related diagnosis code.*
[b] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[c] *166 hospital discharge records were identified as being injury-related by E-code but were missing an injury-related diagnosis code.*

Table J- 5. Distribution of first-listed[a] injury-related diagnosis code, by sex, for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.[b]

| *Diagnosis code* | ***Total*** | ***Sex*** | | | |
|---|---|---|---|---|---|
| | | *Female* | | *Male* | |
| | | *N* | *%* | *N* | *%* |
| Fractures | **1006** | 383 | 38.1% | 623 | 61.9% |
| Poisoning by drugs, medicinal and biological substances | **312** | 195 | 62.5% | 117 | 37.5% |
| Open wounds | **226** | 114 | 50.4% | 112 | 49.6% |
| Burns | **220** | 88 | 40.0% | 132 | 60.0% |
| Intracranial injury, excluding skull fracture | **173** | 60 | 34.7% | 113 | 65.3% |
| Internal injury of thorax, abdomen, and pelvis | **166** | 32 | 19.3% | 134 | 80.7% |
| Effects of foreign body entering through orifice | **145** | 65 | 44.8% | 80 | 55.2% |
| Other and unspecified effects of external causes | **125** | 57 | 45.6% | 68 | 54.4% |
| Superficial injuries | **113** | 46 | 40.7% | 67 | 59.3% |
| Late effects of injuries, poisonings, toxic effects, and other external causes | **96** | 33 | 34.4% | 63 | 65.6% |
| Toxic effects of substances chiefly nonmedical as to source | **78** | 42 | 53.8% | 36 | 46.2% |
| Contusion with intact skin surface | **47** | 15 | 31.9% | 32 | 68.1% |
| Complications of surgical and medical care, not elsewhere classified | **46** | 17 | 37.0% | 29 | 63.0% |
| Certain traumatic complications and unspecified injuries | **42** | 17 | 40.5% | 25 | 59.5% |
| Dislocation | **14** | --- | --- | --- | --- |
| Sprains and strains of joints and adjacent muscles | **12** | --- | --- | --- | --- |
| Injury to nerves and spinal cord | **10** | --- | --- | --- | --- |
| Injury to blood vessels | **---** | --- | --- | --- | --- |
| Crushing injury | **---** | --- | --- | --- | --- |
| ***Total*** | **2841**[c] | 1180 | 41.5% | 1661 | 58.5% |

[a] *Hospital discharge records contain up to 9 ICD-9-CM diagnosis codes. In this table, we report on only the first-listed injury-related diagnosis code.*

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*

[c] *166 hospital discharge records were identified as being injury-related by E-code but were missing an injury-related diagnosis code.*

Table J-6. Distribution of first-listed[a] injury-related diagnosis code, by discharge disposition, for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.[b]

| *Diagnosis* | ***Total*** | *Discharge disposition* | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | *Home* | *Other (AMA, Still a patient)* | *Death* | *Home Health* | *Discharged to other facility*[c] | *Other health care facility* | *Transfer* |
| Fractures | **1006** | 919 | --- | --- | 25 | --- | 32 | 18 |
| Poisoning by drugs, medicinal and biological substances | **312** | 231 | 0 | 0 | --- | --- | 64 | 14 |
| Open wounds | **226** | 215 | --- | 0 | --- | 0 | --- | --- |
| Burns | **220** | 213 | 0 | 0 | --- | --- | --- | --- |
| Intracranial injury, excluding skull fracture | **173** | 136 | --- | 10 | --- | --- | 14 | --- |
| Internal injury of thorax, abdomen, and pelvis | **166** | 159 | 0 | --- | --- | 0 | 0 | --- |
| Effects of foreign body entering through orifice | **145** | 128 | 0 | --- | 10 | --- | 0 | --- |
| Other and unspecified effects of external causes | **125** | 110 | 0 | --- | --- | --- | --- | --- |
| Superficial injuries | **113** | 110 | 0 | 0 | 0 | 0 | --- | --- |
| Late effects of injuries, poisonings, toxic effects, and other external causes | **96** | 79 | 0 | --- | 11 | --- | --- | --- |
| Toxic effects of substances chiefly nonmedical as to source | **78** | 74 | 0 | 0 | 0 | 0 | --- | --- |
| Contusion with intact skin surface | **47** | 45 | 0 | 0 | 0 | 0 | --- | 0 |
| Complications of surgical and medical care, not elsewhere classified | **46** | 34 | 0 | --- | --- | 0 | 0 | --- |
| Certain traumatic complications and unspecified injuries | **42** | 40 | 0 | 0 | --- | 0 | --- | 0 |
| Dislocation | **14** | 14 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sprains and strains of joints and adjacent muscles | **12** | 12 | 0 | 0 | 0 | 0 | 0 | 0 |
| Injury to nerves and spinal cord | **10** | --- | 0 | 0 | 0 | --- | --- | --- |
| Injury to blood vessels | **---** | --- | 0 | 0 | 0 | 0 | --- | 0 |
| Crushing injury | **---** | --- | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | **2841**[d] | 2533 | --- | 27 | 70 | 16 | 129 | 63 |

[a] *Hospital discharge records contain up to 9 ICD-9-CM diagnosis codes. In this table, we report on only the first-listed injury-related diagnosis code.*
[b] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[c] *Includes intermediate care, long term care, and skilling nursing facilities.*
[d] *166 hospital discharge records were identified as being injury-related by E-code but were missing an injury-related diagnosis code.*

Table J-7. Distribution of injury intent and mechanism for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.[a]

| *Intent / Mechanism* | *Frequency* | *Percent* |
|---|---|---|
| **Intentional-Assault** | | |
| Cutting/piercing instruments | 16 | 0.6% |
| Firearms | 20 | 0.7% |
| Late effects of injury | 17 | 0.6% |
| Other specified, NEC | 73 | 2.6% |
| Struck | 22 | 0.8% |
| Suffocation | --- | --- |
| Unspecified | 16 | 0.6% |
| **Intentional-Other** | | |
| Other violence | --- | 0.0% |
| **Intentional-Self-inflicted** | | |
| Cutting/piercing instruments | 35 | 1.2% |
| Other specified, NEC | 11 | 0.4% |
| Poisoning | 195 | 6.9% |
| Suffocation | --- | --- |
| Unspecified | 24 | 0.9% |
| **Undetermined** | | |
| Cutting/piercing instruments | --- | --- |
| Firearms | --- | --- |
| Late effects of injury | --- | --- |
| Other specified, NEC | 11 | 0.4% |
| Poisoning | 28 | 1.0% |
| Suffocation | --- | --- |
| Unspecified | --- | --- |
| **Unintentional** | | |
| Caught in/between objects | --- | --- |
| Cutting/piercing instruments | 38 | 1.4% |
| Drowning | 17 | 0.6% |
| Falls | 646 | 23.0% |
| Fire/burns | 203 | 7.2% |
| Firearms | --- | --- |
| Foreign body | 102 | 3.6% |
| Late effects of injury | 96 | 3.4% |
| Machinery | 11 | 0.4% |
| Motor vehicle - nontraffic | 66 | 2.3% |
| Motor vehicle - traffic | 309 | 11.0% |
| Natural or environmental factors | 144 | 5.1% |
| Other specified, NEC | 67 | 2.4% |
| Other transportation | 116 | 4.1% |
| Overexertion | 30 | 1.1% |
| Poisoning | 157 | 5.6% |
| Struck by, against | 162 | 5.8% |
| Suffocation | 46 | 1.6% |
| Unspecified | 97 | 3.4% |
| ***Total*** | ***2814***[b] | ***100%*** |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *193 hospital discharge records were identified as injury-related based on diagnosis codes but did not have an injury E-code.*

Table J-8. Distribution of injury intent, by age group, for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011. [a]

| Intent | | Age Group | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Total** | *0* | | *1-4* | | *5-9* | | *10-14* | | *15-17* | |
| | | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Unintentional | **2320** | 219 | 9.4% | 639 | 27.5% | 480 | 20.7% | 488 | 21.0% | 494 | 21.3% |
| Intentional-Self-inflicted | **272** | --- | --- | --- | --- | --- | --- | 75 | 27.6% | 192 | 70.6% |
| Intentional-Assault | **165** | 36 | 21.8% | 15 | 9.1% | 15 | 9.1% | 21 | 12.7% | 78 | 47.3% |
| Undetermined | **56** | 11 | 19.6% | 12 | 21.4% | --- | --- | --- | --- | 21 | 37.5% |
| Intentional-Other | **--** | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | --- | --- |
| Total | **2814**[b] | 267 | 9.5% | 667 | 23.7% | 503 | 17.9% | 591 | 21.0% | 786 | 27.9% |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *193 hospital discharge records were identified as injury-related based on diagnosis codes but did not have an injury E-code.*

Table J-9. Distribution of injury mechanism, by age group, for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011. [a]

| *Mechanism* | *Total* | Age Group | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | *0* | | *1-4* | | *5-9* | | *10-14* | | *15-17* | |
| | | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Falls | **646** | 76 | 11.80% | 174 | 26.90% | 182 | 28.20% | 146 | 22.60% | 68 | 10.50% |
| Poisoning | **380** | 13 | 3.40% | 84 | 22.10% | 17 | 4.50% | 72 | 18.90% | 194 | 51.10% |
| Motor vehicle - traffic | **309** | 7 | 2.30% | 32 | 10.40% | 47 | 15.20% | 59 | 19.10% | 164 | 53.10% |
| Fire/burns | **203** | 16 | 7.90% | 119 | 58.60% | 32 | 15.80% | 22 | 10.80% | 14 | 6.90% |
| Other specified, NEC | **162** | 56 | 34.60% | 25 | 15.40% | 18 | 11.10% | 26 | 16.00% | 37 | 22.80% |
| Struck by, against | **162** | --- | 4.30% | 20 | 12.30% | 34 | 21.00% | 51 | 31.50% | 50 | 30.90% |
| Unspecified | **146** | 49 | 33.60% | 19 | 13.00% | 21 | 14.40% | 26 | 17.80% | 31 | 21.20% |
| Natural or envt. factors | **144** | --- | 5.60% | 51 | 35.40% | 30 | 20.80% | 32 | 22.20% | 23 | 16.00% |
| Late effects of injury | **116** | --- | 3.40% | 23 | 19.80% | 20 | 17.20% | 28 | 24.10% | 41 | 35.30% |
| Other transportation | **116** | 0 | 0.00% | 13 | 11.20% | 38 | 32.80% | 47 | 40.50% | 18 | 15.50% |
| Foreign body | **102** | 14 | 13.70% | 52 | 51.00% | 18 | 17.60% | 11 | 10.80% | --- | 6.90% |
| Cutting/piercing instruments | **92** | --- | 2.20% | --- | 4.30% | 16 | 17.40% | 16 | 17.40% | 54 | 58.70% |
| Motor vehicle - nontraffic | **66** | 0 | 0.00% | --- | 13.60% | 11 | 16.70% | 27 | 40.90% | 19 | 28.80% |
| Suffocation | **55** | 13 | 23.60% | 19 | 34.50% | --- | 16.40% | --- | 10.90% | --- | 14.50% |
| Overexertion | **30** | --- | 6.70% | --- | 10.00% | --- | 13.30% | 12 | 40.00% | --- | 30.00% |
| Firearms | **29** | 0 | 0.00% | 0 | 0.00% | --- | 3.40% | --- | 13.80% | 24 | 82.80% |
| Struck | **22** | 0 | 0.00% | 0 | 0.00% | --- | 4.50% | 0 | 0.00% | 21 | 95.50% |
| Drowning | **17** | 0 | 0.00% | 11 | 64.70% | --- | 5.90% | --- | 23.50% | --- | 5.90% |
| Machinery | **11** | 0 | 0.00% | --- | 54.50% | --- | 27.30% | --- | 9.10% | --- | 9.10% |
| Caught in/between objects | **5** | 0 | 0.00% | --- | 60.00% | 0 | 0.00% | --- | 20.00% | --- | 20.00% |
| Other violence | **1** | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | --- | 100.00% |
| Total | **2814**[b] | 267 | 9.5% | 667 | 23.7% | 503 | 17.9% | 591 | 21.0% | 786 | 27.9% |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *193 hospital discharge records were identified as injury-related based on diagnosis codes but did not have an injury E-code.*

Table J-10. Median Length of stay and median hospital charges, for selected intent and mechanism groups, for injury-related hospital discharges of patients aged 0-17 who were residents of Wake County and were discharged from a hospital between January 1, 2006 and December 31, 2011.

| *Intent/Mechanism of Injury* | *Median length of stay* | *Median hospital charges ($)* |
|---|---|---|
| Assault – Firearms (n=20) | 5 days | $35,489 |
| Assault – Late Effect of Injury (n=17) | 6 days | $32,066 |
| Unintentional – MV-Traffic (n=309) | 3 days | $30,395 |
| Undetermined – Other Specified, NEC (n=11) | 2 days | $25,745 |
| Unintentional – Late Effects of Injury (n=96) | 4 days | $22,222 |
| Unintentional – MV Non-Traffic (n=66) | 2 days | $21,320 |
| Self-Inflicted – Other Specified, NEC (n=11) | 9 days | $19,783 |
| Unintentional – Machinery (n=11) | 5 days | $19,576 |
| Assault – Cutting/Piercing (n=16) | 2.5 days | $17,684 |
| Unintentional – Other Transportation (n=116) | 2 days | $16,317 |
| Unintentional – Overexertion (n=30) | 1 days | $16,233 |
| Assault – Struck (n=22) | 2 days | $16,067 |
| Unintentional – Struck By/Against (n=162) | 1 day | $14,995 |
| Unintentional – Falls (n=646) | 1 day | $13,773 |
| Unintentional – Fire/Burns (n=203) | 3 days | $12,525 |
| Assault – Other Specified, NEC (n=73) | 3 days | $10,133 |
| Unintentional – Foreign Body (n=102) | 1 day | $10,132 |
| Unintentional – Other Specified, NEC (n=67) | 2 days | $8,841 |
| Unintentional – Natural/Environmental (n=144) | 2 days | $8,227 |
| Unintentional – Unspecified (n=97) | 2 days | $8,007 |
| Self-Inflicted Poisoning (n=195) | 3 days | $7,721 |
| Unintentional – Poisoning (n=157) | 1 day | $7,379 |

Table K-1. Age group and sex distribution for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Sex* | *Age* | | | | | |
|---|---|---|---|---|---|---|
| | ***Total*** | *0* | *1-4* | *5-9* | *10-14* | *15-17* |
| Female | **57,247** | 2376 | 16,685 | 13,712 | 14,384 | 10,090 |
| | **41.5%** | 1.7% | 12.1% | 9.9% | 10.4% | 7.3% |
| Male | **80,797** | 2774 | 22,142 | 19,294 | 22,186 | 14,401 |
| | **58.5%** | 2.0% | 16.0% | 14.0% | 16.1% | 10.4% |
| **Total** | **138,044**[a] | **5,150** | **38,827** | **3,006** | **36,570** | **24,491** |
| | **100.0%** | **3.7%** | **28.1%** | **23.9%** | **26.5%** | **17.7%** |

[a] *<10 patients had either a missing or unknown sex code.*

Figure K-1. Chart of the distribution of age group and sex for *injury-related* emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

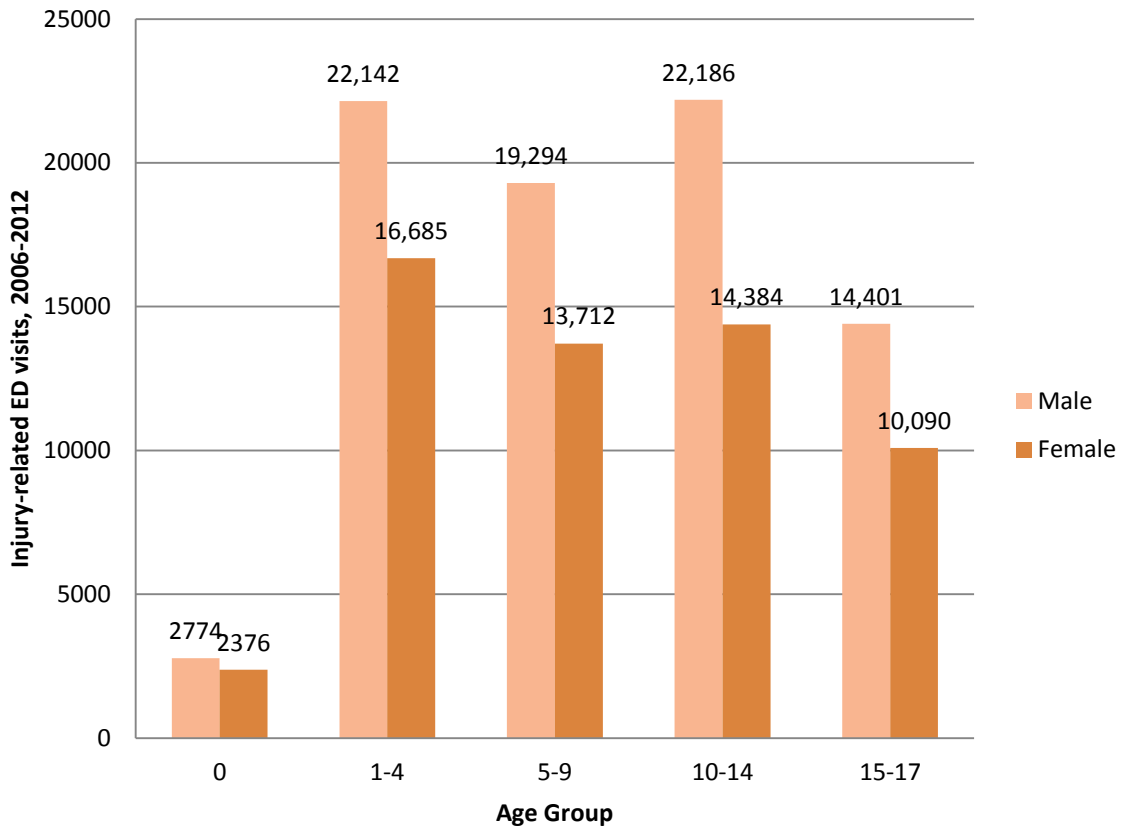

Table K-2. Annual distribution of injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Year* | *Frequency* | *Percent* |
|---|---|---|
| 2006 | 17,316 | 12.5 |
| 2007 | 19,880 | 14.4 |
| 2008 | 20,912 | 15.2 |
| 2009 | 21,339 | 15.5 |
| 2010 [a] | 13,443 | 9.7 |
| 2011 | 22,134 | 16.0 |
| 2012 | 23,022 | 16.7 |
| ***TOTAL*** | **138,046** [b] | **100.0** |

[a] *A data quality review of the Wake County emergency department visit data indicated that injury E-codes were not being submitted for most visits for the period from January-June 2010. As a result, the numbers of injury-related ED visits in this report represents an underestimate of the true incidence. When calculating rates for ED visits, the 2010 data year were excluded.*

[b] *One patient record was missing the year.*

Table K-3. Distribution by insurance / payment method for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Insurance* | *Frequency* | *Percent* |
|---|---|---|
| Insurance Company | 68,012 | 51.2 |
| Medicare/Medicaid | 43,632 | 32.8 |
| Self pay | 14,417 | 10.9 |
| Other government payments | 6,236 | 4.7 |
| Workers compensation | 303 | 0.2 |
| Other/Unknown | 280 | 0.2 |
| **Total** | **132,880** [a] | **100.0** |

[a] *5,167 visit records were missing insurance/payment method information.*

Table K-4. Distribution of types of transportation to the emergency department for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Transport* | *Frequency* | *Percent* |
|---|---|---|
| Walk in | 92,466 | 76.9 |
| Ambulance (ground or air) | 10,130 | 8.4 |
| Other | 17,658 | 14.7 |
| **Total** | **120,254** [a] | **100.0** |

[a] *17,793 visit records had either a missing or unknown transportation code.*

Table K-5. Distribution of ED discharge dispositions for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Disposition* | *Frequency* | *Percent* |
|---|---|---|
| Discharged to home or self-care | 118,186 | 91.2 |
| Admitted to hospital | 4,350 | 3.4 |
| Other/Unknown | 3,691 | 2.9 |
| Left without treatment or against medical advice | 1,834 | 1.4 |
| Transferred to another healthcare facility | 1,450 | 1.1 |
| Died | 37 | 0.03 |
| **Total** | **129,548** [a] | **100.00** |

[a] *8,499 visit records were missing an ED discharge disposition code.*

Table K-6. Distribution of injury intents, based on ICD-9-CM external cause of injury codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Injury Intent* | *Frequency* | *Percent* |
|---|---|---|
| Unintentional | 116,378 | 97.4 |
| Intentional-Assault | 2,044 | 1.7 |
| Intentional-Self-inflicted | 849 | 0.7 |
| Undetermined | 235 | 0.2 |
| Intentional-Other | 29 | 0.02 |
| **Total** | **119,535[a]** | **100.0** |

[a] *18,512 visit records did not contain an E-code for injury intent.*

[b] *Some visits had two or more E-codes describing the intent and mechanism of the injury. In most cases, these codes agreed with regard to intent. If a visit had two or more intent e-codes that did not agree (e.g. codes for both "Unintentional" and "Intentional-Assault" for the same injury visit), we reviewed the free-text chief complaint and triage notes from the record to assign a final intent or mechanism code*

Table K-7. Distribution of injury mechanisms, based on ICD-9-CM external cause of injury codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Injury Mechanism* | *Frequency* | *Percent* |
|---|---|---|
| Falls | 36,837 | 30.8 |
| Struck by, against | 25,766 | 21.6 |
| Motor vehicle - traffic | 10,974 | 9.2 |
| Overexertion | 7,522 | 6.3 |
| Natural or environmental factors | 7,250 | 6.1 |
| Cutting/piercing instruments | 5,603 | 4.7 |
| Unspecified | 4,772 | 4.0 |
| Foreign body | 3,944 | 3.3 |
| Other specified, NEC | 3,618 | 3.0 |
| Other transportation | 3,507 | 2.9 |
| Poisoning | 2,922 | 2.4 |
| Caught in/between objects | 2,367 | 2.0 |
| Fire/burns | 1,521 | 1.3 |
| Motor vehicle – non-traffic | 1,180 | 1.0 |
| Struck | 1,009 | 0.8 |
| Late effects of injury | 266 | 0.2 |
| Firearms | 147 | 0.1 |
| Suffocation | 116 | 0.1 |
| Drowning | 114 | 0.1 |
| Machinery | 71 | 0.1 |
| Other violence | 29 | 0.02 |
| **TOTAL** | **119,535** | **100.00** |

[a] *18,512 visit records did not contain an E-code for injury mechanism.*

[b] *Some visits had two or more E-codes describing the intent and mechanism of the injury. In most cases, these codes agreed with regard to intent. If a visit had two or more intent e-codes that did not agree (e.g. codes for both "Unintentional" and "Intentional-Assault" for the same injury visit), we reviewed the free-text chief complaint and triage notes from the record to assign a final intent or mechanism code*

Table K-8. Distribution of injury mechanisms by injury intent category, based on ICD-9-CM external cause of injury codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.[ab]

| *Mechanism* | *Frequency* | *Percent* |
|---|---|---|
| **Unintentional** | | |
| Falls | 36,833 | 30.8 |
| Struck by, against | 25,766 | 21.6 |
| Motor vehicle - traffic | 10,974 | 9.2 |
| Overexertion | 7,522 | 6.3 |
| Natural or environmental factors | 7,250 | 6.1 |
| Cutting/piercing instruments | 5,329 | 4.5 |
| Unspecified | 4,649 | 3.9 |
| Foreign body | 3,944 | 3.3 |
| Other transportation | 3,506 | 2.9 |
| Other specified, NEC | 2,814 | 2.4 |
| Caught in/between objects | 2,367 | 2.0 |
| Poisoning | 2,142 | 1.8 |
| Fire/burns | 1,516 | 1.3 |
| Motor vehicle – non-traffic | 1,180 | 1.0 |
| Late effects of injury | 241 | 0.2 |
| Drowning | 114 | 0.1 |
| Suffocation | 87 | 0.1 |
| Firearms | 73 | 0.1 |
| Machinery | 71 | 0.1 |
| ***Total Unintentional*** | ***116,378*** | ***97.4*** |
| **Intentional-Assault** | | |
| Struck | 1009 | 0.8 |
| Other specified, NEC | 739 | 0.6 |
| Unspecified | 102 | 0.1 |
| Cutting/piercing instruments | 99 | 0.1 |
| Firearms | 69 | 0.1 |
| Late effects of injury | 19 | 0.02 |
| Suffocation | --- | --- |
| Poisoning | --- | --- |
| ***Total Intentional-Assault*** | ***2,044*** | ***1.7*** |
| **Intentional-Self-inflicted** | | |
| Poisoning | 605 | 0.5 |
| Cutting/piercing instruments | 172 | 0.1 |
| Other specified, NEC | 42 | 0.04 |
| Suffocation | 22 | 0.02 |
| Unspecified | --- | --- |
| Late effects of injury | --- | --- |
| ***Total Intentional Self-inflicted*** | ***849*** | ***0.7*** |
| **Undetermined** | | |
| Poisoning | 173 | 0.1 |
| Other specified, NEC | 23 | 0.02 |
| Unspecified | 15 | 0.01 |
| Fire/burns | --- | --- |
| Falls | --- | --- |
| Late effects of injury | --- | --- |
| Cutting/piercing instruments | --- | --- |
| Other transportation | --- | --- |

Table K-8. Distribution of injury mechanisms by injury intent category, based on ICD-9-CM external cause of injury codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.[ab]

| *Mechanism* | *Frequency* | *Percent* |
|---|---|---|
| Firearms | --- | --- |
| Suffocation | --- | --- |
| ***Total Undetermined*** | ***235*** | ***0.2*** |
| **Intentional Other** | | |
| Other violence | 29 | 0.02 |
| **TOTAL** | **119,535**[c] | **100.0** |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *Some visits had two or more E-codes describing the intent and mechanism of the injury. In most cases, these codes agreed with regard to intent. If a visit had two or more intent e-codes that did not agree (e.g. codes for both "Unintentional" and "Intentional-Assault" for the same injury visit), we reviewed the free-text chief complaint and triage notes from the record to assign a final intent or mechanism code*
[c] *18,512 visit records did not contain an E-code for injury intent or mechanism.*

Table K-9. Place of occurrence, based on ICD-9-CM external cause of injury codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.

| *Place of occurrence* | *Frequency* | *Percent* |
|---|---|---|
| Unspecified | 9,546 | 35.7 |
| Home | 6,351 | 23.8 |
| Other specified places | 3,091 | 11.6 |
| Place for recreation and sport | 3,036 | 11.4 |
| Public building (includes school) | 2,271 | 8.5 |
| Street and highway | 2,173 | 8.1 |
| Industrial place and premises | 140 | 0.5 |
| Residential institution | 106 | 0.4 |
| Mine and quarry | --- | --- |
| Farm | --- | --- |
| **Total** | **26,725**[b] | **100.00** |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *Place of occurrence codes are absent from 111,322 (80.6%) of records. Since these codes are secondary to the intent and mechanism E-codes, not all medical coders and electronic coding systems report them.*

Table K-10. First-listed [a] injury-related diagnosis grouping, based on ICD-9-CM diagnosis codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.[b]

| *First-listed injury-related diagnosis code* | *Frequency* | *Percent* |
|---|---|---|
| Open wounds | 30,892 | 24.1 |
| Fractures | 19,306 | 15.1 |
| Certain traumatic complications and unspecified injuries | 17,008 | 13.3 |
| Contusion with intact skin surface | 16,740 | 13.1 |
| Sprains and strains of joints and adjacent muscles | 13,372 | 10.4 |
| Superficial injuries | 10,219 | 8.0 |
| Effects of foreign body entering through orifice | 4,445 | 3.5 |
| Other and unspecified effects of external causes | 3,336 | 2.6 |
| Dislocation | 3,126 | 2.4 |
| Intracranial injury, excluding skull fracture | 2,602 | 2.0 |
| Poisoning by drugs, medicinal and biological substances | 2,259 | 1.8 |
| Burns | 1,747 | 1.4 |
| Toxic effects of substances chiefly nonmedical as to source | 1,699 | 1.3 |
| Crushing injury | 603 | 0.5 |
| Internal injury of thorax, abdomen, and pelvis | 366 | 0.3 |
| Complications of surgical and medical care, not elsewhere classified | 213 | 0.2 |
| Late effects of injuries, poisonings, toxic effects, and other external causes | 100 | 0.1 |
| Injury to nerves and spinal cord | 27 | 0.02 |
| Injury to blood vessels | --- | --- |
| **Total** | **128,068** [c] | **100.00** |

[a] *In the NC DETECT data system, up to 11 ICD-9-CM diagnosis codes are reported. In this table, we categorize only the injury-related diagnosis code that appears first in each of the visit records.*
[b] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[c] *9,979 visits identified as being injury-related by E-code did not contain an injury-related diagnosis code.*

Table K-11. Distribution of injury intent by age group, based on ICD-9-CM external cause of injury codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.[a]

| *Injury Intent* | ***Total*** | *Age* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | *0* | | *1-4* | | *5-9* | | *10-14* | | *15-17* | |
| | | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Unintentional | **116,378** | 4,418 | 3.8% | 33396 | 28.7% | 28,423 | 24.4% | 30,599 | 26.3% | 19,542 | 16.8% |
| Intentional-Assault | **2,044** | 54 | 2.6% | 91 | 4.5% | 177 | 8.7% | 625 | 30.6% | 1097 | 53.7% |
| Intentional-Self-inflicted | **849** | 0 | 0.0% | --- | --- | --- | --- | 252 | 29.7% | 588 | 69.3% |
| Undetermined | **235** | 16 | 6.8% | 52 | 22.1% | 14 | 6.0% | 50 | 21.3% | 103 | 43.8% |
| Intentional-Other | **29** | 0 | 0.0% | 0 | 0.0% | --- | --- | --- | --- | 22 | 75.9% |
| **Total** | **119,535** [b] | **4,488** | **3.8%** | **33,541** | **28.1%** | **28,622** | **23.9%** | **31,532** | **26.4%** | **21,352** | **17.9%** |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *18,512 visits identified as being injury-related did not contain an injury intent E-code.*

Table K-12. Distribution of injury intent by sex, based on ICD-9-CM external cause of injury codes, for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.[a]

| *Injury Intent* | *Sex* | | | | | |
|---|---|---|---|---|---|---|
| | ***Total*** | | *Female* | | *Male* | |
| | **N** | **%** | N | % | N | % |
| Unintentional | **116,378** | **97.4** | 48,400 | 41.6 | 67,978 | 58.4 |
| Intentional-Assault | **2,044** | **1.7** | 728 | 35.6 | 1,316 | 64.4 |
| Intentional-Self-inflicted | **848** | **0.7** | 596 | 70.3 | 252 | 29.7 |
| Undetermined | **235** | **0.2** | 105 | 44.7 | 130 | 55.3 |
| Intentional-Other | **29** | **0.02** | --- | --- | --- | --- |
| | | | | | | |
| **Total** | **119,535**[b] | **100.0** | **49,835** | **41.7** | **69,700** | **58.3** |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *18,512 visits identified as being injury-related did not contain an injury intent E-code.*

Table K-13. Distribution of injury mechanisms by age group, based on ICD-9-CM external cause of injury codes for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012.[a]

| *Injury Mechanism* | ***Total*** | *Age* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | *0* | | *1-4* | | *5-9* | | *10-14* | | *15-17* | |
| | | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Falls | **36,837** | 1,993 | 5.4% | 13,155 | 35.7% | 10,120 | 27.5% | 8,267 | 22.4% | 3,302 | 9.0% |
| Struck by, against | **25,766** | 418 | 1.6% | 5,402 | 21.0% | 6,048 | 23.5% | 8,477 | 32.9% | 5,421 | 21.0% |
| Motor vehicle - traffic | **10,974** | 510 | 4.6% | 1,856 | 16.9% | 2,358 | 21.5% | 2,673 | 24.4% | 3,577 | 32.6% |
| Overexertion | **7,522** | 84 | 1.1% | 1,389 | 18.5% | 1,017 | 13.5% | 2,802 | 37.3% | 2,230 | 29.6% |
| Natural or environmental factors | **7,250** | 219 | 3.0% | 2,501 | 34.5% | 2,046 | 28.2% | 1,553 | 21.4% | 931 | 12.8% |
| Cutting/piercing instruments | **5,603** | 113 | 2.0% | 1,103 | 19.7% | 1,396 | 24.9% | 1,758 | 31.4% | 1,233 | 22.0% |
| Foreign body | **3,944** | 184 | 4.7% | 2,108 | 53.4% | 1,054 | 26.7% | 389 | 9.9% | 209 | 5.3% |
| Other specified, NEC | **3,618** | 216 | 6.0% | 873 | 24.1% | 668 | 18.5% | 1,035 | 28.6% | 826 | 22.8% |
| Other transportation | **3,507** | --- | --- | 400 | 11.4% | 1,338 | 38.2% | 1,333 | 38.0% | 432 | 12.3% |
| Poisoning | **2,922** | 141 | 4.8% | 1,215 | 41.6% | 279 | 9.5% | 459 | 15.7% | 828 | 28.3% |
| Caught in/between objects | **2,367** | 54 | 2.3% | 884 | 37.3% | 652 | 27.5% | 542 | 22.9% | 235 | 9.9% |
| Fire/burns | **1,521** | 133 | 8.7% | 763 | 50.2% | 263 | 17.3% | 197 | 13.0% | 165 | 10.8% |
| Motor vehicle - nontraffic | **1,180** | 10 | 0.8% | 171 | 14.5% | 248 | 21.0% | 444 | 37.6% | 307 | 26.0% |
| Struck | **1,009** | --- | --- | 16 | 1.6% | 55 | 5.5% | 332 | 32.9% | 604 | 59.9% |
| Late effects of injury | **266** | --- | --- | 47 | 17.7% | 56 | 21.1% | 83 | 31.2% | 77 | 28.9% |
| Firearms | **147** | --- | --- | 15 | 10.2% | 18 | 12.2% | 34 | 23.1% | 79 | 53.7% |
| Suffocation | **116** | 37 | 31.9% | 31 | 26.7% | --- | --- | 17 | 14.7% | 22 | 19.0% |
| Drowning | **114** | --- | --- | 58 | 50.9% | 21 | 18.4% | 19 | 16.7% | 10 | 8.8% |
| Machinery | **71** | 0 | 0.0% | 29 | 40.8% | --- | --- | 15 | 21.1% | 21 | 29.6% |
| Other violence | **29** | 0 | 0.0% | 0 | 0.0% | --- | --- | --- | --- | 22 | 75.9% |
| Unspecified | **4,772** | 360 | 7.5% | 1,525 | 32.0% | 969 | 20.3% | 1,097 | 23.0% | 821 | 17.2% |
| ***Total*** | **119,535**[b] | **4,488** | 3.8% | **33,541** | 28.1% | **28,622** | 23.9% | **31,532** | 26.4% | **21,352** | 17.9% |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *18,512 visits identified as being injury-related did not contain an injury mechanism E-code.*

Table K-14. Distribution of injury mechanisms by sex, based on ICD-9-CM external cause of injury codes for injury-related emergency department visits made by patients aged 0-17 who either resided in Wake County or visited a Wake County hospital emergency department between January 1st, 2006 and December 31st, 2012. [a]

| *Injury Mechanism* | ***Total*** | *Sex* | | | |
|---|---|---|---|---|---|
| | | *Female* | | *Male* | |
| | | *N* | *%* | *N* | *%* |
| Falls | **36,837** | 15,422 | 41.9% | 21,415 | 58.1% |
| Struck by, against | **25,766** | 8,401 | 32.6% | 17,365 | 67.4% |
| Motor vehicle - traffic | **10,974** | 5,812 | 53.0% | 5,162 | 47.0% |
| Overexertion | **7,522** | 3,760 | 50.0% | 3,762 | 50.0% |
| Natural or environmental factors | **7,250** | 3,224 | 44.5% | 4,026 | 55.5% |
| Cutting/piercing instruments | **5,602** | 2,053 | 36.6% | 3,549 | 63.4% |
| Unspecified | **4,772** | 2,181 | 45.7% | 2,591 | 54.3% |
| Foreign body | **3,944** | 1,838 | 46.6% | 2,106 | 53.4% |
| Other specified, NEC | **3,618** | 1,599 | 44.2% | 2,019 | 55.8% |
| Other transportation | **3,507** | 1,232 | 35.1% | 2,275 | 64.9% |
| Poisoning | **2,922** | 1,481 | 50.7% | 1,441 | 49.3% |
| Caught in/between objects | **2,367** | 1,148 | 48.5% | 1,219 | 51.5% |
| Fire/burns | **1,521** | 685 | 45.0% | 836 | 55.0% |
| Motor vehicle – nontraffic | **1,180** | 426 | 36.1% | 754 | 63.9% |
| Struck | **1,009** | 303 | 30.0% | 706 | 70.0% |
| Late effects of injury | **266** | 119 | 44.7% | 147 | 55.3% |
| Firearms | **147** | 30 | 20.4% | 117 | 79.6% |
| Drowning | **114** | 43 | 37.7% | 71 | 62.3% |
| Suffocation | **116** | 51 | 44.0% | 65 | 56.0% |
| Machinery | **71** | 21 | 29.6% | 50 | 70.4% |
| Other violence | **29** | --- | 20.7% | 23 | 79.3% |
| ***Total*** | **119,535** [b] | **49,835** | 41.7% | **69,700** | 58.3% |

[a] *The symbol [---] indicates cell counts <10 but >0. Data use agreements require those data to be suppressed.*
[b] *18,512 visits identified as being injury-related did not contain an injury mechanism E-code.*

| Table L-1. Organizational size (n = 110 organizations). | | | | | | |
|---|---|---|---|---|---|---|
| *# Employees/Volunteers* | *Employees* | | *FT Employees* | | *#Volunteers* | |
| | N | % | N | % | N | % |
| Small (0-10 People) | 47 | 43% | 55 | 50% | 46 | 42% |
| Medium (11-49 People) | 31 | 28% | 37 | 34% | 17 | 15% |
| Large (50+ People) | 32 | 29% | 18 | 16% | 47 | 43% |

| Table L-2. Average number of staff at each level of organizational size. | | | | | | |
|---|---|---|---|---|---|---|
| *Organization Size* | *N* | *Avg # Employees* | *N* | *Avg # Full Time Employees* | *N* | *Avg # Volunteers* |
| Small (0-10 People) | 47 | 4 | 55 | 3 | 46 | 3 |
| Medium (11-49 People) | 31 | 24 | 37 | 26 | 17 | 23 |
| Large (50+ People)[a] | 32 | 572 | 18 | 420 | 47 | 4643 |
| **Total** | **110** | **178** | **110** | **82** | **110** | **2013** |

[a] *1000+ include: YMCA, Wake Human Service, Dept of Public Instruction, City of Raleigh Parks and Rec, City of Raleigh Dept of Transportation, NC Highway Patrol, Wake Med Health & Hospitals*

| Table L-3. Distribution of organization types.[a] | | |
|---|---|---|
| *Organization Types* | *N* | *%* |
| Non-profit | 81 | 56% |
| Other[b] | 16 | 11% |
| State Government | 12 | 8% |
| Private | 11 | 8% |
| Local Government | 8 | 6% |
| Volunteer Organization | 6 | 4% |
| Hospital/Health Center | 4 | 3% |
| Religious Organization | 4 | 3% |
| Research | 2 | 1% |
| Committee/Task Force | 0 | 0% |
| Average | 1.3 | -- |

[a] *Categories are not mutually exclusive*

[b] *Other includes: Crisis Call Center- Mental Health Resource; Youth Services Organization; Managed Care Organization - Quasi Governmental; Legal - mental health partnership; Legal services to poor children regarding education issues; Community Center; Professional Society; School and residential; Performing Arts; County Commissioner Appointed Council; Membership association; Community collaborative; Support Group (not therapy group); Federally funded*

| Table L-4. Organization types selected by respondents.[a] | | |
|---|---|---|
| *Organization Types* | *N* | *%* |
| Non-profit | 81 | 74% |
| Other | 16 | 15% |
| State Government | 12 | 11% |
| Private | 11 | 10% |
| Local Government | 8 | 7% |
| Volunteer Organization | 6 | 5% |
| Hospital/Health Center | 4 | 4% |
| Religious Organization | 4 | 4% |
| Research | 2 | 2% |
| Committee/Task Force | 0 | 0% |

[a] *Categories are not mutually exclusive*

| Table L-5. Distribution of organization type by multiple selections. | | |
|---|---|---|
| *# Organization Types* | *N* | *%* |
| 1 Type | 85 | 77% |
| 2 Types | 17 | 15% |
| 3+ Types | 8 | 7% |
| *Average* | *1.3* | -- |
| **Total Respondents** | **110** | **100%** |

| Table L-6. Distribution of geographic service areas.[a] | | |
|---|---|---|
| *Area* | *N* | *%* |
| The City of Raleigh | 47 | 43% |
| Wake County | 77 | 70% |
| The Greater Triangle Area | 48 | 44% |
| The State of North Carolina | 47 | 43% |
| Nationally, The United States | 14 | 13% |
| Other (e.g. neighborhoods, cities, towns)[a] | 7 | 6% |
| Average | **2.2** | **--** |
| **Total Respondents** | **110** | |

[a]*Categories are not mutually exclusive*
[b]*Other: A Regional focus of 6+ counties was included for six (5%) organizations; International research organizations marked by one (1%) organization*

| Table L-7. Distribution of geographic service areas by multiple selections. | | |
|---|---|---|
| *Service Areas* | *N* | *%* |
| 1 Area | 55 | 50% |
| 2 Areas | 16 | 15% |
| 3 Areas | 12 | 11% |
| 4 Areas | 19 | 17% |
| 5 Areas | 7 | 6% |
| 6 Areas | 1 | 1% |
| Average | **2.2** | **--** |
| **Total Respondents** | **110** | **100%** |

Table L-8. Frequencies of organizations targeting specific populations.[a]

| *Population* | *1 - Not specifically targeting this population* | | *2 - Some efforts to target this population* | | *3 - Primarily targeting this population* | | *4 - Don't know/not sure* | | *Some Targeting* | | Avg |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | |
| African American | 41 | 37% | 33 | 30% | 24 | 22% | 1 | 1% | 57 | 52% | 1.8 |
| American Indian | 57 | 52% | 24 | 22% | 7 | 6% | 3 | 3% | 31 | 28% | 1.5 |
| Caucasian | 48 | 44% | 27 | 25% | 18 | 16% | 2 | 2% | 45 | 41% | 1.7 |
| Hispanic | 40 | 36% | 34 | 31% | 22 | 20% | 2 | 2% | 56 | 51% | 1.9 |
| Other ethnicities[b] | 37 | 34% | 8 | 7% | 6 | 5% | 0 | 0% | 14 | 13% | 1.4 |
| Female | 52 | 47% | 18 | 16% | 29 | 26% | 0 | 0% | 47 | 43% | 1.8 |
| Male | 53 | 48% | 24 | 22% | 22 | 20% | 0 | 0% | 46 | 42% | 1.7 |
| LGBT | 69 | 63% | 14 | 13% | 6 | 5% | 2 | 2% | 20 | 18% | 1.4 |

Table L-8. Frequencies of organizations targeting specific populations.[a]

| *Population* | *1 - Not specifically targeting this population* | | *2 - Some efforts to target this population* | | *3 - Primarily targeting this population* | | *4 - Don't know/not sure* | | *Some Targeting* | | Avg |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | |
| Rural | 41 | 37% | 38 | 35% | 11 | 10% | 0 | 0% | 49 | 45% | 1.7 |
| Urban | 37 | 34% | 33 | 30% | 21 | 19% | 0 | 0% | 54 | 49% | 1.8 |
| Homeless | 44 | 40% | 27 | 25% | 23 | 21% | 0 | 0% | 50 | 45% | 1.8 |
| Low income | 20 | 18% | 34 | 31% | 45 | 41% | 0 | 0% | 79 | 72% | 2.3 |
| Foster Children | 56 | 51% | 25 | 23% | 13 | 12% | 0 | 0% | 38 | 35% | 1.5 |
| Orphans | 67 | 61% | 13 | 12% | 8 | 7% | 2 | 2% | 21 | 19% | 1.4 |
| Children/youth living with a disability | 48 | 44% | 29 | 26% | 18 | 16% | 0 | 0% | 47 | 43% | 1.7 |
| Refugees | 70 | 64% | 10 | 9% | 4 | 4% | 3 | 3% | 14 | 13% | 1.3 |
| Other[c] | 21 | 19% | 3 | 3% | 15 | 14% | 0 | 0% | 18 | 16% | 1.8 |

[a]*Categories are not mutually exclusive*
[b]*Other ethnicities include: African, Arabic, Asians, mixed races, Indian and Russian*
c*Other Populations include: Vulnerable children; Grandparents raising 0-17; We respond to EMS calls for service, we do not "target" any particular groups; Behavioral Health Concerns; People with a spinal cord injury/disease; Children from single-parent households; Mental Illness, Depression, Suicidal tendencies, addiction; At-Risk Youth; Incarcerated youth; Children who need legal representation but have none -- caught in high conflict custody cases, abused & having to testify against abuser, children at high risk because of these situations; At-risk youth; Adolescents; Respite is provided to families; Youth involved with Juvenile Justice; Affluent individuals and families; Court-involved youth; Families of these children; Child Mental Health; Disadvantaged children; Illiterate; Migrant farmworkers; Children that are terminally ill; Persons with chronic health care needs; families and individuals with food insecurity; homeless single women*

Table L-9. Groups of people with which respondents work.[a]

| *Groups* | *All Organizations* | |
|---|---|---|
| | *N* | *%* |
| Children | 93 | 85% |
| Parents/Caregivers | 86 | 78% |
| Teachers | 74 | 67% |
| Policy Makers/Decision Makers | 70 | 64% |
| Medical Professionals (e.g. doctors, nurses, EMT) | 64 | 58% |
| Public Safety (e.g. police, fire) | 51 | 46% |
| Religious Leaders | 44 | 40% |
| Other[b] | 28 | 25% |
| **Total Responses** | **510** | -- |
| **Total Respondents** | **110** | -- |

[a]*Categories are not mutually exclusive*
[b]*Other: Organizations/workplace was reported by 13 (3%) or all responses. In addition organizations reported the following: Anyone involved in child wellbeing; Adults who work with youth; Churches; All community entities or groups; Consumer advocates; Summer camp professionals; Community partners; Therapeutic programs; Adults; Adult abuse survivors; Child care providers, migrant farmworkers; At risk youth and unemployed adults; Advocates, volunteers, civic organizations, foundations; Direct service providers/practitioners serving children and families*

| Table L-10. Number of groups with which respondents work. | | |
|---|---|---|
| *Range* | *N* | *%* |
| 1 Group | 7 | 6% |
| 2-3 Groups | 25 | 23% |
| 4-5 Groups | 40 | 36% |
| 6-8 Groups | 38 | 35% |
| **Total** | **110** | **100%** |

Table L-11. Level of organization importance relative to nine work focus areas.

| *Work Focus Area* | *Not Important (0)* | | *Very Unimportant (1)* | | *Somewhat Unimportant (2)* | | *Neither Important/ Unimportant (3)* | | *Somewhat Important (4)* | | *Important (5)* | | *Very Important (6)* | | *Total* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* |
| Education | 1 | 1% | 4 | 4% | 0 | 0% | 2 | 2% | 4 | 4% | 21 | 19% | 77 | 71% | **109** |
| Funding | 8 | 7% | 6 | 6% | 1 | 1% | 4 | 4% | 12 | 11% | 18 | 17% | 60 | 55% | **109** |
| Advocacy | 4 | 4% | 3 | 3% | 3 | 3% | 8 | 7% | 6 | 6% | 26 | 24% | 59 | 54% | **109** |
| Program Evaluation | 5 | 5% | 4 | 4% | 3 | 3% | 5 | 5% | 9 | 8% | 30 | 28% | 53 | 49% | **109** |
| Other[a] | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 1% | 1 | 1% | 39 | 36% | **41** |
| Counseling | 13 | 12% | 9 | 8% | 5 | 5% | 9 | 8% | 10 | 9% | 27 | 25% | 36 | 33% | **109** |
| Research/Data | 5 | 5% | 4 | 4% | 6 | 6% | 6 | 6% | 10 | 9% | 44 | 40% | 34 | 31% | **109** |
| Communication /Media | 2 | 2% | 4 | 4% | 4 | 4% | 10 | 9% | 15 | 14% | 40 | 37% | 34 | 31% | **109** |
| Writing Rules or Policies | 9 | 8% | 6 | 6% | 5 | 5% | 14 | 13% | 21 | 19% | 35 | 32% | 19 | 17% | **109** |
| **Total** | 47 | 5% | 40 | 4% | 27 | 3% | 58 | 6% | 88 | 10% | 242 | 27% | 411 | 45% | **913** |

[a]*Other types of focus included 48.8% Direct Services and 26.8% Community/Organizational Capacity*

| Table L-12. Importance of focus on preventing childhood injury & prevention to respondents. | | |
|---|---|---|
| *Category* | *N* | *%* |
| 0 - Not at all Important | 0 | 0% |
| 1 - Very Unimportant | 4 | 4% |
| 2 - Somewhat Unimportant | 3 | 3% |
| 3 - Neither Important nor Unimportant | 6 | 6% |
| 4 - Somewhat Important | 29 | 27% |
| 5 - Very Important | 32 | 29% |
| 6 - Extremely Important | 35 | 32% |
| Average Importance | 5.7 | -- |
| **Total Respondents** | **109** | **100%** |

| Table L-13. Organizations by injury type. | | |
|---|---|---|
| *Injury Type* | *N* | *%* |
| Intentional | 33 | 31% |
| Unintentional | 12 | 11% |
| Both | 56 | 52% |
| Neither | 6 | 6% |
| Total | 107 | 100% |

| Table L-14. Identification of organizations working in injury type(s). | | |
|---|---|---|
| *Injury Type* | *N* | *%* |
| **Intentional** | | |
| Child Abuse/ Maltreatment (physical, sexual, emotional) | 71 | 66% |
| Assault/Physical Violence | 62 | 57% |
| Bullying | 61 | 56% |
| Sexual Violence (e.g. assault, rape) | 51 | 47% |
| Self Inflicted/Self Harm | 50 | 46% |
| Human trafficking | 17 | 16% |
| Other[a] | 17 | 16% |
| None of the above | 18 | 17% |
| **Total Intentional** | 108 | 100% |
| **Unintentional** | | |
| All Motor Vehicles | **44** | **41%** |
| Cars/trucks/buses | 38 | 36% |
| Pedestrians | 30 | 28% |
| Bicycles | 29 | 27% |
| Motorcycles | 19 | 18% |
| Other MVC | 2 | 2% |
| None of the above | 39 | 36% |
| Poisoning/overdose | 27 | 25% |
| Bicycle injury/crashes (NOT involving a motor vehicle) | 25 | 23% |
| Falls | 25 | 23% |
| Environmental Factors (e.g. weather related) | 24 | 22% |
| Firearm | 20 | 19% |
| Other[b] | 19 | 18% |
| Drowning/submersion | 17 | 16% |
| Burns, including fire and scalds | 15 | 14% |
| Suffocation | 12 | 11% |
| Animal bites | 11 | 10% |
| **Total Unintentional Respondents** | **107** | **100%** |

[a]*Other intentional injuries included: Behavior Health Issues in the classroom and school; Injuries that generate 911 calls for service; Intentional exposure of others to STI's, including HIV and AIDs; Children with a spinal cord injury: Injury prevention, treatment and care; Traumatic Brain Injury; Behaviors; Online Safety; Internet Safety/Cyber safety; Lack of disability services; Substance abuse; Neglect; General safety in child care; Mental Health First Aid; Harm in the workplace (youth working in agriculture); Note: not our mission, but again, exec director very involved statewide*

[b]*Other unintentional injuries include: Electrocution; Exposure; Falling objects; Medical Treatment; other; Inadequate supervision of minors; leaving children in vehicles unattended; STEPS positive parenting classes taught by Wake Tech and others Physical activities; Concussions/sports related injuries; Sports Injuries; Sports injuries (specifically concussion matters); All of the above resulting from undisciplined or delinquent behavior; Service system incidents; School not responsive to child's needs; Our staff provides support and counseling to parents and teachers whose children have experienced trauma; We have various programs and activities that speak to safely doing a variety of activities; Toxins and dangers in child care settings; Congenital anomalies and birth trauma; Social and emotional development and its importance to young children; Infant Sleep Safety; Environmental health, exposure to toxic chemicals and pesticides; Terminal Illness; General household safety*

| Table L-15. Distribution of selections addressing injury by type(s). | | | |
|---|---|---|---|
| *Injury Type* | *N* | *Within Injury Subtype %* | *Across All Injury Group %* |
| **Intentional** | | | |
| Child Abuse/ Maltreatment (physical, sexual, emotional) | 71 | 21% | 9% |
| Assault/Physical Violence | 62 | 18% | 8% |
| Bullying | 61 | 18% | 8% |
| Sexual Violence (e.g. assault, rape) | 51 | 15% | 6% |
| Self Inflicted/Self Harm | 50 | 15% | 6% |
| Human trafficking | 17 | 5% | 2% |
| Other | 17 | 5% | 2% |
| None of the above | 19 | 5% | 2% |
| **Total Intentional** | **344** | **100%** | **42%** |
| **Unintentional** | | | |
| Motor Vehicle Crashes Involving: | 118 | 25% | 15% |
| Cars/trucks/buses | 38 | 8% | 5% |
| Pedestrians | 30 | 6% | 4% |
| Bicycles | 29 | 6% | 4% |
| Motorcycles | 19 | 4% | 2% |
| Other | 2 | 0% | 0% |
| None of the above | 39 | 8% | 4% |
| Poisoning/overdose | 27 | 6% | 3% |
| Bicycle injury/crashes (NOT involving a motor vehicle) | 25 | 5% | 3% |
| Falls | 25 | 5% | 3% |
| Environmental Factors (e.g. weather related) | 24 | 5% | 3% |
| Firearm | 20 | 4% | 2% |
| Other | 19 | 4% | 2% |
| Drowning/submersion | 17 | 4% | 2% |
| Burns, including fire and scalds | 15 | 3% | 2% |
| Suffocation | 12 | 3% | 1% |
| Animal bites | 11 | 2% | 1% |
| **Total Unintentional** | **466** | **100%** | **58%** |
| **Overall Totals** | **810** | | **100%** |

| Table L-16. Number of programs related to injury & violence prevention reported by each organization. | | |
|---|---|---|
| *# Programs* | *N* | *%* |
| 0 Programs | 25 | 24% |
| 1-5 Programs | 64 | 60% |
| 6-10 Programs | 11 | 10% |
| 11-20 Programs | 1 | 1% |
| 21 + Programs | 5 | 5% |
| **Total** | **106** | **100%** |

| Table L-17. Number of top interventions/activities listed by organizations. | | |
|---|---|---|
| *# Programs* | *N* | *%* |
| 0 Programs | 25 | 23% |
| 1 Program | 25 | 23% |
| 2 Programs | 17 | 16% |
| 3 Programs | 11 | 10% |
| 4 Programs | 8 | 7% |
| 5 Programs | 23 | 21% |
| **Total** | **109** | **100%** |

Table L-18. Organizational capacity to perform selected functions.

| *Activities* | *High Level of Capacity* | | *Medium Level of Capacity* | | *Low Level of Capacity* | | *No Capacity* | | *Don't Know* | | *Not Applicable* | | *N* | *Average (1=High-4 =Low)* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % | | |
| Research and identify evidence-based injury prevention programs, interventions, and strategies | 24 | 23.3% | 25 | 24.3% | 26 | 25.2% | 12 | 11.7 % | 2 | 1.9% | 14 | 13.6% | **103** | 2.9 |
| Use research about evidence-based injury prevention programs, in program development and planning | 44 | 42.3% | 30 | 28.8% | 13 | 12.5% | 4 | 3.8% | 2 | 1.9% | 11 | 10.6% | **104** | 2.3 |
| Find relevant childhood injury data for prioritizing program development and planning | 22 | 21.2% | 30 | 28.8% | 28 | 26.9% | 9 | 8.7% | 0 | 0.0% | 15 | 14.4% | **104** | 2.8 |
| Use childhood injury data for prioritizing program development and planning | 27 | 26.5% | 30 | 29.4% | 23 | 22.5% | 7 | 6.9% | 2 | 2.0% | 13 | 12.7% | **102** | 2.6 |
| Identify possible funding | 14 | 13.5% | 36 | 34.6% | 31 | 29.8% | 7 | 6.7% | 3 | 2.9% | 13 | 12.5% | **104** | 2.9 |
| Obtain funding | 13 | 12.5% | 35 | 33.7% | 29 | 27.9% | 8 | 7.7% | 4 | 3.8% | 15 | 14.4% | **104** | 3.0 |
| Identify Wake County IVP entities | 33 | 31.7% | 38 | 36.5% | 21 | 20.2% | 2 | 1.9% | 1 | 1.0% | 9 | 8.7% | **104** | 2.3 |
| Use existing Wake County IVP networks to strengthen efforts within organization | 30 | 29.4% | 41 | 40.2% | 17 | 16.7% | 4 | 3.9% | 0 | 0.0% | 10 | 9.8% | **102** | 2.3 |
| **Total** | **207** | **25.0%** | **265** | **32.0%** | **188** | **22.7%** | **53** | **6.4%** | **14** | **1.7%** | **100** | **12.1%** | **827** | **2.6** |

| Table L-19. Identified data sources. | | |
|---|---|---|
| *Data Source* | *N* | *%* |
| Do not use data | 10 | 9.7% |
| **National Level** | 68 | 66.0% |
| Center for Disease Control and Prevention (CDC) | 61 | 59.2% |
| Kids Count Data Center | 36 | 35.0% |
| **North Carolina State Level** | 73 | 70.9% |
| NC Division of Public Health (including the State Center for Health Statistics) | 65 | 63.1% |
| UNC Injury Prevention Research Center | 26 | 25.2% |
| UNC Highway Safety Research Center | 25 | 24.3% |
| NC Department of Transportation | 23 | 22.3% |
| Carolinas Poison Control | 18 | 17.5% |
| NC Violent Death Reporting System | 15 | 14.6% |
| NC DETECT | 10 | 9.7% |
| Emergency Medical Service Performance Improvement Center (EMSPIC) | 8 | 7.8% |
| **Wake County Level** | 59 | 57.3% |
| Wake County Community Health Assessment | 46 | 44.7% |
| Wake County Safe Kids | 44 | 42.7% |
| Other[a] | 44 | 42.7% |
| **Total Respondents** | **103** | **--** |

[a] *Other includes: Any reliable data source for health and safety is available in libraries; A multitude of research sources; American Foundation for Suicide Prevention; Census; Certified consultant; Data collected by our partner agency – SAFEchild; data maintained by community collaborators; data maintained by local hospitals; Family Homelessness.org; FARS; GES; Hospital data, NACCHO, NACo; internal QA databases and patient care reporting software; Juvenile Crime Prevention Council annual data; Juvenile Justice Risk and Needs data; Medicaid paid claims data provided by NC Informatics Center; Most of our work now comes from judicial appointment (& judges' observations), but we want data relevant to what we do; NC Allies; NC Child Fatality Prevention Team (Ourselves - we also supply data directly to Wake County);NC Council for Women client statistical reports; NC Covenant with Children scorecard; NC Juvenile Justice Data; NC Office of the Chief Medical Examiner; NC Study on Girls; News media, N & O, New York Times; OJJDP (federal)+ their best practice database; Partner Organizations like InterAct, SouthLight and Alliance Medical Ministry; Pediatric Medical Journals; Performance Based Incentive System - NC Partnership for Children; prevent Child abuse N; Raleigh Police Department Data; Real time interfaces with hospitals for Emergency Department and inpatient visits; Research from National Alliance to End Homelessness; School-specific data; State DSS website, data provided by UNC School of Social Work, Jordan Institute for Families; United States Conference of Catholic Bishops; US DHHS "Child Maltreatment" annual reports; UWGT Assessment; Wake County JCPC; Wake County Performance Based Incentive System and Kindergarten Initial Assessment data; Wake County School System Home Base; WCPSS, Child Mental Health/Substance Abuse; WCSS and WCPSS; We do not track this type of data. We use data in our organization, but not related to this topic.*

| Table L-20. Counts of data sources identified. | | |
|---|---|---|
| *Range* | *N* | *%* |
| 0 Data Sources | 9 | 9% |
| 1-3 Data Sources | 37 | 36% |
| 4-6 Data Sources | 36 | 35% |
| 7-10 Data Sources | 17 | 17% |
| 11+ Data Sources | 4 | 4% |
| **Total** | ***103*** | ***100%*** |

| Table L-21. Funding resources received by organizations. | | |
|---|---|---|
| *Funding Sources* | *N* | *%* |
| **National Sources** | 33 | 32% |
| Federal Block Grant | 13 | 12.7% |
| Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) | 12 | 11.8% |
| National Foundations (The Robert Wood Johnson Foundation, Ford Foundation, Kaiser Permanente, etc)[a] | 12 | 11.8% |
| Centers for Disease Control and Prevention (CDC) | 9 | 8.8% |
| National Highway Traffic Safety Administration (NHTSA) | 8 | 7.8% |
| Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau | 6 | 5.9% |
| **NC Funding Sources** | 48 | 47.1% |
| North Carolina Foundations (John Rex Endowment, Kate B. Reynolds, The Duke Foundation)[b] | 37 | 36.3% |
| North Carolina Department of Health and Human Services (NC DHHS) | 28 | 27.5% |
| North Carolina State Budget Allocation | 12 | 11.8% |
| **Wake County Funding Source** | 21 | 20.6% |
| Wake County Department of Human Services | 21 | 20.6% |
| Wake County Cooperative Extension | 3 | 2.9% |
| Wake County Department of Justice | 3 | 2.9% |
| Private Donors | 44 | 43.1% |
| Corporate Sponsors[c] | 23 | 22.5% |
| Other Government Funding (federal, state, or local)[d] | 20 | 19.6% |
| Insurance Companies[e] | 13 | 12.7% |
| Other[f] | 36 | 33.3% |
| None of the above | 22 | 21.6% |
| **Total Responses** | **389** | **--** |
| **Total Respondents** | **102** | **--** |

[a]*Other National Foundations -Annie E. Casey, Casey Family Programs; CJ Foundation for SIDS, Rite Aid Foundation; Huston Foundation, A Little Help; Robert Wood Johnson Foundation and YUSA; RWJ*

[b]*Other NC Foundations -BCBSNC Foundation and KBR; units have received funds from other sources including John Rex Endowment, but not NCPTA; Cary Women's Giving Network; IOLTA, NCBA Foundation, Markle Trust for Children, Wake Women's Giving Network – NCCF; Jeff Gordon's Family Foundation; Jimmie Johnson Foundation; John Rex Endowment, Blue Cross Blue Shield, Kate B Reynolds; Duke Endowment; AJ Fletcher, Triangle Community Foundation; NC GlaxoSmithKline Foundation; Raleigh Women's Network; Stewards Fund, Fox Family Foundation, Hodges Family Foundation, Carlson Family Foundation, Strowd Roses; TDE; The Duke Endowment; Vidant Foundation, Winston Salem Foundation, Carolina Panther's Foundation; Wake Pedestrian Injury Prevention—WakePedNet; Z Smith Reynolds*

[c]*Other Corporate Sponsors - through sponsoring events, too many to name; Allstate, Verizon Wireless; AT&T, several law firms; Attorney groups, rehabilitation providers and professionals; Bank of America, PNC Bank, Walmart, J.C. Penney's, Golden Corral, Genworth, Yardi, Duke Energy, Cargill; Clancy & Theys, numerous others; Clorox Greenworks, FedEx; Credit Suisse; Duke Energy; Duke Progress Energy for prevention of heating and cooling emergencies; Enterprise; Food Lion, Quintiles, Blue Cross and Blue Shield, Biogen Idec, Bayer CropScience, Duke Health, WakeMed, Rex Healthcare, PNC Foundation; Golden State Foods, Greene Resources; Kids n Community - Carolina hurricanes; Largest include: BCBSNC, Nationwide, Martin Marietta, Wake Med Foundation; Lexis Nexis; Local banks, TMP Travel, GSK. US Foods, AT&T, Duke Energy Progress, Wake Stone, Noel Foundation, Aaron's, Sanford Law Firm, Comfort Master, Golden Corral, AA, Shetz, Harris Park, Nomaco, Wake Med, WalMart, Strickland Trucking, Jim Allen Group, Sandman Law Group, Gay & Jackson Law Firm, Rey's Restaurant; multiple; WakeMed Health and Hospitals; Walmart, CPI, IBM*

[d]*Other Governmental Funding - City of Raleigh; Town of Cary, Wake County SmartStart; Fed - pHs, city of Raleigh, HUD; federal; GCC; Governors Highway Safety Program; NC ABC Commission; Local Health Departments; Medicaid, NC Health Choice; NC Arts Council, City of Raleigh Arts Commission and the United Arts Council of Raleigh and Wake County; NC Governor's Crime Commission, Durham County, Wake County, Town of Chapel Hill, Town of Cary, Town of Carrboro, Orange County; NC Governor's Crime-Safe Neighborhoods;SAMHSA; Wake County Commissioners, Towns of Knightdale, Zebulon and Wendell; Wake County Smart Start; WCSmartStart*

[e]*Other Insurance Companies - Allstate Foundation; BCBS, Tri Care, Cigna, Value Options; Erie Insurance; Farm Bureau; Mexicaid; Nationwide; State Farm Insurance; Independent Insurance Agents of NC*

[f]*Other Funding Sources - Big Brothers Big Sisters of America, Altria, United Way; Catholic Diocese of Raleigh; Churches; Civic groups; Corporate and Family Foundations; Division of Adult Correction and Juvenile Justice; Federal Highway Administration; fundraising; Girl Scouts of the USA & Dove (national funding); Golden Corral; Governor's Highway Safety Program; John Lewis, Tom Oxholm, Sam Bratton, Richard Stevens; Law Student Association Donation; Local non profits, UNC-System (UNC-G); National PTA; National PTA, NCPTA; NCDOT Bike Ped Division; Private Foundations; Raleigh Kiwanis; Ronald McDonalds Charities; Smart Start; United Way; Units receive funds from a variety of private sources, foundations, and other sources that support health and safety.*

Table L-22. Ranges of data sources used by respondent organizations.

| *Range* | *N* | *%* |
|---|---|---|
| 0 Funding Sources | 22 | 22% |
| 1-3 Funding Sources | 46 | 45% |
| 4-6 Funding Sources | 23 | 23% |
| 7-9 Funding Sources | 7 | 7% |
| 10-12 Funding Sources | 4 | 4% |
| 13+ Funding Sources | 0 | 0% |
| **Total** | ***102*** | ***100%*** |

Table L-23. Organization respondent estimate of value of capacity building activities.

| | *Activities* | *1 - Not Valuable* | | *2 - Slightly Valuable* | | *3 - Somewhat Valuable* | | *4 - Very Valuable* | | *Total* | *Avg* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | N | % | N | % | N | % | N | % | | |
| 1 | Receive Wake County childhood IVP resources | 9 | 8.9% | 10 | 9.9% | 32 | 31.7% | **50** | **49.5%** | 101 | 3.2 |
| 2 | Receive Wake County childhood injury data reports | 9 | 8.9% | 15 | 14.9% | 33 | 32.7% | **44** | **43.6%** | 101 | 3.1 |
| 3 | Network with Wake County childhood IVP stakeholders | 10 | 9.9% | 13 | 12.9% | 29 | 28.7% | **49** | **48.5%** | 101 | 3.2 |
| 4 | Attend trainings on evidence-based programs, interventions, and strategies | 12 | 11.9% | 14 | 13.9% | 31 | 30.7% | **44** | **43.6%** | 101 | 3.1 |
| 5 | Attend trainings focused on building capacity in resource development | 14 | 13.9% | 15 | 14.9% | 26 | 25.7% | **46** | **45.5%** | 101 | 3.0 |
| 6 | Participate in informational networking sessions for identifying public and private funders | 12 | 11.9% | 12 | 11.9% | 20 | 19.8% | **57** | **56.4%** | 101 | 3.2 |
| 7 | Other | **71** | **70.3%** | 1 | 1.0% | 7 | 6.9% | 22 | 21.8% | 101 | 1.8 |
| **Total** | | **137** | | **80** | | **178** | | **312** | | **707** | **2.9** |

Table L-24 Organization preference for inclusion in the profile.

| *Response* | *N* | *%* |
|---|---|---|
| Yes | 91 | 91% |
| No | 9 | 9% |

| Table L-25. Organization preference for ongoing communication . | | |
|---|---|---|
| *Response* | *N* | *%* |
| Yes | 99 | 99% |
| No | 1 | 1% |

## B. Organizational Characteristics by Organizational Capacity Levels

| Table L-26. Average number of staff at each level of organizational size. | | | | | | | |
|---|---|---|---|---|---|---|---|
| *Capacity Level* | *N* | *Employees* | | *Full Time Employees* | | *Volunteers* | |
| | | *Avg* | *Median* | *Avg* | *Median* | *Avg* | *Median* |
| High Capacity | *33* | *443.9* | *29* | *200.3* | *26* | *691.3* | *11* |
| Medium Capacity | *33* | *24.2* | *13* | *17.6* | *8* | *5561.8* | *26* |
| Low Capacity | *32* | *72.2* | *12* | *43.1* | *6* | *460.4* | *45* |
| All Organizations | 110 | 178.1 | 16 | 81.9 | 10.5 | 2012.7 | 24 |

[a] *1000+ include: YMCA, Wake Human Service, Dept of Public Instruction, City of Raleigh Parks and Rec, City of Raleigh Dept of Transportation, NC Highway Patrol, Wake Med Health & Hospitals*

### a. Organizational Work Force

| Table L-27. Organization work focus very important (6). | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *Focus* | *All Organizations* | | *High Capacity*[a] | | *Med Capacity*[b] | | *Low Capacity*[c] | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Education | 77 | 71% | 25 | 76% | 24 | 73% | 21 | 66% |
| Funding | 60 | 55% | 21 | 64% | 17 | 52% | 17 | 53% |
| Advocacy | 59 | 54% | 18 | 55% | 15 | 45% | 18 | 56% |
| Program Evaluation | 53 | 49% | 21 | 64% | 16 | 48% | 12 | 38% |
| Other | 39 | 36% | 11 | 33% | 14 | 42% | 11 | 34% |
| Counseling | 36 | 33% | 12 | 36% | 7 | 21% | 15 | 47% |
| Research/Data | 34 | 31% | 14 | 42% | 10 | 30% | 7 | 22% |
| Communication/Media | 34 | 31% | 15 | 45% | 9 | 27% | 7 | 22% |
| Writing Rules or Policies | 19 | 17% | 6 | 18% | 5 | 15% | 6 | 19% |

[a] *High Capacity Organizations N= 33 and 110 programs*
[b] *Medium Capacity Organizations N= 33 and 75 programs*
[c] *Low Capacity Organizations N= 32 and 46 programs*

Table L-28. Identification of organizations working in injury type(s).

| *Injury Type* | *All Organizations* | | *High Capacity*[a] | | *Med Capacity*[b] | | *Low Capacity*[c] | |
|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| **Intentional** | | | | | | | | |
| Child Abuse/ Maltreatment (physical, sexual, emotional) | 71 | 66% | 26 | 79% | 18 | 55% | 22 | 69% |
| Assault/Physical Violence | 62 | 57% | 22 | 67% | 18 | 55% | 17 | 53% |
| Bullying | 61 | 56% | 20 | 61% | 20 | 61% | 16 | 50% |
| Sexual Violence (e.g. assault, rape) | 51 | 47% | 18 | 55% | 11 | 33% | 18 | 56% |
| Self Inflicted/Self Harm | 50 | 46% | 20 | 61% | 11 | 33% | 15 | 47% |
| Human trafficking | 17 | 16% | 8 | 24% | 5 | 15% | 4 | 13% |
| Other[d] | 17 | 16% | 3 | 9% | 11 | 33% | 3 | 9% |
| None of the above | 18 | 17% | 3 | 9% | 5 | 15% | 4 | 13% |
| **Total Intentional** | 108 | 100% | 33 | 100% | 33 | 100% | 32 | 100% |
| **Unintentional** | | | | | | | | |
| All Motor Vehicles | **44** | **41%** | **15** | **45%** | **11** | **33%** | **11** | **34%** |
| *Cars/trucks/buses* | *38* | *36%* | *15* | *45%* | *9* | *27%* | *9* | *28%* |
| *Pedestrians* | *30* | *28%* | *12* | *36%* | *9* | *27%* | *6* | *19%* |
| *Bicycles* | *29* | *27%* | *11* | *33%* | *8* | *24%* | *6* | *19%* |
| *Motorcycles* | *19* | *18%* | *7* | *21%* | *5* | *15%* | *5* | *16%* |
| *Other MVC* | *2* | *2%* | *1* | *3%* | *1* | *3%* | *0* | *0%* |
| None of the above | 39 | 36% | 10 | 30% | 9 | 27% | 14 | 44% |
| Poisoning/overdose | 27 | 25% | 11 | 33% | 10 | 30% | 4 | 13% |
| Bicycle injury/crashes (NOT involving a motor vehicle) | 25 | 23% | 8 | 24% | 10 | 30% | 4 | 13% |
| Falls | 25 | 23% | 9 | 27% | 9 | 27% | 6 | 19% |
| Environmental Factors (e.g. weather related) | 24 | 22% | 9 | 27% | 11 | 33% | 4 | 13% |
| Firearm | 20 | 19% | 10 | 30% | 8 | 24% | 2 | 6% |
| Other[e] | 19 | 18% | 6 | 18% | 8 | 24% | 4 | 13% |
| Drowning/submersion | 17 | 16% | 7 | 21% | 6 | 18% | 3 | 9% |
| Burns, including fire and scalds | 15 | 14% | 6 | 18% | 6 | 18% | 3 | 9% |
| Suffocation | 12 | 11% | 6 | 18% | 3 | 9% | 2 | 6% |
| Animal bites | 11 | 10% | 4 | 12% | 4 | 12% | 2 | 6% |
| **Total Unintentional Respondents** | **107** | **100%** | **33** | **100%** | ***33*** | ***100%*** | ***32*** | ***100%*** |

[a] *High Capacity Organizations N= 33 and 110 programs*
[b] *Medium Capacity Organizations N= 33 and 75 programs*
[c] *Low Capacity Organizations N= 32 and 46 programs*
[d] *Other intentional injuries included: Behavior Health Issues in the classroom and school; Injuries that generate 911 calls for service; Intentional exposure of others to STI's, including HIV and AIDs; Children with a spinal cord injury: Injury prevention, treatment and care; Traumatic Brain Injury; Behaviors; Online Safety; Internet Safety/Cyber safety; Lack of disability services; Substance abuse; Neglect; General safety in child care; Mental Health First Aid; Harm in the workplace (youth working in agriculture); Note: not our mission, but again, exec director very involved statewide*
[e] *Other unintentional injuries include: Electrocution; Exposure; Falling objects; Medical Treatment; other; Inadequate supervision of minors; leaving children in vehicles unattended; STEPS positive parenting classes taught by Wake Tech and others Physical activities; Concussions/sports related injuries; Sports Injuries; Sports injuries (specifically concussion matters); All of the above resulting from undisciplined or delinquent behavior; Service system incidents; School not responsive to child's needs; Our staff provides support and counseling to parents and teachers whose children have experienced trauma; We have various programs and activities that speak to safely doing a variety of activities; Toxins and dangers in child care settings; Congenital anomalies and birth trauma; Social and emotional development and its importance to young children; Infant Sleep Safety; Environmental health, exposure to toxic chemicals and pesticides; Terminal Illness; General household safety*

### b. Childhood Injury and/or Violence Prevention Importance to Work Focus

Table L-29. Importance of focus on preventing childhood injury and prevention to respondents.

| *Category* | *All Organizations* | | *High Capacity*[a] | | *Med Capacity*[b] | | *Low Capacity*[c] | |
|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1 - Not at all Important | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 2 - Very Unimportant | 4 | 4% | 1 | 3% | 0 | 0% | 1 | 3% |
| 3 - Somewhat Unimportant | 3 | 3% | 0 | 0% | 0 | 0% | 3 | 9% |
| 4 - Neither Important nor Unimportant | 6 | 6% | 1 | 3% | 1 | 3% | 2 | 6% |
| 5 - Somewhat Important | 29 | 27% | 2 | 6% | 9 | 27% | 15 | 47% |
| 6 - Very Important | 32 | 29% | 14 | 42% | 10 | 30% | 6 | 19% |
| 7 - Extremely Important | 35 | 32% | 15 | 45% | 13 | 39% | 5 | 16% |
| **Average Importance** | **5.7** | **--** | ***6.2*** | | ***6.1*** | | ***5.2*** | |
| **Total Respondents** | **109** | **100%** | ***33*** | ***100%*** | ***33*** | ***100%*** | | ***100%*** |

[a] *High Capacity Organizations N= 33 and 110 programs*
[b] *Medium Capacity Organizations N= 33 and 75 programs*
[c] *Low Capacity Organizations N= 32 and 46 programs*

### c. Capacity Building Activities

Table L-30."Very Valuable" capacity building activities by capacity level.

| | *Activities* | *All Organizations* | | *High Capacity* | | *Medium Capacity* | | *Low Capacity* | |
|---|---|---|---|---|---|---|---|---|---|
| | | *N = 110* | *%* | *N = 32* | *%* | *N = 33* | *%* | *N = 30* | *%* |
| 1 | Receive Wake County childhood IVP resources | 50 | 49.5% | 16 | 50.0% | 22 | 66.7% | 11 | 36.7% |
| 2 | Receive Wake County childhood injury data reports | 44 | 43.6% | 16 | 50.0% | 17 | 51.5% | 11 | 36.7% |
| 3 | Network with Wake County childhood IVP stakeholders | 49 | 48.5% | 22 | 68.8% | 19 | 57.6% | 8 | 26.7% |
| 4 | Attend trainings on evidence-based programs, interventions, and strategies | 44 | 43.6% | 16 | 50.0% | 20 | 60.6% | 8 | 26.7% |
| 5 | Attend trainings focused on building capacity in resource development | 46 | 45.5% | 18 | 56.3% | 19 | 57.6% | 8 | 26.7% |
| 6 | Participate in informational networking sessions for identifying public and private funders | 57 | 56.4% | 22 | 68.8% | 24 | 72.7% | 10 | 33.3% |
| 7 | Other | 22 | 21.8% | 13 | 40.6% | 2 | 6.1% | 6 | 20.0% |

### d. Target Populations

Table L-31. Frequencies of organizations targeting specific populations.[a]

| *Population* | *All Organizations* | | *High Capacity*[b] | | *Med Capacity*[c] | | *Low Capacity*[d] | |
|---|---|---|---|---|---|---|---|---|
| | Total Responses N= 110 | % | N=33 | % | N=33 | % | N=32 | % |
| African American | 57 | 52% | 20 | 60.6% | 18 | 54.5% | 15 | 46.9% |
| American Indian | 31 | 28% | 16 | 48.5% | 7 | 21.2% | 6 | 18.8% |
| Caucasian | 45 | 41% | 16 | 48.5% | 14 | 42.4% | 12 | 37.5% |
| Hispanic | 56 | 51% | 22 | 66.7% | 19 | 57.6% | 12 | 37.5% |
| Other ethnicities | 14 | 13% | 6 | 18.2% | 4 | 12.1% | 3 | 9.4% |
| Female | 47 | 43% | 18 | 54.5% | 13 | 39.4% | 12 | 37.5% |
| Male | 46 | 42% | 14 | 42.4% | 16 | 48.5% | 11 | 34.4% |
| LGBT | 20 | 18% | 11 | 33.3% | 1 | 3.0% | 6 | 18.8% |
| Rural | 49 | 45% | 21 | 63.6% | 15 | 45.5% | 7 | 21.9% |
| Urban | 54 | 49% | 22 | 66.7% | 16 | 48.5% | 11 | 34.4% |
| Homeless | 50 | 45% | 16 | 48.5% | 16 | 48.5% | 15 | 46.9% |
| Low income | 79 | 72% | 27 | 81.8% | 24 | 72.7% | 21 | 65.6% |
| Foster Children | 38 | 35% | 13 | 39.4% | 12 | 36.4% | 12 | 37.5% |
| Orphans | 21 | 19% | 9 | 27.3% | 3 | 9.1% | 9 | 28.1% |
| Children/youth living with a disability | 47 | 43% | 14 | 42.4% | 16 | 48.5% | 13 | 40.6% |
| Refugees | 14 | 13% | 5 | 15.2% | 4 | 12.1% | 4 | 12.5% |
| Other | 18 | 16% | 4 | 12.1% | 7 | 21.2% | 7 | 21.9% |

[a] *Categories are not mutually exclusive*
[b] *High Capacity Organizations N= 33 and 110 programs*
[c] *Medium Capacity Organizations N= 33 and 75 programs*
[d] *Low Capacity Organizations N= 32 and 46 programs*

Table L-32. Groups of people with which respondents work.[a]

| *Groups* | *All Organizations* | | *High Capacity*[b] | | *Med Capacity*[c] | | *Low Capacity*[d] | |
|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Children | 93 | 85% | 28 | 85% | 30 | 91% | 26 | 81% |
| Parents/Caregivers | 86 | 78% | 27 | 82% | 28 | 85% | 24 | 75% |
| Teachers | 74 | 67% | 25 | 76% | 23 | 70% | 18 | 56% |
| Policy Makers/Decision Makers | 70 | 64% | 21 | 64% | 23 | 70% | 18 | 56% |
| Medical Professionals (e.g. doctors, nurses, EMT) | 64 | 58% | 22 | 67% | 19 | 58% | 15 | 47% |
| Public Safety (e.g. police, fire) | 51 | 46% | 21 | 64% | 15 | 45% | 10 | 31% |
| Religious Leaders | 44 | 40% | 16 | 48% | 12 | 36% | 11 | 34% |
| Other[e] | 28 | 25% | 8 | 24% | 5 | 15% | 12 | 38% |
| **Total Responses** | **510** | **--** | **168** | **N/A** | **155** | **N/A** | **134** | **N/A** |
| **Total Respondents** | **110** | **--** | **33** | **N/A** | **33** | **N/A** | **32** | **N/A** |

[a] *Categories are not mutually exclusive*
[b] *High Capacity Organizations N= 33 and 110 programs*
[c] *Medium Capacity Organizations N= 33 and 75 programs*
[d] *Low Capacity Organizations N= 32 and 46 programs*
[e] *Other: Organizations/workplace was reported by 13 (3%) or all responses. In addition organizations reported the following: Anyone involved in child wellbeing; Adults who work with youth; Churches; All community entities or groups; Consumer advocates; Summer camp professionals; Community partners; Therapeutic programs; Adults; Adult abuse survivors; Child care providers, migrant farmworkers; At risk youth and unemployed adults; Advocates, volunteers, civic organizations, foundations; Direct service providers/practitioners serving children and families*

### e. Organization Type/Geographically served areas

Table L-33 Organization types selected by respondents.[a]

| *Organization Types* | *All Organizations* | | *High Capacity*[b] | | *Med Capacity*[c] | | *Low Capacity*[d] | |
|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Non-profit | 81 | 74% | 19 | 58% | 29 | 88% | 24 | 75% |
| Other[e] | 16 | 15% | 5 | 15% | 3 | 9% | 8 | 25% |
| State Government | 12 | 11% | 7 | 21% | 1 | 3% | 3 | 9% |
| Private | 11 | 10% | 2 | 6% | 3 | 9% | 5 | 16% |
| Local Government | 8 | 7% | 3 | 9% | 2 | 6% | 2 | 6% |
| Volunteer Organization | 6 | 5% | 2 | 6% | 1 | 3% | 3 | 9% |
| Hospital/Health Center | 4 | 4% | 1 | 3% | 1 | 3% | 1 | 3% |
| Religious Organization | 4 | 4% | 0 | 0% | 1 | 3% | 3 | 9% |
| Research | 2 | 2% | 2 | 6% | 0 | 0% | 0 | 0% |
| Committee/Task Force | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| **Total Responses** | **110** | **--** | ***33*** | | ***33*** | | ***32*** | |

[a] *Categories are not mutually exclusive*
[b] *High Capacity Organizations N= 33 and 110 programs*
[c] *Medium Capacity Organizations N= 33 and 75 programs*
[d] *Low Capacity Organizations N= 32 and 46 programs*
[e] *Other includes: Crisis Call Center- Mental Health Resource; Youth Services Organization; Managed Care Organization - Quasi Governmental; Legal - mental health partnership; Legal services to poor children regarding education issues; Community Center; Professional Society; School and residential; Performing Arts; County Commissioner Appointed Council; Membership association; Community collaborative; Support Group (not therapy group); Federally funded*

Table L-34. Distribution of geographic service areas.[a]

| *Area* | *All Organizations* | | *High Capacity*[b] | | *Med Capacity*[c] | | *Low Capacity*[d] | |
|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| The City of Raleigh | 47 | 43% | 16 | 48% | 15 | 45% | 13 | 41% |
| Wake County | 77 | 70% | 24 | 73% | 27 | 82% | 20 | 63% |
| The Greater Triangle Area | 48 | 44% | 20 | 61% | 11 | 33% | 15 | 47% |
| The State of North Carolina | 47 | 43% | 15 | 45% | 11 | 33% | 13 | 41% |
| Nationally, The United States | 14 | 13% | 7 | 21% | 3 | 9% | 3 | 9% |
| Other (e.g. neighborhoods, cities, towns)[e] | 7 | 6% | 3 | 9% | 3 | 9% | 1 | 3% |
| Average | **2.2** | **--** | ***2.6*** | | ***2.1*** | | ***2.0*** | |
| **Total Respondents** | **110** | | ***33*** | ***100%*** | ***33*** | ***100%*** | ***32*** | ***100%*** |

[a] *Categories are not mutually exclusive*
[b] *High Capacity Organizations N= 33 and 110 programs*
[c] *Medium Capacity Organizations N= 33 and 75 programs*
[d] *Low Capacity Organizations N= 32 and 46 programs*
[e] *Other: A Regional focus of 6+ counties was included for six (5%) organizations; International research organizations marked by one (1%) organization*

### f. Data Sources

Table L-35. Identified data sources.

| *Data Source* | *All Organizations* | | *High Capacity*[a] | | *Med Capacity*[b] | | *Low Capacity*[c] | |
|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Do not use data | 10 | 9.7% | 1 | 3.1% | 1 | 3.0% | 6 | 18.8% |
| **National Level** | 68 | 66.0% | 27 | 84.4% | 22 | 66.7% | 17 | 53.1% |
| Center for Disease Control and Prevention (CDC) | 61 | 59.2% | 25 | 78.1% | 20 | 60.6% | 12 | 37.5% |
| Kids Count Data Center | 36 | 35.0% | 15 | 46.9% | 8 | 24.2% | 12 | 37.5% |
| **North Carolina State Level** | 73 | 70.9% | 28 | 87.5% | 25 | 75.8% | 18 | 56.3% |
| NC Division of Public Health (including the State Center for Health Statistics) | 65 | 63.1% | 22 | 68.8% | 23 | 69.7% | 16 | 50.0% |
| UNC Injury Prevention Research Center | 26 | 25.2% | 14 | 43.8% | 5 | 15.2% | 7 | 21.9% |
| UNC Highway Safety Research Center | 25 | 24.3% | 11 | 34.4% | 6 | 18.2% | 7 | 21.9% |
| NC Department of Transportation | 23 | 22.3% | 9 | 28.1% | 7 | 21.2% | 6 | 18.8% |
| Carolinas Poison Control | 18 | 17.5% | 7 | 21.9% | 6 | 18.2% | 3 | 9.4% |
| NC Violent Death Reporting System | 15 | 14.6% | 6 | 18.8% | 3 | 9.1% | 5 | 15.6% |
| NC DETECT | 10 | 9.7% | 5 | 15.6% | 3 | 9.1% | 1 | 3.1% |
| Emergency Medical Service Performance Improvement Center (EMSPIC) | 8 | 7.8% | 5 | 15.6% | 1 | 3.0% | 1 | 3.1% |
| **Wake County Level** | 59 | 57.3% | 23 | 71.9% | 23 | 69.7% | 14 | 43.8% |
| Wake County Community Health Assessment | 46 | 44.7% | 16 | 50.0% | 16 | 48.5% | 13 | 40.6% |
| Wake County Safe Kids | 44 | 42.7% | 19 | 59.4% | 14 | 42.4% | 10 | 31.3% |
| Other | 44 | 42.7% | 16 | 50% | 19 | 57.5% | 8 | 25% |
| **Total Respondents** | **103** | **--** | ***32*** | ***n/a*** | ***33*** | ***n/a*** | ***32*** | ***n/a*** |

[a]*High Capacity Organizations N= 33 and 110 programs*
[b]*Medium Capacity Organizations N= 33 and 75 programs*
[c]*Low Capacity Organizations N= 32 and 46 programs*

### g. Funding Sources

Table L-36. Funding resources received by organizations.

| *Funding Sources* | *All Organizations* | | *High Capacity*[a] | | *Med Capacity*[b] | | *Low Capacity*[c] | |
|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| **National Sources** | 33 | 32% | 18 | 56% | 8 | 24% | 7 | 23% |
| Federal Block Grant | 13 | 12.7% | 8 | 25.0% | 2 | 6.1% | 3 | 9.7% |
| Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) | 12 | 11.8% | 5 | 15.6% | 4 | 12.1% | 3 | 9.7% |
| National Foundations (The Robert Wood Johnson Foundation, Ford Foundation, Kaiser Permanente, etc) | 12 | 11.8% | 8 | 25.0% | 1 | 3.0% | 3 | 9.7% |
| Centers for Disease Control and Prevention (CDC) | 9 | 8.8% | 7 | 21.9% | 1 | 3.0% | 1 | 3.2% |
| National Highway Traffic Safety Administration (NHTSA) | 8 | 7.8% | 4 | 12.5% | 1 | 3.0% | 3 | 9.7% |
| Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau | 6 | 5.9% | 4 | 12.5% | 1 | 3.0% | 1 | 3.2% |

| Table L-36. Funding resources received by organizations. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *Funding Sources* | *All Organizations* | | *High Capacity*[a] | | *Med Capacity*[b] | | *Low Capacity*[c] | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| **NC Funding Sources** | 48 | 47.1% | 21 | 65.6% | 18 | 54.5% | 10 | 32.3% |
| North Carolina Foundations (John Rex Endowment, Kate B. Reynolds, The Duke Foundation) | 37 | 36.3% | 17 | 53.1% | 14 | 42.4% | 6 | 19.4% |
| North Carolina Department of Health and Human Services (NC DHHS) | 28 | 27.5% | 16 | 50.0% | 8 | 24.2% | 4 | 12.9% |
| North Carolina State Budget Allocation | 12 | 11.8% | 9 | 28.1% | 2 | 6.1% | 1 | 3.2% |
| **Wake County Funding Source** | 21 | 20.6% | 9 | 28.1% | 10 | 30.3% | 2 | 6.5% |
| Wake County Department of Human Services | 21 | 20.6% | 8 | 25.0% | 10 | 30.3% | 2 | 6.5% |
| Wake County Cooperative Extension | 3 | 2.9% | 1 | 3.1% | 0 | 0.0% | 1 | 3.2% |
| Wake County Department of Justice | 3 | 2.9% | 2 | 6.3% | 0 | 0.0% | 1 | 3.2% |
| Private Donors | 44 | 43.1% | 15 | 46.9% | 16 | 48.5% | 12 | 38.7% |
| Corporate Sponsors | 23 | 22.5% | 9 | 28.1% | 10 | 30.3% | 4 | 12.9% |
| Other Government Funding (federal, state, or local) | 20 | 19.6% | 10 | 31.3% | 7 | 21.2% | 3 | 9.7% |
| Insurance Companies | 13 | 12.7% | 8 | 25.0% | 3 | 9.1% | 2 | 6.5% |
| Other | 34 | 33.3% | 14 | 43.8% | 13 | 39.4% | 7 | 22.5% |
| None of the above | 22 | 21.6% | 4 | 12.5% | 6 | 18.2% | 8 | 25.8% |
| **Total Respondents** | **102** | **--** | ***32*** | ***n/a*** | ***33*** | ***n/a*** | ***31*** | ***n/a*** |

[a]*High Capacity Organizations N= 33 and 110 programs*
[b]*Medium Capacity Organizations N= 33 and 75 programs*
[c]*Low Capacity Organizations N= 32 and 46 programs*

### *Overview of organizations by leading cause of injury identified through secondary data analysis*

This section summarizes key survey information by leading cause of injury for the following factors addressed in the Wake County Childhood Health and Safety survey:

- Organizational Work Force
- Childhood Injury and/or Violence Prevention Importance to Work Focus
- Organizational Capacity
- Capacity Building activities
- Target Populations
- Organization Type/Geographically served areas
- Data Sources
- Funding Sources

**Motor Vehicle Crash Traffic- Occupant**

More than one third (35%) of the respondents self identified as working within the field of motor vehicle traffic crash - cars/trucks/buses injuries or events. Among these respondents, education was reported as the most important organizational work focus (87%). Other leading work focus areas included research/data (79%), advocacy (76%), and program evaluation (76%) as somewhat or very important.

The average response for organizations who identified as working in motor vehicle traffic crash-occupant injuries or events when asked to rate the importance of childhood injury or violence on a seven point scale (not at all important to very important) was 5.76, or somewhat important.

Half of the organizations (50%) who identified as working in motor vehicle traffic- cars/trucks/buses injuries or events reported a level of high capacity for their ability to use research in program development and planning. The least reported for high organizational capacity were the ability to obtain funding (13%) and to identify possible funding (16%).

The majority of these organizations reported all of the Capacity building activities as somewhat or very valuable. The highest reported JRE supported activity was networking with IVP grant finding (76%) followed by receiving childhood IVP resources (74%) and participating with Wake County IVP networking.

The majority (74%) of organizations working in this area of injury prevention identified targeting low income populations. More than half (55%) reported targeting African-American populations and Hispanic populations. More than half reported targeting children living with a disability (53%). Refugees (13%), orphans (18%) and LGBT (22%) were selected as having the least amount of specific targeting.

On average, these organizations selected working with 4.8 different groups; the most common groups are children (82%), medical professionals (74%), policy makers (74%), parents/caregivers (71%), and the least commonly identified group was religious leaders (37%). Most organizations (66%) are non-profits followed by state government (18%). The majority (66 %) selected North Carolina as a geographical area where they provide services.

The most common types of data used is from the North Carolina state level (84%), followed by national data sources (76%), and Wake County data sources (61%). On average, organizations reported using 5.6 different data sources.

The most common funding sources identified was from the North Carolina state level (53%), followed by national sources (45%). Almost a quarter (13%) of the organizations did not receive external funding.

**Assault (including child abuse, maltreatment, and/or rape)**

*This leading cause corresponds to Child Abuse/ Maltreatment; Assault/Physical Violence; and Sexual Violence in the Organization survey.*

**Motor Vehicle Crash-Traffic - Pedestrian**

More than one quarter of the respondents (27%) self identified as working within the field of motor vehicle crash-traffic—pedestrian injuries or events. Among these respondents, education and program evaluation were reported as the most important organizational work focus (87%). Other leading work focus areas included research/data (83%) and advocacy (77%) as somewhat or very important.

The average response for organizations who identified as working in pedestrian injuries or events when asked to rate the importance of childhood injury or violence on a seven point scale (not at all important to very important) was 5.76, or somewhat important.

Some of the organizations (43%) who identified as working in motor vehicle crash-traffic—pedestrian injuries or events reported a level of high capacity for their ability to use research in program development and planning and to use childhood injury data for development and planning. Only a few (17%) of these organizations reported a high level of capacity for ability to identify possible funding and to obtain funding.

The majority of these organizations reported all of the Capacity building activities as somewhat or very valuable. The highest reported JRE supported activity was to receive childhood IVP resources, participate with Wake County IVP networking and network with IVP grant funding (87%). The JRE supported activity which received the lowest value score was attend trainings on building capacity; nonetheless, almost three quarters (73%) of respondents rated this as somewhat or very valuable.

The majority (77%) of organizations working in this area of injury prevention identified targeting low income populations. More than half (63%) reported targeting children living with a disability and rural populations (60%). Orphans (16%), refugees (20%) and LGBT (20%) were selected as having the least amount of specific targeting.

On average, these organizations selected working with 5.2 different groups; the most common groups are children (83%), policy makers (80%) and the least commonly identified group was religious leaders (43%). Most organizations (60%) are non-profits, followed by state government (23%) and local government (17%). The majority (60 %) selected North Carolina, followed by Wake County (57%) as the geographical areas where they provide services.

The most common types of data used are from the North Carolina state level (90%), followed by national data sources (80%), and Wake County data sources (60%). On average, organizations reported using 5.6 different data sources.

The most common funding sources identified were from the North Carolina state level (50%), followed by national sources (47%). More than a quarter of the organizations (17%) did not receive external funding.

**Self Inflicted/Self Harm**

Almost half of the respondents (45.5%) self identified as working within the field of self inflicted/self harm injuries or events. Among these respondents, education was reported as the most important organizational

work focus (90%). Other leading work focus areas included program evaluation (82%), advocacy (80%), and counseling (78%) as somewhat or very important.

The average response for organizations who identified as working in self inflicted/self harm injuries or events when asked to rate the importance of childhood injury or violence on a seven point scale (not at all important to very important) was 5.82, or somewhat important.

Half of the organizations (50%) who identified as working in self inflicted/self harm injuries or events reported a level of high capacity for their ability to use research in program development and planning. Only a few (10%) of these organizations reported a high level of capacity for identifying funding and for obtaining funding.

Over half of these organizations reported all of the Capacity building activities as somewhat or very valuable. The highest reported JRE supported activity was to receive childhood IVP resources (78%) followed by participating with Wake County IVP networking.

The majority (76%) of organizations working in this area of injury prevention identified targeting low income populations. More than half (52%) reported targeting African-American populations as well as homeless populations. Refugees (16%) and LGBT (22%) were selected as having the least amount of specific targeting.

On average, these organizations selected working with 5 different groups; the most common groups are children (90%), parents (82%), and teachers (78%) and the least commonly identified group was religious leaders (42%). Most organizations (70%) are non-profits. The majority (70%) selected Wake County as a geographical area where they provide services.

The most common types of data used are from the North Carolina state level (68%), followed by national data sources (64%), and Wake County data sources (56%). On average, organizations reported using 4.3 different data sources.

The most common funding sources identified were from the North Carolina state level (46%), followed by private donors (40%) and national sources (36%). Almost a quarter (24%) of the organizations did not receive external funding.

**Falls**

Almost a quarter of the respondents (23%) self identified as working within the field of fall injuries or events. Among these respondents, education (88%) was reported as the most important organizational work focus. Other leading work focus areas included program evaluation (84%) and research/data (80%) as somewhat or very important.

The average response for organizations who identified as working in fall injuries or events when asked to rate the importance of childhood injury or violence on a seven point scale (not at all important to very important) was 5.92, or somewhat important.

Over half of the organizations (52%) who identified as working in falls injuries or events reported a level of high capacity for their ability to use research in program development and planning. Only a few (12%) of these organizations reported a high level of capacity for the ability to identify possible funding.

The majority of these organizations reported all of the Capacity building activities as somewhat or very valuable. The highest reported JRE supported activity was to receive childhood IVP resources (96%) followed by participate with Wake County networking (84%) and attend trainings on evidence-based IVP (84%).

The majority (64%) of organizations working in this area of injury prevention identified targeting low income populations. More than half (52%) reported targeting African-American populations. LGBT (12%) and refugees (16%) were selected as having the least amount of specific targeting.

On average, these organizations selected working with 4.9 different groups; the most common groups were children (88%) and parents (80%) and the least commonly identified group was religious leaders (40%). Most organizations (76%) are non-profits, followed by private organizations (12%). The majority (76 %) selected Wake County as a geographical area where they provide services.

The most common types of data used are at the national level (88%) and the North Carolina state level (88%). On average, organizations reported using 5.8 different data sources.

The most common funding sources identified were from the North Carolina state llvel (52%), followed by private donors (48%), national funding (36%) and corporate sponsors (32%). One fifth of organizations (20%) did not receive external funding.

**Unintentional Suffocation**

Almost one tenth (11%) of the respondents self identified as working within the field of suffocation injuries or events. Among these respondents, education was reported as the most important organizational work focus (92%). Other leading work focus areas included research/data (83%) and advocacy (83%) as somewhat or very important.

The average response for organizations who identified as working in suffocation injuries or events when asked to rate the importance of childhood injury or violence on a seven point scale (not at all important to very important) was 6.25, or very important. Organizations working in the area of suffocation prevention rated childhood IVP the highest of all injury event groups.

Over half of the organizations (58%) who identified as working in suffocation injuries or events reported a level of high capacity for their ability to use research in program development and planning and their ability to use childhood injury data for development and planning. Only a few (8%) of these organizations reported a high level of capacity for both obtaining and identifying funding.

All of these organizations reported all of the Capacity building activities as somewhat or very valuable. Almost all (92%) reported five of the six activities as somewhat or very valuable.

The majority (67%) of organizations working in this area of injury prevention identified targeting low income populations. More than half (58%) reported targeting homeless populations. LGBT (8%) was identified as having the least amount of specific targeting. This is the least targeted subgroup for all events and injuries**.**

On average, these organizations selected working with 5.3 different groups; the most common groups are medical professionals (92%) and parents/caregivers (83%) and the least commonly identified groups were public safety (58%) and religious leaders (58%). Most organizations (67%) are non-profits, followed by state government (17%), local government (17%) and private organizations (17%). Organizations addressing suffocation injury had the highest proportion of private organizations of all injury causes. The majority (83%) selected Wake County as a geographical area where they provide services.

The most common types of data used are at the national level (92%) and the North Carolina state level (92%). On average, organizations reported using 6.3 different data sources.

Half the organizations (50%) identified private donors as a funding source, followed by the North Carolina state (42%) and national sources (42%). One third (33%) of the organizations did not receive external funding. This is the highest proportion of no external funders for all subgroups.

**Burns/Fire**

Some of the respondents (14%) self identified as working within the field of burns/fire related injuries or events. Among these respondents, education was reported at the most important organizational work focus (93%). Other leading work focus areas included program evaluation (73%), counseling (73%), and research/data (73%) as somewhat or very important.

The average response for organizations who identified as working in burns/fire related injuries or events when asked to rate the importance of childhood injury or violence on a seven point scale (not at all important to very important) responded with an average of 6.2, or very important.

Over half of the organizations (53%) who identified as working in burns/fire related injuries or events reported a level of high capacity for their ability to use research in program development and planning. Almost half (47%) reported high capacity to use childhood injury data for development and planning. Only a few (7%) of these organizations reported a high level of capacity for obtaining and identifying funding sources.

The majority of these organizations reported all of the Capacity building activities as somewhat or very valuable. All of these organizations (100%) reported that attending trainings on building capacity was somewhat or very valuable, followed by receiving childhood IVP resources (93%) and attending trainings on evidence based IVP (93%).

The majority (73%) of organizations working in this field identified targeting low income populations. More than half reported targeting populations of homeless (53%) and foster children (53%). LGBT (13%) was identified as having the least amount of specific targeting.

On average, these organizations selected working with 5.7 different groups; the most common groups are children (87%) and parents (87%) and the least commonly identified group was religious leaders (60%). Most organizations (60%) are non-profits, followed by local government (20%) and state government (13%). The majority (80%) selected Wake County as a geographical area where they provide services.

All organizations (100%) reported using at least one form of national data and at least one form of state data, followed by Wake County data sources (73%). On average, organizations reported using 7.2 different data sources. Burns/Fire has the highest average number of data sources used for all injury event subgroups.

The most common funding sources identified were at the North Carolina state level (60%) and private donors (60%), followed by national sources (47%). One fifth of these organizations (20%) did not receive external funding.

**Struck By or Against**

*This leading cause of injury was not assessed, formally, in the survey. We will address this in methods, discussion, and recommendations. .*

**Natural/Environmental Factors**

*This leading cause corresponds to Environmental Factors and Animal Bites on the Organization survey.*

**Bicycle Crash (Not MVC)**

Almost a quarter of the respondents (23%) self identified as working with in the field of bicycle crash (not MVC) injuries or events. Among these respondents, the majority (76%) reported education and program evaluation (76%) as the most important activities of their organizational work focus. Other leading work focus areas included research/data (72%), counseling (68%), and advocacy (68%) as somewhat or very important.

The average response for organizations who identified as working in injuries or events when asked to rate the importance of childhood injury or violence on a seven point scale (not at all important to very important) was 5.52, or somewhat important.

Almost half (44%) of the organizations who identified as working in bicycle crash (not MVC) injuries or events reported a level of high capacity for their ability to use research in program development and planning. Only a few of these organizations reported a high level of capacity for obtaining funding (8%), identify possible funding (12%), and research and identify evidence based IVP practices (16%).

The majority of these organizations reported all of the Capacity building activities were somewhat or very valuable. The highest reported JRE supported activity was to receive childhood IVP resources (84%) followed by attend trainings on evidence-based IVP (80%) and network with IVP grant funding (80%).

The majority (80%) of organizations working in this area of injury prevention identified targeting low income populations. More than half of these organizations reported targeting rural (64%), African-American (56%), urban (56%), children living with a disability (52%), and male (52%) populations. Orphans (16%) and LGBT (16%) were reported as having the least amount of specific targeting.

On average, these organizations selected working with 5.2 different groups; the most common groups are children (84%) and policy makers (84%) and the least commonly identified group was religious leaders (48%). Most organizations (68%) are non-profits. The majority (60%) selected North Carolina as a geographical area where they provide services.

The most common types of data used are from the North Carolina state level (92%), followed by national data sources (84%), and Wake County data sources (68%). On average, organizations reported using 5.7 different data sources.

The most common funding sources identified were from the North Carolina state level (48%), followed by private donors (44%) and national sources (40%). One fifth of the organizations (20%) did not receive external funding.

*Table M-1. Organization Summary by Leading Injury Events*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/ Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| **Somewhat or Very Important (5-6) Org. Work Focus** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | 92% | 92% | 90% | 92% | 93% | 88% | 94% | 69% | 83% | 87% | 79% | 87% | 50% | 86% | 91% | 76% | 93% | 88% | 96% | 88% | 92% | 80% | 85% | 100% | 89% |
| Funding | 68% | 76% | 75% | 70% | 75% | 76% | 76% | 69% | 62% | 61% | 58% | 63% | 100% | 61% | 55% | 64% | 60% | 59% | 75% | 60% | 58% | 55% | 52% | 89% | 80% |
| Advocacy | 80% | 81% | 80% | 80% | 84% | 82% | 94% | 56% | 72% | 76% | 68% | 77% | 100% | 75% | 64% | 68% | 67% | 82% | 83% | 76% | 83% | 80% | 78% | 89% | 74% |
| Program Evaluation | 75% | 81% | 76% | 82% | 80% | 76% | 94% | 69% | 83% | 76% | 74% | 87% | 100% | 77% | 73% | 76% | 73% | 82% | 79% | 84% | 67% | 85% | 81% | 84% | 71% |
| Other | 32% | 32% | 37% | 32% | 30% | 47% | 41% | 50% | 34% | 34% | 32% | 40% | 0% | 34% | 36% | 36% | 27% | 24% | 38% | 28% | 25% | 30% | 26% | 32% | 43% |
| Counseling | 66% | 77% | 78% | 78% | 72% | 82% | 53% | 25% | 34% | 34% | 37% | 40% | 50% | 36% | 91% | 68% | 73% | 82% | 58% | 56% | 58% | 30% | 0% | 0% | 86% |
| Research/Data | 69% | 71% | 67% | 68% | 70% | 71% | 94% | 69% | 79% | 79% | 79% | 83% | 100% | 77% | 73% | 72% | 73% | 71% | 83% | 80% | 83% | 80% | 78% | 84% | 63% |
| Communication/Media | 62% | 63% | 57% | 54% | 69% | 65% | 76% | 81% | 72% | 68% | 58% | 70% | 50% | 68% | 55% | 64% | 53% | 65% | 58% | 60% | 50% | 60% | 56% | 89% | 66% |
| Writing Rules or Policies | 52% | 52% | 47% | 50% | 46% | 65% | 41% | 56% | 48% | 42% | 42% | 50% | 50% | 48% | 55% | 44% | 47% | 59% | 46% | 56% | 50% | 55% | 37% | 58% | 51% |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |
| **Average Childhood IVP Importance (0-7)** | **5.82** | **5.89** | **5.86** | **5.82** | **5.90** | **6.18** | **5.53** | **5.00** | **5.76** | **5.76** | **5.47** | **5.80** | **6.50** | **5.70** | **6.00** | **5.52** | **6.20** | **5.94** | **6.08** | **5.92** | **6.25** | **6.25** | **6.00** | **6.21** | **5.49** |
| **High Level Organizational Capacity** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Research and identify evidence-based injury | 25% | 31% | 25% | 30% | 28% | 41% | 24% | 6% | 21% | 24% | 16% | 23% | 0% | 20% | 18% | 16% | 33% | 24% | 25% | 28% | 25% | 40% | 30% | 32% | 23% |
| Use research in program development and planning | 46% | 48% | 43% | 50% | 48% | 47% | 35% | 38% | 45% | 50% | 47% | 43% | 50% | 43% | 45% | 44% | 53% | 53% | 50% | 52% | 58% | 65% | 52% | 47% | 34% |
| Find childhood injury data for development and planning | 23% | 23% | 20% | 28% | 18% | 18% | 18% | 25% | 28% | 26% | 32% | 30% | 50% | 23% | 27% | 20% | 33% | 35% | 29% | 28% | 42% | 40% | 26% | 16% | 20% |
| Use childhood injury data for development and planning | 27% | 26% | 25% | 30% | 25% | 29% | 29% | 25% | 45% | 37% | 42% | 43% | 100% | 34% | 45% | 36% | 47% | 47% | 42% | 36% | 58% | 45% | 37% | 26% | 14% |
| Identify possible funding | 14% | 11% | 12% | 10% | 13% | 12% | 6% | 19% | 17% | 16% | 16% | 17% | 0% | 14% | 9% | 12% | 7% | 12% | 21% | 12% | 8% | 5% | 11% | 11% | 14% |
| Obtain funding | 14% | 13% | 14% | 10% | 13% | 18% | 6% | 13% | 14% | 13% | 11% | 17% | 0% | 14% | 18% | 8% | 7% | 12% | 21% | 16% | 8% | 5% | 11% | 5% | 14% |
| Identify Wake County IVP entities | 35% | 32% | 39% | 32% | 38% | 53% | 47% | 13% | 28% | 29% | 16% | 33% | 0% | 30% | 36% | 28% | 40% | 29% | 50% | 24% | 25% | 35% | 33% | 42% | 29% |
| Use existing Wake County IVP networks | 31% | 29% | 31% | 28% | 36% | 53% | 47% | 13% | 24% | 24% | 16% | 27% | 0% | 23% | 27% | 36% | 40% | 35% | 50% | 20% | 25% | 25% | 26% | 42% | 31% |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |
| **Somewhat or Very Valuable (3-4) Capacity Building** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receive childhood IVP resources | 79% | 76% | 76% | 78% | 77% | 94% | 94% | 63% | 76% | 74% | 68% | 87% | 100% | 75% | 100% | 84% | 93% | 94% | 100% | 96% | 92% | 95% | 96% | 89% | 69% |
| Receive Wake County IVP data reports | 72% | 73% | 73% | 68% | 72% | 88% | 82% | 63% | 72% | 71% | 63% | 80% | 50% | 70% | 82% | 72% | 87% | 94% | 96% | 76% | 92% | 80% | 78% | 74% | 69% |
| Participate with Wake County IVP networking | 75% | 74% | 69% | 72% | 74% | 88% | 82% | 69% | 76% | 74% | 68% | 87% | 100% | 75% | 91% | 76% | 80% | 88% | 88% | 84% | 83% | 85% | 81% | 89% | 69% |
| Attend trainings on evidence-based IVP | 72% | 73% | 76% | 68% | 77% | 94% | 88% | 56% | 76% | 68% | 68% | 83% | 100% | 68% | 91% | 80% | 93% | 94% | 92% | 84% | 92% | 85% | 81% | 68% | 66% |
| Attend trainings on building capacity | 69% | 69% | 69% | 62% | 69% | 82% | 88% | 56% | 69% | 71% | 63% | 73% | 100% | 68% | 82% | 72% | 80% | 88% | 88% | 80% | 92% | 80% | 78% | 84% | 66% |
| Network with IVP grant funding | 72% | 71% | 73% | 68% | 72% | 82% | 82% | 63% | 76% | 76% | 79% | 87% | 100% | 75% | 91% | 80% | 100% | 94% | 92% | 80% | 92% | 85% | 81% | 74% | 69% |
| Other | 28% | 27% | 29% | 30% | 26% | 29% | 29% | 19% | 31% | 34% | 32% | 30% | 50% | 32% | 55% | 28% | 33% | 35% | 42% | 32% | 33% | 40% | 33% | 26% | 29% |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |

*Table M- 2. Organization Summary by Somewhat (2) or Primarily (3) Targeted Populations*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| African American | 56% | 55% | 53% | **52%** | 61% | 65% | 47% | 38% | 55% | 55% | 47% | 53% | 50% | 55% | 36% | 56% | 40% | 65% | 50% | 52% | 42% | 60% | 56% | 42% | 51% |
| American Indian | 30% | 31% | 31% | 32% | 34% | 53% | 29% | 25% | 48% | 39% | 37% | 47% | 0% | 39% | 18% | 48% | 27% | 47% | 25% | 28% | 33% | 45% | 41% | 21% | 20% |
| Caucasian | 44% | 44% | 43% | 42% | 48% | 65% | 47% | 25% | 52% | 42% | 37% | 47% | 50% | 43% | 36% | 44% | 33% | 53% | 46% | 40% | 42% | 50% | 52% | 26% | 37% |
| Hispanic | 52% | 50% | 47% | 44% | 52% | 59% | 47% | 56% | 55% | 55% | 42% | 50% | 50% | 55% | 36% | 48% | 27% | 47% | 42% | 48% | 33% | 55% | 48% | 42% | 51% |
| Other ethnic group | 15% | 15% | 16% | 16% | 16% | 29% | 24% | 0% | 24% | 18% | 5% | 23% | 0% | 20% | 18% | 16% | 20% | 29% | 17% | 16% | 17% | 30% | 26% | 21% | 3% |
| Female | 49% | 48% | 51% | 40% | 48% | 53% | 29% | 19% | 52% | 45% | 26% | 43% | 50% | 45% | 36% | 48% | 33% | 47% | 42% | 44% | 33% | 45% | 41% | 37% | 40% |
| Male | 46% | 50% | 51% | 40% | 52% | 47% | 41% | 19% | 59% | 45% | 26% | 50% | 50% | 45% | 36% | 52% | 40% | 47% | 46% | 44% | 25% | 45% | 48% | 32% | 43% |
| LGBT | 25% | 24% | 31% | 28% | 31% | 35% | 6% | 6% | 24% | 24% | 21% | 20% | 0% | 23% | 18% | 16% | 13% | 29% | 25% | 12% | 8% | 25% | 30% | 5% | 17% |
| Rural | 45% | 39% | 39% | 40% | 44% | 47% | 41% | 50% | 62% | 53% | 47% | 60% | 50% | 55% | 36% | 64% | 47% | 59% | 50% | 48% | 33% | 50% | 56% | 53% | 26% |
| Urban | 55% | 50% | 51% | 48% | 52% | 53% | 35% | 44% | 62% | 53% | 37% | 57% | 50% | 55% | 36% | 56% | 47% | 53% | 50% | 40% | 33% | 50% | 52% | 58% | 43% |
| Homeless | 56% | 56% | 61% | **52%** | 54% | 88% | 41% | 25% | 41% | 39% | 37% | 43% | 50% | 43% | 55% | 36% | 53% | 53% | 63% | 48% | 58% | 55% | 56% | 37% | 51% |
| Low income | 77% | 77% | 78% | **76%** | 84% | 88% | 65% | 69% | 79% | 74% | 63% | 77% | 50% | 75% | 55% | 80% | 73% | 76% | 83% | 64% | 67% | 75% | 74% | 68% | 74% |
| Foster Children | 46% | 45% | 47% | 44% | 44% | 59% | 24% | 19% | 31% | 34% | 21% | 30% | 50% | 34% | 45% | 28% | 53% | 47% | 42% | 40% | 42% | 55% | 41% | 42% | 40% |
| Orphans | 27% | 29% | 33% | 30% | 30% | 47% | 12% | 6% | 21% | 18% | 16% | 23% | 0% | 18% | 27% | 16% | 33% | 35% | 25% | 24% | 33% | 35% | 26% | 16% | 26% |
| Children/youth living with a disability | 49% | 40% | 41% | 44% | 46% | 53% | 53% | 38% | 66% | 53% | 42% | 63% | 50% | 57% | 45% | 52% | 40% | 53% | 54% | 48% | 42% | 45% | 63% | 47% | 34% |
| Refugees | 14% | 18% | 22% | 16% | 20% | 53% | 18% | 6% | 21% | 13% | 16% | 20% | 50% | 14% | 27% | 24% | 27% | 29% | 17% | 16% | 25% | 25% | 22% | 16% | 9% |
| Other | 17% | 19% | 22% | 22% | 16% | 24% | 29% | 6% | 10% | 11% | 11% | 10% | 50% | 9% | 18% | 12% | 13% | 12% | 13% | 16% | 8% | 15% | 19% | 21% | 20% |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |

*Table M-3. Organization Summary by Target Groups*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| Children | 86% | 90% | 90% | 90% | 92% | 94% | 76% | 75% | 79% | 82% | 68% | 83% | 50% | 82% | 82% | 84% | 87% | 88% | 92% | 88% | 75% | 90% | 89% | 89% | 86% |
| Parents/Caregivers | 79% | 77% | 75% | 82% | 82% | 94% | 88% | 75% | 72% | 71% | 68% | 77% | 50% | 73% | 82% | 72% | 87% | 82% | 83% | 80% | 83% | 75% | 81% | 79% | 77% |
| Religious Leaders | 42% | 42% | 49% | 42% | 51% | 71% | 53% | 50% | 45% | 37% | 26% | 43% | 50% | 36% | 55% | 48% | 60% | 47% | 58% | 40% | 58% | 50% | 52% | 42% | 40% |
| Teachers | 75% | 71% | 69% | 78% | 79% | 88% | 59% | 56% | 66% | 61% | 47% | 73% | 50% | 66% | 73% | 68% | 80% | 76% | 83% | 68% | 67% | 75% | 74% | 63% | 69% |
| Medical Professionals (e.g. doctors, nurses, EMT) | 63% | 61% | 65% | 68% | 61% | 88% | 76% | 38% | 72% | 74% | 74% | 70% | 50% | 70% | 73% | 72% | 80% | 82% | 79% | 64% | 92% | 80% | 78% | 74% | 40% |
| Policy Makers/Decision Makers | 62% | 66% | 59% | 60% | 62% | 88% | 88% | 75% | 79% | 74% | 79% | 80% | 100% | 75% | 73% | 84% | 80% | 76% | 88% | 72% | 67% | 80% | 74% | 68% | 51% |
| Public Safety (e.g. police, fire) | 46% | 53% | 51% | 52% | 54% | 88% | 53% | 50% | 72% | 61% | 58% | 70% | 50% | 61% | 64% | 68% | 73% | 65% | 75% | 52% | 58% | 75% | 59% | 42% | 31% |
| Other | 30% | 27% | 33% | 34% | 25% | 35% | 41% | 19% | 17% | 18% | 16% | 23% | 100% | 18% | 36% | 24% | 27% | 29% | 25% | 24% | 33% | 30% | 30% | 37% | 31% |
| ***Average # Groups per Org*** | ***4.8*** | ***4.9*** | ***4.9*** | ***5.1*** | ***5.0*** | ***6.5*** | ***5.4*** | ***4.4*** | ***5.0*** | *4.8* | ***4.4*** | ***5.2*** | ***5.0*** | ***4.8*** | ***5.4*** | ***5.2*** | ***5.7*** | ***5.5*** | ***5.8*** | ***4.9*** | ***5.3*** | ***5.6*** | ***5.4*** | ***4.9*** | ***4.3*** |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | *38* | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |

*Table M-4. Organization Summary by Type*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| Committee/Task Force | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Local Government | 8% | 8% | 8% | 6% | 8% | 18% | 18% | 13% | 17% | 13% | 5% | 17% | 0% | 14% | 27% | 16% | 20% | 24% | 13% | 12% | 17% | 20% | 15% | 11% | 3% |
| Hospital/Health Center | 3% | 3% | 4% | 6% | 5% | 6% | 0% | 0% | 3% | 5% | 11% | 7% | 0% | 5% | 9% | 4% | 7% | 12% | 4% | 8% | 8% | 10% | 11% | 0% | 0% |
| Non-profit | 73% | 71% | 69% | 70% | 72% | 53% | 71% | 69% | 59% | 66% | 68% | 60% | 50% | 66% | 55% | 68% | 67% | 65% | 71% | 76% | 67% | 55% | 67% | 68% | 80% |
| Private | 13% | 15% | 16% | 14% | 11% | 6% | 6% | 0% | 7% | 8% | 5% | 3% | 0% | 7% | 9% | 4% | 7% | 12% | 4% | 12% | 17% | 10% | 7% | 11% | 11% |
| Religious Organization | 4% | 5% | 8% | 4% | 7% | 12% | 0% | 0% | 0% | 0% | 0% | 3% | 0% | 2% | 9% | 0% | 7% | 0% | 4% | 4% | 8% | 0% | 0% | 0% | 6% |
| Research | 1% | 2% | 0% | 2% | 0% | 0% | 0% | 6% | 3% | 5% | 5% | 3% | 0% | 5% | 0% | 0% | 0% | 0% | 0% | 4% | 0% | 0% | 4% | 5% | 0% |
| State Government | 8% | 13% | 12% | 14% | 11% | 18% | 12% | 19% | 24% | 18% | 26% | 23% | 50% | 18% | 18% | 16% | 13% | 12% | 17% | 8% | 17% | 20% | 15% | 16% | 3% |
| Volunteer Organization | 7% | 10% | 10% | 8% | 7% | 6% | 6% | 0% | 3% | 3% | 5% | 3% | 0% | 2% | 0% | 4% | 0% | 0% | 4% | 8% | 0% | 0% | 4% | 0% | 9% |
| Other | 18% | 16% | 22% | 18% | 18% | 12% | 6% | 6% | 7% | 11% | 11% | 7% | 0% | 9% | 9% | 4% | 7% | 12% | 13% | 4% | 8% | 5% | 11% | 11% | 23% |
| ***Avg # of types per org*** | ***1.4*** | ***1.4*** | ***1.5*** | ***1.4*** | ***1.4*** | ***1.3*** | ***1.2*** | ***1.1*** | ***1.2*** | ***1.3*** | ***1.4*** | ***1.3*** | ***1.0*** | ***1.3*** | ***1.4*** | ***1.2*** | ***1.3*** | ***1.4*** | ***1.3*** | ***1.4*** | ***1.4*** | ***1.2*** | ***1.3*** | ***1.2*** | ***1.3*** |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |

*Table M-5. Organization Summary by Geographic Areas Served*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| The City of Raleigh | 46% | 44% | 47% | 38% | 48% | 41% | 41% | 38% | 41% | 39% | 26% | 37% | 0% | 39% | 18% | 48% | 40% | 35% | 46% | 36% | 42% | 35% | 41% | 47% | 46% |
| Wake County | 72% | 73% | 71% | 70% | 74% | 76% | 82% | 56% | 52% | 63% | 53% | 57% | 100% | 61% | 82% | 56% | 80% | 65% | 79% | 76% | 83% | 65% | 70% | 84% | 71% |
| The Greater Triangle Area | 48% | 44% | 41% | 44% | 44% | 35% | 24% | 44% | 41% | 47% | 42% | 43% | 50% | 45% | 45% | 40% | 53% | 47% | 54% | 52% | 58% | 45% | 48% | 37% | 46% |
| The State of North Carolina | 41% | 40% | 39% | 42% | 38% | 35% | 53% | 44% | 72% | 66% | 74% | 60% | 50% | 64% | 36% | 60% | 53% | 47% | 50% | 52% | 67% | 60% | 63% | 47% | 17% |
| Nationally, The United States | 14% | 10% | 10% | 14% | 8% | 6% | 18% | 19% | 17% | 16% | 16% | 20% | 0% | 18% | 9% | 16% | 20% | 18% | 17% | 24% | 25% | 25% | 26% | 11% | 6% |
| Other (e.g. neighborhoods, cities, towns) | 4% | 3% | 4% | 4% | 7% | 0% | 6% | 13% | 3% | 3% | 5% | 3% | 0% | 2% | 9% | 4% | 7% | 0% | 4% | 0% | 0% | 0% | 0% | 5% | 11% |
| ***Avg # Areas per Org*** | ***2.3*** | ***2.1*** | ***2.1*** | ***2.1*** | ***2.2*** | ***1.9*** | ***2.2*** | ***2.1*** | ***2.3*** | ***2.3*** | ***2.2*** | ***2.2*** | ***2.0*** | ***2.3*** | ***2.0*** | ***2.2*** | ***2.5*** | ***2.1*** | ***2.5*** | ***2.4*** | ***2.8*** | ***2.3*** | ***2.5*** | ***2.3*** | ***2.0*** |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |

*Table M-6. Organization Summary by Use of Data Sources*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| **Do Not Use Data** | 10% | 10% | 12% | 8% | 7% | 0% | 6% | 6% | 3% | 5% | 5% | 3% | 0% | 5% | 0% | 4% | 0% | 6% | 0% | 4% | 8% | 0% | 0% | 11% | 20% |
| National Level | 70% | 65% | 61% | 64% | 64% | 65% | 76% | 56% | 79% | 76% | 74% | 80% | 100% | 75% | 100% | 84% | 100% | 82% | 92% | 88% | 92% | 90% | 89% | 74% | 51% |
| North Carolina State Level | 73% | 63% | 65% | 68% | 67% | 82% | 88% | 69% | 90% | 84% | 84% | 90% | 100% | 86% | 100% | 92% | 100% | 88% | 92% | 88% | 92% | 95% | 93% | 79% | 51% |
| Wake County Level | 61% | 60% | 55% | 56% | 62% | 71% | 59% | 50% | 62% | 61% | 47% | 60% | 100% | 57% | 64% | 68% | 73% | 76% | 75% | 64% | 58% | 70% | 63% | 63% | 63% |
| Other* | 23% | 27% | 24% | 24% | 28% | 29% | 24% | 38% | 21% | 24% | 21% | 27% | 50% | 23% | 36% | 20% | 33% | 35% | 33% | 24% | 42% | 30% | 30% | 42% | 26% |
| ***Avg # Data Sources per Org*** | ***4.2*** | ***4.2*** | ***3.9*** | ***4.3*** | ***4.2*** | ***5.9*** | ***4.9*** | ***4.2*** | ***5.6*** | ***5.6*** | ***4.9*** | ***5.6*** | ***5.5*** | ***5.3*** | ***6.9*** | ***5.7*** | ***7.2*** | ***6.8*** | ***5.8*** | ***5.8*** | ***6.3*** | ***6.5*** | ***6.2*** | ***5.3*** | ***3.0*** |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |

*Table M- 7. Organization Summary by Funding Sources*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| National Level | 30% | 34% | 29% | 36% | 31% | 59% | 18% | 38% | 48% | 45% | 42% | 47% | 0% | 43% | 36% | 40% | 47% | 59% | 29% | 36% | 42% | 55% | 37% | 32% | 20% |
| North Carolina State Level | 45% | 47% | 41% | 46% | 48% | 65% | 53% | 38% | 45% | 53% | 42% | 50% | 50% | 45% | 45% | 48% | 60% | 59% | 63% | 52% | 42% | 55% | 56% | 74% | 37% |
| Wake County Level | 20% | 24% | 22% | 18% | 26% | 41% | 29% | 13% | 10% | 16% | 11% | 17% | 0% | 14% | 18% | 12% | 13% | 18% | 21% | 24% | 8% | 25% | 22% | 16% | 23% |
| Private Donors | 45% | 44% | 49% | 40% | 49% | 59% | 47% | 25% | 31% | 29% | 26% | 37% | 0% | 30% | 45% | 44% | 60% | 59% | 54% | 48% | 50% | 55% | 44% | 42% | 40% |
| Other Governmental Funding | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Corporate Sponsors | 21% | 24% | 20% | 22% | 23% | 29% | 24% | 25% | 21% | 21% | 26% | 30% | 0% | 23% | 27% | 24% | 20% | 41% | 33% | 32% | 25% | 35% | 26% | 26% | 17% |
| Insurance Companies | 13% | 11% | 12% | 12% | 11% | 0% | 6% | 13% | 21% | 26% | 16% | 13% | 0% | 23% | 9% | 8% | 13% | 12% | 17% | 8% | 8% | 25% | 15% | 11% | 3% |
| Other* | 15% | 19% | 20% | 20% | 26% | 29% | 29% | 31% | 24% | 29% | 21% | 40% | 0% | 32% | 36% | 28% | 33% | 29% | 33% | 24% | 33% | 25% | 26% | 37% | 11% |
| None of the above | 24% | 19% | 24% | 24% | 13% | 18% | 29% | 19% | 17% | 13% | 21% | 17% | 50% | 16% | 27% | 20% | 20% | 24% | 13% | 20% | 33% | 20% | 19% | 11% | 34% |
| ***Avg # Sources per Org*** | ***2.9*** | ***3.2*** | ***3.1*** | ***3.2*** | ***3.3*** | ***5.1*** | ***3.0*** | ***2.9*** | ***3.2*** | ***3.5*** | ***2.7*** | ***3.7*** | ***0.5*** | ***3.2*** | ***3.8*** | ***3.0*** | ***4.0*** | ***4.1*** | ***3.8*** | ***3.2*** | ***3.3*** | ***4.4*** | ***3.4*** | ***3.4*** | ***2.2*** |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***16*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***35*** |

*Table M-8. Average Use of Data Source Types by Organization Topic Area*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| National Level | 1.0 | 1.0 | 0.9 | 1.0 | 0.9 | 1.1 | 1.1 | 0.7 | 1.1 | 1.2 | 1.0 | 1.1 | 1.5 | 1.1 | 1.4 | 1.3 | 1.6 | 1.3 | 1.3 | 1.3 | 1.3 | 1.4 | 1.3 | 1.2 | 0.8 |
| North Carolina State Level | 2.0 | 1.9 | 1.8 | 2.1 | 1.8 | 3.0 | 2.6 | 2.0 | 3.3 | 3.1 | 2.9 | 3.2 | 2.5 | 3.0 | 3.9 | 3.2 | 3.9 | 3.8 | 3.0 | 3.2 | 3.4 | 3.7 | 3.4 | 2.5 | 0.9 |
| Wake County Level | 0.9 | 0.9 | 0.8 | 0.9 | 0.9 | 1.2 | 0.8 | 0.8 | 0.9 | 0.9 | 0.7 | 0.9 | 1.0 | 0.9 | 1.1 | 1.0 | 1.2 | 1.2 | 1.1 | 1.0 | 1.0 | 1.1 | 1.0 | 1.1 | 1.1 |
| Other* | 0.3 | 0.4 | 0.4 | 0.4 | 0.4 | 0.6 | 0.4 | 0.5 | 0.3 | 0.3 | 0.3 | 0.4 | 0.5 | 0.3 | 0.5 | 0.3 | 0.5 | 0.5 | 0.4 | 0.3 | 0.6 | 0.5 | 0.4 | 0.6 | 0.4 |
| ***Avg # Data Sources per Org*** | ***4.2*** | ***4.2*** | ***3.9*** | ***4.3*** | ***4.2*** | ***5.9*** | ***4.9*** | ***4.0*** | ***5.6*** | ***5.6*** | ***4.9*** | ***5.6*** | ***5.5*** | ***5.3*** | ***6.9*** | ***5.7*** | ***7.2*** | ***6.8*** | ***5.8*** | ***5.8*** | ***6.3*** | ***6.5*** | ***6.2*** | ***5.3*** | ***3.2*** |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***18*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***39*** |

*Table M-9. Average Use of of Funding Source Types by Organization Topic Area*

| | Intentional Injury | | | | | | | | Unintentional Injury | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child Abuse/ Maltreatment | Assault/Physical Violence | Sexual Violence | Self Inflicted/Self Harm | Bullying | Human trafficking | Other Intentional | None of the above | Bicycles | Cars/Trucks/Buses | Motorcycles | Pedestrians | Other MVC | Total MVC | Animal Bites | Bicycle (not MVC) | Burns/Fire | Drowning | Environmental Factors | Falls | Suffocation | Firearm | Poisoning/Overdose | Other Unintentional | None of the Above |
| National Level | 0.6 | 0.7 | 0.7 | 0.8 | 0.6 | 1.5 | 0.6 | 0.8 | 1.1 | 1.0 | 0.8 | 1.0 | 0.0 | 0.9 | 1.3 | 0.8 | 1.3 | 1.2 | 0.8 | 0.8 | 1.0 | 1.3 | 0.8 | 0.6 | 0.3 |
| North Carolina State Level | 0.8 | 0.8 | 0.7 | 0.8 | 0.8 | 1.4 | 0.8 | 0.5 | 0.7 | 0.9 | 0.7 | 0.8 | 0.5 | 0.7 | 0.8 | 0.7 | 1.0 | 0.9 | 0.9 | 0.8 | 0.8 | 1.1 | 0.9 | 1.1 | 0.6 |
| Wake County Level | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.6 | 0.4 | 0.2 | 0.2 | 0.3 | 0.1 | 0.3 | 0.0 | 0.2 | 0.5 | 0.2 | 0.3 | 0.4 | 0.3 | 0.4 | 0.2 | 0.4 | 0.3 | 0.3 | 0.3 |
| Private Donors | 0.5 | 0.5 | 0.5 | 0.4 | 0.5 | 0.6 | 0.5 | 0.2 | 0.3 | 0.3 | 0.3 | 0.4 | 0.0 | 0.3 | 0.5 | 0.5 | 0.6 | 0.6 | 0.5 | 0.5 | 0.5 | 0.6 | 0.5 | 0.4 | 0.4 |
| Other Governmental Funding | 0.2 | 0.3 | 0.2 | 0.2 | 0.3 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.0 | 0.3 | 0.1 | 0.1 | 0.3 |
| Corporate Sponsors | 0.2 | 0.3 | 0.2 | 0.2 | 0.3 | 0.3 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.3 | 0.0 | 0.2 | 0.3 | 0.3 | 0.2 | 0.4 | 0.3 | 0.3 | 0.3 | 0.4 | 0.3 | 0.3 | 0.2 |
| Insurance Companies | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.2 | 0.2 | 0.3 | 0.2 | 0.1 | 0.0 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.3 | 0.2 | 0.1 | 0.0 |
| Other* | 0.2 | 0.2 | 0.3 | 0.3 | 0.3 | 0.5 | 0.4 | 0.5 | 0.3 | 0.4 | 0.3 | 0.5 | 0.0 | 0.4 | 0.4 | 0.4 | 0.4 | 0.3 | 0.5 | 0.3 | 0.4 | 0.3 | 0.3 | 0.5 | 0.2 |
| ***Avg # Sources per Org*** | ***2.9*** | ***3.2*** | ***3.1*** | ***3.2*** | ***3.3*** | ***5.1*** | ***3.0*** | ***2.8*** | ***3.2*** | ***3.5*** | ***2.7*** | ***3.7*** | ***0.5*** | ***3.2*** | ***3.8*** | ***3.0*** | ***4.0*** | ***4.1*** | ***3.8*** | ***3.2*** | ***3.3*** | ***4.4*** | ***3.4*** | ***3.4*** | ***2.3*** |
| ***N*** | ***71*** | ***62*** | ***51*** | ***50*** | ***61*** | ***17*** | ***17*** | ***18*** | ***29*** | ***38*** | ***19*** | ***30*** | ***2*** | ***44*** | ***11*** | ***25*** | ***15*** | ***17*** | ***24*** | ***25*** | ***12*** | ***20*** | ***27*** | ***19*** | ***39*** |

## A. Program Impact for All Capacity Levels

Table N-1.Prevention level by SEF (column %).

| | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 103 | 84% | 27 | 55% | 30 | 54% | 7 | 44% | 167 | 69% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 2% | 0 | 0% | 1 | 0% |
| 3-Tertiary Prevention | 10 | 8% | 10 | 20% | 6 | 11% | 1 | 6% | 27 | 11% |
| 4-Primary & Tertiary | 4 | 3% | 8 | 16% | 10 | 18% | 6 | 38% | 28 | 12% |
| 5-Primary & Secondary | 1 | 1% | 1 | 2% | 2 | 4% | 1 | 6% | 5 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 3 | 5% | 0 | 0% | 3 | 1% |
| 7-All Levels of Prevention | 4 | 3% | 3 | 6% | 4 | 7% | 1 | 6% | 12 | 5% |
| Total | 122 | 50% | 49 | 20% | 56 | 23% | 16 | 7% | 243 | 100% |

Table N-2. Prevention level by SEF (row %).

| | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Individual | | Relationship | | Community | | Society | | Total | |
| *Prevention Level* | N | % | N | % | N | % | N | % | N | % |
| 1-Primary Prevention | 103 | 62% | 27 | 16% | 30 | 18% | 7 | 4% | 167 | 69% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 0% |
| 3-Tertiary Prevention | 10 | 37% | 10 | 37% | 6 | 22% | 1 | 4% | 27 | 11% |
| 4-Primary & Tertiary | 4 | 14% | 8 | 29% | 10 | 36% | 6 | 21% | 28 | 12% |
| 5-Primary & Secondary | 1 | 20% | 1 | 20% | 2 | 40% | 1 | 20% | 5 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 3 | 100% | 0 | 0% | 3 | 1% |
| 7-All Levels of Prevention | 4 | 33% | 3 | 25% | 4 | 33% | 1 | 8% | 12 | 5% |
| Total | 122 | 50% | 49 | 20% | 56 | 23% | 16 | 7% | 243 | 100% |

Table N-3. Prevention level by Frieden (column %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Cntxt* | | *SES* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 103 | 83% | 2 | 13% | 47 | 58% | 15 | 65% | 0 | 0% | 167 | 69% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 1% | 0 | 0% | 0 | 0% | 1 | 0% |
| 3-Tertiary Prevention | 8 | 6% | 6 | 40% | 13 | 16% | 0 | 0% | 0 | 0% | 27 | 11% |
| 4-Primary & Tertiary | 7 | 6% | 3 | 20% | 11 | 14% | 7 | 30% | 0 | 0% | 28 | 12% |
| 5-Primary & Secondary | 1 | 1% | 0 | 0% | 4 | 5% | 0 | 0% | 0 | 0% | 5 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 2 | 13% | 1 | 1% | 0 | 0% | 0 | 0% | 3 | 1% |
| 7-All Levels of Prevention | 5 | 4% | 2 | 13% | 4 | 5% | 1 | 4% | 0 | 0% | 12 | 5% |
| Total | 124 | 51% | 15 | 6% | 81 | 33% | 23 | 9% | 0 | 0% | 243 | 100% |

Table N-4. Prevention level By Frieden Health Impact (row %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Cntxt* | | *SES* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 103 | 62% | 2 | 1% | 47 | 28% | 15 | 9% | 0 | 0% | 167 | 69% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 1 | 0% |
| 3-Tertiary Prevention | 8 | 30% | 6 | 22% | 13 | 48% | 0 | 0% | 0 | 0% | 27 | 11% |
| 4-Primary & Tertiary | 7 | 25% | 3 | 11% | 11 | 39% | 7 | 25% | 0 | 0% | 28 | 12% |
| 5-Primary & Secondary | 1 | 20% | 0 | 0% | 4 | 80% | 0 | 0% | 0 | 0% | 5 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 2 | 67% | 1 | 33% | 0 | 0% | 0 | 0% | 3 | 1% |
| 7-All Levels of Prevention | 5 | 42% | 2 | 17% | 4 | 33% | 1 | 8% | 0 | 0% | 12 | 5% |
| Total | 124 | 51% | 15 | 6% | 81 | 33% | 23 | 9% | 0 | 0% | 243 | 100 % |

Table N-5. Frieden by SEF (column %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 86 | 69% | 8 | 53% | 28 | 35% | 0 | 0% | 0 | 0% | 122 | 50% |
| Relationship | 32 | 26% | 3 | 20% | 14 | 17% | 0 | 0% | 0 | 0% | 49 | 20% |
| Community | 6 | 5% | 3 | 20% | 36 | 44% | 11 | 48% | 0 | 0% | 56 | 23% |
| Society | 0 | 0% | 1 | 7% | 3 | 4% | 12 | 52% | 0 | 0% | 16 | 7% |
| Total | 124 | 51% | 15 | 6% | 81 | 33% | 23 | 9% | 0 | 0% | 243 | 100% |

Table N-6. SEF by Frieden Health Impact (row %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *SEF Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 86 | 70% | 8 | 7% | 28 | 23% | 0 | 0% | 0 | 0% | 122 | 50% |
| Relationship | 32 | 65% | 3 | 6% | 14 | 29% | 0 | 0% | 0 | 0% | 49 | 20% |
| Community | 6 | 11% | 3 | 5% | 36 | 64% | 11 | 20% | 0 | 0% | 56 | 23% |
| Society | 0 | 0% | 1 | 6% | 3 | 19% | 12 | 75% | 0 | 0% | 16 | 7% |
| Total | 124 | 51% | 15 | 6% | 81 | 33% | 23 | 9% | 0 | 0% | 243 | 100% |

Table N-7. SEF by Frieden Health Impact (total %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *SEF Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 86 | 35% | 8 | 3% | 28 | 12% | 0 | 0% | 0 | 0% | 122 | 50% |
| Relationship | 32 | 13% | 3 | 1% | 14 | 6% | 0 | 0% | 0 | 0% | 49 | 20% |
| Community | 6 | 2% | 3 | 1% | 36 | 15% | 11 | 5% | 0 | 0% | 56 | 23% |
| Society | 0 | 0% | 1 | 0% | 3 | 1% | 12 | 5% | 0 | 0% | 16 | 7% |
| Total | 124 | 51% | 15 | 6% | 81 | 33% | 23 | 9% | 0 | 0% | 243 | 100% |

## A. Program Impact by High Capacity Organizations

Table N-8. Prevention level by Frieden (column %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 35 | 70% | 0 | 0% | 20 | 59% | 11 | 65% | 0 | 0% | 66 | 60% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 3% | 0 | 0% | 0 | 0% | 1 | 1% |
| 3-Tertiary Prevention | 6 | 12% | 2 | 22% | 2 | 6% | 0 | 0% | 0 | 0% | 10 | 9% |
| 4-Primary & Tertiary | 6 | 12% | 3 | 33% | 6 | 18% | 5 | 29% | 0 | 0% | 20 | 18% |
| 5-Primary & Secondary | 0 | 0% | 0 | 0% | 2 | 6% | 0 | 0% | 0 | 0% | 2 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 2 | 22% | 1 | 3% | 0 | 0% | 0 | 0% | 3 | 3% |
| 7-All Levels of Prevention | 3 | 6% | 2 | 22% | 2 | 6% | 1 | 6% | 0 | 0% | 8 | 7% |
| Total | 50 | 45% | 9 | 8% | 34 | 31% | 17 | 15% | 0 | 0% | 110 | 100 % |

Table N -9. Prevention level by Frieden (row %).

| *Prevention Level* | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 35 | 53% | 0 | 0% | 20 | 30% | 11 | 17% | 0 | 0% | 66 | 60% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 1 | 1% |
| 3-Tertiary Prevention | 6 | 60% | 2 | 20% | 2 | 20% | 0 | 0% | 0 | 0% | 10 | 9% |
| 4-Primary & Tertiary | 6 | 30% | 3 | 15% | 6 | 30% | 5 | 25% | 0 | 0% | 20 | 18% |
| 5-Primary & Secondary | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 2 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 2 | 67% | 1 | 33% | 0 | 0% | 0 | 0% | 3 | 3% |
| 7-All Levels of Prevention | 3 | 38% | 2 | 25% | 2 | 25% | 1 | 13% | 0 | 0% | 8 | 7% |
| Total | 50 | 45% | 9 | 8% | 34 | 31% | 17 | 15% | 0 | 0% | 110 | 100% |

Table N -10. Prevention level by Frieden (column %).

| | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 33 | 73% | 9 | 50% | 18 | 50% | 6 | 55% | 66 | 60% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 3% | 0 | 0% | 1 | 1% |
| 3-Tertiary Prevention | 5 | 11% | 2 | 11% | 2 | 6% | 1 | 9% | 10 | 9% |
| 4-Primary & Tertiary | 3 | 7% | 5 | 28% | 8 | 22% | 4 | 36% | 20 | 18% |
| 5-Primary & Secondary | 1 | 2% | 0 | 0% | 1 | 3% | 0 | 0% | 2 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 3 | 8% | 0 | 0% | 3 | 3% |
| 7-All Levels of Prevention | 3 | 7% | 2 | 11% | 3 | 8% | 0 | 0% | 8 | 7% |
| Total | 45 | 41% | 18 | 16% | 36 | 33% | 11 | 10% | 110 | 100% |

Table N -11. Prevention level by SEF(row %).

| | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 33 | 50% | 9 | 14% | 18 | 27% | 6 | 9% | 66 | 60% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 1% |
| 3-Tertiary Prevention | 5 | 50% | 2 | 20% | 2 | 20% | 1 | 10% | 10 | 9% |
| 4-Primary & Tertiary | 3 | 15% | 5 | 25% | 8 | 40% | 4 | 20% | 20 | 18% |
| 5-Primary & Secondary | 1 | 50% | 0 | 0% | 1 | 50% | 0 | 0% | 2 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 3 | 100% | 0 | 0% | 3 | 3% |
| 7-All Levels of Prevention | 3 | 38% | 2 | 25% | 3 | 38% | 0 | 0% | 8 | 7% |
| Total | 45 | 41% | 18 | 16% | 36 | 33% | 11 | 10% | 110 | 100% |

Table N -12. SEF by Frieden (column %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Prevention* | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 30 | 60% | 4 | 44% | 11 | 32% | 0 | 0% | 0 | 0% | 45 | 41% |
| Relationship | 15 | 30% | 1 | 11% | 2 | 6% | 0 | 0% | 0 | 0% | 18 | 16% |
| Community | 5 | 10% | 3 | 33% | 20 | 59% | 8 | 47% | 0 | 0% | 36 | 33% |
| Society | 0 | 0% | 1 | 11% | 1 | 3% | 9 | 53% | 0 | 0% | 11 | 10% |
| Total | 50 | 45% | 9 | 8% | 34 | 31% | 17 | 15% | 0 | 0% | 110 | 100% |

Table N -13. SEF by Frieden (row %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Prevention Level* | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 30 | 67% | 4 | 9% | 11 | 24% | 0 | 0% | 0 | 0% | 45 | 41% |
| Relationship | 15 | 83% | 1 | 6% | 2 | 11% | 0 | 0% | 0 | 0% | 18 | 16% |
| Community | 5 | 14% | 3 | 8% | 20 | 56% | 8 | 22% | 0 | 0% | 36 | 33% |
| Society | 0 | 0% | 1 | 9% | 1 | 9% | 9 | 82% | 0 | 0% | 11 | 10% |
| Total | 50 | 45% | 9 | 8% | 34 | 31% | 17 | 15% | 0 | 0% | 110 | 100% |

Table N -14. SEF by Frieden (total %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 30 | 27% | 4 | 4% | 11 | 10% | 0 | 0% | 0 | 0% | 45 | 41% |
| Relationship | 15 | 14% | 1 | 1% | 2 | 2% | 0 | 0% | 0 | 0% | 18 | 16% |
| Community | 5 | 5% | 3 | 3% | 20 | 18% | 8 | 7% | 0 | 0% | 36 | 33% |
| Society | 0 | 0% | 1 | 1% | 1 | 1% | 9 | 8% | 0 | 0% | 11 | 10% |
| Total | 50 | 45% | 9 | 8% | 34 | 31% | 17 | 15% | 0 | 0% | 110 | 100% |

## B. Program Impact by Medium Capacity Organizations

Table N -15. Prevention level by Frieden (column %).

| *Prevention Level* | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 44 | 98% | 2 | 100% | 12 | 48% | 2 | 67% | 0 | 0% | 60 | 80% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 1 | 2% | 0 | 0% | 7 | 28% | 0 | 0% | 0 | 0% | 8 | 11% |
| 4-Primary & Tertiary | 0 | 0% | 0 | 0% | 4 | 16% | 1 | 33% | 0 | 0% | 5 | 7% |
| 5-Primary & Secondary | 0 | 0% | 0 | 0% | 1 | 4% | 0 | 0% | 0 | 0% | 1 | 1% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 0 | 0% | 0 | 0% | 1 | 4% | 0 | 0% | 0 | 0% | 1 | 1% |
| Total | 45 | 60% | 2 | 3% | 25 | 33% | 3 | 4% | 0 | 0% | 75 | 100% |

Table N -16. Prevention level by Frieden (row %).

| *Prevention Level* | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 44 | 73% | 2 | 3% | 12 | 20% | 2 | 3% | 0 | 0% | 60 | 80% |
| 2-Secondary Prevention | 0 | 0 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 1 | 13% | 0 | 0% | 7 | 88% | 0 | 0% | 0 | 0% | 8 | 11% |
| 4-Primary & Tertiary | 0 | 0% | 0 | 0% | 4 | 80% | 1 | 20% | 0 | 0% | 5 | 7% |
| 5-Primary & Secondary | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 1 | 1% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 1 | 1% |
| Total | 45 | 60% | 2 | 3% | 25 | 33% | 3 | 4% | 0 | 0% | 75 | 100% |

Table N -17. Prevention level by SEF (column %).

| *Prevention Level* | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 46 | 96% | 10 | 63% | 3 | 38% | 1 | 33% | 60 | 80% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 1 | 2% | 4 | 25% | 3 | 38% | 0 | 0% | 8 | 11% |
| 4-Primary & Tertiary | 1 | 2% | 2 | 13% | 1 | 13% | 1 | 33% | 5 | 7% |
| 5-Primary & Secondary | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 33% | 1 | 1% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 0 | 0% | 0 | 0% | 1 | 13% | 0 | 0% | 1 | 1% |
| Total | 48 | 64% | 16 | 21% | 8 | 11% | 3 | 4% | 75 | 100% |

Table N -18. Prevention level by SEF (row %).

| | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 46 | 77% | 10 | 17% | 3 | 5% | 1 | 2% | 60 | 80% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 1 | 13% | 4 | 50% | 3 | 38% | 0 | 0% | 8 | 11% |
| 4-Primary & Tertiary | 1 | 20% | 2 | 40% | 1 | 20% | 1 | 20% | 5 | 7% |
| 5-Primary & Secondary | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 1 | 1% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 1% |
| Total | 48 | 64% | 16 | 21% | 8 | 11% | 3 | 4% | 75 | 100% |

Table N -19. SEF by Frieden (column %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *SEF Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 36 | 80% | 2 | 100% | 10 | 40% | 0 | 0% | 0 | 0% | 48 | 64% |
| Relationship | 8 | 18% | 0 | 0% | 8 | 32% | 0 | 0% | 0 | 0% | 16 | 21% |
| Community | 1 | 2% | 0 | 0% | 6 | 24% | 1 | 33% | 0 | 0% | 8 | 11% |
| Society | 0 | 0% | 0 | 0% | 1 | 4% | 2 | 67% | 0 | 0% | 3 | 4% |
| Total | 45 | 60% | 2 | 3% | 25 | 33% | 3 | 4% | 0 | 0% | 75 | 100% |

Table N -20. SEF by Frieden Health Impact (row %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *SEF Level* | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 36 | 75% | 2 | 4% | 10 | 21% | 0 | 0% | 0 | 0% | 48 | 64% |
| Relationship | 8 | 50% | 0 | 0% | 8 | 50% | 0 | 0% | 0 | 0% | 16 | 21% |
| Community | 1 | 13% | 0 | 0% | 6 | 75% | 1 | 13% | 0 | 0% | 8 | 11% |
| Society | 0 | 0% | 0 | 0% | 1 | 33% | 2 | 67% | 0 | 0% | 3 | 4% |
| Total | 45 | 60% | 2 | 3% | 25 | 33% | 3 | 4% | 0 | 0% | 75 | 100% |

Table N -21. SEF by Frieden (total %)

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *SEF Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 36 | 48% | 2 | 3% | 10 | 13% | 0 | 0% | 0 | 0% | 48 | 64% |
| Relationship | 8 | 11% | 0 | 0% | 8 | 11% | 0 | 0% | 0 | 0% | 16 | 21% |
| Community | 1 | 1% | 0 | 0% | 6 | 8% | 1 | 1% | 0 | 0% | 8 | 11% |
| Society | 0 | 0% | 0 | 0% | 1 | 1% | 2 | 3% | 0 | 0% | 3 | 4% |
| Total | 45 | 60% | 2 | 3% | 25 | 33% | 3 | 4% | 0 | 0% | 75 | 100% |

## C. Program Impact by Low Capacity Organizations

Table N -22. Prevention by Frieden (column %).

| *Prevention Level* | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 22 | 85% | 0 | 0% | 9 | 64% | 1 | 50% | 0 | 0% | 32 | 70% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 0 | 0% | 4 | 100% | 4 | 29% | 0 | 0% | 0 | 0% | 8 | 17% |
| 4-Primary & Tertiary | 1 | 4% | 0 | 0% | 1 | 7% | 1 | 50% | 0 | 0% | 3 | 7% |
| 5-Primary & Secondary | 1 | 4% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 2 | 8% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 4% |
| Total | 26 | 57% | 4 | 9% | 14 | 30% | 2 | 4% | 0 | 0% | 46 | 100% |

Table N -23. Prevention level by Frieden (row %).

| *Prevention Level* | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 22 | 69% | 0 | 0% | 9 | 28% | 1 | 3% | 0 | 0% | 32 | 70% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 0 | 0% | 4 | 50% | 4 | 50% | 0 | 0% | 0 | 0% | 8 | 17% |
| 4-Primary & Tertiary | 1 | 33% | 0 | 0% | 1 | 33% | 1 | 33% | 0 | 0% | 3 | 7% |
| 5-Primary & Secondary | 1 | 100 % | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 2 | 100 % | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 4% |
| Total | 26 | 57% | 4 | 9% | 14 | 30% | 2 | 4% | 0 | 0% | 46 | 100 % |

Table N -24. Prevention level by SEF (column %).

| *Prevention Level* | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 19 | 83% | 7 | 50% | 6 | 75% | 0 | 0% | 32 | 70% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 3 | 13% | 4 | 29% | 1 | 13% | 0 | 0% | 8 | 17% |
| 4-Primary & Tertiary | 0 | 0% | 1 | 7% | 1 | 13% | 1 | 100% | 3 | 7% |
| 5-Primary & Secondary | 0 | 0% | 1 | 7% | 0 | 0% | 0 | 0% | 1 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 1 | 4% | 1 | 7% | 0 | 0% | 0 | 0% | 2 | 4% |
| Total | 23 | 50% | 14 | 30% | 8 | 17% | 1 | 2% | 46 | 100% |

Table N -25. Prevention level by SEF (row %).

| | *SEF Level* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
| *Prevention Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| 1-Primary Prevention | 19 | 59% | 7 | 22% | 6 | 19% | 0 | 0% | 32 | 70% |
| 2-Secondary Prevention | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 3-Tertiary Prevention | 3 | 38% | 4 | 50% | 1 | 13% | 0 | 0% | 8 | 17% |
| 4-Primary & Tertiary | 0 | 0% | 1 | 33% | 1 | 33% | 1 | 33% | 3 | 7% |
| 5-Primary & Secondary | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 1 | 2% |
| 6--Secondary & Tertiary | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 7-All Levels of Prevention | 1 | 50% | 1 | 50% | 0 | 0% | 0 | 0% | 2 | 4% |
| Total | 23 | 50% | 14 | 30% | 8 | 17% | 1 | 2% | 46 | 100% |

Table N -26. SEF by Frieden (column %).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *SEF Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 17 | 65% | 2 | 50% | 4 | 29% | 0 | 0% | 0 | 0% | 23 | 50% |
| Relationship | 9 | 35% | 2 | 50% | 3 | 21% | 0 | 0% | 0 | 0% | 14 | 30% |
| Community | 0 | 0% | 0 | 0% | 7 | 50% | 1 | 50% | 0 | 0% | 8 | 17% |
| Society | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 50% | 0 | 0% | 1 | 2% |
| Total | 26 | 57% | 4 | 9% | 14 | 30% | 2 | 4% | 0 | 0% | 46 | 100% |

Table N -27. SEF by Frieden (row %).

| *SEF Level* | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 17 | 74% | 2 | 9% | 4 | 17% | 0 | 0% | 0 | 0% | 23 | 50% |
| Relationship | 9 | 64% | 2 | 14% | 3 | 21% | 0 | 0% | 0 | 0% | 14 | 30% |
| Community | 0 | 0% | 0 | 0% | 7 | 88% | 1 | 13% | 0 | 0% | 8 | 17% |
| Society | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 1 | 2% |
| Total | 26 | 57% | 4 | 9% | 14 | 30% | 2 | 4% | 0 | 0% | 46 | 100 % |

Table N -28. SEF by Frieden (total%).

| | *Frieden Health Impact* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Education and Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
| *SEF Level* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Individual | 17 | 37% | 2 | 4% | 4 | 9% | 0 | 0% | 0 | 0% | 23 | 50% |
| Relationship | 9 | 20% | 2 | 4% | 3 | 7% | 0 | 0% | 0 | 0% | 14 | 30% |
| Community | 0 | 0% | 0 | 0% | 7 | 15% | 1 | 2% | 0 | 0% | 8 | 17% |
| Society | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 2% | 0 | 0% | 1 | 2% |
| Total | 26 | 57% | 4 | 9% | 14 | 30% | 2 | 4% | 0 | 0% | 46 | 100 % |

### *a. Distribution of Prevention Level by Socio-Ecological Framework*

There is a good distribution across SEF levels for all prevention levels (with the exception of Secondary and Secondary/Tertiary Prevention), with at least every level of prevention showing one or more programs across each level of the SEF. The majority of all programs regardless of SEF level address Primary Prevention (69%). However, we see that the percentage of programs in the Primary Prevention category decreases as the SEF population level increases, Individual (84%), Relationship (55%), Community (54%), and Society (44%).

Table N-29. Prevention level by Socio-Ecological Framework (column %).

| *Prevention Level* | *Individual* | | *Relationship* | | *Community* | | *Society* | | *Total* | |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % |
| Primary Prevention | 103 | 84% | 27 | 55% | 30 | 54% | 7 | 44% | 167 | 69% |
| Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 2% | 0 | 0% | 1 | 0% |
| Tertiary Prevention | 10 | 8% | 10 | 20% | 6 | 11% | 1 | 6% | 27 | 11% |
| Primary & Tertiary | 4 | 3% | 8 | 16% | 10 | 18% | 6 | 38% | 28 | 12% |
| Primary & Secondary | 1 | 1% | 1 | 2% | 2 | 4% | 1 | 6% | 5 | 2% |
| Secondary & Tertiary | 0 | 0% | 0 | 0% | 3 | 5% | 0 | 0% | 3 | 1% |
| All Levels of Prevention | 4 | 3% | 3 | 6% | 4 | 7% | 1 | 6% | 12 | 5% |
| Total | 122 | 50% | 49 | 20% | 56 | 23% | 16 | 7% | 243 | 100% |

### *b. Distribution of Prevention Level by Frieden's Health Impact*

Primary Prevention is the leading type of program for Education and Counseling (83%), Long Lasting Intervention (58%), and Changing the Context (65%). For Clinical interventions, the leading type of prevention level is Tertiary (40%) followed by Primary/Tertiary (20%). Primary, Tertiary and All Levels of Prevention provide a distribution across at least three of Frieden's Health Impact Levels. Primary and All Levels of Prevention provide a distribution resembling the overall distribution of Frieden's Health Impact Pyramid, with the largest percentage in Education and Counseling (62% and 42% respectively), followed by Long Lasting interventions (28% and 33%), and the smallest percentage in Clinical (1%, 17%) and Changing the Context (9% and 8%). Tertiary Prevention had the greatest distribution in Long Lasting interventions (48%), followed by Education and Counseling (30%) and Clinical (22%).

Table N-30. Prevention Level Frieden's Health Impact (column %).

| *Prevention Level* | *Edu & Counseling* | | *Clinical* | | *Long Lasting* | | *Change Cntxt* | | *SES* | | *Total* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Primary Prevention | 103 | 83% | 2 | 13% | 47 | 58% | 15 | 65% | 0 | 0% | 167 | 69% |
| Secondary Prevention | 0 | 0% | 0 | 0% | 1 | 1% | 0 | 0% | 0 | 0% | 1 | 0% |
| Tertiary Prevention | 8 | 6% | 6 | 40% | 13 | 16% | 0 | 0% | 0 | 0% | 27 | 11% |
| Primary & Tertiary | 7 | 6% | 3 | 20% | 11 | 14% | 7 | 30% | 0 | 0% | 28 | 12% |
| Primary & Secondary | 1 | 1% | 0 | 0% | 4 | 5% | 0 | 0% | 0 | 0% | 5 | 2% |
| Secondary & Tertiary | 0 | 0% | 2 | 13% | 1 | 1% | 0 | 0% | 0 | 0% | 3 | 1% |
| All Levels of Prevention | 5 | 4% | 2 | 13% | 4 | 5% | 1 | 4% | 0 | 0% | 12 | 5% |
| Total | 124 | 51% | 15 | 6% | 81 | 33% | 23 | 9% | 0 | 0% | 243 | 100% |

### *c. Distribution of Socio-Ecological Framework by Frieden's Health Impact*

The majority of programs in Frieden's Health Impact Education and Counseling Level were identified as Individual (69%) or Relational (26%). A similar trend is presented for programs in Frieden's Clinical Interventions Level; programs that target the SEF Individual level have the largest distribution (53%), followed

by relational (20%) and Community (20%) and the least amount in the SEF societal level (7%). Long Lasting Interventions have the greatest distribution in the Community level of the SEF (44%), followed by Individual level (35%), relational level (17%), and societal level (4%). In contrast to the Education and Counseling tier, the Changing the Context holds the greatest percentage in the largest SEF level, societal (52%) and Community (48%), with zero programs in the Individual and relational categories.

Table N-31. Socio-Ecological Framework by Frieden's Health Impact (column%).

| *SEF* | *Edu & Counseling* | | *Clinical* | | *Long Lasting* | | *Change Context* | | *SES* | | *Total* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Individual | 86 | 69% | 8 | 53% | 28 | 35% | 0 | 0% | 0 | 0% | **122** | **50%** |
| Relationship | 32 | 26% | 3 | 20% | 14 | 17% | 0 | 0% | 0 | 0% | **49** | **20%** |
| Community | 6 | 5% | 3 | 20% | 36 | 44% | 11 | 48% | 0 | 0% | **56** | **23%** |
| Society | 0 | 0% | 1 | 7% | 3 | 4% | 12 | 52% | 0 | 0% | **16** | **7%** |
| Total | **124** | **51%** | **15** | **6%** | **81** | **33%** | **23** | **9%** | **0** | **0%** | **243** | **100%** |

### *d. Distribution of Socio-Ecological Framework by Frieden's Health Impact*

The greatest numbers of programs were identified as Frieden's Education and Counseling and Individual SEF (35%), followed by Frieden's Long Lasting and Community SEF (15%), Educational and Counseling and Relationship SEF (13%), Long Lasting and Individual SEF (12%), and equal percentages (5%) in Changing the Context Community SEF and Changing the Context Society SEF Level. Almost all of the programs in the Educational and Counseling Tier addressed Individual and Relationship SEF (95%), in contrast, all of the programs in Frieden's Changing the Context addressed Community Level SEF (48%) or Society Level SEF (52%). As Frieden's Impact Tiers increase, the level of SEF increases. Likewise, in the lowest levels of Frieden's Impact pyramid (Education and Counseling) and the lowest levels of the SEF (Individual and Relationship), there are only six programs (2%) which address the highest levels of Frieden's Health Impact Pyramid or the highest levels of the SEF, demonstrating an overlapping relationship between the distribution of Frieden's Health Impact Pyramid and the levels of the Socio-Ecological Framework.

Table N-32. Socio-Ecological Framework by Frieden's Health Impact (total %).

| *SEF* | Edu & Counseling | | Clinical | | Long Lasting | | Change Context | | SES | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Individual | 86 | 35% | 8 | 3% | 28 | 12% | 0 | 0% | 0 | 0% | **122** | **50%** |
| Relationship | 32 | 13% | 3 | 1% | 14 | 6% | 0 | 0% | 0 | 0% | **49** | **20%** |
| Community | 6 | 2% | 3 | 1% | 36 | 15% | 11 | 5% | 0 | 0% | **56** | **23%** |
| Society | 0 | 0% | 1 | 0% | 3 | 1% | 12 | 5% | 0 | 0% | **16** | **7%** |
| Total | **124** | **51%** | **15** | **6%** | **81** | **33%** | **23** | **9%** | **0** | **0%** | **243** | **100%** |

*Injury Prevention Focus*
The distributions of intent of injury are relatively equal across all levels of capacity.

*Prevention Level*
Medium Capacity organizations were more likely to be working in Primary Prevention (80%) than other organizations.

*Socio-Ecological Framework*
Medium Capacity organizations were more likely to be working on the individual level of the Socio-Ecological Framework (64%).

*Frieden's Health Impact Pyramid*
The distributions of Frieden's Health Impact Pyramid are relatively equal across all levels of capacity.

*Three E's of Injury Prevention*
Greater percentages for programs conducted by Medium Capacity (67%) and Lower Capacity (63%) organizations were Education only, whereas half (50%) of programs conducted by High Capacity organizations were Education only and almost a quarter (24%) were all three E's combined.

*Socio-Ecological Framework by Prevention Level*
High Capacity organizations were less likely to be working in Primary Prevention and the Individual Level of the Socio-Ecological Framework (73% of all interventions that address the Individual level of the SEF). Medium Capacity organizations were more likely to be working in Primary Prevention and the Individual Level of the Socio-Ecological Framework (96% of all interventions that address the Individual level of the SEF) and Tertiary Prevention and the Community Level of the SEF (38% of all interventions that address the Community Level of the SEF), however they were less likely to be working in Primary Prevention and the Community Level of the Socio-Ecological Framework (38% of all interventions that address the Community Level of the SEF).

*Frieden by Prevention Level*
Medium Capacity organizations were more likely to be working in Primary Prevention and Education and Counseling (98% of all Education and Counseling interventions) and Tertiary Prevention and Long Lasting interventions (28% of all Long Lasting interventions) than other organizations and less likely to be working in Tertiary Clinical interventions (0% of all clinical interventions).. Low Capacity organizations were more likely to address Tertiary Prevention and Frieden's Clinical level (100% of clinical interventions) and less likely to address Secondary/Tertiary and All Levels of Prevention (both 0% of all clinical interventions), than other organizations.

*Frieden and the Socio-Ecological Framework*
Medium Capacity organizations were more likely to be working on the Individual level of the SEF and addressing Education and Counseling (73% of all Education and Counseling interventions) than other organizations.

| Table N-33 Program impact by organizational capacity level.[a] | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *All Organizations* | | *High Capacity*[b] | | *Med Capacity*[c] | | *Low Capacity*[d] | |
| *Injury Prevention Focus* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* |
| Intentional Only | 109 | 45% | 55 | 50% | 30 | 40% | 18 | 39% |
| Unintentional Only | 57 | 23% | 27 | 25% | 17 | 23% | 11 | 24% |
| Both Intentional and Unintentional | 77 | 32% | 28 | 25% | 28 | 37% | 17 | 37% |
| *Prevention Levels* | | | | | | | | |
| Primary Prevention | 167 | 69% | 66 | 60% | 60 | 80% | 32 | 70% |
| Secondary Prevention | 1 | 0% | 1 | 1% | 0 | 0% | 0 | 0% |
| Tertiary Prevention | 27 | 11% | 10 | 9% | 8 | 11% | 8 | 17% |
| Primary & Tertiary | 28 | 12% | 20 | 18% | 5 | 7% | 3 | 7% |
| Primary & Secondary | 5 | 2% | 2 | 2% | 1 | 1% | 1 | 2% |
| Secondary & Tertiary | 3 | 1% | 3 | 3% | 0 | 0% | 0 | 0% |
| All Levels of Prevention | 12 | 5% | 8 | 7% | 1 | 1% | 2 | 4% |
| *Socio-Ecological Framework* | | | | | | | | |
| 1-Individual | 122 | 50% | 45 | 41% | 48 | 64% | 23 | 50% |
| 2-Relationship | 49 | 20% | 18 | 16% | 16 | 21% | 14 | 30% |
| 3-Community | 56 | 23% | 36 | 33% | 8 | 11% | 8 | 17% |
| 4-Society | 16 | 7% | 11 | 10% | 3 | 4% | 1 | 2% |
| *Freidan's Pyramid* | | | | | | | | |
| 1- Education & Counseling | 124 | 51% | 50 | 45% | 45 | 60% | 26 | 57% |
| 2- Clinical | 15 | 6% | 9 | 8% | 2 | 3% | 4 | 9% |
| 3- Long Lasting | 81 | 33% | 34 | 31% | 25 | 33% | 14 | 30% |
| 4- Change Context | 23 | 9% | 17 | 15% | 3 | 4% | 2 | 4% |
| 5- SES | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| *The Three Es of Injury* | | | | | | | | |
| 1- Education Only | 143 | 59% | 55 | 50% | 50 | 67% | 29 | 63% |
| 2- Enforcement Only | 8 | 3% | 4 | 4% | 0 | 0% | 4 | 9% |
| 2- Engineering Only | 22 | 9% | 10 | 9% | 7 | 9% | 4 | 9% |
| 3- Education & Enforcement | 10 | 4% | 9 | 8% | 0 | 0% | 0 | 0% |
| 3- Enforcement and Engineering | 3 | 1% | 1 | 1% | 1 | 1% | 0 | 0% |
| 3- Education and Engineering | 10 | 4% | 5 | 5% | 3 | 4% | 2 | 4% |
| 4- All Three Es of Injury | 47 | 19% | 26 | 24% | 14 | 19% | 7 | 15% |
| *Total* | *243* | *100%* | *110* | *100%* | *75* | *100%* | *46* | *100%* |

[a]*Capacity index was created for organizations who completed the capacity questions on the organization survey, some organizations (N=12) did not complete capacity questions.*
[b]*High Capacity Organizations N= 33 and 110 programs*
[c]*Medium Capacity Organizations N= 33 and 75 programs*
[d]*Low Capacity Organizations N= 32 and 46 programs*

| Table O-1. Distribution of coalitions by network size (n = 15 networks). | | |
|---|---|---|
| *# Members* | *Members* | |
| | *N* | *%* |
| Small (0-50) | 9 | 60% |
| Medium (51+) | 6 | 40% |
| Total | 15 | 100% |
| Average | 56.5 | |

| Table O-2. Frequency of coalition meetings | | |
|---|---|---|
| *Frequency* | *N* | *%* |
| Annually | 1 | 7% |
| Bi-annually | 0 | 0% |
| Quarterly | 5 | 33% |
| Once a month | 4 | 27% |
| Twice a month | 0 | 0% |
| Weekly (or more) | 0 | 0% |
| Other[a] | 5 | 33% |
| Total | 15 | 100% |

[a]*Other includes: About 13 times per year; the full coalition meets quarterly. Work teams meet about every six weeks; As needed; As able; We have four action teams and a Steering Committee. They each meet at least once per month and sometimes more often.*

| Table O-3. Method of coalition meeting.[a] | | |
|---|---|---|
| *Method* | *N* | *%* |
| Email Communication | 15 | 100% |
| In Person Meetings | 12 | 80% |
| Conference Calls | 8 | 53% |
| Other[b] | 6 | 40% |
| Conferences or Summits | 4 | 27% |
| Total | 15 | 100% |
| Average | 3 | |

[a]*Categories are not mutually exclusive*
[b]*Other includes: monthly work group meetings, monthly e-newsletter; annual planning retreat; Website; At events; other local meetings relating to same topic; listserv and website;*

| Table O-4 Distribution of coalition geographic service areas.[a] | | |
|---|---|---|
| *Area* | *N* | *%* |
| The City of Raleigh | 4 | 27% |
| Wake County | 8 | 53% |
| The Greater Triangle Area | 4 | 27% |
| The State of North Carolina | 9 | 60% |
| Nationally, The United States | 0 | 0% |
| Other [b] (e.g. neighborhoods, cities, towns) | 1 | 7% |
| Average | 1.7 | |
| Total Selections | 26 | |
| Total Respondents | 15 | |

[a]*Categories are not mutually exclusive* [c]
[b] *Other includes: Johnston, Harnett, Franklin and Lee Counties*

Table O-5 Frequencies of organizations targeting specific populations.[a]

| *Population* | *1 - Not specifically targeting this population* | | *2 - Some efforts to target this population* | | *3 - Primarily targeting population* | | *4 - Don't know/not sure* | | *Total Responses* | *Responses Indicating Targeting (2+3)* | | *Avg* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *N* | *%* | |
| African American | 5 | 33% | 7 | 47% | 2 | 13% | 1 | 7% | 15 | **9** | **60%** | 1.9 |
| American Indian | 9 | 60% | 5 | 33% | 0 | 0% | 1 | 7% | 15 | 5 | 33% | 1.5 |
| Caucasian | 5 | 33% | 5 | 33% | 4 | 27% | 1 | 7% | 15 | **9** | **60%** | 2.1 |
| Hispanic | 5 | 33% | 6 | 40% | 3 | 20% | 1 | 7% | 15 | **9** | **60%** | 2.0 |
| Other ethnic group[b] | 2 | 13% | 1 | 7% | 1 | 7% | 2 | 13% | 6 | 2 | 13% | 1.0 |
| Female | 6 | 40% | 6 | 40% | 2 | 13% | 1 | 7% | 15 | 8 | 53% | 1.9 |
| Male | 6 | 40% | 5 | 33% | 3 | 20% | 1 | 7% | 15 | 8 | 53% | 1.9 |
| LGBT | 11 | 73% | 2 | 13% | 0 | 0% | 2 | 13% | 15 | 2 | 13% | 1.5 |
| Rural | 6 | 40% | 5 | 33% | 3 | 20% | 1 | 7% | 15 | 8 | 53% | 1.9 |
| Urban | 5 | 33% | 7 | 47% | 2 | 13% | 1 | 7% | 15 | **9** | **60%** | 1.9 |
| Homeless | 11 | 73% | 1 | 7% | 1 | 7% | 2 | 13% | 15 | 2 | 13% | 1.6 |
| Low income | 5 | 33% | 6 | 40% | 3 | 20% | 1 | 7% | 15 | **9** | **60%** | 1.6 |
| Foster Children | 10 | 67% | 3 | 20% | 1 | 7% | 1 | 7% | 15 | 4 | 27% | 1.5 |
| Orphans | 11 | 73% | 1 | 7% | 1 | 7% | 2 | 13% | 15 | 2 | 13% | 1.6 |
| Children/youth living with a disability | 10 | 67% | 3 | 20% | 1 | 7% | 1 | 7% | 15 | 4 | 27% | 1.5 |
| Refugees (0-17) | 11 | 73% | 2 | 13% | 1 | 7% | 1 | 7% | 15 | 3 | 20% | 1.5 |
| Other[c] | 2 | 13% | 1 | 7% | 3 | 20% | 1 | 7% | 7 | 4 | 27% | 1.1 |
| Total | **120** | **50%** | **66** | **28%** | **31** | **13%** | **21** | **9%** | **238** | **97** | **41%** | **1.7** |

[a] *Categories are not mutually exclusive*
[b] *Other Ethnic Group includes: Asian; any*
[c] *Other population includes: farm workers and allies; We support all population groups in the state, some of our members focus on specific groups more than others; Minors; substance users; Those involved with juvenile justice*

Table O-6 Groups of people with which respondents work.[a]

| *Groups* | *N* | *%* |
|---|---|---|
| Policy Makers/Decision Makers | 12 | 80% |
| Public Safety (e.g. police, fire) | 12 | 80% |
| Medical Professionals (e.g. doctors, nurses, EMT) | 11 | 73% |
| Parents/Caregivers | 9 | 60% |
| Children (0-17) | 8 | 53% |
| Other[b] | 8 | 53% |
| Teachers | 6 | 40% |
| Religious Leaders | 5 | 33% |
| Total Responses | 71 | |
| Total Respondents | 15 | |

[a] *Categories are not mutually exclusive*
[b] *Other includes: partner organizations; farm workers and allies; Public Health, Academic research centers; College Age Students, Other Youth Workers; organizations and law enforcement; School administrators, planning departments, advocacy groups, after-school program providers, public health practitioners; youth service workers*

| Table O-7. Number of groups with which respondents work. | | |
|---|---|---|
| *Range* | *N* | *% Respondents* |
| 1 Group | 1 | 7% |
| 2 Groups | 1 | 7% |
| 3 Groups | 2 | 13% |
| 4 Groups | 2 | 13% |
| 5 Groups | 4 | 27% |
| 6 Groups | 2 | 13% |
| 7 Groups | 2 | 13% |
| 8 Groups | 1 | 7% |

| Table O-8. Coalition work focus. | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Focus* | *Not Important (0)* | | *Very Unimportant (1)* | | *Somewhat Unimportant (2)* | | *Neither Impt/ Unimpt (3)* | | *Somewhat Important (4)* | | *Important (5)* | | *Very Important (6)* | | *Total* |
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* |
| Education | 1 | 7% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 7% | 13 | 87% | **15** |
| Advocacy | 1 | 7% | 0 | 0% | 0 | 0% | 1 | 7% | 0 | 0% | 3 | 20% | 10 | 67% | **15** |
| Research/Data | 1 | 7% | 0 | 0% | 1 | 7% | 0 | 0% | 1 | 7% | 3 | 20% | 9 | 60% | **15** |
| Communication/Media | 2 | 13 % | 0 | 0% | 0 | 0% | 0 | 0% | 4 | 27% | 4 | 27% | 5 | 33% | **15** |
| Writing Rules or Policies | 0 | 0% | 2 | 13% | 0 | 0% | 1 | 7% | 4 | 27% | 4 | 27% | 4 | 27% | **15** |
| Funding | 4 | 27 % | 0 | 0% | 0 | 0% | 1 | 7% | 2 | 13% | 5 | 33% | 3 | 20% | **15** |
| Program Evaluation | 4 | 27 % | 1 | 7% | 1 | 7% | 1 | 7% | 1 | 7% | 4 | 27% | 3 | 20% | **15** |
| Counseling | 8 | 53 % | 1 | 7% | 2 | 13% | 0 | 0% | 3 | 20% | 0 | 0% | 1 | 7% | **15** |
| Total | 21 | 18 % | 4 | 3% | 4 | 3% | 4 | 3% | 15 | 13% | 24 | 20% | 48 | 40% | 120 |

| Table O-9. Types of services provided. | | |
|---|---|---|
| *Services* | *N* | *%* |
| Advocacy | 10 | 30% |
| Other[a] | 9 | 27% |
| Direct Services | 7 | 21% |
| Research Evaluation | 6 | 18% |
| Funding | 1 | 3% |
| Total | 33 | 100% |
| Average | 2.2 | |

[a]*Other includes: Education; legislative study commission; coordination of groups working to prevent injury and violence; Raising public awareness; Networking/Share Best Practice/Professional Level Development; technical assistance; education and awareness; training and technical assistance; Capacity Building for youth service providers, GIS map of youth services*

| Table O-10. Importance of focus on preventing childhood injury & prevention to coalition. | | |
|---|---|---|
| *Category* | *N* | *%* |
| 1 - Not at all Important | 0 | 0% |
| 2 - Very Unimportant | 1 | 7% |
| 3 - Somewhat Unimportant | 0 | 0% |
| 4 - Neither Important nor Unimportant | 1 | 7% |
| 5 - Somewhat Important | 1 | 7% |
| 6 - Very Important | 7 | 47% |
| 7 - Extremely Important | 5 | 33% |
| Total Respondents | 15 | |
| Average Importance | 5.9 | |

| Table O-11. Intentional & unintentional injuries to children addressed by coalition.[a] | | |
|---|---|---|
| *Types of Injury* | *N* | *%* |
| Intentional | | |
| None of the above | 8 | 53% |
| Child Abuse/ Maltreatment (physical, sexual, emotional) | 5 | 33% |
| Assault/Physical Violence | 5 | 33% |
| Sexual Violence (e.g. assault, rape) | 5 | 33% |
| Self Inflicted/Self Harm | 4 | 27% |
| Human trafficking | 4 | 27% |
| Bullying | 3 | 20% |
| Other[b] | 2 | 13% |
| Unintentional | | |
| **MVC Total** | **10** | **67%** |
| *Cars/trucks/buses* | 7 | 47% |
| *Pedestrians* | 7 | 47% |
| *Bicycles* | 7 | 47% |
| *Motorcycles* | 4 | 27% |
| *Other*[c] | 1 | 7% |
| Poisoning/overdose | 8 | 53% |
| Bicycle injury/crashes (NOT involving a motor vehicle) | 5 | 33% |
| Falls | 5 | 33% |
| Firearm | 5 | 33% |
| None of the above | 4 | 27% |
| Drowning/submersion | 4 | 27% |
| Burns, including fire and scalds | 4 | 27% |
| Environmental Factors (e.g. weather related) | 1 | 7% |
| Other[d] | 1 | 7% |
| Suffocation | 1 | 7% |
| Animal bites | 0 | 0% |
| **Total Respondents** | **15** | 100% |

[a] *Categories are not mutually exclusive*
[b] *Other Intentional includes: Children being exposed to heat stress, pesticides, and dangerous equipment; Impact of media; internet safety*
[c] *Other Motor Vehicle includes: farm equipment*
[d] *Other Unintentional includes: pesticides, heat stress, dangerous equipment, nicotine overdose from picking tobacco*

| Table O-12. Distribution of selections addressing injury by event type. | | | |
|---|---|---|---|
| *Types of Injury* | *N* | *Within Injury Type Group %* | *Across Injury Type Group %* |
| **Intentional** | | | |
| None of the above | 8 | 22% | 8% |
| Child Abuse/ Maltreatment (physical, sexual, emotional) | 5 | 14% | 5% |
| Assault/Physical Violence | 5 | 14% | 5% |
| Sexual Violence (e.g. assault, rape) | 5 | 14% | 5% |
| Self Inflicted/Self Harm | 4 | 11% | 4% |
| Human trafficking | 4 | 11% | 4% |
| Bullying | 3 | 8% | 3% |
| Other | 2 | 6% | 2% |
| **Total Intentional** | **36** | 100% | 36% |
| **Unintentional** | | | |
| Motor Vehicle Crashes Involving: | 26 | 41% | 26% |
| *Cars/trucks/buses* | 7 | 11% | 7% |
| *Pedestrians* | 7 | 11% | 7% |
| *Bicycles* | 7 | 11% | 7% |
| *Motorcycles* | 4 | 6% | 4% |
| *Other* | 1 | 2% | 1% |
| None of the above | 4 | 6% | 4% |
| Poisoning/overdose | 8 | 13% | 8% |
| Bicycle injury/crashes (NOT involving a motor vehicle) | 5 | 8% | 5% |
| Falls | 5 | 8% | 5% |
| Environmental Factors (e.g. weather related) | 1 | 2% | 1% |
| Firearm | 5 | 8% | 5% |
| Other | 1 | 2% | 1% |
| Drowning/submersion | 4 | 6% | 4% |
| Burns, including fire and scalds | 4 | 6% | 4% |
| Suffocation | 1 | 2% | 1% |
| Animal bites | 0 | 0% | 0% |
| **Total Unintentional** | **64** | 100% | 64% |
| **Overall Totals** | **100** | | |

Table O-13. Coalition capacity.

| | *1 - High Level of Capacity* | | *2 - Medium Level of Capacity* | | *3 - Low Level of Capacity* | | *4 - No Capacity* | | *5-Don't Know* | | *6-Not Applicable* | | *N* | *Avg* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | | |
| Research and identify evidence-based injury prevention programs, interventions, and strategies | 3 | 21% | 7 | 50% | 1 | 7% | 0 | 0% | 0 | 0% | **3** | 21% | **14** | 1.7 |
| Use research about evidence-based injury prevention programs, in program development and planning | 5 | 36% | 3 | 21% | 2 | 14% | 0 | 0% | 1 | 7% | **3** | 21% | **14** | 1.5 |
| Find relevant childhood injury data for prioritizing program development and planning | 8 | 57% | 4 | 29% | 1 | 7% | 0 | 0% | 0 | 0% | 1 | 7% | **14** | 1.4 |
| Use childhood injury data for prioritizing program development and planning | 9 | 64% | 1 | 7% | 3 | 21% | 0 | 0% | 0 | 0% | 1 | 7% | **14** | 1.4 |
| Identify possible funding | 3 | 21% | 4 | 29% | 5 | 36% | 1 | 7% | 0 | 0% | 1 | 7% | **14** | 2.1 |
| Obtain funding | 1 | 8% | 3 | 23% | 5 | 39% | 1 | 8% | 1 | 8% | 2 | 15% | **13** | 2.2 |
| Identify Wake County IVP entities | 3 | 21% | 7 | 50% | 1 | 7% | 0 | 0% | 0 | 0% | 3 | 21% | **14** | 1.7 |
| Use existing Wake County IVP networks to strengthen efforts within organization | 3 | 21% | 6 | 43% | 2 | 14% | 0 | 0% | 0 | 0% | 3 | 21% | **14** | 1.8 |
| **Total** | **35** | **32%** | **35** | **32%** | **20** | **18%** | **2** | **2%** | **2** | **2%** | **17** | **15%** | **111** | **1.7** |

Table O-14. Data sources used by coalitions.

| *Data Source* | *N* | *%* |
|---|---|---|
| Do not use data | 0 | 0% |
| **National Level** | **10** | **67%** |
| Center for Disease Control and Prevention (CDC) | 8 | 53% |
| Kids Count Data Center | 5 | 33% |
| **North Carolina State Level** | **12** | **80%** |
| NC Division of Public Health (including the State Center for Health Statistics) | 11 | 73% |
| UNC Highway Safety Research Center | 7 | 47% |
| Carolinas Poison Control | 7 | 47% |
| UNC Injury Prevention Research Center | 6 | 40% |
| NC Department of Transportation | 6 | 40% |
| NC DETECT | 6 | 40% |
| NC Violent Death Reporting System | 4 | 27% |
| Emergency Medical Service Performance Improvement Center (EMSPIC) | 0 | 0% |
| **Wake County Level** | **8** | **53%** |
| Wake County Community Health Assessment | 6 | 40% |
| Wake County Safe Kids | 5 | 33% |
| Other[a] | 12 | 80% |
| Total Respondents | 15 | |

[a] *Other includes: Combination of grant funding and partner financial support; WakeMed provides one staff member to coordinate activities and public relations assists with production of materials, information regarding programs; Currently, each organization*

*contributes time to participate in the work of the coalition. They also contribute miles; We are privately funded at this point; We receive a limited amount of funding from Wake County Project ASSIST; WakeMed is the lead agency for Safe Kids Wake County and we receive administrative and accounting support from the WakeMed Foundation. WakeMed also provides vehicle for Safe Kids Wake County use; No direct funding for coalition. In-kind by partnering organizations and people; Voluntary contributions; Funded by the John Rex Endowment through December 2013; The John Rex Endowment provided a four year grant to support the work of Youth Thrive; NC Trauma Registry; Reports within United Nations, studies from international organizations; Safe Kids Worldwide; Census data*

Table O-15. Value of capacity building activities to collations.

| *Activities* | *1 - Not Valuable* | | *2 - Slightly Valuable* | | *3 - Somewhat Valuable* | | *4 - Very Valuable* | | *N* | *Avg* |
|---|---|---|---|---|---|---|---|---|---|---|
| | *N* | *%* | *N* | *%* | *N* | *%* | *N* | *%* | | |
| Receive resources related to childhood injury and injury prevention in Wake County | 3 | 12% | **4** | **27%** | 2 | 9% | 6 | 15% | 15 | 2.7 |
| Receive Wake County childhood injury data reports | 2 | 8% | **5** | **33%** | 3 | 13% | 5 | 12% | 15 | 2.7 |
| Participate with Wake County stakeholders working in injury prevention to dialogue about childhood injury priorities and networking | 4 | 15% | 0 | 0% | **5** | **22%** | 6 | 15% | 15 | 2.9 |
| Attend trainings on evidence-based injury prevention programs, interventions, and strategies | 2 | 8% | 1 | 7% | **5** | **22%** | 7 | 17% | 15 | 3.1 |
| Attend trainings focused on building capacity in resource development | 1 | 4% | 3 | 20% | **6** | **26%** | 5 | 12% | 15 | 3.0 |
| Participate in informational networking sessions on injury prevention grant funding available from the John Rex Endowment and/or other public and private funders | 2 | 8% | 2 | 13% | 2 | 9% | **9** | **22%** | 15 | 3.2 |
| Other[a] | 12 | 46% | 0 | 0% | 0 | 0% | 3 | 7% | 15 | 1.6 |
| **Total** | **26** | **25%** | **15** | **14%** | **23** | **22%** | **41** | **39%** | **105** | **2.8** |

[a]*Other includes: none; Coalition building and strategic planning among stakeholders; NA; funding for staff time*

Table O-16. Coalition preference for inclusion in the profile.

| | *N* | *%* |
|---|---|---|
| **Yes** | 13 | 87% |
| **No** | 2 | 13% |
| **Total** | **15** | **100%** |

Table O-17. Coalition preference for ongoing communication with the John Rex Foundation.

| | *N* | *%* |
|---|---|---|
| Yes | 14 | 93% |
| No | 1 | 7% |
| **Total** | **15** | **100%** |