

The logo for the Kentucky Injury Prevention and Research Center features the text "Kentucky Injury Prevention and Research Center" in a white, sans-serif font, stacked vertically against a background of a colorful, blurred gradient transitioning from purple and blue on the left to green and yellow on the right.

Kentucky
Injury
Prevention
and Research
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Dear Reader:

The Kentucky Injury Prevention and Research Center (KIPRC) is a partnership between the Kentucky Department for Public Health and the University of Kentucky's School of Public Health that combines academic investigation with practical public health initiatives. The 2003 Annual Report highlights some of the activities and projects conducted at the Center.

Our purpose is to decrease the burden of injury in the Commonwealth. Our partnership, grounded in a belief that most injuries are preventable, cultivates a collaborative approach to problem solving. KIPRC works to reduce injury through education, policy initiatives, public health programming, surveillance, risk factor analysis, direct interventions, and evaluation.

In addition to extensive ongoing research initiatives, KIPRC practices injury prevention in communities across the state.

- KIPRC has distributed 25,000 smoke detectors for installation in rural homes since 1999.
- Some 1,100 child safety seats have been distributed to families in need. More importantly, persons receiving safety seats have been trained how to install and use them properly.
- Over 2,000 people have taken Web-based terrorism response and preparedness training developed by KIPRC.
- We develop and disseminate injury fact sheets on an ongoing basis from data collected and analyzed by the Center.
- Requests for KIPRC injury prevention consultation continue to increase.

Through these and other efforts, we are fostering a greater awareness of safety programs and injury prevention throughout the state. We will continue to be responsive to the injury-related needs of the people of the Commonwealth of Kentucky. In doing so, we will work closely with national, regional, state and local partners to promote injury prevention and research effectively.

Thank you for visiting our website and our latest Annual Report.

Sincerely,

Julia Costich, Ph.D., JD
Acting Director
Kentucky Injury Prevention and Research Center

Rice C. Leach, M.D.
Commissioner
Kentucky Department for Public Health



Crash Outcome Data Evaluation System

According to data collected by the National Center for Health Statistics and the National Highway Traffic Safety Administration (NHTSA), motor vehicle crashes (MVC's) have killed more than three million people on United States roadways since 1899. From 2000-2002, MVC's claimed the lives of 2,582 Kentuckians – an average of 861 per year. NHTSA is battling this major public health problem on several fronts.

The Crash Outcome Data Evaluation System is a population-based, NHTSA-sponsored program in MVC outcome research. KIPRC has created and continues to administer the Kentucky CODES dataset. The goal for states using CODES is to apply probabilistic data linkage methodology to build a comprehensive database on persons involved in motor vehicle crashes. This is accomplished by joining crash, medical, financial, exposure, roadway, and other data pertaining to crash-involved persons from administratively unrelated databases. Kentucky became a CODES state in 1998.

KIPRC is using Kentucky's CODES data in several ways to confront the MVC problem across the Commonwealth. We publish an annual descriptive report, and currently have an article in press on factors associated with higher injury severity levels in crash-involved occupants of severely damaged vehicles. We presented CODES research at two national conferences in 2003. In addition, we are working through the state Transportation Cabinet with regional planners and local community groups to fine-tune the identification of dangerous roadway sections by introducing more detailed injury data than can be obtained from crash reports alone, and to facilitate the application of CODES data and results at the local level.

As an example of how this type of research can translate into reductions in MVC-related injuries, consider a similar national program, the Crash Injury Research and Engineering Network (CIREN). Whereas CODES is a population-based system, CIREN is based on detailed investigations of individual MVC injury cases presenting to a Level I trauma center. On January 11, 2003 CNN.com reported a story about a woman whose life was probably saved because the police officer on the crash scene was familiar with a result reported by CIREN researchers. The researchers discovered that drivers who wore only the shoulder strap in certain older seat belt systems were at risk for severe liver injuries, even in low-speed crashes. The officer on the scene observed that the woman had been wearing only the shoulder part of her seat belt, so he persuaded her to go to a hospital, even though she insisted she was not hurt. The doctors who treated her found she had a lacerated liver and abdominal bleeding. She was treated for her injuries and survived.

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Terrorism Response and Preparedness

The Kentucky Injury Prevention and Research Center and The Kentucky Department of Public Health have jointly produced an online course entitled “EMS Response to Terrorism – Awareness Level Training for Bioterrorism.” This program was funded through a Homeland Security grant received by the Kentucky Cabinet for Health Services.

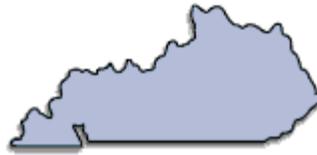
The course is designed to provide first responders a basic understanding of how to respond to a bioterrorism incident, including information on the types of agents that might be encountered, the specific properties of those agents, assessment and treatment of contaminated casualties, potential targets and personal protective equipment utilized when responding to such an incident.

The course has been certified for four hours of continuing education credit by the Kentucky Board of Emergency Medical Services. The credits are broken down as one hour each on disaster management and patient assessment, and two hours on medical emergencies. Upon successful completion of the course, a course certificate can be printed directly from the participant’s computer to validate and maintain a record of completion. The course has been given a total of four hours of continuing education credit by the Kentucky Board of Emergency Medical Services. The credits are broken down as one (1) hour for Disaster Management; one (1) hour for Patient Assessment; and two (2) hours for medical emergencies. Upon successful completion of the course, a course certificate can be printed directly from your computer to validate completion and to maintain in your files.

Future course offerings will include Incident Command Systems, Chemical Terrorism, Radiological Terrorism and Explosives Terrorism.

The Bioterrorism course is linked to several sites, including the National Association of EMS Educators, the Kentucky Virtual University and Kentucky Emergency Management. The most direct method to access the course is to go to the following web address: <http://www.kiprc.uky.edu/trap>. Other questions regarding the program can be directed by email to Mark Schneider at mark1@email.uky.edu.

“It’s not a question of if, but when it will happen again”
- William D. Hacker, M.D., KY Dept. for Public Health



State Injury Surveillance Program

Public health surveillance is “the ongoing, systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know.”

Surveillance projects and programs at KIPRC and across the state address specific types and external causes of injury and violence, populations, and geographic areas. These programs provide a wealth of information on risk factors, protective factors, and interventions for the specific topic they address. However, there is still a need for a surveillance system of a broader scope that will place injury and violence as a whole in the larger health context and assist policy makers in setting priorities among various injury problems.

The Kentucky Annual Vital Statistics Report is one of the few sources of statewide data on all causes of injury. That report has some significant limitations in terms of injury surveillance. There is a need for trend analyses of injury and violence as well as methodologically sound approaches to the relatively small numbers that one finds when considering many kinds of injuries at the county and regional levels.

To address these gaps, KIPRC is developing a Statewide Injury Surveillance Program (SISP). The core datasets initially will be state death certificates and inpatient hospital discharge files. Some of the basic functions of the SISP will be to:

- Establish baseline numbers and rates for injury-related deaths and hospitalizations in KY.
- Disseminate injury data in the form of annual reports and fact sheets.
- Evaluate core injury data systems as they relate to injury surveillance.
- Link administratively unrelated data sets to core injury data sets where it is possible and advantageous to do so.

Timely access to reliable information about fatal and non-fatal injuries, as well as their health and economic consequences, will enable more effective planning, policy, and resource allocation decisions at state, regional, and county levels. Providing such information is the mission of the State Injury Surveillance Program.



Fatality Assessment and Control Evaluation

“I don’t need that fall protection system. I’ve been working on roofs for over 20 years and nothing’s happened.”

“It might be a little tight when we go under that overhead wire but I think we can make it.”

“Just move that scaffolding and work on the other side. It’s already been checked once today by the supervisor.”

These statements are representative of the risks that were taken by workers which resulted in fatal work injuries to roofers, electricians, and construction workers. Workers may never have received adequate safety training or may have become inured to the dangers of their specific job responsibilities. Last year, the Kentucky Fatality Assessment Control and Evaluation (FACE) Program recorded 136 on-the-job deaths.

Work fatality data is collected from a variety of different sources: newspapers, vital statistics, coroner and medical examiner reports, the Census of Fatal Occupational Injuries, and other media sources. Data are analyzed and new and emerging risk factors for an occupational fatality are identified and interpreted.

When youth, immigrant workers, workers using machinery, or workers in highway work zones die, the FACE field investigator conducts an on-site evaluation. She interviews coroners, employers, employees and witnesses to the fatal incident to develop a case report. The case reports, with all personal identifiers removed, describe the fatal incident in detail, including events before, during and after the injury occurred. Analysis of the incident leads to prevention recommendations and strategies that address organizational, behavioral, environmental and engineering controls. Case reports are disseminated to employers and employees in similar industries and occupations with the goal of preventing future work fatalities.



Community Partnerships

The KIPRC Community Partnerships project began in the fall of 2002 as a way to explore how different communities approach injury prevention. Funded by the Centers for Disease Control and Prevention, Community Partnerships is based on the concept that communities are in the best position to know their own injury needs and solve local issues. We are working with several county-based injury prevention coalitions to study their structural and programmatic processes. The project is grounded in the theory of social capital, that is, the degree to which local organizations work collaboratively to benefit their community. We have four research aims:

- (a) to examine the connections between injury coalitions and their strategic plans
- (b) to investigate the connections between the outcomes of the strategic plans, the coalitions' structures and organizational processes, and the levels of social capital in the organizational members of the coalitions
- (c) to evaluate the effectiveness of a training program that is designed to increase coalitions' organizational capacity
- (d) to identify the stages in the life cycle of successful coalitions

One outcome of the project will be a model that can be used by other groups seeking to become more effective coalitions. In partnership with the injury prevention coalitions, KIPRC staff will learn and share new ways to enrich public health.

\\Co'a*li'tion\\, n. [LL. *coalitio*: cf. F. *coalition*. See Coalesce.] 1. The act of coalescing; union into a body or mass, as of separate bodies or parts...

Webster's Revised Unabridged Dictionary, © 1996, 1998 MICRA, Inc.

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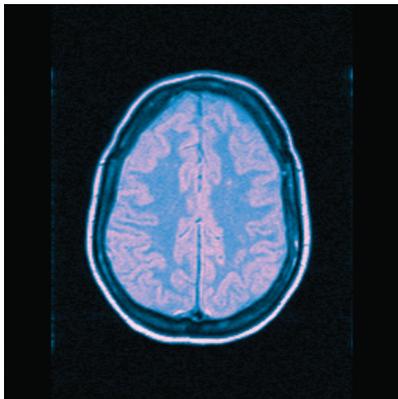
Traumatic Brain Injury & Spinal Cord Injury Surveillance Project

According to the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC), traumatic brain injuries (TBI) are among the types of injury most likely to result in death or permanent disability. NCIPC estimates that every year, some 1.5 million people in the United States experience a TBI. Some 5.3 million Americans live with disabilities from TBI, and additional 200,000 are disabled by spinal cord injury (SCI).

The Kentucky TBI Trust Fund (KTTF) was created in 1998 and is funded through fees imposed on driving under the influence offenses and selected speeding offenses and moving violations. Unfortunately, this fund cannot finance services for all who need them, and some Kentuckians in need must wait many months to be admitted into the program. Kentucky also needs effective TBI prevention and control interventions, and these rely on accurate surveillance of TBI and SCI among Kentuckians.

The TBI/SCI Surveillance Project, sponsored by the KTTF Board of Directors, seeks to identify all cases of TBI and SCI that occur in Kentucky. Trauma registry, hospital discharge, and death certificate files are linked to produce a comprehensive data set. The 2003 report provides the most complete information to date about the incidence and causes of TBI and SCI in Kentucky residents.

TBI Victims can suffer from such disabilities as blindness, paralysis, loss of speech, and loss of memory.



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Booster Seat Research Program

KIPRC staff are currently investigating effective strategies to convince parents to use booster seats for children aged 4-8, under a program funded by the Centers for Disease Control & Prevention. Children in this age range are too big for child safety seats but not big enough to fit properly in seat belts. The project, which is being conducted primarily in Pulaski County, has used media messages, public education campaigns, and child safety seat checkups. The program also provides free booster seats to parents who need them, and nearly 900 booster seats have been distributed since the project began in 2000. Initial results from the project show a significant increase in booster use in Pulaski County.

Most adults know that infants and toddlers must be properly buckled up in child safety seats when they ride in vehicles. Less well-known is the fact that older pre-schoolers and even students who are in elementary school usually need a booster seat to ride safely because they are too short to fit properly in seat belts. The shoulder belt often fits across their neck or face. This causes many kids to tuck the shoulder belt behind them, or under their arm, negating its protective effect.

Lap belts also don't fit younger children very well. They ride up onto the child's stomach, rather than lying flat across the hips and upper thighs. If the child slouches in the seat, the lap belt is almost certain to ride up onto the child's stomach. A seat belt across a child's stomach can cause serious internal injuries in a crash. Booster seats raise the child up in the seat, so adult-sized seat belts fit properly. Boosters help keep kids 4-8 years old safe in vehicles.

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Since the program started
in 1998, more than 25,000
smoke alarms have been
installed...



Residential Fire Injury Prevention Program

The residential fire injury prevention program began in 1998 with a three-year grant from the Centers for Disease Control and Prevention (CDC). The program, which was renewed with a new five-year grant in 2001, provides smoke alarms powered by ten-year lithium batteries and modest cost reimbursement to local fire departments in the Commonwealth. Fire department personnel then install the alarms in homes in their communities that do not have working smoke alarms. Local personnel also provide fire safety education to the residents of homes where alarms are installed and to other members of their communities. Local media partners help spread the word about fire safety. KIPRC staff members coordinate program activities, provide training and support to local alarm installers and fire safety educators, and evaluate the effectiveness of the program using data collected from local records and surveys.

Several lives are already known to have been saved by this program.

When an Eastern Kentucky man awakened to an insistent beeping, his first thought was that he needed to turn off his alarm clock. Then he realized that it was only 6:45 AM... and that the alarm was set for 7:00. Finally, he recognized the source of the noise - the new smoke alarms that the local fire department had installed in his mobile home only four months earlier. The alarms had never sounded before, except when he had tested them. Now they were beeping loudly. Although he suspected a false alarm, the man remembered the training he and his wife had received from the firefighters who had installed the alarms. He woke his wife quickly. As he did, he began to smell smoke. It wasn't a false alarm.

Staying low to the floor to avoid the deadly smoke, the man quickly dialed 911 while his wife escaped from the mobile home. As soon as the fire was reported, he followed her. From outside, they could see smoke coming from the window of a spare bedroom. The home's water heater, which was located inside a closet in the spare bedroom, had caught fire. The fire spread quickly to the walls and ceiling of the closet.

The homeowner sprayed water through the window with a garden hose to keep the fire from spreading. The fire department arrived within a few minutes and used a fire hose to extinguish the fire. The water heater and closet were destroyed, and there was water damage to the spare bedroom, but the rest of the mobile home was saved - and so were the residents. The man who had been awakened a few minutes early by the smoke alarms realized that those few minutes had saved his life and his wife's, and their home. He said, "... they saved our lives and our trailer."



Kentucky Trauma Registry

The Kentucky Trauma Registry is a federally-funded project that supports the development of a statewide trauma system. The Registry currently includes data from the three Level I trauma centers (University of Kentucky Hospital, University of Louisville Hospital, and Kosair Children's Hospital) and two self-designated Level III facilities, Trover Regional Hospital and Taylor County Hospital. The large majority (over 99%) of the 30,971 registry entries are from the Level I centers.

Significant findings generally echo the national data. Males, members of racial and ethnic minorities, and young adults were more likely to incur traumatic injuries. Notably, males are 2.3 times as likely as females to have a traumatic injury in Kentucky. Motor vehicle crashes accounted for over half (57%) of trauma registry entries, while falls were the second most frequent cause and homicides in third place. Falls are a much less common cause of trauma in the Kentucky database than in the National Trauma Data Bank, probably because many traumatic falls do not require Level I care and the Kentucky data do not include most hospitals other than those with Level I designation. The other most common causes of major trauma were fire and suicide. A distinct seasonal trend shows a peak in trauma during the summer months and much lower rates in mid-winter.

There are several discrepancies in the reporting facilities' inclusion criteria that make comparisons among hospitals problematic. Although statewide hospitalization data are available, the use of e-codes to indicate the etiology of traumatic injury is still relatively uncommon, so full statewide analysis cannot yet be undertaken. KIPRC will continue to expand the scope of the trauma registry by acquiring data from other major facilities in the coming year, with the goal of providing a more precise account of trauma in Kentucky.

Motor vehicle crashes accounted for over half of trauma registries.

Kentucky's Intimate Partner Violence Surveillance Project

The Intimate Partner Violence Surveillance Project (IPVSP) works to develop a comprehensive picture of intimate partner violence (IPV) against women in Kentucky. Ultimately, this information will be used to increase community awareness, train professionals, develop early identification and effective intervention strategies, and to guide agency policies and legislative actions that enhance public safety and well-being.

Kentucky's IPV surveillance data sources:

- Hospital emergency department and inpatient medical records
- Adult Protective Services records of the Cabinet for Families and Children, Department for Community Based Services
- Kentucky Trauma Registry, Death Certificates, Domestic Violence Protection Orders, newspapers, coroner's reports, arrest records, reporting forms, etc.

The Intimate Partner Violence Surveillance Project conducts an annual (2000-2003) statewide telephone survey about IPV through the University of Kentucky Survey Research Center with a random sample of 2000 adult women from across Kentucky. These population-based surveillance findings complete the picture of IPV and can be used to determine changes in Kentucky's prevalence (nature and extent) of IPV over time.

Snapshot of 2002 Telephone Survey Findings Abused Adult Women in Kentucky (Lifetime Prevalence)

Of all 2,018 women surveyed, 755 (37%) reported that an intimate partner had threatened, physically or sexually abused, or stalked them.

Of the 755 abused women:

- 75% reported they suffered multiple forms of violence from an intimate partner.
- 74% of physically or sexually abused women were injured and 68.8% of them sustained more than one type of injury.
- 44% reported their children were present during abuse.
- 20% reported abuse during pregnancy.
- 15% said an intimate partner had threatened a pet and 5% said he had killed a pet.

When asked if a doctor or nurse had ever screened them for IPV, less than 13% of all women interviewed said "yes". Of the women who had never been screened by a health care professional, 50% said they had experienced IPV.



Kentucky Violent Death Reporting System (KVDRS)

Under the guidance and financial support of the Kentucky Department for Public Health (KDPH), the Kentucky Violent Death Reporting System (KVDRS) addresses the need for accurate surveillance and data analysis to identify those populations at risk for violent death. The KVDRS combines data from death certificates, coroner/medical examiner, and toxicology reports. By carefully examining the data we learn who, what, when, where and why these events occur. Populations may then be identified and targeted for interventions.

An analysis of the KVDRS database for 2000 and 2001 revealed an average of 926 violent deaths per year. Kentucky suicides (12.5 per 100,000 people) were above the national average (10.7 per 100,000 people) for the same period, with male suicides outnumbering female suicides by more than 7 to 1.

Of the firearm-related homicides in Kentucky during 1998-2000, over half (53%) of the total female homicides were intimate partner violence (IPV)-related. Only a small number of the total firearm-related homicide cases were IPV related (9%), but most were followed by a suicide. Of the cases involving IPV related female homicide, almost two-thirds were followed by the perpetrators' suicide.

In Kentucky, information related to violent death has, in the past, remained inaccessible, sketchy, scattered, and unusable. The coroner/medical examiner system is not centralized, and while police and forensic laboratory data are centralized and available, they have not been collected for research purposes. By integrating multiple data sources to form a violent death surveillance system formerly disparate pieces of information can be compiled and analyzed.

In response to this need *The Coroner Investigation Reporting System* has been designed, developed, and distributed to almost 50% of county coroners. This system is the first step in centralizing the coroner system in the Commonwealth for the benefit of not only the KVDRS, but of many other research projects.

By centralizing a system that includes reports from police and forensic laboratories, more complete coroner/ME, and toxicology reports, previously fragmented pieces are being combined in the KVDRS to give a more complete account of violent death in Kentucky that is critical for surveillance and injury/death prevention efforts.

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Injury Free Coalition for Kids

Injury is the number one cause of death and a major cause of disability for children in Fayette County, as it is in the rest of the nation. The Injury Free Coalition for Kids (IFCK) is a national program funded by the Robert Wood Johnson Foundation to reduce local community injuries using the successful Harlem Hospital Injury Prevention Program as a model. Thanks to strong support from an unprecedented coalition of physicians and nurses, hospital administrators, trauma registrars, community agencies, health department and social services providers, UK Children's Hospital is one of 13 new major children's hospitals around the country designated as an Injury Free Coalition for Kids site. Based at KIPRC, the project will receive \$50,000 per year for three years as injury prevention seed money.

The IFCK coalition will partner with the existing UK Hospital Trauma Program, Fayette County SAFE KIDS Coalition, THINK FIRST program, UK Child Protection Team, and other hospital and community partners to reduce injury to children under age 18 neighborhood by neighborhood in Fayette County and eventually in the surrounding region. Central to this effort is the analysis of pediatric trauma data, fatality data, injury admissions and emergency visits for Fayette County. Data is being used to guide injury prevention interventions by city areas, causes of injury, and child age. IFCK will join other partners working in the Gainesway area, bringing injury data and expertise to the park and playground planning efforts already underway. New data from IFCK will help to direct extensive current SAFE KIDS child passenger safety work into new areas of the county, and will help provide a basis for evaluation. Through IFCK, child abuse prevention initiatives in the hospital and the community will be strengthened. The Coordinator whose position is made possible by the grant will maintain and develop linkage with other existing groups to maximize our ability to get the word out about injury prevention.

**The Injury Free Coalition for Kids is a
national program funded by the Robert
Wood Johnson Foundation**



Pediatric and Adolescent Injury Prevention Program

Injury is the number one cause of death and disability for all children and adolescents above the age of one year.

- A 12-year-old boy dies at the second-floor window in a fire.
- A six-week-old baby girl dies of head injury and many broken bones from child abuse.
- A 17-year-old boy dies in a motor vehicle crash on a rainy rural road just five days after getting his license.
- A two-year-old not buckled up in a car seat is permanently paralyzed from the neck down in a motor vehicle crash.
- A four-year-old passenger on an ATV suffers a severe head injury from which he will never fully recover.

These types of injuries can be prevented if we have the will to make it happen. The Pediatric and Adolescent Injury Prevention Program (PAIPP) at KIPRC has as its goal to reduce those injuries and deaths.

Effective injury prevention must be based on good data. Funded by a combination of state and federal Title V Injury Prevention money, PAIPP shares with the Kentucky State Department for Public Health, Division of Adult and Child Health, the responsibility for decreasing child injury in Kentucky. Support for county health departments in their local injury prevention efforts is provided through consultation and through the provision of a small number of child safety seats and booster seats. Professional education about the patterns of injury and potential preventive strategies is provided to health professionals, child-care providers and interested community leaders. PAIPP participates in the professional training and public education work of the state Child Fatality Review Team and also support the efforts of local multidisciplinary, multi-agency child fatality review teams which investigate individual child death cases and identify the cause of death and potential preventable factors. PAIPP also continues to work to translate what is known about teen graduated drivers licensing (GDL) into better practices in Kentucky.

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Kentucky State SAFE KIDS Coalition

The National SAFE KIDS Campaign is a grassroots initiative to address injury, the leading cause of death in children. A cross section of community leaders comes together with the shared goal of preventing unintentional injury to children ages 14 and under from causes such as motor vehicle and bicycle crashes, fire and burns, unintentional firearm events, drownings, and falls.

Kentucky has four full coalitions (Louisville/Jefferson County, Fayette County, Barren County and River Cities-Ashland) reporting directly to the National SAFE KIDS program. With the support of the Department for Public Health, Division of Adult and Child Health (ACH) as lead agency, a fifth Coalition (Kentucky State SAFE KIDS) brings together the other Coalitions around statewide issues and serves as the umbrella for 10 local chapters, several of whom are rural. As part of its contract with ACH, the Pediatric and Adolescent Injury Prevention Program at KIPRC houses and supports the state coalition.

Historically, SAFE KIDS members from all Kentucky coalitions have played a major role in the creation of child passenger safety (CPS) programs across the state through provision of the national training and certification of CPS technicians. SAFE KIDS helped provide the impetus for introduction of a booster seat bill in the 2001-2 state legislative session, and in the 2002-3 session again provided education for legislators, testimony at hearings, and support for the booster bill, which came much closer to passage. Support through education and testimony was also provided for other bills in the Governor's Pediatric Safety Initiative (Primary Seat Belt Law and Graduated Drivers Licensing) as well as an ATV bill, though none were passed. For the first time, the Kentucky state SAFE KIDS coalition wrote and was granted a SAFE KIDS CPS Legislative Grant; working collaboratively with other Kentucky Coalitions led to funding of all three applicants.

In November 2002, a very successful state SAFE KIDS coalition conference was held in Lexington. A smaller Annual Retreat was held in October 2003 and included a session led by legislators that was devoted to enhancing legislative skills.

The state Coalition was also honored by an invitation to participate in a panel presentation on SAFE KIDS and Child Fatality Review at the 2003 National SAFE KIDS Meeting.

“...injury, the leading cause of death in children.”



Projects and Funding Agencies

Project	Funding Agency
Crash Outcome Data Evaluations System (CODES)	NHTSA
Terrorism Response and Preparedness (TRAP)	HRSA/CDC
State Injury Surveillance Project	KDPH
Fatality Assessment and Control Evaluation (FACE)	NIOSH/CDC
Community Partnerships	CDC
Traumatic Brain Injury & Spinal Cord Injury Surveillance Project	Kentucky TBI Trust Fund
Civilian Fire Safety Corps	CDC
Residential Fire Injury Prevention Program	CDC
Kentucky Trauma Registry	Kentucky Board of Emergency Medical Services
Kentucky's Intimate Partner Violence Surveillance Project	CDC
Kentucky Violent Death Reporting System	KDPH
Injury Free Coalition for Kids of Lexington at UK Children's Hospital	Robert Wood Johnson Foundation
Pediatric and Adolescent Division, Injury Prevention Program	KDPH
Emergency Preparedness & Response Curriculum Development	CDC

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